



**House Judiciary Committee
February 23, 2023
House Bill 667 - Criminal Law - Overdosing in Public – Prohibition**

OPPOSE

While NCADD-Maryland shares in the frustration and desperation of families trying to get their loved ones into care, and of communities ravaged by the opioid overdose crisis, we oppose the criminalization of this health problem as proposed in House Bill 667.

In Maryland, and throughout the country, we have learned over the last several decades that the war on drugs has not resulted in fewer people using drugs, but instead, a criminalization of people with a chronic disease. We have seen a disproportionate number of Black and Brown people incarcerated despite equal rates of drug use compared to white people. And the collateral consequences of arrest and incarceration have contributed to a second class citizenry that this Committee has tried to mitigate piece by piece over the years.

One of the cornerstones of the Maryland General Assembly’s approach to reducing the criminal justice response to this public health problem is the Good Samaritan law. Too many people die of overdoses alone in abandoned buildings, frat house basements, and front steps to their own houses because the people they are with are so scared about getting arrested that they leave people – even their friends – who too often die. Maryland’s law makes it safe for people to call for help and get help, and not fear arrest as a result. This law simply saves lives.

House Bill 667 will undermine the Good Samaritan law. While the intent of the bill is clearly to get people into treatment, this approach will drive people into less public places and deter others from calling for help.

In addition, this bill also suggests that forcing people into treatment will work. Unfortunately, research that shows involuntary treatment for people with substance use disorders is not effective.^{1 2} In fact, research shows a higher rate of overdose among those leaving forced treatment.^{3 4} This is not to say that treatment through Drug Courts does not work, but it does not work for everyone. This kind of “coerced treatment” still allows an individual with a substance use disorder to refuse treatment and choose to deal with the consequences instead. This bill as written could result in jail for the person who survived an overdose.

¹ Sinha, Michael S., et al., “Neither Ethical nor Effective: The False Promise of Involuntary Commitment to Address the Overdose Crisis” (Journal of Law, Medicine, and Ethics, 2020).

² Opsal, Anne, et al., “Readiness to Change among Involuntarily and Voluntarily Admitted Patients with Substance Use Disorders” (Substance Abuse Treatment, Prevention, & Policy, 2019).

³ Raufful, Claudia, et al. “Increased Non-Fatal Overdose Risk Associated with Involuntary Drug Treatment in a Longitudinal Study with People who Inject Drugs” (Addiction—Society for the Study of Addiction, 2018).

⁴ Bazazi, Alexander R., “Unpacking Involuntary Interventions for People who Use Drugs” (Addiction, 2018).

Maryland needs to continue down the path of implementing strategies that are proven to be successful. We believe the following things are needed:

- Investment of resources to increase and sustain an adequate workforce that includes certified peer recovery specialists who can provide a public health intervention when someone survives an overdose;
- Enactment of various harm reduction strategies, including the creation of Overdose Prevention Sites;
- Additional funding to support a full continuum of treatment services throughout the state; and
- Investment in a recovery-oriented system of care. Addiction is not an acute illness that is solved in one or two treatment episodes. It is a chronic disease characterized by relapse that requires a lifetime of support.

We urge this Committee to not turn back the clock toward criminalizing substance use disorders, and give House Bill 667 an unfavorable report.