BACKGROUND
The Massachusetts Collaborative for Action, Leadership, and Learning (MassCALL2) is a strategic prevention framework state incentive grant (SPF-SIG) targeting unintentional fatal and non-fatal opioid overdoses. This document highlights the process Massachusetts went through to identify evidence-based opioid overdose strategies that could be utilized by its sub-recipient communities.

PROCESS USED TO IDENTIFY OPIOID OVERDOSE PREVENTION STRATEGIES
In contrast to areas such as alcohol and tobacco prevention, the scientific knowledge base for opioid overdose prevention is not as well developed. While a great deal of effort has been devoted to understanding risk factors and intervening variables for opioid overdose, relatively little attention has been paid to developing and studying the impact of interventions in this area. Strategies with the potential to reduce opioid overdose are more likely to be based on expert opinion/consensus than on the results of formal evaluations of effectiveness. In this context, traditional guidance about strategy selection (e.g., selecting interventions from Federal lists of evidence-based prevention; multiple independent replications of an intervention) becomes difficult to follow. The strategies identified in this document are the product of a comprehensive review of the peer-reviewed literature on opioid overdoses conducted by Massachusetts. Following the initial review of the literature, a preliminary list of strategies was sent to a group of leading international researchers and practitioners in the field to assess its inclusiveness and appropriateness. The initial list of strategies was then expanded to reflect their feedback.

TYPOLOGY OF OPIOID OVERDOSE PREVENTION STRATEGIES
Strategies with the potential to prevent/reduce unintentional fatal and non-fatal opioid overdose fall into three broad categories along the continuum of prevention:

- **Pre-Event Strategies**: Strategies that seek to prevent overdose from occurring,
- **During-Event Strategies**: Strategies that seek to minimize negative/fatal consequences when an opioid overdose does occur
- **Post-Event Strategies**: Strategies that seek to prevent future overdoses through facilitating access to/utilization of treatment services.

Within each of these broad strategy types, it is also important to think about the priority groups for intervention and the most appropriate providers/settings.

**Priority Groups for Intervention**
- Active users
- Friends and family members
- Individuals leaving treatment
- Individuals currently on maintenance therapy
- Individuals released from prison with history of opioid use
- Individuals undergoing detoxification

**Providers/Settings**
- Healthcare professionals
- First responders/EMTs
- Criminal justice system
- Probation system
- Outreach/social workers
- Health promotional
• Treatment professionals
• Law enforcement system advocates
LIST OF OPIOID OVERDOSE PREVENTION STRATEGIES

The following is a list of the broad categories of strategies. Each of these strategies may look different based on the targeted group and the nature of the provider/setting. For example, providing information on overdose prevention and risk factors could be conducted by healthcare professionals, EMTs, outreach workers, parole officers, treatment staff, etc. across various settings. A complete list of strategies being implemented appears in a grid at the end of this document.

**Pre-Event Strategies**

1. Provide information/training on overdose prevention and risk factors (e.g., danger of using alone, concomitant use of CNS depressants, re-initiation after periods of abstinence) to opioid users and bystanders (friends, family, co-users).

2. Identification of individuals at-risk for overdose through screening conducted by emergency department staff, emergency medical technicians, hospital staff, and primary care providers.

3. Train healthcare providers on making treatment referrals for opioid dependent patients and doctor shoppers.

4. Train pharmacists on educational strategies and referral services for suspected intravenous drug users purchasing syringes.

**During-Event Strategies**

5. Provide information/training on overdose recognition/response (e.g., recognizing signs of an overdose, rescue breathing, contacting emergency medical services, take-home Naloxone) to opioid users and bystanders (friends, family, co-users).

6. Reduce barriers to contacting emergency medical services in the event of an overdose (e.g., working with police, housing authority).

**Post-Event Strategies**

7. Provide treatment information, referrals, and/or linkages with support services and follow-up for overdose victims.

8. Brief motivational interviewing to promote entry into treatment.

9. First responders distribute information on treatment options to overdose victims – especially those refusing transport to the hospital.

10. Provide incarcerates with a history of opioid use referrals to community treatment services upon release from prison.

**Contact Information**

For more information on the MA SPF-SIG or on any of the material provided in this document, please contact:

José Morales, Assistant Director of Prevention Services  
Massachusetts Department of Public Health  
Bureau of Substance Abuse Services  
E-mail: jose.morales@state.ma.us  
Tel. 617-624-5142
Selected Research References


**MASSCALL2 COMMUNITIES GRID WITH INTERVENING VARIABLES AND STRATEGIES**

_Funding Period: October 1, 2006 – September 30, 2013_  
_Communities Funding Cycle: July 1, 2008 – June 30, 2013_

<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
</table>
| **1. Gloucester** | 1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement  
2. Concomitant use of alcohol, benzodiazepines, and other drugs (e.g., cocaine) with opiates  
3. Loss of tolerance among drug users who drop out of treatment - especially during the first 12 months following dropout | ▪ Provide training and information to opiate users and bystanders on overdose awareness and prevention strategies.  
▪ Educate users and bystanders in the use of overdose awareness, prevention, and reversal strategies, such as the administration of Narcan.  
▪ Educate patients enrolled in or leaving treatment or detoxification in appropriate overdose awareness, prevention, and management strategies.  
▪ Work with police and law enforcement to address users’ and bystanders’ reluctance to contact emergency medical services out of fear for police involvement.  
▪ Participate in the DPH/BSAS Nasal Narcan Pilot Program  
▪ Initiate a local ED-SBIRT Pilot program  
▪ Create and distribute Overdose Prevention materials  
  - “Tip Cards”  
  - Poster Campaign  
▪ Creation of an “Action Peer Advisory Group” to continue and sustain activities, conversations, and planning around OD prevention work |

- **Narcan Site**  
- **ED SBIRT**  
- **Learn to Cope**  
- **Rx Take-Back**
### Key Relationships:
- Addison Gilbert Hospital, Lahey Health System Affiliate
- Lahey Health Pastoral Care Program, Lahey Health Behavioral Services: Healthy Streets Program
- Gloucester Methadone Clinic and Emergency Services
- Discover Day Treatment Program
- Gloucester Family Health Center
- Grace Day Drop-in Center Inc.
- Gloucester Police and Fire Departments
- Action, Inc., Action Peer Advisory group

### Highlights:
- Gloucester Police and Fire Department Nasal Narcan Pilot - Institutionalized policy change which increases capacity to help prevent unintentional fatal and non-fatal overdose in Gloucester.
- Formation of Gloucester Cape Ann Chapter of Learn to Cope (LTC)
- Creation and utilization of Gloucester Fire Department Online OD Data System to track and report ODs
- ED-SBIRT Pilot at Addison Gilbert Hospital (AGH) will be sustained

<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
</table>
| **2. Lynn** | 1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement
2. Loss of tolerance due to abstinence, incarceration in prison or jail, detoxification, treatment and other periods of non-use of opioids - especially during the first 12 months after discontinuation of treatment and the first two weeks after release from prison
3. Lack of post overdose medical intervention/linkages to treatment
4. Low healthcare provider knowledge of the problem
5. Previous non-fatal overdose | Working with law enforcement to address user/bystander fear of contacting police or other emergency services when an overdose occurs.
Providing education/training to users on risk factors for overdose prevention, and overdose management following periods of abstinence.
Overdose prevention and treatment education and training for emergency room, medical staff, first responders.
Train providers in opioid risk management and in screening and assessment of overdose risk.
Provision of information and training to users on the risk factors for overdose, overdose prevention, and overdose management. |
Key Relationships:
- Addison Gilbert Hospital, Lahey Health System Affiliate
- Lahey Health Pastoral Care Program, Lahey Health Behavioral Services: Healthy Streets Program
- Gloucester Methadone Clinic and Emergency Services
- Discover Day Treatment Program
- Gloucester Family Health Center
- Grace Day Drop-in Center Inc.
- Gloucester Police and Fire Departments
- Action, Inc., Action Peer Advisory group

Highlights:
- Train prescribers how to apply the prescription monitoring program (PMP)
- Create and disseminate a training video for behavioral health practitioners
- Create and disseminate a training video for prescribing clinicians

<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
</table>

MassCALL2 Opioid Overdose Prevention Strategies
<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Lowell</td>
<td>1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement&lt;br&gt;2. Loss of tolerance due to abstinence, incarceration in prison or jail, detoxification, treatment and other periods of non-use of opioids - especially during the first 12 months after discontinuation of treatment and the first two weeks after release from prison&lt;br&gt;3. Low healthcare provider knowledge of the problem&lt;br&gt;4. Previous non-fatal overdose</td>
<td>▪ Work with first responders to raise awareness of the fear to contact emergency medical services in the event of an overdose.&lt;br&gt;▪ Educate opioid users/bystanders on the specifics of when/how to call 911. Will include police involvement and legal issues when calling 911.&lt;br&gt;▪ Provide training and information to opioid users and bystanders on overdose risk factors and prevention strategies.&lt;br&gt;▪ Provide incarcerates (with a history of opioid abuse) and those that work with incarcerates with overdose risk factors and prevention strategies upon release from incarceration.&lt;br&gt;▪ Overdose screening of at risk individuals by emergency department staff, EMTs, police, firefighters or hospital staff.&lt;br&gt;▪ Overdose prevention and treatment referral training for medical providers, dentists and primary care practitioners.&lt;br&gt;▪ Create educational materials for use in local hospitals for users, co-users, bystanders, family/friends, and community to raise awareness that calling 911 saves lives.&lt;br&gt;▪ Create Learn2cope group in Lowell area to educate families, friends and bystanders of known users, many with previous overdoses, risk factors and prevention strategies.&lt;br&gt;▪ Provide police officers with overdose risk factors and prevention strategies upon release from incarceration.&lt;br&gt;▪ Create informational material to educate patients from local hospitals as well as users, co-users, bystanders, family/friends, and community, on opioid facts, overdose risk factors, and prevention strategies.</td>
</tr>
</tbody>
</table>

**Key Relationships:**
- Municipal involvement: other city departments, police and fire, support by the City Manager and the City Council, involvement with the Lowell school administration - placing this epidemic squarely before the city government so it stayed visible
- First Responders (Trinity EMS, Police, Fire)
- Lowell House Inc.
- Department of Corrections
- Billerica House of Corrections
- Re-entry Coalition in Lowell
- Learn to Cope
- Greater Lowell Health Alliance (GLHA). Task forces include; The Alcohol, Tobacco and Other Drugs (ATOD) and the Environmental Strategies Working Group (ESWG).
- Habit OPCO
Highlights:
- Developed a relationship with Department of Corrections (DOC). Program mirrored the educational program began almost three years ago in the Billerica House of Correction, a county correctional facility. This will increase significantly the number of incarcerated individuals educated on OD risk factors/prevention strategies.
- Policy change within Habit OPCO and Lowell House Inc. who now incorporate overdose prevention information at intake and client case management.
- Program purchased disposal boxes for all the police departments in their Public Health Coalition. The surrounding towns include Dracut, Chelmsford, Tyngsboro, Tewksbury, Billerica and Westford. The box is up and running at the Lowell Police Department and other surrounding towns are currently working with the Police Departments to get the boxes up and running.
- Lowell House (in conjunction with Lowell Community Health Center OBOT provider) became a pilot site for Narcan responders
- Education in the Billerica House of Corrections will be sustained after MC2 grant cycle.
- Overdose prevention resources and PR materials are available at the following locations: Health Department; Unwanted Medication Disposal Days and at police departments; local treatment provider (Habit OPCO); both local hospitals - a large outreach area (specifically on Opioid Overdose Prevention) was created in one of the emergency departments that will be kept up to date.
- Probation officers will continue to incorporate Opioid overdose prevention information into their programs upon an individual’s re-entry into society.
- Program will continue to work with DOC as we pilot the Overdose education in 4 of the 18 facilities to assist in how the program could be incorporated into their re-entry services.

<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. Quincy</strong></td>
<td><strong>1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement</strong></td>
<td><strong>- Provide information on strategies which lessen risk of arrest.</strong></td>
</tr>
<tr>
<td>✅ Narcan Site</td>
<td><strong>2. Loss of tolerance due to abstinence, incarceration in prison or jail, detoxification, treatment and other periods of non-use of opioids - especially during the first 12 months after discontinuation of treatment and the first two weeks after release from prison</strong></td>
<td><strong>- Provide information to the community on 911 Good Samaritan Bill.</strong></td>
</tr>
<tr>
<td>✅ OBOT</td>
<td><strong>3. Concomitant use of alcohol, benzdiazepines, and other drugs (e.g., cocaine) with opiates</strong></td>
<td><strong>- Provide information/training on loss of tolerance risk and teach strategies to reduce risk factors associated with loss of tolerance.</strong></td>
</tr>
<tr>
<td>✅ ED SBIRT</td>
<td><strong>4. Previous non-fatal overdose</strong></td>
<td><strong>- Provide information/training on risk of concomitant use and strategies to lower risk.</strong></td>
</tr>
<tr>
<td>✅ Learn to Cope</td>
<td><strong>5. Individuals who use opioids alone</strong></td>
<td><strong>- Develop informational materials, referrals and linkages.</strong></td>
</tr>
<tr>
<td>✅ Rx Take-Back</td>
<td></td>
<td><strong>- Through screenings, identify individuals at-risk for overdose.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>- Provide information/training on increased risk due to previous non-fatal overdose risk and teach strategies to reduce risk factors associated with previous non-fatal overdose.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>- Teach strategies to lower risk factors of using alone.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>- MedReturn Kiosks installed in Quincy Police Department. QPD is also responsible for disposal of materials.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>- Quincy Police Department Narcan policy – Formal, written policy to train all personnel in the use of Narcan and is carried on all shifts 24/7.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>- Implement prescription and OTC Take Back Days.</strong></td>
</tr>
<tr>
<td>Communities</td>
<td>Intervening Variables</td>
<td>Strategies Selected</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Work with local pharmacies (CVS, Walgreen’s, and Rite-Aid) to collaborate with the city on Rx Take Back Days.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Establish local Learn2Cope support group for parents and loved ones of active users or those in recovery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Create Training of the Trainer (TOT) – ½ day opioid overdose training to be presented in Quincy, Weymouth, and Braintree to social service, health, education, and police personnel. Goal for the training is to have each organization institutionalize the training for their staff. Copies of the training and all materials will be provided to be stored at these organizations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Create educational video depicting first aid to reverse an opioid overdose created (IQ) – Includes: administering Narcan, calling 911, and rescue techniques. It will be available in English and Spanish and be placed within social service agencies, health care facilities, and libraries.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Create informational Booklet (IQ) – The booklet will trace the history and timeline of the Quincy initiative. Its purpose is to share Quincy’s story so that other communities can replicate its successful strategies. It will be distributed throughout Massachusetts and nationally.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Create Quincy Overdose Help Website (IQ) – Website containing information and resources on opioid overdose will be maintained with necessary updates, when needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Enroll all Community Health Service physicians in Prescription Monitoring Program (PMP) - Enrollment is now mandatory.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Enroll all Quincy Medical Center Emergency Room physicians in PMP – Quincy Medical ER physicians are now required to be enrolled.</td>
</tr>
</tbody>
</table>

**Key Relationships:**
- Municipal government: police, health, and public works departments
- Proactive parents and substance abuse based community groups
- TA System
- Local Evaluation Team
### Highlights:
- Policy change that incorporates Narcan Training within Quincy Police Department
- Rx Take Back Days are now automatically entered biannually on City of Quincy calendar
- OD prevention training in Quincy police and fire departments
- Providing support groups to individuals dealing with the issue of opioid abuse
- Formal Narcan policy for local homeless shelter
- Formal Narcan policy for fire department and parking police
- All Quincy pharmacies (including supermarkets) collaborate for Take Back Day events and MedReturn kiosk advertising
- Establishing Quincy Medical Center policy for Prescription Monitoring Program (PMP) enrollment

### Communities

<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Cambridge</td>
<td>1. Barriers (failures or delay) to contacting emergency medical services out of fear</td>
<td>▪ Overdose prevention videos created</td>
</tr>
<tr>
<td></td>
<td>for police involvement</td>
<td>▪ Training of the Trainers curriculum created</td>
</tr>
<tr>
<td></td>
<td>2. Loss of tolerance due to abstinence, incarceration in prison or jail, detoxification,</td>
<td>▪ Community outreach workers utilized (work with incarcerated population at Cambridge Police station)</td>
</tr>
<tr>
<td></td>
<td>treatment and other periods of non-use of opioids - especially during the first 12</td>
<td>▪ Website created</td>
</tr>
<tr>
<td></td>
<td>months after discontinuation of treatment and the first two weeks after release from prison</td>
<td>▪ Data alerts around OD events provided by local ambulance company</td>
</tr>
<tr>
<td></td>
<td>3. Concomitant use of alcohol, benzodiazepines, and other drugs (e.g., cocaine) with</td>
<td></td>
</tr>
<tr>
<td></td>
<td>opiates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Lack of post overdose medical intervention/ linkages to treatment</td>
<td></td>
</tr>
</tbody>
</table>

### Key Relationships:
- Cambridge Police Department
- Pro Ambulance Company
- CASPAR (community-based non-profit organization focused on substance abuse treatment)
- AIDS Action Committee
- Cambridge Hospital
- North Charles Methadone clinic
<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highlights:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reached over 8,500 Cambridge residents, with a focus on those at highest risk, with Outreach program and education to providers, teaching OD prevention and response and providing referrals, and raising awareness about the issue in Cambridge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Had an impact on practice, helping to shift the way that many places serving drug users and those in recovery “do business,” by introducing harm reduction messaging into traditional abstinence-only approaches. These changes will also be sustained over time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Through work with the Narcan Pilot site at AIDS Action, developed a comprehensive training (including videos and PowerPoint presentations) which AIDS Action will continue to provide one evening per month for area agencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The Cambridge Police Department will train all officers in OD response and Narcan administration. All officers will be trained as of June 2013 and Narcan will be carried in all squad cars, available at the station, and carried on the person of Outreach Officers. A policy has been drafted and is awaiting final approval.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The Director of CASPAR has agreed to make OD prevention and Narcan training mandatory for all employees. The policy is in its final stages of approval and will be rolled out later this year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• As a result of their collaboration with Melisa Lai Becker, formerly of the Cambridge Hospital and now Chief of Emergency Medicine at Whidden Hospital and Director of Medical Toxicology for Cambridge Health Alliance, patients receiving opioids from the Emergency room are limited to three days of medications. Dr. Lai Becker attended OPEN meetings while she was still at TCH and implemented this change (which involved changing the computerized default for the hospital) after discussions at those meetings. Additionally, the program assisted Dr. Lai Becker with getting all the emergency room doctors at Cambridge Hospital signed up for the Prescription Monitoring Program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Harvard University changed their policy, limiting the number of doses a student could get from their Health Services, and requiring the student to follow up with his/her own doctor after they were initially seen for a refill.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• OPEN has also continued to develop its relationship with Mount Auburn Hospital. After more than two years, Emergency Department staff there agreed to being trained on harm reduction concepts. In addition, OPEN was able to provide the head of the Emergency Department with information on the success of SBIRT, which led him to consider implementing an SBIRT program into his department. Mount Auburn Hospital has begun to display program’s literature in its Emergency Room. OPEN is collaborating with the Director of Community Health at Mount Auburn on a Photovoice project about addiction in Cambridge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Because of OPEN’s efforts, CASPAR allows its guests to carry Narcan, will let the women in their program leave the site to obtain Narcan, and routinely has OPEN and AAC in for OD prevention and Narcan trainings for staff. OPEN is working to ensure that these practice changes become policy as well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• North Charles now integrates harm reduction, OD Prevention training, and Narcan referrals into its Induction groups for all new enrollees via our training. OPEN is now working to ensure that these practice changes become policy and that their workers will be able to take over this training.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• AIDS Action Committee utilizes our videos and material when doing Narcan trainings for groups, enhancing their messaging with a more comprehensive prevention and response message.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Communities

<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6. Charlestown</strong></td>
<td>1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement&lt;br&gt;2. Loss of tolerance due to abstinence, incarceration in prison or jail, detoxification, treatment and other periods of non-use of opioids - especially during the first 12 months after discontinuation of treatment and the first two weeks after release from prison&lt;br&gt;3. Lack of post overdose medical intervention/ linkages to treatment</td>
<td>- Work with police and law enforcement to address user/bystander fear of contacting emergency services out of fear for police involvement.&lt;br&gt;- Work with housing authorities to address user/bystander fear of calling 911 for fear of eviction.&lt;br&gt;- Reduce barriers to contacting emergency medical services in the event of an overdose.&lt;br&gt;- Provide incarcerates with a history of opioid use with linkages to community treatment services upon release from prison.&lt;br&gt;- Provide opioid users admitted to and released from treatment programs with linkages to community treatment services.&lt;br&gt;- Provide information on how to reduce overdose risk for users admitted to treatment.&lt;br&gt;- Provide education/support for individuals completing detoxification, particularly around loss of tolerance after detox.&lt;br&gt;- Provide incarcerates with history of opioid use with overdose prevention information upon release from prison.&lt;br&gt;- Provide treatment information, referrals, or linkages with support services or treatment for overdose victims.&lt;br&gt;- Provide follow-up services by health promotion advocates after an overdose to encourage initiation of treatment services.</td>
</tr>
</tbody>
</table>

### Key Relationships:
- Boston Police Department
- Corrections (Charlestown Court, etc)
- Massachusetts General Hospital (MGH)
- Housing Authority

### Highlights:
- A primary programmatic accomplishment for the Network Navigator has been substantial expansion of work associated with the local Court and Probation Department. At the invitation of the Judge and Chief of Probation, the Network Navigator now routinely engages in the following activities at the local Court: (1) advocacy and joint planning with Court personnel regarding diversion of drug offenders from prison to treatment; (2) ongoing training of Court and Probation personnel regarding opioid overdose prevention and management; and (3) frequent referrals of opioid users from the Court and Probation Department to the Network Navigator for linkage and education services. Finally, based on these initial experiences, discussions are underway regarding possible establishment of a Drug Court serving Charlestown including a role for the Navigator.
- The CHW/Navigator has also established an educational role in training medical students at the Charlestown Health Center.
- A new working relationship (established protocols and procedures) with the Boston Police Department greatly improved program’s outreach efforts to post overdose victims
- Integrating CHW model into health center medical practice with chronic substance abusers
### Communities | Intervening Variables | Strategies Selected
--- | --- | ---
7. South End | 1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement  
2. Loss of tolerance due to abstinence, incarceration in prison or jail, detoxification, treatment and other periods of non-use of opioids - especially during the first 12 months after discontinuation of treatment and the first two weeks after release from prison  
3. Lack of post overdose medical intervention/ linkages to treatment | ▪ Reduce barriers to contacting emergency medical services in the event of an overdose.  
▪ Work with police and law enforcement to address user/bystander fear of contacting emergency medical services.  
▪ Provide information/training to opioid users and bystanders on overdose risk factors.  
▪ Provide information/training to opioid users and bystanders on overdose prevention strategies.  
▪ Identification of individuals at risk for overdose through screening conducted by Emergency Department staff- including history of prior overdose.  
▪ Provide follow-up services by health promotion advocates after an overdose to encourage initiation of treatment services.  

### Key Relationships:
- A-Hope  
- Boston Public Health Commission;  
- Hope House  
- Pine Street  
- Habit OPCO  
- Project Lazarus  
- Entre Familia  
- Latinas y Ninas  
- Latino Health Institute  
- North East Behavioral Health  
- HRIA  
- South End Community Health Center  
- Boston Police  
- North Easton Companies  
- BMC Emergency Department  
- Tenant Development Association  
- St. Stephen’s Church

### Highlights:
- Overdose prevention trainings become institutionalized within partnering outreach organizations.  
- Physicians provide adapted “after-care” packets with information on Narcan/Overdose prevention to patients prescribed opiate prescription medications.
### Key Relationships:

- Family support programs: Learning to Cope, Families Anonymous, Alanon
- Boston Public Health Commission; Prevention and Treatment Services Bureau
- Treatment Programs: Collaborative Center, Gavin Foundation
- Prevention Programs : South Boston Community Health Center- Youth Ambassadors, South Boston Action Center Action Center
- Faith Based Community: St Monica-St Vincent Parish, Fourth Presbyterian Church
- Court/legal system: South Boston District Court Probation Department, C-6 Boston Police Community Officer-Community Liaison Officer
- News-Media outlets: South Boston Online
- South Boston Association of Non-Profits

### Highlights:

- Creation of an information packet to be distributed among new and current coalition members with pertinent information around overdose prevention, information around Learn to Cope meetings, and key contact information in the neighborhood. There is potential to share this information with other community based agencies.
<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
</table>
| **9. JP/Roxbury**   | 1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement  
2. Loss of tolerance due to abstinence, incarceration in prison or jail, detoxification, treatment and other periods of non-use of opioids - especially during the first 12 months after discontinuation of treatment and the first two weeks after release from prison  
3. Concomitant use of alcohol, benzodiazepines, and other drugs (e.g., cocaine) with opiates  
4. Stigma and Racism towards users | ▪ Working with first responders (Training & education on overdose prevention; Relationship building).  
▪ Provide linkages to incarcerates upon release (Overdose education and support provided by volunteers in recovery).  
▪ Peer-Driven education and training (Calling 911, drug use management, recognizing OD, rescue breathing, & Narcan).  
▪ Working with first responders (Training & education on overdose prevention; Relationship building). |

**Key Relationships:**
- Boston Public Health Commission (BPHC)  
- Suffolk County House of Corrections  
- Men’s Health and Recovery Program (BPHC)  
- Massachusetts Organization for Addiction Recovery (MOAR)  
- AHOPE/Boston Needle Exchange (BPHC)  
- Boston Police Department

**Highlights:**
- South Bay Prison changed their practice by no longer hosting an outside agency to provide overdose prevention education. Instead, the prison teaches inmates to teach each other the information utilizing a peer-educator modality. This type of practice change could have statewide impact if the curriculum was formally developed and posted on-line.  
- The Rhode Island researchers working with the Rhode Island Department of Correction created an excellent 20-minute video for ex-offenders. Once the video is posted on-line, prisons and jails (including South Bay) will have direct access without the need for an outside agency to facilitate.  
- Linking inmates to services upon release: Referring inmates to Narcan and drug use management (AHOPE), and referring trained peer educators for paid speaking gigs at the Men’s Health and Recovery program is a new opportunity for inmates. The speaking gig in and of itself is an excellent opportunity, while also giving the recently released inmate another opportunity to engage in treatment by meeting the staff and patients and learning more about the program as a result of the speaking gig.  
- The incorporation of the PDI into existing programming at AHOPE (and no longer affiliated with the Coalition), means that services will continue long after the grant ends. Rather than a one-time innovative intervention, the work will now be integrated into on-going practice.  
- Informally, a high ranking official from the Boston Police has expressed support of officers carrying Narcan, although the logistics and operationalizing of that has not yet occurred.  
- When the grant ends, police training for all 2200 officers will be available on-line from the Police Academy. Police can access the training without intermediaries, or at any time of day or night, or without leaving his/her desk.
<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10. Revere</strong></td>
<td><strong>1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement</strong></td>
<td>▪ Educate/train users on importance of calling 911 in order to reduce barriers to contacting EMS in the event of an overdose.</td>
</tr>
<tr>
<td></td>
<td><strong>2. Users misconception and lack of awareness about risks of OD and addiction</strong></td>
<td>▪ Engage active users on what would encourage them to call 911 &amp; integrate new information into training curriculum.</td>
</tr>
<tr>
<td></td>
<td><strong>3. Concomitant use of alcohol, benzodiazepines, and other drugs (e.g., cocaine) with opiates</strong></td>
<td>▪ Educate / train users and bystanders on overdose prevention strategies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Educate / train users and bystanders on recognizing the signs of overdose.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Educate users / bystanders in appropriate overdose management strategies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Educate users / bystanders in overdose reversal strategies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Educate / train users on overdose risk factors.</td>
</tr>
</tbody>
</table>

**Key Relationships:**
- City of Revere Police, Fire and Health Departments
- Massachusetts General Hospital/Revere CARES Coalition
- North Suffolk Mental Health Association (NSMHA)
- Massachusetts Organization for Addiction Recovery (MOAR)
- Cataldo Ambulance, Inc.
- Chelsea Drug Court

**Highlights:**
- The progress that the RFD has made in preventing overdose fatalities and addressing community stigmas around calling 911 will be sustained through the continuation of the first responder Narcan pilot. As previously mentioned, Cataldo Ambulance, Inc. has assumed Narcan training responsibilities for the department as part of its established training contract with the City.
- The MassCALL 2 grant led to the creation of a new grant manager position for the City of Revere and practice changes within the Health Department; it now includes more prevention-focused initiatives in its work.
- The Recovery Coach model is now being implemented by NSMHA and will continue to expand in the future. While the agency would most likely have adopted this model at some point, the agency’s readiness to do so was expedited largely because of the agency’s collaboration with the City of Revere’s MassCALL 2 Grant.
<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
</table>
| Fall River      | 1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement  
                  2. Lack of post overdose medical intervention/ linkages to treatment  
                  3. Low healthcare provider knowledge of the problem  
                  4. Lack of knowledge of overdose risk factors, prevention, and intervention | Exploration of Informal or Formal Policy Change.  
                                                                                                                                                  | Education, training for EMTs, Fire, Police and other Law Enforcement, consumers, family and other first responders.  
                                                                                                                                                  | Education and training for Hospital staff, Providing Screening and Motivational Interviewing to patients in the Emergency Room to increase the number of referrals.  
                                                                                                                                                  | Education, training for EMTs, Fire, Police and other Law Enforcement, consumers, family and other first responders. |

**Key Relationships:**
- Having a staff person for TA from Health Imperatives was essential
- Fall River Police Department
- Saint Anne's Hospital
- Charlton Memorial Hospital
- Seven Hills Behavioral Health
- SPHERE
- Habit Opco
- SSTAR
- Arbor Services
- Our local evaluation team have been an important part of our success.
- Being a part of city government allowed us access and credibility

**Highlights:**
- SSTAR has developed a relationship with the police department and will have access to the required training schedule every year.
- Through the Training of Trainers there is now a core group of well trained professionals in the community. In addition, the e-learning from SPHERE will be available to Fall River agencies three times this year and will be offered every year by SPHERE. The emergency department trainings are ongoing and will continue.
- St. Anne’s Hospital has a full time Health Advocate and has added a weekend Health Advocate.
- Charlton Memorial Hospital has a full time Health Advocate and has added a weekend Health Advocate.
- SSTAR will continue to provide overdose prevention education to inpatient clients.
- Habit OPCO has implemented a procedure to include emphasizing history of overdose in their bio psychosocial assessment (asking patients about their overdose history)
- Habit OPCO has trained 9 clinicians so that they are able to educate all their patients in overdose prevention
<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
</table>
| 12. New Bedford      | 1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement 2. Low healthcare provider knowledge of the problem | Outreach and Training to Users and Bystanders.  
                      |                                                                                        | Outreach and Training to EMTs and First Responders as way to reach users and Bystanders.  
                      |                                                                                        | Informal police/EMS policy regarding interactions/arrests at OD scenes.  
                      |                                                                                        | Develop Screening Tool and Protocol for Providers.  
                      |                                                                                        | Outreach and Training to Providers regarding linkages to community treatment services. |
| ☑ Narcan Site        |                                                                                        |                                                                                      |
| □ OBOT               |                                                                                        |                                                                                      |
| □ ED SBIRT           |                                                                                        |                                                                                      |
| □ Learn to Cope      |                                                                                        |                                                                                      |
| □ Rx Take-Back       |                                                                                        |                                                                                      |

**Key Relationships:**
- City of New Bedford Community Services
- Southcoast Hospital: Health Resource Advocates, Healthy Aging Focus Group, Mental Health Group
- Inter-Church Council of Greater New Bedford: Inter-Church Outreach Network, Community Outreach Program
- Fall River Coalition

**Highlights:**
- Established a Health Resource Advocate Program, which has become institutionalized within the Southcoast Health Care System and will be sustained into the future by the hospital. The program will continue to serve more than a thousand people per year.
- Created an Inter-Church Outreach Network – the network provides education, support, and training for the faith community.
- The data collection systems developed by the local evaluation team, along with Southcoast hospitals, have created great tools and systems to monitor progress and trends with regards to ODs.
- Three types of Educator Program have been created: 1. Consumer Education, 2. Provider Education, and 3. Community Education.
<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Brockton</td>
<td>1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement</td>
<td>▪ Work with police &amp; other 1st responders to address user/bystander fear of contacting emergency services out of fear for police involvement.</td>
</tr>
<tr>
<td></td>
<td>2. Low healthcare provider knowledge of the problem</td>
<td>▪ EMTs and 1st responders distribute information options to OD victims.</td>
</tr>
<tr>
<td></td>
<td>3. Lack of knowledge of overdose risk factors, prevention, and intervention</td>
<td>▪ Train community physician/primary care practitioners on making treatment referrals for opioid dependent patients &amp; identified doctor shoppers.</td>
</tr>
<tr>
<td></td>
<td>4. Delays in Seeking Medical Attention due to lack of knowledge of OD management</td>
<td>▪ Provide treatment information, referrals &amp; linkages with support services/treatment for OD victims.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Provide follow-up services by health promotion advocates after an overdose to encourage initiation of treatment services.</td>
</tr>
<tr>
<td>☑ Narcan Site</td>
<td></td>
<td>▪ Provide info/training to opioid users and bystanders on risk factors.</td>
</tr>
<tr>
<td>☑ OBOT</td>
<td></td>
<td>▪ Provide info / training to opioid users &amp; bystanders on OD prevention strategies.</td>
</tr>
<tr>
<td>☑ ED SBIRT</td>
<td></td>
<td>▪ EMT &amp; 1st responders distribute information about causes &amp; consequences of OD to victims&amp; bystanders (via User/Bystander Training &amp; 1-on-1 user education).</td>
</tr>
<tr>
<td>☑ Learn to Cope</td>
<td></td>
<td>▪ Provide info on how to reduce OD risk for opioid users admitted to treatment (via User/Bystander Training &amp; 1-on-1 user education).</td>
</tr>
<tr>
<td>☐ Rx Take-Back</td>
<td></td>
<td>▪ Provide education &amp; support for individuals leaving detox, particularly info on loss of tolerance).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Train opioid users&amp; bystanders on recognizing signs of OD.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Educate users/bystanders on appropriate OD management strategies such as rescue breathing &amp; contacting EMS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Educate users/bystanders in the use of overdose reversal strategies such as NARCAN.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Educate patients enrolled in or leaving treatment/detox in appropriate OD management strategies such as rescue breathing and contacting EMS.</td>
</tr>
</tbody>
</table>
### Key Relationships:
- High Point
- Mayor Balzotti’s office
- Cope Center
- Learn to Cope
- Plymouth County District Attorney’s Office
- Brockton Hospital
- American Medical Response
- Brockton Police Department
- Brockton Fire Department
- Brockton Neighborhood Health Clinic

### Highlights:
- The Men’s Addiction Treatment Center (MATC) and adolescent program Clean and Sober Teens Living Empowered (CASTLE) groups were integrated into the clinical rotation and are facilitated by the unit clinicians, to allow this programming to be sustainable after the duration of the grant. This same training is done weekly at BATC in both the detox and the step down unit.
- Integration of OD prevention training into the Intensive Outpatient Program, including access to nasal Narcan.
- The city of Brockton runs an in school suspension program for youth who have brought substances into the schools, and the overdose prevention group has been incorporated into this program.
- Opioid Advocate position created 2011 & 2012
- Public awareness events: Drug Forum, Overdose Vigil, A Deadly Silence, etc.
- Overdose trainings at the inpatient treatment level of care, as well as outpatient level of care
- Brockton Hospital School of Nursing: integrating opioid overdose prevention into curriculum
- Local business associations interested in OD prevention as local public safety measure

### Communities

<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
</table>
| **14. Worcester** | | **Worcester Police Department will conduct bilingual info sessions/dialogues with consumer on 911 at various location (i.e. MOAR meetings, community centers, Recover Center and treatment facilities) to dispel misconceptions.**  
- Provide incarcerates and individuals in detox or treatment facilities with a history of Opioid use with overdose prevention information prior to or upon release.  
- Brief motivational interviewing for overdose victims to promote entry to treatment. |
| ☑ Narcan Site | | |
| ☑ OBOT | | |
| ☑ ED SBIRT | | |
| ☑ Learn to Cope | | |
| □ Rx Take-Back | | |

1. **Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement**
2. **Loss of tolerance due to abstinence, incarceration in prison or jail, detoxification, treatment and other periods of non-use of opioids - especially during the first 12 months after discontinuation of treatment and the first two weeks after release from prison**
3. **Previous non-fatal overdose**
### Key Relationships:
- All Worcester substance abuse prevention, treatment, and recovery service providers
- Recovery community
- Senator Michael Moore, Senator Harriette Chandler, and Rep James O’Day
- Worcester Police Department Vice Squad
- Media outlets to promote events and issues

### Highlights:
- Through the program’s “911 Strategy”, the police have a better understanding amongst their organization that an OD is a medical emergency, not a crime. Therefore, they are helping the victim get the life saving medical attention they need. The police have a much improved relationship with consumers, trust has been created. The police have changed their role of simply arresting at the scene to providing information and referral to consumers, by-standers and family members.
- Through the program’s “Re-entry Strategy”, which was to implement the Opioid Overdose Prevention Curriculum at the Worcester County House of Corrections, the curriculum has now been institutionalized. All incarcerates with a history of substance abuse receive this information prior to re-entry. Advocates, Inc. provides additional support upon release.

<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Springfield</td>
<td>1. Barriers (failures or delay) to contacting emergency medical services out of fear for police involvement</td>
<td>Reduce barriers to contacting EMS in the event of an overdose.</td>
</tr>
<tr>
<td></td>
<td>2. Loss of tolerance due to abstinence, incarceration in prison or jail, detoxification, treatment and other periods of non-use of opioids - especially during the first 12 months after discontinuation of treatment and the first two weeks after release from prison</td>
<td>Work with Springfield Police/law enforcement to address opioid user/bystander fear of contracting EMS out of fear of police involvement.</td>
</tr>
<tr>
<td></td>
<td>3. Concomitant use of alcohol, benzodiazepines, and other drugs (e.g., cocaine) with opiates</td>
<td>Provide education &amp; support for individuals completing detoxification particularly information on loss of tolerance.</td>
</tr>
<tr>
<td></td>
<td>4. Previous non-fatal overdose</td>
<td>Provide incarcerates with histories of opioid use with overdose prevention information upon release from jail.</td>
</tr>
<tr>
<td></td>
<td>5. Drug users who drop out of treatment - especially during the first 12 months following dropout</td>
<td>Utilize parole &amp; probation officers to provide opioid overdose prevention during re-entry into community.</td>
</tr>
<tr>
<td></td>
<td>6. Opioid users who are homeless or marginally housed</td>
<td>Provide information &amp; training to individuals who use/abuse opioids and bystanders on overdose risk factors including concomitant use of alcohol, benzodiazepines &amp; other drugs.</td>
</tr>
<tr>
<td></td>
<td>7. Long history of opioid use and/or previous non-fatal overdose</td>
<td>Provide training &amp; information to opioid users &amp; bystanders on overdose prevention.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Educate users &amp; bystanders in use of overdose reversal strategies, e.g. Narcan administration.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide education &amp; support for individuals completing detoxification particularly information on loss of tolerance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Train opioid users and bystanders on recognizing the signs of an overdose.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide information/training to opioid users and bystanders on overdose risk factors including danger of using alone.</td>
</tr>
</tbody>
</table>
### Key Relationships:
- The Hampden County Sheriff’s Department
- Springfield Police Department
- Tapestry Health
- Baystate Medical Center
- The substance abuse prevention and treatment organizations in the city of Springfield and surrounding communities.

### Highlights:
- Strong, productive, and trusting collaborations and relationships that have been fostered and sustained with Coalition members in a focused effort to reduce opiate overdose fatalities and to implement overdose prevention strategies.
- There is now a wide range and numbers of people including users, bystanders, key stakeholders, trained in overdose risk factors and concomitant use of other drugs, overdose prevention strategies, recognizing signs of overdose.
- The Springfield Police Department has developed a willingness to participate in training sessions focusing on overdose prevention strategies.
- A strong relationship has developed with the Hampden County Sheriff’s Department to implement cultural competency curriculum on substance abuse and opiate overdose prevention.

<table>
<thead>
<tr>
<th>Communities</th>
<th>Intervening Variables</th>
<th>Strategies Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>