

**TESTIMONY IN SUPPORT OF SB 990:
Public Health - Overdose and Infectious Disease Prevention Services Program**

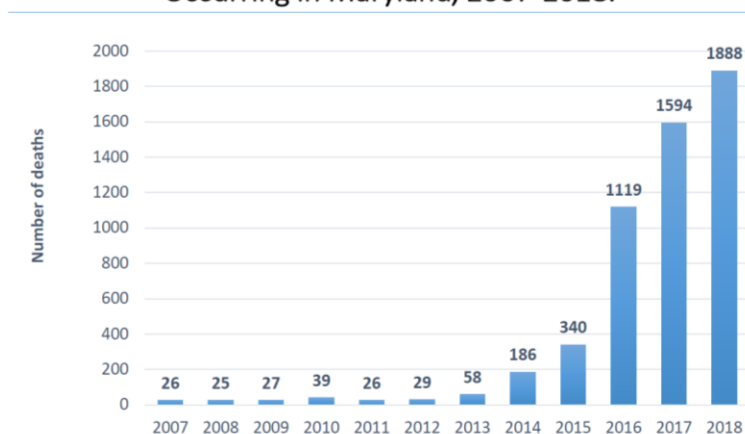
To: Hon. Delores Kelley, Chair, and members of the Senate Finance Committee
From: Ju Nyeong Park, PhD MHS, Baltimore City, District 1
Date: March 9, 2020

Dear Chairwoman Kelley and members of the Committee,

My name is Ju Park and I am an epidemiologist and a faculty member at Johns Hopkins University. I am writing to express my support for Senate Bill 990 to pilot a novel program to reduce overdoses and other diseases in the community. I am a scientist and educator on the U.S. opioid crisis who has lived and worked in Baltimore City for the past 9 years. I am the author of a recently published paper examining the health needs of people living with addiction and their interest in Overdose Prevention Sites. I have provided extensive technical advice to the Maryland Department of Health and the Maryland Opioid Operational Command Center established by Governor Larry Hogan to combat the opioid crisis, one that is currently driven by fentanyl and other lethal synthetic opioids. The views that I express are mine and not those of Johns Hopkins University.

We are currently in the midst of the ‘Synthetic Opioid Wave’ of the opioid crisis, which emerged in 2013. This wave of overdose deaths has been driven by the proliferation of illicit fentanyl and other potent and lethal synthetic opioids, which has claimed thousands of lives in Maryland (figure 1) and are heavily concentrated in Baltimore City, Baltimore County and Anne Arundel County.

**Figure 17. Number of Fentanyl-Related Deaths
Occurring in Maryland, 2007-2018.**



[https://bha.health.maryland.gov/Documents/Annual 2018 Drug Intox Report.pdf](https://bha.health.maryland.gov/Documents/Annual%202018%20Drug%20Intox%20Report.pdf)

Fentanyl is 50 times stronger and more quickly absorbed than heroin. While it can be administered safely under clinical supervision, accidental overdoses can easily occur, which poses problems in many ways, including when someone is using drugs alone (e.g., in a locked bathroom) without the presence of a bystander to call 911 or revive them with naloxone, or when the overdose occurs too rapidly and it is too late by the time responders arrive (e.g., a fentanyl overdose occurs within seconds to minutes).¹ My research, which involved surveying 335 people in Baltimore, Boston and Rhode Island, shows that 1 in 2 illicit opioid users use their drugs alone;² these are the very people who face the stigma of drug addiction, fear being arrested by the authorities, and are not being

reached by health services and are subsequently at high risk of overdose. Research conducted by our group and others show that reducing fentanyl overdoses has been particularly challenging due to the high rates of fentanyl-contaminated drugs, solitary drugs use and rapid onset of overdoses.^{1,3}

The science is clear—there is a commonsense, evidence-based and public health-oriented solution to the opioid crisis that has been highly successful in other countries. Overdose Prevention Sites are low-threshold safe places where people living with addiction can go to collect harm reduction supplies (e.g., naloxone, sterile syringes), use their drugs under supervision, and talk to someone about entering a drug treatment program. The U.S. Surgeon General’s report⁴ showed that a staggering 41% of people with substance use disorder report not being ready or willing to enter drug treatment – these are often the types of people reached by Overdose Prevention Sites. Researchers like myself and others have written extensively about the need for comprehensive and innovative solutions to the opioid crisis—although these types of “harm reduction” programs may seem counterintuitive, they have been proven to save lives.^{5,6} People living with addiction are highly willing to access these services: our survey showed that the majority (77%) would use them if they were available;² willingness was highest among women, racial minorities, those who suspected that their drugs contained fentanyl, and those who relied on public spaces to use drugs (e.g., the street, vacant houses). We need to act now if we are to get ahead of this escalating public health crisis.

I hope that you will consider providing a favorable vote for SB990. Thank you.

Sincerely,



Dr. Ju Nyeong Park, PhD MHS

References

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 - ³ Park, J. N., Weir, B. W., Allen, S. T., Chaulk, P., & Sherman, S. G. (2018). Fentanyl-contaminated drugs and non-fatal overdose among people who inject drugs in Baltimore, MD. *Harm reduction journal*, 15(1), 34. <https://www.ncbi.nlm.nih.gov/pubmed/29976195>
 - ⁴ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
 - ⁵ Saloner, B., McGinty, E. E., Beletsky, L., Bluthenthal, R., Beyrer, C., Botticelli, M., & Sherman, S. G. (2018). A public health strategy for the opioid crisis. *Public Health Reports*, 133(1_suppl), 24S-34S. <https://www.ncbi.nlm.nih.gov/pubmed/30426871>
 - ⁶ Park, JN, Rouhani S, Beletsky L, Vincent L, Saloner B, Sherman SG. Situating the Continuum of Opioid Overdose Risk in the Social Determinants of Health: A New Conceptual Framework. Invited to revise and resubmit.