

Commission on Methamphetamine Use

Meeting Minutes

January 11, 2022

2:00 - 3:30 pm

Date of meeting: Wednesday, January 11, 2022

Start time: 2:00 pm

End time: 3:30 pm

Location: Virtual Meeting (Zoom)

Members participating remotely		Vote 1*	Vote 2
1	Marylou Sudders (<i>chair</i>) – Executive Office of Health and Human Services (EOHHS)	-	X
2	Brian K. Andrews – Massachusetts Ambulance Association Board	X	X
3	Julie Burns – RIZE Massachusetts	X	X
4	Deirdre Calvert – Bureau of Substance Addiction Services (BSAS)	X	X
5	Amanda Consigli – New England High Intensity Drug Trafficking Area (NEHIDTA)	X	X
6	Prentice Crowell – Safe and Sound Recovery	X	X
7	Julian Cyr – Massachusetts Senate	-	-
8	Jon Davine – Northampton Fire Chief	X	X
9	Thomas W. Fowler – Salisbury Police Department	-	-
10	Kristen Godin, LMHC – Community Healthlink	X	X
11	Traci Green, PhD – Brandeis University	X	X
12	Jim Hooley – Boston EMS	X	X
13	Abigail Kim – Association for Behavioral Healthcare (ABH)	X	X
14	Gene Lambert, MD, MBA, FACP – Mass General Hospital	-	X
15	Adrian Madaro – Massachusetts House of Representatives	-	-
16	Albie Park – Harm Reduction Hedgehogs of 413 (HRH413)	X	X
17	Maria Quinn, NP – Holyoke Hospital	-	X
18	Claudia P. Rodriguez, MD – Brigham and Women's, Faulkner	X	X
19	Leigh Simons Youmans, MPH – Massachusetts Health & Hospital Association (MHA)	X	X

* (X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

Proceedings

Executive Office of Health and Human Services Chief of Staff Bekah Diamond called the meeting to order at 2:30 pm. She welcomed members and explained that Secretary Sudders would be joining shortly. She noted that all votes taken during the meeting would be conducted via roll call.

Vote to approve minutes from the 12/8/2021 meeting: Chief of Staff Diamond requested a motion to approve the minutes from the Commission's previous meeting on December 8, 2021. Mr. Andrews introduced the motion, which was seconded by Ms. Godin and approved by roll-call vote (see detailed record of votes above).

Chief of Staff Diamond reviewed the meeting's agenda as well as the Commission's charge. She invited members to share their goals and expectations for the Commission.

- Mr. Andrews stated that the Commission should prioritize the development of education for EMS and law enforcement on stimulants and the management of individuals with stimulant use disorder. He added that education for first responders would allow them to better treat individuals with stimulant use disorder and be able to link them to harm reduction services available in their community.
- Mr. Park stated that current eligibility requirements for individuals who use stimulants can be restrictive if they are not simultaneously dependent on alcohol or opiates. He explained that individuals struggling with stimulant dependence may face barriers to accessing treatment, particularly if their entry point for treatment is detox. He added that contingency management should be explored as a viable option for individuals with stimulant use disorder and highlighted the use of stimulants in the LGBTQ community as a growing area of concern.
- Dr. Rodriguez requested that the Commission clarify the various points of entry for treatment for stimulant use disorder apart from detox, including ambulatory programs and bridge clinics. She proposed that the Commission explore ways to educate health care providers as well as members of the public about the medical risks associated with methamphetamine use, which include infections and risk of stroke. She added that a resource for emergency department providers on the management of acute intoxication from stimulants versus acute psychiatric episode would be helpful.
- Ms. Quinn requested that the Commission focus on tangible guidelines for providers in emergency departments, similar to the opioid use disorder guidelines developed by the Massachusetts Health & Hospital Association (MHA) for emergency departments. She added that resources should leverage existing education platforms and outpatient programs like the Office-Based Addiction Treatment Program (OBAT).
- Professor Green stated that her priority would be for harm reduction programs to be strengthened, particularly for individuals who use stimulants, but are not ready or able to enter treatment. She proposed that staffing and supply needs of existing programs be addressed and expanded to include harm reduction supplies that are unique to people who use stimulants. She stated that her hope is for syringe service programs (SSP) to be strengthened and serve as "drug user health programs" to provide expanded level of care for individuals who use substances.
- Chief Davine noted that in his role as a member of the Clandestine Laboratory Enforcement Team (CLET), he stressed the need for a concise, one-page job aid for first responders and other officials, such as building inspectors, to help them recognize the signs of a methamphetamine manufacturing operation. He added that specific resources and evaluation protocols should be established or expanded for children who might have been exposed to a methamphetamine manufacturing operation in their building.
- Director Kim expressed her support for expanding harm reduction and contingency management programs and proposed that further efforts should be made to raise the federal restrictions on contingency management, which currently limit payments to \$75 per patient, per year. She proposed that additional data sets or data linkages for agencies be explored to create more robust demographic and geographic profiles to better target interventions. She stated that a review of the statute for references to "opioid use disorder" that could potentially be amended to "substance use disorder" would be beneficial and may lower barriers to care.

- Director Youmans expressed her support for a resource for emergency departments outlining pathways to treatment. She added that housing instability and finding community-based partners to refer patients to can be challenging, particularly in more rural areas.
- Chief Hooley expressed his support for expanding access to low-threshold housing, clarifying guidelines for eligibility for emergency housing, and developing clear demographic profiles of vulnerable populations to better target interventions and share data across municipalities.
- Dr. Lambert noted that additional resources and guidance are needed for emergency departments to improve provider referrals to community-based programming for stimulant use disorder and ensure that standards of services are equitable across the state.
- Mr. Crowell stated that use of stimulants continues to expand into communities and its broader use is not reflected in public perception of a typical stimulant user.
- Chair Cyr expressed his support for centering the Commission's work on lived experience. He expressed his gratitude to the panelists for their courage in sharing their perspective with the Commission.

Secretary Sudders began the panel discussion by welcoming the four panelists: Prentice Crowell, Stephen Murray, James Duffy, and Mitchell Barys. She expressed admiration and gratitude to them for agreeing to share their personal experiences with the Commission. The four panelists each introduced themselves and shared their experiences with stimulant use disorder and recovery.

In response to questions from Commission members, Mr. Murray commented that expanded access to mental health services, particularly for youth and those in Western Mass. needs to be addressed. On a separate topic, he cautioned providers that by the time an individual with stimulant use disorder is in an emergency department and is being treated, they may have been exposed to a number of traumas in their life, which impacts their behavior and openness to treatment. He added that establishing trust between providers and those with stimulant use disorder can be challenging.

Mr. Barys explained that familiarity with treatment protocols for patients who have stimulant use disorder varies greater among practitioners and the standard of care needs to be expanded beyond 12 Step programs. He added that it needs to be a multi-disciplinary approach. On a separate topic, he commented that having access to a safe space with trained staff where he could come down from his experience would have been beneficial.

Secretary Sudders thanked the panelists for their testimony and personal courage sharing their experiences with the Commission.

Vote to adjourn:

Secretary Sudders requested a motion to adjourn. Dr. Rodriguez introduced the motion, which was seconded by Director Kim and approved by roll-call vote (see detailed record of votes above).

The meeting was adjourned at 3:30 pm.