

Harm Reduction Commission



**Executive Office of Health & Human Services
Marylou Sudders, Secretary**

**October 24, 2018
3:00-5:00 pm**

**One Ashburton Place
Boston, Mass.**



Agenda



1. Oath, Welcome and Introductions
2. Commission's Charge
3. Proposed Schedule and Commission Members'
Expectations for Each Meeting
4. Review of Open Meeting Law
5. Timeline



Commission's Charge



Legal Authority: *Chapter 208 Section 100 of the Acts of 2018*

Purpose: review and make recommendations regarding harm reduction opportunities to address substance use disorder.

15 Members:

- the secretary of health and human services or a designee, who shall serve as chair;
- the commissioner of public health;
- the house and senate chairs of the joint committee on mental health, substance use and recovery or their designees;
- the mayor of the city of Boston or a designee;
- the mayor of the city of Cambridge or a designee;
- a representative from the Massachusetts Medical Society;
- a representative from the Massachusetts Health and Hospital Association, Inc.;

7 members appointed by the secretary,

- 2 of whom shall be persons with a substance use disorder,
- 1 of whom shall be a clinician with experience providing direct care to individuals with a co-occurring mental health and substance use disorder,
- 1 of whom shall be a person working in an established harm reduction program providing direct support to persons with substance use disorders,
- 1 of whom shall be a representative of the Massachusetts Chiefs of Police Association Incorporated,
- 1 of whom shall have expertise in relevant state and federal law and regulation and
- 1 of whom shall be a representative of local municipal boards of health.

In making appointments, the secretary shall, to the maximum extent feasible, ensure that the commission represents a broad distribution of diverse perspectives and geographic regions.

As part of its review, the commission shall consider: the feasibility of operating harm reduction sites in which a person with a substance use disorder may consume pre-obtained controlled substances, 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 counseling, referrals to treatment and other appropriate services are available on a voluntary basis; the potential public health and public safety benefits and risks of harm reduction sites; the potential federal, state and local legal issues involved with establishing harm reduction sites; appropriate guidance that would be necessary and required for professional licensure boards and any necessary changes to the regulations of such boards; existing harm reduction efforts in the commonwealth and whether there is potential for collaboration with existing public health harm reduction organizations; 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; 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; other harm reduction opportunities, including but not limited to, broadening the availability of narcotic testing products, including fentanyl test strips; alternatives and recommendations to broaden the availability of naloxone without prescription; and other matters deemed appropriate by the commission. In developing its report, the commission shall review the experiences and results of other states and countries that have established supervised drug consumption sites and other harm reduction strategies and report on the impact of those harm reduction sites and strategies.

The commission shall submit its findings and recommendations to the clerks of the senate and the house of representatives, the joint committee on mental health, substance use and recovery, the joint committee on public health, the joint committee on the judiciary and the senate and house committees on ways and means not later than February 1, 2019. The secretary shall also make the report publicly available on the executive office of health and human services' website.



Commission's Charge Overview



- Examine the **feasibility** of operating harm reduction sites
- Consider the **potential public health and public safety benefits and risks**
- Review the **potential federal, state and local legal issues**
- Recommend **appropriate guidance that would be necessary and required for professional licensure boards**
- Review **existing harm reduction efforts in the commonwealth**
- Identify **opportunities to maximize public health benefits**
- Explore **ways to support persons utilizing the sites** who express an interest in seeking substance use disorder treatment
- Identify **other harm reduction opportunities** (e.g. fentanyl test strips)
- Review **alternatives and recommendations to broaden the availability of naloxone without prescription.**
- Consider other matters deemed appropriate by the commission.



Commission's Charge Overview (cont'd)



- In developing our report, the commission must **review the experiences and results of other states and countries** that have established supervised drug consumption sites and other harm reduction strategies and report on the impact of those harm reduction sites and strategies. *Background materials about what initiatives are currently underway in other states and countries were provided prior to meeting.*
 - *What additional information or materials would the commission like to see?*
- Final report due to the legislature on **February 1st, 2019**



Proposed Agenda for Each Meeting



Proposed strategy: the commission will dedicate each meeting to answering specific questions

November 20, 2018

Agenda:

- 1) Commission will be presented with a final draft of the legal issue document
- 2) Commission members will discuss public health/public safety benefits and risks

- 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:

- 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?**



Proposed Agenda for Each Meeting

December 17, 2018

Agenda:

- 1) 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 3 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?**



Proposed Agenda for Each Meeting



<p>January 9, 2019 Agenda:</p> <p>1) Review document capturing last meetings discussion</p> <p>2) Review responses from the boards</p> <p>3) Discuss necessary guidance/regulation changes</p>	<ul style="list-style-type: none">• Review and finalize document that summarizes the commission’s findings from the prior meeting regarding harm reduction• 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.<ul style="list-style-type: none">• Prior to 1st 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?
--	---



Proposed Agenda for Each Meeting



January 28, 2019

Agenda:

1. 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?



Review of Open Meeting Law



Open Meeting Law (David Giannotti & Lauren Cleary)

- Our meetings are subject to the open meeting law.
- Each member must complete the Certificate of Receipt of Open Meeting Law Materials certifying receipt and understanding of materials.
- All of our meetings must be held in public and notice of the meeting and the agenda must be provided to the public at least 48 hours in advance.
- Under the OPL, members cannot communicate with a quorum (simple majority) of the members regarding topics before this commission (in person or via email) outside of a public meeting.
- For any questions about the Open Meeting Law, contact the Attorney General's Division of Open Government at (617) 963-2540 or openmeeting@state.ma.us
- Additional information can be found at: <https://www.mass.gov/the-open-meeting-law>



Timeline



Key Dates

- Next meeting: November 20, 2018 from 3:00-5:00 pm
- December 17, 2018 from 3:00-5:00 pm
- January 9, 2019 (between 1-5 pm)
- January 28, 2019 (between 1-5 pm)
- **February 1st, 2019 – Report submission to the legislature**



Commission Members



Marylou Sudders (Chair)
Secretary, Health & Human Services

Monica Bharel, MD, MPH
Commissioner

Jeffrey N. Roy
Mass. State Representative

Cindy Friedman
Mass. State Senator

Martin J. Walsh
Mayor of Boston

Marc McGovern
Mayor of Cambridge

Jessie M. Gaeta, MD
Chief Medical Officer, Boston Health Care
for the Homeless Program

Matilde Castiel, MD
Commissioner, Health & Human Services,
Worcester

Robert Roose, MD
Chief, Addiction Medicine & Recovery Services,
Trinity Health Of New England, Inc.
Mercy Medical Center

Armando Gonzalez

Aubri Esters

Gary Langis
Education Development Center (EDC)

Frederick Ryan
Chief of Police, Arlington

Leo Beletsky, JD, MPH
Associate Professor of Law & Health Sciences,
Northeastern University