

March 16th, 2015

Healthy Streets Outreach Program – Lynn, MA

A Program of Health Innovations Inc.

Governor Baker's Opioid Working Group Task Force

Please see below a brief list of recommended short and longer term goals for effective intervention to the heroin crisis in Massachusetts.

The interventions listed below have been proven successful in other countries struggling with the same issues of heroin addiction, overdose, public drug use and drug-related crime.

Some of the recommendations may be unpopular or controversial but we must try to implement new strategies that address substance use along its continuum. We must provide adequate services for active users, those experiencing relapse, recovering individuals and family members. Substance use can range from chaotic use to total abstinence and we must be able to support individuals along this entire continuum.

Immediate/Short-term:

1. Pilot safer injection facilities in locations with high rates of heroin overdose, public injection drug use, OUIs related to people driving and overdosing
2. Incorporate syringe exchange services at all Naloxone distribution programs
 - a. Stem the rapid increase in new Hepatitis C cases among people under age 25.
 - b. Syringe exchange programs meet an immediate health need of injection drug users and enters them into health services, overdose education and substance use treatment
3. Require all substance use treatment programs to supply patients with Naloxone
4. Require department of corrections to allow incarcerated individuals who opt-in to receive Naloxone kits in their property prior to release date.
5. Begin a media campaign directed toward medical providers and public safety to treat substance use as a medical issue rather than a criminal issue.
6. Review the section 35 law to allow individuals to section themselves without police or family assistance.
7. Encourage use of the “3-day” rule for Suboxone Providers <http://www.naabt.org/documents/Three-day-rule.pdf>

Longer-term:

1. Increase number of detox, post-detox, CSS and residential treatment beds
2. Increase detox stays to 30 days
3. Provide wet shelter beds at any shelters receiving state funding
4. Remove 100 patient limit from Suboxone providers
5. Fund residential treatment programs to incorporate on-site nursing staff and mental health providers
6. Require community health centers to provide Suboxone, Methadone and Vivitrol treatment services

Suggested reading:

Urban Health Research Initiative – Supervised Injecting Site - <http://uhri.cfenet.ubc.ca/content/view/57/92/>

US National Library of Medicine – National Institutes of Health – The Law and Politics of Safe Injection Facilities in the US - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2376869/>

Centers for Disease Control - http://www.cdc.gov/idu/facts/aed_idu_syr.pdf