

# ACTIONS TO ADDRESS SUBSTANCE USE DISORDERS IN AMERICA'S CITIES

A TOOLKIT FOR MAYORS  
AND POLICY MAKERS

CITY OF BOSTON | OFFICE OF RECOVERY SERVICES



City of Boston  
Mayor Martin J. Walsh



# ACTIONS TO ADDRESS SUBSTANCE USE DISORDERS IN AMERICA'S CITIES:

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A TOOLKIT FOR MAYORS  
AND POLICY MAKERS

Find this report online: [boston.gov/Recovery](https://boston.gov/Recovery)



# FOREWORD

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Dear Fellow Mayors,

We are all aware of how the substance use epidemic is touching our communities. We see its tragic effects every day. Mortality rates have spiked. The problem is plain to see, but finding sustainable solutions can be a daunting task. That's why we created this toolkit. It contains practices that have proven successful in cities across the country.



Given the gridlock in Washington, it is crucial for municipal leaders to drive this issue forward. We must be a strong voice for those who are struggling. Together with our state, federal, non-profit and private sector partners, we have begun implementing solutions that are making a real difference in the lives of those battling addiction. We're changing the conversation on substance use disorder.

This is a deeply personal issue for many of us, as we have all been impacted in one way or another. I have always been open about my own struggles with alcoholism, in part because I want to help end the stigma around the disease of addiction and offer hope to anyone who is suffering. The comprehensive, multifaceted solutions outlined in this toolkit prove that there are many dedicated partners, across sectors, eager to work with us on this issue. Cities can and will lead the way in fighting this epidemic. Thank you for your tireless work.

Sincerely,

A handwritten signature in blue ink that reads "Martin J. Walsh". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Martin J. Walsh  
Mayor | City of Boston



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# INTRODUCTION

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The United States is in the midst of an unprecedented opioid misuse and overdose epidemic. The misuse of alcohol and drugs touches millions of Americans. It has had detrimental effects on the health, social, and economic welfare of communities across the country. The former Surgeon General Dr. Vivek Murthy, named substance use and misuse as “a national public health crisis that continues to rob the United States of its most valuable asset: its people.” This toolkit offers strategies to help cities and towns respond to the substance use epidemic and to support people on the road to recovery in a more compassionate and effective way.

According to the Surgeon General’s report<sup>1</sup> [Facing Addiction in America](#), in 2015, 66.7 million people in the United States reported binge drinking in the past month and 27.1 million people were current users of illicit drugs or misused prescription drugs.<sup>1</sup> Tens of thousands of lives are taken every year. In terms of crime, healthcare costs, and lost productivity, the estimated cost of this epidemic is more than \$400 billion per year.

This crisis did not happen overnight. Societies have always struggled to find a way to manage pain in a way that does not lead to the misuse of substances. The rise in powerful pharmaceuticals for pain management is connected with overdose deaths nationwide. A catalyst for the emergency situation we find ourselves in today was the rapid expansion of pain treatment options in the 1990s, including Morphine, Fentanyl, Oxycodone, and Hydromorphone. By 1999, approximately 2% of the population ages 12 and older were using prescription drugs for nonmedical purposes. The greater availability of opioids and other prescribed drugs has been met with disastrous consequences. The Department of Health and Human Services states that since 1999, the rate of overdose deaths involving opioids - including prescription opioid pain relievers and heroin - nearly quadrupled.

The effect of this epidemic can be seen in every part of our society. From our health care system, to workplaces, to homes and local communities, the burden touches us all. This is arguably the greatest public health challenge that our nation faces today. It is our collective duty to work towards a healthier and stronger America. Mayors are already driving this work forward in their communities. This toolkit lays out concrete steps and best practices to help more Mayors take up the charge.

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**“How we respond to this crisis is a moral test for America. Are we a nation willing to take on an epidemic that is causing great human suffering and economic loss? Are we able to live up to that most fundamental obligation we have as human beings: to care for one another?”**

*Vice Admiral Vivek Murthy, M.D., M.B.A.  
19<sup>th</sup> Surgeon General of the United States*

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# OVERVIEW

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**THIS TOOLKIT PROVIDES RESOURCES, RECOMMENDATIONS, POLICIES, AND PROGRAM SOLUTIONS TO HELP MAYORS RESPOND TO THE DEVASTATING EFFECTS OF SUBSTANCE MISUSE IN THEIR COMMUNITIES.**

Mayors have the opportunity to affect the lives of people with substance use disorders, their loved ones, and their communities. They can lead the charge by crafting substance use responses with respect to the strengths and needs of each municipal department: from Parks and Recreation to Emergency Medical Services to Housing. They can also facilitate collaboration between City services, community-based organizations, and the private sector.

This toolkit begins with a checklist for mayors that summarize many of the strategies outlined in the toolkit. Next, it offers a guide for how to talk about substance use, an overview of the treatment system, and types of partnerships and policies that may strengthen a city's response to this crisis. Following this framework of strategies, there is a section outlining successful initiatives cities have implemented. The toolkit ends with a list of helpful resources and references.

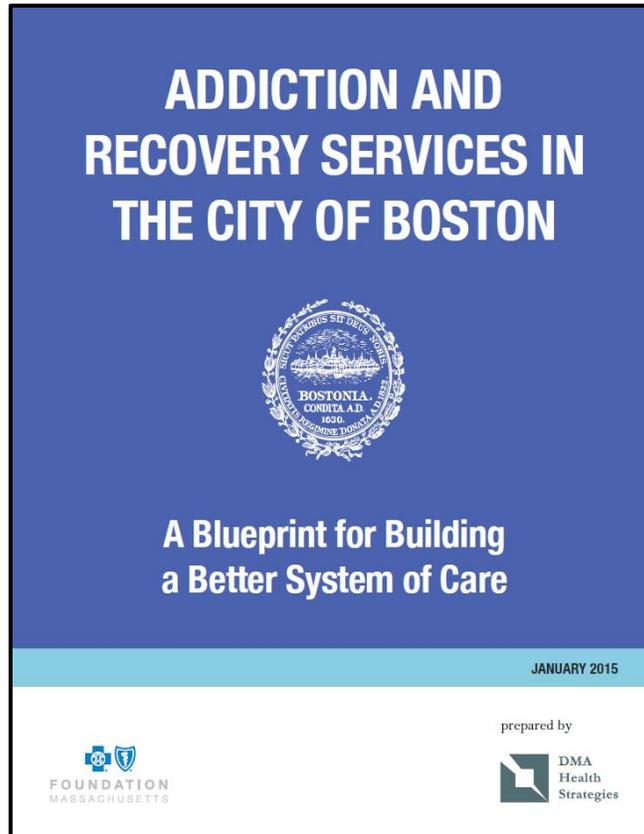
This toolkit was prepared by the Mayor's Office of Recovery Services (ORS), in collaboration with other City departments. In the first weeks of Mayor Walsh's administration, he partnered with the Blue Cross Blue Shield of Massachusetts Foundation (BCBSMAF) to begin a year-long strategic analysis of Boston's existing addiction recovery supports and service gaps. This process informed the creation of ORS in 2015.

Boston's Office of Recovery Services is the first municipal recovery office in the United States. The office uses a highly localized, collaborative approach to address substance use and addiction in Boston's neighborhoods. Working in tandem with all City of Boston departments, ORS builds unique partnerships with state and federal entities, local service providers, the recovery community, and others to coordinate citywide recovery strategies.

## LEARN MORE: THE OFFICE OF RECOVERY SERVICES

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You can learn more about ORS by reading the BCBSMAF report that launched the office:  
[A Blueprint for Building a Better System of Care.](#)<sup>2</sup>



# CHECKLIST FOR MAYORS

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There are many components to an effective response, and strategies will vary by city. Municipal offices have the best understanding of the needs and capacity of their city. The following is a checklist of strategies that have been found to make a positive impact in U.S. cities.

## STRATEGIES FOR MAYORS TO ADDRESS SUBSTANCE USE & MISUSE IN THEIR CITIES

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- ❑ **Conduct a needs assessment** to help define your city's priorities for addressing substance use prevention, treatment, and recovery efforts; gaps in services; and way to strengthen the response to substance use.  
[Example: Boston, MA: A Blueprint for Building a Better System of Care<sup>2</sup>](#)
  
- ❑ **Create a taskforce to address substance use & misuse**, led by the Mayor. Include a diverse group of leaders in public health, public safety, academia, practitioners, private business, other community stakeholders and people in recovery. The group should be charged with carrying out recommendations from the needs assessment, which may include the following:
  - ❑ Increase public awareness of substance use disorders.  
[Examples: New York City, NY, Page 42; State Without StigMA, Massachusetts, Page 52](#)
  
  - ❑ Create a central point of access for treatment and support.  
[Example: 311 for Recovery Services, Boston, MA, Page 26](#)
  
  - ❑ Designate a municipal point person - a position that is supported by the Mayor to carry out recommendations and lead the city's response to addiction.  
[Examples: Mayor's Office of Recovery Services, Boston, MA & Substance Use Prevention Coordinator, Quincy, MA, Page 46](#)
  
  - ❑ Encourage regional and statewide collaboration.
  
  - ❑ Develop and implement policies that have proven effective, ([Learn More: Policy & Advocacy, Page 19](#)) including:

- ❑ Enact the Good Samaritan Law and the importance of calling 911 in an emergency.
- ❑ Require all first responders to carry naloxone (Narcan<sup>®</sup>).
- ❑ Provide safe disposal sites for medication.
- ❑ Partner with schools to implement prevention education and intervention programs.  
[Learn More: Prevention, Page 13; SBIRT, Page 13](#)  
[Examples: Denver, CO, Page 37; Quincey, MA, Page 46; Seattle, WA, Page 49](#)
- ❑ **Build and strengthen diverse partnerships and initiatives.** Partnerships may include the following:
  - ❑ **City departments:** Encourage all municipal departments to join the conversation surrounding substance use disorders and develop an understanding of their role in addressing a response to the issue.
  - ❑ **Criminal justice system:** Create opportunities within the justice system and the law enforcement community to identify individuals with substance use needs and divert them from the justice system to service options.  
[Learn More: Partnerships, Page 16;](#)  
[Helpful Reading: Regarding Diversion to Treatment, Page 52](#)  
[Examples: Boston, MA, Page 26; Arlington, TX, Page 30; Chelsea, MA, Page 33; Denver, CO, Page 37](#)
  - ❑ **Community-based organizations and faith-based coalitions:** Create relationships with grassroots efforts that offer recovery support to residents and other vital initiatives related to substance use misuse and disorders.  
[Learn More: Partnerships, Page 16;](#)  
[Example: Arlington, TX, Page 30](#)
  - ❑ **Local businesses:** Work with local businesses to develop safety measures in response to the substance use epidemic.  
[Learn More: Partnerships, Page 16](#)  
[Example: Boston, MA, Page 26](#)
- ❑ **Train and equip first responders with naloxone, the medicine to reverse an opioid overdose.**  
[Learn More: Partnerships, Page 15; Policy & Advocacy, Page 19](#)
- ❑ **Create Overdose Response teams** comprised of first responders, police and firefighters, harm reduction specialists, and recovery coaches who are trained in overdose prevention. The team

reviews first responder data of reported overdoses and provides individualized outreach to emergency departments, homes, local business and public spaces.

[Learn More: Partnerships, page 16](#)

- ❑ **Employ strategies to safely collect syringes and other sharps.** This effort may include an integrated city department response, a mobile sharps unit, collection boxes in public spaces, prescription collection services and needle exchange programs.

[Examples: Seattle, WA, Page 49](#)

- ❑ **Promote [family services](#)** that offer resources, counseling and peer support to family and loved ones dealing with the effects of substance use disorder.

[Learn More: Local Level Supports, Page 52](#)

# WORDS MATTER

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MAYORS ARE IN AN EXCELLENT POSITION TO LEAD BY EXAMPLE AND DRIVE A CULTURAL SHIFT. MAYORS CAN PROMOTE THESE IDEALS THROUGH MEDIA CAMPAIGNS, TOWN HALLS, OR FORUMS.

Throughout all of this work, we need to be thoughtful and consistent with our words. We need to use language that alleviates stigma, aligns with science, and respects those who are struggling.

It is important to address language because certain terms perpetuate harmful bias and stereotypes and they do not reflect current medical terminology per the [Diagnostic and Statistic Manual of Mental Disorders -5](#) (DSM-V). Michael Botticelli, former director of the White House Office of National Drug Control Policy, and Dr. Howard K. Koh, former Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS), make the case for shifting our language in their article, *Changing the Language of Addiction*<sup>3</sup>. Studies have shown stigma often prevents people with substance use disorders from entering treatment. Language also affects the care patients receive for substance use disorders. Clinicians are less likely to refer patients described as “substance abusers” to treatment compared to patients described as people with substance use disorders.

The following was adapted from a chart released in 2015 from the White House Office of National Drug Control Policy led by Michael Botticelli. The chart on the following pages offers appropriate alternatives to replace commonly used words and phrases. The suggested terms aim to avoid stigmatizing people who use substances.

| <b>INSTEAD OF USING</b>                            | <b>TRY USING</b>   |
|--|--|
| Addict   | Person with a substance use disorder   |
| Addicted to X                                      | Has a/an X use disorder  |
|  | Has a substance use disorder involving X (if multiple substances are involved)   |
| Addiction  | Substance use disorder   |
|  | <p><i>Note:</i></p> <ul style="list-style-type: none"> <li>• “Addiction” is appropriate when quoting findings or research that used the term or if it appears in a proper name of an organization.</li> <li>• “Addiction” is appropriate when speaking of the disease process that leads to someone developing a substance use disorder that includes compulsive use (for example, “the field of addiction medicine,” and “the science of addiction.”)</li> <li>• It is appropriate to refer to drugs as “addictive.”</li> </ul> |
| Alcoholic  | Person with an alcohol use disorder  |
| Alcoholics Anonymous/<br>Narcotics Anonymous/ etc. | <p><i>Note:</i></p> <ul style="list-style-type: none"> <li>• When using these terms, take care to avoid divulging an individual's participation in a named 12-step program.</li> </ul>   |
| Clean  | Abstinent  |
| Clean Screen                                       | Substance-free   |
|  | Testing negative for substance use   |
| Dirty  | Actively using   |
| Dirty Screen                                       | Testing positive for substance use   |
| Drug Habit   | Substance use disorder   |
|  | Compulsive substance use   |

|                       |                                      |
|-----------------------|--------------------------------------|
| Drug/Substance Abuser | Person with a substance use disorder |
|-----------------------|--------------------------------------|

|  |  |
|--|--|
|  | Person who uses drugs (if not qualified as a disorder)   |
|  | <i>Note:</i> <ul style="list-style-type: none"> <li>When feasible, "Drug/Substance Abuse" can be replaced with "Substance Use Disorder"</li> </ul> |
| Former/<br>Reformed Addict/<br>Alcoholic   | Person in recovery   |
|  | Person in long-term recovery   |
| Opioid Replacement or<br>Methadone maintenance   | Medication assisted treatment  |
|  | Medication assisted recovery   |
| Recreational, Casual, or<br>Experimental Users<br>(as opposed to those with a<br>use disorder) | People who use drugs for nonmedical reasons  |
|  | People starting to use drugs   |
|  | People who are new to drug use   |
|  | Initiating   |

The table above was adapted from the White House Office of National Drug Control Policy; Previously included in a [2015 Huffington Post article](#).

# ACCESS TO TREATMENT

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**MAYORS CAN PLAY A CRITICAL ROLE IN MAKING IT EASIER FOR CONSTITUENTS TO UNDERSTAND WHAT SERVICES ARE AVAILABLE AND HOW TO ACCESS THEM.**

Many people who want to obtain treatment simply don't know how. Getting started can be confusing and daunting. One of the best things a Mayor can do is set up a system to help constituents cut through the noise, walk them through the process, and connect them with trusted care providers.

Navigating the substance use and mental health treatment system in the U.S. is a complex process that can challenge even the most seasoned professional. People who need treatment, and their loved ones, often have little information about what to do or where to go. Each kind of treatment comes with its own benefits and costs. Insurance varies greatly related to drugs of choice, treatment history, physical and mental health status.

Community treatment providers offer programs and resources specializing in preventing substance use disorders and providing treatment and recovery services to individuals. But many people simply don't know they exist or which one to choose.

One model that's taking off in several cities is the 24-hour, no-cost constituent service helpline. They can provide substance use information and connect constituents to vetted providers. They send a clear message: the city can help.

To see an example of this model, see page 28 (311 for Recovery Services, Boston, MA).

# CONTINUUM OF CARE

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**MAYORS ARE UNIQUELY POSITIONED TO SUPPORT EFFORTS TO BUILD CAPACITY, PROMOTE INNOVATION, AND LEAD POLICY CHANGES TO IMPROVE AND SUSTAIN A COMPREHENSIVE CONTINUUM OF CARE. A COMPREHENSIVE CONTINUUM OF CARE RESPONDS TO THE NEEDS OF THE INDIVIDUAL AND REQUIRES THE INVOLVEMENT OF FAMILY AND COMMUNITY.**

The first step to addressing substance use disorder is having an understanding of the treatment landscape and recovery support systems within your city or town. Constituents need to receive high quality prevention, education, treatment and recovery support. Recovery support services include employment training, child care, care management, and housing support. These wraparound services are necessary for individuals to sustain recovery, engage in society and build healthy lives.

Substance use disorders have many roots: from economic factors to trauma to our healthcare system. Recovery requires a lifelong network of support. That's why recovery services cannot exist in a silo. All municipal services, community-based organizations, and private partners need to work hand-in-hand to create a continuum of care.

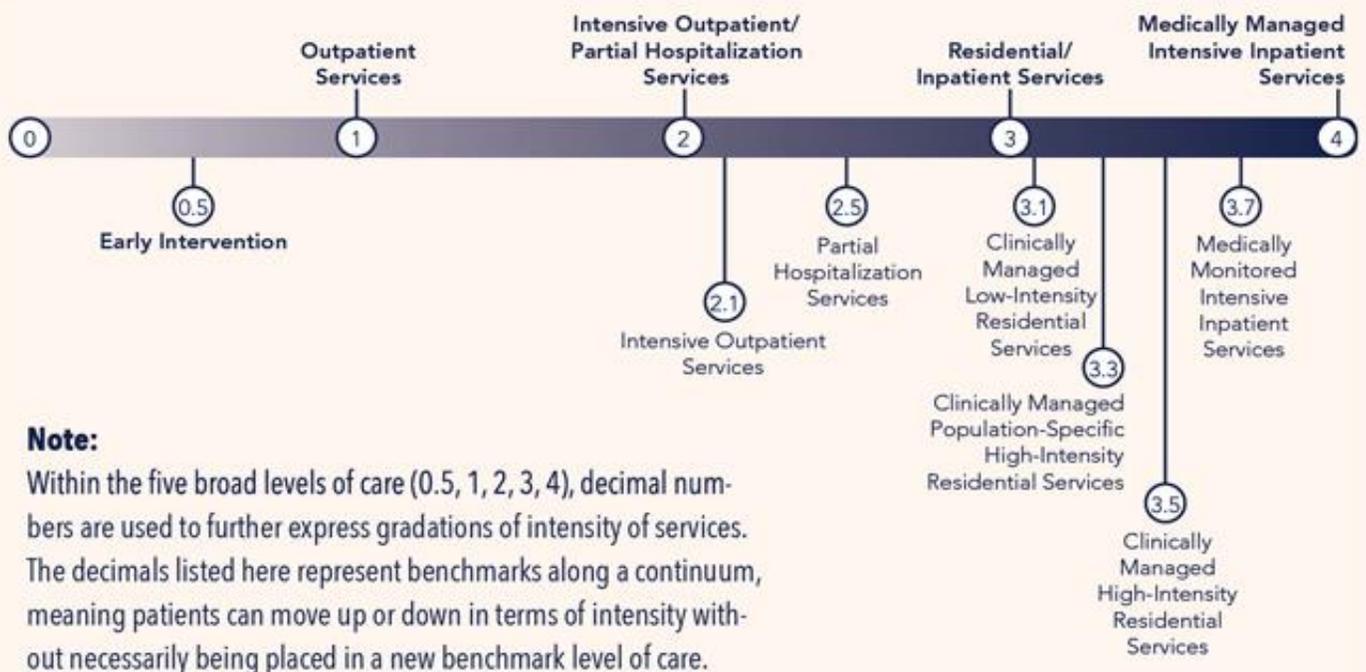
Treatment can occur in a variety of settings, take many different forms, and last for different lengths of time. Substance use disorder is typically a chronic condition characterized by occasional relapses. A short-term, one-time treatment is usually not sufficient. For many, treatment is a long-term process which involves multiple interventions and includes family and community supports.

A critical challenge to receiving appropriate treatment is navigating how much and for how long insurance covers the treatment episode. The length of treatment must be determined by necessity, not insurance. Advocacy urging insurance policies cover a full continuum of support remains a critical area for action and policy change for cities and states. [To learn more about health coverage for substance use, visit the Policy & Advocacy section \(Essential Health Benefits and Health Insurance Mandates, page 18\).](#)

The specific combination of treatments will vary depending upon individual needs and, often, on the types of drugs that are used. A thorough assessment by a treatment professional should determine the appropriate level of care with a standard set of guidelines. The American Society for Addiction Medicine (ASAM) is the standard of practice in most states (see Figure 1).

*Figure 1: Reflecting a Continuum of Care. American Society for Addiction Medicine.*

## REFLECTING A CONTINUUM OF CARE



This section examines components of the Continuum of Care, including:

- Prevention
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Harm Reduction
- Detoxification
- Short Term Treatment
- Residential Treatment
- Medication Assisted Treatment
- Recovery Support

## PREVENTION

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Prevention is an important part of the substance use continuum of care. Substance use prevention refers to services and interventions intended to prevent or reduce the risk of developing a behavioral health problem or substance use disorder. Substance use prevention efforts typically focus on intervening with individuals and/or the environment around them. These efforts are particularly important for children and teens. Research shows that the earlier individuals begin to use drugs and/or alcohol, the more likely they are to develop a substance use disorder later in life. Focusing on delaying the age of first substance use is extremely important. Parents, teachers, and other adults should be included in prevention efforts, as they can play an important role in increasing protective factors and decreasing risk factors related to substance use. These individuals are also important change agents within systems (i.e. homes, schools, work, religious institutions etc.).

## SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT [SBIRT]

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**SBIRT** is an approach that consists of:

1. **Screening** for substance use,
2. **Brief Intervention** to gauge if the individual is open to treatment and changing unhealthy behavior, &
3. **Referral to Treatment** when appropriate.

This approach is used in primary care practices, school health programs and hospital settings. Early screening provides an opportunity to intervene with unhealthy alcohol and drug use. Intervening early saves lives and money.

## HARM REDUCTION

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Harm reduction programs are often the first point of contact to engage drug users in community health services. Harm reduction is a set of practical strategies aimed at reducing the negative consequences associated with drug use through low threshold engagement. The most fundamental intention of harm reduction is to meet individuals “where they’re at,” whether that be encouraging abstinence, better managed use, or addressing conditions of use. Harm reduction does not prescribe certain practices, but responds to the needs of the drug user.

Researchers have consistently found that syringe or needle exchange programs reduce HIV (and other blood borne illness) transmission, increase enrollment in substance use treatment programs, and do not promote substance use.

In addition to safely collecting used needles and providing clean needles, needle exchange programs offer a range of other services & facilitate referrals for:

- Integrated HIV/HCV/STD testing, and referral to treatment
- Overdose prevention and education & Narcan distribution
- Primary care and behavioral health referrals
- Patient navigation when accessing medical care
- HIV medical case management
- Referral to substance use treatment: Detox, CSS, TSS, Aftercare, MAT
- Housing search & advocacy
- Mental health services
- Legal assistance
- On-site medical care, wound care

## **DETOXIFICATION OR 'DETOX'**

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Detox is often the first step into the continuum of care. It is designed to ensure safe management of withdrawal from alcohol and/or drugs, medical stabilization, and engagement in treatment. Detox may be provided in inpatient or outpatient settings, depending on the degree of care needed to manage withdrawal. Inpatient detoxification services may be short-term and are provided in a hospital setting or a community setting. Outpatient detoxification encompasses medical supervision, includes a physical examination, and can offer counseling services.

## **SHORT TERM TREATMENT**

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Short term rehabilitation, or treatment, is an inpatient stabilization service that provides stabilization, education, and case management.

## **RESIDENTIAL TREATMENT**

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Residential Rehabilitation (treatment) is a structured environment supporting skill development needed for an independent lifestyle free from alcohol and drug use.

## MEDICATION ASSISTED TREATMENT [MAT]

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Medication Assisted Treatment uses medications that target physiological effects of alcohol or drug use. MAT is a proven method that helps individuals achieve stability.

For MAT talking points & more information about treatment, visit the [Helpful Reading](#) section (Page 52).

## RECOVERY SUPPORT

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Recovery Support is a network of programs and services that support individuals, families and communities in maintaining recovery and reducing stigma. Supports include recovery coaches, peer driven recovery support centers, alternative therapies such as acupuncture, meditation, music and art therapy, and support groups for parents.

# PARTNERSHIPS

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## MAYORS CAN FOSTER PARTNERSHIPS TO STRENGTHEN EXISTING PROGRAMS.

**In order to develop a sustainable continuum of care, cities must nurture strong relationships with service providers, community groups, advocacy organizations, and more. Mayors can play a significant role in developing those partnerships.**

In developing a comprehensive response to the substance use epidemic, it is important to take an all-hands-on-deck approach which utilizes new ideas, strategies and initiatives engaging all sectors. An effective response includes strengthening existing partnerships, while also identifying creative opportunities to engage new partners. Many groups, including college students, yoga networks, running clubs, musicians, and artist guilds, should be recognized for their creativity in supporting individuals in recovery. At the same time, challenge public and private sector stakeholders who have not been traditionally tapped to respond to the epidemic to consider their ability to have a positive impact.

This section will explore different types of partnerships which have been effective in Boston and other cities across the country.

Types of partnerships to explore include:

- Public Safety and First Responders: Emergency Medical Services, Police, and Fire
- Hospitals, Health Centers, and City Programs
- Business Community
- Justice System
- Community-Based Organizations
- Faith-Based Coalitions

## **PUBLIC SAFETY & FIRST RESPONDERS: EMERGENCY MEDICAL SERVICES, POLICE AND FIRE**

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The time following an overdose is a critical period for engagement. Many cities and towns have created teams which include first responders, harm reduction specialists and recovery coaches to provide individualized outreach following an incident. Visits provide comprehensive education, overdose prevention, naloxone training, and access to treatment. This partnership has been successful in engaging people in treatment services and providing valuable resources. It is important that first responders, including police, fire, and EMS, are trained to respond to overdoses, carry naloxone, and know where to refer people in need of services, as they are often the first point of contact.

## **HOSPITALS, HEALTH CENTERS, AND CITY PROGRAMS**

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Hospitals, health centers, and city health departments can view substance use in the context of other health needs. They can help build internal capacity throughout their system which will help them identify and provide intervention for people with substance use disorders. Hospitals and health centers can utilize the SBIRT model (Screening Brief Intervention and Referral to Treatment) or other “in reach” efforts to provide screening, brief motivation and referral to services. It is important to directly link with external service providers so that individuals receive the care they need without falling through the cracks. Emergency Departments play a vital role screening people for risky substance use. They can assist after an alcohol or drug overdose by supporting education, intervention, and treatment referrals. Municipal governments can assist this by facilitating connections between local health departments, hospitals and health centers.

## **BUSINESS COMMUNITY**

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A high number of fatal overdoses occur in public restrooms (hotels, restaurants, coffee shops, public transportation, etc.). Businesses often feel unprepared when dealing with overdoses or interacting with people who are under the influence. Providing employees at these locations with guidance to make their spaces safer can empower individuals to have an active role in reducing the number of fatal overdoses in public restrooms. Building relationships between harm reduction specialists and business owners can be crucial in maintaining high quality of life and saving lives.

## JUSTICE SYSTEM

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A large majority of individuals in the justice system identify with having a substance use disorder and many get involved with the justice system due to crimes they committed as a result of their substance use disorder. Mayors can promote the importance of developing policies and protocols that identify people with substance use disorders and divert them to appropriate care at every encounter with the justice system -- starting with engagement with a police officer on the street, to entering a courthouse, jail or re-entry program. These collaborations can offer the opportunity to discuss the challenges, concerns, current processes, and potential solutions for diverting individuals with substance use disorders away from entering the justice system and toward treatment.

## COMMUNITY-BASED ORGANIZATIONS

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Partnering with community-based organizations can be as simple as supporting events and initiatives that align with the city's goals for improving access to care, preventing harm and substance misuse, and supporting people in recovery. Cities benefit from partnering with a variety of types of organizations including advocacy groups, wellness centers or clubs, and medical student groups.

## FAITH-BASED COALITIONS

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Faith based groups are an important component to substance use and addiction recovery. Local government and health departments can play a role in collaborating with these groups to support the recovery community. A good starting place is contacting local clergy to see if they are aware of groups or if there is interest in creating a group that is supportive of recovery. Once a coalition is formed, city officials should meet with the group regularly to discuss shared interests and create a collaborative plan for engaging the faith community. Faith-based coalitions can be helpful in developing community, engaging groups, and promoting messages. The strength and reach of these groups can be utilized for educational events, interfaith recovery-oriented services, and other initiatives supportive of substance use and addiction recovery.

# POLICY & ADVOCACY

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## MAYORS CAN CREATE AND IMPLEMENT POLICIES TO HELP REDUCE HARM FOR THOSE STRUGGLING WITH SUBSTANCE USE DISORDERS.

Shifting our culture, connecting people to recovery services, and building a continuum of care are all crucial to fighting the substance use epidemic. But there's another major piece of the puzzle: legislation. And Mayors can play a big role in driving it forward.

The substance use disorder epidemic reaches every corner of society. Although the government can call on the private sector and strategic partners to provide resources, only elected officials can change policy. Federal, state, and local governments have the potential to craft and implement meaningful legislation related to substance use.

Although certain city policy options rely on state legislatures' action, municipalities are still able to advocate for substantive change. Where state legislatures have implemented strong laws, municipal government is well positioned to develop services that utilize these policy changes, as well as elevate services that already exist in the community.

Some of the policies being implemented across the country which are examined in this section include:

- Naloxone Access and Liability
- 911 Good Samaritan Laws
- Syringe Access
- Essential Health Benefits and Health Insurance Mandates
- Time Limited Prescriptions
- State Drug Prescription Monitoring Programs
- Criminal Record Reform for Drug Offenders

## NALOXONE ACCESS AND LIABILITY

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In 1971 the FDA approved naloxone for treating opioid overdose. **Naloxone is an opioid antagonist, meaning that when a person's opioid receptors are overrun by molecules found in opiates, naloxone blocks those receptors to prevent any more opioids from being received.** Over the years, naloxone has proven effective in ending overdoses and saving lives.

Naloxone is a prescription drug which means that under FDA rules, it must be prescribed by a doctor or administered at a care center (i.e. emergency room, walk-in clinic, etc). This system works for overdose cases that reach the emergency room before any lasting brain damage has been inflicted. However, someone who overdoses and does not make it to the emergency room will not get help. Thus, there are two major ways in which changes in policy can reduce harm – improve access to naloxone and limit liability for anyone that carries or administers it.

There are two models governments can follow to increase access to naloxone. The first is a **Third Party Prescription law** which allows doctors to prescribe naloxone to anyone who is related to, friends with, or associates with anyone likely to overdose on opioids. This law allows doctors to put naloxone in the hands of those people who are most likely to make the 911 call in an overdose situation.

The second model is the **Standing Prescription Model**. Under this model, pharmacies apply for standing prescriptions given by the state department of public health to administer naloxone to anyone who seeks it. In essence, the medication is prescribed to the pharmacy and the pharmacy distributes it. Boston's pilot program allowing non-medical public health professionals and EMTs to distribute naloxone operates under similar policy logic. Public health professionals and EMTs are trained to understand how to use naloxone effectively and how to train others to use it effectively. They receive the medication through prescription and then decide to whom it should be distributed.

[Visit the appendix to see an example of a Police Department naloxone policy.\\*](#)

Governments should also take steps to limit liability for naloxone possession and use. By writing such a policy into a state law, doctors are able to more liberally prescribe naloxone and the fear of legal consequences for carrying the medicine is diminished. Massachusetts, for example, has taken the step to include naloxone use in its Good Samaritan laws.

[Visit the appendix to see MA Good Samaritan legislation regarding naloxone.†](#)

## 911 GOOD SAMARITAN LAWS

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911 Good Samaritan Laws encourage people experiencing or witnessing a medical crisis to seek help without fear of arrest or prosecution. Given the chance of surviving an opioid overdose is dependent on

the time in which medical help is received, it is critical to encourage people to call 911 without hesitation.

There are however, exceptions to the legislation. These laws do not protect a bystander when first responders find evidence that the individual is trafficking drugs or has driven under the influence of drugs. These laws also do not protect individuals who seek medical assistance during an arrest or during the execution of a search warrant.

In 2007, New Mexico became the first state in the United States to pass a 911 Good Samaritan Law. [Today, thirty seven states and the District of Columbia have enacted some form of this legislation.](#)

[Visit the appendix to see NM Good Samaritan Statute.‡](#)

## SYRINGE ACCESS

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Because the federal government restricts the sale of drug paraphernalia (U.S. Code Title 21 Section 863), injection drug users have historically struggled to access clean syringes and have compensated by reusing or sharing them. Syringe reuse is likely to damage the skin or veins at site of injection, or cause bacterial infection and blood clotting. Syringe sharing can lead to the spread of infectious disease such as HIV and Hepatitis.

In 1987, Oregon was the first state to decriminalize syringe possession. [Since then, 48 states have followed and passed laws to liberalize syringe access for anyone that needs it. Different variations of this policy exist across the country.](#) For instance, under Massachusetts law, anyone over the age of 18 is allowed to purchase hypodermic needles from a pharmacist. In addition to the exchange of new syringes for used ones, including safe disposal and collection of syringes, needle exchange programs offer referrals to substance use treatment, HIV, HCV, and STD counseling and testing, and other harm reduction services. These programs train opioid users, their families, and their friends on how to prevent and recognize an overdose and what to do if one occurs.

[Visit the appendix to see MA Law regarding syringes or hypodermic needles.§](#)

## ESSENTIAL HEALTH BENEFITS AND HEALTH INSURANCE MANDATES

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Historically, the price of healthcare has been a major roadblock to treatment for individuals with substance use disorders. State and federally regulated health insurance greatly improves coverage for mental health and behavioral health treatment. Under this model, more people are able to enter recovery and *stay in* recovery.

Before the health insurance market was regulated with respect to mental health coverage, patients saw high levels of cost sharing. They were expected to pay 50% or more of treatment's cost out of pocket, and they also dealt with special service limits, which created barriers to the completion of much needed treatment.

Because of these limits in coverage that existed in the market, a number of state legislatures have fought to improve parity between mental health coverage and surgical/medical coverage through policy. The tool that governments use is health insurance mandates, or essential health benefits - policies that require that certain forms or levels of treatment be covered.

At the state level, health insurance mandate rules come in three forms:

#### **Parity Laws**

Some states have policies requiring that health insurance plans cover mental health care to the same levels that they cover surgical/medical treatment.

#### **Minimum Mandated Mental Health Benefits Law**

Some states require that health insurance plans cover mental health care to a specific level of coverage. Minimum benefits don't require that health care plans provide the same level of coverage as for surgical/medical treatment, just that they offer coverage to specified levels in all plans.

#### **Mandated Offering Law**

Some states require that health insurance companies offer mental health coverage to insurance purchasers, but they can charge a higher premium for those plans.

Policies bringing mental health coverage closer to parity allow people suffering from substance use disorders to seek and stay in recovery.

The Affordable Care Act (ACA) brought us closer to parity for mental health treatment coverage by declaring that mental and behavioral health services are an "essential health benefit." Under the ACA, any health plans established by the ACA or offered through the individual market are required to provide mental health, behavioral health, and substance use treatment coverage. Most importantly, under the ACA, insurance companies are not allowed to deny an individual coverage due to a pre-existing condition, and insurance companies are not allowed to impose yearly or lifetime dollar limits on care. The ACA also imposes "parity policies," requiring that if an insurance company seeks to impose any limits to substance use or mental health treatment coverage, those limits (such as copayments, lengths of stay, and required authorizations) cannot be any more restrictive than limits they would use for medical or surgical treatment.

The ACA does not mandate full federal parity - only parity to those programs within the exchange. It leaves the broad regulation of health care insurance to the states.

Through a rule released in 2015, Center for Medicare and Medicaid Services (CMS) brought mental health coverage through Medicaid managed care and Children's Health Insurance Plan (CHIP) up to parity with their medical and surgical coverage levels.

## **TIME LIMITED PRESCRIPTIONS**

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As governments examine how they can meaningfully intervene to prevent substance misuse, one prominent area for policy development has been the relationship between a patient and the prescribing doctor. Due to the highly addictive nature of opioids, substance use disorders can easily develop after opioids have been prescribed to someone for medical reasons or after prescription medication is diverted and put to non-medical use.

The Centers for Disease Control, under the United States Department of Health and Human Services, recommends that in cases of acute pain, "three days or less will often be sufficient; more than seven days will rarely be needed."<sup>4</sup> Many states have enacted legislation regulating the prescribed amount of opioids to a patient at one time, usually in instances of acute pain. The standard time limit across policies is seven days for initial treatments of acute pain and 30 days for chronic pain. New Jersey has the shortest time limit at five days for initial acute pain prescriptions. Recently, the governors of Maine and Massachusetts proposed three-day time limits for initial acute pain prescriptions, but in both states, the legislatures settled on seven-day time limits, which both Governors ultimately supported.

[Visit the appendix to see NY legislation regarding pain prescriptions. ||](#)

## **STATE DRUG PRESCRIPTION MONITORING PROGRAM**

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Because the medical prescription of opiates is so strongly linked to the development of substance use disorders, most states rely on a prescription drug monitoring program often called a PDMP or PMP, depending on the state.

A prescription drug monitoring program is a system where prescribing doctors utilize a statewide database to track their prescriptions of habit forming medications. The system is meant to serve two primary functions. First, it allows doctors, nurses, and care providers to ensure a person seeking treatment has not already received care through another provider. If they find that a patient is "doctor shopping," the provider can screen a patient out and avoid providing unneeded medication. Second, it allows the state to track trends in the prescriptions of habit forming medications. Based on this data,

state agencies can make insights that allow them to develop evidence based programs, helping to prevent substance use disorders and move people into recovery. It is important to emphasize that PDMPs provide an opportunity to intervene with someone who may have a substance use disorder, not just restrict their access to additional habit forming medications.

Some prescription drug monitoring programs were initially set up to be voluntary. However, many states are finding that a voluntary drug monitoring program with incomplete data is insufficient. [As of 2016, 25 states require prescribing doctors to use a prescription drug monitoring program to screen patients.](#)

## **CRIMINAL RECORD REFORM FOR DRUG OFFENDERS**

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Because the possession of controlled substances is illegal, often our criminal justice system punishes people who would be better served by treatment. Criminal record reforms laws can give people with substance use disorders a second chance at major life opportunities.

After someone with a substance use disorder has been punished for the possession of a controlled substance, that conviction is recorded on their criminal record. That record can make it much more difficult for that person to do things like seek employment, seek housing, or become involved in community activities or at their child's school. In turn, this can reduce their chances of staying in recovery.

States can opt to allow people with a conviction for possession of a controlled substance to seal their criminal record. Different from expungement (the complete erasing of a record), sealing a record is when someone's criminal history is retained for law enforcement purposes but not discoverable through a background check. Sealing one's criminal record allows one to legally answer "no record" when seeking employment, housing or other critical opportunities.

# CITY STRATEGIES

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This work is about saving lives. That's why it should be data-driven. Municipal leaders need to communicate with their counterparts in other cities and share best practices with one another. Discussing what *works* and what *doesn't* will help all cities become more effective at fighting this epidemic.

This section highlights selected practices that have proven successful in cities throughout the United States, including:

- Boston, Massachusetts
- Arlington, Texas
- Baltimore, Maryland
- Chelsea, Massachusetts
- Chicago, Illinois
- Denver, Colorado
- Dayton, Ohio
- Huntington, West Virginia
- New York City, New York
- Philadelphia, Pennsylvania
- Quincy, Massachusetts
- Revere, Massachusetts
- San Francisco, California
- Seattle, Washington

### THE REENTRY PARTNERSHIP WITH THE SUFFOLK COUNTY SHERIFF'S DEPARTMENT

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The Mayor's Office of Recovery Services (ORS) partnered with the Suffolk County Sheriff's Department to create a Recovery Reentry Panel within the South Bay Correctional Facility and the Nashua Street Jail in Boston. In the weeks preceding release, incarcerated individuals will attend an information panel led by community-based providers representing addiction recovery support (including sober housing), workforce programs, educational opportunities, housing assistance, and faith communities. In order to better prepare them for re-entering society, individuals will first be engaged "behind the wall," then they will be followed up with after release. The panels are run like informational fairs. Providers introduce themselves to the inmates, briefly describe the services they provide, and offer resources about their services. Inmates and detainees are encouraged to talk with providers about their needs. Sherriff's Department staff work with incarcerated individuals and providers to create appropriate referrals for services they can engage in post-release. The Sheriff's Department case managers consider the location of services with regard to where individuals live or have a support system when making these referrals. In addition to these panels, correctional officers, inmates and detainees at the South Bay Correctional Facility and the Nashua Street Jail have received overdose prevention and naloxone (Narcan<sup>®</sup>) trainings.

### 311 FOR RECOVERY SERVICES

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In September 2016, the City of Boston's Office of Recovery Services partnered with 311, the Mayor's 24/7 constituent call service, to field all substance use recovery related calls. Leveraged by PAATHS, the City's access to care program, and a community-based provider, 311 callers now have 24/7 access to support. Now individuals, families, and professionals in the city of Boston can call 311 for any substance use or recovery related request.



Digital Readers note:  
Click BOS:311 icon to access  
Boston's online 311 system

### HOSPITALS, HEALTH CENTERS, AND CITY PROGRAMS

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Boston Medical Center (BMC) is the city of Boston's safety-net hospital and is dedicated to serving the area's most vulnerable populations. BMC has two innovative programs addressing substance use disorder. They are [Project ASSERT](#) and [Faster Paths to Treatment](#)

Project ASSERT (Alcohol & Substance abuse Services, Education and Referral to Treatment) is a BMC program that helps Emergency Department (ED) patients who demonstrate risky alcohol and drug use behavior access treatment and care. Staff from Project ASSERT are always present in the ED. When a patient who might be a candidate for services arrives at the ED, they begin a non-judgmental conversation, with the goal of making it easier for the patient to make healthy changes in their life. If the patient agrees to treatment for their drug or alcohol behavior, staff will connect the patient to a treatment center or service.

Faster Paths to Treatment is BMC's substance use disorder urgent care center. Staff members evaluate and refer patients with substance use disorders to a network of care including inpatient and outpatient detox, treatment, and aftercare services. Boston's access to care program, [PAATHS](#) (Providing Access to Addiction Treatment Hope & Support), partners with Faster Paths in an effort to fill the gaps in care and create a seamless continuum.

A key feature of the center is daily access to MAT in the Faster Paths Outpatient Clinic. Patients meet with a physician who will gather a history, conduct a physical exam, and prescribe MAT and naloxone rescue kits as indicated. Addiction medication nurses oversee the office initiation of MAT, including buprenorphine/naloxone induction and injectable naltrexone. Monday through Friday buprenorphine/naloxone administration is available for patients who need MAT and are awaiting placement in an office-based addiction treatment (OBAT) or a methadone maintenance program.

Faster Paths includes Recovery Specialists who engage patients with complex problems requiring greater support services following assessment. These trained peer professionals motivate patients to stay safe and healthy. They help them access addiction treatment services, mental health services, and primary care. They coordinate with the programs where patients are placed to ensure that their behavioral health and psychosocial needs are addressed. They also provide transportation and other concrete supports when needed, enter follow-up information in an electronic tracking system, and provide regular updates to the Faster Paths team. Recovery Specialists make multiple attempts to contact patients and offer the support they need to be successful in their recovery.

## **BUSINESSES' SAFETY PRACTICES**

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One of the most effective ways to include the business community in this work is to engage them in safe bathroom initiatives. In Boston, City employees reach out to local businesses regarding these

practices, and more and more businesses are reaching out to the City to ask about issues like overdose response and syringe disposal.

In order to target larger businesses who cannot schedule in-person trainings, the Boston Public Health Commission is in the process of developing an overdose prevention e-learning module which will include a certificate of completion. The Commission is hopeful that the online module will reach more people and can be of use to other cities, as well.

## **COMMUNITY-BASED ORGANIZATIONS**

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The Mayor's Office of Recovery Services (ORS) partnered with the Boston Bulldogs Running Club during their annual Run for Recovery. The Boston Bulldogs is a co-ed 501(c)3 non-profit running club established to provide an anonymous and safe community of support for all those adversely affected by addiction. It includes those in recovery, their families and friends, the clinical community, and the community at large. The Club promotes an integrated approach to wellness and self-leadership.

ORS has also worked with medical and public health student groups who want to work on substance use education and advocacy. A group of medical students in the Boston area raised the issue that in their curriculum there is relatively little content about substance use disorder. The students took it upon themselves to seek out education and overdose prevention. ORS supported their work by connecting them to substance use disorder field specialists. These students promote basic addictions understanding for their peers, they have equipped themselves with naloxone, and they teach their peers that they can access naloxone at pharmacies. (This varies by state and is discussed in the Policies & Advocacy section).

## **FAITH-BASED COALITIONS**

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The Boston Grassroots and Faith-based Community Coalition consists of interfaith, recovery-oriented, community-centered organizations in the City of Boston. The coalition's mission is to develop approaches that educate, engage, create, and promote partnerships among consumers, providers and faith-based organizations. The Massachusetts Department of Public Health provides monthly administrative support to the coalition with resources from the Substance Abuse and Mental Health Agency. The coalition, which has been in existence for six years, completed a strategic planning process to develop a shared vision and meets monthly. Coalition meetings are used to build relationships among members and identify issues and perspectives that are important to faith-based organizations. Engagement strategies have included clergy breakfasts, interfaith services in celebration of Recovery month, and maintaining an email list of 225 members. Education strategies have included conferences

and trainings, as well as movie showings, panel discussions, and addiction 101 meetings at places of worship.

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## ARLINGTON, TEXAS

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The City of Arlington participates in a number of community collaborations and maintains strategic partnerships with providers to address substance use. Below are some high level examples:

- Victim Services has established a partnership with Lena Pope, a non-profit that provides counseling and education services to children and families. They provide streamlined outpatient drug treatment to repeat domestic violence victims as well as any other victims that may need substance use support. They also provide relapse prevention treatment and family counseling.
- Victim Services refers to the Recovery Resource Council which has an Information & Referral community hotline to assist substance users, their families, and the general public in obtaining support for their needs. Information is provided to callers about substance use issues and how to access the services they need. The Recovery Resource Council also offers a variety of classes for individuals who have been arrested for alcohol or drug charges.
- The City utilizes Mental Health and Mental Retardation of Tarrant County Law Liaisons to gain access to Pine Street Rehabilitation Center for those in need of detoxification. MHMR offers a continuum of care for both adults and adolescents related to trauma-sensitive substance use treatment in Tarrant County, including those with limited resources.
- Community resources for inpatient and outpatient services are published for officers to provide to citizens, including the homeless population. Agencies used are Salvation Army Rehab, Cenikor, and Teen Challenge for adults. Santa Fe/Cal Farley's is used for adolescents.
- When appropriate, arrested individuals with county-level charges are referred to a variety of specialty diversion courts – including veteran court, substance use court(s), RISE (prostitution) and mental health court.
- APD Community Support Manager serves on Challenge's SMART Community Coalition: <http://challengetc.org/>.

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The city of Baltimore's strategy for combating opioid addiction has "3-Pillars":

- Prevent deaths from overdose and save lives;
- Increase access to on-demand treatment and long-term recovery support; and
- Provide education to reduce stigma and prevent addiction.

### PREVENTING DEATHS FROM OVERDOSE

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The Commissioner of Public Health was given authority (as of October 2015) to write blanket prescriptions for naloxone for the residents in Baltimore City under a Standing Order approved by the Maryland State Legislature. An individual can receive a short training and immediately receive a prescription for naloxone. As of June 1, 2017, Dr. Wen, Baltimore City Health Commissioner signed a new standing prescription for naloxone that allows residents to acquire naloxone essentially over the counter.

### INCREASE ACCESS TO ON-DEMAND TREATMENT

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Baltimore has implemented the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach, which provides universal screening of patients presenting to ERs and primary care offices. This is intended to ensure delivery of early intervention and treatment for those with or at risk for substance use disorders.

Baltimore is developing a real-time dashboard to obtain data on the number of people with substance use disorders, near-fatal and fatal overdoses, and capacity for treatment. The dashboard will be connected to the City's 24/7 hotline that will immediately connect people to the treatment that they need, when they need it.

### PROVIDE EDUCATION TO REDUCE STIGMA AND PREVENT ADDICTION

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Baltimore has launched a public education campaign "DontDie.org" to teach citizens that addiction is a chronic disease, and to encourage individuals to seek treatment. The campaign was launched with bus ads, billboard ads, a new website, and a targeted door-to-door outreach campaign in churches and with neighborhood leaders. And the City is working with restaurants and bar owners to post "Don't Die" posters in their establishments. The City launched a campaign called "BMore in Control," which focuses on prevention among teens and youth.

The City Health Commissioner sent “best practice” letters to every doctor in the City. They addressed the importance of the Prescription Drug Monitoring Program, judicious prescribing, and not using narcotics as the first choice of medication for acute pain. The letters also emphasized the risk of addiction and overdose with opioids. They cite co-prescribing naloxone for any individual taking opioids or at risk for opioid overdose as a best practice.

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CHELSEA HUB

The Hub is a team of designated staff from community and government agencies that meets weekly to address specific situations regarding clients facing “acutely” elevated levels of risk. They develop immediate, coordinated, and integrated responses through the mobilization of resources. The Hub meets every Thursday morning to identify strategies for removing risk from individuals or families, and connecting them to services they need. The Hub works with families and individuals who are facing difficult challenges and who may need services from more than one community agency.

Examples of Risk Factors that the Hub works to reduce:

| <b>Acutely-Elevated Risk: Risk Assessment and Need for Involvement of Other Agencies.</b> Check risk factors that apply: <i>(These are categories of risk factors from the Hub Database. Glossary of Risk Factors. See the Glossary for risk factors under each category and definitions)</i> |                                    |                          |                      |                          |                      |
|---|------------------------------------|--------------------------|----------------------|--------------------------|----------------------|
| <input type="checkbox"/>  | Alcohol                            | <input type="checkbox"/> | Drugs                | <input type="checkbox"/> | Gambling             |
| <input type="checkbox"/>  | Mental Health                      | <input type="checkbox"/> | Cognitive Impairment | <input type="checkbox"/> | Physical Health      |
| <input type="checkbox"/>  | Suicide                            | <input type="checkbox"/> | Self-Harm            | <input type="checkbox"/> | Criminal Involvement |
| <input type="checkbox"/>  | Crime Victimization                | <input type="checkbox"/> | Physical Violence    | <input type="checkbox"/> | Emotional Violence   |
| <input type="checkbox"/>  | Sexual Violence                    | <input type="checkbox"/> | Elderly Abuse        | <input type="checkbox"/> | Supervision          |
| <input type="checkbox"/>  | Basic Needs                        | <input type="checkbox"/> | Missing School       | <input type="checkbox"/> | Parenting            |
| <input type="checkbox"/>  | Housing                            | <input type="checkbox"/> | Poverty              | <input type="checkbox"/> | Negative Peers       |
| <input type="checkbox"/>  | Antisocial/Negative Behavior       | <input type="checkbox"/> | Unemployment         | <input type="checkbox"/> | Missing/Runaway      |
| <input type="checkbox"/>  | Threat to Public Health and Safety | <input type="checkbox"/> | Gangs                | <input type="checkbox"/> | Social Environment   |

The following are members of the Chelsea Hub: City of Chelsea, Chelsea Public Schools, Mass General Hospital (MGH), MGH Chelsea Health Center, MGH Freedom Clinic, Everett Hospital (Cambridge Health Alliance), Phoenix Charter Academy, North Suffolk Mental Health Association, HarborCOV, Healthy Streets, Healthcare Resource Centers (HCRC), The Neighborhood Developers (TND), Chelsea Police Department, Roca Inc., Department of Children & Families, Department of Youth Services, Boys & Girls Club, Suffolk County Sheriff’s Office, People’s AME, Chelsea Housing Authority, CAPIC, Chelsea District Court, Massachusetts Probation (Youth & Adult), Massachusetts State Parole, Rosie’s Place, Mystic Valley Elder Services; Kids In Need of Defense (KIND), and RFK Children’s Action Corps

The Hub is a new way to utilize and mobilize resources already in place in different, unified, and dynamic ways. It is a way to address specific situations of elevated risk before there is an incident that requires emergency response. The Hub does not perform case management. Its purpose is to mitigate risk within 24-48 hours and connect individuals and families to services. Case management functions remain with the most appropriate agency as determined by the Hub table.

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## CHICAGO, ILLINOIS

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Mayor Emanuel convened a joint City and County-led Task Force on combating heroin addiction and the Task Force issued a report on October 6, 2016. The report included 36 recommendations focusing on six areas:

- Education of the community,
- Education of healthcare professionals,
- Treatment,
- Data,
- Law enforcement, and
- Overdose reversal.

The report can be accessed here: [Chicago-Cook Task Force on Heroin: Final Report 2016](#).

Mayor Emanuel also recently convened a regional opioid summit for government entities and stakeholders in the greater Chicago area to improve coordination on the opioid epidemic.

In 2016, the City invested \$1.75 million in the prevention and treatment of substance use disorders, including opioid addiction. That figure included \$250,000 in new annual funding for naloxone in the community. This year, the City has committed to an additional \$700,000 annually to combat opioid addiction. The City is also undertaking a community education effort that is privately funded at \$350,000 by Pfizer, CVS, and Walgreens. It will focus on outreach to communities and to healthcare providers who prescribe opioids. The Chicago Police Department (CPD), along with partners, is contributing to these new efforts with a diversion pilot program that allows some individuals involved in low-level narcotics offenses to access treatment in lieu of an arrest. Additionally, the Chicago Fire Department has now extended naloxone to every vehicle in its fleet.

The City's Health Department recently hired its first medical director for behavioral health, Dr. Elizabeth Salisbury-Afshar. She is playing a leading role in the department's work to combat substance use disorders and implement many of the task force recommendations, including those related to treatment, education of the community, education of healthcare professionals, and overdose reversal. In addition, the City is creating a learning collaborative of health clinics so they can provide more effective treatment for opioid addiction. The City has also sent a letter on appropriate prescribing practices to 11,000 physicians in the city.

The City reached an agreement with the drug company Pfizer in 2016 to commit the company to strict standards for the marketing and promotion of prescription opioids. The City is also engaged in a lawsuit against five opioid manufacturers who misrepresented opioid benefits while minimizing health risks,

leading to more addiction, overdoses, and deaths. Other jurisdictions are now following Chicago's lead in taking on the drug companies through the courts.

On an ongoing basis, the City participates in National Prevention Week and coordinates the Recovery Walk each year. CPD has drop-off boxes at all police stations where residents can deposit expired prescriptions and other drugs. And the City invests in clinical treatment and wraparound services for vulnerable residents, many of whom have opioid use disorders.

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### INNOVATIVE COURT PARTNERSHIPS

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People with undiagnosed, untreated, or undertreated mental or behavioral health needs often interact with the criminal justice system. The Denver Office of Behavioral Health, Denver Courts, Probation and Parole, and other partners work to utilize the courts to proactively identify and provide mental health, substance use, and other therapeutic wraparound services.

**Behavior Health Court** – Provides wraparound services such as treatment, transitional residential treatment beds, and housing support to people with mental health and substance use concerns.

**Outreach Court** – Aims to reduce the number of arrest warrants for municipal level citations due to failure to appear or failure to complete a court order. Bi-Monthly municipal court is held at the Denver Rescue Mission Lawrence Street Shelter. Participants can clear warrants and citations by participating in same or next day community service. Every arrest this program helps to prevent saves \$694.

**Sobriety Court** - Serves adults charged with repeat impaired DUIs by connecting them to DUI education, as well as substance use and trauma-informed treatment. Treatment begins while persons are in jail in a special peer-lead treatment unit called Recovery In a Secure Environment (RISE). Upon release, trained probation officers work with participants to manage their co-occurring mental health and substance use concerns.

**Denver Adult Drug Court (DADC)** – DADC is one of the oldest and largest drug courts in the country. Specialty tracks are designed to give targeted services to people with co-occurring mental health and substance use disorders, women with childhood trauma, people who are developmentally disabled, people with traumatic brain injuries, veterans, felony DUI offenders, and other special populations.

### ADDRESSING YOUTH MARIJUANA USAGE

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Ten agencies that provide school-based and community-based programs that engage youth around marijuana usage are supported with funding from the Denver Office of Behavioral Health Strategies. One such program, led by the Office of the Independent Monitor, facilitates conversations between police officers and youth. As part of an intensive, five-hour training and dialogue, youth and police talk about marijuana legalization, including laws that make marijuana use illegal for anyone under age 21, and the potential impacts of marijuana usage, so young people can make informed decisions.

### WORKING (OUT) TOGETHER: PHASE PROGRAM

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Too often, people who are struggling with homelessness, as well as mental health or substance abuse issues are not engaged in treatment and support. This can mean they're also out of compliance with

probation or parole agreements. The PHASE program was designed to encourage more people to take part in treatment that will help them thrive by reducing some of the barriers to getting mental health support. Through PHASE, probation officers meet the people they serve at [Phoenix Multisport](#), a recovery gym in downtown Denver that is staffed completely by persons in recovery. The gym is designed to build a supportive community and provide a wide variety of healthy interactions for people who are in substance-abuse recovery. Probation and parole officers join with clinicians from the Mental Health Center of Denver and Denver University School of Professional Psychology students to work with clients. After a boxing or yoga session, people in recovery get additional support from their peers and clinicians in a group or in one-on one treatment sessions.

A PHASE program participant shared how this new approach was different: "I relearned how to manage myself and my emotions and navigate life clean, using physical activity and exercise as an anchor point in my life and my sobriety. The groups I participated in helped me to communicate through my anxiety, and the structure of my probation agreement helped me to stay on my medications, off heroin, and on track in life."

## POLICE & MENTAL HEALTH INTERVENTIONIST COORDINATION

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The co-responder teams are the result of a partnership between the Office of Behavioral Health Strategies, Denver Police, and the Mental Health Center of Denver. The co-responder model places mental health professionals alongside Denver Police patrol officers who are handling calls related to a person in mental or behavioral health crisis. The program will expand to the fire and other correctional systems in 2018. Just 6 mental health interventionists provided clinical interventions and stabilization services to over 1500 community members in the first year. Fewer than 3 percent of them were arrested or ticketed.

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## DAYTON, OHIO

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### A "CONVERSATION FOR CHANGE" (C4C)

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The Conversation for Change program is a grassroots, community-based opiate reduction initiative that utilizes the data supported method of "Motivational Interviewing" to encourage educated decisions regarding personal paths of recovery by victims of opiate addiction.

- C4C events held quarterly meetings in targeted high overdose community venues.
- C4C program is being replicated in Clark County and piloted in Montgomery County Jail to focus on opiate related offenders being released.

## CORNERSTONE "FRONT DOOR" INITIATIVE

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Provides residents 24/7 access to opiate recovery services.

- Officers call hotline number and transport individuals to recovery centers.
- Program expanded to MCSO, Miamisburg, Riverside and Huber Heights.

## EPOD GROW [GET RECOVERY OPTIONS WORKING] INITIATIVE

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Partnership with Dayton Police Department, East End Community Center, Cornerstone, and Family of Addicts (FOA)

- Weekly follow-ups on EPOD overdoses to encourage and even transportation to Front Door Program.
- In process of adding in-home naloxone training/distribution to this program.
- 2017 goal for EPOD is 100% follow upon all opiate overdoses.
- Program expanded to MCSO, Miamisburg, OSP and Huber Heights

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## HUNTINGTON, WEST VIRGINIA

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*"The Mayor's Office of Drug Control Policy was our way of saying that, in order to defeat this epidemic, we must first own it. It is up to us to devise solutions that best serve our community."*

~ Mayor Steve Williams, Huntington, West Virginia

Huntington's drug problem is multifaceted. Drug trafficking organizations from large Midwest cities are an external threat. Internally, a significant portion of the population struggles with drug addiction. Just as the drug problem involves many layers, so, too, does the solution.

The Mayor's Office of Drug Control Policy (MODCP) was established by Mayor Steve Williams in November 2014 to address drug addiction in Huntington and surrounding communities and create a holistic approach involving prevention, treatment and law enforcement. This strategy was born out of the recognition that drug use is not only a criminal justice problem, but also a public health and economic problem.

The mission of the MODCP is to serve as a leader for improving the health and safety of individuals by promoting strategic initiatives and collaboration to reduce drug trafficking and related crime while promoting prevention and treatment options for addicts.

The Office's director is Jim Johnson, a retired Huntington Police officer of 29 years. Johnson also has served as the constituent services liaison in the Mayor's Office and as interim police chief for six months in 2014. Huntington Fire Chief Jan Rader, who also has years of experience as a registered nurse, and Scott Lemley, the director of Development and Planning for the City of Huntington, also work under the MODCP.

### OVERALL GOALS AND OBJECTIVES

#### PREVENTION

**Goal:** To prevent initial drug use and mitigate the public health risks associated with the opioid crisis.

**Problem:** The youngest overdose victim in Cabell County in 2016 was 11 years old. West Virginia ranks first in the nation in hepatitis B incidence and second in hepatitis C incidence. The incidence of neonatal abstinence syndrome in Cabell County is 10 times higher than the national average.

**Key Efforts:** Since 2014, the MODCP has worked with key stakeholders to develop prevention programs for youth, provide educational resources for parents, and promote the area's Harm Reduction Program. It plans to build on existing efforts by expanding youth programs and community outreach and promoting the creation of a primary prevention program for women.

## TREATMENT AND RECOVERY

**Goal:** To increase the menu of options for treatment and recovery and improve coordination between key stakeholders.

**Problem:** The demand for treatment far exceeds supply, and few of the existing facilities serve women and children. While key stakeholders have increasingly collaborated, they still largely operate in silos.

**Key Efforts:** The MODCP has worked to expand existing treatment services, create transitional housing, and develop long-term outpatient services. It plans to expand access to medication-assisted treatment, establish treatment programs for women and children with NAS, create a regional hub where individuals struggling with addiction can receive assessments and referrals to treatment, and build a smart community that integrates the data from key stakeholders into a centralized information system.

## LAW ENFORCEMENT

**Goal:** To improve law enforcement's ability to target and address drug trafficking and divert people struggling with addiction into treatment and recovery.

**Problem:** The Huntington area is the epicenter for drug distribution in the Tri-State. While efforts are needed to reduce the drug supply, imprisoning nonviolent drug offenders and responding to overdoses are costly.

**Key Efforts:** The MODCP has advocated for laws to hold reduce drug trafficking and created programs to divert nonviolent drug offenders and overdose victims into treatment, including a pre-booking diversion program and drug court for female prostitutes. Within the next two years, the MODCP plans to further improve its efforts by adopting the Drug Enforcement Agency's 360 strategy for addressing the opioid crisis.

In May 2017, the Mayor's Office of Drug Control Policy released a [Two-Year Strategic Plan for Addressing the Opioid Crisis in the City of Huntington/ Cabell and Wayne Counties, West Virginia](#).

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## NEW YORK CITY, NEW YORK

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### NEW YORK CITY'S STRATEGIES

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In April, Mayor Bill de Blasio and First Lady Chirlane McCray announced **HealingNYC**, the City's comprehensive initiative to reduce opioid overdose deaths by 35 percent over five years. The City is

investing \$38 million annually to establish new data and response capabilities (rapid assessment and response); increase naloxone distribution; promote public awareness; promote a standardized and systematic health care response (including expanding access to medication assisted treatment, promoting judicious opioid prescribing, establishing emergency department responses to nonfatal overdose); and a range of public safety measures. These specific strategies are outlined below:

### **Strategy 1:**

Establish new data and response capabilities (**rapid assessment and response**)

The NYC Health Department will establish a novel rapid assessment and response model, adapting an infectious disease approach to identify and respond to new trends and/or clusters of overdose. The Health Department will be able to investigate new patterns of adverse health consequences from opioid use and respond with targeted education, naloxone, and other interventions as determined by the results of the investigation.

### **Strategy 2:**

Expand **naloxone distribution**

Over the next few years, the City will distribute a total of 100,000 naloxone kits to opioid treatment, detoxification and syringe exchange programs, other community based organizations, police officers, and visitors to Rikers Island Jail, and City shelters. The City will also increase the number of pharmacies that make naloxone available for sale without a prescription.

### **Strategy 3:**

Raise **public awareness**

The City has started large overdose prevention and response media campaigns. The first two campaigns, "Save a Life: Carry Naloxone," and "I Saved a Life," feature testimonials from New Yorkers who have used naloxone to reverse an overdose. Over the next three years, the City will continue large public awareness campaigns featuring overdose prevention and education, testimonials from New Yorkers who have saved lives, and testimonials from New Yorkers receiving treatment with methadone or buprenorphine. The City has also launched a free mobile app, "[Stop OD NYC](#)" and continues to promote [NYC Well](#), a free, 24-hour confidential mental health support service.

### **Strategy 4:**

Expand and standardize **health system response to opioids (system of excellence)**

The City is expanding and standardizing its health system responses to opioids using four strategies: judicious opioid prescribing; medication-assisted treatment; nonfatal overdose emergency department responses; and naloxone distribution. NYC Health + Hospitals, the NYC public hospital system, is transforming its substance use care to become a system of excellence in these 4 components.

*Component 1:* The City will disseminate **judicious opioid prescribing** guidance, educate prescribers, and work with health systems to implement practices to reduce unnecessary exposure to prescription painkillers and prevent substance use disorders and overdose.

*Component 2:* By 2022, the City will expand access to **medication-assisted treatment with buprenorphine and methadone** for the treatment of opioid use disorder to an additional 20,000 New Yorkers, including people involved in the criminal justice system. In particular, the City will train and provide implementation support to primary care and other providers to offer buprenorphine across care settings.

*Component 3:* Establish standardized **emergency department responses following nonfatal overdose**, a strong predictor of a future fatal overdose. The City has newly launched Relay, an emergency department-based program for patients who present for care after a nonfatal opioid overdose. Relay deploys health-department trained peer workers (Wellness Advocates) to provide 24/7, on-call support to patients in participating emergency departments. The peers offer overdose risk reduction counseling, opioid overdose rescue training, naloxone distribution, and navigation to harm reduction, drug treatment or other services. They will offer follow up to participants for up to 90 days.

*Component 4:* Naloxone distribution (see above).

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### MAYOR'S TASK FORCE TO COMBAT OPIOID EPIDEMIC

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In November 2016, Mayor Jim Kenney announced the formation of a Task Force to combat the opioid epidemic in Philadelphia. The Task Force was co-chaired by two City Commissioners and was comprised of 16 members with representatives from a broad section of stakeholders addressing the challenge. The five areas the Task Force examined included:

- Comprehensive data collection and sharing
- Public Education and Prevention Strategies
- Justice System, law enforcement and first responders
- Service access, best practices, and treatment providers
- Overdose prevention and harm reduction

The Task Force released its Final Report and Recommendations on May 19, 2017. The report had recommendations in the following areas:

#### **Prevention and Education**

- Conduct a consumer-directed media campaign about opioid risks.
- Conduct a public education campaign about naloxone.
- Destigmatize opioid use disorder and treatment.
- Improve health care professional education.
- Establish insurance policies that support safer opioid prescribing and appropriate treatment.

#### **Treatment**

- Increase the provision of medication-assisted treatment.
- Expand treatment access and capacity.
- Embed withdrawal management into all levels of care, with an emphasis on recovery initiation.
- Implement "warm handoffs" to treatment after overdose.
- Provide safe housing, recovery and vocational supports.
- Incentivize providers to enhance the quality of substance use disorder screening, treatment and workforce.

#### **Overdose Prevention**

- Expand naloxone availability.
- Further explore comprehensive user engagement sites.
- Establish a coordinated rapid response to "outbreaks."

- Address homelessness among opioid users.

### **Involvement of the Criminal Justice System**

- Expand the court’s capacity for diversion to treatment.
- Expand enforcement capacity in key areas.
- Provide substance use disorder assessment and treatment in the Philadelphia Department of Prisons.

Read the full report:

[Philadelphia Mayor's Task Force to Combat the Opioid Epidemic - Final Report and Recommendations](#)

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## QUINCY, MASSACHUSETTS

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Collaboration is at the core of substance use efforts in Quincy including coordination with first responders, schools, churches, community based programs, community members and many other partners. The following initiatives have been undertaken recently in Quincy in an attempt to meet those principles.

### CHILDREN'S SUPPORT GROUP

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The City of Quincy, in collaboration with Family Resource Center and the Robert F. Kennedy Center, is creating an on-going support group to provide resources and support for all children affected by substance use. The new program is called "Finding My Way with Children of Substance and Alcohol Use" and is targeted to elementary and middle school aged children. Topics to be discussed include:

- Understanding the age appropriate effects of substance use on families;
- Developing coping skills to improve self-esteem and express feelings; and
- The importance of building positive and healthy relationships with family and friends.

### OVERDOSE INFORMATION PAMPHLETS FOR FIRST RESPONDERS

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Quincy has created a handout for all first responders to distribute at the site of an overdose, which provides the victim and their friends and loved ones with local detoxification services, the state hotline for substance use treatment, information on section 35 civil commitments, access to Narcan<sup>®</sup> training and family support groups. The purpose of the handout is to equip first responders with an up-to-date resource for substance use services throughout the community. The city's Substance Use Prevention Coordinator will be responsible for updating the cards with the most current services.

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### REVERE RECOVERY HELP

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The City of Revere is partnering with The Revere Fire Department, North Suffolk Mental Health Association, and The Winnisimet Regional Opioid Collaborative (WROC). This partnership is designed to provide comprehensive education, navigation, and support to individuals and their families combating opioid use and addiction. This process is confidential and only meant to offer assistance.

The Team is comprised of Firefighters, Harm Reduction Specialists, and Recovery Coaches. The Team meets weekly to identify addresses of reported overdoses, current trends and evidence based on models of services. The Team will go out into the community to identify locations twice a week. They will support prevention, education, engagement, intervention, and treatment when requested.

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## SAN FRANCISCO, CALIFORNIA

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San Francisco's continuum of substance use disorder services are based on the **principles of harm reduction**. Harm reduction is a public health philosophy that promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors that impact individuals and their community. Harm reduction methods are free of judgment and directly involve clients in setting their own health goals.

The City formally sanctioned syringe access in 1993, and began funding programs as an essential structural component of HIV prevention services. A local study showed that San Francisco syringe programs reduced drug use and drug-related harms without increasing drug use among people who inject drugs. Additional studies have also found use of syringe services to be associated with reduced syringe sharing and other injection-related risk reduction behaviors.

Today, methadone and buprenorphine (medication-assisted treatment for opioid addiction) are available on demand for people who want to stabilize their illness. Additionally, **the Homeless Outreach Team** has embedded street medicine specialists who initiate medication-assisted treatment and treat abscesses and injection wounds. All of these programs provide linkages to medical care and treatment services. In 2003, San Francisco was the first city in the US to make Naloxone readily available to members of the public. This service has drastically reduced the number of overdose deaths from injection drug use, and 2016 saw 877 reported reversals of overdoses.

San Francisco has also recently launched a task force to explore whether supervised injection services are a feasible option to add to the City's continuum of harm reduction services.

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### SEATTLE AND KING COUNTY'S HEROIN AND OPIATE ADDICTION TASK FORCE

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King County, like many places across the country, is seeing sharp increases in the use and abuse of heroin and prescription opiates. The rate of addiction is high and availability of treatment has not kept pace with the need. More people in King County now enter detox for heroin than they do for alcohol.

In March 2016, Seattle and King County announced the formation of a heroin and prescription opiate addiction task force. Seattle Mayor Ed Murray served as a co-convenor of the task force along with two other local mayors. Task Force meetings took place over a period of six months. Their efforts included hosting well-attended community meetings to gather public input to inform their recommendations.

Their final report and recommendations were published in September 2016 and can be found here: [Heroin and Prescription Opiate Addiction Task Force - Final Report and Recommendations](#)

Task Force Recommendations Include:

#### Primary Prevention

- Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder
- Promote safe storage and disposal of medications
- Leverage and augment existing screening practices in schools and health care setting to prevent and identify opioid use disorder

#### Treatment Expansion and Enhancement

- Create access to buprenorphine in low-barrier modalities close to where individuals live for all people in need of services
- Develop treatment on demand for all modalities of substance use disorder treatment services
- Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics

#### User Health Services and Overdose Prevention

- Expand distribution of naloxone in King County
- Establish, on a pilot program basis, at least two Community Health Engagement Locations (CHELS sites) where supervised consumption occurs for adults with substance use disorders in

the Seattle and King County region. Given the distribution of drug use across King County, one of the CHEL sites should be located outside of Seattle

**Expanding treatment availability** is the Task Force's top priority recommendation so that people can have "treatment on demand." This means that when someone is ready to start treatment, they can meet with a provider to start treatment as close to where they are located as possible. Ensuring that everyone has access regardless of income, race, ethnicity, ability to navigate the health system, housing status, or where the person lives in King County is critical.

Preventing all people, but particularly **youth** from developing opioid use disorder in the first place is another central focus of the plan. Additionally, efforts will focus on raising awareness of the harmful effects of opioid misuse, increasing screening for signs of opioid misuse in schools and healthcare settings, and ensuring safe storage and disposal of prescription medications, since most people who misuse prescription medications access them from a friend or relative's medicine cabinet.

**Community Health Engagement Locations** are one part of the overall strategy that focuses on preventing overdose deaths and improving the health of heroin and opioid drug users, including those that are not yet ready or able to enter treatment. CHEL sites are not expected to solve the heroin and opioid drug crisis alone, but it is expected that they will reduce overdose deaths and increase access to treatment. The Task Force reviewed the available evidence about these sites, and several Task Force members visited multiple sites in other countries. The sum of the evidence suggests these sites provide meaningful health benefits to users and improve indicators of public safety, without increasing drug use or attracting additional users to the community in which the site is located.

### Implementation

Seattle and King County have already taken action recommended by the task force that has prevented fatal overdoses, including:

- Making more than **1,500 naloxone kits** available to law enforcement, treatment providers and shelter staff, along with training.
- Launching a program that makes it easy to **safely dispose of unused medications** – including prescription painkillers – by setting up over 95 secured receptacles at pharmacies countywide.
- Starting a pilot project that offers **rapid access to buprenorphine** at King County's Downtown Public Health Needle Exchange, expanding access to treatment.

Seattle and King County are also working to identify sites for two CHELs. CHELs will be located in areas where there is a concentration of injection drug users and opioid overdose deaths, and communities will be consulted before CHELs are implemented. Again, CHELs are one aspect of a comprehensive strategy to reduce morbidity and mortality associated with opioid use.

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# RESOURCES

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THE RESOURCES LISTED BELOW OFFER CRITICAL INFORMATION FOR MAYORS AND POLICY MAKERS. THESE INNOVATIVE PROGRAMS, SERVICES, AND PARTNERSHIPS COMPLEMENT THE BEST PRACTICES HIGHLIGHTED IN THIS TOOLKIT TO ENABLE TRULY COMPREHENSIVE, MULTIFACETED APPROACHES TO ADDRESSING SUBSTANCE USE DISORDERS IN AMERICA'S CITIES.

## NATIONAL FUNDING

- Comprehensive list of funding managed by Alcohol and Drug Abuse Institute at the University of Washington <http://adai.uw.edu/grants/#alerts>
- All federal government grants <https://www.grants.gov>
- Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/grants>
- SAMHSA announces grant funding opportunities through *Funding Opportunity Announcements* (FOAs). Each FOA contains all the information you need to apply for a grant. For information on SAMHSA's upcoming FOAs, review the [SAMHSA forecast \(PDF | 347 KB\)](#). The forecast includes SAMHSA's plans for release of FOAs, including brief program descriptions, eligibility information, award size, number of awards, and anticipated release date.
- National Institute on Drug Abuse <https://www.drugabuse.gov/funding>
- U.S. Department of Justice, Bureau of Justice Assistance <https://www.bja.gov>
- Addiction Policy Forum/CARA grant opportunities <http://www.addictionpolicy.org/cara-grants>

## FOUNDATIONS

- Grant Watch <https://www.grantwatch.com/cat/35/substance-abuse-grants.html>
- National Network to Eliminate Disparities in Behavioral Health [http://nned.net/funding\\_opportunities/](http://nned.net/funding_opportunities/)
- The Peter and Elizabeth C. TOWER Foundation <http://www.thetowerfoundation.org/substance-abuse>
- Bristol-Myers Squibb <https://www.bms.com/about-us/responsibility/supporting-our-communities.html>
- National Center on Addiction and Substance Abuse <https://www.centeronaddiction.org>
- Robert Wood Johnson Foundation <http://www.rwjf.org/en/how-we-work/grants-and-grant-programs.html>

## HELPFUL READING

### Family Support

- Learn to Cope – a non profit support network that offers education, resources, peer support and hope for parents and family members coping with a loved one addicted to opiates or other drugs. <http://www.learn2cope.org>
- Allies in Recovery- online-learning platform for families whose loved one struggles with drugs or alcohol <http://alliesinrecovery.net>
- Partnership for Drug Free Kids - helps families struggling with their child’s substance use and empowers families with information, support and guidance to get the help their loved one needs and deserves. <https://drugfree.org>
- [Five Things: Parents & The Opioid Epidemic](#)

**Medication Assisted Treatment Talking Points:**

- American Society of Addiction Medicine (ASAM): <https://www.asam.org/docs/default-source/advocacy/access-to-medications-talking-points929b169472bc604ca5b7ff000030b21a.pdf?sfvrsn=6>

**National Institute on Drug Abuse (NIDA):**

- Principles of Drug Treatment <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>
- Treatment Types <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states/types-treatment-programs>

**Talking About It:**

- Recovery Research Institute, Massachusetts General Hospital & Harvard Medical School <https://www.recoveryanswers.org/addiction-ary/>
- State Without StigMA, Massachusetts Health & Human Services <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/state-without-stigma/what-is-stigma.html>

**Locate Services**

- SAMHSA Behavioral Health Treatment Services Locator - a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems <https://findtreatment.samhsa.gov>

**Diversion to Treatment:**

- Efforts on Criminal and Juvenile Justice Issues, SAMHSA <https://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts>
- Sequential Intercept Model (SIM), Policy Research Associates <https://www.prainc.com/piresact-sim/>

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# APPENDIX

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\* **BARNSTABLE POLICE DEPARTMENT**  
Policy and Procedure 527: Nasal Naloxone

<http://masstapp.edc.org/sites/masstapp.edc.org/files/Barnstable%20PD%20Naloxone%20Policy.pdf#overlay-context=first-responder-naloxone-narcan-technical-assistance>

† **Mass. Gen. Laws ch. 94C § 34A.**  
Section 34A: Immunity from prosecution under Secs. 34 or 35 for persons seeking medical assistance for self or other experiencing drug-related overdose

...

(e) A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.

‡ **NM Statute § 30-31-27.1**  
30-31-27.1. Overdose prevention; limited immunity.

A. A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance pursuant to the provisions of Section 30-31-23 NMSA 1978 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance.

B. A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged or prosecuted for possession of a controlled substance pursuant to the provisions of Section 30-31-23 NMSA 1978 if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance.

C. The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution pursuant to the Controlled Substances Act.

§ **Mass. Gen. Laws ch. 94C § 27**  
Section 27: Sale of hypodermic syringes or hypodermic needles

Hypodermic syringes or hypodermic needles for the administration of controlled substances by injection may be sold in the commonwealth, but only to persons who have attained the age of 18 years and only by a pharmacist or wholesale druggist licensed under the provisions of chapter 112, a manufacturer of or dealer in surgical supplies or a manufacturer of or dealer in embalming supplies. When selling hypodermic syringes or hypodermic needles without a prescription, a pharmacist or wholesale druggist must require proof of identification that validates the individual's age.

|| **Laws of New York 2016, Chapter 71**

Part C; Section 1.

Subdivision 5 of section 3331 of the public health law, as amended by chapter 965 of the laws of 1974, is amended to read as follows:

5. (a) No more than a thirty day supply or, pursuant to regulations of the commissioner enumerating conditions warranting specified greater supplies, no more than a three month supply of a schedule II, III or IV substance, as determined by the directed dosage and frequency of dosage, may be dispensed by an authorized practitioner at one time.

(b) Notwithstanding the provisions of paragraph (a) of this subdivision, a practitioner, within the scope of his or her professional opinion or discretion, may not prescribe more than a seven-day supply of any schedule II, III, or IV opioid to an ultimate user upon the initial consultation or treatment of such user for acute pain. Upon any subsequent consultations for the same pain, the practitioner may issue, in accordance with paragraph (a) of this subdivision, any appropriate renewal, refill, or new prescription for the opioid or any other drug.





Access this report online: [boston.gov/Recovery](https://boston.gov/Recovery)



## City of Boston | Mayor's Office of Recovery Services

The Mayor's Office of Recovery Services is the first-ever municipal-based office to focus on this issue. The Office of Recovery Services works to improve existing addiction and recovery services and create a continuum of high quality services, help families and those fighting addiction navigate the city's available resources, and work with City Departments, community partners and the recovery community to support a comprehensive response to substance use disorders.

June 2017