



Testimony to Support Amendment

SB751:

***Public Health - Opioid Restitution Advisory Council and Fund -
Revisions***

Senate Finance Committee

March 1, 2024

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I am here today with cautionary support for the idea of the bill and the promise that it potentially holds out for COMMUNITY–BASED RECOVERY ORGANIZATIONS. But if I went around the room and asked each of you, “What is a Community-Based Recovery Organization?”, I doubt whether any one of you would know.

So, I’m going to tell you MY concept:

A Community-Based Recovery Organization is Addiction Connections Resource in Harford County, where Linda Williams founded the first Safe Station in Maryland inside her home in 2000, a full 17 years before Anne Arundel Safe Stations would be funded with a state grant in 2017.

Or it is Heroin Action Coalition of Montgomery County, where I navigated over 200 Marylanders into some level of treatment with no funding source whatsoever every year –a full six years before Montgomery County funded their STEER program that cost nearly \$240,000 to navigate between 44 and 101 people per year into treatment between 2017 and 2019.

Or it is any of six non-profits that formed a network throughout Maryland back in 2014, and that assisted close to 1400 families via in person and telephone support – providing education and support for families impacted by Opioid Addiction and Other Substance-Use Disorders, the same year that Maryland Coalition of Families for Children’s Mental Health was handed \$350,000 without an RFP or any bid process to pilot a program to do the same thing. For a grant amount of \$350,000, their target goal was to reach 100 families that year –but the baseline of 1400 families reached with a \$0 budget had already been established.

I, like about a dozen other Community-Based Recovery Organizations throughout Maryland, have had our programs replicated by our local jurisdictions, but never funded by our local jurisdictions. I currently have a website –faceaddictionmd.org, and a publication, copyright 2019, summarizing the conclusions of more than 650 valid research sources on treatment for opioid addiction, including data on alternative therapies, like kratom, ibogaine, cannabis, ketamine, amino-acid infusion, transcranial magnetic stimulation (tms), transcutaneous auricular neurostimulation (tan), hypnotherapy and others –both completed without any funding.

But you can't view the site right now because I haven't been able to afford my payment to Go Daddy for my domain name.

Last year, I contacted scientists and researchers from across the nation who agreed to fly to Maryland at their own expense to present their research on these alternative therapies. I had a Conference Center in Western Maryland that agreed to hold space and rooms without a deposit until two weeks prior to the Conference –an unheard-of deal I was told –but in the end, I couldn't find anyone willing to work pro bono to create the electronic promotion and registration pages, and so was forced to table the project.

These stories are just the tip of the iceberg –I have many more. So, are you really planning on funding COMMUNITY–BASED RECOVERY ORGANIZATIONS –whose leadership has always been at the forefront of innovative solutions, progressive drug policy, and successful outcomes, as we struggle year after year with zero to very little funding –to save the lives of our loved ones and everyone else while we're at it, only to have our programs replicated by local government health departments, million-dollar non-profits, and already established healthcare businesses –years, sometimes decades later, as soon as funding becomes available. Instead of funding good programs founded and operated by peers to save lives, we allow business operators to chase funding opportunities to make money.

If so, I would like to work with the bill sponsor to add amendments to the bill to define COMMUNITY–BASED RECOVERY ORGANIZATIONS, as well as language that will level the playing field for us –otherwise, this bill is not really about COMMUNITY–BASED RECOVERY ORGANIZATIONS.