



# Permanent Commission RACIAL, INDIGENOUS & TRIBAL POPULATIONS

## **LD 1975 “An Act to Implement a Statewide Public Health Response to Substance Use and Amend the Laws Governing Scheduled Drugs”**

January 17, 2024

Good morning, Senator Baldacci, Representative Meyer and honorable members of the Joint Standing Committee on Health and Human Services. My name is Rae Sage, and I am the Policy Coordinator for the Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations. The Permanent Commission’s role is to examine racial disparities across all systems and advise Maine State Government on ways to improve the status and outcomes of historically disadvantaged racial, Indigenous, and tribal populations

I am here today to testify in support of LD 1975 because relying on criminalization and punishment as the main mechanisms in addressing substance use has time and time again been proven a losing strategy. By centering substance use as a public health issue and providing the resources to address it as such, LD 1975 prioritizes the short and long-term health of Maine communities.

This bill allocates funding for the comprehensive healthcare that makes lasting change in the lives of those affected by substance use disorder. This includes immediate mental and physical health support, short and long-term housing solutions, routes to employment, and childcare options. It also funds the building and expansion of receiving centers in every county. This provides a safe place for those affected by substance use and lightens the load of an already overburdened criminal legal system.

The color of your skin and amount of money in your bank should not be the elements that define your pathways to treatment or how you are treated as you navigate the criminal legal system. The incarceration of people with substance use disorder only serves to further stigmatize the condition and stratify the state’s population into those with or without the resources to maintain personal agency while navigating their substance use. Harmful substance use itself is often tied to

untreated mental health issues related to poverty, lack of access to comprehensive health care, and experiences of trauma. According to a report by the ACLU of Maine and the Maine Center for Economic Policy, 6 in 10 Mainers with substance use disorder have co-occurring mental illnesses. People without access to healthcare may also use substances to navigate physical ailments when the cost of treatment makes other options near impossible.<sup>1</sup>

According to a 2021 report by the Council of State Governments, commissioned by leaders from all three branches of Maine state government, *“Maine’s criminal justice and behavioral health systems are struggling to meet the needs of people who have substance use disorders and mental illnesses.”* The report goes on to note that substance addiction issues in turn often lead to property and drug crimes, further exacerbating the strain on the criminal legal system.<sup>2</sup>

Maine currently ranks 44th out of 50 states for Black-White disparity in state prisons, with our state prisons housing severely disproportionate rates of Black (9 times) and Indigenous (6 times) people compared with the state’s population.<sup>3</sup> According to the ACLU/MECEP report, although survey data shows that Black people use drugs at a similar rate to white people, they are 3.5 times as likely to be arrested for drug possession. Indigenous people in Maine are twice as likely as white people to be charged with drug possession, and three times as likely to be charged with the lowest level of drug possession.

Decriminalizing possession of certain substances and increasing community-based support for substance use disorder will not only benefit racial, Indigenous, and tribal populations in Maine, it will benefit all Mainers by creating pathways to treatment and comprehensive care. In the 2022 Maine Shared Community Health Needs Assessment Report, addressing substance and alcohol use was identified as a top priority in all counties across the state as overdose rates in Maine were increasing steadily over time.<sup>4</sup>

Treating substance use and widespread mental health challenges as a public health issue creates an environment where people can seek the healing and support they need without stigma. LD1975 helps ensure that Maine is a place where all our families can thrive.

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<sup>1</sup> ACLU of Maine and Maine Center for Economic Policy. (2002). *“A Better Path for Maine: The case for decriminalizing drugs”*  
<https://www.aclumaine.org/en/betterpathreport>

<sup>2</sup> Council of State Governments. (2001). *“Justice Reinvestment in Maine: Improving Supervision and Data Collection.”*  
[https://csqjusticecenter.org/wp-content/uploads/2021/01/JR-Maine-Policy-Framework\\_FINAL.pdf](https://csqjusticecenter.org/wp-content/uploads/2021/01/JR-Maine-Policy-Framework_FINAL.pdf)

<sup>3</sup> Prison Policy Institute. *Maine Profile*. Available at: <https://www.prisonpolicy.org/profiles/ME.html>

<sup>4</sup> State of Maine. (2022). *Maine Shared Community Health Needs Assessment Report*.  
<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/State%20Report%207.5.2022.pdf>