WEBER*RENEW

January 4, 2022

Harm Reduction Center (216-RICR-40-10-25) Public Comment

To Whom It May Concern:

Project Weber/RENEW is providing public comment in strong support of the Harm Reduction Center regulations (216-RICR-40-10-25).

Through peer-based outreach, Project Weber/RENEW provides harm reduction services, builds relationships with the people we serve, and fights for systemic change. We empower people who engage in drug use and/or sex work to make healthier and safer choices within their own lives. Working closely with the Department of Health, we conduct outreach for people in Providence, Pawtucket, and Central Falls around overdose prevention. We also operate three drop-in centers for people who use drugs and people in recovery.

As an organization, we have advocated strongly for the authorization and implementation of harm reduction centers. Our staff have consistently raised the need for harm reduction centers to save the lives of the people we serve. We are one of the state's largest distributors of naloxone, the overdose reversal drug, and 25% of the narcan we distribute is reported to have saved a life. However, despite the hard work that our team does everyday to prevent overdose deaths, we recognize that we need to take bolder action to keep people alive, especially as the drug supply becomes more potent. We see harm reduction centers as one important tool to keep people alive.

We are especially grateful for the advisory committee and Department of Health's work to ensure that the regulations accommodate people who use drugs through different methods, including inhalation. We see this as an important racial equity and accessibility topic, as people from different backgrounds and races, may be more likely to use different substances and/or methods of administration.

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This is especially important as more and more drugs are being contaminated with fentanyl, and the entire drug supply is becoming more potent. The rate of overdose deaths is increasing for Black Rhode Islanders, and more people are dying from overdose while using substances such as crack cocaine. We appreciate that the Department of Health decided to center this in the regulations, so that the harm reduction centers can truly be used by all people who use drugs, and save lives in an equitable way.

We appreciate the Department of Health, harm reduction community, and so many others hard work on these regulations, and stand in strong support of them.

Sincerely,

Colleen Daley Ndoye
Executive Director, Project Weber/RENEW

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RHODE ISLAND LEAGUE OF CITIES AND TOWNS
Distinctive Communities Powerful Alliance

Paula Pullano
Department of Health
3 Capitol Hill, Room 410
Providence, RI 02908

December 29, 2021

Dear Ms. Pullano,

On behalf of the Rhode Island League of Cities and Towns, I would like to share our comments regarding the proposed rules for harm reduction centers authorized under Rhode Island General Laws Chapter 23-12.10.

Under §25.3.3 of the proposed rule, a copy of the municipal authorization must be submitted with an application to get a license to operate a harm reduction center. We are appreciative of the Department of Health's consideration of our previous comments regarding mobile Harm Reduction Centers.

After these regulations are approved, cities and towns will begin the appropriate processes to consider Harm Reduction Center locations within their communities. It will be important to reassure the public and municipal leaders that there will be coordination between the operators of these sites and local public safety officials. We ask the rules be amended to include language to acknowledge the consultation of local public safety departments in Harm Reduction Center site selection and development of a public safety plan for the protection of clients, staff and the broader community.

We will learn more once this pilot program is implemented and hope to continue working with the Department of Health to make process improvements over time. We hope this perspective has been useful to you as you develop this rule. Please feel free to call me with questions or comments at any time.

Sincerely,

Jordan Day
Policy Director

SUBSTANCE USE POLICY, EDUCATION & RECOVERY PAC

December 21, 2021

To Whom It May Concern:

The Substance Use Policy, Education, and Recovery (SUPER) PAC is writing in strong support of the Harm Reduction Center (216-RICR-40-10-25) regulations put forth by the Department of Health.

The SUPER PAC has been advocating for harm reduction centers in the legislature and the community for four years. Our members and supporters - which include people with lived experience, service providers, and concerned community members - have repeatedly highlighted that harm reduction centers are a vital tool to save lives.

As you know, we are in an overdose crisis: 2020 was the deadliest year on record from overdoses. Harm Reduction Centers around the world have proven to be an evidence-based way to save lives: no one has died from an overdose in a facility. We must bring this life-saving tool to our state.

We are incredibly grateful to the Department of Health for their thoughtful work on these regulations, especially balancing the needs of health, equity, and implementability. We look forward to a continued partnership around implementation.

Thank you.

Sincerely,

Haley McKee
Lisa Peterson
Annajane Yolken

SUPER PAC co-chairs

AMERICAN CIVIL LIBERTIES UNION
Rhode Island

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TESTIMONY ON DEPARTMENT OF HEALTH PROPOSED RULES ON HARM REDUCTION CENTERS
[216-RICR-40-10-25]
December 14, 2021

The ACLU of Rhode Island appreciates the opportunity to testify on these important regulations, which are a key step in the critical, life-saving creation of state-authorized harm reduction centers. We also appreciate the fact that the Department has already offered the public two opportunities to submit testimony through the Administrative Procedures Act's advance rule-making process. As a result of that process, we commend and thank the Department for taking into account some of the comments we have made about the previous iterations of this proposal.

Having said that, we believe there is one particular area where these proposed regulations remain deficient, and it is an important one – the relationship of the HRCs with the police. We believe that perhaps the biggest obstacle to the success of these centers will be the potential reluctance of at least some substance users to make use of them for fear of police involvement.

This concern is certainly not an irrational fear, which is why we strongly believe, to the extent possible, these regulations should address the issue. As everybody is aware, the establishment of these centers is on the edge of federal criminal law. The statute enacted this year authorizing HRCs required inclusion of a lengthy section aimed at providing clients, owners and employees immunity from prosecution under a series of state laws, and the attempt to establish an HRC in Philadelphia was stymied when federal officials challenged in court its legal validity. It is therefore far from hyperbolic to recognize and address this concern.

In order to at least partially approach this problem, our earlier testimony suggested three amendments to the proposed regulations. It is our understanding, however, that they were all rejected by the advisory committee assisting with the regulations. At an informal meeting last week, a respondent to our comments on this issue offered two reasons why our suggestions were not incorporated in the regulations: they were redundant, and they placed the DOH in an extra-jurisdictional role of regulating police conduct. Respectfully, none of the three proposals bears out those objections. To the contrary, the proposed amendments add client protections that would otherwise not be available, and they were crafted to ensure they do not go beyond the bounds of the DOH's lawful authority.

We therefore once again urge adoption of these amendments, and provide a more detailed explication of them below in response to the Department's stated concerns:

1. Confidentiality of Records. Strong assurances of confidentiality will be crucial to the success of harm reduction centers. The proposed regulations do a very good job of recognizing this – except for one area. State laws protecting medical records' confidentiality – laws that the proposal requires HRCs to follow – contain numerous exceptions for law enforcement access. In addition, current state law enforcement support for HRCs and the necessary anonymity underlying them could change with an election. Further, with Rhode Island being the country's leader in establishing HRCs, the rules should provide a strong confidentiality model for other states to follow. It is with these considerations in mind that we urge an amendment to strengthen the proposal's record confidentiality provisions in one key respect.

Specifically, we ask that § 26.4.6, "Confidentiality," be amended to read: "Disclosure of any health care information relating to individuals shall be subject to the provisions of R.I. Gen.

Laws Chapter 5-37.3 and other relevant statutory requirements; provided, however, that no health care information or other information respecting clients shall be disclosed to law enforcement agencies or officials unless specifically required by those statutes."

Some of the state's medical record confidentiality laws authorize (but do not mandate) release of information to law enforcement under various circumstances. *See*, e.g., R.I.G.L §5-37.3-4(b)(4)(ii) (authorizing release of medical information without consent upon request of an officer "for the purpose of identifying or locating a suspect…"). We realize that, for the most part, HRCs will not be collecting or maintaining health care information or other identifying information from clients. However, this section of the regulations nonetheless recognizes that potentiality. Our suggested amendment would simply ensure, in those instances where such information is available, it is not provided to police except when mandated by law. There is nothing redundant about this; absent its inclusion, identifiable information of HRC users could lawfully be disclosed to law enforcement authorities in a variety of circumstances when not required. This proposed cautionary language better ensures that HRC clients – and staff – do not have to fear that possibility.

2. Center Confidentiality. Just as important as the confidentiality of medical and other identifiable records is the physical privacy afforded individuals making use of HRCs. We urge an amendment to § 26.4.1, "Governing Body and Management," as follows: "H. No Center shall knowingly admit a law enforcement officer to a Center in the absence of a warrant or exigent circumstances."

Again, there is certainly nothing redundant about this proposed addition, and we believe such a restriction is clearly within the Department's ability to address. To the extent that it is "regulating" police, it is doing so in a manner that does not in any way conflict with the governing

statute. Police have no uncontestable right to randomly enter a facility, and this proposed revision will protect HRC employees from coercion – subtle or otherwise – in any circumstance where an officer seeks to do so.

3. Rights of Clients. HRCs offer an excellent opportunity to serve as a resource for the dissemination of basic "know your rights" information to clients regarding encounters with the police. This is a clientele that will almost certainly have had, or will have, such encounters. We therefore urge an amendment in recognition of that fact by reinstating a previous provision, § 26.5.2(A)(6), "Client Orientation," and revising it as follows: "Such other matters as may be deemed appropriate, including literature addressing the rights of individuals during encounters with the police." Making "know your rights" materials available to clients would serve an important educational and outreach function, and is neither redundant nor an imposition on police conduct in any way.

Once again, we applaud the Department for its work in drafting these regulations and for its strong support for the establishment of harm reduction centers. In furtherance of that goal, we urge your consideration of our proposed amendments and their incorporation into the final version of the regulations.

If the suggestions we have made are not adopted, we request, pursuant to R.I.G.L. §42-35-2.6, a statement of the reasons for not accepting these arguments. Thank you for your attention to our testimony.

Submitted by: Steven Brown, Executive Director
sbrown@riaclu.org

My name is Rachel Bishop and I live [redacted]. As a public health professional and Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. As someone with loved ones who struggle with opiod addiction, I know how high these stakes are. We need low-barrier places where people who aren't ready to quit yet can use more safely.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Rachel Bishop, MPH

Comment By: **Cara Zimmerman MD - Addiction Medicine**
On: **12/14/2021**
Comment: **There has never been one fatal overdose death in a harm reduction center. Overdoses are 100% preventable. Harm reduction centers are a way to decrease the number of unfinished lives and get more people into recovery, improve quality of life, decrease shame associated with addiction, and decrease healthcare costs overall by reducing infection and communicable diseases.**

My name is Matt Derby and I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. As a neighbor to the Robert J Wilson House for detox and rehab, I have seen how respect and dignity are critical elements in the road to recovery for those struggling with substance abuse.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Matt Derby

My name is Katarina Ezikovich and I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. I work in laboratory medicine, and I see the effects of drug overdose and misuse in healthcare and my community. It is as endemic as any virus, and goes hand in hand with the epidemic of mental healthcare and the requirements of treating that as well.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services. This proposal certainly may not be the solution to every facet of this healthcare crisis, but it will do a world of good in providing help that otherwise may not be available to people in need of help.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Katarina Ezikovich

December 14, 2012

TO: paula.pullano@health.ri.gov
From: service@tpecktherapy.com
RE: (216-RICR-40-10-25)

I am Robert F. Peck, LICSW, of [redacted]. I am also the chair of the NASWRI Addiction Committee.
I am very concerned about the increase in overdose deaths and in the increasing occurrence of Hepatitis C and HIV. I believe a safe injection site could help to curb the incidence these problems.
I believe the staff will need to work as a tight, mutually supportive, team. The regulations now call for trained and licensed staff. They will need to be maintaining good concise records for the benefit of the other staff and to facilitate any referrals to outside professionals. If the mental health counselors are using motivational interviewing, each staff member can be prepared to respond to significant disclosures. If there are good records and are being shared, the team is as effective as it can be. That can be done and should without violating confidentiality. Total anonymity will disrupt that process. The staff needs to be free to work together.

I am in full support of the current draft of the regulations for Harm Reduction Centers in Rhode Island. I do want to add one suggestion (see below). Thank you for considering!

Within Needle Exchange Programs and Recovery Community Center workplaces, we too often see that employees are negatively affected by the day-to-day exposure of traumatic situations (sometimes leading to a reoccurrence of substance misuse by those in recovery, or the need for employees to be referred to a mental health provider). Harm reduction center staff will surely be susceptible to these potential impacts as well.

I took a stab at the wording such a suggestion and placing it within the area of "personnel" [see below]. But I welcome any alternative verbiage that gets this point across. Forgive me reaching out to you, but I have not been able to make it to any of the public comment hearings.

25.4.2 Personnel

G. Each Center must ensure that added supports are provided to all staff.

1. Each Center must develop employee wellness policies and practices that are reflective of working in a potentially traumatic setting. These policies can include but may not be limited to; offering an Employee Assistance Program, participating in a Recovery Friendly Workplace initiative and/or the development of an Employee Substance Misuse Agreement.

2. All staff must be made aware of these policies and practices upon hire, and policies must be posted in an area regularly accessed by all staff.

My name is Madeline Chin and I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. As a medical student who has worked in recovery clinics, I have seen how the COVID pandemic has exacerbated the opioid and overdose crises.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,

Madeline Chin

My name is Michael Stephens and I live at [redacted] I'm a native Rhode Islander and current 3rd year medical student at Brown. I am writing in favor of the proposed harm reduction center regulations.

As a healthcare worker, I encounter patients with drug addictions on a daily basis. I bear witness to the tremendous burden this places on health systems and our RI community. Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

I trust RIDOH, community organizations, and other stakeholders will make necessary adjustments to the regulations to best serve Rhode Islanders facing drug addiction and the greater community. I would love to see the city of Cranston approve a harm reduction center sometime in the near future, and would be elated to have one of these centers in my neighborhood if needed.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Michael Stephens

My name is Neville Bedford and I live [redacted] and work [redacted] as a sole practitioner. As a Rhode Island community member and a volunteer with Project Weber Renew who is invested in reducing and eliminating overdose deaths, I am writing in favor of the proposed harm reduction centers.

I have witnessed first hand the outcomes of opioid overdose, and the miracle of Narcan to reverse overdose. A family member was rescued after his dentist inadvertently gave him an opioid overdose this last summer.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

I am most anxious to begin this pilot program and prove its worth, while preventing unnecessary deaths and providing a path to recovery for those who are ready to choose that path.

I am strongly in favor of the proposed harm reduction center(s) deployment in a manner to give this option to as many of our neighbors as we can reach, as soon as possible.

Thank you,

Neville Bedford

My name is Dr. Christine Gadbius and I live at [redacted] As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. As an Advance Practice Public Health Nurse who has worked extensively in Community Behavioral Healthcare, I am all too well aware of the toll of the substance use and in particular the opioid epidemic.

Harm Reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,

Chris

I would like to submit the following questions and comments to the most recent set of regulations released for public comment. I commend all those involved for excellent progress in the creation of these documents and submit the below in an effort to further refine this great work.

1. Will clients be permitted to assist one another With the injection? Will staff (medical or nonmedical) at the sites be able to assist patrons with injection? The regulations should address this, as sharing and other behaviors are regulated.

2. It is not clear where someone who insufflates their drugs would go to use them? The injection room or the smoking room?

3. Visit data collection: I would suggest collecting number of vista to both the injection room and smoking room separately, as unique and total visits are currently proposed in aggregate. Additionally, any events (nonfatal, fatal, Naloxone administrations, oxygen administrations) should also be reported with a location of event specified. If separate spaces are to be created, measuring their unique impact and uptake is important.

4. I am concerned that the mathematical model presented does not adequately account for or address (in model, discussion or limitations) smoking room potential costs, potential benefits, and special considerations. Many safe consumption spaces in Europe (eg Denmark) provide both injection and smoking spaces. Might effectiveness, uptake, and/or cost data from these locations inform a possible model? Cost of ventilation and operations perhaps could be informed by cannabis dispensary regulations around Hvac in places/states with such regulations? Even if effectiveness data are not available, a cost analysis would help inform the regulations, assist possible sites considering hosting an HRC, and could inform a future cost effectiveness analysis once data are available.

5. What is known about the willingness to use a harm reduction center among people who use drugs by non injection routes? Data to date have focused on and been informed by studies in RI and elsewhere in the US primarily of people who inject drugs.

6. Are there data available on effectiveness of smoking rooms for preventing overdose and other negative health effects? Are we proposing to track outcomes and services that are meaningful to the protection and care of people who use drugs by non injection routes?

Thank you for considering these comments and questions

Sincerely
Traci C. Green

So sorry, one last comment:

7. If data on willingness to use a safe consumption space/HRC for people who use by non injection routes are unknown and if data on effectiveness of SCS/HRCs are not available for people who use drugs by non injection pathways, perhaps the inclusion of a smoking room could be optional rather than a required component of the regulations on operations of future RI HRCs. When such effectiveness data are available, regulations could be updated to require that HRCs all host smoking rooms.

My name is Beckett Warzer and I live at [redacted] As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. I personally know at least 5 people, friends of mine and community members, who have died of overdoses in the past year. This is not an issue to be blamed on drug users-- it is an issue with unsafe drug supply.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Harm reduction centers are desperately needed. The longer we wait, the more people will fall victim to preventable overdoses.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,

Beckett

My name is Aimee Haupt, I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. This crisis has devastated me both personally and professionally. In November of 2020, I began losing loved ones, including individuals I've supported, on a monthly basis primarily because of our state's tainted drug supply, a lack of harm reduction resources, and inadequate treatment center availability. I assure you that without a harm reduction center, this will not slow down. The momentum is building and the consequences of not giving the overdose epidemic the attention it deserves will leave our communities devastated.

I am a person in long-term recovery who works at one of our state's many peer-run recovery centers. My full-time position is to train others in recovery and our allies to become certified peer recovery specialists. I also work part-time in our local emergency departments and per diem for Providence's Safe Stations program. Prior to the position I'm in now, I worked tirelessly through the global pandemic as an outreach worker attempting to connect individuals with recovery support, only to be left feeling burnt out and traumatized. The harm reduction center being signed into law last year is my light at the end of the tunnel.

Out of curiosity, I recently called North Kingstown High School to see how many students were in my graduating class and realized that our state's total overdose deaths in 2020 was equivalent to wiping out my 2002 senior class + 72 people. I chose to do this work to show others that recovery is possible and that lives are worth saving because 13 years, 10 months, and 9 days ago I didn't lose my life as a result of my active addiction. People supported me, I began to believe in myself, started making good choices, and recovery resources were abundantly available to me. In 2008, harm reduction was my pathway to recovery and I wake up every day grateful to have been afforded the luxury of a safe drug supply.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you in advance,

Aimee Haupt CPRS

My name is Lipou Laliemthavisay and I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. As a public defender, I have witnessed firsthand how substance use disorder has impacted clients, their loved ones and the community.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services. Additionally, harm reduction centers are safer than involuntary treatment centers that statistically lead to higher overdose after discharge.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,

C. Lipou Laliemthavisay

Dear Ms. Pullano,
I am writing today as both a community member and a substance use treatment provider in strong support of the proposed regulations for harm reduction centers in Rhode Island. In 2020 alone, nearly 400 of our family members, friends, and neighbors died from an overdose. Overdose deaths are not only tragic, they are preventable – but we need immediate and comprehensive action to keep people alive.

Harm reduction centers have existed across the globe for decades, and the evidence is clear. In addition to preventing or reversing overdoses, harm reduction centers help reduce the transmission of infectious diseases by offering safer consumption supplies (clean syringes, e.g.). Individuals who utilize these centers also have increased rates of treatment engagement, making it an essential component of the continuum of care.

Rhode Island has been hit hard by the overdose crisis, and the impact of the COVID-19 pandemic has only exacerbated this. At VICTA, we have seen an increase in use and recurrence of use among those who had been in recovery; an increase in people presenting with psychiatric and/or mental health symptoms; and an increase in the contamination and toxicity of the drug supply. We believe that no one should die because they use drugs, and that every person deserves access to the resources that help them mitigate the risks of use.

We support the implementation of the proposed regulations, for the health and safety of our fellow Rhode Islanders.

Sincerely,
Lisa Peterson

Comment By: **Lynn D**
On: **12/10/2021**

Case Managers and Peer Recovery Specialists roles should each be delineated to avoid confusion. A Peer Recovery Specialist is more than someone with lived experience. Case Managers have educational and specialized training requirements, and in this case should have specific length of time with professional experience and supervision.

Licensed substance abuse counselor with specialized training in motivational interviewing and stages of change should be designated as essential staff.

My name is Claire Macon and I live at [redacted] As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. I am personally over 3 years sober from opioids and stimulants and everyday I am grateful for my sobriety. I first started using drugs in 2011. It was a different time then, not as many people were dying, the supply was different and fentanyl had not yet been widely introduced. Since then I have seen my friends, family, and community die from overdose. I am only 27 years old, this shouldn't be the case. Seeing all this death has taught me that we need to protect each other by whatever means necessary, harm reduction centers are that means.

I currently work with youth experiencing homlessness, I have over 30 young people I am actively engaged with at a time and out of that 30 around 25% are actively using, with closer to 50% having a complex relationship to substance use (in recovery, family members and friends who are using, etc). We have to give these young people a fair shot to live, they need housing and resources for recovery - resources like harm reduction centers.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

We as social workers, friends, family members, are tired of death. We have already seen the efficacy of these harm reduction centers in NYC and around the world, it would be actively harmful to Rhode Island residents to keep us from moving forward and adding us to the list of places willing to take the necessary steps to save lives.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Claire Macon

Comment By: **Michelle DeOrsey**
On: **12/13/2021**
Comment: **Rhode Island's first Harm Reduction Center is poised to save the lives of hundreds of Rhode Island residents next year. These life-saving interventions are one of the most well-researched public health interventions, having been demonstrated to lower crime and reduce drug-related litter in the surrounding areas where they are located, as well as connect people to treatment and support services. Notably, there has never been an overdose death at any of the 120 overdose prevention sites (also known as harm reduction centers) across the 10 countries they are located. In the fight to save lives, there is no room for NIMBYISM, the acronym for "Not In My Backyard". For too long, the stigma and criminalization associated with drug use and addiction have forced folks into the shadows and away from systems of support. Everyone deserves the chance to live another day and have the opportunity at future recovery - because people can and do recover. To be most effective, the HRC needs to be a safe, welcoming, and compassionate space with trained professionals who truly care about the health and well-being of this vulnerable population. Though the opening of the HRC will surely save lives and reduce harm, its implementation will not be enough to combat the totality of the overdose problem in Rhode Island. Illicitly manufactured fentanyl (IMF) and analogs continue to dominate the unregulated drug market, taking the lives of unsuspecting victims. Rhode Island needs a safe, regulated drug supply to stave off deaths and help gain back drug users' trust in the medical system. Every overdose death is preventable and it's up to our state leaders to do what's right and be the leading example for other states.**

My name is Sudheesha Perera and I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. Personally I have been affected by the overdose epidemic as well. My closest friend since childhood has lost his job, his family, and his future to opioid addiction. Every time we talk I pray that his name doesn't get added to the statistics. Unless we do something, there's no reason to believe he won't suffer the same fate as so many others.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Sudheesha

My name is Catherine Van Amburgh and I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, **I am writing in favor of the proposed harm reduction center regulations**.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Catherine Van Amburgh

My name is Jonathan Cohen and I live at [redacted] As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Jonathan Cohen

My name is Alexandra Steinberg, and I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. This is awful under any circumstances, especially when some of these deaths could have been prevented.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Alexandra Steinberg

My name is Liz Anusauskas and I live at [redacted] As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,
Liz Anusauskas

Dear Ms. Pullano,

My name is Elizabeth Saldaña and I live on [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. I haven't known any of these souls personally but they deserved to live, and to have a safe place to go to begin their healing journey.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,

Elizabeth

Dear Ms. Pullano,

My name is Kayli Wren and I live on [redacted] As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,

Kayli

Dear Ms. Pullano,

My name is Matthew Perry, MD, ScM; I live in [redacted] and am a family medicine resident physician at the Brown Memorial Hospital Program in Pawtucket. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations. Additionally, as a doctor who cares for many Rhode Islanders who have themselves overdosed or who have lost family members to fatal overdoses, the issue is salient and important to me.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. Last year, I lost 2 patients to overdose. Both were part of communities dealing with drug addiction who have expressed interest in using a harm reduction center. I believe these deaths were preventable.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

I am particularly impressed with the inclusion of mobile & short-term units. I care for a number of street-based homeless patients. Next year, I will be taking a job as a primary care physician at the Crossroads clinic of PCHC. We are starting a new street medicine program. In my conversations doing street-based medicine, dozens of people have reported using narcan to save the life of a friend, neighbor, or stranger on the street. This community support is incredible, but as is evidenced by the number of overdose deaths, in no way suited to replace a meaningful public health safety net. We can do better.

I love that mental health counselors are included in the mandated staffing. I work very closely with case managers, social workers, and peer advocates in my work. To be able to wrap meaningful mental healthcare into a harm reduction center is a vital connection, to allow us to bridge overdose prevention with recovery services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,

Matthew Perry, MD, ScM

PGY3, Brown University Department of Family Medicine

Dear Ms. Pullano, My name is Tyler Joseph and I live at [redacted] As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations. Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019.

As a Direct Care Worker in the mental health field within R.I. I have seen first hand that the lack of harm reducing support services available to those struggling with addiction as the largest cause of overdose in our state. Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

I encourage you to please listen to those that will benefit from a harm reduction center first hand and to the health care providers who have been fighting so hard for the regulations put in place to ensure a safe and responsible center.

Again, I am strongly in favor of the proposed harm reduction center regulations. Thank you, Tyler Joseph

My name is Eli Nixon and I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. Many kids I work with, as well as several of my own family members have lost loved ones, housing and educational opportunities due to the drug-related deaths of addicted family members and the chaotic and corrosive aftermath of those losses.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,

Eli Nixon

My name is Anjali Jaiman and I live at [redacted]. As a Rhode Island community member who is invested in reducing overdose doses in our state, I am writing in favor of the proposed harm reduction center regulations.

Addressing the overdose crisis in our community is an urgent issue. In 2020, a record 384 Rhode Islanders died of drug overdose - this was a 25% increase from 2019. I have multiple patients who are currently struggling with substance use disorder.

Harm reduction centers are proven and effective public health interventions that reduce fatal overdoses. In the more than 120 harm reduction centers worldwide, no one has ever died of an overdose. Harm reduction centers have also been associated with safer drug use behaviors, such as reduced syringe re-using and syringe sharing, as well as uptake of addiction treatment and other health services.

I have known patients who have been unable to find safe places to be while struggling with substance use disorder including several who have died while using and this has taken a terrible toll on their families and on me as a provider.

Again, I am strongly in favor of the proposed harm reduction center regulations.

Thank you,

Anjali Jaiman MD MSc

Dear Ms. Pullano,
I am writing today as both a community member and a substance use treatment provider in strong support of the proposed regulations for harm reduction centers in Rhode Island. In 2020 alone, nearly 400 of our family members, friends, and neighbors died from an overdose. Overdose deaths are not only tragic, they are preventable – but we need immediate and comprehensive action to keep people alive.

Harm reduction centers have existed across the globe for decades, and the evidence is clear. In addition to preventing or reversing overdoses, harm reduction centers help reduce the transmission of infectious diseases by offering safer consumption supplies (clean syringes, e.g.). Individuals who utilize these centers also have increased rates of treatment engagement, making it an essential component of the continuum of care.

Rhode Island has been hit hard by the overdose crisis, and the impact of the COVID-19 pandemic has only exacerbated this. At VICTA, we have seen an increase in use and recurrence of use among those who had been in recovery; an increase in people presenting with psychiatric and/or mental health symptoms; and an increase in the contamination and toxicity of the drug supply. We believe that no one should die because they use drugs, and that every person deserves access to the resources that help them mitigate the risks of use.

We support the implementation of the proposed regulations, for the health and safety of our fellow Rhode Islanders.

Sincerely,
Lisa Peterson

The Network for Public Health Law

Ideas.
Experience.
Practical answers.

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harmreduction@networkforphl.org

Paula Pullano
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3 Capitol Hill, Room 410
Providence, RI 029085097
Paula.Pullano@health.ri.gov

January 4, 2022

RE: Proposed Rule 216-RICR-40-10-25 (Harm Reduction Centers)

Dear Ms. Pullano,

I appreciate the opportunity to submit written comments on behalf of the Harm Reduction Legal Project (HRLP) regarding the Department's proposed Harm Reduction Center (HRC) regulations. The HRLP is an initiative of the Network for Public Health Law, a non-partisan, non-profit organization that helps individuals and organizations understand relevant laws; develop public health policy; and make sound, evidence-based decisions to positively impact the health of their communities. The HRLP provides evidence-based, actionable information, guidance, and support to policymakers, health agencies, providers, and advocates working to create more just, equitable, and public-health focused drug policy in the United States.

We strongly support HRCs. As noted in more detail below, we have some concerns regarding the way the Department proposes to regulate them. The guiding principle underlying these concerns is that HRCs are effective only if and where they are implemented. We believe that some of the proposed regulations, while well-intentioned, are overly restrictive and may make it difficult or impossible for all but large, well-funded organizations to operate HRCs.

We note that the provision of advanced medical services in HRCs is rare; most interventions in such centers are limited to the provision of oxygen, naloxone, and supportive care. The main benefit of HRCs, in our view, is the provision of a place where people who use drugs can do so more safely, in the presence of others who are able to quickly respond to an overdose and summon emergency assistance where necessary, without fear of law enforcement action. Other services are helpful, but they are not central to HRCs.

We believe the existing evidence overwhelmingly suggests that a larger number of spaces staffed with volunteers with oxygen, naloxone, and a telephone would save many more lives than a smaller number of spaces that provide more comprehensive services. We therefore urge the Department to remove or revise those requirements that may prevent some people who use drugs from having access to HRCs.

Specific comments are provided on the following pages.

25.2. Definitions

Paragraph A:

Section 1: We recommend that the definition of "Change in owner" be modified to clarify that it does not include changes to the board of directors of a non-for-profit corporation, so long as the board itself maintains the ability to conduct the activities in sub-sections (1)a-(1)d. This can be accomplished by adding a sentence to that effect to the bottom of existing section 1. Further, we recommend that "operator," which is not defined, be eliminated from this Section as well as all other places in which it appears in the regulations.

Section 11: We recommend that "Medical director" be defined to include any physician, certified nurse practitioner, or certified clinical nurse specialist licensed in accordance with the appropriate Rhode Island statute and authorized to practice in the state. These medical professionals are entirely capable of conducting the activities required of a medical director as described in the regulations, and their inclusion may help increase the ability of potential HRCs, especially those with limited funds and in more rural areas, to secure the services of a medical director.

Section 16: We recommend that the definition of "nurse" be modified to include, in addition to professional nurses and licensed practical nurses, all advanced practice registered nurses as that term is defined in R.I. Gen. Laws § 5-34-3.

25.3.1 General Requirements for Licensure

We recommend that the Department not require that HRCs be licensed. R.I. Gen. Laws § 23-12.10-1(c) requires only that the Director "promulgate regulations to authorize the" HRC. Nothing in the statute requires that the centers be licensed. The decision by the Department to require that they be licensed appears to be the basis for much of the rest of the proposed regulations, some of which we believe to be unnecessary and overly burdensome.

25.3.2 Application for License, Initial License or Changes in Owner, Operator, or Lessee

We believe that many of the requirements of this section are unnecessarily burdensome, and recommend that they be modified. Specifically:

Paragraph B: We recommend that the requirement that addresses be provided be removed. At a minimum, we suggest that the language be modified to clarify that the addresses of the directors of a not-for-profit corporation need not be provided. We can think of no reason the Department would need such information since the HRC itself is required to provide both a physical and e-mail address at which it can be reached for both routine matters and in emergencies. We are concerned that such addresses could be used to harass or otherwise cause harm to such directors. We also recommend that the regulations state that the information required to be

provided under this section not be placed on the Internet and, to the extent possible, not be discoverable via public records requests.

Paragraph C: We believe that this paragraph is confusing and impermissibly vague. We believe it to be impossible to determine when changes are "contemplated," and it is not clear what is meant by "operation". We recommend that the language be modified so that it only requires that the Department be provided 30 days' notice if an HRC plans to change the location at which services are provided or completely discontinue services, as follows:

> *The Harm Reduction Center licensee must provide the Department with a minimum of 30 days' notice before changing the location at which services or provided or ceasing operations.*

Paragraphs D-F: We strongly oppose the presumption that an HRC must immediately cease operations when "any changes in ownership occur." As noted above, we recommend that the relevant definition be modified to clarify that changes in the membership of a board of directors do not constitute a "change in ownership." Even with this modification, however, we believe it to be contrary to the goals of the Department and sound public health policy to set up a system whereby a change in ownership would, without discretionary action by the Department, result in the immediate shutdown of an HRC.

We recommend that these paragraphs be modified so that the six-week transition period in Paragraph F is the default, with the Department revoking a license only for good cause and after ensuring that clients of the HRC can adequately be accommodated at a different HRC. We also recommend that it be made clear that any action by the Department in reliance on this section is subject to the notice and hearing requirements of § 25.3.5.

25.3.4 Inspections

Paragraph C: We strongly oppose the language in this paragraph, whereby an applicant grants the Department the "the right to enter at any time without prior notice to inspect the entire premises and services, including all records of any Center for which an application has been received or for which a license has been issued." We remind the Department that, by design, the people using an HRC will often be engaged in the use of illegal drugs, and the knowledge that "a duly authorized representative" of the Department can enter the HRC at any time will likely have a chilling effect on both potential HRC licensee applicants and individuals who would benefit from the HRC.

We strongly recommend that this paragraph be modified so that the Department is authorized to enter an operating HRC only when it has good cause to believe that an existing or imminent threat to the health or safety of participants or staff is present. At all other times, inspections should be scheduled with HRC staff, with a presumption that they will be conducted at time when clients are not present. We also recommend that the "duly authorized representative" language be replaced with "Department employee" or words to that effect.

25.4.2 Personnel

Paragraph D: As the regulations permit an HRC to hire a person with a criminal record (as they should), we recommend that the decision of whether to conduct a criminal background check be at the discretion of the HRC as well. Because of historic and current criminalization of drug use, many of the individuals who might be the most effective staff members may have criminal records or be currently involved with the criminal legal system. The requirement of a criminal background check may have a chilling and racially discriminatory effect on the involvement of those individuals in the HRC.

Paragraph F: We believe this requirement to be unnecessary. The timing of staff performance evaluations should be determined by the HRC Director and other HRC management, not the Department.

25.4.8 Administrative Records and Reporting

Paragraph A: We recommend that the number of times oxygen was administered, and whether or not it was administered in the context of an overdose, also be required to be reported. It appears that in many existing HRCs this is the most common medical intervention, and we believe it would be useful to capture data on it.

25.5.1.1 Selection of Clients

Paragraph A: We are very concerned that the regulations leave these criteria up to the HRC. As written, this section only requires an HRC to have policies and procedures regarding client eligibility, termination, and denial of services. An HRC would therefore be able to deny entrance and services to any individual or group of individuals it chooses, so long as these decisions are not otherwise forbidden by law. We strongly believe that HRCs should be required to permit all individuals who use drugs to use the HRC unless they present a danger to staff, volunteers, or other clients (and not, for example, based on where the person sleeps), and recommend that this paragraph be re-written with that goal in mind.

25.5.3 Services & Referrals

Paragraph A: We recommend that “Needle exchange” in sub-paragraph 3 be changed to “sterile syringe access”.

25.7.1 General Provisions for Physical Center

Paragraph B: We recommend that the HRC be permitted, but not required, to provide a space for smoking drugs. While we recognize that individuals who smoke drugs are also impacted by laws that criminalize the use of drugs and believe the Department should work to secure funding to ensure that all HRCs can serve those individuals, we also believe that lack of funding or space to provide safer smoking areas should not be fatal to the operation of an HRC.

25.8.1 Variance Procedure

We strongly support the provision of a procedure for variances. We would recommend that such variances be liberally granted whenever doing so would serve the best interests of people who use, or would use, the HRC.

Conclusion

We again thank the Department for the opportunity to comment on the proposed regulations. We deeply appreciate the work the legislature, the Department, and the advisory committee have put into ensuring that HRCs will become a reality in Rhode Island.

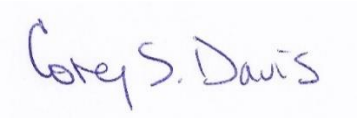
For this reason and for the reasons outlined above, we urge the Department, as much as possible, require only that HRCs meet the requirements set out in law: that they be “a community based resource for health screening, disease prevention, and recovery assistance where persons may safely consume pre-obtained substances” and that they “provide the necessary health care professional to prevent overdose, and shall provide referrals for counseling or other medical treatment that may be appropriate for persons utilizing the harm reduction enter”.

We emphasize again that the statute does not require that HRCs be licensed, nor that they be regulated like medical facilities. We are concerned that unnecessarily burdensome regulations will make it difficult for smaller organizations to meet their requirements, limiting the accessibility of HRCs to only a small minority of people who use drugs in the state.

We recognize again the hard work and good intentions of Department staff and of the advisory committee. We note that, in many areas of the United States, harm reduction programs often have a few or no paid staff members and operate in a hostile regulatory climate. Rhode Island will rightly be seen as the leader in this area and will likely be seen at least partly as a model for other states. We therefore urge the Department, as it formulates these regulations, to consider the effect they will have not only in Rhode Island, but also in the states that will come after.

The opinions expressed in these comments are solely those of the undersigned and may not represent those of the Network for Public Health Law or any of its funders.

Sincerely,



Corey S. Davis, JD, MSPH, EMT
Director, Harm Reduction Legal Project
Network for Public Health Law