



Baltimore Harm Reduction Coalition

A program of *Fusion Partnerships, Inc.*

Baltimoreharmreduction.org

410-205-5143

Dear Governor Hogan,

CC: Health Secretary Robert Neall, Deputy Secretary for Public Health Services Fran Phillips, Deputy Secretary of Behavioral Health Administration Aliya Jones, Executive Director of Opioid Operational Command Center Steven Schuh

While attention has rightly shifted to mitigate the COVID-19 pandemic, we cannot lose sight of the other public health crisis we are still battling: the overdose crisis. We have lost more than 10,000 Marylanders to overdose over the last 5 years. While there was a slight decline in overdose fatalities in some of Maryland's counties in 2019, we can expect to see an increase during and after this pandemic if proactive measures are not taken.

As we know from [recent racial disparity data](#), COVID-19 infection does not discriminate but magnifies existing social, economic, and political inequities. People who use drugs and sex workers are already marginalized and underserved by health care systems, largely because of criminalization and stigma which is compounded by racism and other forms of oppression. People who use drugs and sex workers often experience underlying health conditions, higher rates of poverty, unemployment, homelessness, and lack of access to vital resources, all of which creates higher risk for acquiring and having complications from viral infections. Additionally, there is a strong argument that increases in "[deaths of despair](#)" in the United States, including drug overdoses, are attributable to social and economic factors such as the economic decline many Marylanders face because of the pandemic.

Marylanders have long lacked adequate and consistent access to naloxone, harm reduction and recovery supports, and formal treatment options. This is an increasingly dangerous state of affairs during a global emergency, as access to life-sustaining services has changed dramatically in order for programs to adhere to social distancing protocols. Emergency responders and hospitals are already overburdened and may not have the ability, or be the appropriate actors, to fill those gaps. In order to reduce the risk of COVID-19 infection, involuntary drug withdrawal, transmission of other infectious diseases such as HIV and viral hepatitis, and overdose, we urge you to take the following proactive and coordinated actions to protect the health and human rights of people who use drugs and sex workers.

Prioritize harm reduction

Harm reduction programs must be officially declared essential life-saving public health programs and be given increased funding and resources to continue or intensify distribution of naloxone, personal hygiene supplies, safer sex supplies, syringe services, and other safety information and provisions. Additionally, **harm reduction workers must be recognized as critical healthcare workers and be given access to government stocks of personal protective equipment.**

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Furthermore, during this time of heightened awareness of viral transmission, the State must make every effort to encourage distribution of single-use items for drug use and discourage people from sharing any drug use equipment, including items to smoke or sniff drugs. **Therefore, it is essential that the possession and distribution of all drug paraphernalia for personal use be decriminalized so that people can access and properly dispose of these items without fear of police interference.**

Remove barriers to safe supply

Border closures and travel bans around the world will impact the future supply of unregulated substances such as heroin and cocaine. More potent synthetic drugs, which are easier to produce and transport, could replace bulkier substances and lead to an exponential increase in overdose deaths. The fluctuating drug supply will have a range of repercussions, including an increase in demand for safer alternatives such as medications like buprenorphine and methadone. In light of the evolving pandemic and the needs of communities, **we must not allow fears of overmedication and diversion to outweigh the health risks caused by patients being forced to congregate in large groups to access medication, or being driven to an adulterated illicit drug supply.** Multiple federal government agencies including SAMHSA, the DEA, Medicare, and Medicaid have reevaluated their restrictive policies regarding these medications to allow for more flexible prescribing and dispensing in order to comply with the urgent need to practice social distancing. However, individual providers are still setting their own protocols. Some programs have not increased take home doses to the full extent allowable by law, and some have stopped accepting new patients due to fear of viral transmission. **Addiction treatment and peer support workers must be given access to government stocks of personal protective equipment so they can confidently accept new patients who may be seeking alternatives to the illicit drug supply.** Additionally, we urge your administration to **issue guidance to outpatient addiction treatment programs to recommend expansion of take-home privileges to the maximum extent possible, limited discharge of patients during the COVID-19 outbreak (only in instances of violence or endangering the safety of other patients or staff), suspension of administrative detox, opportunities to request dose increases as needed, and avoidance of reducing doses unless the individual has requested an adjustment.**

Ensure access to housing

We support recommendations made by the [Baltimore Fair Development Roundtable](#) to **meet the emergency housing and food needs of our most vulnerable residents** during this time of National and State emergency. Furthermore, we urge your administration to **issue guidance to recovery residences to limit discharges during the COVID-19 outbreak to only cases of violence or endangering the safety of other residents.** These residences may require additional support so they can continue to house those who may be unable to pay their rent due to economic downturn and are vulnerable to relapse and overdose. They also need immediate access to personal protective equipment for all residents.

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Decarcerate and coordinate re-entry

The COVID-19 crisis has spotlighted the public health dangers of overcrowding in prisons and detention facilities which can become hotspots for infectious diseases. People who use drugs make up a disproportionate amount of Maryland's incarcerated population, many for simple possession of illicit substances or other non-violent offenses. We support recommendations made by [Maryland Alliance for Justice Reform](#), [Baltimore City State's Attorney Marilyn Mosby](#), [Prison Policy Initiative](#), [ACLU of Maryland](#), and many other local advocates to immediately release certain populations of incarcerated people to reduce the density of our jails and prisons and slow the spread of infection.

These releases should be coordinated with social safety-net services including harm reduction entities so those who are re-entering are given naloxone and can be connected to safe housing, healthcare, and other services as needed.

De-prioritize enforcement of non-violent offenses

We urge your administration to lessen the number of people entering the justice system by **deprioritizing statewide enforcement of non-violent offenses that pose no threat to public safety.** This includes officially deprioritizing arrest and prosecution for possession of drugs and drug paraphernalia, attempted distribution of drugs, prostitution or soliciting, trespassing, minor traffic offenses, having an open container of alcohol, being rogue and vagabond, urinating/defecating in public, and other non-violent charges that target people with few resources and communities without many public services.

Authorize the establishment of Overdose Prevention Sites

As emergency responders and hospitals are pushed to their capacity due to the COVID-19 outbreak, they may take longer to respond to medical emergencies. And due to stigma, there is an added danger of people who use drugs and sex workers being deprioritized for care. In the event of an opioid overdose, even a couple minutes of delay can mean the difference between life and death. Furthermore, all efforts should be made to divert avoidable interactions with emergency responders so they can focus their energies on COVID-19 patients. **Overdose Prevention Sites are the least costly, most effective way to reach people who are most at risk of overdose and who are marginalized from traditional health care structures.** There are community-based organizations around the state who are eager to set up spaces for people to use drugs safely. **With emergency authorization of Overdose Prevention Sites, people who use drugs could access a myriad of life-saving services, including using drugs in the presence of trained staff equipped with naloxone, without worry of police interference.** People who use drugs in isolation are at increased risk of fatal overdose. This is why existing Overdose Prevention Sites around the world have already [adapted their policies to account for social distancing](#) and have continued to save lives.

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As we face an unprecedented global public health crisis. It is more important than ever that we recognize the needs of our most vulnerable populations, and work to protect the health and well-being of people who use drugs and sex workers. As the State moves forward to address this pandemic, we must implement innovative strategies to reduce death and increase access to care and support so that no one is left behind.

In summary, we are urging you to:

- Designate harm reduction programs as essential services and program staff and volunteers as essential workers.
- Give access of government stockpiles of personal protective equipment to harm reduction programs, outpatient treatment programs, and recovery residences.
- Issue an executive order to decriminalize possession and distribution of drug paraphernalia for personal use so that people can access and properly dispose of these single-use items without fear of police interference.
- Issue guidance that emphasizes the need for healthcare providers to increase expansion of medication take-home privileges to the maximum extent possible, and to limit discharge of patients in all recovery programs during the COVID-19 outbreak.
- Increase access to safe housing options that emphasize dignity and respect for people currently experiencing homelessness or unstable housing and provide material resources to meet the needs of those who cannot simply “stay home.”
- Release people who are currently detained in order to reduce crowding in detention facilities and coordinate with existing services to ensure the safety of those who are released.
- Deprioritize law enforcement efforts that focus on drug possession, loitering, prostitution or solicitation, trespassing, and other non-violent offenses.
- Grant emergency authorization for the establishment of Overdose Prevention Sites where people can use drugs in the presence of trained staff and thus eliminate the chance of fatal overdose.

Sincerely,

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For more information about Baltimore Harm Reduction Coalition or any content within this letter, please contact Tricia Christensen at Tricia@BaltimoreHarmReduction.org

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