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Safe Injection/Consumption Facilities – Obstacles and Recommendations

presented by

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Disclosures

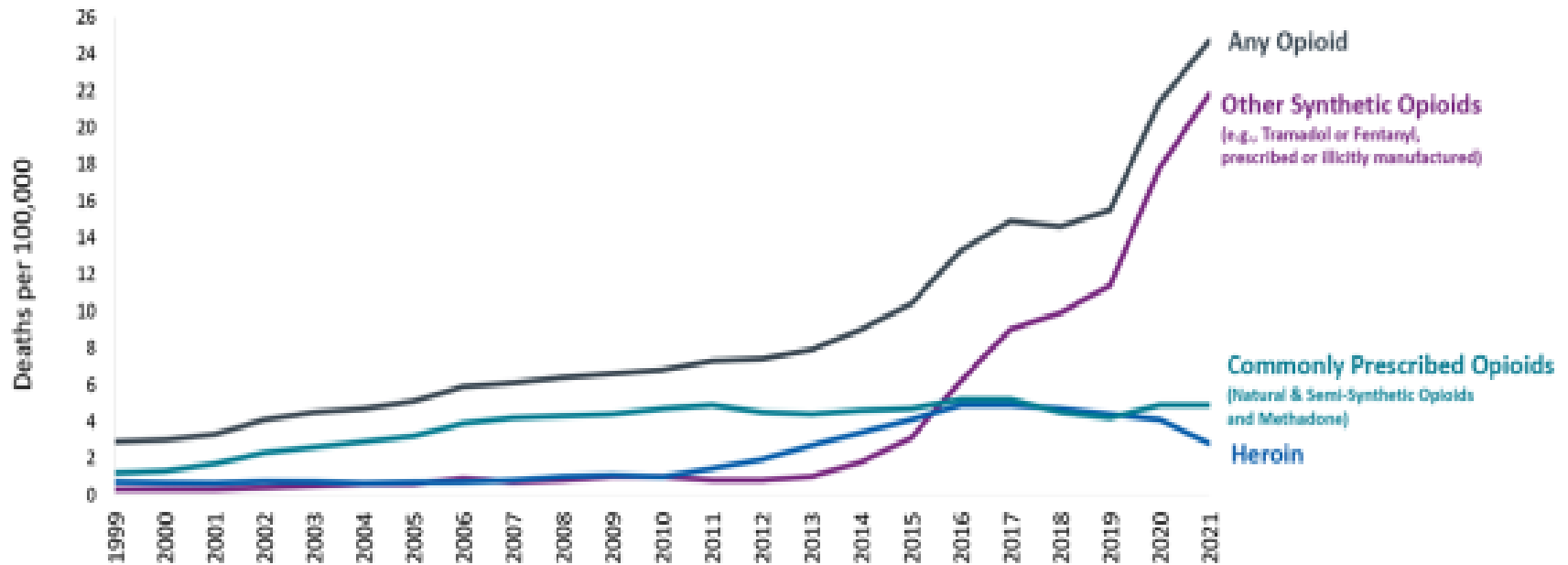
- Relationship disclosure: nothing to disclose
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The Evolving Opioid Overdose Epidemic: The Last Decades



Three Waves of Opioid Overdose Deaths



↑
Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

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Wave 2: Rise in Heroin Overdose Deaths Started in 2010

↑
Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

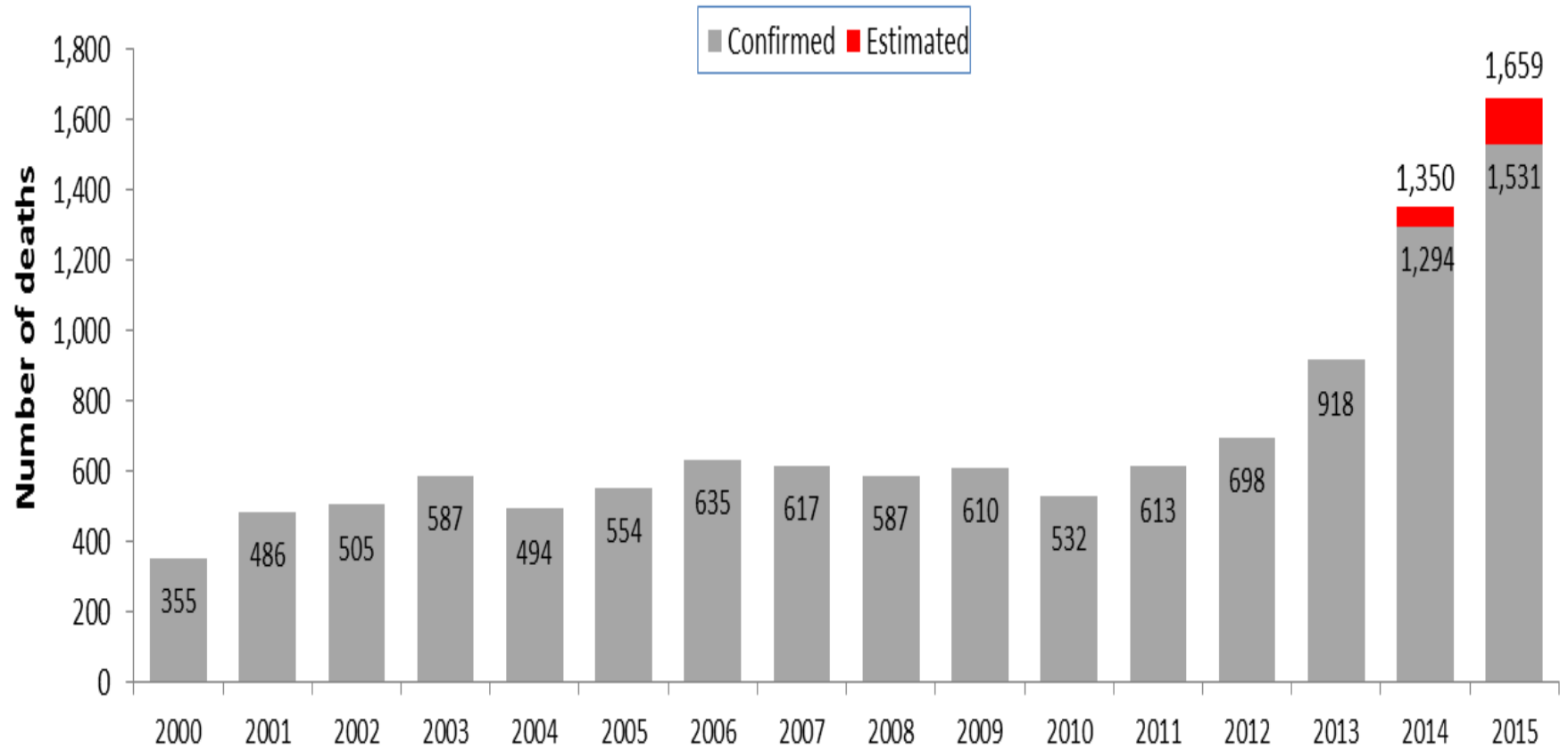
SOURCE: National Vital Statistics System Mortality File.



On the 2014 Campaign Trail



Opioid-Related Deaths, Unintentional/Undetermined Massachusetts: January 2000- June 2016



Massachusetts Department of Public Health POSTED: AUGUST 2016

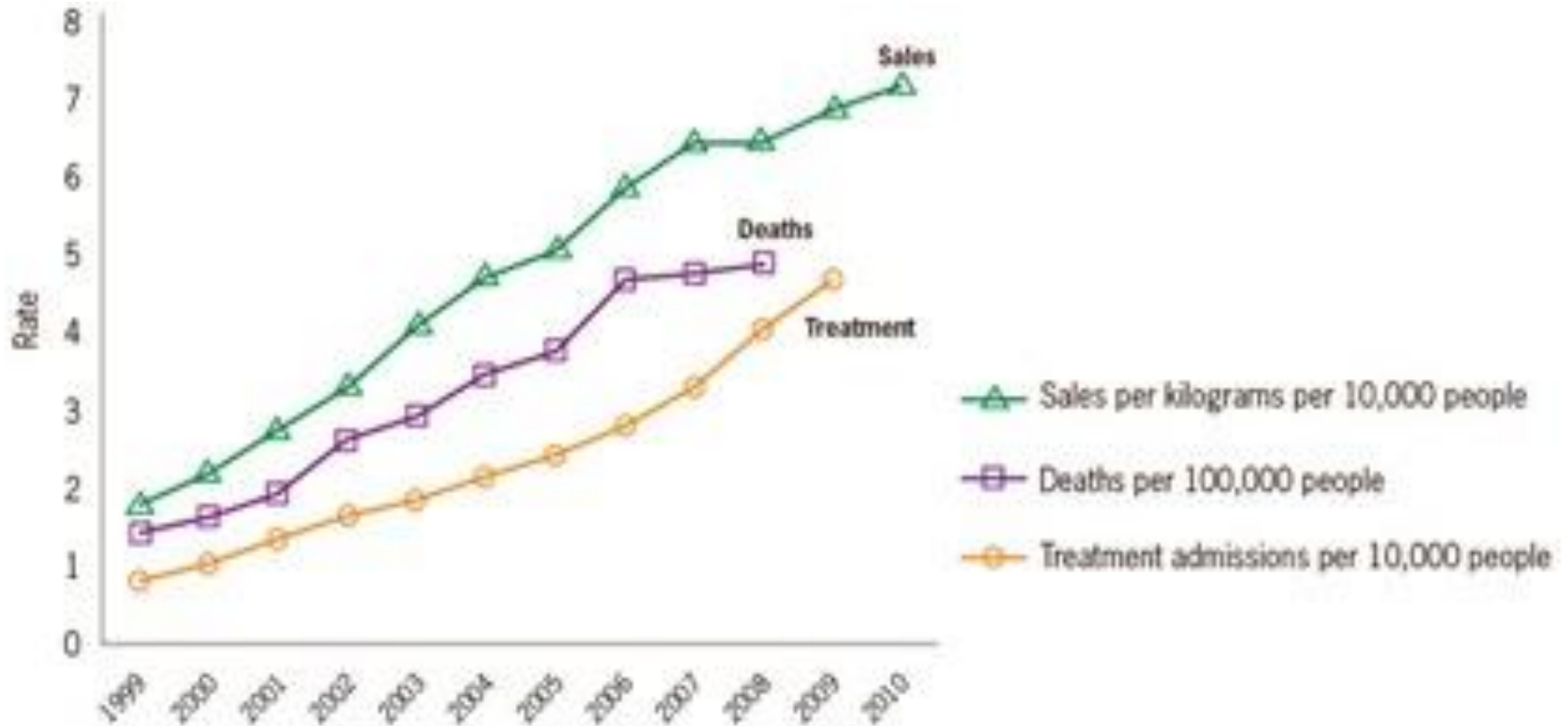


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Meeting the Governor, Attorney General, and HHS Secretary



Current Results

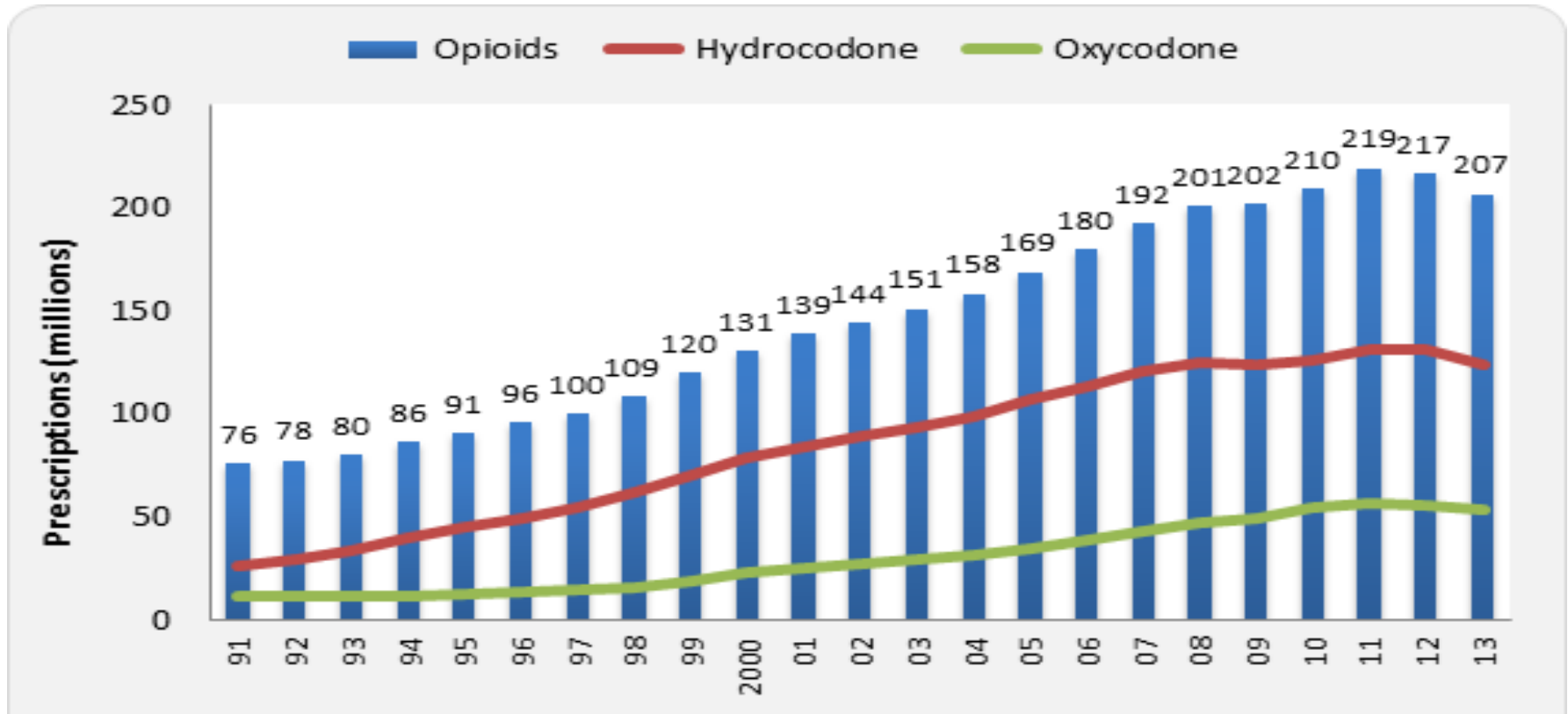


Source: Warner et al. 2011



Rising Tide of Opioid Prescribing

*Near Tripling of Opioid Prescriptions from U.S. Retail Pharmacies
1991-2013*



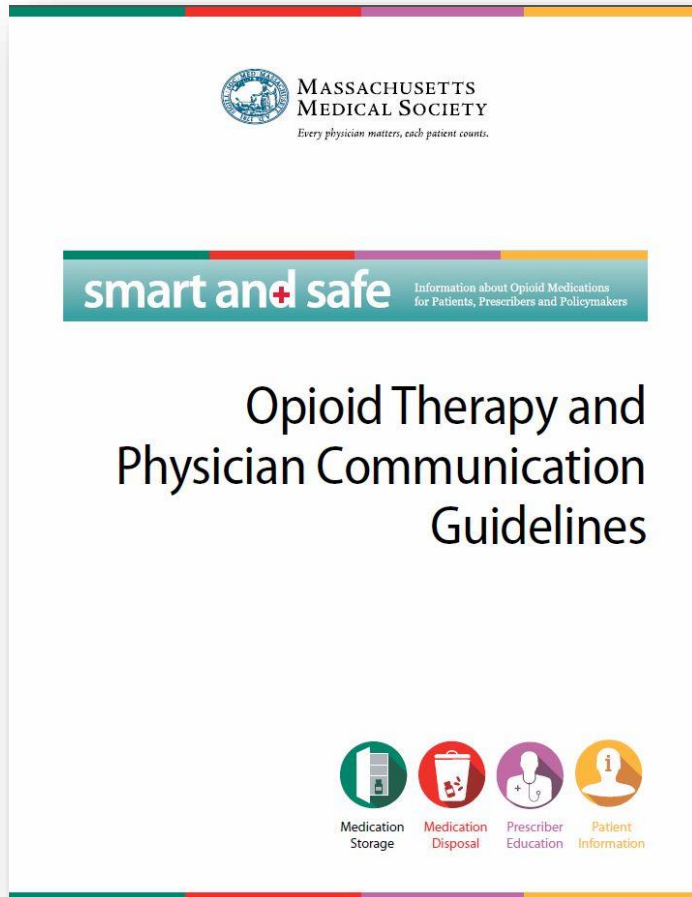
IMS Health, Vector One®: National, 1991-2011

IMS Health, National Prescription Audit, 2012-2013



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MMS Guidelines



- Separate guidelines for acute and chronic pain
- Initial screening for pregnancy, family histories of substance abuse disorders, and mental health status

www.massmed.org/opioid-guidelines



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www.massmed.org/SmartScriptsMA

smart scripts MA

Safe and Smart Medications
for Massachusetts

Physicians and patients have a meaningful opportunity to reduce the abuse of prescription drugs in Massachusetts. Patients can limit the supply of drugs by safely storing and disposing of their prescription medications, and physicians can follow safe, effective and responsible prescribing practices.



Medication Storage

How to safely store your medications and prevent drug abuse.



Medication Disposal

How to dispose of your medications safely and properly.



Prescriber Education

Free CME programs, prescribing guidelines, and more information for prescribers.



Patient Information

Resources for patients, parents and grandparents about safe handling of prescription medications.



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Opioid Education in Medical Schools and Residency Programs



Total Number and Rate of Opioid Prescriptions Dispensed, U.S.

Year	Total Number of Prescriptions	Opioid Dispensing Rate per 100 Persons
2006	215,917,663	72.4
2007	228,543,773	75.9
2008	237,860,213	78.2
2009	243,738,090	79.5
2010	251,088,904	81.2
2011	252,167,963	80.9
2012	255,207,954	81.3
2013	247,090,443	78.1

www.cdc.gov/drugoverdose/rxrate-maps/index.html



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Total Number and Rate of Opioid Prescriptions Dispensed, U.S.

Year	Total Number of Prescriptions	Opioid Dispensing Rate per 100 Persons
2014	240,993,021	75.6
2015	226,819,924	70.6
2016	214,881,622	66.5
2017	191,909,384	59.0
2018	168,158,611	51.4
2019	153,260,450	46.7
2020	142,816,781	43.3

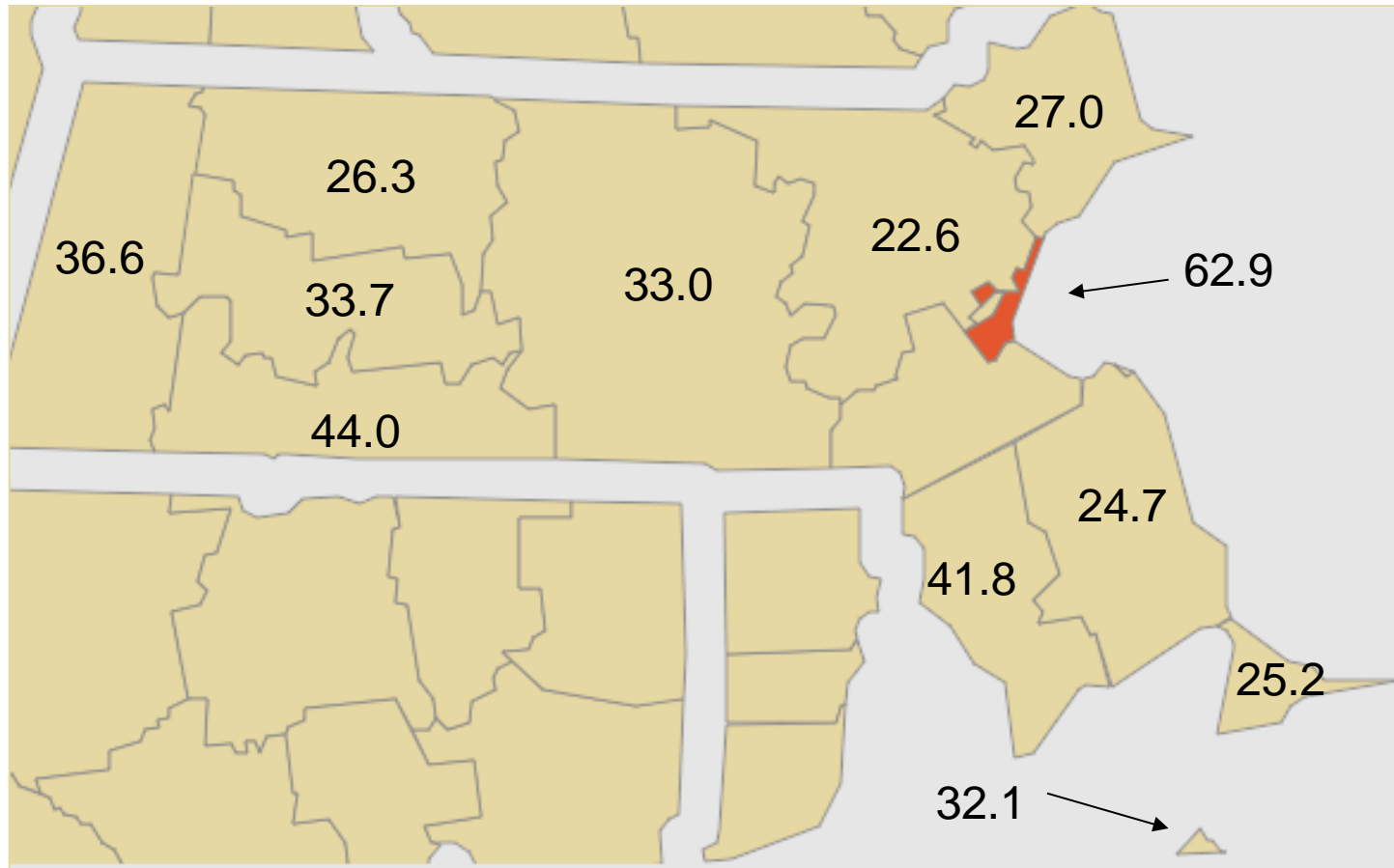
www.cdc.gov/drugoverdose/rxrate-maps/index.html



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Opioid Prescriptions Dispensed in MA Counties 2020

Prescriptions based on location of the prescriber, not the pharmacy



www.cdc.gov/drugoverdose/rxrate-maps/county2020.html



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MMS House of Delegates – May 2016

Resolution A-16 A-104, Establishment of a Pilot Medically-Supervised-Injection Facility in Massachusetts

Adopted as Amended Recommendations:

1. That the MMS perform an internal evidence-based study of the ethical, legal, and liability considerations and feasibility of a medically-supervised injection facility (MSIF) in Massachusetts.
2. That at the conclusion of an internal study of medically-supervised injection facilities (MSIF), the Board of Trustees will report back to the House of Delegates, no later than A-17, with recommendations for an MMS advocacy position on MSIF.





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Every physician matters, each patient counts.

Establishment of a Pilot Medically Supervised Injection Facility in Massachusetts

Report of the Task Force on Opioid Therapy and Physician Communication

April 2017



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Establishment of a Pilot Medically-Supervised Injection Facility in Massachusetts: Task Force Report

Evidence based study of ethical, legal, and liability considerations and feasibility of a medically supervised injection facility in Massachusetts.

Report and recommendations adopted as official policy during MMS 2017 Annual Meeting. Policy calls for:

- Advocating for a pilot supervised injection facility program in MA
- Exemption from federal drug laws for the pilot SIF program
- Pursuing state legislation legalizing the pilot SIF program
- An advisory board with state, federal and experts to design program
- Building on a supportive place for observation and treatment (SPOT)
- Include harm-reduction strategies (counseling, referral, and placement on demand for all types of drug treatment) to ensure comprehensive health care availability for marginalized persons who inject drugs.

www.massmed.org/Advocacy/State-Advocacy/SIF-Report-2017/



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What's in a Name?

Supervised Injection Facilities
Safe Consumption Sites
Overdose Prevention Centers

It's ALL harm reduction



Across the World

Approximately 200 overdose prevention centers operate in 14 countries around the world and have a proven track record. **ZERO** overdose deaths have occurred in these centers.

A study in Sydney, Australia saw no evidence that a new supervised consumption site (SCS) led to any changes in theft and robbery incidents or drug offenses near the SCS.

Police in Vancouver, British Columbia found in practice that SCSs increased public safety by reducing public drug use in unsafe locations.

The Ontario HIV Treatment Network reviewed the effectiveness of Canadian SCSs in 2014. Every study noted either no increase in crime near the SCS or an increase in public safety, which was attributed to the reduction of public injections.

The Action Lab at the Center for Health Policy and Law



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Across the United States

Many US cities are considering implementing these facilities to combat the overdose crisis. These cities are also combatting community opposition and political roadblocks that are often rooted in stigma.

New York City opened OPCs in November 2021. The sites have treated 1,131 overdoses and served 3,941 drug users more than 93,500 times. There have been ZERO deaths.

Rhode Island has been legally authorized to open an OPC and expects to do so in 2024.

MA4OPC FAQ Sheet
The Action Lab at the Center for Health Policy and Law
<https://onpointnyc.org>



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In Massachusetts

The Massachusetts Legislature has heard bills relative to safe injection sites (now opioid prevention centers) since 2017. None of the bills in previous sessions have been enacted.

Note that past testimony regarding opioid harm reduction, education, and/or medication have included support for opioid prevention centers.

Here is an example from testimony regarding the Massachusetts CARE Act (“An Act Relative to Combatting Addiction, Accessing Treatment, Reducing Prescriptions, And Enhancing Prevention (CARE)” from January 2018:

“The MMS hopes to continue working with the Governor, the legislature, and fellow stakeholders to combat the opioid crisis through this and other efforts. **We...hope, in recognition of the severity of this crisis, to see several additional evidence-based interventions promoted in this legislation.** One...[is] the provision of Medication-Assisted Treatment...another..[is] **the establishment of a pilot supervised injection facility, under the auspices of and following a study by the Department of Public Health.**”



Current MA Legislative Session

An Act relative to preventing overdose deaths and increasing access to treatment ([H.1981](#) and [S.1242](#)) will

- Create a 10-year pilot program for establishing OPCs
- Require local authorization/approval by local boards of health
- Include civil and criminal protections for staff, clients, and operators
- Require data collection to both inform public health efforts and prevent overdose deaths in the Commonwealth



The legislation is supported by the 30-member coalition, Massachusetts for Opioid Prevention Centers (MA4OPC) of which the MMS is a founding member.



Massachusetts 2023-2024 Legislative Session

Public Health Need, Racial Equity Imperative

- There has never been a more critical time for the state to pass legislation expanding the public health approach to the overdose crisis.
- Racial disparities in the opioid overdose crisis continue to persist. Last year, the most dramatic increase in overdose deaths was among Black people who use drugs
- With the opioid crisis continuing unabated, there is a strong clinical need and a racial equity imperative for new, evidence-based harm reduction services
- The data clearly show OPCs are necessary to fill a dangerous gap in Massachusetts's ability to respond to the opioid overdose crisis.



Massachusetts 2023-2024 Legislative Session

Strong Evidence Base

- Rigorous, scientific evidence suggests that OPCs reduce harms associated with drug use and provide positive improvements to the local communities they serve. These numerous and varied benefits include:
 - Saving lives by reducing overdose deaths
 - Reducing risk behaviors associated with disease
 - Increasing connections to health services
 - Improving public safety and decrease injection-related litter
 - Reducing health care costs
- Notably, there have been zero deaths in the approximately 200 OPCs across 14 countries worldwide.
- The positive outcomes experienced at sites across the world lends additional confidence about the role of OPCs could play in bending the curve of the opioid overdose crisis in Massachusetts.





“If patients can get to an OPC, build trust, and be treated with dignity, they may be able to recover and survive,” said Dr. James Baker in his testimony on behalf of MMS in support of opioid prevention centers.



Grassroots Outreach

In addition to in-person testimony, the MMS has reached out to members through its Action Alert 'Voter Voice' Network which connects members with their state representative and senator.

The grassroots effort includes:

- Information that In 2022, Massachusetts lost 2,357 lives to overdose, the highest number of opioid-related overdose deaths ever recorded in our state, an average of six lives lost a day. The crisis has shown no sign of slowing, with over 500 lives lost in the first three months of 2023 alone.
- A reminder that the MMS became the first medical society in the country to endorse the establishment of a pilot OPC. Subsequent evidence has only fortified this position that such facilities save lives and offer pathways to medically appropriate treatment and rehabilitative services for people living with substance use disorder.



Findings from Statewide Survey of Massachusetts Voters

A survey conducted by Beacon Research, sponsored by the ACLU of Massachusetts, and released on October 5 determined that:

- 70% of MA voters support a bill to allow cities and towns to establish OPCs
- 76% of voters see opioid use in the state as a major problem; 73% believe the state should be doing more
- 77% see opioid use as a public health problem, not a law enforcement issue



Findings from Statewide Survey of Massachusetts Voters

- Voters see a multitude of good reasons to allow cities and towns to establish OPCs. These reasons include:
 - the public safety benefits of OPCs (89%)
 - that OPCs facilitate recovery for drug users (89%)
 - that studies by medical journals show OPCs have positive outcomes (87%)
 - noting general statistics about overdose deaths in Massachusetts (86%)

“As disparities and overdoses caused by synthetic drugs like fentanyl continue to rise and ravage families and communities, it is clear the majority of residents of the Commonwealth agree with physicians in their belief that the time is now to deploy a proven harm reduction tool that can save the lives of our patients.”

- MMS president, Dr. Barbara S. Spivak

<https://ma4opc.org/wp-content/uploads/2023/10/Key-Findings-from-Survey-of-MA-Voters-10.5.23.pdf>

