

**TO:** The Honorable Pamela Beidle, Chair  
*Senate Finance Committee*

**FROM:** Annie Coble  
*Assistant Director, Maryland Government Affairs*

**SB83**  
**Favorable**

**DATE:** February 4, 2025

**RE:** SB83 PUBLIC HEALTH - OVERDOSE AND INFECTIOUS DISEASE PREVENTION  
SERVICES PROGRAM

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Johns Hopkins supports **SB83 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.<sup>1</sup> 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.

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.<sup>2</sup> Additionally, a 2022 Bloomberg School of

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

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

Public Health survey reported that upwards of 65% of businesses in Baltimore City would support the establishment of an OPS in their respective neighborhoods.<sup>3</sup> With **SB83**, Maryland is positioned to lead the nation in pioneering these critical harm reduction efforts.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB83**.

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