

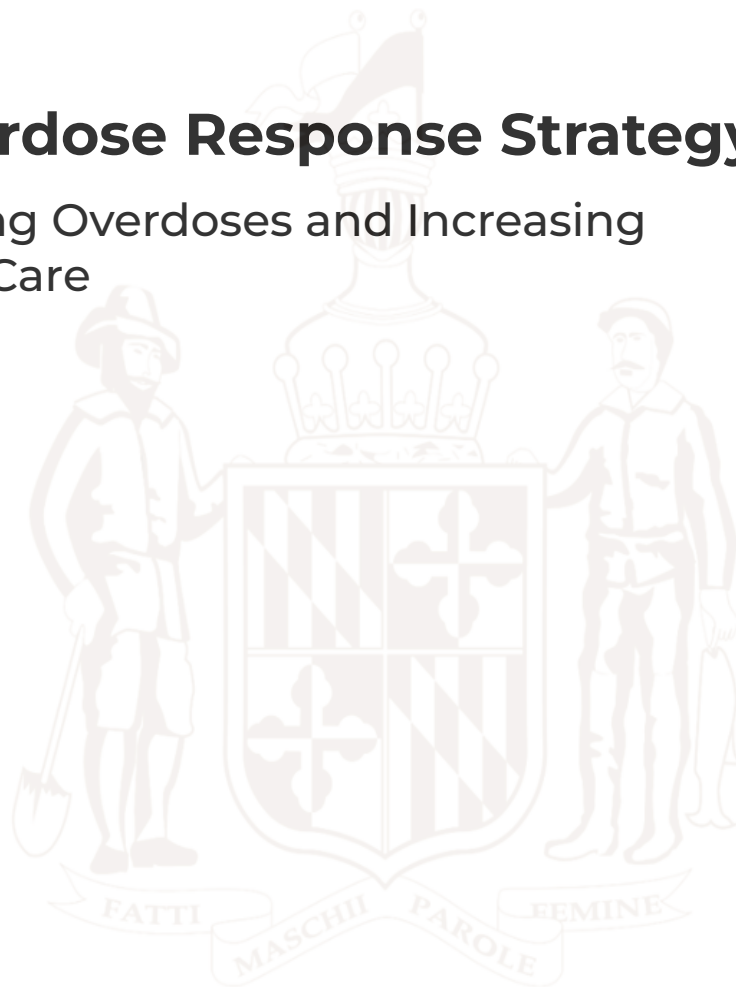
PREVENTION • HARM REDUCTION • TREATMENT • RECOVERY • PUBLIC SAFETY



Maryland's Overdose Response Strategy

Priorities for Reducing Overdoses and Increasing Equitable Access to Care

Released: February 2025



This report has been prepared by Maryland's Office of Overdose Response pursuant to Executive Order 01.01.2023.21. Copies of this report have been delivered to the Office of the Governor of Maryland as well as the Maryland Department of Legislative Services Library pursuant to Maryland State Education Article § 23-301(e).

Introduction

The overdose crisis is one of the greatest challenges of our time, and creating a Maryland that leaves no one behind requires building an equitable system of care where anyone who uses drugs has the tools they need to stay safe and where anyone seeking help can access it whenever and wherever they need it regardless of circumstance. The Moore-Miller Administration's overarching goal of reducing and preventing overdoses in Maryland is centered on our five priority areas of *Prevention, Harm Reduction, Treatment, Recovery, and Public Safety*.

Overarching goal: Reduce and Prevent Overdoses in Maryland

Prevention



Goal: Interrupt Pathways to Substance Use Disorder

Expand efforts that address the social determinants of substance use and overdose risk while disrupting intergenerational cycles of trauma and growing youth-focused prevention programming.

Harm Reduction



Goal: Improve Health and Safety for People Who Use Drugs

Empower people with the tools and knowledge to stay safe while building relationships that make it easier to make connections to care.

Treatment



Goal: Make Evidence-Based Treatment Accessible for People with Substance Use Disorders

Expand equitable access to evidence-based treatment for individuals with substance use disorder to ensure that anyone seeking treatment can access it whenever they need it regardless of circumstance.

Recovery



Goal: Build and Sustain Community Infrastructure That Promotes Recovery Capital

Increase structures of support that enable individuals to thrive.

Public Safety



Goal: Improve Outcomes for People Who Use Drugs Who Encounter the Criminal Legal System

Decrease criminal involvement for people who use drugs and expand services for individuals who are already involved in the criminal legal system.

Key Performance Indicators



- Opioid overdose mortality rate
- Overdose mortality rate
- Number of opioid overdose-related deaths in Maryland¹

NOTE: These priorities are not intended to encompass all of Maryland's programs and policies that address substance use and overdose. Rather, this plan focuses on identifying urgent priorities, unmet needs, and areas where near-term, tangible action can be taken by state agencies to increase access to care, bolster supportive services, and improve the lives of Marylanders affected by substance use and overdose.

Guiding Principles

In addition to the overarching goal guiding this plan, the goals in the priority areas below are informed by five guiding principles that ensure that Maryland's efforts to reduce and prevent overdoses are grounded in evidence, are tangible and achievable, and reinforce the Moore-Miller Administration's vision of creating a Maryland that leaves no one behind.

Stigma Reduction

Negative attitudes and a lack of understanding about substance use disorders can discourage individuals from seeking help and inhibit the ability of policymakers to expand access to substance use care, such as through establishing treatment and recovery programs or ensuring that naloxone is widely available in all communities. Strategies to reduce stigma, such as reframing substance use disorders as health conditions rather than as moral failings or using non-stigmatizing, person-centered language, can bolster our collective efforts to reduce and prevent overdoses.

Equity

Every Marylander deserves access to substance use care regardless of their race, ethnicity, or any other determining factor, such as their age, where they live, or what language they speak. Addressing health equity is also increasingly urgent as disparities in overdose outcomes continue to widen. Every action taken to decrease overdoses in Maryland should begin with an assessment of how it will help promote more equitable outcomes.

Data

Efforts to reduce overdoses should be guided by data, and interventions should be evidence-based and culturally informed. Interventions should be focused on addressing the needs of underserved communities, balancing input from people with lived experience about the needs of their communities with proven strategies that have been shown to be effective in reducing overdose.

Community Voice

The priorities in this plan are informed by the Moore-Miller administration's belief that those who are closest to the challenge are closest to the solution. There is no better way to inform policies and

programs affecting substance use and overdose than by including people with lived and living experience in their development. Any policies or programs that affect individuals who use drugs and those with substance use disorders should be developed in full recognition of the impacts those actions will have on the lives of Marylanders. This includes involving individuals with lived and living experiences on advisory boards, in developing and implementing outreach and public awareness initiatives, when crafting legislative initiatives, and throughout other engagement opportunities.

Collaboration

No single agency has all the requisite tools for reducing overdoses. Collaboration is essential for ensuring that Maryland approaches the overdose crisis holistically.

The Inter-Agency Process

The priorities identified in Maryland's Overdose Response Strategy were informed by extensive outreach with subject matter experts from state and local agencies as well as community based organizations, advocates, and the general public.



Maryland's Office of Overdose Response would like to thank all of our contributing partners. We greatly value the expertise of our state, local, and community partners and their shared dedication to reducing overdoses and improving the lives of Marylanders.

Priorities

PREVENTION • HARM REDUCTION • TREATMENT • RECOVERY • PUBLIC SAFETY





Prevention

Prevention efforts include strategies that seek to prevent current and future substance use. Prevention strategies aim to reduce individual and environmental risk factors while increasing protective factors to prevent or delay the onset of drug use.

Goal: Interrupt Pathways to Substance Use Disorders

Expand efforts that address the social determinants of substance use and overdose risk while disrupting intergenerational cycles of trauma and growing youth-focused prevention programming.

Focus Areas

- Social determinants of health and protective factors
- Adverse childhood experiences (ACEs) and trauma
- Evidence-based prevention



- The social determinants of health, such as access to housing, healthcare, employment, and food security, can greatly impact health outcomes, including the risk of developing substance use disorders and overdose.²
- Evidence shows that early childhood trauma such as adverse childhood experiences (ACEs) are linked to increased risk for negative health outcomes, including the development of substance use disorders later in life.^{3,4}
- Addressing social determinants of health, preventing ACEs, and delaying the onset of substance use are protective factors against the future development of substance use disorders.¹²



Harm Reduction

Harm reduction refers to policies and programs that are trauma-informed and directly serve people who use drugs by empowering them with the tools and strategies necessary to reduce the negative impact associated with substance use. Supporting people who use drugs and people with substance use disorder by expanding access to harm reduction programs and resources is a key priority for the Moore-Miller administration. This means supporting programs and policies that minimize the harms associated with substance use and meet people where they are, free of judgment. Historically, harm reduction has included such aspects as syringe services programs, overdose education and naloxone distribution, and access to low-threshold substance use services.

Goal: Improve Health And Safety for People Who Use Drugs

Empower people with the tools and knowledge to stay safe while building relationships that make it easier to make connections to care.

Focus Areas

- Low and no-threshold services that reach people where they are
- Risk reduction tools
- Targeted overdose education and naloxone distribution



- Low or no-threshold services offer people who use drugs an opportunity to receive the care and resources that they need, requiring little or nothing in return. This means that people who may be reluctant to provide personal information or who may access services at irregular intervals are still eligible for services. Increasing the availability of these services is vital.
- Reducing overdose mortality begins with actions oriented toward people closest to the problem. Supporting people who use drugs and people with substance use disorder by educating them and providing them with the tools necessary to prevent overdose is important.
- Naloxone is a safe and effective medication that rapidly reverses an opioid overdose. It is one of the most important tools to share with people in our efforts to reduce overdose mortality.



Treatment

Substance use disorder is complex, and there is not a one-size-fits-all approach to treatment. Treatment services, interventions, and care settings should be tailored to provide individuals with the greatest opportunity for successful outcomes. Individuals should be able to access all levels of substance use treatment, ranging from outpatient services to medically managed, intensive residential care.

Goal: Make Evidence-Based Treatment Accessible for People with Substance Use Disorders

Expand equitable access to evidence-based treatment for individuals with substance use disorder to ensure that anyone seeking treatment can access it whenever they need it regardless of circumstance.

Focus Areas

- Access to medications for opioid use disorder (MOUD), including for people who are incarcerated and people in rural settings
- Barriers to care, such as lack of transportation or culturally sensitive treatment options
- Provide holistic care for PWUD/ people with SUD such as wound care, and HIV/HCV testing and treatment



- MOUD is the gold standard of treatment for people with OUD, though, it's estimated that 60 percent of people in outpatient treatment and 90 percent of people in residential treatment with OUD do not obtain treatment with MOUD.⁵
- Long-term treatment is vital for people with SUD in order to achieve and maintain recovery. Evidence-based treatment for SUD works, but many barriers remain for people trying to access treatment, such as geographic limitations, insurance coverage, and limited treatment options for specific groups, such as adolescents or parents of young children.



Recovery

Substance use disorder is a long-term, relapsing health condition, and comprehensive recovery services help support the health and wellness of individuals following periods of active substance use and/or treatment. Like treatment, there is no one-size-fits-all recovery strategy, and resources need to be individualized. Various recovery efforts can help reduce the risk of relapse and overdose by increasing access to fundamental supportive factors, such as counseling, housing, transportation, and employment.

Goal: Build and Sustain Community Infrastructure that Promotes Recovery Capital

Increase structures of support that enable individuals to thrive.

Focus Areas

- Supporting recovery through employment
- Community-based recovery supports



- Employment has a positive impact on those entering and sustaining recovery. People in recovery who are employed have lower rates of recurrence of use, improvements in quality of life, and less criminal activity.⁶ However, people in recovery face numerous barriers to accessing meaningful employment, including but not limited to, criminal history, work history, lack of childcare or transportation, and employer stigma.
- People with SUD often need support outside of clinical treatment in order to achieve and sustain recovery. Recovery community organizations provide mental health referrals, job training, assistance getting important documents such as government IDs and other benefits, emergency housing, and other services essential to ensuring people in recovery feel supported and empowered to continue on their recovery journey.



Public Safety

Public safety officials are important partners in our collective efforts to address the overdose crisis. This sector includes professionals from many settings: police departments, fire departments, emergency medical services, and juvenile and adult corrections. Public safety officials are often the first to come into contact with individuals who use drugs and individuals in crisis, and they have the opportunity to connect individuals to essential treatment and recovery services. Public safety partners can help create pathways for individuals to receive care rather than entering the criminal-legal system. They can also provide access to treatment and recovery services for incarcerated individuals.

Goal: Improve Outcomes for People Who Use Drugs Who Encounter the Criminal Legal System

Decrease criminal involvement for people who use drugs and expand services for individuals who are already involved in the criminal legal system.

Focus Areas

- Reduced health impact of criminal justice involvement
- Connections to community-based services upon reentry



- Arrest and incarceration have not solved the overdose epidemic, and people who are incarcerated are disproportionately affected by substance use disorder (SUD.) Diversion programs afford people the opportunity to seek treatment rather than face incarceration.
- Justice-involved individuals often struggle to access evidence-based treatment for substance use disorders, such as MOUD, and drug overdose is the leading cause of death after release from incarceration.

Notes & References

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