Good afternoon Senator Beebe-Center, Representative Salisbury, and distinguished members of the Joint Standing Committee on Criminal Justice and Public Safety:

I am James Berry MD, a physician in the practice of Addiction Medicine in Portland, speaking in support of LD1364.

The modality of safe use sites (also known as Overdose Prevention Sites) to prevent overdose deaths and other negative consequences of substance use is supported by major medical professional organizations: the AMA, AAFP (American Academy of Family Physicians), ASAM (American Society of Addiction Medicine), and NNESAM (Northern New England Society of Addiction Medicine), which is the local chapter of ASAM. I am the immediate past president of NNESAM and am speaking on their behalf today.

OPSs have been in operation for many years in Canada, Australia, and Europe. They are widely accepted in Canada. Data from the period 2017-2019 reveals 39 sites in operation across the country, with 35,000 clients visiting a total of 2 million times. 70,000 referrals were made for substance use treatment, medical care, and other services.

In Canada, OPSs have experienced difficulty covering a large, sprawling city such as Toronto from a few fixed locations. I believe OPSs are well adapted to smaller cities with accessible urban centers such as we have in Maine, where they can be paired with existing syringe service programs: Portland, Biddeford, Lewiston and Bangor come to mind. This is borne out in the Canadian experience, with successful OPSs serving the small Ontario cities of Guelph, Peterborough, and St. Catherine's.

Positive Outcomes are:

1. Reduced overdose deaths. More effective than syringe service programs alone.
2. Reduced infections associated with use: HIV, hepatitis, abscesses, heart infections.
3. Reduced ambulance calls, OD resuscitations, and ED visits.
4. Less negative interaction with law enforcement. Decrease in criminal drug activity. Movement toward decriminalization of personal substance use.
5. Better urban environment—fewer discarded needles and other trash, less furtive use. Discarded needle counts dropped 90% around the site in New York City.
6. There has been no increase in illicit substance use associated with OPSs.
7. Accessing needed services for a vulnerable population—mental health, SUD treatment, medical, housing assistance, case management, and peer support.
8. Successful programs don't need 24-7 staffing, daytime availability works..
9. They are cost effective: preventing just one case of endocarditis requiring valve surgery would fund a site for a year.
10. Engagement in substance use disorder treatment by a significant percentage of clients.

A number of OPS startups are in the pipeline across the US. 2 sites in New York--funded by a combination of state and private money-- have been in operation for over a year. Rhode

Island's site was approved by their state legislature, funding from the Opioid Settlement obtained, a stie selected and contract signed. Denver has a site ready to open pending legislative approval: a bill similar to LD1364 is currently being debated there in the state Senate. The San Francisco City Council recently approved a site, though the recent veto of a bill similar to LD1364 by Governor Newsom has allowed the opposition to throw up roadblocks. Philadelphia is working with the DOJ to reverse a Trump-era court ruling that stalled its site.

Concerned has been raised about OPS sites being in violation of federal law. This is analogous to the cannabis situation, where cannabis being a DEA Schedule I substance with severe penalties around its manufacture and distribution for recreational use has not stopped Maine and other states from enacting extensive regulation and taxation. As with cannabis, so far the Biden administration and DOJ have signaled a hands-off approach to OPSs. While we hope for more clarity from the feds, this lack has not stopped the above-mentioned planned OPSs from going forward, nor affected the 2 established sites in New York. The urgency of the situation and the rising overdose death rate does not allow us to be complacent and wait for federal action. It is possible for a recovery organization to develop a site without state endorsement, but as the San Francisco experience is demonstrating, permissive legislation such as LD1364 will be critical in getting OPSs off the ground in Maine.

Thank you
James Berry MD

Jmes Berry
Northern New England Society of Addiction Medicine
LD 1364

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