
Boston Users Union

"The War on Drugs is a War on People – We are the People!"

JANUARY 28, 2018

To the Massachusetts Harm Reduction Commission



We, the members of the Boston Users Union, have compiled a list of necessary services, best practices and requests that we ask the Secretary and Commissioners to include and keep in mind when forming the report and Commission findings regarding what services safe consumption spaces should include and how they should be implemented and look like in Massachusetts.

1. Drug Checking technology (GCMS or Infrared for participants to use for testing substances before for content, cut, fillers and active ingredients)
2. Sterile equipment for consumption including tools for safer injection, safer smoking (including bulb pipes and straight pipes for people who use stimulants such as cocaine and methamphetamine), supplies for people who sniff drugs such as sterile straws and other tools, and quality filters to assist folks who inject drugs with decreasing the amount of inactive ingredients (cut) they inject.
3. Trained staff who can distribute harm reduction supplies and monitor over-sedated community members they may come across both on-site and during community outreach in areas outside of the regular SCS locations.
 - a. **Staffing should be at least 51% people who have lived experience using drugs BOTH in the past and CURRENT people who use drugs.**
 - b. Community members and participants in harm reduction programs including the SCS should be offered employment since drug users often know best what services our community needs as needs change and evolve.
4. Protocol for overdose response and over-sedation should mirror best practices as implemented by AHOPE and BHCHP's SPOT program
5. Low-threshold **easy** access to:

-
- a. Medication treatment (Opioid Agonist Therapy)
 - b. Wound care treatment on-site, on-call and supplies available
 - c. Housing access assistance and support
 - d. Accurate description of various shelters and their conditions and referrals, support and grievance assistance
 - e. Access to Behavioral health services during operating hours as well as a Psychiatrist for prescribing both off-site and preferably once-weekly on-site
 - f. Primary care provider access and referrals
 - g. Women's health specialists, men's health specialist, birth control referrals and safer sex supplies
 - h. Access to treatment on demand and referrals
 - i. PEP, PrEP access
 - j. HIV, HCV and STI treatment and testing
 - k. Trainings for participants like phlebotomy, safer injection techniques and assistance, risk reduction options, etc should be conducted by participants and/or staff who use drugs.
 - l. Offering lockers to participants who need to keep their medications and personal items safe if they need it
6. Special programming and time for queer people who use drugs including MSM as well as trans and gender non-binary individuals
 7. Offering special programming and supplies for people who use stimulants
 8. Non-injection safe consumption rooms
 - a. Safer smoking rooms are a necessity
 - i. (blueprints from operating SCS with great ventilation plans available)
 9. Dedicated space and time for women who use drugs
 10. Private / dedicated spaces for consumption when participants need to inject in sensitive / private areas on their body
 11. Child care for participants
 12. Confidentiality and anonymity
 - a. NDA
 - 13. Sites NEED to be open for all types of consumption 24 hours a day.**
-