

April 10, 2023

The Honorable Joseph Baldacci
Chair
Joint Committee on Health and Human services
Cross Building, Room 209
100 State House Station
Augusta, ME 04333

The Honorable Michele Meyer
Chair
Joint Committee on Health and Human Services
Cross Building, Room 209
100 State House Station
Augusta, ME 0433

Re: NNESAM's Support for LD 1159, An Act to Establish a Pilot Project Regarding Harm Reduction Health Centers

Dear Chair Baldacci, Representative Meyer, and honorable members of the Health and Human Services Committee,

My name is Kinna Thakrar, and I am here to **support LD 1159**. I am an infectious disease physician and addiction medicine physician researcher, and I am writing on behalf of the Northern New England Society of Addiction Medicine (NNESAM). I also serve on several national task forces for infectious diseases and addiction professional societies, including the Infectious Disease Society of America's (ISDA) national task force for substance use. I've presented nationally and internationally on harm reduction and have led research studies on substance use-associated infections here in Maine. Currently, I am the principal investigator of a federally funded harm reduction grant based here in Maine that focuses on collaborations with local syringe service programs and linkage to health services.

Not only can people who inject drugs experience fatal or non-fatal overdoses, but they face complications from injection drug use such as HIV, viral hepatitis, skin and soft tissue infections, as well as endocarditis, a serious heart infection that can be fatal. **These infections are also costly**; in a recent study here in Maine, the cost of treating substance use-related endocarditis was \$150,000 per patient, and last year, we saw over 120 patients with these types of serious infections at the hospital where I work [1]. In 2020, Maine unfortunately had **the highest rate** of acute hepatitis C in the U.S., and the **second highest rate** of acute hepatitis B [2] [3], both of which can be very costly infections. These infections are also preventable.

It is a recommendation of NNESAM, IDSA [4], and many other professional societies, that we expand access to harm reduction centers, which can prevent overdoses, infections, and other adverse outcomes. I have had the opportunity to visit a harm reduction health center in Canada and have seen firsthand the incredible work the staff at these centers do to save lives. I have submitted a written testimony where I provide more in-depth evidence for harm reduction health centers, but today I just wanted to simply say that there has been rigorous scientific evidence in Canada, Australia, and Western Europe to show that harm reduction centers are effective. As I am sure you know, these centers provide supervised and safe places for people to inject drugs, access to overdose prevention, health and disease prevention (such as sexually transmitted disease screening), and linkage to treatment. We know that they 1) prevent overdose deaths, **Increase use of addiction treatment programs, Reduce sexual and drug-related risk behaviors**, reduce public drug use and syringe litter, and are **Are cost-effective** and **reduce burden on emergency medical services**, which are already stretched thin.

In July 2021, Rhode Island became the first state in the nation to authorize a two-year pilot program to establish a harm reduction health center. In December 2021, New York City opened the nation's first-ever harm reduction health center in Harlem and Washington Heights. In just two months, they saw hundreds of clients who had several thousand encounters, **no fatal overdose deaths**, and have been successful in linking people to care [12]. Within a month of opening, the syringes count in park near one of the harm reduction health centers dropped from 13,000 to 1,000 [13]. New York City has demonstrated that the operation of harm reduction health centers in the United States is possible. I had the chance to speak with the medical

With adequate support, I strongly believe we can implement a pilot harm reduction health center here in Maine. Our current harm reduction grant has shown that when trust is built between patients, community partners, and clinicians, people can be successfully linked to care. I understand that some people may have

concerns about the bill, however, I and NNESAM, the organization I am representing today would be more than willing to have those discussions together to come up with a workable solution that can help the patients that need our help. Our grant team is also well-poised to conduct an evaluation of such a harm reduction health center and help to ensure that the evaluation is comprehensive, rigorous, and held to the highest possible scientific standards.

I also want to emphasize that there is **not one solution** to a problem as complex as the overdose crisis and infectious complications of drug use, but it is **imperative that we utilize as many tools as possible** in addressing this crisis. LD 1159 is an important step in expanding the tools in our toolbox here in Maine.

I'm available if any of you have any questions after this meeting. Thank you for all the work that you do.

Respectfully,



Kinna Thakarar, DO MPH

References

1. Ramirez V, C.J., Rokas K, Craig W, Thakarar K. , *Injection drug use and care charges for infective endocarditis*. Journal of Maine Medical Center, 2020. **2**(1).
2. Maine Department Of Health and Human Services. Maien Centers for Disease Control. Maine Surveillance Report: Hepatitis B [Available from: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/hepatitis/documents/2018-HBV-Acute-Surveillance-Report.pdf>].
3. Centers for Disease Control .[Division of Viral Hepatitis, National Center for HIV, Viral Hepatitis, STD, and TB Prevention](https://www.cdc.gov/hepatitis/statistics/2020surveillance/hepatitis-c/figure-3.2.htm). Available at: <https://www.cdc.gov/hepatitis/statistics/2020surveillance/hepatitis-c/figure-3.2.htm>. Accessed March 31, 2023.
4. America, I.D.S.o. *Infectious Diseases and Opioid Use Disorder: Policy Issues and Recommendations 2018* [cited 2019 March 29]; Available from: https://www.idsociety.org/globalassets/idsa/news-and-publication/press-releases/2018/id-and-the-opioid-epidemic-policy-brief_3-19-2018-updated.pdf.
5. Marshall BD, Milloy MJ, Wood E, Montaner JS, Kerr T. Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *Lancet*. 2011 Apr 23;377(9775):1429-37. doi: 10.1016/S0140-6736(10)62353-7. Epub 2011 Apr 15. PMID: 21497898.
6. DeBeck K, Kerr T, Bird L, Zhang R, Marsh D, Tyndall M, Montaner J, Wood E. Injection drug use cessation and use of North America's first medically supervised safer injecting facility. *Drug Alcohol Depend*. 2011 Jan 15;113(2-3):172-6. doi: 10.1016/j.drugalcdep.2010.07.023. Epub 2010 Aug 30. PMID: 20800976; PMCID: PMC5590717.
7. Bayoumi AM, Zaric GS. The cost-effectiveness of Vancouver's supervised injection facility. *CMAJ* 2008;179(11):1143–51.
8. Stoltz J-A, Wood E, Small W, et al. Changes in injecting practices associated with the use of a medically supervised safer injection facility. *J Public Health* 2007;29(1):35–9.

9. Wood E, Tyndall MW, Lai C, et al. Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance Abuse Treat Prev Policy* 2006;1:13
10. Ambrecht E, Guzauskas G, Hansen R, Pandey R, Fazioli K, Rind DM, Pearson SD. Supervised Injection Facilities and Other Supervised Consumption Sites: Effectiveness and Value; Draft Evidence Report. Institute for Clinical and Economic Review, September 24, 2020. <https://icer-review.org/material/supervised-injection-facilities-draft-evidence-report/>
11. Kilmer B, Taylor J, Caulkins JP, et al. *Considering heroin-assisted treatment and supervised drug consumption sites in the United States*. Santa Monica, CA: RAND Corporation; 2018.
12. Harocopos A, Gibson BE, Saha N, et al. First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US. *JAMA Netw Open*. 2022;5(7):e2222149. doi:10.1001/jamanetworkopen.2022.22149
13. Turcios, A., *Why A New York City Facility Allows Drug Use To Reduce Overdose*, in *SCRIPP News* 2022.