Drug overdose is the leading cause of accidental death in Massachusetts. The issue is as bad right now as it’s ever been, and nobody knows why. Some speculate that the recession of 2009 led to a hopelessness in some that sparked addiction. The criminal justice system, thus far, has not been successful in its attempts to slow the increase in these preventable deaths. Though there are many drug-users who wish to be treated for their addiction, they are often too afraid of being charged for possession of illegal substances to seek out help. Many want help, but simply don’t know where to turn. This bill would allow current drug users to turn in their drugs to local law enforcement agencies and instead of facing criminal charges, they would attend mandatory rehabilitation programs with higher success rates of remission.

The Bill

H 3993: An act relative to persons seeking drug addiction treatment

Elevator Speech

Hello, and thank you for taking the time to talk to me. I’m a student at Brandeis University, a school famous for its commitment to social justice. This social justice background is a large part of why I’m talking to you today, advocating for a bill that will end an illogical and unjust practice.

There is a bill currently passing through the MA House of Representatives that could help save people from an epidemic that killed 47,055 people nationwide in 2014, and is killing four people every day in our own communities here in the Commonwealth.

Opiate overdose is the leading cause of accidental death in Massachusetts, and nationwide killed 14,380 (44%) more people than car crashes did in 2014. It is concerning to me that these numbers have been sharply rising in recent years, which seems to signify that something we’re doing just isn’t working.

In Gloucester, police are trying something new; they’ve instituted the “Angel Initiative”, an innovative program that allows addicts to come to police stations in good faith to turn in their drugs, and police, instead of charging them, actually help get them into
implore you to speak favorably to your colleagues in the Massachusetts residents die every day. It doesn't work. I need to know and trust that the police are there to help them. For more programs like Gloucester's to be successful, addicts need to know and trust that the police are there to help them. This bill will equip us with another tool with which to attack this epidemic. We cannot continue to try to incarcerate our way out of a public health crisis, and watching four Massachusetts residents die every day. It doesn't work. I implore you to speak favorably to your colleagues in the Judiciary Committee about this bill.

**Letter to the Legislator**

I am writing to you today to advocate for a bill that will end an illogical and unjust practice. This bill, House number 3993, could help save people from an epidemic that killed 47,055 people nationwide in 2014, and is killing four people every day in our own communities here in the Commonwealth.

Opiate overdose is the leading cause of accidental death in Massachusetts, and nationwide killed 14,380 (44%) more people than car crashes did in 2014. It is concerning to me that these numbers have been sharply rising in recent years, which seems to signify that something we're doing just isn't working.

In Gloucester, police are trying something new; they've instituted the “Angel Initiative”, an innovative program that allows addicts to come to police stations in good faith to turn in their drugs, and police, instead of charging them, actually help get them into treatment. That policy has put about two people a day – 400 total – into treatment since its implementation last June. The bill passing through the legislature now would institute Gloucester’s policy all across the Commonwealth.

District attorneys are pushing back, saying that police don't have the authority to do this.

On the contrary, they do, as Chief Campanello of Gloucester has consistently asserted, have discretionary powers when it comes to arrest. That is why this bill is needed: for more programs like Gloucester’s to be successful, addicts need to know and trust that the police are there to help them.

This bill will equip us with another tool with which to attack this epidemic. We cannot continue to try to incarcerate our way out of a public health crisis, and watching four Massachusetts residents die every day. It doesn't work. I implore you to speak favorably to your colleagues in the Judiciary Committee about this bill.

**House Ways and Means Script**

My name is Joe DeFerrari/Danny Kimmel, and I am speaking to you today as a student from Brandeis University, a school famous for its commitment to social justice. This social justice background is a large part of why I’m talking to you today, advocating for a bill that will end an illogical and unjust practice. There is a bill currently passing through the MA House of Representatives that could help save thousands of lives right here in our own communities in Massachusetts.

Nationwide, 47,055 people were killed due to a drug overdose in 2014; an all-time high. By comparison, auto accidents killed 32,675, about 31% fewer people. Massachusetts is by no means immune to this national problem. In fact, the Commonwealth has seen a sharp uptick in drug-related deaths since the 1990s, and opiate overdose is now the leading cause of accidental death in Massachusetts, killing an average of 4 people a day. Both Governor Deval Patrick and Governor Charlie Baker have declared the opioid crisis a public health emergency since 2014.

This bill is trying something new. The idea for the legislation comes from Gloucester MA's police department. In June of 2015, it launched the ANGEL program, aka the Gloucester Initiative. Under than new policy, if someone comes into the Gloucester Police Department looking for help with a drug addiction, instead of being charged, they can turn in their drug paraphernalia, and an officer will help get them into a treatment facility.

As of February 11th 2016, Gloucester's program has put over 400 people into drug rehabilitation since its implementation in June of 2015.

So far, 60 police departments in 17 states have implemented programs modeled after Gloucester’s Angel Initiative. More than 20 of those are in Massachusetts. “Chiefs from Scarborough, Me.; Cooperstown, N.Y.; Lodi, Ohio; and Rolling Meadows, Ill., among others, have sought his advice as they duplicated his program”. Over a hundred more across the nation are preparing to launch similar initiatives.

In addition to saving lives, the bill should also save significant money. The Gloucester Police Department spends about $55 per person processed through the Angel Initiative, a number lower than it could be thanks to local pharmacies, taxi companies, and ambulance services offering significant discounts. In contrast, it costs $220 to arrest, process, and hold an addict in custody for a day. A portion of the costs are handled by PAARIUSA, which has raised hundreds of thousands of dollars and has received millions in in-kind contributions. The rest of the program's expenses are paid for by the department’s drug seizure account, which is funded by money taken from arrested drug dealers.
Police departments across the nation are supporting the bill. Many times police officers end up arresting the same people over and over on the same drug charges. This is because putting people through the criminal justice system who are addicted to substances does not treat their addiction. As Senator Ken Donnelly of Arlington said, “We are in a public health crisis. We’re not going to arrest our way out of it, and we’re not going to incarcerate our way out of it. Forget the war on drugs, we need a war on opiate addiction”.

District attorneys have provided the strongest opposition to the bill. Multiple have argued 1.) that police simply do not have the authority to offer amnesty for the crime of heroin possession; 2.) that selective enforcement of the law is a violation of the rights of other offenders; 3.) that this has the potential to complicate criminal cases; 4.) the offer of amnesty takes away addicts’ incentive to get clean.

Points one and two can be answered with the same note: police, as Campanello and others have consistently pointed out, have discretion when it comes to arrests. He said in a Judiciary hearing on March 7th, “discretion is the most powerful tool we have”. There should be no question whether police have the authority to abstain from arresting someone if the cause is just. Nobody’s rights are being violated, as this is just an example of police using their discretionary powers to choose to arrest some people, and to abstain from arresting others.

There should also be little worry about argument three. Perhaps some defense attorneys would try to use the law to their advantage by either a.) claiming that the defendant was on the way to treatment when caught, or b.) trying to use the defendant’s participation in the Angel program to complicate preexisting charges. However, these defenses would be extremely unlikely to succeed. The policy is clearly written, and states that only those physically coming into police departments in good faith can expect immunity. The bill is short, succinct, and very clear. It is doubtful that any judge would allow the law to be manipulated as the district attorneys suggest.

Point four is nonsensical on the face of it. Addicts have seemingly endless motivation to try to get clean, the primary one being health. In addition, the policy, as stated above, only applies to those going to police departments in good faith seeking treatment. Those caught with drugs will still be arrested exactly as they were before. There should be no problem regarding incentive for drug addicts.

Every day we don’t act, another four people in the Commonwealth are dying from drug overdose. We’re facing a very severe public health crisis, and we’re not going to incarcerate our way out of it. We implore the committee to support the bill, giving us another tool with which to combat this horrific epidemic. Let the Commonwealth be the first in the nation to have this groundbreaking policy, so we can start sending fewer people to jail and more people to treatment, and start saving more lives.

**Excerpts from Campaign Journals**

**Joseph**

My coalition is Massachusetts Organization for Addiction Recovery (MOAR). I went to a very meaningful meeting in early March. The meeting, to my surprise, often felt as if it was structured more like an AA session than a coalition meeting. Everyone went around the room and told their stories. Some were vague – “hi, I’m ___ I’m three months sober”, for example. Others went into significant detail, not just about their addictions, but also about the costs. Some had lost their jobs. Several talked about girlfriends who left them. One man’s wife walked out on him and took their kids with her. Two mothers had lost sons to addiction. One (not the one I interviewed) had just lost him a few weeks earlier, and cried as she told the basics of her story. Another couple of mothers had children currently battling addiction, and were clearly exasperated and desperate for ways to help.

Their stories were incredibly powerful. When my turn to speak came, I was a little nervous. I almost felt like an intruder, imposing myself in this space as someone who had never really been touched by the disease that had ruined or dramatically altered all these peoples’ lives. However, when I told them that I was here because I was doing work in relation to a bill to be discussed that night, they gave me a warm welcome, almost celebrating me and the work I was doing. I was flattered, and touched that they accepted me there.

After a while, the leader of the coalition took over. She talked about all kinds of current events related to addictions – new Narcan distribution, public speaking events, new medical discoveries. People chimed in eagerly, creating a lively discussion filled with stories. Eventually, the topic turned to my bill. I chose to listen instead of speak. People generally liked the bill, but some people – whose opinions had clearly been informed by their experiences – didn’t like the bill, either because they didn’t trust the good intentions of police from Gloucester and elsewhere, or because they thought that government-mandated rehab was really just well-hidden torture.

**Danny**

My first meeting regarding this bill was with Dr. Sharon Reif, a senior scientist and lecturer at Brandeis’s Heller School for Social Policy and Management. Dr. Reif’s expertise includes substance use disorder so I thought she would be a great person to meet with and discuss the bill. I figured that even if she didn’t know about the bill she would at least be able to tell us who to talk to at the State House as well as suggest
coalitions to contact. ... Overall I thought it was good to talk to Dr. Reif about the bill because she did have interesting insights and was also able to point me in the right direction towards coalitions to contact.

**Update**

On September 22, 2016 the bill was sent to study, as part of Judiciary study order H.4625. As of this publication the order had been discharged to the House Committee on Rules.

**For more information**

View the Bill:
malegislature.gov/Bills/189/House/H3993

Massachusetts Organization for Addiction Recovery:
moar-recovery.org