

Mass. public safety, public health agencies collaborate to address the opioid epidemic

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A new study shows that public health and public safety agencies established local, collaborative programs in Massachusetts to connect overdose survivors and their personal networks with addiction treatment, harm reduction, and other community support services following a non-fatal overdose. The study, published online in the *International Journal of Drug Policy*, is the first of its kind to attempt to systematically document this emerging approach to combatting the opioid epidemic.

From December 2015 to January 2016, Department of Public Health researchers reached out to all 351 communities in the state and surveyed public safety agencies (police, firefighters,). They received responses from the police and fire personnel from 31 percent of the communities in Massachusetts. Of those respondents, 21 percent were actively engaged in implementing collaborative programs and outreach in the community to connect overdose survivors with support and treatment services.

"This study identified four different approaches to conducting postoverdose outreach at the community level leveraging existing infrastructure," said Alex Walley, MD, MSc, an addiction medicine specialist at Boston Medical Center's Grayken Center for Addiction and senior author of the study. "We described innovative <u>public health</u> and public safety partnerships that reach a particularly high risk population those who survive an overdose."

The four types of programs in Massachusetts included multidisciplinary



team visits, in which a public safety (police, fire, EMS) and one or more public health representatives travel together to the residence of the overdose survivor or site of an overdose shortly following the event. In addition, police visits with referrals were similarly structured, with officers providing information on support group schedules and addiction treatment options to individuals, and even direct referrals to partnering programs, if the survivor was ready to accept services.

Clinicians were also embedded within a police department or employed at a collaborating social service or addiction treatment program who received the contact information for overdose survivors or a member of their personal network. The last group of programs noted, location-based outreach, encouraged overdose survivors, people with an opioid use disorder, and family or associates to visit a community-based site to obtain information, resources, and/or access to services. Of the programs that were interviewed, most were less than a year old at the time of the study, and roughly half were developed by an influential police or fire chief. Nine of Massachusetts' 14 counties had respondents who were interviewed for the study.

The expansion of these programs could save lives, according to the researchers, and their structures are capable of being scaled into other communities for a larger and broader impact.

"Our goal here was to advance the field by increasing awareness of these new innovative collaborations, raise issues that those seeking to adopt and implement these models should consider, and highlight the need for further research into their effectiveness and potential to save lives," said Scott Formica, senior research scientist with Social Science Research and Evaluation, Inc. and the study's first author.

Public safety officials reported that stigma within their agencies and communities, lack of funding, and long-term sustainability were barriers



to implementing programs. If these <u>public safety</u> and public health partnerships are found to be effective, they have the potential to increase engagement across the country with social service and <u>addiction</u> <u>treatment</u> systems by those who are at elevated risk for experiencing a fatal opioid overdose.

More information: *International Journal of Drug Policy* (2018). <u>www.sciencedirect.com/science/ ... ii/S095539591830001X</u>

Provided by Boston Medical Center

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