



MASSACHUSETTS
MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY IN SUPPORT OF H.2196/S.1393
AN ACT RELATIVE TO PREVENTING OVERDOSE DEATHS AND INCREASING ACCESS TO
TREATMENT
BEFORE THE JOINT COMMITTEE ON MENTAL HEALTH, SUBSTANCE USE AND RECOVERY
September 15, 2025**

**The Massachusetts Medical Society (MMS) wishes to be recorded in strong support of
H.2196/S.1393, *An Act Relative to Preventing Overdose Deaths and Increasing Access to
Treatment.***

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, for a better health care system, and on behalf of physicians, to help them provide the best care possible. In 2017, after a year-long review of robust international evidence, the MMS became the first state medical society in the country to endorse Overdose Prevention Centers (OPCs).¹ Since that time, research has only strengthened the case for these facilities as proven, lifesaving interventions that connect people with substance use disorder (SUD) to treatment and broader health care services.^{2 3} Accordingly, and for the reasons below, we support H.2196/S.1393, which allows the Department of Public Health (DPH) to authorize harm reduction programs that provide a range of services, including the ability to monitor participants for overdose and intervene to prevent or reverse it.

Massachusetts remains in the grip of an overdose crisis, with more than 2,000 residents dying each year for eight consecutive years.⁴ This crisis touches every corner of our Commonwealth, from our largest cities to our smallest towns. Importantly, the burden of overdose is not shared equally. Black, American Indian, and

¹ Massachusetts Medical Society. *Establishment of a Pilot Medically Supervised Injection Facility in Massachusetts. Report of the Task Force on Opioid Therapy and Physician Communication.* April 2017.

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

² Marshall T, Abba-Aji A, Tanguay R, Greenshaw AJ. The Impact of Supervised Consumption Services on Fentanyl-related Deaths: Lessons Learned from Alberta's Provincial Data. *The Canadian Journal of Psychiatry.* 2021;66(12):1096-1098. doi:[10.1177/0706743721999571](https://doi.org/10.1177/0706743721999571)

³ Main Line Health Center for Population Health Research at Lankenau Institute for Medical Research. *Supervised Consumption Facilities – Review of the Evidence.* December 2017. [LarsonS_PHLReportOnSCF_Dec2017\(dbhids.org\)](https://www.phlreportonscf.org/)

⁴ Bureau of Substance Addiction Services. *Overdose Prevention Reports.* Massachusetts Department of Public Health.

Hispanic residents die at disproportionately higher rates than white residents, reflecting the compounding effects of structural racism, stigma, and barriers to treatment.⁵ Rural communities face unique challenges as well, with limited treatment availability and longer EMS response times. Given the magnitude and persistence of the overdose crisis, we must adopt proven, innovative strategies like OPCs that place patients at the center of care by focusing on saving lives, reducing drug-related harms, and ensuring access to effective treatment.

Harm reduction is a public health strategy aimed at reducing the negative consequences of risky behavior without requiring abstinence. Physicians are guided by an ethical duty to minimize harm, prevent death, and respect patient autonomy. Harm reduction embodies these values by offering patients choices rather than ultimatums and empowering them to set their own health goals in consultation with their trusted health care team. The medical model of chronic disease management already relies on this principle. For instance, we do not withhold insulin from a patient with diabetes who does not reduce their intake of carbohydrates, nor do we deny treatment to a patient with heart disease who struggles to regularly exercise. Instead, we provide care that minimizes harm while supporting healthier choices over time. Harm reduction is also an effective approach to engage patients with SUDs in care.

Harm reduction is not experimental. It is grounded in decades of rigorous clinical and public health research and endorsed by leading health authorities including the American Medical Association, World Health Organization, and Centers for Disease Control and Prevention.^{6,7,8} OPCs are evidence-based harm reduction facilities that provide a safe, supervised environment where individuals can consume previously obtained substances under the watch of trained staff who can intervene immediately in the event of an overdose. In addition to OPCs, well-established interventions include naloxone distribution, syringe services programs, and condom distribution. These services not only save lives but also reduce health care costs by preventing hospitalizations, emergency visits, and long-term complications.^{9,10}

OPCs also serve as a trusted entry point into the health care system for people who are often excluded from or fearful of it. OPCs are a low-threshold service, meaning they are designed to “meet people where they are at” and provide a place where they can find connection and compassionate care without stigma or fear of criminalization. In addition to overdose prevention and access to sterile equipment, services provided at OPCs

⁵ Ibid,

⁶ American Medical Association. *Harm-reduction efforts needed to curb overdose epidemic*. <https://www.ama-assn.org/delivering-care/behavioral-health/harm-reduction-efforts-needed-curb-overdose-epidemic>

⁷ World Health Organization. *People who inject drugs*. <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/people-who-inject-drugs#:~:text=WHO%2orecommends%20a%20package%20of,and%20ineffective%20policies%20and%20laws.>

⁸ CDC. Overdose Data to Action: Prevention Strategies. <https://www.cdc.gov/overdose-prevention/php/od2a/prevention.html#:~:text=Harm%2oreduction%20is%20a%20public,OD2A%20in%20States%20prevention%20strategies.>

⁹ Ijioma, S. C. (2021). *Cost-effectiveness of syringe service programs, medication-assisted treatment, and their combination to prevent HCV infection among opioid injection drug users*. *Journal of Managed Care & Specialty Pharmacy*, 27(2), 137–147. <https://doi.org/10.18553/jmcp.2021.27.2.137>

¹⁰ Centers for Disease Control and Prevention. "Safety and Effectiveness of Syringe Services Programs." *Centers for Disease Control and Prevention*, 8 Feb. 2024, www.cdc.gov/syringe-services-programs/php/safety-effectiveness.html.

commonly include linkages to medical care, recovery services, and stable housing. These services prevent deaths, decrease the spread of infectious disease, and improve access to essential treatment and social supports.

At OnPoint NYC, which opened the first two publicly recognized OPCs in the United States in November 2021, the results speak volumes. In their first year of operation, nearly 2,900 individuals made over 48,000 visits. Staff intervened in 636 overdoses (1.3% of visits), EMS was called only 23 times, and, most critically, no participants died.¹¹ The centers also diverted up to 39,000 instances of public drug use and connected 75% of participants to harm reduction, social, or medical services.¹² These outcomes mirror decades of international research showing that OPCs reduce overdose deaths, prevent infectious disease transmission, and improve community safety.¹³

Support for OPCs is broad and growing, spanning patients, clinicians, and the public. People who use drugs, addiction medicine specialists, and a strong majority of Massachusetts voters endorse their implementation.^{14,15} In 2023, the American Medical Association formally backed implementation of pilot OPC sites, recognizing them as an evidence-based harm reduction tool.¹⁶ That same year, DPH released a comprehensive report confirming the efficacy of OPCs and calling for legislative action to provide the legal and professional protections needed to make them a reality¹⁷

Research overwhelmingly contradicts claims that harm reduction programs enable drug use or increase crime; rather, studies consistently show that they reduce syringe litter, lower the visibility of public drug use, and

¹¹ McAteer, Jonathan M., Shivani Mantha, Brent E. Gibson, Casey Fulmer, Alexandra Harocopos, Kailin See, Sam Rivera, Ajani C. Benjamin, Angela Jeffers, Jonathan Giftos, and Ashwin Vasan. "NYC's Overdose Prevention Centers: Data from the First Year of Supervised Consumption Services." *NEJM Catalyst* 5, no. 5 (April 2024).

<https://doi.org/10.1056/CAT.23.0341>

¹² Ibid.

¹³ Gostin LO, Hodge JG Jr, Gulinson CL. *Supervised Injection Facilities: Legal and Policy Reforms*. JAMA. 2019 Feb 26;321(8):745-746. doi: 10.1001/jama.2019.0095. PMID: 30730548. [Supervised Injection Facilities: Legal and Policy Reforms - PubMed \(nih.gov\)](#).

¹³ Wood E, Tyndall MW, Montaner JS, Kerr T. *Summary of findings from the evaluation of a pilot medically supervised safer injecting facility*. CMAJ. 2006 Nov 21;175(11):1399-404. doi: 10.1503/cmaj.060863. PMID: 17116909; PMCID: PMC1635777. [Summary of findings from the evaluation of a pilot medically supervised safer injecting facility - PMC \(nih.gov\)](#)

¹³ The European Monitoring Centre for Drugs and Drug Addiction. *Drug consumption rooms: an overview of provision and evidence*. July 2018. [Drug consumption rooms: an overview of provision and evidence \(Perspectives on drugs\) | www.emcdda.europa.eu](#)

¹⁴ American Society of Addiction Medicine. Public Policy Statement on Overdose Prevention Sites https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/advocacy/overdose-prevention-sites.pdf?sfvrsn=520eed70_3

¹⁵ Beacon Research. *Findings from Statewide Survey of Massachusetts Voters*. 2023. <https://ma4opc.org/wp-content/uploads/2023/10/Key-Findings-from-Survey-of-MA-Voters-10.5.23.pdf>

¹⁶ American Medical Association. Pilot Implementation of Supervised Injection Facilities H-95.925. Res. 513, A-17.

¹⁷ Bureau of Substance Addiction Services. *Overdose Prevention Reports*. Massachusetts Department of Public Health. <https://www.mass.gov/lists/overdose-prevention-reports>

foster safer, healthier communities.¹⁸ Opponents of harm reduction often suggest that SUD resources should be directed solely toward abstinence-based treatment. The medical community recognizes, however, that SUD is a chronic, relapsing disorder marked by compulsive use despite adverse consequences.¹⁹ It is recognized as a brain disorder because it alters circuits involved in reward, stress, and self-control.²⁰ Effective care requires a spectrum of services, from harm reduction to treatment to recovery supports. OPCs complement, rather than compete with, other SUD services, and in fact, increase the likelihood that participants will pursue detox and treatment.²¹

Importantly, H.2196/S.1393 establishes essential legal protections that allow harm reduction programs to operate effectively. It grants immunity from criminal, civil, and licensure penalties to health professionals and organizations that provide approved harm reduction services in good faith. Without these protections, physicians and other providers risk prosecution or disciplinary action for delivering evidence-based care. By removing those barriers, the legislation empowers clinicians to provide compassionate, lifesaving services, while also shielding patients from being criminalized for accessing care and ensuring that program participation cannot be used as probable cause for law enforcement action. In doing so, the bill lays the legal foundation necessary to expand access to harm reduction as a legitimate, evidence-based component of the health care system.

The Commonwealth has often led the nation in health care innovation. From near-universal health insurance coverage to groundbreaking reforms in opioid treatment and recovery strategies, Massachusetts has demonstrated that evidence and compassion can guide effective policy. By enacting H.2196/S.1393, the Commonwealth can again lead, this time by adopting a proven intervention that will save lives, improve community health, bolster public safety, and reduce health care costs.

For these reasons, we urge a favorable report on H.2196/S.1393. Thank you for your consideration of our comments and for your work on this important issue.

¹⁸ NIDA. "Syringe services for people who inject drugs are enormously effective, but remain underused." *National Institute on Drug Abuse*, 25 Nov. 2024, <https://nida.nih.gov/about-nida/noras-blog/2024/11/syringe-services-for-people-who-inject-drugs-are-enormously-effective-but-remain-underused>.

¹⁹ NIDA. 2018, June 6. Understanding Drug Use and Addiction DrugFacts. Retrieved from <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction> on 2025, August 30

²⁰ Ibid.

²¹ Dow-Fleisner, Sarah J., Lomness, Arielle, Woolgar, Lucia (2022). Impact of safe consumption facilities on individual and community outcomes: A scoping review of the past decade of research. *Emerging Trends in Drugs, Addictions, and Health*. Vol. 2, 2022. [Impact of safe consumption facilities on individual and community outcomes: A scoping review of the past decade of research \(sciencedirectassets.com\)](https://www.sciencedirect.com/science/article/pii/S2772759522000011)