Response to Policy Order #16, adopted 8/10/15

Excerpt of Order: That the appropriate City departments in conjunction with other stakeholders, such as the Salvation Army, Cambridge Overcoming Addiction, and other non-profits that they conduct a survey of opioid-related deaths and persons struggling with the epidemic that are frequenting our squares, particularly Central Square; and be it further that the appropriate City departments conduct a survey of residents located around Central Square about any concerns that they might have about this crisis as evidenced by them; and be it further that his honor the Mayor be and hereby is requested to schedule a roundtable discussion with the public, persons in recovery, victims, family of victims, Middlesex District Attorney, civic or retired Drug Court judges, local non-profits, City staff from appropriate departments, and other stakeholders to examine implementation strategies and appropriate additional funding to ensure that we have the capacity to treat growing numbers of persons dealing with opioid drug abuse, mental health-related issues and homelessness; and be it further the appropriate City departments report back the results of the survey to the City Council in a timely manner.

Full text: [http://www2.cambridgema.gov/cityClerk/PolicyOrder.cfm?action=search&item_id=50668](http://www2.cambridgema.gov/cityClerk/PolicyOrder.cfm?action=search&item_id=50668)

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Opioid Addiction: A National Public Health Crisis

The United States is in the midst of an opioid epidemic that has accelerated in recent years. Opioids are the class of drugs that includes heroin and prescription pain medications like OxyContin.

Public health experts believe this crisis is being driven by increased supply and availability of prescription pain medications, which are highly addictive and a gateway drug to heroin. As noted by the Centers for Disease Control and Prevention: “There has not been an overall change in the amount of pain that Americans report, yet the amount of prescription painkillers dispensed in the U.S. quadrupled between 1999 and 2013.”¹

Deaths from prescription pain medications have also quadrupled since 1999, killing more than 16,000 people in the U.S. in 2013.²

The National Institute on Drug Abuse believes that several factors have contributed to the current prescription drug abuse problem:

- Drastic increases in the number of prescriptions written and dispensed.
- Greater social acceptability for using medications for different purposes.
- Aggressive marketing by pharmaceutical companies.

Together, these factors have helped create the broad “environmental availability” of prescription medications in general and opioid analgesics in particular.³
Nationally, there is growing evidence that some people who abuse prescription opioids are shifting to heroin as prescription drugs become less available or harder to abuse (as a result of abuse deterrent formulations). In some states, including Massachusetts, heroin is cheaper and more accessible than prescription pain medications.

**Statewide Response to the Opioid Crisis**

The state government began addressing the harm of opioids in 2004, when 456 Massachusetts residents died of an opioid overdose. By 2012, the rate of unintentional opioid overdose deaths among Massachusetts residents had reached a level previously unseen in the Commonwealth (see chart below from the Massachusetts Department of Public Health).

In March 2014, Governor Deval Patrick declared a public health emergency in Massachusetts in response to the growing opioid addiction epidemic. The Governor directed the Massachusetts Department of Public Health to take several action steps to combat overdoses, stop the crisis from getting worse, help those already addicted to recover, and map a long-term solution to ending widespread opioid abuse in the Commonwealth.

In early 2015, Governor Charlie Baker appointed an 18-member expert panel to develop recommendations to address the opioid crisis. Recommendations from this group were released in June 2015, along with Governor Baker’s Action Plan to Address the Opioid Epidemic in the Commonwealth.
Cambridge Response to the Opioid Crisis

Opioid addiction is a complex disease that can devastate the lives of people who become users. The disease also profoundly impacts family, friends, and the broader community. The following section describes the opioid situation in Cambridge and how the community is responding.

Impact

People who become addicted to prescription or street opioids come from all walks of life. As noted previously, experts believe that the current crisis in the nation (including Massachusetts) is being fueled by the availability of prescription pain medications, which are highly addictive and a gateway drug to heroin.

Opioid addiction does not respect municipal boundaries. This is especially true in eastern Massachusetts with its densely populated, geographically compact communities. Cambridge, specifically, has a fluid population of students, commuters, and visitors. It is also a hub for people in the region seeking substance abuse treatment and support services, as well as homeless services.

For these reasons and until more precise, real-time data become available, it is challenging to separate what is happening in Cambridge with regard to opioids versus from what is happening among Cambridge residents. Here is a snapshot of data available to the Cambridge Public Health Department.

A. Cambridge Residents

Admissions to Treatment Programs

2013 Admissions Rate to State-funded Treatment Programs by Primary Substance

<table>
<thead>
<tr>
<th>Primary Substance</th>
<th>Cambridge Residents</th>
<th>MA Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>272.0</td>
<td>790.7</td>
</tr>
<tr>
<td>Injected heroin</td>
<td>237.7</td>
<td>655.9</td>
</tr>
<tr>
<td>Other, non-heroin opioids</td>
<td>37.1</td>
<td>129.9</td>
</tr>
</tbody>
</table>


Opioid-Related Hospitalizations and Mortality

The Massachusetts Department of Public Health tracks and analyzes opioid-related hospitalizations and deaths by municipality, county, and the state as a whole. While MDPH has the most reliable data available for opioid-related hospitalizations and fatalities, the data tend to be a few years old because the state must wait for all investigations to be completed before releasing official statistics. As of September 2015, the most updated information available through MDPH is 2012 opioid-related hospitalizations and mortality data.
Hospitalizations

- The overall age-adjusted rate of non-fatal opioid-related hospitalizations among Cambridge residents in 2012 was 292.3 per 100,000 persons, an increase from the 2007 rate of 205.6 per 100,000 persons.
- **Age:** Individuals above the age of 40 have the highest rates of hospitalization.
- **Race/ethnicity:** Over time, the rate of hospitalizations has been highest among white, non-Hispanic individuals with a 10-year average of 296.9 per 100,000 persons compared to black, non-Hispanic individuals (221.3 per 100,000 persons) and Hispanic individuals (277.9 per 100,000 persons). However, these gaps appear to be closing over time.
- **Gender:** Regarding gender, the hospitalization rate is highest among men (362.1 per 100,000 persons) compared to women (231.3 per 100,000 persons).

Mortality

- The most current (2012) age-adjusted opioid-related mortality rate among Cambridge residents (7.3 per 100,000 persons) is lower than the rates for Massachusetts (10.7 per 100,000 persons) and Middlesex County (7.4 per 100,000 persons).
- Fatal overdoses are increasing over time. Just five years ago (2007), the Cambridge mortality rate for opioid overdoses was 5.7 per 100,000 persons.
- **Age:** Fatal opioid overdoses occur most often in white men age 40-44 years. When comparing age groups, the age-specific mortality rate is substantially higher in the 40-44 year age group (57.3 per 100,000 persons), followed by 60-64 (22.0 per 100,000 persons) and 50-54 (21.2 per 100,000 persons).
- **Race/ethnicity:** The age-adjusted opioid-related mortality rate in 2012 was 10.9 per 100,000 for white, non-Hispanic individuals, an increase from the 2007 rate of 6.6. At the same time, rates have remained relatively low for other race/ethnicity groups.
- **Gender:** The age-adjusted mortality rate is higher among men (10.0 per 100,000 persons) compared to women (4.6 per 100,000), a relatively constant trend over time.
- **Raw data:** In terms of raw data, there were 5 unintentional opioid-related deaths among Cambridge residents in 2012; 5 in 2013; and 5 in 2014, according the Massachusetts Department of Public Health. However, these numbers could change once additional Massachusetts cases for 2013 and 2014 are confirmed by the state Medical Examiner’s Office.

Please note: The fact that the numbers of deaths among Cambridge residents is relatively low does not take into account potentially fatal overdoses that were reversed using naloxone (see next section).

B. Opioids in Cambridge

Overdose Reversals

- In 2014, the Cambridge Fire Department and Pro EMS successfully treated 100 patients with Narcan (naloxone) in Cambridge for suspected opioid overdoses.
- For the period of January 1, 2015 through June 30, 2015, this number was 48 patients.
- It is important to remember that naloxone administered by emergency responders is only one piece of the overall picture because of the expanding availability of naloxone to other
organizations and individuals. For instance, the Needle Exchange and Overdose Prevention Program (NEP), a program of AIDS Action Committee, serves as a state pilot site for providing free Narcan (naloxone) kits and trainings so that family and friends can reverse potentially fatal overdoses. Between July 1, 2014 and June 30, 2015, 51 overdose reversals that occurred in Cambridge (using NEP Narcan kits) were reported to the pilot program. These reversals reflect only those reported to NEP, and likely underestimate the true number of reversals that occurred using NEP kits.

C. Community Impact

*Living on the street-getting high is a numbing technique. Recreational use is actually rare when you are homeless. People say, ‘What do I have to get sober for? I live in a shelter. My life is a nightmare.’*

—Needle Exchange and Overdose Prevention Program staff interview, 2013

*I am so tired of the drunken, drugged and transient community pan handling and otherwise making it uncomfortable to walk around Harvard Square and Central Square. I have a young teenager and I do not feel safe having her walk through either square. I have witnessed drug deals while I am walking to the T, have seen people drinking at 8 AM right on the sidewalk. Surely there is a way to address this.*


Over the past two years, the Cambridge Public Health Department has gathered information from the community, as well as data, about the scope and impact of opioid and other types of substance abuse on Cambridge. This work has included:

- **2013 Opioid Assessment Report.** In October 2013, the Cambridge Public Health Department (through a contract with the Institute for Community Health) completed a four-city assessment report for the state-funded OPEN (Overdose Prevention Education Network) coalition, which is comprised of Cambridge, Everett, Somerville, and Watertown.

- **2013 Public Toilets Survey.** The health department conducted an online survey in 2013 about public toilets in Cambridge, which was completed by nearly 850 individuals. While substance abuse was not a topic of the survey, a small number of respondents—including residents and people who run local businesses—provided comments that expressed concerns about the negative impact of public drug use.

- **2014 City of Cambridge Community Health Assessment.** In May 2014, the health department produced a comprehensive health assessment for the city. The assessment report reflected broad participation of people who live and work in Cambridge:
  - In interviews and small focus groups, over 90 people shared their priority health concerns, perceptions of community challenges and strengths, and envisioned opportunities for the future. Participants included city officials, community leaders, youth, seniors, people of color, immigrants, and housing authority residents, among others.
− Over 1,600 people who live, work, or spend time in Cambridge completed the 2013 Community Health Assessment Survey.
− Based on available data and input from the community, substance abuse was identified as a top health concern in Cambridge.

**2015 City of Cambridge Community Health Improvement Plan.** *Mental and Behavioral Health and Substance Abuse* was selected as one of the four priority areas for the city’s community health improvement plan (CHIP), based on findings from the assessment and subsequent planning sessions with city and community leaders. The CHIP outlines specific objectives for addressing opioid prevention and treatment over the next five years.

**Key findings regarding substance abuse from the 2013 Community Health Assessment survey**

− 42% of survey takers identified *alcohol and other substance abuse* as a top social and economic issues affecting health in Cambridge.
− *Alcohol and other substance abuse* ranked as the #3 social and economic issue in Cambridge, after *lack of affordable housing and homelessness*.
− 19% of survey takers identified *alcohol and other substance abuse* as a top health concern affecting themselves, their family, or their close social circle.
− 3% of survey takers identified *prescription drug abuse* as a top health concern affecting themselves, their family, or their close social circle.
− Only 7% of respondents indicated they were very satisfied or extremely satisfied with the availability of alcohol or drug treatment services in Cambridge.

**Key findings from the 2013 Cambridge opioid assessment**

− Data provided by Pro EMS, the leading private ambulance service in Cambridge, indicated 273 opioid overdose reversals by Narcan occurred in Cambridge during 2007-2012. Roughly half of these reversals were identified as Cambridge residents while another 19% had “unknown” residential status (including homeless).
− Death certificate data reviews from 2010-2012 confirmed there were four overdose fatalities among Cambridge residents, and an additional 15 overdose fatalities that occurred in Cambridge among non-residents.
− Three stakeholder interviews with representatives from the Cambridge Needle Exchange and Overdose Prevention Program, Cambridge Police Department, and Pro EMS were conducted in September 2013. Among their observations:
  − *Opioid use is market driven*—when price goes down, use goes up.
  − *Opioid users include lots of non-Cambridge people who come here for resources.*
  − *Major pockets: Central Square, Harvard Square.*
  − *Lots of use and overdoses in restaurants and public restrooms.*
  − *“Travelers” are frequent users.*

(Note: “Travelers” are nomadic and often homeless young adults who beg for money in Harvard Square during the warmer months. The presence of “travelers” has been linked to increases in open drug use, public intoxication, panhandling, and criminal activity in Harvard Square.)
− People of all ages come in (to the Cambridge needle exchange), including more young people these days. We’ve broken out of ‘just the guys from Albany Street shelter.’ Now they come from all over, even outside of Cambridge.
− Narcan is always busy (at the Cambridge needle exchange). People are always enrolling. We have had a lot of people coming in lately because they found out their kids are using.

Cambridge Response

The Cambridge Public Health Department works closely with city and community partners to raise awareness about the disease of addiction and to develop strategies for preventing opioid misuse and abuse, as well as preventing opioid-related overdoses and deaths.

City and community partners are taking a strategic approach to addressing the impact of the statewide opioid crisis on Cambridge. These efforts are focused on both “upstream” prevention—such as encouraging residents to safely store and dispose of prescription pain medications—to saving lives by expanding the availability of naloxone, a drug that reverses the effects of a heroin overdose.

Many organizations and groups are involved in the local opioid crisis response, including:
- AIDS Action Committee (Needle Exchange and Overdose Prevention Program)
- Cambridge Fire Department
- Cambridge Health Alliance
- Cambridge Police Department
- Cambridge Public Health Department
  − OPEN (Overdose Prevention & Education Network)
  − Cambridge Prevention Coalition
- Cambridge-Somerville Healthcare for the Homeless
- CASPAR, Inc.
- Eliot Community Human Services
- Emergency Medical Services (Pro EMS, Cataldo EMS)
- Institute for Health and Recovery
- Learn to Cope
- North Charles, Inc.

City and community partners offer a comprehensive range of services across the continuum of substance abuse care – prevention, intervention, treatment, and recovery support.

The following section is a summary of initiatives that the Cambridge Public Health Department is either directly involved with or aware of through the department’s affiliation with Cambridge Health Alliance.

Coordination, Coalition-Building and Information-Sharing

- **2015 City of Cambridge Community Health Improvement Plan** – The Cambridge Public Health Department is facilitating the implementation of city’s first ever community health improvement plan (CHIP), which is setting the city’s health agenda for
the next five years. *Mental and Behavioral Health and Substance Abuse* is one of the four CHIP priority areas. The CHIP outlines specific objectives for addressing opioid prevention and treatment over the next five years.

- **OPEN: Regional Coalition Around Opioid Prevention** – The Cambridge Public Health Department is the lead agency for the four-city opioid coalition, known as OPEN (the Overdose Prevention and Education Network) that also includes the communities of Everett, Somerville, and Watertown. As the lead, CPHD coordinates regional and Cambridge-specific activities to raise awareness about prescription opioid safety and prevent overdoses.

  OPEN is funded through a three-year, $300,000 grant from the Massachusetts Department of Public Health’s Bureau of Substance Abuse Services, which was awarded to the Cambridge Public Health Department in 2013. The grant is renewable for two 2-year contracts, for a total of seven years. OPEN, currently in Year 3 of the grant, is working on implementing strategies across the four communities.

- **Community Forum – Opioid Community Summit** – In May 2015, the OPEN coalition hosted a community meeting in Somerville, “Saving Lives Together: An Opioid Community Summit,” in which over 40 people brainstormed strategies for preventing youth drug use, raising community awareness, supporting long-term sobriety, and involving families in the community response.

- **Data Collection & Information-Sharing** – CPHD, other city agencies, and community partners are working together to gather and analyze local data, so that timely information can be shared with the public, media, partners, and policy-makers.

  As an example, the Cambridge Public Health Department is developing an overdose surveillance system with community partners to better understand fatal and nonfatal overdoses in Cambridge. This project is partially funded through CHNA 17 Determination of Need funds from Mount Auburn Hospital. The system will pull from a number of sources, including (but not limited to) the Cambridge Fire Department and Pro EMS, the Needle Exchange and Overdose Prevention Program, and Cambridge area hospitals to help identify hotspots and trends and to allocate resources as needed. This newly developed system will provide information in near real-time. The health department expects the system to “go live” in 2016.

**Prevention**

- **Education.** OPEN is providing local information and resources to prescribers, pharmacists, adolescents, and their parents about the dangers of non-medical use of prescription drugs. This is currently being accomplished primarily through the OPEN website (http://odprevention.org), Twitter account (@OPENCambridge), and community events.

- **Safe Medication Storage and Disposal**
  - People in Cambridge can anonymously deposit unwanted prescription medication at a secure kiosk in the lobby of the Cambridge Police Department, 24 hours a day, 7 days a week. In addition, the Cambridge Police, in partnership with OPEN, sponsor prescription take back days twice a year, in April and September. Residents can also
dispose of unwanted medication, including prescription pain medications, at the city’s four household hazardous waste collection days held each year.

- The Cambridge Police Department collected a total 17,134 lbs. of medication between 2010-2014 at take back events, household hazardous waste collection days, and the police station kiosk.

Intervention

- **Cambridge Fire Department/Pro EMS** – The Cambridge Fire Department leads emergency medical services for the City of Cambridge. Through a partnership with the city, Pro EMS 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. As a result, it is important to maintain the adequate staffing capacity of first responders to address this increasing trend here in the city.

- **Needle Exchange and Overdose Prevention Program** – AIDS Action Committee’s Needle Exchange and Overdose Prevention Program distributes and exchanges syringes to injection drug users, and offers a range of other services. The program also provides free Narcan kits and trainings so that family and friends can reverse potentially fatal overdoses. The needle exchange and OPEN also work to promote the Good Samaritan Law, which protects people from prosecution who call 911 to report an overdose for possession of controlled substances; Narcan training and use for bystanders and first responders; and the opportunity for treatment and recovery.

Treatment

Planning

To increase the number of residents who have access to mental/behavioral health and substance abuse services in Cambridge, the *2015 City of Cambridge Community Health Improvement Plan* outlined strategies that will be implemented by city and community partners over the next five years. Relevant CHIP strategies include:

- Conduct an assessment of the existing number of mental/behavioral health care and substance abuse providers/resources currently available for adults, adolescents, and children at each level of care to support collaboration and efficient use of resources among providers.

- Increase home-based supports for substance abuse and mental/behavioral health recovery.

- Ensure that patients have adequate support to effectively navigate and access mental/behavioral health and substance abuse services.

- Advocate for parity in coverage for physical and mental/behavioral health to improve access, financial protection, and increase appropriate utilization of mental/behavioral health services.

- Explore funding options for relapse prevention.

- Train and support community providers to enroll uninsured residents.

- Promote health care access points/points of entry that are racially, culturally, and linguistically appropriate.
Providers

Cambridge Health Alliance has developed programs that provide services in community-based settings to reduce the stigma attached to substance use.

Services include:

- **Screening and Brief Intervention and Referral to Treatment** in CHA primary care centers, which is an evidenced-based public health model to provide universal screening, secondary prevention, early intervention, and treatment. CHA’s office-based opioid treatment program delivers care, through collaboration and integration with primary care, at its Central Street Care Center in Somerville and three CHA primary care practices in Cambridge: Windsor Street Care Center, Inman Street Care Center, and Cambridge Primary Care Center at Cambridge Hospital.

- **Outpatient Addictions Service**, located at the Central Street Health Center in Somerville, offers a number of treatment options, including intensive relapse prevention and recovery programs.

- **E-prescription pilot project** – In July, CHA became the first health system in Massachusetts to pilot Hands Free Authentication, a technology that gives medical providers a secure direct line of communication to the pharmacy, with the aim of reducing doctor shopping, fraud, and drug diversion. CHA expects that all CHA providers who are able to prescribe controlled substances will be enrolled in the system by the end of 2015.

- **Other activities** – Through its affiliation with North Charles, Inc., located in Cambridge, CHA provides a comprehensive model of methadone treatment. Additionally, CHA has teamed with local first responders to help them administer Narcan (naloxone) and works closely with several community agencies, including CASPAR in Somerville and the Institute of Health and Recovery in Cambridge, to connect patients with the appropriate levels of care.

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

Recovery Support

- **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. The support group meets Monday evenings at Spaulding Rehabilitation Hospital in Cambridge. The Cambridge group was established by the city in 2013, and has approximately 30 to 35 regular attendees. Learn to Cope is a Massachusetts-based nonprofit.

- **Cambridge Recovery Coach Access Program** – People struggling with addictions often hit significant obstacles when seeking services to assist in their recovery, including
limited options for treatment and a lack of post-intervention follow-up. This pilot project will connect trained coaches at Pro EMS with people who are high users of emergency services and seeking recovery services. The recovery coaches will assist clients in navigating Massachusetts’ complex system of recovery services, as well as advocate on their behalf. Clients will be identified by the Cambridge Police Department and Cambridge Health Alliance (CHA) Health Care for the Homeless and emergency department staff. The recovery coach project is a collaboration of Pro EMS (lead agency), Cambridge Health Alliance, the Cambridge Police Department, and the Cambridge Public Health Department.

**City Council Roundtable Discussion**

Mayor David P. Maher is hosting a City Council roundtable discussion in October to examine implementation strategies and appropriate additional funding to ensure that the city has the capacity to treat growing numbers of persons dealing with opioid drug abuse, mental health-related issues, and homelessness.

The Mayor’s Office invites the public, people in recovery, and people who are currently using opioids and their families to participate in this community forum. The Mayor’s Office is also inviting the Middlesex District Attorney, drug court judges, local non-profits, City staff from appropriate departments, and other stakeholders to attend the meeting. The roundtable discussion with take place on Monday, Oct. 5 from 5:30 p.m. to 7 p.m., in the Sullivan Chamber at Cambridge City Hall.

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4. Ibid.