

Testimony before the Health and Human Services Committee
In support of LD1159
An Act to Establish a Pilot Project Regarding Harm Reduction Health Centers

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Dear Representative Osher and Members of the Health and Human Services Committee:

I am James Berry, MD, a physician from Portland. I am semi-retired from the practice of addiction medicine in the Portland area, currently working at the Aroostook County Jail and volunteering at a clinic in Biddeford. I will review data from existing safe use sites that support the benefits of the proposed Harm Reduction Health Center.

I will focus on Canada which has the best data and is an environment more similar to ours than that of Europe and Australia which also have high concentrations of safe use sites.

Nationwide, data collected in the period 2017 to 2019 revealed 35,000 clients visiting 39 sites, with a total of 2 million visits. During this period there were 70,000 referrals to medical, addiction treatment, and other services, and zero deaths related to use at the sites. Sites are scattered across Canada with most in British Columbia, where they started, and Ontario. Note Canada has one-ninth the population of the US.

A site in Vancouver has been in continuous operation for 20 years and most of the Canadian data comes from that site. There is a need for more data from sites in other locales, particularly from the US, which is why data gathering is a part of the recommendations for pilot sites.

Ontario has sites in Peterborough, Guelph, and St Catherine's (across from Niagara Falls)—cities similar in size to Portland. While it's true that this bill does not address SUDs in rural areas, note that it is limited to a single pilot site and is not a state-wide initiative. Candidates would be Maine cities that have an active syringe exchange program—it would make sense to couple the site with an existing syringe exchange. Portland and Lewiston come to mind.

What do the studies show?

Positive Outcomes are:

1. Reduced overdose deaths. More effective than syringe exchange 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. 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% in the neighborhood of a newly established site in New York City.
6. **There has been no increase in illicit substance use associated with safe use sites.**
7. **Accessing needed services for a vulnerable population**—mental health, SUD treatment, medical, housing assistance, case management, and peer support.
8. **Success of the program does not require 24 hour operation:** typical is 9-5 business hour staffing.
9. **It is cost effective:** preventing just one case of endocarditis (cardiac infection related to IV use) would fund a site for a year.

Less clear outcomes:

- 1 **Statistics on crime reduction (other than that associated with personal substance use) are conflicting.**
- 2 **Some have expressed disappointment that more participants don't engage in SUD treatment. However, data suggests otherwise: 3 studies show treatment engagement 1.4, 1.7, and 2 times higher than baseline. A survey in Boston of potential clients for a proposed safe use site showed that 80% of respondents were desirous of detox and treatment services being offered, many mentioning methadone treatment. We treatment providers are happy to work with this much of an interest in accessing treatment.**

Safe use sites have support of potential clients, the recovery community, and a base of support among local SUD treatment providers, as well as endorsement from major professional organizations, including the AMA, AAFP, ASAM, and its local chapter, NNESSAM. If we are to move forward we need to garner wider support from candidate communities, and most importantly, from political leadership at the state level. That is why we are here today asking for your support of LD119 for the establishment of a Harm Reduction Health Center here in Maine.

Respectfully Submitted

James Berry MD