

Testimony in support of LD 1975: An Act to Implement a Statewide Public Health Response to Substance Use and Amend the Laws Governing Scheduled Drugs

Good morning distinguished members of the Health and Human Services Committee.

My name is Winifred Tate, I am a resident of Waterville, an associate professor at Colby College, and director of the Maine Drug Policy Lab at Colby College. We are researching the impact of drug policies in local communities, and the experiences of women who use drugs and women in recovery. We have heard over and over again the critical role of finding community support as people seek and maintain recovery. And we have heard the tragic stories of lost years and damaged relationships when people could not find the support they needed because of arrest and incarceration, resulting in escalated problematic substance use and even overdose death.

We have a clear consensus around the need for a public health approach to address the needs of people with substance use disorder. Law enforcement, prosecutors, the governor all say: we cannot arrest our way out of this. It is time to make ensure our policies center and support a public health approach.

LD 1975 will begin to do this, by decriminalizes possession of small amounts illegal drugs and creating new pathways to recovery through funding for receiving centers in every county.

Today, I want to highlight three things: how this bill combats stigma; how this bill ensures pathways to services for people with problematic substance use; and that it is time for a change.

This bill is critical for addressing stigma, which has been a central talking point for the Mills administration. But we cannot eliminate stigma against people with substance use disorder until we decriminalize possession of drugs. Criminalization is a foundation of stigma against people with substance use disorder. Having a criminal record allows discrimination against people who use drugs and people with substance use disorder, resulting in the loss of housing, financial support, and educational opportunities.

This bill ensures pathways to services for people with problematic substance use by making receiving centers where people connect with services. Overworked law enforcement officers should not be making decisions about health care, which they are not trained to do. The current system makes police, prosecutors, judges and probation officers responsible for health care judgements and for often make judgments about the medical treatment of criminal defendants — including overriding the clinical decision of health care providers — without training and without access to medical records.

Getting people into the criminal legal systems does not help communities and people struggling with substance use disorder. Research demonstrates that that the criminal legal system creates harms, by isolating people when they most need connection, breaking people away from peer support, family bonds and community. The key tenants of recovery are connection; identifying and understanding triggers, and building the skills to navigate the challenges of live with the support of community. This is impossible in jail.

Incarceration accelerates overdose death. A 2020 study finds that drug overdose is the leading cause of death after release from prison. Within the first 2 weeks after release, the risk of death from drug overdose is 12.7 times higher than the general population, with risk significantly higher for women.

I also want to address the desire that involuntary commitment, also known as coerced treatment, can accomplish the goal of bringing people into recovery. Research shows that involuntary commitment is not effective, it is counterproductive and even harmful.

Recovery is the goal, health and wellbeing is the goal

A 2016 report by the Massachusetts Department of Public Health found that people who were involuntarily committed were more than twice as likely to die of an opioid-related overdose than those who chose to go into treatment. Another 2016 study published in the *International Journal of Drug Policy* found little evidence that mandatory drug treatment helps people stop using drugs or reduces criminal recidivism, and that forced treatment is ineffective and even harmful to people.

Research published in 2020 shows that just being arrested increases the risk of overdose death.¹

We have been wasting money on failed policies for more than five decades. It is time for a change. It is time to listen to medical professionals and people in recovery who tell us what people in our communities need. We have spent decades building jails and funding law enforcement, now we need to focus on spending that works: funding public health infrastructure, receiving centers, and recovery support.

This bill is a critical part of that effort, to make our policies match our rhetoric. Substance use disorder is a public health issue, and we must resp

We know what works: connecting people who want to find recovery with services.

I am happy to answer any questions you might have.

I urge you to pass LD1975.

¹ Krawczyk, Noa, Kristin E. Schneider, Matthew D. Eisenberg, Tom M. Richards, Lindsey Ferris, Ramin Mojtabai, Elizabeth A. Stuart, et al. 2020. "Opioid Overdose Death Following Criminal Justice Involvement: Linking Statewide Corrections and Hospital Databases to Detect Individuals at Highest Risk." *Drug and Alcohol Dependence* 213 (August): 107997. <https://doi.org/10.1016/j.drugalcdep.2020.107997>.