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HOUSE OF REPRESENTATIVES

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***LD 1298 An Act To Provide Funds for Community-based
Substance Use Disorder Treatment and Recovery Services
and To Reduce by Half the Funding for the Maine Drug Enforcement Agency***

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 1298 An Act to Provide Funds for Community-based Substance Use Disorder Treatment and Recovery Services and To Reduce by Half the Funding for the Maine Drug Enforcement Agency***

RIGHT NOW, ELEVEN MAINERS ARE DYING EACH WEEK FROM OVERDOSE.

For nearly 50 years, the Drug Enforcement Administration (DEA) has fueled mass incarceration and wasted taxpayer money and it's long past time for a change.

According to the DEA's own "2019 National Drug Threat Assessment" the "opioid threat (controlled prescription drugs, synthetic opioids, and heroin) continues at ever-increasing epidemic levels, affecting large portions of the United States" and "the stimulant threat (methamphetamine and cocaine) is worsening and becoming more widespread."

After billions of dollars spent on the futile drug war, drugs remain cheap, potent and widely available.

In Maine, the data tells us that sixty to eighty-five percent (60% - 85%) of those incarcerated struggle with alcohol or drug abuse. The number of drug-related offenders sent to prison has increased every year since 2014. Yet Maine still lacks adequate treatment and recovery services and last year, drug overdoses caused the deaths of 502 Mainers, the highest number in a decade.

Maine's biennial budget includes \$14 million over two years for the Maine Drug Enforcement Agency. **This is double the spending of ten years ago.** In the last decade, Maine has spent over \$47 million funding Drug Enforcement Agents and you can still find any drug you want

anywhere in Maine at any time of day. We have spent \$47 million and we have lost over 3,000 Mainers to overdose. More than the population of my city of Hallowell has died from something that could have been prevented, and yet, we fight to keep doing the same old, same old even though none of the spending has been shown to have any effect – other than driving up our incarceration rates.

It's time to change. It's time to admit that the "War on Drugs" is in fact just a war on our friends and neighbors. It's time to admit failure in our public policy. It's time to try something different.

It's way past time to stop asking Maine taxpayers to foot the bill on the failed Drug War.

Maine's Director of Opioid Response, Gordon Smith, in his testimony to the Criminal Justice and Public Safety Committee, reported that the United States Postal Service is the biggest distributor of drugs in Maine.

Yet, Maine continues to have some of the most arcane drug laws in the country, partly due to the MDEA's insistence year after year to make no changes. Our drug overdose deaths continue to rise.

The drug war fuels the hefty price tag on Maine's jails and prisons. While crime in Maine decreased in 2019 for the eighth straight year in nearly all categories, we have not seen that decline translate into savings. Why? Because the failed drug war fuels Maine's incarceration rates.

We should use our resources to fund altering the demand side of the equation. This means encouraging science-based discussions and narratives to educate potential drug users of benefits, consequences and dangers of drug use. It also means funding treatment.

We need to pivot to a health-based approach to address addiction and improve social conditions that contribute to problematic drug use.

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Two weeks ago, we heard HOURS of testimony in support of modifying our public policy response. Maine doctors begged us to help them save lives. They told us that criminalization is killing Maine people with substance use disorder.

Here is what we heard from Maine doctors:

Dr. London: "I treat patients with Substance Use Disorder in Maine. Our 'War on Drugs' has resulted in mass incarceration...We have used this failing strategy since 1970 and it is getting worse as we continue along the punitive strategy."

Dr. Oppenheim (on behalf of the Maine Medical Association): "The medical community has a particular responsibility to help people who suffer from substance use disorders. But we are

faced with centuries of the public view that these conditions are not illnesses but rather the fault of the sufferer. This view has led to criminalization rather than medicalization of this disorder, leaving too many in our state without a pathway to treatment."

Dr. Publicker of Gorham: "I am a physician and addiction medicine specialist. I have treated addiction for over 40 years. I am testifying today on behalf of the Northern New England Society of Addiction Medicine. Drug decriminalization is a critical next step toward achieving a rational drug policy that puts science and public health before punishment and incarceration."

Dr. Gallagher, addiction medicine physician in central Maine: "It's unrealistic to think that jail time would be a deterrent. It certainly is not and never has been. We cannot keep doing things because it's how they've always been done, regardless of the outcomes. In medicine, we are expected to practice in an evidence-based manner. Our jobs and licenses are dependent upon that. Why do we continue to support and maintain policies that have never been shown to be beneficial to public health?"

Reverend Dr. Hayashida (on behalf of Maine Council of Churches): "It is well past time for us to move beyond the death measure of our regressive policies and instead choose evidence based, life-saving practices. The gift of this moment is that we already know what some of those practices look like and we already know that the beginning of that shift is fundamental reframing of this crisis away from criminalization and towards public health. At a deeper level, we know that when we, at a policy level, choose empathy over judgment, compassion over punishment, and treatment over prosecution, we are actively choosing life over death."