

# Drug Addiction Recovery Team

## WELCOME

- Name
- City/Town
- Have you ever heard of DART

# Meeting Agenda

- What is DART and why do we do what we do
- Physiology of addiction – Video
- Break
- Physiology of addiction as applied to DART

# Learning Objectives

**Overall Goal – that participants leave this training with a better understanding of DART and SUD (Substance Use Disorder) than when they arrived**

## **Learning Objectives:**

- 1. Understand the core components of DART**
- 2. Describe the personal and environmental factors that contribute to addiction**
- 3. Explain the benefits of harm reduction, trauma informed care and empowerment approaches**

# What is DART?

- Law Enforcement/Public Health Partnership

LE  
responds  
to OD



Follows  
up the  
next day



Recovery  
Coach  
Outreach  
to those  
interested



# Why DART: People Are Dying From Opioids at HIGH RATES

## In Five Charts: Opioid-Related Overdose Deaths Set Another Record High in 2022

By Kelly Harrington

June 30, 2023

Boston Indicators [Email List](#)

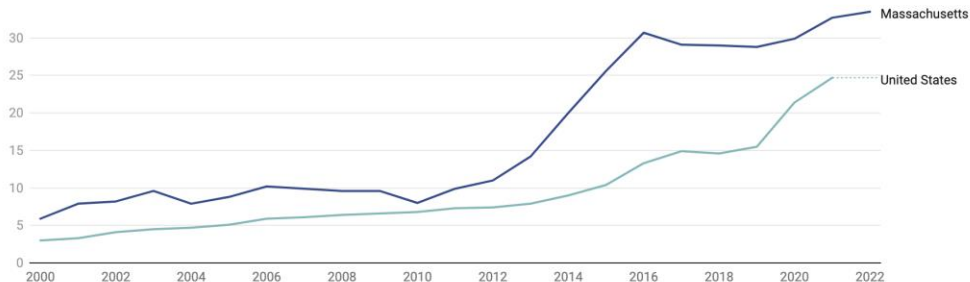
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Massachusetts is a national leader in providing access to high quality healthcare, yet our state opioid epidemic continues to be among the worst in the nation. According to **newly released data** from the Massachusetts Department of Public Health (DPH), we set another record high in 2022, losing 2,357<sup>1</sup> people to opioid-related overdoses. In this research brief we analyze these newly released data to provide a quick update on where we stand.

### Opioid-related overdose deaths set record highs in 2022.

Age adjusted opioid-related overdose deaths per 100,000.



# Why DART: These Deaths are Preventable

EVERY OVERDOSE DEATH IS PREVENTABLE



**NEVER USE ALONE**

Web : [www.NeverUseAlone.com](http://www.NeverUseAlone.com)  
Phone : 1-877-696-1996  
FB : [www.facebook.com/Neverusealone](http://www.facebook.com/Neverusealone)

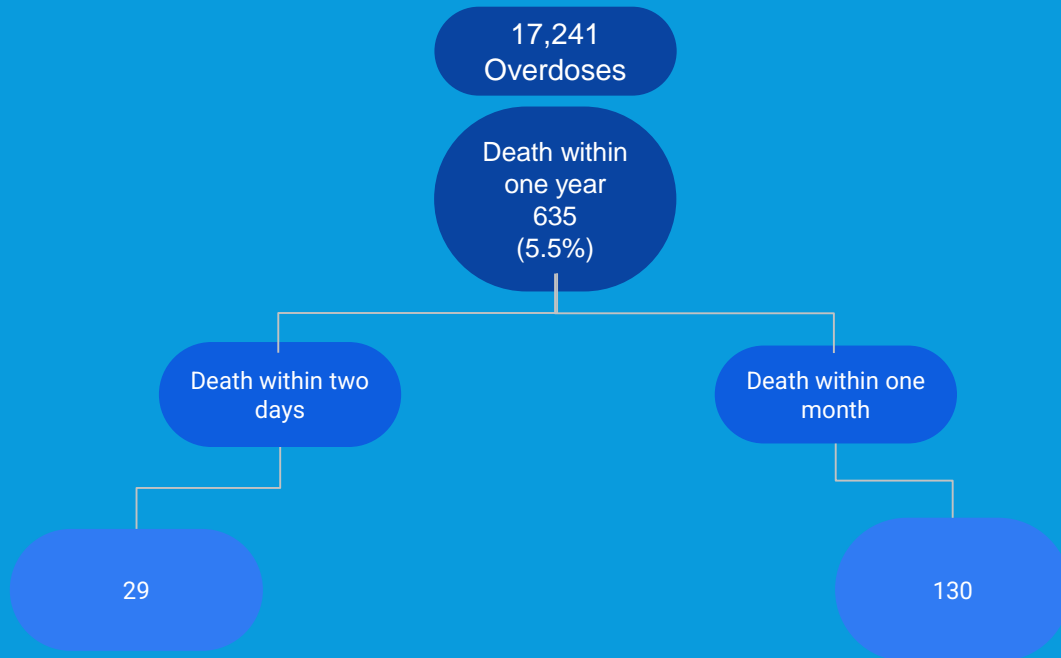
(877)696-1996  
No Judgement  
No Shaming  
No Preaching  
Just Love!



Call us if you are going to  
**Use Alone!**  
**1-877-696-1996**

# Why DART continued?

## *Human Cost*



Massachusetts Emergency Department 2020 Study

# Why DART continued?

## *Financial Cost*

The U.S. Congress Joint Economic Committee estimates that in 2020 the opioid epidemic cost the US:



\$1.5  
Trillion



# Why Police for DART?

Front lines

Know communities  
and its members

Police join force to  
HELP people

# Why DART for Police?

De-escalate

Demonstrates unconditional  
care for all community members

**EVERYONE IS AFFECTED BY  
SUD**

# Physiology of Addiction



<https://vimeo.com/725014624/d6f0d1e3ce>

Break

# Physiology of Addiction for DART

ACES FROM  
CHILDHOOD STRONGLY  
AFFECT LIKELIHOOD  
OF ADDICTION

- **Trauma informed**
- Kindness and empathy

BRAINS THAT USE  
SUBSTANCES ARE  
DIFFERENT THAN  
BRAINS THAT ARE NOT  
USING SUBSTANCES

- **Harm Reduction** Philosophy
- Anti Stigma/Non  
Judgemental

PEOPLE USING  
SUBSTANCES LOSE  
CONTROL OVER SO  
MANY ASPECTS OF  
THEIR LIVES

- **Empowerment**
- Respect
- Consent

# What is Harm Reduction?

*A way for people to reduce risks with any activity*



# What is Harm Reduction?

- A set of practical strategies that reduce the negative consequences associated with drug use and sex work.
- In relation to drug use, it incorporates a spectrum of strategies including *safer use*, *managed use*, *abstinence*.
- Harm reduction strategies meet people "where they're at" (but don't leave them there).

# Principles of Harm Reduction

- Health and Dignity
- Participant-Centered Services
- Participant Involvement
- Participant Autonomy
- Sociocultural Factors
- Pragmatism/Realism

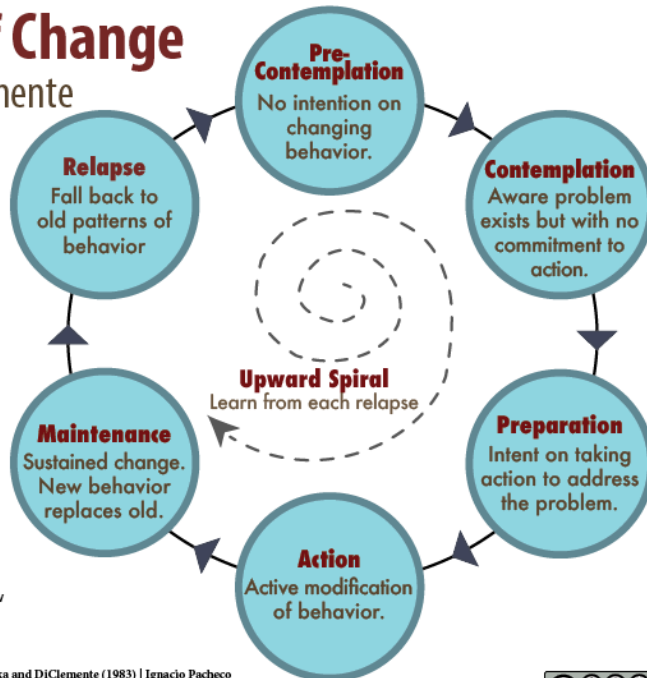


# Stages of Change

## The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.



The Cycle of Change  
Adapted from a work by Prochaska and DiClemente (1983) | Ignacio Pacheco  
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Version 3.4 Updated 09 September 2018



# Harm Reduction Relationships

- Start where the individual “is at” not where others want/think they should be
- View drug use as a behavior that may cause harm
  - Focus on harm(s), NOT drug(s)
- Success = “any positive change”

# Harm Reduction

## *Performed by Tapestry*

- Harm Reduction Sites
  - Needle exchange
  - Narcan distribution
  - Drug board
  - Drug testing
  - STD testing
  - Connection with harm reductionists
  - Wound care
- Harm Reduction Outreach/Van
  - Same services offered at people's homes or through a mobile site

# Harm Reduction

## *Performed by DART Officers*

Use of Narcan to reverse  
an overdose

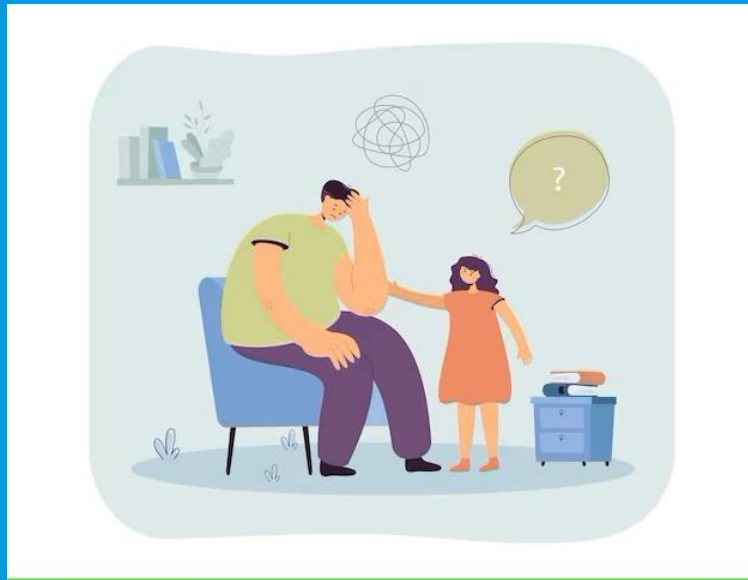
Targeted Narcan  
distribution to those  
most at risk

Information about not  
using alone

Information on risks  
associated with post  
incarceration and post  
detox

Referrals to other  
resources: Tapestry,  
DART recovery Coaches,  
Detox etc.

# Trauma Informed



# Language Matters

Language is powerful — especially when talking about addictions. Stigmatizing language perpetuates negative perceptions.

“Person-centered” language focuses on the person, not the disorder.



SAY THIS:

Person with a substance use disorder

Person living in recovery

Person living with an addiction

Person arrested for drug violation

Chooses not to at this point

Medication is a treatment tool

Had a setback, resumed use

Maintained recovery

Positive drug screen



NOT THIS:

Addict, junkie, druggie, abuser

Ex-addict or reformed addict

Battling/suffering from an addiction

Drug offender

Non-compliant/bombed out

MAT is replacement addiction

Relapsed

Stayed clean

Dirty/failed drug screen

# DART Trauma Informed Strategies

## ACTIONS

- Language
- Voice Volume
- Mindful of Approaching from Behind
- Mindful of Touching w/o consent
- Narration of physical contact

## Understanding

- Every behavior makes sense in the context of a persons life
- Be curious

# Empowerment

## HIJACKING THE BRAIN

New research suggests that the brain's reward system has different mechanisms for craving and pleasure. Craving is driven by the neurotransmitter dopamine. Pleasure is stimulated by other neurotransmitters in "hedonic hot spots." When the craving circuitry overwhelms the pleasure hot spots, addiction occurs, leading people to pursue a behavior or drug despite the consequences.

### PATHWAYS TO CRAVING

Desire is triggered when dopamine, which originates near the top of the brain stem, travels through neural pathways to act on the brain. Drugs increase the flow of dopamine.

### Ventral tegmental area (VTA)

Dopamine is produced here and flows outward along neurons distributed throughout the brain's reward system.

### Brain stem

Basic visceral sensations and reactions to pleasure, such as smiling, originate from this hot spot.

### Nucleus accumbens (NAc)

Animal experiments show that stimulating this hot spot can turn something that once gave pleasure into a source of disgust.

### Nucleus accumbens

A hot spot within this key part of the craving circuitry amplifies the response to pleasure.

### PLEASURE HOT SPOTS

A system of small hedonic hot spots, unrelated to dopamine, provides temporary sensations of pleasure and forms a feedback loop with the reward system that controls desire.

### Dorsal striatum

Neurons here help form habits by identifying enjoyable patterns, such as the anticipation of buying drugs.

### Prefrontal cortex

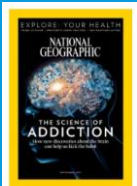
The amino acid glutamate, produced here, interacts with dopamine to spark visualizations that cue cravings.

### Amygdala

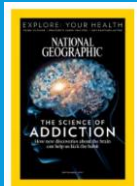
Neurons here are stimulated by learned emotional responses, such as memories of cravings and pleasure.

### Orbitofrontal cortex

This hot spot gives a sense of gratification but is also the first to shut down if a person has indulged too much.



September 2017



September 2017



# Empowerment

Commons challenges of  
chaotic use

Health  
Challenges

Relationship  
challenges

\$ problems

Employment  
challenges

Housing  
Instability

Legal  
Challenges

# Empowerment Continued

Reduce Power  
Imbalance

Ask for consent when  
you can

Give people the  
choice to keep using

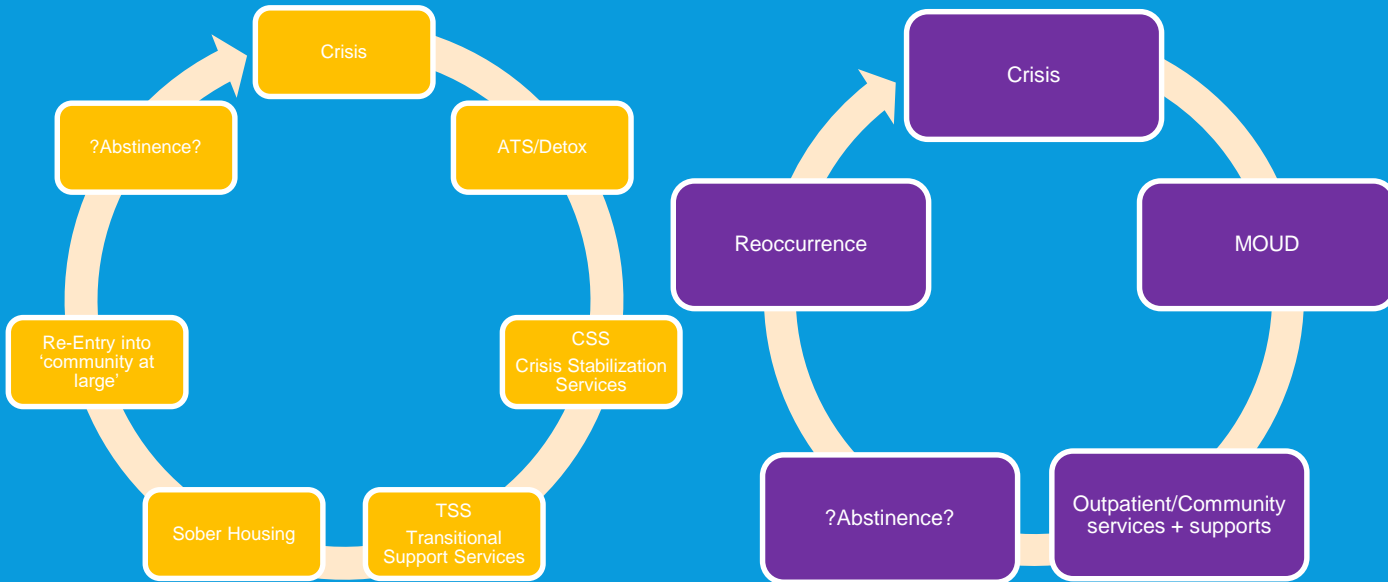
# NO ONE CAN FIND RECOVERY FOR SOMEONE ELSE



# The Road of Recovery is.....



# Commons Recovery Paths



# The Road of Recovery is a Personal Journey

- In consultation with many stakeholders, SAMHSA (Substance Abuse and Mental Health Services Administration) has developed a working definition and set of principles for recovery. Recovery is defined as:

**“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”**

- Recovery goes beyond abstinence, beyond the remission of Substance Use Disorder symptoms to include a positive change in the whole person.
- SUD disorders are unique to the individual, so to is recovery.

# The Road of Recovery includes Infinite Pathways

- All 'pathways of recovery' have a central principle, the concept of 'recovery capital'
  - Social - Family, friends, group, and community supports
  - Physical – Physical assets like money and property
  - Human – Skills, education, personal drive
  - Cultural – Values, beliefs, and attitudes linking social conformity and social behaviors with personal goals
- The more 'recovery capital' an individual is able to access, and build, the better change they have for long-term, stable recovery.

# The Infinite Pathways of Recovery

- Recovery Coaching can be a gateway to many of those paths.
- They fall into several large areas:
  - Harm Reduction (MOUD, syringe exchange, substitution)
  - Natural Recovery (natural and over time, age out, life changes, 'jackpots')
  - Recovery Mutual Aid Groups (12-Step, Celebrate, LifeRing, SMART, Moderation Management, Refuge Recovery, Wellbriety, White Bison)
  - Medication Assisted Recovery (MOUD) (Methadone, Buprenorphine, Naloxone, Naltrexone)
  - Peer-Based Recovery Supports (Recovery Coaches, Peer Recovery Centers)
  - Family Recovery (Family Recovery Solution, Recovery Life Coaching, Crossroads)
  - Technology-Based Recovery (7 Cups, In The Rooms, Recovery 2.0, Reddit)
  - Alternative Recovery Supports (Artist's Way, CBT, DBT, Equine, Hypnotherapy, WRAP, Meditation)



# Commonly Used DART Officer Resources

PD  
Harm  
Reduction

- Narcan Use and Distribution
- Opioid Naive Education
- Never Use Alone

Refer

- Recovery Coaching
- Tapestry

Family  
Support

- Learn to Cope
- SADOD (Support After a Death by Overdose)

Detox

- MA SUD Hotline
- FaceBook

MAT

- MA SUD Hotline
- CBHC (Community Behavioral Health Center)

Thank you for all you do for DART  
and for your community!