SEADS Profile: **WASHINGTON COUNTY**

Statewide Ethnographic Assessment of Drug Use and Services **October 2019**

WHAT IS SEADS?

The Statewide Ethnographic Assessment of Drug Use and Services aimed to generate locally-specific information about drug use and related services in 23 counties across Maryland from the perspective of people who use drugs (PWUD) and a range of stakeholders identified as knowledgeable about local drug use and services in each county - to inform local, regional, and statewide response. The main goals were to characterize drug use patterns and experiences, describe local service capacity related to drug use and harm reduction, identify service gaps and approaches to addressing them, and assess potential capacity for expansion of harm reduction programs.

WASHINGTON COUNTY

is located in western Maryland and has an estimated population of 149,546. It is bordered by Allegany County to the west and Frederick County to the east, with Pennsylvania along the northern border and West Virginia to the south. There has been a steady decline in oil gas, mining, and manufacturing industries, which is reflected in the 27% unemployment rate and the 12.9% rate of individuals living below the poverty line, the majority being women.

WASHINGTON COUNTY SAMPLE

Across the four counties in the Western Maryland region, a total of 104 interviews were conducted from May to August 2019 — 55 interviews with people who used drugs and 49 interviews with stakeholders. The information presented in this profile is a synthesis of in-depth interviews that were conducted from June to August 2019 in Washington County with 13 county residents who used drugs and 12 stakeholders. County stakeholders included legal system representatives and a range of people working on drug treatment programs. PWUD participants included nine men and four women (two identified as Black or African-American, ten identified as White, one identified as Asian).[1] The age range was from 24 to 63 years. Among PWUD, the most commonly used drugs included crack and powder cocaine, methamphetamines, phencyclidine (PCP), heroin, fentanyl, and non-prescription opioids, as well as other pills (e.g. benzodiazepines), with crack being the predominant substance among those interviewed. Among the nine PWUD who completed an additional survey, in the last 12 months, three had been homeless and over half had been in prison.

Table 1 - PWUD Demographics, Western Region (n=55)

Variables	Frequency (% or SD)
Age (yrs)	
18-29	14 (25.5%)
30-39	22 (40.0%)
40-49	13 (23.6%)
50-59	5 (9.1%)
60+	1 (1.8%)
Gender	
Male	34 (61.8%)
Female	21 (38.2%)
Race and Ethnicity	
White, Non-Hispanic	47 (85.5%)
Black, Hispanic and Non-Hispanic	8 (14.5%)

DRUG USE PATTERNS AND EXPERIENCES OF PEOPLE WHO USE DRUGS

1. ***There were a variety of substances being used by PWUD in Washington County, with opioids being identified as the most common drug of choice***
   - Demographic data suggested that drug use in Washington County occurred across a wide spectrum of age, socioeconomic, racial, and gender categories. Stakeholders reported opioid use to be more common among white PWUD.
   - Substances being used in the county included: heroin, fentanyl, pain pills, crack cocaine, Spice/K2, PCP, benzodiazepines, and crystal meth. Opioids were the most commonly used drug, although most PWUD were polysubstance users.

- Drug use occurred mostly in private rather than public spaces, with most people using in their homes or in hotels. Stakeholders noted that the secluded nature of drug use prevented them from getting a more accurate understanding of the scale of drug use in Washington County.

"Secluded. It's not really about in the open. So sometimes people don't feel like it's really that big of a problem. We... know the type of problem we have. I get non-fatals. I get fatals. I get those reports. And it's not going nowhere. If anything, it's increasing a little bit or stabilizing but stabilizing is way above zero." — Stakeholder

2. *Common drug use trajectories included transitions from prescribed medication to heroin, and being introduced to drugs through family members*

- PWUD commonly described intergenerational use within their family.

"My father, my friends. I used to shoot dope with some of my family members, which is heroin, yeah, but basically just nowadays it's just been me and my father hanging together. That's my big social [laughs] network, so to speak." — PWUD (Man, 40s)

- Transition from prescribed pain medication to buying heroin resulted from challenges with dosing, and with providers stopping prescriptions without proper detox management.

"Then that's when I got into the heroin scene, and ever since then, it was always, why buy a pain pill when you can get twice as much heroin for twice as not being that not expensive. It's cheaper." —PWUD (Man, 40s)

3. *PWUD identified multifactorial (sometimes recurring) drivers of drug use*

- Many PWUD had faced trauma and abuse, especially childhood abuse and sexual assault. These individuals described using drugs as a coping mechanism and as a way to self-medicate.

"I came from a very abusive volatile household, a military father, a wicked witch stepmother, I was an only child, but I mean the stuff that went on underneath that roof were just-- for five years of my life were with my biological mother who was a party girl, there's a whole lot of crap abuse there from boyfriends, sexual abuse. So, childhood was pretty [pauses] pretty not healthy, abnormal from one household to the next." — PWUD (Man, 40s)

- Many PWUD also described initiating drug use or going back to drug use because of grief, especially because of the deaths of parents, children or partners.

"When my mother was murdered when I was 18 then I just really like was medicating with alcohol, and then I shortly after that started experimenting with sniffing cocaine." — PWUD (Man, 30s)

4. *Drugs have become more available in the county, particularly in Hagerstown. Fentanyl is increasingly found mixed with both opioid and non-opioid drugs.*

- There was a reported increase in the availability of drugs in the county. PWUD used to have to travel to Baltimore or other cities such as New York, but were now able to get drugs inside the county, especially in Hagerstown.

"I don't even have to go to Baltimore now to get my heroin or my crack or my powder, coke, or Molly. Whatever I want is right here in my own backyard in Washington County." — PWUD (Man, 40s)

- Heroin was widely reported to be contaminated with fentanyl, and PWUD said that that fentanyl was also mixed with or sold as non-opioid drugs. These factors have contributed to a noticeable rise in overdoses.

*"And that Fentanyl s*** is getting into all of our drugs. And I've actually overdosed on K2 and went to the ER and the doctor asked me if I had a Fentanyl habit and I said, "Absolutely not." And he's like, "Well, you had high levels of it in your system..." — PWUD (Man, 40s)*

- PWUD spoke of the availability of fake pills sold as prescription painkillers and benzodiazepines that contained fentanyl. Polysubstance use was also common, particularly opioids combined with benzodiazepines. PWUD expressed the need for more focus on the risks of using opioids and benzodiazepines.

"That's a different type of overdose also. One that I feel as though they need to talk more about countrywide to be honest when it comes to opiates and benzos because that's one of the deadliest combinations, little do people know and that's how my most recent friend overdosed...It's more than an epidemic. It's an apocalypse in my eyes to be honest." — PWUD (Woman, 20s)

5. ***PWUD feared not being able to keep their drug use private from law enforcement and employers or potential employers.***

- There was a fear of being recognized by law enforcement when seeking services. PWUD mentioned apprehension in seeking services because of having to talk to multiple people and share personal information that would incriminate them if not kept confidential.

"If I did see one [a cop], like when I was coming, like if there was a cop in the waiting room, you know, and when I come in, I probably would walk out until he left before I come in and said, 'Yeah, I'm here for harm reduction.'...They see me walking around town all day. They know that I'm homeless in this town, so if a cop sees me in here, and then they're going to profile me. They're going to put me in the category of drug users, so they'll probably be more likely to stop me if they see me leaving like a drug-known area or... you know, it's just its true." — PWUD (Man, 20s)

- PWUD expressed the need to hide their drug use not only from the wider community but also from employers and insurers and relied on the discretion of MAT providers to ensure they could maintain both employment and treatment.

"This girl that does medically assisted treatment over here she does a cash business. We have school teachers, nurses, other professionals coming in here for drug treatment, they pay her $100 a visit for medically assisted treatment. She turns nothing into insurance communities. They're able to maintain their job. And they're able to get help." — Stakeholder

Service Capacity for People Who Use Drugs

1. ***Historically, people in Washington County sought treatment in other MD jurisdictions but, more recently, they were accessing the growing number of treatment options that were available in the county***

- The majority of people who sought in-patient treatment received it in neighboring counties, such as in Allegany, Frederick or Montgomery.
- The local health department was recognized for having played an important role in trying to bring drug use and services out into the open in a positive way.

"This area is awesome because I think that Facebook, with the Harm Reduction Program – they'll say like, 'Hey, we're on [Name] Street. We're out here giving stuff out.' I think that's good because it's not a hidden, dirty secret, like, you don't have to come, like, behind a closed door and get your test strips, or like – so I love that. It's kind of like, 'Okay, like, if they are advertising it, it might not be a trick. It could be like a real thing.'" — Stakeholder

- PWUD spoke positively about inpatient facilities that focused on providing a sense of normalcy within programs.

"I think it was that for me a traditional inpatient facility just equaled biding my time waiting until I got out. But this setup was what they call PHP, partial hospitalization, where we would go to, we'd be transported to the treatment center during the day for six hours of group therapy and treatment and then be transported back to a halfway house environment at night. ... it was going through the treatment environment, knowledge and education, the whole scenario but was still having some sort of a sense of normalcy of life, of living in an actual house instead of what felt like a jail cell at certain points." — PWUD (Man, 40s)

- A new program assisting women navigate reentry and transitional services was seen as crucial to providing care to woman where there were previous gaps. PWUD and stakeholders expressed excitement regarding the program.

"I think they need more rehabilitation centers and especially for females. They did just open the one up for my friend. It's called Brooke's House"— PWUD (Woman, 20s)

- PWUD had positive experiences with services that supported them in the transition from inpatient treatment into longer term recovery.

"Connection to resources once you leave treatment [is an] important part of care. The long-term facilities, I mean, there's one program that I did and I completed and I liked it and I believe it's the resources. Not only for right then and there, but setting you up to succeed long-term. … Being able to get out in the community and network and try various different programs. Having access to healthcare. All the things that we neglected that make you feel like a human again and make you feel like you're accomplishing things" — PWUD (Woman, 30s)

- PWUD valued support from groups who helped them access important documents that they needed to be able to enter treatment, access medical care, and find employment.

"The programs you got here like Turning Point and REACH that will go out and get you IDs, birth certificates. They'll send you in the right direction for treatment...They got places that will help you with clothes, housing. I think it's-- I think Maryland has got a lot more grasp on the situation than most of the other states that I've lived in." — PWUD (Man, 40s)

2. *Medication Assisted Treatment (MAT) was available and used, with a few key issues.*

- Medical providers and members of the community held negative attitudes toward MAT.

"I don't know why I let them know that I take Subutex because as soon as they heard that, it was like I wasn't a person no more, it was like, the doctor just kind of chuckled like, "Ha, oh we're going to make this quick," I don't even really know if he even looked at my x-rays." — PWUD (Man, 40s)

- PWUD mentioned feeling a lack of support at MAT clinics.

"I just thought I was going to get some help but once I got into the program, I realized … I felt as though it was like a moneymaking type thing and that, you know, I made an effort to come down off of the maintenance and there wasn't very much support with that and then I ultimately ended up being on maintenance for about two-- or methadone, for about a little over two years." — PWUD (Woman, 30s)

3. *There was growing interest in having PWUD and peer recovery specialists contribute to the development and design of health and harm reduction services relevant to PWUD*

- The efforts being made by the local health department to incorporate the voices of PWUD into program design through a community advisory board and client surveys were noted by participants.

- Peer recovery specialists were available in different county offices and played a critical role in getting people into treatment and connecting PWUD with services, as well as providing people with someone they could talk to who had similar lived experiences.

"I think people that have had the background of understanding what it's like to walk in the shoes of people who use drugs have a better dealing with people who use drugs. I deal with a lot of organizations in our hometown, and people who have not been there...They can still--they may be wanting to help and they may do all they can do, but they get frustrated when it doesn't work out." — Stakeholder

Service Gaps for People Who Use Drugs

1. ***There is a need for treatment and support services geared towards particularly vulnerable populations, including for PWUD who have children.***

- There was a strong need for both women and men's treatment centers and halfway houses where they could go with their children. There were very few for women and none for men with children.

"There's lots of ladies with young children that don't pursue care because they don't want to leave their child or they don't have someone to care for their child and they can't bring them. … So I think that it would benefit a lot of women...to have access to services where you can have your children be a part of your treatment. I mean, whether it being them actively being there or even resources where you have family counselling where it's focused a lot on family counselling." — PWUD (Woman, 30s)

- Schools were identified as a potential site of intervention for adolescents who are using drugs and also for those students whose parents were using drugs.

"It's funny because I tell them if they need anything, come see me but our schools aren't equipped for that. We had a 16-year-old girl come up to me and tell me she was using. And we called her mother. And her mother said, 'I'll talk to her when she gets home.' Are you freaking kidding me?...I had another sixth-grade girl come up to me and say her mother was using heroin and she didn't know what to do because her grandparents didn't talk to her anymore. So, what would you tell that sixth-grade girl?" — Stakeholder

- PWUD described the need for more robust support on release from jail to help with reintegration, including connection to appropriate substance use treatment services.

"With people – in jail, you just leave. They don't give you any information. They didn't give me nothing. They didn't say nothing or anything." — PWUD (Woman, 40s)

2. ***Services were currently concentrated in or near Hagerstown, leaving a gap for PWUD living in more rural communities in the county. For services that were available, there were often long waitlists, or providers didn't take certain insurance or Medicaid.***

- There were reported insurance barriers when trying to get into treatment, particularly long-term treatment, with PWUD often having to pay cash to get in.

"A more ideal setting would be like six to nine months of a medically controlled environment, something of that intense therapy but we're not-- most of us don't have that kind of insurance." — PWUD (Man, 40s)

- There were long wait lists for treatment and it often fell on PWUD to find available treatment slots through persistent follow-up with providers. Not being able to access treatment when ready meant opportunities were lost to help someone transition into treatment and avoid possible overdose.

"Yeah … one time it took me at least three weeks to get into a place to get a bed…And I would call every day to see if somebody dropped out, somebody didn't come or didn't show up. And I think it was going to be even longer, but somebody dropped out, and that's why I got in after three weeks." — PWUD (Woman, 40s)

- For people who had never gone into treatment, it was difficult for them to know what treatment and support was available and what to expect. Some suggested that an online resource dedicated to explaining the treatment process, what the different options were, and how to access services, would benefit this population of PWUD. PWUD reported how gaining information about services was dependent on who they knew in their networks who had experiences of these. Without these connections, PWUD (and their families) were left figuring it out uninformed.

"If there was a specific website or foundation or an organization or something that is dedicated specifically to giving those resources to people. Like 'here's where the rehabs are. Here's where the sober living places are. Here's where you can find 12 step meetings'. Just all those resources in one place. I think that would be good because you kind of got to go through different outlets to find different things and a lot of times I learn things mostly from other addicts or other people in recovery. Like 'hey, how do I do this? Hey, what should I do if I want to do this?' And that's I think a huge barrier because if you don't know-- if you haven't heard of a resource or don't even know it exists- like a sober living house. Like oh yeah, I've heard-- some people haven't even heard of halfway houses … you probably haven't heard of a sober house. So, to even know that there is such a transition between halfway house and then a sober living house, you wouldn't think to even ask it."

— PWUD (Woman, 30s)

- There was a critical need for crisis response and detox services, which prioritized getting people into treatment as soon as they were ready to seek help.

"Yeah, it would've been nice, the same day or the next day. Yeah, because I've heard a lot of people died just waiting on a bed, OD'ing or something in those two days. You know, it happens in a minute"

— PWUD (Woman, 40s)

3. *There was a perceived lack of support and recognition given to peer workers contributing to stress and risk of burnout*

- As in other counties, both stakeholders and PWUD mentioned that expectations and responsibilities for peer workers continued to increase but the remuneration and professional recognition given did not reflect the depth and professional level of their contributions. This left peer workers feeling undervalued and experiencing high levels of burnout and turnover.

"Throughout the state a lot of peer support workers that I've talked to they're kind of like the bottom of the barrel. They put out ideas and visions and everything. And some of it may be good and some of it not. Some gets implemented but the higher ups take credit. It's just hard for people in the peer support realm to adequately deliver services without being adequately paid properly. And just a pat on the back sometimes can really reenergize somebody that has the lived experiences knowing that their work is not going unnoticed can actually drive a person to work better and try to maintain and sustain this work." —Stakeholder

4. ***PWUD identified many other challenges and needs not being met by relevant social services.***

- Lack of affordable and reliable transportation undermined people's ability to attend outpatient treatment or other services.

> *"There's no reliable transportation. If you get a cab $10 one way, most likely, unless you're in the city limits. There's no work in the city limits. So that's not even a thing. If you go from the city to the county, again, $10 one way. Twenty dollars a day for transportation. And you make $10 an hour so you're talking a quarter of your paycheck is going to your cab fare, that's before taxes"*
>
> *— Stakeholder*

- Ancillary services such as food, clothing, and career/job placement were also needed to help PWUD.

> *"I think that would be awesome if they could get like more resource centers like the computer labs and stuff like that, to get people in there and teach them about how to use the [it]… I mean some people don't even know how to put a[job] application on the computer, you know what I mean.*
>
> *— PWUD (Man, 40s)*

5. ***PWUD experienced stigma from law enforcement, community members, and family members***

- One PWUD spoke to how she felt the community and law enforcement were more focused on criminalizing PWUD because of drug user stereotypes: *"there is a huge stigma that we should all be locked up or shipped out of here or that we're worthless or that we're dirty or we're bad parents or bad people or immoral or uneducated. Yeah." — PWUD (Woman, 30s)*.
- A couple PWUD worried about accessing harm reduction kits from local sources for fear of being stereotyped and targeted by law enforcement:

> *"if they see you coming in here, you know, and leaving with a big bag of goodies from the harm reduction, especially the bags you guys were giving out that said the harm reduction on the bag, if a cop sees you with a bag that says harm reduction on it, they're going to be like, 'Oh, he uses drugs,' and if they see you walking out of an area where they know there's drugs, they're going to stop you."*
>
> *— PWUD (Man, 20s)*

- Another participant thought drug misuse was significantly more stigmatized than alcohol misuse within the community which they found to be unfair and disheartening:

> *"I feel like alcoholism is more socially acceptable than if you tell somebody you're a drug addict. You have a stigma that goes along with that. You know, people automatically stereotype you…. if you're looking for a job or schooling or financing or anything like that and the subject comes and, you know, you say, yeah, I'm in a 12-step program. You know, I don't drink, you know. People, like, oh, well, good for you, man, and way to go - way to do something about it, you know, but not so much when you start telling them you were somewhere smoking crack for three days, you know. And automatically it's, like, if I hire this guy he's gonna steal everything I have, you know what I mean."*
>
> *— PWUD (Man, 50s)*

- A few PWUD reported families treating drug addiction as a choice and not a disease. One PWUD explained that until she went to a program, she didn't know drug addiction could be considered a disease.

> *"'Oh, you're just doing it because your friends do it, or you just do it because you want to be the bigwig…' That's what my dad and family always said, but I learned at [organization] it was a disease. Even after this, my family didn't agree that it was a disease." — PWUD (Woman, 40s)*

- PWUD and stakeholders noted the rise of the disease model narrative in local discussion of drug use, commenting that although more people were talking about it, the lack of investment in treatment programs meant that drug use remain de-prioritized and stigmatized. One stakeholder expressed rather strongly,

> *"…we want to say as a country, 'Well, addiction is like any other disease. It should be treated like cancer or diabetes.' That's all bulls***. That's lip service. That's not treated like that at all. Try to get treatment. You ain't getting it. Try to get treatment in a-- you look at those commercials, Cancer Center Treatments of America. You feel like you're going to Duke University for treatment. Do you see anything like that [for] addiction? There's none." — Stakeholder*

POTENTIAL FOR EXPANSION OF HARM REDUCTION SERVICES

1. ***Majority of stakeholders were advocates of harm reduction and offered thoughtful interpretations and practices***

- Most stakeholders were aware of the term harm reduction and incorporated the terminology into their work and some even held trainings regarding the term within the community: *"We do a lot of community trainings on what harm reduction is and is not." — Stakeholder*
- Most stakeholders spoke of supporting harm reduction practices including Narcan, fentanyl test strips, syringe service programs, and taught individuals how to use as safely as possible. One stakeholder explained the role of their department was *"to get literature out to people who are actively using, get Narcan into the hands of people that are using. Get them safer practices on how to use properly. Overdose risk prevention, fentanyl test strips, so they know if their supply is positive or negative for fentanyl. And with that we give more education on what that looks like to be safer and prevent overdose deaths." — Stakeholder*
- Remaining true to harm reduction, the focus of many of these stakeholders was to keep individuals alive and well until PWUD were ready to seek treatment: *"… I tell people, I refer them to harm reduction all the time if they're not ready. I just want them to be safe, I want them to be alive…" — Stakeholder*

2. ***Compared to some neighboring counties, PWUD in Washington County were very knowledgeable and supportive of harm reduction practices and theory***

- Only a few PWUD used the term harm reduction during interviews, but the majority of PWUD supported the philosophy and practices entailed in harm reduction. For instance, several PWUD reported carrying Narcan and many supported syringe services programs to decrease disease transmission. For example, one PWUD, regarding syringe services programs, explained,

> *"I mean why not? I mean, from what I understand statistically they are effective. I mean, the AIDS contamination, HIV contamination rate has dropped as a result. I mean making it safer, especially for, you know, IV users, …"— PWUD (Man, 40s)*

- Some participants further advocated for more educational components to harm reduction practices. PWUD advocated for a class on how to properly inject.

> *"Maybe they could, you know, have something like where they could teach the proper use of needles or something like that, like a little class or something, because I know for a while, I know some people that use needles the wrong way and they're messing themselves up. I saw a sign in there today, when I went in there, they posted on the wall of like the proper use of a needle, telling you to have the bevel end facing up and stuff like that, like the angle you should put it in your body, because if you go in at too much of an angle, you could pierce the vein, and stuff like that. They should teach you how to adequately use it" — PWUD (Man, 20s)*

3. *The Syringe Services Program was extremely popular, and much appreciated by PWUD*

- PWUD liked the wide array of services and products (such as fentanyl strips, cotton and cookers) provided at the Syringe Services Program (SSP).

  "I don't see how this [SSP] could get much better. I mean, they have like every option you would need. They've got everything. " — PWUD (Man, 20s)

- It was suggested that syringe services should be expanded to cover more rural areas of the county, and mobile syringe services could reach people without transportation.

  "I think they should have like little side spots to where they go out. And I know they go to like the methadone clinic and stuff like that for the Narcan and the fentanyl strips, but I don't know if like they got little places to where they can like go out farther away to where people can get access to the needle program because some people don't have a way here." — PWUD (Man, 40s)

- PWUD expressed concern that law enforcement may not be adhering to the protections offered through enrollment in the syringe program.

  *"I've had a couple cops, I've told them I've had the card. I've showed them the card. … They're like you're still carrying something, it's illegal. I'm going to charge you, and it's bulls*** that they can still do that. We shouldn't have to be able to come in here, get our supplies and then have to worry about getting pulled over or getting stopped or whatever and having the cops find them and still charging you when they can't. Because then we're going to take the time, and then they're f***ing up our time, our lives because we got to go to court. And when we go to court and show them that we got the card, they're going to drop it." — PWUD (Man, 20s)*

- One PWUD thought the implementation of syringe service programs was decreasing stigma within the community:

  "I think it's a really, really good step because five or six years ago, they didn't have certain programs like this [SSP]. They didn't have nothing like this. Back then, they looked at you like, yeah, you're, [laughs] 'That's disgusting,' or 'Hey, he's a piece'-- whatever. And now this-- I think that everybody in the community is starting to like open their eyes and see the situation for what it really is, you know what I mean. "Let's get these people some help." — PWUD (Woman, 40s)

4. *The Good Samaritan Law was not being implemented properly within the county*

- People who reported calling 911 and then stayed until police arrived were often times still arrested and prosecuted: *"However, the [Good Samaritan] law is . . . rarely ever used appropriately here, especially in Washington County, because we are a conservative county … if you make the call, and then you say, "Oh my God, yeah, I've got the drugs. We're addicts. We're using together, I called to save his life." And then they say, "Oh, you gave him the drugs?" "Yeah." "Okay, now we are going to charge you with distribution." — Stakeholder*

- Participants recommended investment in training first responders and police about implementing the Good Samaritan Law, coordinating between police, government attorneys and people in the community.

  "So in theory, the Good Samaritan Law absolutely makes sense. But then, as I say, without having people on board or having the states attorney on board with how they're going to apply it, it never works. And, as I said, to me, they still prosecute those people, and they prosecute them because felonies aren't exempt from the law, so you just charge them with a higher crime, and you totally sidestep it. Doesn't make sense." — Stakeholder

5. ***Conversations surrounding Narcan were robust with many PWUD reporting experiences with Narcan***

- Majority of PWUD were aware of Narcan and viewed it favorably with several individuals advocating for everyone to carry naloxone around with them: *"really I don't think it would be a bad idea for everybody to have Narcan" – PWUD (Woman, 30s).*

"Look man, if you're going to do it, go into the bathroom and take a couple things of Narcan with you. If you're having problems, beat on the door and I'll come and help." — PWUD (Man, 60s)

- Participants recalled receiving Narcan at the local health department and when leaving treatment facilities. Some PWUD struggled to access Narcan and wished jails and hospitals would distribute naloxone given their proximity to overdose experiences.
- Many PWUD reported that they had Narcan either on them or in their homes and had received training. One participant disclosed using Narcan twenty to thirty times on people that had overdosed.
- Several PWUD disclosed needing two to six doses of Narcan in order to be revived. One PWUD commented that the doses are not strong enough given the increase in potency of drugs.

"It don't always work. Narcan don't always work. It's not strong enough, for one" – PWUD (Man, 40s)

"They found me grey with no pulse, not breathing on the floor in the bathroom, had to do CPR for like ten minutes, nobody knows how long I was there before they found me, gave me I think it was five to six doses of Narcan before I finally woke up – PWUD (Man, 40s)

6. ***PWUD had mixed views regarding fentanyl test strips***

- Knowledge about and use of fentanyl testing strips was relatively low, but were generally viewed positively among PWUD, with a couple reservations and caveats.
- One PWUD thought the strips were good in theory but not in practice because *"what addict is going to take the time to make that step, and it's unfortunate, like it's a great idea and it's great, you know, tool [fentanyl test strips]… but addicts, when we're in consumption mode, man, we just need to get that[drug] in us." — PWUD (Man, 20s)*. Another PWUD was concerned that the strips would be used to actively search for fentanyl.
- A few PWUD reported having personally utilized the strips. One PWUD did so regularly when preparing heroin. When asked about the strips they replied, *"The strips? Yeah, I do. Every time I even do heroin, I touch it for the fentanyl and the heroin." — PWUD (Man, 60s)*
- Some PWUD were aware of the strips but wanted more direction about how to use them.

"I have a couple test strips now, so, I mean, I may try, I've tried it before, but it doesn't give you directions on the test strip. There's not instructions on it. That's what confused me. I tried to do it once, but there's no instruction. It just has a little strip in it. Which end do I put it in? What I mean, how does it work? It doesn't tell you how it works and like how you could tell if it's positive or negative." — PWUD (Man, 20s)

- Although PWUD were less aware of the strips, several stakeholders were advocates for fentanyl test strip distribution within the community. As one stakeholder explained, *"Fentanyl testing strips, really important. I wish that those were available like condoms, just out and about … People should be able just to get those and test what they're using... [they] should be, like, in the library bathrooms. Those should be everywhere." — Stakeholder*

SEADS gratefully acknowledges funding from the Maryland Department of Health as part of CDC Crisis Response funds (CDC-RFA-TP18=1802). This report is one of 23 county specific reports compiled as part of the SEADS project. Findings have also been summarized at a regional and statewide level.

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