



Walpole Police Department Strategic Drug Plan



Combating the Abuse of Heroin, Prescription Painkillers and Illicit Substances

This document establishes a strategy for the Walpole Police Department in its mission to suppress drug distribution & abuse. Copies have been distributed to all police personnel and it has been posted on the department's website. The Walpole Police Department openly shares its strategy with the public in a spirit of candor – and because we would not be effective without the partnership of our fellow citizens.



Introduction of the Opiate Abuse Problem in Massachusetts

As reported through the Massachusetts Department of Public Health, Opioid Task Force, Massachusetts is experiencing an opioid addiction epidemic. From 2000 to 2012 the number of unintentional fatal opioid overdoses in Massachusetts increased by 90 percent.¹ In 2012, 668 Massachusetts residents died from unintentional opioid overdoses, a 10 percent increase over the previous year.² The Massachusetts State Police reported that in jurisdictions in which they respond to homicides at least 140 people died of suspected heroin overdoses between November 2013 and March 2014. Various communities in the Commonwealth have reported previously unseen spikes in both fatal and non-fatal opioid overdose in recent months. The Department of Public Health (DPH) Bureau of Substance Abuse Services (BSAS) data shows that in FY13 nearly half of all persons receiving treatment in the publicly funded system reported opioids as their primary or secondary drug of choice. In addition, approximately 40 percent of persons served in FY13 in the BSAS system were between the ages of 13 and 29.

Massachusetts is not alone in struggling with the devastating consequences of opioid misuse, abuse and addiction. In 2013, the U.S. Department of Health and Human Services deemed prescription-opioid overdose deaths an epidemic.³ In the United States, deaths from prescription opioid overdose quadrupled between 1999 and 2010.⁴ People who are abusing opioids are also at high risk for, among other things, liver disease, Hepatitis C, and HIV infection.⁵ Opioid addicted individuals live approximately 15 years less than people who do not have the disease.⁶ Opioid addiction is a chronic disease, which like other chronic illnesses, cannot be cured but can be effectively treated and managed.⁷

The Town of Walpole is not immune from the opioid addiction epidemic. Between 2011 and 2013 the town has averaged 14 overdoses within each calendar year and has unfortunately experienced 12 fatal overdoses, with the vast majority of these deaths being attributed to opiate addiction. In the first eight months of 2014, the town has witnessed 8 overdoses, 7 administrations of Naloxone, with one reported fatality. It is clearly evident that opioid pain relievers are the most widely misused or abused controlled prescription drugs in the Walpole area and have historically provided a gateway to heroin use, which is a cheaper and more easily

¹ Fatal Opioid-related Overdoses Among MA Residents, 2000-2013. Massachusetts Department of Public Health, March 2013. Available at: <http://www.mass.gov/eohhs/docs/dph/substance-abuse/opioid/fatal-opioid-overdoses-2000-2013.docx>.

² Fatal Opioid-related Overdoses Among MA Residents, 2000-2013. Massachusetts Department of Public Health, March 2013. Available at: <http://www.mass.gov/eohhs/docs/dph/substance-abuse/opioid/fatal-opioid-overdoses-2000-2013.docx>.

³ Addressing prescription drug abuse in the United States: current activities and future opportunities. U. S. Department of Health and Human Services, 2013. Available at: http://www.cdc.gov/homeandrecreationalafety/overdose/hhs_rx_abuse.html.

⁴ Jones CM, Mack KA, Paulozzi LJ. Pharmaceutical overdose deaths, United States, 2010. *JAMA* 2013; 209:657-659.

⁵ Moore K and Dusheiko G. Opiate Abuse and Viral Replication in Hepatitis C. *American Journal of Pathology* November 2005;167(5):1189-1191.

⁶ Smyth B, Fan J, Hser Y, Life Expectancy and Productivity Loss Among Narcotics Addicts Thirty-Three Years After Index Treatment. *Journal of Addictive Diseases* 2006; 25(4): 37-47.

⁷ Kritz S, Chu M, John-Hull C, Madray C, Louie B, and Brown LS Jr., Opioid dependence as a chronic disease: the interrelationships between length of stay, methadone dose and age on treatment outcome at an urban opioid treatment program. *J Addiction Dis.* 2009, 28(1):53-6.



obtained substance. Heroin use has increased in the US since 2012, most likely due to an increase in heroin production in Mexico and expanding trade in the east. In the past most heroin distributed in Massachusetts has originated in South America; however the Mexican produced heroin has shown an increase in the area. In addition to competing markets, the availability of higher heroin-purity in addition to synthetic fentanyl based heroin could be attributed to increased overdose deaths. Some heroin may be combined with fentanyl as well as a synthetic fentanyl being offered as heroin. In addition to the inherent dangers of opiate drugs, the Nation Survey on Drug Use & Health (NSDUH) has recorded significant increases in heroin use in the past few years among new users and the average age of first use of heroin has shown the average age of initiation trending downward. According to Walpole's latest Youth Risk Survey, high school students overwhelmingly perceive heroin as having great risk; however, this perception is lessened when viewing their belief of prescription pills. Of the fatal overdoses occurring in Walpole over the past five years, the age has spanned from 20 years old to the mid-forties, indicating that education of our youth is critical in avoiding initiation to opiates. Through sound policy and strategies within the Town of Walpole, the Walpole Police Department believes we can diminish drug abuse and overdose occurrences with collaborative efforts supported by the community.

The Challenge:

The Walpole Police Department has established a set of strategic goals for the Town of Walpole in our objective to suppress drug initiation, drug abuse and distribution in the Town of Walpole. It has become readily apparent to public safety officials in the town that illicit drug use, drug abuse and the ancillary crime associated with illicit drug activity is one of the most prevalent problems we face as a community. We collectively understand that the drug problem is very complex and is affected by a variety of social, environmental and biological factors. Hence, there is no quick fix. In order to address the drug problem there has to be a multifaceted approach with an alliance of community stakeholders devoted to providing education, prevention, enforcement, and treatment and recovery options. The Town of Walpole has been very fortunate to have established this precise groundwork; however more needs to be done to assist our community in diminishing drug initiation and abuse.

As cited in the introduction, many communities in Norfolk County and across the United States struggle with issues related to illicit drug initiation and/or people who suffer from Substance Abuse Disorders (SUD). Over the past few years Walpole has experienced an upsurge in the abuse of heroin and prescription opioids. Opioids are narcotic drugs that are typically prescribed to relieve pain, and include drugs such as oxycodone, hydrocodone, and fentanyl. Law enforcement and public health officials assess heroin and opioid abuse in New



England to be the most significant drug threat.⁸ Treatment admission rates in New England for heroin and prescription pain relievers are among the highest in the nation.⁹ In fact, data from the U.S. Substance Abuse and Mental Health Services Administration indicates that the number of heroin related treatment admissions to publicly funded facilities in New England from 2003 through 2009 exceeded admissions related to all other illicit substances combined.¹⁰ In 2012, drug treatment episodes for the Town of Walpole were listed at 171, with 37% of the episodes being identified as heroin and second to alcohol at 65%.¹¹ As a result of the statewide trend, Governor Patrick declared a public health emergency in Massachusetts on March 27, 2014.

Although heroin has been around since the 1800s, the spike in abuse in eastern Massachusetts is fueled at least in part by the abuse of opioids available with a prescription. Oxycodone, found with acetaminophen in tablets such as Percocet, Roxicet, and Endocet, and to a lesser extent hydrocodone as found in Vicodin have become preferred drugs of abuse. From 2001 through 2010, OxyContin led the way as the most widely abused prescription opioid in Massachusetts. However, the reformulating of the drug in 2010 by its manufacturer, Purdue-Pharma, has significantly reduced the drug's popularity on the street, since it is difficult to break up and ingest. In eastern Massachusetts, blue 30 milligram oxycodone tablets, (known on the street as "**blues or perc-30s**"), sold on the illicit market for \$30 per pill, are currently the most sought after prescription drug.

People who decide to abuse prescription opioids often crush the tablets into powder form and ingest it by snorting it through the nasal cavity. Opiates may quickly result in a psychological and/or physiological compulsion; many become addicted and ultimately resort to initiation to heroin because of its wide availability, higher potency and affordability.¹² Although most heroin users initially snort the substance, many eventually progress to intravenous use. Some addicts continue to abuse both prescription drugs and heroin, obtaining each based upon availability and affordability.¹³

The rise of heroin use, combined with the legalization of hypodermic syringes by the Massachusetts legislature in 2006, has resulted in increased public disposal of needles and a renewed attention of the drug abuse problem. In addition, other legislative modifications such as the passage of Chapter 192 of the Acts of 2012 on August 2, 2012 decreased the minimum mandatory sentences for defendants convicted of distributing or possessing with the intent to distribute controlled substances after having been convicted of similar crimes. The same act

⁸ U.S. Department of Justice, National Drug Intelligence Center, Drug Market Analysis, 2011

⁹ Ibid.

¹⁰ Substance Abuse & Mental Health Services Administration (SAMSHA), Treatment Episode Data Set (TEDS) 2004-2009.

¹¹ Massachusetts Department of Public Health, Bureau of Substance Abuse Services, 2013.

¹² Massachusetts Department of Public Health, Bureau of Substance Abuse Services, interview by NDIC FIO, February 2011.

¹³ New England HIDTA Task Force, interviews by NDIC IA, February 2011.



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reduced the radius of school zone violations from 1,000 feet to 300 feet, which is less proximity to where a marijuana dispensary can be situated, and increased the threshold for trafficking weights of certain substances such as heroin. Drug addiction fuels crime, endangers our adolescents and those susceptible to dependency, and eats away at the fabric of our communities.

As mentioned, drug abuse is a complex community problem with no simple solutions; simplistic approaches will only generate failure and disappointment. The Walpole Police Department has designed this comprehensive strategy to address the problem head-on. While one of our objectives is to arrest and prosecute drug dealers, assist landlords in evicting them, encourage addicts into treatment & recovery, and educate the public; our ultimate goal is to reduce the number of people who use heroin, abuse prescription opioids and other drugs, and prevent overdose. Some of this strategy shall take into account risk management; which focuses on prevention and education of our young citizens with our goal being to prevent and/or delay initiation to substances. While progress towards these goals will be empirically difficult to measure, it shall be our focus nonetheless.

Strategic Policing:

The Walpole Police Department is a community oriented public safety agency which engages our citizens, businesses and municipal departments to create partnerships and work collaboratively to solve our drug problems within the town. Many times our enforcement efforts have been successful due to the observant intuition of our citizens and neighbors when reporting suspicious activity, which is consistent with drug use & distribution behavior.

In addition to working with the community, we also use crime control strategies designed around the principles of the New York Police Department (NYPD) Comstat approach. While applied in a smaller scale, police personnel strive to achieve accurate & timely intelligence through a variety of sources; rapid deployment of resources, including the use of our task force and federal law enforcement agencies, use of effective tactics received through well-vetted training, and “relentless follow up and assessment.”¹⁴

Without the two prongs of accurate and timely intelligence, our goals to diminish drug activity could not otherwise be attained.

Targeting Drug Dealers:

The Walpole Police Department and the Norfolk County Anti-Crime Task Force (NORPAC) is committed to identifying, infiltrating, and dismantling drug organizations within our area. The acquisition of illicit substances can occur in a number of ways:

¹⁴ Jack Maple, The Crime Fighter, (New York: Doubleday, 1999) p32.



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1. A drug user goes to a location outside of Walpole to meet the dealer.
2. The drug user “fronts” the money to a friend or associate who is going to get drugs for themselves, and receives drugs when the associate returns.
3. A drug dealer who lives or works in Walpole sells drugs from either a fixed location, through means of conveyance and/or rendezvous at an agreed upon “meet location” to make the transaction.
4. A drug dealer from outside of Walpole comes to Walpole to sell drugs to their customers.

Most “drug deals” are not spontaneous events and communication between the broker and consumer typically occur through the use of cell phone calls and/or text messaging. Some dealers use untraceable phones known as (throw phones or burners) and utilize third party vehicles in an attempt to remain undetected. Because of the covert nature of drug transactions, and the sophistication of many dealers, proactive investigative techniques and the cultivation of confidential sources are essential in order to infiltrate the illicit trade.

Drug control is not just the concern of detectives and as such, it is the responsibility of the entire agency. Detectives spearhead the efforts to control the distribution of drugs, while patrol is responsible for its proactive interdiction.

Narcotics detectives are tasked with coordinating intelligence with department personnel, citizens, merchants, confidential sources, and other law enforcement agencies. They analyze intelligence to determine its authenticity and establish the best response, through systematic investigations based on intelligence, surveillance operations, or forwarding intelligence to the patrol division for increased uniformed patrol deterrence.

Detectives are also responsible for coordinating with federal, state, and local law enforcement agencies to assist in targeting illicit drug operations. The Walpole Police Department is affiliated with a multi-agency drug enforcement team known as the Norfolk County Police Anti-Crime Task Force aka NORPAC.

In addition to detectives, patrol officers are tasked with proactive drug interdiction during their patrol duties and concentrate on motor vehicle stops, which may present criminal or behavioral indicators associated with drug possession and distribution. Patrol officers are also a crucial component in assisting detectives with the cultivation of confidential sources during debriefing of subjects they encounter during the performance of their duties.

In assessing the response by the Walpole Police Department the organization consistently assesses investigative options by balancing the need to minimize the sources of supply through in-depth investigative procedures with the need to timely address conditions that affect the safety and quality of life for the residents.



Working with Landlords:

Many street level and mid-level drug dealers live in rented apartment spaces, and as a result, the Walpole Police Department encourages landlords to evict dealers who sell drugs from the confines of their abodes. Detectives often maintain the landlords contact information when they conduct a search warrant (raid) or buy-bust operation and call the landlord as soon as a seizure is made. In all cases, the property owners are notified in writing when the department identifies a tenant distributing illicit drugs from a rented unit, and informs the landlord of the provisions of Aiding and Permitting a Nuisance (M.G.L. ch.139, §.20).

Drug Intervention:

Typical drug investigations target individual(s) and organizations that choose to sell drugs. Raids and undercover operations are seldom effective in diminishing “drug addiction” directly. Following the arrest of a drug dealer, most of the customers merely seek out another source and many times another dealer is prepared to fill the void. Drug dealing and drug enforcement are perpetual; the ongoing demand fuels new supplies and it may seem to the police and the community that no progress is being made.

The Walpole Police Department will institute a Drug Intervention initiative whereby officers & detectives approach known people suffering from substance use disorders and provide them with assistance in finding treatment. With the governors declared opiate emergency we hope that seeking and obtaining treatment options will become more readily available. The technique can be particularly effective following the arrest of a dealer and the addict’s drug source becomes temporarily inaccessible. Addicts who seek out the department’s assistance in finding treatment are very rarely prosecuted based on what they divulge about their drug use behaviors. The Walpole Police is proactive in assisting people suffering from substance use disorders and have even participated in physically assisting the addict in getting to and from a facility to obtain help. Assisting people in this manner provides a positive relationship with the police and ultimately helps reduce demand.

Section 35: Drug abuse is a diagnosed disorder, but unlike other diseases those who afflicted by it do not always seek help on their own. Many drugs have psychological and/or physiological addiction associated with the substance. Fortunately, Massachusetts General Law, Chapter 123, Section 35, known simply as a section 35, allows “*any police officer, physician, spouse, blood relative, guardian, or court official to petition any district court or juvenile court department for an order of commitment of a person whom he has reason to believe is an alcoholic or a substance abuser if the abuse “substantially interferes with his social or economic functioning; or...he has lost the power of self-control over the use of such substances.”* Oftentimes, family members are understandably reluctant to petition the district court for fear of reprisal or



damaging of their relationship with a loved one, so the authority of the police officer to assume this role can be an effective tool in achieving entrance for involuntary treatment.

After a hearing and based upon competent testimony, which shall include, but not be limited to, medical testimony, the court finds that such person is an alcoholic or substance abuser and there is a likelihood of serious harm as a result of the person's alcoholism or substance abuse, the court may order such person to be committed for a period not to exceed 90 days. Many times, addicts are offered the opportunity to enter a detoxification facility on their own or face the chance of involuntary commitment. Many addicts opt to accept the voluntary offer for treatment.

Patrol Strategy:

Intelligence-led policing refers to the use of intelligence to guide policing strategies and tactics. Most police agencies receive intelligence; the effective and efficient agencies quickly disseminate many forms of intelligence to their patrol units as well as other agencies. The Walpole Police Department is part of the Boston Regional Intelligence Center (BRIC) distribution, the Boston Police Drug Control Unit (DCU), and the Massachusetts State Police Overdose Cell Phone Data distribution network. In addition, intelligence is shared within the detectives of NORPAC and then circulated throughout the agency. The NYPD Comstat model of accurate and timely intelligence, rapid deployment of resources, use of effective tactics and relentless follow-up and assessment is particularly applicable to support a counter-drug patrol strategy.

The patrol division deploys officers on foot, as well as on bicycles, marked & unmarked police vehicles, in uniform and in plainclothes. Sergeants have the autonomy and authority to deploy department resources and personnel for maximum output. The department readily disseminates the identities of known drug dealers and users on a regular basis and provides them with pertinent information which may be necessary to effectively engage these people on the street. Areas of known activity or "hot spots" gleaned from neighborhood tips, arrest or field interview data, syringe recovery locations, and information from informants is routed to the patrol division on a regular basis.

Following a drug arrest or seizure in a neighborhood, officers knock on doors to notify neighbors to inform them of what transpired as well as solicit any new information; this is called a canvas. Neighbors are also informed that the dealer or user may make bail and return to the location; however the release does not reflect the strength or potential outcome of the case.



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In the wake of a search warrant raid or drug arrest, directed patrols are deployed to the area to help establish a presence, deter any resurgence, and instill a heightened sense of security among the residents.

Patrol officers play an additional role in the department's counter-drug strategy. By interacting with and arresting people who possess drugs and/or commit street level crimes they are in a position to best develop ongoing intelligence and help cultivate confidential informants, which are the fundamental tenets of productive narcotics investigations. The department offers comprehensive training in attaining these objectives and coaches officers toward achieving the departmental goals of reducing drug use, abuse, distribution and ancillary crime associated with drugs.

Other Initiatives:

The Walpole Police Department has a clear understanding that drug use and abuse is a community problem, which must be addressed collaboratively through education, prevention, enforcement, treatment, and recovery support:

Education:

The DARE program is no longer existent in Walpole; however, the department is still very committed to educating adolescents and adults about the dangers of drugs and provide situational awareness for the town. The department has routinely participated in classroom instruction for 7th & 8th grades regarding substance use through a curriculum developed by the department, and has held many community presentations for adults. Future classroom instruction should provide education for adolescents more holistically. Since the department deploys officers to all schools in Walpole as mentors, the department is in a good position to create partnerships with kids, parents & schools and engage citizens about drugs problem. In addition to these forums, department officials have appeared on cable TV as well as publish educational drug information in the Cops Corner articles of the Walpole Times.

Prevention:

The Walpole Police Department is actively involved with pharmacies to assist and work together in identifying drug abuse through the use of the Prescription Monitoring Program (PMP), which is also accessible to narcotics detectives through case assignments.

The Drug Take Back Box located in the lobby of Police Headquarters has been very successful in providing a way to purge a person(s) home of unused prescription medications. This helps keep prescription drugs away from potential adolescents and/or drug abusers and provide a safe alternative to other means of disposal.



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The Walpole Police Department is significantly involved with the Walpole Coalition for Alcohol and Drugs, which is a key group of community stakeholders whose goal is to prevent or delay initiation to substances and helps reduce addiction. Citizens of all ages are encouraged to view the coalition's site and follow on Facebook at www.drugfreewalpole.com

Treatment Plan & Recovery:

Once a person suffering from a substance use disorder (SUD) has admitted that he or she is addicted and needs help, the department can assist in finding a treatment facility. As a community we need to urge people with SUD's to get treatment and/or further treatment. Medication Assisted Treatment using FDA-approved medications such as Methadone, Buprenorphine (Suboxone) and extended release Naltrexone (Vivitrol) can effectively treat heroin/opioid addictions and enable people to recover successfully. It must be understood that SUD's is a disease and there is no cure, just treatment and recovery.

- The on-line tool for locating drug treatment programs provided by the Department of Public Health's Bureau of Substance Abuse Services at www.helpline-online.com The Governor, DPH and BSAS has made some adjustments across the state to assist citizens in real-time access to prevention, treatment & recovery of drug abuse as a result of recommendations provided by the Governors Opiate Abuse Task Force.
- The Walpole Police Departments' website lists drug treatment programs that are available in Massachusetts.
- All department personnel have access to a list of detoxes and other drug treatment programs on the department's internal computer system. Citizens can obtain the list by visiting police headquarters or the department's website and the list is also provided in this document as an appendix.
- Education materials on opioid overdose prevention are available for free from the Massachusetts Health & Human Services and the Massachusetts Health Promotion Clearinghouse at www.maclearinghouse.com

The Walpole Police Department strongly urges people who are addicted to substance(s) to consult with their primary care physician or other health care professional for assistance in choosing proper treatment. Relapses are common and an unfortunate aspect of recovery. When they occur, it is imperative that the addicted person seek re-admission immediately as this is a hazardous timeframe for overdose to occur. In addition, the department educates the public that people who suffer from substance abuse disorders (SUD), and were recently released from



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incarceration or rehabilitation are susceptible to relapse and potential overdose, since users have typically used amounts of the drug they used prior to being confined and have a reduced tolerance for the drug, thereby triggering an overdose.

Naloxne:

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and nonfatal overdoses can result from the abuse of opiates such as morphine, heroin, fentanyl, and oxycodone. Naloxone, commonly known by the brand-name Narcan, is an opioid antagonist, which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will cause no harm. **All Walpole Police Officers are fully trained and equipped with nasal naloxone and carry it readily available in each squad car in the event of an opiate overdose.**

Communicating & Assisting Our Community:

The Walpole Police Department uses a variety of forums to exchange information with the community we serve; the most common being the departments website located at www.walpolepd.com. In addition to a comprehensive overview of the Walpole Police Department, a copy of this document can be obtained by visiting the site.

Report a Tip: Any tip or information can be sent to the department's e-mail at police@walpolepd.com. Tips remain confidential and are forwarded to the appropriate detective for follow-up and independent police corroboration. Citizens are strongly encouraged to call 911 to report drug activity in progress, suspicious activity, and medical problems associated with drug use.

Facebook: The Walpole Police Department website also offers a link to the department's Facebook page and vice-versa.

Cops Corner: Officers within the department author weekly articles in the Walpole Times called "Cops Corner," which helps the department educate the community on a variety of topics including illicit drug use & abuse.

Treatment Services: Citizens in need of information regarding drug treatment may find a comprehensive list of area drug treatment facilities with their addresses and phone numbers as well as a link to www.helpline-online.com. This online tool may be used to access drug treatment maintained by the Department of Public Health, Bureau of Substance Abuse Services.



Prescription Drug & Syringe Disposal: Residents may relinquish unused prescription drugs 24 hours a day, seven days a week in the lobby of Walpole Police Headquarters with no questions asked. Syringes will not be accepted in the drug disposal receptacle; however citizens may obtain sharps containers from the Walpole Board of Health Department at Town Hall. The police department typically responds to discarded syringes discovered by residents on public ways.

Educating the Community: The Walpole Police Department offers instruction about drug abuse and drug initiation to the community in a variety of settings. Through the efforts of the school resource officer, school mentors, and command staff, the department engages youth, adults and seniors to educate them on the aspects of licit and illicit drug use. The department makes officers & detectives available to civic groups that request programs about crime or drug related matters and provide situational drug awareness and drug threat assessments for the town.

Measuring Success: Measuring the success of anti-crime initiatives can be difficult to gauge and the progress of a drug control strategy is particularly challenging to quantify because some of the typical barometers can be misleading. There can be an increase in drug arrests, which could be attributed to officers working hard; however, it could conversely indicate that drug use and abuse has increased as well. There may be a decrease in drug activity & arrests; however this could be attributed to increased police presence, police deterrents and perhaps displacement of unlawful activity to a secondary location. Essentially, drug prevention, education, and enforcement must be continuous.

The Walpole Police Department's commitment to reduce the abuse of heroin, prescription opioids, and other illicit drugs requires that we focus on people who use drugs. The department will look to the fourth Comstat principle – relentless follow-up and assessment – and track the drug use status of identified users to the best of the department's ability. Statistics are hard to come by; however the tracking of data about the arrest and removal of dealers from our community, combined with assessments of addicts who have been referred for treatment, and trends regarding overdose should help provide the department with empirical data that will continue to influence our strategy. The department must file quarterly reports to NORPAC, which assists the department in ongoing assessment of drug trends in the community.

The Community: The Town of Walpole is a strong community instilled with pride and devotion to civic duty. Illicit drug use & abuse is one of the most significant factors which threaten the fabric of our society. It is a problem that can be diminished through the collaborative efforts and partnerships between all communal stakeholders. **Parents** can use information to help them develop positive preventive actions for their children by identifying and understanding predictive risk factors as well as protective factors, associated with drug initiation & abuse. **Educators** can welcome and reinforce learning and social bonding in school by



addressing aggressive behaviors, poor concentration and recognized risk factors associated with early onset of drug initiation and abuse. **Parents and schools** can assist in preventing and delaying initiation to substances and increasing the age of onset amongst adolescents by working in partnership with the police. **Community Leaders** can assess community risk and protective factors associated with drug problems to best target prevention services and other amenities for the community, such as a strong youth recreation program, which Walpole is fortunate to have.

As a community, Walpole must continue to identify the specific drugs and other adolescent problems in a community (threat assessment); **build** on existing resources, such as the Walpole Coalition for Alcohol and Drugs, **develop** short-term goals relevant to implementation of research-based prevention programs, **project** long-term objectives so that plans and resources are available for the future; and **incorporate** ongoing assessments to evaluate the effectiveness of prevention strategies and education for the community. The Youth Risk Survey must continue to be used as one measurement of threat assessment in the community.

Legal Authority: Several current statutes support the assistance of people who may be suffering an opiate based overdose. The Walpole Police Department relies on some of the following statutes to assist the agency in policy development and response.

1. M.G.L. ch.94C, §.34A: states “a person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose.” The statute imposes no limitation on who may possess and administer nasal naloxone, and only requires that it is (1) obtained with a prescription and (2) administered in good faith.
2. M.G.L. ch.94C, §.34A: states “a person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance”. Nothing contained in §.34A shall prevent anyone from being charged with trafficking, distribution or possession of a controlled substance with intent to distribute.
3. M.G.L. ch.94C, §.19: states “naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.”
4. M.G.L. ch.94C, §.7: states “any public official or law enforcement officer acting in the regular performance of his official duties...shall not require registration and may lawfully possess and distribute controlled substances”.



5. M.G.L. ch.258C, §.13: states “no person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.”

Conclusion:

In conclusion to the Walpole Police Department’s strategy to address illicit drugs in the Town of Walpole, we yearn to educate the public on the following important factors related to drug abuse, and look forward to working in partnership with our fellow citizens in reducing the drug problems and ancillary affects to our community.

Gateway Drugs

While the theory that cigarettes, alcohol and marijuana provide a gateway to future drug use has been found to be spurious, it is clear that most people use one of these substances during initiation to drug use. The misconception to the theory is based on the fact that there is *no causation* for other drug use. Simply because a person began using one of the three gateway substances, does not provide that it will cause them to use other substances; however, it is also clear through observation that most people do not initiate into drug use by using a drug such as cocaine or heroin. Most people using these types of substances, most likely used alcohol, marijuana or tobacco earlier in their drug use history. Gateway drugs may not *cause* future drug use, but they are certainly an indicator to initiation to drug use habits and patterns of abuse. The Youth Risk Survey revealed that Walpole youth overwhelmingly initiate to the “Gate Way Drugs” of alcohol, marijuana and cigarettes. As mentioned in this document, some opiate addicts initiated through the use of prescription pills and ultimately progressed to heroin.

Predictive Factors

Research has shown that there are ways to help establish and predict future drug use problems for individuals in a community. Some research also suggests that there are ways to combat drug problems, which include identifying and implementing protective barriers for our children. History has shown that during times of increased drug trends, that there was a breakdown in prevention efforts by parents, educators and communities. There were times described as “generational forgetting of drug hazards” by parents, schools, and the media, when drug use rates actually increased. This is a reminder that drug problems are not just a law enforcement problem; they are a social problem, a community problem, a government problem, and a health problem and it is a problem that can be compressed when these entities come together to combat it. In considering the prediction of future drug use problems, and



understanding how to address the problem, the empirical research suggests that some of the variables to consider are *initiation to substance use and early age of onset, perception of harm, perception of other use, availability or supply and demand, predictive factors or warning signs.*

Initiation

Initiation is the actual point where a user begins the process of taking a drug. This primarily occurs during adolescence and drug use patterns, habits and behaviors typically begin during this time. Initiation usually involves the gateway drugs of alcohol, tobacco, and marijuana. Initiation to drug use may begin as early as 11 years of age and usually decreases dramatically after 20 – 21 years of age. It is rare for an individual to initiate illicit drug use after 21-22 years of age. This is also a time when a person may consider a path of adolescent limited use, or life course persistent drug use as they mature.

Age of Onset

A critical factor in determining an individual's future drug use problems may be the person's age of onset. The earlier an individual initiates to drug use, the more likely they will experience later drug use problems and perhaps multiple drug use. Research suggests there is more of a correlation with the age of onset of marijuana causing future problems as opposed to alcohol and tobacco. Drug use habits begin during the initiation phase and the younger the initiation the more susceptible they become to problems later on. In order to address the drug problems we are facing, we must work to delay the user's age of onset through the initiation stages of adolescence. Early education, prevention, and intervention are crucial to achieve this goal.

Perception of Harm

Another key factor that can help assist in preventing drug use is being able to communicate to young people that drug use can be dangerous. The higher the perception of harm a person has in contemplating initiation, the less likely they are to initiate to drug use. When an individual is rationalizing the initiation to drug use, they must consider the consequences and possible harmful effects. In order to lower the perception of harm, students must be educated on the actual consequences of use and the negative effects drugs can have on the individual.

Perception of Other Use

According to the Youth Risk Surveys, many adolescents typically believe more people use drugs & alcohol than actually do, and this thought can weigh into their decision to initiate



and generate increased peer pressure. Educating adolescents to understand that perception is not reality and that not everyone is using drugs or alcohol is imperative for youth.

Predictive Risk Factors

There are many personal reasons why people use drugs. Some people inherit addiction through past generations; some are finding ways to feel better, escape reality, experimentation, peer pressure and other reasons. Many have other motives, which can actually be predicted, while they are maturing. Some factors may include lack of family cohesion, lower socio-economic status, single parent households, parents who use, having been arrested for drug or alcohol use in the past, socializing with peers who use, extensive absenteeism from school, lack of social networks, acute changes in behavior, and early age of onset to gateway substances. These factors can be used as indicators to parents to monitor their children closely for initiation and abuse. This is important for parents because if they observe that their adolescent child is experiencing predictive risk factors they can initiate communication, preventative measures and early intervention.

Other main variables that have been established include biological, environmental, and developmental factors. People can be born with genetic predispositions, which when combined with environmental factors can cause addiction vulnerability. A person's environment will breed different influences such as peer pressure, physical or sexual abuse, stress, and inadequate quality of parenting or family life to include discipline. When these factors interact during crucial developmental stages of a person's life, they become susceptible to the initiation of drugs and perhaps addiction. In contrast, when people are provided with solid foundations and create barriers against negative influences, initiation to drug use and abuse can be delayed and even prevented.

Preventive Barriers

In the same sense, there are known preventative barriers that can assist people in their defense against substance initiation & abuse; family cohesion is extremely important to create strong social networks and support, parental supervision and robust communication with adolescents, avoiding peers who use, having parents who do not use or abuse substances, reducing negative role models, increased self-esteem, creating positive outlets and alternatives to drug use such as sports, hobbies, and recreational activities, developing a sense of being accepted, establishing ways to say no and being assertive, education and understanding perception of harm, preventing & delaying age of onset and initiation, and practicing techniques to avoid initiation.



Strategy of Combating the Abuse of Heroin, Prescription Painkillers, and other Drugs in Walpole

In closing the Walpole Police Department thanks the hard work and dedication of the men & women of the department who strive to create partnerships with the community and seek ways to reduce drug use & abuse.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Richard B. Stillman".

Richard B. Stillman

Chief of Police

Walpole Police Department



Strategy of Combating the Abuse of Heroin, Prescription Painkillers, and other Drugs in Walpole

DETOX FACILITIES [*D = Detox DD = Dual Diagnosis]

Name		Address	Telephone
AdCare Hospital	D	107 Lincoln St., Worcester, MA	800-345-3552
Andrew House	D	1 Long Island Rd., Quincy, MA	617-479-9320
Arbour Fuller Hospital	D	200 May St., S. Attleboro, MA	508-761-8500
Arbour Hospital	DD	49 Robinwood Ave., Boston, MA	617-522-4400
Baldpate Hospital	DD	83 Maldpate Rd., Georgetown, MA	978-352-2131
Bournewood Hospital	DD	300 South St., Chestnut Hill, MA	617-469-0300
Community Health Link	DD	68 Jakes Ave., Worcester, MA	508-860-1200
Dimock St. Detox	D	41 Dimock St., Roxbury, MA	617-462-8800
Emerson Hospital Detox	D	ORNAC, Concord, MA	978-287-3520
Faulkner Detox	D	1153 Centre St., Jamaica Plain, MA	617-983-7712
Godnold Treatment Center	D	200 Ter Huen Dr., Falmouth, MA	508-540-6550
Highpoint "Castle" 12-18 yo	D	20 Meadowbrook Rd., Brockton, MA	508-638-6000
Highpoint Treatment Center	D	30 Meadowbrook Rd., Brockton, MA	508-584-9210
High Point Treatment Center	D	1233 State Rd., Plymouth, MA	508-224-7701
McLean Hospital	DD	115 Mill St., Belmont, MA	617-855-2000
NBH Boston Treatment	D	784 Mass Ave., Boston, MA	617-247-1001
Norcap Detox	D	71 Walnut St., Foxboro, MA	508-543-1873
Spectrum Detox	D	154 Oak St., Westborough, MA	800-366-7732
SSTAR	D	386 Stanley St., Fall River, MA	508-235-7002
Steward Healthcare	D	736 Cambridge St., Boston, MA	617-789-3000

***For Assistance with Free Beds call the Substance Abuse Free Bed Hotline 1-800-327-5050

Monday-Friday 9am-11pm and Saturday/Sunday 9am-5pm

HALFWAY HOUSES

Name	Address	Telephone
Anchor House **	60 Cherry St., Plymouth, MA	508-746-6654
Angel House	309 South St., Hyannis, MA	508-775-8045
Answer House **	5 G St., South Boston, MA	617-268-7124
Beacon Hamilton House **	25 Mt. Ida Rd., Dorchester, MA	617-288-1584
Bridge House **	18 Summit St., Framingham, MA	508-872-6194
Casa Esperanza	8 Dunmore Pl., Roxbury, MA	617-445-7411
CASPAR House **	16 Highland Ave., Somerville, MA	617-623-5277
Channing House **	21 Catherine St., Worcester, MA	508-755-8088
Crozier House	10 Hammond St., Worcester, MA	508-798-0194
Cushing House	54 Old Colony Rd., S.Boston, MA	617-269-2933
East Boston Rehab	52 White St., Boston, MA	617-569-2089
Edwina Martin House	678 N. Main St., Brockton, MA	508-583-0493
Eastern Middlesex **	12 Cedar St., Malden, MA	781-321-2600



Strategy of Combating the Abuse of Heroin, Prescription Painkillers, and other Drugs in Walpole

Emmerson House *	554 W. Falmouth Hwy, Falmouth, MA	508-540-1554
Entre Familia Program	209 River St., Mattapan, MA	617-534-7974
Faith House	142 Burncoat St., Worcester, MA	508-860-1287
First Academy	167 Centre St., Roxbury, MA	617-427-1588
Gavin House **	64 East 4th St., S. Boston, MA	617-268-5517
Genesis II Family Center	295 Adams St., Newton, MA	866-705-2807
Glenice House	365 East St., Tewksbury, MA	978-640-0840
Granada House	70 Adamson St., Allston, MA	617-254-2923
Griffin House	26 Thane St., Dorchester, MA	617-265-8022
Hamilton House	25 Mt. Ida Rd., Dorchester, MA	617-288-1584
Harmony House	235 Earle St., New Bedford, MA	508-992-8948
H.A.R.T. House	365 East St., Tewksbury, MA	978-851-0969
Hello House	1 Long Island Rd., Quincy, MA	617-471-6616
Hope House	40 Upton St., Boston, MA	617-971-9360
Hurley House	12 Lowell St., Waltham, MA	781-899-2540
Interim House **	62 Waldeck St., Dorchester, MA	617-265-2636
Jeremiah's Inn	1059 Main St., Worcester, MA	508-755-6403
Link House **	37 Washington St., Newburyport, MA	978-462-7341
Lowell Recovery House	102 Appleton St., Lowell, MA	978-459-3371
Meridian House	408 Meridian St., East Boston, MA	617-569-6050
Miller House	165 Woods Hole Rd., Falmouth, MA	508-540-5052
Monarch House	252 County St., New Bedford, MA	508-997-7175
My Sister's House *	89 Belmont Ave., Springfield, MA	413-733-7891
New Victories **	9 Virginia St., Dorchester, MA	617-825-6088
NORCAP Lodge	71 Walnut St., Foxboro, MA	508-543-1873
North Cottage **	69 East Main St., Norton, MA	508-285-2701
Pathway House **	171 Graham St., Gardner, MA	978-632-4574
Project Cope *	117 North Common St., Lynn, MA	781-581-9273
Project Turnabout	224 Beale St., Hingham, MA	781-749-6320
Ryan House	100 Green St., Lynn, MA	781-593-9434
Sage House	61 Clinton St., Framingham, MA	508-626-2586
Serenity House	44 Wilson St., Hopkinton, MA	508-435-9040
Shepherd House *	22 Windemere Rd., Boston, MA	617-288-3906
Steppingstone	466 North Main St., Fall River, MA	508-674-2788
Sullivan House **	65 Glen Rd., Jamaica Plain, MA	617-524-4416
Victory House **	566 Mass Ave., Boston, MA	617-262-5032
Women's Hope *	10 Chamblet St., Dorchester, MA	617-541-0232
Women's Place/CASPAR *	11 Russell St., Cambridge, MA	617-661-6020

* Denotes FEMALE Specialization

** Denotes MALE Specialization