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# Greenfield police seek treatment first, prison time second for addicts

[**Elliot Hughes**](http://www.jsonline.com/staff/45727/elliot-hughes/)**, Milwaukee Journal Sentinel**Published 3:09 p.m. CT Dec. 18, 2018



*(Photo: Greenfield Police Department)*

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GREENFIELD - Nearly three years ago, the Greenfield Police Department started asking its officers to ease up on suspects of low-level crime — whether possession, theft, burglary — who had an underlying opioid addiction.

These were not your normal police directives.

Tickets didn’t need to be written on the spot. Harsh charges didn’t necessarily need to be recommended to the district attorney’s office. Interrogations about who their supplier is were de-emphasized.

What is now of paramount importance is talking to that individual about how they’re going to drop that drug habit, officers were told.

“You can’t arrest your way out of this epidemic,” said Assistant Police Chief David Patrick. “You have to try to help people and try to get them to move on.”

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**David Patrick, Greenfield Assistant Police Chief**

In 2016, the GFPD launched the CAARE program (Cops Assisting Addiction Recovery), which offers addicts a chance at avoiding fines and prison time if they finish a treatment program. No other law-enforcement agency in the Milwaukee area runs one like it.

Three years later, after 55 people have entered the program, eight people have turned their lives around, according to Sgt. Chris DeGlopper, who runs it almost by himself. That may sound like a low batting average, but considering that some of those eight individuals used to get arrested over and over again, committing theft after car break-in after burglary, it takes a lot of work off the department’s hands.

And amid a harrowing, nationwide opioid epidemic, during which hospitalizations and overdose deaths continue to rise, a tighter focus on treatment as opposed to legal penalties seemed like the practical thing to do for Greenfield police.

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**Chris DeGlopper, Greenfield Police sergeant**

“We’re arresting the same people for the same offenses over and over and over again,” DeGlopper said. “If you eliminate the addiction, those eight arrests ... wouldn’t be happening.”

### Finding the root cause

The roots of the CAARE program stretch back to 2009, when GFPD Detective Chuck Fletcher was assigned to illegal transactions in pawn shops and other second-hand stores.

The opioid epidemic wasn’t nearly as bad then (opioid-related hospitalizations would increase by more than 60 percent statewide by 2017), but Fletcher began to realize many of the people he was investigating for selling off their grandmothers' jewelry were doing so to support their uncontrollable drug habits.

So he started an informal process of arranging treatment for suspects. If they agreed just to receive any treatment at all, he said, he’d recommend reduced charges.

“We force them to look at something that they weren’t willing to look at,” Fletcher said. “Chances are, most of them are going to fail, but I’m just trying to raise the bottom.”

In 2016, Police Chief Bradley Wentlandt, who was not available for this story, turned it into a formal program headed by DeGlopper. Nowadays, the program is not reserved for someone caught up in the judicial system; anyone with an addiction can walk into the department, dispose of their drugs and join without fear of arrest. But it is reserved for those who have lived in Greenfield or attended Greenfield or Whitnall public schools.

DeGlopper is there to help each participant obtain health insurance, find a treatment provider quickly and assist with transportation if necessary. The department will cover the costs of treatment if they can’t pay it themselves and do not qualify for health insurance.

Those who enter the program after an arrest waive their right to a trial if they fail, DeGlopper said.

After helping 55 people over the last two years, DeGlopper said the department has spent a grand total of $68 helping people find treatment.

It’s difficult to say how much of an impact on crime the program has had in Greenfield, but its inception has coincided with a decreases in reported thefts, thefts from vehicles and stolen cars from 2015 through 2017, he said.

### A difficult path worth taking

Participants are required to spend several months of active participation in treatment, and it is often a rocky time.

The addicts themselves can, of course, be difficult to handle, given the powerful dependency that opioids create. But often, the addict’s “support system” is even worse, DeGlopper said.

“Their home life, their circle of friends, is generally a challenge,” he said. “Instead of finger-pointing or blaming, they need to take a different approach, because in some cases that’s a trigger for these people that are trying to deal with this addiction.”

That sometimes puts DeGlopper in a position where he encourages participants to delete their phone contacts and remove themselves from family and friends.

That’s a hard sell, and the odds are not stacked in the participants’ favor. It’s a contributing factor for why 47 of 55 CAARE participants dropped out and relapsed.

But DeGlopper, Fletcher and Patrick still believe the program is worth the effort. An arrest-and-prosecute approach doesn’t make sense when you consider the department makes contact with 400 to 500 known addicts a year; when addiction can drive someone to commit three burglaries a day; and when opioid-related overdoses and overdose deaths each increased by about 15 percent in Milwaukee County from 2016 to 2017, according to the Milwaukee Community Opioid Prevention Effort.

DeGlopper, an officer since 1999, has watched overdoses turn from a rarity into the ordinary.

“This is how sad it is: When we used to get overdoses, it was a big thing. You’d call everybody. You’d call in detectives. You’d have a bunch of officers there,” he said. “Now it’s routine. It’s almost like investigating a traffic crash.”

## Spreading the idea

The CAARE program is based in part on a national model created by the Police Assisted Addiction and Recovery Initiative. According to its website, three other Wisconsin police departments also use it: Madison, Appleton and Fox Valley Metro. Nobody in Greenfield is aware of another Milwaukee-area agency using any other similar, formalized program.

DeGlopper is eager to get others on board. He makes frequent trips across the state to present his department’s progress at various conventions. He said many agencies have contacted him, expressing their interest and asking for more information, but they have yet to take the next step.

Fletcher thinks others haven’t taken it up because the work is “exhausting.” DeGlopper theorizes it may be a mix of police not being used to the idea of holding back after an arrest, and that other agencies aren’t situated near as many treatment providers as Greenfield.

Nevertheless, he said he intends to keep advocating for the program as realistic way of combating the opioid epidemic.

“We all got into this line of work to help people,” he said. “We just had to train the officers into thinking that we’re going to continue to help people; we’re just going to help them differently.

“Collectively, if we all do our best, we’re going to chip away at the problem.”

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