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Chief of Police

SALISBURY TREATMENT AND OUTREACH PREVENTION PROGRAM

Community Outreach Initiative

An initiative by the Salisbury Police Department for combating opiate addiction

November 30, 2015



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Salisbury Treatment And Outreach Prevention Program

I. BACKGROUND:

The Town of Salisbury is the northernmost town in Massachusetts, bordering the State of New Hampshire. With a permanent residency of just under 9000, the population swells to upwards of 30,000 daily during the busy summer months due in part to over 5 miles of water and beachfront, 4 large family campgrounds (one being a state reservation serving 1.5 million visitors per year), and 10 year-round hotels. In addition to these attractions, there are 2 schools, a Boys and Girls Club, 2 exotic dance clubs and a total of 25 licensed liquor serving establishments within the town.

The police department patrols approximately 16 square miles with patrol areas being separated into two sectors, an uptown patrol and beach patrol routinely patrolled by 2 patrolmen and a supervisor. The department currently consists of 15 sworn full-time and 15 part-time officers, 5 civilian dispatchers, 6 meter personnel, and a full-time administrative assistant. Officers respond to approximately 10,000 calls for service while averaging 800-arrests and over 1300 reportable incidents per year since the year 2010.

The geographical area of the town is accessible by State Highways 95, 495, 1, 110 and 1A making Salisbury seemingly unavoidable in day to day commutes to and from the State of New Hampshire, as well as the local cities of Boston, Haverhill, Lowell, Lawrence and Lynn.

II. PROBLEM:

Throughout the late 1980's the Town of Salisbury and surrounding communities were inundated primarily by marijuana and cocaine use and distribution. In the 1990's, Salisbury bore witness to an increase of crack cocaine and heroin use, as well as the associated increases in crime brought on by illicit narcotic use and distribution. Since the early 2000's, Salisbury was introduced to a relatively new enemy in the drug war under the guise of prescription opioid medications, namely OxyContin. While prescription medications seem to be more easily accessible to the drug dependent individual or occasional user, the quantity of criminal activity has increased dramatically, as the Salisbury Police Department (SPD) has observed significant spikes in property crimes and violent crimes associated with drug use and distribution.

In recent years and like so many other communities, Salisbury has again bore witness to an increase of heroin related incidents, with overdoses being an almost weekly occurrence.



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The SPD fully understands that modern, proactive, community policing calls for comprehensive approaches to the problems of drug abuse and drug-related crime. Trafficking and abusing illicit drugs destroys neighborhoods, contributes to violence and victimization, and can often ruin the lives of drug users and their families.

While it is understood that proactive and aggressive enforcement must continue regarding those who illegally traffic and distribute these dangerous drugs in our community, we must also make a concerted effort in providing education, guidance, and assistance to addicts and families who are suffering in the grips of this epidemic. To this end, The Salisbury Police Department will partner with The Pettengill House Inc. and The Police Assisted Addiction and Recovery Initiative (PAARI) in order to implement an initiative called the ***Salisbury Treatment and Outreach Prevention Program (S.T.O.P.P.)***.

III. STOPP INITIATIVE:

The SPD will implement this initiative to bring together law enforcement and the health care field in order to proactively engage in outreach activities to known addicts, their families and loved ones. This initiative will provide the following:

A. Proactive Outreach: Advocate officers from the Salisbury Police Department will reach out to addicts and families in order to:

1. Guide addicts and their loved ones toward support services, resources and programs;
2. Facilitate the long-term process of recovery;
3. Support them in developing a plan to ensure their survival; and,
4. When applicable, provide criminal investigative support and guidance through the judicial process.

B. Community Training and Support: In partnership with the Pettengill House, the SPD will host a series of town-based meetings, co-facilitated by the police department advocate officers, and a community substance abuse intervention expert, in a supportive, non-judgmental environment for addicts, their families, and all interested community members. Attendees will be provided information on the following:

1. Opioid and dangerous drug information
2. Inpatient/medical detoxification programs
3. Resources for family support
4. Mental health professionals



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5. Substance abuse counseling.
6. Training on the proper use of nasal Naloxone.
7. Veterans services personnel.

C. Youth Education: The SPD will host and provide educational classes to our youth, facilitated by our department advocates and school resource officers, in order to educate and empower them to take responsibility and make better decisions.

Attendees will learn about:

1. The dangers of drug and alcohol abuse
2. Drug identification
3. Peer pressure and good decision making
4. Bullying and self-esteem issues;
5. radKIDS® which strengthens family, encourages physical fitness, teaches realistic physical skills and core safety values to live by through its program.
6. Effects of impairment through simulated exercises

III PROCEDURES:

A. Emergency Response Involving Overdose:

When an officer is dispatched to an incident involving a suspected overdose the following will occur:

1. If applicable, administer Narcan as outlined in ***Salisbury Police Department Policy: PAT-10 Nasal Narcan***
2. ANY suspected overdose (fatal and non-fatal) will require the officer to complete an incident report by the end of his/her tour of duty.
3. The on-duty supervisor will review the report and forward to the Lieutenant who will then review and forward to an officer advocate who will begin the process of working with the victim, family or loved ones.

B. Individuals Seeking Assistance: When an individual seeks assistance for his/her addiction either by approaching an officer on the street, or at the police station, the following will occur:

1. All officers or employees having contact with anyone requesting assistance with their addiction will be professional, considerate, and non-judgmental at all times. An individual that seeks help on the street will be brought back to the SPD.



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2. Should the individual present with illegal drugs or paraphernalia, officers will use discretion that is utilized on a daily basis. At a minimum, all drugs and paraphernalia will be confiscated and an incident report will be generated.
3. Officers will make the on duty supervisor or officer in charge (OIC) aware of the incident.
4. If the need arises, officers will ensure that any medical issues or concerns are addressed by notifying emergency medical services.
5. Run a Criminal Background Check (CORI). Any individuals with active warrants will be taken into custody and appropriate referrals will be made through probation.
6. An officer advocate will be called to respond to the police department in order to start the referral process.
7. If an advocate is unavailable or if the individual is not able to be placed after exhausting all possible methods, they will not leave without being given a plan for continued help. The individual will be afforded every courtesy to find them a safe place upon departure.
8. An officer advocate will follow-up with the individual(s) at the earliest convenience and thoroughly document any and all interactions.

C. Criminal Investigations Involving Illicit Narcotics:

Following the arrest of an alleged drug dealer, the assigned detective or case officer will do the following:

1. Meet with the Lieutenant in order to provide any potential names or customers which may benefit from future referral or services.
2. The Lieutenant will then review and forward to an officer advocate who will then begin the process of working with that individual.
3. If an individual wishes to seek assistance, he/she should be encouraged to meet with the advocate officer with a family member, close friend, or loved one.

NOTE: This process will not interfere with or jeopardize any ongoing narcotic or criminal investigation, and no identified individual will be threatened with criminal prosecution for failing to seek assistance.

D. Police Advocate Responsibilities:

When a police officer advocate is forwarded an incident report, or initiates contact with a person in need of services, he/she will do the following:

1. Review and/or complete all necessary reports.



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2. Make contact in person, or at least by phone, in order to meet at a convenient time and location.
3. Officer advocate will provide services brochure and discuss all viable options to individual/family. Officer will make notifications to hospital/program if this will assist individual/family in the process.
4. Officer advocate will periodically check with individual and/or family on progress and will document all interactions.
5. Officer advocate should make contact with PAARI representative if all other methods of referral are exhausted.

E. Police Officer Referral:

Officers assigned to patrol activities are typically familiar with individuals and families within the community, as well as certain areas within their patrol areas. Through repeated contacts they know the local “hot spots,” as well as the addicts who may frequent these areas, and are therefore a valuable resource for this outreach initiative.

1. If any officer feels that a certain individual or family could benefit from this process, he/she shall complete a non-criminal offense report and forward to the Lieutenant for review and further referral.
2. **Referral to Essex County Sheriff’s Department Detoxification Unit:**
 - a. Should a police officer believe that an arrested individual could benefit from this twenty-eight (28) day pre-trial, volunteer treatment program, he/she may fill out **Essex Detoxification Unit Referral Form** and then forward to Newburyport Probation when the individual is transported to court.
 - b. If the individual is transported to the Middleton Jail, then the referral form shall be transported with all necessary paperwork and brought to the attention of intake.
 - c. Notifications will be made to the Lieutenant if a referral is made to the detoxification unit in order for proper notification and follow-up.

NOTE: Only current charges are eligible for referral, NOT closed Board of Probation (BOP) cases. ****

3. The following is a list of Ineligible charges for referral:
 - a. Murder or offenses carrying a potential life sentence;
 - b. Second or subsequent offenses under the Controlled Substance Act;



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- c. Specific violations of the controlled Substance Act involving manufacture and distribution of Class C substances and marijuana, cocaine and heroin, and sale of Class A, B, or C substances to or by means of minors, and school zone offenses;
- d. Felony crimes against a person (manslaughter, assault and battery by means of a dangerous weapon, robbery etc.);
- e. Specific sex crimes such as unnatural and lascivious acts;
- f. Sex offenses, or being a sex offender or sexually dangerous person, and persons held without bail;
- g. Domestic Assault and Battery;
- h. Aggravated Assault and Battery;
- i. Stalking or Stalking in Violation; and,
- j. Gun offenses under MGL Ch. 269 and 10(a)

IV. PERFORMANCE MEASURES:

In order to show the impact of this initiative on our community, all pertinent data will be tracked to include, but not be limited to, the following:

1. Number of interactions between advocate officers and those impacted by addiction.
2. Number of individuals admitted into inpatient or outpatient programs.
3. Number of referrals to Essex County Detoxification Program.
4. Comparing of fatal and non-fatal overdoses to previous years.
5. Comparing illicit narcotic arrest from previous years.
6. Number of officers trained in Narcan administration.
7. Number of community members trained in Narcan administration.
8. Number of attendees at local community meetings
9. Number of children who attended our various programs.
10. Interaction or partnerships created with outside agencies.

NOTE: Tracking will begin July 1, 2015 and all referenced data will not include actual identities of any individual.