



March 11, 2021

HB396 (Public Health - Overdose and Infectious Disease Prevention Services Program) - FAVORABLE

Chair Shane Pendergrass
Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

Dear Chair Pendergrass and House Health and Government Operations Committee Members,

We, the undersigned individuals and organizations, write to express our support for *HB396 - Public Health - Overdose and Infectious Disease Prevention Services Program*. This bill will allow community based organizations to establish overdose prevention programs to reduce overdose deaths, which continue to occur at unprecedented levels in Maryland.

Drug and alcohol related intoxication deaths increased in 2018 for the eighth year in a row, reaching a staggering 2,406 fatalities. And while deaths related to heroin and prescription opioids have trended downward in recent years, fentanyl-related deaths have continued to rise (up 42% from 2016-2017, and up another 18% from 2017-2018).¹ 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. 2018 saw 1,888 such deaths, more than 65 times larger than the 2012 number.

Maryland legislators have taken laudable steps to reduce the devastation of the overdose crisis, but they do not go far enough to halt the overdose epidemic. The General Assembly has approved measures to expand access to the life-saving medication naloxone, increase behavioral health treatment, and establish syringe services programs throughout the state. While these essential policies have increased opportunities for health and safety, the situation remains dire.

We urge the General Assembly to authorize overdose and infectious disease prevention services, a proven intervention used across the globe to decrease overdose deaths. The proposed Overdose and Infectious Disease Prevention Services Program mirrors more than 150 such programs already established across the world. More than 60 cities in 12 countries operate such programs, and numerous studies demonstrate the positive impacts. There is an abundance of evidence from Canada and various European countries showing that overdose prevention facilities reduce overdose deaths, provide an entry into healthcare, and reduce public use and publicly discarded syringes. These programs are cost-effective and do not encourage or increase additional

¹ Maryland Dept. of Health, Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2018 (May 2019), available at https://health.maryland.gov/vsa/Documents/Overdose/Annual_2018_Drug_Intox_Report.pdf

drug use, youth drug use, or crime. In addition, a carefully studied underground facility in an undisclosed location in the U.S. has been in operation for five years, with impressive results.²

Community members, healthcare professionals, law enforcement, homeless advocates, and others in over a dozen U.S. jurisdictions are exploring establishing such services. Since the introduction of the first bill in 2016, stakeholders in Baltimore and across the state have joined the movement for OPS. While other jurisdictions across the United States have struggled to gather community buy-in for OPS, BRIDGES Coalition of Maryland has led organizing efforts for OPS, conducting over 3000 conversations with Maryland constituents. Marylanders are joined by advocates across the United States, from Washington to North Carolina, in pushing for our representatives to take action to save lives. Under President Biden's new administration, there is an opportunity for change in the enforcement of §856 of the Controlled Substances Act within the Department of Justice for the first time in years.

Overdose prevention services reduce health concerns and public order issues by reaching those most at risk of overdose who may otherwise use in public or semi-public locations. The programs are intended for those who are most marginalized including people who are homeless, people with mental health concerns, and street-based sex workers who use drugs. Many of these individuals live in poverty, with limited access to housing and other basic needs.

The supervision provided at overdose prevention sites can dramatically reduce overdose fatality risk in Maryland and save scarce resources. In over 30 years of operation, there has never been a single overdose fatality at any overdose prevention facility in the world.³ A study of a Canadian facility found that overdose mortality dropped 35% in the area surrounding the facility after it opened.⁴ Overdose prevention services also reduce hospital admissions associated with overdose and various infections related to drug use, thus freeing up emergency services. A recent study showed Maryland ranks highest in the nation for rates of opioid-related hospital visits.⁵ In 2014 there were 2,665 opioid-related emergency department visits in Maryland, up 41% from just a year earlier (with many of those admitted being repeat visitors).⁶ These visits come with significant costs, as nearly 74% of opioid-related emergency department visits occur among individuals covered by Medicaid or without any coverage. Overdose prevention services will reduce these opioid- and overdose-related costs.

We want to meet the needs of our neighbors, patients, friends, and family members. Overdose prevention service locations serve as an access point to substance use treatment and other health and social services. Far from encouraging drug use, overdose prevention sites help people reduce

² Peter J. Davidson, Andrea M. Lopez, Alex H. Kral. "Using drugs in un/safe spaces: Impact of perceived illegality on an underground supervised injecting facility in the United States." *International Journal of Drug Policy* 53 (March 2018): 37-44. Available at: <https://doi.org/10.1016/j.drugpo.2017.12.005>

³ Wrigh Potier, C. V. Laprevote, F. Dubois-Arber, O. Cottencin, and B. Rolland. "Supervised Injection Services: What Has Been Demonstrated? A Systematic Literature Review." *Drug Alcohol Depend* 145C (2014): 62

⁴ Brandon DL Marshall et al., "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study," *The Lancet* 377, no. 9775 (2011): 1429-37

⁵ Audrey J. Weiss et al., "Opioid-Related Inpatient Stays and Emergency Department Visits by State, 2009-2014." The Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Statistical Brief 219. December 2016. Available at: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.jsp>

⁶ Maryland Hospital Association, Maryland's Behavioral Health Crisis, (Elkridge, 2016) available at <http://www.mhaonline.org/docs/default-source/infographics/2016-behavioral-health-infographic---capital-region.pdf?sfvrsn=4>

their use of drugs and enter a number of helpful services. Referrals to behavioral health services are particularly important, because it is often difficult for participants to access this treatment independently. One study of a Canadian facility found that participants increased detoxification services by more than 30%.⁷ Currently a significant segment of Marylanders who could use treatment are not accessing it; SAMHSA estimated that of Maryland residents with medically-documented illicit drug dependence, only about 11.8% received treatment.⁸ Overdose prevention sites provide opportunities to establish therapeutic relationships and help individuals to access other healthcare services. Facilities can also provide important medical care on site or through connections to existing resources. This care includes testing and counseling for infectious diseases, which is critical as participants often have a high rate of infection of Hepatitis C and HIV/AIDS. In 2017, 18.5% of Marylanders living with HIV were exposed through injection drug use.⁹ An analysis of an overdose prevention site in Canada estimated the facility prevents 35 cases of HIV each year, a societal benefit of more than 6 million dollars annually.¹⁰

These programs benefit the individual as well as the community dealing with the effects of the overdose epidemic. For instance, every study that examined the question found that overdose prevention facilities decrease nuisance and public order concerns in surrounding areas, do not increase loitering, and even reduce crime. These programs are also incredibly cost-effective; facilities save millions of dollars every year by preventing disease transmission and public nuisance. A 2017 cost-benefit analysis of a hypothetical facility in Baltimore found that for an annual cost of \$1.8 million, a single overdose prevention site would generate \$7.8 million in savings, preventing 3.7 HIV infections, 21 Hepatitis C infections, 374 days in the hospital for skin and soft-tissue infection, 5.9 overdose deaths, 108 overdose-related ambulance calls, 78 emergency room visits, and 27 hospitalizations, while bringing 121 additional people into treatment.¹¹

With historically high rates of overdose deaths, it is clear that our state faces a public health crisis of historic proportions. Countering it and ending needless deaths will require an innovative approach. Maryland needs new solutions to address substance use and overdose. Allowing jurisdictions grappling with the crisis to establish overdose and infectious disease prevention services is one such solution. **We ask that the House and Government Operations Committee give HB396 a favorable report to stem the rising tide of overdose deaths in Maryland.**

Sincerely,

Abby Becker, Baltimore City
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⁷ E Wood et al., "Rate of detoxification service use and its impact among a cohort of supervised injection facility users," *Addiction* 102(2007): 918

⁸ United States Dept. of Health and Human Services, Behavioral Health Barometer Maryland, 2014 (Washington, 2015) available at <https://store.samhsa.gov/system/files/bhbarometer-md.pdf>

⁹ Maryland Department of Health and Mental Hygiene, Exposure Category and HIV in Maryland, 2017 (September 2018) available at <https://phpa.health.maryland.gov/OIDEOR/CHSE/SiteAssets/Pages/statistics/Exposure-Category-Data-Sheet-2018.pdf>

¹⁰ Brandon DL Marshall et al., "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study," *The Lancet* 377, no. 9775 (2011): 1429-37

¹¹ Amos Irwin et al., "Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility" *Harm Reduction Journal*, Vol. 14:29, May 2017. Available at: <https://doi.org/10.1186/s12954-017-0153-2>

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