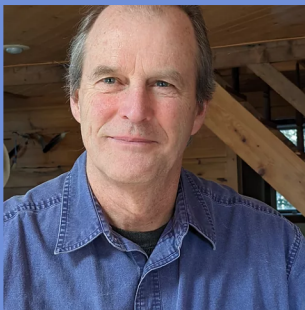




2022 Maine Gubernatorial Candidates

VOTER GUIDE

On Substance Use Disorders & Recovery-Related Issues



The purpose of this voter guide is to educate voters impartially on a nonpartisan basis. As a 501(c)(3) organization, Portland Recovery Community Center does not intend to advance the electoral interests of some candidates or to disparage others.

2022 Maine Gubernatorial Candidates

A FIVE-ITEM QUESTIONNAIRE WAS SENT TO ALL 2022 MAINE GUBERNATORIAL CANDIDATES. WE RECEIVED RESPONSES FROM ALL THREE CANDIDATES. ALL RESPONSES ARE PRINTED EXACTLY AS THEY WERE SUBMITTED TO PRCC.



Dr. Sam Hunkler
Independent Candidate

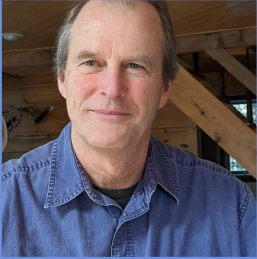


Former Maine Gov.
Paul LePage
Republican Candidate



Maine Gov.
Janet Mills
Democratic Candidate

In the last decade, the number of substance-related deaths, including alcohol, have continued to increase throughout the United States. As Governor, what new or existing policies would you support or implement to address Maine's addiction crisis?



I would support policies to deal with the underlying mental and emotional health causes of addiction including the funding of mental health on par with physical health. This would include funding for group therapy and institutional rehab and recovery. I would also support policies to keep children safe from ongoing, generational trauma and abuse, and to provide ongoing education of teachers and daycare workers to recognize the signs and systems of abuse and trauma. There is not such thing as a bad child, but there is bad behavior which is usually the result of a child experiencing dysfunction in their life.



Maine is facing a crisis. Since January 2021, over 13,500 Mainers experienced a fatal or reverse drug overdose, with over 900 reported individuals losing their lives. One of the biggest components of recovery is securing employment. As Governor, I proposed and the Legislature passed, legislation to create an additional 200 treatment beds at the Windham Correctional Facility (LD 1447). The Mills' Administration chose to renovate the cafeteria and visitor's center, instead of adding detox beds. According to our neighbors in MA, the opioid overdose death rate is 120 times higher for those recently released from incarceration, compared to the general population. This detox center would be combined with a plan to transition those with criminal records - to employment - by expunging those records after one year of sobriety.

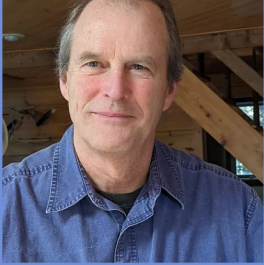


Shortly after taking office, I appointed the state's first Director of Opioid Response and announced plans to:

- Purchase and distribute 35,000 doses of naloxone
- Recruit and train 250 additional recovery coaches
- Offer low barrier access to buprenorphine in emergency departments across the state, and
- Require that all residents of county jails and Department of Correction facilities with a diagnosis of substance use disorder (SUD) be offered medication for their illness.

The state has now purchased and distributed over 200,000 doses of naloxone, resulting in over 4500 lives saved. There are now over 1000 recovery coaches, and low barrier access is offered in over twenty-five emergency departments. Over 2,000 incarcerated individuals have received medication to treat SUD. I intend to continue and expand these initiatives, especially given the prevalence of fentanyl, which is now found in nearly 8 of 10 fatal overdoses in Maine.

Many Mainers with substance use disorder (SUD) struggle to find timely and affordable access to medically-assisted withdrawal (detox), treatment, and recovery residences. What policies would you support or implement to address this problem?



I would like to see us convert at least one of our prisons to drug withdrawal and treatment centers so that anyone presenting to the ER and wanting treatment would be sent directly to this withdrawal center. A large proportion of our inmate population is drug-related crime. Let's begin to deal with this in our prison system where we now spend approximately \$50,000 per inmate annually. A treatment center would be family focused to treat the entire family, and would allow for ongoing community involvement.

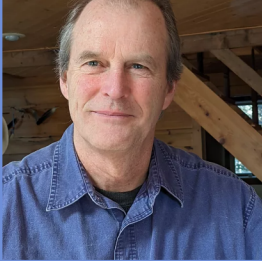


Right now, we need those 200 treatment beds mentioned before, as the opioid and fentanyl crisis gets progressively worse across Maine. The Mills' Administration chose to ignore the need for detox beds, and to pursue capital improvements without additional resources for those suffering from substance-use disorder, even as we face the unprecedented loss of life in the State of Maine.



My administration has taken several steps to increase the SUD treatment capacity in the state, beginning with MaineCare expansion which has provided coverage to over 120,000 individuals since 2019. In May of this year, DHHS published a Request for Applications to support capital needs for more detox and residential treatment beds. Six significant projects have been conditionally approved for funding exceeding \$3 million. This was quickly followed by release of \$1.9 million for administrative support and staff recruitment and training. My administration also continues to support the growth of recovery residences with subsidies offered through the Maine State Housing Authority for 17 of the residences which are certified. In addition to MaineCare expansion, the increase in beds and treatment capacity was made possible by our obtaining the 1115 waiver from CMS and the substantial increase in MaineCare reimbursement.

What are your thoughts on publicly-funded access to naloxone, syringe service programs (SSPs), and medication-assisted treatment (MAT)?



I am hesitant to enable addiction through these programs but I do see the need for them as a short-term treatment. I have prescribed buprenorphine for many years, as one of the first physician in Maine to do so. I have seen both the benefit of getting people off the street and stabilizing their lives in the short term, and the dependency of the long term effects of another very addictive but legal pharmaceutical drug which fosters dependency on the medical system. We need to support recovery not dependency. Addicts need to take responsibility for their own recovery and healing work while the system supports their transition to self-caring.

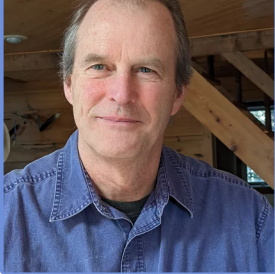


I support publicly funding the first naloxone shot. I am not interested in publicly funding potentially dozens of naloxone shots, without addressing the underlying need to expand treatment options so that we start saving lives, instead of merely extending them. Medicated Assisted Treatment plays a role in some people's recovery journey. For example, I supported Sheriff Morton's initiative to implement Vivitrol at the Penobscot County Jail. However, MAT should always be combined with counseling and efforts to address underlying mental health and trauma-related issues.



My administration, through contracts issued through the Office of Behavioral Health and the Maine CDC, has provided millions of dollars in public support for syringe service providers, naloxone distribution and medication assisted treatment. I support public financing for all three of these essential activities, with the understanding that private resources, including private insurance, should be utilized when available. Our updated Opioid Response Strategic Action Plan is built on the four pillars of Prevention, Treatment, Harm-Reduction and Recovery Support. Naloxone distribution and SSP services are two of the most important harm reduction strategies essential to keep people safe and to prevent the spread of infectious diseases. Medication assisted treatment (MAT) should be available to all individuals with a diagnosis of SUD. Our goal is to have all five forms of MAT available with the decision as to which is appropriate for the patient being determined by the patient and the medical provider.

What respective or overlapping roles should law enforcement agencies, social service agencies, and the criminal justice system play in addressing the addiction crisis?



Again, the majority of crime is drug related; the majority of inmates were drug dependent or drug abusers. We need to deal with the underlying cause of drug abuse rather than the symptoms it creates. We all have issues from our past (esp. childhood) of abuse, neglect and trauma. Drugs and alcohol are a way to numb ourselves so we do not feel the shame, guilt, terror, and PTSD symptoms that result from our past. Individual and group counseling and social service agency support are needed and necessary to effectively treat these underlying issues.

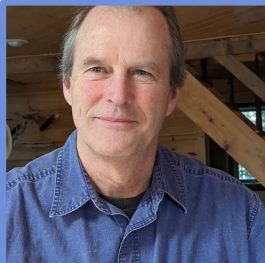


During the pandemic, the Mills' Administration irresponsibly isolated individuals struggling with substance-use disorder. Simultaneously, she scaled back law enforcement efforts to intercept massive quantities of illicit drugs coming into Maine from other states. The results have been catastrophic. Law enforcement plays a role in stopping and intercepting illicit drugs that are being trafficked into Maine. However, jails are not the appropriate venue for individuals suffering from substance-use disorder and mental health issues. I propose allowing sentenced individuals to spend one night in jail, with the option of entering recovery. A successful year of sobriety could potentially lead to expungement of the criminal record, depending on the crime committed. This is why Windham is so critical. We need the beds.



To respond to the current epidemic, the entire community needs to be involved and actively engaged. My administration has worked diligently to break down the silos that frequently exist making it difficult for patient and treatment providers alike. I have supported embedding behavioral health specialists in law enforcement agencies and programs aimed at diverting and deflecting individuals with SUD from the criminal justice system. I have supported expansion of the state's Recovery and Treatment Courts and have initiated the OPTIONS liaisons program which provides a behavioral health specialist in each county to reach out to persons surviving an overdose and link them to services. My administration is also supportive of a pilot program in Washington County providing a "navigator" for persons impacted by SUD and involved in the criminal justice system.

Maine's recovery community centers (RCCs) play a vital role in helping people achieve and sustain long-term recovery from SUD. As Governor, how will you prioritize and expand local access to peer support services through RCCs?



Peer support and RCCs are crucial to maintain sobriety by providing a healthy community environment and allowing for the possibility of ongoing healing. This needs to be supported through our medical system including Mainecare. Family involvement is an important component to this and needs to be supported financially as well through state government in conjunction with non-profit organizations including 12-step programs.



I absolutely agree that recovery community centers, including faith-based programs, play a vital role in helping people achieve long-term recovery. That is why MAT must be associated with peer support and counsel. As Governor, I recognize that every Mainer has been touched by this crisis in one way or another, and I look forward to working with those in the recovery community on this critical issue.



I am an enthusiastic fan of recovery community centers and the services they provide and it has been my privilege to visit several of the centers. My administration has more than doubled the number of these centers in the state and we are committed to providing some level of financial support for at least one RCC in each of our sixteen counties. We expect to accomplish that goal by the end of this calendar year. The centers provide a non-stigmatizing welcoming space for persons in recovery to participate in 12-step and other groups and to receive one to one coaching from a recovery coach.



For more information on voting in Maine, scan the QR Code to access the Maine Voter Guide or contact the Maine Bureau of Corporations, Elections & Commissions by phone: 207-624-7736.



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