

March 10, 2020

Senator Delores Kelley, Chair  
Senator Brian Feldman, Vice Chair  
Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, MD 21401



*RE: **Letter of Support** on SB 990 – Public Health - Overdose and Infectious Disease Prevention Services Program from Molly Greenberg, RN*

Dear Chairwoman Kelley, Vice Chairman Feldman and members of the Senate Finance,

My name is Molly Greenberg and I am the Medication Assisted Treatment Nurse Coordinator for Health Care for the Homeless and in strong support of SB 990.

Every day, in every healthcare setting, I have seen how the system is failing my patients; the war on drugs is not working, AND it disproportionately affects people of color. For the people I love and care for, the overdose epidemic did not begin a few years ago. It has systematically torn apart communities and left people with a lifetime of trauma that we are only just starting to acknowledge.

Today, we will hear many people talk about how drug use is a health issue, not a criminal justice one, and I completely agree. We would never penalize a diabetic for not wanting to take their insulin or eating sugary foods, but we continue to penalize people for substance use disorder, a disease of the brain that actually changes how the brain works. My patients talk about how they have experienced this change and how it has further isolated them from the people they love and the things they enjoy doing.

A 36 year-old woman recently came to clinic to start treatment with Buprenorphine. She had an abscess on her right hand that caused severe swelling and pain and required multiple hospitalizations with IV antibiotics. She had been injecting heroin and cocaine for over twenty years and was especially hopeless after having a heart attack the year prior. By the time I met her, she was homeless, unemployed, and having difficulty finding a job due to her incarceration history. She had tried both inpatient and outpatient rehabilitation to stop using, and was revived by Narcan countless times. Her boyfriend was in jail and she struggled with lack of social support and suicidal ideations. She neglected her health for fear of being judged and shamed for using, and she told me she wished that there was a place she could go to use safely until when and if she felt ready to stop. She spoke of wanting to feel worthy of that kind of safety, humanity, and compassion.

When people live in fear of stigma, incentive to obtain care diminishes. Having Overdose Prevention Sites in Maryland would provide safe places for the people we care for to use drugs without shame or punishment. This has far-reaching public health outcomes, including prevention of fatal overdoses, and access to clean and safe injection equipment, (therefore preventing the transmission of infectious diseases and unnecessary wounds). It would reduce public injection and discarded syringes in bathrooms and on streets. Evidence shows that these sites decrease community violence and increase the number of people willingly accessing treatment programs and medication assisted treatment.

We cannot force people to recover from addiction, just as we can't force people to recover from any chronic disease, but we can offer programs that give people who use drugs the opportunity to be met with the support that every human being needs to battle a disease. We have created these programs before, and we know that they work. At one time, syringe exchange was a revolutionary concept. People argued that this legal sanction would increase drug use, but instead it has saved lives. Now add a safe place with trained and supportive medical staff for people to use those clean syringes, and you do not just keep people alive, you actually facilitate recovery.

Sincerely,

Molly Greenberg, RN  
Nurse Coordinator, Health Care for the Homeless