February 8th, 2024

Ms. Regina T. Boyce
District 43A
Maryland House of Delegates
Lowe House Office Building, Room 251
6 Bladen St., Annapolis, MD 21401

Ms. Elizabeth M. Embry, Esq.
District 43A
Maryland House of Delegates
Lowe House Office Building, Room 316
6 Bladen St., Annapolis, MD 21401

Dear Ms. Boyce, and Ms. Embry Esq.,

I am a Johns Hopkins public health nursing student who is currently stationed at IBR Reach as part of my clinical learning experience, and I am writing to you to **request that you do not support HB0411 *Public Health - Opioid Overdose Reversal Drugs - Standing Orders*.** HB0411 would require that would require that any licensed health provider in the state of Maryland, when writing a prescription for an opioid reversal drug, would allow the person they are writing the standing order for, the opportunity to choose any opioid reversal drug that is currently approved by the FDA, rather than limiting it to Naloxone, or a single medication.

IBR Reach is a wraparound, outpatient, substance use recovery program that offers both standard and intensive outpatient care, group therapy, and medication assisted therapy to patients who are dealing with substance use. They currently offer services to all people who struggle with substance use; however, the majority of their population is comprised of black males in the 50-69 year old range.

People who use substances have historically been stigmatized in our society[1], and are often mistrusting of entities coming in to "help" them. When dealing with populations who are already so marginalized and leery of large organizations such as EMS, healthcare systems, etc., it is imperative that a reciprocal trust between these populations and healthcare entities is maintained in order to continue to provide life-saving services.

As a public health nursing student at IBR Reach, I have seen first-hand how difficult it can be to gain trust in the members of these communities that have faced historic stigma. When meeting a new patient in any setting for the first time, there can be an invisible yet palpable barrier. They are cautious, and often do not want to share their story with me. However, that barrier can dissolve to some extent when talking about topics my patients are familiar with, such as

1. Lang, L. H., Wong, L. Y., Grivel, M. M., & Hasin, D. S. (2017). Stigma and substance use disorders: an international phenomenon. *Current opinion in psychiatry*, *30*(5), 378–388. https://doi.org/10.1097/YCO.0000000000000351 \

2. Rzasa Lynn, R., & Galinkin, J. L. (2018). Naloxone dosage for opioid reversal: current evidence and clinical implications. *Therapeutic advances in drug safety*, *9*(1), 63–88. https://doi.org/10.1177/2042098617744161

naloxone. The addition of alternative opioid reversal drugs could serve to cause confusion and indecision on the side of the consumer. It has taken a long time to build up the credibility and recognition that naloxone has in the community, and it is important that we continue to protect its' status.

Currently, we know that naloxone is a competent tool; it is a safe, relatively affordable, and effective medication[2] that is easily accessible and has immense name recognition on the street. Maintaining continuity of utilization of a tool that is well respected and well-known will help to maintain the trust of these communities.

I urge you **not to support HB0411** as it could jeopardize the relationships that historically marginalized communities of people who use substances have with healthcare organizations. As the adage goes "if it ain't broke, don't fix it."

Thank you for your time.

Sincerely,

Gianna Iacobacci

1. Lang, L. H., Wong, L. Y., Grivel, M. M., & Hasin, D. S. (2017). Stigma and substance use disorders: an international phenomenon. *Current opinion in psychiatry*, *30*(5), 378–388. https://doi.org/10.1097/YCO.0000000000000351 \

2. Rzasa Lynn, R., & Galinkin, J. L. (2018). Naloxone dosage for opioid reversal: current evidence and clinical implications. *Therapeutic advances in drug safety*, *9*(1), 63–88. https://doi.org/10.1177/2042098617744161