

My name is Katharine Evans, and I am a licensed social worker, coordinating services for people who use drugs, in Baltimore. I am writing this testimony to plead with you to consider allowing us the opportunity to add authorized Overdose Prevention Sites to our city. I do not have the words to tell you how difficult it was to move from last year into this new year, knowing so many would only be coming with us as memories, because their lives were taken during fatal overdoses.

I work for SPARC, which is a drop-in center and harm reduction outreach program for women, in Southwest Baltimore. In this setting, I have seen how pressing the need is for people to have a low barrier space to relax or sleep- likely for the first time in days. SPARC is also a place to get a shower, do laundry, attend a “Twerk-shop”, connect with medical care, and build community with other folks. Prior to COVID, I met one of our newer guests at a methadone clinic, where she was expressing that she has lost so many friends to overdoses that she has no one left to talk to. She now uses services at SPARC and was so excited to learn that she could also have a place to hang out and use a computer or phone. These social connections and amenities are things that we take for granted, and the isolation of drug use is profound.

At SPARC, we also provide people with tools to use drugs more safely, and in these interactions we are able to have conversations with people about their drug use that few else are having. These conversations prevent soft tissue infections, blood infections and frequently also reduce the rate of injection by alternating routes of administration. Our present void of safe spaces contributes to the fact that Maryland’s opioid using population is not engaged in treatment. SAMHSA estimated that of Maryland residents with illicit drug dependence, less than 12% receive treatment. Overdose Prevention Sites are an evidence- based, effective way to dramatically improve drug user health and save lives. OPS are proven to engage with people who are at heightened risk for infectious disease and overdose, and proven to reduce HIV and Hepatitis C risk behavior.

If we were able to add a community-run Overdose Prevention Site, we could prevent a significant number of overdose deaths. No one has ever died at an overdose prevention site, but we have lost so many, just in the last year. After a Canadian facility opened, they found that overdose mortality dropped 35% in the area surrounding the facility. We could provide that longevity for residents of Pigtown, Curtis Bay and Brooklyn, and across the city. Preservation of stigma is the only cause left standing in the way of implementing Overdose Prevention Site care. Please take a moment to imagine how many futures would be preserved, if you make the choice for safety over stigma.