SEADS REGIONAL REPORT

WESTERN MARYLAND

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ABOUT 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.

Western Maryland Sample

Across the four counties in the region of western Maryland, a total of 104 in-depth interviews were conducted from July to August 2019. The information presented here is a synthesis of interviews conducted with fifty-five (55) people who used drugs (PWUD), as well as forty-nine (49) stakeholders who worked in a range of frontline services across the region. PWUD were aged between 20-63 years of age (average 37 years), two thirds were male, and most of those interviewed were white, non-Hispanic. Notably, over half the PWUD interviewed had experienced homelessness in the last year, and about a quarter reported jail or prison experiences in the last year.

CONTENTS OF REPORT

1. OVERVIEW OF REGION

Western Maryland is comprised of four counties: Garrett, Allegany, Washington, and Frederick. The region is bordered to the north by the Mason-Dixon line with Pennsylvania, West Virginia to the west and south, and with some parts of Frederick bordering Virginia and Montgomery county to the south. The eastern border of Frederick County is neighbored by Carroll County.

These four counties have a combined population of approximately 500,405 people. Frederick City, Hagerstown, Cumberland are the biggest towns in the region, with Oakland being the county seat for Garrett. Predominantly rural, Western Maryland is noted for its mountainous terrain, and the area is generally regarded as part of Appalachia. Western Maryland has a heavily agricultural economy. Frederick is the least rural of the four counties and also has a concentration of biomedical and biotechnology industries. There has been a steady decline in oil, gas, mining, and manufacturing industries in the region over the years, which has heavily influenced the high rates of unemployment and the number of individuals living below the poverty line.

2. SAMPLE DESCRIPTION FROM QUANTITATIVE DATA

OVERVIEW

Fifty-five people who used drugs (PWUD) from Western Maryland completed a qualitative interview between May and August 2019 (Table 1) and provided basic demographic characteristics. Additionally, all 55 PWUD also completed a brief supplementary survey that collected additional descriptive information about drug use behaviors and service utilization among the study sample. Below we describe characteristics of the overall study sample drawing on both sources of information.

DEMOGRAPHICS

The age range of the fifty-five (55) PWUD who completed interviews was from 20-63 years (average 37 years). About two-thirds were male. Most of those interviewed were white, non-Hispanic. Notably over half the sample had experienced homelessness in the last year. About a quarter reported jail or prison experiences in the last year, and respondents reported relocating on average two times in the last 12 months.

SUBSTANCE USE

When asked to describe what substances they used in the last 12 months (**Figure 1**), the majority of PWUD reported smoking crack cocaine at any frequency (n=38, 72%). Other most commonly reported substances by any route of administration were included tranquilizers (n=34, 63%), cocaine (n=32, 60%), painkillers (n=31, 57%), and heroin (n=27, 40%). Of the 38 (70%) who reported injecting substances in the last 12 months (**Figure 2**), almost two-thirds reported injecting heroin daily or more frequently (n=23, 61%). One-quarter also reported injecting fentanyl daily or more (n=9, 24%).

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

Variables	Frequency (% or SD)
Age (yrs)	Average Age (yrs) 37
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%)
Sexual Identity	
Heterosexual or Straight	51 (93%)
Other sexual identity	4 (7%)
Homelessness in last 12 months	
No	24 (44%)
Yes	31 (56%)
Jail or prison experience in last 12 months	
No	40 (74%)
Yes	15 (26%))
Average times moved in last 12 months	2.1

OVERDOSE EXPERIENCES

Among respondents, 57 percent (n=31) reported having experienced at least one overdose in their lifetime. Of these, just under half (n=15, 48%) reported experiencing overdose in the last year, with an average of 1.5 overdoses per person in the last 12 months (range: 1-4). Most (n=45, 85%) reported that they had ever witnessed another person overdose, the majority of which occurred within the last 12 months.

NALOXONE EXPERIENCES

Every respondent (55, 100%) had heard of naloxone (brand name Narcan®). Two thirds (n=36, 69%) reported receiving a supply of naloxone in the last 12 months, and just under half (n=23, 44%) report regularly carrying a supply with them. Most respondents were aware of the Good Samaritan laws (n=49, 94%), though one-third thought you could hurt someone if you administered naloxone when they did not need it (n=18, 35%). Of those who reported seeing someone else overdose in the last 12 months (n=31), 52 percent (n=16) reported that they administered naloxone to that individual.

DRUG TREATMENT

Drug treatment experiences were common among respondents. Most PWUD surveyed reported ever having accessed some form of treatment for substance use dependence in their lifetime (n=46, 90%), and 80 percent (n=36) had accessed treatment in the last 12 months. The high rates of engagement in drug treatment for substance use dependence reported by our respondents likely reflects our sampling strategies, as recruitment efforts were centered around organizations interacting with PWUDs locally. Of those who reported recent treatment (within the last 12 months), most participants reported attending drug treatment programs in an inpatient (n=22, 61%) or outpatient (n=16, 44%) setting. Just under half reported receiving buprenorphine (n=15, 42%) and several reported accessing detoxification programs (n=11, 31%). Many also reported participating in a support group related to drug use cessation (n=20, 56%). These treatments were not exclusive.

INJECTION BEHAVIOR

One-third of respondents (n=17, 33%) reported ever having accessed a syringe access or needle exchange program. Among those reported injection drug use in the 12 months (n=38), half reported “Often” (n=8, 21%) or “Always” (n=13, 34%) using a new sterile needle; thus, almost all (n=33, 87%) had received new sterile syringes in the last 12 months; most of these were obtained directly from pharmacies (n=20, 61%) or needle exchange programs (n=9, 27%).

Figure 1 – Any reported substance use, Western region (n=55)

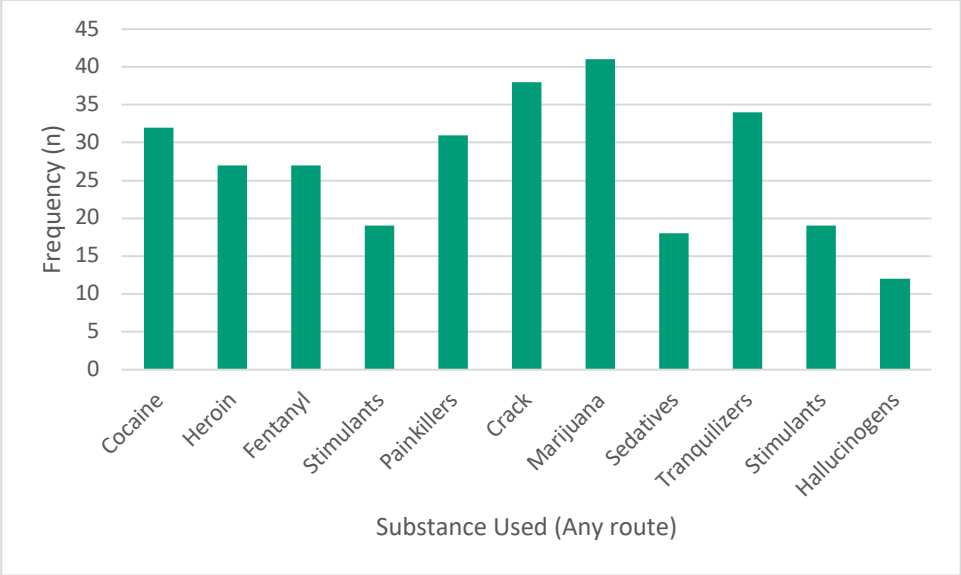
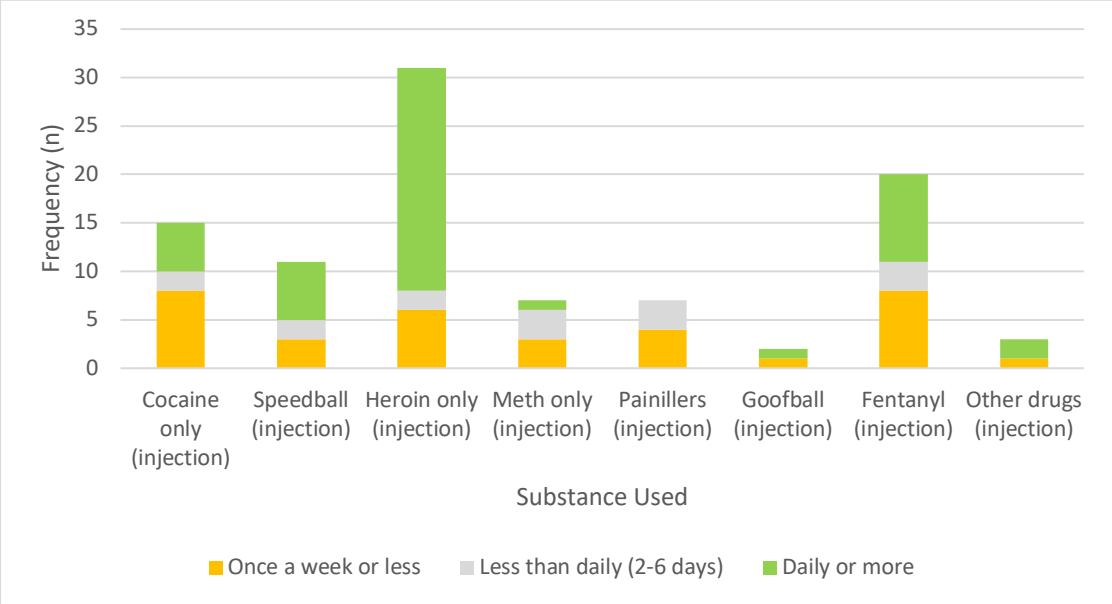


Figure 2 – Frequency of injection substance use, Western region (n=38)



WESTERN MARYLAND

3. SUMMARY OF FINDINGS FROM QUALITATIVE INTERVIEWS

Drug Use Patterns and Experiences of People Who Use Drugs

The most commonly used drugs in the region included crack cocaine, and opioids such as painkillers, heroin and fentanyl. Other drugs that could be found in the region included methamphetamine, tranquilizers, sedatives and benzodiazepines.

Most respondents were polysubstance users, with few differences within the region. In the eastern part of the region, there was a rise in the use of K2/Spice, especially in Frederick County. Further west, there was more use of crystal meth. Particularly in Garett county, methamphetamine appears to have surpassed the use of heroin, which was typically the main drug of choice, as reported both by stakeholders and PWUD:

> *"It's different than any other county, because a lot of people changed the market, because it used to be heroin up here. And then six years ago I meet a dude at these apartment complexes, and he brings out some crystal and is like, this is going to change everything." — PWUD (Male, 30s)*

Throughout the whole region, fentanyl had been on the rise in recent years. PWUD and stakeholders described fentanyl as a standalone drug as well as seeing other drugs being laced with it:

> *"And that Fentanyl shit 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," and I said, "Well, that would explain why I fell out because I smoked a blunt of K2 and when I come to, here I am." — PWUD (Male, 40s)*

In terms of who was using drugs in the county, there were a wide range of ages, socio economic backgrounds, race and gender. A common element among PWUD was that many were affected by a range of mental health co-morbidities, including depression, anxiety, bipolar, PTSD, as well as instances of trauma, grief and abuse. In the region, there were three common narratives around drug use initiation. The first were those individuals who started using drugs at a young age with their family and relatives. The second group was mostly made up of women, who described being initiated into drug use, and coming back to it, through their romantic partners. The third group were those individuals who described starting their opioid use when prescribed pain pills, then transitioning into heroin or other illicit opioids. Their transition from pain pills to heroin was due to the withdrawal of medical insurance, affordability, and wider availability. As mentioned by one PWUD:

> "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 (Male, 40s)*

Apart from these main narratives, individuals talked about two other factors which increased drug use in the region: the first was increased poverty resulting from economic shifts; the second was the lack of recreational activities for young people, particularly in the more rural areas. A stakeholder described it as follows: *"Poverty and shift in local economy have contributed to the increase in drug use. Everybody knows that, you know, when you don't have a lucrative way to make income that drugs and other illegal activities flourish in those environments." –Stakeholder*

In Western Maryland drug use occurred mostly in private spaces such as homes or hotels, which may lead to underestimates of the scope and magnitude of drug use in the county. As mentioned by a service provider:

> "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*

This "hidden" use may be due to high levels of stigma, which play a distinct role in the experience of PWUD in these rural communities where there are close, social networks and small communities.

> "If everybody's stereotyping us and making us feel a certain type of way-- and the people with money, because they don't wanna be looked at like they look at us, so they hide. In the meantime, their addiction becomes worse, and then they end up losing their families, their kids." *–PWUD (Female, 30s)*

While people still described travelling to Baltimore City, Philadelphia and New York to buy their drug supply, there were now more instances where people described getting their drugs locally. Drugs were increasingly available in the region, particularly in Hagerstown and Frederick (city). Of particular note was the diminishing prevalence of heroin in the western part of the region, where the price has increased drastically, and quality has decreased. In this part of the region, methamphetamine supply has grown and was available locally, coming in from West Virginia or being produced locally.

Service Capacity for People Who Use Drugs

While services available for PWUD have expanded in recent years, there was still little availability in certain parts of the region. The majority of services were centralized in the bigger towns like Frederick, Cumberland and Hagerstown, with significant gaps in rural areas.

In terms of in-patient treatment and longer-term care, the majority of PWUD in the region had to go either to Frederick or Allegany counties. Historically, people in Washington county sought treatment in other counties in the state, including the two mentioned above, but more recently there had been an increase in treatment options available in-county. People in Garrett County were still having to travel across state and county lines for inpatient treatment facilities, due to a lack of availability in the county.

Outpatient services were more readily available, including IOP, peer recovery, individual and group counseling, dual diagnosis services, and MAT services, varying slightly from county to county. Overall, there were less services the further west in the region and the more rural the landscape.

One of the services that appeared to be growing within the entire region was the presence of peer recovery specialists, both in health departments, as well as in other services, such as emergency rooms and harm reduction programs. This was particularly relevant, as many PWUD mentioned the value of the social and material support provided by others in recovery who understood the lived experience of drug use. To this end, there was an effort being put in by the local health departments to include both the opinions of peer recovery specialists and of PWUD, through different and innovative means. At the same time however, peers in recovery continued to be vastly underrepresented, undervalued and underpaid as professionals and there was a high rate of burnout and turnover.

Service Gaps For People Who Use Drugs

In all of Western Maryland, there was a need for social services geared towards particularly vulnerable populations, including women and men with children, family members of PWUD, and those with severe mental health diagnoses and other medical challenges.

> ”There are such things as halfway houses where women can take their children. I've never heard of, in the country, a halfway house where a man can take his children. . . . At times in my journey, when I've gotten clean and she's using, [I’ve] been a single father with two kids . . I had to choose to go home after treatment because there was nowhere, I could take my kids. It just doesn't exist. With all the overdoses and whatnot, there are a lot of single fathers –more single fathers these days then there were." *–PWUD (Male, 30s)*

Additionally, there was also a need for drug treatment facilities that accommodate PWUD using MAT, those with legal charges, and those with outstanding debts.

Overall in the region, there were few inpatient services and long waitlists and gaps for people with Medicaid or certain types of insurance. Related to treatment services and one of the main gaps mentioned both by stakeholders and PWUD were the lack of crisis response and stabilization support and detoxification programs. Generally, the need for services was far above the capacity of the current services available throughout the region. As described by one PWUD:

> “There's only I think three detox beds in our hospital right now, and it's very hard to get in there. You have to go in there and tell them you're literally suicidal.” *–PWUD (Female, 30s)*

Similarly, a service provider in another part of the region mentioned:

> "I mean, we have to manipulate the system to some extent sometimes to get people in crisis off the streets and that's whether they go to the hospital and say they’re going to kill themselves and get booked in the psych ward for 72 hours only to say, “I wasn’t going to kill myself. I’m detoxing. I need meds.”...so, some days it comes down to the point where you got to lie to get the help you need and I don’t go around telling people to lie, but I also don’t like people dying and so sometimes we got to bend the rules to get people the help they need and it’s sad." *– Stakeholder*

Another existing gap was the lack of transitional services from inpatient treatment into the outside world. PWUD described that it was too hard to go from the highest level of care directly to public life. They needed a plan after they finished at treatment centers, and treatment centers should institute a more gradual transition/ step-down process for people to slowly transition into living on their own drug free. This should include job trainings and connections to employers/community, referrals for IOP and help getting into transitional or long-term housing.

> "It’s great to complete the program but if you don't have anywhere to go you're going to go right back to--luckily I have family that supports me, but a lot of people don't have that and they end up going back out on the street or going back to an ex-that’s toxic and they start using, and it’s like they just did all that work for nothing because there's no aftercare for places like this... there needs to be some type of transitioning program where you can get housing and a job once you're released from here for people who don't have family to go to." *–PWUD (Female, 30s)*

Stakeholders and PWUD throughout the county mentioned the substantial need for treatment-related housing options such as halfway houses and sober living units. Frederick was the county with the most

availability of halfway houses or sober living houses, while other counties like Allegany had very few. In Allegany, there were only two transitional housing programs, one of which required religious participation. For those looking to transition into regular housing, affordability was also an issue, leading to high rates of homelessness.

> "It's not enough to a have a 16-bed house, in the whole county that's impoverished, and our homeless population is huge." –*Stakeholder*

Adding to this is the lack of homeless shelters. In Garrett, for example, there was only one homeless shelter, and this only served female survivors of domestic violence (though this type of housing was very much needed). Finally, related to housing, PWUD and stakeholders expressed a need for places where adults in recovery could spend time together in a safe space, as well as resources to prevent youth from using drugs.

Given the rural nature of these counties compared with the geographic availability of services, affordable and available transportation was an issue specific to Western Maryland. As mentioned previously, the availability of services and the majority of outpatient or MAT services were found mostly in the few large towns. PWUD, particularly those persons who lived in outlying parts of the county faced transportation issues, which could result in them not receiving treatment or care.

> "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*

Another issue that may be more prominent in this region was the presence of stigma. Stigma towards PWUD and those on MAT in Western Maryland, particularly further west, continued to be a big barrier for treatment and access to services. Even when services were available, PWUD often did not feel comfortable accessing them. As one PWUD said:

> "Even if they were a full-blown addict, they're not going to admit that because that stigma is attached to it and they would rather suffer in silence than have that stigma attached to them, "I don't want to be that drug addict," you know? And so, I think that goes the same for the whole community. You don't want that name especially [because] we are a very small community, everybody's kind of related in that area, . . . and then everybody's like, "I'd rather just not, I'd rather not ask for the help, I'd rather just suffer because at least if I suffer, nobody else knows what's going on." And so, it's sad but I do, I really do think that the opinions of others do affect people seeking out for treatment." –*PWUD (Female, 30s)*

PWUD reported experiencing stigma and discrimination at pharmacies and medical services, as well as by law enforcement. PWUD and stakeholders say they had seen a rise in the disease model narrative, commenting that although more people were talking about drug use, the lack of investment in treatment programs to the scale of responses to other health problems reinforced drug use as uniquely stigmatized and de-prioritized:

> "And 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 bullshit. 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 addiction? There's none." – *Stakeholder*

This stigma led PWUD to cross county or sometimes state lines to seek treatment at MAT clinics or to avoid accessing harm reduction services for fear of being recognized by other community members or law enforcement. People were hesitant of places where they had to talk to multiple people and share personal information. Many individuals discussed how there was an added layer of stigma from peers in small towns and communities, where "everybody knows everybody".

Potential For Expansion Of Harm Reduction Services

There was considerable room for growth in harm reduction services in the Western region. Efforts to provide existing harm reduction services have been well received by PWUD, although negative attitudes and misinformation about the scope and benefits of harm reduction services persisted. People in Washington County reported increasing awareness of Harm Reduction and integrating related trainings and resources across the county and there was some similar feeling in Frederick as well. More generally across the region, community members and some stakeholders perceived harm reduction initiatives as enabling drug use. These attitudes among the general public about drug use and PWUD may interfere with efforts to expand harm reduction services. As mentioned above, when services did exist, people may be afraid to access them because of stigma and a fear of being recognized or persecuted by law enforcement.

In terms of Syringe Services Programs (SSP), these were only available in Frederick and Washington counties, where they were well liked by PWUD, although there was a need to increase availability, advertising and outreach, as many individuals were still not aware of the programs. Additionally, SSP could be improved with more coordination between health departments and law enforcement, as PWUD were still being stopped and charged with paraphernalia charges. In Garrett and Allegany there was a clear need for better access to sterile syringes. As mentioned by a stakeholder:

"So many of my clients will say is that by the end they're bending the needle tips out themselves, reusing them with six other people for a week trying to make them last, blowing out their veins and all because they don't have access to another needle which is just insane." –Stakeholder

In Garrett, social networks for accessing unused needles existed among PWUD and these could be built upon for future harm reduction expansion efforts. In Allegany, there was interest in an SSP among respondents but some concerns about ensuring law enforcement protections if implemented. For existing programs, as well as for new ones, it seems key to think about a mobile component, especially to reach those in more rural populations or those without access to transport.

Related to SSPs is the implementation of the Good Samaritan Law. Throughout the Western region, the law was reported to be not applied properly, increasing the fear of prosecution when considering calling 911. In some instances, PWUD were hesitant to call 911 when witnessing an overdose due to concerns about search and seizures, which had occurred in the past.

"Law enforcement will disregard the no search and seizure. […] The clients are like 'okay, so even if I'm not going to get charges now, I still have all this hassle and I still have the local cops think I'm giving them a hard time.'" –Stakeholder

PWUD also feared becoming targets for law enforcement if identified by first responders during an overdose call. In relation to the Good Samaritan Law, there was opportunity for greater education since not all PWUD were aware of its existence.

Naloxone was mostly supported throughout the region, provided by health departments, through pharmacies and at drug treatment facilities. Washington County had the most inconsistent presence of naloxone due to a perception that PWUD had to go to trainings in order to access it.

Medication Assisted Treatment (MAT) was available throughout the region, although it lacked effective counseling, did not address non-opioid drug use, lacked critical oversight, and was still stigmatized by stakeholders and the general population in the region.

> *"It was always odd to me not to press counseling. Like to get clean from that kind of stuff that they would definitely want to press counseling." –PWUD (Female, 20s)*

Commonly reported additional drug use among people receiving MAT contributed to stigma against MAT. Stakeholders noted that this was often a result of improper dosing leading to those in treatment experiencing withdrawal symptoms. While there were many MAT clinics in the eastern parts of the region, particularly methadone clinics, there was not enough MAT in Garrett. This, plus the higher levels of stigma around MAT in the county forced people to have travel into Allegany.

KEY IMPLICATIONS FOR PROGRAMS AND POLICY IN WESTERN MARYLAND

This section highlights considerations and ideas about next steps related to key findings for the Western Maryland region based on analyses of study data, specific recommendations from study participants, and collaborative discussion of study findings with health department teams across the Western, Central, and Eastern regions. Based on the above Regional data, which is a combination of findings from both people who use drugs and frontline stakeholders, we identified the following key considerations for next steps:

Drug Use Patterns and Experiences

Mobility across counties and local states (e.g. West Virginia and Pennsylvania) fosters access to drugs, resources, services, and knowledge

- There is a need for further attention to how geographic mobility among PWUD for drug use and services fosters social relationships, awareness of ideas and programs, distribution of resources, and potential disease transmission across the state.
- Peer interventions and other PWUD capacity building approaches across counties could help build on local knowledge and willingness to assist one another and enhance PWUD engagement in program design, implementation, and dissemination of information.

Some shifting and emergent drug use trends; coupled with fentanyl presence across drug types

- A broader approach to communicating and engaging with PWUD about drug availability, quality, and emergent risks, such as the "Bad Batch" notification systems in place in other jurisdictions, could be useful if implemented with strong privacy protections in place.

Mental health, trauma, and experiences of stigma were key threads throughout. Descriptions of drug use initiation and trajectories highlighted the role of prescription drugs, mental health challenges and trauma across the life course, and intergenerational drug use.

- More integration of mental health counseling and trauma-informed care across all social and drug-related services could be extremely valuable and is highly desired by PWUD.
- Further attention to family dimensions of drug use may be useful, and in some cases could be a source of support that could be reinforced and enhanced within treatment programs and other service provision.

- Greater awareness of the complexity and social dimensions frequently underlying drug use trajectories may help enhance community understanding of PWUD lived experience and potential points for early intervention and support.

Experiences with stigma were ongoing challenges and barriers to service engagement. Many front line and first responders were experiencing strain and additional challenges in navigating public health and public safety priorities in local drug use response. Simultaneously, PWUD reported ongoing and increasing negative treatment in the context of law enforcement and healthcare experiences.

- Further training and opportunities to enhance dialogue among public health, drug treatment, law enforcement, and PWUD and continuing to build and foster interdisciplinary partnerships and collaboration between public health, law enforcement may help to reduce stigma and barriers to PWUD engagement.
- There is a need for targeted stigma reduction related to drug use and MAT in health and service settings as well as support for health, EMS, and service providers.
- Community stigma reduction related to drug use and MAT may help reduce barriers to PWUD engagement, disclosure, and service utilization, as well as social isolation and lack of social support for drug use cessation.

Service Capacity for PWUD and Related Gaps

Peers were broadly considered invaluable resources across local service landscapes given their shared lived experiences with PWUD and awareness of strategies to connect to holistic service needs.

- Continuing to support and enhance the roles of peers through multiple formal and informal mechanisms could be a key strategy for enhancing relationships with PWUD, particularly with attention to implementation considerations and burnout prevention.

Availability of different types of treatment varied dramatically across counties and across regions.

- There is a continued need to address critical gaps in treatment availability across counties and across geographies within counties and to foster PWUD awareness and linkage to programs in ways that meet unique and complex competing needs.

MAT programs were commonly described as a critical part of the available treatment landscape and many noted increased availability in recent years as a positive development.

- MAT is a valuable part of increased access to treatment in most counties but requires attention to implementation variability and concomitant mental health challenges among PWUD that can compromise treatment success. Elements of patient-centered care may also be useful, e.g., asking MAT patients regularly how they feel about their dose.

Transportation was commonly described as a key barrier to services among PWUD and those engaged in drug treatment programs.

- Transportation is a critical barrier to service access, particularly for PWUD located outside of high-density areas. Outreach based programs, mobile resource centers, and one-stop holistic service providers were all described as helpful for mitigating these challenges.

Housing and employment challenges were frequently cited as multifaceted barriers and competing challenges for PWUD and those in recovery.

- Housing and employment instability create additional challenges for PWUD and those accessing services. Programs that integrate substance use needs with housing and employment supports as well

as outreach and engagement with landlords and stakeholders in low-income housing may be particularly helpful.

Potential for Harm Reduction Expansion

There was relatively little awareness of the term 'harm reduction' in some settings and mixed perspectives about the concept, even as harm reduction programming continues to expand in some parts of the region. Awareness and utilization of specific harm reduction programs and methods was high among PWUD, but access varied.

- Further opportunities for dialogue and coalition building related to harm reduction, drug treatment, infectious disease prevention, and PWUD health may be useful.
- Enhancing opportunities for cross-county collaboration and information sharing could help foster local support and attention to unique needs within the region

Syringe access was generally challenging and increasingly more difficult. However, SSP expansion has been extremely helpful among those who have accessed available programs.

- Facilitating reliable access to sterile syringes through pharmacy outreach, training, and education may be particularly valuable to minimize potential disease transmission, especially in areas without SSPs.
- Concerns about increased stigma and law enforcement penalties for paraphernalia are key considerations for further SSP expansion.
- Additional community outreach and PWUD engagement in settings with harm reduction programs may help to spread the word and provide opportunities for PWUD to share knowledge

Overdose experiences were extremely common. Naloxone was broadly available across counties, but steady access varied.

- Continuing to ensure that naloxone distribution maximizes access among PWUD is critical for successful overdose response. PWUD may have unique insights into how best to do this well within local settings.
- There remains a critical need to address PWUD concerns about healthcare and law enforcement engagement through stigma reduction efforts and relationship building to help ensure appropriate medical response and referrals.
- There is a need for attention to Good Samaritan law implementation and to address appropriate response in the context of outstanding warrants. Increased peer and PWUD engagement in discussions and planning related to local overdose response may also be helpful for mitigating community concerns.
- Fentanyl test strips can be useful as harm reduction and community engagement tools. Other mechanisms of communicating with and among PWUD about drug quality, potency, and emergent threats in the drug supply may also be useful complements.

Drug users in many contexts report helping each other find resources, access injection equipment, share information. They also commonly indicated their willingness to help ensure their communities are safe.

- Peer based outreach and network-based interventions may be especially useful in areas where stigma contributes to distrust of traditional providers and systems. Opportunities to facilitate pro-social connections among PWUD and their allies and involve them in program planning and decision making within and across regions may also help foster, share, and develop harm reduction innovations and other implementation adaptations for local settings.

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