Public Health Committee
JOINT FAVORABLE REPORT

Bill No: SB-195

Title: AN ACT CONCERNING THE PREVENTION OF ACCIDENTAL OVERDOSE DEATHS AND IMPROVING ACCESS TO TREATMENT AND RECOVERY SERVICES FOR SUBSTANCE USE DISORDER.

Vote Date: 3/2/2026

Vote Action: Joint Favorable

PH Date: 2/18/2026

File No.: 30

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

Overdose Prevention Centers (OPCs) are safe, monitored spaces where trained staff can intervene and save a life in the event of an overdose, without needing to call 911. OPCs also provide safe supplies to reduce the risk of infection and disease, by preventing the need to share or reuse equipment. People get connected to services like healthcare, drug treatment, recovery programs, housing, and additional wraparound services.

SB-195 authorizes the Department of Mental Health and Addiction Services (DMHAS) and the Department of Public Health (DPH) to consult and establish an OPC pilot program to prevent drug overdoses. OPCs would be established in four municipalities in CT, subject to the municipalities' governing bodies' approval.

DMHAS' commissioner determines staffing levels including licensed health care providers experienced in treating substance use disorders. The bill protects staff from disciplinary action by DPH or any professional licensing boards. The bill also protects providers from civil and criminal liability, as well as violations of professional standards of care.

SB-195 prohibits any expenditure of state funds in implementing or operating the pilot program, in addition to allowing DMHAS to accept private donations and grants for the OPCs. OPCs in the pilot program are exempt from Certificate of Need (CON) approval from the Office of Health Strategy (OHS). DHMAS will adopt regulations to implement the program.

DMHAS may establish a 15-member advisory committee to make recommendations on implementation and operation of the pilot program. If it does so, the Commissioner must report on the pilot program's operation and any advisory committee recommendations to the Public Health Committee by January 1, 2028.

RESPONSE FROM ADMINISTRATION/AGENCY:

Nancy Navarretta, MA, LPC, Commissioner of DMHAS:

DMHAS has several operational and legal concerns. Federal Law (21 USC § 856) prohibits the opening of OPCs. While other states have "pursued alternative paths," it is yet to be seen how the current administration will react. DMHAS worries that naming it "to operationalize these pilot programs could put federal dollars at risk or expose them to legal liability and/or sanctions." Recent federal actions and directives offer context:

(1) President Trump's Executive Order issued on July 24, 2025, specifically Section 5(c) "directing HUD and the U.S. Attorney General to consider freezing federal housing assistance, or pursuing civil or criminal action, against recipients that operate safe consumption sites or syringe exchange programs." *Attached to the testimony linked above.*

(2) The Substance Abuse and Mental Health Services Administration (SAMHSA) provided a "Dear Colleague" letter with additional context and stating that SAMHSA "will no longer support activities categorized as 'harm reduction' or 'safe consumption'." *Attached to the testimony linked above.*

DHMAS questions this bill's feasibility for implementation. The immunity provided is limited to naloxone administration, which does not extend to possession of controlled substances. Staff and participants still face potential legal risk.

SB-195 "prohibits DMHAS from expending any state funds to implement or operate the pilot program." It anticipates private donations and grants. The department, however, is still legally responsible for establishing, overseeing, and administering the program, creating a "structural barrier to execution." State-funded personnel and infrastructure are necessary for procurement, contracting, fiscal monitoring, reporting, and staffing of the advisory committee. As written, there is no viable path for implementation.

Ronnell Higgins, Commissioner, Department of Emergency Services and Public Protection (DESPP), Opposes:

Commissioner Higgins expresses his concerns that this bill violates federal law banning the management or control of property for purposes of using controlled substances, specifically 21 U.S.C. § 856(a)(2). He cites *U.S. v. Safehouse*, 985 F.3d 225, 232 (3d Cir. 2021), as holding that a safe injection site violated federal law despite the organization's best intentions. From a law enforcement perspective, DESPP is concerned about federal law enforcement's response. DESPP wants to protect its troopers from unclear and potentially contradictory directives; "however, DESPP looks forward to working through these challenges with the proponents of the bill and the judicial branch."

NATURE AND SOURCES OF SUPPORT:

Brandon Marshall, Ph.D., Founding Director, People, Place & Health Collective, and Professor, Department of Epidemiology, Brown University School of Public Health:

SB-195 should pass because of "compelling scientific evidence demonstrating the significant public health and public safety benefits" of OPCs: (1) prevent overdose deaths, (2) increase the use of treatment programs, (3) reduce HIV and HCV transmission, (4) significantly reduce public disorder associated with drug use, and (5) provide cost savings by reducing

burdens on Emergency Medical Services (EMS), Emergency Departments (Eds), and hospitalizations.

The data also refutes the often-cited potential adverse consequences of OPCs: (1) no adverse changes in community drug use patterns, (2) no increases in injection drug use among youth, and (3) no increases in drug-related crime. Some studies have proven drug-related crime decreases in OPC surrounding neighborhoods.

Jenna L. Butner, MD, MPH, Assistant Professor Adjunct of Medicine, Assistant Clinical Professor, Yale School of Nursing Affiliated Faculty, Yale Program in Addiction Medicine, Yale School of Medicine:

Evidence-based interventions provided by OPCs "reduce overdose mortality, decrease prevalence of infectious diseases such as hepatitis C and HIV, increase access to addiction treatment, and improve public order. They also serve as a touchpoint to our medical system, having the ability to connect people to essential primary and mental healthcare services." OPCs are accepting, non-stigmatizing, and safe spaces where users have less fear of overdose, infection, and shame.

Internationally, OPCs are widely implemented. While other states are starting to follow the evidence, addiction remains the only criminalized disease as the stigmatizing narrative hinders harm reduction and drug policies that prioritize public health and human rights.

Robert Heimer, PhD, Professor of Epidemiology and Pharmacology, Yale University School of Public Health:

Dr. Heimer has spent 35 years evaluating programs and policies that "actually solve problems" related to unsafe drug use, opioid overdoses, and inadequate treatment for opioid use disorder. Harm reduction "remains a most effective set of strategies for increasing the health and well-being of Connecticut residents without increasing the population of people using these drugs."

Recent changes in drug supply have made their consumption more dangerous, requiring further actions to reduce overdose mortality and morbidity. OPCs encourage people who use illegal substances to do so around other people, including licensed healthcare providers, who can attend to emergencies, deal with soft tissue infections and necroses, provide clean equipment, initiate medication-based treatment, and refer people for immediate entry into methadone programs. It's necessary to emphasize that a major consequence of OPCs is the direct connections formed between users and staff, a critical first step in allowing users to make positive changes in and save their lives. Outreach workers discuss how OPCs would allow them to make stronger connections and save more lives "if they could link their work to a place where people using drugs could do so safely."

OPCs "will be a place of respite, comfort and connection for people who need these more than most. The centers will assist with more than just safe drug consumption. They will provide hope to people who need hope as much as they need anything tangible that overdose prevention centers will offer."

Levinson H. Niño-Leal, Critical Medical Anthropologist:

Levinson studies drug use in contemporary societies with the goal of informing more effective and humane drug policies and interventions. First, “human beings have used psychoactive substances for as long as we have records and long before…. But drug use is embedded in

social worlds shaped by housing instability, economic precarity, trauma, racialized enforcement, stigma, the structure of the illicit market and absence of proper legislation." Societies differ on how they respond, some with regulation and harm reduction and others with punishment or denial. The question before the legislature is whether Connecticut will respond in ways that reduce preventable death.

CT acknowledges the danger and legislates layered protections that value life, fulfilling its obligation to reduce harm. OPCs exist for the same reason: "They are a safety measure in a high-risk environment shaped by an unpredictable illicit drug supply and decades of punitive policy and stigma. They do not create drug use. They reduce the likelihood that drug use becomes fatal…. They are points of connection. They are spaces where individuals who have often been pushed to the margins can engage, without judgment, with healthcare providers, social workers, housing services, peers and community supports. In a crisis where isolation is one of the strongest predictors of fatal overdose, connection itself becomes lifesaving infrastructure." We cannot address overdose after, which is why upstream protections, and a coordinated government response are required.

Dr. Jeffrey Lin, Addiction Medicine Specialist, Yale School of Medicine:

OPCs are effective, evidence-based interventions that save lives, reduce injury, and decrease healthcare costs overall. Studies showing a societal savings between $3 and $5 for every $1 spent.

Joe de la Cruz, Vice President, Community Speaks Out:

Joe and his wife started Community Speaks Out with other desperate families trying to understand and solve the addiction crisis, but it started with him trying to "feel comfortable" with solutions that work. His motto is" we can't help the dead so whatever we can do to prevent them from dying should be part of the plan."

Some of the families involved still have a living family member in the throes of addiction, allowing them hope that one day there will be a recovery story. Recently, one of the founders had to bury her son after he was found dead from an overdose, alone in his van near a park. Would he have driven to an OPC to use after being clean for over 60 days? While the shame of another "failure" would have haunted him, "and his family would be devastated for the 10,000th time," at least he would still be alive.

The pain of living with the disease never matches the pain of losing a loved one to it. The yearly overdose death count (~107,000 in 2024) means 214,000 moms and dads connected to those souls. The word "comfortable" is important because of the amount of work it took for him to "feel comfortable" with the "right or wrong way" to battle addiction. He wants the legislators to know "if you start to feel uncomfortable you are probably on the right track to a new solution."

While the solution of OPCs seems extreme, it came from people who have lived in the world of addiction. Whether a user finds recovery or uses safely for years, "either way, they live to see another day giving them a chance to build a life beyond addiction with their loved ones." The goal is recovery, but "I am asking this body and the entire legislature to ask yourself if you would feel more comfortable fighting by the side of your loved one or standing six feet above them."

Katie Hill, Ph.D. candidate, Epidemiology of Microbial Diseases, Yale School of Public Health:

Ms. Hill focuses her research on substance use, infectious disease, harm reduction, and novel substances in the unregulated drug supply. She offers a first-hand description, grounded in her specific expertise, of the OPC ("InSite") in the Downtown Eastside of Vancouver, Canada. Open for over 20 years, InSite was the first legal OPC in North America. The testimony online includes pictures to accompany the description of InSite. InSite's success has been replicated around the world, and now we are seeing the same successes in Rhode Island, New York, and other states.

InSite alone has "(1) decreased overdose deaths, reversing almost 12,000 overdoses with ZERO overdose deaths on site, (2) reduced HIV risk behaviors, demonstrating it prevents more than 80 HIV infections annually, estimating annual savings of about $13.7 million in HIV-related medical care, and (3) provided over 70,000 referrals to needs like housing, treatment for substance use disorder, and primary care."

As of December 2025, NYC's OPC OnPoint has "successfully intervened in all 1,983 overdoses, resulting in no fatalities; served 6,943 unique participants; provided a safe and supportive space for more than 239,200 OPC utilizations; and generated an estimated $55.5 million in cost savings for the city by reducing emergency response, hospitalizations, and other public-system costs."

As of February 11, 2026, Rhode Island's OPC has "seen over 8,000 visits, helped 750 unique individuals and supported 92 individuals who overdosed while at the center."

Gabrielle Bogut, MPH Candidate, Yale School of Public Health:

Ms. Bogut underscores the previous testimony discussing the purpose and successes of OPCs. There are many ways to accomplish the goal of preventing overdoses, but more than anything, "these centers place humanity at the forefront of recovery." Ms. Bogut's testimony is dedicated to the life and memory of her older brother, who passed away, alone at home. She cites three ways she believes an OPC would have saved her brother's life:

1. He would have spoken with a specialist who may have persuaded him not to lose his three months of sobriety,
2. He would have tested his drug supply and found that it was contaminated with a lethal dose of fentanyl, and
3. He would have been saved from his fatal overdose by an OPC worker.

Elizabeth Znamierowski, MSN, APRN, CPNP-PC, Nurse Practitioner, Yale Community Health Care Van:

The hesitation to implement OPCs in Connecticut seems to surround people's focus on engaging addicts in treatment for substance use disorder. No single intervention will cure the disease of addiction, which is a chronic medical condition often characterized by return to use. Engaging in treatment is an enormous step, built on trust. Without OPCs, the time it takes to build trust is not a luxury many will have. OPCs are harm reduction interventions that reduce mortality and morbidity so that when someone is ready [for treatment], they are alive to have that opportunity." Dialysis centers do not cure kidney failure, and insulin does not eliminate diabetes, but there is not nearly the same stigma associated with those chronic

diseases. "We measure the effectiveness of interventions by whether people survive. We do not abandon patients because their disease persists."

Annajane Yolken, Director of Strategy, Project Weber/RENEW:

Annajane discusses the overwhelming success and data supporting Rhode Island's first OPC. Not only do the surrounding neighborhoods support it, but lives have been saved, money has been saved, and countless people have been helped and connected with resources. However, the testimony goes beyond the data, highlighting "the power of caring for people as whole human beings, including when they are actively using drugs. Our team works on a model of "radical hospitality," providing compassion and dignity to individuals who are often met with shame, stigma, and discrimination. Rebuilding trust opens doors to health care, housing, treatment, and meaningful positive change."

Steve Werlin, Executive Director, Downtown Evening Soup Kitchen (DESK):

Fatal opioid overdoses in New Haven have skyrocketed, and DESK's frontline workers have reversed more than two dozen overdoses while conducting street outreach since 2019. While it should go without saying, "we can't improve the lives of those we serve if we can't first save the lives of those we serve."

The U.S. continues to fall behind its international economic peers in healthcare, where OPCs in Europe, Canada, and Australia have been saving lives for decades. OnPoint NYC is the first officially recognized OPC in New York City, opened in Fall 2021. In its first year, more than 600 people were saved from fatal overdoses, as well as roughly $12 million in emergent medical care. Further studies have shown "no increase in local crime nor public nuisance around OPCs."

Peter Canning, Paramedic, R.N., Hartford:

As a paramedic in Hartford for 31 years, Peter has responded to preventable yet fatal overdoses "under bridges, on church steps, behind locked bedroom doors, in cars parked in and out of the way places, and in park porta-potties within sight of the capitol dome." When it comes to dying of an overdose in CT, 91% of people are alone. Peter implores the legislation: "You listened to us before when we came here asking for naloxone expansion and support for harm reduction. You helped us save lives. Please listen to us about overdose prevention centers. They won't save everyone, but they will save many who walk through their doors."

Stacy Charpentier, Executive Director, CT Community for Addiction Recovery (CCAR):

At CCAR, "we recognize a fundamental reality: a person must be alive to enter recovery." That is where OPCs serve a critical role. Recovery is possible for everyone, and OPCs are points of engagement for substance users. Engagement and the potential for recovery increase when people are met with dignity and respect. OPCs do more than keep people alive; they make recovery achievable.

Rebecca Allen, MPH, Director of Recovery Advocacy, CCAR:

As an addict with over 28 years of sobriety, Rebecca knows "people who use drugs are among the most stigmatized members of our communities." An average of three (3) people dies from preventable overdoses every day in Connecticut. Since 1986, there have been zero

(0) deaths inside the more than 200 OPCs that operate globally, creating the possibility of recovery for each of the survivors: “People cannot recover if they are dead.”

Dita Bhargava, MPH Student, Yale University, and Board Member, Liberation Programs, Shatterproof, and United Way of Connecticut:

Nearly 9,000 residents have died from overdose since 2019 – each one a child, sibling, parent, or friend. Our son, Alec Pelletier, overdosed from fentanyl poisoning while in a sober home in Canaan, CT. After months of sobriety, his risk was even higher due to reduced tolerance. His shame and embarrassment led him to relapse in silence, with Narcan placed carefully by his side. OPCs ensure that sufferers like our son Alec have a chance at survival and long-term recovery from a medical disease that is characterized by relapse.

Alexandria Macmadu, Ph.D., Assistant Professor, Department of Epidemiology, Brown University School of Public Health:

The data is clear: “these programs reduce public drug use, decrease syringe litter, and lessen strain on emergency medical services while increasing engagement with treatment, primary care, and social supports such as housing and mental health services. Importantly, studies also show that these programs do not increase neighborhood crime or drug use; instead, they help bring drug use indoors and into contact with health professionals who can offer care and support.”

SB-195 is a “careful and pragmatic approach by establishing a pilot framework that allows Connecticut to evaluate outcomes, monitor community impacts, and adapt implementation based on evidence. This approach ensures accountability while allowing the state to respond to an urgent public health need.”

Reardon, Victoria, Licensed Alcohol and Drug Counselor (LADC II):

Connecticut can and should “expand its support systems and adopt forward-thinking, life-saving strategies that reflect both compassion and evidence-based practice.” OPCs are pragmatic solutions that reduce harm and increase safety. By serving as a temporary point of stabilization, OPCs are a bridge to treatment and ultimately recovery. Evidence “demonstrates reductions in overdose deaths, decreased public substance use, and increased engagement in treatment services,” while simultaneously acknowledging “the reality of active substance use.”

John Schwartz, Manager, Windham Recovery Community Center (WRCC):

John has been in recovery since 2009. Trust is one of the largest barriers to individuals seeking recovery. Trust erodes as addiction dominates a person’s brain. OPCs “afford the individual an opportunity to engage and learn” in a safe, non-judgmental space. Feelings of shame and unworthiness dominate the “Merry-go-round” of addiction, but “[t]he more opportunities that we can create for people to realize their true value, particularly those that can support the individual’s desire for change, the happier and healthier we’ll all be.”

Paige Hart, Connecticut Harm Reduction Alliance and Recovering Addict:

While suffering active addiction, Paige found safety, comfort, and companionship at Connect Harm Reduction. Luckily, of the many times Paige overdosed, she was not alone: “Because I stayed alive, I had the chance to recover. Because I felt supported, I found the courage to

take the next step. Because someone cared enough to keep me safe, I eventually learned how to care for myself." OPCs "will restore dignity, build trust, and keep people alive long enough to choose recovery."

Jovan Flores, Certified Recovery Coach Professional and CT Board Certified Peer Recovery Professional, MAAS - CASA:

A user for over thirty (30) years, Jovan "got clean because [he] was able to find a way to use in a safe way until [he] had the desire and resources to completely stop." He has been in recovery since 2018.

Dylan Thelning, CPSRP and Recovering Addict:

Shame and guilt are prominent self-imposed barriers to those seeking help. OPCs "would bridge the gap of recovery, meeting people where they are at, connecting more people to treatment, reducing public use, encouraging safer using practices, and saving lives."

Jasper Jeremy Hollander, Community Health Worker, Litchfield County:

"The only point where recovery is no longer possible is when you are dead." As a healthcare worker, "the most important thing [Jasper has] learned is to meet people where they are at." Those suffering active addiction often contemplate recovery, and the options provided by OPCs eliminate many barriers to treatment.

Arya Pelletier, Highschool Senior, Greenwich Academy:

Arya's brother Alec died on his 26th birthday in 2018, when she was nine, and only three weeks after leaving a treatment center. Alec died because of gaps in our societal and public health systems. Alec often took a while to ask for help when he relapsed, but he did not want to die. Alec even placed Narcan next to him when he used that day, but he was ashamed to tell his roommates that he was vulnerable. Arya notes, "public health leaders have made Narcan readily available, but what good is it if no one administers it? If there were a safe, nonjudgmental place for Alec to go to that night without shame, where an overdose could be reversed, he would still be with us."

Kal Pelletier, Highschool Student:

Kal's brother Alec was Kal's hero. Alec wanted nothing more than to get sober. While no one shames Kal for his Type 1 diabetes, Alec experienced the opposite and was left alone to suffer and die in silence. Kal pleads: "My brother was close, wanted to recover, but needed time, support, and a safe life-saving space… Treat addiction like the disease it is. Give families like mine a chance to hold on to our loved ones."

Anonymous, Anonymous, Sworn Law Enforcement Officer (LEO):

After over 20 years of direct experience with crisis intervention, patrol, and community-based overdose response, this LEO wants the Committee to know that SB-195 will reduce repeat overdose calls, reduce strain on EMS and hospitals, and allow officers to focus on violent crime and community safety. SB-195 will also significantly help first responders who suffer burnout and compassion fatigue. This bill prioritizes smart, strong public safety: "It is about recognizing substance use disorder as a medical condition and responding with strategies that actually reduce deaths and stabilize communities."

Savannah Prezioso, Recovering Addict and Child of Addicts:

Survival “is something we either protect – or we don’t.” In 2024, my friend Dave died a quiet, ordinary, preventable death alone in his room. OPCs “interrupt this silence.” OPCs ask only that users stay alive long enough for them to be ready to stop.

K, L, Psychiatry Resident, New Haven:
Substance abusers are dehumanized and stigmatized by the non-using world, the shame and anxiety around which prevents them from accessing care when they have complicated infections. OPCs provide accessible care, including wound care, mental health services, and infectious disease testing. Perhaps most importantly, OPCs ensure people stay alive long enough to take the next step in caring for themselves.

Similar Testimony Supporting SB-195:

- **Katherine Dunham, Ph.D. Student in Epidemiology, Brown School of Public Health:** Katherine is working on the country’s first federally funded evaluation of OPCs and provides fifteen (15) pages of documents that synthesize decades of national and international research demonstrating the public health benefits of OPCs.
- **Carson Ferrara, MPH, Community and Law Enforcement for Addiction Recovery (CLEAR) Hospital Liaison & Systems Integration Manager, Liberation Programs**: Carson provides a comprehensive overview of the evidence supporting OPCs, including insights from Rhode Island’s OPC and key facts.
- **Sean Becker, 2nd Master’s Student, Yale School of Public Health:** "Every single overdose death represents a stark failure to the public that measures like S.B. 195 would help to ameliorate."
- **Laboni Hoque, Internal Medicine-Primary Care Resident Physician, Yale New Haven Health:** “People who use substances face unimaginable shame and stigma, often preventing them from getting the help they need. Low-barrier sites have consistently been shown to help people who use substances access social services … At OPCs in NYC, 75% of these participants accessed other harm-reduction services, social services such as housing, and medical services like treatment programs.”
- **Ayesha Middya, Graduate Student, Yale School of Public Health:** "Dismantling stigma through initiatives such as the Overdose Prevention Center pilot program gives those seeking help an opportunity to receive needed care."
- **Wendy Burnett, Outreach Specialist**: “I am living proof that when people are met with compassion instead of condemnation, they can rebuild their lives. I am here today because someone created space for me to be safe long enough to heal.”
- **Cameron Breen, Street Outreach Case Manager and Drug Checking Technician, Liberation Programs:** “the reality is [OPCs] are clean, welcoming areas for people to be connected to help. The reverse of that is what we have now…. More than 2 people a day have died since you voted no. … Last year we were told to wait and see. How long do we wait and see? While our friends die. While our community members die.”
- **Kaitlyn McCarthy, LMSW, Liberation Programs:** OPCs “are spaces where overdoses can be reversed, wounds can be treated, and trust can be built. Trust is what allows people

to eventually engage in treatment, therapy, and recovery services…. Without trust, there is no therapeutic relationship and without that relationship, people disengage and die."

- **Ral Vandenhoudt, Student, Yale School of Public Health:** Ral writes on behalf of his college best friend who died of an opioid overdose while sick and alone in October 2021. "If she had had a safe place, free from judgement, to go and find safety, community and support, she could still be alive today."
- **Sam Morrison, MSW Student, Southern Connecticut State University:** "Our society villainizes individuals who use drugs…," but OPCs will promote the inherent dignity and worth of substance users.
- **Davis Roe, Primary Care P.A., New Haven:** "We should not accept preventable deaths in our public spaces as an unavoidable reality when proven, evidence-based interventions are available."
- **Thomas Burr, Public Policy Manager, NAMI Connecticut**
- **Mike Sanger, Support Services Coordinator, New Haven Pride Center**
- **Monika Nugent, Manager, Public Policy and Advocacy, The Alliance**
- **Edith Nagginda Nkalubo (M.B.B.S, MPH Candidate), University of New Haven**: "current medical agreement that substance use disorder is a chronic health condition that responds to evidence-based care, not moral shaming and condemnation. As public servants, we must meet people where they are to help keep them alive."
- **Jannine Ramirez Gutierrez, MSW Student, Southern Connecticut State University**
- **Samuel Evans, BSW, MSW, LMSW, Students for Sensible Drug Policy (SSDP) and Tree of Life Counseling Center, LLC**
- **Jeffrey Singer, MD, FACS, Senior Fellow, Department Health Policy Studies, Cato Institute**
- **Jennifer Erbland Foss, Recovery Support Specialist**
- **Carmen Focareta, CT Resident:** "The ability to be within distance of an opioid antagonist could be the sole reason between life and death for thousands in our state."
- **Nicholas Graham, CT Resident:** Nicholas writes on behalf of his friend Jordan, who died of an overdose in 2018. Sufferers of substance use disorders are terribly stigmatized, feeling alone and isolated. OPCs would provide the comprehensive care these sufferers need.
- **Lauren Pristo, MPH, Director of Community Engagement, McCall Behavioral Health Network:** "gaps in the health and social service system leave law enforcement as the default responders to public health needs."
- **Melissa Maichack, Recovering Addict and Small Business Owner**
- **Diane Santos, Bereaved Mother/Harm Reduction Advocate**
- **Isabelle Firine, Vice President and Co-Founder, For Cameron, Inc.:** "What is becoming harder to carry is having to stand here year after year and ask you to value people enough to keep them alive. To beg for compassion. To push back against stigma while more families join the club none of us asked to be part of."

- **Mike Selick, MSW, Director of Capacity Building and Community Mobilization, National Harm Reduction Coalition**
- **Kyle Fitzmaurice, Community Outreach and Partnerships Coordinator, McCall Behavioral Health Network**
- **Toni Smith, NY State Director, The Drug Policy Alliance:** testimony includes data and quotes from stakeholders in NYC regarding OnPoint NYC (OPC)

Anonymous and Initials Only Testimony Supporting SB-195:

The thirty-four (36) pieces of public testimony submitted anonymously illustrate the stigma associated with substance use disorders. The testimony appeals to the Committee that there should be a place for sufferers of this disease to use substances safely. Too many people are dying, and they don't deserve to die. Addicts use alone, suffer alone, and die alone. Most of the anonymous testimony agrees: "a center will help the addicted community use in a safe fashion, […] and it will use us addicts *[sic]* to meet people who can steer us in a more positive direction, hopefully to sobriety." The following quotes are a glimpse of the testimony:

- "That would benefit me because I would not use in public places, and I wouldn't overdose having someone there to save me."
- "Also able to be warm."
- "Very helpful and healthy for us. I will appreciate that. Thank you."
- "Lost a friend 2 weeks ago who used alone. She didn't deserve to die."
- "People with substance use disorders are one of the most vulnerable and stigmatized groups of individuals."
- "Saving grace for many addicts."
- "If [my girlfriend] is going to use anyways, why not have a safe place to go and do it, just in case she overdoses?"
- "I send you my respectful greetings. I want to ask you: what reason do you have for not helping an addict or a former addict, when in the end we are human beings just like you?"
- "If people will use, they don't deserve to die."
- "I could go use inside and leave and not be in trouble."

NATURE AND SOURCES OF OPPOSITION:

Anonymous, Anonymous, Sober Person, AA Member:

CT should prioritize and spend taxes on treatment centers, beds, and sufficient aftercare.

Reported by: Rebecca Hyland **Date: March 18, 2026,**