

February 26, 2025

The Honorable Chair Delegate Joseline A. Peña-Melnyk  
Chairman, Health Government and Operations Committee  
Room 240 Taylor House Office Building  
Annapolis, Maryland 21401

**RE: SUPPORT of House Bill 845**

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

Dear Chair Peña-Melnyk and House HGO Committee Members,

My name is Darci Curwen-Garber. I am a Baltimore City resident, a public health professional for over a decade, and a current outreach service provider at a Syringe Service Program (SSP). **I am writing to support HB 845 - Overdose and Infectious Disease Prevention Services Program.** HB 845 is an essential, common sense, best practice, evidence-based tool to reduce overdose deaths in Maryland.

I have heard fear from opposition that Overdose Prevent Centers (OPCs) somehow normalize drug use. In actuality, **without OPCs, we are normalizing drug overdose deaths.** OPCs acknowledge the reality of drug use - for a range of logical reasons, people are going to use drugs *and* no one should die from an overdose. OPCs provide immediate care for people in the most vulnerable moments of their lives and connect them to vital services and treatment. OPCs do not glamorize drug use; OPCs humanize humans.

The reality of drug use in Maryland includes groups of people using drugs in abandoned buildings. Disturbingly, this is the safest option for many. Abandoned buildings provide some privacy and safety compared to outdoor drug use, and using drugs around other people can protect from overdosing alone without Naloxone. While it is not “pretty”, this is one way community members are ensuring their own survival. **Marylanders who use drugs are doing what is necessary to keep themselves and their loved ones alive when their government has so far rejected safer options.** OPCs are a safer option.



A photo of abandoned buildings in Baltimore - similar to those currently used by community members to stay alive when they use drugs.



A photo of an OPC currently operating in New York, NY. The center is warm, sterile, and supervised by trained staff with connections to social services and treatment.

OPCs have operated for 38 years, now in 14+ counties including the USA. **The research to support their benefits and safety is overwhelming:**

- OPCs **do not** encourage nor increase drug use.<sup>1,2</sup>
- OPCs **do not** increase crime or disorder in the areas around them.<sup>1,3</sup>
- OPCs **do** reduce opioid overdose deaths and related disease.<sup>1,2</sup>
- OPCs **do** increase utilization of addiction treatment and health services.<sup>1,2</sup>
- OPCs **do** lower the general risk of death, increasing life expectancy by decades.<sup>4</sup>
- OPCs **do** reduce outside/public drug use.<sup>5,6</sup>
- OPCs **do** reduce syringe litter in surrounding areas.<sup>5,6</sup>
- OPCs **are** extremely cost-effective.<sup>7</sup>
- OPCs **are** a wanted and welcome option by people who use drugs in urban, rural, and suburban areas of Maryland.<sup>8</sup>

Our communities need access to *every* tool available to combat the opioid and overdose epidemics. To keep our communities safe, our loved ones alive, our streets clean of syringes, and our treatment options effective, **I urge a favorable report for HB 845.**

Sincerely,

Darci Curwen-Garber

MPH '23, Johns Hopkins Bloomberg School of Public Health  
BS '15, University of Michigan - Ann Arbor  
[darci@baltimoreharmreduction.org](mailto:darci@baltimoreharmreduction.org)