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**Nilesh Kalyanaraman, M.D.**  
**Health Officer**

February 28, 2020

The Honorable Shane E. Pendergrass  
Chair, Health and Government Operations Committee  
241 House Office Building  
Annapolis, MD 21401

**RE: HB 464 - Public Health- Overdose and Infectious Disease Prevention Services Program**

Dear Chair Pendergrass and Committee Members:

The Anne Arundel County Department of Health respectfully submits this letter of support for HB 464 – Public Health – Overdose and Infectious Disease Prevention Services Program. HB 0464 authorizes the establishment of an Overdose and Infectious Disease Services Program by a community-based organization. The Maryland Department of Health may approve up to six programs within the State meeting certain criteria. An established program shall provide a location supervised by health care professionals or other trained staff where drug users can consume preobtained drugs through provided sterile injection supplies. The programs must provide access or referrals to certain services (counseling, HIV/hepatitis/STD testing), education, and staff training.

**POSITION RATIONALE:**

The Anne Arundel County Department of Health supports HB 0464. This legislation would allow community-based organizations, in jurisdictions that are supportive, to establish an Overdose and Infectious Disease Services Program. The benefits of providing overdose prevention services include decreased bloodborne spread of infection, increased access and utilization of detoxification and drug dependence treatment, and reduced public drug use.

**Safe Hygienic Drug Use**

This bill would require eligible programs to provide sterile injection supplies and secure needle disposal. Nonsterile injections can lead to transmission of HIV, viral hepatitis, bacterial infections, and fungal infections. Providing access to sterile syringes and other injection equipment would reduce the transmission of these diseases. Additionally, access to sterile syringes would decrease other serious, life-

threatening, and costly health problems such as infections of the heart valves (endocarditis), serious skin infections, and deep tissue abscesses.

<https://www.cdc.gov/ssp/syringe-services-programs-faq.html>

The CDC has identified additional emerging infectious disease risks related to injection drug use including increases in methicillin-resistant *Staphylococcus aureus* (MRSA) infection rates, which increased 124% between 2011 and 2016 among people who inject drugs. In addition, people who inject drugs are 16 times as likely as other people to develop invasive MRSA infections.

These programs would also be required to provide access or referrals to HIV, viral hepatitis and STD testing; wound care; and reproductive health education. Programs will also be required to provide education on the risks of contracting HIV and viral hepatitis and well as education on the proper disposal of needles and syringes. Connection to these services is essential in areas with a high incidence of drug use.

### **Increased Access to Health and Social Services**

Eligible programs are required to provide access or referrals to substance abuse disorder counseling and treatment services as well as those services listed above. The use of overdose prevention programs is associated with increased uptake of both detoxification and drug dependence treatment, including medication assisted treatment with either methadone or buprenorphine. A Canadian cohort study documents that attendance at a Vancouver facility was associated with increased rates of referral to addiction care centers and increased rates of uptake of detoxification treatment and methadone maintenance. These programs would provide harm reduction services and engagement into treatment for those people who might not otherwise seek treatment.

([http://www.emcdda.europa.eu/system/files/publications/2734/POD\\_Drug%20consumption%20rooms.pdf](http://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf))

### **Reduced Public Drug Use and Safety**

Evaluation studies have found an overall positive impact on the communities where overdose prevention programs are located. Their establishment has been associated with a decrease in public injecting and a reduction in the number of syringes discarded in the area. For example, in Barcelona, a fourfold reduction was reported in the number of unsafely disposed syringes being collected in the vicinity from a monthly average of over 13,000 in 2004 to around 3,000 in 2012. A study in Sydney noted that there was also no evidence that the existence of the facility led to either an increase or decrease in thefts or robberies around the facility.

([http://www.emcdda.europa.eu/system/files/publications/2734/POD\\_Drug%20consumption%20rooms.pdf](http://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf))

I hope this information is helpful. If you would like to discuss further, please contact me at (410)222-7376.

Sincerely,



Niles Kalyanaraman, M.D.  
Health Officer