

REALTIME FILE

PHI - PUBLIC HEALTH INSTITUTE
MEET THE PARTNER: SAVING LIVES WITH LAW ENFORCEMENT
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>> JEFF BORNSTEIN: Welcome to the "Meet the Partner: Saving Lives with Law Enforcement." My name is Jeff Bornstein, and I will be running this dialogue for healthcare forum with my colleague, Murlean Tucker. We also want to thank National Overdose Prevention Network.

Next slide, please. Except for those who are scheduled to speak, all other all other microphones have been muted to prevent background noise. You may listen to this through your speakers or connected headphones. We encourage you to share your thoughts and questions about today's presentation by typing them in the Q&A box, and we'll answer as many of them as we can. Just click on the Q&A button located on the Zoom control bar at the bottom of your screen. The Q&A panel will appear, just select all panelists in the drop-down menu, type your question, and click so your question gets to the right place.

Next slide. Real time captioning is provided today by ACS Captions. Just click the up arrow to select for the captioning. Show subtitle will open to display the captions. View full transcript will open a side panel to display the captions as well. Subtitle allows you to just the font size of the captions.

Next slide. Now, it is time for me to introduce the moderator of today's event, Dr. Carmen Rita Nevarez. Dr. Nevarez is a director of the California Opioid Prevention Network and the National Overdose Prevention Network. She is a Public Health Institute Senior Vice President of External Relations and Preventative Medicine and the Director of Center for Health, Leadership, and Practice, and a director of Dialogue4Health. So welcome, Carmen!

>> CARMEN NEVAREZ: Thank you so much, Jeff. Next slide, please. I want to really thank everyone for logging in with us today and in particular, really thank our panelists, Judy Gerhardt and hopefully we'll get some really good conversation going. And just so that everybody is aware, you do have the ability to ask questions using the Q&A box at the bottom of your screen. Please do so. We'd love to be able to address some of those questions. And I'll incorporate them as the dialogue goes on.

So what our objectives are for today is to give you a little bit of overview of the National Overdose Prevention Network, to talk about the role of all of the partners in overdose prevention and to explore how we go even deeper and further in effective partnerships with healthcare leaders and organizations and other people who are engaged in this kind of work.

Let's get the next slide. Important to start with a poll. We'd like to know who you are. Please answer the questions, do you already partner with or represent law enforcement? So go

ahead and in the moment, we'll see the poll results and get a sense of who our audience is. Very helpful to know how to address your concerns and your questions. So we'll keep that open for 30 more seconds and then close the poll.

All right. Do you want to give us poll results? Very good. We're seeing lots of partnerships with members of law enforcement, and that's really important. For those of you who aren't, hopefully by the end of this session, you'll see some opportunities or maybe see some new ways in which to draw attention to your work on the part of law enforcement and get them involved with your work. About 5% of law enforcement folks with us, so welcome to you. Thanks for being with us. We'll go ahead and close out the poll, and let's see the -- yes, thank you for that slide.

So let me talk about what NOPN is and what we can do to support your work. Since 2018, our Public Health Institute leadership and practice has been working with opioid coalitions that cover most of California, serving 33 million Californians and covering nearly all of the state. Our success in this work was also built on the work that we've done in leadership. Working with people who work on the ground to solve complex health problems. And certainly, if overdose, substance use and overdose deaths is not a complex health problem, then I don't know what is. So taking all of that learning and knowledge together, we produced something we hope will build stronger partnerships, leverage assets already in your community, help you to work across sectors by getting everybody to the table and adopting, spreading the adoption of things that work so you don't have to feel like you're reinventing the wheel. So those are the types of ingredients we think are important. We're trying to take them in a way that is useful and build a national network to save people's lives.

Next slide, please. So stopping overdose deaths really dose involve all the sectors in the wheel you see before you and many more. You develop a local response when you've got everybody engaged, and when we understand what the needs are. And you don't understand that until you have everyone involved. Systems only occur when you can generate dialogue between your sectors, and actions stays sustained when everyone is a part of the solution-seeking.

Next slide. Just one second here. I'm having trouble advancing my slides, so give me a second to fix that. There we go.

So we know that as people who work across the country that there are -- there are really some steps you need to go through in order to implement your best practices in overdose protection. Work smarter and more effectively in the coalition,

communicate effectively so people understand where your impact is and where you're trying to go. Inform your systems with real data, real information that lets you know how to stay on track and adjust, and plan for sustainable services. This is the model we provide through the National Overdose Prevention Network, and we hope that by participating with us that you will get a chance to formalize those into the work you're doing on the ground.

Next slide. We focus on the key evidence-based strategies, manage the pain safely, treat addiction, and stop overdose deaths. This is the framework for much of what we do.

Next slide. So what we can do to benefit you is bring those partners, strategies, best practices, partners, and sustainability practices by the people you're working with. We're excited to bring these efforts together. We ask you to stay tuned, sign up for our digest, and see what can help to you build your work. So let me go without any further ado and introduce our speaker.

Next slide, please. Judy Gerhardt is a proud 40-year member of the Los Angeles County Sheriff's Department and retired as Commander. She oversaw the emergency operations, criminal intelligence, K-9, helicopter, crisis negotiations, and others. Commander Gerhardt has decades of experience in specialized units. So please, let's welcome her to the podium here. I'd like to start by asking you to tell us a little bit about yourself and the role that you have played on that intersection between law enforcement and substance use addiction.

>> JUDY GERHARDT: Thank you so much for having me, Dr. Nevarez, I really appreciate it. I want to share some things we've done in LA County that hopefully will generate for action from others.

I got into the opioid prevention efforts through some family tragedies, frankly. I was in law enforcement, my older brothers and sisters were in law enforcement. This is what I've known all my life. My other brother is a doctor. I was moving along with my career and we had the traditional enforcement of laws regarding narcotics. So the arresting of possession or sales or distributing, manufacturing, that is where my efforts were. It wasn't until -- let me back up for a minute. About 30 years ago when I was a very young deputy sheriff, I used to teach the program, similar to DARE, but different, and I taught that for several years and I didn't realize the impact it would have on me personally. Through my four decades of law enforcement I look back at the opportunity to connect with those kids and really share a message about the decision-making and skill sets, and it just assured me that I, this one deputy sheriff in this

town of 4 million people, can really make a difference to other people.

So I took that philosophy throughout my career. Tragically, I lost two nephews to opioid overdose, one in 2016, one in 2017, one in Boston, one in California. It devastated the family, of course.

Simultaneously to that, one of my friends, we were deputy sheriffs together, been friends for 30 some years. Her son found himself addicted to heroin and she was trying in crying in the middle of the night, didn't know who to call, it was me who she called and we went out and looked for him, and I watched her in that path, and it was just heart-wrenching.

My youngest daughter, one of her friends tragically died of an opioid overdose and I remember getting that phone call at 11:30 at night and she was just devastated on the other end of the phone. I thought, you know, we can't just sit back and let this happen. We have to do something. I have to do something. About that time, my brother called me and he was relentless, relentless, in the most positive way of what is the LA County Sheriff's Department doing about this problem?

At the time I was in charge of buses and trains and I didn't have anything to do with narcotics or any of those things. I wasn't even working on the lines in the community. I was buses and trains and that was my focus. But he would not give up. And through those many, many, many phone calls and emailed information and just -- he raised my awareness and it was my own ignorance that was preventing me. And I realized that something has to be done.

At the time -- this was several years ago -- Southern California wasn't really experiencing the devastation that the rest of the country was seeing, particularly in New England, but we could see it was coming West. And I thought, we have not just an opportunity, but a responsibility, to get ahead of this before it gets here. Where I think some of the other states, particularly, Ohio, West Virginia, they didn't have that opportunity to get in front of the problem and had to deal with it when it was in their lap. But in Southern California, I thought, if we could just get ahead of it, maybe we could be in a better place to handle it. That's how I got into the whole addiction epidemic and what we were going to do about it.

>> CARMEN NEVAREZ: So that's a very complex story, and I think probably most of the people that are in our audience today have a story that multiple things that have happened in their lives have brought them to this struggle with personal drive that, you know, that you have. I'm wondering, did something happen or did you -- did you sort of reach a point where you needed to make a personal sort of known to people in your

professional sphere so they could understand why you were so driven? Is there some event you could talk about that could better make your colleagues understand why this was so important?

>> JUDY GERHARDT: I don't know if it was such a specific event for them as for me. I realized that one of the issues that was keeping us from this epidemic was the stigma connected to it, that it was always someone else. When I grew up in law enforcement, I always pictured somebody who was addicted to heroin as a guy in an alley, needle stuck in his arm. That was my frame of reference. I had no idea until my brother shared this information with me and started sharing about what addiction is and what it isn't and who is affected by it.

What I learned early on, we hide behind the stigma, because of the stigma of addiction, but addiction affects everyone, from infants who are born addicted, to grandfathers who are watching their grandchildren because their own children can't take care of them. We've seen recently professional athletes and high school athletes who get injured and get prescribed opioids and then get addicted. It was everywhere. It was so prevalent. And it wasn't just that guy in the alley anymore. It was my friend's son or my neighbors or my boss or it was everywhere and it was affecting everyone. But we were all hiding because we didn't want to talk about it. We didn't want to be judged because we assumed, mistakenly, that it was a character flaw, that addiction was people making bad choices.

So I learned so much about what it is and what it isn't, and that gave me the strength to say, I'm not going to allow this thing to silence me. And my nephews died tragically. If I could help someone else avoid that, that was what I wanted to do. I think once we recognize the vast reach that addiction has in our communities, and it's not just -- I mean, it crosses the economic barriers. It's everywhere. And we have a responsibility to do something about it. We can't be silenced because of the stigma associated with it.

>> CARMEN NEVAREZ: So what happens when you speak with your colleagues in law enforcement, and how do you get them to get the same kind of energy, of drive around this interest from the same perspective? How do you engender that sort of conversation?

>> JUDY GERHARDT: Well, Dr. Nevarez, it hasn't been easy. I think that law enforcement often operates in a silo, and we only see what we see. And we are sometimes not willing to recognize that there may be other perspectives. But I openly talked about what was happening and it wasn't long after that I started getting lots of phone calls, lots of emails, conversations from people that say, my son, my daughter, my

neighbor, my friend, my whoever, suffers from addiction. Can you help me. I said, yes, I want to help you. And it was creating a safe place for people to talk about it. And for people to realize that, you know, this is bigger than just a decision or a choice. It affects everybody. And frankly, I said, you know, it was my nephew, two of my nephews, but it could have been you or your child. And we have a responsibility to each other and our communities to be aware and to educate ourselves about what addiction is.

So it wasn't always as easy, and it wasn't always well received, but I think the more we spoke about it, the less fear that there was involved in it and more education we could provide, the medical community has done an incredible job of providing really important information and makes it easy to understand and the advancements that have been made in the medical community surrounding addiction. This is not somebody's character flaw. And so I think once we start talking about what addiction really is, then we're receptive.

And I think -- I remind them of what our role is. We are -- we are community helpers. We are life savers. And just because somebody suffers from addiction doesn't make their life less valuable than the person in the car accident or in the burning building that we run in to save. So we are life savers. That's our responsibility. That's what we signed up for.

>> CARMEN NEVAREZ: Those are some important thoughts that you shared. I wonder if you could talk about how you've been able to get your law enforcement colleagues to understand that there's a potential for partnerships within the community that they serve, that perhaps the churches or the parents groups or, you know, some other -- the neighborhoods that they walk, that they're responsible for.

How does that sense of partnership come about in the area of preventing overdose deaths? What's the conversation like on your side? What can those of us that are trying to reach into law enforcement communities, what can we say that helps to make that bridge and make a really strong partnership happen and support the next set of steps we need to take?

>> JUDY GERHARDT: I think there is comfort in knowing we're not in this alone. Many societies place it on the backs of law enforcement and expect us to resolve them, and that's, quite frankly, impossible. We can't do that. But we want to be a part of the solution. And, you know, I hear from a lot of law enforcement agencies earlier on, this is a public health problem. It's not a law enforcement problem. And the reality is, it is our problem. It is our problem and our community and we all need to be working towards a common goal. So what I've learned is that we can work with other community members,

include the educational institutions or health institutions, and each bring something to the table because we are stronger together. We're better together.

I think one of the opportunities that law enforcement has that some of those other institutions may not have, particularly the medical community, and you mentioned it earlier, boots on the ground. We are on the ground. We're interacting with the community every day. That's an advantage we have. Even if we can just be the conduit of information from the medical to the community, that's purposeful. That's helpful. And addiction affects families in a lot of different ways, and those effects create an environment for law enforcement to be involved. So it may be the drug addict who is stealing. Burglaries, robberies. That may be law enforcement's role in it. It may be families who are devastated and calling because they don't know what to do with their child who is maybe addicted.

So there's so many avenues of the tentacles that touch law enforcement to find their mission. That's not to say that law enforcement's primary role of enforcing the law is any less important. The person has the ability to pursue those who manufacture and sell and distribute illicit drugs, so law enforcement's role in that is clear. But when it comes to prevention and intervention and rehabilitation, criminal justice has a lot of other opportunities to interact with these other entities to really move the ball forward.

>> CARMEN NEVAREZ: So there's a couple of good questions from our listening audience, and I want to start with the one that I think is the best one to start. How do you get past the fear of law enforcement, with some members of the community? How do you bridge that gap? What does that take?

>> JUDY GERHARDT: That's not an easy question. I know that there is a fear, and I think now community norms are changing a little bit, and I think that we are recognizing that addiction is a medical issue. And so if once the community can work with the health community and treatment centers to say, this person is struggling. Let me get you help, not through the criminal justice/prosecutorial but medical avenue. I think it's about developing those relationships where people understand that law enforcement is not just interested in putting people in jail and incarceration, but we solve the problem rather than just put a Band-Aid on it. If we need to take somebody to jail and put them in jail for a week, that's not going to solve the problem. It's not going to help anybody. So work with communities to get them into treatment, get them on some medication, some medical treatment, I think, is an answer, so they no longer have to be addicted. So they no longer have to search for that next high.

>> CARMEN NEVAREZ: Right. Right. How would we -- boy, the questions are just really piling in now and they're really good. Let me start with one that I think is a really basic question. How do you get law enforcement officers to carry Narcan? What does that take?

>> JUDY GERHARDT: We have pretty good success in the LA County Sheriff's Department. Getting it to an agency is sometimes a problem, because of the budgets. The budgets are restricted, and are you going to buy bulletproof vests or are you going to buy Narcan, it's a very difficult decision. In the sheriff's department we pursued grant opportunities and we were actually assisted through the Department of Public Health for Narcan and by the federal government for some grant opportunities. I think it's about finding ways over those hurdles. Once law enforcement officers understand how easy it is to deploy Narcan, the way I presented it, it's your choice. We'll give you the tools. It's your choice whether to use that or not. That allows them to say, I'm not going to do that.

But when the time comes, law enforcement is in the life-saving business. So when they see somebody overdose and they have the solution in their hands, they're going to use it. You see that guy in the alley, you say, I'm not going to save him. It's your choice. You see the 16-year-old girl in the bathroom, it's also your choice. We give them the tools and they make the choice. But remember, law enforcement officers put their lives on the line every day to help people, and they are life savers. This is what they do.

So the other thing we did, and I think it became really important, we celebrated the life-saving efforts when they were able to deploy Narcan and brought people back to life. We celebrated those events because it allowed other people to say, yes, it's okay to do this. And the gratitude from the community or from the family members of the people that we saved was incredible. So it's really about celebrating the successes, taking away the fear of what deploying Narcan is. It's so simple. It's really pretty risk averse. It's easy, and you can change somebody's life. That's what we want to do.

>> CARMEN NEVAREZ: So several people are asking about harm reduction. Talk a little bit about harm reduction and how it gets integrated into training so law enforcement can understand what it is and what it isn't and how they can -- how they can use it as a tool in helping to save lives.

>> JUDY GERHARDT: Well, I guess harm reduction -- it's a new -- it's a new topic. It's not something that kind of institutionalized in law enforcement. Law enforcement is pretty antiquated in the way we do things, and we're pretty reactive, and that's the nature of the business of what we do. And so

harm reduction is more on the proactive side. What are we going to do to help people not go down that path. I know that there's a lot of discussion about safe injection sites and those kind of things. I think there's a lot more discussion to be had. I struggle with the idea personally. I know that there are a lot of people that are -- I still struggle with this, to create a safe place for someone to do harm. I don't know. So I think harm reduction is really about education and awareness and understanding and allowing somebody who suffers from this brain disorder and substance abuse disorder, give them the path to get help.

>> CARMEN NEVAREZ: We have a really long way to go in all of our sectors to bring all the best tools into action, and I think you've said it really well when you mentioned that, you know, you've got the tools in your pocket and you're making a decision to use them or not use them. And hopefully people make the decisions to use all the best tools every chance they get.

So now we've come up at the end of our hour. The questions are really good. Let me just ask to go to the last slide and ask folks to just become aware of the fact that we do run these "Meet the Partner" sessions fairly regularly. We run a number of other web-based services that will help to you do the work that you need to do. Please let us know the ways that we can support you. Contact us on the NOPN email address on the slide right in front of you, and I hope as a nation, we get much better at understanding the problem of overdose and work diligently together, in partnership, to save lives.

So thank you to everybody, and there will be a recording shared. It will be back on the website that you registered. Please check in in a few days and you'll get a chance to reconnect with us. So bye, everybody, and thank you for participating.

(End of session at 3:02 p.m.)