



Northern New England Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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September 17th, 2021

The Honorable Janet Mills
Office of the Governor
1 State House Station
Augusta, Maine 04333

Re: Executive Order 27 FY 19/20, An Order Regarding State Certified Hypodermic Apparatus Exchange Programs

Dear Governor Mills,

On behalf of the Northern New England Society of Addiction Medicine (NNESAM), the medical specialty society representing physicians and other clinicians in Maine, New Hampshire and Vermont, who specialize in the prevention, treatment, and recovery from addiction, thank you for your leadership and initiative in expanding certified hypodermic apparatus (needle) exchange programs during the COVID-19 pandemic. Your actions allowed people with opioid use disorder (OUD) to continue receiving the safe services that they have come to expect despite the disruptive impact of the pandemic. Given the nature of the opioid overdose epidemic in Maine, we greatly appreciate the opportunity to outline our concerns about the recent termination of [Executive Order 27](#) and engage in a dialogue about how to best implement appropriate harm reduction strategies to limit the devastating effects of addiction.

Injection drug use is one of the highest risk factors associated with acquiring viral hepatitis B and hepatitis C.ⁱ According to the most recent CDC data, Maine has one of the highest rates of acute hepatitis B and C in the nation.ⁱⁱ Syringe services programs (SSPs) are a proven harm reduction strategy that greatly reduce the spread of bloodborne infections, such as hepatitis B, hepatitis C, and HIV.ⁱⁱⁱ Therefore, SSPs are a critical mechanism to mitigate the damaging public health effects that these infections pose at both the individual and community level.

Additionally, SSPs are linked to many other positive public health outcomes. For example, research has indicated that those who participate in SSPs are more likely to seek treatment and stop using drugs as a result.^{iv} SSPs also promote the protection of first responders and the public at-large, as they lead to the safe disposal of needles and syringes.^v

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Like many parts of the country, Maine is experiencing an unprecedented uptick in overdose deaths. In 2020, there were 504 overdose deaths in Maine—a 33% increase over the prior year.^{vi} According to current estimates, the state is on pace to far surpass the record 2020 overdose death figure in 2021.^{vii} These disturbing trends are further inflamed by the ongoing COVID-19 pandemic, which is surging nationwide due to the spread of increasingly transmissible variants. Due to rising COVID-19 infection rates, indoor capacity restrictions are constraining the ability of state governments to respond to higher numbers of drug overdoses and hepatitis B and C infections using traditional means. Thus, the accessibility of critical services for vulnerable populations is limited.

In alignment with the Centers for Disease Control and Prevention (CDC) declaration of SSPs as “essential public health infrastructure,” Executive Order 27 lifted the one-to-one limit on needle exchanges, expanded operating hours for SSPs, and enabled safety materials to be distributed by mail.^{viii} As a result, SSPs were given the flexibility to continue operating at an expanded capacity, despite the constraints of the pandemic. This change likely had a role in leading Maine to collect over 1 million used needles, from over 5,000 participants, and carry out over 2,500 referrals in 2020.^{ix} Especially during a time when hepatitis B and C infections, as well as overdose deaths are reaching record levels, Executive Order 27 was a very important action that expanded access to critical harm reduction services.^x

In tandem, the public health crises of increased overdoses and the COVID-19 pandemic require a continuation of the state’s emergency response efforts. Given this current state of affairs, we are concerned by the recent issuance of [Executive Order 40](#), which renders Executive Order 27 ineffectual, returning back to the previous one-to-one standard for needle exchanges at SSPs.

While we applaud you for taking decisive action to expand SSPs during the pandemic, we fear that the termination of Executive Order 27 is premature. At this time of heightened need, restricted access to the vital harm reduction services that SSPs provide will have a detrimental impact on Maine’s communities. **Therefore, we strongly urge that you reconsider this decision and take appropriate executive action to expand SSPs in accordance with Executive Order 27.** Additionally, we would like to continue this dialogue and assist you in combatting the overdose epidemic in Maine. **As such, NNESAM would greatly appreciate the opportunity to meet with your office to discuss these issues in greater detail.** Thank you for considering our perspective and we look forward to working with you further. Please contact me if you have any questions or concerns.

Sincerely,



James W. Berry, MD, FASAM

President, Northern New England Society of Addiction Medicine

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CC: Director Nirav Shah, MD, JD

Director Gordon H. Smith, Esq

ⁱ Centers for Disease Control and Prevention. (2020, July 28). *What is Viral Hepatitis?* Centers for Disease Control and Prevention. Retrieved September 9, 2021, from <https://www.cdc.gov/hepatitis/abc/index.htm>.

ⁱⁱ Centers for Disease Control and Prevention. (2021, May 19). *2019 viral Hepatitis SURVEILLANCE Report*. Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm>.

ⁱⁱⁱ Bernard, C. L., Owens, D. K., Goldhaber-Fiebert, J. D., & Brandeau, M. L. (2017). Estimation of the cost-effectiveness of HIV prevention portfolios for people who inject drugs in the United States: A model-based analysis. *PLoS Med*, 14(5). doi: 10.1371/journal.pmed.1002312

^{iv} Aspinall, E. J., Nambiar, D., Goldberg, D. J., Hickman, M., Weir, A., Van Velzen, E., Palmateer, N., Doyle, J. S., Hellard, M. E., & Hutchinson, S. J. (2013). Are needle and syringe programmes associated with a reduction in hiv transmission among people who inject drugs: A systematic review and meta-analysis. *International Journal of Epidemiology*, 43(1), 235–248. <https://doi.org/10.1093/ije/dyt243>

^v Centers for Disease Control and Prevention. (2019, May 23). *Summary of information on the safety and effectiveness of syringe services programs (SSPs)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>.

^{vi} The Associated Press. (2021, September 1). Maine to Pay Addiction Treatment Providers More Per Patient. *U.S. News & World Report*. <https://www.usnews.com/news/best-states/maine/articles/2021-09-01/maine-to-pay-addiction-treatment-providers-more-per-patient>.

^{vii} Sorg, M. H. (2021). *Maine Drug Deaths Report for 2020*. Retrieved from <https://www.maine.gov/ag/news/article.shtml?id=5041404>

^{viii} Gauthier, L. (2021). *Syringe Service Programs in Maine Annual Report 2020*. <https://www.maine.gov/governor/mills/sites/maine.gov.dhhs/files/inline-files/Syringe%20Services%20Program%202020%20Annual%20Report%20--%207-2021.pdf>.

^{ix} Centers for Disease Control and Prevention. (2020, May 15). *Interim guidance for syringe services programs*. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/php/syringe-service-programs.html>.

^x Thakarakar et al (2021, October). Facilitators and Barriers to Accessing Harm Reduction Services in a Rural Context. INHSU international conference.