



HUMAN SERVICES & VETERANS COMMITTEE

COMMITTEE MEETING

~ MINUTES ~

Tuesday, June 13, 2023

3:00 PM

Sullivan Chamber
795 Massachusetts Avenue
Cambridge, MA 02139

The Human Services and Veterans Committee will hold a public hearing to discuss Overdose Prevention Sites, previously referred to as Safe Consumption Sites

Attendee Name	Present	Absent	Late	Arrived
Marc C. McGovern	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burhan Azeem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alanna Mallon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paul F. Toner	<input type="checkbox"/> Remote	<input type="checkbox"/>	<input type="checkbox"/>	
Quinton Zondervan	<input type="checkbox"/> Remote	<input type="checkbox"/>	<input type="checkbox"/>	3:05 PM

A public meeting of the Cambridge City Council's Human Services and Veterans Committee was held on Tuesday, June 13, 2023. The meeting was Called to Order at 3:00 p.m. by the Chair, Councillor McGovern. Pursuant to Chapter 2 of the Acts of 2023 adopted by Massachusetts General Court and approved by the Governor, the City is authorized to use remote participation. This public meeting was hybrid, allowing participation in person, in the Sullivan Chamber, 2nd Floor, City Hall, 795 Massachusetts Avenue, Cambridge, MA and by remote participation via Zoom.

At the request of the Chair, Clerk of Committees Erwin called the roll.

Councillor Azeem – Present/In Sullivan Chamber

Vice Mayor Mallon – Present/In Sullivan Chamber

Councillor McGovern – Present/In Sullivan Chamber

Councillor Toner – Present/Remote

Councillor Zondervan – Absent*

Present – 4, Absent – 1. Quorum established.

*Councillor Zondervan was marked present and remote at 3:05p.m.

The Chair, Councillor McGovern offered opening remarks and noted that the call of the meeting was to discuss Overdose Prevention Sites, previously referred to as Safe Consumption Sites. Councillor McGovern introduced Alexandra Collins, Assistant Professor at Brown University School of Public Health and noted that Leo Beletsky, Professor at Northeastern School of Law and Sciences, Cassie Hurd, Executive Director of Material Aid and Advocacy Program (MAPS), Dr. Assaad Sayah, Chief Executive Officer for the Cambridge Health Alliance (CHA), and Derrick Neal, Chief Public Health Officer would be joining through Zoom. Also on Zoom were Councillor Nolan, Councillor Simmons, Police Commissioner Christine Elow and Captain Jeremy Walsh from the Cambridge Fire Department.

The Chair, Councillor McGovern gave a presentation titled “Overdose Prevention Sites” (Attachment A), which reviewed what Overdose Prevention Sites (OPS) are and the research and results that follow. Councillor McGovern shared that OPS have been in existence for over 30 years and studies have shown that they save lives, reduce medical costs, and do not lead to concerns such as increased drug use or crimes in neighborhoods.

The Chair, Councillor McGovern recognized Dr. Assaad Sayah who thanked the Chair for having the meeting. He shared that it was an important conversation to have to address the drug crisis in the community and society. Dr. Sayah thanked the City of Cambridge for putting together the Substance Use Advisory Committee, which is Co-Chaired by Commissioner Elow, to address the drug pandemic and work on potential solutions to decrease the use of drugs. Commissioner Elow shared that she is grateful for all the work that has been done so far and looks forward to the discussion. Dr. Sayah introduced Danielle McPeak, Prevention and Recovery Specialist for CHA, who gave an overview of a presentation titled “Substance Use Advisory Committee Updates” (Attachment B). The presentation offered a data review on overdoses in Cambridge and provided updates on harm reduction.

The Chair, Councillor McGovern recognized Alexandra Collins who gave a presentation titled “An Introduction to Overdose Prevention Centers” (Attachment C). The presentation offered information on Overdose Prevention Centers (OPC) operational models, individual and neighborhood impacts of OPCs, and examples of OPCs in the United States which included New York City and Rhode Island. Alexandra Collins also reviewed the plan for Somerville supervised consumption sites and recommendations for Cambridge based on a Somerville Needs Assessment. At the end of the presentation, Alexandra Collins offered suggestions for Cambridge moving forward.

The Chair, Councillor McGovern recognized Leo Beletsky who was available to offer comments on harm reduction and public safety and how to use law as a facilitator to accomplish both. Leo Beletsky noted that with OPC’s it will help reduce calls for emergency responders and allow them to focus on other urgent matters. They shared that globally there has not been one death in OPC facilities. Leo Beletsky reviewed the number of legal issues with OPC facilities, noting that there are federal, state, and institutional levels to consider, and highlighted that OPC would break the same laws on the federal level as cannabis dispensaries.

The Chair, Councillor McGovern recognized Cassie Hurd who gave an overview of MAPS, noting that they work with people who are unhoused, many of whom use drugs that are criminalized. Cassie Hurd shared that MAPS takes guidance from community members to advocate for evidence-based solutions to help the unhoused population. Cassie Hurd shared testimony from four members of their community, who highlighted the importance of OPC’s to help reduce harm and save lives.

The Chair, Councillor McGovern opened Public Comment.

Jim Stewart, 11 Garden Street, Cambridge, MA, First Church Shelter, shared that all lives are important and noted that the evidence shows that OPCs would have a positive impact in the community.

Theresa Young, 240 Albany Street, Cambridge, MA, Baycove, shared that OPCs would provide the support to people who use drugs and allow them to be as safe as possible when they are consuming.

The Chair, Councillor McGovern recognized Councillor Azeem who asked what the future of OPS looks like in Cambridge and offered comments from his work as an EMT. Councillor Azeem shared that he would be in favor of OPS in Cambridge. Councillor McGovern shared that there have been many conversations with administration on OPS over the years and going forward he would be asking the City Manager to create a task force that would look into implementing OPS in Cambridge.

The Chair, Councillor McGovern recognized Vice Mayor Mallon who had a question for Alexandra Collins on their work with Somerville and what the steps and timeline for Cambridge moving forward would look. Alexandra Collins was available to respond noting that they believe an assessment does not need to be done in Cambridge and shared that the quicker the sites can be identified with an opportunity for public education would be best going forward. The Vice Mayor thanked Danielle McPeak for their important work, especially collecting data to provide to the City.

The Chair, Councillor McGovern shared that the City is aware what the needs are to help those in the drug pandemic and the data that has been collected shows that OPC's are something that are necessary in the community. The Chair agreed that public education and having the community be part of the conversation is important moving forward.

The Chair, Councillor McGovern recognized Councillor Toner who asked for clarity on the legal aspects of OPCs and questioned if the federal government has intervened in the ones that are up and running. Leo Beletsky responded and offered an example of a lawsuit on OPCs in Philadelphia and noted that signs are showing that the federal government may be taking a hands-off approach sharing that they are not going to be promoting or funding them, but not going after them either. Councillor Toner asked if Commissioner Elow or Captain Walsh had any thoughts on OPCs in Cambridge. Both Commissioner Elow and Captain Walsh were available to respond and shared that the departments would be in favor of OPC's in Cambridge.

The Chair, Councillor McGovern recognized Councillor Nolan who offered comments on the data that was provided and shared that it is more of a public health issue versus a crime issue. Councillor Nolan shared that having OPCs in Cambridge would not just be about having access to a safe consumption facility, but being able to provide services that can help people in the community.

The Chair, Councillor McGovern recognized Councillor Simmons who shared that they appreciated the discussion and information that was provided from all the speakers. Councillor Simmons noted that importance of community engagement process moving forward, especially with seniors and the business community. Councillor Simmons shared that it is important to be mindful of the community that will be hosting an OPC, and looking at different neighborhoods in the City that can be supportive of having a facility.

The Chair, Councillor McGovern offered closing remarks and shared that he agrees with comments made by other Councillors requiring a good location in Cambridge that would be easily accessible to people, while also looking at the effects it would have in the community, noting that some data shows that communities see benefits when there is an OPC opened in their neighborhood. Councillor McGovern shared that moving forward conversations with the community and providing education on OPCs is very important.

The Chair, Councillor McGovern recognized Dr. Mark Eisenberg for comments. Dr. Eisenberg noted that they are frustrated with the legislative process and does not believe that the City can wait for State Legislature to pass a bill. Dr. Eisenberg shared that they are hopeful that Cambridge will move forward with OPCs. Councillor McGovern noted that sometimes you must challenge the law for things that are important enough to help create change.

The Chair, Councillor McGovern made a motion to adjourn the meeting.

Clerk of Committees Erwin called the roll.

Councillor Azeem – Yes

Vice Mayor Mallon – Yes

Councillor Toner – Yes

Councillor Zondervan – Absent

Councillor McGovern – Yes

Yes – 4, No – 0, Absent – 1. Meeting adjourned.

Attachment A – Presentation titled “Overdose Prevention Sites”

Attachment B – Presentation titled “Substance Use Advisory Committee Updates”

Attachment C – Presentation titled “An Introduction to Overdose Prevention Centers”

Clerk’s Note: The City of Cambridge/22 City View records every City Council meeting and every City Council Committee meeting. This is a permanent record. The video for this meeting can be viewed at:

https://cambridgema.granicus.com/player/clip/524?view_id=1&redirect=true&h=32dbec271a18e4b7d10c64ba1efbf930

A communication was received from Councillor McGovern, transmitting a presentation titled Overdose Prevention Sites.

A communication was received from Mary Kowalcuk, Manager, Mental and Behavioral Health Promotion for the Cambridge Public Health Department, transmitting a presentation titled Substance Use Advisory Committee Updates.

A communication was received from Councillor McGovern, transmitting a presentation titled An Introduction to Overdose Prevention Centers.

Overdose Prevention Sites

Human Services and Veterans' Committee

June 13, 2023

What are Overdose Prevention Sites?

- Previously referred to as Safe Consumption Sites or Safe Injection Sites
- Harm reduction centers that offer a variety of services, including space for people to use pre-obtained substances under the supervision of a medical professional or trained, peer support worker

Research

Overdose Prevention Sites have been in existence for over 30 years in over 11 countries around the world

OPS have been subject to numerous studies that show that OPS save lives, reduce medical costs, and do not lead to concerns such as increased drug use in neighborhoods, increased crime or being "gateways" to drug use

Results in Canada

Effectiveness of harm reduction

Comparative effects associated with the addition of harm reduction measures to injection equipment access programs (Cloutier 2013)

	Access to injection equipment	Access to injection equipment and supervised injection services	Access to injection equipment, supervised injection services and prescription of injectable opioids
Characteristics	<ul style="list-style-type: none"> • Users have access to: - sterile injection equipment - counseling - referral to rehabilitation services 	<ul style="list-style-type: none"> • Users have access to: - sterile injection equipment - counseling - referral to rehabilitation services 	<ul style="list-style-type: none"> • Users have access to: - sterile injection equipment - counseling - referral to rehabilitation services - supervised injection
Effects	<ul style="list-style-type: none"> ↓ equipment sharing ↓ HIV, HCV infection in public places ↓ syringes discarded in public places 	<ul style="list-style-type: none"> ↓ equipment sharing ↓ HIV, HCV infection in public places ↓ syringes discarded in public places 	<ul style="list-style-type: none"> ↓ equipment sharing ↓ HIV, HCV infection in public places ↓ syringes discarded in public places
Comments	<ul style="list-style-type: none"> ↓↓↓ Greater decrease ↓↓↓ Significant decrease ↓↓↓ No change 		

"Harm Reduction Services in Québec: Access to injection and inhalation equipment and supervised injection services; Prevention and response to opioid overdoses," Richard Cloutier, M. Nurs. Public Health General Direction

SOURCE : GOUVERNEMENT DU QUÉBEC, 2014, 23

Services sociaux

Québec

OFFICE OF MAYOR MARC C. MCCOY, MAYOR@CAMERONISMA.GOV

Substance Use Advisory Committee Updates

PREPARED FOR THE JUNE 13, 2023

HUMAN SERVICES AND VETERANS COMMITTEE PUBLIC HEARING



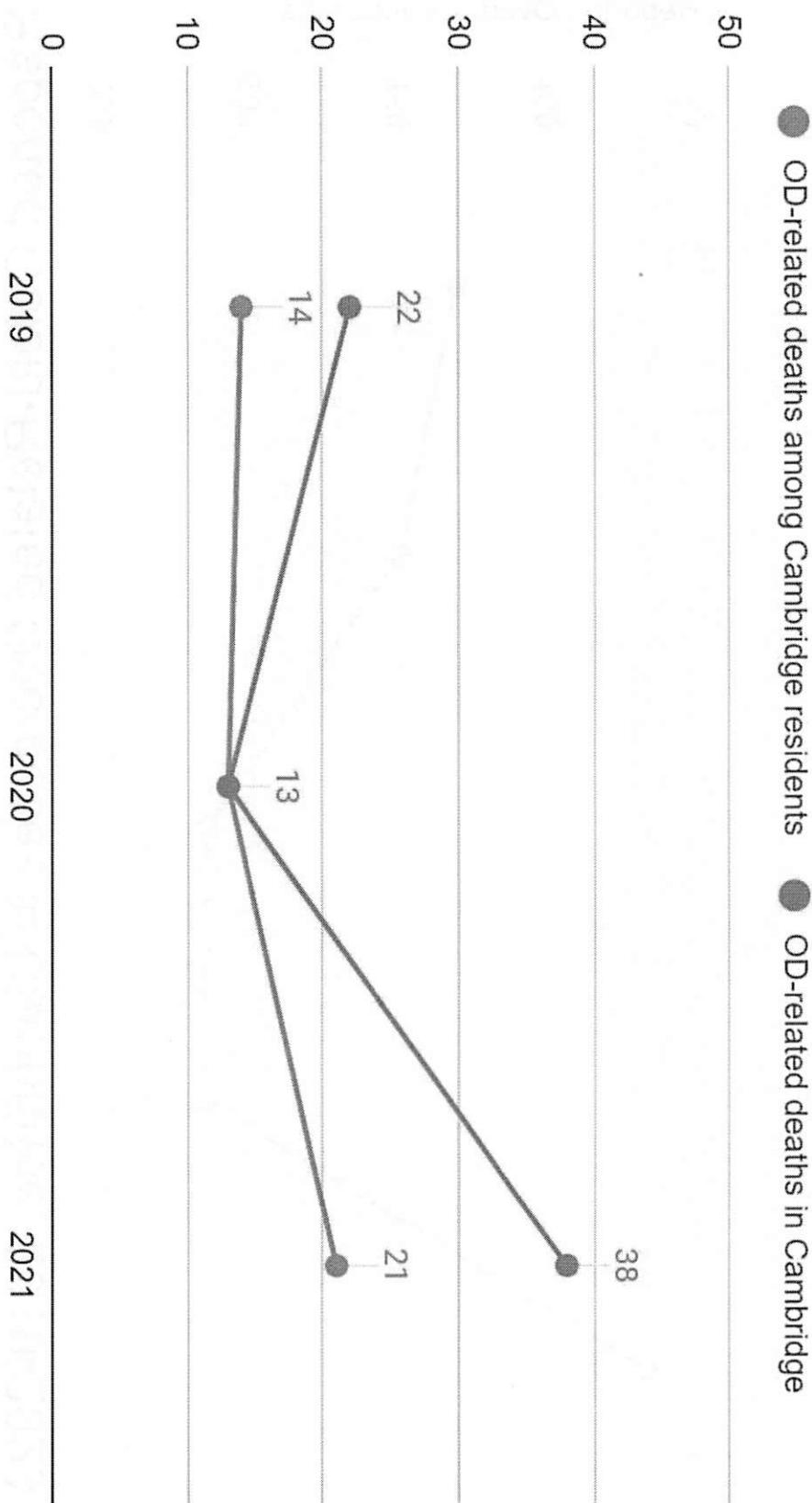
Cambridge
Public Health
Department



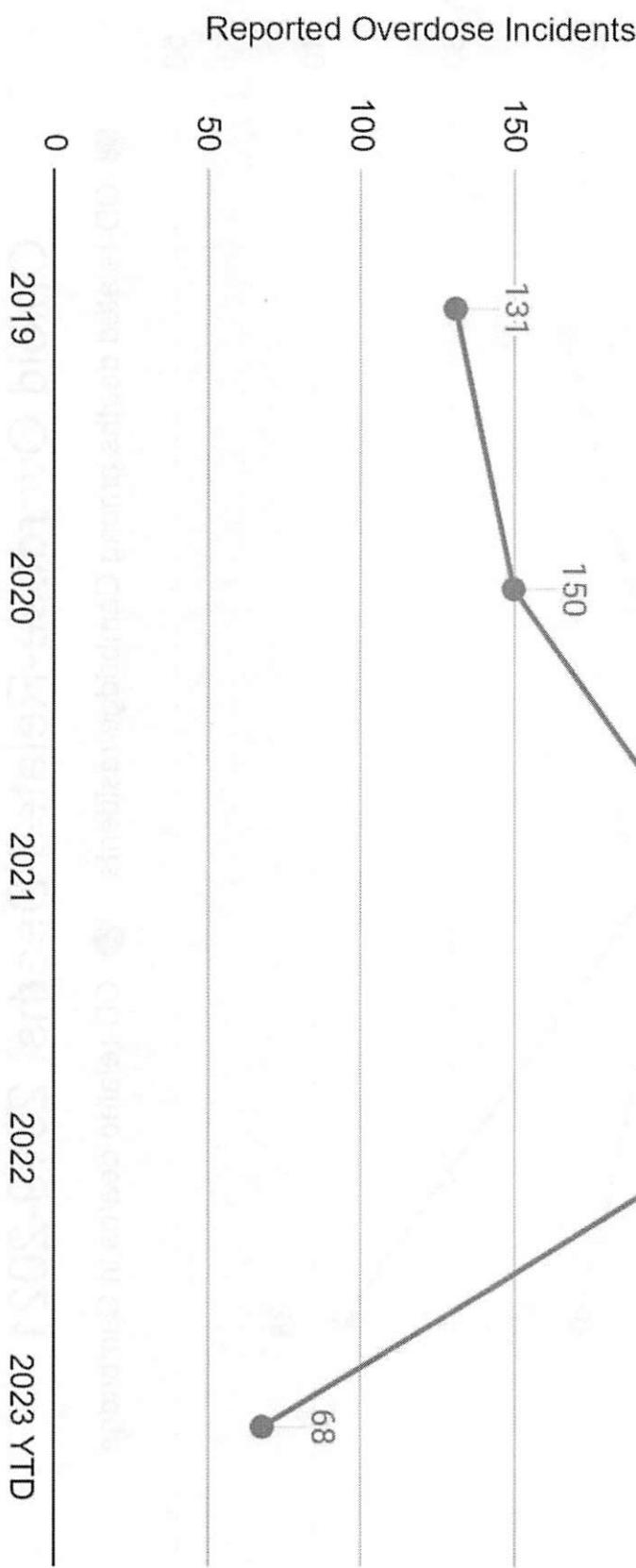
Overdose Data Review

- 2022: 216 non-fatal overdoses
- 2023 YTD: 68
- Average number of incidents per week:
 - 2023 YTD: 3.1
 - 2022: 4.1
 - 2021: 4.6
 - 2020: 3.2
- 2021 fatal overdoses:
 - 21 among Cambridge residents
 - 38 occurred in Cambridge

Opioid Overdose-Related Deaths, 2019-2021



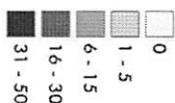
Reported Opioid-Related Overdoses in Cambridge, 2019-2023



Cambridge Opioid-Related Overdoses

By grid
(2019-2021)

Total Number of
Overdoses



The information depicted on this map is for planning purposes only. It is not adequate for legal boundary, definition, regulatory interpretation, or parcel-level analysis.

Produced by:
Metropolitan Area Planning Council
60 Temple Place, Boston, MA 02111
(617) 933-0700

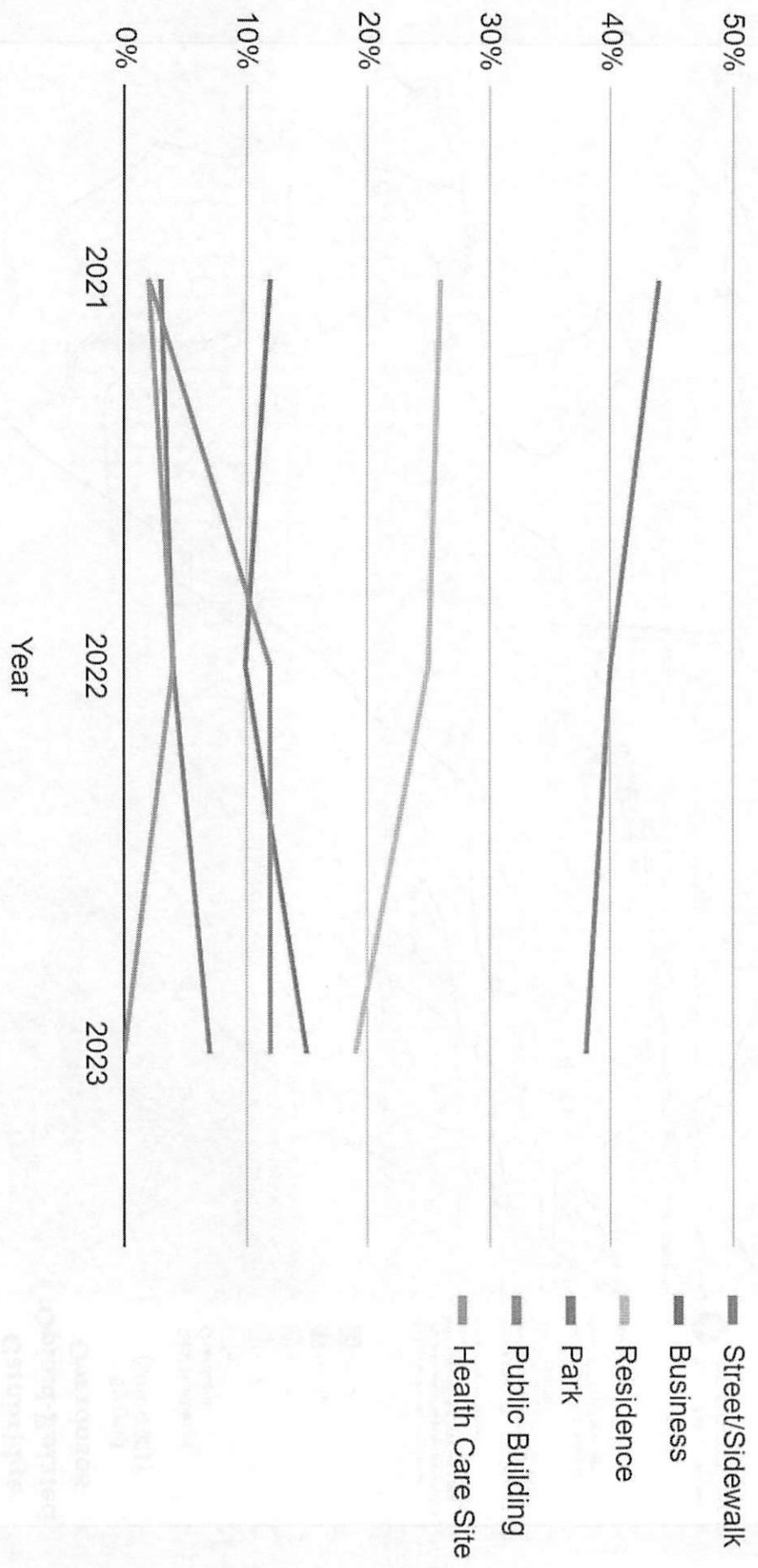
Data Sources: MAPC, MassGIS,
MassDOT, City of Cambridge

January 2023

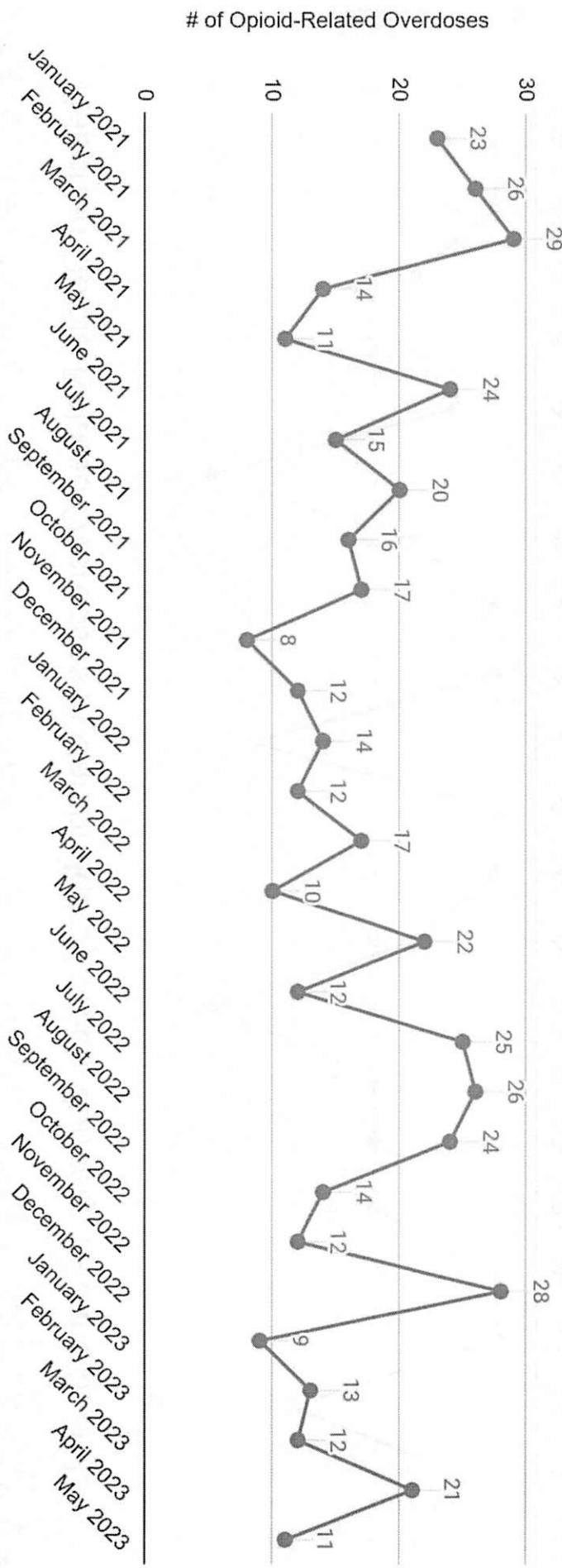
0 0.25 0.5 Miles



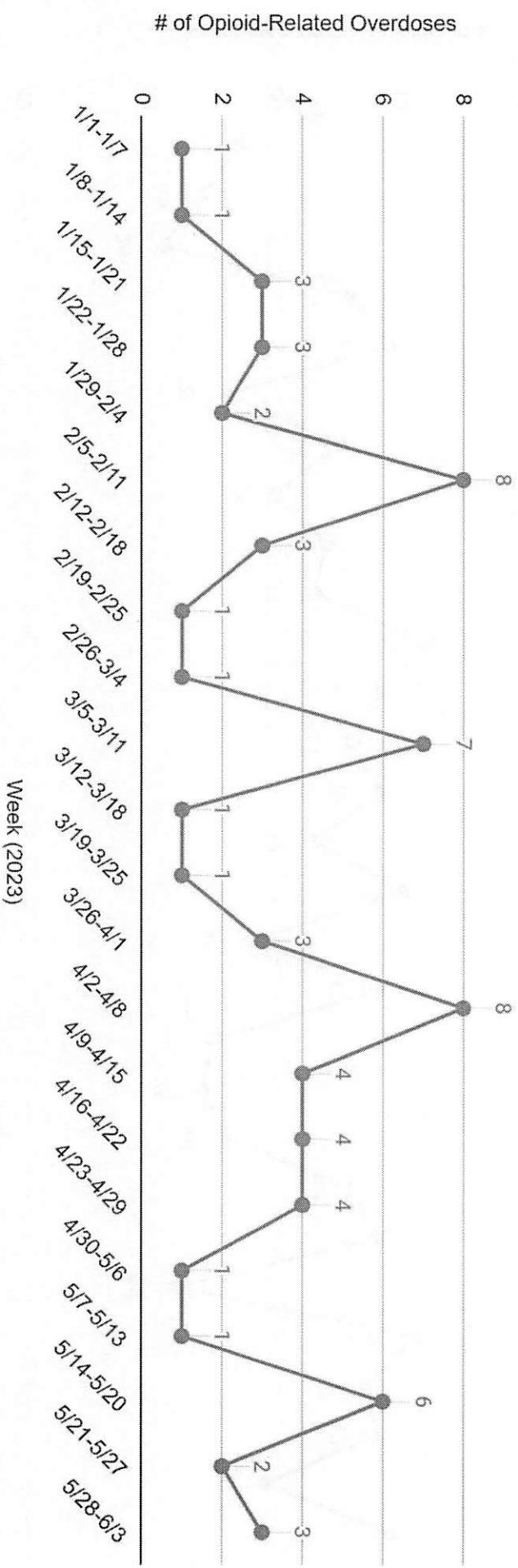
Location of Reported Opioid-Related Incidents over Time, 2021-2023



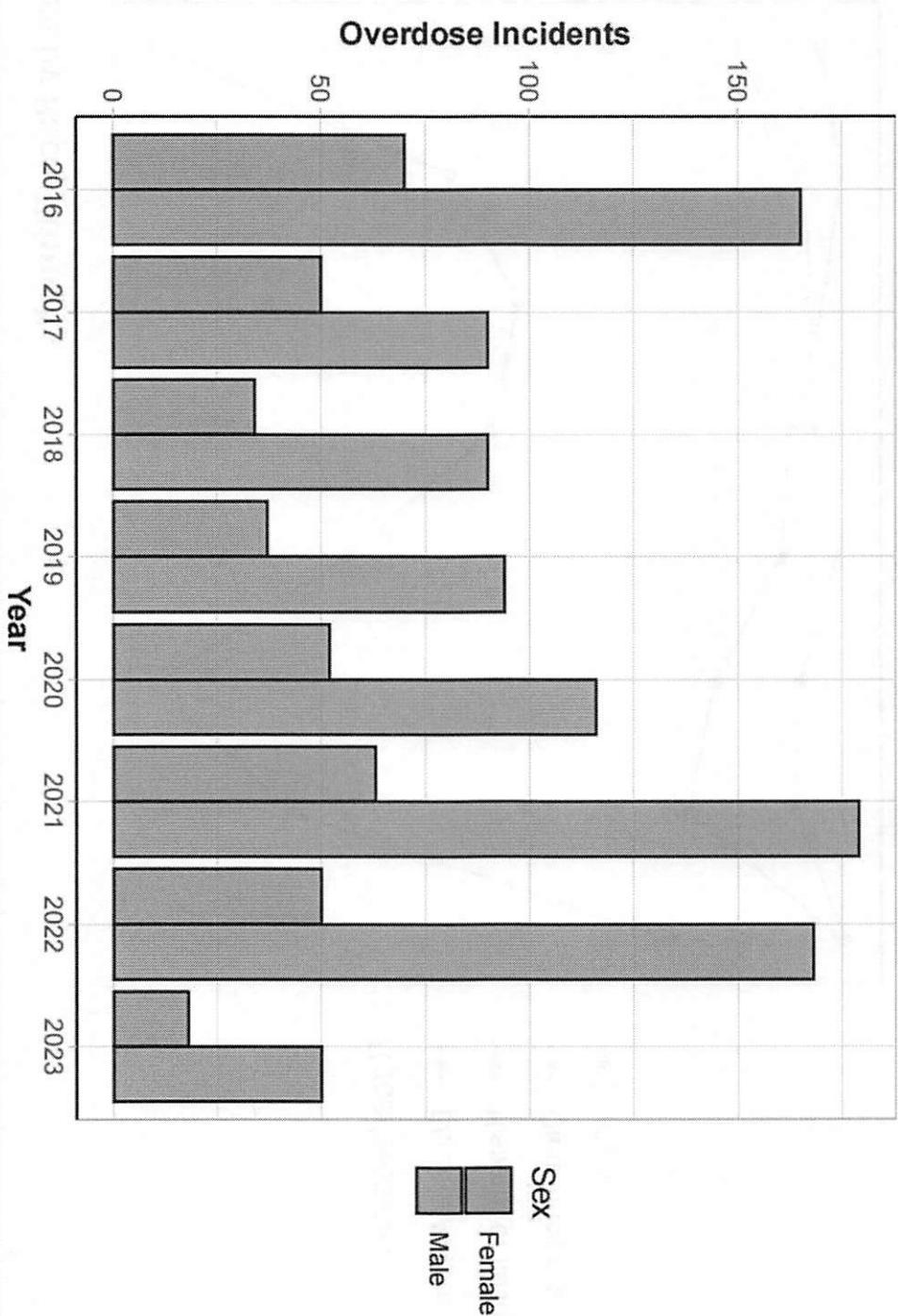
Reported Opioid-Related Overdoses in Cambridge by Month, January 2021 - May 2023



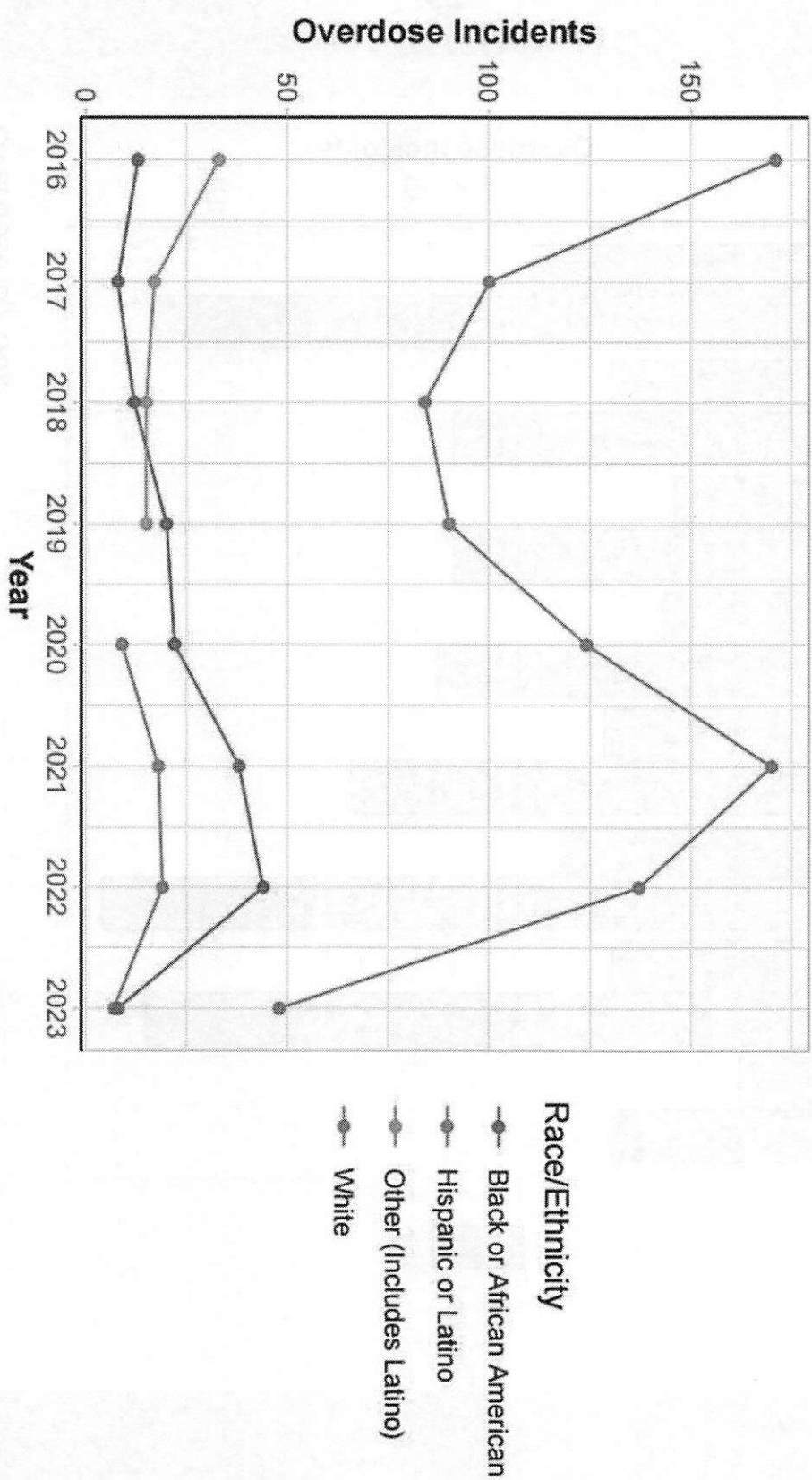
Reported Opioid-Related Overdoses in Cambridge by Week, January 1 - June 3, 2023



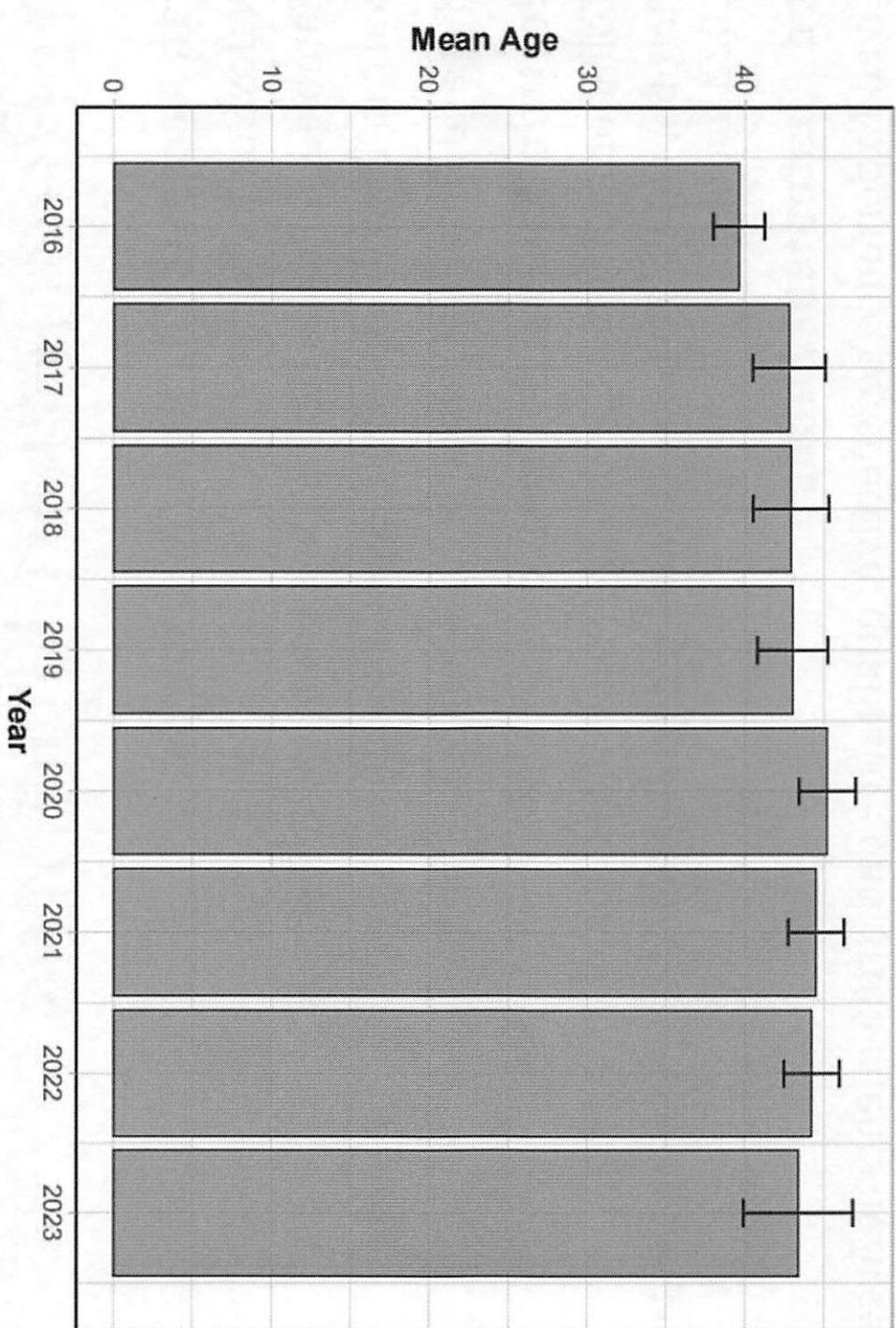
Overdose by Sex



Overdose by Race/Ethnicity



Overdose by Mean Age



Harm Reduction Updates

- **Narcan Accessibility and Awareness**
 - NaloxBox Initiative
 - Cambridge Public Health Department CNPP status
 - Narcan Distribution Events and Overdose Prevention Training
 - Bus and BlueBike public service announcements
- **Medication Takeback Events**
 - Collaboration with Cambridge Police and Council on Aging
 - October 2022: 70 pounds collected (collection data pending for April 2023 event)
- **Opioid Abatement Funds**
 - Lived Experience perspective: qualitative data from clients at Access and Somerville Homeless Coalition

Attachment C

An introduction to overdose prevention centers

Alexandra Collins, PhD

Assistant Professor of Epidemiology, Brown University School of Public Health

Presentation to Cambridge City Council | June 13, 2023



people
place &
health
collective

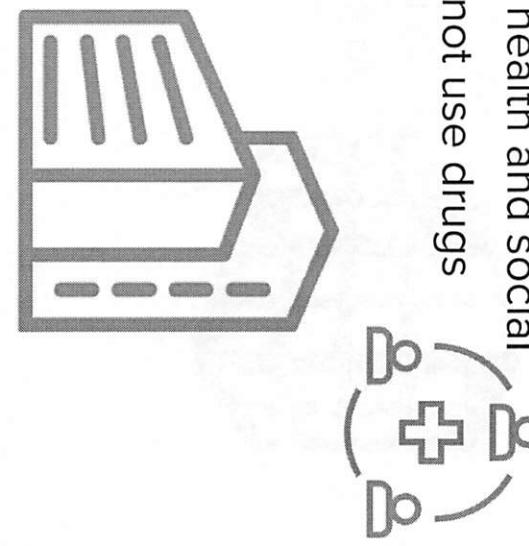
What are overdose prevention centers (OPCs)?

- Overdose prevention centers (OPCs) are places where people who use drugs can use *pre-obtained* substances under the supervision of trained medical and/or peer staff
- Clients can access wrap around medical and social support services, including referrals to treatment programs
- There are approximately 200 OPCs operating in 12 countries using a range of models (e.g., mobile, medical, peer-operated)
- Operate under a range of names, including: supervised consumption sites, harm reduction centers, and drug consumption rooms

OPC operational models

Integrated sites:

- Most common OPC operational model
- OPCs are situated within an existing facility (e.g., a syringe exchange program, community health center) or network of services that provide health and social supports to people who use drugs as well as people who do not use drugs



e.g: counselling, housing case workers, basic medical services, food provision, and other harm reduction services

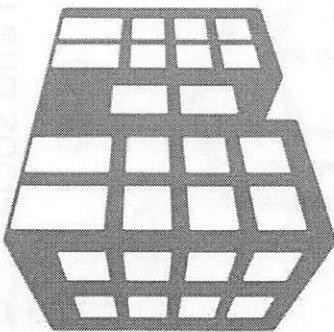
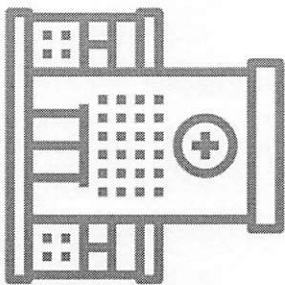
OPC operational models

Stand-alone sites:

- Stand-alone OPCs are distinct facilities whose primary focus is on supervised consumption within a sterile and non-judgemental environment.

Embedded sites:

- Embedded SCS are located within existing services and care systems that do not typically allow non-medical drug use, such as hospitals, shelters, and supportive housing facilities.



WELCOME TO

• *inSite* •

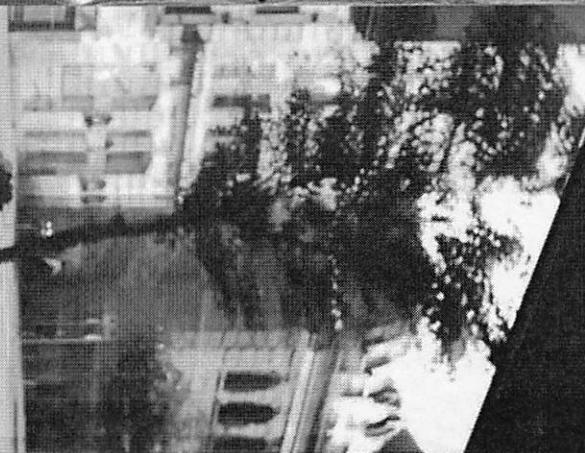


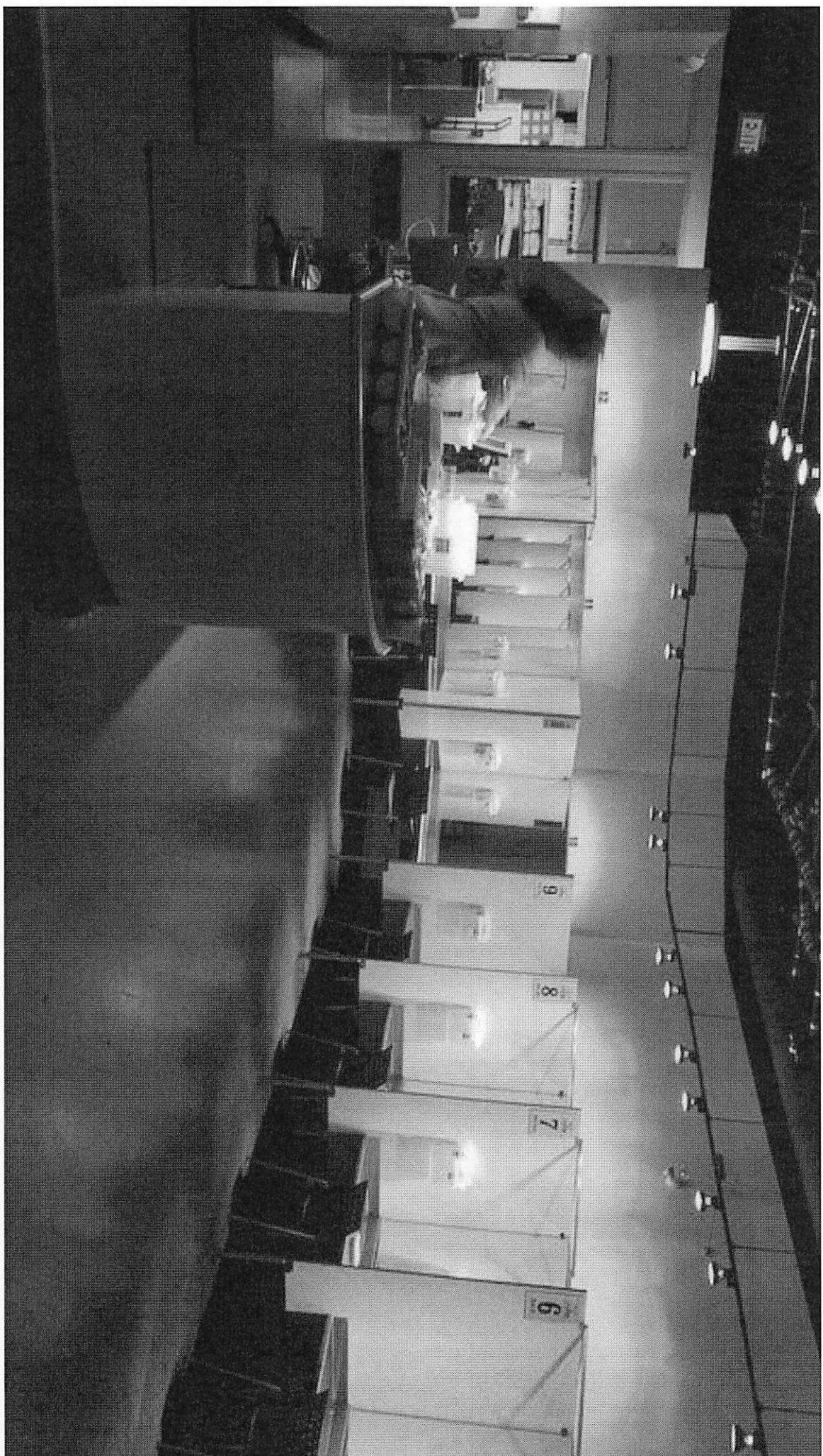
OPEN DAILY
10:00AM - 4:00AM

Front door closes at 3:15 am daily

Ph: 604.OUR.SITE

604



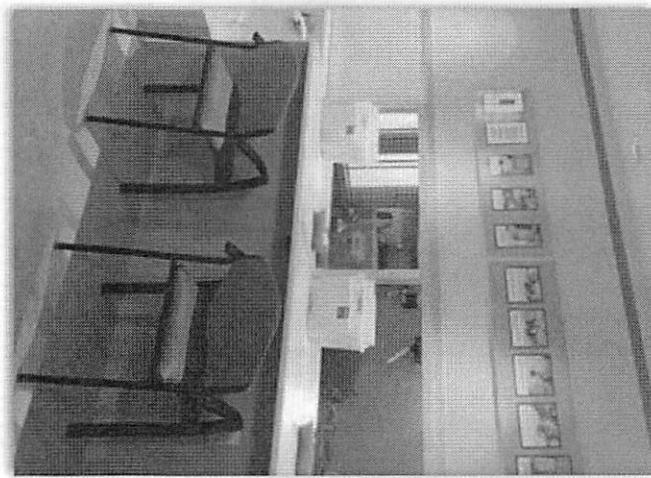




Northreach (mobile)



The Dr. Peter Center
(integrated)



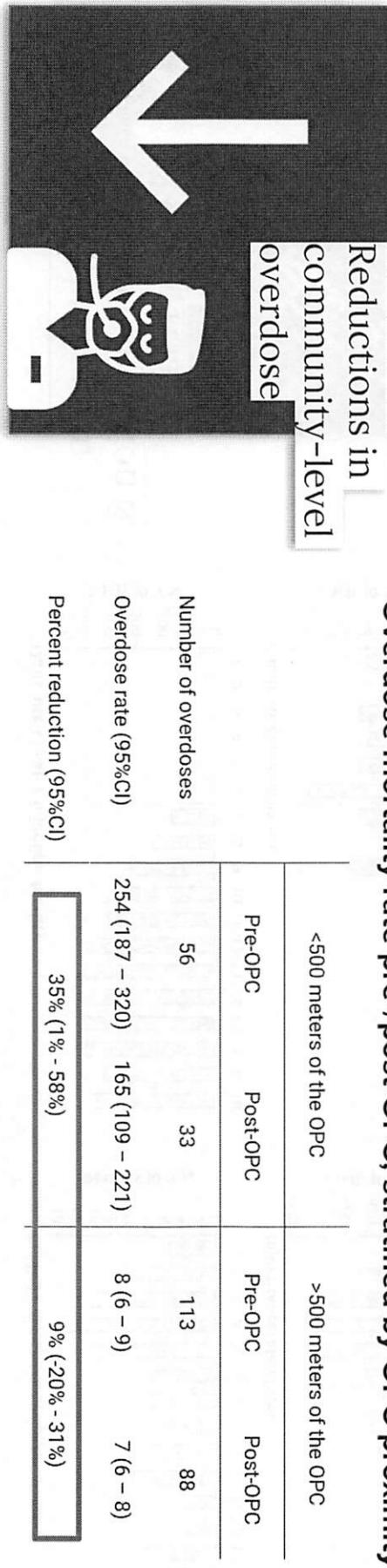
Evaluations of OPCs have shown *individual* impacts:

↑
Increase substance
use treatment
engagement

↓
Reductions in
emergency
department visits

↓
Reductions in
HIV and hepatitis
C transmission

Evaluations of OPCs have shown neighborhood impacts:



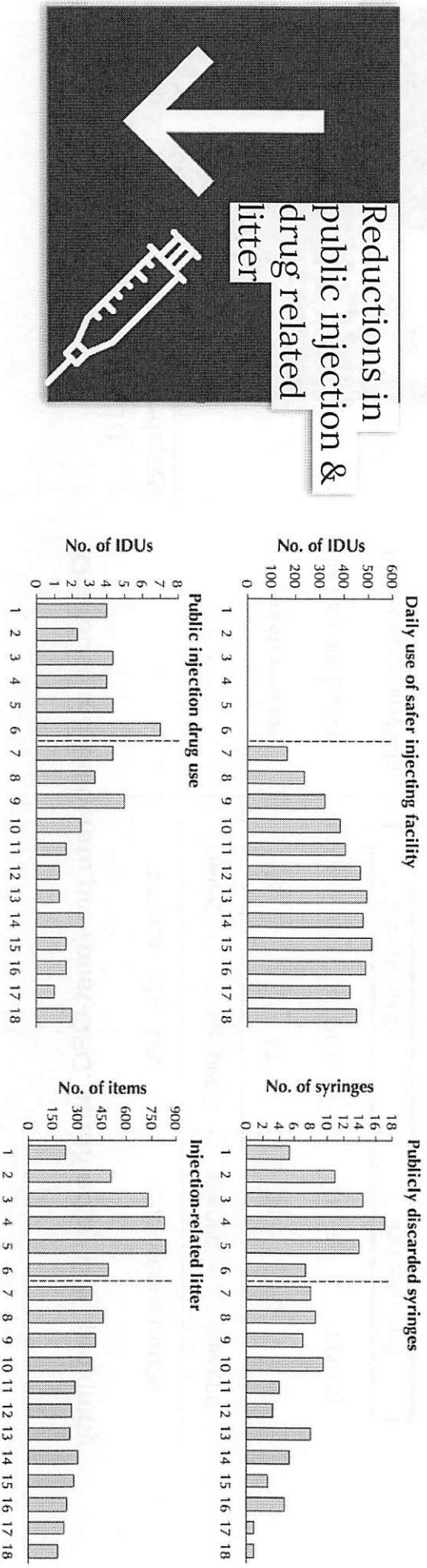
Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study

Brendan D. Marshall, M.R.J., Lang, Evan Wood, Jules S.G. Montague, Thomas Kerr

Summary Overdose from illicit drugs is a leading cause of premature mortality in North America. Internationally, more than 65 supervised injecting facilities (SIFs), where drug users can inject pre-selected illicit drugs, have been opened as part of various strategies to reduce the harms associated with drug use. We sought to determine whether the opening of an SIF in Vancouver, BC, Canada, was associated with a reduction in overdose mortality.

Methods We examined population-based overdose mortality rates for the period before (Jan 1, 2001 to Sept 26, 2003) and after (Sept 27, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. We compared overdose mortality rates within a prior specified 500 m radius of the SIF and for the rest of the city.

Evaluations of OPCs have shown neighborhood impacts:



Evaluations of OPCs have shown neighborhood impacts:

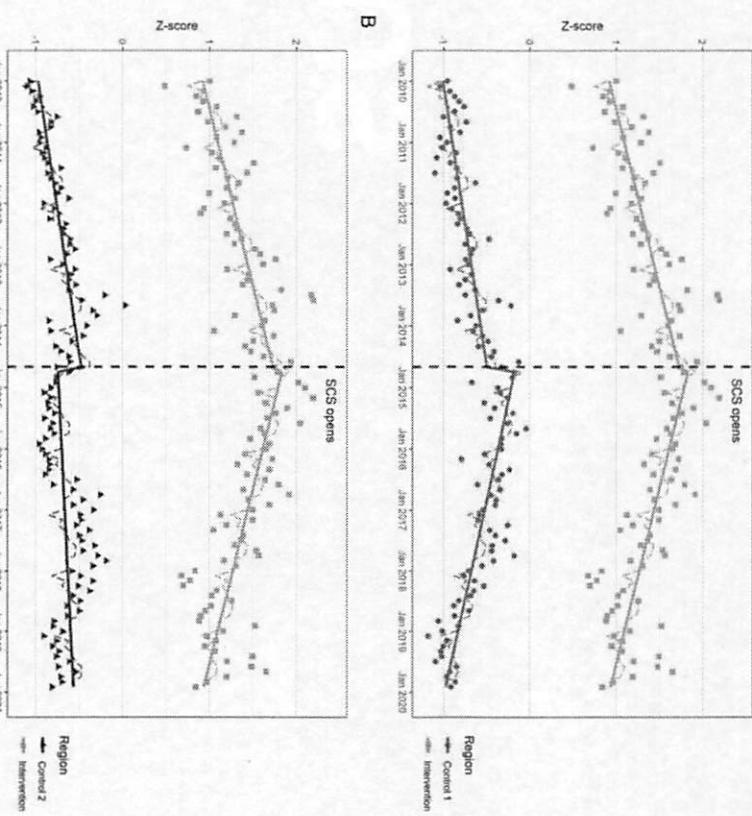
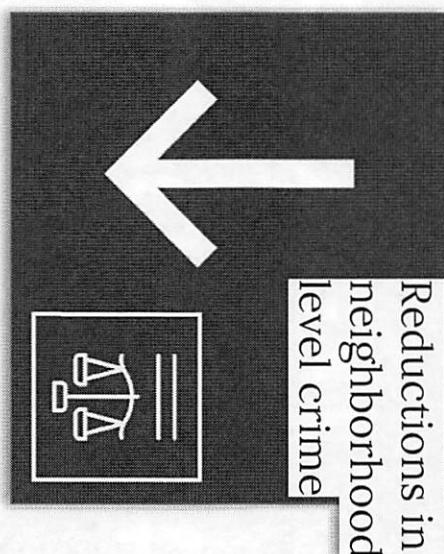


Fig. 2. Monthly standardised counts of police incident reports of assault, burglary, larceny theft or robbery and estimated trends in crime between January 2010 and December 2019 within the 500 m area surrounding the Safe Consumption Site (SCS; Intervention) and two control areas: A: location-based control (Control area 1)

Source: Davidson et al., Drug and Alcohol Dependence, 2021

OPCs in the US
context

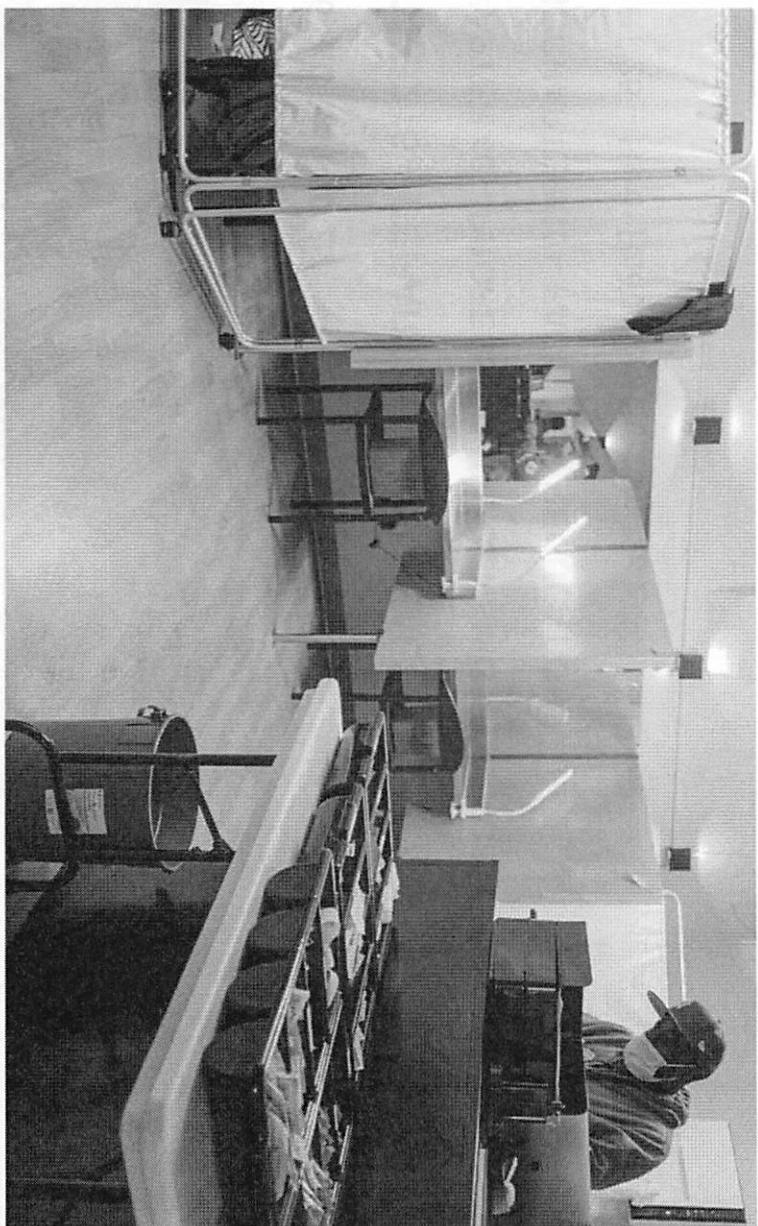
OPCs in the United States: New York City

Two opened in November 2021

Embedded in long-standing syringe service programs

Current sites follow a medical and peer-led model

Since opening, they have been used >70,000 times by over 2,000 clients, and staff have reversed more than 850 overdoses

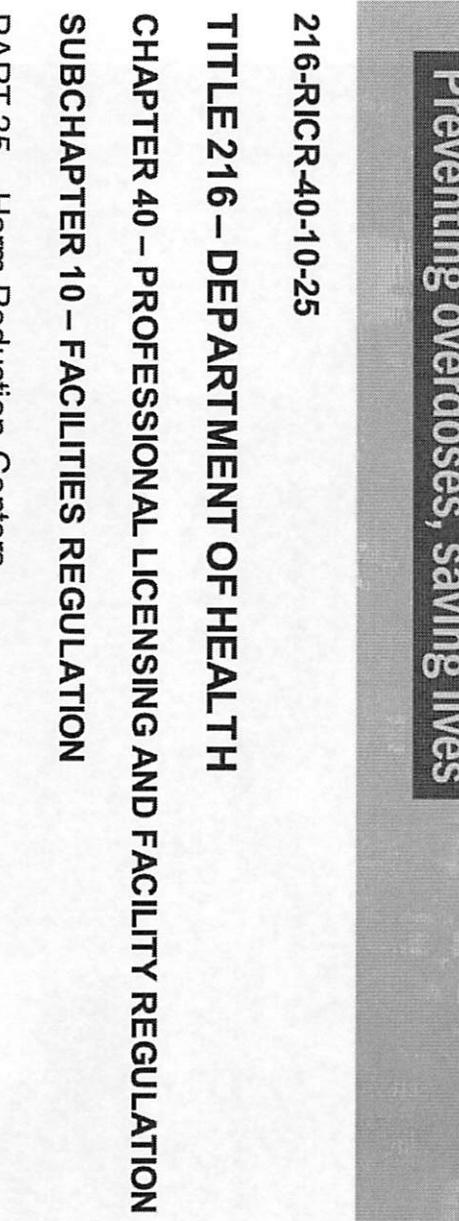


Source: <https://gothamist.com/news/inside-nycs-supervised-drug-injection-sites-the-first-in-the-nation>

OPCs in the United States: Rhode Island

The first state to authorize OPCs through legislation in July 2021

Regulatory framework was finalized by the RI Department of Health in March 2022



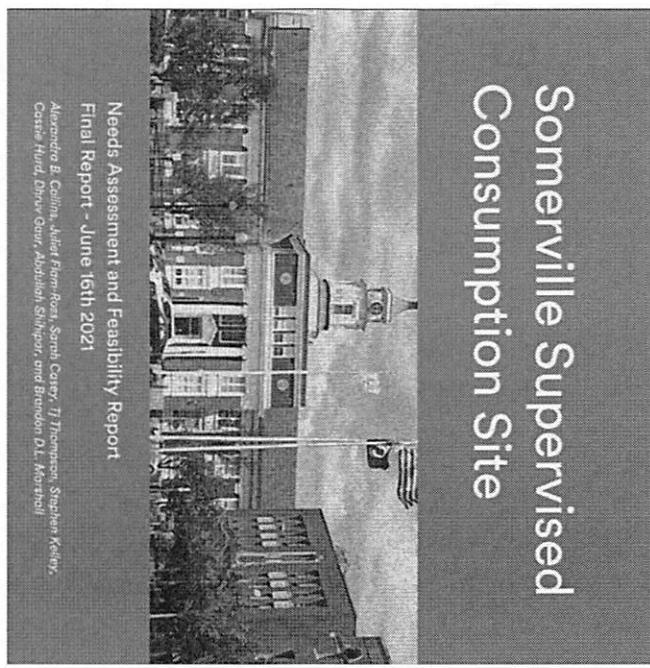
Office of the Commissioner
Department of Health
Rhode Island

Source: RIDOH (<https://health.ri.gov/addiction/about/harmreductioncenters/>)

Somerville needs assessment

Conducted to:

1. Determine conditions under which an OPC would be used or deemed suitable for use by PWUD
2. Determine feasibility of an OPC in Somerville (e.g., operational model, location, etc.)
3. Identify concerns, challenges, and barriers that may be associated with opening an OPC in Somerville



Report:
<https://www.somervillema.gov/departments/programs/somerville-supervised-consumption-site>

Key findings: survey with people who use drugs

- 94%** of participants said they would use an OPC
- 51%** of participants reported at least one overdose in the past year
- 72%** of participants reported daily drug use
- 65%** of participants reported using drugs outdoors

Key findings: focus groups with people who use drugs

Participants described the need for an OPC to offer a range of services and supports including:

- Harm reduction services (e.g., drug testing, harm reduction education)
- Social services (e.g., support groups, social worker, housing supports)
- Health services (e.g., HIV and STI testing, wound care, access to medications for opioid use disorder)
- Basic needs (e.g., food access, nap room)

Barriers and facilitators to OPC use

Facilitators to access:

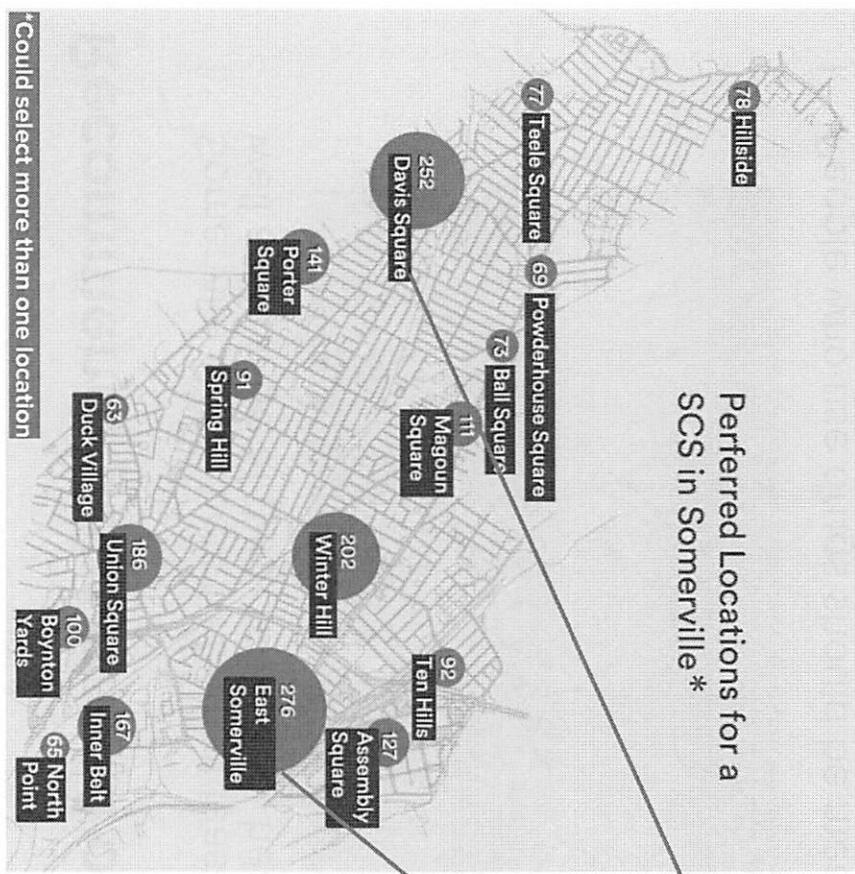
- Anonymity
- Diverse staffing model (peer and medical)
- Wraparound services
- Support for multiple consumption methods

Barriers to access:

- Risk of law enforcement engagement
- Location and accessibility

Key findings: community survey

Preferred Locations for a
SCS in Somerville *



41%
45%

said Davis Square
said East Somerville

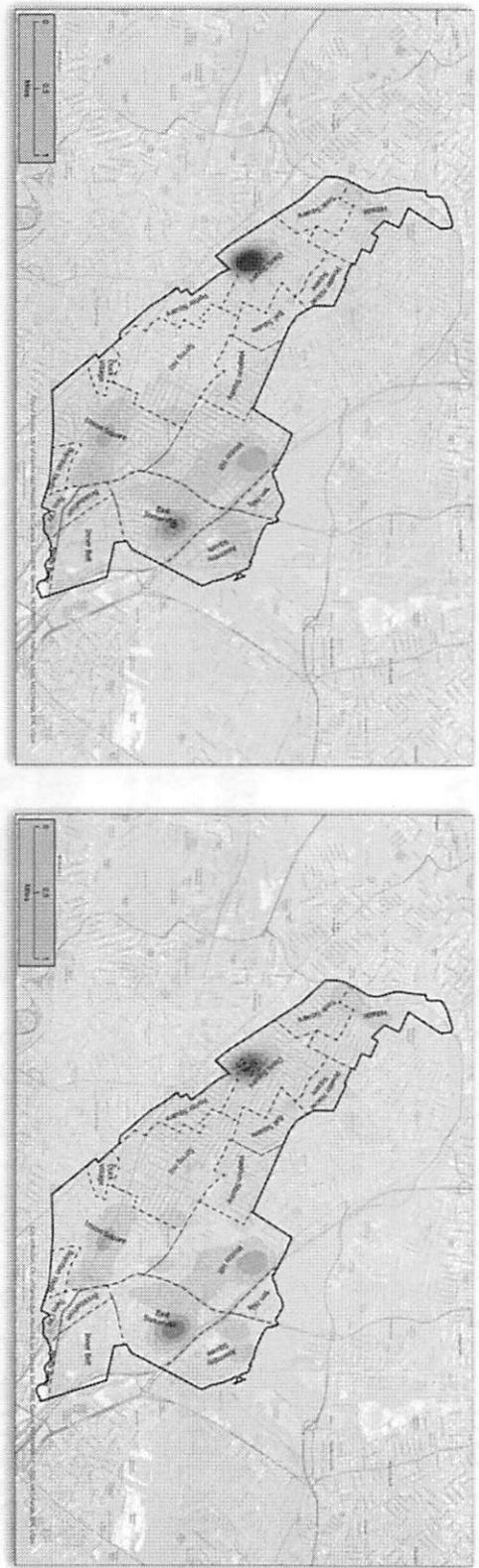
56% said they would have no
concerns with an OPC in
their neighborhood

*Could select more than one location

Surveys with 615 community members

Recommendations based on Somerville needs assessment

1. Somerville would benefit from at least one OPC that includes supervised consumption, as well as a range of harm reduction, health, and social services.



1. People who use drugs should be meaningfully included throughout the planning, design, and implementation processes of an OPC.
2. The City should use a transparent, community-engaged process that includes a range of diverse stakeholders in the planning and implementation of an OPC.

Somerville follow-up

F E N W A Y E D U C A T I O N H E A L T H

Fenway Health was contracted by the City to further explore issues from the needs assessment and feasibility study

Report captures conceptual design and location assessment

Somerville Supervised Consumption Site:
Conceptual Design & Location Assessment

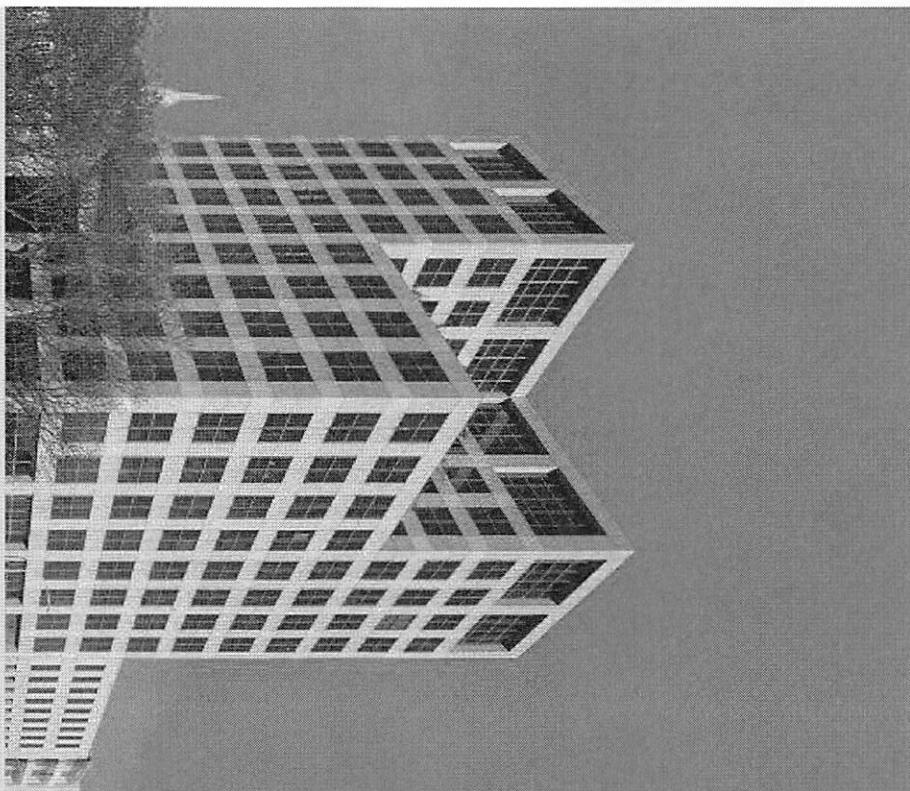
Report produced and submitted to the
City of Somerville by Fenway Health
July 2022

Report available at:
<https://www.somervillema.gov/departments/programs/somerville-supervised-consumption-site>

Suggestions for moving forward

1. Open dialogue between potential OPC operators and the City
2. Legislative or City-sanctioned route
 - a. Public education on OPCs tailored to various audiences
3. Secure funding so an OPC is sustainable (e.g., via opioid settlement funds)

GOALS FOR moving forward



alexandra_collins1@brown.edu
website: pphcollective.org

appreciations: Somerville SCS report authors, study participants, and working group members; partners, staff, and advocates at our local harm reduction and recovery organizations; and Abdullah Shihipar and Brandon Marshall for their assistance with this presentation

keep in touch!



BROWN
School of Public Health