

MAINE STATE LEGISLATURE

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Maine Office of Substance Abuse
OSA

Maine Department of Health and Human Services

www.maineosa.org

2006

Annual

Report



A MESSAGE FROM THE COMMISSIONER

OSA should really be called the Office of Doing More with Less. Whether it is working across departments, with other offices within DHHS, or with contractors, OSA constantly seeks partnerships to help further its goals and to creatively leverage resources, stretching its dollars as far as they can go.

OSA began the second phase of their parent media campaign on underage drinking called Find Out More, Do More this summer. Their media buy included matching contributions from many of the media companies in Maine including Time Warner. Time Warner has offered to produce and host information segments on their Community Info Channel. Similar to Video on Demand, the Community Info Channel is a channel that can be accessed by any cable subscriber. Watching the videos (or showing them at events) will be at no additional charge to the subscriber. The videos will be available to all Time Warner customers statewide. Partnerships such as these allow OSA to make the most of the funds that they have.

Just in the past year, OSA has embodied the spirit of integration within the Department through a series of cross system efforts, a couple of which I will highlight. OSA worked with the Office of Child and Family Services' Child Protection Unit to bring an effective model of service to families involved with the child protective system. This joint project works with the court system to provide an immediate response to substance abusing parents who are neglecting or abusing their children by providing a family drug court model to engage parents in treatment as soon as their children are removed, rather than the three or four months it has historically taken. This model will be piloted in Kennebec and Lincoln Counties, with the goal of taking it statewide within a year.

OSA has worked with the Office of Adult Mental Health Services to implement policies and procedures that make treatment more effective for people with both psychiatric and substance use disorders. This process, which involves the active engagement of treatment providers, has led to more integrated care for a particularly vulnerable population. Next steps include a rewrite of licensing regulations so that they are more coordinated and streamlined and a review of the cost benefits of providing integrated treatment.

OSA has also worked extensively with the Maine Center for Disease Control and Prevention (ME CDC&P) to ensure that their prevention activities are coordinated. One major success this year was to complete the transition to a single reporting system for both OSA funded and ME CDC&P Healthy Maine Partnership funded prevention services. Now providers that do work on tobacco, alcohol and other drug prevention as well as obesity and diabetes prevention use a single reporting system rather than the multiple reporting systems that they had used previously.

These behind-the-scenes partnerships have significantly increased the level of service available to those we serve and have done so in an efficient, productive and cost-effective way. This approach to our work is pivotal in helping the Department achieve its mission of providing integrated health and human services to the people of Maine.



Brenda Harvey
Commissioner
Maine Department of
Health & Human Services

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KIMBERLY A. JOHNSON RECEIVES PRESTIGIOUS NATIONAL AWARD

In April, Kimberly Johnson, director of DHHS' Office of Substance Abuse (OSA), was awarded the prestigious 2006 "Friend of the Field Award" in Atlanta at the National Conference of the American Association for the Treatment of Opioid Dependence, Inc. (AATOD).

The Friend of the Field Award was established by the American Association for the Treatment of Opioid Dependence Board of Directors. This award recognizes extraordinary contributions to the field of methadone treatment by an individual or institution whose work, although not directly related to methadone treatment, has had a significant impact on our field.

"Ms. Johnson's contributions to providing access to methadone treatment services is the result of her being able to create a consensus among all parties to find the best solution for patients in need of care, the surrounding communities and treatment providers," said Mark Parrino, MPA, President of AATOD, "The true value of Johnson's commitment to this work is to be certain that patients get access to the best quality treatment that is available. In this regard, the interests of the community are safeguarded."

Previous awardees of the AATOD's Friend of the Field Award are: Dr. John Ball, Dr. Enoch Gordis, Mr. Joseph M. Hill, Hon. Edward M. Kennedy, Dr. Alan I. Leshner, Gen. Barry R. McCaffrey, Dr. James Oleske, Dr. Charles R. Schuster, and the Legal Action Center.



UNDERAGE DRINKING SUMMITS

This past spring, communities from York to Fort Kent came together to discuss Maine's most serious drug problem – underage drinking. Twenty-seven summits shared the message, "Underage drinking is a community problem and it needs a community solution." These summits were part of a national effort sponsored by the Substance Abuse and Mental Health Services Administration. Participants heard about the scope of Maine's underage drinking problem from state leaders such as Attorney General Steven Rowe and OSA Director Kim Johnson, and received a local perspective from young people, law enforcement, parents, substance abuse professionals, school officials, and other community leaders. Governor John Baldacci and First Lady Karen Baldacci opened the summits through a video created by OSA, asking audiences to get their entire communities involved and "help us reduce the sometimes tragic and always avoidable effects of underage drinking." These summits were an overwhelming success in Maine, and as a result, communities are taking a closer look at the messages they are sending their young people about underage drinking and are working together to prevent this serious problem.

SPECIAL ACCOMPLISHMENTS SFY 2006

CO-OCCURRING STATE INCENTIVE GRANT AWARD



OSA was awarded a Co-occurring State Incentive Grant (COSIG), a SAMHSA funded project called the Maine COSII or COSII. This program focuses on building, delivering and sustaining effective substance abuse treatment and mental health services to people with co-occurring substance abuse and mental health disorders through needs assessment, capacity building, strategic planning, evidence-based programming, monitoring and evaluation. The program will fund thirty agency pilot sites to implement new co-occurring approaches over the three-year course of the grant. With these dual disorders affecting an estimated 10,000 people in Maine, this work will be extremely important in establishing the necessary groundwork to remove barriers to integrated treatment.

DIFFERENTIAL SUBSTANCE ABUSE TREATMENT

OSA has been working collaboratively with the MDOC over the last five years to build a network of evidence-based treatment services for adult criminal justice referrals. Differential Substance Abuse Treatment (DSAT) system is the model of treatment used for adult drug treatment court clients, and it is the core of treatment in the institutional and community-based corrections systems. A Correctional Program Assessment Inventory or CPAI was conducted at the Men's Therapeutic Community Program at the Maine Correctional Facility in Windham during SFY 2005. The CPAI program score for this program evaluation was the highest received by any program assessed nation wide to date. OSA continues to monitor the integrity of implementation and fidelity of the DSAT program. Four DSAT Trainers and 9 clinicians were DSAT certified this year. Twenty eight providers are delivering the program in nine agencies statewide.

DEPARTMENT OF HEALTH & HUMAN SERVICES
OSA Office of Substance Abuse
 STATE OF MAINE

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OFFICE INFORMATION

- Find Help
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- Criminal Justice
- Fiscal & Contracting

Providing leadership in substance abuse prevention, intervention and treatment.

Welcome to the Office of Substance Abuse

Whether you are someone seeking services for yourself or a loved one, an employer looking for workplace solutions, a school system looking at your community's latest student data, or a student doing research for a paper, we hope you will find this web site useful and informative.

Please email us at osa.ircosa@maine.gov if you need assistance accessing any information. We are here to assist you.

DIRECTOR'S UPDATE



Kimberly A. Johnson

What's New at OSA

SPECIAL ACCOMPLISHMENTS SFY 2006

OSA WEB SITE RE-DESIGNED

The Office of Substance Abuse web page went through a major revision process. The new site added more comprehensive information, more downloads – more access. All sections were redesigned and enhanced, and new entries to the site include: News Releases, Program Site Map, MethWatch, and DEEP provider and client forms.

OSA READIES SECOND PARENT MEDIA CAMPAIGN:

The parent media campaign, called Find Out More, Do More was developed based on the results of a survey of parents with students in grades 8-12. Parents were polled in a statewide telephone survey conducted by Strategic Marketing Services of Portland. Parent data was contrasted with results for 8-12th graders from the 2006 Maine Youth Drug and Alcohol Use Survey (MYDAUS), in which teens reported on similar issues. Find Out More, Do More centers on practical tips, and provides a starting point for strengthening parental monitoring of teen behavior and alcohol use. This is a comprehensive media campaign targeting parents of teens through television ads, brochures, school informational sessions, media outreach, and www.maineparents.net. The campaign is scheduled for kick off in the fall of 2006.

WHAT IS OUR MISSION?

THE MISSION OF THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Our purpose is to provide integrated health and human services that effectively meet the needs of Maine people and communities.

THE MISSION OF THE MAINE OFFICE OF SUBSTANCE ABUSE

The Maine Office of Substance Abuse (OSA) is the single state administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance abuse services.

OSA provides leadership in substance abuse prevention, intervention, and treatment. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse and dependency.

**TO CARRY FORTH OUR MISSION,
THE OFFICE OF SUBSTANCE ABUSE WILL:**

- Move the field forward by using effective evidence-based strategies
- Have a full continuum of services accessible to all people in Maine
- Reach out to other fields that overlap/intersect ours
- Make data-driven decisions
- Improve accountability and performance through funding decisions
- Make the creation of web-based access for OSA programs and services a priority
- Increase the visibility and public awareness of OSA goals

WHOM DO WE SERVE?

THROUGH PREVENTION

The Prevention Team works to prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine.

IN 2006 PROGRAMS INCLUDED:

Essential Prevention Services – 18 local contracts plus three serving a statewide or multi-region area: Youth Empowerment and Policy Project, Maine Environmental Substance Abuse Prevention Center, Youthlead – Kids' Consortium Service Learning Initiative

Maine Youth Voices – 14 youth groups working on underage drinking around the state

MaineParents.net – media campaign and other support for parents of Maine teenagers

Project Sticker Shock – furnishing educational campaign with stickers and posters for use in stores

Substance Abuse and the Workplace – building healthy employees and reducing costs through prevention

Resources for Law Enforcement – model policy on underage drinking, booklets to assist with educating the community

Safe and Drug-Free Schools and Communities – programming for schools throughout Maine as well as high needs grants

Higher Education Alcohol Prevention Project – college level initiative supporting prevention on Maine's campuses

One ME: Stand United for Prevention – prevention through community coalitions

Strategic Prevention Framework State Incentive Grant – developing statewide infrastructure to further prevention

Inhalant Abuse Prevention Task Force – integrating inhalant abuse prevention throughout current programs

Reconnecting Youth – training for secondary teachers in Maine to implement this curriculum for substance abuse and youth suicide prevention among high-risk youth

Protecting You, Protecting Me – alcohol prevention curriculum training for elementary teachers – focuses on brain science and safety for young students

WHOM DO WE SERVE?

Intervention initiatives target people at risk or in the early stages of problem development in order to reduce recidivism and minimize future problems. Two such programs at OSA are:

Maine's Driver Education and Evaluation Programs (DEEP) are the State of Maine's countermeasures for individuals who have had one or more alcohol- and/or other drug-related motor vehicle offenses. DEEP's programs are designed to provide a therapeutic intervention into the cause of the behavior that resulted in the impaired driving offense in order to prevent future offenses.

Maine's Prescription Monitoring Program (PMP) was established in July 2004 in an effort to better address the rapid acceleration of prescription drug abuse. The PMP is a computerized database into which all prescription data for Schedule II – IV drugs is entered and analyzed for possible excess use. OSA is working with both pharmacies and health care providers to make this reporting system a valuable tool in protecting the health and welfare of the citizens of Maine.

The Treatment Team provides technical assistance to providers around program development, implementation, and best practices in alcohol and drug treatment programs. Treatment Team representatives are also involved in a wide range of inter-agency workgroups and committees on treatment, evidence-based practices, co-occurring disorders, and access to a full continuum of treatment services statewide.

TREATMENT TEAM PURPOSE & INITIATIVES

Increase access to quality substance abuse and co-occurring services through collaboration and work across systems and agencies

Provide leadership and support in the development and maintenance of high quality best practices across a complete continuum of substance abuse/co-occurring services

Workforce Development, education, and mentoring

Evidence-Based Practice training, technical assistance, and certification

Criminal Justice Programming for Drug Treatment Court, Diversion, and Corrections

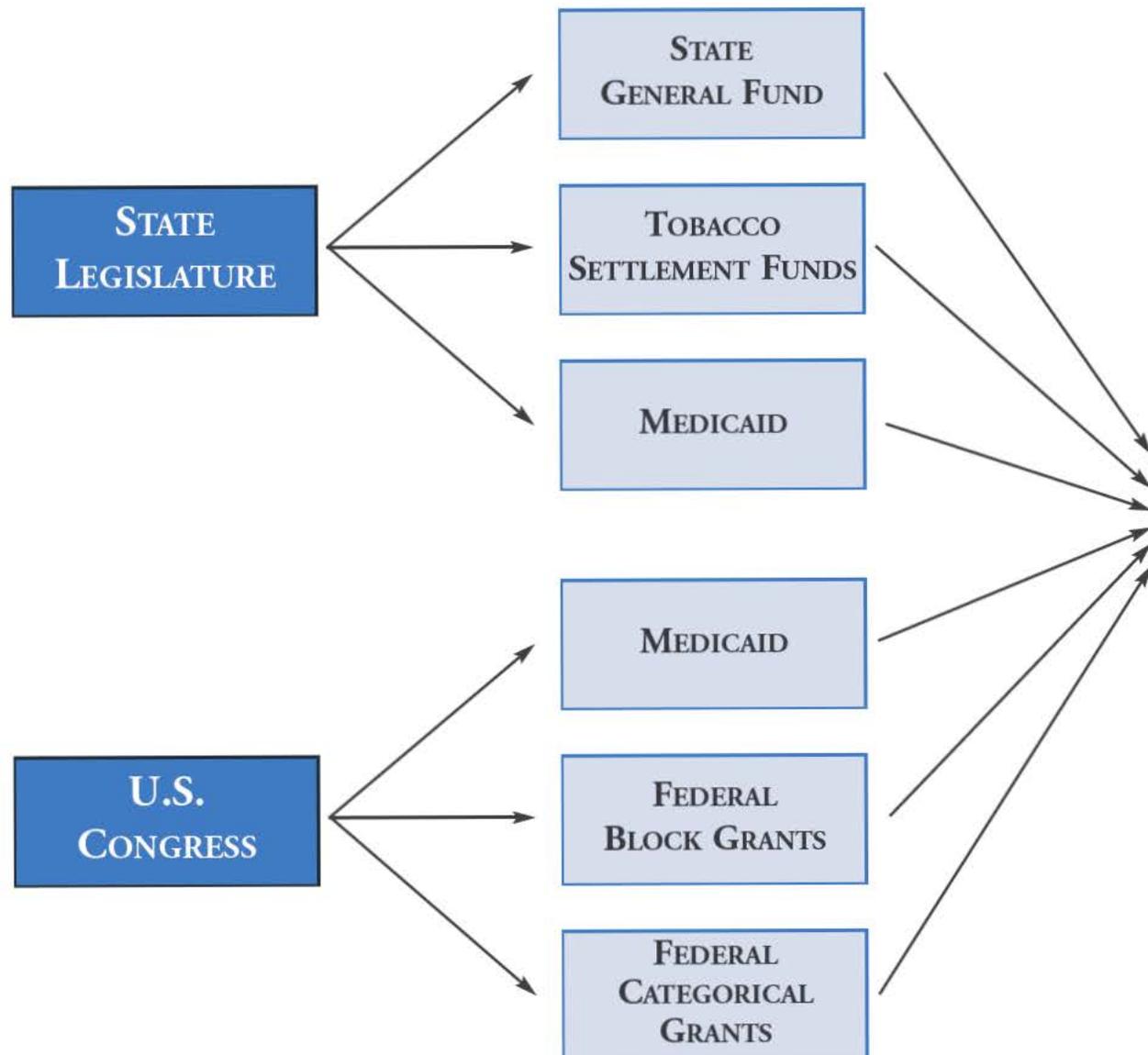
THROUGH INTERVENTION

THROUGH TREATMENT

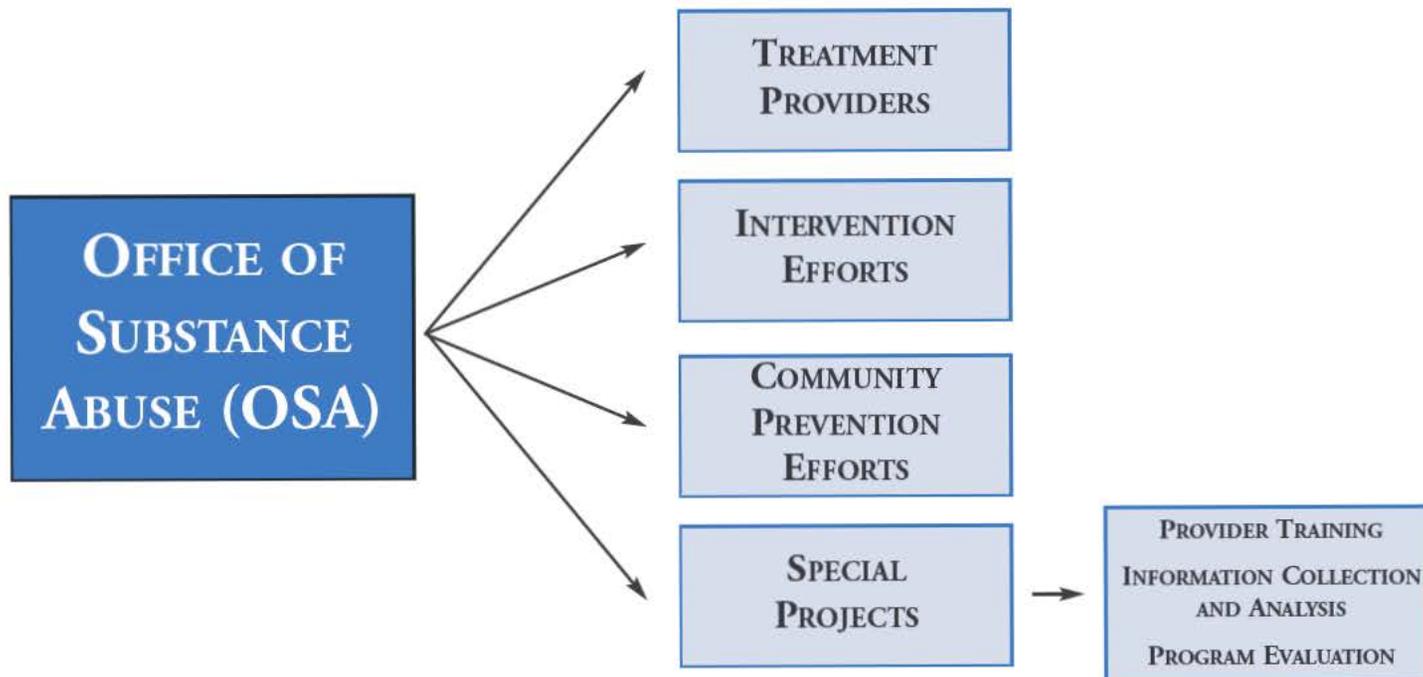
HOW IS OSA FUNDED?

OSA serves as the single state administrative authority for the delivery of substance abuse prevention, intervention, and treatment services.

OSA is responsible for contract management, data collection, quality assurance, policy administration, and professional development.



HOW DOES OSA USE FUNDS?



OSA provides funds for services through contracts with agencies statewide and provides oversight and technical assistance to contracted agencies.

OSA does not provide any direct services. It also does not provide money directly to individuals to receive services.

OSA REVENUE & EXPENDITURES

Through contracts with community-based providers, OSA provides a wide range of treatment services in the following categories:

Treatment Services

- Detoxification
- Intensive Outpatient
- Outpatient Services
- Residential Rehabilitation
- Extended Shelter
- Extended Care
- Halfway House
- Medication-Assisted Treatment
- Pregnant and Parenting Women's Services

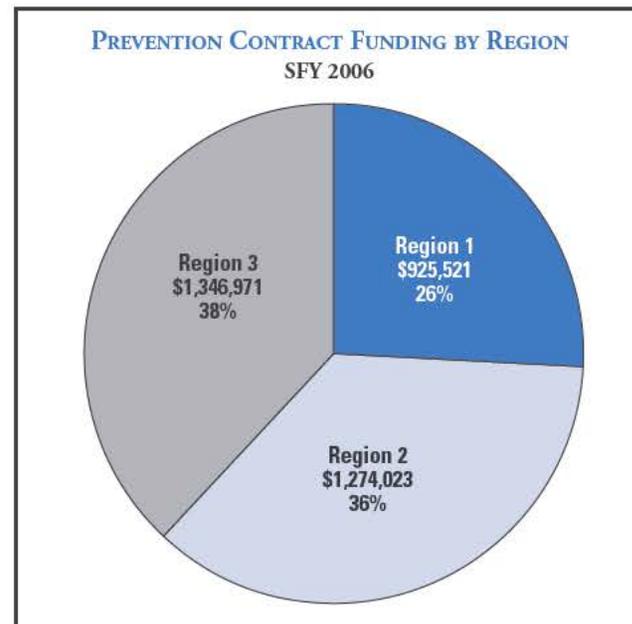
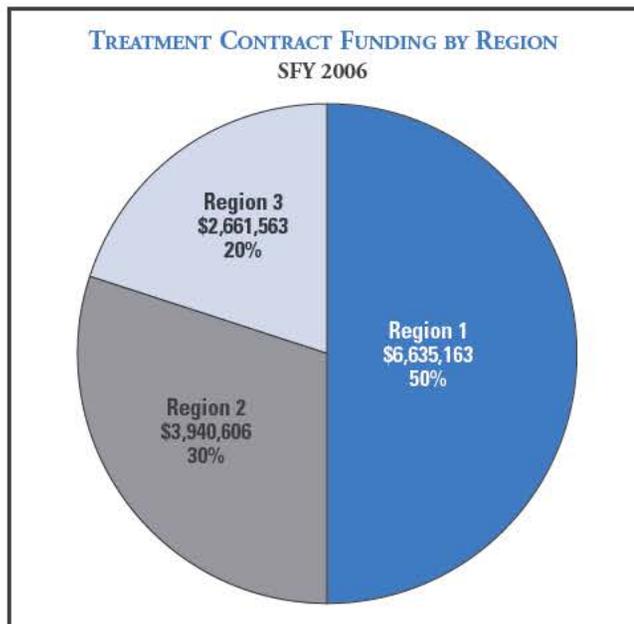
STATEMENT OF REVENUES & EXPENDITURES Year End Comparison, June 30

	SFY 2005	SFY 2006
REVENUES		
State General Funds	\$5,334,726	\$7,037,704
Driver Education & Evaluation	1,242,474	1,255,600
MaineCare Match - State General Funds	1,767,908	3,351,350
MaineCare Match - FHM Funds	1,448,077	1,221,158
Federal Categorical Grants	3,499,161	3,456,151
Federal Safe & Drug Free Schools	2,089,521	2,096,703
Federal Substance Abuse Prevention and Treatment Block Grant	6,749,697	6,680,554
Fund for Healthy Maine (FHM)	4,044,748	3,897,682
Total Revenues	\$26,176,313	\$28,996,902
EXPENDITURES		
Grants with Treatment Agencies	\$11,956,848	\$13,593,858
MaineCare State Match - Treatment	3,215,985	4,572,508
Grants with Prevention Agencies	6,874,010	5,645,249
Driver Education & Evaluation Program	1,242,474	1,255,600
Prescription Monitoring Program	232,794	319,735
Provider Agency Training	391,462	194,777
Media Campaign	74,602	134,105
General Operations	2,188,138	3,281,071
Total Expenditures	\$26,176,313	\$28,996,902

OSA FUNDED TREATMENT AND PREVENTION PROGRAMS BY REGION

	Prevention Programs	Treatment Programs
Region 1 – Southern	28	21
Region 2 – Central and Mid-coastal	42	25
Region 3 – Northern and Downeast	<u>62</u>	<u>15</u>
Total	132	61

Funding by region for these contracted programs is shown below. In addition to these programs, there were numerous specific initiatives throughout the State funded with federal categorical awards, which are reflected in the totals above, but not in the graphs that follow.



Prevention dollars support many local initiatives. In 2006, OSA contracts supported alternative school and weekend programs, programming for high-risk youth, environmental strategies, community building, school curricula, parenting programming, mentoring, coalition building, underage drinking enforcement initiatives, and healthy workplace initiatives.

OSA also provides Training/Technical Assistance, as well as Information & Referral services through both the Information and Resource Center and prevention and treatment team staff.

PREVENTION SERVICES

In addition to substance abuse prevention, OSA also promotes violence prevention through the Safe and Drug Free Schools Program by funding school violence prevention programs; schools are required to electronically report their school incidence of prohibited behaviors to OSA annually. Some highlights from the most recent report include:

- Maine schools reported a total of 12,379 reportable incidents of substance use or violence in this school year
- Of those incidents, weapons-related incidents were 2% of that total
- Drug-related policy violations comprised 20% of the total incidents reported in all schools
- A total of 89 bomb threats were reported from 48 Maine public schools or 7.4%

For a complete Report on Incidence of Prohibited Behavior and Drug and Violence Prevention, go to www.mainedfscs.org and click on "Incident (IPB) Information" at the top.

PREVENTION TEAM VISION:

"A public untouched by substance abuse."

PREVENTION TEAM MISSION:

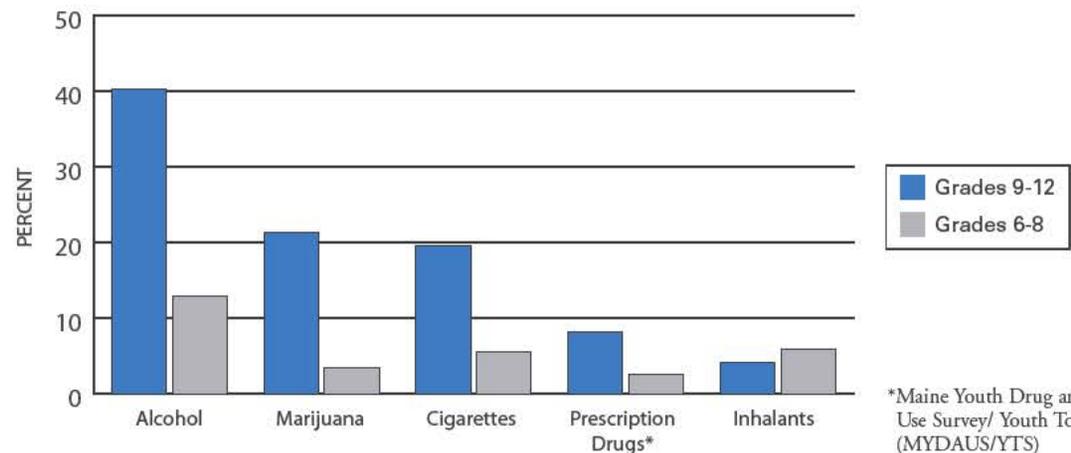
"To prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine."

Prevention is the active assertive process of creating conditions that promote well-being.

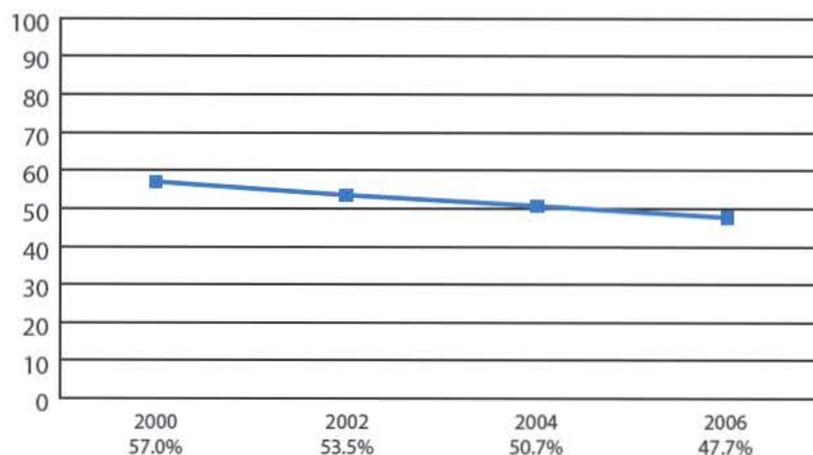
OSA's approach to substance abuse prevention uses evidence-based concepts, tools, skills, and strategies which reduce the risk of alcohol and other drug-related problems.

While OSA's prevention programs cover all segments of the population at risk for drug and alcohol use and abuse, a primary focus is on underage youth, particularly those who have not yet begun to use or are experimenting. Research indicates that youth who start drinking by age 15 are four times more likely to end up alcohol dependent than those who wait until after age 21.

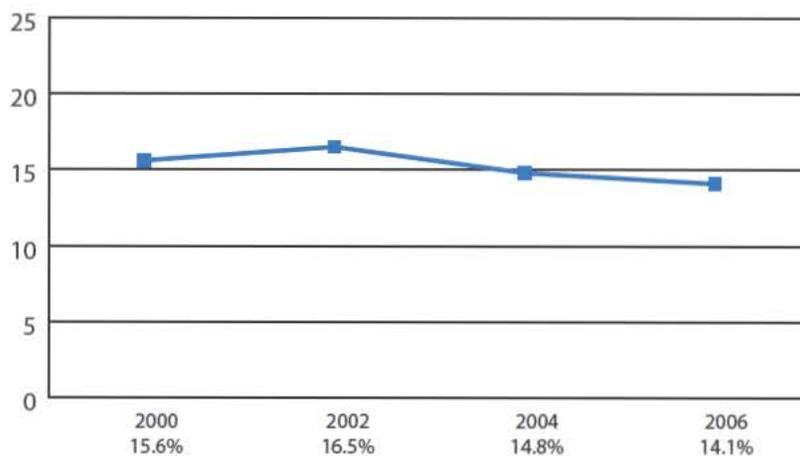
PAST 30-DAY SUBSTANCE USE, GRADES 6-12 – 2006 MYDAUS/YTS



LIFETIME ALCOHOL USE, GRADES 6-12 – 2006 MYDAUS/YTS



PAST 30-DAY MARIJUANA USE, GRADES 6-12 – 2006 MYDAUS/YTS



*Maine Youth Drug and Alcohol Use Survey/ Youth Tobacco Survey (MYDAUS/YTS)

SYNAR

Preventing sales of tobacco to underage youth through random inspections went into effect in 1996 under the requirement of a national law called the Synar Amendment, named after its primary sponsor. Maine has consistently had a low youth sales rate. In 2005, it was 8.5%, well below the national cap of 20%. The Office of Substance Abuse, Maine Center for Disease Control, and Office of the Attorney General work together to ensure access to tobacco continues to remain low. Part of the Synar initiative is a merchant education program – No Buts, which helps retailers train to ensure compliance.

PREVENTION SERVICES

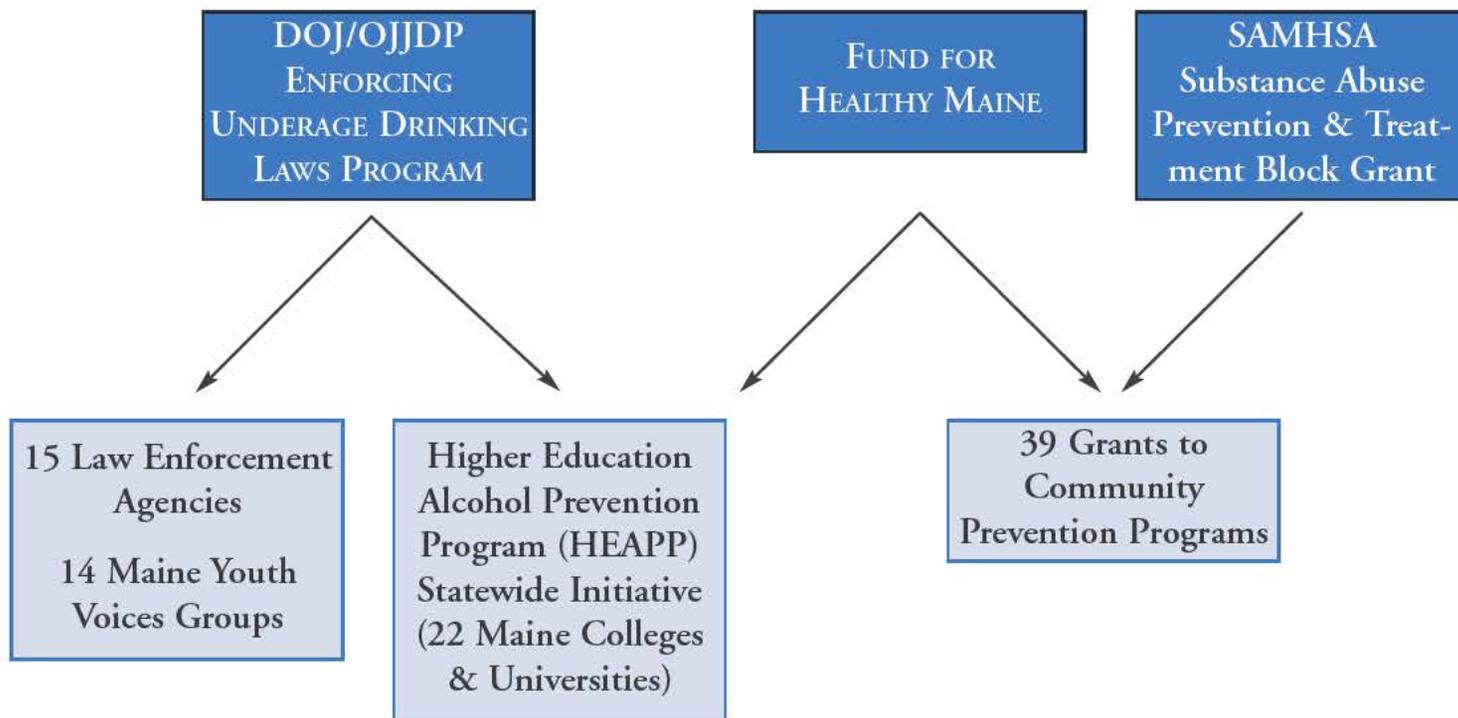
Maine's Higher Education Alcohol Prevention Partnership (HEAPP)

HEAPP is a statewide partnership of colleges and universities that uses evidence-based prevention and intervention strategies to reduce high-risk alcohol use by college students and its impact upon individuals, campuses, and communities. The project is supported by OSA using federal funding. In the past year, HEAPP has partnered with 21 of Maine's public and private colleges/universities.

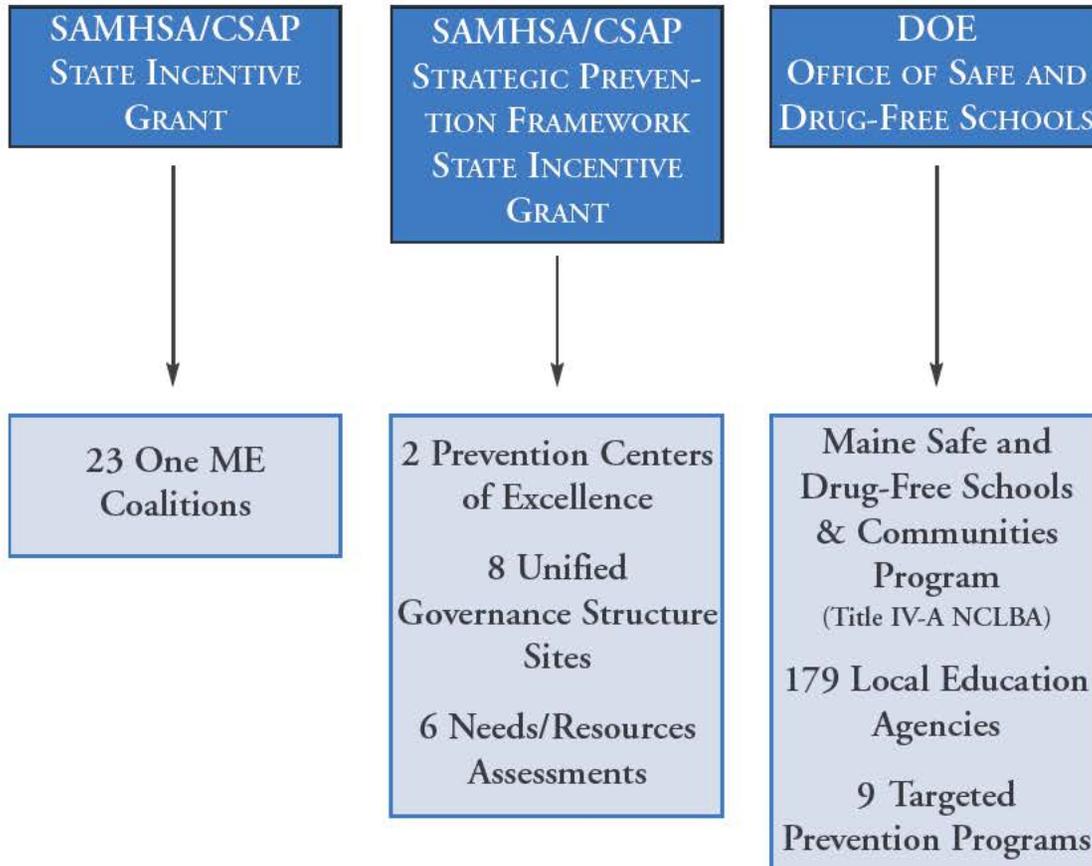
HEAPP benefits Maine by:

- Creating a climate where institutions of higher education are empowered to address substance abuse issues without fear of being singled out as the only school with a substance abuse problem
- Providing an avenue for dissemination of current research, publications, and resources
- Providing support, materials, and technical assistance and training around evidence-based prevention and intervention strategies

LOCAL PREVENTION



ON GRANTS 2006



Key to Federal Agencies funding substance abuse prevention:

SAMHSA

Substance Abuse and Mental Health Services Administration (U.S. Department of Health and Human Services)

SAMHSA/CSAP

Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration (U.S. Department of Health and Human Services)

DOJ/OJJDP

Office of Juvenile Justice and Delinquency Prevention (U.S. Department of Justice)

DOE

U.S. Department of Education

Law Enforcement

In FY 2006, OSA provided “Strategic Underage Drinking Grants” for 15 law enforcement agencies in Maine – 9 municipal police departments and 6 sheriff’s offices. These grants provided seed funding to develop a comprehensive approach to underage drinking enforcement, including: development of a consistent agency policy on underage drinking, training on liquor laws, public education and awareness, targeted underage drinking enforcement details, and strategies targeting illegal suppliers of alcohol (both retail and social availability). These grants resulted in substantial increases across the 15 grantees in the following indicators of enforcement effort:

	2004-05	2005-06
Citations of youth for underage violations	570	1248
Arrests/summons of youth for furnishing alcohol	50	167
Arrests/summons of adults (over 21) for furnishing alcohol	50	106
Administrative violations referred to Liquor Licensing (i.e. sales to a minor)	0	24

INTERVENTION SERVICES

DEEP PROGRAM PARTICIPATION

JULY 1, 2005 - JUNE 30, 2006

PROGRAM	PARTICIPANTS
RISK REDUCTION PROGRAM (ADULTS)	3545
OUT OF STATE & ACTIVE MILITARY CLIENTS	850
MOVING AHEAD PROGRAM (UNDER 21)	638
DIRECT TO TREATMENT (NO EDUCATION)	<u>2753</u>
TOTAL:	7786

Driver Education and Evaluation Programs (DEEP)

Maine's Driver Education and Evaluation Programs (DEEP) are the State of Maine's countermeasures for individuals who have had one or more alcohol- and/or other drug-related motor vehicle offenses. DEEP's programs are designed to provide a therapeutic intervention into the cause of the behavior that resulted in the impaired driving offense in order to prevent future offenses.

DEEP's charge is twofold: 1) to ensure that every impaired driving offender receives education to increase knowledge of the risks of alcohol and drug abuse and to provide the individual with insight into his or her own level of risk, and 2) to assess each offender's level of harmful involvement with alcohol and/or other drugs to determine if the offense was an unusual circumstance or if it was the symptom of a larger substance abuse problem. If the assessment finds that the offense was part of a larger pattern of alcohol and/or other abuse, DEEP will require the individual to seek further clinical evaluation and/or treatment services.

An OUI can present a "golden opportunity" to assist an individual in making important lifestyle and behavior changes that will support the health and welfare of the individual as well as ensure that the safety of the citizens of Maine is maintained. DEEP offers programs designed specifically for both adult and under-age impaired drivers.

New Treatment Curriculum under Development

DEEP is currently working on a project with Prevention Research Institute (PRI) of Lexington, Kentucky, to develop a treatment curriculum that will expand upon the knowledge and insight gained during the Risk Reduction Program and the Under 21 Program. DEEP and PRI are working closely with Carlo DiClemente, Theresa Moyers, and Gerald Shulman, national experts in the treatment field who have each come to Maine to observe DEEP's programs and are excited to take part in developing a state of the art treatment curriculum for our DEEP population. In addition, several DEEP-certified providers throughout the state are participating in the project by piloting sections of the curriculum with client populations and offering their suggestions and feedback.

Service Reaches throughout New England

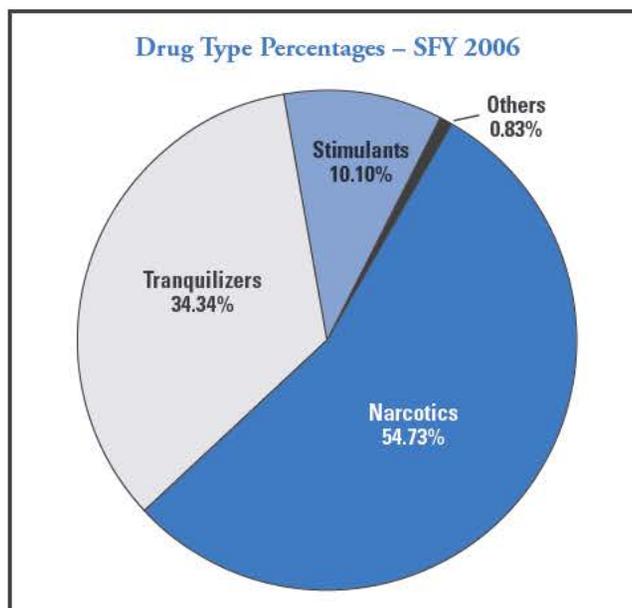
As the world gets smaller, DEEP sees more and more clients from other states, particularly those from neighboring New England states. Often, out-of-state visitors will come to Maine on vacation and will be stopped for OUI. DEEP maintains a cooperative relationship with the other New England states in order to ensure that those individuals can satisfy the requirements and sanctions of the OUI by completing an education, assessment, and/or treatment program in their state of residence. Residents of other New England states who get an OUI while in Maine will often opt to return to Maine to take a program, because it is not unusual for them to have to wait several months to get into a program in their state of residence and be required to pay a much higher fee. The fees for Maine's DEEP programs are the lowest in New England.

STATE	PROGRAM	FEE	STATE	PROGRAM	FEE
Connecticut	First Offender	\$450.	New Hampshire	First Offender - Resident	\$575.
	Multiple Offender	\$975.		First Offender - Non-Resident	\$675.
Maine	Adult	\$250.		Multiple Offender (Residential)	\$1,550.
	Under 21	\$225.	Rhode Island	First Offender	\$300.
Massachusetts	First Offender	\$567.		Evaluation	\$300.
	Multiple Offender	\$932.	Vermont	First Offender	\$330.
				Multiple Offender	\$500.

TOP TEN PRESCRIPTION DRUGS – SFY 2006

These drugs made up 70% of prescriptions for scheduled drugs dispensed in Maine.

DRUG NAME	Script Count	% Total Scripts
1. HYDROCODONE/ACETAMINOPHEN	428,894	21.2%
2. LORAZEPAM	161,655	8.0%
3. CLONAZEPAM	139,738	6.9%
4. ALPRAZOLAM	130,372	6.4%
5. OXYCODONE/ACETAMINOPHEN	119,269	5.9%
6. PROPOXYPHENE-N/ACETAMINOPHEN	106,210	5.2%
7. OXYCODONE HCL	105,597	5.2%
8. AMBIEN	84,166	4.2%
9. DIAZEPAM	70,539	3.5%
10. CONCERTA	63,866	3.2%
	1,410,306	69.7%
Cumulative Scripts	2,024,578	



Prescription Monitoring Program (PMP)

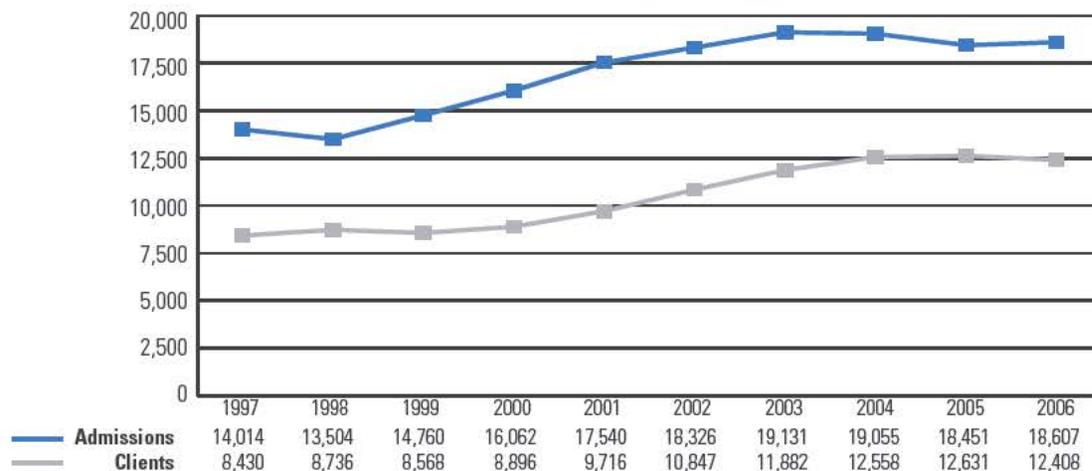
The goal of the PMP is to reduce prescription drug misuse in Maine by using the data collected as a tool in patient care for medical providers in the state. In State Fiscal Year 2006, the PMP had entries for 1,977,415 prescriptions for Schedule II, III, and IV drugs for Maine residents. With a state population of approximately 1.3 million, this total yielded an average of 1.5 prescriptions per person, regardless of age. 501,413 different individuals have at least one record in the database, meaning more than a third of the people in Maine had a prescription for a potentially addictive drug in that year.

TREATMENT SERVICES

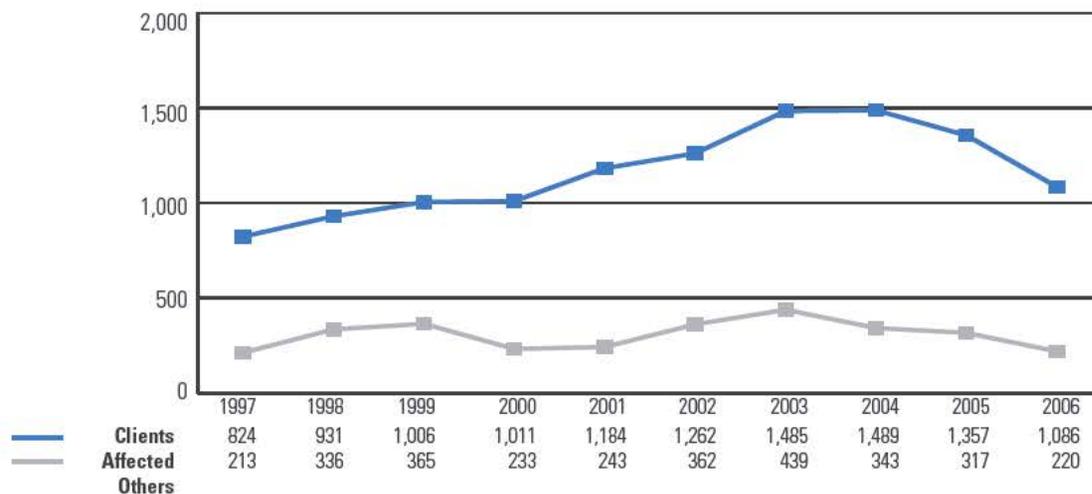
There were 18,607 client admissions representing 12,408 clients in State Fiscal Year (SFY) 2006. The admission rate has remained consistent over the last three years as the system seems to have reached its capacity. OSA is working with providers to develop new ways to decrease bottlenecks in the system in order to provide more care within existing resources.

The number of adolescent clients admitted to treatment has decreased over the last two years. There is no easy answer to why this is happening. There has not been a decrease in number of programs available. There has not been a decrease in treatment need for this age group as measured by the National Survey on Drug Use and Health which identifies Maine as having one of the highest unmet drug treatment needs for adolescents in the country. There is no one referral source that stands out as the reason for the decrease. Referrals to treatment from all sources have declined over the past two years. The decrease seems to be primarily for youth abusing alcohol and marijuana rather than other drugs. In the coming year, OSA will work with treatment providers and others who interact with adolescents to determine the cause of this trend.

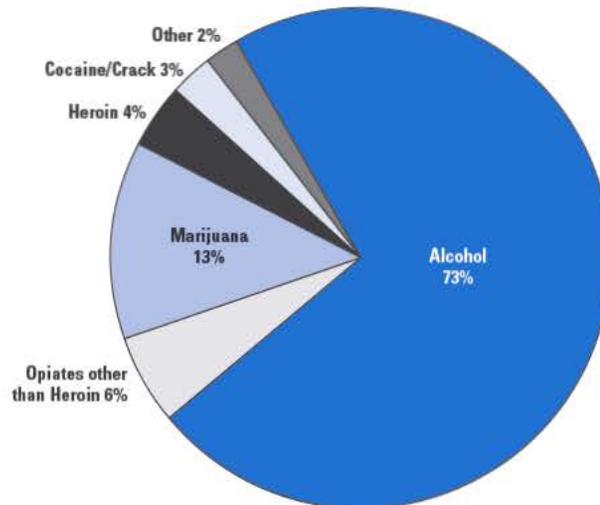
Treatment Admissions, SFY 1997-2006



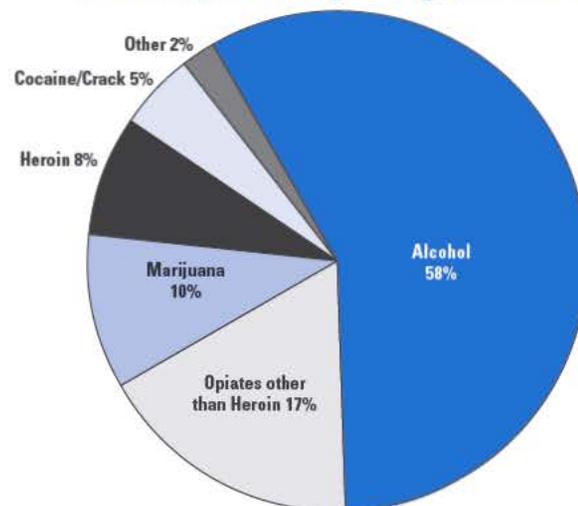
Adolescent Treatment Admissions (unduplicated), SFY 1997-2006



Clients by Primary Drug*, SFY 2000



Clients by Primary Drug*, SFY 2006



Funded treatment services include:

- Diagnostic Evaluation
- Alcohol and Drug Detoxification
- Outpatient and Intensive Outpatient Treatment
- Medication Assisted Treatment
- Short- and Long-term Residential Treatment
- Adolescent Outpatient and Residential Treatment
- Services for pregnant and parenting women
- Treatment for Co-occurring Mental Health and Substance Abuse Disorders
- Juvenile & Adult Drug Treatment Court Services
- Juvenile & Adult Treatment in the MDOC correctional facilities

The leading causes for substance abuse treatment admission were alcohol (58%), opiates other than heroin (17%), and marijuana (10%). Since 2000, the proportion of clients admitted for alcohol abuse has decreased from 73% to 58% while the proportion admitted for heroin has increased from 4% to 8% and for other opiates has nearly tripled (6% to 17%). The proportion admitted for abuse of marijuana has remained stable.

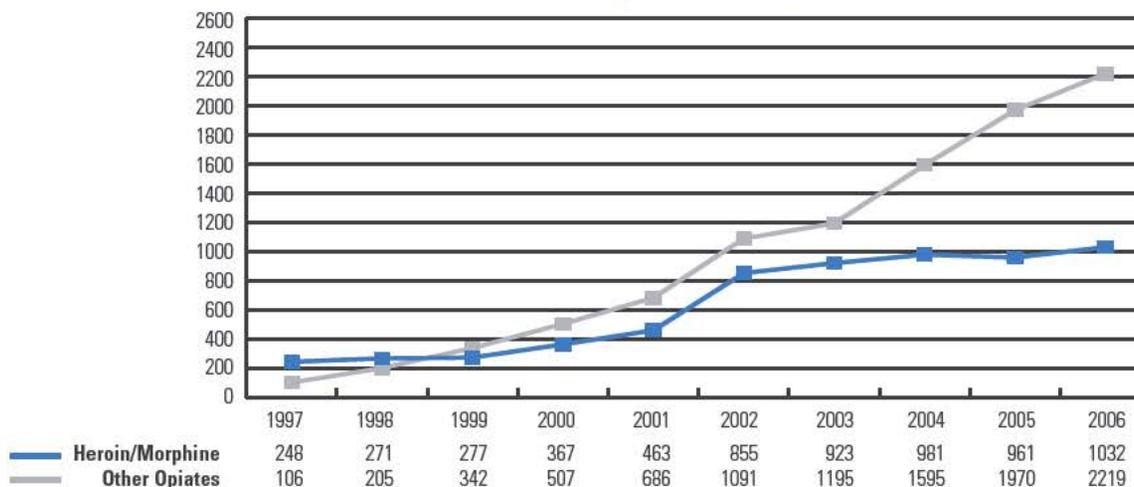
* The substance identified at admission as the client's primary drug problem.

TREATMENT SERVICES

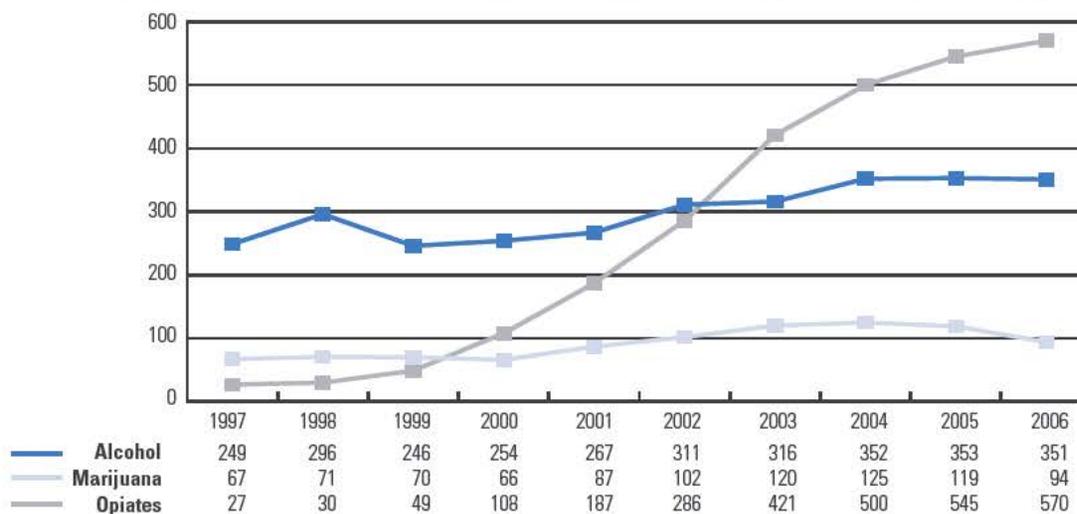
Differences in Treatment Needs by Gender and Age:

- Alcohol is by far the most common primary drug of abuse for clients treated in Maine.
- Treatment admissions of women age 55-85 for alcohol abuse almost doubled between 2000 and 2006.
- In 2006, more than 3 times as many males as females in the 18-25 age group were treated for marijuana abuse.
- The number of clients admitted for heroin/morphine has changed little since 2003.
- Treatment for other opiates (prescription) continues to climb among 18-25 year olds. Although this is true for both genders, it is particularly significant for young women. Between 2000 and 2006, the number of female clients for this age group admitted for prescription opiates has increased nearly 6 fold and now exceed alcohol admissions.

Clients Admitted for Opiate Abuse, SFY 1997-2006

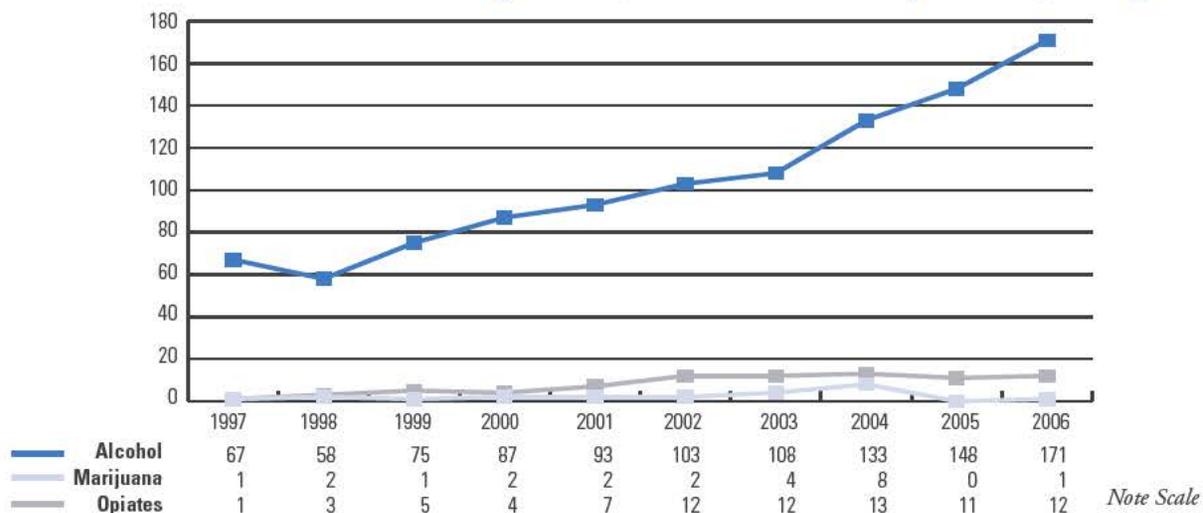


Treatment Clients: Women Age 18-25, SFY 1997-2006 by Primary Drug



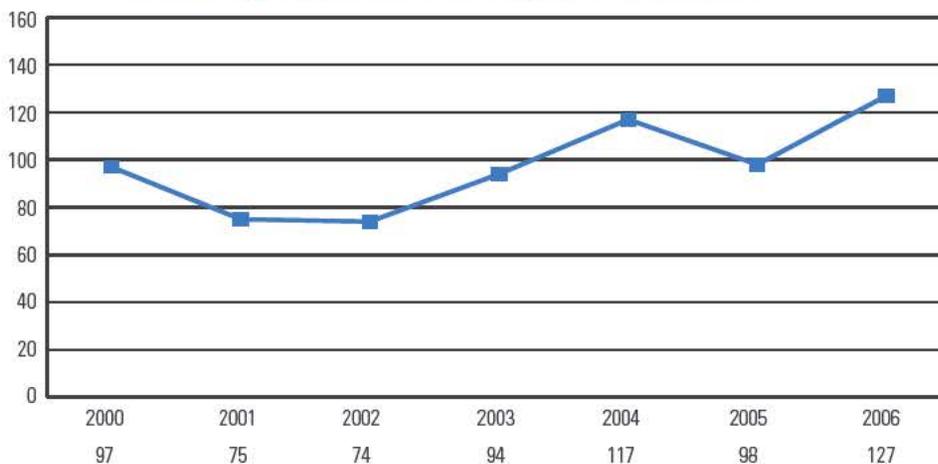
Note Scale

Treatment Clients: Women Age 55-85, SFY 1997-2006 by Primary Drug



Controlling the spread of Methamphetamine in Maine has been the focus of legislative action and resources are being focused on minimizing the production and sale. The number of clients entering treatment for addiction to methamphetamine is still quite low (127), but has increased by 72% since 2002.

Methamphetamine Clients, SFY 2000-2006*



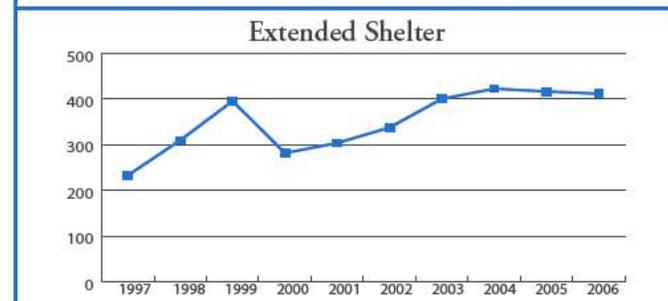
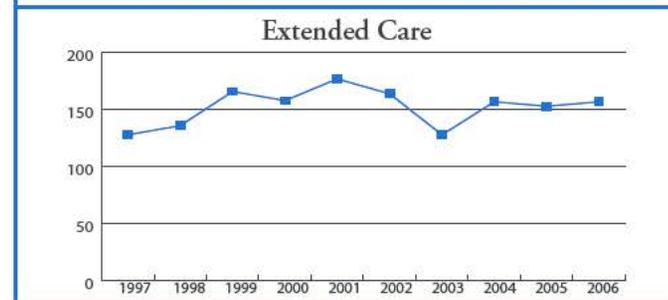
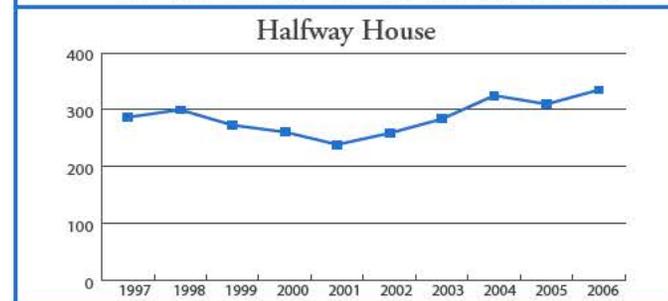
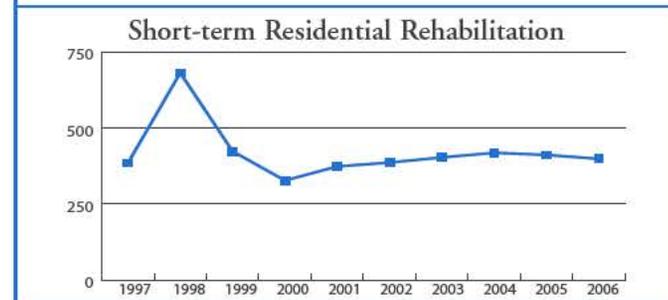
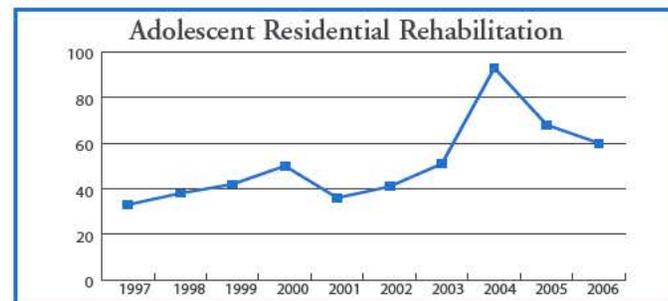
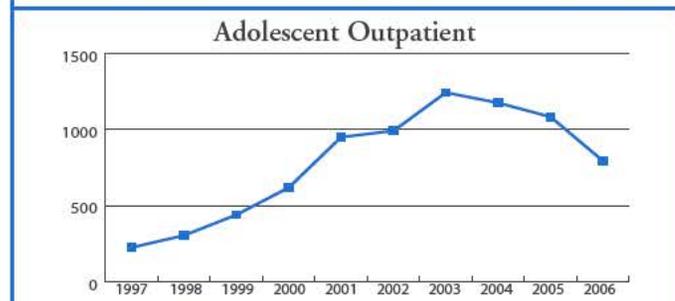
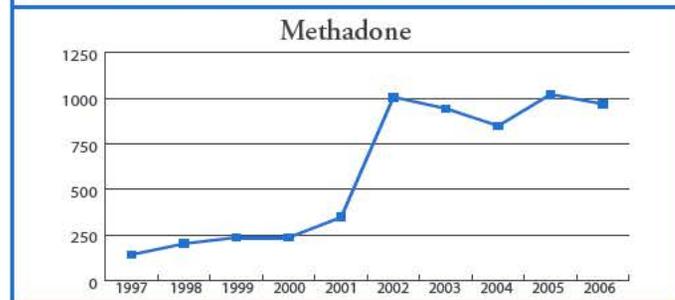
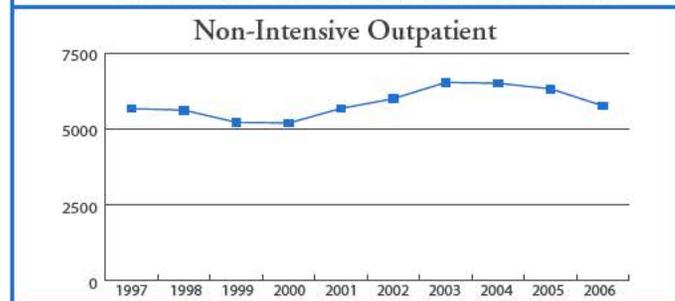
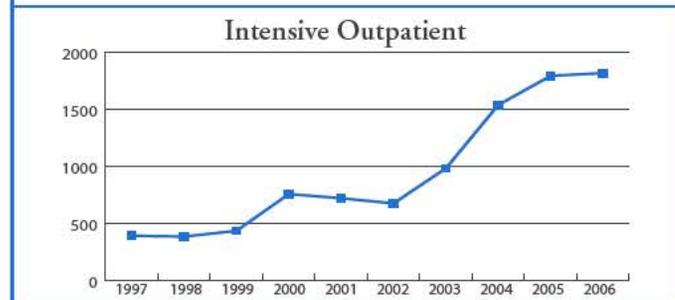
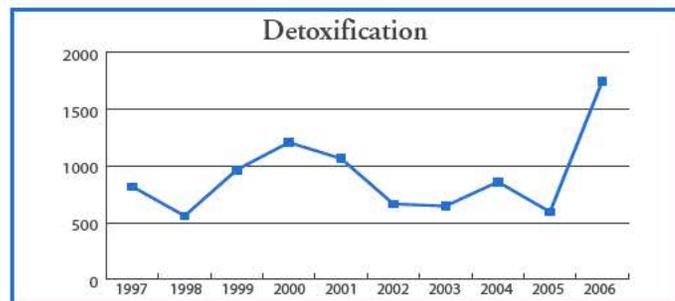
* Primary, secondary or tertiary drug

TREATMENT SERVICES

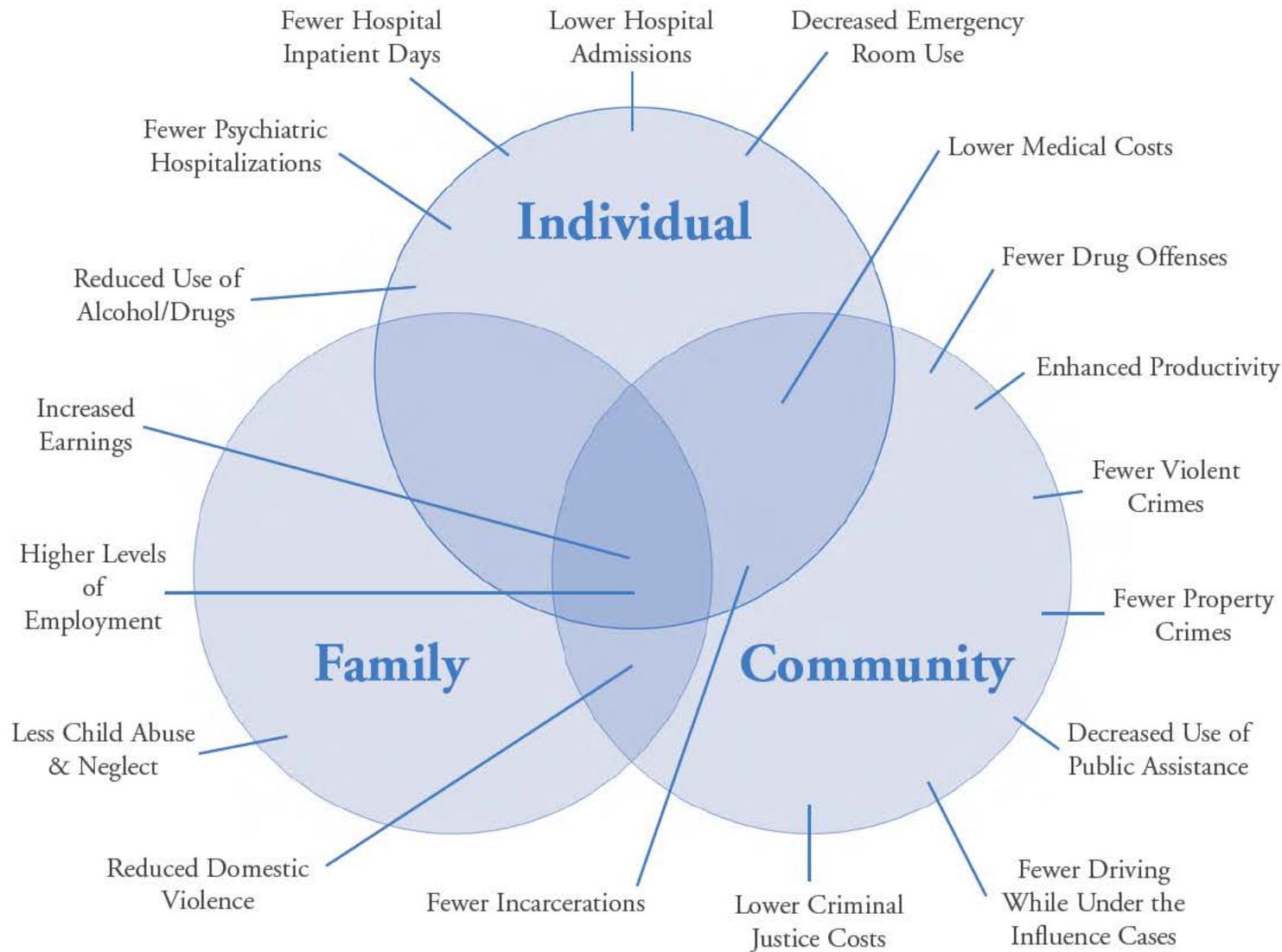
Number of Substance Abuse Treatment Clients by Service Setting, 1997-2006

The proportion clients admitted for detoxification went from 4% in 2005 to 12% in 2006; this is mostly due to the sharp increase in hospital based inpatient admissions for clients with co-occurring mental illness.

The number of clients admitted to Intensive Outpatient Treatment has also increased over the last five years, from 672 clients in 2002 to 1814 clients in 2006. This is due to OSA's effort to increase the use of this level of care over expensive residential treatment.



WHEN PREVENTION, INTERVENTION & TREATMENT WORK TOGETHER



PROGRAM HIGHLIGHTS SFY 2006

SAFE AND DRUG FREE SCHOOLS PROGRAM

A total of \$1,588,462 was distributed to school districts in 2005-06. Applications were received from 181 Local Education Agencies (LEAs). Allocations ranged from a high of \$92,045 for the largest school system to less than \$1,000 for the smallest school units. Per pupil allocation was approximately \$7.50. These funds supported student assistance programs, substance abuse and violence prevention activities, conflict resolution, character education, alternative education, professional development, school security equipment and personnel, student drug testing and youth suicide prevention. A total of 39 evidence based (model) programs were funded by this program in 31 different school districts during the 2005-06 school year.

METHAMPHETAMINE & METH WATCH

As of November 1, 2005 a state law went into effect to prevent the spread and manufacturing of methamphetamine in our state. A piece of this legislation directed the Office of Substance Abuse to create the Maine Meth Watch Program to educate retailers and the general public about methamphetamine and the way it is manufactured. A broad-based steering committee was formed in January 2006 and immediately began working on a strategic plan. Over the last several months the committee has identified and reached out to groups who may be at risk of discovering a methamphetamine lab, or who may come into contact with a user or a child of a user. Statewide educational activities have begun. Through trainings, mailings and the dissemination of educational materials, the Maine Meth Watch Program is working to prevent the devastation methamphetamine has caused in so many other states across the country. For more information, please visit www.methwatchme.org

INFORMATION & RESOURCE CENTER

The OSA Information and Resource Center (IRC) assisted with many public awareness initiatives in 2006. For example, a Meth Watch mailing went to 317 licensed Maine Pharmacies – including training CD, handouts, and poster. A sample of our new “Maine Parents’ Action Guide,” a booklet to help parents who suspect that their child may be using alcohol or other drugs, was mailed to all high school guidance counselors. IRC staff also attended 16 events statewide to provide awareness about the free services available.

The IRC also added a new feature to its online catalog – patron booking. This allows Maine citizens to schedule their own videos/DVDs for their educational programming through the web. It has been well received by many teachers, treatment staff and others who previously needed to call to learn availability of titles.

EVIDENCE-BASED TREATMENT PRACTICES

OSA continues to support the implementation of Evidence-Based Treatment Practices. Current efforts include the following practices:

- Application of the Rapid Cycle Business Process Improvement model to increase treatment access and retention, OSA sponsored use of this model in six pilot sites in beginning in January 2006; (Several sites had made significant changes in access within a few months and were serving many more clients within the same resources.)
- Use of American Society of Addiction Medicine's (ASAM) placement criteria in substance abuse licensed agencies;
- Continued support for training and implementation of manualized cognitive behavioral therapy, motivational interviewing, and contingency management techniques;
- Increasing access to Medication Assisted Treatment for opiate dependence in substance abuse treatment and primary health care settings.

PROBLEM SOLVING COURT PROGRAMS (DRUG TREATMENT COURTS)

Maine now has 16 Problem Solving Court programs across the state: Six juvenile drug treatment courts; five adult drug treatment courts; the Hancock County Deferred Sentencing Project; and three family treatment drug courts and a co-occurring drug treatment court (funded by federal grants to the judicial branch). OSA continues to work collaboratively with the judiciary, department of corrections, and child welfare to assure access to case management and treatment services for all clients served by these programs across the state.

GAMBLING INITIATIVE

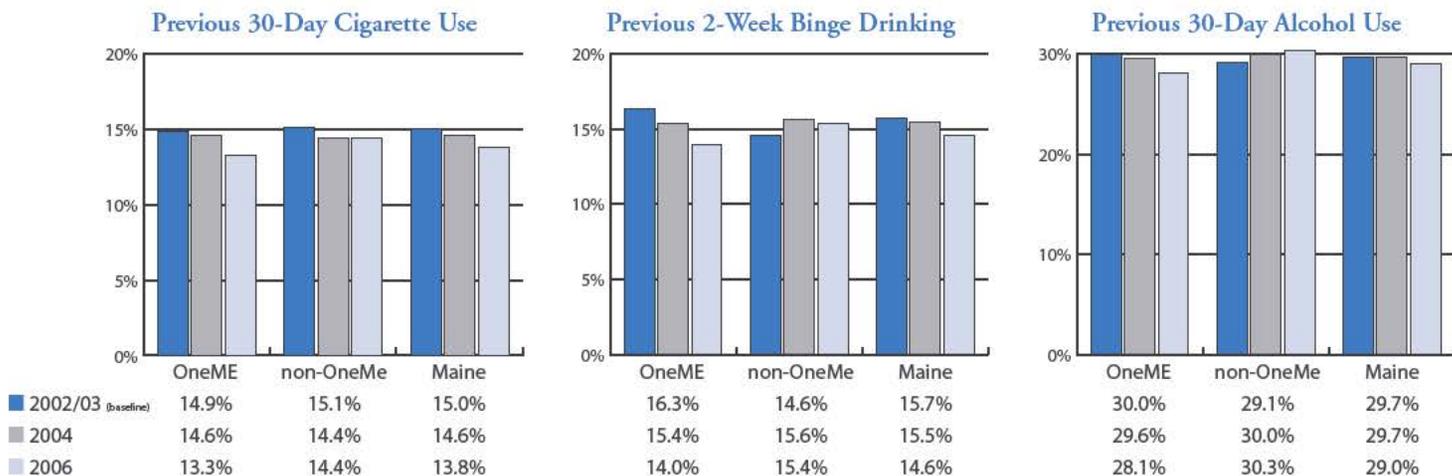
OSA is working with the Maine Gambling Control Board to develop services for people with compulsive gambling disorders. This year, OSA developed a training protocol and created a network of counselors to provide treatment. We also developed printed materials listing the national hotline number to help people with gambling problems.



ONE ME

The One Me Project, Maine's State Incentive Grant from the federal Center for Substance Abuse Prevention, completed its fourth and final year in 2006. Twenty-three community-based coalitions around the state implemented a total of 53 evidence-based programs aimed at reducing high-risk drinking and tobacco use by 12-17 year olds. A total of 5,500 youth and parents participated in curriculum-based programs and the great majority of programs met their outcome targets, achieving measurably positive results. In addition, 16 of the coalitions implemented environmental strategies focused on changing substance-related policy and improving law enforcement. Fourteen coalitions will be continuing their environmental strategies after the grant and many of the youth and parent programs will be sustained in their respective communities. The changes in community approaches to prevention that resulted from One ME will be lasting.

The evaluation results for One ME indicate that the investment paid off. For the targeted indicators (cigarette and alcohol use) among 6-12th graders, statistically significant decreases occurred across the communities covered by One ME coalitions while the rates in the rest of the state either held steady or increased. The greatest evidence of impact appears to be with binge drinking, where the proportion of youth reporting binge drinking (5 or more drinks in a row) in the past two weeks dropped from 16.3% at the baseline (2002/03) to 14.0% in 2006. In comparison, the rate of binge drinking in the areas of the state not covered by One ME coalitions rose from 14.6% to 15.4%. Decreases in several other indicators (marijuana use, other drug use, early initiation of substance use) occurred both in One ME areas and in the rest of the state as well, although in general, the progress in the One ME areas was greater than in the non-One ME areas.



**DID YOU KNOW THAT THE OSA INFORMATION
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You can also request items online.

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207-287-8900

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For additional copies of this report or for any other information related to substance abuse, contact the following:

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