

March 3, 2023

The Honorable Joseline Peña-Melnyk
Chair, Health and Government Operations Committee

RE: SUPPORT of House Bill 953
Public Health – Overdose and Infectious Disease Prevention Services Program

Dear Chair Peña-Melnyk 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 for over 20 years. The views that I express are mine and not those of Johns Hopkins University.

I write to express my extensive support for House Bill 953. Overdose prevention sites, also known as safe consumption sites or supervised injection facilities, are an important component of a comprehensive, evidence-based strategy to reduce drug use and overdose deaths.

Today, we are facing two major epidemics - opioid addiction and overdose deaths with the in Maryland. After slight decreases in 2018, drug overdose deaths in Maryland jumped 18% - 2,379 lost lives – in 2019. ¹ These deaths were driven by the presence of fentanyl in the drug supply. The drug market continues to evolve and present new harms. Xylazine a non-controlled veterinary sedative,² is increasingly present in the illicit drug supply in Maryland. From November 2021-2022, over 51% of illicit drug samples collected in the state tested positive for Xylazine. In humans, Xylazine causes sedation, amnesia, and severe skin lesions wounds – and is associated with fatal overdose.

My own research in Baltimore city as well as throughout the U.S. 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 a recent study of 350 women who use drugs in Baltimore City, we found high rates overdose – 28% had experienced an overdose themselves and 35% had witnessed a fatal overdose in the past six months.³

As we talk about overdose prevention sites or safe consumption sites– it is important to understand that people are using drugs in places that are basically as unsafe consumption sites. In the same study, the most common places where people reported consuming drugs being a vacant building at 28%, or a street/park at 24%. We have found that such “public” injection was significantly associated with nonfatal overdose, arrest, and using a previously used syringe.² It is also important to know that there is overwhelming interest in using overdose prevention sites – 77%. The majority were interested in using drugs in a space that had medical supervision, services provided, and naloxone and sterile equipment on hand.

Further, we conducted a study among 149 Baltimore City business owners and employees in areas with high rates of drug use. Eighty-five percent supported an OPS in Baltimore and 65%

supported an OPS in their neighborhood. This was largely attributed to their awareness and experiences with drug use and overdose in and around their businesses.

One of the best researched facilities worldwide is Insite in Vancouver. 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 quarter area immediately surrounding Insite compared to 9% in the rest of the city during the same period.³ In 2007 a substance use treatment program was opened above Insite. Since that time, 2,800 people have entered the Onsite detox program.

A state authorization is the best legal course of action to protect safe consumption spaces 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 public health interventions. I hope this is among them.

Since the first bill to establish a pilot overdose prevention sites in Maryland was introduced, over 11,955 people have needlessly died of an overdose.

Where is our line, where of being willing to acknowledge the reality that comprehensive interventions are needed for people who are actively using drugs as well as to embrace the evidence of the impact of overdose prevention sites on multiple health fronts, at a cost savings.

We are at a critical point in this overdose epidemic and I am hoping that we can employ some of the best studied interventions that have been shown to make a dent. Otherwise, the numbers will continue to rise.

Sincerely,



Dr. Susan G. Sherman

References

1. *Drug- and Alcohol-Related :Intoxification Deaths in Maryland.* 2019.
2. Drug Enforcement Administration. Xylazine.
https://www.deadiversion.usdoj.gov/drug_chem_info/Xylazine.pdf. Published 2021.
Accessed.
3. Schneider KE, Tomko C, Nestadt DF, Silberzahn BE, White RH, Sherman SG. Conceptualizing overdose trauma: The relationships between experiencing and witnessing overdoses with PTSD symptoms among street-recruited female sex workers in Baltimore, Maryland. *The International Journal of Drug Policy.* 2021;92:102859.