



***Testimony to Support HB 29:
Health - Standards for Involuntary Admissions and Petitions for
Emergency Evaluation - Substance Use Disorder***

***House Government Operations Committee
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According to the National Alliance for Model State Drug Laws (NAMSDL) 2016 data, 37 states across the nation have some form of involuntary commitment laws for individuals who are impaired by a substance use disorder. In 2014, the same year that we worked to pass the Good Samaritan Law to save the lives of our loved ones throughout Maryland, there were only 3 states with involuntary commitment laws. I know, because I proposed working on this legislation then. So, it gave me great pleasure when Delegate Ivey asked me to support this bill, and I thank him for the opportunity to speak to you today about the dire need for Maryland to pass this bill –this session!

I am guessing that the national healthcare crisis –the opioid epidemic, has given rise to this policy mushrooming across the nation, in just a few short years.

I imagine it is because these states have FINALLY realized that substance use disorder IS a mental health condition that is claiming more lives than suicide and all other mental health conditions combined. While parents, whose son or daughter slits their wrist with a razor blade or is found still breathing with a noose around their neck, do not have to wait and watch helplessly until the next time their loved one is overwhelmed with feelings of suicidality, because they are able to invoke involuntary commitment laws which already exist in Maryland. But our parents, on the substance use side, must helplessly watch while our distraught and equally overwhelmed children push a needle into their arm, playing Russian roulette, in a desperate attempt to avoid “dope-sickness”, and the demons in THEIR head. If substance use disorder is the mental health disorder that science tells us it is, then it is nothing short of discriminating and stigmatizing to arbitrarily exclude OUR loved ones from benefitting from this law.

There is no good reason for these individuals –good people –beloved by their families, to become so incapacitated by drugs and/or alcohol, that their families –stretched to the very limits of care, compassion, resiliency and endurance, must choose between supporting a severely dysfunctional person for what could potentially be years, who is unable to provide for their own basic needs, including food, shelter, and clothing, or letting them go –abandoning them to the streets –where they gravitate to our cities, living in ‘abandominiums’, panhandling on street corners, to support their escalating and uncontrollable substance use, and heavily taxing the social service infrastructures in these places to the breaking point. A compassionate society does not sit idly by while this excruciating suffering, and hemorrhaging of human potential, continues year after year after year.

According to Heather Gray, NAMSDL’s Senior Legislative Attorney, the majority of states with involuntary commitment laws for substance use disorders and alcoholism have initiated these laws because their mental health laws, like Maryland’s, specifically excluded substance use disorders and alcoholism from their legal definition of mental illness or mental disorder. This was so that criminal defendants who committed a crime while under the influence, were not able to plead an insanity defense. This is just not a sufficient enough reason to continue blocking family members from using the same life-saving emergency petition process that family members whose loved ones are suicidal have used for many years.

Please do the right thing by our children, our brothers and sisters, our parents, friends and family members –your constituents, who are struggling in the fight of their lives. Vote for HB 29.