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SB 279

January 26, 2021

TO: Members of the Senate Finance Committee

FROM: Natasha Mehu, Director of Government Relations

RE: SENATE BILL 279 – Public Health – Overdose and Infectious Disease Prevention Services Program

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 279.

SB 279 authorizes the establishment of up to six overdose and infectious disease prevention services programs in Maryland. The programs would be established by community-based organizations with the approval of the Department of Health in consultation with the local health department. The sites must be located in areas with high incidences of drug use and may not be located in residential areas. To ensure geographic diversity, the programs would be limited to two programs in urban areas, two programs in suburban areas, and two programs in rural areas of the state to the extent practicable. The bill also outlines staffing, operations, education, and reporting requirements.

Opioid overdoses are a persistent public health crisis in Baltimore City and across the country. Between 1999 and 2014, opioid related overdose deaths quadrupled in the United States, increasing from an age-adjusted death rate from 1.4 to 5.9 per 100,000.¹ In just the first half of 2020, 427 opioid overdose deaths were reported in Baltimore City.²

¹ Kennedy, M., & Kerr, T. (2017, January). Overdose Prevention in the United States: A Call for Supervised Injection Sites. Retrieved November 20, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308167/>

² Cohn, M. (2020, June 11). Opioid-related deaths make a disappointing uptick in early 2020, possibly related to coronavirus. Retrieved November 20, 2020, from <https://www.baltimoresun.com/health/bs-hs-overdose-deaths-first-quarter-20200611-r5pvlyzqrffo3ndvwc2oh3y7cy-story.html>

Combined with the effects of COVID-19, opioid overdoses and overdose-related deaths are anticipated to climb.³

A potential option to address substance use disorder in Baltimore City is the establishment of an overdose and infectious disease prevention site (OPS). An OPS, also known as a “supervised consumption site,” is a “harm reduction intervention that helps to mitigate the harms of drug use, through onsite monitoring and rapid intervention by trained staff in the case of an overdose.”⁴ A successful OPS will often offer safe consumption and observation rooms staffed by medical professionals, education and access to Medicated Assisted Treatment (MAT), recovery counseling, basic medical services, referrals, and support services such as housing assistance, public benefits, and legal services. This model reduces harm to a client’s health while connecting them to care and recovery.⁵ Altogether, the program is part of a continuum of care for people with substance use challenges who often have complex medical needs including severe mental illness, HIV/AIDS, and/or Hepatitis C.⁶

At present, no OPS facilities exist in the United States. However, Philadelphia has sought to establish an OPS site, which is pending federal litigation.⁷ In North America, an OPS was established in Vancouver, Canada as early as 2003, and several more are now situated throughout the Vancouver area.⁸ Throughout the world, there are approximately 120 OPS in 11 countries and 2 in the planning phase.⁹

In Baltimore City, it is difficult to predict how an OPS would function given the above-mentioned legal hurdles faced by Philadelphia and the lack of OPS in cities with demographics akin to Baltimore’s. However, a study led by Johns Hopkins Bloomberg School of Public Health (BSPH) researchers published in June of 2019 in the *Journal of Urban Health* found that 77% of 326 survey participants who use drugs in three East Coast cities expressed willingness to use OPS.¹⁰ Moreover, a Baltimore City-focused 2017 study led by Dr. Susan Sherman, a professor at the BSPH, estimated that a \$1.8 million annual investment in an overdose prevention site would save the health care

³ Ibid.

⁴ Pauly, B., Wallace, B., Pagan, F., Phillips, J., Wilson, M., Hobbs, H., & Connolly, J. (2020, May 21). Impact of overdose prevention sites during a public health emergency in Victoria, Canada. Retrieved November 20, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7242015/>

⁵ Ibid.

⁶ Ibid.

⁷ Special to the Capital-Star, P. (2020, November 19). Overdose prevention network advocates for Philly safe injection site: Pennsylvania Capital. Retrieved November 20, 2020, from <https://www.penncapital-star.com/blog/overdose-prevention-network-advocates-for-philly-safe-injection-site/>

⁸ Kennedy, M., & Kerr, T. (2017, January). Overdose Prevention in the United States: A Call for Supervised Injection Sites. Retrieved November 20, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308167/>

⁹ Countries with OPS: Switzerland, Germany, Netherlands, Sydney Australia, Canada, Spain, Denmark, Norway, France, Australia, Luxemburg, Ireland (1 planned), Scotland (1 planned). Supervised Consumption Services. (n.d.). Retrieved November 20, 2020, from <https://drugpolicy.org/issues/supervised-consumption-services>

¹⁰ "5 Things to Know About Overdose Prevention Sites | Hopkins" 25 Sep. 2019, <https://magazine.jhsph.edu/2019/5-things-know-about-overdose-prevention-sites>. Accessed 16 Nov. 2020.

system \$7.8 million each year through reductions in infections such as HIV and hepatitis C, ambulance calls, emergency department visits, and hospitalizations.¹¹

Establishing OPS in Baltimore City would require overcoming several hurdles including legality, funding, and buy-in from community members and law enforcement. SB 279 provides some assistance for overcoming those hurdles by creating a process in state law for establishing OPS; setting parameters for OPS programs that include supervision by health care professional or other trained staff who can administer first aid and monitor and provide rescue medication if needed; sterile supplies and disposal services; access or referrals to treatment, testing, or other health services; education; and security.

BCA is supportive of all safe and legal evidence-based approaches to addressing the opioid crisis and welcomes a discussion to determine whether overdose prevention sites are a viable option for Baltimore City.

Accordingly, the BCA respectfully requests a **favorable** report on Senate Bill 279.

¹¹ A. Amlani, G., IM. McIntyre, D., ME. Smith, N., IA. Binswanger, T., TA. Takahashi, M., E. Wood, M., . . . RP. Schwartz, P. (1970, January 01). Mitigating the heroin crisis in Baltimore, MD, USA: A cost-benefit analysis of a hypothetical supervised injection facility. Retrieved November 20, 2020, from <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0153-2>