

Combating the Abuse of Heroin and Prescription Painkillers Franklin Police Department



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May 2015

This document is a guideline for the Franklin Police Department in Our mission to suppress illicit drug distribution and abuse. Copies of this document have been distributed to all Department personnel and it has been posted on the Department's website. The Franklin Police Department shares this document with the public in a spirit of transparency and because we realize that we cannot succeed in combating this crisis alone.

The Challenge

Many communities in the United States struggle with issues related to drug dependence. Over the past few years Franklin has experienced an uptick in the abuse of heroin and prescription opioids. (Opioids are drugs that are usually prescribed to relieve pain, and include oxycodone, hydrocodone and fentanyl.) We are not alone; law enforcement and public health officials consider heroin and opioid abuse in New England to be the region's most significant drug threat.¹ Treatment admission rates in New England for heroin and prescription pain relievers are among the highest in the nation.² In fact, data from the U.S. Substance Abuse and Mental Health Services Administration indicates that the number of heroin-related treatment admissions to publicly funded facilities in New England from 2003 through 2009 exceeded admissions related to all other illicit substances combined.³

Although heroin has been around since the late 1800's, the spike in abuse in eastern Massachusetts is fueled at least in part by the abuse of opioids available with a prescription. Oxycodone, found with acetaminophen in tablets like Percocet®, Roxicet® and Endocet®, and to a lesser extent hydrocodone, as found in Vicodin®, have become popular drugs of abuse. (From 2001 through 2010, OxyContin led the way as the most widely abused prescription opioid in Massachusetts. However, the reformulating of the drug in 2010 by its manufacturer, Purdue Pharma, has significantly reduced the drug's popularity on the street.) In eastern Massachusetts, blue 30 milligram oxycodone tablets, known on the street as "*blues*" or "*Perc 30's*", are currently the most sought-after prescription drug.

¹ U.S. Department of Justice, National Drug Intelligence Center, Drug Market Analysis, 2011

² Ibid.

³ Substance Abuse and Mental Health Services Administration (SAMHSA), *Treatment Episode Data Set (TEDS)*, 2004–2009.

People who abuse prescription opioids often crush the tablets into a powder and snort it. Over a short period of time, many become addicted and then switch to heroin because of its wide availability, higher potency, and greater affordability.⁴ Although most heroin users initially snort it, many eventually progress to intravenous use. Some addicts continue to abuse both prescription drugs and heroin, obtaining each based upon availability or affordability.⁵

Many Franklin residents are aware of the problem. The rise in heroin use, combined with the legalization of hypodermic syringes by the Massachusetts legislature in 2006, has resulted in increased disposal of needles in public places, which has in turn brought increased attention to the drug abuse problem. Drug addiction fuels crime, endangers young people and those who are susceptible to addiction, and eats away at the fabric of a community.

Drug abuse is a complex problem with no easy solutions; simplistic approaches will bring only failure and disappointment. The Franklin Police Department has adopted this comprehensive strategy to address the problem head-on. While our objectives are to arrest drug dealers, help landlords evict them, assist addicts into treatment and educate the public, our ultimate goal is to reduce the number of people who use heroin and abuse prescription opioids. While progress towards this goal will be difficult to measure, it must nonetheless remain our focus.

Strategic Policing

The Franklin Police Department uses a crime control strategy designed around the principles of the New York City Police Department's (NYPD) Compstat approach. It is applied by our personnel to all aspects of the Department's drug control program.

1. Accurate, timely intelligence.
2. Rapid deployment of resources.
3. Use of effective tactics.
4. Relentless follow-up & assessment.⁶

⁴ Massachusetts Department of Public Health, Bureau of Substance Abuse Services, interview by NDIC FIO, February 2011.

⁵ New England HIDTA Task Forces, interviews by NDIC IA, February 2011.

⁶ Jack Maple, The Crime Fighter, (New York: Doubleday, 1999) 32

Pursuing Drug Dealers

The acquisition of drugs can occur in a number of ways:

1. An addict drives to a location outside Franklin to meet a dealer;
2. An addict “fronts” money to a friend or associate who is going to get drugs for himself, and receives drugs when the associate returns;
3. A dealer who lives or works in Franklin sells drugs from either a fixed location or by driving to local “meet spots”; or
4. A dealer from outside of Franklin drives here to sell drugs.

Most drug deals are not spontaneous events and communication between dealers and customers by cell phone or text messaging is the norm. Some dealers use untraceable phones and third-party vehicles in an attempt to avoid capture. Because of the secretive nature of drug transactions and the sophistication of many dealers, proactive investigative techniques and the cultivation of confidential sources of information are essential.

Drug control is not the concern of detectives alone; it is the responsibility of all the Department’s divisions and personnel. Detectives are, however, the tip of the spear in the effort to control the distribution of drugs. In addition to conducting investigations into suspected drug dealers, the detectives of the Department’s Bureau of Criminal Investigation are tasked with the following:

- Coordinating intelligence from Department personnel, residents, merchants and other law enforcement agencies.
- Analyzing intelligence to determine the best approaches, which include but are not limited to launching a criminal investigation based on the intelligence, conducting surveillance operations, or forwarding the intelligence to the patrol division for increased uniformed patrol or surveillance by a plainclothes anti-crime unit.
- Coordinating with federal, state and local law enforcement agencies.

In assessing investigative options, detectives must balance the need to cut off sources of supply through in-depth investigations with the need to timely address conditions that affect the safety and quality of life in local neighborhoods.

Working with Landlords

Most street and mid-level drug dealers live in rented apartments, so the Franklin Police Department encourages landlords to evict dealers who sell drugs from their properties. Detectives often carry the landlord's telephone number when they conduct a raid or buy-bust operation, and call him or her as soon as drugs are found. In many cases, property owners will be notified when the Department catches a tenant selling drugs from a rented unit.

Property owners have a stake in preventing drug dealing from their buildings because state and federal forfeiture laws provide for the seizing of properties where owners knew or should have known that drug activity was taking place. When landlords take decisive action, tenants often move out as soon as eviction proceedings begin.

Drug Intervention

Most drug investigations target people who sell drugs, so raids and undercover operations are seldom effective at addressing drug addiction directly. Following the arrest of a dealer, most of his or her customers merely find a new source of supply. This ongoing demand fuels new suppliers, so it sometimes seems that no progress is being made.

The Franklin Police Department subscribes to a Drug Intervention program whereby officers approach addicts and offer them assistance in finding treatment. The technique can be particularly effective following the arrest of a dealer when some addicts are temporarily left without a source of supply. Addicts who seek out the Department's assistance in finding treatment are generally not prosecuted provided they continue with a course of treatment.

Selecting a Treatment Plan

Once an addict has admitted that he or she is addicted and needs help, the Police Department can assist in finding a treatment facility.

- The Department of Public Health's Bureau of Substance Abuse Services has an online tool of Overdose Prevention Materials available at www.mass.gov/maclearinghouse
- Attached to this document is an appendix listing of drug treatment facilities.

- All Department personnel have access to a list of detoxes and other drug treatment programs on the Department's internal computer system and cruiser laptops. People can obtain the list by visiting Police Headquarters or by visiting the Police Department's web site. The list is attached to this document as an appendix.

The Franklin Police Department strongly urges people who are addicted to consult with their primary care physician or a health professional for assistance in choosing the proper course of treatment to defeat addiction.

Relapses are a common and unfortunate aspect of recovery. When they occur, it is imperative that the addicted person seek re-admission immediately. It is our sincere hope we can serve as a resource for the families of addicts.

Massachusetts General Law Chapter 123 Section 35

Drug abuse is a disease, but unlike other diseases those who are afflicted do not always seek help on their own. Massachusetts law allows a district court judge to commit a drug addict to a treatment facility.

Massachusetts General Law Chapter 123 § 35, known simply in the court system as a Section 35, allows *“any police officer, physician, spouse, blood relative, guardian or court official to petition any district court or any division of the juvenile court department for an order of commitment of a person whom he has reason to believe is an alcoholic or a substance abuser”* if the abuse *“substantially injures his health or substantially interferes with his social or economic functioning; or ... he has lost the power of self-control over the use of such controlled substances.”* Oftentimes, family members are reluctant to petition the district court themselves for fear of retaliation or a damaged relationship, so the authority of a police officer to fill this role can be a helpful tool.

If a judge finds that the person is addicted and at risk, the judge can order him or her to be committed for a period not to exceed 30 days. Addicts are sometimes offered the choice of entering a detox on their own or facing the potential that they will be committed by the court. As a result, many addicts opt to accept the offer of treatment.

Patrol Strategy

Intelligence-led policing refers to the use of intelligence to guide policing strategies and tactics. Most police agencies receive intelligence; the good ones push it out to patrol to enhance its effectiveness. The NYPD Compstat model of accurate and timely intelligence, rapid deployment of resources, use of effective tactics and relentless follow-up and assessment is particularly applicable to a counter-drug patrol strategy.

The patrol division deploys officers in marked and unmarked vehicles, on motorcycles, bicycles, on foot, in uniform and in plainclothes. Sergeants have the authority to deploy Department resources and personnel for maxim impact.

The Department disseminates to patrol officers the identities of known dealers and users. Areas of known drug activity, gleaned from neighborhood tips, arrest and field interview data, syringe recovery sites and information from informants is routed to the patrol division on an ongoing basis.

Following drug arrests in neighborhoods, officers may knock on doors to notify the neighbors and to solicit information. During these so-called post-raid knock-and-talks, officers explain that the drug dealer may make bail and that his release is unrelated to the strength of the case or its eventual outcome.

In the wake of a raid or drug arrest, the Department may send directed deterrent patrols into the neighborhood to establish a presence, deter a resurgence of drug activity or instill a feeling of security among residents.

Patrol officers play an additional role in the Department's counter-drug strategy. By interacting with and often arresting people who possess drugs and commit street-level crime, they are in the best position to develop intelligence and cultivate confidential sources of information, the underlying tenets of most productive narcotic investigations. The Department will offer specialized training to patrol officers in these crucial areas.

Communicating with Our Community

The Franklin Police Department utilizes its website www.franklinpolice.com to exchange information with the community.

- **FPD Drug Strategy:** a copy of this document is available for downloading.
- **Report a Tip:** a confidential telephone number [508-440-2780](tel:508-440-2780) is available to report drug tips; and there is an email link (tips@franklinpolice.com) as well. The tip line is checked daily and the emailed tips are directed to specific detectives. **We strongly encourage residents to call 911 to report drug activity in progress.**
- **Find Treatment:** a comprehensive list of area drug treatment facilities with their addresses and telephone numbers.
- **Prescription Drug and Syringe Disposal:** Residents may dispose of unused prescription drugs and syringes 24 hours per day, 7 days per week in the lobby of the Franklin Police Station with no questions asked. In the lobby you will see there are two separate and clearly marked disposal containers. The one on the left is only for prescription medications; the one on the right is only for syringe disposal, we ask that you please make sure all syringes are secured in a proper “Sharps” container before disposal. The Department will retrieve improperly discarded syringes found on the roadside or in open and park areas by residents if we are asked to do so.

Research has shown that most people who become addicted to painkillers resulted from prescription drug abuse or from taking pills from family members or their medicine cabinets. As such, the Department would ask that all health care professionals warn their patients about the potential for abuse, encourage them to dispose of old medications as soon as the need for them has passed and remove all old or expired medicines from medicine cabinets and dispose of them properly.

NOTE: This document authored by Chief William Brooks III of the Norwood Massachusetts Police Department. Chief Brooks graciously offered his knowledge and assistance by creating and sharing this document in the furtherance of eliminating the Abuse of Heroin and Prescription Medications in today's society. Thank you Chief Brooks.

Educating the Community

The Franklin Police Department can provide an additional service to the community by providing education about drug abuse. The Department's School Resource Officers are already assigned to the high school and middle school and can assist in the education of students in all grades. The Police Department will also make officers and detectives available to civic groups that request programs about crime or drug-related issues.

Measuring Success

Measuring the success of anti-crime initiatives can be difficult, and the progress of any drug control strategy is particularly challenging to quantify because some of the usual barometers can be misleading. After all, an increase in drug arrests can mean that the police are working harder, or conversely that drug abuse is up.

The Franklin Police Department's goal to reduce the abuse of heroin and prescription opioids requires that we focus on the people who use drugs. The Department will look to the fourth Compstat principle - relentless follow-up and assessment - and track as best we can the drug use status of identified heroin and opioid users. Statistics will be hard to come by, but the tracking of data about the arrest and removal of dealers from our neighborhoods, combined with assessments of addicts who have been referred to treatment, should provide the Department with empirical data that will continue to influence our strategy.