



# Maryland Overdose Response Program

## *Training of Trainers*

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# Overview

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- I. Introduction
- II. ORP training curriculum  
-----Break for questions-----
- III. Tailoring the training
- IV. Wrap-up and additional questions

# Purpose of this training

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- **This training provides:**
  - Information about the overdose crisis in Maryland
  - A curriculum for Overdose Response Program trainings that meets the statute requirements
  - Suggestions for risk reduction messaging
  - Suggestions for tailoring trainings to meet your audience
- **Intended audience:** Overdose Response Programs

# Learning Objectives

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Participants will:

- Identify 8 signs and symptoms of opioid overdose
- List 5 key steps to respond to an opioid overdose
- Identify 3 ways to prevent opioid overdoses
- Learn how to conduct a brief training
- Identify 3 ways to tailor overdose response trainings to different audiences

*Part I*

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# Introduction

# **MISSION AND VISION**

## **PREVENTION AND HEALTH PROMOTION ADMINISTRATION**

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### **MISSION**

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

### **VISION**

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

# **VISION AND STRATEGIC GOAL**

## **CENTER FOR HARM REDUCTION SERVICES**

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### **STRATEGIC GOAL**

The Center's strategic goal is to reduce substance-related morbidity and mortality by optimizing services for people who use drugs.

### **VISION**

CHRS envisions a Maryland where:

- People who use drugs have access to compassionate, quality care that is free from stigma;
- Services are low-barrier, community-based, and comprehensive and;
- Experiences of past trauma, criminal legal involvement, and racism do not determine one's health outcomes or quality of life.

*Background information*

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# **Overdose crisis in Maryland**

# Current Statistics

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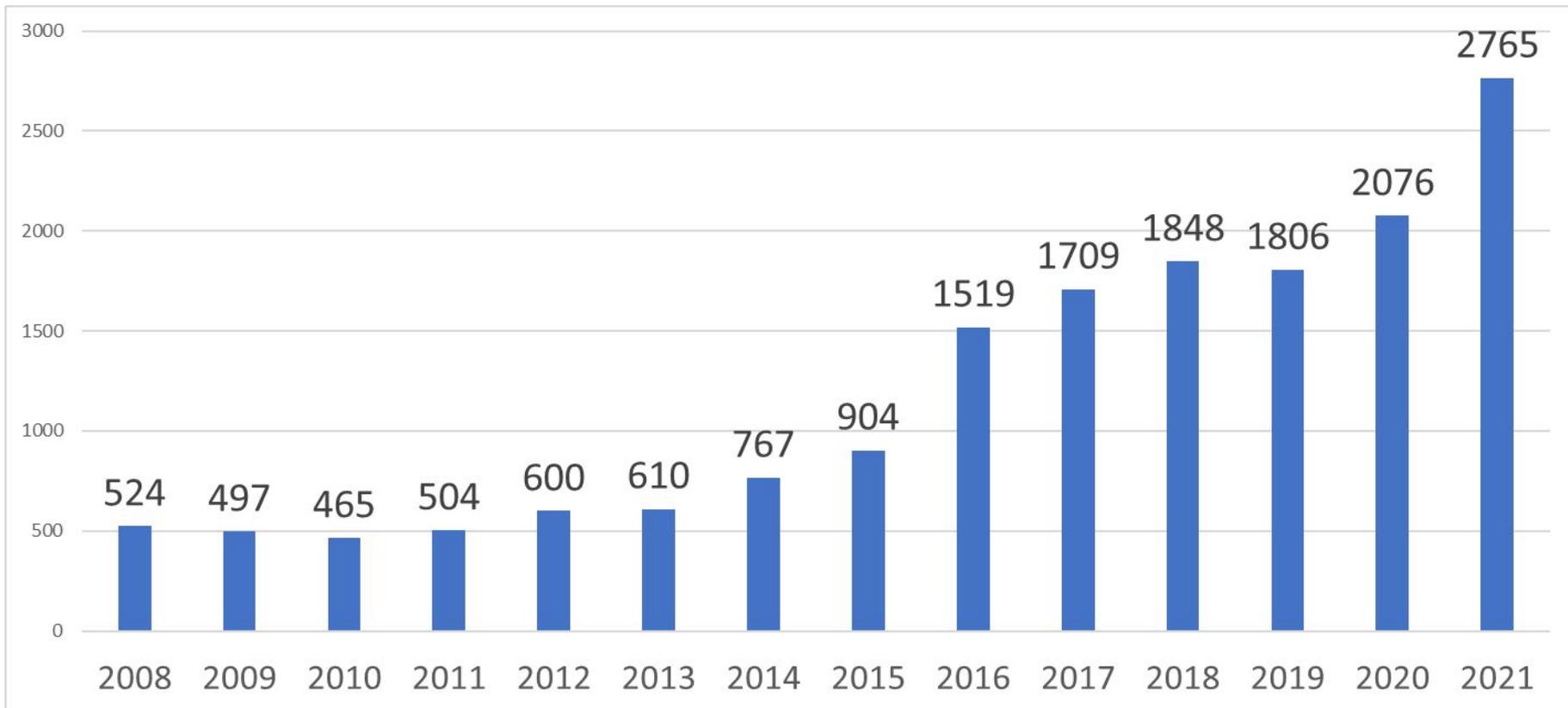
- Know what is happening in your geographic area.
- Stay informed on the latest statistics.
- [Statewide Ethnographic Assessment of Drug Use and Services \(SEADS\)](#)
- [Maryland Vital Statistics Administration overdose death reports](#)
- [OOCC Database Dashboard](#)

# Unintentional Drug and Alcohol-Related Intoxication Deaths in Maryland

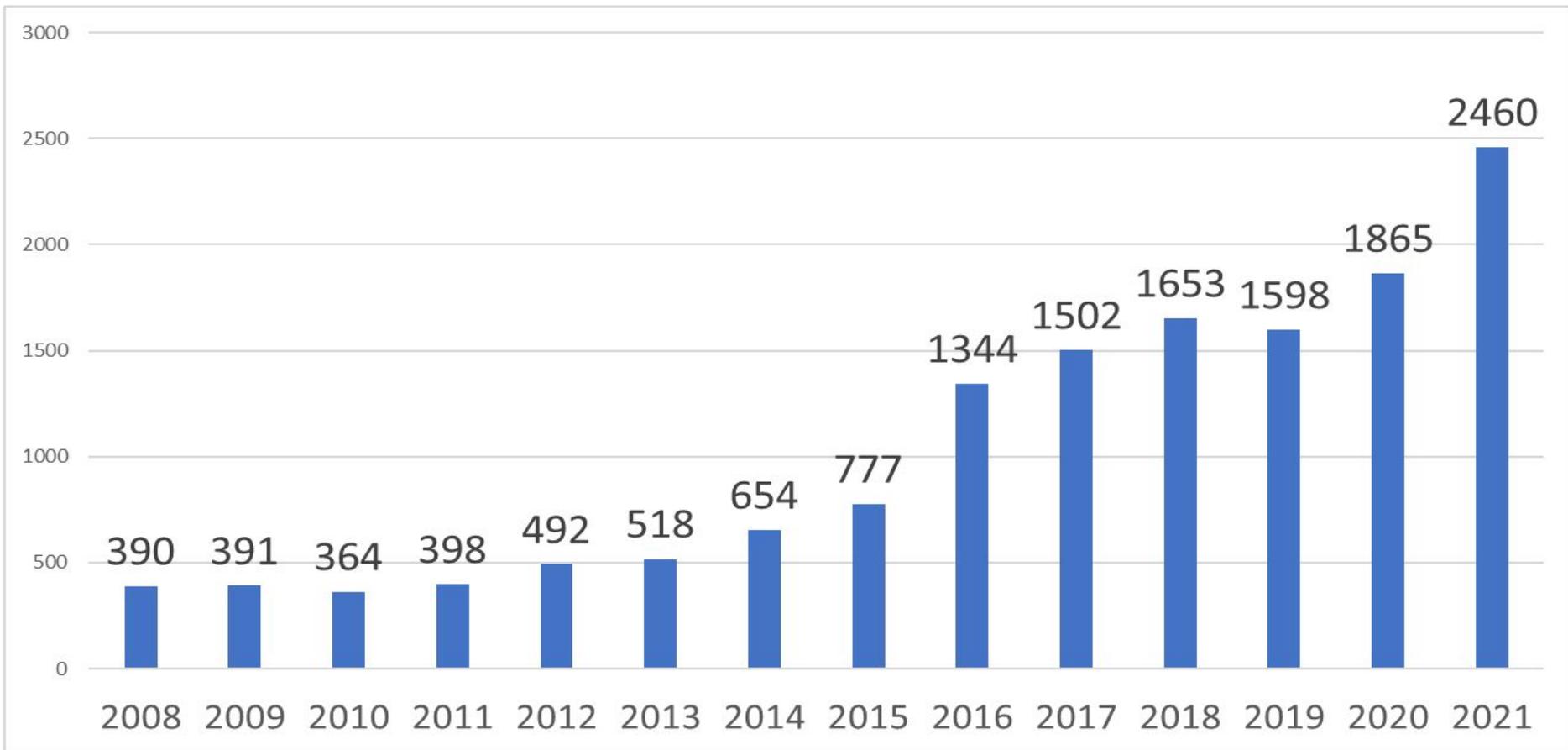
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- The data in this presentation is taken from the Opioid Operational Command Center (OOCC) Opioid Data Dashboard
- After seeing the rate of opioid-related fatal overdoses begin to stabilize in 2018 and to decrease in 2019 for the first time in a decade, we are saddened to report that opioid-related fatalities have once again increased in Maryland in 2021.
- This increase comes at a time of immense challenges, for our state. Without a doubt, COVID-19 has contributed to an increase in substance misuse and related deaths, but the full extent of its impact remains unknown until further research can be done.
- We know that vulnerable populations, such as PWUD, are bearing the brunt of the associated societal disruptions.
- In February 2022, Governor Hogan signed the Statewide Targeted Overdose Prevention (STOP) Act, which increases naloxone availability.

# Fatal Overdoses (All Substances) 2008 through 2021



# Opioid-Related Overdose Fatalities *2008 through 2021*

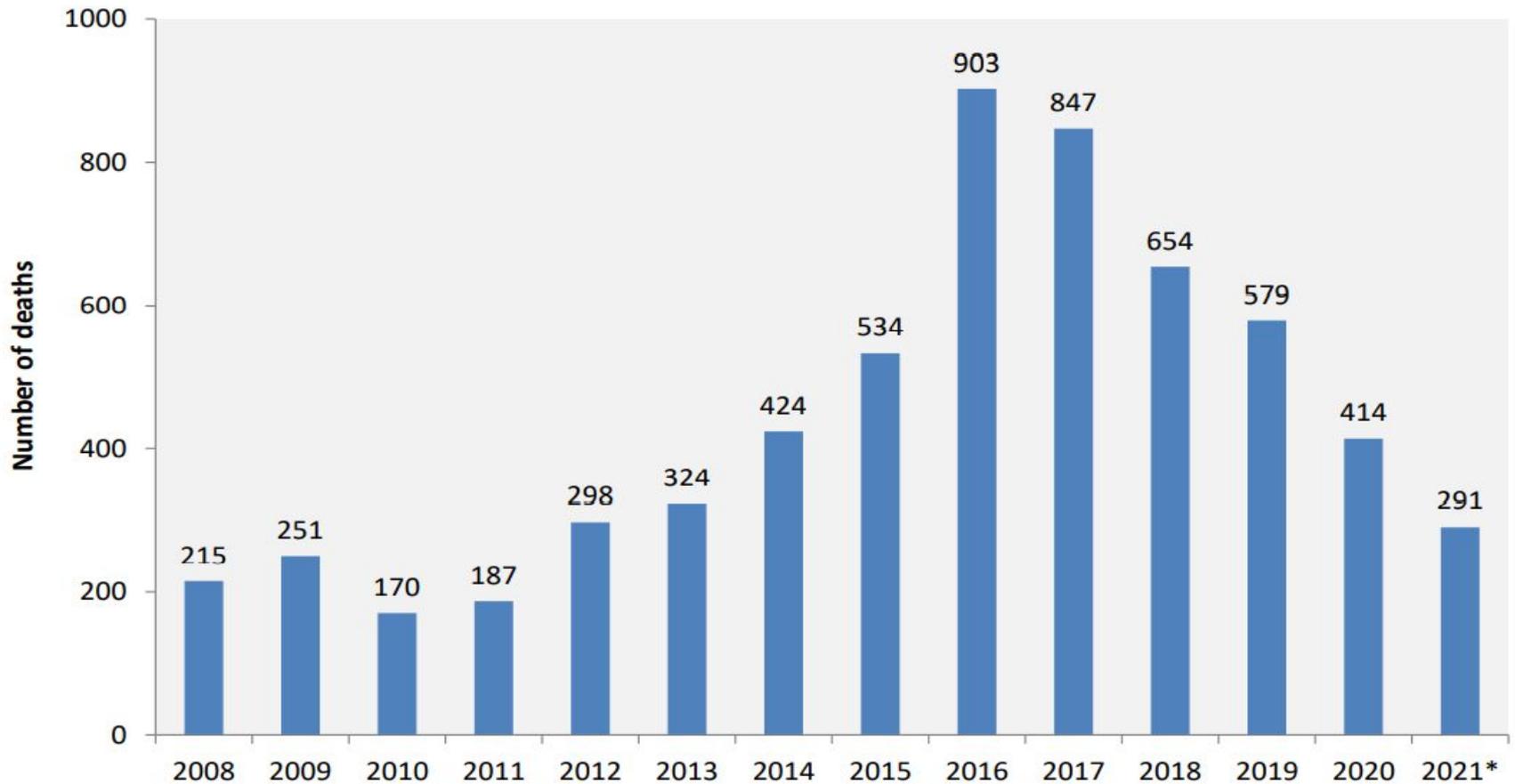


## Overdose Fatalities January 2021 vs. 2022

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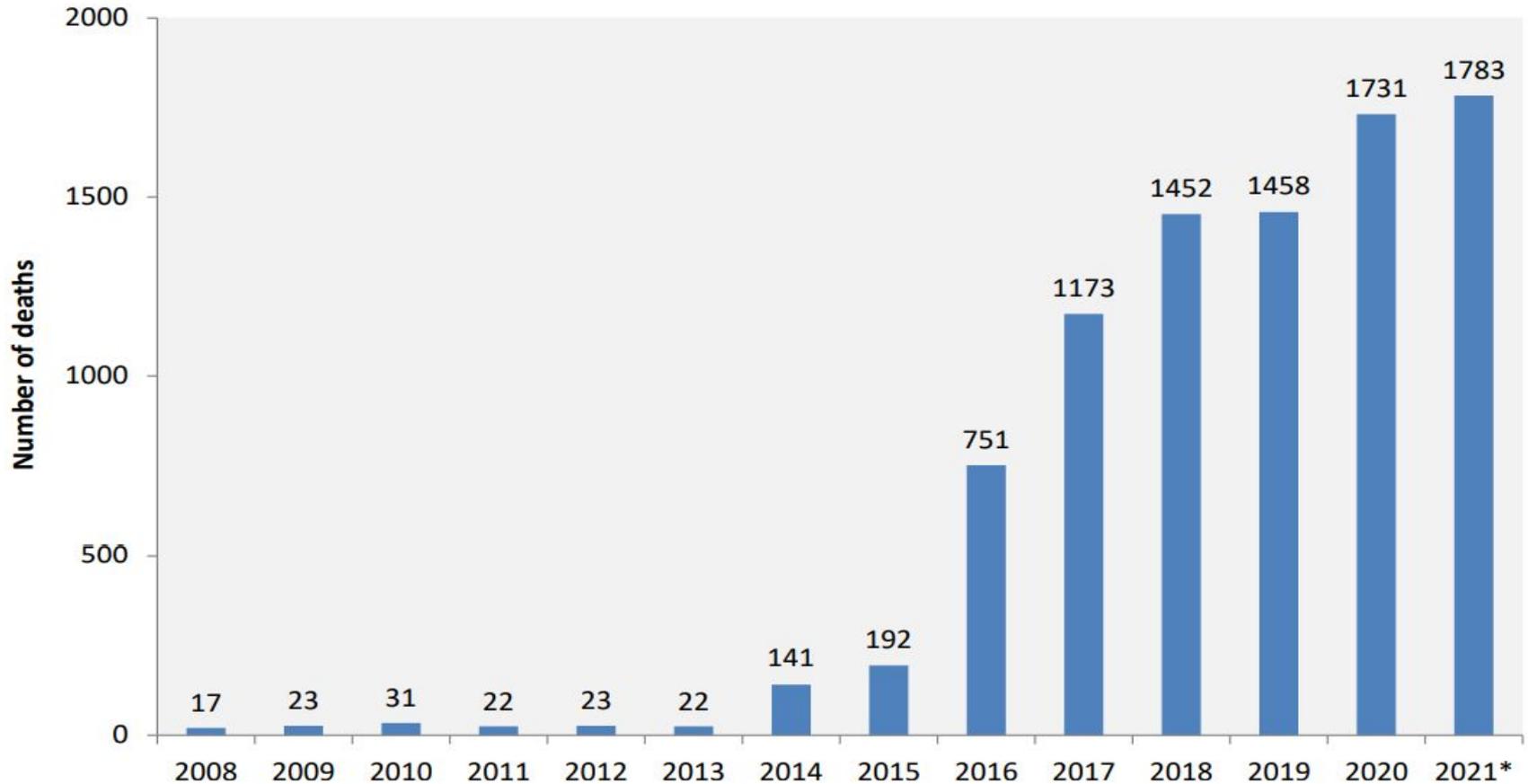
Substance	January 2021	January 2022	Percent change
All substances	261	214	-18.0%
Opioid-Related	232	194	-16.4%

# Heroin-Related Deaths Occurring in Maryland 2008-2021\*



\*2021 rates are preliminary as of March 10, 2022

# Fentanyl-Related Deaths Occurring in Maryland 2008-2021\*

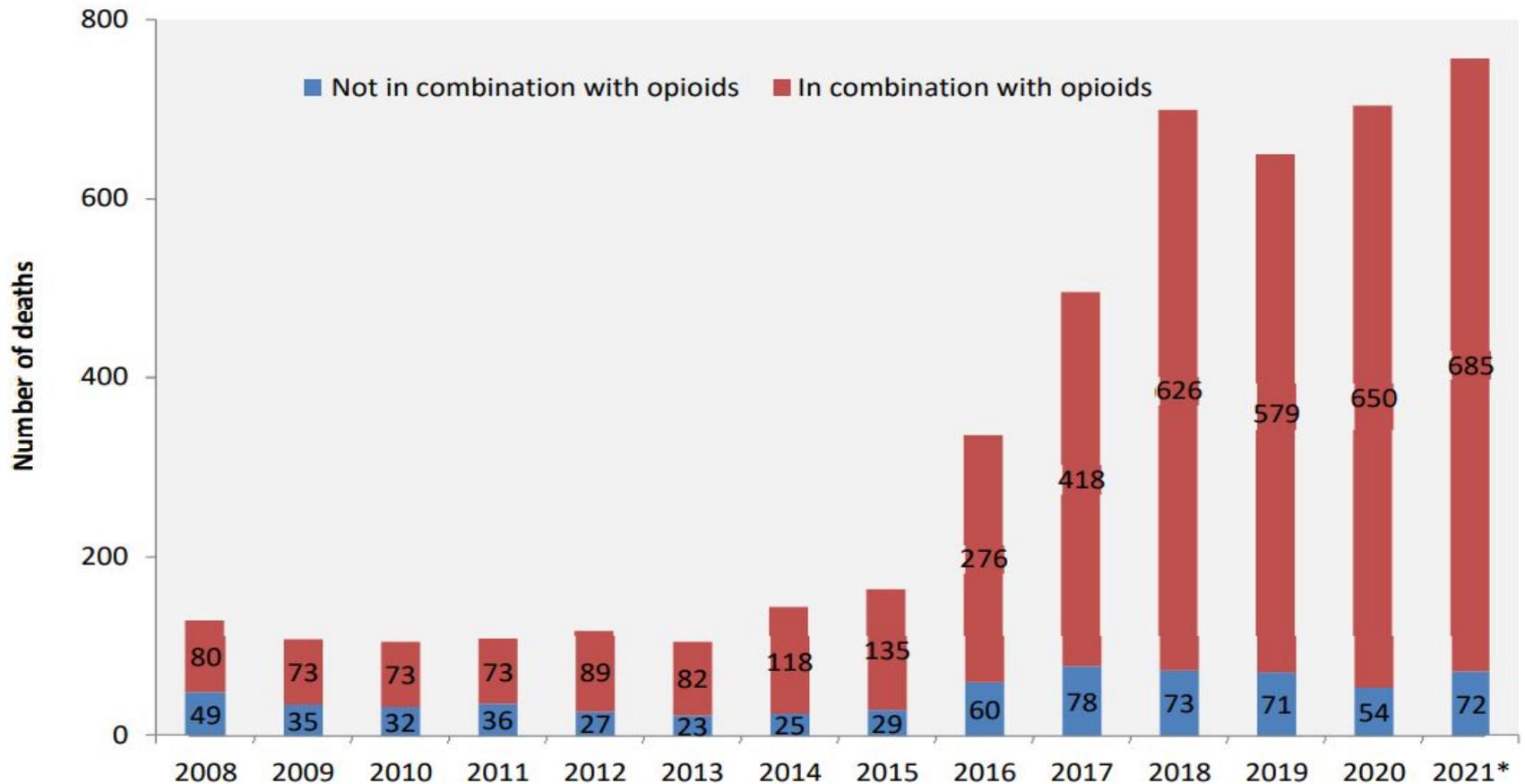


# Prescription Opioid-Related Deaths Occurring in Maryland 2008-2021\*



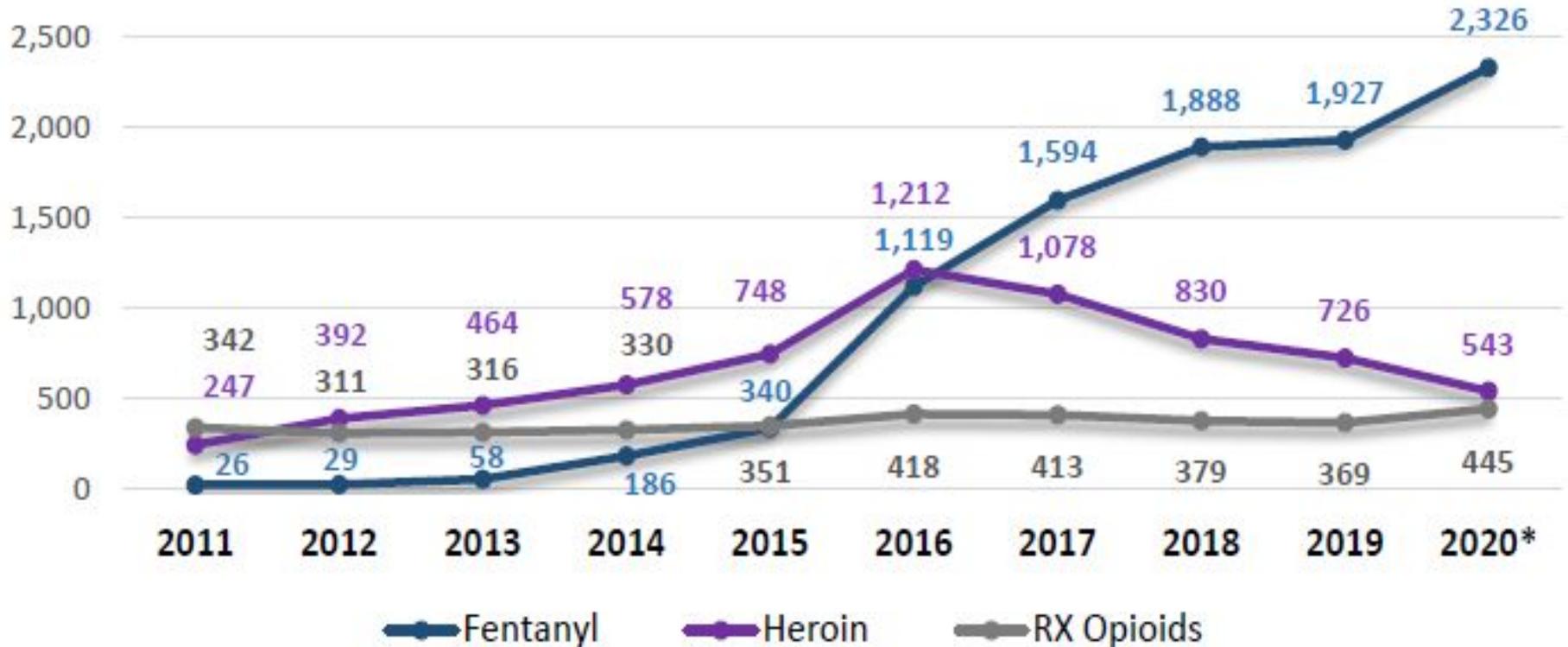
\*2021 rates are preliminary as of March 10, 2022

# Cocaine-Related Deaths Occurring in Maryland 2008-2021\*

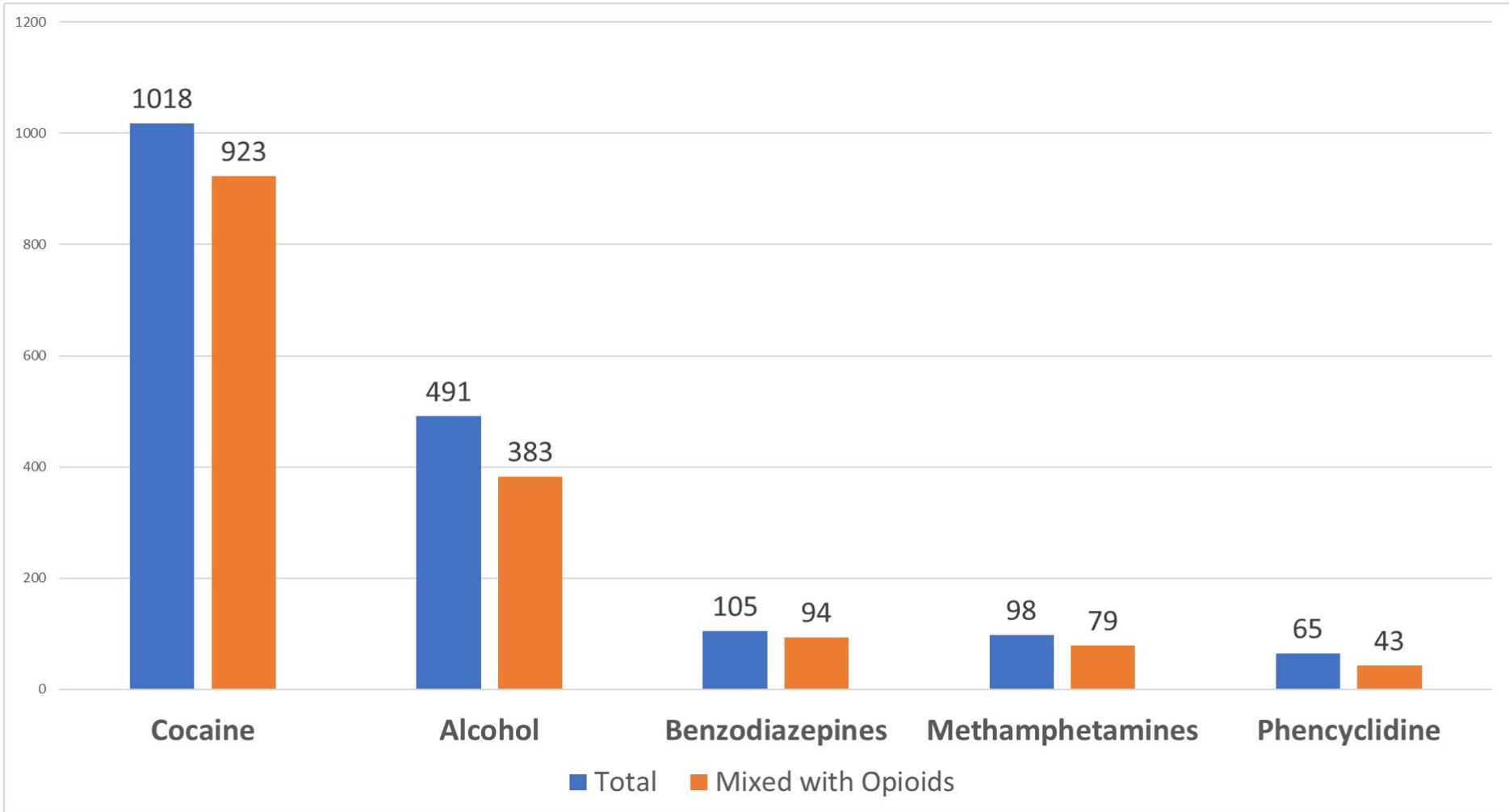


\*2021 rates are preliminary as of March 10, 2022

# Fatal Overdose Trends by Opioid Type 2011 through 2020



# Fatal Overdoses Involving Non-Opioid Mixed with Opioids 12 Months Ending in January 2022



# Opioid-Related Fatal Overdoses by Age 2019 vs. 2020

- Opioid-related fatal overdoses increased across all age groups in 2020.
- Opioid-related fatalities increased the most (numerically and by percentage) among people over the age of 55.
- Individuals under the age of 25 saw significantly fewer opioid-related fatal overdoses than other age cohorts.



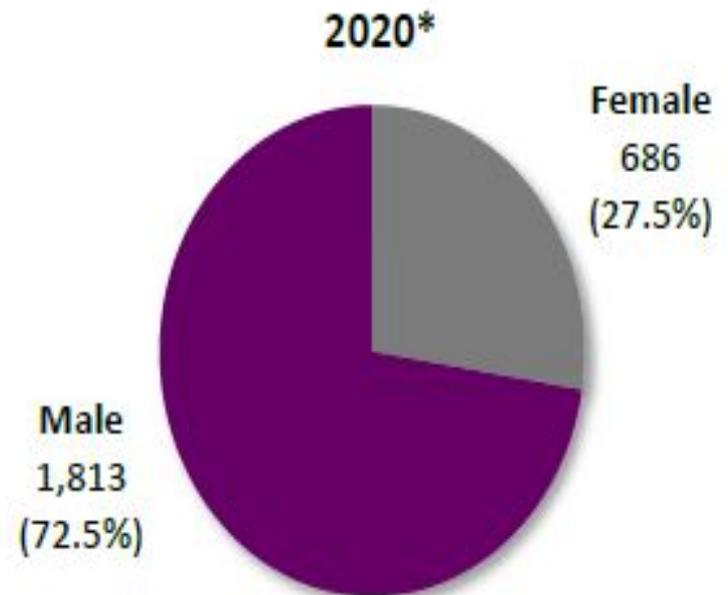
Note: In 2019, age could not be determined in two cases.

# Opioid-Related Fatal Overdoses by Gender *2019 vs. 2020*

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## Gender

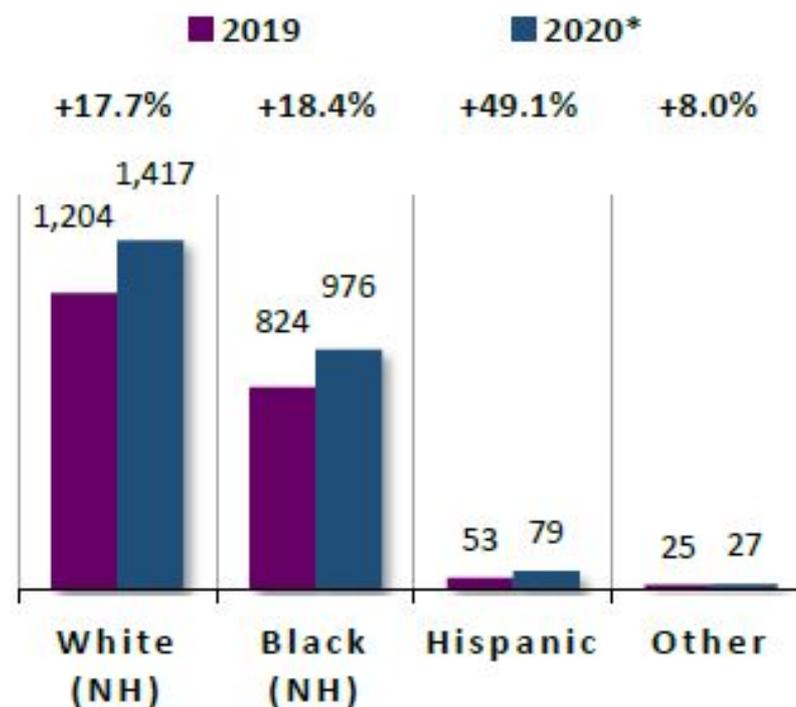
- Gender trends have remained consistent in 2020 as compared to previous years. Opioid-related fatal overdoses involving males vastly outnumbered those involving females.
- In 2019, males made up 72.6 percent of opioid-related fatal overdoses.



# Opioid-Related Fatal Overdoses by Race/Ethnicity 2019 vs. 2020

## Race/Ethnicity

- Opioid-related fatal overdoses increased across all racial/ethnic groups in 2020.
- In 2020, 56.7 percent of opioid-related fatalities involved non-Hispanic White Marylanders, and 39.1 percent involved non-Hispanic Black Marylanders.
- Opioid-related fatal overdoses grew the most among Hispanic Marylanders (by 49.1 percent).

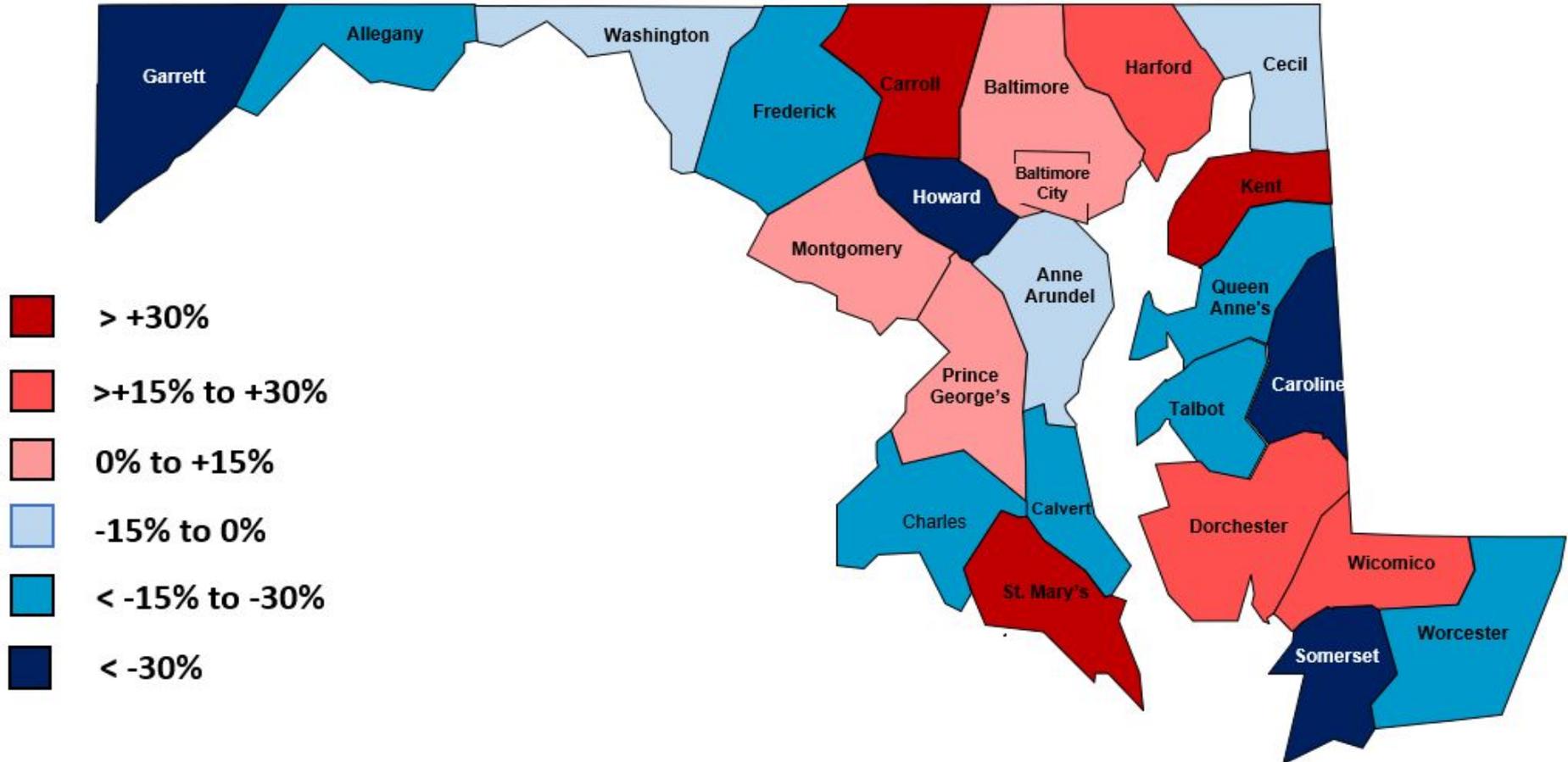


# Opioid-Related Fatal Overdoses by County

## 12 Months Ending in January (2021 vs. 2022)

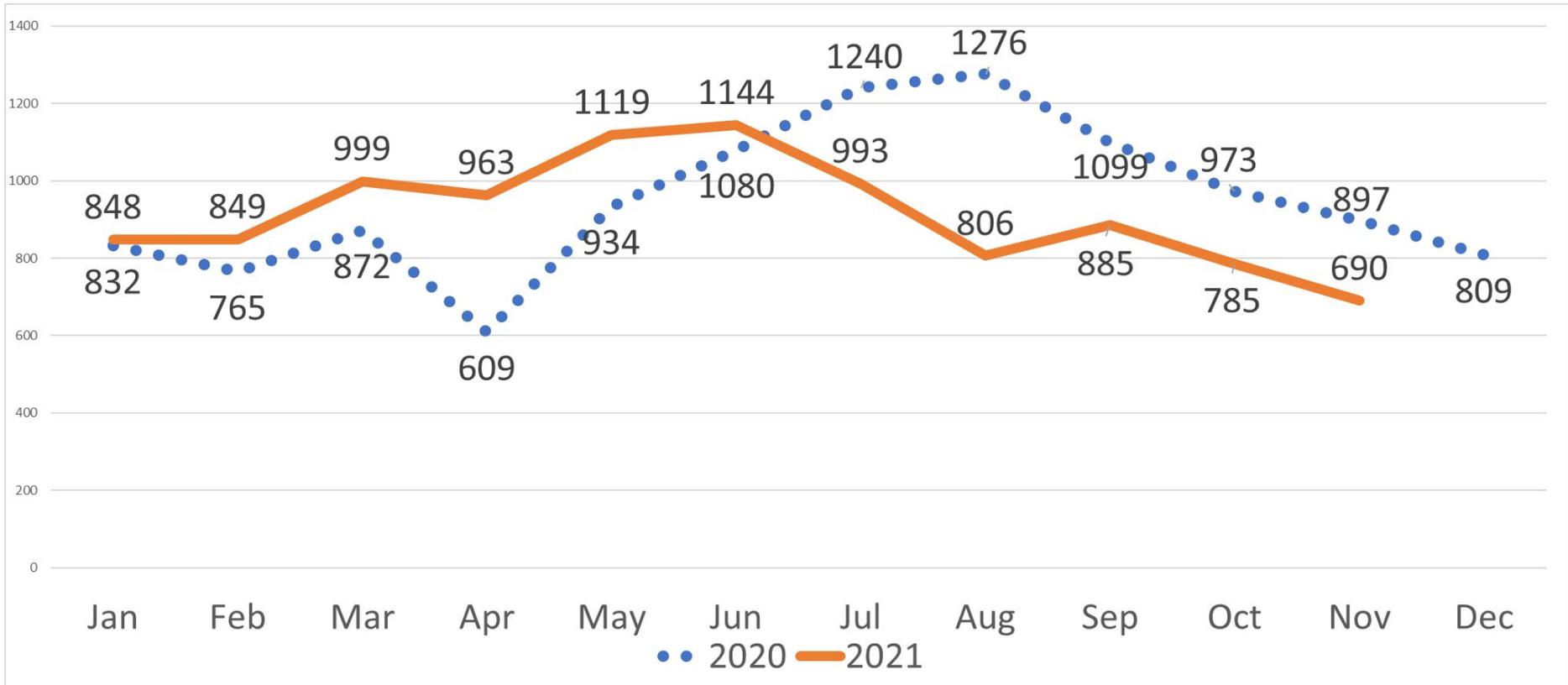
County	2020	2021	Difference	Percent Difference	County	2020	2021	Difference	Percent Difference
Allegany	47	39	-8	-17.0%	Harford	80	72	-8	-10.0%
Anne Arundel	228	204	-24	-10.5%	Howard	52	31	-21	-40.4%
Baltimore City	993	980	-13	-1.3%	Kent	6	8	2	33.3%
Baltimore Co	360	345	-15	-4.2%	Montgomery	110	120	10	9.1%
Calvert	19	18	-1	-5.3%	Prince George's	159	172	13	8.2%
Caroline	14	11	-3	-21.4%	Queen Anne's	14	11	-3	-21.4%
Carroll	48	48	0	0.0%	Somerset	15	7	-8	-53.3%
Cecil	88	73	-15	-17.0%	St. Mary's	34	39	5	14.7%
Charles	42	32	-10	-23.8%	Talbot	13	12	-1	-7.7%
Dorchester	16	20	4	25.0%	Washington	110	79	-31	-28.2%
Frederick	64	40	-24	-37.5%	Wicomico	39	38	-1	-2.6%
Garrett	5	6	1	20.0%	Worcester	24	16	-8	-33.3%
					<b>Statewide Total</b>	<b>2580</b>	<b>2421</b>	<b>-159</b>	<b>-6.2%</b>

# Percent Change in Opioid-Related Overdose Fatalities 12 Months Ending in January (2021 vs. 2022)



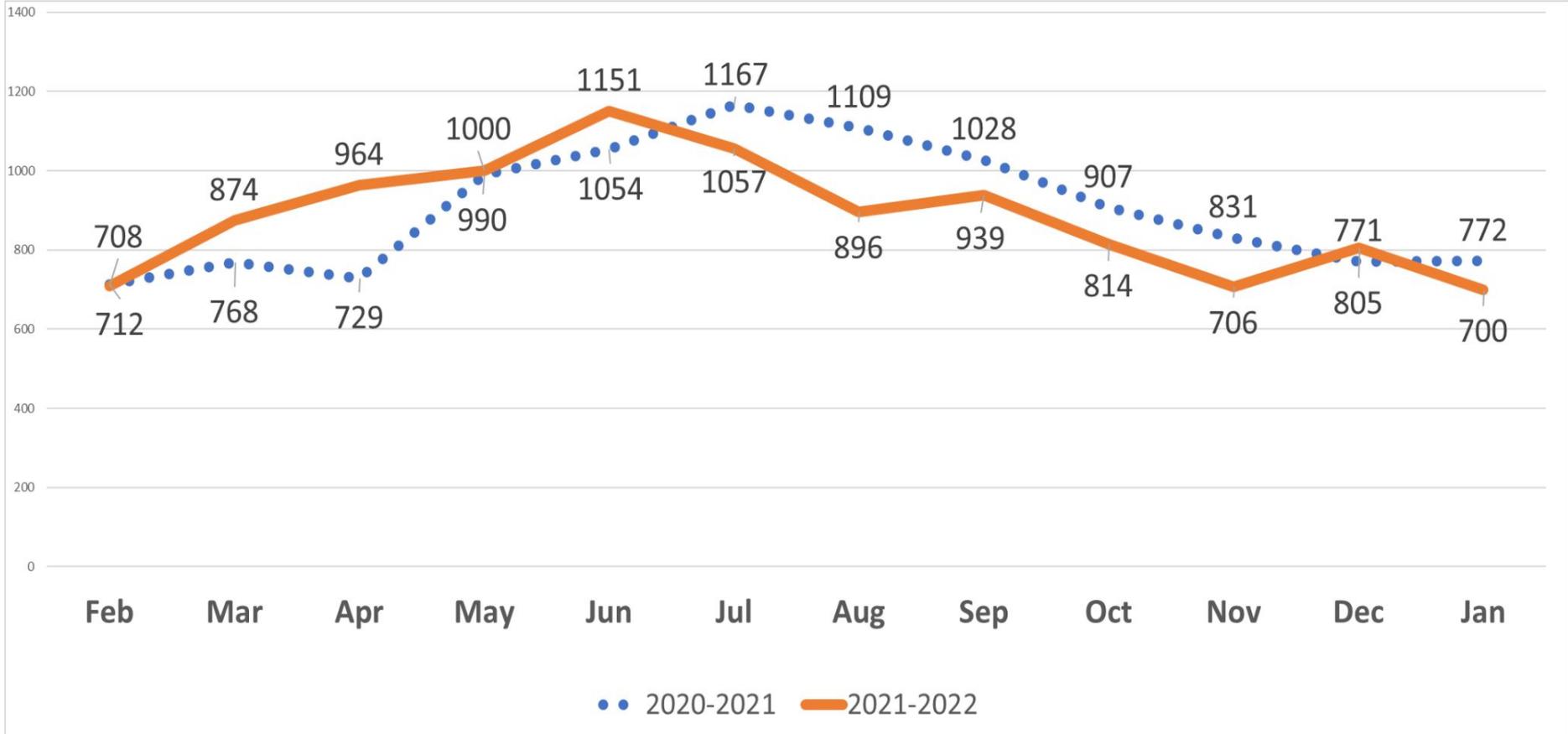
# Opioid-Related, Non-Fatal Hospital Emergency Department Visits

## 12 Months Ending in December (2020 vs 2021\*)



\*Data not currently available past November 2021.

# Naloxone Administrations by EMS Personnel 12 Months Ending in January (2021 vs. 2022)



# Fentanyl

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- Fentanyl continues to be the primary driver of overdose mortality in Maryland. In the 12-month period ending in January 2022, fentanyl was involved in 83.7% of all fatal overdoses.
- Fentanyl has been involved in 93.1% of all opioid-related fatalities in 2020 versus only 8% in 2013.
- Fentanyl may be sold with heroin. People may or may not realize that there is fentanyl mixed with their heroin or other drugs.



# Examples of Prescription Opioids

Generic Name	Brand Name
Oxycodone	Oxycontin, Percocet, Roxicodone
Oxymorphone	Opana
Hydrocodone	Vicodin, Lorcet, Zohydro, Zortab
Hydromorphone	Dilaudid
Morphine	Arymo ER, Kadian, MorphaBond ER, MS Contin
Meperidine	Demerol
Codeine	Tylenol 3 & 4
Buprenorphine	Suboxone, Subutex, Zubsolv
Methadone	Dolophine, Methadose
Fentanyl	Duragesic



# Examples of Illicit Opioids

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- Heroin
- Non-pharmaceutical fentanyl
  - Illicitly produced, synthetic drug
  - Pill form packaged to look like prescription medications
  - Powder form looks like heroin

Fentanyl + heroin can be a deadly combination.

*Fentanyl may be hundreds of times more potent than heroin.*

*Part II*

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# ORP Training Curriculum

# ORP Training Curriculum Overview

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- A. Recognizing an Opioid Overdose
  - 1. What is an opioid? *(optional)*
  - 2. Signs and symptoms
- B. Responding to an Opioid Overdose
  - 1. Using naloxone
  - 2. Rescue breathing
  - 3. Contacting EMS
  - 4. Care of individual after naloxone administration
- C. Tips for Preventing Opioid Overdose *(optional)*
- D. Resources *(optional)*

## **What Content is Required by Law or Regulation?**

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Education and training must include, at minimum, information on the following topics:

- Education on recognizing the signs & symptoms of opioid overdose
- Training on responding to an opioid overdose
- The proper use and administration of naloxone
- Proper rescue breathing technique
- The importance of contacting emergency medical services
- The care of an individual after administering naloxone
- Any other topic required by the Department

*ORP Training Curriculum: Section A*

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**RECOGNIZING AN OPIOID  
OVERDOSE**

# What is an Opioid Overdose?

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Opioid overdose happens when a toxic amount of an opioid—alone or mixed with other opioid(s), drugs and/or substances— overwhelms the body’s ability to handle it.

*Many opioid-related overdoses result from **mixing** prescription painkillers or heroin with benzodiazepines (benzos), cocaine and/or alcohol.*

# What Leads to Overdose Death?

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Respiratory failure



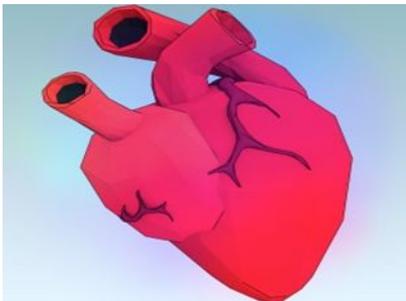
Lack of oxygen in the blood



Vital organs like heart and brain start to fail



Unconsciousness, coma, death



# Signs & Symptoms of Opioid Overdose

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- Slow, shallow, or no breathing
- Unresponsive
- Unconscious
- Loud snoring or gurgling noises
- Limp body
- Lips/fingertips turn blue or gray
- Skin pale/gray, clammy
- Pulse slow or erratic

*ORP Training Curriculum: Section B*

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**RESPONDING TO AN OPIOID  
OVERDOSE**

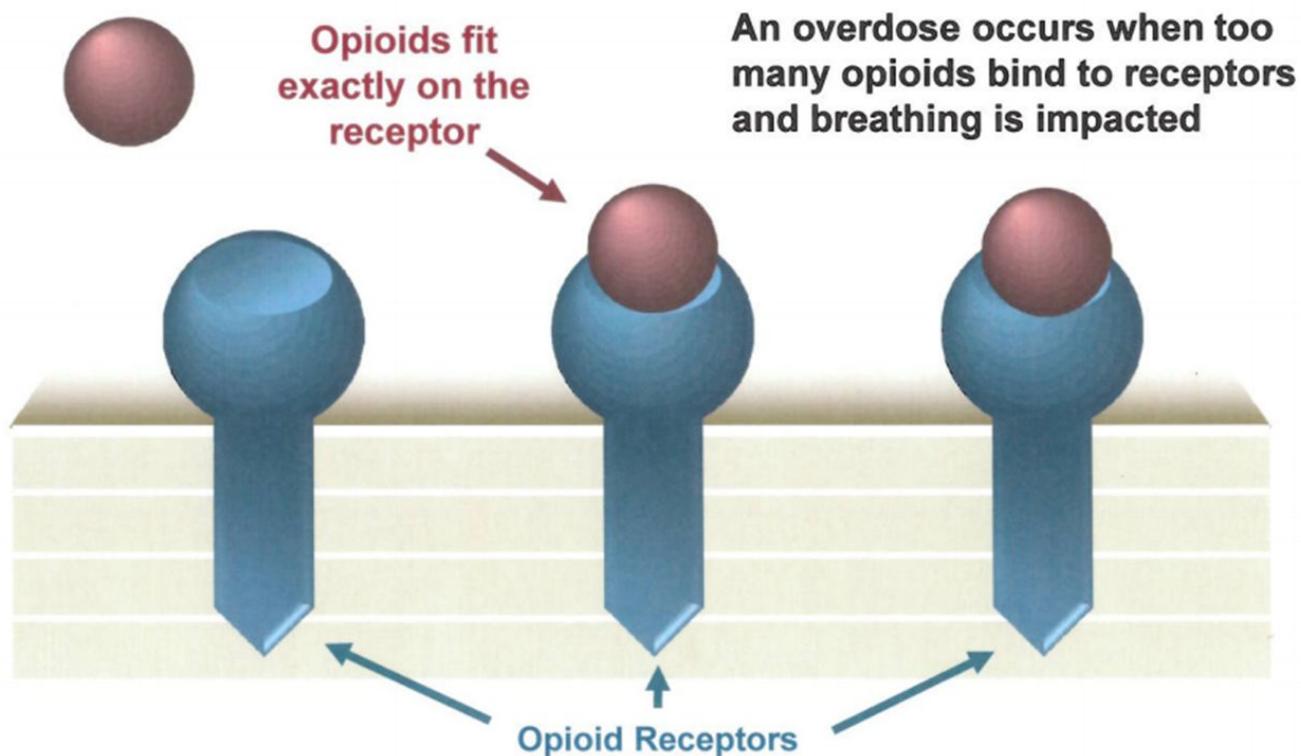
# What is Naloxone?

- Naloxone is a medicine that reverses opioid overdose by restoring breathing.
- Wears off in 30 minutes to 2 hours
- Safe for children and pregnant women
- Delivery: intramuscular, intranasal or intravenous
  - Intramuscular: in the muscle
  - Intranasal: in the nose
  - Intravenous: in the vein
- No potential for misuse
- No effect on someone who hasn't taken opioids
- Side effects are minimal and rare
- Naloxone is only effective in reversing overdoses involving opioids

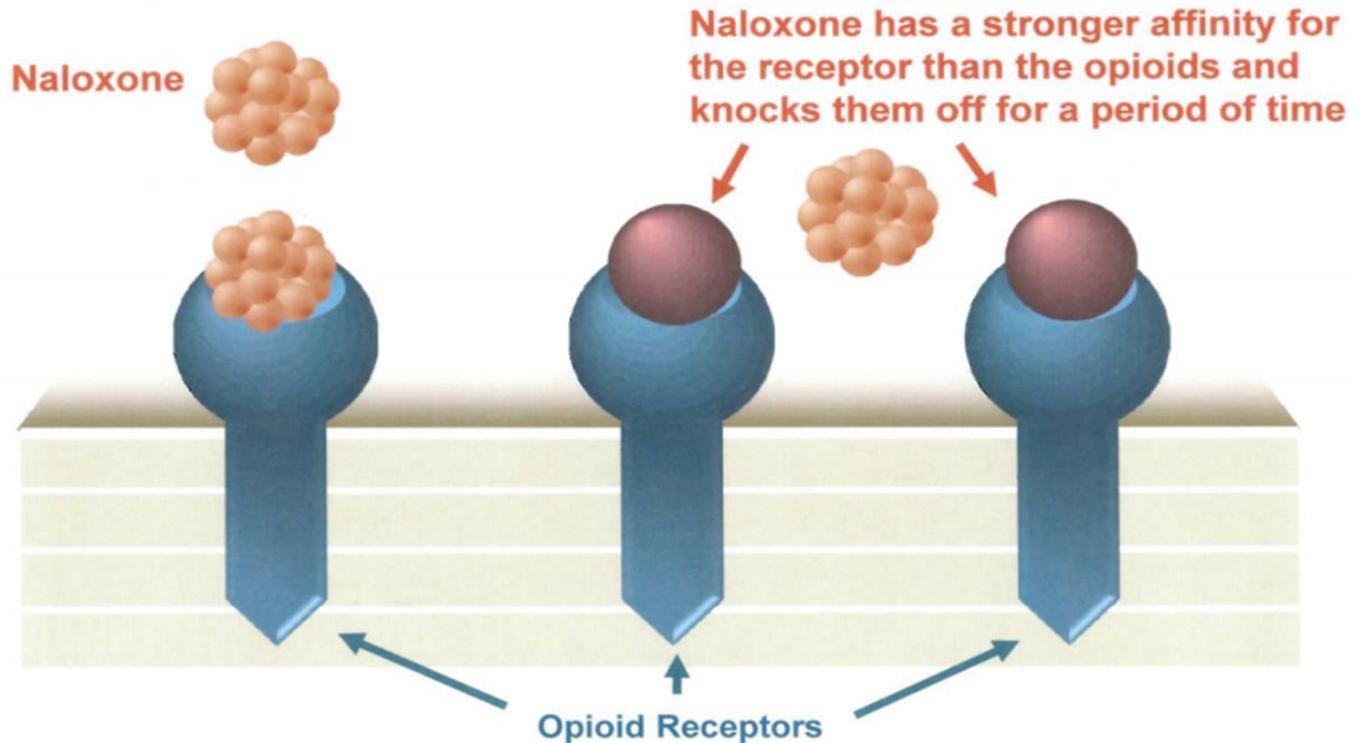


Image source: Emergent Biosolutions,  
<https://www.emergentbiosolutions.com/narcan-nasal-spray/>

# Simulation of an Overdose



# Naloxone Reversing an Overdose



# Responding to an Opioid Overdose

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1. Rouse & stimulate
2. Call 911
3. Give naloxone
4. Rescue breathing
5. Care for the person

# Step 1: Rouse & Stimulate

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- **Noise** – Shake person’s shoulders and yell:

*“[Name!] Are you alright? Wake up!”*

- **Pain** – If no answer, do a sternum rub:

Make a fist & rub your knuckles firmly up and down the breastbone



Photo: N.O.M.A.D (Not One More Anonymous Death)

## Step 2: Call 911

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*Get emergency medical help for someone experiencing an overdose!*



### Why?

- Naloxone is only temporary.
- Person may:
  - have complications or other health problems
  - need more naloxone
- May be a non-opioid overdose.

# Step 3: Give Naloxone

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# Instructions: NARCAN<sup>®</sup> Nasal Spray

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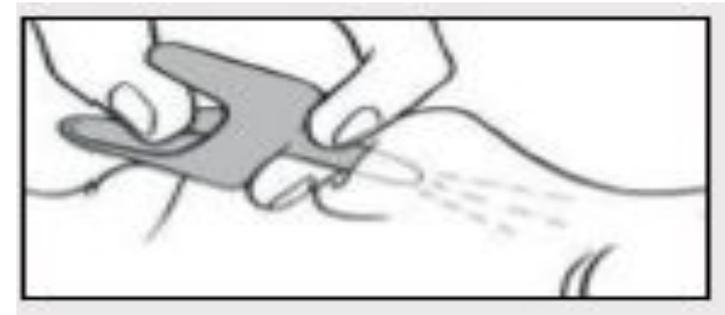
- Remove NARCAN nasal spray from box. Peel back tab with circle to open.
- Hold NARCAN nasal spray with your thumb on the bottom of the plunger and your first & middle fingers on either side of the nozzle.



# Instructions: NARCAN<sup>®</sup> Nasal Spray

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- Tilt head back & support person under neck. Gently insert tip of nozzle into nostril, until your fingers on either side of the nozzle are against the bottom of the nose.
- Press plunger firmly to administer.



## Step 4: Rescue Breathing Instructions

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- Lay the person face-up on a flat surface.
- Lift the chin and tilt the head to open the airway.
- Check to see if anything is in the mouth, blocking the airway. If so, remove it.



## Step 4 (continued): Rescue Breathing Instructions

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- Pinch the nose shut.
- Make a complete seal over the person's mouth with your mouth. Blow two regular breaths, then give one breath every five seconds.

*If chest does not rise, re-tilt the head and give another rescue breath.*

## **Step 5: Care for the Person**

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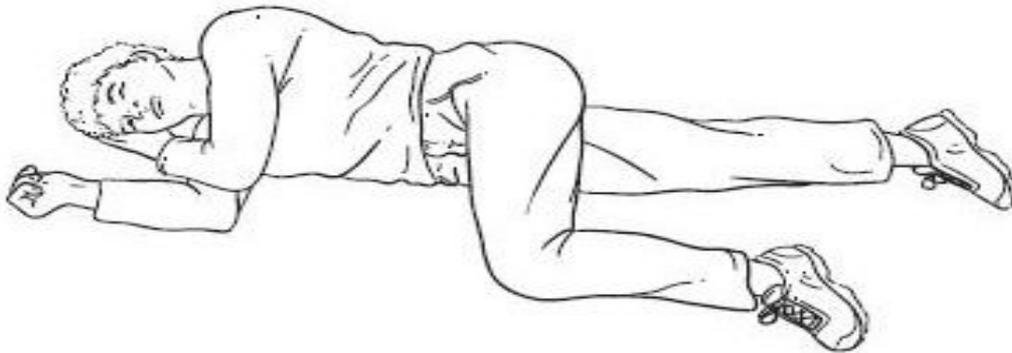
- Stay with the person until medical help arrives.
- If person cannot sit up, put him/her in recovery position.
- Keep person calm.
- Encourage person not to take more opioids.
- If overdose happens again, give another dose of naloxone.

# Recovery Position

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If you have to leave the person (*even briefly*) put them into the recovery position.

This keeps the airway clear and prevents choking or aspiration if vomiting occurs.



# Instructions: Injectable Naloxone

- Pop off the flip-top from naloxone vial.
- Insert needle into vial & draw up 1 cc of naloxone into syringe.
- Use alcohol wipe to clean injection site: shoulder, thigh, or buttocks.
- Inject needle straight into muscle (through clothes, if necessary), then push in plunger.

*Do not inject naloxone into the person's heart, chest, or back.*



# Instructions: Injectable Naloxone

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Where to inject naloxone:



**Shoulder**



**Thigh**

(upper, outer quadrant)



**Buttocks**

# Distributing IM Naloxone Kits

- If you are distributing 10ml vials of naloxone, include several syringes for one syringe per 1ml injection.
  - Any option is okay as long as the point is 1 inch long to reach the muscle.
  - Intra-muscular syringes are larger gauges than insulin syringes.
- If you are distributing 1ml vials of naloxone, include at least two vials in the kit with muscle syringes.
- Ensure kits include: alcohol pads, rescue breathing masks, rubber gloves, and educational inserts (i.e., informational flyers).



*Note: What goes in your kits should be determined by the ORP staff and the prescriber; it should also be specified in your standing order and/or dispensing protocols.*

# Dispensing Nasal Naloxone

- Ensure kits include: 2 doses of nasal naloxone, rescue breathing masks, and educational inserts (i.e., informational flyers).
- Note: What goes in your kits should be determined by the ORP staff and the prescriber; it should also be specified in your standing order and/or dispensing protocols.



# If You Administer Naloxone...

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- Report naloxone use to CHRS using the [Naloxone Use Report](https://bit.ly/naloxoneuserereport) (bit.ly/naloxoneuserereport)
  - ORPs can share this link publicly and may want to include this link in the naloxone kit
- Or call the Poison Center: 1-800-222-1222



# Good Samaritan Law



**BE A HERO**  
**SAVE A LIFE**  
**CALL 911**

**IF YOU WITNESS A DRUG OR ALCOHOL OVERDOSE, MARYLAND'S GOOD SAMARITAN LAW PROTECTS YOU.**

**YOU CANNOT BE ARRESTED, CHARGED OR PROSECUTED FOR:**

- Possession of a controlled, dangerous substance
- Possession or use of drug paraphernalia
- Providing alcohol to minors

**CALLING 911 WILL NOT AFFECT YOUR PAROLE OR PROBATION STATUS.**

Maryland's law does not protect against arrest for open warrants and crimes not listed above.

For more information about prevention and treatment, visit [www.BeforeItsTooLateMD.org](http://www.BeforeItsTooLateMD.org)



MARYLAND  
Department of Health

# Good Samaritan Law in Maryland

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## *Who does it protect?*

- This law protects these individuals from arrest and prosecution for certain crimes:
  - Individuals assisting in an emergency overdose situation
  - Individuals who are experiencing an overdose
- The law *does not* protect people witnessing the medical emergency if they're not helping

[Good Samaritan Law Fact Sheet](#)

[Good Samaritan Law Poster](#)

# Good Samaritan Law in Maryland

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## *What does it protect you from?*

- Protects from criminal arrest, charge or prosecution for the following misdemeanors
  - §5-601: Possessing or Administering controlled dangerous substance
  - §5-619: Drug Paraphernalia
  - §5-620: Controlled Paraphernalia
  - §10-114: Underage Possession of Alcohol
  - §10-116: Obtaining Alcohol for Underage Consumption
  - §10-117: Furnishing for or allowing underage consumption of alcohol
- Protects from violation of a condition of pretrial release, probation, or parole
- These protections only apply *if the evidence was obtained solely because of the act of seeking medical assistance.*

# Good Samaritan Law in Maryland

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## *What does it NOT protect you from?*

- Open warrants
- Immigration status
- University regulations
- Drug felonies
- Other crimes not specifically listed
- It does not prevent law enforcement from conducting an investigation and gathering evidence.
- The law does not protect persons witnessing the medical emergency if they're not helping with the medical emergency.

*ORP Training Curriculum: Section D*

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# **Resources and Information**

# How to Get Naloxone

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## From an Overdose Response Program

- Visit [Map](#)
- [Public ORP Entities](#)
- Contact [mdh.naloxone@maryland.gov](mailto:mdh.naloxone@maryland.gov)

## From a pharmacy:

You can request naloxone at participating pharmacies throughout Maryland under the statewide standing order. The pharmacy can bill your insurance, even when using the statewide standing order. You do not need a prescription; you do not need to prove you were trained. If you have difficulty accessing naloxone at a pharmacy, let MDH know by contacting [mdh.naloxone@maryland.gov](mailto:mdh.naloxone@maryland.gov).

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# END OF ORP TRAINING CURRICULUM

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# BREAK FOR QUESTIONS

*ORP Training Curriculum: Section C*

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**TIPS FOR PREVENTING OPIOID  
OVERDOSE**

# Harm Reduction Approach

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- Goal: minimize the negative effects of drug use for people who use drugs, their families, and their communities
- Harm reduction approaches:
  - Are rooted in a commitment to public health & human rights
  - Combat stigma
  - Recognize the realities of trauma, racism, poverty, class, and sex-based discrimination as contributing factors
  - Empower people who use drugs to keep themselves as safe as possible
  - Meet people where they are
  - Aim to attain any positive change

<https://harmreduction.org/about-us/principles-of-harm-reduction/>

## Harm Reduction = Opioid Overdose Prevention

Risk Factor	Strategies to Manage/Reduce Risk
Quantity	“Start low and go slow”: use a smaller amount than usual and inject slowly to see how it affects you
Quality/Potency	<ul style="list-style-type: none"><li>• Use the same supplier/a trusted supplier</li><li>• Ask dealer about quality, talk to friends and compare pills, powders, products</li><li>• Notice differences in color, taste, consistency, drug effect</li><li>• Use fentanyl test strips if you have them available</li></ul>
Using Alone	<ul style="list-style-type: none"><li>• Don’t use alone</li><li>• Let someone know where you are, leave a door open or unlocked</li><li>• If using with others, take turns and have naloxone</li></ul>
First use	Injection is highest overdose risk route– snorting still carries risk but may make it easier to control intake
Recent abstinence	“Test shot” (use a small amount at first to test the strength and its effect)
Mixing drugs	<ul style="list-style-type: none"><li>• Try not to mix opioids with alcohol and/or benzos</li><li>• Use one drug at a time, or use less of each drug</li></ul>
Age	<ul style="list-style-type: none"><li>• Tools and technologies that help with medication schedules</li><li>• Help from a family member or friend</li></ul>
Physical health	Recognize medical history and physical health problems, such as previous overdose, asthma, or other respiratory illness.

*Part IV*

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# TAILORING THE TRAINING

# Overview: Tailoring the Training

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- A. What content is required by law?
- B. Training structure
  1. Quick trainings (10 minutes)
  2. Classroom-style training (1 hour)
- C. Audience
  1. General public
  2. People who use drugs
  3. Family & friends
  4. Patients of opioid treatment programs
  5. Others

# Trauma-Informed Approach

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- A trauma-informed approach recognizes that the impact of trauma is widespread and strives to avoid re-traumatizing people.
- Why might the material in this training be difficult for some participants?
- As a trainer, how can you be sensitive to overdose-related trauma?

# Tailoring to the Audience

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When planning, consider your audience.

- What do they likely know already?
- What will likely be new to them?
- What will their concerns likely be?

*Make educated guesses but remember that you may be wrong!*

# All Audiences

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- Remember that the training may bring up painful memories or difficult emotions. Be sensitive to that and respectful of participants.
- Model respectful language.
- Prepare based on educated guesses, but don't make assumptions about individuals.

# Audience

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## Some examples of target audience for naloxone trainings:

- People who use opioids
- People who use substances other than opioids
- Friends, family members, and associates of people who use drugs
- People recently discharged from emergency medical care following an opioid overdose
- People experiencing homelessness and housing instability
- People transitioning from the correctional system back to communities
- People recently released from supervision or treatment
- People with a history of mental health disorders
- People who use drugs over the age of 55
- Non-Hispanic Black individuals and Latinx individuals who use substances (including alcohol)
- People who use drugs in jurisdictions lacking access to medication assisted treatment and intensive outpatient facilities
- Female PWUD and PWUD with children
- People with employment instability
- Pharmacists, nurses, law enforcement, clergy, etc.

***Anyone at risk of experiencing an overdose or in a position to assist in the event of an overdose.***

# Settings

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- Where and when to do naloxone trainings? **Anywhere!**
  - Treatment settings
  - Recovery groups/centers
  - Jails
  - Parole and probation (both staff and clients)
  - Community centers (could have drop-in hours)
  
- Why is it important to be able to do outreach-style trainings in 10 minutes?
  - People don't have a lot of time
  - Can only retain so much info
  - Some people already have previous knowledge

# Systems that touch People Who Use Drugs



# Language

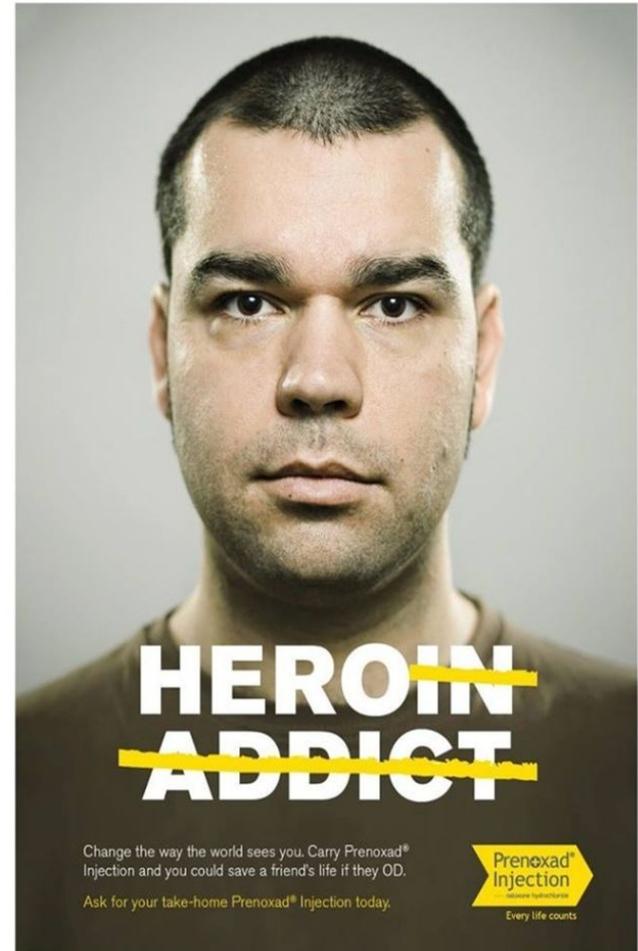
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- Research demonstrates that the language we use about drug use can affect our attitudes toward people who use drugs.
- Our attitudes, in turn, impact our actions and our policies.
- As a trainer, part of your role is to model how to use non-stigmatizing language.

# Model Respectful Language

Avoid	Use this instead:
<ul style="list-style-type: none"><li>• Substance abuser</li><li>• Addict</li><li>• Junkie</li></ul>	<ul style="list-style-type: none"><li>• Person with a substance use disorder</li><li>• Person who uses drugs</li></ul>
Substance abuse	<ul style="list-style-type: none"><li>• Substance use</li><li>• Using drugs not as prescribed</li><li>• Substance use disorder</li></ul>
“Clean”	<ul style="list-style-type: none"><li>• Negative urinalysis</li><li>• Substance-free</li></ul>
“Dirty”	<ul style="list-style-type: none"><li>• Positive urinalysis</li></ul>

# Change the conversation!



# Talking to Clients about Overdose

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- Focus on **safety** and **risk reduction**
  - Sends message that your priority is the **client's survival**, even during a relapse
  - Use words such as avoidable, preventable, survivable
  - Say you talk to everyone about overdose prevention
- Acknowledge **trauma** of experiencing overdose
  - Can play a powerful role in **therapeutic engagement**
- Emphasize client's ability to contribute to their community
  - They are a **potential life saver** in an overdose situation
  - Can be **responders**, not just victims

*Breakout Activity*

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# Practicing Your Pitch!

*Part V*

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**WRAP-UP AND ADDITIONAL QUESTIONS**

# Additional Resources

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ORP [regulations](#) and [statute](#)

[Next Naloxone mail order for Maryland residents](#)

[The Good Samaritan Law](#)

Save a life poster ([English](#) & [Spanish](#))

[Before it's too late](#)

[MDH VSA data & reports](#)

[OOCC Database Dashboard](#)

How to administer naloxone video ([English](#) & [Spanish](#))

[Center for Harm Reduction Services website](#)

[Maryland Harm Reduction Training Institute](#) (MaHRTI)

# Thank you!

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