

TESTIMONY IN SUPPORT OF SB 279:

January 26, 2021

SB279 (Public Health - Overdose and Infectious Disease Prevention Services Program) -

FAVORABLE Chair Delores Kelly

Finance Committee

Miller Senate Office Building, 3 East

Annapolis, MD 21401

FROM: John Torsch, Baltimore County, Legislative District 8

Dear Chair Kelly and Senate Finance Committee Members,

Ten years ago, my younger brother Danny died in my home of a multiple drug overdose. I have spent the past ten years representing a foundation in Danny's memory. The Daniel Carl Torsch Foundation (DCTF) advocates for harm reduction, addiction treatment, and recovery communities. The DCTF, has been a part of introducing several pieces of legislation that were signed into law, including the 2013 Overdose Response Program, which led to the standing orders for Naloxone that we have today. It is essential to share that I have lost more than **50** friends and family members to drug overdoses, drug-related health complications, and violence related to drugs.

As a peer recovery specialist and person in long term recovery from drug addiction, my life is literally "all addiction all the time." During the last few years, I have researched the Overdose Prevention Sites (OPS) model heavily, including visiting six of these sites in four different countries. There is no question that these sites save lives, increase access to treatment and reduce the rate of infectious disease. These sites serve the most vulnerable and stigmatized population in our society.

In 2019, I toured Australia's first "safe injection room" in Sydney, Australia. The clinic has been in operation for over 15 years. They have never had a fatal overdose during this time and have made over 15,000 referrals to treatment. Miranda St Hill conducted the tour, Service Operations Manager for the Sydney Medically Supervised Injecting Centre (MSIC). I was also able to meet Dr. Graham, who is the acting medical director. Beyond impressed, is the only way for me to describe my visit. The presence of such dedicated medical professionals who show such an incredible amount of compassion and patience for the population struggling with addiction was very inspiring.

Most people who use the site are homeless and either sleep in nearby parks or at a local mission. The majority are unemployed. It is sporadic that someone drives, so DUIs are not a problem. But sometimes, some people have a scooter, and they stay until they are fit to ride. The police are needed 3-4 times a year to handle out of control patients. Far less than an emergency room. A full-time security guard has been there for eight years and knows all the clients by name. He is a compassionate man who has specialized training and a positive relationship with those who utilize it. The center has about 170 people come through on an average day. The police said they have a mutual understanding and do not target people waiting in line to enter the center even when they know these people have a small number of illegal drugs on them.

Even though these sites' goal is to save lives and encourage treatment, finding a bed is not always easy. The wait can be days or even a week or more. By that time, the desire to seek help is often gone. The beauty of operating one of these sites in Maryland, especially in the Baltimore area, is that we have a tremendous amount of treatment options which are available immediately when someone is ready to take that first step.

After leaving the center in Sydney, I stopped by a local mission to see what services they provide to the poor and homeless. While I was there, I noticed a man about my age. He was anxious to speak with me. We sat in the chapel and had one of the realist conversations about addiction and life on the street that I have ever had. He had been addicted for 16 years and has been homeless the whole time. He was able to articulate just how important the safe site was for him. The staff had saved his life over a dozen times. He knew that he would have been in some alley and died alone if he had not chosen to use his drugs at the site. He is part of a street outreach team that encourages others struggling with addiction to utilize the site. When I asked this man what his favorite thing about the site is and why it is so important to him, this is what he said, "The safe site is the only place in Australia where I'm treated like a human being." One of the most touching moments of my life. He had tears in his eyes when he said this, which I shared with him. The connection I felt with this man, the love, and the pain we both shared is something that I will never forget.

Hopefully, this testimony answers some questions for those who are hesitant or strongly oppose these sites coming to the US. 2021 will be the deadliest year in history for people who use drugs. Fentanyl has changed the game. Those of us working in this field realize that we are facing nothing less than chemical warfare. More people are using drugs in public places because they know the chance that they will overdose is high. How often do you see a bill proposed that does not ask for funding and simply asks for permission to save lives? That is all we are asking for with this bill, permission to save lives and treat our society's unwanted with the compassion they deserve and the skills that people like myself are trained for.

Recently, one of the people that I was providing peer support to, died of Fentanyl poisoning. All he wanted was to live what he called "normal" life. The same lifestyle that countless people take for granted every day. He wanted to live in a place where he did not have to walk past a line of people selling the drugs he desperately was fighting to avoid. He tried to wake up in a bed in a warm house, have a cup of coffee and food in his fridge, drive an old pick up to a job he was good at so he could earn an honest wage. Then come home at night, eat dinner, sit in a recliner, and watch TV.

Repeatedly, he would say that this is all he wanted. He was so close, and we were working on a plan. All he needed was an ID to make it happen, but he could not get the ID in time. He never got that everyday life back. Instead, he died alone, in the cold, while carrying the Narcan he used to save several other lives. You won't see his story on the news, read about him in any newspaper, or see RIP posts on social media. His name was Brian. He was not a statistic, he was my friend, and I miss him. If he had access to an Overdose Prevention Site, chances are strong he would utilize the site and still have a chance at that "normal" life.

We recognize that this may be a controversial issue, and it is our intent to stand in support of all legislators who vote favorably on SB279. Mothers and fathers who have lost their children, treatment providers, addiction experts, and people in recovery from drug addiction; we will defend your decision with every breath and on every social media post.

I look to more progressive countries to see what is working because the USA strategy is not working. The only hope we have to get ahead of this crisis is love and compassion, meeting people struggling where they are, reducing harm, and increasing access to treatment while providing peer support. The DCTF is prepared to offer our assistance in the operation of one of these Overdose Prevention Sites in an area of Baltimore County (21222).

Please take off our handcuffs and say YES to letting us, the boots on the ground, do what is necessary to save and improve countless lives. We respectfully ask that the Finance Committee give SB279 a favorable report to stem the rising tide of overdose deaths in Maryland.

Thank you,

John Torsch
Co-founder/Director of Special Programs
The Daniel Carl Torsch Foundation
dctfoundationinc.org
dctfoundationinc@gmail.com
410-847-4247