

Dear Members of the House:

I would like to thank you for elevating this critical topic of legalizing overdose prevention sites in the state of Maryland. I am writing to you in support of this legislation as a nursing graduate student at a longstanding institution in Baltimore City. More importantly, I am writing as a vested member of the Baltimore City community, demanding serious action and innovative solutions to end the opioid epidemic plaguing my friends, family, and loved ones in the community.

This past fall, I was fortunate to receive a clinical placement at an organization that aims to provide harm reduction services to community members in Baltimore with substance use disorder (SUD). As a future nurse, I have been taught to think critically, to educate myself and adapt constantly as I find new evidence to guide my practice. It is through this lens that I have approached the continued problem of negative stigma towards persons with a history of substance use, and the continued failures of our healthcare system to help them in any lasting way. I attended the previous City Council meeting introducing Council Bill 20-0188R to expand syringe services in Baltimore City. I was happy to hear the Council favorably recommend an expansion of these vital services. I intend to continue to advocate for Overdose Prevention Sites, which would incorporate syringe services among other health resources available to the community.

Strong evidence from around the world shows that harm reduction is effective at saving lives and highly cost-effective, and yet the United States lags in caring for our own. Overdose Prevention Sites, much like syringe services, can improve community relations and provide a bridge to accessing much-needed harm reduction services. As nurses, we can offer more than just vital health interventions. We have the opportunity to leverage this face-to-face time to develop caring and trusting relationships with the community. As we have seen from the implementation of Insite supervised consumption sites in Vancouver, Canada, nurses can form the foundation of dignified and respectful care as a pathway to repairing the negative stigma that prevents many individuals from seeking healthcare and substance use treatment services. The public health burden of stigma related to substance use, particularly within the healthcare context, is a persistent concern due to its negative impact on the health and well-being of those with a substance use disorder. It is with great care that I have researched the approach of harm reduction. I have concluded that harm reductionist measures save lives and reduce the strain on our healthcare system and taxpayers.

People with substance use disorder, a chronic health condition, are dying on the streets and in prisons without receiving the medical care they need and deserve as human beings. As I've learned from my clinical experience, the harm reduction approach means meeting individuals where they are, countering bias and stigma, and empowering individuals to take steps to reach their goals. In the city of Baltimore, legislators have begun to recognize

the benefits of programs like syringe services and overdose prevention sites, which can improve safety and community relations and provide a bridge to accessing much-needed healthcare and well-managed SUD. Without this legislation, however, our community members – my patients – with SUD continue to be trapped in a cycle of punishment and stigma.

The nursing code of ethics states that each nurse should practice with compassion for the inherent dignity and unique attributes of every person. As a nurse, I employ a holistic approach that focuses on building trusting and equitable relationships that help develop my patient's ability to feel empowered. I am committed to providing client-centered, evidence-based care – it is for this reason that I am so adamant about harm reduction for people with SUD. I am well-informed about harm reduction interventions and will continue to humanely care for and to advocate for my patients and community members who use drugs. I ask you to support this and additional legislation that reflects best practices as shown by medical research. If we can provide this much-needed service – and education - to the community while developing trust, we allow individuals with substance use to receive the support and care they so desire. As a client once shared: when a person seeks help, don't push them away. It may be their last time looking for help.

Sincerely,

Leah Eickhoff, MSN candidate and future Baltimore Emergency Department RN