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January 17, 2024

Testimony of Rep. Lydia Crafts presenting

**LD 1975, An Act to Implement a Statewide Public Health Response to Substance Use and Amend the Laws Governing Scheduled Drugs
*Before the Joint Standing Committee on Health and Human Services***

Good morning, Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee. My name is Lydia Crafts and I represent House District 46. I am here before you today to introduce *LD 1975, An Act to Implement a Statewide Public Health Response to Substance Use and Amend the Laws Governing Scheduled Drugs*.

We've all read the statistics, the death toll and devastation. Your committee has grappled with the immense needs and lack of resources, all while the state has been flooded with a poisoned drug supply. You will hear today about the lives lost, destroyed and dismantled by a public health crisis that sinks its claws into every community and every demographic across our state. We can change course.

First, what this bill does: As amended, this bill aims to create a state-wide public health-based response to substance use in Maine. To do this, the bill does the following:

It creates the Substance Use, Health, and Safety Fund. This fund would be administered by DHHS, with the advice and oversight of the Maine Recovery Council. The fund would be made up of funds from a number of sources, including taxes from adult-use cannabis sales and criminal justice savings, as well as any other money raised either privately or appropriated by the legislature.

Using a grants-based process, the Fund will be used to help pay for services in every county in the state, in the form of receiving centers and other health services, starting January 1, 2025.

The bill establishes at least one receiving center in every county in the state. A receiving center is a place where people in the community: law enforcement, family members, neighbors, and people struggling with their substance use, can go to get help. The receiving center must be able to provide a screening of the needs of people who use drugs and health needs planning services to meet the immediate needs of people who have been brought to the receiving center for help.

The bill also envisions these receiving centers as a place that will directly connect people to other resources: detox beds, intensive case management, peer counseling, harm reduction services, recovery community centers, mobile crisis teams, among other supports.

And, the bill reduces the barriers to treatment and help by eliminating the crime of drug possession, while leaving the rest of the criminal code related to drugs intact.

Finally, the bill requires tracking data and results, so that we can show the effects of the law. We manage what we measure, and this bill will help us manage our resources better. We'll know the money we're saving and spending, how many people are getting help and how long it takes them to get that help, and what this bill means for recidivism and substance use disorder treatment completion.

I, like many of you, know the impact of addiction personally. I have made the phone calls to detox, pleading for a spot. I've sent a loved one across the country when we couldn't find a treatment bed anywhere in 30,000 square miles of this state. I know the helplessness of having no where to turn when my loved one relapses, a normal part of recovery. We cannot wait for a bed tomorrow, a bus ride hours away, a promise of something somewhere else.

My father's story, which he allows me to share, is one of challenge, sadness, and despair. But he survived. It meant leaving Maine, finding recovery and rebuilding his life. Every day I wish that we could have found a treatment bed here in Maine back when he needed it. Because we had the means, the knowledge and access, we got him help. Every Mainer deserves help, not just those of us who can afford it.

It would be easy to describe his recovery and stability as a product of his access to services, but it is not just that. His addiction was legal. He struggles with alcoholism. He never faced legal consequences for having a drink or buying a bottle. Possessing the chemical upon which his body depended to function didn't ever land him in contact with law enforcement. The removal of possession penalties is an effort to rectify the criminalization of some substances while we socially sanction others. SUD without incarceration is hard enough. Our public health approach to LD 1975 aims at helping people rebuild their lives through medical intervention, increased connection and social support. Incarceration impedes this goal.

My father now volunteers twice weekly at his local VA hospital doing outreach to unhoused veterans. He is the primary caregiver for his 91 year-old father. And he is the active, loving grandfather to his four granddaughters. I want every Maine to have the chance at what my father has- a life filled with redemption, joy, purpose, and good health.

Today, we stand up, calling for Maine to change the narrative of substance use disorder. This public health crisis demands a public health response. We must change course by passing LD 1975 this session.

Thank you for your consideration and I am happy to answer any questions.