

Rhode Island set to establish nation's first harm reduction centers

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Legislation written by the Rhode Island Medical Society (RIMS) and signed into law by Gov. Daniel McKee establishes a two-year pilot program to design, open and operate the nation's first harm reduction centers that will save lives and direct people to treatment for substance-use disorders (SUDs).

Rhode Island's harm reduction centers, also known as overdose prevention sites or supervised injection facilities, will also seek to connect those with SUDs to resources such as physical and behavioral health screenings and recovery assistance.

A record 384 Rhode Islanders died from a drug overdose last year and 70% of them had illicitly manufactured and adulterated fentanyl or fentanyl analogs in their systems. That total reversed a trend where the state was seeing the annual number of fatal overdoses decline. Already this year, another 164 people have died from a drug-related overdose in the state.

"It was the right thing to do, because what we were doing was not having a sufficient impact," Steven DeToy, RIMS director of government and public affairs, said in an interview with the AMA. "Every community in our state has been impacted and you can't ignore that people are dying when they don't need to be."

The AMA applauded the bill's passage and said Rhode Island was taking an important step forward to save lives.

"The AMA strongly supports the development and implementation of harm reduction centers in the United States," AMA Opioid Task Force Chair Bobby Mukkamala, MD, said. "These facilities are designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of reducing harms and health care costs related to injection drug use."

Building a movement

DeToy said the movement to establish harm reduction centers grew from the work of a task force created in 2015 by then Gov. Gina Raimondo, now the U.S. Secretary of Commerce. A bill was moving forward, but the legislature shut down last March due to the COVID-19 pandemic and didn't reconvene, DeToy said.

But supporters made good use of the downtime by amending the bill to include immunity for the owners of property used as harm reduction centers, for the people who worked in them and for the people who use them, said DeToy. He added that the amendments were designed to survive the legal challenges that stymied AMA-supported plans for a similar facility proposed in Philadelphia.

The new law takes effect March 1, 2022, and it requires community support before any center can be established. But DeToy doesn't see that as a major hurdle as the plan is to develop the first facilities in identified hot spots where outreach efforts are already in progress.

The first phase of implementation will be for the state health director to design the facilities with the help of a nine-person advisory panel that includes two physicians from the RIMS.

One goal of the effort is to provide "the proverbial window opening" to help patients with SUDs.

"You never know when it's going to happen," DeToy said. "But you want to have help available when people are in the proper mind to ask for help."

Evidence-based arguments work

For medical societies seeking to pass similar legislation in their states, DeToy recommends finding a champion for the bill in both chambers of their legislature and to align with overdose survivors and those who do recovery outreach.

"It's not a foregone conclusion that legislatures won't pass a harm reduction bill and you may be surprised by the lack of resistance to an evidence-based approach," he said. "Also, law enforcement can be brought around to understand that this is not a law-and-order thing, it's a medical thing."