Opioid-related death is the leading cause of death for individuals under 50 nationwide. In Massachusetts, over 2000 people died from opioid-related overdoses in 2016, which is a record despite the state’s initiatives designed to curb this very problem. As a result, politicians, law enforcement, and medical professionals are facing continuous pressure to develop more creative solutions to reduce opioid-related deaths. Proposed by State Senator William N. Brownsberger, Bill S.1081 would enable cities and towns to implement “safer drug consumption programs”, establishing facilities where people could consume pre-obtained drugs under the supervision of trained medical staff. The primary goals of the bill are to prevent opioid-related deaths by reducing overdoses and spread of infectious diseases. These facilities be equipped to provide other services, such as clean needles and treatment referrals, to improve public health and safety.

### The Bill

S.1081: An Act to authorize public health workers to pursue new measures to reduce harm and stigma for people affected by substance use disorder

### Elevator Speech

Our names are Sharon Cai and Robin Donohoe, and we are public health students at Brandeis University. Through responsible planning, we can ensure all individuals, healthy or sick, have access to health care and treatment. Massachusetts must strengthen its harm reduction strategies regarding opioid use to keep its communities healthy and protected from infectious diseases and preventable deaths. In 2016, more than 2,000 individuals died from opioid related overdoses in Massachusetts, a record despite the state’s many initiatives designed to curb this problem. The reality of the issue is that many individuals who are addicted to opioids consume and inject drugs in public places, including bathrooms and alleyways, where they are hidden and susceptible to infections and overdoses.

Massachusetts needs facilities where people suffering from addiction can safely use drugs under supervised medical care, receive counseling to discuss future

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**Establishing Safer Drug Consumption Sites**

*Reducing harm and stigma for people affected by substance use disorders*

Sharon Cai ’18
Robin Donohoe ’19

Robin Donohoe ’19 and Sharon Cai ’18
treatment options, and have access to clean needles to prevent HIV, other infectious diseases, and blood-borne illnesses. We believe Massachusetts is a national leader in healthcare and establishing safer drug consumption sites will be an essential public health structure that can mitigate preventable deaths, reduce unnecessary healthcare costs and ensure the quality of life of our most vulnerable populations. Will you please vote bill S.1081 out of committee favorably?

Excerpt from the Storybook
The Situation
In 2016, more than 2,000 individuals died from opioids-related overdoses in Massachusetts. These overdoses are driven by the underlying chronic disease of opioid addiction or opioid use disorders. People with opioid addiction are at high risk of overdose and death because they often cannot or do not get the care they need.

To reduce the health and societal problems associated with drug use, we need safer drug consumption sites. These are legally sanctioned facilities where people who use drugs can consume, inject, or snort pre-obtained drugs under medical supervision.

Who can benefit?
The homeless population is one vulnerable group. In response to the high rate of mortality from opioid overdoses among this population, Boston Healthcare for the Homeless (BHCHP) started Supportive Place for Observation and Treatment (SPOT).

SPOT offers engagement, support, and medical monitoring, and serves as an entryway to primary care and treatment on demand. While people cannot take drugs inside, it is still a safe space for people who are over-sedated from the use of substances and would otherwise be outside on a street corner, or alone in a public bathroom, at high risk of overdose.

“We talk a lot about overdose prevention, but it’s hard to preach safety if nurses cannot be there to help, to watch over patients,” shared Madeleine Burns, Development Assistant at BHCHP.

Op-Ed
Robin
It’s your 10-year high school reunion. You’ve reconnect with your old friends and are excited to hear about what others are doing. You’ve split off from your core group to reconnect with pals from your 12th grade history class. You begin to all joke about the ridiculous final project Mrs. Danilich gave you where everyone scrambled to finish it last minute. “I wonder where Jason is? He was my partner for the project,” you ask. Blank stares follow the question. None of your classmates seem to know how to answer, but someone finally says: “Jason overdosed and died three years after graduating.”

According to the CDC, drug overdoses are the number one killer of individuals under the age of 50 in the United States. In Massachusetts, more than 2,000 people died from opioid-related overdoses in 2016. Individuals who are addicted to opioids come from all walks of life, all races, socioeconomic backgrounds, and education levels. While 2,000 people died in 2016, this number does not begin to cover the number of individuals affected and heartbroken by opioid addiction.

In reality, many individuals who are addicted to opioids inject drugs in public places, including bathrooms and alleyways. Here, they are hidden and susceptible to infections and overdoses. In these open spaces, help may be minutes away, but it takes an outsider to notice that help is needed. Massachusetts needs facilities where people can safely use drugs under supervised medical care. At these sites, users are closely monitored and help is seconds away and always watching. Opioid addiction is an incredibly heartbreaking disease in which someone will stop at nothing to continue to use. Supervised Injection sites allow for an individual to continue to be alive so that in the future, and when they are ready, they will seek treatment. You can’t help someone when they are dead.

Supervised injection sites are critically needed in Massachusetts. In cities like Toronto, the overdose rate has dropped and no individual has overdosed in one of these facilities. Those who are addicted to opioids want to use in a safe and clean location, without scrutiny or stigma. Majority of overdose deaths occur when an individual is using alone, and when no one is able to help. These sites take away that fear of using and dying alone. These sites are also a gateway for addicts to have access to medical care, discuss future treatment options, and have access to clean needles to prevent HIV, and other infectious diseases.

Bill S.1081 establishes a safer drug consumption program within Massachusetts, which will build supervised injection sites in areas that are hit hard by this disease. While Massachusetts has been progressive in many healthcare policies, the city of Boston and South Shore communities have been tragically effected by opioid use. From 2000-2016, more than 5,000 individuals have died from opioid related overdoses within those two communities. This bill must be passed; no more innocent lives can be lost.

Opioid addiction is a tragic disease. One that completely effects the judgment and character of someone you may know and love. Addiction has highs and lows, relapses and recovery. It is an illness of the brain, which must be treated a similarly as any physical illness. All treatment options must
be available, all prevention must be discussed, and no stigma should not be tolerated. Supervised injection sites allow an incredibly sick individual to stay alive until they are ready to seek treatment.

Everyone deserves to make it to their 10-year high school reunion. Bill S.1081 establishes supervised injection sites so those addicted to opioids are able to live long enough to get there.

### House Ways and Means Script

Thank you for taking the time to meet with us. As students who live and go to university in Massachusetts and seek to enter the public health workforce, we are invested in measures to protect the health and wellbeing of Massachusetts citizens. As you may know, Massachusetts is a national leader in progressive healthcare reforms and has now a unique opportunity with Senate Bill 1081 to be the first state to implement safer drug consumption programs to reduce unnecessary harm for its citizens. At sites designed to promote safer drug consumption, people can use drugs under supervised medical care, receive counseling to discuss future treatment options, and have access to clean needles to prevent HIV and other infectious diseases.

In Massachusetts, more than 2,000 people died from opioid-related overdoses in 2016, which is a record despite the state’s many initiatives designed to curb this very problem. It is clear that we need to do more to prevent unnecessary deaths. Medically appropriate treatment remains out of reach to the majority of drug users who need it, whether it is because they are not ready for or do not have access to treatment. Establishing drug consumption programs could be the novel approach to supplement existing policies and programs that promote harm reduction. Harm reduction strategies are designed to keep people alive so that we can eventually help them recover from opioid use.

Massachusetts recognized the need for harm reduction and passed a bill in 2006 to implement needle exchange programs. These programs allow people to trade in used syringes for new ones and encourage proper disposal of drug paraphernalia. Needle exchange programs have been successful in reducing transmission of HIV and other blood-borne diseases. In 2005, 14% of new HIV cases were transmitted through injection drug use. In 2014, that number lowered to 4% and saved the state millions of dollars in healthcare costs. The lifetime cost of HIV treatment is estimated to be $379,668 (in 2010 dollars), which is a tremendous cost for a preventable public health problem caused, in part, by sharing contaminated needles. Initial opponents of needle exchange programs argued that these programs would promote intravenous drug use by “enabling” users and increase drug use. However, these arguments have been unfounded. Needle exchange programs acknowledged that people use drugs for a variety of reasons, many because they are dealing with trauma and suffering from addiction, and provide a place to engage drug users in health care and counseling. Legislators who passed the clean needle exchange bill recognized that it was imprudent to allow people to die or be subjected to a living hell.

Safe consumption facilities exist in nearly 100 locations across 66 cities in 10 countries. In North America, INSITE was the first established site located in Vancouver, Canada. Its annual operating costs are $3 million. Per visit, that translates to no more than $14 and INSITE reports seeing $2.90 in return for $0.79 spent. The implementation of these consumption sites worldwide has demonstrated benefits, including improved individual health, increased enrollment in drug treatment, lowered infectious disease rates, and increased access to health and social services. In addition, communities have also seen reduced public drug injection and improperly disposed syringes, drug related crime, and general violence. Given time, community members have embraced the existence of these sites and touted the improvements they have made to the lives of their loved ones and neighbors.

While safer drug consumption sites do not currently exist legally in the U.S., there have been active pushes for implementation in Washington, California, Pennsylvania, Maryland, and New York. In San Francisco, it was determined that for every dollar spent, $2.33 would generate in savings, creating a net savings up $3.5 million. In Baltimore, researchers estimate that while the annual operation costs of the site would be $1.8 million, the site could generate $7.8 million in savings. At consumption sites, we can prevent overdoses that would otherwise send people to emergency care and divert ambulatory services. In doing so, we can save an average cost of $92,408 per ICU admission. At these consumption sites, trained medical staff can intervene as soon as possible, decreasing risk of death and further medical complications. Costs of ICU visits and following medical treatments for individuals addicted to opioids impact all taxpayers and continue to place excessive burden on our healthcare system.

Researchers are heartened by the data from an undisclosed safer drug consumption facility in the U.S. In its first two years of operations, more than 100 people have injected drugs at the site, amounting to about 2,754 supervised injections. Of the people surveyed at the site, 90% said they would have otherwise injected in public restrooms, streets, parks, or parking lots if the site was not available. Physicians and community members are tired of seeing people die from preventable causes. With safer drug consumption sites, we can focus on saving people’s lives, providing individuals with medical services, and referring people to treatment.
Massachusetts can continue to be a national healthcare leader by implementing novel harm reduction tactics for people addicted to opioids. Bill S.1081 will build upon the state’s legacy of progressive healthcare policies, protect vulnerable populations, and strengthen communities. It is for these reasons that we urge you and your colleagues to vote favorably on S.1081. This legislation takes a bold step forward toward ending the opioid epidemic, which impacts not only our healthcare system and workforce productivity, but also people’s relationships with one another and our communities overall. With safer drug consumption sites, we will have yet another tool to combat complications related to opioid use and save people’s lives.

Letter to the Legislator
We are writing today to urge you to support Bill S.1081, which will implement safer drug consumption sites and provide honest and hardworking Massachusetts citizens suffering from substance use disorders access to medical care, clean needle exchanges, and referrals to treatment. We are concerned about the health and wellbeing of citizens within Middlesex County and Waltham. According to the Massachusetts Department of Public Health, Middlesex County has seen 1,634 opioid-related deaths, 238 of which were recorded in 2014 alone. Within Waltham, there were 19 deaths between January 2012 and December 2014. These deaths are too often preventable, if only people could access necessary medical and counseling services.

People who use drugs can look like you or me – they are spouses, parents, and young people who were introduced to addictive drugs by poor prescription practices or by people they know. People who are addicted to opioids use because they physically feel sick without them. They often consume drugs in public places, including bathrooms and alleyways, and engage in clandestine practices to hide from law enforcement. As a result, users are susceptible to infections and overdoses and cannot get to medical services. The reality of the issue is that many individuals who suffer from opioid addiction are not ready to stop using drugs, cannot access treatment due to social or financial barriers, and are often marginalized for their drug use.

For these reasons, Massachusetts needs facilities where people can safely use drugs under supervised medical care, receive counseling to discuss future treatment options, and have access to clean needles to prevent HIV and other infectious diseases. Safer drug consumption sites are already in practice in over 60 cities worldwide and at an undisclosed U.S. location. This undisclosed safer drug consumption site in the United States has not seen increased drug use or crimes rates. It has, instead, saved people who otherwise would have overdosed in secret and promoted safe syringe disposal, keeping drug paraphernalia off the streets. Massachusetts can be the first to establish safer drug consumption programs in the country and maintain its status as a national leader in healthcare.

We strongly hope you support Bill S.1081 and essential harm reduction measures for your constituents and our citizens to prevent unnecessary deaths and strengthen our communities. Please talk to a member of the Joint Committee on Mental Health, Substance Use, and Recovery to vote this bill out favorably. Thank you for considering our viewpoint on the matter.

Excerpts from Campaign Journals
Sharon
Meeting with Boston Health Care for the Homeless Development Assistant Madeline Burns
Madeline gave us an introduction to BHCHP and SPOT in the lobby and then kindly took us on a tour of the entire building. She talked through the operations, services offered, key people in the organization, and more. The tour provided a very intimate and thorough understanding of BHCHP, which I was very grateful for. It helped put into context the impact the center has on the homeless population. One of the things I found most interesting was that they offered in-patient care for housing unstable individuals deemed “too sick for the streets, but not sick enough for the hospital,” such as those recovering from surgery. Services such as running water, pre- and post-operative care, and palliative care are essential for people in recovery. It was evident that BHCHP supports homeless individuals in a variety of ways.

After the tour, we returned to the lobby to speak more about SPOT. In the center, SPOT is located on the first floor, near the waiting area and pharmacy. To make room for the monitoring facility, a conference room was converted. The program has seen great successes and engaged many people. In its first four months of operation, SPOT has cared for nearly 200 individuals in over 800 different encounters, so there is a demonstrated need for and use of the facility.

During our conversation, Madeline shared that there is a lack of support from city and state government despite the hallmarks of the program. For example, city officials asked SPOT to extend their hours to late nights and weekends – which they have done – without providing monetary support. The demand for service at SPOT also outstrips the supply. There needs to be more specialized staff members and a bigger space to accommodate the monitoring of more drug users, but BHCHP does not want to bear the burden without financial support from city and state government.
Robin

Safe Injection Facility Town Hall

Sharon and I were invited to this meeting by Quinn Diaz, Senator Brownsberger’s Outreach Director. Speakers included Carl Sciortino from the AIDS Action committee, Northwestern District Attorney, David Sullivan; former director of the White House Office of National Drug Control Policy under the Obama administration, Michael Botticelli; Associate Professor of Epidemiology at the Brown University School of Public Health, Dr. Brandon Marshall; Dr. Mark Eisenberg of Massachusetts General Hospital; and Aubri Esters from SIFMA Now. This panel thoroughly discussed the outcomes of a 2003 study about a Vancouver supervised injection facility, called “INSITE.” Here, they described all the benefits of SIFs and how these benefits could translate to Massachusetts.

One major benefit discussed at the panel was how those who use drugs recreationally, can use these facilities to test to make sure that their drugs are not laced with an additional, more addictive drug (like fentanyl). Finally, the panel discussed how they must move forward to convince local law officials and police about the benefits of SIFs. The town hall lasted less than an hour. While I enjoyed how they discussed the INSITE program, they spent far too much time on it and not enough discussing how to launch a SIF in Massachusetts. After the panel, Sharon and I spoke to members from SIFMA Now and the AIDS Action committee.

Updates

As of May 7, 2018, the bill has been sent to study. See S.2508.

For more information

View the bill:
mallegislature.gov/Bills/190/S1081

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