

January 17th, 2024

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

My name is Jill Vaughn, I am a nurse practitioner, and president-elect of the American Nurses Association of Maine, and here in support of LD 1975.

Substance use is a public health issue that affects people of all races, genders, ages, education, and socioeconomic statuses. Beyond the general population, this disease has implications for families as it destabilizes our communities' family units and, left untreated, puts future generations at risk through genetic and environmental transmission.

For the individual, education and professional status do not protect against substance use. The disease affects nurses, pharmacists, physicians, dentists, veterinarians, teachers, engineers, lawyers, police officers, judges, and legislators- substance use affects all. Professional organizations understand this and, accordingly, have prioritized employee retention and support through access to necessary treatment. This public health approach should be offered to all regardless of an individual's resources or professional affiliation.

We know that people who use drugs often do so with the hope of escaping mental, emotional, and physical pain. Despite being a diagnosable disease, substance use disorders are not publicly discussed in the same manner as other chronic diseases, such as high blood pressure, diabetes, and cancer. This stigma unfairly silences individuals and families living with this disease. An undeniable contributor to this stigma is the criminalization of the disease.

By criminalizing SUD, we are only treating a symptom of the disease, and in doing so, we fail to address the root cause of the disease. This can be compared to treating a patient with bacterial pneumonia with only ibuprofen and Tylenol for their fever. To treat and cure the disease, this patient will need to receive antibiotics, and without proper antibiotics, the disease process will continue to exacerbate, placing the patient at risk for worsening conditions like sepsis and acute respiratory distress. This is the same process that occurs when we criminalize SUD. Patients need to be provided with the diverse treatment modalities that are necessary for recovery.

SUD is a disease that continues to grow each year. In 2020, we lost 502 lives to SUD; in 2021, we lost 631 Mainers; and in 2022, we lost 716 lives to SUD in the state of Maine. More than 16.5% of the U.S. population met the DSM-5 criteria for SUD, including 29.5 million with an alcohol use disorder (AUD) and 24 million people with a drug use disorder (National Survey on Drug Use and Health [NSDUH], 2021). The survey excludes large populations of individuals impacted by SUD, including individuals with no fixed household address (e.g., unhoused and transient people not in shelters), active-duty military personnel, and residents of institutional living, including correctional facilities, nursing homes, mental institutions, and long-term care hospitals (CBHSQ, 2021). Another population excluded is active military personnel, who experience SUD at a rate of 1:10, which is higher than the general population (Tetters et al., 2017). Lastly, college students living in dorms are excluded from the survey, yet 39.6% of young adults in college meet the DSM criteria for SUD (Arterberry et al., 2020).

Criminalizing this disease has marginalized many while unsuccessfully reducing drug use, deaths, and crime. Consistently, data have shown that treating substance use as a health issue rather than a criminal issue helps to keep communities healthy and safe. Professional organizations like the American Nurses Association understand this; our public policies desperately need to catch up. Every life is valuable in Maine, and every Mainer deserves access to evidence-based healthcare.

Thank you for your time and the opportunity to speak today.

Sincerely,
Jill Vaughn ACNP-BC, MSN, RN
jill.vaughn@anemaine.org