

December 2018

During the National Harm Reduction Conference held in New Orleans, LA on October 18-21 a Massachusetts Caucus that included 15-20 harm reduction providers and individuals was held. The meeting included identifying how we as a group would like to explore strategies being used in Mass, needed services for PWUD, the states successes, and who's doing what and where. Upon our return to Mass a group of us reached out to others doing harm reduction work both independently and those working at funded programs including SSP and OEND sites. From these efforts we were able to engage with people working in every region of the state. A meeting was convened during an off work weekend with close to 40 individuals attending. Out of that meeting we discussed what would be our wish list for us and our participants. It was also agreed on that we would like to share it with the Harm Reduction Commission and that I would deliver it to the Commission.

Many of us in Mass have been making an effort for the past couple of decades to stay in touch and collaborate on our efforts to expand on harm reduction services for PWUD. This reflects on the work that our early harm reduction pioneers in Mass did before there was funding for needle exchange and Narcan distribution. These early efforts actually paved the way for authorized SSP and Narcan work that began at the end of the 90's that led to OEND.

So the group is not funded and is only possible through the commitment of those doing this important work in Mass.

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Harm Reduction Wish List

A group of Massachusetts harm reductionists recently convened to discuss the state of harm reduction in the state and where we hope to end up. We curated this list of interventions and ideas that would not only promote a healthier community but would begin to address racial and social injustices that have been committed in the past and continue to happen today. We feel that this list is a start to truly committing to a healthier and safer commonwealth for all of Massachusetts' residents.

- Promote and financially support point of use drug testing for all substances- single use test strips, advanced testing devices at syringe exchanges
- Decriminalize all substances
- Decriminalize sex work
- Employ people who use drugs and pay fair wages
- Include people who use drugs on any commissions, roundtables, and other arenas of influence
- Organize a state-wide harm reduction conference
- Looser regulations around MAT for providers to increase the number of individuals who can receive medication
- Decriminalize glass pipes, both straight and bubble pipes (just as syringes were decriminalized)
- Looser regulations within the MAT clinics to empower people to be more successful on medication
- Emphasize the need for patients to be involved in creating their own treatment plan
- Harm reduction specialists services should be billable to insurance
- Advocacy around sex work and inclusion of people who do sex work in all relevant conversations
- Easier access to mental/behavioral health services, including drop-in services
- Better training for medical examiners around coding for drug use/overdose
- Lower threshold treatment for infectious diseases
- A way to store and dispense non-narcotic medications at SSPs (For example: HIV medication, HCV medication) to support individuals taking their medications as prescribed
- Very low threshold access to and maintenance on MAT
- Low threshold wound care
- More access to OEND services
- Better/easier access to services for pregnant women (Not just in jail)
- Abolish prisons
- Livable wage for outreach staff
- Validation of holistic care
- Partnership (mutual respect) between treatment and recovery services AND harm reduction services
- Harm reduction triage in the emergency departments
- Post overdose hotline for individual who overdosed, for friends, and for family
- Harm reduction treatment options, housing, and harm reduction coaches
- Housing first programs
- Better care/respect for people who use drugs within the DCF system.

- Funding for and true emphasis on self-care for providers
- Abolish section 35 as it is used today
- Good Samaritan law reform to include more provisions for protection
- Treatment for people who use stimulants
- Stimulant-specific programming within syringe service programs