



January 13, 2016

Hon. Jennifer L. Flanagan, Chair
Joint Committee on Mental Health and Substance Abuse
State House, Room 312D
Boston, MA 02133

Hon. Elizabeth A. Malia, Chair
Joint Committee on Mental Health and Substance Abuse
State House, Room 33
Boston, MA 02133

Re: An Act relative to substance use, treatment, education and prevention (H. 3926)

Dear Chair Flanagan, Chair Malia, and members of the Joint Committee on Mental Health and Substance Abuse:

AIDS Action Committee of Massachusetts and Fenway Health would like to go on record IN SUPPORT of H. 3926, An Act relative to substance use, treatment, education and prevention and we urge you to support this bill.

We commend H. 3926 for taking steps to address the opioid epidemic and appreciate your having addressed the health of active injection drug users. We were concerned that the 72-hour clinical assessment proposed in H. 3817 would have caused more harm than it would have prevented.

We urge the Committee to add language to the bill removing barriers to expanding needle exchange programs around the Commonwealth. Needle exchange programs are one of the most proven public health solutions to improving health outcomes and connecting injection drug users to treatment. Please see the attached article from *The Boston Globe* highlighting the important role of needle exchanges.

As one of only six needle exchange programs in Massachusetts, AIDS Action Committee is well positioned to understand the complex needs and challenges experienced by active users. In 2015, we distributed more than 155,000 syringes and saved more than 148 people in overdose situations through the administration of Naloxone. Our clients are in the midst of addiction, often are not accepting treatment or have gone through treatment and relapsed, and are at significant risk for overdose and death.

We were also very concerned about the three day hold for emergency treatment proposed in H. 3817. This hold would do very little to curb opioid use and overdose and would most likely have

caused more harm than good, in addition to placing undue burdens on health care providers and emergency systems. We commend the Committee for stripping this provision from H. 3926 and instead ensuring those experiencing overdoses are connected to treatment options.

Although mandating individuals into treatment seems to be a potential solution, there is in fact much research that demonstrates this will cause more harm than good. When individuals abstain from drugs for a brief period of time, such as voluntary abstinence, admittance to a drug treatment center, or imprisonment, they experience a loss of tolerance. Their bodies can no longer handle the same dosage and so the risk of overdose substantially increases when they go back to using.¹ The short period of abstinence is not enough time to address underlying issues behind addiction, so injection drug users tend to relapse back into their drug using habits that are familiar and comfortable coping mechanisms.²

What is more, there are simply not enough treatment beds in the Commonwealth for those who are ready to engage with treatment, specifically since the closing of the Long Island Bridge. Detox programs in the state are operating at 97% percent capacity, making it exceedingly unlikely that we can help any clients to get the services they want and need.³ All too often, people are dying while they wait days, weeks, or months to get into programs. We recommend directing substantial funding towards increasing the number of inpatient and intensive outpatient substance abuse treatment options for patients as well as MATA (medication assisted treatment of addiction) programs within primary care settings.

In addition to expanding treatment beds and detox capacity, we recommend that emergency room physicians and clinicians be trained to provide Screening, Brief Intervention, and Referral to Treatment (*SBIRT*) services and Narcan training to all people to all individuals who come to the ER for a non-fatal overdose.

Instead of placing the burden of meeting the needs of injection drug users in the emergency room, this bill should remove barriers and increase funding for needle exchange programs around the Commonwealth. Needle exchange programs are an effective public health response to the opioid crisis as part of a continuum of services for injection drug users. Needle exchanges offer a variety of services that reduce risks for active drug users, prevent fatal overdoses, and address the needs of the broader community. The six programs across the state reach active users in the midst of their addiction and connect them with care. Indeed, participants in needle exchange programs are actually 5 times more likely to enter into a drug treatment than other injection drug users.⁴

¹ Pollack, Harold. "100 American Die of Drug Overdose Each Day, How do we Stop That?" Washington Post (February 7, 2014)

² Dr. Rao, Ravindra, Dr. Mittal, Alpna. "Opioid Overdose Prevention And Management Standard Operating Procedure For Injecting Drug Users." United Nations Office on Drugs and Crime, Regional Office for South Asia (2012).

³ Blue Cross Blue Shield Foundation. City of Boston Substance Abuse Treatment and Recovery Services: Findings and Recommendations. (May 1, 2015).

⁴ Hagan H, et al. "Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors." J Subst Abuse Treat; 19(3): 247-52. (2000)

Needle exchange programs also reduce the transmission of HIV and Hepatitis C by increasing the availability of sterile syringes and serve as an entry point into health services such as HIV, Hepatitis C & STI testing, wound care, and substance abuse treatment. Since establishment of needle exchange programs, new HIV infections attributed to injection drug use have dropped by 92% in Massachusetts.⁵ This intervention is also extremely cost-effective, as the annual cost of our needle exchange program at AIDS Action is less than the average cost of treating two new HIV infections.⁶ Additionally, syringe exchange programs are instrumental in preventing the spread of Hepatitis C, which 90% of the nation's drug users have been exposed to.⁷

Needle exchange programs are an integral intervention method in decreasing risk behaviors among injection drug users, connecting them to treatment, and increasing overall health. Unfortunately, needle exchange programs are not contingent on need, but on geography. Currently, there are only six exchange programs in the state. There are dozens of communities that could benefit from these prevention programs, but are unable to access them. We urge the Committee to tackle barriers to expanding needle exchange programs around the Commonwealth by removing the cap on needle exchange programs in Massachusetts and clarify who has the ability to grant local approval.

AIDS Action Committee and Fenway Health applaud your leadership on An Act relative to substance use, treatment, education and prevention (H. 3926) and are happy to be a resource as you deliberate and debate these important issues.

Sincerely,

Carl Sciortino
Executive Director
AIDS Action Committee

Stephen L. Boswell, MD, FACP
President and Chief Executive Officer
Fenway Community Health Center

⁵ MA DPH. "Shifting Epidemics: HIV and Hepatitis C Infection among Injection Drug Users in Massachusetts." (2012)

⁶ CDC. "HIV Cost-Effectiveness." (2013)

⁷ Edlin, B. "Prevention and Treatment of Hepatitis C in Injection Drug Users." *Hepatology*, 36, S210-S219 (2002)