

TESTIMONEY IN SUPPORT OF SB 0279
Public Health – Overdose and Infectious Disease Prevention Site program

To: Hon. Delores Kelley, Chair, Hon. Senator Brian Feldman, Vice Chair, and members of the Senate Finance Committee

From: Susan G. Sherman, PhD, Baltimore City, Legislative District 40

Dear Chair Kelley, Vice Chair Feldman, 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 and elsewhere over the past two decades. The views that I state are mine and not those of Johns Hopkins University.

I write to express my extensive support for Senate Bill 0279. Overdose prevention sites are an important component of a comprehensive, evidence-based strategy to reduce drug use and overdose deaths. They are an incredible opportunity to provide integrated services including drug treatment, case management, and a safe space for people to use drugs that reduces their risk of overdose and infectious diseases.

The steep rise in overdose fatalities over the past decade in our state is the result of a perfect storm – increases in opioid prescription, a heroin market characterized by more pure heroin as ensuing increases in interdiction, and the rise of cheap, more powerful synthetic adulterants, such as fentanyl, particularly in the eastern half of the U.S. such as Baltimore. It is hard to believe that the enduring overdose epidemic is now occurring in the context of the COVID-19 epidemic, which is the proverbial fuel to an already large fire. As COVID-19 surged in 2020, more than 40 states have reported increases in opioid-related mortality. Fatal overdoses are just the tip of the iceberg, with nonfatal overdoses more frequent but over time, a significant predictor of fatal overdoses.

My own research in Baltimore city and elsewhere provide a cautionary tale of 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 our recent study of 385 women who use drugs in Baltimore City, we found that 35.3% witnessed a fatal overdose, 51.9% witnessed a non-fatal overdose, and 28.3% experienced an overdose in the past 6 months. That is so much trauma over a relatively short period of time.

As we talk about overdose prevention sites – it is important to understand that people are using drugs in places that could be classified as unsafe consumption sites. In another study of 200 people who use drugs, we found that public injection, meaning injecting in such places as alleys or in abandoned houses, was significantly associated with experiencing nonfatal overdose, arrest, and using a previously used syringe in the past six months.¹ Studies have documented that overdose prevention sites reduce public injection, therefore reducing these negative health outcomes.²

Further, study time and again show overwhelming support among people who use drugs for the comprehensive range of services that are offered at overdose prevention sites. Often times the actual room where people they consume drugs under supervision is the space that they spend the least amount of time in an integrated overdose prevention site that also offers such necessary services as case management, primary care, a place to shower, a place to hang out, and a place to feel connected. As with most of us, such one stop shopping is appealing and enhances uptake of collocated services.

There is so much research on what overdose prevention sites have and have not caused. One of the most researched overdose prevention sties worldwide is Insite in Vancouver, which opened in 2003 as a part of a broad public health strategy. I visited in 2006 and was amazed at the space. Efficient, clean, clinical, and most importantly, respectful to all who were receiving services. In Insite, there have been no overdose deaths, or any other overdose prevention sites worldwide where hundreds of thousands of people have used their services. 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 0.25 mile area immediately surrounding Insite compared to 9% in the rest of the city during the same period.³ Further, using Insite has been associated with reductions in HIV and Hepatitis C and increases of entry into drug treatment.⁴⁻⁶ You can imagine, these locations would be ideal for both COVID-19 testing and vaccination for high risk individuals.

One of the biggest fears with placing an overdose prevention sites in a neighborhood is the negative response from residents and businesses. We recently conducted a study among 150 businesses located in neighborhoods characterized by high rates of drug use. We found that businesses overwhelmingly supported of overdose prevention sites 82% with 65% supporting a site in their business' neighborhood. This support indicates what could be seen as unexpected support of overdose prevention sites, yet businesses are extremely impacted by public drug use and its attendant outcomes, which likely drives their support.

This is the sixth year that the Maryland State Assembly has had a bill proposed to establish pilot overdose prevention sites. The growth in support in the Senate and the House over this time has been so encouraging. But my great fear is that in Maryland and elsewhere, given the vast, unnecessary COVID-19 fatalities, we will become immune to the insanely high rates of preventable overdose deaths, that we will become apathetic in our response.

A state authorization is the best legal course of action to protect overdose prevention sites in Maryland. An 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 evidence-based public health interventions. I hope this is among them.

Sincerely,



Dr. Susan G. Sherman

References

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