

## Meena Tharmaratnam Testimony for Commission to Study Mental and Behavioral Health in Md 5-11-2021

I understand that the administration is considering how to define the danger standard for involuntary psychiatric evaluation and hospital admission. I want to urge this Commission to recommend that the definition specifically include psychiatric deterioration as a form of harm to self. Sometimes psychiatric deterioration and psychosis is the only evident symptom that a person's brain is being harmed in a way that prevents rational thought.

I probably knew my son Arnav was different by the time he was a senior in high school when he was prescribed medication for ADHD. A few struggling years in college at Boston University and trying to get Arnav to seek professional help did not yield any positive results. He did not really have any major breakdowns or crisis's that would lead me to believe he had a serious mental illness. With a chronic lethargy and lack of motivation to seek employment and unsuccessful attempts at jobs, I thought he is just lacking motivation because he had inherited money at a young age of 20 years. Every time I sought advice from my own doctors or therapists, no one even suggested mental illness and that I should read up and learn about it.

During this time Arnav did agree to see a mental health professional at Cornerstone Montgomery. I was never told what the diagnosis was, but my son rejected any diagnoses and said he would not take any medication. When I asked the therapist how I could best help my son, I was advised to stop enabling him, ask him to live on his own and use his own money. He spent three years struggling to find purpose in his life. Then he decided to travel the world, painting which was his therapy.

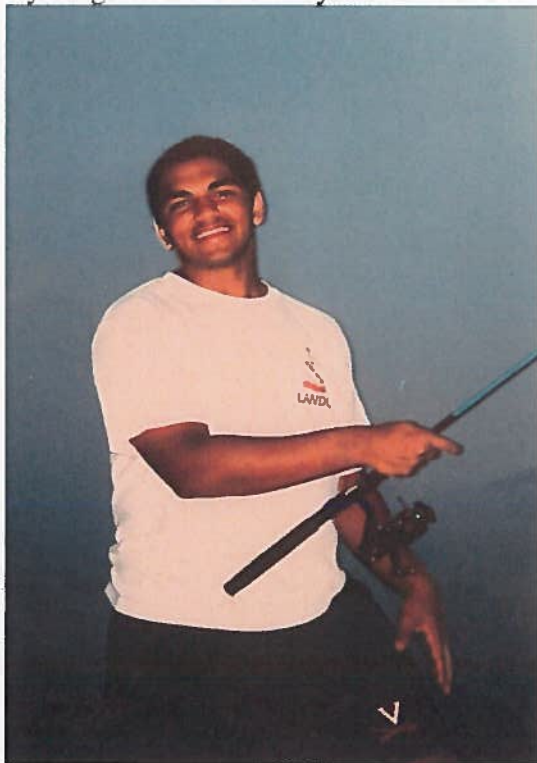
The mania and psychosis came some 6 months later when he lost control over his spending and started hearing voices from the Pope through the TV. He talked of buying Mel Gibson's estate in LA, and selling his painting depicting the sad state of America under the Trump administration for 10 million dollars. He believed that "they" were after him because of his Trump painting and a poem he had written, and he had no way out. He started talking about seeking asylum in Canada or the U.K. I knew something was not right, but still did not recognize this as signs of psychosis and illness that could lead to suicide. I told him to return home and we would figure things out.

Eventually, he went to the hospital emergency room saying he was feeling ill and had chest pains. However, after 2 hours and before the doctors had completed their full examination, he walked out of the ER. The next morning, he left home, went to the White House grounds and set himself on fire. He died that night.

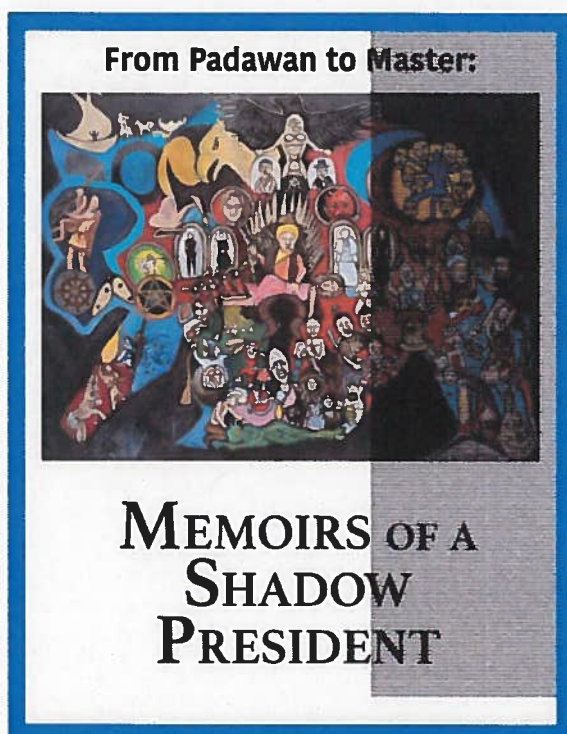
I was devastated by the horror of the act, guilt at my inability to help my son, and angry with myself that I did not seek to learn about mental illness earlier. I was also sad that none of my providers ever suggested I study mental illness as a diagnosis for my son's problems and none even mentioned NAMI the wonderful resource for the community and families to help their loved ones. A friend told me about NAMI and I decided to take their Family to Family class to learn about mental illness and found new purpose in my life...to help those suffering from mental illness/suicide prevention, since I could not help my son.

I do not know if the doctor Arnav saw in the Emergency Room saw any evidence of his psychosis. However, if he did and Maryland's danger standard for involuntary hospital admission had included a psychiatric deterioration standard as harm to self, maybe Arnav could have gotten treatment and lived a productive life. I know it may be very difficult to predict if any one person will attempt suicide, but according to the Treatment Advocacy Center, the lifetime risk of suicide among individuals with bipolar disorder is an estimated 10-15% and 5% for schizophrenia with higher rates early in the illness. Major risk factors include lack of treatment and poor adherence to medication. Surely a psychiatric deterioration standard that facilitates early treatment of psychosis would have a good chance of saving some lives.

Arnav was the kindest, gentlest soul and everyone who knew him, loved him. It was such a wasteful loss of a young life. As so many lives lost to suicide every year.



Arnav Gupta



Cover of Book Arnav Gupta designed for a book he wanted to publish.

Testimony for the May 11, 2021 meeting of the Commission to Study Mental and Behavioral Health in Maryland.

My relative is 29 years old and was diagnosed with schizophrenia at age 24. He is a 6'1" 250 lb. black man with dreadlocks. He is immediately scary looking to some people, add that if he is acting unusual due to his mental illness, just "being" is a danger to his life.

In 2019 he was living successfully in supervised housing and then stopped taking medication. He remained unmedicated 16 months, during which time he experienced extreme psychiatric deterioration, becoming very delusional and very paranoid.

On several occasions, his Group Home Director contacted the Montgomery County Crisis Center in hopes of getting my relative involuntarily admitted to a hospital psychiatric unit to get the treatment he desperately needed. The Director has been working closely with mentally ill adults for over 20 years and knows when inpatient treatment is needed.

On one occasion staff, members were trying to get to cooperate with house rules such as bathing, doing chores, etc. He displayed extreme psychosis, agitation, ranting, making wild accusations, and had absolutely no grasp on reality. He barricaded himself in his room with his mattress. The Montgomery County Mobile Crisis Team, after speaking to my relative through his barricaded bedroom door decided he did not meet the danger standard.

During the 16 months my relative did not take medication the Crisis Center was called 4 times. On all occasions the Crisis Center determined that my relative's behavior did not meet the danger standard. **Having psychosis with extreme delusions and paranoia, being out of touch with reality and experiencing psychiatric deterioration was not considered to be a danger to self or others and did not meet the danger standard for emergency evaluation.**

A few weeks later on February 3, 2020 my relative attacked the Group Home Director knocking him down a flight of stairs.

My relative was then involuntarily hospitalized in a psychiatric unit from February 3 to March 8, 2021. On Feb 12 he had a hearing before a judge who ordered that he be involuntarily admitted and medicated. The hospital tried to release him prior to seeing the judge. The medication ordered by the judge did not begin until Feb 16, and on Feb 17, the hospital tried to release him again. Although my relative did exhibit overt active dangerous behavior while in the hospital, it was clear that **the hospital did not consider his active psychosis and psychiatric deterioration to meet the danger standard, nor were they willing to take into account his past psychiatric history of harm to others while psychotic.** I had to fight with and threaten the hospital and my insurance company with legal action every day to keep my relative hospitalized until he stabilized on medication and we could secure a safe place for his discharge. The result was that my relative is now medication compliant and successfully living in a supervised outpatient program. But it should not be so hard to get needed treatment.

The danger standard for involuntary evaluation and admission to a hospital must be clarified to specifically include psychiatric deterioration. Psychosis is real and dangerous to the ill person and others. Untreated it leads to reduced chance of recovery and brain damage. It increases the risk of homicide 14 times. People should not have to be attacked before an individual can be involuntarily evaluated and allowed to stay in the hospital for more than 3 days. The law needs to be worded to specifically indicate that the danger is reasonably expected, not that dangerous behaviors have already occurred or are imminent and provide for consideration of personal and medical history.

The current proposed language by the Behavioral Health Administration does none of the above. **I urge the Commission to immediately recommend to the Governor that the administration's proposed danger standard be revised to**

1. Specifically incorporate psychiatric deterioration as a danger to self;
2. Specify "Reasonable expectation" of danger to self or others, rather than requiring completion of active or passive dangerous behavior or imminent danger. and
3. Consideration of personal and medical history when available.

The danger standard for involuntary psychiatric evaluation and hospital admission, the length of stay and involuntary administration of medication must be based on established scientific knowledge, sound clinical assessment, treatment, patient stability and safety standards, not arbitrary legal constraints, insurance company greed, and the political expediency of consensus.

I understand that the laws currently in place are meant to protect human rights, but they need to also protect human beings.

Respectfully, Gina Beck  
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HEALTH CARE FOR THE HOMELESS TESTIMONY  
Commission to Study Mental and Behavioral Health in Maryland  
May 4, 2021



Health Care for the Homeless urges the Commission to Study Mental and Behavioral Health in Maryland to urge Governor Hogan to sign Senate Bill 420 (Criminal Law – Drug Paraphernalia for Administration – Decriminalization) into law. If allowed to become law, the legislation will amend existing criminal law to remove items that could be used to consume drugs from what is considered drug paraphernalia, effectively decriminalizing possession of those items.

SB 420 will save lives, reduce barriers to housing and employment, and prevent the spread of infectious diseases. As a health care facility serving over 10,000 of Maryland’s most vulnerable individuals each year, we see far too often the effects of criminalizing substance use. In Maryland, possession of drug paraphernalia can result in a fine up to \$500 and a misdemeanor – leading to a criminal record that can be used to deny someone housing and employment.<sup>1</sup> Without access to stable housing, it is unfathomable to expect an individual to succeed in treatment for substance use disorders. The criminalization of substance use and paraphernalia perpetuates homelessness and prevents individuals from seeking supportive services. When there is less fear or punishment or arrest by police, individuals feel safer accessing treatment.<sup>2</sup> By decriminalizing paraphernalia and implementing harm reduction principles, individuals are more inclined to carry and use life-saving supplies—such as sterile needles and safer smoking kits—that prevent overdose deaths and the spread of infectious diseases.<sup>3</sup> In addition to saving lives, this has enormous implications for lowering healthcare costs related to treating infectious diseases, like HIV.<sup>4</sup>

In Maryland, there were 515 opioid-related deaths between January and March 2019.<sup>5</sup> That is far too many. This bill would show Maryland’s commitment to reframing the way we view and treat substance use—as a public health issue, not a criminal one. **As a health clinic that sees how crucial and life-saving harm reduction and decriminalization are for the clients we serve, Health Care for the Homeless requests the Commission urge the Governor to sign SB 420 into law.**

*Health Care for the Homeless is Maryland’s leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit [www.hchmd.org](http://www.hchmd.org).*

<sup>1</sup> MD Code Ann., Crim. Law, § 5-619 (2013).

<sup>2</sup> Laura Vearrier, “The Value of Harm Reduction for Injection Drug Use: A Clinical and Public Health Ethics Analysis,” *Disease-a-Month* 65, no. 5 (May 2019), pp. 119–41, available at <https://doi.org/10.1016/j.disamonth.2018.12.002>.

<sup>3</sup> *Id.*

<sup>4</sup> David Wilson, et al., “The cost-effectiveness of harm reduction,” *International Journal of Drug Policy* 26, supp. 1 (February 2015), pp. S5-S11, available at <https://doi.org/10.1016/j.drugpo.2014.11.007>.

<sup>5</sup> Maryland Department of Health, *State Releases 2019 First Quarter Fatal Overdose Data* (June 2019), available at [health.maryland.gov/newsroom/Pages/State-Releases-2019-First-Quarter-Fatal-Overdose-Data.aspx](http://health.maryland.gov/newsroom/Pages/State-Releases-2019-First-Quarter-Fatal-Overdose-Data.aspx).



**Behavioral Health System**  
Baltimore

May 10, 2021

Dear Lt Governor Rutherford and Commission Members:

To address the rising rates of overdose fatalities, the Maryland Legislature passed SB 420- Criminal Law- Drug Paraphernalia for Administration- Decriminalization. This bill amends existing criminal law to remove items that could be used to consume drugs from what is considered drug paraphernalia, effectively decriminalizing the possession of those items. The increase in overdose deaths highlight how important it is to continue to promote harm reduction practices and to treat substance use disorder as a public health issue—not a criminal one. In order to help Maryland residents who use drugs access safe supplies that improve the health of our state BHSB urges you to encourage Governor Hogan to sign SB 420 into law.

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.**

BHSB supports SB 420 because we recognize the criminalization of substance use and paraphernalia often prevents people from seeking treatment and supportive services. Also, current drug paraphernalia laws create a disproportionate impact on people of color further exacerbating inequities in treatment access. Evidence has shown that when there is less fear of punishment or arrest by police, individuals feel safer accessing treatment.<sup>1</sup> SB 420 will reduce the collateral damage caused by arresting people who use drugs by helping to ensure that people are accessing syringe service programs and/or carry and use lifesaving supplies that prevent overdose deaths and the spread of infectious diseases.

Decriminalizing paraphernalia will help prioritize health and safety over punishment and begin to reduce the harm caused by the decades of the war on drugs, particularly in black and brown communities. We urge the Commission to encourage Governor Hogan to sign SB 420 into law.

Sincerely,

Adrienne Breidenstine  
Vice President, Policy and Communications  
Behavioral Health System Baltimore

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<sup>1</sup> Laura Vearrier, “The Value of Harm Reduction for Injection Drug Use: A Clinical and Public Health Ethics Analysis,” *Disease-a-Month* 65, no. 5 (May 2019), pp. 119–41, available at <https://doi.org/10.1016/j.disamonth.2018.12.002>.



**Commission to Study Mental and Behavioral Health in Maryland  
Commission Meeting May 11, 2021**

NCADD-Maryland is asking the Commission's support in urging Governor Hogan to sign Senate Bill 420 (Criminal Law – Drug Paraphernalia for Administration – Decriminalization) into law.

This legislation passed by the General Assembly is intended to decriminalize possession of items that can be used to inject, ingest, inhale, or otherwise consume a controlled dangerous substance. As Maryland continues to consider and implement programs and strategies that reduce the harms caused by substance use, the decriminalization of paraphernalia will continue to help ensure that people are accessing services such as syringe services programs, and avoid arrest and incarceration.

In decriminalizing paraphernalia, we will reduce the need for people to re-use certain items that may contribute to the transmission of infectious diseases. This will have a positive public health impact on the spread of HIV and Hepatitis C, and save money in the reduction of needed health services. Further, decriminalizing the distribution of items such as sterile needles will reduce the instances where public health workers and peers conducting outreach are arrested for delivering supplies to those who need them.

An important part of this legislation is that the items to be decriminalized are those associated with the personal use of drugs (such as needles) not items associated with selling drugs (such as scales and baggies).

Additional benefits of decriminalization include:

- Improved treatment outcomes when someone with a substance use disorder is ready to enter treatment;
- Greater incentive to seek treatment as people who are using substances are less afraid of law enforcement interaction;
- A reduction in the racial disparities in the criminal justice system, as Maryland is among the worst states in its proportion of people of color who are incarcerated;
- A reduction in the collateral damage caused by incarceration; and
- Improvement in the impact of limited public health resources.

We know the collateral damage caused by the war on drugs continues to harm people in Maryland, and disproportionately people of color. People with criminal records are too often denied employment, housing, food stamps, and scholarships. This hurts the ability of people to access treatment and sustain recovery.

**We again ask this Commission to urge Governor Hogan to sign Senate Bill 420 into law.**

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