

PHAST Roles for Public Safety Partners

Any Public Safety Partner can...

- Be a champion for their jurisdiction's PHAST.
- Train and equip frontline staff with naloxone.
- Examine evidence about what works and what doesn't, including but not limited to harm-reduction literature, outcomes for people with substance use disorders (SUDs) in criminal justice settings, and effective treatment for OUD including medications for opioid use disorder (MOUD) (i.e., methadone, buprenorphine, and naltrexone).
- Reduce concern about exaggerated diversion risks associated with introducing agonist treatments (i.e. methadone and buprenorphine) in correctional settings.
- Ensure coordination between drug courts, judges, correctional facilities, and treatment providers to determine appropriate treatment and continuity of care in times of transition and reentry.
- Better understand the evidence that supports medication-based treatment for OUD.
- Engage and learn from individuals who represent multiple perspectives on the opioid crisis including public health, community members, and people who use drugs to ensure that all perspectives are heard and considered when developing intervention strategy protocols.
- Learn about public safety overdose prevention and response efforts in other jurisdictions.
- Collaboratively inform, educate, and empower communities through evidence-based education campaigns, trainings, and tools.
- Strategize with fellow PHAST partners around opportunities for data use and coordinated interventions.
- Discuss enforcement strategies with public health, behavioral health, and treatment providers to minimize conflicting approaches.
- Share and discuss personal experiences and interactions with the opioid overdose crisis among PHAST partners. Provide a safe space to discuss issues related to compassion fatigue and stigma with the goal of helping eliminate barriers in order to save lives.
- Use technology and information systems that can support crisis response and continuity of care for persons with OUD during various intercept points throughout the criminal justice system (See *PHAST Strategy: Conduct Sequential Intercept Mapping* in Module 2 of the PHAST Toolkit)

Public Defenders can...

- Improve the ways agency personnel work with people with substance use disorders (SUDs) through education and training.
- Link people with SUDs to appropriate support services and/or treatment.

Emergency Medical Services (EMS)/Fire can...

- Offer naloxone to families and friends of individuals who previously overdosed.
- Share non-fatal overdose case information with a health partner for follow-up with patient consent.
- Open fire houses as “safe stations” and initiate a linkage to care program.
- Partner with peer recovery specialists to conduct post-overdose outreach.

Correctional Facility Personnel can...

- Implement evidence-based practices in screening for SUDs, monitoring patient symptoms, medication administration and adherence, and outcomes, and treating opioid withdrawal.¹
- Improve care for people with SUDs while in a jail or prison.
- Start or expand MOUD services within your correctional facilities.
- Implement a SUD treatment program for patients who are pregnant and have an SUD who are currently incarcerated.
- Improve discharge planning and managing the transitions of people with SUDs returning to the community.
- Expand naloxone distribution to families and friends visiting a loved one in local jails.

Law Enforcement (Police/Sheriff) can...

- Co-lead the jurisdiction’s PHAST.
- Share seizure and other law enforcement data with partners to understand trends and detect emerging threats.
- Use overdose surveillance tracking systems, such as ODMap to help track real-time overdose data, detect overdose spikes, and inform deployment of resources and priority intervention areas. (See *the Overdose Detection Mapping Application Program* at <http://www.odmap.org>)
- Enforce/educate the public on 9-1-1 Good Samaritan Laws.
- Provide linkage to care and treatment in encounters with at-risk individuals through pre-arrest/pre-arraignment diversion programs.
- Explore additional ways to support people following a non-fatal overdose.

Courts/Judges can...

- Examine evidence about what works and what doesn’t, including, but not limited to, harm-reduction literature, MOUD literature, outcomes for people with OUD in criminal justice settings, and effective treatment for OUD. (See *CDC’s Evidence-based Strategies for Preventing Opioid Overdose: What’s Working in the United States* at <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>)
- Align court treatment mandates with professional clinical evaluations and evidenced-based treatment.
- Apply best practices to drug court protocols (See the National Drug Court Institute’s Drug Court Best Practice Standards at <https://www.ndci.org/standards/>).

Prosecutors can...

- Explore implementation of pre-arrest/pre-arraignment diversion and deflection into treatment.
- Develop/expand court diversion into support services and/or clinically appropriate treatment.
- Ensure all court mandates include clinically appropriate treatment levels of care, including MOUD.
- Share seizure and other relevant data to address emerging threats.
- Train and equip frontline staff with naloxone.
- Improve the ways your agency personnel work with people with SUDs through education and training.
- Link people with SUDs to the appropriate support and/or treatment services.

Community Corrections (Probation/Parole) can...

- Share non-fatal overdose case information with a health partner for follow-up with patient consent.
- Improve the ways agency personnel work with people with SUDs through education and training.
- Link people with SUDs to appropriate support services and treatment.
- Respond to substance use violations with referrals to treatment rather than sanctions.

Endnotes

¹ Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating drug abuse and addiction in the criminal justice system: improving public health and safety. *JAMA*, 301(2), 183–190. <https://doi.org/10.1001/jama.2008.976>

This content was adapted from the PHAST Toolkit (US Centers for Disease Control and Prevention, 2022), developed by CDC and the CDC Foundation as part of the Public Health and Safety Partnerships to Reduce Opioid Overdose. Financial support for this toolkit was provided by the CDC Foundation with a grant from Bloomberg Philanthropies.