My name is Robert Heimer and I am Professor of Epidemiology and of Pharmacology at Yale University. I have been working on problems related to unsafe drug use, opioid overdoses, and inadequate treatment for opioid use disorder for more than thirty years. This work has evaluated projects to identify programs and policies that actually solve these problems. We have shown that increasing medications for the treatment of opioid use disorder can lower overdose rates. We have demonstrated that harm reduction programs that distribute naloxone can train the individuals in the community who are most likely to witness an overdose and to do so safely and efficiently. Our studies have revealed that the expansion of naloxone availability and expanding access to methadone produces more benefit than harm. Our collaborations with community-based agencies have worked to lower HIV transmission and increased access to buprenorphine. All of this work is consistent with mounting evidence that harm reduction is a most effective set of strategies for increasing the health and well-being of Connecticut resident who use drugs without increasing the population of people using these drugs.

Over the past decade opioid overdose deaths have tripled despite the implementation of some harm reduction measures because changes in the illicit opioid market have made their consumption more dangerous. Therefore, reducing overdose mortality and morbidity will require further actions, especially those that deter individuals from using opioids alone. One such action would be the establishment of harm reduction centers that encourage people to use their drugs in the presence of others including licensed healthcare providers. The benefits of this are obvious. Trained providers can provide medical treatment in the event of an emergency. They can attend to soft tissue infections and necroses that produce significant morbidity among those who inject drugs. They provide clean injection equipment that reduces HIV and hepatitis transmission. They can initiate medication-based treatment for opioid use disorder with buprenorphine or refer people for immediate entry into programs that dispense methadone.

While harm reduction centers remain controversial in the United States, there is a 20-plus year history of their effectiveness in other countries throughout western Europe (Denmark, France, Germany, Luxembourg, the Netherlands, Norway, Spain, Switzerland), in Australia, and in multiple locations in Canada. After thousands of doses of illicit drugs taken in harm reduction centers, no fatalities have been reported. This is also true based on reports from the two centers operating openly in New York City and the underground one that has been operating for nine years in California. These programs have attended to the medical needs of people using
drugs, reduced community nuisance by affording people clean and sheltered places to use their drugs, and assisted in reducing or eliminating people’s use of the more dangerous illicit drugs. In sum, the health benefits far outweigh the detriments and there are potential cost savings if the number of overdoses that require EMS response are decreased.

SB proposes a pilot program of three centers to be determined by the DMHAS Commissioner in conjunction with the municipalities where the centers will be located. This is similar to 1990, when the Connecticut legislature courageously voted to allow a pilot syringe exchange program to open in New Haven. I was part of the evaluation of that program, which became a bellwether leading other US jurisdiction to begin reducing HIV transmission among people who inject drug. When the program started, there were 650 new infections diagnosed each year in the state. In the last five years, we have averaged 16 per year. That is a 97.5% reduction, better prevention than achieved by almost all vaccines. Syringe access was big part of the decrease, and the first of several interventions that reduced transmission. I hope that history will repeat itself and harm reduction centers will become the first of several synergistic strategies that reduce opioid overdose deaths.

With these facts and Connecticut’s history in mind, I fully support the passage of SB 9 with the expectation that the establishment of a pilot program of harm reduction centers will further the reduction in opioid overdose deaths seen in 2022 as another key harm reduction is introduced in Connecticut.

I have only one quibble with the legislation as proposed. Section 5 calls for the establishment of an advisory committee, but key stakeholders have been omitted. There is no community experience or research expertise in harm reduction is included, even though such individuals have provided the practical and analytical foundations for the potential of harm reduction centers to reduce opioid overdose deaths. I hope that the SB 9 can be amended to include such individuals.

Respectfully submitted by,

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