



Community Engagement Report
July 2017 - August 2023

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Executive Summary

[BRIDGES Coalition](#) has conducted community engagement since 2017 with the purpose of building political momentum for community-based organizations to be granted legal authority to open and operate overdose prevention sites (OPS). OPS are indoor spaces where individuals can consume their own drugs in the presence of trained professionals (including people who use drugs) with immediate access to life-saving interventions, medical care, emotional support, and non-judgmental therapeutic relationships. The Maryland General Assembly has been presented with a dozen opportunities to authorize pilot OPS across the state with a priority placed on locating at least one in Baltimore City. While these legislation did not move, city and state policymakers did. Each year, dozens of legislators added their names to OPS legislation. In a September 2022 meeting with BRIDGES leadership, after publicly testifying in support of OPS state legislation twice, Mayor Brandon Scott committed to authorize OPS in Baltimore.

In addition to the general public, four stakeholder groups have been identified as essential to the success of OPS in Baltimore City: people targeted by the drug war, service providers who work with drug users, community and business leaders, and policymakers. BRIDGES has utilized the following strategies to engage these groups:

- Meetings – coalition meetings with people targeted by the drug war and relevant service providers (over 75 meetings with an average of 19 attendees), 1:1 or small group meetings with key individuals from across these groups (3-5 each month for several years), and formal city and state policymakers meetings, such as informational and legislative hearings with committees and caucuses (12 since 2017).
- Educational events – in-person discussions in targeted neighborhoods (8 held from July 2017-January 2020, with over 140 attendees total), neighborhood street clean-ups in collaboration with community leaders (7 held in targeted neighborhoods), presentations to providers and students in service fields (dozens annually to hundreds of attendees), and informal discussions with supportive elected officials for their peers (two in 2020).
- Demonstration OPS installations – set-up outdoors in neighborhoods (over 1,500 visitors, 2017-2018), at service provider conferences (over 200 visitors, 2017 and 2018), set-up in Annapolis for legislative staff (over 100 attendees, 2020), and three with local arts businesses for the general public (over 550 attendees total, 2018 and 2022).
- Story and name banking – stories documented demo OPS visitors in neighborhoods (300 people), names gathered in support of OPS at demo OPS (over 850), and the [active petition](#) to Baltimore City leadership (over 1,000 signatures).
- Formal research – focus groups with providers and a survey with political candidates conducted by BRIDGES, and surveys with drug users and business leaders by JHSPH.
- Site Visits to OPS – OnPoint NYC visits by BRIDGES members, service providers, policymakers (6 from December 2021 - April 2023).

Based on our community engagement, BRIDGES believes that Baltimore City Health Department can be an essential partner to ensure successful OPS implementation. BRIDGES recommends that BCHD: 1) coordinate communication, implementation, and evaluation of relevant data; and 2) advocate other city agencies to support Harm Reduction and OPS.

Overdose Prevention Sites: An Overview

Overdose prevention services (OPS) are added to existing harm reduction programs that have excellent track records in building trust with people most likely to experience fatal overdose. These services particularly benefit those who are not well connected with other providers and likely to engage in riskier drug use, such as public injection and injection in unsafe spaces.

There are over 200 OPS around the world, including two sanctioned sites in the United States, operating in New York City.

At a harm reduction center they are welcomed with friendliness and care – something often absent from the interactions they have elsewhere – and offered the array of services available such as case management, a place to rest, use of a bathroom/shower, clothing, meals, group activities of various kinds, and use of the overdose prevention area. If the person opts to use the OPS, they can gather the implements they need from staff (e.g. sterile syringes, alcohol wipes, fentanyl testing strips, etc.) in order to use their previously purchased drugs more safely (at all authorized OPS, no drugs are bought or sold on the premises).

They are then offered a simple booth (or similar private space) where they can use their drugs under supervision of medically-trained staff, which could include nurses or peer specialists. These staff are available to respond to overdose, equipped to administer oxygen and naloxone (the opioid overdose reversal medication), as well as monitor blood oxygen levels, pulse, and respiration. They are also trained to respond to other potential emergencies.

Once the person has used, they are offered a quiet space where they can rest – often called the “chill zone.” In this area, people can be further monitored in case of overdose, harassment or victimization while intoxicated and/or resting. Protocols and accommodations are and should often be put in place to protect women, young people, trans and gender expansive people.

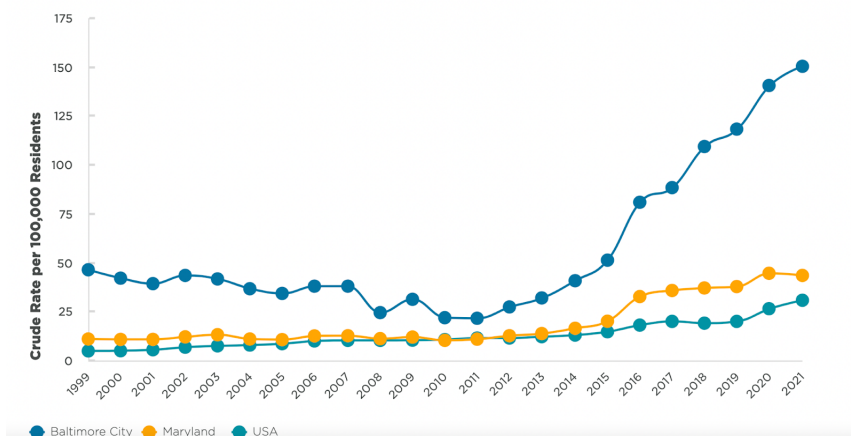
In all the millions of times OPS have been used around the world, not one time has resulted in a fatal overdose.

Harm reduction centers with an OPS program also offer additional services that particularly vulnerable people need – such as wound care, housing case management, mental healthcare, primary care, and referrals to complementary services not offered onsite. Studies repeatedly show that people who use OPS services are more likely to engage in long term drug use treatment than their counterparts who do not utilize an OPS. The impressive outcomes that OPS offer are only possible through the building of trust between staff and highly marginalized and stigmatized people. People must be met where they are in order to reach them on their own terms, so that they can live another day.

State of the Issue

Overdose rates in Baltimore City and across Maryland spiked in 2016, the same year that a bill to legally authorize OPS was first presented to the Maryland General Assembly. Meanwhile, overdose rates have continued to rise significantly in Baltimore City (see: Graph 1 for incidence rate (1999-2021)). Source: CDC WONDER. Accessible at: <https://wonder.cdc.gov/mcd.html>).

Graph 1: Overdose Fatality Rate per 100,000 Residents, Baltimore City vs. Maryland vs. United States (1999-2021)



According to the [Maryland Opioid Overdose Command Center](#), overdose deaths have increased rapidly among Black Marylanders. Despite making up about 31% of the population, Black Marylanders accounted for 39% of all overdose deaths in 2020. Rates among adults 55 years and older increased at a faster rate than other age groups; four-fold since 2015.

By definition, each of these accidental overdose deaths was preventable.

Over the past 8 years, the Maryland General Assembly has been presented with a dozen bills across both chambers to authorize pilot OPS across the state with a priority placed on locating at least one in Baltimore City. While committees did not move the bills to the floor, dozens of legislators each year added their names and voices to the movement for OPS. In particular, Baltimore City leadership have been increasingly public about their support for OPS since 2020.

Since March 2020, the COVID-19 pandemic has made our communities even more vulnerable to health complications and overdose. In November 2020, Toronto's Board of Health approved expanding the range of harm-reduction services offered in selected homeless shelters, namely OPS. As COVID hit New York City, their overdose rates dramatically increased. With mayoral support, OnPoint NYC opened two sanctioned OPS as an emergency measure.

BRIDGES Coalition for OPS

The coalition collaboratively developed a mission statement in 2017, which is: BRIDGES is an advocacy coalition working to end overdose and criminalization by promoting safe spaces, dignity, health, and justice for people who use drugs. Members felt it was important to have a broad mission that focuses on systemic harms of the drug war and value-based solutions, which include but are not limited to overdose prevention services. However, BRIDGES' primary purpose is to advocate for the legal authorization and equitable implementation of community-run OPS across Maryland.

The membership of BRIDGES come from a variety of communities and professions across Maryland, but primarily representing Baltimore City. The organizational member list can be viewed at www.bridges4ops.org. Baltimore Harm Reduction Coalition (BHRC) is the steward of BRIDGES, funded by Abell Foundation and Open Society Institute (OSI). Our community organizing is grounded in relationship-based strategies, which includes regular interactive meetings and opportunities to educate various stakeholders in harm reduction and OPS.

Methods for this Report

As an advocacy coalition, BRIDGES has collected and analyzed community engagement data to build support and develop messaging, not to gather perspectives at the level of public health researchers. The tools our coalition has used to organize and evaluate impact are: meeting frequency and attendance; educational event partnerships and attendance; visits to demonstration OPS and legally operating OPS; storybanking and name-banking.

Our work is informed by studies, such as: *Safe Consumption Spaces: A Strategy for Baltimore (2016)*, *Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility (2017)*, and *Language Matters in Combating the Opioid Epidemic: Safe Consumption Sites Versus Overdose Prevention Sites (2018)*. As well, research partners have provided unique analyses to BRIDGES over the years, such as select [SAPPHIRE study](#) data summarized by Dr. Susan Sherman’s team, to the right.



Community Engagement by Stakeholder Group

BRIDGES identified four key stakeholder groups to prioritize for community organizing: people targeted by the drug war, service providers who work with drug users, community leaders, and policymakers. Additionally, the coalition has developed strategies to engage the general public, which are described at the beginning of this section.

General Public

Demo OPS Project – The BRIDGES Demonstration OPS is a temporary installation managed by BRIDGES members and other community partners. Depending on the setting, the structure has included an outdoor pop-up tent, the educational tool [Safe Shape](#), built-in booths with electrical lighting, or a folding table. In all cases, BRIDGES members display harm reduction supplies such as a safer injection kit, naloxone, and fentanyl testing kit, and staff the set-up equipped with OPS educational knowledge and materials. These installations are indicated by signage for the BRIDGES Coalition and our campaign slogans, such as “Health. Safety. Dignity. Justice.” and “Yes on My Block!.” to promote the coalition efforts and movement.

In 2018 and 2022, BRIDGES set-up variations of the demo OPS for the general public. BHRC and OSI set it up at Baltimore’s first [Light City](#) event in 2018. This was the first attempt by BRIDGES to build a demo OPS. It garnered such thoughtful interactions with the public that the coalition continued and re-conceptualized it for a variety of settings. After holding them in neighborhoods and public health events over the years, BRIDGES created a unique experience

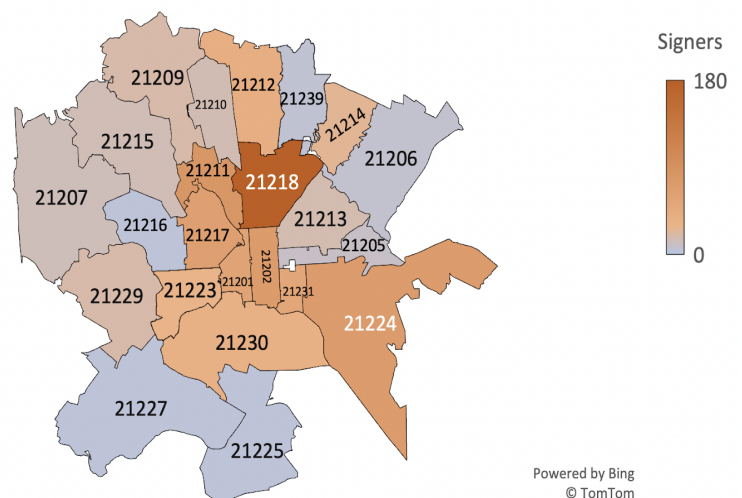
in July 2022 at NoMüNoMü Arts Collective in the Mt. Vernon neighborhood. The event culminated in a press conference, when Mayor Brandon Scott, City Health Commissioner Dr. Letitia Dzirasa, and Baltimore County State Senator Shelly Hettleman joined BRIDGES Coalition in support of OPS being opened in Maryland. Overall this three-day event was attended by over 150 people, including [media](#) (resulting in several print and broadcast pieces), three city council members (resulting in strategy meetings and visits to OnPoint NYC), staff from several public agencies, and community organization partners.

In September 2022, BRIDGES collaborated with OnPoint NYC, OSI, and the Charles Theater to host a screening of the film documentary “[Love in the Time of Fentanyl](#),” about North America’s first OPS, InSite in Vancouver, Canada. The coalition set-up a small-scale demo OPS in the theater lobby and over 300 people registered for the event, which included a panel discussion after the film screening.

Storybanking via the Petition

– A primary engagement tool for BRIDGES is the “Yes On My Block” petition crafted to be sent to Baltimore leadership, including city council and agency heads. While this petition is intended to encourage city policymakers to sanction community-based organizations to operate OPS, it opens an organizing moment to engage the general public.

Graph 2: Yes On My Block OPS Petition Signers, Quantity Distribution by Zip Code



The Coalition promotes this petition at events, in partner-led coalition meetings, and via social media platforms. Canvassing with this petition has been conducted by BRIDGES members in Roosevelt Park in Hampden, Waverly Farmers Market, Station North, Pigtown, SOWEBO, Eager Park, Lexington Market, AFRAM, and more events. As of August 18, 2023, we have garnered 1,073 signatures (see Graph 2: Yes On My Block OPS [Petition](#) Signers).

People Targeted by the Drug War

The original purpose of the BRIDGES Coalition was to lay the groundwork for grassroots community support of OPS by centering Baltimore City residents most impacted by mass incarceration, racist policing, and overdose death.

Coalition Meetings –

Since the coalition's inception, monthly member meetings have consistently been held and grounded in relationship-based community organizing strategies. These meetings remain the strongest organizing tool for the coalition's efforts. The majority of meeting attendees have experience related to overdose - personally, professionally, or both - and a strong desire to reduce overdose death.

Since July 2017, BHRC has organized a BRIDGES member meeting on the second Wednesday of every month (with some pauses for breaks). The coalition also utilizes committee and ad hoc workgroup meetings to collaborate on various projects and retain member engagement. When the coalition met in-person the monthly member meetings averaged 21 attendees and since shifting to Zoom meetings in March 2020 they have averaged about 17 attendees.

In person meetings would be hosted by member organizations (syringe service programs, churches, etc.) that are situated in communities with high rates of public drug use and policing, such as 25th Street, Penn-North, Maryland Avenue, and Middle East. Organizational members have been encouraged to identify volunteers or participants with living experience of drug use to join the meetings, and individuals met during educational outreach events with particular interest in organizing are welcome as well.

Educational Events – BRIDGES organizational members offer educational opportunities to promote the concept of harm reduction and discuss the potential of OPS in Baltimore's communities hardest hit by the drug war and overdose death. Communities United (CU), BHRC, Bmore POWER, and Charm City Care Connection (CCCC) have collaborated on six events entitled, "Seeking Safety in a War Zone," which were held in East and West Baltimore at clinics that provide medicated-assisted treatment and places of worship. These events were attended by over 140 people total, and speakers included faith leaders and former law enforcement.

CU has held the Power Project since 2018, which serves as an organizing body focused on political education to people most affected by the drug war. Over the past five years, the Power Project has educated 315 people with lived experiences of drug use about OPS, harm reduction

and helped them to become more articulate within their communities about all of the issues that complicate the lives of individuals impacted by the war on drugs. CU also prepared those who were ready to speak to city, state and national legislators and publicly about these issues.

Demonstration OPS Designed for Neighborhoods – The coalition has prioritized community organizing strategies designed to engage people with living experience of drug use and communities where people may use, sell, or overdose in public. We set-up in neighborhoods with overdose death rates 36-76% higher than the citywide rate: Penn-North, McElderry Park, Station North, Greenmount West, and Lexington Market. In these neighborhood pop-ups we offered: 1) naloxone trainings, 2) information about recovery options, 3) prevention education resources related to overdose, HIV, Hep C, and other relevant issues; 4) shade from the hot sun with cold water, snacks, towels; and 5) write-up testimonies in support of harm reduction and OPS to be shared with community residents and legislators.

Engagement Tool	# of People
Visitors: people who went inside pop-up tent	1,547
Preliminary Petition: signing a letter to demonstrate support (separate from current formal petition project)	859
Storybanking: writing a testimony on why they support of OPS	300
Canvassing (*2019 only): walking around community where demo OPS was installed	*1,078

Storybanking – A powerful community engagement tool is storybanking (aka testimonials). Visitors to the demonstration OPS can write out or ask a BRIDGES member to write out some comments to finish the sentence “I support overdose prevention sites because...” In autumn 2018, BRIDGES Coalition’s messaging committee documented and analyzed 134 testimonials to develop advocacy slogans and talking points which are still relevant today. The following are examples of testimonials collected from residents of communities targeted by the drug war:

“I am a recovering addict. I have seen the stuff that occurs when it is known that the person or people have overdosed, maybe even died. And the people who want to just think it is a culture or community issue really need to appreciate the possibility of having an OPS in our communities. This could address one main issue of drug addiction.”

- K. Davis, Northwest Baltimore

“I feel there will always be drug problems, addicts and overdoses. A safe haven is not condoning the usage, however it will at least provide a safeguard on the users, free up first responders and possibly take away some worry of friends and family members.”

- A. Coleman, Lexington Market

“It would save lives and allow communities to better monitor the health and activities of those involved in the drug culture.”

- B. Childs, Sandtown

“It represents change in a time when radical thinking is needed...with the opportunity to be in an environment where an individual can use resources that might help him/her change their mind and move towards positive things within their communities. Then I personally have to support it.”

- E-A Shalcoor, Monument Community

“I have seen so many overdoses resulting in death and this would drastically decrease the death rate from overdose. I think it’s a great idea and a must have for Baltimore.”

- M. Grime, McElderry Park

In 2020, the significant impact of COVID on essential harm reduction workers (who comprise much of the coalition) and on people who use drugs led the coalition to pause on organizing the demo OPS project in communities targeted by the drug war. The Coalition expressed concern about gathering so many people so closely together during the pandemic.

Outside of the demo OPS setting, many BRIDGES organizational members operate as harm reduction service providers, allowing them to directly ask participants their opinions on OPS. At Healthcare for the Homeless (HCH), the MAT-SSP team nurses talk openly with patients about their visit to OnPoint NYC and what it could look like to have an OPS in Baltimore. They ask for honest feedback about how patients think an OPS might look and shape a more dimensional approach to the patient’s care. The nurses ask patients what they know about OPS and if they think that this is something that would be useful to them—overwhelmingly, they say yes. Behavioral Health System Baltimore (BHSB) has integrated conversations about OPS into its existing community outreach, as has BHRC, SPARC, CCCC, and North Avenue Mission (NAM).

Service Providers Who Work with People Who Use Drugs

As providers and consumers within the continuum of care, coalition members have relationships with public health, medical, treatment and recovery professionals. Based on the building blocks of the 200+ OPS that operate around the world, we know that in order for an organization to operate Overdose Prevention Sites/Services, it will make the most sense if it is a state-certified syringe service program (SSP). Additionally, all SSP are state-certified Overdose Education and Naloxone Distribution (OEND) programs. Relying on this expertise in overdose prevention programming and the trusting relationships built to run harm reduction programs, the coalition has used snowballing community organizing techniques to engage service providers from across the city and state.

Coalition Meetings – All community-based organizations who serve as authorized SSPs in Baltimore regularly engage in coalition meetings and activities, and all of the service provider organizations in the coalition offer naloxone distribution and client-level overdose education (12 of the 31 BRIDGES organizational members). The coalition has organized these programs together alongside other providers and consumers to collaboratively discuss realistic, community-oriented models for OPS operations.

Formal Research – Within BRIDGES first year, it held five focus groups for behavioral health treatment providers: three in August 2017 and two in February 2018. Twenty-seven local providers shared their thoughts about OPS as a potential solution to address drug use. The sessions were recorded, de-identified, and transcribed by BRIDGES members. Many of the service providers were excited by the notion of an OPS in Baltimore City and shared statistics, mostly from InSite, a supervised injection facility in Vancouver, Canada, to back up their positive feelings. Some of the providers remained unsure about OPS, and some were opposed.

Themes from the 2017 focus groups with behavioral health treatment providers included:

- **The need for neighborhood buy-in and alliance with the surrounding community**
- **Concern about the contradicting message to clients (recovery vs. OPS)**
- **Questions on how an OPS would work logistically and in relation to other services**
- **Large concerns about funding and who would be involved in the implementation**
- **The statistics about reducing overdoses compelled participants to support OPS**
- **Statements that OPS is part of the continuum of care**
- **Many participants didn't think that people would want others to watch them use**
- **Most didn't talk about how an OPS would fit into their current programs.**

Demonstration OPS at Events – In 2018, BRIDGES set-up the demonstration OPS project at BHSB's Peers and Allies Networking Conference and the Maryland Harm Reduction Summit to garner attention from providers, health department staff, and public officials. These two events resulted in over 200 visits from service providers and over 100 new BRIDGES mailing list members. In September 2019, BRIDGES organized an event attended by over 30 providers at IBR REACH, which included a demonstration OPS and panel discussion with then-City Council President Brandon Scott, then-State's Attorney Marilyn Mosby, and harm reduction leaders.

For service providers, working the BRIDGES demo OPS is an effective engagement tool.

Working with BRIDGES organizers and advocates, local providers have an opportunity to design a simple OPS to meet needs of our unique communities, to build and practice talking points as they engage with visitors, and hear stories from people with living experience of drug use who wanted and needed these spaces. Many of the demonstration workers have become strong advocates of OPS within their organizations and fields.

Educational Events – Each year BRIDGES members conduct over a dozen presentations and panels on the topic of OPS – which at least include a moment to advocate for OPS within a more general presentation about harm reduction and at most are specifically focused on OPS by request. Requests for BRIDGES speakers have exponentially increased over the past several years, specifically from medical professionals and medical students.

BRIDGES organizational member BHSB holds an annual Behavioral Health Legislative Preview event before the beginning of Maryland's legislative session. The event includes mostly behavioral health providers from across the city. There are typically close to 50 people in attendance. BHSB always discusses harm reduction policy, including OPS. Over the years

BHSB has seen groups of providers engaged in the discussion and increasingly showing their support. BHSB also has brought the conversation about OPS to a variety of events primarily attended by services providers and people impacted by the drug war, including their Recovery Month event at Eager Park with over 150 attendees and Mental Health Awareness Event at Avenue Market attended by approximately 75 people.

Fellow BRIDGES member CU meets regularly with senior staff of substance use treatment centers and community centers throughout Midtown, Penn-North, West Baltimore to discuss connecting their participants with the Power Project. As part of those discussions CU speaks regularly about OPS, harm reduction, stigma and organizing community members as well as program participants. CU has had persistent and recurring contact with six such centers and have had individual meetings with personnel from eight others.

Over years of presenting on OPS to a variety of service providers, BRIDGES has learned to highlight three specific pieces to this specific group:

- 1. OPS are not “the solution”**
- 2. OPS do not “replace” treatment services**
- 3. OPS are a crisis intervention within a continuum of care to reduce overdose rates.**

Storybanking – BRIDGES has dedicated time to collecting stories from service providers and working 1:1 with individuals interested in publicly providing testimony. Services providers have played a strong and necessary voice in policy advocacy settings, such as bill hearings and informational sessions with policymakers. Their testimonies have also served to compel other service providers present in the hearing rooms.

In 2020, BRIDGES garnered 45+ organizations and 100+ individuals, primarily healthcare professionals, to sign a letter in support of the Overdose and Infectious Disease Prevention Services Program bill (HB464/SB990). Over the years, service providers from the following organizations have testified in support of OPS at the state and city level:

- Behavioral Health Leadership Institute
- REACH Health Services
- Johns Hopkins University and Medicine
- SPARC Center for Women
- Healthcare for the Homeless
- Charm City Care Connect
- Power Inside
- Baltimore Safe Haven
- North Avenue Mission
- Maryland Association for the Treatment of Opioid Dependence
- Baltimore Harm Reduction Coalition
- Marian House
- Daniel C. Torsch Foundation
- MD/DC Society of Addiction Medicine
- MD Addiction Directors Council

Site Visits to OPS – Providers from CCCC, HCH, BHRC, NAM and SPARC have visited the sanctioned OPS in New York City. Following these trips, providers were able to incorporate their experience into internal education for other staff at their organization who were not able to attend. BHRC has worked with fellow coalition members at these organizations to more deeply incorporate OPS education into their training modules for internal and external provider staff.

For example, at Healthcare for the Homeless’s monthly New Hire Orientation training, the Harm Reduction Program Manager incorporates OPS into discussion about harm reduction and trauma informed care. She shares how OPS is essential to breaking barriers; giving patients and community members access to person-centered, non-judgmental care and support.

Community Leaders

Educational Meetings and Events – BRIDGES Coalition organizational member BHSB has led efforts to discuss OPS with various communities across the city. Since 2018, BHSB has worked with the community surrounding Lexington Market. These meetings were to organize the community during the construction of the new market, pulling in businesses and community organizations in the surrounding area. Some Market Center representatives are supportive of OPS as they want to see drug use treated more holistically.

In 2019, BHSB engaged with the CARE Community due to concerns with syringe litter in many of the vacant lots throughout the area. This led to several meetings with the members. Following this, a significant meeting was held with the President of the CARE Community Association and the Vice President of the McElderry Park Community Association, which is an adjacent community. The meeting also included other BRIDGES members from Bmore POWER, William Miller Sr and Will Miller Jr. They discussed harm reduction efforts including OPS. Attendees appeared to agree with the concept and how it can help with issues around syringe litter in the community.

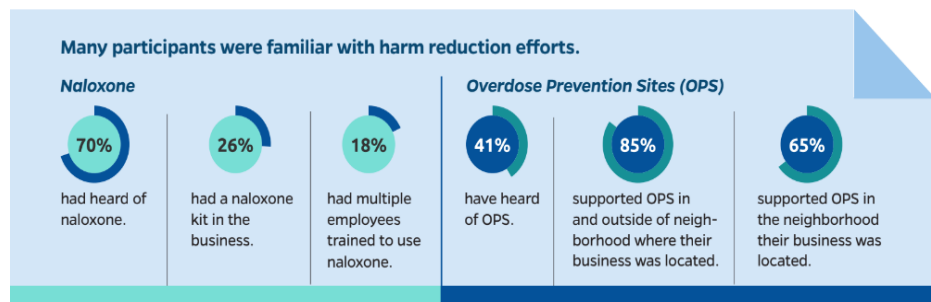
In October 2020, BHRC and BHSB were invited to a meeting with the North Harford Community Association. This community had been experiencing an increase in sex work and open air drug use along the Harford Road corridor during COVID. During the meeting, presenters talked about harm reduction and specifically OPS. The attendees appeared to be supportive as they felt it could help address concerns with drug use happening in open spaces in the community.

In 2021 BRIDGES presented on OPS at two virtual community association meetings: Pigtown community association meeting in early February, and the Lexington Market Merchants Association meeting in early April. The presentations were informative and offered excellent experience for coalition members to practice messaging about OPS (what lands and what doesn’t land with residents). The virtual conversation space created many challenges to really engage with residents’ hesitations around the issue, and the push-back highlighted the strong sense of “NIMBY” (Not in My Backyard) among homeowners in these areas.

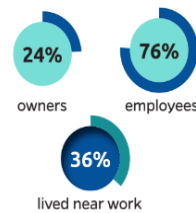
To demonstrate the community-level impact of harm reduction, BRIDGES held seven community clean-ups over the past few years with hands-on support from BHSB and the direct services staff of BHRC, SPARC, and CCCC. These street clean-ups were organized in partnership with community association leaders and churches; three in Sandtown-Winchester, one in the Mondawmin area, one in Fells Point, one in Hampden, and one in Pigtown. We have learned that gathering safely to improve community conditions via clean-ups helps us to meet many goals: start off relationships in a more positive direction; demonstrate our dedication to the neighborhood; and gain a sense of the public drug use and discarded paraphernalia in the area which informs the area’s need for an OPS.

Formal Research – Engagement with Baltimore’s business community has been strongly informed by research conducted by harm reduction experts and partners of BRIDGES. In 2022, Dr. Susan Sherman and team published

[Acceptability of Overdose Prevention Sites in the Business Community in Baltimore, Maryland](#). The research team surveyed business owners and employees of businesses located in neighborhoods with concentrated drug markets. The study’s primary aim was to examine their attitudes to locally-placed OPS.



Who was in the CONNECT Study?



CONNECT was a cross sectional study of owners (24%) and employees (76%) of businesses located in high drug-using neighborhoods in Baltimore City. Participants (N=149) were 42% female and 48% non-Hispanic Black, 18% non-Hispanic White, 10% Hispanic, and 24% other races.

The study gathered information about their opinions on harm reduction interventions and experiences with people who use drugs in and around their businesses.



CONNECT was funded by the Bloomberg American Health Initiative.

After working with partners at JHSPH to create fact sheets based on the CONNECT Study, the coalition was more equipped to engage business leaders. In July 2022, BRIDGES partnered with the NoMüNoMü Arts Collective to host an interactive educational event and press conference about OPS. To promote this event, coalition members canvassed downtown and Mt. Vernon businesses with flyers. Members have since met with business leaders to plan additional engagement strategies, such as naloxone trainings and OPS discussions.

Policymakers

City Council Meetings – Since the coalition’s inception, BRIDGES members have engaged Baltimore City elected officials through their participation in four city council hearings. In February 2020 the Health Committee heard from 10 BRIDGES members at their hearing to discuss opioid addiction. Following this hearing, BRIDGES coordinated with former Health Chair Kristerer Burnett to organize an informational hearing on OPS on November 24, 2020. At this

hearing, the Health Committee heard from City Council President and Mayor-elect Brandon Scott, who opened the informational hearing with a personal reflection on his upbringing in Park Heights. Dozens shared testimony in a hearing that lasted three hours.

Nearly one year later, the Health, Environment and Technology Committee held an investigative hearing titled, “Developing a Coordinated Response to Baltimore City’s Overdose Crisis” on November 17, 2021. During this hearing, the committee members heard a presentation from BRIDGES Coalition about the role that OPS could play in responding to the overdose epidemic. All seven members of the HET committee were engaged that day: Chair Danielle McCray, John Bullock, Mark Conway, Ryan Dorsey, Phylicia Porter, James Torrence, and “Yitzy” Schleifer. This hearing created a foundation for BRIDGES advocacy with city council members newly appointed to their positions after city council restructuring occurred after the 2020 election. The most recent city council hearing BRIDGES was involved with was a second investigative hearing of the same name, taking place on January 25, 2023. At this hearing, we were able to provide five minutes of public comment following agency reports, reiterating once again the necessity of OPS to join the continuum of care for people who use drugs.

State Legislative Hearings – Though the coalition did not formalize until 2017, BRIDGES members have led statewide organizing efforts to authorize OPS through the Maryland General Assembly since 2016 with the introduction of HB1212 sponsored by Delegate Dan Morhaim. HB1212, which at the time had zero cosponsors and no cross-file, was voted unfavorably on by the Health and Government Operations Committee. The OPS state authorization bill has been introduced a total of seven years now, with support for our work growing consistently each year. The legislation would authorize up to six pilot OPS sites across the state.

In the 2023 session, the OPS bill’s (SB618, HB953) primary sponsors were Senator Shelly Hettleman and Delegate Peña-Melnyk. SB618 had five co-sponsors and HB953 had 45 co-sponsors. These efforts were supported by 46 favorable witnesses, a combination of BRIDGES members as well as major institutions, such as Johns Hopkins University and Medicine, and municipalities like Baltimore City and Montgomery County. Though the bill has not passed, the support has increased significantly in the last 7 years. The persistence of BRIDGES organizers in engaging with elected officials, through emails, calls, and 1:1 conversations with every co-sponsor has resulted in a large increase in legislative support.

Educational Events – In 2020, OPS champions at the city and state levels collaborated with BRIDGES to organize two well-attended events. In January 2020, BRIDGES and Delegates Peña-Melnyk and Hettleman held “Everybody Deserves a Safe Space” at the State House. This all-day event allowed staffers and legislators to tour the demo OPS, view the [BRIDGES video series](#), and hear from experts (organizers who have been involved in harm reduction advocacy for years and staffed the neighborhood demo OPS). Over 100 staff and legislators participated. In October 2020, BRIDGES hosted a virtual panel discussion with then-Delegate Hettleman, national candidate Mia Mason, and then-City Council President Brandon Scott. This event, [The Politics of OPS](#), covered the implications and benefits of OPS in Baltimore City. It was attended live by over 300 viewers and made accessible on YouTube.

Formal Research – In May 2020, BRIDGES conducted a phone survey of 74 of 102 candidates for Baltimore City Council and Mayor. Results can be accessed [here](#); 73% of all candidates surveyed stated “yes, I will actively support establishing OPS in Baltimore City.”

Of the 16 city leaders currently in elected Baltimore City council or mayoral positions, 11 said “yes to OPS” and zero said “no” as 2020 election candidates.

It should be noted: the two candidates “unsure about OPS” in 2020 have since met with BHRC twice and will be joining BRIDGES on a NYC site visit in September 2023. Also, one of the four who could not be reached in 2020 is actively supportive today (Councilmember McCray).

Site Visits to OPS – Since it opened on November 30, 2021, BHRC has collaborated with OnPoint NYC to host six tours of their centers, three for government officials and staff: Baltimore City Mayor and a few council members, three supportive state policymakers, and leadership and staff of the Baltimore City Health Department. The OnPoint NYC staff shared details of their OPS daily operations and how to strategically work with different stakeholders to integrate OPS into the fabric of the community in a healthy way. As a result of these visits, policymakers have become more confident in their support of OPS and initiated action.

Conclusions and Recommendations

BRIDGES members are practiced in controversial and emotional dialogue. We leverage these skills to identify root causes of residents’ hesitations around OPS and to shift their perspectives with open, trusting communication. Some key lessons from the past seven years are:

- a) SSPs and treatment services provide so much of what people need, except for a reliable, safe space to use.
- b) OPS could operate within already existing programs and partner with existing providers.
- c) The movement for OPS must be community-driven and led by the needs identified by people with living experience of drug use.
- d) OPS planning and implementation must prioritize relationships and trust building.

Over the past year, BRIDGES has worked to intentionally identify a service provider for political decision-making bodies to consider as a site to pilot OPS. While this recommendation is not yet publicly final, the coalition will recommend a harm reduction organization that represents its values of health, safety, justice, and dignity as the provider to open and operate the city’s first OPS. BRIDGES requests that BCHD collaborate intentionally with us in pilot site development, serving as coordinators, advocates, and information sources. Specifically, BRIDGES Coalition recommends BCHD take the following role and activities:

Coordinate communication, implementation, and evaluation of relevant data

Formal community engagement report – Harm reduction advocacy groups in other jurisdictions have collaborated with their local health departments and research institutions to

create a formal community engagement report. This BRIDGES report can be a jumping off point for the health department to support continued formal research into community engagement, like conducted by the [Illinois Department of Human Services in 2020](#). We recommend this research be conducted in close collaboration with the coalition and its JHSPH research partners, and informed by efforts beginning in [Rhode Island](#) and [Connecticut](#).

Cross-system data collaboration – It is recommended that BCHD support tracking, collecting, and sharing quality data that impacts the operations and success of OPS as part of the city’s broader effort to evaluate data towards reducing overdose rates in general. The Coalition imagines this would include connecting efforts and data from the city’s overdose spike alerts, 911/EMS calls, Overdose Fatality Review team, Opioid Intervention Team, Behavioral Health Accountability Collaborative, Continuum of Care, LEAD, advisory boards/commissions, and other cross-agency bodies that will discuss the health and wellbeing of OPS participants.

Promote consistent evaluation (funding and dissemination) – Based on the coalition’s community engagement and research over the past several years, it is imperative that OPS funding not be fully beholden to political or administrative shifts. We are engaged in national efforts to identify and secure a diverse range of funding sources for OPS operations. It is recommended that BCHD prioritize seeking and providing consistent funding for data collection and evaluation of the pilot and future OPS. This includes ensuring that all agencies receive regular evaluation reports outside of the cross-agency meetings and in public forums. BCHD’s work on research funding mechanisms can be informed by efforts in [Rhode Island](#) and [recommendations](#) from harm reduction advocates from around the country, as described in this [recent New York Times article](#).

Advocate other city agencies to support Harm Reduction and OPS

Harm Reduction training for agencies that serve the city – All agencies should institutionalize support for OPS within their internal protocol by mandating and leading trainings. This will greatly aid in maintaining consistent support for OPS as agency staff and political administrations change over time. While some agencies at large have historically been stigmatizing towards people who use drugs, the coalition has identified growing internal support for harm reduction that can be leveraged. BCHD and BRIDGES can work together to resource the internal OPS champions at various city agencies, including the fire department, police department, State Attorney’s Office, MOHS, and MONSE. Together, BCHD, BRIDGES, and these internal champions can organize and conduct trainings to key staff on stigma, language, and harm reduction basics, and build relationships with potential OPS workers (many of whom are BRIDGES members). Key staff include any city employees who interact with OPS participants as well as agency advisory boards and programs who can continue the internal momentum for OPS support. For example, each of the police advisory board and commission should receive training (e.g. interfaith, LGBTQ+, youth, aging, veterans, etc.).

Referral protocol development and training – BRIDGES Coalition is keen to ensure that referrals to the OPS are efficient while respectful of the space and participants. A clear and detailed protocol must be developed for when and how anyone can refer to someone to use the OPS. For example, the coalition and its supporters feel strongly that law enforcement, including police officers and prosecutors, should have no formal role with the OPS other than ensuring that no one is arrested or prosecuted for using or working in the site. If a police officer must approach an OPS, there must be protocol to announce their presence to the participants and staff prior to being in line of sight. OnPoint NYC has developed such a protocol, which can inform how Baltimore can proceed. BCHD can collaborate with BRIDGES to develop and provide training on referrals tailored to roles, such as: 911 dispatchers, police officers in areas with high overdose rates, BPD LEAD officers, Safe Streets staff, MOHS outreach workers, etc.

Protect the autonomy and dignity of the OPS participants and staff – The fear of criminal justice interference is a major barrier contributing to overdose deaths. Above all else, it is essential that BRIDGES Coalition, BCHD and all OPS supporters protect this life-saving site and the people it will serve. BRIDGES members will continue to advocate that the government allow OPS staff and harm reduction workers in general to do their jobs without interference. BCHD could be a powerful ally in ensuring the success and well-being of OPS participants.