

Are Maine Voters Ready for Drug Policy Reform?

Findings from a Statewide Survey

by Robert W. Glover, Karyn Sporer, and Aran Wollard

Abstract

Maine is in the midst of an unprecedented overdose crisis, which has sparked debate about the appropriate policy response to increasing prevalence of substance use disorder in our communities. This article draws upon a statewide survey to better understand the policy attitudes of Maine voters toward drug policy reform, specifically restructured drug laws, strengthened pathways to recovery, and improved strategies for harm reduction and preventing overdose deaths. Our results suggest that political rhetoric and policy positions rooted in stigmatization and criminalization of those with substance use disorder are increasingly at odds with the perspectives of Maine citizens. Maine's unique ideological landscape, voters' rebuke of criminally focused policy approaches in 2022, and the severity with which Mainers have been affected by substance use can be the basis for a bold set of policy reforms.

The opioid epidemic is one of the most vexing policy issues in the United States, and particularly in the state of Maine (Carson and Anderson 2016). The decades-long default response of escalating criminal punishment is now at the center of a growing debate on the (in)effectiveness of America's drug policies, particularly regarding negative outcomes (i.e., arrest, incarceration, overdose, and/or death). In 2017, there were over 1.6 million drug arrests, and at present nearly half a million people are incarcerated for nonviolent drug offenses (Sawyer and Wagner 2022). And while the federal government allocates over \$26 billion annually (and state and local governments spend roughly the same each year), we have seen increased overdose death rates from 41,502 in 2012 to over 107,662 in 2021 (CDC 2022; Warner et al. 2014).

Maine has been particularly hard hit by the overdose crisis, with the ninth highest overdose rate in the country as of 2022 (CDC 2022). While important policy steps have been taken at the state and local level since 2018, we

continue to lose, on average, one Mainer a day to drug overdose death (Miller 2023) and nearly a quarter of those incarcerated in Maine state prisons are there for drug-related crimes (Maine DOC 2022). In 2021, there were 631 (6.5 percent) fatal overdoses and 9,678 total overdoses in Maine (Sorg, Soucier, and Leidenfrost 2023). In 2022, Maine saw 10,110 overdoses, including 716 (7.1 percent) fatal overdoses. The number of fatal overdoses in 2022 is 13.5 percent higher compared to the same timeframe in 2021, putting Maine on track for its most deadly year on record in terms of drug overdose deaths. Further, we continue to see problematic gaps between the harm reduction and recovery options available to people who use drugs in more populated areas and those in

sparsely populated rural areas in northern and central Maine, particularly in Aroostook, Penobscot, and Washington Counties.¹

We find ourselves at a drug policy crossroads. While the United States grapples with the impacts of a multidecade approach centered on prohibition of drug use and criminalization of people who use drugs, we continue to see the tragic realities of the overdose crisis and the negative impacts of criminalization. Meanwhile, despite initial shifts, such as President Biden's promise of marijuana reform and limited executive actions (The White House 2022), the current, polarized national political climate makes sweeping federal drug policy reform extremely unlikely. Such changes that occur over the next decade are likely to emerge at the state and local level and then be pursued at the federal level. This process is reflected in our nation's slow, incremental reforms to cannabis policy at the state level and is likely to occur in other aspects of drug policy as well.

In this article, we outline how and why shifts away from punitive approaches to substance use in Maine are both a safe bet politically and a solution that many Mainers see as central to saving lives and addressing our overdose crisis. Maine's 2022 election resulted in a resounding victory for incumbent Governor Janet T. Mills and the retention of Democratic control in both chambers of the legislature. Without the pressure of reelection, the governor has a unique opportunity to pursue an ambitious and multi-pronged approach to addressing substance use disorder. Our research suggests these are policies that many Mainers would strongly support.

METHODOLOGY

To understand the possibilities of drug policy reform in Maine, we administered an anonymous online survey on drug policy from July 28 to August 28, 2021. A total of 417 registered voters in Maine completed the survey. The sample margin of error for this survey was 4.8 percent, with a confidence interval of 95 percent. Respondents provided basic demographic information, along with information about their identity and beliefs such as religious affiliation, political party, and ideology (Table 1). Subsamples (e.g., Republican women, men aged 18–25) may have a higher margin of error.

The survey panel respondents were reasonably representative of Maine across several demographic categories such as age, household income, political affiliation, religious affiliation, educational attainment, parental status, and rural vs urban. However, there were a few areas where key demographic categories were overrepresented or underrepresented. First, we ended up oversampling women, with about 56 percent of our initial sample identifying as female and only 40 percent identifying as male (US Census Data for Maine, which frames the question as binary, shows roughly 51 percent female and 49 percent 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.

In addition, our survey sample slightly underrepresents racial and ethnic minorities. Conducting public opinion research in Maine can be challenging due to the state's lack of ethnic and racial diversity. 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. However, in the end, our results

TABLE 1: Sociodemographic Characteristics of Sample

	n	%
Gender		
Male	167	40.0
Female	236	56.6
Other (trans, gender queer)	14	3.4
Age		
18–24 years	26	6.2
25–44 years	133	31.9
45–64 years	136	32.6
65 years and older	122	29.3
Race/ethnicity		
Black/African American	2	0.5
Hispanic	5	1.2
White/Caucasian	407	97.6
Prefer not to answer	3	0.7
Annual household income		
Less than \$25,000	90	21.6
\$25,000–\$34,999	67	16.1
\$35,000–\$49,999	81	19.4
\$50,000–\$74,999	74	17.7
\$75,000–\$99,999	52	12.5
\$100,000–\$149,999	33	7.9
\$150,000 or more	13	3.1
Prefer not to answer	7	1.7
Education		
Some high school	13	3.1
High school diploma or equivalent	105	25.2
Some college, no degree	102	24.5
Associate degree	56	13.4
Bachelor's degree	83	19.9
Postgraduate degree	36	8.6
Trade/professional school	22	5.3
Political party		
Republican	110	26.4
Independent	138	33.1
Democrat	156	37.4
Other/prefer not to answer	13	3.1
Community demographics		
Rural	336	80.6
Semi-Urban	25	6.0
Urban	56	13.4

undersample some respondents of color (for instance, African Americans make up 1.3 percent of Maine’s electorate² but constitute only 0.5 percent of our sample). While our results still present a reliable snapshot of the policy views of Maine’s electorate, future research should work to examine the drug policy attitudes of Maine’s racial and ethnic minorities more closely.

To assess Mainers’ perspectives on policies related to substance use disorder, respondents were asked 13 questions about policy proposals for harm reduction and decriminalization specific to Maine, drawn from a recent report by Maine’s Coalition for Sensible Drug Policy (Leary 2016). Specifically, the survey focused on policies that (a) strengthen the social safety net, (b) enhance public health policy interventions related to substance use, (c) provide pathways to treatment, and (d) shift enforcement policies away from punitive, criminal approaches to those that treat substance use as a public health issue. The survey data were organized and analyzed using SPSS 24. Initial work involved cleaning the data and analyzing general trends evident in the data. In this article, we examine respondents’ perspectives on Maine-specific harm reduction and decriminalization policy recommendations.

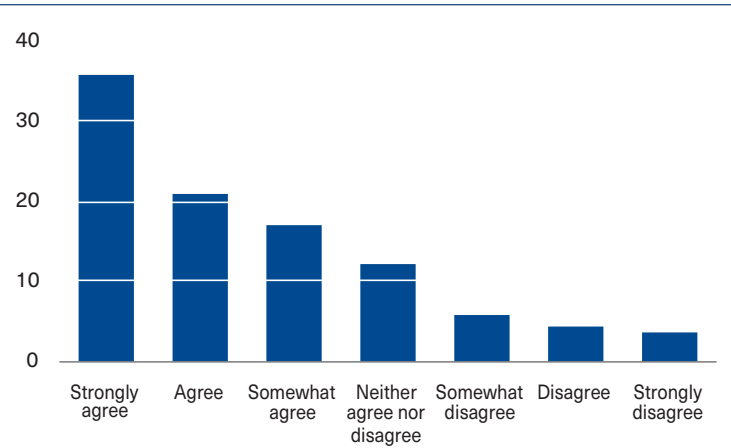
RESULTS

Our survey results suggest broad dissatisfaction with key dimensions of Maine’s past and existing drug policy approaches. Findings also suggest Mainers broadly support policy alternatives to criminalization, particularly policies centered on pathways to recovery instead of prosecution and incarceration for those struggling with substance use, albeit with important qualifications. Following is a detailed, descriptive analysis of our survey findings.

Alternatives to Criminalization

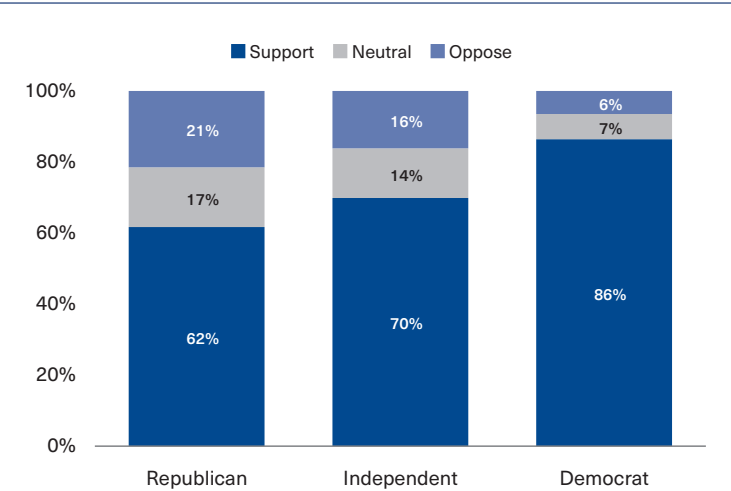
Mainers are strikingly united in their support for moving away from an enforcement-oriented approach to the possession of illicit substances for personal use (see Figure 1). Nearly 74 percent of survey respondents expressed agreement with an approach that would shift away from prosecution and incarceration for such offenses to community-based programs and services. Majority support was evident from

FIGURE 1: Support for Decriminalization of Drugs for Personal Use



Note: The question asked respondents to what extent they agreed or disagreed with diverting people out of the criminal justice system for nonviolent, low-level drug-related offenses to community-based programs and services (instead of jail and prosecution).

FIGURE 2: Support for Decriminalization by Political Party



respondents across a variety of demographic categories: age, gender, religious denomination, political affiliation, parental status, and more. Past research on the related, but narrower, policy issue of cannabis legalization has found independents tend to be the most supportive, followed by Democrats, and Republicans are least supportive (Felson et al. 2019). Here, a majority of respondents of every political affiliation expressed support for this measure (61 percent of Republicans, 70 percent of independents, and 86 percent of Democrats; see Figure 2).

Why does it matter?

Our results suggest a gap between Maine voters and policymakers, and respondents showed robust support for rethinking punitive approaches to substance use. First, these findings suggest broad support for statewide efforts at drug decriminalization. A 2021 legislative bill, LD 967, which would have made possession of nearly all drugs for personal use a civil rather than a criminal violation, failed in the Senate and faced opposition from the Mills administration (Gray 2021). Our results suggest that opposition to Maine’s decriminalization efforts may diverge from the opinions of most Maine voters. Likewise, these results suggest that a statewide referendum to restructure Maine’s drug laws could potentially win, as has happened in other states such as Oregon.

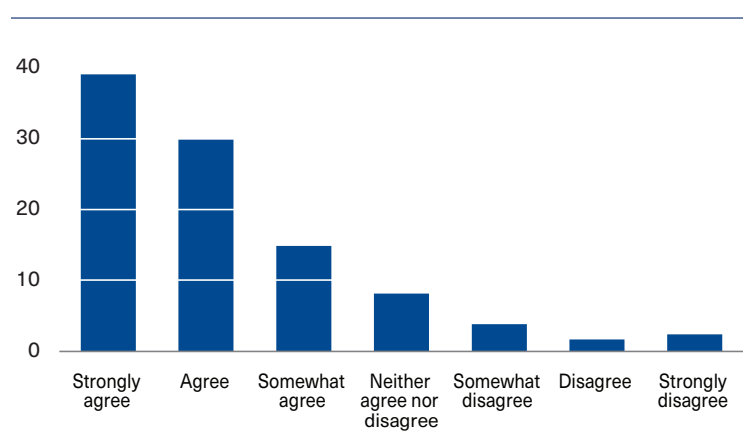
Second, given the intense polarization in American politics today, it is striking that majorities of all political affiliations support such a significant policy step in our survey. Recent national survey research has suggested that most Americans now support decriminalization, yet such national surveys tend to show most Republicans still opposing such reform. In contrast, many of our Republican respondents expressed support for decriminalization, which perhaps reflects the more libertarian, less socially conservative attitude of Maine’s Republicans.

Third, we see majority support for decriminalization across lots of other potential divides (e.g., gender identity, parental status, age). Even a healthy majority of those who identify as evangelical Protestants in our sample support decriminalization. In previous national survey work, they have typically been a group with the least reform-oriented drug policy attitudes (Kramer 2021).

Pathways to Recovery

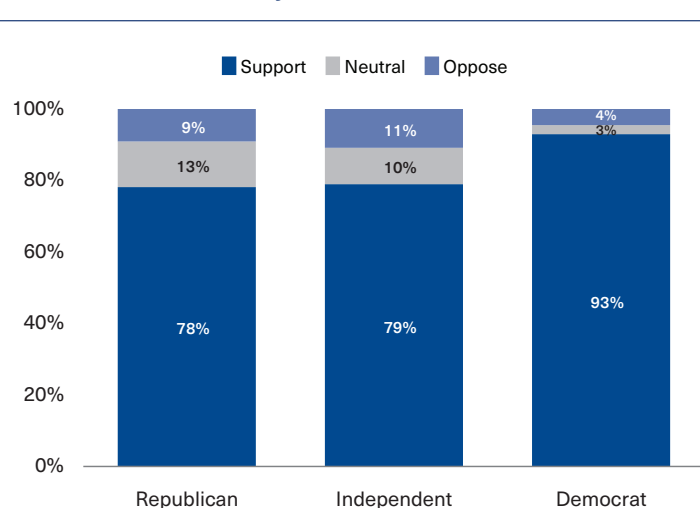
Data from our sample show strong support for policy initiatives aimed at facilitating recovery (see Figures 3 and 4). For instance, respondents strongly favored increasing access to case management services (over 84 percent support), access to substance use treatment (over 83 percent support), expanding access to medically monitored withdrawal or “detox” services (over 84 percent), and initiating and supporting recovery community centers (over 84 percent

FIGURE 3: Support for Substance Use Treatment Access



Note: The question asked the extent to which they agreed or disagreed with reducing barriers to accessing substance use treatment by investing in easy-to-access, flexible treatment programs (with additional supports for parents of young children).

FIGURE 4: Support for Substance Use Treatment Access by Political Party



support). Again, here, we see robust majority support across a range of demographics that past research has found salient in relation to the formation of policy attitudes. 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 percent of survey respondents expressed support (with over 65 percent expressing agreement or strong agreement). Only 7.5 percent of respondents expressed disagreement with this policy approach.

The survey also asked survey respondents about 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). Nearly 84 percent of respondents expressed agreement with this policy, with nearly 70 percent expressing agreement or strong agreement (notably, over 78 percent of Republican respondents expressed agreement with this policy). Just less than 8 percent of respondents expressed disagreement with this policy approach.

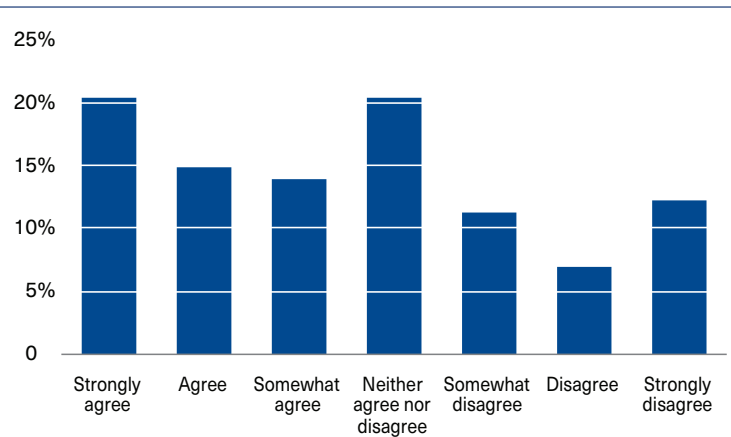
Why does this matter?

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 policies that would expand access to medically monitored withdrawal, facilitate entry into treatment (including medication-assisted treatment), and provide support, services, and community for those on their journey to recovery.

Unsurprisingly, political affiliation matters. Republicans are typically less supportive of such measures; however, the divergence is modest. When it comes to evidence-based interventions to facilitate recovery, Mainers are remarkably united. Despite this broad-based support across parties, we have seen attempts in Maine to politicize these issues, particularly medication-assisted treatment. Former Governor Paul LePage notably attacked the practice while in office. He publicly stated his intention to close the state’s methadone clinics and instituted a two-year cap on methadone and suboxone without a waiver (Sharon 2016). Additionally, he instituted more stringent requirements for those seeking medication-assisted treatment (Villeneuve 2016).

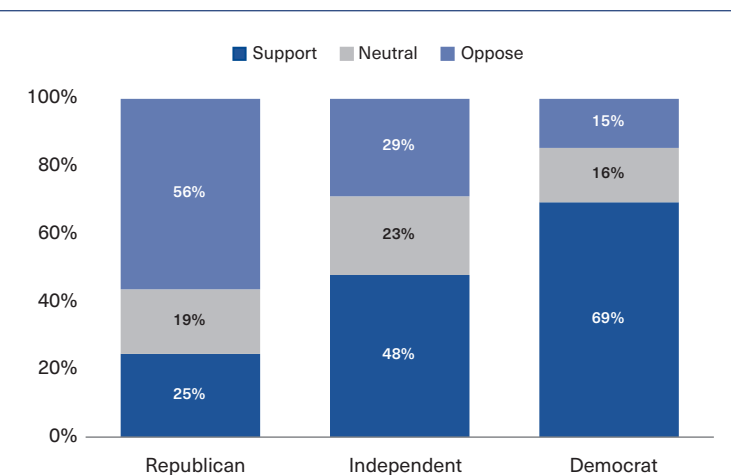
There are, however, significant barriers to finding access to medically monitored withdrawal treatment in Maine. At present, there are just two facilities in the entire state offering medically monitored withdrawal treatment covered by MaineCare. Combined, the two facilities have only 20 beds for Mainers (who rely on MaineCare) who are suffering the physical symptoms of withdrawal (Lundy 2022).

FIGURE 5: Support for Public Investment in Syringe Exchange



The question asked respondents to what extent they agreed or disagreed with public investment and support for syringe exchange in every county in Maine, with community and street-level support/outreach to people who use drugs.

FIGURE 6: Support for Public Investment in Syringe Exchange by Political Party



Harm Reduction

Mainers are less unified in their support for policies aimed to make drug use safer for those who continue to consume illicit substances, what is typically called “harm reduction” (see Figures 5 and 6). For instance, only 49.2 percent of respondents supported policies aimed at increasing access to and funding for syringe exchange programs. A sizable number of respondents, 30.5 percent, reacted negatively to such a proposal (i.e., answering “strongly disagree,” “somewhat disagree,” or “disagree”). While there was robust support for multiple proposals to prevent overdose deaths,

other measures aimed at reducing the risks associated with active substance use generated mixed support. Support varied in accordance with political affiliation, with Democrats showing more support for such measures.

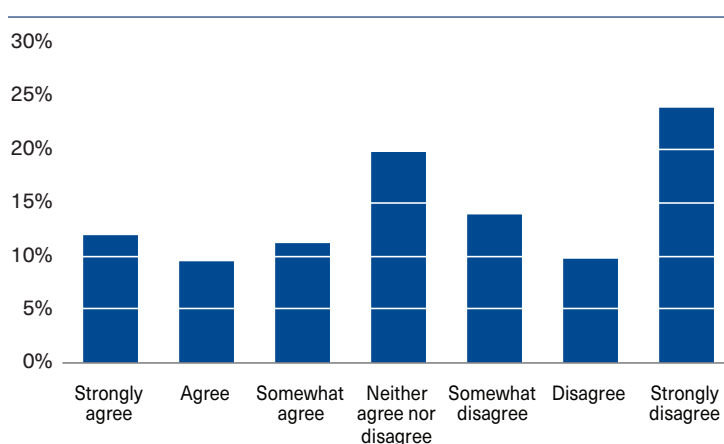
Access to needle exchange and safer consumption sites was the least favorable harm reduction measure among the survey respondents. Regarding access to needle exchange, just over 49 percent of our respondents expressed agreement with such a policy, with only 35.3 percent strongly agreeing or agreeing. Just over 30 percent disagreed with such an approach and over 20 percent were neutral (suggesting either they were unable to decide or needed more information). For this policy, partisan gaps widened, with 25 percent of Republicans, 48 percent of Independents, and 69 percent of Democrats expressing support.

Establishing safer consumption sites in Maine's major metropolitan areas was the most controversial proposal included in the survey (see Figures 7 and 8). The question explained that at such sites, 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. Among survey respondents, only 32.7 percent agreed with this policy, with just over 21 percent expressing strong agreement or agreement. Nearly 48 percent of respondents disagreed with this proposal. And nearly 20 percent 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 percent of Republicans supporting the measure as compared with 25 percent of Independents and just over 50 percent of Democrats.

Why does this matter?

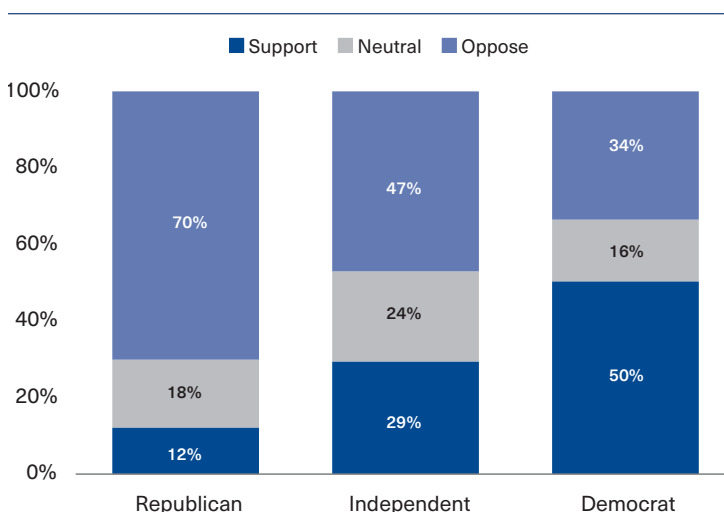
Mainers' attitudes toward a broad range of harm reduction measures suggest significant division on such policies. It is perhaps not surprising that naloxone distribution and education on its use is met with such favorable attitudes. Amid the ongoing overdose crisis, Mainers regularly encounter stories of individuals whose lives were saved through quick intervention and the use of naloxone. Nonetheless, partisan divides over its use are striking, with a

FIGURE 7: Support for Safer Consumption Sites in Maine



Note: The question asked respondents to what extent they agreed or disagreed with allowing and funding "safer consumption sites" in every major metropolitan area in Maine, where individuals who choose to take drugs can do so in a less risky environment with trained professionals to intervene in the event of complications and to provide information about treatment options.

FIGURE 8: Support for Safer Consumption Sites in Maine by Political Party



notable 51 percent gap between the percentage of Democratic support and Republican support.

The partisan divide is perhaps a function of the politicization of the issue in recent legislative sessions. In 2016, Governor LePage vetoed a bill that would have expanded access to Naloxone, though the veto was overridden by a healthy margin (Clauss 2016). LePage later stalled on rules to expand access unanimously approved by Maine's Board of Pharmacy (Miller 2018). In 2017, LePage introduced a

(failed) bill, LD 1558, to require municipal and county officials to charge individuals revived multiple times by Naloxone, with these officials facing fines if they refused to comply (Ricker 2017), a policy direction he returned to on the campaign trail in 2022. LePage also vetoed legislation (LD 324—An Act to Allow Corrections Officers to Administer Naloxone) to allow corrections officials to administer naloxone, which was again overridden by the legislature.

Partisan divides on harm reduction measures are 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 Democrats by 44 percent for safer consumption sites and 38 percent for syringe exchange. On both measures, healthy percentages of respondents remain undecided, which suggests that persistent advocacy and public education on this issue could increase support. Yet our results suggest that, in the short term, any policy movement on these issues is more likely in politically progressive municipalities, such as Portland or perhaps Bangor, than it is at the state level.

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 substance use disorder. The perspectives represented in our survey suggest that Mainers are ready for bold policy actions that shift away from punitive, criminal enforcement-oriented approaches to substance use. Mainers' appetites for such policy alternatives seems to have outpaced the relatively cautious approach of many Maine policymakers, creating a gap between the public's readiness for policy reforms and Augusta's current cautious approach to harm reduction.

Moreover, these results suggest that political rhetoric and policy positions rooted in stigmatization and dehumanization of those with substance use disorder are increasingly at odds with the evolving perspectives of Maine citizens. On key dimensions of policy reform, Mainers' views align with the broad reformism seen in national public opinion surveys (Pew Research Center 2014), but Maine voters may even be ahead of that curve. Perhaps Maine's unique ideological landscape, and the extent to which Mainers have been personally affected by substance use disorder, can be the catalyst for a bold set of reforms enacted by state and local

officials. Maine has previously been at the forefront of US states rethinking decades-old, punitive approaches to medical and recreational cannabis. In this new frontier of drug policy reform, the cost of inaction is literally life and death for hundreds of Mainers a year. Our results suggest that Maine once again stands ready to be an innovator and inform the approaches taken by other states on this challenging policy issue.

NOTES

- 1 See Maine Drug Data Hub for a visualization of these disparities: <https://mainedrugdata.org/find-local-resources/>.
- 2 https://www.census.gov/library/visualizations/2016/comm/electorate-profiles/cb16-tps34_voting_maine.html

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Aran Wollard graduated from the University of Maine in 2022 with a bachelor’s degree in sociology and minor in anthropology. He was awarded a competitive drug policy research fellowship in 2020; through this program, Aran learned to engage in nonpartisan analysis and research with community stakeholders and state legislators regarding Maine’s opioid epidemic.