

# Maine Office of Substance Abuse OSA

# 2003 Annual Report

www.maineosa.org

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director's desk



#### From the Director's Desk – Kimberly A. Johnson

iscal year 2003 was a difficult one for the Office of Substance Abuse (OSA) as we coped with continued growth of opiate abuse, developed a response to the increase in overdose deaths, and faced pressure due to the state budget crisis that necessitated cuts in some areas while successful applications for federal funds and the expansion of Medicaid provided for growth in others.

OSA was pleased to award twenty three community coalition grants to add prevention of alcohol and marijuana use to their goals through a federal grant program from which OSA received funds in 2002. These communities will have

three years to reach the ambitious goal of reducing underage drinking by as much as 10 percent using evidenced based practices.

The intended outcome of our parent education campaign was to raise parent's awareness of underage drinking and encourage parents to become more knowledgeable about the risks of their own teen's drinking. We had so many requests for the parent kit that we had to reprint after only three months. A survey of parents following the media campaign indicated they had changed their beliefs and behaviors regarding their children's potential for drinking. We had hoped for the change in knowledge, but were surprised by the level of the behavior change, and were so encouraged by the results that we intend to run the ad campaign again.

OSA spent the first two quarters of fiscal 2003 completing an assessment into the causes of the drug overdose problem that was identified late in FY02, and the remaining two quarters addressing the issue. With support from the federal government, we developed a public education campaign that targeted drug users, methadone clinic patients, substance abuse treatment providers and medical personnel with information on opiate abuse, risks of overdose, and appropriate treatment. In addition, we aired public service announcements geared to the general public to address the stigma of using methadone as a treatment for drug addiction.

The federal government completed a review of the methadone treatment system in Maine and the state's oversight of that system. A written report is due in October 2003. Verbal reports at the exit interview indicated the reviewers felt that the response Maine had to the overdose problem was a model for other states to follow.

One of the efforts that has come out of the response to drug overdose deaths is a collaboration with the Bureau of Health to develop a drug surveillance system to periodically bring together all parties that have information on drug abuse to share data and compare notes regarding emerging trends in order to identify and address drug abuse issues before they reach the proportions that the prescription drug abuse problem has.

funding

### **OSA REVENUE AND EXPENDITURES – FY 2003**

The Office had a 14 % increase in revenue and expenditures over 2002. Two-thirds, or \$2 million of this increase, came from three federal funding sources: a three-year award to develop community coalitions and statewide prevention programming, Safe & Drug Free School funding, and the Substance Abuse Prevention and Treatment Block Grant. Also, the Office was able to access an increased amount from the Fund for Healthy Maine allocation, and state funds appropriated for the Maine Care match increased due to the transfer from the Department of Human Services.

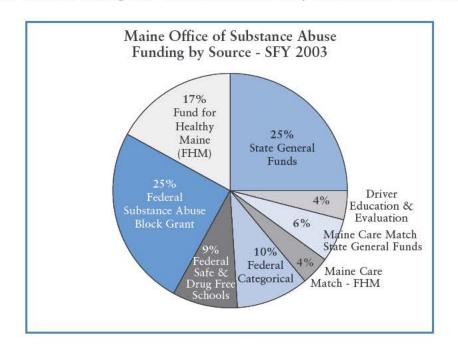
Funds were expended to support approximately 130 treatment and prevention programs throughout the state. Funding for these programs came from federal grants, state allocations and the Fund for Healthy Maine. An additional 23 coalitions were funded through a three-year federal grant to develop prevention programs. Approximately \$1.1 million from the Fund for Healthy Maine was used to supplement state funds to match the Maine Care reimbursement. Most treatment agencies with OSA contracts receive Maine Care reimbursement. In addition, there are approximately 30 non-contracted outpatient providers that receive Maine Care reimbursement, including match funds from OSA. Total Maine Care reimbursement increased significantly in 2003 due to the expansion of client eligibility and increased methadone services. The increased Maine Care reimbursement will help contracted agencies more adequately fund their programs and help the Office to achieve the best utilization of grant funds in a time of decreasing state resources.

#### Maine Office of Substance Abuse STATEMENT OF REVENUES & EXPENDITURES Year Ended June 30, 2003

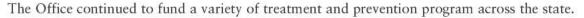
#### Revenues

State General Funds Driver Education & Evaluation Maine Care match - State funds Maine Care match - FHM funds Federal Categorical	\$6,369,935 959,518 1,698,736 1,081,784 2,431,597
Federal Safe & Drug Free Schools	2,383,695
Federal Substance Abuse Block Grant	6,351,881
Fund for Healthy Maine	4,281,847
Total Revenues Expenditures	\$25,558,993
Contracts with Treatment Agencies	\$13,519,795
Maine Care match - Treatment	2,780,520
Contracts with Prevention Agencies	6,115,568
Provider Agency Training	169,904
Media Campaign	400,000
General Operations	2,573,206
Total Expenditures	\$25,558,993

funding

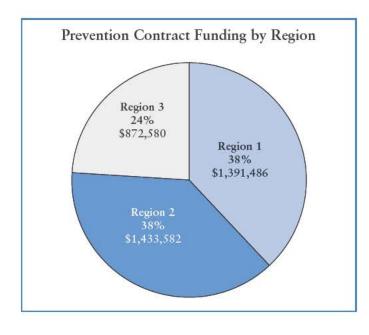


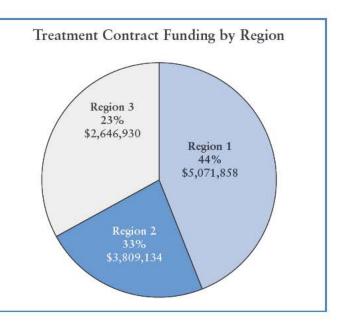
Total available funding of \$ 25.5 million is shown by source on the chart below:



	Prevention	Treatment
	Programs	Programs
Region 1 – Southern	33	20
Region 2 – Central and Mid-coastal	37	22
Region 3 – Northern and Downeast	26	18

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.





education

### **PUBLIC EDUCATION**

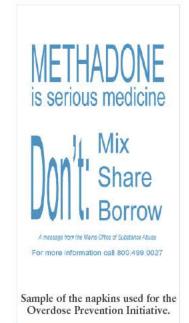
The OSA Information & Resource Center (IRC) supported several public awareness events this year. Staff displayed materials at 24 workshops, and provided materials for the following:

- Project Sticker Shock in May and December, the IRC provided 1,911 posters and 750,536 fluorescent stickers for store displays warning about providing alcohol to underage drinkers
- Alcohol Awareness Day the IRC provided materials to all Maine schools for use in their December Alcohol Awareness Day programs
- Maine Parents Campaign from the kick-off in January, through July, the IRC distributed 8,864 kits, 25,548 cards, and 11,002 pamphlets to support the parental awareness campaign
- National Alcohol Screening Day the IRC mailed supporting material focusing on adolescent chemical dependency to all health care facilities in Maine for the April 2003 Screening Day event
- Overdose Prevention Initiative the IRC distributed materials with the message: "Methadone is serious medicine. Don't Mix, Share, Borrow."



Sample of the calling cards used for the Overdose Prevention Initiative.





### Did you know that the Information and Resource Center . . .

... has a searchable online database that contains all titles in the library? The library contains videos, books, audiocassettes, and pamphlets.

You can search the database or call the IRC for help choosing what you need. You can fill out an online form to request material, or fill out a form to ask a question.

For more information, call the Center at 1-800-499-0027 (in-state only) or 207-287-8900.

### YOUR TEEN AND ALCOHOL

#### The Maine Truth: What Maine parents believe is not what Maine teens say!

Parents: Teens:	83% believe that their child has not had more than a few sips of alcohol in their life. 65% report they have had more than a few sips of alcohol in their life.
Parents:	98% believe that their child has not been drinking alcohol in the month before the parent survey took place.
Teens:	38% report they have been drinking alcoholic beverages in the past 30 days.
Parents:	99% believe that their child has not been drinking alcohol to excess (five or more drinks in a row within two weeks prior to the survey).
Teens:	20% report they had participated in at least one episode of drinking to excess (five or more drinks in a row within two weeks prior to the survey).
Parents: Teens:	90% believe that if their child drank alcohol without their permission, they would catch her/him. 64% report that their parent(s) would not catch them drinking if they were to drink without their parent's permission.



### YOUR TEEN AND ALCOHOL - DO YOU REALLY KNOW?

This message was selected for the Parent Media Campaign after the above market research data showed that most parents did not believe that their child was at risk for underage drinking. Ethos Marketing and Design worked with OSA prevention specialists to create two products associated with the campaign.

The first was a set of three television spots that delivered the message that, based on a parent survey and Maine Youth Drug and Alcohol Use Survey data, parents seriously underestimate the extent of youth alcohol use and that all kids are at risk.



MaineParents' Kit to Keep Your Teen Safe.

The second piece was the Maine Parents' Kit to Keep Your Teen Safe. The kit contains eight fact sheets with Maine-specific information that included: how to monitor your teen, Maine laws and data, signs to watch for, and a self- assessment for parents to determine if their actions might be inadvertently glamorizing alcohol use.

The response to the campaign was dramatic—schools and community groups requested so many kits for distribution that the number provided had to be limited. Given the need to reprint, several potential partners were approached by Communities for Children with a request for funding. In the end, additional support for the campaign was received from Anthem Blue Cross, Sappi Fine Paper-North America, the Office of Juvenile Justice and Delinquency Prevention, and Peoples Bank through the Banknorth Charitable Foundation. In addition to bulk requests, 600 individual requests were filled by the Information and Resource Center and the maineparents.net website registered 3,246 hits during a six-month period.

To further extend the message of the campaign, WCSH-6 created a thirty- minute video for parents that aired twice. Three hundred additional copies of the video were produced for distribution to schools and other community groups.

The best news from the campaign came from the random phone survey of 500 parents of teens after the campaign. Some of the survey findings were:

- The campaign is known; the core message was STRONGLY received, and perceived by parents as effective
- Parenting kits are in use in the field
- · Parental awareness of underage drinking has improved
- More parents are practicing effective parenting skills

Some specifics:

- Television advertising awareness is 60% across our target
- 50% of parents stated the core message to be "Parents are not aware of their kids drinking"
- 73% of parents perceived the ads to be very or somewhat effective
- There was a significant increase in parents who now ask if alcohol will be present (72.8% in 2003 versus 51% in 2002 for "often/always ask")
- There was a significant decrease in parents who think their kids are "very honest" with them about alcohol use (60.6% versus 79.2%)

We know that parents are the major influence in their children's lives and that engaging parents can be critical in prevention efforts. The "Your Teen and Alcohol: Do You Really Know" campaign educated and empowered parents to address this issue. Underage drinking does not have to be accepted as a "rite of passage."

-

THE PARTNERSHIP FOR A DRUG-FREE MAINE, a new alliance between the Maine Office of Substance Abuse and the Partnership for a Drug-Free America (PDFA), was established in spring 2003. PDFA is a national organization whose sole purpose is to work with the media to prevent substance abuse.

Over a period of three months, OSA distributed public service announcements (PSAs) to Maine television and radio stations. The PSAs are designed to appeal to a wide range of audiences, and all are tagged with local contact information. Each PSA was chosen from among a variety of spots available from the National Partnership



to ensure that all are appropriate for Maine citizens. Stations were asked to air these PSAs as often as possible throughout the next six months, at which time they will receive their second semi-annual distribution.

### **ONE ME – STAND UNITED FOR PREVENTION**

Twenty-three community coalitions throughout Maine are actively engaged in coordinated efforts to reduce youth tobacco use and high-risk drinking using proven models of prevention. Each coalition is comprised of people who represent local schools, law enforcement, service providers, businesses, civic organizations, parents and youth. Each has made a commitment to determining and addressing the needs of their community. The Office of Substance Abuse is able to support these local efforts through the One ME program. In 2001, Maine was awarded \$9 million under the Center for Substance Abuse Prevention's State Incentive Program. William Lowenstein, associate director of the Office of Substance Abuse, is the project director.



Dr. Phillip Graham, lead evaluator for RTI International, explains the evaluation design to the One ME coalitions.

Eighty-five percent of the money was awarded to 23 community coalitions through a Request for Proposal process. Each year \$2,555,000 will go directly to communities for substance abuse prevention programs. The remainder will be used to fund a comprehensive program evaluation, to develop a state-wide prevention plan, and to fund project staff through the Maine Association of Substance Abuse Programs.

Evidence-based substance abuse prevention programs are programs that have been reviewed by experts in the field, and according to predetermined standards of empirical research are deemed rigorous. Science-based programs have sound research methodology and have proven that program effects were clearly linked to the program itself and not to some other causal factor.

In the first six months of the grant, the 23 community coalitions completed an extensive assessment of needs and resources in their communities. They created risk and protective factor profiles to help them select prevention programs to address the needs of their youth. They conducted focus groups, media scans, and gathered local data on the nature and extent of the substance abuse issues in their communities. The implementation of selected programs began in the fall of 2003.

Maine's Substance Abuse Services Commission is serving as the Advisory Council for this project. In addition to the Advisory Council, five work groups will broaden the base of participation and add diversity of perspectives. The work groups include: Needs and Gaps, Strategies and Awards, Oversight and Technical Assistance, Evaluation, and Public Communications.

#### For more information, visit the One ME website at http://www.oneme.org

#### Successes Gained under the Improving America's Schools Act

During the period of the U.S. Department of Education's Improving America's Schools Act (IASA) from 1995-2002, Maine made significant progress in its efforts to attain safe and drug-free schools and communities, and met or exceeded most of the goals and objectives adopted in 1995-96.

The goals and related objectives were written for the period covering 1995-2000, but due to limitations with both the 1999 and 2000 surveys, and since IASA was extended, it was decided to include data gathered between 1995 and 2002.

The most significant progress was made with regard to Cigarette smoking.

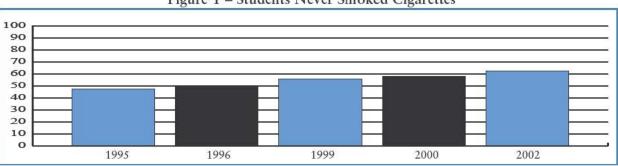


Figure 1 - Students Never Smoked Cigarettes

- Comparison of data from 1995 and 2002 reveals approximately a 28% decrease in the percentage of students who have smoked in their lifetime.
- For grades 6-12, smoking rates have declined by about 39% (25.1% to 15.2%) during the period of IASA
- Data also shows a decrease in the percentage of students reporting it is "Very Easy" or "Sort of Easy" to get cigarettes and alcohol respectively. When data from the 1995 MYDAUS is compared to the MYDAUS results from 2002, the percentages show a decrease of 30% (from 75.7% to 52.7%) for cigarettes and over 22% (from 67.8% to 52.7%) for beverage alcohol.

Other highlights from Maine progress report to the U.S. Department of Education on the IASA years:



Linda Williams, prevention team manager, right, meets with Susan Burns-Chong and Jackie Turner during the First Annual Prevention Provider Day held in November 2002. Contracted OSA prevention providers met to network and celebrate accomplishments and to stay current with the latest developments in the field.

- For all students in grades 6-12 who participated in the 1995 and 2002 surveys, the decline in the number of students reporting that they ever used alcohol went from 71% to 55%.
- Past month alcohol use declined from 38% in 1995 to 30.3% in 2002, or an impressive 20%.
- Overall, for students in grades 6-12 there was a decline of 13.5% (from 18.5% to 16%) in the percentage of students who reported they had participated in binge drinking on at least one occasion during the two weeks prior to each survey administration
- Since 1995, the prevalence of marijuana use for all students in grades 6-12 has decreased by approximately 10.5% from 19% to 17%.
- The percentage of Maine students reporting any use of LSD at any point in their lifetime remains relatively low. Overall, for students in grades 6-12 when data from 1995 are compared to data collected in 2002, there has been a 36% decrease from 9.7% to 6.2% although this difference cannot be verified statistically.
- While it was projected in 1995-96 that inhalant use would be impacted by only a small percentage, survey findings collected during the period since then reveal vastly better results. Students in all survey grades collectively reported a decline of 8.7% in the percentage reporting any use in their lifetime. This represents a nearly 42% decrease (from 20.8% to 12.1%) in the total number of students who have used inhalants in their lifetime.

### SUBSTANCE ABUSE AND THE WORKPLACE



The Final Report of the Task Force on Substance Abuse, <u>The Largest Hidden Tax: Substance Abuse in Maine</u>, 1998, reports the annual cost of substance abuse in Maine is estimated to be just over \$1.2 billion - that's \$916 for every man, woman and child in Maine. Other effects of substance abuse, such as low employee morale and high illness rates, are less obvious, but the effects are equally harmful.

According to the 2000 Household Survey on Drug Abuse, one in 12 full-time workers reported heavy alcohol usage during the past month and one in 13 reported illicit drug usage during the past month. Illicit drug users were twice as likely to have multiple employers during the past year and were two and a half times more likely to skip work.

In December 2002, the Office of Substance Abuse (OSA) was a sponsor of the Summit on Alcohol and other Drug Issues with the National Alliance for Model Drug Laws. During the summit, participants worked together

in groups to review current Maine laws and provide a listing of recommendations to improve those laws in various areas, including substance abuse in the work place.

The work group addressing substance abuse in the work place continued to meet after the summit and gained the sponsorship of the Substance Abuse Services Commission and the full support of the Office of Substance Abuse. This work group consists of business leaders, substance abuse treatment providers, Maine Department of Labor staff, Maine Health and Environmental Testing Laboratory staff, an attorney specializing in labor law, a representative from the Maine Substance Abuse Services Commission, and is chaired by an Office of Substance Abuse prevention specialist.

The workgroup is:

- Reviewing current Maine laws and making recommendations for changes. The changes would give employers more of an incentive to implement Drug Free Workplace Programs and maintain a balance between employers and employees keeping the rights of each intact. These recommendations will be presented to the Substance Abuse Services Commission in the form of proposed legislation.
- Developing two surveys that will assess current workplace prevention programs and practices, resources and referral sources, policies, testing tools, and more. One survey will target Employee Assistance Programs and Substance Abuse Professionals\* in Maine and the other addresses Maine employers with approved drug testing policies.
- Assisting in the design of an employer and employee resource webpage to be posted on the Office of Substance Abuse website.
- Assisting in the development of a training program on preventing substance abuse in the workplace for employers incorporating the Department of Labor's Drug Free Workplace Program.

Workplace prevention programs and strategies not only save employers a great deal of expense in lost productivity, increased workman's compensation and health insurance expenses, it also contributes to reducing the cost of substance abuse in our society. Data on cost-effectiveness of Employee Assistance Programs (EAPs), published by the Substance Abuse and Mental Health Services Administration, indicates that a savings to investment ratio may be as great as 15:1. For every dollar spent in preventing illicit drug use, there is a \$15 savings in dealing with the consequences of drug use and addiction. The bottom line: substance abuse prevention makes good business sense, and leads to a healthier and wealthier society for all.

\*Substance Abuse Professional (SAP) is a person who evaluates employees who have violated a Department of Transportation drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare. In order to be a SAP, you need to have certain credentials, possess specific knowledge, receive training, and achieve a passing score on an examination.

# intervention

### THE DRIVER EDUCATION AND EVALUATION PROGRAMS (DEEP)

After having devoted 2001 and 2002 to getting our new Risk Reduction Program for adult offenders up and running, DEEP's goals in 2003 have focused on the infrastructure that supports our programs.

DEEP's charge is twofold: 1) to increase every impaired driver's knowledge regarding the risks of alcohol and drug abuse and to provide insight into his or her own level of risk, and 2) to assess the 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. Maine's Risk Reduction Program (RRP) for adult offenders and the Moving Ahead Program (MAP) for underage offenders ensure that every single offender is assessed.



NEW CALL CENTER

In June of 2003, DEEP upgraded the telephone service system in an effort to be more responsive to its customers, to minimize wait time on hold, and improve the efficiency of the information-gathering process utilized when a customer calls to register for a DEEP program. We worked closely with the Bureau of Information Services (BIS) and developed a call center system similar to that used by the Bureau of Motor Vehicles, but on a smaller scale.

The new call center delivers incoming calls at random to the five "agents" who answer the phones making sure that the first calls received are distributed to the first agents available. Customers' time waiting on hold can be easily tracked, as can the number of calls in queue. If we see that there are several calls in queue, we can assign additional agents to meet the demand. As a result, time on hold has been significantly reduced in just the few months the new system has been active.

In July, August, and September, DEEP received a total of 12,204 calls. The average time a client was on hold before speaking with an agent was one minute, 16 seconds, and the average customer call lasted three minutes, 37 seconds. This represents a dramatic improvement over the old system, in which a customer might wait on hold for an agent for up to 30 minutes.

The public continues to be able to access DEEP staff via electronic mail through the Office of Substance Abuse web site, and usage of e-mail contact by customers has increased dramatically this year. Many customers utilize the DEEP e-mail address for quick answers to basic inquiries or questions regarding program requirements. The schedules for the Risk Reduction and Moving Ahead Programs are available on the web site and have proved to be a popular resource for clients planning ahead to attend a program.

We are currently working with InforME to study setting up a web-based application for DEEP customers to use to register, schedule, and pay for programs.



# intervention

### GUIDANCE FOR THE PROVIDER COMMUNITY

In an effort to ensure consistency of clinical services provided to DEEP clients who are referred to evaluation and/or treatment, DEEP revised its Completion of Treatment Guidelines (COTG) this year. This is the first time the COTG have been revised since they were originally written nearly 20 years ago.

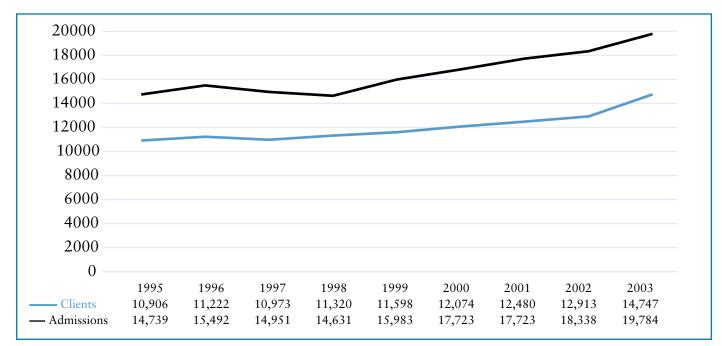
Susan Hilyard Long, DEEP program manager, Linwood Oakes, Sr., certification and policy specialist, Bill Lowenstein, OSA associate director, along with Katherine Hamlin and Bill Crane, DEEP case managers, all worked together for several months to bring the guidelines up to date with current clinical practice in the field of substance abuse treatment. The DEEP staff also received the valuable input of Ray Daugherty, author of the "PRIME for Life" curriculum and president of Prevention Research Institute, and Bryan Ellis, author of the NEEDS Assessment and the Juvenile Automated Substance Abuse Evaluation (JASAE) and president of ADE, Inc.

As of February 1, 2003, the new Completion of Treatment Guidelines went into effect and now assists clinicians in the difficult and delicate work of diagnosing the extent of a client's substance abuse problem and allows for consistency between the American Society of Addiction Medicine's (ASAM) Patient Placement Criteria, the Diagnostic and Statistical Manual (DSM IV), and the Prevention Research Institute's Phases of Progression.

This is an exciting time for DEEP programs, with high quality, timely services to both customers and the provider community more available than at any other time in our history. By increasing timely telephone customer access to DEEP and setting clinical diagnostic standards for the DEEP-approved provider community, DEEP continues to move forward in our goal to set the standard for effective impaired driving interventions. DEEP strives to offer Maine's citizens the best and most effective impaired-driving programs, in order to serve the public safety and offer an opportunity to improve the quality of life of individuals, their families, and their communities.

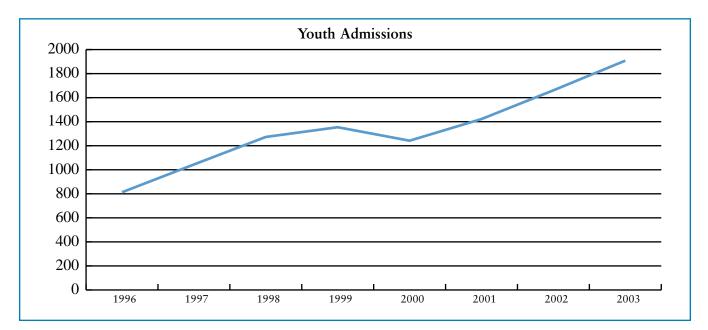
### 2003 HIGHLIGHTS FROM THE TREATMENT DATA SYSTEM

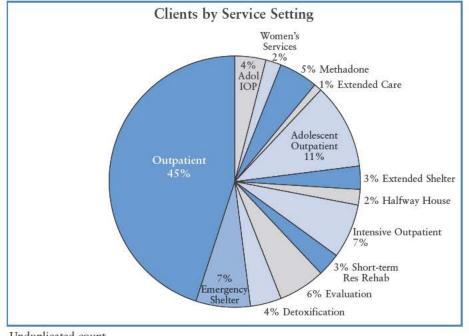
In State Fiscal Year (SFY) 2003, 14,747 clients and 19,784 admissions occurred in the Treatment Data System (TDS). There has been a 12.4% increase in clients served since last fiscal year.



Clients = unduplicated, admissions = duplicated.

Of those clients admitted for services in SFY 2003, 66.3% were males and 33.7% were females continuing a similar pattern from past years. Eighty-five percent were adults and 15% were youth continuing a growing pattern in serving youth.

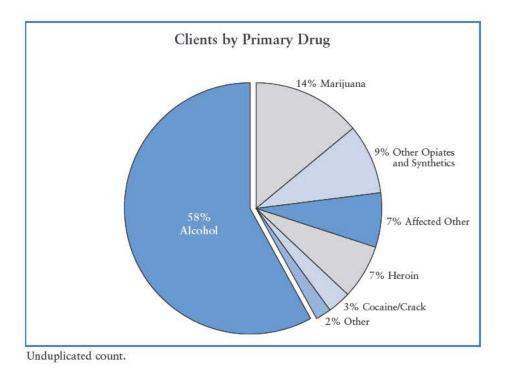




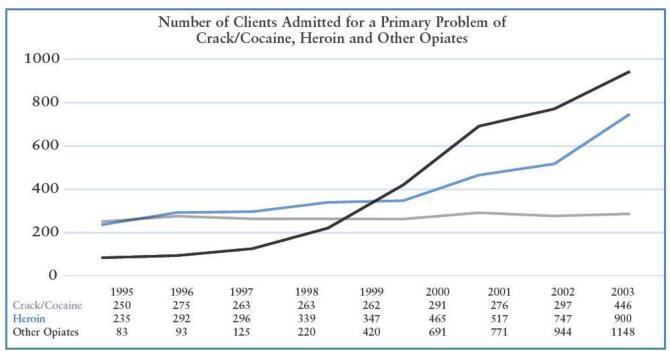
The largest percentage of clients accessed Outpatient services at 45%, then Adolescent Outpatient services at 11%, followed by Emergency Shelter and Intensive Outpatient at 7% each:

Unduplicated count.

Alcohol continues to be the primary drug used/abused by clients entering treatment at 58%. Use of marijuana has steadily grown as the primary drug of choice. Currently 14% of clients are admitted for marijuana, a 12.4% increase in clients entering treatment due to abuse of marijuana from SFY 2002. The use of other opiates and synthetics continues to increase slowly with 8% of clients using in SFY 2002 and 9% in SFY 2003. The number of clients who are affected others is 7% in SFY 2003.



Clients abusing cocaine or crack have grown by 33% in SFY 2003, though the percentage of clients admitted for its use only changed from 2.4% to 3%. Heroin use has increased from 2% in SFY 1995 to 7% in SFY 2002. Other opiates and synthetics have increased from less than 1% in SFY 1995 to 9% in SFY 2003.



Unduplicated count.

treatment

### NEW ALCOHOL AND DRUG COUNSELOR LICENSING LAW

During the past fiscal year, the Office of Substance Abuse hosted a work group with representation from the Department of Professional and Financial Regulation, the Maine Association of Substance Abuse Programs (MASAP), and the Maine Association of Alcohol and Drug Abuse Counselors (MAADAC) to review and recommend changes to the statutes for the State Board of Alcohol and Drug Counselors.

The changes allow for a combination of education and supervised experience to be used in a progression toward higher credentialing while increasing the accountability of the clinical supervisor. The recommended process provides for different points of entry based on education.

A bill was authored by the Department of Professional and Financial Regulation and submitted to the legislature. It passed and was signed into law on May 29, 2003. The law has an effective date of November 1, 2004.

There will be four levels of counseling professional certified by the Board of Alcohol and Drug Counselors:

#### Alcohol and Drug Counselor Aide

- Registered by the Board as an apprentice and must work in an agency that is licensed by the Office of Substance Abuse. Individuals in this category may facilitate individual and group counseling only under direct supervision
- Certified Alcohol and Drug Counselor
  - Certified through education, experience and examination to provide alcohol and drug counseling unaided within an agency licensed by the Office of Substance Abuse and with close clinical supervision

#### Licensed Alcohol and Drug Counselor

• Licensed through education, experience, examination and case presentation to provide individual and group alcohol and drug counseling services independently within an agency licensed by the Office of Substance Abuse or in private practice

#### Certified Clinical Supervisor

• Clinically licensed individuals that are certified through education, experience and examination to provide clinical supervision to individuals who provide alcohol and drug counseling services in the categories listed above

This law provides for an alternative pathway to certification and licensure for persons without degree-level education by recognizing work experience in the field of alcohol and drug counseling. The law also requires an alcohol and drug counseling aide and a certified alcohol and drug counselor to be supervised by a board certified clinical supervisor. We believe this process will bring a new level of accountability to the credentialing process.



### **OVERDOSE DEATH RESPONSE**

In response to the increase in opiate overdose deaths in 2002, the Office of Substance Abuse took a number of measures to ensure that opioid treatment clinics were providing good clinical practice and diversion control. These measures included placing a moratorium on take home doses, performing site visits on the two clinics in the greater Portland area, meeting with law enforcement officials, assisting in funding a review of the overdose deaths over the past five years by the Medical Examiners office, and also requesting technical assistance from the

Center for Substance Abuse Treatment (CSAT) to provide education for the medical community, drug users, and the general public.

A number of activities have occurred in the past year:

- The director of CSAT, H. Westley Clark, came to Maine in the fall of 2002 and held Grand Rounds at Maine Medical Center as well as meetings with the professional community.
- Promotional materials regarding methadone safety were developed including two sixty-second radio spots made by clients in methadone programs. Paper napkins with the message "don't mix, don't share, don't borrow " were distributed to Opioid treatment clinic clients, shelters, needle exchange programs and other places where addicts would see them, and a 10-minute "foncard" with a similar message was distributed.
- The Medical Examiner *Study the Maine Drug Related Mortality Patterns:* 1997-2002 was released and is available on the web at http://www.maine.gov/bds/osa/pubs/osa/2003/drugreport.pdf. The Study concluded that the dramatic rise in overdose deaths in Maine is due mainly to a rise in accident overdoses and profiles the affected population as being at greater risk of death because "... of a history of substance abuse, underlying natural disease, and the use or misuse of multiple prescription medications".
- At the request of the Office of Substance Abuse, the Maine Center for Public Health and the Maine Public Health Association performed a study of this "public health" issue and developed a strategic plan for addressing overdose that included categories such as: community education and awareness, overdose prevention strategies, emergency response, monitoring and investigation, treatment, law enforcement and research.

Preliminary reports for the first half of FY03 indicate a reduction of overdose deaths with only one death involving methadone from an opioid treatment clinic. The cause of the reduction is unclear, but we feel that the combined response of the many agencies and clinics has had an influence.



#### **CO-OCCURRING DISORDERS TREATMENT PROGRESS**

With a great deal of activity in response to the FY02 Planning Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) behind us, OSA and Mental Health Services at BDS have continued to focus on implementation of the Co-occurring Initiative. In the spring of 2003, SAMHSA announced a new grant opportunity, the COSIG Grant, a State Incentive Grant for Treatment of Persons with CO-Occurring Substance Related and Mental Disorders. The grant would provide up to \$5 million over a five year period, the first three years being primarily the implementation of a pilot program and the last two years doing an evaluation. With only five or six awards to be made nationally, the competition is expected to be fierce. Awards will be announced in September.

Planning and preparations for moving the system forward have continued. The Coordinating Committee has met quarterly since January providing support to the regions and maintaining momentum for the Initiative. The primary activity that has occurred has been training. The curriculum that was developed by the Co-occurring Collaborative of Southern Maine is ready for use. Training workshops will be occurring in Regions I, II, and III in the coming months. If Maine does not receive the grant, the Coordinating Committee will develop a strategy to continue this important effort.



### FIRST STATEWIDE DRUG COURT TRAINING CONFERENCE

OSA hosted the first statewide drug court training, *Integrating Maine's Drug Treatment Courts*, in March of 2003. This three-day training event, held in Portland, was sponsored by grant monies from the Office of Justice Programs, the Drug Court Programs Office, the National Drug Court Planning Office, and the National Drug Court Institute. About 160 key actors representing all thirteen of Maine's juvenile, adult, and family drug treatment court teams participated in this training. Attendees included judges, case managers, treatment providers, probation officers, local law enforcement, and defense attorneys.

This event brought nationally renowned experts to present best practices and support to teams in development of policies and procedures for effective drug treatment courts. Topics included: principles of effective behavioral management systems; the role of the drug court team in treatment; case management for drug treatment courts; and court as theatre. OSA continues to provide technical assistance, follow-up, and training to encourage these model programs.



### MAINE CONTINUES TO GET NATIONAL RECOGNITION FOR COURT PROGRAMS

Maine is one of the few states to have successfully implemented statewide juvenile and adult drug treatment court programs, operating in seven counties, and serving over two-thirds of the state's population. These statewide drug treatment court programs were two of three programs nationally selected for review in the official journal of the field - <u>The National Drug Court Institute Review</u>, Vol. 3 Issue 2, Winter 2001, (pages 120-126).

#### Summary Statistics for the Maine Drug Treatment Court Programs for 2003

Adult Drug Treatment Court:

- served a total of 245 (182 men, 62 women) clients from across the state
- graduated 57 clients from the six drug treatment courts
- has 123 active clients receiving treatment services across the state
- provided a correctional confinement cost savings of more than \$2.5<sup>1</sup> million

Juvenile Drug Treatment Court:

- served more than 75 (66 male, 9 female) adolescents statewide
- hosted six graduations in the last quarter of 2003

<sup>&</sup>lt;sup>1</sup> Total "savings" based on a calculation of total bed days out of confinement due to program participation, minus total bed day in custody for a sanction, multiplied by the cost per jail or prison bed day for participants in the six programs between time of admission and the present or to termination from the program.

# corrections initiatives

#### Family Treatment Drug Court Program Opens

In October 2002, the Maine District Court received a Substance Abuse and Mental Heath Services Administration (SAMHSA) grant that enabled the court to operate a Family Treatment Drug Court. The Family Treatment Drug Court (FDTC) is based at the Belfast District Court. There are eight families (or 11 individuals) currently participating in the FTDC program with a number of referrals of families from across the mid-coast region.

This project enhances the work already going on with families in this region and builds on existing services. The DHS district office and local treatment providers are integrally involved. More intensive substance abuse treatment services will be offered through local providers. Other needs of the parents and children will also be addressed: mental health services, day care, transportation, parenting classes, and child educational programs.

#### Adult Corrections Substance Abuse Treatment Services

Substance abuse treatment services are being provided to female inmates in the new women's unit at the Maine Correctional Center (MCC) in Windham. Three staff members work with the unit team to provide substance abuse assessment and treatment services for all women. Over 90 women have received services, and 23 have completed treatment since this unit opened in August 2002.

Substance abuse treatment for severely addicted male inmates is also provided at MCC. OSA and MDOC worked together this year to improve both the quality of services and number of men served by this modified therapeutic community, called the Correctional Recovery Academy (CRA), and the transitional treatment program or Transitional Recovery Academy (TRA) located at the Central Maine Pre-release Center in Hallowell. The evidence based motivational and cognitive behavioral treatment programming being provided in these programs will be implemented in all of the men's institutional facilities across the state during 2004.

The Adult Community Corrections Treatment Advisory Group (TAG) continues to expand. Four new treatment agencies joined this treatment network in the last year. OSA provides technical assistance and support to treatment providers, working with criminal justice and corrections clients through monthly conference calls, biannual booster training events, quarterly site visits, and specialized training events and opportunities throughout the year.

#### Juvenile Corrections Substance Abuse Treatment Network and Institutional Services

Maine is the only state in the nation to have implemented a statewide network for the treatment of substance abuse and juvenile offenders. The Juvenile Treatment Network has increased treatment services available to juvenile offenders statewide. The network of providers now includes 52 treatment agencies in 86 locations and 37 schools across Maine providing screening and referral for evaluation.

Some of the services provided by the Juvenile Treatment Network this year include:

- 300 juveniles referred for screening
- 221 juveniles completed screening for substance abuse
- 147 or 67 percent of the juveniles screened were referred for further evaluation

# corrections initiatives

- 81 families were contacted to answer questions and discuss recommendations for further evaluation
- 45 juveniles received financial assistance to pay for treatment
- 268 juveniles were admitted to treatment

Treatment services are also provided at Long Creek and Mountain View Youth Development Centers, the two MDOC Juvenile Services residential facilities. Substance abuse treatment professionals work with each facility's unit teams to provide screening, assessment, treatment, and transition to community- based providers at release for juvenile offenders in each of the youth development facilities. In 2003, the Mountain View treatment team served 94 adolescents from communities north of Augusta. The Long Creek team served 66 adolescents from communities in southern Maine.

#### **Recidivism Outcomes**

One of the principle goals of drug court programs is to reduce the likelihood of arrests among participants. Findings from a report assessing the efficacy of Maine's juvenile drug treatment court against this outcome measure suggest a positive program effect with fewer juvenile drug court participants being arrested than the control group and program graduates being the least likely to re-offend overall. Juvenile drug court participants are also less likely than the control group to be rearrested for alcohol or drug related offenses or for the commission of felonies or violent crimes.

Overall, drug court graduates are the least likely to be arrested, commit felonies and/or drug and alcohol related offenses than either expelled participants or the control group. Simply put, drug court graduates are less likely to be arrested indicating a positive program effect.

highlights

#### HIGHLIGHTS

- The Office of Substance Abuse (OSA) in collaboration with the Bureau of Health has initiated the development of a drug surveillance system, the Community Epidemiology Surveillance Network (CESN) that will include data from drug abuse treatment services, public health reports, law enforcement agencies, hospital emergency departments, the medical examiners office, help lines and surveys. The network is intended to study the changing patterns of drug abuse in the state. The objectives of CESN are:
  - To identify drug abuse trends state-wide
  - To identify drug abuse patterns in defined geographical locations
  - To detect emerging substances of abuse
  - To provide information for policy development and program planning.

The CESN will be valuable in assisting the state in tracking emerging trends, determining high priority activities, allocating resources strategically, and developing appropriate public policy.

- OSA received a Technical Assistance Review by the Center for Substance Abuse Treatment (CSAT) to assess the state management and oversight of opioid treatment. Federal reviewers spent two weeks in the state in June, interviewing OSA staff, representatives of BDS Licensing, the Maine DEA, the Attorney General's Office, the Pharmacy Board and the Director of Emergency Medical Services for the state. They also visited each of the four methadone clinics where they toured the facilities, examined records, and interviewed clients. Their report is anticipated in the fall of 2003.
- When CSAT assumed oversight of opioid treatment programs (OTPs) from the FDA, they made a requirement that all OTPs must be accredited through a national accreditation board by May 8, 2003. All four OTPs in Maine have received their accreditation: CAP Quality Care and Acadia were approved by JACHO; Discovery House, South Portland and Winslow, by CARF.
- OSA will have a part-time Medical Director in the near future. Acting Commissioner Sabra Burdick agreed to the assignment of James Fine, MD, five hours a week. Dr. Fine, a Board Certified psychiatrist, has worked for BDS as the Medical Director for Region II for several years. He has a strong substance abuse treatment background including first- hand experience with methadone treatment. He will provide valuable support to numerous OSA activities, including the Co-occurring Disorders initiative, opioid treatment issues, and critical incident reviews.
- A new events calendar will be available this year on the web: <u>www.mainepreventioncalendar.org</u> This calendar will list prevention events statewide. The calendar will be shared by the following: Department of Human Services, Behavioral & Developmental Services, Education, Communities for Children, Maine Children's Trust, Juvenile Justice Advisory Group, and the Maine Youth Suicide Prevention Program.
- Prescription Monitoring Program based on the passage of recent legislation, the Office of Substance Abuse has applied for a grant to help build the infrastructure for a prescription monitoring program. It is OSA's intentions to collect the pharmacy data, clean it, and then make the data available to physicians via the internet. OSA should know if it will receive the grant by September 2003.

# notes

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

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@maine.gov



Department of Behavioral and Developmental Services



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