



SB 288 Public Health - Overdose and Infectious Disease Prevention Supervised Drug Consumption Facility Program

<http://mgaleg.maryland.gov/webmga/frmMain.aspx?id=sb0288&stab=01&pid=billpage&tab=subject3&ys=2018RS>

Senate Finance Committee

February 7, 2018

Testimony in favor of SB288 on behalf of the Maryland-DC Society of Addiction Medicine, a professional society of physicians and associated health professionals in the field of addiction medicine; a chapter of the American Society of Addiction Medicine.

Supervised Drug Consumption Facilities have been demonstrated to reduce overdose deaths, reduce HIV and hepatitis, reduce other health problems associated with drug use, and to successfully refer significant numbers of participants into effective traditional treatment for substance use disorder.

The idea of Harm Reduction is unfamiliar to some people. The concept of allowing people to use drugs in a health facility, may be concerning to some. In a similar way, there was a major pushback in the early days of needle exchange programs. But Harm Reduction is a powerful, indispensable part of our approach to the epidemic of substance use disorder.

Critics tend to worry that supervised consumption facilities might condone or even increase drug use, by removing a barrier. Research shows that this is not the case.

There is a great deal of institutional inertia that leads us to spend resources on particular approaches, such as a criminal justice approach, when what is needed are innovative ways of reaching large segments of this population which are currently beyond our reach.

It is not well understood that people with substance use disorder often do not feel ready to seek help at any one particular point in time. People with this disorder are very often ambivalent about seeking help. This is the nature of substance use disorder.

To be most effective, we need to start meeting people where they are, to pragmatically help people in the ways that they are ready to receive help, when they are ready to receive it. People with this disorder can accept clean needles, and a clean facility, instead of using in public parks, bathrooms and sidewalks, where they create a public nuisance. People with this disorder expect to be treated with contempt, judgement and the risk of arrest. But they can accept friendly, respectful human interactions, which often lead, over time, to successful referrals for effective treatment.

Decades of studies have documented these benefits since the first supervised consumption facility opened in Switzerland in 1986.

On the basis of reducing overdose deaths alone, the need to establish these facilities in Maryland is compelling.

But they are especially needed as a way of reaching a large segment of the population of people with substance use disorder, so that we can address this epidemic much more effectively.
