Life Force Harm Reduction

Get Home Safe

RESEARCH REPORT & PILOT PROGRAM PLAN

Filling the Gap

The Case for Pop-Up Harm Reduction Services in Boston's Nightlife Scene

---

June 2026

Boston, Massachusetts

Table of Contents

Executive Summary..........3

1. Introduction and Purpose..........4

2. Boston's Nightlife Footprint Is Large, Young, and Growing..........4

3. Evidence of Substance Use Risk in Nightlife Settings...........5

4. Boston's Current Harm Reduction Infrastructure Does Not Reach Nightlife Spaces..........8

5. The Legal Landscape Has Shifted in This Program's Favor..........9

6. The Model Exists Elsewhere — and the Evidence Supports It..........10

7. Why a Pop-Up Model, Specifically, Fits Boston..........11

8. Proposed Pilot Program Design..........12

9. Risk Mitigation, Legal Considerations, and Limitations..........17

10. Conclusion..........18

References..........19

Executive Summary

Boston is in the middle of a genuine public health success story. Citywide opioid overdose deaths fell to 120 in 2025—the lowest figure in a decade and a 29% drop from 2024—continuing a two-year decline credited to expanded naloxone distribution, fentanyl test strip access, and low-threshold harm reduction programming. That progress is real, and it deserves recognition.

But nearly all of that infrastructure is built around one population: people who inject drugs and are connected to street-level outreach. Almost none of it is built around a second, much larger and largely separate population: the tens of thousands of people who go out drinking, clubbing, and partying in Boston's bars, dance clubs, college-adjacent venues, and growing underground event scene every weekend.

This report argues that Boston's harm reduction system, while effective for its intended population, has a structural blind spot around nightlife. The city's flagship program, AHOPE, operates on weekday business hours from a single South End location. Meanwhile, Boston's rapidly diversifying, college-saturated, increasingly late-running nightlife economy faces a documented pattern of fentanyl-contaminated party drugs, unresolved drink-spiking incidents, and a stranded late-night transit gap—exactly the conditions a mobile, pop-up harm reduction presence is designed to address.

Massachusetts has, in the last eighteen months, also removed the principal legal obstacle to this kind of program: as of March 2025, state law explicitly protects people who provide drug testing services in a harm reduction capacity from criminal and civil liability. The policy door is open. This report lays out the evidence, the gap, comparable national models, and a phased pilot design for walking through it.

1. Introduction and Purpose

This brief was developed to support advocates, venue operators, funders, and public health officials considering a dedicated harm reduction presence within Boston's nightlife economy — at bars, clubs, festivals, and late-night events, distinct from the city's existing street-outreach model. It synthesizes public city and state data, peer-reviewed harm reduction literature, and recent local news coverage to answer three questions:

1. Is there documented evidence that Boston's nightlife population faces meaningful, under-addressed substance use and safety risks?
2. Does Boston's current harm reduction infrastructure reach that population in practice?
3. What would a pop-up or mobile harm reduction model look like, and is it legally and operationally feasible today?

The remainder of this report addresses each question in turn, closing with a phased pilot design, a budget framework, and a discussion of legal considerations and limitations.

2. Boston's Nightlife Footprint Is Large, Young, and Growing

2.1 Scale and Demographics

Boston supports an unusually large temporary population of young adults relative to its size. The city is home to more than 50 colleges and universities and roughly 200,000 students, a population that disproportionately drives demand for bars, clubs, and late-night events. Unlike many cities where nightlife is anchored around a stable resident population, a substantial share of Boston's nightlife participants cycle through every four years, which has implications for how harm reduction messaging needs to be refreshed and distributed.

2.2 A Diversifying, Increasingly Informal Scene

In the past two years, at least two dozen independent, Gen Z–run nightlife collectives have emerged in the city, throwing parties outside the traditional licensed club circuit. This is a meaningful shift: it means nightlife participation is moving beyond fixed, regulated venues into informal, harder-to-monitor spaces — pop-up parties,

warehouse events, and one-off shows — that fall outside the inspection, security, and safety infrastructure built around licensed bars and clubs.

At the same time, the City itself has identified nightlife as a policy priority worth actively growing. The Mayor's Office of Nightlife Economy and its 28-member Nightlife Initiative for a Thriving Economy (NITE) Committee were created specifically to expand and support this scene, including late-night food truck programs, social district pilots that extend the hours people are out in public, and direct engagement with the new generation of nightlife organizers. The City is actively trying to make nightlife bigger — which means the population exposed to nightlife-associated risk is also growing, by design.

2.3 The "Stranded Hour": Transit and Access Gaps

This growth is colliding with a well-documented structural gap. Bars in Boston close by roughly 2 a.m.; MBTA subway service stops around 12:30–1 a.m. and doesn't resume until close to 5 a.m.; and rideshare availability is unreliable and expensive at peak closing times. Patrons and students have repeatedly described being stranded — physically present in nightlife districts with no safe, affordable way home for hours after venues close. City officials and residents quoted in local coverage have specifically pointed to this gap as a defining frustration with Boston's nightlife experience compared to cities like New York or Seoul.

This "stranded hour" — roughly 1 a.m. to 5 a.m. on weekend nights — is precisely the window in which acute intoxication, overdose, and assault risk are at their highest, and it is a window during which essentially no dedicated health or safety infrastructure is present on the street.

3. Evidence of Substance Use Risk in Nightlife Settings

3.1 The Drug Supply Reaching Nightlife Spaces Is Demonstrably Contaminated

A common assumption is that fentanyl risk is confined to the opioid-use population served by needle exchanges. The evidence does not support that assumption:

- National and regional drug-checking research has repeatedly found fentanyl and other novel synthetic opioids — including nitazenes, which can be 50–500 times more potent than heroin — turning up as adulterants in cocaine, counterfeit pills, and MDMA: the substances most associated with club and festival use, not street opioid use.

- A peer-reviewed drug-checking study conducted at an electronic music festival found fentanyl present in half of tested cocaine samples and in nearly two-thirds of MDMA samples submitted by attendees who had no reason to expect it.
- The Boston Public Health Commission has formally warned providers about fentanyl-contaminated cocaine circulating in Boston specifically, recommending that even people who don't use opioids carry naloxone and test their supply — guidance aimed at exactly the demographic likely to be out at a club, not at a syringe service program.
- Massachusetts-based researchers (the FORECAST study, a partnership between Johns Hopkins University, Rhode Island Hospital, and Boston-based harm reduction organizations) piloted fentanyl test strips and spectrometry-based drug checking in this region specifically because unexpected contamination has become so common.

3.2 Drink Spiking Remains a Persistent, Under-Resourced Risk

Drink spiking has been a recurring, well-documented concern in Boston's nightlife districts for several years. Reported incidents have declined since their 2022 peak, but officials and advocates broadly agree the decline likely reflects underreporting — driven by stigma, disorientation, and uncertainty about what happened — rather than a falling true rate.

Year	Reported Drink-Spiking Incidents (Boston)	Source
2022	116	Boston Magazine / BPD
2023	107	WBUR / Boston Council
2024	71	WBUR / Boston Council

In 2025, the Massachusetts Department of Public Health completed a legislatively mandated review of drink-spiking prevention and reached two important conclusions relevant to this report. First, personal drink-testing kits (strips and spiking-detection nail polish) are not reliable as a standalone solution, and the agency explicitly recommended against bulk distribution of test kits alone. Second, the review identified a lack of accessible, on-site testing and trained response as one of the largest barriers victims face — there is currently no fast, low-barrier way for

someone at a Boston club to get support or confirmation of what they were given in the moment it matters.

The Boston City Council has since called for expanded prevention resources for both venues and patrons, and the state Senate has funded bulk purchasing of drug-testing devices for distribution to venues — signaling real political will, but, as of this report, no embedded on-site harm reduction presence to pair with that hardware, which is exactly what DPH's own review said was missing.

4. Boston's Current Harm Reduction Infrastructure Does Not Reach Nightlife Spaces

4.1 The Citywide Overdose Picture

Boston's harm reduction investment has produced real results. The table below shows the trajectory of opioid-related overdose deaths in the city since the 2022 peak.

Year	Boston Opioid OD Deaths	Year-over-Year Change	Notes
2022	352	+7%	Record high; 36% above 2019
2023	272	−23%	Peak began to decline
2024	169 (est.)	−38%	Lowest since 2015
2025	120	−29%	Lowest in a decade

These gains are concentrated in the population AHOPE and the City's street-outreach apparatus are built to serve. Notably, Black and Latinx residents — who make up roughly 37% of Boston's population — still accounted for approximately 48% of overdose deaths in 2025, underscoring that even citywide success has not been distributed evenly, a consideration any new program should build into its design and evaluation from the outset.

4.2 Where AHOPE's Model and Nightlife's Needs Diverge

AHOPE (Access, Harm Reduction, Overdose Prevention and Education) is a genuinely strong, well-evidenced program — but its design is mismatched to the nightlife population in several concrete, structural ways:

Dimension	AHOPE's Current Model	Nightlife's Actual Need
Hours	Walk-in center: Mon–Fri, 7:30 a.m.–3 p.m. Closed weekends.	Risk concentrates Thu–Sun, 10 p.m.–3 a.m.
Location	Single fixed site (774 Albany St.); mobile van follows known injection-use corridors.	Risk is spread across club districts (Fenway, Theatre District, Seaport, Allston) and shifting pop-up/warehouse events.

Dimension	AHOPE's Current Model	Nightlife's Actual Need
Population & framing	Built around active injection drug users; syringe services are the core offering.	Recreational/occasional users need fentanyl test strips for non-injectable drugs, drink-spiking response, naloxone education, hydration/cool-down space.
Engagement barrier	Needle-exchange branding can feel inapplicable or stigmatizing to non-injecting patrons.	Low-barrier, peer-style tables (similar to water/earplug stations) feel approachable to a broader public.

AHOPE's mobile van does valuable outreach, but it is explicitly oriented toward people who inject drugs in known high-need corridors — not toward a 22-year-old at a Saturday-night warehouse show who unknowingly bought fentanyl-laced MDMA, or a patron at a Seaport club whose drink was spiked at 1 a.m. with no train running and a two-hour rideshare wait. There is currently no Boston-based program that places trained harm reduction staff, supplies, and a calm response presence inside or adjacent to nightlife venues and events during the hours those venues actually operate.

5. The Legal Landscape Has Shifted in This Program's Favor

Until recently, the single largest practical obstacle to nightlife-based drug checking in Massachusetts was legal ambiguity: fentanyl test strips and similar testing equipment were technically classifiable as illegal drug paraphernalia, which made police departments, community organizations, and venues reluctant to distribute or permit them, even when they wanted to.

That obstacle has now been substantially addressed. In December 2024, Governor Healey signed legislation (St. 2024, c. 285) that added Section 34A½ to Chapter 94C of the Massachusetts General Laws, effective March 23, 2025. This provision does three things directly relevant to a nightlife pop-up program:

- It defines "drug testing services" broadly — covering fentanyl test strips, colorimetric reagents, and instrumentation such as mass spectrometry — rather than narrowly limiting protection to fentanyl-only strips.

- It establishes criminal and civil liability protection for people who, in good faith, provide or administer drug testing services in a harm reduction capacity.
- It builds on an earlier 2024 law explicitly exempting fentanyl test strips from the legal definition of drug paraphernalia, a status nearly 40 states had already adopted.

Practically, this means a trained pop-up team distributing fentanyl and benzodiazepine test strips at a club or festival in Massachusetts today is operating within a specific, named legal protection—not in a gray area. Earlier hesitation among police departments and municipalities to distribute strips they had on hand, documented as recently as January 2024, should no longer apply under current law. Any program design should still consult counsel on implementation details (e.g., interaction with venue liquor licensing and liability insurance), but the core legal barrier that constrained this model for years has been substantially resolved.

6. The Model Exists Elsewhere — and the Evidence Supports It

Boston would not be inventing this approach. Festival- and nightlife-embedded harm reduction is an established model nationally and internationally, and Massachusetts already has a foothold in the underlying research base.

Program	Model	Relevance to Boston
DanceSafe (U.S., est. 1999)	Volunteer-staffed booths at clubs and festivals offering fentanyl/adulterant test strips, peer education, and a calm, non-police point of contact.	Directly transferable booth/table model; already supplies the test-strip technology Massachusetts has separately legalized for harm reduction use.
The Loop (U.K.)	Licensed, on-site drug checking at festivals and clubs with aggregated, venue-specific harm reduction advisories.	Demonstrates that venues and regulators can formally authorize on-site checking without it being framed as enforcement.
FORECAST Study (Baltimore & Boston)	Academic-community partnership (Johns Hopkins, Rhode Island Hospital, Boston harm reduction orgs) piloting fentanyl test strips and spectrometry-based drug checking.	The technical and partnership groundwork has already been laid locally — a pop-up program would extend, not invent, this infrastructure.

A 2022 academic review of drug-checking programs found that when participants received an unexpected or "questionable" result, a meaningful share reported intending to reduce or forgo use of that substance altogether—meaning on-site checking doesn't just inform people, it measurably changes risk behavior in the moment it matters most. Separately, research on festival and nightlife harm reduction consistently finds that visible police presence discourages people from seeking help or disclosing substance use, which is why every effective model above operates as a peer or public-health presence, distinct from law enforcement, even when coordinated with venue security.

7. Why a Pop-Up Model, Specifically, Fits Boston

1. Boston's nightlife is itself mobile and dispersed. With at least two dozen new, informal event collectives operating outside traditional venues, a fixed site can't follow where the risk is; a pop-up team can be booked into a rotating set of clubs, late-night districts, and one-off events the way a security or medical team would be.
2. It matches the actual hours of risk. A pop-up team operating Thursday–Sunday, 10 p.m.–3 a.m. directly covers the period when AHOPE is closed and when the "stranded hour" after last call and before transit resumes is most dangerous.
3. It lowers the barrier to engagement. Recreational and occasional users are far less likely to seek out a needle-exchange-branded facility than to take a free fentanyl test strip from a friendly table near the coat check, the same way they'd take a free bottle of water or a pair of earplugs.
4. It complements, not replaces, venue and police efforts. The City's own 2025 review concluded that drink-spiking test kits work best paired with trained, embedded human response rather than distributed alone — exactly the gap a peer-based pop-up team is built to fill.
5. It can be scaled with existing city momentum. The Office of Nightlife Economy, the NITE Committee, and the Council's recent drink-spiking resolution all signal institutional appetite for nightlife-focused safety investment; a pop-up harm reduction service is a natural, low-cost complement to programs the City is already funding.

6. It is now on solid legal footing. The March 2025 statutory protection for drug testing services removes the single biggest historical obstacle to operating this kind of program openly and at scale.

8. Proposed Pilot Program Design

Prior to seeking grant funding, program organizers will implement a lower-cost pilot phase designed to test operational assumptions, build partnerships, and generate preliminary data.

Potential pilot activities include:

- Volunteer-led harm reduction tables at community events
- Partnerships with select nightlife organizers
- Limited naloxone distribution efforts
- Test-strip distribution and education
- Survey collection and community outreach
- Data collection on utilization and participant interest

The initial pilot should focus on nightlife districts and event ecosystems where high concentrations of patrons gather during late-night hours and where transportation limitations, substance use risks, and crowd density intersect.

Potential partnership categories include:

Licensed Nightlife Venues

- Dance clubs
- Live music venues
- Late-night bars
- Festival organizers
- Temporary event spaces

Independent Event Collectives

Boston has experienced rapid growth in independently organized nightlife events, including warehouse parties, electronic music events, pop-up gatherings, and Gen Z-led collectives. These groups often operate outside traditional nightlife infrastructure and may benefit substantially from embedded harm reduction support.

Priority Geographic Areas

- Theater district
- Fenway
- Seaport
- Allston-Brighton

- Downtown Crossing
- Roxbury
- Dorchester

Public Sector Partnerships

- Boston Office of Nightlife Economy
- NITE Committee
- Boston Public Health Commission
- Local colleges and universities
- MBTA safety initiatives
- Community-based harm reduction organizations

The pilot should prioritize diversity in venue type, geography, and demographics to ensure findings are representative of Boston's broader nightlife ecosystem.

A successful pilot would strengthen future grant applications by providing local utilization data, documented partnerships, and proof of operational feasibility before seeking larger municipal, state, or philanthropic funding.

8.1 Phased Rollout

Phase	Timeline	Activities
Phase 1: Planning	Months 1–3	Incorporate non-profit and file 501(c)(3); fundraise; develop peer harm reduction training; initiate supply procurement (fentanyl test strips, naloxone, drink-spiking prevention and response materials, electrolytes, educational resources); confirm legal compliance under M.G.L. c.94C §34A½; establish data collection protocol.
Phase 2: Venue & Event Partnerships	Months 3–5	Fundraise, recruit and train peer harm reduction staff; finalize supply procurement (pop-up materials); identify and engage potential partners; develop pop-up schedules for months 6-9; develop community needs assessment.
Phase 3: Pilot Launch	Months 6–9	Fundraise, operate pop-up tables/teams at partner events; collect data, continue to identify and engage potential partners; schedule events for months 9-12, enact community needs assessment activities; investigate funding opportunities; prepare to apply for funding.
Phase 4: Evaluation & Scale-Up	Months 9–12	Fundraise, continue to operate pop-up tables/teams; analyze data; report findings; schedule events for year 2; complete

Phase	Timeline	Activities
		community needs assessment; develop year 2 budget, apply for funding, develop peer harm reduction staff hiring process.

8.2 Staffing and Service Model

The pilot should be staffed by trained peer harm reduction workers — not law enforcement, and ideally not uniformed medical staff, to keep the engagement low-barrier — operating in pairs at each venue or event. Core service offerings should include:

- Fentanyl and benzodiazepine test strips, with brief instruction on use and interpretation.
- Naloxone distribution and overdose recognition/response education.
- Drink-spiking response support: a calm, trained point of contact, paired with the drug-testing devices the state has already funded for venue distribution.
- Hydration, electrolytes, and a low-stimulation "cool-down" presence for patrons who are overwhelmed, overheated, or over-intoxicated.
- Warm-handoff referrals to AHOPE, PAATHS, and other treatment or follow-up resources for anyone who wants them — without requiring disclosure or assessment as a condition of receiving supplies.

A note on framing

Every comparable model reviewed in Section 6 stresses that this kind of program works only if it is understood by patrons as a safety amenity, not a surveillance or enforcement function. Venue partnership agreements should explicitly separate the harm reduction team from security and from any obligation to report drug possession.

8.3 Evaluation Framework

Pilot evaluation should focus on organizational operation, service utilization, and broader indicators of community impact. Metrics will be organized in five different categories: operational, supply distribution, safety response, participant feedback,

and equity. Below are some of the metrics which will be included in pilot data collection and reports.

Operational Metrics

- Venue-nights covered
- Patrons engaged
- Harm reduction interactions
- Partnerships established and maintained

Supply Distribution Metrics

- Fentanyl test strips distributed
- Benzodiazepine test strips distributed
- Naloxone kits distributed
- Hydration and electrolyte supplies distributed
- Educational materials distributed

Safety Response Metrics

- Overdose response incidents
- Naloxone administrations
- Drink-spiking support interactions
- Medical referrals
- Transportation safety referrals
- Warm handoffs to treatment or support services

Participant Feedback Metrics

- Patron satisfaction surveys
- Venue partner satisfaction surveys
- Staff and volunteer feedback
- Perceived changes in safety awareness
- Reported changes in harm reduction behaviors

Equity Metrics

- Venue distribution across neighborhoods
- Engagement with student populations
- Engagement with LGBTQ+ nightlife communities

Evaluation findings should be compiled into a report to be shared with funders, venue partners, city agencies, and community stakeholders.

8.4 Community Needs Assessment Plan

A key next step in developing a nightlife-focused harm reduction program is direct engagement with the communities this initiative intends to serve. While the evidence presented throughout this report demonstrates that nightlife environments present identifiable overdose, drug contamination, and drink-spiking risks, future program development should be informed by the experiences of nightlife participants, venue operators, promoters, security personnel, emergency medical providers, and community organizations.

To strengthen future funding applications and implementation planning, the proposed pilot should incorporate a structured community needs assessment during its planning phase.

Recommended assessment activities include:

- Anonymous surveys of nightlife patrons regarding substance use practices, safety concerns, transportation barriers, and interest in harm reduction services.

- Semi-structured interviews with venue owners, event promoters, nightlife collectives, and security personnel regarding current safety practices and perceived service gaps.

- Consultation with emergency medical services, public health agencies, and hospital emergency departments regarding nightlife-related overdose and intoxication trends.

- Focus groups with college students, LGBTQ+ nightlife participants, electronic music communities, and culturally specific nightlife spaces.

The findings from these activities should inform pilot site selection, service design, staffing approaches, operating hours, and evaluation metrics.

By incorporating direct community feedback, the program can ensure that services are responsive to the populations most likely to benefit while strengthening the evidence base for future expansion.

8.5 Approximate Budget

Training and volunteer support	$2,000–5,000
Harm reduction supplies	$3,000–5,000

Outreach materials and signage	$1,000–2,000
Insurance and administrative costs	$2,000–3,000
Estimated Total	$8,000–15,000

9. Risk Mitigation, Legal Considerations, and Limitations

9.1 Legal Considerations

While M.G.L. c.94C §34A½ provides meaningful liability protection for drug testing services performed in good faith, program operators should still: confirm how the protection interacts with individual venues' liquor licenses and security obligations; ensure staff are trained to document that services are being provided in a harm reduction capacity consistent with the statute; and maintain a clear, written non-enforcement protocol with any venue security or off-duty police presence.

9.2 Equity Considerations

Boston's own overdose data shows Black and Latinx residents remain disproportionately affected even as citywide numbers improve. A nightlife-focused pop-up program—which will likely first take root in higher-income, college-adjacent, or tourist-facing venues—should be designed from the outset to also reach culturally specific nightlife spaces and events, not just the venues that are easiest to partner with first.

9.3 Data and Underreporting

Reported figures for drink spiking and drug contamination are widely understood to undercount true incidence due to stigma and underreporting, a limitation acknowledged by Boston Police and the Department of Public Health themselves. Pilot evaluation should track program-level engagement (test strips distributed, naloxone administered, support interactions) rather than relying solely on official incident reports to demonstrate impact.

9.4 Scope of This Report

This report draws on publicly available city and state data, existing peer-reviewed harm reduction literature, and recent journalistic coverage. It does not include

original surveying of Boston nightlife patrons, venue operators, or event collectives, which would meaningfully strengthen any specific funding or pilot proposal built on these findings.

10. Conclusion

Boston has demonstrated, through a decade of investment in naloxone access, fentanyl test strip distribution, and low-threshold treatment, that harm reduction works. Overdose deaths are falling because of it. But that infrastructure was built to serve people who inject drugs and engage with street-level outreach — a real and important population, but not the only one at risk in this city on a Friday night.

Boston's nightlife economy is large, growing, increasingly informal, and structurally stranded by a transit system that shuts down hours before its patrons go home. Its drug supply is documented to carry the same fentanyl contamination risk driving the city's broader overdose crisis, and its drink-spiking problem remains active and under-resourced by the state's own admission. The legal obstacle that once made this kind of program difficult to run openly in Massachusetts has been resolved. What remains is a design and funding question, not a feasibility question.

References

1. Massachusetts Department of Public Health / Mass.gov — https://www.mass.gov/news/massachusetts-opioid-related-overdose-deaths-fall-under-1000-for-the-first-time-in-over-a-decade
2. Boston Public Health Commission via Boston.gov — https://www.boston.gov/news/new-data-show-fewest-opioid-overdose-deaths-boston-decade
3. Boston.com — "Boston sees lowest number of opioid overdose deaths in 9 years" — https://www.boston.com/news/health/2025/06/03/boston-sees-lowest-number-of-opioid-overdose-deaths-in-9-years-new-data-shows/
4. Boston.com — "As opioid deaths fall to lowest figure in more than a decade" — https://www.boston.com/news/local-news/2026/06/09/as-opioid-deaths-fall-to-lowest-figure-in-more-than-a-decade-whats-causing-the-decline/
5. Boston.gov — Boston Public Health Commission Cocaine Advisory — https://www.boston.gov/news/boston-public-health-commission-issues-cocaine-advisory-providers
6. Harm Reduction Journal — On-site drug checking study — https://link.springer.com/article/10.1186/s12954-026-01397-y
7. Harm Reduction Journal — Drug checking at an electronic festival — https://doaj.org/article/145543a95aab4a948bd9dfa4a042b608
8. Street Check — About Drug Checking / FORECAST Study — https://info.streetcheck.org/about-drug-checking
9. DanceSafe — https://dancesafe.org/
10. ScienceDirect — Law enforcement practices at festivals — https://www.sciencedirect.com/science/article/pii/S0955395925003093
11. WBUR — Drink-spiking test kits fall short as prevention — https://www.wbur.org/news/2025/01/13/massachusetts-public-health-drink-spiking-prevention-assault
12. Boston.gov — Council Resolution on Drink Spiking — https://www.boston.gov/news/council-supports-expanded-prevention-and-awareness-efforts-address-drink-spiking
13. Boston Magazine — Senate Drink-Spiking Funding — https://www.bostonmagazine.com/news/2023/05/25/massachusetts-drink-spiking-bill-passes/
14. Boston.com — Spiked drinks reporting and data gaps — https://www.boston.com/news/crime/2022/10/28/concerns-of-drugged-drinks-are-on-the-rise-in-boston-but-data-remains-elusive/

15. Boston.gov — Nightlife Economy / NITE Committee — https://www.boston.gov/departments/nightlife-economy
16. Boston.com — Gen Z nightlife collectives in Boston — https://www.boston.com/community/the-b-side/gen-z-loves-these-boston-parties/
17. NBC Boston — Boston nightlife transit and access gaps — https://www.nbcboston.com/news/local/boston-nightlife-update/3458068/
18. Time Out Boston — Best college bars in Boston (student population) — https://www.timeout.com/boston/bars/best-college-bars-in-boston
19. Boston.gov — AHOPE Services for Active Users — https://www.boston.gov/government/cabinets/boston-public-health-commission/recovery-services/services-active-users
20. Brandeis Opioid Resource Connector — AHOPE and PAATHS — https://opioid-resource-connector.org/program-model/ahope-and-paaths
21. New England Public Media — Fentanyl test strip legalization vote — https://www.nepm.org/regional-news/2024-01-04/massachusetts-legislators-legalize-fentanyl-test-strips
22. Boston Globe — Fentanyl test strips legal status — https://www.bostonglobe.com/2024/01/04/metro/fentanyl-test-strips-opioid-massachusetts/
23. Mass.gov — General Laws c.94C §34A½ (Drug Testing Services) — https://www.mass.gov/info-details/mass-general-laws-c94c-ss-34a-12
24. Massachusetts Legislature — Fact Sheet, An Act Relative to Fentanyl Test Strips S.1057 — https://malegislature.gov/PressRoom/Detail?pressReleaseId=245
25. Mass.gov — Healey Signs SUD Treatment & Recovery Bill — https://www.mass.gov/news/governor-healey-signs-bill-making-substance-use-disorder-treatment-and-recovery-support-more-affordable-and-accessible