

SB083 - Overdose and Infectious Disease Prevention

Uploaded by: Annie Coble

Position: FAV

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

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.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.

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

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

² <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.³ 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**.

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

OPS written testimony_Ari_G.pdf

Uploaded by: Ari Goldstein

Position: FAV

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Dr. Ari Goldstein and I am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 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 family physician by training. I did my residency at University of Maryland Medical Center where I primarily served the citizens of West Baltimore. I am now at Johns Hopkins getting additional training in preventive medicine and public health. I have seen too many casualties of the opioid epidemic. My patients are suffering, and sadly sometimes dying, due to our lack of intervention. I have worked in primary care, urgent care, addiction clinics, inpatient medicine, and more – patients in each of these settings have suffered issues that could have been prevented or at least ameliorated by Overdose Prevention Sites. Our community members need your support. Many who oppose this policy complain that it is tacit endorsement of substance use. This is blatantly untrue and defiant of the facts. The truth is that OPS just accept what is obviously reality and do what they can to help people not get sick and die. A dead person cannot utilize substance use treatment services. We have to help our friends, family, and neighbors stay alive – that is the most basic tenet of my work in medicine and public health. OPS allow people to maintain the ability to create whatever life they choose. They have already done that for people in New York, Canada, Europe, and elsewhere; why are we depriving our communities of this?

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPSs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information about myself or my position. Please contact me at ari.jordan.goldstein@gmail.com.

Sincerely,

Ari Goldstein, MD

Baltimore City Directorate - 2025 SB 83 FAV - Over

Uploaded by: Ashley Archie

Position: FAV



BALTIMORE CITY

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Senate Bill 83 – Overdose and Infectious Disease Prevention Programs - **Favorable**

Finance Committee

February 4, 2025

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 83, 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 83.

Sincerely,

Ashley Archie, LCSW-C

Ashley Archie, LCSW-C
President

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SB 83.pdf

Uploaded by: Ashley Clark

Position: FAV

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January 28, 2025

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

RE: Support – SB 83: Public Health - Overdose and Infectious Disease Prevention Services Program

Dear Chairwoman 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 1100 psychiatrists and physicians currently in psychiatric training.

MPS/WPS strongly support Senate Bill 83: Public Health – Overdose and Infectious Disease Prevention Services Program 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 SB83. If you have any questions regarding this testimony, please contact Lisa Harris Jones at lisa.jones@mdlobbyist.com.

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

MCF_FAV_SB83.pdf

Uploaded by: Ashley Tauler

Position: FAV



SB-83 Public Health - Overdose and Infectious Disease Prevention Services Program

Committee: Finance

Date: 1/31/25

Position: Fav

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. 15% of those families have a loved one with substance use and co-occurring disorders. We support this bill for the following reasons.

- The cost 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.
- Safe consumption sites are already prevalent and profitable businesses often referred to as bars or nightclubs. Alcohol consumption, both social and problematic, has been part of human culture since the discovery of fermentation. As a society, we support and promote this norm through our patronage of restaurants, bars, clubs, and other venues serving alcohol. Yet, we condemn extending such tolerance to those who use drugs. Individuals, including adolescents and young adults, will engage in these behaviors regardless of safety mechanisms. Providing safety to people who use drugs is an act of unconditional love.



- Safe consumption sites not only significantly reduce overdose rates but also help prevent other violent crimes. By providing a secure environment for individuals under the influence, these sites reduce the likelihood of a violent crime an individual may experience elsewhere. For example, utilizing a safe consumption space lowers the risk of someone being sexually or physically assaulted while under the influence.
- These sites also help to reduce the risk of spreading infectious diseases by providing sterile equipment and a safe clean space to consume.
- Connecting with individuals and meeting them where they are can profoundly impact their lives. Safe consumption sites provide an environment where individuals may eventually take their first step towards recovery. Support in these settings acts as a protective factor.

Ashley Tauler
Policy and Advocacy Manager
Family Peer Support Specialist
Maryland Coalition of Families
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SB 83_PJC_Favorable_FIN.pdf

Uploaded by: Ashley Woolard

Position: FAV



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SB 83

**Public Health - Overdose and Infectious Disease Prevention Services Program
Hearing of the Senate Finance Committee
February 4, 2025
1:00 PM**

FAVORABLE

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. The **PJC strongly supports SB 83**, which would establish an Overdose and Infectious Disease Prevention Services Program administered by community-based organizations to provide overdose prevention sites. It would also require that the Maryland Department of Health develop these sites in urban, suburban and rural areas.

According to the Maryland Department of Health, we lost 1,689 Marylanders to fatal overdoses between December 2023 to November 2024.¹ Maryland also has high Hepatitis C infection rates, a disease that kills more Americans than any other infectious disease. Additionally, research supports that Hepatitis C has a disproportionate impact on non-Hispanic American Indian/Alaska Native and non-Hispanic African Americans who have the highest reported rates of chronic Hepatitis C infectious at 66.9 cases per 100,000 people.² Further, injection drug use is still the most common means of Hepatitis C transmission.³

We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven by more than 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established in 14 countries, including two in the United States. Trained personnel monitor participants for signs of

¹ Maryland Department of Health, Maryland Vital Statistics: Unintentional Drug-and Alcohol-Related Intoxication Deaths in Maryland (February 2024),

https://health.maryland.gov/vsa/Documents/Overdose/Quarterly%20Reports/2023_Q3_IntoxReport.pdf.

² CDC, Viral Hepatitis, [2021 Hepatitis C | Viral Hepatitis Surveillance Report | CDC](#) (last visited on January 31, 2025).

³ *Id.*

overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPSs provide a welcoming space that help bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment. Research supports that stigma against people living with substance use disorders can limit the willingness of individuals to seek treatment.⁴ It is critical that individuals with substance use disorders not only be provided immediate access to Naloxone/Narcan (overdose reversal drug), but also access to drug treatment, education and peer support to recover long-term from addiction.

SB 83, if passed, would create access to Overdose Prevention Sites (OPS) which are revolutionary, holistic tools aimed at reducing overdose deaths, HIV and Hepatitis C infections and stigma against individuals with substance use disorders. By providing access to sterile needles to individuals who use injectable drugs, Maryland could significantly reduce the rate of HIV and Hepatitis C infections. OPS would also offer testing for HIV, Hepatitis C and sexually transmitted infections and referrals for treatment, allowing individuals who have contracted these infections to be promptly connected to care. It is time for Maryland to invest in OPS as a strategy to help end the opioid epidemic and connect individuals with substance use disorders to quality and compassionate care.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 83**. Thank you for your consideration of our testimony. If you have any questions about this testimony, please contact Ashley Woolard at 410-625-9409 x 224 or woolarda@publicjustice.org.

⁴ Lawrence Yang, et. al., *Stigma and Substance Use Disorders: An Internal Phenomenon* (September 1, 2018), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5854406/>.

SB0083_FAV_MedChi_PH - Overdose & Infectious Disea

Uploaded by: Christine Krone

Position: FAV



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Senate Finance Committee

February 4, 2025

Senate Bill 83 – *Public Health – Overdose and Infectious Disease Prevention Services Program*

POSITION: SUPPORT/OPPOSE

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, supports Senate Bill 83.

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 recognizes 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.

For more information call:

Christine K. Krone
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
410-244-7000

SB0083 FAV testimony 2-4-25.pdf

Uploaded by: Corey Bryce

Position: FAV

February 4, 2025

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

**RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) -
FAVORABLE**

Dear Chair Beidle and Senate Finance Committee Members,

My name is Corey Bryce; I am a lifelong resident of Maryland and a Certified Peer Recovery Specialist, as well as a Social Work student at UMBC. I write not only as an individual with professional experience working with people who use drugs (PWUD), but as a person who has lived experience with my own chaotic substance use and recovery. I am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program.” SB0083 will allow community-based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

In the final years of my active drug use, I was an intravenous, polysubstance user in a suburban area of Western Maryland. I never knew exactly what was in the drugs I bought, or what constituted a fatal amount, so trying to reduce the risk of accidental overdose was like flying blind or playing Russian roulette – especially amidst a surge of fentanyl in the drug supply. I used with my partner at the time, so part of our risk protection was simply having someone else in the room who was looking out for us and there to administer first aid. We did not want to die. When the pharmacies in our area would not sell us syringes, we shared used syringes, possibly with others we used with as well. I contracted the bloodborne Hepatitis C virus, which I would not find out until I had been in recovery for 5 years.

In 2018, overdose deaths were higher than they had ever been in Maryland. One by one, we heard about our friends dying. When I went to treatment and subsequently moved into recovery housing that summer, my partner continued to use – alone. Five months later, on the morning of January 3rd, 2019, his aunt found him, dead for hours from an accidental fentanyl overdose, just days before a bed in a treatment center opened up for him. The depth of that devastating loss to myself, his family, and our friends cannot be sufficiently expressed in words.

The overdose crisis is a critical public health issue that we Marylanders have a duty to address on the state level. Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. I urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention

services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment. A program like this would have been a life raft in more ways than one for my partner and myself had we been able to access it.

I know that cost-effective health care solutions are one of your top priorities, and SB0083 offers a sensible public health approach that values human life and safety. OPCs would have dramatic cost-saving benefits for all Marylanders in addition to health benefits for PWUD. In 2017, the total cost of fatal overdoses in Maryland was estimated to be more than \$22.9 billion (Luo et al., 2021). Each OPC would reduce fatal overdoses, ambulance rides, emergency department visits, and hospitalization costs to the point that it pays for its own operation, and then some (Ambrecht et al., 2021).

Together we must honor the humanity of PWUD in Maryland and preserve lives in our great state. I ask that the Senate Finance Committee give SB0083 a favorable report. Thank you for your time and service.

Sincerely,

Corey Bryce, CPRS
corellbry@gmail.com

References

- Ambrecht, E., Guzauskas, G., Hansen, R., Pandey, R., Fazioli, K., Chapman, R., Pearson, S. D., Rind, D.M. (2021). *Supervised injection facilities and other supervised consumption sites: Effectiveness and value*. Institute for Clinical and Economic Review.
https://icer.org/wp-content/uploads/2020/10/ICER_SIF_Final-Evidence-Report_010821.pdf
- Luo, F., Li, M., Florence, C. (2021). State-level economic costs of opioid use disorder and fatal opioid overdose - United States, 2017. *Morbidity and Mortality Weekly Report*, 70(15), 541–546. <http://dx.doi.org/10.15585/mmwr.mm7015a1>

MD Addiction Directors Council - 2025 SB 83 FAV -

Uploaded by: Craig Lippens

Position: FAV



Maryland Addiction Directors Council

Senate Bill 83 – Public Health – Overdose and Infectious Disease Prevention Services Program

Senate Finance Committee

February 4, 2025

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 83 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 83.

SB0083_MHAMD_FAV.pdf

Uploaded by: Dan Martin

Position: FAV

**Senate Bill 83 Public Health – Overdose and Infectious Disease
Prevention Services Program
Finance Committee
February 4, 2025
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 83.

SB 83 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 sites across the state.

The public health and safety threat from drug-related intoxication continues to be a major concern. Maryland has made progress in recent years to address the epidemic, but we are still in the midst of a crisis that is devastating families across the state. From December 2023 – November 2024, 1,689 Marylanders lost their lives to an overdose.¹

This is a public health crisis that cries out for new solutions. The program proposed in SB 83 is modeled after programs that have a 30+ year track record of preventing overdose deaths, HIV and hepatitis, and other diseases, and 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 83 and urges a favorable report.

¹ <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>

SB83 2025 .pdf

Uploaded by: Dan Morhaim

Position: FAV

SUPPORT SB 83
Public Health
Overdose and Infectious Disease Prevention Services Program

Dear Senate Finance Committee,

Despite all efforts, the opioid/overdose crisis continues. Too many Marylanders have died, and too many have suffered from the ravages of addiction. This affects more than those who are plagued with this disease. There is the larger impact on society: crime, healthcare costs, damage to communities, and innocent victims.

As an Emergency Medicine Physician with over 40-years front-line clinical experience in Maryland hospitals (rural, urban, and suburban); as an appointed member of the State Behavioral Health Care Council, the ER Wait Time Commission, and the Baltimore County Behavioral Healthcare Council; as faculty at George Washington University; and as a former state legislator I am appreciative of the steps taken by governments, NGO's, public health experts, front-line workers, families, and others to stem this tragic tide. But it's clearly not enough.

That's why I urge you to SUPPORT SB83: PUBLIC HEALTH – OVERDOSE AND INFECTIOUS DISEASE PREVENTION SERVICES PROGRAM. And thanks to Senator Hettleman for her perseverance in introducing this important bill.

This approach has been documented to save lives, reduce disease, lower crime rates, and get people into treatment. **Most significantly, there have been ZERO overdose deaths in the sites that are operating because a trained rescuer is always present. To put it bluntly, you can't reform a dead person.**

This is an effective tool in Maryland based on detailed studies from the Johns Hopkins Bloomberg School of Public Health and a large body of medical literature. Had this approach been adopted years ago, thousands of lives could have been saved.

The legislation has numerous safeguards to be sure any program meets standards, is located in appropriate places, and is monitored by the Health Department. Further, it's a 3-year pilot program with study, so that it can be properly assessed over time. Last, based on the Fiscal Note from 2024, there is no significant fiscal impact for the state.

I understand the reservations some may have. These recall the concerns that were raised when needle exchange was first proposed, ones which never materialized. Needle exchange did not solve all substance use problems (no one program can), but it helped by reducing the spread of disease (notably HIV/AIDS, hepatitis B, and hepatitis C), by reducing

skin and bloodstream infections, and by reducing the spread of discarded needles. Further, needle exchange staff successfully motivated many people to get into treatment.

Let's be clear about what the bill does not do. It does not condone or approve of drug use. It does not allow these sites to pop-up in neighborhoods. The sites do not become "opium dens." Rather, it's an entry point for some drug users to reduce their risk of disease and death and to get into treatment. What it does do is save lives.

Please note the many established and credible organizations that supported this bill in the past and who support it now, all of whom have studied the legislation carefully before making the decision to endorse it:

- Maryland State Medical Society (MedChi)
- Maryland Nurses Association
- Maryland Rural Health Coalition
- National Association of Social Workers – Maryland
- National Council Alcoholism and Drug Dependence (NCADD)
- MD-DC Society of Addiction Medicine
- Human Trafficking Project
- Behavioral Health Leadership Institute
- Maryland Coalition of Families
- Maryland Association for the Treatment of Opioid Dependence
- Healthcare for the Homeless
- Maryland Addiction Directors Council
- Law Enforcement Action Partnership
- The BRIDGES coalition
- Faculty from Johns Hopkins and other institutions
- Individuals with personal lived experience and/or family experience
- And in articles from the New England Journal of Medicine (5/26/2022), Journal of the American Medical Association (4/26/2022), Annals of Emergency Medicine (5/2021), and others

I urge you to vote for SB83. Please do not let another year go by without taking advantage of this evidence-based approach. Literally, your vote can save lives.

I'm available to discuss any aspect of this with you and your staff.
Thank you.

Dan Morhaim, M.D.
danmorhaim@gmail.com
Maryland State Delegate, 1995-2019
POB 212
Stevenson, MD 21153

SB 83_OPS_BHSB_FAVORABLE.pdf

Uploaded by: Dan Rabbitt

Position: FAV



February 4, 2025

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 83 - 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.

Behavioral Health System Baltimore strongly supports SB 83 - Public Health - Overdose and Infectious Disease Prevention Services Program. This bill authorizes the Department of Health to approve up to six overdose prevention site (OPS) pilots to support innovative efforts to prevent overdose in Maryland and reduce the harms associated with drug use.

The overdose epidemic has led to the tragic loss of thousands of Marylanders. There are signs that overdose rates have begun to decline in 2024, but Baltimore remains one of the hardest hit parts of the country. Fentanyl is pervasive and far too many people continue to overdose. We must try new interventions and innovations.

OPS programs are a service model that has not been authorized in Maryland but is well established internationally. These programs allow individuals use pre-obtained drugs under medical supervision. They provide a safe place for people who use drugs to connect with treatment providers and help prevent the isolation that often leads to fatal overdose. Across the globe, these programs have saved thousands of lives and helped to prevent countless other health problems. Program participants are also most likely to enter treatment, stay engaged in treatment, and have better relationships with their treatment providers. OPSs achieve all of this without increasing the prevalence of drug use, property crime, or disorderly behavior.¹

This experience has been born out in New York City where the OnPoint program has operated two OPS programs since 2021. These programs have reversed hundreds of potentially fatal overdoses while also offering wraparound services and support with other basic needs. The programs have reduced 911 calls and the need for emergency medical services (EMS) in the neighborhoods where they operate. It is estimated that OnPoint has saved \$20 million in hospital and EMS costs.² Rhode Island and Minnesota have also recently passed legislation to authorize OPS.

Maryland should join these other states in pursuing every avenue to prevent overdose. **BHSB urges the Senate Finance Committee to support SB 83.**

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

¹ National Institutes of Health. Overdose Prevention Centers: Report to Congress. Available at: <https://nida.nih.gov/sites/default/files/NIH-RTC-Overdose-Prevention-Centers.pdf>

² OnPoint NYC. Making History. Saving Lives. Overdose Prevention Centers Baseline Report. 2023. Available at: https://onpointnyc.org/wp-content/uploads/2023/12/ONPOINTNYC_OPCREPORT_small-web1.pdf

SB0083 OPS 2025.pdf

Uploaded by: Darci Curwen-Garber

Position: FAV

February 4, 2025

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

**RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE**

Dear Chair Beidle and Senate Finance Committee Members,

My name is Darci Curwen-Garber and I am writing to **support Senate Bill 0083** “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

I have a Masters in Public Health from the Johns Hopkins Bloomberg School of Public Health, and have worked in public health and social services for over a decade - this includes at local and state health departments, community medical clinics, homeless shelters, and now at a syringe services program (SSP) in Baltimore.

As an outreach service provider at an SSP, I have the privilege of engaging with hundreds of Marylanders every week who use our services to protect themselves and loved ones from HIV and Hepatitis C transmission, soft tissues wounds, overdose, and death. Our SSP services help Marylanders to protect themselves before and after they use drugs, but there is *no one* legally allowed to support Marylanders when it's most critical and most dangerous - at the moment they're using drugs. **In Maryland, we continue to fall short.**

From my experience, the desires of people who use drugs and the greater Maryland community are very similar. Greater Maryland says, “We don't want public drug use. We don't want syringe litter.” People who use drugs don't want to use drugs in alleyways or in abandoned buildings, nor fear being arrested for paraphernalia. **OPS's provide a safe indoor space with sterile equipment.** Greater Maryland says, “We don't want our loved one overdosing.” People who use drugs have lost *the most* loved ones to overdose. **OPS's safe lives.**

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, **like addiction services and social supports, including voluntary treatment.**

This is an emergency and we urge you to act now. **We ask that the Senate Finance Committee give SB0083 a favorable report.**

For more information about Baltimore Harm Reduction Coalition or this position, please contact Darci Curwen-Garber at darci@baltimoreharmreduction.org.

Sincerely,

Darci Curwen-Garber

Jackson MD SB 0083 Testimony_ Overdose and Infecti

Uploaded by: Edward Jackson

Position: FAV



LAW ENFORCEMENT ACTION PARTNERSHIP

ADVANCING JUSTICE AND PUBLIC SAFETY SOLUTIONS

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New Hampshire, USA

Det. Sgt. Neil Woods, Fmr.
Staffordshire Moorlands, England
LEAP UK

Date: January 31, 2025

Re: SB 0083 - Overdose and Infectious Disease Prevention Services
Program

Position: **SUPPORT**

To: Maryland Senate Finance Committee

Distinguished Members of the Committee,

Thank you for the opportunity to testify in support of Senate Bill 83, Overdose and Infectious Disease Prevention Services Program bill. I believe this bill is a crucial step towards decreasing preventable overdose deaths and boosting public health and safety in Maryland.

I am here to represent myself, having spent my career in law enforcement, and as a speaker for the Law Enforcement Action Partnership. LEAP is a nonprofit group of police, prosecutors, judges, and other criminal justice professionals who speak from firsthand experience. Our mission is to make communities safer by focusing law enforcement resources on the greatest threats to public safety, addressing the root causes of crime, and working toward healing police-community relations.

As law enforcement, it is our duty, first and foremost, to save lives. It is terrible being called to a scene where a person using drugs has suffered a fatal overdose. Police not only witness these awful scenes, but then also have to break the news to the victims' families. So police have to deal with the emotional fallout from overdose, yet we do not currently have the tools to deal with the root causes of addiction and overdose.

And this happens all too often: [more than 1 million people have died from a drug overdose since 1999](#). Fortunately, there is a tool that we can use to prevent overdose in Maryland – the Overdose and Infectious Disease Prevention Program. Individuals can bring in their own drugs, receive clean needles and other supplies, and consume them in an open booth where if they overdose, a staff person will be able to save their life. There are

LawEnforcementActionPartnership.org

Formerly known as Law Enforcement Against Prohibition

[more than 147 Overdose Prevention Programs around the world](#) that help people recover from overdose, test their drugs for fentanyl, and connect to treatment and counseling. In 2021, two overdose prevention centers opened up in New York City, where staff [prevented 636 overdose deaths](#) and [averted 39,422 instances of public drug use](#) in its first year. In addition to [significantly reducing overdose deaths in their local communities](#), OPCs in New York City have also been shown to reduce [discarded syringes](#) and [crime](#). In more than two decades of Overdose Prevention Centers operation, no OPC user has ever died of overdose or contracted HIV or Hepatitis C due to needle-sharing in these facilities.

To reduce preventable overdose deaths, it is time for Maryland to join New York City by passing SB 83, the Overdose and Infectious Disease Prevention Services Program bill. This legislation would allow community-based organizations to establish Overdose and Infectious Disease Prevention Services Programs. Each location would run an overdose prevention program, while also providing access to naloxone, a drug that can reverse opioid overdose, and overdose prevention education.

In addition to reducing overdose deaths, overdose and infectious disease prevention services programs can reduce health risks for police officers. We all benefit when a needle in someone's pocket or on the sidewalk is less likely to transmit HIV. Officers benefit in particular because we often have to reach into someone's bag or search through a trash can, knowing that a needle stick could transmit a life-threatening virus. I know officers who have been stuck by syringes, and they and their families suffered terrible stress while waiting to hear the results of their blood test. Indeed, research shows that dedicated disposal services [decrease HIV and Hepatitis C infections related to injection drug use](#). These programs would reduce the transmission of communicable diseases, allowing law enforcement to protect ourselves and our communities more safely.

As officers, we understand the concern of some lawmakers that the establishment of safe overdose and infectious disease prevention services programs may lead to an increase in crime and drug use. However, just as research has shown that these programs decrease overdose deaths, it has also proven that they do not increase crime. A recent [study found no significant increases in violent crimes](#) recorded by the police or calls for emergency service in NYC neighborhoods where the two overdose prevention centers are located, but rather a significant decline in low-level drug issues near the OPCs, with a [82.7% reduction in arrests for drug possession](#). New York City has proven that OPCs can save lives while promoting public health and safety.

In short, authorizing overdose and infectious disease prevention services programs in Maryland is a common-sense next step to reduce overdose deaths and promote public health and safety. Entire communities will benefit from overdose and infectious disease prevention services programs, from our police officers and first responders to people who use drugs and people who see drug use in their community. As drug overdose deaths continue to cause tragedies for families across our state, it is time for Maryland to take the next step to prevent overdose deaths and increase access to treatment.

Thank you for the opportunity to share my experience in support of this bill.

Sincerely,

Chief Edward C. Jackson
Annapolis Police Department
Speaker, Law Enforcement Action Partnership

Spradley_Senate Bill.0083.OPS.pdf

Uploaded by: Elizabeth Spradley

Position: FAV

January 31st, 2025

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Elizabeth Spradley and I am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 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 working in Baltimore City for the past 14 years and, in the past two years, I work at MDH’s Office of Harm Reduction doing statewide work on drug-related wounds. While working across the state with our harm reduction organizations, local health departments, emergency rooms, hospital staff, and home health agencies, people are expressing the dire need for more safe and supportive spaces for people who use drugs.

Overdose prevention sites are just that. Like the harm reduction programs, syringe service programs, substance use consult teams in the ERs, stabilization centers, and some recovery and treatment programs, overdose prevention sites can be an additional space and service offered to people who use drugs with the guarantee that they can be honest about their substance use and current needs. And, it is the offering of a safe space to use drugs in addition to all the other services the overdose prevention site will offer that is the most important piece of this bill. People are overdosing and dying alone in residential spaces where people are often present but don’t know the person is overdosing in another room. How many of those people could be using in a safer manner surrounded by supportive staff ready to keep them alive, offer them care and services to keep them as healthy as possible, educate them on emerging issues, and refer them to other services like treatment, MOUD, housing, healthcare, and social services? It is worth finding out. We know from NYC’s OnPoint overdose prevention sites that these services save lives, it is overdue for us to invest in these services for Marylanders in need.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention

services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information about this position, please contact me at elizabeth.spradley@maryland.gov

Thank you for your time, Elizabeth Spradley

SB 83 Overdose.Senate Finance.pdf

Uploaded by: Eric Sterling

Position: FAV

STATEMENT OF
ERIC E. STERLING, J.D.ⁱ
SUBMITTED TO
THE MARYLAND SENATE
FINANCE COMMITTEE
HON. PAMEL BEIDLE, CHAIR
HON. ANTONIO HAYES, VICE CHAIR
FEBRUARY 4, 2025

IN SUPPORT OF
SB 83

Public Health – Overdose and Infectious Disease Prevention Services Program

Chair Beidle, Vice Chair Hayes and Honorable Senators, thank you for reading my statement in support of SB 83. I commend Senator Shelly Hettleman for her steadfast advocacy for this legislation and her commitment to save the lives of some of the most despised people in our state.

I support SB 83 and urge its favorable report. The small program it proposes follows in the footsteps of similar programs operating legally in New York City, and scores of others operating underground that are saving lives every day.

Like most Americans, you probably know someone who is or was addicted to some substance. You may know someone who has died from an overdose. This is often not talked about because the stigma and shame are so great. These deaths have been a plague for decades, and my family believes that my first cousin, Cliff, died from an opioid overdose in New York City about 25 years ago.

In the 1980s, I was figuratively a “colonel” in America’s “war on drugs” as assistant counsel to U.S. House Subcommittee on Crime. I was the committee counsel principally responsible for federal drug laws and oversight.

In March 1980, when I first organized an oversight hearing on the U.S. Drug Enforcement Administration (DEA), **the number of drug overdose deaths in the U.S. was about 6,100.** In the following years, I played a major role in Congress’s shaping of anti-drug policy. I accompanied Members of Congress to Mexico, Peru, Bolivia, Colombia and Jamaica to encourage those nations to more fully participate in America’s “war on drugs.” I organized dozens of congressional hearings on every aspect of the drug abuse problem and wrote many provisions of the Anti-Drug Abuse Acts of 1986 and 1988. **Yet, every year the number of people who die from drug overdose had gone up until 2022 – when 112,582 were estimated to have died,** according to the CDC. Fortunately, this number has started to go down. Yet, in the 12-months ending August 2024, 89,740 are estimated to have died. Unfortunately, we don’t know why we are experiencing this decline. Has the increasingly widespread distribution and use of naloxone to reverse overdoses been the cause? We don’t know yet.

As a general proposition, what we have been doing to prevent drug overdose deaths has not been working. **One reason for America's failure to save lives is that we have defined the problem improperly and thus listened to the wrong voices.**

The physiological condition of addiction is not wrongful or criminal. Managing addiction in society should not be a criminal justice matter. The police – as admirable, courageous and well-trained as they are – are not the proper authority for guidance or management of this phenomenon.

The foundations of the policies that have created our current drug use crisis were laid 150 years ago and grounded in White racism against Chinese immigrants and African-Americans. To hold back hard-working Chinese immigrants competing for jobs in the American west, legislators stigmatized and criminalized opium use, and claimed Chinese men intentionally addicted White women with opium for sex and prostitution. To hold down the children and grandchildren of the men and women freed from their enslavement who, 50 and 60 years after emancipation, were achieving economic success and status, some legislators falsely associated Black people with the use of cocaine, heroin, marijuana, and the rape of White women to justify the Harrison Narcotics Act of 1914. This federal law is the foundation of America's drug laws today.ⁱⁱ These false social constructs were deliberate and explicit. The police were assigned the responsibility of enforcing these laws and suppressing these people. Much of our distorted contemporary thinking about drugs is the legacy of these falsehoods, myths, and exaggerations which leaves all of us with a perspective that sees drug use as deviant and depraved. And we have come to rely on the testimony of police and prosecutors for guidance about a public health and medical problem that is outside their expertise. They know how to investigate and prosecute crimes. But they are not experts in epidemiology, physiology, psychology or economics. They are wrong voices to heed. They are charged with finding and punishing wrongdoers. Because the law has wrongly called people addicted to drugs wrongdoers, drug users have been the target of the police and prosecutors. That has been tragic.

For 150 years, our drug policy has been grounded in the dehumanization of the people who use drugs. **The goal of drug policy should be to protect the lives of persons who use drugs, to reduce their suffering, and to honor their dignity.**

The center of drug policy should no longer be about improving enforcement or giving law enforcement more tools to “fight” the drug trade, etc.

The center of drug policy should be the well-being of people who use drugs.

The policies should not be grounded in the fear that someone else may be tempted or encouraged to use drugs.

When we take seriously the lives of people who use drugs and see them as the loved children, siblings and parents in families that struggle – like all families – then our communities can save them from overdose and death.

The use of drugs is risky, but that does not provide a constitutional or logical basis for punishing the use of drugs. American culture is grounded on risk. The entirety of our nation's wealth is based on the risk of our capitalist system. We celebrate almost obsessively the athletes who risk the most – the hardest hitting, the fastest, those with the smallest margin for error and catastrophe. Many of us encourage our kids to play football and other sports with significant risks of potentially devastating injury. This is truly dangerous.

We also organize to protect against risks. At taxpayer expense, for example, we train and employ *lifeguards* and station them along the beaches in Ocean City and throughout the state and the nation to protect the general public. We require *lifeguards* at public and large private swimming pools. Lifeguards will try to rescue anyone who is in danger. Lifeguards don't discriminate against people who are intoxicated or take excessive risks.

What makes drug use most dangerous is the illegality of the use, sale, and production of the drugs, and the stigma around the use of drugs. The legislature has guaranteed that criminals make, mix, package, label (or mislabel) and distribute all kinds of drugs that people want to use or that people are addicted to. The legislature has said that the people who are addicted who possess these drugs are criminals. Thus, most of us see people who use drugs as criminals deserving punishment and blame, not care and protection. That perspective is killing our children.

It is long past time to stop conditioning health care and harm reduction for people who use drugs on a demand that they abstain from using illegal drugs, notwithstanding the compulsion of their addictions.

SB 83 would save the lives of those who use drugs by bringing risky drug use into spaces with *lifeguards for drug users*, trained and equipped with the tools to save them.

I believe many of our faith traditions support the services authorized by this legislation. I regret that I am not deeply familiar with many of the faith traditions of our wonderfully diverse Maryland population. Yet I have a faith that **a central tenet of almost every faith tradition is compassion for those who are suffering**, and that the scriptures of those traditions hold up acts of compassion.

I hope that no Senator will feel slighted if I note, as an example of one of our faith traditions, that many Christians often ask, "What would Jesus do?" I think for those who take the Gospel According to Matthew to heart, many would agree that Jesus -- who reached out and *touched* a despised leper to heal him (Matt. 8:3) -- today would work at an overdose prevention center to help save the lives of "despised" persons who use drugs like heroin, fentanyl and cocaine.

There is another story in the Book of Matthew that is relevant to consideration of this bill having to do with the law. A key concern about SB 83 is that overdose and infectious disease prevention centers involve drugs that remain illegal under state and federal law.

In the verses in Matthew immediately after Jesus heals the person with leprosy, a Roman centurion in Capernaum approaches Jesus appealing to him to heal the centurion's paralyzed servant (Matt. 8:5-13). Jesus offers to go to the servant and heal him. But the centurion demurs. The centurion says he is "a man under authority".ⁱⁱⁱ As a Roman officer, it would be legally and reputationally risky to have Jesus – a suspect of stirring up trouble and violating the law – come to his home. Yet the centurion recognizes the rightness and urgency of the healing. Jesus heals the servant and praises the centurion.

Senators, like the Roman centurion, you are men and women of authority. When we recognize the rightness of the Roman centurion in going outside the norms of the law of Rome to obtain unorthodox healing for his servant, we can see a lesson for approving this legislation.

You have done this before. The General Assembly over the last dozen years, repeatedly created, modified and improved and expanded Maryland's medical cannabis program (now an adult use cannabis program), **knowing in every instance that this program was in plain violation of Federal law.** Across the nation, legislatures are saving lives by disregarding outdated, discredited laws.

Enactment of SB 83 will save the lives of thousands of our loved ones suffering from substance use disorders by bringing effective overdose and infectious disease prevention programs to Maryland.

I urge a favorable report.

ⁱ Eric E. Sterling was Executive Director of the Criminal Justice Policy Foundation (1989-2020). He has lived in Maryland 32 years and the 18th legislative district over 27 years. From 1979 to 1989 he was Assistant Counsel, U.S. House of Representatives Committee on the Judiciary responsible for drug abuse matters among many other issues. From 2013 to 2017, on the appointment of Gov. Martin O'Malley, he served on the Maryland Medical Cannabis Commission and chaired its Policy Committee. In Montgomery County, he served for 10 years on the Alcohol and Other Drug Abuse Advisory Council including three years as chair. From 2022 to 2024, he was chair the Montgomery County Advisory Commission on Policing. He received a B.A. from Haverford College in 1973, and a J.D. from Villanova University Law School in 1976.

ⁱⁱ David F. Musto, M.D., *The American Disease: Origins of Narcotic Control*, Yale University Press, New Haven, 1973, pp. 6-8; 15-21; 43-44; 65.

ⁱⁱⁱ Matthew 8:9; Oxford Annotated Bible, *The Holy Bible*, Revised Standard Version, 1962.

Gerardo Benavides - SB0083 Testimony (FAVORABLE).p

Uploaded by: Gerardo Benavides

Position: FAV

February 4, 2025

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Gerardo Benavides and I am the Board Chair of the Baltimore Harm Reduction Coalition (BHRC), and am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

Part of BHRC’s mission is to mobilize communities in Baltimore City, and across the state of Maryland for the health, dignity and safety of people who use drugs, and have been targeted by harmful policies in the past. Our staff are an exemplary group of individuals who work directly with communities by providing life-saving services, resources, and education to people who use drugs and their allies. Providing Overdose and Infectious Disease Prevention Services Programs is an essential need required at a critical time for the state of Maryland. Creating and expanding these programs will literally save lives: Overdose Prevention Centers, or OPCs, reduce overdose death and get people connected to ongoing care. Decades of research has shown that OPCs reduce overdose deaths, reduce risky behaviors associated with HIV and hepatitis, and are a critical entry point into needed health services for people who use drugs. They improve public safety and increase the safety for drug users in our community by reducing public drug use and keeping drug users out of harm’s way through violent street interactions. In our collective fight against fatal overdoses, OPCs are an essential tool that can be used to address a plethora of social issues. Our staff and the people we work with would have a much-needed resource to help them in the fight to expand harm reduction services to the community—a connecting point, and a community point, that can save lives.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information about the Baltimore Harm Reduction Coalition or this position, please contact me, Gerardo Benavides, at gbenavi17@gmail.com.

Thank you, and please give SB0083 a favorable report.

SB0083.Favorable.Testamony.GoodTroubleChurch.pdf

Uploaded by: Gregory Frailey

Position: FAV

February 4, 2025

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

RE: SUPPORT of Senate Bill 0083

(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 in support of Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community-based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

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 our efforts have had an impact, within the last few months our outreach staff reversed 7 potentially fatal overdoses with naloxone. At the same time, we want you to know our heartbreak that despite our efforts we are still losing community members to overdose. This is one of many reasons Good Trouble Church believes we need more life-saving interventions in Maryland, like Overdose and Infectious Disease Prevention Services Programs.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths.

The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

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

HTPP Testimony SB 83- FAV.pdf

Uploaded by: Jessica Emerson

Position: FAV

Testimony of the Human Trafficking Prevention Project

BILL NO: Senate Bill 83
TITLE: Public Health – Overdose and Infectious Disease Prevention Services Program
COMMITTEE: Finance
HEARING DATE: February 4, 2025
POSITION: FAVORABLE

Senate Bill 83 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 83 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 83. 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@htprevention.org***

2025 - OPS written (1).pdf

Uploaded by: Jessie Dunleavy

Position: FAV

**SB 83 Public Health – Overdose and Infectious Disease Prevention Services Program -
FAVORABLE**

February 4, 2025

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

Dear Chair 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 voluntary treatment and recovery, shedding our fixation on coercive tactics that has done more harm than good.

Overdose deaths for the most recent 12-month period represent a slight decrease, inspiring hope for identifying, and expanding upon, strategies that work—with preliminary analysis crediting the harm reduction initiatives that we have adopted such as naloxone and drug testing strips. But it's also important to consider that current fatalities are double what they were ten years ago and remain at crisis levels. Overdose fatalities in the U.S. continue to far exceed other countries with international comparisons revealing that we incarcerate drug users at a higher rate than peer countries and have less of an appetite for legislation that prioritizes safety. Our continued reluctance to embrace the full array of proven harm reduction programs (which would include Overdose Prevention Services), highlights the gap between research and legislation.

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.

We have learned 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. The evidence is clear: 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. 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.

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. 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
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OD Prevention sites SB 83 FAV MDDCSAM.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.

February 4, 2025

SB 83 Public Health - Overdose and Infectious Disease Prevention Services Program
Senate Finance Committee

FAVORABLE

Thank you, Chair Beidle, Vice Chair Hayes, and members of the Finance Committee, for the opportunity to present this testimony, and for your consideration of this bill.

Over 200 overdose prevention centers (aka supervised consumption sites) world-wide are associated with reduced overdoses, reduced emergency department visits, and increased addiction treatment. (1)

These centers **do not increase crime or drug use**; The data on **overdose reduction** is consistent and spans decades. (2, 3, 4, 5)

The range of benefits from these centers (6, 7) includes **reductions in syringe sharing**, (8,9) **reduced public injecting** and **drug-related litter**, (10) **increased uptake of substance use treatment**, (11, 12) **reduced acute care utilization** due to on-site overdose management and linkage to primary and preventive care, (13) and **fewer emergency department visits** (14, 15), and of course reduced rates of **infectious disease such as hepatitis and HIV**.

(References cited are only a small proportion of those available)

Without overdose prevention centers, most people with addictions will remain beyond our reach either to help them move toward recovery, or to stay alive.

This is because ambivalence about change is part of addiction, so overdose prevention centers are uniquely able to help many people toward treatment and recovery over time.

We respectfully urge a favorable report.

Joseph A. Adams, MD, FASAM

NEXT:

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NASW Maryland - 2025 SB 83 FAV - Overdose Preventi

Uploaded by: Karessa Proctor

Position: FAV

Senate Finance Committee
Senate Bill 83 - Public Health – Overdose and Infectious Disease
Prevention Services Program
February 4, 2025
SUPPORT

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD), we would like to express our support for Senate Bill 83. 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 83.

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>

SB83 - OPS - FAV - K.McGinnis_2025.pdf

Uploaded by: Killian McGinnis

Position: FAV

Support SB83 and Save Lives
Testimony in Support of Senate Bill 83
Public Health - Overdose and Infectious Disease Prevention Services Program
Senate Finance Committee
February 4, 2025

As a future social worker and lifelong Maryland resident, I strongly support SB83, Public Health - Overdose and Infectious Disease Prevention Services Program, which authorizes the creation of up to six Overdose Prevention Sites across the state; and enables the billing of individuals' health insurance for services rendered. **This legislation is a cost-effective, evidence-based solution to the opioid epidemic that will save lives and produce other positive harm reduction outcomes, including reducing the spread of infectious disease.**

Overdose Prevention Sites (OPS) are a necessary harm reduction measure that have been shown to decrease overdose deaths, reduce state spending on emergency services, and bolster infectious disease prevention and treatment. (Armbrecht et al, 2021; Gledhill, 2019; Levensgood, et al, 2022). Already they have been implemented in over a dozen countries.

While substance use disorder treatment and targeted Naloxone distribution are important parts of the federal government's current strategy for the opioid epidemic, there remains a gap in services around overdose reversal that OPS can fill. Not all people who use drugs want to enter treatment, and Naloxone distribution cannot help someone if they are using alone. OPS discourage people from using alone by meeting them where they are. In fact, one study in Australia showed that of people surveyed, nearly half had last injected alone, and of that half, 66% would have preferred to use an OPS (van Beek & Gilmour, 2000).

Additionally, research indicates that OPS increase access to detoxification and addiction treatment, including medication-assisted treatment, as well as other services (Shorter, et al, 2023). OnPoint NYC, the first fully functional OPS in the United States, reported that "100 percent of participants who wanted detox or substance use disorder treatment were connected to outside providers of those services" (Drug Policy Alliance, 2024, citing Gibson et al, 2023). Thus, OPS not only fill a gap in the existing policy approach, but also strengthen the effectiveness of the government's comprehensive strategy.

Further, as a resident of Baltimore City, I am intimately familiar with the impact of overdose death on my community. As the partner of a co-owner of a local café/restaurant, I interact daily with people who use drugs. In the past year we have lost three friends and regular customers to opioid overdoses. They were musicians, artists, churchgoers, sons, daughters, and parents; and they deserved more than what we alone could offer. Overdose deaths fray the social fabric of our neighborhood, and they are preventable. Though we do our best to provide Naloxone to those who request it, we cannot keep up with the demand. **We are not equipped to**

provide the services or support that our fellow city residents desperately need. I am tired of wondering who will be next.

Maryland is uniquely positioned to implement Overdose Prevention Sites. We have access to funding via the Opioid Restitution Fund in excess of that which is needed to implement this legislation. Further, integrating OPS into our existing infrastructure will reduce startup costs, such as for construction and staffing.

As you have heard, there is a strong consensus among local stakeholders that this legislation is long overdue and will be both effective and feasible to implement. The only missing puzzle piece is your political will. I urge you to consider the stories you have heard, as well as the evidence, which should compel you to act immediately to prevent further overdoses in our state. I urge the committee to report favorably SB83 to the full Senate, and the full Senate to approve it as soon as possible.

Sincerely,
Killian McGinnis
kmcginnis1@umaryland.edu

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Powell Recovery Center SB 83 FAV.pdf

Uploaded by: Kim Wireman

Position: FAV



**Powell Recovery Center, Inc.
14 South Broadway
Baltimore, Maryland 21231
(410) 276 – 1773
(410) 276 – 2056 (fax)**

February 4, 2025

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

**RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE**

Dear Chair. Beidle and Senate Finance Committee Members:

Powell Recovery Center, Inc. supports Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. Overdose Prevention sites will save hundreds of lives in Maryland as such sites have accomplished in other locations, providing a future for the men and women in need in Maryland rather than an untimely death.

Powell Recovery Center, Inc. is a 501(c)3 providing residential treatment beds to public health clients for over 30 years in Baltimore City. While Powell is focused on treatment services, we support and work together with community-based organizations providing harm reduction services to prevent overdose deaths.

Powell Recovery Center urges the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social support, including voluntary treatment.

(over)



**Powell Recovery Center, Inc.
14 South Broadway
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(410) 276 – 2056 (fax)**

Page 2

In Baltimore City alone there have been approximately 900 deaths due to overdose each year for the last six years. We believe that Overdose Prevention Sites will save hundreds of lives each year giving the men and women in need a future rather than an untimely death. We ask that the Senate Finance Committee give SB 83 a favorable report.

Kim Wireman, LCSW-C, LCADC
President/CEO
Powell Recovery Center, Inc.

SB83_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 83

DATE: February 4, 2025

SPONSOR: Senator Hettleman

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 83 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, 2025 and sunset four years later, on June 30, 2029.

Safe consumption sites such as those provided for by Senate Bill 83 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 83 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.*

_OOOMD - 2025 - SB 83 - FAV - OPS.pdf

Uploaded by: Michelle Livshin

Position: FAV



ON OUR OWN
OF MARYLAND

onourownmd.org

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WRITTEN TESTIMONY IN SUPPORT OF SB 83 Public Health - Overdose and Infectious Disease Prevention Services Program

Thank you Chair Beidle, Vice-Chair Hayes, and committee members for your commitment to improving the quality and accessibility of healthcare services for Marylanders, especially community members who experience significant behavioral health challenges. On Our Own of Maryland (OOOMD) is a nonprofit behavioral health education and advocacy organization, operating for 30+ years by and for people with lived experience of mental health and substance use recovery. We support 16 affiliate peer-operated Wellness & Recovery Organizations throughout the state which serve 7,000+ individuals with complex behavioral health needs each year.

OOOMD is in strong support of SB 83, which would authorize Maryland to implement 6 Overdose Prevention Sites (OPS) to reduce overdose deaths. OPS have been a highly effective life-saving harm reduction strategy across the world and in the US. Not only do they provide a safe, supervised setting where medical professionals can intervene in the case of an overdose, but they also provide connection to treatment, healthcare and social services, medical care including diagnostic testing, and access to harm reduction supplies to prevent infection.

A member of our affiliate peer network shared with us how significant and transformational harm reduction services were for her recovery journey from opiate use. For nearly 10 years, she utilized the Needle Exchange Bus in Baltimore at least once a month where she was able to access clean supplies, trained medical staff, and be connected to behavioral health treatment without judgement or instilling fear:

“To be looked at like a human is amazing. [Harm reduction programs’] only goal is to help you. At some point, someone in my life told me I was worthy and that I deserved to live a better life, and that was when I realized I could.”

Thousands of Marylanders could benefit from OPS being available resources in their communities. Last year, there were 5,800+ EMS naloxone administration encounters, 7,600+ ED visits for overdose, and nearly 1,500 reported opioid-related overdose deaths across the state.¹

¹ The data represents overdose deaths from December 2023 - November 2024. Maryland Department of Health. Overdose Data Portal (2024).
<https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>



In 2021, New York opened the first government-sanctioned OPS. After a year and a half, there were over 68,000 site visits and staff had reversed nearly 850 overdoses.² Over half of the participants who visited the site also accessed additional care during their visit, including naloxone, counseling, hepatitis C testing, and medical care.³

Substance use and opioid use disorders are still heavily stigmatized, despite evidence that addiction is a medical disease and that over 70% of people with substance use challenges find recovery according to a 2023 SAMHSA report.⁴ This stigma can lead to dire consequences, preventing individuals from seeking the care they need due to shame or fear, and increasing the risk of relapse, overdose deaths and infection. OPS would provide those struggling with substance use with the opportunity to form trusting relationships with clinicians who have expert understanding of the science of addiction, provide competent medical care without stigma or shame, and actively promote the possibility of and pathways to a life in recovery.

We strongly urge the committee to vote in favor of this important bill. Thank you

² Alex Harocopos et al. "First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US." JAMA Network Open 5, no. 7 (2022): e2222149. <https://doi:10.1001/jamanetworkopen.2022.22149>.

³ Ibid

⁴ Substance Abuse and Mental Health Services Administration: Recovery from Substance Use and Mental Health Problems Among Adults in the United States. Publication No. PEP23-10-00-001. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023.

Molly Greenberg RN Testimony - SB 83 FAVORABLE - O

Uploaded by: Molly Greenberg

Position: FAV

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Molly Greenberg and I am a Baltimore-based nurse at Health Care for the Homeless in support of Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community-based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

As a nurse in Maryland, I am fortunate to support patients who are not ready or are not able to stop using drugs. We provide drug testing strips and sterile supplies to promote health, and we prescribe medications like Suboxone and Methadone to reduce cravings, treat withdrawal symptoms, and protect against overdose. We offer Naloxone and sharps containers and tend to wounds without judgement. We cannot, however, be with our patients at the moment they are using drugs, and we know that stigma and criminalization often push people into isolation, making them more prone to fatal overdose.

Providing care to people who use drugs without creating a safe space to use, rest, connect, and recover is, from a clinical perspective, inadequate care. Lack of such a space would not be acceptable for patients requiring life-saving interventions like dialysis or chemotherapy. Beyond humanizing people, we know that overdose prevention sites reduce healthcare costs. For years, cost-benefit analyses of safer consumption sites have shown significant cost savings to local governments resulting from reduced disease, overdose deaths, and need for emergency medical services. Furthermore, recent data from OnPoint in NYC shows no increase in community drug use or initiation of drug use, as well as reduced crime and encounters with police in areas where OPS are located.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and I urge you to act now. I ask that the Senate Finance Committee please give SB0083 a favorable report.

Thank you for your consideration,

Molly R. Greenberg, MPH, RN , BSN
Harm Reduction Program Manager, Healthcare for the Homeless

NCADD-MD - 2025 SB 83 FAV - Overdose Prevention Si

Uploaded by: Nancy Rosen-Cohen

Position: FAV



**Senate Finance Committee
February 4, 2025**

**Senate Bill 83
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 83. 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 83, 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 83.

SB0083-FIN-SUPP.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

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

SB0083

February 4, 2025

TO: Members of the Senate Finance Committee

FROM: Nina Themelis, Director of Mayor's Office of Government Relations

RE: Senate Bill 83 Public Health – Overdose and Infectious Disease Prevention Services Program

POSITION: FAVORABLE

Chair Beidle, Vice Chair Hayes, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 83.

SB 83 will authorize the establishment of up to six Overdose and Infectious Disease Prevention Services Programs (OIDPSP) statewide. The Programs will be staffed by healthcare workers, case managers, and/or peers and will provide a variety of essential wraparound services to address client needs. The Programs will provide a sterile and supervised space for people who use drugs to consume pre-purchased substances to prevent infectious disease transmission and fatal overdose.

According to the Maryland Department of Health, there were nearly 1,700 overdose deaths between December 2023 to November 2024 statewide.ⁱ **OIDPSP are proven to be effective and safe:** nearly 200 sites are operational in 14 countries.ⁱⁱ Since launching in November 2021, OnPoint, a multi-site OIDPSP in New York City, has reversed almost 1,700 overdoses. Having served 5,804 unique participants with over 171,000 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 an increase in access to and engagement in treatment, a reduction in HIV and Hepatitis C transmission rates, a reduction in the amount and frequency clients use drugs, cost savings for medical systems, cost savings for local government through reduced emergency medical services (EMS) calls for service, and a reduction in syringe litter and/or other drug paraphernalia in surrounding communities.ⁱⁱ

Overdose deaths are preventable. OIDPSP's can play a critical role in supporting a comprehensive response to combatting the opioid crisis. For these reasons, the BCA respectfully requests a **favorable** report on SB 83.

ⁱ Maryland Department of Health Data Office. (2024). Overdose Data Portal. Retrieved from <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>
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>

ⁱⁱⁱ OnPoint NYC. (2021). About Us. Retrieved from <https://onpointnyc.org/>

SB83_CCCC Written Testimony.pdf

Uploaded by: Owen O'Keefe

Position: FAV

February 4, 2025



Senate Finance Committee
Senate Bill 83 - Public Health – Overdose and Infectious Disease Prevention Services
Program
FAVORABLE

Charm City Care Connection supports Senate Bill 83 (Public Health – Overdose and Infectious Disease Prevention Services Program). SB83 will authorize the establishment of Overdose and Infectious Disease Prevention Services (OPS) to help reduce overdose deaths in Maryland.

Founded in 2009, Charm City Care Connection (CCCC) is a community-based harm reduction drop-in center in East Baltimore. As a state authorized Syringe Service Program (SSP) and Overdose Response Program (ORP), we are on the front line of defense in providing support against overdose for the people most at risk in Baltimore City. We connect with people in the community who normally cannot access life-saving services in a traditional manner through regular outreach, with a primary focus on serving individuals who use drugs. We build ongoing relationships with our clients in a way that allows us to provide supportive counseling, referrals, and linkage to care. Our mission is to serve as a pathway to healthcare, low-barrier drug treatment, and other wrap-around services while upholding the dignity, respect, and agency of our clients.

As an authorized SSP, we are legally allowed to distribute sterile drug use supplies to our clients. However, our ability to help our participants reduce their risk of overdose ends after they have received their supplies and education from us and walk out the door. We can provide them naloxone, but we cannot guarantee that when they next use drugs someone will be around to administer it should they experience an overdose. OPS programs are an intervention that seeks to change that by allowing service providers to give people a safe place to use drugs under the supervision of staff who are trained to recognize and respond to an overdose.

Overdose and Infectious Disease Prevention Programs are linked to the following outcomes:

- Reductions in overdose fatalities;
- Increases in substance use treatment uptake;
- Reductions in hospital stays, emergency department visits, and EMS calls;
- Reductions in public drug use and syringe litter; and
- Reductions in the risk of physical and sexual violence for people who use drugs.

OPS programs do not cause an increase in crime or encourage drug use. People who use OPSs are likely to reduce injection frequency, stop injecting, and remain in drug treatment compared to those who never use these programs.

OPS are a critical element missing from Maryland's strategy to reduce overdose deaths. **For these reasons and more, we ask that the Senate Finance Committee give SB83 a favorable report.**

For more information about Charm City Care Connection or this position, please contact Owen O'Keefe at ookeefe@charmcityclinic.org.

RL SB0083 OPS Testimony 2_4_25.pdf

Uploaded by: Rachel Luce

Position: FAV



February 4, 2025

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

**RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE**

Dear Chair Beidle and Senate Finance Committee Members,

My name is Rachel Luce, a services manager Baltimore Harm Reduction Coalition, and I'm writing to **support Senate Bill 0083 "Overdose and Infectious Disease Prevention Services Program"**. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

Baltimore Harm Reduction Coalition is a community-based organization that is both a syringe service and overdose response program. For the past three years, I've directly engaged with thousands of your constituents in Baltimore who are in support of overdose prevention centers.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, **an intervention proven for over 35 years of research to decrease overdose deaths**. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the **200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States**. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, **like addiction services and social supports, including voluntary treatment**.

In the summer of 2024, the overwhelming majority of our syringe service program clients who completed our satisfaction survey confirmed that they believe an overdose prevention center would be beneficial in their community, and that they personally would use one. Additionally, your constituents expressed interest in the various other services that could be provided at an overdose prevention center including: medical supervision during drug use, wound care, access to sterile needles and supplies, testing for drug purity, counseling services, referrals to substance use treatment programs, and homeless services.

Not only do overdose prevention centers address the avoidable fatalities of the overdose crisis in our state, but they also serve as a hub for community resources, opportunities for self-motivated change, and reduce public drug use and syringe litter.

This is an emergency and we urge you to act now. **We ask that the Senate Finance Committee give SB0083 a favorable report.**

For more information about Baltimore Harm Reduction Coalition or my favorable position, please contact me at rachel@baltimoreharmreduction.org.

I deeply appreciate your consideration,
Rachel Luce

2025 Testimony SB0083 Overdose Prevention Sites.pdf

Uploaded by: Rachelle Yeung

Position: FAV

SB0083 Overdose Prevention Sites
In Support (FAV)

TO:

Chairperson Pamela Beidle
Members of the Senate Finance Committee

FROM:

Rachelle Yeung
Mount Rainier, Prince George's County (District 47A)

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, 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 SB0083.

Gudlavalleti_SB0083_OPS Testimony 2_4_25.pdf

Uploaded by: Rajani Gudlavalleti

Position: FAV

February 4, 2025

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

**RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE**

Dear Chair Beidle and Senate Finance Committee Members,

My name is Rajani Gudlavalleti, I am a Baltimore City resident homeowner with almost twenty years experience in harm reduction policy and programming, racial justice advocacy, and organizational capacity building. I am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program.” SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

Ten years ago, I served as the initial Director of Overdose Prevention and Response for the Baltimore City Health Department, hired by then-newly appointed Health Commissioner Dr. Leana Wen. Baltimore’s overdose crisis had reached a turning point as our neighbors continued to experience significant pain and hardship, and unregulated fentanyl became more easily accessible. I have since worked to curb the rising overdose epidemic in Maryland from multiple angles - within public policy, public health research, and community organizing. I lost friends, colleagues and mentors to overdose along the way. Witnessed devastating grief. Made passionate appeals to my elected officials for immediate change.

Currently I serve as a policy consultant to national leaders in overdose prevention efforts. At the national level and across states, we are bracing for roll-backs on access to now-established overdose prevention tools such as naloxone and syringe services. This will only result in more death and devastation. Maryland can protect its most vulnerable residents by allowing community-based organizations to bring people inside existing centers, where trained professionals can observe and respond with available resources, referrals, and compassion.

Between December 2023 and November 2024 alone, we lost 1,689 Marylanders to fatal overdoses. Overdose Prevention Centers offer the most feasible, immediate opportunity to address this crisis. They are a necessity for the success of Maryland’s continuum of care, with over 35 years of research demonstrating community-level impacts on decreased overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including three in the United States.

This is an emergency. I urge the Senate Finance Committee to give SB 0083 a favorable report.

For more information about my position, I can be reached at rajani.gudlavalleti@gmail.com.

Sincerely,
Rajani Gudlavalleti

2025_SB083_BIAMD_Favorable.pdf

Uploaded by: Ruth Carlock

Position: FAV



Date: January 31, 2025

Hearing Date: February 4, 2025

Committee: Finance

Bill: SB 083 Overdose and Infectious Disease Prevention Services Program

Position: In Favor and Request Favorable Report

Submitted by:

Ruth Carlock

Brain Injury Association of Maryland

2200 Kernan Dr.

Baltimore MD 21207

Our organization:

The Brain Injury Association of Maryland (BIAMD) is a 42-year-old organization providing education, advocacy, and research. We operate an information & assistance hotline, work with over 100 clients in case management, host a yearly conference on brain injury, and advocate for policies that improve the life of Marylander's living with Traumatic Brain Injuries (TBI) and Acquired Brain Injuries (ABI). We are writing in FAVOR of this bill.

Rationale:

My name is Ruth Carlock from The Brain Injury Association of Maryland, who is the voice of those affected by brain injury through advocacy, education, and research. Traumatic Brain Injuries, including those resulting from overdoses, represent a significant public health concern. Substance use disorders can lead to overdoses that deprive the brain of oxygen resulting in lasting cognitive, physical, and emotional impairments. Research highlights the correlation between substance abuse, overdose incidents, and the risk of acquiring traumatic, anoxic, and hypoxic brain injuries.

With a favorable report on this bill, this Committee will have a unique opportunity to both save money and, more importantly, save lives. One analysis of Maryland's health data predicted that a single Overdose Prevention site would generate 7.8 Million dollars in savings for every 1.8 Million Spent. With the main savings coming from preventing over a hundred overdose related ambulance calls, 78 emergency room visits, and bringing an additional 121 people into treatment every year, per cite. Although it should be noted that these numbers would all be an undercount in comparison to similar sites in New

York and the fact that the \$7.8 Million in savings comes from analyzing how much these services cost in 2016. Given the increase in pricing for these services and the increased need for services, the State of Maryland should be able to expect more savings. This data also does not, however, reflect the increase in brain injury treatment costs for the state.

The Brain Injury Association of America highlights the severe risk of brain injuries during nonfatal opioid overdoses, emphasizing that opioids can depress the central nervous system to the point of reducing or stopping breathing. The connection between substance misuse and brain injury is strong, with a notable proportion of individuals in acute rehabilitation for brain injury being there due to drug or alcohol use. Moreover, individuals with a history of substance misuse are significantly more likely to experience brain injury, underscoring the intertwined nature of these issues.

Researchers in Canada found that individuals who had experienced an overdose were over 15 times more likely to suffer a brain injury compared to those who had not. This study underscores the importance of Overdose Prevention Sites in not only reversing overdose events but also in potentially reducing the incidence of subsequent brain injuries among drug users. The findings suggest a critical need for programs and services that offer person-centered, harm reduction-oriented support, highlighting the need for increased awareness, screening, and care for this vulnerable population.

Senate Bill 83 addresses a critical component of brain injury prevention for individuals with substance use disorders. These programs not only offer life-saving interventions in the event of an overdose but also connect individuals with vital resources for recovery and rehabilitation, potentially reducing the long-term impact of brain injuries. We urge the committee render a favorable report and thank you for your consideration of our testimony.

We respectfully request that this Committee issue a Favorable Report on this bill.

Resources:

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2826208?resultClick=1>

<https://www.apa.org/monitor/2022/01/special-telehealth-worth>

https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/documents/telehealth_rec_pt_sum.pdf

OPS testimony.pdf

Uploaded by: Sam Dunn

Position: FAV

January 31st, 2025

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Sam Dunn and I am writing to support Senate Bill 0083. “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

I currently work for a Syringe Service Program in Baltimore City that serves multiple participants, providing them safe sterile tools to use drugs. This ultimately helps prevent the spread of infectious diseases that could lead to someone's death. Passing this bill and opening the first overdose prevention sites in Maryland could directly lead to saving peoples lives, by providing them with a safe place to use substances and giving them access to certain services that may be difficult to access otherwise. These sites would be able to offer certain types of medical care and prevent overdoses in real time. This would also allow people to not have to use substances in public settings where they could be arrested or injured if the setting is unsafe.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information please contact Sam Dunn at hyunkyudunn@gmail.com.

Black and White Simple Classic Professional Cover

Uploaded by: Samantha Kerr

Position: FAV

February 4, 2025

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

RE: SUPPORT of Senate Bill 0083

(Public Health – Overdose and Infectious Disease Prevention Services Program) –
FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

Ana Mushro and I am writing to support Senate Bill 0083

“Overdose and Infectious Disease Prevention Services Program”

. SB0083 will allow community

based organizations to establish overdose prevention programs to reduce overdose deaths,

which continue to occur at alarming levels in Maryland.

being a Baltimore city resident that has lost multiple friends at the age of 31 to unnecessary and preventable overdose I care greatly about keeping people alive.

prevention sites would greatly contribute to keeping people alive as well as access to help and support,

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses.

We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose

deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors

the 200 evidence-based public health interventions already established across the world in 14

countries, including two in the United States. Trained personnel monitor participants for signs of

overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention

services, OPCs provide a welcoming space that helps bring drug use indoors and connect

people to long-term, life-sustaining resources, like addiction services and social supports,

including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee

give SB0083 a favorable report.

For more information about myself or this position, please contact

[CONTACT Ana Mushro] at [astarkiss@gmail.com].

Blake.pdf

Uploaded by: Samantha Kerr

Position: FAV

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

RE: Support Of Senate Bill 0083
(Public Health- Overdose and Infectious Disease Prevention Services Program) FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Blake Mihm and I am writing to support Senate Bill 0083 "Overdose and Infectious Disease Prevention Services Program." SB0083 will allow community organizations to establish overdose prevention sites to reduce overdose deaths in Maryland, which occur at an alarming rate.

I care about this because one of the most important people in my life died of a fentanyl overdose. His death was tragic and preventable. without a safe space to use, he was alone. Had he been at an overdose prevention site, a trained person with Narcan could have easily saved his life. Instead, he is dead.

We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention that proven from over 35 years of research to save lives. The proposed program mirrors over 200 sites in 14 countries, including two in the United States. Trained personnel monitor for signs of overdose and intervene to prevent or reverse overdoses. These spaces provide other services and bring drug users inside, while connecting them with life saving resources including counseling and voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information about my position, please contact me, Blake Mihm, at BeeMihm@gmail.com.

Candy Testimony.pdf

Uploaded by: Samantha Kerr

Position: FAV

February 4, 2025

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Candy Kerr and I am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

Baltimore Harm Reduction Coalition is a prominent harm reduction organization in the city and state of Maryland. We devote our time and energy to helping people who use drugs be safe and the passage of this bill is another way to increase people's safety.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information about Baltimore Harm Reduction Coalition or this position, please contact Candy Kerr at candy@baltimoreharmreduction.org

February 4.docx.pdf

Uploaded by: Samantha Kerr

Position: FAV

February 4, 2025
The Honorable Senator Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE
Dear Chair Beidle and Senate Finance Committee Members,

My name is Roger Miller and I work for the CDC Foundation and I support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

As a Peer recovery specialist in Baltimore, I work in non-fatal overdose with high risk clients and participants. Every day I touch the lives of those who use drugs. These are human beings and deserve the care and compassion that we grant any other persons suffering from a disease. Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information about the CDC Foundation or this position, please contact me at
Rmiller2@baltimorecountymd.gov

JAhart_SB83_Testimony_.pdf

Uploaded by: Samantha Kerr

Position: FAV

February 4, 2025

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Jess Ahart and I am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

As a long-time Baltimore resident and community organizer with deep roots in West Baltimore, I am deeply troubled by the lack of care demonstrated by the lack of Overdose Prevention Sites here in Maryland.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses.

I am asking that you, use what power you have to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

In short, it works. Overdose Prevention Sites save lives.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information about my position, please contact me at
jess.ahart66@gmail.com

Laisha_FTS SB83 Testimony .pdf

Uploaded by: Samantha Kerr

Position: FAV

February 4, 2025

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Laisha Martinez with F#ck The Stigma, Inc. a 501(c)3 nonprofit and I am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

Our nonprofit’s mission is to raise awareness to mental health and addiction issues to break the stigma that prevents people from seeking help or resources for what they’re struggling with. We’ve donated hundreds of doses of naloxone to various communities here in the DMV as well as L.A. county. I care deeply about this mission because of my personal experience with addiction and struggles with mental health. With being a part of this community I’ve seen too many people pass away from overdose. Overdose prevention sites would greatly benefit our organization and community.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee

give SB0083 a favorable report.

For more information about F#ck The Stigma or this position, please contact Laisha Martinez at laisha@fthestigma.com

Letter - Russell.pdf

Uploaded by: Samantha Kerr

Position: FAV

February 4, 2025

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

RE: SUPPORT of Senate Bill 0083 (Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Erin Russell, I have been a Maryland resident for over ten years and am a nationally recognized Harm Reduction expert. I am writing to express my utmost support for Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. As you know, SB0083 will allow community based organizations to establish overdose prevention sites to reduce drug overdose deaths.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. There is no time to waste in approving and deploying an effective public health response.

Overdose prevention sites (OPS) are one of three interventions that are evidence-based to stop overdose death. The other two are naloxone distribution and buprenorphine access, to which OPS provide direct access. Within an OPS, the self-administration of drugs is monitored. If an overdose occurs, there is immediate intervention. OPS are not just an effective response to an overdose crisis, they are meaningful conduits of the behavioral health system. People are linked to needed health and social services, provided case management and support along the entire continuum of care.

I believe this bill could be amended to limit a pilot program to Baltimore City. There is buy-in, political will, funding, and community demand for OPS in the City. Other counties may be willing to start their own program after a pilot demonstrates effectiveness in the City.

The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 already established across the world in 14 countries, including two in the United States. Maryland would not be the first to pass this bill nor to implement this program in the US. This has been demonstrated to work in urban settings like Baltimore.

I ask that the Senate Finance Committee give SB0083 a favorable report. For more information please contact me at erinhaas88@gmail.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Erin Russell". The signature is written in a cursive, flowing style with a large initial "E" and "R".

Erin Russell, MPH
2727 Hampden Avenue
Baltimore, MD 21211

SB83 testimony - Anna Whitney.pdf

Uploaded by: Samantha Kerr

Position: FAV

February 4, 2025

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Dear Chair Beidle and Senate Finance Committee Members,

My name is Anna Whitney and I am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

As a Baltimore City resident, person in recovery, and public health professional with over 15 years in the behavioral health field, I care deeply about the individuals we have senselessly lost and those who have been adversely affected by the overdose crisis. Overdose is preventable, and research shows that services provided by overdose prevention programs are lifesaving and essential, particularly when implemented by trusted organizations already embedded in the communities they serve.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information about this position, please contact Candy Kerr at candy@baltimoreharmreduction.org.

SB83 Testimony Jasper.pdf

Uploaded by: Samantha Kerr

Position: FAV

February 4, 2025

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

RE: SUPPORT of Senate Bill 0083
(Public Health – Overdose and Infectious Disease Prevention Services Program)

Dear Chair Beidle and Senate Finance Committee Members,

My name is Jasper and I am writing to support Senate Bill 0083 “Overdose and Infectious Disease Prevention Services Program”. SB0083 will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at alarming levels in Maryland.

Overdose prevention sites save lives, reduce public drug use, and connect people to treatment/essential services. By providing safe spaces like prevention sites, we as a community can limit the spread of disease, reduce the strain on emergency services, and prevent fatal overdoses. Overdose prevention sites are a critical step toward prioritizing harm reduction, social justice, public health, and human dignity.

Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. We urge the Maryland General Assembly to authorize overdose and infectious disease prevention services, an intervention proven for over 35 years of research to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment.

This is an emergency and we urge you to act now. We ask that the Senate Finance Committee give SB0083 a favorable report.

For more information about this position, please contact Baltimore Harm Reduction at candy@baltimoreharmreduction.org.

SB83_Hettleman_FAV.pdf

Uploaded by: Shelly Hettleman

Position: FAV



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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.

OPC SB Kane.pdf

Uploaded by: Stephen Kane

Position: FAV

ATTN: Maryland Senate Finance Committee
FROM: Stephen Kane, MD
RE: Support for Senate Bill 83 - Overdose Prevention Centers

Topline Summary: As a practicing physician in Baltimore specializing in family and preventive medicine, I am writing to express my strong support for Senate Bill 83, which would establish Overdose Prevention Centers (OPCs) in Maryland.

Overdoses as a Public Health Crisis

Opioid overdoses have been one of the deadliest public health epidemics in our nation's history, leading to more than 80,000 deaths annually in the United States. In the last two decades, Baltimore has been disproportionately impacted, Baltimore City makes up 9% of Maryland's population but, has been estimated to represent nearly 44% of Maryland's overdose deaths. Baltimore has an average of more than two overdose deaths per day. These deaths are preventable.

Key Evidence Supporting OPCs:

Recent evidence from New York City's experience with OPCs provides compelling data supporting their implementation as a safe and effective public health intervention.

1. ***Life-Saving Potential-*** The data from New York's experience through February 2023 reveals remarkable success in preventing overdose deaths. The centers have served more than 2,300 clients and facilitated approximately 55,000 visits. Staff members have successfully intervened in over 700 potential overdose situations. ***Most significantly, there have been zero fatalities at these facilities since their opening.***
2. ***No increase in crime-*** A comprehensive study published in JAMA Network Open (2023) examining New York City's first two government-sanctioned OPCs demonstrated multiple positive findings regarding community safety. The research found no significant increases in violent or property crimes in OPC neighborhoods. Additionally, there were no increases in public disorder or nuisance complaints in these areas. The study documented no adverse impact on 911 calls for crime or medical incidents. Furthermore, there was no increase in 311 calls regarding drug use or unsanitary conditions in the vicinity of these facilities.
3. ***Comprehensive Care Approach*** The proposed legislation includes several crucial elements that have proven successful in other jurisdictions. These elements include supervision by trained healthcare professionals and access to sterile supplies with proper disposal protocols. The centers will provide linkage to substance use treatment services, HIV and hepatitis testing, reproductive health services, and wound care. Additionally, the facilities will offer comprehensive overdose prevention education to all participants.

Public Health Impact:

As a physician, I regularly witness the devastating impact of the overdose crisis on Maryland families and communities. OPCs represent an evidence-based intervention that can save lives while maintaining community safety. The New York City experience proves that these facilities can operate effectively within our existing healthcare and public safety framework.

1. Samuels EA, Bailer DA, Yolken A. Overdose Prevention Centers: An Essential Strategy to Address the Overdose Crisis. *JAMA Netw Open*. 2022;5(7):e2222153. doi:10.1001/jamanetworkopen.2022.22153
2. Chalfin A, del Pozo B, Mitre-Becerril D. Overdose Prevention Centers, Crime, and Disorder in New York City. *JAMA Netw Open*. 2023;6(11):e2342228. doi:10.1001/jamanetworkopen.2023.42228

MATOD - 2025 SB 83 FAV - Overdose Prevention Sites

Uploaded by: Teron Powell

Position: FAV



Board of Directors 2023 - 2025

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Mailing Address

c/o IBR REACH Health Services
2104 Maryland Avenue
Baltimore, MD 21218



www.matod.org

Support Senate Bill 83

Public Health – Overdose and Infectious Disease Prevention

Senate Finance Committee

February 4, 2025

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 83. 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.

Maryland's "all hands on deck" and "all tools in the toolbox" 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 38 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 notably 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, significantly reduce first responder and hospital emergency department visits, 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 83.

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.

MASDP_Testimony on SB83_Favorable .pdf

Uploaded by: Thomas Higdon

Position: FAV

February 4, 2025

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

RE: Support for Senate Bill 83

Dear Chair Beidle and Members of the Senate Finance Committee,

I am writing on behalf of the Maryland Alliance for Sensible Drug Policy (MASDP) to express our strong support for Senate Bill 83 – Overdose and Infectious Disease Prevention Services Program.

MASDP is a newly formed, member-led organization composed of individuals with lived experience using illicit substances. Our mission is to empower and mobilize people with past or present substance use to advocate for policies that protect their health, wellness, and autonomy. We firmly believe that effective public policy must be grounded in evidence, expertise, and—most importantly—the experiences of those directly impacted. This is why we support SB83, which would allow community-based organizations to establish overdose prevention centers (OPCs)—a proven, evidence-based intervention that saves lives and connects individuals who use substances to essential health and social services.

As you are aware, Maryland continues to experience alarming rates of overdose deaths, devastating families and communities across the state. OPCs offer an effective, compassionate response to this crisis. These centers provide a safe, supervised environment where individuals can use pre-obtained substances under the care of trained staff who are equipped to intervene in the event of an overdose. By implementing OPCs, we can reduce fatal overdoses while also preventing the spread of infectious diseases such as HIV and hepatitis C. Jurisdictions that have adopted OPCs have seen reductions in overdose fatalities, emergency room visits, and public drug use.

Beyond their role in preventing overdose deaths, OPCs serve as critical access points for vital health and social services, meeting people where they are with nonjudgmental, life-saving support. These services include:

- **Harm Reduction Services:** Distribution of sterile supplies to prevent infections and education on safer use to reduce associated risks.
- **Linkage to Treatment and Recovery Services:** Building trust with participants and offering pathways to medication-assisted treatment (MAT), counseling, and other evidence-based recovery supports.
- **Medical and Mental Health Care:** Connecting individuals to primary care, wound care, and mental health services to address often untreated conditions.

Finally, and perhaps most importantly, many individuals who use substances experience profound isolation, stigma, and dehumanization. OPCs provide a space where they are treated with dignity and respect.

I urge the Senate Finance Committee to advance SB83 and allow Maryland to join the growing number of jurisdictions embracing this humane, evidence-based approach to addressing the overdose crisis. Thank you for your time and consideration.

Sincerely,

Thomas C. Higdon
Executive Director
Maryland Alliance for Sensible Drug Policy

SB 83 OPS Testimony.docx.pdf

Uploaded by: UM SWASC

Position: FAV

TESTIMONY IN SUPPORT OF SENATE BILL 83

Public Health – Overdose and Infectious Disease Prevention Services Program

Finance Committee

February 4, 2025

Social Work Advocates for Social Change strongly supports SB 83, which would save lives by allowing 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. **SB 83 would expand the range of evidenced-based interventions available to combat the ongoing opioid and overdose epidemics, as well as the spread of infectious diseases.**

We face an opioid and overdose epidemic. Since 1999 more than one million people have died of drug overdose; there were 80,411 opioid-involved drug overdose deaths in 2021 alone.¹ In Maryland, the number of overdose deaths has more than tripled in the past decade – all of which is associated with opioid use.² Overdose fatalities have increased among Black Marylanders who, while only making up 31% of the population, have been reported to make up 45% of these fatalities.³

SB 83 reduces the likelihood that people will use alone, which is one of the leading risk factors for overdose. Nearly seven in 10 (69%) overdose deaths occur among people while using drugs alone.⁴ The vast majority of (75.8%) people who use drugs report they typically use drugs alone due to stigma; 23% of those who used alone had experienced an opioid or stimulant overdose in the past six months.⁵ **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.**

The harm reduction strategies in SB 83 are compassionate and grounded in sound scientific evidence. Harm reduction recognizes that individuals struggling with substance use disorders deserve compassion, support, and access to life-saving interventions. Numerous studies have demonstrated the effectiveness of harm reduction interventions in reducing overdose fatalities, preventing the spread of

¹ 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).)

² 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

³ Maryland Department of Health. (2025, January). *Maryland Department of Health Dashboards*. Maryland Department of Health, www.health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx.

⁴ Mark Olfson, M. (2023, June 1). *Living alone and drug overdose deaths in the US*. JAMA Psychiatry. <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2803757>.

⁵ 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>

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 SB 83 – reduce the rate of overdose,⁶ for they provide medical supervision and care to those at imminent risk of overdose. Since 2003, Vancouver, BC has used safe injection sites, leading to clear community benefits as overdose deaths and emergency calls dropped in the following four years.⁷

Overdose prevention sites connect vulnerable individuals to addiction treatment, medical care, and other social services and supports without requiring abstinence. 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.⁸ Over 200 safe consumption sites in at least twelve countries prevent overdose deaths, and promote treatment and public health.⁹ **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 SB 83.

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.

⁶ 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>.

⁷ 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%20SIS%20did%20not,trafficking%2C%20assaults%2C%20or%20robberies>.

⁸ 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/>

⁹ Yoon, G.H., Levengood, 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>

Senate Bill 83 Testimony.pdf

Uploaded by: VERONICA WRIGHT

Position: FAV

Senate Bill No. 83

Public Health – Overdose and Infectious Disease Prevention Services Program

National Coalition for Drug Legalization supports Senate Bill No 83. This act will allow for the state of Maryland to establish an Overdose and Infectious Disease Prevention Services Program.

The National Coalition for Drug Legalization (NCDL) is a nonprofit that supports harm reduction but most importantly drug legalization. The mission of the NCDL is to advance the conversation about the legalization of drugs through community service and research. The coalition is composed of national organizations that are working to support drug policy reform to end the devastating impacts of the “War on Drugs” and advance the conversion of drug legalization as an important way forward. The launch of President Nixon’s “War on Drugs” in 1971 triggered an unprecedented investment in the enforcement of drug interdiction and militarization of police departments nationwide. This investment led to massive and disproportionate social and health harms on predominantly poor and working-class Black, Brown, and immigrant communities. To support modern drug policy reform in the context of racialized structural oppression, the coalition seeks to contribute to research to understand the health, social, and criminogenic impacts of drug enforcement and solutions to end drug prohibition.

Drug Prohibition has resulted in many punitive policies against drug users. As a result, we have become a nation that does not adequately fund public health initiatives that will effectively save lives. This country is experiencing a drug overdose crisis because people do not know what is in their drugs. Through innovative initiatives such as an Overdose and Infectious Disease Prevention Services Program, the state of Maryland can earnestly begin to combat its growing drug overdose crisis. Drug users can use this program to get their drugs tested thereby avoiding substances that are laced with adulterants. We believe the establishment of such a program will reduce drug overdoses, keep law enforcement and citizens safer, and provide a clean and safe facility for those suffering from substance use disorders.

Providing an Overdose and Infectious Disease Prevention Services Program will allow for drug treatment. According to Family Advocates Coalition to End Addiction in Maryland (F.A.C.E), more than 40,000 arrests for non-violent drug crimes took place in Maryland in 2014, and 81% of drug arrests were for possession only. Furthermore, Maryland has approximately 4,000 prisoners incarcerated for drug crimes at any point in time, costing the corrections system \$260 million. If we provide more opportunities for drug treatment, less people will be going to jail, and less money will be spent on building penitentiaries. We can build community by providing drug treatment and harm reduction measures that will enable people to be productive members of society.

Again, we support the establishment of an Overdose and Infectious Disease Prevention Services Program. Please contact me for more information.

Veronica Wright
keepdrugslegal@gmail.com

Very Respectfully,

Veronica Wright
Founder, National Coalition for Drug Legalization
www.nationalcoalitionfordruglegalization.org



Health Care for the Homeless - SB 83 FAV - Overdos

Uploaded by: Vicky Stewart

Position: FAV

HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 83 – Public Health – Overdose and Infectious Disease
Prevention Services Program

Senate Finance Committee
February 4, 2025



Health Care for the Homeless strongly supports SB 83, which would allow jurisdictions to establish overdose prevention programs to reduce overdose deaths, which continue to rise at an alarming pace in Maryland. For the importance of this lifesaving measure, this is a priority bill for Health Care for the Homeless, as it has been in previous years.

Health Care for the Homeless is a non-profit Federally Qualified Health Center (FQHC) 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.

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. And in 2021, we were proud to become the first becoming the first FQHC in Maryland to begin a Syringe Service Program, providing syringes for safer drug use.

The General Assembly is well aware of the tremendous burden that overdoses have taken on Maryland residents. Between December 2023 and November 2024, we lost 1,689 Marylanders to fatal overdoses. Maryland legislators have taken important steps to address this crisis, including the authorization of syringe services, which has become a key service we provide. Despite the General Assembly taking a number of actions, overdoses and deaths continue to climb as we look for strategies to address this problem. Overdose Prevention Centers (OPCs) are an evidence-based harm reduction strategy proven to reduce overdose deaths and crime in neighboring areas. These centers provide a setting where people can use substances with sterile equipment and medical monitoring in place to prevent overdose and death.

The proposed Overdose and Infectious Disease Prevention Services Program mirrors the 200 evidence-based public health interventions already established across the world in 14 countries, including two in the United States. Trained personnel monitor participants for signs of overdose and intervene to prevent or reverse overdoses. In addition to overdose prevention services, OPCs provide a welcoming space that helps bring drug use indoors and connect people to long-term, life-sustaining resources, like addiction services and social supports, including voluntary treatment. As such, OPCs are such an effective overdose prevention tool because, in large part, it allows the provision of the most basic principle of good clinical care: trust. According to our Harm Reduction Manager, Molly Greenberg, RN:

Our clients experience stigma at every turn, often leading to internalized shame, disengagement with healthcare, and isolation from all of the systems and people who have abandoned them. Loneliness and fear are proven to be associated with overdose, so our number one responsibility is to create an environment in which people feel they will be met with compassion at every single encounter. Thoughtful overdose prevention strategies moves us away from dehumanizing punitive practices and towards a culture of connection and healing in a way that is meaningful to each individual person.

Ms. Greenberg also submitted testimony detailing her own experiences as a nurse. OPCs 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 83.

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 11,000 Marylanders annually at centers 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.

SB-83-2005 overdose prevention.pdf

Uploaded by: arthur flax

Position: FWA

**Arthur Flax's
COMPREHENSIVE PSYCHOSOCIAL SERVICES, INC.
P.O. Box 15021
Baltimore, Maryland 21282
PHONE: 410- 653-6300
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FOR PROFESSIONAL USE ONLY**

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January 21, 2025

Senate Finance Committee
Senator Shelly Hettlemen , and Members of the Committee
3 East Miller State Office Building
Annapolis, Maryland 21401

RE: SB-83 Public Health- Overdose and Infectious Disease Prevention Services Program

Position: Favorable with Amendment

Dear Senator Hettlemen and Members of the Committee:

Thank you for your concern affecting this important matter. The testimony I am submitting represents my personal opinion only and does not in any way, shape, manner, or form represent any other person, public or private agency or governmental agency.

I owned and operated an dual diagnosis Substance Disorder and Mental Health Program and provided evaluations for level of care determinations for other Programs, the Courts, and public and private agencies. I am familiar with the issues presented in this legislation.

Please consider adding security services to these locations. Also please consider how a person arrives and leaves the locations. If the client drives a vehicle and uses substances, the person will be impaired when the person leaves. This has been a problem at many facilities due to the misuse of drugs along with the use of the prescribed medication (methadone) at the location. Security has been involved if the car is parked on the property, if not parked on the property, the Program does not get involved.

In this situation created by this legislation, the client is encouraged to use substances, what will prevent the person from leaving and driving impaired. Nothing! Therefore, measures must be taken to protect the public from an impaired driver. Perhaps, mandating contracting with taxi services and M-DOT Mobility (by definition the clients using the services affected by this legislation have an impairment which affects their function).

Sincerely,

Electronically signed

Arthur Flax, LCSW-C, LCPC, LCADC

State of Maryland Licensed Certified Social Worker- Clinical; Licensed Clinical Alcohol Drug Counselor, DHMH; Evaluator for the Workers Compensation Commission; Licensed Health Care Provider, HG-8-403 (HB-1510 enrolled bill -2014) in compliance with DHMH Behavioral Health Integration enacted statutes and regulations. Direct Pay Non-Attorney Advocate approved by the Social Security Administration.

2025 SB83 Opp Overdose and Infectious Disease Prev

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB83

Public Health – Overdose and Infectious Disease Prevention Services Program
Deborah Brocato, Legislative Consultant
Maryland Right to Life

On behalf of our Board of Directors and members across the state, we respectfully yet strongly oppose to SB83 without an amendment that excludes this bill being used for abortion purposes. Maryland Right to Life strongly objects to the appropriation and use of any public funds for the purposes of abortion violence .

The bill is to be applied to “community-based organization(s)” which include organizations that provide health or social services and lists hospitals and clinics. In order to prevent this program, meant for people at risk or with actual addictions and/or infectious diseases, from being exploited by the abortion industry, Maryland Right to Life requests an amendment to exclude from this bill any organization that promotes and provides abortions.

The bill states “a program shall provide access or referrals to services, including reproductive health and education services. . . . train staff members to deliver services offered by the program. . .” This opens the door for these programs to provide a pipeline of clients for the abortion industry and also use grants to train workers for the abortion workforce . In addition, conscience protections may be threatened for staff members in the program or in the referral organizations who refuse to promote or provide abortions.

Maryland is subsidizing corporate abortion. Abortion is big business in Maryland. Maryland taxpayers subsidize the abortion industry in Maryland through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program.

Programs that utilize public funding for abortion violence, abortion providers or promotion and other abortion -related activities include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, Maternal and Child Health Bureau, the Children’s Cabinet, Maryland Council on School Based Health Centers, Maryland Assembly for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children’s Health Program (MCHP), Maryland Stem Cell Research Fund and even the Maryland Department of Public Works.

MDH is Failing Pregnant Women: The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.

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- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent preterm birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortions, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

Pregnant women and girls seeking to use this proposed program should not be coerced into abortion over receiving proper maternity care. A pregnant woman or girl suffering addiction and/or infectious disease can be treated for those conditions and continue her pregnancy with proper care. As a state sponsor of abortion, Maryland does not promote motherhood or give equal funding to organizations that provide care and support for poor women and girls choosing motherhood.

For these reasons, Maryland Right to Life asks for an amendment to exclude abortion purposes from this bill. Without an amendment, we ask for an unfavorable report on SB83.