



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

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SECTION I: Introduction

The role of local governmental health departments in Massachusetts is to promote health and equity, combat disease, increase longevity, and improve the quality of life for all residents of the Commonwealth. Over the past decade, recognition of substance use as a widespread factor that impacts health, and LBOH staff have taken the lead in addressing the needs of people with substance use disorders. Opioid and other substance use and opioid-related deaths remain critical public health problems in the Commonwealth. While opioid-related deaths substantially dropped for the first time in nearly two decades between 2023 and 2024 from 2,114 to 1,336, respectively, the number of annual deaths remains 2.7 times higher than observed in the year 2000.

This toolkit will prepare local health departments to respond to the opioid and other substance use in their communities. We know that prevention and interventions are most successful when they are well-matched to the needs and conditions of the community. This one-stop reference guide contains the information local health departments need to create and implement public health approaches that make a difference.

Specifically, these resources will help local health departments:

- Understand the scope of the opioid epidemic in your community and its impact on the health of community members, including those members historically excluded from public health initiatives.
- Identify opportunities for leading and/or participating in public health initiatives dedicated to addressing substance use and other behavioral health problems.
- Learn how to reduce both the individual and environmental factors shown to increase the risk of new opioid or other drug use, and promote those factors that protect against initiation of substance use.
- Identify and collaborate with substance use prevention partners in your community or region to ensure alignment of services.
- Improve access to treatment services and linkages among services for individuals with opioid/substance use disorder (OUD/SUD) when those individuals reach out to the health department.
- Recognize opportunities for health department staff to reduce barriers to care and address the stigma associated with OUD/SUD.

This resource was designed for use by Massachusetts municipalities. However, much of the content is appropriate for communities outside of the Commonwealth.

How This Toolkit Is Organized

This toolkit is organized into five sections:

- **Section I** includes an overview of the toolkit and a short glossary. However, most terminology will be defined along the way.
- **Section II** includes an introduction to evidence-based opioid prevention intervention, organized by four categories: public messaging campaigns, prescriber education, harm reduction, and other strategies.
- **Section III** includes steps local boards of health can take to address opioid use, organized around the *10 Essential Public Health Services for Public Health Services*.
- **Section IV** includes a more in-depth case example showcasing how the Northampton Board of Health is integrating opioid prevention into its work.
- **Section V** includes an annotated list of resources where readers can learn more about the prevention strategies included in this toolkit.

We do not anticipate that local health department staff will read this toolkit from start to finish. Instead, we anticipate staff familiarizing themselves with the menu of interventions available to them, then exploring opportunities to integrate these interventions into the important work they are already doing in their communities. Throughout the toolkit we provide examples of how cities and towns are approaching the opioid epidemic; we hope these will serve as helpful models.

Defining Key Terms

This glossary is not comprehensive. Instead, it offers a starting point for ensuring a shared understanding of some selected key terms related to opioid use and overdose.

Opioids: Opioids are a class of drugs defined by their ability to bind to and activate opioid receptors in the body, primarily in the nervous and gastrointestinal systems. Their effects can relieve pain, reduce coughing, slow GI motility, depress respiration, and produce feelings of euphoria. Opioid drugs can be divided into the following categories: naturally occurring, synthetic, and semi-synthetic. Substances in each of these categories can include prescribed and non-prescribed drugs.

- *Naturally occurring opioids*, also referred to as “opiates,” naturally occurring opioids are derived from poppy plants. They include morphine and codeine, which can be prescribed to treat acute pain or cough, and the illicit drug, heroin.
- *Synthetic opioids* are manufactured in a laboratory and do not occur in nature. They include fentanyl and tramadol, both of which are used to treat pain. They can be produced as prescription medication and illicitly manufactured. Most fentanyl driving opioid-related overdose deaths in the United States is illicitly manufactured. Some prescription medications to treat opioid use disorder, methadone and buprenorphine, are also considered synthetic opioids.
- *Semi-synthetic opioids* are derived from morphine and contain elements from chemical manufacturing in a laboratory. They include prescription medications like oxycodone, hydrocodone, hydromorphone, and oxymorphone.

Opioid Overdose: An overdose is a lifethreatening physiological response to amount of an opioid or an opioid in a dangerous combination of other substances; it can be fatal or nonfatal. During an opioid overdose, a person’s breathing severely slows down and may stop. Other signs of an opioid overdose include small pupils, blue/purple lips or fingernails, and inability to wake up.

Opioid Use Disorder: A problematic pattern of opioid use that leads to serious impairment or distress. To be diagnosed with an opioid use disorder, a person must have two or more of the following symptoms within a 12-month period of time:

Loss of Control	
Substance taken in larger amounts or for a longer time than intended	“I didn’t mean to start using so much.”
Persistent desire or unsuccessful effort to cut down or control use of a substance	“I’ve tried to stop a few times before, but I start using this drug again every time.”
Great deal of time spent obtaining, using, or recovering from substance use	“Everything I do revolves around using this drug.”
Craving (that is, a strong desire or urge) to use opioids	“I wanted to use so badly I couldn’t think of anything thing else.”
Social Problems	
Continued opioid use that causes failures to fulfill major obligations at work, school, or home	“I keep having trouble at work/have lost the trust of friends and family because of using this drug.”
Continued opioid use despite causing recurrent social or personal problems	“I can’t stop using even though it’s causing problems with my friends/family/boss/landlord.”
Important social, occupational, or recreational activities are reduced because of opioid use	“I’ve stopped seeing my friends and family, and have given up my favorite hobby because of drugs.”

Risky Use

Recurrent opioid use in dangerous situations	“I keep doing things that I know are risky and dangerous to buy or use this drug.”
Continued opioid use despite related physical or psychological problems	“I know that using this drug causes me to feel badly/messes with my mind, but I still use anyway.”

Pharmacological Problems

Tolerance (that is, need to take higher doses of a drug to feel the same effects, or a reduced effect from the same amount)	“I have to take more and more of the drug to feel the same high.”
Withdrawal (the experience of pain or other uncomfortable symptoms in the absence of a drug)	“When I stop using the drug for a while, I’m in a lot of pain.”

Source: American Psychiatric Association. (2013). Substance Use Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

SECTION II. Evidence-based Public Health Interventions

Public health interventions can take many forms—ranging from large, statewide campaigns to focused interventions for specific individuals or populations. This section presents four strategy “categories” that have evidence of effectiveness, and that local boards of health can implement to address opioid use and overdose.¹ Links to additional information on these strategies is included in **Section V: Resources**

Strategies at a Glance



Public Messaging Campaigns

Public messaging campaigns are often used to raise awareness about a specific health issue or create the conditions that facilitate behavior change.

But not all messages are created equal. Research has shown that campaigns that paint drug use as simply the wrong thing to do—such as the “Just Say No” campaign of the 1980s—do not work. Instead, effective public messaging tries to educate and inform people using factual information, rather than rely heavily on scare tactics or fear-based messaging.

¹ This toolkit focuses primarily on strategies that local boards of health are best equipped to implement. Other strategies have demonstrated effectiveness, but many of these are implemented at the state or federal level, or by other community sectors. A listing of these other evidence-based interventions is included in Section V: Resources.

We also know that design and implementation matters. According to the research, public health communications campaigns are most likely to be effective when they:

- Are part of a more comprehensive prevention campaign.
- Present clear messaging and action steps.
- Deliver the right message to the right audience through the right channels.

Social marketing. Many public messaging campaigns use social marketing, an approach adapted from commercial marketing, to encourage favorable and voluntary behavior change. Social marketing messages reinforce the benefits of engaging in a specific behavior while minimizing the perceived negative consequences typically associated with behavior change. Campaigns can take different forms:

- Some social marketing campaigns target factors that contribute to opioid use, such as those that focus on storing prescription opioids safely.
- Other campaigns seek to improve responses to overdoses, for example, by providing information on relevant Good Samaritan Laws that protect from drug-related criminal charges those individuals who report an overdose to emergency medical personnel.

Anti-stigma campaigns. An important priority when working to address substance use is to reshape attitudes and reduce the stigma that prevents many individuals from accessing the care they need. Like people struggling with other chronic diseases, people with who use drugs and people recovering from a substance use disorder deserve respect and support.

Prescriber Education

Since prescription opioids can lead to problematic substance use, working directly with opioid prescribers on preventing prescription misuse is a key public health strategy. There are several ways to do this:

Prescriber education programs. The goal of prescriber education programs is to make sure that prescribers are using safe practices to help their patients manage their physical pain without becoming addicted to opioids. Prescriber education involves teaching prescribers about the benefits and risks of prescribing opioids, including strategies to prevent misuse, while maintaining legitimate and appropriate access to opioids for patients. Topics for prescriber education may include the following:

- Best practices for when and how to prescribe opioids or other drugs with potential for problematic use
- How to recognize when an individual is at risk for problematic prescription drug use or overdose
- When and how to refer individuals to treatment services

- How to talk with patients about the risk of drug overdose
- Information on other strategies to prevent overdoses

Prescriber education may be delivered through a variety of venues, including:

-
- Continuing medical education programs
- State-mandated training events, delivered in partnership with local boards of health
- Peer-to-peer consultation, such as Massachusetts Consultation Service for the Treatment of Addiction and Pain MCSTAP

The Centers for Disease Control and Prevention (CDC) has provided [guidelines for prescribing opioids²](#) for chronic pain which prevention practitioners can use to guide the creation of educational materials. Experience dictates, however, that prescriber education is best received when the individual delivering the educational message is another prescriber (i.e., a physician) or someone with medical credentials. Special resources are available to ensure that people with OUD or other substance use disorders also receive adequate pain management during acute pain events, including post-operatively.

Tracking and monitoring strategies. Tracking and monitoring is an important component of monitoring prescribing trends. A key resource in this task is Massachusetts' [Prescription Monitoring Programs](#) (PMP)—a statewide electronic database that collects, analyzes, and makes available prescription data on controlled substances dispensed by non-hospital pharmacies and practitioners.

- The purpose of the PMP is to prevent individuals from receiving medically unnecessary prescriptions, knowingly or not, that may be misused or cause overdoses.
- State law requires that all Massachusetts prescribers query the PMP, using the [Massachusetts Prescription Awareness Tool](#) (MassPAT), before prescribing a Schedule II or III narcotic medication or a benzodiazepine.

Health departments can use PMP data in a variety of ways to address the prescription drug and opioid epidemics, making them key public health and safety tools. You can use these data to identify and/or refine priorities, and to focus prevention efforts. You can also use PMP data to change prescriber behavior. For example, many states share PMP data using prescriber “report cards,” which compare practitioners’ prescribing practices to their peers in the same specialty.

² CDC’s National Center for Injury Prevention and Control is in the process of updating the 2016 [CDC Guideline for Prescribing Opioids for Chronic Pain](#). The anticipated release of the new guidelines is late 2022.

These reports can alert prescribers about at-risk patients and prompt them to take necessary steps to prevent opioid misuse.

Harm Reduction

Harm reduction programs provide essential health information and services while respecting individual dignity and autonomy. For people who use drugs (PWUD), harm reduction recognizes substance use is a morally neutral, longstanding facet of society and human life and there are strategies that can promote health and safety for PWUD.

Harm reduction programs focus on reducing the risks and harms associated with drug use. Harm reduction efforts have been shown to play a key role in reducing serious health consequences that can be associated with substance use, including HIV and viral hepatitis transmission, skin and soft tissue infections, other illness, and death.

Access to Naloxone. Naloxone, commonly available under the brand name Narcan, is an opioid antagonist—medication that blocks the body’s opioid receptors to reverse or prevent the effects of opioid drugs. This blockage can reduce symptoms of an overdose, most importantly respiratory depression, before becoming potentially fatal.

- LBOHs are eligible to register for the Commonwealth’s Community Naloxone Program to obtain no-cost naloxone for distribution to community members.
- Massachusetts DPH has issued a [statewide standing order](#) that allows retail pharmacies and community organizations, including LBOHs, to dispense naloxone without a prescription. It dictates that all Massachusetts retail pharmacies licensed by the Board of Pharmacy maintain a continuous, sufficient supply of naloxone rescue kits. Customers can purchase naloxone as an over the counter (OTC) item, or fill as a prescription through their insurance.

911 Good Samaritan Laws. The [Massachusetts Good Samaritan Law](#) (“Immunity from prosecution under Secs. 34A for persons seeking medical assistance for self or other experiencing a drug-related overdose”) provides legal protections for individuals who call for emergency assistance (such as 9-1-1) in the event of a drug overdose. It may also protect individuals from arrest and/or prosecution for crimes related to drug possession, drug paraphernalia possession, and other crimes.

By providing these protections, this law has significant potential to help reduce the impact of the opioid epidemic by encouraging people to summon emergency assistance if they experience or witness a drug overdose.

Syringe Service Programs. Syringe service programs (SSPs), also known as needle exchange programs, provide people who use drugs with access to comprehensive harm reduction services,

including sterile injection equipment and syringe disposal services free of cost. They also provide referrals to other services such as testing for hepatitis C, HIV, and other sexually transmitted diseases, substance use disorder treatment, risk reduction counseling, and naloxone.

- SSPs have been associated with increased entry into substance use disorder treatment programs, decreased overdose deaths, reduction in needle stick injuries for first responders and the general public, decreases in new HIV and viral hepatitis infections, and savings in health care dollars by focusing on primary prevention.
- As of July 1, 2016, the local board of health in any Massachusetts city or town may approve the establishment of an SSP in that city or town. There are currently more than 30 brick-and-mortar SSPs in Massachusetts, and 86 communities currently have approval to establish programs.

Overdose Prevention Centers. These sites aim to reduce health risks among people who use drugs as well as public substance use and related problems within the broader community. People can obtain sterile injection equipment for use on site, and facilities are equipped with naloxone and staffed by individuals who are trained to recognize and respond effectively to an overdose. People who use these services also receive individualized information about their substance use-related risks and safer use practices. Overdose Prevention Centers (OPCs) have been successful in reaching the most marginalized populations of people who use drugs, who are least likely to obtain access to medical and social support, and connect them with health and social services. As of 2025, three sanctioned OPCs operate in the United States, including two in New York City and one in Providence, Rhode Island.

Other Strategies

Post-Overdose Interventions. Despite public messaging campaigns, prescriber education efforts, and the implementation of harm reduction strategies, opioid overdoses will still occur—and people who survive an overdose are at increased risk of dying from another one. This is why programs to support individuals who have survived an opioid overdose are also an important part of prevention. Post-overdose interventions have shown promise in reducing the risk of subsequent overdoses and improving other health outcomes among people who have experienced a non-fatal overdose. These programs are based on some key principles, including establishing positive relationships with survivors and helping survivors navigate social services systems.

Sometimes referred to as warm handoffs, these interventions represent a collaborative effort among law enforcement, medical providers, social workers, and prevention professionals to engage individuals who have experienced a non-fatal overdose and their family members in the period immediately following the overdose event.

Access to Medications for Opioid Use Disorder. For people with OUD/SUD, having access to medications for opioid use disorder (MOUD) can reduce overdose risk and improve health outcomes. MOUD include methadone, buprenorphine, and extended-release naltrexone. Methadone is available only through certified Opioid Treatment Programs (OTPs), while buprenorphine and naltrexone are more widely integrated into primary care, office-based or outpatient treatment services, and psychiatric care. Research demonstrates that MOUD, particularly methadone and buprenorphine, are effective treatments and can reduce someone's risk of fatal overdose by 50%.

In 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) recommended replacing the term Medication Assisted Treatment (MAT) with MOUD. MAT implies that medication plays a secondary role to other approaches, while MOUD reinforces the idea that medication is its own treatment form.

SECTION III: 10 Essential Public Health Services

This section of the toolkit is organized around the Centers for Disease Control and Prevention's *10 Essential Public Health Services*. This framework describes the public health activities that all communities should undertake to ensure the health and safety of their citizens. Each of the services is designed to support one of three core functions of public health:

- Assessment
- Policy development
- Assurance (i.e., ensuring that people live in healthy conditions).

To achieve optimal health for all, these 10 essential services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structure barriers, such as poverty, racism, gender, discrimination, and other forms of oppression that have resulted in health inequities.



For each of the 10 services described below, we present a brief overview of the key tasks associated with the service, some important considerations for implementing these tasks through an **opioid prevention lens, and concrete steps LBOHs can take to integrate opioid prevention into the service**. We also present an example of how other Massachusetts communities are doing so.

ES 1. Assess and monitor population health

Core Function: Assessment

Why This Is Important

- Helps health departments understand *how* opioids and other drugs are being used in the community, as well as the *associated health outcomes*
- Helps health department measure the impact of opioid and other drug use and overdose on those subpopulations most vulnerable to behavioral health disparities and health inequities.

What's Involved

- **Collect readily available state and local archival data.** These data are often presented in epidemiological profiles—detailed reports that summarize the problems affecting a community or population. Hospitals, law enforcement agencies, first responders (e.g., fire departments, private ambulance companies), government agencies (e.g., city clerk death records), community organizations, and state agencies can also be important sources of archival data.
- **Review local health and behavioral health surveys,** such as Youth Risk Behavior Surveillance System (YRBSS) surveys conducted by local schools and community assessments conducted routinely by many service organizations; these can be rich sources of information.
- **Partner with existing substance use prevention coalitions in the area,** who routinely collect this information to inform their planning.

Key Considerations

- **Designing and implementing equitable and inclusive data collection and analysis processes will help to ensure that the data you collect tells a complete story.** To inform this process, bring to the prevention table stakeholders who have been historically excluded and ensure that their voices are heard.
- **Center lived and living experience in the data collection and analysis process.** Lived and living experience can include a variety identities and experiences, including one's own past or current substance use, mental health challenges, and other relevant life experiences, or someone's role as a close friend or family member related to such. Value the merits of qualitative data, including anecdotal data and personal stories.
- When reviewing data, **identify those subpopulations that are vulnerable to behavioral**

health disparities and health inequities and make sure you have collected data on opioid-related problems for these populations. If information on these populations is missing from existing data sources, take time to gain approval from community members to collect new data to fill the gaps.

- **Do your homework!** Asking for data isn't like borrowing a cup of sugar. People can be very protective of their data; it tells the story of the work they do and the people they serve. These stories can be painfully revealing, easily misinterpreted, and often complicated. For these reasons, it's important to approach all data requests with respect.

Racial Equity Data Roadmap

In 2020, the Massachusetts Department of Public Health (DPH) released the [Racial Equity Data Roadmap](#). The purpose of this tool is to improve the use of data across DPH-funded programs to inform racial equity work in order to achieve equitable health outcomes across the Commonwealth. It challenges prevention practitioners to “examine the role that data can have in perpetuating and failing to address health inequities . . . [and] disrupt the status quo; face racial inequities head on; and inform data-to-action approaches that can be used to test new ideas that may finally lead to all people having the opportunity to reach their full potential for health and wellbeing.

Get Started!

- ✓ **Identify potential partners** (e.g., hospitals, police, emergency medical services, medical examiners and coroners' offices) who routinely collect data related to opioid use.
- ✓ **Find out who is in charge of maintaining these data (i.e., the data-keepers) and reach out.** Put in place data-sharing agreements with local partners to facilitate access to local data sources. Be prepared to make a compelling case for why the data keeper should share their data. Acknowledge potential barriers to data-sharing and brainstorm possible solutions. Continue to engage these partners in helping you analyze and understand the data once it is compiled.
- ✓ **Use data mapping tools** like the free MDPH Bureau of Substance Addiction Services (BSAS) Data Dashboard to track key substance use-related outcomes, including overdose, at the municipal level.
- ✓ **Review PMP data periodically to track emerging trends.** Share with prescribers, pharmacies, and prevention practitioners any relevant data about new controlled substances (e.g., if rates of use are increasing).

- ✓ **Consider what data is missing from your review.** Just because data isn't available doesn't mean the problem doesn't exist! Consider partnering with an evaluator or someone with data savvy who can help you identify gaps.
- ✓ **Consider ways to sustain relationships with the agencies and organizations that provided data and continue to involve them in your opioid prevention services.** Invite them to attend your events (and sponsor and attend theirs!), promote/publicize their work, and seek out funding opportunities that you can apply to as partners.

Assessment in Action: Using PMP Data to Inform Prevention Efforts

To inform its strategic plan for preventing prescription drug misuse (also known as SPF-Rx), the Massachusetts Department of Public Health's Bureau of Substance Addiction Services (BSAS) is working closely with the Massachusetts PMP to analyze data on the number of individuals in the Commonwealth receiving prescription drugs and reported to the PMP from 2016 to 2021. The data will be disaggregated by zip code (or county, if zip code is not possible) and by gender, payment type, and age group. BSAS will also examine patterns in the number of prescription drugs disaggregated by days of supply, amount/patient, and solid quantity reported.

The proposed data analyses will help BSAS identify prescribing patterns of medications with high misuse potential—most notably opioids, central nervous system depressants (like benzodiazepines), and stimulants. It will also help to identify patterns of potential prescription drug misuse (e.g., inappropriate prescribing and multiple provider episodes) by geographic location, as well as factors associated with prescribing patterns and potential misuse such as gender, age, and insurance coverage (as a proxy for socioeconomic status).

These data, triangulated with other sources of information (e.g., literature review, interviews and focus groups with key informants, analysis of other sources of state and local data) will help to identify populations defined by geography or other factors that may benefit from more intensive or tailored interventions to be defined in the state's SPF-Rx.

ES 2. Investigate, diagnose, and address health hazards and root causes

Core Function: Assessment

Why This Is Important

Health departments cannot change a substance use problem directly. Instead, they must work through the factors that are known to be related to the problem (e.g., ease of access to substances, need to develop social and emotional skills, norms supportive of use). An opioid prevention program or practice is only effective if it is a good match for both the problem *and* its associated factors. To ensure this match, all planning efforts should be informed by a thorough understanding of local data.

What's Involved

- **Identify the factors** that both contribute to and protect against the substance use problems in your community, including “upstream” factors like the social determinants of health.³
- **Assess and build, as needed, your capacity** to address identified these factors.
- **Analyze the data and draw conclusions** with the input from community members.

Key Considerations

- **Examine the root causes of substance use and associated problems.** Individual and family-level factors can play an important role in whether someone develops an OUD. But it is also important to consider the constellation of factors present in our culture and society that also play a role, such as racism, violence, and limited access to education, job opportunities, and health care. Health departments need to understand the root causes of substance use and its associated problems, including the role that racial inequities play.
- **Think beyond risk.** All too often, communities focus exclusively on the negative factors that contribute to local substance misuse problems, overlooking the wealth of supports present in every community that address substance use. Focusing solely on risk can lead to victim-blaming, sweeping generalizations, and the perpetuation of myths, stereotypes, and assumptions about particular groups or populations.
- **Assess readiness (and if you don't have it, build it).** Communities need both human and structural resources to establish and maintain a prevention infrastructure capable of

³ According to the [World Health Organization](#), **social determinants of health** are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems that shape the conditions of daily life.

responding to local opioid problems and their negative health outcomes. It also needs people who have the motivation and willingness—that is, the readiness—to address these problems. Initiatives that are not well-supported are unlikely to succeed. Readiness is particularly important for initiatives focused on the needs of people who use drugs—a population that experiences high levels of stigma and is routinely dismissed.

- **Involve community members in data analysis.** Just like data collection, data analysis is best done in collaboration with others. This includes community members with direct experience working with data and those with a strong understanding of the people *behind* the data. Engaging partners in this process will ensure that you correctly interpret the data you have collected.
- **Include the voices of people with lived experience.** Don't just get listen to those community members with the loudest voices or who are in positions of power. Also, consider how you are weighing the value of different voices and examine biases that may be influencing how you 'hear' different perspectives.

Get Started!

- ✓ **Connect with local agencies and coalitions that provide substance use-related services.** Find out what they do and explore ways to align your work with theirs. Identify local champions who can help you build support for your opioid prevention and treatment initiatives. This will help you avoid duplication of effort and maximize existing resources.
- ✓ **Review surveillance data,** such as drug arrest and emergency room data, to detect causes and outcomes related to substance use at the local level. These data can also help you identify specific sub-populations that may be at greater risk for substance use and/or neighborhood clusters of overdoses produced by fluctuations in the local drug supply.
- ✓ **Partner with organizations within the community that address “upstream” factors,** such as food pantries and local housing authorities. Root causes might also be something to explore with groups focusing on equity and social determinants (e.g., anti-racism groups, social service agencies supporting certain populations, economic development organizations). These organizations can help you understand how these factors may be impacting local substance use.
- ✓ **Make an asset map** that catalogues key services, benefits, and resources in the community. Community assets might include schools, parks, community centers, hospitals or community clinics, existing prevention agencies, treatment centers, churches or other religious institutions, and other community organizations. Community assets can also include informal supports such as volunteers.

Assessment in Action: Data Capacity-building in Dedham

Over the past five years, the Dedham Organization for Substance Awareness (DOSA) has focused its efforts on building the capacity of its coalition members to use data. One of the first steps they took was to engage staff and coalition members in an interactive “data dive” dialogue process.

- Working in small groups, members began by naming their assumptions about substance use in their community, and their expectations about what the data would reveal.
- The groups then examined and interpreted local data sets—a parent survey, two student surveys, and compliance check data, as well as data on fatal and non-fatal overdoses in the community. They explored questions such as “What patterns do you see?” “Which groups seem most at risk?” and “What surprises you?” and created charts and other visuals to communicate their findings with one another.
- The groups shared their observations, discussed the implications of what they learned, and decided collectively which problems were most pressing.
- In a follow-up meeting, members used these priorities as the foundation for their logic model—a visual roadmap that linked problems to goals and defined the strategies the coalition would use to reach them.

ES 3. Communicate effectively to inform and educate

Core Function: Policy Development

Why This Is Important

Local, statewide, and national health education and health promotion activities have demonstrated success in building people’s knowledge, shaping their attitudes, and informing their decision-making choices. They can communicate information about personal risk factors, and publicize laws and programs that promote safe, healthy behaviors that protect people from these risks. They can also shape the public narrative about substance use and people with SUD, including helping to reduce the stigma of substance use.

What’s Involved

- Develop and disseminate health education and promotion activities **that reflect the culture, preferred language, and background of the populations they are meant to serve.**
- Develop and disseminate health education and promotion activities **that seek to reduce stigma associated with opioid disorder and mental health.**
- **Collaborate with other schools, community-based organizations, faith-based communities, and work sites** to implement and reinforce programs and messages.

Key Considerations

- **Communication strategies should be part of a comprehensive approach.** The key to effective substance use prevention and services is to use multiple strategies, in multiple settings, toward one common goal. Communications campaigns should align with and reinforce other health promotion and prevention efforts.
- **Effective communication campaigns don’t need to be broad.** Some of the most effective campaigns are those directed toward specific groups or sub-populations because they can speak directly to their needs, norms, and cultures.
- **Communication campaigns and materials should reflect the culture, preferred language, and background of the populations they are meant to serve.** For example, understanding and using the most appropriate terms and phrases for your intended audience helps to ensure that materials are welcomed and not deemed offensive.
- **Community input is essential.** Be deliberate about involving community members and partners in meaningful ways as you design and develop communication materials and messaging. Reach out to culturally relevant organizations to build connections: these

partners can help you identify informal leaders who can in turn help you network with others. They can also help you identify communication channels that are most likely to reach your intended audience.

- **Creating culturally appropriate communication materials requires more than mere translation.** To be effective, materials and messaging must reflect the values norms, and beliefs of the populations for which they're intended.

Get Started!

- ✓ **Determine which factors you want your communications campaign to address.** What are your goals? Do you want to change behavior(s)? Raise awareness? Reduce stigma?
- ✓ **Define your audience.** Be as specific as possible.
- ✓ **Learn about the kinds of prevention programs that your state, community, and schools are already implementing** (e.g., MDPH's [Journey Recovery Project](#) for pregnant and parenting women with substance use disorders). This will help to ensure that any new campaign reinforces existing messages.
- ✓ **Ensure that communications and LBOH staff understand use of non-stigmatizing language related to substance use.** The language and terminology surrounding substance use has changed substantially over the last decade. Many resources are available that define more modern and appropriate terminology regarding substance use (e.g., NIDA's Words Matter - Terms to Use and Avoid When Talking About Addiction).
- ✓ **Convene focus groups with community members,** including representatives from those identified subpopulations that are at increased risk of substance use, to collect input on all aspects of campaign design, messaging, and delivery.
- ✓ **Cultivate relationships with local journalists.** Media outlets can be important partners in your prevention efforts, so you will want to nurture these relationships at every opportunity. Good media engagement helps to ensure that messaging is represented accurately and communicated broadly. Media scans can also be a good way to assess local readiness to tackle opioid-related problems.
- ✓ **Select your communications delivery channels,** including social media platforms. Think carefully about which channel will help you best reach your audience.

Communications in Action: Boston's CopeCode Club

In April, 2020, the Mayor's Office of Recovery Services, in partnership with the Massachusetts General Hospital, Boston Public Health Commission, and DPH, launched the CopeCode Challenge. The campaign supports Boston youth in identifying healthy ways to cope with feelings that stressful situations like the COVID-19 response produce. Campaign objectives include:

- Encouraging youth to think about healthful ways to manage difficult feelings
- Normalizing the challenges that youth in Boston experience
- Increasing youth providers' capacity to engage youth in conversations around positive coping skills.

The campaign promotes nine primary methods for managing stress through youth stories: Move, Create, Sing, Think, Share, Rest, Breathe, Write, and Bond. Key components include:

- Digital Ecosystem (www.copecode.com)
- Posters
- Activity Kit
- Experiential Activities

Participating youth are invited to join others across the city in practicing positive coping skills from the comfort of their own homes, and to incorporate a series of Stress Science Tips into their routines. The site also provides support resources.

ES 4. Strengthen, support, and mobilize communities and partnerships

Core Function: Policy Development

Why This Is Important

- **Developing collaborations across diverse community partners** helps to ensure that the community resources needed to support prevention efforts are available and that the community fully embraces selected prevention and service approaches.
- **Connecting with individuals who reflect the target community** is more likely to produce prevention and support services that meet the community's genuine needs, build on its strengths, address historical factors influencing SUD/ODU and related problems, and produce positive outcomes.
- **Lack of coordination and communication** between the different sectors tasked with responding to opioid misuse and overdose (e.g., healthcare, public safety, schools, criminal justice, harm reduction services, human services, housing, and public health) leads to too many missed opportunities for wrap-around services and connections to care.

What's Involved

- **Convene and facilitate partnerships and strategic alliances** among other municipal agencies, community-based organizations, and community members in order to develop and implement prevention, intervention, and treatment activities for OUD/SUD. Sectors to consider include:
 - Treatment providers
 - Local businesses
 - Law enforcement
 - University and research institutions
 - Youth-serving agencies and institutions
 - Health care providers
 - Neighborhood and cultural associations
 - Local government
 - Faith communities
 - Harm reduction specialists and syringe services program staff

You can find a list of community-based organizations that do substance misuse prevention work [here](#).

- **Engage partners in a strategic planning process** to guide the implementation of program efforts.

- Ensure that partnerships **include representation from subpopulations that have been traditionally marginalized.**
- **Raise public awareness of priority substance use-related needs** to garner valuable resources and increase local readiness to support substance use-related initiatives.

Key Considerations

- **Partner engagement should be a planned and proactive endeavor.** When seeking to engage potential partners:
 - **Consider the level of involvement needed.** If a potential partner is not yet ready to become deeply involved in your work, meet them where they are; you can slowly encourage them to become more involved over time.
 - **Do your homework.** When developing relationships with different partners, strive to understand their experience within the community. How have they engaged with other partners in the past? What was that experience like? Were they treated as valued and full partners? Did they experience disenfranchisement? With which other community partners do they traditionally work?
 - **Be proactive.** Don't expect partners to come to you. Meet one-on-one with public opinion leaders that represent the diversity of your community. Attend community meetings hosted by partners who are also engaged in substance use-related initiatives or who provide related services, and share information on their websites and social media outlets.
 - **Reach out to influencers—but don't rely on their voices, entirely.** A parent who is an active and beloved member of their school, church, or community center can be important allies in your work. But make sure to also cultivate relationships with people are less publicly prominent but who may nonetheless have rich experiences to share.

Get Started!

- ✓ **Provide training on the basics of collaboration.** Understanding some basic principles of collaboration can help health departments develop the relationships needed to plan, implement, evaluate, and sustain prevention efforts, and to deepen these relationships over time.
- ✓ **Develop a set of agreed upon group norms for collaboration with partners.** This can be especially helpful when dealing with a highly stigmatized topic, like substance use, and can help create an inclusive and safe environment for all participants.

- ✓ **Convene a planning group.** Include those stakeholders most critical to intervention success. So, for example, if you decide to implement a post-overdose program, make sure to include representation from the harm reduction community, local behavioral health agencies, and potentially law enforcement (depending on the model you choose). If you decide to focus on prescriber education, include representation from the medical community.
- ✓ **Choose a planning model.** Several public health-related planning models are used in substance misuse prevention. One of the best known is SAMHSA’s [Strategic Prevention Framework](#) (SPF). Developed more than two decades ago, this five-step framework has been used to guide prevention efforts in all 50 states and hundreds of communities. All BSAS-funded programs are required to carry out a detailed planning process using SAMHSA’s SPF.
- ✓ **Engage in a collaborative planning process.** Collaborative teams need strong leaders who are comfortable juggling the needs of multiple stakeholders while also ensuring that the work of the team continues to move forward. Think through how your group will function, how decisions will be made, and what partners need to know—about the project and one another—to be productive and stay engaged. Consider inviting an outside facilitator to help guide the planning process.
- ✓ **Spread the word.** Meet one-on-one with public opinion leaders to let them know about the work you’re doing (and later, about what you learned). Host community events and attend community meetings hosted by others. Ongoing communication is important for transparency; it will also help to create the buy-in needed to sustain your program efforts.

Collaboration in Action: Cambridge’s Opioid Action Plan

In 2019, the Cambridge City Manager’s Opioid Working Group released a comprehensive plan for addressing and curbing the opioid epidemic in the City of Cambridge. [Addressing the Overdose Epidemic in Cambridge: Final Report and Recommendations](#) was the product of a 6-month strategic planning process involving representatives from city agencies, nonprofit and human service organizations, medical and behavioral health organizations, emergency services, and the community. Each of these individuals had been integral to addressing Cambridge’s opioid crisis and demonstrated the depth, breadth, and complexity of establishing and building a successful response.

Over a six-month period in 2018, the working group met 10 times, immersing itself in learning more about the opioid crisis locally; identifying services and programs currently in

place; discussing relevant data collection to better inform the work; and hearing from a range of content experts and people with lived experience. Together, group members identified gaps in services and programs, how best to address those gaps, and how to build upon existing programs and services. Five common themes surfaced from these conversations:

1. Improved Coordination – Better coordination among partners and existing initiatives
2. Service Capacity – Greater capacity to address the challenges and gaps in services
3. Operational Support – Increased funding to support the work
4. Citywide Campaign – Enhanced anti-stigma education and awareness
5. Access to Narcan – Greater access to and awareness of naloxone

Based on this process, the working group identified five broad, high-level recommendations with immediate and longer-term action steps designed to mitigate the challenges of the opioid crisis in Cambridge. These recommendations can also serve as a blueprint for how Cambridge can respond to other substance use disorder crises in the future. The recommendation development process and the stakeholders involved provided a thoughtful, strategic path forward for tackling addiction and other related issues.

ES 5. Create, champion, and implement policies, plans, and laws

Core Function: Policy Development

Why This Is Important

Local health departments play an important role in developing policies, codes, and local ordinances to protect the health of the public, including negative health outcomes related to substance use. There are several key benefits to developing policies across the public health prevention spectrum (e.g., primary, secondary, tertiary): they have far-reaching effects, they can reinforce programs directed at individuals, and they can be relatively inexpensive to enact and easy to sustain.

What's Involved

- **Develop and champion** policies, plans, and laws that guide the practice of public health.
- **Examine and improve** existing policies, plans, and laws to correct historical injustices.
- **Provide input** into policies, plans, and laws to ensure that health impact is considered.
- **Continuously monitor and develop** policies, plans, and laws that improve public health and preparedness and strengthen community resilience.
- **Collaborate with multi-sector partners** to develop and support policies, plans, and laws.

Key Considerations

- **The decision to implement a policy should be based on a thorough assessment** of community needs and a clear understanding of the factors that contribute to identified problems.
- **A policy can only be effective if it is a good fit with organizational or community context**—that is, if there are ample resources to support it and it complements (rather than competes with or undermines) other policy initiatives. To determine fit, policymakers must understand factors such as awareness of and attitudes towards the problem the policy will address, norms related to substance use, and community readiness to act.
- **Once a policy is adopted, it is important to regularly assess** public awareness of the policy, the effectiveness of enforcement efforts, and the extent to which the policy is still appropriate.

Get Started!

- ✓ **Consider which policies are already in place that address your identified problem or related factors.** Are these policies working? Do they need to be strengthened? For example, Massachusetts has a [statewide standing order](#) that allows community

organizations, including LBOHs, to dispense naloxone without a prescription. Is there a need for a local policy that aligns with this order—that would, for example, help to ensure that naloxone rescue kits are readily accessible through certain venues, such as [naloxone vending machines](#)?

- ✓ **Consider which policy solution is the best fit for your community, and who should be involved in moving the solution forward.** For example, if yours is a college town, you will need to consider the unique challenges of addressing opioid use on campus and work with college officials to address those head-on. If yours is a beach town, you will need to consider the impact of any policy changes on tourism and engage the business community in your planning efforts.

- ✓ **Consider unintended consequences of potential policies.**

- ✓ **Consider community norms around substance use.** This will help you gauge potential support for policy change. Public acceptance and support are necessary for several reasons. First, you will need both to get any policy passed. Second, you will need to ensure that the policy is enforced. And finally, widespread support will increase the extent to which individuals voluntarily comply. This is critical, since it's nearly impossible to enforce a policy with which people are unwilling to comply. In fact, enforcement is only effective when most people comply willingly, since forcing everyone to do something they don't want to do is unfeasible.

Policy in Action: Somerville's Supervised Consumption Sites

In Somerville, overdose rates increased more than five-fold between 2012 and 2018, and each year, the city's first responders attend to more than 100 overdose calls. During that period, limited supports existed in the city for people who use drugs (PWUD), including no fixed harm reduction services (e.g., syringe distribution programs).

In September 2020, the Somerville Department of Health and Human Services released a call for applicants to conduct a needs assessment and feasibility study on supervised consumption sites (SCS) in Somerville. The purpose of the needs assessment and feasibility study was to determine the conditions under which an SCS would be used by people who use drugs and the feasibility of implementing an SCS in Somerville. Another goal was to identify concerns, challenges, and barriers that may be associated with opening an SCS.

Key Findings:

- Surveys with PWUD revealed high willingness to use an SCS. The most common reasons for using an SCS included: overdose prevention or treatment, safety from police, and safety from crime or violence. Reasons for not wanting to use an SCS included concerns about police around the site and not wanting to disclose their drug use.
- Most community members surveyed reported that an SCS would be helpful to Somerville. The main benefits included connecting people to services and supports, reducing overdose deaths, and overall public benefits. The top three reasons an SCS would not be beneficial were negative community impact, concerns about the site enabling drug use, and increasing the number of people who come to Somerville to use drugs.
- Two focus groups with PWUD explored facilitators and barriers to using an SCS. The four main facilitators included: anonymity and discreteness, availability of wraparound service, an interdisciplinary staffing model, and support for multiple consumption methods. Barriers included law enforcement interaction around the site and inaccessible location.

Based on these findings, the study recommended that Somerville establish at least one integrated SCS in either Davis Square and/or East Somerville that includes harm reduction and wrap around support services for PWUD. It also recommended that PWUD be meaningfully included in the planning, implementation, and operational phases of opening and running an SCS, and that the city engage in transparent, community-engaged planning and implementation efforts with a range of stakeholders.

Read the full report here: [Somerville Supervise Consumption Site: Needs Assessment and Feasibility Report, Final Report—June 16, 2021](#)

ES 6. Utilize legal and regulatory actions

Core Function: Assurance

Why This Is Important

While most legal efforts to address the opioid epidemic originate at the state level, local health departments can play a vital role in helping to promote and enforce these efforts. Legal approaches can reduce improper prescribing of opioids, protect individuals who report overdose, and improve access to overdose care. Health departments can also work with community partners, including public safety—who are often tasked with enforcement—to ensure that laws and regulations are applied fairly.

What's Involved

- **Ensure that relevant laws** are equitably applied to protect the public's health.
- **Assess enforcement efforts already in place** and determine their efficacy.
- **Identify appropriate enforcement strategies** for identified laws and regulations.
- **Identify sectors that will be responsible for enforcing laws and regulations**, and ensure that they are on board.
- **Identify others who may need to be involved** to support enforcement strategies.

Key Considerations

- **Enforcement and policy are closely related, but they need to be considered separately.** In the absence of enforcement, policies are merely abstract ideas, without action to back them up. However, the players who develop and articulate policies are usually not the same players tasked with enforcing them. Moreover, these players are not always accustomed to working together.
- **Enforcement must be part of the policy planning process from the start.** Enforcement increases the likelihood of compliance, which in turn produces the health-promoting changes that policies are intended to create. Without planning and dedicated resources for compliance and enforcement, even the most comprehensive and well-thought-out policy is unlikely to succeed.
- **The decision to implement an enforcement strategy should be well-informed.** It should be based on a thorough understanding of community needs and resources; strong community support; and a fairly strong assurance that the people who will be doing the enforcing are on-board.

Get Started!

- ✓ **Convene a planning group** that includes representation from those sectors that will be responsible for enforcement activities, and those sub-populations most likely to be impacted by them. Note that the people at the table may change as you home in on the direction of enforcement efforts. Early buy-in from key stakeholders can also help to ensure alignment between policy and enforcement expectations.
- ✓ **Consider the following questions:**
 - *To what degree are existing policies enforced?* This will help you anticipate potential roadblocks to new enforcement efforts.
 - *What enforcement strategies are already in place?* This will help you determine what is working well and where there may be need for improvement. Will your new efforts complement existing strategies or duplicate them? If no enforcement strategies are in place, why or why not?
 - *Who is involved in current enforcement efforts?* Are they the “right” enforcers? Are they well-supported? Do they have the bandwidth to take on something new? Are there new players who need to be engaged to improve the likelihood that new efforts will be successful?
 - *Is the community ready to act?* Keep in mind that readiness isn’t static. You can build it through education, information dissemination, and the support of local champions.
 - *What’s feasible?* Does your community have the resources to enforce local policies—and to do so consistently? Will you be competing with other enforcement efforts? Surveying available resources will allow you to choose a realistic enforcement strategy. If resources (or readiness) is lacking, you may want to take time to acquire the necessary resources (and build the necessary readiness) before moving forward.
- ✓ **Collect data (if available) about existing enforcement efforts.** For example, who is facing consequences related to overprescribing? Who is accessing and benefiting from post-overdose care/services? Are these consequences or benefits applied equitably? If no (or limited) data exist to answer these questions, begin to collect some. This information will help you to assess the quality of enforcement efforts, make corrections, and fill gaps.

Enforcement in Action: Gloucester's PAARI Reframes Law Enforcement's Role in Addiction

From the [Brandeis Opioid Resource Connector](#), downloaded 5/6/2022.

The Police Assisted Addiction & Recovery Initiative (PAARI) is a law enforcement initiative, started in Gloucester, MA and now expanded nationwide, that aims to make police departments a point of entry for SUD treatment. Building on Gloucester's Angel Program, PAARI provides early intervention and treatment on demand for people with SUD, and training to other police departments interested in creating non-arrest pathways to treatment and recovery.

Under this program, any person who seeks help from the police department receives help through treatment instead of arrest. The police officers transport the individuals to hospital for treatment and connect them to resources for recovery—with no further repercussions. Once a person is in treatment, the department works directly with treatment centers to help ensure that the person will find the resources they need to remain in care. The police department also works directly in the community to provide life-saving overdose reversal drugs such as naloxone, and to raise awareness about the opioid epidemic.

PAARI was founded as a nonprofit alongside the Angel Program to help law enforcement agencies create non-arrest programs that prevent and reduce overdose deaths and expand access to treatment and recovery. Prior to PAARI's founding, most officers did not receive the training or support on non-arrest strategies to address addiction in their community. Now a national network of more than 400 police departments in 32 states, PAARI primarily supports non-arrest, or early diversion, program models that reach people before they enter the criminal justice system. Programs are customized based on the community and can utilize multiple law enforcement entry points to treatment, including self-referrals to the station and risk or incident-based outreach. Cross-sector collaboration and partnerships are vital to these programs; they are often supported by clinicians, social workers, recovery coaches, and/or trained volunteers.

ES 7. Enable equitable access

Core Function: Assurance

Why This Is Important

Local health department staff are often instrumental in identifying populations that may struggle to access substance misuse prevention and treatment services. Local governmental agencies (including the public health department) can coordinate provider services and provide information, referrals, transportation, and other services that help to ensure that people can access the care they need, when and where they need it.

What's Involved

- **Ensure access to quality healthcare and social services**, including behavioral and mental health services that are culturally and linguistically appropriate.
- **Engage health delivery systems** to assess and address barriers to accessing needed health services, including behavioral and mental health services.
- **Ensure access to behavioral health supports for individuals who may not be ready**, or who choose not to engage in substance misuse treatment services.

Key Considerations

- **Health and racial equity are not synonymous.** *Racial equity* means being aware of and considering past and current inequities, and providing all people—especially those most impacted by racism—with the supports needed to thrive. Racial equity is slightly different from health equity in its commitment to recognizing and addressing the structural roots and historical impact of racism. Racial equity also requires us to look back and repair past actions—such as changing harmful policies that disproportionately affected certain populations or prevention messaging that deepened cultural divides. It is important to consider both health equity *and* racial equity when thinking about access.
- **Think broadly about the factors that affect access.** Substance misuse doesn't happen in a vacuum. Ensuring access thus means looking at the constellation of factors that may prevent someone from accessing care. For example, some groups may have legal access to services, but may self-select out for fear of stigma or retribution, or because services offered aren't culturally relevant. Others may be unable leave work to attend an appointment. Still others may be unable to adhere to a medication regimen because they have no place to live. To understand these barriers, connect with partners who are dedicated to addressing issues of income, food insecurity, housing, and employment; who

support access to education and quality healthcare; and who can help to ensure that the voices of all populations are represented in your work.

Get Started!

- ✓ **Integrate cultural responsiveness and humility into all aspects of prevention planning and decision making.** For example:
 - Stress the importance of relevant, culturally appropriate prevention approaches.
 - Employ leaders, practitioners, and evaluators who practice and integrate practices that demonstrate cultural responsiveness and humility.
 - Promote and support the development of cultural competence, humility, and responsiveness among program staff.
 - Provide opportunities for training and continuing professional development on cultural competence, humility, and responsiveness.

- ✓ **Learn about the prevention, intervention, and treatment resources available statewide and in your community, and disseminate this information in accessible ways.** Examples include:
 - [Substance Use Helpline](#) (DPH). Only statewide, public resource for finding substance use treatment, recovery, and problem gambling services, including services for youth and young adults. Helpline services are free and confidential. Trained specialists are available to help callers navigate the treatment system.
 - [Find Treatment.gov](#) (SAMHSA). Provides information on thousands of state-licensed providers who specialize in treating SUD, addiction, and mental illness.
 - [Opioid Treatment Program Directory](#) (SAMHSA). Provides a directory of opioid treatment programs (i.e. methadone programs) in each state.
 - [National Helpline](#) (SAMHSA). Provides 24-hour free and confidential treatment referral and information about mental and/or SUD, prevention, and recovery in English and Spanish. 1-800-662-HELP (4357) or 1-800-487-4889 (TTY).

- ✓ **Learn about available supports for people with OUD and their families, and disseminate this information in accessible ways.** Examples include:
 - [Massachusetts Organization for Addiction & Recovery](#). Promotes public awareness of substance misuse, the benefits of recovery, and the social costs of addiction in communities and the workplace.
 - [Massachusetts Health Connector](#). Offers subsidized and unsubsidized health

insurance to individuals and small-business employers. Can be used to cover addiction treatment services.

- [Massachusetts Alliance for Sober Housing](#). Dedicated to creating safe and stable places where people with SUD can live, conduct meaningful activities, and build relationships and social networks for support.
- [Learn to Cope](#). Nonprofit support network that offers education, resources, peer support, and hope for parents and family members coping with a family member using opiates or other drugs.
- [Recovery High School Programs](#) (MA Department of Elementary and Secondary Education). Secondary schools designed specifically for students in recovery from SUD or co-occurring disorders. Site provides information on the Commonwealth's five recovery high school programs: Beverly, Boston, Brockton, Springfield, and Worcester.

Equity in Action: Norwood's Community Crisis Intervention Team

Norwood's Community Crisis Intervention Team (CCIT) is dedicated to promoting communication and enhancing the response of public and private agencies to individuals with a mental health disorder, SUD, and/or developmental disability, or who are experiencing trauma. The team comprises representatives from across the community, including the town's police, fire, and public health departments; housing authority; mental health and elder services agencies; Norwood Public Schools; and local hospitals.

The CCIT meets monthly to discuss individual cases and collaborate on a response plan, paying particular attention to those in the community who may need extra assistance due to health and racial inequities. In addition to providing access to treatment and recovery services, it also addresses critical social determinants of health, including access to transportation, food, and housing.

For example, a member of the Norwood Police Department recently alerted the team to an individual with SUD who had had multiple encounters with law enforcement. The CCIT mobilized the resources to find the individual (who was uninsured) a bed in a local treatment facility. When he was later released, they also helped to find him housing and employment.

"CCIT reflects the strong capacity and investment Norwood has in providing equitable services to members of the community who may need extra assistance," says Aubrey Ciol, the program director for Norwood's Drug-free Communities program, embedded in the

city's health department. "The team is engrained in the community. We all work together to provide the supports people need to live healthy and productive lives."

ES 8. Build a diverse and skilled workforce

Core Function: Assurance

Why This Is Important

Assuring a qualified, competent, and culturally diverse workforce that reflects the populations it serves is critically important to the overall functioning of a local health department and its ability to perform its statutory functions and deliver quality services. To begin to correct the inequities that so many members of the Commonwealth experience, it is especially important that the workforce represents those groups that have been historically disenfranchised and that experience socioeconomic disadvantages.

What's Involved

- **Actively market** new staff positions to ensure that the public health workforce reflects your focus population(s).
- **Provide ongoing professional development opportunities** to build the skills and competencies of staff to respond to the evolving opioid misuse landscape.
- **Support the accreditation and professionalization** of behavioral health professionals.

Key Considerations

- **When hiring, think beyond “word of mouth.”** “Word of mouth” recruitment tends to yield candidates whose skills, qualities, and attributes replicate the hiring committee’s composition.
- **Hiring culturally diverse staff is an important first step toward improving the cultural responsiveness of substance use-related services—but it is not the only step.** Equally important is ensuring an agency-wide commitment to recognizing and valuing diverse cultural identities—such as those related to the health beliefs, practices, and language; and developing and delivering programs and services in ways that ensure that members of diverse cultural groups can benefit from them.
- **Strive for a Recovery Ready Workplace.** The U.S. Department of Labor has published a Recovery Ready Workplace toolkit to help employers hire, retain, and support employees who identify as people in recovery. Many individuals working in or striving to work in fields that support people who use drugs or with SUD are people in recovery themselves. As employees, they can have unique needs and necessary supports that it is important to understand as an employer.

- **Don't expect that staff will arrive with all the knowledge and skills they need to do their jobs well.** Nor should you expect that even seasoned practitioners have all the knowledge and skills needed to respond quickly and effectively to the continually evolving opioid misuse landscape. Access to high-quality professional development (PD) that is relevant and well-supported is the foundation for a well-equipped workforce.

Get Started!

- ✓ **Seek marketing outlets and networks** (e.g., websites, job boards, associations, social media) that include and focus on reaching systemically excluded groups (e.g., people with disabilities, LGBTQ+, racial and ethnic minorities, veterans). Examples include [Diversity Search](#), [Diversity Working](#), and [Multicultural Advantage](#).
- ✓ **Begin to build a pipeline of candidates** through networking and attendance at focused job fairs (e.g., for Historically Black Colleges and Universities). Join associations and specific LinkedIn groups (e.g., Diversity and Disability@Work, Minority Professional Network) that can connect you with a more diverse pool of potential applicants.
- ✓ **Offer a menu of PD options** comprising a combination of in-person and virtual trainings, coaching opportunities, and technical assistance (TA). These activities can build the knowledge, skills, competence, and confidence of both new and seasoned staff. (See **Resources** for a list of available training and TA supports).
- ✓ **Work to improve the quality of PD options.** Below are some tips for doing so:
 - **Establish a culture of support for PD.** Create and maintain an environment that fosters skills-building and knowledge application. Make sure program budgets include line items for PD, job descriptions include responsibilities related to PD growth, and supervisors attend trainings with staff, when appropriate.
 - **Assess the PD needs of all staff,** including the need for PD on equity, bias, and inclusion.
 - **Develop both individual and organization-wide PD plans.** Identify learning outcomes and goals that align with real-life roles and responsibilities.
 - **Incorporate activities suitable for a range of adult learning styles.** Concentrate on what learners *need* to know rather than what's *nice* to know, and include opportunities for practice.

- **Set clear expectations for supervisor follow-up.** Remind supervisors to embed lessons from the training into practice and daily routines.
- ✓ **Support staff accreditation.** Increasingly, local health departments throughout the country and here in Massachusetts are moving toward becoming accredited by the [Public Health Accreditation Board](#).

Professional Development in Action: Equity in Everyday Practice

The Center for Strategic Prevention Support (CSPS) provides training, TA, and resources to Massachusetts communities seeking to prevent and reduce the misuse of alcohol and other drugs. CSPS offers direct support to 53 BSAS-funded communities across the Commonwealth, and indirect support to an additional 139 “cluster” towns connected to these funded communities.

Since 2020, CSPS has implemented a multi-pronged training and TA plan to center equity and populations experiencing disparity in its work with local substance misuse prevention grantees. Activities included:

- A substance misuse equity needs assessment with funded communities.
- Two annual grantee conferences focused on engaging in prevention populations that have been historically excluded.
- A 6-month series of peer sharing calls to help grantee coordinators engage community members in prevention efforts.
- A guidance document for grantees on centering equity (e.g., addressing SDOH, asset-based assessment), featuring resources from a wide range of partners and organizations.
- A hiring toolkit for grantees on mitigating implicit bias in hiring.
- Support to BSAS in defining restorative prevention, including development of a brief on the concept.
- A 4-month *Equity in Everyday Practice* series that explored strategies for addressing racism and supporting equity in both the workplace and in coordinators’ daily lives.

As a result of these activities, local coalitions are making changes to their work, such as inviting and paying more people of color and people with lived experience to join community prevention efforts, and including discussion of racial and health equity in their regular meetings. While not all of the CSPS activities have been rigorously evaluated, evaluation results suggest that the 2021 statewide conference was successful

in providing support to BSAS grantees and other participants to address health inequities: 96% of respondents reported overall satisfaction with the conference and 97% reported that they were likely to use the information and/or ideas that they received.

ES 9. Improve and innovate through evaluation, research, and quality improvement

Core Function: Assurance

Why This Is Important

Ongoing evaluation can help local health departments assess the impact of opioid prevention efforts, as well as reveal opportunities for refinement. While engaging in a robust evaluation of SUD- and OUD-related efforts may be beyond the capacity of many local departments, the systematic collection and analysis of information about substance use-related programs and policies can help to reduce uncertainty, improve effectiveness, and facilitate decision-making.

What's Involved

- **Evaluate services, policies, plans, and laws** continually to ensure they are being delivered as intended and producing positive outcomes.
- **Involve community members** in all evaluation processes.
- **Value and use both qualitative and quantitative data, including input from people with lived experience**, to assess effectiveness.

Key Considerations

- **Outcome evaluation looks at results, but results don't tell the whole story.** An outcome evaluation alone, without the context provided by an accompanying process evaluation, won't help you understand why a program did or did not work.
- **Stakeholder involvement, including the voices of people with lived experience, is a crucial part of any evaluation effort.** People who have survived overdose and their families can be invaluable partners in understanding what your data tell you. One focus group conversation with participants at a recovery support center or treatment facility could help you unpack the data you are collecting, what they mean, and how to use them to improve service delivery.
- **Evaluating naloxone distribution can be complex, so don't go it alone!** Some identified challenges related to naloxone use include:
 - Tracking when, where, and by whom naloxone is actually administered.
 - Tracking the outcome of naloxone administration (e.g., whether the person survived the overdose, the survivor received medical attention/follow-up support).

- Finding out if naloxone was involved in a non-fatal overdose (e.g., post-overdose visits don't always ask survivors or family members this directly)
- Reaching and getting naloxone into the hands of people who need it most, particularly if they are from a culture that is less willing to seek help.

Consider partnering with an evaluator to help you develop the protocols and processes needed to collect this information. Working with law enforcement and first responders to document when naloxone is used on calls is another way to get data.

Get Started!

- ✓ **Make the case for the importance of data collection.** Though funders almost always want clear evidence of how grant funding is being used, partners may be reluctant to collect or share this information if it presents their agency or community in a negative light. Work with partners to resolve challenges and ambivalence related to data collection and convey the importance of accurate reporting to keep resources available for prevention efforts.
- ✓ **Begin setting up memos of agreement or data sharing agreements with key partners.** Data-sharing agreements document what data is being shared, for what purpose, and how the data will be used. This will help to clarify expectations and prevent miscommunication. The agreement should meet the needs of both the agency providing the data as well as the agency receiving the data.
- ✓ **Take an inventory of existing data, and begin making a plan for how you will fill identified data gaps.** Involve community members in the development of this plan, including defining evaluation questions, indicators of success, and realistic timeframes for getting the work done.

Evaluation in Action: New Bedford Health Department

When the City of New Bedford Health Department was awarded a 2019 grant of more than \$1.8 million from the Substance Abuse and Mental Health Services Administration to continue its work to fight opioids, evaluation was built into their plan from the start. Funded through the First Responders-Comprehensive Addiction and Recovery Act, the 4-year grant would support the health department's TRAIN (Teach, Reach, and Initiate Naloxone) Project—a program designed to prepare first responders and key personnel in New Bedford and two neighboring communities to administer naloxone and provide post-overdose follow-up to affected individuals and their families.

Because the project included multiple, moving parts and involved multiple players—the New Bedford Health Department, the police department, and the Fishing Partnership Support Services—the TRAIN Project first developed a **clear evaluation plan**; this helped to ensure that everyone involved was on the same page.

To inform the plan, the team conducted key informant interviews with various community stakeholders from the three communities that would be served by the project, including representatives from law enforcement, treatment and recovery agencies, organizations serving the fishing community, and organizations serving the Spanish- and Portuguese-speaking communities.

The team also worked with health department leadership to develop a **logic model**—a graphic roadmap that laid out what the project hoped to accomplish and the concrete steps they would take to get there. For each of the project’s key goals (training, naloxone distribution, and post-overdose follow-up), the logic model presented a statement of need, core objectives, a detailed list of corresponding activities, and clear process and outcome measures.

Once the logic model was in place, the health department turned its attention to developing a set of **data collection tools** to track program delivery. The department also worked together, and in collaboration with project partners, to develop a **practical data collection approach** that wouldn’t present an undue burden. Wherever possible, they streamlined the collection process, recognizing that theirs was just one of several grants for which partners were collecting data. They also vetted individual survey questions to make sure they were being asked in culturally sensitive ways.

Finally, the team developed a **centralized data repository** to store the collected data for each of the program’s three components. They also trained designated staff to input the data, thus helping to ensure consistency across components. The repository not only facilitated project reporting, but also supported data analysis over time.

ES 10. Build and maintain a strong organizational infrastructure for public health

Core Function: Assurance

Why This is Important

Effective public health practices don't establish—or sustain—themselves. Internal capacity, supported by a strong organizational infrastructure, is the fuel needed to drive effective practice. A strong infrastructure contributes to sustainability in two important ways. First, it takes people—and the assorted resources they bring to the table—to move public health efforts forward. Second, as substance use-related priorities shift and evolve, a strong infrastructure is key to responding nimbly and effectively over time. Finally, funders and other community stakeholders are more likely to support an initiative that is supported by a strong infrastructure.

What's Involved

- **Convene a diverse team** dedicated to infrastructure development and sustainability planning.
- **Maintain data sources** to ensure ongoing access to timely and relevant information.
- **Develop effective planning processes** that are flexible enough to respond to changing needs, but structured enough to be productive and sustainable.
- **Routinely examine existing programs and processes** to ensure that they remain relevant and continue to meet the needs of those populations most at risk for substance use and other behavioral health problems.
- **Routinely examine existing partnerships** to ensure that they include the voices of those community groups that have historically been silenced, including people with lived experience.
- **Secure revenue and resources for prevention**, but think critically about what will happen when current funding goes away.

Key Considerations

- **When it comes to infrastructure, a transparent planning process is as important as staffing and technology.** Here are some reasons why:
 - First, collaboration is key to prevention success, and a well-established planning process supports collaboration. It helps practitioners establish a shared language across health issues and build the interdisciplinary partnerships needed to make a real difference at the local level.

- Second, communities with a well-established strategic planning process are better prepared to recognize—and respond to—a continually changing substance use landscape.
- Third, substance misuse prevention efforts are most effective when they are part of a comprehensive approach. Designing, implementing, and tracking such an approach takes planning.
- **Infrastructure is just one piece of the sustainability puzzle.** Sustainability also depends on the effectiveness of the interventions being implemented, and the degree to which these interventions are supported by the wider community. Municipalities should only strive to sustain prevention practices that produce positive outcomes. And it takes everyone—the public, key stakeholders, and prevention champions—rowing in the same direction to create a strong enough current to establish effective prevention practices and sustain them over time.

Get Started!

- **Think critically about how you are defining “effectiveness”** and whether these practices are improving the health of those populations in greatest need. Are past assumptions about effectiveness still valid in the current climate?
- **Examine your current partnerships and develop a plan for filling gaps.** Have you built and sustained relationships with a diverse group of stakeholders? Do your missions and priorities align? Do partners have the collective capacities (e.g., substance use expertise, research skills, lived experience) and connections (e.g., access to data, access to focus populations, relationships with local decision makers) needed to establish and sustain successful opioid prevention efforts? What steps are you taking to connect with these partners? Are you attending their meetings, or expecting them to come to yours?
- **Cultivate champions.** These community members will be vital to the success—and sustainability—of your opioid prevention efforts, helping you to raise awareness and get buy-in for new initiatives.
- **Track everything you do.** Capture and file away critical information and insights about your journey, including meeting attendance lists, meeting minutes, partnership agreements (e.g., memos of understanding), and community outreach and awareness-raising materials (e.g., newspaper articles, fliers). Lessons learned from these materials and records can help you determine where you may need to build infrastructure and/or refine your current systems and approaches.

Infrastructure in Action: Organizing to Address Substances in Stoughton (OASIS)

The Town of Stoughton has a unique and diverse public health structure comprising a volunteer-appointed Board of Health with two Board of Health agents (municipal staff) and a public health/visiting nurses department with multiple public health nurses. With a broad range of health issues to address, including emergency planning and pandemic-related issues, the town relies heavily on its long-term involvement in *Organizing to Address Substances in Stoughton (OASIS)*, Stoughton’s community-wide prevention coalition, to identify and advance priority substance use prevention initiatives.

OASIS represents an alliance of more than 50 community members and local organizations dedicated to reducing underage misuse of alcohol, marijuana, nicotine, and prescription drugs in the Stoughton area. The coalition is coordinated by the town’s prevention coordinator—a position paid for through a line item in the town budget.

“Stoughton has a broad definition of prevention,” says prevention coordinator Stephanie Patton. “It recognizes that having a fully-funded coordinator position, dedicated solely to prevention, helps everyone.”

Through its participation in OASIS, Stoughton’s public health staff have contributed to a number of opioid prevention projects. For example, the public health nurses help to staff the annual prescription drug take-back events that are held during municipal Hazardous Waste Days, an event co-sponsored by the Board of Health. In addition, Stoughton was the first community in Massachusetts to independently equip the police department with the life-saving, opioid overdose-reversal medication Narcan. Championed by Stoughton’s chief of police, the project relied heavily on broad community support to plan and implement the program—including but not limited to the district attorney’s office, fire/EMS department, Brockton Area Multi-Service Center, and Board of Health.

“The coalition already had all of these folks at the table,” says Patton. “We used coalition meetings to strategize. To make sure people had the training they needed. We had the infrastructure in place.”

The Board also relies on the prevention coordinator and its coalition involvement to stay abreast of emerging substance use trends and inform policy decisions. For example, when Massachusetts was first considering legalizing recreational marijuana use for adults, the prevention coordinator provided vital information to the Board on the implications of having a marijuana dispensary in Stoughton. The Board also worked with the coordinator to create numerous policies to restrict smoking and vaping in workplaces and public spaces, and to restrict sales of smoking products and accessories. Many of these policies were adopted

ahead of state changes, which made Stoughton one of the communities involved in pushing Massachusetts policy to shift based on what was happening in individual communities.

“The Board has so much on their plates already; substance use prevention is just one of many priorities,” says Patton. “But their active participation in OASIS keeps prevention on their radar. They learn about best practices, what other towns are doing, and what it takes to move the work forward—as part of a community-wide effort.”

SECTION V: PUTTING IT ALL TOGETHER

Northampton's Drug Addiction and Recovery Team

Introduction

The Drug Addiction and Recovery Team (DART) is a program created to reduce overdose deaths and risks related to any substance of use by supporting people, communities, and organizations that are affected as well as those who experience loss and grief due to substance use. DART strives to meet people where they are, using a harm reduction framework. The program offers free community-based services to people referred by partnering agencies, other community organizations, and loved ones, as well as to self-referrals. Programs focus on limiting the risks and harms associated with unsafe drug use—by creating opportunities to reduce isolation, by building connections rather than promoting abstinence, and by recognizing that many individuals who use drugs may not be ready to stop. Its work is grounded in the understanding that substance use disorder is a condition that includes recurrence of use, and that “relapse” is an expected part of the recovery spectrum.

“We are one of the only programs that truly does not have an expectation that our participants enter detox or treatment,” says Michele Farry, Deputy Commissioner for the City of Northampton’s Department of Health and Human Services. “Our only goal is to try to build trust. We have facilitated entry into treatment for many people—but only if that’s what they wanted.”

DART offers free short- and long-term support, and referral to resources, typically within 12-48 hours of being contacted. Contact can be made via the DART website or by phone (call or text), by partners, community service organization, or self-referral. Referrals are assigned based on participant needs and vary by available multi-disciplinary and collaborating agency team members within local service areas.

DART is located in the Northampton Department of Health and Human Services Commission, led by Commissioner Merridith O’Leary, Farry, and two DART coordinators, in close partnership with the Northampton Recovery Center. DART is supported through a variety of federal grant programs, including SAMHA’s First Responders-Comprehensive Addiction and Recovery Act and the Bureau of Justice Assistance’s Comprehensive Opioid, Stimulant, and Substance Abuse Program.

DART was intentionally designed to leverage itself as a programmatic organizational structure designed to reinforce collaboration across multiple sectors and provide the technical assistance needed to ensure fidelity to a prescribed set of shared values, policies, procedures and evidence-based, person-centered practices. It is a specialized public health and public safety initiative that invests in local, county, and regional public health leadership and a networking approach to infrastructure through education, intensive municipal leadership, implementation of evidenced-based practices, assessment and participatory research, and equitable distribution of funding.

DART uses multisector teams of co-trained recovery coaches, harm reduction specialists, health care providers, and first responders to serve the many diverse communities across Western MA. Services include:

- Access to harm reduction tools, such as Narcan and safety plans for use
- Connections to community resources, organizations, and treatment
- Short- or long-term recovery support
- Family support services
- Bereavement support
- Business outreach, Narcan training, and NaloxBoxes, and workplace resources

DART staff and partners receive training, education, technical assistance, and technology to make connections with community members and overcome geographical challenges. Data shared by partners is protected through a HIPAA-compliant case management system.

DART was launched in Hampshire County in 2017, expanded to Hampden County in 2020, and then expanded again to Berkshire County in 2021. More than 45 police departments and approximately 200 individual police officers have received DART’s comprehensive training and ongoing technical assistance. Public safety partners vary by rank, department role, agency and type (e.g., fire/EMS, state troopers).

ES 1. Assess and monitor population health

In the years prior to DART’s launch, Northampton had been seeing growing numbers of overdoses, many occurring in public places. Community members were at a loss of how to respond and desperate for resources. The police department knew that arresting people who used drugs was neither compassionate nor appropriate. They knew how often they were arresting the same individuals, and were aware of the trauma that these individuals—and their families—were experiencing as a result. But they also understood the fear and frustration that many community members were feeling from dealing with drug-related crime and by routinely encountering people overdosing in their parks, libraries, and public restrooms.

“We needed to navigate caring for people, households, families, and business community members who were concerned for loved ones, friends, and colleagues who were using use drugs, and who were at increased risk of overdosing, with the needs of the broader Northampton community,” said Farry. “We needed to find a solution that worked for everyone.”

ES 2. Investigate, diagnose, and address health hazards and root causes

DART was initially championed by the Northampton Police Department. At the time, coalition staff were not accustomed to working closely with law enforcement.

“We were usually on opposite sides of the aisle as public health and public safety servants,” said Farry. “We weren’t sure how much we could trust each other. We didn’t understand our roles, or

the needs and challenges we both faced. We wanted to learn from each other, but didn't want to risk losing our identities in the process."

So, the sectors worked together to develop an approach that would work for both groups—one that aligned public health and harm reduction frameworks with the realities of where law enforcement was bound by regulations. The first training they convened was for about 30 community stakeholders—police officers, as well as EMS, harm reduction specialists, dispatchers, behavioral health, treatment, recovery coaches, and social services providers. The response was overwhelmingly positive.

"People were candidly honest," says Farry. "They said they were willing to do this together and showed up ready to be all in—because the problem was so significant and they were exhausted. Their motivation really was 'How do we make our job easier? For the police officers, witnessing and responding to the devastation and painful tragedies in the community was taking a toll. They were expressing what we know as secondary trauma. So, the training provided a space to begin talking about what they were experiencing, and to begin the process of mutual healing."

Members of that initial training became DART's first Advisory Council, providing guidance and recommendations on DART protocols and strategic priorities, and informed perspectives based on the group's collective lived experience. The Advisory Council continues to meet two to four times a year. Members are not expected to have any specific formal educational pre-qualifications but must be willing to have open, and sometimes difficult, conversations.

ES 3. Communicate effectively to inform and educate

Following the initial training, DART went on to conduct more—and larger—trainings throughout the county. They developed a training framework that explored topics such as the physiology of addiction and the importance of a harm reduction approach, and that examined the impact of substance-related stigma, bias, and equity. By naming the systemic power dynamics, treatment system deficits, and multitude of barriers to health and wellness, the trainings provided ample opportunity for cross-sector relationship building. The training also explored key intersections and challenges to care, such as partner-based violence, implicit bias, mandated treatment, and many controversial but important topics.

"By the end of the meetings, everyone was hugging and having conversations," says Farry. "When you bring people together to learn in a multi-disciplinary way, amazing things can happen. Many of these relationships become long-term friendships and allies."

DART has also worked hard to shape the public narrative around opioid misuse and overdose. For example, when working with the media, they routinely share talking points in advance: this allows them to message and modeling the use of non-stigmatizing language, and highlight the

importance of mitigating harm. They also always share their cell phone number, and invite the journalist to call with questions or for clarification.

ES 4. Strengthen, support, and mobilize communities and partnerships

One of the factors that contributed to DART's early success was the county's existing commitment to collaboration. In 2016, the Northampton Board of Health had received a Massachusetts Overdose Prevention Collaborative (MOAPC) grant. One of the unique aspects of the grant program was that it provided financial support to not only a lead community—in this case, Northampton—but also to groups of neighboring “cluster” municipalities to enter into formal, long-term agreements to share resources and coordinate activities.

The MOAPC funding, together with an accomplished health director and strong and dynamic coalition leader, provided the foundation for countywide collaboration. When the health department was ready to launch DART, all of the right people were already at the table.

Today, DART has subcontracts with more than 150 uniquely different first responder and service organizations across Western Massachusetts. “We are very diligent about reaching out and forming partnerships, and very conscientious of key champions and supporting them as cheerleaders. But the return on our investment is huge. When new needs arise, we are prepared to mobilize as a region,” says Farry. “That’s what makes us unique.”

Commitment to a person-centered approach and relationship building has also helped DART engage community partners—including people who use drugs and their families.

“Our focus is on the participant experience; it’s our participants who help us to build referrals when they engage. They tell us what *they* need, not what we think they need,” says Farry. “When you talk to someone who uses drugs, they’ll tell you who they trust, who they don’t, and why not.”

DART is also committed to remaining politically neutral. This can be challenging when dealing with topics as charged as substance misuse, but important for building trust.

“It’s important to name your differences, but then you need to put them aside and get over it,” says Farry. “COVID shined a light on the fragile mental health of people across the board, and it brought out a lot of anger. But the only way we’re going to achieve health, wellness, and happiness in our communities is by working together. DART is a public health-led, public safety multi-system collaboration. We’re working with police departments and agencies from many communities—each with its own culture, provider landscape, and pathway to recovery. DART is a big family and big families argue. But we care about each other and almost always find resolutions that value our different voices.”

As DART has expanded regionally, the team has worked hard to respect the autonomy of its neighboring communities. “We do our best to avoid stepping on toes or coming across as paternalistic,” says Farry. “We never come in unless we’re invited by a community who would like to establish a DART program. This is typically the police department chief. But we still need to be careful about overstepping and respectful.”

ES 5. Create, champion, and implement policies, plans, and laws

Another factor that helped DART gain acceptance was having a strong program champion. Adam Van Buskirk, one of DART’s founding police members, was their champion. Local media described Van Buskirk by as a “hero cop” with a “raw, natural way of building rapport and lots of street credibility.”

DART was also led by two strong community organizers—Farry and former coalition director J. Cherry Sullivan—who were strong public health advocates and understood how to mobilize diverse groups. “We became the connectors of the problems people throughout the committee were seeing in their households. They were craving a supportive infrastructure so they didn’t have to operate in isolation,” said Farry.

ES 6. Utilize legal and regulatory actions

One of DART’s key roles was to work with the district attorney’s office and police and fire departments to create policies to guide the distribution of Narcan. Having clear policies in place helped build support for the initiative, as many officers were concerned about liability and associated risks. DART also worked to allay EMS concerns about non-medical professionals (i.e., law enforcement) administering what they perceived as a medical intervention.

In addition, DART has developed clear policies to protect its name and mission. The team recognized the challenge that police officers might face serving as both law enforcers and referral to care providers. It was therefore important that officers understood the parameters of administering Narcan and/or providing overdose supports, and that DART not be associated with drug or other police investigations. To that end, DART is adamant about not allowing police narcotics detectives to join post-overdose outreach teams. This was hard for many officers who were very committed to the work, but important in terms of conflict of interest.

ES 7. Enable equitable access

DART is continually expanding the services it provides to respond to emerging client needs. For example, the team is currently working with new partners to address issues such as partner-based violence and partner-based use. They are also working to better support individuals involved with the criminal justice system and additionally those who have caused harm.

“We’ve thought a lot about people that do harm, such as sex offenders, and how excluded they are from different programs. Trauma is the root of so much pain felt by victims of violent crime,

but we know the root of perpetrator harming behaviors is often an extensive traumatic history. All people should have the same access to care and wellness. Otherwise, how will the cycle be broken?," says Farry.

DART has also spent significant time educating about the value of medicated-assisted treatment (MAT), working with providers to help people using MAT regain employment and address the stigma directed toward people using MAT.

ES 8. Build a diverse and skilled workforce

DART currently provides quarterly training for the broad range of practitioners involved in their programming—harm reduction, police officers, behavioral health and peer support, first responders, crisis clinicians, social workers, recovery coaches, child protective services, justice partners, and concerned employers, to name just a few. Some are licensed, some are not. Everyone is cross-trained to ensure a shared understanding of the program's mission and approach. These large trainings are often accompanied by smaller, cohort-specific trainings.

DART is also committed to systems-level change. For example, staff worked closely with [Professor Kim Dion](#), a harm reduction champion, to train hospital emergency department staff on supporting substance-involved patients. They also worked with hospital leadership to examine and revise ED protocols to put the systems in place to support and sustain practice change.

"Kim would face these incredibly hard subjects, like how to ask patients about safe injection practices, or potential sexual exploitation? Clinicians often don't ask these questions because they don't know how, and don't know what to do with the answers. Our training provided them with the tools to start to introduce these concepts," said Farry.

ES 9. Improve and innovate through evaluation, research, and quality improvement

Data ethics are the foundation for all of the work DART does. To ensure access to the timely and comprehensive data it relies upon, it has established data-sharing agreements across multiple sectors and organizations in Hampshire and Hampden counties, and developed a HIPPA-compliant centralized data platform that combines data from these multiple partners. The platform enables DART to produce customized reports, share data for action with partners, identify gaps in services (e.g., related to high-risk times for overdose), and better understand some of the unique risk factors for overdose, such as occupation, age, gender, housing, and health insurance.

"We value a wide range of data—on overdose, Narcan distribution, emergent toxicity of substances, poly-substance use. On the timeliness of the response. On touch points. On the demographics of people who have overdosed. Every data point is revealing. We do however employ data and electronic ethics, and consider accessibility and literacy best practices in what we do with the team and how they engage with their community," said Farry.

DART's data managers also work with partners to develop data collection protocols and policies that honor and respect the experience of the respondent. Ethics is at the forefront of all their efforts. For example, they had to remind first responders that respondents may not always be accurate or what some consider as honest in their responses, but to always honor whatever the respondent discloses and not seek the "facts." They are committed to respecting the privacy of the people with whom they interact, while also capturing often sensitive information about individual and community needs.

ES 10. Build and maintain a strong organizational infrastructure for public health

Like so many aspects of the program, DART has been intentional about building a strong organizational infrastructure and planning for sustainability. The team worked with consultants to define the goals for each component of their outreach program, figure out what's needed to achieve these goals, and develop corresponding protocols to ensure fidelity. And then they revisit these protocols regularly to ensure that they are still relevant.

"We have to be nimble," says Farry. "We have a strong mission, but we are learning new things all the time. We meet regularly with partners to capture lessons learned. We ask them questions. And then we refine our approaches accordingly."

For example, DART is currently supporting the development of a Berkshire County post-overdose response program that uses harm reduction specialists and EMS to conduct outreach rather than police officers. The approach recognizes the complicated relationship that many overdose survivors have with law enforcement—and vice versa. Other communities have their own protocols for who they refer for service or the types of supports they provide.

"People need different things. So, we need to offer a menu of options and ask ourselves, when triaging and assigning participants, who is the best person to respond? Who is the right champion for the individual?," says Farry.

DART has also begun putting their training presentations on video, and posting them to a DART Google classroom. Each presentation addresses a specific aspect of their work—such as how to use fentanyl strips. The videos are meant to supplement, not replace, their in-person training. The team will continue to bring partners together once, twice, or more a year, but the time will be devoted to relationship-building, collaboration, and to sharing a meal.

SECTION V: Resources

Evidence-Based Prevention

Public Messaging Campaigns

- [Communications Toolkit](#) (Center for Strategic Prevention Support [CSPS]). Guides communities in planning their communications efforts. Distills key concepts and evidence-based strategies into short, easy-to-read sections; 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.
- [Do's and Don'ts of Effective Messaging for Substance Abuse Prevention](#) (Prevention Solutions@EDC [PS@EDC]). Provides general guidance on the design and delivery of consistent and effective substance misuse prevention messages.
- [Developing a Social Media Plan to Support Substance Misuse Prevention Efforts](#) (PS@EDC). Provides a framework for developing a social media plan, including guidance for choosing social media tools and creating content.
- [Not Your Mother's Scare Tactics: The Changing Landscape of Fear-based Messaging Research](#) (PS@EDC). Addresses three main questions: (1) What are scare tactics and fear-based messages, and how have they changed over time?; (2) Are these types of messages effective?; and (3) What are the implications of these approaches for prevention?
- [Strategies for Working with the Media](#) (PS@EDC). Presents key steps to consider before the media calls, when they call, and during the interview.

Prescriber Engagement

- [CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016](#) (CDC). Provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. *These guidelines are currently being updated. Revised guidelines should be available in late 2022.*

Harm Reduction Strategies

- [National Harm Reduction Coalition](#). National advocate and training institute that provides information on overdose prevention, syringe access implementation, and policy change.
- [Understanding the Role of Harm Reduction in Preventing Opioid Overdose](#) (PS@EDC)

Describes how harm reduction approaches can be used to prevent the consequences of opioid misuse and the role of prevention practitioners in supporting these approaches.

Access to Naloxone

- [Overdose Education and Naloxone Distribution Program](#) (Mass DPH). Information sheet on where to access naloxone and get training on how to use naloxone.
- [PrescribeToPrevent.org](#) (Mass DPH). Provides information on prescribing and dispensing naloxone, including resources for prescribers, pharmacists, public health workers, and researchers.
- [Naloxone: Understanding Its Community Use and Effectiveness](#) (PS@EDC). Presents research-supported talking points on the effectiveness of naloxone and overdose education and naloxone distribution programs.
- [What is Naloxone?](#) (SAMHSA). Brief animated video that describes how the opioid overdose-reversal medication operates in the body.

Good Samaritan Laws

- [Preventing the Consequences of Opioid Overdose: Understanding 911 Good Samaritan Laws](#) (PS@EDC). Provides an overview of this overdose prevention strategy, including the aims of these laws and types of protections they can offer. Also presents some obstacles that prevent overdose bystanders and the criminal justice system from applying these laws, and steps for raising awareness of these laws among various focus populations.

Safer Drug Consumption Services

- [Supervised Consumption Services](#) (National Harm Reduction Coalition). Describes what supervised consumption services are, evidence of effectiveness, benefits, and barriers.

Syringe Service Programs (Massachusetts)

- Municipalities interested in initiating an SSP in their community can reference [M.G.L. c.111 s.215](#) or contact DPH' [Office of HIV/AIDS](#) for more information.
- [DetoxLocal.com](#) provides a list of existing supervised syringe programs in Massachusetts.
- [Syringe Service Program Locator](#) provides a list of cities/town with approval to establish SSPs.

Syringe Service Programs (General)

- [North American Syringe Exchange Network \(NASEN\)](#). Offers policy and advocacy resources to increase understanding and support the use of a variety of SSPs. Includes [Strategies for SSPs](#) to guide the planning, design, and implementation of SSIs.
- [Reducing Harms from Injection Drug Use and Opioid Use Disorder with Syringe Services Programs](#) (CDC). One-page infographic provides overview of SSPs and their benefits.

Other Strategies

Post-Overdose Interventions

- [Now What? The Role of Prevention Following a Nonfatal Opioid Overdose](#) (PS@EDC). Describes three post-overdose interventions that have shown promise in reducing the risk of subsequent overdoses and improving other health outcomes among people who have experienced a non-fatal overdose, highlighting the role of prevention practitioners in supporting these efforts.

Medications for Opioid Use Disorder

- [Medications for Opioid Use Disorder Improve Patient Outcomes](#) (PEW). Describes how medications for opioid use disorder work, evidence of effectiveness, and treatment gaps.

Intervention Digests

- [Environmental Strategies to Prevent the Non-Medical Use of Prescription Drugs](#) (PS@EDC). For each strategy, presents information on the populations for which the strategy was designed, evaluation outcomes that provide evidence of effectiveness, and additional resources (e.g., links to additional guidelines).
- [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States](#) (CDC). Presents the ten most effective overdose prevention strategies.
- [Master List of Evidence-Based and Innovative Intervention for Drug Overdose Prevention](#) (RI Department of Health). Presents evidence-based and innovative drug overdose prevention interventions to guide the development and enhancement of opioid-related work.
- [Preventing Prescription Drug Misuse: Programs and Strategies](#) (PS@EDC). Presents brief summaries of prevention strategies and associated programs that have been evaluated to determine their effects on the non-medical use of prescription drugs, including an overview of relevant literature, descriptions of individual studies, and guidelines for use.

Assessment Tools

- [Assessing Community Needs and Resources](#) ([Community Toolbox](#), University of Kansas) Provides guidance for conducting assessments of community needs and resources.
- [Addressing the Social Determinants of Health in Substance Use Prevention](#) (Carnevale Associates). Describes the social determinants of health (SDOH), how the concept of SDOH can map onto more “traditional” prevention frameworks, and how substance use prevention can play a role in large-scale change.
- [Beyond the Numbers: Incorporating Community Voice through Qualitative Data](#) (CADCA). Provides an overview of qualitative data and how it can be used as a valid and reliable data collection process.
- [Making CLAS Happen, Chapter 3: Collect Diversity Data](#) (MA DPH). Presents tools to assist agencies in the process of collecting diversity data, including tools for updating systems and identifying affordable resources.
- [Participatory Asset Mapping Toolkit](#) (Advancement Project, Healthy City). Presents step-by-step guidance for conducting a participatory asset mapping process.

[Substance Use Disorders Recovery with a Focus on Employment and Education](#) (SAMHSA). Helps health care providers, systems, and communities support recovery from SUD via employment mechanisms. Describes relevant research, examines emerging and best practices, and identifies knowledge gaps and implementation challenges.

Collaboration

- [Brandeis Opioid Resource Connector](#) (Brandeis Opioid Policy Research Collaborative). Assists communities in mounting a comprehensive response to the opioid crisis. Provides a curated collection of community-focused programs, tools, and resources to help stakeholders choose, design, and implement essential interventions.
- [Applying the Strategic Prevention Framework and HHS Disparity Impact Measurement Framework to Address Behavioral Health Disparities](#) (PS@EDC). Explores ways to address behavioral health disparities at each step of SAMHSA’s Strategic Prevention Framework.
- [Engaging People Who Use Drugs in Prevention Efforts: Benefits & Considerations](#) (PS@EDC). Explores the benefits of engaging members of the drug-using community in prevention efforts and considerations for creating a safe and welcoming environment that supports their meaningful participation.

- [Engaging People Who Use Drugs in Prevention Efforts: Strategies for Reducing Stigma](#) (PS@EDC). Explores actions practitioners can take to reduce stigma toward members of the drug-using community in order to better engage them as partners in prevention efforts.
- [Making CLAS Happen, Chapter 2: Build Community Partnerships](#) (MA DPH). Presents key strategies and promising practices for developing community partnerships, based on discussions with Massachusetts public health agencies.
- [Opportunities for Collaborating with Medical Professionals to Prevent Opioid Misuse](#) (PS@EDC). Presents examples of state- and local-level opportunities for collaborating with medical professionals across settings to plan and support prescriber education programming.
- [Opportunities for Engaging Partners to Prevent Opioid Overdose-related Deaths](#) (PS@EDC). Presents different sectors that prevention practitioners may want to engage in opioid overdose prevention efforts, along with opportunities for meaningful engagement.
- [Principles of Collaboration](#) (PS@EDC). Presents six important principles of collaboration.
- [State- and Community-level Partners to Engage in Opioid Overdose Prevention Efforts](#) (PS@EDC). Identifies potential partners whose involvement is critical to preventing opioid overdose.

Cultural Responsiveness and Competence

- [A Treatment Improvement Protocol: Improving Cultural Competence \(TIP 59\)](#) (SAMHSA). Presents a framework for targeting three organizational levels of treatment: individual counselor and staff, clinical and programmatic, and organizational and administrative. Chapters explore specific racial, ethnic, and cultural considerations along with core elements of cultural competence.
- [Community Toolbox: Enhancing Cultural Competence](#) (Community Toolbox). Aids in assessing and enhancing the cultural competence of community efforts.
- [Creating Authentic Partnerships with Historically Marginalized Families and Other Stakeholders: Embracing an Equity Mindset](#). National Center for Systemic Improvement. Presents a continuum practitioners can use to assess the cultural norms that currently exist and think about what changes are needed to create authentic opportunities for partnership that can improve learning conditions and outcomes for historically marginalized populations.
- [Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan](#) (CADCA). Provides substance misuse prevention coalitions with an introduction to

cultural competence and its importance in achieving prevention outcomes that are effective and sustainable.

- [Increasing Cultural Competence to Reduce Behavioral Health Disparities](#) (PS@EDC). Includes a description of data collection methods and the Enhanced National CLAS Standards.
- [Making CLAS Happen: Six Areas of Action](#) (MA DPH). Offers innovative and practical approaches for incorporating the federal culturally and linguistically appropriate services (CLAS) principles and practices into all aspects of organizational activities. Each chapter includes hands-on tools, resources lists, and case studies from public health and social service providers across Massachusetts.
- [Practice Guidance: Making Treatment Culturally Competent](#) (DPH/BSAS). Describes how to integrate cultural competence into substance use disorder treatment.

Data Sources

Massachusetts-Specific

- [Critical Incident Management System](#) (Kelly Research Associates). Allows participating agencies to document overdose incidents and follow-up home visits in real time. Currently used in Essex, Middlesex, Norfolk, Worcester, and Plymouth counties.
- [Current Opioid Statistics: Massachusetts Department of Public Health](#) (MA DPH). Provides quarterly statistics on the statewide opioid epidemic, along with town-specific information.
- [Prescription Monitoring Program Reports and Data](#) (MA DPH). Provides summary reports of Prescription Monitoring Program (PMP) data, by county. Also includes a PMP data request form.
- [Public Health Data Warehouse](#) (MA DPH). Surveillance and research tool that provides access to timely, linked, multi-year data to enable analyses of health priorities and trends.
- [School and District Profiles](#) (MA Department of Elementary and Secondary Education). Includes student enrollment and indicators such as student discipline for substance-related offenses. This information may be useful when considering the root causes of the opioid crisis and can illustrate how substance use manifests in your local school district and relates to other risky behaviors.
- Street Check/ Massachusetts Drug Supply Data Stream (MA DPH & Brandeis University). Provides current information on drug supply trends from samples across Massachusetts

as well as information on emerging trends and health impacts of contaminants and cuts identified by drug checking programs.

General Resources

- [Medicare Part D Opioid Prescribing Mapping Tool](#) (Centers for Medicare and Medicaid Services). Shows geographic comparisons at the state, county, and zip code levels of de-identified opioid prescription claims; this allows users to see both the number and the percentage of Medicare claims at the local level.
- [Office of Data Management and Outcomes Assessment](#). 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. Categories include adolescent-/youth-related, alcohol and other drugs (excluding tobacco), substance use treatment, and recovery services.
- [Locating Data on Risk Factors for Opioid Overdose](#) (PS@EDC). Helps practitioners determine the impact of overdose-related factors in their communities; pairs data sources with the specific factors they describe.
- [Overdose Detection Mapping Application Program](#) (Washington/Baltimore High Intensity Drug Trafficking Area). Provides near real-time suspected overdose surveillance data across jurisdictions to support public health efforts to mobilize an immediate response to a sudden increase in overdose events.
- [Preventing Opioid Misuse and Overdose: Data Sources and Tools to Inform Assessment and Planning Efforts](#) (PS@EDC). Presents 16 key data sources for prescription opioids and heroin to inform assessment and planning efforts.

Evaluation

- [American Evaluation Association](#). Provides a directory of evaluators and a number of online resources on the evaluation process.
- [Evaluation Tools](#) (Community Toolbox, University of Kansas). Provides an overview of evaluation types and techniques, as well tools for designing and conducting an evaluation.
- [Making CLAS Happen, Chapter 3: Collect Diversity Data](#) (MA DPH). Presents tools to help agencies collect data, update systems, and identify affordable resources.

- [Traditional vs. Participatory Evaluation](#) (PS@EDC). Defines these two approaches to evaluation and describes some benefits of the latter.
- [Working with an Evaluator: Keeping the Spark Alive](#) (Northeast & Caribbean PTTC). Designed to help programs and organizations select an evaluator whose skills match programmatic needs.

Policy and Enforcement

- [Planning and Implementing Policy, Enforcement, and Media Strategies: A Users Guide](#) (Northeast & Caribbean PTTC). Contains a collection of worksheets, brainstorming questions, and checklists practitioners can use to guide their planning efforts.
- [People Power: Mobilizing Communities for Policy Change](#) (CADCA). Provides an overview of the steps associated with engaging in community mobilizing to implement environmental strategies with a particular emphasis on adopting substance use-related policies at the community level.

Reducing Stigma

- [Changing the Narrative](#) (Health in Justice Action Lab, Northeastern University School of Law). Network of reporters, researchers, academics, and advocates concerned about the way media represents drug use and addiction. Contains a range of up-to-date, fact-checked, and evidence-based information.
- [State without StigMA](#) (MA DPH). Designed to raise awareness of the role of stigma in preventing people from accessing care and steps people can take to be “anti-stigma.” Includes helpline recovery resources and resources for providers.
- [Together in Recovery: Supporting Informed Decisions](#) (RIZE Massachusetts). Designed to enrich awareness of the full range of treatment and recovery options by featuring diverse viewpoints and experiences and current research and data.
- [Words Matter—Terms to Use and Avoid When Talking About Addiction](#) (National Institute of Drug Abuse). Offers background information and tips to keep in mind while using person-first language, as well as terms to avoid in order to reduce stigma and negative bias when discussing addiction.

Training and Technical Assistance Supports

- [AdCare Educational Institute of New England](#). Formerly the New England Institute for Addiction Studies, AdCARE provides training on topics ranging from motivational interviewing to opioid overdose prevention, for both new and experienced substance use

prevention, treatment, and recovery staff. The Institute offers the [Black Addiction Counselor Education Program](#) and the [Latino Addiction Counselor Education Program](#).

- [Careers in Substance](#). Central resource for anyone involved in preventing, intervening in, treating, and supporting recovery from addictions in Massachusetts.
- [Center for Social Innovation](#). Supports public health professionals in delivering recovery-oriented, trauma-informed services to people living with SUD and related challenges.
- [Center for Strategic Prevention Support](#). Provides TA and resources to Massachusetts communities seeking to prevent and reduce the use of alcohol and other drugs, including opioids.
- [CO*RE \(Collaborative for Relevant Education\)](#). Provides evidence-based, outcome-oriented, and inter-professional education related to the comprehensive management of pain, addiction, and their comorbidities.
- [Health Resources in Action](#). Boston-based organization dedicated to helping people live healthier lives and create healthy communities through prevention, health promotion, policy, and research. The *Community Health Training Institute* provides targeted skills development to individuals and teams working to build healthy communities in Massachusetts.
- [Local Public Health Institute of MA](#). Comprehensive and convenient resource for public health trainings. Provides a selection of free “[On Your Time](#)” e-learning modules, including the [Opioid Epidemic and Substance Use Disorder Primer for Massachusetts Boards of Health](#) and [Opioid Epidemic and Substance Use Disorder: Local Public Health in Action](#).
- [New England Prevention Technology Transfer Center](#). One of 10 regional centers dedicated to building the capacity of the prevention workforce to use prevention research and core prevention skill sets to prevent and reduce SUD, and to deliver services that are both culturally competent and relevant. The Center offers a variety of trainings, including the foundational *Substance Abuse Prevention Skills Training*.
- [Prescribe to Prevent](#). Provides information and trainings on prescribing and dispensing naloxone, including resources for prescribers, pharmacists, public health workers, and researchers.
- [Prevention Solutions@EDC](#). Provides training and expert consultation to support public health agencies and organizations working to address substance use and related problems in their communities, including *Prevention Fundamentals*, a 20-hour foundational substance use prevention training delivered entirely online.

- [SCOPE of Pain \(Safer/Competent Opioid Prescribing Education\)](#). 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.
- [William James College](#). Prepares students for careers in behavioral health and leadership. Within its Center of Excellence for Multicultural and Global Health, provides a [concentration in Latino Mental Health](#) for students of Hispanic/Latino descent.

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