



Charlotte Warren

19 Oakwood Dr

Hallowell, ME 04347

Phone: (207) 441-9116

Charlotte.Warren@legislature.maine.gov

HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION

AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: (207) 287-4469

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LD 663, An Act to Make Comprehensive Substance Use Disorder Treatment Available to Maine’s Incarcerated Population.

Good morning Senator Deschambault and esteemed colleagues of the Criminal Justice and Public Safety Committee, I am Charlotte Warren, and I am pleased to present ***LD 663, An Act to Make Comprehensive Substance Use Disorder Treatment Available to Maine’s Incarcerated Population.***

Mainers know too well the struggles and impacts of alcohol, opioids and other prescribed and illegal drugs. Most of us understand the substance use epidemic personally – through the death or near-death of someone close to us – a friend, a loved one, a colleague. Tragically, deaths from drug overdose remain on the rise, as reported by Maine Attorney General’s reports in 2019 and 2020, and the COVID-19 pandemic has only compounded the problem. And while the opioid epidemic, understandably, has garnered significant attention and investment, alcohol continues to be the #1 substance used in Maine. The reality is that Maine families and communities across the state and across generations continue to be devastated by the fiscal, social, and emotional costs of untreated addiction. We simply must do more to address all forms of problematic substance use.

One population that warrants particular attention are those Mainers incarcerated in our prisons. That is because most individuals entering Maine’s correctional facilities struggle with some type of substance use disorder. Many are living with alcohol use disorder and/or opioid use disorder, and a significant portion face polysubstance issues, co-occurring mental illness, and the effects of significant childhood trauma that complicate recovery. And due to a variety of factors, including lowered tolerance and increased stress, individuals transitioning from correctional facilities are among our most vulnerable to relapse and overdose upon release, as they try to obtain housing and employment, reintegrate into their families and communities, and seek access to health care and other services.¹

¹ For example, one formative study found that, in the two weeks following release, people who had been incarcerated in state prisons were 129 times more likely to die from an overdose compared to the general public. Ingrid A. Binswanger, Marc F. Stern, Richard A. Deyo, et al.,

Maine’s Department of Corrections has made great strides as they attempt to address these brutal realities – including launching a medication assisted treatment (MAT) program focused on addressing opioid use disorder. As part of their plan, they have expressed an ongoing understanding of the importance of providing patient-centered care using all FDA-approved medications to treat withdrawal, prevent relapse and support recovery.

We appreciate their perspective and commitment to best practices to support those in their care.

LD 663 allows us to enshrine these policies and best practices into law, with the goal of ensuring that all those incarcerated in Maine’s correctional facilities have access to the most appropriate, most effective care and are insulated from changes in leadership, policy or practice. And because patient-centered treatment is critical, LD 663 establishes in law that resident patients must have access to all FDA approved medications for SUD and AUD.

Further, while medication is an important component of best practice, LD 663 acknowledges the value of incarcerated individuals receiving behavioral treatment options and recovery supports throughout their stay and after their release. In response to the increased risk of relapse and overdose upon release, LD 663 provides for vital supports as individuals transition out, by coordinating with representatives of local recovery communities and health care providers to provide medication management, case management, transitional and peer support, and reentry planning. These supports will help to make comprehensive continuity of care a reality.

Finally, because the understanding of how best to treat and support individuals suffering from OUD and AUD continues to develop, LD 663 requires collection of data to help understand the challenges, experiences, and outcomes of clients – both during incarceration and post-release – to best gauge the effectiveness of the program, assess successful strategies and identify areas for improvement.

This legislation will help close gaps in resources, provide consistency across the system and establish a balanced focus on opioids, alcohol, and other substances. Interventions during incarceration and immediately upon release, including comprehensive, patient-centered treatment and recovery services lead to the best chance of treatment engagement, sustained recovery and quite literally -- survival for those in and transitioning out of Maine correctional facilities. I urge you to pass LD 663.

Thank you and I am pleased to answer any questions that you may have for me.

“Release from Prison—A High Risk of Death for Former Inmates,” *New England Journal of Medicine* 356, no. 2 (2007), 157–65, 161, <https://perma.cc/L49X-7MZ7>