

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:	21-0071R – Investigative Hearing - Developing a Coordinated Response to Baltimore City's Overdose Crisis Favorable		

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

November 12, 2021

The Baltimore City Health Department (BCHD) is pleased to have the opportunity to review Council Bill #21-0071R, entitled, “Investigative Hearing - Developing a Coordinated Response to Baltimore City's Overdose Crisis.” The purpose of this resolution is to call upon Baltimore City agencies and advocates to “provide a comprehensive briefing on the City's coordinated response to the current overdose crisis; how we can develop and implement an Rx Stat workgroup with our local healthcare partners; the use of mobile safe injection sites; the allocation of funding to distribute fentanyl test strips; and an examination of the prevention, diversion, and rehabilitation programs we have in place to save lives.”

Opioid overdoses are a persistent public health crisis in Baltimore City and across the country. Between 1999 and 2014, opioid related overdose deaths quadrupled in the United States, increasing from an age-adjusted death rate of 1.4 to 5.9 per 100,000.¹ In just the first half of 2021, 485 opioid overdose deaths were reported in Baltimore City, nearly a 12% increase from 2020.² Combined with the effects of COVID-19, opioid overdoses and overdose-related deaths are anticipated to continue climbing.

With the purpose of establishing a coordinated response to the opioid epidemic, BCHD and its partners established two stakeholder committees; the Local Overdose Fatality Review Team (LOFRT) and the Opioid Intervention Team (OIT). The LOFRT is a diverse group of stakeholders who meet regularly to review cases of overdose deaths with the goal of better understanding why people overdose in Baltimore City and how future overdose deaths can be prevented. The LORFT is responsible for making recommendations to address systematic gaps and coordinate with partners to implement them. The purpose of the OIT is to help focus and invigorate efforts to combat overdose deaths in Baltimore City. Composed of governmental, medical, and community-based partners, the OIT is charged with development of a citywide response plan that reflects the needs of the citizens of Baltimore City. The OIT acts as a steering

¹ Centers for Disease Control and Prevention. National Vital Statistics System. Number and age-adjusted rates of drug-poisoning deaths involving opioid analgesics and heroin: United States, 2000–2014. Available at: http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf. Accessed 12 Nov. 2021.

² "OCCO Opioid Dashboard." <https://www.arcgis.com/apps/dashboards/799cc6c21cf94e89a174fa06532febd9>. Accessed 12 Nov. 2021.

committee that decides on the priorities and manages the general course of coordinated, city-wide efforts. BCHD provides structure and support for the OIT.

Considering the devastating impact opioids have had on Baltimore City residents and their communities, BCHD has taken several steps to safeguard its population. In October of 2015, BCHD issued a standing order for naloxone, a drug capable of reversing opioid overdoses, which allowed for any resident to purchase the drug at a pharmacy located in Baltimore City. BCHD continues to conduct naloxone awareness campaigns and trainings throughout the City. Moreover, BCHD has regularly engaged in public outreach to reduce stigma surrounding substance use disorder and engaged in prevention efforts among youth. Additionally, BCHD has supported increased access to low-barrier buprenorphine/naloxone treatment through programs such as Healthcare on the Spot and Hub and Spoke model. The Spot provides integrated healthcare services designed to address the needs of people who use drugs (PWUD). The Spot co-locates with the BCHD mobile syringe exchange program in communities that have experienced high rates of opioid-related overdose. Services include medication-assistant therapy with BPNX; overdose reversal training and naloxone distribution; testing and treatment for HIV, Hepatitis C (HCV), and other sexually transmitted infections; wound care; HIV pre-exposure prophylaxis (PrEP); and case management. IBR-REACH serves as a “hub” in the City’s “hub and spokes” network of buprenorphine treatment, offering: same- or next-day intake for residents with opioid use disorder; buprenorphine induction and stabilization; referrals into spokes for long-term, community-based treatment; ongoing consultation with spokes, as needed; and additional treatment for patients referred into spokes, as needed. Transfers between hubs and spokes are bidirectional and patients may transfer back and forth as needed. REACH medical staff will also offer support and medical consultation to the prescribing providers in the community spokes.

Another option to address substance use disorder in Baltimore City is the establishment of an overdose prevention site (OPS). An OPS, also known as a “supervised consumption site,” is a “harm reduction intervention that helps to mitigate the harms of drug use, through onsite monitoring and rapid intervention by trained staff in the case of an overdose.”³ A successful OPS will often offer safe consumption and observation rooms staffed by medical professionals, education and access to Medicated Assisted Treatment (MAT), recovery counseling, basic medical services, referrals, and support services such as housing assistance, public benefits, and legal services. This model reduces harm to a client’s health while connecting them to care and recovery.⁴ Altogether, the program is part of a continuum of care for people with substance use challenges who often have complex medical needs including severe mental illness, HIV/AIDS, and/or Hepatitis C.⁵

Throughout the world, there are approximately 120 OPS in 10 countries, but none currently in the United States. However, in July 2021, Rhode Island became the first state in the

³ Pauly, B., Wallace, B., Pagan, F., Phillips, J., Wilson, M., Hobbs, H., & Connolly, J. (2020, May 21). Impact of overdose prevention sites during a public health emergency in Victoria, Canada. Retrieved November 12, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7242015/>.

⁴ Ibid.

⁵ Ibid.

U.S. to authorize a two-year pilot program to allow supervised drug consumption.⁶ In North America, an OPS was established in Vancouver, Canada as early as 2003, and several more are now situated throughout the Vancouver area.⁷

BCHD is dedicated to addressing the needs and concerns of our residents and community as it relates to the opioid epidemic. We will continue to build our strategy based on data and new evidence-based approaches. Therefore, BCHD requests a **favorable** report on City Council Bill 21-0071R, and the Department will be present at the Investigational Hearing and available to answer any questions.

⁶ Supervised Consumption Services. (n.d.). Retrieved November 12, 2021, from <https://drugpolicy.org/issues/supervised-consumption-services>

⁷ Kennedy, M., & Kerr, T. (2017, January). Overdose Prevention in the United States: A Call for Supervised Injection Sites. Retrieved November 12, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308167/>