Testimony in response to
Governor Mill's Opposition to LD 1159

April 26th, 2023

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

My name is Courtney Gary-Allen. I am the Organizing Director of the Maine Recovery Advocacy Project. I am writing today to directly address the testimony of Governor Mills in opposition to LD 1159: An Act to Establish a Pilot Project Regarding Harm Reduction Health Centers.

While we are disappointed with the fact that Governor Mills is attempting to block a life saving measure for people who use drugs, we remain hopeful that once again our allies in the State Legislature will send a clear message to the Governor that in Maine we believe that people who use drugs do not deserve to die. Harm reduction health centers continue to be the only life saving intervention that has a 100% effective rate of keeping our friends, family, and community members alive. In the face of such devastating loss and in the words of Governor Mills herself: We must not rest till we reduce overdose deaths to zero. Harm reduction health centers are one of the many evidence-based strategies needed to accomplish that.

And now I will respond to each of Governor Mills points:

1. **Governor Mills Testimony:** Federal law prohibits the operation of such a "safe consumption site." While two such facilities have operated in New York City for one and one-half years, there has been no statement by the Department of Justice as to its intention regarding such facilities. Even if there were, this could change with a new administration without a change in the law. The Rhode Island legislature authorized the establishment of such a facility in 2021, but that facility has not opened and it is not scheduled to open until 2024. None of the other 48 states have an authorized safe consumption site operating.
    a. **Our Response:** Federal law also prohibits the cultivation, use, and possession of cannabis. That has not stopped Maine from legalizing, regulating, and taxing it anyways. If we accept Governor Mill's argument, we are essentially saying that we can break the law so that Maine can take in millions of dollars in cannabis tax revenue but we cannot break the law so that people don't die from drug use.

b. The Governor's testimony overstates the finality of federal law on this matter. In reality, federal law is unclear at best. Sites are currently operating in New York City and the Biden Administration has not prosecuted them. Rhode Island's site was delayed due to administrative issues resulting from the pandemic and has full support from state leadership. The staff are working as fast as they can to open as quickly as possible.
c. Safe House, the harm reduction health center in Philly sued by the Trump Administration, is currently in negotiations with the Department of Justice about the operation of their centers. In the coming days, advocates expect the DOJ to put out a statement in favor of these centers.
d. When the Governor claims that these sites violate federal law she is saying that the sites exist only for the purpose of using drugs. That is not true. Harm Reduction Health Centers are for the purpose of providing necessary medical care for a population who finds medical care not accessible due to stigma, lack of insurance or transportation.
e. The State already encourages supervised consumption through their OPTIONS program, "Don't use alone" PR campaigns, fentanyl test strips and naloxone distribution. Governor Mills talks about how much Naloxone she has distributed, the Good Sam Law encourages people to call 911, and OPTIONS tells people to use drugs in groups. The only difference between that and a harm reduction health center is 4 walls, a roof, and a doctor.

2. **Governor Mills Testimony:** While there are many (proponents note at least 200) facilities operating in some other countries, there is no model that we are aware of that has operated in a primarily rural state.
    a. **Our Response:** Maine is not just a rural state. We also have cities - like Lewiston, Bangor, and Portland. These communities are struggling with public drug use and skyrocketing overdoses. They should have the opportunity to decide if they want to have this tool in their tool box.
    b. Furthermore, the rural areas of the State of Maine face some of the largest obstacles to recovery and greatest danger of overdose. The isolation means many are using drugs alone, which we know puts them at the greatest danger of preventable overdose. The inherent lack of transportation means that treatment is not accessible. There is a clause in the bill that a mobile unit could be created if a rural community chose to take that route.

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3. **Governor Mills Testimony:** While there was testimony at the public hearing stating there would be no cost to the taxpayers, in fact, the operation of the facility would likely be the responsibility of the state as the DHHS would be contracting out the operation and none of the services would be eligible for MaineCare reimbursement or covered by any commercial health insurance. And the operational cost, based upon the facilities we have reviewed in New York City and in Montreal, Canada would be substantial. The medical staffing and security costs alone would be costly. A fiscal note has not yet been developed but, for reference, the budget for the operator of the two sites in NYC is currently $17.3 million.
    a. **Our Response:** The intention of the advocates is to follow in the footsteps of RI, who used $2.6 million dollars in opioid settlement funds to fund the creation of two harm reduction health centers. We do not want funding from the Maine State Legislature, as there is funding available from other sources, including the Opioid Settlement monies, both state and local, as well as private funders. If the language of the bill requires that the State funds it, change the language of the bill.
    b. To use the cost evaluation of sites in NYC is grievously wrong. The population that these two sites serve is 8.8 million people, while the population of the entire state of Maine is only 1.3 million people.
4. **Governor Mills Testimony:** The other services specified in the bill – specifically health service referrals – are supports we already provide in eighteen recovery community centers across the state. Only two counties, Somerset and Waldo, are presently without such a center and we are actively working with individuals and organizations in each of those counties to look at sites for a potential recovery community center.
    a. **Our Response:** While we appreciate the Governor's commitment to recovery community centers across Maine, a recovery community center (RCC) is not the appropriate place for someone who is actively using drugs. Though built upon multiple pathways of recovery, RCCs need to maintain a chemical free environment to be inclusive to the abstinence based recovery models. Due to this people who are currently using often find themselves pushed away from these spaces. Furthermore, if referrals to health services through recovery centers were an effective strategy, we wouldn't be seeing the alarming number of infections, untreated mental health concerns and people unable to access substance use treatment.

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5. **Governor Mills Testimony:** There is insufficient evidence to date that safe use sites encourage individuals to find a pathway to recovery. Given the lethality of the current drug supply, we should be doing all we can to encourage individuals to find a pathway to recovery, as continuing to use in this environment all too frequently results in a fatal overdose. Eighty percent of Maine's fatal overdoses last year involved fentanyl, which acts quickly and is 50 to 100 times more lethal than morphine. Only two milligrams of fentanyl is considered a potentially lethal dose. Given that an individual would be unlikely to – and may not be able to – use the facility in every instance (the NYC facilities are open only 12 to 14 hours per day and only 5 days per week), the establishment of such a site may actually increase the risk to users by creating a false sense of security in ongoing use.
    a. **Our Response:** This is just fundamentally untrue. There is over 3 decades of research that show that harm reduction health centers save lives, reduce syringe waste, and help people get into treatment. Furthermore, the danger is exactly the reason we should allow the creation of harm reduction health centers - not the reason we shouldn't. The bottom line is that dead people do not recover. People will continue to use whether or not there is fentanyl, so we need to use whatever tools we have available to keep our citizens in Maine safe.
    b. Harm Reduction Health Centers give people time. They may not be ready to stop using drugs today but maybe they will be ready tomorrow. These sites ensure that they make it there.
    c. We agree with Governor Mills that every Mainer deserves access to a pathway of recovery that works for them. Recovery is defined by SAMSA as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." Harm reduction is recovery and harm reduction health center will provide a new pathway of recovery in Maine.
    d. Two milligrams of fentanyl is considered a potentially lethal dose for someone who has never done fentanyl. Two milligrams for a person who uses fentanyl every day is not a lethal dose. Tolerance builds the longer someone uses opioids and individuals use varies. Scare tactics like these are harmful and inaccurate. Additionally, non-pharmaceutical fentanyl is not "pure fentanyl" and contains additives and adulterants. .
    e. Governor Mills, Gordon Smith, harm reduction and recovery advocates alike agree that people who use drugs die most often because they are using drugs alone. Harm Reduction Health Centers fix that problem: people don't have to use

alone and therefore don't die. At the core of this bill is our collective desire to save lives. This is a bill that will save lives. 100% of the time.

f. At Insite Supervised Injection Site, the first overdose prevention facility in North America, which began operating in Vancouver, British Columbia, Canada, in 2003, one study found that the fatal overdose rate in the area around the site fell by 35% after it opened. https://pubmed.ncbi.nlm.nih.gov/21497898/
g. Additionally, the programs help increase entry into substance use disorder treatment programs, according to Kallenach. Another study found that more than half of users at Insite entered addiction treatment within two years. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5590717/
h. Additionally, harm reduction health centers reduce public drug use and the amount of public discarded syringe waste by offering indoor spaces for people who are unhoused and/or who use drugs to manage their disease, instead of in public places like parks. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC517857/
    i. This is the part that we think is important for Cities like Bangor, Lewiston, and Portland, who struggle with people using drugs in parks and public places (like libraries and recovery centers) - which none of us want.

6. **Age of Harm Reduction Health Center Participants:** Governor Mills testimony implies that harm reduction health centers would allow young people to receive services there. Advocates believe that harm reduction health centers should be required to follow the same SSP rules that already exist in the State, which means that people under 18 would not be eligible for services at a harm reduction health center.

The time has come to set aside false belief systems that continue to have no effect on the number of Mainer's dying of preventable overdose deaths for evidence-based interventions that save lives, reduce syringe waste, and help people get into treatment when they are ready.

Thank you. I am happy to answer any questions.

Sincerely,
Courtney Gary-Allen
Organizing Director
Maine Recovery Advocacy Project