

Xylazine Commission

Public Meeting to Discuss the First Draft of the Final Report

Special Commission on Xylazine

February 9, 2026

Agenda

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Commission Overview

- Summary of Commission Activities
- Legislative Charge
- Membership
- Background Information

Licit versus Illicit Xylazine

	Xylazine as a FDA-Approved Animal Drug	Xylazine as a Drug Supply Contaminant
<u>What</u>	Inexpensive FDA-approved compound that produces mild-to-moderate sedation in animal species including rodents, cats, dogs, horses, cattle, sheep	Most often a non-pharmaceutical grade compound that is not regulated by the FDA for consumption by humans or animals
<u>Who Uses</u>	Licensed veterinarians and animal researchers	Illicit manufacturers / distributors (“dealers”)
<u>When / Why Used</u>	<p>Sedation alone or combined with other drugs (e.g., ketamine) to produce anesthesia for medical (i.e., imaging, surgery) or experimental procedures</p> <ul style="list-style-type: none"> ● Reversible with drugs not approved for human use ● No storage or documentation requirements (versus a narcotic) 	Most often / virtually exclusively added to illicit fentanyl as an inexpensive cutting agent to increase the bulk of product while producing similar (i.e., sedative) effects in the consumer
<u>Where Obtained</u>	FDA-licensed and -regulated veterinary pharmaceutical distributors	Online, international vendors often with no association to the veterinary profession nor requirements to prove legitimate need
<u>What Form</u>	As a liquid in a concentration appropriate for administration by injection based on the general size and weight of the species	Both liquid and powder form (the latter can be purchased online from Chinese suppliers for \$6-\$20 U.S. dollars per kilogram)

Key Findings & Recommendations



Presentation Structure

- Working Group Name & Membership
- Area of Inquiry
- Background Information
- Key Findings
- Recommendations

Best Practices for Oversight & Enforcement

Ernie Gates, R.Ph, FASCP, FIACP, FACA

Matthew Hogan, BVetMed, MS, MRCVS, DAACLAM

Sarah Ruiz, MSW

State Representative Steven George Xiarhos

Area of Inquiry

This Working Group was charged with investigating and producing findings and recommendations on:

1. **Best practices to regulate and oversee the production and distribution of xylazine** to ensure that it is used solely for its intended purpose as an animal tranquilizer administered by licensed veterinarians and not for human consumption
2. **Whether xylazine should be classified as a controlled substance** and appropriate penalties for its illegal production and distribution

Scheduling Xylazine

- At the **federal** level, xylazine is **not scheduled**
- **Eight states** have **scheduled** xylazine, one as Schedule I (Florida), five as Schedule III (Delaware, Ohio, Nebraska, Pennsylvania, South Dakota), one as Schedule IV (West Virginia), and one as Schedule V (Rhode Island)
- **Four states** have **criminalized** the illicit production, manufacturing, distribution, and possession of xylazine without scheduling the substance (Louisiana, South Carolina, Tennessee, Virginia)
- Note that various states have taken action to remove criminal penalties for drug checking equipment and services, including for xylazine

<https://legislativeanalysis.org/wp-content/uploads/2024/03/Xylazine-Fact-Sheet-Update-FINAL.pdf>

Key Findings | Best Practices for Oversight & Enforcement

1. **Xylazine should be only used in veterinary and animal research settings** as an animal tranquilizer due to the public health and safety issues associated with human consumption.
2. **There are legitimate uses for xylazine in veterinary and research settings that must be exempted** in the event xylazine is scheduled or penalties are imposed on its manufacturing, distribution, or possession.
3. The **xylazine present in the Commonwealth's illicit drug supply is not diverted from licit sources** (i.e., veterinary and animal research) sources, but is instead obtained through online vendors.
4. Because xylazine is not produced and is rarely used legally in the Commonwealth, **expanded oversight of xylazine production and distribution is unlikely to have an effect on its presence in the Commonwealth's illicit drug supply.**
5. **Efforts to curtail xylazine contamination** in the Commonwealth's illicit drug supply should **focus on public health policies** that reduce the harms associated with xylazine exposure rather than implementing additional penalties or restrictions on xylazine.
6. The prevalence of xylazine in the Massachusetts drug supply is declining, but **the prevalence of similar alpha-2 agonist veterinary drugs - such as medetomidine - appear to be increasing at similar rates and present similar and additional public health and safety concerns** as xylazine due to oversedation and severe withdrawal symptoms.
7. **Massachusetts has implemented several recent policies** that address xylazine contamination and exposure (i.e., expanded protections for drug checking services and equipment) **that could be expanded.**

Recommendations | Best practices to regulate and oversee the production and distribution of xylazine

1. State public health officials and veterinary professional organizations and licensing boards should collaborate to **compile best practices and guidance for its use, possession, and storage in authorized settings** to ensure a continued lack of diversion from licit industries, including that xylazine is only to be used on animals and only purchased from licensed distributors.
2. Individuals who seek xylazine for legitimate purposes (i.e., for use on animals) should **keep a record of purchase and implement methods to securely store the substance** to ensure a continued lack of diversion.
3. **Bolster systems that enable the reporting** of theft, loss, or suspicious orders of xylazine and other drugs used in veterinary or animal research settings that may be diverted to the illicit drug supply.
4. State and local law enforcement should review information on manufacturing and distribution of xylazine to help **identify all potential illicit producers and distributors within the Commonwealth.**
5. Law enforcement investigations and prosecutions for drug trafficking should **focus on fentanyl and the large-scale importation of xylazine** rather than on xylazine as an adulterant.
6. State and local public health officials should work with veterinary professional organizations and licensing boards to **gather data on usage, purchase, and distribution of xylazine among Massachusetts veterinarians and animal researchers** - potentially by conducting a survey of this population - to understand the extent to which xylazine is appropriately used in the Commonwealth and whether additional restrictions or oversight is appropriate or if it would have unintended consequences.

Recommendations | Whether xylazine should be classified as a controlled substance and appropriate penalties for its illegal production and distribution

1. In place of classifying xylazine as a controlled substance, **expand other public health efforts** to address the presence of xylazine and other contaminants in the Commonwealth's illicit drug supply, including:
 - a. **Drug checking activities** and **access to drug checking equipment**, including less accurate xylazine test strips that are still useful with education on how to use such strips as effectively as possible.
 - b. **Surveillance and toxicology reporting** by expanding toxicology testing capacity, requiring consistent reporting of xylazine and other contaminants in cases of both fatal and nonfatal overdose cases, and establishing real-time alerts for communities, public health and harm reduction workers, and first responders.
 - c. Continue **dedicating resources to drug surveillance and research on the impacts of drug supply adulterants**, including but not limited to xylazine.
2. Identify any additional changes to Massachusetts law, regulations, or guidance that could be made to **further bolster protections for drug checking activities and equipment**.
3. If the Legislature determines it is appropriate to impose penalties or restrictions on xylazine, **any related legislation should:**
 - a. Be **limited to illicit production, manufacture, distribution, or possession with intent to distribute** rather than possession of xylazine in substances intended for personal use only;
 - b. **Avoid scheduling xylazine** and instead impose penalties on unauthorized production, manufacture, distribution, or possession with intent to distribute; and
 - c. **Exempt licit possession and use** in authorized veterinary and animal research settings from restrictions or penalties.

Outreach & Treatment

State Senator John Velis

State Representative Kate Donaghue

Assistant Undersecretary Angela Davis

Dr. David McGarry

Dr. Simeon Kimmel

Area of Inquiry

This Working Group was charged with investigating and producing findings and recommendations on:

1. The **availability of effective outreach and treatment** programs for patients who have been exposed to xylazine
2. **Ways to address any gaps** in available programs and services

Key Findings | The availability of effective outreach and treatment programs for patients who have been exposed to xylazine

1. There are **strong existing outreach programs** on the risks of xylazine, drug checking and test strip locations, and importance of wound treatment, as well as on treatment and training that is focused for public health providers and public safety personnel.
2. **Low-barrier care and mobile intervention programs are highly effective** at spreading awareness and providing care.
3. **Opioid overdose reversal drugs** like naloxone **remain a vital tool** for first responders, as do other **supportive treatments like oxygenation**.
4. Although wound care is critical to prevent progression, **many individuals exposed to xylazine self-manage wounds and delay seeking medical care** until wounds become severe.
5. **Treatment costs can escalate quickly** if wounds progress without initial treatment, and **self-directed wound care kits can be an accessible and low-barrier tool** at preventing wound progression.

Recommendations | The availability of effective outreach and treatment programs for patients who have been exposed to xylazine

1. State agencies, harm reduction programs, and medical organizations should work to **compile existing resources and coordinate outreach efforts**, with a focus on ensuring geographical outreach and access.
2. **Low-threshold care should be expanded through mobile care services and street outreach**, as well as physical treatment sites through walk-in services and frequent operating hours.
 - a. These programs should **provide resources on xylazine and best practices** to individuals visiting, **even when xylazine is not the sole reason for the visit**.
3. Personnel treating potential emergency xylazine responses should **continue to carry naloxone** and **other treatments** used to manage overdose symptoms **like oxygenation**.
4. **Information on wound care treatment should be prominently included** in all outreach and resources regarding xylazine.
5. Healthcare providers and harm reduction programs should **encourage and set follow-up wound care appointments** whenever possible to encourage consistent care and to mitigate complex wound development, and should **communicate on the health and financial consequences of untreated wounds**.
6. Providers should use **trauma-informed approaches to reduce the stigma** around receiving care.
7. **Self-directed wound care kits should be supplied and distributed** in inpatient and outpatient settings, **along with information regarding sites for treatment of more complex wounds**.
 - a. This information should **include different stages of wounds** and **when to see a provider** because a self-directed care kit is no longer sufficient.

Key Findings | Ways to address any gaps in available programs and services

1. There continues to be **no FDA-approved reversal treatment for the effects of xylazine on humans**, and it can be difficult to determine if a patient's symptoms are due to xylazine or other substance exposure.
2. **Further distance** from harm reduction sites often **leads to less access to awareness and treatment**.
3. **Geographic access and insurance coverage for treatment is often disproportionate** or understudied.
4. Targeted outreach to a variety of audiences is an impactful way to spread awareness and bolster social support systems, but **there is often low information provided to family members and support networks on xylazine and wound care issues**.

Recommendations | Ways to address any gaps in available programs and services

1. Harm reduction programs and healthcare providers should **communicate collaboratively with patients to help better determine if they have been exposed to xylazine** or if their symptoms are due to another substance.

When reviewing or addressing possible withdrawal symptoms, providers should **pair wound care with medications for opioid use disorder (“MOUD”)** and include strategies to treat opioid withdrawal that may have been complicated by possible xylazine withdrawal.

2. State public health officials should **investigate geographic access of treatment for exposure to xylazine and wound care**.
 - a. Specific focus should be on potential geographic gaps, areas with low transportation, and how harm reduction programs can be expanded to communities with the highest gaps.
 - b. State public health officials should **investigate current insurance coverage** for treatment for xylazine, including wound care kits, including potential costs to the state, programs and providers, and to patients themselves.
3. DPH should **compile resources and coordinate outreach effort put a specific focus on connecting with community coalitions and family support networks**, such as Learn to Cope, RIZE, and the SAFE Coalition, to help spread outreach.
 - a. Resources specifically tailored towards family member and support networks should **focus on signs of xylazine use and education on wound care issues**, and should be **routinely updated**.

Education & Training Working Group

State Representative Mindy Domb

Millie Bhatia, MPH

State Senator John Keenan

Dr. Kevin Simon

Key Findings | Areas of Inquiry & Target Populations

1. The Commission identified **four specific populations** most likely to encounter xylazine and people exposed to xylazine:
 - a. **First responders**, including emergency medical service (“EMS”) providers and law enforcement officers;
 - b. The medical community, including **clinicians** across the care continuum;
 - c. The substance use treatment community, including **non-clinical staff** working in or on harm reduction and outreach teams serving people in active use, emergency rooms and acute care hospitals, inpatient substance use treatment facilities, outpatient substance use treatment settings, and other clinical and non-clinical settings; and
 - d. **People who use drugs**, including people in recovery and the people in their lives.

The Commission finds that each of these populations would benefit from tailored training opportunities and educational materials about xylazine.

2. **Each target population would benefit from educational materials and training on adulterants in the drug supply**, including but not limited to xylazine.
 - a. The Commission acknowledges that drug supply contamination is not limited to xylazine and outreach, education, and training should reflect the nature of an ever-changing drug supply.

Recommendations | All Target Populations

1. All Commonwealth residents would benefit from **increased access to evidence-based and stigma-free information** on xylazine, its effects, symptoms of exposure, steps to take when exposed to or encountering someone exposed to xylazine, and harm reduction measures to reduce the risks and harms of xylazine exposure.
2. Each of the four identified populations would benefit from training and educational materials that:
 - a. Are **tailored** to the target audience;
 - b. Include **information that is relevant to the target audience** specifically; and
 - c. Are presented in an **accessible manner** that is consistent with public health communications and educational formats for each population.
3. At a minimum, **all trainings and educational materials should include:**
 - a. **General information** on xylazine (i.e., what it is, when it is used, and its prevalence across the Commonwealth);
 - b. The **signs and symptoms** of xylazine exposure;
 - c. **Steps to take** when exposed to or encountering, assessing, or treating a person exposed to xylazine;
 - d. Information about **xylazine-related wounds and withdrawal symptoms**, including appropriate care techniques to employ when treating oneself or others; and
 - e. **Harm and risk reduction measures** to reduce both one's risk of xylazine exposure and the harms of exposure.

First Responders

Includes **emergency medical service providers** (EMS / EMTs) and **law enforcement** responding to critical incidents involving people in active use, including people experiencing concurrent opioid-related overdose and xylazine-related prolonged sedation

First Responders

Supporting first responders with trainings and educational materials on xylazine can help ensure they have the knowledge and skills to:

- Better address associated public safety concerns, health harms, and risks
- Understand the steps to take when responding to emergencies involving people exposed to xylazine and to subsequent calls for related skin harms
- Provide better services and supports to people exposed to xylazine

Key Findings | First Responders

1. First responders in all communities would benefit from **xylazine educational materials and expanded training opportunities to increase the quality of care provided** to people experiencing xylazine-related health emergencies.
2. **Lack of appropriate training and access to relevant information** results in uncertainty about xylazine and its related health effects, which can lead to an **over reliance on naloxone and emergency rooms** and unnecessary transports to hospital settings.
3. Lack of information and knowledge on **xylazine “hot spots”** can **dampen the ability of first responders to appropriately assess public health and safety issues** when they arrive at a scene and can impede planning and response.
4. First responders often submit data regarding presence of xylazine when responding to calls, but several indicated that the **data are not always relayed back in an easily accessible manner**.
5. Xylazine is the adulterant most commonly found in the fentanyl supply, but **other adulterants such as nitazines, medetomidine, and other substances have been found** and there is a high need for constant reporting, monitoring, and flexibility among first responders.

Recommendations | First Responders

1. To ensure uniformity across regions and professions, educational materials and training for first responders should be **developed and offered by state or local public health departments in consultation with experts, relevant stakeholders, licensing boards, and oversight agencies** where applicable.
2. Training and educational materials should **include relevant information for every kind of first responder** and be presented and distributed in an **accessible** manner.
3. Training should include **specific learning objectives** to increase knowledge about the harms of xylazine exposure, recognizing xylazine exposure and overdose, and providing effective care to people exposed to xylazine.
4. **Training should address** what xylazine is, the signs and symptoms of xylazine exposure, harm and risk reduction, steps to take when encountering, assessing, or treating a person exposed to xylazine, and wound care.
5. Education and training for all first responders should include additional **“breathing training”** and law enforcement should ensure **equipment to provide breathing assistance (i.e., breathing kits) is available in all police vehicles** as naloxone does not reverse the effects of xylazine.

Recommendations cont. | First Responders

5.

6. Trainings and educational materials for first responders should be **continuously updated and integrate relevant data in real-time** to ensure target audiences have access to the most current information.
7. First responders should have **easy access to current public health data** and information about the prevalence and location of **xylazine “hot spots”** to allow for predictive deployment of resources, particularly to ambulance personnel.
8. **Data** for first responders should be compiled and presented in a more **accessible and centralized way**.
9. **Existing databases and tracking efforts should be built out and centralized** to include real-time information collected from first responders on the presence of all contaminants in the drug supply.

The Medical Community (Clinicians)

Includes **clinicians 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 clinical and non-clinical settings.

The Medical Community (Clinicians)

Supporting clinicians with educational materials and training on xylazine can help ensure they have the knowledge and skills to:

- Better address associated medical concerns, health harms, and risks
- Understand the steps to take when treating patients exposed to xylazine
- Provide better health care services and supports to people exposed to xylazine

Key Findings | The Medical Community (Clinicians)

1. **Awareness** of xylazine and its related public health and safety harms **varies widely** among clinicians across the Commonwealth.
2. Clinicians would benefit from xylazine educational materials and training opportunities that are **tailored to their profession**.
3. A lack of education about xylazine can **perpetuate stigma**, which can erode trust between patients and clinicians and can reduce the willingness of people to seek medical care when experiencing xylazine-related wounds or withdrawal symptoms.
4. A lack of education on xylazine withdrawal amongst clinicians **can lead to lower quality of care, patient discomfort, premature hospital discharge, and medical events**.
5. Clinicians who lack education on xylazine are **unprepared and unable to convey vital information and medical advice** to patients to keep them healthy and engaged in treatment or services.

Recommendations | The Medical Community (Clinicians)

1. To ensure uniformity across regions and professions, educational materials and training for clinicians should be **developed and offered by state or local public health departments and licensing boards** in consultation with experts and relevant stakeholders.
2. **Continuing education credits** for attendance should be made available.
3. Trainings should be **consistent with existing formats for medical education**.
4. Training and educational materials should include **relevant information for every kind of clinician** and be presented and distributed in an **accessible** manner.
5. Training and educational materials for clinicians should **address stigma** surrounding substance use and how stigma negatively affects people who use drugs.
6. **Training should address** what xylazine is, signs and symptoms of xylazine exposure, risk assessment questions, clinical steps to take when treating people exposed to xylazine, wound care, and harm and risk reduction.
7. Training for the medical community should **include patient assessment questions and guidance on how to utilize the responses** in their work with people who use drugs and people in recovery.

The Substance Use Treatment Community (Non-Clinicians)

Includes **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 clinical and non-clinical settings.

The Substance Use Treatment Community (Non-Clinicians)

Supporting non-clinicians with educational materials and trainings on xylazine can help ensure they have the knowledge and skills to:

- Recognize and address health harms and risks associated with xylazine use
- Share information about the harms and risks associated with xylazine use and ways to reduce these harms and risks
- Understand the benefits of accessing medical care for xylazine exposure
- Build trusting relationships with people who use drugs and people in recovery

Key Findings | The Substance Use Treatment Community (Non-Clinicians)

1. **Awareness** of xylazine and its related public health and safety harms **varies** among non-clinicians working across the Commonwealth
2. Non-clinicians would benefit from xylazine educational materials and training opportunities that are **tailored to their profession**.
3. **Information gaps** about xylazine among non-clinical workers **can negatively affect people who are exposed to xylazine** and seek substance use services.
4. The lack of education about xylazine can **perpetuate stigma** among non-clinicians, which affects access to and the quality of care provided to people who have been exposed to xylazine.

Recommendations | The Substance Use Treatment Community (Non-Clinicians)

1. **Training should address** what xylazine is, the signs and symptoms of xylazine exposure, information on xylazine risk assessment, harms associated with xylazine exposure, risk reduction, steps to take when providing services to a person who has been exposed to xylazine, and wound care.
2. Training for non-clinicians should **include risk assessment questions** for people who use drugs and **guidance on how to utilize responses** in their work with people who use drugs and people in recovery.
3. Training should include guidance on **how to share critical information regarding xylazine and drug supply contamination** with people who use drugs.
4. Training and educational materials should **address stigma** surrounding substance use and how stigma negatively affects people who use drugs.
5. To ensure uniformity across regions and professions, educational materials and training for non-clinicians should be **developed and offered by state or local public health departments and licensing boards** in consultation with experts and relevant stakeholders.
6. **Continuing education credits** for attendance should be made available where applicable.
7. Training and educational materials should **include relevant information for every kind of non-clinician** and be presented and distributed in an **accessible** manner. Materials should be presented in **easy-to-understand language**.

People Who Use Drugs & People in Recovery

Includes **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.

People Who Use Drugs & People in Recovery

Supporting people who use drugs and people in recovery with educational materials and information on xylazine can help ensure they have the knowledge and skills to:

- Understand the harms and risks associated with xylazine exposure and ways to reduce the harms and risks
- Become familiar with the steps to take if they believe they have been exposed to xylazine
- Seek appropriate services and supports if they believe they have been exposed to xylazine or are at risk of xylazine exposure

Key Findings | People Who Use Drugs & People in Recovery

1. People who use drugs **do not use or seek to use pure xylazine intentionally**; rather, xylazine is almost exclusively mixed with other substances or marketed as an opioid (i.e., fentanyl).
2. People who use drugs and people who are in recovery would benefit from **accessible xylazine education materials**.
3. Educational materials and resources exist but the **access, availability, and awareness of these materials may be limited, stigmatizing, or biased**.
4. Educational materials and resources should be **specifically tailored to people who use drugs and people in recovery**.
5. **People who use drugs may also encounter other adulterants in the supply** that can cause severe health effects, including but not limited to **medetomidine and nitazenes**.
6. People who have been exposed to xylazine may **delay seeking care for wounds** if they are not aware of how they got the wounds or if the wounds are not yet severe.

Recommendations | People Who Use Drugs & People in Recovery

1. Educational materials should be **developed and distributed by state or local public health departments, clinicians, and harm reduction organizations** in consultation with the substance use treatment community to ensure all people who would benefit from this information have access.
2. Educational materials for people who use drugs should be **consistent with existing formats for public health communications, easy to understand, and written in a way that is most accessible to the target audience(s)**.
3. **Educational materials should address** what xylazine is, signs and symptoms of xylazine exposure, steps to take if exposed to xylazine, wound care, harm and risks associated with xylazine exposure, and harm and risk reduction measures.
4. Educational materials for people who use drugs should **include information on the importance and availability of drug checking services and equipment**, as well as information on how to utilize equipment.
5. Educational materials for people who use drugs **should include information on harm reduction and treatment services available across the Commonwealth**.

Recommendations cont. | People Who Use Drugs & People in Recovery

6. Educational materials for people who use drugs **should include information about other contaminants in the drug supply.**
7. Educational materials should be **continuously updated and should integrate relevant data** in real-time to ensure target audiences have access to the most current information.
8. **Existing databases and tracking efforts should be built out and centralized** to include real-time information collected from first responders, clinicians, and non-clinicians on the presence of all contaminants in the drug supply.
9. People who use drugs should have **easy access to current public health data and information about the prevalence and location of xylazine “hot spots.”**
10. Data for people who use drugs should be **compiled and presented in a more accessible and centralized way.**

Contaminants Within the Drug Supply

- While the charge of this Commission is to evaluate the public health effects of xylazine, the Commission acknowledges the reality of our **ever-changing drug supply**
- Although xylazine is the adulterant most common in illicit fentanyl sold and used in the Commonwealth, its prevalence is declining while **other adulterants**, including nitazenes, medetomidine, and other veterinary drugs, **have been identified at increasing rates** and warrant attention
- Signals the need for **constant reporting, collection, and monitoring of data on all substances** present in the Commonwealth's illicit drug supply to best inform public health responses, with an emphasis on outreach, treatment, education, and training

Next steps

3/9/2026
@10:00am

Virtual Public Meeting of the Full Commission: Approve the Final Report

Before this Meeting: **Commission staff** will draft the Final Report, incorporating feedback and suggestions discussed and agreed to at this Meeting, and send the final draft of the Final Report to Commission Members for review

Before this Meeting: **Commissioners** should submit any suggested edits, feedback, or additional information to be incorporated into the final report by no later than **March 2nd**

Questions?

Commission Staff Contact Information

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Thank You

