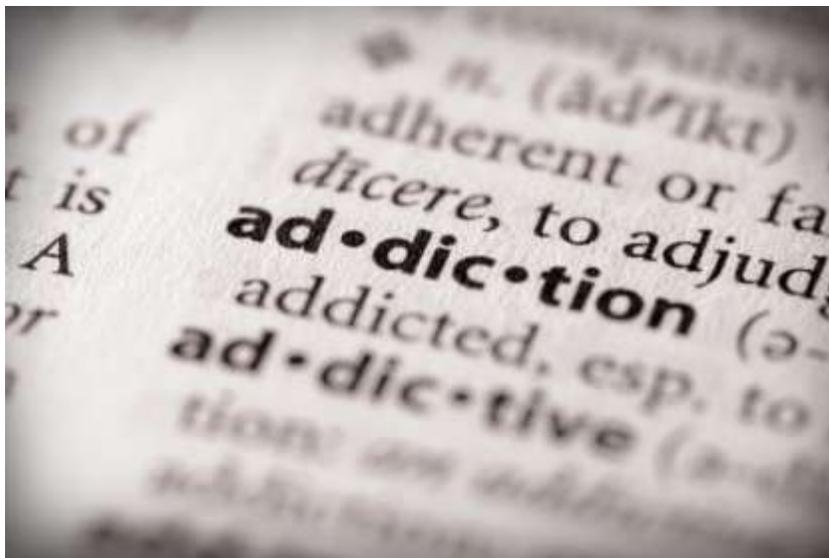


# We must change the way we think about drug addiction in Maryland

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2 6 2016



(Mark Poprocki/ISTOCKPHOTO)

By Dan Morhaim February 5 at 5:42 PM

I've been an emergency room physician for more than 30 years. Every shift, I see broken legs, lacerations, cases of pneumonia and more. On the surface, none appears related to the rising rates of drug addiction and crime plaguing our society. But they are.

Recently, I treated a man with an abscess on his inner thigh about the size of cantaloupe. We had complications trying to give him an IV with pain medicine because years of drug abuse had scarred his veins. He was clearly a drug user with an addiction problem, but his medical record will read only "abscess."

An elderly woman came to the ER with a dislocated shoulder after her purse was stolen. Her chart will read simply "dislocated shoulder," but I know after speaking with her that this was caused by someone desperately seeking to sustain a \$50-per-day drug habit.

I treated a gunshot wound that left a man quadriplegic, leading to painful and costly complications throughout his life for himself and his family and contributing to rising health-insurance premiums. This, too, was a drug-related episode.

These incidents happen every day in every hospital in Maryland. And I see with my own eyes that the root of the majority of these problems is drug addiction.

Overdose rates are rising, HIV/AIDS and hepatitis C are spreading, and homicide rates are up. Worst of all, after [45 years, the colossal “war on drugs” hasn’t curbed the rate of drug use](#) one bit.

The status quo isn’t working.

That is why, with support from [former Baltimore mayor Kurt L. Schmoke](#) and [retired Maryland State Police officer S. Neill Franklin](#), I am introducing four bills that would fundamentally transform drug policy in our state. Each is based on proven practices from around the world. And each treats the drug problem as what it is — a health issue. If we get to the root causes of drug addiction, we can lower health-insurance costs for everyone, reduce violent crime, improve public safety and enable recovery for many. It’s a win-win.

My proposals aim to reduce the harms associated with drug use, including rates of addiction, deadly overdoses, the spread of infectious disease and the incarceration of people who use drugs.

One bill would require addiction treatment in ERs. [That’s where addiction treatment should begin](#), and it’s [more effective than jail](#). Another bill would keep drug users who use minimal amounts out of the [criminal-justice system](#), saving critical resources and avoiding the costs of saddling more Maryland citizens with criminal records and the related adverse consequences.

The other two bills require a shift in how we think about and treat addicts. One would allow for the administering of pharmaceutical-grade drugs to a small and unresponsive group of heroin abusers, with medical supervision. Such [programs operate successfully in Europe](#) with positive results. A [trial program is underway in Canada](#).

The final bill calls for the creation of a safe-consumption program that would create supervised spaces for individuals to consume controlled substances, reducing rates of overdose death and the spread of infectious disease and connecting them with rehabilitation programs.

Of course, not all people with substance-abuse disorders respond positively to treatment. And others will respond but relapse. It’s not a perfect fix. But if 5,000 of Baltimore’s [19,000 heroin addicts](#) went into treatment today, the rate of violent crime and the cost of health care would drop. The payback is immediate. And, for some, the recovery will be long-term.

These bills require a new way of thinking, but if they pass, our harm-reduction approach could become mainstream.

After witnessing for years how our policies have failed individuals, families and society, I've had enough. This is a crisis of epic proportions that requires a radical shift. My proposals aim to reduce the terrible consequences of the war on drugs and initiate scientifically proven models based on compassion and public health.

The writer, a Democrat, represents Baltimore County in the Maryland House of Delegates and is a faculty member at the Johns Hopkins Bloomberg School of Public Health and at the University of Maryland School of Medicine.