MARYLAND OVERDOSE RESPONSE
ADVISORY COUNCIL

# Citizen Advisory Workgroup
# Meeting Minutes
# July 23, 2026

## Welcome

July 6 Meeting Minutes - the workgroup voted to approve the minutes with one change; adding Barbara's name to the attendance.

## Attendance

Barbara Allen, Thomas Higdon, Jessie Dunleavy, Joe Rogers, Megan Murnane, Tammy Collins, Yngvild Olsen, Johanna Dolan, Ashley Saunders, Jim Raley, Sean Baker, Jacqualine Salb

## Reminders

- Members were reminded where they could find meeting agendas, minutes, and other workgroup documents.

- Members were reminded to review and provide comments on draft summaries for the following topics: Quality, Representation, Stigma, Criminal System, and Prevention.

## Discussion:

- **Topic: Harm Reduction** (Megan & Jessie)

  **Harm Reduction Definitions**: Jessie and Megan opened the discussion on harm reduction by citing statements from major organizations including the National Academies of Sciences, Engineering, and Medicine, Harm Reduction International, and the National Institutes of Health. They defined harm reduction as a range of interventions aimed at minimizing negative impacts associated with drug use, focusing on

human rights, justice, and the acceptance of imperfect solutions without requiring abstinence as a precondition for support.

**Core Philosophy of Harm Reduction**: Jessie and Megan detailed that harm reduction is a philosophy rather than a single service, promoting equity, compassion, and evidence-based practices. They argued that coerced treatment is not supported by evidence and that stigma remains the primary barrier to adopting life-saving strategies. They further noted that harm reduction is practical and effective, comparing it to other safety measures in daily life, such as wearing seatbelts or sunscreen.

**Barriers to Harm Reduction**: The presenters discussed how the policy of criminalization and the "war on drugs" create significant barriers to effective harm reduction. They noted that elected officials are often influenced by biases for established laws and a desire to appear "tough on crime," which leads to the disregard of science and a failure to recognize the medical nature of addiction. Furthermore, specific laws like the crack house statute and drug-induced homicide laws discourage people from seeking help or calling emergency services.

**Overdose Reversal and Syringe Service Programs**: Jessie identified naloxone, available in various formulations, as a critical tool for overdose reversal. She stated that syringe service programs (SSPs) are widely endorsed by organizations like the World Health Organization and the American Medical Association, noting data that participants are five times more likely to seek treatment and three times more likely to recover. However, she highlighted that paraphernalia remains criminalized in Maryland, creating a deterrent for people who use drugs and confusion for law enforcement.

**Overdose Prevention Centers (OPCs)**: Jessie described overdose prevention centers as staffed spaces where individuals can use drugs safely, preventing fatalities, infectious disease transmission, and public drug use. She reported that there are approximately 200 such centers worldwide in 14 countries, with no recorded overdose fatalities with some facilities operating for 25-40 years. She highlighted the "OnPoint" center in New York City, which has facilitated thousands of overdose reversals and linked many participants to additional social services and treatment.

**Drug Checking and Medications for Opioid Use Disorder (MOUD)**: Megan explained that drug checking tools, including test strips and advanced spectrometry, allow users to detect adulterants like fentanyl, thereby enabling safer choices . Regarding MOUD, Megan and Jessie noted that methadone and buprenorphine are FDA-approved medications that significantly reduce overdose death risk. They expressed concern that despite their efficacy, access to these medications remains restricted by bureaucratic barriers and limited availability in various settings.

**Recommendations for Marginalized Communities**: Jessie and Megan recommended increasing harm reduction services—delivered by trusted community members—specifically in locations where need and potential harm are greatest. They emphasized the need to address racial inequalities in access to treatment and to support community groups led by people of color. Additionally, they suggested educating the public on addiction as a medical condition and ensuring knowledge of policies that provide legal protections like Good Samaritan laws.

**Policy and Systemic Recommendations**: The presenters recommended shifting the focus from criminalization to public health by eliminating civil punishments for past drug charges and decriminalizing paraphernalia. They urged lawmakers to stop making it difficult for individuals to practice self-care and to treat addiction similarly to other medical conditions, such as diabetes. They also recommended expanding the availability of naloxone in public venues and ensuring that drug checking technologies are accessible to those who need them.

**Discussion on Non-SUD Related Overdoses**: Barbara inquired about the claim that many individuals who overdose do not have a substance use disorder. Jessie clarified that this refers to individuals who may use substances recreationally or sporadically, noting that the majority of people who use addictive substances do not become addicted. They argued that arresting these individuals and forcing them into treatment is an inefficient use of resources.

**Clarification on Punitive Policies**: Barbara asked for further explanation on the impact of punitive policies on treatment, wellness, and productivity. Jessie Dunleavy responded that legislators often focus

on the war on drugs and fail to see the practical, cost-saving benefits of harm reduction strategies, such as reducing the spread of HIV. They noted that while some legislators are supportive, others are influenced by historical biases and the failure to recognize the economic and health advantages of these policies.

**MOUD Categorization and Treatment Reframing**: Yngvild raised concerns about categorizing methadone and buprenorphine strictly as "harm reduction," noting that they are medical treatments requiring physician oversight. They suggested that treatment itself should be reframed to incorporate harm reduction principles—such as being non-judgmental and not discharging patients for positive substance tests—rather than separating the two. Jessie and Yngvild agreed on the importance of avoiding language that might make medical treatments vulnerable to the same political opposition faced by harm reduction policies.

**Addressing Morality and Public Funding**: Yngvild and Jessie discussed the persistent challenge of morality-based opposition to harm reduction, noting that some opponents prioritize moral stances over data, costs, and public health outcomes. They highlighted the necessity of non-federal funding for harm reduction services due to limitations on federal fund usage. Thomas concluded by noting that public sentiment is often driven by the perception that drug use threatens society and children, rather than an objective evaluation of health outcomes.

**Definition of Harm Reduction**: Thomas defines harm reduction as a policy framework centered on neutrality regarding substance use, prioritizing human dignity, respect, and autonomy over enforcing specific lifestyle choices. This approach addresses individuals struggling with substance use by asking what they need, rather than forcing a singular, predetermined solution upon them.

**The Role of Harm Reduction in Recovery**: Jessie asserts that traditional, punitive approaches often isolate individuals and make them feel hopeless, whereas harm reduction offers a "turning point" by validating the individual's worth. This recognition can lead to an increased desire for treatment and employment, whereas criminalization causes massive financial loss due to incarceration and lost productivity..

**Integration of MOUD into the Report**: The group discusses where to place MOUD in the final report, with the consensus that it should be prominently mentioned within the treatment section.

**Gaps in Current Harm Reduction Services**: A significant gap identified was the limited number of harm reduction services that are provided in Maryland. Sean and Jessie identify the primary gaps in harm reduction as multifaceted, including a lack of services in high-mortality areas and an absence of programs in Black communities. Furthermore, there is a lack of training for professionals who interact with individuals in need, as they often do not understand the philosophy of harm reduction or the available resources.

**Federal Funding Environment**: Sean notes that current federal funding for harm reduction has declined under the present administration, creating a significant gap for the next few years. Jessie adds that federal support for harm reduction was minimal historically, only becoming more prominent during the Biden administration.

**Economic Justification for Harm Reduction**: Sean and Jessie emphasize the importance of presenting economic data to counter stigma and garner support for harm reduction initiatives. They cite examples, such as the reduction in HIV transmission through syringe programs and decreased mortality rates in countries with long-standing overdose prevention sites, as proof of significant savings in incarceration, healthcare, and productivity costs.

**Rural Accessibility Barriers**: Sean and Jessie highlight significant barriers in rural settings, such as the long distance to methadone clinics and the unreliability of public transportation. Additionally, pharmacists refusing to fill prescriptions for medications like Suboxone represents a major obstacle to care in these areas.

**Educating Law Enforcement**: Jacqualine shares that educating law enforcement via Crisis Intervention Team (CIT) classes is effective when framing harm reduction around cost-effectiveness and public health, such as reducing hospital costs for wounds and preventing disease transmission. This education helps address concerns regarding public safety and syringe presence by explaining that such services actually reduce the number of discarded syringes.

**Overdose Prevention Sites**: Jessie and Jacqualine highlight the efficacy of overdose prevention sites, noting that there has never been an overdose fatality at any such site globally. They suggest that these sites can gain community support, such as the On Point site in New York, by demonstrating benefits like reduced emergency room visits and improved neighborhood safety.

**Leveraging Lived Experience**: Thomas argues that it is critical to utilize individuals with lived experience to advocate for harm reduction by sharing their stories with law enforcement, ER doctors, and policy makers. This helps dismantle the prejudice that individuals who use drugs are inherently "bad," as opposed to those in recovery who are often viewed as exceptions.

**Socioeconomic and Racial Bias in Drug Policy**: Jessie and Thomas discuss the inherent biases in how substance use is policed, noting that wealthy individuals who use drugs are rarely arrested compared to those in impoverished or minority communities. They emphasize that this systemic prejudice contributes to keeping poor people in hopeless situations.

**Maryland's Position in Harm Reduction**: Thomas Higdon observes that Maryland is performing well compared to neighboring states like West Virginia, which has lower harm reduction coverage and higher overdose rates. The group agrees that the state should build upon this progress by making specific recommendations for overdose prevention centers and removing criminal penalties for paraphernalia.

**Status of Federal Funding for Programs**: The state is currently working to adapt to recent federal guidance  while preserving federal funding and maintaining services.

**Limitations of Opioid Restitution Funds**: Barbara cautions the group against assuming that Opioid Restitution Fund (ORF) dollars can fill budget gaps for all health departments. Many jurisdictions are already facing significant budget cuts, and there is no guarantee that local governments have the capacity to backfill these services.

**Review Action Items**

- [ ] Presenters should utilize the established guidance document to create a summary.

**Next Meetings**

- August 3: Treatment (Yngvild & Malik)
- August 20: Recovery (Sean)

**Adjourn**