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**TESTIMONY OF SENATOR SHELLY HETTLEMAN**
**SB 83 PUBLIC HEALTH - OVERDOSE AND INFECTIOUS DISEASE PREVENTION SERVICES PROGRAM**

Between April 2023 and April 2024, 2,348 Marylanders died from a drug overdose. The rise of fentanyl—which is ***100 times more potent*** than morphine—in heroin and xylazine consumption has catalyzed a public health crisis, where many drug users are unaware of the composition and ***lethality*** of the drugs they are consuming. 2,348 is not just a statistic; it is a compilation of tragedies. Every number is a life lost. Every number is a family harmed and a community irreparably altered. The overdose crisis touches all of Maryland—it does not discriminate. Our state's alarming rate of overdose deaths indicates 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, evidence-based tools to employ a multi-faceted, multi-pronged approach that will save lives. To be clear, this committee and the Maryland General Assembly have made great strides toward harm reduction. We have broadened access to substance use disorder treatment, regulated the provision of prescription opioids, launched educational programs in our schools, and expanded naloxone access and medication-assisted treatment ("MAT"). Yet, people are ***still*** dying. We ***must*** do more, and that's what this bill will enable us to do.

Senate Bill 83 is not a mandate, and it's not a directive. Rather, it enables local communities to decide what is best for them. Under this bill, if a community organization—such as a hospital, a local health department, or a substance use treatment center—wanted to offer an overdose prevention site ("OPS"), it would work with its 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.

At each site, people who use drugs would be permitted to bring their pre-obtained substances and use them under the supervision of healthcare professionals. A variety of services would be offered at these sites, including wound care, healthcare referrals, substance use disorder education, housing counseling, HIV testing, clean supplies (such as needles and syringes), and testing peoples' drugs for fentanyl and other contaminants. In short, OPS would connect people with ***vital*** services.

A dozen countries host over 150 overdose prevention sites around the world. To date, 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. Moreover, crime within a 5-mile radius of the OPS is now substantially lower than in other parts of Vancouver. The site has 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. In 2024, the first state-regulated OPS opened in Providence.

I have seen the success of overdose prevention sites firsthand. A couple of years ago, I visited OnPoint in New York City, two sites that are operated by the Department of Health. I witnessed people using drugs (that they brought) with safe and clean syringes. I observed trained healthcare professionals who were prepared to help someone in need. I saw clients meet with counselors and observed the meditation room where they could relax. I saw 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, professional staff who knew these individuals and were able to connect with them.

In its first year of operation, OnPoint 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 significantly increasing the risk of a fatal overdose 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. Indeed, OPS creates health system 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.

To save lives, we must recognize that people who use drugs are not moral failures who deserve to die alone in an alley. They are ***people***—people with dignity that we ***must*** uphold. Ultimately, evidence-based methods of decreasing substance abuse should be driving our policy decisions. While it would be ideal to prevent substance use from starting, we must begin with harm ***reduction***. Indeed, we must consider—in light of the ongoing devastation of overdose deaths—a new, 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 ***integral*** to addressing this crisis that continues to take ***too many lives***. Overdose prevention sites provide a compassionate space for people who use drugs to access evidence-based, life-saving resources that will also reduce costs and decrease substance use in the long run. Respectfully, I ask for your support of SB 83.