The state has hired more drug agents, which has led to many more arrests and heroin seizures, [but those efforts didn’t address demand](http://www.pressherald.com/2015/12/06/the-heroin-trail-from-mexico-to-maine/) or stop the overdose death rate from rising.

Perhaps the biggest barrier to overcome remains societal perceptions. Though a well-documented body of scientific research shows that addiction is a chronic disease of the brain, many still see it as a choice, a bad behavior that represents a character flaw or moral weakness. From this perspective, addiction is not a condition to be treated but a stigma to be hidden or denied.

Others, however, say every day that passes is a missed opportunity to save lives. They say the solution isn’t one thing. It’s more of everything. More treatment beds. More medication-assisted treatment. More education and prevention. More money for people who don’t have insurance. And mostly, more compassion.

Because recovery isn’t a straight line. People stumble and fall. Sometimes they stumble and fall many times.

“It’s so important for individuals to step up and share their stories,” he said. “They remind us that we can’t be satisfied with incremental progress. Because lives are at stake.”

Collectively, they revealed much: that people know very little about opioids until they are forced to learn; that opioids take over a person’s life in a way no other substance can; that effective treatment is hard to find and even harder to pay for; that addiction can happen in any family.

Because often lost in the debate over addiction policy – a debate sometimes driven more by ideology than scientifically sound practices – is the human impact of the opioid crisis.

Families are left to agonize about what went wrong. Children grow up without a parent. Lives are fractured, perhaps irreparably.

Experts who have studied the epidemic for years have concluded that the investment in treatment has the biggest payoff. The return for every $1 spent on treatment is $4 to $5 saved on health care and as much as $7 on law enforcement, according to estimates by the U.S. Substance Abuse and Mental Health Services Administration.

In addition to relatively flat funding of treatment, it was only last year that lawmakers overrode a LePage veto to provide funds for needle exchanges, and little state money has been committed for Narcan – both of which are proven to reduce harm and save lives.