

April 30, 2021

To the Committee on Criminal Justice and Public Safety,

As a board-certified addiction medicine and infectious disease (ID) physician, I am advocating for LD 967. I have spent the past thirteen years treating patients with substance use disorders, including in my current position in Portland. I have experienced personal loss due to substance use. I have conducted research and collaborated with infectious disease and addiction medicine colleagues through the Infectious Disease Society of America (1). I can tell you personally and professionally that the way we've been doing drug policy for decades – focusing on criminal punishment -- is killing people. It's time for an approach to drug policy that centers health, healing and saving lives.

The last time one of my patients was arrested for drug possession, we never saw him at my medical clinic again. He had been excited to start treatment for his infection and for his substance use. Sadly, our first reaction when he didn't show up to clinic was to check the obituaries. And then the local jails, which is where he was located. Just three weeks into his treatment, he never ended up completing it.

LD967 would eliminate criminal penalties for small amounts of drug possession, which would provide Maine with a more humane drug policy, where health and healing are the priorities – not locking people up.

We simply cannot arrest our way out of a public health crisis. The reality is that after incarceration my patients face major barriers to care for their infections and substance use (2). Prior research and a lawsuit over providing medication for addiction treatment in Maine jails and prisons have shown that many incarcerated people fail to receive the care they need (3, 4). Criminal-justice involved populations are at risk for developing infections such as HIV and viral hepatitis. They are also more likely to experience premature death and worse health outcomes, often due to existing health inequities (5).

Broadly, removing criminal penalties for possession of drugs for personal use will allow individuals and families more opportunities for housing, employment, health care and other essential services – things that become harder to access with a criminal record or cycling in and out of jail. To be clear, eliminating criminal penalties and centering health and well-being in our drug policy is not a novel approach. Oregon recently passed legislation removing criminal penalties for small amounts of drug possession, as well as increasing access to treatment, recovery, and other harm reduction services (6). Baltimore recently followed suit (7). Several European countries have taken this approach for years (8).

I don't want to check the obituaries to see if my patients—our community members—have potentially overdosed after incarceration. I don't want my patients to disappear midway through their treatment

because they've been arrested again. We need a public health approach to substance use. We need to prioritize the health and well-being of our neighbors and community members, not their punishment. LD967 can offer this scientifically-sound and compassion-centered alternative. We ought to make sure it passes.

Dr. Kinna Thakarar  
Cape Elizabeth, Maine

## References

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