

Education & Training Working Group

Meeting Notes

Agenda:

1. Welcome and introductions
2. Background information, Preliminary Research, and Information Received to Date
3. Discussion & Next Steps

Name	Present?
Representative Mindy Domb	Present
Millie Bhatia, MPH	Present
Senator John Keenan	Present
Dr. Kevin Simon, MD, MPH	Present

Introduction / Icebreaker

Chair Domb welcomed members, all of whom were present. She asked members to introduce themselves and share interesting information, what they've learned so far, or questions they believe the Working Group should investigate and discuss further.

Chair Domb believes the Working Group should investigate and further discuss how to get information to people quickly and ensure access by target populations.

Senator Keenan agreed and restated the importance of getting information out to anyone who comes into contact with someone who is exposed, including information on how xylazine works, its impacts, and how to respond and treat someone exposed to xylazine.

Ms. Bhatia agreed and suggested the Working Group identify the best way to proactively get information to target populations about emerging trends and threats in the contamination of the drug supply, harm reduction strategies, and the risks of contaminants.

Dr. Simon agreed with fellow members and suggested the Working Group begin with identifying the general public education needed followed by education for professionals providing care.

Open Discussion

Chair Domb directed members to their packets containing the timeline and benchmarks for the Working Group. She reminded members that the Working Group is charged with investigating and producing findings and recommendations on education and training for first responders, the medical community, the substance use treatment community, and people who use drugs. She then called Jess Bresler, Legal Counsel to Chair Domb as House Chair of the Joint Committee on Mental Health, Substance Use and Recovery, to facilitate the open discussion.

Ms. Bresler began by asking members to think about: how target populations will get information and from whom; what effective training might look like; and curriculum goals, including the general information to be included in all trainings and the specific information that should be included in trainings for specific populations. Members discussed the importance of including specific learning objectives in any training (e.g., as suggested by Chair Domb, "As a result of this training, you can do / you will know how to _____").

Senator Keenan noted that knowledge about xylazine among target populations varies based on location. For example, clinicians at Boston Medical Center and first responders, including emergency medical services (“EMS”) and police, in the Mass & Cass areas likely have a good sense of how to identify xylazine exposure; however, individuals in communities with lower rates of xylazine contamination may not be aware of xylazine and trainings should include baseline knowledge that everyone should know.

Chair Domb agreed that baseline knowledge varies and suggested the Working Group identify exactly what target populations should know and how they may want to apply that knowledge. She noted that the Bureau of Substance Addiction Services (“BSAS”) could identify knowledge gaps among target populations by conducting a needs assessment, survey, or landscape analysis. Ms. Bresler noted that Dr. Traci Green and the Massachusetts Drug Supply Data Stream (“MADDS”) may also have a sense of which communities have or do not have this baseline knowledge and awareness.

Ms. Bhatia stressed the importance of including certain information in any training from both a clinical and non-clinical perspective, including recognizing when a person has been exposed to xylazine, the specific action steps the person should take in their individual or professional capacity with the resources they have at hand, and wound management.

Senator Keenan suggested some outreach to target populations to identify knowledge gaps. Chair Domb added that target populations should be asked how they perceive their role in addressing xylazine contamination, what they know, what they want to know, and what they need to know. Members discussed the value of a survey conducted, for example, by licensing boards, at the state level by BSAS or MADDS, or at the local level by local public health departments.

The Working Group discussed current public education efforts already underway, including the current information and trainings already available. Ms. Bresler asked members to think about their own gaps in knowledge and any outstanding questions they have about xylazine and led members in a discussion about the general / baseline information all educational materials and trainings should include as well as information that should be included in educational materials and trainings specific to target populations.

Members identified the following universal learning objectives: (1) what is xylazine; (2) signs and symptoms; (3) wound care; (4) and how to mitigate the effects of xylazine. Chair Domb suggested that trainers could survey participants on additional gaps in knowledge, and stressed that trainings should be continuously updated with new information and resources. Ms. Bhatia highlighted the importance of tailoring language to each target population.

Members discussed the need for greater awareness and understanding of xylazine, including the issues associated with exposure as people who have not been exposed do not understand the risks. Members identified the need for more information about risk reduction measures beyond drug checking and changing the route of administration. Dr. Simon noted the need for curricula to be tailored to both clinical and non-clinical populations.

Ms. Bresler thanked members for their participation.

Next Steps

Each member will focus their work on a target population and will utilize a powerpoint presentation (to be developed by Commission staff) to present their findings and recommendations to the full Commission at the public meeting on December 11, 2025.

Senator Keenan: First responders, including *emergency medical services / EMTs* and *law enforcement* responding to critical incidents involving people in active use.

Dr. Simon: The medical community across the care continuum, including *clinicians* working in or on: (1) harm reduction and outreach teams serving people in active use; (2) emergency rooms / acute care hospitals; (3) inpatient substance use treatment facilities; (4) outpatient substance use treatment settings; and (5) other settings.

Chair Domb: The substance use treatment community, including *non-clinical staff* working in or on: (1) harm reduction and outreach teams serving people in active use; (2) emergency rooms / acute care hospitals; (3) inpatient substance use treatment facilities; (4) outpatient substance use treatment settings; and (5) other settings.

Ms. Bhatia: People who use drugs and people in recovery receiving services from or in: (1) harm reduction and outreach teams serving people in active use; (2) emergency rooms / acute care hospitals; (3) inpatient substance use treatment facilities; (4) outpatient substance use treatment settings; and (5) other settings.

Follow-up Items:

- The working group will focus on producing general training objectives and specific training objectives for each target population, including a list of questions to be answered in a training.
- By **November 25, 2025**, Commission staff will send members: (1) notes from this meeting; (2) an early draft of the powerpoint presentation; and (3) a link to a shared google drive folder where members should save their work and sources they find.
- Members will work to send and/or save on the google drive all information, resources, and sources by **December 2, 2025** to ensure Commission staff have sufficient time to produce a final draft of the presentation for member approval.
 - Each working group member should attempt to identify examples of existing trainings for their assigned target population.
 - Commission staff will contact Undersecretary and Commission Member Angela Davis to request training materials for first responders.
- Commission staff will send final drafts of presentation materials to Working Group Members for review no later than **December 4, 2025 at 12pm**.
- Working Group Members will provide feedback, recommendations for changes, and final approval of the presentation materials by **December 9, 2025 at 12pm**.
 - Commission staff will work closely with members and will be available to meet with any member who wishes to review findings, recommendations, or presentation content.

At 3:09pm, Chair Domb moved to **ADJOURN**. Ms. Bhatia seconded the motion.