

Meth

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be concentrated along the border, fueled by pseudoephedrine funneled in from out of state.

But the Oregon law may have made little difference in bringing about this decline. What the meth lab seizure data show is that meth production was already declining before the law took effect. Between 2004 and 2005, meth lab busts fell from 632 to 232.

A closer look at meth lab seizure data in neighboring California, Washington, Idaho and Nevada reveals that between 2004 and 2014 the entire region experienced a huge decline in local meth production.

Initially, Oregon saw a slowdown in the flow of meth. Even when law enforcement agencies across the country saw meth lab busts surge in 2008, Oregon police continued to encounter fewer labs.



Yet, meth remains as available in Oregon today as it was before the prescription-only law took effect because traffickers from Mexico flooded Oregon with meth after the local supply dried up, according to a 2014 report by the Oregon Department of Justice. As yet another sign that supply crackdowns never wipe out meth, Mexico had banned pseudoephedrine in 2007.

Drug agents in Oregon seized 578 pounds of meth in 2014, a dramatic increase from 157 pounds four years earlier, according to the Oregon Department of Justice report.

How high is demand?

It's hard to tell how widely meth is used in Maine. The state last conducted a drug and alcohol use survey in 2004, when 4 percent of Mainers had reportedly used meth at least once.

Even though meth lab busts have spiked since 2010, these are small, do-it-yourself labs that usually supply a handful of people rather than feed a large distribution network. So the spike doesn't necessarily suggest more Mainers have developed an appetite for the drug.

The data that are available suggest that the growth in meth labs doesn't necessarily signify a similar increase in use. Last year, 43 Mainers sought treatment for meth addiction, compared with 61 in 2006. The number of Mainers seeking treatment for meth addiction has generally trended downward over the last 10 years save for spikes in 2010, 2011 and 2014.

Among younger Mainers, meth use appears to be uncommon and declining, according to the Maine Integrated Youth Survey. Use among high schoolers across the state between 2009 and 2015 fell from 7.3 percent to 3.3 percent.

Public health officials in several states have rolled out education campaigns with the aim of reducing meth use among teens. The Montana Meth Project, for example, uses an aggressive campaign of television, internet and radio ads that depict the graphic health consequences of meth use. In a 2008 report, the Montana attorney general credited the program with reducing the prevalence of meth use among teens from 8.3 percent in 2005 to 4.6 percent in 2007.

The 2015 Montana Youth Risk Behavior Survey suggests teen meth use has continued to decline in that state; only 3 percent of Montana teens reported using meth at least once in the last year.

Based on this success, seven other states now participate in the Meth Project. Maine hasn't launched a similar campaign, but Healthy Aroostook Drug Free Communities is considering an education campaign modeled after the Montana Meth Project aimed at reducing teen meth use in the Maine county hardest hit by meth.

Recovery has allowed me to survive and thrive

Despite the stigma of addiction, I no longer keep my past a secret

BY CHRISTOPHER POULOS
SPECIAL TO THE BDN

A year ago, I wouldn't have dreamed of writing so candidly about my own struggles.

My willingness to openly discuss that I was once addicted to alcohol and drugs began on Oct. 9, 2014. I was a newly appointed member of the city of Portland's Substance Use Disorder Task Force, and Michael Botticelli, director of the White House Office of National Drug Control Policy, attended our meeting.

Botticelli explained that he was in long-term recovery from addiction. In front of everybody, he told his personal story. That level of honesty and openness was completely new to me. Until that moment, I believed I was supposed to keep my past a closely held secret, lest people judge me. I was told, and believed, that being open about my past would cost me personally and professionally. But when I heard the director of our nation's drug policy openly share his own experience, I began to challenge those beliefs.

Several months later, I was beginning a fellowship at The Sentencing Project in Washington, D.C., and I met Botticelli again. We were both at an event on addiction recovery. People were talking openly about being in recovery, and some even spoke of having been incarcerated. I had never before seen anything like this, and I could not believe it. There was no stigma or shame. No one was hiding. These people, who are part of a global recovery movement and community, saw addiction as a treatable condition rather than a moral failing. The honesty and openness nearly brought me to tears. Everything I thought I knew about addiction was being challenged. The walls I had built, based on society's norms and my own fear and misperceptions, came tumbling down. I stood up, and for the first time ever said, "My name is Christopher Poulos, and I'm a person in long-term recovery."

That means that I have not found it necessary to use any type of mood-altering substance for more than seven years. I am now an active member of my family and my community. Recovery has allowed me to graduate from college, attend law school, and even represent juveniles facing criminal charges in the same courthouse where I was once a defendant.

Despite my changed behavior and accomplishments, I still encounter many challenges. People

who have faced addiction face incredible barriers — particularly if they have a record of arrests or convictions. Once labeled as drug abusers, addicts or felons, it does not matter what else people have done in their lives. These labels can outweigh all else.

The language we use when speaking about people with or in recovery from addiction makes a difference. It can make it either easier or harder for people to acknowledge the issue and seek help; it can either increase or decrease the likelihood of recovery. This is not about political correctness; it is about treating people like human beings, which leads to higher confidence, less resistance to seeking help, better care and ultimately better results.

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A study by Dr. John Kelly of Harvard Medical School involving more than 500 mental health and addiction professionals found that clinicians were significantly more likely to judge the subject as more deserving of blame and punishment when identified as a "substance abuser" than when he was described as "having a substance use disorder." The American Medical Association and other prominent bodies have long recognized addiction as a treatable health condition, rather than a moral failing.

We wouldn't call someone with a heart condition a food abuser. We would call him or her a patient. Substance use disorders should not provide an exception to the way we normally treat people. I often find that many still view addiction as nothing more than a moral flaw, a weakness. Accurately describing addiction as a treatable health condition does not mitigate personal responsibility for seeking help. Just as some people with diabetes may need to regularly take insulin, people with substance use disorders often regularly need to take certain steps to treat their condition and sustain remission, such as taking medication as prescribed, or participating in mutual aid meetings such



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Overcoming addiction and a felony record, Christopher R. Poulos is forging a new legal career.

as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery or Women for Sobriety.

Brain imaging studies have begun to map how addiction manifests in the brain. It suppresses the functioning of the brain areas responsible for judgment and impulse control and hijacks the system responsible for basic survival drives for things such as food, water, sex and sleep. My willpower alone was not enough to stop it — and I had no lack of willpower. For me, it took a combination of treatment and a spiritual solution. Active addiction is not a glamorous life. If it were easy to "just stop," people would. Using accurate and non-stigmatizing language is one simple way to encourage people to seek help rather than isolate due to shame or fear of judgment. There are sometimes very legitimate concerns about the effects that disclosing one's condition could have on one's career, standing and family.

The collateral consequences of criminal convictions and the stigma surrounding addiction serve to hamper successful recovery rather than foster it. They are interconnected, for these consequences are often intended to dissuade people from using drugs. But people impacted by addiction are impaired in their ability to act in their own interest or to act in accordance with the values they once held most dear. Often the public perception around addiction is based either on the notion that those struggling "could stop if they really wanted to" and that they're essentially bad or untrustworthy people and should not be trusted with full membership in the community. From a practical

standpoint, it makes sense to implement policies that further recovery. A person in recovery has the ability to be a productive member of society. When we prevent people from fully re-joining and contributing to the community, it hurts everyone.

We can also eliminate the stigma of addiction by showing the power of recovery. I am but one of millions of people in long-term recovery in the United States. Organizations such as Young People in Recovery, Faces and Voices of Recovery, and Facing Addiction are helping build recovery-ready communities that focus not only on prevention and treatment, but also on establishing long-term support systems necessary to embrace people attempting to achieve and sustain recovery from addiction and that fundamentally shift the way addiction is viewed and addressed.

I frequently meet people who express how "happy they are" for me, and others like me, who have recovered from addiction. But these same people still often remain unwilling to fully welcome us into their lives — whether it be for employment, housing, or even friendship. When people cautioned me to keep my past quiet because it could cost me personally and professionally, they were right. I have lost opportunities.

But with millions of people suffering from addiction and millions of people incarcerated, my conscience simply will not allow me to remain silent. We are worth saving. We do recover.

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Women

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are led by single moms with children under the age of 18, and 93 percent of households include women. These households are losing \$10,000 per year (median), or \$400,000 in a 40-year working lifetime. That adds up to billions of dollars in lost earnings across the state.

Lost earnings mean lost opportunity for local spending and economic growth. The 2015 Report on the Status of Women & Girls in Maine, prepared by Maine's Permanent Commission on the Status of Women, provides a more detailed analysis of issues Maine women face and potential policy solutions to help overcome these issues.

The pay gap is detrimental to Maine women and thus also Maine families. While it is illegal in Maine to discriminate on the basis of sex (or race, physical or mental disability, national origin, sexual orientation, HIV status, and gender identity or expression), nationwide, the unexplained 7 percent of the wage gap is often not because of direct or intentional discrimina-

tion. Much of this gap is instead likely because of a culture that encourages men to be forward about their talents and forthright in their requests for promotions — and that simultaneously labels women who behave similarly as bossy, bitchy or otherwise undesirable.

This means that in discussing women's livelihood in Maine, we should be discussing the culture of our communities.

Here in Bangor, children see that men and women are doctors, business owners, teachers, school administrators, and city, state and national representatives. In downtown Bangor, many businesses are owned by women, and, as Summer Allen, owner of Valentine Footwear, notes, women may even have more opportunities to open a shop than in a larger city such as Portland. In many ways, Bangor women are thriving.

But at the same time, we know that parts of Bangor struggle economically. We also know that, on average, our population is older than any other state in the union, and that an aging population creates unique problems for families and often especially for women. But even with these pressing problems, one reason that Maine rated

so highly with WalletHub is women's health care.

Bangor's Mabel Wadsworth Center offers health services, including abortion, for women in eastern and northern Maine — many of whom struggle economically. Andrea Irwin, executive director for the Mabel Wadsworth Center, stresses just how unique the center is. It is just one of 14 nonprofit, feminist medical centers in the U.S. that depends on private fundraising rather than government funds. Keeping the Mabel Wadsworth center separate from politics has ensured that women get affordable medical care over their entire lifespan.

Whether we decide we are four out of 50 or just a "C+," we can use reports like WalletHub's to initiate conversation about women's "economic and social well-being" — and stress that this conversation bears directly on Maine's health, growth and prosperity.

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drug laws that have resulted in the mass incarceration of people of color on the books.

And to compound an already sad scenario, you deprive yourself of new insights into the world and intimacy with people who don't experience life exactly as you do.

Take a second and ask if you've actually considered any other perspective. You don't have to agree, but at least try to hear

For people who are still skeptical of all this talk of "white privilege" and for those who think that "safe spaces" are only a plea from whiny children, I recently heard a young, drunk white man yell, "I'm not going to go to jail because I'm white" as he was kicked out of a bar. It was the second time that week when I heard a white man outwardly celebrate and flaunt his privilege.

I haven't always known what to do with what I've learned by listening. And sometimes it feels uncomfortable or scary. But that's a normal and standard setting for so many people. It's a luxury to only feel that some of the time. It's my luxury. But instead of avoiding that feeling by shutting it out, let's just try to be stronger and be there for each other.

We are a beautiful, complicated and messed up people. Let's try to be better.

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