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EDITORIAL OPINION

Want to reduce overdoses? Give people a safe place to do drugs. | COMMENTARY

By BALTIMORE SUN EDITORIAL BOARD
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FEEDBACK



Dr. Bethany DiPaula, a pharmacist with the Howard County Health Department, demonstrates how to put together a syringe of Naloxone which can reverse and overdose, at an opiate overdose response training session. (Barbara Haddock Taylor / Baltimore Sun)

FEEDBACK

The COVID-19 pandemic gives more reason for why the state should finally approve legislation creating overdose prevention sites, where people can use drugs in a safe setting staffed with medical professionals. Advocates of such sites, which already exist in 12 countries around the world, have tried for around half a decade to bring these centers to Maryland with no success. But with overdose rates on the rise, the state needs to try new ways to prevent more deaths.

Last year, 2,025 Marylanders died from drug or alcohol overdoses in the first nine months, a 12.1% jump from 2019. Of those, 1,829 Marylanders died from opioids,

14.5% higher than the prior year. The deadly synthetic fentanyl, 50 to 100 times more potent than heroin, was found in 93.1% of opioid deaths.

[Overdose deaths jump in Maryland, likely due to coronavirus pandemic, health officials say »](#)

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The deaths are further reflection of a behavioral health crisis brought on by COVID-19 that is only growing by the day. As people lose their jobs, are isolated from family and friends, and dealing with the fallout and uncertainty of a pandemic, they are suffering mental health breakdowns. Suicides and requests for mental health services are also on the rise, and some are turning to drug and alcohol use to cope and self-medicate, with deadly consequences. Social distancing measures to prevent the spread of COVID have also proved challenging for traditional counseling and treatment.

Safe consumption sites, or overdose prevention sites as they are also called, would provide a safe space where people can use drugs, rather than on the streets or elsewhere, and where medical staff could intervene if something goes wrong, such as by administering the overdose reversal drug naloxone. Just as importantly, doctors, nurses and counselors could address other medical issues the person might have and connect drug users to treatment services as well as wraparound services,

such as housing assistance and social services, to help get their lives back on track. New syringes and fentanyl test strips on site would help reduce the risk of HIV and hepatitis C in addition to fatal overdoses. It would offer a way to reach people who don't likely see the doctor regularly during normal times, let alone during a pandemic.

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Legislation in the General Assembly proposes creating six of these sites throughout the state in areas with high substance use. Doing so would also take pressure off of hospital emergency rooms — already overwhelmed with COVID cases — where those who use drugs often end up. The police and paramedics could also spend less time on drug-related calls and more on other pressing crime issues. It's a win in many ways.

[Maryland can stop overdoses by allowing safe consumption sites »](#)

FEEDBACK

Critics who say these sites amount to nothing more than open-air drug markets should look to other places where they have been tried. Overdose deaths dropped 35% near a site in Vancouver, according to a 2011 study [published](#) in The Lancet. [A 2017 study by the Johns Hopkins Bloomberg School of Public Health](#) found that one safe consumption space in Baltimore could prevent 5% of overdose deaths in a year and save \$6 million in costs related to drug deaths. The state needs those reductions in deaths more than ever right now.

Another way to help would be to permanently increase access to telehealth services. Since the pandemic, federal and state waivers allowed more people to see their doctors and counselors via computer from their homes to help prevent the spread of COVID. That included substance abuse treatment sessions. Nearly five times more Marylanders used telehealth in 2020 than in 2017, according to the Maryland Hospital Association, and telehealth services to Medicaid and Children's Health Insurance Program beneficiaries rose 2,600% between March and June 2020, compared to the same period the year before. There's no reason why we should go back to the way things were. The Preserve Telehealth Act of 2021 would make it so the state doesn't go back to the past by permanently getting rid of barriers to telehealth treatment, including paying doctors the same rates for virtual appointments as in-person visits and requiring Medicaid to reimburse for telehealth regardless of where the patient is located and even if a doctor is not at the hospital at the time of the appointment.

We are in unprecedented times and need to look at unorthodox ways to deal with the fallout of the pandemic, including overdose deaths. Maryland lawmakers can do this by expanding telemedicine services and allowing for the creation of overdose prevention sites, both transformative actions that will also help provide better care to Marylanders long after the pandemic is over.

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