

MAINE STATE LEGISLATURE

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Maine Office of Substance Abuse
OSA

Maine Department of Health and Human Services

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www.maineosa.org

2005
Annual
Report



In reviewing fiscal year 2005, the Department of Health & Human Services' Office of Substance Abuse (OSA) has much to be proud of, receiving both local and national recognition for its efforts in reducing the abuse of alcohol and other drugs in Maine. This past year, several OSA staff members have been participants and/or presenters at local, regional and national conferences, showcasing the hard work that has been taking place on a daily basis. Several accomplishments worth mentioning are highlighted in this report.

In July 2004, in an effort to better address the rapid acceleration of prescription drug abuse, Maine established the Prescription Monitoring Program (PMP). In its first annual report on the PMP, OSA announced a startling statistic -- between July 2004 and June 2005, enough prescriptions of schedule II, III, & IV drugs were written to produce an average of 1.34 prescriptions for every single person in the State of Maine, regardless of age! For more detail, see the PMP article in this report or visit our website www.maineosa.org for the complete report.

With the help of the Strategies for Healthy Youth Workgroup, a collaboration of state partners (Communities for Children and Youth, Teen and Young Adult Health Program, Healthy Maine Partnerships, Maine Children's Trust, Maine Drug Enforcement Agency, Maine Association of Prevention Programs, Higher Education Alcohol Prevention Partnership, Community Health Promotion Program, Coordinated School Health, Maine Youth Suicide Prevention Program, Adult Mental Health Services and Hornby Zeller Associates), OSA awarded the first of the Strategic Prevention Framework State Incentive Grant (SPF SIG) funds to six organizations to assess the substance abuse prevention needs of different cultural subpopulations that may be at risk in Maine. This project will break new epidemiological ground by documenting substance abuse risk in small, but definable cultural communities who may suffer health disparities related to substance abuse. Information gathered in this assessment phase will be used by prevention programs and coalitions across the state to develop services that more effectively meet the unique needs of the targeted groups.

Through a partnership with the Women's Project at People's Regional Opportunity Program (PROP), OSA has received a Substance Abuse and Mental Health Services Administration (SAMHSA) grant for the state to address Fetal Alcohol Spectrum Disorders (FASD), a term that describes the range of effects that can occur in an individual whose mother drinks alcohol during pregnancy. FASD is 100% preventable and the project goal is to eliminate alcohol-affected births in Maine. A collaborative task force has been developed to conduct a comprehensive statewide needs assessment after which they will develop a strategic plan based on the findings to address FASD in Maine.

Despite these efforts, OSA was only able to serve approximately 17% of those in Maine who are eligible for, and in need of, addiction treatment this year. OSA continues to work to expand the availability of prevention and treatment services to all Maine residents and will stay vigilant to ensure that the best treatment possible is brought to Maine within available resources.



Kimberly A. Johnson

MAR 30 2006



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SPECIAL ACCOMPLISHMENTS SFY 2005

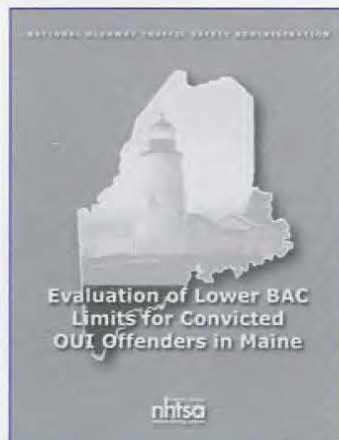


Bill Lowenstein, OSA Associate Director, was elected for a two-year term as the President of the National Prevention Network, which is made up of all the single state agency substance abuse prevention leaders throughout the country. This position also serves as the Vice-President for Prevention on the Board of Directors of the National Association of State Alcohol/Drug Abuse Directors. The role of the President is to provide leadership direction and to serve as the national spokesperson for the field of substance abuse prevention.

Kimberly Johnson, Director of OSA, received a recognition award for her outstanding service to women and their families affected by substance abuse from the Women's Addiction Services Council, a statewide organization made up of seven member agencies that share a commitment to supporting women who are engaged in treatment and recovery. Kim was honored for her leadership which resulted in many new initiatives supporting women's access to substance abuse treatment.



Carol Troy (left) presents the Recognition Award to Kim Johnson (right).



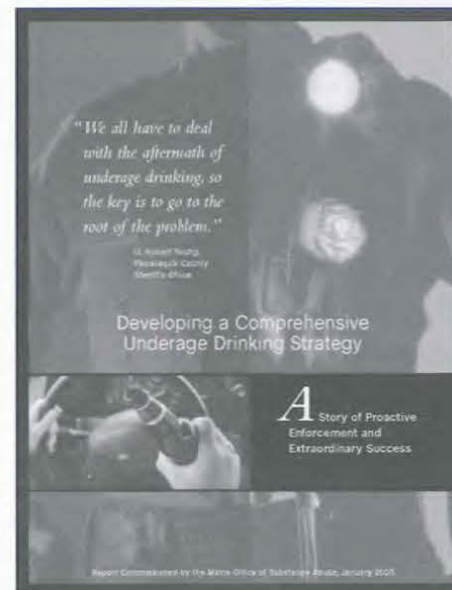
The Driver Education and Evaluation Program (DEEP) was cited in a publication of the National Highway Traffic Safety Administration, titled Evaluation of Lower BAC Limits for Convicted OUI Offenders in Maine. Conducted by Mid-America Research Institute, Inc., the research concluded that, when included in a state's arsenal of OUI countermeasures, a lower BAC law can be effective in reducing fatal crashes involving convicted OUI offenders, and that such a law can be enacted and implemented with essentially no negative effects on a state's OUI control system. DEEP assisted in the research by providing the results of their survey of BAC law awareness among OUI offenders entering DEEP's Risk Reduction education program.



*Partners in Prevention award recipients from left to right:
Lt. Patrick Fleming, Maine Department of Public Safety; Raquel Boehmer, Maine Bureau
of Alcoholic Beverages; Laurie Davidson, Higher Education Center; Kim Johnson, OSA;
Megan Rice, Maine Association of Prevention Programs; Becca Matusovich, OSA.*

As an OSA grantee, the Piscataquis County Sheriff's Office received a "National Law Enforcement Program of the Year" award for their department's efforts in implementing a comprehensive underage drinking enforcement strategy that produced dramatic results. The Piscataquis County strategy has been recognized nationally by the U.S. Office of Juvenile Justice and Delinquency Prevention as a "Success Story" and a brochure on the program and its results has been distributed by the Underage Drinking Enforcement Training Center to law enforcement and prevention partners in every state nationwide. Additionally, a model underage drinking enforcement policy for law enforcement agencies, informed by the successful policy implemented in Piscataquis County, was approved as a model policy by the Maine Chiefs of Police Association.

OSA was honored with an award from Maine's Higher Education Alcohol Prevention Partnership (HEAPP), a consortium of colleges and universities working together to reduce high-risk drinking on and around college campuses in Maine. It was noted by those presenting the award that OSA "has been an invaluable partner and supporter of campus prevention..." and "...has provided exceptional technical assistance, training opportunities, and leadership." Maine's First Lady, Karen Baldacci, hosted the event at the Blaine House.



WHAT IS OUR MISSION?

THE MISSION OF THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Provide integrated health and human services to the people of Maine to assist individuals in meeting their needs, while respecting the rights and preferences of the individual and family, within available resources.

THE MISSION OF THE MAINE OFFICE OF SUBSTANCE ABUSE

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

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

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

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

WHOM DO WE SERVE?

THROUGH PREVENTION

The Prevention Team works to prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine. Prevention initiatives address youth and adults in their schools, families and communities to create “a public untouched by substance abuse.”

2005 PREVENTION INITIATIVES

- MaineParents.net
- One ME – Stand United for Prevention (State Incentive Program)
- Prevention Workforce Development
- Strategic Prevention Framework State Incentive Grant (SPF-SIG)
- Inhalant Abuse Task Force
- Safe and Drug-Free Schools and Communities Act
- Substance Abuse in the Workplace
- Underage Drinking Prevention Initiatives
 - Higher Education Alcohol Prevention Partnership
 - Maine Youth Voices and Youth Empowerment & Policy Group
 - Project Sticker Shock
 - Strategic Underage Drinking Enforcement

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

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

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

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

CURRENT TREATMENT INITIATIVES

- Professional Credentialing
- Evidence-Based Practice Training and Technical Assistance
- Work Force Development
- Co-occurring Disorders
- Drug Treatment Court and Diversion Programming
- Inter- and Intra-Agency Collaboration

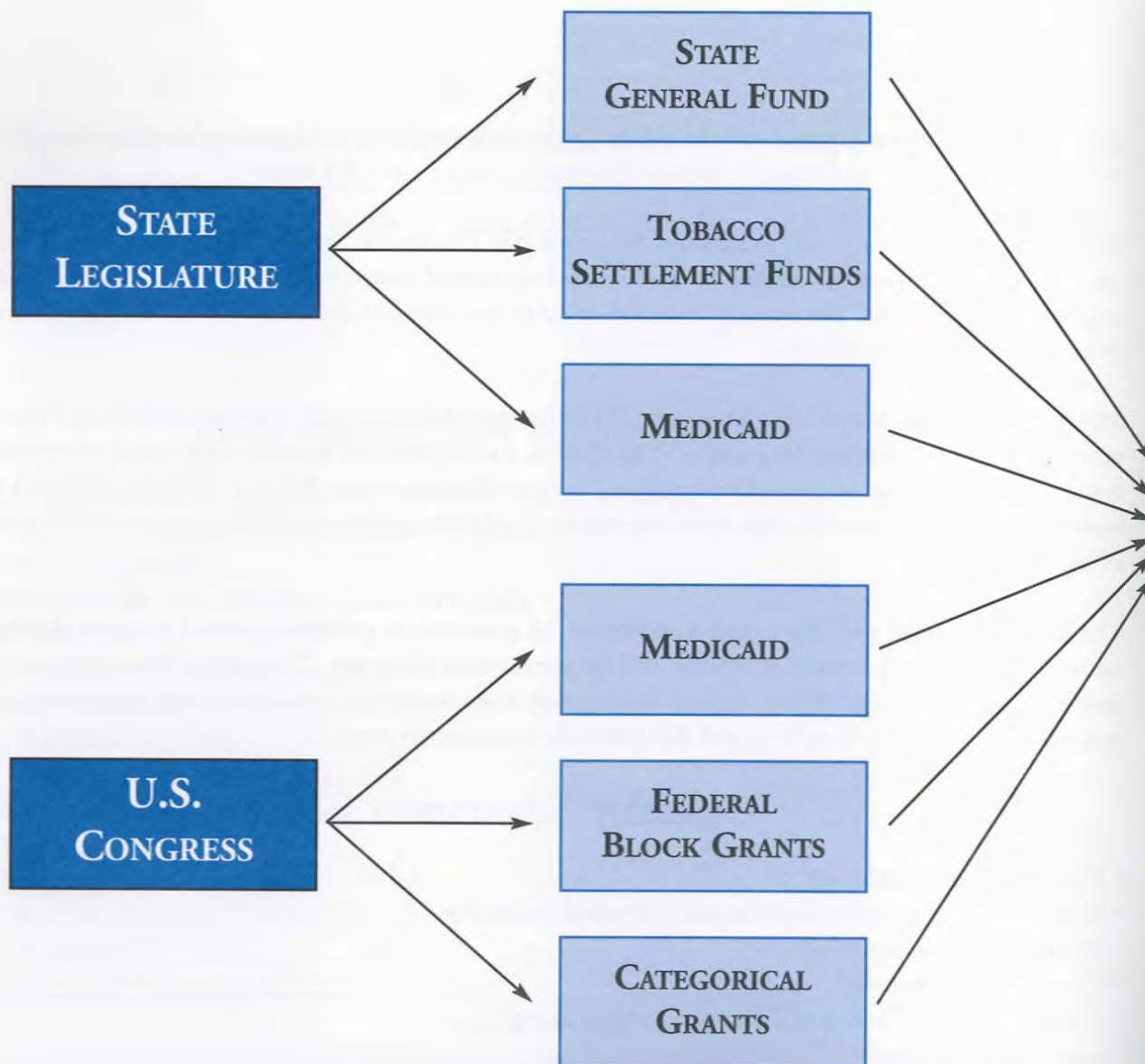
THROUGH INTERVENTION

THROUGH TREATMENT

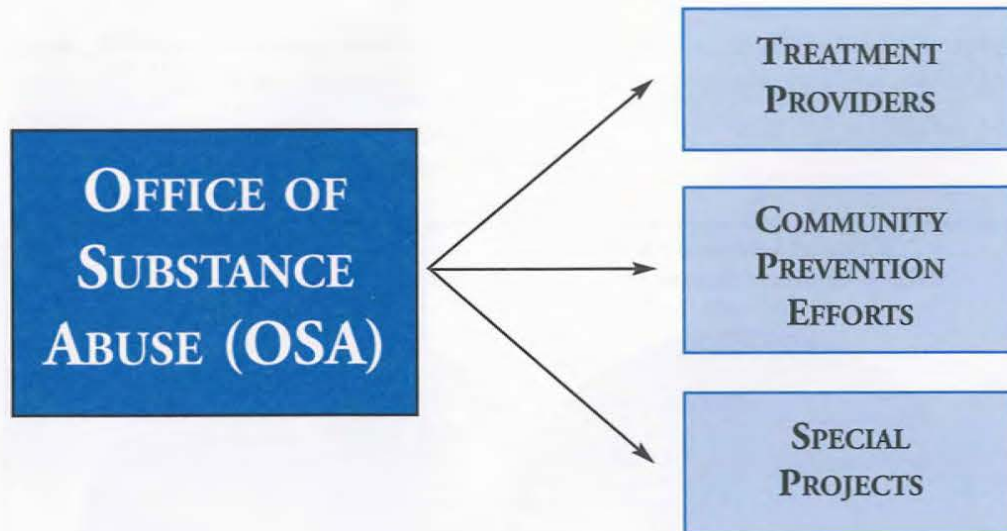
HOW IS OSA FUNDED?

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

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



HOW DOES OSA USE FUNDS?



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

OSA does not provide any direct substance abuse prevention or treatment services, including counseling or case management. It also does not provide money directly to individuals to receive services.

OSA REVENUE & EXPENDITURES

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

Prevention Services

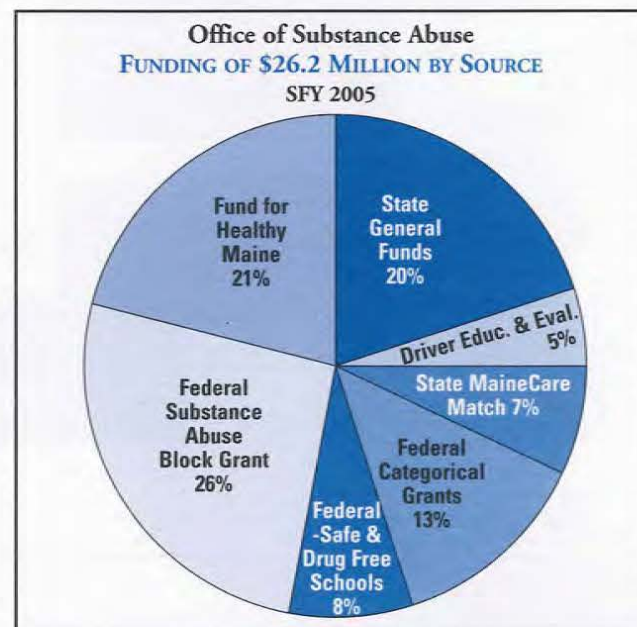
- After School Programming
- Curriculum/School Based Programs
- Environmental Strategies
- Mentoring
- Parent Education
- Skill Building
- Service Learning
- Underage Drinking Enforcement

Treatment Services

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

Maine Office of Substance Abuse STATEMENT OF REVENUES & EXPENDITURES Year End Comparison, June 30

	SFY 2004	SFY 2005
REVENUES		
State General Funds	5,963,565	5,334,726
Driver Education & Evaluation	1,309,759	1,242,474
MaineCare Match - State General Funds	1,529,299	1,767,908
MaineCare Match - FHM Funds	1,028,270	1,448,077
Federal Categorical Grants	3,285,350	3,499,161
Federal Safe & Drug Free Schools	2,290,657	2,089,521
Federal Substance Abuse Prevention and Treatment Block Grant	6,757,417	6,749,697
Fund for Healthy Maine (FHM)	4,431,177	4,044,748
Total Revenues	\$26,595,494	\$26,176,313
EXPENDITURES		
Grants with Treatment Agencies	12,835,053	\$11,956,848
MaineCare State Match - Treatment	2,557,569	3,215,985
Grants with Prevention Agencies	6,875,342	6,874,010
Driver Education & Evaluation Program	1,309,759	1,242,474
Prescription Monitor Program	67,423	232,794
Provider Agency Training	216,575	391,462
Media Campaign	50,000	74,602
General Operations	2,683,773	2,188,138
Total Expenditures	\$26,595,494	\$26,176,313



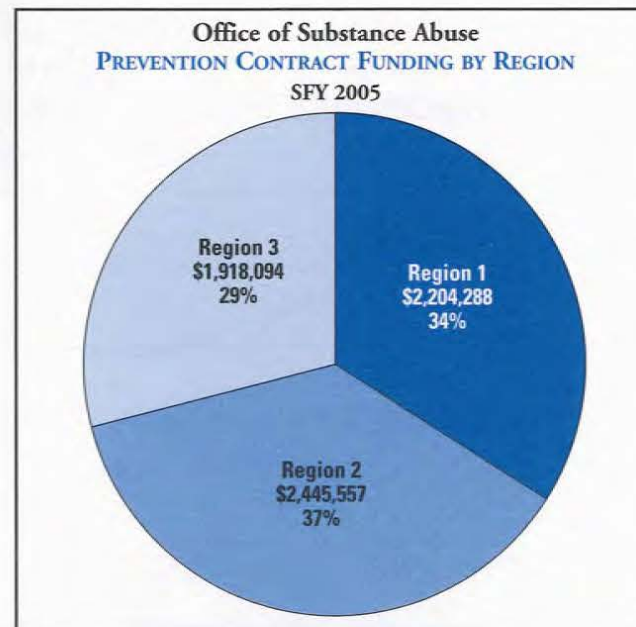
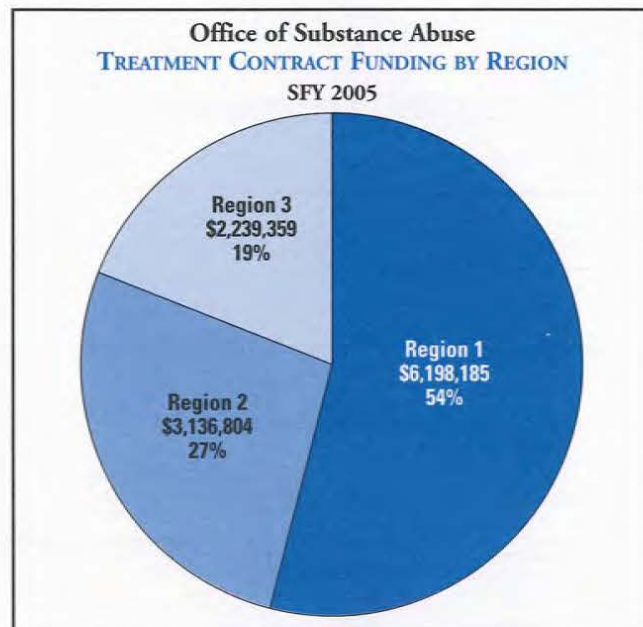
OSA FUNDED TREATMENT AND PREVENTION PROGRAMS BY REGION

	Prevention Programs	Treatment Programs
Region 1 – Southern	33	23
Region 2 – Central and Mid-coastal	34	26
Region 3 – Northern and Downeast	<u>29</u>	<u>19</u>
Total	96	68

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.

OSA also provides the following services through the Information and Resource Center as well as through prevention and treatment team staff:

- Training/Technical Assistance
- Information & Referral Services



PREVENTION SERVICES

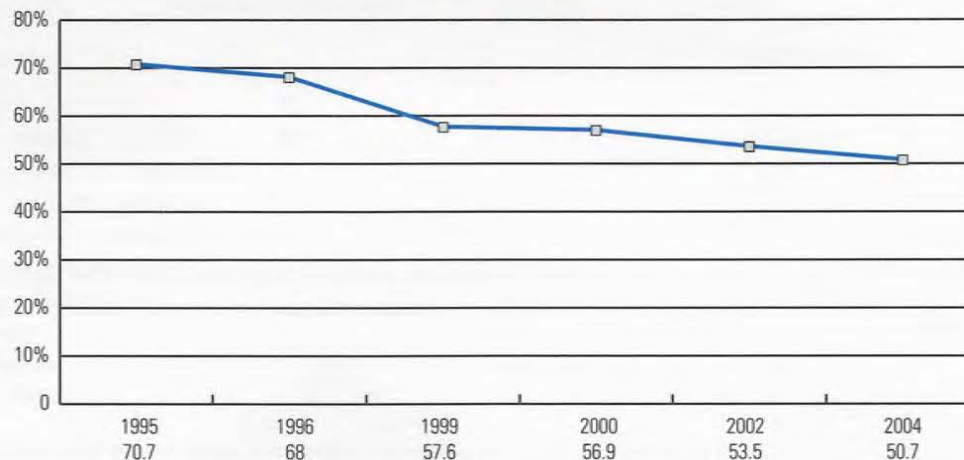
Prevention is the active assertive process of creating conditions that promote well-being.

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

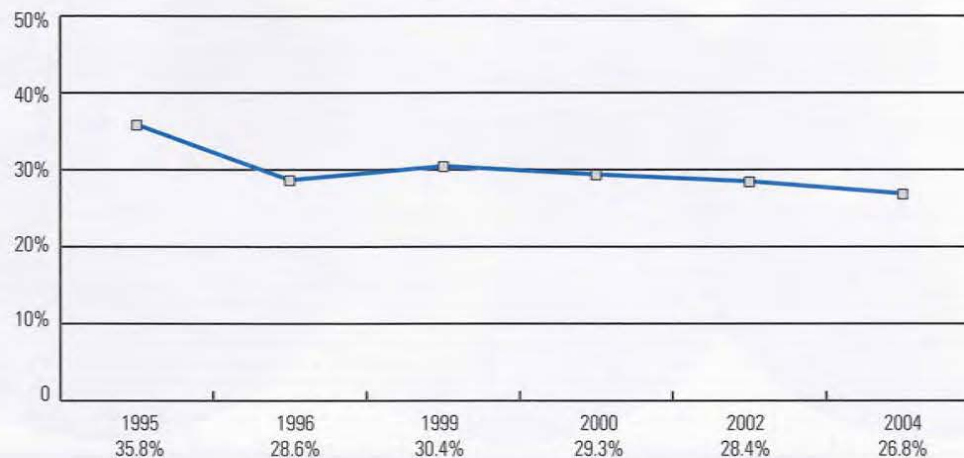
While OSA's prevention programs cover all segments of the population at potential risk for drug and alcohol use and abuse, the primary focus is on underage youth who have not yet begun to use or are experimenting. Research indicates that youth who start drinking by age 15 are four times more likely to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

PREVENTION PAYS OFF

PERCENTAGE OF STUDENTS EVER USING ALCOHOL
Grades 6-12



PERCENTAGE OF 12TH GRADE STUDENTS CURRENTLY USING MARIJUANA
(past 30 day use)



PAST 30-DAY SUBSTANCE USE AMONG MAINE'S 8TH, 10TH AND 12TH GRADERS

MYDAUS 2004

Substance Used	8th Grade	10th Grade	12th Grade
Alcohol	22.4%	40.3%	49.2%
Cigarettes	10.8%	19.2%	24.8%
Marijuana	7.9%	22.5%	26.8%
Cocaine	1.5%	2.6%	3.6%
Hallucinogens	1.6%	3.2%	3.2%
Inhalants	7.6%	4.0%	2.1%
Ecstasy/MDMA	1.4%	1.7%	1.6%
Prescription Drugs	6.1%	11.0%	10.3%
Stimulants	1.2%	2.7%	2.7%

Alcohol was used by the largest proportion of students in each of the three grades. In grades 10 and 12, more students smoked marijuana than smoked cigarettes. More than 1 of 10 students, grades 10 and 12 used prescription drugs illegally.

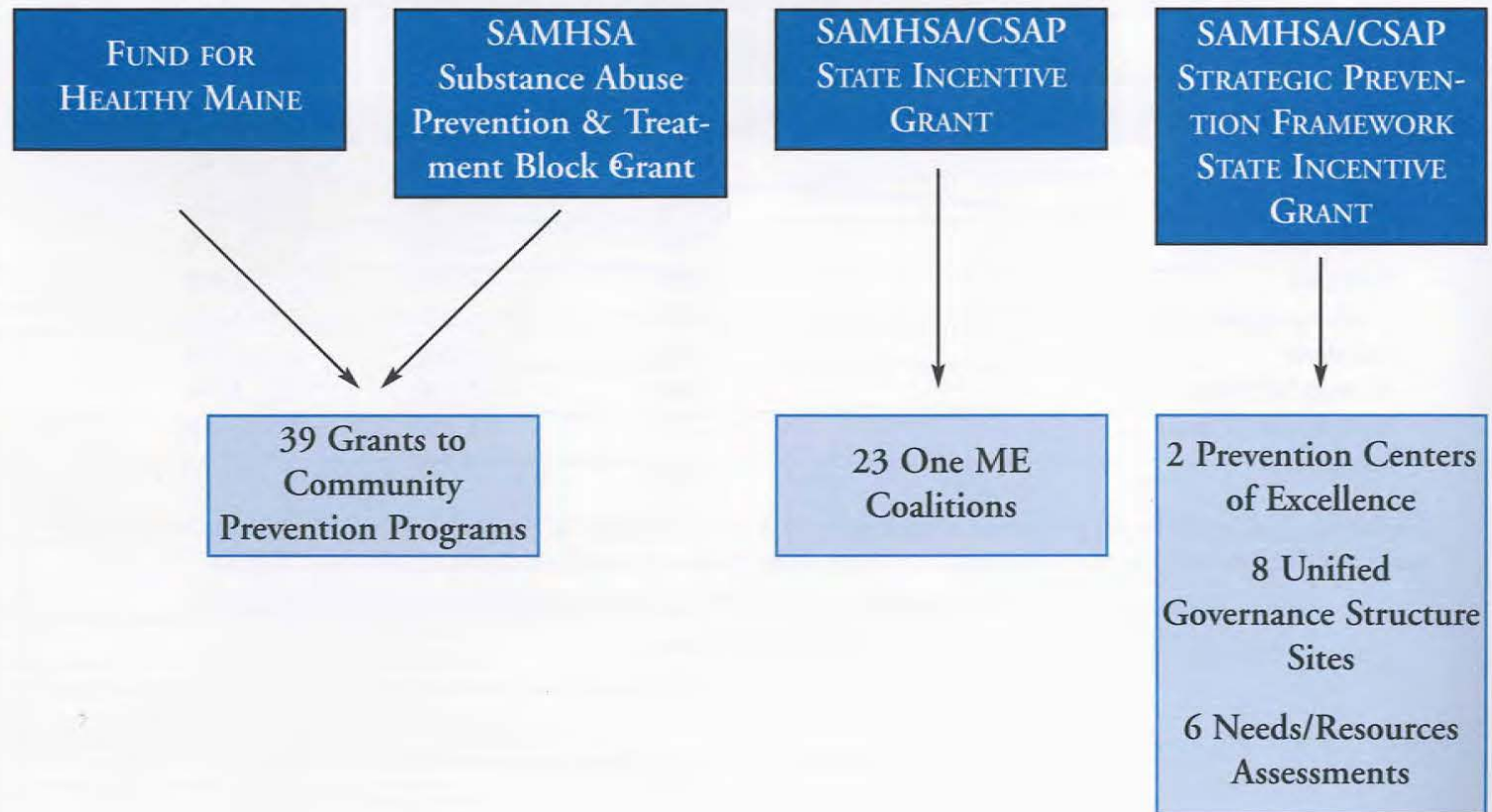
PREVENTION TEAM VISION:
"A public untouched by substance abuse"

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

PREVENTION SERVICES

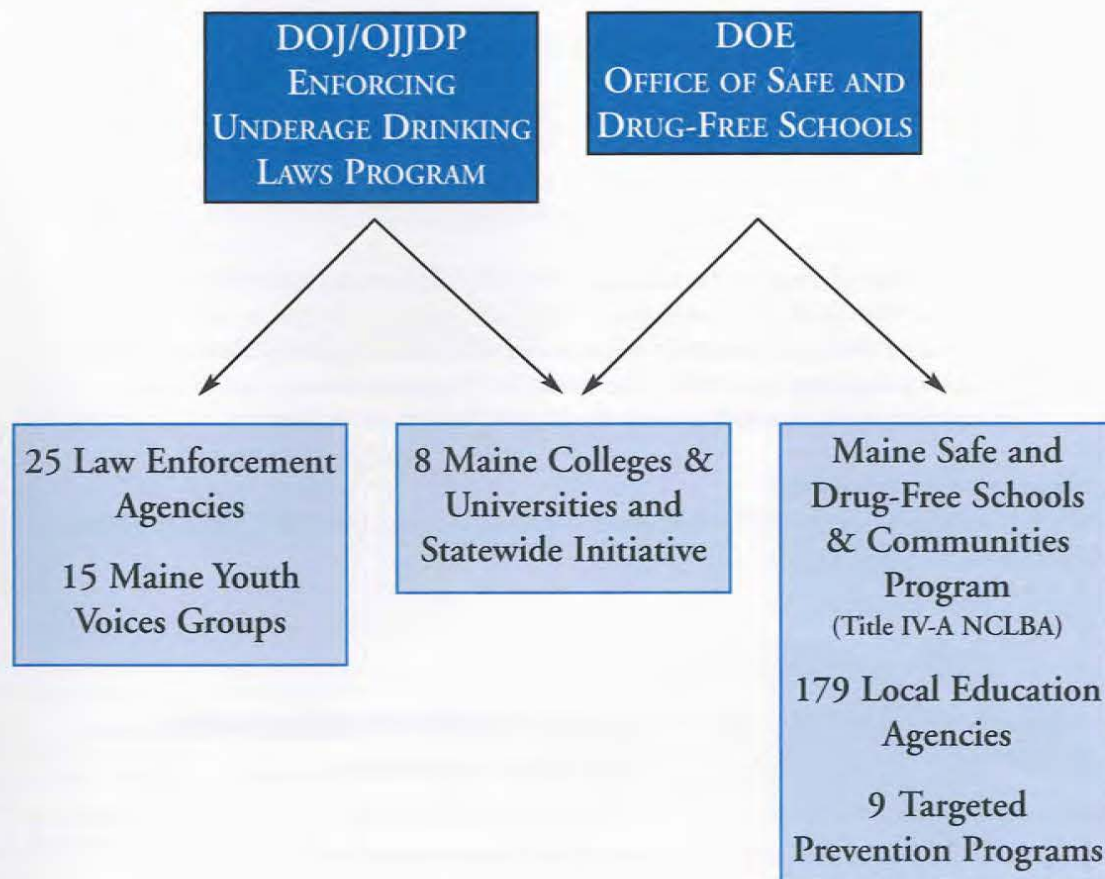
Maine's Higher Education Alcohol Prevention Partnership (HEAPP) aims to reduce high-risk alcohol use and its impact upon individuals, campuses, and communities. HEAPP strives to establish an environment that supports healthy norms, and to create a unified effort within Maine's higher education community in order to share resources, implement evidence-based strategies and advocate with one voice. The project is supported by OSA using federal funding. In addition to 8 campus grants, HEAPP has supported most Maine colleges in their prevention efforts by providing information, materials, training, and technical assistance.

LOCAL PREVENTION



ON GRANTS 2005

PREVENTION SERVICES



Key to Federal Agencies funding substance abuse prevention:

SAMHSA

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

SAMHSA/CSAP

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

DOJ/OJJDP

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

DOE

U.S. Department of Education

MODEL PROGRAMS USING SAFE & DRUG-FREE SCHOOLS ACT (TITLE IV-A NCLBA*) FUNDS 2004-2005

A total of 42 model prevention programs were implemented (by 34 different LEAs) during the 2004-05 school year.

LifeSkills Training	15
Second Step	11
Olweus Bullying Prevention	5
Project Alert	3
Reconnecting Youth	2
Creating Lasting Family Connections	1
Positive Action	1
Project Northland	1
Project Toward No Drug Abuse	1
Keep A Clear Mind	1
Communities Mobilizing For Change On Alcohol	1

* No Child Left Behind Act

INTERVENTION SERVICES

Driver Education and Evaluation Programs (DEEP)

DEEP offers programs for individuals who have had one or more alcohol-and/or other drug-related motor vehicle offense(s).

Schedules for the Risk Reduction and Under 21 Programs are available on the OSA web site.

DEEP PROGRAM PARTICIPATION

JULY 1, 2004 - JUNE 30, 2005

PROGRAM	PARTICIPANTS
RISK REDUCTION PROGRAM (ADULTS)	3555
OUT OF STATE & ACTIVE MILITARY CLIENTS	853
MOVING AHEAD PROGRAM (UNDER 21)	474
DIRECT TO TREATMENT (NO EDUCATION)	<u>2061</u>
TOTAL:	6943

New Under 21 Program

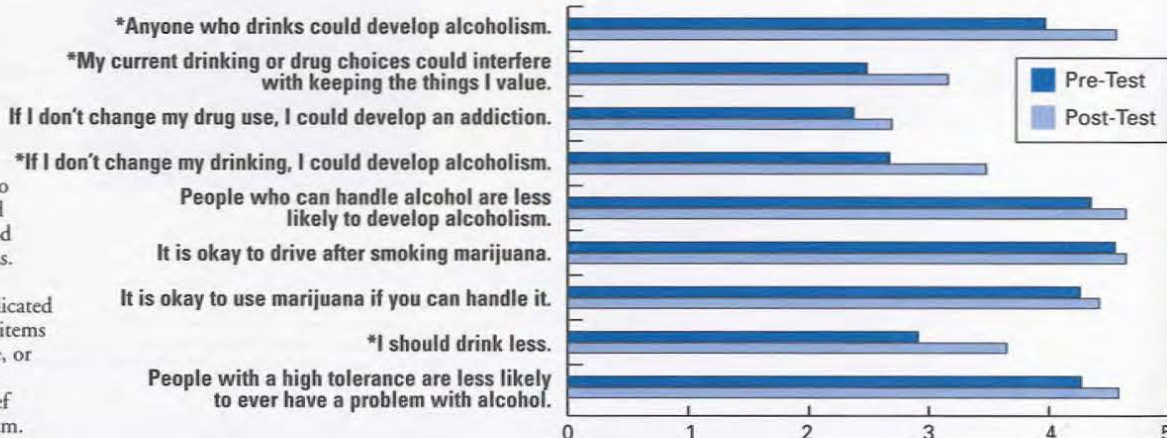
In 2005, DEEP implemented its new 16-hour Under 21 Program for underage offenders, which replaced the 10-hour Moving Ahead Program, and uses the underage version of the PRIME for Life curriculum. The adult version of PRIME for Life has been used with DEEP's adult impaired driving program since 2001, with excellent outcomes for offenders completing this curriculum. PRIME for Life was developed by Prevention Research Institute, Inc. (PRI). The Under 21 Program is offered in six locations statewide by instructors who have been extensively trained and certified to teach the PRIME for Life curriculum.

Report of Program Evaluation Shows Positive Outcomes

Between April and December 2004, 2,118 adults taking the DEEP Risk Reduction Program participated in a program evaluation in which participants completed both a pre-test and a post-test with these results:

Attitudes and Beliefs: Comparisons Pre- to Post-Test

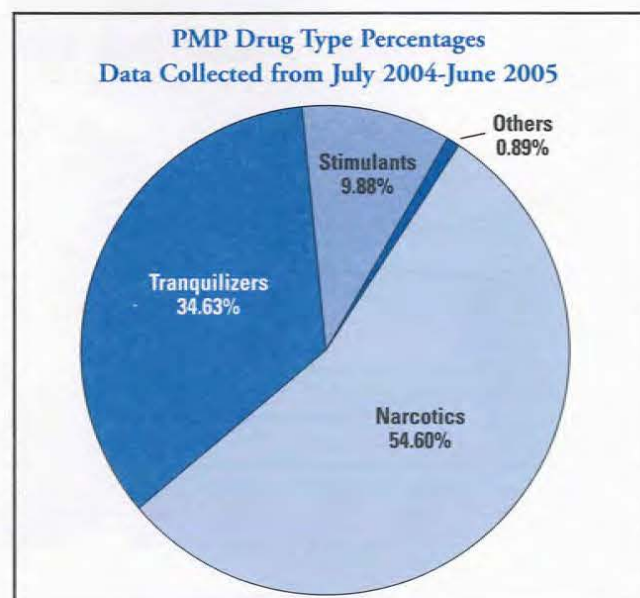
Key Points: Changes from pre- to post-test in all nine attitudes and beliefs were highly significant and occurred in the desired directions. The greatest degree of change occurred with the four items indicated with an asterisk (*). These four items are related to the need to change, or perception of value in changing, drinking choices and to the belief about who can develop alcoholism.



LISTED ARE THE TOP TEN DRUGS COLLECTED FOR THE PMP'S FIRST YEAR.

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

DRUG NAME	Script Count	% Total Scripts
1. HYDROCODONE/ACETAMINOPHEN	388,389	21.6%
2. LORAZEPAM	138,596	7.7%
3. CLONAZEPAM	125,854	7.0%
4. ALPRAZOLAM	122,999	6.8%
5. PROPOXYPHENE-N/ACETAMINOPHEN	106,824	5.9%
6. OXYCODONE/ACETAMINOPHEN	88,704	4.9%
7. AMBIEN	84,790	4.7%
8. OXYCODONE HCL	75,099	4.2%
9. DIAZEPAM	66,623	3.7%
10. CONCERTA	57,092	3.2%
	1,254,970	69.9%
Cumulative Scripts	1,795,650	



Prescription Monitoring Program (PMP)

A One-Year Review

The goal of the PMP is to reduce prescription drug misuse in Maine by using the data collected as a tool in patient care for providers in the state.

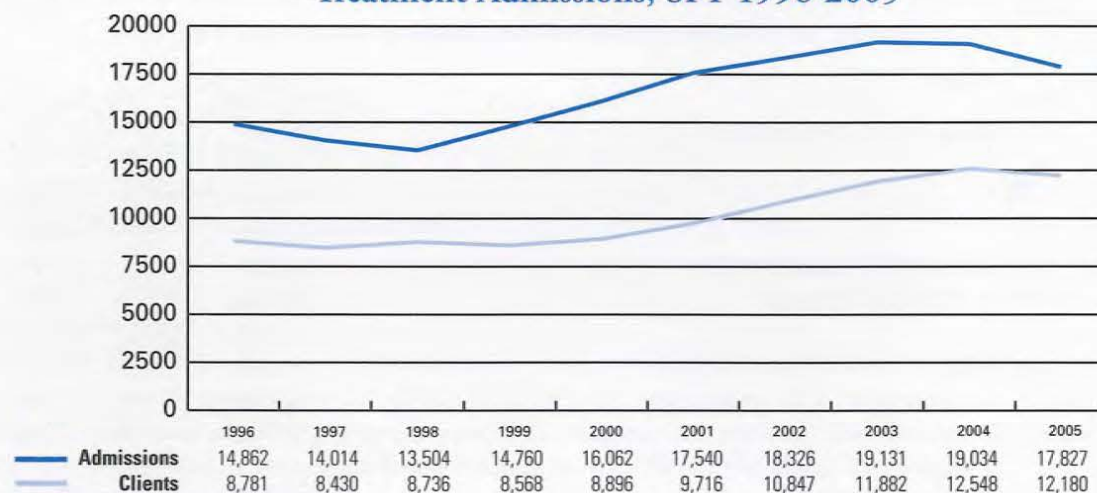
In its first full year of operation, the PMP collected data on 1,763,829 prescriptions for Schedule II, III, and IV drugs. With a state population of approximately 1.3 million this total yielded an average of 1.34 prescriptions per person, regardless of age. To date, 409,000 different individuals have at least one record in the data base.

TREATMENT SERVICES

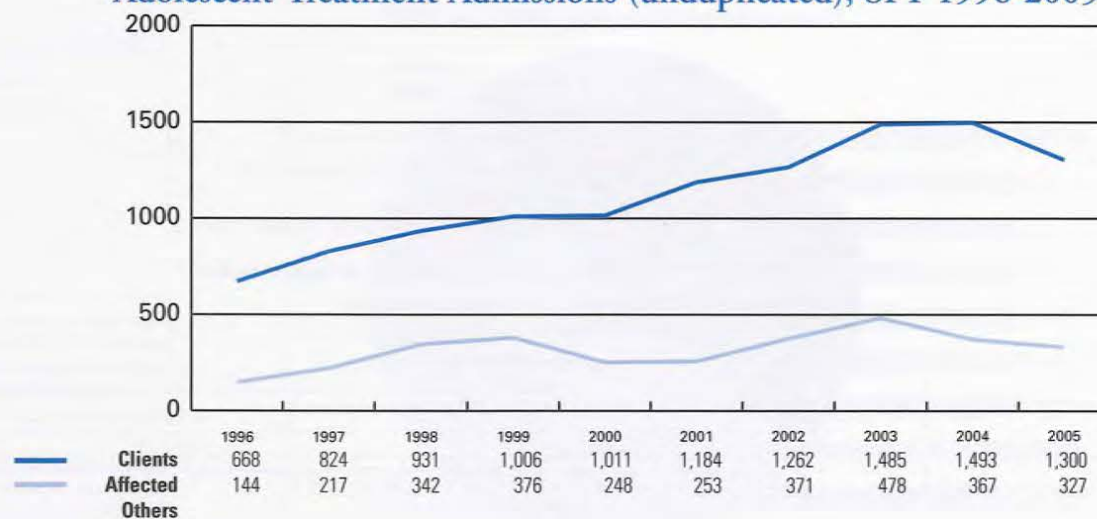
OSA seeks to ensure that all treatment services are designed to maintain a cost-effective, high quality continuum of care for helping individuals addicted to alcohol or other drugs and their families.

These decreases from last year reflect a decrease in funding over the past three years and the fact that we have reached the maximum capacity of the methadone treatment system where much of the growth was recorded in the 2001-2003 time period.

Treatment Admissions, SFY 1996-2005

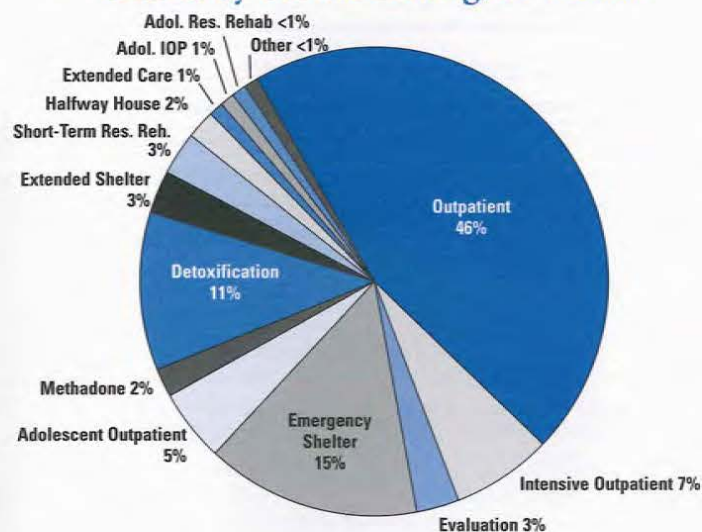


Adolescent Treatment Admissions (unduplicated), SFY 1996-2005

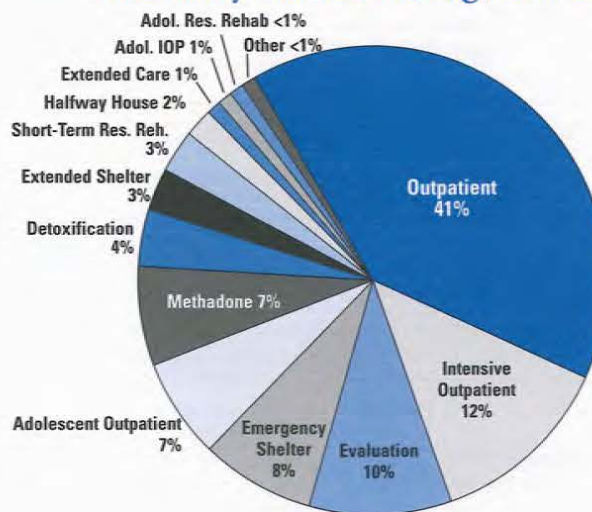


TREATMENT SERVICES

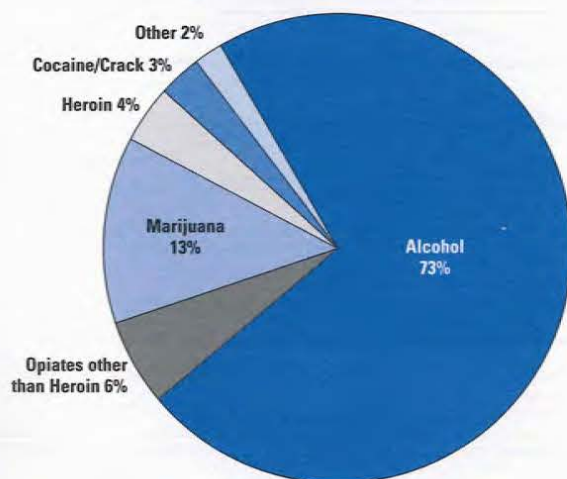
Clients by Service Setting, SFY 2000



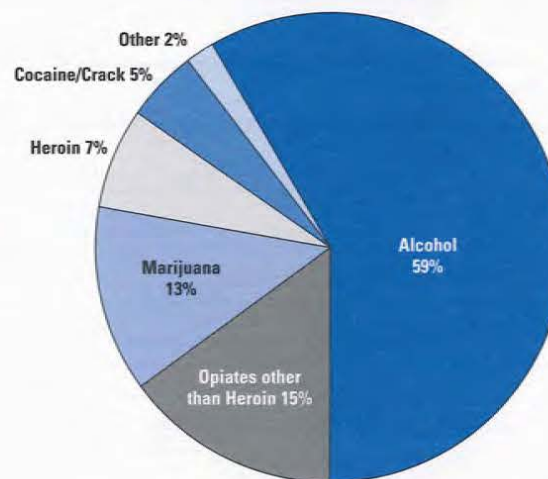
Clients by Service Setting, SFY 2005



Clients by Primary Drug*, SFY 2000



Clients by Primary Drug*, SFY 2005



Funded treatment services include:

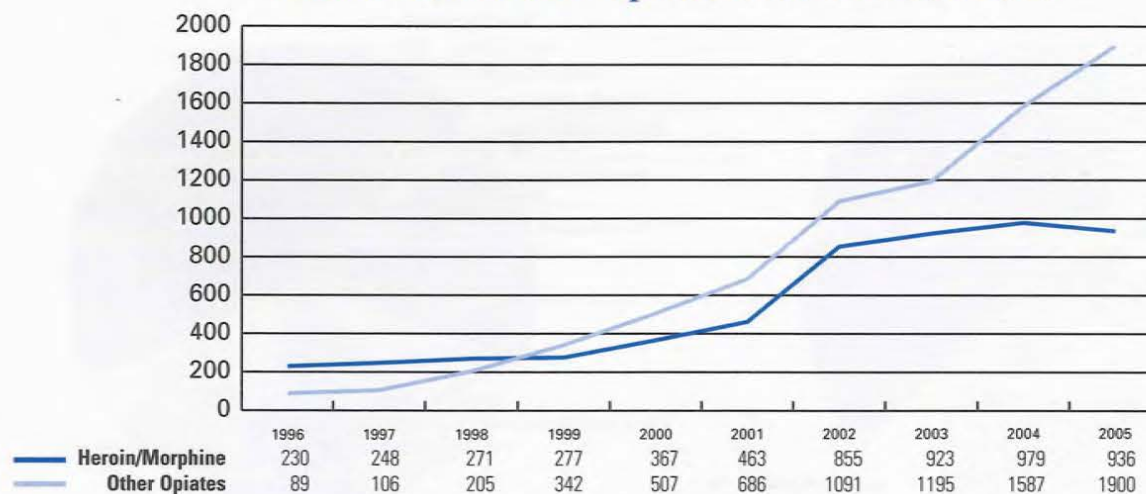
- Diagnostic Evaluation
- Alcohol and Drug Detoxification
- Outpatient & Intensive Outpatient Treatment
- Medication Assisted Treatment
- Short- and Long- term Residential Treatment
- Adolescent Outpatient and Residential Treatment
- Services for pregnant and parenting women
- Treatment for Co-occurring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

Since 2000, the proportion of clients admitted for alcohol abuse has decreased from 73% to 59%, while the proportion admitted for heroin has increased from 4% to 7% and for other opiates has more than doubled (6% to 15%). The proportion admitted for marijuana has remained stable at 13%.

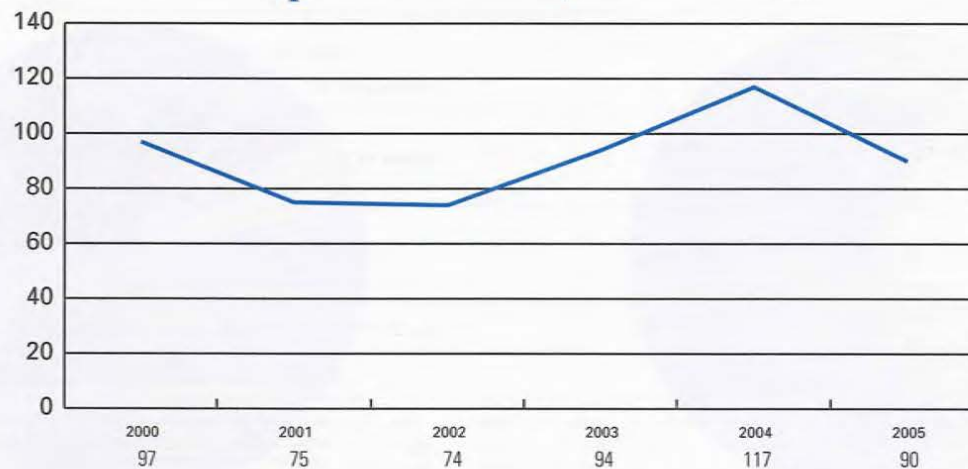
* The substance identified at admission as the client's primary drug problem.

TREATMENT SERVICES

Clients Admitted for Opiate Abuse, SFY 1996-2005



Methamphetamine Clients, SFY 2000-2005*

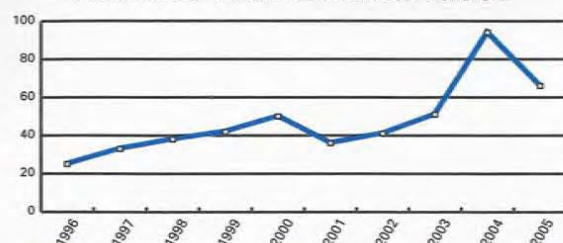


* Primary, secondary or tertiary drug

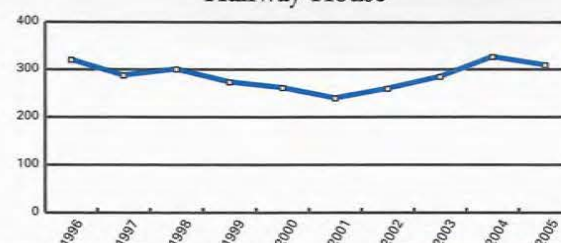
TREATMENT SERVICES

Number of Substance Abuse Treatment Clients by Service Setting, 1996-2005

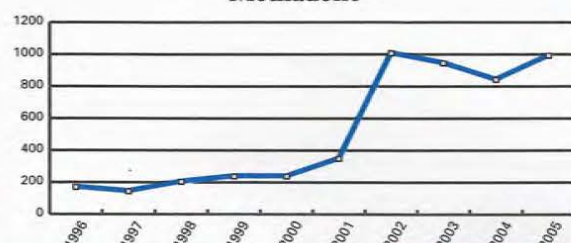
Adolescent Residential Rehabilitation



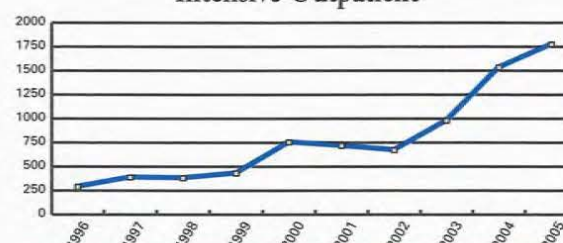
Halfway House



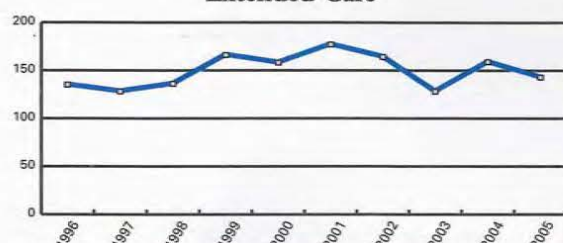
Methadone



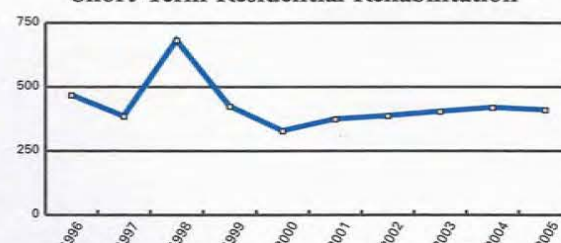
Intensive Outpatient



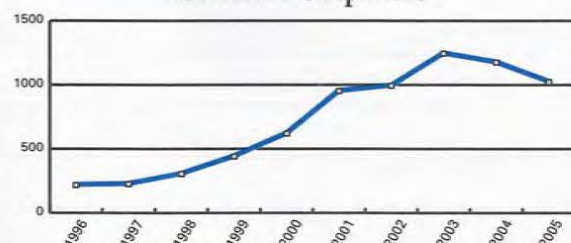
Extended Care



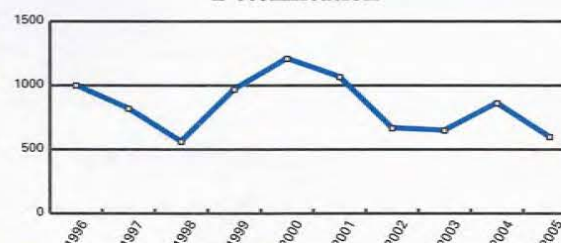
Short-Term Residential Rehabilitation



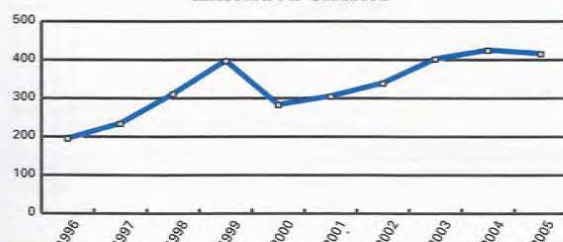
Adolescent Outpatient



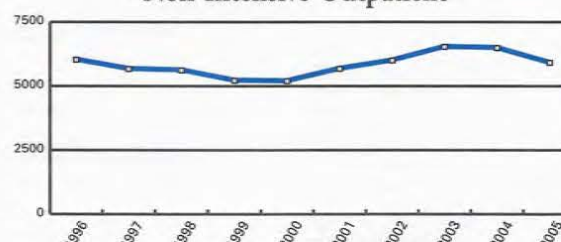
Detoxification



Extended Shelter



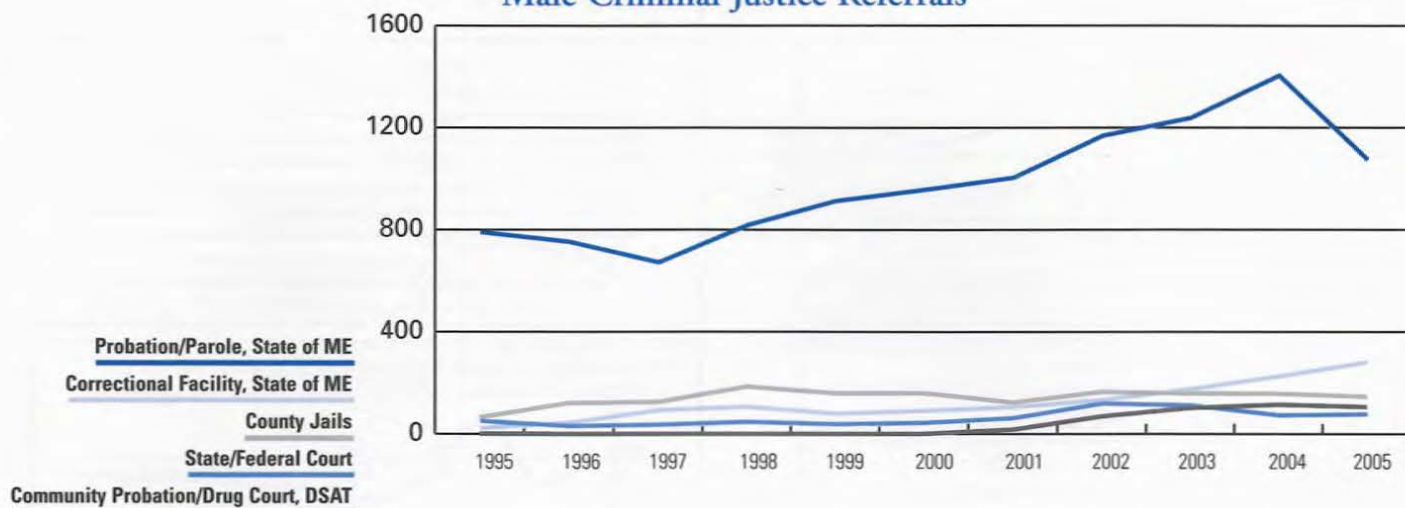
Non-Intensive Outpatient



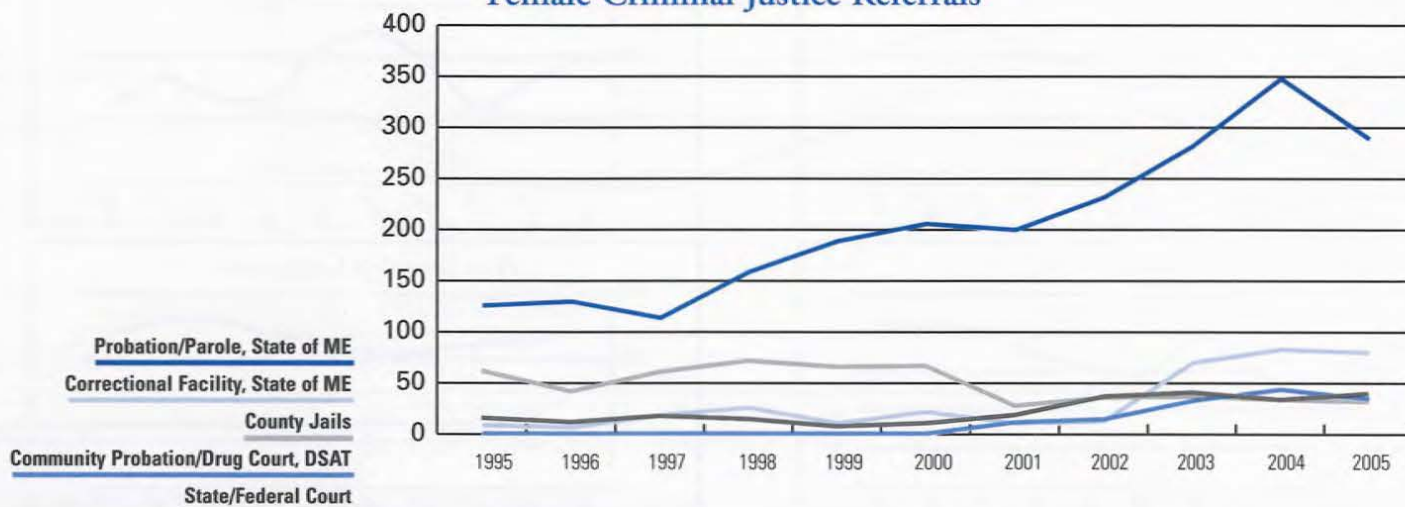
CRIMINAL JUSTICE SERVICES

OSA has been working in collaboration with the Maine Department of Corrections (MDOC) and the Judicial Branch over the last five years to build a network of evidence-based treatment services for adult criminal justice referrals.

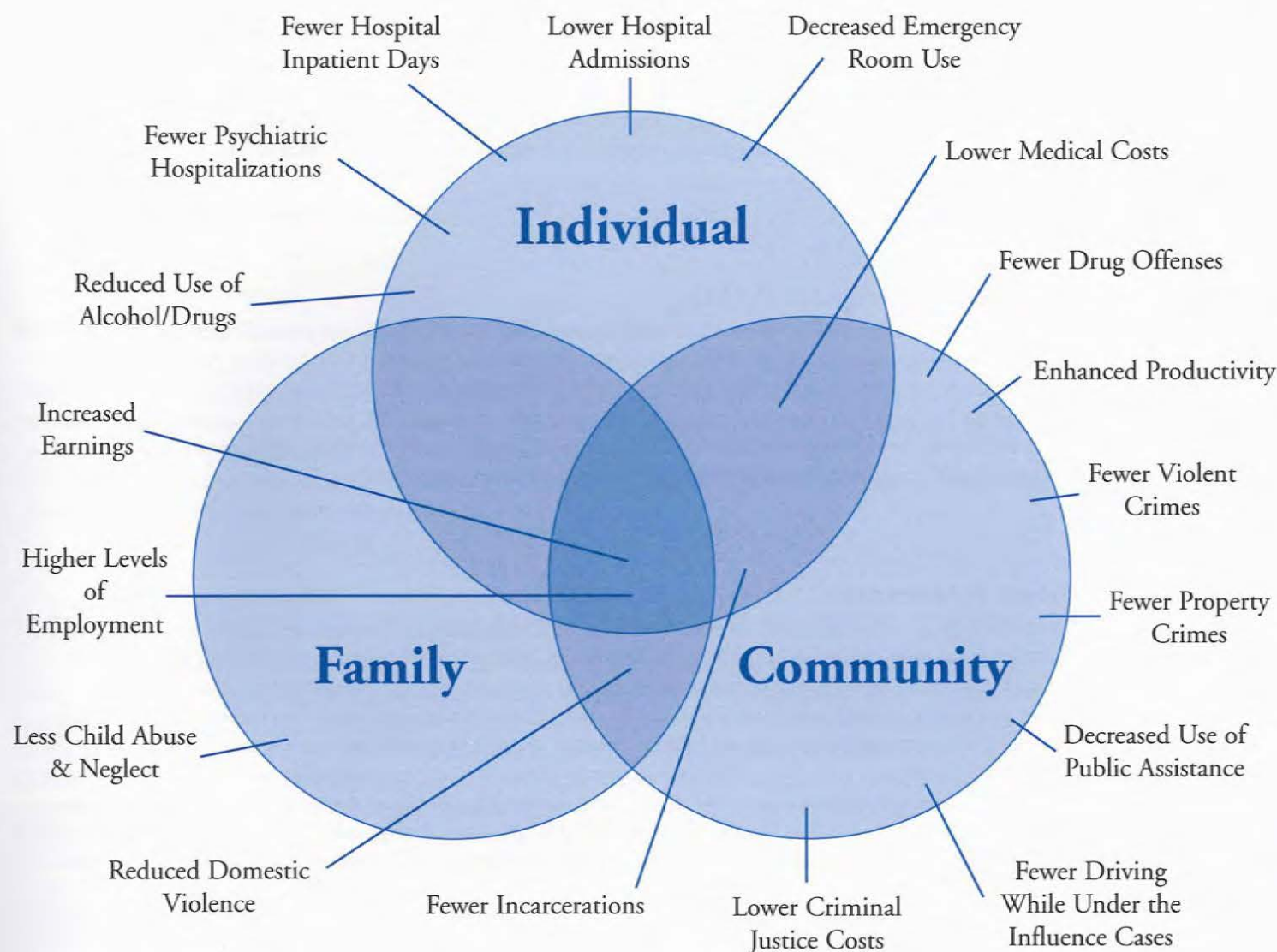
Male Criminal Justice Referrals



Female Criminal Justice Referrals



WHEN PREVENTION, INTERVENTION & TREATMENT WORK TOGETHER



One ME

During the past year, twenty-three One ME community coalitions implemented 53 evidence-based programs matched to their specific communities' needs. The programs were targeted at 12-17 year olds to reduce high-risk drinking and tobacco use. In addition, 16 coalitions implemented environmental strategies programs that were directed at changing community norms, policies, and enforcement strategies. Many of the programs showed positive results with a decrease in risk factors such as "Attitudes Favorable to Drug Use" and "Interaction with Antisocial Peers".

Substance Abuse and the Workplace (SAW)

The new Substance Abuse and Workplace Prevention Training Resources page on OSA's web site provides information and training on comprehensive Drug Free Workplace Programs. Information regarding licensing progress for Employee Assistance Programs was also added to the Substance Abuse Laws and the Workplace page with links to Maine's DHHS Licensing and Certification website. A PowerPoint presentation has been developed to present to local Chambers of Commerce, civic groups, professional association meetings and conferences in Maine. Some of the points covered in the presentation include the effects of substance abuse on the workplace, how employers and employees may address this issue, and what resources are available.

Strategic Prevention Framework

State Incentive Grant (SPF-SIG) – Last fall, OSA received \$11.75 million dollars over a five year period from the Substance Abuse and Mental Health Services Administration in the form of an SPF-SIG that provided resources for OSA to: hire an epidemiologist, address underage drinking, determine other areas of priority need and develop a sustainable infrastructure for providing substance abuse prevention programming and activities. To date, the project has developed two Prevention Centers of Excellence within the Maine University System to assist with needs assessment; address workforce development issues; use GIS mapping to analyze resources and capacity; and create sustainable support systems for prevention in years to come. Eight coalitions have been part of a study of "Unified Governance Structures" which have successfully coordinated multiple sources of prevention funding. Six coalitions/organizations have received funding from the SPF-SIG to assess need in cultural subpopulations. These needs and resource assessments of cultural subpopulations are focused on several subgroups of 18-24 year olds (female college students, those not in college, and GLBTQ), residents age 55 and older in two counties, and the Cambodian and Sudanese populations.

Maine Safe and Drug-Free Schools & Communities Act Program (Title IV-A No Child Left Behind Act)

A total of \$1,601,556 was distributed to school districts in 2004-05. Applications were received from 179 local education Agencies (LEAs). Allocations ranged from a high of \$91,961 for the largest school system to less than \$1,000 for the smallest school units. Per pupil allocation continued to be just under \$8. These funds supported student assistance programs, substance abuse and violence prevention activities, conflict resolution, character education, alternative education, professional development, school security equipment and personnel, student drug testing, and youth suicide prevention.

Information and Resource Center (IRC)

The Information and Resource Center supported several public awareness initiatives for fiscal year 2005 – including:

- Mailings about Underage Drinking Enforcement to law enforcement; Alcohol Awareness Day to schools; Protecting You, Protecting Me alcohol safety posters to all elementary schools; and Fetal Alcohol Syndrome Disorder, Alcopops advisories, and the Parent Action Guide for Adolescents to all health care facilities.
- Printing/distribution of Alcohol Licensee information; MYDAUS reports; Parent Action Guides; posters and stickers for Project Sticker Shock; and Maine Parent Campaign kits.

Differential Substance Abuse Treatment (DSAT)

For the first time, DSAT training was offered at the 2005 New England Institute of Addiction Studies summer school. DSAT is an evidence-based treatment program specifically designed for the State of Maine, to address the needs of criminal justice treatment referrals in both institutional and community-based corrections systems. In addition to being the modality of treatment for the adult drug treatment court clients, it is the core of the treatment program for the Men's Therapeutic Community at Maine Correctional Facility, Windham and the Women's Prison at Windham. DSAT is also used at the Downeast and Charleston Correctional facilities. To date, a total of 76 Maine providers have been trained in delivery of DSAT and there are currently 28 active DSAT facilitators in nine agencies across the state, from Calais to Saco/Biddeford.



Adult Drug Treatment Court Programs

Maine's adult drug court's high rate of successful program completion, coupled with a lower rate of recidivism has generated a net savings of \$5.7 million. These savings are largely derived from the incarceration costs that would have been incurred had drug court graduates been adjudicated through traditional criminal case processing. For every dollar spent on processing offenders through drug court, there was an overall net correctional savings of \$2.13.

Juvenile Drug Treatment Court Programs

As of September 2004, a total of 315 adolescents have been admitted to one of Maine's Juvenile Drug Courts, 96 have successfully completed the program and graduated, 153 were expelled and 67 adolescents are currently active in JDTC. There are six Juvenile Drug Treatment Courts in York, Cumberland, Androscoggin, Kennebec, Penobscot and Sagadahoc counties serving over two-thirds of Maine's population. Findings indicate that the program has produced a net savings across three primary indicators: reduced detention/jail costs, reduced court costs and an overall savings in crime reduction/averted crimes yielding a net operational surplus of \$29,026.

Opening of the Hancock County Deferred Sentencing Project (HCDSP)

HCDSP is a court-ordered, community-based program designed to divert selected, non-violent, drug-addicted defendants from incarceration. Funded by a Byrne Grant from the Justice Assistance Council, this diversion and treatment program became operational with the hiring of staff in January of 2005 and evaluation of referrals began in March. Twenty-five referrals have been evaluated by the HCDSP multi-disciplinary team and there are seven active clients in the program.

Opioid Treatment Programs (OTP)

The State Methadone Authority (SMA) and licensing have worked closely with the OTP's to provide more communication with community leaders and other provider agencies. Activities this year included attending provider sponsored meetings with local mental health/substance abuse residential and outpatient providers to better communicate and partner around shared clients. The opening of a new clinic in Washington County was a result of the work of local community officials, volunteers, licensing, the clinic and OSA staff. The new Calais clinic removes the barrier of distance for many seeking treatment.

**PUBLIC
AWARENESS**

**DID YOU KNOW THAT THE OSA INFORMATION
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The library contains videos, books, audiocassettes, and pamphlets.

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

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