

# Periodic Catalog of Current and Emerging Responses to the Opioid Epidemic

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## Introduction

This catalog is intended to be a continuous, ongoing, working document. The goal of this document is to create a directory that catalogues programs, approaches, and interventions to respond to the opioid epidemic. The entries include responses that are local, national, and even international. We believe that this document can help to provide a concise listing of programs we have come across, but we also know there are many others out there that should be included. Inclusion in the document does not represent endorsement of the program, approach, or intervention; this is just an attempt to organize efforts across the country.

The entries are meant to be summaries, not reviews of the programs. Some reviews of the programs can be found at <https://crimesolutions.gov/>. Interventions are in single categories and are meant to be mutually exclusive for now, but we may modify this in the future. We did our best to categorize the programs, but there may be some cases where they should be recategorized, so please let us know if you have any recommendations.

Whenever a program clearly targets the Latino population, we indicate this by the following: “(Note: Latino Population)” below the program title. This is a way to quickly identify approaches that have been used with the Latino population. This does not mean that other approaches will not work, but simply that these focus on this specific population.

A final note that this is in no way an exhaustive listing of what is being done to address the opioid crisis. This is most clearly seen in the **Local to Rochester** section. We would like to receive information on what you know about what is going on in Rochester to address the epidemic. This is a starting point, which we think can be helpful.

We want your input. Thank you!

**Please send any additional programs, interventions and suggestions to Janelle Duda-Banwar ([jmdgcj@rit.edu](mailto:jmdgcj@rit.edu)) or Kayla Macano ([kmmgcj@rit.edu](mailto:kmmgcj@rit.edu)).**

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## Laws/Acts

### **NYS Good Samaritan Law**

Actual language on card provided in naloxone administration kit received from Clinton Family Health Center in November 2017. The card is from the NYS Department of Health. Other logos on the card include: OASAS, NYS Nurses Association, Drug Policy Alliance, and Long Island Council on Alcoholism and Drug Dependence.

The following is on the inside of the card:

“New York’s new “911 Good Samaritan” law provides protections from charge and prosecution for drug and alcohol possession for the victim and those who seek help during an overdose.”

This is on the back of the card:

“New York’s new “911 Good Samaritan” law protects you even if you shared drugs with others or possess paraphernalia. The protections do not extend to outstanding warrants, probation, or parole violations, drug sales, and other non-drug crimes.”

When retrieved information on the Good Samaritan Law on NYS DOH, (<https://www.health.ny.gov/publications/0139.pdf>), there was some additional information:

The law DOES NOT protect YOU from the following:

- A1 felony possession of a controlled substance (8 ounces or more);
- Sale or intent to sell controlled substances;
- Open warrants for your arrest; and
- Violation of probation or parole.

The law DOES protect YOU from the following:

- Possessing controlled substances up to and including A2 felony offenses (anything under 8 ounces);
- Possessing alcohol, where underage drinking is involved;
- Possessing marijuana (any quantity);
- Possessing drug paraphernalia; and
- Sharing drugs

What if I am accused of selling drugs?

- Calling 911 can be used in your defense when the charge is less than an A2 felony — as long as you don’t have a prior conviction for an A1, A2, or B drug felony sales or attempted sales offense.
- Calling 911 can be a factor in reducing the length of a prison sentence for A1 and A2 felony convictions.

### **Federal Century Cures Act – “warm handoff” approach in Illinois**

This hospital-based program is comprised of a three-person team that meets with any patient struggling with opioids addiction at the hospital who is willing to meet with them. The program is funded by the 21<sup>st</sup> Century Cures Act and early research has shown that warm handoffs decrease the chance of relapse (no citation of this statement in the article). This program is at St. Anthony in Chicago along with eight other hospitals (in the area?) The team works closely with the patients in the hospital to then get them linked to treatment and/or services before they leave the hospital.

<http://www.chicagotribune.com/news/sns-bc-us-med--overcoming-opioids-hard-cases-20171204-story.html>



## **Opioid Abuse Prevention and Treatment Act of 2017**

This is a description to the Opioid Abuse Prevention and Treatment Act of 2017 which was introduced to Congress on February 9<sup>th</sup>, 2017. This bill proposes to “develop a peer reviewed process” that promises to investigate any suspicious or inappropriate prescribing and unusual dispensing patterns concerning any drugs that have the potential to be abused and addictive. This will be done by requiring the Department of Health and Human Services to award grants to states. This bill also requires the US Health & Human Services to grant programs that can facilitate training for health care providers. This is to treat patients that can potentially abuse drugs. This will also fund programs that can educate health profession boards or state agencies to educate others in the field of safe prescribing. Through this bill, the Health Resources and Services Administration is required to evaluate the health professions boards, increasing the authority of providers that can prescribe these drugs. Registered practitioners are also required to screen patients before prescribing the drugs to prevent drug abuse. The Food and Drug Administration is also in charge of considering whether or not naloxone should be accessed without a prescription. HHS must encourage states or local government to have sites available for disposal of opiates. Lastly, the Government Accountability Office is essentially in charge of reviewing any faulty federal opioid abuse activities.

<https://www.congress.gov/bill/115th-congress/house-bill/993>

## **The Marchman Act, 1993 – Florida**

1. This act allows family or medical personnel to involuntarily commit a drug user to treatment. The Florida Legislature studied different issues on the use and abuse of alcohol and other drugs, and came up with these major findings:
2. Major health problem, disturbing consequences; it is a disease; requires specialized intervention and treatment
3. Continuum of accessible and quality prevention, intervention, and treatment
4. Adequate provision for specialized needs, without discrimination, for a full continuum of care within resources available
5. Discourage abuse by promoting healthy lifestyles and drug-free school, workplaces and communities
6. Programs need evaluation efforts, administrative support and quality assurance strategies
7. Cooperation of departmental programs in addressing needs and meeting goals
8. Provide alternatives to incarceration by encouraging referrals to services
9. Provide better substance abuse services in correctional systems, this will allow better adjustments to society's conditions upon release
10. Assist individuals with substance abuse problems through health and rehabilitative services to relieve police, courts, corrections, etc. and not let the burden interfere with maintaining safety and order
11. Coordinate and establish a framework for substance abuse services

<https://www.dcf.state.fl.us/programs/samh/SubstanceAbuse/marchman/marchmanacthand03p.pdf>

[http://www.governing.com/topics/health-human-services/sl-opioid-treatment-coercion-florida-states.html?utm\\_term=Is%20Forcing%20Opioid%20Abusers%20Into%20Treatment%20the%20Best%20Medicine%20One%20State%20Thinks%20So.&utm\\_campaign=The%20Homeless-Campus%20Concept%20Catches%20On&utm\\_content=email&utm\\_source=Act-On+Software&utm\\_medium=email](http://www.governing.com/topics/health-human-services/sl-opioid-treatment-coercion-florida-states.html?utm_term=Is%20Forcing%20Opioid%20Abusers%20Into%20Treatment%20the%20Best%20Medicine%20One%20State%20Thinks%20So.&utm_campaign=The%20Homeless-Campus%20Concept%20Catches%20On&utm_content=email&utm_source=Act-On+Software&utm_medium=email)

## **Plan to Repeal the ACA Threatens Access to Opioid Treatment**

This article written by PLOS Medicine outlines a number of very negative consequences that will occur if the proposed severe cuts to Medicaid are followed through while replacing the Obama Affordable Care Act. Currently, about 1/3 of those with substance use disorder in treatment rely on Medicaid. However,

with the intended Medicaid cuts, this is predicted to decrease dramatically. The consequences of making these cuts will weaken or eliminate the requirement that insurance plans cover “essential health benefits” which traditionally covers this type of treatment, cause naloxone to no longer be available for discounted prices (with its sticker price ranging from \$100-\$4,500), allow states to deny any coverage to those with “pre-existing conditions” which includes opioid use disorder (OUD).

One version of the bill attempts to ‘help’ with these cuts by setting \$45 billion aside for OUD treatment. The article quotes an estimate that shows the cover cost for all that is being cut will cost \$183 billion over the next ten years, and this is only for those who are at or below 200% of the Federal poverty line.

Further future consequences and major concerns caused by these cuts are discussed. These include the lack of treatment for pregnant women who can give birth to babies with neonatal abstinence syndrome, children’s increased probability of developing OUD themselves when growing up in a home with parents of OUD, and OUD-related incarceration.

<http://blogs.plos.org/speakingofmedicine/2017/07/27/impact-of-affordable-care-act-repeal-on-americas-opioid-epidemic/>

## **Resources / Data**

### **National Heroin Threat Assessment Summary**

This is an Intelligence Report generated by the Drug Enforcement Administration (DEA). There has been an increased threat posed by heroin since 2007. It is available in larger quantities, used by more people, and has subsequently caused more overdoses and overdose deaths. “The heroin threat is particularly high in the Northeast and Midwest areas of the United States. According to the 2016 National Drug Threat Survey (NDTS), 45 percent of respondents reported heroin was the greatest drug threat in their area; more than for any other drug. Since 2007, the percentage of NDTS respondents reporting heroin as the greatest threat has steadily grown, from 8 percent in 2007 to 45 percent in 2016” (p. 2-3). This report shares data on various topics related to heroin, such as the amount of heroin seized by the DEA since 2010, number of arrests made by drug type, and retail level purity and prices of heroin.

[https://www.dea.gov/divisions/hq/2016/hq062716\\_attach.pdf](https://www.dea.gov/divisions/hq/2016/hq062716_attach.pdf)

### **Opioid Deaths Continue to Surge in New York State**

This report describes the changes with the opioids epidemic in New York State from 2010-2016. Trends in male-female overdoses, age, race and county are discussed as well. Overall, a black male, between the ages of 25 and 34 is the most likely individual to overdose. The conclusion of this report shows that overdoses are not going down; they have continued to rise since 2010, with 2015-2016 showing the largest increase yet.

<http://rockinst.org/wp-content/uploads/2018/03/2018-03-21-By-The-Numbers-Opioid-Deaths.pdf>

<http://rockinst.org/>

### **Just How Bad Is The Drug Overdose Epidemic?**

This article compares the trends in the number of US deaths by the method: car accidents, guns, HIV, and drug overdoses. Car accidents (40,200 deaths in 2016) and gun-involved deaths (38,440 deaths in 2016) are both showing slow increases after previous major decreases. HIV deaths (6,138 deaths in 2016) are continuing to decrease after the immense spike in the 90s. This spike is shown today in the drug overdoses (64,026 deaths in 2016), as these have become the leading cause of death for Americans under 50. Researchers also found that in the age group that shows the highest amount of OD deaths, ages 15-44, there were large differences across racial categories, and between urban and rural locations. New England, Ohio, New Jersey, Pennsylvania, and West Virginia are cited as having some of the worst problems with opioid-related deaths. It is believed this is because these are points where fentanyl started to be added to the heroin supply.

[https://www.nytimes.com/interactive/2017/04/14/upshot/drug-overdose-epidemic-you-draw-it.html?em\\_pos=medium&emc=edit\\_up\\_20180502&nl=upshot&nl\\_art=6&nlid=62890792emc%3Dedit\\_up\\_20180502&ref=img&te=1](https://www.nytimes.com/interactive/2017/04/14/upshot/drug-overdose-epidemic-you-draw-it.html?em_pos=medium&emc=edit_up_20180502&nl=upshot&nl_art=6&nlid=62890792emc%3Dedit_up_20180502&ref=img&te=1)

## **Opioid-Related Data in New York State**

New York State has responded to the growing opioid epidemic by providing ongoing data related to opioids. This resource includes links to statewide summary reports, quarterly reports down to the county level, overdose deaths related to opioids, and information on the NYS prescription monitoring program, among other topics. Towards the bottom of the page, there is a list of additional publications that may be of interest. This website is updated regularly with new data.

<https://www.health.ny.gov/statistics/opioid/>

## **Responding to Overdoses**

### **Overdose Antidote is Supposed to Be Easy to Get. It's Not.**

New York City launched a plan to help reverse overdose deaths by making Narcan (naloxone) available in participating pharmacies, without a prescription. This was not as smooth of a plan as anticipated; few pharmacies (about 25% of the 100+ pharmacies) in the boroughs actually allow the sale of Narcan without a prescription, if it is available at all. Several pharmacies will only sell Narcan with a prescription, to the individual at risk, not friends or family. The city is fueling more prevention and training efforts, and will continue to work with the pharmacies.

<https://www.nytimes.com/2018/04/12/nyregion/overdose-antidote-naloxone-investigation-hard-to-buy.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=second-column-region&region=top-news&WT.nav=top-news>

### **Surgeon General's Advisory on Naloxone and Opioid Overdose**

*“I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone.”* This advisory encourages everyone to learn about the risks for opioid overdose, what naloxone is, and to begin carrying it on them. He is encouraging the general public to prepare to save lives, noting that so many Americans have been affected by this epidemic.

<https://www.surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory.html>

### **Is the Overdose-Reversal Drug Hard to get? Depends on where you live.**

The surgeon general urged Americans to carry Narcan with them in case they come across an overdose victim, that it could save someone's life. However, this is easier said than done; the availability and ease in which to acquire Narcan differs by state and pharmacy. Narcan is a prescription, which can cause many barriers for addicts. “Most states allow something called third-party prescribing, which lets doctors prescribe naloxone to someone who knows the person at risk of an overdose”. Other laws that have been implemented as a response to this epidemic are Good Samaritan Laws and Standing Order prescriptions. In a standing order prescription, a group of names is listed, rather than an individual's. Narcan can also be very expensive, up to \$95 for two doses. Indiana is working to make this drug more available by purchasing thousands of kits and giving them out for free. The biggest challenge at this point is how to get it in the hands of addicts and users who need it most.

[http://www.governing.com/topics/health-human-services/khn-naloxone-narcan.html?utm\\_term=Is%20the%20Overdose-Reversal%20Drug%20Hard%20to%20Get%20Depends%20on%20Where%20You%20Live.&utm\\_campaign=Trump%27s%20New%20Abortion%20Proposal%20Politicizes%20a%20Historically%20Bipartisan%20Program&utm\\_content=email&utm\\_source=Act-On+Software&utm\\_medium=email](http://www.governing.com/topics/health-human-services/khn-naloxone-narcan.html?utm_term=Is%20the%20Overdose-Reversal%20Drug%20Hard%20to%20Get%20Depends%20on%20Where%20You%20Live.&utm_campaign=Trump%27s%20New%20Abortion%20Proposal%20Politicizes%20a%20Historically%20Bipartisan%20Program&utm_content=email&utm_source=Act-On+Software&utm_medium=email)

# Opioids & Other Drug Specifics

## Kratom

### **Kratom**

Kratom is a powder ground from the leaves of a tree related to the coffee plant in Southeast Asia, but only recently has it started being used in the US. It can be consumed as a coffee-like beverage or baked into a brownie similar to marijuana. Its main effects are sharpening focus, mood enhancement, and pain relief similar to prescription painkillers. Because of this, kratom has been considered as a better alternative to, and an assistant in drug therapy to reducing dependency on highly addictive and deadly prescription painkillers or even heroin. So far studies have shown it has little or no overdose risk and low rates of addiction. Withdrawal symptoms are minor, similar to those felt from cutting out coffee or sugar lasting 3-4 days. But more testing needs to be done in order to confirm these findings, as they have not been fully investigated through human-trials. Despite there being evidence that kratom is not highly addictive, this prospect is still a major concern causing some states and cities to ban it, and the DEA to stop and confiscate incoming shipments. But this may be a negative, as it is thought some of its 3-5 million current users may have no choice but to turn back to addictive painkillers or heroin.

[http://www.governing.com/topics/health-human-services/sl-kratom-state-ban.html?utm\\_term=What%27s%20Kratom%2C%20and%20Why%20Are%20States%20Banning%20It&utm\\_campaign=Maine%27s%20Obamacare%20Vote%20Revives%20Medicaid%20Expansion%20Debate%20in%20Some%20States&utm\\_content=email&utm\\_source=Act-On+Software&utm\\_medium=email](http://www.governing.com/topics/health-human-services/sl-kratom-state-ban.html?utm_term=What%27s%20Kratom%2C%20and%20Why%20Are%20States%20Banning%20It&utm_campaign=Maine%27s%20Obamacare%20Vote%20Revives%20Medicaid%20Expansion%20Debate%20in%20Some%20States&utm_content=email&utm_source=Act-On+Software&utm_medium=email)

<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm584970.htm>

### **The 36 Referenced Cases w/in the 44 of Kratom**

This is a collection of reports done by the U.S. Department of Health and Human Services that list the potential dangerous of using Kratom. Med Watch, the FDA Safety Information and Adverse Event Reporting Program, consist of basic details of several patients, Kratom, and a report done by medical examiners and medical doctors (physicians).

<https://www.fda.gov/downloads/AboutFDA/CentersOffices/OfficeofFoods/CFSAN/CFSANFOIAElectronicReadingRoom/UCM588952.pdf>

### **Original November 2017 FDA Release on Kratom**

This is a statement done by the FDA Commissioner Scott Gottlieb that discusses the FDA public health advisory regarding the concerns with potential dangers of Kratom. Because it is a plant based product, marketers are treating it as a “safe” alternative to treat certain conditions like pain, anxiety, depression, and in some cases, as an alternative to heroin. According to the FDA, evidence shows that its effects are very similar to opioids, in which it can be abused, addictive, and many cases, death. As a physician and FDA Commissioner, he vows to take part in preventing any illegal substance that can be of any danger to the American people.

<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm584970.htm>

### **FDA General Kratom Webpage**

The FDA has recently warned consumers of the potential dangers of Kratom. This has been in response to the recent increase of Kratom use in the U.S. The FDA is currently evaluating any available scientific research that can serve as evidence to the risks of Kratom. The FDA also encourages health care professionals to report any reactions patients may have had to Kratom on the FDA’s MedWatch program.

<https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm584952.htm>

## **FDA Latest Announcement on Kratom 2/6/2018**

The FDA released an announcement for immediate release saying that their analysis using their PHASE Model shows evidence that out of Kratom's top 25 most prevalent compounds, 22 are structurally similar to opioid analgesics, and 2 out of the top 5 are known to activate opioid receptors. The FDA also points to 44 total reported deaths associated in some way with the use of Kratom. The 44 reports were based on collaboration with the FDA and other pointed-to agencies, but in the cases themselves, most can't be fully assessed due to lack of information provided. The conclusion as of now is that Kratom should not be used at all, especially to treat any medical conditions or as alternatives to opioids because there is no evidence they are safe and has no medical merit. But, in the release the FDA claims that although they are ready to assess any proposals' evidence that Kratom has medical capabilities, they have not **received** any requests, so use this as evidence there is none. Similar reasoning is used for all its conclusions, although throughout the release also references scientific methods, and use of strong scientific evidence.

<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm595622.htm>

## **Fentanyl**

### **Using strips to test for presence of fentanyl**

This is an article that describes the new “experimental policy” in which opioid users are able to test their drugs with Fentanyl strips. Fentanyl is a synthetic drug that is believed to be “30 to 50 times more potent than heroin”. The fentanyl strips are able to determine if the drugs are contaminated with the man-made opioid. According to New York State's public health agency, New York has made public money available for both needle exchange programs and test strips. Law enforcement hopes that the test strips will prevent drug users from using if they know the potential dangers of the synthetic drug. Essentially, this is an attempt to prevent accidental overdoses from Fentanyl.

[http://www.governing.com/topics/health-human-services/khn-california-opioid-fentanyl.html?utm\\_term=With%20Fentanyl%20on%20the%20Streets%2C%20California%20Pays%20Opioid%20Users%20to%20Test%20Their%20Drugs&utm\\_campaign=How%20Far%20Will%20the%20Ri ght-to-Die%20Movement%20Go&utm\\_content=email&utm\\_source=Act-On+Software&utm\\_medium=email](http://www.governing.com/topics/health-human-services/khn-california-opioid-fentanyl.html?utm_term=With%20Fentanyl%20on%20the%20Streets%2C%20California%20Pays%20Opioid%20Users%20to%20Test%20Their%20Drugs&utm_campaign=How%20Far%20Will%20the%20Ri ght-to-Die%20Movement%20Go&utm_content=email&utm_source=Act-On+Software&utm_medium=email)

### **Ordering Fentanyl Online and Delivering Through the Mail**

This article stemmed from the author who did a simple google search of “synthetic opioid and Chinese pharmacy” and easily found a website from which he could purchase and have shipped to him 100 grams of carfentanil in discreet packaging overnight, only costing \$750. According to their calculations, that is enough to elicit 5 million fatal overdoses. Most of the synthetic opioids in the US are originating from China which has little to no chemical and pharmaceutical regulations.

The author believes the steps that need to be taken are 1) come down hard on the import of synthetic opioids into the US from China, 2) create a national rather than state prescription database to stop people from refilling opioid prescriptions multiple times, 3) track doctor prescription activity through a national prescription database to identify those who may be prescribing for non-medical uses or over-prescribing, 4) and to create drug policy that takes into account the individuality of opioid dependency.

<https://www.nytimes.com/2018/04/04/opinion/carfentanil-fentanyl-opioid-crisis.html?rref=collection%2Fsectioncollection%2Fopinion&action=click&contentCollection=opinion&region=rank&module=package&version=highlights&contentPlacement=3&pgtype=sectionfront>



# **Law Enforcement Initiatives & Interventions**

## **Law Enforcement Assisted Diversion**

This is a diversion program for officers to use discretion when in contact with someone with unmet behavioral health needs. Individuals are referred to a trauma-based case management program to get connected with services. The program began in Seattle and there has been empirical data showing that individuals involved in the program recidivate at lower rates than those who do not participate, <https://www.leadbureau.org/>

## **Martinsburg, WV Police Strategy**

This is cross-sector partnership developed to address opiate addiction and abuse in the County. It is led by the Police Department and County School system. It strategically focuses on at-risk children and troubled families. It is rooted in a school-centered, family-based approach and uses the seminal ACES (Adverse Childhood Experiences) study to guide the work. The initiative will assess, identify, and eliminate the basic causes of drug abuse while building strong families and empower communities. Its focus is on prevention.

<http://www.martinsburgpd.org/martinsburg-initiative/>

## **Drug Market Intervention**

This is a law enforcement approach to intervening in open-air drug markets. The approach consists of using data to identify drug hot spots and drug dealers, conduct undercover operations, mobilize the community, contact the offender's family and friends, conduct call-ins and/or notifications, enforcement when necessary, and follow-up. The model is rooted in identifying the most serious offenders, offering assistance in the form of employment opportunities and housing, and then enforcement if the assistance is not utilized and drug sales continues. Results in High Point, NC have been positive, with an 8% decrease in violence in the intervention areas and an 8% increase in violence in the non-intervention areas. (<https://www.crimesolutions.gov/programdetails.aspx?ID=361>)  
<https://www.highpointnc.gov/450/Drug-Market-Initiative>

## **NYPD Overdose Response Initiative**

The NYPD launched the OD Response Initiative in February 2016 to investigate overdose deaths rapidly. Dedicated Overdose Response Squads aka Heroin Overdose Teams investigate the scene of each overdose, they also provide family and friends of victims with information on obtaining naran and treatment and support services. The goal is to trace the drugs involved in the OD to target dealers and distributors for prosecution. Enhanced prosecution is a tool that is used in OD deaths, particularly when fentanyl is involved. As of February 19, 2018, there are 84 detectives assigned to Heroin Overdose Teams.

Goodman, David. (February 19, 2018). City officials see progress in effort to curb opioid deaths. *New York Times*, <https://www.nytimes.com/2018/02/19/nyregion/opioid-overdose-heroin-deaths-new-york.html?&module=Detail=section-news-0&action=click&contentCollection=N.Y.%20%2F%20Region&region=Footer&module=MoreInSection&version=WhatsNext&contentID=WhatsNext&pgtype=article>

The City of NY, Office of the Mayor. 2017. HealingNYC: Preventing overdoses, saving lives. <http://www1.nyc.gov/assets/home/downloads/pdf/reports/2017/HealingNYC-Report.pdf>



### **Angel Program**

The Angel program is a “revolutionary new policing program” created by the Gloucester Police Department that will provide resources to get the help they need instead of arresting them. If an addict seeks help from the Gloucester Police Department, the officer will take them to the Addison Gilbert Hospital. There, they will be paired with an “ANGEL”, who is a volunteer that will assist them through the process. Patients will receive treatment immediately from local treatment centers. The Gloucester Police Department claims that if an addict has drugs or drug paraphernalia, they will dispose of it for you with no consequences. They will not be arrested, charged, or jailed if the individual decides to do this.

<https://gloucesterpd.com/addicts/>

### **Researchers, Public Health, and Police Surveilling Drug Sellers, Connecting Users to Services**

This program is in Rhode Island and revolves around policing surveillance for large drug sales/trafficking investigations. Throughout the investigation, drug buyers are identified by law enforcement. Information on the drug buyers are shared with public health workers who then conduct outreach to the drug users. Team approach knocking on the door. More information can be received from Sean Verano, PhD, Roger Williams University, and Department of Justice Studies. This outreach is similar to custom notifications.

### **Portland’s Neighborhood Involvement Locations (NI-Loc) Project**

Portland, Oregon experienced increases in Part I and Property crime, and an increase in population, all while the number of police officers and amount of resources were decreasing (2009-2013). In an effort to control crime Hot Spot areas, the Portland Police pinpointed 90 areas to deliver treatment or control groups (randomly); some areas received 2 random calls per day, 4 or none each day. The additional, randomized calls were done to deploy police in a walking beat for 15 minute increments over a 3 month period. These were also used to improve police-community relations. “The Chief’s intent for this initiative is to carve out dedicated time for officers to engage with community members in areas that are experiencing high volumes of crime and/or livability concerns.” (p. 6).

[https://www.pdx.edu/criminology-criminal-justice/sites/www.pdx.edu.criminology-criminal-justice/files/PDF-Files/Research/NI-LOC%20Final%20Report\\_Final%20Verion\\_11-6-17.pdf](https://www.pdx.edu/criminology-criminal-justice/sites/www.pdx.edu.criminology-criminal-justice/files/PDF-Files/Research/NI-LOC%20Final%20Report_Final%20Verion_11-6-17.pdf)

### **Tackling Drug Markets and Distribution Networks in the UK**

Significant research has been done around the drug markets in the United Kingdom, and what can be done to tackle them. Researchers have identified three levels of distribution – international, local, and national/regional (a ‘middle market’ somewhere in between the former 2 levels). In addition to government funding, the UK created the Serious Organised Crime Agency (SOCA) to help with higher levels of enforcement operations. This report gives a lot of information on the drug markets and strategies to decrease the supply and demand.

[https://www.researchgate.net/profile/Mike\\_Hough/publication/237366566\\_Tackling\\_Drug\\_Markets\\_and\\_Distribution\\_Networks\\_in\\_the\\_UK/links/00b7d52823faf89d58000000.pdf](https://www.researchgate.net/profile/Mike_Hough/publication/237366566_Tackling_Drug_Markets_and_Distribution_Networks_in_the_UK/links/00b7d52823faf89d58000000.pdf)

### **Cleaning up Drug Hot Spots in Oakland, California (SMART)**

A police-oriented drug control program that began in 1988 in Oakland, California. A multi-agency task force was organized by the police and aimed to decrease drug related problem and improve the neighborhoods with these problems (target areas). The team was called the Specialized Multi-Agency Response Team, or SMART. City agencies were major players in these efforts as well (e.g., inspecting drug nuisance properties, pushing landowners to clean up, posting signs, enforcing codes and other rules).

Green, L. (1995). Cleaning up drug hot spots in Oakland, California: The displacement and diffusion effects, *Justice Quarterly*, 12, 737 – 754. Retrieved from [http://heinonline.org/HOL/Page?handle=hein.journals/jquart12&div=52&g\\_sent=1&casa\\_token=&collection=journals](http://heinonline.org/HOL/Page?handle=hein.journals/jquart12&div=52&g_sent=1&casa_token=&collection=journals)

### **Program Profile: Drug Market Analysis Program (Jersey City, NJ)**

A "hot spots" policing program targeting identified drug activity locations to reduce public disorder by engaging local residents and business owners and applying pressure via crackdowns. The program is rated Promising. There was no significant difference between the experimental and control locations on violence and property offenses; but, there were reductions in disorder and narcotics offenses and fewer calls for service for some measures in the treatment catchment areas.

Evidence Rating: Promising - One Study

Date: This profile was posted on February 23, 2012

<https://crimesolutions.gov/ProgramDetails.aspx?ID=214>

### **Improving The Management of Rental Properties With Drug Problems**

Abstract: Theory and practice point to the link between place management and the likelihood of drug dealing and criminal behavior at places. Theory suggests that drug dealers select places that have weak management. In an experiment conducted in San Diego, CA, 121 rental properties that had already been the target of drug enforcement were randomly assigned to two approximately equal-size treatment groups, or to a control group that received no further police actions. One treatment group received a letter from the police describing the enforcement and offering assistance; the other met with a narcotics detective under threat of nuisance abatement. Results show more evictions of drug offenders for both treatment groups relative to the control group, but more evictions for the meeting group than the letter group. Property owners in the meeting group also had a sizeable reduction in reported crime within six months of the intervention. There is also some evidence in support of a crime reduction effect of the letters, but it is less conclusive. Implications of these findings for theory and practice are discussed.

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.562.6881&rep=rep1&type=pdf>

### **Cleveland Police's Specialized Opioid Unit Now a National Model**

Scott Moran created a specialized Heroin Involved Death Investigation unit in 2014 which “uses a non-traditional approach to conducting opioid-specific investigations that require investigators to be equal parts homicide detectives, narcotics cops and social workers.” A main proponent of this unit is to change officer’s mindset of those who OD as human beings rather than law-breaking drug addicts. Investigators respond to ODs, interview victims and victim family and friends in order to try and identify their dealer whose drugs lead to ODs. Although the new unit had a lot of growing pains and trials-and-error, Moran is now asked to help create other Heroin Investigation Units in other jurisdictions around the country. Although it was cited that investigators had hoped to pinpoint a few key drug dealers, they are finding that the problem is much more widespread. On a single night in 2017 there were 22 ODs, 17 of which cooperated leading them to 15 different dealers. This is thought to be due to the ready availability of fentanyl and carfentanil over the internet. It was found that in the first four months of 2016 there were 139 overdose deaths, 192 in 2017, and 137 in 2018.

[https://www.cleveland.com/metro/index.ssf/2018/05/specialized\\_cleveland\\_police\\_u.html](https://www.cleveland.com/metro/index.ssf/2018/05/specialized_cleveland_police_u.html)

### **Detroit Heroin/Opioid Response Group**

The Heroin/Opioid Response Group (or task force) was deployed on January 18<sup>th</sup> containing members from the Detroit Police Department, Wayne County Prosecutor's Office, US Attorney's Office, Drug Enforcement Agency (DEA), Homeland Security, and the FBI. The ultimate goal of this task force is to investigate and prosecute drug dealers who sell drugs that cause lethal overdoses as homicides. This group was created in response to the continuing increase of fatal overdoses, which in 2017 showed that there were more fatal overdoses than homicides in Detroit. Since the group was deployed more than 1,000 grams of heroin and 42 grams of fentanyl were seized. It was believed that the majority of the fentanyl was smuggled into the city from Mexico.

<https://www.detroitnews.com/story/news/local/detroit-city/2018/01/22/opioids/109709012/>

### **Longmont Police Take New Approach to Mental Health, Substance Abuse Calls**

The Longmont PD has a new program called Crisis Outreach Response and Engagement team (CORE). It created two teams that each consist of a police officer, a licensed behavioral health clinician, and a paramedic in order to be the primary response in situations involving mental health or substance abuse. This team was evolved from a previous program in which a behavioral clinician was a secondary response called in after officers are on the site. The program started in April and currently has no evaluation, but it is reported that these units have an average of 6-7 calls daily, with at least one team available every day from 10am to 8pm.

<http://www.kunc.org/post/longmont-police-take-new-approach-mental-health-substance-use-calls>

### **Crime Prevention Through Environmental Design (CPTED)**

The purpose of CPTED is to design or change the environment to reduce the opportunity or potential for crimes to occur. This strategy can be applied in public and private areas (homes, parks, sidewalks and streets, etc.). There are differences in opinions on the main CPTED components, but all are provided below for description (note: these can overlap or be used simultaneously):

1. Territoriality – showing a sense of ownership to discourage illegitimate users
2. Surveillance – ability to see and be seen
  - a. Informal / Natural
  - b. Formal / Organized – provided by stakeholders (i.e., shop keepers, security guards)
  - c. Mechanical – CCTV, cameras, lighting, etc.
3. Access Control – deny entry to targets, heighten perception of risk of getting caught (gates, changes in sidewalk material, signage indicating private property)
4. Activity Support – encourage legitimate and intended use of public spaces; this will push illegitimate users out, and bring in more positive activities
5. Image / Management – routine maintenance to keep an image of care and use; disorder gives a signal that no one may care about an area, and encourage misuse
6. Target Hardening – makes potential offenders expend more effort to reach a desired outcome; examples include installing locks on windows and doors, reinforce doors, double-pane glass, security systems, etc.

[https://espace.curtin.edu.au/bitstream/handle/20.500.11937/19408/131503\\_CPTED-REVIEW-2005-prepublication.pdf?sequence=2](https://espace.curtin.edu.au/bitstream/handle/20.500.11937/19408/131503_CPTED-REVIEW-2005-prepublication.pdf?sequence=2)

[http://cpted.net/resources/Documents/ICA%20Resources/Newsletters/Perspectives\\_V06\\_I1\\_March%202003.pdf](http://cpted.net/resources/Documents/ICA%20Resources/Newsletters/Perspectives_V06_I1_March%202003.pdf)

## **Second Generation CPTED**

This strategy takes Crime Prevention Through Environmental Design (above) to the next level. This portion of the strategy has a more holistic approach, rather than focusing strictly on environmental changes. There are four main components to Second Generation CPTED:

1. Community culture (place making)
  - a. Neighborhoods should share, and emphasize their history
  - b. Participate in and hold festivals, parades, music and art events, etc.
2. Connectivity
  - a. Needs to be sustainable; connections between individuals within a neighborhood, and people outside of the neighborhood as well
  - b. This help manage the community and hold them accountable for various things (calling police, keeping property clean, etc.)
3. Threshold
  - a. A variety of people and ideas are required, similar to the idea of an ecosystem
  - b. Diverse mixture of land uses are a part of threshold, and different things to do in the neighborhood
4. Social cohesion
  - a. Basic people skills and opportunities for positive interactions should be available
  - b. Teach positive communication skills, conflict resolution and community justice strategies

[http://cpted.net/resources/Documents/ICA%20Resources/Newsletters/Perspectives\\_V06\\_I2\\_June%202003.pdf](http://cpted.net/resources/Documents/ICA%20Resources/Newsletters/Perspectives_V06_I2_June%202003.pdf)

## **DEA Comprehensive plan for battling opioid epidemic**

Newark, New Jersey is the 9<sup>th</sup> US city to be a part of the Drug Enforcement Administration's '360' Strategy around the opioid epidemic. The DEA's plan is a comprehensive, 3-pronged approach to help with the rates of heroin and prescription drug abuse. The program focuses on enforcement, which is the DEA's primary roll, but also on diversion control and a community outreach component. Enforcement aims include keeping drugs out of communities, drug trafficking and law enforcement agency coordination. Diversion control involves holding doctors and pharmaceutical companies accountable for overprescribing or going around the law. Finally, community outreach goals include engaging schools, churches and grassroots group around prevention efforts. Additionally, "under New Jersey's U.S. Attorney Craig Carpenito, the state started the first ever opioid unit. It's believed to be the only in the country, with six designated criminal prosecutors, a health care fraud unit and a partnership with the office of the Attorney General". The 360 Strategy has been deployed in South Jersey, and according to the DEA, sounds promising so far.

<https://www.njtvonline.org/news/video/in-newark-dea-launches-comprehensive-plan-for-battling-opioid-epidemic/>

## **The Champion Plan – Brockton, MA**

The Champion Plan is a police-assisted recovery program that began in February 2016. Individuals with substance use disorders can walk into the Brockton Police Department and ask for assistance and treatment services at the front desk. Police then link the individuals to a treatment center for further assistance. Police staff walk the individual to the treatment partner location, and then the treatment agency conducts an assessment. After the assessment, the individual is transported to the appropriate level of treatment via the

ambulance. The program requires a project coordinator. This program is similar to, and modeled after the Angel Program, but does have some unique qualities; with The Champion Plan, individuals who come to the police department are subject to a warrants check, but may receive assistance with the warrants before entering the program. In just over one year of operation, the Champion Plan has serviced 366 unique clients.

<http://opioidoverdoseprevention.org/bmoocp/champion-plan/>

<https://helplinema.org/2018/02/16/finding-hope-brockton-champion-plan/>

## **Prosecutorial Approaches**

### **New HOPE program offers treatment instead of jail**

The Heroin Overdose Prevention and Education (HOPE) program out of Staten Island is designed to divert low-level drug offenders to treatment, instead of into the criminal justice system. This program is available to individuals (who typically have little or no criminal history or outstanding warrants) who are arrested for misdemeanors or low-level drug possession, who qualify for a desk appearance ticket. During processing, the DA will arrange for a peer coach to meet with these individuals, discuss the HOPE program, and refer them to a treatment center. Individuals hoping to get into this program, and subsequently avoid their charges going on record, must connect with a treatment center within 7 days of arrest (the same date that they have to appear for their desk appearance ticket). They do not need to appear in court if they have made this connection, and the case will be adjourned for 30 days. At the end of the 37 total days, if the individual ‘meaningfully engages’ in treatment, the DA will decline to prosecute, and no charge will appear on their criminal record. After one year of program implementation, of the 291 people that enrolled, 263 successfully completed the program and had their cases withdrawn; 90% success rate.

[https://www.silive.com/news/2017/02/new\\_hope\\_program\\_offers\\_treatm.html](https://www.silive.com/news/2017/02/new_hope_program_offers_treatm.html)

[https://www.silive.com/news/2018/01/hope\\_programs\\_first\\_year\\_help.html](https://www.silive.com/news/2018/01/hope_programs_first_year_help.html)

### **The Controversy Over Charging Drug Dealers With Murder After Overdoses**

“Drug-induced homicide laws are not new. More than 20 states have them. Most were put on the books decades ago during the height of the war on drugs.” Florida is recently among these states, and aims to hold individuals accountable for spreading poison, and the damage it causes. Although this my push deals underground and make other users fear prosecution, a mom cited in this piece is all for this charge.

[https://www.npr.org/2017/06/17/533327584/the-controversy-over-charging-drug-dealers-with-murder-after-overdoses?utm\\_source=npr\\_newsletter&utm\\_medium=email&utm\\_content=20180521&utm\\_campaign=npr\\_email\\_a\\_friend&utm\\_term=storyshare](https://www.npr.org/2017/06/17/533327584/the-controversy-over-charging-drug-dealers-with-murder-after-overdoses?utm_source=npr_newsletter&utm_medium=email&utm_content=20180521&utm_campaign=npr_email_a_friend&utm_term=storyshare)

### **An Overdose Death Is Not Murder: Why Drug-Induced Homicide Laws Are Counterproductive and Inhumane**

“This report examines one strategy – “drug-induced homicide” – that the evidence suggests is intensifying, rather than helping, the problem and calls for leaders to turn toward proven measures to address rapidly increasing rates of overdose deaths.” This report describes the difficulties of drug-induced homicide charges, such as: not selling drugs to the specific person who has a fatal overdose, one buyer sharing drugs that causes another user a fatal overdose, and not differentiating between these and an individual who has a fatal overdose directly from the drugs they bought from a seller. Further, these laws are not deterring dealers. They also undermine Good Samaritan Laws and may actually lead to more deaths.

<http://www.drugpolicy.org/resource/DIH>

### **DOJ Backs Proposal to Lengthen Fentanyl Sentences**

In March, the DOJ is looking at plans to lengthen prison sentences for individuals caught selling fentanyl. One suggested change is to make the sentence 5 years for a first time seller who has sold half an ounce of fentanyl; this is “more than double the current top recommended term”. They feel that this crackdown is necessary because thousands of lethal doses of fentanyl can be caused from a few ounces of the drug. Critics of these plans, such as defense lawyer and activists, recall the rush to punish in the 1980s, which only made matters worse. Further, the punishment hikes can incentivize bigger dealers to sell fentanyl faster, to avoid longer sentences. This crackdown and controversy show the complication of the epidemic as a whole.

<https://thecrimereport.org/2018/03/15/doj-backs-proposal-to-lengthen-fentanyl-sentences/#>

### **Pill Bottles Beside the Dead Shared a Doctor's Name**

Dr. Lawrence Choy's name has been found on prescription opioid bottles next to 3 dead bodies between 2013 and 2016. A lengthy investigation was conducted in 2017, and upon going to Dr. Choy's office, investigators found an incredible mess; he had vanished. After searching for him, Dr. Choy was charged with the deaths of 3 patients. "Dr. Choy was indicted on 231 counts, including manslaughter in the second degree in the deaths of Mr. Castillo and Michael Ries, 30, from Hauppauge, Long Island. He also faces charges of reckless endangerment in the second degree related to eight surviving patients and to the death of Daniel Barry, 45, a chef from Suffolk County who overdosed on Jan. 15, 2016, eight days after he got his last prescription from Dr. Choy". Prescriptions from Dr. Choy were being filled in New York City, Long Island, New Jersey, Upstate New York, and Pennsylvania.

[https://mobile.nytimes.com/2018/06/07/nyregion/pill-bottles-beside-the-dead-shared-a-doctors-name.html?emc=edit\\_ur\\_20180608&nl=new-york-today&nlid=6289079220180608&te=1](https://mobile.nytimes.com/2018/06/07/nyregion/pill-bottles-beside-the-dead-shared-a-doctors-name.html?emc=edit_ur_20180608&nl=new-york-today&nlid=6289079220180608&te=1)



## **Treatment-Specific**

### **In our nation’s opioid epidemic, Pennsylvania could find a fix using medical marijuana**

Pennsylvania “is now on its way to leading the country in medical marijuana research”, and had the second highest drop in opioid prescriptions in 2017. Doctors are excited about the potential of medical marijuana in reducing the number of prescriptions and treating opioid addiction. Pennsylvania is now the first state to add opioid addiction to their list of qualifying conditions for medical marijuana use. Medical marijuana is not to replace other/traditional treatment programs, but to supplement them or use them as a last resort if others do not work. York County opened a medical marijuana dispensary June 5th of this year, following over 5,000 deaths related to overdoses in 2017.

<https://www.ydr.com/story/news/2018/06/11/could-medical-marijuana-help-solve-pennsylvania-opioid-epidemic-addiction-heroin-overdose-dispensary/668664002/>

### **Governor Cuomo Awards More Than \$4 Million to Expand Access to Substance Abuse Treatment Services Across New York**

Governor Cuomo has awarded over \$4 Million to open ten 24/7 Open Access Centers that can “deliver immediate engagement, assessment and referral service options to New Yorkers seeking treatment for substance abuse.” The Open Access Centers is to guarantee anyone who is seeking substance use disorder services access to treatment services at any time of day. Staff will be on-call and available 24 hours a day, 7 days a week to provide the proper resources for their level of care. The Wayne County Department of Mental Health has been awarded \$450,000 which will serve Wayne County, Ontario County, Seneca County, Yates County, Livingston County, Wyoming County, Genesee County, Orleans County and Monroe County.

<https://www.governor.ny.gov/news/governor-cuomo-awards-more-4-million-expand-access-substance-abuse-treatment-services-across>

### **The New Treatment for Opioid Addiction: Marijuana**

Marijuana to assist in the withdrawal process from opioids is permitted in New Jersey, and could soon be in Pennsylvania. By opening the possibility of marijuana as a treatment for opioid withdrawal, the doors have opened to conduct more research and studies on the effects. There are strong opinions for the use of marijuana in detox and treatment, but this could have political implications down the road. The price of medical marijuana may decrease as well, in utilizing ‘flower’ (also known as leaf, or bud), which requires little processing compared to other parts of the plant.

[http://www.governing.com/topics/health-human-services/tns-opioid-marijuana-pennsylvania-treatment-drug.html?utm\\_term=The%20New%20Treatment%20for%20Opioid%20Addiction%3A%20Marijuana&utm\\_campaign=With%20Fewer%20Police%20Applicants%2C%20Departments%20Engage%20in%20Bidding%20Wars&utm\\_content=email&utm\\_source=Act-On+Software&utm\\_medium=email](http://www.governing.com/topics/health-human-services/tns-opioid-marijuana-pennsylvania-treatment-drug.html?utm_term=The%20New%20Treatment%20for%20Opioid%20Addiction%3A%20Marijuana&utm_campaign=With%20Fewer%20Police%20Applicants%2C%20Departments%20Engage%20in%20Bidding%20Wars&utm_content=email&utm_source=Act-On+Software&utm_medium=email)

### **Heroin Vaccine Blocks Overdose**

The Scripps Research Institute (TSRI) have successfully tested their ‘heroin vaccine’ on animal subjects and hope to move forward very soon with human trials. The vaccine works by training the immune system antibodies, which are introduced through carrier proteins, which block the drug from reaching the brain. This block stops the subject from having the “high” from heroin, and has been shown to also block overdoses. Researchers tested the vaccine in powder and liquid form, and found no difference in effect between them. Tests have been very positive so far and have qualified for further advancement, as the vaccine has been tested and proven to remain stable in 30 days at room temperature. Hwang and the others



at the Institute believe this heroin vaccine could be the answer for those with heroin substance use disorder who are trying but can't quite.

<https://www.sciencedaily.com/releases/2018/02/180214093856.htm>

## **Medication Assisted**

### **Heroin-assisted treatment in Switzerland**

In an effort to treat long-term opioid users, Switzerland, the UK, Germany, the Netherlands and Canada are prescribing heroin. Heroin-assisted treatment (HAT) is used under medical supervision, aimed to combat public health risks caused by street use, but is much less common than Opioid Substitution Treatment (i.e., Suboxone or Methadone). “This is because HAT is typically reserved for opioid users who have proven unresponsive to other forms of treatment, and because it is considered more politically controversial”, but there is evidence demonstrating effectiveness of HAT. The HAT program was introduced in Switzerland in the mid-1990s, and deaths related to drug use and AIDS among drug addicts have decreased steadily.

<https://www.tdpf.org.uk/blog/heroin-assisted-treatment-switzerland-successfully-regulating-supply-and-use-high-risk-0>

### **Buprenorphine maintenance Treatment**

“Used in the treatment of patients with opioid dependence to alleviate withdrawal symptoms, suppress opiate effects and cravings, and decrease the risk of overdose. The program is rated Effective. The experimental group had more days of participation, treatment retention, decreased drug use, improved well-being and mental health. Participants had significantly reduced opiate cravings.”

Evidence Rating: Effective - More than one study

Date: this profile was posted on *June 10, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=170>

### **Methadone Maintenance Treatment**

“A medication-assisted treatment for individuals with opioid dependence. The program is rated Effective. The methadone maintenance treatment intervention group had significantly lower HIV drug-risk behaviors (i.e. less reported needle use) than the comparison group who received psychologically enriched 180-day methadone assisted detoxification. The standard and minimal treatment group both reported less heroin use and had fewer positive urine tests at follow-up than the detoxification group.”

Evidence Rating: Effective - More than one study

Date: This profile was posted on *June 12, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=158>

### **Interim Methadone Maintenance (IM)**

“A daily treatment program where opiate-addicted adults on waiting lists for comprehensive treatment receive doses of methadone as well as emergency counseling. The program is rated Promising. Participants entered into treatment programs more than the waitlist control group. There was less drug use detected for heroin, but not for cocaine or alcohol; and no difference in crime rates between groups however self-reports of drug spending was less for participants at the 4-month follow-up.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *June 10, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=46>

### **Vivitrol as an alternative**

This is a description of efforts being done to implement Vivitrol centered programs as an alternative to other programs in Suffolk County. Vivitrol is a medication used to impede addicts from getting high by blocking opiate receptors. This substance is administered as an intramuscular injection that typically last thirty days. Vivitrol centered programs have been launched in at least 26 states including Suffolk County in jails where it has been prohibited in the past. This can be a possible solution to the distribution of drugs like Suboxone and Methadone in jails where it has nearly become a currency. This article also explores the controversy surrounding Suboxone and Methadone, which many argue it is not acting as an alternative but rather replacing one addiction with another. Substances like Methadone and Suboxone are more cost effective than Vivitrol, around \$100 to \$500 per dose of Suboxone, and \$800 to \$1,200 for Vivitrol, but it is important to weigh the benefits and risks (i.e., replacing one addiction with another).

<https://www.themarshallproject.org/2015/02/17/the-anti-heroin>

## **Counseling, Outreach and Others**

### **Medicaid Shift from Set Grant Funding for Treatment to Pay Per Client in Maryland**

This federal initiative being piloted in Maryland, allows large residential treatment centers to bill Medicaid per patient for substance abuse treatment. This shifts treatment from set grant funding to reimbursement for each patient. Maryland is one of seven states piloting the initiative and it took effect July 1, 2017; other states are: California, Massachusetts, Virginia, West Virginia, New Jersey and Utah. When Medicaid was created in 1965 there was a prohibition against paying for mental health and substance abuse programs with more than 16 beds, this was to protect against Medicaid covering treatment that had been traditionally paid for by the states. However, the opioid commission created by Trump to review and provide recommendations on the opioid crisis recommended eliminating the rule. This has yet to be done, but states have applied for waivers and the seven listed have received these waivers.

<http://www.baltimoresun.com/news/maryland/politics/blog/bs-md-trump-maryland-opiod-20171103-story.html>

### **Mandatory Opioid Treatment**

A forthcoming report based on 2016 data “concluded that evidence does not suggest improved outcomes of compulsory treatment, and some studies suggested potential harm resulting from such treatment.” It has been suggested that mandatory treatment for opioids can be successful, but this report demonstrates otherwise, that, generally, mandatory treatment does not result in improved outcomes for patients. It also raises ethical issues, including a mandatory treatment facility in Massachusetts that very closely resembles a prison.

<https://thecrimereport.org/2018/03/27/should-opioid-addicts-be-forced-to-undergo-medical-treatment/>

### **Community-Friendly Health Recovery Program (CHRP)**

“This is an HIV risk-reduction intervention targeting opioid-dependent individuals in drug treatment, with the objective of reducing drug- and sex-related HIV risks. The program is rated Promising. Individuals in

the CHRP intervention showed significant improvement on drug and sex risk-reduction skills over time; however, there was no significant effect on their knowledge of safer drug use, social motivation, and self-efficacy.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *July 24, 2017*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=539>

### **TCU Mapping-Enhanced Counseling for Substance Users**

“A cognitive technique for incorporating graphic visualization tools into the counseling process. The program is rated Promising. The mapping group had lower crime and less drug use; but reported lower self-esteem, lower confidence in decision-making, and more hostility than the comparison group. Although there was no statistically significant differences for participants with HIV risky behavior, those with more time in treatment had less dirty needle use.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *June 04, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=108>

### **Is Forcing Op**

#### **Opioids Abusers into Treatment the Best Medicine?**

Frustration from family and friends, law enforcement and first responders, but many users do not want to enter treatment, or may not be ready yet. What can be done? In Florida, there is the Marchman Act of 1993, which is something many other places do not have. The 1993 Marchman Act – Families and health care professionals can use the state law to “marchman,” or involuntarily commit people into substance abuse treatment when they are deemed a danger to themselves or others. Could this be a model for other states? Of the individuals involuntarily committed to treatment in Hillsborough County, more than 2/3 completed the court-ordered programs. This does not remedy the fact that there are too few treatment facilities and locations, but it may help save more lives.

[http://www.governing.com/topics/health-human-services/sl-opioid-treatment-coercion-florida-states.html?utm\\_term=Is%20Forcing%20Opioid%20Abusers%20Into%20Treatment%20the%20Best%20Medicine%20One%20State%20Thinks%20So.&utm\\_campaign=The%20Homeless-Campus%20Concept%20Catches%20On&utm\\_content=email&utm\\_source=Act-On+Software&utm\\_medium=email](http://www.governing.com/topics/health-human-services/sl-opioid-treatment-coercion-florida-states.html?utm_term=Is%20Forcing%20Opioid%20Abusers%20Into%20Treatment%20the%20Best%20Medicine%20One%20State%20Thinks%20So.&utm_campaign=The%20Homeless-Campus%20Concept%20Catches%20On&utm_content=email&utm_source=Act-On+Software&utm_medium=email)

#### **Nar-Anon Family Groups -- A 12-Step Program for Families & Friends of Addicts**

The Nar-Anon Family Groups are a worldwide fellowship that focuses on the spiritual way of life to alleviate the desperation surrounding addiction. This worldwide fellowship holds meeting in which members of each group can decide how they will be conducted. During these meetings, only one person is allowed to speak at a time which does not allow the members to engage in dialogue, debate, or cross-talk. This means that no member is allowed to comment, correct, or judge others because “what is true for one may not be true for another”. Its primary focus is on the families and their own recovery rather than the addict. The 12- Step program is as essential to families as Narcotics Anonymous program is to the addict. They believe that working through these steps will bring the solution to the problem.

<http://www.nar-anon.org>

### **SMART Recovery - Sensible Tools for Addiction Recovery**

SMART Recovery is an abstinence-based, non-for-profit organization that focuses on self-help procedures that are designed to empower individuals to abstain from alcohol and substance abuse and to develop a more positive lifestyle. Because alcohol and substance abuse has a drawback, they use a cognitive-behavioral psychotherapy called Rational Emotive Behavior Therapy (REBT) that helps by teaching the individual in to manage their beliefs and emotions that can lead an individual into alcohol or substance abuse.

<https://www.smartrecovery.org/>

### **Program Profile: Behavioral Couples Therapy for Substance Abuse**

A family-based treatment approach for substance- and alcohol-abusing couples and their families. The program is rated Effective. At follow-up, patients reported significant reductions in substance use, higher marital adjustment test scores, relationship satisfaction, and decreased drinking rates than the individual-based treatment group.

Evidence Rating: Evidence Rating: Effective - More than one study

Date: This profile was posted on June 14, 2011

<https://crimesolutions.gov/ProgramDetails.aspx?ID=86>

### **Former Heroin or Opioid Addicts responding to ED rooms with OD Victims**

The pilot program, Relay, through the NYC Health Department, began in March 2017 in three emergency rooms, and in October 2017, it expanded to four emergency rooms. The program utilizes a “wellness advocate” for each patient who survives an overdose and the advocate responds within one hour to the ED to meet with the victim. The advocate is in touch with the victim for up to 90 days after the overdose. The advocates have previous addiction histories, offer support, OD risk protection counseling to the victim, and a care bag with a round-trip metro card and information about fentanyl. The program costs the Health Department \$4.3 Million. There are 10 outreach workers in five hospitals as of February 19 2018.

<http://abc7ny.com/health/nyc-expands-counseling-program-to-help-with-opioid-crisis/2570592/>

<https://www1.nyc.gov/site/doh/about/press/pr2017/pr086-17.page>

Goodman, David. (February 19, 2018). City officials see progress in effort to curb opioid deaths. *New York Times*, retrieved from <https://www.nytimes.com/2018/02/19/nyregion/opioid-overdose-heroin-deaths-new-york.html?&moduleDetail=section-news-0&action=click&contentCollection=N.Y.%20%2F%20Region&region=Footer&module=MoreInSection&version=WhatsNext&contentID=WhatsNext&pgtype=article>

### **Prize-Based Incentive Contingency Management for Substance Abusers**

“A version of contingency management that provides adult substance abusers in community-based treatment with an opportunity to win prizes if they remain drug free. The program is rated Effective. The incentive group had the longest drug use abstinence, study retention, and attended more counseling sessions compared with those who received usual care.”

Evidence Rating: Effective - More than one study

Date: This profile was posted on June 08, 2011

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=103>

## **Ross County Post Overdose Response Team**

Team of individuals, including law enforcement which visit the home of every person in the county who overdosed the prior week; they provide support group meetings, a brochure on treatment providers and detox centers and a primer on naloxone. They also talk with the victim and encourage to stop using, but because likely won't encourage to use in the presence of others.

[https://www.washingtonpost.com/national/as-opioid-overdoses-rise-police-officers-become-counselors-doctors-and-social-workers/2017/03/12/85a99ba6-fa9c-11e6-be05-1a3817ac21a5\\_story.html?utm\\_term=.0d76d3ab53f1](https://www.washingtonpost.com/national/as-opioid-overdoses-rise-police-officers-become-counselors-doctors-and-social-workers/2017/03/12/85a99ba6-fa9c-11e6-be05-1a3817ac21a5_story.html?utm_term=.0d76d3ab53f1)

## **ASAM Strategic Plan 2018-2021**

“Our new strategic plan strengthens the focus on a full spectrum of addiction care: prevention, treatment, remission, and recovery. ASAM’s portfolio now includes: **the voice of patients and their families** and will highlight the personal experience of addiction in much closer view. The plan outlines **ambitious research goals aimed at leading scientific and medical progression in the field**. It also exemplifies a firm **recommitment to providing continued education for all treatment providers**.

ASAM’s renewed and redesigned goals amass to form a robust foundation and profound course of action in the spirit of the organization’s mission. With a new map leading the way, **ASAM will continue to set standards, pioneer research, educate professionals and the public, and challenge stigma**. ASAM will always endeavor to enhance the goal of treating addiction and saving lives.”

<https://www.asam.org/about-us/about-asam/theplan>

## **Prevention**

### **Responding to the Heroin Epidemic Strategic Plan**

NYC has developed a 12-point strategy to address the growing opioid and heroin overdose epidemic. Four goals are outlined: prevent opioid overdose deaths (one strategy), prevent opioid misuses and addiction (5 strategies), connect New Yorkers to Effective Treatment (3 strategies), and reduce the supply of dangerous opioids (3 strategies).

The City of NY, Office of the Mayor. 2017. HealingNYC: Preventing overdoses, saving lives.

<http://www1.nyc.gov/assets/home/downloads/pdf/reports/2017/HealingNYC-Report.pdf>

### **Finger Lakes Prevention Resource Center**

The FL PPRC is a local resource center of the National Council on Alcoholism and Drug Dependence in the Rochester area. The Resource Center provides information on its website related to substance abuse skills training, conducting a prevention needs assessment, and environmental prevention strategies examples.

<https://ncadd-ra.org/programs-services/finger-lakes-prevention-resource-center>

### **Stop the Addiction Fatality Epidemic (SAFE)**

Stop the Addiction Fatality Epidemic (SAFE) is committed to contributing in a tangible way to overcoming the epidemic of opioid addiction in the United States. SAFE’s sole purpose to help combat the opioid epidemic. Through six lines of operation, they believe they can “reverse this epidemic”.

1. Public awareness- raise awareness about the disease of addiction
2. Full-Spectrum Prevention- support research on substance abuse prevention, support prevention programs, and support to families to prevent drug addiction

3. Prescription Medicine- raise awareness on non-addictive alternatives to pain management, support stricter opioid prescription policies, and support research on non-addictive alternatives
4. Law Enforcement & Medical Response- support and encourage law enforcement for their assistance in removing illegal drug availability and helping prevent overdoses in real time
5. Treatment & Recovery- providing resources to different options for treatment and recovery
6. Family Outreach & Support- provide assistance, advice, and lessons learned to family or friends of an individual suffering from an addiction

<https://www.safeproject.us>

### **Program Profile: Drug Treatment Alternative to Prison (DTAP)**

The first prosecution-led residential drug treatment diversion program in the country, the program diverts nonviolent felony drug offenders to community-based residential treatment. The program is rated Promising. Participation in the program led to reduction in the prevalence and rate of recidivism and delayed time to first rearrest.

Evidence Rating: Promising - One Study

Date: This profile was posted on May 25, 2011

<https://crimesolutions.gov/ProgramDetails.aspx?ID=89>

### **La Mancha Negra: Substance Abuse, Violence, and Sexual Risks Among Hispanic Males**

(Note: Latino Population)

Hispanic males are disproportionately affected by drug use, Intimate Partner Violence (IPV), and HIV. Drug use rates are not drastically different than other races, but the consequences are disproportionate. Hispanic males are less likely to receive substance use treatment or mental health services. Issues related to cultural factors (machismo), gender roles and acculturation are rather unique to this population, and should be targeted when planning interventions and prevention efforts. Alcohol consumption is often seen as a cultural inheritance, and substance abuse and risky sexual behaviors are often acceptable among men. Acculturation is problematic as well (i.e., language barrier, immigration issues, cultural assumptions). *Caballerismo* – ascribe to positive aspects such as protect/provide for family – can protect men from substance abuse. Focus group discussions were conducted and led to three major themes:

1. *Ramas de una sola mata (branches of on same tree)*
  - a. Close relation between substance abuse, violence and risky sexual behaviors’ areas of concern
2. *La cuna de los problemas sociales (the cradle of social problems)*
  - . Risk factors; general and independent from each other
  - a. Machismo – traditional, gender roles; related to upbringing
  - b. Immigration, new culture often challenges gender roles, and it is often easier for women to obtain employment, which causes frustration
3. *La mancha negra (the black stain)*
  - . Difficulties faced in breaking away from cycle of substance abuse, violence and risky sexual behaviors with a criminal record
  - a. Hechando palante – moving ahead in life; difficult with criminal record/black stain following them; no employment, etc. leads back into the cycle

Gonzalez-Guarda, R. M.; Ortega, J.; Vasquez, E. P. and De Santis, J. (2010). La mancha negra: Substance abuse, violence, and sexual risks among Hispanic males. *Western Journal of Nursing Research*, 32, 1, 128 – 148. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/0193945909343594>

### **ER Reduces Opioid Use By More Than Half With Dry Needles, Laughing Gas**

The St. Joseph's University Medical Center in Paterson, NJ has completely changed their strategies and techniques, instituting a new program and very importantly a philosophy among providers designed to reduce the prescription of opioids in favor of other methods. One of these alternatives is using dry needles which can mechanically stop muscles spasms with a small injection of local anesthetic for the needle soreness. Other methods this ER is using are "patches of lidocaine (a non-opioid painkiller); ultrasound to find nerves so they can inject numbing agents; laughing gas for patients to breathe in through a mask, and even a harpist to roam the halls to soothe patients, who are then often sent home with instructions to use ibuprofen, acetaminophen or a warm compress rather than opioids."

One of the main challenges this ER is facing are the cost of these alternatives. But the ER is working with insurance providers to find less expensive and accepted alternatives to their alternatives, for example prescribing lidocaine ointment or cream which is less expensive than the patch. It was also noted that the doctors and nurses in the ER themselves had to go through a major philosophy-change with some growing pains, but all seem to have accepted and follow by the new program. However, it was noted that a nearby hospital had started to complain that they were now receiving all the drug users, since St. Joseph's no longer prescribes opioids unless absolutely necessary.

Other hospitals have done smaller-scale versions of this, but the full model is now being copied in different facilities, including some of the UC Health system in Colorado.

<https://www.npr.org/sections/health-shots/2018/02/20/577139699/er-reduces-opioid-use-by-more-than-half-with-dry-needles-laughing-gas>



## **Local to Rochester**

### **HOPE Dealers, BTC in Rochester**

This group of volunteers, some of whom are in recovery themselves, picks up needles in the El Camino neighborhood every Sunday. In addition to this weekly clean-up, they are reaching out to individuals battling addiction. They offer donations of food, clothing, hygiene items, and also provides lunches to people at the Father Tracy Health and Wellness Center (821 North Clinton Avenue). The group holds Addiction Awareness Walks, and runs the #BTC Radio (episodes can be found on the website, as well as Sundays, live from 4:00-5:00 PM).

<https://www.hopedealersbtc.com/>

### **Find Your Path**

Find Your Path Community Outreach Program Center is an outreach program is conducted through volunteers of ROcovery. Every Tuesday from 10-2 pm volunteer outreach workers, beginning at 1164 North Clinton Avenue, walk the community and reach out to individuals struggling with addiction. Some individuals also come into the Outreach Center on Clinton Avenue. The goal, in addition to fostering treatment and recovery, is to instill hope in these individuals. Other goals are to increase support and information for people who overdose and are released from the Emergency Room with almost nothing (in terms of support, treatment information, etc.).

<https://www.facebook.com/RecoveringLives/>

<http://www.rochesterfirst.com/news/local-news/community-outreach-program-aiming-to-reduce-addiction-in-rochester/880107405>

### **Trillium Syringe Exchange Program**

This program focuses on harm reduction strategies, and focus on reducing the spread of HIV, Hepatitis C, and AIDS. The program began in 1994 and continues to provide services to keep the community, injection drug users and their families safe. The Syringe Exchange is located at 416 Central Avenue, and is open Monday-Friday (M, T, W & F 1-4 PM and Th 1-6:30 PM). “Trillium Health SEP staff educate about the dangers of sharing needles and injection equipment, provide sterile syringes and safe disposal methods of used syringes. Staff also provide linkage and navigation services to medical care, rehabilitation services, and other supportive services.”

<https://www.trilliumhealth.org/en/20/syringe-exchange-program>

### **Open Access Clinic**

Located at 1350 University Avenue, the Open Access Clinic can assess what type of addiction care you need (i.e., detox, inpatient, outpatient), and assist in linking you to available agencies. They can also help with transportation and insurance needs. Current hours are Thursday-Saturday, 4:00 – 10:00 PM.

<https://hhuny.org/HHUNY/media/HHUNYPDFS/Resources/OpenAccessFlyer.pdf>

### **Opioid Task Force of Monroe County**

This is a multi-sector, county-wide task force that meets bi-monthly. According to the website, “The Opioid Task Force of Monroe County, in response to the current Opioid Epidemic in our community, seeks a comprehensive multi-sector response with approaches that include prevention education, treatment, recovery, and enforcement strategies. We seek to ensure that individuals and families impacted by the



disease of addiction, have full and complete access to prevention, treatment and recovery services on par with coverage equal to that of other diseases, thus removing the stigma surrounding the disease of addiction.”

<https://ncadd-ra.org/programs-services/opioid-task-force-of-monroe-county>

### **National Council on Alcohol and Drug Dependence – Rochester Area**

The Director of NCADD-RA convenes the Monroe County Opioid Task Force (described above) and NCADD-RA provides a variety of resources on the website. NCADD-RA compiles a list of treatment providers in Monroe County that is updated twice per year. They have recently included a list of treatment providers in the Finger Lakes area.

<https://ncadd-ra.org/>

### **Gates to Recovery**

This is a Drop-in Center for people with drug addiction, family members of people with drug addiction, and community members interested in learning more information about drug addiction. They offer open hours in Gates, Webster/Penfield, East Rochester/Fairport, and Hamlin. The volunteers help to connect individuals to treatment and provide monthly opioid overdose training along with other services.

<http://www.recoverynowny.com/gates-to-recovery/>

### **Churches Combating Addiction Conference 2018**

Leaders of churches in Monroe County have come together to combat drug addiction in the form of regular conferences held in the community. The first Churches United to Combat Addiction conference as held on January 27 at the Church of Love Faith Center. The one-day conference included guest speakers and breakout sessions. More conferences are planned for the 2018 year.

<https://www.democratandchronicle.com/story/news/2018/01/23/churches-work-more-welcoming-believers-struggling-addiction/1055564001/>

### **Monroe County Drug Treatment Court**

Drug treatment courts across NYS have been found to be effective at reducing rearrest. Low-level drug offenders volunteer to participate in drug court and receive substance abuse treatment in lieu of incarceration.

<https://www.nytimes.com/2003/11/09/nyregion/court-treatment-system-is-found-to-help-drug-offenders-stay-clean.html>

### **Drug Abuse Treatment Center in Wayne County, NY**

In the continuing epidemic of opioid addiction and overdose, Wayne County has been chosen as a regional site to open a 24/7 Open Access Center. The Wayne County mental health department received an award to expand substance abuse treatment, and will serve Wayne, Ontario, Seneca, Yates, Livingston, Wyoming, Genesee, Orleans and Monroe counties. There are no further plans or discussion around this, but it will be one of 10 in the state.

[http://fingerlakes1.com/2018/02/19/wayne-county-chosen-for-24-7-drug-abuse-treatment-center/?utm\\_content=buffer4f0e8&utm\\_medium=social&utm\\_source=facebook.com&utm\\_campaign=buffer](http://fingerlakes1.com/2018/02/19/wayne-county-chosen-for-24-7-drug-abuse-treatment-center/?utm_content=buffer4f0e8&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer)

### **Mom: ‘It’s murder’ when loved one dies after using adulterated street drugs**

This local case describes a mother who lost her son to an overdose, and feels that these dealers should be held accountable for these deaths. Parents are partnering with RecoveryNow NY to encourage charging these dealers, as well as encouraging people to see the users as victims. Fentanyl is more present on the streets than before, and these families are advocating something be done about it.

<https://www.democratandchronicle.com/story/news/2018/04/05/drug-dealers-charged-homicide-drug-users-victims-illegal-drugs/490153002/>

### **Drug Dealer Charges in Irondequoit Fentanyl Overdose Death**

An investigation by the Irondequoit Police Department and Monroe County Heroin Task Force has identified a drug dealer who sold a lethal dose of fentanyl to an individual, according to Sandra Doorley. There is not much additional information in this article on the case at hand, but we anticipate more of these cases in the future.

<https://www.democratandchronicle.com/story/news/2018/04/17/doorley-drug-dealer-charged-irondequoit-fentanyl-overdose-death/525995002/>

### **Billboards with a Warning to Drug Dealers**

“Law enforcement and the private sector are teaming up to send a message to drug dealers: If you deal drugs and someone dies, you're going to prison for homicide.” Other billboards with the same message are intended to be installed around the city. Monroe County District Attorney Sandra Doorley argues that no one can suggest that they do not know opioids cause death; and that the law is on our side and will support us in this matter. Gates Police Chief also adds that this campaign can serve as a reminder that law enforcement is watching, and will put an end to these deaths one way or another.

<http://wxxinews.org/post/billboards-warning-drug-dealers>

### **Law Enforcement’s Efforts to Curb Heroin Abuse**

In Monroe County and similar to the rest of the country, opioid overdose numbers are on target to surpass the 2017 overdose numbers. This article interviews residents who are frustrated and feeling unsafe in their neighborhood. The Monroe County Sheriff’s Office has increased their enforcement and, according to Sgt. Brett Sobrieaski, “They are turning out search warrants of drug houses every day, at an all-time high. The MCSO says the task force has already seized over 1,200 grams of heroin this year.” He also says they are putting all of their resources into taking down drug houses and dealers. MCSO is working closely with the District Attorney, and they are not giving any sympathy to drug dealers in court. The Sheriff’s Office is also working to funnel low-level users and addicts into treatment, especially when they encounter non-fatal overdoses.

<http://www.spectrumlocalnews.com/nys/rochester/news/2018/07/19/heroin-epidemic-response-task-force.html>

## **Homelessness & Drug Addiction**

### **Effects and Efforts with Homelessness and Drug Addiction**

This is a description of different efforts being done in Everett, Washington to combat their Opioid Epidemic, based on the idea that those who are chronically homeless and are struggling with drug addiction and mental illness need constant, need long-term attention and help. A former prosecutor created a team which tracked 25 of the most costly and vulnerable cases they could find and hovered until the person was in treatment or housing. To date they've had 14/25 successes, and put 24 additional others in long-term treatment, whose beds were paid through partnership with nonprofits and the cities' flex fund. The Hands Up Project are mostly those who were recently homeless and are recovering addicts, going to familiar places to look for people to help. Both groups go to great lengths for each individual, putting people in temporary housing, doing daily check-ups and getting them to the recovery facilities when they find open beds, which can be hundreds of miles away. In November 2017, the county activated the emergency coordination center (usually meant for natural disaster response) to respond to the opioid crisis. The city is currently working on a housing project to create low-barrier permanent supportive housing on city land.

<https://apnews.com/d71e8325e4404d5daf71bf05f933e977>

# **Harm Reduction Approaches**

## **Needle Exchange Programs**

### **Provide Buprenorphine Treatment at Syringe Exchange Programs in NYC**

There is limited information on this program, but NYC plans to have this implemented at four locations in June 2018 and three more during the following year.

Goodman, David. (February 19, 2018). City officials see progress in effort to curb opioid deaths. *New York Times*, retrieved from <https://www.nytimes.com/2018/02/19/nyregion/opioid-overdose-heroin-deaths-new-york.html?&moduleDetail=section-news-0&action=click&contentCollection=N.Y.%20%2F%20Region&region=Footer&module=MoreInSection&version=WhatsNext&contentID=WhatsNext&pgtype=article>

### **Why a City at the Center of the Opioid Crisis Gave Up a Tool to Fight It**

Charleston, WV has closed its syringe exchange program. There has been a long-standing debate about these programs and the difference between harm reduction (spreading HIV/Hepatitis) and encouraging drug use. This and other reasons have made it very difficult for syringe exchange programs to gain public support. Many consequences, including the vast amount of needles that are not properly discarded, led to the closing of this program. Charleston, like many cities in America, struggles to find a solution to appease the general public, while also helping addicts in need.

[https://www.nytimes.com/interactive/2018/04/27/upshot/charleston-opioid-crisis-needle-exchange.html?em\\_pos=small&emc=edit\\_up\\_20180427&nl=upshot&nl\\_art=0&nid=62890792emc%3Dedit\\_up\\_20180427&ref=headline&te=1](https://www.nytimes.com/interactive/2018/04/27/upshot/charleston-opioid-crisis-needle-exchange.html?em_pos=small&emc=edit_up_20180427&nl=upshot&nl_art=0&nid=62890792emc%3Dedit_up_20180427&ref=headline&te=1)

### **Needle Exchanges Reducing HIV and Hepatitis C**

A previous ban that prevented Washington DC from using local funding for clean needle exchanges was repealed in 2007, and the data has shown significant decreases in HIV infections. In the year it was repealed there were 149 new cases of needle-caused HIV, but in 2011 there were only 30 recorded, and in those four years the hepatitis infection rate also fell by 33%. They also found that in the Washington DC district 340,000 dirty needles were collected in 2011, which increased to 550,000 in 2012. Other major reductions in the HIV rate for Los Angeles and Miami, who also instituted needle-exchange programs after their HIV-prevention programs did little to nothing to affect the HIV rate. Researchers calculated that treating one person with HIV is \$385,200 and that if the rate of HIV was the same in Los Angeles as it is in Miami (16% rather than 5% in LA), it would cost an additional \$1.4 billion in treatment costs.

<https://www.citylab.com/equity/2013/09/reminder-giving-drug-addicts-free-clean-needles-worth-every-penny/7029/>

## **Safe Consumption / Injection Sites**

### **San Francisco to Open First Safe Injection Site in' U.S.**

The Department of Public Health in San Francisco, California is currently working to get two safe injection sites at which drug users are able to shoot up under the supervision of a registered nurse. Although there is speculation that a secret safe injection site is already open, San Francisco will be one of the first official sites to open. Out of the six to eight sites that currently run needle exchange programs and other substance abuse services, only two will be chosen to run the safe-injection site. To avoid liability, the city has decided

not to publicly say where the money is coming from. This city is expecting to save an estimated \$3.5 million a year in medical costs. It is believed that around 85% of the local drug users will use the safe injection sites. This once taboo subject is now being placed on the forefront to combat the rising number of overdoses and unsafe injection practices.

<https://www.sfchronicle.com/news/article/SF-safe-injection-sites-expected-to-be-first-in-12553616.php>

### **Possible Safe Injection Site for Philadelphia, PA**

Similar to California, Philadelphia hopes to open a safe injection site to combat the opioid epidemic. The Public Health Commissioner, Philadelphia Police Commissioner, the Mayor, and several others were in support of this plan. There were many opposed, unsurprisingly. City officials have given the proposal the ‘green light’, but there are many hurdles and details to work through.

<https://www.cbsnews.com/news/safe-injection-sites-philadelphia-elected-officials-back-curb-overdose-deaths/>

<https://www.npr.org/sections/health-shots/2018/01/24/580255140/whats-next-for-safe-injection-sites-in-philadelphia>

### **Supervised Injection Facilities: Recommendations for Action**

NASTAD supports Supervised Injection Facilities (SIF) as it is an evidence-based intervention. In their research, they found that “SIFs have been shown to reduce HCV/HIV transmission risks and link participants to testing, infectious disease treatment, medication-assisted treatment, and physical and behavioral health services. Studies of SIFs have shown that they do not lead to increases in drug use, frequency of injection, or levels of drug-related crime while effectively reducing overdose death and occurrence.” NASTAD also outlines a series of recommended actions for health departments, elected officials and policy makers, and community-based organizations and advocates. These recommendations are encouraging health and policy officials to themselves become familiar with the evidence-based literature of SIFs, educate the public of this evidence, and to take steps to try and move/create funding to create SIFs. NASTAD also highly recommends thorough evaluation of new sites, and encourages organizations to “meaningfully engage individuals impacted by the opioid crisis, hepatitis B and C, and HIV in discussions and decision-making processes.”

<https://www.nastad.org/resource/supervised-injection-facilities-recommendations-action>

# **Incarceration and Reentry Interventions**

## **Jail and Prison-Based**

### **Delaware KEY/Crest Substance Abuse Programs**

“A prison-based therapeutic community for offenders with a history of substance abuse and a residential work release center that allows offenders to continue their treatment as they transition to the community. The program is rated Promising. Program completers and aftercare recipients were less likely to be arrested or use drugs. Also, the treatment group did better at follow-up in remaining arrest and drug-free.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *July 07, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=55>

### **Prison-Initiated Methadone Maintenance Treatment**

“This program offers methadone maintenance to heroin-addicted prisoners and provides referrals to community-based treatment programs to encourage continued treatment during reentry. The program is rated Promising. The counseling + methadone group were significantly more likely to spend more days in treatment compared to the other groups. There were fewer positive urine drug tests for opioids and cocaine for the counseling + methadone group compared to those who received counseling only in prison.”

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=157>

Evidence Rating: Promising - One Study

Date: This profile was posted on *June 14, 2011*

### **Changing Course**

“An interactive journal designed to help offenders incarcerated in jail who have been screened or identified as having a potential substance use disorder to help inmates make the connection between their substance use and criminal activity. The program is rated Promising. The recidivism rate of inmates who participated in the program’s interactive journal intervention was significantly lower compared with the control group.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *April 18, 2013*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=307>

### **Forever Free**

“The first comprehensive, in-prison, residential substance abuse treatment program designed for incarcerated women. The program is rated Promising. The intervention group reported fewer arrests during parole, less drug use and were employed more at follow-up than the comparison group.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *June 08, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=40>

## **Corrections-Based Responses to the Opioid Epidemic: Lessons from New York State’s Overdose Education and Naloxone Distribution (OEND) Program**

In the current state of the opioid epidemic, first responders have been armed with Naloxone; but one population who may be largely at risk has been passed over - individuals returning from incarceration.

[https://storage.googleapis.com/vera-web-assets/downloads/Publications/corrections-responses-to-opioid-epidemic-new-york-state/legacy\\_downloads/corrections-responses-to-opioid-epidemic-new-york-state.pdf](https://storage.googleapis.com/vera-web-assets/downloads/Publications/corrections-responses-to-opioid-epidemic-new-york-state/legacy_downloads/corrections-responses-to-opioid-epidemic-new-york-state.pdf)

[https://storage.googleapis.com/vera-web-assets/downloads/Publications/corrections-responses-to-opioid-epidemic-new-york-state/legacy\\_downloads/corrections-responses-to-opioid-epidemic-new-york-state-fact-sheet.pdf](https://storage.googleapis.com/vera-web-assets/downloads/Publications/corrections-responses-to-opioid-epidemic-new-york-state/legacy_downloads/corrections-responses-to-opioid-epidemic-new-york-state-fact-sheet.pdf)

<https://thecrimereport.org/2018/03/23/im-not-gonna-walk-by-someone-dying/>

## **Offering Inmates Additional Treatment Resulted in Reductions in OD Deaths**

This new program which has an annual budget of \$2 million done in Rhode Island offers ALL inmates methadone, buprenorphine, and/or naltrexone, with the main focus of trying to reduce the high number of deaths that occur right after inmates are released. As time in jail lowers former inmate’s tolerances, those who are recently released have a 130 higher rate of overdosing than the general public in the two weeks after they are released.

There has been some preliminary evaluation done with does show some positive signs. Researchers compared the number of overdose deaths for the beginning half of 2016 and 2017 for comparison, as the program was implemented in 2017. They found that in the first half of 2016, 26 of the 179 people who died from ODing were those who had been incarcerated and recently released. However, in 2017 they found only 9 of the 157 were those recently released. Although the article does note these are only preliminary and the reduction is relatively small, they calculated that “officials needed to treat only 11 inmates to prevent one overdose death.” They also noted that the amount of inmates released both years were relatively the same and that the number of people using drugs did not seem to change.

<https://www.statnews.com/2018/02/14/medication-assisted-treatment-inmates/>

## **One State’s Opioid Success Story**

“The period immediately after release from prison is a dangerous time for addicts”. The Rhode Island Corrections Department, knowing that any period of sobriety can cause an overdose, has begun providing medical treatment while individuals are still incarcerated. Between 2016 and 2017 there has been a decrease of 61% in deaths of recently released prisoners. This resulted in a 12% total decrease in overdose deaths across the state. The Corrections Department is providing the same kind of medication-based step-down treatment as anyone would receive if they were not incarcerated; also avoiding a delay in entering treatment based on bed space.

[http://www.governing.com/topics/health-human-services/gov-opioids-prisoners-released-methadone.html?utm\\_term=One%20State%20's%20Opioid%20Success%20Story&utm\\_campaign=As%20Primary%20Season%20Heats%20Up%20the%20Left%20Battles%20the%20Left&utm\\_content=email&utm\\_source=Act-On+Software&utm\\_medium=email](http://www.governing.com/topics/health-human-services/gov-opioids-prisoners-released-methadone.html?utm_term=One%20State%20's%20Opioid%20Success%20Story&utm_campaign=As%20Primary%20Season%20Heats%20Up%20the%20Left%20Battles%20the%20Left&utm_content=email&utm_source=Act-On+Software&utm_medium=email)

## **Probation and Reentry**

### **Naltrexone for Federal Probationers**

“A medication used in the treatment of opioid addiction, which works by antagonizing opioid receptors and blocking the effects of opiates consumed by addicts (usually in the form of heroin). The program is rated Promising. There was significantly less opioid use among the experimental group. The experimental group receiving naltrexone was significantly less likely to be reincarcerated.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *June 13, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=101>

### **Random Drug Testing with Immediate Results and Immediate Sanctions**

“The experiment was conducted to examine the efficacy of alternative methods of instant drug testing, and determine how the different methods affected rates of relapse and recidivism of parolees with substance abuse issues. The program is rated Promising. The experimental group (that had random drug testing with immediate results and immediate sanctions) had lower rates of relapse and recidivism; however, they were less likely to be admitted to treatment; and recidivism effects were short-lived.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *September 14, 2015*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=428>

### **Social Support Treatment with Drug Test**

“This program involves social support integrated with regular drug testing for recently paroled individuals who have a history of heroin and cocaine abuse. The program is rated Promising. Program participants had a statistically significant lower rate of reconviction, arrest, and incarceration, compared with the comparison group; however, there were no statistically significant effects on employment. Program participants also had a statistically significant higher positive drug-testing rate.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *August 22, 2017*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=552>

### **Program Profile: Hawaii Opportunity Probation with Enforcement (HOPE)**

A community supervision strategy for substance-abusing probationers, particularly for those who have long histories of drug use and involvement with the criminal justice system, and considered at high risk of failing probation or returning to prison. The program is rated Promising. Participants were less likely to miss appointments with probation officers, use drugs and be arrested.

Evidence Rating: Promising - One Study

Date: This profile was posted on *May 31, 2011*

<https://crimesolutions.gov/ProgramDetails.aspx?ID=49>



## **Court-Based Interventions**

### **Ada County (Idaho) Drug Court**

“Provides court-supervised, community-based outpatient drug treatment and case management services to felony drug offenders. The goals are to increase offender accountability, decrease the likelihood of recidivism, and reduce drug dependency. The program is rated Promising. The program was shown to significantly reduce a participant’s likelihood of recidivating.”

Evidence Rating: Promising - More than one study

Date: This profile was posted on *March 21, 2016*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=460>

### **Adult Treatment Drug Courts (Multi-site)**

“This was a 6-year national evaluation of the impacts made by adult drug courts (specialized and problem-solving courts for drug-involved offenders). The program is rated Promising. Participants did better than comparison offenders on measures of drug use, criminal behavior, and incarceration. However, there were few significant differences between the groups on measures of other benefits, including socioeconomic status, mental and physical health, family support and homelessness.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *June 28, 2012*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=255>

### **Baltimore City (Md.) Drug Treatment Court**

“A court that identifies offenders with substance abuse addiction and offers them a program with treatment rather than incarceration. The program is rated Promising. Participants were significantly less likely to be rearrested and had lower scores of maximum crime seriousness. There was no significant difference between drug court participants and control members with respect to employment, physical and mental health or family and social relationships.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *June 13, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=69>

### **Maine Juvenile Drug Treatment Courts**

“These court supervised, post-plea (but pre-final disposition) drug diversion programs provide comprehensive community-based treatment services to juvenile offenders and their families. The program is rated Promising. The program had a small effect on recidivism.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *November 19, 2013*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=339>

**Program Profile: Guam Adult Drug Court**

A drug court diversion program that aims to help participants become clean and sober, improve their lives, and reduce their involvement with the criminal justice system. The program focuses on getting participants into treatment as soon as possible after arrest. The program is rated Promising. The intervention group went back through the court system less often than comparison group members, recidivated less, and had no drug-related crimes. The graduation rate was 66% for the program.

Evidence Rating: Promising - One Study

Date: This profile was posted on June 07, 2011

<https://crimesolutions.gov/ProgramDetails.aspx?ID=133>

**Program Profile: Hillsborough County (FL) Family Dependency Treatment Court**

This is a specialized court for substance-using parents/caregivers whose families have become involved with the child welfare system. The goal is to achieve family reunification. The program is rated Promising. Participation in the program led to higher odds of family reunification, and lower odds that children would reenter care after permanent reunification. However, families that participated in the program achieved permanency at a slower rate, compared with families that did not participate.

Evidence Rating: Promising - One Study

Date: This profile was posted on *September 05, 2017*

<https://crimesolutions.gov/ProgramDetails.aspx?ID=516>

**Program Profile: Baltimore County (Md.) Juvenile Drug Court**

A family drug court designed to serve families involved with child welfare due to parental substance use. The program is rated Promising. There was no difference in the number of cases that reached permanency. However, in cases that did reach permanent placement, they reached it faster. Children whose parents attended the program spent significantly less time in non-kinship foster care. Parents entered treatment more rapidly, and stayed and completed it more often than the non-treatment group.

Evidence Rating: Promising - One Study

Date: This profile was posted on March 29, 2012

<https://crimesolutions.gov/ProgramDetails.aspx?ID=451>

**Program Profile: Engaging Moms Program**

A gender-specific, family-based intervention designed to help substance-abusing mothers participating in drug court maintain their parental rights. The program is rated Promising. Mothers who participated in the program showed equal or better improvement than those who received Intensive Case Management Services for all outcomes. Mothers who participated were more likely to have positive child welfare outcomes.

Evidence Rating: Promising - One Study

Date: This profile was posted on May 26, 2011

<https://crimesolutions.gov/ProgramDetails.aspx?ID=56>

## **Youth & School-Focused Interventions**

### **Positive Action**

“The program is designed to improve youth academics, behavior, and character, and can be used by schools, families, or communities. The program is rated Effective. Treatment students reported less substance use, problem behaviors, and violent behavior than the control group. There was a 41 percent reduction in bullying behaviors. Findings regarding sexual activity and disruptive behaviors were not statistically significant.”

Evidence Rating: Effective - More than one study

Date: This profile was posted on *June 16, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=113>

### **SAM (Solution, Action, Mentorship) Program for Adolescent Girls**

“This is a school-based, substance-use-prevention program for adolescent girls, which uses solution-focused brief therapy and community and peer mentorship. The program is rated Promising. Program participation was shown to have a statistically significant effect on lowering drug use, improving social competence, increasing knowledge surrounding drug use, and increasing negative attitudes toward drug use. The program had no statistically significant effect on grade point average or self-esteem.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *December 07, 2017*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=578>

### **Keepin’ it REAL**

“This culturally focused youth drug-prevention program is designed to increase resistance skills. The program is rated Promising. The treatment group reported less alcohol and marijuana use 14 months after the intervention. There were no differences in substance resistance strategies, descriptive norms, or intent to accept and self-efficacy. Over time, the control group had more positive views of substance use. The type of cultural version used had an impact on personal norms and substance use.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *May 07, 2012*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=239>

### **Residential Student Assistance Program (RSAP)**

“A substance abuse intervention program developed for high-risk adolescents living in residential facilities. The program is rated Promising. Intervention youth were significantly less likely to use alcohol and marijuana, and reported less other drug use compared to the comparison group.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *November 19, 2013*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=330>

**Program Profile: Adolescent Community Reinforcement Approach**

An outpatient program targeting 13 to 25 year olds that aims to replace activities supporting alcohol and drug use with positive behaviors that support recovery. The program is rated Effective. Participants were more likely to seek out and continue care services, abstain from substance use (in particular, marijuana), had less reported depression and internalized behaviors problems, and more social stability (i.e., working, receiving education, in a home or shelter, or receiving medical care).

Evidence Rating: Effective - More than one study

Date: This profile was posted on June 10, 2011

<https://crimesolutions.gov/ProgramDetails.aspx?ID=137>

# **Family-Based Interventions**

## **Familias Unidas**

(Note: Latino Population)

“A Hispanic family-based program that aims to improve family functioning and prevent or reduce drug use and risky sexual behavior in youth. The program is rated Promising. The intervention group experienced a steady decline in behavior problems. Parents reported significantly greater improvements in family functioning. However, the intervention had no effects on academic achievement. The intervention did not prevent adolescent sexual activity but had a positive impact on safer sex practices.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *June 16, 2011*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=79>

## **Neighborhood Enrichment with Vision Involving Services, Treatment, and Supervision (NEW VISTAS)**

“A comprehensive, neighborhood-based, family-focused service delivery model that employed wraparound services and case management for criminally involved families with identified substance abuse problems. The program was rated Promising. There was a significant decrease in youth alcohol/drug problems, out-of-home placements (both institutional and non-institutional), and recidivism rates for participating youths who completed the program.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *April 06, 2015*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=401>

## **Staying Connected with Your Teen**

“A prevention program that targets substance abuse and problem behavior in adolescents by incorporating parent, youth, and family components. The program is rated Promising. The treatment group was significantly less accepting of substance use than they were prior to the program. African American teens in the treatment group showed a reduction in violent behavior, and were less likely to initiate substance use or sexual activity compared to African American teens in the control condition.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *October 02, 2012*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=276>

## **Program Profile: Adults in the Making (AIM)**

A family-centered preventive intervention designed to enhance the family protective process and self-regulatory competence to deter escalation of alcohol use and development of substance use problems. The program is rated Effective. Overall, the preponderance of evidence indicates that the program has a positive impact on deterring the use of alcohol, drugs, and involvement in other risky behaviors among participants.

Evidence Rating: Effective - One Study

Date: This profile was posted on August 26, 2014

<https://crimesolutions.gov/ProgramDetails.aspx?ID=365>

## **Program Profile: Ecologically Based Family Therapy (EBFT) for Substance-Abusing Runaway Adolescents**

A home-based, family preservation model that focuses on families who are in crisis because a youth has run away from home. The model targets 12- to 17-year-olds who are staying in a runaway shelter and are also dealing with substance abuse issues. The program is rated Promising. At fifteen months following the program, runaway youth in EBFT reported significantly less substance abuse.

Evidence Rating: Promising - One Study

Date: This profile was posted on October 28, 2014

<https://crimesolutions.gov/ProgramDetails.aspx?ID=375>

## **A Review of the Role of Social Support Systems in the Drug Use Behavior of Hispanics**

(Note: Latino Population)

“Social support systems play an important role in preventing drug use among Hispanics” (p.233). Many factors involving family, familial structures and pride; peers; education; religion; and religion can affect drug use as well. Some research argues that pride decreases as acculturation occurs and increases. Higher rates of acculturation may be linked to higher rates of drug use. Family structure can be an influence as well; studies on children living with both parents were less likely to use drugs than their peers living with only one or neither parent. Peer influence is very strong; religion is a source of support, especially if youth see it as important. After-school and recreational activities can be a protective factor; staying home and participating in in-home activities.

Programs should be:

1. Family-based; system as primary target of intervention; foster pride, shared values
2. Target children, youth and young adults in single-parent households and families with history of drug use
3. Teach non-US born parents to reduce conflict with US- born children; conflicts in cultural values and expectations
4. Target peer influence
5. Forge links with school and religious institutions ; develop organized activities to focus on changing behavior of at-risk youth

De La Rosa, M. R. and White, M. S. (2001). A review of the role of social support systems in the drug use behavior of Hispanics. *Journal of Psychoactive Drugs*, 33, 3, 233 – 240. Retrieved from

<https://search-proquest-com.ezproxy.niagara.edu/docview/207975225/fulltextPDF/ED130BA3D2CF46CBPQ/1?accountid=28213>

## **Mom to Mom: A Dandelion Movement**

Sandy (or Sandra) Swenson started this website to be an online version of a parent group for parents of children with addiction. The main motto is “Mom to Mom”, as she herself has shared that one of her two sons was suffering from addiction. You can subscribe to the blog, designed to help parents come to the understanding that addiction is a disease, to help combat the stigma surrounding addiction, and to provide a place where parents can share experiences and gain support from others experiencing the same thing. The website also have links to a number of volunteer work the author is involved in with invitations to join, and a section on the recent press releases related to addiction. It also has a calendar for upcoming events, additional resources for further understanding and support, and sections for people to view and purchase her books and the related merchandise born through a partnership with ETSY artists.

Among other things, Swenson has published two books and has an app coming which will relate to her second book, “Tending Dandelions: Honest Meditations for Mothers With Addicted Children”, and was interviewed in the documentary done by ASK – “Can Love Survive Addiction and Codependency?”

<https://www.sandyswenson.com/>

# **Community Interventions**

## **A Restaurant Takes on the Opioid Crisis, One Worker at a Time**

After Rob and Diane Perez realized that one of their top employees was using heroin, and using on restaurant property, they knew they needed to take action – but they did not fire this employee. In 10 years they had lost 13 employees to addiction, many related to opioids; unfortunately they were not fired, they all had died. The couple decided to help the best way they knew how – they opened another restaurant (called DV8 Kitchen – “the name is a play on the word ‘deviate’ — a reference to the employees’ aim to detour from their pasts and rebuild their lives”). This restaurant hires and trains individuals in recovery, and the entire business model is focused on recovery and rehabilitation. Some of the efforts to help employees rebuild their lives, the Perez couple pays the workers about 20% above the average fast-food restaurant wage, and all tips are pooled and added right into the paychecks – there is no cash given.

<https://www.nytimes.com/2018/07/10/dining/addiction-recovery-restaurant-dv8-kitchen-kentucky.html>

## **PROMoting School-Community-University Partnerships to Enhance Resilience (PROSPER)**

“This is a program delivery system focused on community-based collaboration and capacity building. The PROSPER model is designed to assist communities properly implement evidence-based initiatives that are then supported in the community and sustained over time. This program is rated Promising. Results indicate that students in the PROSPER intervention schools had significant reductions in the use of substances such as alcohol, marijuana, inhalants, and cigarettes; as well as in conduct problems.”

Evidence Rating: Promising - One Study

Date: This profile was posted on *March 21, 2016*

<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=458>

## **Business Improvement Districts (BIDs), Los Angeles (Calif.) & Philadelphia (Pa.)**

“A nonprofit organization created by neighborhood property owners or merchants to provide services, activities, and programs to promote local improvements and public safety. The program is rated Promising. Evaluation results suggest a reduction in crime and arrests and no crime displacement.”

Evidence Rating: Promising - More than one study

Date: This profile was posted on *May 25, 2011*

Los Angeles: <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=67>

Philadelphia: <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=96>

## **Librarians administering Naloxone**

In Middletown, New York, librarians are being trained on properly responding to overdoses. This training consist of inspecting places in the library that could potentially be where illegal or suspicious activity may be happening. If an individual is showing obvious signs of an overdose, librarians can administer naloxone to reverse the overdose. As a result of this, the Lifesaving Librarians Act was introduced in Washington by Representative Sean Patrick Maloney. This bill will provide libraries in “high-intensity drug-trafficking

areas” resources like training and naloxone kits. This will be done through federal grants. The debate surrounding whether librarians should carry naloxone is still ongoing.

<https://www.nytimes.com/2018/02/28/nyregion/librarians-opioid-heroin-overdoses.html>

### **Guns and Opioids in America**

We have reached a point in American history that opioids are killing almost as many people as guns have, and we may not have reached the peak of this epidemic. These are uniquely American issues, and are occurring in adverse community contexts. Building Community Resilience (BCR) discusses factors that can contribute to these adverse environments. Gun violence and opioid deaths are highlighted in this article as the most pressing issues in public health. To reverse these trends, we must address underlying adversities and work more collaboratively on these issues.

<http://www.acesconnection.com/blog/guns-and-opioids-in-america-time-for-a-resilience-revolution>

### **Snohomish County Equips Residents with Needle Kits**

Snohomish County, Washington, has been experiencing the opioid epidemic like many other areas in the country, including needles covering the ground. The Snohomish Health District is assisting in clean-up efforts, and has expanded these efforts by creating clean-up kits that are offered to residents. The kits include a sharps container, puncture-proof gloves, safety goggles, hand sanitizer, tongs and instructions. The cost to the county is between \$8-\$10, and the initial 100 kits purchased only lasted 3 days.

<http://mynorthwest.com/964863/snohomish-county-needle-kits/>

Other efforts are seen in Portland, Maine, where used needles on the ground is similarly problematic. The state has begun installing small, inconspicuous, secure boxes to large trash cans in city parks. These boxes alone helped collect 1,700 needles in 2017.

[http://www.governing.com/topics/health-human-services/gov-opioid-dirty-needles-portland-manchester-snohomishn.html?utm\\_term=The%20Opioid%20Crisis%27%20Side%20Effect%20That%20Anyone%20Can%20Feel&utm\\_campaign=This%20Small%2C%20Southern%20City%20Is%20the%20Most%20Innovative%20in%20the%20Country&utm\\_content=email&utm\\_source=Act-On+Software&utm\\_medium=email](http://www.governing.com/topics/health-human-services/gov-opioid-dirty-needles-portland-manchester-snohomishn.html?utm_term=The%20Opioid%20Crisis%27%20Side%20Effect%20That%20Anyone%20Can%20Feel&utm_campaign=This%20Small%2C%20Southern%20City%20Is%20the%20Most%20Innovative%20in%20the%20Country&utm_content=email&utm_source=Act-On+Software&utm_medium=email)



## **Collective Efficacy and Neighborhood Groups**

### **Collective Efficacy: Taking Action to Improve Neighborhoods**

“Collective efficacy is the glue that binds neighborhoods together.” This term, and research around it, can explain why or how some areas fight crime and disorder, while others struggle. Collective efficacy can be defined as, “as the collective ability of residents to produce social action to meet common goals and preserve shared values” (Uchida, Swatt, Solomon, Verano, 2014, p. 2). Actions around collective efficacy can be small (calling the police) or great (clean graffiti or fix dilapidated houses), but working together can make a big difference. Social cohesion, which is part of collective efficacy, describes how residents think and feel about their neighborhood. Social cohesion is defined as, “an emotional and social investment in a neighborhood and sense of shared destiny among residents” (Uchida et al., 2014, p. 2). Improving collective efficacy through increasing social cohesion can help to fight a variety of crime, drug, and revitalization issues.

<https://nij.gov/journals/277/Pages/collective-efficacy.aspx>

<https://www.ncjrs.gov/pdffiles1/nij/grants/245407.pdf>

### **Neighborhood Social Networking**

These online groups can enhance communication and connection between residents and neighborhoods (even neighborhood groups in a larger community). These sites can improve communication around things like events that are happening and finding babysitters, to sharing crime tips and neighborhood watch information. This collectivity can intervene in crime issues and keep everyone involved.

NextDoor

<https://nextdoor.com/>

Neighborland

<https://neighborland.com/>

E-Democracy Forums

<http://forums.e-democracy.org/>

# **Measurement**

## **Mapping Tools**

### **ODMAP through HIDTA**

ODMAP is a database that provides real-time overdose data to first responders. The mapping tool tracks overdoses and can be used on a mobile device. It only collects whether the overdose was fatal or not and whether naloxone was administered; no personally identifiable information is collected on the individual. This one-click system can be used quickly by public health or safety staff. It also includes an option for a spike alert for specific user types in order to alert when there is a spike in overdoses. This tool was developed through the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) and is available to other jurisdictions.

<http://www.hidta.org/odmap/>

## **Tracking and Measuring**

### **To Track Opioid Use, More Cities May Soon Screen Wastewater**

“Too often, public officials rely on information about opioids and opiates that is reactive, such as overdoses and deaths,” Ghaeli says. “With wastewater, cities can collect samples and analyze the data every two weeks, allowing them to pinpoint where residents are abusing drugs and whether consumption declines after policy interventions.” An analytics company in Texas has found a way to measure the presence of opioids at a neighborhood level – with the wastewater from the residents’ bathrooms. They hope to measure the wastewater every 2 weeks, and monitor levels before and after different initiatives are implemented.

[http://www.governing.com/topics/urban/gov-opioid-crisis-urine-sewage-testing.html?utm\\_term=To%20Track%20Opioid%20Use%2C%20More%20Cities%20May%20Screen%20Wastewater&utm\\_campaign=The%20Homeless-Campus%20Concept%20Catches%20On&utm\\_content=email&utm\\_source=Act-On+Software&utm\\_medium=email](http://www.governing.com/topics/urban/gov-opioid-crisis-urine-sewage-testing.html?utm_term=To%20Track%20Opioid%20Use%2C%20More%20Cities%20May%20Screen%20Wastewater&utm_campaign=The%20Homeless-Campus%20Concept%20Catches%20On&utm_content=email&utm_source=Act-On+Software&utm_medium=email)

## **Emerging Issues**

### **Crime Spike in St. Louis traced to Cheap Heroin and Mexican Cartels**

“In recent years...Mexican traffickers have inundated the St. Louis area with a new, potent form of heroin, drastically reducing prices for the drug and increasing its strength to attract suburban users”. This cheap heroin has also led to a surge in overdoses, addiction and violence across the country. St. Louis, Chicago, Baltimore, Milwaukee and Philadelphia have had similar spikes in homicides, partially due to the increase in low-cost heroin trafficking from cartels to local gangs. “In a trend mimicked in large cities nationally, many of the heroin consumers in St. Louis are young whites in their 20’s, who drive into the city from suburbs and distant rural areas, the police say”. Some of the violence comes from disputes over money owed, sometimes it is about drugs, and a lot around turf expansion. As police investigate violent crimes, they find more links between St. Louis, Texas and Mexico.

<https://www.nytimes.com/2016/04/03/us/crime-spike-in-st-louis-traced-to-cheap-heroin-and-mexican-cartels.html>

### **How Bitcoin is fueling America’s Opioid Crisis**

A former eagle scout made millions off of bitcoin investments, but did not invest or trade these assets. Instead, “Shamo is accused of trafficking the deadly opioid fentanyl and financing the operation with bitcoin.” He and 5 friends are being charged in this case, and they may have caused overdoses as well. This is problematic because drugs are now being purchased online, and can be delivered right to you. Bitcoin is the currency of choice in these transactions due to the anonymity. Shamo was allegedly ordering his fentanyl from China.

<https://www.cnbc.com/2018/04/13/how-bitcoin-and-cryptocurrencies-are-fueling-americas-opioid-crisis.html>

### **Do Not Resuscitate Issues**

A 70-year-old man was brought into the Jackson Memorial Hospital where doctors found the patient had a tattoo on his chest that read “DO NOT RESUSCITATE”, with a signature below it. The patient had a history of pulmonary disease and was living in a nursing home, but was found intoxicated and unconscious on the street. “He arrived with no identification, no family or friends, and no way to tell doctors whether he wanted to live or die.” As the doctors could not locate any DNR orders on file, they at first did not honor the tattoo, “invoking the principle of not choosing an irreversible path when faced with uncertainty”. However, after calling an ethics consultant who reviewed the case, he determined that the doctors should honor the tattoo.

This entire situation brought up the intense confusion of this occurrence, and what to do if this occurs again. Normal procedure dictates that patients need to have their DNR order on yellow paper signed by a physician outside of hospitals, but inside if the doctors can talk to the patient they use that as reference, hence creating the confusion. This occurrence showcases the need for a change in regulation to address this specific instance, and the potential problem it brought up that the patient (and by extension others) may not believe their true wishes will be followed and so resort to different and drastic measures.

[https://www.washingtonpost.com/news/to-your-health/wp/2017/12/01/a-man-collapsed-with-do-not-resuscitate-tattooed-on-his-chest-doctors-didnt-know-what-to-do/?noredirect=on&utm\\_term=.b995ee730d66](https://www.washingtonpost.com/news/to-your-health/wp/2017/12/01/a-man-collapsed-with-do-not-resuscitate-tattooed-on-his-chest-doctors-didnt-know-what-to-do/?noredirect=on&utm_term=.b995ee730d66)

### **Suicide: A Silent Contributor to Opioid-Overdose Deaths**

This article describes that 2 of the populations who are more likely to receive opioid pain medications - patients with chronic pain and mood disorders - are also at a higher risk of suicide. These instances of death

have not been counted or differentiated in overdose deaths. The CDC estimates 15% of suicides in 2015 were by drug overdose. It is difficult to discern a number from overdose deaths, because the medical examiner must know their intent with certainty.

[https://www.nejm.org/doi/full/10.1056/NEJMp1801417?query=featured\\_home&](https://www.nejm.org/doi/full/10.1056/NEJMp1801417?query=featured_home&)

## **Interventions to be Cataloged**