



HB 24-1028 Charles S to Jerard.Brown 04/15/2024 04:55 PM

Mr. Brown:

I would appreciate your consideration in presenting my email to the Senate Health & Human Services Committee when they consider HB 24-1028.

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I am writing to ask you oppose the passage of HB 24-1028, which would legalize the establishment of “safe injection sites”, where people may inject illegal drugs under medical supervision, obtain sterilized drug paraphernalia and have their illegal drugs tested for the presence of fentanyl.

It should not be our official policy to normalize illegal drug use by actively assisting/enabling people in achieving their goal of using illegal street drugs — thereby supporting people in maintaining their addiction. Safe injection sites do nothing to decrease the demand for illegal drugs — I am not aware of any studies that show that visiting such sites significantly increases the probability that a drug-user will seek treatment. Our limited resources should be used to provide more access to drug treatment and to improve the quality of these services, rather than help dealers by performing quality control on their drug supplies. It sends the wrong signal to the community and to drug-users.

We should not authorize clean injection sites.

I hope you will consider my concerns when deliberating on whether to support this bill.

Respectfully,

Charlie Silverman
silvermancharlesi@gmail.com

with HIV since the age of 16. There are many reasons people choose to use drugs and mine were complicated but it was how I coped in a place that didn't support me. My only other option was suicide.

My challenges led me down a path where I encountered various diseases that nearly claimed my life. Louisiana did not start its first syringe exchange program until 2006 in New Orleans. For me, living in rural Louisiana there was no access. It was simple. If you injected drugs, you shared needles. From this practice, I acquired a bacterial infection that entered my bloodstream and the fluids surrounding my brain, resulting in a two-week hospitalization. This experience was a direct consequence of needle sharing.

In Colorado, we have done better. We have easily accessible and respectful syringe access services like those at the Harm Reduction Action Center and people can protect themselves if they choose to use drugs. We now have the opportunity to one step further and provide supportive care at Overdose Prevention Centers ensuring people who use drugs can access clean syringes with compassionate care.

During this crisis in overdose deaths, we need more people safely and legally able to help, not legally endanger those that do. I vividly recall the tragic loss of my best friend, who overdosed in a setting where others were also using drugs. Despite realizing she needed help, those present were too fearful to seek assistance, and lacking access to Narcan, they left her body in an abandoned house, covering it with old clothes. These harrowing experiences underscore the critical importance of harm reduction and support services for individuals struggling with addiction including safe sites to inject..



April 14, 2024

Re HB-1028 Overdose Prevention Centers

Senate Health & Human Services
Denver, Colorado 80203

Chair Fields 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 and Doctors for Drug Policy Reform, which supports HB-1028.

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-1208. 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, approximately 1800 lives were lost to drug overdose in 2023. 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). *All harm reduction techniques, including OPCs, are part of our continuum of care and offer a path to recovery. These approaches do not enable drug use. Rather, they allow the drug user to avoid many of the serious consequences of their use until they are ready to seek treatment and ultimately lead a healthy and productive life.*

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.

Last year I spent five days in Vienna attending the UN 66th Commission on Narcotic Drugs (CND), the commission that has oversight over the substances under international control under the International Drug Control Conventions. I was pleasantly surprised to hear the CND Chair and CND Executive Director speak of the enormous financial and personal cost of drug prohibition – yet noting that every year the supply of drugs has increased. Volker Türk, the High Commissioner of the UN Office of Human Rights stated “It is clear to many that the so-called War on Drugs is not working and a number of countries have led the way forward. We must continue this progress in all regions of the world order and stop this so-called War on Drugs. Instead, let us focus on transformative change, crafting drug policy based on evidence which puts human rights at the center...and ultimately will improve the lives for the millions of individuals effected.”

Denver has already approved the use of Overdose Prevention Sites. HB-1028 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
President, Doctors for Drug Policy Reform
Member, Legislative Committee, Colorado Psychiatric Society

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 Chair Daugherty and the Members of the Senate Health & Human Services Committee,

My name is Dr. Corey Walsh, and I am a Family Medicine physician caring for underserved patients in the Denver Metro area in both clinic and hospital settings. Beyond this, I have received additional training in the care of patients with substance use disorders and people living with HIV. I am submitting written testimony on behalf of myself in support of HB24-1028 because it will save lives and promote healthier, safer communities by preventing overdose deaths, enhancing connections to substance use treatment, decreasing public drug injections, and decreasing rates of dropped syringes. Almost daily, I'm reminded of the impacts of the ongoing opioid epidemic and I imagine how things could be different if our infrastructure was built with supervised injection facilities.

In December I cared for a patient diagnosed with HIV from their injection drug use. Accessing sterile injection supplies and getting connected to substance use treatment may have prevented their HIV diagnosis in the first place. This week I found a needle cap in my own Denver neighborhood, only blocks away from our local public elementary school – research studies on supervised injection sites have shown time and again that they decrease rates of dropped syringes and decrease public drug use. In March I cared for a patient who had been on life support for a week after an unintentional fentanyl overdose that stopped his breathing. A 75 cent fentanyl test strip or an immediate administration of Narcan at a supervised injection site could have saved the tens of thousands of taxpayer dollars from his stay in the intensive care unit.

I ask that you vote in favor of this bill to save the lives of my patients in Colorado. Thank you for your time and consideration of my testimony, and I've included citations below that support this evidence-based measure.

Kindly,
Corey Walsh, MD

1. Levensgood TW, Yoon GH, Davoust MJ, Ogden SN, Marshall BDL, Cahill SR, Bazzi AR. Supervised Injection Facilities as Harm Reduction: A Systematic Review. *Am J Prev Med.* 2021 Nov;61(5):738-749. doi: 10.1016/j.amepre.2021.04.017. Epub 2021 Jul 1. PMID: 34218964; PMCID: PMC8541900.
2. Potier C, Laprévote 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.
3. Kennedy MC, Karamouzian M, Kerr T. Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review. *Curr HIV/AIDS Rep.* 2017 Oct;14(5):161-183. doi: 10.1007/s11904-017-0363-y. PMID: 28875422.