

**Confirmed Date and Time**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of police arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning and ending time of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure time of police: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confirmed Location**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Partnership Contacts**

**University/Hospital**

Name of Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: ­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Law Enforcement Agency**

Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Policy/Written Protocol**

**Opioid Recovery Drive**

**Protocol**

**Opioid Recovery Drive**

* Without law enforcement present, the event cannot be held
* City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Police Department will provide security throughout event. Minimum of one officer at all times, preferable 2-3 officers.
* Confirming number of officers available:
  + \_\_\_\_\_ 1-hour prior to event
  + \_\_\_\_\_ during event
  + \_\_\_\_\_ following event for removal of medications
* In agreement, the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Police Department are responsible for all pills and medications collected on this day
* University/Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will provide monetarily for materials and staffing needs to host event. Will work with the University of Michigan, Division of Pain Research if financial assistance is needed.

**What’s accepted?**

* Pills and capsules only
* Patches
* Pet Medications
* Expired or unwanted prescriptions/controlled substances

**What’s not accepted?**

* No liquids
* No EpiPens
* No creams and gels
* No needles, syringes, lancets or thermometers
* No IV bags
* No sprays
* No vials
* No inhalers
* No powders

**Prior to day of event**

* Cardboard box with an opening on top (similar to a ballot box) will be in the possession of the Ann Arbor Police Department

**Day of event**

* Cardboard box with top will be placed on a table and secured to table by tape
* The box will be weighed prior to event

**Drop-off pills and capsules**

1. City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Police Department will have an officer positioned at the drug disposal table at all times, be in a position to have visual contact with the individuals dropping off the medications
2. University/Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, staff will ask a few simple survey questions that are optional
3. The person who owns or has possession of the pills, will pour the pills directly into/inside the cardboard box
4. The person can either keep the empty pill bottle or throw it away in a trash receptacle which will be provided

**Conclusion of event**

1. City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Police Department will seal the box completely in evidence tape
2. Will transport the box of pills directly to the police department
3. The box will be weighted
4. The box will be placed into the police department’s evidence system
5. A police report will be generated
6. The box will eventually be destroyed following the department’s drug disposal protocol

**The Opioid Recovery Drive guidelines mentioned above have been approved by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

**University/Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

**Police Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**