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Karen Saylor, MD, President | Jeffrey S. Barkin, MD, President-Elect | Erik N. Steele, DO, FAAFP, Chair, Board of Directors  
Andrew B. MacLean, JD, CEO | Dan Morin, Director of Communications & Government Affairs

TO: The Honorable Susan Deschambault, Chair  
The Honorable Charlotte Warren, Chair  
Members, Joint Standing Committee on Criminal Justice and Public Safety

FM: Dan Morin, Director of Communications and Government Affairs

DATE: April 21, 2021

RE: **Support**

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

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The [Maine Medical Association](#) is the state's largest professional physician organization representing more than 4300 physicians, residents, and medical students across all clinical specialties, organizations, and practice settings.

The MMA supports [LD 663, An Act To Make Comprehensive Substance Use Disorder Treatment Available to Maine's Incarcerated Population](#). The bill formally places important policy in statute for some of the most vulnerable in our society—persons who are incarcerated. We are encouraged by the ongoing recognition and initiatives currently being developed and implemented through the Governor's office, the Department of Corrections and Department of Health and Human Services.

According to the American Society of Addiction Medicine [Public Policy Statement on Treatment of Opioid Use Disorder in Correctional Settings](#), more than half of individuals with opioid use disorder (OUD) reported a history of involvement in the criminal legal system and nearly two-thirds of prison inmates have a history of substance use disorder (SUD). Individuals who are incarcerated are a vulnerable population and withholding evidence-based OUD treatment increases risk for death during detainment and upon release. Additional studies have found that an additional 20 percent did not meet criteria for SUD at the time of their crime but did have substance

involvement or were arrested for a drug-related offense.

Detainment in correctional settings can pose treatment challenges for individuals with OUD: those who are in treatment prior to incarceration may be forced to discontinue treatment, and those with untreated OUD historically have not been offered evidence-based and life-saving treatment upon entering jail or prison. Starting or continuing methadone or buprenorphine while incarcerated improves treatment entry and retention upon release and reduces post-release mortality.

Upon release, individuals whose OUD treatment has been discontinued are [less likely to reenter treatment](#). For all inmates with OUD, incarceration without medication treatment increases risk of post-release overdose death through reduced opioid tolerance.

Thank you for the opportunity to comment. The MMA is proud to support LD 633 as it aligns well with The American Society of Addiction Medicine recommendations. We urge a vote of Ought to Pass by the Committee.