

Testimony from Ann Marie Lemire, MD

Members of the Committee on Health and Human Services, my name is Ann Marie Lemire and I am a physician who is currently the Medical Director at the Cumberland County Jail (CCJ).

A year ago I testified before this committee in strong support for passage of this bill. I have returned to voice my support, once again. However, I will spare you a repetition of my testimony and have included it in my handout. You see, nothing has changed for those in our community who are homeless, who are mentally ill and/or who are suffering from opiate use dependency. In fact, the need has only intensified.

I'd like to share a brief story about one of our men who was released about 5 weeks ago. He feared using opiates once he was on the street and connected with a Portland Public Health community educator to receive Narcan upon his release. He was also homeless, had no insurance and had few support services. Unfortunately, he never made the connection with this worker and died of an overdose within 24 hours of his release. At the CCJ we are currently in the process of creating services for those suffering from opiate use disorder while they are incarcerated. We are also working with community services so that connections will be created during incarceration and continued upon release. However, there is very little supportive housing available and without housing we are at a great disadvantage in helping these people succeed. There are community models that clearly show a significant reduction in recidivism once individuals are housed with support upon release.

I would ask you to weigh the benefit of such housing versus the more expensive alternative of incarceration. The majority of people leaving CCJ who are homeless really want stability and support to turn their lives around. Think of what we would save if the jail and prison population were reduced by 10% within the next 3 years.

Once again, I ask you to please look at the person beyond homelessness, opioid use or their mental illness. They are someone's son or sister or father. Their dreams are what you dream for: to be loved and respected and to have purpose beyond their struggles. Please consider giving someone a chance to a better life by passing and funding this bill.

(Over—Testimony January 2018)

Testimony from Ann Marie Lemire, MD (January 2018)

Members of the Committee on Health and Human Services, my name is Ann Marie Lemire and I am a physician who for, almost 25 years, has provided care for individuals who are homeless or marginally housed. Unfortunately, many of my patients were mentally ill and/or addicted to substances. In the last 10 years there has been an ever increasing number of them addicted to opiates. When Suboxone became available for use in Primary Care I became certified to provide this Medication Assisted Treatment (MAT) for my patients. I was fortunate to work with a team of nurses, psychiatrist, mental health and substance abuse counselors. After the city of Portland closed the clinical services at the India St. clinic in 12/17, I became the Medical Director at the CCJ where I continue to care for patients, many of whom are longtime users of opiates.

It is not my intention to provide you with facts and figures about the dire situation of opioid addiction in our country, in our state. Rather, I would like to share with you my experience with persons caught in the tangle of this disease.

For a moment, I would like you to imagine yourself being suffocated, unable to breathe. This situation would immediately unleash many automatic, involuntary responses causing you to struggle to free yourself from this situation. You would probably go the point of seriously harming someone, even killing them to free yourself, to draw a breath of relief. Although we have a greater understanding of where opioid receptors reside and how, once activated, they become avid seekers of opiates in some individuals, we still lack the knowledge of what happens to the brain and how it ultimately craves this drug beyond the use of reason, much as one would crave oxygen. I have seen individuals suffer from osteomyelitis (infection of the bones) or endocarditis (infection of the heart)—both of which are life threatening—leave the hospital, often against medical advice because of their desperate need to use opiates. They will use dirty needles knowing that they could become seriously ill again. That drive to use is as powerful as the need to breathe oxygen. This craving is not curable with our current treatments. We may use MAT but it will never be a permanent solution all by itself.

In my current practice at CCJ, many individuals suffer from addiction and most have no medical insurance. At the time of release, there is nothing we can offer them that is immediate. Most medical appointments are several months away and there are no facilities where they can get help with MAT and recovery. Several have no home and must return to the streets. Even if they wished to stay off substances, they could not. Furthermore, they are at very high risk for overdosing, because we must detox them while they are incarcerated.

Individuals living with opiate addiction need strong support systems to keep them linked to some normalcy of life. If they are to attain stability they need security for the most basic human needs: housing, food, insurance for vital medications and the knowledge that they are loved. The road to stabilization is long and rough with many pitfalls. Support must always be at the ready and cannot wait until next week or next month. If enacted this bill will provide the beginning of a long, arduous recovery for some 50 people. It will not be a perfect system and it will not provide impressive results in the 6 month experimental period. What it will provide is the beginning of treatment of 50 individuals who will be offered a chance to walk that road to recovery guided by professionals who will sustain them when they are about to fall.

Less you think differently, opiate addiction is an equal opportunity illness. It can and does affect individuals from all walks of life. I ask you to please look at the person beyond this ravaging illness.