



Amy Roeder

46 Blackstone Street

Bangor, ME 04401

Residence: 207-370-5517

Amy.Roeder@legislature.maine.gov

HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION

AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: MAINE RELAY 711

March 23, 2023

Testimony of Representative Amy Roeder Presenting

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

Before the Joint Standing Committee on Health and Human Services

Good afternoon Senator Baldacci, Representative Meyer and honorable members of the Joint Standing Committee on Health and Human Services. My name is Amy Roeder, and I represent House District 23 which includes a portion of Bangor. I am submitting testimony in support of **LD 1159: An Act to Establish a Pilot Project Regarding Harm Reduction Health Centers.**

By the end of this February, a total of 1577 overdoses (fatal and non-fatal) were reported in the state of Maine. In two short months, over fifteen hundred of our friends and neighbors came close to dying from Substance Use Disorder and yet we remain locked in binary thinking about how to treat this disease. Either a person with SUD must actively seek recovery or go to jail. This is a false dichotomy and one that is killing Mainers.

I was fortunate to be able to volunteer with a low barrier warming center during the polar vortex at the beginning of February. I have to confess to doing very little work, but quite a lot of listening. I spoke with a gentleman named Bob who told me that he had personally watched five of his friends die of overdoses on the streets. It was hard, in that moment, to muster anything to say to Bob that might be hopeful. Bob himself said that he didn't believe anyone actually cared about people like his friends, like him. "People don't care about us. People don't give a damn," said Bob.

Safe injection sites are an important step in addressing the health needs of our friends and neighbors who are struggling with Substance Use Disorder. I use "friends and neighbors" deliberately here. We have spent so much time othering people who have Substance Use Disorder and that has borne out in ever increasing numbers of overdoses, deaths and related illnesses such as HIV and hepatitis from reusing needles. Instead of consuming alone, a person with SUD can consume in a safe location with clean needles and the supervision of staff trained to help. Opinion polls have shown this as an unpopular option for dealing with

the opioid crisis, yet I maintain that it is unpopular because of misconception and misunderstanding. I have heard people say that it would encourage drug use, yet a facility in Vancouver showed no evidence to support that the safe injection site increased or encouraged drug use. Since opening in 2003, that facility “has supervised more than 3.6 million injections and responded to more than 6000 overdoses. No one has ever died there.”¹ In addition to the lives saved within the facility, a Lancet study found that fatal overdoses in the area immediately around the site sharply decreased, as well. Moreover, the site “averted about 50 deaths in the first three to four years of operation; that people were less likely to engage in behaviors that would lead to HIV infections; and, that those who used [the safe injection site] were more likely to initiate detoxing from drugs and access treatment like methadone, compared to those who weren’t using the facility.”² With evidence to support a safe injection site as an alternative to SUD fatalities and as a method of encouraging detox and recovery, this pilot program makes perfect sense and breaks the dual pronged thinking that folks with SUD should either pull themselves up by their bootstraps or go to jail. Rugged individualism has no place in addressing the opioid crisis.

If humanity doesn’t move you, perhaps the economic impact of a safe injection site will. From a report published by Westminster College: “A study on the predicted cost and benefits of an SCS [safe consumption site] in San Francisco, California, used mathematical models to estimate potential savings from five different outcomes, including averted HIV and hepatitis C infections, reduced skin and tissue infections, averted death from overdose, and increased medication-assisted treatment. The authors estimated that each dollar spent on an SCS would generate \$2.33 in savings for a net savings of \$3.5 to \$2.2 million annually for a single facility (Irwin et al., 2016). A similar study was done in Baltimore, MD, of a cost-benefit analysis of a hypothetical SCS. The study estimated the benefits of an SCS using local health data and existing data measuring the efficacy of SCSs on six different outcomes, similar to those explored in the previous study on San Francisco. The study predicted that for \$1.8 million in spending, a single SCS would generate \$7.8 million in savings and prevent large numbers of infections and 5.9 overdose deaths annually (Irwin et al. 2017). Another similar study predicted a cost-benefit analysis of an SCS in Seattle, WA using a mathematical model and estimated that a pilot SCS would generate \$4.22 in savings for every dollar spent, for a total savings of \$534,453 annually.”³

The only argument against safe injection sites as I see it is that there exist amongst us people who believe that SUD is a moral failing that must be punished. I can think of no crueller mindset. Bob said to me that he believes he will die on the streets himself before we make any kind of meaningful impact in addressing substance use disorder. He said he was sure he’d have to see a few more of his friends die before he did, too. Bob’s words have echoed in my mind since that cold February Saturday and I share them so that they will echo in yours, too. If we are not able to actually come together and do something during this legislature to meaningfully support those with Substance Use Disorder, those deaths will be on my head. They’ll be on all of our heads.

¹ <https://www.npr.org/sections/health-shots/2018/09/07/645609248/whats-the-evidence-that-supervised-drug-injection-sites-save-lives#:~:text=Additional%20evaluations%20from%20Milloy's%20group,were%20more%20likely%20to%20initiate>

² <https://www.npr.org/sections/health-shots/2018/09/07/645609248/whats-the-evidence-that-supervised-drug-injection-sites-save-lives#:~:text=Additional%20evaluations%20from%20Milloy's%20group,were%20more%20likely%20to%20initiate>

³ [https://westminstercollege.edu/student-life/the-myriad/the-impact-of-safe-consumption-sites-physical-and-social-harm-reduction-and-economic-efficacy.html#:~:text=The%20study%20predicted%20that%20for,deaths%20annually%20\(Irwin%20et%20al.](https://westminstercollege.edu/student-life/the-myriad/the-impact-of-safe-consumption-sites-physical-and-social-harm-reduction-and-economic-efficacy.html#:~:text=The%20study%20predicted%20that%20for,deaths%20annually%20(Irwin%20et%20al.)