

March 5, 2025

Delegate Joseline A. Pena-Melnyk
Chair, Health and Government Operations Committee
240 House Office Building
6 Bladen Street
Annapolis, Maryland 21401

RE: House Bill 1066 (Commission on Behavioral Health Care Treatment and Access - Membership and Workgroups) – FAVORABLE

Dear Chair Peña-Melnyk and Committee Members,

The undersigned organizations write to express our strong support for House Bill 1066, which would add an additional workgroup under the existing Commission on Behavioral Health Care Treatment and Access established in 2022 by the passage of SB852/HB1148. This workgroup will examine the outcomes of treatment received through the criminal justice system compared to treatment sought voluntarily. This is an important area of study, as current policies often rest on the assumption that court-referred treatment is an effective pathway to recovery. Yet, the existing literature on this topic is limited and presents mixed findings—some studies indicate positive outcomes, others show no significant impact, and still others suggest potential harms.¹

One consistent finding is that the outcomes of court-referred treatment vary greatly by race. Black and Hispanic individuals who are referred to treatment by the courts are less likely to complete the program and more likely to face reincarceration compared to their White counterparts.² This raises serious questions about the equity and effectiveness of our current approaches. Given the profound impact of criminal justice involvement on individuals, families, and communities, it is imperative that we study these issues comprehensively.

House Bill 1066 will create a new workgroup to investigate the following issues:

- The general availability and accessibility of treatment and recovery support, including housing and employment support;

¹ D. Werb, A. Kamarulzaman, M.C. Meacham, C. Rafful, B. Fischer, S.A. Strathdee, E. Wood, The effectiveness of compulsory drug treatment: A systematic review, *International Journal of Drug Policy*, Volume 28, 2016, <https://doi.org/10.1016/j.drugpo.2015.12.005>; see also Massachusetts Department of Health, An Assessment of Opioid-Related Deaths in Massachusetts (2013-2014) available at <https://www.mass.gov/doc/legislative-report-chapter-55-opioid-overdose-study-september-2016/download> (finding that patients were twice as likely to die of an overdose following court mandated treatment compared to those who entered treatment voluntarily).

² McKean, J., & Warren-Gordon, K. (2011). Racial Differences in Graduation Rates From Adult Drug Treatment Courts. *Journal of Ethnicity in Criminal Justice*, 9(1), 41–55. <https://doi.org/10.1080/15377938.2011.535469>; Brown, R., Systematic review of the impact of adult drug-treatment courts, *Translational Research*, Volume 155, Issue 6, 2010, Pages 263-274, <https://doi.org/10.1016/j.trsl.2010.03.001>; *Journal for Advancing Justice*, Volume I, Identifying and Rectifying Racial, Ethnic, and Gender Disparities in Treatment Courts (2018) available at <https://nyatcp.org/assets/pdfs/powerpoints2020/AJ-Journal.pdf#page=15>.

- The extent to which individuals are directed to these services through the criminal justice system;
- The outcomes for individuals who receive these services, disaggregated by whether the services were sought voluntarily or referred by the criminal justice system;
- The broader impacts of criminal justice involvement related to substance use on individuals, families, and communities;
- The financial cost to the state and local governments resulting from criminal justice involvement related to substance use; and
- The effectiveness of voluntary treatment compared to coerced treatment.

Understanding these issues is not only a matter of public health but also a matter of public safety and fiscal responsibility. By creating a comprehensive, evidence-based understanding of how our current system operates, this workgroup will be able to make informed recommendations on changes needed to state laws, policies, and practices. These changes have the potential to reduce recidivism, enhance health outcomes, promote racial equity, and reduce costs to the state and local government.

For these reasons, **we respectfully urge the House Health and Government Operations Committee to give House Bill 1066 a favorable report.**

Sincerely,

Thomas C. Higdon
Executive Director
Maryland Alliance for Sensible Drug Policy

and the undersigned organizations:

University of Baltimore School of Law, Center for Criminal Justice Reform
Maryland-DC Society of Addiction Medicine (MDDCSAM)
Maryland Office of the Public Defender
Maryland Peer Advisory Council (MPAC)
MedChi
National Council on Alcoholism and Drug Dependence of Maryland (NCADD-MD)
Behavioral Health System Baltimore (BHSB)
Law Enforcement Action Partnership (LEAP)
Citizens Opposing Prohibition
Serenity Sistas, Recovery Housing