

July 19, 2022

Hon. Cindy Friedman, Chair
Joint Committee on Healthcare Finance
State House, Room 313
Boston, MA 02133

Hon. John Lawn, Chair
Joint Committee on Healthcare Finance
State House, Room 236
Boston, MA 02133

RE: Support for S.1272 and H.2088 An Act relative to preventing overdose deaths and increasing access to treatment

Dear Chair Friedman, Chair Lawn, and honorable members of the Joint Committee on Healthcare Finance,

Fenway Health would like to go on record in support of efforts to expand harm reduction methods in the state and create a legal framework for supervised consumption sites to save lives in Massachusetts by preventing overdose deaths, increasing access to harm reduction methods, and linking people to treatment.

We are concerned about the gap that exists between when prevention has failed and before a person has successfully been treated for addiction. Supervised consumption sites (SCSs) would address this gap between prevention and treatment. They would allow trained medical and harm reduction professionals to support individuals in the grips of opioid addiction, and intervene to keep them alive. They would also be able to provide referrals and linkage to treatment for people who inject drugs (PWID), enabling the public health system to reach historically underserved and hard-to-reach populations.

Staff of our ACCESS program see first-hand the urgency of the need to establish SCSs. We currently operate two needle exchanges, which are actually much more than just needle exchanges. They operate as comprehensive drug user health programs, offering naloxone and overdose prevention training, HIV/Hep C/STI screenings, health navigation, including treatment referrals and support, linkage to housing support services, and of course sterile needles and supplies. The annual cost of our program is less than the lifetime cost of treating two cases of HIV, making it not only successful in reducing new infections but also highly cost-effective.

I am in awe of the work my frontline needle exchange staff do every day, serving those for whom prevention has failed and treatment is not yet a reality. Unfortunately, what we are doing simply isn't keeping up with the need. This work takes courage, tenacity, compassion and patience. It also takes fortitude to deal with the inevitable loss of life that continues to happen in the streets, alleys, apartments, and public bathrooms of our communities where clients are forced to hide while injecting drugs, putting their lives in grave danger every single day.

In the years since Massachusetts began a syringe service program, we have seen the number of supportive communities grow from 6 to over 30. This shows that there is a network of harm reduction in this state, there is growing awareness and support for these services, and there are willing communities with active interest and engagement at the local level from Western Massachusetts to the Cape.

Critics of SCSs will point to the situation in Boston's South End, at the intersection of Massachusetts Avenue and Melnea Cass Boulevard, as a reason not to move forward with supervised consumption sites. SCSs are not the only solution, they are one good tool that we need to add to the state's response in order to prevent more situations like "Mass and Cass" from happening and getting worse.

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Some will argue that adding service access to Boston's South End neighborhood will make things worse and that a regional, de-centralized approach is needed. That approach is only possible with this legislation. This bill calls for a ten year pilot program in at least two communities, with an implementation process that mirrors the state's syringe service program model, requiring approval from local boards of health in the communities a site would be established. This is the same model that has grown the harm reduction network in the state to include 33 needle exchange programs. There is demand and support for these sites in more communities than just Boston. Making more harm reduction services more accessible in more communities through SCSs is only an option if we provide protections only state law can offer by passing H.2088/S.1272.

Earlier this year, we saw data from the Massachusetts Department of Public Health¹ that confirmed what many harm reductionists who have been on the front lines had suspected for over a year: a growing cluster of new HIV cases in the Boston area. A total of 113 cases have been investigated and identified as part of the cluster. Supervised consumption sites are uniquely positioned to address this issue because they are built on the concepts of trust and respect. A trusting relationship between outreach staff and the population they are serving is necessary in order to provide consistent access to HIV testing and prevention.

The Massachusetts Department of Public Health advises on the importance of HIV infection being diagnosed early and HIV treatment initiated promptly, both for the health of the individual and to prevent onward transmission of HIV infection. This can only be achieved with respect for the people at risk, in a safe space that encourages them to remain engaged in care, free from judgment. Supervised consumption sites are uniquely positioned to provide this space and serve these historically hard to reach and vulnerable populations.

People do not respond to stigma and shame. As we hear more and more stories from those in treatment and recovery, a common theme is connection. Everyone's path to becoming invested in their healthcare is different but we need to offer as many pathways as possible, with as many opportunities for connection as possible. We cannot afford to dismiss any of the tools at our disposal to reach people where they are, engage in harm reduction, and prevent the loss of life and the increased infections we are seeing. SCSs are a proven effective intervention, and for many people living on our streets time is running out. We are currently seeing five people a day die in our state, and these lives are being taken from every corner of Massachusetts and from families across political, economic, and racial lines.

For the reasons described above, **Fenway Health urges you to implement a SCS pilot program and support S.1272 and H.2088 An Act relative to preventing overdose deaths and increasing access to treatment.**

Thank you.

Sincerely,



Carl Sciortino
Executive Vice President of External Relations
Fenway Health

¹ <https://acb0a5d73b67fccd4bbe-c2d8138f0ea10a18dd4c43ec3aa4240a.ssl.cf5.rackcdn.com/10048/3.15.21+DPH-BPHC-joint+advisory+HIV+PWID.pdf?v=1617304188000> via mass.gov and <https://www.bphc.org/onlinenewsroom/Blog/Lists/Posts/Post.aspx?ID=1344>