

SB 427 Public Health – Overdose and Infectious Disease Prevention Services Program - FAVORABLE

February 19, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

Dear Senator Beidle and members of the Finance Committee,

I am a lifelong resident of Maryland. My investment in this legislation, and my insight into the suffering and neglected needs of people with a substance use disorder, stems from the path I walked with my son, who died of a mixed drug overdose in 2017. I loved and admired my son, and I know his death was preventable.

I am in favor of Overdose Prevention Services because we are in desperate need of public health programs where the priority is to keep people safe, eliminate needless suffering, and promote the human connections proven to lead to meaningful recovery, shedding our fixation on abstinence at all costs, a mindset that has done more harm than good.

For more than 50 years, the war on drugs has shaped public opinion and justified our stance that those who use drugs are lesser people and are, in fact, criminals. This has brought mass incarceration, increasingly deadly substances, skyrocketing overdose deaths, loss of productivity, homelessness, disease, and untreated addiction. The impact on the lives of real people, often vulnerable people who need support, is heart wrenching. We are social people; we all need a network of support and an atmosphere of respect.

History tells us that punitive policies do not motivate change, and that people subjected to mistreatment do not heal. Inflicting shame on individuals, and simultaneously fostering widespread societal stigma, has driven those who suffer into isolation and fear, exacerbating their problems with mental and physical health. This practice of disempowering the vulnerable, removing resources from them, and shaming them has failed. We must break this vicious cycle and think logically about how to help people move beyond destructive habits. Evidence shows us that forced change often begets increased drug use and criminal convictions; with the opposite playing out among those who voluntarily seek treatment, with fewer relapses among this cohort as a measurable outcome.

Champions of Overdose Prevention Services understand that people with a substance use disorder didn't forfeit their right to health care or to be treated with dignity. And, when given the opportunity, they are capable of making decisions about their own health care.

Data from around the world tells us that Overdose Prevention Services reduce overdose deaths and the spread of infectious disease, while minimizing the compounded misery of arrests and incarceration. In addition to having no history of encouraging drug use, these services have proven to be a bridge to wellness. In fact, the genius of these programs is that, in giving people what they need, they come to you for it, which, in turn, builds trusting relationships and opens doors to additional services, from job training to treatment, and ongoing connections with community-based organizations.

Research also tells us that the vast majority of people recover from a substance use disorder, many on their own—which has always been the case. But today, given the unregulated and tainted drug supply, people are dying before they get the chance to recover, making the array of harm reduction interventions more vital than ever, if saving lives is the objective.

The US has the highest number of overdose deaths per capita in the world, without a close second. Yet misguided and outdated policies continue, highlighting the gap between research and legislation. It's surprising—given the severity of this crisis—that so many who could affect change are reluctant to do so.

My son had disabilities, he struggled in school and was socially awkward. I am sure he initially found that drugs eased his pain. But he was innately sweet-natured and sensitive, and his being dehumanized and mistreated only magnified his self-doubt, dimmed his hopes, and eroded his respect for criminal justice. Even so, maturity began to work in his favor. At the time of his relapse in 2017, he loved his job and had managed a long stretch of drug-free living. He was frightened, and he turned to me. But our earnest attempts to get help failed. Without the benefit of a safe haven or any medical oversight, he died, and he died alone. Overdose Prevention Services would have saved his life, allowing his continued trajectory toward wellness, allowing him a life. I know too that its premise would have been reassuring, giving him much needed faith in the world.

I would give anything to have my son back, but absent that possibility, I work to spare others his fate. I find hope in the humanistic principles of Overdose Prevention Services and I am grateful for its tireless advocates. The choice is between compassion and indifference, and between turning the corner on preventable overdose fatalities or not. The idea that we devote the bulk of our resources to criminal justice and border patrol—when neither has diminished the prevalence of illicit drugs, the number of people suffering from addiction, or the death toll that has quadrupled in recent years—is hard to understand. We will never be a drug free society, but we can affect change, and be a far healthier society.

I do understand initial skepticism on the part of the uninformed, but I have learned that what may, on the surface, seem counterintuitive actually makes sense. In my years of speaking with a wide range of individuals and groups, I have yet to encounter those who don't understand the benefits of these services once they are armed with the facts, supported by reams of data as well as common sense.

To combat the stigma that thwarts needed progress we must work to educate the public rather than avoid implementing life-saving policies due to the risk of being misunderstood. We have to honor public concerns—most often the product of auto-pilot thinking steeped by the war-on-drugs mentality—and work to provide well-founded information. If we are comfortable with jails and prisons (where dehumanization is routine, and outright abuse, all too frequent), but are uncomfortable with evidence-based health care that has proven to reduce deaths and bolster the likelihood of recovery, we have to examine why.

I urge you to vote in favor of this important legislation.

Respectfully submitted,

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