

# Commission on Methamphetamine Use

Meeting Minutes  
February 8, 2022  
1:00 - 2:30 pm

Date of meeting: Tuesday, February 8, 2022

Start time: 1:00 pm

End time: 2:35 pm

Location: Virtual Meeting (Zoom)

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

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

## Proceedings

Secretary Sudders called the meeting to order at 1:00 pm. She welcomed members and noted that all votes taken during the meeting would be conducted via roll call.

Secretary Sudders explained that due to time constraints, the vote on approving the January 11 meeting minutes and the presentation from BSAS on existing practices and interventions for stimulant use disorder would be postponed until the Commission's next meeting on March 8, 2022. She noted that due to the breadth of the Commission's charge and the remaining topics to be covered, an additional meeting would be scheduled in April to allow for additional deliberation and discussion of the Commission's report, which would be submitted in April instead of March 31. She explained that prior to the meeting, she had consulted with Chairs Cyr and Madaro regarding the additional meeting and extension of the submission deadline. Chair Cyr echoed his support for the extension and additional time for deliberation.

Alex Keuroghlian, MD, MPH, Associate Professor of Psychiatry, Harvard Medical School, and Director of the National LGBTQIA+ Health Education Center at The Fenway Institute and Mass General Hospital Psychiatry Gender Identity Program, presented a detailed overview of methamphetamine use within the LGBTQ+ community and his work at Fenway Health. For additional details, refer to Dr. Keuroghlian's presentation posted to the Commission's [Meeting Materials webpage](#).

Following his presentation, in response to questions from Commission members regarding barriers to inpatient hospitalization and the availability of tailored programs for stimulant use, such as those that exist for alcohol and opioid use, Dr. Keuroghlian stated that despite experiencing negative health impacts, individuals who use stimulants are generally not at imminent risk of harm and tend not to reach the threshold for acute level of care. He added that individuals experiencing severe psychosis may be eligible for inpatient services at dual-diagnosis inpatient treatment units that require a co-occurring psychiatric disorder.

In response to questions regarding research on treatment strategies for methamphetamine use and the transferability of treatment approaches, Dr. Keuroghlian stated that many of the treatments for stimulant use disorder that have been researched on gay and bi-sexual men who use methamphetamines have been proven to be transferrable to other populations, such as female sex workers and those who use other stimulants, such as crack and cocaine. He added that cultural tailoring and cultural responsiveness remain an important focus for any treatments to aid in treatment receptivity.

Dr. Keuroghlian noted that federal guidelines stipulate the payments that individuals receive as part of contingency management, which include 36 non-reactive urine drug screenings over twelve weeks.

Marielle Baldwin, MD, Medical Director at Boston Medical Center's Stimulant Treatment and Recovery Team (START), provided an overview of the START clinic. She explained that START's principle approach for individuals who use stimulants is contingency management, which utilizes positive incentives to promote cessation or reduction of stimulant use and engagement in treatment. Dr. Baldwin noted that incentives are capped by the Centers for Medicare and Medicaid Services (CMS) at \$75 per person per year, but the evidence base has demonstrated that incentives of \$300-500 per person per year would be most effective. She stated that there is a dire need for replication and adaptation of the START model across the state. For additional details, refer to Dr. Baldwin's presentation posted to the Commission's [Meeting Materials webpage](#).

In response to questions from Commission members, Dr. Baldwin explained that recruiting diverse staff remains a challenge, as well as promoting the program for those outside of the Greater Boston area. She noted that having local treatment programs across the state and higher cap on contingency management incentives would potentially increase engagement.

Timothy Wilens, MD, Bay Cove Human Services and Mass General Hospital, presented an overview of a pilot protocol for management of methamphetamine use in Acute Treatment Services (ATS) settings currently implemented at Bay Cove Human Services. He reiterated members' comments from earlier in the

meeting regarding the limited availability of inpatient programs for non-dual diagnosis patients who use stimulants, which he partially attributed to ambiguity about insurance reimbursements for methamphetamine treatment. Dr. Wilens highlighted preliminary findings from a sample of 23 individuals who have undergone the pilot protocol, 100% of whom were unemployed males, and over 90% of whom were homeless. For additional details, refer to Dr. Wilens' presentation posted to the Commission's [Meeting Materials webpage](#).

In response to questions from Commission members, Dr. Wilens explained that patients experiencing a medical emergency as a result of stimulant use would potentially benefit from being taken directly to a detox setting where they might receive directed care, as opposed to being taken to an emergency department where their treatment options may be limited. Regarding approaches to minimize harm to people who use stimulants, Dr. Wilens noted that supervised use of stimulants may not be as much of a concern as with opioids, but the issue of stable housing remains critical. He explained that among his patients, the unstable environment created by housing instability tends to worsen patients' psychological conditions.

Secretary Sudders thanked the afternoon's presenters and requested that members come to the Commission's next meeting on March 8th prepared to discuss additional resources or materials that the Commission should take into consideration for its report, as well as any recommendations.

**Vote to adjourn:**

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

The meeting was adjourned at 2:35 pm.