



# SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES IN BOSTON 2011

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Prepared by the Boston Public Health Commission



Building a Healthy Boston

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## INTRODUCTION

Substance abuse and addiction are acknowledged public health issues that pose significant problems for the health, social, and economic welfare of every community and have devastating effects on all realms of the population (National Institute on Drug Abuse [NIDA], 2007)<sup>1</sup>.

Addiction, in particular, is a chronic relapsing disorder that has many negative consequences to individuals, families and communities. It is a complex public health problem that requires comprehensive treatment to address the multiple components of this disease.

For this reason, the City of Boston has a comprehensive system of care offering a wide array of prevention, treatment, and recovery support services designed to meet the unique and varied substance related needs of its individual residents, families and communities.

## PURPOSE

This report is a compendium to the Boston Substance Abuse 2011 Report, which describes drug and alcohol use in Boston. The purpose of this report is to describe the substance abuse services in Boston including:

- The current system of care including detailed descriptions of the variety of treatment options available
- Prevention efforts supported by the Boston Public Health Commission (BPHC) and neighborhood substance abuse coalitions
- Substance abuse-related services offered directly through the BPHC
- Information on how to access substance abuse related services
- A description of the BPHC efforts to increase innovation and access to substance abuse services

## BACKGROUND

This report was produced by the Boston Public Health Commission's Bureau of Addictions Prevention, Treatment and Recovery Support Services.

The Boston Public Health Commission serves as the City of Boston's local health department. It was founded by Paul Revere and is the nation's oldest local health department. Its mission is to protect, promote and preserve the health and well being of all Boston residents, particularly the most vulnerable. It fulfills this mission through a

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<sup>1</sup> A distinction exists between substance use, abuse and dependence. For more information on this distinction, please see Appendix A. For the purposes of this report, treatment services are for people who experience substance abuse or dependence (i.e. addiction), prevention activities aim to prevent use from progressing to abuse or dependence and any use among youth. Risk reduction services are available to the whole spectrum of use to dependence.

bureau structure that provides public health programming and other services across six bureaus:

1. Child, Adolescent and Family Health
2. Community Initiatives
3. Emergency Medical Services (EMS) and Public Health Preparedness
4. Homeless Service
5. Infectious Disease, and
6. Addictions Prevention, Treatment and Recovery Support Services

In addition, the Commission leads centralized efforts in the City around public health research and evaluation, policy and planning, advocacy and the elimination of health inequities.

The Boston Public Health Commission's Bureau of Addictions Prevention, Treatment and Recovery Support Services provides addictions prevention, risk reduction and treatment services<sup>2</sup>, as well as other addiction resources and referral, to Boston residents.

The Bureau's mission is to set the direction and priorities for the City's comprehensive system of prevention, addiction and recovery support services in order to make progress toward restored health, sustained recovery, and support the reintegration and active participation into family life of the residents of Boston, their families and neighborhoods affected by substance abuse.

## UNDERSTANDING THE CONTINUUM OF CARE

A variety of treatment options exist<sup>3</sup> across a continuum of care for individuals seeking treatment from drugs or alcohol in Boston. However, navigating this continuum and understanding the types of treatment available, and appropriate, can often be confusing. Below is a list of the various types of treatment services available with short descriptions for each to help better understand the services and supports that are available within Boston.

### **Prevention**

Effective substance abuse prevention includes education, but must go far beyond education to provide realistic and attractive alternatives to substance use, change community norms about substance use, and be supported by public health policies and regulations that limit access to legal and illegal substances, including marketing access, for community members, particularly young community members. Consistently, the

<sup>2</sup> For a full list of programs and services available through the Boston Public Health Commission's Bureau of Addictions Prevention, Treatment and Recovery Support Services, see Appendix B.

<sup>3</sup> The section *How to Access Care in Boston* contains more information regarding how to access the range of services including how to choose which modality is right for you or your loved one.

most effective prevention efforts for young people involve youth in the design and implementation of those efforts- youth voice and beliefs need to be clearly visible.

### **Risk Reduction**

Despite aggressive prevention efforts, substance abuse continues to be a reality in every community in Boston. Risk reduction services are provided for people who use substances because this is a group of people whose health and wellbeing is particularly vulnerable. Risk reduction includes counseling on safer substance use and overdose prevention and providing materials for this such as needle exchange and overdose rescue kits. Risk reduction services are often a substance user's first entry into the continuum of care and risk reduction program staff are well trained in how to assess treatment readiness and support people's transition into substance abuse treatment services when appropriate.

### **Types of Treatment**

**Acupuncture** has been shown to be an important component of substance abuse treatment plans, though it is not usually considered substance abuse treatment by itself. Acupuncture can decrease cravings and anxiety, which is particularly important in preventing relapse during the early stages of treatment. Acupuncture usually takes 30-60 minutes and can be repeated multiple times per week, depending on the plan that the substance user and trained acupuncturist develop.

**Aftercare Support and Self Help-** AA, NA, SMART Recovery, Rational Recovery and more are groups for addicted people that meet daily, monthly or weekly. The many different groups operate under various models and philosophies. People should experiment with which group resonates the best for them.

Groups such as Al-Anon, Al-ATeen, Learn 2 Cope, GRASP (Grief Recovery After a Substance Passing) and others are for loved ones of substance users or for people who have lost someone to substance use. Because addiction recovery is a process that usually involves family, friends and loved ones, it is worthwhile to consider support and/or self help groups for people close to the substance user as part of a holistic and inclusive treatment plan.

**Assessment Counseling**, which takes approximately one hour, is a meeting with a specialist who gathers information about the individual's situation, and helps the individual seeking treatment to identify and plan the most appropriate treatment path with the highest rate of success for the individual. Assessment counseling helps to support and guide the individual through the treatment process and engage their family.

**Civil Commitment (also called Section 35)** is involuntary and court mandated inpatient substance abuse treatment. Massachusetts General Laws Chapter 123, Section 35 permits the courts to involuntarily commit someone whose alcohol or drug use puts themselves or others at risk. Such a commitment can lead to an inpatient substance abuse treatment for a

period of up to 30 days. There are specific criteria for what qualifies for “risk”. Because there are both potential benefits and serious risks to civil commitments, it is important to seek professional opinions and the experiences of other people who have been involved in this process with their loved one.

**Detoxification (Detox)/Acute Treatment** is a short term (5-7 day stay) treatment designed to alleviate or rid the body of the chemical dependence to drugs in a safe, medically supervised treatment environment. Detoxification is used primarily for patients seeking recovery from substances to which the body has formed a physical dependence such as alcohol and/or opioids<sup>4</sup>. Individuals must be medically cleared prior to admittance. Detox should usually be considered a medical procedure that is part, but not all, of an addiction treatment plan.

**Holdings and Transitional Support Services (TSS)** are short-term residential settings with structured environments for individuals seeking continued treatment post-detox. These programs are typically accessed directly from detox centers until a long-term residential bed becomes available, usually to a maximum of 30 days. They do not accept anyone in need of medical supervision, such as treatment of infections or acute mental illness.

**Medication-Assisted Treatment** utilizes medications such as methadone or buprenorphine to treat opioid addiction and minimize cravings. Participants must receive counseling in conjunction with medication-assisted treatment.

**Outpatient Treatment** provides structured treatment in an outpatient environment. Many types exist which vary in intensity; anywhere from one to three days a week. Methadone maintenance counseling can be included. Individual, group and family therapy services are available at many outpatient centers.

**Recovery Homes (also known as halfway or sober homes)** are group homes for individuals who are in recovery and wish to begin to re-engage in activities such as school, work, etc. in a supportive, recovery-oriented environment. Some of these programs are not licensed and are not required to provide structured treatment on-site. However, therapy or self-help groups often do run on site. Abstinence from drug and alcohol use is most commonly monitored by regular drug testing. Stays range from three to 12 months.

**Rehabilitation (Rehabs)** includes detoxification and therapeutic support services provided within a hospital environment. Treatment length is approximately one to two weeks, and payment is typically through private insurance or self-pay.

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<sup>4</sup> Opioids either come from the opium poppy or are synthetically made by a pharmaceutical company. Prescription opioids are usually prescribed for pain. Some examples are: fentanyl, OxyContin, morphine, Vicodin, Dilaudid, Percocet, Demerol, and Norco. Illegal opioids include heroin and opium. Both prescription and illegal opioids have a high risk of overdose and developing addiction.

**Residential Rehabilitations** are long term residential treatment programs which often require participation in structured treatment, abstinence confirmed by regular drug and alcohol testing and often require that residents seek some level of employment. Stays range from three to 12 months.

## CURRENT SYSTEM FOR SUBSTANCE ABUSE CARE IN BOSTON

Boston currently has a robust system of care for individuals, families, and communities affected by substance abuse with a variety of prevention, risk reduction and treatment options available across the continuum of care described above. These highlighted programs and services are provided directly through the BPHC as well other programs and services available within Boston.

### Prevention

Boston community prevention efforts utilize partnerships with neighborhood-level coalitions to increase knowledge and awareness of substance use, to address environmental barriers to risk reduction and treatment, and to build long-term capacity within Boston neighborhoods for addressing substance abuse. In addition to substance abuse prevention, there are several coalitions with a specific focus on underage drinking and opioid overdose prevention. The BPHC supports 16 neighborhood No-Drug Coalitions. To get involved or learn more about neighborhood-specific initiatives, individual contact information can be found in the INNOVATIONS section under the subheading *Get Involved*.

### Risk Reduction

Risk reduction services are delivered using the philosophy of meeting drug users “where they are at” by focusing on safer drug use, while neither condoning nor condemning the use of substances. The goal is to reduce the negative health consequences associated with drug use, particularly HIV/AIDS, viral hepatitis, TB, skin, lung and heart infections and fatal and nonfatal overdose. The program utilizes a range of strategies to keep users engaged in the program, such as safe injection education, needle exchange, and overdose prevention education using nasal narcan. Boston is home to one of the largest overdose prevention and needle exchange/syringe disposal programs in New England. This program operates five days per week and offers mobile and fixed site services as well as street outreach, office-based service and home delivery.

In August 2006, the Boston Public Health Commission passed a public health regulation that authorized an opioid overdose prevention program that included intranasal naloxone education and distribution of the spray to potential bystanders as well as family members of active users. Participants were taught by trained non-medical needle exchange staff. After 15 months, the program provided training and intranasal narcan to 385 participants who reported 74 successful overdose reversals. The program was expanded in 2007 to

include eight additional agencies in the Massachusetts serving 13 communities with Boston staff providing training and support across the state.

## **Treatment**

### **Acupuncture**

In Boston, there are numerous general acupuncture providers and two providers that specialize in relapse prevention and addiction, one at the BPHC Addictions Bureau.

### **Aftercare Support and Self Help**

Many residential treatment programs will offer groups on site for clients. However, most Alcoholics Anonymous and Narcotics Anonymous meetings are located in community sites such as churches or community centers and are explicitly and intentionally not associated with formal substance abuse treatment services. There are currently over 150 AA or NA meetings occurring weekly in Boston.

### **Assessment Counseling**

The BPHC operates a resource and referral center which provides independent assessment counseling and referrals to appropriate care.

### **Civil Commitment (Section 35)**

In Massachusetts, there are separate Section 35 treatment facilities for men or women in Brockton and New Bedford, respectively, that serve residents from the entire state. There are no Section 35 treatment facilities located in Boston.

### **Detoxification (Detox)/Acute Treatment**

There are 163 acute treatment beds available providing inpatient alcohol and drug detoxification across several Massachusetts Department of Public Health licensed programs in Boston and several additional beds that are part of hospital systems.

### **Medication-Assisted Treatment**

For individuals seeking treatment from addiction to opioids, there are six methadone maintenance programs providing medication-assisted treatment, usually coupled with outpatient counseling and case management. There are also numerous office-based opioid treatment programs that use buprenorphine (Suboxone, Subutex), including most of the community health centers in Boston, as well as several large medical centers and many private physicians.

### **Outpatient Treatment**

There are 35 general and nine intensive outpatient treatment programs in Boston that are licensed to provide comprehensive substance abuse counseling on an outpatient basis.

**Residential Treatment (including Holdings, TSS, Recovery Homes, Rehabs & Residential Rehabs)**

According to the Massachusetts Department of Public Health's Bureau of Substance Abuse Services, there are a total of 872 residential treatment beds available in the Boston.

This includes the following residential treatment services:

- Recovery homes providing medium intensity residential treatment services to individuals in recovery
- Specialized residential treatment program for families and specialized residential treatment programs for women and their children; all providing high intensity residential treatment to individuals in early recovery
- Specialized residential treatment for recently incarcerated people
- Therapeutic communities providing high intensity residential treatment services to women or men in different programs
- Youth residential treatment programs that provide high intensity residential treatment to youth in early recovery
- Transitional support programs that provides short term, residential treatment as a step-down service to individuals in recovery
- Residential facility for people who are dually diagnosed with a substance abuse disorder and mental illness

**HOW TO ACCESS CARE IN BOSTON****Choosing Which Treatment Option is Right for You or Your Loved One**

Each of the various treatment modalities described above comes with its own benefits and costs. The appropriateness of each for individuals seeking treatment can vary greatly based on a number of factors including drug(s) of choice, drug use and treatment history and the individual's readiness for treatment, as well as his or her mental and physical health status. For this reason it is critical that the need for individuals seeking treatment to be triaged by qualified health professionals to determine and assess the most appropriate level of care.

**Payment for Services**

Substance abuse treatment services are paid for by insurance, self-pay by the patient or free care. Different services accept different forms of payment and patients should verify what is accepted at the time of service. Many of the services in Boston are subsidized with city, state and/or federal funds.

**What to Expect When Accessing Services**

The first step in accessing treatment services is usually an assessment. You or your loved one will be asked to provide a detailed history and much of this information will be used to develop a treatment plan. In addition to assessing substance use, several treatment options also require medical clearance, which requires an additional assessment to be sure that any possible acute medical conditions are addressed before going to detox or

starting a methadone program, for example. In some instances, the assessments are at different locations and the time between intake assessment and starting treatment may take several days. It is also common for treatment plans to change or be modified over the course of treatment as providers and patients jointly or individually see fit.

While a holistic treatment plan will include some level of involvement from family and loved ones, it is important to remember that substance abuse treatment, like all other forms of health care, is subject to the Health Insurance Portability and Accountability Act (HIPAA). This means that patient information is only available to people that the patient her/himself authorizes, unless the patient is a minor and the requestor of the information is his or her legal guardian.

All substance abuse treatment services should have clearly posted grievance procedures available. In this absence, please contact the Massachusetts Department of Public Health Substance Abuse HelpLine: 1-800-327-5050.

#### **Available Resources and Supports**

- **BPHC Resource and Referral Center**

774 Albany Street, Boston, MA 02118  
617-534-5554

The Boston Public Health Commission's Resource and Referral Center works with individuals and their families to help them better understand and choose from the range of treatment services available to them. It provides walk-in substance abuse triage and level of care assessment including referrals to the City's outpatient counseling, acupuncture and opioid treatment services, as well as detoxification and residential programs provided by other agencies in Boston. As described below in *Efforts to Improve Access to Care in Boston*, plans are underway to expand this service in order to make it a one-stop shop for anyone seeking access to information or services related to substance abuse in Boston.

To access this service, please call or walk-in between the hours of 7AM and 3PM Monday through Friday.

- **Massachusetts Department of Public Health's Substance Abuse HelpLine**

The Massachusetts Department of Public Health (MDPH) offers web- and phone-based services to assist individuals seeking treatment for themselves and/or their loved ones.

#### ***Program Directory On-line***

MDPH's Substance Abuse Program Directory is available online at:

<http://helpline-online.com/HelplineSearch.aspx>.

It allows individuals to search for licensed treatment programs throughout Boston by geographic location, treatment modality, population served and other search parameters.

**24-Hour Hotline**

The department also offers a 24-hour hotline (800-327-5050) to help connect individuals to a variety of substance abuse-related treatment and services.

- **Substance Abuse and Mental Health Administration (SAMHSA) Treatment Facility Locator**

SAMHSA offers a web-based national treatment locator. SAMHSA endeavors to keep the Locator current. All information in the Locator is completely updated each year, based on facility responses to SAMHSA's National Survey of Substance Abuse Treatment Services. New facilities are added monthly. Updates to facility names, addresses, telephone numbers and services are made weekly, if facilities inform SAMHSA of changes. This Locator is available at: <http://findtreatment.samhsa.gov/>

- **Other Resources and Supports**

For individuals seeking access to self help programs such as NA, AA and/or Al-Anon, these programs also offer hotlines with more information about meeting schedules, locations and other information about how to access their programs:

Narcotics Anonymous 866-624-3578

Alcoholics Anonymous 617-426-9444

Al-Anon Family Groups 508-366-0556

Learn 2 Cope <http://www.learn2cope.org/>

Grief Support After a Substance Passing (GRASP)

[http://www.grasphelp.org/grasp\\_chapters.htm](http://www.grasphelp.org/grasp_chapters.htm)

**Other Issues to Consider When Choosing a Treatment Program**

When considering treatment options for yourself or a loved one, it is important to understand that no single treatment is the right treatment for all individuals and that recovery is a lifelong process, and for many relapse is part of the process. Many individuals will try a variety of treatment options before finding the one that is right for them. There are many paths to recovery.

**Treatment Readiness**

It is also important to evaluate and understand treatment readiness when discussing or deciding on treatment options. Not everyone is ready for treatment, and while the desire to act is understandable, options for involuntary treatment are limited and controversial. Evidence indicates that long term success of involuntary programs may be limited.

One way that many people think about quitting using drugs or alcohol and readiness is as a cycle. The image below turns the cycle into a spiral. There are several important points about this Stages of Change model<sup>5</sup>. The first is that the stage that the person is at is up to the person. There are ways to influence behavior change, but interestingly, the

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<sup>5</sup> Prochaska, DiClemente and Norcross developed a version of the Stages of Change model in 1994, and people often modify it, including the authors. This variation was developed by HAMS.

most effective seems to be supporting the person to be in the stage they are in and not trying to push them to a different stage. Another point is the idea that there are different points where different messages, encouragement, advice and treatment options will and can be heard by someone making behavior change such as stopping using substances. Someone who is thinking about change (second stage) is in fact *thinking about it*– that means not ready for acting on the change (fourth stage). He or she may not react well to being encouraged to act (like go into treatment)- it may be better to encourage the person to think about the pros and cons of the behavior change. One more point is that relapse/sliding backwards/recycling is built into the model. It is part of what is expected sometimes.



For individuals not ready for treatment and their loved ones, there are a number of services available to help keep these individuals safe until they are ready to begin treatment. These programs, typically referred to as harm/risk reduction programs, offer education and supplies around safer substance use including needle exchange and overdose prevention using nasal naran. These services are particularly important for people who are in these stages: not ready yet; thinking about it; preparing for action, and; sliding backwards or relapse.

### Realistic Expectations for Treatment and Recovery

Because recovery is a process and addiction, like other chronic diseases involves periods of relapse, having realistic expectations will reduce some frustrations and disappointment for everyone involved. A concrete example is to change the words we use from unrealistic to realistic. Consider these suggestions from the Centers for Disease Control and Prevention (CDC):

From	To
eliminate drug use	reduce or stop drug use
recovered	in recovery
cured	treated and controlled
on my own	with help
forever	one day at a time
one-shot treatment	ongoing process
relapse is unacceptable	relapse happens

### INNOVATIONS & EFFORTS TO IMPROVE TO ACCESS CARE IN BOSTON

The City of Boston recognizes the need for increased access to quality, affordable treatment. It's Bureau of Addictions Prevention, Treatment and Recovery Support Services recently underwent a strategic planning process resulting in a number of proposed strategies to respond to this identified need.

#### Development of an Expanded Resource and Referral Center

The Bureau has developed a plan and identified funding to establish a centralized Resource and Referral Center for all services of the Bureau and its referral partners across Boston; expanding on the services currently provided by Central Intake and Room 5.

Working in tandem with city and state funded agencies in Boston, the Bureau will develop a resources and referrals center and process with an 800 number, a widely advertised program site and up to date referrals. This program will service as a one-stop center for individuals, families and communities seeking treatment and other resources for themselves or their loved ones.

#### Improving Access to Comprehensive, Quality and Evidence-Based Treatment

The Bureau has a long history of implementing innovative and responsive programming and has the demonstrated ability to attract state and federal funding.

The Bureau recently received an additional \$2.4 million to enhance services to men and women. The Safe and Sound Return (SSR) project will assist us to expand and enhance substance abuse treatment and reentry services for women returning to the community from incarceration. The Boston Consortium of Services for Men in Recovery (BCSMR) will allow us to expand and enhance treatment and recovery support services for Latino and African American Men ages 18 and older with a history of co-occurring (substance abuse and mental health) issues. Both of these programs will allow us to build on existing relationships with referral partners, as well as, build new partnerships to increase access to services for people who have historically not been well served by substance abuse treatment services.

In addition the Bureau's harm reduction and overdose prevention programming, which operates under the philosophy of meeting users "where they're at", provides education, training and safety supplies including needle exchange and nasal narkan training to active users. Their consistent presence in the community, along with their focus on the safety and well-being of active users, allows them to engage individuals who are not yet ready for treatment, building a relationship and trust, so that when individuals are ready to enter treatment, they have a resource in the community whom they trust to help connect them to services.

In order to continue to build on and promote this work, the Bureau has developed or adapted the following training materials:

- *Spirituality in Recovery*: An educational group curriculum for women in recovery (Spanish/English)
- *Women's Leadership Training Institute*: An educational group curriculum for Women in recovery (Spanish/English).
- *Economic Success in Recovery*: An educational group curriculum for women in recovery (Spanish/English).
- *Pathways to Family Reunification*: An educational group curriculum for women in recovery (Spanish/English).
- *Integrated Substance Abuse, Mental Health and Trauma Treatment with Women*: A case study workbook for staff training (Spanish/English).
- *Saber es Poder: Modelo de Trauma y Recuperación para Mujeres Latinas*. (A Spanish translation and cultural adaptation of Maxine Harris' Trauma Recovery and Empowerment manual).
- *Men's Leadership*: An educational peer leadership curriculum for men in recovery.
- *MTREM*: A trauma informed treatment curriculum for men.
- *Moment-by-Moment in Women's Recovery: A Mindfulness-Based Approach to Relapse Prevention*. An educational group curriculum for women in recovery.
- *Women's Leadership and HIV/AIDS Prevention Training Institute*: An educational group curriculum for women in recovery.
- *Opioid Overdose Prevention for Friends and Family Members*: A curriculum for overdose prevention and management skill enhancement (Spanish/English).

- *Opioid Overdose Prevention for Public Safety and Law Enforcement:* A curriculum designed to address fears about calling 911 in an overdose emergency and enhance public safety and law enforcement personnel overdose management skills.

### **Build Local Leadership in Communities to Address Substance Abuse and Addiction**

Beginning in 2002, under the leadership of the Mayor, the Boston Public Health Commission awarded mini-grants (approximately \$8,000 each) to seven neighborhood-based coalitions throughout the City to help them to build long-term capacity to address substance abuse within their neighborhoods. Since that time, the coalitions have grown both in number and size, in many cases attracting additional, larger funding sources which have allowed them to broaden the scope of their work and emerge as true partners in city-wide efforts to address substance abuse. This City investment allowed the Bureau to win nearly \$2 million in state funding to award eight new prevention grants in nine neighborhoods across the City. Four of these grants fund coalitions in Allston-Brighton, Chinatown, Dorchester, and South Boston to expand their efforts to prevent and reduce alcohol and other drug abuse, with particular emphasis on underage drinking. The other four coalitions, in the South End, Charlestown, Roxbury/Jamaica Plain, and South Boston focus on preventing and reducing fatal and non-fatal opioid overdoses.

A goal of the Bureau's strategic plan is to continue to build this capacity and leadership at the neighborhood level by continuing to provide support, training and other technical assistance to the coalitions, as well as continuing to help them to attract additional funding.

Selected activities of the neighborhood coalitions include:

- Coordinating safe prescription drug disposal events
- Training bartenders and liquor store staff about responsible alcohol serving
- Provide parents with training about how to keep their teens safe during prom season
- Designing media campaigns
- Performing community needs assessments
- Training police officers about overdose prevention and management
- Conduct social host liability workshops with college students and parents
- Work with local colleges and universities and a joint security committee about student safety and underage drinking
- Establish active youth advisory coalitions
- Operate community based outreach efforts to connect substance abusers with treatment services
- Lobby lawmakers for enhanced substance abuse prevention
- Provide incarcerated individuals with overdose prevention skills
- Present at statewide and national conferences

**Getting Involved**

The foundation of all of the substance abuse prevention efforts in Boston is the creativity and dedication of community members. Please consider joining these groups of dedicated people!

- *Neighborhood Coalitions*

<b>Coalition</b>	<b>Contact Person</b>	<b>Contact Information</b>	<b>Website</b>
<b>Allston/Brighton Substance Abuse Coalition</b>	Helen Connolly/ Liz Parsons	(617) 789-2967 (617) 789-2140	<a href="http://www.abdrugfree.org">www.abdrugfree.org</a>
<b>Dorchester Substance Abuse Coalition</b>	Adelia Rocha/ Meg Rose	(617) 282-3200 x3172 (617) 232-3200	<a href="http://www.mydsac.org">http://www.mydsac.org</a>
<b>South Boston Action Council</b>	Kay Walsh	(617) 269-5160 x126	<a href="http://www.theactioncenter.org">http://www.theactioncenter.org</a>
<b>South Boston Hope &amp; Recovery Coalition</b>	Andy Ward	617-534-9500	<a href="http://hopeandrecovery.org">http://hopeandrecovery.org</a>
<b>Chinatown Coalition for Boston</b>	Jane Leung/ Keene Wong	(617) 482-4243	<a href="http://tccboston.org">http://tccboston.org</a>
<b>Charlestown Substance Abuse Coalition</b>	Beth Rosenshein	(617) 726-6684	<a href="http://www.csac-chad.org">http://www.csac-chad.org</a>
<b>Roxbury/Jamaica Plain Substance Use Coalition</b>	Deborah Milbauer	<a href="mailto:info@roxjpcalition.org">info@roxjpcalition.org</a>	<a href="http://www.roxjpcalition.org/">http://www.roxjpcalition.org/</a>
<b>South End Healthy Boston</b>	Alicia Casali	<a href="mailto:alicia@cassconsulting.net">alicia@cassconsulting.net</a>	
<b>Project Right</b>	Michael Koza	<a href="mailto:mkozu@projectright.org">mkozu@projectright.org</a>	
<b>North End NoDrug Coalition</b>	Mary Wright	(617) 643-8064 <a href="mailto:mlwright@partners.org">mlwright@partners.org</a>	
<b>East Boston Coalition</b>	Pat Milano	(617) 733-7073	
<b>Healthy Roslindale Coalition</b>	Steven Godfrey	617-635-5185 ext 1306 <a href="mailto:HealthyRoslindale@verizon.net">HealthyRoslindale@verizon.net</a>	

- ***Legislative and Community Advocacy***

Additional or continued support from the community and lawmakers ensures a robust system of care. Just a few examples of opportunities to show your support are:

- Attending Recovery Day at the State House
- Encouraging your elected officials to support 911 Good Samaritan legislation
- Attending annual overdose vigils
- Submitting a Letter To the Editor following media reports about substance abuse
- Visit: <http://www.moar-recovery.org/>

## SPECIAL POPULATIONS

There are a number of unique or vulnerable population groups that have been historically underserved, hard to reach, poorly understood, or are emerging groups.

While it is expected that at minimum all treatment programs offer culturally appropriate program without regard to age, gender, race/ethnicity, sexual orientation or recovery status, there is an on-going need for specialized programs and services that address the specific cultural and linguistics needs of the following vulnerable populations:

### **Individuals with Co-Occurring Disorder(s) and/or Histories of Trauma**

It is widely acknowledged that the majority of individuals seeking treatment for substance abuse have co-occurring mental health disorders, as well as significant histories of trauma. For some people, treating the underlying mental health disorder or trauma is the first step to addressing substance abuse. These individuals require comprehensive, integrated treatment that addresses the multiple facets of their disease and issues related to it.

### **Individuals Utilizing Medication-Assisted Treatment**

There are a number of medication-assisted treatment options available to help individuals seeking treatment for addiction to opioids. These programs are highly specialized and while they have demonstrated effectiveness, stigma remains toward this model of care resulting in significant barriers to access for individuals seeking this type of treatment or medicated assisted treatment combined with residential treatment.

### **Individuals Who Are Lesbian, Gay, Bisexual, or Transgender**

Lesbian, gay, bi-sexual or transgender (LGBT) people have higher substance use and abuse rates than heterosexual and non-transgender counterparts. Some LGBT people prefer substance abuse treatment specifically designed for LGBT people and some prefer general treatment services that also exhibit comfort and competence in working with a varied clientele. While Boston boasts some of the forefront agencies in the country in working with substance abuse among LGBT people, in general, programs targeted at this specific population are few in number. General treatment programs also need to increase efforts to improve access and treatment efficacy for LGBT people.

**Pregnant and Postpartum Women**

Pregnant and postpartum women require specialized treatment that takes into account and addresses their unique treatment and medical needs. These programs often aim to keep women with their children and include psycho-educational therapy and skill building groups related to parenting. These programs are highly specialized and resource intensive so access is often limited.

**Racial/Ethnic/Linguistic Minority Populations**

Racial and ethnic minority groups have historically been underserved and difficult to engage in many existing treatment models which are most often not designed with specific cultural and linguistic needs in mind. For this reason, specialized programs that are more culturally and linguistically appropriate are needed to improve access and treatment outcomes for these populations.

**Elderly Adults**

Similar to sexual health issues, care providers regularly overlook the substance abuse needs of older and geriatric people. For example, routine screening is often overlooked in favor of treating other health conditions despite mounting evidence of considerable substance abuse in elderly populations. Health care for elderly adults should be holistic and include substance abuse screening and substance abuse treatment must enhance capacity to appropriately work with older people.

**Youth/Young Adults**

As more and more young people report experimenting with prescription medications, alcohol and other substances at a young age, there is a growing need for increased treatment capacity for this population that addresses their specific developmental needs related to treatment. Young adults, aged 18-25, in particular, engage in treatment less often than older drug using counterparts.

**APPENDIX A –  
UNDERSTANDING THE DISTINCTION BETWEEN SUBSTANCE USE, ABUSE  
AND DEPENDENCE**

Substance use and misuse are non-clinical terms. Substance use is a neutral term that simply refers to the act of using a substance without speaking to the nature of this use (i.e. is it appropriate or clinically indicated?). For example, substance use might refer to a person taking a medication as prescribed by a physician. Substance misuse speaks to the use of substance other than as directed or intended. For example, taking a higher dose of a prescribed medication or using it for other purposes than instructed (i.e. taking pain medication to sleep).

Substance abuse and dependence are clinical diagnoses with specific criteria for distinguishing between the two. Used most commonly by providers and payers to determine treatment and payment, the most widely accepted standard for diagnosis of a substance abuse or dependence disorder is defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994).

According to APA's definition, substance abuse refers to a pattern of recurrent adverse consequences related to substance use. Substance dependence refers to a pattern of substance use where adverse consequences are accompanied by physical or psychological dependence on a substance. Signs of dependency include: increased tolerance or need for increased amounts of substance to attain the desired effect, withdrawal symptoms with decreased use, unsuccessful efforts to decrease use, increased time spent in activities to obtain substances, withdrawal from social and recreational activities, and continued use of substance even though physical or psychological problems are continually encountered.

## **APPENDIX B – PROGRAMS AND SERVICES AVAILABLE DIRECTLY THROUGH THE BOSTON PUBLIC HEALTH COMMISSION**

The following are a list of substance abuse-related programs and services available directly through the City's local health department:

### **Prevention and Risk Reduction Services**

Works directly with communities to reduce and prevent the poor health outcomes associated with substance use. Prevention and Harm Reduction is divided into two programs:

- **Community Prevention Services**

774 Albany Street, Boston, MA 02118 | 617-534-2182

Utilizes partnerships with neighborhood coalitions to increase knowledge and awareness of substance use, address environmental barriers to risk reduction and treatment, and build long-term capacity within Boston neighborhoods for addressing substance abuse.

- **AHOPE** (Addicts Health Opportunity Prevention Education)

774 Albany Street, Boston, MA 02118 | 1-800-383-2437

Utilizes mobile van services, street outreach and home visits to provide education, training and safety supplies to active users to reduce the spread of HIV and Hepatitis infections and to prevent fatal and nonfatal overdose. Services include free, legal and anonymous needle exchange, overdose prevention and nasal naran education, on-site testing and treatment referrals.

### **Resource and Referral Services**

- **Resource and Referral Center** (formerly known as Central Intake Unit/ "Room 5")

774 Albany Street, Boston, MA 02118 | 617-534-5554

Hours: Monday - Friday: 7:00 AM - 3:00 PM

Offers walk-in substance abuse triage and level of care assessment that provides referrals to the Bureau's outpatient counseling, acupuncture and opioid treatment services. The Center also makes referrals for detoxification and residential programs to other agencies in Boston.

### **Treatment and Recovery Support Services**

Provides high-quality, comprehensive and culturally appropriate treatment and recovery support services to residents of Boston, particularly to vulnerable and emerging

populations and those historically difficult to engage in services. All of our treatment programs are licensed by the Massachusetts Department of Public Health.

### **Opioid Treatment Services**

Referral information through Central Intake/ “Room 5”  
774 Albany Street Boston, MA 02118

Provides outpatient methadone maintenance in conjunction with outpatient counseling for individuals seeking treatment for opioid addiction.

### **Residential Services**

- **Entre Familia**

211 River Street Mattapan, MA 02126 | 617-534-2922

Provides year-long residential substance abuse treatment for Latina women and their children.

### **Outpatient Counseling Services**

- **Men’s Health and Recovery**

774 Albany Street, 3rd fl, Boston, MA 02118 | 617-534-2185

Provides specialized outpatient substance abuse treatment with supportive case management for men. Specialized services for non-English speakers are available.

- **Outpatient Services for Women- Mom’s Project, MORE and Safe and Sound Return**

774 Albany St., 4th fl, Boston, MA 02118 | 617-534-7411

Provides specialized outpatient substance abuse treatment with supportive case management for women. Offers two levels of care: comprehensive outpatient treatment (Mom’s Project) and intensive outpatient treatment (MORE).

Safe and Sound Return Project is a special program of the Mom’s Project offering supportive (needs space) case management to meet the unique needs of women re-entering the community from incarceration.

All women begin in the Mom’s Project. Specialized services for non-English speakers are available, as well as limited childcare to assist participation in treatment.

- **South Boston Outpatient Clinic**

8 Revered Burke St. #151, South Boston, MA 02127 | 617-534-9500

Located at the Collaborative Center, provides comprehensive outpatient treatment to adults and adolescents from South Boston and its surrounding neighborhoods.

- **Acupuncture Treatment Services**

Referral information through Resource and Referral Center

774 Albany Street, MA 02118 | 617-534-5352

Provided as an adjunctive to outpatient counseling, helps individuals seeking treatment achieve and maintain long term recovery.

For more information about any of our programs, please visit our website at:

[www.bphc.org/addictions](http://www.bphc.org/addictions)