



Testimony of Whitney A. Parrish

LD 967 - Ought To Pass

An Act To Make Possession of Scheduled Drugs for Personal Use a Civil Penalty

Joint Standing Committee on Criminal Justice and Public Safety

April 30, 2021

Senator Deschambault, Representative Warren, and Distinguished Members of the Joint Standing Committee on Criminal Justice and Public Safety:

My name is Whitney Parrish, and I am the Advocacy and Communications Director for Health Equity Alliance (HEAL). Health Equity Alliance is a nonpartisan, nonprofit public health and harm reduction organization that envisions and works toward a world where all people are valued and celebrated and where health justice is realized for everyone, regardless of who they are, where they come from, or what their lives look like. On behalf of our organization, in solidarity with the people we serve, and in hope of a better path forward, I am here speaking in favor of LD 967.

You will hear testimony today from several people who will outline the failures and inequities inherent in our current approach of criminalizing drug use, the harm caused by needlessly incarcerating people, and the generational damage we will leave behind by continuing with these failed policies. And you have certainly heard me describe these realities in the past. But today I want to offer you a vision of a better world.

This will require a few things. First, I want to acknowledge that all places—not just Maine—are keenly aware of their differences from other jurisdictions: we have different demography, different budget situations, and even different ways of living. So, stick with me even as you think, “Whitney, I can’t think of a place more ‘from away’ than Portugal, or even Oregon.” I was born on this side and raised on the other side of the Kennebec, and Senator Cyrway may have been the first person to talk about drugs to me when I was in his DARE class. So, I am very aware of how special Maine is—but also how similar we are to other places as well.

Second, the things that do tie us together—the same human experiences, the same reasons for using drugs chaotically, the same strain on social services, and the same predicaments in which law enforcement entities find themselves—are what is more important here. It does not matter where you live; criminalization policies and laws are doing the opposite of what you may think they are.



In 2001, after a long history of authoritarian suppression and decades into a deadly overdose crisis, in full recognition from the State that criminalization did not seem to be working very well, Portugal became the first place in the world to decriminalize possession of drugs for personal use.

Rather than being arrested, people caught with a personal supply of drugs were either given a citation, a fine, or told to stand before a local “dissuasion commission” —composed of a doctor, an attorney, and a social worker—to learn about support services available to them. All these services exist in Maine: connection to a primary care provider, treatment options, harm reduction services, peer support, and housing navigation.

The crisis in Portugal stabilized, partially due to this new law and partially (in no small part) because of a culture shift in how Substance Use Disorder—and people who use drugs—were viewed and treated. Success can also be attributed to the rebuilding of Portugal’s long-dismantled public health and safety net infrastructure. The country saw dramatic drops in problematic drug use, HIV and hepatitis infection rates, overdose deaths, drug-related crime, and incarceration rates. HIV infection plummeted from a high of 104.2 new cases per million to 4.2 cases per million in 2015.¹ In Portugal the drug-induced death rate has plummeted to five times lower than the European Union average and stands at one-fiftieth of the United States’.²

Interestingly, we can see many similarities between Maine and this small country of approximately 10 million people. We share a dramatic shift in how we view and treat Substance Use Disorder, in how we treat people who use drugs or have Substance Use Disorder, and in our meaningful efforts to rebuild and bolster our health and support infrastructures. There is one significant difference between Maine and Portugal here, though: where Portugal did its best to let go of its over-emphasis on policing of a health issue, Maine finds itself continuing this practice, with only negative outcomes and consequences on the rise.

For the last 20 years, jurisdictions across Europe, and now in the United States, have fought to shift their drug laws in the ways Portugal did—to reframe and ground those efforts as a public health issue, rather than as a criminal one. This is not a novel concept, and Maine is not an outlier here. In fact, this past November, 58.46% of Oregon residents (roughly 1.3 million people, the approximate population of Maine) voted to make personal non-commercial possession of a controlled substance no more than a Class E violation (with a maximum fine of \$100) and to establish a drug addiction treatment and recovery program funded in part by the state’s marijuana tax revenue and state prison savings. That is the exact wording of the November 2020 ballot initiative, Ballot Measure 110.³

¹ Portugal Country Drug Report 2017. European Monitoring Centre for Drugs and Drug Addiction. <https://www.emcdda.europa.eu/system/files/publications/4508/TD0116918ENN.pdf>

² European Drug Report: Trends and Developments. https://www.emcdda.europa.eu/attachements.cfm/att_239505_EN_TDAT15001ENN.pdf

³ Oregon Measure 110, Drug Decriminalization and Addiction Treatment Initiative (2020). [https://ballotpedia.org/Oregon_Measure_110,_Drug_Decriminalization_and_Addiction_Treatment_Initiative_\(2020\)](https://ballotpedia.org/Oregon_Measure_110,_Drug_Decriminalization_and_Addiction_Treatment_Initiative_(2020))



Oregon became the first state in the United States to decriminalize possession of small amounts of all drugs and greatly increase access to treatment, recovery, harm reduction, and other services. Services are funded through excess marijuana tax revenue (in Oregon, over \$45 million) and savings from no longer arresting, incarcerating, and prosecuting people for drug possession. Based on current projections, the excess marijuana tax revenue alone should result in over \$100 million in funding for services in the first year⁴ and up to \$129 million by 2027.⁵

Oregon took what happened in Portugal, tailored that country's approach to their needs, and presented a common sense, pragmatic approach to addressing problematic drug use to its voters. That shift in policy was rooted in the very stark reality that **things were not getting better using their current approach.**

Things are not getting better here using our current approach either. I won't attempt to hide the fact that we absolutely have to continue rebuilding our public health and support infrastructure simultaneously. Through the great work of this Legislature, we are doing exactly that right now. If our criminal code does not keep up, we will lose an immense opportunity to not only make lives better, but to better communities as well. We have the chance to save lives, and we do not have time to waste repeating the same mistakes of the last fifty years. Our state is ready for change, and you can choose to deliver on that.

We have an opportunity to begin building the world we all deserve. Too many in our state have seen the depths of never-ending grief, trauma, and harm that is often indescribable. But—for the first time in a long time—the possibility of a more promising plan moving us into the future gives us a real glimmer of hope amidst an excruciatingly painful reality.

I encourage everyone to take this opportunity seriously. It is real, it is doable, and it is worth it. The health, stability, and joy of every single Mainer is worth it. I wholeheartedly and respectfully ask the committee to vote 'Ought to Pass' on LD 967.

Thank you for your attention and consideration. I am happy to answer any questions you have.

⁴ State of Oregon. *Oregon Revenue Economic Forecast*, June 2020. <https://www.oregon.gov/das/OEA/Documents/forecast0620.pdf#page=56>

⁵ Ibid.