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To the Committee,

My name is Paul Nestadt, and I am a psychiatrist and suicide researcher at Johns Hopkins. My views are my own, not representing Hopkins. I serve on the Baltimore City Council President's Suicide Prevention Workgroup and I consult for the opioid fatality review committee and the Governor's commission on suicide prevention. I am here as a representative of the Maryland Psychiatric Society, where I serve on the Council and on the legislative committee. I am writing in **support** of HB699, proposing the use of Opioid Restitution Funds to support the Office of the Chief Medical Examiner.

Each year we lose about 3,000 Marylanders to overdose and a further 600 to suicide. Each of these deaths is a tragedy, rippling through families and communities in our state. We cannot be sure how many others are impacted by each loss. Survey studies of traumatic bereavement have estimated that for each of these deaths 6 people are deeply personally impacted and a further 25 are aggrieved, with up to 155 impacted to various other degrees. (Cerel et al., 2019)

One study showed that more than 14% of people who died by overdose in a hard-hit county were listed as parents on the birth certificates (Hulse et al 2020, WISQARS). On average, decedents had more than one child and most of the children were less than 9 years old at the time of their parents' death. As many as 1 in 4 of these children needed mental health treatment within five years of their parents' death and access to care was affected by insurance status.

Numbers can be abstract, so instead I suggest that you attempt a thought experiment. If you yourself were to suddenly die by overdose or suicide (unfortunately not so very unlikely, as these are the first and second leading causes of death for Americans under 40), who would you leave behind? Spouses, children, parents, loved ones, friends, colleagues? And that grief is a special kind of mourning. One attached to a stigma, attached to feelings of guilt, what could I have done, what did I miss? These are usually young people, so deaths are unexpected, affairs are not in order, and those left behind are left reeling emotionally, spiritually, and financially.

Traumatic bereavement increases risk for adverse outcomes including: Prolonged Grief Disorder (severe grief that lasts more than one year), PTSD and other anxiety disorders, depression and other mood disorders, and substance misuse. Traumatic bereavement is also associated with financial problems, difficulties functioning at work, problems engaging with social support.

The opioid epidemic has destroyed communities, and this restitution fund was established to mitigate that impact. It helps to fund treatment services, crisis response, prescription reduction, and research. However, for many Marylanders this comes too late. Our morgues are overflowing, with hundreds of bodies literally being stored in overflow at a downtown parking lot (As reported last week in the Baltimore Banner (<https://www.thebaltimorebanner.com/families-distraught-baltimore-parking-garage-turned-morgue-as-200-bodies-await-autopsy>)). Most of these bodies are

either accidental or intentional overdose decedents. Each of those bodies represents a shattered family, torn community, our struggling state.

In the course of my work trying to better understand suicide and opioid overdose, I have worked with the last three chief medical examiners. Given the opportunity to talk to me as a mental health professional, these chiefs have lamented the fact that when next of kin come to identify the bodies in their care, medical examiners have nothing to offer these bereaved. Other cities, like our neighboring Philadelphia, have recognized this gap and have funded grief services through their medical examiners' offices with great success. This proposal would support the OCME to provide much needed healing for those in mourning. It would help the OCME provide resources and referrals to counseling, and would bolster existing grief counseling services. We owe this to the people of Maryland, especially the most vulnerable, now in their time of greatest need. I urge you to vote in favor of HB 699.

Thank you,

A handwritten signature in dark ink, appearing to read "Paul Nestadt", with a long horizontal flourish extending to the right.

Paul Nestadt, M.D.