

Rescue by teamwork

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By **Lisa McGinley**

Rescue has been headline news lately, with the laborious, risky and brave removal of 12 stranded Thai boys and their soccer coach from a flooded cave. Around this Coast Guard City rescue is a familiar theme. Being seaside dwellers we have seen what it takes to save people who can't save themselves: practice, expertise, equipment, teamwork, persistence, courage. Sometimes the rescue must be swift; other times, as in the cave, it needs a steady, patient approach, always with an eye to sudden emergency.

There will never be a rescue that saves all the lives threatened by opiate abuse. The odds are worse than swimming out of an underground cave after days without food. But many in this community have a better chance because of fast-acting heroics when an overdose occurs and steadfast support for the long, long haul of recovery.

The heroes are the members of the Opioid Action Team, who have pieced together a rescue mission based on the principles that opioid abuse is a disease, not a moral failing, and that the many responses required call for the skills of all the community's institutions: law enforcement, emergency services, human services, health and hospitals, schools, courts — and committed individuals.

With a \$135,000 grant from the University of Baltimore they are developing "equitable access" to treatment, with the result that in two months 40 people have initiated treatment. Many of those have begun with contact with "navigators" who make themselves available for conversation and help in places where drug users may be found. It often starts with "What do you need?" or "Can I get you a sandwich?" A Community Care Team that includes Ledge Light Health District, the city of New London, and the Alliance for Living reviews each person's case weekly.

Members of the team have helped get a law passed on certification of so-called sober homes, where the months of recovery after rehab often take place, and championed the availability of naloxone, commonly known as Narcan, which can reverse an overdose if used quickly enough.

Now they want everyone — all of us — to carry naloxone in case of an emergency encounter with someone who is overdosing. They also are advocating for medically assisted treatment, or MAT, meaning methadone, suboxone or other prescribed opiates that mimic enough of the effects of oxycontin or fentanyl or heroin to trick the brain that its cravings have been filled. And they are aware that this crusade, as vital and promising as it is, never got started until the epidemic spread to white middle-class people in suburban towns. Equitable treatment is the goal.

Most of this in just over two years, starting in the first minute of the first day of Jeanne Milstein's new job as New London's director of human services. She arrived at City Hall to find Fire Department Battalion Chief Tom Curcio waiting for her with a list. She hadn't even taken her coat off.

On his list were addresses where ambulance crews were responding to repeated 911 overdose calls and finding a "sober house." He wanted her first task to be identifying who was running them, and where they all were. Done.

Every participant in the Opioid Action Team or the Community Speaks Out group, formed by families of victims, has a story that got them there. There were always stories. But that first big step of "where do we start?" is behind them.

Lisa McGinley is a member of The Day editorial board.