

; 06/19/17 5:07 PM
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;;;Boston City Council 170619

>> WELCOME EVERYONE.
WELCOME TO BOSTON CITY HALL AND
BOSTON CITY COUNCIL CHAMBERS
THIS IS A HEARING ON DOCKET
0819, THE IMPACTS OF
MEDICALLY-SUPERVISED INJECTION
FACILITIES.
I AM THE CHAIR OF THE COMMITTEE,
COMMITTEE ON HOMELESSNESS,
MENTAL HEALTH AND RECOVERY.
I WOULD LIKE TO REMIND EVERYONE
THIS HEARING IS RECORDED AND
BROADCAST LIVE ON COMCAST 82 AND
STREAMED ONLINE AND REPLAYED FOR
FUTURE VIEWING.
I ASK THAT YOU PLEASE TURN OFF
YOUR CELL PHONES OR ANY OTHER
DEVICES THAT MAKES NOISES.
ALSO, IF YOU HAVEN'T ALREADY,
PLEASE SIGN UP FOR PUBLIC
TESTIMONY.
THERE ARE SIGN-IN SHEETS BY THE
ENTRANCE.
IF YOU'D LIKE TO TESTIFY, PLEASE
CHECK THE BOX AND WE'LL HAVE YOU
FOR PUBLIC TESTIMONY LATER IN
THE HEARING.
TODAY WE ARE GOING TO BE
DISCUSSING A VERY
CONTROVERSIAL TOPIC,
MEDICALLY-SUPERVISED INJECTION
FACILITIES.
I WOULD LIKE TO REMIND EVERYONE
THIS IS A CHAMBER, IN CHAMBER IS
WE ARE TRYING TO LEARN AS MUCH
AS WE CAN AND NEED TO HEAR FROM
ALL SIDES.
I EXPECT NO APPLAUSE, SIGNS, NO
USE OF DISCRIMINATORY LANGUAGE.
AND WE WILL HEAR FIRST FROM TWO
HE IS SEEMED PANELS.
EACH PANELIST PRESENTS TO
COUNSELORS AND AN OPPORTUNITY
FOR FOLLOW-UP QUESTIONS.
WE WILL THEN START WITH PUBLIC
TESTIMONY.
YOU WILL BE CALLED UP IN THE
ORDER OF APRIVATAL.
PLEASE KEEP REMARKS TO NO MORE
THAN TWO MINUTES IF YOU CAN.

YOU MAY ALSO SUBMIT WRITTEN
TESTIMONY, WHICH WE RECEIVED
QUITE A BIT OF.
WE ARE FACING AN OPIOID CRISIS.
THE NUMBER ONE CAUSE OF
ACCIDENTAL DEATHS CLAIMING
NEARLY SIX LIVES EVERY DAY.
AS THE REGION'S CAPITAL, NOT
JUST THE STATE, IT IS ON THE
FRONT LINES OF THIS BATTLE.
WE HAVE TO BE PRO ACTIVE, AND TO
MAKE SURE THAT WE ARE PART OF
THIS CONVERSATION.

THERE IS ONE HAPPENING AT THE
STATE HOUSE AND THIS
CONVERSATION SHOULD NOT BE
HAPPENING WITHOUT THE CITY AT
THE TABLE.

WE ARE THE KEY STAKEHOLDERS AND
THAT'S WHY WE'RE HERE TODAY.
I LOOK FORWARD TO A PRODUCTIVE
AND RESPECTFUL HEARING AND WANT
TO THANK MY COLLEAGUES, FRANK
BAKER FOR THE HEARING ORDER ON
THIS ISSUE.

AND ALSO LIKE TO RECOGNIZE
AND RECEIVED A LETTER FROM
CAMPBELL UNABLE TO ATTEND THE
HEARING BUT WILL REVIEW THE
VIDEO AND LOOK FORWARD TO
PARTICIPATING IN THE
DISCUSSIONS.

GOING RIGHT TO THE PANEL?
WE ARE GOING RIGHT TO THE PANEL
WE HAVE LARGE CROWD TODAY AND
LOTS OF PUBLIC TESTIMONY AND
WANT TO BE AS EFFICIENT AS
POSSIBLE WITH OUR TIME.
I REMIND THIS IS THE INITIAL
CONVERSATION, THE FIRST
CONVERSATION.

THERE ARE MANY MORE
OPPORTUNITIES TO DISCUSS.

IF WE CAN GO THROUGH
AND INTRODUCE OURSELVES, I HAVE
FIRST ON THE LIST DR. HENRY

LAWRENCE DORKIN.

I KNOW I INTRODUCED MYSELF AND
GOT MIXED UP.

IF YOU WOULD LIKE TO INTEREST
DUES YOURSELF AND GET STARTED.

>> I AM A PEDIATRIC LUNG
SPECIALIST PRACTICING IN BOSTON

AND PRESIDENT OF THE MASSACHUSETTS MEDICAL SOCIETY. I FIRST THANK THE CHAIR AND COUNSELORS FOR HAVING THE HEARING AND I THINK IT'S VERY IMPORTANT.

WITH THE MEDICAL SOCIETY, WE ARE CONCERNED ABOUT THE OPIOID CRISIS, AS IS EVERYONE.

SO ON THE FIRST SLIDE TWO GRAPHS AS THE AVERAGE OPIOID DEATH RATES PER 100,000 AND THE FIRST IS 2001-2005.

AND AS YOU CAN SEE THE AREAS AROUND THE DEBATE IN BLUE AND DARK BLUE SIGNIFY WHERE WE ARE HAVING A PROBLEM, AND IT IS PRETTY MUCH EVERYWHERE THAT WE'RE HAVING THIS ISSUE.

IN ORDER TO HELP MITIGATE THE EPIDEMIC, MEDICAL SOCIETY IS PRESCRIBING HABITS AS WELL AS PHYSICIANS AND PATIENTS.

WE OFFER FREE CONTINUING MEDICAL EDUCATION MODULES USED BY 10,000 PHYSICIANS, NURSE PRACTITIONERS AND OTHER SUBSCRIBERS WORKING HARD TOWARDS THE PARTIAL LEGISLATION, EDUCATION TOWARDS MEDICAL STUDENTS, AND REDUCED PREDESCRIBING.

TRYING TO PREVENT DEPENDENCY, AND BETWEEN 2015 AND 2016 SEEING MORE THAN A 20% DROP IN THE NUMBER OF OPIOID PRESCRIPTIONS. UNFORTUNATELY, THE EPIDEMIC CONTINUES WHILE THE FRACTIONAL DEATHS IS SLOWING THE TOTAL SIN INCREASING UNTIL WE LOST 2,000 CITIZENS FROM THE COMMONWEALTH IN 2016.

THIS IS WHAT A SUPERVISOR ADVISED INSPECTION FACILITY LOOKS LIKE.

BASICALLY, THEY ARE INTERESTED HARM REDUCTION FACILITIES TO TRY TO REDUCE OVERDOSES AND OTHER HARMS ASSOCIATED WITH ILLEGAL DRUG USE.

IT'S A LEGALLY-APPROVED PUBLIC HEALTH FACILITY THAT OFFERS AN ENVIRONMENT WHERE PEOPLE CAN INJECT PREVIOUSLY-ACQUIRED DRUGS UNDER STAFF WHO WILL INTERVENE

IF THE PEOPLE GET INTO TROUBLE.
IMPORTANTLY, THEY DO NOT UNDER
ANY CIRCUMSTANCES SUPPLY ELICIT
DRUGS TO THE PATIENTS.

IT IS DRUGS THE PATIENTS HAVE
THEMSELVES, AND WERE NOT LIKE A
FACILITY LIKE THIS, THEY WOULD
BE INJECTING SOMEWHERE DOWN A
DARK ALLEYY WITHOUT SUPPORT
AROUND THEM.

IN 2016, THE MEDICAL SOCIETY
HOUSE OF DELEGATES SAID THE MSS
SHOULD HAVE AN INTERNAL-EVIDENCE
BASED STUDY OF THE REGULATIONS
AND FEASIBILITY OF THE INJECTION
FACILITY IN MASSACHUSETTS WITH A
REPORT BACK TO THE BOARD OF
TRUSTEES AND THE HOUSE OF
DELEGATES NO MATTER THAN A17,
OCCURRING IN APRIL.

AND WE TRIED TO SPARE NO
COMMUNITY, COMMUNICATION IN
OTHER PARTS OF THE WORLD DOING
THESE, AND OTHER PARTS OF THE
UNITED STATES ALSO INTERESTING,
ALTHOUGH THERE ARE NONE APPROVE
ANYWHERE.

WE DEALT THE DATA WAS SOMEWHAT
SPELLING.

LOOK AT THE VANCOUVER OVERDOSE
DECREASED BY 35%.

IF THAT WERE TRUE HERE, 75
PEOPLE WOULD NOT HAVE DIED.
THESE ARE MOTHERS AND FATHERS,
BROTHERS AND SPOUSES AND THERE
WAS A RATE OF INCREASE IN PEOPLE
ENTERING DETOXIFICATION.

NO RECORDS OF NEGATIVE
CONSEQUENCES TO THE COMMUNITIES.
IN FACT, SEVERAL OF THE GROUPS
THAT AT FIRST WERE RELUCTANT TO
SEE THIS GO THROUGH IN CANADA,
NAMELY PEOPLE IN THE LOCAL
COMMUNITIES, WHEN IT CAME UP FOR
RENEWAL THEY WERE AMONG THE
STRONGEST SUPPORTERS.

DEATHS WERE DOWN, THE
DISTRIBUTION OF PARAPHERNALIA
AND DRUGS WERE DECREASED
SIGNIFICANTLY.

THERE WAS LESS CRIME, AND IN
FACT A RECENT STUDY OF JOHNS
HOPKINS FOUND THERE WOULD BE A
SIGNIFICANT DECREASE IN MEDICAL

CARE COSTS.

AN ANNUAL COST OF \$1.8 MILLION FOR A SINGLE WOULD GENERATE SAVINGS.

>> THERE IS LITTLE CHANGE IN DRUG DEALS, NO INCREASE IN CRIME.

AND OUR STAFF HAS SPOKEN TO THE MEDICAL OFFICERS IN VANCOUVER, AND THEY SAID IN THE AREA AROUND IT IS NOT ONLY BETTER, NOT ONLY DEATH RELATED TO PEOPLE USING THEM.

AND THE DATA AND SUPPORT CONTINUE.

AT THE ANNUAL MEETING OF THE MEDICAL SOCIETY THE REPORT WAS APPROVE WITH A VOTE OF 193 TO 21.

THEREFORE WE FELT THIS WAS SOMETHING WE SHOULD APPROACH STATE AND CITY TO PUT TOGETHER A TASK FORCE RUN BY THE GOVERNMENT IN ORDER TO FIGURE OUT, FIRST OF ALL IF WHAT WE FOUND IN THE REPORT IS APPLICABLE IN MASSACHUSETTS.

IF SO, WHERE WOULD BE THE APPROPRIATE PLACES TO CONSIDER A

PILOT PROJECT?

CLEARLY NEED MORE INFORMATION AS BEST WE CAN.

IT IS A COLLABORATIVE EFFORT. WHERE DO WE GO FROM HERE, YOU STATED EARLIER, IT IS FACT-FINDING AND THERE IS A LOT FOR INFORMATION TO GET, BUT HOPE THOSE WHO USE THE 69-PAGE REPORT FROM THE TASK FORCE PUT TOGETHER AS A BASIS FOR FURTHER INVESTIGATION, THANK YOU.

>> THANK YOU.

I PROBABLY SHOULD HAVE STARTED WITH OUR EXECUTIVE DIRECTOR FOR THE BOSTON HEALTH COMMISSIONER AND I DON'T KNOW IF YOU HAVE A PRESENTATION TO SHARE OR DEVIN LARKIN, THE BUREAU OF RECOVERY AS FAR ASS WOULD LIKE TO GO NEXT.

>> THANK YOU, GOOD AFTERNOON COUNSELORS AND MEMBERS OF THE CITY.

I AM THE EXECUTIVE OF THE BOSTON HEALTH COMMISSION AND JOINED BY MR. LANKFORD INE -- LARKIN AND THANK YOU FOR LETTING US JOIN YOU.

WHAT A LOT OF COUNTRIES ARE GRABBING WITH LOOKING AT INTERVENTIONS.

STRATEGIES NEED TO LOOK ACROSS PREVENTION, TREATMENT, CRIME REDUCTION AND RECOVERY SERVICES. THE CRISIS IN OUR CITY IS A CHALLENGE THAT HAS REQUIRED CREATIVE THINKING AND STRONG PARTNERSHIP.

AND I SHARE MAYOR WELSH'S DEEP COMMITMENT TO ADDRESSING THE CHALLENGE.

WOULDN'TED TO SHARE SOME INFORMATION IN THE CITY. CANCER THE PRIMARY CAUSE 2011 TO 2015, HEART DISEASE THE SECOND LEADING CAUSE BETWEEN 2011 AND 2013 BUT WAS RELAYS -- REPLACED BY ACCIDENTS AND THAT INCLUDES UNINTENTIONAL DRUG OVER DOSES. ACCOUNTING FOR 71% UNDER AGE 65, AND WOULD RANK THIRD IN OUR RANKING SCHEME IN TERMS OF THESE HEALTH CONDITIONS.

MY COLLEAGUE WILL GO INTO MORE DETAIL AROUND EXISTING SERVICES OFFERED FOR PEOPLE SEEKING RECOVERY, AS WELL AS THE SIGNIFICANT PREVENTION EFFORTS THAT THE CITY SENTENCE GAUGING IN.

I WANTED TO TOUCH ON SOME ACHIEVEMENTS WE MADE TODAY. THE INVESTMENT THROUGH THE CITY TO EXPAND INTERVENTION WITH 311 DOUBLED THE WEEKLY CONTACTS AND INCREASED CAPACITY TO MAKE CONNECTIONS TO VITAL RECOVERY SERVICES.

WE NOW SEE BETWEEN 130 AND 150 VISITS EACH WEEK AND ARE STILL AVERAGING FOUR TO FIVE NEW CLIENTS EACH DAY.

AND INVESTING IN A NEIGHBORHOOD ENGAGEMENT TEAM FOR TREAT OUTREACH.

OVERDOSE INFORMATION AND CORRECTING WITH STREET OUT REACH

AND RECOVERY SHELTER IN THE NEW
MARKET SQUARE AREA.
WORKS SEVEN DAYS A WEEK,
INCLUDING HOLIDAYS AND BAD
WEATHER.

SINCE THE BEGAN IN AUGUST OF
2016, THE TEAM COMPLETED 12,000
ENGAGEMENT ACTIVITIES INCLUDING
THE NUMBER OF HOURS ON STREET
OUTREACH, NUMBER OF PEOPLE THEY
ENGAGED WITH, THE NUMBER OF
PEOPLE ACTUALLY OFFERED SERVICES
INCLUDING OVER 800 REFERRALS TO
SHELTERS AND TREATMENT PROGRAMS.
IN ADDITION TO THE PAST PROGRAM
AND STREET ENGAGEMENT, THERE
WERE MANY OTHER ACCOMPLISHMENTS.
DELIVERED OVER 600 OPEN OPIOID
TRAININGS AND COLLECTED
SYRINGES.

AND I AM PROUD OF THE SUPPORT
FOR THE INITIATIVES.

WE HAVE A NEW INITIATIVE I
WANTED TO HIGHLIGHT WHICH WILL
EXTEND OUR HOURS OF OPERATIONS
TO 7:00 P.M. WEEK NIGHTS AND
9:00 A.M. TO 4:00 P.M. ON
WEEKENDS.

IT WILL STRENGTHEN THE WORK TO
ENSURE THE SYSTEM IS AS EASY TO
NAVIGATE AS POSSIBLE FOR THOSE
WHO NEED IT.

IN BOSTON WE ARE COMMITTED TO
FIGHTING THE OPIOID
HE -- EPIDEMIC AND PROVIDING
SERVICE.

AND TURNING IT TO DEVIN TO
DISCUSS OUR PROGRAMS AND
SERVICES, AND THANK YOU FOR THE
OPPORTUNITY TO BRING US ALL
TOGETHER TO SPEAK ABOUT THIS
IMPORTANT ISSUE.

>> THANK YOU, MONICA.

>> GOOD AFTERNOON COUNSELORS AND
MEMBERS OF THE COMMITTEE.

AND THANK YOU FOR THE
OPPORTUNITY FOR TESTIMONY FOR
TODAY'S HEARING.

THE CORE FUNCTION OF THE BOSTON
HEALTH COMMISSION IS PROVIDING
CRITICAL ADDICTION AND RECOVERY
SERVICES.

AS WE KNOW, OPIOID ADDICTION IS
A BIG PROBLEM.

AND CARE FOR INDIVIDUALS,
FAMILIES AND COMMUNITIES
AFFECTED BY SUBSTANCE ABUSE
DISORDERS.

WORKING TO MAKE SURE THE SYSTEM
IS EASY TO NAVIGATE AS POSSIBLE
FOR THOSE WHO NEED OUR SUPPORT.
IN PARTNERSHIP WITH
COMMUNITY-BASED PROVIDERS THUT
THE CITY WE OFFER PROGRAMS AND
RESOURCES AIMED AT SUPPORTING
THE TREATMENT AND RECOVERY OF
THOSE IMPACTED BY ADDICTION.
WE FOUND THE DEFENDANT WAY TO
ATTACK IT IN BOSTON IS WORKING
COLLABORATIVELY WITH NEIGHBOR
ASSOCIATIONS, NON-PROFIT GROUPS,
TREATMENT PROVIDERS AND MULTIPLE
STATE DEPARTMENTS TO PROVIDE THE
BEST SERVICES.

MAYOR'S OFFICE AND BUREAU OF
RECOVERY SERVICE PARTNERED WITH
BOSTON CMS, BOSTON POLICE AND
FIRE TO ENGAGE WITH RESIDENTS
POST-OVERDOSE AND PROVIDE ACCESS
TO CARE AND SERVICES IN THEIR
HOME.

AS MONICA MENTIONED, THE LAST
NINE MONTHS FOUR OUTREACH
WORKERS WALKING THE MAIN ROADS
AND SIDE STREETS SEVEN DAYS A
WEEK ENGAGING WITH VULNERABLE
INDIVIDUALS AND HELPING THEM
ACCESS SERVICES THEY MAY NEED.
IN A GIVEN WEEK THEY MAY HAVE
500 CLIENT CONTACTS.

THE CITY ALSO INTEGRATED
EXISTING RECOVERY SERVICES
SUPPORT INTO THE MAYOR'S 311
HOTLINE.

A 24-HOUR HOT LINE WHERE PEOPLE
CAN ACCESS INFORMATION AND SEEK
TREATMENT AND RECOVERY SUPPORT.
THE 311 HOTLINE LED TO 50%
UPTICK IN CLIENT INTERACTIONS.
COMMITTED TO A FULL SCORE OF
SERVICES TO ACTIVE USERS,
INCLUDING REFERRALS TO
TREATMENT, OVERDOSE PREVENTION.
H.I.V. AND S.T.D. TESTING.
AND THE GOAL IS TO PROVIDE THE
INFORMATIONS WHERE IT IS SAFE,
REDUCES HARM AND ENGAGES
INDIVIDUALS IN COMPREHENSIVE

SERVICES AND SUPPORT.
THANK YOU FOR THE OPPORTUNITY TO
SPEAK.

PLEASE LET ME KNOW IF YOU HAVE
ANY QUESTIONS.

>> THANK YOU, DEVIN.

AUBREY NEXT.

>> THANK YOU FOR INVITING ME.

I AM AUDREY, AND I AM A MEMBER
OF SIF NOW, AN ORGANIZATION
DEVOTED TO WORKING TO OPEN ONE
IN MASSACHUSETTS AND I AM ALSO A
PERSON THAT USES DRUGS.

I AM ALSO A RESIDENT OF BOSTON.
AS BOSTON CITY DOWN SIMILAR I
ENCOURAGE YOU TO SUPPORT SIF FOR
NAUM OF -- NUMBER OF REASONS AND
I WILL GIVE YOU TWO NOW.

AND I WONDER IF THE SLIDE SHOW
THAT I PREPARED IS PLAYING.

I WILL GO ON.

TWO MAIN REASONS FOR WHY I
SUPPORT THIS, I AM A PERSON THAT
USES DRUG.

MY SAFETY NET AVENUES RIGHT NOW
CONSISTS OF BEING A SLOW SHOT,
TESTING FOR FENTANOL BEFORE
INJECTION, AND IMMEDIATELY AFTER
INJECTION, AND CONTINUING TO
TEXT BACK AND FORTH FOR A FEW
MINUTES WITH A FRIEND TO ENSURE
THAT SOMEONE WOULD KNOW THAT I
OVERDOZED.

>> IF YOU WILL HOLD FOR A
SECOND, I THINK WE ARE ALMOST
THERE.

WE CAN PULL IT UP IN THE
MEANTIME.

>> IF YOU WOULD INTRODUCE
YOURSELF FOR THE RECORD.

>> THANK YOU FOR YOUR TIME.

HI, I AM A PRIMARY CARE
PHYSICIAN AND ADDICTION
SPECIALIST AT THE HOMELESS
PROGRAM.

OVER 30 YEARS WE ARE CARRYING
FOR HOMELESS IN SHELTERS AND ON
THE STREETS HERE IN BOSTON.
DRUG OVERDOSE THE LEADING CAUSE
OF DEATH AMONG OUR POPULATION
AND AS SUCH WE HAVE COME TO
BELIEVE WE NEED TO STRONGLY
SUPPORT THE DEVELOPMENT OF
MEDICALLY-SUPERVISED INJECTION

FACILITIES OR SIFS TO HELP US
COMBAT THE EPIDEMIC.
AND I COMMENT THE ATTITUDE FOR
CO-SPONSORING THE HEARING AND
THE OPPORTUNITY TO PROVIDE
TESTIMONY.
WE ARE DEEPLY GRATEFUL FOR THE
CITY IN LEADERSHIP AND
CONFRONTING THIS EPIDEMIC.
BOSTON IS FORTUNATE TO HAVE A
TERRIFIC NEEDLE EXCHANGE
PROGRAM, ACCESS TO HIGH-QUALITY
DRUG TREATMENT SERVICES.
AND SOME OF MY FELLOW PANELISTS
INCREASE THIS IS INCREASE IN
BOSTON AS WELL AS ELSEWHERE.
FATALITIES IN BOSTON THREE TIMES
THE SIZE OF ANY OTHER CITY IN
THE COMMONWEALTH LAST YEAR.
AND PART OF THAT IS DUE TO
MIXING OF SYNTHETIC OPIOIDS INTO
THE HEROIN SUPPLY.
DESPITE OUR BEST EFFORTS, THIS
IS A CHANGING EPIDEMIC AND/OR
CURRENT STRATEGIES HAVE NOT BEEN
ENOUGH TO ADDRESS THE CRISIS AND
REDUCE DEATHS SO FAR.
IN THIS CONTEXT, OUR
ORGANIZATION EXPANDED OUTREACH
TO ACTIVE DRUG USERS AT
HIGH-RISK OF OVERDOSE.
THE PAST YEAR WE OPERATED A
RECOVERY ROOM, THE SPOT PLACE
FOR TREATMENT OR SPOT, WHERE
PEOPLE OVER SEDATED CAN BE
MEDICALLY MONITORED AND
CONNECTED TO TREATMENT.
WE OPENED SPOT OUT OF DECEMBER
PIR -- DESPERATION.
THE FIRST YEAR WE SAW 500
HIGH-RISK USERS AND NEARLY 4,000
ENCOUNTERS.
OUR HE HAVE FORWARDS AVOIDED WE
ESTIMATE 1,000 EMERGENCY ROOM
VISITS AND LIKELY SAVED LIVES
AND 1 IN 10 OF THE HIGH-RISK
PEOPLE THAT USED SPOT ARE
DIRECTLY CONNECTED TO TREATMENT
FROM THE ENCOUNTER.
YET, WHAT WE ARE LEARNING, SPOT
IS NOT ENOUGH.
PEOPLE ARE DYING BEFORE THEY CAN
GET TO MEDICAL CARE.
WE'VE COME TO SUPPORT A STRATEGY

11 COUNTRIES AROUND THE WORLD
HAD AS EARLY AS 1984.
AND PEER REVIEW STUDIES ON SIFS
ARE CONDUCTED.
AND WHAT IS DRAWN FROM THE
LITERATURE.
THE LAND MARK STUDIES ARE
INCLUDED AS PART OF OUR WRITTEN
TESTIMONY.
NUMBER ONE, CONSISTENT IMPACT
OVER THE DEATHS.
THERE IS A STUDY IN VANCOUVER
DOWN TOWNS SEEING THAT OVERDOSES
DECREASED ABOUT A 1/3 AFTER
OPENING THE SIF.
AND WE ARE ENCOURAGED TO SEE OUR
RATES DROP BY THAT MONTH.
THIS CAN REDUCE OVERDOSE DEATHS.
NUMBER TWO, CONSIST THE APPOINT
OF ENTRY FOR DETOX AND
TREATMENT.
ALSO YES.
IT DECREASES ENTRY TO TREATMENT
AND THE STUDY IN THE NEW ENGLAND
JOURNAL OF MEDICINE, MOST WHO
USE THE SIFS MOST OFTEN ALSO GET
INTO DETOX MOST OFTEN.
THOSE WITH ANY CONNECTION WITH
THE DETOX COUNSELOR GOT INTO THE
SIF FASTER THAN THOSE WHO DID
NOT.
AND SIFS CAN INCREASE REFERRAL
TREATMENT.
THREE, DO THEY INCREASE DRUG
USE?
NO.
ONE RESEARCH SHOWED PATTERNS
EVER USE ARE UNAFFECTED AFTER
OPENING A SIF.
NO SIGNIFICANT REDUCTIONS AMONG
ACTIVE USERS AND ER IN STUDY
SHOWED THE SIF WAS NOT FACTOR IN
THE DRUG USE INITIATION.
I THINK IT REALLY ADDRESSES SOME
OF THE FEARS THAT WE HAVE AMONG
US ABOUT SIFS AND SHOWS THEY DO
NOT ACTUALLY ENCOURAGE PEOPLE TO
START USING OR TO RELAPSE.
NUMBER FIVE, NUMBER FOUR, WHAT
IMPACT THE SIFS HAVE ON THE
SURROUNDING COMMUNITY.
AND I THINK THE RESEARCH THOSE
THEY HAVE A NEW CENTRAL OR
POSITIVE EFFECT ON PUBLIC ORDER.

IN VANCOUVER THEY FOUND WHEN THE SIFS BEGAN, AFTERWARDS THEY HAD LESS PUBLIC INJECTING AND LESS PUBLICLY-DISCARDED SYRINGES AND OTHER EQUIPMENT.

AND CONDUCTING A SURVEY IN THE SOUTH EVIDENCE SHOWING A HIGH BURDEN OF THIS TYPE OF BLIGHT IN OUR NEIGHBORHOOD.

WE THINK A SIF COULD LEAD TO IMPROVEMENTS IN PUBLIC DISORDER. AND NUMBER FIVE, DO PEOPLE WANT A SIF?

OUR PRELIMINARY DATA SHOWS BOSTONIAN WHOSE USE DRUGS REALLY WOULD USE A SIF.

I CAN ELABORATE IF YOU HAVE QUESTIONS.

WE HAVE A LOCAL SURVEY THAT SHOWS ABOUT 1/2 OF SOUTH-END RESIDENTS THOUGHT THAT A SIF WAS A GOOD IDEA, AND THIS WAS DONE OVER A YEAR AGO PRIOR TO THIS ISSUE REALLY MAKING THE HEADLINES.

I THINK THE RESEARCH IS QUITE CLEAR.

SIFS SAVE LIVES AND BENEFITS INDIVIDUALS AND COMMUNITIES. NOW MORE THAN EVER WE CANNOT WAIT FOR PEOPLE SUFFERING FROM ADDICTION TO REACH OUT TO US, WE HAVE TO GO TO THEM.

AT THE POINT OF INJECTION. EVEN IF IT'S DIFFICULT.

THE TIME BETWEEN AN INJECTION AND ITS DEADLY EFFECT ARE SHORTENED SO MUCH THAT PEOPLE ARE DYING IN SECONDS AND MINUTES BEFORE HELP CAN ARRIVE.

THIS IS A CLEAR TREATMENT GAP, AND ONE THAT WE CANNOT CLOSE IF WE ONLY FOCUS ON RECOVERY SERVICES.

SIFS REALLY PLAY A KEY PIECE IN THE CONTINUUM OF CARE FOR THIS CHRONIC AND RELAPING DISEASE AND KEEP PEOPLE ALIVE SO THEY CAN MAKE IT TO TREATMENT.

AND I THINK WE SIGNIFICANTLY NEED THAT HERE IN BOSTON.

>> I AM JOE WRIGHT.

I AM ALSO A DOCTOR AT BOSTON HEALTHCARE FOR THE HOMELESS, THE

MEDICAL DIRECTOR FOR THE
OFFICE-BASED TREATMENT ADDICTION
PROGRAM.

AN H.I.V. SPECIALIST AND PROVIDE
MEDICAL CARE.

AND I APPRECIATE THE OPPORTUNITY
TO TESTIFY, COUNCILORS THANK YOU
FOR SPONSORING THIS.

MANY IN THIS ROOM NOW HOW STRONG
AN ADDICTION CAN, HOW PEOPLE
KEEP USING HEROIN AFTER SEEING
WHAT COMES FROM IT.

AND I WILL TALK ABOUT ONE STORY,
AMONG MANY, ABOUT THE TIME OF
INJECTION THAT THE DOCTOR TALKED
ABOUT.

ONE PATIENT OF OURS, A
26-YEAR-OLD MAN WHO I'LL CALL
MIKE, HE HAD COME TO SPOT MANY
TIMES.

HE HAD COME TO US SEDATED BUT
BREATHING.

WE KEPT HIM SAFE, KEPT HIM
ALIVE, WE GOT TO KNOW HIM.
EVEN AS HE KEPT USING, HE
STARTED TRUSTING US, KNOWING
THAT WE CARED FOR THE PERSON HE
WAS AND NOT JUST FOR WHO WE
WANTED HIM TO BE.

WHEN HE DECIDED THAT HE WAS
READY TO STOP USING, HE CAME TO
US.

AT THE SAME MOMENT, PROBABLY
AROUND THE TIME THAT MIKE TOLD
US HE WAS READY TO STOP, SOME
LAB SOMEWHERE IN THE WORLD WAS
PRODUCING A PARTICULAR DOSE OF
FENTANYL.

IT CAN BE SET UP WITH NO POPPY
FIELDS REQUIRED.

AND THEY ARE OUT COMPETING
HEROIN IN THE DRUG COMMUNITY.
EITHER GETTING MIXED IN OR
SIMPLY REPLACING HEROIN.

HEROIN IS DANGEROUS, BUT MIXED
WITH FENTANYL OR MIXED WITH IT
IS MORE DANGEROUS.

IN THIS STORY, MIKE STARTED
THINKING OF NEXT STEPS, A SMALL
AMOUNT OF FENTANYL POWDER WAS
MOVING TOWARDS ITS DESTINATION.
GETTING MIKE INTO DETOX, HE PUT
TOGETHER SIX WEEKS OF SOBRIETY
AND THEN SENT TO THE STREETS.

AND IT WAS TOO EARLY.
AND HE STARTED TO FEEL THE PULL,
CAME BACK TO SPOT.
HE STARTED TO USE.
HE NEWS HIS TOLERANCE RISK WAS
HIGHER.
LOOKING FOR FRIENDS HE KNEW BUT
COULDN'T GET A FRIEND TO COME
AND ADMINISTER WHAT HE NEEDED.
AND A NURSE WARNED HIM OF THE
DANGER HE FACED, TALKED TO HIM
OF TREATMENT AND GAVE HIM
MEDICINE TO CARRY WITH HIM.
HE LEFT, SHE WORRIED.
AND THE FENTANYL MOVED ON,
PROBABLY DILUTED AND MOVED TO A
STREET DEALER IN BOSTON WHO MAY
OR MAY NOT HAVE DILUTED IT MORE.
NO ONE WAS USING THE KIND OF
PRECISE PHARMACEUTICAL
MANUFACTURING TECHNIQUES THAT
ALLOW HOSPITALS TO USE
I.V.FENTANYL.
AND EVEN IN MIKE TOOK THE
NURSE'S ADVISE OF DOING A SMALL
TEST DOSE, I MIGHT HAVE
OVERDOZED EVEN FROM THAT.
MIKE'S DIVISION OF INJECTING
AFTER AN EXPENDED PERIOD OF NOT
USING IS A DANGEROUS PERIOD, AND
FENTANYL MAKES IT MUCH MORE
DANGEROUS.
WHEN MIKE DIED, IT WAS LIKELY
JUST A FEW MINUTES LATER.
HE WAS FOUND DEAD AN HOUR AND A
HALF AFTER HE LEFT OUR BUILDING,
JUST A COUPLE OF BLOCKS AWAY, IN
THE SHADOW OF A WORLD-CLASS
MEDICAL CENTER AND LARGE NEEDLE
EXCHANGE PROGRAM WITH AN NARKAN
KIT AT ARM'S LENGTH.
IF BOSTON WAS ESPECIALLY HARD
HIT BY THE EPIDEMIC, IT ALSO HAS
A UNIQUE OPPORTUNITY TO LEAD IN
ITS CREATIVITY AND COMPASSION.
WE HOPE A CITY WITHOUT THE
PRIVATE SHAME AND DANGER OF
DYING ALONE, WE BELIEVE IN
BRINGING THEM OUT OF THE SHADOWS
INTO OUR COLLECTIVE EMBRACE.
IN OUR VISION WE DON'T HAVE TO
WATCH MIKE WALK AWAY AND DIE, IN
OUR VISION WE WILL SAY NO MATTER
WHAT, WE WILL ALLEY BE HERE WITH

YOU.

COUNCILORS, THANK YOU FOR THE OPPORTUNITY TO SPEAK TODAY AND FOR THE OPPORTUNITY TO CONTRIBUTE TO THIS IMPORTANT CONVERSATION.

>> WHILE I AM SPEAKING I SHOW FACES OF PEOPLE LIVING IN BOSTON WHO SUPPORT THIS ON THE SCREENS IN THE BACKGROUND, AND A LOT OF THEM ARE PEOPLE WHO USE DRUGS.

I AM AUDREY ESTERS, A BOSTON RESIDENT AND A PERSON WHO USES DRUGS.

I ENCOURAGE THE BOSTON CITY COUNCIL TO SUPPORT THE FACILITIES FOR A NUMBER OF REASONS.

HERE ARE TWO.

I AM A PERSON WHO USES DRUGS, WHO WOULD USE A SIF IF IT WAS AVAILABLE.

MY SAFETY NET NOW CONSISTS OF DOING A SLOW SHOT, TESTING WITH FENTANYL PRESENCE WITH A STRIP AND IMMEDIATELY AFTER INJECTION AND IMMEDIATELY TRYING TO TEXT BACK AND FORTH FOR A FEW MINUTES TO ENSURE THAT SOMEONE WOULD KNOW IF I OVERDOSED AND MAY HOPEFULLY GET TO ME IN TIME TO SAVE MY LIFE IF SOMETHING WENT WRONG.

I OVERDOSE ADD WEEK AGO WHILE ALONE.

AND SINCE I DIDN'T WANT TO BOTHER MY FRIENDS, I DIDN'T USE THAT SAFETY NET.

THE RESULT WAS A NEAR-FATAL OVERDOSE WHERE I LOST HEARING IN BOTH OF MY EAR S FOR 12 HOURS.

I STILL HAVE NOT FULLY RECOVERED.

I GOT LUCKY, I SURVIVED, BUT IT DOES NOT NEED TO HAPPEN, ESPECIALLY IN A CITY LIKE BOSTON SO COMMITTED TO PUBLIC HEALTH.

A SECOND THING I'D LIKE, AND MY SECOND REASON I'D LIKE TO GIVE UP TODAY, I HAVE LOST FAR TOO MANY FRIENDS, LOVED ONES AND PEERS TO ACCIDENTAL OVERDOSE IN THE PAST 12 YEARS.

THE NAMES ARE ETCHED IN MY MIND

AND THEIR FACES ARE ONES I'LL NEVER FORGET, ESPECIALLY THE FACES OF MY PEOPLE, THOSE BLUE AND PURPLE FACES GASPING FOR BREATH IN ALLEYWAYS AND BATHROOMS BECAUSE NO ONE CARED ENOUGH TO MAKE SURE THEY SURVIVED, AND PEOPLE PERHAPS DIDN'T THINK THEY -- ING MATTERED, EXCUSE MY LANGUAGE. ONE DAY A GROUP OF FOLKS INJECTED TOGETHER IN A BATHROOM APARTMENT IN BOSTON AND ONE MAN IN A WHEELCHAIR OVERDOZED. AND THE ONLY PERSON THAT WAS CAPABLE OF RESPONDING SIMPLY ROLLED HIM OUT THE BACKDOOR INTO THE ALLEYWAY TO DIE ALONE. THE REST OF US FOUND OUT THE NEXT DAY, BUT THERE WAS NOTHING WE COULD DO. I NEVER KNEW HIS NAME. THE EVIDENCE OF SUPPORTING SIF IS CLEAR. THE ONLY OBJECTIONS ARE MORALISTIC ONES AND IN MY OPINION THEY DON'T BELONG TO THIS. THANK YOU. >> THANK YOU, AUBREY. AT THIS POINT WE'LL DO OPEN STATEMENTS AND QUESTIONS FROM MY COLLEAGUES. I'LL START WITH COUNCILOR BAKER. >> THANK YOU. I GUESS I AM SHOWING MY OPINION ON SIFS NOW. MY CONCERN IS MORE, I THINK, THAT THROUGH THE REPORTS AND TALK YOU HEAR, IT IS ALWAYS UNOFFICIAL TALK, IT IS THE TALK OF THE CORRIDOR BEING A GREAT SITE FOR SIF. I AM THE CITY COUNCILOR DOWN THERE AND I HAVE A HARD TIME THINKING IT WILL BE HELPFUL TO US DOWN THERE, AND I AM NOT STILL CONVINCED BY YOUR TESTIMONY, NOT EVEN CLOSE, THAT IT WILL BE HELPFUL. SOME OF THE ISSUES THAT I HAVE IS THAT THERE DOESN'T SEEM TO BE ANY END POINT FOR USING THE SITES, LIKE HAVE YOU IN

VANCOUVER I HAVE SOME DATA.
263,000 VISITS A YEAR BY 6500
INDIVIDUALS, AND IT HAS ONLY 464
REFERRALS TO ON-SITE DETOX.
THAT DOESN'T SEEM LIKE GREAT
NUMBERS THAT WERE ACTUALLY OK,
YOU'RE GOING TO USE THIS AND
THEN FOR X-AMOUNT OF DAYS.
I JUST THINK I HAVE A DIFFICULT
TIME IF NOT AN END DATE ON THE
USE.

MAYBE FOR PART OF AN ENTIRE
FACILITY ON LONG ISLAND, OK YOU
CAN GO OVER THERE AND CAN USE
FOR THREE DAYS OR A WEEK, THEN
YOU ARE GOING INTO DETOX, I
JUST -- I'M NOT SOLD ON THE
IDEA.

BUT WE'RE HERE BECAUSE WE KNOW,
AND I THINK WE PUT VALUE IN YOU
GUYS AND WANT TO SEE IF THIS IS
SOMETHING WE SHOULD BE DOING,
AND WHERE IS THE RIGHT SITE FOR
IT.

MY SENSE IS THAT IT IS TOTALLY
OVERWHELMED NOW AND I DON'T SEE
EVEN THE TALK OF PUTTING
ANYTHING ELSE WOULD BE HELPFUL
TO US.

AGAIN, I AM NOT GOING TO SIT AND
SHOOT DO YOU WANT IDEA RIGHT OFF
THE BAT.

I NEED TO GATHER MY INFORMATION,
SO I THANK YOU FOR YOUR
TESTIMONY.

HOW LONG HAVE YOU BEEN A USER,
IF YOU'RE --

>> I HAVE BEEN USING DRUGS FOR
OVER 12 YEARS.

>> HEROIN FOR 12 YEARS?

>> HEROIN AND OTHER DRUGS FOR
OVER 12 YEARS.

>> OK, THANK YOU.

>> IS IT TIME FOR US TO RESPOND?

>> YEAH.

>> I THINK THERE'S TWO QUESTIONS
TO YOUR REMARKS, COUNCILOR
BAKER.

ONE IS THE ISSUE IS A SIF A GOOD
IDEA.

THAT IS AN IMPORTANT QUESTION TO
ANSWER, ONE YOU ARE NOT SURE
ABOUT.

THE OTHER IS THE QUESTION OF

SITING.

I THINK THE QUESTION OF SITING ONE IS A TOUGH ONE FOR THE REASONS YOU STATE.

I THINK MANY PEOPLE WILL HAVE CONCERNS ABOUT SITING, BUT I DON'T THINK THAT'S THE FIRST QUESTION TO ASK.

BECAUSE IF WE START ASKING THE QUESTION ABOUT SITING BEFORE WE ASK IS THIS A GOOD IDEA, I THINK WE'RE ASKING THE QUESTIONS IN THE WRONG ORDER.

I THINK THERE ARE POSITIVE WAYS WE CAN DEAL WITH THE POSITIVE IMPACTS, BUT THE VANCOUVER NEIGHBORHOOD IS A NEIGHBORHOOD THAT WAS IMPACTED IN THAT VERY CONCENTRATED WAY THAT THE SOUTH HAMPTON CORRIDOR HAS BEEN AND I THINK IT WENT THROUGH THE PROCESS OF A, PEOPLE OUTSIDE OF THIS COMMUNITY SAYING YOU'VE GOT TO BE KIDDING ME, TO B, WELL THIS NEIGHBORHOOD IS, YOU KNOW, A LOT CALMER, CLEANER, MORE ORDERLY, FEWER PEOPLE DYING. THE END POINT IS WHEN THERE STOPS PEOPLE BEING FROM RISK FROM OVERDOSE.

>> THE END POINT FOR A USER.

I THINK THAT -- I THINK IT MIGHT BE THE WRONG PATH TO MAKE IT EASIER FOR USING.

I MAY SOUND INSENSITIVE, BUT IT SHOULD BE MORE DIFFICULT TO USE, I THINK.

>> AS A PERSON WHO IS DOWN THERE EVERY DAY, FOR HOURS, IT'S ALREADY AN INJECTION FACILITY.

IT'S JUST NOT SUPERVISED.

THERE'S NO PEOPLE MAKING SURE THAT FOLKS AREN'T DYING.

PEOPLE ARE ALREADY INJECTING PUBLICLY ALL OVER THE PLACE.

WE ALL KNOW THAT.

SO I THINK GETTING OVER THIS FACT THAT OH, MY GOODNESS, PEOPLE ARE INJECTING IN A SAFE PLACE WHERE THEY MAKE SURE THEY DON'T DIE, I DON'T KNOW WHAT THE OBJECTION ARE.

PEOPLE ARE ALREADY DOING THIS

AND LITERALLY DYING EVERY DAY.
SIX PEOPLE A DAY IN THE STATE.
AND I AM CONFUSED AS TO WHY
THERE WOULD BE ANY LIMIT ON
KEEPING PEOPLE ALIVE.

>> MY POINT FROM THE PERSON THAT
REPRESENTS THE NEIGHBORHOOD DOWN
THERE, THE PEOPLE THAT ARE, THAT
AREN'T INJECTING DRUGS AND LIVE
THERE AND PAYING TAXES, AND THIS
IS THEIR NEIGHBORHOOD.

I THINK THERE SHOULD BE REAL
THOUGHT INTO HOW SOME OF THOSE
SERVICES ARE SPREAD OUT ACROSS
THE STATE AND I DON'T KNOW IF
PUTTING A SIF THERE IS GOING TO
BE HELPFUL.

I JUST DON'T THINK IT WILL BE
HELPFUL AND I AM TRYING TO BE
RESPECTFUL, ALSO.

>> SO I HAVE TWO THOUGHTS.
FIRST ABOUT THAT ISSUE OF THE
END POINT YOU RAISED.

I THINK YOU'RE ASKING GOOD
QUESTIONS, WHICH CAN HELP TO
TALK ABOUT THE PATH OF EDITION
FOR FOLKS.

IT IS A CHRONIC DISEASE, SIMILAR
TO DIABETES AND OTHER THINGS
THAT DON'T GO AWAY.

WHEN I THINK OF AN END POINT, IT
IS NOT THAT THIS GOES AWAY EVER
FOR ANYBODY, THEY NEED TO MANAGE
IT AS BEST THEY CAN.

AND AT SOME TIMES IN THEIR LIVES
THEY'RE VERY VULNERABLE, AND
SOMETIMES IN THEIR LIVES IT IS
NOT.

AND DURING ADDICTION IT IS
USUALLY DURING USE AND RECOVERY
BUT PEOPLE GO BACK AND FORTH.

>> AND FOR MOST PEOPLE IT IS
NEVER GOING AWAY.

I WILL TELL A QUICK STORY WHEN I
AM TALKING ABOUT AN END POINT.
SO NOW I HAVE TAKEN PEOPLE TO
DETOX BEFORE.

FOR HEROIN.

AND IN THAT SORT OF THE END
POINT FOR ME, YOU ARE GOING TO
GET HIGH NOW, YOU ARE IN THE
BACK SEAT OF THE CAR AND YOU ARE
GETTING HIGH THERE, HOPEFULLY
THAT'S THE LAST TIME YOU ARE

DOING THAT, AND THEN YOU ARE
GOING TO DETOX.
THAT SORT OF END POINT.
WRAPPING MY MIND AROUND THERE
ARE 200 PEOPLE HERE SHOOTING UP
AND IT'S HERE AVAILABLE LIKE
THERE'S NO END POINT THERE.
SO JOE COULD MOVE ACROSS THE
STREET AND IT IS HIS LIFE AND
DOESN'T SEEM LIKE A LIFE.
>> I THINK THE WAY THE CURRENT
SITUATION IS, AND I WILL PUT ON
A DIFFERENT HAT AS RESIDENT.
I LIVE ON CONCORD ON THE SOUTH
END AND WORK THERE, BUT I AM
ALSO A RESIDENT THERE AND HAVE
BEEN THERE FOR SEVERAL YEARS.
AND I TAKE MY LAUNDRY TO THE
LAUNDRY MAT AND WALK THROUGH THE
ALLEYWAY AND I SEE PEOPLE
INJECTING AND I SEE THE NEEDLES
THERE.
AND IT IS FRUSTRATING TO SEE
WHERE I LIVE.
NOT JUST BECAUSE I CARE ABOUT
THESE PEOPLE, BUT FOR ME.
I DON'T WANT TO STEP ON
SOMETHING.
THIS IS A PROBLEM IN OUR
COMMUNITY NOW.
AND PEOPLE ARE USING.
SO I THINK THE DIFFERENCE THAT A
SIF OFFERS US IN THE SOUTH END,
OR ANY WHERE THIS IS AN INTENSE
ISSUE, IS REALLY TO TAKE THE USE
OFF THE STREET AND ENGAGE PEOPLE
WHEN -- WE'RE NOT ENGAGING THEM
NOW.
>> I THINK THAT MIGHT BE THE ONE
POSITIVE I COULD TAKE FROM IT,
YOU ARE DEFINITELY GOING TO SEE
LESS PARAPHERNALIA AND THAT
HAPPENING IN THAT AREA.
BUT THE CHANCES OF SOMEONE NOT
RIGHT OUTSIDE OF MY PLACE, THEY
ARE NOT GOING FROM MY
NEIGHBORHOOD DOWN TO
WHEREVER -- THEY ARE GOING AS
SOON AS YOU CAN GET THAT NEEDLE
IN YOUR ARM.
AGAIN, HOW DOES THAT NOT BRING
THE DEMON DOWN THERE?
HOW, DOES IT NOT JUST BRING
PEOPLE SWIRLING AROUND -- HOW

DOES THAT HAPPEN?

>> MY THOUGHT ON THAT, I THINK HEROIN IS SORT OF EVERYWHERE. YOU DON'T HAVE TO GO VERY FAR TO GET IT.

AT LEAST IN OTHER CITIES THAT HAVE DONE THIS, LIKE VANCOUVER, BUT ALSO SIDNEY AND OTHER PARTS OF THE WORLD, THE AREAS THAT ARE AFFECTED ARE REALLY THE 500 METERS AROUND THE SIF.

AND, YOU KNOW, PEOPLE REALLY AREN'T TRAVELING LONG DISTANCES TO USE THESE THINGS.

THE IMMEDIATELY-SURROUNDING COMMUNITY BENEFITS THE MOST FROM A SIF BEING THERE.

>> NUMBER ONE, IT IS A CHRONIC DISEASE.

AND THERE ARE MANY PEOPLE, FOR INSTANCE, WITH ALCOHOLISM AND WE DON'T REALLY CURE IT BUT THEY COME OFF OF IT AND THEY STAY OFF OF IT.

BUT THEY KNOW IF THEY TAKE ANOTHER DRINK, THERE'S A VERY GOOD CHANCE THEY MAY GET INTO TROUBLE AGAIN.

SO WE CAN'T EXPECT THAT WE'RE GOING TO CURE THIS PERHAPS ANY BETTER THAN WE CAN CURE ALCOHOLISM.

WHAT WE CAN DO IS HELP PEOPLE GET OFF TV AND STAY OFF TV AND BE AWARE OF THEIR TENDENCY TO IT.

NUMBER TWO, IF WE LOOK AT THE SLIDE I SHOWED ABOUT THE COMMONWEALTH OF MASSACHUSETTS IT CLEARLY IS NOT JUST IN THE CITY OF BOSTON.

THERE ARE OTHER AREAS IN THE COMMONWEALTH THAT HAVE JUST AS BIG A PROBLEM, AND WHERE THE PILOT PROJECT SHOULD BE, WE WILL NOT SUGGEST WHERE IT SHOULD BE AND DEFER THAT TO PUBLICLY-ELECTED OFFICIALS AND PUBLIC HEALTH TO SEE WHERE IT WOULD BEST BE USED FIRST.

AND I THINK THE THIRD THING IS THAT THE PEOPLE IN VANCOUVER, AROUND THE AREA WHERE THE SIFS ARE, ARE VERY VOCAL IN THEIR

FEELING INITIALLY THAT THEY
DIDN'T LIKE THE IDEA.
AND THEN AFTER THEY SAW THE
RESULTS, THEY CAME OUT IN FAVOR
OF IT.
AND NOT JUST PASSIVELY, BUT WERE
ACTIVELY SAYING YES, THIS SHOULD
BE REFUNDED BECAUSE IT MADE A
TREMENDOUS DIFFERENCE.
AND I THINK THOSE PEOPLE HAD
SIMILAR CONCERNS THAT MAYBE WHAT
YOU EXPRESSED, AND I WOULD HOPE
CERTAINLY THAT THE RESPONSES
WOULD BE THE SAME.
>> THANK YOU.
>> THANK YOU VERY MUCH, MADAM
CHAIR.
AND THANK YOU FOR THE ENTIRE

PANEL.
I FEEL A LOT LIKE COUNCILOR
BAKER.
THE DATA SAVING LIVES,
FANTASTIC, AND LEADING INTO
RECOVERY TREMENDOUS.
BUT IF ANYBODY SPENT THE ENTIRE
CAREER MAKING BOSTON
NEIGHBORHOODS BETTER I REALLY
HAVE A QUESTION.
BECAUSE YOU'RE PAINTING DOWNTOWN
EAST SIDE OF VANCOUVER AS IF

IT'S BEACON HILL.
I HAVE BEEN DOING A LOT OF
DOCUMENTARIES, AND YOU KILLED A
LOT OF PAPER, TREES DEAD TODAY.
AND I AM VERY CONCERNED WITH
WHAT I SEE IN DOWNTOWN EAST SIDE
VANCOUVER.
NOT THE PAINTING OF THE PICTURE
YOU'RE PAINTING OF THIS
NEIGHBORHOOD, EVERYBODY SAYING
THIS IS THE MOST WONDERFUL TOWN
IN THE WORLD -- IT'S NOT.
AND FROM THE COMMENTS THAT I'VE
SEEN ON COME OF THE
DOCUMENTARIES, PEOPLE ARE HAPPY
THAT IT'S THERE.
NOT FOR THE REASON YOU ARE
SAYING.
THEY ARE HAPPY IT IS THERE
BECAUSE IT IS CONTAINED WITHIN
500 METERS AROUND LIKE YOU SAID,
DOCTOR.

PEOPLE IN OTHER NEIGHBORHOODS
ARE HAPPY IT'S THERE.
SO EVERYBODY WHO IS AN ADDICT OR
NEEDS HELP, THEY GO TO ONE
SECTION OF THE CITY AND LEAVE
THEIR CITY ALONE.
SO THIS IS VERY CONCERNING TO
ME.
AND IT'S NOT EVEN MY DISTRICT.
BUT I USED TO WORK IN PUBLIC
WORKS AND WE WERE DOWN ON
FRONTAGE ROAD, NEXT TO THE
CLINIC, I KNOW WHAT GUESS DOWN
THERE, AND IT'S NOT A PRETTY
PICTURE.
SO I WILL CONTINUE TO DO MY
RESEARCH.
I HAVE A LOT OF READING TO DO.
AND I SAID AT THE LAST HERE, IF
THERE ARE DOCUMENTARIES OUT
THERE SPECIFIC WILL ABOUT
INSIGHT AND THAT AREA, AND THAT
NEIGHBORHOOD.
AND THAT NEIGHBORHOOD IS A
DISASTER.
IT'S NOT THIS BEAUTIFUL PAINTING
THAT YOU'RE DRAWING FOR US.
IT'S NOT.
THE STREET NEXT TO IT IS CALLED
"BLOOD ALLEY."
THIS IS NOT A NICE PLACE.
LETS NOT PAINT A PICTURE OF
EVERYBODY IS WONDERFUL AND IT IS
THE GREATEST NEIGHBORHOOD EVER.
AND THE SECOND THING
WE HAVEN'T TALKED ABOUT IS COST.
WHO PAYS FOR IT, WHO RUNS IT,
HOW MUCH TAXPAYER MONEY IS GOING
INTO IT AND WHY DOES BOSTON HAVE
TO SHOULDER THE BURDEN FOR THE
ENTIRE STATE?
AND EVERY TIME SOMETHING LIKE
THIS COMES AROUND EVERYBODY
LOOKS AT BOSTON.
I GUARANTEE YOU I CAN NAME 10
SUBURBS RIGHT NOW THAT WOULD
NEVER EVER BE CONSIDERED.
AND DOCTOR, WITH ALL DUE
RESPECT, I KNOW YOU LIVE IN THE
CITY, THAT'S GREAT.
WHEN WE POSTED THE 132-27 VOTE,
I WOULD LOVE TO KNOW HOW MANY OF
THE PEOPLE WERE BOSTON AND WOULD
LOVE TO HAVE IT ACROSS THE

STREET FROM THEIR HOUSE.
I CAN TELL YOU I DON'T WANT IT
ACROSS THE STREET FROM MY HOUSE.
I FOUGHT HARD FOR A LOT OF
DIFFERENT THINGS, BUT NOT
SOMETHING I WANT TO PUT ON THE
TAXPAYERS WHO OWN HOMES, CONDOS,
WHO OWN BUSINESSES.

THIS IS A VERY TOUGH BILL TO
SWALLOW FOR SOMEBODY LIVING IN
THE 500 METERS THAT YOU'RE
TALKING ABOUT.

I WILL CONTINUE, I WILL READ ALL
OF THIS, I PROMISE.
I'LL CONTINUE TO DO MY RESEARCH,
BUT, YOU KNOW, I'M
NOT -- NOTHING THAT YOU'VE SAID
TODAY MAKES ME SAY OH, GEEZ, I'M
GOING TO CHANGE MY MIND.

>> JUST TO RESPOND BRIEFLY TO
COMMENTS ABOUT NEIGHBORHOODS.
I CERTAINLY WOULDN'T PAINT THE
EAST SIDE AS SOME KIND OF
TOURIST PARADISE, THAT'S FOR
SURE.

I THINK THE RESPONSE TO THE
FOLKS THERE WAS THAT IT WAS
MAKING A VERY BAD SITUATION
SOMEWHAT BETTER.

>> AND OBVIOUSLY EVERY COUNCILOR
FEELS A DEEP RESPONSIBILITY TO
THE PEOPLE AND THE EFFECT OF THE
CITY, AND I HEAR THAT I DO THINK
AND I WOULD COURAGE YOU TO
CONSIDER FIRST THINKING DOES IT
MAKE SENSE TO TRY TO MAKE THE
EPIDEMIC SAFER IN THIS
PARTICULAR WAY.

AND THEN TO SAY IS THERE ANY WAY
TO DO THAT?

AND THE REASON I RESPECTFULLY
SUGGEST THAT, IF YOU GO RIGHT TO
SITING, THE CONVERSATION IN YOUR
MIND IS GOING TO STOP.

THE PUBLIC HEALTH VALUE OF IT IS
SORT OF OVER BECAUSE YOU'RE
ALREADY HAVING THE SECOND PART
OF THE CONVERSATION IN YOUR
HEAD.

AS I SAY, I COMPLETELY
UNDERSTAND WHY YOU'RE HAVING
THAT PART OF THE CONVERSATION,
BUT I DO HOPE THAT YOU'LL
CONSIDER THE PUBLIC HEALTH PART

OF THE QUESTION, THE HOW DO WE
GET PEOPLE TO SURVIVE ANOTHER
DAY SO THAT THEY CAN MAKE
ANOTHER TRY AT RECOVERY.

AND THIS IS WHY WE TELL THIS
PARTICULAR YOUNG MAN'S STORY.
IT WAS JUST SO HEARTBREAKING TO
US AND THIS HAS HAPPENED AGAIN
AND AGAIN WHERE PEOPLE ARE
REALLY TRYING, BUT 100% SUCCESS
ON A TRY AT STOPPING USING IS
PRETTY TOUGH.

AND A LOT OF FOLKS DO NOT STOP
USING.

AND THEIR DEATHS, ILLNESSES,
HOSPITALIZATIONS MAKE A BIG
IMPACT ON THE CITY.

SO I WOULD START THERE AND THEN
ASK IS THERE A PLACE TO DO IT.

>> MAY I ADDRESS THE SECOND
QUESTION?

>> YEP.

>> THE SECOND WAS ABOUT COST.
COST EFFECTNESS WAS DEALT WITH
IN OUR REPORT.

JUST LAST WEEK JOHNS HOPKINS
UNIVERSITY SUPPLEMENTED THE DATA
WITH NEW ESTIMATES.

ANNUAL COST OF \$1.8 MILLION
GENERATING \$7.8 MILLION IN
SAVINGS, PREHAVEN'T 3.H.I.V.
INFECTIONS, 21 HELP HEPATITIS,
AND 12.9 OVERDOSE DEATHS, AND
109 AMBULANCE CALLS, AND
EMERGENCY ROOM VISITS AND 2
HOSPITALIZATIONS WHILE BRINGING
THE 121 ADDITIONAL PEOPLE INTO
TREATMENT.

SAN FRANCISCO RESEARCHER FOUND
13-BOOTH SIF COULD SAVE THEM
\$3.5 MILLION ANNUALLY.

SO THE SAVINGS FROM THE
COLLATERAL DAMAGE WOULD BE VERY
SIGNIFICANT IN TERMS OF THE
OUTLAY.

>> SO I READ THAT LITTLE BLURB
IN YOUR PRESENTATION AND I
DIDN'T MENTIONED COST SAVINGS IN
MY OPENING STATE.

BUT YOU MENTIONED COLLATERAL
DAMAGE AND WHAT IS THE
COLLATERAL DAMAGE ON A
NEIGHBORHOOD WHEN PEOPLE ARE
SHUTTING DOWN BUSINESSES AND

HAVE TO MOVE OUT.
AND YOUR JOB IS MENTAL HEALTH
AND MY IS TO PROTECT THE CITY.
SO WHATEVER NEIGHBORHOOD IT GOES
INTO, IF IT GOES INTO A
NEIGHBORHOOD AT ALL, IT IS FAIR
TO SAY THE PEOPLE WHO LIVE IN
THE AREA SHOULD HAVE A SAY.
THAT'S ALL.

>> CAN I MAKE ONE POINT REALLY
QUICKLY?

THE VANCOUVER SIF IS 8-SEAT
FACILITY?

>> 16.

>> 16-SEAT FACILITY.

I THINK PART OF THE PROBLEM WITH
THE REASON WHY THERE IS
HIGH-INTENSITY PUBLIC DRUG USE,
IT IS NOT ENOUGH FOR THE PEOPLE
USING DRUGS ON THE STREET OF
VANCOUVER.

I THINK THERE'S AN UNSANCTIONED
SIF THAT'S OPENED UP OUTSIDE.
THERE ARE OTHER ONES THAT ARE
OPENING UP IN THE NEXT YEAR.
AND I THINK THAT'S GOING TO
REDUCE THE AMOUNT OF PUBLIC
INJECTIONS THAT ARE STILL
HAPPENING IN THE AREA IN PUBLIC
DRUG USE.

>> THE LAST DOCUMENTARY THIS IS
MY LAST POINT, THERE IS NOW A
PROGRAM THAT THEY ARE PROVIDING
HEROIN UP THERE.

IS THAT OUR NEXT STEP NOW?
WHEN DOES THIS -- THERE'S A
GREAT CONCERN WITH THAT, RIGHT.
I AM PRETTY SURE WHEN THEY
STARTED THEIR SIF, THEY NEVER
THOUGHT THAT THEY WOULD TAKE THE
NEXT STEP.

BUT THERE IS NOW, I WAS WATCHING
A DOCUMENTARY, I'LL LOOK IT UP
IF YOU NEED TO KNOW FOR THE
RECORD, BUT NOW THERE IS A
GENTLEMEN WHO RUNS, AND THEY ARE
PROVIDING HEROIN NOW.

IS THAT SCARES ME.
SOMEBODY WHO HAS TWO YOUNG BOYS,
THAT SCARES ME.

WE ARE GOING DOWN THAT PATH.
>> AND WE WILL SWAP FOR A BRIEF
MOMENT.

>> I HAVE A MEETING THAT STARTS

NOW AND I APPRECIATE YOU ACCOMMODATING ME.
ONE QUESTION, PROBABLY FOR YOU, DIRECTOR, THE PUBLIC HEALTH COMMISSION.
ONE, WHAT'S THE COMMISSION'S POSITION ON THIS?
IS THIS EVEN ALLOWED?
I KNOW THERE IS A BILL AT THE STATE HOUSE, BUT ARE THERE FEDERAL PERMISSIONS THAT ARE REQUIRED?
IT STRIKES ME AS SOMETHING THAT THIS BODY, EVEN IF WE ALL WERE IN AGREEMENT, COULDN'T AUTHORIZE ON OUR OWN.
>> THANK YOU FOR THAT QUESTION. SO I THINK THERE ARE OTHERS ON THIS PANEL THAT CAN TALK ABOUT THE LEGAL -- I THINK THAT WAS PART OF THE MEDICAL STUDY, BUT I THINK THE REASON WE DON'T HAVE SIFS IN THE CONTINUES AT THIS POINT AND TIME BECAUSE THEY ARE ILLEGAL BECAUSE OF FEDERAL AND STATE LAWS.
IN TERMS OF OUR POSITION AT THE COMMISSION, I THINK OUR POSITION IS THE SAME AS THE MAYOR'S, WHICH IS THESE ILLEGAL, AND WHAT WE FOCUSED OUR EFFORTS ON AS A CITY AND HEALTH DEPARTMENT IS REALLY ON THE CONTINUUM OF SERVICES THAT DEVIN AND I WALKED THROUGH.
I WILL SAY THAT I AM IN A LEARNING MODE, LIKE MANY OF THE COUNCILORS TRYING TO HEARING WHAT PANELISTS SHARED AND WHAT THEY LEARNED OF THE SCAN OF WHAT IS HAPPENING IN VANCOUVER AND OTHER PLACES.
>> I THANK YOU BOTH FOR BRINGING THIS FORWARD, BUT I THINK THIS CAN BE AN EMOTIONAL ISSUE, OBVIOUSLY COMPLEX, AND I APPRECIATE THE EFFORTS AND PEOPLE TELLING US ABOUT IT. AND WHETHER IT IS SUCCESSFUL, I AM CERTAINLY VERY MUCH SOMEONE WHO WANTS TO LOOK AT THE NUMBERS AND THE DATA AND DO THINGS THAT CAN MAKE EVERYONE IN OUR COMMUNITY SAFER.

BUT BEFORE WE ARE ALL SPENDING A LOT OF RESOURCES AND TIME ON THIS, I THINK WE NEED TO KNOW WHAT IS EVEN FEASIBLE.

I THINK CERTAINLY THIS CURRENT FEDERAL ADMINISTRATION IS NOT ONE THAT I WOULD EXPECT TO BE GIVING ANY START OF EXCEPTIONS.

THEY'RE TALKING ABOUT COMING AFTER MEDICAL MARIJUANA THAT WE HAVE HAD IN THIS STATE FOR SOMETIME.

SO I GUESS THAT'S MY QUICK AND DIRTY VIEW ON THIS.

BUT I APPRECIATE EVERYONE'S TIME AND YOUR TESTIMONY, AND I APOLOGIZE, I HAVE TO GO TO ANOTHER MEETING.

>> AND MAYBE TO ADD TO THAT.

>> TWO COMMENTS.

COMMENT NUMBER ONE, CLEARLY ANY TASK FORCE THAT LOOKS INTO THIS IN GREAT DETAIL WOULD HAVE TO LOOK AT ANY LEGALITY ISSUES, WHETHER THEY ARE FEDERAL OR STATE.

AND, YOU KNOW, WE WOULD ASSUME THAT THAT WOULD BE PART OF WHAT THE TASK FORCE WOULD DO.

THE SECOND, I WANT TO MAKE THE COMMENT THAT AT NO TIME HAS ANYONE IN THE MEDICAL SOCIETY EVEN HINTED AT THE CONCEPT OF PROVIDING ILLEGAL DRUGS.

EVER.

>> THANK YOU.

>> THANK YOU, COUNCILOR MCCARTHY.

>> AND I PREFACE MY COMMENTS IN TERMS OF BEING FROM A RECOVERY FAMILY, SERVING ON THE CITY COUNCIL, I WOULD SAY THAT NO ONE HAS DONE MORE AROUND TREATMENT AND RECOVERY THAN ME.

I AM SENSITIVE TO RECOVERY, TO TREATMENT OPTIONS.

SPENT A SIGNIFICANT AMOUNT OF MY TIME WORKING WITH INDIVIDUALS AND FAMILIES, TRYING TO FIND THEM DETOX.

STOOD WITH THEM AND THE FAMILIES IN COURT, HAVING THEM SECTIONED.

I HAPPEN TO SUBSCRIBE TO

TREATMENT ON DEMAND.
IF THAT DOESN'T WORK,
COURT-MANDATED TREATMENT I THINK
IS ALSO BETTER OPTIONS THAN WHAT
WE'RE DISCUSSING.
AND I PREFACE THAT.
IF SOMEONE THAT SAYS YOU ARE
AGAINST IT, YOU ARE NOT
SENSITIVE OR HUMANE.
AND LOOKING IN THE GALLERY, NO
ONE PROBABLY LOST MORE LOVED
ONES, NEIGHBORS TO ADDICTION
THAN ME.
AND I THINK THIS IDEA IS ASSINE,
AND YOU MENTIONED FROM THE
PUBLIC HEALTH SIDE OF THING.
THAT'S NOT THE WAY IT PLAYS OUT
IN THE STREET AND I COME AS A
FORMER DISTRICT ATTORNEY.
HOW IT PLAYS OUT, THE AVERAGE
ADDICT DOES ABOUT A GRAM, COULD
BE 24, 25 BAGS A DAY.
IF WE THINK FOR A MINUTE THAT
SOMEONE WILL BUY OR SCORE A
HEROIN AND TAKE A TRAIN OR BUS
TO GET TO THIS FACILITY, THAT'S
NOT THE REALITY.
THEY'RE GOING TO INJECT OR SNORT
WITHIN MINUTES OF THE PURCHASE.
AND THEY DO THAT BECAUSE THEY
NEED TO KEEP THAT THIGH GOING.
OR THEY ARE AFRAID THEY WILL GET
ROLLED, ROBBED OR IT STOLE FRN
THEM AND THAT'S ANOTHER
CIRCUMSTANCE.
OR THEY ARE AFRAID THEY WILL BE
STOPPED BY THE POLICE AND HAVE
IT SEIZED.
SO THIS VISION THAT WE HAVE OF
PEOPLE SCORING HEROIN AND THEN
TAKING THE TAXI RIDE OR BUS RIDE
OR LONG WALK, SIMILAR TO WHAT WE
SEE AS WE CALL THE METHADONE
MILE, WHERE THEY CONGREGATE AT
THE DUNKIN' DONUTS AND TAKE THE
LONG TRIP OVER THE BRIDGE TO GET
THE FIX, THAT'S NOT GOING TO
HAPPEN.
UNLESS THE WHOLE DRUG TRADE IS
GOING TO SURROUND ITSELF, IT'S
GOING TO BE WRAPPED AROUND THIS
PARTICULAR FACILITY.
THE REALITY IS THAT WHEN SOMEONE
SCORES HEROIN, THEY'RE NOT

WAITING.

THEY'RE GOING TO INJECT, GOING TO SNORT, AND IT'S GOING TO BE WITHIN MINUTES OF THAT PURCHASE. SO UNLESS THE BUYERS AND SELLERS ARE GOING TO BE MOVED CLOSER TO THE FACILITIES, THAT'S JUST THAT.

AND DOCTOR, YOU JUST MENTIONED SOMETHING ABOUT MAKE NO MISTAKE THAT MEDICAL PROFESSIONALS ARE NOT GOING TO BE SUPPLYING IT, BUT THEY ARE IN THE PRESENCE OF A CATEGORY ONE SUBSTANCE AND I AM NOT SURE HOW THAT WORKS ETHICALLY FROM PROFESSIONAL MEDICAL STANDARDS.

BUT PUTTING DOCTORS AND NURSES AND OTHER MEDICAL PROFESSIONALS IN THE FACILITY WHERE THERE IS A SCHEDULED ONE SUBSTANCE, I DON'T THINK THAT'S CURRENTLY ALLOWED. YOU CAN CORRECT ME IF I AM WRONG.

YOU ARE NOT SUPPLYING IT, BUT IN THE PRESENCE TV AND I THINK THAT HAS ALSO LEGAL AND ETHICAL ISSUES.

I THINK WE'RE GOING TO START TO NORMAL IZE IT FOR THE NEXT GENERATION.

AND THAT THE USE OF CONTROLLED SUBSTANCES OR THE USE OF HEROIN IS ACCEPTABLE.

AND ALSO, IRTHINK IT'S GOING TO PUSH THE LIMITS OF HIGH.

WHEN SOMEONE WOULD NORMALLY TAKE A CERTAIN AMOUNT AND HOPE THEY COME THROUGH, THEY MAY NOT PUSH THE LIMITS OF THEIR OWN BOUNDARIES BECAUSE THEY THINK THEY WILL BE THERE WITH THE PADDLES OR NARCAN.

AND I THINK IT IS WROUT WITH ISSUES AND I WOULD THINK OF MORE TREATMENT IN CITY OF BOSTON, AND COURT-MANDATED TREATMENT, THAT'S WHEN WE HAVE THE BEST RESULTS WITH RESPECT TO THAT.

AND FINALLY DOCTOR, WHERE DO YOU LIVE?

>> I LIVE IN NEWTON.

>> WOULD YOU THINK THIS WOULD BE GREAT ACROSS THE STREET FROM

YOUR HOUSE?

>> IF THAT'S WHERE THE STATE FELT IT WAS THE MOST ADVANTAGEOUS TO HELP THE PEOPLE IN THE COMMONWEALTH, YES.

I GREW UP IN BALTIMORE, AND I GREW UP ACROSS THE STREET FROM THE JOHNS HOPKINS HOSPITAL, AND LET ME TELL YOU, THAT'S A DANGEROUS NEIGHBORHOOD DOWN THERE.

AND I WOULD HAVE HAD NO PROBLEM WITH IT THERE.

IF IT HAPPENED IN NEWTON AND IT WAS FELT THAT WAS IT, I AM STILL A PHYSICIAN AND WANT TO SEE WHAT IS BEST FOR MY PATIENTS AND I WOULD ACCEPT THE DECISION OF THE COMMONWEALTH WHERE IT IS BEST SITED.

>> AS REFERENCED EARLIER THERE IS NO NEIGHBORHOOD IMMUNE FROM OPIOIDS.

IT IS A EXPECTING THE WHOLE STATE.

I WILL GO WITH YOU IF YOU WANT TO SIT WITH THE MAYOR OF NEWTON AND THE CITY COUNCIL AND PROPOSE PITTING IT NEXT TO YOUR HOME.

>> IF THAT'S WHAT THE DEPARTMENT OF PUBLIC HEALTH AND COMMONWEALTH COMES UP WITH, YES, I WILL GO.

>> HAVE THEY COME UP WITH A LOW INDICATION?

>> THEY HAVEN'T FORMED THE TASK FORCE, THAT'S WE ARE REQUESTING.

>> I WILL QUICKLY, THERE WAS A SECOND BILL UP AT THE STATE HOUSE REGARDING A FEASIBILITY STUDY TO LOOK AT LOCATIONS.

>> OK.

WHAT IS THE MECHANISM BY WHICH WE'RE GOING TO BE TESTING SAY SOMEONE COMES IN WITH A BAG, WE'RE CALLING IT A SCHEDULE ONE SUBSTANCE ARE WE TESTING IT FOR FENTANYL?

IT COULD BE HEROIN OR DOSE OF COMBINATION OF THINGS, AND WE SIT AND WATCH WHAT HAPPENS?

>> YOU ARE ASKING WHAT I CAN'T PREDICT BUT WANT TO SEE WHAT THE TASK FORCE COMES UP WITH.

>> FACILITY WHERE WE CAN'T TEST, LET THEM INJECT OR SNORT, AND WE WAIT AND SEE IF WE ARE GOING TO JUMP IN AND RENDER ASSISTANCE?

I THINK IT IS ABSOLUTELY ASSANINE.

>> AND QUICKLY, REGARDING FENTANYL THERE IS NO HEROIN LEFT IN BOSTON.

THERE'S NONE.

EVERYTHING IN BOSTON IS FENTANYL OR FENTANYL -- THERE IS NO HEROIN LEFT IN THE CITY, AND PROBABLY NONE LEFT IN THE STATE. PEOPLE ARE HAVING ACCESS TO A GCMS OR INFRARED SCANNER TO KNOW WHAT THEY ARE CONSUMING IN THE FACILITY WOULD BE INCREDIBLE.

SO PEOPLE KNOW WHAT THEY ARE CONSUMING, THEY ARE ABLE TO USE SAFER AND THE PEOPLE SUPERVISING CAN HAVE A HEAD'S UP AS TO WHAT THE RESULT WILL BE AFTER.

>> SO THE OPTION IS RECOVERY, RIGHT?

AND I AM HAPPY TO HELP YOU.

I AM HAPPY TO HELP ANYONE YOU THINK COULD USE THE HELP TO GET CLEAN AND SOBER, AND I THINK THAT SHOULD BE THE END GAME HERE.

IT SHOULDN'T BE PROVIDING SAFE HOUSES AND NORMALIZING THE ACTIVITY.

IT SHOULD BE TRYING TO GET FOLKS OFF HEROIN AND IN THIS INSTANCE, I WAY FROM DEADLY FENTANYL.

THAT SHOULD BE THE GOAL HERE.

IT SHOULD BE A SHARED GOAL OF EVERYONE IN THE CHAMBER AND BEYOND, BUT I DON'T THINK IT SHOULD BE PUTTING SAFE INJECTIONS HOUSES WITHIN THE CONFINES OF BOSTON.

>> THANK YOU.

COUNCILOR JACKSON.

>> MADAM CHAIR AND THANK YOU COUNCILOR BAKER FOR BRINGING THIS TO THE BODY.

AS SOMEONE WHO GREW UP IN ROXBERRY AND I THINK WE HAVE TO FIRST GO TO HISTORY AND GO TO THE PEOPLE WE TREATED ON CRACK

IN THE SAME NEIGHBORHOOD.
HOW WE FAILED THEM.
AT THAT TIME THERE WERE THREE
STRIKES RULES, RECO CASES,
MANDATORY SENTENCING, LOCK THEM
UP AND THROW AWAY THE KEY.
THAT'S WHAT WE DID IN THE CITY
OF BOSTON IN THE STATE OF
MASSACHUSETTS, IN THE UNITED
STATES OF AMERICA, TO FOLKS WHO
HAD THE SAME SITUATION AROUND
ADDICTION.
THEIR FACES WERE DIFFERENT.
THEY LIVED IN DIFFERENT
NEIGHBORHOODS.
AND SO I JUST WANT TO TAKE A
PAUSE AND IRONICALLY TODAY IS
THE DAY WHERE THE LAST SLAVES IN
GALVESTON, TEXAS FOUND OUT THAT
THEY WERE FREE.
THIS IS AN IRONY NOW THAT WE ARE
HAVING THIS CONVERSATION TODAY.
WHERE 20, 30 YEARS AGO WE WERE
HAVING A DIFFERENT SITUATION.
HAD WE TREATED THOSE FAMILIES
AND RESIDENTS WITH DIGNITY,
RESPECT AND THE ADVOCACY THAT
THEY NEED AND THAT WE SEE RIGHT
HERE TODAY, MANY LIVES WOULD
HAVE BEEN SAVED.
MILLIONS OF DOLLARS ON THE
FAILED WAR ON DRUGS WOULD HAVE
BEEN SAVED IN OUR COMMONWEALTH
IN THE UNITED STATES OF AMERICA.
AND WE WOULD ACTUALLY KNOW A
WHOLE LOT MORE ABOUT ADDICTION
AND WHAT NEEDS TO HAPPEN.
AND SO I JUST -- I AM A LITTLE
HEAVY-HEARTED ON THIS ISSUE
RIGHT NOW BECAUSE I GREW UP IN
THE SAME NEIGHBORHOOD.
AND THERE ARE PEOPLE IN THAT
NEIGHBORHOOD WHO WENT THROUGH A
WHOLE LOT, IN PARTICULAR IN THE
ORCHARD GARDENS, CALLED ORCHARD
PARK BACK IN THE DAY.
AND I THINK WE JUST NEED TO BE
MINDFUL OF WHAT IS GOING ON IN
OUR CITY.
AND I THINK A COUPLE OTHER
ISSUES THAT WE SHOULD BE
THINKING ABOUT, IS THE
RESPONSIBILITY OF THE CITY OF
BOSTON, AND EXASPERATING THE

ISSUES THAT HAPPENED IN THAT AREA.

BY CLOSING THE LONG ISLAND BRIDGE AND PUSHING PEOPLE OUT OF DETOX, FIRST CONDEMNING A BRIDGE AND THEN PUTTING PEOPLE ON TOP OF THE BRIDGE WHEN IT WAS CONDEMNED.

PUSHED PEOPLE OUT OF DETOX AND THEY DIED.

AND THAT BLOOD ON THE HANDS OF THE BOSTON HEALTH COMMISSION, THE CITY OF BOSTON, THAT IT HAPPENED ON OUR WATCH.

AND THAT HAS EXACERBATED THE SITUATION THERE.

IN ADDITION, THAT IS FURTHER CONFLATED WITH THE CLOSURE OF THE CITY'S OWN METHADONE CLINIC. AND WHERE DO THOSE PATIENTS GO? INTERESTINGLY, THOSE PATIENTS WERE RELOCATED TO A FACILITY CLOSER TO THIS AREA.

SO I DON'T KNOW VANCOUVER, I HAVE NEVER BEEN TO VANCOUVER, BUT I KNOW WHAT HAPPENS ON MASS AVENUE, AND I KNOW THE CITY OF BOSTON IS COMPLICIT IN EXASPERATING THE SITUATIONS THAT HAPPENED IN THAT AREA, REGARDLESS WHETHER WE HAVE A SIF OR NOT.

IT HAPPENED ON OUR WATCH.

AND PEOPLE DIED AND PEOPLE ARE DYING BECAUSE OF THE ACTIONS OF THE CITY OF BOSTON.

AND A TENT AIN'T GOING TO FIX IT.

AND SO AS WE HAD THIS CONVERSATION, WHAT I KNOW IS THE STATE OF MASSACHUSETTS HAS FAIL THE CITY OF BOSTON IN PUTTING METHADONE CLINIC AFTER METHADONE CLINIC AFTER METHADONE CLINIC IN THE SAME AREA.

SO I DON'T HAVE A LOT OF THOSE ISSUES.

DO I THINK THAT PEOPLE NEED HELP AND DO I SEE A VERY STRONG HUMAN FACE TO THIS?

I DON'T WANT TO HEAR, AND I WENT TO AN NEIGHBORHOOD ASSOCIATION THERE WERE 14 OVERDOSES LAST SUMMER IN A HALF-BLOCK AREA.

THAT'S HAPPENED ON OUR WATCH AND WE'VE GOT TO FIX THAT. AND I WANT TO HEAR MORE STUFF ABOUT HOW WE DEAL WITH THESE ISSUES.

THAT'S VERY REAL.

AND I APPRECIATE THAT PRACTITIONERS NEED TO STAND UP. AND I SAY I DID MEDICINE SAYINGS.

AND I SOLD A PRODUCT AND THEY DIDN'T WANT IT BECAUSE THEY WANTED OXYCONTIN WHEN I DID SALES BACK IN THE DAY, AND IT HAS ONLY GOTTEN WORSE.

SO WHAT I NEED TO KNOW IS THAT PEOPLE WHO LIVE IN THESE NEIGHBORHOODS AND IN THESE COMMUNITIES, FOLKS WHO DO BUSINESS AND RISK THEIR OWN CAPITAL IN THOSE NEIGHBORHOODS AND COMMUNITIES, ARE GOING TO BE ON THIS BOARD.

BECAUSE WHAT I DO KNOW IS THE MCDONALD'S, THE GREAT GENTLEMEN THAT USED TO OWN THAT, HE SOLD IT.

THE GAS STATION, VERY NICE PERSON USED TO OWN THAT, THEY SOLD IT.

SO THERE HAS TO BE A COMMUNITY VOICE AT THE TABLE ON THESE ISSUES BECAUSE TIME AFTER TIME AFTER TIME THE STATE OF MASSACHUSETTS HAS FAILED THE CITY OF BOSTON ON THESE ISSUES. WITH THE HYPER CONCENTRATION OF METHADONE CLINICS IN THAT AREA. AND I WOULD NOTE THAT I HEAR YOU ON THE DEFERRED COSTS.

EVERY TIME SOMEBODY O.D.S IN THE AREA, THE POLICE, AMBULANCE AND FIRE ARE ALL CALLED.

AND I WOULD LOVE TO HEAR THROUGH THE CHAIR THE NUMBERS RELATIVE TO THOSE CALLS, AND THE COSTS ASSOCIATED FROM OUR FIRE DEPARTMENT, POLICE DEPARTMENT, AS WELL AS AMBULANCES.

I THINK THAT'S A CRITICAL DON'T -- COMPONENT AND I THINK WE NEED TO LOOK AT THAT AS SAVINGS IN THE FUTURE.

BUT I ALSO KNOW THAT THERE IS A

DISPROPORTIONATE AMOUNT OF
BURDEN THAT IS FELT BY A
SPECIFIC SMALL PART OF THE CITY
OF BOSTON.

AND WE HAVE GOT TO LISTEN TO
FOLKS WHO LIVE IN THOSE
NEIGHBORHOODS, WHO ARE HAVING
THEIR DOORS KICKED IN ON A
REGULAR BASIS.

WHO ARE DEALING WITH SADLY
ISSUES AND I HAD SOMEONE WHO HAD
A DOOR BROKEN WHO HAD SOMETHING
STOLEN THAT WAS EXPONENTIALLY
LESS AVAILABLE THAN THE DOOR.
AND WE HAVE TO LOOK AT IT FROM
THAT PERSPECTIVE OF THOSE FOLKS.
THERE WOULD BE A COMPELLING CASE
THERE.

BUT I JUST KNOW THAT IT IS
ABSOLUTELY CRITICAL THAT
SOMETHING IS DONE.

BUT I KNOW AS A LOCAL OFFICIAL
THAT THE STATE OF MASSACHUSETTS
HAS NOT SERVED US WELL.
AND I WOULD ASK, AND THROUGH THE
CHAIR TO THE DOCTOR, THAT YOU
DEMAND THAT THERE IS IT LOCAL
REPRESENTATION FROM FOLKS WHO
LIVE IN THAT NEIGHBORHOOD, LIVE
IN THAT COMMUNITY, DO BUSINESS
IN THAT COMMUNITY, ON THAT
BOARD.

BECAUSE IT IS THE HIGHEST
CONCENTRATION OF METHADONE IN
THE STATE.

IF SOMEONE CAN SHOW ME SOMETHING
ELSE, THAT WOULD BE FINE.

AND AGAIN, I THANK YOU FOR THIS.
I THINK WE HAVE TO BE
THOUGHTFUL.

WE HAVE TO LOOK AT THE DATA
AROUND THESE ISSUES AND WE HAVE
TO BE THINKING ABOUT HOW WE SAVE
FOLKS LIVES.

I WOULD ALSO NOTE, IF WE'RE NOT
HAVING A CONVERSATION ABOUT
DETOX BEDS ON DEMAND, THEN WE'RE
NOT HAVING A REAL CONVERSATION.

IF WE'RE NOT HAVING A
CONVERSATION ABOUT INCREASING
THE NEEDLE DISTRIBUTION IN THE
CITY OF BOSTON, WE'RE NOT HAVING
A REAL CONVERSATION.

I SEE THE FOLKS BACK THERE, BUT

THERE'S NOT ENOUGH OF THEM.
THEY WORK THEIR BUTTS OFF EVERY
SINGLE DAY.

IN WE'RE NOT HAVING A REAL
CONVERSATION AND LISTENING TO
THE PEOPLE WHO ARE ON THE
GROUND, THEN WE ARE ACTUALLY
DOING OURSELVES A DISSERVICE
WASTING FOLKS' TIMES.

I THANK THE TWO CO-SPONSORS OF
THIS.

THIS IS THE ISSUE OF OUR TIME IN
THE UNITED STATES OF AMERICA
POST-WORLD WAR II.

WE'RE GOING UP EVERY SINGLE YEAR
IN LIFE EXPECT ANTSY.

LAST YEAR'S NUMBERS WE SAW FOR
THE FIRST TIME IN A LONG TIME.
WE ACTUALLY SAW LIFE EXPECTANCY
IN THE UNITED STATES GO DOWN.
AND IDEAL WITH THE DISTRICT THAT
HAS A 33-YEAR DIFFERENCE IN LIFE

EXPECTANCY.

AND MY HOPE IS THAT WE MOVE
TOWARDS THE 91.9 IN THAT DAY
VERSUS THE 58.9 THAT IS THE LIFE
EXPECTANCY IN ROXBURY.

LOWER THAN THE LIFE EXPECTANCY
IN GAMBIA AND IRAQ.

AND WE HAVE TO BE THOUGHTFUL OF
THE PEOPLE IN OUR NEIGHBORHOODS
AND COMMUNITIES, AND ALSO THE
BUSINESSES IN THOSE
NEIGHBORHOODS.

THANK YOU SO MUCH.

>> THANK YOU COUNCILOR.

I HAVE TWO QUICK RESPONSES TO
YOUR REMARKS.

ONE, THIS COUNCIL HAS CHANGED,
AND THAT'S PART OF WHY WE'RE
HERE.

ESPECIALLY IN REGARDS TO OUR
RELATIONSHIP WITH THE STATE.
THIS IS WHY WE'RE HERE, BECAUSE
IT'S SO IMPORTANT FOR TO US HAVE
THIS CONVERSATION BECAUSE IT
DOES SO DIRECTLY IMPACT THE CITY
OF BOSTON, BOTH POSITIVELY AND
NEGATIVELY.

SO I HAVE A COUPLE OF QUICK
QUESTIONS.

IN VANCOUVER, IF ANY OF YOU
COULD SPEAK TO ANY CHANGES IN

THE NUMBER OF INDIVIDUALS USING HEROIN FOR THE FIRST TIME.
I DON'T KNOW IF ANY OF THE DATA HAS SHOWN THAT.
BECAUSE WITH THE SMALL NUMBER OF BEDS, A HIGH NUMBER OF VISITS, I'M JUST WONDERING IF WE'VE STEMMED THE TIDE OF NEW USERS, OR DOES THE NUMBER CONTINUE TO INCREASE?
I AM NOT SURE IF YOU HAVE ANY OF THAT DATA.
>> I HAVEN'T SEEN THOSE DATA EXPRESSED IN THAT MANNER, BUT OBVIOUSLY SOMETHING WE WOULD LIKE TO KNOW.
>> AND REGARDING THE SIFS, WHO SEPARATES THEM TYPICALLY? IS IT DEPARTMENT OF HEALTH, EQUIVALENT, A GOVERNMENT AGENCY OR PRIVATE ENTITY?
ONE OF THE CHALLENGES, ESPECIALLY WITH SOME OF THE METHADONE CLINICS IN THE CITY OF BOSTON, THEY ARE PRIVATELY OPERATED AND THAT PRESENTS CERTAIN CHALLENGES, FOR SURE. I DON'T KNOW IF ANYONE KNOWS WHO OPERATES SIFS.
>> I THINK IN THE 11 NATIONS AROUND THE WORLD THAT HAVE THIS AS THE MODEL, AND ABOUT 100-PLUS DIFFERENT SIFS, THERE ARE A LOT OF DIFFERENT MODELS. MANY RUN BY GOVERNMENTS LOCALLY OR OTHERWISE, AND SOME ARE PRIVATE, NON-PROFITS. I THINK SOMETHING IF CONSTRICTED THAT WE WOULD DEFINITELY LOOK AT.
>> AND I WOULD LIKE TO RECOGNIZE JOINED BY OUR AT-LARGE COLLEAGUE, AYANNA PRESSLEY. ANY COMMENTS?
IF MY COLLEAGUES HAVE FOLLOW-UP, AND THEN WE WILL GO COUNSELOR BAKER, AND THEN WE WILL PREPARE FOR THE SECOND PANEL TO COME DOWN.
>> JOE, YOU MADE A POINT A COUPLE OF TIMES AND KEPT COMING BACK TO IT.
AND I APPRECIATE IT.
SO WE HAVE TO, AS THE CITY, HAVE

TO HAVE A FULL DISCUSSION.
SO WHEN WE MOVE FORWARD, OR IF
IT MOVES FORWARD AND WHERE IT
MOVES FORWARD, SITING IS AFTER A
FULL DISCUSSION.

SO I THINK WHAT COUNSELOR
ESSAIBI AND MYSELF ARE LOOKING
FOR IS TO HAVE THIS DISCUSSION,
SO WE KNOW WHAT TO EXPECT AND SO
WE CAN ADVOCATE PROPERLY THERE I
LIKE HOW YOU SAID A COUPLE OF
TIMES GETS LET OUR FACTS AND SEE
WHERE WE ARE WITH IT AS A CITY
AND THEN FIGURE OUT THE SITE.
AND AGAIN, MY -- NOT TO BRING IT
BACK, BUT MY ISSUE IS SINCE I'VE
REPRESENTED THIS AREA DOWN
THERE, THERE'S BEEN A COUPLE OF
THINGS THAT WERE JUST KIND OF
THAT HAPPENED AND THERE WAS NO
DISCUSSION ON IT.

AND TALKING ABOUT THE SECOND
METHADONE CLINIC ON BRADSTONE
STREET THERE.

AND WE REALLY NEED TO BE IN THE
DISCUSSIONS AND LETS BRING THE
WHOLE STATE IN, ALSO.

THANK YOU FOR YOUR TIME.

>> COUNCILOR FLAHERTY.

>> DIRECTOR THROUGH THE CHAIR,
IF IN YOUR CIRCLE, THE
DISCUSSIONS YOU'RE HAVING, IF
YOU COULD LET THE FOLKS KNOW
THEY SHOULD BE LOOKING IN OTHER
LOCATIONS OUTSIDE OF BOSTON.

I'M PREPARING TO -- A POSSIBLE
AMENDMENT TO THE CODE AND I
WOULD LIKE TO SEE A WIDE AND
BROAD-BASED DISCUSSION OF OTHER
AREAS, OTHER LOCALES.

PREFERABLY THE SUBURBS, NO ONE
DOES MORE AROUND TREATMENT AND
RECOVERY THAN THE CITY OF
BOSTON, BUT IT WOULD BE GREAT TO
THOSE COMMUNITIES TO STEP UP TO
THE PLATE.

THEY ARE NOT IMMUNE FROM
TREATMENT AND RECOVERY ISSUES
AND OPIOID AND HEROIN.

IN FACT WHEN YOU TOURED THE
FACILITIES THAT I TOURED, MOST
OF THE PEOPLE IN THE TREATMENT
AND RECOVERY FOLKS, HALF WAY
HOUSES THEY ARE NOT FROM THE

CITY OF BOSTON.

WHEN WE LOOK FOR A PLACE FOR OUR OWN CHILDREN TO RECOVER OUTSIDE OF THE NEIGHBOR, OUTSIDE OF WHERE THEY ARE BUYING AND SELLING, THERE ARE NO BEDS AVAILABLE.

SO I WOULD ASK YOU IN YOUR CIRCLE IT IS YOU CAN PUSH BACK OR AT LEAST OPEN UP THE DISCUSSION THAT THERE IS SOME RESISTANCE IN BOSTON AND THEY OUGHT TO LOOK AT SOME OTHER LOCALES AND BRING THOSE DESTINATIONS AND LOCATIONS TO THE TABLE AS WELL.

THANK YOU, DOCTOR.

THANK YOU MADAM CHAIR.

>> -- AT THE COMMONWEALTH AND WE WOULD NOT PRESUME THE MEDICAL SOCIETY ALONE TO MAKE THE DISCUSSION OF WHERE IT SHOULD BE, BUT WOULD ASSUME THAT STATE AND LOCAL GOVERNMENTS WOULD PUT THEIR THOUGHTS TOGETHER AND COME UP WITH THE MOST OPTIMAL LOCATION FOR SUCH.

AND I WOULD MOVE FORWARD FROM THERE.

WE'RE NOT GOING INTO THIS WITH ANY PRECONCEIVED NOTION OF WHERE IT SHOULD BE.

>> THANK YOU, DOCTOR.

WE'LL GET READY FOR OUR SECOND PANEL.

I THANK YOU ALL FOR JOINING US TODAY AND FOR YOUR VERY FOUGHT THOUGHTFUL AND THOROUGH PRESENTATION TODAY, THANK YOU.

[APPLAUSE]

>> A BRIEF APPLAUSE NOW AS WE SWAP OUR PANEL.

NEXT, DR. ROBERT, AND BURNS AND FITZGERALD.

>> IT APPEARS THAT WE HAVE ADJOURNED OR RECESSED, WE HAVE NOT.

THANK YOU ALL VERY MUCH.

AND I WELCOME YOU TO THE CITY HALL CHAMBER.

I THINK WE'RE GETTING SOME SLIDE SHOWS, SOME PRESENTATIONS SET UP.

AND I THINK WE'LL START WITH THE

DOCTOR.

>> THANK YOU MADAM CHAIRWOMAN.
IF YOU CAN GIVE A MOMENT, THANK
YOU.

>> CAN WE GO TO FULL SCREEN?

>> YEP.

>> ONCE AGAIN THANK YOU VERY
MUCH.

I'D LIKE TO SAY WHO I AM AND WHY
I'M HERE.

FIRST, AND TO THANK ALL THE
MEDIA FOR LEAVING --

>> HERE HERE.

>> AND FOR THOSE WHO HAVE
INTEREST OF STAYING.

I AM THE PRIMARY PHYSICIAN IN
THIS INCARNATION IN MY LIFE, BUT
ALSO BAN PROFESSOR AT MEDICAL
SCHOOL FOR CLOSE TO FIVE DECADES
AT A NUMBER OF MEDICAL SCHOOLS
ACROSS THE COUNTRY, AND MORE
RECENTLY IN BOSTON FOR THE LAST
40 YEARS.

I SEE PATIENTS EVERY DAY.
PATIENTS FROM EVERY STRIPE AND
FASHION OF WORK, COMMUNITIES AND
STUFF IN MY PRACTICE.

AND WE TAKE ALL INSURANCES.

I DON'T SPEAK HERE FOR BOSTON
UNIVERSITY OR THE OTHER
UNIVERSITIES, OR FOR BETH
ISRAEL, THE HOSPITAL WHERE I AM
ON STAFF OR CARNEY WHERE I HAVE
BEEN ON STAFF FOR A LONG TIME,
OR MANY OTHER PLACES THAT I AM
AFFILIATED WITH.

I HOPE TO BRING SOME INFORMATION
HERE THAT HASN'T BEEN SAID SO
FAR, TO GIVE SOME PERSPECTIVE TO
THE COUNCILORS IN THEIR
DELIBERATION BE THIS VERY
IMPORTANT ISSUE.

AND I DON'T KNOW HOW THIS ONE
WORKS, BUT IF I START PUSHING
BUTTONS -- I THINK FORWARD RIGHT
BE TO THE RIGHT.

YES, FIGURED THAT OUT.

I AM GOING TO GO THROUGH THESE
RATHER QUICKLY, BECAUSE I WANT
TO PUT THE NOTION OF ADDICTION
IN PERSPECTIVE, BECAUSE WE'VE
BEEN TALKING MOSTLY ABOUT DRUGS
AND INJECTABLES, AND I THINK
PEOPLE FORGET THERE ARE OTHER

TYPES OF ADDICTIONS AND THEY SHOULD NOT BE NEGLECTED IN HOW WE HANDLE PUBLIC HEALTH ISSUES, BECAUSE THEY'RE EQUALLY IMPORTANT.

SO BECAUSE INJECTED MATERIALS HAVE GREATER RISK, THAT'S WHY WE'RE ALL HERE TODAY TO TALK ABOUT SAFETY.

OBVIOUSLY, THE CONSEQUENCES OF ADDICTIONS ARE KNOWN TO MANY OF US PERSONALLY AND THROUGH OTHERS THAT WE'RE ASSOCIATED WITH.

AND I'M NOT GOING TO READ SLIDE, BECAUSE I THINK ALL OF YOU KNOW HOW TO READ.

BUT BASICALLY, THEY HAVE A MAJOR IMPACT ON SOCIETY AND THE WORKPLACE, AND MULTIPLE OTHER PEOPLE AND PARTIES.

OUR FAMILIES, OUR FRIENDS, OUR NEIGHBORS.

SOCIETY DEMANDS THAT OUR REPRESENTATIVES DO SOMETHING, BECAUSE WE HAVE A BIT OF A CRISIS GOING ON.

I DON'T WANT TO SPEND THIS TIME TALKING ABOUT HOW WE GOT HERE, ALTHOUGH HISTORY IS VERY IMPORTANT.

I DID KNOW GEORGE DE SANTIANO AND HISTORY HAS A WAY OF REPEATING ITSELF IF YOU FORGET IT.

HE SAID THAT.

SO WE NEED HELP FROM ALL THE STAKEHOLDERS.

MANY ARE HERE, SOME ARE NOT. WE WANT TO LOOK FOR SOLUTIONS AND WE WANT TO ENGAGE EVERYBODY IN TRYING TO GET SOMETHING BY FOCUSING ON WHAT HAPPENS.

WHEN I LOOK UPON MYSELF AS A GUY WHO SOLVES PROBLEMS EVERY DAY. I GET UP, GO TO THE OFFICE AND PEOPLE COME IN WITH THEIR PROBLEMS.

I HAVE TO FORGET MINE, SO I SAY OK, WHAT HAVE YOU GOT AND WHAT CAN WE DO ABOUT IT TO MAKE YOU BETTER, OR YOUR LIFE BETTER, OR SOMETHING ELSE BETTER?

SO THAT'S PROBLEM-SOLVING, WHICH MOST DOCTORS DO, AND MY

COLLEAGUES WHO WERE HERE BEFORE
DO THE SAME.
IN THEIR OWN WAYS AND THEIR OWN
PLACES.
ALL WE MAY NOT ALL AGREE ALL THE
TIME, BUT THAT IS OUR GOAL AND
WE'RE PRETTY MUCH DEDICATED TO
THE WELFARE AND OUR PATIENTS,
SOMETIMES AT OUR OWN PERIL.
NOW, TREATMENT OF ADDICTIONS
VARIES.
IT DEPENDS ON THE TIME OF
ADDICTION IN TERMS OF SUBSTANCES
IT AS HAS ALREADY BEEN SAID,
RELAPSE IS COMMON.
COMPOUNDS WHICH ARE HIGHLY
ADDICTIVE IN A PHYSICAL,
BIOLOGICAL, PHYSIOLOGICAL WAY
ARE MUCH MORE DIFFICULT TO DEAL
WITH, BECAUSE THEY ALMOST CHANGE
THE BRAIN AND DEMAND THAT THEY
GET THAT AGAIN.
WITHDRAWAL IS IT A PROBLEM, SO
MERELY DETOXING SOMEONE IS NOT
NECESSARILY GOING TO WORK.
I HAD PLENTY OF PATIENTS WHO
HAVE GONE THROUGH DETOX, AND
PLENTY OF PATIENTS WHO RETOXED.
SUBSTANCES NOW INCLUDE SOME
MENTIONED.
AND I REVIEW DRUG TESTS FOR
EMPLOYERS, COAST GUARD, NAVY AND
MANY OTHER PLACES TO SEE IF
PEOPLE HAVE DRUGS ONBOARD WHEN
THEY APPLY FOR A JOB OR FOUND IN
A RANDOM SEARCH.
INCLUDING TRUCK DRIVERS AND
THOUSANDS OF OTHER PEOPLE.
AS SAID BEFORE, I JUST WANT TO
MAKE A COMMENT THAT HEROIN AND
OTHER THINGS LIKE FENTANYL ARE
NOT NECESSARILY COMING TOGETHER.
THAT'S NOT 100% TRUE.
I THINK WE SEE WHAT WE SEE
BECAUSE WE'RE IN A PARTICULAR
ENVIRONMENT, BUT SOME OF US SEE
DIFFERENT ENVIRONMENTS.
SO STRATEGIES FOR TREATMENT, I
THINK, ARE FAMILIAR TO MOST
PEOPLE.
WITHDRAWAL AND PROGRAMMING, IF
POSSIBLE.
SUBSTITUTION OF AGENTS OF MORE
CONTROLLABLE MEDICAL

CONSEQUENCE, SUCH AS METHADONE,
-- A MIXTURE OF ANOTHER
SUBSTANCE.
THERE ARE PILLS AND NOW HEROINE
AS IN ENGLAND AND OTHER AREAS AS
A TREATMENT RATHER THAN A STREET
DRUG.
IN OTHER WORDS PURE HEROINE USED
INSTEAD OF STREET DRUGS.
THE MAIN ISSUE OF THIS IS ON
REDUCTION.
I WILL CALL IT THE LESSER OF TWO
EVILS.
IS IT BETTER TO HAVE SOMEONE
INJECTING IN THE ALLEYWAYS AND
DOORSTEPS OR IN A FACILITY WHERE
HELP MIGHT BE CLOSER.
I WILL -- A LOT HAS BEEN SAID
ABOUT THE CONDITIONS IN
VANCOUVER.
I THINK -- HAVE BEEN SAID.
THERE HAVE BEEN CHANGES AND I
DON'T THINK THEY HAVE BEEN
BROUGHT OUT HERE.
A STATE INJECTION FACILITY MAKES
SENSE IF YOU HAVE NO OTHER
ALTERNATIVES AND YOU'RE LOOKING
FOR A FORM OF SAFETY.
IT COMES AT A PRICE.
THE PRICES ARE ILLUSTRATED BY
COUNCILLOR BAKER, I DON'T KNOW
ALL OF THE NAMES THAT PEOPLE
SPOKE.
I DON'T MEAN TO PICK ON YOU OR
HIGHLIGHT YOU IN ANYWAY.
SAFETY IS THE PRINCIPAL ISSUE
THAT THIS IS ABOUT.
NOT JUST THE SAFETY OF THE
PERSON BUT THE SAFETY OF THE
NEIGHBORHOOD AND THE COMMUNITY,
A LOT OF OTHER THINGS, INCLUDING
THE MEDICAL STAFF.
LET'S LOOK AT THIS RECENTLY
PUBLISHED GRAPH OF OVERDOSES IN
BRITISH COLUMBIA.
THE THE WHOLE PROVENCE.
NOT JUST VANCOUVER BUT VANCOUVER
AND OTHER BIGGER PLACES THAT I
HAVE BEEN TOO.
YOU WILL SEE THE NUMBER OF
DEATHS IN THIS FACILITIES HAS
BEEN IN PLACE FOR 20 PLUS YEARS
AND STARTED TO CLIMB.
SORT OF THE CHANGE OVER OF THE

TEENS.

2010-2011.

THE DATA LAST PUBLISHED NOT
QUITE THESE, THIS IS WHAT IS
GOING ON NOW.

>> -- THE BOTTOM LINEçó ISN'T THE
INJECTING DRUGS BUT -- IS SO
COMMON IT'S ALL OVER THE PLACE
INCLUDING NEW ENGLAND, THE
MIDWEST AND REEFER WHERE ELSE.
YOU CAN TALK ABOUT WHY THAT
HAPPENS.

THE REALITY IS IT'S SO EASY TO
TRANSPORT YOU CAN PUT IT IN A
ENVELOPE AND MAIL IT.

BECAUSE THE POST OFFICE ISN'T IN
THE BUSINESS OF OPENING MAIL
LIKE THAT IT GOES ALL OVER THE
COUNTRY WITH GREATNESS.

THE QUESTION ISN'T A SAFE
INJECTION FACILITY BUT IF WE
CREATE ONE THERE WILL BE PEOPLE
WHO DIE THERE.

I WILL SHOW YOU WHY.

SO THE CURRENT VERSION OF HER
WIN, PURE HEROIN, NOT THE BROWN
STUFF.

I WORKED IN A EMERGENCY ROOM, I
HAVE SEEN ALL SHADES OF GRAY.

FENTANYL IS SYNTHETIC.

HEROIN COMES FROM POPPIES.

SO CARFENTANIL IS MORE
IMPORTANTENT THAN FENTANYL.

IF YOU ACCEPT H EROIN HAS THE
SAME POTENCY AS MORPHINE, FROM
THE SAME PLANT.

THEN FENTANYL IS ABOUT A HUNDRED
TIMES MORE.

IF YOU CAN TAKE A HUNDRED
MILLIGRAMS OFç

SALT OF FENTANYL IS LIKE THE
HEROIN AND CARFENANIL IS EVEN
STRONGER THAN.

THAT IT'S EASY TO GET AND IT'S
TEN THOUSAND TIMES MORE POTENT
THEN THE HEROIN ITSELF.

FOR COMPARISON OXYCONTIN HAS Ac
EQUIVALENT OF IS S..5.

IT'S ONE AND A HALF TIMES WHAT
YOU SEE IN A HEROIN BOTTLE.

WHETHER IT'S OXYCONTIN,
OXYCODONE OR ANY DERIVATIVE.

I DON'T THINK YOU CAN READ THIS
FROM THE BACK OF THE ROOM.

THE DATA AND PICTURES CAME FROM
CANADIAN TELEVISION AND THE --
THE GLOBAL MALE, A LARGE PAPER
IN TORONTO.

THEY DO GAD REPORTING AND YOU
CAN FIND IT ON THE WEB.

THAT'S WHERE I GOT IT ALL.

THIS SHOWS THE CHANGE IN YEARS
BY EACH GROUP OF BAR GRAPHS
THERE, DIFFERENT PROVINCES AS
TIME WENT ON INT(TERMS OF DEATHS.

WHAT IS IMPORTANT IS THE DEATH
IN RED, BLACK IS BRITISH
COLUMBIA AND THE GRAY IS -- WHY
ALBERTA?

SO MANY DRUGS THERE BECAUSE OF
THE OIL MONEY.

NOW THIS IS A PILL MAKING
MACHINE.

ANYONE CAN BUY ONE OF THESE AND
HAVE IT SHIPPED IN FROM
ANYWHERE.

WHY WOULD YOU WANT A PILL MAKING
MACHINE?

YOU TAKE THAT FENTANYL AND OTHER
BINDERS AND MAKE PILLS.

NOW YOU HAVE MONEY.

HOW TO MAKE MONEY WITH FENTINYL.
ONE KILOGRAM, 2-POINT IT POUNDS
OF FENTANYL DIVIDED INTO PILLS
WITH STRONG MILLIGRAMS IN EACH
ONE, THE COST TO THE PURCHASER
\$12,000.

THE VALUE TO MILLION THIS.
IS THE PROBLEM.

THESE DRUGS ARE SO POTENT AND
PLENTIFUL AND EASY TO GET AROUND
AND SO DEADLY WE NEED TO LOOK ON
THE SOURCES MORE THAN WHAT
HAPPENS TO THE PEOPLE WHOOK TAKE
THEM, I'M AFRAID TO SAY.

WITHOUT THAT WE ARE SHOVELING
AGAINST THE TIDE.

YOU WILL SEE HERE THERE ARE TWO
PACKETS LIKE WHAT YOUR
ELECTRONICS COME IN TO KEEP
THINGS DRY THIS.

IS A BOTTLE OF URINE DIP TICKS.
THOSE PACKAGES ARE NOT INNOCENT.
THEY'RE USED TO SMUGGLE HEROIN
INTO THE COUNTRY.

THEY'RE LESS THAN 30 GRAMS EACH,
THE WEIGHT OF A SHOT GLASS OF
WHISKEY ORçó WATER, CC EQUALS ONE

GRAM.

30 GRAMS.

THESE ARE FAR LESS THAN THAT.
THE AMOUNT OF FENTANYL IN EACH
PACKAGE IS TEN THOUSAND DOLLARS
EACH.

YOU TAKE A LITTLE BIT OF THAT
AND GET THE PILL MACHINE AND
THROW TOGETHER SOME INGREDIENTS
YOU USE TO MAKE PILLS.

POP IT ALL IN THE MACHINE.

THEY CALL THESEq

SELL ON THE STREET FOR TO

DOLLARS.

THAT'S PART OF WHERE THE
\$2 MILLION -- \$20 MILLION COMES
FROM.

TO DOLLARS A PILL FOR THESE ON
THE -- \$20 A PILL ON THE STREET.
IT TAKES 2 POUNDS OF FENTANYL TO
MAKE THESEt(PILLS WORTH
\$20 MILLION.

WHAT ARE THE BENEFITS AND RISKS
OF?

SOME BENEFIT, FOR TO YEARS OF
EXPERIENCE -- MORE PEOPLE
GETTING INTO OTHER TREATMENT
PROGRAMS AND ALL OF.

THAT BUT CANADA IS A DIFFERENT
COUNTRY.

FINANCING HEALTHCARE THIS IS
DIFFERENT.

THERE ARE DIFFERENCES TO US.
THEY'RE NOT HUGE BUT THEY'REñi
WORTH TALKING ABOUT, AND NOT THE
SUBJECT I WANT TO TALK ABOUT
TODAY.

THE PROBLEM IS THE DATA THAT IS
EXEMPTED IT'S DONE SO WELL.
A CERTAIN NUMBER HAS BEEN SAVED.
THEY'RE CHANGING.

I HAVE SHOWN YOU THE GRAPH.
NOW THE PROVE STKEPBS OF BC HAS
THE SAME PROBLEM WE HAVE IN THIS
STATE.

LAST YEAR IN THIS STATE 8815% OF
THE DEATHS OF OPIATE OVERDOSE
INCLUDE FENTANYL, PLUS HEROIN
AND PLUS OTHER DRUGS.

THAT'S THE PROBLEM.

NOW -- EXPENSIVE TO OPERATE.
THE NUMBER FOUR THExD MEDICAL
SOCIETY WAS \$3.5 MILLION FOR
THIS SITE.

HOW MANY HUNDREDS OF PEOPLE WILL
USE THE SITE.

DO YOU CONCENTRATE PEOPLE IN AN
AREA WHERE YOU MAY NOT WANT THEM
CONCENTRATED.

THINK ABOUT WALKING INTO
METHADONE CLINICS PEOPLE ARE
EXCHANGING DRUGS OUTSIDE.

I HAVE PATIENTS ON METHADONE AND
THEY TELL ME, I HAVE SEEN IT
MYSELF.

PUTTING THINGS TOGETHER DOESN'T
ALWAYS MAKE THE PROBLEM BETTER.xD
THERE ARE OTHER PROBLEMS WE HAVE
TALKED ABOUT BUT UNTIL THESE
PROBLEMS ARE SOFLDZ I WOULDN'T
BE IN FAVOR OF THIS.

I THINK THEY COULD BE SOLVED
WITH A DESIGN AND STRUCTURE AND
ASSISTANCE DESIGN.

FOR EXAMPLE YOU DON'T KNOW WHAT
IS BEINGq

THAT'S BEEN TALKED ABOUT.

TECHNOLOGY IS SO SIMPLE YOU CAN
HAVE A -- AND TELL HOW MUCH OF
EACH THING IS THERE.

COMPANIES DEDUCT DRUG TESTING BY
THE MILLIONS VIEW MILLIONS OF
SAMPLES A DAY ACROSS MED TALKS,
LAB CORP AND A NUMBER OF OTHERS
IN THE MIDWEST.

THEY'RE ALL IN THE OFFICE IN A
BAG.

THEY COME BACK THE NEXT MORNING
ALL ANALYZED.

IT CAN BE DONE.

IT'S NOT LIKE IT'S ROCKET
SCIENCE, IT'S NOT.

THOSE ARE ILLEGAL DRUGS AS HAS
BEEN SAID.

IT'S IMPOSSIBLE TO DO THIS AT
ALL UNLESS THERE IS A WAFER OR
PERMISSION FROM THE FEDERAL
GOVERNMENT.

THAT'S A BIG ISSUE.

NOW THAT CREATES OTHER PROBLEMS.

SUPPOSE YOU'RE A DOCTOR AND
YOU'RE SUPER SRAOEUSZING A
CLINIC LIKE THIS.

YOUR MALPRACTICE CARRIER SAYS,
SORRY, YOU'RE NOT COVERED YOU'RE
DOING SOMETHING THAT INVOLVED
ILLEGAL SUBSTANCES.

SAME CAN APPLY TO THE OTHER

STAFF THERE.
SO, MORE LIKELY THAN NOT IF
PEOPLE WALK INTO THE DOOR WITH
WHAT THEY WANT TO BRING THERE
WILL BE A FATALITY.
SOMEONE MAY HAVE SOMETHING VERY
POET EPT, I WILL SHOW YOU HOW
POTENT IT CAN BE.
IF THEY INJECT IT, I DON'T CARE
WHAT YOU HAVE, YOU CAN'T HELP
FASTxD ENOUGH.
SUPPOSE TEN PEOPLE COME IN AND
AT THE SAME TIME AND DO THE SAME
THING.
THERE ARE THROW PEOPLE ON THE
SHIFT AND IT'S 3:00 A.M.
IT DOESN'T COMPUTE.
PROTECTIONS HAVE TO BE BUILT IN
TO THINK OF THE THINGS WE DON'T
ALWAYS THINK OF.
I HAVE HAD THE EXPERIENCE OF
RUNNING THREE CODES BY MYSELF IN
THE MIDDLE OF THE NIGHT IN A
EMERGENCY ROOM.
YOU WANT TO TALK ABOUT SHEAR
TERROR, THAT'S IT IS THERE A
BETTER WAY TO DO THIS THEN USED
SIFs?
THE ANSWER IS PROBABLY YES.
LET'S LOOK AT HOW EASY IT IS FOR
FENTANYL TO GET IN.
THIS IS A SMALL LAB IN CHINA.
THIS IS UNDER INVESTIGATION,
THOSE PICTURES THIS.
IS A BIG ONE.
YOU ONLY NEED 2-POINT IT POUNDS
TO MAKE TO MILLION DOLLARS.
THAT'S BETTER THAN THE LOTTERY.
SO, TWO MILLIGRAMS OF POWDER
NEXT TO A PENNY, THIS IS ENOUGH
NOT TO JUST PUT DOWN A HORSE BUT
THIS IS CARFENTANYL.
IT WILL PUT DOWN AN ELEPHANT.
>> AN ELEPHANT.
>> YESñi CARFENTANYL.
IT'S TEN THOUSAND TIMES MORE
POTENT.
THIS IS A LIST OF PAPERS ON
USING HEROIN LIKE THEY DO IN
ENGLAND AS A SUBSTANCE TO TREAT
ABUSE.
YOU GET THE HEROIN, PURE HEROIN.
YOU CAN INJECT IN A SAFE
FACILITY AND DOCTORS CAN WRITE

PRESCRIPTIONS.

THAT'S AN ALTERNATIVE FROM
WALKING IN OFF THE STREET WITH
WHAT YOU WANT.

SO, WHY SHOULD WE CHANGE IT?

I THINK WE HAVE A PROBLEM.

YOU HAVE MANY DRUGS.

DEFINITELY MANY PEOPLE ADDICTED.

ADDICTION IS A HORRIBLE PROBLEM
FOR ANYONE WHO HAS IT,
RELATIVES, COUNCILLORS, EVERYONE
ELSE.

IT'S NOT SOLVED EASILY.

IF YOU HAVE SAFE INJECTION
FACILITIES YOU NEED TO MAKE THEM
SAFE.

SO SAFE THAT THEY WILL BE FOOL
PROOF.

UNTIL THAT HAPPENS I WILL STAND
UP AND SAY, NOT SO FAST.

LET'S THINK ABOUT IT DEEPLY.

BECAUSE WE ARE FIGHTING THAT
CURVE NOW.

NOT JUST GETTING PEOPLE TO BE
ABLE TO BE SOUPER VIED IN A
PLACE.

THAT E.R.A. IS OVER.

THE NEXT GENERATION OF DRUGS
COMING AFTER CARFENTANYL ARE ALL
SIP THET I CAN AND MORE POTENT.
OUR SEW SITE SEEMS TO WANT MORE,
INCREDIBLY MORE AND INCREDIBLY
MORE THAN THAT OF EVERYTHING.

THAT IS THE PROBLEM.

EXAMPLE, A LOT OF PEOPLE MAY
DISA GROW WITH ME, BUT
MARIJUANA, MEDICAL MARIJUANA IN
USE TODAY AS A CONTENT OF THC,
THE -- IT'S TEN TIMES MOREÑi
POTENT THEN THE 60s.

TEN TIME MORE POTENT.

THERE IS NOTHING MEDICAL ABOUT
THAT.

IT DOESN'T GIVE MEDICAL
PROPERTIES TO MARIJUANA.Ñi
THE PLANTS ARE BRED TO DO THAT.
WHY?

BECAUSE PEOPLE WANT MORE OF A
BUZZ, A HIGHER HIGH, AND ALL OF
THAT.

THE DRUGS IN MARIJUANA HAVEN'T
BEEN THOROUGHLY STUDIED.

THERE ARE PRELIMINARY STUDIES
WITH BENEFITS FOR PARTICULAR

CONDITIONS.

THE STORY OF MEDICAL MARIJUANA
IS A BIT OF A SUBERFUGE.
THANK YOU FOR HAVING ME TODAY.
I'M SORRY IF I TOOK MORE THAN -P
MINUTES.

I HOPE I HAVE EDUCATED YOU ON
THE RISKS AND WHAT TO LOOK AT
BEFORE CONSIDERING THE ISSUES.
>> THANK YOU, VERY MUCH.

DIANE.

>> THANK YOU, THANK YOU FOR
HAVING ME.

>> MOVE THE MOTORCYCLE ROW PHONE
TO IN FRONT OF YOU.

>> MY NAME IS DO I ANi]l
GERALD.

ÑiFITZGERALD.

I'M A NURSE PRACTITIONER.
I THINK ALL OF US IN THIS ROOM,
ON BOTH SIDES OF THE TABLE ARE
DOING ALL WE CAN TO REACH THIS
POPULATION THAT TEARS APART
FAMILIES AND COMMUNITIES.
I WANT TO SAY I'M SPEAKING ON BE
HALF OF THE BOSTON METRO ALIVE
PROGRAM.

THE FOUNDER AND DIRECTOR ASKED
ME TO SPEAK ON HIS THOUGHTS
ALSO.

SAFE INJECTION SITES -- DURING
ANOTHER CRISIS OF THE AIDS
EPIDEMIC, DURING THE EARLY YEARS
THE IDEA OF HARM REDUCTION WAS
TO MEET THEOØPERSON WHERE THEY
WERE AT AND SUPPORT THAT PART OF
THEM THAT WANTED TO LIVE.
THIS IS WHAT THE INJECTION DRUG
USE GROUP DID.

WE WENT OUT TO THE SUFFERING
ADDICT.

PREVENTION BY BLEACH AND CLEAN
NEEDLES ANDok SYRENGES -- THE
RECOVERING ADDICTS, THE PEOPLE
WHO HAD SOME RECOVERY AND SEW
BRIGHT UNDER THEIR BELTS
COOPERATED TO PROVIDE AIDS
EDUCATION AND EXPANDED TREATMENT
ON RECOVERY . ONCE AGAIN THE
LARGER RECOVERING DECREASED FROM
38% TO SHOULD % AMONG INJECTION
DRUG USERS IN THE CITY OF BOSTON
IN THE LATE 110s AND EARLY THE
0s BY THE BOTTOM UP APPROACH

NOT THE TOP DOWN APPROACH.
THE SUCCESS OF THE EARLY DAYS OF
HARM REDUCTION WERE BORN FROM
THE HUMAN NEED TO SHARE THE
EXPERIENCE, STRENGTH AND HOPE.
HELPING OTHERS NAVIGATE THIS
EXPERIENCE AND LET THEM KNOW
WELLNESS CAN TAKE PLACE IN THE
ABSENCE OFñi A CURE.
THAT'S WHAT WE SAID ABOUT AIDS
BACK IN THE DAY.
THAT'S TRUE ABOUT SUBSTANCE
ABUSE, WELLNESS AND RECOVERY.
IT TODAY THE IDEA OF HARM
REDUCTION HAS BEEN SIGNIFICANT
CAPITALLY ALTERED.
TODAY WE INVITE THE ADDICT TO
COME TO US TO ACCESS CLEAN
NEEDLES.
TO COME TO US AND RIDE OUT THEIR
HIGH.
NOW THE MASS MEDICAL SOCIETY IS
PROVIDING A STAMP OF APPROVAL TO
INVITE DRUG USERS TO COME NO OUR
SITE AND PERHAPS DIE WITH HELP.
THE IDEA OFxDE PROJECTING DESIRES
AND HOPES FOR THE CLIENT TO
CONSIDER A HEALTHIER LIFESTYLE
HAS BEEN ELIMINATED.
THE ADDICT WILL ASK FOR HELP IF
THEY HAVE ENOUGH.
DRUG USE HAS BEEN NORMIZED IN
THEñi CITY.
I SEW A SAFE INJECTION SITE AS
HOSPICE CARE.
WE HAVE GIVEN UP HOPE FOR Açó
PERSON WALKING INTO A SAFE
INJECTION SITE WITH A BAG OF
DRUGS THEY WILL CONSUME UNDER
OUR WATCHFUL EYE.
WHO CAN KNOW WHAT IS IN THAT
ENVELOPE.
WHAT IF THEY DIE ON OUR WATCH,
WHO PAYS FOR THAT?
SPEAKING AS A NURSE I STAKE MY
REPUTATION IT'S THE NURSES NOT
THE DOCTORS.
IT'S A -- INJECTING AND SNORTING
DRUGS OF NO KNOWN QUALITY OR
QUALITY WITH NO POSSIBLE GOOD
OUTCOME.
AS THE NATIONAL INSTITUTION ON
DRUG ABUSE HAS SAID THE BRAIN
HAS BEEN HIJACKED BY DRUGS.

DO WE ALLOW THIS TO GO ON
UNINTERRUPTED AND UNCHALLENGED
THROUGH THE EFFORTS OF A SAFE
INJECTION SRAOEUT.
WHY GO TO TREATMENT WHEN YOU
HAVE ALL NECESSARY TO GET HIGH
HERE ON METHADONE MILE.
WHY ARE WE NOT CREATING MORE
TONIGHTS TO GET SOBER, INSTEAD
OF MORE TONIGHTS TO GET HIGH.
-- HEALTHCARE PROVIDERS TO
ADDRESS STRUGGLES AND TRAMA,
OFFERING WAYS TO EXPLORE
CHALLENGES AND GUIDANCE.
OR ARE WE PART OF THE PROBLEM?
THOUGHING OUR HANDS UP AND
SAYING IN SO MANY WORDS GIVING
YOU A PLACE TO INJECT DURING
BUSINESS HOURS, OF COURSE IS THE
BEST WE CAN OFFER NOW.
WE CAN DO BETTER TO HELP PEOPLE.
THE HIPPOCRATIC OATH IS
REMEMBERED FROM THE WORDS "DO NO
HARM."
THE ORIGINAL QUOTE READS "AS TO
DISEASE MADE THE HABIT OF TWO
THINGS, TO HELP OR TO AT LEAST
DO NO HARM."
THE PROPOSED LOCATION AT MASS
AVENUE AND AL PWAB BANE STREET
IS GROUND ZERO FOR DIRTY
NEEDLES, TWO METHADONE CLINICS,
TWO SHELTERS, HOSPITAL, HEALTH
FACILITY, HEALTH FACILITY FOR
THE HOMELESS.
STREET ACTION INCLUDES BEGGARS
OF CARS, A BUSTING NEEDLE CARE
PROGRAM, PEOPLE SLEEPING ON
CARDBOARD IN PLAIN SIGHT OF FOOT
AND CAR TRAFFIC.
PEOPLE SAY THEY WOULD RATHER
TAKE CHANCES IN THE BUSHES
RATHER THAN THE DRUG INFESTED
VIOLENCE SHELTERS.
THOSE FROM MASSACHUSETTS CON
CONGREGATE AS THEY HEAR THE
BENEFITS OF COMPREHENSIVE AND
EASY ACCESS.
DRUG DEALS GOING ON IN BROAD
DAYLIGHT, THE TKUBLDZ CAR WASH
SIGN SAID "HELL COME TO
HAMSTERDAM."
MCDONALD'S KHROELSED THEIR SIT
DOWN RESIDENT AS DRUG OVERDOSEES

WERE SO COMMON THIS THE SECURITY
GAME TOLD ME THE EMS GOT TIRED
OF SHOWING UP THERE SEVERAL
TIMES A DAY.

IF YOU HAVE A LOVED ONE ADDICTED
TO HEROIN WOULD YOU WANT THEM
ANYWHERE NEAR THE METHADONE MILE
AREA?

IF OUR NOT FAMILIAR WITH THIS
AREA, I WELCOME YOU TO JOIN ME
SOME MORNING.

WE CAN DO BETTER OFFERING THESE
SERVICES.

I'M ACTUALLY WILLING TO
ENTERTAIN ALTERNATIVES.

THE IDEA OF A MOBILE VAN, WHICH
IN ITSELF WOULD ELIMINATE --
ISSUES COULD BE A SYMBOL OF THE
CRISIS.

THE VAN COULD BE SITUATED ONCE A
WEEK IN MULTIPLE AREAS WHERE
OVERDOSE RATES ARE HIGH NOT JUST
METHADONE MILE.

THERE IS BROCKTON, NEWBEDFORD,
SPRINGFIELD.

PUBLIC HEALTH NEEDS TO PAY
ATTENTION TO THIS.

UNDERSTAND YOU MAY HAVE AN AREA
TO INJECT SAFELY UNDER THE
WATCHFUL EYE AND HARM REDUCTION
SUPPLIES AND OPPORTUNITIES TO
TEST FOR HIV AND HEP C.

RECOVERY INTERVENTIONS ARE PART
OF THE TEAM.

VOLUNTEERS FROM LEARN TO COPE
WOULD BE AVAILABLE FOR FAMILY
MEMBERS.

RECOVERY PEOPLE WHO VOLUNTEER.
MUCH AS THEY DID IN THE EARLY
DAYS OF AIDS.

-- ASSISTED THEY ARE POE OR
REPLACE PHEPT THERAPY, I CALL T
WOULD BE AVAILABLE.

THE SYMBOLISM OF THE VAN IS TO
REPRESENT CRISIS MORE THAN THE
ADDICT.

THE FAMILY AND THE COMMUNITY,
ALL MUCH BE EDUCATED.

PERHAPS POLITICIANS WILL ALSO
SHOW UP TO FIELD QUESTIONS.

MAYBE A LOCAL DUNKIN DONUTS
WOULD PROVIDE REFRESHMENTS THIS.
IS A PUBLIC HEALTH ISSUE NEEDING
INTERVENTION ON MULTIPLE LEVELS.

-- CONSIDER PHARMACIES FOR PATIENTS TO ACCESS MEDICATION AND THERE DILUTE THE MASS OF SUFFERING PEOPLE AT THE CLINICS. NOW HERE IS A INTERVENTION TO PUT YOUR VOICE TOO TO PARTNER PUBLIC HEALTH.

MY PERSONAL BELIEF IS IF WE STOP TREATING THE ADDICTED PERSON LIKE A SICK ANIMAL THAT DOESN'T KNOW BETTER, WE TELL THEM THEY DON'T HAVE CONTROL TO STOP.

THEY DON'T AND NEVER WILL.

LET US RAISE THE BAR FROM THE END OF LIFE CARE TO THE HARD WORK OF VALUABLE EXPERIENCE OF WELLNESS.

THANK YOU.

>> THANK YOU.

>> WELCOME.

>> I HAVE SLIDES AS WELL.

>> THANK YOU FOR HAVING THIS CONVERSATION.

I THINK IT'S VERY IMPORTANT FOR TO US HAVE AN OPEN DIALOGUE WITH BOTH SIZE OF THE TABLE PRESENT.

MY NAME IS ALISON -- I'M A REGISTERED PHARMACIST.

I HAVE A DOCTORETTE DEGREE --

I'M THE FOUNDER OF A NON PROFIT GETTING PHARMACIES MORE INVOLVED WITH THE SUBSTANCE USE COMMUNITY.

WHY NOT GET DRUG EXPERTS INVOLVED WITH DRUG ADDICTS.

I'M A MEMBER AND ADVISER FOR A TASK FORCE OF GOVERNMENT AGENCIES.

I HAVEN'T USED FACILITIES WHERE I WORK THIS.

IS MY INDEPENDENT TESTIMONY AND NOT RELATED TO ANY SPECIFIC INSTITUTION.

MORE IMPORTANT HEE I'M A BOSTON RESIDENT.

I LIVED IN DORCHESTER, NOW LIVE IN.

I AM A U.S. NAVY VETERAN WHO WAS INJURED AND ON OPIATES FOR YEARS YOU THIS THE VA.

I'M A SISTER OF AN ADDICT WHO IS NOT IN RECOVERY.

OKAY.

>> THE NUMBER ONE THING THAT WE

HAVE HEARD IN SUPPORT OF THE SUPERVISED INJECTION FACILITY IS THAT THEY SAVE LIVES AND REDUCES MORTALITY.

WHAT DOES THAT MEAN?

REDUCING DRUG OVERDOSES.

YES, I'M NOT GOING TO DISAGREE WITH THE OPPOSITION.

SIFs DO SAVE LIVES.

THEYÑi REDUCE OVERDOSE DEATHS.

IT'S IN THE FACILITY.

THAT'S WHAT IS THE KEY POINT HERE.

SO, THE STATISTIC YOU GOT 5% REDUCTION -- I WANT EVERYONE TO BE CLEAR, 35% WITHIN 500 MOTORS 500 METERS OF THE FACILITY.

ALL COMBINED IT WAS THE %.

I WON'T CHERI PICK TO MAKE MY POINT SOUND BETTER.

THIS WAS CONDUCTED JANUARY TO 01-SEPTEMBER 2003.

YET IT WAS PUBLISHD AND

RESEARCHED UP TO 2011.

IT FAILED TO INCLUDE THE FULL SET OF DATA. YES, THE DOCTOR WAS CORRECT.

THERE HAS NEVER BEEN A SINGLE DEATH WITH PEOPLE USING A SUPERVISED FACILITY.

ARE USING, KEY WORD.

I WOULD ENCOURAGE EVERYONE TO LOOK OUT AND SEE HOW MANY PEOPLE WHO USE THE SIF DIED OUTSIDE OF THE SIF.

GOING AHEAD TO OTHER FACILITIES.

A SIF IN SYDNEY.

THEIR OWNÑr COMMITTEE, THE PEOPLE WHO RUN THE FACILITY FOUND THERE WAS NO EVIDENCE THAT THE FACILITY AFFECTED THE NUMBER OF OVERDOSE DEATHS IN THE KING CROSS AREA WHERE IT IS.

MOVING ON THE EUROPEAN -- CENTER 2004 REVOW OF DRUG CONSUMPTION USE THAT'S WHAT THEY CALL IT THERE.

THEY LOO

ALL -- AT THAT IN GERMANY.

FOR EVERY 500,000 INJECTION THIS IS ARE TEN ADVERTED OVERDOSE FATALITIES.

THAT'S GREAT.

I'M HAPPY FOR.

THAT AN AVERTED FATALITY THAT
DOESN'T MEAN INDIVIDUAL LIVES
SAVED.

I'M A PHARMACIST.

I HAVE PEOPLE THAT COME IN WHO
OVERDOSE.

DEPRESSION.

THEY HAVE HAVE THIS IN A SINGLE
DAY.

SO TEN AVERTED OVERDOSE
FATALITIES COULD BE NOT TEN
PEOPLE.

MORE CLINICALLY APPROPRIATE
DEMONSTRATION IS A -- THIS WOULD
INCLUDE PEOPLE WHO SAY, GO TO
THE FACILITY, OVERDOSE AND GO
OUT COME IN AND OVERDOSE AGAIN.
THAT'S TWO SEPARATE INCIDENTS.
IT WOULD COUNT TWICE OPPOSED TO
BEING COUNT MORE THAN THAT IN
ONE SINGLE VISIT.

IT DOESN'T HELP WITH THE
FREQUENCY.

WHAT I MEAN BY THAT IF I WAS TO
DO HEROIN TODAY I WOULD PROBABLY
SHOOT UP ONCE.

MY FAMILY MEMBER, BROTHER, SIX
OR SEVEN TIMES A DAY.

WE ARE NOT EQUAL.

THE FREQUENT HAS TO BE TAKE NINA
COUNT.

THEY SAY THE AVERAGE NUMBER OF
INJECTIONS 500,000, TEN
INJECTIONS A DAY IS MUCH
DIFFERENT.

THAT'S 500,000 PEOPLE DOING
METH.

IT'S MUCH LESS THAN WHAT YOU
THINK.

MOVING ON IT'S JUST A COMPLETE
LACK OF COMPARATIVE FRAMEWORK
BASED ON THE DATA WE HAVE TO
HAVE AN ACCURATE PORTRAYAL THAT
TARGETS THE CITY.

THERE IS A VARIATION IN DRUG
USE.

THERE WE CAN'T CONCLUDE THERE IS
A CAUSAL RELATIONSHIP THAT IS
SUPERIOR THEN THE OTHER HARM
REDUCTION MODALITIES WE ARE
USING.

INCREASED ACCESS TO -- INCREASE
ACCESS TO MEDICAL THERAPY.

ALL OF THE HARM REDUCTION

STUDIES WE HAVE STUD AOETD IN
THE UNITED STATES AND WE KNOW
WORK.

COST EFFECTIVENESS IS A BIG
POINT.

WE LOOK AT THIS AND EVALUATE ATE
THE ESTIMATED COST AND THE COST
AVOIDED IF THE IV DRUG USER,
ASSOCIATED HARM SUCH AS
INFECTIOUS DISEASE AND ACCESS
TO TREATMENT, ALL OF THAT.

THE MAJORITY OF THE LITERATURE
OUT THERE -- THE DOCTOR THAT WAS
HERE -- SAN DEEING OH, SAN DIEGO
DOES HAVEN'T A SIF.

WE DON'T HAVE ONE IN THE UNITED
STATES.

IT'S MATHEMATICAL DA A.

I DON'T LIKE TO BASE INFORMATION
ON HYPOTHETICAL INFORMATION.

YOU CAN'T DO THAT.

IT'S IMPORTANT TO GET IT RIGHT
TO DO IT RIGHT THE FIRST TIME.

SO, BASED ON MATH MET CAL
INFORMATION AND NOT DATA, IF YOU
LOOK AT SIFs THEY HAVE BEEN
AROUND SINCE THE 80s IN
EUROPE.

WHY NOT LOOK AT THE 75 OTHER
ACTIVE SIFs IN THE WORLD AND
THOSE IN SWITZERLAND THAT SHUT
DOWN.

I WON'T GO INTO IT, BUT IT'S A
QUESTION I WANT TO RAISE.

MOVING ONTO COST EFFECTIVENESS.
SUPPORTERS SAY IT IMPROVES
INCIDENTS -- WHAT REWE TALKING
ABOUT HERE.

WE GIVE SAFE INJECTION SUPPLIES
LESS TRANSMISSION OF HEPATITIS
OR HIV.

YES, OF COURSE.

ALL THAT BEING SAID THE DATA FOR
THIS IS VERY MEDIOCRE AT BEST.

WHEN YOU LOOK AT WHAT VANCOUVER
SAID THIS.

IS 2005.

ONLY THE CANADIAN CENTER ON
SUBSTANCE ABUSE HERE.

THEY SAID THERE IS NO FIRM
CONCLUSION TO BE REACHED
REGARDING THE IMPACT OF SIFs
IN RELATION TO THE SPREAD OF
INFECTIOUS DISEASE.

NO PROPER COMPARISON, NO STUDY
OF THE ID OUT COMES AND CURRENT
REDUCTION TREATMENT OR NODE WILL
REDUCTION CHANGE.

SO ONE OF OUR SKURPBT WAYS WE
FOUND TO PREVENT HIV AND HELP C
HEP CAND HEPB, WE SRAOEPBT SUCCESS OF
THIS AND SUCCESS OF EDUCATION
AND SUCCESS OF OTHER HARM
REDUCTION PROGRAMS.

WE ALSO SAY, SUPPORTERS WILL SAY
IT IMPROVES HEALTH AND REDUCES
RISK OF BEHAVIOR.

CLEAN NODING, DECREASE SHARING
OF NEEDINGS AND DECREASE TARGET
INJECTIONS CAUSING A SOFT TISSUE
INFECTION.

SO WHEN WE LOOK AT THIS DATA
IT'S MEDIOCRE.

WHAT I MEAN BY THAT, VANCOUVER
HAD A QUESTIONNAIRE SAN
FRANCISCO MONTHS AFTER OPENING.
THEY OFFERED FREE NEEDLES EVERY
TIME, SELF REPORTED IN THE
FACILITY 16.5% SHARE NEEDLES.
THERE IS A LACK OF EDUCATION.
NOT LACK OF ACCESS TO CLEAN
EQUIPMENT.

THAT'S IMPORTANT TO KNOW.

SID KNOW SAME THING.

SURVEYES WERE GIVEN TO A COHORT
OF RANDOMLY SIF USERS.

IT SHOWED USING NEW NEEDLES
HAPPENED.

64%, 75% AND 79%.

THAT'S GREAT.

AT THE SAME TIME THE ACTUAL
EDUCATION AND CULTURE DIDN'T
CHANGE.

19% IN 2000.

16% IN 2001.

18% IN 2002.

THEY DIDN'T CHANGE BEHAVIOR.

WE HAVE TO HOOK AT BEHAVIOR
MODIFICATION.

ANOTHER IMPORTANT TOPIC TO BRING
UP.

WHEN WE LOOK OVER ALL AT THE
BEHAVIOR, THE RESULTS OF THE
STUDY ARE SELF QUESTIONING.
PEOPLE COMING INTO THE SIF AND
YOU GIVE THEM A QUESTIONNAIRE.
THAT'S GREAT.

YOU GET IN CONTACT WITH THE

USER.

THESE ARE RESULTS, ARE THEY BEFORE INJECTION -- WHAT IS THE ACTUAL JUDGMENT AND STATUS LEVEL OF THE RESPONDENTS.

I THINK IT'S IMPORTANT TO HAVE ADDICTS AT THE TABLE.

I THINK THEY SHOULD HAVE A SEAT AT THE TABLE.

THEY USE THE FACILITY AND BENEFIT FROM THE FACILITY.

I WANT TO HEAR THEIR OPINION. NOT AFTER THEY SHOT UP OR WHEN THEY'RE HIGH.

I WANT TO HEAR THEIR ACTUAL OPINION.

THERE WASN'T A BASELINEMENT ALG STUDY SHOWED TO SEE WHEN THE QUESTIONNAIRES ARE GIVEN.

BEFORE OR AFTER?

WERE THEY GIVEN TO PEOPLE -- UNTREATED MENTAL ILLNESS AND OTHER CONDITIONS.

WHAT WAS THEIR MENTAL STATE? THEY HAVE TO BE ADMINISTERED AT THE CORRECT TIME.

BECAUSE OF THE ACCESS OF DATA HERE, IT DOESN'T SHOW A DIRECT CORRELATION.

I HAVE NO PROBLEM SAYING ACCESS TO CLEAN NEEDLES ABSOLUTELY. UNTIL YOU HAVE A COMPARATIVE SAYING OKAY THE SIFs HAD THIS MANY CLEAN NEEDINGS VERSUS A HARM REDUCTION SUCH AS NEEDLE SHARING PROGRAMS IN THAT AREA ALREADY IN BOSTON AND SEE YOU HOG THE NEEDLE SHARING HAPPENED. DON'T MAKE A STATEMENT YOU CAN'T BACK UP WITH DATA. I'M SURE IF YOU LOOK IN VANCOUVER THEY HAVE NEEDLE SHARING PROGRAMS.

ASK THEM TO COMPARE AND THE SIFs.

USE THAT DATA IN A COMPARISON. SO WE'RE LOOKING TO ACCESS TO SERVICES THIS.

IS A PROPONENT OF THIS.

THIS IS INCREASED ACCESS AND DATA.

THE MEASURE OF OUT COME THEY USE FOR THIS, INCREASED ACCESS TO SERVICES IS A NUMBER OF REFERRALS.

VERY, VERY WEAK INDICATER OF
SUCCESS.
I WILL TELL YOU WHY.
IT'S A INACCURATE TRAIL OF
SIGNIFICANCE.
THIS IS A DIFFERENCE IN PHARMACY
AND MEDICINE.
THESE ARE CLINICAL.
YOU CAN BE STATISTICALLY A
SIGNIFICANT NUMBER.
IF IT'S NOT CLINICALLY
SIGNIFICANT THEN IT'S NOT COST
EFFECTIVE.
LOOKING AT THE SITES IT'S NOT
CLINICAL.
MOST ARE THE REFER GIVEN LEAD TO
THE UPTAKE OF TREATMENT, PARTIAL
CLOSE OF TREATMENT OR COMPLETION
OF TREATMENT.
I KNOW, I WORK IN RESIDENTIAL
FACILITIES, CLOSE IS VERY HARD.
I WILL THROW THAT OUT THE WINDOW
AND SAY LET'S FOLLOW-UP IF THAT
PERSON WAS GIVEN A REFERRAL, DID
THEY GET INTO TREATMENT.
NOT EVEN IF THEY FINISHED OR
PARTIALLY FINISHED.
I'M TALKING A INTERVIEW AT THE
PLACE.
THERE IS NO DATA FOR IT.
THE REFERRALS ARE A STARTING
POINT NOT AN ENDING POINT.
THEY PROVIDE INFORMATION ON THE
POTENTIAL SERVICE UPTAKE.
POTENTIAL OF A SOCIAL SERVICE OR
PROGRAM -- I WANT TO OFFER
SOMETHING THAT THEY CAN USE IN
COMPARISON.
WHAT THEY COULD DO IS THE ACTUAL
NUMBER OF REFERRALS AND BEYOND
THAT THE UPTAKE FROM THOSE.
THE UPTAKE IN TREATMENT.
IT WOULD BE A MUCH, MUCH, MUCH
BETTER COMPARISON.
TO HOOK AT THAT YOU HOOK AT THE
DATA.
>> I WILL FIND THE MOST CURRENT
STATISTICS I COULD FIND IN
SUPPORT OF THIS.
>> SORRY ABOUT THAT.
SO IN 2015 IN VAN COVER THERE --
200,000 CYSTS.
-- I THINK THIS IS GREAT.
GREAT.

5358 REFERENCE TO GIVEN.
-- 6% TO DETOX.
IT'S IMPORTANT TO LOOK AT THE
NUMBERS AS THEY ARE.
262 COMPLETED TREATMENT.
THAT'S 2%.
SO 98% OF THE PEOPLE IN THERE
WERE REFERRALS.
AGAIN ADDICTION IS A RELAPSING
CHRONIC CONDITION.
I HOPE THEY GET IN FOR A
OPPORTUNITY TO GET.
IN THE REFERRALS TO DETOX.
ONLY 6% ARE EVEN REFERRED TO
DETOX.
DOESN'T ACCOUNT FOR THE
INDIVIDUALS THAT RECEIVED
MULTIPLE REFERRALS.
IF I GO IN THERE AND SAY I WANT
TO GO TO DETOX AND A RESIDENTIAL
FACILITY AND I WANT SERVICES I'M
HOMELESS, I WANT EMPLOYMENT
OPPORTUNITIES.
THAT'S FOUR DIFFERENT REFERRALS
FOR ONE PERSON.
SO, AGAIN IT'S NOT, IT'S NOT AN
ACCURATE PORTRAYAL OF WHAT IS
GOING ON.
SO, A BETTER WAY TO LOOK AT IT,
I DID FIND SOME DATA WHERE IT
BROKE IT DOWN TO THE REFERRALS
PER INDIVIDUAL.
SO, IF YOU DON'T HAVE THOSE
RESULTS AND ONLY A NUMBER OF
CYSTS THEN COME IN MULTIPLE
TIMES.
YOU ACTUALLY LOOK 5361 REFLZ
GIVEN OUT AMONG 2 -- 2000 CYSTS
YOU SEW IT'S ONLY 2%.
2%.
I'M GIVING A VISIT.
YOU CAN GET -- NOT EVEN GIVING
THAT.
IF YOU LOOK AT MARCH 2004 TO
APRIL 2005 AGAIN YOU SEE OVER
200,000 CYSTS.
THESE INDIVIDUALS WITH 2171
REFERRALS GIVEN.
THERE WERE 16% OF THE PEOPLE
RECEIVED REFERRALS WITH NO DATA
ON WHO GOT INTO TREATMENT OR
ICED THE REFERRALS.
IN MASSACHUSETTS WERE TALK ABOUT
THE LIMITED NUMBERS OF BEDS AND

LIMITED AVAILABILITY TO GET INTO TREATMENT.

-- SAY WE DO IT AND DO IT RIGHT.

EVERYONE WALKS OUT WITH A REFERRAL, WHERE DO THEY GO? WHERE ARE THEY GOING?

WE CAN'T GIVE REFERRALS TO EVERYONE, RIGHT.

THIS AREN'T ENOUGH BEDS, TREATMENT.

WHERE ARE WE GOING?

TO THE STREET, WHERE?

IT'S SOMETHING TO BRING UP.

ANOTHER THING IS WE'RE ALL CONCENTRATING ON SIFS.

WE ARE TALKING MASS AH AND ALBANY.

MY CLINIC SITE IS RIGHT THERE.

I'M FAMILIAR WITH THE AREA.

I'M GOING TO GIVE THE ACTUAL DATA.

THERE ARE REPORTS TO PROVE THIS.

YOU LOOK IN GERMANY, FRANKFURT

WE SEE THESE SIF USERS USE IT FIVE TIMES A WEEK.

THAT'S GOOD.

I'M GLAD THEY'RE OFF THE STREETS AND IN A SAFE ENVIRONMENT.

IN -- THEY USE AVERAGE OF SIX DAYS A WEEK, THAT'S NOW EXPANDED.

REMEMBER EVERYWHERE IS A LITTLE DIFFERENT.

TO SYDNEY AND MADRID.

OVER 18 AND 26 MONTHS CLIENTS AVERAGE FEWER THAN TWO CYSTS A MONTH.

TWO PERCENT.

I DON'T UNDERSTAND.

THEY KNOW IT'S THERE, WHAT IS THE COMPONENT.

WHY NOT USE IT?

WE LOOK AT VANCOUVER ONLY 45% -- THESE ARE THEIR STATISTICS FROM THE GOVERNMENT THERE.

45% REPORT EVER USING IT. EVER.

THEY ASKED ALL AROUND, DID YOU EVER USE IT.

THE MAJORITY, 57% USED THE FACILITY FEWER THAN A QUARTER OF TIMES FOR INJECTIONS.

THAT SCARES ME THEY STILL USE IT ON THE STREET WHEN THEY HAVE A

OPTION.

SO, I WOULD SAY DATA IS VERY IN CONCLUSIVE.

IF YOU DO BASIC UTILIZATION STATISTICS YOU HAVE TO DEFINITELY SHOW THE TARGET POPULATION HAS BEEN REACHED. WE HAVEN'T DONE THAT IN THE STUDIES.

WE NEED A MORE DETAILED AND ACCURATE PICTURE OF THE DRUG USE.

AS FAR AS THE FINDINGS AND REPORTS OF USAGE AND ALL THAT'S GOING ON IN THE AREA.

IF YOU LOOK AT HEROIN USE IN VANCOUVER YOU CAN SEE THERE WASN'T THAT MUCH OF A DIFFERENCE.

YOU'RE NOT LOOKING AT 96.

YOU'RE LOOKING AT 2001.

2001-2011.

I DIDN'T PUT IN HERE, I DIDN'T THINK IT WOULD BE BROUGHT UP THE ISSUE MUCH CRACK.

THAT ACTUALLY WENT THROUGH THE ROOF.

CRACK WENT UP.

MORE FATALITIES FROM THAT.

PRETTY MUCH WHEN YOU THINK ABOUT THE OVER ALL DATA IT'S THE ABLICK ABILITY.

APLICABILITY.

YES THERE IS A PACK GROUND AND IMPORTANT TO LOOK AT THE DATA. IT DOESN'T REFLECT AND APPLY TO ALL CITIES AROUND THE WORLD IN THE SAME MANNER.

THERE ARE GREAT DIFFERENCES IN DRUG CULTURE IN TERMS OF THE CULTURE, RACIAL DIFFERENCES, DRUG AVAILABILITY, LOOK AT THE UNITED STATES.

THE SOUTHWEST, SOUTHEAST.

YOU SEE DIFFERENT USAGE.

THE UNITED STATES AS A WHOLE WE HAVE TO THINK ABOUT OUR CULTURE. WE USE 80% OF THE WORLDS OPIATES IN 5% OF THE POPULATION.

HOW DO WE DO THIS, THIS IS OUR LEVEL OF USAGE WE'RE UP THERE.

AND OPPOSITION --

>> HOW MANY MORE SLIDES DO YOU HAVE?

>> A LOT OF PEOPLE SAID IN THE
OPPOSITION IN THAT CAMP THE
GOVERNMENT SHOULDN'T FACILITATE
OR ENABLE THIS TYPE OF MODEL.
WE SHOULDN'T ENABLE DRUG USING
IF SIFS.

I THINK THAT'S MORE OF PAY I
DON'T KNOW THAN A STATEMENT.
THE REALITY IS IF THERE IS
SIGNIFICANT LOWELL -- IF A SIF
WAS PLACED IN BOSTON THEY WOULD
HAVE TO OBTAIN A TITLE 29 CODE
OF THE SUBSTANCES, CONTROLLED,
ACT.

THESE ARE NOT PERMANENT.
FOR EXAMPLE IN VANCOUVER THE
EXEMPTION IS THROU YEARS.
THEN WHAT HAPPENS AFTER THE
THROW YEARS.

WE GET IT IT FOR TWO OR THROW,
FIVE, TEN YEARS AND THE
GOVERNMENT DOESN'T EXTEND IT.
WHAT HAPPENS TO THE FACILITY?
WE CHALLENGE THE SPRAO +*ET
SUPREME COURT, SHUT IT DOWN,
CHANGING ADMINISTRATIONS?
THERE ARE SO MANY QUESTIONS
THERE.

TO INVEST THE TIME AND MONEY IN
A OPTION THAT MAYBE SHUT DOWN.
I WOULD RATHER SPEND IT ON A
OPTION THAT WILL STAY OPEN TO
HELP PEOPLE.

THEY NEED THE HELP.
IT NEEDS TO BE SUSTAINABLE.
FINALLY IN THE SITUATION WE ARE
IN NOW WITH THE FEDERAL
GOVERNMENT.

THE FEDERAL PROSECUTORS MADE THE
CONTROL THAT THE UNITED STATES
MUST OBTAIN CONTROL OF A DRUG
POLICY.

FEDERAL AUTHORITIES BRINGING
BACK A COUPLE OF OTHER THINGS.
WE WOULDN'T ACT ON THIS -- I
HAVE NO OPINION ON MEDICAL
MARIJUANA.

THEY HAVE RAIDD AND SHUT DOWN
FACILITIES LEGAL IN THEIR OWN
STATES.

COLORADO, CALIFORNIA AND
WASHINGTON.

WHO IS TO SAY THEY WON'T COME IN
HERE AND SHUT DOWN THIS.

IT'S SOMETHING TO THINK ABOUT.
IF THE FEDS CAN GO IN THERE WE
ARE MASSACHUSETTS.
IT'S IMPORTANT TO REMEMBER THIS.
THIS IS SOMETHING, WHEN THE DRUG
CROSSES THE STATE LINE IT'S NOW
FEDERAL LAW.
REMEMBER WE'RE NOT GIVING THEM
THE HEROIN.
IF I HAVE SOMEONE FROM RHODE
ISLAND AND THEY DRIVE TO BOSTON
AND THEY GO INTO A SIF THE
FEDERAL GOVERNMENT CAN COME IN
AND CROSS STATE LINES.
WE'RE SMALL, WE'RE NOT TEXAS.
IT DOES THE TAKE LONG.
THAT SCARES ME, FOR THE
UTILITIER AND THE PEOPLE IN
THERE.
WHAT HAPPENS WHEN THEY COME.
IN ALL OF THIS MEANS THIS --
THANK YOU FOR YOUR TIME.
I WANT TO ASK ABOUT FUNDING.
WHERE DOES THE FUNDING COME
FROM.
IF IT DECREASES FOR THE
SUBSTANCE ABUSE AND TREATMENT.
IF IT TAKES AWAY FROM THE LOCAL
OUTREACH I WOULD --
WHAT ABOUT OUR BROTHERS AND
SISTERS IN THE VINEYARD AND THE
CAPE.
WE TAKE MONEY FROM THOSE
PROGRAMS?
WE HAVE TO BE CLEAR WHERE THE
FUNDING IS COMING FROM AND WHERE
DO WE GO THERE HERE.
GOING UP FROM HERE.
NOBODY TALKED ABOUT PROVIDER
HEROIN.
DO WE DEKREUPL C. I AM SIGNALIZE
DRUGS IN THE UNITED STATES?
PROBABLY NOT.
THIS IS LEGAL ISSUES THERE.
IT'S A COMPLEX PROBLEM.
THINK THIS IS MORE OF A STOP GAP
THAN A SOLUTION.
ACTUAL MITIGATION AND LOOK AT
THE PROGRAMS USING.
I SUPPORT THAT.
WE HAVE IT HERE IN BOSTON.
SUPPORTIVE PLACE FOR OBSERVATION
AND TREATMENT.
IT OFFERS ALMOST THE SAME

BENEFITS OF A SIF.
YOU CAN'T INJECT IN THE
FACILITY.
YOU INJECT AND GO INTO THE
FACILITY, I BELIEVE THERE ARE
EIGHT CHAIRS.
YOU GO IN THERE TO BE WATCHED BY
A NURSE OR MEDICAL HMM ABOUT
THERE, MANNING IN.
YOU GET REFERRAL TO TREATMENT.
YOU GET -- THE BENEFITS THERE.
>> THANK YOU.
>> THANK YOU TO THE PANEL.
I WILL OPEN IT FOR QUESTIONS
FROM MY COLLEAGUES.
COUNCILLOR BAKER.
>> THANK YOU.
DOCTOR, YOU SAID BRIEFLY HOW DID
WE GET HERE.
HOW DID WE GET HERE?
HOW DID THIS EPIDEMIC EXPLODE ON
US IN YOUR OPINION.
>> I WENT TO OVERDOSE SUM EUGTS
HELD WITH OTHER STATE AND
FEDERAL PEOPLE.
LISTENING TO THE EXPERTS.
WE GOT THERE BECAUSE WE HAVE NOT
BEEN MINDFUL OF HOW NARCOTICS
ARE MISUSED.
THEY WERE FREELY AVAILABLE ON
THE STREET, A DOLLAR A MILLI
GRAM SO TO SPEAK FOR YOUR
GRANDMOTHER'S OXY COULD THE I
FROM THE MEDICAL CABINET FROM
HER BROKEN HIP.
>> WHEN DID THE OXYs HIT THE
SCENE.
>> 1992.
>> 92.
CAN YOU TALK ABOUT REMACEMENT
THERAPY IN LIKE WHERE -- I THINK
YOU MADE A STATEMENT EARLIER,
MAYBE WE MAYBE GOING ABOUT THIS
THE WHOLE WRONG WAY.
I THINK THAT THERAPY -- I SEE
VALUE IN IT.
I SEE, I SEE KIDS GETTING OFF
HER WIN AND GETTING ON METH
METHADONE.
CAN YOU TALK ABOUT THAT?
I THINK I'M ABOUT REPLACEMENT
THERAPY.
THIS IS NO -- FINDING NEW WAYS
TO CURE ADDICTION.

NEW MEDICAL WAYS.
THE MEDICALIZATION OF THE
TREATMENT I THINK IS PART OF THE
PROBLEM.
>> YES.
NO END.
WHAT YOU SAID THERE, NO END WITH
THE METHADONE.
>> IT'S IMPORTANT TO LOOK AT THE
DRUGS AS DIFFERENT ENTITIES.
PEOPLE DON'T GET HIGH WITH
METHADONE.
THEY RARELY GET HIGH WITH.
>> I HAVE TO INTERRUPT.
THAT'S IN CORRECT FROM A
PHARMACY POINT OF VIEW.
I HAVE 150 PATIENTS.
I TAKE CARE OF THEIR
MEDICATIONS.
OVER 50% ARE ON MEDICATIONS FOR
TREATMENT.
YOU CAN HIGH OFF THIS.
-- WHY WHEN YOU SHOOT THIS, IF
YOU TAKE IT AND YOU HAVEN'T USED
OPIATES YOU'RE GETTING A LONG
LASTING OPIATE.
I HAVE GUYS IN MY FACILITIES
STARTING WITH THESE PILLS AND
BUY IT WITH HEROIN NOW.
>> -- DOCTOR --
>> COUNCILLOR, I DIDN'T
COMPLETELY ANSWER YOUR QUESTION
BEFORE.
I THINK THAT THE PROBLEM IS OUR
SOCIETY TENDS TO SELF MEDICATE.
THAT'S WHERE A LOT OF ADDICTIONS
COME FROM.
CIGARETTES, THEY MAKE YOU FEEL
MORE COMFORTABLE.
NICOTINE IS A RELAX ANT.
ALCOHOL A DEPRESSANT.
YOU GET HOOKED ON IT PHYSICALLY.
THAT'S WHEN THE PROBLEM IS
REALLY COMING IN.
SO, I THINK WE'RE TALKING ABOUT
THE SAME THING IN A DIFFERENT
WAY.
I DON'T THINK WE NEEDLY
DISAGREE.
I HAVE MANY CHRONIC PAIN
PATIENTS IN MY PRACTICE.
METHADONE IS A GREAT DRUG FOR
CHRONIC PAIN.
MAYBE FIVE MILLIGRAMS WILL TAKE

CARE OF HALF A DAY, IT'S A 12
HOUR DRUG.
THOSE INTENT TO GET A BETTER
EXPERIENCE F I CAN SAY IT THAT
WEIGH, SAY I DON'T WANT.
THAT I'M ALLERGIC TO IT.
I DON'T WANT THAT.
THEY USE OXYCONTIN OR OXYCODONE
IT PRODUCES A HIGH.
I THINK IT'S THE ADDICTS WHO
WANT THE HYPE OF THE PROBLEM.
ONCE YOU EXPERIENCE THAT.
IT'S FROM COCAINE, OXYCODONE OR
INJECTABLE TENTANYL -- NOTHING
ELSE SATISFIES.
SOME PEOPLE GET TO A POINT WE
TH-PBT LIVE WITHOUT IT THE
ADDICTION OF THESE THINGS IS AN
EXTREMELY DIFFICULT THING TO
TREAT AND MANAGE.
>> WE CAN TALK ALL NIGHT.
CERTAIN THINGS -- YOUR FIRST
EXPERIENCE WITH DETOX.
SETTING PEOPLE UP FOR FAILURE.
NO WAY SOMEONE CAN COME IN ON
HEROIN AND GET OFF IN FIVE DAYS.
WE SHOULD BE SAYING THIS IS
NOTHING UPPED 30 DAYS.
THOSE ARE THE DISCUSSIONS WE
SHOULD HAVE HERE.
IT'S A HUGE HUGE PROBLEM.
YOU BROUGHT UP INTERESTING
POINTS ABOUT METHADONE IN YOU
KNOW PHARMACIES.
THAT WOULD KIND OF END SOME
STIGMA THIS.
THIS WOULDN'T BE 2000 ON THE
SOUTHAMPTON STREET CORRIDOR.
INTERESTING POINT.
YOU TALKED ABOUT IN EPG LAND
THEY REPLACED -- THEIR
REMACEMENT THERAPY IS HEROIN.
>> ONE OF THEM.
IT'S NOT STREET HEROIN.
IT'S PURE HEROIN REFINED AND --
>> SYNTHETIC?
>> YOU CAN HAVE IT EITHER WAY.
THE MOLECULES ARE THE SAME.
YOU DON'T HAVE TO WORRY ABOUT
THE PURITY OR IF THERE IS
SOMETHING ELSE GOING ON.
>> IT WON'T KILL YOU.
>> THEY'RE UNDER STRICT CONTROL.
DOCTORS CAN PROVIDE TO ADDICTS.

THOSE OF US PRACTICING -- ARE
NOT LICENSED TO TREATMENT
ADDICTION WITHOUT A CERTAIN
CERTIFICATE.

I CAN'T PRESCRIBE METHADONE FOR
A SUBSTANCE ABUSE TREATMENT.
I CAN PREVIBE IS FOR CHRONIC
PAIN.

THE CLINICS THAT PREVIBE
METHADONE FOR PEOPLE ON HUNDREDS
OF MILLIGRAMS A DAY.

WHERE THE PANE TREATMENT LEVELS
IT'S LESS THAN 30.

>> WHERE ARE THOSE DISCUSSIONS
HAPPENING?

WHO MAKES THE CALLS LIKE TO, YOU
KNOW I'M OUT OF DETOX.

LET'S PUT HIM ON 30 MILLIGRAMS
OF METHADONE OR 70.

HOW DO WE MAKE THOSE DECISIONS ?

>> THE DEPARTMENT OF PUBLIC
HEALTH ENCOURAGES --

>> USE YOUR MICROPHONE, PLEASE.

>> DETOXES ARE TURNING INTO
MEDICATION ASSISTED THERAPY
CONDUCTION SEPBLTERS.

>> IT FEELS LIKE BUSINESS TO ME.

>> IT IS.

>> THAT'S WHAT IT LOOKS LIKE.

>> IT IS.

>> THAT'S I DIDN'T CAN'T SAY WHO
I WORK FOR.

I WON'T BE WORKING FOR THEM
ANYMORE.

>> AND ONE OTHER POINT I WANT TO
MAKE, THANK YOU.

>> WE WILL COME BACK TO IT.

COUNCILLOR McCARTHY.

>> THANK YOU ALL THEE OF YOU AND
MADAM CHAIR FOR HANGING IN
THERE.

THANK YOU FOR THE INFORMATION.

ALISON THANK YOU FOR YOUR
SERVICE.

CERTAINLY FOR THE SA TESTICS.

AS A BASEBALL FAN, STATS ALWAYS
RUN THROUGH MY HEAD.

MY DAD ALWAYS SAID THERE IS NO
SAYING, I WILL BUTCH TER.

IF HE IS WATCHING I WILL HEAR IT
LATER ON.

HE USE TO SAY HE USES STATISTICS
HOEUBG A TIRED MAN, SUPPORT
INSTEAD OF YOU ILLUMINATING.

>> -- DANGEROUS.
>> YES, AS YOU WENT THROUGH THE
STATS AND BROKE DOWN THAT'S WHAT
THE DATA POINTS SEEM TO BE
SUPPORTING, NOT ILLUMINATION.
I APPRECIATE.
I KNOW YOU WILL HAVE A COPY OF
THE TESTIMONY.
I CERTAINLY WANT TO GO THROUGH
THOSE.
AS I CREATE MY OWN THOUGHTS
REGARDING THIS AND AS I SAID IN
THE OPENING STATEMENT I DON'T
THINK THIS IS A GOOD IDEA.
I NEVER HAVE.
THE STATISTICS YOU HAVE PUT OUT
THERE IN YOUR TEN SLIDES OR EVER
MANY THERE WERE, WERE
TREMENDOUS.
THANK YOUER IF YOUR TIME AND
TESTER TO ELIMINATE THIS
HEARING.
THANK YOU.
>> COUNCILLOR FLAHERTY.
>> THIS IS A VERY IMPRESSIVE
PANEL.
DOCTOR, I WILL NOTE, YOU SAID
SOCIETY IS A SELF MEDICATING
SOCIETY.
I AM AWARE DOCTORS TEND TO OVER
PRESCRIBED.
I HAD A FRIEND GET A TOOTH
EXTRACTION.
THE PERSON WAS GIVEN 40 OXIES.
HE REFUSED THE PRESCRIPTION AND
USED TYLENOL.
HAVING MAJOR KNEE SURGERY.
AFTER THAT A BLOCK AND THEN IT'S
BEEN TYLENOL AND MOTRIN.
IT ALL STARTS WITH THE DOCTOR
AND DENT EUFRT APPOINTMENT OR
SURGERY.
KUDOS TO HER FOR WEATHER THE
STORM.
I THINK WE NEED TO DO THAT MORE
OFF CONTINUE.
P-FRB
>> I WANT TO FOOTNOTE, ALISON --
YOU HAVE BEEN ONE OF THE MORE
IMPRESSIVE TESTIMONIES HERE.
YOU DISCREDITED THE FIRST PANEL.
I WAS QUESTIONING THE BOGUS
STATS THEY PRESENTED FROM
VANCOUVER AND BC AND OTHERS.

I HAVE TO SAY FROM MY
PERSPECTIVE IT WAS ANY GNOMOUS
HELP TO ME AND I'M SURE FOR MY
COLLEAGUES.

I WILL MAKE SURE MY COLLEAGUES
NOT HERE GET A COPY OF THIS
TESTIMONY.

THE TIME AND EFFORT YOU AND THE
DOCTOR PUT IN TO COMING HERE AND
TAKING THIS MATTER AS SERIOUS
IT'S APPRECIATIVE.

A FOOTNOTE, THANK YOU FOR YOUR
SERVE TO OUR COUNTRY AS WELL.

>> THANK YOU.

>> THANK YOU.

>> COUNCILLOR.

>> -- TO THE COURTS.

THANK YOU FOR LENDING YOUR EX
PER TOES AND YOUR POINT OF VIEW.
I APPRECIATE YOUR COMPREHENSIVE
TESTIMONY.

AGAIN WHAT YOU DO IN THE
COMMUNITY EVERY DAY.

I WOULD SAY IT'S -- I GUESS IT'S
THE TIMES WE'RE IN.

IT SEEMS DEBATES CAN QUICKLY
ROLL DOWN TO A VERY HARDLINE OF
DEMARICATION OF US VERSUS THEM.
THE POINT OF OUR HEARING, IT'S
NOT OUR JOB AS ELECTED OFFICIALS
AND POLICY MAKERS TO DO WHAT ANY
ONE GROUP TELLS US TO DO.

I THINK WE'RE ELECTED TO
EXERCISE OUR BEST JUDGMENT.

WE CAN ONLY DO THAT WHEN WE'RE
FULLY INFORMED.

I WELCOME AND APPRECIATE YOU'LL
VOICES OFFERED HERE TODAY.

I WANT TO SHOUT OUT TO MY
FATHER.

HE BATTLED HEROIN ADDICTION FOR
ALMOST 20 YEARS.

WAS ONLY ABLE TO GET SOBER WHILE
BEING INCARCERATED.

HE HAS NOW GONE ONTO ADVANCE
DEGREES.

HE'S A JOURNALIST.

HE IS 28 YEARS SOBER.

KNOCK ON WOOD.

THANK YOU.

>> COULD YOU, COUNCILLOR
PRESSLEY.

>> YES, ONE QUICK STATEMENT TO
WRAP IT.

IT SEEMS WITH THE PROLIFERATION
THIS.
LOOKS LIKE BUSINESS TO ME.
DOESN'T LOOK LIKE ANYONE IS
GETTING SOBER OR ANYONE IS ON
RECOVER ERODE.
DOESN'T LOOK LIKE ANYONE IS
RECOVERING.
IT'S MORE AND MORE.
WE NEED THE REPLACEMENT THERAPY.
I THINK WE SHOULD BE LOOKING AT
IT TOTALLY DIFFERENT.
LIKE -- COUNCILLOR PRESSLEY'S
FATHER IS A MIRACLE.
I HAVE ALWAYS BELIEVED ANYONE ON
HEROIN IT'S SO, SO DIFFICULT TO
GET OFF.
IF YOU GET OFF IT YOU'RE A
MIRACLE.
I THINK PROLONGING IT WITH METH
A DOPE AND EVERYTHING ELSE.
I DON'T DISCOUNT THE VALUE OF
HELPING YOU GET OFF.
THE MOST IMPORTANT THING TODAY
IS THERE IS NO END TO IT.
WE WILL GET YOU OFF METHADONE,
HER WIN AND PUT YOU ON METHADONE
FOR LIFE.
I DON'T SEE HOW IT'S THAT
DIFFERENT.
>> IT WOULD TAKE ANOTHER
AFTERNOON TO DISCUSS THAT.
>> YES.
I THINK WE SHOULD REEXAMINE THE
WHOLE THING.
LIKE COUNCILLOR PRESSLEY MY
FATHER, SOBER FOR 50 SOME YEARS
FROM ALCOHOL.
HOW IS IT DIFFERENT WHEN HE PUTS
THE DRINK DOWN LIKE HITTING
COUGH SIR I OR MOUTH WASH.
IT DOESN'T SEEM THAT DIFFERENT.
THAT MAY NOT BE A GOOD PARALLEL
STORE AOER OR A SIGNAL DEPOT.
THAT'S HOW I LOOK AT IT WE NEED
TO LOOK AT HOW WE'RE CONDUCTING
BUSINESS HERE.
THANK YOU FOR WHAT YOU ALL DO.
>> I THINK WE'RE GOING TO WRAP
UP IN A MINUTE.
WE HAVE TWO MORE STATEMENTS.
THEN WE WILL GET INTO PUBLIC
TESTIMONY.
SO THOSE WHO HAVE SIGNED UP --

>> COUNCILLOR BAKER, I WANT TO
PICK UP WHERE HE WAS.
WE WON'T COMPARE ANYTHING BUT
LOOK AT ALCOHOL IISM ADDICTION.
DID YOU FORSEE A FACILITY WHERE
SOMEONE CAN COME IN AND DRINK
THEIR FACE OFF AND SAY THEY
WON'T DRIVE DRUNK, WE WILL WATCH
THEM.
THEY WILL FINISH THE BOTTLE.
IN A CONTROLLED ENVIRONMENT WITH
MEDICAL PROFESSION ALS AS NURSES
THIS.
SOMEONE COMES IN AN ALCOHOLIC
SEEKING RECOVERY AND THIS
FACTUALLY LIFE TOGETHER.
IS THIS WHERE WE'RE GOING?
>> I WOULD HOPE NOT.
AS I SAID AS A NURSE THE NURSES
TAKE THE FALL NOT THE DOCTORS.
WE WORK IN THE SITES.
A PATIENT COMES IN WITH
CARFENTANYL UNDER HIS NAIL AND
IT'S ON MY FACE AND I'M NOT A
DRUG ADDICT, I'M GONE.
>> THANK YOU.
>> COUNCILLOR PRESSLEY.
>> YOU KNOW I WAS TAKING COPIOUS
NOTES AND LISTENING.
I MAY OF MISSED SOMETHING.
I WILL WATCH THE VIDEO.
I ARRIVED LATE, I APOLOGIZE FOR.
THAT IT'S CHALLENGING.
THE DEBATES FOR ANY ISSUE COME
TO GET FLOOR AND OUR BODY CAN
TURN INTO AN US VERSUS THEM.
AS A POLICY MAKER WHAT I FIND
CHALLENGING HERE IS THERE ISN'T
AN ALIGNMENT OF AN APPROACH.
SO WE'RE GETTING DIFFERENT
RECOMMENDATIONS FROM THE MEDICAL
COMMUNITY.
FROM THOSE THAT ARE STRUGGLING
WITH SUBSTANCE ABUSE
DISORDERRERS AND FAMILY MEMBERS.
AT THE SAME TIME WE WANT TO
ACCOMPLISH THE SAME END HERE.
WE WANT OUT COMES IN THE SCHOOLS
OF COURSE.
WE HAVE DIFFERENT IDEAS OF HOW
TO GET THERE.
EVERYONE WANTS TO SAVE LIVES.
THIS DOESN'T DISCRIMINATE.
CAN YOU TELL ME, I CAN'T GO TO

THE PUBLIC LIBRARY WITH MY KID
BECAUSE THE BATH ROOM DOOR IS
LOCKED BECAUSE IT'S A NEEDLE
GALLERY.
I DON'T WANT TO WALK IN THE
COMMONS BECAUSE I AM AFRAID WHAT
GREETES ME.
THEY WANT TO KNOW WE'RE ENGAGING
EVERY TOOL AVAILABLE TO ADDRESS
THIS.
WHAT SHOULD WE TELL THOSE
FAMILIES.
WHAT IS THE RESPONSE.
>> WHAT IS THE FIX.
THIS IS A DIFFERENT OPINION OF
METHODOLOGY.
WE DEBATE HOW THE DOLLARS SHOULD
BE DEDICATED.
>> YOU HAVE TO LOOK AT THE
METHODS AND SEE HOW EFFECTIVE
THEY ARE.
MONEY IS NOT INFINITE.
WE HAVE ACTD THAT WAY AS A
COUNTRY FOR SO LONG.
THAT WE CAN SPEND OUR WAY OUT OF
PROBLEMS AND SOLVE WITH
TECHNOLOGY GO.
IT'S HOW YOU APPLY IT.
DOING IN A SENSIBLE WAY AND THE
ONLY WAY TO DO THAT IS TO
COLLECT DATA, ANALYZE IT IN A
MEANINGFUL WAY.
NOT JUST, YOU KNOW AS MY
COLLEAGUES HERE SAID.
STATISTICS DON'T MATTER IF THERE
IS NO OUTCOME.
I MEAN STATISTICS VARY IN THE
DRUG BUSINESS TO GET YOUR CLAIM
IN FRONT OF THE FDA AND SAY OUR
DRUGS ARE BETTER THAN THEIR
DRUGS.
CLINICALLY IT'S NOT VERY MUCH.
YOU SEE A TEN TIMES DIFFERENCE
OR TEN PERCENT DIFFERENCE IT'S
SOMETHING.
YOU SEE THE SMALL BOOKS.
IT'S HARD TO FIGURE OUT WHAT
THEY ARE.
YOU HAVE TO MAKE HUGE STUDIES TO
FRIEND A STATISTICAL
SIGNIFICANCE IN THAT.
THEY DON'T PAN OUT CLINICAL HEE.
THE QUESTION IS, WORE A HEADLINE
SOCIETY NOW.

HOW MANY PEOPLE REALLY READ THE
WHOLE ARTICLE.
IT'S LIKE, OH, THE HEADLINES.
THE I'D GENTLEMAN -- YOU'RE NOT
LOOKING FOR THE DEPTH.
YOU HAVE TO LOOK FOR THE DEPTH
AS A POLICY MAKER.
IT'S NOT HOW MANY VOTES ON THIS
SIDE OR THAT SIDE.
YOU HAVE TO SAY WHERE IS THE
CENTER OF GRAVITY OF THE ISSUE.
WHERE DO WE PUT THE PRESSURE TO
MAKE A CHANGE.
WHAT I SAID BEFORE PROBABLY THE
MONEY.
WHERE THE DRUGS ARE COMING FROM.
THE THING I WANTED TO SAY BEFORE
WHEN I WAS LISTENING WAS WHERE
DOES THE MONEY GO THAT GOES FOR
THE DRUGS.
IN ORDER THESE ADDICTS OR BUYING
DRUGS, THEY'RE BUYING THEM WITH
CASH OR SOMETHING.
WHERE DOES THAT MONEY GO?
IF YOU CAN MAKE \$20 MILLION WITH
2 POUNDS OF FENTANYL WHO HAS
\$20 MILLION.
WE FOLLOW THE MONEY WE WILL FIND
OUT WHERE IT'S COMING FROM AND
WHY IT CONTINUES.
THAT CORRUPTS ALL OF SOCIETY.
YOU CAN'T JUST SMUGGLE IN STUFF
AND YOU KNOW A CLEVER IDEA --
>> I GOT YOU.
I'M ASKING VERY POINTEDLY WHAT
DO WE TELL THOSE FAMILIES?
THERE IS A SENSE OF YOU ARE
AGAIN SEE.
I'M ALL ABOUT MAKING HEADWAY AND
NOT HEADLINES.
YOU DON'T KNOW ME AND MY
GOVERNMENT APPROACH.
I HAVE DONE INCREDIBLE WORK WITH
YOUNG PARENTS TO REDUCE THE
NUMBERS.
THERE ARE MANY PEOPLE WHO DIDN'T
WANT US TO HAVE COMMONS IN THE
SCHOOLS.
THEY THOUGHT THAT WOULD ENDORSE
BEING SEXUALLY ACTIVE -- HAVING
CONDEMNNS IN THE SCHOOLS.
THINGS ARE FOUND PROVOCATIVE.
I AM ASKING YOU FOR THREE
POINTS.

PARENTS SAYING AOEUPLG AFRAID MY
KID WILL DIE.
ARE YOU DOING EVERYTHING
POSSIBLE TO SAVE MY KID.
IF THE ANSWER IS NO, WHAT SHOULD
WE DO.
THE THREE THINGS WE NEED TO DO.
>> LOOKING FOR GOOD HEALTHCARE
PROVIDERS TO TAKE CARE OF THESE
PEOPLE.
RATHER THAN MAKING MOST OF US
WHO DO FAMILY CARE WORK FOR
FREE, BASICALLY.
>> OKAY.
>> THANK YOU.
>> I CAN GIVE YOU A COUPLE OF
THINGS I THINK WILL HELP.
LIKE YOU SAID THEY'RE SCARED TO
GO TO THE LIBRARY OR THE COMMON.
THERE SHOULDN'T BE FEAR.
ADDICTS ARE PEOPLE.
WE'RE ALL PEOPLE.
WE'RE ALL IN THIS.
IT'S SADDENING TO KNOW THERE IS
A POLARIZING --
>> CRIMINALLISM.
>> IT SHOULDN'T BE THAT WAY.
FIRST AND FOR MOST MAKE
EDUCATION, GET THE WORD OUT.
I KNOW IT SOUNDS VERY SHALLOW
BUT THERE IS A LOT OF OUTREACH
FACILITIES.
WE NEED TO EDUCATE PEOPLE ABOUT,
ABOUT ADDICTION.
PEOPLE ASK ME, I DON'T
UNDERSTAND HOW PEOPLE GO FROM
OXYCODONE TO HOROIN.
I SAY IT'S SAME AS MORPHINE.
IT'S AN EDUCATION POINT.
GETTING EDUCATION OUT TO
EVERYONE.
HUMANIZING THIS.
THESE ARE PEOPLE WITH LIVES.
THEY MATTER.
ALSO LOOK AT WHAT WE KNOW WORK.
WE KNOW ACCESS -- WE KNOW IT
WORKS.
IT'S EXPENSIVE.
I DON'T KNOW WHAT NEEDS TO BE
DONE THERE.
I MEAN I WANT -- I USE ANYONE
CAN.
SOME PEOPLE DISAGREE AND THINK
YOU SHOULD CHARGE.

-- EDUCATE, ALSO TREATMENT, MORE
BEDS.
THINGS AROUND TREATMENT AND
RECOVERY.
>> MORE BEDS IS GOOD.
THEY JUST NEED TO STAY LONGER.
OUR PATIENTS NEED TO PUT SKIN IN
THE GAME.
WE ENABLE THE HECK OUT OF THEM.
OFFERING THEM THE SPIN DRY.
THEY COME TO DETOX AND LEAVE
THURSDAY FOR THE WEEK AND END
COME BACK MONDAY.
GO TO DETOX ANYTIME YOU WANT.
THAT'S THE SHORT SIDED SIDE OF
DPH.
NO WRONG DOOR.
YOU KEEP SPEUPING IN AND OUT ALL
THE TIME.
>> THANK YOU.
>> I WOULD JUST SAY THERE IS NO
QUICK FIX WITH DRUG ADDICTION.
>> THANK YOU.
>> NO DRUG ADDICTION IS A QUICK
FIX.
>> THIS IS THE PUBLIC
TESTIMONY --
[INAUDIBLE]
>> THERE IS NO EASY RECOVERY.
WHAT, AT WHAT POINT DO WE TALK
KIDS EDUCATION ABOUT HEROIN AND
ALL OF THAT?
>> FIFTH GRADE, WHAT IS
APPROPRIATE.
>> DRIVING YOUR CAR DOWN THE
BOULEVARD AND TALK ABOUT WHAT
YOU SEE.
>> YOU KNOW IT USE TO BE SEEING
SOMEONE WITH NO HAIR NOBODY
WOULD WANT TALK ABOUT CANCER.
NOW A CHILD GOES, MOMMY AND
DADDY, WHY DOESN'T THAT PERSON
HAVE NO HAIR.
THEY'RE CHILDREN, THEY DON'T
UNDERSTAND.
THE PARENTS EXPLAIN, JOHNNY,
THEY'RE VERY ILL.
THEY, YOU KNOW -- THAT'S A
OPPORTUNITY FOR PARENTS TO GET
INVOLVED OR TALK.
YOU SEE SOMEONE SICK ON THE
STREET.
THEY'RE SICK.
THIS IS WHY THEY'RE SICK.

>> THE BAD THINGS HAPPEN -- THE
MEDICINE HELPING TO WORK WELL.
THERE IS A DISCONNECT BETWEEN
THE ACT AND THE CONSEQUENCES.
WHETHER IT'S SMOKING AND CANCER
OR CHOLESTEROL AND HEART
DISEASE, OR TOOTHBRUSHING AND
TAOLGT DECAY OR WHATEVER IT IS.
THOSE THINGS DON'T WORK.
PEOPLE SAY NOT ME.
NOT NOW.
THEY PUSH IT OUT OF THEIR MIND.
YOU HAVE TO USE DIFFERENT
APPROACHES.
>> THANK YOU, VERY MUCH.
THIS PANEL, YOU'RE WELCOME TO
STAY FOR PUBLIC TESTIMONY.
WE WILL BRING FOLKS DOWN.
WE ARE BEHIND IN SCHEDULE I WAS
GOING TO KEEP.
WE DO HAVE TWO PODIUMS FOR
PUBLIC TESTIMONY.
I WILL CALL A HANDFUL UP AT A
TIME.
PLEASE CUE UP ON EITHER SIDE.
YOU'RE ALWAYS WELCOME TO THE
CITY COUNCIL CHAMBER.
DIFFERENT OPINIONS.
I EXPECT EVERYONE TO HAVE A
RESPECT.
WE WILL TRY TO SPEED THINGS FOR
PUBLIC TESTIMONY.
I KNOW SOME OF MY COLLEAGUES
INCLUDING COUNCILLOR BAKER HAVE
TO SCOOT OUT.
WE'RE A LITTLE OVERTIME.
I TRUST MY COLLEAGUES THAT DO
LEAVE WITH REVIEW THE TAPE AND I
WILL SHARE.
CALLING NAMES ...
>> CUE UP ON EITHER SIDE.
IF YOU WOULD FOR THE RECORD
INTRODUCE YOURSELF AND GO INTO
PUBLIC TESTIMONY.
THANK YOU.
>> FIRST UP THE LIGHTENING
ROUND, RIGHT.
>> THERE YOU GO.
>> GOOD AFTERNOON I'M STEVE FOX.
THE CHAIR OF THE SOUTH END FORUM
REPRESENTING THE 17 INDEPENDENT
NEIGHBORHOOD ASSOCIATIONS OF THE
SOUTH END.
FIRST I WANT TO THANK COUNCILLOR

ESSAIBI-GEORGE AND COUNCILLOR
BAKER PARTICULARLY NOT ONLY FOR
CALLING THIS HEARING BUT FOR THE
TREMENDOUS SUPPORT YOU HAVE
SHOWN TO SOUTH END IN THE
CREATION OF A NOW YEAR LONG
WORKING GROUP FOR ADDICTION AND
HOMELESSNESS THIS.

IS NOT OUR FIRST TIME TALKING
ABOUT THIS IN THE SOUTH END.
WE HAVE HAD ON GOING MULTI
DISCIPLINARY DISCUSSIONS ABOUT
THIS ISSUE, OTHER ISSUES RELATED
TO ADDICTION, RECOVERY AND
HOMELESSNESS EVERY MONTH.
I WANT TO THANK YOU FOR YOUR
SUPPORT ON.

THAT I WANT TO THANK THE MAYOR
FOR SUPPORTING THE WORK OF THE
WORKING GROUP, PARTICULARLY THE
BOSTON PUBLIC HEALTH COMMISSION.
THEY'RE TERRIFIC.

I THINK -- I HAVE THREE POINTS I
WANT TO MAKE TODAY.

THE FIRST IS THAT THE TWO PANELS
SORT OF DEMONSTRATE THE SOUTH
END ATTITUDE FOR THE ENTIRE
CONCEPT OF A SAFE INJECTION SITE
OR A PILOT PROGRAM.

WE THINK THE JURY IS STILL OUT.
WE DON'T THINK -- WE THINK THERE
IS COMPETING RESEARCH WE HAVE
DONE AS LAY PEOPLE.

YOU CAN DO SEARCHES LEFT RIGHT
AND SIDE WAYS TO FIND COMPETING
VIEWS.

YOU CAN FIND ARTICLES THAT SAY
THAT THIS REPORT OF AIR 35%
REDUCTION IS NOT VALID BECAUSE
OF THIS, THAT, AND THE OTHER
THING.

I WANT TO BE CLEAR THAT WE THINK
THAT THERE NEEDS TO BE
SIGNIFICANT MORE RESEARCH BEFORE
EMBRACING THE CONCEPT OF A SAFE
INJECTION SITE ANYWHERE IN THE
COMMONWEALTH.

THE SECOND ISSUE IS THAT I THINK
THAT ALL MEMBERS OF THE BOSTON
CITY COUNCIL ARE AWARE THE SOUTH
END FEELS AS THOUGH WE ARE THE
EPICENTER FOR ALL OF THE
ADDICTION RECOVERY AND
HOMELESSNESS SKPEFRBSZ PROVIDERS

FOR CITY.
I DON'T THINK THERE IS A
NEIGHBORHOOD WITH MORE STUFF
LOCATED IN THE SOUTH END.
WHAT THAT MEANS IS THAT WE ARE A
WELCOMING COMMUNITY.
WE HAVE TOLERATED ALL OF THIS.
WE HAVE TOLERATED AND SUPPORTED
BOSTON HEALTHCARE FROM THE
HOMELESS COMING TO US TO SAY WE
WANT TO START A SPOT PROGRAM.
-P A SAFE INJECTION SITE BUT
MONITOR THOSE WALKING IN THE
FRONT DOOR, SITTING DOWN IN OUR
LOBBY AND THEN OVERDOSING.
WE NEED A PLACE TO DEAL WITH
THAT AS PART OF OUR PRIMARY
CARE.
WE SUPPORTED THAT.
IT WASN'T AN OUTREACH INTO THE
LARGER BOSTON COMMUNITY SAYING
COME TO THE SOUTH END AND GET
THIS, GET THIS PLACE.
SAME THING WITH SOUTH END
COMMUNITY HEALTH CENTER.
AS LONG AS IT'S PART OF PRIMARY
CARE WE THOUGHT THIS IS THE
RIGHT WAY TO DO IT.
DRUG TESTING, MONITORING,
THERAPY WILL BE INVOLVED THIS.
IS THE WAY WE THOUGHT IT NEEDED
TO HAPPEN.
FOR US IN THE SOUTH END.
THIS IS A BLANKET STATEMENT, WE
BELIEVE ANY SAFE INJECTION SITE
OR FOR THAT MATTER ANY
ADDITIONAL SERVICE THAT COMES
INTO THE SETH END IS PROBABLY
INAPPROPRIATE FOR US.
WE'RE AT THE BREAKING POINT.
WE'RE DYING DEATHS BY A THOUSAND
CUTS.
THE PROBLEM IS GETTING WORST
EVERY DAY.
ALL IS NOT LOST.
I HAVE A PROPOSAL STRIKE.
>> Amanda: WE'RE TALKING IN THE
SOUTH END.
WE WOULD LIKE TO PROPOSE THAT WE
HAVE A PUBLIC/PRIVATE
PARTNERSHIP, WE GET THE STATE,
WE GET PUBLIC ENTITIES,
PRIVATENT EUTSZ.
WE GET THE MOVERS AND SHAKERS

TOGETHER TO SAY WE NEED TO
CREATE A REHAB STATION CAMPUS
SOMEWHERE IN BOSTON THAT OFFERS
MULTI MOBILE TREATMENT
OPPORTUNITIES TOTHER WITH SOLID
CONTINUITY OF SERVICES.
SO WE DON'T DISKHAFRPBLG SOMEONE
30 DAYS OF DETOX TO THE MASS
AREA.

THEN WITH RESIDENTIAL PROGRAMS
FOR IN AND OUTPATIENT
OPPORTUNITIES.

I THINK WHAT WE THINK OF AS A
MOTHERSHIP IS SOMETHING THAT WE
NEED TO HAVE IN BOSTON TO HELP
COORDINATE ALL OF THE STOVE
PIPES THAT ARE GOING ON AMONG
THE WONDERFUL PROVIDERS DOING
WORK WITH ADDICTION RECOVERY
HOMELESSNESS.

>> WE THINK THAT -- THIS IS IN A
LEAFY AREA, NOT A BUDDING ANY
NEIGHBORHOOD IS AN EYE DEAL
LOCATION TO BEGIN TALKING TO THE
STATE ABOUT.

THAT'S WHAT WE THINK IS THE
SOLUTION.

WE NEED TREATMENT ON DEMAND.
WE NEED MULTI MOBILE THERAPIES
AND A REHABILITATION CAMPUS.
WE CHALLENGE THE POLITICAL WILL
OF EVERYONE FROM THE CITY TO THE
STATE WITH ALL OF THE PEOPLE WHO
REPRESENT CORPORATE INTERESTS IN
THE CITY TO BEGIN TO US AND SAY
THIS IS THE RIGHT THING FOR US
TO DO.

THIS IS THE WAY FOR US TO DEAL
WITH THE ISSUE.

>> THANK YOU.

I WOULD REALLY APPRECIATE TO
KEEP IT TO TWO MINUTES.

THANK YOU.

>> ALRIGHT.

I'M -- I'M REPRESENTING CAVALIER
COACH TRAIL WAYS IN THE HEART OF
THE NEW MARKET AREA.

INDUSTRY/COMMERCIAL AREA.

WE'RE THE LARGEST -- CARRIER,
DEPARTMENT OF DEFENSE AND
DEPARTMENT OF TRANSPORTATION
CARRIER.

WE'RE OPPOSED TO THE SAFE
INJECTION SITE FOR OBVIOUS

REASONS.

THIS AREA CONDITION TAKE ONE MORE SERVICE ON OUR STREETS. BUSINESSES IN THE NEW MARKET AREA RESPONSIBLE FOR THE DISWRITE PWOUGS OF THE 90% FRESH FOOD IN BOSTON.

90% OF BOSTON'S TRASH AND RECYCLING ACTIVITIES AND INVOLVED IN APPROXIMATELY 50% OF THE BUILDING MATERIAL DISTRIBUTION IN BOSTON THIS.

ARE TWO MAJOR BUS TRANSPORTATION COMPANIES LOCATED NEAR THAT TRANSPORT STUDENTS AND ADULTS.

AS A RESULT MORE THAN 3000 TRUCKS AND BUSES DRIVE THROUGH THE AREA EVERY DAY.

CURRENT CONDITIONS ARE SUCH THAT DRIVING A TRUCK OR CAR THROUGH THE NEW MARKET AREA IS A HAZARDOUS ACTIVITY.

THE NUMBER OF IMPAIRED INDIVIDUALS IN AND AROUND THE ROADWAYS HAS REACHED EXTREME LEVELS AND SEVERELY LIMITS THE MOBILITIES OF THE DISTRIBUTION ACTIVITY IN THE AREA.

ANYONE THINKING THIS WILL CHANGE WITH A SAFE INJECTION SITE HAVEN'T FOLLOWED THE POLICE AND NEWS REPORTS.

IN VANCOUVER OFFER THE PAST SEVERAL YEARS, THE POLICE ARE WORKING NIGHT AND DAY OF DRUG DEALING AROUND THE SAFE INJECTION SITES.

PEOPLE ARE OFTEN NOT WAITING IN THE LONG LINES TO GO INSIDE AND OPT TO SHOOT UP ON THE STREETS.

IN VANCOUVER THE ONLY SAFE INJECTION SIGHT LOCATION THE CITY COUNCIL HAS GONE TO REDUCING THE SPEED LIMIT TO 18 MILES AN HOUR TO PROTECT AD -P EUBGTS.

ADDICTS.

WE HAVE ENOUGH TROUBLE IN NEW MARKET NOW AND DON'T WANT TO EXACERBATE THIS.

>> -- I REPRESENT A NEW MARKET BUSINESS SINCE 1981.

WE ARE A FAMILY RUN BUSINESS. EVERY DAY WE DISTRIBUTE

THOUSANDS OF TONS OF FRESH FISH
ACROSS THE CITY AND AROUND THE
WORLD.

WE ARE OPPOSE TODAY SMOKE
INJECTION SITE IN NEW MARKET.

-- ADDICTS STILL HAVE TO BUY
THEIR OWN DRUGS AND NEED MONEY.
AS A RESULT WE WILL CONTINUE TO
SEE BREAK INNS, ASSAULTS, AND
PAN AROUND WILLING.

-- SAFE DRUG SITES NO RECOVER
ERODE DESCRIBES VANCOUVER WHERE
THE SAFE INJECTION SITE IS HAS
"THEFT, ASSAULT, DRUG DEALING
AND A HOT SPOT FOR STOLEN
GOODS."

YES THIS HASN'T BEEN A DRAMATIC
INCREASE IN CRIME BUT THERE IS
NO DECREASE EITHER.

IN FACT ELEVEN YEARS AFTER
OPENING VANCOUVER POLICE ARE
STILL TRYING TO GET PEOPLE TO
USE FAT SIT.

THERE WERE SEVEN IS YOU EXPECTED
OVERDOSES ONE SIDE NEAR WHERE
THE INJECTION FACILITY IS.

THE FACT THAT THE POLICE HAVE TO
ASK TO USE INSIDE IT
DEMONSTRATES IT'S NOT AS
EFFECTIVE AS IT SEEMS SEEMS.

WE HAVE FOUND OUT THE CLAIM OF
US SENSE IS NOT THOROUGHLY WILL
RESEARCHED.

THE MOST RELIED UPON STUDY WITH
35% DECREASE ONLY LOOKED AT THE
PERIOD TWO YEARS BEFORE AND TWO
YEARS AFTER THE CENTER OPENED.

NOT THE EN DUING DECADE.

THE RESEARCH WAS FUNDED BY
VANCOUVER COASTAL HEALTH THAT
OPERATES IN SITE.

THEY'RE NOT ENTIRELY OBJECTIVE.
ALL YOU SEE IS MORE AND MORE
ADDICTS COMING TO NEW MARKET.
THEY KNOW THEY CAN USE THE
TKRUDZ AND PEOPLE MAKE SURE THEY
DON'T TODAY.

WE DON'T NEED DOCKETERS TO
CREATE A SAFE PLACE FOR ADDICTS
TO INJECT.

WE NEED DOCTORS TO STOP THEM
FROM NEEDING TO.

THANK YOU MANY.

>> THANK YOU.

>> MY NAME IS BEN MURPHY.
I'M HERE ON BE HALF OF FOOD PACK
EXPRESS.
WE HAVE FOUR LOCATIONS IN THE
STATE AND BEEN IN NEW MARKET FOR
OVER 20 YEARS.
WE PROTEST A SIF IN OUR
NEIGHBORHOOD -- IT IS IN
COMPREHENSIBLE TO ME THAT ANYONE
WOULD THINK THAT THIS IS A SAFE
ENVIRONMENT FOR ANYONE.
NEW MARKET CONTAINS TWO HOMELESS
SHELTERS AND HOUSE NEARLY A
THOUSAND PEOPLE EACH NIGHT.
ADDITIONAL 1300 METHADONE
PATIENTS ARE TREATED DAILY IN
NEW MARKET.
IT ATTRACTS DRUG DEALERS PREYING
ON THOSE ADDICTED.
A SIF SITE WOULD EXACERBATE THIS
PROBLEM.
IT WOULDN'T REDUCE THE NUMBER OF
PEOPLE ON THE STREETS AFTER
SHOOTING UP.
SINCE ON AVERAGE THERE IS ONLY
TIME FOR THEM FOR A HALF HOUR.
OUR BUSINESS HAS SUFFEREDY
TPHOEFRPL NEWS HEE.
A SOLUTION TO COMBATING
OVERDOSES IS NOT TO ENABLE THEM.
THESE ARE USELESS FOR THE GOAL
OF ENDING A CRISIS.
OUR EFFORTS SHOULD BE BETTER
SPENT ON THOSE EFFORTS THAT
COMBAT ADDICTION NOT MAINTAINING
A STATUS QUO.
THANK YOU.
>> THANK YOU.
>> FOLLOWING WE WILL HAVE --
>> MY NAME IS -- I AM HERE
REPRESENTING NEW MARKET
COMMUNITY PARTNERS.
A NON PROFIT IN THE NEW MARKET
AREA FOCUSED ON JOB GROWTH AND
NOT CREASED EMPLOYMENT.
WE HAVE TO STOP THE ENABLE MUCHING
PROCESS.
WE'RE ENABLING MORE BEHAVIOR.
TAKE METHADONE AS TREATMENT IS
NOT FIXING THE PROBLEM.
WE NEED TO DEPRIVATIZE METHADONE
CLINICS.
-- FIVE DOLLAR PROFIT PER PERSON
EVERY DAY.

WE ARE AT A POINT WHERE MORE
METHADONE PATIENTS ARE ON
METHADONE FOR LIFE THEN EVER
BEFORE.

TO STOP THE SPREAD OF DISEASE WE
GAVE OUT NEEDLES.

WE DON'T GIVE OUT ONE OR FIVE.

WE GIVE OUT 500 NEEDLES.

WE'RE ENABLING AND GROWING THE
ROOT OF THE PROBLEM.

NOW WE WANT TO CREATE SAFE
INJECTION SITES.

YES THIS DECREASES DEATHS IN ONE
SPACE, HOW MANY MORE PEOPLE ARE
USING BECAUSE THEY KNOW THEN THE
WON'T DIE.

IN VANCOUVER THE SAME INJECTION
SITE INSIGHT IS TOUTED AS A
POSTER CHILD FOR SUCCESS.

WHEN WE DIDN'T HAVE ENOUGH
RESEARCH TO LOOK THAT THEIR
PROGRESS.

IN THE UNITED STATES, THE
LARGEST PER CAPITA CONSUMER OF
OPIATES.

IN 015 AMERICAN PHYSICIANS WROTE.
THE YOU U.I. SURGEON GENERAL
WROTE TO ALL PHYSICIANS TO TURN
THIS TIDE.

IN THE LETTER HE SIGNED OVER
PRESCRIPTION WAS THE ROUTE OF
THE ISSUE WITH AGGRESSIVE
MARKETING FROM PHARMACEUTICAL
COMPANIES.

WE'RE SENDING THE MESSAGE THAT
DRUG USE IS OKAY.

FOR ALL OF THESE REASONS WE'RE
OPPOSE TODAY SAFE INJECTION SITE
IN NEW MARKET.

>> NOW TO THE OTHER SIDE.

DO I SEE A BOB OR EILEEN ON THE
OTHER SIDE AS WELL?

>> VERY GOOD.

>> OKAY.

>> I AM THE EXECUTIVE DIRECTOR
OF THE NEW MARKET BUSINESS
ASSOCIATION I'M HERE
REPRESENTING THE 235,000
VISITERS AND PROPERTY OWNERS IN
THE NEW MARKET INDUSTRIAL
DISTRICT.

I AM A LITTLE LONG, A LOT HAS
BEEN SAID ALREADY.

I AM HERE TO TELL YOU THE

ASSOCIATION IS COMPLETELY
OPPOSED TO SAFE INJECTION SITES
IN MASSACHUSETTS AND MORE
SPECIFIC ANY SAFE INJECTION SITE
IN NEW MARKET.

WHAT YOU HAVE HEARD FROM THE
LAST SEVERAL SPEAKERS ARE FACTS
WITH HOURS OF RESEARCH.

FOR SEVERAL YEARS WE IN NEW
MARKET HAVE WORKED CLOSELY WITH
THE CITY AND THE PUBLIC HEALTH
DEVELOPMENT AND THE MAYOR TO
CHANGE THE COURSE OF ADDICTION
AND HOMELESSNESS IN OUR AREA.
YOU KNOW THIS AS METHADONE MILE.
WE HAVE BEEN SUPPORTIVE OF
INCREMENTAL STEPS, NEEDLE
EXCHANGES, OUTREACH WORKERS AND
SPOT FACILITIES.

TODAY WE HAVE MORE AND MORE
PEOPLE USING DRUGS THEN EVER
BEFORE.

ALL YOU HAVE TO DO IS WALK
AROUND WITH ME FOR HALF AN HOUR
IN NEW MARKET AND LOOK AT THE 50
USED NEEDLES IN THE CLIFFORD
PARK OR THE 200 USED NEEDLES
BEHIND BUG -LZ CAR WASH OR WATCH
THE PERSON WHO JUST WALKED UP TO
A CAR AT THE INTERSECTION HANDED
SOMEONE TEN DOLLARS AND THE
PERSON INSIDE TOOK A NODE WILL
AND PUT IT IN THE GENTLEMAN'S
NECK TO GIVE HIM A HIGH, RIGHT
THERE AT THE INTERSECTION.
I HAVE SEEN IT TWICE THIS WEEK.
OKAY.

THE ANSWER IS NOT TO ENABLE THEM
TO DO MORE DRUGS.

WE HAVE SOME OF THE BEST MINDS
IN THE WORLD HERE IN BOSTON.
YOU ARE TELLING ME THAT THE BEST
WE CAN DO IS TO COME UP WITH A
SAFE INJECTION SITE ISSUE.

THAT'S OUR SOLUTION?

THE MASS MEDICAL SOCIETY SHOULD
BE ASHAMED THIS IS THE BEST
ANSWER THEY CAN COME UP WITH.
SO, RIGHT NOW I AND OUR 235
BUSINESSES AND OUR 28,000
EMPLOYEES THAT WE REPRESENT DOWN
THERE, WE CHALLENGE EVERYONE, WE
CHALLENGE THE GOVERNMENT.
WE CHALLENGE THE MAYOR, THE

LEGISLATURES AND THE DOCTORS.
YES WE CHALLENGE OURSELVES RIGHT
OTHER LONG WITH YOU TO COME UP
WITH A REAL SOLUTION.
WE NEED TO FIGURE OUT HOW TO
CHANGE THE CYCLE OF BEHAVIOR.
WE NEED TO FIGURE OUT HOW TO
HELP OUR ADDICTS AND HOMELESS TO
EMBARK ON A NEW WAY OF LIFE AND
NOT TO IGNORE THIS INHUMAN
EXISTENCE WE SEE DAY AFTER DAY
ON THE STREETS OF NEW MARKET AND
ACROSS THE CITY AND THE STATE.
PEOPLE SLEEPING ON SIDEWALKS,
DEFECATING IN ALLEYWAYS.
THESE PEOPLE ARE DYING ON OUR
STREETS.
WE NEED TO FIGURE OUT HOW TO
CHANGE THIS.
THE ANSWER ISN'T TO ENABLE THEM
TO SHOOT UP FREELY.
A FEW YEARS AGO WE HAD TO CLOSE
A LONG ISLAND SHELTER.
THE LONG ISLAND SHELTER WASN'T
PERFECT.
IT WAS A STEP IN THE RIGHT
DIRECTION.
IT PROVIDED A BROAD SPECTRUM OF
SERVICES IN ONE PLACE IN A
RELATIVELY ENCLOSED SETTING.
-- WE BELIEVE YOU SHOULD BE ABLE
TO PERFECT THIS MOD AND DESIGN
TRULY STATE OF THE ART CARE
FACILITIES ACROSS THE
COMMONWEALTH.
-- RIGHT HERE YOU TALKED ABOUT
IT EARLIER.
THE MASS MEDICAL SOCIETY SHOULD
BE ADVOCATING FOR THESE PATIENTS
WHERE AT-INDIVIDUALS CAN ACCESS
TREATMENT FROM DETOX, NOT JUST
THROUGH 30 DAYS BUT TO THE NEXT
STEP AND NEXT STEP, INCLUDING
TRANSITIONAL HOUSING AND MORE.
THESE FACILITIES SHOULD HAVE
MORE SERVICES.
PHYSICAL AND MENTAL.
>> IF OUR HOSPITALS CAN HAVE
SATELLITE SPOTS TO FIX KNEES AND
SHOULDERS THEY SHOULD BE ABLE TO
WORK WITH THE PUBLIC HEALTH
DEPARTMENT TO CREATE SATELLITES
FOR THIS.
GUESS WHAT.

EVERYONE WILL SAY THIS COSTS TOO MUCH.

EVERYONE WILL SAY THEY WON'T WANT THEM IN THEIR COMMUNITY.

IN THE END IT COMES DOWN TO MONEY AND POLITICAL WILL.

WHAT ARE WE SPENDING NOW AND SPINNING OUR WHEELS.

CAN WE AFFORD TO PAY, CAN WE AFFORD NOT TOO?

BOTH THE PUBLIC AND PRIVATE SECTOR HAVE TO WORK TOGETHER TO MAKE THIS PROBLEM.

IT'S ALL OF OUR PROBLEM.

I WAS BROUGHT UP WITH A BELIEF TREATING THE WHOLE SELF NOT JUST HOW DO WE KEEP SOMEONE FROM DYING AT A PARTICULAR MOMENT AT A SAFE INJECTION SITE.

I WILL TELL YOU THERE ARE THOUSANDS OF PEOPLE DYING EVERY DAY OUT HERE.

THEY ARE JUST NOT DEAD.

ONE THING IS FOR SURE, THEY CERTAINLY ARE NOT LIVING.

CAN YOU SLEEP AT NIGHT KNOWING WE'RE NOT DOING ALL WE CAN TO MAKE A DIFFERENCE AND THE BEST WE CAN DO IS PROVIDE LOCATION WHERE AN ADDICT CAN SHOOT UP, MEDICAL PERSONAL WATCH THROUGH A MIRROR TO MAKE SURE THEY DON'T DIE?

I SK-PBT.

CAN'T.>> THANK YOU.