

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

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February 15, 2022

Letter of Support for SB 394: Statewide Targeted Overdose Prevention (STOP) Act of 2022

Dear Chairwoman Kelley and members of the Committee,

I am writing to express my support for Senate Bill 394 to expand naloxone distribution across hospitals, detention centers and housing facilities. As an epidemiologist and Assistant Professor of Medicine at Brown University, I study and teach graduate students about the determinants of the U.S. opioid crisis and harm reduction solutions, including naloxone programs.^{1,2,3,4} The views that I express are mine and not those of Brown University.

I have lived, worked and volunteered in Baltimore City, Maryland for the past ten years and seen firsthand the positive impact of naloxone in the community as a naloxone educator and evaluator. My current work, funded in part by the Maryland Department of Health and the Centers for Disease Control and Prevention, focuses on examining the state-level impact of naloxone programs. I have provided extensive technical advice to the Maryland Department of Health and the Maryland Opioid Operational Command Center established by Governor Larry Hogan to combat the opioid crisis.

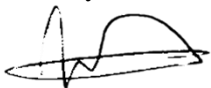
We are still battling the ‘Fentanyl Wave’ of the opioid crisis, which is driven by the proliferation of illicitly-made fentanyl and its various related compounds (analogs). Fentanyl and other opioids continue to claim thousands of lives in Maryland – in 2020, we saw a record of 2,499 opioid overdose deaths. Fentanyl is 100 times stronger than morphine and more quickly absorbed. While it can be administered safely under clinical supervision, accidental overdoses can easily occur within minutes if illicit versions are used.

Naloxone is an evidence-based intervention that safely and effectively reverses a fentanyl overdose if administered in time. However, dispensing naloxone to the wider community is critical given that first responders may arrive too late.⁵ Harm reduction is a critical lifesaving pillar of overdose response. The U.S. Surgeon General’s report⁶ showed that a staggering 41% of people with substance use disorder report not being ready or willing to enter drug treatment – such communities are often reached by low-threshold naloxone programs such as those proposed in this bill.

Researchers like myself and others have written extensively about the need for practical and lifesaving tools—although these types of “harm reduction” programs may seem counterintuitive, they have been proven to save lives. In order to achieve “saturation” we need to act quickly to address gaps in naloxone coverage. These gaps and consequent risk of overdose are profound among those leaving institutions such as correctional facilities, hospitals and temporary housing. A prominent modeling paper published in *Lancet Public Health* led by my colleagues at Brown University⁷ demonstrated that Maryland, like many other states facing fentanyl-driven epidemics, has yet to reach naloxone saturation levels (defined as naloxone being available in 80% of witnessed overdoses). In order to achieve saturation, the model estimates that over 120,000 doses need to be distributed to Marylanders each year. Given this evidence, any measure that increases naloxone distribution to communities at risk of overdose would be valuable especially in this time of urgent need.

I hope that you will consider providing a favorable vote for SB394. Thank you.

Sincerely,



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References

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- ⁴ Schneider KE, Urquhart GJ, Rouhani S, Park JN, Morris M, Allen ST, Sherman SG. Practical implications of naloxone knowledge among suburban people who use opioids. *Harm Reduct J.* 2021 Apr 28;18(1):47. doi: 10.1186/s12954-021-00466-8. PMID: 33910565.
- ⁵ Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/mmwr/volumes/66/wr/mm6614a2.htm>
- ⁶ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- ⁷ Irvine, M. A., Oller, D., Boggis, J., Bishop, B., Coombs, D., Wheeler, E., Doe-Simkins, M., Walley, A. Y., Marshall, B., Bratberg, J., & Green, T. C. (2022). Estimating naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study. *The Lancet. Public health*, S2468-2667(21)00304-2. Advance online publication. [https://doi.org/10.1016/S2468-2667\(21\)00304-2](https://doi.org/10.1016/S2468-2667(21)00304-2)