



March 3, 2022

Joint Committee on Mental Health, Substance Use & Recovery  
 Rep. Adrian Madaro and Sen. Julian Cyr, Chairs

**Re: Urgent request for comprehensive substance use reform legislation this session**

Dear Chairs Madaro and Cyr, and Members of the Committee,

We write to express our hope that you will advance legislation to establish additional evidence-based harm reduction measures and improve access to substance use disorder treatment in the Commonwealth. Together, we aim to support you as allies and partners in this important work. As health care providers who treat people with substance use disorder, service providers and counselors who care for individuals who use drugs or who are in active recovery, experts on drug policy and advocates for the rights and well-being of people who use drugs, we are grateful for your demonstrated leadership. We are counting on you to prioritize passing significant reforms this session.

There is an urgent need for greater intervention to prevent overdose deaths in Massachusetts. The state is on track for its fourth consecutive year with greater than 2,000 reported opioid-related overdose deaths. Recent DPH data shows that racial disparities in overdose deaths are widening, with Black non-Hispanic men making up the largest increase in opioid overdose death rates in 2021 at sixty-three percent. Recent reports have also highlighted significant gender disparities in access to treatment, with women less likely to access treatment despite increased substance use. Data from 2020 showed a 15% increase from the previous year in the number of women who experienced fatal opioid overdoses, [according to DPH](#). And last March the Boston Public Health Commission and MA Department of Public Health issued a [clinical advisory](#) highlighting an escalating number of new HIV infections among people who use drugs in the Mass and Cass area of Boston. These developments underscore the imperative of the Commonwealth's continued investments to address this issue with a focus on equity.

We appreciate that the legislature has extended to May 9 the reporting date for several relevant proposals pending before your committee. We hope you will act on them swiftly, either as individual bills or in a larger legislative vehicle.

## **HARM REDUCTION**

### Supervised Consumption Sites

H.2088 and S.1272, *An Act relative to preventing overdose deaths and increasing access to treatment*, would establish a ten-year supervised consumption site pilot program in two or more communities in the commonwealth. Supervised consumption sites (SCSs) are designated spaces where people can use pre-obtained drugs with support from trained personnel. When this bill was first introduced in 2016, supporters in the legislature expressed the need for more community conversations and municipal support before the bill could pass. We now have that. In March of 2019, the [Harm Reduction Commission](#) established by Governor Baker's opioid legislation issued a report recommending a SCS pilot program in MA. In August of 2021, Rhode Island passed a similar bill. In November of 2021, New York City opened two sites (where [114 overdoses were reversed](#) in less than 2 months of operation). Somerville is moving ahead with plans to open a site in 2022. In September of 2021, this committee heard testimony from all over the state in nearly unanimous support of SCSs. This momentum is a symptom of growing support and awareness of the urgency this issue demands—the need is greater than ever.

### Chemical Testing

H.2097 would pilot and study the use of fentanyl test strips. There's a significant need for chemical testing, but the need extends beyond fentanyl, and beyond the ability of test strips. Therefore, we urge the committee to consider permanent, statewide policy permitting not only the use and distribution of fentanyl strips, but also mass spectrometers and other technology to protect people from unknowingly consuming particular substances and overdosing or experiencing other serious harm. The treatment and harm reduction community has indicated that this is an area of emerging technology innovation, underscoring the value of a flexible, descriptive approach to legislative protections.

### Safer Substance Use

The Commonwealth has saved lives by enabling the distribution and possession of syringes. We could save more lives by providing Good Samaritan protection for people who make available other sterile consumption supplies, such as pipes and other smoking materials, and decriminalizing possession of such supplies. Clean pipes can help reduce infections, including COVID transmission. A bill like Sen. Cyr's S.990, which was sent to the Judiciary Committee, could provide a foundation for this approach.

## **EVIDENCE-BASED TREATMENT**

### Ending Involuntary Commitment to Prisons and Jails

S.1285 and H.2066 would end the practice of incarcerating civilly committed men under Section 35. Sending people to prison or jail for substance use treatment does not effectively treat people's opioid use disorders, and in some cases makes recovery more challenging. Public health professionals and addiction medicine experts are clear: involuntary opioid use disorder treatment is not evidence-based, it harmfully compounds trauma, and it dramatically increases risk of overdose and overdose death upon release. People who undergo involuntary treatment are 2.2 times more likely to die of opioid-related overdoses, and 1.9 times more likely to die of any cause, than people who receive only voluntary treatment, according to a 2016 study from the Massachusetts Department of Health. The Commonwealth stopped sending civilly committed women to DOC and HOC facilities in 2016; now the legislature can and should do the same for men.

## Comprehensive SUD Treatment Across Correctional Facilities

H.2067 and S.1296 would build on the success of the MAT pilot program established in 2018 and ensure that all incarcerated people receive appropriate medical treatment for their substance use dependency or disorder to prevent withdrawal and provide maintenance — regardless of where they are incarcerated, regardless of their treatment history, and without limitation on the kind of medically-prescribed treatment they can receive. It would make both maintenance and induction available at every correctional facility.

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The Commonwealth is desperate for these reforms. In small towns, suburban communities, gateway cities, and at the intersection of Massachusetts Avenue and Melnea Cass Boulevard, in bedrooms and bathrooms, on the street and in correctional facilities, people are dying. The deleterious impact of the opioid crisis has only been exacerbated by the COVID-19 pandemic, widening disparities in so many aspects of health and health care. We cannot wait to act.

Before we close, we need to stress one important point about the kinds of legislative reforms we believe are necessary to address the crisis at hand. Massachusetts needs more evidence-based harm reduction strategies and more access to treatment. At the same time, we need to avoid public policy that relies on coercion or monitoring of persons who use drugs and their health care providers, preconditions or other barriers to care, and penalties for people living with substance use disorder or providers. Policy proposals that are punitive or not based on evidence threaten the trust built between providers, advocates, and people who use drugs, and are counter to our shared goal of serving our communities.

We sincerely appreciate your dedication to saving lives with evidence-based substance use policy. Last legislative session, these issues took a backseat to the COVID-19 pandemic, but we cannot continue to put off action on this pre-existing public health crisis. We hope you will embrace and champion these proposed reforms so that the Commonwealth can make new progress this session.

Sincerely,

ACLU of Massachusetts  
American College of Physicians, MA Chapter  
Arlington Fights Racism  
Black and Pink Massachusetts  
Boston Health Care for the Homeless Program  
Committee for Public Counsel Services  
The Criminal Justice Reform Task Force of  
Congregation Dorshei Tzedek  
End Mass Incarceration Together (EMIT)  
Fenway Health  
First Parish in Brookline  
Grayken Center for Addiction at Boston Medical  
Center  
Health in Justice Action Lab, Northeastern  
University  
Health Resources in Action  
Immigrants' Assistance Center, Inc. (IAC)  
Justice 4 Housing Inc.  
Justice Resource Institute

Livable Streets Alliance  
Massachusetts Association for Mental Health  
Massachusetts Coalition for the Homeless  
Massachusetts Law Reform Institute  
Massachusetts Medical Society  
Massachusetts Society of Addiction Medicine  
Material Aid and Advocacy Program  
National Association of Social Workers - MA  
New England Innocence Project  
Prisoners' Legal Services  
The Real Cost of Prisons Project  
SIFMA Now!  
Student Clinic for Immigrant Justice  
Union Capital Boston  
University of Massachusetts-Boston