Testimony of Professor Keith Humphreys, Stanford University, to the Joint Committee on Mental Health, Substance Use, and Recovery, Massachusetts Legislature, October 22, 2023

Distinguished committee members thank you for the opportunity to speak with you about supervised drug consumption sites. Because these sites have become a battleground in the culture wars, you can find people who will tell you that they are unquestionably transformative and others who argue just as passionately that they are highly destructive. But as someone who has studied addiction for over three decades, I am instead going to give a balanced, evidence-based assessment of the advantages and limitations of these sitess.

Advantages of Supervised Drug Consumption Sites

First, globally, sites where people consume drugs with trained personnel on hand have overseen millions of drug use episodes with only a handful of deaths occurring. Someone who uses drugs is less likely to die in a supervised drug consumption site than they are anywhere else.

Second, the people who staff these sites tend to be more welcoming to people actively using drugs than are staff in the average emergency room or primary care practice. This means that active drug users in need of services like wound care who might shun a trip to the formal health care system have a place to go for help.

Third, no one initiates drug use because of these sites. Indeed, people who access them tend to have been using drugs for years and sometimes decades before their first visit.

Limitations of Supervised Drug Consumption Sites

First, these sites serve a geographically narrow band of clients. It would be a very rare addicted person who would commute even 30 minutes so that they could use drugs in a government-sponsored

facility. The client base is thus going to be almost entirely people who spend most of their time near the site's location.

Second, this intervention has not scaled up, from which we can conclude that many people and communities do not want them in their neighborhood. In the more than 30 years since the first supervised drug consumption site was founded, all the nations of the world combined have built fewer than 200 of them, i.e., fewer sites than there are addiction treatment programs in the greater Boston area. Consider that limitation in combination with the first limitation about sites' narrow reach and you can see that supervised drug consumption sites are a boutique intervention: at best you will have a small number of sites serving a small number of people.

Third, there is no convincing evidence that supervised drug consumption sites increase addiction treatment uptake. There are studies showing that people who attend a supervised drug consumption site sometimes access addiction treatment at a future point, but that does not prove that the site caused the person to enter treatment any more than the fact that some marijuana users eventually move on to fentanyl proves that marijuana is a gateway to fentanyl addiction.

Further, every unit of government has a budget, and the cost of serving one person for a year in a consumption site is about equal to the cost of providing them a year of addiction treatment with medications and counselling. This means there is an opportunity cost that you will have to weigh, particularly because the research evidence for the benefits of addiction treatment is much stronger than that supporting supervised drug consumption sites. This includes not incidentally the superior ability of treatment to reduce overdose mortality – not because people are still overdosing and being rescued but because they are using drugs less and not overdosing as much in the first place.

I realized the mixed picture I am presenting is more complicated than what an activist for or against these programs would say, but I hope this evidence-based appraisal of the tradeoffs is helpful in your decision process.