

**HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 990 – PUBLIC HEALTH – OVERDOSE AND INFECTIOUS DISEASE
PREVENTION SERVICES PROGRAM**

**Senate Finance Committee
March 10, 2020**



Health Care for the Homeless supports SB 990 which would allow jurisdictions to establish overdose prevention programs to reduce overdose deaths, which continue to rise at an alarming pace in Maryland.

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

The General Assembly is well aware of the tremendous burden that heroin and other opioids are taking on Maryland residents. Maryland legislators have taken important steps to address this crisis, but overdoses and deaths continue to climb as we look for strategies to address this problem. Overdose prevention sites are an evidence-based harm reduction strategy proven to reduce overdose deaths and crime in neighboring areas. These sites provide a setting where people can use substances with sterile equipment and medical monitoring in place to prevent overdose and death. There has not been a single overdose fatality at any overdose prevention facility.¹

Just as importantly, these facilities will provide a vulnerable population with connections to substance use disorder, mental health and medical services. Overdose prevention sites are designed to engage people who are hardest to reach, including patients with untreated medical conditions who may not access hospital or primary care services due to fear of stigma. Many of these individuals live in poverty, with limited access to housing and other basic needs.

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. We are dedicated to community partnerships with organizations that provide needle exchange services, which reduce the spread of HIV, Hepatitis C and other infectious diseases.

¹ 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 (Dec, 2014), available at <https://www.ncbi.nlm.nih.gov/pubmed/25456324>; See also Highleyman, Liz, *Supervised Injection Sites Reduce Drug-Related Harm Facilities prevent overdose deaths and connect drug users with addiction treatment*, MedPage Today (Oct. 2018), available at <https://www.medpagetoday.com/hiv/aids/hiv/aids/75871>.

All of these harm reduction strategies - naloxone, medication assisted treatment (MAT), and needle exchange – caused concern when they first started. Yet, we have seen time and time again that as communities adopt these programs, overdose fatalities decrease, transmission of infectious diseases slows, and clients build more trusting relationships with medical providers to engage in long-term medical care. Overdose prevention facilities are a continuation of this work. Clients who are current and former drug users have told our providers about the dangerous situations in which they are using heroin and other drugs – in abandoned row houses, in the boiler room of apartment buildings, and in restaurant bathrooms. It is our duty to meet them where they are and help keep them as safe as possible.

Overdose prevention facilities 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 990.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work 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. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City, and in Harford, and Baltimore Counties. For more information, visit www.hchmd.org.

Give people a place to use drugs safely | COMMENTARY

FOR THE BALTIMORE SUN |

By KEVIN LINDAMOOD

MAR 03, 2020 | 4:29 PM

If there's one thing we've learned over the past 35 years, it's that housing is health care. But until our nation reinvests in affordable housing, the daily realities of homelessness remain devastating to health.

People without homes are far likelier than their housed counterparts to die prematurely. Their deaths result from increased exposure to violence and the elements along with a variety of health conditions, including addiction. The opioid epidemic is all too real for many people served by Health Care for the Homeless.

This year, Maryland has an opportunity to save lives by adopting a proven strategy to reduce overdose deaths and promote access to treatment: overdose prevention sites. Bills proposed in the Maryland General Assembly ([H.B. 464](#)/[S.B. 990](#)) would establish these indoor spaces where people could use their own drugs while finding immediate access to life-saving interventions, medical and mental health treatment, emotional support and non-judgmental therapeutic relationships.

One of our patients, Mark, was admitted to a Health Care for the Homeless recuperative care program with multiple abscesses on both arms — limbs so swollen they resembled tree trunks. Over decades, he had tried both inpatient and outpatient rehabilitation to stop using heroin and had been brought back on countless occasions from the brink of death. By the time one of our nurses met him, Mark was in his fifties, newly diagnosed with HIV, completely hopeless and full of regret. Fearful of being judged for his addiction, he told the nurse he wished there was a place he could have gone to use safely until he felt ready to stop.

When people are afraid of stigma and criminalization, they don't seek help. The consequences play out across news headlines, including [2,406 overdose deaths](#) in Maryland in 2018 alone.

Despite our collective work to increase access to treatment and overdose reversal medication like naloxone, thousands of Marylanders with the disease of addiction will die without additional intervention. What if Mark's wish came true? What if there were medically-supervised and stigma-free places in Maryland — centers of humanity and compassion — where people with the disease of addiction could safely consume drugs and follow a path toward treatment and recovery?

Overdose prevention sites work. The legislation is inspired by more than 120 programs already established across the globe. No one has died from an overdose in any overdose prevention site in the over 10 countries and more than 60 cities where they exist. And following recent decisions by U.S. courts, the first overdose prevention site in the country plans to open in Pennsylvania this year. Maryland should also explore what the rest of the world already knows to be effective.

A Canadian facility found that overdose mortality dropped 35% in the surrounding community soon after it opened. In Barcelona, Spain, overdose deaths have decreased by [60% since prevention sites](#) opened almost 30 years ago. Overdose prevention sites are associated with [a 69% reduction of syringe sharing](#) and an increase in condom use dramatically reducing the spread of infectious diseases like HIV and hepatitis C. This is particularly important for Maryland, where hepatitis C is among the most deadly infectious diseases in the state.

At Health Care for the Homeless, we believe in treating addiction as a public health issue, not as a criminal matter. Meeting people where they are and working side-by-side with them are cornerstones of our successful work. We can't force people to recover from addiction, just as we can't force recovery from hypertension, diabetes

or any chronic disease. But we *can* offer programs that meet people who use drugs with the compassion that any of us need to battle a serious illness.

The most successful interventions to longstanding problems are initially met with skepticism or outright opposition — but are later embraced when the outcomes are too promising to ignore. When they were first introduced, free syringe exchange and naloxone were revolutionary and controversial concepts. People argued that they would increase drug use, but instead they have saved lives.

Will overdose prevention sites entirely end overdose deaths in Maryland? Of course not. Will they end homelessness? Only housing can do that. But these important measures under consideration in Annapolis would provide additional evidence-based tools to reduce premature death and promote access to treatment for our neighbors with addiction — housed and homeless.

Maryland should adopt them in pursuit of stronger communities in which we all can live.

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