

## **Maine Voters on Drug Policy**

Public Opinion Research Conducted in Summer 2021

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## OVERVIEW

Our nation finds itself at a drug policy crossroads. The United States is grappling with the impacts of a multi-decades approach centered on the prohibition of drug use and criminalization of people who use drugs. The tragic realities of the overdose crisis and the impacts of criminalization have led many in our society to reconsider this approach.

Yet, the current, polarized national political climate makes policy reform at the federal level extremely unlikely. While sweeping policy changes may occur over the next decade, they are likely to emerge at the state and local level first and then be reflected in federal policy. Understanding what drug policy reforms will likely occur in the future thus requires careful, localized attention to shifting public attitudes. In this report, we turn to Maine to examine such attitudes.

### **In order to think about the possibilities of drug policy reform in Maine, we must ask:**

- 1) *Where do Mainers stand on drug policy alternatives to criminalization?*
- 2) *What factors shape how those attitudes are formed?*

Below, we focus primarily on the first of these two questions, based on a statewide survey we conducted of registered Maine voters in the summer of 2021. The research was conducted in the summer of 2021 among adults registered to vote in Maine. This research project aimed to understand the policy attitudes of registered Maine voters towards drug policy reform, specifically restructuring drug laws, strengthening pathways to recovery, harm reduction and addressing the structural roots of substance use disorder (SUD) .

To supplement the survey data, we conducted in-depth semi-structured interviews with 30 policymakers, treatment providers, and impacted community members. Participants were asked a series of questions that focused on perceptions of opioid use, the opioid epidemic, harm reduction policies, and decriminalization. All interviews were conducted via Zoom between August and December 2020.

This report outlines results from our mixed methods study, which suggest broad dissatisfaction with key dimensions of existing drug policy approaches. Our findings also suggest Mainers broadly support policy alternatives rooted in diverting individuals out of the criminal justice system and supporting pathways to recovery for those struggling with substance use, albeit with important qualifications. In the following pages, we provide a detailed analysis of our survey findings, and include relevant interview excerpts to help contextualize those findings. Then, drawing from our interview data, the report concludes with a focused discussion on what factors shape policy attitudes to address SUD.

## TOPLINE RESULTS

- **On the whole, Mainers' attitudes suggest that they are supportive of a broad shift in our policy approach to addressing substance use** - Participants were asked about their support for thirteen different policies distilled from suggestions in a 2019 report by the [Maine Coalition for Sensible Drug Policy](#). Survey respondents largely support (i.e. either strongly agree, somewhat agree, or agree) policy shifts away from criminalization and towards approaches that treat SUD as a public health issue.

- **Mainers strongly support restructuring drug laws, transitioning away from criminal punishment for low-level, non-violent offenses** - Mainers are strikingly united in their support for moving away from an enforcement-oriented approach to the possession of illicit substances for personal use. Nearly 74% of survey respondents expressed agreement with an approach that would shift away from prosecution and incarceration for such offenses to community-based programs and services. Majority support was evident from respondents across a variety of demographic categories: age, gender, religious denomination, political affiliation, parental status, and more.
- **Support for policies that explicitly deal with pathways to recovery is even stronger** - Policy initiatives explicitly framed as facilitating pathways to recovery, and supporting those already in recovery, enjoy robust support among Mainers. For instance, respondents strongly favored increasing access to case management services (over 84% support), access to substance use treatment (over 83% support), expanding access to medically monitored withdrawal or “detox” services (over 84%), and initiating and supporting recovery community centers (over 84% support). Again, here, we see robust majority support across a range of demographics.
- **Public support for harm reduction policies aimed at safer experiences for people who use drugs (PWUD) is more mixed** - Mainers are less unified in their support for policies aimed to make drug use safer for those who continue to consume illicit substances. For instance, only 49.2% of respondents were supportive of policies to support and fund syringe exchange and 30.5% reacted to such a proposal negatively (i.e. either strongly disagree, somewhat disagree, or disagree). While we saw robust support for multiple proposals to prevent overdose deaths, other measures aimed at reducing the risks associated with active substance use generated mixed support. In particular, support here varied in accordance with political partisanship (with Democrats much more supportive of such measures).
- **Allowing and funding “safer consumption sites” was the least popular policy proposal among our respondents** - Respondents were least supportive of a measure which would legalize and fund “safer consumption sites,” a designated space where PWUD could take drugs in a less risky environment, with trained support staff to intervene in event of complications or overdose. For instance, over 47% of respondents disagree with (and 23.5% disagree strongly). This is noteworthy as [New York City](#) has tentatively established such spaces, and it has been proposed in Maine municipalities like [Portland](#). Again, here, variation in support broke down largely along partisan lines.
- **Mainers are also mixed on proposals to address inequities in criminal law enforcement-** Division was also evident in proposals for “structural” reforms, such as measures designed to uncover and address inequities in criminal enforcement. For instance, 46.2% of respondents were negative (25.9%) or neutral (20.7%) on a proposal to collect data on race, ethnicity, and socio-economic status and empower citizen review of inequity in enforcement of the law. Only 31% of Republican respondents supported this measure, compared with 73% of Democrats and 53% of Independents. Measures to strengthen the social safety net framed in relation to substance use disorder enjoyed strikingly bipartisan support.

## **Representativeness of Sample**

A total of 417 registered voters in Maine completed the survey, which was administered online through the Qualtrics platform from July 28 to August 28, 2021. The results were weighted to account for sample disparities in gender. The sample margin of error for this survey is 4.8%, 95 times out of 100.

Note that sub-groups within the sample may have a larger margin of error. Thus, we should be cautious about making generalizations about the characteristics of statewide sub-populations on the basis of respondents within this sample (e.g. making claims about the characteristics of Maine voters identifying as male or college-educated, Republican women, etc.). Frequencies or percentages may not always add up to the total number of responses or 100%, due to weighting and rounding.

### ***Gender***

The survey panel respondents were reasonably representative of Maine across a number of demographic categories (see “Sample Demographics” figures below). However, there were a few areas where key demographic categories were overrepresented or underrepresented. First, we ended up oversampling women, with about 56% of our initial sample identifying as female and only 40% identifying as male (in comparison with U.S. Census Data that frames the question as a binary and where Maine data shows roughly 51% female and 49% male). To account for this oversampling, we used a weighting procedure that adjusted the relative weights of the cases to minimize the disparity between the sample and the population.

### ***Race/Ethnicity***

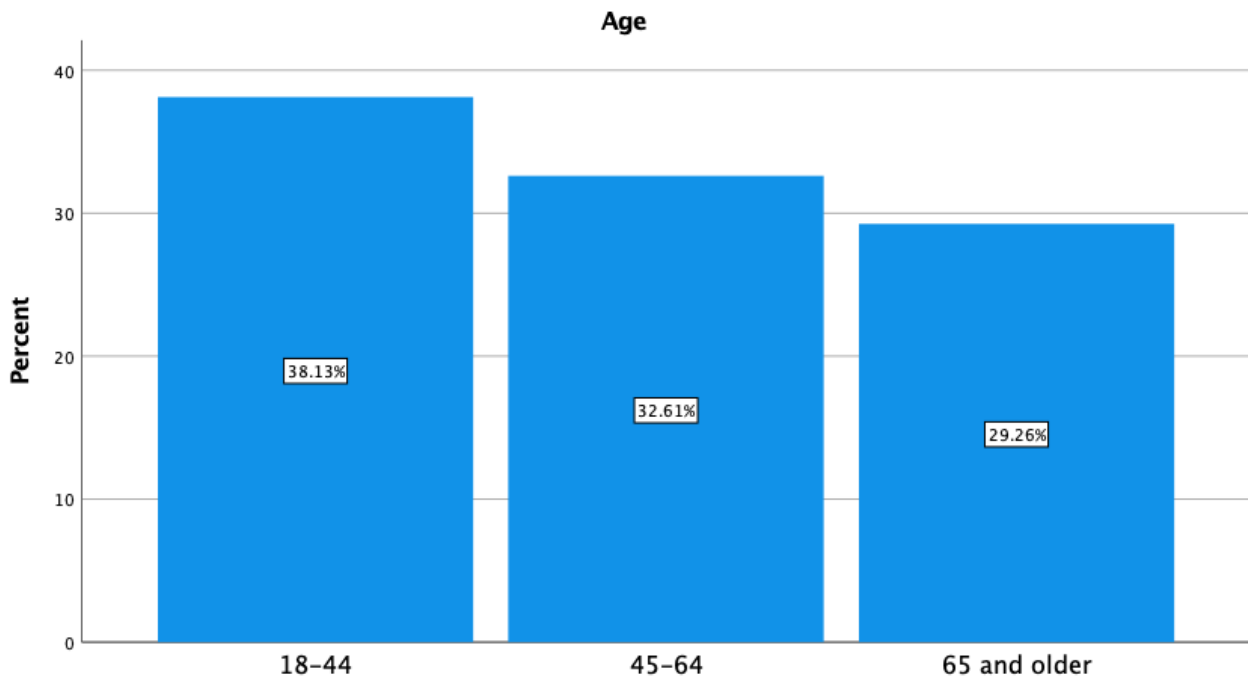
Conducting public opinion research in Maine can be challenging due to the lack of ethnic and racial diversity. This can lead us to under-sample those individuals. We set response quotas for non-white respondents in our sample and extended our period of targeted data collection to generate a greater number of responses. In the end, our results likely under-sample some respondents of color (for instance, African-Americans make up 1.3% of Maine's electorate<sup>1</sup> but constitute only .5% of our sample). While these results still present a reliable snapshot of the policy views of Maine's electorate as a whole, future research should endeavor to examine more closely the drug policy attitudes of Maine's racial and ethnic minorities.

However, across numerous other important demographic categories, our sample is congruent with the broader characteristics of the population.

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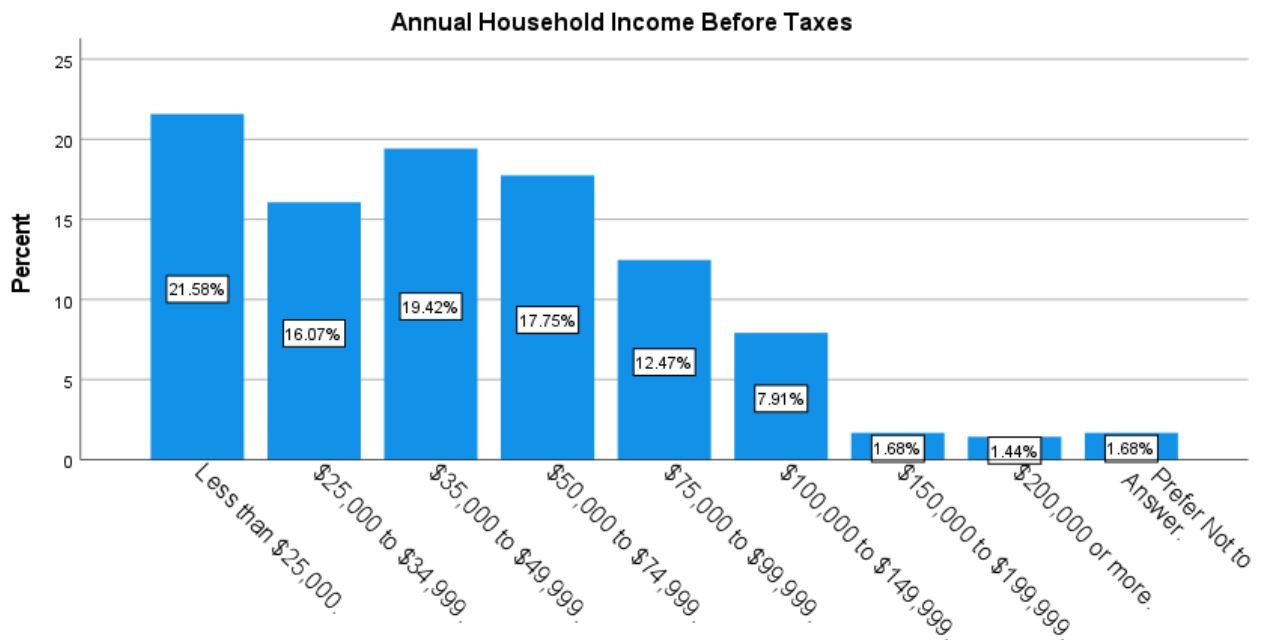
<sup>1</sup> U.S. Census Bureau. 2016. “Electorate Profile: Maine.” Accessed September 14, 2021, [https://www.census.gov/content/dam/Census/library/visualizations/2016/comm/cb16-tps34\\_graphic\\_voting\\_maine.jpg](https://www.census.gov/content/dam/Census/library/visualizations/2016/comm/cb16-tps34_graphic_voting_maine.jpg)

## AGE



By comparison, U.S. Census Data reports that 39.3% of Maine's electorate is between 18-44, with 38% 45 to 64 years of age and 22.7% 65 and older.

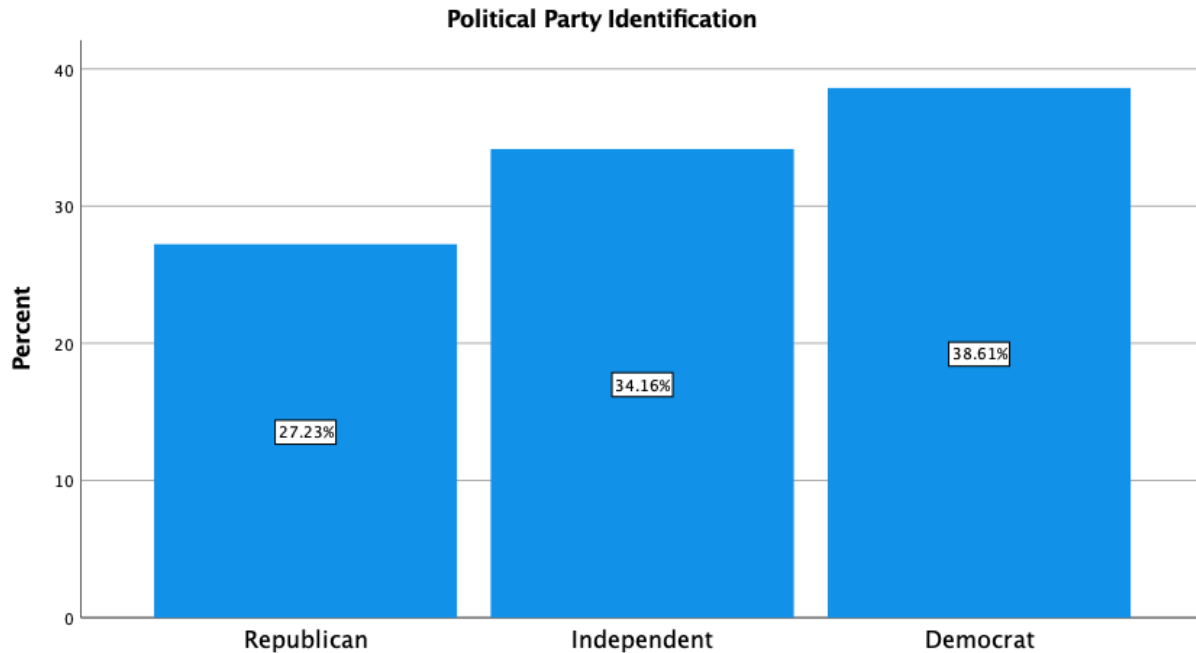
## INCOME



Our sample largely aligns with US Census Bureau data on Maine household income distribution, only slightly under-representing perspectives from the upper categories (Maine has 3.3% of households with over \$200K and 3.63% between \$150-200K) and slightly overrepresenting lower

strata (for instance, Maine has only 11.19% of households between \$25K and 34,999 whereas this comprises over 16% of our sample).

## POLITICAL PARTY



When compared with the most recent voter registration data from the Maine Secretary of State's office,<sup>2</sup> our sample once again aligns quite well with Maine's electorate (which as of June 2022 was composed of the following party enrollment: 28.1% Republican, 32.2% unenrolled, 35.5% Democrat, 4% Green Independent, and .05% Libertarian). On other measures such as religious affiliation, urban vs. rural residence,<sup>3</sup> parental status, and educational attainment, our sample proves roughly congruent with the population. We will now turn to what this survey research reveals about Mainers' drug policy attitudes.

## MAINERS STRONGLY SUPPORT RESTRUCTURING DRUG LAWS

One of the most interesting findings of the survey concerns restructuring legal penalties for non-violent drug offenses (often referred to as decriminalization),<sup>4</sup> a proposal that was actually considered in Maine's 2021 state legislative session with [LD 967](#).<sup>5</sup> Specifically, the question asked

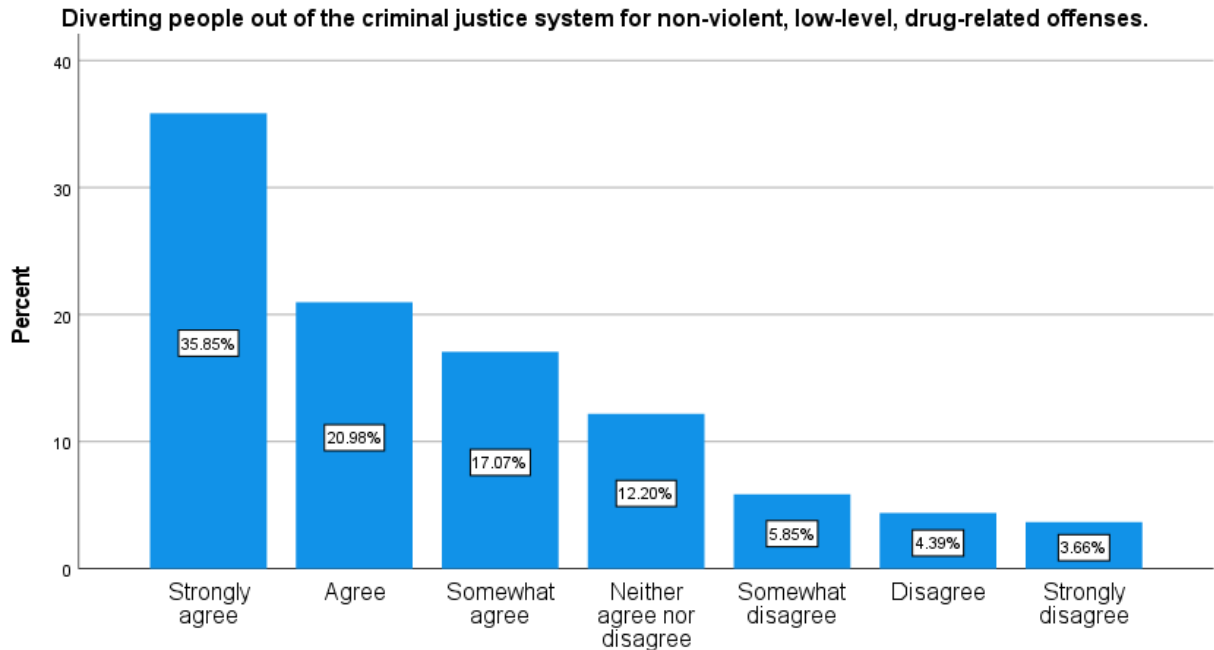
<sup>2</sup> Maine Department of the Secretary of State. 2022. "Maine Voter Registration Data, Election Data, and Online Forms." Accessed June 30, 2022, <https://www.maine.gov/sos/cec/elec/data/index.html>.

<sup>3</sup> We found the US Census Bureau's classifications of urban and rural to be a little limiting for this survey, so we developed a unique measure that used population density data to categorize respondents into "rural," "semi-urban" or "urban communities." The measure is loosely based on Rothwell, Erin, and Johnelle Lamarque. "The Use of Focus Groups to Compare Tobacco Attitudes and Behaviors between Youth in Urban and Rural Settings." *Health Promotion Practice* 12, no. 4 (July 2011): 551–60. <https://doi.org/10.1177/1524839909349179>.

<sup>4</sup>Note that while the terms decriminalization and legalization are often used interchangeably, they are very different things. Decriminalization refers to limiting vulnerability to arrest and prosecution for an offense that is still illegal. Legalization would mean to remove all prohibitions and make the consumption of that substance devoid of legal/criminal repercussions.

<sup>5</sup>This is particularly noteworthy as well, as we have seen significant policy movement elsewhere in the country such as [Oregon](#) and legislation introduced in numerous [other states](#).

respondents to express their level of support for a policy approach which would divert individuals out of the criminal justice system to community-based programs and services (as opposed to arrest and prosecution). Our results below show Mainers' overwhelmingly positive support for such a policy approach in the case of low-level, non-violent offenses such as possession for personal use.



Of our respondents, nearly 74% expressed agreement with the restructuring of drug laws for non-violent, low-level offenses and nearly 57% expressed strong agreement or agreement. A majority of respondents of every political affiliation expressed support for this measure (61% of Republicans, 70% of independents, and 86% of Democrats). Contrary to our findings here, past research on cannabis legalization has found independents tend to be most supportive, followed by Democrats, with Republicans the least likely to be supportive.<sup>6</sup>

Beyond political partisanship, we also considered results broken down across a broad range of categories found to have significant effects on drug policy liberalization attitudes in earlier research (although, again, much of this research focused on cannabis specifically and not a broader restructuring of drug laws). We were struck by the robust support found among respondents that one might initially consider unlikely proponents of reform. For example, earlier research has proposed that parents tend to be more cautious about relaxing drug policy.<sup>7</sup> However, in our sample, parents actually tended to agree with restructuring drug laws (75.5%) *more* than non-parents (71.8%), albeit by extremely small margins.

<sup>6</sup> Felton, Jacob, Amy Adamczyk, and Christopher Thomas. "How and Why Have Attitudes about Cannabis Legalization Changed so Much?" *Social Science Research* 78 (February 1, 2019): 12–27. <https://doi.org/10.1016/j.ssresearch.2018.12.011>.

<sup>7</sup> Mallick, Jane, Roy Evans, and Georgina Stein. "Parents and Drug Education: Parents' Concerns, Attitudes and Needs." *Drugs: Education, Prevention and Policy* 5, no. 2 (January 1, 1998): 169–76. <https://doi.org/10.3109/09687639809006682>; Nielsen, Amie L. "Americans' Attitudes toward Drug-Related Issues from 1975–2006: The Roles of Period and Cohort Effects." *Journal of Drug Issues* 40, no. 2 (April 1, 2010): 461–93. <https://doi.org/10.1177/002204261004000209>.

More conservative religious denominations are often considered likely opponents to progressive drug policy reforms, particularly those who identify as evangelical Protestants.<sup>8</sup> Within our sample, 72.5% of evangelical Protestants expressed agreement with this policy direction. In fact, robust support existed across all of the major religious identities (atheists were the most supportive with 88% agreement, Catholics the lowest with 65%). Notably, we did not witness strong variation in support across different income or education levels, either (another factor sometimes cited in prior research).<sup>9</sup>

Similarly, age is often cited as a factor in resistance to restructuring drug laws, with older individuals tending to favor a more punitive approach.<sup>10</sup> Here, too, our sample defies expectation. Those between the ages of 25-44, 45-64, and 65 and over all show similar levels of support (between 73 and 77%). Those between 18-24 years of age were actually the least supportive demographic with only 60% support (however, due to Maine's somewhat skewed age distribution, this was a relatively small percentage of the sample).

Gender identity is sometimes suggested as a factor in support for progressive drug policy reform, with some studies finding that female-identifying individuals are less supportive than those who identify as male.<sup>11</sup> In our sample, women actually agreed with this policy approach (75%) just slightly more than men (72%). Those with non-binary gender identities were comparable (77%) but were a very small portion of our sample.

In short, Mainers' support for restructuring drug laws for non-violent, low-level drug offenses and shifting individuals out of the criminal justice system for such activities is broad-based and robust. Such attitudes are bipartisan and one's support for a different approach for such offenses defies easy categorization according to identity, demographics, or beliefs and worldview.

## WHY DOES THIS MATTER?

**The survey results suggest a gap between the Maine voters and policymakers and robust support for rethinking our punitive approach to substance use.**

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<sup>8</sup> Kramer, Stephanie. "Religious Americans Are Less Likely to Endorse Legal Marijuana for Recreational Use." *Pew Research Center* (blog). Accessed July 14, 2022. <https://www.pewresearch.org/fact-tank/2021/05/26/religious-americans-are-less-likely-to-endorse-legal-marijuana-for-recreational-use/>.

<sup>9</sup> Past research is somewhat mixed on the impacts of education on policy attitudes around substance use. See Adams, Zachary W., Bruce G. Taylor, Elizabeth Flanagan, Elizabeth Kwon, Annalee V. Johnson-Kwochka, Katherine S. Elkington, Jennifer E. Becan, and Matthew C. Aalsma. "Opioid Use Disorder Stigma, Discrimination, and Policy Attitudes in a National Sample of U.S. Young Adults." *Journal of Adolescent Health* 69, no. 2 (August 1, 2021): 321–28. <https://doi.org/10.1016/j.jadohealth.2020.12.142>.

<sup>10</sup> Musgrave, Paul, and Clyde Wilcox. "The Highs and Lows of Support for Marijuana Legalization Among White Americans." In *Something's in the Air: Race, Crime, and the Legalization of Marijuana*, edited by Katherine Tate, James Lance Taylor, and Mark Q. Sawyer, 79–92. Routledge, 2013; Toch, Hans, and Kathleen Maguire. "Public Opinion Regarding Crime, Criminal Justice, and Related Topics: A Retrospect." *Journal of Research in Crime and Delinquency* 51, no. 4 (July 1, 2014): 424–44. <https://doi.org/10.1177/0022427813520444>.

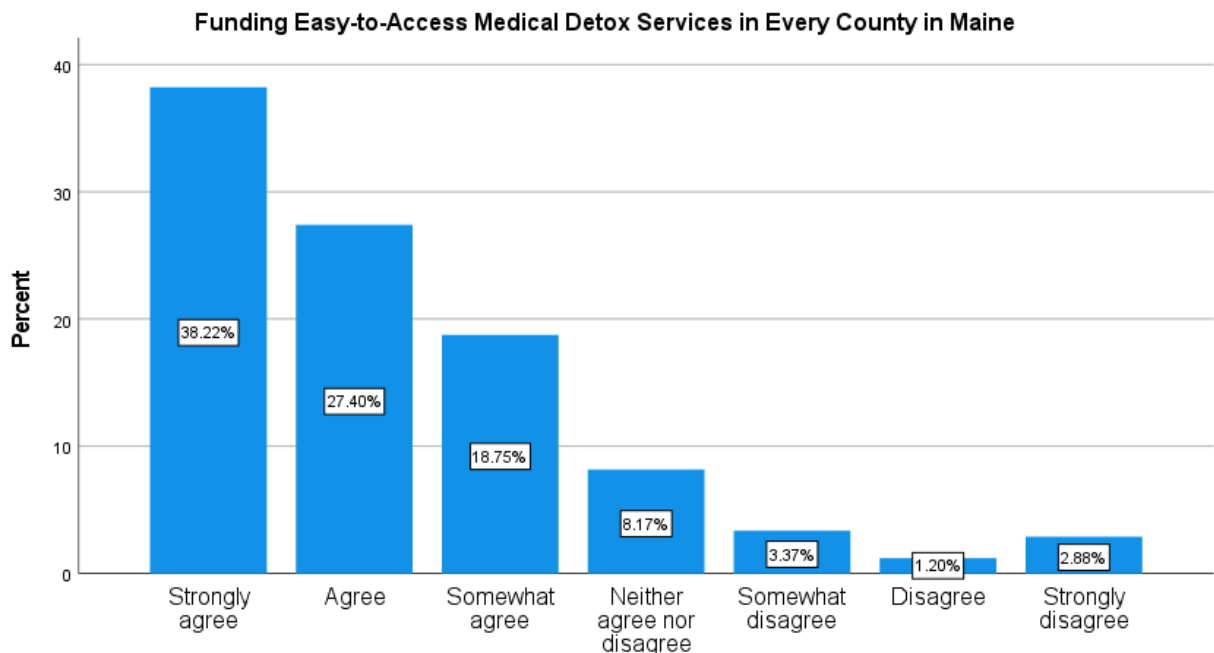
<sup>11</sup> Trevino, Roberto A., and Alan J. Richard. "Attitudes towards Drug Legalization among Drug Users." *The American Journal of Drug and Alcohol Abuse* 28, no. 1 (January 1, 2002): 91–108. <https://doi.org/10.1081/ADA-120001283>; Toch and McGuire 2013.



- First, it suggests that opposition to Maine's recent comprehensive decriminalization legislation in the Maine Senate or from Governor Janet Mills may diverge from the policy perspectives of a majority of Maine voters. Likewise, the results suggest that it would at least be feasible for advocates to win a statewide referendum aimed at fundamentally restructuring Maine's drug laws.
- Given the [intense polarization](#) in American politics today, it is quite striking that majorities of all political affiliations support such a significant policy step in our survey.
- [Recent national survey research](#) has suggested that a majority of Americans now support decriminalization. But such national surveys tend to show a majority of Republicans still opposing such reform. Here in Maine, a healthy majority of Republicans support decriminalization (perhaps reflecting the more libertarian, less socially conservative leanings of Mainers who identify as Republican).
- We see majority support for decriminalization across lots of other potential divides (gender identity, parental status, age, etc.). Even a healthy majority of those who identify as evangelical Protestants in our sample support decriminalization. In [prior national survey work](#), they have typically been a group with the least reform-oriented drug policy attitudes.

## MAINERS SUPPORT ROBUST INVESTMENT IN PATHWAYS TO RECOVERY

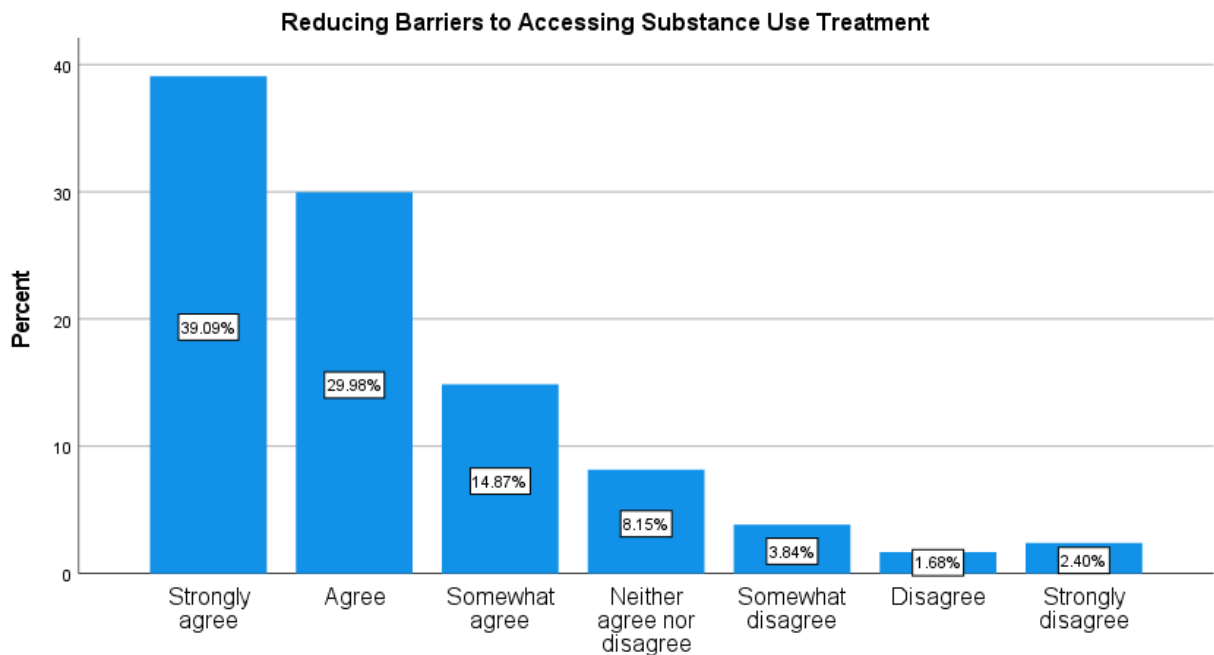
Respondents were also asked about a series of policy measures that, broadly, would create and bolster pathways to recovery from SUD. These ranged from immediate support to address physical withdrawal in terminating regular substance use (detox), to SUD treatment, to helping individuals navigate their pathway through recovery with case management services and community recovery centers.



Let us turn first to Mainers' perspectives on easily accessing medically monitored withdrawal (“detox”) services. At the time this report was published, there were [just two facilities](#) in the entire

state offering medically-monitored withdrawal treatment covered by MaineCare.<sup>12</sup> Combined, the two facilities have just 20 beds for Mainers who are suffering the physical symptoms of withdrawal. This is the stark reality in Maine amidst an overdose death crisis that claimed at least 627 lives in 2021, a 21% increase over the prior year. [Initial data](#) suggest that 2022 will be even more deadly.<sup>13</sup>

Respondents were asked the extent to which they agreed with a proposal to establish and fund easy-to-access detox services in every county in Maine. Over 84% of survey respondents expressed support (with over 65% expressing agreement or strong agreement). Only 7.45% of respondents expressed disagreement with this policy approach.



Beyond the immediate effects of physical withdrawal, managing and overcoming problematic substance use typically requires ongoing treatment. As a recent National Institutes of Health (NIH) report [noted](#), “[s]uccessful treatment for addiction typically requires continual evaluation and modification as appropriate, similar to the approach taken for other chronic diseases.” Yet significant gaps in access to treatment persist for a [variety of reasons](#), ranging from resource inequities, to the fragmented nature of healthcare in the United States, to a cluster of issues emerging from persistent, structural stigma around SUD.<sup>14</sup>

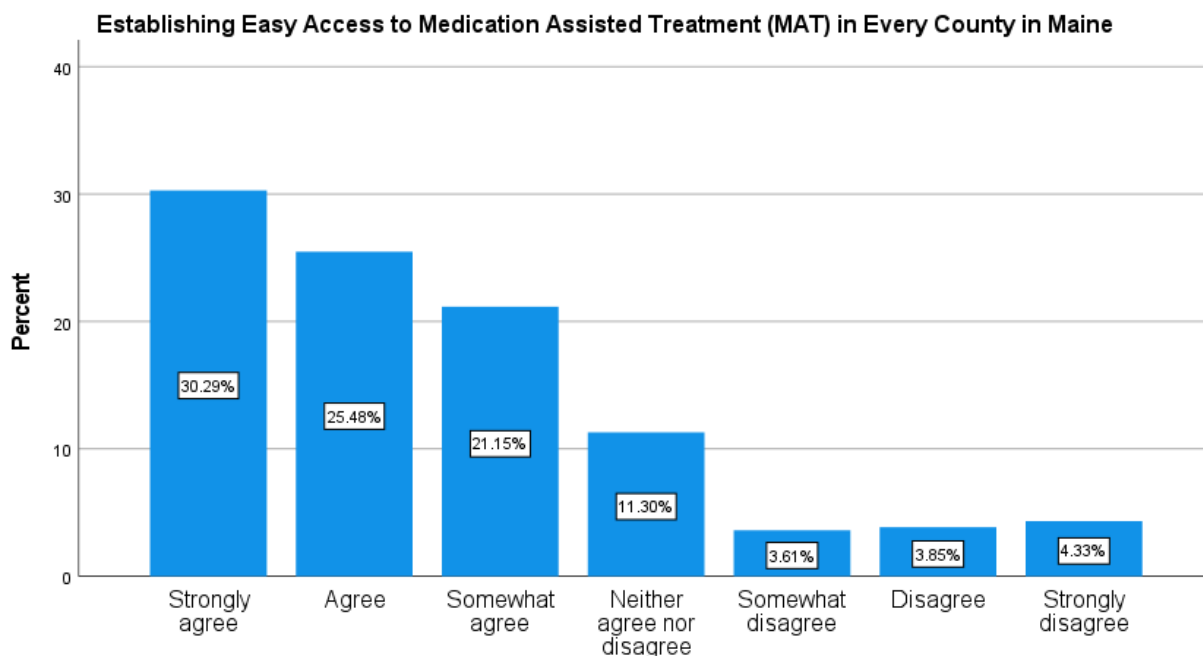
The survey asked two questions specifically focused on treatment. The first asked survey respondents their level of support for reducing barriers to accessing substance use treatment by investing in easy-to-access, flexible treatment programs (with additional support for parents of young children). Here, nearly 84% of respondents expressed agreement with this policy, with nearly 70% expressing agreement or strong agreement (notably, over 78% of our Republican respondents

<sup>12</sup> This is Maine's version of Medicaid, providing health care access for those with limited resources lacking private insurance.

<sup>13</sup> See “Monthly Overdose Report – Maine Drug Data Hub.” Accessed July 6, 2022. <https://mainedrugdata.org/monthly-overdose-report/>.

<sup>14</sup> Nielsen, Suzanne, and Dan I. Lubman. “Time to Address Addiction Treatment Inequality in Hospital Settings.” *The Lancet Public Health* 7, no. 1 (January 1, 2022): e6–7. [https://doi.org/10.1016/S2468-2667\(21\)00260-7](https://doi.org/10.1016/S2468-2667(21)00260-7).

expressed agreement with this policy). Just less than 8% of respondents expressed disagreement with this policy approach.



A second question centered on treatment for opioid use, asking respondents whether they agreed with establishing medication-assisted treatment (MAT), coupled with comprehensive counseling, in every county in Maine. The question clarified that MAT meant providing medications such as methadone and buprenorphine, typically prescribed to those seeking to curtail their use of heroin and/or opiates. Here, nearly 77% of respondents expressed support with just under 56% expressing agreement or strong agreement with such a policy. In relation to the prior, more general question, support fell roughly 6% among Republicans, 2% among Democrats.

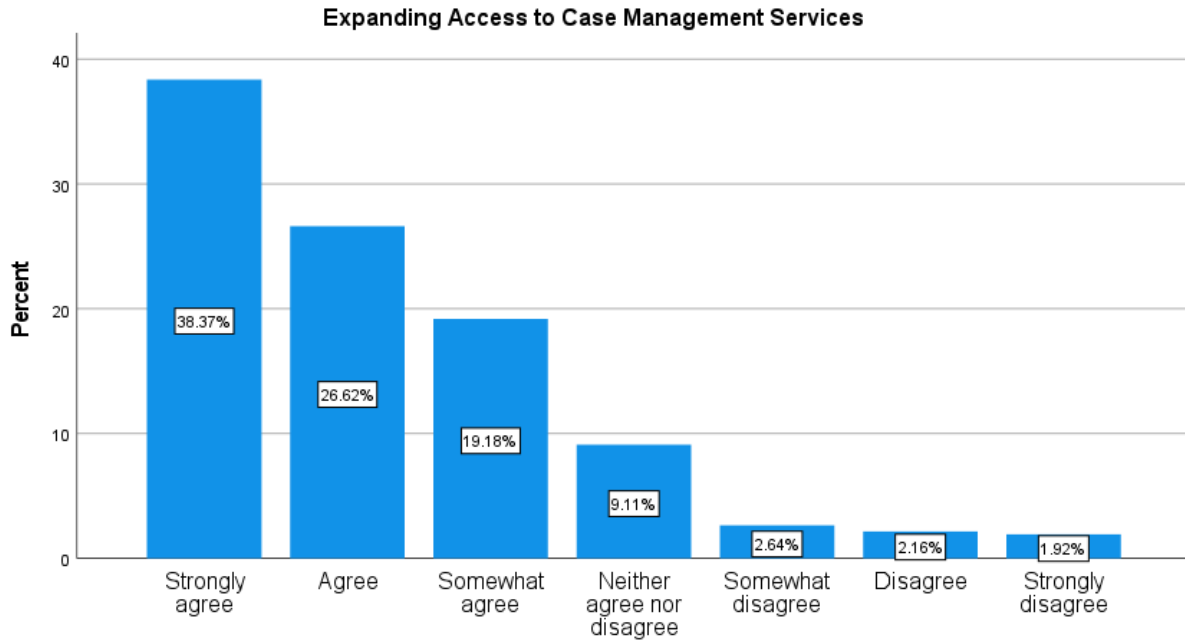
Strangely, support fell roughly 10% among those who identify as political independents (though, extensive research suggests that those who identify as independents tend to lean strongly towards one political party or another).<sup>15</sup> Nevertheless, robust majorities support increasing pathways to treatment and these majorities hold even when language specifically references opioid use and potentially controversial MAT interventions are included directly in the question.

Respondents were also asked about their agreement with expanding access to case management services for people who currently use drugs, as well as those in drug treatment or long-term recovery. As respondents may have been unfamiliar with what “case management” means, the question included an explanation that clarified this could include support in seeking housing, employment, and addressing other needs. [Numerous studies](#) have suggested that engagement with

<sup>15</sup> See Keith, Bruce E., David B. Magleby, Candice J. Nelson, Elizabeth A. Orr, and Mark C. Westlye. *The Myth of the Independent Voter*. University of California Press, 1992.

case management can help improve recovery outcomes, by linking those in recovery with services, and improving participation in and retention within such programs.<sup>16</sup>

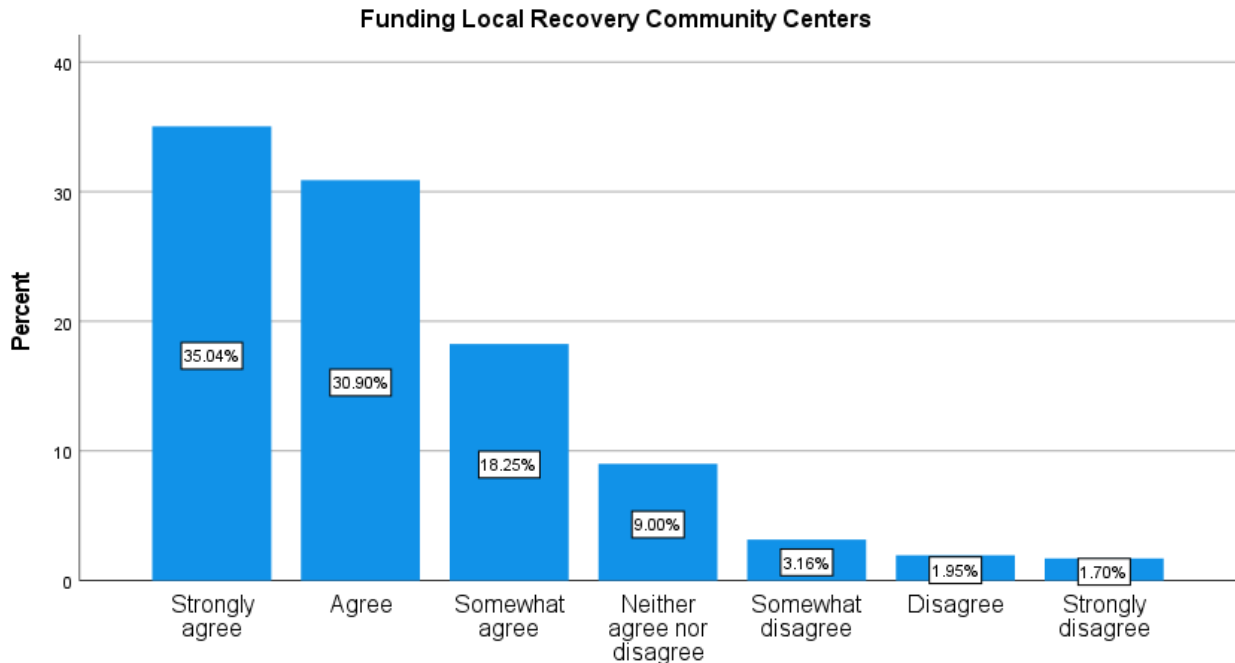
Among our respondents, just over 84% expressed agreement with the expansion of access to case management services with 64.5% expressing agreement or strong agreement. Just under 7% expressed disagreement with such a policy approach.



The last of our questions explicitly focused on “pathways to recovery,” assessing respondents' support for establishing and funding “recovery community centers.” [Recovery community centers](#) are a method of building “[recovery capital](#)” where those in recovery gain assistance from others in long-term recovery through mutual and peer support. Those utilizing recovery community centers can gain assistance with access to resources, information about seeking employment, and

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<sup>16</sup> Vanderplassen, Wouter, Richard C. Rapp, Jessica De Maeyer, and Wim Van Den Noortgate. “A Meta-Analysis of the Efficacy of Case Management for Substance Use Disorders: A Recovery Perspective.” *Frontiers in Psychiatry* 10 (2019). <https://www.frontiersin.org/articles/10.3389/fpsy.2019.00186>.



services, and can benefit from a network of individuals who know and understand their experiences in seeking recovery.

Here, too, our respondents expressed robust support. Over 84% of respondents expressed agreement with this policy proposal, with roughly 66% expressing strong agreement or agreement. Just less than 7% expressed any level of disagreement with this policy initiative.

## WHY DOES THIS MATTER?

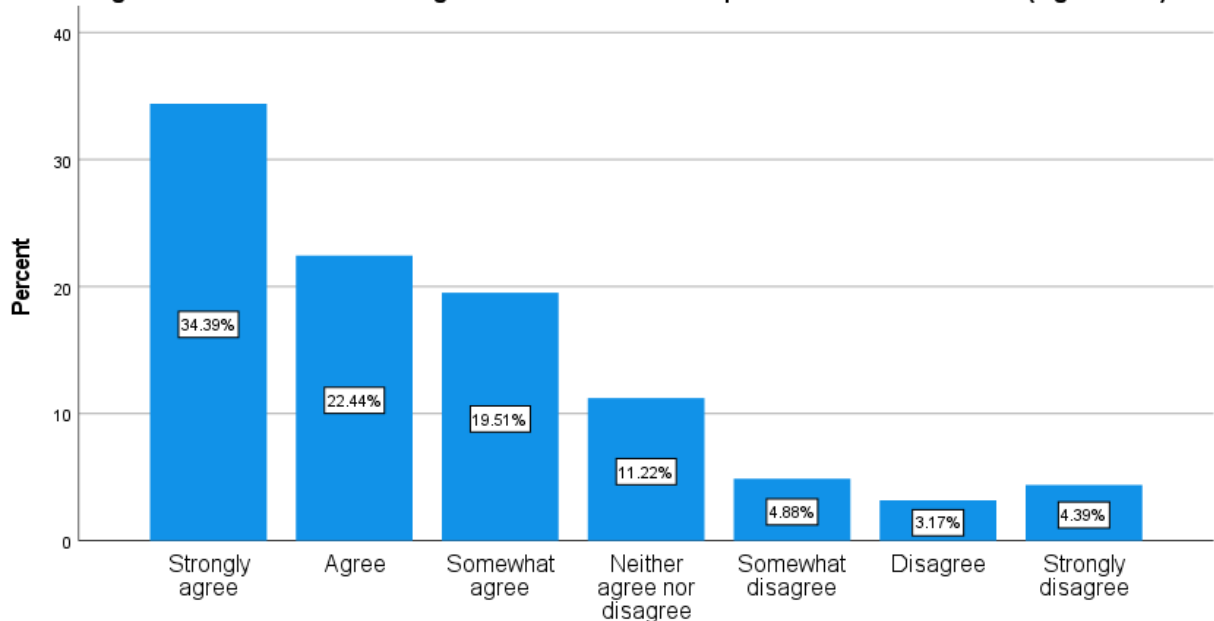
The survey results on pathways to recovery show Mainers' strong support for robust investment in and expansion of evidence-driven approaches to treating substance use disorder.

- Robust majorities of Maine voters support policy measures that would expand access to medically monitored withdrawal, facilitate entry into treatment (including MAT), and provide support, services, and community for those on their journey to recovery.
- While we see declines in support when taking account of respondents' political affiliations, these are extremely modest. When it comes to evidence-based interventions to facilitate recovery, Mainers are remarkably united.
- Nevertheless, we have seen attempts in Maine to politicize these issues, particularly MAT. Former Governor Paul LePage (currently running for Governor once again) notably attacked the practice [publicly stating](#) his intention to close the state's methadone clinics, successfully instituting a two-year cap on methadone and Suboxone without a waiver, and [instituting more stringent requirements](#) for those seeking MAT.
- LePage's policy initiatives and public statements were misaligned with the positions being taken by those within state agencies charged with coordinating Maine's response to SUD, who were publicly touting the efficacy of MAT. The evidence presented here suggests they are also significantly at odds with a robust majority of Maine voters.

## MAINERS OFFER MIXED ASSESSMENTS OF HARM REDUCTION STRATEGIES

Our survey asked a series of questions that we have categorized under the broad heading “harm reduction strategies.” The National Harm Reduction Coalition defines “[harm reduction](#)” as a “set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.” Such policies stem from a belief in the dignity and humanity of people who use drugs (PWUD) and aims to ensure safer use of substances, as well as steps to mitigate the risks and negative consequences associated with the criminalization of drugs. As such, these proposals do not place immediate priority on facilitating pathways to recovery (though that may be an eventual effect of such policies), but rather on providing critical support for PWUD engaged in active use.

Funding Overdose Prevention through Broad Distribution of Opioid Overdose Medication (e.g. Narcan) .



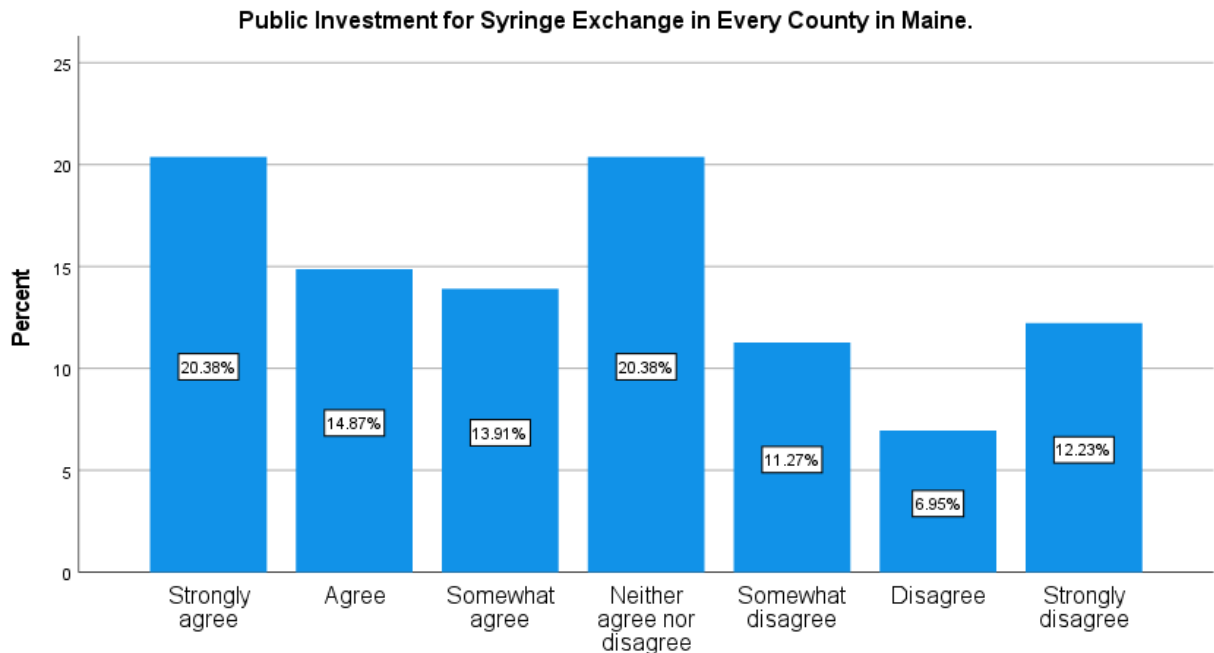
One such question asked respondents about their support for funding overdose prevention via the distribution of opioid overdose medication such as naloxone (referred to in the question as Narcan, the brand name of the most commonly used of such medications in Maine).

Distribution of opioid overdose reversal medication, and education on its proper use, has been a priority initiative in the statewide response to the overdose crisis. Since July 2019, the state's [Naloxone Distribution Initiative](#) has distributed over 110,000 doses of Naloxone to a diverse array of community providers throughout Maine. The Margaret Chase Smith Policy Center's Maine Drug Data Hub [reports](#) over 4000 total overdose reversals as a result of naloxone use from the inception of the program until May 2022. Due to the challenges in collecting data about illicit drug use, this is likely an undercount. Many such providers work as “redistributors,” providing Naloxone to high-risk individuals to reverse overdoses occurring as a result of private use in the community.

Our respondents show strong support for the continued broad distribution of naloxone and education on its use in Maine communities. Of our respondents, over 76% agree with such a policy (with nearly 57% expressing agreement or strong agreement). Only 12.44% of respondents expressed disagreement with such a policy. While a marginal decline from the highly enthusiastic

responses for more overtly “recovery” oriented policy proposals, these numbers nevertheless suggest an extremely robust majority of Mainers in support of the policy.

However, breaking the results down suggests fairly substantial divides according to partisanship. Only 39% of Republicans agree with such a policy compared to 75% of independents and 91% of Democrats. Though not as striking as partisanship, religion appears to play a role as well, with 62.5% of self-identified evangelical Christians supporting such a policy compared to 76% of mainline Protestants and 73% of Catholics. This is an area where Mainers are less unified in their support and one's political and moral worldviews may potentially be driving policy positions.

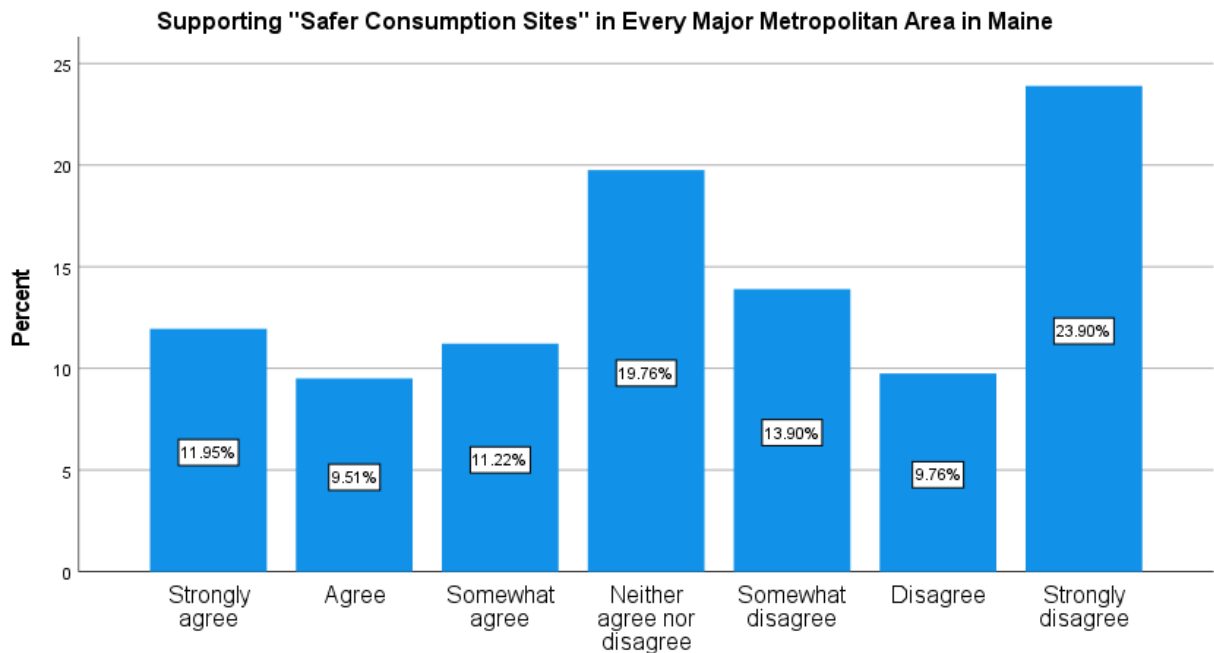


Such mixed support only becomes more pronounced on our subsequent “harm reduction questions.” Respondents were asked about their support for syringe exchange (specifically, funding syringe exchange in every county in Maine with community-level support and outreach for PWUD). This is the first question we have presented in which a majority of our respondents do not express support, with just over 49% expressing agreement with such a policy and 35.25% strongly agreeing or agreeing. Just over 30% disagree with such an approach and over 20% find themselves neutral (suggesting either indecision or the need for greater information).

Here, partisan gaps widened with only 25% of our Republican respondents expressing support, 48% of Independents, and 69% of Democrats. Additionally, 45% of mainline Protestants supported this policy initiative compared with just 34% of self-identified evangelical Christians and 35% of Catholics. However, reducing these splits to demographic characteristics may obscure more complex dimensions of policy attitude formation,<sup>17</sup> and we look forward to more deeply examining the determinants of such positions in further research.

<sup>17</sup> See, for instance, Davidson, Peter J., and Mary Howe. “Beyond NIMBYism: Understanding Community Antipathy toward Needle Distribution Services.” *The International Journal on Drug Policy* 25, no. 3 (May 2014): 624–32. <https://doi.org/10.1016/j.drugpo.2013.10.012>.

The most controversial of any of the proposals included in the survey involved the establishment of “safer consumption sites” in every major metropolitan area in Maine. The question clarified that these would be sites where individuals who choose to use drugs could do so in a less risky environment with staff to intervene in the event of medical complications or overdose.<sup>18</sup> Among our respondents only 32.68% agreed with such a policy, with just over 21% expressing strong agreement



or agreement. Nearly 48% of respondents disagreed with this proposal. And nearly 20% expressed neither agreement or disagreement, suggesting that they need more information or were undecided.

Here, too, we saw a split related to partisanship, with just 12% of Republicans supporting the measure as compared with 25% of independents and just over 50% of Democrats. Support was quite low among all of the prevalent religious identities with 22.5% of evangelical Christians in support, 27% of mainline Protestants, and 25.8% of Catholics. Whether one was a parent or not, frequently cited as a factor in one's support for progressive drug policy reforms, had virtually no impact on whether one agreed with policies supporting safer consumption sites.

<sup>18</sup> Here, survey language was a challenge. Recent research suggests that the specific term one uses to refer to such facilities can have significant impacts on support among respondents (safe injection facility, vs. safer consumption site vs. overdose prevention site). In the end, we chose “safe consumption site” as a middle ground. In past research, it has been suggested that “safe injection facilities” generate the least supportive and “overdose prevention sites” the most supportive responses. On this issue, see Barry, Colleen L., Susan G. Sherman, and Emma E. McGinty. “Language Matters in Combating the Opioid Epidemic: Safe Consumption Sites Versus Overdose Prevention Sites.” *American Journal of Public Health* 108, no. 9 (September 2018): 1157–59. <https://doi.org/10.2105/AJPH.2018.304588>; Socia, Kelly M., Rebecca Stone, Wilson R. Palacios, and John Cluverius. “Focus on Prevention: The Public Is More Supportive of 'Overdose Prevention Sites' than They Are of 'Safe Injection Facilities.'” *Criminology & Public Policy* 20, no. 4 (2021): 729–54. <https://doi.org/10.1111/1745-9133.12566>.



## WHY DOES THIS MATTER?

Mainers' attitudes towards a broad range of harm reduction measures suggest significant division on such policy measures.

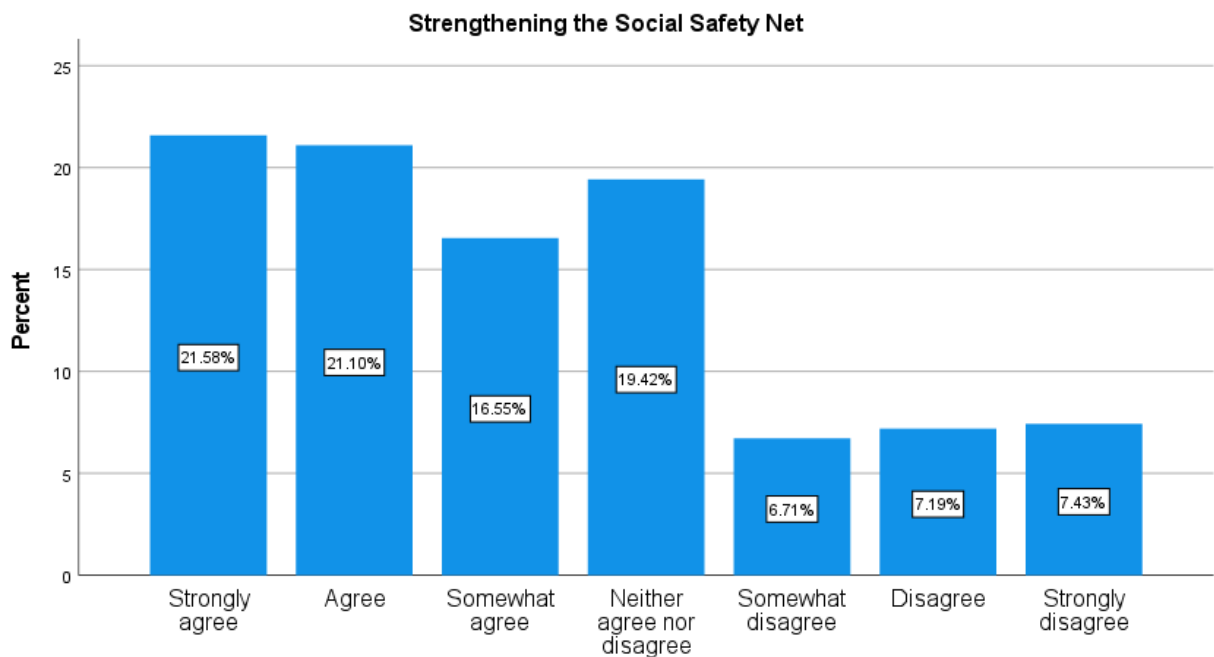
- It is perhaps not surprising that the distribution of naloxone, and education on its use, is met with such favorable attitudes. In the midst of an ongoing overdose crisis, Mainers encounter stories on a daily basis of individuals whose lives were saved through quick intervention and the use of naloxone. If not for the availability of naloxone, Maine's already unprecedented and grim overdose death statistics would be significantly higher.
- Yet partisan divides over its use are striking, with a notable 51% gap between the percentage of Democratic support and Republican support.
- This is perhaps a function of the politicization of the issue in recent legislative sessions. In 2016, Governor Paul LePage [vetoed](#) a bill that would have expanded access to Naloxone (though the veto was overridden by a healthy margin). He [later stalled on](#) rules to expand access unanimously approved by Maine's Board of Pharmacy. LePage also [introduced](#) a (failed) "governor's bill" in the Legislature to require municipalities to charge individuals revived multiple times by Naloxone and with communities facing fines if they refused. LePage also vetoed [legislation](#) to allow corrections officials to administer Naloxone (which was again overridden).
- Mixed support is equally evident on questions related to community syringe exchange and safer consumption sites (though with significantly less Democratic support on each measure). Here, the percentage of Republicans supporting such measures trails behind Democrats 44% and 38%, respectively.
- On both measures, healthy percentages of respondents remain undecided. This suggests that persistent advocacy and public education on this issue could yield dividends. Yet the statewide results suggest that any policy movement is more likely in more politically progressive municipalities, such as Portland or perhaps Bangor, than it is at the state level.

## MAINERS ARE ALSO DIVIDED ON ADDRESSING STRUCTURAL DIMENSIONS OF SUBSTANCE USE DISORDER

Lastly, a broad set of questions dealt with structural dimensions of addressing SUD in Maine: addressing social and economic determinants of risk for SUD; how SUD is handled within our jails and prisons; greater data collection and oversight for law enforcement in relation to bias and discrimination; and expansion of non-discrimination policies to those with SUD. These questions grapple with fundamental and foundational determinants of our statewide response to SUD, ranging from poverty and hardship that increase one's likelihood for problematic drug use to the ways our laws are enforced, the recovery options available to individuals who are involved in the criminal justice system, and the challenging road they face upon seeking re-entry into our communities. As with our questions centered on "harm reduction" strategies, Mainers' attitudes towards these proposals are decidedly mixed.

One proposal put forth by the Coalition for Sensible Drug Policy in 2019 involved strengthening our society's "social safety net" as a means to mitigate the risk factors for SUD. Recent research has established a strong link between social and economic disadvantages and risks for SUD. For instance, a 2019 study found that poverty and lack of education resulted in higher rates of opioid

overdose (with more pronounced effects in urban than in rural areas).<sup>19</sup> The unhoused face significantly higher risks of overdose than housed individuals living in low-income communities.<sup>20</sup> And those who face poverty during childhood, even if they emerge from poverty during later childhood or adolescence, face a greater risk of SUD, and face drug-related criminal charges, later in life.<sup>21</sup>



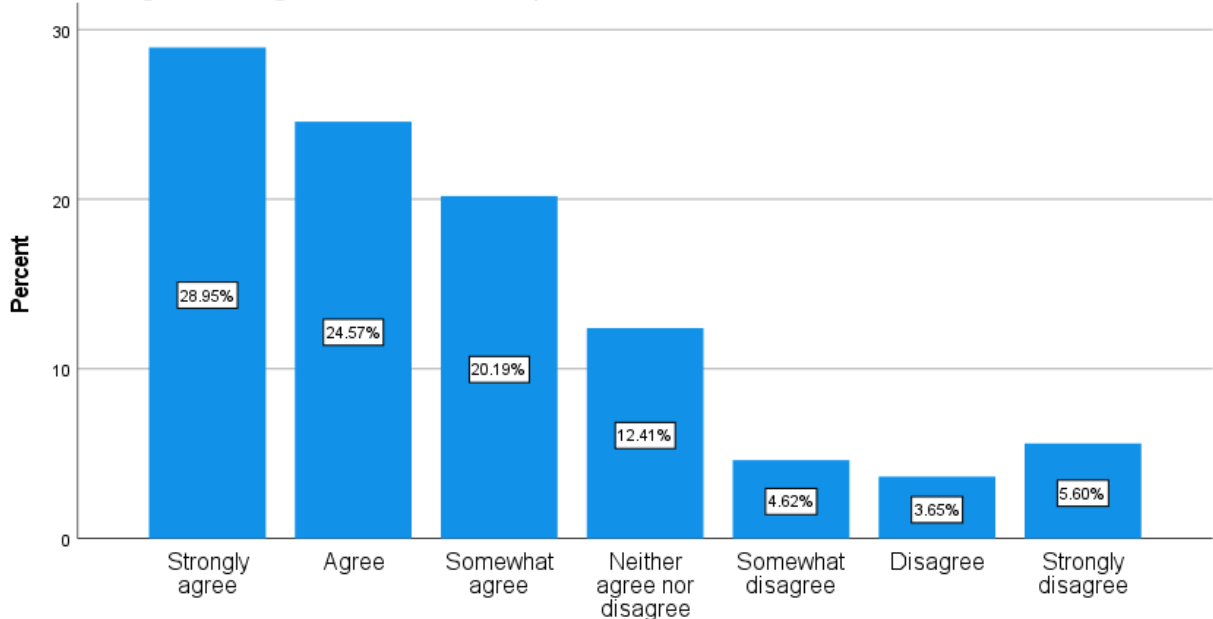
Our question asked respondents whether they supported expanding social safety net programs, which would address poverty, deprivation, and social exclusion that create risk factors for SUD. Roughly 59% of respondents expressed support for this statement with nearly 43% expressing strong agreement or agreement. Just over 21% expressed disagreement with such a policy direction. Framing this support as a measure to mitigate SUD may drive the enthusiastic response on this question, yet these results are not wildly divergent from [national polling](#) on this issue. Unlike some of our harm reduction measures, we see only moderate divergence based on political partisanship with 48% of Republicans expressing agreement, compared to 60% of independents and 66% of Democrats.

<sup>19</sup> Pear, Veronica A., William R. Ponicki, Andrew Gaidus, Katherine M. Keyes, Silvia S. Martins, David S. Fink, Ariadne Rivera-Aguirre, Paul J. Gruenewald, and Magdalena Cerdá. "Urban-Rural Variation in the Socioeconomic Determinants of Opioid Overdose." *Drug and Alcohol Dependence* 195 (February 1, 2019): 66–73. <https://doi.org/10.1016/j.drugalcdep.2018.11.024>.

<sup>20</sup> Yamamoto, Ayae, Jack Needleman, Lillian Gelberg, Gerald Kominski, Steven Shoptaw, and Yusuke Tsugawa. "Association between Homelessness and Opioid Overdose and Opioid-Related Hospital Admissions/Emergency Department Visits." *Social Science & Medicine* 242 (December 2019): 112585. <https://doi.org/10.1016/j.socscimed.2019.112585>.

<sup>21</sup> Manhica, Hélio, Viviane S. Straatmann, Andreas Lundin, Emilie Agardh, and Anna-Karin Danielsson. "Association between Poverty Exposure during Childhood and Adolescence, and Drug Use Disorders and Drug-Related Crimes Later in Life." *Addiction* 116, no. 7 (2021): 1747–56. <https://doi.org/10.1111/add.15336>.

**Mandating a Full Range of Treatment for People with Substance Use Disorder in Correctional Facilities**

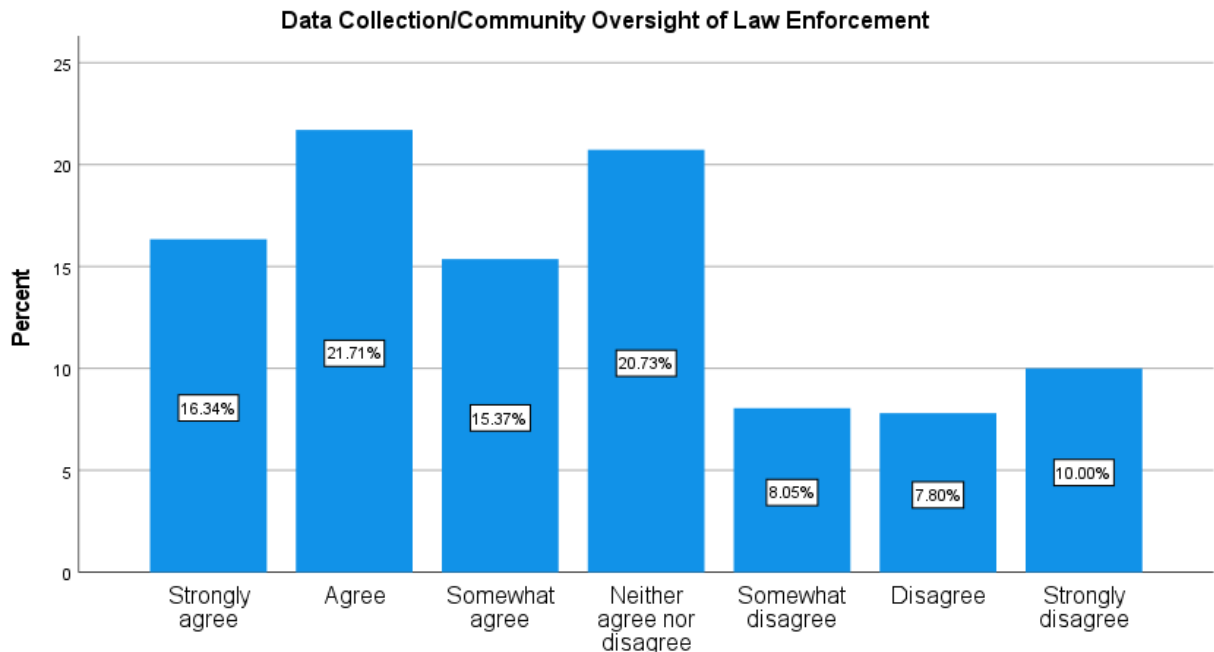


Our nation's present, largely punitive approach to drug use means that the criminal justice system is a key structural driver of outcomes for many individuals with SUD. As Maine Deputy Commissioner of Corrections, Ryan Thornell, [reported](#) in 2019, 60% of men and 80% of women enter Maine's jails and prisons needing some form of substance use treatment. On the legal front, Maine was at the center of a [legal battle](#) over access to treatment when a Federal District Court found that Aroostook County Jail was legally required to provide a Madawaksa woman with MAT during her 40-day jail sentence. Recognizing the scale of SUD within Maine's jails and prisons, Maine initiated an MAT pilot program in correctional facilities in 2019 and [expanded the program](#) in 2021 with the goal of providing MAT for up to 600 individuals at any time, roughly a third of Maine's incarcerated population.

On this topic, respondents were asked about their agreement with mandating a full range of SUD treatment within Maine's correctional facilities, including MAT. Amongst our survey respondents, nearly 74% agree with this policy direction with over 53% expressing strong agreement or agreement. Just under 14% of respondents disagreed with this policy direction. The policy position met with agreement from 67% of Republican respondents, 67% of self-identified independents, and 85% of Democrats. The results suggest that a robust majority of Mainers agree with the present initiative to expand access to treatment (including MAT) for those who are incarcerated in Maine's prisons and jails.

Yet respondents were not so unified in support for a question which focused broadly on policy oversight as a corrective to long-observed disparities in enforcement based on race, ethnicity, and socio-economic status. Recent research suggests significant racial, ethnic and class disparities exist

in drug arrests and convictions when we control for the effects of other potential factors.<sup>22</sup> This question asked respondents whether they would support requiring the collection of this information on race, ethnicity, and socioeconomic status for all law enforcement interactions with oversight by community review boards.



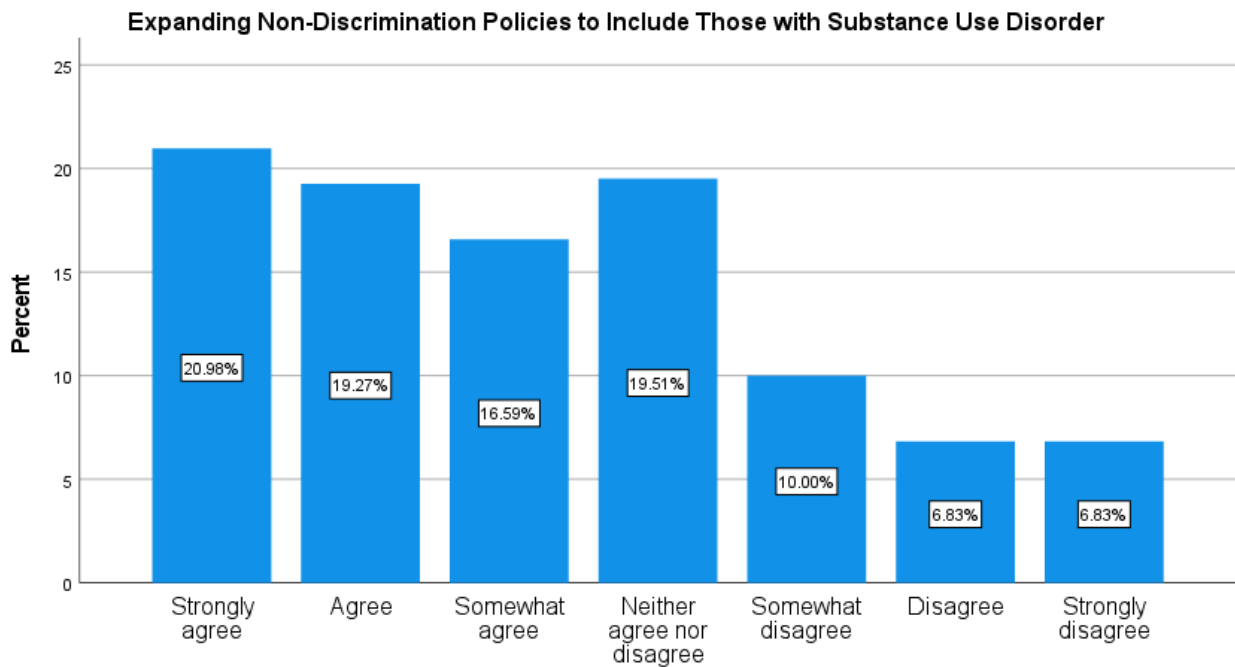
Among the respondents, over 53% were supportive with roughly 38% expressing agreement or strong agreement. Nearly 26% of respondents expressed disagreement and over 20% were undecided. However, partisan divisions were stark here, with only 31% of self-identified Republicans supporting the measure, as compared with 53% of independents and 73% of Democrats.

The broader context may be worth mentioning here, as this measure may be complicated by the timing of the survey. This survey was administered amidst ongoing national debates about reigning in racialized violence by law enforcement and shifting funding away from police departments in the aftermath of the murder of George Floyd in 2020. Asking respondents about greater police oversight in relation to bias in enforcement at such a fraught political moment presents challenges. In addition, the “blue lives matter” rhetoric which opposed greater oversight of law enforcement may have led to greater opposition and indecision on this question.

<sup>22</sup> See Mitchell, Ojmarrh, and Michael S. Caudy. “Examining Racial Disparities in Drug Arrests.” *Justice Quarterly* 32, no. 2 (March 4, 2015): 288–313. <https://doi.org/10.1080/07418825.2012.761721>; Camplain, Ricky, Carolyn Camplain, Robert T. Trotter, George Pro, Samantha Sabo, Emery Eaves, Marie Peoples, and Julie A. Baldwin. “Racial/Ethnic Differences in Drug- and Alcohol-Related Arrest Outcomes in a Southwest County From 2009 to 2018.” *American Journal of Public Health* 110, no. S1 (January 2020): S85–92. <https://doi.org/10.2105/AJPH.2019.305409>; Pedersen, Willy, Terrie E. Moffitt, and Tilmann von Soest. “Privileged Background Protects against Drug Charges: A Long-Term Population-Based Longitudinal Study.” *International Journal of Drug Policy* 100 (February 1, 2022): 103491. <https://doi.org/10.1016/j.drugpo.2021.103491>.

Structural dimensions of SUD may also be evident in stigma, manifested through systemic discrimination and inequity in access to basic essentials and opportunities. Such inequities can be a barrier to one's success on the path to recovery, one's reentry into the community after a period of incarceration, and can generally have a negative impact on one's quality of life and prospects for future success.

In light of this, our final question asked about protecting those with SUD from discrimination in accessing housing. [Maine statute](#) presently protects individuals from discrimination in access to housing on the basis of “race, color, religion, national origin, ancestry, sex, sexual orientation, disability, familial status, or receipt of public assistance.”<sup>23</sup> In addition, though [Maine is a participant](#) in a recently established federal recovery housing pilot program, those seeking housing assistance under the state's Section 8 Housing Voucher program [can be denied](#) participation on the basis of “criminal activity” or “alcohol abuse.” This question asks about respondents' agreement with a policy measure that would protect the rights of those with SUD in the same way that the law currently outlaws discrimination against other protected groups.



Nearly 57% of respondents expressed support for this measure, with 40.25% of respondents indicating agreement or strong agreement. Nearly 24% of respondents expressed disagreement with this policy direction. On this question as well, we see stark partisan divides with 41% of Republicans agreeing with the policy position, and just over 48% of independents, compared with 73% of Democratic respondents.

<sup>23</sup> Notably, the federal Fair Housing Act [does allow](#) an individual to claim a disability on the basis of past experiences with substance use disorder. However, the individual must demonstrate that they have completed rehabilitation and are no longer actively using substances. In addition, the law grants broad leeway to housing providers to make assessments of whether a tenant would pose a “direct threat” to the health and safety of other individuals or the property itself. While federal law prohibits summary denial of housing to anyone with a criminal record, denial on the basis of a past criminal conviction related to the manufacture or distribution of a controlled substance [is allowed](#) under federal law).

## WHY DOES THIS MATTER?

Mainers' attitudes towards addressing the structural dimensions of SUD are unified to a point, but multiple measures aimed at targeting discrimination have partisan fault lines.

- Despite political rhetoric that would suggest otherwise, we see broad support for strengthening the social safety net as a strategy for mitigating risk of SUD. Though partisanship plays a role in one's support, a substantial percentage of Republican respondents (just short of a majority) demonstrate favorable attitudes towards policies meant to address poverty and societal inequities.
- Admittedly, this data was collected at the height of the state and federal COVID response, as governments rolled out unprecedented measures to mitigate the economic hardships facing many Americans. Yet the levels of support evident here align even with national survey data collected prior to the pandemic.
- As with other dimensions of this survey, Mainers are highly receptive to policy steps they see as facilitating pathways to recovery and a life free of problematic drug use, such as our question about mandating access to SUD treatment (including MAT) in jails and prisons.
- Earlier questions about general availability of SUD treatment within communities generated some of our most enthusiastic responses of the entire survey. Here when we again asked about treatment, specified the fact that the recipients were currently incarcerated and that treatment options would include MAT, this resulted in an extremely modest decline in support of only a few percentage points. And there were no striking disparities in terms of partisanship.
- Mainers were far more mixed in their support for proactive strategies to mitigate inequities in law enforcement related to race, ethnicity and socioeconomic status. This broke down largely along partisan lines, with a 40% gap between Republican and Democratic support.
- Lastly, though a comfortable majority of respondents supported expanding housing discrimination protections to include SUD, we see stark partisan division here as well with a 32% gap between Republicans and Democrats. On both of these measures, state policies might be more challenging to implement, and future policy reform may come through piecemeal implementation, beginning within politically progressive Maine communities.

## FOCUS TOPIC: CHANGING ATTITUDES TOWARDS HARM REDUCTION POLICIES, A QUALITATIVE ANALYSIS

In this section, we draw from our qualitative interview data to contextualize how and why Maine voters shift their attitude from traditional punitive responses to a public health/harm reduction approach in the treatment of SUD. Of the 30 interview participants, ten described having always had a more positive perception of and openness to progressive/health-based responses and twenty participants described shifts in their attitudes. It is this latter group that is the focus below.

### ***Education***

Education was the primary reason for the participants' attitude change. According to the narratives, the three primary sources of education were experts, research, and observation. For example, Gina explained how she was raised thinking drug use was a criminal behavior and agreed with America's preferred punitive response to drug use. Gina is a 61-year-old Republican consultant who had access

to medical experts when the topic of policy reform was brought up. As a result of conversations with these experts, Gina slowly shifted her attitude away from her traditional punitive perspective:

*Growing up, I always thought drugs were a criminal activity, they were bad, bad, bad. People who took drugs were bad. We had the DARE program that had started when I was in, I don't remember what grade. I never ever thought of substance use disorder as a disease, never. It wasn't even on my radar. And then as I got involved in the policy discussion and met people who were working on the epidemic as a disease... I got to know [a medical doctor] through our policy work and he's become an advisor to [an elected official] when we have questions. He's just a fountain of information. And he helped turn my mind from criminal justice, it's a crime, we have to punish them, they're bad people to, no, this is a disease where we have to help these people.*

She goes on to explain that part of “helping these people” was increasing access to harm reduction. Despite her foundation of “people who took drugs were bad,” Gina gradually increased her willingness to support and advocate for harm reduction. In the following excerpt, Gina reflects on her change in attitude around needle exchanges and Narcan after listening to medical experts:

*I'm coming around, to be honest. Harm reduction is a great phrase. Of course, you want to reduce harm but I started really looking at what it was, and I think a lot of people are this way, I just thought, well, they're just continuing drug addiction or they're continuing substance use disorder I should say. I wouldn't go so far as to say they're encouraging it, but they're allowing people to stay using while hopefully trying to help them taper off of whatever drug they're on. And the needle exchanges, again, I just had this reaction like, no, this isn't a good idea when we first started out. Why would you want to... What we want to do is grab these people and help them stop using. So why would you want to continue a program that allows them to use? Again, because I'm not an expert. I don't understand all the physical, medical issues involved with this. [The medical expert] is a big proponent of harm reductions so that really started giving me more pause that maybe this was something that I needed to just be quiet about and study more and let the experts take over.*

Lydia, a 73-year-old Republican legislator, explained how education and listening to others opened her mind to harm reduction and alternatives to criminalization. In the following excerpt, Lydia explains that while she does not support safe injection sites, education led to her shift in attitude and approach to problematic substance use, which she uses to work across party lines and advocate for policies that work rather than continuing to rely on inadequate punitive responses.

*I can tell you, I'm a totally different person today than I was when I first started in the legislature because education... Again, I go back to education because I learned so much as a legislator. Listening to other people that are not the same as what you think and what... I think is just opening your mind. I do believe we need to get better people running. I think that's a big thing. They can't be afraid, just like people saying to me, "I wish I could be like you..." and this could be a Democrat or Republican... "because I don't want to speak up." Why don't you feel like speaking up? I don't know whether I was too dumb or what, but I just said, "Hey, this is wrong. This is wrong. I don't care. I don't care if you're a democrat or Republican. This is wrong. We need to work on this." I've never had trouble working with*

*Democrats or the Republicans until LePage got mad at me. Then it became a problem. But even then, I was able to pass things still. But still, it's being open and educating yourself on the matters. That's the biggest thing for any legislator.*

In the following example, Laura discusses the safe injection sites. Like many others, Laura was concerned about safe injection sites and thought they promoted rather than deterred problematic substance use. Over time, however, she saw how safe injection sites decreased rates of overdose and infectious diseases, which was the evidence she needed to be more open to that harm reduction option.

*Safe injection sites, I have to be honest, initially I was like, "Ooh." Because it felt like permission giving. But the more I learned about it and studied it, the more comfortable I am with that. Because again, it's a harm reduction site, it's going to decrease our overdose rates and our infectious disease rates and... We can't help people if they're not alive. And not only that, but when I get down to bare tactics I believe in autonomy and if somebody wants to choose to continue to live that life, but they're doing it in a way that is safer for them and decreasing risk for themselves and for others, I think that's something that we should do.*

Laura later explained how she believes in all forms of treatment, from mandated treatment at drug court to harm reduction services, including medication-assisted treatment, broad Narcan distribution/access, and needle exchange. Laura, Lydia, and Gina come from different ideological backgrounds but have adjusted their attitudes towards harm reduction through education, communication, and a willingness to listen to experts.

In addition to seeking out and listening to experts and evidence, other participants explained how they themselves educated people around them to the benefits of harm reduction. Sam, a 35-year-old Democrat who works for the Department of Corrections, explained how the prison system provided education to corrections officers reluctant to provide MAT to inmates.

*We put out a survey to all of our staff in the months leading up to this to really get a gauge for what their thoughts were on MAT, and that allowed us to really pinpoint what we educated them on, so that it wasn't just another run-of-the-mill training for them to get bored with, it was really focused on the areas that they had questions about. And that was really successful. So, it's much more of like a forum than it was a lecture.*

The correctional officers were concerned about MAT in three general areas: shifting perception from contraband to treatment, fiscal impacts, and politics. The Department of Corrections' approach to education and implementation was tailored to these concerns, thus letting the correction officers see that their concerns were acknowledged. Sam explained how the implementation of MAT was in large part a success:

*We had corrections staff, who historically have fought to keep something like Suboxone out of our facility. And so, their concern really was having to shift gears and focus on it now as a medication versus a contraband. And that was overwhelmingly the biggest concern. There were other concerns around the fiscal impact of it and where the money was going to come from. There were concerns about just addiction concerns like replacing one drug with*



*another, watching prisoners get high, those sorts of things. And then, the only other thing that really comes to mind is, the politics of it. There were political concerns depending on people's perspective on treatment and addiction and addiction as a disease versus a choice and those sorts of comments... And then as we were starting to go through this process [of implementing MAT], we identified champions at each site. Sometimes correctional officers, sometimes more mid-level... they became our educators or trainers for lack of a better term. They would bring together the staff and really deliver their material in a conversation with them, and hear feedback, hear concerns, and then, that's how we really rolled that out. And it benefited us in another way, in that we were able to hear those concerns, and if we needed to change up our approach or modify what we were doing based on the concerns.*

For Sam and staff at the correctional facilities, the option to air concerns and grievances allowed for targeted education and intervention. Together, the open lines of communication led to a majority of correctional officers willing – some perhaps begrudgingly – to implement the new harm reduction policy in prisons and jails. Collectively, in the stories and quotes thus far, including those from Sam, Laura, Lydia and others, access to experts, education, and a willingness to discuss concerns helped shift attitudes toward harm reduction in a variety of settings.

### ***The epidemic hits close to home***

Other participants indicated that the closeness of the opioid epidemic impacted their attitude, particularly when a family member or close friend struggled with SUD. Patrick, a 63-year-old medical doctor and Democrat, explained how he got involved in harm reduction when he saw young people experience addiction and overdose. For Patrick, these close-to-home losses precipitated his acceptance and advocacy of all forms of harm reduction, from increased access to Narcan to safe injection sites. He said:

*Well part of my motivation, you know I grew up in and practiced first in Penobscot County. Even before fentanyl hit, in the early 2000s, we started to see among kids who went to school with my kids, people developing addiction, which had not been a part of my practice prior to that. I hadn't seen it prior to that, except with rare exceptions. Then you started seeing people dying, at a really alarming rate. That's a big part of my motivation. The kids that my kids grew up with in a very small school system, each of them has several classmates who are dead, as a result of this. Either overdose, suicide, homicide, drug related car accidents, things like that. That's emotionally very impactful.*

Frank had a similar experience to Patrick, though he was originally opposed to any form of harm reduction in favor of the abstinence, treatment-mandated approach of drug court. Frank, a 53-year-old Democrat and former government official and communications professional, changed his view after meeting young people in drug court who were saved by naloxone.

*I just heard the argument that, [former Republican governor] Paul LePage was making the argument and others: Does this give some safety net in a way to people who are using? That they figure that they and their friends always have Narcan then they can keep using and there'll be that safety net there for them so they won't die. I think for a while, I was kind of debating, "Is there some value in that or some legitimacy in that point of view?" I'm sure there are people out there using who have that idea, I can't say that every person using*

*doesn't think of that, that, "If I got Narcan and the people I'm using with have Narcan," I would imagine there are people. But that kind of argument doesn't hold any water with me anymore. I've just seen so much and just again, that day in that room, where these wonderful young people would've all been gone. I think that was the day that I became 1000% supportive of naloxone.*

Frank went on to explain that he is now in favor of all forms of harm reduction, including needle exchange and safe injection sites, a shift in attitude he attributes to the meeting of young people in recovery. For Frank and Patrick, close personal contacts and relationships facilitated their support for all forms of harm reduction.

### ***Different pathways to recovery***

Other participants who were not supportive of all forms of harm reduction in general acknowledged that different people need different supports and pathways to recovery, which increased their openness to certain types of harm reduction. For example, Meghan, a 63-year-old in human services and in recovery for 16 years, explained how her preference for abstinence clouded her judgment of harm reduction. She said the following about her reticence to MAT but acknowledges how different people need different services:

*The fact of seeing people leading productive lives on this, whereas they couldn't before. They couldn't hold a job now they can hold a job. They couldn't care for their families now they can care for their families. The kind of the proof in the pudding, type of thing. I saw it happening. So that's what's led me into thinking it's okay for some... Because of my AA snobbishness, I've had to do a lot of real thinking on this type of thing, because I don't even want to be the person that there's only one way to get sober. There's many paths to it. And I've known that for a long time. When I sponsor people, I tell them that. "This isn't the only path, but this is what I know. And this is what worked for me. So this is what I can give you."*

For Meghan, her attitude shifted when she saw how MAT was part of the solution for people in recovery. For her, seeing her community members lead what she determined to be “productive” was the evidence she needed to shift her attitude, particularly when it came to MAT. Tom, a 64-year-old libertarian who runs a sober recovery house, also changed his opinion on MAT when he saw it work for people in his local recovery community.

*Do I believe in MAT? I didn't, at first, but I have come to believe in it. It doesn't work for me, and I don't think it works for everybody, but we are flexible enough to do that. ...I do believe there's many different pathways, but I also believe that we have the best... I think for a lot of guys I've seen, if we can take the opioid thing out of the mix, that's a good start. The only way to do that is with MAT for the opioid problem, for a lot of guys, not everybody. That doesn't apply to everybody. It would not have applied to me. That's how I changed my mind, was this guy who couldn't stay clean. I think if he could have gotten away from the opioids, he could have.*

Tom's quote exemplifies the harm reduction mantra of “meeting people where they are,” a common feature among the participants' narratives. Like Tom and Meghan, Franny came from an

abstinence background. An 55-year-old Republican, Franny started working as a recovery coach coordinator when she saw her son struggle with opioid use disorder. She said:

*And the whole question about MAT and this particular facility had come from a traditional background of 12 steps and it was anti MAT pro abstinence-based and I kind of got to see all of that play out as far as my own attitude changed incredibly quickly when I was hired at this place, I would have said, "Oh, ask" I would have come from a background of abstinence is recovery. And within months I would say I was pro MAT. To now my spectrum is very pro probably what some people would consider radical harm reduction and so that just being and working with the people suffering with us, it quickly became obvious to me that different approaches were needed. And certainly the traditional abstinence-based approaches of 12 step programs for other substance use disorders were not working in this arena of opioid disorder.*

Debbie also described a strong aversion to harm reduction, equating it to a tacit approval of illegal and deviant behavior. Debbie, a 44-year-old Democrat and executive director of a local health education nonprofit, shifted her attitude after speaking with a doctor who helped her see how there are different pathways to recovery. In the following excerpt, Debbie reflects on how comparisons between substance use disorder and other medical conditions led to her shift in attitude for harm reduction, including increased access to Narcan.

*At first I was not on board at all with Narcan. I was like, why? If these people don't care enough about their lives to do any better and to not put these substances in their bodies then why are we just continually bringing them back to the same miserable existence that they're in? And then I talked with a doctor. He happens to be my doctor and he's very aware that I am in long-term recovery from an eating disorder. And so he talked to me about relapse and about the fact that when I got help for my eating disorder that wasn't a linear path. It was something where I would take two steps forward and three steps back. But nobody ever in the process said, you don't get to have help anymore.*

*And then also he did this incredible illustration about one of his diabetic patients on insulin. So he says, "I have a diabetic patient and they come in to me after thanksgiving and they say, 'Look Dr. Z, I went crazy at thanksgiving. I ate three pies. I know my sugars are messed up.'" He said, "Would you ever want me to say to that person, 'You have no willpower and I'm cutting you off insulin forever.?' " No. Because it's a learning process. And so that helped to kind of change my mind. That by being a helper I wasn't condoning the behavior. I was giving them an opportunity to find their path at another time. Because only living people can get help... That was a new thought for me because I grew up in the don't do drugs, just say no.*

Debbie's use of the phrase "linear path" when it comes to recovery from an eating disorder, and in consideration of the treatment of medical issues like diabetes, rarely does a medical doctor or treatment provider remove access to care when a person relapses or makes an unhealthy decision. She was able to connect this approach to substance use disorder, thus coming to view the recovery process as a learning process that looks different for different people.

## CONCLUSION

Taken as a whole, this snapshot of Maine public opinion offers encouraging news for advocates of broad-based reform in the state's approach to SUD. The perspectives represented here suggest that Mainers are ready for bold policy steps that shift away from viewing drug policy solely through a criminal enforcement-oriented lens. Mainers' appetites for such bold policy alternatives seems to have outpaced the relatively cautious approach adopted thus far by many of Maine's policymakers.

Moreover, these results suggest that political rhetoric and policy positions rooted in stigmatization and dehumanization of those with SUD are increasingly at odds with the evolving perspectives of the Maine electorate. On the contrary, on key dimensions of policy reform, Mainers' views align with the [broad reformism](#) we see in national public opinion surveys, but Maine voters may even be ahead of that curve. Perhaps Maine's unique ideological landscape, and the severity with which Mainers have been impacted by substance use, can be the basis for a bold set of reforms enacted at the state and local levels.

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