

Mikki Rice
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In Support of
LD 1364: An Act to Prevent Opioid Overdose Deaths
by Establishing Safe Consumption Sites

Senator Beebe-Center, Representative Salisbury, honorable members of the Criminal Justice & Public Safety Committee, I am here today in support of LD 1364: An Act to Prevent Opioid Overdose Deaths by Establishing Safe Consumption Sites. Last year our fatal overdose rate increased again to 716 people dead of a preventable fatal overdose. That's up from 636 the year before, and we are already on track for another record year for 2023. Those are not just numbers, they are real people. They are parents, grandparents, siblings, cousins, friends, and loved ones. Their lives cut short all because of a continued War on Drugs mentality which stigmatizes, criminalizes, and kills people who use substances rather than using evidence-based harm reduction practices that meet people where they are at and try to help them keep themselves safe and alive whether they are seeking treatment or not.

In February when the Fatal Overdose report was released, Governor Mills' office made the following statement: *"My heart breaks with every life lost to a drug overdose, and my Administration will not rest until we reduce this number to zero".*¹

Over the last couple of years the state has put a focus on getting Recovery Community Centers up and running. Recovery centers are great for people in recovery, but most (if not all) expect you to be in recovery or ready to enter into recovery to attend the center. Because we criminalize substance use, many people who are currently using substances aren't able to build meaningful community connections, which cost lives and keep people who use substances isolated. SCSs are places where people who use drugs (PWUD) can find meaningful connection whether or not they want to seek treatment.

We may only have 2 operating sites in the U.S. that are fairly new, but SCS are not a new concept at all. The first SCS opened in Switzerland in 1986.² Since then SCS have been implemented across over 100 sites in 67 cities in 11 countries across the world³ and not a single person has ever died from an overdose at a safe consumption site.

Research on the efficacy of SCS shows they are associated with safer and more hygienic substance use among regular clients, decreased overdose mortality, greater access to medical and social services, and reduced public substance use.

¹<https://www.maine.gov/governor/mills/news/mills-administration-statement-january-december-2022-drug-overdose-report-2023-02-02#:~:text=The%20report%20found%20that%2C%20in,year%20of%20nearly%2093%20percent.>

² https://ssir.org/articles/entry/inside_switzerlands_radical_drug_policy_innovation

³ <https://harmreduction.org/issues/supervised-consumption-services/>

According to the Foundation for AIDS Research Issue Brief: The Case for Supervised Consumptions Services, “Local and state governments should actively explore the implementation of SCS to complement existing drug prevention and treatment interventions, in consultation with stakeholders, including PWUD, affected communities and businesses, healthcare and addiction treatment professionals. “The evidence is clear that supervised consumption services are a remarkably effective and cost-effective approach to improving the lives of people who use drugs and the health and security of the communities in which they live”.⁴

People who use drugs are not disposable, but the message that is sent when ignoring evidence-based practices to keep doing the same old thing that isn’t working says that you do not believe that they deserve to live. People are dying and we need to act now.

With that I urge you to look at the research and to vote unanimously Ought to Pass. Thank you for your time and all that you do for our great state.

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⁴ <https://www.amfar.org/wp-content/uploads/2022/03/IB-Supervised-Consumption-Services-061217.pdf>