

Harm Reduction Commission

Meeting Minutes
February 21, 2019
3:00-5:00 pm

Date of meeting: Thursday, February 21, 2019

Start time: 3:08 pm

End time: 5:00 pm

Location: Massachusetts Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA 02109

Members present:

- Marylou Sudders – Executive Office of Health and Human Services (Chair)
- Jennifer Barrelle, JD – Department of Public Health (on behalf of Commissioner Bharel)
- Carolyn Alessi – Office of Representative Roy
- Cindy Friedman – State Senator
- Marty Walsh – Mayor of Boston
- Marc McGovern – Mayor of Cambridge
- Matilde Castiel, MD – Worcester Health and Human Services
- Aubri Esters – Massachusetts resident
- Leo Beletsky, JD, MPH – Northeastern University
- Gary Langis – Education Development Center

Members participating remotely:

- Robert Roose, MD – Mercy Medical Center

Members absent:

- Deirdre Calvert, LICSW – Column Health
- Jessie Gaeta, MD – Boston Health Care for the Homeless Program
- Armando Gonzalez – Massachusetts resident
- Frederick Ryan – Arlington Police Department

Proceedings

Secretary Sudders called the meeting to order at 3:08 pm. She welcomed members and explained that two members of the Commission had requested to participate remotely, all votes taken during the meeting would need to be conducted by roll call. Secretary Sudders noted that members of the press were present and may be making audio recordings of the meeting.

Secretary Sudders explained that the Commission's meeting is a working meeting to discuss the current draft of the Commission's findings that was circulated to members in advance of the meeting. She noted that the body of the report was developed based on the charge and deliberations of the Commission, as well as the presentations and resources that had been circulated to the Commission for the previous five Commission meetings under the Open Meeting Law. Secretary Sudders noted that documents not circulated to all Commission members cannot be reflected in the findings. She noted that her staff will be updating the draft based on discussions from members during the meeting, as well as written comments submitted by members of the Commission. She added that the updated draft of the findings will be shared with Commission members in advance of the Commission's final meeting on February 26, 2019.

Secretary Sudders reminded members of the public in attendance that they are observers of the Commission's meeting and not participants.

Vote 1 to approve the meeting minutes: Secretary Sudders requested a motion to approve the minutes from the Commission's previous meeting on January 28, 2019. Senator Friedman moved to approve the minutes, which was seconded by Mayor Walsh, and approved unanimously by all members in attendance (Senator Friedman, Ms. Esters, Ms. Barrelle, Professor Beletsky, Mr. Langis, Mayor McGovern, Ms. Alessi, Commissioner Castiel, Mayor Walsh, Secretary Sudders; Dr. Roose indicated his vote in the affirmative over the phone).

Secretary Sudders requested that Commission members review the draft findings page by page.

For the slide outlining the national opioid epidemic, Senator Friedman stated that it would be important to add that the CDC has cited the recent introduction of fentanyl as a primary driver of the recent spike in overdose deaths. She also requested that source for the second bullet be confirmed.

For the same slide, Professor Beletsky requested that content be added stating that overdose is not the only consequence of the opioid crisis, and that secondary health impacts such as neurological damage from non-fatal overdose can occur. In response, Secretary Sudders requested that Professor Beletsky provide written comments and citations to material circulated to the Commission.

For the slide outlining the impact on the Commonwealth, Professor Beletsky requested that content be added stating that fentanyl-related overdose is rapid, which he linked to the need for supervised consumption sites (SCS), because the response time to a fentanyl-related overdose can be seconds, not minutes.

Secretary Sudders noted that her staff received feedback that the PMP slide be moved to the appendix, which would be reflected in the updated draft.

At 3:19 pm, Mayor McGovern entered the meeting. Secretary Sudders explained to Mayor McGovern that votes will be taken via roll call as Commission members were participating remotely.

For the slides outlining the summary of meetings and input provided to the Commission, there were no comments from Commission members.

In reference to the slide with key definitions, Professor Beletsky requested a clause be included that harm reduction is data driven to reflect emerging data. In response, Secretary Sudders requested that information from the resources circulated be cited. Senator Friedman suggested the term "evidence-informed" be utilized, and content be included that evidence on harm reduction approaches such as SCS is emerging.

Senator Friedman suggested wording be added stating that the legislature had a broader definition of harm reduction when it was writing the legislation establishing the Commission. She added that language be included clarifying the distinction between facilities that allow injection versus those that permit other consumption. Secretary Sudders noted that it might make sense to have the definitions of supervised consumption and injection facilities be separate. Ms. Esters added that the term "overdose prevention spaces" be added to the definitions.

Mayor Walsh described the facilities and observation rooms he toured during his visit to Toronto and Montreal in January.

In response, Secretary Sudders noted that her staff will review the documents that were circulated for key definitions and if there are nuances, her staff will consult with members of the Commission.

Commissioner Castiel requested that language be added that states that SCS provide a measure of safety for clients, particularly women.

Dr. Roose suggested that the definition of a SCS be modified to include medical, clinical, nursing, or other staff to avoid narrowly defining the type of staff. In response, Ms. Esters suggested including peer workers. Secretary Sudders noted that her staff will review the circulated documents and include whatever definition(s) appear in the documents.

In reference to the slide outlining the overall commission findings, Senator Friedman requested that language be inserted stating that opioid use disorder is a medical condition and not a crime, and that treatment should be compassionate. She suggested that the words “evidence-informed” be included.

Professor Beletsky requested that the Commission’s overall findings focus more on SCS than is reflected in the current draft.

Mayor Walsh posed the question whether the Commission had reviewed all available research, particularly from the countries where SCS have been in operation. In response to a question posed by Mayor Walsh, Professor Beletsky clarified that the death that had been reported at a Canadian facility in Ottawa did not occur at the facility itself, but at the hospital, so the statement that no overdose death has occurred in a SCS remains accurate. Professor Beletsky stated that as more SCS develop, overdose deaths may occur within facilities, but there is an overdose prevention benefit for those who use SCS.

Mayor Walsh stated that it would be worthwhile to state in the findings that SCS can vary based on the characteristics of the communities in which they are located. He added that it might be useful to define the range of services that are provided at SCS, citing patient visits to health clinics adjoining SCS where testing for blood-borne infections such as HIV may be offered, which can help patients’ overall health. In response, Mayor McGovern commented that he agreed that in addition to reducing overdose deaths, he observed similar testing services offered during his visit to Canadian facilities.

Senator Friedman referenced her written feedback provided to the Commission, noting that she would like to add a statement from the American Medical Association (AMA) from June 2017 describing the AMA’s support for the development of pilot SCS. In response, Mayor Walsh noted that while the current federal government does not support SCS, it would be worthwhile for the Commission to ensure the findings reflect other harm reduction measures and opportunities in addition to SCS.

Commissioner Castiel stated that the language on overall findings slide in the current draft be revised to reflect that SCS are a method or tool of harm reduction. In response, Secretary Sudders noted that during her visits to Canadian SCS, what stood out to her was the extent to which the Canadian health care system and infrastructure is engaged in harm reduction and aligned at all governmental levels.

Ms. Esters stated that her understanding of the development of harm reduction in Canada was a movement that originated from the public, as opposed to the state or federal government.

Mayor Walsh noted that based on his visits to Canada, the cities pay for public health spaces and the nurses are paid by the Canadian health care system. He added that the SCS infrastructure grew from the existing system of needle distribution programs, which offered spaces for people to inject substances instead of in public spaces, resulting in reductions of syringes in the streets. He added that he would like to see the Commission’s findings emphasize that harm reduction and SCS are more than one model, and that a central tenet of harm reduction is keeping people alive, regardless of whether they choose to enter into recovery.

Dr. Roose noted that he supported Senator Friedman's suggestion to include additional information on substance use disorders in the Commission's overall findings. He added that a salient point heard in the Commission's meetings was that not all people who use drugs are interested in abstinence at all times, and that he would be interested in the Commission including the evidence for harm reduction approaches and language that harm reduction is a manifestation of valuing and recognizing people's dignity.

Senator Friedman stated her preference that the Commission's findings outline the barriers to establishing SCS in Massachusetts, as well as the existing evidence on harm reduction and SCS. She added that the discussion of whether the Commission's findings state whether to pilot SCS in Massachusetts should be distinct from whether SCS are a good health care policy for the state to pilot.

Mayor McGovern stated that regardless of the federal position on SCS, if the evidence points to SCS being an effective tool for harm reduction, the current federal stance is not enough of a barrier for the state to not move forward with SCS as a harm reduction strategy.

Commissioner Castiel stated her preference that SCS be listed in the findings as an evidence-informed harm reduction model that should be pursued, which Secretary Sudders noted may not be uniformly accepted among the Commission.

Mayor McGovern stated his preference that the findings include the harm reduction strategies that Massachusetts can implement or expand upon in the short-term. In response, Professor Beletsky highlighted the existing syringe service program in Boston that he suggested could serve as the infrastructure for a potential SCS.

At 4:08 pm, Mayor Walsh excused himself from the meeting; Marty Martinez replaced the Mayor at the table.

Secretary Sudders requested members' feedback on the statement in the findings that states that the Commonwealth, in partnership with its municipalities, must create a culture of harm reduction. She clarified that while there are 24 syringe service programs in the state, as well as pockets of harm reduction, harm reduction has not yet been embraced by the state.

Mayor McGovern noted that harm reduction is not well understood by the general public and emphasized the need for a strong education component regarding harm reduction and SCS. In response, Mr. Martinez noted that in addition to the public, some members of the health care community view harm reduction as a foreign concept.

Senator Friedman stated that piloting harm reduction sites across the Commonwealth could be explored to respond to the ongoing opioid crisis to test whether SCS work as a harm reduction strategy. In response, Mayor McGovern noted that Cambridge may be interested in pursuing SCS on a limited basis, but that a critical element would be avoiding having the responsibility fall on just one community piloting SCS. Mr. Langis added that potential SCS should be established in neighborhoods where the opioid crisis is hitting hardest so their impact on the community can be measured.

In reference to the second slide outlining the overall Commission findings, Ms. Esters requested that the findings include language indicating that municipal and county entities have passed local initiatives authorizing the opening of SCS, such as Seattle/King County. Secretary Sudders requested that Ms. Esters provide citations from the materials circulated to the Commission.

Senator Friedman requested that the findings reflect her written comments on the slides outlining the overall Commission's findings.

In response to a question from Professor Beletsky regarding the order of the charges in the draft findings, Secretary Sudders clarified that the order of the charges was changed from how it was listed in the legislation based on comments received from members of the Commission.

Professor Beletsky expressed his opinion that it is feasible that Massachusetts open SCS. Secretary Sudders clarified that there are legal, logistical, fiscal, and licensing barriers that would need to be listed in the findings.

Senator Friedman requested that the findings include language drawing a distinction between barriers to opening a SCS that are within the control of the Legislature, such as licensing, versus those that are out of the state's control, such as the federal stance of SCS. She suggested that the findings include language stating that one of the requirements for SCS to be piloted in Massachusetts would be the approval of one or more municipalities to pilot SCS. Professor Beletsky requested that the findings include language that reflects what barriers are within the scope of the state's control.

Senator Friedman stated that the findings could include a list of barriers that must be addressed before SCS could be implemented, such as licensing, siting, federal government stance. In response, Mr. Martinez noted that while the findings could list all the barriers for opening the SCS, he would be interested in listing the other harm reduction opportunities that need expansion and attention. Senator Friedman stated that the Commission's findings should be high level and highlight the complexity of the evidence on SCS, but that it is up to the Legislature to decide if they want to move ahead with piloting SCS in Massachusetts.

Ms. Esters stated that the details in the Commission's findings about what licensing is required may not need to be included and stated her preference that the findings note that SCS need not to be supported by licensed staff, and the details of how the facilities are run, owned, and operated can be taken up at a later date by the Legislature.

Secretary Sudders asked Commission members if they would support the findings stating that SCS are a tool of harm reduction, they exist in 11 countries and 66 sites, that the state needs to create a culture of harm reduction across the Commonwealth, and if implemented, more pilot SCS needs to be studied. In response, Senator Friedman noted that the findings could include language that the Commission recommends more than one pilot SCS be established.

Secretary Sudders explained that her staff will synthesize the Commission's discussion and send an updated draft to Commission members.

In response to a question from Mayor McGovern about whether the Commission's findings should be referred to as recommendations, Secretary Sudders clarified that they are the Commission's findings.

Mayor McGovern stated that on the slide outlining the Commission's findings for charge 5 and 6, the language that the data is variable as to whether safe injection facilities provide entry into treatment should be removed, which the Secretary confirmed. Mr. Langis added that treatment is not a goal, but it is often an outcome of SCS, which Mr. Martinez echoed, adding that during his visits to Canadian facilities, staff emphasized that while SCS may be an access point to treatment, it is not their primary goal.

In response to Ms. Esters's request that a list of research on SCS and two quotes from researchers be included in the findings, Secretary Sudders explained that the information was not part of the resources that were reviewed by the Commission.

In reference to the content on the slide outlining the Commission's findings on charges 8 and 9, Professor Beletsky requested that language be added stating that cannabis has moved forward despite similar federal opposition. He added that he disagreed with the language stating that offsite personal injury or property damage may leave sites vulnerable to tort law, which was included in David Solet's presentation from the Commission's December 17, 2018 meeting.

In response to a question from Secretary Sudders clarifying whether the Commission's findings should not address the question of feasibility, Senator Friedman noted that she agrees with not addressing it.

Secretary Sudders thanked members for their comments and noted that her staff will be circulating an updated draft.

Ms. Esters noted that she will not be able to attend the Commission's next meeting, but will be able to participate remotely.

Vote 2 to adjourn the meeting: Secretary Sudders requested a motion to adjourn. Senator Friedman moved to adjourn the meeting, which was seconded and approved by roll-call vote (Senator Friedman, Ms. Esters, Ms. Barrelle, Professor Beletsky, Mr. Langis, Mayor McGovern, Ms. Alessi, Commissioner Castiel, Marty Martinez, Secretary Sudders; Dr. Roose did not respond over the phone).

The meeting was adjourned at 5:00 pm.