

Testimony by Joseph A. Adams, MD, citizen, Leg District 11B, Towson, Baltimore County

FAVORABLE

Greetings, Chair Atterbeary, Vice Chair Wilkins, and thank you Delegate Palakovich Carr for being the lead sponsor.

As background, I am Joseph A. Adams, MD, FASAM, an internist and addiction medicine doctor. For identification purposes only, I am the Chair of the MedChi Opioid, Pain & Addiction Committee, and Co-Chair of the Public Policy Committee of the Maryland-DC Society of Addiction Medicine, testifying as an individual.

I have interacted with thousands of people with addictions, most with co-occurring mental health disorders. I've also interacted with many behavioral health organizations working in the policy arena.

Primarily, we advocate for adequate investment in interventions that are proven effective, over time.

Across the country, inadequate investment in prevention and treatment of behavioral health disorders is not due to a lack of know-how, but a lack of collective will.

Only 13 percent of people with drug use disorders in the U.S. receive any treatment.
Only 11 percent of people with opioid use disorder receive one of the three safe and effective medications that could help them quit and stay in recovery. (1)

- The U.S. has one of the highest rates of mental health disorders among 11 high-income countries.
- Among 11 high income countries, the U.S. has the highest suicide rate and second-highest drug-related death rate.
- **While U.S. adults are among the most willing to seek professional help for emotional distress, they are among the most likely to report access or affordability issues among these countries.**
- Mental health is an important indicator of a society's overall well-being, and interacts closely with physical health. (2)

Our severe behavioral health workforce shortage is well known;
All of the service programs I know of are short-staffed.

Inadequate revenue for society's basic needs, in comparison with other developed nations, appears to be related to **tax loopholes for the wealthiest individuals and corporations.** Possibly this is related to a power imbalance.

In the current national climate, this imbalance is only getting more extreme.

Investment in behavioral health pays for itself with reduced crime, increased employment & health status.

Countless times I have witnessed individuals who could barely function become able to join or re-join the workforce as productive members of society, with treatment.

I am grateful that Governor Moore and the legislature are taking steps toward increasing revenue through having the wealthiest individuals and corporations among us pay more of their fair share. But these steps do not go far enough. Please vote for the Fair Share for Maryland plan.

Joseph A. Adams, M.D., FASAM
Towson, MD

REFERENCES:

1. National Institute of Drug Abuse - essay by Director Dr. Nora Volkow January 2022
<https://nida.nih.gov/about-nida/noras-blog/2022/01/making-addiction-treatment-more-realistic-pragmatic-perfect-should-not-be-enemy-good>
Citing:
2020 National Survey on Drug Use and Health (NSDUH)
<https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases>
2. Commonwealth Fund: Mental Health Conditions and Substance Use: Comparing U.S. Needs and Treatment Capacity with Those in Other High-Income Countries. The Commonwealth Fund May 2020.
<https://www.commonwealthfund.org/publications/issue-briefs/2020/may/mental-health-conditions-substance-use-comparing-us-other-countries>