

MAINE STATE LEGISLATURE

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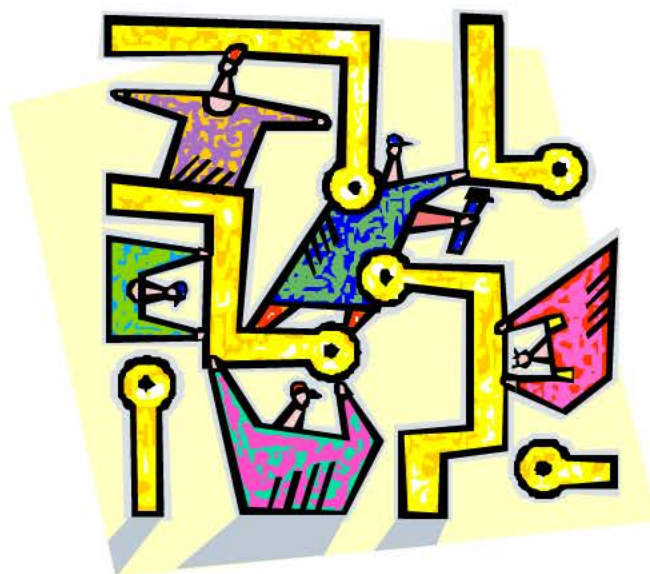
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Maine

Office of Substance Abuse

2001 Annual Report



Office of Substance Abuse
Department of Behavioral and Developmental Services
AMHI Complex, Marquardt Building, Third Floor
#159 State House Station
Augusta, ME 04333-0159
Phone: (207) 287-2595
Fax: (207) 287-4334
E-Mail: OSA.ircosa@state.me.us

Produced by:

Maine Office of Substance Abuse
AMHI Complex, Marquardt Building
#159 State House Station
Augusta, ME 04333-0159
Main Office: 207-287-2595
TTY: 207-287-4475
Fax: 207-287-4334

For more information, please contact:

Information and Resource Center
1-800-499-0027 (In-State Only) or 207-287-8900
TTY: 1-800-215-7604 (In-State Only) or
207-287-4475 (Special Equipment Needed)
Fax: 207-287-8910
Email: osa.ircosa@state.me.us
Website: www.state.me.us/bds/osa

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This publication may be made available in alternate formats upon request.

Director's Update OSA

Fiscal 2001 was a busy time for the Office of Substance Abuse. In addition to developing new initiatives and expanding existing programs with funds from the Tobacco Settlement, the Office applied for three federal grants, and one foundation grant for special projects to address emerging issues.

The allocation from the Fund for a Healthy Maine allowed OSA to better address what had been a widening treatment gap. The 1997 state household survey indicated that approximately 80,000 Mainers were in need of substance abuse treatment in that year. We served approximately 10,000. In FY 2001, treatment was provided to over 12,000 people, a number we expect to continue to increase as the treatment system continues to absorb the increased funding.

In addition to expanding access to treatment, it is the goal of OSA to ensure that the treatment received is of the highest quality. During the past ten years, there have been many advances in addiction medicine, and there is increasing evidence about what is effective and what is not in treating addiction. Consequently, OSA has identified some new priorities in training treatment providers. For example, research has shown that cognitive behavioral therapy is the most effective type of treatment for addiction, and is particularly effective with the criminal offender. In 2001, the Driver Education and Evaluation Program (DEEP) was changed for the first time in 20 years. The new program has a cognitive behavioral approach, which has been well received, by providers and participants alike.

The Adult Drug Court began providing services late in fiscal 2001. For the first time OSA prescribed a treatment regimen called the Differentiated Substance Abuse

Treatment (DSAT) program. This cognitive behavioral therapy was designed to separate offenders by severity of addiction and provide a treatment intensity and duration that meets the need of the offender based on a comprehensive screening.

The Commissioner has charged OSA with the task of bringing the mental health and substance abuse treatment systems together to ensure that people with co-occurring mental health and substance abuse disorders get the appropriate treatment. A task force whose work is described in detail later in this report is working toward all treatment providers developing capabilities with this population, and ensuring that our systems of care don't set up barriers to accessing appropriate treatment.

Using tobacco settlement funds and federal grants, the Office is re-energizing the prevention field. In addition to working with schools and communities to provide effective programs using methods that have been proven to reduce substance use and abuse, OSA has begun to work on changing the environment around young people so that it won't be as easy to obtain alcohol and drugs, and so that society gives a single, unmixed message regarding alcohol and drug use by youth.

Our new activities around changing the environment include work with the media and law enforcement. After observing the success of the anti-smoking campaign, it has become clear to all involved with alcohol and drug prevention that changing the environment to decrease access and increase social disapproval are key components that have not been adequately stressed.

In FY2001, the Office was confronted with the serious opiate abuse problem in several areas of the state. After several years of

growing abuse of prescription opiates, Washington County was devastated. OSA began working to help the communities put the pieces back together. Machias and Calais were identified as needing a Drug Court program and treatment capacity has been expanded to provide that service. OSA supported the development of a comprehensive community treatment plan, and identified funds to put the treatment components in place. Expanding capacity in a rural area where there was very little originally has been hard work. OSA intends to continue to address the opiate abuse epidemic in Washington and other counties over the next two or three years, by which time we hope to have it contained.

The Office of Substance Abuse is concerned that particularly in southern Maine there is growing use of Ecstasy and other so-called club drugs. We will be gathering data and turning to other states to see how they have addressed its use.

In addition to the populations upon which we are already focusing specific attention (the criminal justice population and people with co-occurring mental illness and substance abuse), we will be looking at three groups of special concern in the coming year. They are people involved with the child welfare system, Native Americans, and adolescents. All three groups have special needs that have not been adequately met in the past.

A New Time for Treatment of Opiate Addiction

Treatment for addiction to heroin has not changed much in thirty years. Since researchers discovered the value of using methadone, a long acting synthetic narcotic drug, for treating heroin addiction in the early sixties, its use has been controversial and seen by many as drug substitution. Since these early days, Methadone has

been controlled by the Federal Drug Administration (FDA). Those in treatment at methadone clinics have been highly scrutinized and stigmatized. In 1995, the Institute of Medicine (IOM) performed a study that concluded that methadone was being unnecessarily controlled and called for the lessening of restrictions in its use. In 2001 the United States government responded to this call by removing the drug from the primary control of the FDA and placed its oversight with the Center for Substance Abuse Treatment (CSAT), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA).

CSAT initiated its oversight by supporting the development of new federal regulations governing opiate treatment protocols. The new federal regulations generally loosened the protocols and placed emphasis on a more humanitarian approach to opiate agonist treatment. They also called for a national accreditation process that would provide a means of achieving quality and consistent treatment for opiate addiction. After a lengthy process requiring formal legislative action, treatment with methadone/LAAM entered a new era. Beginning in May of 2001 the new legislation became effective and the search for national accrediting bodies began. Once the accreditation bodies are approved, all opiate agonist treatment services will have two years to achieve accreditation.

At the same time the national response to opiate agonist treatment was experiencing change, Maine found itself in the midst of a sudden dramatic increase in the use of opiates and therefore an increased need for treatment resources. Up until spring of 2001 there were two methadone clinics in Maine, both privately owned for-profit agencies. With the increased need for services to respond to the higher demand, two additional methadone programs were licensed in

the state. Acadia Hospital opened the first methadone program to be partially funded by the Office of Substance Abuse in the June, 2001. It provided the first services available in the north central area of the state where the demand was most intensified. In the southern part of the state, another private agency opened in late summer. A part of the state critically in need of services, and recognized nationally for its problem with Oxycontin, a highly addictive prescription pain killer attractive to young people, Washington County is moving forward to provide an expansion of all its substance abuse services including methadone through an application for a SAMHSA grant in the fall of 2001.

The Office of Substance Abuse is continuing to monitor the opiate abuse problem closely and will work with communities and agencies to confront the opiate addiction problem. It is looking at expanding state resources to provide opiate treatment to homeless and indigent populations in the southern part of the state. OSA is working with the Substance Abuse Services Commission to study the use of Oxycontin and will release a report of its findings in January, 2002.

Also, in response to the critical need for specialized training in opiate treatment, OSA is participating in the planning and implementation of a New England regional opiate treatment training conference to be held in Newport, RI in the summer of 2002. It is clear with the increase in the use of opiates, the Office of Substance Abuse must continue to make opiate services a priority.

**Total Heroin & Other Opiates Admissions by County
Unduplicated Count**

	1995	1996	1997	1998	1999	2000	2001
Androscoggin	40	33	30	28	26	33	38
Aroostook	11	17	17	24	18	34	53
Cumberland	248	270	262	286	359	477	530
Franklin	6	4	4	3	7	5	11
Hancock	5	13	9	10	22	44	83
Kennebec	40	37	36	55	82	49	125
Knox	15	26	38	43	38	38	58
Lincoln	9	8	18	24	20	13	26
Oxford	8	11	13	11	27	17	17
Out of State	13	28	29	42	29	36	19
Penobscot	37	48	54	78	153	302	417
Piscataquis	4	7	5	11	3	7	16
Sagadahoc	10	14	13	11	11	26	37
Somerset	13	15	13	14	18	17	25
Waldo	9	10	8	17	16	32	48
Washington	11	21	28	51	93	168	152
York	49	68	64	86	107	137	101
Total	528	630	641	794	1029	1435	1756

The Treatment Data System (TDS) collects admission and discharge data from substance abuse treatment agencies who are funded by the Office of Substance Abuse, Driver Education and Evaluation Programs, agencies seeking substance abuse treatment reimbursement from Medicaid, and methadone clinics.

This data represents primary, secondary and tertiary substances.

Fund for Healthy Maine Increases OSA Budget by 30%

Funding for the Office of Substance Abuse increased by twenty five percent during state fiscal year (SFY) 2001 with the infusion of \$5.745 million from the Fund for a Healthy Maine (proceeds from Maine's share of the tobacco industry lawsuit settlement). It is projected that this settlement will provide funds for health related issues for the next twenty-five years.

This funding has been used to:

- * Increase services provided by currently contracted agencies
- * Increase funding for existing services
- * Provide new services through the awarding of new contracts

Fund for Healthy Maine - Funding for Major Initiatives in SFY 2001

Treatment	\$934,000
Adult Offenders, Treatment, Program Design, Training	\$773,000
Adult Drug Court	\$558,000
Medicaid Seed Residential	\$527,000
Health & Safety/Info. Systems Upgrade Services	\$353,000
Personnel - Recruitment & Retention in Agencies	\$249,000
Prevention	\$211,000
Juvenile Offenders Treatment	\$168,000

Fund for Healthy Maine – New Contracts Awarded in SFY 2001

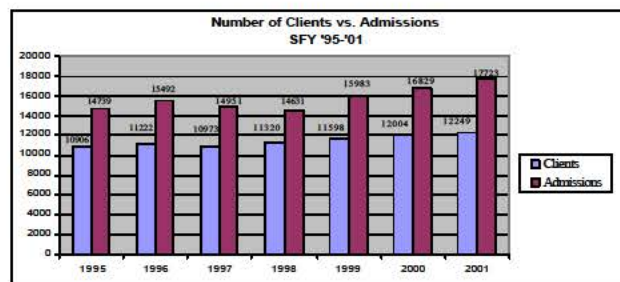
<i>Prevention - Bonding Strategies</i>	
Child Health Center- BBBS Of Andro. County	\$42,750
Child Health Center- BBBS Of Oxford County	42,750
Community Concepts	50,000
Downeast Health Services BBBS of Hancock & Washington Clys	50,000
Drug Rehab- Mainely Parents (1)	50,000
Drug Rehab- Mainely Parents (2)	50,000
East End Childrens Workshop	50,000
Families First	50,000
Healthy Kids	48,000
Penquis CAP	45,016
Peoples Regional Opportunity Program (PROP)	49,992
Raymond School Dept	36,413
Waldo County Preschool	40,000
Youthlinks	45,293
Total Awarded	\$650,214

<i>Prevention - Environmental Strategies</i>	
Adcare Educational Institute.	\$58,333
Drug Rehab D/B/A Day One	58,333
Medical Care Development	58,333
Total Awarded	\$174,999

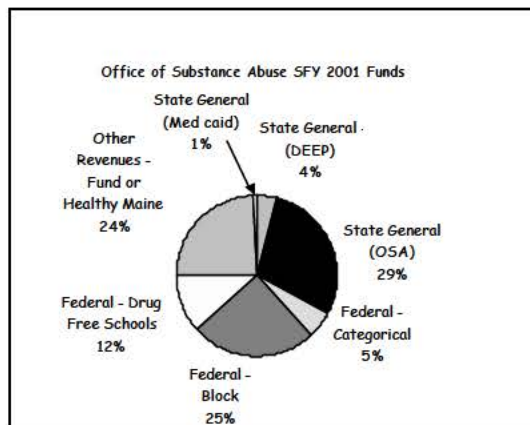
New Treatment Contracts Awarded:

Aroostook Mental Health Center – \$270,000
Detoxification Management Services Region III (Aroostook, Washington, Penobscot, Piscataquis)

The number of unduplicated clients served and admissions for treatment programs is shown below for SFY 2001 and the six previous years.



Our Federal Block Grant funding remained the same as the previous year, \$ 5.943 million. State General Funds increased about 2.6% in SFY 01 to \$6.747 million. The annual budget for Driver Education and Evaluation Program (DEEP) was \$ 933,400. DEEP is legislatively mandated to be self-supporting through client fees. Federal categorical grants increased by thirty seven percent (37%) to about \$ 4 million. These grants are for specific purposes such as Safe & Drug Free School program, underage drinking, and research efforts. Available funding from all sources was \$ 26.3 million

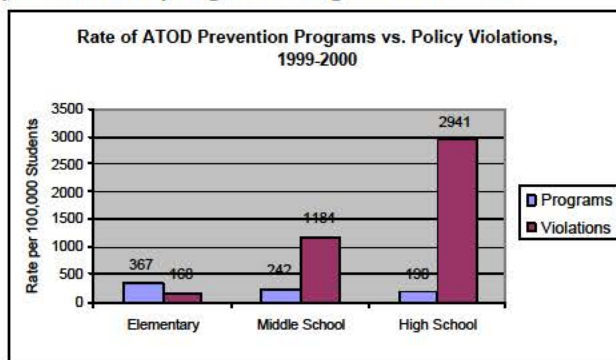


with the source breakdown shown below. OSA State General Funds and the Federal Block Grant were used to fund about 150 contracts for various substance abuse prevention and treatment programs. Prevention funding included \$1.7 for primary prevention contracts and \$470,000 specifically for Safe & Drug Free School contracts. Outpatient treatment programs received funding of \$7.7 million and residential treatment programs, \$4.5 million.

Prevention Data Highlights Needs

“A picture is worth a thousand words,” certainly applies in this case. The Maine Safe and Drug-Free Schools and Communities Act Program issued their **“Report on Drug and Violence Prevention 1999-2000”** earlier this year. All Maine schools submitted data on their alcohol, tobacco, and other drug (ATOD) and violence prevention programs, as well as on prohibited behavior among youth in Maine’s local school systems on a World Wide Web-based database. Analysis of the data produced information such as the following.

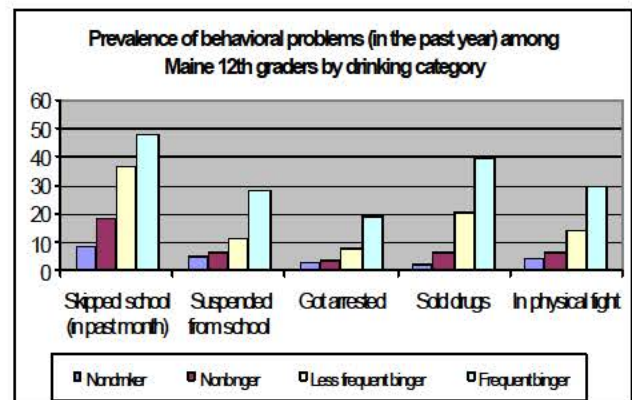
While high school aged students are the most likely to use alcohol, tobacco, or other drugs, they are the least likely to receive prevention programming or education.



The need for comprehensive K-12 programming is clearly illustrated by this graph and supported by research that documents the need for booster sessions for all grade levels. The full report can be

viewed or downloaded at www.mainesdfscs.org.

In analyzing other data gathered from the 2000 Maine Youth Drug and Alcohol Use Survey (MYDAUS), an association between problematic behavior and substance abuse, in this case alcohol is clear. While the graph below shows twelfth grade students, the same trend was found in all the grades examined. As the frequency of drinking increases, so does the prevalence of other behavioral problems. For this reason, underage drinking is a priority issue for OSA. (See separate article for more information on Sticker Shock, one of our Underage Drinking Laws initiative.)



Source: 2000 Maine Youth Drug and Alcohol Use Survey, Office of Substance Abuse (BDS)
 Nondrinker=reported never drinking in lifetime
 Nonbinger=reported drinking, but had not had 5 or more drinks in a row in the past 2 weeks
 Less frequent binger=reported consuming 5 or more drinks in a row on 1-2 occasions in the past 2 weeks
 Frequent binger=reported consuming 5 or more drinks in a row on 3 or more occasions in the past 2 weeks

The Prevention Team at the Office of Substance Abuse works with schools, community based organizations, community coalitions, other State agency personnel, and interested parties to address issues such as these. Five Prevention Specialists and a Team Manager are available to assist people in analyzing their local data and selecting science based prevention materials to most effectively target needed areas. A general rule of thumb is that using multiple strategies in multiple domains holds the best chance of success.

Project Sticker Shock

The Office of Substance Abuse created a new public awareness campaign in the spring of 2001 in collaboration with other members of the Maine Underage Drinking Task Force. Project Sticker Shock is designed to reach adults who might purchase alcohol legally and provide it to minors. Youth-designed stickers warning about the penalties for furnishing alcohol to minors are placed on all multi-packs of beer, wine coolers, and other alcohol products that might appeal to underage drinkers; matching posters are displayed by participating retailers in front windows and cooler doors. The project represents a partnership between youth, retailers, concerned parents and community members, prevention professionals, and law enforcement with the goal of educating potential furnishers, raising public awareness about underage drinking, and strengthening the deterrent effect of the law against providing alcohol to minors.

The first Sticker Shock campaign was designed by a group of youth in Pennsylvania in 1998, who started locally in their community and then expanded the project statewide in subsequent years. In February 2001, Sticker Shock first came to Maine when the Fort Kent Area Community Voices group adapted the idea and implemented it in their area. The dream of these Fort Kent area youth was that the project would go statewide in Maine as well.

In May 2001, their dream came true. The Office of Substance Abuse, Maine Bureau of Liquor Enforcement, and other Underage Drinking Task Force members joined forces to sponsor the first statewide Sticker Shock campaign, with funding from the U.S. Office of Juvenile Justice and Delinquency Prevention. This initiative was particularly timely,

with the intention of raising awareness around underage drinking issues right before the Memorial Day weekend, graduation season, and summer vacation. More than 15 youth & community groups blanketed the stores in their towns, and several worked with local media to increase the impact of their efforts. In addition, about 400 stores (20% of the licensed beer retailers in the state), including some whole chains, participated by having their employees put the stickers on even when there was no youth group participating in their area. In total, over 150,000 stickers were affixed. The overwhelming success of this pilot project has provided the foundation for expanded future campaigns. The second Project Sticker Shock campaign was launched December 3 in connection with Alcohol Awareness Week with broader participation and the addition of radio and television public service announcements (PSA's). All of the work creating the PSA's and all of the airtime was donated by concerned professionals in the marketing field.



Tim Irish and James Godle, members of the Danforth/East Grant Alcohol Squad carry out Project Sticker Shock in a local store.

Driver Education and Evaluation Programs (DEEP)

Maine's Driver Education and Evaluation Programs (DEEP) are the state's educational countermeasures for individuals who have had one or more alcohol- and/or other drug-related motor vehicle offense(s). 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. This approach differs from the other sanctions (i.e. courts, jail, Secretary of State), which seek to prevent future offenses through punishment of the behavior.

DEEP's charge is twofold: 1) to make sure that every impaired driver is educated 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 drug 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 behavior changes that will support a healthier lifestyle for 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 underage impaired drivers.

This year, the Driver Education and Evaluation Programs (DEEP) were successful in improving the quality and timeliness of the services we provide to

Maine's citizens. In 2001, the DEEP office received over 32,500 phone calls, and assisted more than 7,000 individuals in completing their requirements toward driver license reinstatement, with an average overall caseload of nearly 13,000 at any given time. We educated over 3,500 OUI offenders in our adult and juvenile programs, taking advantage of the state's "golden opportunity" to provide OUI offenders with the education and insight they need to assist them in avoiding further alcohol/drug related problems, driving or otherwise. Through DEEP's intervention, more than 3,000 individuals with serious substance abuse problems received the treatment services they needed.

DEEP staff continued its diligent work in providing prompt telephone service to our clientele, exceeded by 5% over last year the number of calls that were answered immediately without having to be put on hold. DEEP hired a new Office Manager, who is an individual with over 15 years of similar experience at the Bureau of Motor Vehicles. It also brought on board a Maine Licensed Alcohol and Drug Counselor with 16 years of experience to provide case management services to the clients and technical assistance to the provider community.

In August, DEEP hosted the annual conference of the National Organization of State Impaired-Driving Programs (NOSIP) at the Sheraton in South Portland. The conference drew participants from as far away as Utah, Alaska, and Florida. Several national experts in the impaired driving field were featured presenters, including Millie Webb, the national president of Mothers Against Drunk Driving (MADD), and George Luciano, the New England Regional Director of the National Highway Transportation

Safety Administration (NHTSA). The conference was a resounding success, and the participants gave the highest of marks, including their excellent impressions of the great state of Maine and its friendly citizens.

On September 1, 2001, DEEP implemented its new Risk Reduction Program for adult offenders, which replaced both the Weekend Intervention Program and the two-hour Adult Assessment Program. DEEP's adult curriculum had not been updated since 1987, and the last 3 years have been spent researching and designing a high quality, effective curriculum for impaired drivers. The Risk Reduction Program is a 20-hour program that is offered in nearly 30 communities statewide, and unlike the Weekend Intervention Program (WIP), requires no overnight stay away from home for the participants. In addition, the fee for the Risk Reduction Program is less than half the former WIP fee. The new curriculum, designed specifically for Maine's impaired driver population, is called "Prime for Life" and is based on programs in several other states that

have shown a marked decrease in OUI recidivism

PRIME
FOR LIFE!

for offenders completing Prime for Life. Prime for Life was designed with the guidance and assistance of Prevention Research Institute, Inc. (PRI) of Lexington, Kentucky, which is a non-profit agency that has designed educational programs for substance abuse education since 1982.

In the spring of this year, DEEP and PRI began training new instructors to teach the Prime for Life curriculum. Between April and November, 80 individuals completed one of four intensive, 6-day, 36-hour certification training offered in Presque Isle,

Bangor, Belfast, and Portland. The trainings were rigorous, and a high level of competency was expected in order for trainees to earn their certification. In addition, DEEP required all community-based counselors and agencies working with DEEP clients to attend one of 8 two-day clinician trainings to prepare them to provide clinical services to clients completing Prime for Life. More than 300 clinicians were trained statewide to provide services that will enhance the clients' educational experience at the Risk Reduction Program.

2001 has marked a high point in the 25-year history of Maine's Driver Education and Evaluation Programs, with high-quality, timely services to both customers and the provider community more available than any other time in our history. In launching the new Risk Reduction Program with the Prime for Life curriculum, DEEP has moved forward in providing the highest standard of effective impaired driving interventions. Our ultimate goal is to offer Maine's citizens one of the best and most effective impaired driving programs in the country, and set a national standard for excellence.

Creating a System Welcoming for Persons with Co-occurring Disorder of Substance Abuse and Mental Illness

Early in the summer of 2000 the Department of Mental Health, Mental Retardation and Substance Abuse Services declared an initiative to develop a treatment system to effectively respond to the needs of persons with dual diagnoses of substance abuse and mental illness. Statistics demonstrate that up to 33 percent of persons with substance abuse also suffer from varying degrees of mental illness. Similarly, persons with mental illness demonstrate a high degree of substance abuse problems, as many as 75 percent. The new initiative is to change the system to provide more effective treatment services to dually diagnosed persons.

Commissioner Lynn Duby identified the Director of the Office of Substance Abuse, Kim Johnson, as the lead for the initiative, "Creating A System Welcoming to Persons with Mental Illness and Substance Abuse". Ms. Johnson invited leaders in the fields of both mental health and substance abuse to participate in the planning for the system changes necessary to meet this important mandate. Medicaid and Licensing officials were included to ensure effective communication and collaboration with those offices on the objectives of the initiative. The group met early on with Kenneth Minkoff, M.D., a nationally recognized authority in co-occurring mental health and substance abuse disorders, to learn of the current work



in the field and to gain understanding of the Minkoff treatment delivery model.

The goal of the planning group was to develop a process where identified agencies would become capable of responding to both substance abuse and mental illness. Some agencies, by virtue of their training and staff credentials, would be able to provide enhanced services equally to both groups. These agencies will be eligible for special dual diagnosis licensure negating the need to have both a substance abuse and a mental health license.

The Office of Substance Abuse applied for a Substance Abuse and Mental Health Administration (SAMHSA) grant in May of 2001 to continue its planning efforts in the coming fiscal year. The grant will assist the Department of Behavioral and Developmental Services in expanding the work of the group in disseminating information on the Minkoff Model and will include inviting Dr. Minkoff to come to Maine to present the model in both statewide and regional training work shops. It will culminate with at least ten agencies signing a Memorandum of Agreement to provide the enhanced level of treatment to persons with co-occurring disorders and support the development of an evaluation plan. Completion of the grant protocol would allow the state to apply for a follow up SAMHSA Implementation Grant in 2002. The development of the co-occurring disorders treatment initiative will have lasting impact on the behavioral health field in Maine. Persons with co-occurring mental health and substance abuse disorders will begin to get better treatment from better trained professionals, preferably in one location, in a system that works seamlessly.

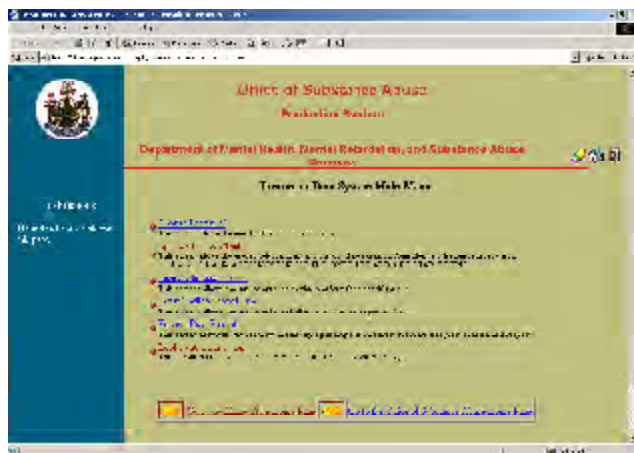
OSA Continues to Improve Data Collection Services for Treatment Providers and Schools

The Office of Substance Abuse's Information Services Team was very busy in SFY 2001 with a variety of technology projects.

Treatment Data System

In SFY 2001, the Office of Substance Abuse leapt into the next century when it implemented a web-based data entry system to collect treatment admission and discharge data from providers throughout Maine. The system, known as the Treatment Data System or TDS for short, allows treatment providers to log on to the Internet and enter their data remotely. This system is state of the art and one of the first of its kind in the country.

TDS has been very well received by treatment providers and seen as a huge improvement over previous systems. In addition to giving the providers a vehicle to enter data, it also has a sophisticated editing system built into it. This allows the agencies to get immediate feedback on possible errors on the forms. In the past, a great deal of time was spent by sending forms back and forth to the agencies for corrections to the data. Now they know in real time when an item on the form has been entered incorrectly.



OSA is continuing to improve and refine TDS through the addition of more edits, automating various demographic and monitoring reports, as well as developing an electronic interface that will allow agencies with their own data collection system to provide data electronically.

The demographic reports will be based on the admission, discharge and detoxification/shelter forms. Each item on the forms will be available for aggregate display in reports. As well as the demographic reports, several monitoring reports will be available. Those reports will be used for contract monitoring for utilization and effectiveness.

Additional New Systems Development

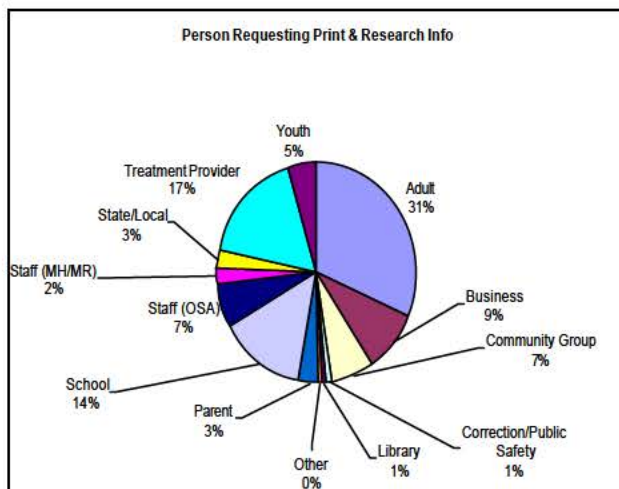
OSA has also begun development on two additional systems. One is the Safe and Drug Free Schools and Communities Act (SDFSCA) Data Collection System and the other is the Provider Directory Project.

The SDFSCA Data Collection System was originally built by the Research Triangle Institute for OSA through a grant from the US Department of Education's Safe and Drug Free Schools and Communities Act Program. The system is web-based and collects data on prohibited behavior (fighting, drug use, etc.). The information collected is necessary for Maine to complete its SDFSCA application to the federal government as well as allowing the Department of Education to submit their Title IV application. It was part of the grant that the system be turned over to the state of Maine at the end of the three year grant. Information Services and the Prevention team worked together to prepare for taking over the system and to have it housed on a server at the Bureau of Information Services. A member of Information Services will be serving as the Helpdesk for the system.

The Provider Directory Project is another web-based application being developed by OSA with the help of BIS. It will be a searchable database that the public, treatment provider agencies and the staff of OSA will be able to access to find treatment services all over the state based on a wide ranging set of variables. If a person called looking for outpatient services in Hancock County, that information could be entered into the search engine and it would provide all the licensed outpatient services in Hancock County. OSA intends to deploy the directory in March of 2002.

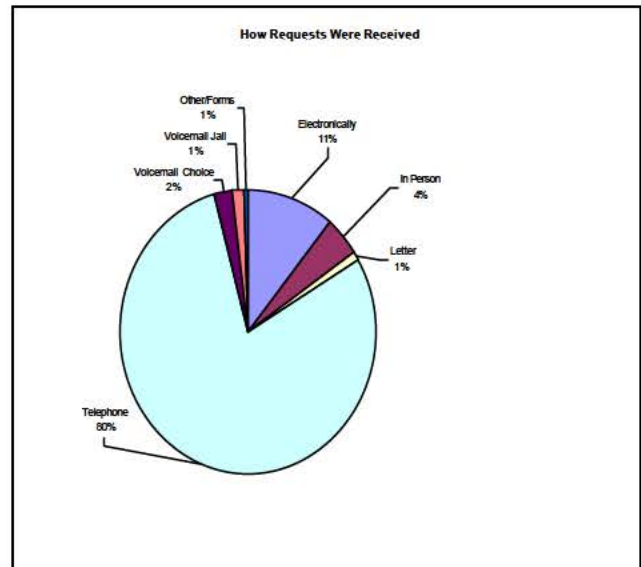
Information and Resource Center

The Office of Substance Abuse Information and Resource Center (IRC) provides Maine's citizens with alcohol, tobacco, and other drug information, resources, and research on prevention, education and treatment.



The IRC has a collection of over 10,000 items in the library. This includes books, videos, curriculum, and other printed resources. In fiscal year 2001, items loaned consisted of 600 books and 3,500 videos, and distribution of over 90,000 pieces of print material. In addition, there were over

2,400 informational and research requests this year. There is currently a client database of over 1,000 people in Maine, and 600 patrons borrowed material from the IRC last year. The majority of library resource use come from treatment agency personnel, school personnel, and state personnel. Other organizations and individuals throughout Maine utilize the resources of the center for information and referral.



E-mail requests continue to rise each year, this year showing a 32% increase over the last fiscal year.

The IRC has been designated by the Maine Youth Suicide Prevention Program to be the statewide source of youth suicide prevention information. The IRC is the central point of collection for many Departments' materials on suicide prevention. The Teen Yellow Pages (created by Ingraham through this initiative), and a suicide prevention information brochure for adults are available.

This year the IRC coordinated an informational announcement about Alcohol Screening Day in April to 5000 medical professionals. In May, 150,000 stickers and 1,500 posters for the Sticker Shock Campaign (see separate article) were mailed to communities to increase awareness of underage access to alcohol.

Resources Include:

Videos
Books, Periodicals, Literature
Pamphlets
Curricula
Treatment Directory
Support Group Meeting Directory

Web-based Searchable Catalog:

The IRC now has a searchable on-line catalog of its library holdings. The web address is www.state.me.us/bds/osa/irc . The Library Catalog may be searched by title, author, subject, and keyword. Limits can be set to narrow your search results. Requests for search result materials can be placed by calling the IRC or via email.

Contact Information:

Maine Office of Substance Abuse
Information and Resource Center
A.M.H.I. Complex, Marquardt Bldg.
#159 State House Station
Augusta, ME 04333-0159
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Web: www.state.me.us/bds/osa/irc

OSA Completes TANF Treatment Needs Survey

As part of the Center for Substance Abuse Treatment (CSAT) Demand and Needs Assessment Studies, OSA has been engaged in surveying the treatment needs of the TANF (Temporary Assistance for Needy Families) population in Maine. TANF came into law in 1996 replacing the former AFDC (Aid to Families with Dependent Children). National statistics have demonstrated that TANF populations have a higher incidence of alcohol and drug use which in some instances influences the TANF recipient's ability to get and /or maintain a job.

The Maine Study began in the summer of 2000 with interviews of approximately 450 TANF recipients located in three regions of the state. The areas were Cumberland County, Penobscot County (excluding Bangor and Brewer) and Knox, Waldo, and Lincoln Counties (Greater Rockland). Experienced interviewers were hired by Research Triangle Institute of North Carolina to go to the homes of TANF recipients to perform the interviews. Names and addresses of these persons were provided by random sample by the Department of Human Services under a special agreement between DHS and DMHMRSAS. The interviewees were paid \$10 to answer computer generated questions regarding past and present alcohol and drug use, and other related items. Additionally the study called for testing hair samples of 150 of the interviewees. A \$15 incentive was offered if a hair sample was given.

The survey was not without problems, primarily related to locating addresses, many of which were a post office box. After some delay the interviews were completed in January of 2001. It resulted in 448 interviews with adult females aged 18 to 64.

160 hair strands were received for analysis, however only 3 of these tested positive for any past 30 day drug use.

Results of the survey are being compared to the earlier statewide Household Survey performed in 1996.

Highlights of Findings

- ? 65 percent of TANF women were smokers, more than one half reported they were trying to quit and one half said they would like to quit.
- ? TANF recipients were estimated to have substantially higher rates (twice the rate) of heavy use than females from the statewide household survey.
- ? TANF recipients had substantially higher rates of any core illicit drugs in the past month at twice the rate of females in the general household population.

Although the report is still in draft form the results are conclusive that the TANF population demonstrates a need for alcohol and or drug use intervention. As the number of individuals receiving TANF continues to decline, OSA must continue to study the characteristics of this population so as to provide appropriate services thereby assisting the recipients in gaining healthier lifestyles and allowing them to find work.

CORRECTIONS INITIATIVE

Adult Corrections:

The relationship between alcohol, drugs and crime is well researched and documented. In an effort to adequately intervene in this relationship, the Office of Substance Abuse has continued it's collaborative effort with the Department of Corrections and the judicial branch of Maine State government, during 2001. A comprehensive system of screening, assessment and treatment for both youth and adults involved in the criminal justice and correctional system continued to be developed and implemented during this year.

The therapeutic community for men at the Maine Correctional Center in Windham has continued to operate at near capacity during the year. Present capacity is 40 inmates and the program will be moving to upgraded facilities during the next year. Intensive work has continued between OSA and the Department of Corrections to develop a substance abuse treatment program for female inmates. A new woman's prison facility is scheduled for completion early in 2002 for the 70 female residents at Windham. A curriculum for a substance abuse treatment program for these inmates has been developed and OSA has been extensively involved in the development of the programming to be delivered in this new facility. The substance abuse treatment program will bring much needed service to this underserved population.

Seven adult drug courts are presently being operated in Maine. These courts are located in York, Portland, Auburn, Rumford, Bangor, Machias, and Calais. Each drug court has the capacity to handle 40 clients. An RFP was issued during 2001 and awarded to Maine Pre-Trial Services, which

now has a full-time case manager in each drug court. Over 25 community based treatment providers underwent an intensive 2-week training program to provide the treatment component for drug court clients. The Differentiated Substance Abuse Treatment (DSAT) program provides consistency of treatment for all drug court clients throughout the state. There is a separate program for both men and women to deal with the gender specific issues of both populations.

Juvenile Corrections:

During 2001, the Juvenile Corrections Substance Abuse Network continued to be developed and maintained. This network presently consists of 59 substance abuse treatment agencies that participate in four regional networks. The mission of the network is to provide substance abuse screening, referral and treatment of juvenile offenders. Over 500 juveniles were evaluated for substance abuse issues with approximately 50% referred for further substance abuse treatment. An intensive outpatient program is in the process of development for Aroostook County. Teen recovery groups which are a teen driven entity, are in place in both Bangor and the Caribou area, and may be replicated in other parts of the state.

A memorandum of agreement, regarding confidentiality, was signed by the Department of Corrections and the Office of Substance Abuse. This agreement is meant to facilitate the appropriate exchange of confidential information for juveniles receiving substance abuse treatment at both the juvenile detention facilities in Maine. The agreement is an important component of providing coordinated and appropriate treatment and case management services for incarcerated youth.

The Juvenile Drug Treatment Court is operational in five sites, (Augusta/Waterville, Bath/Wiscasset, Bangor, Biddeford, and Portland). The drug court system is presently operating at approximately 80% capacity. A new drug court should be operational in Lewiston by the end of 2001, serving up to 15 juveniles at a time.

The lack of residential services for adolescents has been cited as a major barrier in providing successful treatment for adolescents. The Office of Substance Abuse is planning to issue an RFP for additional residential services during 2002.