

Mikki Rice
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Testifying In Support:
LD 1719: An Act to Establish Substance
Use Disorder Treatment Centers

Senator Baldacci, Representative Meyer, and honorable members of the Health & Human Services Committee,

My name is Mikki Rice and I am a person in Recovery from Opioid Use Disorder. As a person that has had to navigate treatment resources personally and for others, I am testifying today in support of LD 1719: An Act to Establish Substance Use Disorder Treatment Centers, because Maine currently only has 28 accessible detox beds and we desperately need more.

In April of 2020 I sought treatment for OUD. I wasn't able to get into a detox bed (I was told the wait was at least a week). I didn't want to have to wait because I was worried I would lose my nerve, so I decided to try to get into an Opioid Treatment Program that did Methadone Maintenance. I called and the next day I was doing an intake and able to start Medication Assisted Treatment. I was in the program for a little over 2 years. In July of last year I found out that my mom was diagnosed with stage 2 lung cancer. My mom lives in NC and I started to get worried that if something went awry and I needed to get down there to see her, I wouldn't be able to because I wouldn't be able to get emergency take-homes that quick. I talked to a counselor at the treatment program about Suboxone and they said I would have to taper to a low enough dose to be able to switch without being put into precipitated withdrawal.

I worked with my local doctor on a plan to stop taking Methadone and switch to Suboxone (Suboxone is less confining than Methadone), In August I started a suboxone induction and stopped taking Methadone. By the second day of the induction I was already starting to go into a manic state. Over the next 24 hours I started to have paranoid delusions. On day 3 I decided to stop taking the Methadone (the choice was easy when I felt invincible). By day 4 I ended up in a psychotic state with grandiose delusions (for those that don't know what grandiose delusions are, they are unfounded or inaccurate beliefs that one has special powers, wealth, mission, or identity).

I ended up in the hospital for 24 hours and once I was no longer a danger to myself they discharged me. I was 2 days with no Methadone and 1 day without Suboxone at this point and still couldn't find a detox bed. I had to work with my doctor on an outpatient basis to get stabilized which took about a month (It would have been a lot faster to go inpatient but I only had Mainecare and was lucid enough to not be a danger to myself physically).

Usually when someone is seeking a detox bed they have to wait days or weeks and the detox beds in the hospital are only used if someone is a danger to themselves or others, or is detoxing from Benzos or Alcohol. If not they will be turned away. Even though opioid withdrawal and

withdrawal from other substances is usually not fatal there are many reasons a detox bed can be needed instead of outpatient and we need more beds that are accessible to people on Mainecare. This bill (although not enough) adds 2 new treatment facilities with 10 new beds each and at least 40% of those beds (8 beds) must be Mainecare accessible. I encourage you to vote unanimously Ought to Pass on LD 1719 to add 20 accessible detox beds in Maine.

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