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Dee Kerry

dakerry@aap.net

30 Association Drive, Box 190

Manchester, ME 04351

office: 207-480-4185

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Testimony of the Maine Chapter of the American Academy of Pediatrics in Favor of LD 967 an Act to make Possession of Scheduled Drugs for Personal Use a Civil Penalty

There are many complex reasons people initiate substance use. For young adults in particular, the risk factors include the fact that until the age of 26, the brain is geared toward impulsive decision making, has increased sensitivity to rewards, and is motivated by the ever-increasing importance of peer group opinion.¹ Late adolescence and early adulthood is also a time when many mental illnesses declare themselves and there is a significant overlap between mental illness and substance use, particularly in youth.² This is often combined with a history of childhood trauma, abuse and neglect. These risk factors, and the reason many youth and young adults engage in substance use, are hardly criminal and beg for non-punitive solutions which offer the opportunity for a more positive outcome.

Positive parent engagement in efforts to address youth substance use and mental illness have overall demonstrated the best chances for improved outcomes for youth.³ Many young adults have not had the privilege of growing up in a stable, nurturing environment and often enter adulthood unprepared for independent and constructive decision making. Current criminalization policies have proven to be discriminatory and damaging over the long term to this age group. The long-term consequences for those who incur these penalties include missed educational or technical training opportunities, increased risks of emotional and physical trauma associated with incarceration, loss of employment, and housing opportunities.⁴

The American Academy of Pediatrics, recognizing a patient population from 0 – 26 years of age, has supported the decriminalization of the possession of small amounts of marijuana by youth and young adults for some time, and supports the rare circumstances when this would involve other illegal substances.⁴ Ideally, those detained or found in possession of small amounts of illegal substances, would be diverted to treatment evaluation, education, and restorative community based prosocial activities that have been shown to interrupt the trajectory of substance misuse and reduce the identified serious harms of criminalization. Other states and other countries that have decriminalized substances have not seen an increase in use as a result of these policies and have seen a reduction in the criminal justice caseload.^{4,5}

When adults engage in substance use on a small scale, we should encourage treatment programs that will help them address the potential addiction and change the trajectory continued use will likely have in their life. Additionally, for those that have families, their children suffer more and have lasting adverse childhood experiences when their parents are struggling to address their substance use and often co-occurring mental health needs and are in jail/prison or dealing with the employment, housing and education challenges related to the impact of having a criminal record. Facing these challenges adds to the cycle of poverty and addiction and works against potential positive reinforcement that can be provided for the individual and family.

Please consider the lifelong implications of the addition of a criminal record to a young adult who likely is already struggling. LD 967 offers one small opportunity to guide this demographic group in a direction that will encourage resilience and healing. Thank you.

Deborah Hagler MD FAAP

President, Maine Chapter, American Academy of Pediatrics

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