



April 3, 2020

Middlesex District Attorney's Office Opioid Task Force: Update 2

Dear Colleagues:

I hope that this finds you well. We are living in challenging times. The DA's office, under DA Ryan's leadership and with the support of an amazing staff continues its work - holding hearings remotely, working to protect the rights of the accused and of victims and working with the sheriff's office to address the safety of people who are in the House of Corrections. The office argued before the Supreme Judicial Court (remotely) on behalf of Middlesex and two other offices in support of a Report of a Special Master relative to taking prompt and important actions to reduce the risk of infections for people who are or become criminally involved, including revised pre-trial procedures as well as the creation of a Release Review Committee to identify certain pre-trial detainees and probationers who might be eligible for release review.

Below you will find information about where we in Middlesex stand in terms of overdose deaths, to date, as well as information on the implications of the coronavirus pandemic on addiction, recovery and the work we are doing every day. It is a long one - heck, I'm used to seeing all of you each month for 90 minutes and we all have a lot to share. I hope you find the information helpful.

First, I want to tell you about the number of deaths from overdose that we have experienced here in Middlesex county. Remember, these are only the deaths to which our state police were called - that is unattended deaths. It does not include people who may have succumbed to overdose at the hospital. Since the first of the year we have seen 48 deaths from overdose in Middlesex. 1 in each of Acton, Bedford, Billerica, Cambridge, Chelmsford, Hudson, North Reading, Stow, and Wilmington; 5 in Everett; 2 in Framingham; 8 in Lowell; 7 in Malden (including one where there was indicia of suicide); 3 in Marlboro; 2 in Medford; 3 in Somerville; 2 in Tewksbury; 2 in Wakefield, and 3 in Woburn. Especially now, with the increased awareness of the fragile nature of life, we are reminded that each of these represents a person whose family and community are missing them.

I recently found an article from [Psychology today](#) - from last week - which addressed addiction in the time of the Covid-19 pandemic. The author points out that "First, addiction and [co-dependence](#) both lead to, and flourish in, isolation. As [alcohol](#) and other drug use overtake a

person's life, that life begins to narrow. The substance being used becomes the central organizing principle of one's life. Friends and family who do not share the addiction become irritants, then enemies. Isolation becomes a weapon and a solution—then a prison. [Social isolation](#) protects one's secrets and puts Miracle-Gro on addiction."

<https://www.psychologytoday.com/us/blog/healing-addiction/202003/coronavirus-and-addiction>

In the article, he uses as a powerful example, something that might be described as our own "addiction" or compulsion to touch our face - and we all know Don't Touch Your Face, right? It helps me to have compassion to remember the trouble I'm having with that admonition. He says, "Remember, with humility, how difficult it is to break a habit. This understanding about yourself provides a small window into the struggle facing anyone abstaining from an addictive substance. This may help replace criticism with compassion."

On this topic, the Washington Post - providing its coronavirus reporting without a paywall, also had a [good piece last week](#) in which they profiled a man in recovery who, along with thousands of others is thousands of others grappling with the prospect of weeks or months without the in-person meetings and support services long considered a lifeline in drug treatment and recovery.

https://www.washingtonpost.com/health/people-in-addiction-treatment-are-losing-crucial-support-during-coronavirus-pandemic/2020/03/26/5698eae0-6ac6-11ea-abef-020f086a3fab_story.html

The [National Institute for Drug Abuse](#), or NIDA (perhaps they'll change their name soon, like the state's Bureau of Substance Addiction Services) points out that people with SUDs may be at a higher risk. The NIDA chief, Nora Volkow says, "Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with opioid use disorder (OUD) and methamphetamine use disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health. Additionally, individuals with a substance use disorder are more likely to experience homelessness or incarceration than those in the general population, and these circumstances pose unique challenges regarding transmission of the virus that causes COVID-19. All these possibilities should be a focus of active surveillance as we work to understand this emerging health threat....People who use opioids at high doses medically or who have OUD face separate challenges to their respiratory health. Since opioids act in the brainstem to slow breathing, their use not only puts the user at risk of life-threatening or fatal overdose, it may also cause a harmful decrease in oxygen in the blood (hypoxemia). Lack of oxygen can be especially damaging to the brain; while brain cells can withstand short periods of low oxygen, they can suffer damage when this state persists. Chronic respiratory disease is already known to [increase](#)

overdose mortality risk among people taking opioids, and thus diminished lung capacity from COVID-19 could similarly endanger this population.”

The American Society for Addiction Medicine has convened its Caring for Patients During the COVID-19 (CPDC) Task Force. One of their “guidance” sections addresses community support groups: <https://www.asam.org/Quality-Science/covid-19-coronavirus/support-group> and includes a list of apps, podcasts, and the like.

Forbes magazine has an article, building on Dr. Volkow’s blog for NIDA that you might want to share - it's not written for clinicians or professionals and is pretty accessible. <https://www.forbes.com/sites/lipiroy/2020/03/16/addiction-treatment-facilities-are-they-prepared-for-covid-19/#4dd4fd5344ea>.

For the general public health perspective, the Mass. DPH updates their site every day at 4pm and has a lot of good information about how the Commonwealth is doing in terms of testing, capacity, and exposure. <https://www.mass.gov/info-details/covid-19-cases-quarantine-and-monitoring# covid-19-cases-in-massachusetts->

They also have provided a fairly easy to read guidance on the Governor’s orders on gatherings and social isolation. According to the Massachusetts DPH, as of April 1st, there were 51,738 Individuals tested for Covid-19 and 7,738 confirmed cases. <https://www.mass.gov/doc/march-31-2020-assemblage-guidance/download>

Firearms and community safety: It appears that nationwide, firearms background check requests increased significantly in the month of March. As well, “ Small Arms Analytics, a consulting firm that tracks the gun market, estimates that 2.6 million guns were sold last month based on the background check data, a 85 percent increase over the same period last year. According to its estimate, the surge was largely driven by handgun sales.” <https://www.thetrace.org/2020/04/coronavirus-gun-background-check-record-nics/>

There is also concern that as people curtail activities and isolate more, “advocates fear that abusers might become more violent and coercive. Financial anxieties, close quarters, and health concerns all bring extra stress into the home, and are associated with a higher risk of abuse.”

Finally, and on a personal note, I enjoyed this, from yesterday’s New York Times: while we are, most of us, benefitting from lots of tools to use to work from home, it is so important to make some time to relax and practice self-care. We’re not going to get as much work done, and

we're likely not going to re-paint that front room, or clean out the attic, or attend to that great list of projects you put together when this all started.

So, on behalf of the DA and my colleagues, I thank you for all the work you are all doing, every single day and I wish you continued health and look forward to the opportunity to meet together again.

Warm regards