



# ADDRESSING THE OVERDOSE EPIDEMIC IN CAMBRIDGE

CITY MANAGER'S OPIOID WORKING GROUP  
FINAL REPORT AND RECOMMENDATIONS  
MARCH 2019







## LETTER OF INTRODUCTION

To City Manager DePasquale,

We are pleased to present the Cambridge City Manager's *Opioid Working Group: Final Report and Recommendations*, a comprehensive plan for addressing and curbing the opioid epidemic in the City of Cambridge.

As with many communities across the Commonwealth and the country, Cambridge has been deeply impacted by the opioid crisis.

The community has responded to this growing crisis as it always has in times of great challenge. City officials, community partners, nonprofit and social service organizations, and residents have come together in partnership to develop an integrated and robust response across the continuum of prevention, intervention, treatment, and recovery. This collective work has seen results – the overdose death rate in Cambridge decreased from 2016 to 2017, the first decline in seven years, and this downward trend continued through 2018. But the epidemic is far from over. We must do more.

Under your leadership and guidance, a working group was formed and then convened a number of times in early 2018 to develop a comprehensive plan of action to address the opioid overdose epidemic. The plan we present to you today is a living document that was created through the collaboration of subject matter experts, dedicated representatives of community-based organizations, diverse community members, and other city agencies that play a critical role in this public health crisis.

In addition to concrete steps and activities, this plan also embodies a set of principles and values that the entire working group shares and supports, and which will guide our work to address the opioid epidemic in Cambridge.

Sincerely,



Assaad Sayah, MD, FACEP  
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Cambridge Health Alliance  
Co-Chair, City Manager's Opioid Working Group



Branville G. Bard, Jr., DPA  
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## EXECUTIVE SUMMARY



Addiction is a complex disease of the mind and body that can destroy the lives of people who use heroin, prescription painkillers, and other opioids.

Between 2013 and 2017, 65 Cambridge residents died from an opioid-related overdose. In addition, a total of 115 people during this same period died from an opioid-related overdose in the City of Cambridge, a figure that comprises both city residents and nonresidents.

The Massachusetts Governor's office—through two administrations—has responded with robust services, programs, and policies to combat the growing opioid crisis statewide and locally. City officials and community partners have also responded to the opioid crisis locally to support people with substance use disorder and their loved ones in the community. There are early signs of progress. In 2017, the overdose death rate in Massachusetts decreased 5% from 2016, the first decline in seven years. In Cambridge, there were 12 confirmed opioid-related deaths among residents in 2017, down from 27 deaths in 2016. While this is encouraging news, the epidemic is far from over. Long-term, sustained success can only occur with greater integration, coordination, and expansion of services provided by city and state agencies, hospitals, and nonprofit organizations.

A November 2017 report from then-Vice Mayor Marc McGovern outlined the critical need for a robust and multifaceted approach to curbing the epidemic through a series of recommendations for the City administration. **In response to the urgent issues raised by that report, Cambridge City Manager Louis A. DePasquale formed an interdisciplinary working group in 2018 that was charged with providing policy and practice recommendations to address the opioid crisis in Cambridge.** The working group



included representatives from city agencies, nonprofit and human service organizations, medical and behavioral health organizations, emergency services, and the community.

Over a six-month period in 2018, the working group immersed itself in learning more about the opioid crisis locally; identifying services and programs currently in place; discussing relevant data collection to better inform the work; and hearing from a range of content experts and people with lived experience. Together, group members identified gaps in services and programs, how best to address those gaps, and how to build upon existing programs and services. Five common themes surfaced from the conversations that informed the final set of recommendations:

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

As a result of this process, the working group identified five broad, high-level recommendations with immediate and longer-term action steps designed to meet and mitigate the challenges of the opioid crisis in Cambridge.

**RECOMMENDATION #1: Prevent deaths from overdose and save lives.**

- a. Incorporate principles of harm reduction into all interactions and create accountability processes to encourage person-centered and compassionate interactions between service providers and clients.
- b. Make naloxone and overdose prevention education widely available.

**RECOMMENDATION #2: Increase coordination among Cambridge city departments and community agencies to improve service providers' capacity to respond to the opioid crisis.**

- a. Appoint an Interdisciplinary Advisory Committee on substance use to coordinate and strengthen the city's response to the opioid crisis.
- b. Explore private funding partnerships.
- c. Improve systems for more timely, evidence-based reporting of overdose data.
- d. Build and strengthen diverse partnerships and initiatives.

**RECOMMENDATION #3: Provide public awareness education to reduce stigma and prevent addiction.**

- a. Promote a citywide anti-stigma education and awareness campaign.
- b. Facilitate safe medication disposal to discard prescription medications.



**RECOMMENDATION #4: Increase access to on-demand treatment and long-term recovery support.**

- a. Explore the feasibility of developing an Engagement Center Service that is available 24/7 for people with substance use disorder.
- b. Add more options that provide people access to residential and/or medication-assisted treatment when they need it.

**RECOMMENDATION #5: Reduce the supply of dangerous opioids.**

- a. Expand the Cambridge Police Department's (CPD) Special Investigations Unit's enforcement focus on distribution networks and on individuals profiting from substance sales.
- b. Enhance CPD's capability to respond to emergent online distribution by expanding cybercrime trainings and investing in new equipment.

While these recommendations focus specifically on addressing the opioid crisis, they could serve as a blueprint for how Cambridge can respond to substance use disorder crises in the future. The recommendation development process and the stakeholders involved provide a thoughtful, strategic path forward for tackling addiction and other related issues.

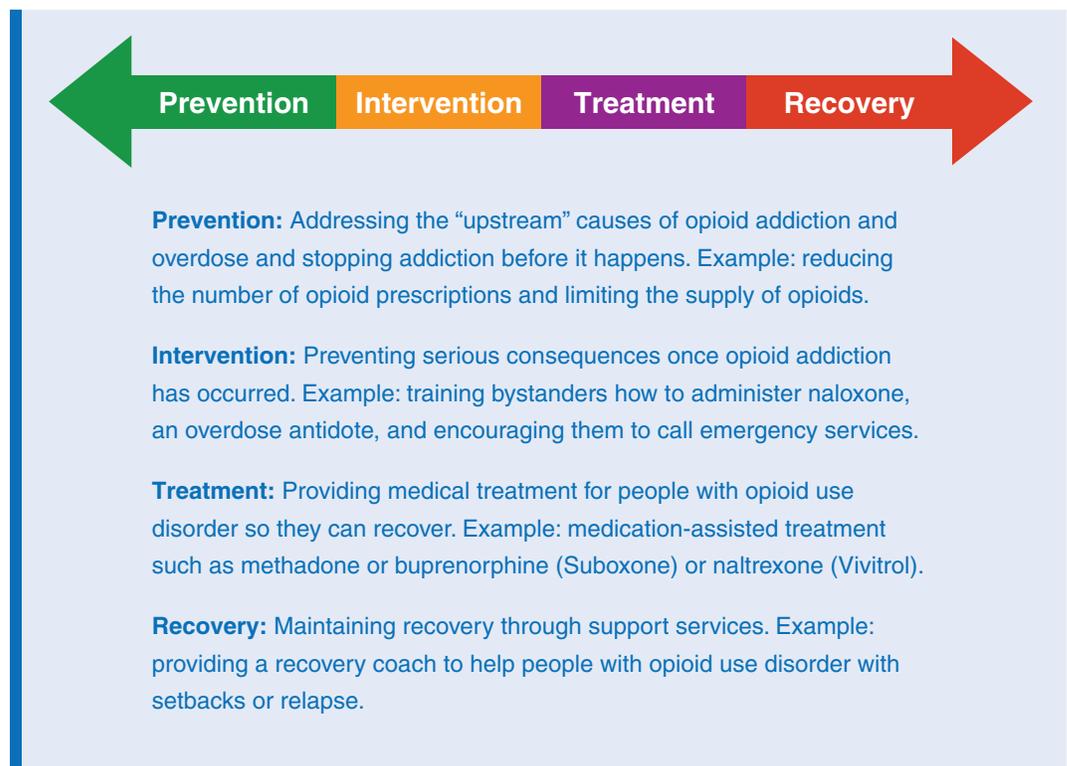


A billboard in Central Square advertising the Good Samaritan Law in late 2018.



## DEVELOPMENT OF THE CAMBRIDGE OPIOID ACTION PLAN

Due in large part to the hard work of city and community partners, Cambridge has been able to respond to the opioid crisis and support people with substance use disorder and their loved ones. However, the epidemic is far from over. Cambridge needs to further leverage and expand current services, programs, and tools to fully address critical areas and stem the crisis through **prevention, intervention, treatment, and recovery.**





More importantly, long-term sustained success can only occur with improved integration, coordination, and accessibility of services provided by city and state agencies, hospitals, and nonprofit organizations.

In November 2017, the Office of then-Vice Mayor (now Mayor) Marc McGovern released a report that highlighted the severity of the opioid epidemic in Cambridge, outlined services currently available to address the epidemic, and provided a series of recommendations to the City Manager and City Council. City Manager Louis A. DePasquale then formed an interdisciplinary working group charged with providing policy and practice recommendations to address the opioid crisis in Cambridge (Appendix 1).

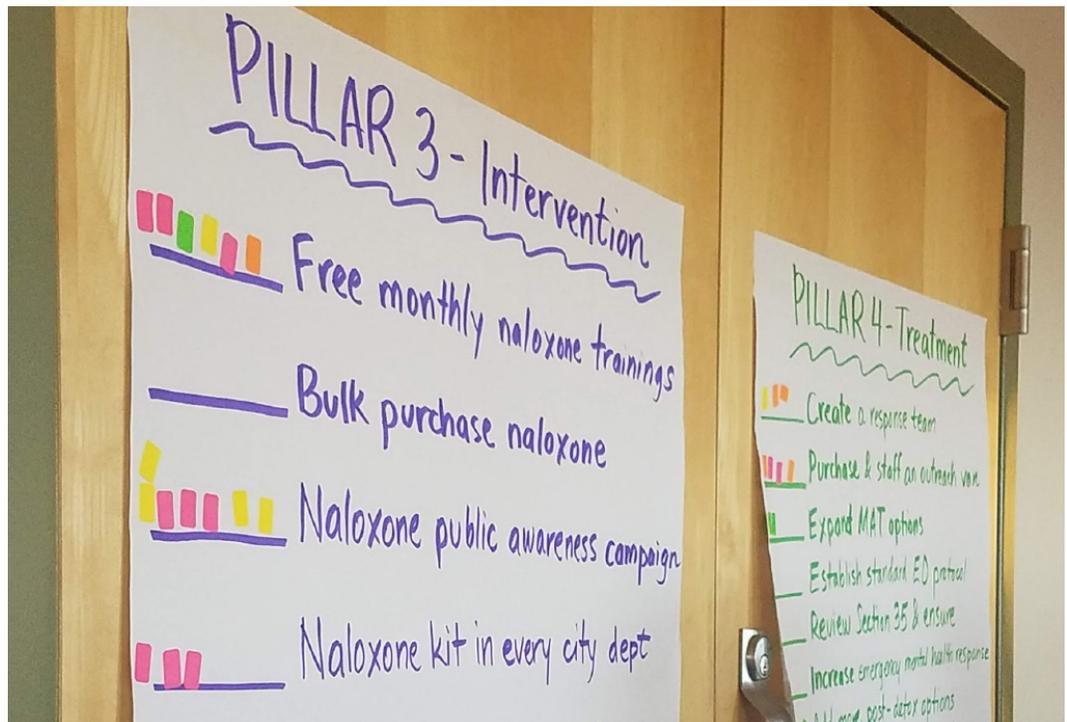
Working group members met ten times over a period of six months in 2018 (Appendix 2) and included representatives from city agencies, nonprofit and human service organizations, medical and behavioral health organizations, emergency services, and the community (Appendix 3). Each of these individuals has been integral to addressing Cambridge's opioid crisis and demonstrates the depth, breadth, and complexity of establishing and building a successful response.

The Vice-Mayor's recommendations, together with the five global questions listed below, served as a guide for the City Manager's Opioid Working Group as it set out to identify gaps in the city's opioid response and provide recommendations to fill those gaps.

### Five Global Questions:

1. What is our capacity to support case management and referrals following an overdose?
2. How can we be more effective in addressing the ripple effects resulting from an acute episode?
3. What else should we consider as part of a targeted citywide awareness campaign?
4. How can we improve access to available treatment options?
5. How can we align the systems to limit the supply (and demand) of opioids in Cambridge?

To answer these questions, the working group set out to learn more about the opioid crisis locally; identify response services and programs in place in Cambridge; discuss relevant data currently being collected and any additional data that could be collected to better inform the work; and hear from a range of content experts and people with lived experience. (Appendices 4-5).



To identify and prioritize recommendations, working group members split into three small groups focused on prevention, intervention, treatment, and recovery. Group members brainstormed existing gaps in services, how best to fill those gaps, and how to further build upon existing programs and services. Common themes surfaced across all three groups:

1. Better **coordination** among partners and existing initiatives.
2. Greater **capacity** to address the challenges and gaps in services.
3. Increased **funding** to support the work.
4. Enhanced **anti-stigma** education and awareness.
5. Greater access to and awareness of **naloxone**.

Recommendations were discussed, finalized, and prioritized into five broad, high-level recommendations with both immediate and longer-term action steps. This report serves as a culmination of the working group's efforts and provides a detailed set of recommendations to meet and mitigate the challenges of Cambridge's opioid epidemic.

This plan focuses specifically on addressing and ending the opioid crisis, but it can serve as a blueprint for the City of Cambridge to respond to any substance use disorder crisis in the future. The process by which the recommendations were developed, including key voices around the table, provides a thoughtful, strategic path forward for tackling addiction and other related issues.

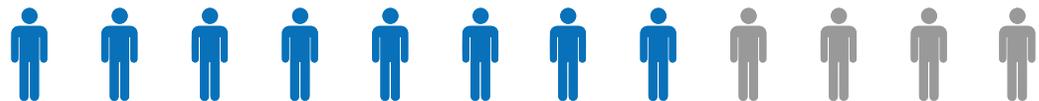


## THE OPIOID CRISIS IN THE COMMONWEALTH AND CAMBRIDGE

### The Commonwealth of Massachusetts

The number of opioid prescriptions given to Massachusetts residents increased steadily between 2000 and 2015. When the prescription rate peaked in 2015, about 15% of Massachusetts residents were being prescribed opioids by a health care provider.<sup>1</sup> Additionally, about two-thirds of people who died from an opioid-related overdose in 2013 and 2014 had a legal prescription at some point during 2011–2014.<sup>2</sup>

**Figure 1. Prescription History for Fatal Overdoses**



**About 8 in 12 people who died from opioids in 2013 and 2014 had an opioid prescription at some point during 2011-2014.**

Responding to the growing opioid epidemic in Massachusetts, then Governor Deval Patrick declared a public health emergency in March 2014. Governor Patrick directed the Massachusetts Department of Public Health to take steps to combat overdoses, stop the crisis from worsening, help those already addicted into treatment and recovery, and map a long-term solution to ending widespread opioid abuse in the Commonwealth.

Under Governor Charlie Baker’s administration, Massachusetts has continued to mount a multifaceted response to the opioid crisis, including enacting breakthrough legislation, revamping the state’s prescription monitoring program, and adding 1,200 substance use disorder treatment beds to the system since 2015.

Governor Baker signed a second major piece of legislation into law in summer 2018. This new law will strengthen the state’s education and prevention efforts, expand the role of recovery coaches, improve access to medication-assisted treatment, and provide liability protections for those who prescribe, dispense, and administer naloxone in good faith.

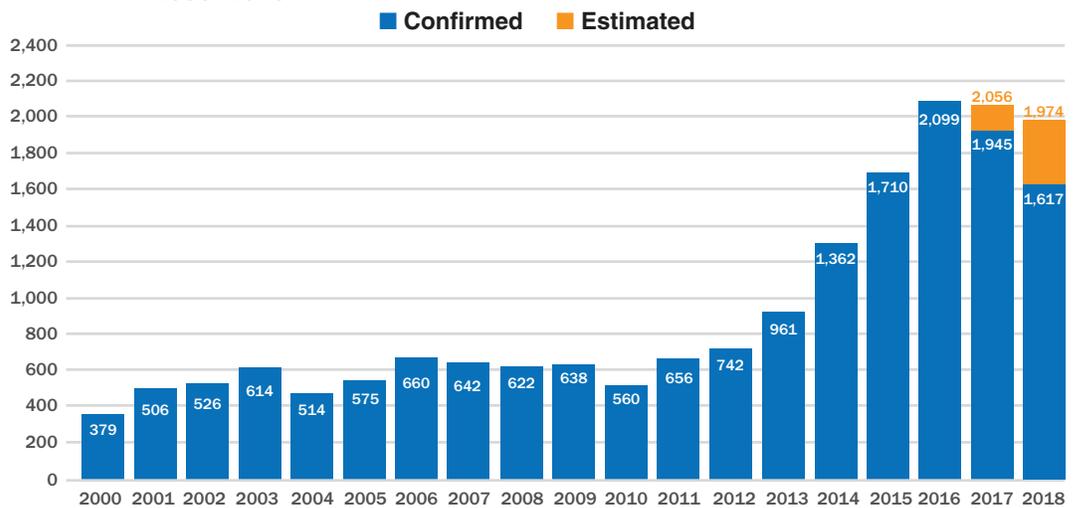
<sup>1</sup>Massachusetts Prescription Monitoring Program County-Level Data Measures (Calendar Year 2015). Boston, MA. November 2016. Accessed January 3, 2019. <https://www.mass.gov/files/documents/2016/11/vd/pmp-county-data-2015.pdf>.

<sup>2</sup>Massachusetts Opioid Epidemic: A data visualization of findings from the Chapter 55 report. Boston, MA. Accessed December 21, 2018. <https://chapter55.digital.mass.gov>



While the statewide opioid crisis is far from over, there are early signs of progress. Opioid prescription rates in the state have dropped measurably since 2015. As of September 2018, 3.6% of the population received an opioid prescription, a 37% decrease from 2015.<sup>3</sup> In 2017, the overdose death rate in Massachusetts decreased 5% from 2016, the first decline in seven years. This downward trend continued through September 2018, the most recent period for which data are available.<sup>4</sup>

**Figure 2. Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents: 2000–2018**



There were 1,617 confirmed and 357 probable opioid-related deaths among Massachusetts residents in 2018. The trend continues to be positive, with fewer deaths likely in 2018 than in 2017.<sup>5</sup>

There is evidence that fentanyl, an illicitly produced synthetic opioid, is fueling the current opioid epidemic in Massachusetts, as it is across the country. Fentanyl is a fast-acting drug with 50 to 100 times the potency of morphine, making it deadlier than other opioids. Starting in 2017, the percentage of opioid-related overdose deaths where fentanyl was present began to exceed that of heroin or likely heroin. Of the 1,445 opioid-related fatal overdose cases in 2018 where a toxicology screen was available, 1,292 (89%) cases had a positive screen result for fentanyl. Since 2014, the rate of heroin or likely heroin present in people who died from an opioid-related overdose has been decreasing, while the presence of fentanyl and cocaine is still trending upward.<sup>6</sup>

<sup>3</sup>Massachusetts Prescription Monitoring Program County-Level Data Measures (2018 Quarter 3). Boston, MA. Posted November 2018. Accessed December 25, 2018. <https://www.mass.gov/files/documents/2018/11/16/Prescription-Monitoring-Program-PMP-Data-County-Overview-November-2018.pdf>.

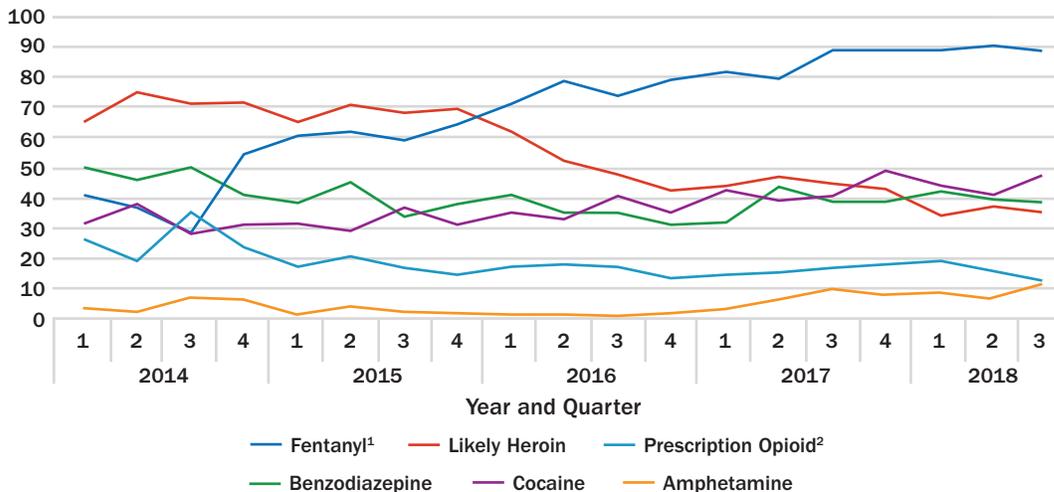
<sup>4</sup>Opioid-related Overdose Deaths by/City-Town – February 2019. Boston, MA: Massachusetts Department of Public Health. Accessed February 22, 2019. <https://www.mass.gov/files/documents/2019/02/12/Opioid-related-Overdose-Deaths-among-MA-Residents-February-2019.pdf>.

<sup>5</sup>Ibid.

<sup>6</sup>Office of the Vice-Mayor, Marc McGovern. *City of Cambridge Opioid Working Group Report: Addressing the Opioid Epidemic in Cambridge*. Cambridge, MA, November 2017.



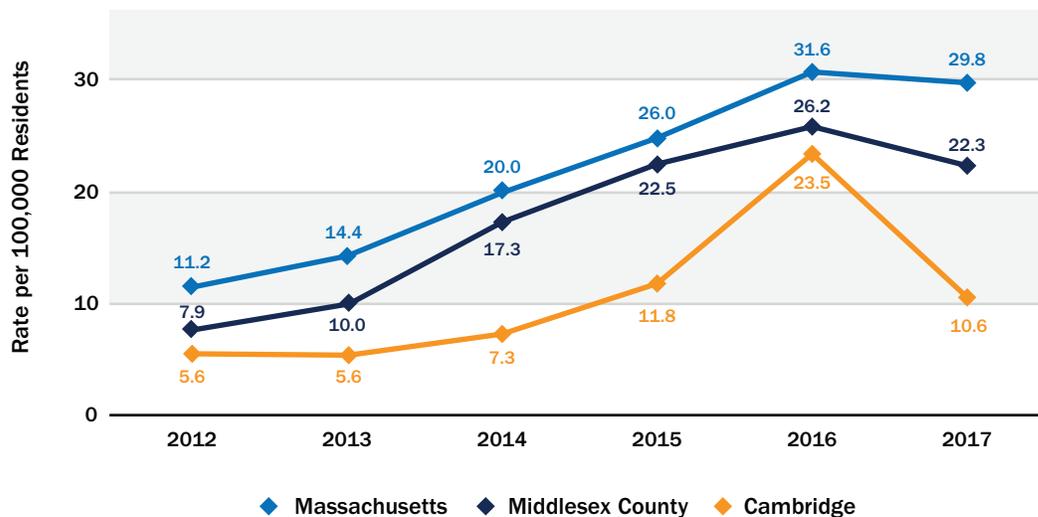
**Figure 3. Percent of Opioid-Related Overdose Deaths with Specific Drugs Present Massachusetts Residents: 2014–2018**



## The City of Cambridge

Mirroring the statewide trend, Cambridge is experiencing a decrease in confirmed opioid-related deaths. In 2017, there were 12 confirmed opioid-related deaths among Cambridge residents, down from 27 confirmed deaths in 2016. Similarly, the number of people who died from an opioid-related overdose in Cambridge—a figure that comprises both city residents and nonresidents—declined from 41 people in 2016 to 21 people in 2017.

**Figure 4. Opioid-Related Overdose Death Rate in Cambridge, Middlesex County, and Massachusetts, 2012–2017**



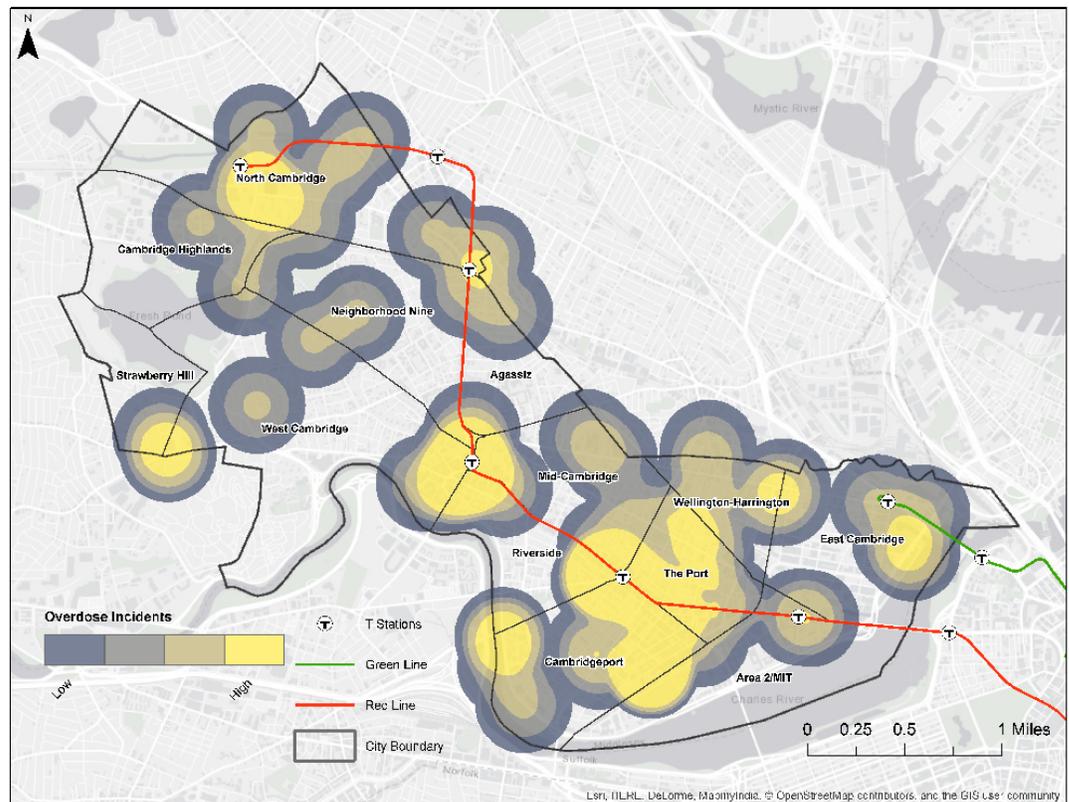
Note: Opioids include heroin, opioid-based prescription drugs, and other unspecified opioids. Data for 2018 was not available as of the publication of this report.

Data Source: Massachusetts Department of Public Health



Many more lives would have been lost if not for the use of naloxone by first responders and bystanders who, in 2017, used naloxone 202 times in Cambridge to reverse suspected overdoses, according to EMS data.<sup>7</sup>

**Figure 5. Opioid-Related Overdoses in 2017, Cambridge, MA**



Data Source: Pro EMS Ambulance Service

In Cambridge, opioid-related overdoses tend to be more densely clustered around commercial areas like Central Square. However, in 2017, 22% of patients transported by ambulance for an opioid-related overdose were picked up at a private residence. This challenges the common assumption that overdoses in the city happen only on the street or in homeless shelters.

For more information, see the Cambridge Public Health Department’s recent annual overdose reports: <http://www.cambridgepublichealth.org/publications>.

<sup>7</sup>*Opioid-related Overdose Deaths by City-Town – November 2018*. Boston, MA: Massachusetts Department of Public Health. Accessed December 5, 2018. <https://www.mass.gov/files/documents/2018/11/16/Overdose-Deaths-by-City-Town-November-2018.pdf>



## RESPONDING TO THE CAMBRIDGE OPIOID CRISIS

In 2015, the Cambridge Public Health Department (CPHD) completed the city's first Community Health Improvement Plan (CHIP), setting the city's health agenda through 2020. Mental and Behavioral Health and Substance Abuse is one of the four CHIP priority areas, with specific emphasis on addressing opioid prevention and treatment.

Cambridge and its many community partners offer a comprehensive range of substance use services across the continuum, including prevention, intervention, referral to treatment, substance use treatment, and recovery support. What follows is a brief overview of many, though not all, of the efforts currently underway to combat the opioid crisis.

### Prevention

**The Cambridge Public Health Department** is home to several initiatives designed to prevent addiction and overdose.



OVERDOSES ARE PREVENTABLE.  
You can save a life – learn how at  
[www.odprevention.org](http://www.odprevention.org)

The Overdose Prevention and Education Network (OPEN) is a regional collaborative established to reduce accidental opioid overdoses and the misuse and abuse of prescription pain medications in Cambridge, Everett, Somerville, and Watertown. Led by the Cambridge Public Health Department, OPEN is working with residents and community-based



organizations, local hospitals, police, fire, and health departments in all four cities to raise awareness about prescription opioid safety and to prevent fatal and non-fatal overdoses. Some of OPEN's key initiatives include:

- Sharing timely information about opioid prevention, intervention, and treatment at community events and through its website, Twitter account, and e-newsletter.
- Conducting outreach to all pharmacists in Cambridge to advocate for pharmacy-based naloxone distribution.
- Implementing public awareness campaigns about the state's Good Samaritan Law.

In 2016, CPHD began a five-year effort to reduce prescription drug misuse among the city's public high school students. So far, CPHD staff have conducted stakeholder interviews with parents and providers and organized a youth focus group where students spoke about drug and alcohol use in their community. CPHD school nurses and CPS staff individually interviewed all seventh and ninth graders to assess their risk for substance abuse using the evidenced-based Screening, Brief Intervention and Referral for Treatment (SBIRT) approach in 2017 and 2018. While prescription opioid use and abuse is low among this population, opioid overdose and deaths due to opioid overdose are still high in the city as a whole. Prevention activities targeting high school students aim to keep the opioid usage numbers low and to eliminate usage altogether.



Comprised of CPHD and city partners, the Cambridge Prevention Coalition uses a community-based approach to bring about policy, environmental, and social change around substance abuse focusing on youth and families. The coalition has been in place since the 1990s.

**The Cambridge Police Department (CPD)** has been a critical partner in combating the disease of addiction and overdose. CPD has a comprehensive plan of action to prevent opioid overdose. Key activities include:

- Establishing a permanent kiosk for disposal of medication in the lobby of the police department and collaborating with CPHD to encourage residents to safely dispose of unwanted medications at semi-annual "Take Back" events.



- Facilitating open discussions with the Youth Police Academy about substance use and its effects.
- Raising awareness among officers about the stigma associated with substance use disorders and addiction through a mandatory yearly in-service training.
- Limiting the supply and demand of opioids in the City of Cambridge by encouraging better information sharing across jurisdictions.

**The Cambridge Health Alliance (CHA)** is committed to decreasing opioid prescription rates and improving pain management strategies. Some of the CHA's activities include:

- Extensive prescriber education on recent opioid prescribing legislation, including building EMR tools to help providers “do the right thing” when documenting patient discussions on risks/benefits.
- Four pilot projects at primary care sites to address pain management and opioids: 1) a pharmacist-led protocol to taper opioids; 2) group visits for patients managing pain with chronic opioids; 3) a multidisciplinary consultation service for providers to get advice on challenging pain/addiction cases; and, 4) clinic workflows to use urine drug screens and sign controlled-substance agreements for patients on chronic opioids.
- An improved primary-care-based chronic pain program at all CHA sites. Launched in January 2019, this program incorporates elements from all four pilots and provider/ staff education on the biopsychosocial model of pain and scripting on how to talk with patients with chronic pain about treatment strategies. While the program focuses on how to manage chronic pain and not explicitly on how to prescribe fewer opioids, prescribing is expected to continue decreasing as non-pharmaceutical pain treatment strategies are enhanced.

## Intervention

**Access: Drug User Health Program**, a program of AIDS Action Committee, is one of the state's pilot sites for distribution of Narcan (naloxone), a nasal spray to reverse a potentially fatal overdose. As one of several state-sanctioned and state-funded syringe exchange programs in Massachusetts, Access distributes and exchanges syringes to people who inject drugs, and provides support and counseling, housing services, anonymous HIV testing, primary and mental health care, and other support services.



## What is Naloxone?

Naloxone (also known by its brand name, Narcan) is a medication that can reverse an opioid overdose. It blocks opioids from attaching to opioid receptors in the brain.

Naloxone is active for about 30 to 90 minutes in the body. If you give someone naloxone to reverse an opioid overdose, it may wear off before the effects of the opioids wear off. The person could overdose again. This depends on several things, including:

- The person's metabolism (how quickly the body processes things).
- How much drug the person used in the first place.
- If the person uses again.

Naloxone cannot be used to get high and cannot be misused. If you give naloxone to someone who is not overdosing, there are no ill effects.

**Cambridge Fire Department and Pro EMS Ambulance Service.** The Cambridge Fire Department leads emergency medical services for the City of Cambridge. Through a partnership with the city, Pro EMS Ambulance Service provides 911 and non-emergency transport services to the Cambridge service area. Both the fire department and Pro EMS deploy paramedics and/or emergency medical technicians (EMTs) to overdose incidents in Cambridge. In these situations, either fire or Pro EMS personnel administer Narcan to patients, as appropriate.

**The Cambridge Police Department** provides a continuum of services, including:

- CPD employs a licensed social worker and a recovery coach to review treatment bed listings on a daily basis and to assist individuals in getting into treatment programs.
- Transporting people to treatment if needed.
- Once people are in treatment programs, CPD works with clients and their caseworkers to complete forms and provide information to assist facilities in providing a continuum of care for clients. CPD can help overcome the challenges of getting from detox to a long-term residential program if that path is chosen by the client.
- Partnering with a social worker to create a clinical social work meeting across jurisdictions for case consults on complex cases and to provide wrap around treatment. Jurisdictions include Arlington, Andover, Methuen, Winthrop, Somerville, Brookline, North Reading, Newton, Watertown, Wilmington, and Stoneham.

**Cambridge Health Alliance.** In an effort to prevent opioid overdose, CHA has built naloxone education into its electronic medical record system, trained providers to give a naloxone prescription with each opioid prescription, and obtained state funding to distribute naloxone kits to patients in primary care and psychiatry clinics.



**Cambridge Public Health Department.** The public health department advocates for pharmacy-based naloxone distribution and provides training to local businesses and organizations on how to recognize and respond to an overdose. Additional outreach efforts include training city leaders on naloxone use and first aid in collaboration with CPD and Pro EMS.

**Data Collection & Information Sharing.** Timely and accurate data regarding fatal and non-fatal overdoses is critical to curbing the epidemic with more targeted and precise interventions.

- The Cambridge Public Health Department has developed a local opioid overdose surveillance system to fill the gaps in information regarding local demographics and geography. In 2016, staff designed a system for collecting and analyzing data from Pro EMS, Cambridge Health Alliance, AIDS Action Committee, and the Massachusetts Department of Public Health, and began generating formal data summary reports in 2017.
- The Cambridge Police Department uses internal live monitoring of all reported overdoses through Computer Assisted Dispatch (CAD) Alerts and shares cross-jurisdictional data to alert other communities when one of their residents has overdosed in Cambridge.

The Cambridge Police Department focuses on overdose hotspots and provides outreach through its licensed social worker, recovery coach, detectives, and other community stakeholders. The department uses knowledge of chronic substance users with high rates of overdose to intervene and have discussions when an individual may be seeking to use drugs and likely to access treatment. The police department also provides community alerts through resource partners when a trend develops or a spike is recognized regarding overdoses.

## Referral, Treatment, and Recovery

**Cambridge Health Alliance.** CHA provides services and resources for adults suffering from substance use and addiction, including providing access to treatment as part of routine care at all clinical locations. CHA provides services in community-based settings, as well as more specialized treatment environments, to reduce the stigma attached to substance use. Such services include:

- *Screening and Brief Intervention and Referral to Treatment (SBIRT) in all CHA primary care practices.* SBIRT is an evidence-based public health model that provides universal screening, early intervention, and treatment for alcohol and drug-related concerns.
- *Primary Care Behavioral Health Integration in all CHA Primary Care Practices.* All practices have embedded mental health coaches, nurse case managers, therapists, and psychiatrists who can address substance use disorders, as well as other mental health concerns.
- *Healthcare for the Homeless Primary Care Clinics at CASPAR Shelter and Cambridge Salvation Army.* Though no specific substance abuse services are available onsite, patients can access the full array of CHA services through referral from clinic health care providers.



- *Primary Care-based Addiction Treatment.* Almost all CHA primary care practices offer buprenorphine and/or extended-release naltrexone as medication treatment.
- *Intensive Outpatient Program (IOP), Embedded in the Specialty Outpatient Addiction Service Program.* This program provides comprehensive care with a focus on patients with substance use diagnoses and other co-occurring mental health disorders. IOP offers treatment with medication, as well as individual and group counseling. For patients not needing the intensity of IOP, there are other counseling services available at the Outpatient Addiction Service program.
- *No Wrong Door Policy.* Starting in February 2019, CHA initiated substance use treatment for patients entering care through the emergency department or being discharged from inpatient units, including prescribing buprenorphine.
- *SMART Recovery®.* Peer support groups located at CHA Malden and CHA Everett sites.

Through its affiliation with North Charles, Inc., located in Cambridge, CHA also provides a comprehensive model of methadone treatment and routinely works with other local agencies and community groups to provide health education.

**Bay Cove Human Services.** The Cambridge and Somerville Program for Alcoholism and Drug Rehabilitation (CASPAR), a program of Bay Cove Human Services, provides an Emergency Services Center & Shelter Services 24 hours/365 days for individuals under the influence of alcohol and other substances. At the center, guests receive integrated medical and mental health care, healthy meals, clean clothes, counseling and case management, as well as access to employment, housing, and treatment referrals. Guests of the shelter can access all CHA substance abuse services through referral from clinic health care providers.

Bay Cove also provides on-foot and mobile street outreach to unsheltered men and women with substance use and mental health disorders. Staff offer these individuals access to emergency medical and psychiatric care, meal programs, shelters, substance use and mental health treatment, and other social services.

**Mount Auburn Hospital Prevention and Recovery Center** offers intervention, treatment services, and outpatient addiction support through individual and group therapy. The center also provides talk therapies focused on abstinence, maintenance, and relapse prevention as it pertains to all addictions.

**Learn to Cope Support Group.** This free weekly support group offers experienced facilitators, resources, informational material, guest speakers, and free Narcan kits and training for families and caregivers of people who have addictions to opioids, alcohol, or other drugs.



## RECOMMENDATIONS

### RECOMMENDATION #1:

**Prevent deaths from overdose and save lives.**

Addressing the opioid crisis in Cambridge must take into consideration the continuum of opioid use, including preventing opioid use before it begins; getting treatment for those who are addicted; and most immediately, preventing death due to overdose. Cambridge has seen a decline in deaths due to overdose and maintaining this trend is essential to curbing the opioid crisis.

### Strategies

#### *Immediate Action*

1. **Incorporate principles of harm reduction** into interpersonal interactions and create accountability processes to encourage person-centered, compassionate interactions between service providers and clients. Make clear that harm reduction is an approach that celebrates any and all positive change.



City leaders learn how to stop an overdose and give CPR at a training at City Hall in September 2018.



2. **Make naloxone and overdose prevention education widely available** by further expanding naloxone access to other populations.
  - a. Provide naloxone upon release from jail, medical detox, treatment programs for substance use disorder, and other settings where individuals are likely to have decreased opioid tolerance and be vulnerable to overdose.
  - b. Schedule and promote free monthly naloxone trainings that are open to everyone who works, lives, or spends time in Cambridge. Encourage key sectors to attend, such as local businesses and service providers.
    - i. Bulk purchase naloxone to distribute for free at monthly trainings OR support the purchase of naloxone with a voucher program for distribution in specific supported programs.
    - ii. Distribute a naloxone kit to every city department. ProEMS has piloted a first aid kit with naloxone that costs roughly \$125 per kit to assemble. Every city department should receive a kit and be trained in basic first aid (CPR, stopping a bleed, and administering naloxone), for a total cost of \$5,000.
  - c. **Conduct a citywide public education campaign about naloxone**, perhaps adapting materials from the state’s Make the Right Call campaign. This public education campaign will aim to increase knowledge, use, and access to naloxone, including awareness of legal protections (Good Samaritan law), awareness of the statewide medical standing order, and availability of naloxone for purchase at pharmacies. The campaign should focus on multiple communities, including people in recovery and active drug users. Materials should be available in multiple languages. Also, the city should consider innovative methods for increasing 911 calls related to overdose.

### *Longer-term Action:*

3. Pursuant to the findings of the Governor’s Commission on Harm Reduction (**Appendix 6**), explore the feasibility of implementing fixed-site or mobile safe consumption facilities (SCF) on a pilot basis, in which essential services are provided to reduce substance use and fatal overdose. Such services would include referral to treatment and social services, wound care, medically supervised drug consumption, and access to sterile injection equipment and naloxone in a walk-in setting. Piloting an SCF will require an in-depth planning process with substantial community engagement to fully assess the value proposition and secure public buy-in. A delegation from Cambridge traveled to Montreal in January 2019 to visit a supervised injection facility (**Appendix 7**).



## RECOMMENDATION #2:

**Increase coordination among city departments and community agencies to improve service providers' capacity to respond to the opioid crisis.**

Although many organizations are currently taking action to respond to the opioid crisis in Cambridge, it is critical that coordination among these diverse organizations and groups be improved. The working group's strategies focus on creating systems that will increase interagency communication and coordination to improve Cambridge's response.



Stakeholders come together at the Overdose Prevention and Education Network's annual meeting in June 2017.

## Strategies

### *Immediate Action*

1. **Appoint an Interdisciplinary Advisory Committee** on substance use to coordinate and strengthen the city's response to the opioid crisis. Committee members would be appointed by the city manager and include representatives from public health, public safety, and health care as well as treatment providers, city representatives, harm reduction specialists, community stakeholders, people who use drugs, and people in recovery.

The committee would be responsible for carrying out the recommendations outlined in this report to effect policy, environmental, and systems change to reduce the impact of substance misuse in Cambridge.



2. **Explore private funding partnerships** to better support and further enhance response efforts.
3. **Improve systems for more timely, evidence-based reporting of overdose data**, building on the existing overdose surveillance systems developed by the health and police departments.
4. **Build and strengthen diverse partnerships** and initiatives:
  - a. *City departments.* Encourage all municipal departments to join the conversation on substance use disorders and develop an understanding of their role in responding to the issue.
  - b. *Criminal justice system.* Create opportunities within the criminal justice system and the law enforcement community to identify individuals with substance use needs and divert them from the justice system to service options while also giving consideration to consent.
  - c. *Local businesses.* Work with local businesses to develop safety measures in response to the opioid crisis, including the expansion of overdose prevention trainings currently being offered by the Cambridge Public Health Department.
  - d. *Community-based organizations and faith-based coalitions.* Create relationships with grassroots organizations that offer recovery and job support to residents and lead other vital initiatives related to substance use misuse and disorders.
  - e. *Medical Examiner's office.* Work toward receiving timely confirmatory reports on cause of death and contributing drugs.
  - f. *Social service and medical providers.* Engage them to provide more culturally competent, low-threshold, and effective care for people who use drugs.

### **Longer-term Action**

5. **Conduct a Health Impact Assessment.** Evaluate further the potential health effects of the recommendations put forward in this plan.



## RECOMMENDATION #3:

**Provide public awareness education to reduce stigma and offer additional addiction prevention services.**

There is still a strong, persistent stigma associated with opioid use and addiction that needs to be dispelled so that more people will seek addiction treatment and family and friends, health care providers, and others will better understand how best to support those with addiction problems and how to talk with others about the disease.

### Strategies

#### *Immediate Action:*

1. **Promote a citywide anti-stigma education and awareness campaign** that emphasizes addiction as a chronic disease, promotes non-stigmatizing language, and encourages individuals to seek treatment.
2. Develop a prevention campaign for youth and/or parents.



Chalk messages in Lafayette Square in observance of International Overdose Awareness Day on August 31, 2017.



3. Explore the feasibility of installing additional medication disposal kiosks in the city.



Medication and sharps disposal kiosks are currently available 24/7 in the Cambridge Police Department front lobby.



## RECOMMENDATION #4:

### Increase access to on-demand treatment and long-term recovery support.

Evidence is clear that easy access to real-time treatment is highly effective in assisting people addicted to opioids. This includes ensuring that there is collaboration among partners and providers across the continuum of treatment and recovery care so that no one falls through the cracks.

#### Strategies

#### *Immediate Action:*

1. Explore the feasibility of **developing an Engagement Center Service** that is available 24/7 for people with substance use disorder.
  - a. *Establish one point of entry* for people looking for information about substance use treatment; connection to overdose prevention and risk reduction services; or immediate placement in a range of treatment programs.
  - b. *Explore the feasibility of purchasing/contracting additional outreach vans.* Mobile units have been used successfully to deliver outreach and substance use treatment to people who cannot access traditional treatment. The van would be staffed by service providers in Cambridge.
  - c. *Expand the availability of medication assisted treatment (MAT),* especially buprenorphine (Suboxone), at Cambridge health care facilities. Facilitate referral and/or provision of MAT at multiple sites including emergency departments, outpatient practices, residential treatment facilities, psychiatric facilities, medical facilities, and primary care sites.
  - d. *Create an integrated and cross-agency team* of police, fire, EMTs, harm reduction specialists, treatment providers, recovery coaches, and other service providers. Meet weekly to review local overdose data and develop immediate, coordinated, and integrated responses for people who have given their consent and are facing acutely elevated levels of risk (including factors such as housing, mental health, criminal involvement, or alcohol or substance use).
    - i. *Build a culture of “No Wrong Door” to treatment.* Implement warm handoffs to treatment after overdose, starting with appropriate MAT induction in emergency departments and a take-home supply of medication.
    - ii. *Encourage the alignment of existing efforts* to improve coordination of care for patients and clientele.



2. Add more options for people to **access to residential and/or medication-assisted treatment** when they need it.



Dr. Ellie Grossman meets with a patient at Cambridge Health Alliance.

### *Longer-term Action:*

3. **Establish standardized Emergency Department responses** at Cambridge and Mount Auburn Hospitals following a nonfatal overdose, including a naloxone prescription and initiation of medication-assisted treatment for appropriate patients with opioid use disorder.
4. **Review and ensure options for civil commitment** under section 35 of Chapter 123 for individuals in immediate danger to themselves and the community.
5. **Increase emergency behavioral health resources** for people in crisis. Fund emergency services team and employ counselors and other social service providers at emergency shelters.
6. **Release an official City of Cambridge guide to navigating local addiction treatment programs** and recovery support, integrating information on how to access treatment, harm reduction resources, and emergency/crisis interventions into public education campaigns.
7. **Increase the use of low threshold and affirming recovery specialists** in behavioral health and medical settings to support individuals in recovery. Base all recovery support on the principles of harm reduction.
8. **Increase safe permanent supportive housing**, vocational support, employment services, and recovery support services for individuals with substance use disorders.



## RECOMMENDATION #5:

### Reduce the supply of dangerous opioids.

Interrupting the sale and distribution of opioids, whether prescription or synthetic, is critical to ending the opioid crisis. Illicit distribution channels operate just about anywhere (on the streets, in private homes) and there has been a significant increase in online sales and distribution, which will require additional training and focus.

#### Strategies

##### *Immediate Action:*

1. **Expand CPD's Special Investigations Unit's** enforcement focus on distribution networks and on individuals profiting from substance sales.
2. Enhance CPD's capability to respond to emergent online distribution by **expanding cybercrime trainings** and investing in new equipment.
3. **Purchase a second TruNarc analyzer** to identify substances in the field. TruNarc analyzer is a handheld device that enables drug identification in the field in an easy-to-use, reliable manner. Using Raman spectroscopy (the same method used in our forensic labs), TruNarc is uniquely able to identify controlled substances, precursors, and cutting agents. The user can scan directly through plastic bags or glass containers to minimize contamination, reduce exposure, and preserve evidence.
4. **Work with the Middlesex District Attorney's Office and State Police** to provide timely notifications to local detectives about opioid-related deaths.
5. **Provide CPD, CFD, and ProEMS staff with an updated training** on biohazards, risks associated with an overdose response, and best practices to properly collect evidence from the scene.



## IMPLEMENTATION, OVERSIGHT, AND EVALUATION

An Interdisciplinary Advisory Committee on substance use will be established by July 1, 2019 and have responsibility for implementation, oversight, and evaluation of the recommendations. The advisory committee will review this plan in its entirety and determine who will take responsibility for each recommendation and its accompanying strategies. The committee will also develop a timetable for completion, including target dates for reaching the goals and interim activities along the way.

The committee will develop an evaluation plan with metrics to assess the efficacy and success of the plan and to inform future activities. The committee will report out on an annual basis (every January) to the Cambridge City Manager and release data reports every September starting in 2019.

The committee's structure can be informed by the existing Cambridge Food and Fitness Policy Council, which catalyzes action around policies, systems, and practices that make smart food choices and fitness options available to more people in their daily lives and serves in an advisory capacity to city departments on matters related to food and fitness policy issues. The committee will also be supported in its work by the Cambridge Prevention Coalition, which uses a community-based approach to bring about policy, environmental, and social change in Cambridge around substance abuse, and by other groups, such as the CPD Stakeholders and the Senior Policy Group on Homelessness.



## FUTURE CONSIDERATIONS

While the report's recommendations and accompanying strategies are comprehensive, the working group is mindful that there is always more that can be done to address the opioid crisis, as well as substance use and public health concerns that may arise in the future. These include replicating successful programs and services from other municipalities or expanding existing services if additional funding is identified. Such considerations may include:

- *Population Health Management.* Exploring a partnership with Face It Together Health, which provides a range of tools (e.g., intervention, wellness programs, data platforms) for health care, payers, and employers regarding addiction population health management.
- *Establishing a Dedicated Agency or Office for Treatment Recovery Services.* Cambridge could use Boston Mayor Marty Walsh's Office of Recovery Services as a model, especially the PAATHS (Providing Access to Addictions Treatment, Hope and Support) anchored to Cambridge Health Alliance as a program which acts as the point of entry and triage for all treatment and recovery support services in Cambridge.

## APPENDICES

1. Summary of Vice Mayor McGovern's Opioid Report
2. Topics Presented in Working Group Learning Sessions
3. Members, Cambridge City Manager's Opioid Working Group
4. 2017 Cambridge Overdose Surveillance Report (link to published report)
5. Summary of Listening Session Conducted by Access: Drug User Health Program
6. Members, Governor Baker's Harm Reduction Commission
7. Summary of Site Visit to Montreal (January 2019)



## Appendix I

### Working Group Meeting Topics

April 18, 2018	<p><i>State of Opioids in Cambridge</i>, presented by Tali Schiller, MPH (CPHD)</p> <p>Inventory of Cambridge-Based Activities</p>
May 18, 2018	<p><i>Opioids in Cambridge Data</i>, presented by Kristin Ward, MPH (CPHD)</p>
May 23, 2018	<p><i>Opioid Services in Boston</i>, presented by Monica Valdes Lupi, JD, MPH (Executive Director, Boston Public Health Commission)</p> <p><i>Supportive Place for Observation and Treatment</i>, presented by Jessie Gaeta, MD (Chief Medical Officer, Boston Healthcare for the Homeless Program)</p>
June 5, 2018	Brainstorming an Opioid Services Inventory
June 28, 2018	<p><i>Legal Implications of Supervised Consumption Sites</i>, presented by Leo Beletsky, JD, MPH (Northeastern University)</p>
August 2, 2018	<p><i>Leveraging Wastewater to Assess the Opioid Epidemic</i> presented by Mariana Matus, PhD, Newsha Ghaeli, and Erin Winslow (Biobot Analytics)</p>
August 23, 2018	<p><i>Evaluation of the Insite Program</i>, presented by Brandon Marshall, PhD (Brown University)</p>
August 29, 2018	<p><i>Cambridge Opioid Working Group Listening Session</i> (Summary of the Listening Session may be found in Appendix 5)</p>
September 27, 2018	Brainstorming and refining recommendations
October 25, 2018	Prioritizing and finalizing recommendations



## Appendix II

### Members, Cambridge City Manager's Opioid Working Group

#### Co-Chairs

Assaad Sayah, MD, FACEP, SVP and CMO, Cambridge Health Alliance  
Commissioner Branville G. Bard, Jr., DPA, Cambridge Police Department

#### Members

Mark Albanese, MD, Cambridge Health Alliance  
Louis Cherubino, Cambridge Police Department  
John Chute, Community Representative  
Steven DeMarco, Cambridge Police Department  
Mark Eisenberg, MD, Massachusetts General Hospital  
Christopher Fischer, MD, Cambridge Health Alliance  
Ellie Grossman, MD, MPH, Cambridge Health Alliance  
Meghan Hynes, Access Drug User Health Program  
Claude Jacob, Cambridge Public Health Department, Cambridge Health Alliance  
Nancy Mahan, Bay Cove Human Services  
Gerard Mahoney, Cambridge Fire Department  
Bill Mergendahl, Professional Ambulance Services  
Mark McGovern, Cambridge Healthcare for the Homeless, Cambridge Health Alliance  
Ellen Semonoff, Cambridge Department of Human Service Programs  
Jared Stanley, Cambridge Police Department

#### Staff

Mary Kowalczyk, MSW, Manager, Substance Abuse Prevention Programs,  
Cambridge Public Health Department  
  
Tali Schiller, MPH, Substance Abuse Prevention Coordinator,  
Cambridge Public Health Department



## Appendix III

### Vice Mayor McGovern's Opioid Working Group Report (November 2017)

#### Summary of the Report released by the Office of Vice Mayor McGovern: Addressing the Opioid Epidemic in Cambridge

Addressing the opioid epidemic in Cambridge will not happen overnight. It will take time, resources and collaboration. The purpose of this report is to lay the foundation for a coordinated citywide response that local providers, the police, city departments and stakeholders can build upon to educate the community, support people with substance use disorders and develop strategies to address the specific needs within our city. It is our hope that the implementation of these recommendations will optimize the programs that already exist in Cambridge, in addition to creating a more robust and multifaceted approach to this issue.

#### Opportunities and Recommendations for Local Leadership:

1. **Increase** public awareness and engagement (*ongoing*).
  - a. *Disseminate current information online, through the website, social media, and press.*
  - b. *Plan community events to educate residents about topics of interest and celebrate recovery.*
  - c. *Develop a resource guide for families and those seeking treatment or assistance.*
  - d. *Offer training about how to reduce opioid-related discrimination.*
2. **Publicize** the Good Samaritan Law (*ongoing*).
  - a. *Expand the reach of the Department of Public Health's "Make the Right Call" campaign.*
3. **Designate** a municipal point person or interdisciplinary committee on substance abuse prevention (*ongoing*).
4. **Employ** harm reduction models (*ongoing*).
5. **Partner** with schools to implement programs aimed at preventing the non-medical use of prescription drugs (*ongoing*).
  - a. *Support the roll-out of Screening, Brief Intervention, and Referral to Treatment (SBIRT).*
  - b. *Mandate education about non-medical use of prescription drugs for student athletes and their parents.*
6. **Facilitate** safe medication disposal for the discarding of prescription drugs (*to be addressed by city manager's advisory group*) here.
  - a. *Install a second medication disposal kiosk.*



- b. *Promote medication disposal mailers to vulnerable populations (ongoing).*
  - c. *Pilot a city-wide free lock-box program.*
- 7. **Make** naloxone and overdose prevention education widely available (*ongoing*).
  - a. *Schedule and promote monthly naloxone trainings that are open to the public.*
  - b. *Promote purchasing naloxone at the pharmacy.*
  - c. *Distribute naloxone kits to all city departments.*
  - d. *Support program adaptivity and education regarding Safe Consumption Sites and the changing legislature.*
- 8. **Expand** local options for treating substance use disorder (*to be addressed by city manager's advisory group*).
  - a. *Expand the availability of medication-assisted treatment.*
  - b. *Connect vulnerable populations to treatment.*
  - c. *Expand recovery coach programming through dedicated funding for staff and training.*
- 9. **Create** a sobering center similar to SPOT (*to be addressed by city manager's advisory group*).

## Appendix IV

### 2017 Cambridge Overdose Surveillance Report (abridged)

<http://www.cambridgepublichealth.org/publications/Substance-Use/2017-Cambridge-MA-Opioid-Overdose-Data-Report.pdf>

## Appendix V

### Cambridge Opioid Working Group Listening Session Results (Facilitated on August 29, 2018 at Access Drug User Health Program)

**Goal:** We asked to hear from drug users about what is and isn't working in regards to opioid use in the City of Cambridge. About 15 Access participants volunteered to be a part of this feedback session. The information in this session was used to gather feedback about issues relevant to opioid users in Cambridge and incorporate findings in policy recommendations to Mayor McGovern.

#### A. What Services in Cambridge are you currently using?

- 1. *Multi-Service Center*
- 2. *Cambridge Housing Authority (CCAN)*
- 3. *Intensive Outpatient Program (unspecified) AA/NA*
- 4. *First Step*



5. *Homeless outreach*
6. *Access/Needle Exchange Program*

**Notes:** People had very positive things to say about First Step, particularly about staff. People expressed that there isn't enough information about what services exist in Cambridge.

## **B. Substance Use Treatment**

1. *Detoxes and holdings need to be longer*
2. *In need of more support getting connected to services, particularly CSS/TSS and sober homes while in detox and after. People are getting out of detox after 4 days and are left with no resources or guidance. More holdings.*
3. *Need more long-term case management and navigation services*
4. *Lack of Substance Use Treatment services in Cambridge is a moderate deterrent for getting services*
5. *Lack of beds around the state makes it harder to access services*
6. *Many people have used the sober shuttle (Everett and elsewhere) and think it's a great model*
7. *More police outreach*
8. *Need more services for women*

## **C. Housing**

1. *CORI's continue to be a barrier to housing.*
2. *In need of services that connect people to temporary and permanent housing and sober homes*
3. *A greater need for housing resources for women*
4. *Need for daytime drop-ins that help with resources and give people "something to do." Ideally, these venues would have people who can help navigate through detox and holdings; AA/NA meetings; and accessible low threshold behavioral health treatment. Note: people liked the old Phoenix Center*
5. *Drop-in for sober people*

## **D. Emergency Shelters**

1. *Lack of clarity and consistency with rules. In need of rule book and for staff to be clear about what people are getting barred for or that they are at risk of being barred.*
2. *Overall lack of communication between staff and also between staff and guests*



3. *Concerns about food and food safety. People would like to be able to bring in more food*
4. *Showers should be cleaned more frequently*
5. *Frequent reports of meds being stolen by staff*
6. *Unclear rules around lockers. People should be able to access their belongings while they are barred, or at least be able to retrieve their medications etc.*
7. *General cleanliness concerns*
8. *Participants expressed a need for staff to have more compassion and empathy for guests*
9. *Need for counselors and case managers at shelter round the clock*

**Notes:** People raved about Firststep, particularly because of the staff. May be a good model for staffing at shelter. Many people voiced that they would use more services in the city if staff were more compassionate, empathetic and non-judgmental.

## **E. Behavioral Health and Recovery Support**

1. *Overall lack of mental health services, particularly low-barrier services*
2. *People need services on demand, around the clock. Lots of crises at night and there is no one to talk to.*
3. *Need more AA, NA meetings*
4. *Need more recovery coaches*

## **F. Public restroom (Portland Loo in Central Square)**

1. *Needs sharps containers*
2. *Emergency pull cord or Narcan smash box that contacts 911.*
3. *There should be a light that goes on if someone is in there like an airplane*

## **G. Overdose prevention**

1. *Smashboxes for Narcan*
2. *Staff at shelter and elsewhere need more Narcan training*
3. *Recovery support services*
4. *Sober shuttle*



## Appendix VI

### Members, Governor Baker's Harm Reduction Commission

Marylou Sudders, Commissioner, Massachusetts Department of Health and Human Services  
Monica Bharel, MD, MPH, Commissioner, Massachusetts Department of Public Health  
Jeffrey N. Roy, Massachusetts State Representative, 10th Norfolk  
Cindy Friedman, Massachusetts State Senator, 4th Middlesex  
Martin J. Walsh, Mayor, City of Boston  
Marc McGovern, Mayor, City of Cambridge  
Jessie M. Gaeta, MD, Boston Health Care for the Homeless Program  
Matilde Castiel, MD, Commissioner, Worcester Health and Human Services  
Robert Roose, MD, Mercy Medical Center  
Armando Gonzalez, Massachusetts resident  
Aubri Esters, Massachusetts resident  
Deirdre Calvert, LICSW, Column Health  
Gary Langis, Education Development Center  
Frederick Ryan, City of Arlington Police Department  
Leo Beletsky, JD, MPH, Northeastern University

## Appendix VII

### Summary of Site Visit to Montreal (January 2019)

In January 2019, a delegation from Cambridge traveled to Montreal to tour harm reduction and safe injection facilities. This delegation included Cambridge Mayor Marc McGovern, Chief of Staff Wilford Durbin, and four members of the City Manager's opioid working group: co-chair Commissioner Branville Bard, Jr., Dr. Mark Albanese, Dr. Ellie Grossman, and Chief Public Health Officer Claude Jacob. The trip was intended as a fact-finding mission regarding harm reduction strategies on behalf of the Massachusetts Harm Reduction Commission. During a two-day visit, the group visited with service providers, program staff and elected officials that included representatives from CACTUS Montreal, L'Anonyme, GRIP Montreal, Spectre de Rue, Old Mission Brewery, as well as the Mayor of Montreal.



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