MASSACHUSETTS MEDICAL SOCIETY
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TESTIMONY IN SUPPORT OF H.2225
AN ACT RELATIVE TO HARM REDUCTION AND RACIAL JUSTICE
BEFORE THE JOINT COMMITTEE ON MENTAL HEALTH, SUBSTANCE USE AND RECOVERY
September 15, 2025

The Massachusetts Medical Society (MMS) wishes to be recorded in support of H.2225, *An Act relative to harm reduction and racial justice*.

The MMS is a professional association of over 23,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to provide them a better health care system, and on behalf of physicians, to help them provide the best care possible. The MMS supports the decriminalization of personal drug use and possession and the prioritization of treatment over incarceration, which reduces harm and improves outcomes for individuals with substance use disorder (SUD). Accordingly, we support H.2225, which will align Massachusetts with best practices in medicine and public health, reduce preventable deaths, and begin to repair the harms of outdated drug laws.

As physicians, our calling is to improve the health and well-being of our patients and communities. We know from decades of research and practice that SUD is a chronic, relapsing disorder marked by compulsive use despite adverse consequences.[1] It is recognized as a brain disorder because it alters circuits involved in reward, stress, and self-control.[2] Criminalization has not reduced drug use or improved public safety; instead, it has exacerbated stigma, disrupted lives, and created barriers to treatment and recovery.[3]

[1] NIDA. July 6, 2020. Drug Misuse and Addiction. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction.
[2] Ibid.
[3] Bratberg JP, Simmons A, Arya V, Bhatia A, Vakharia SP. Support, don't punish: Drug decriminalization is harm reduction. J Am Pharm Assoc (2003). 2023 Jan-Feb;63(1):224-229. doi: 10.1016/j.japh.2022.12.017. Epub 2022 Dec 20. PMID: 36682855. https://pubmed.ncbi.nlm.nih.gov/36682855/

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A robust body of evidence supports implementing a public health response to substance misuse. SUD is preventable and treatable when addressed through proven interventions such as medications for opioid use disorder, counseling, and harm-reduction services.[4] Expanding access to these services has been shown to reduce overdose deaths, improve long-term health outcomes, and lower overall health care and social costs.[5, 6, 7] Conversely, punitive responses increase stigma and deter individuals from seeking care.[8] Reorienting policy toward public health rather than punishment is a proven strategy to save lives and strengthen families and communities.

The collateral consequences of drug use or possession convictions are severe and long-lasting. Criminal records can impede access to employment, housing, and education—all social determinants that strongly shape health outcomes. By vacating and expunging prior convictions, this legislation would remove structural barriers that perpetuate cycles of illness and poverty. Research shows that individuals with criminal records face worse health outcomes, not because of substance use itself, but because of the lifelong stigma and exclusion that results from criminalization.[9] By increasing access to resources instead of upholding punitive responses, Massachusetts can strengthen treatment pathways, reduce overdoses, and advance health equity.

The need to stem the tide of the overdose crisis is urgent. According to the Massachusetts Department of Public Health, 1,336 residents lost their lives to opioid-related overdoses in 2024.[10] According to the Massachusetts Department of Public Health, 1,336 residents lost their lives to overdose in 2024.[11] Each of

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[4] NIDA. June 6, 2018. Understanding Drug Use and Addiction DrugFacts. https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction.
[5]Fairley M, Humphreys K, Joyce VR, et al. Cost-effectiveness of Treatments for Opioid Use Disorder. JAMA Psychiatry. 2021;78(7):767–777. doi:10.1001/jamapsychiatry.2021.0247. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2778020?guestAccessKey=cba563c7-6fcf-4946-93fb-50dc99aefe05&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfl&utm_term=033121.
[6] Kravitz-Wirtz N, Davis CS, Ponicki WR, et al. Association of Medicaid Expansion With Opioid Overdose Mortality in the United States. JAMA Netw Open. 2020;3(1):e1919066. doi:10.1001/jamanetworkopen.2019.19066
[7] Fardone E, Montoya ID, Schackman BR, McCollister KE. Economic benefits of substance use disorder treatment: A systematic literature review of economic evaluation studies from 2003 to 2021. J Subst Use Addict Treat. 2023 Sep;152:209084. doi: 10.1016/j.josat.2023.209084. Epub 2023 Jun 9. PMID: 37302488; PMCID: PMC10530001. https://pubmed.ncbi.nlm.nih.gov/37302488/
[8] American Public Health Association. Defining and Implementing a Public Health Response to Drug Use and Misuse. https://www.apha.org/policy-and-advocacy/public-health-policy-briefs/policy-database/2014/07/08/08/04/defining-and-implementing-a-public-health-response-to-drug-use-and-misuse#:~:text=Criminalization%20of%20substance%20use%20further,to%20have%20the%20opposite%20effect.
[9] Howell BA, Earnshaw VA, Garcia M, Taylor A, Martin K, Fox AD. The Stigma of Criminal Legal Involvement and Health: a Conceptual Framework. J Urban Health. 2022 Feb;99(1):92-101. doi: 10.1007/s11524-021-00599-y. Epub 2022 Jan 15. PMID: 35031942; PMCID: PMC8866593. https://pmc.ncbi.nlm.nih.gov/articles/PMC8866593/
[10] Massachusetts Department of Public Health. Bureau of Substance Addiction Services. Current Overdose Data. https://www.mass.gov/lists/current-overdose-data
[11] Massachusetts Department of Public Health. Bureau of Substance Addiction Services. Current Overdose Data. https://www.mass.gov/lists/current-overdose-data

these deaths represents a missed opportunity to connect an individual with lifesaving services and treatment. As physicians, we routinely witness the consequences of punitive drug laws: patients who avoid hospitals out of fear of arrest, or who cycle in and out of incarceration without ever receiving consistent care. This legislation reflects broad medical consensus that public health strategies, not punishment, are the most effective pathway to recovery for SUD.

For these reasons, we urge a favorable report on this legislation. Thank you for your consideration of our comments.