



# ISSUE BRIEF

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## Harm Reduction in the Commonwealth: Analysis of Opportunities to Save Lives

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## Executive Summary

Every year, over 100,000 Americans die from drug overdoses, the majority of which are caused by opioids like fentanyl. In Massachusetts, an estimated 2,125 people died from opioid overdoses in 2023.<sup>1</sup> To address this enormous and preventable loss, people affected the most—people who use drugs—fought for the adoption of Harm Reduction approaches and policies. The Massachusetts state legislature is in the process of considering key opioid-related legislation that includes Harm Reduction protections. This legislation will build on a strong record of public health successes in the Commonwealth and is an opportunity to take additional steps necessary to save lives. This issue brief analyzes initiatives based on the latest research on effects of a range of Harm Reduction interventions. It provides promising approaches for consideration for current and future legislative action.

Harm Reduction responses include a set of specific substance use, infectious disease and health interventions such as syringe service programs, naloxone, low-barrier medication for addiction treatment, wound care, HIV prevention, and community drug checking. In addition to extensive scientific evidence of the effectiveness of these responses, Harm Reduction supports people who use drugs with respect, safety, and resources without judgement to reduce the harm of drug use. Massachusetts has advanced Harm Reduction through collaborative efforts of various stakeholders, bringing together local coalitions, members of the Harm Reduction workforce, healthcare providers, state agencies, legislators, and people with lived experience. More actions are needed to address the current complex opioid crisis driven by fentanyl and protect the progress in Harm Reduction to date.

Elevating Harm Reduction is warranted because it is evidence-based, human-centered, cost-effective, stigma-reducing, and it saves lives. A preliminary analysis undertaken for this report using city- and town-level overdose statistics and community drug checking data reflective of the illicit drug supply suggests that recent declines in overdose deaths may be driven by changes in the drug supply and associated with the existence of accessible Harm Reduction services. Communities with Harm Reduction services may be nimbler and more responsive to changes in the drug supply and can more efficiently reach people at high risk of drug-related harm than communities that lack Harm Reduction programming. For a strong healthy future, all residents in Massachusetts deserve these essential services, information, supplies, and capacities.

This report recommends ten **Actions for a Harm Reduction Commonwealth, including imminent actions that the legislature can take to expand Harm Reduction state-wide.** A more thorough rationale and accounting of the actions are contained in the body of the report. The 10 initiatives are based on analysis of the literature, review of other state efforts, and interviews with over 50 local and national experts and Harm Reductionists:

Initiative and Rationale	Action Item(s)
<b>1. Ensure sufficient and equitable access to safe use supplies statewide</b>	
<p>Massachusetts allows individuals and organizations to distribute syringes and safer use supplies freely, yet Department of Public Health (DPH)-funded syringe service programs face unnecessary barriers requiring local board of health approval. Repealing or amending this provision would eliminate delays, enhance public health responses, and ensure equitable access to life-saving supplies and services across the Commonwealth.</p>	<p>This unnecessary and perverse impediment should be removed.</p> <ul style="list-style-type: none"> <li>• Repeal Mass. Gen. Laws Ann. ch. 111, § 21.</li> <li>• Alternatively, revise language of (OS 65) OUTSIDE SECTION 65, Effective 7/1/16 as suggested</li> </ul>
<b>2. Authorize community drug checking statewide.</b>	
<p>Community drug checking is a proven harm reduction strategy that enables individuals to identify the contents of substances before use, reducing risks and informing public health responses. Authorizing statewide drug checking programs in Massachusetts would protect both individuals and program operators, expand access to this life-saving service, and position the state as a leader in harm reduction innovation, technology, and drug trend data.</p>	<ul style="list-style-type: none"> <li>• Authorize community drug checking statewide as part of the “Opioid bill”, since both Senate and House versions approved this as a strategy. Future legislative sessions should consider further supports of community drug checking:</li> <li>• Remove the criminal penalty for the sale of drug checking equipment (e.g., fentanyl test strips)</li> <li>• Include drug checking equipment use as a mitigating factor for reduced sentencing of any drug related crime</li> </ul>
<b>3. Pilot overdose prevention centers (OPCs).</b>	
<p>Public and health professional support in Massachusetts to implement overdose prevention centers (OPCs) is strong. Evidence from multiple reports and existing programs indicate their effectiveness in reducing overdose deaths, slowing disease transmission, and improving public order and safety.</p>	<ul style="list-style-type: none"> <li>• Address legal uncertainties and enact legislation that permits and funds both stationary and mobile OPCs, ensuring flexibility to meet community needs while protecting operators and clients from legal and zoning challenges.</li> </ul>
<b>4. Expand and protect access to medication for opioid use disorder (MOUD).</b>	
<p>Incorporating easy-to-access, low-barrier MOUD is Harm Reduction. Receipt of MOUD is proven to reduce overdose risk and improve health outcomes,</p>	<ul style="list-style-type: none"> <li>• Decriminalize nonprescribed buprenorphine possession.</li> <li>• Improve MOUD access through targeted changes, including</li> </ul>

<p>yet access remains limited because of geographic, financial, regulatory, racial, and system barriers.</p>	<p>removing cost sharing requirements for buprenorphine products</p> <ul style="list-style-type: none"> <li>• Expand and extend telehealth permissions and parity with in-person care and remove barriers to receiving ongoing telehealth care</li> <li>• Amend permissions to increase MOUD access through pharmacies and mobile units to improve access to different geographies and demographic groups</li> </ul>
<p><b>5. Support and protect the Harm Reduction workforce.</b></p>	
<p>The Harm Reduction Workforce is a diverse and evolving sector, deeply rooted in compassion, peer-led initiatives, and lived experience, yet faces significant challenges in sustainability, equity, trauma management, and support.</p>	<ul style="list-style-type: none"> <li>• Strengthen this vital workforce by addressing burnout and barriers to employment</li> <li>• Ensure equitable compensation and training.</li> <li>• Support the growth of affinity groups and advocacy organizations for this workforce</li> </ul>
<p><b>6. Nurture youth &amp; family with Harm Reduction.</b></p>	
<p>Most students don't have ready access to naloxone and other Harm Reduction tools in schools or at home. Harm Reduction policies in schools and community organizations can interrupt the school-to-prison pipeline by replacing punitive measures with supportive, evidence-based interventions. Universal, comprehensive education can promote a safe, equitable and supportive environment for students and staff but long-standing punitive and abstinence-only models dominate. Such outdated approaches link to negative outcomes: more stigma, increased drug use, and death.</p>	<ul style="list-style-type: none"> <li>• Expand access to naloxone, fentanyl test strips, and comprehensive mental health services in schools</li> <li>• Adopt Harm Reduction-focused educational curriculums to reduce overdose, problematic drug use, and improve safety outcomes for youth and families.</li> </ul>
<p><b>7. Rethink criminal legal system and police response to overdose.</b></p>	
<p>Massachusetts' response to substance use reflects a tension between public health and criminalization with policies like the Good Samaritan Law, Section 35 commitments, and naloxone access illustrating progress but also gaps in the approach that</p>	<ul style="list-style-type: none"> <li>• Limit punitive measures and expand equitable access to lifesaving resources like MOUD and naloxone at release and in the courts</li> <li>• Reform Section 35 involuntary civil commitment</li> </ul>

<p>prioritizes public safety over public health. At the same time, crackdowns on visible and chronic homelessness lack protections for help-seeking in an overdose.</p>	<ul style="list-style-type: none"> <li>• Re-evaluate practices such as policed housing sweeps and forced relocations since these exacerbate risks for vulnerable populations. If known in advance, preparation and swift community notification could be helpful in advance.</li> </ul>
<p><b>8. Apply Harm Reduction in housing settings.</b></p>	
<p>Implementing Harm Reduction in housing settings, alongside Housing First principles, can improve housing stability, decrease substance use in public spaces, and increase health outcomes, including for highly vulnerable populations.</p>	<ul style="list-style-type: none"> <li>• Expand low-barrier housing options, integrate Harm Reduction supplies and services therein, and align state and local policies with evidence-based practices.</li> </ul>
<p><b>9. Addressing health-related social needs and social determinants of health is Harm Reduction.</b></p>	
<p>Systemic inequities and structural barriers exacerbate overdose risks, especially in economically disadvantaged and marginalized communities. Discrimination is a social determinant of health and can be a factor in health-related social needs.</p>	<ul style="list-style-type: none"> <li>• Extend income supports</li> <li>• Commit to provision of culturally relevant treatment and care</li> <li>• Involve people with lived and living experience in the design of assistance programs</li> <li>• Apply and enforce the Americans with Disabilities Act (ADA) to protect people with substance use disorder from discrimination in care, housing, education, and the workplace.</li> </ul>
<p><b>10. Act to expand protections for overdose safety and reduce disease transmission.</b></p>	
<p>Massachusetts can strengthen public health by enshrining a right to Harm Reduction services. Building on recent healthcare advancements and the Harm Reduction evidence base, this initiative aligns with global human rights standards and addresses the ongoing overdose crisis while reducing health disparities and infectious disease transmission for everyone, statewide.</p>	<ul style="list-style-type: none"> <li>• Pass a law to secure the right to access Harm Reduction services, supplies, facilities and information because they save lives, mitigate harm, and reduce the risk of infectious disease transmission for all in Massachusetts.</li> </ul>

Harm Reduction *is* public health. Its central role is preventing diseases like HIV and Hepatitis C, empowering wound care, and saving lives from overdose. To expand and enhance these benefits statewide and create a more equitable and sustainable Commonwealth, further investments and bold legislative action on Harm Reduction are needed today. Such actions will benefit

Massachusetts, align scientific evidence with policy, and demonstrate national leadership at this critical time in history.

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## Disclaimers

This report does not represent the views of any of the sponsors, reviewers, or associated institutions but are the views of the authors based on original research and data collection. Statistical analysis related to changes in overdose rates represent preliminary findings that have not been subject to peer review. The analysis performed on state laws and local ordinances does not represent formal legal advice or guidance and further consultation with legal counsel may be necessary. We note that some municipalities in Massachusetts have local ordinances that are more strict or more permissive than state laws that are discussed in this report.

## How The Full Report Is Organized

The full report is organized to provide a comprehensive overview of ten distinct initiatives related to Harm Reduction. Each section includes background information, key challenges, supporting data, action items, and additional opportunities for impact. Appendices offer valuable insights into the historical context of Harm Reduction in the Commonwealth and expand upon background information for specific initiatives. Throughout the report, callout boxes highlight examples of promising and innovative programs, policies, and laws associated with each initiative, serving as practical illustrations of the potential approach.

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<sup>i</sup>Massachusetts Department of Public Health, "Current Overdose Data," Mass.gov, accessed November 19, 2024, <https://www.mass.gov/lists/current-overdose-data>.