

# *Combatting Opiate Addiction*

## **Somerset Outreach Program**

### **S.O.P.**



*George M. McNeil*

*Chief of Police*

*March 2016*

S.O.P. Coordinator – Lieutenant Jay Borges

Department Clinician - Judith Gorman

***“Recovery is About Progression not Perfection”***

## **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. Bristol County has become one of the worst counties in the state in opiate overdoses and addiction and was recently designated a High Intensity Drug Trafficking Area (HIDTA) by the federal government.

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.

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 Somerset Police Department seeks to implement a program called the Somerset Outreach Program. This program will be coordinated by the Operations Lieutenant, Jay Borges, who will be designated the S.O.P. Coordinator.

## **The 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;

---

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

***“Recovery is About Progression not Perfection”***

7. Reduce the stigma associated with addiction;
8. Reduce the incidents of over-prescribing pharmaceutical opiates by medical doctors and dentists;
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** - "Somerset Outreach Program" involves the police department coordinator 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. **Somerset Assists with Community Support** – Somerset "SACS" addiction involves a series of community based meetings co-facilitated by a police department 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.

### **Somerset Outreach Program (SOP)**

#### **Proactive Outreach**

Due to their distinctive mission and front-line duties, municipal law enforcement agencies, including the Somerset 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.

***“Recovery is About Progression not Perfection”***

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

Following any response to a suspected heroin overdose (fatal & non-fatal) the investigating officer(s) are required to file an IMC report summarizing the investigation and identifying all persons involved. In cases where the victim survives, the case will be referred to the S.O.P. 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 Somerset Police Department Mental Health Operations Lieutenant (S.O.P. Coordinator). The S.O.P. 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 Somerset Police Department operates under the philosophy of community based 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 S.O.P. 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.

***“Recovery is About Progression not Perfection”***

## **Overview**

Somerset Assists with Community Support (Somerset SACS) 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 Somerset Police Department's mental health clinician and Sstar<sup>2</sup> of Fall River 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 their Open Access Center<sup>3</sup>. SACS hopes to also provide 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.

## **A.R.I.S.E. Intervention Model**

When discussing addiction, it's common to use terms such as "alcoholic," "addict" or "patient." These terms imply that addiction is a disease that happens to one person at one specific moment in time. This terminology might make it slightly easier to discuss the issue of addiction, but the terminology is actually somewhat misleading. After all, addiction doesn't just impact the person. The addiction impacts that person's loved ones as well. As the addiction progresses, their relationships begin to fray and break apart, and everyone's health can suffer as a result. The addict might steal, lie or simply withdraw. The family members might argue, nag, cajole or grow depressed. Everyone suffers in addiction.

---

<sup>2</sup> <http://www.sstar.org/>

<sup>3</sup> <http://www.sstar.org/open-access-center/>

***"Recovery is About Progression not Perfection"***

Families have a significant role to play in breaking the cycle of addiction. Therefore, they can be powerful motivators for change. This is the thinking behind a formal intervention. Here, the family can air their grievances in a loving way, and they can convince the person to enter treatment and receive needed therapies. But, these interventions may not help the family heal from the trauma. In some models, when the addict enters treatment, the family is simply left out and asked to deal with their issues alone. Some do, but some do not. <sup>4</sup>

### **Somerset S.A.C.S. Addiction**

Somerset SACS first meeting is scheduled for April, 2016. There will be free training and distribution of nasal Naloxone doses by a certified trainer. As the program progresses, we plan to use “A Relational Intervention Sequence of Engagements” (ARISE) curriculum, as well as material from other supportive evidenced-based models. The ARISE intervention model was designed to include the entire family so they come together as a group, all solving the problem of addiction as one. They encourage recovery, work on their own recovery, support the addict and heal together. <sup>5</sup>

### **Important Things to Know**

- We are judgement free
- There are no attitudes here
- There will be no shaming
- There will be no warrant checks done of the people attending, you have the Chief’s word
- No license plate checks will be done
- We will not tolerate drug dealing or drug dealers

---

<sup>4</sup> <http://www.interventionsupport.com/intervention-techniques/arise-model/>

<sup>5</sup> <http://www.interventionsupport.com/intervention-techniques/>

***“Recovery is About Progression not Perfection”***

## **RESOURCES:**

---

### **IMMEDIATE HELP:**

- Approach any police officer
- Come into the station
- Call 911
- Access the listed services below on your own

### **SERVICES:**

- **St Anne's Hospital - Emergency Room: 508-674-5600 ext. 5514**

Walk in to the ER, or call and ask for social worker

9 AM to 10 PM Monday through Friday

8 AM to 8 PM Sunday

**Telephone number (direct line):** 508-235-5514

**Address:** 829 S Main St, Fall River, MA

Brittany Lynch - Social Worker

Stephanie Perry - Social Worker

- **Sstar: 386 Stanley Street Fall River, MA 02720 508-679-5222**

**Access Center Hours:** 7:30 am to 11:30 am Monday through Friday

**No appointments necessary. Just walk-in. Intake for treatment**

(First come, first served)

- **Ma Substance Abuse 24/7 Hotline 1-800-327-5050**

- **Somerset Outreach Program Clinician**

Judy Gorman 508-415-7894 (dedicated line)

508-642-5419 (back-up number)

### **ADDITIONAL RESOURCES:**

**Sstar 386 Stanley Street Fall River, MA 02720 508-679-5222**

**SSTAR's Family Support Group** \*open to everyone

Every Wednesday, 6:00 - 7:00 p.m. in the Sstar classroom (new building)

***“Recovery is About Progression not Perfection”***