



Governor's Office of Policy Innovation and the Future

Working Group to Study Methods of Preventing Opioid Overdose Deaths by Authorizing Harm Reduction Health Centers

Meeting #1: Report

Date: Friday, October 11, 2024; 10:00 AM – 12:00 PM

Location: Department of Health & Human Services, 109 Capitol Street, Augusta, ME 04330

Participants: Gordon Smith (chair); Rick Desjardins; Jennifer Gunderman; Shain Johnson; Lisa Letourneau; Dena Libner; Scott Nichols; Tess Parks; Rachel Solotaroff; Scott Stewart; Carol Kelly (facilitator)

Materials

- [Legislative Resolve \(LD 1364\)](#)
- [August 2024 Overdose Report](#)

Agenda Items and Meeting Notes

- Welcome & Member Introductions
- Overview of the Work Ahead
- Situation & Background
- Suggestions for Areas of Inquiry and Special Guests
 - General discussion
 - Harm reduction health centers (HRHCs) are not currently possible in Maine
 - Maine legislators will want to know:
 - What can be changed in Maine law to make HRHCs possible?
 - Can HRHCs work in Maine?
 - What's likely to happen if HRHCs are allowed and established?
 - What's else do legislators need to consider as they decide if and how to proceed?
 - Brainstorm: [SEE TABLE BELOW](#)
- Process & Logistics
 - Roles, responsibilities, general process, and decision making
 - The Working Group is not the ultimate decision-making body – that falls to the Maine Legislature
 - The Working Group's role is to study the issue, evaluate options, and deliver findings and recommendations to the Criminal Justice and Public Safety Committee of the Maine Legislature
 - The Working Group does not require consensus, but it will seek consensus whenever possible
 - The Working Group has agreed by consensus to a set of "Group Agreements". These can be revisited at any time upon request of any member.
 - In a future meeting, the Working Group will consider the option of hosting a public forum
 - Substitutions (agreed by consensus)
 - Any member can designate a substitute for a specific meeting, with the understanding that the substitute will be fully briefed and brought up-to-speed beforehand
 - Future meeting format and frequency (agreed by consensus)
 - In-person meetings are preferable; hybrid meetings are acceptable if they improve participation
 - Zoom meetings will be recorded and available for any members who are absent
 - The next meeting will be scheduled on a Friday in November and options for subsequent meetings will be explored via a scheduling "doodle"
 - Library of resources
 - An online Working Group library will be created for access by members and the public
 - A contact list of Working Group members will be maintained by the facilitator - not in the library
- Closing & Adjourn

Group Brainstorm: Areas of Inquiry and Special Guests

Areas of inquiry	Reading/Research	Guests/Site Visits
Authorization types	<ul style="list-style-type: none"> State examples Municipal examples 	
Statutory barriers	<ul style="list-style-type: none"> Federal <ul style="list-style-type: none"> Maine Law Review article (Jeff Sherman) Other aspects of criminal code to be considered Maine <ul style="list-style-type: none"> Maine's conflicting statutes Links to testimony on past legislation 	<ul style="list-style-type: none"> Maine AG willing to respond to Working Group questions
Scope of use	<ul style="list-style-type: none"> Examples: inhaling, ingestion, injection What other care and services can be offered? 	<ul style="list-style-type: none"> Other states' perspectives
Ranges of potential outcomes and (related) Potential data collection and evaluation design	Examples: <ul style="list-style-type: none"> Nonfatal overdoses Related issues (infection, etc.) Referrals Engagement with treatment, continuum of care Recovery impacts Trust and engagement with providers Impacts on people who are unhoused Shifts in perception of safety among people who use drugs Changes in overall use Health care cost savings Community impacts, incl. syringe waste, disorderly behavior, and minor criminal activity in the vicinity 	<ul style="list-style-type: none"> Someone to provide information on current and potential data (and related or proxy data) All Working Group members talk to colleagues and collect qualitative data Philadelphia: why did they close – what worked and what didn't For overview and evaluation considerations: Dr. Kral webinar, Institute of Addiction Science
Community conversations	Examples: <ul style="list-style-type: none"> How do communities view the services being provided? What messages are being used by advocates and opponents to describe HRHCs? What's the temperature of interest and potential acceptance in Maine? How should beliefs and attitudes guide the Working Group recommendations, if at all? 	
Rural vs. "urban" settings	<ul style="list-style-type: none"> Could HRHCs work in areas of less population density and less dense development? 	<ul style="list-style-type: none"> Vermont perspective
Mobile vs. bricks & mortar infrastructure	<ul style="list-style-type: none"> Could mobile mitigate fear and stigma? Could mobile mitigate transportation barriers in rural areas? (Q: Could a mobile response to "hot spots" of poisoned drug supply be used as HRHC pilots?) 	<ul style="list-style-type: none"> Maine mobile health unit operator(s)
Hotlines for monitoring safe use	<ul style="list-style-type: none"> How and who could fund and sustain? How to embed with detox? (Q: does this fit within "scope of use" section?) 	
Model examples and comparisons	<ul style="list-style-type: none"> New York City report Reports from other states, countries (there are over 100 around the world) Master list of locations and models developed by Working Group team 	<ul style="list-style-type: none"> Portugal's Director of Opioid Response New York City Rhode Island (potential site visit in the future) Boston (Health Care for Homeless model) Montreal Roland Robinson (international perspective)

Contact: Carol Kelly, Working Group Facilitator: (207) 210-0789 or carolkelly12@msn.com