

Testimony in support of LD 967 An Act To End the Maine Information and Analysis Center Program

Good morning Senator Deschambault, Representative Warren, and distinguished members of the Criminal Justice and Public Safety Committee.

My name is Winifred Tate, I am a resident of Waterville, an associate professor at Colby College, and director of the Maine Drug Policy Lab at Colby College. We are researching the impact of drug policies in local communities, and the experiences of women who use drugs and women in recovery. We have heard over and over again the critical role of finding community support as people seek and maintain recovery. And we have heard the tragic stories of lost years and damaged relationships when people could not find the support they needed because of arrest and incarceration, resulting in escalated problematic substance use and even overdose death.

We have a clear consensus around the need for a public health approach to address the needs of people with substance use disorder. Law enforcement, prosecutors, the governor all say: we cannot arrest our way out of this. It is time to make ensure our policies center and support a public health approach.

LD 967 will begin to do this, by decriminalizes possession of small amounts illegal drugs and creating new pathways to recovery.

Critical for addressing stigma, which we all agree is very important. Criminalization is a foundation of stigma against people with substance use disorder. Having a criminal record allows discrimination, means they lose access to housing, to financial support, to educational opportunities.

Today I want to focus on a myth that I hear frequently when discussing the current system in Maine: getting people into the criminal legal systems helps communities and people struggling with substance use disorder. Research demonstrates that this is not true.

Incarceration causes harm, by isolating people when they most need connection, breaking people away from peer support, family bonds and community.

The current health care provided to people who are incarcerated is woefully inadequate. Medical treatment is at the discretion of guards and sheriffs. In my research, I have heard many stories of people denied medication and treatment at the whim of guards or as punishment for perceived misbehavior.

More importantly, jail is not a place where the vast majority of people with substance use disorder can find recovery. Therapy, IOP groups, and other core elements of treatment for substance use disorder are not available in jails. The key tenants of recovery are connection; identifying and understanding triggers, and building the skills to navigate the challenges of live with the support of community. This is impossible in jail.

Incarceration accelerates overdose death. A 2020 study finds that drug overdose is the leading cause of death after release from prison. Within the first 2 weeks after release, the risk of death from drug overdose is 12.7 times higher than the general population, with risk significantly higher for women.

I also want to address the desire that involuntary commitment, also known as coerced treatment, can accomplish the goal of bringing people into recovery. Research shows that involuntary commitment is not effective, it is counterproductive and even harmful.

Recovery is the goal, health and wellbeing is the goal

A 2016 report by the Massachusetts Department of Public Health found that people who were involuntarily committed were more than twice as likely to die of an opioid-related overdose than those who chose to go into treatment. Another 2016 study published in the International Journal of Drug Policy found little evidence that mandatory drug treatment helps people stop using drugs or reduces criminal recidivism, but concluded that forced treatment is ineffective and even harmful to people.

We know what works: connecting people who want to find recovery with services. Investing in community supports, recovery housing and recovery centers.

For recovery, people need stable housing and support – jail is the most expensive, least effective and most harmful way to house people. We can do better, and we must do better – funding for recovery centers and recovery housing.

This bill is a critical part of that effort, to make our policies match our rhetoric. Substance use disorder is a public health issue, and we must resp

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I am happy to answer any questions you might have.

I urge you to pass LD967.