



BROWN EMERGENCY MEDICINE
BROWN PHYSICIANS, INC.

Elizabeth A. Samuels, MD MPH MHS
Assistant Professor
DEPARTMENT OF EMERGENCY MEDICINE
Alpert Medical School of Brown University

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To the members of the Rhode Island Legislature,

I am an Assistant Professor of Emergency Medicine at Brown Emergency Medicine, a researcher, and an emergency physician at Rhode Island and Miriam Hospitals writing to speak strongly in favor of House Bill 5245 and advocate for expanded liability provisions to ensure their effectiveness and public health benefit.

As you are well aware, Rhode Island's overdose crisis is one of the worst in the nation and over the last year it has only intensified with 2020 being our deadliest year on record. Confirmed deaths from January to September 2020 exceed deaths from any prior year. Every overdose death is preventable with prompt administration of naloxone. Every single one. The Rhode Island drug supply is increasingly deadly and requires immediate intervention to prevent death. Rhode Island has prided itself on working for an evidence-based, public health approach to address the overdose crisis and has been a leader in developing and implementing innovative policies and programs to address the crisis. While we have often served as a model to other states, harm reduction centers—also known as overdose prevention centers—are one proven, evidence-based strategy we have yet to employ. Across the over 120 centers in Canada, Australia, and Europe, there has never been a death in a harm reduction center. Not one. This alone should be reason enough to spur us to establish these facilities in Rhode Island, but their public health benefits also include increased enrollment in addiction treatment among people who access center services as well as reductions in overdose deaths, HIV and hepatitis C infections, public injection, injection-related litter, and crime in the area surrounding the centers. These are all the public health benefits we are striving for and have been demonstrated in multiple centers in multiple countries.

I care for people who have experienced an overdose during every shift I work in the emergency department and I know that we can and must do better for our neighbors and community members who have a substance use disorder or who use drugs. While we have significantly improved what the emergency department offers to patients after an overdose, emergency department visits for overdose are declining while deaths rise, and the majority of people treated in the emergency department after an overdose decline on-site counseling or treatment at the time of their visit. This underscores the need for Harm Reduction Centers, a place where people can engage on their own terms with people they trust. Harm reduction centers are person-centered, a public health programs to this crisis which respects and honors people's dignity and personhood working holistically to improve people's health and well-being. Done correctly, with provision of wrap around supports, harm reduction services, and low threshold treatment access, harm reduction centers will save lives. However, for these centers to work, the current legislation must include protection from harassment, liability protections, and protections from civil and criminal prosecution not only for people who use the centers' services, but also center staff and building owners, which means protecting these centers from Rhode Island's current "Crack House Statute", § 21-28-4.06, which is a key legal barrier to this increasingly vital public health intervention.

We are in an all-hands-on deck situation in Rhode Island. To effectively deal with the overdose crisis and we need to use every tool and strategy we have available. Harm Reduction centers have tremendous potential to reduce substance-use related illness, injury, and death in Rhode Island, as they have demonstrated to do so in other countries. Rhode Island has, once again, an opportunity to lead in caring for the health and well-being of Rhode Islanders and should seize the chance to do so.

Thank you for your time and consideration. If I can provide any additional information in terms of supportive research evidence on the need or public health benefits of such centers, please do not hesitate to contact me. I have included references below for your consideration or review.

Sincerely,

Elizabeth A. Samuels, MD, MPH, MHS
Assistant Professor of Emergency Medicine
Brown Emergency Medicine, Alpert Medical School of Brown University
elizabeth_samuels@brown.edu

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Thank you Chairman Miller and the rest of the Senate Committee on Health and Human Services for the opportunity to submit written testimony in support of H 5245 - Harm Reduction Center Advisory Committee and Pilot Program Act.

My name is Jacqueline Goldman, I am an epidemiologist at Brown University School of Public Health whose work focuses on overdose prevention and harm reduction. I am not here to lecture you on the enormity of the overdose crisis or submit a literature review proving that creating a harm reduction center would save lives, though I easily could, I am here to tell you about what I see on a day to day basis while working with people who use drugs.

I sit down with people who use drugs and help them identify overdose prevention techniques and goals that would work best for them. During our study visits, we ask participants about their interest in being able to go to a place where they can bring their own drugs and use them in front of a staff person in the event that they experience an overdose and many, without hesitation, most say that they would. Many of my participants mention that they wish that they could have a safe place to use drugs and get access to essential harm reduction services. Participants state, in no uncertain terms, that they would be happy to travel and utilize these spaces because they do not want to die. For my participants and countless others, having a space that they can go to and be guaranteed safety from overdose, and importantly from law enforcement, could be the difference between a fatal overdose and getting to live another day.

You do not need me to tell you that Rhode Island has felt some of the worst impacts of the overdose crisis. Fentanyl, an illicit opioid that is 50-100x more powerful than morphine, has become a common contaminant in the drug supply here. People tell me that they cannot find any drugs without fentanyl in it. Seeing as fentanyl is pervasive and there is no way that we can quickly change an international drug market, we have to present solutions that will save lives. This bill has the opportunity to do that.

By passing this bill through the committee, you all have the power to save countless lives from overdose. In fact many, including myself, would argue that every overdose fatality is a policy failure. In the past, we have used jail and the prison industrial complex to solve the overdose crisis. That approach is dangerous and massively misguided, especially as one of the biggest risk factors for overdose is being recently released from incarceration. It is time that we enact policies that have been shown to work internationally. There are dozens of these kinds of harm reduction centers in Canada and across Europe and there has **not been a single fatal overdose** in all of them. Take a second to re-read that if you need to. The fact that the US has refused to open one should enrage you; but we in Rhode Island have the opportunity to change this. I cannot urge you enough to vote in favor of this bill. You all have the opportunity to save lives. Voting against this bill will condemn countless people to die preventable deaths.

Thank you for reading my testimony and you can feel free to call or email me with any questions.

Jacqueline Goldman, ScM
Brown University School of Public Health

203-913-2589
Jegoldman93@gmail.com