

Capital Gazette

Harm reduction strategies needed to save lives from overdose

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The number of overdose deaths in Anne Arundel County for 2019 is lower than a year ago. There are good people working to make a difference and I hope these early numbers hold.

But our county, and our state rank high for fatal overdoses in a country that has the highest overdose death toll in the world. Nationally, overdose fatalities are projected to rise, a fact corroborated by multiple scientific studies.

Findings published in January by experts from Harvard Medical School and Massachusetts General Hospital reveal the bleak trajectory will not be reversed by supply-side strategies like continued reductions in prescription medication, a focus that seems to cloud understanding of desperately needed interventions: Evidence-based treatment for those who seek recovery; and harm reduction programs that minimize the risk of early death.

These policy-dependent interventions are not debated among experts, nor are they new. But the discrepancy between research and practice in the United States is crippling. Examining treatment and its barriers, the National Academies of Sciences Engineering and Medicine just released a substantive report — Medications for Opioid Use Disorder Save Lives — urging treatment with proven medications.

“Evidence shows that people with OUD are up to 50 percent less likely to die when they are being treated long term with methadone or buprenorphine.”

In spite of overwhelming data, and escalating fatalities, access to evidence-based treatment remains poor. In fact, most people suffering with Overdose Use Disorder in the United States don't get any treatment at all and, of those who do, only a small fraction are afforded medication-based programs. Stressing the crucial importance of medication availability in all settings, these experts also call for an end to the unethical but tragically widespread practice of denying services, such as housing, to patients on medication.

The stigma and misunderstandings that have long compromised medical care for those with addiction, they conclude, also apply to the medications that treat it. Equally crucial to saving lives is a full range of harm reduction services — safe consumption spaces (overdose prevention sites), syringe services, and access to supplies such as Narcan.

Striving to ameliorate problems unique to the United States, presenters at a recent CATO Institute conference shared research and world experiences. I was inspired — moved to tears — by the intellectual depth and humanitarian purpose evidenced throughout the day.

Former Pennsylvania Gov. Ed Rendell recounted the opening of a syringe exchange program in Philadelphia in the early 1990s — a harm-reduction strategy conceived in desperation to save lives despite its being, at that time, in violation of state and federal laws. Weathering resistance from the Department of Justice, the program prevailed and today the practice is legal.

Rendell expressed hope regarding Philadelphia's current face-off with the Department of Justice over the city's plans to open a safe consumption site. His defense of the program focused on its purpose — saving lives.

Darwin Fisher, manager of Insite, Vancouver's safe consumption facility that opened in 2003, detailed the clinic's successes.

Providing a safe environment with medical supervision for people to use previously purchased drugs, the program builds relationships with marginalized citizens, provides health care and serves as an entry point to treatment. The clinic has reduced deaths as well as crime in the surrounding neighborhood.

With 120 sites throughout the world, all with zero fatalities, we know they save lives. When Maryland's Overdose and Infectious Disease Prevention Site bill comes before the General Assembly in 2020, I pray it passes.

In a state with overdose deaths consistently exceeding national averages (by 1.5 to 3 times), the moral obligation seems clear.