

TOWN OF AMHERST BOARD OF HEALTH

Virtual Meeting using Zoom

March 11, 2021

Board of Health members participating: Steve George, Nancy Gilbert (Chair), Maureen Millea, Timothy Randhir, and John Tobiason

Staff members: Emma Dragon, Health Director; Ed Smith, Health and Building Inspector; Steve McCarthy, Licensing Coordinator

Others: Liz Whynott, Director of Harm Reduction Programs at Tapestry Health

The meeting opened at 5:02 PM.

As required by State Open Meeting rules for boards that meet online during the pandemic, the meeting began with a roll call which confirmed that all five Board members listed above were present.

Review and Receive

1. Minutes of February meeting

The February 11 minutes were approved as drafted, on a roll call vote with all five members voting to approve.

Old Business

1. Tapestry harm reduction program

Liz Whynott, Director of Harm Reduction Programs at Tapestry Health, returned to follow up on her request for the Board to consider approving visits to Amherst by Tapestry's mobile unit. The purpose is to provide needle exchange and other harm reduction assistance to drug users. State law (MGL Part I, Title XVI, Chapter 111, Section 215) requires that needle exchange programs be approved by the local Board of Health. In consultation with Board chair Nancy Gilbert, Ms. Whynott prepared a detailed proposal, a copy of which is attached to these minutes. In addition to the syringe exchange, the Tapestry program includes referrals for physical and behavioral health issues, narcan kit distribution, and testing for conditions such as hepatitis C, HIV and sexually transmitted diseases. Board members noted that discarded needles have been found in public places in town, constituting a health hazard especially for young children; exchange programs have been associated with fewer improperly discarded needles. Lowering the incidence of addiction-related diseases benefits not only drug users themselves but also others, including emergency services personnel who interact with them. (Amherst EMS responded to 17 opiate-related incidents in the first half of 2020.) No evidence exists suggesting that these programs increase drug use. Health Director Emma Dragon said she was grateful that Ms. Whynott had come forward with this proposal. The Board discussed whether to hold a public hearing on the issue. Hearings are not required in this situation; health boards in several nearby communities have approved this program without having hearings. The consensus was not to have a hearing.

Mr. George moved that the Board approve having Amherst host Tapestry Health's harm reduction program including needle exchange. Mr. Randhir seconded the motion, and in a roll call vote the motion was **VOTED 5 – 0** with all members present and voting. As required, a letter of approval from the Board will be sent to the Director of the Bureau of Infectious Disease at the State Department of Public Health.

2. Tobacco regulation for updated 1/2020 bylaw

Town Licensing Coordinator Steve McCarthy reviewed new online features in the application process for obtaining or renewing tobacco sales licenses. The new form includes a checklist of items related to the January 2020 revised regulations. It will be necessary to add the quiz that each employee who sells tobacco products must now pass. The quiz was initially intended to be taken as many times as needed to answer all questions correctly. However, Mr. McCarthy said that the OpenGov system used by the town is not set up to provide for such repeated submissions. Nancy Gilbert will prepare a fact sheet for test takers to review when taking the quiz, to make it feasible to pass the quiz on one try.

3. Prohibiting Smoking in Workplace and Public Places review

Members agreed that the most recent draft of this regulation was complete and correct. The required public hearing will be scheduled as the first item on the agenda for the April meeting. A tentative date of July 1, 2021 was set for the regulation to become effective.

New Business

1. Update on seasonal events

Ed Smith and Emma Dragon reported on upcoming seasonal events. Restaurants will be able to offer pandemic-safe outdoor dining as took place last summer. The Amherst Farmer's Market will move to the southern part of the Town Common this year, with required distancing, limits on the number of attendees, and hand sanitizers provided.

2. Lot 9A-30 Flat Hills Road drinking water well

Melora and Brian McGlaughlin submitted an application for a drilling permit to establish a drinking water well on this property, whose elevation is higher than can be served by the public water supply. Ed Smith has visited the site and recommended approval. After discussion, a motion was made by John Tobiason and seconded by Steve George to approve the drilling permit application. By roll call vote, the motion was **VOTED 5 – 0**.

Director's Report

1. COVID-19 Update: UMASS cases, testing, vaccine distribution

As more and more residents receive COVID vaccinations, the demand for testing at the UMass public testing facility has decreased, Emma Dragon reported. New local cases of COVID infection continue to be detected; in a recent week, 66 Amherst residents tested positive. Of these, 61 were associated with higher education institutions (58 at UMass, 2 at Amherst College, 1 at Hampshire). Regarding the town's vaccination efforts, more than 5,000 people have been vaccinated at the Health Department's clinics. Ms. Dragon and Emergency Services personnel developed a mobile vaccination process in which a town ambulance and vaccination team served 60 homebound residents in Amherst and nearby towns, using an approach similar to a visiting nurse route. These were the first home COVID vaccinations given in Massachusetts. Local staff stayed after vaccine administration to cover the post-injection waiting time, so the mobile crew could move on to the next address. Vaccinations at Amherst Health Department clinics continue to be limited by vaccine supply, because the State has recently been prioritizing so-called mass vaccination sites run by private companies, such as the one at Eastfield Mall. The Northampton/Amherst vaccination collaboration does receive some doses; Amherst gets 23% of these. Our clinics are now all at Bangs Community center. A tent is in place to shelter people who need to wait outside in order to preserve social distancing inside the building. Vaccine availability may

become an even greater problem now that the State has made teachers and school staff eligible for vaccinations.

Ms. Dragon described a new State grant program that funds new public health initiatives based on regional cooperation. She encouraged Board members to think of ideas for proposals. Ms. Gilbert suggested using the program to restore Amherst Health Department positions that have been eliminated or moved to other town departments in recent years. Dr. Millea said such grants might be applicable to the "Village to Village" program, which provides support to seniors who wish to remain in their homes.

The next meeting of the Board of Health will take place on April 8.

The meeting was adjourned at 6:56 PM.

Respectfully submitted,

Steve George

Request: To the Amherst Board of Health
For: Implementation of a Mobile Harm Reduction Program in the town of Amherst
From: Liz Whynott, MPH, Director of Harm Reduction Programs
Date: March 11, 2021

This request is being made per Massachusetts General Law, Part I, Title XVI, Chapter 111, Section 215, Needle Exchange Programs, Approval, "Prior to implementation of a needle exchange program approval shall be obtained from the board of health in the hosting city or town."

Presently individuals residing in Amherst must commute to Northampton's Tapestry clinic to exchange needles and receive health care. This request will increase community outreach and services to hard to reach populations residing in Amherst, those who are not likely to access traditional health care and social services on their own due to barriers that may include mental illness, unstable housing, lack of transportation, and substance use disorders (SUDs). Services will be provided in Tapestry's Mobile Addiction-Services Van.

Services provided through the mobile addiction-services van include:

- Naloxone distribution and training
- Syringe exchange
- Risk reduction counseling related to sexual and drug use risk
- Testing for human immunodeficiency virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) and referrals for treatment.
- Referrals to primary care services such a wound care, vaccinations, and screenings.
- Referral to behavioral health services and specialty care

The Mobile Harm Reduction Program's goals are to:

- Prevent the transmission of infectious disease by reducing high risk behaviors using a client-centered approach, and evidence-based interventions
- Decrease overdose deaths and near deaths
- Enhance access to health care services, including addiction recovery programs

Program objectives include:

- Reducing the incidence of infectious diseases, primarily HIV, HCV, hepatitis B and sexually transmitted infections
- Preventing an outbreak of HIV related to drug use
- Decreasing the high risk behaviors in persons who inject drugs by providing clean, one-use syringe kits and education on safer injection practices
- Providing on-site testing for HCV and HIV
- Reducing the number of opioid-related deaths in Amherst and Hampshire County through the provision of the opioid-involved overdose antidote naloxone and overdose education
- Enhancing access to SUD treatment services, as well as other mental health and behavioral health services
- Reducing emergency room visits related to bacterial infections secondary to injection drug use, such as abscesses and endocarditis, which can be prevented using clean techniques
- Increasing access to health care services by referring and linking participants to primary care, dentistry, prenatal care and other services
- Removing hazardous waste from the community
- Reducing improper disposal of contaminated needles
- Decreasing the risk of exposure to HCV and HIV by first responders

Amherst and Hampshire data to support the Harm Reduction Program:

- In 2019 there were 3 opioid related overdose deaths in Amherst and 30 EMS incidents related to opioid use. During the first 6 months of 2020, there were 17 EMS incidents related to opioid use.
- In 2018, there were 217 individuals living with HIV infection living in Hampshire County.
- During fiscal year 20 (7/1/19-6/30/20, Tapestry Harm Reduction (in Northampton) saw 86 unique individuals from Amherst. Twelve of these individuals identified as “homeless” and 61 Narcan kits were given to individuals residing in Amherst.

Research based support of this program:

- According to *Healthy People 2030* (Office of Disease Prevention and Health Promotion, 2020), more than 20 million people in the United States have a substance use disorder, and most of them don't get the treatment they need. Substance use disorders are linked to many health problems and can lead to overdose and death. Deaths from opioid use disorder in particular have increased dramatically in recent years. The report notes that drug overdose deaths are a national public health emergency, and that increasing access to naloxone and to evidence-based treatments for substance use disorder can help reduce overdose deaths.
- The Harm Reduction Commission of Massachusetts (2019) notes that: Massachusetts is among the top ten states with the highest rates of opioid-related overdose death. While overdose deaths in Massachusetts have declined, non-fatal overdose emergencies have increased.
- Targeted outreach to hard to reach groups is effective in providing access for those at high risk for HIV and HCV infection. A mobile outreach strategy can focus needed resources for a variety of groups in a community. (Zucker, 2011)
- There is no evidence of any link between increased drug use and syringe exchange programs. The U.S. Surgeon General has determined that syringe exchange programs, when part of a

comprehensive effort to reduce the spread of disease, do not increase drug use. (US Dept. of Health and Human Services, Office of the Surgeon General, 2016)

- There is treatment gap with only about 28.6% of people with opioid use disorder receiving treatment for this disorder. Contributing factors to this gap include the inability to access or afford care. (US Dept. of Health and Human Services, Office of the Surgeon General, 2018). Syringe exchange participants are five times more likely to enter a substance treatment program than individuals who have not used such a program (CDC, 2017b). The Tapestry Mobile Addiction-Service Van is a federal, state and local partnership to support a science-based approach to address substance use-related health issues and increase access to both SUD treatment and health care.
- Syringe services programs are associated with an estimated 50% reduction in HIV and HCV incidence (CDC, 2020). A systematic review of 15 studies analyzing syringe service programs found that the programs were linked with decreases in the prevalence of HIV and HCV and decreases in the incidence of HIV (CDC, 2016).
- Needle exchange programs are vital to any HCV elimination strategies because they reduce risk behavior, transmission of HCV, and health care costs while helping to identify people with hepatitis C and linking them with direct-acting antiviral therapies and SUD treatment services (Cotter, Stier, & Aronsoln, 2018).
- According to the CDC (2019) there are more than 1.2 million Americans with HIV with 37,832 new HIV diagnoses in 2018, at a \$485,000 lifetime cost to treat one person with HIV infection. Twenty per cent of new HIV infections occur in teens and young adults. While 1 in 7 people are unaware of their HIV infection. It is important to note that knowing one's HIV status is the first step in getting care and treatment – and in protecting others. (Tapestry pays 19 cents per syringe.)

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