



Opinion

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EDITORIALS

Battling Maine's deadly drug addiction problem requires more than one approach

By [The BDN Editorial Board](#)

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Courtesy of Maine Drug Enforcement Agency

An investigation that started Nov. 23, 2014, at a Westbrook motel resulted in the seizure of 35 grams of crack cocaine, 11 grams of heroin, an illegal firearm and \$4,000 cash. Two New York men were charged in connection with the bust, according to police.

Last year, [208 people in Maine died](#) of drug overdoses, a sad new record. Deaths attributed to heroin rose to 57 in 2014 from 34 the year before.

Reversing that upward trend is fortunately a focus among politicians from both parties in Augusta. And a handful of approaches to fighting Maine's deadly drug addiction problem will be boosted by the two-year state budget they recently passed into law.

One of those is the approach that Gov. Paul LePage has strongly championed — more law enforcement. But LePage has championed enforcement and prosecution without a significant commitment to desperately needed treatment for those suffering from the disease of addiction.

In his original budget proposal, LePage included funding for seven new Maine Drug Enforcement Agency investigators, four assistant attorneys general and four new District Court judges. In June, LePage [dropped his support of a cold case investigation squad](#) in favor of using that money to hire more drug agents.

The compromise budget negotiated by lawmakers gives LePage much of what he wanted. It funds up to six new drug enforcement agents and two new drug prosecutors to handle major drug crimes. It pays for two new judges and two new clerks for the court system to handle the increased caseload. And, it funds the cold case squad.

Still, LePage called the budget “soft on drug trafficking” in the [four-page letter](#) he issued to veto the budget. The letter includes four photos of drug dealers — three of them non-white — and accuses lawmakers of not funding enough MDEA agents. “Augusta politicians chose to expand welfare to able-bodied people” instead, the letter reads.

In the treatment realm, the budget earmarks \$300,000 for the state's drug courts, which combine a focus on addiction treatment and personal responsibility. The money will fill the gap left by a federal grant that expires in September.

This funding boost comes no thanks to LePage, who specifically tried to strike this money from the budget in his earlier round of line-item vetoes that the Legislature swiftly overrode. Apparently, LePage has changed his thinking on drug courts. In a June 22 veto letter for another drug addiction-related bill, LePage wrote: “I believe that the best way to get people off drugs is by getting them into drug court.”

There is hope — but not certainty — [among advocates](#) and local lawmakers that the drug court funding can pay for the re-establishment of Bangor's drug court, which [closed in 2012](#) when its funding was shifted to to the Co-occurring Disorders Court in Kennebec County. Court officials say the Bangor court's reopening depends on caseload. The nearest [drug court](#) is now in Ellsworth.

Rep. Adam Goode, D-Bangor, proposed legislation this year to re-establish the Bangor drug court and to require a statewide review of the drug court program to measure its success.

Goode's bill didn't pass, but it would still be wise for court officials to carry out an evaluation of Maine's drug courts so they know where to distribute resources and how to improve the programs.

As Maine devotes more resources to drug law enforcement and prosecution of drug dealers — with only incrementally more resources devoted to treatment — the forces responsible for heroin's rise are unlikely to disappear.

“First, more and more people are susceptible to heroin because they have been prescribed prescription opiates, like OxyContin. And the second reason is that heroin itself seems to be cheaper and more widely available,” Dr. Thomas Frieden, director of the Centers for Disease Control and Prevention, [told CNN](#) last week.

People who are addicted to opioid painkillers are [40 times](#) more likely to be addicted to heroin than the general population, according to the CDC. Those addicted to cocaine are 15 times more likely to also be addicted to heroin. Those with alcohol addiction are twice as likely to be addicted to heroin.

Since addiction is a disease and containing the supply is a losing battle — heroin seizures have risen rapidly throughout the nation in recent years while the addiction problem has grown — a substantial commitment to treatment must be part of any plan to reduce the toll of heroin and other drugs.

Drug courts are a part of that picture, but only part of it. Maine needs to take more than baby steps to expand treatment.