



1212 New York Ave. NW  
Suite 900  
Washington, D.C. 20005  
202-525-5717

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Testimony from:

Sarah Wall, Government Affairs Region Manager, Northeast Region, R Street Institute

In SUPPORT of SB 394 – “Statewide Targeted Overdose Prevention (STOP) Act of 2022”

February 17, 2022

Senate Committee on Finance

Chair Kelley, Vice Chair Feldman and Honorable Members of the Committee,

My name is Sarah Wall and I am the Government Affairs Northeast region manager at the R Street Institute, a nonprofit, nonpartisan public policy research organization focused on advancing limited, effective government in many policy areas, including opioid harm reduction. In recent years, opioid-related overdoses have been on the rise throughout the United States, driven by an illicit drug supply that is increasingly tainted by ultra-potent synthetic drugs such as fentanyl.<sup>1</sup> In 2020 in Maryland, 2,518 people died of an opioid-related overdose.<sup>2</sup> While abstinence from all non-prescribed opioids is the public health ideal, abstinence-only policies do not work at the population level, and even the best cessation and prevention programs leave people behind. Thus, R Street supports harm reduction as an evidence-based approach that saves lives.

One harm reduction tool is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses.<sup>3</sup> In studies, naloxone efficacy has ranged between 75 and 100 percent.<sup>4</sup> One study from Brigham and Women’s hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose.<sup>5</sup> Furthermore, when administered in appropriate doses to those in active overdose, side-effects are minimal and manageable.<sup>6</sup> It is not possible to get high from naloxone and it cannot cause an overdose.<sup>7</sup> Because SB 394 would expand access to this life-saving medication, R Street urges your **favorable report**.

SB 394 would expand access to naloxone in two ways. First, it would authorize emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation would establish that by June 30, 2024, community services programs, including those specializing in homeless services, opioid treatment and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both of these approaches help get naloxone into the hands of those who are most at risk.

It is worth noting that Maryland leaders in the legislature and the governor’s administration have already taken steps to increase the availability of naloxone to those at risk of overdose. It is already legal for both Maryland EMS personnel and laypeople to administer naloxone to someone experiencing an overdose; SB 394 would simply expand these laws to allow health providers to dispense naloxone



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“leave-behind” or “take-home” kits so that opioid users have ready access to them if needed.<sup>8</sup> The Maryland Department of Health also issued a two-year standing order on June 1, 2021 to allow pharmacists to dispense two doses of naloxone without a prescription from a doctor.<sup>9</sup>

R Street urges this Committee to continue this trajectory of loosening restrictions and expanding access to this life-saving medication, especially considering the toll the COVID-19 pandemic has taken on Marylanders who suffer from opioid use disorder. While 2019 saw the first drop in years of overdoses in Maryland, these gains were quickly reversed in 2020, which saw a 19.6 percent increase in fatal opioid overdoses and the largest total figures in state history at 2,518 deaths.<sup>10</sup> Alarming, the first half of 2021 saw an even higher increase in fatal overdoses, with a 1.1 percent increase over figures in the same period of 2020.<sup>11</sup> Importantly, these trends crossed demographic divides in the state, with the largest numerical increase seen in urban Baltimore City (51 more opioid-related deaths in Q1 and Q2 2021 compared to Q1 and Q2 in 2020) and the largest percent increase seen in rural Kent County (150 percent) during the same period.<sup>12</sup>

Putting naloxone into the hands of more opioid users and those in contact with them is one of the clearest, least controversial solutions to addressing this tragic epidemic. Community services professionals and EMTs are some of the best-equipped individuals to dispense medication to the people they serve. Similar take-home naloxone programs have shown significant success. One meta-analysis found that in the case of overdose, a take-home kit reduced fatality to one in 123 cases.<sup>13</sup> The results of a pilot program in Howard County were also successful, not just in reducing overdose deaths as isolated events but also in overall recovery efforts. Patients were more likely to seek out support from addiction specialists when take-home naloxone kits were distributed to a family member (5.19 times more likely) or a friend (3.69 times more likely).<sup>14</sup> Additionally, a study from a take-home kit program in Vermont found 85.5 percent of those offered take-home naloxone kits by EMS personnel accepted them, which prevented at least 279 deaths in 2020 alone.<sup>15</sup>

Senate Bill 394 is well-grounded in research, and the positive impacts of similar programs in other states and jurisdictions reflect how much Maryland could benefit from adopting this legislation. Expanding access to the life-saving medication of naloxone by allowing it to be dispensed as take-home kits by EMS personnel and community services providers is one clear way to help reverse the upward trajectory of fatal opioid overdoses in the state. Therefore, R Street urges a favorable report on Senate Bill 394. Thank you for your consideration.

Respectfully submitted,

Sarah Wall  
Government Affairs Region Manager  
R Street Institute  
[swall@rstreet.org](mailto:swall@rstreet.org)



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<sup>1</sup> National Center for Health Statistics, “Drug Overdose Deaths in the U.S. Top 100,000 Annually,” Centers for Disease Control and Prevention, Nov. 17, 2021.

[https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm).

<sup>2</sup> “Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2020,” Maryland Department of Health, June 2021. [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>3</sup> Substance Abuse and Mental Health Services Administration, “Naloxone,” U.S. Department of Health and Human Services, July 8, 2021. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>.

<sup>4</sup> Rachael Rzasa Lynn and JL Galinkin, “Naloxone dosage for opioid reversal: current evidence and clinical implications,” *Therapeutic Advances in Drug Safety*, 9:1 (Dec. 13, 2017), pp. 63-88.

<https://journals.sagepub.com/doi/10.1177/2042098617744161>.

<sup>5</sup> Nadia Kounang, “Naloxone reverses 93% of overdoses, but many recipients don’t survive a year,” CNN Health, Oct. 30, 2017. <https://www.cnn.com/2017/10/30/health/naloxone-reversal-success-study/index.html>.

<sup>6</sup> Substance Abuse and Mental Health Services Administration, “Naloxone” (2021).

<https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>.

<sup>7</sup> “Naloxone: Frequently Asked Questions,” Anne Arundel County Department of Health, Aug. 6, 2022.

<https://www.aahealth.org/naloxone-frequently-asked-questions>.

<sup>8</sup> Legal Science, “Naloxone Overdose Prevention Laws,” Prescription Drug Abuse Policy System, July 1, 2017.

<https://pdaps.org/datasets/laws-regulating-administration-of-naloxone-1501695139>.

<sup>9</sup> Jinlene Chan, MD, MPH, “Maryland Overdose Response Program Statewide Naloxone Standing Order,” Maryland Department of Health, June 1, 2021.

<https://drive.google.com/file/d/1rEonwqUXrIruRmrHDjWESyLOBAWZCf1L/view>.

<sup>10</sup> “Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2020,” Maryland Department of Health (2021). [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>11</sup> “2021 Second Quarter Report: January 1-June 30, 2021,” Maryland Opioid Operational Command Center, Sept. 27, 2021. <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/09/OOCC-Q2-2021-Quarterly-Report.pdf>.

<sup>12</sup> “2021 First Calendar Quarter Report: January 1 – March 31, 2021,” Maryland Opioid Operational Command Center, June 24, 2021. <https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2021/06/OOCC-Q1-2021-Quarterly-Report.pdf>.

<sup>13</sup> Rebecca McDonald and John Strang, “Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria,” *Addiction*, 111:7 (July 2016), pp. 1177-87.

<https://onlinelibrary.wiley.com/doi/10.1111/add.13326>.

<sup>14</sup> Samantha J. Bissonette, “Preliminary Analysis of Vermont’s EMS Naloxone Leave-Behind Program,” Larner College of Medicine at University of Vermont, 2021.

<https://scholarworks.uvm.edu/cgi/viewcontent.cgi?article=1017&context=m4sp>.

<sup>15</sup> *Ibid.*