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**TESTIMONY IN SUPPORT OF HOUSE BILL 1096**  
**Public Health – Overdose and Infectious Disease Prevention Services Program**  
*Health and Government Operations Committee*  
**March 1, 2024**

**Social Work Advocates for Social Change strongly supports HB1096**, 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. **HB1096 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.<sup>i</sup> In Maryland, the number of overdose deaths has more than tripled in the past decade – all of which is associated with opioid use.<sup>ii</sup> 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.<sup>iii</sup>

**HB1096 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.<sup>iv</sup> 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.<sup>v</sup> **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 HB1096 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 HB1096 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 HB1096 – reduce the rate of overdose,<sup>vi</sup> 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.<sup>vii</sup> 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.<sup>viii</sup> 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.<sup>ix</sup> **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 HB1096.**

*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.*

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<sup>i</sup> 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).).

<sup>ii</sup> 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](https://health.maryland.gov/vsa/Documents/Overdose/2021_AnnualIntoxDeathReport.pdf)

<sup>iii</sup> 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)

<sup>iv</sup> 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>.

<sup>v</sup> 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>

<sup>vi</sup> 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>.

<sup>vii</sup> 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>.

<sup>viii</sup> 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/>

<sup>ix</sup> 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>