

## HB 29 – Health – Standards for Involuntary Admissions and Petitions for Emergency Evaluation – Substance Use Disorder

**Committee: House Health and Government Operations Committee** 

Date: February 2, 2021 POSITION: Unfavorable

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for someone with behavioral health needs. Using personal experience as parents, caregivers and other loved ones, our staff provide one-to-one peer support and navigation services to parents and caregivers of young people with mental health issues and to any loved one who cares for someone with a substance use or gambling issue.

Many of the families that our staff support have a loved one with an opioid use disorder. These families are desperate to get their child or other loved one into substance use treatment. The person who is using opioids most certainly poses a danger to themselves. While the intent of HB 29 is undoubtedly to help these families, MCF opposes this bill for a number of reasons. Along with the fact that it would strip people of their civil liberties:

- There is no evidence that involuntary treatment works. A number of other states have involuntary commitment laws, and there has been no clear and compelling evidence that it has a positive effect. Indeed, in the case of opioids, there has been evidence to show that a person addicted to opioids is **more likely** to experience an opioid overdose after being released from an involuntary commitment than those who complete treatment voluntarily. Because of their lower tolerance upon release and the likelihood of relapse, the overdose rates for those involuntarily committed to treatment are over twice as high.
- As HB 29 is written, it is not clear where an individual should be taken for involuntary treatment.
  To a psychiatric hospital? No residential substance use treatment programs in Maryland have
  locked facilities, for the simple reason that there is an awareness that if an individual does not
  want to accept treatment, they will not accept treatment. There is no point in having a locked
  facility.
- There is not enough substance use treatment capacity in Maryland now without this law. Even amid the COVID-19 pandemic, most treatment centers have waiting lists. This is unfortunate, for we know that treatment on demand is critical for recovery. When a person with a substance use disorder is willing to accept treatment, the moment must be capitalized on.
- What Maryland families really need are better treatment resources for their loved one. Quality treatment that is available on demand, widespread access to Medication Assisted Treatment,

evidence-based programs for co-occurring mental health and substance use disorders, and an extensive network of high quality recovery houses are all desperately needed. We shouldn't begin to even consider involuntarily committing someone when these resources aren't now available to those with substance use disorders who are actively seeking them.

For these reasons we urge an unfavorable report on HB 29.

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