

January 17, 2018

To the Committee of Health and Human Services,

I am advocating for LD1707. As an infectious disease physician and addiction specialist, I have spent the past 10 years treating patients with substance use disorders and conducting addiction-related research.

I treat many patients with complications from injection drug use, including HIV, viral hepatitis, skin and soft tissue infections, as well as other serious complications like endocarditis, which are heart infections. For those with serious infections, some of them may have to stay in the hospital for 6 to 8 weeks on IV antibiotics, require new heart valves, and other extensive surgeries that are costly to both patients and the health care system. We recently did a study in Portland, where we found that endocarditis cases among people who inject drugs (PWID) increased by 61% over a 3 year time period. The median cost to insurance companies was \$174,573 per patient (compared to \$80,903 without an injection drug use history). Nearly 75% of patients with IDU-associated endocarditis had hepatitis C. Also of concern is that regionally, particularly in Massachusetts, there has been an uptick of HIV cases due to injection drug use (IDU).

We know that PWID can substantially reduce their risk of acquiring and transmitting HIV and other infections by using clean needles and equipment. The cost of a clean needle is cheap, less than a dollar, but the services provided by the needle exchange are invaluable. And if patients are ready to seek treatment for their substance use disorders, the programs are there to link them to services.

I've been seeing more and more patients admitted to the hospital with serious infections related to injection drug use. Many of them live in rural areas where it's difficult to access needle exchange programs. While I'm a strong advocate for expanding treatment programs, some patients with substance use disorders are simply not ready for treatment, and that's where the needle exchange can play an important role in facilitating safe injection techniques, counseling about sexually transmitted diseases, and discussing overdose prevention. We need the needle exchange programs to keep Mainers safe and to link patients to treatment and recovery when they're ready.

Thanks,

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