

AN OBLIGATION TO LEAD

Massachusetts Municipal Association

Report of the MMA's Municipal Opioid Addiction and Overdose Prevention Task Force

JANUARY 2016

Local Officials Have an Obligation to Lead

Substance abuse and opioid addiction is a public health crisis affecting virtually every community in the Commonwealth. Local officials can and must provide leadership to guide the effort to combat this epidemic. Through coalition building, engagement of stakeholders, and implementation of proven best practices, municipal leaders can make a real difference to reverse this crisis, save lives, and create healthy, safe and thriving communities. This is more than an opportunity. This is a moral duty that all of us who are privileged to serve in local government must embrace fully.

In the summer of 2014, the Massachusetts Municipal Association created a special Municipal Opioid Addiction and Overdose Prevention Task Force to assist local officials as they take action in their communities. The Task Force has focused its efforts in several key areas, including identifying opportunities for leadership at home and across the state, enhancing intra- and inter-community information sharing, increasing public education and awareness, ensuring the effective coordination of resources between federal, state and local agencies, and pursuing additional resources and programs that are needed to address this crisis-level issue.

The Task Force met regularly for over a year, and was guided by a Steering Committee and membership appointed by the MMA president. The members met with a wide range of partners, service providers, advocates, experts and organizations to gather the broadest possible perspective.

The Task Force was co-chaired by Attleboro Mayor Kevin Dumas and Medford Mayor Michael McGlynn. Members included North Adams Mayor Richard Alcombright, Brockton Mayor William Carpenter, Orleans Selectman David Dunford, Leominster Councillor Claire Freda, Taunton Mayor Thomas Hoyer, Waltham Mayor Jeannette McCarthy, Southborough Town Administrator Mark Purple, Halifax Selectman Kim Roy, and MMA Executive Director and CEO Geoff Beckwith.

IN THE PAST THREE YEARS, AT LEAST 258 OF THE COMMONWEALTH'S 351 CITIES AND TOWNS, OR NEARLY 75 PERCENT, HAVE LOST RESIDENTS TO A FATAL OPIOID OVERDOSE.

The MMA has embraced the opioid overdose crisis as a major issue because it has touched nearly every community. In the past three years, at least 258 of the Commonwealth's 351 cities and towns, or nearly 75 percent, have lost residents to a fatal opioid overdose. Each person lost was a member of a family, a neighborhood, and a community. And each death has thus irrevocably damaged every family, every neighborhood and every community. These 258 municipalities are urban, suburban and rural, and are located in every region of the state. No community is immune from this tragic epidemic or the struggles that confront and imperil the people and families dealing with opioid addiction.

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After months of study and engagement, the members of the MMA's Task Force believe deeply that local officials are uniquely positioned to provide leadership and guidance that can make a real difference to stem this crisis, save lives, and support the individuals and families who are struggling to overcome the tragic grip that opioid addiction has on our neighbors, friends and loved-ones. The Task Force's recommendations are designed to encourage community-based efforts across the Commonwealth, because community-centered solutions are the best way to address a community-wide problem.

The pervasiveness of the epidemic has placed municipalities at the forefront of the battle to combat opioid addiction and opioid fatalities. Local officials have the resources, tools, and credibility to take the lead on this deeply complex public health crisis. While cities and towns have long provided a variety of essential services to residents, this challenge stands out because it demands immediate action on many fronts. Scores of local governments are actively seeking ways to effectively marshal and deploy local resources to assist residents and families who are directly and indirectly impacted.

In a 2015 MMA survey of municipal actions to address the opioid crisis, more than 78 percent of those responding indicated that their local government is actively involved in confronting the opioid addiction and overdose crisis in one way or another. Local government leaders and employees have key roles to play, from first responders who provide lifesaving emergency medical services to victims of opioid overdoses, to educators who teach public school students on health and substance use prevention, to the mayors, managers, selectman and councillors who work directly with family members who need help for a loved-one struggling with addiction and do not know where to turn or where to start.

A Call to Action

Because of their unique position in the heart of our communities, municipal officials have an obligation to lead the fight to prevent overdoses in their communities. Through prevention programs, intervention methods, and support services, local leaders can combat this growing public health crisis, and make a real difference.

The Massachusetts Municipal Association's Municipal Opioid Addiction and Overdose Prevention Task Force offers the following **10 opportunities and recommendations for local leadership**:

1. Take the lead to increase public awareness and engagement.
2. Designate a municipal point person on substance abuse prevention.
3. Encourage intra-community, regional and statewide collaboration.
4. Develop a one-page resource guide for families and those seeking treatment or assistance.
5. Pilot innovative programs based on local needs.
6. Publicize the Good Samaritan Law.
7. Partner with schools to implement programs aimed at prevention.
8. Create prevention curriculum and education programs.
9. Provide first responders with naloxone (Narcan) to prevent overdose deaths.
10. Create safe disposal sites in your community for the discarding of prescription drugs.

OPIOID ADDICTION IS A STATEWIDE EMERGENCY

Massachusetts is facing a public health crisis due to the tragic epidemic of opioid addiction and overdoses, costing over a thousand lives each year and tearing at the fabric of our families and our communities. The Commonwealth has experienced a dramatic increase in the number opioid overdose fatalities from the use of heroin as well as prescription opioids. This crisis has affected communities large, small, urban, rural, and suburban in all corners of the state. It is truly a Commonwealth-wide problem, which calls for a multi-pronged solution relying heavily on leadership at the local level.

The devastating impact of substance abuse is felt strongly in cities and towns, and the toll that opioid abuse takes on communities is devastating. Using a variety of approaches and tactics, municipal officials have the opportunity to play a vital role in addressing this crisis in their hometowns. Local leaders across the state are eager to implement proven best practices and advocate for policy solutions to help tackle this growing and complicated challenge.

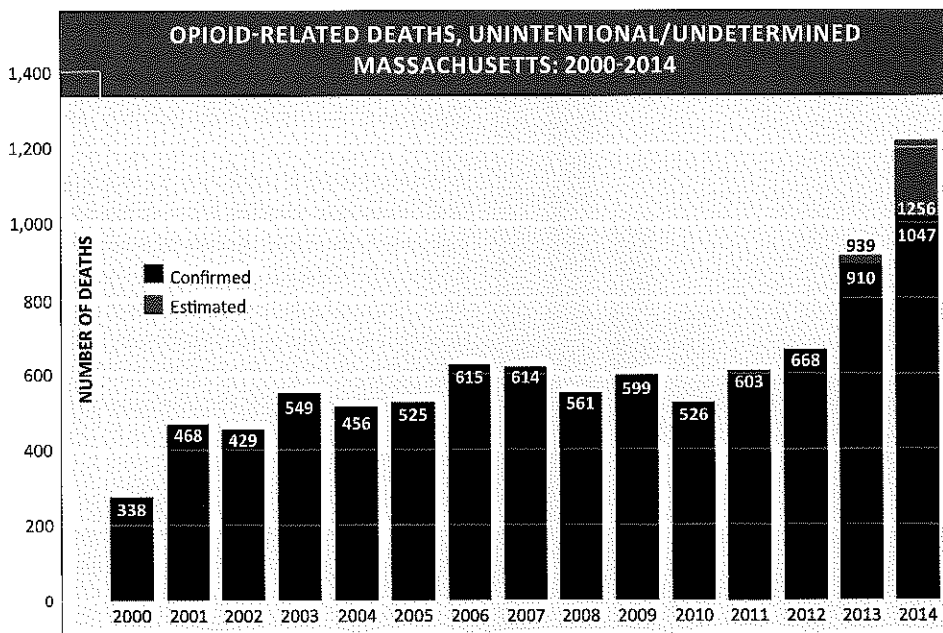
At the heart of the issue is the dramatic increase in the use of the opioid class of drugs that includes heroin and prescription drugs like morphine, codeine, oxycodone, methadone and hydrocodone. Opioids work by binding to receptors in the nervous system and minimizing the body's perception of pain. At the same time, opioids also influence other functions, such as the regulation of breathing, blood pressure and mood. With an opioid overdose, a victim's breathing or heart rate slows or stops, leading to death. Evidence shows that those who develop an addiction to prescription opioids often switch to heroin, due to its lower cost and higher potency.

In 2014, there were an estimated 1,256 opioid overdose fatalities across the state, the highest number ever recorded. This is a 34 percent increase over 2013 (939 fatalities), and a staggering 88 percent increase over 2012 (668 fatalities). For context, the number of opioid overdose fatalities in 2014 exceeded the combined number of deaths from car accidents and gun violence. The 2014 overdose deaths occurred at a rate of 18.6 per 100,000 residents, or about four per day across the Commonwealth. And the measured rate of opioid overdose fatalities in 2015 is on pace to meet or exceed the 2014 fatality total.¹

Nationally, drug overdoses have become the leading cause of injury deaths, surpassing fatalities from motor vehicle accidents. A staggering 46,471 Americans lost their lives to drug overdoses in 2013.

That year, the U.S. Department of Health and Human Services deemed the high number of opioid overdose fatalities in the United States an epidemic. In 2013, the most recent year for which national data are available, 16,235 people died of a prescription (non-heroin or street drug) opioid overdose. That represents a 303 percent increase in fatalities since 2001. For females, the rate of increase in fatalities was even greater than for males, up 443 percent since 2001.

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Source: Massachusetts Department of Public Health

“Every community has been impacted by the opioid dependence and addiction crisis, and nearly every family has been exposed to undue pain by this heartbreaking epidemic. Local officials have the ability to lead by providing prevention programs, encouraging public awareness, ensuring safe disposal sites for prescription drugs, and serving as a clearinghouse for valuable resources for treatment and support.”

— Kevin J. Dumas, Mayor of Attleboro, co-chair of the Municipal Opioid Addiction and Overdose Prevention Task Force

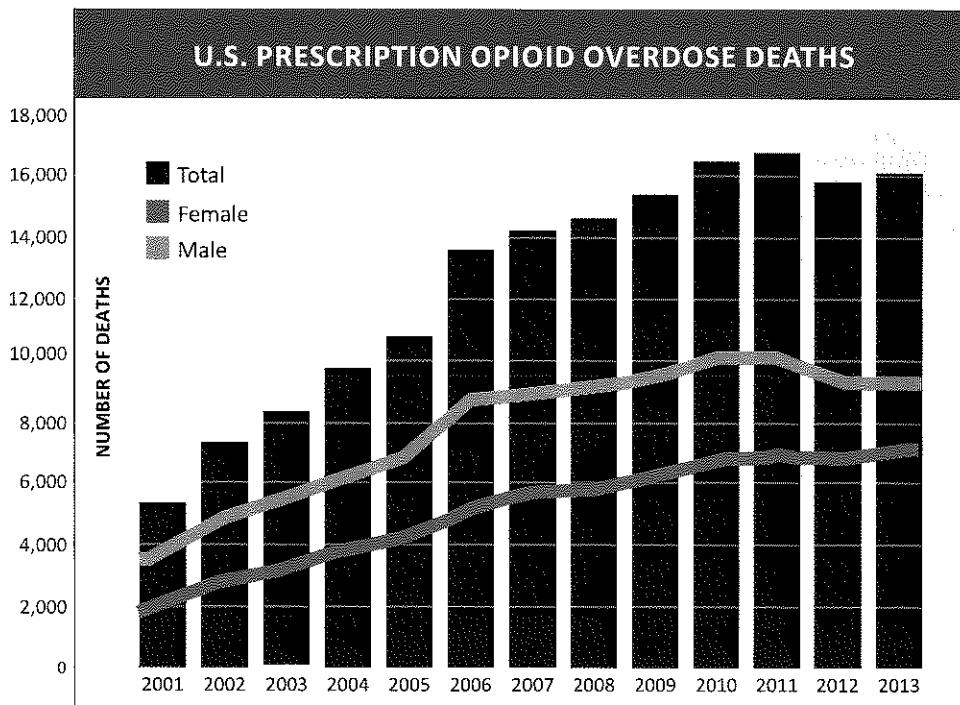
“Municipal officials across the Commonwealth have the obligation to lead the fight against the devastating impact of substance abuse addiction. Through prevention programs, intervention methods, and support services, local leaders in every city and town have the duty to engage and champion efforts in their communities.”

— Michael J. McGlynn, Mayor of Medford, co-chair of the Municipal Opioid Addiction and Overdose Prevention Task Force

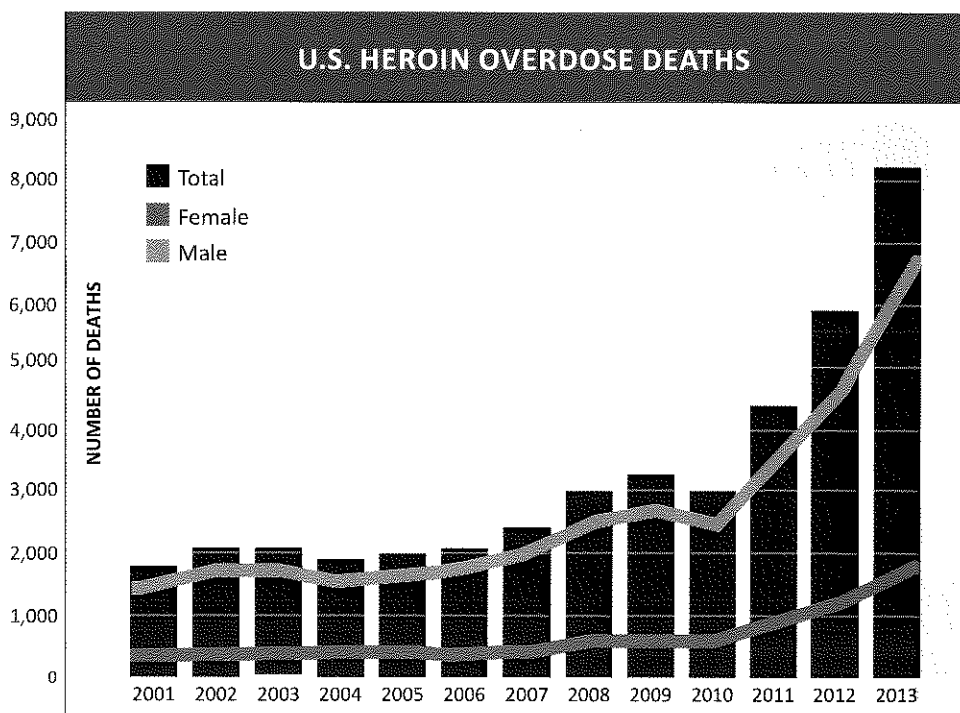
1. www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/key-resources.html

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Source: CDC Wonder²



Source: CDC Wonder²

At the same time, the rate of fatal heroin overdoses also rose dramatically between 2001 and 2013, totaling 8,257 in 2013. This represents a 321 percent increase in heroin overdose fatalities since 2001, and a 466 percent increase in fatalities for women.

In March 2014, the Commonwealth of Massachusetts declared opioid addiction and overdose fatalities a public health emergency. The Department of Public Health was ordered to make naloxone (also known as Narcan) immediately available to all first responders, and convened an opioid task force to formulate a longer-term response to the crisis. The task force was charged with formulating recommendations to reduce opioid overdoses, prevent opioid misuse and addiction, increase the number of people seeking addiction treatment, support people recovering from addiction in our communities, and map a long-term solution to address opioid abuse in Massachusetts.

The state's task force released a report of recommendations on June 10, 2014. The recommendations included increasing the number of treatment beds, forming a centralized navigation system for patients, families, and first responders to locate treatment services, creating a public-facing dashboard that would help facilitate consumer choice of services, creating additional opioid prevention coalitions for support and education, creating more stringent safeguards for those opioids that are most frequently misused, convening a meeting of New England governors to develop a regional response to the opioid epidemic, and expanding the use of injectable naltrexone for persons reentering the community from correctional facilities.

Immediately upon assuming office in January 2015, Governor Charlie Baker announced that combatting the opioid

2. CDC WONDER is an online database that provides searchable public health data and reports. Data can be found at <http://wonder.cdc.gov>

addiction crisis in Massachusetts would remain a top priority for state government. In February 2015, he appointed an opioid working group, chaired by Secretary Marylou Sudders of the Executive Office of Health and Human Services (EOHHS). The goals of the working group were to reduce the magnitude and severity of harm related to opioid misuse and addiction and decrease opioid overdose deaths in the Commonwealth, and its objective was to produce actionable recommendations to address the opioid epidemic in the Commonwealth.

THE MMA'S MUNICIPAL
OPIOID SURVEY SHOWS
THAT MUNICIPAL OFFICIALS
ARE TAKING AN IMPORTANT
LEADERSHIP ROLE BY
PRIORITIZING TIME AND
RESOURCES TO COMBAT THIS
ISSUE.

The working group released a report of recommendations and an action plan on June 12, 2015. The plan included more than 65 recommendations for prevention, intervention, treatment and recovery, and was divided into short-, mid-, and long-term action items. Examples of short-term action items included developing targeted educational materials for schools, improving reporting of overdose death data, developing a central statewide database of available treatment services, establishing a single point of accountability for addiction and recovery policy at EOHHS, and creating a Prescription Monitoring Program. These recommendations were the catalyst for "An Act Relative to Substance Abuse Treatment, Education, and Prevention" filed by Governor Baker on October 15, 2015.

10 Opportunities and Recommendations for Local Leadership

Cities and towns are already doing meaningful work to combat the addiction crisis that is gripping the Commonwealth. The MMA's Municipal Opioid Survey, conducted in the spring of 2015, showed that municipal officials are taking an important leadership role by prioritizing time and resources to combat this issue, including joining regional task forces, regularly convening key municipal staff, and making Narcan an available option for preventing overdose deaths.

Through its work, the MMA's Opioid Addiction and Overdose Prevention Task Force identified further key opportunities and recommendations for local leadership, covering the major areas of prevention, education, awareness and response.

1. Take the lead to increase public awareness and engagement.

Local leaders should work every day to disseminate information, enhance public awareness, and engage the community as a whole in a dialogue on the issue of substance abuse prevention. Through the creation of positive social norms, the use of social media, information on municipal websites, and convening forums and events, local officials can facilitate connecting residents with valuable resources.

Municipal officials should act as a central clearinghouse for information, resources, and referrals in their cities and towns. They should take the lead in reducing the stigma of substance abuse by providing a safe space and open dialogue for residents struggling with abuse as well as for family members and groups forming to support prevention and recovery efforts. Increasing public awareness means recognizing the existence of a problem and being willing to have difficult and sometimes uncomfortable conversations. By publicly recognizing victims and families and frequently publicizing municipal efforts, local leaders can become role models and encourage others to recognize the crisis in their communities.

The City of Medford recently held the Medford Overcoming Addiction Vigil to honor community members who have died from addiction-related overdoses and to raise public awareness about the city's efforts to coordinate prevention and treatment services. The vigil was also an opportunity to announce the creation of a new position to organize efforts citywide. More information can be found on Medford's website.³

The City of Brockton's Opioid Overdose Prevention Collaborative has an excellent website that is rich with information and can serve as a model for other communities and regions.⁴

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3. www.medfordma.org/2015/09/28/new-prevention-and-outreach-coordinator

4. <http://opioidoverdoseprevention.org>

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2. Designate a municipal point person on substance abuse prevention.

In the MMA's municipal opioid response survey, many cities and towns indicated that they have designated a staff member to lead the municipality's efforts to respond to the opioid crisis. The designees worked in a variety of departments, including health, police, human services, youth outreach and fire. In some cases, the board of selectmen or mayor serve in this capacity. Some communities created a new staff or department-level position to act as the municipal lead. Communities should develop a cross-functional internal working group. Members could include designees from:

- Police
- Fire
- Health
- Schools
- Mayor's Office
- School Nurse
- School Health and Physical Education Teacher
- Town Manager/Administrator
- City Council/Selectmen
- Recreation
- Council on Aging
- EMS
- Library
- Youth Services
- Veterans Services
- School Committee
- City/Town Social Worker
- City Solicitor
- Performance Management Office

3. Encourage intra-community, regional and state-wide collaboration.

The Massachusetts Health Council, in its report for the Governor's Opioid Addiction Working Group in May 2015, "Local Approaches to the Opioid Overdose Epidemic: How Massachusetts Communities Are Responding Today," outlines several scenarios for creating a new substance abuse coalition.

The Massachusetts Overdose Abuse Prevention Collaborative (MOAPC) includes coalitions of contiguous communities, and is funded through the state's Bureau of Substance Abuse Services (BSAS). Through the collaborative, regional coalitions re-

ceive grants for technical assistance through the Massachusetts Technical Assistance Partnership for Prevention (MassTAPP), which assists the coalitions with programs and planning.

A number of coalitions have been funded through Drug-Free Communities grants from the federal Substance Abuse and Mental Health Service Administration (SAMHSA), which provide up to \$125,000 per year for up to 10 years. SAMHSA is the agency within the U.S. Department of Health and Human Services that leads national public health efforts on substance abuse. These grants require that the following 12 distinct sectors of the community be engaged in the coalition:

- Youth
- Parents
- Law enforcement
- Clergy and faith-based groups
- Schools
- Health care
- Media
- Business
- Civic or volunteer groups
- Youth-serving organizations
- Government agencies with expertise in the field of substance abuse
- Organizations involved in reducing substance abuse

In the MMA's survey, cities and towns indicated that in their coalitions included representatives of these sectors, and also mentioned specifically engaging concerned citizens, district attorney's offices, Recovery High Schools, intervention and treatment agencies, ambulance services, judges, state and regional government, chambers of commerce and economic development agencies, pharmacies, jails, mental health services, and support groups.

A list of the MOAPC grant-funded regional collaboratives in Massachusetts can be helpful as a resource to identify neighboring initiatives or models for new efforts in unorganized regions.⁵

The SAMHSA grant-funded programs in Massachusetts will be a similar source of information and networking for local leaders.⁶

Local officials are urged to review the existing collaboratives and regional programs, and to reach out to neighbors for advice, suggestions, and use as possible models.

5. <http://masstapp.edc.org/massachusetts-opioid-abuse-prevention-collaborative>

6. www.samhsa.gov/grants-awards-by-state/details/Massachusetts

4. Develop a one-page resource guide for families and those seeking treatment or assistance.

Municipalities should develop a community-specific resource guide that can be accessed by family or community members seeking help for a neighbor or loved one. This one-pager should provide a checklist of action items and a list of available resources in the areas of prevention, intervention and support. It will be important to gather input from all sectors of the community, including municipal departments, nonprofit service organizations, health care providers, support groups, and others to ensure that the resource guide is appropriately customized for each community, and to ensure that it is comprehensive. This guide should be available as a physical document in town or city hall and other municipal buildings, should be posted on the municipal website with links to resources, and should be distributed at community meetings and gatherings.

The Massachusetts Department of Public Health website provides an array of information and links that may be helpful as local officials customize their own resource guides for residents and families.⁷

5. Pilot innovative programs based on local needs.

Local officials have the opportunity to think outside the box and implement innovative solutions based on local needs and available resources. These programs will be most effective when they are intended to de-stigmatize opioid addiction and transition the community away from a criminal justice approach to a more holistic focus on education and prevention, intervention and support.

For example, the Gloucester Police Department recently gained national attention when the police chief announced that any addict turning to the police department for help and willing to turn in any remainder of their drugs would not face criminal drug charges and would instead be connected to appropriate treatment and recovery resources. This was in response to a community forum on what the city could do to help. The police department also indicated that it would pay for nasal Narcan for anyone who wants it but could not afford it, using funds seized during drug dealer arrests.

MUNICIPALITIES SHOULD DEVELOP A COMMUNITY-SPECIFIC RESOURCE GUIDE THAT CAN BE ACCESSED BY FAMILY OR COMMUNITY MEMBERS SEEKING HELP FOR A NEIGHBOR OR LOVED ONE.

The City of Attleboro has implemented a Problem-Oriented Police (P.O.P.) team to help address the opioid crisis. This innovative community policing method relies heavily on preventative measures instead of traditional criminal justice tactics, and engages directly with community stakeholders, taking proactive steps to reach out to those struggling with opioid addiction issues. The department regularly monitors the outcomes from the use of preventative measures and reports on its findings. The city's website provides information about the P.O.P. team.⁸

The Town of Arlington has added an Arlington Police Mental Health Clinician to the police force to reach out to drug addicts, residents who have previously overdosed, affected family members, and the community as a whole. This expert provides valuable resources and information, teaches about the administration of potentially lifesaving Narcan, and works with members of the department to reduce the stigma associated with substance abuse.

In the Brockton region, South Shore Hospital worked with the Brockton mayor's Opioid Overdose Prevention Coalition and other communities to implement a program called "Hidden in Plain Sight." Located in the Hanover Mall, this special exhibit provided to parents and family members an easily accessible venue to explore a full-size model of a teenager's bedroom, designed to allow parents to learn the telltale signs of potentially risky behaviors, including substance abuse. The exhibit was designed to raise awareness and promote conversation, and it was so successful that it is moving to other communities.

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7. www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/prevention/opioid-overdose-prevention.html

8. <http://attleboropolice.org/attleboro-police-p-o-p-team-action>

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6. Publicize the Good Samaritan Law.

Local officials should encourage individuals to take action to intervene immediately when they are with overdose victims, by publicizing that the Good Samaritan Law will protect anyone with only a small amount of drugs, intended for personal consumption, from prosecution. Witnesses, friends and other bystanders can contact emergency personnel to convey that someone is not breathing, with a clear address and location. The Massachusetts Department of Public Health has identified personal fear of police involvement by bystanders as a leading cause of inaction in overdose situations. Survival rates dramatically improve when medical intervention is quickly administered. The Good Samaritan Law is intended to add lifesaving measures to prevent overdose deaths, and can also help to break down barriers around the stigma of substance abuse.

The City of Everett has joined other communities in publicizing the Good Samaritan Law, and the city has done so through a PSA from their police chief. The use of a short video, which can easily be shared on a municipal website and through social media, is a powerful tool for spreading the word about this important life-saving law.⁹

Further information about the Good Samaritan Law can also be found in many places, including the Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) website.¹⁰

7. Partner with schools to develop and implement programs aimed at intervention.

The adolescent brain, which continues to develop until age 25, is profoundly susceptible to the influence of drugs and alcohol. Early substance use greatly increases the risk of addiction. It is crucial to engage students in education and prevention as early as is appropriate, and municipal and school departments and officials should collaborate to make sure that initiatives are in place locally.

IT IS CRUCIAL TO ENGAGE STUDENTS IN EDUCATION AND PREVENTION AS EARLY AS IS APPROPRIATE.

School officials should contact the Department of Elementary and Secondary Education (DESE) for additional models for safe and effective intervention and assistance to students and their families. Information is available on the department's website.¹¹

While it has not yet been widely adapted to school-based settings, there is a promising framework that is receiving growing attention from educators: Screening, Brief Intervention, and Referral to Treatment (SBIRT). This is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs. In addition to primary care centers and other medical settings, schools may provide an opportunity to use SBIRT for early intervention with students, often embedded in a larger health and wellness survey. This is a universal screening process for quickly assessing the use and misuse of alcohol, illicit drugs and prescription drugs. If the screening reveals substance misuse, it can be followed by a brief motivational and awareness-raising intervention and a referral to specialty care for patients with substance use disorders. Research indicates that SBIRT is a harm-reduction program for those using alcohol or illicit substances and is particularly effective for those in the early stages of substance misuse.

The Massachusetts Department of Public Health has further information on the SBIRT intervention framework, which school departments should review.¹²

9. Everett video: <https://vimeo.com/127168445>

10. <http://masstapp.edc.org/massachusetts-opioid-abuse-prevention-collaborative>

11. www.doe.mass.edu/ssce/safety.html?section=utsa

12. www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/prevention/screening-brief-intervention-and-referral-to.html

8. Create prevention curriculum and education programs.

Schools should implement prevention curriculum and education programs at the earliest possible age. Local officials are encouraged to work with their school departments to make sure that prevention education programs are in place. Recently, proposed legislation has directed the state Department of Public Health and Department of Elementary and Secondary Education to develop a curriculum framework for schools.

In the meantime, there are many evidence-based prevention education programs available. Evidence-based programs are those that have been evaluated and found to be effective in reducing unwanted behaviors in students. Some prevention education programs are targeted to specific demographic subsets of students, and other programs are universal, meaning that any student can benefit from participation. Numerous federal agencies and other entities maintain lists of evidence-based prevention education programs, including the Department of Education, Department of Justice, National Institute for Drug Abuse, Center for Substance Abuse Prevention, American Medical Association, Office of National Drug Control Policy, Centers for Disease Control and Prevention, American Psychological Association, and the Substance Abuse and Mental Health Services Association.¹³

Programs like the Michigan Model for Health¹⁴ are comprehensive and run from kindergarten through 12th grade, while programs like LifeSkills¹⁵ and All Stars¹⁶ are implemented at the middle school level. These programs do not focus explicitly on opioids or other substances, but instead address underlying social and psychological issues and build student skills and self-confidence. This reduces a number of risky behaviors. In four cost-effectiveness studies, LifeSkills was shown to save \$21 to \$50 in future social service and health treatment costs (plus increased employment and tax revenue) for every dollar spent on the curriculum. We further recommend that the state assist in creating and funding curriculum for use at the local level.

9. Provide first responders with naloxone (Narcan) to prevent overdose deaths, and transport victims to medical treatment.

Naloxone, also known as Narcan, can swiftly reverse the effects of an opioid overdose. When administered in a timely manner, it can dispel opioids that have bound to the body's nervous system receptors and restore breathing to a normal rate. There are no negative affects from the use of naloxone to reverse an opioid overdose (and no negative affects even if the person has not actually overdosed). Narcan comes in two forms, injectable and nasal. Nasal Narcan has become increasingly common due to its ease of administration for both first responders and civilians.

The City of Quincy was one of the first communities in the nation to make Narcan available to first responders. The city's overdose prevention website provides residents with information about Narcan and how to access the DPH pilot program.¹⁷

Narcan works in two to three minutes and wears off after 30 to 90 minutes. It is important to monitor the person during this time to ensure that he or she does not relapse. Many communities have medical treatment plans in place mandating that an individual who has received Narcan be transported to the hospital for monitoring and follow-up services, and this is a recommended best practice as well. More than 90 percent of respondents to the MMA's municipal opioid survey indicated that their first responders carried and administered the opioid overdose reversal drug naloxone. Emergency Medical Technicians (EMTs)/paramedics were the most commonly reported first responders to carry the overdose reversal drug (94 percent), followed by firefighters (78 percent), and police (63 percent). Narcan is a critical emergency tool for the immediate prevention of an overdose.

The Department of Public Health is sponsoring a pilot program to distribute nasal Narcan to opioid users, family members, and human services programs. The program offers referrals to substance abuse treatment centers, information

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13. Links to the federal agencies that provide evidence-based prevention curriculum are available under the heading "Federal agencies with sample evidence-based prevention curriculum" on page 12 of this report.

14. <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=214>

15. <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=109>

16. <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=28>

17. www.quincyoverydosehelp.org/narcan.html

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on how to prevent and recognize an opioid overdose, and guidance on what to do if an overdose occurs. A fund, partially financed by the pharmaceutical company that produces Narcan, has been established through the DPH to help offset the cost of Narcan. The DPH will buy the drug in bulk at a wholesale price, and then sell it directly to cities and towns at a discounted rate. More information on the bulk purchasing program can be found on the DPH's website.¹⁸

Communities are also encouraged to educate families and at-risk individuals about how they can acquire naloxone if they fear that a loved-one is in danger. The DPH website provides a two-page reference guide for the public.¹⁹

10. Create safe disposal sites in your community for the discarding of prescription drugs and used needles.

Dozens of municipalities across the state have created safe drug disposal kiosks, generally at police stations. Residents are encouraged to bring unwanted or expired prescription drugs, including opioids, and used needles to the kiosks for the police or health professionals to dispose of appropriately. By bringing unwanted drugs to the kiosks for disposal, residents can minimize the risk that their unwanted or leftover drugs could be stolen or consumed inappropriately. Use of the safe disposal sites also eliminates the risk posed to the environment that comes from throwing or flushing away unwanted drugs or discarding needles. The availability and location of the safe disposal sites can be posted online, including on the state's website, and in hard-copy and social media communications with residents.

The Boston Health Commission includes on its website information regarding the safe storage and disposal of prescription drugs. The commission shares valuable tips as well as the location of safe disposal sites around the city.²⁰ The Department of Public Health also lists prescription drug drop boxes around the Commonwealth.²¹

Statewide Policy Recommendations

In addition to opportunities for local leadership, the MMA Task Force has identified a set of key statewide policy recommendations that involve the state assisting cities and towns in their efforts to manage this epidemic, and the Task Force recommends that the MMA and local officials support these steps.

- **The state should increase the availability of grant funding and technical assistance to support local government efforts.** Money could be available through the DPH or other agencies to enhance what municipalities are doing at the local level.
- **The DPH should regularly and frequently distribute data.** Cities and towns must know the latest information on opioid use and opioid overdoses, so that communities can be fully informed and can respond appropriately.
- **The EOHHS should retain the names and roles of the local officials/employees who are taking the lead on opioid issues in each local government.** This would allow information to be disseminated consistently and immediately from the state to cities and towns across the Commonwealth.
- **The DPH and DESE should identify, develop and fund model prevention curriculum and provide it to all municipalities for use in schools.** Having a model set of curriculum and proven best practices will assist local school departments in tailoring educational programs to best fit their community. Funding for implementation and training necessary for educators to integrate curriculum at the appropriate grade levels should be created.
- **The DPH should develop and share model public awareness campaign materials with local governments.** Cities and towns could then adapt and tailor these materials for use with traditional and new media, on local websites, and on local cable media stations, as appropriate.
- **The state should increase the availability of Narcan.** The DPH should ramp-up its efforts to obtain Narcan in bulk so that municipalities can purchase it at a discounted rate. The DPH should assist cities and towns in creating an efficient way of replenishing supplies after they are deployed.

18. www.mass.gov/eohhs/docs/dph/substance-abuse/bulk-purchasing-notice.pdf

19. www.mass.gov/eohhs/docs/dph/substance-abuse/naloxone-info.pdf

20. www.bphc.org/whatwedo/Addiction-Services/community-mobilization/Pages/Drug-Take-Back.aspx

21. www.mass.gov/eohhs/docs/dph/substance-abuse/opioid/ma-cities-and-towns-with-prescription-dropboxes.pdf

IN ADDITION TO OPPORTUNITIES FOR LOCAL LEADERSHIP, THE MMA TASK FORCE HAS IDENTIFIED A SET OF KEY STATEWIDE POLICY RECOMMENDATIONS THAT INVOLVE THE STATE ASSISTING CITIES AND TOWNS IN THEIR EFFORTS TO MANAGE THIS EPIDEMIC.

- **The state should create a centralized database of all treatment services available across the Commonwealth.** This would facilitate the connection of residents with the resources that they need, and municipalities should then take a lead role in publicizing the services that are available locally.
- **The state should support and allocate resources for the availability of more beds for treatment.** Treatment beds are a critical component of recovery. Delayed services is a leading cause of relapse and a key challenge in providing victims of substance use disorders with the help they need.
- **The state should work with insurance companies to ensure that medical costs are not a barrier to treatment.** Coverage is currently not consistent across insurance carriers. High treatment costs should not be a significant barrier to access.
- **The state should regulate and oversee “sober homes.”** For-profit commercial businesses are opening so-called “sober homes” in communities with little or no contact with municipal officials. Sober homes are promoted as site-specific housing for individuals recovering from alcohol or drug addiction. When created and administered appropriately, sober homes can provide a valuable transition step to people in recovery, but this is only possible when additional services are integrated into the facility to ensure an adequate level of professional treatment, counseling and support for those in recovery. The state should create and implement a regulation process so that these homes actually deliver meaningful services and are accountable to both their patients and the cities and towns in which they are located.
- **The state should not send women to MCI Framingham for treatment and should instead refer individuals to a treatment center.** Governor Baker’s sweeping legislative package calls for shifting treatment out of the criminal justice system and placing it into the medical community, where it more appropriately belongs. To that end, the governor’s bill would eliminate the practice of placing women in MCI-Framingham for treatment and instead place them in treatment centers approved by the Department of Public Health or Mental Health. (Proposed locations for these centers include Taunton State Hospital and Lemuel Shattuck Hospital.) Similarly, the state should seek opportunities for more flexibility in the drug-court system for nonviolent, first-time offenders. This would continue the trend of treating substance abuse through medical services and intervention rather than the criminal justice system.
- **The state should do more to support and promote Recovery High Schools in the Commonwealth.** Currently, students do not receive funds from the state or their local school districts to attend these programs. The DPH and DESE should partner and develop a solution that makes it financially feasible for students to attend these schools. There are recovery high schools currently in Beverly, Boston, Brockton and Springfield, with an additional school being developed with state funding in Worcester County.
- **The state should further enforce the Prescription Monitoring Program.** The Department of Health and Human Services manages an online Prescription Monitoring Program, which includes a secure website to capture information on the prescription and provision of prescription drugs. The state should ensure that the PMP is being implemented consistently across the Commonwealth.

Key National, State, Local and Nonprofit Organizations

State Resources

- Substance Abuse Information and Education Helpline: <http://helpline-online.com> or (800) 426-1234, or (617) 426-1855 for the hearing-impaired.
The Bureau of Substance Abuse Services helpline provides free and confidential information and referrals for alcohol and other drug abuse problems and related concerns. The helpline is staffed seven days a week and helps people of all ages. Assistance is available in multiple languages.
- National Alliance on Mental Illness – Massachusetts (NAMI Massachusetts) <http://namimass.org>
Resource for those with co-occurring substance misuse disorders and mental health illnesses.
- Stop Addiction www.mass.gov/eohhs/gov/departments/dph/stop-addiction
Massachusetts Department of Public Health website with information on how to prevent and identify opioid misuse and where to go for help. Also contains downloadable public awareness campaign materials.
- Learn to Cope www.learn2cope.org
Support organization for families and loved ones of those addicted to opioids or other drugs.
- Massachusetts Organization for Addiction Recovery (MOAR) www.moar-recovery.org
Resource for recovering individuals, their families, and friends that seek to raise public awareness.
- The Gavin House www.gavinfoundation.org/programs/cushing-houses
Recovery homes for teens dealing with addiction.

Massachusetts Statistics and Information on Substance Abuse

- #StateWithoutStigMA campaign: www.mass.gov/eohhs/gov/departments/dph/stop-addiction/state-without-stigma
- Bureau of Substance Abuse Services (BSAS): www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse

National Information and Resources

- Substance Abuse and Mental Health Services Administration (SAMHSA)
 - National Treatment Referral Helpline: (800) 662-HELP (4357) or (800) 487-4889 (TDD, for hearing impaired)
 - National Substance Abuse Treatment Facility Locator: www.findtreatment.samhsa.gov/TreatmentLocator to search by state, city, county and zip code
 - Buprenorphine (Suboxone) Physician and Treatment Program Locator: www.buprenorphine.samhsa.gov/bwns_locator
 - State Substance Abuse Agencies: www.findtreatment.samhsa.gov/TreatmentLocator/faces/abuseAgencies.jspx
- Centers for Disease Control and Prevention (CDC): www.cdc.gov/Features/VitalSigns/PainkillerOverdoses
- National Institutes of Health (NIH), National Center for Biotechnical Information: www.ncbi.nlm.nih.gov
- The Partnership at Drug-Free.org: www.drugfree.org/uncategorized/opioid-overdose-antidote
- Project Lazarus: www.projectlazarus.org
- Harm Reduction Coalition: www.harmreduction.org
- Overdose Prevention Alliance: www.overdosepreventionalliance.org
- Toward the Heart: www.towardtheheart.com/naloxone
- Center for Problem-Oriented Policing: www.popcenter.org

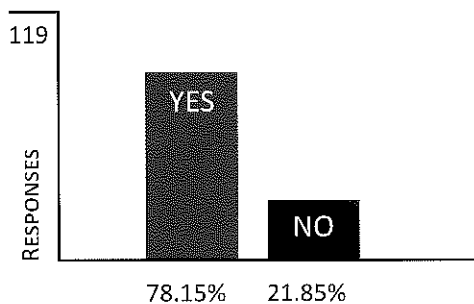
Federal Agencies With Sample Evidence-Based Prevention Curriculum

- Department of Education: www.ed.gov
- Department of Justice: www.justice.gov
- National Institute on Drug Abuse: www.drugabuse.gov
- Center for Substance Abuse Prevention: www.samhsa.gov/about-us/who-we-are/offices-centers/csap
- American Medical Association: www.ama-assn.org/ama
- Office of National Drug Control Policy: www.whitehouse.gov/ondcp
- Centers for Disease Control and Prevention: www.cdc.gov
- American Psychological Association: www.apa.org
- Substance Abuse and Mental Health Services Association: www.samhsa.gov

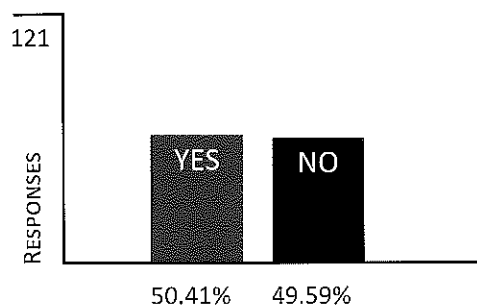
MMA Municipal Opioid Survey

More than one-third of municipalities in the Commonwealth responded to MMA's Municipal Opioid Survey in July 2015. The results make it clear that a high percentage of communities are taking action at the local level to combat the opioid crisis in their municipalities. While this is impressive work, municipal officials have an obligation to build on what is in place and do even more to improve the health of their communities.

1. Is your municipal government actively involved in responding to opioid addiction?

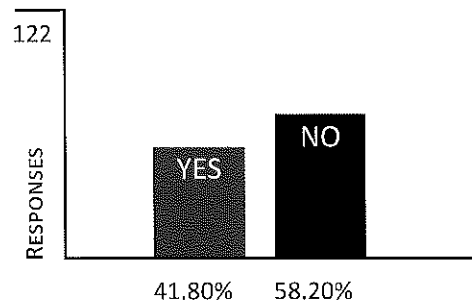


2. Has your municipality named a lead department or official to coordinate your community's efforts to address opioid addiction?



- A. If yes, which department is coordinating your efforts?
Top three answers:
- Health department
 - Police department
 - Mayor/manager's office

3. Do you have an opioid working group within municipal government?



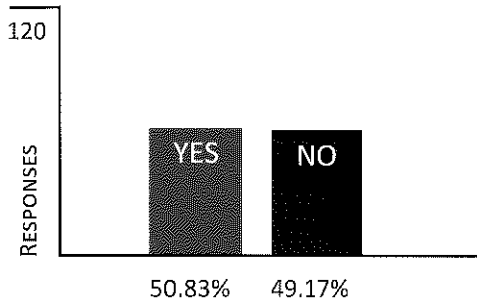
- A. If yes, which departments and officials are involved in the working group?
Top three answers:
- Police department
 - School department
 - Mayor/manager's office
- B. If no, which departments in your municipality have involvement with opioid addiction issues?
Top three answers:
- Police department
 - Fire department
 - School department

CONTINUED ON PAGE 14

Report of the MMA's Municipal Opioid Addiction and Overdose Prevention Task Force

CONTINUED FROM PAGE 13

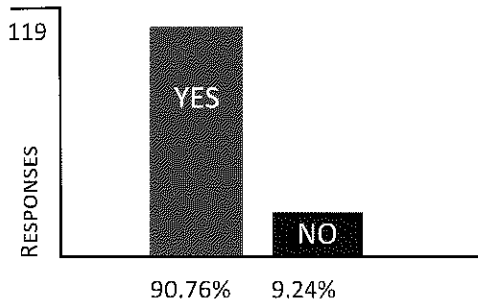
4. Is your municipality a member of a regional coalition to combat opioid addiction, and, if so, which one?



A. Coalition names: 58 coalitions were listed

B. In addition to municipalities, which other entities are involved in the coalition? 50 entities were listed

5. Do your first responders administer Narcan?

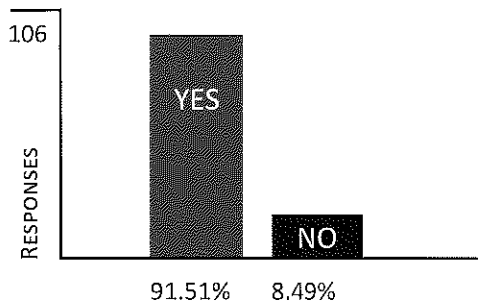


Police Departments: 63.3% YES/36.70% NO

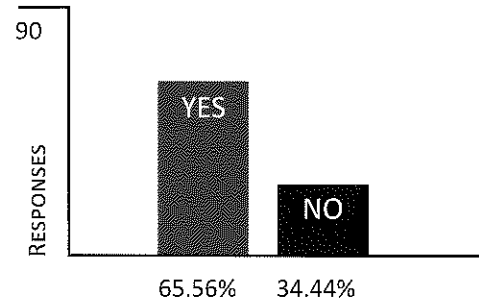
Fire Departments: 78.30% YES/21.70% NO

EMT Departments: 93.81% YES/6.19% NO

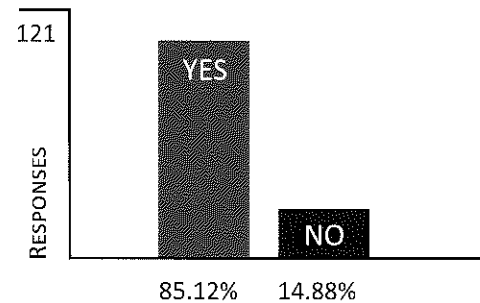
A. Is it your municipality's practice to transport the patient to a medical facility after the administration of Narcan?



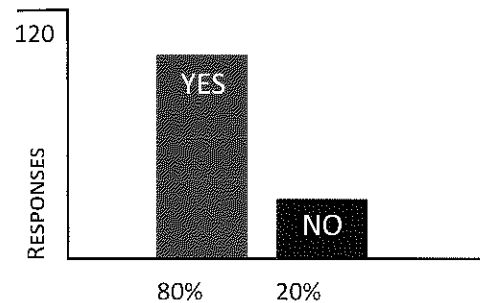
B. If yes, do you do so with a standing order from a medical professional?



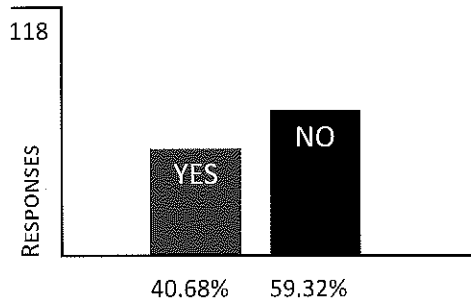
6. Does your municipality offer safe disposal options for unwanted prescription opioids?



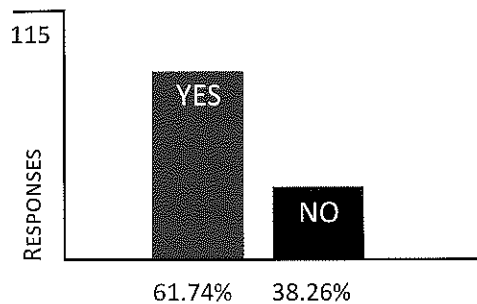
7. Does your municipal government seek to raise public awareness of opioid addiction and related resources?



A. Is there any information on opioid addiction or related resources on your municipal website?



8. Does your municipality offer school-based or other youth programs aimed at preventing opioid addiction?



A. If yes, what are the programs?

Top two answers:

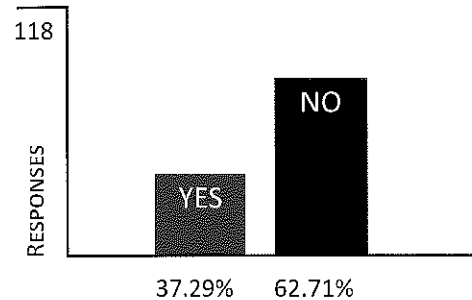
- D.A.R.E
- School resource officers

9. What other strategies does your municipal government use to combat opioid addiction?

Top three answers:

- Community-wide forums
- Disseminating materials and information
- Community coalitions

10. Is your municipality receiving any grants relative to opioid addiction issues?



11. What resources would be helpful to your municipality in order to continue or expand your work on opioid issues at the local level?

Top three answers:

- Funding for Narcan
- More education
- Funding for more resources

12. What are the top one or two actions or best practices that your municipality has taken to address opioid addiction issues?

Top three answers:

- Public awareness
- Providing Narcan to public safety officials
- Working with a regional coalition

THROUGH COALITION BUILDING, ENGAGEMENT OF STAKEHOLDERS, AND IMPLEMENTATION OF PROVEN BEST PRACTICES, MUNICIPAL LEADERS CAN MAKE A REAL DIFFERENCE TO REVERSE THIS CRISIS, SAVE LIVES, AND CREATE HEALTHY, SAFE AND THRIVING COMMUNITIES.

Members of the MMA's Municipal Opioid Addiction and Overdose Prevention Task Force

Attleboro Mayor Kevin Dumas, Co-Chair

Medford Mayor Michael McGlynn, Co-Chair

North Adams Mayor Richard Alcombright

Brockton Mayor William Carpenter

Orleans Selectman David Dunford

Leominster Councillor Claire Freda

Taunton Mayor Thomas Hoye

Waltham Mayor Jeanette McCarthy

Southborough Town Administrator Mark Purple

Halifax Selectman Kim Roy

MMA Executive Director and CEO Geoff Beckwith

Report of the MMA's Municipal Opioid Addiction and Overdose Prevention Task Force

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- Vic DiGravio, President/CEO, Massachusetts Association for Behavioral Healthcare
- Sen. Jennifer Flanagan, Co-Chair, Joint Committee on Mental Health and Substance Abuse
- Kyle Heagney, Chief of Police, City of Attleboro
- Hilary Jacobs, former Senior Policy Advisor and former Director of the Bureau of Substance Abuse Services, Department of Public Health
- Marcy Julian, Western Massachusetts Regional Manager, Learn to Cope
- Joanna Lydgate, Director of Policy and Assistant Attorney General, Office of Attorney General Maura Healey
- John McGahan, President and CEO, The Gavin Foundation
- Roger Oser, Principal, William J. Ostiguy High School
- Joanne Peterson, Founder and Executive Director, Learn to Cope
- Steven Tolman, President, AFL-CIO Massachusetts
- Dr. Roger Weiss, Chief, Division of Alcohol and Drug Abuse, McLean Hospital
- Jay Youmans, Director of Government Affairs, Massachusetts Department of Public Health

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