

I am for safe-use sites because they are one of the only proven ways to reduce overdose deaths. The approach to overdose and addiction desperately needs to change. The war on drugs has been going on for approx. half a century and hasn't been proven effective. Incarcerating rather than helping someone who uses drugs costs about 5x as much and drug use and overdose only continues to increase, almost a trillion dollars is lost from these failed attempts and punishing rather than treating/helping. over 100,000 people each year die and as a result life expectancy has decreased for the first time in several generations. We have made so many medical and societal advances, yet stigma and overdose continue to rise. Trying to get rid of drugs and those who use them HAS PROVEN NOT TO WORK. Minimizing the negative effects from people using in secrecy not knowing what they have will be lethal or not. Harm reduction Centers save people I won't go into the #s as Im sure you've heard and read them a lot today.

The fallout of people dying from overdose is literally creating an entire generation of kids who have lost their one or both parents to something that if people take the stigma and what they have been taught to hate and think about ACTUAL LIVES maybe more kids would still have their parents. My little sister was one of those people, she overdosed alone not knowing what she was using was cut with fentanyl. I've read the texts that were sent from an acquaintance who was using the same "batch" she was trying to see if my sister was having trouble breathing as she was or if she was hit hard by it....these texts received no reply because she wasn't able to breathe and was lying there dying. Had a safe use site been available where she was her drugs could've been tested for fentanyl or she could've been saved by Narcan. Her 3 children now grow up without a mother, I'm raising the youngest of the 3. My parents lost their baby right before her 35th birthday. There isn't a single day I don't think about her, her extremely high intelligence, her love for the music of all genres, the talent she had as an artist. I see her every day in her daughter so that pain never lessens. You have an opportunity to do the right thing and save other families from this pain and loss. People at HRAC are on the front lines and in the streets and meeting people, helping and getting to know them. They are there if and when participants want to go into recovery with resources to do that. They do not judge or make them feel less than or stigmatized and if you look at their stats they have saved a whole lot more people in Denver than the criminal justice system and punishment has. What we've done for decades doesn't work and just uses up taxpayer dollars that could go to services that do work and have been proven to do so, look at the safe use site in NY, it hasn't created problems like many thought it would but quite the contrary it has SAVED LIVES. I implore you to allow them to save more lives, this is a crisis and what is being done doesn't work, lets's try something new for all the people out there who have a little sister, a mother, a son, an aunt, a best friend or even a grandparent and so many more who could be alive today had this been an option. thank you for your time.

Hello Chair and Committee Members,

My name is Elicia Chacon and I first want to thank you for your time. I'm asking each and every one of you to support HB23-1202 because we have a chance to make Colorado history, yet again, by proving we care about the lives of people who use drugs. Colorado was one of the first states to legalize recreational marijuana, which as we've seen in the last decade, has been incredibly beneficial to the lives of Coloradoans. While this bill is not legalizing other drugs, it's setting the precedent that regardless of what drugs you use, your life matters, and you deserve to use somewhere safely, around people that care about you.

Every day five Coloradoans die from completely preventable overdoses while we sit around and debate failed drug policies. It's time for us to change our ways of thinking, and try something new. Over 200 Overdose Prevention Centers are currently in use across the world, and so far each one has shown great promise at changing the way we think about substance use. Not only have OPCs been proven to reduce overdose deaths, they're proven to be cost-effective, lower infectious disease transmission and get people connected to critical resources such as housing, healthcare and treatment. OPCs are a no-brainer if we want to create long-lasting change, and prevent further overdose deaths.

This bill is also very personal to me as both of my parents have struggled with substances for as long as I can remember, but one night sticks out to me the most. I remember a snowy winter evening, when I was closing the store at my yogurt shop job. I received a call from a number I didn't recognize, and normally I wouldn't have answered; but for whatever reason, I picked up. It was my dad, who I hadn't spoken to in a while. His voice was quiet, softer than usual. He sounded like he was fading in and out of consciousness, but he was able to ask me to come see him at a nearby hospital, which I did.

This was the first time witnessing my dad in this state, almost completely unaware I was there. Unable to explain to me what happened, or why he was there. To this day, I still don't quite know what happened, but that was the first time I realized something wasn't right. Did he overdose? Did something else happen? Was he meant to call me that night? I'll always wonder.

He's since struggled with injection opioid use, and with the street supply continuing to become more unpredictable and dangerous, I constantly worry that he won't make it through this overdose crisis. I worry that I, like so many others, will lose someone I love, to a completely preventable overdose death.

Enough is enough. We need to enact evidence-based policies and allow for the creation of OPCs in our communities. Please support this bill as it quite literally means life or death, for so many families. Thank you for your time,
Elicia Chacon

Good afternoon Madame Chair and Fellow Committee members:

Thank you for the work and thank you to the sponsors on bringing this conversation forward.

I am Colleen Casper, a registered nurse, and I serve as the Director of Nursing Practice & Government Affairs for Colorado Nurses Association. I am here today on behalf of Colorado Nurses Association asking for your support of HB23-1202 Overdose Prevention Authorization Center.

As a nurse leader and hospital administrator in Colorado for many years, understanding and addressing substance use disorders has always been a intrigue of mine – both for the patients we care for, and for the professional workforce (nurses and physicians, pharmacists, and more) who suffer from Substance use disorders.

As a hospital administrator from 1983-2005, we first advanced pain as a 5th vital sign until we realized we were a part of contributing to SUD in our patients.

I want to speak briefly to “why Colorado, why now”. Substance use disorders are complex medical and behavioral illnesses that society prefers to criminalize or disenfranchise those who experience these illnesses. I wish I were smart enough to address the brain science, - what I can do is share that my brain reacts different to opiates than individuals with SUD. Consider a diabetic inability to process sugar/glucose as an different example.

Public health – think about how far we have come with tobacco addiction treatment. We offer alternatives to smoking tobacco leaf, regularly, to prevent long term disease and death related to cigarette smoking.

For 25 years, SAMSHA has recommended expanding state and local powers for legislation to reduce the barriers and access to identification and treatment of SUD specific to each community.

Today, you, on behalf of Colorado have an opportunity to remove barriers for communities in Colorado who so choose, to expand the available services through evidence-based harm reduction and opioid prevention treatment

centers. I would refer you to the Legislative Declaration of this bill that beautifully describes the “why” for this bill.

HB23-1202 recognizes that monitoring safe consumption of previously obtained controlled substances offers an opportunity to not only save lives, it also provides opportunity to engage with individuals in support of potential pathways to recovery through peer support, care coordination and accessing wrap around services in pursuit of basic human needs.

In closing, in a recent (2022) Brown University Child and Adolescent Behavior letter they stated:

Many young people are among the victims of opioid overdose, sometimes lethal overdose. This is why treatment is key, AND also why available opioid overdose prevention centers are part of saving the lives of everyone, including people who may not be ready for treatment.

We ask for a yes vote on HB22-1202 – the life you save could be someone you know and love.

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House Public & Behavioral Health & Human Services
03/01/2023 01:30 PM
HB23-1202 Overdose Prevention Center Authorization
Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Amanda Alexander For themselves</p>	<p>Hello to members of the community, guests, to people that love people that use drugs, and to people who use drugs</p> <p>The fact that I am even able to type a testimony today, is due to the existence of harm reduction organizations, policies, and workers. Over ten years ago I was dependent on heroin. Every day of my life consisted of substance use. I was a high risk user, and practiced many unsafe using strategies. That is until I became a participant in my local harm reduction organization. I was able to learn safer techniques, and learn about resources for stabilizing factors such as housing and employment, but also resources for treatment. I was able to discontinue substance use in May of 2012, but I firmly believe I would not even be alive today if it had not been for the staff of that harm reduction agency supporting me.</p> <p>Today I am married and in a loving and supportive relationship. I'm able to be there while my nephews grow and I can shower them with love and respect. I work as a counselor in a residential treatment program, helping others find their way out of chaotic substance use. More importantly, my parents are not grieving me. My friends don't write memorial social media posts about me, and I am no longer haunted by the stigma that comes along with my past substance use.</p> <p>This all possible because I lived. Too many do not get that chance. Their lives are cut short far ahead of time. Overdose prevention sites save lives, prevent the grief of communities, and protect the public health of communities. Not only are the needed and wanted in Denver, they are vitally important. We have already grieved far too many lives lost to substance use. It's time to stand together and offer support instead of judgment. The unchangeable fact remains is that human beings will continue to use if isolated, shamed, and not supported. Let us bring the people that use substances inside, protect them, support them, and love them. Only then is recovery possible, but it is only possible if we survive.</p> <p>Thank you for your time.</p>
<p>Mark Kaiser Against themselves</p>	<p>In my research study of injection sites, I have found the following reasons for not having injection sites. While some of you may not think the passing of this bill will not effect you, those that want these</p>

	<p>sites may try to locate them anywhere in the metro area, even close to sensitive areas.</p> <p>It is a proven fact that it brings even more crime into the area surrounding the injection site.</p> <p>It drives business out of the immediate area around the injection site.</p> <p>It lowers property values for both business property and residential adjoining the injection site.</p> <p>It enables even more drug use, and a majority of the drug users use the area as a safe space while not using the interior facilities.</p> <p>It encourages more homeless type encampments in the area around injection sites.</p> <p>It Challenges federal laws.</p> <p>It stifles further economic development within the area.</p> <p>It poses a threat to any school or day care facility in the area from increased criminal activity from drug users who also may be sexual predators or just physical threats.</p>
<p>Kathleen Gegner For themselves</p>	<p>Members of the Committee, I urge a yes vote on House Bill 23-1202.</p> <p>Overdose Prevention Centers are arenas for second chances. They are living and breathing demonstrations of what it means to show up for each other and to never give up on one another. They are spaces for grace. They are safe places. Overdose Prevention Centers are public health solutions in action. They are a compassionate response to a heartbreaking crisis. Overdose Prevention Centers are good policy. They are places folks can count on and where they know they matter to someone. Overdose Prevention Centers are effective. They make communities stronger and safer. Overdose Prevention Centers save lives.</p> <p>This bill doesn't ask you to agree with me about the importance of Overdose Prevention Centers. However, it does ask that you let municipalities decide if Overdose Prevention Centers are right for their communities. In Denver, we think they are. Please let us save lives. Please let us keep our neighbors safe. Please let us create spaces of love, kindness, and hope. Please vote yes on House Bill 23-1202.</p> <p>Thank you.</p>
<p>Roseanne Tracy Against themselves</p>	<p>We all know this is a bad idea. Denver is already become an undesirable city. Several other states have had to shut down public libraries because they needed to be cleaned of meth.</p> <p>We have already seen what this has done to Denver. Needles, homeless encampments and of course higher crime.</p> <p>When my husband and I moved our family here 11 years ago, downtown Denver was a fun place to go. Now it's dangerous.</p> <p>People with addiction need help, not more drugs that are freely passed out to the masses.</p>

	<p>But you all know this.</p> <p>Thank you.</p> <p>Roseanne Tracy Parker, CO</p>
<p>Chris Miller For themselves</p>	<p>To the House Public Behavioral Health and Human Services Committee,</p> <p>I am writing this testimony in strong favor of legislation permitting Overdose Prevention Centers (OPCs). As a critical care pharmacist, I see the consequences of unsafe drug use on a regular basis. Whether it's a cardiac arrest of an 18-year-old, infective endocarditis of a 43-year-old, or necrotizing fasciitis in a 36-year-old, these patients regularly need highly advanced medical and surgical care for the inherent risk of using drugs. These are just a few examples from my intensive care unit over the last month.</p> <p>Overdoses in our country and state are a significant problem - a source of unyielding sadness and heartbreak for so many families. In addition to fatal overdoses, there are so many avoidable sequelae from using drugs. This is a reality that we need real, evidence-based solutions for to reduce morbidity, mortality, and cost to our society. OPCs are a unique tool to help accomplish this. They improve public health by dramatically reducing overdose deaths, reduce transmission of transmissible diseases, and therefore save money on emergency services and through disease prevention. They increase community safety by reducing public drug use and litter in public spaces. This legislation prioritizes local control and facilitates decisions made at the local level – something that everyone on the committee should find appealing. Colorado needs to save and improve lives of people who use drugs. To do that, Colorado needs OPCs. It's time to join the numerous other cities around the world taking this seriously and pass this legislation.</p> <p>Thank you for your time, please do not hesitate to reach out to me with any questions.</p> <p>Chris Miller, PharmD, BCCCP</p>
<p>Danielle Stutzman For themselves</p>	<p>To the House Public & Behavioral Health & Human Services Committee,</p> <p>As a psychiatric pharmacist, I support Overdose Prevention Centers in Colorado because they are an evidence-based, safe, and practical approach to prevent deaths from drug-related overdose. Substance use is a major public health crisis impacting families and communities across our country. In 2021, 107,891 Americans died from drug overdoses with over 80,000 of those related to opioids. This represents 221 Americans dying daily from opioid related deaths (Ahmad FB, National Center for Health Statistics 2022). We can and must do better for Coloradans.</p>

	<p>Approximately 41.1 million people needed treatment for substance use disorders (SUD) in 2020, but only 9.7% received any treatment. Reasons for not receiving SUD treatment may include lack of affordable health care coverage (19.1%), inability to find a treatment program (14.4%), and concern about stigma (11.9%). Additionally, only 11% of opioid treatment programs provide medications for opioid use disorder (MOUD) using methadone and/or buprenorphine, highlighting additional barriers/restrictions (SAMHSA 2021, available at: https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report).</p> <p>In my clinical practice, I regularly see the negative impact that stigma, shame, and ‘the war on drugs’ continues to have. I work with young adults who are often faced with incarceration as the only means of accessing care; this is inexcusable. Increased access to SUD and mental health treatment, harm reduction strategies, and public health initiatives including Overdose Prevention Centers are essential to save lives.</p> <p>As a psychiatric pharmacist, I am proud to support HB23-1202 as an evidence-based, harm-reduction approach to save lives of my patients.</p> <p>I appreciate your consideration.</p> <p>Danielle L Stutzman, PharmD, BCPP</p>
Coreen Braden For Young People in Recovery	<p>Good afternoon representative and committee members. My name is Coreen Braden, I am representing Young People in Recovery and myself. YPR offers free recovery support services to all in or seeking recovery. HB23-1202 will improve public health by keeping people who use drugs alive; this is important for persons to seek recovery and to end the overdose crisis. We are in a public health emergency where overdoses are in an outstanding number. Overdose prevention centers are crucial for our families, friends, persons unhoused and more to stay alive and to increase public safety. Working with friends who are unhoused, I have personally been into contact with folks who use drugs and can safely say that all those folks can benefit from an overdose prevention center. Please support and vote yes to HB23-1202 for the overall safety of our communities.</p>
Sarah Nurmela For themselves	<p>My name is Sarah Nurmela and I am speaking on behalf of myself and my expertise in the city planning field. I also sit on the Westminster City Council. I support HB23-1202. I see this solution as a part of a much larger whole to support and provide services to alleviate drug use in our community. Giving local control to communities to create centers where people’s lives can be saved, where they can find support, services, and humanity--I feel this is an essential component of a continuum of action. The bill reflects thoughtful, careful reflection and expertise on how we must holistically address this issue in our community. It also reflects and</p>

	<p>addresses concerns that I hear in my own community as a city councilor. Our business owners, employees, residents, and students are all exposed to and experiencing this drug use in our community-- whether personally or indirectly through encounters or contact with paraphernalia.</p> <p>Additionally, as a planning professional who has worked for multiple cities in the Denver region, I know that it is important for municipalities to have choice and discretion on the location, outreach, and implementation of support services and facilities. We work to create opportunity for all residents; to ensure safety for all of our residents, employees, and visitors; and to build inclusive communities. This bill will certainly be an additional tool for us to use to craft safe, supportive environments.</p> <p>Thank you, Sarah</p>
<p>Miriam Ordonez Rodriguez For themselves</p>	<p>Thank you. Good afternoon, my name is Miriam Guadalupe Ordoñez Rodriguez and I am representing myself today. I am here to testify in support of House Bill 1202 Overdose Prevention Center Authorization.</p> <p>We as a state have an undeniable duty to pass HB1202 which would authorize the operation of an overdose prevention center, especially as we continue fighting the opioid epidemic. Fentanyl and other synthetic opioid-related deaths rose over 70% in Colorado during 2021, and make no mistake that when you hear of fentanyl we are still talking about the opioid epidemic. It is no secret that the opioid epidemic is a direct result of corporate greed and we as people and as a state get to decide how we keep our loved ones alive.</p> <p>I am here because I know the pain of losing a loved one to an overdose, overdoses are preventable deaths, and overdoses are medical emergencies we stigmatize. My friend’s name was Savannah and she started using painkillers as a sophomore in high school. Savannah was one of my best friends, I woke up and fell asleep to her jokes and her stories, and I cannot express how funny, intelligent, and talented she was because no matter what I say I cannot do her justice. She was more than her addiction. She was in recovery.</p> <p>The night she passed away she had told me how she was going out for a glass of wine for the first time and that she could finally trust herself to do this. I stopped texting her, like a mother I fought the urge to spam her, the same night I received a notification informing me that she had died of an overdose. She was gone. I have finally made peace with not texting her all night, but what haunts me is I do not know if she died alone. I do not know if anyone attempted to save her. For months I dreamt and imagined her death, I don’t want anyone to go through this pain. Overdoses should not mean death. Overdose prevention centers prevent deaths from overdose.</p>

	<p>Relapse is part of recovery. If Savannah had relapsed at an Overdose Prevention Center she would be here today, I could hug her.</p> <p>Abstinence is a utopian fantasy peddled by those who have never experienced addiction. I urge you to vote in favor of HB1202. I urge you to allow us to save and protect our loved ones. I am available for any questions.</p>
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Good afternoon committee members,

I wanted to weigh in on House Bill 1202 and express my full support for it, since I am testifying on House Bill 1171 this afternoon and am unable to do anything remotely. For 6 and a half years now, I have worked in various professional capacities with people who suffer from addiction, ranging from having worked in community corrections from 2016 to 2018 (and again from February of 2021 to November of that year), to the Department of Corrections from 2018 to January 2021, and currently for a private treatment center in Colorado Springs. At every point over the course of all these years, I noticed that at no point was it possible to ever force someone into treatment - it has to be done voluntarily. And one of the ways I have since found to be successful is through harm reduction centers, two of which I am familiar with in our state.

Already by this point, both Access Point (harm reduction center in Colorado Springs) and the Harm Reduction Action Center (Denver) have proven very capable of having successful interventions in the lives of a lot of individuals with addiction, and by this I mean in terms of connecting the people who utilize their services with resources in the community that can provide mental health treatment, housing, medical care and addiction treatment should they be willing to take it on. At every point, the approach, similar to where I work at, is done through caring and compassionate help. The reality here is that incarcerating our way out of addiction, as has been the case for so many years with our state and at the national level, is simply not a realistic way to go. The work I have seen both at Access Point and HRAC has spoken volumes about what is possible, and the next step from here is allowing for overdose prevention centers, which on top of offering a variety of services for people struggling with addiction and safe use supplies (the purpose of which is to cut back on the physical harms associated with substance use), also serve as a location in which a person can be in a safe environment where help is readily available in the event of an overdose versus doing so alone in a back alley somewhere or in a public bathroom.

I feel it must be noted that in no way does the very idea of an overdose prevention site, let alone a harm reduction center, promote drug use in the community in any way. There are other such centers around the world that are successful in helping to serve as one component of addressing addiction and the harms that arise from it - there is no valid reason why we cannot follow that route as well. We've tried the criminalization approach for a century now since the days of Harry Anslinger and the predecessor to what is now the Drug Enforcement Administration, and the only thing that has resulted from that approach is the most bloated prison population anywhere on Earth. I encourage this committee to visit either Access Point or HRAC as a start and to learn from it, and to be willing to take to heart everything the other committee witnesses say in support of this bill, and to vote yes on it.

Respectfully,
Christopher Bonham
Colorado Springs, Colorado

HB23-1202

Members of the committee and chairperson –

Thank you so much for opening the discussion on this important issue of health care and harm reduction. My name is Dr. Anne Frank, and I am double boarded as a pediatrician and internist and work as a primary care physician in Denver. I am a medical educator and assistant professor of Internal Medicine and Pediatrics. Finally, I am also a daughter, a wife, and a mother.

I have been honored in my primary care practice to serve patients from all walks of life in all stages of their lives. My patients are paramedics, nurses, landscapers, grocers, and servers. They are mothers, fathers, children and our neighbors. They work the night shift and the day shift. They work the second shift at home, go to school, care for their elders, and some of them also use drugs.

Some of my patients use stimulants to stay up for the night shift, and others use opioids to treat chronic pain. Of my patients who use drugs, some are ready to stop using drugs and are accessing treatment like methadone or buprenorphine. Others are considering quitting but have reasons to keep using, like staying awake for work or coping with anxiety, grief or trauma. Finally, some are not ready to even discuss their substance use due in part to the stigma and shame they experience.

For all of the health conditions I treat, like asthma, diabetes, or heart disease, I employ, knowingly or unknowingly, a harm reduction approach. For diabetes, we talk about taking medicines, losing weight, checking and recording blood sugars, getting eye exams and foot exams. My patients are often able to do many of the things that are indicated for their condition, but not all of them. And so we work to reduce harm. We encourage whatever exercise a person can fit into their life and prescribe weight loss medications, as needed. The same is true for substance use disorders.

Some patients are in recovery and maintaining sobriety. I take care of a young mechanic who has been on buprenorphine for 3 years or more. Some are cutting back on their substance use. I take care of an older woman who has opioid use disorder, cannot get to a methadone clinic daily due to her work in retail, but is trying to gradually cut back on her use through telehealth. And still some are contemplating change. I take care of a younger person who uses fentanyl and is considering cutting back. For each of these folks, the best care includes harm reduction, such as prescribing naloxone (the opioid reversal agent), discussing motivation for change and safe use practices such as using clean syringes. But we can and must do more.

Overdose prevention centers can make substance use much safer, minimize the risk of overdose and prevent overdose death. Opioid overdose numbers are tragically high, and each death is a human we all encounter: children, mothers, sisters, brothers, partners and neighbors. They are heads of household and teenagers and everyone in between. They can recover but only if they are alive to get there.

Overdose prevention centers are a safe, effective, evidence-based way to prevent the deaths of our neighbors and reduce the harms of substance use. I urge you to support HB23-1202.



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Date: March 1, 2023

Re: HB 1202 - Overdose Prevention Centers

Position: SUPPORT

To: Colorado House Public Health Care and Human Services Committee

Distinguished Members of the Committee,

Thank you for the opportunity to testify today in support of HB 1202, which would allow Colorado cities to choose to establish life-saving overdose prevention centers (OPCs). I represent myself, having served as a Colorado state corrections officer and Arapahoe County sheriff's deputy, and as a speaker for the Law Enforcement Action Partnership (LEAP).

LEAP is a nonprofit group of police, prosecutors, judges, and other criminal justice professionals who speak from firsthand experience. Our mission is to make communities safer by focusing law enforcement resources on the greatest threats to public safety, working toward healing police-community relations, and addressing the root causes of crime.

Colorado faces an overdose crisis, with deaths increasing by 50% in 2020 and [again by 70% in 2021](#). Yet these deaths are preventable. As law enforcement, it is our duty, first and foremost, to save lives. One day, someone is using drugs in an alley or gas station bathroom. The next day, officers are called because the person has overdosed. These calls haunt the police who respond too late to save the person's life and then have to break the tragic news to their family.

A proven public health and safety approach to saving lives is the implementation of overdose prevention centers (OPCs), which are safe spaces supervised by medical and harm reduction professionals. People can bring in and use their previously obtained drugs. If they begin to overdose, staff can rapidly administer naloxone to reverse the overdose and save the person's life. They can also help the

LawEnforcementActionPartnership.org

Formerly known as Law Enforcement Against Prohibition

person test their drugs for fentanyl, get counseling, and connect to treatment. There are [over 165 OPCs around the world](#), including two in New York City, where staff [prevented 600 overdose deaths last year](#). In addition to [significantly reducing overdose deaths in their local communities](#), OPCs have also been shown to reduce [public drug use](#) and [discarded syringes](#).

Fortunately, Colorado legislators have introduced HB 1202, which would permit Colorado municipalities to authorize the implementation of OPCs. It would follow the lead of Rhode Island, which passed legislation to authorize OPCs in 2021. The bill would not force any city to allow OPCs. It would empower our communities to reduce public safety problems, including public drug use, discarded syringes, and overdose deaths.

OPCs also reduce the health risks for police officers and correctional officers. Research shows that [OPCs decrease HIV and Hepatitis C infections related to injection drug use](#). We all benefit when a needle in someone's pocket or on the sidewalk is less likely to transmit HIV. Officers benefit in particular because we often have to reach into someone's bag or search through a trash can, knowing that a needle stick could transmit a life-threatening virus. Even inside a state prison in Canon City, I once had to pat down a man who was HIV-positive and turned out to have a syringe in his coat pocket. OPCs would reduce the transmission of communicable diseases, allowing law enforcement to protect ourselves and our communities more safely.

In short, I support HB 1202 because OPCs are a common-sense next step to reduce overdose deaths and 911 calls. Our entire state will benefit from OPCs, from our police officers, correctional officers, and first responders to people who use drugs and people who see drug use in their community. As drug overdose deaths continue to cause tragedies for families across Colorado, it is time for our legislators to take the next step and allow the opening of OPCs.

Thank you for the opportunity to share my perspective in support of this bill.

Respectfully,

Officer Carrie Roberts (Fmr.)
Colorado Department of Corrections, CO
Speaker, Law Enforcement Action Partnership

Bryon Adinoff, M.D.

Adinoff Addiction Psychiatry, PLLC

Addiction Psychiatry Consultant

February 28, 2023

Re HB-1202 Overdose Prevention Center Authorization

House Public & Behavioral Health & Human Services

Denver, Colorado 80203

Chair Jenet and Committee Members:

My name is Bryon Adinoff. I am an addiction psychiatrist and Clinical Professor at CU Anschutz Medical Campus. I am here representing the Colorado Psychiatric Society, which supports HB-1202.

Prior to moving to Colorado upon retirement from full-time academia in 2018, I was the Distinguished Professor of Alcohol and Drug Abuse Research at the University of Texas Southwestern Medical Center in Dallas and for over 30 years I was a physician in the Department of Veterans Affairs. I have published and spoken widely on the biological effects and treatment of addictive disorders and I am the Editor-in-Chief of *The American Journal of Drug and Alcohol Abuse*.

I applaud the committee's consideration of HB-1202. Deaths from drug overdose have claimed over one million lives since the opioid epidemic started in the 1990s, primarily from opioids. Death rates have only increased over the past few years, as the presence of fentanyl has entered the drug supply. In Colorado, almost 1900 lives were lost to drug overdose in 2021 – and 2022 is likely even worse. Almost all of these lives could have been saved if only medical assistance was quickly available. Overdose Prevention Centers provide such lifesaving care.

The first OPC started operating in Switzerland in the 1980's and since then the use of OPCs has greatly expanded. There are now close to 200 OPC locations operating in at least 15 countries across the globe. OPCs have been operating underground in the U.S. for over five years and legal OPCs have been operating in New York City since 2021.

Some have expressed concern that the presence of OPCs will encourage drug use. That has proven not to be true. In fact, over my four-decade career as an addiction psychiatrist, I have heard the same concerns voiced regarding methadone and buprenorphine (opioid agonists that are now our mainstay for the treatment of opioid use disorder), needle exchange (which has been proven to dramatically decrease rates of hepatitis and HIV/AIDS in persons who use intravenous drugs), and Narcan/naloxone (which rapidly reverses the effects of opioids). For all harm reduction techniques, the choice is whether to treat drug use as a moral failing, punishable by either incarceration or death, or whether to accept that some people misuse drugs and our best option is provide the best care possible. This latter option lessens the consequences to the person using drugs as well as to society in general. In contrast, the punitive/withholding approach benefits neither the person using drugs nor society.

In fact, a wealth of literature now demonstrates that OPCs successfully manage overdoses (there have been no reported deaths in OPCs); increase access to drug treatment; reduce public disorder and public drug use and increases public safety; realize cost savings from reduced disease, overdoses, and need for emergency medical services; increase preventive healthcare and drug treatment utilization; and do not

increase drug-related crimes. Because of these highly successful outcomes, both the American Medical Association and American Society of Addiction Medicine support Overdose Prevention Centers.

Denver has already approved the use of Overdose Prevention Sites. HB-1102 simply requires the state to approve the local control necessary for Denver (or any other city) to implement this program. Consistent with the concept of local control, no city is required to allow an OPC if they choose not to.

Thank you for your time and your consideration of this life-saving bill.

Sincerely,

Bryon Adinoff, MD

Additional References:

Colorado Criminal Justice Reform Coalition: Fentanyl in Colorado - Overview and recommendations for addressing the overdose crisis

IDPC Briefing Paper - Drug Consumption Rooms: Evidence and Practice

There has been a secret underground overdose prevention site in the United States for five years. New information was released that crime decreased in that area.

The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime

Vancouver's INSITE Service and Other Supervised Injection Sites: What Has Been Learned from Research? - Final Report of the Expert Advisory Committee on Supervised Injection Site Research [Health Canada, 2008]

To Whom it May Concern:

RE: House Bill 1202

My Son's Death Could Have Been Prevented—Hope for the Legal Sanctioning of the Overdose Prevention Sites Bill in Colorado

As my son passed away along the Cherry Creek Trail in the fall of 2014, hundreds of Coloradans walked past him. To them, my son was another just another “junkie” in their minds. To me, he was my perfect baby boy. He was Anthony “Tony” Fairchild, a young man who loved music and art.

Tony struggled with a disorder which is recognized as a mental health condition by medical professionals: SUD. From the National Institute of Mental Health: “SUD is a mental disorder that affects a person’s brain and behavior, leading to a person’s inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.”¹ All of us have biological and psychological traits which make us more or less vulnerable to a behavioral health issue such as SUD. When SUD strikes, consequences such as overdose, subsequent mental health conditions, homelessness, drug-related crime, and diseases via unsafe means of injection can be life-long or deadly.

Numerous peer-reviewed, scientific studies have proven the positive impacts of interventional programs, such as Overdose Prevention Sites (OPS). OPS are legally sanctioned and supervised facilities designed to reduce the health problems associated with injection drug use. In allowing the consumption of pre-obtained drugs under hygienic and low risk conditions, OPS have been proven to reduce overdose death rates, HIV and hepatitis C risk behavior, public disorder, increase public safety, and increase access to drug treatment—especially among people who are unlikely to seek treatment on their own.

Despite their quantifiable and scientifically proven benefits, OPS are the subject of much political controversy. Opponents of these life-saving centers assert that OPS will enable “drug addicts” to pursue their addiction. To this, we respond with a fact of the matter: those struggling with Substance Abuse Disorder will use their drug regardless of whether OPS exist or not. OPS *don't* provide our struggling loved ones with drugs. OPS *do* provide them with compassion, safety, a sterile environment, and overdose-reversing medication such as NARCAN® Nasal Spray.

North America's first medically supervised SIF opened in Vancouver, Canada in 2003. Prior to the SIF's opening, Canadians were worried that the facility might lead to a migration of drug-activity and an increase in drug-related crime. However, after a close examination of crime rates in the Vancouver neighborhood in the

year before versus the year after the site was opened, no increases were identified in drug trafficking or assaults/robbery. There was, however, a notable decline in vehicle break-ins and theft.²

Another study systematically collected and synthesized seventy-five articles of evidence regarding OPS and comparable facilities. The evidence converged to find that SIF were efficacious in “promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency.” These facilities were not found to increase drug usage, drug trafficking or crime in the surrounding areas.

Located in the United States, there is a hidden, underground OPS, which has been running for at least five years. A study of the underground OPS was published in the *New England Journal of Medicine* which revealed the power OPS has to save lives of those struggling with SUD. As of 2020, there were 33 opioid-involved overdoses, all of which were reversed with the medication naloxone, and all of whom were saved.⁴

The Colorado Medical Society has stated that it supports “the establishment of a pilot supervised injection facility that will be objectively evaluated to assess effects on those that are addicted to injectable drugs, local communities, and society at large as part of a comprehensive strategy to combat the effects of the opioid abuse crisis in Colorado.” All studies mentioned in this op-ed and countless studies beyond point to the sentiment that if the Overdose Prevention Sites bill is passed in Colorado, we will notice a decrease in overdose death rates, HIV/hepatitis C risk behavior, and public disorder. Coloradans will notice an increase in public safety and access to drug treatment for those who were previously resistant to it.

I am firm in my belief that if my son Tony had access to an OPS, he would have been spared from his overdose in 2014. Perhaps if my son had had greater and more frequent access to medical intervention, he would have found relief from his SUD entirely. As a bereaved parent, I pray that the OPS bill will be passed before any other parent in Colorado experiences a loss of a child to SUD.

To the lawmakers of Colorado: I implore you to vote in favor of the OPS bill. I implore you to refrain from continuing to politicize a solution which has been proven efficacious time and time again against SUD and its subsequent problems. Those struggling with SUD *will* use their drug regardless of whether OPS exist or not. We have an *ethical obligation* to alleviate a public health crisis in any capacity that we can.

Sincerely,
Joelle (Tony’s mother)

Citations

1

“Substance Use and Co-Occurring Mental Disorders.” *National Institute of Mental Health*, U.S. Department of Health and Human Services, Mar. 2021,

<https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=A%20substance%20use%20disorder%20>.

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Wood, E., Tyndall, M.W., Lai, C. *et al.* Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Subst Abuse Treat Prev Policy* 1, 13 (2006).

<https://doi.org/10.1186/1747-597X-1-13>

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Potier C, Lapr evote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? A systematic literature review. *Drug Alcohol Depend.* 2014 Dec 1;145:48-68. doi: 10.1016/j.drugalcdep.2014.10.012. Epub 2014 Oct 23. PMID: 25456324.

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“Secret US Drug Injection Site Shows How Supervision Could Save Lives.” *The Guardian*, Guardian News and Media, 8 July 2020, <https://www.theguardian.com/us-news/2020/jul/08/secret-us-drug-injection-safe-site>.