



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY IN SUPPORT OF H.1981/S.1242
AN ACT RELATIVE TO PREVENTING OVERDOSE DEATHS AND INCREASING ACCESS TO
TREATMENT
BEFORE THE JOINT COMMITTEE ON MENTAL HEALTH, SUBSTANCE USE AND RECOVERY
OCTOBER 23, 2023**

The Massachusetts Medical Society (MMS) wishes to be recorded in strong support of H.1981/S.1242, *An Act Relative to Preventing Overdose Deaths and Increasing Access to Treatment*.

The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, for a better health care system, and on behalf of physicians, to help them provide the best care possible. In 2017, the MMS became the first state medical society in the country to support OPCs after a year-long comprehensive review of the robust international academic literature assessing such facilities.¹ In the years since the seminal MMS report calling for the establishment of a pilot OPC in Massachusetts, the evidence base has only deepened and broadened, confirming that these facilities save lives and offer pathways to treatment for patients with substance use disorder (SUD).^{2 3} Accordingly, and for the reasons below, we support H.1981/S.1242, which would create a 10-year pilot program allowing municipalities to establish OPCs in Massachusetts.

OPCs — sometimes called supervised injection facilities or safe consumption sites — are evidence-based harm reduction facilities where people can consume pre-obtained drugs under the supervision of staff trained to intervene in overdose. In addition to overdose prevention and access to sterile equipment, services provided at OPCs commonly include linkages to medical care and support, such as testing for HIV and hepatitis; treatment

¹ Massachusetts Medical Society. *Establishment of a Pilot Medically Supervised Injection Facility in Massachusetts. Report of the Task Force on Opioid Therapy and Physician Communication*. April 2017.

<https://www.massmed.org/advocacy/state-advocacy/sif-report-2017/>

² Marshall T, Abba-Aji A, Tanguay R, Greenshaw AJ. The Impact of Supervised Consumption Services on Fentanyl-related Deaths: Lessons Learned from Alberta's Provincial Data. *The Canadian Journal of Psychiatry*. 2021;66(12):1096-1098. doi:[10.1177/0706743721999571](https://doi.org/10.1177/0706743721999571)

³ Main Line Health Center for Population Health Research at Lankenau Institute for Medical Research. *Supervised Consumption Facilities – Review of the Evidence*. December 2017. [LarsonS_PHLReportOnSCF_Dec2017\(dbhids.org\)](https://www.dhhs.org/PHLReportOnSCF_Dec2017)

for other infections; and connection to substance use treatment and other medical care and support. These services save lives, decrease the spread of infectious disease, and improve access to needed care.

OPCs have a long, proven evidence-based for preventing overdose deaths and improving community health and safety. The first modern OPC opened in Switzerland in 1986, and today, there are 138 OPCs operating in at least 16 countries around the world, including the United States.⁴ Studies have found a 26% net reduction in overdose deaths in the vicinity of an OPC, a reduction in the rates of HIV and hepatitis C in people who inject drugs, and an improvement in public safety by reducing the number of publicly discarded syringes and reducing public drug use.^{5 6 7 8} In the United States, OnPoint NYC made history in November 2021 by becoming the first organization in the country to open and operate two publicly recognized OPCs. In its first two years of operation, OnPoint served 4,219 participants, reversed 1,235 overdoses, and reported no deaths, similar to other OPCs worldwide.⁹ Additionally, OnPoint experienced just 40 EMS calls, saving the city millions of dollars, and diverted over 2 million units of hazardous waste, including syringe litter, from parks and public spaces.¹⁰ Concerns about crime and disorder remain substantial barriers to the expansion of OPCs in U.S. cities, and initial data from NYC do not support these concerns. A cohort study of 2 OPCs and 17 syringe service programs found no significant increases in crimes recorded by the police or calls for emergency service in NYC neighborhoods where 2 OPCs were located. In fact, large, statistically significant declines in police narcotics enforcement around the OPCs were observed.¹¹ These proven positive outcomes could become a reality in Massachusetts under H.1981/s.1242. Notably, a 2020 study by the Institute for Clinical and Economic Review estimated that an OPC in Boston would save taxpayers \$4 million a year by reducing reliance on ambulance rides, emergency department visits, and hospitalizations.¹²

Despite significant investment in harm reduction services, the Commonwealth has reached an inflection point with the overdose crisis. There were 2,3357 confirmed opioid-related deaths in 2022, the most fatal year in

⁴ Harm Reduction International. *The Global State of Harm Reduction*. 2022. [HRI_GSHR-2022_Full-Report_Final.pdf](#)

⁵ Gostin LO, Hodge JG Jr, Gulinson CL. *Supervised Injection Facilities: Legal and Policy Reforms*. JAMA. 2019 Feb 26;321(8):745-746. doi: 10.1001/jama.2019.0095. PMID: 30730548. [Supervised Injection Facilities: Legal and Policy Reforms - PubMed \(nih.gov\)](#).

⁶ Wood E, Tyndall MW, Montaner JS, Kerr T. *Summary of findings from the evaluation of a pilot medically supervised safer injecting facility*. CMAJ. 2006 Nov 21;175(11):1399-404. doi: 10.1503/cmaj.060863. PMID: 17116909; PMCID: PMC1635777. [Summary of findings from the evaluation of a pilot medically supervised safer injecting facility - PMC \(nih.gov\)](#)

⁷ The European Monitoring Centre for Drugs and Drug Addiction. *Drug consumption rooms: an overview of provision and evidence*. July 2018. [Drug consumption rooms: an overview of provision and evidence \(Perspectives on drugs\) | www.emcdda.europa.eu](#)

⁸ See fn 6

⁹ OnPoint NYC. *A baseline report on the operation of the first recognized Overdose Prevention Center in the United States*. [ONPOINTNYC OPCREPORT_small-web1.pdf](#)

¹⁰ See fn 9

¹¹ Chalfin A, del Pozo B, Mitre-Becerril D. Overdose Prevention Centers, Crime, and Disorder in New York City. *JAMA Netw Open*. 2023;6(11):e2342228. doi:10.1001/jamanetworkopen.2023.42228

¹² Institute for Clinical and Economic Review. *A look at supervised injection facilities*. January 2021. <https://icer.org/wp-content/uploads/2020/10/SIF-RAAG-010521.pdf>

state history.¹³ Preliminary 2023 data show a slight dip but generally consistent with record high overdoses reported in the previous year. Communities of color are disparately impacted by this crisis, with Black, American Indian, and Hispanic populations experiencing the largest percentage increase in opioid-related overdose death rates from 2018 to 2022, increasing by 227%, 66%, and 44%, respectively.¹⁴ There has never been a more urgent time to pursue every evidence-based approach to save lives and help connect individuals to health care and treatment.

As places designed to directly prevent overdose and reduce the health issues and environmental risks associated with drug use, OPCs have many potential advantages over other interventions. OPCs are a low-threshold service, meaning they are designed to remove barriers to care. OPCs reach people who are not connected to other services or the traditional health care system for many reasons that may include a lack of insurance, fear or distrust, discrimination based on race, ethnicity, sexual orientation, gender identity, and more. OPCs meet people “where they are at” and provide a safe place where they can find connection without stigma and fear of criminalization, and eventually be connected to other services, such as housing, health care, an evidence-based treatment when they are ready. In addition to improving the safety and well-being of people who use drugs, OPC use is associated with an increased likelihood of access to detox and addiction treatments.¹⁵ While opioid-related overdose deaths remain at all-time highs driven by the overwhelming presence of fentanyl in the drug supply, we must keep people alive until they are able to reduce or stop their drug use through a range of interventions, including OPCs.

H.1981/S.1242 creates a framework that would allow oversight and operation of OPCs. If passed, these bills would require the Massachusetts Department of Public Health (DPH) to establish regulations and a licensure process for authorization of a 10-year OPC pilot program. Given the state of the overdose crisis, we think the time for a pilot program has passed and we should authorize these centers. Importantly, the legislation sets forth legal and liability protections, exempting providers, staff, and participants from state civil, criminal, and professional licensure consequences resulting solely from engaging in OPC activities. In Massachusetts, it is a crime to manufacture, dispense, or possess certain controlled substances without authorization. Absent legislation, clients and staff of OPCs could face criminal prosecution, either for possessing controlled substances or conspiracy to violate MGL 94C. Under MGL c. 271A, OPC activities could be considered a criminal enterprise. Furthermore, professional licensure boards generally prohibit either committing or aiding a person in performing any act prohibited by applicable federal and state law or regulation. H.1981/S.1242 would protect physicians and other health care professionals providing care at OPCs from disciplinary action by professional licensing boards.

¹³ Executive Office of Health and Human Services, Department of Public Health. Current Overdose Data. <https://www.mass.gov/lists/current-overdose-data>

¹⁴ See fn 10

¹⁵ Dow-Fleisner, Sarah J., Lomness, Arielle, Woolgar, Lucia (2022). Impact of safe consumption facilities on individual and community outcomes: A scoping review of the past decade of research. *Emerging Trends in Drugs, Addictions, and Health*. Vol. 2, 2022. [Impact of safe consumption facilities on individual and community outcomes: A scoping review of the past decade of research \(sciencedirectassets.com\)](https://www.sciencedirect.com/journal/emerging-trends-in-drugs-addictions-and-health)

OPCs are well-supported by people who use drugs, addiction medicine specialists, and an overwhelming majority of Massachusetts voters.¹⁶ In 2023, the American Medical Association announced support for the implementation of pilot OPC sites, recognizing their importance as an evidence-based harm reduction tool. Moreover, in December the Department of Public Health released an OPC [feasibility report](#) unequivocally validating the efficacy of overdose prevention centers and calling for legislative action to ensure the necessary legal and professional liability protections to ensure this harm reduction tool can become a reality.

Despite the Commonwealth's efforts on multiple fronts to increase access to harm reduction services and remove barriers to care for patients with SUD, progress in reducing deaths has been incredibly difficult due to a combination of factors, including the increasingly contaminated illicit drug supply and the continued stigma faced by people who use drugs. We must all work together to end the overdose epidemic and alleviate the suffering experienced by every community in Massachusetts. Establishing OPCs would enable us to meaningfully engage people who may not otherwise access health care, reduce disease transmission, link patients to treatment, and save lives.

Thank you for your consideration of our comments and for your work on this important issue. We respectfully urge the committee to act favorably on H.1981/S.1242.

¹⁶ Beacon Research. *Findings from Statewide Survey of Massachusetts Voters*. 2023. <https://ma4opc.org/wp-content/uploads/2023/10/Key-Findings-from-Survey-of-MA-Voters-10.5.23.pdf>