

September 23, 2021

The Honorable Julian Cyr  
Chair, Joint Committee on Mental Health, Substance Use and Recovery  
State House, Room 312-E  
Boston, MA 02133

The Honorable Adrian Madaro  
Chair, Joint Committee on Mental Health, Substance Use and Recovery  
State House, Room 33  
Boston, MA 02133

Dear Mr. Chair,

**The Massachusetts physician community writes to urgently request that the legislature pass House bill 2088 and Senate bill 1272 which would save lives by allowing the establishment of supervised consumption sites (SCS) in the Commonwealth.** The Massachusetts Medical Society (MMS), along with the undersigned physician organizations, representing primary care, specialty, and addiction medicine specialists, collectively writes to convey that SCSs are an evidence-based intervention that fill a dangerous gap in our state's capabilities to address the opioid overdose crisis.

#### **Public Health Need, Racial Equity Imperative**

The physician community reaffirms the necessity, at present, to expand overdose prevention services in Massachusetts. With more than 2,000 confirmed overdose deaths in 2020, and with an increase in the first three months of 2021 over the same time period in 2020, there is a strong clinical need for new, evidence-based harm reduction services.

Supervised consumption sites are necessary to address racial inequities in health. Recently released 2020 MA-DPH overdose data shows tragic trends, with the opioid-related overdose death rate for Black men, for example, having increased 69%, from 32.6 to 55.1 per 100,000 people, the highest increase of any ethnic or racial group.

While the past year has elevated many vital public health priorities, the physician community underscores that the opioid overdose crisis remains of paramount importance. There has never been a more critical time for the state to pass legislation expanding the public health approach to the overdose crisis. Low-barrier treatment and other harm reduction services promoted by the state have been crucial, but the data clearly show that more and novel options are needed to prevent overdose deaths and save lives.

#### **Strong Evidence Base**

In 2017, the Massachusetts Medical Society became the first state medical society in the country to support SCSs after a year-long comprehensive review of the robust international academic literature assessing SCSs.<sup>1</sup> In the years since the seminal MMS report calling for the establishment of these sites in Massachusetts, the evidence base has deepened and broadened, confirming that SCSs prevent lethal

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<sup>1</sup> <https://www.massmed.org/advocacy/state-advocacy/sif-report-2017/>

overdoses, reduce associated harms, and create a safe, supportive space for persons who use drugs. In addition to this primary aim of reducing harms, SCSs connect patients with substance use disorder treatment. The research supporting these assertions is rigorous, stemming from multiple, peer-reviewed studies over many years at several of the more than 120 SCSs that have been operational globally since the 1990s.<sup>2</sup>

During the expansion of SCSs throughout Canada over the past several years, we have learned that many of the outcomes from well-studied sites, such as Insite in Vancouver, have extended into different geographic locations and through many different site models, including mobile units and SCSs imbedded in community health centers. This continued positive experience lends yet additional confidence about the role of SCSs in Massachusetts.

### **Opportunity at Present**

The physician community urges prompt passage of SCS-enabling legislation such as House bill 2088 and Senate bill 1272. State legislation would explicitly legalize a pilot program of these sites with annual reporting, amend select antiquated state-controlled substance laws, and begin the process of clarifying other legal and regulatory barriers such as professional licensure. State legislation is necessary now so that potential sites can turn their legal focus to monitoring the fluid local and federal issues and can be prepared to open when there is a broader legal path forward. In other words, we strongly encourage the state to pass enabling legislation so that sites can open when they feel confident that other legal issues have been resolved. State legislation is a logical first step in the sequence of “legalizing” SCSs given the fluid dynamics of federal prosecutorial discretion, which can be offered in a moment’s notice, and given the speed at which local, municipal barriers such as community buy-in and zoning can move. Accordingly, we urge Massachusetts to join Rhode Island, which recently passed legislation legalizing supervised consumption sites, in enacting this landmark, proactive public health law.

Sincerely,

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The Massachusetts Medical Society

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<sup>2</sup> Armbrrecht E, Guzauskas G, Hansen R, Pandey R, Fazioli K, Chapman R, Pearson SD, Rind DM. Supervised Injection Facilities and Other Supervised Consumption Sites: Effectiveness and Value; Final Evidence Report. Institute for Clinical and Economic Review, January 8, 2021. [https://icer.org/wp-content/uploads/2020/10/ICER\\_SIF\\_Final-Evidence-Report\\_010821-1.pdf](https://icer.org/wp-content/uploads/2020/10/ICER_SIF_Final-Evidence-Report_010821-1.pdf)

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