



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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SAFE Coalition of Massachusetts
P.O. Box 434
Franklin, MA 02038

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www.safecoalitionma.org

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info@safecoalitionma.org



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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

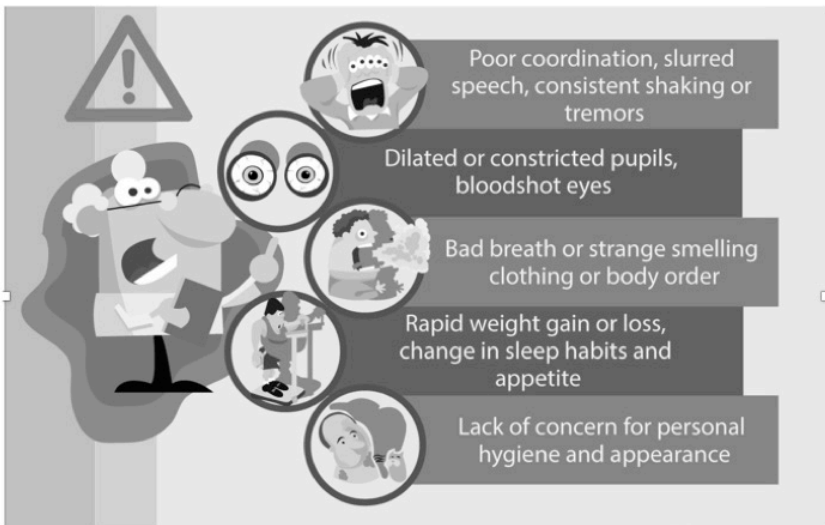
IF MY LOVED ONE IS USING

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**

DRUG ABUSE AND WITHDRAWAL CAN CREATE:



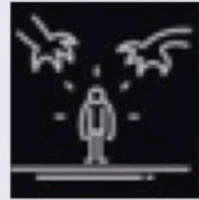
ANXIETY



DEPRESSION



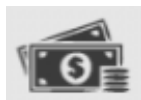
AGGRESSION



+/- 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.

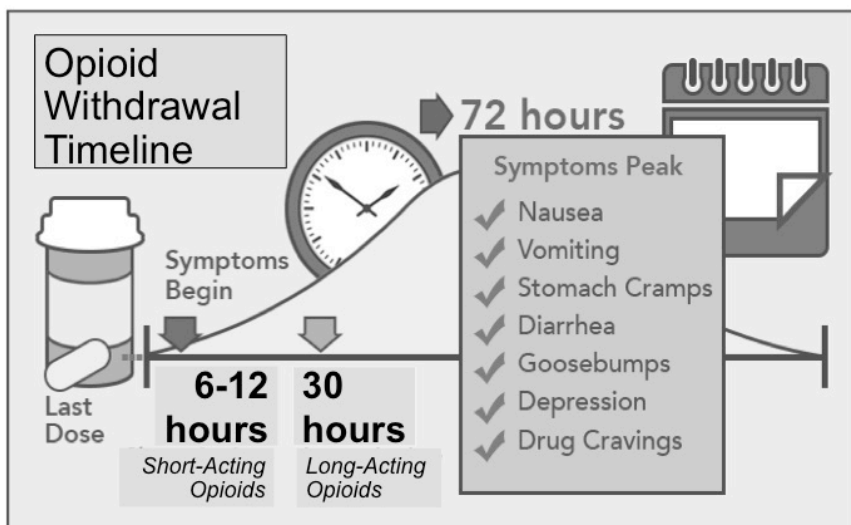


Insomnia.



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

- | | |
|------------------------|-----------------------|
| • Muscle & joint aches | • Irritable, restless |
| • Stomach cramps | • Diarrhea |
| • Hyperventilation | • Vomiting |
| • Tachycardia | • Tremors & shakes |
| • Repeated yawning | • Heavy sweating |
| • Runny nose & eyes | • Loss of appetite |
| • Dilated pupils | • Craving for opioid |
| • Drooling | • Confusion |
| • Goose bumps | • Chills |
| • Trouble sleeping | • Hot flashes |

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 **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).

“SECTION 35”

What if my loved one is not willing to go to detox on his/her own?

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."

[illegible]


SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Date: _____

Petitioner's Signature: _____

PETITION FOR COMMITMENT

(G.L. c. 123, § 35)

PETITION FOR COMMITMENT FOR ALCOHOL OR SUBSTANCE USE DISORDER G.L. c. 123, § 35		DOCKET NO. _____ DIVISION _____		Trial Court of Massachusetts			
IN THE MATTER OF (name of respondent) _____		SOCIAL SECURITY NUMBER (respondent) _____		DOB OR AGE (respondent) _____		GENDER (respondent) <input type="checkbox"/> Male <input type="checkbox"/> Female	
PETITION FOR COMMITMENT FOR ALCOHOL OR SUBSTANCE USE DISORDER G.L. c. 123, § 35 <p>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.</p> <p>The Petitioner has reason to believe that the Respondent has an alcohol or substance use disorder, and petitions the court to find there is a likelihood of serious harm as a result of the Respondent's chronically or habitually consuming or ingesting alcoholic beverages and/or controlled substances or intentionally inhaling toxic vapors to the extent that such use substantially injures the respondent's health or substantially interferes with the Respondent's social or economic functioning, or that the Respondent has lost the power of self-control over the use of such beverages and/or substances.</p> <p>Reasons Respondent may not appear before the Court if summonsed, and reasons Respondent is in immediate danger:</p> <div style="background-color: #e0e0ff; height: 40px; width: 100%;"></div>							
DATE SIGNED _____		PETITIONER'S SIGNATURE UNDER THE PAINS AND PENALTIES OF PERJURY _____					
PETITIONER'S PRINTED NAME _____				PETITIONER'S TITLE OR RELATIONSHIP, IF ANY, TO RESPONDENT _____			
PETITIONER'S CELL PHONE _____		PETITIONER'S HOME PHONE _____		PETITIONER'S WORK PHONE _____			
EXCERPTS FROM G.L. c. 123, §§ 1 and 35							
G.L. c. 123, § 1. Definitions. "Likelihood of serious harm", (1) a substantial risk of physical harm to the person himself as manifested by evidence of, threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that such person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community."							
G.L. c. 123, § 35. Commitment for alcohol or substance use disorder. "Alcohol use disorder", the chronic or habitual consumption of alcoholic beverages by a person 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."							
"Substance use disorder", the chronic or habitual consumption or ingestion of controlled substances or intentional inhalation of toxic vapors by a person to the extent that: (i) such use substantially injures the person's health or substantially interferes with the person's social or economic functioning; or (ii) the person has lost the power of self-control over the use of such controlled substances or toxic vapors."							
"Any police officer, physician, spouse, blood relative, guardian or court official may petition in writing any district court . . . for an order of commitment of a person whom he has reason to believe has an alcohol or substance use disorder. . . . [T]he court shall immediately schedule a hearing on the petition and shall cause a summons and a copy of the application to be served upon the person . . . [I]f there are reasonable grounds to believe that such person will not appear and that any further delay in the proceedings would present an immediate danger to the physical well-being of the respondent, said court may issue a warrant for the apprehension and appearance of such person before it. If such person is not immediately presented before a judge of the district court, the warrant shall continue day after day for up to 5 consecutive days, excluding Saturdays, Sundays and legal holidays, or until such time as the person is presented to the court, whichever is sooner; provided, however that an arrest on such warrant shall not be made unless the person may be presented immediately before a judge of the district court. . . . The court shall order examination by a qualified physician, a qualified psychologist or a qualified social worker."							
"If, after a hearing which shall include expert testimony and may include other evidence, the court finds that such person is an individual with an alcohol or substance use disorder and there is a likelihood of serious harm as a result of the person's alcohol or substance use disorder, the court may order such person to be committed for a period not to exceed 90 days 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 1 year; provided, that a review of the necessity of the commitment shall take place by the superintendent on days 30, 45, 60 and 75 as long as the commitment continues. A person so committed may be released prior to the expiration of the period of commitment upon written determination by the superintendent of the facility that release of that person will not result in a likelihood of serious harm. Such commitment shall be for the purpose of inpatient care for the treatment of an alcohol or substance use disorder in a facility licensed or approved by the department of public health or the department of mental health. Subsequent to the issuance of a commitment order, the superintendent of a facility may authorize the transfer of a patient to a different facility for continuing treatment . . ."							
"If the department of public health informs the court that there are no suitable facilities available for treatment licensed or approved by the department of public health or the department of mental health, or if the court makes a specific finding that the only appropriate setting for treatment for the person is a secure facility, then the person may be committed to: (i) a secure facility for women approved by the department of public health or the department of mental health; if a female; or (ii) the Massachusetts correctional institution at Bridgewater, if a male; provided, however, that any person so committed shall be housed and treated separately from persons currently serving a criminal sentence. The person shall, upon release, be encouraged to consent to further treatment and shall be allowed voluntarily to remain in the facility for such purpose."							

(Rev. 4/16)

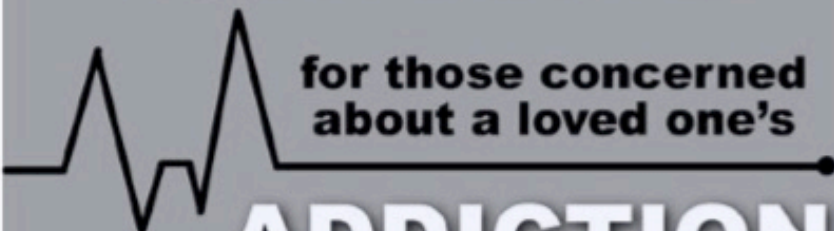
RESPONDENT INFORMATION FORM

(G.L. c. 123, § 35)

RESPONDENT INFORMATION FORM AS PROVIDED BY PETITIONER G.L. c. 123 § 35		DOCKET NO. <i>(for court use only)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		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 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT
BUILD					
PHOTO AVAILABLE (HELPFUL FOR ID) PLEASE ATTACH <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER PHYSICAL CHARACTERISTICS (beard, glasses, scars, tattoos, complexion, hairstyle)			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, WHAT LANGUAGES?	
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: <i>(describe briefly)</i>					
A history of violence toward police officers? <input type="checkbox"/> YES <input type="checkbox"/> NO					
A history of using/abusing drugs or alcohol? If so, what kind? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Access to guns, a license to carry, or possess a gun? If so, what kind? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Psychiatric/emotional problems? If so, what kind? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Any other information which might be helpful in locating the Respondent: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
DATE SIGNED		PETITIONER'S NAME <i>(printed)</i>		PETITIONER'S SIGNATURE	

(Rev. 4/16)

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**



MASSBAR
ASSOCIATION

*The 'SECTION 35' HELPLINE is a pilot project created by Massachusetts Bar Association President Robert W. Harnais 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://drugrehab.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 ____.

Massachusetts Behavioral Health Access		 MBHP Massachusetts Behavioral Health Partnership a Beacon Health Options company				
Service	ESP					
Service For	All					
Zip	<table border="1"><tr><td><input type="text"/></td><td>Pittsfield:01201, 01202, 01203 Springfield:01101, 01119, 01199 Greenfield:01301, 01302 Gardner:01440, 01441 Worcester:01601, 01612, 01655 Framingham:01701, 01703, 01705</td><td>Boston:02110, 02130, 02297 Beverly:01915 Brockton:02301, 02303,02305 Taunton:02718, 02780, 02783 Fall River:02720, 02723, 02726 Barnstable:02630, 02634</td></tr></table>			<input type="text"/>	Pittsfield:01201, 01202, 01203 Springfield:01101, 01119, 01199 Greenfield:01301, 01302 Gardner:01440, 01441 Worcester:01601, 01612, 01655 Framingham:01701, 01703, 01705	Boston:02110, 02130, 02297 Beverly:01915 Brockton:02301, 02303,02305 Taunton:02718, 02780, 02783 Fall River:02720, 02723, 02726 Barnstable:02630, 02634
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Miles	10					
Sort By	<input checked="" type="radio"/> Proximity <input type="radio"/> Most recently updated <input type="radio"/> Available Capacity					
<input type="button" value="Search"/>						

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 Managers assist clients in developing after-care treatment plans.

Facilities

New Hope

Weymouth 617-878-2550
(<https://www.baycove.org/BCExternal/index.cfm?objectID=F87095F2-2663-11DF-9296000423B5542E>)

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
(<https://www.advocates.org/stories/linda-fay-griffin-house-addiction-recovery>)

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!)

MEDICATION- ASSISTED TREATMENT

METHADONE Maintenance



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/SUBUTEX

Maintenance



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 Health 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-
(SHOULD)
I GET
NARCAN®?
(JUST THE FACTS!)**

**IN THE
EVENT OF AN
OVERDOSE,
ALWAYS
CALL 911 FIRST!**



NARCAN[®]

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 COALITION OF MA

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 kathygl7@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)

Road To Recovery

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:

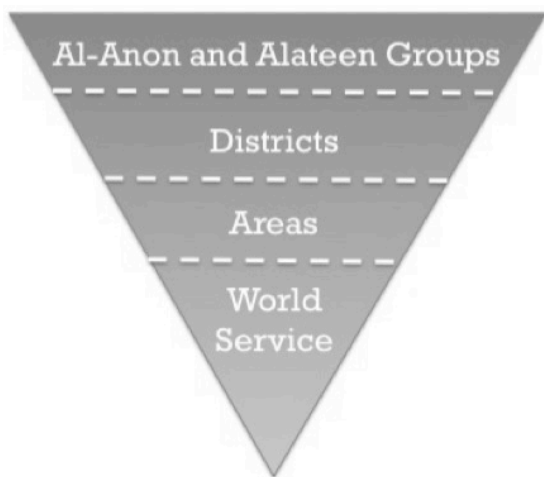
7:30 - 8:30pm New England Chapel
40 Kenwood Circle, Franklin, MA

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