



April 7, 2023

Sen. Joseph Baldacci
Rep. Michele Meyer
Committee on Health and Human Services
Cross Building, Rm. 259
Augusta, ME 04333

submitted via email

Re: LD 1159, An Act to Establish a Pilot Project Regarding Harm Reduction Health Centers

Dear Sen. Baldacci, Rep. Meyer and Honorable Members of the Committee:

My name is Rob Glover and I am an Associate Professor of Political Science at the University of Maine and the co-leader of the Maine Chapter of the Scholars Strategy Network, an organization that works to connect academic researchers with lawmakers, journalists and civic leaders to inform public policy and strengthen democracy. I am a resident of Hampden, ME. I am in strong support of LD 1159 and I urge the committee to unanimously recommend that the measure ought to pass.

I will be joining you to provide testimony in person but wanted to also share with the committee relevant insights from existing research I am conducting (along with my colleague, criminologist Dr. Karyn Sporer) in this area. I would also note that the insights I share here reflect my personal position and are not to be interpreted as an official position of my university or the UMaine System.

All Mainers are painfully aware of the impacts of the overdose crisis in Maine. Every one of us individually, and every Maine community has experienced the loss and grief associated with a needless death. It should be clear that bold, evidence-based public health interventions are needed.

This approach will save lives.

This legislation is an important first step in saving lives. That is why I personally support LD 1159. Our current approach is simply not working. Our community members and loved ones continue to die and our annual overdose numbers continue to climb to grim, new record highs. Harm reduction health centers such as this minimize the risks of overdose and mortality associated with substance use. A recent study of such sites in Vancouver, BC showed a decrease in overdose, overdose mortality, emergency department visits, and HIV infection, all with no negative effects on public safety.¹ In the age of synthetic opioids, this is a public health crisis of the highest magnitude. Struggles with substance use disorder should not be a death sentence.

This approach improves public health access and enables pathways to recovery.

This legislation would create opportunities for an array of public health interventions that otherwise simply might not exist: HIV and hepatitis C testing, wound care, reproductive health, access to

¹ Ng, Jennifer, Christy Sutherland, and Michael R. Kolber. "Does Evidence Support Supervised Injection Sites?" *Canadian Family Physician* 63, no. 11 (November 2017): 866.

naloxone and training on its use, and more. In addition, it creates a pathway for treatment services, peer recovery support, counseling and access to assistance with housing, employment, and access to legal assistance. Existing research has consistently shown that the presence of such community sites has improved public health outcomes (as well as reducing social risks such as discarded syringes, sharing of syringes, or consumption of drugs in public spaces such as parks or public restrooms).²

The scope of the crisis in Maine is changing public attitudes on the policy crisis.

In my research, I have also studied Portugal's path-defining approach to its own opioid crisis in the 1990s, and its decision to treat substance use via public health interventions as opposed to punitive measures. There, it was the sheer scale of the crisis that led to a shift in policy approach, as the Portuguese measures at a harsher, punitive approach to substance use were actually exacerbating the crisis. As the crisis became more widespread, policymakers could no longer sustain an approach focused on stigmatization and punishment in the face of what was clearly a public health crisis.

Recent statewide survey research suggests that Mainers are experiencing a similar shift in their thinking on our approach to this crisis. For instance, our results below showed 73% of respondents in a statewide survey of registered Maine voters expressed support for a shift away from criminalization for low-level drug offenses.³ There is growing recognition that the drug war has failed and our ongoing analysis of these data suggest that one's exposure to substance use disorder is actually a more effective predictor of policy attitudes than measures such as political party or ideology. As the number of Mainers exposed to the crisis continues to grow, we can expect support for bold, evidence-based public health interventions such as LD 1159 to increase.

This legislation is a critical part of the solution to the overdose crisis, a critical measure to stop preventable overdose in Maine. And our data suggests that it enjoys overwhelming support among Mainers. For these reasons, the Committee should unanimously vote "ought to pass" on LD 1159. Thank you.

Sincerely,



Robert W. Glover

Associate Professor of Political Science, University of Maine
Co-Director, Maine Chapter of the Scholars Strategy Network

² Potier, Chloé, Vincent Laprèvote, Françoise Dubois-Arber, Olivier Cottencin, and Benjamin Rolland. "Supervised Injection Services: What Has Been Demonstrated? A Systematic Literature Review." *Drug and Alcohol Dependence* 145 (December 1, 2014): 48–68. <https://doi.org/10.1016/j.drugalcdep.2014.10.012>.

³ Glover, Robert W., Karyn Sporer, and Aran Wollard. "Are Maine Voters Ready for Drug Policy Reform? Findings from a Statewide Survey." *Maine Policy Review* 32, no. 1 (2023): 2. <https://doi.org/10.53558/WDUD6355>.