

To Chair Representative Susan Donovan, and the members of the House Health and Human Services committee,

My name is Jackie Goldman, I have a masters of science in epidemiology, and have worked as a researcher at Brown University for close to 6 years. I am a program director and help to lead a research team that is studying the impacts of the Harm Reduction Center that has opened in Providence. I have worked on this project since its conception and I stand in full support of H 5171 - the removing the sunset clause in order to allow for the permanent operation of Harm Reduction Centers (HRCs).

HRCs have had positive impacts across the board on metrics like overdose prevention, cost reduction, increases in referrals and uptake of services like medications for opioid use disorder and HIV/Hepatitis C testing and treatment. They have been shown to have positive impacts on communities in which they are situated. A study done in British Columbia Canada showed that by opening 25 of these centers, there were significant declines in overdose events, emergency service use and emergency department visits. There are dozens, if not hundreds, of high quality research that has shown the efficacy of Harm Reduction Centers (if interested, you can go to www.opcinfo.org), but I want to focus on the importance and scope of research that we are doing and will be doing in Rhode Island.

We at the People, Place and Health Collective - a research center within the Brown University School of Public Health - are currently leading an investigation of the impacts of HRCs. For the past 4 or so years, we have worked closely with partners in New York City, where there are two HRCs have been open for over a year, to understand how HRCs impact the clients they serve, how HRCs impact the community, and how much HRCs cost and how much money they may be able to save.

In order to understand how HRCs impact individuals, we will recruit a total of 500 people (we have already recruited 250) from a combination of syringe services programs and the HRC and give them surveys over the course of 18 months to understand what services they are using, what overdose experiences they have had, what kinds of linkages of care they have received. We have also been meticulously walking the blocks around the HRC as well as blocks in Elmwood and Downtown to understand if opening the HRC will have impacts on things like litter. We are speaking with the staff who opened the HRC to understand the cost of the operation and we will get data from the Department of Health and from the site itself that will let us see how many ambulance runs or hospitalizations the HRC diverted. I

am explaining all of this to you so you can see that the HRC is being thoroughly researched. And this research takes time.

It takes many years to understand the full totality of the impacts of HRCs on clients, and on the community as a whole. Our research funding goes to at least March, 2027 and we hope to have opportunities to renew it because even in 2027, there will be more to learn about the many ways that the HRC, or maybe even multiple HRCs, reduce overdose and help people who use drugs.

It is vital that the HRC stay open. Not only does it provide essential services to people who most need it, but we also have to do our due diligence to understand how this program shapes the lives of Rhode Islanders.