

March 9, 2020

**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: Susan G. Sherman, PhD, Baltimore City, Legislative District 40

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I am a Professor at the Johns Hopkins Bloomberg School of Public Health who has been a researcher on drug use, overdose, and HIV in Baltimore for over 20 years. The views that I express are mine and not those of Johns Hopkins University.

I write to express my extensive support for Senate Bill 990. Overdose prevention sites, also known as safe consumption sites or supervised injection facilities, are an important component of a comprehensive, evidence-based strategy to reduce drug use and overdose deaths. They are an incredible opportunity to provide integrated services including drug treatment, case management, and a safe space for people to use drugs that reduces their risk of overdose and infectious diseases.

Today, we are facing two major epidemics - opioid addiction and overdose deaths. This week national overdose data were released showing that Maryland has the 3rd highest overdose fatality rate nationwide – after our neighboring states of West Virginia and Delaware.¹ The steep rise in overdose fatalities in our state is the result of a perfect storm – increases in opioid prescription, a heroin market characterized by more pure heroin as ensuing increases in interdiction, and the rise of cheap, more powerful synthetic adulterants, such as fentanyl, particularly in the eastern half of the U.S. such as Baltimore.

My own research in Baltimore city as well as throughout the U.S. provide a cautionary tale of the extent of overdoses that are occurring and traumatizing communities, the risks that people incur without safe, supervised places to use drugs, and the degree to which people who use drugs are interested in overdose prevention sites. In a recent study of 175 people who use drugs in Baltimore City, we found high rates overdose – over one-third (38%) of participants reported that they had overdosed at least once in the past year, 86% reported ever having witnessed an overdose, and 42% reported ever having witnessed a fatal overdose.

As we talk about overdose prevention sites – it is important to understand that people are using drugs in places that are basically as unsafe consumption sites. In the same study, the most common places where people reported consuming drugs being a vacant building at 28%, or a street/park at 24%. We have found that such “public” injection was significantly associated with nonfatal overdose, arrest, and using a previously used syringe.² It is also important to know that

there is overwhelming interest in using overdose prevention sites –77%. Meaning that the majority were interested in using drugs in a space that had medical supervision, services provided, and naloxone and sterile equipment on hand.

So what are overdose prevention sites? In their most common form, overdose prevention sites have clinical staff on hand to supervise drug consumption and to intervene in the event of an overdose. Further, counselors are available to provide counseling and referrals to drug treatment, housing, medical, legal, and social services, and drug treatment is often available on site.

One of the best researched facilities worldwide is Insite in Vancouver. Insite opened its doors in 2003 as a part of a broad public health strategy to abate overdose and HIV. I visited in 2006 and was amazed at the space. Efficient, clean, clinical, and most importantly, respectful to all who were receiving services. In Insite, there have been no overdose deaths, or any other overdose prevention sites worldwide where tens of thousands of people have used their services.

In terms of overdose, Insite has had an effect beyond its doors. In the two years after its opening, there was a 35% reduction in overdose events in the 0.25 mile area immediately surrounding Insite compared to 9% in the rest of the city during the same period.³ In 2007 a substance use treatment program was opened above Insite. Since that time, 2,800 people have entered the Onsite detox program.

Use of Insite and other overdose prevention sites is associated with a reduction in syringe sharing and increases in condom use.⁴⁻⁶ As a result of these services on-site, 2,047 cases of HIV have been averted as of 2015.

A state authorization is the best legal course of action to protect safe consumption spaces in Maryland. An overdose prevention site should be one part of a comprehensive approach to overdose prevention, which includes drug treatment. This committee has supported many other such public health interventions. I hope this is among them.

This is the fifth year that the Maryland State Assembly has had a bill proposed to establish a pilot overdose prevention site. During this time, 10,000 people have needlessly died of an overdose. To be blunt, if we were talking about 10,000 people dying from the flu or coronavirus, one could only imagine the scaled up and comprehensive response. There would be no question about implementing evidence-based interventions.

Where is our line, of being willing to acknowledge the reality that comprehensive interventions are needed for people who are actively using drugs as well as to embrace the evidence of the impact of overdose prevention sites on multiple health fronts, at a cost savings.

We are at a critical point in this overdose epidemic and I am hoping that we can employ some of the best studied interventions that have been shown to make a dent. Otherwise, the numbers will continue to rise.

Sincerely,



Dr. Susan G. Sherman

References

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