



*The Senate of Maryland*  
ANNAPOLIS, MARYLAND 21401

TESTIMONY OF SHELLY HETTLEMAN  
SB 990 – PUBLIC HEALTH - OVERDOSE AND INFECTIOUS DISEASE PREVENTION SERVICES  
PROGRAM

I, like many of you, know far too many people who have lost loved ones to an overdose. We use the word “crisis,” to describe what is happening in our communities today. While it is certainly good news that the number of deaths in Maryland, following national trends, has begun to plateau, it’s definitely not happening fast enough and there are still too many deaths and too many overdoses. Even one is too many.

This year alone, our budget directs more than \$700 million at this crisis. And people are still dying and still overdosing. What we have done and what we are doing is not enough. We need to use ALL available tools – and ones that are evidence-based and have been known to work -- employing a multi-faceted, multi-pronged approach that will save lives.

This committee and the Maryland General Assembly are doing important work -- we are broadening access to treatment, reining in the provision of prescription opioids, launching educational programs in our schools, expanding naloxone access as well as medication assisted treatment. But we could be doing more and that’s what this bill would enable us to do.

This bill is not a mandate. It’s not a directive. It enables local communities to decide what is best for them. Under this bill, if a community organization – a hospital, a local health department, a federal qualified health care center, or a substance use treatment center, for example – wanted to offer an overdose prevention site (OPS), they would work with their local health department, apply for approval to the Department of Health, and get permission to operate: two urban, two suburban, and two rural sites.

Substance users would be permitted to come to the sites with their own pre-obtained substances and use, under the supervision of health care professionals. A variety of services would be offered at these sites – wound care, substance use disorder education, reproductive care, HIV testing, etc.

There are 12 countries that host over 150 overdose prevention sites around the world. In the 17-year history of one of these sites (Insite in Vancouver), there have been **zero** overdose deaths and **crime** in a 5-mile radius around the OPS has been **reduced** at a substantially higher rate than in other parts of the city. They have overseen 3.6 million injections without a death and overdoses in the surrounding neighborhoods have also declined. Similar programs worldwide have experienced similar results.

What saves lives should be driving our policy decisions. What is evidence-based and has been proven to be effective in decreasing substance abuse should be driving our policy decisions.

Today, what we are doing isn’t enough. I ask that you keep your mind open and that you listen carefully to the professionals, the experts in the field of substance use and harm reduction. Overdose prevention sites are not a panacea, but they are another very important tool that will help us address this crisis that takes so many lives. Respectfully, I ask for your support of HB 464. Thank you.