

The Honorable Joseline A. Pena-Melnyk
Chair, Health and Government Operations Committee
House Office Building, Room 241
Annapolis, Maryland 21401

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February 28, 2024

**Letter of Support for HB 1096
Public Health – Overdose and Infectious Disease Prevention Services Program**

Dear Chairwoman Pena-Melnyk and members of the Committee,

I am writing to express my support for House Bill 1096 to authorize overdose prevention sites (OPS) in Maryland.

As an epidemiologist and Assistant Professor of Medicine at Brown University, Rhode Island, the first state in the nation to legalize OPS services, I have had the privilege of speaking with legislators, physicians, community organizations and advocates working to implement this evidence-based and life-saving intervention in RI. Additionally, I teach graduate students about the social and economic determinants of the U.S. opioid crisis, and innovative harm reduction interventions including OPS.¹⁻⁴ The views that I express are mine and not those of Brown University.

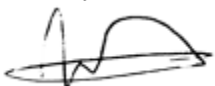
My husband and I have lived, worked and volunteered in Baltimore City, Maryland for the past twelve years and seen firsthand the positive impact of harm reduction interventions such as naloxone and syringe services programs. Naloxone is an evidence-based intervention that safely and effectively reverses a fentanyl overdose if administered in time. The U.S. Surgeon General's report⁷ showed that a staggering 41% of people with substance use disorder report are not ready or willing to enter drug treatment – such communities are often reached by low-threshold OPS services such as those proposed in this bill. My current work, funded in part by the Maryland Department of Health and the Centers for Disease Control and Prevention, focuses on examining the impact of naloxone programs and prescription drug monitoring programs. I have provided extensive technical advice to the Maryland Department of Health and the OCCC.

We are still battling the 'Fentanyl Wave' of the opioid crisis, which is driven by the proliferation of illicitly-made fentanyl and its various related compounds (analogs). Fentanyl and other opioids continue to claim thousands of lives in Maryland – in 2020, we saw a record of 2,499 opioid overdose deaths, a 130% increase in opioid-related overdoses since 2015, and deaths have continued to rise between 2021 and 2022.^{5,6} Fentanyl is 100 times stronger than morphine and more quickly absorbed. While it can be administered safely under clinical supervision, accidental overdoses can easily occur within minutes if illicit versions are used. Without direct supervision and immediate intervention, the consequences can be dire. Without supervised OPS, many Marylanders continue to die alone in bedrooms, bathrooms and alleys across the state.

Researchers have written extensively about the need for practical and lifesaving initiatives such as OPS that allow for overdose prevention and/or reversal in supervised, hygienic spaces that provide not only health care and drug treatment but mental health services and social support. A 2022 report studying the two new supervised OPS in New York City showed that in just the first two months of operation, trained staff responded 125 times to prevent overdose deaths with 100% efficacy. In response to opioid-overdose, they administered naloxone 19 times and oxygen 35 times, while also providing hydration, cooling and de-escalation services in other overdose scenarios. It is important to note that 76% of participants reported that they would have used drugs in public locations in the absence of OPS services.

Therefore, although these types of "harm reduction" programs may seem counterintuitive, they have been proven to save lives. OPS provide a safe place to not only administer life-saving medical interventions but build trustful relationships in the Maryland community that will lead to more sustainable paths of recovery and drug treatment in the long-term. I hope that you will consider providing a favorable vote for HB953. Thank you.

Sincerely,



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References

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