

**SB0618\_CPSR\_Geiger\_Favorable.pdf**

Uploaded by: Angela Geiger

Position: FAV



**Committee: Finance**

**Testimony on: SB0618 – Public Health – Overdose and Infectious Disease Prevention Services Program**

**Position: Favorable**

**Hearing Date: March 14, 2023**

*Submitted on behalf of the student chapter of Chesapeake Physicians for Social Responsibility (CPSR). CPSR is a statewide evidence-based organization of over 940 physicians and other health professionals and supporters that addresses existential public health threats: nuclear weapons, the climate crisis, and the issues of pollution and toxic effects on health, as seen through the intersectional lens of environmental, social, and racial justice.*

**I strongly support SB0618**, which will allow for the creation of overdose prevention centers in Maryland. This bill will allow users a safe place to consume illicit substances under the supervision of staff members to prevent overdoses and deaths while connecting users with resources and treatment options.

As a medical student, I have been taught numerous times about the destructive effects the opioid crisis has on individuals, families, and communities. I have seen patients overdose countless times in the hospital, but I have also seen my own family members overdose more times that I can remember. My parents abused opioid medications, and often I was the one who found them when they overdosed. This was devastating to witness as a child, and I was never sure if my parents would live or die. This cycle repeated every time they were released from the hospital because they did not have a safe place to consume their substances and did not have connections to treatment options. The emotional burden of repeatedly seeing my parents nearly die greatly affected my childhood and was a driving factor for me to attend medical school; I sought to help those that I felt the medical system failed. However, after entering medical school, I realized that this issue extends far beyond the medical system. Drug abuse is a medical condition, but its stigmatization and criminalization prevent individuals from receiving the care that they need. Addicts are often dehumanized because of their substance use, but in reality, they are one of the most vulnerable populations that needs compassion and care.

Providing supervised drug use facilities would be life-changing to thousands of people who desperately need help. These facilities provide a safe place to use substances and prevent accidental deaths from overdose. Similar facilities that have opened in New York have saved hundreds of lives, prevented the transmission of blood-borne diseases, such as hepatitis B and HIV, and have helped connect users to substance use treatment (1). The number of accidental overdoses is rising, both nationally and in Maryland, and changes need to be made in order to

help these individuals. In the 12 months ending in September 2022, Maryland saw 2,487 fatal overdoses, largely from fentanyl (2). These overdose deaths are preventable, and the current operating overdose prevention centers have been shown to prevent and reverse nearly all of these deaths (3).

As public workers, I believe we have the responsibility to help those who need it the most. I joined the medical field to provide compassionate care to all of my patients, regardless of their background, social status, or whether they use recreational substances. There is only so much that I can do inside the medical system to make sure these patients are receiving the care that they need; the creation of these facilities would help prevent these individuals from needing to enter the medical system for their overdose when it is often already too late.

I strongly support and urge favorable action on SB0618 which aims to create no more than 6 overdose prevention centers in the state of Maryland. Passage of this bill will protect the health of all Maryland residents by preventing fatal overdose deaths and help connect vulnerable populations to treatment resources.

Respectfully submitted,

Angela Geiger, Medical Student  
University of Maryland School of Medicine  
angelageiger@som.umaryland.edu

## References

1. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794323>
2. <https://www.arcgis.com/apps/dashboards/799cc6c21cf94e89a174fa06532febd9>
3. <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>

# **Baltimore City Directorate - 2023 SB 618 FAV - Ove**

Uploaded by: Ann Ciekot

Position: FAV



# BALTIMORE CITY

SUBSTANCE ABUSE DIRECTORATE

## OFFICERS

*Ashley Archie*  
President  
*HeL Recovery Center*

*Sean Augustus*  
President-Elect  
*UPC, Inc./Recovery Network*

*Joan Sperlein*  
Secretary  
*Institutes for Behavior Resources, Inc./ REACH Health Services*

*Toni Maynard-Carter*  
Treasurer  
*Johns Hopkins Hospital Broadway Center*

Senate Bill 618 – Overdose and Infectious Disease Prevention Programs - **Favorable**

Finance Committee

March 14, 2023

The Baltimore City Substance Abuse Directorate (Directorate), a Baltimore City membership organization comprised of substance use disorders treatment providers providing all levels of care, supports Senate Bill 618, which will allow jurisdictions to develop Overdose and Infectious Disease Prevention programs to reduce fatal and non-fatal overdoses and provide much needed services to those who use opioids.

Maryland has been a leader in the harm reduction field and in its multi-faceted and aggressive approach has effectively saved lives with harm reduction efforts of increased naloxone distribution and syringe exchange services; increased access and availability to evidenced-based medication assisted treatment with methadone and buprenorphine; greater implementation of peer recovery specialists in medical and community settings; and creative jurisdictional Opioid Intervention Teams across the state. But more is needed, however, in order to save lives and continue to address the opioid crisis. The proposed Overdose and Infectious Disease Prevention Services Program is based on similar programs operating in more than sixty (60) cities in ten (10) countries. It's time for Maryland to join them.

The results and evidence from these successful harm-reduction facilities is unequivocal – they reduce overdose deaths, provide an entry into treatment, reduce public use and publicly discarded syringes, are cost-effective and they do not encourage or increase additional drug use or crime. Maryland needs to add this tool in the great work being done to reduce overdose deaths and improve access to needed health care.

For the reasons stated above, The Directorate urges a favorable report on Senate Bill 618.

Sincerely,

*Ashley Archie, LCSW-C*

Ashley Archie, LCSW-C  
President

C/o REACH Health Services  
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**SB 618\_Maryland Coalition of Families\_Fav.pdf**

Uploaded by: Ann Geddes

Position: FAV



## **SB 618 – Public Health – Overdose and Infectious Disease Prevention Services Program**

**Committee: Senate Finance**

**Date: March 14, 2023**

**POSITION: Support**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

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MCF is pleased to submit this testimony in support of SB 618. SB 618 would allow the establishment of up to six programs that provide a place for individuals to consume pre-obtained drugs. Programs would provide sterile needles, administer first aid as needed, and connect individuals to services.

The COVID-19 Pandemic severely negatively impacted Maryland's opioid crisis. Data on fatal overdoses shows:

- 2019: 2,090 deaths
- 2020: 2,399 deaths
- 2021: 2,824 deaths
- 2022: 2,454 deaths

While 2022 saw a welcome decline in overdose deaths over the preceding year, deaths are still higher than pre-COVID levels. People with substance use disorders were especially hard hit by the pandemic – isolation, the disruption of support systems, and the restrictions in access to treatment all contributed to increases in substance use and relapse. In addition, the increasing use of fentanyl has had a devastating impact.

MCF has 15 family peer support staff who provide peer support and navigation services to families who have a child or other loved one with a substance use disorder. All of these staff have lived experience caring for someone with a substance use disorder. Some staff members have lost a child to an opioid overdose, others have a child in recovery from opioid use disorder, and others have a child who is still out there using opioids. While our staff provide support to families of any loved one suffering from any substance use disorder, about three-quarters of the families that we work with have a child addicted to opioids.

At MCF, we know the desperation of parents and caregivers who have a child actively using opioids. The fear of getting a call that their child has overdosed is ever present among these families. Safe consumption sites are one answer to address the problem.

Supervised Consumption Facilities exist across the world and have for decades. They have been the subject of many rigorous studies, which have shown that there is very little downside to such programs – on the contrary, there is great benefit, including:

- a reduction in blood-borne diseases
- a reduction in bacterial infections
- a reduction in fatalities owing to an overdose
- an increase in treatment engagement

In addition, Supervised Consumption Facilities produce significant cost savings – a 2017 study estimated that there would be \$4.35 saved for every dollar spent.

We are aware that there are logistical barriers to implementing such a program. They must be overcome in order to save lives.

We urge a favorable report on SB 618.

**Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
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# **SB618- Johns Hopkins - Support.pdf**

Uploaded by: Annie Coble

Position: FAV

**TO:** The Honorable Melony Griffith, Chair  
Senate Finance Committee

**FROM:** Annie Coble  
Assistant Director, State Affairs

**DATE:** March 14, 2023

**RE:** SB618: Public Health – Overdose and Infectious Disease Prevention Services Program

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Johns Hopkins supports **SB618 Public Health – Overdose and Infectious Disease Prevention Services Program**. This bill authorizes a community-based organization to establish an Overdose Prevention Site (OPS) under the oversight of the Maryland Department of Health. Under SB618, up to six sites may be established to provide essential harm reduction services to Marylanders, including but not limited to:

- A location supervised by health care professionals for the consumption of pre-obtained drugs;
- Sterile injection supplies and a mechanism for the collection of used hypodermic needles and syringes;
- Education regarding the risks of contracting HIV and viral hepatitis;
- Testing for HIV, viral hepatitis, and sexually transmitted diseases; and
- Direct access or referrals to substance use disorder counseling or treatment.

OPS have been employed globally to reduce the burden of morbidities such as infectious diseases and overdoses. These are predominantly fixed sites where people use pre-obtained drugs in a facility under the supervision of medical professionals in a safe space and also have access to sterile drug paraphernalia (e.g., syringes, cookers, and straws), overdose prevention tools (e.g., naloxone, and drug test strips), and other harm reduction tools. Generally, OPS are safe, provide a mechanism for drug use to be moved out of the street-level community, and have services available to revive the person if there is an overdose. Integrated OPS provide social and primary care services, as well as linkages to substance abuse treatment. There have been numerous sites established throughout the world including throughout Canada and two, recently, in New York City.

Research has documented the association between OPS and reduced risk of HIV, HCV, and overdose among people who utilize such facilities<sup>1</sup>. They have also been associated with decreases in fatal overdose deaths, nuisance crimes, and public drug use in the areas surrounding the facilities. Further, OPS provide a touchpoint to engagement and referrals to substance abuse treatment.

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<sup>1</sup> <https://jhu.pure.elsevier.com/en/publications/acceptability-of-overdose-prevention-sites-in-the-business-commun>

## Government and Community Affairs

While not many OPS have been established in the United States at this time, public health researchers have reported on projections for potential utilization and support of an OPS in Baltimore City. A study led by the Johns Hopkins Bloomberg School of Public Health published in June 2022 in the *Journal of Urban Health* found that some 77% of 326 people, surveyed in three East Coast cities, who use drugs expressed willingness to use OPS.<sup>2</sup> Additionally, a 2022 Bloomberg School of Public Health survey reported that upwards of 65% of businesses in Baltimore City would support the establishment of an OPS in their respective neighborhoods.<sup>3</sup>

With **SB618**, Maryland is positioned to lead the nation in pioneering harm reduction efforts. Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB618**.

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<sup>2</sup> <https://hub.jhu.edu/2020/02/12/overdose-prevention-sites-facts-649-em1-art0-rea-health/>

<sup>3</sup> <https://jhu.pure.elsevier.com/en/publications/acceptability-of-overdose-prevention-sites-in-the-business-commun>

# **SB0618 Overdose Prevention Services Program FAV.pd**

Uploaded by: Cecilia Plante

Position: FAV



## TESTIMONY FOR SB0618

### Public Health – Overdose and Infectious Disease Prevention Services Program

**Bill Sponsor:** Senator Hettleman

**Committee:** Finance

**Organization Submitting:** Maryland Legislative Coalition

**Person Submitting:** Cecilia Plante, co-chair

**Position:** FAVORABLE

I am submitting this testimony in favor of SB0618 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of individuals and grassroots groups with members in every district in the state with well over 30,000 members.

Our members are strongly supportive of any attempt to try to save lives that have been affected by drug use. This bill will offer a place for drug users to safely use drugs they have purchased, get sterile supplies and emergency care in case of an overdose. Additionally, it will provide information and referrals for substance abuse counseling and treatment; HIV, viral hepatitis, and sexually transmitted diseases and reproductive health education and services.

It is a recognition of the extent of the overdose and drug abuse problem that we are experiencing and will provide a pathway for those who want treatment to get it, and for those who don't to at least be safe.

We strongly support this bill and recommend a **FAVORABLE** report in committee.

# **SB0618\_FAV\_MedChi\_PH - Overdose Infectious Diseas**

Uploaded by: Christine Krone

Position: FAV

# MedChi

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www.medchi.org

TO: The Honorable Melony Griffith, Chair  
Members, Senate Finance Committee  
The Honorable Shelly Hettleman

FROM: Christine K. Krone  
Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Andrew G. Vetter  
410-244-7000

DATE: March 14, 2023

RE: **SUPPORT** – Senate Bill 618 – *Public Health – Overdose and Infectious Disease Prevention Services Program*

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The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 618.

This legislation provides that a community-based organization may establish an Overdose and Infectious Disease Prevention Services Program in one or more counties with the approval of the Department of Health, in consultation with the local health department. The legislation limits the program to approval of six programs, two in urban areas, two in suburban areas, and two in rural areas. The program must provide a location supervised by health care professionals or other trained staff where drug users can consume pre-obtained drugs. The program must also provide sterile supplies for personal drug administration, information regarding safe drug use practices, and referrals to obtain counseling and treatment services.

Although hundreds of people suffer overdose deaths each year, thousands more experience nonfatal overdose, skin and soft tissue infections, and are at risk for infectious diseases due to unsafe and unsterilized administration environments. Research has shown that people who utilize safe consumption spaces take better care of themselves, use their drugs more safely, and have better access to medical, social, and drug treatment services compared to [users] who do not access safe consumption spaces, according to a 2017 Abell report titled *Safe Drug Consumption Spaces: A Strategy for Baltimore City*.

The first official supervised drug consumption facility opened in Berne, Switzerland in 1986. Today, there are 97 facilities in 66 cities in 11 countries, with an additional seven planned to open in Canada alone. A large body of evidence-based, peer-reviewed studies demonstrate that people who utilize these facilities take better care of themselves; use their drugs more safely; and have better access to medical, social, and drug treatment services.

MedChi recognizes the research and the potential that these facilities can reduce the costs associated with this public health crisis. For these reasons, MedChi would ask for a favorable report on Senate Bill 618.

**SB0618 OPS.pdf**

Uploaded by: Dan Martin

Position: FAV



**Senate Bill 618 Public Health – Overdose and Infectious Disease  
Prevention Services Program  
Finance Committee  
March 14, 2023  
Position: SUPPORT**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present this testimony in support of Senate Bill 618.

SB 618 will allow community-based organizations in Maryland to establish overdose and infectious disease prevention programs. Overdose prevention sites are facilities where people can use previously purchased drugs under trained supervision. Providing sterile needles, health care services, and referrals to drug treatment, these sites aim to reduce the harms associated with drug use. The bill limits the number of programs to six across the state.

The public health and safety threat from drug and alcohol related intoxication continues to grow. Americans are now more likely to die from opioid overdoses than car crashes<sup>1</sup>. Maryland has made progress in recent years to address this epidemic, but we are still in the midst of a crisis that is devastating families across the state. There were over 2,800 overdose deaths in 2021, and though preliminary data from 2022 shows a slight decrease in these fatalities, they are still higher than pre-pandemic levels.

This is a public health crisis that cries out for new solutions. The program proposed in HB 953 is modeled after programs already operating in more than 60 cities in 12 countries around the world. Numerous studies show the positive impact of this particular intervention, with evidence showing that overdose prevention facilities reduce opioid- and overdose-related deaths, reduce public drug use, serve as an access point to behavioral health care and other social services, and reduce hospital admissions and associated costs.

Overdose prevention sites are critical components in the battle to reduce overdose deaths in our state. For this reason, MHAMD strongly supports SB 618 and urges a favorable report.

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<sup>1</sup> <https://www.nsc.org/in-the-newsroom/for-the-first-time-were-more-likely-to-die-from-accidental-opioid-overdose-than-motor-vehicle-crash>

# **Overdose.Senate Finance.pdf**

Uploaded by: Eric Sterling

Position: FAV

STATEMENT OF  
**ERIC E. STERLING, J.D.**<sup>i</sup>  
SUBMITTED TO  
THE MARYLAND SENATE  
FINANCE COMMITTEE  
HON. MELONY GRIFFITH, CHAIR  
HON. KATHERINE KLAUSMEIER, VICE CHAIR  
MARCH 14, 2023

**IN SUPPORT OF  
SB 0618**

**Public Health – Overdose and Infectious Disease Prevention Services Program**

Chair Griffith, Vice Chair Klausmeier, and Honorable Senators, thank you for reading my statement in support of SB 618.

You are keenly aware of the crisis of addiction and overdose that is afflicting every corner of the United States and the state of Maryland. Like most Americans, you know someone who is or was addicted to some substance and quite likely know someone who has died from an overdose. My first cousin was one of them.

In the 1980s, I was figuratively a “colonel” in America’s “war on drugs.” In March 1980, when I first organized an oversight hearing of the U.S. House Judiciary Committee on the U.S. Drug Enforcement Administration (DEA), **the number of drug overdose deaths was about 6,100.** I played a major role in Congress’s shaping of anti-drug policy. I accompanied Members of Congress to Mexico, Peru, Bolivia, Colombia and Jamaica to encourage those nations to more fully participate in America’s “war on drugs.” I organized dozens of congressional hearings on every aspect of the drug abuse problem and wrote many provisions of the Anti-Drug Abuse Acts of 1986 and 1988. **Yet, every year the number of people who die from drug overdose has gone up and last year exceeded 107,000.**

What we have been doing is not working. The principal reason for this failure is that we have defined the problem improperly and thus listened to the wrong voices. The physiological condition of addiction is not wrongful or criminal. Managing addiction in society should not be a criminal justice matter. The police – as admirable, courageous and well-trained as most of them are – are not the proper authority for guidance or management of this phenomenon.

The foundations of the policies that have created our current drug use crisis, were laid 150 years ago upon White racism against Chinese immigrants and African-Americans. To hold back hard-working Chinese immigrants competing for jobs in the American west, legislators stigmatized and criminalized opium use, and claimed Chinese men intentionally addicted White women with opium for sex and prostitution. To hold down the children and grandchildren of the men and women freed from their enslavement who were achieving economic success and status, legislators falsely associated Black people with the use of cocaine, heroin, marijuana and the

rape of White women to justify the Harrison Narcotics Act of 1914 and subsequent laws, and to target Black people for drug enforcement.<sup>ii</sup> These false social constructs were deliberate and explicit. Unfortunately, the police were assigned the responsibility of suppressing these people. All our distorted contemporary thinking about drugs is the legacy of these falsehoods, myths, and exaggerations which leaves all of us with a perspective that sees drug use as deviant and depraved.

**For 150 years, our drug policy has been grounded in the dehumanization of the people who use drugs.**

It is time to start over! **The goal of drug policy should be to protect the lives of persons who use drugs, to reduce their suffering, and to honor their dignity.** The center of drug policy should no longer be about improving enforcement or giving law enforcement more tools to “fight” the drug trade, etc. **The center of drug policy must be the well-being of people who use drugs.** The policies should not be grounded in the fear that someone else may be tempted or encouraged to use drugs.

When we take seriously the lives of people who use drugs and see them as the loved children, siblings and parents in families that struggle – like all families – then our communities can save them from overdose and death.

The use of drugs is risky, but that is not a constitutional or logical basis for punishing the use of drugs. American culture is grounded on risk. The entirety of our nation’s wealth is based on the risk of our capitalist system. We celebrate almost obsessively the athletes who risk the most – the hardest hitting, the fastest, those with the smallest margin for error and catastrophe. Many of us encourage our kids to play football and other sports with significant risks of potentially devastating injury.

**We also organize to protect against risks. At taxpayer expense, for example, we train and employ *lifeguards* and station them along the beaches in Ocean City and elsewhere to protect the general public. We require *lifeguards* at public swimming pools. Lifeguards will try to rescue anyone who is in danger. Lifeguards don’t discriminate against people who are intoxicated or took excessive risks.**

What makes drug use most dangerous is the illegality of the use, sale, and production of the drugs, and the stigma around the use of drugs. The legislature has guaranteed that criminals make, mix, package, label (or mislabel) and distribute all kinds of drugs that people want to use or that people are addicted to. The legislature has said that the people who are addicted who possess these drugs are criminals. Thus, most of us see people who use drugs as criminals deserving punishment and blame, not care and protection. That perspective is killing our children.

It is long past time to stop conditioning health care and harm reduction for people who use drugs on a demand that they abstain from using illegal drugs, notwithstanding the compulsion of their addictions.

SB 0618 (and the companion bill in the House of Delegates, HB 953) would save the lives of those who use drugs by bringing risky drug use into spaces with *lifeguards for drug users*, trained and equipped with the tools to save them.

I believe many of our faith traditions support the services authorized by this legislation. I regret that I am not deeply familiar with many of the faith traditions of our wonderfully diverse Maryland population. Yet I have a faith that **a central tenet of almost every faith tradition is compassion for those who are suffering**, and that the scriptures of those traditions hold up acts of compassion.

I hope that no Senator (or Delegate) will feel slighted if I note, as an example of one of our faith traditions, that many Christians often ask, “What would Jesus do?” I think for those who take the Gospel According to Matthew to heart, many would agree that Jesus -- who reached out and *touched* a despised leper to heal him (Matt. 8:3) -- today would work at an overdose prevention center to help save the lives of “despised” persons who use drugs like heroin, fentanyl and cocaine.

There is another story in the Book of Matthew that is relevant to consideration of this bill having to do with the law. A key concern about SB 618 and HB 953 is that overdose and infectious disease prevention centers involve drugs that remain illegal under state and federal law.

In the verses in Matthew immediately after Jesus heals the person with leprosy, a Roman centurion in Capernaum approaches Jesus appealing to him to heal the centurion’s paralyzed servant (Matt. 8:5-13). Jesus offers to go to the servant and heal him. But the centurion demurs. The centurion says he is “a man under authority”.<sup>iii</sup> As a Roman officer, it would be legally and reputationally risky to have Jesus – a suspect of stirring up trouble and violating the law – come to his home. Yet the centurion recognizes the rightness and urgency of the healing. Jesus heals the servant and praises the centurion.

Senators, you are men and women of authority. When we recognize the rightness of the Roman centurion in going outside the norms of the law of Rome to obtain unorthodox healing for his servant, we can see a lesson for approving this legislation.

You have done this before. The General Assembly over the last ten years, repeatedly created, modified and improved Maryland’s medical cannabis program, **knowing in every instance that this program was in plain violation of Federal law**. Across the nation, legislatures are saving lives by disregarding outdated, discredited laws.

Enactment of SB 618 will save the lives of thousands of our loved ones suffering from substance use disorders by bringing effective overdose and infectious disease prevention programs to Maryland.

I urge a favorable report.

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<sup>i</sup> Eric E. Sterling was Executive Director of the Criminal Justice Policy Foundation (1989-2020). He has lived in Maryland 30 years and the 18<sup>th</sup> legislative district over 25 years. From 1979 to 1989 he was Assistant Counsel, U.S. House of Representatives Committee on the Judiciary responsible for drug abuse matters among many other issues. From 2013 to 2017, on the appointment of Gov. Martin O'Malley, he served on the Maryland Medical Cannabis Commission and chaired its Policy Committee. In Montgomery County, he served for 10 years on the Alcohol and Other Drug Abuse Advisory Council including three years as chair. He currently serves on the Montgomery County Policing Advisory Commission as Chair. He received a B.A. from Haverford College in 1973, and a J.D. from Villanova University Law School in 1976.

<sup>ii</sup> David F. Musto, M.D., *The American Disease: Origins of Narcotic Control*, Yale University Press, New Haven, 1973, pp. 6-8; 15-21; 43-44; 65.

<sup>iii</sup> Matthew 8:9; Oxford Annotated Bible, *The Holy Bible*, Revised Standard Version, 1962.

**SB618 OPS Testimony.pdf**

Uploaded by: Gregory Frailey

Position: FAV

March 14, 2023

The Honorable Senator Melony Griffith  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 618  
(Public Health – Overdose and Infectious Disease Prevention Services Program) -  
FAVORABLE**

Dear Chair Senator Melony Griffith and Senate Finance Committee Members,

On behalf of the North Ave. Mission and Red Shed Village, I am writing to express our unwavering support of SB618 which will allow community-based organizations to establish Overdose and Infectious Disease Prevention Services Programs. Many of us, including myself, have lived experience with overdose and lost loved ones to preventable deaths related to overdose.

For many years, the punitive policies enacted in the name of the racist war on drugs have forced people who use drugs to face incarceration, suffer social and emotional isolation, and engage in risky behaviors that put their health and that of others at risk. We believe that our community and every community in Maryland deserve more. **We believe people who use drugs deserve dignity, respect, equitable health care, and justice.**

In 2022, we lost over 2,400 Marylanders to fatal overdoses. We urge the General Assembly to authorize Overdose and Infectious Disease Prevention Services, an intervention proven to decrease overdose deaths for over 30 years.

Overdose and Infectious Disease Prevention Services Programs are safe, community spaces that provide people who use drugs with a place to safely use drugs and have immediate access to lifesaving interventions. There are currently 200 sites in 14 different countries, some have been operating for decades. They have been proven to reduce HIV and Hep C transmission, and fatal overdoses. Research has shown that in the first year of opening, overdose fatalities dropped 35% in the area surrounding a single Overdose and Infectious Disease Prevention Services Program. In New York City, two Overdose and Infectious Disease Prevention Services Programs have been operating since November, 2021. Over 600 fatal overdoses have been prevented by the lifesaving interventions of both programs.

North Ave. Mission and the Red Shed Village are in full support of SB618 and the creation of Overdose Prevention Services throughout Maryland. **We ask that you make the right decision and give SB618 a favorable report which supports healing communities instead of continuing legacy of harm.**

Thank You,  
Greg Frailey  
Harm Reduction Lead, North Ave. Mission // Red Shed Village  
gregfrailey@gmail.com  
717-798-1764





# **SB0618.pdf**

Uploaded by: Isabel Klompus

Position: FAV

SB0618

Isabel Klompus

2501 East Fairmount Ave. Baltimore, MD 21224

FAV

My name is Isabel Klompus and I am a licensed social worker in Baltimore City. I support (FAV) SB0618 Public Health – Overdose and Infectious Disease Prevention Services Program because it is imperative that these services be available to the people of Maryland. Overdose deaths have only surged in the past few years, and our people continue to die. The rise of fentanyl has only exacerbated this issue. Overdose prevention sites are places where people who use drugs can use safely, using new and clean supplies, avoiding the risk of infection from sharing tools such as syringes while being monitored by medical professionals who can reverse overdose when it occurs.

There are many overdose prevention sites functioning all over the world, and saving lives every day. I was able to visit On Point in Harlem, New York City, one of two sites open in the country. I saw first hand how impactful their work has been for their community, and I know that it would be equally impactful in Maryland. As a social worker, I work with many people who use drugs, and I see how much they struggle to find safe spaces where they are respected and taken care of with compassion. Nearly everyone I know in Baltimore knows someone who has died from a fatal overdose. We must take action now, and I know that opening overdose prevention sites in our state is the best way to start.

I learned many things from my visit to New York, but my biggest takeaway was the importance of On Point's relationships with the community. Though their focus is serving their direct participants, they also have a deep relationship with the rest of their community, including other local businesses, schools and the police. By maintaining these relationships, they have become a trusted institution in their neighborhood. They ensure that community members stay safe by providing not only the services at their center, but also by doing extensive outreach, by providing drug testing to ensure a safe supply, by gently and kindly diverting folks from using their drugs near the school among countless other efforts. I know that this is something we can do in Maryland, and something that is needed. This is hard work, but as

harm reduction workers we are asking you to approve this bill because it is work that we are willing and ready to do to save lives.

# **HPP Testimony SB 618- FAV.pdf**

Uploaded by: Jessica Emerson

Position: FAV

## Testimony of the Human Trafficking Prevention Project

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**BILL NO:** Senate Bill 618  
**TITLE:** Public Health – Overdose and Infectious Disease Prevention Services Program  
**COMMITTEE:** Finance  
**HEARING DATE:** March 14, 2023  
**POSITION:** **SUPPORT**

Senate Bill 618 would authorize the establishment of an Overdose and Infectious Disease Prevention Services Program to provide centers for the safe and sterile consumption of pre-obtained drugs. The centers would also provide sterile needles, administer first aid as needed, and provide access to addiction services. The Human Trafficking Prevention Project supports this bill because it will reduce the risk of overdose, incarceration, *and* re-exploitation for trafficking survivors, many of whom are using drugs to cope with the trauma of their trafficking experience. It will also reduce the risk that all people who consume drugs, a population already at heightened risk or myriad predatory abuses, are trafficked as a direct result of their addiction.

The opioid epidemic has had a substantial impact on the country, and on the State of Maryland. Drug and alcohol related intoxication deaths increased in 2018 for the eighth year in a row, reaching a staggering 2,406 fatalities. And while deaths related to heroin and prescription opioids have trended downward in recent years, fentanyl-related deaths have continued to rise. With the constant year to year increase in these numbers, it's critical to remember that in 2012, there were only 29 deaths from fentanyl, while 2018 saw 1,888 such deaths, more than 65 times the 2012 number. With these historically high rates of overdose and death, not to mention the collateral consequences that attach to drug-related incarceration, our state faces a public health crisis of historic proportions. Countering it and preventing needless deaths requires an innovative approach.

The opioid crisis has also contributed to an increase in human trafficking, given that opioid use is both a common predictor of, and a reaction to, this horrific crime. Many trafficking survivors report self-medicating to cope with past trauma and were trafficked as a direct result of their addiction, while those who have survived a trafficking experience often begin using substances as a means to cope with what has happened to them. Each of these populations are put at heightened risk for re-exploitation or an initial trafficking experience because they are simply looking for a safe place to use where they do not have to rely on a potential trafficker for this assistance.

Senate Bill 618 would reduce this potential harm by creating safe spaces for those struggling with opioid addiction. By providing safe injection sites, sterile needles, along with first aid and other services, this bill will improve the health outcomes of trafficking survivors and will reduce the trafficking risk that those without those experiences will face. For these reasons, the Human Trafficking Prevention Project supports Senate Bill 618. We respectfully urge a favorable report.

*For more information, please contact:  
Jessica Emerson, LMSW, Esq.  
Director, Human Trafficking Prevention Project  
(E): jemerson@ubalt.edu*

**Testimony SB 618 - OPS 2023 .pdf**

Uploaded by: Jessie Dunleavy

Position: FAV

**SB 618****Public Health – Overdose and Infectious Disease Prevention Services Program - FAVORABLE**

March 13, 2023

The Honorable Melony Griffith  
Chair, Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

Dear Senator Griffith and members of the Finance Committee,

I am a lifelong resident of Maryland. My investment in this legislation, and my insight into the suffering and neglected needs of people with a substance use disorder, stems from the path I walked with my son, who died of a mixed drug overdose in 2017. I loved and admired my son, and I know his death was preventable.

I am in favor of Overdose Prevention Services because we are in desperate need of public health programs where the priority is to keep people safe, eliminate needless suffering, and promote the human connections proven to lead to meaningful recovery, shedding our fixation on abstinence at all costs, a mindset that has done more harm than good.

For more than 50 years, the war on drugs has shaped public opinion and justified our stance that those who use drugs are lesser people and are, in fact, criminals. This has brought mass incarceration, increasingly deadly substances, skyrocketing overdose deaths, loss of productivity, homelessness, disease, and untreated addiction. The impact on the lives of real people, often vulnerable people who need support, is heart wrenching. We are social people; we all need a network of support and an atmosphere of respect.

History tells us that punitive policies do not motivate change, and that people subjected to mistreatment do not heal. Inflicting shame on individuals, and simultaneously fostering widespread societal stigma, has driven those who suffer into isolation and fear, exacerbating their problems with mental and physical health. This practice of disempowering the vulnerable, removing resources from them, and shaming them has failed. We must break this vicious cycle and think logically about how to help people move beyond destructive habits. Evidence shows us that forced change often begets increased drug use and criminal convictions; with the opposite playing out among those who voluntarily seek treatment, with fewer relapses among this cohort as a measurable outcome.

Champions of Overdose Prevention Services understand that people with a substance use disorder didn't forfeit their right to health care or to be treated with dignity. And, when given the opportunity, they are capable of making decisions about their own health care.

Data from around the world tells us that Overdose Prevention Services reduce overdose deaths and the spread of infectious disease, while minimizing the compounded misery of arrests and incarceration. In addition to having no history of encouraging drug use, these services have proven to be a bridge to wellness. In fact, the genius of these programs is that, in giving people what they need, they come to you for it, which, in turn, builds trusting relationships and opens doors to additional services, from job training to treatment, and ongoing connections with community-based organizations.



Research also tells us that the vast majority of people recover from a substance use disorder, many on their own—which has always been the case. But today, given the unregulated and tainted drug supply, people are dying before they get the chance to recover, making the array of harm reduction interventions more vital than ever, if saving lives is the objective.

The US has the highest number of overdose deaths per capita in the world, without a close second. Yet misguided and outdated policies continue, highlighting the gap between research and legislation. It's surprising—given the severity of this crisis—that so many who could affect change are reluctant to do so.

My son had disabilities, he struggled in school and was socially awkward. I am sure he initially found that drugs eased his pain. But he was innately sweet-natured and sensitive, and his being dehumanized and mistreated only magnified his self-doubt, dimmed his hopes, and eroded his respect for criminal justice. Even so, maturity began to work in his favor. At the time of his relapse in 2017, he loved his job and had managed a long stretch of drug-free living. He was frightened, and he turned to me. But our earnest attempts to get help failed. Without the benefit of a safe haven or any medical oversight, he died, and he died alone. Overdose Prevention Services would have saved his life, allowing his continued trajectory toward wellness, allowing him a life. I know too that its premise would have been reassuring, giving him much needed faith in the world.

I would give anything to have my son back, but absent that possibility, I work to spare others his fate. I find hope in the humanistic principles of Overdose Prevention Services and I am grateful for its tireless advocates. The choice is between compassion and indifference, and between turning the corner on preventable overdose fatalities or not. The idea that we devote the bulk of our resources to criminal justice and border patrol—when neither has diminished the prevalence of illicit drugs, the number of people suffering from addiction, or the death toll that has quadrupled in recent years—is hard to understand. We will never be a drug free society, but we can affect change, and be a far healthier society.

I do understand initial skepticism on the part of the uninformed, but I have learned that what may, on the surface, seem counterintuitive actually makes sense. In my years of speaking with a wide range of individuals and groups, I have yet to encounter those who don't understand the benefits of these services once they are armed with the facts, supported by reams of data as well as common sense.

To combat the stigma that thwarts needed progress we must work to educate the public rather than avoid implementing life-saving policies due to the risk of being misunderstood. We have to honor public concerns—most often the product of auto-pilot thinking steeped by the war-on-drugs mentality—and work to provide well-founded information. If we are comfortable with jails and prisons (where dehumanization is routine, and outright abuse, all too frequent), but are uncomfortable with evidence-based health care that has proven to reduce deaths and bolster the likelihood of recovery, we have to examine why.

I urge you to vote in favor of this important legislation.

Respectfully submitted,

Jessie Dunleavy  
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# **Health Care for the Homeless - 2023 SB 618 FAV - O**

Uploaded by: Joanna Diamond

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY**  
**IN SUPPORT OF**  
**SB 618 – Public Health – Overdose and Infectious Disease**  
**Prevention Services Program**

**Senate Finance Committee**  
**March 14, 2023**



**Health Care for the Homeless supports SB 618**, which would allow jurisdictions to establish overdose prevention programs to reduce overdose deaths, which continue to rise at an alarming pace in Maryland.

Health Care for the Homeless is a non-profit Federally Qualified Health Center that works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy and community engagement.

The General Assembly is well aware of the tremendous burden that heroin and other opioids are taking on Maryland residents. The numbers of fatalities related to drugs and alcohol continues to be staggering in Maryland. According to the latest report released by the Opioid Operational Command Center, there were over 2,000 unintentional intoxication deaths involving drugs and alcohol in Maryland between January and September. Maryland legislators have taken important steps to address this crisis, but overdoses and deaths continue to climb as we look for strategies to address this problem. Overdose prevention sites are an evidence-based harm reduction strategy proven to reduce overdose deaths and crime in neighboring areas. These sites provide a setting where people can use substances with sterile equipment and medical monitoring in place to prevent overdose and death. There has not been a single overdose fatality at any overdose prevention facility.

Just as importantly, these facilities will provide a vulnerable population with connections to substance use disorder, mental health and medical services. Overdose prevention sites are designed to engage people who are hardest to reach, including patients with untreated medical conditions who may not access hospital or primary care services due to fear of stigma. Many of these individuals live in poverty, with limited access to housing and other basic needs.

At Health Care for the Homeless, harm reduction strategies are a cornerstone of our work. We train our clients and the community to use naloxone to reverse an overdose and prevent death. Clients have told us with pride how they saved others by using the naloxone we gave them. In addition, we utilize medication-assisted treatment (MAT) with buprenorphine to treat opioid addiction and help to stabilize lives so that our clients can look for jobs and housing. We are dedicated to community partnerships with organizations that provide needle exchange services, which reduce the spread of HIV, Hepatitis C and other infectious diseases.

(over)

All of these harm reduction strategies - naloxone, medication assisted treatment (MAT), and needle exchange – caused concern when they first started. Yet, we have seen time and time again that as communities adopt these programs, overdose fatalities decrease, transmission of infectious diseases slows, and clients build more trusting relationships with medical providers to engage in long-term medical care. Overdose prevention facilities are a continuation of this work. Clients who are current and former drug users have told our providers about the dangerous situations in which they are using heroin and other drugs – in abandoned row houses, in the boiler room of apartment buildings, and in restaurant bathrooms. It is our duty to meet them where they are and help keep them as safe as possible.

Overdose prevention facilities would provide a valuable tool to prevent overdose and death in a vulnerable population while connecting them to needed substance abuse, mental health and medical services. We urge the legislature to be a leader on this critical public health issue and ask for a favorable report on SB 618.

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County.*

*Our Vision: Everyone is healthy and has a safe home in a just and respectful community.*

*Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.*

*For more information, visit [www.hchmd.org](http://www.hchmd.org).*

# **MATOD - 2023 SB 618 FAV - Overdose Prevention Site**

Uploaded by: Joshua Grollmes

Position: FAV



## Senate Finance Committee

March 14, 2023

### Senate Bill 618 Public Health – Overdose and Infectious Disease Prevention Services Program

#### Support

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(410) 752-6080



[www.matod.org](http://www.matod.org)

The Maryland Association for the Treatment of Opioid Dependence (MATOD) supports Senate Bill 618, which will allow jurisdictions to develop Overdose and Infectious Disease Prevention programs to reduce fatal and non-fatal overdoses, and provide a pathway for people toward needed health care.

Fatal Opioid-related overdoses climbed over 14% from January to September 2020 compared to the same 2019 time-frame. The current increase in fatal overdoses translates to the loss of over 2,400 Marylanders during 2020 from Opioid misuse. Despite Maryland's continued efforts of prevention, enforcement and treatment & recovery, opioid addiction and misuse in 2020 will unfortunately claim the largest number of Maryland lives in any single year on record.

Maryland's "all hands on deck" "all tools available" approach has effectively saved lives with harm reduction efforts of increased naloxone distribution and syringe exchange services; increased access and availability to evidenced-based medication assisted treatment with methadone and buprenorphine; greater implementation of peer recovery specialists in medical and community settings; and creative jurisdictional Opioid Intervention Teams across the state. More is urgently needed, however, in order to save lives and change the trajectory of the continued opioid crisis.

Substance use disorder treatment is only be effective when and if it is received. The U.S. Surgeon General's 2016 "Facing Addiction" report noted that "only 1 in 10 people with a substance use disorder receive any type of substance use treatment." Senate Bill 618 can provide life-saving services for those 90% of Marylanders with the manageable disease of addiction who are not yet engaged in treatment.

The proposed Overdose and Infectious Disease Prevention Services Program is based on similar programs operating in more than sixty (60) cities in ten (10) countries, and most recently in New York City. The results and evidence from these successful harm-reduction facilities is unequivocal – they reduce overdose deaths, provide an entry into treatment, reduce public use and publicly discarded syringes, are cost-effective and they do not encourage or increase additional drug use or crime.

Maryland needs to add this tool in the great work being done to reduce overdose deaths and improve access to needed health care.

MATOD urges a favorable report on Senate Bill 618.

*MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.*

# **NASW Maryland - 2023 SB 618 FAV - Overdose Prevent**

Uploaded by: Judith Schagrin

Position: FAV



**Senate Finance Committee**  
**Senate Bill 618 - Public Health – Overdose and Infectious Disease Prevention Services**  
**Program**  
**March 14, 2023**  
**SUPPORT**

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD), we would like to express our support for Senate Bill 618. As social workers, we help meet the needs of – and empower – all people, with particular attention to those who are vulnerable, oppressed, and living in poverty.<sup>1</sup> Unfortunately, we are living in a precarious time where a great deal of people fall into these categories. With income inequality greater than any time since before the great depression, many people are dying from what are referred to as “diseases of despair,” including from substances.<sup>2</sup> Those people are worthy of help.

Studies have found Overdose Prevention Sites to reduce the number of overdose deaths and transmission rates of infectious diseases without increasing drug trafficking or crime in the relevant areas.<sup>3</sup> These sites are also in demand. A Johns Hopkins study recently found that 77% of people who use drugs who were surveyed, said they would use such sites if they were available.<sup>4</sup> Safe consumption sites have been shown to save lives and tax dollars. Additionally, for substance users who want to seek help, overdose prevention sites can provide immediate health assistance, such as getting wound care, and provide referrals to other resources in the community.

We ask that you give a favorable report on Senate Bill 618.

Respectfully,

Mary Beth DeMartino, LCSW  
Executive Director, NASW-MD

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<sup>1</sup> <https://www.socialworkers.org/about/ethics/code-of-ethics/code-of-ethics-english>

<sup>2</sup> <https://blog.petrieflom.law.harvard.edu/2018/07/22/diseases-of-despair-the-role-of-policy-and-law/>

<sup>3</sup> <https://www.ama-assn.org/press-center/press-releases/ama-wants-new-approaches-combat-synthetic-and-injectable-drugs>

<sup>4</sup> <http://www.baltimoresun.com/health/bs-hs-safe-consumption-spaces-20190605-story.html>

# **MD Addiction Directors Council - 2023 SB 618 FAV -**

Uploaded by: Kim Wireman

Position: FAV



## **Maryland Addiction Directors Council**

### **Senate Bill 618 – Public Health – Overdose and Infectious Disease Prevention Services Program**

Senate Finance Committee

March 14, 2023

#### **TESTIMONY IN SUPPORT**

Maryland Addiction Directors Council (MADC) represents Substance Use Disorder (SUD) and Dual Recovery outpatient and residential providers in Maryland. MADC members provide over 1,200 residential beds across the State and advocate for quality SUD and Dual Recovery outpatient and residential treatment.

MADC supports Senate Bill 618 and the efforts of leaders in the legislature to allow for the creation of Overdose Prevention Sites. This will help keep people with SUDs alive and reduce their chances of contracting long-term and life-threatening diseases. The magnitude of the addiction epidemic demands a comprehensive approach to treatment, including harm reduction strategies, medication-assisted treatment and other evidence-based practices to meet clients at a place they will reduce harm to themselves and/or access treatment.

Contrary to what critics say, safe injection practices do not promote drug use. Rather, they are an attempt to meet users where they are at that moment, whether interested in seeking treatment or not, but more importantly keeping them alive and reducing the chance they will contract any number of life-threatening diseases. Our job is not to judge but to provide all of the means possible to treat substance use disorder and end dependence on opioids, while preventing further harm.

Evidence-based harm reduction, as a concept and a practice, needs to be a greater focus of policymakers. Harm reduction may take the form of educating someone not to share needles and to use a new needle each time they do use. It may be reviewing injection practices and recommending they not use well water or adding a filter to reduce particulate matter. Harm reduction may be implementing a buddy system and not using alone and making sure naloxone is immediately available in case.

(over)



## **Maryland Addiction Directors Council**

Harm reduction is imperative for us to incorporate as we all collaborate and work to end the opioid epidemic that has taken the lives of our family, friends, colleagues and neighbors. According to the CDC, users of harm reduction services are five times more likely to enter drug treatment programs and three times more likely to stop using drugs than people who don't use the programs.

Finally, the recent experience in New York City which has had two overdose prevention sites in operation for well over a year, shows that these programs are effective and save people's lives. It's time for Maryland to take this step to allow communities who choose to, to open these programs.

**Maryland Addiction Directors Council urges this committee to pass Senate Bill 618.**

**SB618\_MoCoDHHS\_Frey\_FAV.pdf**

Uploaded by: Leslie Frey

Position: FAV



# Montgomery County

## Office of Intergovernmental Relations

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ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

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**SB 618**

**DATE: March 14, 2023**

**SPONSOR: Senator Hettleman, et al.**

**ASSIGNED TO: Finance**

**CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)**

**POSITION: FAVORABLE (Department of Health and Human Services)**

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### **Public Health – Overdose and Infectious Disease Prevention Services Program**

Senate Bill 618 would allow the Maryland Department of Health, in consultation with local health departments, to approve up to six single-site programs throughout the State in areas with high incidence of drug use, where drug users can access a location that is supervised by health care professionals in order to consume pre-obtained drugs; obtain sterile supplies for personal drug administration and dispose of the supplies; be monitored for potential overdose and receive rescue medication, including naloxone; and receive access or referrals to services such as substance abuse disorder counseling and treatment services, among other services. Program sites would be established by hospitals, clinics, substance abuse treatment centers, medical offices, federally qualified health centers, mental health facilities, local health departments, or faith-based organizations. The bill would take effect July 1, 2023 and sunset four years later, on June 30, 2027.

Safe consumption sites such as those provided for by Senate Bill 618 are well-studied and shown to positively impact public health by reducing the transmission of HIV and hepatitis C<sup>1</sup>, reducing fatal overdose<sup>2</sup>, facilitating entry into addiction treatment<sup>3</sup>, and through addiction treatment support injection cessation<sup>4</sup>. Because these positive public health outcomes benefit Marylanders struggling with addiction as well as our communities as a whole, Montgomery County Department of Health and Human Services supports Senate Bill 618 and respectfully urges the Committee to issue a favorable report.

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<sup>1</sup> Sherman, S., Hunter, K., and S. Rouhani. 2017. Safer drug consumption spaces: a strategy for Baltimore City. The Abell Report, 29(7)

<sup>2</sup> *Id.*

<sup>3</sup> DeBeck, K., Kerr, T., Bird, L., Zhang, R., Marsh, D., Tyndall, M., Montaner, J., and E. Wood. 2011. Injection drug use cessation and use of North America's first medically supervised safer injection facility. Drug and Alcohol Dependence (113) 172-176.

<sup>4</sup> *Id.*

# **NCADD-MD - 2023 SB 618 FAV - Overdose Prevention S**

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee  
March 14, 2023**

**Senate Bill 618  
Public Health – Overdose and Infectious Disease Prevention Services Program  
Support**

One strategy the State has refused to approve is the creation of an Overdose and Infectious Disease Prevention Services Program. NCADD-Maryland supports its creation through Senate Bill 618. This is a harm reduction strategy whereby people who consume drugs, can do so under clinical supervision. The primary purpose of this is to provide immediate assistance in the case of an overdose.

Along with direct assistance in saving people’s lives, these programs, as proposed in Senate Bill 618, would also avail people of:

- First aid and care for wounds;
- Sterile syringes and their collection;
- Referral to services for substance use disorders, HIV, hepatitis, sexually transmitted diseases, reproductive health care, and wound care; and
- Education regarding the risk of overdoses and the transmission of various infectious diseases.

There are two of these sites in New York City and their success in saving people’s lives is astounding. More than 100 such programs in jurisdictions around the world have decades worth of experience preventing overdoses and provided needed health care. Multiple studies show that these programs reduce the sharing of syringes, and therefore of the transmission of HIV and hepatitis. Research also shows a reduction in overdose deaths, discarded syringes, and an increase in the number of people who enter substance use disorder treatment.

Overdose prevention sites will reduce opioid overdose deaths and begin to address the public health consequences of the crisis. This bill will allow communities that want these services to be able to open them. We urge a favorable report on Senate Bill 618.

*The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.*



**NFranklin SB618 FAV.pdf**

Uploaded by: Neill Franklin

Position: FAV



# LAW ENFORCEMENT ACTION PARTNERSHIP

ADVANCING JUSTICE AND PUBLIC SAFETY SOLUTIONS

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To: Melony Griffith, Chair,  
Katherine Klausmeier, Vice Chair, and  
Senate Finance Committee Members

From: Major Neill Franklin, Ret., on behalf of the  
Law Enforcement Action Partnership (LEAP)

## **Favorable - Senate Bill 618**

Public Health – Overdose and Infectious Disease Prevention Services Program

Hearing: Tuesday, March 14, 2023, 1:00 p.m.

Distinguished members of the Committee, thank you very much for the opportunity to present the views of the Law Enforcement Action Partnership (LEAP) in support of Senate Bill 618, which would prevent overdose deaths by allowing the opening of overdose prevention sites in Maryland.

The Law Enforcement Action Partnership's mission is to unite and mobilize the voice of law enforcement in support of drug policy and criminal justice reforms that will make communities safer by focusing law enforcement resources on the greatest threats to public safety, addressing the root causes of crime, and working toward healing police-community relations.

I have served in three Maryland police agencies as a commander: the Maryland State Police as the northeast regional commander for the Bureau of Drug and Criminal Enforcement, the Baltimore Police Department as the Chief of human resources and head of training, and the Maryland Transit Administration as the head of Investigation Services, which included drug enforcement. Over my thirty-four-year career, I was responsible for the arrest and jailing of hundreds, if not thousands, of Maryland citizens for low-level drug possession charges. Most of the people I arrested were suffering from addiction.

[LawEnforcementActionPartnership.org](https://LawEnforcementActionPartnership.org)

*Formerly known as Law Enforcement Against Prohibition*

One of the most frustrating things about serving in law enforcement is being called to deal with the same people struggling with drug addiction day after day. One of the most painful is being called to a scene where one of those people has suffered a fatal overdose. Police witness these awful scenes and then have to break the news to their families. Yet we do not have the tools to deal with the root causes of addiction and overdose.

Fortunately, there is a tool that we can use to prevent overdose in Maryland – the Overdose Prevention Site. In more than 150 locations across Europe, Canada, and Australia, injection-drug users bring their own drugs into Overdose Prevention Sites (OPS) and inject in the presence of medical staff. In more than two decades of OPS operation, no OPS user has ever died of overdose or contracted HIV or Hepatitis C due to needle-sharing in these facilities. These facilities are one reason that European countries now have far lower overdose death rates than the United States.

I am encouraged to say that since the last time I testified on this issue, New York City has opened two overdose prevention sites. In the last year, staff at these two sites have reversed a combined 600 overdoses. Rhode Island has also passed legislation to allow the opening of overdose prevention sites. I am proud to testify in support of Senate Bill 618, which would have Maryland follow suit.

About nine years ago I had the pleasure of visiting Vancouver's Overdose Prevention Site, "Insite." During my day-long visit I toured the facility and the surrounding community, and I was extremely surprised at what I saw and who I met. I saw clean alleys with "Sharps" containers on poles. I saw literature next to those containers advising people of dangerous heroin laced with problematic "cut." And I saw police officers interacting with people who use drugs in a cordial, helpful manner.

While touring Insite I met Ms. Pearl. Ms. Pearl was a gentle soul who had been addicted to heroin for many years. Prior to her having access to Insite, she had been in and out of the hospital as a victim of several violent crimes, and she was extremely depressed due to isolation.

Ms. Pearl now has hope. She has hope of one day being admitted to Onsite, the inpatient treatment facility on the second floor of Insite. She knows it will be a very difficult task, but she believes that with the love and support of Insite staff, she will succeed. Insite staff give Ms. Pearl a feeling of connection, and connection is the key ingredient in beating addiction.

In order to prevent overdose, create connection, and reduce addiction, the law enforcement members of the Law Enforcement Action Partnership support Senate Bill 618. We ask that you, the members of this committee, give Senate Bill 618 a favorable report.

Sincerely,

Major Neill Franklin (Ret.)  
Formerly with the Maryland State Police  
Executive Board Member, Law Enforcement Action Partnership

**SB0618-FIN-FAV.pdf**

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT  
MAYOR

*Office of Government Relations  
88 State Circle  
Annapolis, Maryland 21401*

**SB 618**

March 14, 2023

**TO:** Members of the Senate Finance Committee  
**FROM:** Mayor Brandon M. Scott, City of Baltimore  
**RE:** Senate Bill 618 – Public Health – Overdose and Infectious Disease Prevention Services Program  
**POSITION: Support**

Chair Griffith, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 618.

SB 618 will authorize the establishment of an Overdose and Infectious Disease Prevention Services Program (OIDPSP) by a community-based organization. Establishment of OIDPSP will provide a safe space for people who use drugs (PWUD) to consume pre-purchased substances in a supervised setting. Often staffed by healthcare workers, case managers, and/or peers, consumers will have access to wraparound services to address their needs.

According to the Maryland Department of Health’s 2020 annual report, Maryland’s overdose deaths rose nearly 18% compared to the previous year.<sup>1</sup> It is no surprise to public health professionals that the COVID-19 pandemic has only exacerbated the opioid epidemic. It is imperative that we take these bold steps and save the lives of our loved ones. The concept of OIDPSP may be new to the United States, but it is common practice elsewhere. Nearly 200 sites are operational in 14 countries, none of which have ever had an overdose death.<sup>2</sup>

Over 100 peer-reviewed studies have shown the positive impacts the sites have on communities and those who use them.<sup>2</sup> Saving lives with Naloxone (also known as “Narcan”) is one of the most immediate benefits. However, the benefits do not stop there. These studies have demonstrated a reduction in HIV and Hepatitis C transmission rates, an increase in access to treatment, a connection to social and medical services, a reduction in the amount and frequency clients use drugs, a safe place to find connection and care without stigma or fear of criminalization, cost savings for the medical system(s), and a reduction in syringe litter and/or other drug paraphernalia.<sup>2</sup> In just the first year of operation, OnPoint in New York City reversed more than 600 overdoses and has had 0 deaths at their location.<sup>3</sup>

For these reasons, the BCA respectfully request a **favorable** report on SB 618. Overdose deaths are preventable. OIDPSP’s can play a critical role in re-thinking how we combat the opioid crisis, thus we urge the committee to pass Sb 618.

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<sup>1</sup> Maryland Department of Health. (2021). Unintentional Drug and Alcohol-Related Intoxication Deaths. Retrieved from [https://health.maryland.gov/vsa/Documents/Overdose/Annual\\_2020\\_Drug\\_Intox\\_Report.pdf](https://health.maryland.gov/vsa/Documents/Overdose/Annual_2020_Drug_Intox_Report.pdf)

<sup>2</sup> The Drug Policy Alliance. (n.d.). Overdose Prevention Centers. Retrieved from <https://drugpolicy.org/issues/supervised-consumption-services>

<sup>3</sup> OnPoint NYC. (2021). About Us. Retrieved from <https://onpointnyc.org/>

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**OPS testimony - Alfrieda Hylton.pdf**

Uploaded by: Progressive Maryland

Position: FAV



# PROGRESSIVE MARYLAND

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## Testimony on Maryland Senate Bill 618 Public Health – Overdose and Infectious Disease Prevention Services Program

**TO:** Chair Griffith and members of the Finance Committee

**FROM:** Alfrieda Hylton, Progressive Maryland Drug Policy Taskforce Leader, Prince George's County (D24)

**DATE:** March 13, 2023

**POSITION:** Favorable

Thank you for the opportunity to offer testimony on SB618. Progressive Maryland is a grassroots, nonprofit organization with 9 chapters from Frederick to the Lower Shore and more than 100,000 members and supporters who live in nearly every legislative district in the state. In addition, there are dozens of affiliated community, faith, and labor organizations across the state that stand behind our work. Our mission is to improve the lives of working families in Maryland. Please note our strong support for this bill.

I have a granddaughter who's 27 years of age, a heroin addict and I've seen the side effects of the drugs and witness withdrawals, reckless behavior, where she becomes unrecognizable. Thank you for the opportunity to discuss the overdose crisis and to share my views on how it's affecting individuals, families, and communities across our nation. I'm devastated by the misused and increasing prescription and illicit opioid abuse, addiction, and overdose, including paraphernalia, heroin, and methadone. The most alarming is the significant and continued increases in overdose deaths. Too many of our citizens are being robbed of their God-given potential in the prime of their life. Healthcare providers prescribed opioids to treat pain in ways that are high risks associated with opioid abuse, addiction, and overdose when prescribed at high doses and longer durations. There is a lack of health system and healthcare provider capacity to identify and engage individuals that provide them with high-quality, evidence-based opioid addiction treatment.

According to the Center for Disease Control and Prevention in Maryland, nearly 90% of drug overdose deaths involved opioids in 2018; a total of 2,087 deaths (a rate of 33.7). and, in 2018, 67,367 drug overdose deaths occurred in the United States. The age-adjusted rate of overdose deaths decreased by 4.6% from 2017 (21.7 per 100,000) to 2018 (20.7 per 100,000). Opioids—mainly synthetic opioids (other than methadone) are currently the main driver of drug overdose deaths. Opioids were involved in 46,802 overdose deaths in 2018 (69.5% of all drug overdose deaths). Two out of three (67.0%) opioid-overdose deaths involved synthetic opioids. Thus, treating only the individual with the active disease of addiction is limited in effectiveness. Do you know that you can help people who are most at risk for opioid use disorder and overdose in the State of Maryland? As well as helping those struggling with opioid, heroin, and methadone use disorder find the right care and treatment. I strongly believe



representatives of District 24 are willing to take a major step to combat substance misuse and protect the State of Maryland communities from the scourge of opioid, heroin, and methadone addictions by providing support to those individuals fighting addictions and having access to appropriate interventions treatment facilities, as well as expanding government services to individuals battling with drug addiction.

We urge a favorable report.

# **OPS testimony - Eryck Stamper.pdf**

Uploaded by: Progressive Maryland

Position: FAV



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## Testimony on Maryland Senate Bill 618 Public Health – Overdose and Infectious Disease Prevention Services Program

**TO:** Chair Griffith and members of the Finance Committee

**FROM:** Eryck Stamper, Progressive Maryland Drug Policy Taskforce Leader, Baltimore (D46)

**DATE:** March 13, 2023

**POSITION:** Favorable

Thank you for the opportunity to offer testimony on SB618. Progressive Maryland is a grassroots, nonprofit organization with 9 chapters from Frederick to the Lower Shore and more than 100,000 members and supporters who live in nearly every legislative district in the state. In addition, there are dozens of affiliated community, faith, and labor organizations across the state that stand behind our work. Our mission is to improve the lives of working families in Maryland. Please note our strong support for this bill.

I'm writing to urge you to support SB618. The creation of an important program like the Overdose and Infectious Disease Prevention Service Program is important to me and I believe many in my local community and state as a whole will benefit from its offerings and language.

This afternoon I went outside to walk a guest to their vehicle. We had to dodge various needles, plungers and broken drug burned glass in the gutter and area next to their car. A real sad, painful and embarrassing moment as a property as I have pride in ownership and care for our community. As a father attempting to raise my daughter in a clean, healthy, safe and sound environment, this is nor acceptable. She's 12 years old and not even allowed beyond the limited bounds of our small yard and chained fence alone (how did we play at 12?). I can't trust many areas we traverse as we see people literally strung out laying on the street or doing the "gangster lean" in drug induced states, fighting and screaming over drugs and money. This is traumatic coming from a military Veteran who suffers medical conditions and even harmful on the forming brain of a young girl. I can't keep my blinders on and ignore it any longer as I travel our great state of Maryland. These are hard realities to face and even harder questions and daily reminders to answer to my daughter in our current state.

We urge a favorable report.

**OPS testimony - Joseph Dacey.pdf**

Uploaded by: Progressive Maryland

Position: FAV



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## Testimony on Maryland Senate Bill 618 Public Health – Overdose and Infectious Disease Prevention Services Program

**TO:** Chair Griffith and members of the Finance Committee

**FROM:** Joseph Dacey, Progressive Maryland Drug Policy Taskforce Leader, Baltimore (D44A)

**DATE:** March 13, 2023

**POSITION:** Favorable

Thank you for the opportunity to offer testimony on SB618. Progressive Maryland is a grassroots, nonprofit organization with 9 chapters from Frederick to the Lower Shore and more than 100,000 members and supporters who live in nearly every legislative district in the state. In addition, there are dozens of affiliated community, faith, and labor organizations across the state that stand behind our work. Our mission is to improve the lives of working families in Maryland. Please note our strong support for this bill.

I am writing in strong support of SB618 to establish supervised consumption and overdose prevention sites (OPSs) across the state of Maryland.

For too long, people who are addicted to drugs have been driven away from help – away from resources that can give them hope and an escape - due to the fear of prosecution and imprisonment. Often a law enforcement officer, a correctional officer, or a probation officer may be the only contact the state has with an addicted person. It is not their job – nor should it be their job - to connect the person to social services that can help them through their addiction. This is where an overdose prevention site can be a critical lifeline to an addicted person.

The staff of the OPS is an off-ramp from addiction that can avoid the use of law enforcement and correctional resources. People who are addicted can be directly linked with services at the OPS at the time when they are needed without the constant threat of arrest or harassment. They will be treated as people in need of help instead of criminals who need to be locked up.

Please stand up against policies which morally condemn our community members who are currently experiencing a public health crisis. You can do this by supporting Senate Bill 618. This policy would be one step closer to helping those that are in need of evidence-based assistance without subjective condemnation. We urge a favorable report.

**OPS testimony - Wanda Bannerman.pdf**

Uploaded by: Progressive Maryland

Position: FAV



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## Testimony on Maryland Senate Bill 618 Public Health – Overdose and Infectious Disease Prevention Services Program

**TO:** Chair Griffith and members of the Finance Committee

**FROM:** Wanda Bannerman, Progressive Maryland Drug Policy Taskforce Leader, Prince George's County (D27A)

**DATE:** March 13, 2023

**POSITION:** Favorable

Thank you for the opportunity to offer testimony on SB618. Progressive Maryland is a grassroots, nonprofit organization with 9 chapters from Frederick to the Lower Shore and more than 100,000 members and supporters who live in nearly every legislative district in the state. In addition, there are dozens of affiliated community, faith, and labor organizations across the state that stand behind our work. Our mission is to improve the lives of working families in Maryland. Please note our strong support for this bill.

It is sad to say we humans are so fragile and weak that drug use seems to be the way many people deal with problems. In a perfect world, there would be no need for drug Illicit drug use. We are not living in a perfect world! In our sad, difficult life, many people find escape through drugs. These drugs sometimes ruin their future and take their lives many times they go to jail and harm their bodies. If we can find a way to at least allow people to live through this tragic experience then perhaps they can get on the road to recovery. Inside of an overdose prevention site, our community members could find a safe environment to use and maybe find a way out, a way back to a safe normal life.

I beg you to agree to try this please for us to work as a community and save people. We should review and understand how these sites have helped other communities. There is no cost-effectiveness for simply locking people up.

Thank you for your time and attention. We urge a favorable report.

# **Overdose Sites - SB618.pdf**

Uploaded by: Psalms Rojas

Position: FAV





**MARIAN HOUSE**

Women Moving from Dependence to Independence

**TESTIMONY IN SUPPORT OF SB618**

March 14, 2023

Senator Melony Griffith  
3 East Miller  
Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401

**Testimony of Marian House in Support of SB618**

**Dear Chair Griffith, Vice-Chair Klausmeier, and members of the Finance Committee,**

Marian House is a holistic, healing community for women and their children who are in need of housing and support services. Marian House provides comprehensive support services to assist women with experiences of trauma, including poverty, substance abuse, and incarceration. **I write to urge you to support Senate Bill 618 – Overdose and Infectious Disease Prevention Services Program.**

Over forty years ago, Marian House was opened to provide reentry supports for women leaving incarceration as Sisters and laywomen recognized that lack of support contributed to recidivism rates. Today, we have also expanded to serve women with histories of trauma including homelessness, incarceration, neglect, substance abuse and mental health needs. Since our opening, we have assisted women who have been victims of crime in reinventing and rebuilding themselves through services such as: counseling, substance abuse treatment, job training and providing both long and short-term housing. All the women we have served have overcome obstacles on their journeys to become contributing members of society in the Baltimore area.

Every day in 2019, nearly seven Marylanders died from an opioid overdose – and COVID-19 has led to even more fatal overdoses. According to the most recent data available, there was a 15% increase in overdose deaths during the first nine months of 2020. Overdose Prevention Sites (OPS) are safe, private facilities that provide people who use drugs a place for consumption and life-saving interventions, like naloxone and access to treatment services. OPS are a proven solution to the opioid overdose crisis and data has shown that overdose fatality dropped 35% in the area around a single OPS within one year of opening.

This bill would allow community-based organizations to establish OPS where people could use pre-purchased drugs in a supervised setting. The supervision provided at overdose prevention sites can dramatically reduce overdose fatality risk in Maryland and save scarce resources. **SB618 will help save lives, therefore, we urge your SUPPORT of SB618.**

Thank you for your support,

Katie Allston, LCSW-C  
President and C.E.O.

# **SB618\_BRIDGES Coalition\_FAV.pdf**

Uploaded by: Rajani Gudlavalleti

Position: FAV



March 14, 2023

The Honorable Senator Melony Griffith  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 618  
(Public Health – Overdose and Infectious Disease Prevention Services Program) -  
FAVORABLE**

BRIDGES Coalition for Overdose Prevention Sites supports *SB618 - Public Health - Overdose and Infectious Disease Prevention Services Program*. This bill will allow community-based organizations, such as our trained membership of over 30 organizations and dozens of harm reduction workers, to establish overdose prevention programs to reduce overdose deaths, which continue to occur at unprecedented levels in Maryland.

Founded in March 2017, BRIDGES Coalition for Overdose Prevention Sites (OPS) is a statewide Baltimore-based advocacy coalition working to end overdose and criminalization by promoting safe spaces, dignity, health, and justice for people who use drugs. BRIDGES was founded with funding from the Drug Policy Alliance and Open Society Foundations, international resources for drug policy reform and reparative justice for communities harmed by the war on drugs. Our coalition was created to address needs named by Maryland policymakers during committee hearings and delegation meetings in 2016, when then-Delegate Dan Morhaim first presented this bill to authorize OPS. **Since the bill was first introduced, Maryland has lost over 17,000 individuals to fatal overdose. We cannot overemphasize the significance of these losses on loved ones, communities, and our state as a whole.**

BRIDGES Coalition is dedicated to ensuring Maryland State authorizes OPS. For the past six years, our coalition has led public education and community mobilization efforts via monthly community organizing meetings, mock demonstrations of OPS, community dialogues, informational hearings with the Baltimore City Council, online messaging campaigns, an [educational video series](#), focus groups, surveys with various stakeholders, and ten Maryland General Assembly committee hearings. Each year, we host several events in partnership with places of worship, treatment programs, neighborhood associations, cultural centers, and public officials -- all with the same goal of addressing potential community concerns around overdose prevention sites being set up across our state. We engage Marylanders new to the concept of Overdose Prevention Sites, and every person has walked away with a deeper understanding and support for these life-saving services.

**Maryland needs Overdose Prevention Sites; indoor spaces where individuals can consume pre-obtained drugs in the presence of trained professionals with immediate access to life-saving interventions, medical care, emotional support, and non-judgmental therapeutic relationships.**

We recognize that OPS are not the sole solution to the overdose epidemic and could never replace treatment services. OPS are a crisis intervention positioned within the continuum of care to reduce overdose rates. To most effectively save lives from the growing overdose epidemic, Marylanders

need and deserve overdose prevention sites that are community and peer-run, grounded in mutual aid efforts, and implemented with a social justice framework.

**For over 30 years, it has been proven globally that overdose prevention sites save lives. In all 200+ OPS around the world, in which millions of supervised drug injections have occurred, no one has died of a fatal overdose.** In its first year of operation, the first sites sanctioned in the United States, OnPointNYC reversed over 600 overdoses – six times the number of lives predicted to be saved when these sites first opened in November 2021. BRIDGES Coalition has built a strong relationship with OnPointNYC, having organized tours of the sites for Delegate Peña-Melnyk, Delegate Robbyn Lewis, Senator Shelly Hettleman, Baltimore Mayor Brandon Scott, several other members of Baltimore City leadership, and over a dozen Maryland-based harm reduction workers. All who visited the sites have left with a renewed conviction that OPS are needed in our state now.

We urge the General Assembly to authorize the proposed Overdose and Infectious Disease Prevention Services Program, which mirrors these programs already established across the world, including the two in the United States.

**We ask that the Senate Finance Committee give SB618 a favorable report.**

For more information about the BRIDGES Coalition for Overdose Prevention Sites, please contact Rajani Gudlavalleti at [rajani@baltimoreharmreduction.org](mailto:rajani@baltimoreharmreduction.org).



# 2023 MNA SB 618 House Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 618

**Title:** Public Health – Overdose and Infectious Disease Prevention Services Program

**Hearing Date:** March 14, 2023

**Position:** Support

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The Maryland Nurses Association (MNA) supports *Senate Bill 618 – Public Health – Overdose and Infectious Disease Prevention Services Program*. This bill would establish an “Overdose and Infection Disease Program” to offer program services in areas with a high incidence of drug use.

As the number of opioid overdoses increase each year, MNA continues to be very supportive of efforts to address this crisis. This includes having a broad strategy as envisioned by this legislation. MNA supports this endeavor because safe consumption sites provide an array of services in addition to preventing overdoses and deaths due to opioids. This includes the provision of primary health care services including wound care; providing sterile syringes and testing for HIV and Hepatitis C in order to reduce the transmission of infectious diseases; and connecting individuals to substance use treatment.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

# **MDDCSAM - 2023 SB 618 FAV - Overdose Prevention Si**

Uploaded by: Scott Whetsell

Position: FAV



*MDDCSAM is a chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.*

SB 618 – Senate Finance - Overdose and Infectious Disease Prevention Services Program  
Provided by Scott J. Whetsell, MD, MBA, FASAM

March 14, 2023

## **SUPPORT**

Chair Griffith and Members of the Finance Committee,

My name is Scott Whetsell and I co-chair the Public Policy Committee for the MD-DC Society of Addiction Medicine (MDDCSAM). I am writing to you today on behalf of the MD-DC Society of Addiction Medicine in favor of the passage of SB 618 which would establish overdose prevention sites (OPS) statewide.

According to data from the Department of Health, 2518 Marylander's died of an opioid related overdose in 2020. The number of opioid-related deaths increased 20% between 2019 and 2020 and 90% of all intoxication related deaths were due to opioids. The 2021 National Survey on Drug Use and Health released by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates 94% of people aged 12 and older with a substance use disorder failed to receive any treatment. **It is clear from the aforementioned statistics that our current local and national strategy is failing to protect our citizens, and the time has come for a new approach.**

Fortunately, Maryland already has the governance and administrative knowledge within the Department of Health to quickly and effectively establish overdose prevention sites in accordance with SB 618. **As a practical matter, overdose prevention sites are syringe service programs with additional clinical staff who intervene to save an individual in event of an overdose. In addition to overdose treatment and providing safe needles to curb the transmission of infectious diseases, OPS provide an added access point to refer individuals to treatment program or other social services.** The Department of Health, through its Center for Harm Reduction Services can leverage the existing syringe service program framework and the existing partnerships with local health departments and community-based organizations to create OPS services.

To further illustrate how the framework for OPS outlined in SB 618 already exists in Department of Health's syringe service program, one need look no further than the locations of the syringe service programs themselves. SB 618 calls for no more than six OPS programs to be established. Two in urban areas, two in suburban areas, and two in rural areas. A review of overdose deaths in 2020 by county puts

(over)



Baltimore City, Baltimore County, Montgomery County, Prince George's County, Washington County and Cecil County as 6 of the 7 top counties for total deaths. **All of these counties currently have local health departments operating syringe service programs; each of which could be transitioned to an overdose prevention site, quickly fulfilling SB 618's statutory requirements.**

It is clear that the state of Maryland has both the need for overdose prevention sites and the relevant expertise at the state and local level to successfully implement these programs. It is the Maryland-DC Society of Addiction Medicine's desire, and the wish of the thousands of Maryland families whom have lost loved ones to opioid-related overdoses, that you give this legislation a favorable recommendation and begin the process of turning the tide on the opioid epidemic.

**SB618\_FAV\_Hettleman.pdf**

Uploaded by: Shelly Hettleman

Position: FAV

**SHELLY HETTLEMAN**  
Legislative District 11  
Baltimore County

Budget and Taxation Committee

Health and Human Services Subcommittee

Pensions Subcommittee

*Vice Chair*  
Rules Committee



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800-492-7122 Ext. 3131  
Shelly.Hettleman@senate.state.md.us

*The Senate of Maryland*  
ANNAPOLIS, MARYLAND 21401

**TESTIMONY OF SENATOR SHELLY HETTLEMAN**  
**SB 618- Public Health- Overdose and Infectious Disease Prevention**

Since 2020, Maryland has lost nearly 7,500 lives to overdose. In 2022 alone, over 2,400 Marylanders died of a drug overdose. These are not just numbers and statistics. These are people, and they are dying preventable deaths. Maryland's alarming rates of overdose deaths are clear indicators that people who use drugs are not receiving the care they need.

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 have done 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 federally 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. The bill would create a **pilot program in non-residential areas**: two urban, two suburban, and two rural sites.

Substance users would be permitted to bring 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, housing counseling, HIV testing, etc.

There are 12 countries that host over 150 overdose prevention sites around the world. And there have been NO deaths in any of them. In the almost 20-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 millions of injections without a death and overdoses in the surrounding neighborhoods have also declined. Similar programs worldwide have experienced similar results. In 2021, Rhode Island was the first state in the nation to adopt legislation enabling overdose prevention sites.

This December, I had the opportunity to visit OnPoint in New York City - 2 sites that are operated by the Department of Health and saw, first-hand, what an OPS is. I witnessed people using drugs (that they brought) with safe and clean syringes, I observed trained healthcare

professionals who were prepared with Naloxone if they saw someone in need. I saw clients meet with counselors, observed the meditation room where they could relax, the cots where they could rest, the laundry where they could wash their clothes, and the showers where they could clean themselves. I saw trained staff who knew these individuals and were able to connect with them. In just over a year of operation, OnPoint has saved over 600 people - people who otherwise may have overdosed alone in an alley or a public restroom.

Over 100 peer-reviewed studies have supported the efficacy of overdose prevention sites. Studies point to isolated drug use increasing the risk of a fatal overdose significantly because there is no one there to save them. OPS brings people out of isolation and saves lives. In fact, in areas with OPS, there are reductions in use and increases in treatment. What is evidence-based and has been proven to be effective in decreasing substance abuse should be driving our policy decisions.

What we *were* doing wasn't enough. What we must consider, in light of the persistence of the devastation of overdose deaths, is a new and data driven approach. 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 continues to take so many lives. Respectfully, I ask for your support of SB 618. Thank you.

# **SB618-Fentanyl Related Fatal Overdoses in MD**

Uploaded by: Shelly Hettleman

Position: FAV

<b>Fentanyl-Related Fatal Overdoses in Maryland by Jurisdiction</b>			
<b>Jurisdiction</b>	<b>2020 Total</b>	<b>2021 Total*</b>	<b>2022* (Jan-Sep)</b>
<i>Allegany</i>	44	38	23
<i>Anne Arundel</i>	209	193	108
<i>Baltimore</i>	328	329	181
<i>Baltimore City</i>	920	975	601
<i>Calvert</i>	16	16	8
<i>Caroline</i>	14	7	8
<i>Carroll</i>	37	39	26
<i>Cecil</i>	81	71	59
<i>Charles</i>	37	29	30
<i>Dorchester</i>	15	18	10
<i>Frederick</i>	56	41	33
<i>Garrett</i>	5	6	3
<i>Harford</i>	67	76	47
<i>Howard</i>	44	28	28
<i>Kent</i>	6	6	3
<i>Montgomery</i>	102	112	58
<i>Prince George's</i>	149	162	104
<i>Queen Anne's</i>	12	11	3
<i>Somerset</i>	12	9	6
<i>St. Mary's</i>	26	31	20
<i>Talbot</i>	11	11	2
<i>Washington</i>	95	87	68
<i>Wicomico</i>	34	37	20
<i>Worcester</i>	22	14	8
<b>Total</b>	<b>2,342</b>	<b>2,347**</b>	<b>1,457</b>

Note: Data provided by the Vital Statistics Administration.

\*Data for 2021 and 2022 are preliminary.

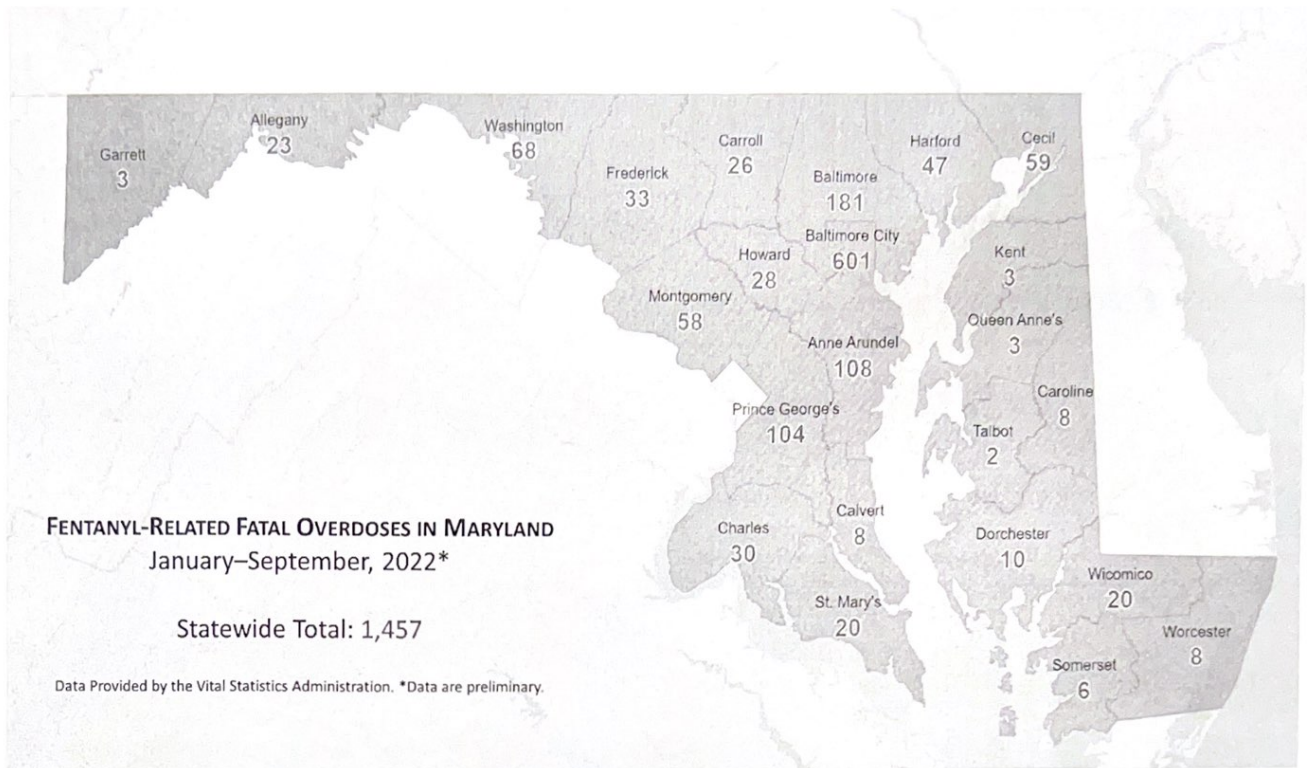
\*\*Jurisdiction-level data missing for 1 case in 2021.

<b>Total Fatal Overdoses in Maryland by Jurisdiction</b>			
<b>Jurisdiction</b>	<b>2020 Total</b>	<b>2021 Total*</b>	<b>2022* (Jan-Sep)</b>
<i>Allegany</i>	52	45	27
<i>Anne Arundel</i>	251	231	138
<i>Baltimore</i>	394	394	225
<i>Baltimore City</i>	1,028	1,081	676
<i>Calvert</i>	25	25	12
<i>Caroline</i>	17	10	10
<i>Carroll</i>	46	60	35
<i>Cecil</i>	92	87	68
<i>Charles</i>	53	35	39
<i>Dorchester</i>	17	22	16
<i>Frederick</i>	64	53	49
<i>Garrett</i>	8	6	4
<i>Harford</i>	84	98	70
<i>Howard</i>	57	38	39
<i>Kent</i>	6	11	4
<i>Montgomery</i>	139	145	78
<i>Prince George's</i>	203	227	144
<i>Queen Anne's</i>	14	15	6
<i>Somerset</i>	16	10	6
<i>St. Mary's</i>	33	41	28
<i>Talbot</i>	17	13	8
<i>Washington</i>	110	104	84
<i>Wicomico</i>	47	50	30
<i>Worcester</i>	26	19	14
<b>Total</b>	<b>2,799</b>	<b>2,824**</b>	<b>1,812</b>

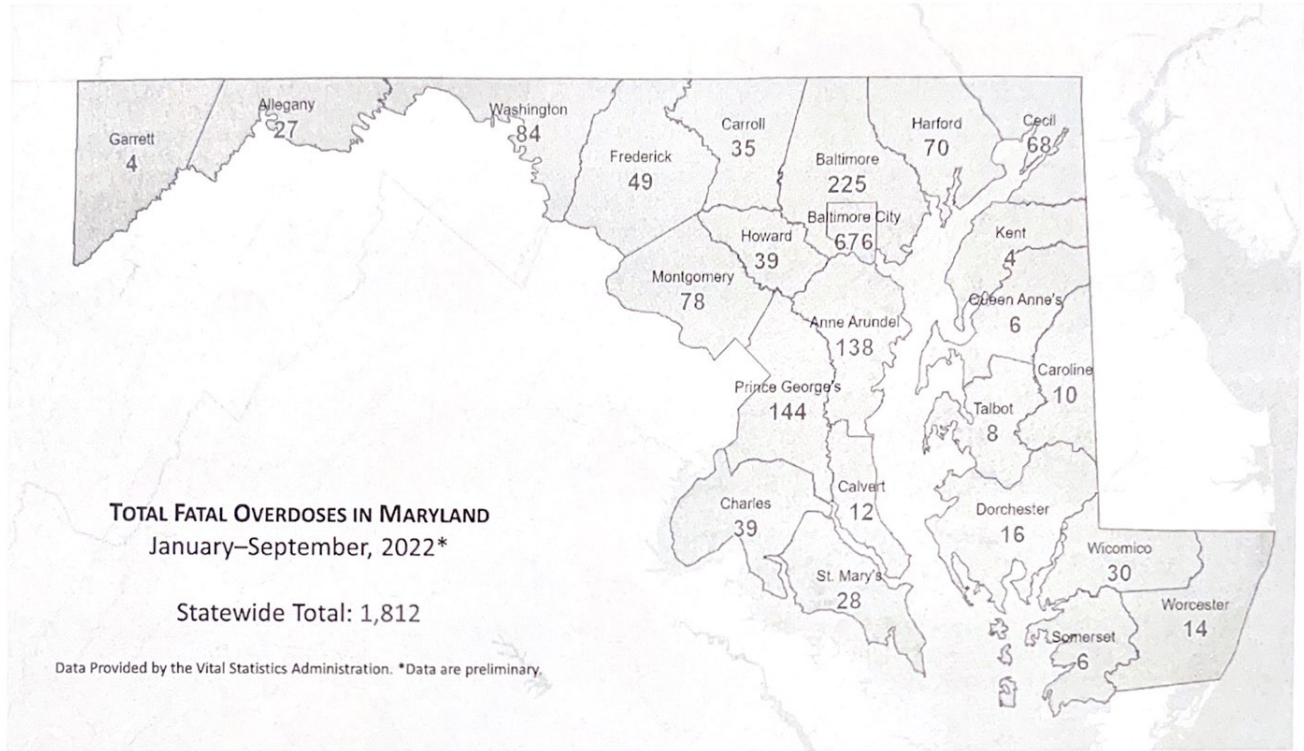
Note: Data provided by the Vital Statistics Administration.

\*Data for 2021 and 2022 are preliminary.

\*\*Jurisdiction-level data missing for 3 cases in 2021.







**SB 618 OPS BHSB FAVORABLE.pdf**

Uploaded by: Stacey Jefferson

Position: FAV



March 14, 2023

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

*SB 618- Public Health-Overdose and Infectious Disease Prevention Site Program*

Behavioral Health System Baltimore (BHSB) a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

**Behavioral Health System Baltimore is in support of SB 618- Public Health-Overdose and Infectious Disease Prevention Site Program.** This bill authorizes a community-based organization to establish an Overdose and Infectious Disease Prevention Site Program in no more than six locations throughout the state.

**BHSB supports SB 618 as we recognize the need for innovative public health interventions to address the opioid crisis in Baltimore City and our state.** While the General Assembly has taken laudable steps to address the opioid crisis through measures such, as increasing access to the lifesaving drug naloxone and authorizing syringe services programs more interventions are needed.

The Overdose and Infectious Disease Prevention Program proposed in this legislation mirrors the programs established across the world. Evidence from these sites show that facilities that allow safer drug use reduce overdose deaths and provide an entry into treatment. They target high-risk drug-users who would otherwise inject in unsafe places. This population is at significant risk of death from overdose, which medical supervision can effectively eliminate. There has not been a single overdose fatality at any safer drug use facility. A study of a Canadian facility found that overdose mortality dropped 35% in the area surrounding the facility after it opened.<sup>1</sup> The facilities proposed in this bill can serve as an access point to substance use disorder treatment and other social services. One study of a Canadian facility found that participants increased detoxification services by more than 30 percent.<sup>2</sup>

We must continue to look for innovative ways to engage people who use drugs around safer drug use and connections to treatment. The Overdose and Infectious Disease Prevention Site Programs could advance this goal. As such, **BHSB urges the Senate Finance Committee to support SB 618.**

Contact:

Stacey Jefferson, Director, Policy, and Stakeholder Engagement  
Stacey.jefferson@bhsbaltimore.org /443-813-9231

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<sup>1</sup> Brandon DL Marshall et al., "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study," *The Lancet* 377, no. 9775 (2011): 1429-37.

<sup>2</sup> E Wood et al., "Rate of detoxification service use and its impact among a cohort of supervised injection facility users," *Addiction* 102(2007): 918.

# **Sherman Written Testimony .pdf**

Uploaded by: Susan Sherman

Position: FAV

March 13, 2023

The Honorable Melony Griffith  
Chair, Finance Committee

**RE: SUPPORT of Senate Bill 618  
Public Health – Overdose and Infectious Disease Prevention Services Program**

Dear Chair Griffith and Committee members,

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 618. 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.

Today, we are facing two major epidemics - opioid addiction and overdose deaths within Maryland. After slight decreases in 2018, drug overdose deaths in Maryland jumped 18% - 2,379 lost lives – in 2019. <sup>1</sup> These deaths were driven by the presence of fentanyl in the drug supply. The drug market continues to evolve and present new harms. Xylazine a non-controlled veterinary sedative,<sup>2</sup> is increasingly present in the illicit drug supply in Maryland. From November 2021-2022, over 51% of illicit drug samples collected in the state tested positive for Xylazine. In humans, Xylazine causes sedation, amnesia, and severe skin lesions wounds – and is associated with fatal overdose.

My own research in Baltimore city, as well as throughout the U.S., provides a cautionary tale highlighting 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 350 women who use drugs in Baltimore City, we found high rates of overdose – 28% had experienced an overdose themselves and 35% had witnessed a fatal overdose in the past six months.<sup>3</sup>

As we talk about overdose prevention sites or safe consumption sites– it is important to understand that people are using drugs in places that are categorized as unsafe consumption sites. In the same study, the most common places where people reported consuming drugs were 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.<sup>2</sup> It is also important to know that there is overwhelming interest in using overdose prevention sites – 77%. The majority were interested in using drugs in a space that had medical supervision, services provided, and naloxone and sterile equipment on hand.

Further, we conducted a study among 149 Baltimore City business owners and employees in areas with high rates of drug use. Eighty-five percent supported an OPS in Baltimore and 65%

supported an OPS in their neighborhood. This was largely attributed to their awareness and experiences with drug use and overdose in and around their businesses.

One of the best researched facilities worldwide is Insite in Vancouver. 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 quarter area immediately surrounding Insite compared to 9% in the rest of the city during the same period.<sup>3</sup> In 2007 a substance use treatment program was opened above Insite. Since that time, 2,800 people have entered the Onsite detox program.

A state authorization is the best legal course of action to protect safe consumption spaces in Maryland. Overdose prevention sites 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.

Since the first bill to establish a pilot overdose prevention sites in Maryland was introduced, over 11,955 people have needlessly died of an overdose.

Where is our line, to be 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

1. *Drug- and Alcohol-Related :Intoxification Deaths in Maryland.* 2019.
2. Drug Enforcement Administration. Xylazine.  
[https://www.deadiversion.usdoj.gov/drug\\_chem\\_info/Xylazine.pdf](https://www.deadiversion.usdoj.gov/drug_chem_info/Xylazine.pdf). Published 2021.  
Accessed.
3. Schneider KE, Tomko C, Nestadt DF, Silberzahn BE, White RH, Sherman SG. Conceptualizing overdose trauma: The relationships between experiencing and witnessing overdoses with PTSD symptoms among street-recruited female sex workers in Baltimore, Maryland. *The International Journal of Drug Policy.* 2021;92:102859.

# **ASAM overdose-prevention-sites.pdf**

Uploaded by: Terrence Fitzgerald

Position: FAV



**ASAM** American Society of  
Addiction Medicine

## Public Policy Statement on Overdose Prevention Sites

### Background

The United States has seen staggering increases in drug overdose deaths since the beginning of the 21<sup>st</sup> century. The 12 months ending in May 2020 witnessed the largest number of drug overdose deaths for a 12-month period ever recorded. Synthetic opioids, likely illicitly manufactured fentanyl entering the drug supply, are the primary driver of the increase in overdose deaths, but overdose deaths involving cocaine and psychostimulants have increased significantly as well.<sup>1</sup> The persistence and severity of the drug overdose epidemic calls for innovative and patient-centered strategies to prevent deaths and reduce other harms from drug use, while expanding access to evidence-based treatment.

A comprehensive approach to this crisis must include the full continuum of evidence-informed services ranging from primary prevention and early intervention to treatment and recovery support. Throughout this continuum, harm reduction principles that focus on an individual's humanity, preferences, and needs can be applied to maximize patient engagement and support their health goals. People who use drugs (PWUD) and are at risk for overdose may or may not meet the diagnostic criteria for a substance use disorder (SUD). Even among those who meet diagnostic criteria for an SUD, some may not be seeking treatment or may not be interested in abstinence from drug use. Accordingly, an array of harm reduction-based approaches and proven tertiary prevention strategies focused on reducing overdose and infection transmission (such as naloxone access and syringe services programs) are needed outside of treatment settings to help mitigate the negative consequences of drug use.

Overdose prevention sites (OPS), also known as supervised injection facilities (SIFs) or safe consumption sites (SCS), are places where people may consume previously obtained drugs in a hygienic, monitored environment without fear of arrest. The term OPS focuses on the overall purpose of these sites, and the shift to refer to them as OPS rather than SIFs or SCS reflects an effort to reduce stigma and emphasize their public health goals. Where they exist, these sites have been established in response to community recognition of local need. The goals of OPS are primarily to prevent deaths and reduce harms from drug use (e.g., HIV, hepatitis B and C, and skin infections), as well as provide linkages to treatment and/or other services, and reduce public disorder.<sup>2</sup> OPS are located primarily in high drug-use areas and serve marginalized and hard-to-reach populations facing barriers to good health and/or safe living, including people who engage in sex work, people who are experiencing homelessness or housing insecurity, and people with a history of incarceration.<sup>3</sup>

Internationally, OPS are typically staffed by health professionals and case management specialists, although some OPS also employ PWUD for peer coaching and support. These peers



support program participants in a number of ways, including educating on safer consumption practices; distributing sterile equipment and condoms; providing naloxone kits and overdose prevention education; facilitating access to testing for hepatitis and HIV infections; providing supplies to test for drug contaminants; supervising the injection of pre-obtained drugs; referring program participants to treatment and other community support services; and assisting in the event of an opioid overdose through naloxone and/or oxygen administration and calling for emergency medical services.<sup>3</sup>

As of 2018, more than 100 legally sanctioned OPS have been established in Europe, Canada and Australia. Studies of their effectiveness demonstrate that these facilities successfully attract the most marginalized PWUD, promote safer injection conditions, enhance access to primary care, and reduce overdose frequency.<sup>4</sup> Additionally, the evidence suggests that these facilities have not led to any increases in drug use or crime in the area around the OPS.<sup>3</sup> Rather, an evaluation of an OPS in Australia found that local residents and business operators perceived significant community improvements five years after its opening.<sup>5</sup>

Studies assessing the acceptability of OPS among PWUD in U.S. cities have revealed high acceptability and willingness to use an OPS.<sup>6,7</sup> Studies of community members and businesses show an openness to OPS, provided that they are established with significant community collaboration and they yield community public health and safety benefits.<sup>8,9,10</sup> Models of potential OPS' cost-effectiveness in U.S. cities estimate that OPS would not only be highly cost-effective, but that they would contribute significant public health benefit.<sup>11,12</sup> While no sanctioned OPS exist in the U.S., at least one unsanctioned OPS has existed in an undisclosed city in the U.S. since 2014. Findings from the site show that there have been over 10,514 injections observed at the OPS, with 33 documented overdoses, all which were reversed by volunteer staff and none of which resulted in transport to a hospital.<sup>13</sup> An analysis of five years of crime data prior to and five years post-implementation of the unsanctioned OPS found that, on average, the number of incident reports relating to assault, burglary, larceny theft, and robbery in the post-intervention period steadily decreased in a 500-meter radius area around the site.<sup>14</sup> Crime decreased significantly faster in the intervention neighborhood as compared to control neighborhoods.

Critics of OPS argue that their presence in a community represents a tacit acceptance by public authorities of drug use, and that they do little to alleviate the non-medical consequences of drug use, such as family and work-related difficulties. Moreover, in the United States, the establishment of OPS faces several legal and regulatory barriers, at the federal, state and local levels. Proponents of OPS point to state-level authority to legislate the creation of OPS because of the government's duty to protect and preserve the welfare of their citizens, including providing reasonable public health interventions to address the host of problems associated with drug use.<sup>15</sup> However, the federal Controlled Substances Act (CSA) prohibits the unlawful possession of controlled substances (21 U.S. Code § 844), and makes it illegal to knowingly open or maintain a place that is for the purpose of using controlled drugs (21 U.S. Code § 856). Federal authorities have argued that OPS violate these sections of the CSA,<sup>16</sup> but federal judges have issued conflicting opinions and OPS' legal uncertainty remains.<sup>17</sup> These legal conflicts have kept state and local authorities from establishing OPS even where support may exist.<sup>18</sup>

In 2017, the American Medical Association (AMA) called for development and implementation of pilot SIFs that are designed to generate the data needed to inform policymakers about the feasibility and effectiveness of SIFs in reducing the harms of injection drug use.<sup>19</sup> In 2020, public health and medical associations, including the AMA, filed an amicus brief in support of a proposed OPS in Philadelphia, calling OPS “a critical component of a comprehensive solution to addressing the harms of drug use.”<sup>20</sup>

## Recommendations

Considering the rapidly rising rates of overdose deaths and currently available data on OPS, ASAM recommends:

- 1) Pilot OPS should be developed and implemented in communities where there is perceived need and local support by PWUD and other community members. Pilot programs should be designed, monitored, and evaluated to generate data to inform policymakers on the feasibility, effectiveness, and legal aspects of OPS in reducing harms and health care costs related to drug use.
  - a) Pilot OPS should be considered a health service for PWUD that is integrated with a larger continuum of health services, including evidence-based SUD treatment.
  - b) OPS staff should be trained to forge trusting relationships with PWUD and to help link them to a range of services, including evidence-based SUD treatment.
- 2) The federal, state and local governments should take action to ensure state- or locality-sanctioned pilot OPS can operate without fear of prosecution.
- 3) State and local health departments should provide regulatory oversight of any established OPS to ensure that best practices are implemented and maintained, and that outcomes are continuously measured.
- 4) Studies of OPS should seek to answer the following questions:
  - a) Are international outcomes replicable in the United States (for example impact on fatal and non-fatal overdoses; emergency service calls; injection use behaviors; crime rates in surrounding area)?
  - b) How does the establishment of an OPS impact the community’s health care system and what are the best models for integration of services with area health care systems including emergency services (EMS/Emergency Department), hospitals and health care systems?

- c) What staffing models (e.g., healthcare professionals, peer coaches, etc.) and available services (e.g., linkages to housing or employment support, other healthcare services, etc.) lead to the best outcomes based on the metrics above?
- 5) Funding for OPS should not reduce resources that support effective evidence-based treatment and social services needed by program participants.

*Adopted by the ASAM Board of Directors July 22, 2021.*

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<sup>1</sup> CDC Health Alert Network. Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic. CDCHAN-00438. December 17, 2020. Available at: <https://emergency.cdc.gov/han/2020/han00438.asp>

<sup>2</sup> Kilmer B, Taylor J, Caulkins JP, Mueller PA, et al. Considering Heroin-Assisted Treatment and Supervised Drug Consumption Sites in the United States. Santa Monica, CA: RAND Corporation, 2018. [https://www.rand.org/pubs/research\\_reports/RR2693.html](https://www.rand.org/pubs/research_reports/RR2693.html).

<sup>3</sup> Otter D, Safe Consumption Facilities: Evidence and models, Seattle, WA: King County Heroin and Opiate Addiction Task Force, 2016.

<sup>4</sup> Potier C, Laprévote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? A systematic literature review. *Drug Alcohol Depend.* 2014;145:48-68. doi:10.1016/j.drugalcdep.2014.10.012

<sup>5</sup> Salmon AM, Thein HH, Kimber J, Kaldor JM, Maher L. Five years on: what are the community perceptions of drug-related public amenity following the establishment of the Sydney Medically Supervised Injecting Centre?. *Int J Drug Policy.* 2007;18(1):46-53. doi:10.1016/j.drugpo.2006.11.010

<sup>6</sup> Kral AH, Wenger L, Carpenter L, Wood E, Kerr T, Bourgois P. Acceptability of a safer injection facility among injection drug users in San Francisco. *Drug Alcohol Depend.* 2010;110(1-2):160-163. doi:10.1016/j.drugalcdep.2010.02.009

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- <sup>7</sup> Park JN, Sherman SG, Rouhani S, et al. Willingness to Use Safe Consumption Spaces among Opioid Users at High Risk of Fentanyl Overdose in Baltimore, Providence, and Boston. *J Urban Health*. 2019;96(3):353-366. doi:10.1007/s11524-019-00365-1
- <sup>8</sup> Wenger LD, Arreola SG, Kral AH. The prospect of implementing a Safer Injection Facility in San Francisco: perspectives of community stakeholders. *Int J Drug Policy*. 2011;22(3):239-241. doi:10.1016/j.drugpo.2011.01.001
- <sup>9</sup> Kennedy-Hendricks A, Bluestein J, Kral AH, Barry CL, Sherman SG. Establishing Sanctioned Safe Consumption Sites in the United States: Five Jurisdictions Moving the Policy Agenda Forward. *Psychiatr Serv*. 2019;70(4):294-301. doi:10.1176/appi.ps.201800398
- <sup>10</sup> Roth AM, Kral AH, Mitchell A, Mukherjee R, Davidson P, Lankenau SE. Overdose Prevention Site Acceptability among Residents and Businesses Surrounding a Proposed Site in Philadelphia, USA. *J Urban Health*. 2019;96(3):341-352. doi:10.1007/s11524-019-00364-2
- <sup>11</sup> Irwin A, Jozaghi E, Weir BW, Allen ST, Lindsay A, Sherman SG. Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility. *Harm Reduct J*. 2017;14(1):29. Published 2017 May 12. doi:10.1186/s12954-017-0153-2
- <sup>12</sup> Irwin A, Jozaghi E, Bluthenthal RN, Kral AH. A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA. *Journal of Drug Issues*. 2017;47(2):164-184. doi:10.1177/0022042616679829
- <sup>13</sup> Kral AH, Lambdin BH, Wenger LD and Davidson PJ. Evaluation of an Unsanctioned Safe Consumption Site in the United States. *N Engl J Med* 2020; 383:589-590. DOI: 10.1056/NEJMc2015435
- <sup>14</sup> Davidson PJ, Lambdin BH, Browne EN, Wenger LD, Kral AH. Impact of an unsanctioned safe consumption site on criminal activity, 2010-2019. *Drug Alcohol Depend*. 2021;220:108521. doi:10.1016/j.drugalcdep.2021.108521
- <sup>15</sup> Burris S, Anderson ED, Beletsky L, Davis CS. Federalism, Policy Learning, and Local Innovation in Public Health: The Case of the Supervised Injection Facility. *St Louis Univ Law J* 2009;53:1089-1154
- <sup>16</sup> Burris S, Anderson ED, Davis CS, and Beletsky L. Toward Healthy Drug Policy in the United States — The Case of Safehouse. *N Engl J Med* 2020; 382:4-5. DOI: 10.1056/NEJMp1913448
- <sup>17</sup> Henry TA. Will the U.S. get its first supervised drug consumption site? American Medical Association. Dec. 15, 2020. Available at: <https://www.ama-assn.org/delivering-care/opioids/will-us-get-its-first-supervised-drug-consumption-site> Accessed February 22, 2021
- <sup>18</sup> Baltimore City Health Department. Supervised injection sites aimed at cutting opioid overdoses risk wrath of DEA, prosecutors (McClatchy). March 21, 2018. [Supervised injection sites aimed at cutting opioid overdoses risk wrath of DEA, prosecutors \(McClatchy\) | Baltimore City Health Department](#); Rosenstein Rod J. Fight Drug Abuse, Don't Subsidize It. *The New York Times*. Aug. 27, 2018. [Opinion | Fight Drug Abuse, Don't Subsidize It - The New York Times \(nytimes.com\)](#)
- <sup>19</sup> American Medical Association. Pilot Implementation of Supervised Injection Facilities H-95.925. Res. 513, A-17.
- <sup>20</sup> U.S. v. Safehouse, et al., Appeal No. 20-1422. Brief amicus curiae of Aids United, American Medical Association, Association for Multidisciplinary Education and Research in Substance Use and Addiction, Association of Schools and Programs of Public Health, California Society of Addiction Medicine, Drug Policy Alliance, Foundation for Aids Research, Harm Reduction Coalition, National Alliance of State and Territorial Aids Directors, Network for Public Health, Pennsylvania Medical Society, Philadelphia County Medical Society, Positive Women's Network, Treatment Action Group, and Vital Strategies. 3 July 2020. <https://www.safehousephilly.org/sites/default/files/attachments/2020-07/amicus%20in%20support%20amended%20brief%20of%20AIDS%20United%20et%20al.%207.3.20.pdf>

**OPCs SB0618 - 3-14-23 CPSR.pdf**

Uploaded by: Terrence Fitzgerald

Position: FAV



**Committee: Finance**

**Testimony on: SB 0618 – Public Health – Overdose and Infectious Disease Prevention Services Program**

**Position: Favorable**

**Hearing Date: March 14, 2023**

*Submitted on behalf of Chesapeake Physicians for Social Responsibility (CPSR). CPSR is a statewide evidence-based organization of over 940 physicians and other health professionals and supporters that addresses existential public health threats: nuclear weapons, the climate crisis, and the issues of pollution and toxic effects on health, as seen through the intersectional lens of environmental, social, and racial justice.*

**I write to urge your support of SB 0618**, which will permit the creation of Supervised Consumption Facilities, also called Overdose Prevention Centers, creating safer places for users of illicit substances, preventing death from overdose, and building the trust and connections that often lead to treatment and recovery.

I am a physician. I have been residency trained and board certified in Internal Medicine and Emergency Medicine. For more than 20 years I have practiced addiction medicine and worked in research on treatment of re-entering prisoners with opioid addiction. I am specialty certified by the American Board of Addiction Medicine, and I am a Fellow of the American Society of Addiction Medicine. I am also an officer of Chesapeake Physicians for Social Responsibility. With all that background I cannot make any better statement in support of HB 0953 than that by our student member, Ms. Angela Geiger, who has submitted separate written testimony. Rather than burden you with more words, I ask you to take a second look at Ms. Geiger's testimony and at the policy statement of our specialty association, the American Society of Addiction Medicine (<https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2021/08/09/overdose-prevention-sites>).

Therefore, **on behalf of Chesapeake Physicians for Social Responsibility I urge a favorable report on SB 0618.**

Terrence Fitzgerald, MD, FASAM  
Secretary-Treasurer, CPSR  
[TTFitz@StanfordAlumni.org](mailto:TTFitz@StanfordAlumni.org)

# **SB 618 - Support - MPS WPS.pdf**

Uploaded by: Thomas Tompsett

Position: FAV



March 13, 2023

The Honorable Melony Griffith  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

RE: Support – Senate Bill 618: Public Health – Overdose and Infectious Disease Prevention Services Program

Dear Chair Griffith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS strongly support Senate Bill 618: Public Health – Overdose and Infectious Disease Prevention Services Program (SB 618), as community-based organizations can play a critical role in overdose prevention. In addition, these organizations are often well-positioned to provide harm reduction services and support to individuals who use drugs, including those at risk of overdose.

Community-based organizations can provide a range of services related to overdose prevention, such as:

1. Distributing naloxone: Naloxone is a medication that can reverse an opioid overdose. Community-based organizations can provide naloxone and train individuals to use it effectively.
2. Providing education and outreach: Community-based organizations can educate individuals on overdose risks and provide information on reducing the harm associated with drug use.
3. Creating safe consumption spaces: Community-based organizations can create safe spaces for individuals to use drugs to be monitored and supported in case of overdose.





4. Providing syringe exchange services to limit the spread of infectious diseases related to intravenous drug use.
5. Offering counseling and support: Community-based organizations can offer counseling and support to individuals who use drugs, including those who have experienced an overdose.
6. Advocating for policy change: Community-based organizations can advocate for policies that support overdose prevention, such as increasing access to naloxone and funding harm reduction programs.

As such, MPS and WPS ask the committee for a favorable report on SB 618. If you have any questions concerning this testimony, don't hesitate to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee

# **OPS letter of support.pdf**

Uploaded by: Toni Torsch

Position: FAV



# Daniel Carl Torsch Foundation

New day. New beginning.

March 13, 2023

The Honorable Melony Griffith  
Chair, Finance Committee  
3 East, Miller Senate Building  
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 618  
(Public Health – Overdose and Infectious Disease Prevention Services Program) –  
FAVORABLE**

Dear Chair Griffith and Senate Finance Committee Members,

The Daniel Carl Torsch Foundation (DCTF), supports Senate Bill 618 “Overdose and Infectious Disease Prevention Services Program,” which will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at unprecedented levels in Maryland.

The DCTF began its service in Perry Hall of Baltimore County and whose mission has evolved into harm reduction programs including syringe services. We are in many communities and counties across Maryland offering street outreach and have witnessed firsthand the extreme need for overdose prevention sites (OPS). An OPS would be another tool in our toolbox to be able to use and refer a client to a safe space. We are keeping the individual safe as well as the community. We’re not asking to make OPS mandatory, only an option. An option that will save lives.

In 2022, we lost over 2,400 Marylanders to fatal overdoses. We urge the General Assembly to authorize this pilot program of overdose and infectious disease prevention services, an intervention proven to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 such programs already established across the world in 14 countries, including two in the United States. In the 200 OPS around the world, in which millions of supervised drug use interactions have occurred, no one has died of a fatal overdose.

This is an emergency, and we urge you to act now. We ask that the Finance Committee give SB618 a favorable report.

For more information about DCTF or this position, please contact me.

Regards,

Toni Torsch, Director

[dctfoundationinc@gmail.com](mailto:dctfoundationinc@gmail.com)

[www.dctfoundationinc.org](http://www.dctfoundationinc.org)

443-554-6150

**SB618\_William Miller Jr\_FAV.pdf**

Uploaded by: William Miller Jr.

Position: FAV

March 14, 2023

The Honorable Senator Melony Griffith  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 618  
(Public Health – Overdose and Infectious Disease Prevention Services Program) -  
FAVORABLE**

Dear Chair Griffith and Senate Finance Committee Members,

Taking a holistic approach is what is needed, and supporting this bill is one step closer in doing so.

As talks continue to take place people are constantly dying and families are being disconnected. This facility will be a resource hub for many people not only for people who use drugs but for people who care and want to see them succeed at their own pace.

This facility is not a comparison of Methadone clinics. Reason being instead of crowded streets people will have somewhere to get a shower, talk to a case manager, apply for a ID ,SSI Card and be able to use their disconnected phone, yes they will have access to wifi like starbucks. Unfortunately most people who need this facility get turned away from establishments every day in the United States from judgemental people. I ask you to please take that emphasis of who the people and respect them for what people are, which is human beings. Great grandparents, Grandparents, Aunts, Uncles, Mother, Fathers, Brothers, Sisters, Sons, Daughters, Nieces, Nephews or just a very close childhood friend. That person can be closer than we think.

That person for me was my dad who overdosed and passed October 7, 2020 one less person on this panel. Ironically William Jr myself and William Sr my dad testified in Annapolis March 10, 2020 Which was his granddaughter's 11th birthday. His grandson was born a day after he passed October 8 William III. Support this Bill so other families won't be separated too early in their lives from their loved ones forever.

Yes I would love an OPS on my block if it's a pathway for people to live healthier lives and feel good about themselves, I'm in. When I called them, the name identified as, I was told on several occasions thank for remembering my name. My dad liked to be called William Sr and I loved him, he just happened to be a person who used drugs, so I will always advocate for a healthier pathway of life for everyone. Now ask yourself does this sound like a place that will hurt the city and state or uplift it? It's a rhetorical question. Again I would love one on my block please, it would help more people than you expected.

Sincerely,  
William Glen Miller Jr

**3 - X - SB 618 - FIN - MBON - LOO.docx.pdf**

Uploaded by: State of Maryland (MD)

Position: UNF



# Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 14, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: SB 618 – Public Health – Overdose and Infectious Disease Prevention Services Program – Letter of Opposition**

Dear Chair Griffith and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of opposition for Senate Bill 618 – Public Health – Overdose and Infectious Disease Prevention Services Program. This bill authorizes a community-based organization, with the approval of the Department of Health, to establish an Overdose and Infectious Disease Prevention Services Program; authorizes a Program to bill the insurance carrier of an individual who uses the services of the Program for the cost of covered services, accept donations, grants, and other financial assistance, apply for certain grants, coordinate with programs or organizations, and use mobile facilities; prohibits the location of a Program in certain areas; and prohibits certain persons from being subject to arrest, prosecution, or certain penalties or from being denied any right or privilege for involvement in the operation or use of services of a Program.

The Board supports efforts to prevent the incidence and prevalence of drug overdoses and the spread of infectious diseases. Substance use disorder is non-discriminatory in that it can affect an individual of any age, of any gender, race or nationality, and of any occupation. However, SB 618 has the potential to endanger the public and patient population. Nurses may be one of the types of individuals who could utilize the services of the program. The bill, as written, would not prevent a nurse who participates in the program as a current substance user from reporting to their place of practice while still under the influence of controlled dangerous substances. In essence, the Board would be forced to wait until a complaint of “working impaired” is filed before taking any action to protect patients, overlooking the fact that harm may have already occurred.

This bill not only has the potential to encourage drug use, but it may also increase the diversion of medication from patients. Drug diversion occurs when a healthcare provider takes medication prescribed to patients (usually controlled dangerous substances) for their own use or for sale to others. Program participants would be allowed to bring pre – obtained drugs or medication without being questioned about how those substances were obtained.

This bill further jeopardizes Maryland nurses' ability to stay enrolled in the Nurse Licensure Compact (NLC). The NLC permits a nurse to hold one multistate license, and practice in all party states that have adopted the Compact's legislative language. The NLC serves to increase access to health care, particularly for underserved and rural communities. To be eligible for multistate licensure, a nurse may only hold an unencumbered license, or a license that is not revoked, suspended, or made probationary or conditional. A nurse must be authorized to engage in the full and unrestricted practice of nursing. Nurses who may utilize the Overdose and Infectious Disease Prevention Services Program, and who may hold a multistate license, will be in direct violation of the NLC rules<sup>1</sup>. The nurse will lose their privilege to practice in multiple states, which could result in fewer nurses being able to practice outside of the state of Maryland over time.

The Board would not be fulfilling its mission of protecting the public if it obtained information about a nurse and did not act accordingly. SB 618 infringes on the Board's authority over nursing licensure and regulation by impeding its ability to monitor and discipline licensees appropriately. Additionally, the Board does not automatically resort to discipline for instances of substance abuse. The Board offers a safe practice (an alternative to discipline) program for licensees and certificate holders with substance use disorders who meet certain criteria. The mission of the safe practice program is to ensure patient safety by monitoring nursing professionals who are struggling with substance use disorders. Enrollment in this program is strictly confidential and has no bearing on a participant's license or certificate. An individual enrolled in this program may also keep an active license and work while following a certain number of stipulations.

The Board would also like to reference the decision rendered by the United States Court of Appeals for the Third Circuit in the case *United States v. Safe House* (January 12, 2021)<sup>2</sup>. The Third Circuit found that owning or operating a "drug – involved facility" violated the Controlled Substances Act and its operators would be subject to criminal penalties should there be charges filed. With the establishment of the Overdose and Infectious Disease Prevention Services Program in Maryland, the Program itself may also be subject to the same challenges under the Controlled Substance Act.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of opposition for SB 618.

I hope this information is useful. For more information, please contact Ms. Iman Farid, Health Planning and Development Administrator, at [iman.farid@maryland.gov](mailto:iman.farid@maryland.gov) or Ms. Rhonda Scott, Deputy Director, at (410) 585 – 1953 ([rhonda.scott2@maryland.gov](mailto:rhonda.scott2@maryland.gov)).

Sincerely,



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<sup>1</sup> The Interstate Commission of Nurse Licensure Compact Administrators. Final Rules Jan 2021. [https://www.ncsbn.org/FinalRulesadopted81120clean\\_ed.pdf](https://www.ncsbn.org/FinalRulesadopted81120clean_ed.pdf)

<sup>2</sup> United States v. Safe House. Jan 2021. <https://www.safehousephilly.org/sites/default/files/attachments/2021-01/US%20v%20Safehouse%203d%20Circ%20Opinion.pdf>



Gary N. Hicks  
Board President

**The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.**

**SB618.LOC.pdf**

Uploaded by: Heather Forsyth

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March 13, 2023

**TO:** The Honorable Melony Griffith, Chair  
Senate Finance Committee

**FROM:** Office of the Attorney General, Health Education and Advocacy Unit

**RE:** SB0618 – Public Health – Overdose and Infectious Disease Prevention  
Services Program: **Letter of Concern**

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) writes this letter of concern for Senate Bill 618. This bill would authorize community-based organizations, with approval from the Maryland Department of Health, to establish overdose and infectious disease prevention programs, for a four-year period, to provide a location for the use of pre-obtained drugs; offer sterile needles, supplies, and first-aid; develop and deliver relevant public health education on drug abuse and infectious disease prevention; and coordinate with and make referrals to other treatment programs.

The HEAU is sympathetic to the intent of the bill -- to reduce death rates and decrease disease transmission. The ongoing opioid epidemic in Maryland and around the country has led to the development of multiple approaches for harm reduction, including the introduction of bills such as this one, but legislation that includes locations for drug consumption have been largely unsuccessful.

Currently, Maryland has numerous efforts under way to address the opioid crisis. For example, the Maryland Department of Health Center for Harm Reduction Services provides grant support to projects that reduce substance-related morbidity and mortality. MDH also authorizes government agencies and community-based organizations as Overdose Response Programs, allowing them to provide overdose education and dispense naloxone to the community.

The concern we have is the provision in this bill that, as currently drafted, grants broad immunity from any penalty for involvement in the operation or participation in the

program. We think this immunity provision is too broad and could lead to consumer harm. As drafted, the provision could immunize employees from misconduct in the operation of the facility or acts of negligence such as the improper disposal of syringes or drugs. It could immunize health care providers and other critical social servants such as law enforcement officers from the performance of their duties while under the influence of drugs, and prohibit licensing boards and other regulatory boards from taking any appropriate disciplinary action against them for doing so. These results would be counter to public health and safety.

We encourage this Committee to strike or modify the immunity provisions before permitting SB618 to move forward.