

# MAINE STATE LEGISLATURE

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*2010 Report Card on  
Maine Substance Abuse Services*

*from the*

*Maine Substance Abuse Services Commission*



**Modeled after Join Together's 2006 Report:**

*Blueprint for the States: Policies to Improve the Ways States Organize and Deliver  
Alcohol and Drug Prevention and Treatment*

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# Executive Summary

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The Maine Substance Abuse Services Commission is the bridge between the Office of Substance Abuse, the public and elected officials, regarding the issues of substance abuse prevention, research, identification and treatment.

The Commission understands the importance of learning from other states across the country when it comes to alcohol and other drug policies and best practices. In 2006, Join Together, a program of the Boston University School of Public Health, published its *Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment*.

Using the Blueprint as a tool, the Commission completed a comprehensive scan of the State of Maine using four categories followed by a series of benchmarks. This report card is the beginning of a baseline that will be released biennially. The report card provides background regarding the scores and offers recommendations for improvement. The grades and key recommendations by category include:

## Leadership/Structure and Sustainability

**Grade: C**

- Maine needs to ensure that substance abuse is seen as a public health issue and all agencies and organizations that are impacted are engaged in a statewide strategy to address the challenges specifically the Department of Health and Human Services, and the Departments of Correction, Education and Public Safety.

## Resources

**Grade: C**

- Maine needs to reinstate drug courts and juvenile services for youth to intervene with high-risk young people before they create additional drains on local, county, and state law enforcement, corrections, and social service agency budgets.
- Prescription Monitoring Program is an asset which supports efforts to reduce misuse and diversion of prescription drugs; use of this system should be mandatory.

## Legislative Initiatives

**Grade: C**

- Maine needs to complete a comprehensive analysis of the state alcohol control and licensing system to fully understand how current practices address the state's interest in balancing the availability of alcoholic beverages with the need for public safety and health.

## Measurement and Accountability

**Grade: B**

- Provide state officials and policy makers with educational training on substance abuse as a disease and a public health issue that has real human and fiscal costs.

*The Commission is optimistic that implementing the recommendations made in this report will not only improve Maine's grades on the report card, but also will allow us to effectively address the critical alcohol and other drugs issues which are **Costing Us All**.*

# Introduction

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In 2006, Join Together, a program of the Boston University School of Public Health, published its *Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment*. This document was the culmination of the work of a national policy panel, led by former Massachusetts governor and presidential candidate Michael Dukakis.

A key point noted in its introduction is that, “*State governments bear the financial burden of the consequences of drugs and alcohol in our nation, spending over 13 percent of their budgets on problems related to drug and alcohol use*”.<sup>1</sup>

However, the report notes that, “*less than four percent of this is spent on prevention and treatment, while more than 96 percent pays for the avoidable social and physical consequences that result from our failure to apply what we know about how to prevent and treat substance use problems*.”<sup>2</sup> These costs include prison, court, police, child-welfare, and Medicaid expenditures for treating medical problems related to addictive illnesses. The Blueprint panel's key recommendation called for “making governors, state legislative leaders and chief judges personally accountable for developing and implementing a state strategy requiring all public agencies affected by alcohol and drug problems to work together in a unified strategy that promotes treatment and prevention”.<sup>3</sup>

The Maine Substance Abuse Services Commission (SASC)\* has endorsed this document and its key recommendations for *creating effective alcohol and drug policies that will save lives, reduce crime, restore families, and ultimately save state dollars*.

The SASC is initiating a State Report Card to provide a level of measurement and accountability that will allow for a consistent review of the system of substance use prevention and treatment in Maine. This information will allow for a baseline by which we can *assess the current state of the system, and measure the impacts of possible recommended changes over time*. By aiming to build a new level of accountability, the SASC hopes to bring together the many key stakeholders in all branches of Maine government that are impacted by drug and alcohol abuse.

**Substance Abuse is costing us all.** Together we can build on this new blueprint to create intervention strategies that make a real difference in the lives of those affected, while also strengthening Maine's economy.

\* *The Maine Substance Abuse Services Commission was established via Legislation on June 30, 1993 and consists of 21 members. Our mission is to be a bridge between the Office of Substance Abuse, the public and elected officials, regarding the issues of substance abuse prevention, research, identification, and treatment.*

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<sup>1</sup> *Blueprint for the States*, 2006 Join Together

<sup>2</sup> *Blueprint for the States*, 2006 Join Together

<sup>3</sup> *Blueprint for the States*, 2006 Join Together

# Substance Abuse: Costing Us All

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## Substance Abuse is a Public Health Issue.

- The National Institutes of Health ranks alcohol second, tobacco sixth, and drug disorders seventh among estimated costs of illness for 33 diseases and conditions. The year 1999 is the most recent year with estimates available for all three categories of substance abuse.
- Despite a smaller number of deaths from alcohol use, alcohol-related costs are greater than tobacco costs because alcohol-related mortality tends to occur at younger ages than smoking-related mortality. <sup>4</sup> ( SAMHSA Dollars and Cents Report)

## Substance Abuse in Maine.

- Alcohol is the most often used substance in Maine. Fifty-seven percent of adults over the age of 18 have had at least one drink of alcohol within the past 30 days; sixteen percent report having 5 or more drinks in one setting in the past month (2007 BRFSS). Forty percent of high school students reported using alcohol within the past 30 days (2007 YRBSS).<sup>5</sup>
- Maine is in the top fifth of states for past month marijuana use among all age groups (12 and older, 12-17 year olds, 18-25 year olds, 26 and older). <sup>6</sup>
- The number of treatment admissions related to opiate abuse (*excluding heroin and morphine*) has grown by 60 percent (641 cases) since the first half of 2005. Admissions for oxycodone (*includes OxyContin*) specifically drives this trend. <sup>7</sup>

## Substance Abuse Costs in Maine.

- Maine Office of Substance Abuse estimated that in 2005 substance abuse cost Maine \$898.4 million or \$682 for every resident that year alone.
- Maine's total estimated drug- and alcohol-related crime costs in 2005 were \$214.4 million or \$163 per resident. (OSA Cost Study Report)
- The total estimated cost of providing treatment in Maine in 2005, based on reported annual revenue, was \$25.2 million. Of this amount, 38.4% is from state funds (including federal block grants), 33.5% from Medicaid, 2.7% from client payments, 0.9% from other federal government funds, 15.5% from local or other public funds, 3.8% from private insurance, and 5.3% from other or unknown funding sources. (OSA Cost Study Report)

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<sup>4</sup> Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration

<sup>5</sup> Hornby Zeller "Substance Abuse Trends in Maine" report

<sup>6</sup> Maine Office of Substance Abuse

<sup>7</sup> Hornby Zeller and Associates

# Report Card Categories

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This report card has four categories as defined by the Blueprint for the States.

- 1. Leadership/Structure and Sustainability:** The Governor, legislative leaders and chief judges provide personal, continuous leadership for a statewide strategy to prevent and address alcohol and drug problems. When prevention and treatment are delegated to mid-level state agencies, states cannot successfully prevent or treat drug problems at the population level. There is a strategy that encompasses all the agencies affected by alcohol and drug problems. Responsibility for state and federal prevention and treatment funds is held by an entity that reports directly to the governor and has direct access to the state legislature.
- 2. Resources:** States should generate two key resources needed to improve alcohol and drug services: money and skilled practitioners. An annual public report should detail alcohol and drug related spending in all state agencies. If additional funds are needed, states should consider raising alcohol taxes. States should also use their licensing and educational resources to improve and retain the prevention and treatment workforce.
- 3. Legislative Initiatives:** States should review and update the legislation that controls their alcohol and drug policies including authorization for prevention and treatment agencies and alcohol control boards. Laws and regulations that prevent recovering individuals from getting jobs, education and other services needed for successful reintegration should be reviewed and repealed.
- 4. Measurement and Accountability:** States should hold agencies and contracted providers accountable for performance and for meeting goals. They should reward those that meet or exceed goals and penalize those that consistently fail. State advisory councils should be created or revived with enough staff and authority to hold elected officials accountable for providing needed leadership. States should support community coalitions and recovery organizations to build a lasting constituency for continuing effective state action.

The report card has four categories and each of these has a number of *benchmarks*. Categories are assigned a grade (**A**, **B**, **C**, **D**, **F**) based on the Maine Substance Abuse system. Benchmark scores (**Yes**, **No**, **In Process**) serve to identify strengths and weaknesses within Substance Abuse in Maine. The category grades are as follows:

- A**= Excellent
- B**= Good,
- C**= Neutral
- D**= Poor,
- F**= Failing

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Benchmarks	Grade	Notes
<p><b>1. Leadership/Structure &amp; Sustainability</b></p> <ul style="list-style-type: none"> <li>➤ Cabinet level leadership for Office of Substance Abuse, with strategy encompassing all agencies affected by Alcohol/Drug problems: <b>No</b></li> <li>➤ Alcohol/Drug Advisory Commission with staff and authority to hold elected officials accountable for providing needed leadership: <b>In process</b></li> <li>➤ Supported Community Coalitions for prevention and education: <b>Yes</b></li> <li>➤ Recovery oriented system of care: <b>In process</b></li> </ul>	<p><b>C</b></p>	<ul style="list-style-type: none"> <li>▪ The location of the Maine Office of Substance Abuse within the Department of Health and Human Services significantly limits it's ability to assist in the development of strategies to address alcohol/drug problems with other state agencies.</li> <li>▪ In 2003, the Maine State Legislature abolished the Bureau of Liquor Enforcement. This burdened local law enforcement to take on the duties and shifted the administrative responsibilities to Liquor Licensing. There are only a handful of states that have abolished their enforcement.</li> <li>▪ No funding is available for recovery orientated systems of care and community prevention efforts rely heavily on unstable federal grant funding.</li> </ul>
<p><b>2. Resources</b></p> <ul style="list-style-type: none"> <li>➤ Access to treatment and levels of care               <ul style="list-style-type: none"> <li>Level I. Outpatient level of care: <b>In process</b></li> <li>Level II. Youth Treatment: <b>In process</b></li> <li>Level III. General Access to Care: <b>In process</b></li> </ul> </li> <li>➤ Assessment of Medicaid/Medicare/insurance coverage of treatment: <b>In process</b></li> <li>➤ Dedicated funds through alcohol taxes: <b>Yes</b></li> <li>➤ Licensing and educational development for prevention workforce: <b>In process</b></li> <li>➤ Licensing and educational development for treatment workforce: <b>Yes</b></li> <li>➤ Juvenile Drug courts across state: <b>No</b></li> <li>➤ Adult Drug Courts across the state: <b>Yes</b></li> <li>➤ Recovery oriented systems of care: <b>In process</b></li> </ul>	<p><b>C</b></p>	<ul style="list-style-type: none"> <li>▪ The alcohol tax has not been raised in Maine since 1986 and is a fixed amount per gallon rather than a percentage of the cost, thus it is not sensitive to inflation. This should be taken into consideration given Maine's substance abuse issues and lack of dedicated funding for substance abuse prevention, intervention, treatment, or recovery.</li> <li>▪ Maine's juvenile drug courts have been eliminated due to funding losses.</li> <li>▪ There are only 6 adult drug courts serving the whole state of Maine; they are at risk for elimination or down-sizing due to funding losses.</li> <li>▪ Maine lacks the central elements of Recovery Oriented Systems of Care and adequate resources for community-based recovery support models that are emerging throughout the country.</li> </ul>

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Benchmarks	Grade	Notes
<p><b>3. Legislative Initiatives</b></p> <ul style="list-style-type: none"> <li>➤ Alcohol control board: <b>No</b></li> <li>➤ Best practice legislation (such as keg registration, graduated drivers’ licenses, social host laws, etc.) in place: <b>In process</b></li> <li>➤ Review and repeal laws and regulations preventing the successful reintegration of recovering individuals: <b>No</b></li> <li>➤ Best practice policies in schools: <b>In process</b></li> </ul>	<p><b>C</b></p>	<ul style="list-style-type: none"> <li>▪ The legislature appears to look to alcohol as an economic driver and does not weigh the risks of unintended consequences that result in higher substance abuse rates and youth access to alcohol.</li> <li>▪ While many best practice alcohol laws are in place, gaps include mandatory alcohol seller/server training. The system for enforcing alcohol laws and sales issues was weakened in 2003 with the elimination of the Bureau of Liquor Enforcement.</li> </ul>
<p><b>4. Measurement &amp; Accountability</b></p> <ul style="list-style-type: none"> <li>➤ Agencies and contracted providers are held accountable for meeting identified outcomes: <b>Yes</b></li> <li>➤ Cost Report of Alcohol and Drug Abuse in Maine: <b>Yes</b></li> <li>➤ Tracking of drug use consequences; e.g. poisoning, death, treatment levels and access, arrests: <b>In process</b></li> <li>➤ Prevention strategies include evidence-based programming: <b>Yes</b></li> </ul>	<p><b>B</b></p>	<ul style="list-style-type: none"> <li>▪ OSA has incentivized contracts with substance abuse service providers; contracts not meeting outcomes are not renewed.</li> <li>▪ OSA produced the “Cost Report of Alcohol and Drug Abuse in Maine” in 2007 (based on 2005 data). This report allows the state to measure relative economic priority of alcohol and drug abuse.</li> <li>▪ The state monitors, reports, and studies levels of drug and alcohol related use and consequences, e.g. poisoning, death, treatment levels and access, arrests to assess needs and challenges as well as to inform programmatic efforts.</li> </ul>

# Recommendations: Improving Maine's Grade

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## Leadership/Structure and Sustainability

- Place the Director of the Maine Office of Substance Abuse as a cabinet level position.
- Establish the Office of Substance Abuse as a proactive, independent agency within Maine State Government.
- Ensure that substance abuse in Maine is seen as a public health issue and all agencies and organizations that are impacted are engaged in a statewide strategy to address the challenges specifically the Departments of Correction, Education and Public Safety.
- Secure an independent, full time staff person for the Substance Abuse Services Commission.
- Engage the Governor's Office and Legislative Leadership in education of prevention, intervention, treatment and recovery services making state leadership accountable for their decisions surrounding alcohol and other drugs.

## Resources

- Increase alcohol tax and use a percentage of the funds for treatment and prevention.
- Increase access to treatment through insurance coverage and assess all levels of care.
- Reinstate drug courts and juvenile services for youth to intervene with high-risk young people before they create additional drains on local, county, and state law enforcement, corrections, and social service agency budgets.
- Ensure that all Mainers who need treatment, even those who are incarcerated, have access to treatment services.
- Ensure that Maine initiates development of a Recovery Oriented System of Care that includes community-level support systems and a recovery-focused treatment system.

## Legislative Initiatives

- Commission a comprehensive analysis of the state alcohol control and licensing system to fully understand how current practices address the state's interest in balancing the availability of alcoholic beverages with the need for public safety and health.
- When drafting legislation consider the unintended consequences such as youth access to alcohol and more availability to alcohol.
- Develop a review process that includes people in recovery to identify policies & laws that discriminate against people who are recovering from addiction and propose strategic recommendations that would eliminate discrimination.

## Measurement and Accountability

- Require legislature and Governor to receive educational training on substance abuse as a disease and a public health issue that has real human and fiscal costs.
- Ensure that programming and strategies are outcome-based and data driven.
- Use the report card as a tool to provide accountability to state leadership.

## References

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**Join Together.** (2006) *Blue Print for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment* (2006)

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