ANDOVER
POLICE DEPARTMENT

ENFORCEMENT
EDUCATION & AWARENESS
INTERVENTION

- Andover Police Mission:
  - Reduce the distribution, usage, and opiate overdoses within the community by enforcement, innovative education, awareness, and intervention

Steps taken and future action to accomplish that mission:

- Program Coordinator (PROACTIVE): Goal of education and awareness, assist addicts, families, and friends, and offer support and resources to assist with recovery.
- Addiction Clinician (REACTIVE): Assist community in developing an outreach program that would assist in accessing addiction treatment options and resources. Reactive response to help families develop a plan to ensure survival and help facilitate long-term process of recovery.

Steps taken and future action to accomplish that mission: (Continued)

- Substance Abuse Task Force
- Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)
- APD has arrested 88 drug offenders (Class A/B) with an increase in officers assigned to the APD Substance Abuse Unit (SAU)
- APD SAU works with fed/state/local law enforcement agencies to enforce narcotic offenses in the MV
- Every patrol officer has been issued Narcan and trained in its use

Steps taken and future action to accomplish that mission: (Continued)

- Opioid overdose awareness nights at APD with GLFHC:

  Narcan taining and distribution

- Chief's initiative with GLFHC Narcan voucher program

ANDOVER OPIATE OVERDOSE RESPONSE AND DEATH STATISTICS 2014/2015

2014 Statistics

- Overdoses - 20
- Deaths - 2
  - Average age of overdose patients – 26.4 years.

- Oldest overdose patient – 55 years old
- Youngest overdose patient – 18 years old

- Oldest overdose victim - 30 years old
- Youngest overdose victim – 20 years old

2014 Overdose Statistics

- Overdose responses by gender
  - Male - 8
  - Female - 12

  Transient population vs. Residents
  - 13 - Residents
  - 7 - Non-residents

  - Narcan administration
  - Fire - 7 Licensed to administer on 4/1/14
  - Police - 4 Licensed to administer on 7/1/14

2015 Statistics – 1/1/15 – 9/28/15

- Overdoses – 43
- Deaths – 8
  - Average age of overdose patients/victims – 28.8 years

- Oldest overdose patient – 67 years old
- Youngest overdose patient – 17 years old

- Oldest overdose victim – 58 years old
- Youngest overdose victim – 19 years old

2015 Overdose Statistics

- Overdose responses by gender
  - Male – 32
  - Female - 11
- Transient population vs. residents
  - Transients – 19
  - Residents - 24
- Overdose victims by gender
  - Male – 4
  - Female - 4

MASSACHUSETTS

Prescription Pain Medication Safety Program

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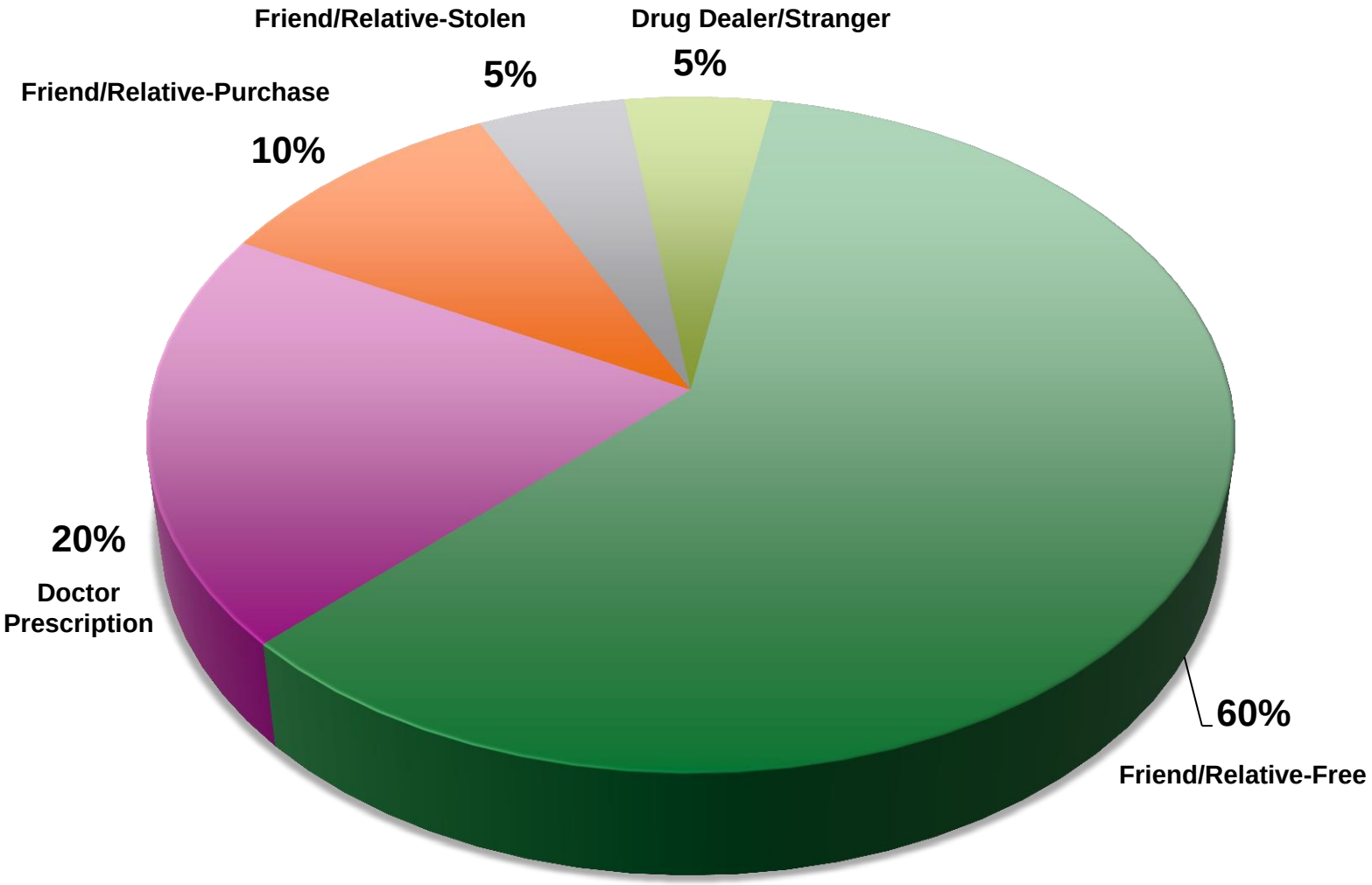
Associate Chief Medical Officer
Vice President, Medical Quality and Strategy

Landscape

MASSACHUSETTS

- Over the past few years, BCBSMA identified an escalating problem of prescription misuse resulting in an epidemic of prescription drug abuse
- Pain management growing for aging population with increasing co-morbidities
- Doctor shopping and narcotic diversion are increasingly problematic
- BCBSMA identified a trend of certain MDs inappropriately prescribing large amounts of opioids
- A disparity existed in the BCBSMA provider network between best practices in the industry literature and opioid management in practice
- BCBSMA recognized an opportunity as the state's largest private payer to influence positive change on this front

Sources of Abused Prescription Drugs



BCBSMA Population Data

- Approximately 11% of members with a pharmacy benefit filled a prescription for a short-acting opioid
  - 85% of these received one prescription for less than 30 days of treatment
  - The average prescribed treatment duration was 7 days. However, 15% of members received prescriptions for greater than 30 days, exposing them to the risks of addiction
- 1% of members with a pharmacy benefit had a prescription for a long-acting opioid
  - Approximately 15% of these had one prescription for less than 30 days
  - The average prescribed treatment duration in this group was for 15 days
- BCBSMA data also revealed that 28% of members with Suboxone® prescriptions were receiving these prescriptions from multiple prescribers
  - Raising the possibility of fragmented care and possible medication misuse

Collaborative Program Development

- In 2012, BCBSMA convened an advisory group to develop a set of best practices in opioid management
- This diverse group of stakeholders included: physicians, pharmacists, pain management experts, addiction experts and primary care providers
- The advisory group reviewed the clinical literature, Blue Cross population data and discussed existing best practices
- In consultation with this group, BCBSMA developed a program to promote quality of care and evidence-based opioid prescribing

Opioid Management Program Objectives

- ***Affordable, accessible and appropriate pain care***
- ***Reduced risk of member addiction***
- ***Reduced diversion of prescription drugs***

Opioid Management Program Components

- Implement expert-defined elements of opioid prescribing best practices:
  - A treatment plan with an exploration of treatment options
  - Informed consent with a risk assessment for addiction signed by member
  - An opioid agreement between the patient and prescriber outlining expected behavior of both parties
  - Limited opioid prescribing group and the identification of a single pharmacy or pharmacy chain to be used for all opioid prescriptions
- Monitor by requiring prior authorization

Prior Authorization for Opioid Prescriptions

- Policies apply to new prescriptions for short-acting opioids
- Initial prescriptions of short-acting opioids of up to 15 days are available with no prior authorization
- Additional 15-day supply within 60 days require prior authorization verifying existence of evidence-based opioid prescribing elements
  - Prior authorizations grant access to all short-acting opioids on BCBSMA formularies
- Prior authorization is required for all new long-acting opioid prescriptions
- Consumer Safeguards:
  - Cancer patients and terminally ill patients are exempted from authorization requirements
  - If a prior authorization is not available at the point of sale, the member receives a 3-day supply of the short-acting opioid, allowing sufficient time for an authorization to be obtained

Other Provisions

- Prior authorization medication-assisted treatment for addiction (methadone, Suboxone® , etc)
- To avoid diversion, Suboxone® limited to16mg/day without additional authorization
- Acetaminophen opioid products limited to < 4 grams/day of acetaminophen
- Opioids only available through retail pharmacies

Early Results

- The first 24 months of the program showed very positive results
- Claims for short-acting opioid painkillers such as Vicodin® and Percocet® decreased 20%
- By working with providers to switch patients to more appropriate short-acting medications, claims for long-acting opioids such as OxyContin® decreased by 50%
- The program resulted in an estimated 9.6 million fewer doses in the community
- More than 90% of patients prescribed greater than the recommended daily dose for acetaminophen had their prescriptions adjusted by the prescriber

Appendix

MASSACHUSETTS

References:

1. Model Policy for the Use of Controlled Substances for The Treatment of Pain; Federation of State Medical Boards of the United States, Inc.; www.fsmb.org/pdf/2004_grpol_Controlled_Substances.Pdf
2. Interagency Guideline for Chronic Non-cancer Pain: An Educational Aid to improve the care and safety of Opioid therapy: 2010 update; www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf
3. Opioid Treatment Guidelines: Clinical Guidelines for the Use of Opioid Therapy in Chronic Noncancer Pain; The Journal of Pain, Vol 10, No.2 (February), 2009 pp 113-130.


COMMUNITY
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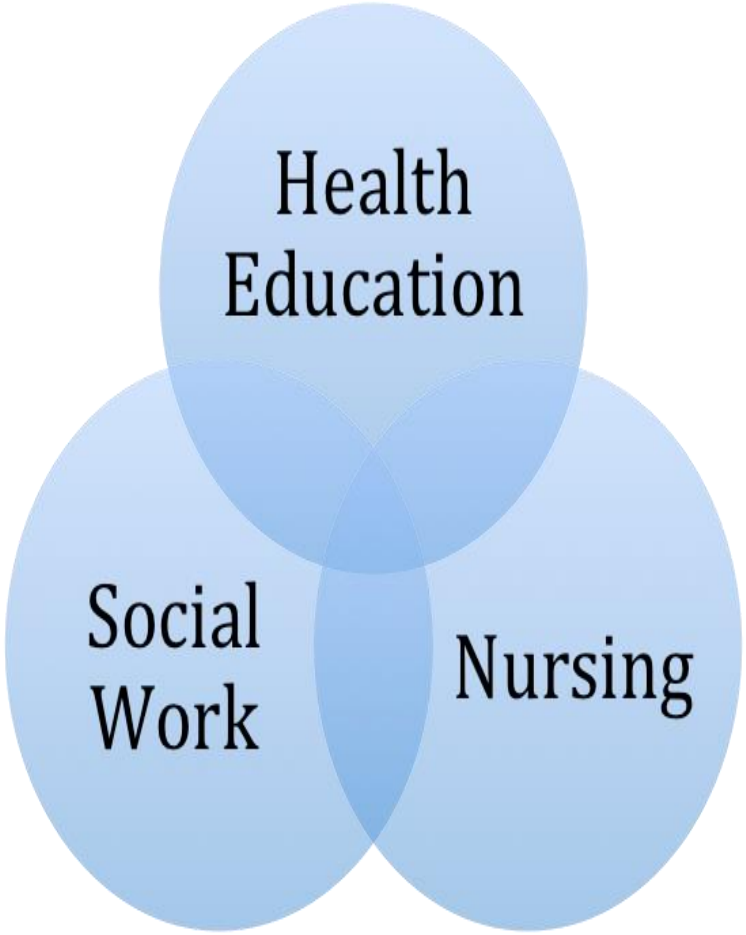
Health Education
Physical Education & Physical Activity
Nutrition Environment & Services
Health Services
Counseling, Psychological, & Social Services
Social & Emotional Climate
Physical Environment
Employee Wellness
Family Engagement
Community Involvement
COORDINATING POLICY, PROCESS, & PRACTICE
IMPROVING LEARNING AND IMPROVING HEALTH
HEALTHY
SAFE
ENGAGED
SUPPORTED
CHALLENGED

Whole School, Whole Community, Whole Child



APS Support Services:
Health Education, Nursing, Social Work

Health Education:

- Taught through physical education in grades 1 - 5 (physical health)
- Taught as a dedicated and required subject in grades 6 - 9 and 11 (comprehensive) Elective course also offered for grade 12
- Curriculum aligns with national and state standards and is evidenced based
- National Youth Risk Behavior Survey is administered annually, alternating between grade 7 and grades 9 and 11. This provides real-time data on use and frequency of risky behaviors as well as protective factors. Results used to shape the curriculum.
- In addition to risk factors students are also taught developmental assets or protective factors
- Teachers work cooperatively with guidance counsellors, social workers and nurses

APS Support Services:
Health Education, Nursing, Social Work

Health Education:

* Instruction includes content based information so that students can develop an understanding of what alcohol, tobacco, marijuana, and other drugs are and what they can do to your body. Students are also taught life skills to help prepare them for real life situations they will inevitably encounter and how to make the best decisions when in these situations.

* Life skills such as decision making, self-management, self-advocacy, goal setting, refusal skills, conflict resolution, stress management, building self-esteem, resiliency, and mindfulness techniques.

* Focus is life skills, knowledge, and the mental and emotional health of students

APS Support Services:
Health Education, Nursing, Social Work

Nursing Services:

- Establish relationships - to create a trusting environment and “safe haven”
- Possible First step in detection/teacher concern
- Medical emergencies
- Evaluation and referral to team
- On-going support - Break/rest (time-limited) Not Counseling
- Conduit for communication - school team and parents
- On-going education/training
- Participation in IEP/504 meetings - as needed

APS Support Services:
Health Education, Nursing, Social Work

Nursing Services: Tools

- SBIRT
- Narcan
- Medication management - prescriptions, pain control, safe disposal
- Monitoring at home - balancing trust/independence
- Parents as role models

APS Support Services:
Health Education, Nursing, Social Work

Social Work:

- School based and school focused counseling
- Social skills support
- Parent and Family support
- Mental health crisis intervention and referral
- Referral assistance for outpatient mental health/substance abuse counseling services
- Referral assistance in accessing state agency services (DCF, DMH, DPH, etc.)
- Team meeting participant (for students with IEP's)
- Faculty support and training

Prevention:Building Resilience

- Relationship
- Education
- Healthy activities
- Positive Peer group
- Stress reduction/ healthy coping skills
- Healthy balance of demands (school, sports, social, family, down time)
- Role Modeling

Identification: Warning Signs

- Changes in peer group – unwilling to share information about new friends
- Peer group who experiments/uses substances
- Decline in academic performance
- Loss of interest in previous activities, loss of motivation, changing goals
- Increasingly more secretive
- Use of eye whitener, breath mints, etc.
- Ravenous appetite
- Socially isolated, target of bullying, socially disconnected
- Mental Health diagnoses i.e. anxiety, depression, adhd, conduct – higher risk when untreated
- History of abuse/neglect

Intervention: What to do:

- Relationship, relationship, relationship!
- Foster open communication with children
- Demonstrate openness to ALL conversations
- Ask for help! School, Police, Physician, Clergy, Community
- Research treatment options
- Medical illness - need for ongoing supportive treatment
- Outpatient counseling - residential treatment, detoxification, hospital

Substance Abuse and Addiction

"I'm right there in the room, and no one even acknowledges me."