WHAT DO WE DO NOW?

A Resource Manual & Guide:

Navigating the Substance Abuse System in Massachusetts

2nd Edition, 2018

Please call or text the SAFE SUPPORT LINE:

508-488-8105
SAFE COALITION

Support for Addicts & Families through Empowerment

We are a group of volunteers in Western Norfolk County serving (Franklin, Foxboro, Medway, Millis, Norfolk, Plainville, Walpole, Wrentham and surrounding towns. We are dedicated to providing support, education, treatment options, and coping mechanisms for those affected by Substance Use and/or Alcohol Disorder.

“WE UNDERSTAND THAT WHILE I CAN’T, WE CAN!”

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Registration # CI-522624530

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SAFE Coalition of Massachusetts
P.O. Box 434
Franklin, MA 02038
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Please visit our website:  
[www.safecoalitionma.org](http://www.safecoalitionma.org)

Send an email:  
[info@safecoalitionma.org](mailto:info@safecoalitionma.org)

Like our Facebook Page:  
[@safecoalitionma](https://www.facebook.com/safecoalitionma)

Follow us on Twitter:  
[@safecoalitionma](https://twitter.com/safecoalitionma)

You may also call or text our SAFE Hotline at:  
508-488-8105
Glossary of Terms

**AA:** Alcoholics Anonymous

**Aftercare:** Any continuing treatment after ‘detox’

**Al-Anon:** A fellowship that offers a program of recovery for the families and friends of alcoholics

**Alateen:** A support organization of teenage children of alcoholic parents

**ATS:** Addiction Treatment Services

**CSS:** Clinical Stabilization/Step Down Services

**DETOX:** Detoxification

**IOP:** Intensive Outpatient Programs

**NA:** Narcotics Anonymous

**Narcotic:** Drugs that affect mood or behavior (legal)

**Opiate:** Naturally occurring drug (morphine/codeine) derived from the poppy plant

**Opioid:** Synthetic/semisynthetic drugs derived from or based on morphine that bind to various opioid receptors

**PAWS:** Post-Acute Withdrawal Symptoms

**PHP:** Partial Hospitalization Programs

**TSS:** Transitional Support Services
HOW WILL I KNOW? IF MY LOVED ONE IS USING

Telltale Signs of Drug Use
SIGNS OF DRUG ABUSE

Physical Symptoms:

- Agitation/Shaking
- Bloodshot or Glazed Eyes
- Bruises and Infections
- Difficulty Sleeping
- Dilated/Enlarged Pupils
- Pinpoint Pupils
- Sores that will not heal
- Track Marks
- Weight Loss
Psychological Symptoms:

- Anxiety Attacks
- Decreased Appetite
- Depression
- Lowered Motivation
- Paranoia

Other Signs:

- Dramatic Changes in Habits and/or Priorities
- Financial Problems
- Stealing/Sudden Criminal Activity
- Sudden Changes in Social Network
Addiction is characterized by:

- An inability to consistently abstain from use of a substance or from an addictive behavior
- Loss of behavioral control
- Craving and/or mental preoccupation
- Decreased ability to see the deterioration in oneself and one's relationships
- Emotional immaturity

Use of substances that stimulate similar brain centers or that have similar actions can be lethal if used together. One substance enhances the potency of another such that the response is greater than the sum of their actions \((i.e., 1+1=3)\). The result of this can be death.

An addiction of any kind predisposes an individual to develop other addictions. Therefore, for someone who has struggled with addiction, the use of any mind-altering substance is extremely risky!

While mental health therapy (different than substance abuse counseling) may be recommended for your loved one, timing is very important. Under two years of sobriety is considered early sobriety. Thus, an individual who enters into mental health therapy may not have coping mechanisms that are strong enough to tolerate looking into the wreckage of their addiction. Your loved one may need to learn how to live their life without using (for 2 years) before they are able to enter into mental health therapy. There are some instances where therapy is necessary in early sobriety, such as when a significant trauma has been involved. If your loved one has difficulty maintaining sobriety using support such as AA or NA with the help of a sponsor, they may need to have a professional evaluate the need for additional resources. In any event, a professional therapist needs to be skilled in the area of addiction.
WITHDRAWAL SYMPTOMS

Withdrawal occurs when an addict ceases to use opioids. Often, flu-like symptoms can appear such as runny nose, diarrhea, abdominal cramping, excessive sweating, watery eyes, body aches, nausea and vomiting.

These symptoms include:

- Cold shakes
- Chills and sweating
- Fever-like symptoms
- Mood swings
- Anxiety and depression
- Bone pain
- Vomiting
- Insomnia
- Diarrhea

Physical symptoms may also include anxiety, sleeplessness, excessive yawning, dilated pupils, rapid heartbeat and high blood pressure. Those suffering from withdrawal may desperately seek a dose of opioids to alleviate withdrawal discomfort.
## Symptoms & Signs of Opioid Withdrawal

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<td>Trouble sleeping</td>
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*Everyone does not experience all of these effects during opioid withdrawal, at all times, or to the same extent*
DETOX IS JUST THE BEGINNING!
IT IS NOT THE CURE....

It can take a \textit{year or more} for the brain and the neurological system to recover from drug abuse.
DETOX CAN TAKE UP TO:

4 days with **opioids**
7 days with **alcohol**
12 days with **benzodiazepines**

Self-detoxification is dangerous, unsafe and may result in death.
WHAT IS ‘DETOX’?

‘Detox’ programs are medically monitored detoxification services that provide 24-hour nursing care, under the consultation of a medical director, to monitor an individual’s withdrawal from opioids, alcohol and other drugs, and alleviate symptoms. An **AFTERCARE** plan recommendation is developed for every patient upon discharge. **Aftercare plans** may include, but are not limited to, any combination of: residential treatment, medication assisted treatment, sober living programs, intensive outpatient programs, individual or group counseling and self-help meetings (e.g., Alcoholics Anonymous, Learn to Cope, Narcotics Anonymous).
Involuntary ‘Detox’: In Massachusetts, involuntary ‘detox’ can be accomplished through a process governed by Massachusetts General Law Chapter 123, Section 35, commonly referred to as a Section 35. A Section 35 is a court-ordered involuntary civil commitment to a treatment facility of an individual whose dependence on drugs or alcohol results in risk of serious harm to him or herself or others. The court-ordered commitment cannot exceed 90 days. A petition for a Section 35 commitment can be filed on a person of any age in any District, Juvenile or Boston Municipal Court by a family member/blood relative, spouse, doctor, police officer or court official. The petitioner must appear in person at the court and must know the whereabouts of their loved
one. If ordered, a judge will issue a warrant of apprehension effective for 5 business days, sunrise to sunset, and the loved one will be taken into custody by the police. THIS IS NOT A CRIMINAL ARREST AND WILL NOT SHOW UP ON A RECORD CHECK.

Once before the court:

- The court Psychologist or Licensed Clinical Social Worker will evaluate the situation and make a recommendation to the Judge.

- A Judge will determine whether or not your loved one fits the criteria for an involuntary commitment.

- As with voluntary detox, every patient is discharged from the facility with a treatment plan.

All questions should be directed to the nearest Clerk Magistrate’s Civil Office at Your Local District Court.
Voluntary Detox

If your loved one is willing to enter treatment, you should first check with your health insurance company to determine substance abuse coverage. If you do not have health insurance, many detox programs have free care beds. You may also transport your loved one to the nearest emergency room and request detox assistance.
AFFIDAVIT IN SUPPORT OF PETITION FOR COMMITMENT (G.L. c. 123, § 35)

AFFIDAVIT IN SUPPORT OF PETITION FOR COMMITMENT
FOR ALCOHOL OR SUBSTANCE USE DISORDER
G.L. c. 123, § 35

Describe in detail why you have reason to believe that the Respondent has an alcohol or substance use disorder to the extent that (1) such use substantially injures the person's health or substantially interferes with the person's social or economic functioning, or (2) the person has lost the power of self-control over the use of such beverages and/or controlled substances or toxic vapors.

SIGNED UNDER THE PAINS AND PENALITIES OF PERJURY.

Date: _______________    Petitioner's Signature: ________________________________
PETITION FOR COMMITMENT
(G.L. c. 123, § 35)

DOCKET NO.             DIVISION

PETITION FOR COMMITMENT
FOR ALCOHOL OR SUBSTANCE
USE DISORDER
G.L. c. 123, § 35

PETITIONER’S PRINTED NAME

PETITIONER’S TITLE OR RELATIONSHIP, IF ANY, TO RESPONDENT

PETITIONER’S HOME PHONE

PETITIONER’S WORK PHONE

EXCERPTS FROM G.L. c. 123, §§ 1 and 23

G.L. c. 123, § 1. Definitions. — "Use of harmful substances" means the use of any substance which is harmful to the user or others, and which the user is capable of controlling.

G.L. c. 123, § 33. Commitment for alcohol or substance use disorder. — "Alcohol or substance use disorder" means that a person meets the criteria of a substance use disorder, as defined in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, most recent edition, or an equivalent diagnosis. The diagnosis must be supported by at least one of the following:

1. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.
2. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.
3. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.

PETITION FOR COMMITMENT
FOR ALCOHOL OR SUBSTANCE USE DISORDER
G.L. c. 123, § 35

The undersigned Petitioner hereby applies to this court for an order committing the Respondent named above for inpatient care and treatment for an alcohol or substance use disorder for a period not to exceed 90 days under the provisions of G.L. c. 123, § 35.

The Petitioner has reason to believe that the Respondent has an alcohol or substance use disorder, and petitions the Court for an order committing the Respondent to a facility designated by the department of public health, followed by the availability of case management services provided by the department of public health for up to 90 days, that the Respondent is capable of controlling.

The Respondent is in immediate danger:

DATE SIGNED

PETITIONER’S SIGNATURE UNDER THE PAIN AND PENALTY OF PERJURY

G.L. c. 123, § 33. Commitment for alcohol or substance use disorder. — "Alcohol or substance use disorder" means that a person meets the criteria of a substance use disorder, as defined in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, most recent edition, or an equivalent diagnosis. The diagnosis must be supported by at least one of the following:

1. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.
2. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.
3. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.

"Use of harmful substances" means the use of any substance which is harmful to the user or others, and which the user is capable of controlling.

"Substance use disorder" means that a person meets the criteria of a substance use disorder, as defined in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, most recent edition, or an equivalent diagnosis. The diagnosis must be supported by at least one of the following:

1. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.
2. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.
3. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.

In accordance with the criteria of a substance use disorder, the diagnosis must be supported by at least one of the following:

1. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.
2. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.
3. The person has a history of using substances that are harmful to the user or others, and which the user is capable of controlling.

"Commitment for alcohol or substance use disorder" means that a person is not immediately before or after a review of the petitioner or an order committing a person who has been committed under this section.

A person so committed may be released for a period of 30 days, but not for a period of 90 days, unless the department of public health has been notified of the person’s need for inpatient care and treatment for an alcohol or substance use disorder.

The person shall, upon release, be enjoined to continue treatment and shall be allowed voluntary remaining in the facility for such purposes.

(Rev. 4/16)
# RESPONDENT INFORMATION FORM

(G.L. c. 123, § 35)

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**RESPONDENT INFORMATION FORM AS PROVIDED BY PETITIONER**

- **G.L. c. 123 § 35**

**DOCKET NO.** (for court use only)

**Trial Court of Massachusetts**

This information is requested to help police identify and locate the Respondent in order to serve the Respondent with any summons or execute any warrant of apprehension pursuant to G.L. c. 123 § 35. Please provide as much information as possible.

- **RESPONDENT'S NAME:**
- **OTHER NAMES USED BY RESPONDENT, IF ANY:**
- **RESPONDENT'S DATE OF BIRTH:**
- **RESPONDENT'S PLACE OF BIRTH:**
- **RESPONDENT'S SOCIAL SECURITY NUMBER:**
- **MOTHER'S MAIDEN NAME (FIRST, LAST):**
- **FATHER'S NAME (FIRST, LAST):**
- **SEX:**
  - [ ] MALE
  - [ ] FEMALE
- **RACE:**
- **EYE COLOR:**
- **HAIR COLOR:**
- **HEIGHT:**
- **WEIGHT:**
- **BUILD:**
- **PHOTO AVAILABLE (IMPORTANT FOR ID):**
  - [ ] YES
  - [ ] NO
- **OTHER PHYSICAL CHARACTERISTICS (beard, glasses, scars, lattice complexion, piercings):**
- **RESPONDENT'S HOME ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):**
- **APT NO.:**
- **FLOOR NO.:**
- **NAME ON DOOR MAILBOX:**
- **RESPONDENT'S HOME PHONE NO.:**
- **RESPONDENT'S CELL PHONE NO.:**
- **DOES THE RESPONDENT UNDERSTAND ENGLISH?**
  - [ ] YES
  - [ ] NO
- **IF NOT, WHAT LANGUAGE(S):**
- **RESPONDENT'S EMPLOYER/WORKPLACE:**
- **TITLE:**
- **DEPARTMENT:**
- **WORK ADDRESS (NO., STREET, CITY, STATE, ZIP CODE):**
- **WORK TELEPHONE NO.:**
- **WORK HOURS:**
- **OTHER PLACES RESPONDENT MAY BE FOUND (friends, bars, relatives, hangouts):**
- **BEST PLACE TO FIND RESPONDENT:**
- **BEST TIME TO FIND RESPONDENT:**
- **MOTOR VEHICLE LICENSE PLATE:**
- **YEAR:**
- **MAKE:**
- **MODEL:**
- **COLOR:**

**DOES THE RESPONDENT HAVE: (describe briefly):**
- **A history of violence toward police officers?**
  - [ ] YES
  - [ ] NO
- **A history of using/abusing drugs or alcohol? If so, what kind?**
  - [ ] YES
  - [ ] NO
- **Access to guns, a license to carry, or possess a gun? If so, what kind?**
  - [ ] YES
  - [ ] NO
- **Psychiatric/emotional problems? If so, what kind?**
  - [ ] YES
  - [ ] NO

Any other information which might be helpful in locating the Respondent:

- 
- 
- 

**DATE SIGNED:**

**PETITIONER'S NAME:**

**PETITIONER'S SIGNATURE:**

(PW 09/18)
A LIFELINE
for those concerned about a loved one’s ADDICTION

Massachusetts General Laws Chapter 123, Section 35 permits individuals to petition the courts to involuntarily commit family members to an inpatient treatment program when their alcohol or drug use puts themselves or others at risk.

Get FREE LEGAL ASSISTANCE with Section 35 petitions. Contact:
SECTION 35 HELPLINE*

(844) 843-6221 or HelpUs@MassBar.org

*The ‘SECTION 35’ HELPLINE is a pilot project created by Massachusetts Bar Association President Robert W. Hanssens to help friends and families who are struggling with a loved one’s substance abuse. Callers will be referred to volunteer lawyers for assistance.
DETOX PROGRAMS:

**Arbour-Fuller** (Mental Health & Substance Abuse), 200 May St, South Attleboro 508-761-8500 (http://arbourhealth.com/organizations/arbour-fuller-hospital)

**Gosnold Treatment Center**
200 Ter Heun Dr, Falmouth, 800-444-1554 (https://gosnold.org/)

**High Point Treatment Center**
30 Meadowbrook Rd, Brockton, 800-734-3444 (http://www.hptc.org/)

**NORCAP Lodge**
71 Walnut St, Foxborough, 800-331-2900 (https://www.goodsamaritanmedical.org/services-directory/substance-abuse)

**Spectrum Health Systems**
155 Oak St, Westborough, 800-366-7732 (http://www.spectrumhealthsystems.org/)

For further resources, log on to:
(http://www.mabhaccess.com/search/search.aspx#1)
Intensive Outpatient Programs (IOP)/ Partial Hospitalization Programs

An IOP is a type of treatment service and support program used to treat substance use disorders on an outpatient basis. Attendance at a typical IOP can range from daily to several times a week. Services generally include individual and group therapy, 12-step group participation, and random substance abuse testing.

Norcap Lodge
71 Walnut St, Foxboro, 508-543-1873
(https://www.goodsamaritanmedical.org/services-directory/substance-abuse)

Leonard Morse Hospital
67 Union Street, Natick, 508-650-7000
Youth Services

Substance abuse services for ages 18 and under are available at the following programs:

**Detox/Acute Treatment for Youth**

Motivating Youth Recovery

Worcester, 508-860-1244
(www.communityhealthlink.org)

**The CASTLE - High Point Treatment Center**

Clean and Sober Teens Living Empowered

30 Meadowbrook Rd, Brockton

508-742-4420    www.hptc.org
WHAT HAPPENS AFTER DETOX?

AFTERCARE!
HOW LONG DOES RECOVERY TAKE?

The recovery process is vastly different for everyone and is often a lifelong journey. After physical symptoms of detox/withdrawal begin to disappear, a person early in recovery may experience Post-Acute Withdrawal Symptoms (PAWS) for a year or more. These symptoms are common for several reasons. First, the neurological system has been compromised or damaged because of consistent opioid use, and second, psychological coping mechanisms are also being learned or re-learned.

Although these symptoms can be uncomfortable, they can be treated. They include many combinations of the following in varying degrees:

Anxiety, depression, sleeplessness, restless leg syndrome, low energy level, and irritability
Following a 4- to 12-day detox, the road to recovery may lead to several types of programs:
Clinical Stabilization Services (CSS) - Step Down Services

Provides clinical stabilization for clients leaving detox or stabilization services for clients needing acute treatment, but not meeting criteria for medically-assisted detox.

Gavin Foundation ATS/CSS
Quincy 617-845-5785
(http://www.gavinfoundation.org/programs/quincy-detox)

Gosnold Post Detox
Miller House Cape Cod Cataumet
Falmouth 800-444-1554
(https://gosnold.org)

High Point Treatment Center
Serenity Inn
30 Meadowbrook Rd, Brockton
800-734-3444
(https://www.hptc.org)
High Point Treatment Center  
1233 State Road, Plymouth, MA  
508-224-7701 / -7705  
(https://www.hptc.org/site_plymouth.php)

Lahey Behavioral Health Program  
111 Middleton Road, Danvers, MA  
978-739-7621  
(https://drugrehabs.net/locations/massachusetts/danvers /lahey-behavioral-health-css-program/)

Recovery Centers of America at Danvers  
75 Lindall St, Danvers, MA  
(978) 767-2847

Spectrum Health Systems  
CSS + Detox  
154 Oak Street, Westborough, MA  
800-366-7732  
(http://www.spectrumhealthsystems.org/services/services /clinical-stabilization-services)

SSTAR  
400 Stanley St, Fall River, MA, 508-679-5222
Women’s Renewal at Dimock
55 Dimock St, Roxbury, MA 02119

(617) 442-8800
(https://www.dimock.org/)

For further resources, log on to:
(http://www.mabhaccess.com/search/search.aspx#1)

Select **CSS** from *Service*, choose *Service For*, Enter *Zip* and *Miles*, then sort by ____.
Transitional Support Services (TSS)

Short-term residential programs that accept clients from detoxification, clinical stabilization services programs or from homeless shelters if the individual is not at risk for medical withdrawal complications. TSS beds are routinely funded by the Massachusetts Department of Public Health. The average length of treatment is between two to four weeks. Case Mangers assist clients in developing after-care treatment plans.

Facilities

New Hope
Weymouth 617-878-2550

Spectrum Residential Program
Westborough 800-366-7732
(http://www.spectrumhealthsystems.org/services/services/residential-treatment)

High Point Treatment Center
New Bedford 508-984-1697
(https://www.hptc.org/)
**Recovery Homes/Half-Way House**

Residential treatment programs or half-way houses provide a structured drug and alcohol-free environment for individuals recovering from substance abuse disorders. Emphasis revolves around recovery and treatment that is integrated within the community. Residents are encouraged to utilize community-based resources.

**Facilities**
*(men and women)*

**Hope House** *(men)*
Boston 617-971-9360
(www.hopehouseboston.org)

**Linda Fay Griffin House** *(women)*
Worcester 508-755-8990

**North Cottage** *(men)*
69 E Main St, Norton 508-285-2701
(www.northcottageprogram.com)

**Serenity House** *(women)*
Hopkinton 508-435-9040
Family Substance Abuse Shelters:

Specialized residential services for families provide a safe and supportive treatment environment for homeless families when the parent has a substance use disorder. Case management services are provided to the family during their residency.

Genesis II Family Center
295 Adams St, Newton  617-332-9905
https://www.healthcarewithoutwalls.org/location/genesis-ii

Sage House
298 Howard St, Framingham  (508) 626-2586
http://www.smoc.org/sage-house.php
Alcohol and Drug Free Housing/Sober Home:

Sober Housing is normally a transition from more structured programming. A Sober Home does not offer treatment services but offers a less structured alcohol and drug-free living environment. A Sober Home usually requires the residents to be employed, pay rent and remain in treatment. Sober Homes offer peer-to-peer recovery support and are more appropriate for those who have an established recovery program and simply desire to live in an alcohol/drug free environment with other sober people to help support their recovery efforts.

**Gilly’s House** (men)
1022 West St, Wrentham, MA
(https://gillyshouse.com)

**Warrior’s Path South Program House**
574A Newport Ave, Attleboro, MA 02703
508-639-5708

For a further information and list of certified sober homes in Massachusetts, visit:

https://mashsoberhousing.org/what-is-a-sober-home/

and

https://mashsoberhousing.org/certified-residences/
THERE IS NO MAGIC PILL!

(Although there are some prescription medications which will help!)
METHADONE maintenance treatment is the use of methadone, administered over a prolonged period of time, as treatment for someone who is addicted to opioids. It usually requires a period of daily visits to a clinic and should be accompanied by counseling, either in a group or individual setting. METHADONE maintenance makes possible a first step toward social rehabilitation because it allows addicts to avoid the uncomfortable withdrawal symptoms.
SUBOXONE® (buprenorphine/naloxone) and SUBUTEX® (buprenorphine) are prescription medications that can help treat opioid addiction. SUBOXONE® combines buprenorphine, a stand-alone treatment for opioid dependence, with naloxone, which is used to treat opioid overdose.

By combining buprenorphine and naloxone in a single dose, SUBOXONE® relieves opioid withdrawal and acts as a deterrent to continued use of opioids. As with methadone, SUBOXONE® is administered in a clinical setting in conjunction with counseling.
VIVITROL® (naltrexone)

VIVITROL® is a non-addicting injectable medication used to treat opioid addiction. An injection of Vivitrol® is administered once per month in a clinical setting and can also be prescribed to help people with alcoholism. VIVITROL reduces the intoxicating effects of alcohol and opioids so that their use is no longer desired.

Medication-assisted recovery should always occur under a physician’s guidance. It should ALWAYS be accompanied by a period of substance abuse counseling and/or 12 step meetings.
Insurance Coverage for Treatment

Some treatment is covered by insurance. In order to determine your benefits, you must call your insurance carrier.

**Private Insurance**
Substance abuse treatment generally falls under an insurance plan's mental and behavioral health coverage. For many group health insurance plans, the Mental Health Parity and Addiction Equity Act comes into play. If you do have private health insurance call your insurer to find out what is covered and what treatment centers are considered “in Network.” Your state’s laws may dictate what private plans are required to cover.

**MassHealth**
MassHealth is a public health insurance program for low- to medium-income residents of Massachusetts. MassHealth offers health-care benefits directly or by paying part or all of your health-insurance premiums. MassHealth offers benefits to a wide range of people who meet the eligibility rules.

Want to Get a Better Understanding of How MassHealth Works?
Call a MassHealth benefits advisor at 800-841-2900. The advisor can answer your questions and help you with the application. You can also visit their website for more information and apply for coverage at http://www.mass.gov/eohhs/gov/departments/masshealth/

If you need help understanding The New Heath Care Insurance Coverage Laws, Health Care for All Can Help! The Health Care For All Helpline is a free service at 800-272-4232.
HOW CAN I GET NARCAN®?

(JUST THE FACTS!)
HOW-CAN- (SHOULD)

I GET NARCAN®?

(JUST THE FACTS!)
IN THE EVENT OF AN OVERDOSE, \underline{ALWAYS} CALL 911 FIRST!
What is NARCAN® (naloxone)?

NARCAN® blocks or reverses all the effects of opioid medications, including extreme drowsiness, slowed breathing, and loss of consciousness.

NARCAN® is used to treat an opioid overdose in an emergency situation. This medicine should not be used in place of emergency medical care for an overdose.
NARCAN® is also used to help diagnose whether a person has had an overdose of an opioid.

There is a standing order to dispense NARCAN to anyone who requests it at most pharmacies in Massachusetts.

Training is available at your local pharmacy, by a medical professional and by a certified trainer, FREE OF CHARGE, at your local Learn to Cope meeting.

Learn to Cope, 508-738-5148
www.learn2cope.org
GOOD SAMARITAN LAW

The Massachusetts 911 Good Samaritan Law was passed in 2012 to encourage people to call 911 in an overdose emergency. The law protects people who call 911 and the subject of the call from being criminally charged. The details of the law are below.

Section 34A. (a) 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 under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance.

(b) A person who experiences a drug-related overdose and is in need of medical assistance and, in good faith, seeks such medical assistance, or is the subject of such a good faith request for medical assistance, shall not be charged or prosecuted for
possession of a controlled substance under said sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance.

(c) The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution under the Controlled Substance Act, 1970 P.L. 91-513, 21 U.S.C. section 801, et seq.

(d) Nothing contained in this section shall prevent anyone from being charged with trafficking, distribution or possession of a controlled substance with intent to distribute.

(e) A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.
WHAT ABOUT US?

HOW DO WE HEAL OURSELVES?
SAFE is a regional coalition of community partners in Franklin, Medway, Wrentham and surrounding towns who have come together to provide support, education, treatment options, and coping mechanisms for those affected by Substance Use Disorder. We do so by empowering those affected, including their families and friends, and by partnering with state and local officials, school systems, police and fire departments, health care professionals and providing the tools necessary to succeed on one’s journey to recovery.

Please join our 2018 Community Forums on the 1st Monday of every month (except July 11) from 7-9 pm at the Wrentham Police Headquarters, become involved, volunteer and receive updates of our programs.

www.safecoalitionma.org safecoalitionma on FB
FAMILY SUPPORT SERVICES

In situations that involve a loved one struggling with a Substance Use Disorder, it is imperative that the family/loved ones receive support for themselves as well.

Learn To Cope

Learn to Cope is a non-profit support network that offers education, resources, peer support and hope for parents and family members coping with a loved one addicted to opioids or other drugs. Narcan® and Narcan® training are offered at each meeting free of charge.

In Franklin: Mondays: 7:00 - 8:30pm
Unitarian Universalist Church
262 Chestnut St., Franklin, MA 02038

Contact: Kathy Getchell kathyg17@verizon.net)
774-893-3878
www.learn2cope.com

In Attleboro: Thursdays @ 7:00 – 8:30 pm
Registry of Motor Vehicles
(City Hall Annex)
75 Park St., Basement, Side Door
Attleboro, MA 02703

https://www.learn2cope.org/event/attleboro/all/
Healing Hearts

Healing Hearts is a community support group for those who have been influenced by substance use disorder. This support group encourages positive relationships, education around addiction and recovery and believes in the power of healing through doing. During this one-hour anonymous session at the YMCA, we want to create a safe space for those affected by substance use disorder to share, grow, and compassionately encourage each other.

Thursdays, 7:00 - 8:00pm

Franklin YMCA, 2nd floor
Contact: Jennifer Knight-Levine
508-570-6996

healingheartscircle@gmail.com

Community of Hope
Milford Regional Medical Center
Hill Building, 4th floor, Milford, MA

Contact: Katie Truitt
ktruitt3@gmail.com
(774-248-4526)
A 12-Step program for families and loved ones of addicts and alcoholics. We use the Big Book of Alcoholics Anonymous as our basic text. We learn about our own addiction to our loved ones and how obsessed we can become with their illness. We find that the twelve steps outline and define the problems we encounter, offer a solution and a plan of action for a better way of thinking and living.

**Meeting Schedule:**

* **Tuesdays:**
  7:30 - 8:30pm - Chapel of the Cross
  160 Flanders Road, Westborough, MA

* **Wednesdays:**
  7:00 - 8:30pm - Milford Regional Medical Center Main Floor Conference Room C
  14 Prospect St, Milford, MA

* **Thursdays:**
  7:30 - 8:30pm New England Chapel
  40 Kenwood Circle, Franklin, MA
Alateen - 508-366-0556
www.ma-al-anon-alateen.org

Al-Anon - 508-366-0556
www.al-anon.alateen.org/

Rational Recovery -
https://rational.org/

Alcoholics Anonymous
www.aa.org/
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SAFE Board of Directors

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Overdose: An overdose is experienced when someone takes a lethal amount of a toxic substance. The body is unable to absorb the substance in a way that is digestible. During opioid overdoses, the body may look limp, be unresponsive to stimulation, skin/lips may be blue or pale, depressed breathing or a gargling sound, foam in and around the mouth may be visible, and undetectable or no pulse. Overdoses can cause death; providing Narcan can be the first step to and reversing an opioid overdose.

911 and Narcan: Dialing 911 should be the first line of defense. Knowing your location and the substance used is of the utmost importance. Nervous about getting in trouble or making the call? You are safe under the Good Samaritan Law. 911 should be called anytime there is a suspected overdose. Narcan is used when an opioid has entered the body and created the overdose. Narcan displaces the opioid from its receptor in the brain and replaces it. Narcan pauses an overdose and can last 20 to 90 minutes.

Hospital: As First Responders arrive, those effected may be taken to a local hospital for further evaluation. This can be an anxious moment for all involved. The best thing to do is provide First Responders with a list of the medications the person may be on, any other diagnosis they may have been given, and any other medical related information that may be important, for example, if they are diabetic or HIV positive.

Refusal of further medical attention: While not occurring often, those who are given Narcan, can come out of their overdose quickly. When this happens, those previously overdosing can become frustrated or combative. Once awake, further medical attention can be refused. If your loved one does refuse medical attention, you can ask that the police who are on scene place this person into protective custody. Protective Custody means they will be brought to hospital for further medical evaluation. Once at the hospital, they will be evaluated by medical staff. Medical staff can release them allowing them to return to the community. Placing someone in protective custody allows for more oversight of those who have overdosed and allows the parties closest to that person more time to digest the event.

Call for Support: Recovery is important to the whole of the community. When someone experiences an overdose, support systems are immediately necessary. Having a family member or friend to call for support allows you to manage the situation that YOU are experiencing instead of reacting to a situation you cannot control.

Prepare Self/Household: Once someone is released from the hospital, you may choose that they return home. If you choose to bring your loved one back home, creating your own support network and preparing the environment to reduce harm is important. Joining a support network such as Learn to Cope, AA, NA, or Healing Hearts, may help create relationships for those who have experienced similar losses.
Recovery Resources for persons With Substance Use Disorder

Self-Help/Mutual Aid Support Groups Peer-based support where individuals with similar experience are involved in mutually supporting one another's recovery from addiction

Alcoholics Anonymous
Worcester Area Intergroup

508-752-9000 www.aaworcester.org

Eastern MA (Boston)
617-426-9444 www.aaboston.org

Western MA
413-532-2111 www.westernmassaa.org

Narcotics Anonymous
866-624-3578 www.nerna.org

Marijuana Anonymous
800-766-6779 www.marijuana-anonymous.org

Dual (Diagnosis) Recovery Anonymous
913-991-2703 www.draonline.org

Women for Sobriety
508-842-9158 www.womenforsobriety.org

Peer Recovery Support Center