

Overdose and Infectious Disease Prevention Services Program
Testimony of Scott Nolen, J.D., Ph.D., Director of Addiction and Health Equity Open
Society Policy Center
Before the Health and Government Operations Committee
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Good afternoon. I am Dr. Scott Nolen, director of the Addiction and Health Equity program at Open Society Institute-Baltimore, the only US field office of Open Society Foundations. On behalf of the Open Society Policy Center, the advocacy arm of Open Society Foundations, I would like to record our strong support of HB 464, an Act focused on preventing overdose deaths and increasing access to services for many of the most marginalized residents of Maryland.

The need for overdose prevention sites could not be more obvious and desperate at this time. According to the Centers for Disease Control, in 2018 Maryland ranked third... that is one, two, THREE in overdose death rate per capita only trailing West Virginia and Delaware which have much smaller populations. That means that for states with a population over 2 million that Maryland is the epicenter of the overdose crisis in America. This cannot continue. It leaves me with the question “How is this possible in a place that is routinely ranked as the wealthiest state in the country US News and World Reports.” Overdose deaths in Maryland are not a matter of “lack of resources” as many folks would have us believe. It is a matter of lack of political will... to date. But this committee has the opportunity to change that lack of will and put Maryland on the cutting edge of overdose prevention in this country.

My organization is aware of the political challenges that exist as we try to move from a punitive criminal justice model, which is generally unproductive, to a more compassionate, harm reduction based model. However, we have seen first-hand the benefits of moving from an ineffective model as Vancouver did when it opened the Insite program and the dozens of overdose prevention sites that have followed in that city. Open Society has partnered with harm reduction activists and advocates around the world to support programs and services that meet drug users where they are and allow them to create a path towards safety and health that works for their situation. Today, there are hundreds of overdose prevention sites around the world—saving lives everyday. This is not a risky idea. It just works.

There are so many things that we could be doing to address the overdose crisis and we must act now. To his credit as a candidate for Governor in 2014, Larry Hogan acknowledged that we needed to call a “state of emergency” to address overdose crisis. It took his administration much too long to actually call that state of emergency and then the eventual response stopped short of some of the measures, like incorporating harm reduction principles, that we know from empirical evidence would stem the tide of the overdose epidemic. From 2014 (when Gubernatorial candidate-Hogan made that state to 2018), the overdose rate in Maryland increased by 131%. We now know that we need to use every effective practice that we can so that four years from now we will not be talking about another 100% increase in overdose deaths.

In an op-ed in the Baltimore Sun on March 22, 2017, our organization noted that a state of emergency requires unconventional thinking. In a true state of emergency, we suspend laws and forego the normal course of business because lives are stake and to delay our actions would mean someone’s peril. That is the situation that we are in today in Maryland. This a state of an emergency. We are for all intents and purposes the worst state for overdose in the country with the only two states ahead of us having really small populations.

The truth is that, with or without this legislation, Marylanders will continue using drugs. That is the disease of addiction. The question at hand is whether we want to continue forcing our family members and neighbors out of sight and into alleyways, abandoned buildings, public parks, and restaurant bathrooms, or if we’d rather have them do these activities in a safer and more protected environment where people can have access to all types of health related services in low barrier setting. Many of the folks who would use an overdose prevention site are individuals who are currently disconnected from services.

Let’s be clear, there is no neutral choice on this bill. A vote against this bill is a vote for the status quo, which is a vote for another 2,400 overdose deaths in Maryland this year. You have a chance here to do something that will actually address the overdose crisis and save lives across the state, engage some of the most marginalized and forgotten people in your communities and you have a moral obligation to act.