

# Addressing the Opioid Epidemic in Metro Mayors Communities

A report prepared for the  
Metropolitan Mayors Coalition by  
the Metropolitan Area Planning  
Council

**May 2017**



**METROPOLITAN MAYORS COALITION**

*a local initiative facilitated by* METROPOLITAN AREA PLANNING COUNCIL

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# Research Summary

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## Background

As communities across the Commonwealth grapple with multidimensional challenges stemming from the opioid epidemic, a variety of preventative and rehabilitative strategies have been implemented by state and local leaders to address the current crisis. This report highlights the work being done on this issue in the 14 communities within the Metropolitan Mayors Coalition (MMC).

The research documented in this report commenced in May of 2016, when the Metropolitan Area Planning Council (MAPC) began to explore the evolving landscape of the opioid epidemic on behalf of the Metropolitan Mayors Coalition. This research specifically focused on the role of municipal government in addressing the epidemic. To better understand the strategies MMC communities deployed to address the opioid crisis, as well as to identify commonly shared practices used within the communities, MAPC conducted interviews with representatives from each city and town. These interviews revealed common approaches to addressing this issue, many of which aligned with recommendations developed by state and municipal organizations such as Governor Baker's Opioid Addiction Working Group and the Massachusetts Municipal Association's Opioid Addiction and Prevention Task Force. A number of unique approaches that catered to the specific needs of the community in which they were utilized were also identified.

Through this work, MAPC has identified current activities undertaken by the MMC communities that address the epidemic and existing resources that can support them in pursuing their strategies. This report provides the findings of the research described above, including a profile of the programming adopted in each MMC community to combat the crisis thus far.

The Metropolitan Mayors Coalition and representatives from each community will convene a forum to review the contents of this report and determine next steps for addressing any gaps in the existing strategies. This forum will identify potential gaps in response, recovery, and prevention activities, availability and adequacy of funding sources, opportunities for regional collaboration, and potential policies for the Metropolitan Mayors Coalition to support that will assist the Commonwealth in its fight against the opioid epidemic.

## Common Themes

MMC cities and towns have implemented a variety of response, recovery, and prevention programs that serve individuals suffering from opioid abuse and addiction, as well as individuals who have loved ones that are addicted to opioids. Shared practices amongst MMC communities are highlighted below.

### Response

On a daily basis, police, fire, and EMS personnel in MMC communities respond to public safety issues related to the opioid epidemic. Each MMC community **provides naloxone to its public safety personnel**, along with standardized training on its administration. Many communities also supplied and trained school personnel (nurses, teachers, and administrative staff) on the administration of naloxone. In addition, **active promotion of the Good Samaritan Law** through official policies or procedures and advertising is utilized in all MMC communities to generate appropriate and effective response activity from the general public.

Communities have also worked to educate municipal personnel and residents about the epidemic in an effort to mitigate the stigma of addiction. This has been accomplished through active promotion of the **State Without StigMA campaign**, as well as localized messaging in the form of signs, pamphlets and brochures distributed to the public.

Several MMC municipalities host **drug take back days** to remove dangerous prescription drugs from circulation and many also provide **24/7 syringe drop boxes** in municipal facilities to reduce the amount of drug paraphernalia found within the community.

Finally, all MMC communities have created **municipal coalitions** comprised of public officials, public safety personnel, school personnel, non-profit groups, and citizen groups, some of which work across municipal lines with neighboring communities. These municipal coalitions serve as the working groups that discuss current issues related to the epidemic, activities being utilized to combat the epidemic, new practices or funding opportunities to implement strategies, and gaps in response, recovery, or prevention activities that can be addressed. Throughout all of the communities, the coalitions bring together municipal officials to enhance communication and provide a whole-community response to the crisis.

## Recovery

While response strategies have been largely uniform across the MMC communities and reflect a consistent public safety response to the opioid epidemic, approaches to recovery vary amongst the communities. This variation in recovery strategies is likely the result of differing levels of funding and access to available resources from municipal, state, and federal sources. Most communities direct individuals seeking recovery services to the **Bureau of Substance Abuse helpline** or provide them with informational **pamphlets that detail ways to access treatment**. While all communities utilize some form of informational handout, the method used to distribute these materials varies greatly. Some communities send outreach workers or public safety personnel to sites where overdoses have occurred, while others send these workers to emergency rooms or directly to families of individuals who have overdosed.

MMC municipalities also offer different recovery options for those suffering from opioid addiction. Some communities **direct individuals to hospital treatment programs or detox facilities** located within or outside of the city/town. Others only utilize local resources, such as those from a non-profit or community based organization located within the city or town that provides treatment services.

Finally, MMC communities have differing levels of administrative and staff support to address the recovery needs of their residents. Some cities and towns **employ a substance abuse prevention coordinator** who facilitates programming across the community. Other municipalities have **outreach workers, or navigators**, that provide not only guidance for the individuals that seek treatment options, but also work one on one with these individuals to assist in recovery.

## Prevention

The limited prevention efforts that are currently underway in MMC communities **predominantly target youth** and implement **school curriculum to educate students** about the dangers related to opioid abuse and addiction. Multi-year **health improvement plans, data collection, and studies of behavior and cognition** that focus on the issues leading an individual to abuse opioids are some additional prevention efforts that are being undertaken in these communities. Overall, prevention programming is in the early stages of development in most communities. As response and recovery efforts become cemented in municipal policy and procedure, determining which prevention strategies work and how they are most effectively deployed in each community will need to be a central focus of each municipality's plan and approach to respond to the opioid epidemic.

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# Funding Sources Used by MMC Cities and Towns

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## Federal

**Substance Abuse and Mental Health Services Administration (SAMHSA)** - This federal agency is located within the US Department of Health and Human Services and leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. This agency funds the following grant opportunities:

- **Drug Free Communities (DFC) Grant** - The DFC grant provides support to community coalitions working to prevent and reduce substance abuse among youth as well as, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.
- **Partnership for Success (PFS) Grants** - PFS grant programs aim to reduce substance misuse and strengthen prevention capacity at the state, tribe, and jurisdiction levels. They do this by helping grantees leverage and realign statewide funding streams for prevention.
- **Substance Abuse Prevention and Treatment Block Grant (SABG)** - The SABG program provides funds and technical assistance to states to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health.

**Sober Truth on Preventing Underage Drinking (STOP) Act** - The STOP Act community coalition enhancement program authorizes funds for community coalition enhancement grants for up to four years which can be awarded to current and past Drug Free Communities grantees to enhance their underage drinking prevention efforts.

**Comprehensive Addiction Recovery Act (CARA)** - The Comprehensive Addiction and Recovery Act (CARA) establishes a comprehensive, coordinated, and balanced strategy through enhanced grant programs that would expand prevention and education efforts while also promoting treatment and recovery. The funds are used to address a coordinated response in the realms of prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal.

**Department of Justice, Bureau of Justice Assistance (BJA) Grants** - BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities. BJA supports programs and initiatives in the areas of law enforcement, justice information sharing, countering terrorism, managing offenders, combating drug crime and abuse, adjudication, advancing tribal justice, crime prevention, protecting vulnerable populations, and capacity building.

## State

**Massachusetts Department of Public Health** - The mission of the Massachusetts Department of Public Health is to prevent illness, injury, and premature death, to assure access to high quality public health and health care services, and to promote wellness and health equity for all people in the Commonwealth.

- **Bureau of Substance Abuse Services (BSAS)** - BSAS oversees substance abuse and gambling prevention and treatment services in the Commonwealth. The Bureau administers the federal SABG program as well as provides training, resources, and funding for communities to combat the opioid epidemic.
- **Massachusetts Partnership for Health Promotion and Chronic Disease Prevention** - The partnership is a statewide coordinated chronic disease coalition that supports change that creates and sustains healthy environments where people live, work, and play. The goal of this partnership is to work to eliminate health disparities so that all Massachusetts residents can reach their full

potential to live long and well. The initiative fosters a coordinated public health approach to reducing chronic diseases, including opioid prevention, consistent with federal funding.

- **Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)** - The collaborative provides grants to implement local policy, practice, systems, and environmental change to prevent the use/abuse of opioids, prevent/reduce fatal and non-fatal opioid overdoses, and increase both the number and capacity of municipalities across the Commonwealth addressing these issues. Strategies and interventions must be consistent with federal and state grant frameworks, including those approved by BSAS.
- **Substance Abuse Prevention Collaborative (SAPC)** - The purpose of the SAPC grant program is to prevent underage drinking and other drug use across the Commonwealth by increasing both the number and capacity of municipalities addressing these issues. This grant program is part of the state's comprehensive approach to substance use disorder prevention by emphasizing the integration of other grant-funded prevention frameworks such as federally-funded SAMHSA programs and MOAPC.

**Community Health Network Areas (CHNA)** - Each of the Community Health Networks collaboratively identifies local and regional health priorities, designs community-based prevention plans, and tracks success in achieving healthier communities. CHNAs develop new health improvement projects as initial projects are completed. Below are the CHNAs to which the MMC communities belong:

- CHNA 17: Arlington, Belmont, Cambridge, Somerville, Watertown, and Waltham
- CHNA 18: West Suburban Health Network - Greater Newton, and Waltham
- CHNA 19: Alliance for Community Health Boston, Chelsea, Revere, and Winthrop
- CHNA 20: Blue Hills Community Health Alliance - Braintree, Canton, Cohasset, Hingham, Hull, Milton, Norwell, Norwood, Quincy, Randolph, Scituate, Sharon, and Weymouth

## Other

**Direct Municipal or In-Kind Funding** - Cities and towns in the Metropolitan Mayors Coalition rely on other funding sources in addition to those provided by the state and federal entities identified above. All of the MMC communities dedicate municipal resources or direct individuals to utilize in-kind funding sources available to them to further opioid prevention, response, and recovery activities.

- Direct funding from the municipal budget
  - Cambridge Health Alliance (CHA)
  - Everett Community Health Partnership
  - Mystic Valley Public Health Coalition
- In-Kind funding through Health Insurance

**Non-Profit or Private Partner Funding** - Partners within communities including hospitals, community based organizations, and non-profit organizations provide services and funding to support an array of opioid prevention, recovery, and response programs.

- Local Hospital Community Benefit Resources (Boston)
- Brookline Community Foundation
- Massachusetts General Hospital
- Private Donations

## Contact Information

Primary points of contact for opioid related work in Metropolitan Mayors Coalition communities:

City/Town	Name	Title	Email	Phone
Boston	Jennifer Tracey	Director, Mayor's Office of Recovery Services	<a href="mailto:jtracey@bphc.org">jtracey@bphc.org</a>	617-534-5395
Boston	Brendan Little	Policy Director, Mayor's Office of Recovery Services	<a href="mailto:blittle@bphc.org">blittle@bphc.org</a>	617-534-5395
Braintree	Jessica Koelsch	Substance Abuse Prevention Coordinator, Town of Braintree	<a href="mailto:jkoelsch@braintreema.gov">jkoelsch@braintreema.gov</a>	781-794-8146
Brookline	Alan Balsam	Director, Brookline Public Health and Human Services	<a href="mailto:abalsam@brookline.gov">abalsam@brookline.gov</a>	617-730-2300
Cambridge	Steve Demarco	Deputy Superintendent, Cambridge Police Department	<a href="mailto:sdemarco@cambridgepolice.org">sdemarco@cambridgepolice.org</a>	617-349-3370
Cambridge	Claude-Alix Jacob	Chief Public Health Officer, Cambridge Public Health Department	<a href="mailto:cjacob@challiance.org">cjacob@challiance.org</a>	617-665-3810
Chelsea	Dan Cortez	Community Engagement Specialist, Chelsea Police Department	<a href="mailto:dcortez@chelseama.gov">dcortez@chelseama.gov</a>	617-466-4807
Everett	Catherine Rollins	Policy Director, City of Everett	<a href="mailto:Catherine.Rollins@ci.everett.ma.us">Catherine.Rollins@ci.everett.ma.us</a>	617-394-2270
Malden	Kevin Molis	Chief, Malden Police Department	<a href="mailto:kmolis@maldenpd.com">kmolis@maldenpd.com</a>	781-397-7171
Malden	Paul Hammersly	Malden Mayor's Office	<a href="mailto:phammersly@cityofmalden.org">phammersly@cityofmalden.org</a>	781-397-7000

City/Town	Name	Title	Email	Phone
Medford	Penny Funaiolo	Department of Public Health, Office of Prevention & Outreach	<a href="mailto:pbruce@medford.org">pbruce@medford.org</a>	781-393-2560
Medford	Lauren Dustin	MOAPC Coordinator	<a href="mailto:ldustin@medford-ma.gov">ldustin@medford-ma.gov</a>	781-475-5645
Melrose	Kathy Guevara	Regional Substance Abuse Prevention Coordinator	<a href="mailto:kquevara@cityofmelrose.org">kquevara@cityofmelrose.org</a>	781-979-4128
Newton	Deborah Youngblood	Commissioner, Department of Health & Human Services	<a href="mailto:dyoungblood@newtonma.gov">dyoungblood@newtonma.gov</a>	617-796-1420
Quincy	Laura Martin	Substance Use Prevention Coordinator	<a href="mailto:lmartin@quincyma.gov">lmartin@quincyma.gov</a>	617-376-2722
Quincy	Maura Papile	Senior Director of Student Support Services and Special Education, Quincy Public Schools	<a href="mailto:maurapapile@quincypublicschools.com">maurapapile@quincypublicschools.com</a>	617-984-8891
Quincy	Patrick Glynn	Detective Lieutenant, Special Investigations Unit, Quincy Police Department	<a href="mailto:pglynn@quincyma.gov">pglynn@quincyma.gov</a>	617-745-5750
Revere	Julia Newhall	Director, Substance Use Disorder Initiatives	<a href="mailto:jnewhall@revere.org">jnewhall@revere.org</a>	781-286-8171; 339-440-7950
Somerville	Doug Kress	Director, Health & Human Services	<a href="mailto:dkress@somervillema.gov">dkress@somervillema.gov</a>	617-625-6600 x4300
Winthrop	Deanna Faretra, RN	Public Health Nurse	<a href="mailto:DFaretra@town.winthrop.ma.us">DFaretra@town.winthrop.ma.us</a>	617-846-1077 x1061
Winthrop	Terrence Delehanty	Chief, Winthrop Police Department	<a href="mailto:tdelehanty@town.winthrop.ma.us">tdelehanty@town.winthrop.ma.us</a>	617-539-5800



# Community Profiles

## Boston

**Mayor:** Martin J. Walsh

### Primary Program Contacts:

Jennifer Tracey - Director, Mayor's Office of Recovery Services

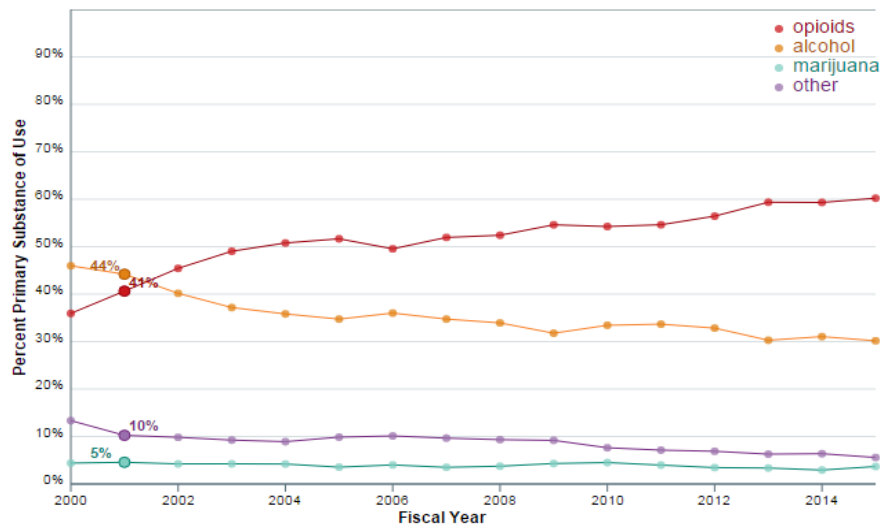
Brendan Little - Policy Director, Mayor's Office of Recovery Services

### Primary Substance of Abuse When Entering Treatment: Boston

### Demographics

- Population: 667,137
- Median Age: 31.6
- Median Household Income: \$55,777
- Poverty: 21.53%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 339
  - 2006-2010: 349
  - 2011-2016: 664

The City of Boston's Office of Recovery Services (ORS) is the first municipal office in the U.S. that is solely dedicated to addressing and prioritizing substance use and addiction. ORS utilizes a highly localized, collaborative approach to actively address substance use and addiction-related problems in Boston's neighborhoods. By working across all City of Boston departments, ORS builds unique partnerships with state & federal partners, local service providers, and the recovery community to coordinate an accessible, citywide recovery strategy. This all-inclusive approach to recovery allows departments the opportunity to participate in thinking of ways to assist people in a broader, more creative approach to solving this problem.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

### Response Strategies

- In 2004, Boston became the first city in Massachusetts to provide naloxone to all first responders and families through the state's Department of Public Health (DPH). Currently, the city purchases naloxone from DPH.
- The Boston Public Health Commission (BPHC) and ORS partner with the Boston Fire Department and the Boston Police Department to follow up on non-fatal overdose incidents in homes. Visits include providing naloxone, overdose prevention, resources for family and friends, and access to treatment.
- This year, the Boston Police Department established an opiate overdose squad within the drug unit. This squad was created to follow up on overdoses in homes for opiate drug intelligence. They share prevention, treatment, and support resources created in collaboration with ORS.
- Providing Access to Addiction Treatment, Health, & Support (PAATHS) Program: This city-funded program is a unique initiative that fills a critical gap in the treatment system. The program

provides access to treatment through a walk-in and hotline service. Residents can walk into a recovery center, where the clinical and recovery support team will describe types of treatment available, assess the unique needs of the individual that include medication assessment, and provide drug testing. The team will then make recommendations and referrals, including facilitating transportation. Police officials have identified this type of referral and engagement as a valuable alternative to arrest, when appropriate. This is currently in a pilot stage.

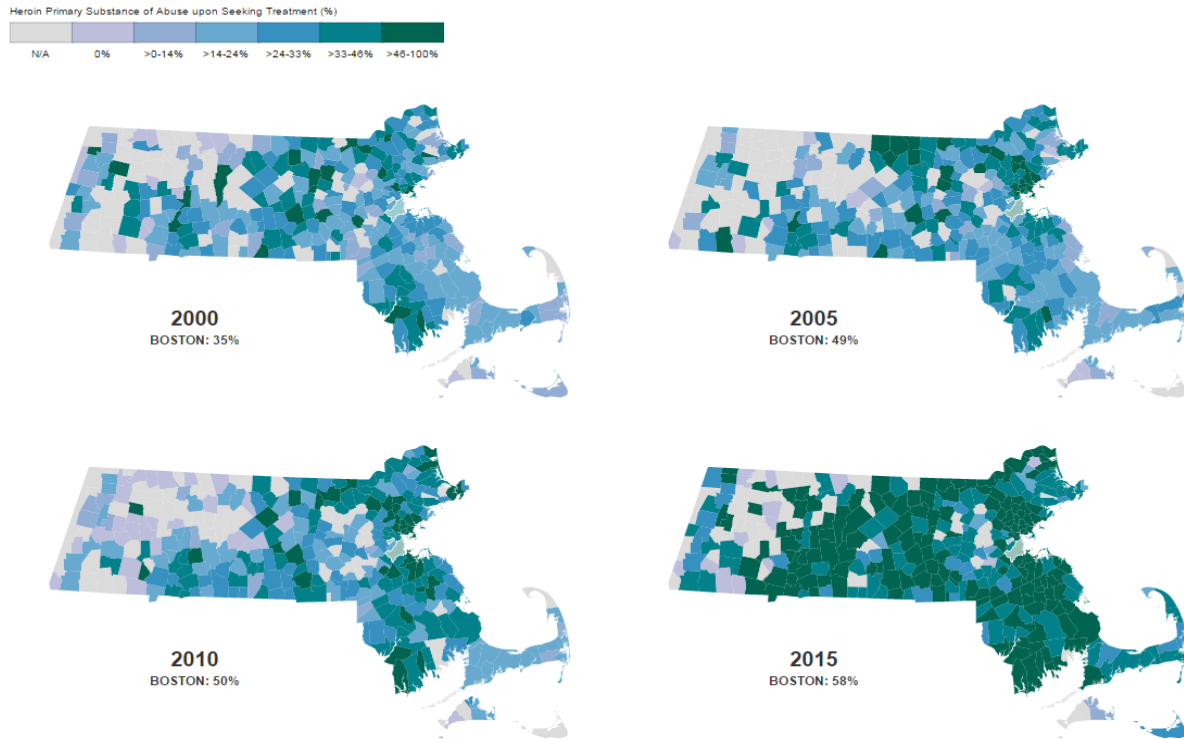
- Public bathroom initiative: Because many fatal overdoses occur in public bathrooms, Boston is working with businesses, libraries, and all other locations with public bathrooms, to provide education on environmental strategies to improve safety and response plans in instances of emergencies. This includes informational signage, overdose prevention and naloxone education trainings for local business and public service employees.
- Safe medication disposals: There are prescription medication disposal kiosks at all police stations across Boston. Drop off is free, anonymous, environmentally conscious, and accessible 24/7.
- Mobile Sharps Unit: The city employs a Mobile Sharps Unit through the BPHC that includes two full time employees that retrieve and dispose of discarded syringes in communities by proactively searching in high-priority locations and responding to needle pick-up calls through the 311 constituent hotline. Additionally, the team engages community members, businesses, and schools about safe syringe disposal.
- Since 2009, the Boston Public Health Department's Recovery Services Bureau has monitored real-time transport and emergency department data in coordination with Boston EMS to monitor overdoses in neighborhoods.

## Recovery Strategies

- Boston's ORS launched 311 for Recovery Services in the fall of 2016. Boston residents can now use the 311 constituent hotline as a confidential 24/7 referral center for addiction treatment & recovery services. Anyone with a question about recovery and accompanying services can call 311, use the BOS:311 app, or visit the website to be connected to a recovery specialist who can assist them. This also serves as a referral resource for city departments and first responders. The 311 line provides a platform for data collection, which can later be sorted on a neighborhood level, to better inform the city about specific local needs.
- Diversion Services: Based on the Suffolk County Sheriff's Department's successful firearms re-entry panel model, ORS has established a recovery re-entry diversion service. Now 30-60 days before being released, individuals identified as having chronic substance use disorders will attend a "recovery re-entry panel." This includes community workshops on subjects like treatment services, workforce training, housing support, and faith and peer support services.
  - Boston recently produced a 10-minute training video on overdose prevention and naloxone administration in English & Spanish to show at the Nashua Street Jail's daily orientation, reaching 6,000-8,000 entries per year.
  - ORS is developing a re-entry drop-in center to facilitate access to resources and referrals and to support inmates post-release.
- The Mayor's Office of Recovery Services has partnered with Boston Police, Fire, and EMS to create FAITH, the Fighting Addiction in the Hub Initiative, which provides education to the public through trainings and conferences.

## Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Prevention Strategies

- Mayor Walsh commissioned the Blue Cross Blue Shield Foundation of Massachusetts to complete a year-long substance use analysis on the city's strengths and potential gaps in treatment services. The second phase of the city's analysis started December 2016 and is focused on addressing a citywide prevention strategy.
- ORS will continue to support public health and public safety partnerships like evening overdose prevention and naloxone trainings. They are hosted in BFD firehouses in order to reach different communities and people that may not attend traditional trainings.
- The City of Boston partners with faith-based addiction and recovery services, who organize community conversations and hold faith-based educational events.

**Funding Sources:** Municipal Budget; Massachusetts Department of Public Health Grants; Local Hospital Community Benefit Resources; Federal Grants

**Coalitions:** Boston Public Health Commission; Boston Community Justice Initiative

# Braintree

**Mayor:** Joseph C. Sullivan

**Primary Program Contact:**

Jessica Koelsch - Substance Abuse Prevention Coordinator, MPH, CPH, CHES

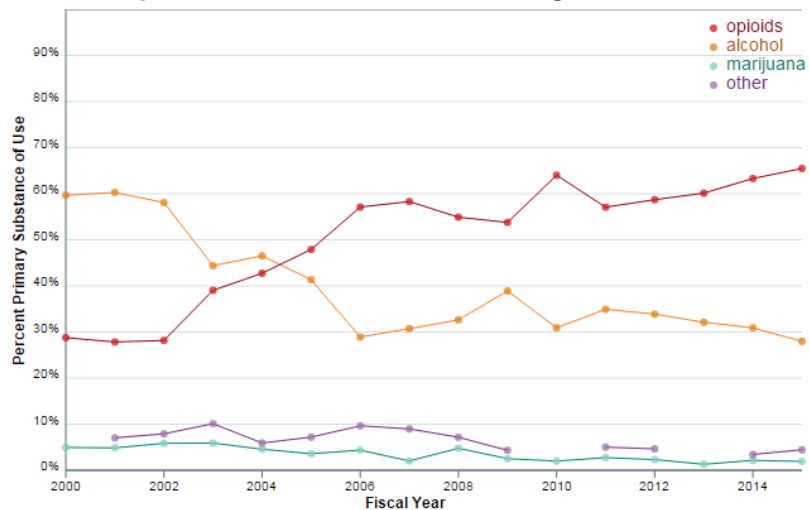
## Demographics

- Population: 37,497
- Median Age: 41.4
- Median Household Income: \$84,776
- Poverty: 5.87%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 9
  - 2006-2010: 14
  - 2011-2016: 34

Braintree has begun implementing programs resulting from collaboration between municipal department heads and community groups involved on the ground. The programs are new initiatives for the town and follow some of the successful approaches that other communities have utilized, such as supplying first responders with naloxone and creating a position for an individual to oversee substance abuse prevention programs and funding. Braintree

participates in regional efforts through the Quincy Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) and Substance Abuse Prevention Coalition (SAPC) cluster models, and actively participates with the Norfolk County District Attorney’s Community Coalition meetings. Braintree has begun tackling their opioid problem by focusing on regional collaboration, collaboration with non-profit organizations, and prevention through education.

**Primary Substance of Abuse When Entering Treatment: Braintree**



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Response Strategies

- Public safety personnel, including law enforcement and fire personnel, carry naloxone. These personnel are trained in the administration of the anti-overdose drug as well as identifying an overdose.
- The town conducts active promotion of the Good Samaritan Law to improve resident likelihood of reaching out when encountering a problem related to opioid abuse or overdose.

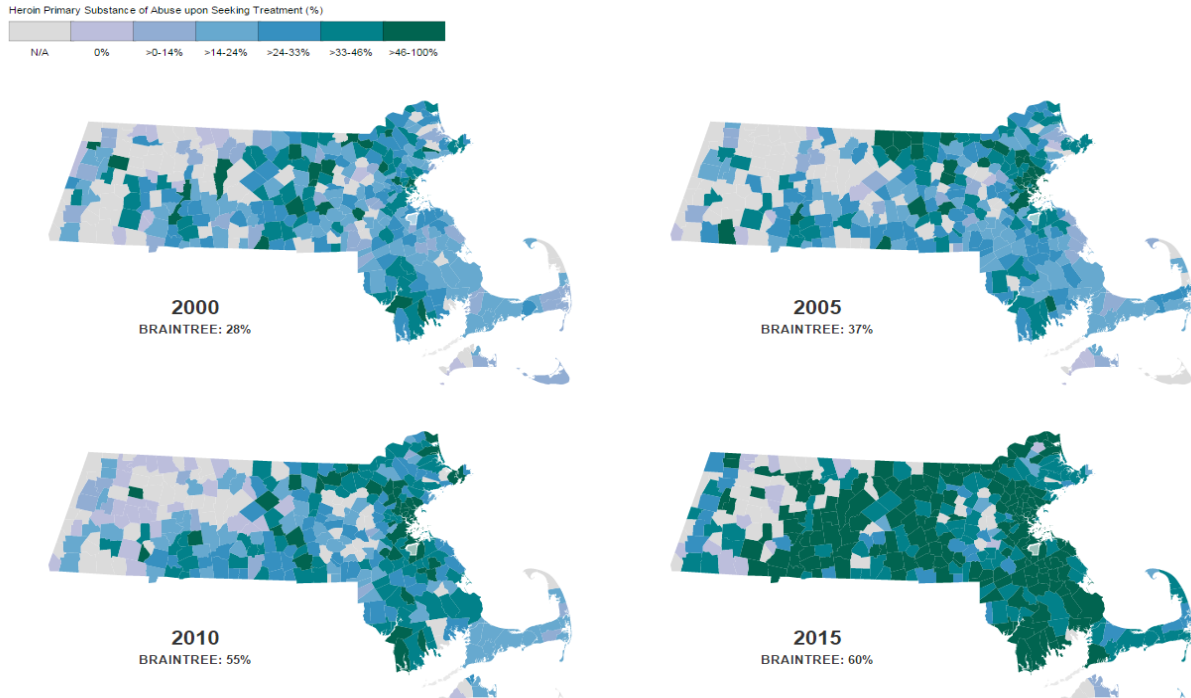
- Data is collected by Police, Fire, and Emergency Medical Services personnel to be integrated and shared with the Massachusetts Opioid Abuse Prevention Coalition (MOAPC).

## Recovery Strategies

- Individuals are encouraged to use and are referred to the state Department of Public Health and Bureau of Substance Abuse Services (BSAS) information and resources, such as the BSAS Helpline.
- Braintree does not have its own detox or substance abuse facility; however, through the partnership with the Phoenix House in Quincy, the city is able to refer individuals to that location for recovery and treatment services.
- The town has created a position, the Substance Abuse Prevention Coordinator, to facilitate collaboration between other towns and internally with other departments, to seek funding sources, and to manage substance abuse programs.

### Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Prevention Strategies

- The town hosts various programs for youth education about substance abuse including a Student Athlete Prescription Danger presentation.
- The town has begun establishing “Substance Use Resource Centers” at various locations throughout the town (e.g.: Fire Station, Police Department, Library) that harbor information and resources regarding substance use to create more community awareness and access to resources.

**Funding Sources:** Municipal Funding; Blue Hills Community Health Alliance Community Health Network Area (CHNA) 20 Mini Grant; Bureau of Substance Abuse Services: Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) & Substance Abuse Prevention Coalition (SAPC); Legislative Earmark funds from the Massachusetts Department of Public Health, Bureau of Substance Abuse Services

**Coalitions:** Braintree's Community Partnership on Substance Use; Quincy Massachusetts Opioid Abuse Prevention Coalition – Braintree, Quincy, Randolph, Stoughton, Weymouth; Quincy Substance Abuse Prevention Coalition – Braintree, Milton, Quincy, Weymouth

# Brookline

**Town Administrator:** Melvin Kleckner

**Primary Program Contact:**

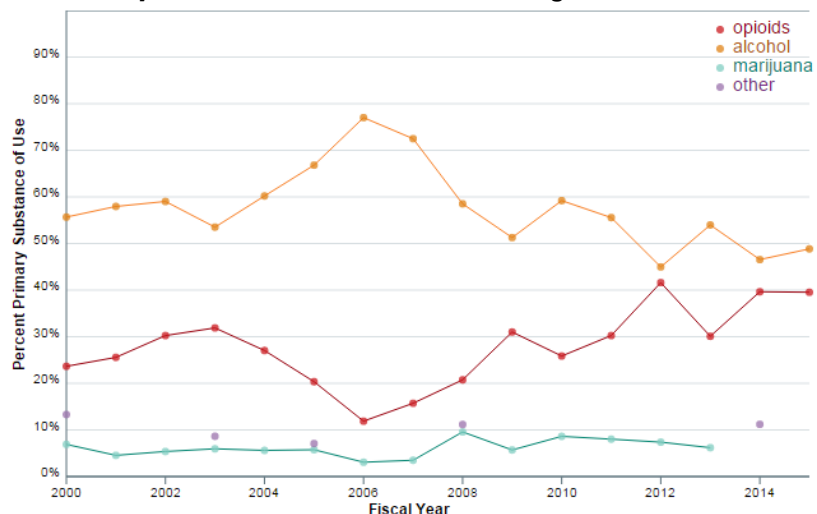
Alan Balsam - Director, Brookline Public Health and Human Services

## Demographics

- Population: 59,195
- Median Age: 34.5
- Median Household Income: \$95,518
- Poverty: 12.14%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 7
  - 2006-2010: 6
  - 2011-2016: 9

The Town of Brookline’s Public Health Department focuses its public health priorities and strategies through three methods: surveillance; policy and programming; and assurance. Surveillance includes monitoring what is taking place in the town. A main component of this is collecting data to see when calls include opioids or other substance abuse issues. The policy and programming aspect of Brookline’s work ensures uniformity in response such that all first responders are trained to recognize overdoses, drug dependence, and mental health issues. Finally, assurance comprises the long-term approach to the problem through work in Brookline’s school system to prevent substance abuse.

**Primary Substance of Abuse When Entering Treatment: Brookline**



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health <http://www.mass.gov/chapter55/>

## Response Strategies

- All first responders and school nurses carry and are trained to administer naloxone.
- Brookline’s EMS provider, Fallon Ambulance, Police Department and Fire Department monitor calls to see if they involve opioids or related substances.
- Fallon Ambulance provides a report every month to the Police Department, Fire Department and the Department of Public Health (DPH).
- All first responders are trained, particularly in the Police Department, to recognize overdoses, drug dependence, and mental health issues. Fallon has conducted similar trainings for school nurses. The National Association for Mental Illness (NAMI) has conducted the training with all

officers. They also complete a training for mental health and substance use training.

## Recovery Strategy

- When first responders respond to an overdose they refer the individual to the community health providers.
- First responders have been urging a movement toward mandating users to seek substance abuse treatment.

## Prevention Strategy

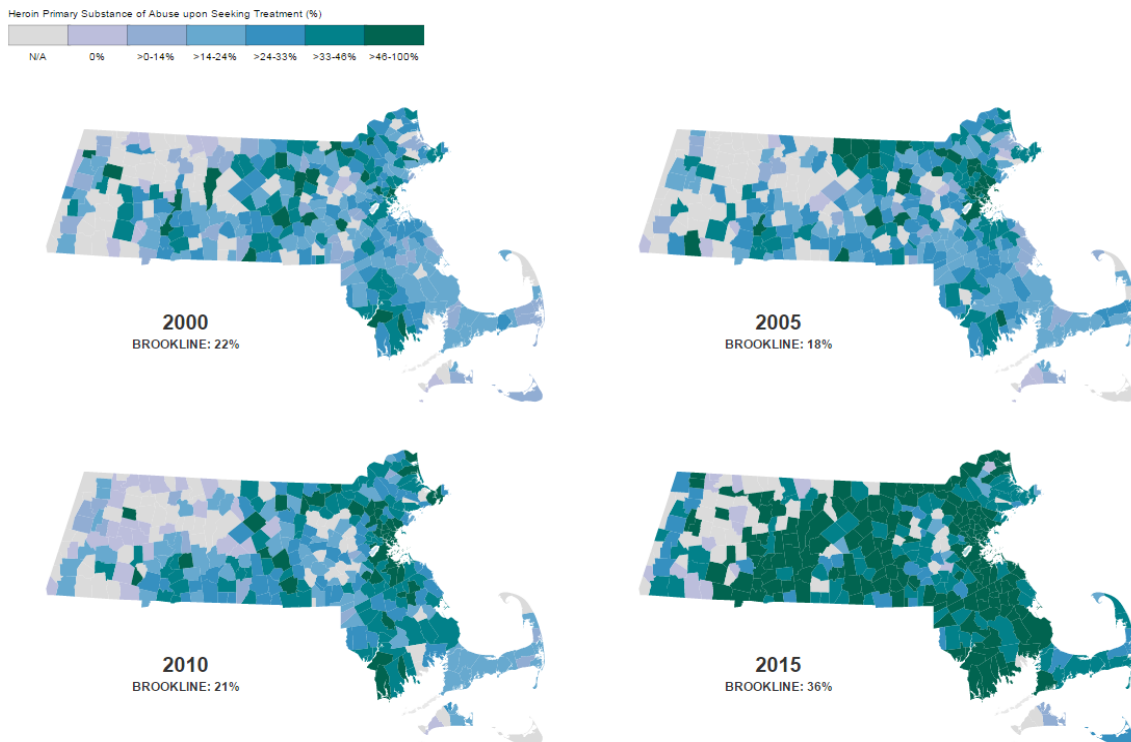
- The town has a robust program in schools for substance abuse prevention, specifically dealing with a range of substances abused including opioids.
- The school conducts the Youth Risk Behavior Survey (YRBS) every year, which contributes to the surveillance of the issue as well. The YRBS allows the schools to track what is happening regarding drug/opioid use. Based on the survey, there has not been a dramatic increase in use.
- The town has published Healthy Brookline and conducted a field survey in March of 2017. Healthy Brookline is part of its Department of Public Health annual assessment of the health status of the Brookline Community. It is all inclusive but has a section on various substance use and youth risk behavior.

**Funding Sources:** Municipal Funding; Substance Abuse and Mental Health Services Administration (SAMHSA) Grant; Department of Public Health Grant; Brookline Community Foundation

**Coalitions:** Brookline Community Foundation; Wayside Coalition

Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>



# Cambridge

**City Manager:** Louis DePasquale

## Primary Program Contacts:

Steve DeMarco - Deputy Superintendent, Cambridge Police Department

Louis Cherubino - Sergeant, Cambridge Police Department

Gerard Mahoney - Chief, Cambridge Fire Department

Claude-Alix Jacob - Chief Public Health Officer, Cambridge Public Health Department

Bill Mergendahl - ProEMS, JD, EMT-P

## Demographics

- Population: 110,402
- Median Age: 30.5
- Median Household Income: \$79,416
- Poverty: 13.99%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 36
  - 2006-2010: 20
  - 2011-2016: 59

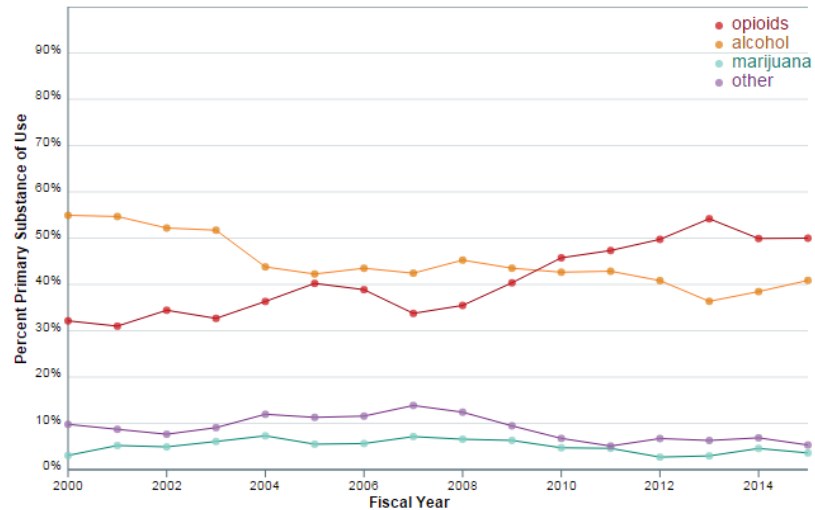
Cambridge's response to the opioid epidemic is focused on strategic engagement with the

community's most vulnerable population. Cambridge uses data to better inform its response work. The city's departments regularly collaborate their response efforts and are dedicated to the education and empowerment of the city's residents.

## Response Strategies

- The city's initial response to overdose calls provides for the incorporation of several personnel involved in responding to an emergency including: Cambridge Police patrol officers; a supervisor from Cambridge Police Department; Fire Department EMS personnel; PRO EMS personnel; and police department detectives from the Special Investigations Unit (SIU).
- Upon responding, SIU detectives and social workers provide the individual and their family with the identified services. They work collaboratively to send individuals to hospitals, provide rides to clinics, and share relevant information. They work to close any identified gaps treatment so that the individual can receive the care they need.
- Currently only fire and ambulance personnel carry naloxone, and police officers are in the process of being trained to administer naloxone.
- CPD provides personnel trainings on crisis intervention to educate officers on addiction and mental health and how to reduce/eliminate the stigma surrounding both illnesses.

## Primary Substance of Abuse When Entering Treatment: Cambridge



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

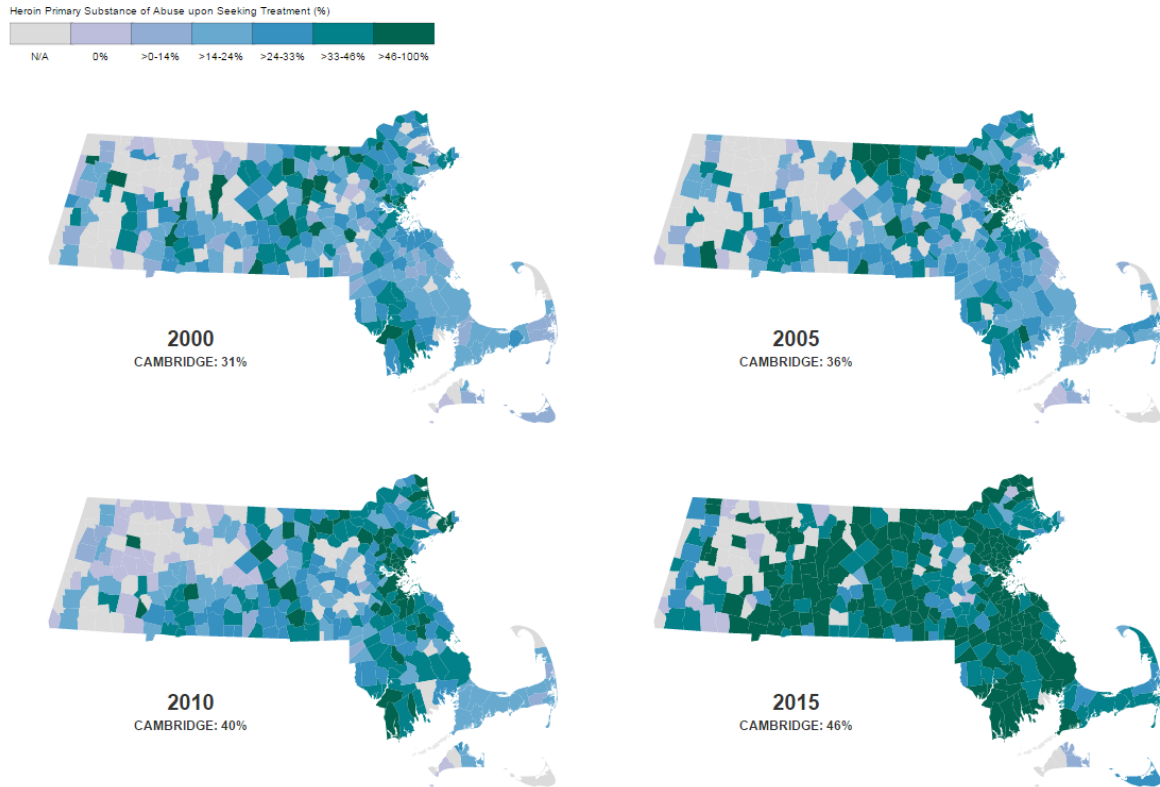
- The city raises awareness about the opioid epidemic through its needle exchange programs which create an open dialogue for discussing the issue upon exchanging needles and providing a public location to do so.
- Cambridge has implemented a variety of data collection methods as well as utilized existing and new technologies to better respond to the epidemic.
  - Cambridge uses geo-mapping to determine the frequency of overdoses and dispatches resources accordingly. This geo-mapping is done collaboratively through police, fire, ambulance, and the public health department.
  - Cambridge Police Special Investigations Unit recently acquired a TruNarc Analyzer device that identifies narcotics by scanning the substance while in the field.
- The city uses a weekly multi-disciplinary outreach team that interacts with identified individuals and attempts to steer them towards recovery. This team meets every Wednesday and separates into two groups to cover the major areas of the city known for high opioid abuse or activity. They consist of involved members from CPD, social workers, Cambridge Public Health Department, Cambridge Health Alliance, Cambridge Hospital, PRO EMS, Cambridge Veterans Services, Cambridge Multi-Service Center, CASPAR Inc., Youth on Fire, Elliot Health Care, the On the Rise drop-in center for women, and the New England Center and Home for Veterans.
- Cambridge Police Department's SIU has implemented an overdose intervention and coaching services strategy to combat the opioid epidemic. This strategy includes performing follow-up visits with individuals who have previously overdosed or reported an overdose. Coaching services are provided by detectives and a licensed social worker from the CPD, who work directly with the individual and service providers to establish after-care placement and coordinated treatment. CPD is currently working with more than 30 service providers whose treatment services include detox, clinical stabilization services, long-term residential care, and intensive outpatient treatment.

## Recovery Strategies

- Cambridge attempts to contact individuals when they are being released from a hospital following an overdose. Social workers seek to connect the patients with services before their release, when they are the most vulnerable to relapse. These services can include rides to clinics and providing information about additional treatment options available.
- Cambridge has partnered with community stakeholders to provide resource flyers to victims that include important recovery information. These community partnerships have helped reduce the stigma by building trust between vulnerable individuals and city officials.
- Collaboration among the Police, Fire, Health Department, PRO EMS, and hospitals has helped individuals get into treatment centers faster.
- Cambridge, through PRO EMS, has instituted a recovery coach pilot project, where several staff members are trained as recovery coaches and assist individuals with entering into long term care. In this venture, the city worked with a national organization called Face It Together. Cambridge is attempting to formalize this project, and is exploring additional resources to do so.

## Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Prevention Strategies

- Cambridge has a five year Community Health Improvement Plan that aligns overdoses with prevention strategies. The plan includes empowering community members, social media outreach to provide resource information to those suffering from addiction, and reducing stigma.
- The city also has employed a door knocking campaign in public housing units to disseminate information about addiction and recovery programs to residents.
- The Cambridge Prevention Coalition aims to change social norms around drug and alcohol use in the community. Its main focus is to reduce opioid abuse and accidental overdoses in Cambridge and surrounding communities. The Coalition also leads the Reality Check youth alcohol and marijuana prevention campaign; and helps administer the Cambridge Teen Health Survey and Middle Grades Health Survey. The Coalition uses a community-based approach for effecting policy, environmental, and social change around substance abuse, with a focus on youth and families.
- Cambridge, along with Everett, Somerville and Watertown are part of OPEN (the Overdose Prevention and Education Network). This Coalition has created resources to disseminate information to parents of substance users and developed a curriculum for non-medical use of prescription drugs, with a particular focus on athletes.

- Cambridge Police joined the White House Data-Driven Justice Initiative, which supports local efforts to disrupt cycles of incarceration including substance abuse, and works closely with the Middlesex Sherriff and District Attorney.

**Funding Sources:** Municipal Funding; Community Health Network Area 17 (CHNA 17) –Arlington, Belmont, Cambridge, Somerville, Watertown, and Waltham; Bureau of Substance Abuse Services (BSAS) grant; Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)

**Coalitions:** OPEN - Overdose Prevention and Education Network; Cambridge Prevention Coalition; Cambridge Health Alliance

# Chelsea

**City Manager:** Thomas Ambrosino

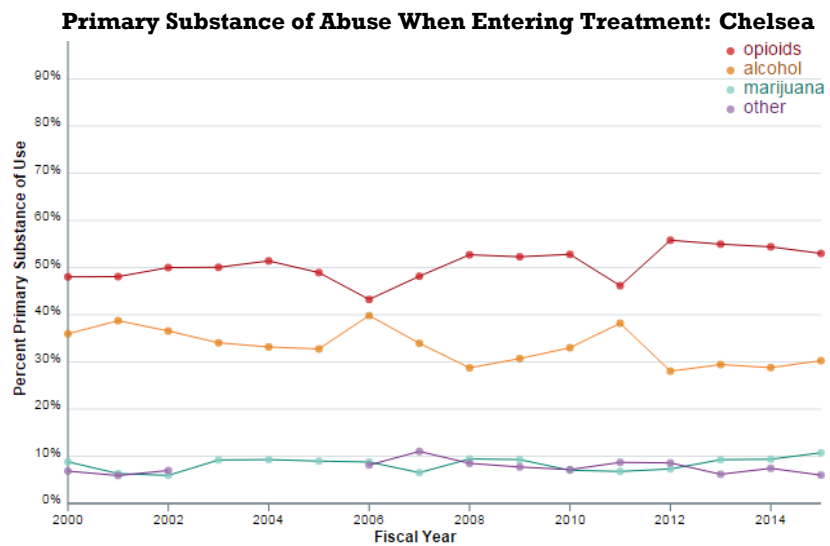
**Primary Program Contact:**

Dan Cortez - Community Engagement Specialist, Chelsea Police Department

## Demographics

- Population: 39,398
- Median Age: 32.1
- Median Household Income: \$47,733
- Poverty: 20.9%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 33
  - 2006-2010: 22
  - 2011-2016: 52

The City of Chelsea’s strategy to combat the opioid epidemic relies on a community-based approach. Municipal officials from several departments, outreach workers, health navigators, and clinicians are focused on working with individuals suffering from substance abuse and their families. This coalition works with these individuals and their families to build trust, provide information, and direct them to treatment options.



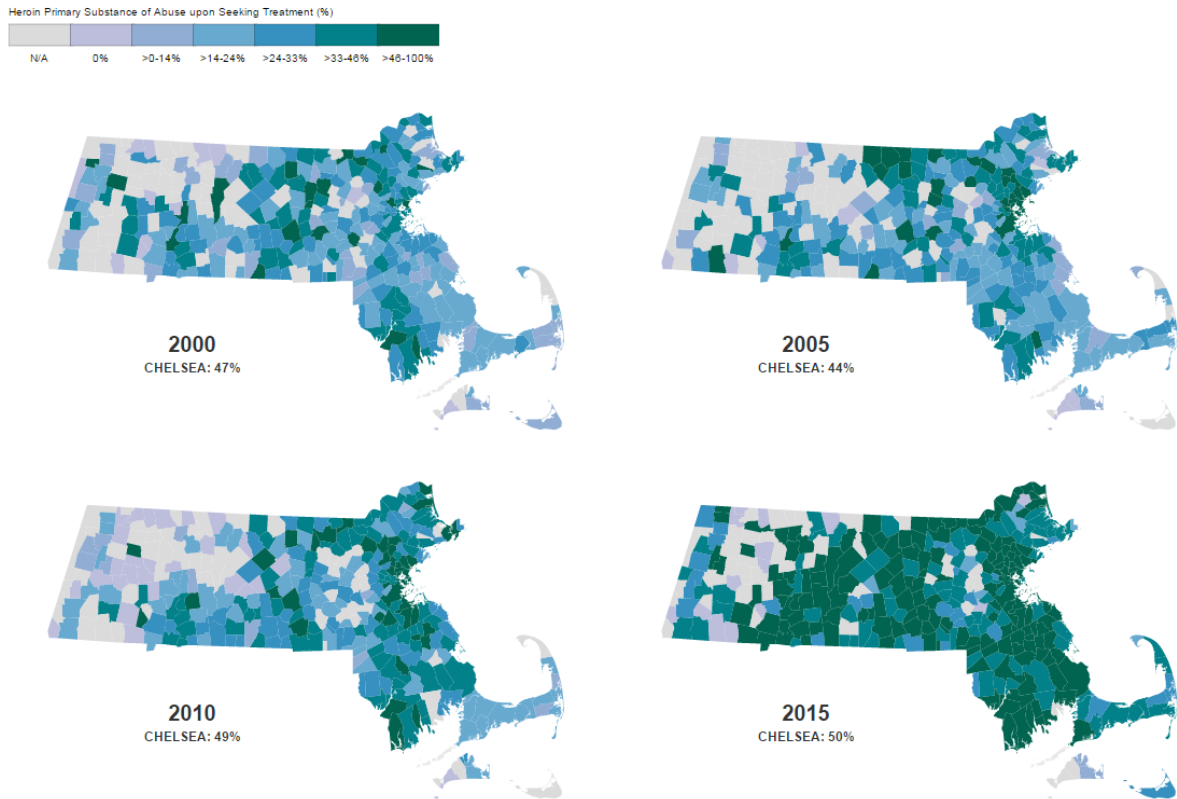
Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Response Strategies

- Chelsea has implemented a HUB risk reduction model that originated in Canada. The model involves municipal officials from the police department, fire department, health department, navigators, private agencies, and other key stakeholders who are in contact with anyone at risk. It allows for a comprehensive approach by convening the group weekly.
  - The group discusses different cases and decides on an intervention strategy for each situation.
  - They identify the individual, his/her risk level, steps for intervening, and treatment options.
  - The HUB designates teams that will be in charge of executing the strategy.
  - In addition, this group provides regular updates on what is happening on the ground (i.e. an uptick in overdoses) for enhanced communication and to provide a proactive response.
- Each week, the members of the Chelsea Police and Fire Departments meet, along with a representative from the Healthy Streets Outreach Program, to coordinate wellness checks. A member of the Fire Department then goes to the homes of individuals who have overdosed to conduct a wellness check. These wellness checks are focused on both the individual and family members. Healthy Streets, a program managed by Northeast Behavioral Health, provides information on recovery services and resources available to the family as well as information on overdose prevention and naloxone.

## Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Recovery Strategies

- Services are provided through a comprehensive approach that includes overdose victims, homeless individuals, and victims of abuse.
- Chelsea has benefitted from creating a navigator program. The primary role of the navigator is to understand the systems and available resources to help people find treatment, as well as connect those suffering with community and city resources.
  - After identifying individuals in need of assistance, the navigators provide them with information and direct them to recovery services. Because Chelsea's problem is concentrated in Broadway and Bellingham Square, navigators are able to focus on these areas within the city. The initial introduction of navigators required community building and education to remove the stigma associated with those in active recovery and move toward a successful program. The navigator both engages the individual suffering substance abuse as well as the community to build trust.
- Chelsea employs a full time clinician who works directly with the navigators. When a navigator encounters an individual in need of assistance, the clinician is able to assess the situation and provide a recommendation for treatment, such as detox bed or a clinic.
- When a navigator engages with an individual who needs assistance, they are referred to Community Action Programs Inter-City Inc. (CAPIC), which provides emergency food and assistance with sober-living (housing) expenses to eligible individuals. These services are regularly provided to individuals exiting detox and have undergone a minimum of 30 days of sobriety.

## Prevention Strategy

- The city was recently awarded a Drug Free Communities Grant to establish preventative measures for the city's youth, through a partnership with Mass General Hospital (MGH). Chelsea continues its work with Mass General Hospital to identify and improve prevention strategies.
- Chelsea works with community organizations to provide mentoring services and to raise awareness of serious issues surrounding the city.

**Funding Sources:** Municipal Funding; Massachusetts Department of Public Health – Drug Free Communities Grant

**Coalitions:** Winnisimmet Regional Opioid Collaboration (WROC) - Revere, Chelsea, Saugus, Winthrop; Municipal Coalitions - Healthy Streets, Healthy Chelsea, Everett Hospital, and Mass General Hospital

# Everett

**Mayor:** Carlo DeMaria, Jr.

**Primary Contact:**

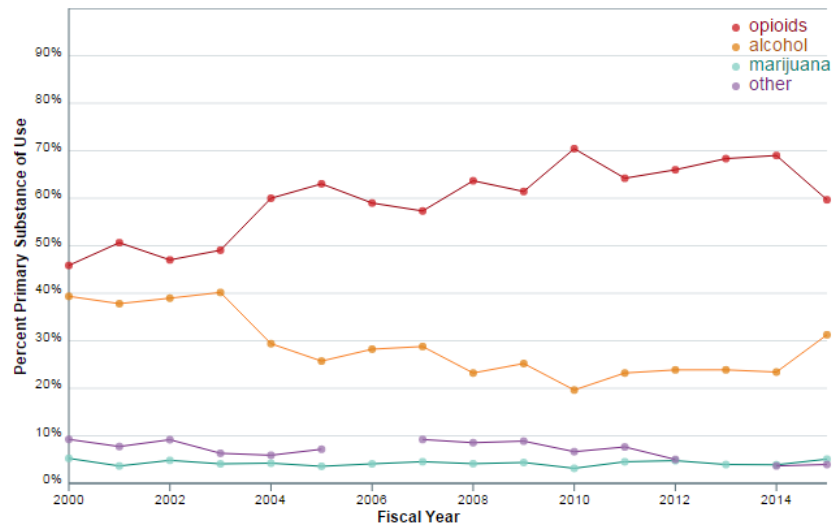
Catherine Rollins - Policy Director, City of Everett

## Demographics

- Population: 46,050
- Median Age: 35.7
- Median Household Income: \$50,762
- Poverty: 14.88%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 35
  - 2006-2010: 27
  - 2011-2016: 90

Under the leadership of Mayor Carlo DeMaria, municipal officials have begun meeting regularly to strategize the city's response to the epidemic. As a result, the city has created a task force comprised of several departments to enhance programming and response to the crisis. Everett is seeking to hire new staff members to assist the city's efforts.

**Primary Substance of Abuse When Entering Treatment: Everett**



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health <http://www.mass.gov/chapter55/>

## Response Strategies

- Mayor DeMaria has created an opioid task force comprised of the Police Chief, Fire Chief, the Communications Director, Health Director, Constituent Services Director, City Councilors, nonprofit partners (Cambridge Health Alliance), the recovery community, and those dealing with the issue directly. The task force holds monthly meetings which serve as a centralized communications tool. The goal of each meeting is to leave everyone with a task and general engagement.
- The opioid task force has discussed creating an outreach team to speak with individuals and family members after an overdose to provide information and offer assistance. Currently, members of the police department work with individuals who are seeking treatment.
- Everett created a mental health clinician position in the Health Department that will collaborate closely with law enforcement and first responders.
- The city offers prescription drug drop box and sharps collections 24/7 at the Everett Police Department and during business hours at the Health Department.

## Recovery Strategies

- The Everett Community Health Partnership - Substance Abuse Coalition (ECHP-SAC), an initiative of the Cambridge Health Alliance's Department of Community Health Improvement, assists individuals in recovery.
  - The ECHP-SAC is a community-based prevention coalition committed to bringing together and mobilizing the diverse community of Everett to address issues associated with



substance abuse, while promoting positive health and well-being, especially among youth. Through a range of prevention efforts, the coalition uses multiple strategies in multiple settings to change the social norms on alcohol, tobacco, and other drug use.

- The Community Health Partnership identifies successful models and uses evidence based practices to shape program development strategies, including community outreach, education, and recovery resources.
- Everett Overcoming Addiction provides information through social media sources available to the community. For example, the group regularly updates its Facebook page with available detox beds across the Commonwealth.
- Additionally, Everett has allocated \$6,000 to train volunteer recovery coaches who will assist individuals with accessing treatment.

## Prevention Strategy

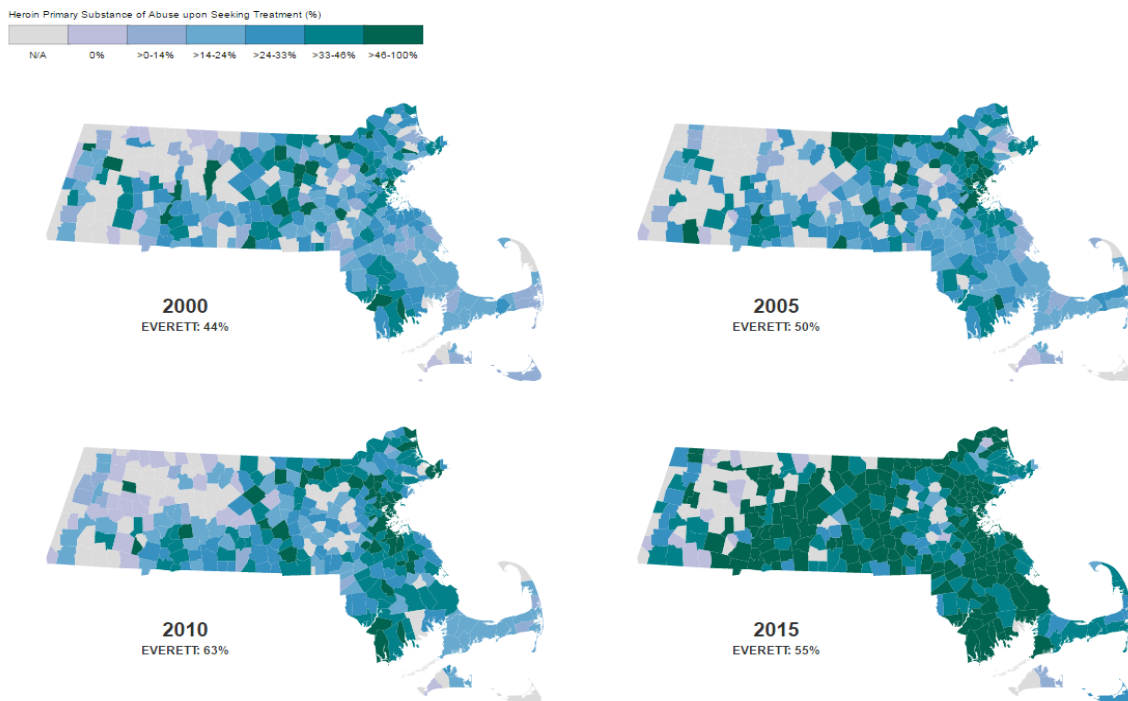
- The Everett Community Health Partnership has done some prevention with the city. This includes youth leadership, development and engagement about the issue; evidence based prevention curriculum in the schools; and data collection including the Youth Risk Behavior Survey.
- There is a collective desire to find more resources to work on prevention in Everett. There is a need for additional funding to carry out these efforts.

**Funding Sources:** Municipal Funding; Cambridge Health Alliance (CHA); Drug Free Communities grant; Massachusetts Department of Public Health- Partnership for Public Health Grant

**Coalitions:** Everett Community Health Partnership - Substance Abuse Coalition (ECHP-SAC); Massachusetts Opioid Abuse Prevention Collaborative (MOAPC); Substance Abuse Prevention Collaborative (SAPC)

### Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

# Malden

**Mayor:** Gary Christenson

**Primary Program Contact:**

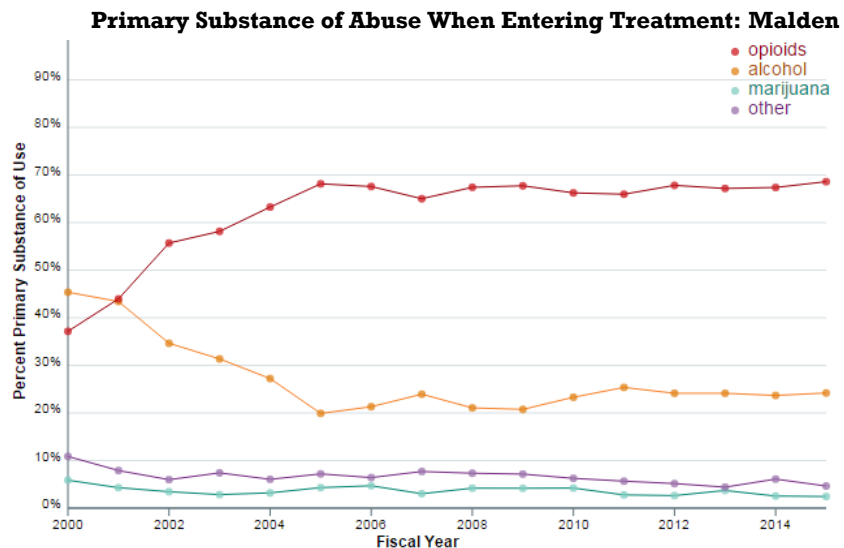
Kevin Molis - Police Chief, Malden Police Department

## Demographics

- Population: 61,068
- Median Age: 35.8
- Median Household Income: \$54,896
- Poverty: 15.65%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 34
  - 2006-2010: 44
  - 2011-2016: 76

Malden is in the beginning stages of developing prevention programs for the city. The primary approach thus far has been on the response side. To address the epidemic, first responders have been equipped with naloxone as well as training to recognize symptoms of opioid addiction and overdose. Data sharing about those suffering from substance abuse occurs through established communication channels

between the Police Department and the Fire Department. Currently, Malden is part of the Mystic Valley Public Health Coalition funded by the MOAPC and SAPC grants. This coalition implements various educational campaigns, such as the State Without StigMA Campaign, and directs those suffering with substance abuse to available resources. Finally, Malden has a strong non-profit coalition, Malden Overcoming Addiction, involved in its city-wide strategies. This group partners with local officials to provide resources to those in the community suffering substance abuse. There is a well-established relationship between this group and the city, and Malden directs individuals to this program through a robust public health website and referrals.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Response Strategies

- First Responders carry naloxone and have been trained to recognize signs of addiction.
  - The Fire Department receives a grant that funds naloxone for first responders.
- The Malden Fire and Police Departments have worked to establish relationships with each other, resulting in better communication between departments and information-sharing after responding to a medical call.
- Malden implements the State Without StigMA campaign, a series of public safety announcements and resources for communities to educate residents about opioid addiction and substance abuse.
- Malden has a dedicated website to provide direct links to resources and groups for those suffering substance use disorders. The site promotes the Mystic Valley Public Health Coalition Mental Health Resource Guide as well.
- The culture of police response has changed by not criminalizing addiction or the behavior of those that overdose or have substance abuse issues. This allows for better coordination of long-term treatment options.

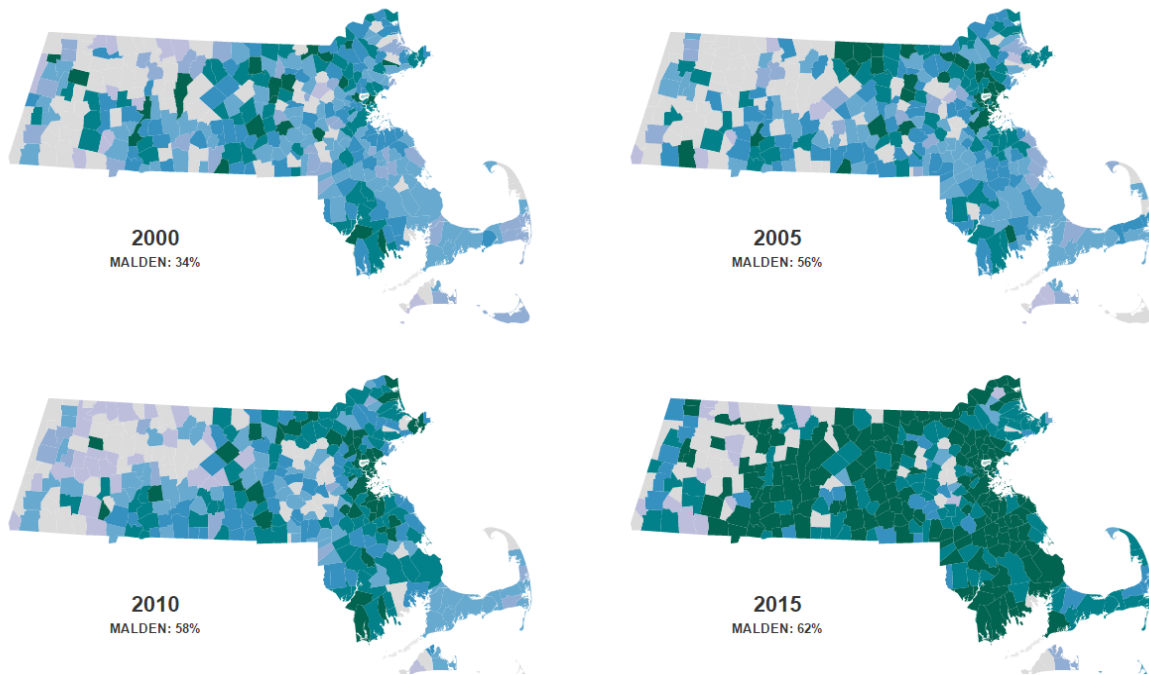
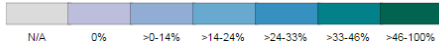
## Recovery Strategies

- The city partners with and promotes Revere Recovery Help, a program that provides confidential addiction and substance abuse services.
- The goal of recovery services are to connect individuals with meaningful, long-term treatment options.

### Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.

Heroin Primary Substance of Abuse upon Seeking Treatment (%)



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Prevention Strategies

- The city partners with Malden Overcoming Addiction, a service that seeks to connect the community with addiction support and recovery services, remove stigma, and work to prevent overdose fatalities. The group hosts community events and provides support services for individuals and their families who suffer substance use disorders.
- Malden's prevention services are focused on grassroots level education for the community.

**Funding Sources:** Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) – Mystic Valley Public Health Coalition; Substance Abuse Prevention Collaborative (SAPC)

**Coalitions:** Mystic Valley Public Health Coalition - Malden, Medford, Melrose, Wakefield, Stoneham, Reading, Winchester; Malden Overcoming Addiction

# Medford

**Mayor:** Stephanie Burke

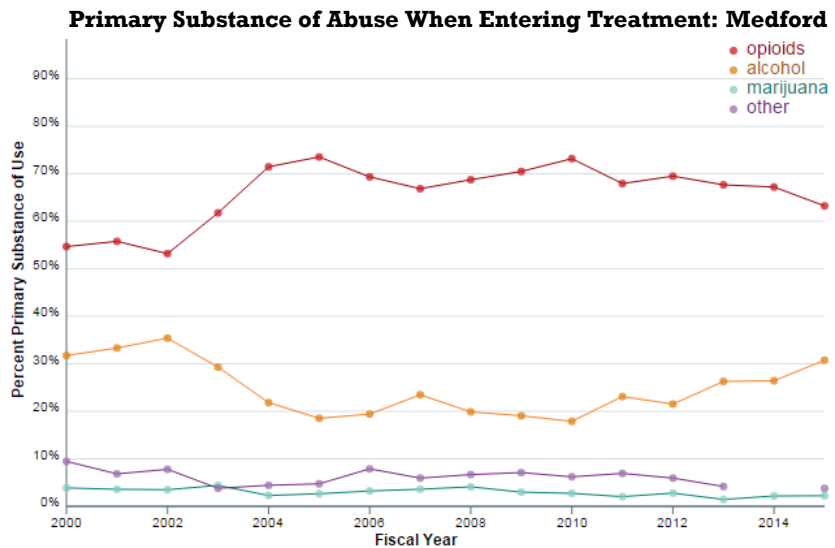
**Primary Program Contact:**

Penny Funaiolo - Director, Office of Prevention and Outreach

## Demographics

- Population: 57,403
- Median Age for Total Population: 36.2
- Median Household income: \$76,445
- Poverty: 10.76 % in poverty
- Confirmed Opioid Related Death Count:
  - 2001-2005: 37
  - 2006-2010: 39
  - 2011-2016: 72

Medford currently utilizes a variety of prevention efforts stemming from the formation of the Office of Prevention and Outreach Program Manager position within the Department of Public Health. Medford received a series of grants beginning in 2004, including an Underage Drinking Prevention Grant, Drug Free Communities Grant, and Sober Truth on Prevention Grant to prevent substance abuse, develop a youth diversion program, and act as the lead community for the Massachusetts Opioid Abuse Collaborative for the Mystic Valley. As a result of the current opioid epidemic and years of hardy prevention and community organizing the Office of Prevention and Outreach was developed and has led to the implementation of many successful strategies.



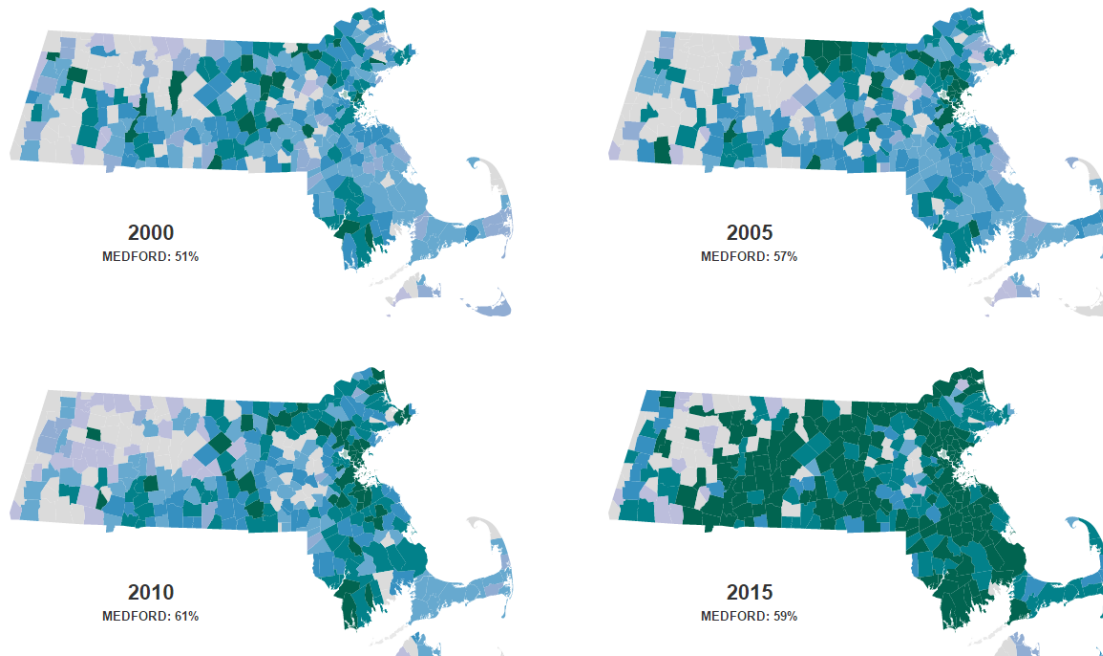
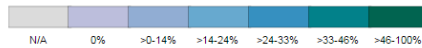
Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health <http://www.mass.gov/chapter55/>

Through promotion of the Good Samaritan Law and the State Without StigMA campaign, Medford has been able to reach those populations suffering substance abuse. Additionally, the partnership between the Medford Police Department and the Office of Prevention and Outreach has allowed the program manager to provide outreach to those suffering substance abuse or overdose after initial contact with law enforcement. Educational materials are provided in public locations, including schools. Medford has a long-term, comprehensive approach focused on intervention with high-risk users as well as early education of youth and the provision of ample resources to users and families.

## Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.

Heroin Primary Substance of Abuse upon Seeking Treatment (%)



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Response Strategies

- The city provides naloxone to first responders, including police, fire, and EMS, as well as to all school nurses. All of these personnel receive training on the administration of naloxone and how to identify overdoses.
- First responders provide educational resource guides and pamphlets to individuals suffering from substance abuse or their families. In addition, a Comprehensive Resource Guide is provided to hospitals, the county Sheriff's Office, and health professionals.
- The city has implemented and encouraged the application of the Good Samaritan Law as well as public relations campaigns to remove stigma associated with substance abuse and opioid addiction.
- The city has formed a partnership between the Police Department, Fire Department, and Health Department to share information and increase communication between the groups. This partnership allows for dissemination of response-related materials to individuals suffering from substance abuse and opioid addiction, allowing for the streamlining of recovery and prevention efforts.

## Recovery Strategies

- The city is a member of the Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) and funds the Prevention and Outreach Programs.
  - Medford has developed its own Recovery Coach Program for high risk individuals for anyone who has been administered naloxone.

- Additionally, Hallmark Health has a team comprised of a lead social worker, pharmacist, nurse practitioner, and four community health workers. They provide one-on-one services, including phone calls and letters offering help to those suffering from substance abuse.
- The Outreach Program Manager will go with police officers to an individual when other efforts to contact the person have not been successful.
- The Program Manager and public safety personnel conduct door knocking at the homes of those who have overdosed to provide or direct individuals to services.
- The program has reached about 35 people in the last year.

## Prevention Strategies

- The city has created a series of informational brochures and posters, which are available at different locations in the municipality.
  - Food inspectors provide informational handouts on prevention strategies to restaurants upon inspection. This is a standard point of contact beyond those available only through the Chamber of Commerce. It requires no additional funding for staff time from the city and allows the program to reach all inspected businesses in Medford.
  - The city also distributes the Massachusetts Health Officers Association bathroom safety tips.
- Medford implements a K-12 health education curriculum to teach students about substance abuse.
- In addition there are multiple programs implemented for youth.
  - The Institute of Health and Recovery SAFE Project is used for community-based assertive behavioral cognitive therapy for youth with substance abuse issues.
  - Law enforcement implements an early intervention program for youth.
- Medford collects data to inform prevention strategies including:
  - Communities that Care Youth Survey
  - Death records and police records
  - CRAFFT behavioral health screening tool for adolescents

**Funding Sources:** Municipal Funding; Partnership for Success Grant; Massachusetts Opioid Abuse Prevention Collaborative (MOAPC); SAFE project; In-kind funding through Insurance and Bureau of Substance Abuse Services

**Coalitions:** Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) – Malden, Medford, Melrose, Stoneham, Wakefield, Reading; Team Medford; Medford Health Matters; Medford Crisis Intervention Case Conference Meetings; Medford Community Recovery Support Coalition

# Melrose

**Mayor:** Robert J. Dolan

**Primary Program Contact:**

Kathy Guevara - Mystic Valley Public Health Coalition, Community Coordinator

## Demographics

- Population: 27,997
- Median Age: 41.6
- Median Household Income: \$85,521
- Poverty: 3.43%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 11
  - 2006-2010: 12
  - 2011-2016: 27

Melrose has taken a strong education-based approach to lead prevention efforts. The city receives funding and is a member of the Massachusetts Opioid Abuse Prevention

Collaborative (MOAPC), focusing local efforts on youth education and youth-led peer education. The education based approaches include Sober Truth on Prevention (STOP) Act grant initiatives which provide individual support to students, and the implementation of a Youth Action Team. Through this model, the primary target of local services is youth ages 12-20 years old. Prevention efforts involve strong peer-led education efforts and community events. While regional coalitions provide access to resources for those suffering substance abuse, such as the Hallmark Health Recovery Coach Program, local efforts are primarily geared toward prevention. Recently the city supported independently funding the position of the Substance Abuse Coalition Coordinator when statewide funding ended. The city hired a new coordinator in October of 2016. The new coordinator will allow the city to continue its work as well as to identify new initiatives.

## Response Strategies

- The Police Department carries naloxone and receives training on the administration of the drug and how to recognize signs of overdose.
- The city makes a Prescription Drug Drop Box available at the Police Station 24/7.
- The Health Department has a syringe drop box available outside of its offices at City Hall.
- The city also holds a twice-annual drug takeback day. These events take place in April and September to coincide with the Drug Enforcement Agency's "National Drug Take Back Day."

**Primary Substance of Abuse When Entering Treatment: Melrose**



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>



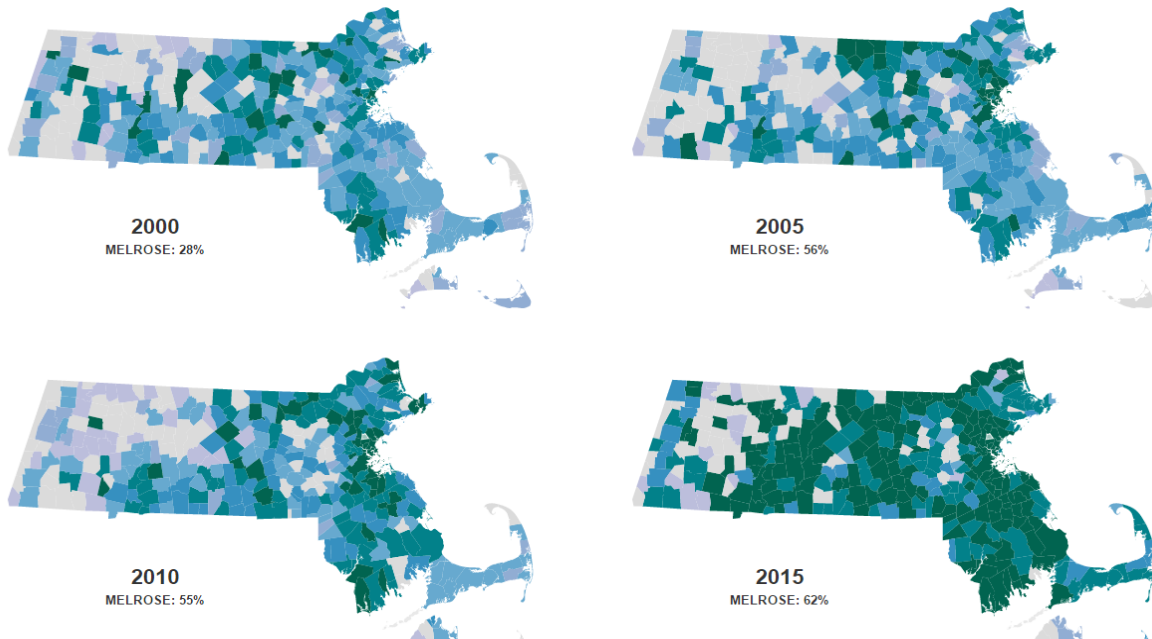
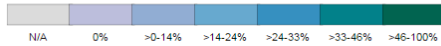
## Recovery Strategies

- Hallmark Health Recovery Coach Program:
  - This program is conducted on a regional level with the surrounding communities. Using the data collected from patient admissions, the recovery coaches provide direct services to those suffering substance abuse. Melrose will be notified of the outreach and work conducted by the Hallmark Health outreach coordinator to help individuals access recovery resources.
- SAFE Project:
  - This project allows a referral for a student to the program to provide individual support. The only requirement is that the student has insurance. This project is funded through the Massachusetts Bureau of Substance Abuse Services (BSAS).
- Youth Risk Behavior Survey (YRBS):
  - This survey is administered and data is collected every other year. The YRBS is juxtaposed with the PRIDE survey which is administered to parents to gain a comprehensive picture of data in households.

### Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.

Heroin Primary Substance of Abuse upon Seeking Treatment (%)



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Prevention Strategies

- The primary focus of the prevention efforts is on education of youth and specifically targeting 12-20 year olds.
  - Melrose has created a Youth Action Team which is comprised of middle and high school-aged youth. The group conducts peer education, community trainings at public locations such as the senior center, writes a monthly newsletter posted in the school restrooms, and uses other ways to engage with their peers about substance use. The group implements a strategy that uses the formation of a respected role model who will stand up to educate peers about substance abuse. The youth also create an action plan and attend conferences in Washington D.C., funding permitted.
  - The Sober Truth on Preventing Underage Drinking Act (STOP Act) allows for a focus on youth programming for preventing substance abuse.
  - A Youth Diversion Program is in the process of implementation in collaboration with the Melrose Police Department.
- The Substance Abuse Coordinator works collaboratively with the Melrose School Department.
  - Current efforts include collaboration with Melrose High School, Mass General Hospital, and Melrose Prevention Services to implement the Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening tool in the high school.
  - The coordinator supports Middle and High School staff as a Substance Abuse Specialist and facilitates an Adolescent Skill Building Group at the Middle School.
  - A yearly Parent and Teen Guide is written, published, and distributed to all parents in Melrose. The guide is also available in convenience stores and other locations utilized frequently by city residents.
- The city's departments collaborate with senior services in Melrose to identify necessary prevention efforts for seniors and those with disabilities.
- Recent funding has been granted by the city to implement Interface, a supportive referral process for appropriate mental health services for residents.

**Funding Sources:** Sober Truth on Preventing Underage Drinking (STOP) ACT Grant; Massachusetts Opioid Abuse Prevention Collaborative (MOAPC); Municipal funding

**Coalitions:** Melrose Substance Abuse Prevention Coalition; Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) – Malden, Medford, Melrose, Wakefield, Stoneham Reading

# Newton

**Mayor:** Setti D. Warren

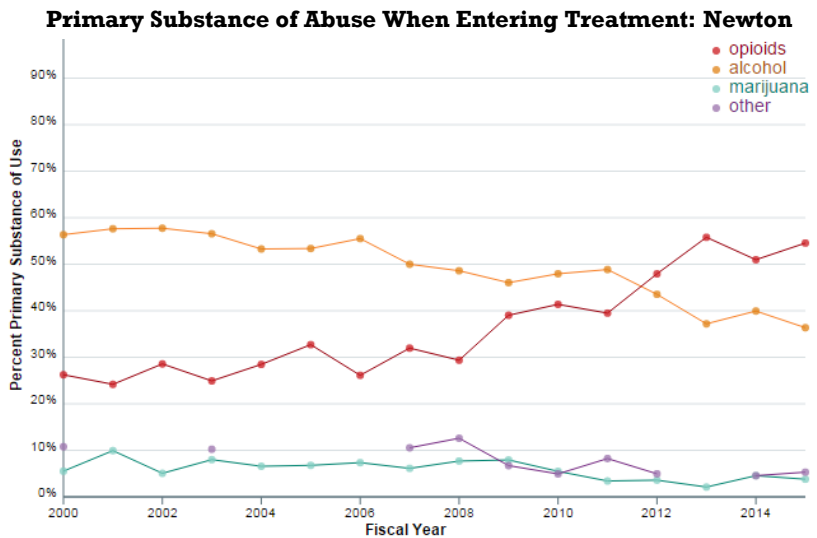
**Primary Program Contact:**

Deborah C. Youngblood - Commissioner, Department of Health and Human Services

## Demographic Info

- Population: 88,817
- Median Age: 40.5
- Median Household Income: \$122,080
- Poverty: 5.08%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 12
  - 2006-2010: 18
  - 2011-2016: 41

Newton has approached the opioid epidemic through a municipal-wide collaboration effort. Specifically, Newton has implemented Newton PATH – Prevention, Awareness, Treatment & Hope. Newton PATH is a multidisciplinary team that increases public awareness of the opioid issue and provides resources for those suffering substance abuse. Newton involves key leaders from various municipal departments, such as the police, fire, and school departments, as well as non-profit organizations in the city and surrounding communities. Newton PATH spearheads the city’s education and prevention based approach to the opioid epidemic. In addition, Newton is working with the Newton Wellesley Hospital to initiate a Recovery Coach program within the hospital’s task force to address the problem.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health <http://www.mass.gov/chapter55/>

## Response Strategies

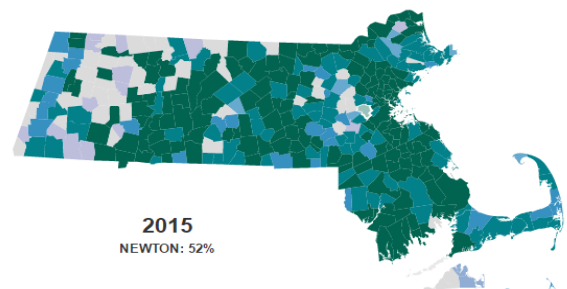
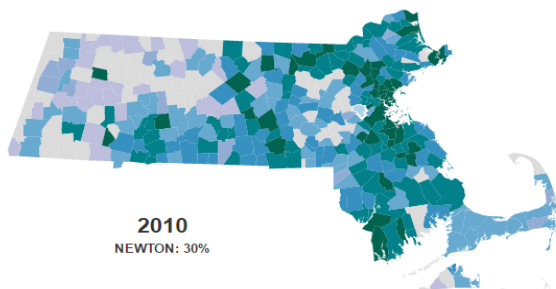
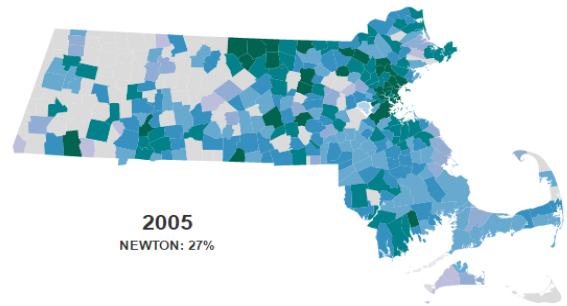
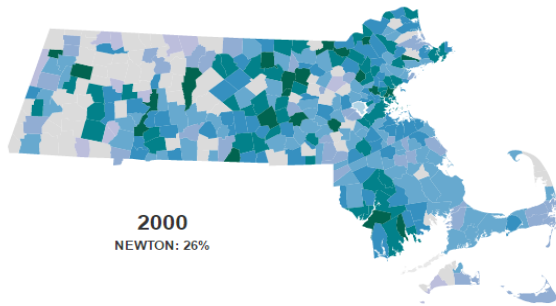
- Newton has supplied naloxone, the anti-overdose drug, to Police Department personnel, Fire Department personnel, and school nurses. Public safety and school personnel also receive training on administration of the substance and identifying signs of substance abuse and overdoses.
- The city has conducted a public awareness campaign in order to destigmatize substance abuse and opioid addiction. This campaign brings awareness to the community about the issue and the resources available to those suffering substance abuse disorders. The campaign promotes “Solutions over Stigma” as a primary response strategy.
- The Newton Police Department provides a permanent prescription drug drop-off kiosk. The city developed an informational flyer currently being distributed by two pharmacies in Newton. When

residents pick up opioid prescriptions, they receive the flyer informing them of statistics about dependency and where to safely dispose of unused drugs.

### Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.

Heroin Primary Substance of Abuse upon Seeking Treatment (%)



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Recovery Strategies

- Newton has standardized protocol for police departments, requiring every individual to receive a visit from a social worker and uniformed officer within two days of an overdose.
- The city is hiring various recovery-focused personnel including a jail diversion social worker in the Police Department and a youth services director. In addition the city will provide a school resource officer in each high school.
- The community produces the Newton PATH resource card to assist in recovery efforts after responding to substance related emergencies. The resource card includes treatment options and resources and strategies for navigating a long-term path to recovery.

## Prevention Strategies

- Newton has implemented an education-based prevention approach.
  - The schools show films, host voluntary after school substance abuse prevention workshops, and hold after school courses to encourage thoughtful decision making and reject substance use.

- Newton's middle schools have implemented an evidence-based curriculum that targets substance abuse, bullying, and violence prevention.
- The city has designed prevention posters developed to educate high school-aged youth.
- Newton employs intervention/prevention counselors in schools to provide drug counseling and substance use counseling.
- The city collects and distributes data on substance use and related issues.
- Finally, the Health and Human Services Department participates in community events with informational tables related to substance abuse prevention.

**Funding Sources:** Municipal Funding; Non-profit in-kind donations

**Coalitions:** Newton-Wellesley Hospital Task Force; Newton Prevention, Awareness, Treatment & Hope (PATH)

# Quincy

**Mayor:** Thomas P. Koch

## Primary Program Contacts:

Maura Papile - Senior Director of Student Support Services and Special Education, Quincy Public Schools  
Patrick Glynn - Detective Lieutenant, Special Investigations Unit, Quincy Police Department

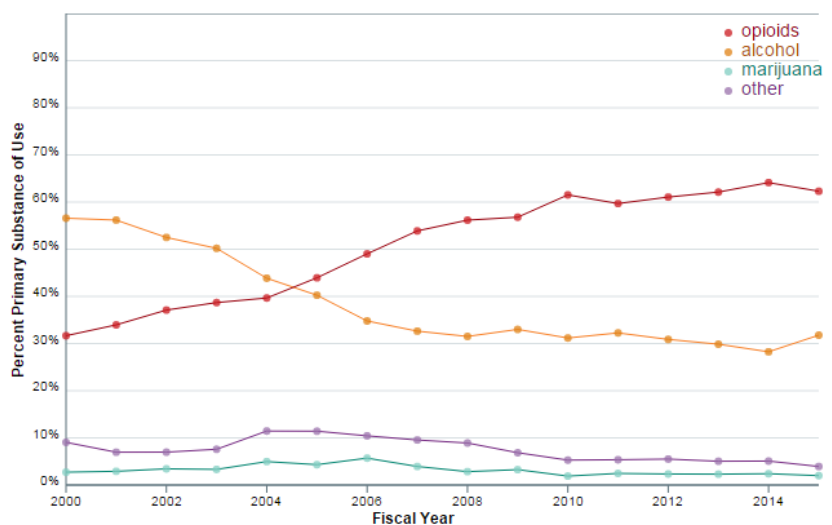
## Demographics

- Population: 64,155
- Median Age: 38.6
- Median Household Income: \$64,155
- Poverty: 10.25%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 67
  - 2006-2010: 70
  - 2011-2016: 193

Quincy has an interdepartmental collaborative that works to develop city-wide strategies. The collaborative is comprised of representatives from the school department, police department, fire department, health department, and other related non-profit organizations.

The overall goal of Quincy's strategies and programs is to assist with transitions, specifically by addressing the transitions between the four main stages an individual suffering from opioid use encounters: transition from the street to addiction; from addiction to overdose from overdose to a hospital or outside treatment program; and finally from the treatment program to the community.

**Primary Substance of Abuse When Entering Treatment: Quincy**



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Response Strategies

- The city has educated police officers to change their rhetoric so that officers treat the issue of substance abuse as a medical disease and not a criminal offense. This has led to a change in the public's perception of the police department. As a result, when an officer arrives to a scene of an overdose or deals with a substance abuser, the officer is viewed as a resource to the individual in need.
- Police officers carry naloxone and are subsequently trained how to administer and recognize signs of an overdose.

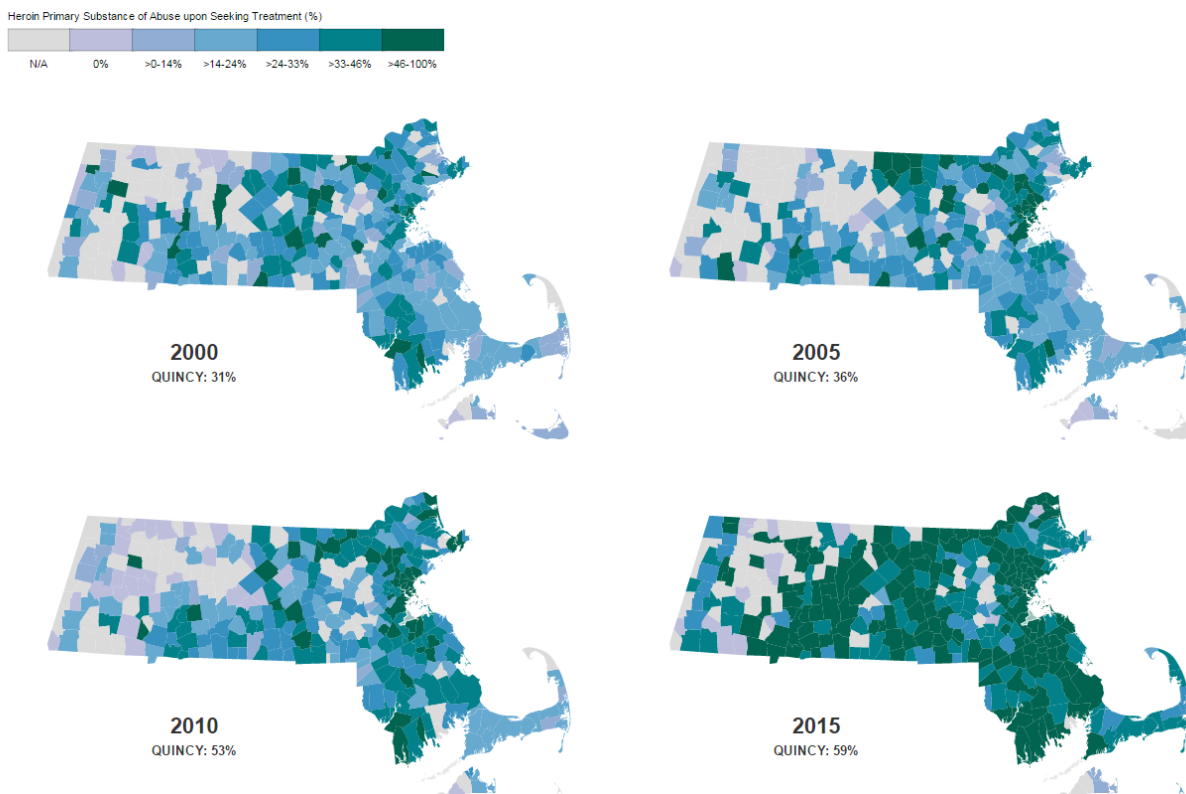
- Improved communication between the schools and police departments has enhanced the community's response to a number of issues, including substance abuse.

## Recovery Strategies

- Primary treatment consists of hospital-implemented treatment programs.
- Quincy provides a residency program for those after initial treatment. This is insurance funded and assists with immediate post-treatment education and job attainment.

### Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin their primary substance of use.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Prevention Strategies

- At the scene of an overdose, police provide informational brochures to the individual or their family members.
- The Fire Department is trained to complete the follow-up visit. The individual is more likely to respond to a house call from a fire fighter than a police officer after an incident. This gives the Fire Department a role in the public safety response as well.
- The city works with Bay State Health, a non-profit community agency, to leave substance abuse prevention materials in commercial areas such as public bathrooms.
- In addition to first responder activities, the schools are very involved in prevention techniques.
  - The city implements the Drug Abuse Resistance Education (D.A.R.E) program.

- Quincy hosts family days related to health to teach families about opioid abuse.
- The school administers a Life Skills curriculum to students that addresses the issue.
- The city will bring in grade-specific speakers with a post-speaker open dialogue and interactive questionnaire classroom session.
- Quincy schools implement a Mentor Program for youth engagement and open dialogue. Upperclassmen mentors assist and serve as a resource for other students.
- Quincy schools are working with doctors from Mclean Hospital to learn about ways to effectively target youth during vulnerable transition periods to prevent future drug dependency or substance abuse.
- Quincy is working with the Braintree coalition by providing overdose data such as location of the overdose and demographic information of the individual. This data helps inform the type of treatment the individual will receive as well as determine if the treatment options are effective in the event repeat overdoses occur at the same location with the same individual.

**Funding Sources:** Federal grants; Bureau of Substance Abuse Services - Massachusetts Opioid Abuse Prevention Collaborative (MOAPC); Substance Abuse Prevention Collaborative; Insurance fed programs; In-kind from municipal departments; Private Donations.

**Coalitions:** Municipal interdepartmental and non-profit coalition; Quincy MOAPC - Braintree, Quincy, Randolph, Stoughton, Weymouth; Quincy SAPC –Braintree, Milton, Quincy, Weymouth; Quincy School and Mclean Hospital Collaborative.



# Revere

**Mayor:** Brian Arrigo

**Contact:** Julia Newhall - Director, Substance Use Disorder Initiatives

## Demographics

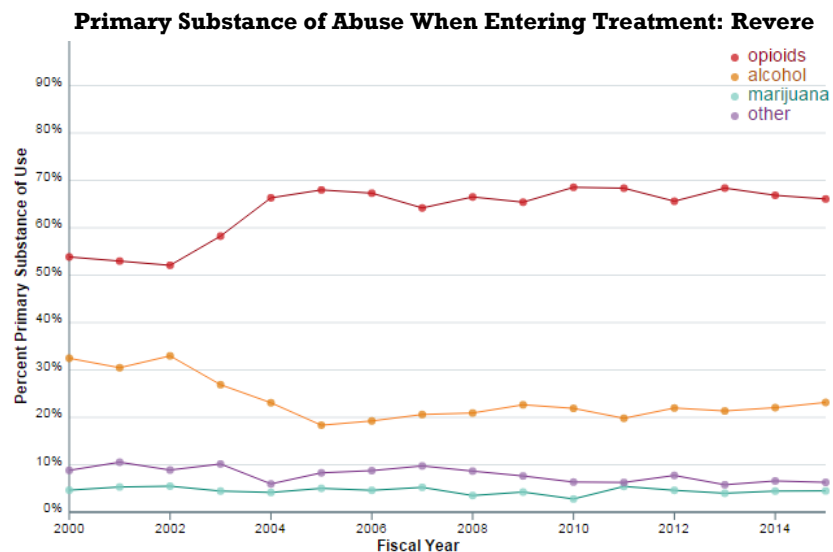
- Population: 53,422
- Median Age: 38.9
- Median Household Income: \$50,886
- Poverty: 15.56%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 55
  - 2006-2010: 50
  - 2011-2016: 102

Mayor Brian Arrigo has focused much attention on the opioid epidemic since taking office. The city supports prevention, intervention, treatment, and recovery for individuals affected by substance abuse disorders.

## Response Strategies

- The City of Revere prioritized substance abuse and created the Substance Use Disorders Initiative (SUDI) Office, which is charged with streamlining existing efforts and strengthening ongoing work to address addiction in the community.
- An assessment of the city showed that more individuals need support on treatment navigation and assistance in dealing with gaps that arise in the system.
- The city subcontracts community health workers and recovery coaches to assist individuals in need.

- The SUDI Office oversees the Overdose Outreach Program, wherein the Revere Fire Department and Police Department team up with outreach workers to work with those who have overdosed and received naloxone. The outreach worker engages the individual and provides an overview of the available resources. This type of engagement is done in several settings after an individual has gone through a full detox such as local coffee shops.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

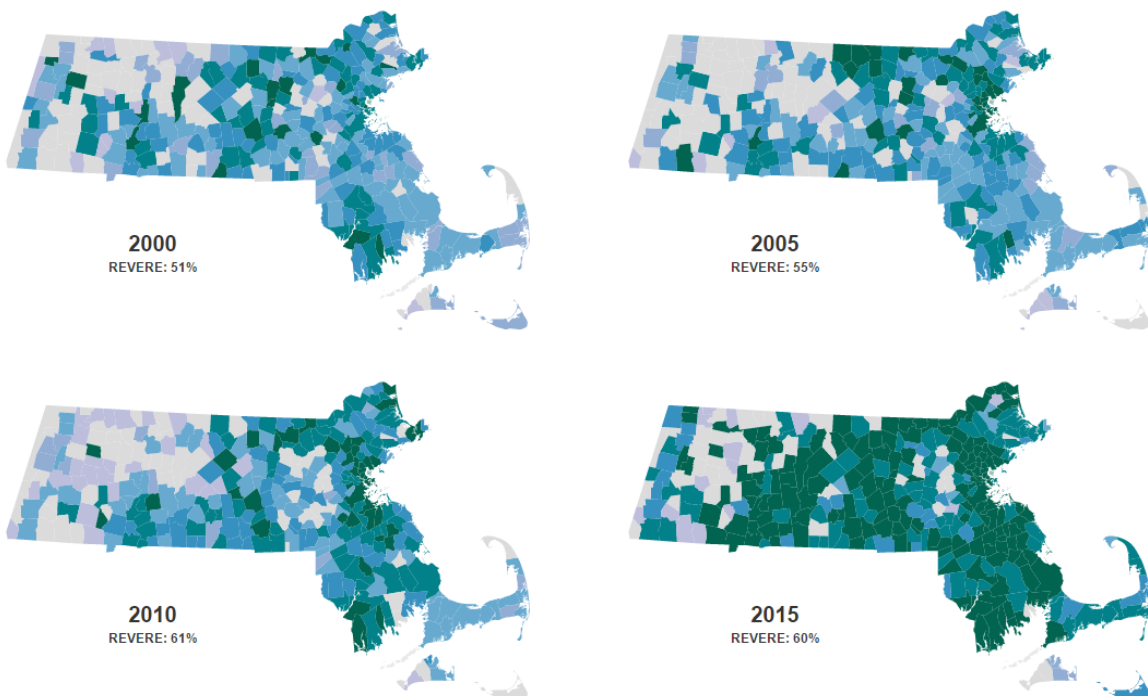
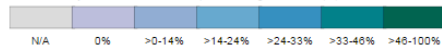
## Recovery Strategies

- Revere's peer recovery coaches are very effective in the community. Recovery coaches are able to administer naloxone, provide overdose prevention education, meet people to discuss the consequences of drug use, and help individuals get into more extensive care.
- Revere offers a weekly drop-in center to those in need. Currently, the center is open on Tuesday evenings from 5 p.m. - 8 p.m., and the city is looking to expand its hours. At the drop-in center, residents can receive further information about how to get assistance for themselves or family members and can meet with recovery coaches. The center is staffed by community health workers and peer recovery coaches.
- Substance Use Disorder Initiatives (SUDI) envisions a community or region where recovery is valued and perceived as a strong asset to the community. In alignment with its vision, SUDI aims to promote the importance of the recovery community, as well as to expand and strengthen its community support services to assist individuals in recovery. SUDI launched the Regional Recovery & Outreach Initiative (RROI) to achieve that goal. The RROI network includes mutually supportive relationships with formal and informal systems, such as treatment, prevention, mental health, housing, transportation, criminal justice, and education. These services are designed and delivered by individuals in recovery to meet the specified needs of those who have a shared experience. Most importantly, RROI is meant to build recovery capital to acclimate the recovery community back into the city-wide community.

### Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.

Heroin Primary Substance of Abuse upon Seeking Treatment (%)



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Prevention Strategies

- Revere was awarded the Partnership for Success Grant, which focuses on preventing prescription misuse primarily for youths. SUDI is currently conducting an assessment and planning process that will result in evidence-based strategies.
- Moving forward, Revere hopes to enhance its prevention strategy by targeting individuals who are incarcerated and about to be released from prison. This transitional time period is a critical moment when substance abusers should receive some form of outreach. Often, those that are released will relapse and return to prison because they have not received adequate services.

**Funding Sources:** Municipal Funding; Bureau of Substance Abuse Services (BSAS); Massachusetts Opioid Abuse Prevention Collaborative (MOAPC); the Partnership for Success Grant; Mass General Hospital

**Coalitions:** Massachusetts Opioid Abuse Prevention Collaborative (MOAPC); the Winnisimmet Regional Opioid Collaborative (WROC) - Chelsea, Revere, Saugus and Winthrop; Revere CARES Coalition

# Somerville

**Mayor:** Joseph Curtatone

**Primary Program Contact:**

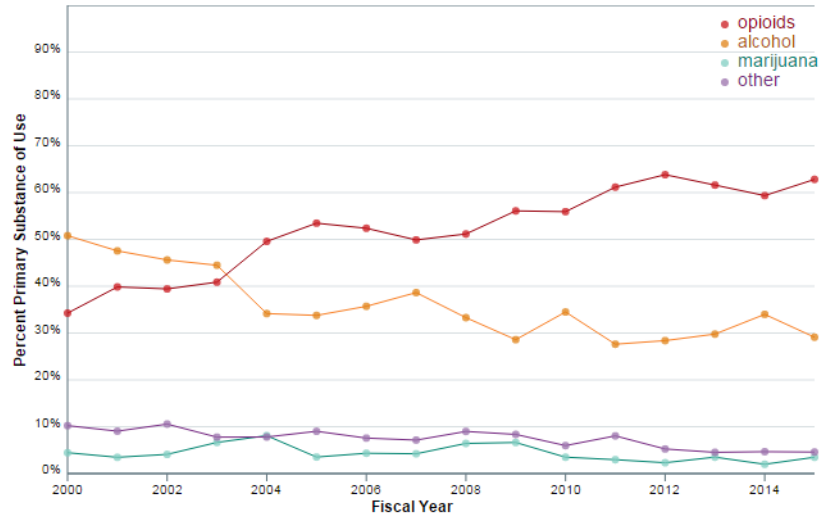
Doug Kress – Director, Health & Human Services

## Demographics

- Population: 80,318
- Median Age: 31.3
- Median Household Income: \$73,106
- Poverty: 14.71%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 36
  - 2006-2010: 28
  - 2011-2016: 77

The City of Somerville uses a collaborative approach to provide assistance to vulnerable individuals and their family members. The city is dedicated to removing the stigma that surrounds addiction and to building a formalized network of trained individuals to help those in need.

**Primary Substance of Abuse When Entering Treatment: Somerville**



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health <http://www.mass.gov/chapter55/>

## Response Strategy

- The Mayor’s Office, Police Department, Fire Department, and Health and Human Services Department all work collaboratively toward the city’s approach to help individuals who are suffering from addiction.
- Somerville’s first responders carry and administer naloxone.
- The city provides its Police and Fire Departments with mental health first aid training. Through use of Department of Justice funds, the mental health first aid training looks at identifying an individual, de-escalating situations, and dealing with individuals in different situations. The trainings have been conducted collaboratively with other towns including: Arlington, Cambridge, Everett, and Medford.
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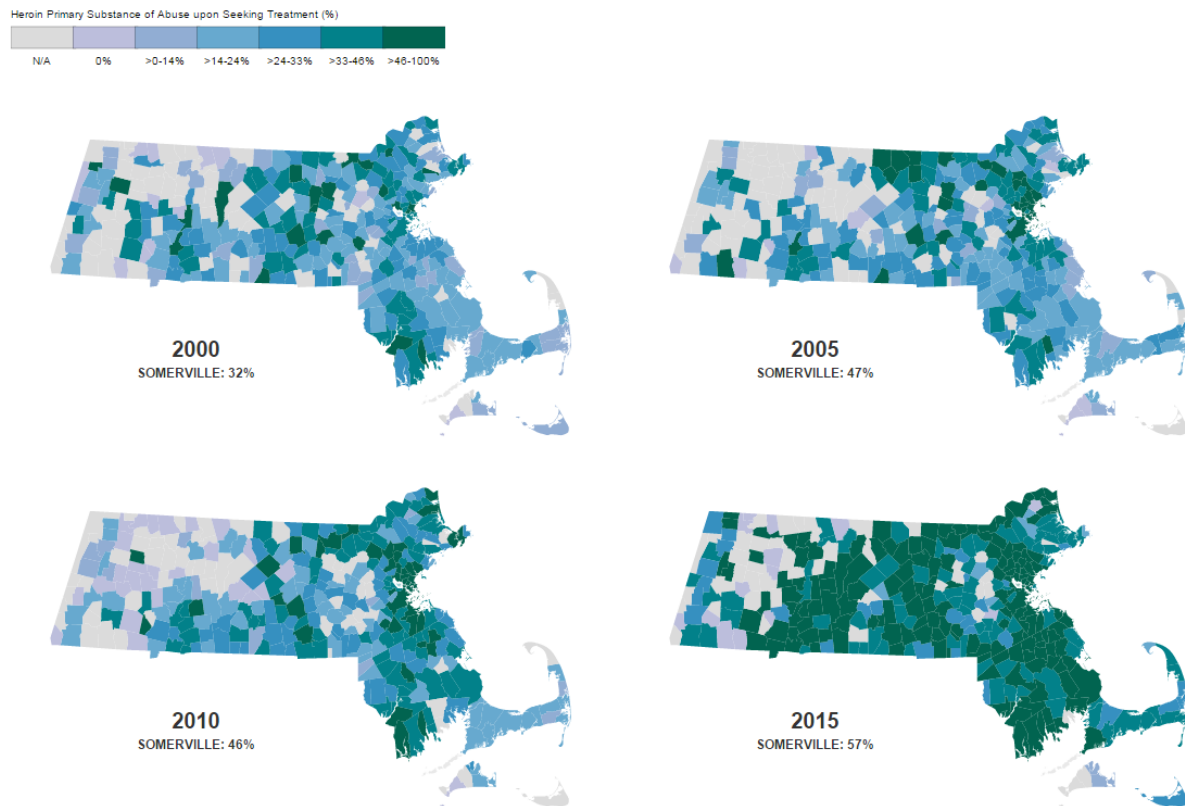
## Recovery Strategy

- Somerville is attempting to address the issues surrounding the impact opioid use may have on individuals and family members that have been affected by the epidemic.
  - The goal is to find out what would have helped a family’s response when they first encountered the family member’s addiction, to find an earlier intervention mechanism, and to create a communication network.
- To establish a network of communication, Somerville is working to create a peer counseling phone network. The network would be secure and allow a person to talk to another individual also in recovery or a similar situation.

- Currently an informal network of recovery coaches exists, so the objective is to make it more formal and potentially regionalize it. The network would not provide referrals but rather informally acknowledge the experiences of the callers, what services they used, or provide examples of what could work for others in recovery.
- Recovery coaches are trained individuals that will meet with individuals suffering substance use to determine what next steps are best for them. Somerville is looking at the entire spectrum of recovery coaching techniques so that anyone can be trained to become a coach. Once training is complete, the coaches must participate in a practicum in which they will work with another coach prior to going out on their own.

### Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

### Prevention Strategy

- Somerville’s Public Health Department is working with young people in the community that are part of existing youth programs, such as Somerville Cares, to engage them to talk about the stigma of opioid use. The Somerville Cares program already engages youth to discuss alcohol and tobacco use, so the program will expand to include opioid use.
- The Somerville “Stamp out Stigma” campaign is a community effort focused on encouraging the community and individuals to have conversations about opioid use and how it has affected individuals, families, and the community as a whole. This campaign includes presentations and discussions at local events. Additionally, the public health division is creating materials to promote

this campaign, which is geared at opening the dialogue and creating a space to have a conversation about the epidemic. It is an educational approach that aims to create an atmosphere in which it is acceptable to talk about the issue.

**Funding:** Municipal Funding; Substance Abuse Mental Health Services Administration (SAMHSA) grants; small foundation grants

**Coalitions:** Massachusetts Opioid and Addiction Prevention Collaborative (MOAPC) - Cambridge, Everett and Watertown

# Winthrop

**Town Manager:** James McKenna

**Primary Program Contact:**

Terrence Delehanty - Police Chief, Winthrop Police Department

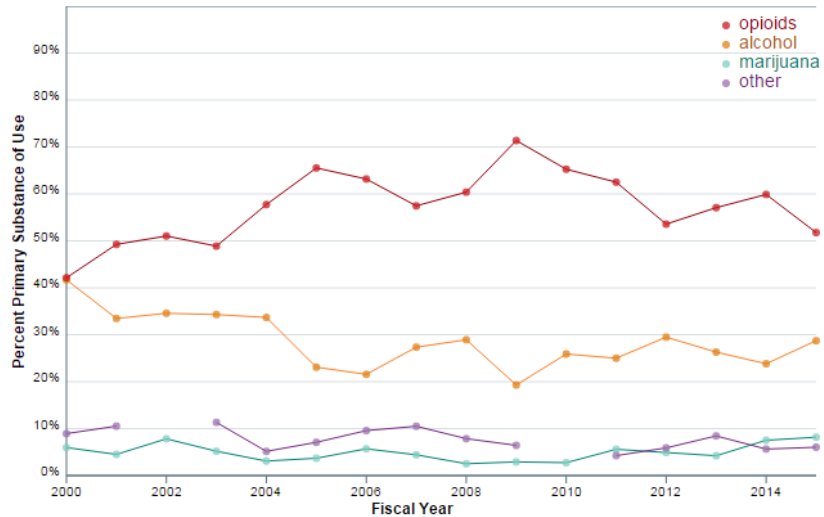
## Demographics

- Population: 18,164
- Median Age: 43.2
- Median Household Income: \$61,919
- Poverty: 8.56%
- Confirmed Opioid Related Death Count:
  - 2001-2005: 12
  - 2006-2010: 22
  - 2011-2016: 28

Through the implementation of a localized, police-managed recovery coach program, Winthrop has

been able to provide on the ground support for those suffering from various substance use disorders. Winthrop relies on tracking opioid overdoses through data collection following response to an overdose or the administration of naloxone. Subsequently, a recovery coach is deployed to assist individuals suffering from substance abuse. The recovery coach provides support from response to prevention. Interagency collaboration between the Police Department, Fire Department, and Public Health Department makes this possible. Additionally, the Police Department recovery coach liaison officer allows for proper management and implementation of the recovery coach program.

**Primary Substance of Abuse When Entering Treatment: Winthrop**



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health <http://www.mass.gov/chapter55/>

## Response Strategies

- Public safety personnel carry and administer naloxone when responding to overdose calls.
- Police are increasing their on-the-ground response through pre-overdose intervention with those suffering from substance abuse.
- The town also implements education campaigns for the public. There has been a level of education and understanding among public and law enforcement that warrant and drug sweeps are not a long-term viable solution, and that recovery and prevention strategies need to be implemented as well.

## Recovery Strategies

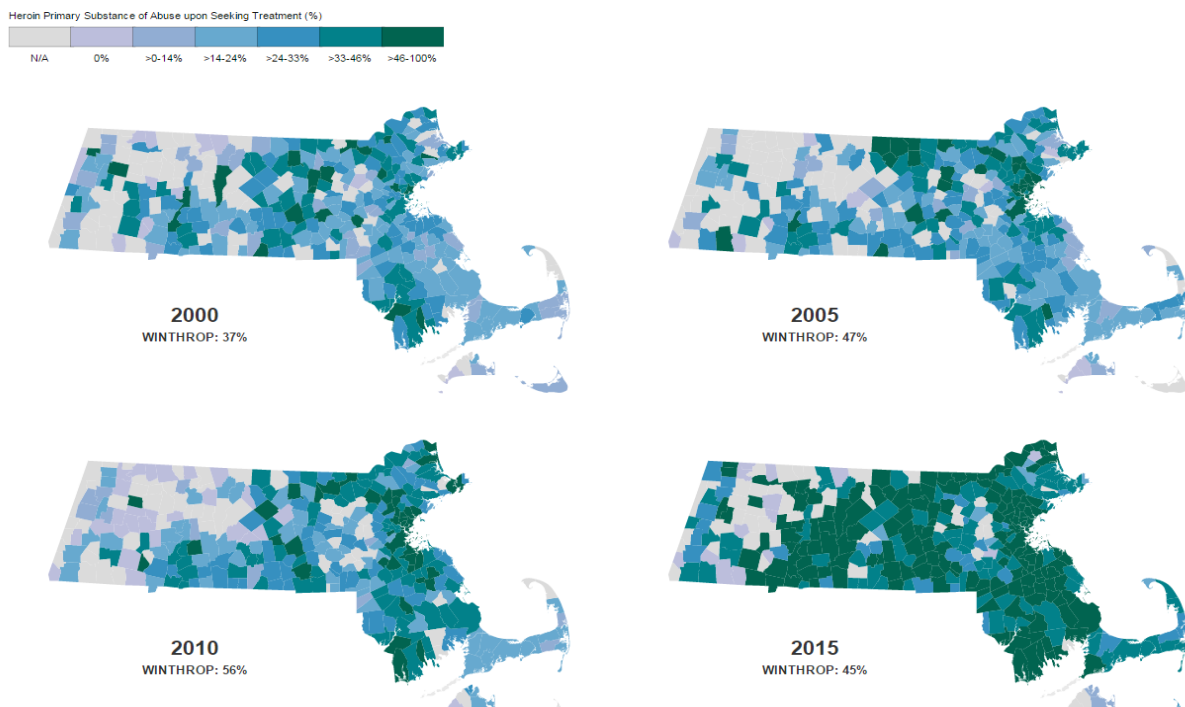
- Recovery Coach Program:
  - Winthrop implements a recovery coach program in which the recovery coaches are those in long-term recovery themselves. The police will align drug-related incidents with a recovery coach using dispatch log data. The police officer serves as the liaison between the recovery coach and the individual, and provides information to the coach to contact

the individual and offer services. A public health nurse supervises the recovery coach program, creating a direct communication between police and public health.

- The recovery coach, police liaison, public health nurse, and other involved municipal officials meet monthly to maintain an open dialogue and provide any necessary updates.
- Other recovery coach referrals may come from a judge, probation officer, or the Suffolk County District Attorney's Office.
- Data Collection
  - The department collects data to find individuals who can enter the peer recovery model. Incident reports and dispatch log entries are used to direct the liaison officer to further investigate and make contact with the individual who triggered an emergency response. The goal is to have the person accept further assistance from the recovery coaches. Once a person agrees to further assistance, they are immediately connected to the recovery coaches to guide them through treatment options. The recovery coaches then begin their peer-based coaching work.
- The entire focus of the recovery team is to assist the person in discovering and maintaining their own recovery through the peer-based recovery coaching model.

#### Percentage of Patients in Treatment Listing Heroin as their Primary Substance of Use<sup>11,12,13</sup>

At admission, clients identify a primary substance of use for which they are seeking treatment. Below, view maps at five-year intervals which show the increase in the percentage of admissions identifying heroin as their primary substance of use.



Source: Massachusetts Bureau of Substance Abuse Services, Massachusetts Department of Public Health  
<http://www.mass.gov/chapter55/>

## Prevention Strategies

- Winthrop has hosted a prevention forum which was attended by the District Attorney. The DA's office provided the town of Winthrop with a donation to support their substance abuse prevention programs.



- The Winthrop Police Department uses information gleaned from data collection to determine trends in overdoses to prevent future overdoses.
- The recovery coaches meet with prisoners 30 days before their release to review their options, provide valuable resources, and begin coaching to prevent relapse. Individuals recovering from substance abuse are vulnerable to relapse upon release from incarceration so this is a vital period to provide services and prevent future use of opioids or a potential overdose.

**Funding Sources:** Suffolk County District Attorney donation; Bureau of Substance Abuse Services; Winnisimmet Regional Opioid Collaborative (WROC); Youth Alcohol Use Prevention grant; Direct Municipal Funding; In-kind department funds

**Coalitions:** Winnisimmet Regional Opioid Collaborative (WROC): Revere, Chelsea, Saugus, and Winthrop

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## Addendum

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On Wednesday May 24, 2017 the Metro Mayors Coalition (MMC) hosted a forum for municipal officials responsible for developing and implementing policies and strategies that assist community members who are struggling with opioid addiction. The event featured the release of the report, *Addressing the Opioid Epidemic in Metro Mayors Communities*. The report highlights information on common practices and policies being implemented by MMC communities to prevent, respond to, and help individuals recover from opioid addiction. Additionally, the report provides officials with information on federal, state, and local funding sources being used to address the crisis as well as in-depth profiles of each communities' opioid epidemic efforts. As a starting point for regional collaboration, the report includes contact information for municipal officials from each community who work on this issue.

The forum brought together more than 50 municipal officials from MMC communities, providing them an opportunity to learn from their peers in neighboring communities and discuss how they can work together to improve their efforts. The event began with introductory remarks from Winthrop Town Manager, Jim McKenna, and Winthrop's Police Chief, Terrence Delehanty, who gave an overview of Winthrop's work in this arena. Following these remarks, attendees received presentations from officials from the Cities of Boston, Chelsea, and Quincy.

Jen Tracey and Brendan Little from the City of Boston's Office of Recovery Services, spoke about three initiatives aimed at connecting residents to support services and evaluating proactive steps they can take to prevent opioid addiction among residents. Boston added a recovery services component to Mayor Walsh's constituent 311 resident hotline, entered into a recovery and entry partnership with the Suffolk County Sheriff's Office to work with inmates suffering addiction who are about to be released, and is partnering with the Blue Cross Blue Shield Foundation to conduct an assessment of their prevention programming. Chelsea City Manager Tom Ambrosino and Chelsea Police Department Community Engagement Specialist, Dan Cortez, spoke about the City's Navigator Program and engagement efforts to assist those in need of intervention and treatment support. The City of Quincy's Substance Use Prevention Coordinator, Laura Martin, Senior Director of Student Support Services for Quincy Public Schools, Maura Papile, and Quincy Police Detective Lieutenant Patrick Glynn, spoke about Quincy's efforts to educate students on the risks of opioids and help students who have family members suffering from addiction.

Following these presentations, MAPC staff led a facilitated discussion to identify current gaps in response strategies and methods to improve services throughout the region. This discussion touched on a number of challenges, including the need to improve data collection across communities, increase communication and coordination between municipal and health officials, create more consistent funding for vital programs, and the importance of providing "wrap-around" services through the duration of an individual's recovery. Improving data collection would allow communities to recognize trends, such as the frequency of bad batches of drugs, and enable them to plan an effective and quick response. Improving communication had several layers, including improving inter-municipal communication on deaths and overdoses, as well as how to improve communications between all stakeholders involved with an individual. The group also discussed improved communication with the state, particularly with health and human services agencies. They found that the process to receive funding from the Commonwealth was cumbersome and believe that improving communication with state officials would streamline that process. The attendees had several comments about the importance of wrap-around services for individuals suffering from addiction. Individuals coming out of treatment are at a high risk of overdose and it is important to provide them workforce training, education support, and housing to reduce their chances of relapse.

## **Next Steps**

Moving forward, MAPC will continue to work with the MMC stakeholders to identify and advocate for policies that will enhance municipal and regional efforts that help those struggling with opioid addiction. This will be complemented by research into ways to strengthen regional collaboration to address the epidemic. Recommendations in both areas will be presented to MMC leaders at future meetings.