


F R O M	Name & Title	Dr. Letitia Dzirasa, Commissioner	Health Department AGENCY REPORT	
	Agency Name & Address	Health Department 1001 E. Fayette Street Baltimore, Maryland 21201		
	Subject: Position:	20-0188R – Informational Hearing – Syringe Service Expansion FAVORABLE		

To: President and Members
of the City Council
c/o 409 City Hall

September 29, 2020

The Baltimore City Health Department (BCHD) is pleased to have the opportunity to review Council Bill #20-0188R, entitled, “Informational Hearing – Syringe Service Expansion.” The purpose of this bill is to call on several City agencies “to explain the status of syringe service programs in the City and the state.”

BCHD’s Community Risks Reduction Services Syringe Exchange Program (SEP) has been both a statewide and nationwide model for the efficacy of harm reduction. SEP is an evidence-based harm reduction and HIV prevention program designed to reduce the spread of HIV, Hepatitis C, and other bloodborne infections by reducing the use and reuse of unclean syringes. Moreover, the program helps individuals with substance use disorders overcome addiction by linking them to drug treatment and other supportive services.

The program also provides counseling and testing for HIV and syphilis, as well as opioid overdose response training. Prior to reductions in services due to COVID-19, SEP services were provided in 16 locations during 26 weekly time slots throughout the City. BCHD has continued to provide SEP services during the course of the pandemic at a reduced level. Currently, SEP is operating at 16 locations with 24 weekly slots, including evening hours on The Block (Baltimore Street) and in Druid Hill.

SEP began in 1994 as a direct response to increased HIV transmission due to injectable drug use. At the time, Mayor Kurt Schmoke, Health Commissioner Peter Beilenson, and Maryland Attorney General Joseph Curran, Jr. proposed a three-year needle exchange pilot costing \$50,000.00 in City general funds. Since its inception, observed HIV incidence in Baltimore City has reached record lows.¹ More remarkably, the injection drug user (IDU) HIV/AIDS transmission rate in 1994 for Baltimore City was approximately 64%, whereas, today, it is just under 7%.²

¹ Mehta et al. JAIDS Journal of Acquired Immune Deficiency Syndromes 43(3):368-372, November 1st, 2006. doi: 10.1097/01.qai.0000243050.27580.1a

² Baltimore City Annual HIV Epidemiological Profile 2018. Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2019

Prior to 2016, Baltimore City had been the only local jurisdiction operating a syringe exchange program. That same year, the Maryland General Assembly passed a law, Senate Bill 97, greatly expanding the syringe exchange model throughout the state.³ Since 2016, nine counties in Maryland have been approved and are currently funded by the Maryland Department of Health (MDH) to operate syringe service programs: Baltimore County, Anne Arundel, Frederick, Washington, Dorchester, Prince George's, Cecil, St. Mary's, and Howard. Four additional counties are receiving funding for capacity building to develop syringe exchange programs: Montgomery, Howard, Harford, and Wicomico.

In Baltimore City, the 2016 law resulted in significant expansion in services. Working alongside MDH, BCHD can now approve community-based organizations (CBO) to also provide syringe exchange services. BCHD frequently helps these partners build capacity to provide said services. Three CBOs are currently approved to provide syringe exchange programming: Charm City Care Connection, Baltimore Harm Reduction Coalition, and Organization of Hope. Two additional CBOs, the SPARC Center and Health Care for the Homeless, have applications currently under review.

The 2016 expansion to include CBOs has provided additional opportunities to link residents to care. This same approach has also increased linkages to treatment and support services that help limit the spread of HIV, Hepatitis C, Syphilis, and other bloodborne pathogens among IDUs, their substance using partners, sex partners, and social networks. Altogether, preventing the spread of bloodborne pathogens in the IDU community requires a diversity of approaches made possible through our CBO partners, including treatment and detoxification programs, social services, primary health care, mental health treatment, outreach and user involvement, and access to sterile syringes and injection equipment.

Although SEP does face some critical hurdles including inadequate funding, an aging fleet of vehicles, quicker/better linkages to care, greater synchronicity with law enforcement, and stronger oversight over CBO partners, BCHD is proud to present on its successful, decades-long efforts to safeguard the City's population from the harms of injectable drug use. For this reason, BCHD requests a favorable report on Council Bill #20-0188R.

³ S.B. 97, 436 Maryland General Assembly, 436 Session (Md. 2016).