



# HOUSE OF REPRESENTATIVES

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*Testimony of Rep. Anne Perry in support of*

**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 esteemed members of the Health and Human Services Committee. I am Representative Anne Perry, and I represent House District 9, made up of ten communities in Washington County. Today, I am here to express robust support for LD 1975, "An Act To Implement a Statewide Public Health Response to Substance Use and Amend the Laws Governing Controlled Substances." This legislation aims to establish a comprehensive statewide public health strategy to address substance use in Maine. It focuses on enhancing addiction services accessibility across all counties and eliminating barriers to treatment associated with the criminalization of drug use.

As most of you know, I was a practicing nurse practitioner for over 20 years. In that time, I treated many patients who were diagnosed with substance use disorder. My experience is, in part, what led me to sponsor a similar bill last session. LD 1975 builds upon the foundation laid by that bill by integrating an increased emphasis on expanding access to treatment and recovery services with the decriminalization of the possession of small amounts of drugs for personal use.

For over 50 years, this country has waged a failing war on drugs. While it promised us safer and healthier communities, it has instead delivered increased incarceration rates, trauma, and preventable deaths. In my own backyard in Washington County, we have a fatal overdose rate that is double that of the entire state. Our communities are desperate for us to learn from our mistakes in order to save lives, and they desperately need the resources that LD 1975 would provide.

As a society, we treat people who use illicit drugs differently than we treat people with other substance use disorders. When I worked with patients who were heavy smokers, it was incredibly difficult for most of them to stop. This held true even when one patient lost a lobe of her lung but could not stop and eventually suffered the ultimate consequence. However, the more times I was able to connect with patients and offer them a connection to treatment, the more likely they were to eventually accept help and stop smoking.

District 9: Grand Lake Stream Plantation, Passamaquoddy Indian Township, Baileyville, Baring Plantation, Calais, Meddybemps, Robbinston, Perry, Passamaquoddy Pleasant Point and Eastport

We all know that quitting smoking is hard and that it can take many attempts while receiving care from a trusted health care provider. Dependence to opioids and other substances is no different. It is time for us to treat drug addiction the way we treat other addictions, and not like a moral failing that needs incarceration to fix. Maine needs a public health response for treating all substance use disorders.

In my 20 years as a Nurse Practitioner, I have worked in many areas of treatment, including working in a methadone clinic in Calais. I performed the first 200 physicals for this clinic and found that between 60-75% of these patients had significant childhood trauma. For some, it was the first time they talked about it. We know that the more adverse childhood experiences a person has, the higher the risk that person has for developing a substance use disorder. Jails and prisons are not appropriate places to heal from trauma. If anything, criminal justice involvement can cause more trauma.

During my time on the Health and Human Services Committee, I heard County Sheriffs say that many of the people they have in their jails would be better served with mental health treatment. LD 1975 recognizes that asking our sheriffs to be mental health counselors and our jails to be mental health facilities is not working. We need to connect people with professionals who are trained mental health and substance use counselors. There is a growing consensus among doctors, harm reductionists, people in recovery, and other stakeholders that addressing drug use with the criminal justice system is failing our communities. We need to be willing to try something new if we want to see different results.

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