



Safe



Harbor

In Gloucester,
Mass., a new take on
police discretion
gives addicts
something
to live for
BY ART JAHNKE

It started with a Facebook post. / On May 4, 2015, with two years as chief of the Gloucester, Mass., police department under his belt, Leonard Campanello put out the word that “any addict who walks into the police station with the remainder of their drug equipment (needles, etc.) or drugs and asks for help will NOT be charged. Instead, we will walk them through the system toward detox and recovery...on the spot.” / The next day, social media novice Campanello was astounded to find out that the post had had 39,000 hits, a surpris-

ing number in any community, but a stunner in a city with only 28,000 residents. Eventually, the post would get 2.4 million hits, from people in all 50 states and 61 countries. It would be shared 30,000 more times with another 40 million people. / “To us in law enforcement, and to everyone,” says Campanello (MET’05), “we said, ‘Wow, a lot of people are paying attention to this issue.’”

Over the next 12 months, Campanello’s idea that police should treat addicts with compassion rather than jail time continued to attract attention. Dozens of newspapers, including the *Washington Post* and the *New York Times*, reported on the initiative, presenting it as a practical solution to an opioid addiction epidemic that now claims more lives from overdoses than traffic accidents.

In Gloucester, more than 425 people have been treated by what is now known as the Gloucester Angel Program, and several thousand have been helped by more than 100 police departments across 25 states that have adopted some form of the program. In April, President Barack Obama honored Campanello as one of 10 “Champions of Change” for creating the program, which has won high praise from public health advocates, including the director of the White House Office of National Drug Control Policy. When Massachusetts Governor Charlie Baker signed a law in March placing tighter controls on prescribing opi-

Gloucester police chief
Leonard Campanello
says he spent years
fighting the drug war,
including seven years
as a narcotics officer
in Saugus, Mass.
“We lost that one,”
he says.



oids, public health experts credited Campanello’s movement with facilitating passage of the legislation. The newly minted nonprofit organization Police Assisted Addiction and Recovery Initiative (PAARI) helps police departments start programs like Gloucester’s and was set up by Campanello and Boston real estate developer John Rosenthal, founder of the nonprofits Friends of Boston’s Homeless and Stop Handgun Violence. The initiative also provides scholarships to uninsured people treated at PAARI-affiliated treatment centers.

“It was Lenny’s move that changed the conversation in law enforcement,” says Fred Ryan, chief of police in Arlington, Mass., and one of the many police officials who have followed Campanello’s lead. “He was the catalyst. He’s not worried about political correctness; he’s a doer.”

One of the first people paying attention to Campanello’s Facebook post was 30-year-old Steve Lesnikoski, who was living in his car on the streets of San Francisco. When



it came to paying rent or paying for heroin, heroin always won. His addiction had dictated everything he had done for the past 13 years, ever since he was treated with Vicodin for pain following a high school football injury. Lesnikoski liked Vicodin, until he found something he liked even more: OxyContin. Oxy was good, but it was expensive. Heroin was cheap.

In May 2015, a friend sent Lesnikoski a press release describing Campanello's offer to help, rather than bust, people with addiction problems. "I was like, 'This is too good to be true,'" says Lesnikoski. "I called them up and said, 'Would you take someone from out of state?'"

On the morning of June 2, 2015, the second day of official business for the Gloucester Angel Program, Lesnikoski became what he calls "the first person to walk into a police station and admit that I was a heroin addict."

DUMB LIKE A FOX

IN THE PUBLIC SPEAKING ENGAGEMENTS that Campanello now does about three times a week in cities across the country, the Saugus, Mass., native likes to play up his naïveté. "We really had no idea what we were doing," he told an audience at the First Church in nearby Ipswich earlier this year. "We had to learn who to call, what were barriers to treatments, what were the different levels of care."

The chief jokes that his Facebook activity has helped him to "do really well with women 55 to 60 who like compassionate fat men." But the politicians and executives and PhDs who work with him will tell you that Lenny Campanello is dumb like a fox.

David Rosenbloom, a BU School of Public Health professor of health law, policy, and management, who works closely with PAARI, says Campanello is one of the smartest people he's ever met. And Arlington's Ryan has this to say: "Lenny has big balls."

For seven years, starting in 1990, Campanello was a narcotics officer, working the streets of Saugus, a largely working class North Shore town 25 miles south of Gloucester and about 8 miles north of Boston. In his first six months on the job, he arrested more than 100 people.

"Name any scenario from any cop show on TV," Campanello says, "I've been there. That was the war on drugs. I fought it. And we lost that one."

According to the Centers for Disease Control and Prevention, deaths from drug overdoses in the United States rose 200 percent, to more than 47,000, from 2000 to 2014, a period that saw a quadrupling of prescriptions for opioid painkillers. The Massachusetts Department of Public Health records the number of unintentional opioid overdose deaths at 1,099 in 2014—a 65 percent increase over the 668 deaths in 2012, and a 21 percent increase over the 911 cases in 2013. Opioid-related hospital visits shot up from about 30,000 in 2007 to more than 55,000 in 2014, say the Massachusetts Health Policy Commission figures, and most were not for heroin.

In Campanello's community of Gloucester, for decades the heart of the New England fishing industry, four people died of overdoses from January to March 2015. The fourth death—a 44-year-old woman found on a bathroom floor in her home—pushed Campanello to his tipping point, and tipped his strategy from confrontation to compassion.

The real impetus for the Gloucester Angel Program, he says, emerged at a community forum held in May 2015. "People suggested different approaches the police could take," he says. "But everyone was interested in seeing this as a disease and not a crime."

Campanello listened, mindful of something he learned at his first job interview at the Saugus police department. "The chief asked me what I thought was the most important character trait for a police officer," says Campanello, who has a master's in criminal justice from Metropolitan College. "I said I thought it was honesty. 'Good answer,' he said, 'Although honesty actually comes in a distant second to compassion.' I think we have duty in law enforcement to approach things in a humanitarian way. We always have the hammer, but we don't always have to use it."

The next thing he did was invite a group of defense attorneys to his office.

"I asked them point-blank: Tell me how you're gonna exploit this program, because it's the right thing to do. We're trying to help, and we don't want you to blow it up in court. They tweaked it a little bit and said, 'There's no way we can touch this because there's no way of knowing who you are bringing into the



The Symposia

Problem

The country's 200 percent increase in deaths from drug overdoses between 2000 and 2014 coincides with a quadrupling of prescriptions for opioid painkillers. It also follows a five-year marketing blitz, from 1996 to 2001, by OxyContin manufacturer Purdue Pharma, which conducted more than 40 national pain management and speaker training conferences, all-expense-paid symposia at resorts in Florida, Arizona, and California that were attended by more than 5,000 doctors, pharmacists, and nurses. A report published in the *American Journal of Public Health* says Purdue spent more than \$200 million to promote OxyContin in one year, 2001. By 2004, the report states that OxyContin had become "a leading drug of abuse in the United States." In 2007, Purdue's parent company, Purdue Frederick, pleaded guilty in federal court to misleading regulators and doctors about OxyContin's potential for misuse. The company was ordered to pay more than \$600 million, a fraction of the \$3 billion in sales of the drug in 2001 and 2002.



Steve Lesnikoski was the first person to walk into the **police station and admit that “I was a heroin addict.” His addiction had dictated everything he had done for the past 13 years.**

ONLINE:
Watch a series of videos about police chief Leonard Campanello's Gloucester Angel Program at bu.edu/bostonia.

program. And they're coming to you. You're not going out and catching them. So it's not selective enforcement; it's inviting people to come before any crimes are committed. It was a great conversation between two groups of people that don't always get along, and everybody agreed about the humanity of it. The last thing they said to us was, 'You're gonna put us all out of business.'"

One person Campanello did not have a great conversation with was the man responsible for prosecuting crimes committed in Essex County, Jonathan Blodgett, the county's district attorney. Two weeks after the Facebook post, Blodgett sent the police chief a letter advising him that "an explicit promise not to charge a person who unlawfully possesses drugs may amount to a charging promise that you lack legal authority to make, and on which the offender may not be able to rely."

"We disagreed," Campanello says. "We said this is steeped in police discretion, like gun buybacks and prescription drug drop-offs, where we don't ask any questions of people who are dropping off pills. We said that while your office is responsible for prosecuting, our office is responsible for responding to the needs of the community, so we are going to use our police discretion, which is very clearly defined—very, very clearly defined as vague—to reflect the needs of the community."

Carrie Kimball Monahan, the Essex County district attorney's office director of communi-

cations, says Blodgett "has said all he is going to say" about the legality of the Gloucester program. Campanello's "saying he will not arrest someone for doing something that is against the law amounts to granting amnesty," she says. "He does not have the legal authority to do that."

Karen Pita Loor, a BU School of Law clinical associate professor, says the legality of the Gloucester program is determined by two issues. The first is whether Campanello is seen by people seeking help as someone who has "apparent authority" to "bind the commonwealth to his assurance that they will not be prosecuted." The second is whether it is fundamentally unfair to prosecute someone who seeks help based on the police chief's guarantees that he or she will not be prosecuted.

And then, says Loor, there are the practical considerations. "I think that if the DA's office were to prosecute these people, that would be a grave mistake," she says. "It would break down the relationship of the police department and the community. What the police are doing is consistent with good community policing."

Shea Cronin, a MET assistant professor of criminal justice, says Campanello's willingness to rely on police discretion comes with the kind of risks that many police chiefs would prefer to avoid.

"If one of the people they don't arrest because they use their discretion goes to the community and commits a heinous crime,



BU School of Public Health professor David Rosenbloom has helped insurers and health care providers develop pilot programs for payment and treatment.

they are going to take heat for that,” says Cronin. “On the other hand, if the program is successful, that success will be much less apparent,” because it wouldn’t get the attention that a crime would get.

A FINANCIAL NO-BRAINER

Inside Gloucester’s 60-person police department, the new order of compassion over confrontation has met little resistance. “For the older guys, it was a very easy decision, because they’ve seen that busting people is a revolving door,” says Campanello. “For the younger go-getters who have the notion that they’re gonna arrest every bad guy out there and that there’s a very black-and-white line to law enforcement when all of it is actually gray, it took 15 or 20 minutes. But it didn’t take long before even the ones who bucked

it at the beginning were texting me at night saying, ‘I just placed another one.’”

Lofty humanitarian ideals aside, he says, the Gloucester Angel Program is a financial no-brainer. The chief estimates that it costs \$220 to arrest someone “and get them in front of a judge,” but only \$55 to put a person in treatment. And those costs, he says, are paid by money seized in drug busts. He estimates there has been a 27 percent reduction in crimes related to drug addiction from the start of the program to May 2016.

“Even if I was a smart guy,” he says, “I couldn’t think of a traditional law enforcement criminal justice response that would reduce my numbers by 27 percent in that time.”

In Arlington, chief Fred Ryan tells a different success story about his version of the Gloucester program. Through the first half of 2015, the town of 42,000 had one opiate-related overdose a month. On July 1, 2015, Ryan launched a proactive outreach program, with officers seeking addicts and inviting them to accept help. From July to the end of February 2016, his department guided 70 people into treatment, and Arlington had only two opioid overdoses.

“The data is early, but it is very positive,” says Ryan. “This stuff works.”

The program also appears to be getting

people off drugs, and keeping them off. Preliminary results of research conducted by Rosenbloom’s team of SPH investigators found that among people who were in the program from June 2015 to February 2016, three quarters, or 35 of the 46 people reached by investigators, were not currently using drugs.

In addition to evaluating the success of the program, Rosenbloom has helped PAARI navigate the treatment system, and has worked with health care providers and insurers to develop pilot programs for treatment and payment.

To Rosenbloom, like to Campanello, the biggest obstacle to solving the opioid problem is not the street dealers the police chief used to bust in Saugus parking lots. The most powerful force on the wrong side of the drug war, they believe, has been the marketing campaigns of pharmaceutical companies like Purdue Pharma, which in 2001 alone spent more than \$200 million to market and promote OxyContin, the opioid pain medication it manufactures. Today, Rosenbloom says, drug manufacturers are still failing to do their part.

Historically, says Rosenbloom, most doctors have done a poor job of treating pain, discouraged in recent decades by ramifications from the Drug Control Act of 1970, which put the Drug Enforcement Agency in charge of the licensing that allows doctors to write prescriptions, and consequently made doctors reluctant to prescribe powerful narcotics. “Then along came the marketing people for pharmaceutical companies and along came medical education saying, ‘You know, we really need to deal with pain. Pain destroys lives and now we have ways to fix it.’ So the doctors dived back in, not very well-trained. I think now doctors need to be reeducated and they need to be much more careful. I think they really did not understand what they were doing.”

In September, Campanello’s disenchantment with the pharmaceutical companies emerged in another Facebook post, this one listing the names, phone numbers, and salaries of pharmaceutical executives at Pfizer, Johnson & Johnson, Merck & Co., Abbott Laboratories, and Eli Lilly and Company.

“Don’t get mad,” he wrote in the post. “Just politely ask them what they are doing to address the opioid epidemic in the United States and if they realize that the latest data shows almost 80 percent of addicted persons start with a legally prescribed drug that they make. They can definitely be part of the solution here and I believe they will be.... Might need a little push.”

That Facebook push did get a response, and representatives from Pfizer, Purdue Pharma, and the trade group PhRMA (Pharmaceutical

Research and Manufacturers of America) met with the chief and Rosenbloom in the Gloucester police station.

"We had a great conversation," Campanello says sarcastically. "They made a meager attempt to do the least they could do. There was no accountability and no acknowledgment. In fact, there was denial that they had anything to do with it. Our opinion is that they have no interest in being part of the solution."

Rosenbloom has a similar recollection. "I would say that the Pfizer people came to town wanting our support to help their efforts to get higher reimbursement for their abuse deterrent formulation," he says. "And abuse deterrent means the pill can't be crushed up and snorted, not that this won't make you addicted. The people from PhRMA were really sent to be condescending and placate us and try to quiet naughty people down. They had no constructive agenda. Speaking on behalf of their manufacturers, they accept no responsibility for prescription misuse, and they have no intention of doing anything to help."

Purdue Pharma did not return telephone calls from *Bostonia*. Steven Danehy, director of corporate affairs at Pfizer, sent an email saying, "Seeing as this is an industry-wide issue, any further discussion is most appropriate to be had with the pharmaceutical industry association, PhRMA."

Priscilla VanderVeer, PhRMA deputy vice president of communications, did not respond to specific questions, but emailed the following: "The research-based biopharmaceutical industry has long supported policies that will help combat this critical public health issue, while also ensuring access to these medicines for patients with legitimate medical needs. We

strongly support efforts to expand provider education and training on pain management and appropriate use of opioids and access to a range of treatment options. We also support efforts to increase enforcement of and enhanced penalties aimed at curbing diversion of prescription medicines, disrupting 'pill mills' and cracking down on websites that illegally market and sell prescription medicines. In addition, we support efforts to foster the development of and patient access to abuse deterrent formulations and medicines to treat addiction, as well as the enhanced use of state-run prescription drug monitoring programs to better identify potential doctor shoppers and ensure appropriate prescribing."

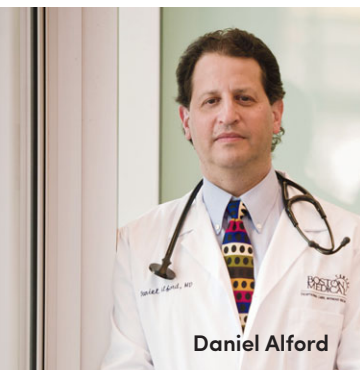
Rosenbloom, founder of the SPH program Join Together, which helps communities fight substance abuse and gun violence, chaired a Special Committee on the Clinical Trial Network program for the National Institute on Drug Abuse National Advisory Council. He points out that the United States, which has 5 percent of the world's population, consumes 80 percent of the world's opioid prescription drugs. In his mind, the role of pharmaceutical companies that sell addictive pain medications compares neatly to that of tobacco companies. He argues that the drug companies should be held responsible—in direct proportion to their sales of opioid medications—for funding any treatment and prevention initiatives, just as the tobacco industry has been forced to reimburse Medicaid agencies for expenses in treating tobacco-related health problems.

"The settlement with the tobacco industry was an attempt to recover money that the state had spent paying for the disease they caused," he says. "I think this is completely parallel."

Within days of completing what he calls a "30-day spin dry" of detox, Steve Lesnikoski flew back to California, where he immediately got high. He stayed high for three weeks, then he noticed a voicemail from Campanello. He remembered the chief had said he would keep in touch, but that was the kind of thing many people would say.

"I called him back and told him I was using again, and asked, 'What can I do?'" recalls Lesnikoski. "He said, 'What do you want to do?'" On August 7, Lesnikoski arrived in Boston, met with Campanello, and has been clean since.

"Lenny is amazing," he says. "He understands that this is a crisis and he has the spirit to take this revolutionary act, like you can now walk into a police station and ask for help. I'm working now, I have my own apartment. I'm happy and sober, and all of that is a whole new feeling for me."



Daniel Alford

Reschooling

Doctors

Last fall, in an effort to address the opioid crisis in Massachusetts, Governor Charlie Baker asked the deans of the commonwealth's four medical schools to design a list of core competencies that should be taught to all medical students to combat prescription misuse and addiction. The BU School of Medicine's answer was the Safe Opioid Prescribing Curriculum, which goes into effect this year and is being overseen by Daniel Alford (SPH'86, MED'92), a MED associate professor of medicine and assistant dean for continuing medical education.

All fourth-year MED students also must complete a two-hour Safe and Competent Opioid Prescribing Education (SCOPE) program, created by the US Food and Drug Administration.

Alford, this year's recipient of the American Society of Addiction Medicine's Educator of the Year Award, says faculty as well as students need to be trained. "You can train students to know what the right thing to do is, but if they don't see it modeled when they start doing their clinical rotations, if they go out in the community and they see some doctor who's doing something completely different, it doesn't reinforce this new approach," he says. "It all needs to happen at the same time, but once that occurs, I think we will make a difference."