

The Challenge

Chicago sits amid a national opioid epidemic with devastating social, health, and economic consequences. More Americans die from opioid overdoses than from homicides or car accidents every year, including in Chicago where the homicide rate is exceptionally high. Many thousands more suffer the impacts of opioid use disorder every day.

In Chicago, the opioid crisis disproportionately affects communities on the city's West Side, where open-air markets supply the majority of Chicagoland's heroin. Individuals living in these communities not only face the crime and violence brought on by the drug trade but are also widely affected by opioid use: while the West Side makes up roughly 7% of Chicago's population, it accounts for 20% of the city's fatal overdoses. Additionally, as a result of historic disenfranchisement and segregation, people living in Chicago's high-drug traffic areas are disproportionately Black and experience poverty at rates far higher than the rest of the city.

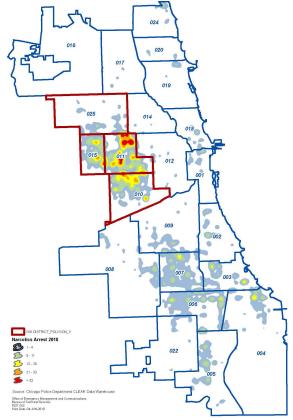
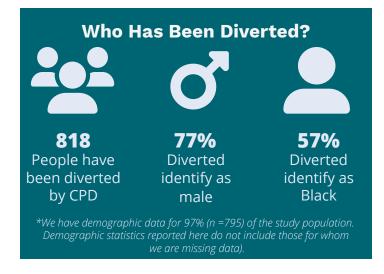


Figure 1: Overdose Calls for Service in Chicago (2018)

The Opportunity

Clinicians and policymakers have long hypothesized that diverting some drug-involved arrestees away from the criminal justice system and into treatment could offer long-term benefits. This argument is supported by evaluations of the pioneering Law Enforcement Assisted Diversion program (LEAD) in Seattle, which diverted low-level drug arrestees into treatment and has been found to reduce recidivism.¹

Recognizing the need for a similar intervention in Chicago, the Chicago Police Department (CPD) and the Chicago High Intensity Drug Trafficking Area (HIDTA) developed the Narcotics Arrest Diversion Program (NADP) in partnership with community healthcare provider Thresholds and researchers at the University of Chicago Crime Lab and Health Lab. NADP is a police-led, drug diversion program that provides supportive interventions for individuals apprehended for drug possession. It is the largest effort of its kind in the United States — as of September 2021, NADP has connected 818 individuals with substance use treatment in lieu of further criminal justice system processing. Initially piloted on the city's West side in 2018, the program expanded citywide in November 2021.



The Approach

NADP seeks to address the root causes of opioid use through a supportive, rather than punitive, intervention for individuals with substance use disorders who are apprehended by CPD. When an officer in an NADP district arrests an individual for drug possession, they are screened for program eligibility; if the individual is at least 18 years of age, and has no previous violent convictions, they can opt for a substance use assessment with an on-site Thresholds clinician.³ The clinician then refers those who agree to treatment to appropriate inpatient or outpatient community-based providers for an in-depth assessment and detox services. As part of their treatment, clients meet with recovery coaches who have lived experience and encourage clients to stay in or re-engage with treatment.

Because the goal of the program is to reduce the amount of contact people with substance use disorders have with the criminal justice system, **NADP diverts individuals before they are formally charged with a crime**. Program participants are released without a charge. This is a key departure from other diversion programs in the U.S. For instance, in Seattle's LEAD program, police officers can divert individuals arrested for drug possession away from prosecution,but charges are filed and prosecution is deferred only if individuals begin treatment within 30 days.⁴ Further, any person seeking treatment can walk into any CPD district office and request a referral for Thresholds' services.⁵

Early Findings

Opioid overdoses in Chicago remain concentrated in the city's West and South Side neighborhoods and among Black men over 36 years old.⁶ Early results indicate that the program is reaching those who stand to benefit the most from it: 69% of NADP participants were using heroin daily, and 34% had overdosed prior to diversion. The majority of participants are Black men.⁷ Further, participant engagement rates are high — 80% of those diverted start treatment, and 52% engage in treatment for at least 30 days.⁸

Early results also show that the program improves public safety. Using 2010-20 data, during which the program was active in districts 010, 011, 015, and 025, we find that rearrest rates among diverted individuals decrease by 44 percentage points, driven by a reduction in both drug and violent charges. Chicago's Narcotics Arrest Diversion Program appears to be reaching three goals at once — reducing the time officers spend on processing low-level drug offenses, connecting individuals with substance use disorders to treatment, and improving public safety.

As NADP expands citywide, we will continue to evaluate the program and release updated results. For more information on the research findings, please contact Dr. Ashna Arora, Research Director at the University of Chicago Crime Lab at ashnaarora@uchicago.edu.

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Endnotes

- 1 Collins et al (2017), Seattle's Law Enforcement Assisted Diversion (LEAD): Program Effects on Recidivism Outcomes, Evaluation and Program Planning.
- 2 To the best of our knowledge, the only other large (population>1,000,000) cities with narcotics arrest diversion programs are Los Angeles, Philadelphia, and Phoenix, and each of them have served fewer individuals than NADP has in Chicago. See https://paariusa.org/our-partners/ for a full list of law enforcement agencies that are working with the Police Assisted Addiction and Recovery Initiative (PAARI) to create non-arrest pathways to treatment and recovery.
- 3 For a full list of eligibility and ineligibility criteria, see http://directives.chicagopolice.org/directives/data/a7a57b85-16413ac9-60716-413a-de8a6daa0ab16a25.html?ownapi=1.
- 4 Beckett, Katherine. 2014. Seattle's Law Enforcement Assisted Diversion Program: Lessons from the First Two Years.
- 5 Walk-ins account for less than 10% of individuals connected to treatment; the 818 individuals mentioned above do not include walk-ins.
- 6 Chicago Department of Public Health (CDPH). 2020. "Chicago Opioid Update: Mid-Year." CDPH. Link here.
- 7 Statistics on prior opioid use and engagement with treatment are based on those who consented to sharing their health data.
- 8 We define engaging in treatment as ongoing therapy attendance and meetings with a Thresholds counselor— 43% of diversion participants engaged in treatment for at least 60 days and 31% remained in treatment for 90 days or longer.