Harm Reduction Commission	
Updated meeting agenda	Commission charge(s) discussed during meeting
November 20, 2018 Agenda I. Review document capturing last meeting's discussion 2. Review updated meeting agenda 3. Harm reduction overview • DPH 4. Presentations on SPOT and Boston Engagement Center • Jessie M. Gaeta, MD • Marty Martinez	 Review existing harm reduction efforts in the Commonwealth and determine whether there is potential for collaboration with existing public health harm reduction organizations. DPH SPOT Boston Engagement Center Identify potential public health/public safety benefits and risks of operating a harm reduction site (HRS) in the Commonwealth. Identify opportunities to maximize public health benefits, including educating persons utilizing the sites of the risks of contracting HIV and viral hepatitis and on proper disposal of hypodermic needles and syringes. Identify ways to support persons utilizing the sites who express an interest in seeking substance use disorder treatment, including providing information on evidence-based treatment options and direct referral to treatment providers. Is there any specific information the Commission would like presented on this topic to aid with the discussion?
December 17, 2018 Agenda: I. Review document capturing last meeting's discussion 2. Commission will be presented with an updated document based on received feedback 3. Commission members will discuss three harm reduction questions	 Review and finalize document that summarizes the commission's findings from the prior meeting regarding: public health/public safety benefits and risks of a HRS, opportunities to maximize benefits, and way to support referrals to treatment. The Commission must review alternatives and recommendations to broaden the availability of naloxone without a prescription. The Commission must review existing harm reduction efforts in the commonwealth and determine whether there is potential for collaboration with existing public health harm reduction organizations. The Commission must Identify other harm reduction opportunities, including but not limited to, broadening the availability of narcotic testing products, including fentanyl test strips. A background document on harm reduction and the availability of Naloxone was provided prior to today's meeting, it would be helpful if members could provide comments on the document to Gabe. Gabe will incorporate all edits, additions, comments & feedback. Is there additional information the Commission would

like presented on these topics?

January 9, 2019

Agenda:

- I. Review document capturing last meeting's discussion
- 2. Review responses from the boards
- 3. Discuss necessary guidance/regulation changes
- Review and finalize document that summarizes the commission's findings from the prior meeting regarding harm reduction
- The Commission must review potential federal, state and local legal issues involved with establishing harm reduction sites.
 - A background document was provided prior to today's meeting, it would be helpful if members could provide comments to Gabe on the document by November 9th
 - Is there additional information the Commission would like presented on this topic?
- The Commission must recommend appropriate guidance that would be necessary and required for professional licensure boards and any necessary changes to the regulations of such boards.
 - Prior to first meeting letters were sent requesting information from Board of Registration in Medicine, Board of Registration in Nursing, and Board of Registration of Social Workers.
 - Responses from licensing boards and catalogue of appropriate guidance/ regulation changes will be presented to the commission for discussion
 - Is there additional information the Commission would like presented on these topics?

January 28, 2019

Agenda:

- Discussion about feasibility of a harm reduction site in the Commonwealth
- The Commission must determine the feasibility of operating a SIF in the Commonwealth where (A) a person with a substance use disorder may consume pre-obtained controlled substances, (B) medical assistance by health care professionals is made immediately available to a person with a substance use disorder as necessary to prevent fatal overdose, and (C) counseling, referrals to treatment and other appropriate services are available on a voluntary basis.
 - Is there any specific information the Commission would like presented on this topic before the discussion occurs?