

Hello Senator Ingwersen, Representative Meyer and members of the committee. My name is Joshua Leonard, resident of Maine and a person in recovery from addiction. I am director of a private membership non-profit recovery residence, and am also the President of the Maine Association of Recovery Residences.

To be clear, I am NOT here testifying on behalf of any of my positions with these organizations. Instead, I am here testifying on behalf of myself and over 30 organizations and groups, with as many as 300 residents of recovery housing not only in Maine, but in Massachusetts, and New Hampshire.

The concern is that Maine may be headed in the same direction as other states about a primary issue mentioned in this study, which is potential criteria for mandatory certification regarding replacement therapy or medically assisted treatment. For clarification, it's important to note that I am in recovery from many things including, Suboxone addiction. While this medication has been extremely beneficial to great number of people and we advocate for peoples access to it while in recovery housing, it has a great number of issues for people as well, and all of us have been denied a voice and participation in the formulation of this proposed study group.

One of the main issues with this study is that it fails to include any people pursuing abstinence-based recovery in abstinence-based programs. Regardless of your stance on MAT, the fact remains that semi synthetic opioids like Buprenorphine, which the FDA classifies has harm reduction, is a potentially addictive narcotic. The FDA also makes a distinction between abstinence and harm reduction methods like replacement therapy, and given the addictive nature of these drugs to addicts like myself, there is a legitimate rationale for matters of safety, to keep medications like Suboxone out of certain recovery residences for the wellbeing, and safety of people who have been addicted to it.

People like myself and countless others as a result of these negative outcomes, have made our OWN decision to seek out recovery housing that reflects our desired pathway of total abstinence, along with root cause addressing of our problems. Nobody has forced us into abstinence. We choose it based on our experience with prescription drugs. Mandatory MAT certification criteria to be able to operate a recovery residence, would fundamentally deny people like myself equal access to an illicit drug free recovery housing programs. If heroine, or methamphetamine addicts can live in a residence free from their drugs of choice, will prescription drug addicts and Suboxone addicts be given the same? In many states the answer is no. They are the ones discriminated against.

Finally, since ME-RAP has unilaterally decided to take on forming this study without any input from MARR, who are the only certifying body of recovery housing in Maine, this alone causes the over 300 people who I am here for, to ask that you to NOT pursue LD 1973 (HP 1317).

Thank you and I am happy to answer any questions you may have.

As a side note, in a recent survey conducted August 28th 2024 in Portland Maine, with people pursuing recovery residences that were abstinence-based, we tried to get a sense of why they are pursuing abstinence and desire a housing environment reflecting that pathway. It is a small sample size of 24 individuals which we are going to try and expand this year. Other discussions within the recovery community seem to indicate these results are more widespread. Some of the results are as follows.

95.83% of participants said that being around prescription medications that have a potential for abuse and misuse could pose a danger to them while in early recovery.

100% of participants said being around people that they knew were under the influence of a substance while they are in early recovery would pose a danger to them.

80% of participants who have previously been prescribed Suboxone, reported being addicted to it when they were on it.

100% of participants who have previously been prescribed Suboxone, reported using it solely for the purposes of getting high.

100% of ALL participants reported that they are safer when NOT around addictive substances.

ONLY 4% of all participants reported that MAT was beneficial to their recovery.

It's important to consider matters of recovery environment, influences, house composition and a host of other factors when it comes to efforts to maintain high retention in recovery housing. Simply going to sober living is insufficient for long term sobriety, but when we see retention in the programs for longer durations, likelihood of long term sobriety increase exponentially.

Unstable environments decrease retention and desire to pursue recovery housing, and mixing populations of people pursuing harm reduction with those pursuing abstinence can be a very difficult cross over. For some, a deal breaker.

Again, these are factors which should have been considered when considering the composition of the work study group. This study calls for people pursuing harm reduction and MAT, but gives no voice to abstinence-based people, abstinence-based operators, no advocates for faith based organizations who are currently certified, etc.

Please consider a reworking of this study group, because a study should occur in some form. This one in particular just excludes far too much, which could have been addressed if there was more transparency in the formulation of this proposed group. Again, I thank you so much for your consideration.