

# Opinion: Let's give people with opioid use disorder safe places in Maryland

Opinion by **Janice Lynch Schuster**

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Harm-reduction measures touch our lives every day: From childhood immunizations to coronavirus vaccinations, from seat belts to traffic signals, each of these measures is meant to prevent injury or premature death. Some are meant to promote health — condoms to prevent pregnancy or disease, for instance, or various increased vitamins and minerals to promote healthy pregnancies. The idea of harm reduction is easy enough to grasp.

And yet in certain instances it becomes fraught with emotion and politics, the ends lost in a quagmire of argument, too often caged in fear, misinformation and misunderstanding. Consider initiatives to end gun deaths by controlling access to guns and the ensuing arguments. Gun violence cannot even be funded in federal public health studies, fearmongering is so rampant.

The imperative to end the addiction crisis, especially the rising count of opioid overdoses and deaths, is another example of where harm-reduction initiatives are desperately needed yet are too often squelched. For years, experts in substance abuse treatment have spoken about the need for facilities or locations commonly referred to as safe drug use sites, safer drug use sites, supervised injection sites or overdose prevention sites. These locations, which have been legal around the world since 1986, are a safe place for people with addiction disorders to use opioids without fear of dying of an overdose. Why? Because medical staff and public health workers are available to test the drugs being used and to administer Narcan, an overdose reversal agent, if necessary. Equally important, staff can offer clients pathways to medical care, social services and recovery programs and supports. Every visit is an opportunity to reach people who may be struggling with mental health issues or any number of problems that accompany chronic substance use and misuse.

According to a 2018 paper by nurse-researcher Louise Kaplan, years of research on the lifesaving and public benefits of these sites point to an array of positive results. For instance, within a 500-mile radius of the Vancouver site, fatal overdose deaths decreased by 35 percent; within a similar range of a site in Sydney deaths decreased by 70 percent. Other decreases have occurred in the vicinity of the more than 100 sites operating in 10 countries worldwide, including decreased needle sharing (which leads to decreased rates of infectious diseases), increased referrals to treatment programs, no decrease in methadone treatments and no deaths to overdose. Other studies have reported on costs saved in terms of decreased incarceration, policing and so on.

and not everything that counts can be counted.” In 2020, 81,000 opioid overdose deaths occurred in the United States, a number apparently accelerated by the pandemic and the accompanying increase in despair, isolation and mental health challenges people are facing. In 2017, the year my 24-year-old son died of an accidental overdose, the Centers for Disease Control and Prevention [reports](#) that of the 70,237 drug overdose deaths that year, 47,600 involved opioids.

It all counts, and it all matters. This session, Maryland will again take up legislation to create safe use sites in areas where overdose deaths are occurring at disproportionate levels. The legislation calls for the establishment of up to six such centers, two each in urban, suburban and rural communities across the state.

I don't know that such a site would have saved my son from what he endured and suffered, or that it would have spared his life. My hindsight may only be wishful thinking. But I believe that had he had access to such a place, it might have spared him from taking the illegal fentanyl that stopped his heart. It might have given him one more opportunity to enter a recovery and treatment program. It might have surrounded him with access to people who understood him with a compassion and knowledge that are so essential to healing people who have substance misuse disorders. It might have held him here for another day, where I always had hope he would be.

No one wants to become addicted to alcohol or drugs, and no one expects to. Yet it happens in 1 of every 4 of our families. And so it is our children, our parents, our spouses, our friends, neighbors, co-workers. It is all of us — much as those who object to safe use sites think it is none of us. We've had safe use sites for years. We call them bars, and the harm-reduction workers there, bartenders and waitstaff, cut us off when we've had too much.

Surely we can do better than what we do now. In a pandemic year, when treatment beds are scarce and deaths are surging, we must do better. Every life counts. Every minute that we spend waiting counts, too.

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