BHLI | BEHAVIORAL HEALTH LEADERSHIP INSTITUTE

Dear members of the committee,

My name is Andrew Bell, I am the Outreach Director for the Behavioral Health Leadership Institute (BHLI), a low-barrier, harm reduction treatment provider with a mission to reach Baltimore's most vulnerable and underserved residents who are struggling with Opioid Use Disorder.

On behalf of BHLI, and with approval from our board and support from our Executive Director Deborah Agus (also adjunct faculty at Hopkins' Bloomberg School of Public Health), I am writing to testify in support of SB427, allowing for Overdose Prevention Sites to become part of Maryland's response to the ongoing devastation of the overdose crisis.

As will likely be familiar to committee members, one of the most vulnerable times for overdose is when someone is leaving an incarcerated setting. One Massachusetts study found those in this circumstance at 56 times more risk of fatal overdose than the general populace.

For this reason, BHLI's Project Connection At Reentry (PCARE) mobile clinic is parked within fifty feet of the exit of central booking, and many of the nearly 1000 clients we serve have been connected after leaving jail. This is a critical service to prevent overdose, and an important part of the continuum of care.

Our nurses, doctors, peer workers and outreach staff make authentic, non-judgmental connections with patients and work to remove and navigate all barriers that might prevent them from accessing life saving Medications for Opioid Use Disorder (MOUD).

While it is important to support all pathways to recovery, more than ten years into an overdose crisis driven primarily by fentanyl and its analogs, it is also important to be clear about what can also serve the public health objective of reducing overdose death.

Only methadone and buprenorphine have been shown to reduce death and acute hospitalization versus no treatment at all. MOUD/MAT remains our indispensable frontline treatment for overdose prevention for those dealing with OUD, and programs like BHLI work to connect those who would otherwise be lost to care, or face too many barriers to have consistent access to medications.

If MAT/MOUD is the indispensable first line tool for preventing opioid overdose, then harm reduction interventions like syringe service programs (SSPs) and overdose response programs (ORPs), are a vital second line tool, and serve to fill out a comprehensive continuum of care. Overdose prevention sites would be an important addition to that continuum that would unquestionably save lives.

My introduction to this work was as a frontline worker at what was then North America's only sanctioned Supervised Injection Facility/Overdose Prevention Center. I had recently graduated from college and wanted to do something useful as I figured out what was next. By an accident of history and geography the city I grew up in then had the highest rates of HIV in the developed world and had organized and innovated by adopting harm reduction measures.

Working there forced me to confront assumptions I had unknowingly made: namely, that as I got to know people better, I'd learn how a series of choices between door number 1 and door number 2 led them to my meeting them at the injection site.

Instead I found that people were doing better with the cards they were dealt than I expect I would do with those same cards. It would be another decade before I would learn about Adverse Childhood

Experiences and how elevated experiences of abuse and neglect in childhood have been shown to have extraordinary impact on the likelihood of future problematic substance use and/or injection drug use.

While many harm reduction programs are counter-intuitive or come with concerns about enabling drug use, an understanding of trauma shifts that perspective. Knowing the connection between trauma and risky substance use, and knowing that the best treatment for trauma is a stable ongoing connection with adults or caregivers, then the unique ability of harm reduction programs to create safety, serve as a bridge to service and result in positive change becomes clear.

Some on the committee will have visited the Overdose Prevention Centers, operating for over two years in New York. Despite working at a similar facility, I was struck that the injection rooms are one of the least interesting things happening under the roof of either location. Instead it is all of the wraparound services geared towards person-centered care. What became clear is that the vulnerability and intimacy of being able to safely do the one thing that is usually a source of shame and isolation ends up critically reinforcing all the other work to help people find stability, hope, health and help. It's like a key that unlocks the relationship and trust with a group that we usually call "hard to reach".

As BHLI's program outside the jail (as well as our other programs anchored in or partnered with churches and a drop-in center) shows the success of a mixed staffing model that provides low barrier, high quality care from peers, nurses and doctors, it mirrors the success of mixed staffing models like at Insite, where I worked.

For BHLI, as a harm reduction treatment program that is both a key part of the continuum of care, we know that passing this bill to allow other organizations to further fill out this continuum of care would be a victory for public health and would save the lives.

Also as a harm reduction treatment provider, we know that this strengthens treatment, by connecting people and keeping them alive. It's not a challenge to treatment, but an extension of care and connections for those that won't otherwise be reached and are at high risk for overdose.

The last time I testified for this in Annapolis, I did so with my friend and mentor William Miller Senior. The cruel reality of a fentanyl-driven overdose crisis is that those in long term recovery who relapse are often at equal risk of overdose as those using chaotically. Because of barriers to care, Will Sr had discontinued methadone. He was in the most stable place of his adult life when his relapse came. Without the protective factor that MAT/MOUD provides against reduced tolerance, and despite having used Heroin for 51 years, Will Sr died of an overdose in October of 2020. I continue to feel his loss, as do all that knew him.

His legacy lives on in Bmore POWER which he cofounded and all the work that its members and alum have gone on to do. In the same week I gathered with others to mourn the loss of Ricky Morris (to long term health issues) and Christian Diamond (to overdose). Please help make another part of their legacy be the passage of this bill and the prevention of unnecessary death.

Sincerely,

Andrew Bell,

Outreach Director,

BHLI

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