

January 17, 2024

Dear Senator Baldacci, Representative Meyer, and Respected Members of the Health and Human Services Committee,

My name is Lauren Porter, and I am a Certified Alcohol and Drug Counselor and social work graduate student specializing in drug policy. I testify before you today regarding LD 1975 as a policy intern with the Church of Safe Injection. We are a Maine-based harm reduction nonprofit fighting for the health, rights, and dignity of people who use drugs with a core mission of reducing harm. We recognize the intrinsic failures of the War on Drugs and advocate for evidence-based drug policies. We present our stance on LD 1975 as neither for nor against; rather, we aim to highlight its strengths and voice our concerns.

The need for a shift towards a public health approach in drug policy is more urgent than ever. As the United Nations General Assembly highlighted in its 2016 Resolution, there is a global call for "effective measures aimed at minimizing the adverse public health and social consequences" of substance use disorders (United Nations, 2016, p. 6). This resolution reflects a growing consensus on the need for balanced, health-focused drug policies. LD 1975 presents an opportunity for Maine to align itself with a public health framework that has been proven and recommended internationally as the most effective way of approaching substance use, mitigating harm, supporting individuals, and promoting community well-being. The public health framework has been connected to significantly better outcomes in public health and at a lower cost than maintaining a criminalization-based system.

A defining characteristic that sets this bill apart is its dual mandate: increase access to treatment resources and move away from a punitive model. While long-term funding sustainability appears complex and uncertain, the reinvestment of the cost savings related to incarceration back into recovery support and services paves the way for a sustainable and innovative financial model. We value the inclusion of individuals with lived experience in decision-making, particularly those most adversely impacted by drug law enforcement. We also affirm the recognition of harm reduction services as a crucial part of service delivery, the promotion of voluntary access to treatment, and the emphasis on alternatives to jails and emergency departments. Each of these initiatives represents a crucial shift toward a more sound drug policy that is grounded in research, justice, economic responsibility, health, and compassion for all individuals. The provision for intensive case management, peer support, the establishment of recovery centers, low-barrier treatment options, mobile outreach teams to minimize law enforcement involvement, the provision of transportation, and the integration of health services are all indicative of a comprehensive approach to substance use disorders.

As a Maine-based harm reduction nonprofit, we support access to and implementation of all strategies to reduce harm and protect public health. We note limitations in LD 1975 regarding initiatives, such as overdose prevention centers, that have been well-established as an effective, life-saving, and cost-saving intervention. We also point to the limited scope of decriminalization. One challenge that faced Portugal was found in only decriminalizing personal possession. This

led to individuals who used substances being seen in a health framework, while the individuals producing or selling substances remained under a criminalization framework. As the country tried to shift away from viewing substance use through a lens of stigma and crime, maintaining this distinction halted progress. Decriminalization is not an endorsement of drug use, and the public health framework does not endorse nor condone substance use. It also does not deny that there are intrinsic harms that can exist. What it calls us to do is to address these harms in a way that benefits everyone in a community.

We also call for careful consideration of the role of law enforcement and their presence at any receiving centers. Increased presence has been connected to a reduction in service utilization out of fear of criminal prosecution, for example, in areas around syringe service programs. An alternative approach could involve trained medical or social service personnel leading these efforts or ensuring individuals are protected from any criminal liabilities. Service availability and accessibility remain a critical issue in the state, and there must be resources with capacity available for people to be connected to after going through a receiving center. We support the integration of those with lived experience in decision-making and guidance, but we urge a clear plan for how the voices of impacted individuals will be integrated and included meaningfully in policy development and implementation. As an organization based in social justice with an understanding of the systemic racism that is intrinsic in drug policy, it is imperative that drug policy reform explicitly include strategies to address racial injustice fueled by criminalization. Additionally, this requires looking at prior convictions and what will be done for individuals with existing criminal records for prior drug possession. True drug policy reform must also work to repair the harms that have been done and continue to be done as a result of the War on Drugs.

In conclusion, we highlight the strengths of LD 1975 and affirm its shift toward a public health approach, expansion of harm reduction programs, decriminalization of personal possession, and increased resource availability. It is also our responsibility to highlight possible areas for improvement, particularly regarding the role of law enforcement, service capacity, accessibility, incorporation of additional proven harm reduction initiatives, addressing systemic injustices, and ensuring long-term sustainability. We trust that the strengths of this bill will be bolstered and its limitations thoughtfully addressed, ultimately leading to a policy that truly benefits all Mainers and sets a precedent for compassionate and evidence-based policy. Thank you for your attention. I am available to address any questions you may have.

Sincerely,

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Social Policy Intern  
Church of Safe Injection