Local Approaches to the Opioid Overdose Epidemic:

How Massachusetts Communities Are Responding Today

- AN MHC REPORT FOR THE GOVERNOR'S OPIOID ADDICTION WORKING GROUP

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Abstract

Community substance abuse prevention coalitions are reflections of a growing understanding that multi-sector, multi-pronged approaches are needed for collective impact in order to address an epidemic in Massachusetts of overdose deaths from heroin and other opiates. Coalitions vary greatly, however, in funding, leadership, member makeup, level of participation, programs and effectiveness. A diverse sample of local and regional coalition coordinators across the state were interviewed. They were passionate and hard-working but some felt isolated with insufficient support and are running a risk of burn-out. They expressed a need for reliable funding, technical assistance, better information about what's happening around the state and more opportunities to meet with statewide peers. Recommendations for policy makers involve funding, the creation of an online resource repository and more opportunities for interaction among coalition leaders. Additional recommendations involve school prevention curricula, media campaigns, prescribing practices, expanding access to treatment and suggestions for how legislators can become better informed. Also included are successes and challenges described by respondents, advice for other communities and a list of 152 reported coalition initiatives and activities.

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Introduction

In late 2012, the Massachusetts Health Council published the 7th edition of our health status indicators report, "Common Health for the Commonwealth." The report documented a dangerous spike in opioid addiction and overdose deaths, particularly in several hard hit areas of the state. Media coverage of our report and subsequent news stories about opioid overdoses in various cities set off an alarm that immediate action was needed to address the issue statewide.

Two years later, our 2014 indicators report documented that the opioid addiction and overdose problem had gotten worse… except in a few cities and towns that were addressing the problem head on and seeing positive results. In the same year, the opioid overdose epidemic in Massachusetts was declared a public health emergency. A key component of the statewide effort is promoting effective community mobilization through the formation of multi-sector task forces and coalitions at both the local and regional levels, with roles for everyone in helping to promote awareness, prevention, intervention, treatment and recovery. The term "multipronged effort" has never been more appropriate.

Many city and towns across the Commonwealth have taken up the challenge and are doing important work to address the issue of substance abuse within their communities. The Massachusetts Health Council wanted to know what they are doing and what successes they have achieved in the hope that others can replicate some of these efforts to respond to the opioid problem in their own communities. Our desire to bring that information forward was the impetus for this research paper.

This report focuses particularly on the formation, organization, and coordination of local coalitions and task forces. Through telephone and in-person interviews with community coordinators and collaborating agencies, we collected data to assess what coalitions are doing at the local level and what they view as their successes. We conducted the interviews with coordinators of 21 local and regional substance abuse prevention coalitions across the state in February and March of 2015. Our sample includes large and small communities and long-established and new coalitions. We gathered information from at least one group in each of the 14 counties in the Commonwealth. We delved into the "who, how, what, when, where and why" of these coalitions, including current activities, challenges they face and recommendations for other communities.

We wish to spotlight the critical role community substance abuse prevention coalitions can play - whether they are based in cities, towns, neighborhoods or regions - and the need to support them in multiple ways to enhance their effectiveness and sustainability. Their coordinators, collaborating partners and volunteers are the people on the ground, doing the intensely personal work of mobilizing the whole community. They are pounding the pavement; collecting data; doing strategic planning; and working with people with Substance Use Disorders, local police, district attorneys, drug courts, high schools, middle schools, elected officials, parent groups, treatment centers, houses of worship, support groups, prescribers and pharmacies, the business community, councils on aging, civic groups and many others.

Many of our substance use prevention coalitions have existed for a long time, usually targeting youth and usually focusing on alcohol and marijuana, rather than heroin and other opioids. In the past two or three years, they have responded to the dramatic increase in heroin use and overdoses. In addition, many new coalitions have formed. Their coordinators and directors are invariably passionate and willing to share everything they know about what works, but concerned about sustainability if their coalition runs out of funding. Some coalitions are unfunded and this is not the kind of work that unpaid volunteers can shoulder for very long.

We offer this research paper to policy makers, health officials and Massachusetts communities as an informative snapshot of varied community approaches in early 2015. It is our hope that community coalitions will utilize some of organizing tips, program ideas and moral support offered by their peers in this report as they set up their own coalitions to fight opioid abuse and other substances on the local level. We also hope that policy makers will consider the funding and policy recommendations to support the coalitions themselves and to effect environmental changes that will prevent substance abuse and help those with Substance Use Disorder to get treatment and move to recovery.

The Community Mobilization Landscape

The substance use prevention coalitions in Massachusetts that we studied are organized in a variety of ways. Some that have existed autonomously for years within a single community are now becoming part of the Massachusetts Overdose Abuse Prevention Collaborative (MOAPC) coalitions of contiguous communities, funded by the Massachusetts Department of Public Health's (DPH) Bureau of Substance Abuse Services (BSAS). Others are collaborating, at least on the level of information-sharing, via local Community Health Network Areas (CHNA's), District Attorneys' regional initiatives or other multi-community efforts. Some are involved in several overlapping collective efforts. There is, however, a distinct ethos of sharing among those working hard to address the crisis and they find invaluable the multiple opportunities to network with peers and exchange information and best practices.

There are also a variety of funding streams for substance abuse prevention coalitions. Some coalitions receive funding from multiple sources, while some are unfunded and depend on volunteer efforts and in-kind contributions of time, media, materials and so on. Federally supported Drug-Free Communities (DFC) grants, which supply up to $125,000 per year for up to ten years, have had a huge impact. These grants require adherence to the Strategic Prevention Framework (SPF), a deliberate, step-by-step process designed to achieve sustained, community-level impacts. They also require that coalitions recruit members from 12 community sectors to ensure broad-based input and participation in prevention efforts. Almost all coalitions include as core members municipal police, fire and health departments, as well as the local public schools.

State-funded MOAPC cluster grants require regional coalitions to follow a clear process as well. MOAPC grants pay for technical assistance to participating communities from the Massachusetts Technical Assistance Partnership for Prevention (MassTAPP), an agency that contracts with BSAS to guide community coalitions in key functions such as planning, capacity building, and use of data.

While most long-established substance use prevention coalitions in Massachusetts have been focused on youth and on alcohol, marijuana and tobacco, a few have focused for many years on heroin. Although they are experienced in this area, the dramatic increase in heroin overdoses in the past two to three years has been a huge challenge for them. Thus longstanding coalitions as well as brand-new ones are grappling with the unexpected surge in both fatal and non-fatal overdoses. Coalitions are taking on this challenge while simultaneously preparing for the opening of medical marijuana facilities in their communities.

Once established, groups typically meet monthly or every other month. They organize a wide range of prevention-related activities – listed in this report – that typically involve working with school-age youth, the general community, those who prescribe potentially addictive prescription painkillers, and pharmacists who fill those prescriptions. Many coalitions go beyond prevention and try to help those with Substance Use Disorders (SUDs) identify treatment and recovery services. They also may advocate for greater resources for these services, which are currently not sufficient to meet the dramatically increased need.

Scenario for a New Substance Abuse Coalition

Based on data and survey results collected for this research paper, a set of "best practices" has emerged for mobilizing a substance abuse coalition. Each community is unique, of course, and the following scenario combines elements from all of the communities we studied.

In 2012, two deaths by opioid overdose of residents in the 25-35 age range occur in a Massachusetts town, and two high school students in the town have had non-fatal opioid overdoses. An anonymous student survey conducted every two years indicates a slight increase in use of prescription painkillers by high school students.

The principal of the high school and the head of the town's health department touch base informally and decide to request a meeting with the police chief. They all agree that a larger meeting should be convened among adults to discuss opioid use among the town's youth. The high school has a Students Against Destructive Decisions (SADD) chapter that has not been very active in recent years.

A new core group emerges. The principal, health department head, and police chief invite a variety of people to an initial meeting: a selectman, the superintendent of schools, residents involved in youth sports, health education teachers, a popular coach, a school-based police officer, and several others. At the meeting, some people report that three nearby towns have recently formed coalitions on the same issue and a regional meeting is coming up.

The group agrees to reach out to their contacts in nearby towns to find out what they are doing, who is leading the effort, and if they have funding to support their efforts. From this outreach, they learn about grant programs available to communities willing to mobilize themselves to address substance and opioid abuse by engaging all "sectors" in their communities and following a prescribed strategic planning process.

Members of the new working group attend a meeting of the regional information-sharing group, where they meet peers from other towns. They learn how existing coalitions got started and how they secured state grants and applied for other funding. The informal working group officially chooses a name for itself and commits to work on the perceived threat to the lives and health of people in their town.

The health department initially commits a staff person part-time to coordinating meetings. This person diligently sends out frequent and timely communications and reminders. The group secures a state grant and begins a process of outreach, engaging anyone and everyone who is affected by substance abuse or can provide data or participate in town-wide efforts to promote awareness and prevention. It builds an active membership of 50 people, of whom about 25 attend meetings every two months. New subcommittees work on specific tasks and report back at meetings. The high school begins a new substance abuse prevention group, following a successful model in a nearby town. With the funds it has secured, the coalition recruits a full-time coordinator to help plan and implement an effective, multi-pronged prevention program.

Recommendations for Policy Makers and Health Officials From Survey Respondents

1. SUPPORT COALITIONS TO ENHANCE COLLECTIVE IMPACT

a. **Fund Start-Up Grants for Local Coalitions and Expand Regional Efforts**
b. **Improve Statewide Coalition Coordination and Information Dissemination**
c. **Convene More In-Person Meetings**
d. **Create an Online Resource Repository**

Mobilizing communities to form substance abuse prevention coalitions to support joint action is as essential to this fight as the work of the coalitions' individual members from various sectors. As critical as police, EMTs, hospitals, school personnel, courts, health departments and others are, they would not be nearly as effective in the battle against opioid overdoses if they were not working strategically together. The whole is truly greater than the sum of the parts.

Although organizing, coordinating and maintaining a substance abuse coalition is rewarding work, it can also be personally intense and emotionally demanding. Underage drinking coalitions have been around a long time but many have added new areas of focus on the opioid epidemic and the arrival of medical marijuana. New coalitions in particular are engaged in outreach to community members who may not be receptive or cooperative. Their founders and coordinators are the foot soldiers who drive the work and need support. According to some of our survey respondents: "Information sharing needs to be improved across state-funded, federally-funded agencies and unfunded coalitions - and there are lots of unfunded coalitions. Some groups have no training at all. People need training."

Everyone in the fight is working really hard and they sometimes forget they themselves need help to stay effective and avoid the real risk of burn-out. Prevention advocates can feel isolated within their communities as they try to change policy and social norms. The high intensity of the work necessitates a correspondingly high level of support both for those interacting directly with people with Substance Use Disorders as well as those doing outreach and organizing.

a. Provide Start-Up Grants for Local Coalitions and Expand Regional Efforts

Establish and publicize an easily accessible start-up grant program to communities for substance abuse prevention activities. Many communities in the Commonwealth started their coalitions successfully with small grants of around $2,500 from such funding sources as Mass in Motion or CHNAs. Availability of such sources, however, is inconsistent. Also, expand and promote the MOAPC cluster grant program.

b. Improve Statewide Coordination and Information Sharing Among Coalitions

Support more statewide coordination and information-sharing between and among ALL existing community and regional substance abuse coalitions.

- Include BSAS-funded and federally funded Drug-Free Communities (DFC) coalitions, as well as locally funded (CHNAs, District Attorney programs, etc.) and unfunded groups
- Increase regular communication to coalitions about legislative and policy changes, like:
  - The 2014 DPH Opiate Task Force (40 pages of recommendations) along with the disposition of each proposal and contacts for following up
  - A compilation of the 2015 legislative proposals to deal with substance abuse issues, to allow groups to publicize and advocate for them

c. Convene More In-Person Conferences and Meetings

- Organize more in-person conferences and workshops around the state where people from coalitions in Massachusetts can meet each other, share ideas, and gain support. Facilitating contact among prevention people is very valuable.
- Develop workshops and materials to share resources and best practices. Workshops and materials should be aimed at:
  - both brand-new and more experienced coalition members
  - rural, urban and suburban coalitions
    Different types of geographical areas can have very different needs. For example, one coalition leader reported attending a national substance abuse conference and realizing that her rural Massachusetts area had more in common with communities in Appalachia than with most communities in Massachusetts.
- Organize other convenings during the year using other modes of communication, such as bimonthly or monthly call-ins or webinars.
  For example, Michael Morrissey, District Attorney of Norfolk County, holds regular regional meetings that provide community members a chance to meet peers, network and share new ideas, and learn about substance abuse education, advocacy and policy change. These meetings provide training for new members and are re-energizing for veteran coordinators. The district attorney also uses drug forfeiture funds to support school-based prevention events, Naloxone grants, and workshops where community activists can mentor one another.
- Organize regular conference calls for Drug-Free Communities coalitions (DFC). The approximately 35 DFC coalitions would benefit from enhanced communication and collaboration.
- Expand regional task forces to develop and implement opioid-specific strategies. In this way, the many communities without grassroots coalitions will not be left behind.
  Follow models like those that already exist in Franklin County, Norfolk County and now Worcester County. These regional efforts can implement a top-down roll-out of programs such as outreach to individual pharmacies in the Prescription Drug Monitoring Program (PDMP). County-level structures help ensure that every community has some representation in the work.

d. Create an Online Repository of Resources

Many coalitions feel pressure to unnecessarily "re-create the wheel." MassTAPP should serve as leader and coordinator of an effort to create an online repository of resources, which could include, for example, Power Points, event flyers, write-ups, and news articles that people in different communities have already developed.

2. DEVELOP SCHOOL PREVENTION CURRICULA FOR STUDENTS OF ALL AGES AND THEIR PARENTS

Fund evidenced-based prevention curricula in all public schools, with varying curricula for people of different ages. Respondent: "There needs to be age-appropriate health education/substance abuse education programming in every grade level for public schools." Our kids need to be informed at an early age in order to make better, safer decisions.

Adolescence and pre-adolescence are critical times for preventing drug addiction. Groups should bring back the Drug Abuse Resistance Education (DARE) program or other tested programs that accomplish the same goals. Substance abuse prevention education in schools for children at even younger ages is also critical. Families should be engaged through students' homework assignments as part of health and wellness education.

Such an effort should:

- Fund training and staff for both public and private schools to deliver curricula based on best-practice recommendations, such as LifeSkills or other programs rated by SAMHSA's National Registry of Evidence-based Programs and Practices.
- Extend curriculum ideas to ALL schools. Cross-promote community substance abuse prevention forums that include families with children in private schools because private elementary and secondary schools generally provide NO health education.
- Require parents to attend a class to help them understand the realities of substance abuse on adolescent brain development and recognize the warning signs of abuse. Respondent: "This class should not be voluntary or it is just preaching to the choir; it needs to be a mandatory part of education in our state." "Not my kid" is just not an acceptable excuse for parents anymore. This class should be offered in every school in the state. Parenting classes for elementary and middle school kids are also much needed.
- Consider developing a program in conjunction with the Sheriff's and District Attorney's offices that provide parolees in recovery to speak to middle school or high school students. Parolees can talk about their experiences and tell kids what their addiction has cost them.
- Renew funding for competitive grants for substance abuse counselors, which have been cut. The Massachusetts Department of Elementary and Secondary Education (DESE) managed the application process when these grants existed.

- Universally screen for substance use in public schools, i.e. the SBIRT model (Screening, Brief Intervention and Referral to Treatment)
    - Make SBIRT a state mandate, like health screenings for scoliosis or eye problems.
    - Train staff, such as school nurses, to do screenings.

3. MAKE AVAILABLE MORE TIMELY, COMPREHENSIVE DATA

Provide and encourage more comprehensive and timelier data on fatal and non-fatal opioid overdoses and non-fatal reversals (from hospitals, EMTs, police, towns, the state, etc.) at the community level, so that local communities can better track and respond to the problem.

4. PROVIDE MORE TREATMENT RESOURCES, INCLUDING BEDS

- Respond to these common problems families face when dealing with substance abuse treatment and create enforceable guidelines:
    - Lack of available beds in detox and longer-term or other treatment facilities
    - Lack of access to adequate health insurance
- Study BSAS-funded treatment outcomes to evaluate what is working and why
    - Work with the Treatment Research Institute in Philadelphia and John Kelly at Massachusetts General Hospital
    - Direct money to programs that have proven results to avoid re-creating the wheel
- Fund Vivitrol for inmates
    - Vivitrol reduces the craving for heroin and facilitates addiction remission.
- Fund more Recovery Community Centers (nine now exist in Massachusetts)
    - Create a center demonstrating best practices
- Fund an intensive Recovery Coach pilot
    - Follow post-inpatient stays with aggressive support (Gosnold model)
    - Follow up on Senator Therese Murray's Section 35 study about triaging patients to appropriate levels of care – Respondent: "Most patients stay only 17 out of possible 90 days of care."
- Target interventions for those at high risk for Substance Use Disorder.
    - Reduce risk factors for all ages, not just youth

5. CHANGE PRACTICES IN PRESCRIPTION OF PAIN MEDICATIONS

- Mandate and enforce usage of the Prescription Drug Monitoring Program by all prescribers.
- Establish prescriber guidelines for hospital Emergency Departments.
- Respondent: "Find ways to minimize any 'pressure to prescribe' felt by doctors, nurse practitioners and other prescribers that can be due to patient satisfaction ratings that are part of their performance evaluations."

6. DON'T LOSE FOCUS ON NON-OPIOID SUBSTANCES

- Continue to monitor and respond to problems related to underage drinking and marijuana and tobacco use - don't let them fall through the cracks.
    - Regarding marijuana use:
        - Do not recreationalize marijuana.
        - Have tighter regulations on medical marijuana facilities; ban the sale of EDIBLES containing marijuana.
        - Encourage politicians to inform themselves about the facts of marijuana legalization. For example, politicians need to know how legalization will affect our youth. They should study reports documenting the impact of legalization in Colorado, some of which include upsetting and frightening impacts on youth.
        - Decide how to respond to a possible referendum on legalizing the social use of marijuana.
          One respondent commented, "I would like to see legislators in that case [passage of such a referendum] REFUSE to allow it to take effect until the research has been done. I think laws should not be passed by the vote of an uneducated public who are not experts in the topic under consideration."
    - Regarding alcohol use:
        - Ban powdered alcohol.
    - Regarding tobacco use:
        - Make 21 the age of legal purchase statewide.
        - Ban e-cigarette sales to all 18 year olds.
          Currently, the research on the impact of e-cigarettes is not adequate.
- Continue to monitor and respond to the use of other substances, including steroids, MDMA (ecstasy or "Molly"), Flakka, bath salts, spice, K2, Scooby Snax, N-Bomb, Kryptonite, Cloud 9, Bliss, and Adderall. A growing number of teens are abusing Adderall, an ADHD stimulant, to help them study or lose weight.

7. USE MEDIA CAMPAIGNS TO CREATE MORE PUBLIC AWARENESS AND ACTION

- Create and launch public awareness media campaigns about the substance abuse epidemic. Use them in communities, schools, and news programs.
- Launch a LOCK IT UP safe storage of medications campaign to decrease youth access to opiates and prescription medicines.

8. ENCOURAGE POLICY MAKERS TO BECOME BETTER INFORMED

Policy makers need to become better educated on issues related to Substance Use Disorder, including the continuum of care, treatment barriers, and likelihood of relapses with opiates. Legislators need to back up proposed legislation with solid public health data.

- Attend community and regional coalition meetings. It is an excellent way for policy makers to get this education and inform their legislative priorities. As one respondent said, "Instead of

creating new organizations and committees, the senators and representatives need to take an active role in the groups currently doing the work in their communities."

- The state should produce a master status report on government activities related to the opioid overdose crisis for use by community coalitions. According to one respondent, "So much is already happening at the State House - Mental Health Subcommittee, Opioid Task Force, etc. - coalitions can't keep up with all the information. It needs to be collated into a master status report."

Appendix A
Successes, Challenges and Lessons Learned:
A summary of answers provided by respondents, mostly in their own words

Please see Appendix F for Abbreviations and Acronyms

What has worked well with regard to building and sustaining the coalition and addressing the substance use issues?

DIVERSE INVOLVEMENT

- We're able to include the 12 sectors
- Getting all partners on the same page, working on the same problem
- Buy-in from schools and police
- Having the right people at the table right from the get go. The ability to get them there, whether it's about drinking, the opioids, the MOAPC. The right people can provide the right data (schools, etc.)
- Having the county convene it in a neutral convening role and having county staff researchers. It was helpful that I already had an existing advisory group existing
- Having treatment providers involved [e.g. Gosnold, Brien Center, Spectrum, hospital, health center]
- Individuals stepping up when needed, including youth who have stepped up
- From Day One, all players and stakeholders were included in the conversation
- My connection with the CHNA work
- Passionate residents that want to be involved: harness that energy

EDUCATION, AWARENESS AND DISPELLING STIGMA

- Having a visible community dialogue
- Making people aware that it affects everyone
- Media campaigns
- Constant reaching out, emailing, schmoozing them – keeping them interested and that we want them. All our communications – the newsletters are helpful to parents.
- We saturated the town with education and awareness
- Coalition development: marketing, outreach
- Getting people to know who you are - Website, Facebook, twitter, newspapers

PROGRAMS AND ACTIVITIES

- Speaker series, symposiums
- Reducing high school use rates for alcohol by 15%
- Policy Changes: prescription practices at the emergency rooms, getting the police to carry Narcan, drop boxes, changing the norms here
- Our Drug Awareness Week is successful - getting other communities doing the same thing during the same period works well

- Laminated card is very helpful for first responders. It has signs of overdose, risk factors, numbers to call for treatment, and Learn to Cope information.
- Medication drop-off boxes
- Parents' social marketing campaign regarding underage drinking
- Safe Homes Directory – parents who agree to be listed
- "Last Night" high school graduation night program has worked tremendously. It eliminated the fights and other problems on that night. 95% of kids come to it. The parents are big into that. The cost was $25,000 to run for entertainment, card tables, games, basketball, arts, etc.
- Chris Herren speaking and Project Purple (an initiative of former NBA player Chris Herren to assist individuals and families dealing with addiction)
- Drug Court
- Rewriting the health curriculum for entire district K-12
- Working with hospital to hand out Narcan at emergency room
- Making presentations that bring people in

PROCESS, TECHNICAL ASSISTANCE AND STRUCTURE

- Having MassTAPP's help
- The assessment and building partnerships
- Using environmental strategies
- That we applied as a countywide entity
- Implementing at population level change

OUTREACH, FACT-FINDING, RELATIONSHIP-BUILDING

- Listening and asking questions
- Going to community partners and not saying this is how it will be but asking how they see the problem
- Meeting with police chief and each school principal
- Relationship building approach
- Events at a local school in the neighborhood with the most issues and most arrests, reaching people that can't travel easily
- Having a good perspective of who/what the community is: unspoken rules and how things operate, work with someone who is established in the community, knowing who needed to be at the table
- Being flexible about where and when you meet and how you communicate
- Not pigeon-holing concepts: think outside of the box
- High regard for coalition members: not leaving anyone out… I went to everyone
- Having data that reflects the actual situation in the community; doing data-driven initiatives

COORDINATION AND STAFFING

- Having a really committed person working on it, whether paid or not
- That it's part of my job at the police department. The PD deals heavily with substance abuse and it's my paid job to be involved and also the school department and board of health. It's part of our jobs

- Endless amounts of energy
- We have a paid person who moves it forward
- That the lead person was trained to elicit and grow leadership from the community

What have the challenges been?

GETTING AND KEEPING PEOPLE INVOLVED

- Always trying to get more members and keep all 12 sectors involved
- Keeping folks engaged and motivated
- Getting people who understand the problem - therapist, addiction therapists - in core group
- Getting people to come to the meetings
- Dependable volunteers not there
- Staff turnover among your partner organizations
- Keeping the same energy
- Competing topics and priorities for the city. There are only so many people in a town of 40,000 who will come to the table. We see the same people at groups on many different topics.
- Community responsiveness to some of our strategies - a theater donated space to show The Hungry Heart film over seven days and only 75 people showed up. Discouraging.
- Maintaining energy – feel like if I let up at all, things start to slip.
- Showing the community it's really an issue here
- Maintaining commitment, attendance, proper subgroups, using strengths: making sure people feel useful
- Doing too much stuff yourself because you are not engaging the community
- We haven't developed an active steering committee: a big struggle

ORGANIZING IT ALL

- Where do we go from here: organizational, goals
- So many people involved: everyone has a different idea of what's best
- Initiated by mayor: but don't want to be political

FUNDING AND GETTING ATTENTION FROM GOVERNMENT

- Funding for adequate paid staff
- Grant reporting requirements can be cumbersome
- Funding is always a challenge - there's no guarantee of it. We have a good relationship with BSAS fortunately. To build financial sustainability into everything we do.
- A lot of work to do, not enough resources: financial, and human
- Have three years left on DFC grant- figuring how to sustain it without that money

STIGMA/DENIAL

- Some people don't want to be affiliated because it's like they'd have to admit they know somebody with these issues.
- The idea that "it won't happen to my child - it's the other kid." Drugs don't discriminate between good students and bad students.
- The "not my kid" attitude – those parents are the last ones to know.
- Reaching young adults, age 18 to 35. There's a gap in our ability to reach and intervene with people in their twenties, post-high school, who don't think their substance use is a problem.
- Addressing stigma - people that don't want to come out to these meetings because of the attitude that "the people that use are junkies"
- Overcoming the attitude that nobody in our town will be open to this discussion, that people are too closed and private – in the end, the coalition was actually well received!

REACHING AND EDUCATING PEOPLE

- Educating the community about the actual issues whether it's alcohol, marijuana or other substances
- Getting people to understand what the issue is. For example the police department may see people as criminals. Physicians are reluctant to implement the three-day prescription supply guideline and use the PDMP program, which has a 10-day lag time.
- Educate general public on disease of addiction and normalizing the discussion of it
- Fighting the attitude that it's expected and OK to be wild as a teenager
- Hard to reach parents - language barriers, Haitian creole, other African backgrounds, poverty, violence
- Still a very segregated community: so need to go to all corners –conflict and tension, both racially and economically
- Addiction can be concealed fairly easily

CONNECTING PEOPLE WITH RESOURCES

- Transportation issues getting people to counseling and treatment at distant locations
- Access to treatment and not having a full continuum of care

MAKING CHANGES IN BEHAVIOR AND NORMS

- Changing community norms around drinking
- Adult substance abuse is a challenge, whether it's parents or other adults
- Substances are constantly changing. New ones come up or become popular especially with the youth.
- The marijuana situation is completely out of control among youth. They think it's now an OK thing to do.
- It's hard for us to move away from just opiate-focused work because it is such a huge issue: It's hard to address underage drinking in the community; people think less about drinking or "lesser" drugs
- We're really worried about the medical marijuana plant that is coming into our community

GETTING AND USING ACCURATE DATA

- Getting people to understand what effective prevention really is; based on data
- People get all riled up when something happens and want action now, based on emotions, not data
- Keeping people engaged but patient at the same time. Getting them on board with the SPF (Strategic Prevention Framework). They see headlines, feel a sense of urgency, and want to do something without really having an organized plan in place.
- Data collection: no crisis when started and people would give data; now, hard to get data because of all the new red tape - People call trying to get the data from hospital, and I can't get it - When I finally get data, it's like a year later
- People are so eager to do things that communication is lost, redoing things that are already done

What do you consider the most important factor that allows (or will allow) your coalition to be effective?

OUTREACH, FACT-FINDING, RELATIONSHIP-BUILDING

- Community outreach - being able to get to the people that need help or resources
- Finding people that care about youth
- Capacity, forming relationships
- Communication: letting people talk, feel heard, asking for input
- Be appreciative, acknowledging

RELATIONSHIPS AND TRUST

- Collaborative partnerships - we wouldn't exist if we didn't have them
- Having the trust and confidence of the town to do the right thing
- Having the police and schools and residents working with you
- No infighting! Coalitions can have that problem. New communities don't know each other. Building relationships.
- Thoughtful process that engages a lot of people
- Strong relationships throughout the region
- Collaborating groups have been open and honest about what they can do and would like to do.

COMMITMENT

- That many of us are closely tied and dedicated to kids - either as parents or in the schools
- Acknowledgement from others that there is a problem and there are ways to work with it
- Getting a group of educated, dedicated volunteers, willing to roll their sleeves up and work
- Passion: they want to help the young people in the community, like a community mom that cares because of her past or a math teacher who gives tech support
- Collaboration and commitment of leadership team
- Need diverse (with all sectors) group that is passionate
- Know what your resources are
- Harnessing energy from community: residents need to want change

FUNDING

- Champions: working with legislators, people that can make decisions; legislator found money in State House to help this coalition and hosted forums at local hospital
- Support of town for being our fiscal agent; the town now funds her job
- Support from community, including hospital

PROCESS AND PLAN

- Strategic planning: next steps

UNDERSTANDING THE COMMUNITY AND DATA

- Be mindful of where people are coming from and what's appropriate for the community
- First-hand knowledge of the police department based on our calls for service
- Being open-minded and listening to others who have been affected
- Need the data and hard facts so that people can't ignore the issues

FUNDING

- Long-term funding. You need staff. Without staff, our volunteers would have burned out a long time ago. Brandeis University told us it will take at least 10 years of prevention activities and work on environmental and community norms to see a change and they were right.
- The county's investment got us off the ground

EDUCATING AND RAISING AWARENESS

- The concept of substance abuse as a public health issue is important
- Publicity of what we're doing
- The commitment to addressing substance abuse as a whole: the agencies and organizations that work with these ignored people know that these people can also have other diseases that make them stigmatized.

What advice or tips would you give to other communities thinking about forming a substance abuse task force or coalition?

DIVERSE INVOLVEMENT

- Following the DFC model with 12 sectors gets you a well-rounded group. Even add other sectors and get them to bring people. Different members bring different skills. Have a well-rounded and diverse membership.
- Get a wide range of people involved -- Police, fire, clergy, residents, students.
- Build relationships - have key players as part of your team - get community buy in – get non-professionals in neighborhoods, leverage religious institutions, health fair.
- Find like-minded people and start, because it's overwhelming for one person.
- Don't only speak to providers: you need patients, consumers, youth, parents.
- You need volunteers.

- Get a diverse representation of community stakeholders, leaders and members at the table to understand what you're trying to do.
- Try to reach every facet of the community – police, fire but also the mom of three teenaged boys and even a new mom.
- Recruit well-known local people like local store owners, restaurant owners, pizza places. If they're well known, it helps.
- Find your community champions. Go to schools, police, local clergy, find out who the active parents are, community service organizations. Get them all to sit around and brainstorm how to start and get funding.
- Need the 12 sectors represented. And we use them throughout the year.
- Make sure you have as many people from as many different areas as possible – key stakeholders, schools, police department, fire, parents, students, nonprofits.

DON'T RE-CREATE THE WHEEL

- Try not to re-create the wheel. Ask for help or resources from other coalitions.
- Need structure, talk to other communities, see who has been successful, no need to re-create the wheel, find what has and hasn't worked to tap your resources and learn from others' mistakes.
- Don't reinvent the wheel. Piggyback on other good things already happening in the community. Ask questions of other coalitions regarding what they do and if it worked.
- We used the experience of the Town of Falmouth - they had a DFC grant and had expertise on the SPF and were very helpful.
- Reach out to pre-existing coalitions in other communities for guidance. Don't need to reinvent the wheel. Learn what works and what doesn't work elsewhere.
- See what coalitions are nearby and ask them directly. There are some funds for mentoring.

START SLOWLY, HAVE A PLAN, BUILD GRADUALLY

- Tread lightly - don't go out suddenly with a big opiate coalition and a "rah, rah" attitude.
- Start slowly and do a few good things.
- Don't worry about funding in the beginning. Can get space and resources from schools, etc. Grants can come later.
- Recruit a core group so you are not dependent on one or two people.
- Important to have a smaller group of planning advisors and not name a steering committee off the bat.
- Having a clear agenda is important: HUGE.
- People like to come in and know what they will do, have time planned.
- Connect with a local CHNA and with MassTAPP - they have really good trainings and data analysis.
- Build relationships; everything else will come.
- Don't get bogged down by so many opinions and ideas: but utilize them and stay focused.
- Use your data, be strategic.
- Get all sectors on board early: school principals, selectman, etc.
- Plan, and have a timeline.
- Manage meetings effectively; do agendas, send out minutes.

- Use social media: get people to like you.
- Publicize it with Facebook and a website as quickly as possible.
- Public awareness: We spent a lot of time branding: t-shirts, logos, wrist bands.
- Having MassTAPP at the table also - follow evidence-based activities.
- Ask for MassTAPP's help in identifying another coalition that could mentor you.
- Be patient. You may be doing things that bear fruit later on. You may think you're not doing very much but you may be doing quite a lot.
- Be open and receptive to people who have problems that you may think fall out of your scope. If you help them, it will help the relationship and the coalition later.
- Just because another community does something one way, that doesn't mean you have to do it that way in your community. One of the challenges of the regional coalitions, like MOAPC, is that the different stages of different communities can be a challenge. It takes a while to get it up and running to everyone's satisfaction.
- Start small and work big. Do planning and discussion and identify where the problems are.
- If you get too big too fast, if you falter it will fall apart.

RESPECT THE COMMUNITY AND GATHER DATA

- Don't go into it blind.
- As soon as you can, access local data.
- So many coalitions that have popped up that are giving people poor/wrong data.
- How, where, why: what treatment is available.
- Utilize people's lived experience to provide context to the factual history.
- Be genuine: make good relationships with the townies.
- Know your environment: talk with people in diverse neighborhoods.
- Read the paper, go to community police meetings.
- Understand that your community is unique. Ask questions or do focus groups before investing a large amount in a campaign or initiative.
- Understand your community and population for what it is. Start with places where people are working with active users, like clinics, and then work your way back.
- Spend time talking to people individually first to see what their agenda is, what have they already done instead of making people come join something new.
- Getting out there, pounding pavement, what does community want: start where the community is at.
- Find natural stakeholders.
- Do your homework: go and understand what the issue is, understand where it started, what services are available, who it is impacting and how
- Data, data, data. Before you take the first step get the right people at the table and collect the data. Funders will require hard data on the extent of the problem. People who can get the data are people from the schools and the rest of the 12 sectors.
- Use the police department to find out the calls they're getting, talk to the schools and the parents about what's going on in their neighborhoods.
- Share information and data responsibly.
- From the assessment and key informant interviews, we learned we need to do a better job of engaging youth in this effort.

TAKE ACTION TO SAVE LIVES

- Do it! Do it! It takes a village. These are our children. It's our community.
- Do it! People want to help and get involved.
- Have passion to pull community together.
- Having personal experience with substance use, like having lost a family member, can sometimes help in this work but sometimes it can also cloud your judgment.

Appendix B
152 Programs and Activities

Please see Appendix F for Abbreviations and Acronyms

This section lists the range of programs and activities that substance abuse prevention coalitions have initiated, implemented, funded, publicized, planned or advocated for. Repetition of an idea indicates that multiple respondents reported it.

SCHOOL-BASED AND OTHER YOUTH PROGRAMS

- Youth at Risk - we pay high school students to work in bullying prevention, substance abuse workshops and a documentary is being done
- Youth Pride/Tolerance Day annually in June
- Youth Dance
- Winter "Happy, Healthy Drug-free Evening" - we have a police officer as DJ
- Movie nights
- Last Night program on high school graduation night has worked tremendously. 95% of kids come and the parents are big into that. It eliminated the fights and other problems on that night. The cost was $25,000 for entertainment, card tables, games, basketball, etc., arts.
- Kids Talent Night fundraiser
- Event at YMCA, any middle school/high school for a play night
- Youth diversion programs
- Project Purple/Chris Herren - PSA's, school announcements, tee shirts, awareness campaigns for drugs and opiates for the kids and parents. We have 100 to 200 kids involved.
- Safe Prom – substance-free after-prom party
- School resource officer in the regional high school
- Healthy prom and graduation
- Partnering senior athletes in high school with freshman athletes: healthy decision mentoring
- Mental health work: advisor program in school - advisor/advisee
- Campaigns with youth focus: a week of training on social marketing
- "Opi-ODDs" (Defy The Opi-Odds, which raises teen awareness around the opioid epidemic)
- Campaigns: around prom/graduation, social hosts
- Primary education with teens at health center on weekly basis, then population-level change
- Annual "Town Hall Meeting" led by youth after training
- Youth prevention group: school kids that work with the volunteers
- Raise money for "5th Quarter" after football games
- Kids events
- Lunches in high school: provide students with SUDs with lunch, support them with any services, separate cafeteria
- "Turn It Around" student campaign to raise awareness about dangers of prescription drug abuse - kids love it
- Fourth-grade "Rad Kids" program – keep yourself safe - discussed drugs and medications
- Advisee/advisor program at high school: connectedness within school, if a young person is connected, won't use substances as much

- Experts coming in for grades 8-9 to do substance abuse screening - identify at risk kids - all kids screened unless parents opt out - if people are rated high, they will be referred
- SBIRT screening in school nursing
- Train high school and middle school teachers to recognize signs of substance use
- Youth activities at Boys and Girls Club

PARENT/ADULT TRAININGS AND CONVERSATIONS

- Parent trainings and trainings for caregivers
- Risk and protective factors training
- Operation Parent - due to a lot of overdoses in suicides
- Conversations on risky behaviors and preventing and delaying alcohol use
- Safe Ride Contract where parents must talk to their kids about expectations and a way out, a written agreement
- Parent Survey as part of our social norms promotion campaign - e.g. “93% of parents talk to their kids about substance use”
- This year we put out a new edition of the Safe Homes Directory. A list of parents who are willing to be listed. It facilitates communication between parents and you agree you will not serve alcohol to kids and will monitor what kids are doing at your home.
- Table Talks for educating parents. Held at 12-15 private homes. Reaches parents who hide their heads a lot when schools notify them.
- Facilitate “Guiding Good Choices,” also for parents, held at a church hall.
- Parent dinners - age-specific to their kids and discuss the YRBS (Youth Risk Behavior Survey)
- Alcohol awareness
- Social Hosting legal responsibilities and liabilities
- Working with drivers’ education people
- Connecting individuals with providers - unofficial referrals
- “Above the Influence” - adapted national campaign: “talk - they hear you”
- Community programing to strengthen families
- Learn to Cope chapter meets weekly and the police department is sometimes invited
- Narcan training every 3 months for community members
- Training for overdose prevention for everybody
- Parent education going through a mock youth bedroom
- Community Education on Good Samaritan Law - calling 911 and legal issues

PRESCRIBERS AND DISPENSERS OF PRESCRIPTION PAINKILLERS

- Prescription practices at the emergency rooms
- Scope of Pain Training for Physicians and other prescribers
- Created network of prescribers to alert them to Scope of Pain trainings
- Created brochure for all prescribers in county titled Prevent Misuse of Prescription Drugs and they also give it to people who get a prescription
- Reach out to dentists
- Reach out to pharmacists so they can give out the misuse brochure.
- Working with the prescribers to reevaluate their practices
- Engaging prescribers to educate their patients

- Talking with pharmacies to do safe disposal and how to keep medications out of the hands of young people and people with addiction
- Pharmacy - information distribution to customers
- Promoting awareness and use of PDMP - practitioners and pharmacists either don't know about it or don't use it; identifying repeat users
- Scope of Pain: educating providers - want to include dentists
- Now pulling in others from MOAPC for prescriber education - dentistry is huge current focus

OTHER ACTIVITIES SUPPORTING PREVENTION

- Expanded substance abuse to look at behavioral health and mental health first aid. Very well received. Adults are signing up to be trained re mental health issues.
- Involvement in Shannon Grant Community Safety Initiative regarding risky behaviors
- Pushed for regulating e-cigarettes like tobacco, and limiting tobacco and alcohol signage
- We were one of the first communities in Massachusetts to ban sales of tobacco products in pharmacies.
- After-school program
- Before-school program (meals)
- Doing prevention for all ages: "healthier community"
- Limit access and availability of tobacco – can't buy cigarettes here under age 21
- Doing fuel, food assistance
- Ban flavored tobacco products
- Work with Parks and Recreation to make parks more family friendly: concert in the summer for teens, chemical free, Splash Pad for little kids in the summer. Park Is notorious for drug dealing: trying to get more power in numbers for parents.
- Tobacco Day at school

COMMUNITY EVENTS AND ENGAGEMENT

- Annual candlelight vigil and lantern release for remembrance, prevention and recovery. We got the idea from an annual national prescription abuse summit conference, the NOPE (Narcotics Overdose Prevention and Education) Task Force.
- Week-long Stand Up to Substance Abuse
- Health Fair with treatment providers
- Tables at community events
- Engage businesses to spread message
- Held event at a school in the neighborhood with most issues and arrests, reaching people who can't travel easily
- Drug Awareness Week in October
- Summer: tabling, health fairs
- Our Drug Awareness Week is successful getting other nearby communities doing the same thing during the same week for more awareness
- Public forum at school with resource tables
- Event at library: watching Anonymous People video with panel discussion
- Event at senior center regarding their prescriptions

SOCIAL NORMS MEDIA CAMPAIGNS

- PSA's regarding overdose prevention on cable TV, twitter, e-mail, etc.
- Billboards
- Parents developing social marketing campaign focused on underage drinking
- Social norms marketing campaigns, correcting misperceptions on behalf of high school and middle school students and the general public - posters on buses, on ferries, at doctors' offices
- PSA's with local radio stations on top four issues
- Publication - putting together ads with local newspaper on making good choices
- Press conference
- Create TV show for local TV channel related to opiates, posted on YouTube
- Photo voice project that displays throughout community

POLICY CHANGE ADVOCACY

- Drug Court to address revolving door of arrests with substance abuse
- Reduce drug sales in local parks
- Increase size of police force
- At council meetings, advocating for environmental changes
- Environmental scans: of neighborhoods, what areas could be used for drug usage, report back to youth committee to eliminate
- Advocacy walks
- Narcan (Naloxone)
    - Getting police and fire depts to carry Narcan - we did everything: funding, education, advocacy
    - Narcan training
    - Work with Walgreens to carry Narcan
    - Working with hospital to hand out Narcan at emergency room
    - Work to get more Narcan out if there is a bad batch of heroin out

WORKING WITH ALCOHOL SERVERS AND RETAILERS

- Alcohol compliance checks for bars, restaurants and stores. We supported police in that. Police officer goes with young person to local market to see if they can buy cigarettes or alcohol underage.
- "21-Proof" training for anyone who sells or serves alcohol
- Responsible beverage-serving trainings at restaurants
- Sticker Shock program with all liquor stores and Sticker Shock ads at movie theaters
- Worked with the selectmen of the various towns to get responsible beverage policies

ADDING SCHOOL CURRICULUM

- School curriculum changes
- Working with schools on standardizing the health curriculum at middle and high schools
- Rewriting the health curriculum for entire district, K-12
- Prevention curriculum in middle school
- Trying get better curriculum to fit into K-12

- Focus on preventing first-time use
- Changing school curriculum to include more drug awareness

LAW ENFORCEMENT
- We responded to home break-ins to steal prescription drugs.
- District Attorney's task force meets monthly
- Participating in community policing project

DATA GATHERING
- Work with first responders to get data from EMT's re fatal overdoses
- We advocate with our state representative for better overdose reporting regarding state police, hospitals, DPH, and local police and boards of health.
- Other surveys in addition to YRBS: law enforcement survey, teachers survey done by Health Imperatives, high school focus group
- Surveying: anyone attending forums, attitude and belief surveys

FORUMS AND SPEAKERS
- Public forums of all kinds
- Forum on depression, suicide and addiction with a doctor from MGH
- Sheriff came and talked to high school
- Panel to answer any community questions
- Speaker series with different topics
- Monthly library speakers

FILMS
- "What Happened Here" - movie on recovery
- "Unguarded" by Chris Herren
- "Anonymous People"

SAFE STORAGE AND SAFE DISPOSAL OF PRESCRIPTION DRUGS
- Prescription medication drop-boxes
- Drug Take-Back days - presenting, setting up table, education
- Medication drop boxes at the four police departments
- DEA National Drug Take-Back days
- Kiosk at police station for drug take-back
- Educate people at senior center regarding medication and drop off locations

SUPPORT GROUPS IN MIDDLE SCHOOL AND HIGH SCHOOL
- Kids of Promise program – kids affected by someone else's substance abuse
- Insight Group for high school students dealing with own substance use. They are 8-10 week groups. Principals allow them to attend during school day which is very important.
- Loved Ones Raising Loved Ones - caregivers and kids both go to overdose prevention training for the public

FAMILY SUPPORT AND RECOVERY SUPPORT

- Learn to Cope chapter
- Funding parent support groups for parents of chronic users - licensed social worker
- Training Recovery Coaches - follow-up pilot program with police and recovery coaches to do home visits after Narcan reversals. The training recovery coach is provided at a free family support meeting. Gosnold will pay for it.

PRINTED MATERIALS

- South Shore guide to treatment providers available to schools, on town website, on our website, at all our events, available to nearby towns and we mail it to all households
- Well-Being Books we created to help the public understand their community based on data
- Laminated cards with signs of overdose, resources and phone numbers are very helpful for first responders

Appendix C
Respondent and Coalition Thumbnails
Selected data from the interviews

Please see Appendix F for Abbreviations and Acronyms

The responsibility for any inaccuracies in Appendix C is entirely ours and we welcome corrections.

	BARNSTABLE
GROUP NAME	Barnstable County Public Health District
RESPONDENT	Beth Albert, Barnstable MOAPC Coordinator
COUNTY	Barnstable
REGIONAL PARTICIPATION	MOAPC and Barnstable County Regional Substance Abuse Council
POPULATION (APPROXIMATE)	214,990 (county)
DATE BEGAN	2014
REASON FOR FOUNDING	We knew we needed to be organized to get grants and address the issues.
WHO FOUNDED	County Department of Human Services and the chief of police
MAIN FOCUS	Following the SPF model and doing assessment to determine focus
# OF MEMBERS	12 of 15 towns actively participating
COORDINATION/STAFF	1 FT Senior Program Manager (50% on the substance abuse council), 1 PT coordinator
FUNDING SOURCES	DFC, MOAPC, SAPC (underage drinking grant)
OTHER RESOURCES RECEIVED	HRiA helped us with epidemiological data pulls. Cape Cod Healthcare also helped with data.
TIP	Important to have a smaller group of planning advisors and not name the steering committee off the bat.

	BARRE / QUABBIN
GROUP NAME	Quabbin Drug Resistance Unifying Group (Q-DRUG)
RESPONDENT	Nekr Jenkins, Athol Area YMCA Project Purple Coordinator
COUNTY	Worcester
REGIONAL PARTICIPATION	Q-DRUG – see towns below
POPULATION (APPROXIMATE)	Barre – 5,398; Hubbardston – 4,382; Oakham – 1,902; Hardwick – 2,990; New Braintree - 999
DATE BEGAN	2014
REASON FOR FOUNDING	Had experienced heroin fatalities for a decade; 400 people responded to survey to see if community felt it was a problem
WHO FOUNDED	Chief of police, administration of high school and a town minister
MAIN FOCUS	All ages but more on middle school and high school; focus is mostly on opioid prevention
# OF MEMBERS	About 50 at meetings, mostly adults
MEETINGS	Monthly at senior center
COORDINATION/STAFF	Purple Project Coordinator and a town selectman; Coordinator is funded by grants from YMCA and Chris Herren/Project Purple
FUNDING SOURCES	YMCA grant
OTHER RESOURCES RECEIVED	Technical assistance, data, staff
TIP	Find like-minded people to start; it's overwhelming for one person

	BERKSHIRE (NORTHERN BERKSHIRE COUNTY)
GROUP NAME	Berkshire Opioid Abuse Prevention Collaborative (BOAPC)
RESPONDENT	Lois Daunis, Northern Berkshire Community Coalition (NBCC) Prevention Coordinator and Grants Manager
COUNTY	Berkshire
REGIONAL PARTICIPATION	MOAPC, since 2013, county-wide - 32 communities broken into 3 sections, one of which is Northern Berkshire
POPULATION (APPROXIMATE)	North Adams - 13, 708; Adams – 8,485; Clarksburg – 1,702 Florida – 752; Savoy – 692; Williamstown – 7,754; New Ashford - 228
DATE BEGAN	1999; attention to opioids began 2011
REASON FOR FOUNDING	In 2011 NBCC members heard about people who died from or were addicted to opioids
WHO FOUNDED	Our executive director and staff
MAIN FOCUS	50% opioids
COORDINATION/STAFF	1 FT and 3 PT
FUNDING SOURCES	1999 DPH funding for youth substance abuse prevention (alcohol, marijuana and tobacco), DFC, MOAPC
OTHER RESOURCES RECEIVED	Technical assistance for online reporting on environmental factors, number of people impacted, etc. And technical assistance for data collection for the strategic prevention framework from MassTAPP.
TIP	Ask for MassTAPP's help in identifying another coalition that could mentor you. There is some mentoring funding.

	BROCKTON
GROUP NAME	Brockton Mayor's Opioid Overdose Prevention Coalition
RESPONDENT	Hilary Dubois, Coordinator
COUNTY	Plymouth
REGIONAL PARTICIPATION	MOAPC
POPULATION (APPROXIMATE)	Brockton – 93,810; E. Bridgewater – 13,794; Rockland – 17,489 Whitman – 14,489
DATE BEGAN	2007
REASON FOR FOUNDING	Brockton was 5th-highest in state in overdoses
WHO FOUNDED	Person from High Point Treatment Center and former Mayor
MAIN FOCUS	90% opioids
# OF MEMBERS	25 regulars at meetings; 40 at MOAPC regional meetings
COORDINATION/STAFF	1 FT
FUNDING SOURCES	MassCALL II, MOAPC, DFC
OTHER RESOURCES RECEIVED	Support in data analysis, communications
TIP	Do your homework: understand what the issue is, where it started, what services are available, who and how this is impacting the community. As soon as you can, access local data.

	CHARLESTOWN (Boston neighborhood)
GROUP NAME	Charlestown Substance Abuse Coalition
RESPONDENT	Sarah Coughlin, Director
COUNTY	Suffolk
POPULATION (APPROXIMATE)	17,052
DATE BEGAN	2004
REASON FOR FOUNDING	In 2003 Charlestown had highest heroin overdose rates in Massachusetts
WHO FOUNDED	Concerned residents, social worker, Massachusetts General Hospital people, police officer, head of Charlestown Against Drugs (a collaborating group)
MAIN FOCUS	60% opioids; all ages, 18-25 males were most affected
# OF MEMBERS	25 at monthly meetings, plus task forces; total of about 80 in all
MEETINGS	Weekly
COORDINATION/STAFF	4 paid: all full time, 3 funded through MGH, 1 through DFC
FUNDING SOURCES	DFC, MGH, MassCALL II, Boston Public Health Commission, Boston Alliance for Community Health, Determination of Need
OTHER RESOURCES RECEIVED	Office at Boys & Girls Club (also fiscal agent); MGH Center for Community Development: use their evaluation teams to look at all surveys; Charlestown Health Center (of MGH) to spread word; Schools: allow students to use school time, survey distribution
TIP	Get out there and pound the pavement. Find out what the community wants. Start where the community is at. Find your natural stakeholders

	COHASSET
GROUP NAME	Safe Harbor Cohasset Coalition
RESPONDENT	Christine Murphy of the Social Service League
COUNTY	Norfolk
REGIONAL PARTICIPATION	Norfolk County DA Meetings, CHNA-20, South Shore FACTS
POPULATION (APPROXIMATE)	7,542
DATE BEGAN	2014
REASON FOR FOUNDING	Several overdoses in town and just outside town
WHO FOUNDED	Concerned resident (Christine)
MAIN FOCUS	Combination of cannabis, alcohol and opioids; all ages
# OF MEMBERS	Number of attendees at first three meetings: 60, 68 and 36
COORDINATION/STAFF	Christine, who is volunteering
FUNDING SOURCES	Small grants from Social Service League, CHNA-20, Rotary
OTHER RESOURCES RECEIVED	One person provided technical assistance for a couple of months, paid for by CHNA paid
TIP	Get all sectors on board early: school principals, selectman, etc., a core group and steering committee not dependent on 1 or 2 people

	DANVERS
GROUP NAME	DanversCARES
RESPONDENT	Jason Verhoosky
COUNTY	Essex
REGIONAL PARTICIPATION	MOAPC with Gloucester and Beverly
POPULATION (APPROXIMATE)	26,493
DATE BEGAN	2007; opiate work, 2012; earlier used Communities That Care model
REASON FOR FOUNDING	YRBS showed increase in usage of prescription painkillers
WHO FOUNDED	Public health person and person from the schools
MAIN FOCUS	Youth; 25% on opioids since MOAPC
# OF MEMBERS	30-40 attend meetings; 80 total
MEETINGS	Monthly
COORDINATION/STAFF	2 FT, 1 PT
FUNDING SOURCES	DFC, BSAS Underage Drinking Grant, Community mental health grants, American Heart Association grants
OTHER RESOURCES RECEIVED	In-kind matches - tech support and space - from school department and town. support from school committee and town government
TIP	Do it! Talk to other communities and see who has been successful, find what has and hasn't worked to tap your resources and learn from others' mistakes. Have perspective on who/what the community is, unspoken rules and how things operate. Have the passion to pull community together.

	EVERETT
GROUP NAME	Everett Community Health Partnership - Substance Abuse Coalition
RESPONDENT	Jean Granick, Director
COUNTY	Middlesex
REGIONAL PARTICIPATION	MOAPC (Cambridge is lead municipality)
POPULATION (APPROXIMATE)	Everett - 42,935
DATE BEGAN	Around 2003
REASON FOR FOUNDING	Cambridge Health Alliance acquired Whidden Memorial Hospital; a comprehensive community needs assessment identified substance abuse as a public health priority.
WHO FOUNDED	Cambridge Health Alliance in partnership with city and community partners.
MAIN FOCUS	Alcohol, tobacco and other drugs, adults and youth; now 25% on opioids.
# OF MEMBERS	Core group of 50-60 strongly connected and inner core of 15; very large youth sector (Teens in Everett Against Substance Abuse)
MEETINGS	2 large meetings a year for entire coalition membership plus working groups on opioids, Youth Networkers, etc.
COORDINATION/STAFF	1 FT director, 1 FT coordinator plus an evaluation person
FUNDING SOURCES	2-year Robert Wood Johnson Foundation Demand Treatment Grant thru Boston Univ., DFC, MOAPC, HRiA for tobacco efforts, TriCAP (antipoverty agency), federal STOP (Sober Truth on Prevention)
OTHER RESOURCES RECEIVED	MassTAPP, CADCA, Institute for Community Health provides the evaluators, office space/phones from Cambridge Health Alliance
TIP	Be patient. You may think you're not doing much but you may be doing quite a lot. You may be doing things that bear fruit later on.

	FALL RIVER
GROUP NAME	BOLD (Building Our Lives Drug-free) at SSTAR (Stanley Street Treatment And Resources)
RESPONDENT	Mike Aguiar, BOLD Coalition Coordinator
COUNTY	Bristol
REGIONAL PARTICIPATION	New MOAPC
POPULATION (APPROXIMATE)	Fall River – 88,857; Taunton – 55,874; Dighton – 7,086
DATE BEGAN	2004
REASON FOR FOUNDING	We had a heroin problem – the price went down, quality went up and high school kids started using and experimenting
WHO FOUNDED	One of our therapists ran across the DFC grant opportunity
MAIN FOCUS	Youth and parents, today it's 2/3 focus on opioids
# OF MEMBERS	200 people attend at least one meeting during the year
COORDINATION/STAFF	2 FT, 2 PT
FUNDING SOURCES	DFC, BSAS PFS2 (age 18-25 prescription drug abuse prevention), family strengthening grant
OTHER RESOURCES RECEIVED	MassTAPP provides technical assistance and we will learn from Quincy's MOAPC how to organize the regional coalition
TIP	Before you take the first step, get the right people at the table and collect the data. Funders will require hard data on the extent of the problem .

	GREENFIELD
GROUP NAME	Greenfield Safe Schools, Safe Streets Coalition
RESPONDENT	Maureen Donovan, Safe Streets Coordinator
COUNTY	Hampden
POPULATION (APPROXIMATE)	153,060
DATE BEGAN	2009, Communities That Care, SAMHSA mentoring grant
REASON FOR FOUNDING	Substance use prevention in youth
WHO FOUNDED	Youth Commission person, team from schools appointed by Superintendent
MAIN FOCUS	Youth; 20% on opioids, 80% on alcohol, marijuana, tobacco
# OF MEMBERS	25-30 meeting attendees, 70 on list
MEETINGS	Full meeting every other month and steering committee meets in the off-month
COORDINATION/STAFF	2 FT, 2 PT
FUNDING SOURCES	DFC, Communities That Care
OTHER RESOURCES RECEIVED	Mini-grant from The 84 project: $2,000 for tobacco; grant-writing from grant manager who works for schools; volunteering: had over 15,000 volunteer hours in-kind time from coalition members
TIP	Having a clear agenda is important: HUGE. People like to come in and know what they will do, have time planned.

	HAVERHILL
GROUP NAME	Haverhill Overdose Prevention and Education Task Force
RESPONDENT	Kim Boisselle, LICSW, Program Director, Structured Outpatient Addiction Program, Team Coordinating Agency
COUNTY	Essex
REGIONAL PARTICIPATION	Recently collaborating with Methuen, Lawrence, Andover
POPULATION (APPROXIMATE)	60,879
DATE BEGAN	2014
REASON FOR FOUNDING	High number of opioid overdoses in city in 2014
WHO FOUNDED	Mayor Fiorentini made calls to people to come to meeting
MAIN FOCUS	100% on opioids; all ages
# OF MEMBERS	Average 40 at meetings; 75 on list
COORDINATION/STAFF	Part-time co-chairs are Kim and Karen Pugh (community member who works in health care)
FUNDING SOURCES	None yet – collaborating with Lawrence, Methuen, Andover to get grant
OTHER RESOURCES RECEIVED	Police Department data; Mayor's office resources; local access TV station to film; grassroots group of family members of those who have died from heroin: they share information on their Facebook group; Greater Lawrence Family Health Center provides Narcan at no cost
TIP	Do it! People want to help and get involved.

	LOWELL
GROUP NAME	TeenBLOCK Program, Lowell Community Health Center
RESPONDENT	Linda Sopheap Sou, Director
COUNTY	Middlesex
REGIONAL PARTICIPATION	Greater Lowell Health Alliance MOAPC
POPULATION (APPROXIMATE)	106,519
DATE BEGAN	2007 as Lowell Roundtable on Substance Abuse Prevention
REASON FOR FOUNDING	Underage drinking and tobacco use
WHO FOUNDED	Person who worked at Greater Lawrence Health Center
MAIN FOCUS	50% underage alcohol; 50% opioid overdose prevention
# OF MEMBERS	30 Lowell members
MEETINGS	Meets every other month with regional group; subcommittees meet the other month
COORDINATION/STAFF	Lowell CHC – 1.5 staff
FUNDING SOURCES	MassCALL II; DFC; Massachusetts Youth Against Tobacco; DA's Office
OTHER RESOURCES RECEIVED	MassTAPP: training, technical assistance through MOAPC; CADCA: technical assistance, resources, Office of National Drug Control Policy: up to date things that are happening at federal level, we pay for some of it but then get a lot of free things; "High intensive drug trafficking area": focused on law enforcement, federal data sharing; local police department: crime analysis
TIP	Spend time talking to people individually first to see what their agenda is and what they have already done.

	LOWELL (GREATER LOWELL)
GROUP NAME	MOAPC Greater Lowell Collaborative
RESPONDENT	Peter Saing, Outreach Worker at Lowell Health Dept.
COUNTY	Middlesex
REGIONAL PARTICIPATION	Lowell is lead on MOAPC which includes Billerica, Chelmsford, Dracut, Tewksbury, Westford, and Wilmington
POPULATION (APPROXIMATE)	Billerica – 40,243; Chelmsford – 33,802; Dracut – 29,457 Lowell – 106,519; Tewksbury – 28,961; Westford – 21,951 Wilmington – 22,325
DATE BEGAN	2007, now a MOAPC cluster
MAIN FOCUS	overdose prevention
# OF MEMBERS	1 or 2 from each participating MOAPC community
MEETINGS	Usually meet monthly
COORDINATION/STAFF	Lowell Health Educator and Lowell Outreach Worker coordinate the MOAPC
FUNDING SOURCES	Lowell Health Department; MassCALL, MOAPC
TIP	Build relationships, get key players on your team, have community buy-in.

	MARTHA'S VINEYARD
GROUP NAME	Martha's Vineyard Youth Task Force, Dukes County Health Council
RESPONDENT	Jamie Vanderloop
COUNTY	Dukes
POPULATION (APPROXIMATE)	16,535
DATE BEGAN	2004
REASON FOR FOUNDING	Series of alcohol-related youth fatalities
WHO FOUNDED	A member of the Dukes County Health Council got a one-year planning grant from Health Imperatives Outcomes Project
MAIN FOCUS	Youth and also ages 18-26 re alcohol and substance abuse
# OF MEMBERS	50 on email list, 20-25 attend meetings
MEETINGS	Monthly coalition meetings and Steering Committee meets weekly
COORDINATION/STAFF	2 FT and 10-hour Project Next person
FUNDING SOURCES	Attorney General Underage Drinking Grant in 2006, BSAS underage drinking grant in 2007, DFC in 2008, Tower Foundation (Project Next)
OTHER RESOURCES RECEIVED	In-kind from county: office space at county building, MassTAPP technical assistance, CADCA (conferences, evaluation resources)
TIP	Piggyback on good things already happening in the community.

	NANTUCKET
GROUP NAME	Alliance for Substance Abuse Prevention (ASAP)
RESPONDENT	Catherine Kelly, DFC Grant Director
COUNTY	Nantucket
POPULATION (APPROXIMATE)	10,399
DATE BEGAN	1995
REASON FOR FOUNDING	To deal with alcohol problems on the island
WHO FOUNDED	Local citizens
MAIN FOCUS	DFC funding primarily is for youth-focused prevention but 50% of our resources are on opioid crisis
# OF MEMBERS	20
COORDINATION/STAFF	1 FT and consultant for TA and data
FUNDING SOURCES	DFC, a community foundation, Town of Nantucket, golf club
OTHER RESOURCES RECEIVED	Volunteer help, space at the police department and at the schools
TIP	Try to reach every facet of the community – police, fire but also the mom of three teenage boys and even a new mom plus well-known local people like local store and restaurant owners.

	NEEDHAM
GROUP NAME	Needham Coalition for Youth Substance Abuse Prevention
RESPONDENT	Carol Read, Program Director
COUNTY	Norfolk
REGIONAL PARTICIPATION	Norfolk County DA meetings
POPULATION (APPROXIMATE)	28,886
DATE BEGAN	2009 (was off-shoot of suicide prevention coalition)
REASON FOR FOUNDING	To deal with alcohol and marijuana but later, in 2010, heard anecdotes about opioids from young adult surveys
WHO FOUNDED	State Rep. Denise Garlick, a Needham resident, founded the suicide prevention coalition; a consultant and Carol founded the substance abuse coalition
MAIN FOCUS	All youth through high school. Main focus is alcohol and marijuana but some focus on opioids as well.
# OF MEMBERS	20 attend monthly meetings, active communications with 45 and total list of 120
MEETINGS	Monthly
COORDINATION / STAFF	1 FT, 1 PT and non-paid leadership team
FUNDING SOURCES	DFC, donations – we put it in a 501c3
OTHER RESOURCES RECEIVED	Town provides office space (and is the fiscal agent), office assistant gives her time, Beth Israel Deaconess Needham hospital did survey, free cable production, meeting space at Needham Public Library, all office supply materials, and we get food donations
TIP	There isn't a quick fix to this: that's why the DFC grants are for up to 10 years (2 five-year periods).

	SCITUATE
GROUP NAME	Scituate FACTS (Families, Adolescents and Communities Together against Substances)
RESPONDENT	Annmarie Galvin, Co-chair
COUNTY	Norfolk
REGIONAL PARTICIPATION	Working with nearby towns, CHNA 20, South Shore FACTS
POPULATION (APPROXIMATE)	18,133
DATE BEGAN	2011
REASON FOR FOUNDING	Heard whispers about heroin use and heard about a death
WHO FOUNDED	Annmarie (resident) reached out to police chief, selectman and schools superintendent
MAIN FOCUS	Youth and young adults, 50% opiates, 50% other substances
# OF MEMBERS	40 people regularly attend or volunteer
COORDINATION/STAFF	1 FT and 1 PT staff person plus trainings, equipment
FUNDING SOURCES	DFC
OTHER RESOURCES RECEIVED	Town provides office space, phone, IT, payroll accounting
TIP	Start slowly and do a few good things. Don't worry about funding in the beginning. Can get space and resources from schools, etc. Grants can come later.

	SOUTH HADLEY
GROUP NAME	South Hadley Drug and Alcohol Prevention Coalition
RESPONDENT	Karen Walsh-Pio, Coalition Coordinator
COUNTY	Hampshire
REGIONAL PARTICIPATION	MOAPC (Northampton is lead municipality)
POPULATION (APPROXIMATE)	17,514
DATE BEGAN	Formed in 2005 as task force and became coalition in 2012
REASON FOR FOUNDING	A young man who was a high school senior died two weeks before Christmas of a heroin overdose
WHO FOUNDED	The superintendent of schools called for a task force. Had 300 people at the first meeting. A lot of upset parents were unaware that heroin was in town.
MAIN FOCUS	Youth; alcohol, marijuana and now 50% focus on opiates
# OF MEMBERS	About 60 members. 50 came to a retreat and 12 kids came. 15 to 20 come to monthly meetings.
MEETINGS	Monthly
COORDINATION/STAFF	1 FT coordinator, project director who works for the schools, evaluators from Collaborative for Educational Services in Northampton (paid under the DFC)
FUNDING SOURCES	DFC
TIP	Do it! It takes a village. These are our children. It's our community.

	SPRINGFIELD
GROUP NAME	SCOOP: Springfield Coalition for Opioid Overdose Prevention
RESPONDENT	Marie Graves, Project Director
COUNTY	Hampden
REGIONAL PARTICIPATION	MOAPC
POPULATION (APPROXIMATE)	Springfield -153,060; Chicopee – 55,298; Holyoke – 39,880
DATE BEGAN	2008
REASON FOR FOUNDING	Opioid overdoses in Springfield
WHO FOUNDED	Man at city Department of Health and Human Services wrote grant
MAIN FOCUS	18-35 year-olds; 100% on opioids
# OF MEMBERS	20 consistent collaborative partners; 50 others who are "here and there members"
MEETINGS	Every two-three months
COORDINATION/STAFF	1 FT and she could use more coordinators: "if the funding goes away, the program could go away" because she would be gone and her providing direction would be gone
FUNDING SOURCES	MassCALL2, Partnerships for Success, MOAPC, applying currently for DFC grant
OTHER RESOURCES RECEIVED	MassTAPP technical assistance, meeting space, transportation, food - can get most things because of her relationships with people (first two months, she just visited places and formed relationships)
TIP	Build relationships. Understand the community and population for what it is. Go to clinics where people are working with active users and then work your way back. Everything else will come.

	TEWKSBURY
GROUP NAME	Greater Lowell MOAPC and Tewksbury CARES
RESPONDENT	Police Officer Jenny Welch, Tewksbury Police Department
COUNTY	Middlesex
REGIONAL PARTICIPATION	Greater Lowell MOAPC
POPULATION (APPROXIMATE)	28,961
DATE BEGAN	Tewkbury CARES started around 2007 and is trying to revamp. Police Department and Board of Health became part of a Greater Lowell Health Alliance Task Force and now, MOAPC
REASON FOR FOUNDING	In 2012, we went to an event in a nearby community on opiates and we decided to do something in our town.
WHO FOUNDED	Police Department and School Department started latest efforts
MAIN FOCUS	Mainly youth, 75% on opiates
MEETINGS	Most meetings are with MOAPC collaborative
COORDINATION/STAFF	Part-time for Officer Welch, School Department and Health Department people – it's part of their jobs.
FUNDING SOURCES	Put in for a BSAS grant for a FT substance abuse coordinator
OTHER RESOURCES RECEIVED	Lowell Board of Health materials
TIP	People sometimes don't feel comfortable going to meetings on this topic in their hometown, so events in nearby towns can be helpful.

	WESTFORD
GROUP NAME	Westford Health Department and WASA (Westford Against Substance Abuse)
RESPONDENT	Ray Peachey, Substance Abuse Coordinator for Health Department and board member of WASA
COUNTY	Middlesex
REGIONAL PARTICIPATION	Greater Lowell Health Alliance MOAPC
POPULATION (APPROXIMATE)	21,951
DATE BEGAN	WASA began in 1986
REASON FOR FOUNDING	We had a big underage alcohol and marijuana problem.
WHO FOUNDED	Health Department, School Department and Police Department
MAIN FOCUS	All residents but mostly youth; Health Department focus is 30% on opioids and WASA is 50% on opioids
# OF MEMBERS	13-member board and 10 show up at regular meetings
MEETINGS	Monthly
COORDINATION/STAFF	1 PT coordinator – Ray – who shares coordination with WASA president who is not paid
FUNDING SOURCES	MOAPC, Nashoba Valley Health Care, one-time SAMHSA grant
OTHER RESOURCES RECEIVED	In-kind information technology, office space
TIP	First, do planning and discussion and identify where the problems are. If you get too big too fast, if you falter it will fall apart.

Appendix D
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Northeast Regional Health Office, Massachusetts Department of Public Health

Kate-Marie Roycroft, MSPA, Director of Public Policy
Alliance of Massachusetts YMCAs

Donald Thompson, Deputy Chief
Haverhill Police Department

Ryan Walker, Community Coalition Coordinator
Norfolk District Attorney's Office

Laura Washington, Program Director, BOLD Coalition
Stanley Street Treatment and Resources (SSTAR)

Appendix E
Technical Assistance for Coalitions: MassTAPP

The Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) provides valuable technical assistance to substance abuse coalitions across the state. MassTAPP has provided the following descriptive information:

> The Massachusetts Technical Assistance Partnership for Prevention is funded by the Massachusetts Department of Public Health's Bureau of Substance Abuse Services (BSAS) to support communities across the Commonwealth of Massachusetts in addressing substance abuse prevention. Expert staff offers technical assistance, capacity building, and resources BSAS-funded programs and other communities across the state.
>
> Critical to successful coalition work is a thoughtful and comprehensive prevention planning process which is data-driven and employs evidence-based strategies. The Strategic Prevention Framework (SPF), developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a model planning process that can help communities achieve high levels of effectiveness and have long-lasting impact. The SPF consists of five steps: Assessment (data gathering to define the local problem), Capacity Building (engaging coalition partners and securing resources), Planning (using data to identify evidence-based strategies known to be effective), Implementation (enacting chosen strategies), and Evaluation (measuring the impact of the strategies). Important components also include attention to issues of cultural competency and sustainability. The most successful coalitions utilize a community-driven planning process that engages a broad range of voices to make long-lasting community change.

- For more information about MassTAPP: www.masstapp.edc.org
- For more information on SAMHSA's SPF: http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework

Appendix F
Abbreviations and Acronyms

BSAS	Bureau of Substance Abuse Services
CADCA	Community Anti-Drug Coalitions of America
CHNA	Community Health Network Area (a DPH-established program)
DESE	Massachusetts Department of Elementary and Secondary Education
DFC	Drug-Free Communities
DPH (or MDPH)	Massachusetts Department of Public Health
MassTAPP	Massachusetts Technical Assistance Partnership for Prevention
MassCALL	Massachusetts Collaborative for Action, Leadership, and Learning
MOAPC	Massachusetts Opioid Abuse Prevention Collaborative
PDMP	Prescription Drug Monitoring Program
SADD	Students Against Destructive Decisions
SAPC	Massachusetts Substance Abuse Prevention Collaborative
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SOAP	Structured Outpatient Addiction Program
SPF	Strategic Prevention Framework
RWJF	Robert Wood Johnson Foundation
South Shore FACTS	South Shore Families, Adolescents & Communities Together Against Substances
SUD	Substance Use Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
YRBS	Youth Risk Behavior Survey

The Massachusetts Health Council is a 501(c)(3) non-profit organization whose mission is to improve and protect the health of the Commonwealth's residents through education, advocacy and policy change, engaging our members in critical discussions and cooperative action.