

Testimony in Opposition of An Act to Ensure Safer Communities by Increasing the Punishment for Crimes Involving Fentanyl”

Jamie Corbett, LCSW-CC, LADC, CCS, Mother in Recovery

Senator Beebe-Center, Representative Salisbury, and members of the Committee on Criminal Justice and Public Safety, my name is Jamie Corbett. I am a resident of Marshfield, Maine. I am Master Clinical Social Worker – Clinical Conditional, a Licensed Alcohol and Drug Counselor, a Certified Clinical Supervisor, and a mother in long term recovery. In my work as a co-occurring therapist and program manager for eleven behavioral health programs across Washington and Hancock Counties, I have extensive experience working with individuals with substance use disorder. I am testifying today in opposition of L.D. 986, An Act to Ensure Safer Communities by increasing the Punishment for Crimes Involving Fentanyl.

There is no dismissing the enormous need in the state of Maine to help those suffering from substance use disorders. While addiction, for many, started as a choice the subtle gradual chemical changes that occur in the brain lead to automatic compulsive use that controls an individuals’ life. I have never evaluated a person with substance use disorder who reported they began using due to wanting to be an addict or a criminal but rather that substance use was normalized, often prescribed, and available within their communities. Individuals with substance use disorder suffer from a chronic disease not unlike hypertension and diabetes. We didn’t know scientifically when the Nixon Administration waged the War on Drugs, that drug use isn’t a moral defect but a chronic relapsing disease. Addiction like many other chronic health conditions can be managed and remission obtained with access to treatment and support services.

More than a decade into the War on Drugs in 1999 Rolling Stone Magazine identified Washington County Maine as the Hillbilly Heroin Capital of the Nation. I stand before you twenty-four years later with sixteen years of sobriety and thirteen years of working on the front lines of the substance use epidemic as a substance use treatment provider to say that criminalizing individuals who use substances hasn’t worked and will not work. Incarceration creates significant obstacles to recovery and contributes to the problem. When we incarcerate individuals with substance use disorder, we create barriers to recovery success by removing individuals from essential services that support their recovery including positive interpersonal connections. When individuals can meet their basic needs such as housing, food security, warmth, safety, and connection, they are more successful in their recovery efforts.

I have been trained in evidence-based practices of Cognitive Behavioral Therapy, The Matrix Model, Moral Reconnection Therapy, and Prime for Life among others. All these various treatment models are evidence-based and have a common thread of forming healthy relationships and connections. Criminalization is not assisting individuals impacted by substance use disorders to build healthy connections, it is disrupting existing healthy connections and placing barriers to positive connections that are possible when access to social supports and treatment are available.

In my own recovery, positive relationships with treatment providers, community members, and employers helped me find stable housing, employment and to become someone my children are proud to have parenting them. Now, I work as a treatment provider. My professional evaluations are respected by child protective service workers, district attorneys, and judges. There is nothing miraculous about my journey: I had positive connections and opportunities that allowed me a life beyond my wildest dreams.

Individuals whom I serve as a treatment provider and who have significant barriers due to criminalization to these basic needs often do not make it to the six-month mark of outpatient treatment. Often those who have experienced lengthy incarcerations not only face these barriers to recovery support services, but many have also had compounding trauma from these experiences to work through to meet the basic need of safety to build healthy connections that support their treatment and recovery. This legislation will continue to further criminalize and isolate Maine residents experiencing substance use disorder, a tactic that has only exacerbated the prevalence of substance use disorder among our residents. Increasing penalties for cocaine base possession or trafficking didn't increase the safety of our communities during the implementation of the War on Drugs and neither will this legislation. In fact, what it will accomplish is further marginalization of our marginalized residents and further fueling our current substance use epidemic by increasing stigma, isolation, felony convictions, and increasing barriers to necessary recovery supports.

Those in favor to this legislation will likely tell you that we need to decrease availability of these dangerous substances from our communities and hold individuals accountable. They will likely speak to the burden on taxpayers for the costs associated with substance use disorder on our communities. However, they are not looking at the entire picture. As the December 2020 Maine Adult Drug Treatment Court Evaluation Report states probation and incarceration are more than twice the cost of case management and treatment. Taxpayers already support incarcerated individuals with their tax dollars, with the largest portion of state expenses related to substance use belonging to legal costs and incarceration costs. Taxpayers' hard-earned dollars deserve to be spent on increasing recovery capacity rather than contributing to the substance use epidemic our nation and our state are still facing fifty years into the War on Drugs. The twenty-four percent increase in drug related deaths in 2020 during the coronavirus pandemic reinforce what we in recovery and the treatment field already knew, individuals need to be able to meet their basic needs of safety and connection to build their recovery capacity to sustain recovery. I am living evidence that treatment and social support services not only work but save lives. I have listed my years of experience and familiarity with multiple evidence-based treatment models all of which contain a common thread of building positive interpersonal relationships. The six-month mark of treatment is a common indicator in treatment evaluations and as I stated many individuals with substance use disorder who face additional barriers due to criminal records don't make it to this treatment milestone. So again, I state that the evidence doesn't bear out that we cannot afford to support treatment and recovery, in fact as I see it the evidence states that we cannot afford to not invest in our Maine residents by supporting access to recovery.