

# TCU Opioid Supplement: Law Enforcement and Treatment... Together

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# Texas Christian University (TCU) Drug Screen 5

- [Texas Christian University \(TCU\) Drug Screen 5](#) is an updated version of the TCU Drug Screen II and is based on the most recent *Diagnostic and Statistical Manual of Mental Disorders*(DSM-5). The TCU Drug Screen 5 screens for mild to severe substance use disorder, and is particularly useful when determining placement and level of care in treatment.
- **The Center for Health and Justice at TASC** helped in the creation of the TCU Opioid Supplement along with Dr. Kevin Knight and Dr. Patrick Flynn.



# Why Create the Opioid Supplement?

- It's the opioid epidemic!
- First responders especially police are overwhelmed and need solutions
- Helping connect first responders, especially police, with treatment
- Solves the problem of the need for a simple(r), fast(er) and quick(er) way for non-clinical staff including first responders to identify OUD population
- First-ever screen to put the focus on opioid-use disorder (OUD)
- Overdose is an inappropriate screen for OUD



# How and when to use the Opioid Supplement

- You have to use the TCU Drug Screen 5 first!
- **The Rule: \*If the response to TCU Drug Screen 5, page 2, Q13e, Q13f, or Q13r regarding opioid use is more than “Never,” then complete the following questions.**
- In the LAST 12 MONTHS – (prior to any controlled environment)
- It has 17 basic questions, some of which require “Yes or No” responses and some are based on frequency of use.



13. How often did you use each type of drug during the last 12 months?	Never	<u>Only a few times</u>	1-3 times per month	1-5 times per week	<u>Daily</u>
a. Alcohol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cannaboids – Marijuana ( <i>weed</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannaboids – Hashish ( <i>hash</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Synthetic Marijuana ( <i>K2/Spice</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <b>Opioids – Heroin (<i>smack</i>) .....</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <b>Opioids – Opium (<i>tar</i>) .....</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stimulants – Powder cocaine ( <i>coke</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Stimulants – Crack Cocaine ( <i>rock</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stimulants – Amphetamines ( <i>speed</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Stimulants – Methamphetamine ( <i>meth</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Synthetic Cathinones ( <i>Bath Salts</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Club Drugs – MDMA/GHB/Rohypnol ( <i>Ecstasy</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Dissociative Drugs – Ketamine/PCP ( <i>Special K</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Hallucinogens – LSD/Mushrooms ( <i>acid</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Inhalants – Solvents ( <i>paint thinner</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Prescription Medications – Depressants .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Prescription Medications – Stimulants .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. <b>Prescription Medications – Opioid Pain Relievers .....</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Other (specify) _____ .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# Important clinical notes

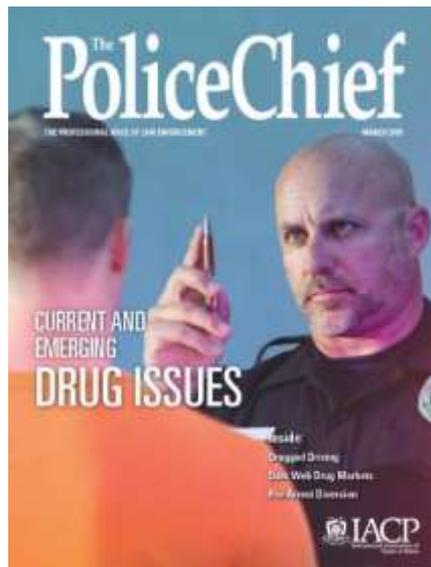
- The TCU Opioid Supplement is NOT scored, these are face value questions
- It should be used in conjunction with the DSM-V diagnostic impression (but for a first look that is fast, easy and can be accessible to many staff, it works)
- Although it may be used as a tool for treatment planning (e.g. Medication Assisted Treatment), the ASAM level of care will determine if that treatment approach is appropriate
- Rapid connection to treatment is critical, especially for police and first responders



# Recent Articles

Police Chief Article (March 2018)

**“Law Enforcement Needn’t Serve Alone on the Front Lines of the Opioid Crisis”**



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## Recent Articles:

# Exploring Effective Post-Opioid Overdose Reversal Responses for Law Enforcement and Other First Responders



# The Naloxone Plus Framework: Designed for Saving Lives – Twice



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# Five Pre-Arrest Diversion Frameworks: Pathways to Treatment (Do Them All)

- **Naloxone Plus:** Engagement with treatment as part of an overdose response or DSM-V severity for opiates; tight integration with treatment, naloxone (individual too)
- **Active Outreach:** Law enforcement intentionally IDs or seeks individuals; a warm handoff is made to treatment, which engages individuals in treatment
- **Self-Referral:** Individual initiates contact with law enforcement for a treatment referral (without fear of arrest); preferably a warm handoff to treatment
- **Officer Prevention Referral:** Law enforcement initiates treatment engagement; no charges are filed
- **Officer Intervention Referral:** Law enforcement initiates treatment engagement; charges are held in abeyance or citations issued, with requirement for completion of treatment



# Pre-Arrest Diversion Examples (Brands) with Related Framework

- **Angel (MA) / Arlington (MA)** – [paariususa.org](http://paariususa.org)  
(250+ sites for Angel and Arlington programs – PD, Sheriff, Fire and other)
  - Self-referral, Active Outreach
- **Civil Citation (FL)** – [civilcitationnetwork.com](http://civilcitationnetwork.com) (62 sites: 61 juvenile, 1 adult)
  - Officer Intervention Referral
- **DART (OH)** – [lcsodart.com](http://lcsodart.com) (many and varied sites)
  - Naloxone Plus
- **LEAD (WA)** – [leadingcounty.org](http://leadingcounty.org) (7 sites)
  - Officer Prevention Referral
- **STEER (MD)** – [CenterforHealthandJustice.org](http://CenterforHealthandJustice.org) (1 site)
  - Naloxone Plus, Officer Prevention/Intervention Referral



# Elements of the Naloxone Plus Framework

- **Naloxone Plus:** Engagement with treatment as part of an overdose response with naloxone, then following up rapidly with tight integration with treatment. Site examples: DART, STEER, QRT
  - **Naloxone** – Law enforcement, fire, emergency medical services, community, businesses, individuals, etc.
  - **Rapid ID** – e.g., 9-1-1
  - **Immediate contact with individual** – as close as possible to point of OD
  - **Rapid engagement** – in person and daily follow-up until engaged in treatment
  - **Rapid access to treatment** – measured in minutes and hours
  - **Screening and clinical assessment** – to have the correct individual approach
  - **Continued tight integration** – police and behavioral health and community
  - **Medication-Assisted Treatment (MAT)** – all appropriate medications made available
  - **Recovery support services** – treatment ends, recovery continues
  - **Naloxone** – for the individual and his/her household



# Contacts for more information

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