

***Testimony to Support HB737  
Nonopioid Advance Directive***

***House and Government Operations  
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In 2019, I completed *A Consumer's Guide to Recovery from Opioid Dependence*. The publication includes research from more than 650 scientific studies and articles from prestigious credible sources and journals on promising practices and evidence-based therapies for the remediation of opioid addiction –including nonopioid alternatives. I naively thought, “wow, this research will be a real game-changer.” But scientific study does not seem to have made even the most imperceptible impact against the twenty-million-dollar annual marketing campaigns of the pharmaceutical industry.

Precedence Research, a marketing consulting firm, favorably reports that “the global opioids market size was evaluated at US\$ 22.74 billion in 2023 and is expected to attain around US\$ 26.78 billion by 2034, growing at a [Compound Annual Growth Rate] of 1.5% from 2024 to 2034,” and further reports to pharmaceutical manufacturers (their clients), that “by application, the pain relief segment has held a major market share of 24% in 2023” (reports attached). In contrast, the CDC reported 81,083 opioid overdose deaths in that same year ([https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2024](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024)), a stark illustration that deaths simply do not matter when profits are being made.

Regardless of this horrifying dichotomy –we must keep hope alive that compassion for the millions of families impacted by this American tragedy somehow prevails. That is why I ask for your support of HB737.

HB737 offers the opportunity to choose “sobriety” for those of us who simply do not wish to wake up in the ER after a car crash, and find that we have become addicted to opioids against our will and without our permission, with a new health prognosis that includes a deteriorated quality of life and a trajectory toward living a virtual nightmare with an early death.

Of additional benefit is the expectation that as Maryland’s healthcare leaders begin to develop regulations and a model nonopioid directive for hospitals, there is the very real possibility that they will also open their eyes to the literal mountain of research that exists for nonopioid pain medications, as well as treatments for OUD. It is high time that we look beyond the thinly veiled façade masking profit-motives in our treatment industry, and offer real consumer choice backed by science. That is why this bill, as well as any others that advance nonopioid solutions, is long overdue.