Testimony In Favor of LD 1159, An Act to Establish a Pilot Project Regarding Harm Reduction Health Centers

April 10, 2023

Dear Senator Baldacci, Representative Meyer, and the honorable members of the Joint Standing Committee on Health and Human Services,

My name is Stephanie Sienkiewicz. I am a resident of Augusta and I serve as an At-Large City Councilor there. I'm writing today in strong support of LD 1159, An Act to Establish a Pilot Project Regarding Harm Reduction Health Centers.

As we're all too well aware, Maine has continued to face tragically high levels of preventable overdose deaths, despite ongoing efforts to curb them. It's clear that our current strategies are not fully addressing the issue and require us to adjust our approach in order to save lives. I believe harm reduction health care centers are a necessary step in our response to rising overdose deaths, but more importantly, the data shows this approach to be effective.

For many decades, the American response to drug use had little connection to data-conscious decisions and was instead driven by the stance that abstinence was morally superior. While that led to many catchy public service announcement campaigns, it has shown time and time again to have little to no effect on the rate of drug use and drug-use-related deaths (1). We have lost too many friends, family, and loved ones to stay on the same path. We know better now and it is incumbent upon us to do better. I would encourage you to set aside any lingering moral judgements you may hold, as many of us do, about drug use itself, which is nearly impossible to control at a population level, in order to clearly appraise the crisis at hand, which is the *harm* currently associated with drug use under the structures created by the "War on Drugs."

Harm reduction health care centers (HRHCs) have shown repeatedly, across various locations, to improve outcomes for people who use drugs (2). In part because of the restrictions from the "War on Drugs" mentality, some of the data associated with HRHCs is nascent, but what is available is promising. There are a number of benefits associated with establishing HRHCs; I will discuss only a few here and encourage you to read the literature as well. People with access to HRHCs consistently have lower levels of overdose and needle sharing, which lowers the likelihood of contracting the illnesses associated with contaminated needle use. Used needles are less likely to be discarded publicly, as there is easy, accessible disposal available at the HRHC. Crime rates dropped significantly after establishing a HRHC in one studied instance in Vancouver, Canada. The associated benefits to public health and safety are clear and impactful.

Personally, I have seen how shame and secrecy lead to severe consequences with drug use; I have also seen how publicly available resources save lives. I am the daughter of an alcoholic, whose drug of choice happened to be socially sanctioned. During the years my father drank secretly and alone, he caused deep social and physical harm to himself and those around him. Because he had access to a safe, regulated supply of his drug, he never had to worry about the contamination concerns associated with opioids. However, when he was ready and asked for help treating his addiction, he received prompt, comprehensive, compassionate care that saved his life. People who use less socially sanctioned drugs deserve the same care and respect, which we move toward by establishing HRHCs.

Thank you for your time in reading my testimony in support of LD 1159. I understand the difficulty in changing course when the approach has been set for so long. However, I hope once again that Maine holds to her motto and leads the way, joining the handful of states exploring HRHCs as a viable option to provide care for our loved ones who use drugs.

Sincerely, Stephanie Sienkiewicz Augusta

1.https://www.cato.org/policy-analysis/four-decades-counting-continued-failure-war-drugs 2. https://www.aafp.org/pubs/afp/issues/2022/0500/p454.html

Stephanie Sienkiewicz Augusta LD 1159

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