

**SHELLY HETTLEMAN**  
Legislative District 11  
Baltimore County

Budget and Taxation Committee

Health and Human Services Subcommittee

Pensions Subcommittee

*Vice Chair*  
Rules Committee



James Senate Office Building  
11 Bladen Street, Room 203  
Annapolis, Maryland 21401  
410-841-3131 · 301-858-3131  
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.