

SB427 Overdose Prevention Sites.docx (1).pdf

Uploaded by: Aaron Wright

Position: FAV



February 20, 2024

The Honorable Senator Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 427
(Public Health – Overdose and Infectious Disease Prevention Services) - FAVORABLE**

Dear Chair Beidle and Senate Finance Committee Members,

My name is Aaron Wright, a person going on 10 years in sustained abstinence based recovery. I am the Data and Program Manager for Voices of Hope; a non-profit 501c3 Recovery Community Organization (RCO) that operates in both Cecil and Harford Counties. Our RCO employs 55 individuals either in recovery or family members directly affected by substance use. Our services utilize a stages of change model with helping individuals find, enter, and maintain recovery in the state of Maryland. SB427 would allow community based organizations to engage individuals actively using, who otherwise would be reclusive, and connect them to resources and reduce overdose fatalities with medically monitoring usage.

In 2022, we lost 2,587 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 30 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 such programs already established across the world in 14 countries, including two in the United States. In all of the OPS around the world, in which millions of supervised drug use interactions have occurred, *no one has died of a fatal overdose.*

From 23 years addicted to opiates to someone who is now a Father, Husband, and a Son representing a RCO with 55 peers just like myself. I urge the emergent support and ask the Senate Finance Committee give SB427 a favorable report

Please feel free to contact me, Aaron Wright, aaronwright@voicesofhopemaryland.org and for more information about our RCO Voices of Hope please visit voicesofhopemaryland.org

Irwin OPS MD 2024 SB 427 Testimony.pdf

Uploaded by: Amos Irwin

Position: FAV



LAW ENFORCEMENT ACTION PARTNERSHIP

ADVANCING JUSTICE AND PUBLIC SAFETY SOLUTIONS

From: Amos Irwin, Law Enforcement Action Partnership
co-authors: Susan Sherman and Brian Weir, Johns Hopkins University
Ehsan Jozaghi, University of British Columbia

Re: SB 427 - Public Health – Overdose and Infectious Disease Prevention Services Program

Position: SUPPORT

Date: February 20, 2024

To: Maryland Senate Finance Committee

Distinguished Members of the Committee, thank you for the opportunity to present the results of my research on the impact of an overdose and infectious disease prevention site in Baltimore in support of Senate Bill 427.

I worked with researchers at Johns Hopkins University who have studied Baltimore’s population of people who inject drugs and an expert on Vancouver’s Insite facility from the University of British Columbia to estimate the impact of an overdose prevention site (OPS) in Baltimore. We assumed that the facility would be modeled on Vancouver’s Insite facility, which has thirteen booths. We used research on the costs and benefits of Insite and data on Baltimore’s population of people who inject drugs to model the expected costs and benefits of an OPS in Baltimore.

Our study, which was published in the peer-reviewed Harm Reduction Journal, found that a single OPS would save roughly \$7.8 million per year at an annual cost of \$1.8 million. This means \$6.0 million in annual net savings, equivalent to about 30% of the city health department’s entire budget for harm reduction and disease prevention.

Study Results

Savings related to...		
HIV	\$1,501,928	3.7 new infections prevented
Hepatitis C	\$1,443,827	21.2 new infections prevented
Skin and Soft Tissue Infections	\$934,952	374.0 hospital days prevented
Overdose Deaths	\$2,997,791	5.9 deaths prevented
Ambulance Calls	\$80,995	108.0 calls prevented
Overdose Related ER Costs	\$106,159	77.8 ER visits prevented

Overdose Related Hospitalization Costs	\$67,092	26.8	hospitalizations prevented
Medication-Assisted Treatment	\$637,245	121.4	additional people entering treatment
Total Savings	\$7,769,988		
Costs	\$1,932,252		
Annual Operating Cost	\$1,767,000		
Annualized Upfront Cost	\$165,252		
Summary			
Cost-Benefit Ratio: \$1 spent generates	\$4.02	savings	
Net savings	\$5,837,736		

Appendix: Study Methodology

Cost of Operating the Facility

Cost calculations are based on a facility equal in size and scope to Insite. We estimate the annual cost of establishing a new OPS combines both upfront and operating costs. Since we assume the same staffing levels, equipment needs, and other operating cost inputs as Insite, we calculate the operating costs by multiplying the Insite OPS's \$1.5 million operating costs by a 4 percent cost of living adjustment between Vancouver and Baltimore (Jozaghi et al., 2015; Expatistan, 2016). Since the upfront costs would depend on the exact location and extent of renovations required, we make a conservative estimate of \$1.5 million based on actual budgets for similar facilities and standard per-square-foot renovation costs (Primeau, 2013; MSIC, 2013). We convert this upfront cost into a levelized annual payment by assuming that it was financed with a loan lasting the lifetime of the facility. We determine the levelized annual payment according to the standard financial equation:

$$C = \frac{i(P)}{1 - (1 + i)^{-N}}$$

where C is the calculated levelized annual cost, i is a standard 10 percent interest rate, P is the \$2 million estimated upfront cost, and N is the estimated 25-year lifetime of the facility.

Benefits of Operating the Facility

HIV and Hepatitis C Virus (HCV) savings

Kerr et al. (2005) find that OPS use reduces clients' needle-sharing by 70%. To estimate the impact of reduced needle-sharing on HIV and HCV infection rates, we use an epidemiological "circulation theory" model developed to calculate how needle exchange programs impact HIV infection among PWID. We use the Jacobs et al (1999) model to estimate new HIV infection cases (IHIV):

$$I_{HIV} = iNsd[1 - (1 - qt)^M]$$

where *i* is the percentage of HIV-negative PWIDs, *N* is the total number of needles in circulation; *s* is the percentage of injections with a shared needle; *d* is the percentage of injections with an unbleached needle; *q* is the percentage of HIV-positive PWIDs; *t* is the chance of transmitting HIV through a single injection with a shared needle; and *M* is the average number of people injecting with a single shared needle.

We use the same model for HCV:

$$I_{HCV} = iNsd[1 - (1 - qt)^M]$$

Skin and soft-tissue infection savings

Skin and soft tissue infections are the number one reason for PWID hospital admissions. While uninsured PWID normally wait until their infection becomes serious enough to be admitted to the ER, OPS medical staff provide wound care and medical referrals to treat these infections before they become serious. Lloyd-Smith et al (2010) found that the hospital stays of Insite users were on average 67% shorter. We predict infection care savings according to

$$S_{SSTI} = NhLrC$$

where S_{SSTI} is the annual savings from OPS infection care, *N* is the number of people using the OPS, *h* is the hospitalization rate for SSTI, *L* is the average length of infection-related hospital stay for PWID, *r* is the 67% stay reduction for OPS users, and *C* is the average daily cost of a hospital stay.

Averted Overdose Deaths

Marshall et al. (2011) compare the change in overdose deaths within 500 meters of Insite to the change in other Vancouver neighborhoods both before and after the facility's opening. They find a 35 percent reduction in overdose mortality near Insite, compared to a 9 percent reduction further away, suggesting that Insite reduced neighborhood overdose deaths by roughly 26 percent.

We assume that a Baltimore OPS of the same size, also operating near capacity, would reduce overdose deaths in its immediate vicinity by a similar percentage. Most likely this underestimates the facility's impact, since this method only estimates averted overdose deaths within 500 meters of the OPS, though the facility would also reduce overdose more than 500 meters away.

In order to assign value to the loss of life due to overdose, we follow Andresen & Boyd (2010) in considering only the tangible value to society rather than including the suffering and lost quality of life for loved ones. We estimate the tangible value using 30 years of the median wage for Baltimore City, and since the average age of PWID in Baltimore is 35, we convert 30 years of future wages to present value using a discount rate of 3 percent. So the total value of a single overdose death (*V*) is calculated as:

$$V = \sum_{n=1}^{30} \frac{W}{(1+r)^n}$$

with n equal to 30 years, W as the \$25,707 median wage for Baltimore City, and r as the 3 percent discount rate, we find the value to be \$503,869.

Medication-Assisted Treatment Savings

Medication-assisted treatment (MAT) programs, principally methadone and buprenorphine maintenance, have been shown to reduce patients' health care needs and criminal activity, as well their drug and alcohol use (Gerstein 1994, Barnett 1999, Zaric 2000, CDC 2002, Flynn et al 2003). Studies estimate that they save taxpayers \$4 to \$13 for every \$1 spent, mostly by reducing users' criminal activity to get money to buy drugs (Cartwright 2000, Gerstein 1994, Health Canada 2002, Harris et al 2005, Hilltop Institute 2007). Studies of Vancouver's Insite show that OPS users are significantly more likely than non-OPS-users to accept referrals to MAT (Wood et al 2006, Wood et al 2007). In Sydney's MSIC, 5.8% of OPS users accepted MAT referrals per year. We estimate the financial benefits of OPS referrals to MAT programs, considering both health care and crime costs, according to the model

$$S_{MAT} = Nr(b-1)T$$

where S_{MAT} is the annual savings due to the OPS increasing MAT uptake, N is the number of PWID who use the OPS, r is the percent of OPS users who access MAT as a result of OPS referrals, b is the cost-benefit ratio for MAT, and T is the cost of one year of MAT.

Ambulance Savings

Overdoses require emergency medical assistance, even when they are not life-threatening. Ambulances are called to the scene of over half of all nonfatal overdoses, at an average cost of around \$500 per call. (MSIC 2003) By contrast, almost all overdoses in MSIC, Sydney's OPS, were handled by on-site medical staff and did not result in ambulance calls (MSIC 2003, MSIC 2010). We estimate cost savings of averted ambulance calls for a OPS in Baltimore according to the following model:

$$S_a = Io(c_o - c_i)A$$

where S_a is the annual savings due to the OPS reducing ambulance calls for overdose, I is the annual number of injections in the OPS, o is the rate of nonfatal overdose, c_o and c_i are the rates of overdose ambulance calls outside and inside the OPS, respectively, and A is the average cost of an overdose ambulance call.

Emergency Room Overdose Savings

Emergency response personnel often transport overdose victims to the emergency room for treatment. In one Baltimore study, 72% of PWID who had an ambulance called for an overdose reported being taken to the ER. By contrast, overdoses in OPSs lead to emergency room treatment in less than 1% of cases. With a single Baltimore ER visit averaging \$1,364, OPSs reduce medical costs significantly by keeping PWID out of emergency rooms for overdose. We calculate the savings according to:

$$S_{er} = Io(t_o - t_i)F$$

where S_{er} is the annual savings due to the OPS reducing emergency room visits for overdose, I is the annual number of injections in the OPS, o is the rate of nonfatal overdose, t_o and t_i are the rates of ER transport for overdose outside and inside the OPS, respectively, and F is the average cost of an overdose emergency room visit.

Overdose-related hospitalization savings

Overdose victims are occasionally hospitalized for treatment. In one Baltimore study, 26% of PWID who had an ambulance called for an overdose reported being hospitalized. By contrast, overdoses in OPSs lead to hospitalization in less than 1% of cases. With one day in a Baltimore hospital averaging \$2,500, OPSs reduce medical costs significantly by keeping PWID out of the hospital for overdose. We calculate the savings according to:

$$S_h = Io(a_o - a_i)E$$

where S_h is the annual savings due to the OPS reducing hospitalization for overdose, I is the annual number of injections in the OPS, o is the rate of nonfatal overdose, a_o and a_i are the rates of hospitalization for overdose outside and inside the OPS, respectively, and E is the average expense of an overdose hospital stay.

For sources or with questions about the study's methodology, sensitivity analysis, discussion, or limitations, please contact me at Amos@LawEnforcementAction.org.

BHLI Testimony Favoring SB427. Andrew.Bell.Outreac

Uploaded by: Andrew Bell

Position: FAV



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Dear members of the committee,

My name is Andrew Bell, I am the Outreach Director for the Behavioral Health Leadership Institute (BHLI), a low-barrier, harm reduction treatment provider with a mission to reach Baltimore's most vulnerable and underserved residents who are struggling with Opioid Use Disorder.

On behalf of BHLI, and with approval from our board and support from our Executive Director Deborah Agus (also adjunct faculty at Hopkins' Bloomberg School of Public Health), I am writing to testify in support of SB427, allowing for Overdose Prevention Sites to become part of Maryland's response to the ongoing devastation of the overdose crisis.

As will likely be familiar to committee members, one of the most vulnerable times for overdose is when someone is leaving an incarcerated setting. One [Massachusetts study](#) found those in this circumstance at 56 times more risk of fatal overdose than the general populace.

For this reason, BHLI's Project Connection At Reentry (PCARE) mobile clinic is parked within fifty feet of the exit of central booking, and many of the nearly 1000 clients we serve have been connected after leaving jail. This is a critical service to prevent overdose, and an important part of the continuum of care.

Our nurses, doctors, peer workers and outreach staff make authentic, non-judgmental connections with patients and work to remove and navigate all barriers that might prevent them from accessing life saving Medications for Opioid Use Disorder (MOUD).

While it is important to support all pathways to recovery, more than ten years into an overdose crisis driven primarily by fentanyl and its analogs, it is also important to be clear about what can also serve the public health objective of reducing overdose death.

Only methadone and buprenorphine [have been shown to reduce death](#) and acute hospitalization versus no treatment at all. MOUD/MAT remains our indispensable frontline treatment for overdose prevention for those dealing with OUD, and programs like BHLI work to connect those who would otherwise be lost to care, or face too many barriers to have consistent access to medications.

If MAT/MOUD is the indispensable first line tool for preventing opioid overdose, then harm reduction interventions like syringe service programs (SSPs) and overdose response programs (ORPs), are a vital second line tool, and serve to fill out a comprehensive continuum of care. Overdose prevention sites would be an important addition to that continuum that would unquestionably save lives.

My introduction to this work was as a frontline worker at what was then North America's only sanctioned Supervised Injection Facility/Overdose Prevention Center. I had recently graduated from college and wanted to do something useful as I figured out what was next. By an accident of history and geography the city I grew up in then had the highest rates of HIV in the developed world and had organized and innovated by adopting harm reduction measures.

Working there forced me to confront assumptions I had unknowingly made: namely, that as I got to know people better, I'd learn how a series of choices between door number 1 and door number 2 led them to my meeting them at the injection site.

Instead I found that people were doing better with the cards they were dealt than I expect I would do with those same cards. It would be another decade before I would learn about Adverse Childhood

Behavioral Health Leadership Institute
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Experiences and how elevated experiences of abuse and neglect in childhood [have been shown to have extraordinary impact](#) on the likelihood of future problematic substance use and/or injection drug use.

While many harm reduction programs are counter-intuitive or come with concerns about enabling drug use, an understanding of trauma shifts that perspective. Knowing the connection between trauma and risky substance use, and knowing that the best treatment for trauma is a stable [ongoing connection](#) with adults or caregivers, then the unique ability of harm reduction programs to create safety, serve as a bridge to service and result in positive change becomes clear.

Some on the committee will have visited the Overdose Prevention Centers, operating for over two years in New York. Despite working at a similar facility, I was struck that the injection rooms are one of the least interesting things happening under the roof of either location. Instead it is all of the wraparound services geared towards person-centered care. What became clear is that the vulnerability and intimacy of being able to safely do the one thing that is usually a source of shame and isolation ends up critically reinforcing all the other work to help people find stability, hope, health and help. It's like a key that unlocks the relationship and trust with a group that we usually call "hard to reach".

As BHLI's program outside the jail (as well as our other programs anchored in or partnered with churches and a drop-in center) shows the success of a mixed staffing model that provides low barrier, high quality care from peers, nurses and doctors, it mirrors the success of mixed staffing models like at Insite, where I worked.

For BHLI, as a harm reduction treatment program that is both a key part of the continuum of care, we know that passing this bill to allow other organizations to further fill out this continuum of care would be a victory for public health and would save the lives.

Also as a harm reduction treatment provider, we know that this strengthens treatment, by connecting people and keeping them alive. It's not a challenge to treatment, but an extension of care and connections for those that won't otherwise be reached and are at high risk for overdose.

The last time I testified for this in Annapolis, I did so with my friend and mentor William Miller Senior. The cruel reality of a fentanyl-driven overdose crisis is that those in long term recovery who relapse are often at equal risk of overdose as those using chaotically. Because of barriers to care, Will Sr had discontinued methadone. He was in the most stable place of his adult life when his relapse came. Without the protective factor that MAT/MOUD provides against reduced tolerance, and despite having used Heroin for 51 years, Will Sr died of an overdose in October of 2020. I continue to feel his loss, as do all that knew him.

His legacy lives on in Bmore POWER which he cofounded and all the work that its members and alum have gone on to do. In the same week I gathered with others to mourn the loss of Ricky Morris (to long term health issues) and Christian Diamond (to overdose). Please help make another part of their legacy be the passage of this bill and the prevention of unnecessary death.

Sincerely,
Andrew Bell,
Outreach Director,
BHLI

Behavioral Health Leadership Institute
2601 North Howard Street, Suite 220
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Baltimore City Directorate - 2024 SB 427 FAV - Ove

Uploaded by: Ashley Archie

Position: FAV



BALTIMORE CITY

SUBSTANCE ABUSE DIRECTORATE

OFFICERS

Ashley Archie
President
HeL Recovery Center

Sean Augustus
President-Elect
UPC, Inc./Recovery Network

Joan Sperlein
Secretary
Institutes for Behavior Resources, Inc./ REACH Health Services

Toni Maynard-Carter
Treasurer
Johns Hopkins Hospital Broadway Center

Senate Bill 427 – Overdose and Infectious Disease Prevention Programs - **Favorable**

Finance Committee

February 20, 2024

The Baltimore City Substance Abuse Directorate (Directorate), a Baltimore City membership organization comprised of substance use disorders treatment providers providing all levels of care, supports Senate Bill 427, which will allow jurisdictions to develop Overdose and Infectious Disease Prevention programs to reduce fatal and non-fatal overdoses and provide much needed services to those who use opioids.

Maryland has been a leader in the harm reduction field and in its multi-faceted and aggressive approach has effectively saved lives with harm reduction efforts of increased naloxone distribution and syringe exchange services; increased access and availability to evidenced-based medication assisted treatment with methadone and buprenorphine; greater implementation of peer recovery specialists in medical and community settings; and creative jurisdictional Opioid Intervention Teams across the state. But more is needed, however, in order to save lives and continue to address the opioid crisis. The proposed Overdose and Infectious Disease Prevention Services Program is based on similar programs operating in more than sixty (60) cities in ten (10) countries. It's time for Maryland to join them.

The results and evidence from these successful harm-reduction facilities is unequivocal – they reduce overdose deaths, provide an entry into treatment, reduce public use and publicly discarded syringes, are cost-effective and they do not encourage or increase additional drug use or crime. Maryland needs to add this tool in the great work being done to reduce overdose deaths and improve access to needed health care.

For the reasons stated above, The Directorate urges a favorable report on Senate Bill 427.

Sincerely,

Ashley Archie, LCSW-C

Ashley Archie, LCSW-C
President

C/o REACH Health Services
2104 Maryland Avenue
Baltimore, Maryland 21218
(410) 752-6080

MCF-SB 427 Testimony-FAV.pdf

Uploaded by: Ashley Tauler

Position: FAV



SB 427 Public Health – Overdose and Infectious Disease Prevention Services Program

Committee: Finance

Date: February 16, 2024

Position: Favorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) is a statewide nonprofit organization that provides family peer support services at no cost to families who have a loved one with a mental health, substance use, or problem gambling disorder. Using their personal experience as parents, caregivers and other loved ones, our staff provide emotional support, resource connection and systems navigation as well as support groups and educational trainings and workshops.

Last year we served nearly 5,000 Families of a loved one with a behavioral health need. 20% of those families have a loved one with substance use and co-occurring disorders. We support this bill for the following reasons.

- Christi Green- Executive Director, MCF

One of the reasons Christi was drawn to MCF was the work of Family Peer Support Specialists not only with families with mental health challenges, but the critical work with substance use disorder. Christi and her husband were caregivers of their young adult nephew, Kameron, who was in recovery. When Kameron started showing signs of using again, they felt alone, stressed, and over their heads. Every waking moment was spent trying to locate Kameron, always wondering where he was, scared for him. After spending time setting boundaries, assisting him with finding a job, getting him on a wait list for therapy, ensuring he had everything he needed at home—Kameron disappeared one day only for them to later receive a call from the morgue to come and identify his body. It was beyond devastating. They often wonder now if there had been a safe place for him to “use” the “one last time” as he told friends, if he would be alive today knowing that these safe consumption sites, for example, in New York, have not had a single death.

There was hope for Kameron. He was a young man with so much potential who is severely missed by his family. If we can keep even one more person safe, can educate and provide resources for just one more person, then we can help another family not go through the devastation that Christi’s family went through.



- Stephanie Hutter-Thomas, PhD, CPH, RPS

Director of Peer & Organizational Development, Maryland Coalition of Families
Founder & CEO, Appalachian Recovery Concepts, LLC
Co-Investigator, Mountain Maryland Forward, University of Maryland CESAR

Stephanie identifies as a person with lived experience as the caregiver of multiple immediate family members with OUD/AUD and other behavioral health challenges.

“Safe Consumption sites exist on almost every street corner as some of the most profitable businesses around, and we call them bars or night clubs. People have been indulging in alcohol use, both socially and problematically since the discovery of fermentation. As a society, we support and promote this social norm through our patronage of restaurants, bars, clubs, and other venues who serve alcohol, yet condemn the extension of such tolerance to those who use drugs. People (including adolescents & young adults) will do what they want to do, with or without these safety mechanisms, but offering safety to people who use drugs is an act of unconditional love. Safe consumption sites not only reduce overdose rates significantly, but these sites also help prevent other violent crimes. By providing a safe space for people who are under the influence, we reduce the likelihood of these individuals experiencing violent crimes in the streets. For example, using in a safe consumption space reduces the likelihood of being raped or assaulted, while under the influence.”

- Ashley Tauler-Policy and Advocacy Associate, MCF

Ashley started her journey at Maryland Coalition of Families as a Substance Use family peer support specialist. She has cared for loved ones with behavioral health and substance use disorders. Alcohol was the cause of one of her family members death. He had drowned when his car proceeded off a bridge due to being intoxicated. The shock of that phone call her family received from the state police is a reality families face today with the rise of overdose deaths.

The costs of losing a loved one to an overdose is insurmountable and unmeasurable. An overdose prevention site can be lifesaving and would provide a safe space with support and resources. Overdose numbers are not just numbers they are fathers, mothers, brothers, sisters, nephews, nieces, friends and more. Overdose deaths affect all systems, not just family systems.



Christi Green
Executive Director

Stephanie Hutter-Thomas, PhD, CPH, RPS
Director of Peer & Organizational Development

Ashley Tauler, CA
Policy and Advocacy Associate

Maryland Coalition of Families

8950 State Route 108, Suite 223

Columbia MD, 21045

SB427 Testimony Fav.pdf

Uploaded by: Celeste Fuentes

Position: FAV

SB0427 Public Health – Overdose and Infectious Disease Prevention Services Program

From: Celeste Fuentes

Position: Favorable

Date: February 20, 2024

My name is Celeste Fuentes, and I am writing in support of Senate Bill 427 to allow community-based organizations to establish overdose prevention services (OPS) programs. Starting OPS in Maryland will reduce overdose deaths, which continue to occur at alarming levels, and provide much-needed services to the Marylanders at risk. In other words, this Bill will save lives.

I support OPS in Maryland based on my professional and personal experience in the harm reduction movement. I worked at the Drug Policy Alliance, helping to further drug policy advocacy and harm reduction efforts and, before that, at OnPoint NYC, where I assisted the Senior Director of Programs to help run the Drop-In Centers and the nation's first two legally sanctioned OPS centers, located in Washington Heights and East Harlem. I saw first-hand how this policy can keep people and communities safer. I have since relocated to Baltimore, where I aim to contribute to Maryland's harm reduction movement. By joining states like Minnesota and Rhode Island in authorizing OPS programs, Maryland can become a nationwide leader on this cutting-edge approach to the overdose crisis.

OPS programs are an evidence-based approach to reducing the harms of the opioid epidemic. Overdose death is prevalent across the country and has only been exacerbated by the COVID-19 pandemic. OPS programs provide a safe space for people who use drugs and are most likely to die, overseen by trained staff. These programs are designed around polymodal use and incorporate comprehensive harm reduction strategies to ensure safer use, including drug-checking services for fentanyl and xylazine and access to sterile equipment, and prioritize the use of oxygen intervention over naloxone. These programs are also co-located with other supportive services, catering to the participants' basic needs with resources like bathrooms and showers, laundry, medical services, STI/HIV testing, and case managers. In the end, not only do OPS programs prevent overdose deaths and other harms from drug use, they also help divert hazardous waste from communities and public spaces, which neighbors are often the most concerned about.

In the years since OPS programs have existed, in New York and across the world, no one has ever died of an overdose in these facilities. Considering the widespread rates of death resulting from these same activities in the street—including the streets of Maryland—this is an extraordinary achievement.

Maryland should embrace the life-saving promise of this Bill. In 2022, we lost 2,587 Marylanders to fatal overdoses. OPS is firmly established as the best possible policy solution to prevent those senseless deaths moving forward. I urge the Committee to make Maryland a leader in the harm reduction movement, joining states like New York, Minnesota, and Rhode Island, rather than lagging behind the scientific and policy consensus.

By supporting SB 427, you can help Maryland be among the states making history and saving lives. I urge the Committee to issue a Favorable report on SB0427.

Best AOT Testimony 2024 SB453.pdf

Uploaded by: Charles Richardson

Position: FAV

SB453 Testimony
Charles Richardson, MD
7662 Sweet Hours Way
Columbia, MD 21046
Position: Support

After 32 years as a psychiatrist at the state run Spring Grove Hospital, it appears to me that the criminalization of mental illness in Maryland has grown worse. The statutory authorization of evidence based Assisted Outpatient Treatment as proposed in SB453 would go far to prevent this shameful criminalization.

Some 60,000 Maryland residents have the tragic, blameless neurobiological illness we call Schizophrenia. A similar number suffer from often psychotic episodes of mania due to Bipolar Disorder, another brain disease. The great majority of these individuals are willing to accept continued treatment in voluntary outpatient services after acute inpatient stabilization. However, a small percentage will not, specifically because they lack the capacity to perceive the presence of their illness or the need for treatment. This cognitive deficit is a symptom of their brain disorder. Especially for these individuals, their need for sustained treatment of the more severe episodes of their illnesses are ignored by Maryland's mental health system.

Generally unappreciated, episodes of severe mental illness require several weeks to months of continued treatment with medication for the patient's acute episode to gradually resolve and before patients are stable enough to reassume independent community responsibilities. There is absolutely no way to hasten response. This fact cannot be over-emphasized. Maryland's mental health system does not currently support continued outpatient treatment for patients unable or unwilling to voluntarily participate in outpatient services.

This deficiency contributes significantly to the criminalization of mental illness, as inadequately treated patients' disorganized and terrified behavior leads to arrests. Patients are literally punished for their illness-driven behavior by prolonged incarcerations in jails and state hospitals. And the legal entanglements often lengthen their inpatient treatment well beyond clinical need, further limiting the state-wide availability of this scarce resource, i.e., inpatient treatment of more than 10 days. Tragically, in Maryland today, the only way to intensify treatment of severe mental illness is for the patient to be arrested, jailed, and court-ordered for treatment at a state facility. This is just plain cruel.

Assisted Outpatient Treatment is an evidence-based means of intensifying treatment for severe mental illness, for those who are unable to recognize their critical need for treatment. It would address the need for sustained treatment so often necessary for a patient to achieve improved judgment, not merely the absence of dangerousness. It would do so without requiring the patient to reside in a locked facility. It would make families feel more secure in allowing their loved ones to reside at home. It would reassure the local police that troublesome behavior is being addressed in such a way as to ensure community safety. It would increase the likelihood of civil court-sanctioned treatment while reducing the use of the more punitive criminal court-ordered treatment.

I am respectfully asking you to support SB453 to institute this life-altering treatment.

MD Addiction Directors Council - 2024 SB 427 FAV -

Uploaded by: Craig Lippens

Position: FAV



Maryland Addiction Directors Council

Senate Bill 427 – Public Health – Overdose and Infectious Disease Prevention Services Program

Senate Finance Committee

February 20, 2024

TESTIMONY IN SUPPORT

Maryland Addiction Directors Council (MADC) represents Substance Use Disorder (SUD) and Dual Recovery outpatient and residential providers in Maryland. MADC members provide over 2,000 residential beds across the State and advocate for quality SUD and Dual Recovery outpatient and residential treatment.

MADC supports Senate Bill 427 and the efforts of leaders in the legislature to allow for the creation of Overdose Prevention Sites. This will help keep people with SUDs alive and reduce their chances of contracting long-term and life-threatening diseases. The magnitude of the addiction epidemic demands a comprehensive approach to treatment, including harm reduction strategies, medication-assisted treatment and other evidence-based practices to meet clients at a place they will reduce harm to themselves and/or access treatment.

Contrary to what critics say, safe injection practices do not promote drug use. Rather, they are an attempt to meet users where they are at that moment, whether interested in seeking treatment or not, but more importantly keeping them alive and reducing the chance they will contract any number of life-threatening diseases. Our job is not to judge but to provide all of the means possible to treat substance use disorder and end dependence on opioids, while preventing further harm.

Evidence-based harm reduction, as a concept and a practice, needs to be a greater focus of policymakers. Harm reduction may take the form of educating someone not to share needles and to use a new needle each time they do use. It may be reviewing injection practices and recommending they not use well water or adding a filter to reduce particulate matter. Harm reduction may be implementing a buddy system and not using alone and making sure naloxone is immediately available in case.

(over)



Maryland Addiction Directors Council

Harm reduction is imperative for us to incorporate as we all collaborate and work to end the opioid epidemic that has taken the lives of our family, friends, colleagues and neighbors. According to the CDC, users of harm reduction services are five times more likely to enter drug treatment programs and three times more likely to stop using drugs than people who don't use the programs.

Finally, the recent experience in New York City which has had two overdose prevention sites in operation for well over a year, shows that these programs are effective and save people's lives. It's time for Maryland to take this step to allow communities who choose to, to open these programs.

Maryland Addiction Directors Council urges this committee to pass Senate Bill 427.

SB0427_MHAMD_FAV.pdf

Uploaded by: Dan Martin

Position: FAV

**Senate Bill 427 Public Health – Overdose and Infectious Disease
Prevention Services Program**

Finance Committee

February 20, 2024

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present this testimony in support of Senate Bill 427.

SB 427 will allow community-based organizations in Maryland to establish overdose and infectious disease prevention programs. Overdose prevention sites are facilities where people can use previously purchased drugs under trained supervision. Providing sterile needles, health care services, and referrals to drug treatment, these sites aim to reduce the harms associated with drug use. The bill limits the number of programs to six across the state.

The public health and safety threat from drug-related intoxication continues to grow. Americans are now more likely to die from opioid overdoses than car crashes.¹ Maryland has made progress in recent years to address this epidemic, but we are still in the midst of a crisis that is devastating families across the state. Over 2,500 Marylanders lost their lives to an overdose from October 2022-September 2023.²

This is a public health crisis that cries out for new solutions. The program proposed in SB 427 is modeled after programs that have a 30+ year track record of preventing overdose deaths, HIV and hepatitis, and other diseases, and of helping people with substance use disorder find treatment and other needed social services. As of August 2022, 147 of these programs are providing services in 91 communities across 16 countries.

Overdose prevention sites are critical components in the battle to reduce overdose deaths in our state. For this reason, MHAMD supports SB 427 and urges a favorable report.

¹ <https://www.nsc.org/in-the-newsroom/for-the-first-time-were-more-likely-to-die-from-accidental-opioid-overdose-than-motor-vehicle-crash>

² <https://www.arcgis.com/apps/dashboards/799cc6c21cf94e89a174fa06532febd9>

For more information, please contact Dan Martin at (410) 978-8865

SB427 testimony.pdf

Uploaded by: Dan Morhaim

Position: FAV

SUPPORT FOR SB427: PUBLIC HEALTH – OVERDOSE AND INFECTIOUS DISEASE PREVENTION SERVICES PROGRAM

Finance Committee Chair Beidle, Vice-Chair Klausmeier, and Members:

Despite all efforts, the opioid/overdose crisis continues. Too many Marylanders have died and too many are suffering from the ravages of addiction, and this has been going on for decades. It's not just those who are plagued with this disease. There are the larger adverse impacts on society: crime, healthcare costs, damages to communities, innocent victims, and families.

As a career Emergency Medicine Physician, as an appointed member of the State Behavioral Health Care Council and the Baltimore County Behavioral Healthcare Council, as faculty at George Washington University and Morgan State, and as a former legislator, I am appreciative of the steps taken by governments, NGO's, public health experts, front-line workers, and others to stem this tragic tide. But it's clearly not enough.

THAT'S WHY I URGE YOU TO SUPPORT SB427: PUBLIC HEALTH – OVERDOSE AND INFECTIOUS DISEASE PREVENTION SERVICES PROGRAM.

This approach has been documented to save lives because a rescuer is always present, and there have been zero overdose deaths in the facilities currently operating. In addition, these facilities reduce disease, lower crime rates, and motivate people to get into treatment. This would be an effective tool for us here in Maryland, based on studies from the Johns Hopkins Bloomberg School of Public Health and others. The legislation has numerous safeguards to be sure any program meets standards, is located appropriately, and is subject to monitoring by the Health Department. Further, it's a 3-year pilot program with a study, so that it can be properly assessed over time. Last, based on the Fiscal Note from 2023, there is no fiscal impact for the state.

I understand concerns some may have. These are similar to ones that were raised when needle exchange was first proposed. But as it turned out, needle exchange works to reduce disease spread and discarded needles.

No one action or program will turn the corner on this tragic and devastating crisis by itself, and so diverse approaches are needed. That's why all available tools should be employed, especially ones like this that are proven and evidence based. Enacting SB427 is another important step that can help.

It's my understanding that the House is ready to act on this but is waiting for the Senate to indicate its support, starting with the Senate Finance Committee. We cannot allow another year to go by with Marylanders dying who could have been saved. Please vote for SB427.

Please contact me if I can provide further information.

Dan Morhaim, M.D.

Maryland State Delegate 1995-2019

Faculty: George Washington University; Faculty: Maryland College of Osteopathic
Medicine at Morgan State

POB 212, Stevenson, MD 21153

danmorhaim@gmail.com

SB 427_OPS_BHSB_FAVORABLE.pdf

Uploaded by: Dan Rabbitt

Position: FAV



February 20, 2024

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 427 - Public Health-Overdose and Infectious Disease Prevention Services Program

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

BHSB strongly supports SB 427 - Public Health-Overdose and Infectious Disease Prevention Services Program. This bill would authorize the establishment of Overdose and Infectious Disease Prevention Services (OPS) Programs to help reduce fatal overdose in our communities.

The number of overdose deaths in Maryland has skyrocketed in the last ten years. About 2,500 people die of fatal overdose in the state every year, including 1,000 who die in Baltimore City.¹ Preventing this unconscionable loss of life must be the state’s top priority.

The OPS Program proposed in this legislation mirrors the programs established across the world. These programs are proven public health initiatives with over 100 OPS programs currently active in 60 jurisdictions across the world. These programs provide a safe environment that prevents fatal overdose for high-risk drug-users who would otherwise use in unsafe places. There has not been a single overdose fatality at any OPS program and they are effective at reducing overdose deaths across communities. A study of a Canadian facility found that overdose mortality dropped 35% in the area surrounding the facility after it opened.² OPS programs also support the development of a trusting relationship between the OPS staff and individuals who use drugs. OPS program participants are more likely to enter treatment and achieve recovery as a result.³

Most recently, New York opened two OPS sites, the first in the United States. The programs operated by OnPoint have reversed over 700 overdoses since opening in November 2021 and have saved approximately \$20 million in hospital and emergency department costs. The neighborhoods surrounding the two sites have experienced no significant changes in violent crimes or property crimes, 911 calls for crime or medical incidents, or 311 calls regarding drug use or unsanitary conditions.⁴ These encouraging signs show that OPS programs are feasible and worth considering as a public health and harm reduction intervention.

We must continue to look for innovative ways to engage people who use drugs around safer drug use and connections to treatment. OPS programs can play an important role in overcoming the overdose epidemic and **BHSB urges the Senate Finance Committee to support SB 427.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

References:

¹ Maryland's Overdose Data Dashboard, available at: <https://stopoverdose.maryland.gov/dashboard/>

² Brandon DL Marshall et al. "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study." *The Lancet* 377, no. 9775 (2011): 1429-37.

³ Levenson TW, et al. "Supervised Injection Facilities as Harm Reduction: A Systematic Review." *American Journal of Preventive Medicine*. 2021 Nov;61(5):738-749.

⁴ Chalfin A, del Pozo B, Mitre-Becerril D. "Overdose Prevention Centers, Crime, and Disorder in New York City." *JAMA Network Open*. 2023;6(11):e2342228. Available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2811766>

Lizzie's SB427 testimony_2.16.24 .docx.pdf

Uploaded by: Elizabeth Spradley

Position: FAV

February 20, 2024

From:
Elizabeth Spradley
2738 Guilford Avenue
Baltimore, MD 21218
District 40

The Honorable Senator Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 427
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE**

Dear Chair Beidle and Senate Finance Committee Members,

My name is Elizabeth Spradley, I am writing to you to support Senate Bill 427 “Overdose and Infectious Disease Prevention Services Program”. SB427 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

I am a nurse and for the last 11 years I provided direct patient care to people who use drugs in Baltimore City. Recently, I have a new job working with syringe service programs and local health departments across Maryland around substance use and harm reduction; my new state-level perspective is illuminating the disparities in services and spaces offered to people who use drugs in each county. Since becoming a nurse, most drug treatment options continue to be too restrictive with limited spaces and unrealistic expectations. We must embrace overdose and infectious disease prevention sites to stop fatal overdoses and the spread of infectious diseases. The strain of conventional approaches is too great on our tenuous healthcare system.

In 2022, we lost 2,587 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 30 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 such programs already established across the world in 14 countries, including two in the United States. In all of the OPS around the world, in which millions of supervised drug use interactions have occurred, **no one has died of a fatal overdose.**

This is an emergency and we urge you to act now. **We ask that the Senate Finance Committee give SB427 a favorable report.**

Please feel free to reach out to me or any of us at MDH’s Center for Harm Reduction Services for any questions or needs you have in regards to this bill or services for people who use drugs, elizabeth.spradley@maryland.gov.

Thank you for your time,
Elizabeth Spradley RN BSN

SB0427_Testimony_Good.Trouble.Church.pdf

Uploaded by: Gregory Frailey

Position: FAV

February 20, 2023

The Honorable Senator Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 427
(Public Health – Overdose and Infectious Disease Prevention Services Program) – FAVORABLE**

Dear Chair Beidle and Senate Finance Committee Members,

On behalf of the Good Trouble Church, I am writing to express our unwavering support of SB427 which will allow community-based organizations to establish Overdose and Infectious Disease Prevention Services Programs. Many of us, including myself, have lived experience with overdose and lost loved ones to preventable deaths related to overdose.

Like many other amazing community organizations, we have prioritized the distribution of naloxone, fentanyl and xylazine rapid testing strips, and other life-saving interventions within our community. We want you to share in our joy that are efforts have had an impact, within the last month Good Trouble Church outreach workers reversed 3 opioid overdoses. At the same time, we want you to know our heartbreak that within the last month we also lost a loved community member to a preventable death resulting from overdose. This is one of many reasons Good Trouble Church believes we need more in proven live-saving interventions in Maryland, like Overdose and Infectious Disease Prevention Services Programs.

In 2022, we lost 2,587 Marylanders to fatal overdoses. We urge the General Assembly to authorize Overdose and Infectious Disease Prevention Services, an intervention proven to decrease overdose deaths for over 30 years.

Overdose and Infectious Disease Prevention Services Programs are safe, community spaces that provide people who use drugs with a place to safely use drugs and have immediate access to lifesaving interventions. There are currently 200 sites in 14 different countries, some have been operating for decades. They have been proven to reduce HIV and Hep C transmission, and fatal overdoses. Research has shown that in the first year of opening, overdose fatalities dropped 35% in the area surrounding a single Overdose and Infectious Disease Prevention Services Program. In New York City, two Overdose and Infectious Disease Prevention Services Programs have been operating since November, 2021. Over 1200 fatal overdoses have been prevented by the lifesaving interventions of both programs. A favorable vote on SB427 will enable us to do the same in Maryland.

Good Trouble Church in full support of SB427 and the creation of Overdose Prevention Services throughout Maryland. This is an emergency and we urge you to act now. **We ask that the Senate Finance Committee give SB427 a favorable report.**

Thank You,
Greg Frailey
Good Trouble Church
1900 St. Paul Street
Baltimore, MD 21218
gregfrailey@gmail.com
717-798-1764

SB427 Overdose Prevention Sites 2.20.24.pdf

Uploaded by: Jeanette Ortiz

Position: FAV

SB427
Favorable

TO: The Honorable Pamela Beidle, Chair
Finance Committee

FROM: Jeanette Ortiz, Esq.
Deputy Director, Maryland Government Affairs

DATE: February 20, 2024

RE: SB427 Public Health – Overdose and Infectious Disease Prevention Services Program

Johns Hopkins supports **SB427 Public Health – Overdose and Infectious Disease Prevention Services Program**. This bill authorizes a community-based organization to establish an Overdose Prevention Site (OPS) under the oversight of the Maryland Department of Health (MDH). MDH may approve up to six programs to provide essential harm reduction services to Marylanders, including:

- provide sterile supplies for personal drug administration and collect and dispose of used supplies;
- answer questions about safe drug use practices;
- provide access or referrals to other health care services;
- educate participants on the risks of contracting HIV and viral hepatitis and about proper disposal of hypodermic needles and syringes;
- provide overdose prevention education and access to or referrals to obtain naloxone

OPS have been employed globally to reduce the burden of morbidities such as infectious diseases and overdoses. These are predominantly fixed sites where people use pre-obtained drugs in a facility under the supervision of medical professionals in a safe space and also have access to sterile drug paraphernalia (e.g., syringes, cookers, and straws), overdose prevention tools (e.g., naloxone, and drug test strips), and other harm reduction tools. Generally, an OPS is safe, provides a mechanism for drug use to be moved out of the street-level community, and has services available to revive the person if there is an overdose. An integrated OPS provides social and primary care services, as well as linkages to substance abuse treatment. There have been numerous sites established throughout the world including Canada and two, recently, in New York City.

Research has documented the association between an OPS and reduced risk of HIV, HCV, and overdose among people who utilize such facilities.¹ These sites have also been associated with decreases in fatal overdose deaths, nuisance crimes, and public drug use in the areas surrounding the facilities. Further, an OPS provides a touchpoint to engagement and referrals to substance abuse treatment.

¹ <https://jhu.pure.elsevier.com/en/publications/acceptability-of-overdose-prevention-sites-in-the-business-commun>

While there have not been many OPS established in the United States at this time, public health researchers have reported on projections for potential utilization and support of an OPS in Baltimore City. A study led by the Johns Hopkins University Bloomberg School of Public Health published in June 2022 in the *Journal of Urban Health* found that 77% of 326 people, surveyed in three East Coast cities, who use drugs expressed willingness to use OPS.² Additionally, a 2022 Bloomberg School of Public Health survey reported that upwards of 65% of businesses in Baltimore City would support the establishment of an OPS in their respective neighborhoods.³ With **SB427**, Maryland is positioned to lead the nation in pioneering these critical harm reduction efforts.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB427**.

² <https://hub.jhu.edu/2020/02/12/overdose-prevention-sites-facts-649-em1-art0-rea-health/>

³ <https://jhu.pure.elsevier.com/en/publications/acceptability-of-overdose-prevention-sites-in-the-business-commun>

SB427 Overdose Prevention Sites Hopkins FAV 2.20.2

Uploaded by: Jeanette Ortiz

Position: FAV

SB427
Favorable

TO: The Honorable Pamela Beidle, Chair
Finance Committee

FROM: Jeanette Ortiz, Esq.
Deputy Director, Maryland Government Affairs

DATE: February 20, 2024

RE: SB427 Public Health – Overdose and Infectious Disease Prevention Services Program

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Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB427**.

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³ <https://jhu.pure.elsevier.com/en/publications/acceptability-of-overdose-prevention-sites-in-the-business-commun>

SPARC SB427 OPS Testimony Template.pdf

Uploaded by: Jess Nesbitt

Position: FAV

February 20, 2024

The Honorable Senator Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 427
(Public Health – Overdose and Infectious Disease Prevention Services Program) -
FAVORABLE**

Dear Chair Beidle and Senate Finance Committee Members,

My name is red nesbitt and I am a social worker at SPARC Women's Center, and I am writing to support Senate Bill 427 "Overdose and Infectious Disease Prevention Services Program". SB427 will allow community-based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

SPARC is a harm reduction drop-in center and outreach program serving women and gender minorities engaging in substance use, sex work, and survival economies in Southwest Baltimore. Every day we see the toll of poverty, trauma, and organized abandonment on our neighbors and community. Every week we hear of another vibrant and beautiful and loved community member dying, often alone, of a preventable death. This has long-lasting generational effects on children, families, friends, and the broader community. The approaches Maryland is trying are not enough, our overdose death numbers necessitate bold action. Overdose and infectious disease prevention programs are bold, grounded, and backed by evidence. Please, look to those of us on the ground who are the first responders, the care workers, the friends and families and partners of those who have died. We respectfully urge you to vote favorably on this bill.

In 2022, we lost 2,587 Marylanders to fatal overdoses. These are our neighbors and these deaths are preventable, not inevitable. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 30 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 such programs already established across the world in 14 countries, including two in the United States. In all of OPS around the world, in which millions of supervised drug use interactions have occurred, **no one has died of a fatal overdose.**

This is an emergency. We urge you to act now. **We ask that the Senate Finance Committee give SB427 a favorable report.**

For more information about SPARC Women's Center or this position, please contact red nesbitt at jnesbit5@jh.edu

HPPP Testimony SB 427- FAV.pdf

Uploaded by: Jessica Emerson

Position: FAV

Testimony of the Human Trafficking Prevention Project

BILL NO: Senate Bill 427
TITLE: Public Health – Overdose and Infectious Disease Prevention Services Program
COMMITTEE: Finance
HEARING DATE: February 20, 2024
POSITION: FAVORABLE

Senate Bill 427 would authorize the establishment of an Overdose and Infectious Disease Prevention Services Program to provide centers for the safe and sterile consumption of pre-obtained drugs. The centers would also provide sterile needles, administer first aid as needed, and provide access to addiction services. [The Human Trafficking Prevention Project](#) supports this bill because, in addition to reducing the risk of overdose and incarceration for all people who use drugs, it also has the potential to decrease the risk of exploitation and violence that women who use drugs so often face

The opioid epidemic has had a substantial impact on the country, and on the State of Maryland. There were 2,587 fatal overdoses in Maryland in 2022, a 0.9% annual decrease from 2021. Despite this, overdoses increased in 9 of 24 counties in Maryland, accounting for 47% of the state’s total population. These include the state’s counties with the most Black and Latino people, as well as 4/5ths of the poorest counties in Maryland. But while deaths related to heroin and prescription opioids have trended downward in recent years, fentanyl-related deaths have continued to rise. With the constant year to year increase in these numbers, it’s critical to remember that in 2012, there were only 29 deaths from fentanyl, while in 2023, the overdose death rate topped 112,000 in a 12-month period for the first time, according to the Centers for Disease Control and Prevention. With these historically high rates of overdose and death, not to mention the collateral consequences that attach to drug-related incarceration, our state faces a public health crisis of historic proportions. Our current strategies are not enough to reduce overdose fatalities in Maryland’s most marginalized communities. Countering it and preventing needless deaths requires an innovative approach.

For women who use drugs, [exposure to gender-based violence is one of the defining characteristics of street-based drug use](#). As a result, the establishment of safe, regulated spaces that mitigate these dangers holds great promise for reducing these harms. [A central theme in the experiences of the women who use safe injection sites in Vancouver, Canada](#), was that they specifically sought out these sites in an effort to diminish the threat of violence they faced using drugs on the streets or in street-adjacent environments. Many of the women shared that they had been exploited for drugs or money by men in exchange for a safe place to use, and that they were commonly subjected to physical violence following disputes over control of the drugs or money that the women themselves were often made responsible for obtaining. For many women, safe injection sites were described as “safe havens” that provided a temporary escape from violence and exposure to police.

Decreasing the risk of incarceration while at the same time increasing safe usage and support lessens the harms associated with drug use for *all* people who use drugs, but for women who use drugs, a population already at heightened risk for myriad predatory abuses, these sites also decrease the likelihood of violence and exploitation because they are less likely to have to rely on a potential trafficker for a place to use more safely, or to live their lives in the shadows where exploitation thrives. By providing safe injection sites, sterile needles, along with first aid and other services, SB 427 would reduce the harms women who use drugs face, including their risk of violence and exploitation. For these reasons, the Human Trafficking Prevention Project supports Senate Bill 427. We respectfully urge a favorable report.

The Human Trafficking Prevention Project is dedicated to ending the criminalization of sex workers and survivors of human trafficking through access to civil legal services and support for policies that dismantle harmful systems and increase access to basic human rights and legal relief.

*For more information, please contact:
Jessica Emerson, LMSW, Esq.
Director, Human Trafficking Prevention Project
(E): jemerson@ubalt.edu*

SB 427 OPS - 2024.pdf

Uploaded by: Jessie Dunleavy

Position: FAV

**SB 427 Public Health – Overdose and Infectious Disease Prevention Services Program -
FAVORABLE**

February 19, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

Dear Senator Beidle and members of the Finance Committee,

I am a lifelong resident of Maryland. My investment in this legislation, and my insight into the suffering and neglected needs of people with a substance use disorder, stems from the path I walked with my son, who died of a mixed drug overdose in 2017. I loved and admired my son, and I know his death was preventable.

I am in favor of Overdose Prevention Services because we are in desperate need of public health programs where the priority is to keep people safe, eliminate needless suffering, and promote the human connections proven to lead to meaningful recovery, shedding our fixation on abstinence at all costs, a mindset that has done more harm than good.

For more than 50 years, the war on drugs has shaped public opinion and justified our stance that those who use drugs are lesser people and are, in fact, criminals. This has brought mass incarceration, increasingly deadly substances, skyrocketing overdose deaths, loss of productivity, homelessness, disease, and untreated addiction. The impact on the lives of real people, often vulnerable people who need support, is heart wrenching. We are social people; we all need a network of support and an atmosphere of respect.

History tells us that punitive policies do not motivate change, and that people subjected to mistreatment do not heal. Inflicting shame on individuals, and simultaneously fostering widespread societal stigma, has driven those who suffer into isolation and fear, exacerbating their problems with mental and physical health. This practice of disempowering the vulnerable, removing resources from them, and shaming them has failed. We must break this vicious cycle and think logically about how to help people move beyond destructive habits. Evidence shows us that forced change often begets increased drug use and criminal convictions; with the opposite playing out among those who voluntarily seek treatment, with fewer relapses among this cohort as a measurable outcome.

Champions of Overdose Prevention Services understand that people with a substance use disorder didn't forfeit their right to health care or to be treated with dignity. And, when given the opportunity, they are capable of making decisions about their own health care.

Data from around the world tells us that Overdose Prevention Services reduce overdose deaths and the spread of infectious disease, while minimizing the compounded misery of arrests and incarceration. In addition to having no history of encouraging drug use, these services have proven to be a bridge to wellness. In fact, the genius of these programs is that, in giving people what they need, they come to you for it, which, in turn, builds trusting relationships and opens doors to additional services, from job training to treatment, and ongoing connections with community-based organizations.

Research also tells us that the vast majority of people recover from a substance use disorder, many on their own—which has always been the case. But today, given the unregulated and tainted drug supply, people are dying before they get the chance to recover, making the array of harm reduction interventions more vital than ever, if saving lives is the objective.

The US has the highest number of overdose deaths per capita in the world, without a close second. Yet misguided and outdated policies continue, highlighting the gap between research and legislation. It's surprising—given the severity of this crisis—that so many who could affect change are reluctant to do so.

My son had disabilities, he struggled in school and was socially awkward. I am sure he initially found that drugs eased his pain. But he was innately sweet-natured and sensitive, and his being dehumanized and mistreated only magnified his self-doubt, dimmed his hopes, and eroded his respect for criminal justice. Even so, maturity began to work in his favor. At the time of his relapse in 2017, he loved his job and had managed a long stretch of drug-free living. He was frightened, and he turned to me. But our earnest attempts to get help failed. Without the benefit of a safe haven or any medical oversight, he died, and he died alone. Overdose Prevention Services would have saved his life, allowing his continued trajectory toward wellness, allowing him a life. I know too that its premise would have been reassuring, giving him much needed faith in the world.

I would give anything to have my son back, but absent that possibility, I work to spare others his fate. I find hope in the humanistic principles of Overdose Prevention Services and I am grateful for its tireless advocates. The choice is between compassion and indifference, and between turning the corner on preventable overdose fatalities or not. The idea that we devote the bulk of our resources to criminal justice and border patrol—when neither has diminished the prevalence of illicit drugs, the number of people suffering from addiction, or the death toll that has quadrupled in recent years—is hard to understand. We will never be a drug free society, but we can affect change, and be a far healthier society.

I do understand initial skepticism on the part of the uninformed, but I have learned that what may, on the surface, seem counterintuitive actually makes sense. In my years of speaking with a wide range of individuals and groups, I have yet to encounter those who don't understand the benefits of these services once they are armed with the facts, supported by reams of data as well as common sense.

To combat the stigma that thwarts needed progress we must work to educate the public rather than avoid implementing life-saving policies due to the risk of being misunderstood. We have to honor public concerns—most often the product of auto-pilot thinking steeped by the war-on-drugs mentality—and work to provide well-founded information. If we are comfortable with jails and prisons (where dehumanization is routine, and outright abuse, all too frequent), but are uncomfortable with evidence-based health care that has proven to reduce deaths and bolster the likelihood of recovery, we have to examine why.

I urge you to vote in favor of this important legislation.

Respectfully submitted,

Jessie Dunleavy
49 Murray Avenue
Annapolis, MD 21401
jessie@jessiedunleavy.com
www.jessiedunleavy.com

Jodi Gardiner-SB0427 Testimony (002).pdf

Uploaded by: Jodi Gardiner

Position: FAV

**SB 427 Public Health – Overdose and Infectious Disease Prevention Services
Program (Overdose Prevention Sites (OPS))**

Committee: Finance

Date: February 12, 2024

Position: FAV

I am testifying FAV for Senate Bill 0427

This bill would have benefited my ex-husband, the father of my children. My ex was introduced to Percocet by his dentist in his early 20's. He had some routine dental work done, and this particular dentist prescribed pain meds like they were candy. Despite my warning, my ex took the medication and liked the way he felt on them. He started his losing battle from that point on. He suffered from alcoholism as a teenager and never received treatment or help. In fact, his mother found his empty beer cans and simply piled them on top of his bed as her way of saying "I found them, now clean it up before your father sees them." He was self-medicating to drown out the pain and anguish from the physical abuse he sustained at the hands of his father. Sadly, he never received any therapy or treatment and carried this dark secret with him through his young adult life. Over the years he self-medicated but it came to a point where he became violent with me and our children and we divorced out of necessity for safety. He returned to his family, an adult who was broken and suffering. But without my caretaking that he grew accustomed to over the course of our 7 years of marriage, he started to decline again. He had stolen, lied and even became physical with his family, so they cast him out for a third and final time in his life, leaving him to live homeless in abandoned buildings in Baltimore. So desperate at one point, he admitted he wanted to die and was placed inpatient, but when the hospital became full, he was kicked to the curb yet again. With no continued substance use or mental health support or treatment. And after that, he lost all hope. This set-in stone his fate. There would be no more holidays together with family or his children. No more hope to be found. Because my ex got ahold of fentanyl and died alone, face down in his vomit in a seedy apartment with a filthy shared bathroom. No one knows if he was even aware that he ingested fentanyl. His death certificate states the cause of death is "fentanyl and ethanol." My children lost their father a long time prior to this, but now, because there was no real safe support for him, they lost him for life. I believe that if he received proper help, mental health and substance use support, real resources, and solid treatment, he would be alive today. He passed away at the age of 40, on May 3, 2018, in Pasadena, Maryland to the fentanyl crisis that is killing so many in our state. I believe that if there was a safe place for him to go, one that addressed substance use and trauma and mental illness, that would treat him until he was ready to be released to the world, he would be alive today. Instead of hiding his "dirty little secret" of addiction that he was forced to do due to the stigma that "drug addicts are losers and lazy" he could have been able to seek the help he deserved and be given the chance to heal. And if that stigma was dropped, a life would have been saved, correction, a family would have been saved. I ask you to truly step back, put yourself in the shoes of these individuals that are alone, scared, shamed, and struggling, and consider the dire need for more viable treatment options and safe houses for them to get back up on their own to feet to survive. No one should do this alone. No one should die alone, face

down in their vomit, leaving behind 2 young children that to this day cry for what could have been. Please take this story with you, carry it in your mind as you make this crucial life or death decisions for the residents of Maryland. I thank you for your valuable time.

Kindest Regards,

Jodi Gardiner

8950 State Route 108, Suite 223

Columbia MD, 21045

MDDCSAM SB 427 OD Prev sites.pdf

Uploaded by: Joseph Adams, MD

Position: FAV



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

Senate Bill 427 - Overdose and Infectious Disease Prevention Services Programs
Senate Finance Committee February 20, 2024.

FAVORABLE

by Jessica Friedman, MD, MPH, for MDDCSAM

On behalf of the Maryland-DC Society for Addiction Medicine, I am writing to support Senate Bill 427, which authorizes the establishment of up to six Overdose and Infectious Disease Prevention Services Programs in the state of Maryland.

Over the last decade, Maryland saw a rapid increase in the number of deaths due to drug and alcohol overdose, largely driven by the entrance of illegally-manufactured fentanyl and similar drugs into the illicit drug supply. During this time, the General Assembly has reacted swiftly, enabling the distribution of naloxone and sterile supplies for drug administration, expanding the Good Samaritan law, and making substance use disorder treatment more available statewide. These laws, in combination with the data-driven approaches at the Maryland Department of Health, have saved lives and helped many people access treatment. **Preliminary data suggest that, in 2023, overdose deaths began to decrease.**

But our work is not done. **People continue to die of overdose at rates double to those seen in 2015.** Nationally, we see trends in increased overdose deaths involving methamphetamine and the introduction of new drugs like xylazine into the drug supply. We, and the communities we serve, need evidence-based approaches to reducing the deaths and harms associated with drug use. **Overdose and Infectious Disease Prevention Services Programs consistently reduce overdoses, decrease infections related to drug use, and connect people to substance use treatment without increasing crime or drug use.**

Thanks to the investment that our state has made in creating Overdose Response Programs, Syringe Services Programs, and Opioid Prevention Teams, we have the infrastructure and willing community partners to create and administer these new programs. For these reasons, we urge a favorable report on Senate Bill 427.

NASW Maryland - 2024 SB 427 FAV - Overdose Prevent

Uploaded by: Karessa Proctor

Position: FAV

Senate Finance Committee
Senate Bill 427 - Public Health – Overdose and Infectious Disease
Prevention Services Program
February 20, 2024
SUPPORT

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD), we would like to express our support for Senate Bill 427. As social workers, we help meet the needs of – and empower – all people, with particular attention to those who are vulnerable, oppressed, and living in poverty.¹ Unfortunately, we are living in a precarious time where a great deal of people fall into these categories. With income inequality greater than any time since before the great depression, many people are dying from what are referred to as “diseases of despair,” including from substances.² Those people are worthy of help.

Studies have found Overdose Prevention Sites to reduce the number of overdose deaths and transmission rates of infectious diseases without increasing drug trafficking or crime in the relevant areas.³ These sites are also in demand. A Johns Hopkins study recently found that 77% of people who use drugs who were surveyed, said they would use such sites if they were available.⁴ Safe consumption sites have been shown to save lives and tax dollars. Additionally, for substance users who want to seek help, overdose prevention sites can provide immediate health assistance, such as getting wound care, and provide referrals to other resources in the community.

We ask that you give a favorable report on Senate Bill 427.

Respectfully,

Karessa Proctor, BSW, MSW
Executive Director, NASW-MD

¹ <https://www.socialworkers.org/about/ethics/code-of-ethics/code-of-ethics-english>

² <https://blog.petrieflom.law.harvard.edu/2018/07/22/diseases-of-despair-the-role-of-policy-and-law/>

³ <https://www.ama-assn.org/press-center/press-releases/ama-wants-new-approaches-combat-synthetic-and-injectable-drugs>

⁴ <http://www.baltimoresun.com/health/bs-hs-safe-consumption-spaces-20190605-story.html>

HB576TESTIMONY-FAVORABLE.pdf

Uploaded by: Laura Shears Coates

Position: FAV

HB576 Testimony

From: Laura Shears Coates, 114 Ferndale Road, Glen Burnie MD, 21061

POSITION: FAVORABLE

Last year I attended an AOT hearing to advocate for the needs of my beloved brother, Joshua Carey who could have very much benefited from Assisted Outpatient Treatment (AOT) in Maryland to help stabilize his severe mental illness. Sadly, from the time of that hearing to today my brother is no longer with us. He passed away due to complications that arose from his fear of taking his prescribed medications, at the young age of thirty years old. At an age where many of our lives begin to take off, my brother's life was ended.

Joshua suffered from severe paranoia that caused him to avoid not only taking his mental health meds but also medications he needed for medical conditions and his health continued to deteriorate over time. My brother's diagnosis of Schizophrenia caused a lack of insight that prevented my brother from understanding the severity of his condition and agreeing to treatment willingly. Even with an order of guardianship saying he has no capacity to make decisions regarding his mental health, it left us at a standstill because we were told he wouldn't benefit if he couldn't comprehend. However, AOT programs in other states have demonstrated the ability to engage participants in treatment adherence, even if they lacked insight into their need for treatment.

When I first heard about the idea of an AOT program being implemented in the state of Maryland, I finally had a glimpse of hope. Prior to that I felt every turn I made to help my brother led me to a dark dead end. At the last AOT hearing, my brother was in an extended hospital stay due to providers being unsuccessful in finding appropriate placement for him and within a month of his release to the community to his family, he was dead. His discharge from that hospital stay even noted that no progress was made to alleviate his symptoms but attempts to find placement were unsuccessful.

What plays in my head over and over is how many times I have voiced that if my brother didn't get some type of help to ensure his treatment adherence and stabilize him, that he would die, and I was right. I have so many emotions that I am trying not to speak from, but the truth is I am very angry and I am very hurt that Maryland's system failed my family and failed my brother. I miss him tremendously and him and I always talked about when better days would be coming. I lied to him because those days never came. If only AOT was implemented here in Maryland prior to his death, he might still be here today and we may have had a chance to look forward to those better days.

While it is very difficult for me to engage in this advocacy process as I am still grieving the loss of my brother, I know how important HB 576 is to establish AOT for many other families that have loved ones with severe mental illness and a current system designed to fail them. I think often times when we think of mental health, we think only the person suffering from the SMI is affected but the truth is it negatively impacts the family members and caretakers as well, who fight endlessly for a prayer to be answered and their loved one to get the help that they need. My mother who stood by my brother's side throughout his entire journey with severe mental illness was subjected to finding her son face down in the bed, blue, with no pulse. Due to the trauma and now her own mental illness because she feels she failed her child, she cannot take part in this hearing this year although I have made multiple attempts to engage her.

Even though my fight for advocacy isn't for Josh anymore, I won't stop because I never want to see another family experience the heartache that ours had to. I also want to honor my brother by following this through until AOT is implemented in Maryland like it is in 47 other states. My biggest hope is that this legislation establishes a successful AOT treatment program here in Maryland that can provide another family the hope we weren't able to achieve with my beloved brother, Josh. Please consider the families who suffer with their loved ones who have SMI as well of the lives you can save and give HB576 a favorable report.

Laura Shears-Coates(info@ittakesavillageforchange.org) is a former family caregiver of a brother with SMI, a business owner for an OMHC Mental Health clinic in Maryland, Takes A Village for Change LLC, and operates a 501(c)(3) organization that provides housing support to those engaged in mental health care, It Takes A Village For Change Inc. The views are her own and do not represent any organization.

SB427_MoCoDHHS_Frey_FAV.pdf

Uploaded by: Leslie Frey

Position: FAV



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

SB 427

DATE: February 20, 2024

SPONSOR: Senator Hettleman, et al.

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey (leslie.frey@montgomerycountymd.gov)

POSITION: FAVORABLE (Department of Health and Human Services)

Public Health – Overdose and Infectious Disease Prevention Services Program

Senate Bill 427 would allow the Maryland Department of Health, in consultation with local health departments, to approve up to six single-site programs throughout the State in areas with high incidence of drug use, where drug users can access a location that is supervised by health care professionals in order to consume pre-obtained drugs; obtain sterile supplies for personal drug administration and dispose of the supplies; be monitored for potential overdose and receive rescue medication, including naloxone; and receive access or referrals to services such as substance abuse disorder counseling and treatment services, among other services. Program sites would be established by hospitals, clinics, substance abuse treatment centers, medical offices, federally qualified health centers, mental health facilities, local health departments, or faith-based organizations. The bill would take effect July 1, 2024 and sunset four years later, on June 30, 2028.

Safe consumption sites such as those provided for by Senate Bill 427 are well-studied and shown to positively impact public health by reducing the transmission of HIV and hepatitis C¹, reducing fatal overdose², facilitating entry into addiction treatment³, and through addiction treatment support injection cessation⁴. Because these positive public health outcomes benefit Marylanders struggling with addiction as well as our communities as a whole, Montgomery County Department of Health and Human Services supports Senate Bill 427 and respectfully urges the Committee to issue a favorable report.

¹ Sherman, S., Hunter, K., and S. Rouhani. 2017. Safer drug consumption spaces: a strategy for Baltimore City. The Abell Report, 29(7)

² *Id.*

³ DeBeck, K., Kerr, T., Bird, L., Zhang, R., Marsh, D., Tyndall, M., Montaner, J., and E. Wood. 2011. Injection drug use cessation and use of North America's first medically supervised safer injection facility. *Drug and Alcohol Dependence* (113) 172-176.

⁴ *Id.*

Advocacy Letter.pdf

Uploaded by: Meredith Kerr

Position: FAV

The Honorable Mary Washington

U.S Maryland State Senate

Washington, DC 20515

Dear Representative Washington

I am writing to you as a constituent and a nursing student from Johns Hopkins University regarding the Overdose and Infectious Disease Prevention Services Program. I urge you to support this legislation to authorize the establishment of Overdose Prevention Services and advocate for this bill as needed during the senate hearing on February 20th, 2024. Providing a location for the consumption of pre-obtained drugs is an imperative harm reduction strategy that can positively impact Baltimore's community, especially since drug use and overdoses are so prevalent in our city. Harm reduction is a way of approaching and caring for people who use drugs that emphasizes their dignity, humanity, and autonomy to reduce the harm associated with substance use. It uses practical strategies to improve individual and community well-being and health; a myriad of research demonstrates that harm reduction programs, specifically the syringe and naloxone distribution services that are typically offered at Overdose Prevention sites, are associated with reduced morbidity, mortality, and transmission of infectious diseases while also improving individual health outcomes and services engagement. People who utilize these centers are provided other harm reduction services, basic needs (eg, housing or food), medical services, and addiction treatment. These centers have the potential to save lives and reduce the stigma and discrimination surrounding drug use.

The first two Overdose Prevention Sites (OPS) in the U.S were operated by the nonprofit OnPoint NYC, and staff intervened 125 times to mitigate overdose risk, including 19 administrations of the opioid blocker naloxone, within just the first two months of being open. An opioid overdose is a common but fatal reality of drug use, and administering naloxone as soon as possible is the most effective way to save someone's life. The prevalence of recreational opioid use in Baltimore City is a public health crisis and is the leading cause of death for Americans under the age of 50. In 2020, there were 1,028 drug and alcohol-related deaths in Baltimore, 962 of which were related to opioid use. Had these people been able to use drugs in a safe environment, surrounded by a staff trained in how to respond to an overdose and administer Narcan, these deaths could have been prevented. A study from 2019 illustrates that frequenting an OPS is associated with a lower risk of death from drug use. I urge you to support the Overdose and Infectious Disease Prevention Services Program, which would save so many lives and be a great step in combatting the opioid crisis. If you or your staff would like additional information regarding this program, please contact me directly at jtebay1@jh.edu. I look forward to keeping you informed on this issue and working with your office in the future.

Thank you for your time and consideration.

Sincerely,

Jordan Tebay, MSN candidate

Advocacy Letter.pdf

Uploaded by: Meredith Kerr

Position: FAV

The Honorable Mary Washington

U.S Maryland State Senate

Washington, DC 20515

Dear Representative Washington

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Thank you for your time and consideration.

Sincerely,

Jordan Tebay, MSN candidate

OPS_MS.pdf

Uploaded by: Meredith Kerr

Position: FAV

February 7th, 2024

The Honorable Bill Ferguson, President of the Senate
State House, H-107
100 State Circle, Annapolis, MD 21401 - 1991

RE: Support to Authorize Up to Six Overdose Prevention Sites in Maryland

Dear Senator Bill Ferguson,

My name is Melissa Sexton, and I am a Johns Hopkins School of Nursing student who resides in your district. It has recently come to my attention that there is legislation set to be heard on Tuesday, 2/20 at 1:00pm, that centers around harm reduction practices. The bill is titled “SB 427: Overdose and Infectious Disease Prevention Services Program”. This subject was introduced and read on January 19th, 2024, by Senators Hettleman, Washington, Carter, Benson, Feldman, and Lewis Young, and assigned to Finance. This bill authorizes up to six Overdose Prevention Sites in Maryland, where people can use substances with immediate access to life saving interventions, medical care, emotional support, and non-judgmental, therapeutic relationships. The sites would be authorized in two urban areas, two suburban areas and two rural across Maryland.

I strongly support any piece of legislation that would support the authorization of Overdose Prevention Sites in our community. Overdose Prevention Sites have been proven to reduce spread of disease and to improve the overall health of substance users. Out of 150 sites around the world, some of which have been operated since the 1980’s, there have been *zero* overdose deaths inside those centers³. For reference, Baltimore City has one of the highest overdose death rates in the country, and overdoses have been increasing in recent years¹. Overdose Prevention Sites are safe places where people who use drugs can receive medical care and be connected to treatment and social services, if desired. A single OPS in Baltimore is predicted to bring 121 additional people into drug treatment in the first year¹.

As a nursing student, I have observed first-hand how opioid dependence can impact an individual’s life. I am not a representative of the university; however, I appreciate the knowledge that I have received on the subject matter. I kindly implore you to read the provided evidence.

I appreciate your help and ask that you please send me a response letting me know if you are planning on supporting SB 427: Overdose and Infectious Disease Prevention Services Program.”

Most Sincerely,

Melissa Sexton
Johns Hopkins School of Nursing
525 N Wolfe St. Baltimore, MD 21231

1 <https://doi.org/10.1186/s12954-017-0153-2>

2 <https://www.nyc.gov/assets/doh/downloads/pdf/public/supervised-injection-report.pdf>

3 <https://doi.org/10.1016/j.amepre.2021.04.017>

testimony SJ.pdf

Uploaded by: Meredith Kerr

Position: FAV

February 11, 2024

Senator Antonio L. Hayes

James Senate Office Building, Room 223

11 Bladen St., Annapolis, MD 21401

RE: Support Senate Bill 427

(Overdose and Infectious Disease Prevention Services Program)- FAVORABLE

Dear Senator Antonio L. Hayes,

I am a nursing student at Johns Hopkins University who supports the Senate Bill 427 (Overdose and Infectious Disease Prevention Services Program) which will provide a location for the consumption of pre-obtained drugs, provide sterile needles, administer first aid, and certain other services. Additionally, it will allow billing the insurance carrier of the individual who uses the services of the program for the cost of services, accept donations, grants, and other financial assistance and coordinate with certain programs or organizations.

I am not a representative of the University, but I am currently studying the importance of public health nursing where I have learned the importance of harm reduction. For my clinical experience, I have been placed at a few locations that provide harm reduction services to individuals who use drugs by offering supplies to those who use drugs such as providing clean needles, wound care kits, naran, and health care services in an attempt to reduce the risk of infection and prevent overdose. These services can only do so much, but with the addition of this legislation, the risk of overdose mortality and morbidity can be reduced significantly. In the city of Baltimore from 2021, the drug overdose rate is 42.8 (per 100,000) people.¹ The passing of this bill will have a positive effect on the population of interest. Safe spaces for people who inject drugs can reduce the risk of overdose, blood-borne diseases, and likelihood of arrest, and the potential of the environment in promoting health and risk.² Additionally, overdose prevention centers in other cities, such as San Francisco and New York, have been shown to decrease overdose morbidity and mortality. In San Francisco, the prevention center reversed 333 overdoses and had zero deaths in 2022. Overdose prevention centers have been shown to improve injection safety behaviors and expand access to treatment without increasing crime or public nuisance.³

I believe this bill will decrease overdose morbidity and mortality and I ask that you vote in support for SB0427.

Sincerely,

Shantia Shadjareh

¹ <https://www.cdc.gov/nchs/pressroom/states/maryland/maryland.htm>

² <https://www.sciencedirect.com/science/article/pii/S0955395918300963>

³ <https://www.apa.org/monitor/2023/04/opioid-overdose-prevention-centers#:~:text=A%20systematic%20review%20of%20studies,increase%20crime%20or%20public%20nuisance%20>

SB0427 Favorable Testimony - Morgan Carroll.pdf

Uploaded by: Morgan Carroll

Position: FAV

For more information, please contact

Morgan Carroll

morgan.carroll@umaryland.edu

TESTIMONY IN FAVOR OF SENATE BILL 0427

Public Health – Overdose and Infectious Disease Prevention Services Program

Finance Committee

February 20th, 2024

As a future social worker and lifelong Marylander, **I strongly support SB427 Public Health – Overdose and Infectious Disease Prevention Services Program.** The passage of SB427 would allow for the creation of up to six Overdose Prevention Sites (OPS). These centers would provide a safe place for people who use drugs (PWUD) to consume previously obtained substances such as opiates. Sterile equipment would be accessible to prevent the spread of infectious diseases and in the case of overdose, qualified staff would be nearby to intervene. Overdose prevention sites also present the opportunity for outreach to a vulnerable population that is often hidden in the shadows of isolation due to the stigmatization and shame.

The US leads the world in overdose rates as a major outlier; Scotland takes second place with a rate that is a massive 22 percent lower. Fatal overdoses are impacting the United States more than any other country which begs the question “Why aren’t we also leading the charge when it comes to innovation harm reduction initiatives and policy?” Overdose prevention sites are not a new phenomenon when attempting to reduce overdose mortality. The number of overdose prevention sites across the nation is approaching 200, most of which have reported successful harm reduction. A study done by the Vancouver Institute saw a 35% decrease in overdose deaths within a 500 meter radius perimeter of an OPS. City areas outside of this perimeter saw just a 9% decrease which demonstrates the success these sites are capable of when given the opportunity to take root. In 2021 New York established two OPS and in just the first four months close to 200 overdose reversals were reported. Maryland has seen a steady increase of drug overdose deaths as has the rest of the country. In 2021 Maryland reported 42.8 overdose related deaths per 100,000 which represents a startling increase of 31.1 deaths in just a ten year period. The United States saw an increase of 19.2 deaths across this same ten year window which put the country at 32.4 per 100,000 by 2021. **With Maryland trending well above the national average, our state must be a leader when it comes to combating this worsening public health crisis.**

Overdose prevention centers don’t just prevent death, they also help to curb the spread of disease. When it comes to hepatitis C transmissions, it is estimated that people who inject drugs (PWID) are accountable for more than 80% of them. The United States Department of Health and Human Services details that, in the United States, the leading cause of hepatitis C transmission is injecting drugs. They also commend harm reduction services, such as syringe service programs, for being an outlet for reducing the spread of hepatitis C. These same programs assist in reducing the transmission of HIV and other diseases. **By reducing the number of people who catch these diseases, we are in turn minimizing strain on medical facilities and budgets.** Investing in harm reduction reaps economic benefits alongside the necessary improvements on public health welfare. A study by Amos Irwin, of Law Enforcement Action Partnership Silver Spring, estimates that every dollar spent to implement an OPS in Baltimore would result in return savings of \$4.35. By spending 1.79 million dollars, the estimated yearly cost of implementing this OPS, we would in return save

For more information, please contact

Morgan Carroll

morgan.carroll@umaryland.edu

7.77 million dollars. With our state projecting an economic deficit, this type of additional money is needed to fund other causes across our state. **Supporting SB427 will save not only lives, it will also save money and support our state economy at a time when we most need it.**

Funding overdose prevention centers receives a lot of contention due to the false belief that these institutions increase drug use within their communities. **In its 2021 fiscal year report the National Institutes of Health, alongside the Center for Disease Control and Department of Health and Human Services, concluded that there has been absolutely no evidence that the operation of overdose prevention centers leads to inflated crime or drug use in the nearby vicinity.** Rather, these sites reduce the rates of public drug use and in some cases even reduce crime. People who use drugs are going to use them regardless of whether or not we implement an overdose prevention site. However, what these sites will do is get people who do use drugs off the streets and into a supervised and controlled setting where they can be kept safe. Resources and social services will be accessible and that **will lead to harm reduction across our communities and our state.**

I would like to conclude this testimony by speaking to the impact opioid addiction has had on my own story. My father got addicted to opioids in 2004, the same year that OxyContin was being regarded as a regularly abused, and addictive, drug in the United States. My dad had suffered a traumatic fall this same year and he found himself leaving the hospital in a full body cast with rods in his back and a prescription for OxyContin in his hand. **In November of last year my father died of a heroin overdose and forever lost his chance at recovery and redemption.** Over those previous twenty years I watched my dad struggle with this addiction before finally succumbing to it as so many have before him. My dad was not just a drug addict, he was one of the most generous and kind-hearted people to walk this earth. He would give the shirt off his back to anyone who asked for it. My dad taught me how to drive and how to paint a mailbox. He promoted an unwavering work ethic and was the first person to tell me that if you aren't early, you're late. My dad ran his own business and would get up at 4am religiously to pick up all of his employees who couldn't get to work on their own. **My dad was a loving and devoted father; and he was also addicted to drugs.** I think people often forget that people who do drugs are more than the worst parts of themselves. People who use drugs are parents, children, and friends. People who use drugs don't always get addicted, but sometimes they do. Drug addiction is not a moral failing and I would bet that just about every addict you meet starts each day hoping to turn their life around before falling victim to the clutches of addiction and withdrawal. People who use drugs do not need more shame and punishment—what they need is support. My father's death was preventable and so were the other 107,080 overdose deaths that occurred across the nation last year. **Overdose prevention centers can, and will, save lives.** These centers will give people the resources they need to stay safe and will provide an avenue for recovery if given the opportunity to. You have a responsibility to give people who use drugs, and the people who love them, a second chance at life. **That is why I urge you to vote in favor of this life saving legislation.**

Respectfully,

Morgan Carroll

1. U.S. Department of Health and Human Services. (2023, September 25). Drug Overdose Death Rates. National Institutes of Health.
<https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#:~:text=Opioid%2Dinvolved%20overdose%20deaths%20rose,with%2080%2C411%20reported%20overdose%20deaths>
2. Woolf, S. H., & Schoemaker, H. (2019). Life Expectancy and Mortality Rates in the United States, 1959-2017. JAMA, 322(20), 1996–2016. <https://doi.org/10.1001/jama.2019.16932>
Centers for Disease Control and Prevention. (2022, March 16). Injection Drug Use. Centers for Disease Control and Prevention. <https://www.cdc.gov/hiv/risk/drugs/index.html> (1 in 10 HIV PWID)
3. De Angelis, D., Sweeting, M., Ades, A., Hickman, M., Hope, V., & Ramsay, M. (2009). An evidence synthesis approach to estimating Hepatitis C prevalence in England and Wales. Statistical methods in medical research, 18(4), 361–379.
<https://doi.org/10.1177/0962280208094691>
4. Marshall, B. D., Milloy, M. J., Wood, E., Montaner, J. S., & Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. Lancet (London, England), 377(9775), 1429–1437. [https://doi.org/10.1016/S0140-6736\(10\)62353-7](https://doi.org/10.1016/S0140-6736(10)62353-7)
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<https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/maryland/#:~:text=As%20shown%20in%20the%20figure%20below%2C%20drug%20overdose%20death%20rates.per%20100%2C000%20in%20the%20U.S> (MD Overdose rates)
6. Evan D. Gumas and Jesse C. Baumgartner, “U.S. Overdose Deaths Remain Higher Than in Other Countries — How Harm-Reduction Programs Could Help,” To the Point (blog), Commonwealth Fund, June 22, 2023. <https://doi.org/10.26099/0eb5-9d85>
7. Tabak, L. A. (n.d.). NIH RTC Overdose Prevention Centers.
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NCADD-MD - 2024 SB 427 FAV - Overdose Prevention S

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee
February 20, 2024**

**Senate Bill 427
Public Health – Overdose and Infectious Disease Prevention Services Program
Support**

In the efforts to combat the continuing opioid overdose crisis, one strategy the State has refused to approve is the creation of an Overdose and Infectious Disease Prevention Services Program. NCADD-Maryland supports its creation through Senate Bill 427. This is a harm reduction strategy whereby people who consume drugs, can do so under clinical supervision. The primary purpose of this is to provide immediate assistance in the case of an overdose.

Along with direct assistance in saving people’s lives, these programs, as proposed in Senate Bill 427, would also avail people of:

- First aid and care for wounds;
- Sterile syringes and their collection;
- Referral to services for substance use disorders, HIV, hepatitis, sexually transmitted diseases, reproductive health care, and wound care; and
- Education regarding the risk of overdoses and the transmission of various infectious diseases.

There are two of these sites in New York City and their success in saving people’s lives is astounding. More than 100 such programs in jurisdictions around the world have decades worth of experience preventing overdoses and provided needed health care. Multiple studies show that these programs reduce the sharing of syringes, and therefore of the transmission of HIV and hepatitis. Research also shows a reduction in overdose deaths, discarded syringes, and an increase in the number of people who enter substance use disorder treatment.

Overdose prevention sites will reduce opioid overdose deaths and begin to address the public health consequences of the crisis. This bill will allow communities that want these services to be able to open them. We urge a favorable report on Senate Bill 427.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

SB0427-FIN-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB0427

February 20, 2024

TO: Members of the Senate Finance Committee
FROM: Nina Themelis, Director of Mayor's Office of Government Relations
RE: Senate Bill 427 – Public Health – Overdose and Infectious Disease Prevention Services Program

POSITION: FAVORABLE

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 427

SB 427 will authorize the establishment of an Overdose and Infectious Disease Prevention Services Program (OIDPSP) by a community-based organization. OIDPSP will provide a safe space for people who use drugs (PWUD) to consume pre-purchased substances in a supervised setting. Often staffed by healthcare workers, case managers, and/or peers, consumers will have access to wraparound services to address their needs.

According to the Maryland Department of Health, overdose deaths continue to rise in Maryland, with a nearly 18% increase since 2019.ⁱ We must take a bold step to save the lives of our loved ones by leveraging an OIDPSP. **OIDPSP are proven to be effective and safe:** nearly 200 sites are operational in 14 countries, none of which have ever had an overdose death.ⁱⁱ Since launching in November 2021, OnPoint, an OIDPSP in New York City, has reversed more than 1,300 overdoses and has had 0 deaths at their two locations. Having served 4,486 unique participants with over 117,000 total visits, OnPoint not only saves lives but is an access point for services. In its first year of operation alone, 75% of OnPoint participants accessed wrap-around services including but not limited to treatment, primary care, food access, housing, and employment.ⁱⁱⁱ

Over 100 peer-reviewed studies have shown the positive impacts OIDPSP have on communities and those who use them.ⁱⁱ Saving lives with Naloxone (also known as “Narcan”) is one of the most immediate benefits. Studies also show a reduction in HIV and Hepatitis C transmission rates, an increase in access to and engagement in treatment, a reduction in the amount and frequency clients use drugs, cost savings for the medical system(s), and a reduction in syringe litter and/or other drug paraphernalia.ⁱⁱ

Overdose deaths are preventable. OIDPSP's can play a critical role combatting the opioid crisis. For these reasons, the BCA respectfully requests a **favorable** report on SB 427.

ⁱ Maryland Department of Health. (2021). Unintentional Drug and Alcohol-Related Intoxication Deaths. Retrieved from https://health.maryland.gov/vsa/Documents/Overdose/2021_AnnualIntoxDeathReport.pdf

ⁱⁱ The Drug Policy Alliance. (n.d.). Overdose Prevention Centers. Retrieved from <https://drugpolicy.org/issues/supervised-consumption-services>

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SB0427_FAV_MedChi, MDACEP_PH - Overdose Infectiou

Uploaded by: Pam Kasemeyer

Position: FAV



The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
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1.800.492.1056
www.medchi.org

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Shelly Hettleman

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: February 20, 2024

RE: **SUPPORT** – Senate Bill 427 – *Public Health – Overdose and Infectious Disease Prevention Services Program*

On behalf of The Maryland State Medical Society and the Maryland Chapter of the American College of Emergency Physicians, we submit this letter of **support** for Senate Bill 427.

This legislation provides that a community-based organization may establish an Overdose and Infectious Disease Prevention Services Program in one or more counties with the approval of the Department of Health, in consultation with the local health department. The legislation limits the program to approval of six programs, two in urban areas, two in suburban areas, and two in rural areas. The program must provide a location supervised by health care professionals or other trained staff where drug users can consume pre-obtained drugs. The program must also provide sterile supplies for personal drug administration, information regarding safe drug use practices, and referrals to obtain counseling and treatment services.

Although hundreds of people suffer overdose deaths each year, thousands more experience nonfatal overdose, skin and soft tissue infections, and are at risk for infectious diseases due to unsafe and unsterilized administration environments. Research has shown that people who utilize safe consumption spaces take better care of themselves, use their drugs more safely, and have better access to medical, social, and drug treatment services compared to [users] who do not access safe consumption spaces, according to a 2017 Abell report titled *Safe Drug Consumption Spaces: A Strategy for Baltimore City*.

The first official supervised drug consumption facility opened in Berne, Switzerland in 1986. Today these facilities operate in numerous cities across multiple countries with additional facilities in the planning phase for implementation. A large body of evidence-based, peer-reviewed studies demonstrate that people who utilize these facilities take better care of themselves; use their drugs more safely; and have better access to medical, social, and drug treatment services.

MedChi and MDACEP recognize the research and the potential that these facilities can reduce the costs associated with this public health crisis. For these reasons, MedChi would ask for a favorable report on Senate Bill 427.

2024 Testimony SB427 Overdose Prevention Sites.pdf

Uploaded by: Rachelle Yeung

Position: FAV

SB427 Overdose Prevention Sites
In Support (FAV)

TO:

Chairperson Pamela Beidle
Members of the Senate Finance Committee

FROM:

Rachelle Yeung
4110 28th Street
Mount Rainier, MD 20712

My name is Rachelle Yeung and I'm submitting my testimony to you today because I know drug users. I love drug users. And because I am a drug user.

I support Overdose Prevention Sites because I don't want my friends to die.

And I don't want to die.

I volunteer with a group of harm reduction workers who test drugs at music events. We use reagents, which are chemicals that change color when in contact with certain drugs. We have also partnered with a university to borrow a mass spectrometer to measure down to the percentage the content of the drug. People line up outside our tent at music festivals to test with us, because people want to know what they're ingesting and to do so safely.

At one festival I worked at in 2019, we found fentanyl. The person who brought us the drug for testing did not intend to use fentanyl. She thought she had bought something else. Along with medical personnel, we were able to find the person who had sold it to her, who also did not know it contained fentanyl. He had intended to use it as well.

We were able to save multiple lives that night because we could safely test the drugs and provide immediate access to life-saving interventions such as naloxone in the event of an overdose. And that's why overdose prevention sites are essential. A safe, regulated and supervised space to use drugs should not be a privilege only available to people who can afford a music festival ticket. It should be something that everyone has access to.

Nobody deserves to die from drug use.

For these reasons, I urge you to vote yes on SB427.

SB427_BHRC_FAV.pdf

Uploaded by: Rajani Gudlavalleti

Position: FAV



February 20, 2024

The Honorable Senator Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 427
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE**

Dear Chair Beidle and Senate Finance Committee Members,

Baltimore Harm Reduction Coalition (BHRC) is an advocacy organization that mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti-sex worker policies. As a certified Overdose Response Program, Naloxone distributor, and syringe service program, we have provided essential health care services across the state for years. To supplement the life-saving services provided by us and dozens of other harm reduction programs across the state, BHRC supports Senate Bill 427 (Overdose and Infectious Disease Prevention Services Program). SB427 is enabling legislation that allows up to 6 community based organizations (CBOs) to establish pilot Overdose and Infectious Disease Prevention Services Programs to reduce overdose deaths, which continue to occur at alarming rates in Maryland.

Our community and loved ones are facing an increasingly deadly overdose epidemic. During 2022, we lost 2,587 Marylanders to fatal overdose. Our state has taken laudable steps to reduce the devastation of the overdose crisis, but they do not go far enough to halt the overdose epidemic. The General Assembly has approved measures to expand access to the life-saving medication naloxone, increase behavioral health treatment, and establish syringe services programs throughout the state. While these essential policies have increased opportunities for health and safety, the situation remains dire.

Overdose and infectious disease prevention services are an intervention proven for over 30 years of research to prevent overdose death, connect people who use drugs to care and other supportive services, and reduce public drug use and hazardous waste in public spaces. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the over 200 programs already established across the world in 14 countries, including two in the United States. In all of the OPS around the world, in which millions of supervised drug use interactions have occurred, **no one has died of a fatal overdose.**

Successful overdose prevention services programs offered around the world, including those in New York City, are operated by legally-authorized syringe services programs (SSPs). We are grateful to the 2016 Maryland General Assembly for passing legislation that enabled harm reduction programs in our state to establish an infrastructure for a statewide network of syringe service programs. BHRC was the first authorized community-based SSP in Maryland, allowing us to provide life-saving supplies to upwards of 900 people each year. Today, Maryland is home to 23 SSPs and hundreds of certified harm reduction providers. SB427 will allow organizations in this large supportive SSP network to request approval from the Department of Health to operate a 4-year pilot OPS with almost no cost to the state.

We mobilize community members for the health, dignity, and safety of people targeted by the war on drugs and anti-sex-worker policies. We advocate for harm reduction as a part of a broader movement for social justice.

Under this legislation, local jurisdictions in coordination with the Maryland Department of Health, will be enabled to authorize OPS operations based on their jurisdiction's unique needs and community support. Over the past few years, BHRC has been working closely with the Baltimore City Health Department, Mayor Brandon Scott's Administration, and Baltimore City Council to determine the feasibility of authorizing OPS in our city. This work has been quite successful, as our Mayor and other city leadership have expressed strong support of OPS operations to increase the health, wellness, and dignity of our city's residents. Baltimore City leadership, residents, and community organizations are eager to provide overdose prevention services. If passed, SB427 would provide the necessary state action for Baltimore City to carry out these plans.

This is an emergency and we urge you to act now. **We ask that the Senate Finance Committee give SB427 a favorable report.**

For additional information or questions regarding this legislation, please contact BHRC's Policy Manager, Owen O'Keefe, at owen@baltimoreharmreduction.org

2024 MNA SB 427 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 427 – Public Health – Overdose and Infectious Disease
Prevention Services Program

Hearing Date: February 20, 2024

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 427 – Public Health – Overdose and Infectious Disease Prevention Services Program*. This bill would establish an “Overdose and Infection Disease Program” to offer program services in areas with a high incidence of drug use.

As the number of opioid overdoses increase each year, MNA continues to be very supportive of efforts to address this crisis. This includes having a broad strategy as envisioned by this legislation. MNA supports this endeavor because safe consumption sites provide an array of services in addition to preventing overdoses and deaths due to opioids. This includes the provision of primary health care services including wound care; providing sterile syringes and testing for HIV and Hepatitis C in order to reduce the transmission of infectious diseases; and connecting individuals to substance use treatment.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

SB0427 Testimony.pdf

Uploaded by: Sarah Paul

Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Pamela Beidle

February 19, 2024

Senate Bill 0427: Public Health – Overdose and Infectious Disease Prevention Services Program

POSITION: SUPPORT

Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 0427: Public Health – Overdose and Infectious Disease Prevention Services Program

Fatal overdoses continue to be a serious issue within Maryland. As a result of the opioid epidemic, the number of fatal overdoses has soared and there is not a clear indication if or when they may significantly reduce. Fatal overdoses not only affect the individual, but also families, communities, and the economy. Due to its widespread impact, it is imperative that Maryland implements evidence-based practices that break the cycle of addiction. One common and effective approach is through harm reduction. Integrating health promotion, risk reduction, and infection prevention, harm reduction programs have proven to be successful in reducing the stigma around addiction, fatal overdoses, illicit drug use, and has increased access to medical and social services illicit drug users need but may not seek out on their own (National Institute on Drug Abuse, n.d.). By treating overdoses at the location of the program, it can lower the number of hospital admissions due to overdoses and consequentially reduce the burden on Maryland's overcrowded emergency rooms. Harm reduction will also target reducing the transmission of infectious diseases such as HIV or hepatitis by providing clean supplies to prevent the reuse and sharing of unsanitary needles. With the passing of SB0427, the Overdose and Infectious Disease Prevention Services Program will reduce the use of drugs in public, slow the transmission of infectious diseases, and reduce burden on local emergency rooms and hospitals throughout Maryland. According to the Maryland Overdose Data Dashboard, the majority of counties that had a large increase in fatal overdoses within the last year all belonged to rural areas (2023). Establishing programs in urban, rural, and suburban areas where illicit drug use is high will reduce barriers to care for the underserved communities who need better healthcare. Due to the many benefits the Overdose and Infectious Disease Prevention Services Program will provide to rural Maryland, the Maryland Rural Health Association supports the passing of SB0427.

*On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director
jdayton@mdruralhealth.org*

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SB427_Hettleman_FAV.pdf

Uploaded by: Shelly Hettleman

Position: FAV

SHELLY HETTLEMAN
Legislative District 11
Baltimore County

Chair
Rules Committee

Budget and Taxation Committee

Subcommittees

Health and Human Services

Pensions



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

TESTIMONY OF SENATOR SHELLY HETTLEMAN
SB 427 PUBLIC HEALTH - OVERDOSE AND INFECTIOUS DISEASE
PREVENTION SERVICES PROGRAM

Over 2,500 Marylanders died of a drug overdose, from October 2022 to September 2023. The rise of fentanyl as well as waves of new drugs like xylazine entering our communities have created public health crises, in which many drug users are not aware of the drugs they are consuming. These are not just numbers and statistics; they are people. The overdose crisis touches all communities- it does not discriminate. Maryland's alarming rates of overdose deaths are clear indicators that people who use drugs are not receiving the care they need.

What we have done and what we are doing is not enough. We need to use ALL available tools – and ones that are evidence-based and have been known to work -- employing a multi-faceted, multi-pronged approach that will save lives.

This committee and the Maryland General Assembly have done important work -- we are broadening access to treatment, reining in the provision of prescription opioids, launching educational programs in our schools, expanding naloxone access as well as medication assisted treatment. But we could be doing more and that's what this bill would enable us to do.

This bill is not a mandate. It's not a directive. It **enables** local communities to decide what is best for them. Under this bill, if a community organization – a hospital, a local health department or a substance use treatment center, for example – wanted to offer an overdose prevention site (OPS), they would work with their local health department, apply for approval to the Department of Health, and get permission to operate. The bill would create a **pilot program in non-residential areas**: two urban, two suburban, and two rural sites.

Substance users would be permitted to bring their own pre-obtained substances and use, under the supervision of health care professionals. A variety of services would be offered at these sites – wound care, substance use disorder education, housing counseling, HIV testing, etc – connecting people to needed services.

There are 12 countries that host over 150 overdose prevention sites around the world. And there have been NO deaths in any of them. In the almost 20-year history of one of these sites (Insite in Vancouver), there have been **zero** overdose deaths and crime in a 5-mile radius around the OPS has been **reduced** at a substantially higher rate than in

other parts of the city. They have overseen millions of injections without a death and overdoses in the surrounding neighborhoods have also declined. Similar programs worldwide have experienced similar results. In 2021, Rhode Island was the first state in the nation to adopt legislation enabling overdose prevention sites and later this year a new OPS in Providence is set to open.

Before last year's session, I had the opportunity to visit OnPoint in New York City - 2 sites that are operated by the Department of Health and saw, first-hand, what an OPS is. I witnessed people using drugs (that they brought) with safe and clean syringes; I observed trained healthcare professionals who were prepared with Naloxone if they saw someone in need. I saw clients meet with counselors, observed the meditation room where they could relax, the cots where they could rest, the laundry where they could wash their clothes, and the showers where they could clean themselves. I saw trained staff who knew these individuals and were able to connect with them. In just over a year of operation, OnPoint has saved over 600 people - people who otherwise may have overdosed alone in an alley or a public restroom.

Over 100 peer-reviewed studies have supported the efficacy of overdose prevention sites. Studies point to isolated drug use increasing the risk of a fatal overdose significantly because there is no one there to save them. OPS brings people out of isolation and saves lives. In fact, in areas with OPS, there are reductions in use and increases in treatment. OPS create health systems savings by preventing negative outcomes and deaths and promoting healthy behaviors. One [projection](#) found that if an OPS opened in Baltimore, the city would see a net savings of almost \$6 million per year. What is evidence based and has been proven to be effective in decreasing substance abuse should be driving our policy decisions.

What we *were* doing wasn't enough. While it would be ideal to prevent drug use from starting, we have been unsuccessful in doing so. What we must consider, in light of the persistence of the devastation of overdose deaths, is a new and data driven approach. I ask that you keep an open mind and that you listen carefully to the professionals, the experts in the field of substance use and harm reduction, who will dispel some false myths about drug users. Overdose prevention sites are not a panacea, but they are another very important tool that will help us address this crisis that continues to take so many lives and meet people already addicted to drugs where they are compassionately with all the tools in our toolbelt. Respectfully, I ask for your support of SB 427.

MATOD - 2024 SB 427 FAV - Overdose Prevention Site

Uploaded by: Teron Powell

Position: FAV



Board of Directors 2023 - 2025

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www.matod.org

Support Senate Bill 427

Public Health – Overdose and Infectious Disease Prevention

Senate Finance Committee

February 20, 2024

The Maryland Association for the Treatment of Opioid Dependence (MATOD), a statewide organization representing over sixty-five healthcare organizations throughout the state promoting high-quality, effective medications for opioid use disorders is pleased to provide support for Senate Bill 427. This legislation will allow jurisdictions to develop Overdose and Infectious Disease Prevention programs to reduce fatal and non-fatal overdoses, and provide a pathway for people toward needed health care.

Fatal Opioid-related overdoses climbed over 14% from January to September 2020 compared to the same 2019 time-frame. The current increase in fatal overdoses translates to the loss of over 2,400 Marylanders during 2020 from Opioid misuse. Despite Maryland's continued efforts of prevention, enforcement and treatment & recovery, opioid addiction and misuse in 2020 will unfortunately claim the largest number of Maryland lives in any single year on record.

Maryland's "all hands on deck" "all tools available" approach has effectively saved lives with harm reduction efforts of increased naloxone distribution and syringe exchange services; increased access and availability to evidenced-based medication assisted treatment with methadone and buprenorphine; greater implementation of peer recovery specialists in medical and community settings; and creative jurisdictional Opioid Intervention Teams across the state. More is urgently needed, however, in order to save lives and change the trajectory of the continued opioid crisis.

Substance use disorder treatment is only be effective when and if it is received. The U.S. Surgeon General's 2016 "Facing Addiction" report noted that "only 1 in 10 people with a substance use disorder receive any type of substance use treatment." Senate Bill 618 can provide life-saving services for those 90% of Marylanders with the manageable disease of addiction who are not yet engaged in treatment.

The proposed Overdose and Infectious Disease Prevention Services Program is based on similar programs operating in more than sixty (60) cities in ten (10) countries, and most recently in New York City. The results and evidence from these successful harm-reduction facilities is unequivocal – they reduce overdose deaths, provide an entry into treatment, reduce public use and publicly discarded syringes, are cost-effective and they do not encourage or increase additional drug use or crime.

Maryland needs to add this tool in the great work being done to reduce overdose deaths and improve access to needed health care.

MATOD urges a favorable report on Senate Bill 427.

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

SB 427 - Support - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FAV



February 19, 2024

The Honorable Pamela Beidle
Senate Finance Committee
Miller Senate Office Building – 3 East
Annapolis, MD 21401

RE: Support – Senate Bill 427: Public Health – Overdose and Infectious Disease Prevention Services Program

Dear Chair Beidle and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 427: Public Health – Overdose and Infectious Disease Prevention Services Program (SB 427), as community-based organizations can play a critical role in overdose prevention. In addition, these organizations are often well-positioned to provide harm reduction services and support to individuals who use drugs, including those at risk of overdose.

Community-based organizations can provide a range of services related to overdose prevention, such as:

1. Distributing naloxone: Naloxone is a medication that can reverse an opioid overdose. Community-based organizations can provide naloxone and train individuals to use it effectively.
2. Providing education and outreach: Community-based organizations can educate individuals on overdose risks and provide information on reducing the harm associated with drug use.
3. Creating safe consumption spaces: Community-based organizations can create safe spaces for individuals to use drugs to be monitored and supported in case of overdose.



4. Providing syringe exchange services to limit the spread of infectious diseases related to intravenous drug use.
5. Offering counseling and support: Community-based organizations can offer counseling and support to individuals who use drugs, including those who have experienced an overdose.
6. Advocating for policy change: Community-based organizations can advocate for policies that support overdose prevention, such as increasing access to naloxone and funding harm reduction programs.

As such, MPS and WPS ask the committee for a favorable report on SB 427. If you have any questions concerning this testimony, please contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

OPS Testimony 2024.pdf

Uploaded by: Toni Torsch

Position: FAV

TESTIMONY IN SUPPORT OF HB 953

February 19, 2024

The Honorable Senator Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 427
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE**

FROM: John Torsch, Baltimore County, Legislative District 8

Dear Chair Beidle and Senate Finance Committee Members,

The Daniel Carl Torsch Foundation (DCTF) advocates for harm reduction, addiction treatment, and recovery communities. DCTF supports Senate Bill 427 “Overdose and Infectious Disease Prevention Services Program,” which will allow community based organizations such as ours to establish overdose prevention programs to reduce overdose deaths, which continue to occur at unprecedented levels in Maryland.

The DCTF, leads a 6 person community outreach team made up of peer recovery specialists with lived experience battling addiction. We have been a part of introducing several pieces of legislation that were signed into law, including the 2013 Overdose Response Program, which led to the standing orders for Naloxone that we have today. In 2010, my younger brother Danny died in my home of a multiple drug overdose. Since then I have represented our foundation in Danny's memory. It is essential to share that I have lost more friends and family members than I can count to drug overdoses, drug-related health complications, and violence related to drugs.

As a peer recovery specialist and person in long term recovery from drug addiction, my life is literally "all addiction all the time." During the last few years, I have researched the Overdose Prevention Sites (OPS) model heavily, including visiting nearly a dozen of these sites in four different countries. There is no question that these sites save lives, increase access to treatment and reduce the rate of infectious disease. These sites serve the most vulnerable and stigmatized population in our society.

Fentanyl and now Xyazine have totally changed the game. Those of us working in this field realize that we are facing nothing less than chemical warfare. More people are using drugs in public places because they know the good chance that they will overdose. How often do you see a bill proposed that does not ask for funding and simply asks for permission to save lives? That is all we are asking for with this bill, permission to save lives and treat our society's unwanted with the compassion they deserve and the skills that people like myself are trained for.

Recently, one of the people that I was providing peer support to, died of Fentanyl poisoning. All that he wanted was to live what he called "normal" life. The same lifestyle that countless people take for granted every day. He wanted to live in a place where he did not have to walk past a line of people who were selling the drugs that he desperately was fighting to avoid. He wanted to wake up in a bed in a warm house, have a cup of coffee and food in his fridge, drive an old pick up to a job he was good at so he could earn an honest wage. Then come home at night, eat dinner, sit in a recliner, and watch TV.

Repeatedly, he would say that this is all he wanted. He was so close, and we were working on a plan. All he needed was an ID to make it happen, but he could not get the ID in time. He never got that everyday life back. Instead, he died alone, in the cold, while carrying the Naloxone that he used to save several other lives. You won't see his story on the news, or see RIP posts on social media. His name was Brian. He was not a statistic, he was my friend, and I miss him. If he had access to an Overdose Prevention Site, chances are very strong that he would have utilized the site, and still have a chance at that "normal" life.

We recognize that this may be a controversial issue, and it is our intent to stand in support of all legislators who vote favorably on SB427. Mothers and fathers who have lost their children, treatment providers, addiction experts, and people in recovery from drug addiction, we will defend your decision with every breath and on every social media post.

I look to more progressive countries and states to see what is working because our current strategy is clearly not. New York and now Rhode Island have decided to implement these programs with great success. Hopefully Maryland can be next! The only hope we have to get ahead of this crisis is love and compassion, meeting people struggling where they are, reducing harm, and increasing access to treatment while providing peer support. The DCTF is prepared to offer our assistance in the operation of one of these Overdose Prevention Sites in an area of Baltimore County (21222).

Please take off our handcuffs and say YES to letting us, the boots on the ground, do what is necessary to save and improve countless lives. We respectfully ask that the Senate Finance Committee give SB427 a favorable report to stem the rising tide of overdose deaths in Maryland.

Thank you,

John Torsch
Co-founder/Director of Special Programs
The Daniel Carl Torsch Foundation
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Harm Reduction UPDATED Testimony 2-9-24_as (1).pdf

Uploaded by: UM SWASC

Position: FAV

TESTIMONY IN SUPPORT OF SENATE BILL 427
Public Health – Overdose and Infectious Disease Prevention Services Program
Finance Committee
February 20, 2024

Social Work Advocates for Social Change strongly supports SB427, which would allow for the creation of overdose prevention sites where people can safely consume pre-obtained substances under medical supervision. The bill also would supply naloxone kits, sterile syringes and first aid, while connecting individuals to life-saving resources and protecting these providers from prosecution. **SB427 would expand the range of evidenced-based interventions available to combat the ongoing opioid and overdose epidemics, as well as the spread of infectious disease.**

We face an opioid and overdose epidemic. Since 1999 more than one million people have died of drug overdose and per the Center for Disease and Control there were 80,411 opioid involved drug overdose deaths in 2021 alone.ⁱ In Maryland, the number of overdose deaths has more than tripled in the past decade – all of which is associated with opioid use.ⁱⁱ Overdose fatalities have increased among Black Marylanders who, while only making up 31% of the population, have been reported to make up 39% of these fatalities.ⁱⁱⁱ

SB427 responds to one of conditions most associated with overdose deaths: using alone. Nearly seven in 10 (69%) of overdose deaths occur among people while using drugs alone.^{iv} 75.8% of people who use drugs report they typically use drugs alone due to stigma. Of those 75.8%, 23% of those that used alone had experienced an opioid or stimulant overdose in the past 6 months.^v **Safe consumption sites save lives by providing a non-stigmatized space to use what will inevitably be used while providing safety and access to more intensive care.**

Central to SB427 is the principle of harm reduction, which recognizes that individuals struggling with substance use disorders deserve compassion, support, and access to life-saving interventions. By providing comprehensive harm reduction services, we can mitigate the harms associated with drug use, prevent needless deaths, and promote healthier outcomes for individuals and communities alike.

The strategies outlined in SB427 are compassionate and grounded in sound scientific evidence. Numerous studies have demonstrated the effectiveness of harm reduction interventions in reducing overdose fatalities, preventing the spread of infectious diseases, and facilitating pathways to recovery – without other adverse effects. A literature review of 75 research articles found that supervised injection facilities – like those permitted by SB427 – reduce the rate of overdose,^{vi} for they provide medical

supervision and care to those at imminent risk of overdose. Vancouver, BC has been utilizing safe injection sites since 2003 and while 1 overdose is reported per 1000 users, no fatalities have been reported to date.^{vii} Moreover, a 2008 study found that safe injection facilities reduce harm and social costs associated with injection drug use, and promote treatment: patients in Vancouver, British Columbia, and Sydney, Australia, who were monitored by a nurse while they used heroin were more likely to end up in treatment than patients who were not monitored.^{viii} Such programs connect vulnerable individuals to addiction treatment, medical care, and other social services and supports without requiring abstinence. Over 200 safe consumption sites in at least twelve countries prevent overdose deaths, and promote treatment and public health.^{ix} **By implementing these evidence-based solutions, we can save lives and alleviate the burden on our healthcare and criminal justice systems.**

Social Work Advocates for Social Change urges a favorable report on SB427.

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

ⁱ Centers for Disease Control and Prevention. (2023, August 22). *Drug overdose deaths*. Centers for Disease Control and Prevention. [https://www.cdc.gov/drugoverdose/deaths/index.html#:~:text=Drug%20Overdose%20Deaths%20Remained%20High,1999%20from%20a%20drug%20overdose.&text=In%202021%2C%20106%2C699%20drug%20overdose,2021%20\(32.4%20per%20100%2C000\)](https://www.cdc.gov/drugoverdose/deaths/index.html#:~:text=Drug%20Overdose%20Deaths%20Remained%20High,1999%20from%20a%20drug%20overdose.&text=In%202021%2C%20106%2C699%20drug%20overdose,2021%20(32.4%20per%20100%2C000).).

ⁱⁱ Maryland Department of Health. (2023, August). *Unintentional drug- and alcohol-related intoxication deaths in Maryland, 2021*. https://health.maryland.gov/vsa/Documents/Overdose/2021_AnnualIntoxDeathReport.pdf

ⁱⁱⁱ Gudlavalleti, R., & O'Keefe, O. (2023a, August 22). Bridges Coalition Community Engagement Plan. [https://www.energy.gov/sites/default/files/2022-08/Creating a Community and Stakeholder Engagement Plan_8.2.22.pdf](https://www.energy.gov/sites/default/files/2022-08/Creating%20a%20Community%20and%20Stakeholder%20Engagement%20Plan_8.2.22.pdf)

^{iv} Mark Olfson, M. (2023b, June 1). *Living alone and drug overdose deaths in the US*. JAMA Psychiatry. <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2803757>.

^v Papamihali, K., Yoon, M., Graham, B., Karamouzian, M., Slaunwhite, A. K., Tsang, V., Young, S., & Buxton, J. A. (2020, November 23). *Convenience and comfort: Reasons reported for using drugs alone among clients of harm reduction sites in British Columbia, Canada - harm reduction journal*. BioMedCentral. <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00436-6>

^{vi} Potier, C., Laprevote, V., Dubois-Arber, F., Cottencin, O., Rolland, B. (Dec 2014). Supervised Injection Services: What Has Been Demonstrated? A Systematic Literature Review. *Drug Alcohol Depend.* 1;145:48-68. <http://www.ncbi.nlm.nih.gov/pubmed/25456324>.

^{vii} Ng, J., Sutherland, C., & Kolber, M. R. (2017a, November). *Does evidence support supervised injection sites?*. Canadian family physician Medecin de famille canadien. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5685449/#:~:text=There%20is%20about%201%20overdose,fatal%20overdoses%20have%20been%20reported.&text=All%20studies%20show%20health%20care%20savings%20for%20each%20%241%20spent.&text=Opening%20the%20SI%20did%20not,trafficking%2C%20assaults%2C%20or%20robberies>.

^{viii} Beletsky, L., Davis, C.S., Anderson, E., Burris, S. (Feb 2008). The Law (and Politics) of Safe Injection Facilities in the United States. *American Journal of Public Health.* 98(2): 231–237. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2376869/>

^{ix} Yoon, G.H., Levensgood, T.W., Davoust, M.J. *et al.* Implementation and sustainability of safe consumption sites: a qualitative systematic review and thematic synthesis. *Harm Reduct J* 19, 73 (2022). <https://doi.org/10.1186/s12954-022-00655-z>

Health Care for the Homeless - 2024 SB 427 FAV - O

Uploaded by: Vicky Stewart

Position: FAV

HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 427 – Public Health – Overdose and Infectious Disease
Prevention Services Program

Senate Finance Committee
February 20, 2024



Health Care for the Homeless supports SB 427, which would allow jurisdictions to establish overdose prevention programs to reduce overdose deaths, which continue to rise at an alarming pace in Maryland.

Health Care for the Homeless is a non-profit Federally Qualified Health Center that works to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy and community engagement.

The General Assembly is well aware of the tremendous burden that heroin and other opioids are taking on Maryland residents. The numbers of fatalities related to drugs and alcohol continues to be staggering in Maryland. According to the latest report released by the Opioid Operational Command Center, there were over 2,000 unintentional intoxication deaths involving drugs and alcohol in Maryland between January and September. Maryland legislators have taken important steps to address this crisis, but overdoses and deaths continue to climb as we look for strategies to address this problem. Overdose prevention sites are an evidence-based harm reduction strategy proven to reduce overdose deaths and crime in neighboring areas. These sites provide a setting where people can use substances with sterile equipment and medical monitoring in place to prevent overdose and death. There has not been a single overdose fatality at any overdose prevention facility.

Just as importantly, these facilities will provide a vulnerable population with connections to substance use disorder, mental health and medical services. Overdose prevention sites are designed to engage people who are hardest to reach, including patients with untreated medical conditions who may not access hospital or primary care services due to fear of stigma. Many of these individuals live in poverty, with limited access to housing and other basic needs.

At Health Care for the Homeless, harm reduction strategies are a cornerstone of our work. We train our clients and the community to use naloxone to reverse an overdose and prevent death. Clients have told us with pride how they saved others by using the naloxone we gave them. In addition, we utilize medication-assisted treatment (MAT) with buprenorphine to treat opioid addiction and help to stabilize lives so that our clients can look for jobs and housing. We are dedicated to community partnerships with organizations that provide needle exchange services, which reduce the spread of HIV, Hepatitis C and other infectious diseases.

All of these harm reduction strategies - naloxone, medication assisted treatment (MAT), and needle exchange – caused concern when they first started. Yet, we have seen time and time again that as communities adopt these programs, overdose fatalities decrease, transmission of infectious diseases slows, and clients build more trusting relationships with medical providers to engage in long-term medical care. Overdose prevention

facilities are a continuation of this work. Clients who are current and former drug users have told our providers about the dangerous situations in which they are using heroin and other drugs – in abandoned row houses, in the boiler room of apartment buildings, and in restaurant bathrooms. It is our duty to meet them where they are and help keep them as safe as possible.

Overdose prevention facilities would provide a valuable tool to prevent overdose and death in a vulnerable population while connecting them to needed substance abuse, mental health and medical services. We urge the legislature to be a leader on this critical public health issue and ask for a favorable report on SB 427.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County.

Our Vision: Everyone is healthy and has a safe home in a just and respectful community.

Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

For more information, visit www.hchmd.org.

2024 SB427_BRIDGES Coalition_FAV.pdf

Uploaded by: William Miller Jr.

Position: FAV



February 20, 2024

The Honorable Senator Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

**RE: SUPPORT of Senate Bill 427
(Public Health – Overdose and Infectious Disease Prevention Services Program) -
FAVORABLE**

BRIDGES Coalition for Overdose Prevention Sites supports *SB427 - Public Health - Overdose and Infectious Disease Prevention Services Program*. This bill will allow community-based organizations, such as our trained membership of over 30 organizations and dozens of harm reduction workers, to establish overdose prevention programs to reduce overdose deaths, which continue to occur at unprecedented levels in Maryland.

Founded in March 2017, BRIDGES Coalition for Overdose Prevention Sites (OPS) is a statewide Baltimore-based advocacy coalition working to end overdose and criminalization by promoting safe spaces, dignity, health, and justice for people who use drugs. BRIDGES was founded with funding from the Drug Policy Alliance and Open Society Foundations, international resources for drug policy reform and reparative justice for communities harmed by the war on drugs. Our coalition was created to address needs named by Maryland policymakers during committee hearings and delegation meetings in 2016, when then-Delegate Dan Morhaim first presented this bill to authorize OPS. **Since the bill was first introduced, Maryland has lost over 17,000 individuals to fatal overdose. We cannot overemphasize the significance of these losses on loved ones, communities, and our state as a whole.**

BRIDGES Coalition is dedicated to ensuring Maryland State authorizes OPS. For the past six years, our coalition has led public education and community mobilization efforts via monthly community organizing meetings, mock demonstrations of OPS, community dialogues, informational hearings with the Baltimore City Council, online messaging campaigns, an [educational video series](#), focus groups, surveys with various stakeholders, and ten Maryland General Assembly committee hearings. Each year, we host several events in partnership with places of worship, treatment programs, neighborhood associations, cultural centers, and public officials -- all with the same goal of addressing potential community concerns around overdose prevention sites being set up across our state. We engage Marylanders new to the concept of Overdose Prevention Sites, and every person has walked away with a deeper understanding and support for these life-saving services.

Maryland needs Overdose Prevention Sites; indoor spaces where individuals can consume pre-obtained drugs in the presence of trained professionals with immediate access to life-saving interventions, medical care, emotional support, and non-judgmental therapeutic relationships.

We recognize that OPS are not the sole solution to the overdose epidemic and could never replace treatment services. OPS are a crisis intervention positioned within the continuum of care to reduce overdose rates. To most effectively save lives from the growing overdose epidemic, Marylanders need and deserve overdose prevention sites that are community and peer-run, grounded in mutual aid efforts, and implemented with a social justice framework.

For over 30 years, it has been proven globally that overdose prevention sites save lives. In all 200+ OPS around the world, in which millions of supervised drug injections have occurred, no one has died of a fatal overdose. In its first year of operation, the first sites sanctioned in the United States, OnPointNYC reversed over 600 overdoses – six times the number of lives predicted to be saved when these sites first opened in November 2021. BRIDGES Coalition has built a strong relationship with OnPointNYC, having organized tours of the sites for Delegate Peña-Melnyk, Delegate Robbyn Lewis, Senator Shelly Hettleman, Baltimore Mayor Brandon Scott, several other members of Baltimore City leadership, and over a dozen Maryland-based harm reduction workers. All who visited the sites have left with a renewed conviction that OPS are needed in our state now.

We urge the General Assembly to authorize the proposed Overdose and Infectious Disease Prevention Services Program, which mirrors these programs already established across the world, including the two in the United States.

We ask that the Senate Finance Committee give SB427 a favorable report.

For more information about the BRIDGES Coalition for Overdose Prevention Sites, please contact Cola Anderson at cola@baltimoreharmreduction.org.

