Essential Measures:
A Local Public Health Toolkit for Addressing the Opioid Epidemic

View the Online Digital Toolkit
@ http://opioid-toolkit.mhoa.com/

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Introduction

Local governmental health departments in Massachusetts focus on promoting health and equity, combating disease, and improving the quality and length of all lives. With an increasing understanding that substance misuse is both a chronic disease and a public health issue that impacts community members, health department staff are increasingly playing a leadership role in addressing the opioid epidemic on a local level. The goals of this toolkit are to better equip local health department staff to respond to manifestations of this epidemic in their own towns and cities, and to provide a one-stop reference guide of promising practices and other good resources—information, knowledge gleaned from the field, tools, and training.

Note: This document was developed for use by Massachusetts municipal health departments, and references to “local,” “the state,” or “statewide” are specific to Massachusetts. However, anyone may use this document as a resource, as much of the information herein is applicable to communities outside Massachusetts as well. For information about program or strategy design, funding, customization, or replication readers are encouraged to directly contact the MA Department of Public Health, Bureau of Substance Addiction Services.

The Institute of Medicine’s 1988 report, The Future of Public Health (Walker, 1989), outlined three core functions of public health: Assessment, Policy Development, and Assurance. Assessment functions include the accurate, periodic assessment of the community’s health status. Policy Development refers to the development of policies and plans that protect health and guide public health practice. Assurance in public health refers to a broad range of activities

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1 The term opioid designates a class of drugs derived from opium or manufactured synthetically with a chemical structure similar to opium. Heroin is a naturally derived opioid. Other opioids—including oxycodone (OxyContin®), morphine, meperidine, methadone, and codeine—are used therapeutically for the management of pain and other conditions. These products may be diverted from pharmaceutical purposes and used illicitly, and they have a high potential for abuse because they create psychological or physical dependence (Hahn, 2011).
to ensure that people live in healthy conditions, including the delivery and evaluation of quality and accessible health services, and the effective implementation of laws and regulations needed to protect and promote health. As the country began to explore health care reform, the public health sector called for a more comprehensive definition and description of public health (Office for State, Tribal, Local and Territorial Support, 2013).

This led to the creation of 10 Essential Public Health Services by the Core Public Health Functions Steering Committee in 1994 (ES) (Office for State, Tribal, Local and Territorial Support, 2014):

**10 Essential Services for Opioid-Related Activity in Local Health Departments**

**ES 1:** Monitor health status to identify and solve community health problems

**ES 2:** Diagnose and investigate health problems and health hazards in the community

**ES 3:** Inform, educate, and empower people about health issues

**ES 4:** Mobilize community partnerships to identify and solve health problems

**ES 5:** Develop policies and plans that support individual and community health efforts

**ES 6:** Enforce laws and regulations that protect health and ensure safety

**ES 7:** Link people to needed personal health services, and assure the provision of health care when otherwise unavailable

**ES 8:** Assure a competent public and personal health care workforce

**ES 9:** Evaluate the effectiveness, accessibility, and quality of personal and population-based health services

**ES 10:** Research for new insights and innovative solutions to health problems
Using the 10 Essential Services framework (see Attachment 1), our goal in creating this toolkit is to provide information about the high-quality opioid prevention, intervention, and treatment public health work currently happening at the local, state, and federal level. This document offers guidance, resources, and a foundational structure for communities and local health departments to expand and enhance the services they provide.

ES 1. Monitor health status to identify and solve community health problems

Core Function: Assessment

What’s going on in our state or community? Do we know how healthy we are? Are we obtaining and making the best use of local data?

Assessment activities for ES 1 include accurate, periodic assessment of a community’s health status; the use of appropriate technology (such as geographic information systems) to interpret and communicate data to diverse audiences; and collaboration among all local public health system components in promoting health and improving quality of life.

Local data are likely to be the most current and may provide important insights into the opioid epidemic. However, most health departments have only limited resources to assess community health status. Other sources for national, state, and community-level data with respect to opioids and other drugs include police, fire, and EMS data; city clerk death records; local hospital emergency department and discharge reports; and local health and behavioral health surveys, such as youth risk behavior surveys conducted by local schools. Local health department staff are also encouraged to partner with existing substance use prevention coalitions in their regions, which may already collect some of these local statistics.

Sources of Local Data


● MassCHIP (Community Health Information Profile) provides community-level data to local health department staff, who can use these data to assess health needs, monitor health status indicators, and evaluate health programs (http://www.mass.gov/eohhs/researcher/community-health/masschip/). Categories include adolescent-/youth-related, alcohol and other drugs (excluding tobacco), substance use treatment, and recovery services.

● The Massachusetts Department of Elementary and Secondary Education School and District Profiles include student enrollment and indicators such as student discipline for substance-related offenses (http://profiles.doe.mass.edu). This information may be useful when considering the root causes of the opioid crisis, and can illustrate how substance misuse manifests in your local school district and relates to other risky behaviors.

● Each city, town, and regional, charter, and vocational school district is required by state law to use a verbal screening tool to screen pupils annually for substance use disorders at two grade levels. (A student or their parent or guardian may opt out of this requirement.) Many districts use SBIRT (Screening, Brief Intervention and Referral to Treatment) to meet this requirement. Further information, including publications, resources, and training manuals, is available on the SBIRT website (http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/prevention/scree ning-brief-intervention-and-referral-to.html).

Massachusetts offers training and technical assistance to schools that are using SBIRT. Learn more about SBIRT in Schools on the MASBIRT website: http://www.masbirt.org/schools

● The Medicare Part D Opioid Prescribing Mapping Tool offered by the Centers for Medicare and Medicaid Services shows geographic comparisons at the state, county, and zip code levels of de-identified opioid prescription claims, which allows users to see both the number and the percentage of Medicare claims at the local level (https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap.html).
Community Models, Promising Practices, and Information Related to Opioid Overdose Tracking

Note: This section—Community Models, Promising Practices, and Information—lists local examples of how several essential services are provided. Please note that these examples may not be relevant to all communities and were supported at least in part with outside funding and programmatic oversight by the Department of Public Health. Local health department staff are experts on their own community context and can determine which practices might be most useful or applicable to their existing opioid-related work.

● **Plymouth County:** The Plymouth County Overdose Critical Incident Management System was created to identify all overdoses, outreach follow-ups, and treatment placements in the county. This real-time notification system allows all 28 county police departments to submit current data, and enables the identification of overdose victims who otherwise would not have received help for treatment and resources.

  Contact: Police Chief Scott Allen (sallen@ebmass.com) or Police Chief Mike Botieri (chiefbotieri@plymouthpolice.com)

● **Braintree, Quincy, Randolph, and Weymouth:** The Massachusetts Opioid Abuse Prevention Collaborative, a program of Bay State Community Services in Quincy, is in the process of developing a cluster-wide real-time overdose tracking system by aligning police, fire, and private EMT data systems. This effort will allow cluster communities to proactively and accurately track overdoses and deaths, identify potential patterns, and proactively allocate and deploy resources to prevent overdoses.

  Contact: Alejandro Rivera (arivera@baystatecs.org)

● **City of Springfield:** The Springfield Coalition for Opioid Overdose Prevention (SCOOP), led by the City of Springfield’s Department of Health and Human Services, has developed an opioid database. The SCOOP database system has the capacity to manage and analyze data received from many points at high speeds. The system can be customized with artificial intelligence programming to allow advanced forecasting, tracking, and other analysis. A customized form-building and data-analyzing tool will allow Health and Human Services staff and project partners (such as police and local hospitals) to develop their own surveys, key informant interview questions, and other qualitative assessment instruments and to then
analyze the results. The system is HIPAA-compliant and is managed according to health, criminal justice, and other laws covering privacy. Incorporated data sets include census reports, death certificates, police arrests, and overdose data.

Contact: Alison Proctor (aproctor@springfieldcityhall.com)

**All Massachusetts communities: Using LiveStories for your Community Opioid Dashboard(s)**

Communicating opioid data is a critical step to bring awareness to the opioid epidemic MHOA has partnered with LiveStories to bring the ease and functionality of data communication to you as a Municipal Health Officer and MHOA member. As part of this partnership through December 2018, you can opt-in to using the LiveStories civic data solution at no cost to you to edit a Municipal Opioid Dashboard Template for your community.

**What does this opportunity provide my municipality?**

LiveStories worked together with MHOA to create both: (1) a Massachusetts Opioid Dashboard, and (2) a Municipal Opioid Dashboard Template.

Throughout 2018, you'll have access to a dedicated Customer Success Manager who will work with you to create and publish an online interactive opioid dashboard using the existing Municipal Opioid Dashboard Template. Through this experience, you'll also have the opportunity to explore the functionalities of LiveStories.

After opting into LiveStories using the Opt In form, you'll gain access to an editable opioid template in LiveStories through 12 p.m. ET on December 31, 2018 at no cost to you. Municipal Health Officers will have until this date to edit, update, and publish their Municipal Opioid Dashboard using LiveStories.

**How do I opt-in to this opportunity?**

To start using the LiveStories opioid template for your community, one Municipal Health Officer from each community can submit their information through the Opt-in Google Form. Click on the button to fill in the survey. A dedicated Customer Success Manager will reach out to you within two days of receiving your form to provide additional information and to help you get started. **Opt-in to LiveStories before October 1, 2018.**

**How can I continue to use LiveStories in 2019?**

All published stories will remain online, in the state they were on December 31, 2018. Municipalities interested in continuing their work in LiveStories can reach out directly to their
Customer Success Manager to discuss next steps for using the solution on their own and finding the right plan for their municipality.

For more information and to build your own specific dashboard, please visit

https://insight.livestories.com/s/v2/mhoa-opioid-toolkit-livestories-opt-in/1e3093af-3ec2-4b50-b0a9-944da3116ca7/

ES 2. Diagnose and investigate health problems and health hazards

Core Function: Assessment

Are we ready to respond to public health problems or threats? How quickly do we find out about problems? How effective is our response?

Assessment activities for ES 2 include epidemiologic investigations of disease outbreaks; patterns of infection, chronic disease, and injury; environmental hazards; and other public health threats and emergencies. The opioid epidemic is both a public health threat and an emergency.

Some towns and cities, especially those with grant-funded coalitions, have demonstrated the ability to collect and analyze local data to gain a deeper understanding of the opioid epidemic’s impact. Other communities may see an emerging trend in opioid-related activity that triggers investigation, which may result in the identification of specific sub-populations at greater risk for opioid misuse, or neighborhood clusters of overdoses due to a number of reasons including particularly lethal strains of drugs.

Communities of all sizes and levels of affluence are affected by opioid misuse. Community-level contributors include economic instability, barriers to accessing health care, and low educational attainment. Indicators of these health determinants, along with surveillance data, can enhance understanding of the causes and effects of opioid misuse on the local level, and can help direct the development of prevention, intervention, and treatment programming.

The Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) created an online planning tool for communities funded by DPH-BSAS to work on opioid overdose prevention (http://masstapp.edc.org/moapc-planning-tool/step-1-assessment), including an
overview of the Strategic Prevention Framework developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to guide communities in a strategic planning process. Assessment is a critical first step in prevention planning, and MassTAPP’s toolkit provides an overview of some of the primary tasks in conducting an assessment.

**Opioid-Related Overdose Death Records**

**Note:** Because of variations in health department resources and staffing capacity, and the relatively low incidence of opioid-related deaths in towns with smaller populations, not all communities will be able to develop as specific an understanding of the local impact of opioids as illustrated in the following examples. These examples are included to demonstrate the kinds of local data, analysis, and reporting that might contribute to the knowledge base and inform opioid-related planning. Please note that some of these data collection and analysis activities were implemented regionally in several contiguous communities or at a county-wide level and were supported by funding from DPH-BSAS.

  
  Contact: Vaira Harik (vharik@barnstablecounty.org)

- **Malden, Medford, Melrose, Reading, Stoneham, Wakefield, and Winchester:** The Mystic Valley Public Health Coalition ([http://www.mysticvalleypublichealth.org](http://www.mysticvalleypublichealth.org)) collected and analyzed death records from each of its member towns. A priority that emerged from this analysis was the number of opioid overdose deaths disproportionately affecting individuals working in the trades or the labor industry. In partnership with stakeholders, including Chambers of Commerce, law enforcement, the District Attorney, MassCOSH (Coalition for Occupational Safety and Health), and Community Recovery Support Services, the coalition organized public forums to identify risk factors for opioid use and overdose and to strategize with leaders in the industry around these complex issues.
  
  Contact: Penny Funaiole or Lauren Dustin (mvroap@gmail.com)
ES 3. Inform, educate, and empower people about health issues

Core Function: Policy Development

How well do we keep all segments of our state and communities informed about health issues? How do we empower people to reduce their health risks and make behavior changes to improve their overall health?

ES 3 includes the following types of public health activities:

- Health information, education, and promotion activities designed to reduce health risks and promote improved health
- Health communication plans and activities, such as media advocacy and social marketing of accessible health information and educational resources
- Health education and health promotion program partnerships with schools, faith-based communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages

Many local, statewide, and national health education and health promotion activities aim to build people’s knowledge, shape their attitudes, and inform their decision-making choices to prevent first use, misuse, and/or abuse of substances, including opioids. Building on these existing efforts can be an efficient and effective approach for local public health.

Local Health Education and Promotion Activities

Based on a need identified by BSAS to standardize a process for creating more thoughtful and effective health communications, MassTAPP created an interactive toolkit to guide communities in planning their communications efforts (http://masstapp.edc.org/communications-toolkit). The toolkit distills key concepts and evidence-based strategies into short, easy-to-read sections;
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offers interactive activities to help providers understand how these concepts relate to their community’s work in substance misuse prevention; and provides tips, exercises, and worksheets to guide providers in applying what they are learning to the context of their community.

MassTAPP also pulled together examples of social marketing and social norms marketing campaigns developed by coalitions who receive state funding from DPH’s Bureau of Substance Addiction Services (BSAS) (http://masstapp.edc.org/social-marketing-gallery). Please note that these campaigns were developed specifically within a local context and may not be a good fit for other communities.

Statewide Health Education and Promotion Activities

Funded at the state level by BSAS, most of these public campaigns and other resources can be adapted to your local context for implementation in your community:

- DPH opioid-related public campaigns and resource information (https://www.mass.gov/massachusetts-responds-to-the-opioid-epidemic)
- Make the Right Call – Public Information Campaign (Carry Naloxone – Call 911 – Save a life) (https://www.mass.gov/make-the-right-call-public-information-campaign)
- Free health promotion materials for Massachusetts residents, health care providers, and social service providers, provided by the Mass. Health Promotion Clearinghouse (https://massclearinghouse.ehs.state.ma.us/); opioid-related campaign materials include the following:
  - Carry Naloxone poster (in English and Spanish)
  - Opioid Misuse Prevention: Student Athletes packet
  - Prescription Opioid Misuse Prevention brochure
- Fighting the Opioid Epidemic: Tools and Resources for Local Boards of Health, a one-page resource for posting and distribution provided by the DPH Office of Local and Regional Health (see Attachment 2)

National or Federal Health Education and Promotion Activities

Opioid use and misuse educational products are available at the SAMHSA publications ordering page (https://store.samhsa.gov/home).
**Anti-stigma**

An important priority with substance use disorders (SUD) is to reshape attitudes and reduce the stigma associated with individuals who suffer from these disorders and other behavioral health conditions. Activities designed to reduce risk, promote improved health for those with SUD, and improve the sensitivities and competencies of professionals interacting with those with SUD are critically important. The following health information, education, and promotion resources may be useful in reducing stigma:

- SAMHSA’s *Words Matter: How Language Choice Can Reduce Stigma* describes the role of language in perpetuating substance use disorder stigma. It includes tips for assessing when and how we may be using stigmatizing language, and steps for ensuring that the language we use and messages we deliver are positive, productive, and inclusive ([https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf](https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf)).

- William James College hosted a forum titled *Shifting the Conversation About Mental Illness and Substance Use Disorders and Creating a Community of Support*. Program recordings and resources are available on the school’s website ([https://info.williamjames.edu/mbs](https://info.williamjames.edu/mbs)).

- The Mystic Valley Public Health Coalition created the #StigmaPreventsChange media campaign to address the broad issues related to stigma and its effects. Leveraging funds from their DPH-BSAS prevention grant the Coalition developed posters and PSAs that were aired on local TV and radio, played during trailers at movie theatres, and displayed on local public transit. More about the campaign can be found on the Coalition’s website ([http://www.mysticvalleypublichealth.org/stigma-campaign/](http://www.mysticvalleypublichealth.org/stigma-campaign/)).

- In the MassTAPP-hosted webinar titled *Stigma Around Substance Misuse* ([http://connect.masstapp.edc.org/event/2700](http://connect.masstapp.edc.org/event/2700)), participants were provided with a brief overview and history of this stigma, learned some of the consequences of stigma, explored how to combat it by educating our audiences, and heard what communities across the Commonwealth are doing to address stigma.

- Shatterproof is a national organization dedicated to working to end the stigma of addiction, fostering a community of support for families, and providing evidence-based resources and advocacy for change ([www.shatterproof.org](http://www.shatterproof.org)).
Overdose education and naloxone distribution

- The Massachusetts DPH manages an Overdose Education and Naloxone Distribution Program through which high-risk individuals who face barriers to pharmacy access can get naloxone (a prescription drug that can reverse an opioid overdose). DPH created an information sheet on where to access naloxone, where to get training on how to use naloxone, and resources for further information [https://www.mass.gov/overdose-prevention-and-naloxone-access](https://www.mass.gov/overdose-prevention-and-naloxone-access)

- DPH also manages a First Responder Naloxone Grant Program to offset naloxone and related medical supply costs for high-incidence communities. MassTAPP created a webpage on First Responder Naloxone Resources [http://masstapp.edc.org/first-responder-naloxone-narcan-technical-assistance/](http://masstapp.edc.org/first-responder-naloxone-narcan-technical-assistance/), which may be of interest to first responders in your community.

- The DPH Board of Registration in Pharmacy approved a mobile pharmacy naloxone dispensing pilot program, End Mass Overdose, which can dispense naloxone and bill insurance at community events [https://www.endmassoverdose.org/](https://www.endmassoverdose.org/). End Mass Overdose also offers overdose prevention trainings in MA to a variety of audiences.

Training opportunities


- Prescribe to Prevent [www.prescribetoprevent.org](http://www.prescribetoprevent.org) provides information on prescribing and dispensing naloxone, including resources for prescribers, pharmacists, public health workers, and researchers.

Standing orders for naloxone

**Pharmacy Access:** Naloxone can be requested at a pharmacy without a prescription. All pharmacies are now required to establish a standing order for dispensing naloxone. The customer’s insurance will be billed or they can pay cash.

- **Framingham, Ashland, Hudson and Natick:** The MetroWest Health Department Naloxone Program leverages local health departments as an access point for overdose prevention education and naloxone distribution. This effort increases community access to Naloxone for individuals who may not qualify to receive naloxone through DPH funded
programs; but who also report barriers to accessing naloxone through pharmacies. Through this program, staff in participating municipal public health departments are trained to dispense naloxone kits and to provide overdose prevention education which can be accessed for free by individuals or businesses in the community. This program was made possible with funding from the MetroWest Health Foundation and in collaboration with community partner, Justice Resource Institute’s program, Rise.

Contact: Kelly Joseph at key@framinghamma.gov

**ES 4. Mobilize community partnerships to identify and solve health problems**

**Core Function: Policy Development**

*What funded partnerships and alliances exist in our communities? Are there any local or regional community health foundations that fund substance use and misuse prevention? Are we participating in and taking advantage of all available and relevant efforts?*

Local health department staff play an important role in convening and facilitating partnerships and strategic alliances among other municipal agencies, community-based organizations, and community members to develop and implement prevention, intervention, and treatment activities for opioid use and misuse.

At regular intervals (at least every few years), state, federal, and/or community foundation grant funds may be available to support these efforts. Local health departments are encouraged to have their names added to state, federal, and community foundation e-lists so that they receive timely information about requests for proposals.


At the state level, BSAS has supported coalition development over many years and through multiple funding streams. Currently, there are three funded programs addressing substance use and misuse (including opioids) operating in communities in the state: the Massachusetts Opioid Abuse Prevention Collaborative, the Substance Abuse Prevention Collaborative, and the Partnership for Success grants.
The Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) grant program (http://masstapp.edc.org/massachusetts-opioid-abuse-prevention-collaborative) is part of a comprehensive approach to substance abuse prevention in Massachusetts. Its aim is to implement local policy, practice, systems, and environmental change for three key purposes:

- To prevent the misuse and abuse of opioids (including first use)
- To prevent and reduce unintentional deaths and nonfatal hospital events associated with opioid poisonings
- To increase both the number and the capacity of municipalities across the Commonwealth to address these issues by providing support for groups who are entering into long-term agreements to share resources and coordinate activities

The Substance Abuse Prevention Collaborative (SAPC) initiative (http://masstapp.edc.org/substance-abuse-prevention-collaborative) is intended to prevent underage drinking and other drug use across the Commonwealth. SAPC grant recipients place the majority of their focus on the universal prevention of underage drinking through the implementation or amendment of local policies, practices, systems, and environmental change. By addressing the issue of underage drinking, SAPC grantees reduce the risk that youth will go on to use opioids and other substances.


All BSAS-funded programs are required to carry out a detailed planning process using SAMHSA’s Strategic Prevention Framework (https://www.samhsa.gov/capt/applying-strategic-prevention-framework), a five-step model that emphasizes the use of data and collaborative decision-making in order to successfully plan and implement prevention strategies. The framework provides guidance in selecting, implementing, and evaluating effective, culturally appropriate, and sustainable prevention activities by systematically assessing needs, building capacity, and planning, implementing, and evaluating prevention efforts. Municipal Health Departments interested in learning more about these or other DPH-BSAS funding opportunities are encouraged to contact Fernando Perfas, Assistant Director of Prevention at DPH,BSAS (fernando.perfas@state.ma.us).

At the national level, SAMHSA’s Center for the Application of Prevention Technologies provides tools and worksheets to guide successful collaboration through five essential elements: understanding the basics; identifying needs and opportunities for collaboration; engaging the
Community Anti-Drug Coalitions of America (www.cadca.org) works to strengthen the capacity of community coalitions to create and maintain safe, healthy, and drug-free communities globally. CADCA provides technical assistance and training, public policy advocacy, media strategies and marketing programs, and special events. Their PreventMedAbuse Toolkit (www.preventmedabuse.org) provides facts, strategies and tools to prevent and reduce teen prescription drug abuse in communities.

Community Models, Promising Practices, and Information Related to Post-Opioid Overdose Outreach and Follow-Up

An opioid overdose triggers an opportunity to interrupt the cycle of substance misuse, and to intervene in the lives of individuals with substance use disorder and their families. Depending on their stage of readiness to make behavioral changes, these interactions may be a way to build connections, share information, and get someone into a treatment program or access another resource.

Statewide and local programs

In 2015, BSAS became aware of several communities where first responder public safety agencies and public health were collaborating together to deliver post-overdose outreach and follow-up services. DPH commissioned a team of researchers to further examine these emerging programs in Massachusetts. Police and fire personnel from 110 of the 351 communities in Massachusetts completed a screening survey to find instances where they collaborated with a community-based public health agency to implement a post-overdose outreach and support program.

Survey findings indicated that a number of communities have programs in which teams made up of public safety, clinicians, public health, and/or supportive services return to the site of the overdose shortly after it occurs to offer resources, supports, and services to the opioid overdose victim and/or family members (Formica et al., 2017). These programs generally fall into four categories:

- Public safety and public health return together shortly following the overdose to offer resources, support, and services to the victim and/or family members. Public safety ensures the safety of public health.
● Public safety conducts the home visit *alone* and then makes referrals or linkages to public health when the victim or family members request additional support.

● Public safety makes referrals and linkages to a clinician embedded in their department based on interactions during the overdose event, a review of logs, and/or officers’ knowledge. This option does not involve a home visit.

● In a passive model not necessarily precipitated by an overdose event, the police offer treatment linkages to anyone voluntarily presenting at the department asking for help. Individuals who use opioids or their family members are invited to a drop-in site staffed by public safety and public health. Access to supports and resources (including contact with a licensed clinician) is offered. This option does not involve a home visit.

The Police Assisted Addiction and Recovery Initiative program ([http://paariusa.org/](http://paariusa.org/)) provides technical assistance and resources to police departments interested in becoming more engaged in confronting the opioid overdose crisis in their communities. Local police in jurisdictions across the nation work with the recovery and treatment community to encourage individuals who use opioids to seek recovery. Police connect people with substance use disorders to treatment programs and facilities, recovery support services, and support the fight against stigma in local communities.

**Federal programs**


The Medical Reserve Corps provides templates for daily wellness check-ins for at-risk populations, including people with substance use disorders ([http://www.mrcvolunteer.org/well-check-program.html](http://www.mrcvolunteer.org/well-check-program.html)). Communities with Medical Reserve Corps or Community Emergency Response Teams may consider training their members to assist with these types of programs.
ES 5. Develop policies and plans that support individual and community health efforts

**Core Function: Policy Development**

How can we ensure that those with substance use disorders have access to the services they need? What is the best way to lessen the barrier of stigma for those who need help?

Local health departments play an important role in developing policy and codes to protect the health of the public through health improvement plans that address the complexities of all substance-related issues, including opioids. By supporting broad implementation of effective prevention and treatment interventions and recovery supports in a wide range of settings, and by working with zoning boards and other municipal officials, health departments can promote a public health systems approach to reducing substance misuse and its related consequences.

**Zoning**

Zoning policy has been used to limit the selling, advertising, or promotion of substances such as tobacco and alcohol, and more recently marijuana. The Vermont Department of Health developed *Sample Language for Town Plans: Preventing Substance Abuse* ([http://www.healthvermont.gov/sites/default/files/documents/pdf/OLH_Burl%20ATOD%20sample%20language%20for%20town%20plans_5.30.17.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/OLH_Burl%20ATOD%20sample%20language%20for%20town%20plans_5.30.17.pdf)) to provide guidance on land use, transportation, facilities, and housing.

**Syringes and Needles**

Syringe service programs (SSPs), also known as needle exchange programs, can reduce infection with HIV or hepatitis C, provide opportunities to gather surveillance data, and offer prevention education to individuals who use drugs. The Centers for Disease Control and Prevention (CDC) recommends SSPs to help ensure that individuals who inject drugs have access to effective prevention services, including sterile injection equipment, medication-assisted treatment for substance use disorder, and HIV and hepatitis testing. In Massachusetts, DPH may now, with local board of health approval, contract with eligible organizations to deliver needle exchange services in the context of comprehensive health
promotion for individuals who inject drugs. Health departments can find out more about existing SSPs in Massachusetts here: [https://www.mass.gov/syringe-service-programs](https://www.mass.gov/syringe-service-programs)

Municipalities interested in the possibility of initiating an SSP in their community can reference [M.G.L. c.111 s.215](https://www.mass.gov) or contact DPH-Office of HIV/AIDS for more information.

The [North American Syringe Exchange Network](https://www.nasin.org) offers policy and advocacy resources to help increase access to this public health intervention.

The Boston Public Health Commission provides information on safe needle and syringe disposal and a directory of Boston-area needle exchange sites ([http://bphc.org/whatwedo/Recovery-Services/services-for-active-users/Pages/Safe-Needle-and-Syringe-Disposal.aspx](http://bphc.org/whatwedo/Recovery-Services/services-for-active-users/Pages/Safe-Needle-and-Syringe-Disposal.aspx)).

The passage of M.G.L. Chapter 111, Section 127A, allows for the purchase and possession of syringes and needles from a pharmacy without a prescription. It also calls for the safe and responsible disposal of sharps and syringes. DPH offers information on safe disposal and a list of syringe disposal sites across the Commonwealth ([http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/ohsp/safe-sharps-disposal.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/ohsp/safe-sharps-disposal.html)).

The state sanitary code provides guidance on the safe disposal of syringes and other biological waste. A directory of syringe and needle disposal sites in Massachusetts can be found on the Mass.gov website ([https://www.mass.gov/lists/medical-waste-community-sanitation](https://www.mass.gov/lists/medical-waste-community-sanitation)).

**Community Models, Promising Practices, and Information Related to Sober Housing**

In Massachusetts, Chapter 165, Section 37, of the Acts of 2014 required DPH to establish a process for the voluntary certification of alcohol- and drug-free (ADF) housing. In July 2014, the Massachusetts Sober Homes Law, which mandates the monitoring and voluntary certification of Massachusetts Sober Homes, was passed by the state legislature. This legislation limits state agencies and their vendors in referring to certified ADF housing. DPH awarded a contract to the Recovery Homes Collaborative to be the inspecting and certifying body and to Gavin Foundation in collaboration with the Massachusetts Alliance for Sober Housing ([https://mashsoberhousing.org/](https://mashsoberhousing.org/)) to be the training and technical assistance vendor.

A *New York Times* article titled “City of Addict Entrepreneurs” (Segal, 2017) tells the story of how the community of Prescott, Arizona, became a magnet for sober housing and recovery programs. Citizen activism prompted the town to enact a law to regulate sober living homes by
requiring licenses and setting standards for the training of their managers, leading to improvements for the long-term residents and in the quality of sober housing. The article also illustrates the role of investigation in diagnosing health problems.

**ES 6. Enforce laws and regulations that protect health and ensure safety**

*Core Function: Assurance*

> How can we assure due process and recognition of individual civil rights in all procedures, enforcement of laws and regulations, and public health emergency actions taken under the board of health or other governing board’s authority? What is the best way to educate the public about local, state, and federal laws and regulations, while also advocating for compliance and enforcing regulations that protect and promote health?

Most legal efforts to address the opioid epidemic originate at the state level, but local health departments can help promote these efforts. Legal approaches can also be used to reduce improper prescribing of opioids, address addiction through jail diversion programs, and improve access to overdose care.

- Since the lives of those individuals who overdose on opioids can depend on the help of bystanders, the Massachusetts Good Samaritan Law (“Immunity from prosecution under Secs. 34 or 35 for persons seeking medical assistance for self or other experiencing a drug-related overdose”) has significant potential to help reduce the impact of the opioid epidemic. The law protects victims and those who call 911 for help from charge, prosecution, and conviction for possession or use of controlled substances. The law can be found on the Massachusetts Legislature website ([https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C/Section34A](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94C/Section34A)).


- The Voluntary Non-Opioid Directive ([http://www.mass.gov/eohhs/docs/dph/substance-abuse/non-opioid-directive.pdf](http://www.mass.gov/eohhs/docs/dph/substance-abuse/non-opioid-directive.pdf)) was created
as a result of Chapter 52 of the Acts of 2016, an act relative to substance use, treatment, education, and prevention, signed by Governor Baker in March 2016. The new form is now available for all Commonwealth residents who wish to decline in advance the administration and/or prescription of opioids for pain; they simply review and complete the form with their medical providers.

● In response to the opioid epidemic, CDC’s Public Health Law Program developed a toolkit on prescription drugs for public health practitioners and their legal counsel (https://www.cdc.gov/phlp/publications/type/toolkits.html).

**ES 7. Link people to needed personal health services, and ensure the provision of health care when otherwise unavailable**

**Core Function: Assurance**

*How can we identify those populations with barriers to personal health services? How should we determine the personal health service needs of populations with limited access to a coordinated system of clinical care? What is the best way to link people to appropriate personal health services, including services that are culturally and linguistically appropriate?*

Local health department staff are often instrumental in identifying vulnerable populations or those who are experiencing barriers to care, and may serve as an entry point into the health care system. Often, local governmental agencies (including the public health department) can coordinate provider services or provide information, referrals, transportation, and other services, addressing barriers and ensuring that people can access the care they need, when and where they need it. Local health department staff should know what prevention, intervention, and treatment resources exist statewide and in their own communities. Below is a list of Statewide and National resources for identifying and accessing a broad array of addiction services.
**Addiction Treatment and Recovery Resources**

- The Massachusetts Health Connector ([http://www.mahealthconnector.org/](http://www.mahealthconnector.org/)) is a state-based health insurance Marketplace that offers subsidized and unsubsidized health insurance to individuals and small-business employers, which may be used to cover addiction treatment services.

- The Massachusetts Department of Public Health Substance Use Helpline ([www.helplinema.org](http://www.helplinema.org)) can be the first step in identifying statewide treatment and recovery resources and other helpful information. Locally based coalitions may also have information on programs, professionals, and other resources unique to their community. Information for both the community at large and health care providers is available through the Helpline, and recent updates now include service directories and other information about services for youth and young adults, including outpatient counseling, detoxification and stabilization, residential treatment, and Recovery High Schools.

- SAMHSA provides a directory of opioid treatment providers in each state ([https://dpt2.samhsa.gov/treatment/directory.aspx](https://dpt2.samhsa.gov/treatment/directory.aspx)). SAMHSA also provides this information via a national hotline: 1-800-662-HELP (4357) or 1-800-487-4889 (TTY). SAMHSA’s website includes a directory of behavioral health resources and physicians who provide medically assisted treatment ([https://www.samhsa.gov/find-help](https://www.samhsa.gov/find-help)).

- The Police Assisted Addiction and Recovery Institute ([http://paariusa.org](http://paariusa.org)) is an innovative program that encourages individuals who use opioids to seek treatment. It provides linkage to treatment and recovery services.

- The mission of Massachusetts Organization for Addiction & Recovery (MOAR) ([http://www.moar-recovery.org/](http://www.moar-recovery.org/)) is to organize recovering individuals, families, and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions. MOAR envisions a society where addiction is treated as a significant public health issue, and recovery is recognized as valuable to all communities. MOAR seeks to continue to build a recovery-informed society where recovery becomes a societal norm and prevention is a societal given.

- “Sober Home” is a broad term to describe a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems. Residents are expected to conform to this sober living environment by abstaining from alcohol and illegal drug use. The Massachusetts Alliance for Sober Housing ([https://mashsoberhousing.org/](https://mashsoberhousing.org/))
strives to create and foster a safe living environment for those with substance use disorders by ensuring that Sober Homes adhere to critical management, operational, and ethical standards.

- Learn to Cope ([https://www.learn2cope.org/](https://www.learn2cope.org/)) is a nonprofit support network that offers education, resources, peer support, and hope for parents and family members coping with a loved one using opiates or other drugs. Founded in 2004, the organization has grown to include over 10,000 members, and has become a nationally recognized model for peer support and prevention programming. To help those who have lost a loved one to the disease of addiction learn about grief groups and other resources in their region or community, Learn to Cope supports a Grief Resources webpage ([https://www.learn2cope.org/grief-resources/](https://www.learn2cope.org/grief-resources/)).

**Harm Reduction Programs**

With an emphasis on public health and human rights, harm reduction programs provide essential health information and services while respecting individual dignity and autonomy. For individuals who use drugs harm reduction recognizes that many individuals are either unable or unwilling to stop, do not need treatment, or are not ready for treatment at a given time. Harm reduction programs focus on limiting the risks and harms associated with unsafe drug use, which is linked to serious adverse health consequences, including HIV transmission, viral hepatitis, and death from overdose.

“Harm reduction” encompasses a broad range of activities and interventions designed to improve the health and quality of life of individuals and communities, for example:

- Outreach and peer education to reduce risks associated with drug use
- Needle and syringe exchange programs
- Opioid substitution therapies (also known as Medication Assisted Treatment) for drug dependence, including methadone and buprenorphine
- Confidential counseling and testing for HIV, hepatitis, and other sexually transmitted or blood-borne infections

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2 North Carolina Harm Reduction Coalition (NCHRC) is a statewide grassroots organization dedicated to the implementation of harm reduction interventions, public health strategies, drug policy transformation, and justice reform in North Carolina and throughout the American South. NCHRC engages in grassroots advocacy, resource and policy development, coalition building, and direct services for people impacted by drug use, incarceration, sex work, overdose, gender, HIV and hepatitis and first responders.
● Wound care

● Overdose prevention activities, including naloxone and first aid training

● Provision of primary care and treatment for HIV and other sexually transmitted or blood-borne infections

● Referrals to drug treatment programs

A good example of a harm reduction approach related to the current fentanyl crisis is the development and dissemination of fentanyl testing kits. As described in the Fentanyl Overdose Reduction Checking Analysis Study, Brown University researchers working with scientists at The Johns Hopkins Bloomberg School of Public Health recommend that health agencies and other service organizations offer low-cost testing kits that can identify the hidden presence of potentially deadly fentanyl in heroin and other substances favored by drug users. ([http://americanhealth.jhu.edu/assets/pdfs/FORECAST__Summary_Report.pdf](http://americanhealth.jhu.edu/assets/pdfs/FORECAST__Summary_Report.pdf))

On the Harm Reduction Coalition website ([http://harmreduction.org/](http://harmreduction.org/)), local health agents can learn more about this approach and increase their capacity to better serve individuals who use drugs by supporting them in locating harm reduction resources in their state, region, or community.

**ES 8. Assure a competent public and personal health care workforce**

**Core Function: Assurance**

*Do we have a competent public health staff? Is our workforce diverse? How can we be sure that our staff keep abreast of current developments in the field?*

The diversity of local health departments in Massachusetts—in terms of their size, staffing, skill sets, and resources—directly influences their capacity to provide a comprehensive range of essential public health services. Assuring a qualified, competent, and healthy workforce is critically important to the overall functioning of a local health department and its ability to perform its statutory functions and deliver its services effectively.
Increasingly, local health departments throughout the country and here in Massachusetts are moving toward becoming accredited by the Public Health Accreditation Board (http://www.phaboard.org/accreditation-overview/). The goal of this national, voluntary accreditation program is to improve and protect the health of the public by advancing the quality and performance of tribal, state, local, and territorial public health services.

Similarly, quality substance use prevention requires a competent and well-trained workforce. Some health departments serve as the lead agency for BSAS-funded coalitions and therefore either have substance prevention, intervention, or addiction specialists on their staff (as with Medford’s Recovery Coach and Westford’s Substance Abuse Prevention Coordinator) or work closely with a partnering community-based organization.

For more on linking with a local coalition, see ES 4: Mobilizing community partnerships to identify and solve health problems.

The Certified Prevention Specialist credential, an internationally recognized credentialing process (http://masstapp.edc.org/certified-prevention-specialist-requirements), is helping to legitimize the field of substance use prevention by establishing a common standard of competencies and basic prevention knowledge. This credential increases quality assurance and helps to ensure public protection.

Below are some resources for fostering a high-quality public health and prevention workforce:

- The Careers of Substance website (https://careersofsubstance.org/) is a central resource for anyone involved in preventing, intervening in, treating, and supporting recovery from addictions in Massachusetts.

- The Community Health Training Institute provides targeted skills development to individuals and teams working to build healthy communities in Massachusetts (http://hriainstitute.org/about). Core competencies include Coalition Building, Leadership, Policy and Systems Change, Communications, Health Equity, Youth Development, Grant Writing, Strategic Planning, and Evaluation.

- The Center for Social Innovation (http://center4si.com/praxis/) supports public health professionals in delivering recovery-oriented, trauma-informed services to people living with substance use disorders and related challenges. Their offerings include overdose prevention training for BSAS-funded treatment providers, and Training of Trainers for community members.
MassTAPP offers technical assistance to first responders and other municipal employees of BSAS grant-funded municipalities, on carrying and administering naloxone (http://masstapp.edc.org/first-responder-naloxone-narcan-technical-assistance).

SCOPE (Safe and Competent Opioid Prescribing Education) of Pain offers a series of continuing education programs for clinicians on safely and effectively managing patients’ chronic pain through opioids. Online training, a Trainer’s Toolkit, and other resources are available through the Boston University School of Medicine (https://www.scopeofpain.com).

Prescribe to Prevent offers information on prescribing and dispensing naloxone, including resources for prescribers, pharmacists, public health workers, and researchers (www.prescribetoprevent.org).

The mission of CO*RE (Collaborative for Relevant Education) is to promote individual and population health and public safety through evidence-based, outcome-oriented, and inter-professional education related to the comprehensive management of pain, addiction, and their comorbidities. The CO*RE curriculum (http://core-REMS.org/opioid-education/tools/) offers a variety of tools and resources for clinicians.

End Mass Overdose (https://www.endmassoverdose.org/) provides continuing education for clinicians and pharmacies on opioid education; opioid overdose prevention, recognition, and response; naloxone training; substance abuse; and medically assisted treatment.

BSAS provides behavioral health trainings through the AdCare Educational Institute (http://www.adcare-educational.org/home) on topics ranging from motivational interviewing to opioid overdose prevention. Trainings are open to both new and experienced substance use prevention, treatment, and recovery staff.
ES 9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services

Core Function: Assurance

Are we meeting the needs of the population we serve? Are our efforts as efficient and effective as possible? Are we doing the right things?

Ongoing evaluation of a health program’s effectiveness gives you a better understanding of the program’s impact, and indicates where changes need to be made. While evaluation may be beyond the capacity of many local health departments, knowing which programs are effective, considered promising, and/or evidence-based can guide your program selection or replication.

Two common types of evaluation can help substance abuse prevention professionals develop and implement successful programming:

- Implementation/process evaluation helps determine if a program is being implemented as intended.

- Effectiveness/outcome evaluation assesses the program’s progress toward meeting short-term, intermediate, and long-term outcomes.

To learn more about conducting an evaluation:

- The Community Tool Box (a service of the Center for Community Health and Development at the University of Kansans) provides an overview of evaluation types and techniques, with tools to use in designing and conducting an evaluation (https://ctb.ku.edu/en/search/node/evaluation).

- The American Evaluation Association provides a directory of evaluators and a number of online resources to help you plan and understand the evaluation process (http://www.eval.org/p/cm/ld/fid=53).
Here are two examples of locally focused research and evaluation studies in Massachusetts and Rhode Island:

- Boston Medical Center’s MOON (Maximizing Opioid Safety with Naloxone) study ([https://www.bmc.org/research/maximizing-opioid-safety-naloxone-moon-study](https://www.bmc.org/research/maximizing-opioid-safety-naloxone-moon-study)) seeks to learn more about the barriers to naloxone access in the pharmacy, maximize opioid safety awareness, and increase distribution of naloxone through pharmacy-based initiatives. The MOON study makes community resources including posters and materials available to any community member to increase their understanding of the use of naloxone to prevent an overdose.


Appendix 1 contains additional examples of evaluations of the effectiveness of opioid interventions, policy and practice changes, and ways to link opioid users to treatment and recovery.

**ES 10. Research for new insights and innovative solutions to health problems**

**Core Functions: Assessment, Policy Development, and Assurance**

*Note:* As illustrated by the Essential Public Health Services Wheel (see Attachment 1), research (ES 10) and system management form the center of the wheel; these activities are included within all three core functions.

How well do we understand the community and individual causes and effects of substance addiction—in particular, opioid addiction?
Substance addiction is a complex problem that requires a multi-faceted response. Identifying and sharing promising practices and participating in research can lead to better health outcomes and improved functionality in public health.

There are many opportunities for research on effective approaches to mitigating the impact of the epidemic. Health departments may already participate in community health assessments, which can provide an understanding of local priorities, strengths, risks, and resources. Local universities, schools of public health, and hospitals may also have research resources and studies that public health departments can partner with. Further, participating in research projects may bring resources to the local level that may otherwise not be available.

The following “big picture” systems change resources produced by federal government entities can enhance your understanding of the issue and improve your ability to respond locally to the epidemic:

- **Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs and Health** ([https://addiction.surgeongeneral.gov](https://addiction.surgeongeneral.gov)) addresses substance use disorders and the wider range of health problems and consequences related to alcohol and drug misuse in the United States. This report aims to galvanize the public, policymakers, and health care systems to make the most of new opportunities so that the individual and public health consequences associated with alcohol and drug misuse can be addressed effectively.


- The 21st Century Cures Act ([http://www.himss.org/news/21st-century-cures-act-summary](http://www.himss.org/news/21st-century-cures-act-summary)), signed December 13, 2016, by President Obama, was designed to promote research on preventing and curing serious illnesses, accelerate the development of new medical products, and bring innovations and advances to patients who need them faster and more efficiently. The Act includes a number of provisions that push for greater interoperability, adoption of electronic health records, and support for human services programs. Through the Act, $485 million in grants will be administered by SAMHSA toward the prevention of opioid abuse and provision of treatment to those affected.
Conclusion

We envision that this toolkit, organized within the proven 10 Essential Services framework, will help enable local health departments to begin to effectively address the varied manifestations of the opioid epidemic in Massachusetts towns and cities. Specifically, we hope these resources will help you do the following:

- Determine what is going on in your community with respect to opioid use and misuse and overdose prevention
- Establish how you can participate in addressing these issues at the local level
- Learn how to reduce the risks of misusing and abusing opioids, especially among young people
- Identify and collaborate with substance use prevention partnerships and coalitions that already exist in your community or region
- Facilitate improved access to treatment services and linkages among services for those individuals with substance use disorder (SUD) when those individuals reach out to the health department
- Recognize how your health department can contribute to reducing barriers to care and the stigma associated with SUD

As both public health leaders and community members experiencing the direct impacts of the opioid epidemic, it is imperative that you are part of the ongoing collaborative systems change work to address this complex public health problem. We encourage you to continue to explore this one-stop reference guide, and we hope it will enhance your response to opioid-related issues and consequences as manifested in your community.
Attachment 1: The Essential Public Health Services Wheel
Attachment 2: Fighting the Opioid Epidemic: Tools and Resources for Local Boards of Health

Fighting the Opioid Epidemic
Tools and Resources for Local Boards of Health
Office of Local and Regional Health | www.mass.gov/dph/clrh

Massachusetts Substance Use Helpline
The Massachusetts Substance Use Helpline is a statewide, public resource for finding licensed and approved substance use treatment and recovery services. Spread the word to your community by sharing the number and website. 1-800-327-5050 | https://helplinema.org

Massachusetts Health Promotion Clearinghouse
The Clearinghouse offers free informational materials on a wide range of topics related to substance misuse prevention and treatment. You can order these items in bulk and distribute to appropriate venues in your community. www.mass.gov/maclearinghouse

Overdose Prevention Resources
For information on opioid overdose prevention and response and information for municipalities and public agencies on how to purchase naloxone, please visit:
» Order from the Clearinghouse

Current Statistics
MDPH collects statistics to track the progression of the opioid crisis. This data, updated quarterly, is used to target services for especially hard-hit communities. Stay up to date with the current numbers by routinely checking www.mass.gov/opioidresponse.

For a deeper dive into the factors and data trends behind the opioid overdose crisis in Massachusetts, visit the interactive version of the Chapter 55 Report online:
www.mass.gov/chapter55

Protect Your Kids from Prescription Drug Misuse Campaign
Stop addiction before it starts. Parents and caregivers can learn how to talk to their kids about prescription medication and learn the basics of prescription safety and opioid risks. Promote prevention of prescription drug misuse in your community.
www.mass.gov/stopaddiction

Make the Right Call Campaign
An opioid overdose is a medical emergency. Carry naloxone. Call 911. Stop an overdose. Naloxone (narcan) is available at pharmacies. Learn more at www.mass.gov/maketherightcall. Spread the word by distributing these naloxone buyer’s cards at locations in your community.
» Order from the Clearinghouse

End the Stigma of Addiction Campaign
This is a grassroots movement to eliminate the stigma of addiction which keeps so many people from seeking treatment. You can join the movement by ordering free wallet cards, posters, and window signs from the Clearinghouse for distribution in your community.
Learn more about the campaign to make Massachusetts a #StateWithoutStigma at:
www.mass.gov/statewithoutstigma
» Order from the Clearinghouse

Additional Resources for Your Community
Find information about the proper use and disposal of needles and syringes for residents, workers/employers, and municipalities. Find information about the proper disposal of prescription medication.
Appendix 1: Additional Evaluation Examples

A limited but growing body of research supports the effectiveness of several interventions to address opioid abuse. These include advances in the policy domain (e.g., Haegerich, Paulozzi, Manns, & Jones, 2014), work in hospital emergency departments to screen patients and initiate medication-assisted treatment regimens (e.g., D’Onofrio et al., 2017), opioid overdose prevention and naloxone rescue kit dissemination (e.g., Kerensky & Walley, 2017), and innovative ways to link individuals with opioid use disorder to the treatment and recovery systems (e.g., Schiff et al., 2017).

Policy and Practice Change

Haegerich, Paulozzi, Manns, and Jones (2014) examine steps that states and communities can take at the policy level to attempt to influence systems change—for example, requiring participation in prescription drug monitoring programs (PDMPs), identifying ways that PDMP data can be leveraged to inform local interventions, limiting the amount of medication that can be prescribed in emergency departments, and using clinical guidelines and academic profiling to inform prescriber and provider decision-making (e.g., Boston University’s SCOPE of Pain).

The general idea posed by the authors is that health department staff are in a position to identify and recommend or require changes to policies and practices aimed at systems rather than individuals, which they believe is a more efficient way to influence environmental change.

D’Onofrio et al. (2017) examine how to improve the response to opioid use within emergency departments (EDs) by screening for opioid use disorder, providing a brief intervention for those identified through screening or other means, and offering intervention to those with the greatest need. The authors describes an ED-based program that initiates an addiction treatment medication regimen (buprenorphine) while patients are still in the ED, rather than refer them to a community-based provider.
Focus on Individuals Who Use Opioids and Their Immediate Social Networks

Kerensky and Walley (2017) draw on lessons learned from the growing number of programs and states that have adopted opioid overdose prevention training and distribution of naloxone to people who use opioids and their social networks. The general idea posed by the authors is that we should empower individuals who use opioids and their networks (including family members), rather than simply have them call 911 and then wait. The hidden presence of fentanyl in heroin and other substances favored by drug users lends an urgency to this approach, as minutes can now mean the difference between life and death.

Schiff et al. (2017) examine the gap between those who need treatment and those who receive it. The authors describe the implementation of and participants’ experiences with the City of Gloucester’s Angel Program, a police-led addiction treatment referral program (see ES 4 for more details). This approach provides a place for individuals who use drugs to go when they want to access services, or brings services directly to those who have recently survived an overdose.

Continued monitoring and evaluation are essential to strengthen the evidence base for opioid-related policy and practice changes, as well as for approaches that positively influence behavior change among individuals who misuse opioids and their social networks.
References and Resources


Essential Measures: A Local Public Health Toolkit for Addressing the Opioid Epidemic & Substance Use Disorder