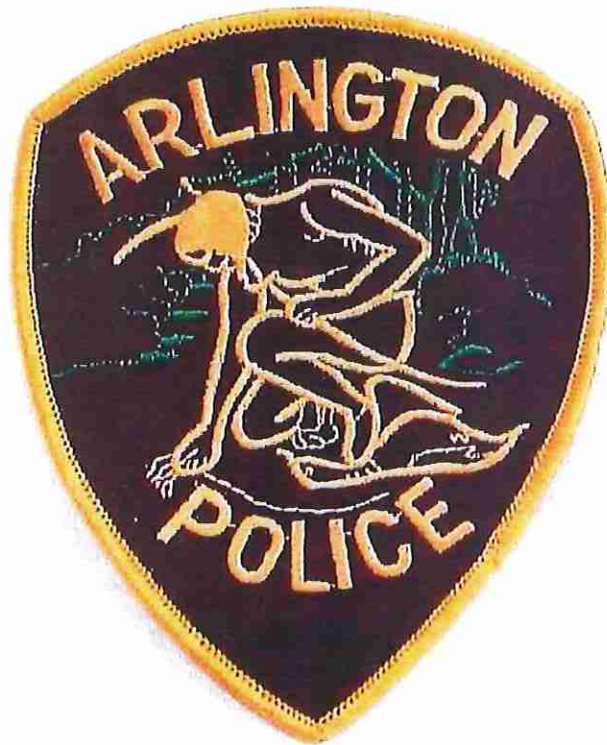


# ***Combating Opiate Addiction***

*A Strategy by the Arlington Police Department*



*Frederick Ryan  
Chief of Police  
July 2015*

Detoxification occurs behind walls.  
**Recovery Occurs in the Community.**

## Statement of the Problem

The recent heroin epidemic has spared no community or law enforcement agency. The wide availability of heroin combined with the ever decreasing cost of the drug has resulted in addiction and death of epic proportions in every community, regardless of socio-economic status. Opiate poisoning (overdose) fatalities are the number one<sup>1</sup> cause of injury-related fatalities in the U.S., according to the Centers for Disease Control and Prevention. Deaths from both prescription painkillers and heroin *quadrupled* between 1999 and 2013. In Arlington as of July 1, 2015 the number of opiate overdoses has already surpassed the number of opiate overdoses in all of 2014.

As communities and law enforcement agencies continue to strive to reduce the availability of illicit opiate drugs on the supply side, partnerships have also forged with social service agencies and health care providers to work collaboratively on intervention, treatment, and education initiatives. The widely publicized "Angel" program in Gloucester, Massachusetts is one example of such creative collaborations.

Arlington is the 12<sup>th</sup> most densely populated community in Massachusetts and the police department has had wide success at identifying, investigating, and successfully prosecuting persons responsible for distribution of heroin in the region and beyond. At the conclusion of such investigations police officials are often left with a list of known heroin users who have purchased their heroin from the target of the investigation. Historically, law enforcement has done little or nothing with the identity of the known users, and the users subsequently move onto other suppliers and in some instances, they become victims of overdoses. This practice by law enforcement should be seriously reconsidered and as such, the Arlington Police Department seeks to implement a program called the Arlington Opiate Outreach Initiative. This initiative will be coordinated by the Arlington Police Department Mental Health Clinician who will be designated as the AOOI Coordinator.

## Strategic Goals

1. Reduce the number of opiate overdoses in the community;
2. Expand access to training for the administration of Naloxone;
3. Expand access to Naloxone to addicts and their loved ones (i.e. dispense Naloxone);
4. Expand access to addiction treatment options and resources (inpatient & outpatient);
5. Expand access to medication/pharmaceutical assisted treatment for opiate addiction;
6. Empower and motivate families and the community by providing data driven strategies aimed at problem solving and managing addiction cases toward successful recovery;
7. Reduce the stigma associated with addiction;
8. Reduce the incidents of over-prescribing pharmaceutical opiates by medical doctors and dentists;

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<sup>1</sup> <http://www.cdc.gov/nchs/data/databriefs/db190.htm>

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9. Expand the frequency of community prescription drug take back days and mobilize drug take back assets to senior/public housing neighborhoods.

### The Response

This community based strategy has two major components:

1. Proactive Outreach to Known Addicts - "Arlington Opiate Outreach Initiative" involves the police department clinician reaching out to known addicts (as defined below) to support them in developing a plan to ensure their survival, to facilitate the long-term process of recovery, and to avail addicts and their loved ones to services.
2. Arlington Community Training & Support - Arlington "ACTS" on Addiction involves a series of community based meetings co-facilitated by the police department's clinician and a community substance abuse intervention expert aimed at achieving the goals stated above and with creating a supportive non-judgmental environment for addicts and their families.

### Arlington Opiate Outreach Initiative (AOOI)

#### Proactive Outreach to Addicts

Due to their distinctive mission and front-line duties, municipal law enforcement agencies, including the Arlington Police Department, learn the identities of known and suspected heroin addicts in neighborhoods of the community. No other community based organization has "around the clock" direct access to such data. The identities of addicts come from three primary sources:

1. Response to 9-1-1 calls for overdoses;
2. Information gathering during criminal investigations into suspected drug distribution, and;
3. Community policing officers engaging addicts within their respective areas of responsibility.

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#### *First Responder Overdose Case Referral*

Following any response to a suspected heroin overdose (fatal & non-fatal) the investigating officer(s) are required to file a NIBRS report summarizing the investigation and identifying all persons involved. In cases where the victim survives, the case will be referred to the AOOI Coordinator who will liaison with the victim, his/her family, and care givers.

#### *Criminal Investigative Information Referral*

Following the arrest of a dealer the case investigator(s) will turn over the identities of the dealer's customers to the Arlington Police Department Mental Health Clinician (AOOI coordinator). The AOOI Coordinator will then schedule a resource meeting, the identified heroin user will be encouraged to attend along with a family member. If the user refuses to participate in the resource meeting, that particular case will be referred back to law enforcement for consideration for a criminal complaint(s) for their role in the drug distribution operation and for unlawfully possessing drugs. Our hope is that users will feel persuaded to attend the resource meeting to avoid criminal prosecution.

(Note: this piece of the program will only be used as a last resort and only with the approval of the Chief of Police.)

#### *Field Police Officer Referral*

The Arlington Police Department operates under the philosophy of community policing. Police officers become familiar with persons who reside in and/or loiter in their respective patrol areas of responsibility. Police officers often witness known addicts walking the streets while under the influence of opiates. Officers can now report such persons to the AOOI Coordinator who will offer services to these individuals and their families.

This initiative will bring together law enforcement, health & human services, mental health professionals, substance abuse health care professionals, social services, treatment centers, and others to proactively engage in outreach activities to known addicts to provide support/resources to addicts, their families, and other loved ones.

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## Community Based Support & Education

### Arlington A.C.T.S. on Addiction

#### Overview

Arlington Addiction Community Training & Support (Arlington ACTS) aims to provide training and support on a community level for addicts and their families to combat opiate addiction. This program, co-facilitated by the Arlington Police Department's mental health clinician (AOOI Coordinator) and a certified interventionist from Wicked Sober© invites addicts, families and friends to regularly scheduled meetings in a non-judgmental/neutral setting to provide a wide variety of services and/or resources including, but not limited to, the following:

- Access to outpatient levels of care.
- Access to inpatient/medical detoxification programs.
- Resources for family support.
- The presence of and access to mental health professionals.
- The presence of a certified substance abuse interventionist.
- On-site training on the proper use of Naloxone.
- Dispensing of Naloxone to addicts and those who care about them.
- Access to Veterans' services personnel.

This component of the initiative was created in conjunction with the outreach portion of this initiative with the knowledge that addicts are often directed to detoxification facilities for short-term stays and that long term recovery occurs within the community. Detoxification is just the first step in a long journey to recovery and by creating a more supportive and non-judgmental environment in the community the likelihood of successful recovery increases substantially. We hope to end the stigma of addiction and support addicts in their recovery process.

Arlington A.C.T.S first meeting is scheduled for August 4, 2015. There will be free training and distribution of nasal Naloxone doses by a certified trainer. As the program progresses, we plan to use a curriculum based on the Community Reinforcement and Family Training<sup>2</sup> (CRAFT) curriculum. This program teaches the use of scientifically validated behavioral principals to reduce the loved one's substance use and encourage him or her to seek treatment.

By providing known users and those who care about them with Naloxone we are not only delivering the lifesaving opiate reversal drug but we are delivering the message to the addict

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<sup>2</sup> <http://www.apa.org/pi/about/publications/caregivers/practice-settings/intervention/community-reinforcement.aspx>

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that we care about him/her. By breaking down this barrier the addict will be more likely to ask for help when he/she is ready.

This strategy of non-judgmentally meeting the drug user 'where they're at' is known *harm reduction*.

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

To learn more about harm reduction go to: <http://harmreduction.org/>

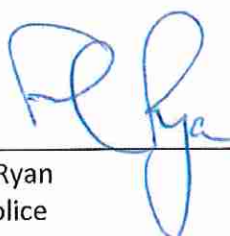
#### Performance Measures

Not all identified drug users will attend the structured AOOI resource meeting and of those that do, some will continue to use unlawful controlled substances. However, there is no doubt that some will seize the opportunity of having loved ones, law enforcement, social service agencies, and the community as a whole, investing in their safety, recovery, and success.

All pertinent data will be tracked to include, but not be limited to, the following:


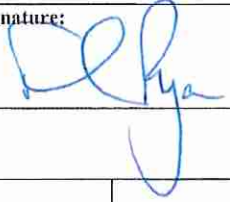
- Raw numbers of persons served by the program without identifying person.
- Number of persons trained in the delivery of Naloxone.
- Number of doses of Naloxone dispensed.
- Number of persons who enroll in outpatient programming.
- Number of persons admitted to inpatient programs.
- Number of referrals to veterans' services.

Data will be tracked beginning July 1, 2015 and a comparative analysis will be made to historical data related to heroin overdoses in the community (fatal and non-fatal).

Per order,   
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Frederick Ryan  
Chief of Police

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**Recovery Occurs in the Community.**



<b>Arlington Police Department</b> 		<b>POLICY &amp; PROCEDURES</b>		<b>No. 252</b>	
<b>Subject:</b> <b>Nasal Naloxone Program</b>					
<b>Issuing Authority:</b> <b>Frederick Ryan</b> <b>Chief of Police</b>			<b>Signature:</b> 		<b>Effective Date:</b> <b>July 1, 2015</b>
<b>Accreditation Standards (5<sup>th</sup> Edition)</b>					
<b>Revision &amp; Reissued Dates:</b>					

## I. BACKGROUND

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin®, Percocet® and Percodan®, and hydrocodone as found in Vicodin®. Naloxone, commonly known by the brand-name Narcan®, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

To reduce the number of fatalities which can result from opiate overdoses, the Arlington Police Department will train its officers in the proper pre-hospital administration of nasal naloxone. In order to implement a safe and responsible nasal naloxone plan, the Arlington Police Department will establish and maintain a professional affiliation with a medical director who will provide medical oversight over its use and administration. The medical director shall be licensed to practice medicine within the Commonwealth of Massachusetts. At his or her discretion, he or she may make recommendations regarding the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Arlington Police Department. In order to implement this policy the Arlington Police Department relies upon the following statutes:

- A. M.G.L. Ch. 94C § 34A which states that “a person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose.” The statute imposes no limitation on who may possess and administer nasal naloxone, and only requires that it is (1) obtained with a prescription and (2) administered in good faith.
- B. M.G.L. Ch. 94C § 19 which states that “Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.”

- C. M.G.L. Ch. 94C § 7 which states that “any public official or law enforcement officer acting in the regular performance of his official duties” shall not require registration and may lawfully possess and distribute controlled substances.
- D. M.G.L. Ch. 258C § 13 which states that “No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.”

## II. POLICY

Naloxone will be deployed in the carry cases of all cruisers assigned Arlington PD Automated External Defibrillators (AED) for the treatment of drug overdose victims. Two doses of naloxone will also be available in the booking area first aid kit.

A patrol unit shall be dispatched to any call that relates to a drug overdose. The goal of the responding officers shall be to provide immediate assistance via the use of naloxone where appropriate, to provide any treatment commensurate with their training as first responders, to assist other EMS personal on scene, and to handle any criminal investigations that may arise.

## III. DEFINITIONS

- A. Opiate: An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) and hydrocodone (Vicodin®).
- B. Naloxone: Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan®.
- C. Medical Director: Shall be a designated medical doctor who is licensed to practice medicine in Massachusetts. The Arlington Police department shall maintain an affiliation with a medical director through a Memorandum of Agreement for the administration of intranasal naloxone.

## IV. PROCEDURE:

- A. Usage: When an officer of the Arlington Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS and has made a determination that the patient is suffering from an opiate overdose, the responding officer should administer two milligrams of naloxone to the patient by way of the nasal passages. One milligram should be administered to each nostril.



- B. The following steps should be taken:
1. Officers shall use universal precautions.
  2. Officers should conduct a preliminary medical assessment of the patient to include taking into account statements from witnesses and/or family members regarding drug use.
  3. If the officer makes a determination that there has been an opiate overdose, the naloxone kit should be utilized.
  4. The officer shall use the nasal mist adapter to administer a one milligram intra-nasal dose of naloxone to each nostril for a complete dosage of two milligrams. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior. This most often occurs with the intravenous administration of naloxone but it is also possible with the nasal application.
  5. The patient should continue to be observed and treated as the situation dictates.
  6. The treating officer shall inform incoming EMS about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with a higher level of training.
  7. Naloxone does not “cure” the overdose, it is only a temporary remedy. Once the medication wears off, the patient will be at risk again. It is therefore necessary that anyone who receives naloxone be transported to a hospital for emergency medical treatment. Arlington PD personnel who administer the naloxone shall render aid to the patient until relieved by fire or ambulance personnel.
- C. Reporting: A complete offense report of the event shall be completed by the treating officer, or the primary responding officer, prior to the end of his/her shift. The report will detail the nature of the event, the care administered, the condition of the patient and any other pertinent information.
- D. Equipment and maintenance: It shall be the responsibility of officers to inspect naloxone kits stored in the AED case prior to the start of each shift to ensure that the kits are intact. Damaged equipment shall be reported to a shift supervisor immediately.
- E. The Arlington Police Department’s Training Lieutenant will maintain an inventory documenting the quantities and expirations of naloxone replacement supplies, and document the issuance of replacement units. The naloxone will be inspected annually to ensure that the medication is not expired and is in operational condition.
- F. Replacement: Shift supervisors shall immediately notify the Arlington Police Department’s Training Lieutenant to replace naloxone kits that have been used during the course of a shift.
- G. Training: Prior to carrying and using naloxone, each officer will be trained in its use. New officers will be trained as part of the FTO program. Only officers who are trained in the use of naloxone will be authorized to administer the medication. A refresher training will be conducted for all users at least once every three years.

# ARLINGTON POLICE DEPARTMENT

**Frederick Ryan**  
Chief of Police



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

*Town of Arlington*  
MASSACHUSETTS 02474

**GENERAL ORDER:** #7 of 2015  
**DATE:** July 22, 2015  
**SUBJECT:** Arlington Opiate Outreach Initiative

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The opiate epidemic has spared no community, family, or law enforcement agency. The wide availability of heroin, combined with the ever decreasing cost of the drug, has resulted in addiction and death of epic proportions in every community, regardless of socio-economic status. Historically, law enforcement has done nothing with the identity of the known users, and the users subsequently move onto other suppliers and in some instances, they become victims of a fatal or near fatal overdose. This practice by law enforcement should be seriously reconsidered and as such, the Arlington Police Department will implement a program called the Arlington Opiate Outreach Initiative (AOOI).

The AOOI will expand access of Naloxone (Nasal Narcan) to those in our community affected by opiate addiction. This will include addicts and their loved ones with the sole purpose of saving lives. In addition the department's Mental Health Clinician will take on the role of AOOI Coordinator. Through resource meetings, drug users and their families will be provided with a wide variety of services, resources and treatment options with the goal of empowering families and loved ones to manage addiction cases towards successful recovery.

Due to their unique mission and duties, law enforcement agencies, including the Arlington Police Department, learn the identities of known and suspected heroin addicts. The identities come from three primary sources:

1. Response to 9-1-1 calls for reported overdoses;
2. Information gathering during criminal investigations into suspected drug dealing, and;
3. Police Officers in the field engaging addicts within their respective areas of responsibility.

Effective immediately members of the APD will participate in the Arlington Opiate Outreach Initiative in the following ways:

## ***First Responder Overdose Case Referral***

Following any response to a suspected opiate overdose (fatal & non-fatal), the investigating officer(s) are required to file a NIBRS report summarizing such investigation and identifying all persons involved. In cases where the victim survives, the case will be referred to the AOOI Coordinator who will begin to liaison with the victim, his/her family, and care givers.

***"Proactive and Proud"***

## ARLINGTON POLICE DEPARTMENT

### ***Criminal Investigative Information Referral***

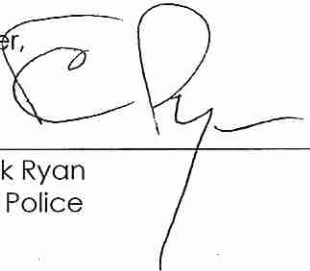
Following the arrest of a dealer, the case investigator(s) will turn over the identities of the dealer's customers to the Arlington Police Department Mental Health Clinician who will act as the AOOI Coordinator. The AOOI Coordinator will then schedule an AOOI resource meeting which each identified heroin user will be encouraged to attend with a family member. If the user refuses to participate in the AOOI resource meeting that particular case will be referred back to law enforcement for consideration for criminal complaint(s) for their role in the drug distribution operation and for unlawfully possessing drugs. By doing so, it is highly likely that users will feel persuaded to attend the AOOI resource meeting to avoid criminal prosecution.

(Note, this piece of the program will only be used as a last resort and only with the approval of the Chief of Police.)

### ***Field Police Officer Referral***

The Arlington Police Department operates under the philosophy of community policing and police officers are intimately familiar with persons who reside in and/or loiter in their respective patrol areas of responsibility. Police officers are often challenged with known addicts who walk the streets while under the influence of opiates. Officers can now report such persons to the AOOI Coordinator who will engage in outreach services to such persons.

Per Order,



Frederick Ryan  
Chief of Police

FULL DISTRIBUTION  
Read at Roll Call

0745	_____	_____	_____
1545	_____	_____	_____
2345	_____	_____	_____

***"Proactive and Proud"***





# Arlington ACTS

ADDICTION COMMUNITY TRAINING & SUPPORT  
ON ADDICTION

TUESDAY, AUGUST 4TH  
7PM-8:30PM

## ARLINGTON ADDICTS, FAMILY, & FRIENDS SUPPORT GROUP

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SUPPORT, INFORMATION, AND STRATEGIES FOR OPIOID  
ADDICTS AND THE PEOPLE WHO CARE ABOUT THEM

ERIN CHEEK FROM CAMBRIDGE NEEDLE EXCHANGE  
PROGRAM WILL BE TEACHING ABOUT AND DISTRIBUTING

### FREE NASAL NARCAN DOSES

MIKE DUGGAN FROM **WICKED SOBER** WILL ALSO BE  
IN ATTENDANCE WITH RESOURCES

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HIGHROCK CHURCH BUILDING | 731 MASS AVE, ARLINGTON  
(PLEASE FOLLOW SIGNS TO BACK DOOR)

**PLEASE RSVP TO REBECCA WOLFE | 781. 316. 3947**  
HOWEVER YOU FEEL COMFORTABLE, CAN BE WITH INITIALS, ALIAS, ETC