Testimony of Dr. Kinna Thakarar  
Maine Medical Center  
In Support of LD 1745  
“An Act to Support Public Health by Protecting Certain Activities Conducted Under Comprehensive Community Drug Checking Initiatives”  

May 2, 2023

Senator Beebe-Center, Representative Salisbury honorable members of the Joint Standing Committee on Criminal Justice, my name is Kinna Thakarar, and I am here to support LD 1745.

I am an infectious disease and addiction medicine physician researcher at MaineHealth, and I am here on behalf of MaineHealth and the Maine Medical Association. I also serve on the Infectious Disease Society of America’s (ISDA) national task force for substance use and have presented nationally and internationally on harm reduction. Currently, I am co-director and principal investigator of a federally funded harm reduction grant based here in Maine, called Project DHARMA (Distribution of Harm Reduction Access in Rural Maine Areas), which is the main reason I am here today. We are respectfully asking your support for LD 1745 so the Project DHARMA team can implement the public health initiative known as drug checking.

What is drug checking? In addition to fatal overdoses, infections from unsafe injection practices in Maine are rising. Drug checking is the practice of chemically analyzing street drug residue to understand what is actually in the local drug supply. This tool allows people who use drugs to reduce the harms of drug use, and it enables providers to offer better, more appropriate care that is tailored to the drugs being used.

Drug checking also provides public health leaders with critical information that helps them issue warnings and to direct financial and human resources to address the issues (1). Drug checking also provides people who use drugs with information they need to make safer decisions (2). Research shows that people who use drugs are more likely to throw away drugs and avoid risky ones if they learn that what is in them is unsafe or unexpected (3). Alerts by public health authorities about chemicals commonly found in an area’s drug supply can also help health clinics and emergency departments know what to look for and treat patients more quickly.

In Maine, interventions to reduce drug overdose deaths have typically focused on overdose prevention and exclusively, fentanyl contamination. However, clinicians such
as myself, are seeing alarming rates of infective endocarditis and other serious, costly infections that have impacted the health of our statewide community. The rise of fentanyl analogues and other contaminants calls for a broader response to the overdose crisis and adaption to the changing drug supply.

For example, Xylazine, a veterinary tranquilizer now designated an emerging threat by the White House (4), is also a concern in Maine. Xylazine causes serious wounds (5) that clinicians may misdiagnose, leading to unnecessary procedures and expensive hospitalizations. The information obtained from other drug checking programs has helped patients, harm reduction outreach specialists, and clinicians to recognize xylazine wounds and know how to treat the results of exposure, and avoid amputation in some cases.

MaineHealth received the federal DHARMA grant last year. The grant’s goals include:

1) Create policies and procedures for drug checking, expand the capacity of syringe service programs to provide overdose prevention and wound care
2) Expand SSP capacity to screen for HIV, hepatitis B, and hepatitis C
3) Promote awareness of pre-exposure prophylaxis (PrEP) for HIV prevention in persons who use substances
4) Integrate harm reduction outreach specialists to increase linkage and coordination necessary for people to obtain HIV, viral hepatitis, wound care, and substance use services
5) Provide inter-professional harm reduction trainings

To achieve Goal #1 above, our Project DHARMA team plans to create policies and procedures, in collaboration with Colby College and community partners for community drug checking and to expand spectrometry-based testing for fentanyl and non-opioid substances. We will work closely with a harm reduction advisory panel, which includes people with lived experience, representatives from public safety, and other relevant partners, to review these policies and procedures. We are also receiving technical advice from Brandeis University, which has been leading drug-checking initiatives in Massachusetts for several years (5).

This bill will facilitate our work by ensuring that we are able to accomplish the drug-checking goal. By supporting this bill, you will provide our team with the ability to:

1) Develop a database of community drug checking results to inform overdose prevention education trainings
2) Implement protocols for community drug checking and communicate aggregate results to Maine’s Overdose Accidental Review Panel
3) Perform community drug checking on approximately 1,000 total samples for presence of other non-opioid substances. Our Project DHARMA team is also
working with the Office of Behavioral Health to secure funding to purchase additional
drug checking equipment for our community partners to ensure drug checking will be
sustainable in Maine for the long term.

I cannot emphasize enough the importance of supporting LD 1745, as our Project
DHARMA team needs to be able to safely carry out this federally-funded, evidence-
based public health initiative.

I’m available if any of you have any questions for the work session. Thank you for all the
work that you do.

Sincerely,
Dr. Kinna Thakarar
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Maine Medical Center Infectious Disease & Addiction Medicine

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