

The SHIELD Model

CONCEPT NOTE

HEALTH IN JUSTICE ACTION LAB

The SHIELD Premise

Police often act as a critical point of contact for people struggling with substance use, mental illness, and other behavioral health challenges. The current overdose crisis makes clear that law enforcement officers often lack the tools and training to meaningfully assist such individuals, while facing real and perceived occupational risks related to their role in opioid crisis response.

Starting in 2003, our team's research began to explore gaps in the implementation of opioid-related legislation, such as those addressing syringe decriminalization, 911 Good Samaritan measures, and naloxone access. Follow-up studies identified a number of reasons underlying these gaps, including evidence that police officers are often uninformed about policy details, ill-equipped in translating formal law into operating procedures, and deeply apprehensive about workplace risks posed by their enforcement activities to address the worsening opioid crisis.

In this context, real and perceived threats to officer occupational safety include risk of infectious disease acquisition through needle stick injuries (NSI), accidental exposure to fentanyl, and direct and vicarious trauma. Aside from physical threats, officer fatigue, stress and burnout may also intensify concerns among police. Our team has generated a premier knowledge base on these occupational safety factors and trainings designed to address them.

This research serves as the core foundation of the SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs) model. In contrast to other trainings, our model deploys targeted, theory

-driven, and research-tested instructional techniques to harmonize police practices with overdose crisis response, including lay responder naloxone access, Good Samaritan laws, syringe services, opioid substitution therapy, and other public health measures.

The intervention's principal goal is to boost police practices that promote both officer safety and public health response to the opioid crisis.

For instance, this includes informing suspects about syringe legality before conducting a search; this may reduce syringe breakage and other behaviors that undermine occupational and public health.

Secondary benefits include building cross-sectoral collaboration and synergy to enhance community responses to drug-related harms, reducing stigma of substance use disorders, and boosting legitimacy and community trust in police agencies.

Police-public health partnership is the engine of the SHIELD model. This is why the model requires collaboration between law enforcement training professionals, public health service providers, and members of the community. The SHIELD model's instructional design was then tested and fine-tuned in several US jurisdictions, as well as abroad, with positive results.

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The SHIELD Model's Unique Value

1. Multi-level Intervention

The SHIELD Model is designed to produce both individual-level and community-level change, including:

- improved occupational safety knowledge, attitudes and practices for officers, including reduced stress over perceived risk of occupational harm;
- improved knowledge, attitudes and practices related to public health prevention programs, including reduced stigma toward people suffering from substance use disorder and proven public health approaches (e.g. evidence-based treatment, syringe exchange, naloxone rescue), and increased intention to deflect/refer people with SUD to services;
- increased collaborative synergy to address drug-related harms across law enforcement, public health, and community partners.

2. Theory-Driven Instructional Design:

- **Intrinsic Motivation:** the SHIELD training model's core focus is on maximizing officer safety, both in occupational (e.g. preventing needle stick injuries and fentanyl exposure) and mental health (stress and burnout) domains. Shielding officers from risks that arise as a result of their drug law enforcement activities is both a primary objective for the training, as well as a key framing vehicle for the delivery of all other content;
- **Cross-Sector Collaboration:** the SHIELD training catalyzes police-public health collaboration by requiring that each training is developed through cross-sector

partnerships. Instruction is delivered by police personnel working together with health, harm reduction, and drug user community representatives. Aside from its instructional benefits in delivering key legal and health content, this also helps reduce stigma and build local relationships between police, public health, and community players;

- **Interactive Learning Techniques:** the SHIELD model integrates real-life simulations with drug users, including a role-play of a frisking encounter. Aside from their direct instructional benefits, these innovative elements also promote broader community safety objectives, including improved communication, service re-orientation, and trust-building with members of the community.

3. Evidence of Impact

The SHIELD model has undergone extensive evaluation across geographic and cultural settings. The training has been found to be effective in significantly changing police behaviors and intentions on key occupational safety metrics, reducing stigma towards addiction and harm reduction programs, and boosting legal knowledge critical to occupational safety and public health measures. The SHIELD model also holds promise in reducing stress, improving police morale and job satisfaction, and facilitating community-level collaboration in addressing drug-related harms;

- **Cost-Effectiveness:** Preliminary analyses suggest that this intervention is highly cost-effective, when assessed against public health metrics.

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The SHIELD Curriculum

Module I. Needle Stick Injury and Infection Risks

Key facts about risk of needlestick injury and infectious disease transmission

Occupational safety techniques and interactive skill-building on sharps handling

Laws and policies related to syringes

Standard operating procedures for responding to needlestick injury

Module II. Overdose Scene Safety

Key facts about risk of field exposure to fentanyl and symptoms of opioid overdose

Occupational safety techniques for overdose prevention and skill-building on using naloxone

Standard operating procedures for overdose scene response

Module III. Workplace Wellness: Stress, Burnout, and Compassion Fatigue

Key facts about risk of stress, burnout, and compassion fatigue

Occupational safety techniques for recognizing and addressing vicarious trauma and toxic stress

Key facts about treatment and supportive services that can reduce police workplace burden

Standard operating procedures for deflecting individuals in need to treatment and supportive services

The SHIELD Process

1. Establish a formal working relationship between police, public health, and community entities
2. Collaboratively adapt curriculum to legal, cultural, geographical, and other elements of the jurisdiction, working in partnership
3. Train the trainers
4. Model collaboration by featuring police and public health instructors in training delivery
5. Build sustainable bridges between management and patrol officers and service providers
6. Facilitate evaluation and analysis of training impact
7. Provide technical assistance to assure the institutionalization and sustainability of the SHIELD model

Our Services

1. Partnership facilitation
2. Guiding training planning
3. Train-the-trainer services
4. Training implementation
5. Fidelity control
6. Mixed-methods evaluation
7. Econometric, cost-effectiveness, and epidemiological modeling
8. Research communications and translation
9. Community relations
10. "Champions" Program to cultivate interdisciplinary law enforcement leaders

The SHIELD Evidence Base

Year	Title	Location	Journal	Training Design & Evaluation	Police Perspectives & Experiences	Public Health Impact of Policing	Link
2018	Improving Police Conceptual Knowledge of Mexico's Law on Cannabis Possession...	Tijuana, Mexico	<i>Amer. J. on Addictions</i>	X	X		[PDF]
2018	... Impact of public health-oriented drug law reform on HIV incidence modeling...	Tijuana, Mexico	<i>Lancet Public Health</i>			X	[PDF]
2018	A Public Health Strategy for the Opioid Crisis	Country-wide, USA	<i>Public Health Reports</i>			X	[PDF]
2018	...Impact of Mexico's Drug Decriminalization Reform on Drug Possession Arrests ...	Tijuana, Mexico	<i>Intl. J. of Drug Policy</i>		X		[PDF]
2018	...Police Officers' Attitudes and Legal Knowledge on Behaviors that Impact HIV Transmission...	Tijuana, Mexico	<i>Intl. J. of Drug Policy</i>		X		[PDF]
2017	...Improvement in Knowledge of Drug Policy Reforms following a Police Education Program ...	Tijuana, Mexico	<i>Harm Reduction J.</i>	X	X		[PDF]
2017	Health-damaging policing practices ... are deported migrants at greater risk?	Tijuana, Mexico	<i>Intl. J. of Drug Policy</i>			X	[PDF]
2017	Differential experiences of Mexican policing by people who inject drugs...	Tijuana, Mexico & San Diego, CA, USA	<i>Intl. J. of Drug Policy</i>			X	[PDF]
2017	Occupational Safety in the Age of the Opioid Crisis: Needle Stick Injury among Baltimore Police	Baltimore, MD, USA	<i>J. of Urban Health</i>		X		[PDF]
2016	The Spatial-Temporal Pattern of Policing Following a Drug Policy Reform...	Tijuana, Mexico	<i>Substance Use and Misuse</i>			X	[PDF]
2016	Law Enforcement, Drugs and the 'Public Health' Approach	Country-wide, USA	<i>The Crime Report</i>			X	[PDF]
2016	Prevalence and correlates of needle-stick injuries among active duty police....	Tijuana, Mexico	<i>J. of the Intl. AIDS Society</i>		X		[PDF]
2016	Spatial patterns of arrest, police assault, and addiction treatment center locations ...	Tijuana, Mexico	<i>Addiction</i>			X	[PDF]
2015	...Implementation of system-wide needlestick injury surveillance system ...	Tijuana, Mexico	<i>Annals of Global Health</i>		X		[PDF]
2015	A Police Education Program to Integrate Occupational Safety and HIV Prevention...	Tijuana, Mexico	<i>BMJ Open</i>	X			[PDF]
2015	Police Bribery and Access to Methadone Maintenance Therapy...	Tijuana, Mexico	<i>Drug & Alcohol Dependence</i>			X	[PDF]

2015	... Drug Law Enforcement as a Structural Determinant of Health"	Baltimore, MD, USA	<i>American J. of Public Health</i>			X	[PDF]
2015	Implementing Mexico's "Narcomenudeo" Drug Law Reform...	Tijuana, Mexico	<i>J. of Mixed Methods Research</i>			X	[PDF]
2015	Engaging Law Enforcement in Overdose Reversal Initiatives...	Country-wide, USA	<i>American J. of Public Health</i>		X		[PDF]
2015	HIV, Drugs and the Legal Environment	Multiple Country Analysis	<i>Intl. J. of Drug Policy</i>		X		[PDF]
2015	Examining the Spatial Distribution of Law Enforcement Encounters among People Who Inject Drugs ...	Tijuana, Mexico	<i>J. of Urban Health.</i>			X	[PDF]
2014	Syringe Access, Syringe Sharing, and Police Encounters among People Who Inject Drugs	New York, NY, USA	<i>Intl. J. of Drug Policy</i>			X	[PDF]
2013	Police Education as a Component of a National HIV Response...	Country-wide, Kyrgyzstan	<i>Drug & Alcohol Dependence.</i>	X			[PDF]
2013	Police Officers' ... Experiences with Overdose and ... Drug Overdose-Naloxone-Good Samaritan Law	Washington, USA	<i>J. of Urban Health</i>		X		[PDF]
2013	Syringe Confiscation as an HIV Risk Factor ...	Tijuana & Ciudad Juarez, Mexico	<i>J. of Urban Health</i>			X	[PDF]
2012	Policy Reform to Shift the Health and Human Rights Environment for Vulnerable Groups...	Country-wide, Kyrgyzstan	<i>Health & Human Rights J.</i>			X	[PDF]
2012	Harmonizing disease prevention and police practice in the implementation of HIV prevention programs...	Wilmington, DE, USA	<i>Harm Reduction J.</i>	X			[PDF]
2012	...Border Conflict: Collateral Damage to Health and Human Rights of Vulnerable Groups...	Tijuana, Mexico	<i>Pan Amer. J. of Public Health.</i>			X	[PDF]
2011	Police Training to Align Law Enforcement and HIV Prevention...	Pawtucket, RI, USA	<i>American J. of Public Health</i>	X			[PDF]
2011	...Characteristics... of Police Training Initiatives by US Syringe Exchange Programs...	Country-wide, USA	<i>Drug & Alcohol Dependence</i>			X	[PDF]
2011	Social and Structural Factors associated with HIV Infection... Sex Workers Who Inject Drugs...	Tijuana, Mexico	<i>PLoS ONE.</i>			X	[PDF]
2011	Police Interference with ... Syringe Exchange Programs	Country-wide, USA	<i>Addiction</i>			X	[PDF]
2009	Improving Police Receptiveness to Syringe Access Programs...	Pawtucket, RI, USA; Philadelphia, PA, USA; Wilmington, DE, USA	<i>Harm Reduction J.</i>	X			[PDF]
2005	Attitudes of Police Officers towards Syringe Access, Occupational Needle-Sticks, and Drug Use: ...	Pawtucket, RI, USA	<i>Intl. J. of Drug Policy</i>		X		[PDF]