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My name is Deborah Agus and I am the Executive Director of the Behavioral Health Leadership Institute, BHLI. For the past 15 years, BHLI has worked to provide mental health and substance use treatment services to the most vulnerable and under-served populations in Baltimore City.. As the Executive Director of BHLI and an Adjunct Associate Professor of Mental Health at the Johns Hopkins School of Public Health, I am engaged in working to change the trajectory of addiction from disaster to resilience. BHLI emphatically supports the creation of Overdose Prevention Sites [OPS] as part of a planned, comprehensive treatment continuum of care.

In the past year, BHLI has operated buprenorphine/suboxone treatment programs at community-based pop-up clinics co-located with community-based programs including Amazing Grace church. BHLI also provides services to people recently incarcerated and others at the BHLI mobile van parked just outside of the exit door of the Baltimore City Detention Center. In February and March we will begin working with patients at Safe Haven and Project Plase serving largely homeless youth and adults. BHLI is a harm reduction treatment program meaning that, consistent with an evidence-based approach, we provide the medication with as few pre-requirements as possible. The evidence is strong and clear: medication works to keep people alive and over-time to provide sufficient stability that they can then go to further counseling, find work and participate fully as strong family members and community members.

BHLI works with a strong group of medical professionals with years of experience in addiction medicine and primary care. The evidence shows the efficacy of medication but also, sadly, shows the tyranny and overwhelming power of addiction. Opioid addiction is a devastating, unrelenting and deadly. It doesn't allow for a nicely organized linear approach to treatment. It doesn't allow the luxury of punishing and ostracizing people during the period that they continue to use opioids. Individuals with long-standing addiction may start and stop treatment many times on the path to recovery. Relapse is frequent even while actively engaged in treatment especially in the first weeks. During these periods of instability and relapse and for those people not yet ready for or interested in medication, it is imperative that they have safe spaces to both rest and to use the opioids without deadly consequences. Promoting life and health and saving lives must be the priority.

The majority of BHLI patients, who are representative of this highly vulnerable population, lead lives so filled with trauma and chaos that adding the struggle of treatment and "being clean" is a Sisyphean task. For those of you who smoked cigarettes at one time, and remember the minute by minute struggle to stop, imagine doing that while you are also homeless, living day to day with fear of assault and hunger and worrying about your family at the same time. Overdose prevention sites provide breathing space and time. And, when linked with an education and a full continuum of harm reduction services, including low-barrier treatment, offer an eventual path to a healthy and productive life.

We can't objectify. We must remember that we are talking about real people. Individuals with promise and potential, with families, with stories to tell and gifts to share that are separate from their addiction. We must act with humanity.

Many people who use our van have started treatment and done well but then relapsed. In a few weeks or a few months, they might return and we welcome them. After trying many times, some of them will succeed with medication treatment for longer-terms and then move forward to primary care and healthy lives in the community. Many former patients provide terrific services to the health communities as peers, outreach workers and in other meaningful community roles. The potential for each individual is limitless and unknowable.

A public health approach to this deadly and devastating disease requires that there be a full continuum of coordinated services beginning with OPS centers and drop -in services combined with evidence-based, high-quality treatment paths to recovery. Medication is the gold standard but the path to treatment is neither linear nor acceptable at one moment in time to each person. Overdose Prevention Sites are necessary to provide , giving every individual the opportunity to move forward as they choose. There is no other humane, safe and effective approach than to create a fully coordinated system of care that begins where people are, and then provides options for recovery.