

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)



Office of Substance Abuse
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

2007
Annual
Report

TABLE OF CONTENTS

| | |
|---|----|
| A Message from the Commissioner | 1 |
| Special Accomplishments SFY 2007. | 2 |
| What is our mission? | 6 |
| How do we carry out our mission? | 7 |
| Whom do we serve? | 8 |
| How is OSA funded? | 10 |
| How does OSA use funds? | 11 |
| OSA Revenue & Expenditures | 12 |
| Prevention Services | 14 |
| Intervention Services | 18 |
| Treatment Services | 20 |
| When Prevention, Intervention & Treatment Work Together | 25 |
| Program Highlights SFY 2007 | 26 |
| Public Awareness | 29 |

A MESSAGE FROM THE COMMISSIONER

The Office of Substance Abuse (OSA) continues to be a very progressive and groundbreaking agency within the Department of Health and Human Services. It continues to forge dynamic and collaborative opportunities, both within the Department and with other partners throughout the state.

OSA is involved with a number of different grants that have complimentary focuses helping the intervention, prevention and treatment fields to continue to evolve in a positive direction.

I was pleased to join Acting Surgeon General Kenneth P. Moritsugu when he visited Maine this past summer to help kick off his Call to Action to prevent and reduce underage drinking. This call is supported by the latest research, which, to use his words, “demonstrates a compelling need to address alcohol use early...using a systematic approach that spans childhood through adolescence into adulthood.”

OSA's Prevention Team participated in the current Healthy Maine Partnership Request for Proposals, collaborating with the Maine Center for Disease Control and Prevention and the Maine Department of Education. OSA utilized funding from the federal Strategic Prevention Framework State Incentive Grant to target underage and binge drinking.

The Treatment Team continues to work with the Co-occurring State Integration Initiative (COSII) grant. The goal is to build a state infrastructure which will improve access to treatment for people for whom substance abuse and mental illness co-occur, and to ensure that they receive integrated care, based on the most current knowledge of evidence-based practice in the field.

OSA's work with the Strengthening Treatment Access and Retention – State Implementation (STAR-SI) is impressive. The grant promotes state-level changes to improve access to and retention in outpatient treatment. The aims of the grant are simple: reduce waiting times and no-shows, while increasing admissions and continuation rates. In short, we want to get help to people sooner and assist them in staying connected.

The work OSA is doing with the Advancing Recovery grant is equally impressive, as it promotes the use of evidence-based practices in clinical settings as a means of improving the effectiveness of treatment. Maine will focus on the use of medications in assisting recovery and providing case management/wrap-around services in the first two years of the grant.

All of this work would not be able to be done without the support of Governor Baldacci, the Legislature, our partners and last but certainly not least, the hard-working staff at OSA. Their passion and commitment keeps our programs moving steadily forward and focused squarely on the issue of substance abuse intervention, prevention and treatment.



Brenda Harvey
Commissioner
Maine Department of
Health & Human Services

SPECIAL ACCOMPLISHMENTS SFY 2007

U.S. SURGEON GENERAL VISITS MAINE

In June, U.S. Acting Surgeon General Kenneth P. Moritsugu, M.D., M.P.H. visited Maine to announce his call to action. "I have issued this Surgeon General's Call to Action to Prevent and Reduce Underage Drinking to focus national attention on this enduring problem and on new, disturbing research which indicates that the developing adolescent brain may be particularly susceptible to long-term negative consequences from alcohol use. The latest research demonstrates a compelling need to address alcohol use early...using a systematic approach that spans childhood through adolescence into adulthood. Such an approach can be effective when, as a Nation and individually, we commit ourselves to solving the problem of underage drinking in America."

The day included a press event on the Capitol steps, with people from around Maine supporting this Call to Action; a lunch event with legislators, and a presentation to a large audience at the New England School of Addiction Studies/ New England Prevention School in Brunswick.



U.S. Surgeon General receives a warm welcome from Maine.

From left to right: Hope Taft, Leadership to Keep Children Alcohol-Free; Kimberly Johnson, Office of Substance Abuse Director; Steve Rowe, Attorney General; Steve Wing, Substance Abuse and Mental Health Services Admin.; Anne Jordan, Commissioner, Dept. of Public Safety; Roberta Hochberg, Leadership to Keep Children Alcohol-Free; First Lady Karen Baldacci; Governor John Baldacci; US Acting Surgeon General Kenneth Moritsugu; Dora Mills, Director, Center for Disease Control and Prevention; Brenda Harvey, Commissioner, Dept. of Health and Human Services; Susan Gendron, Commissioner, Dept. of Education; Denise Lord, Associate Commissioner, Dept. of Corrections.

SUBSTANCE ABUSE PART OF NEW PUBLIC HEALTH INFRASTRUCTURE & HEALTHY MAINE PARTNERSHIPS

The Office of Substance Abuse has been part of work in the Department which culminated recently with the award of 28 contracts that cover the State of Maine. The current Healthy Maine Partnership RFP was a joint initiative of DHHS, Maine Center for Disease Control & Prevention and Office of Substance Abuse and the Maine Department of Education. OSA is using funds from the federal Strategic Prevention Framework State Incentive Grant to target underage and binge drinking.

OSA's investment in these HMP contracts is possible because of the SPF SIG grant we successfully applied for in 2004. This grant also funded county level Needs and Resource Assessments over the past year. The Strategic Prevention Framework State Incentive Grant is from the Center for Substance Abuse Prevention out of the Substance Abuse and Mental Health Services Administration (SAMHSA).



OFFICE OF SUBSTANCE ABUSE PARENT MEDIA CAMPAIGN



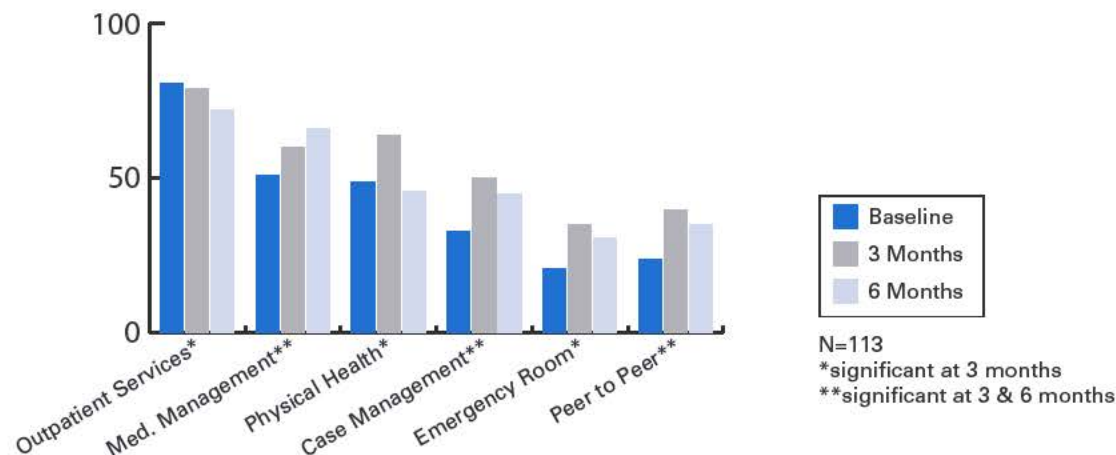
The Office of Substance Abuse continues to improve on and expand the first Parent Media Campaign which began in 2002. The 2006 "Find Out More, Do More" campaign, developed based on statewide survey results and parent input, was created to heighten parental awareness of Maine's underage alcohol use.

"Find Out More, Do More" focuses on monitoring and modeling by providing the skills and resources parents need to better monitor their teen's behavior and consider the impact of their own behavior on their teen. The campaign offers practical tips which can be communicated via television ads, brochures, school informational sessions, media outreach and online at www.maineparents.net.

CO-OCCURRING STATE INTEGRATION INITIATIVE (COSII)



Since November of 2005, OSA has been actively participating in work on rebuilding state infrastructure to better serve people with co-occurring mental health and substance abuse disorders. A 3.4 million dollar SAMHSA Co-occurring State Incentive Grant (COSIG) is supporting the Maine co-occurring State Integration Initiative (COSII). Across the state, 33 mental health and substance abuse agencies are piloting co-occurring practices, supported by an extensive regional network of training and technical assistance. Several work groups are addressing state regulations, clinical practices and criteria, work-force issues, data collection and Maine Care policy and funding changes. The goal of the work is to improve access to treatment for people for whom substance abuse and mental illness co-occur, and to ensure that they receive integrated, not fragmented, care based on the most current knowledge of evidence-based practice in this field. OSA has been at the forefront of this movement towards integrated care, having supported, through its contractor, The Co-occurring Collaborative of Southern Maine, several prior grants focused on co-occurring conditions including a Maine Health Access Foundation Grant and the SAMHSA Co-occurring Policy Academy invitation.



Several COSII pilots also participate in the NIATX Access to Recovery Project and have used the Rapid Cycle Change Process pioneered by NIATX to improve their capacity to screen for and welcome people with co-occurring conditions. With a focus on process improvement, infrastructure change, clinical practices, and technical assistance and training, the COSIG Grant keeps OSA in the forefront of implementing the newest evidence-based treatments for its consumers.

COSII ENROLL FOLLOW-UP DATA & EVALUATION

There were 487 COSII enrollees from a total of 13 treatment agencies as of July 1, 2007. As a group, the COSII enrollees have several interesting demographic traits. Both gender and age are relatively equally distributed, with females totaling almost 47 percent of the population and 55 percent of the population falling between the ages of thirty-one and fifty.

Of the 487 individuals enrolled in the evaluation, 113 had received three- and six-month follow-up interviews as of July 1, 2007. Some of the key findings are as follows.

- **Service Utilization:** At each interview, COSII enrollees are asked of their service participation in the prior thirty days. In general, COSII enrollees were more likely to be engaged in services throughout the follow-up period than at their baseline interview; outpatient services was the only service category that clients reported less use of throughout the six month follow-up time. Physical health, case management, emergency room, and peer to peer services use all increased at three months, but decreased at six months. Medication management was the only service to have increased use reported at both three and six months.

STRENGTHENING TREATMENT ACCESS AND RETENTION – STATE IMPLEMENTATION (STAR-SI) & ADVANCING RECOVERY (AR) GRANTS

OSA was one of two single state agencies nationwide to receive both a STAR SI and AR grant in the fall of 2006. The Strengthening Treatment Access and Retention STAR-SI program, funded by SAMHSA's Center for Substance Abuse Treatment (CSAT) and The Robert Wood Johnson Foundation, is an infrastructure cooperative agreement program that promotes state-level implementation of process improvement methods to improve access to and retention in outpatient treatment. STAR-SI builds on the innovative work of the Network for the Improvement of Addiction Treatment (NIATx), a joint initiative of SAMHSA's CSAT and The Robert Wood Johnson Foundation. As part of the NIATx initiative, six states/payers participated in the State Pilot Project to Improve Addiction Treatment.

Advancing Recovery is a collaboration between the Network for the Improvement of Addiction Treatment (NIATx), the Treatment Research Institute (TRI), the Robert Wood Johnson Foundation, and six payer-provider partnerships. Advancing Recovery promotes the use of evidence-based practices in clinical settings as a means of improving the effectiveness of treatment. Advancing Recovery is based around five categories of evidence-based practice, otherwise referred to as evidence-based categories or EBCs. The five EBCs were derived from the work of the National Quality Forum Consensus workshop and include:

1. The use of medications for specific diagnoses
2. Screening and brief interventions in primary care settings
3. The use of psychosocial clinical interventions
4. The use of continuing care (and post-treatment aftercare)
5. Provision of case management, wrap-around and supportive services

Maine will focus on numbers 1 and 5 for the two year grant period.

WHAT IS OUR MISSION?

THE MISSION OF THE MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

THE MISSION OF THE MAINE OFFICE OF SUBSTANCE ABUSE

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

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

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

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

WHOM DO WE SERVE?

THROUGH PREVENTION

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

In 2007, many local contracts were in place to help build capacity statewide for prevention (see page 16). In addition to local contracts, there were many initiatives at the state level:

- [MaineParents.net](#) – media campaign and other support for parents of Maine teenagers.
- [Substance Abuse and the Workplace](#) – building healthy employees and reducing costs through prevention
- [Inhalant Abuse Prevention Workgroup](#) – integrating inhalant prevention throughout current programs (parent course at www.inhalantabusetraining.org)
- [Card ME pilot](#) – a program for retailers to enhance in-store policies that limit access of alcohol to youth and visibly intoxicated persons which was piloted in four communities.
- Alcohol and tobacco compliance checks

WHOM DO WE SERVE?

THROUGH INTERVENTION

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.

THROUGH TREATMENT

The Treatment Team provides technical assistance to providers around program development, implementation, and best practices in alcohol and drug treatment programs. Treatment Team representatives are also involved in a wide range of inter-agency workgroups and committees on treatment, evidence-based practices, co-occurring disorders, criminal justice and correctional treatment programming. The treatment team works with the statewide provider network to assure access to a full continuum of quality treatment services.

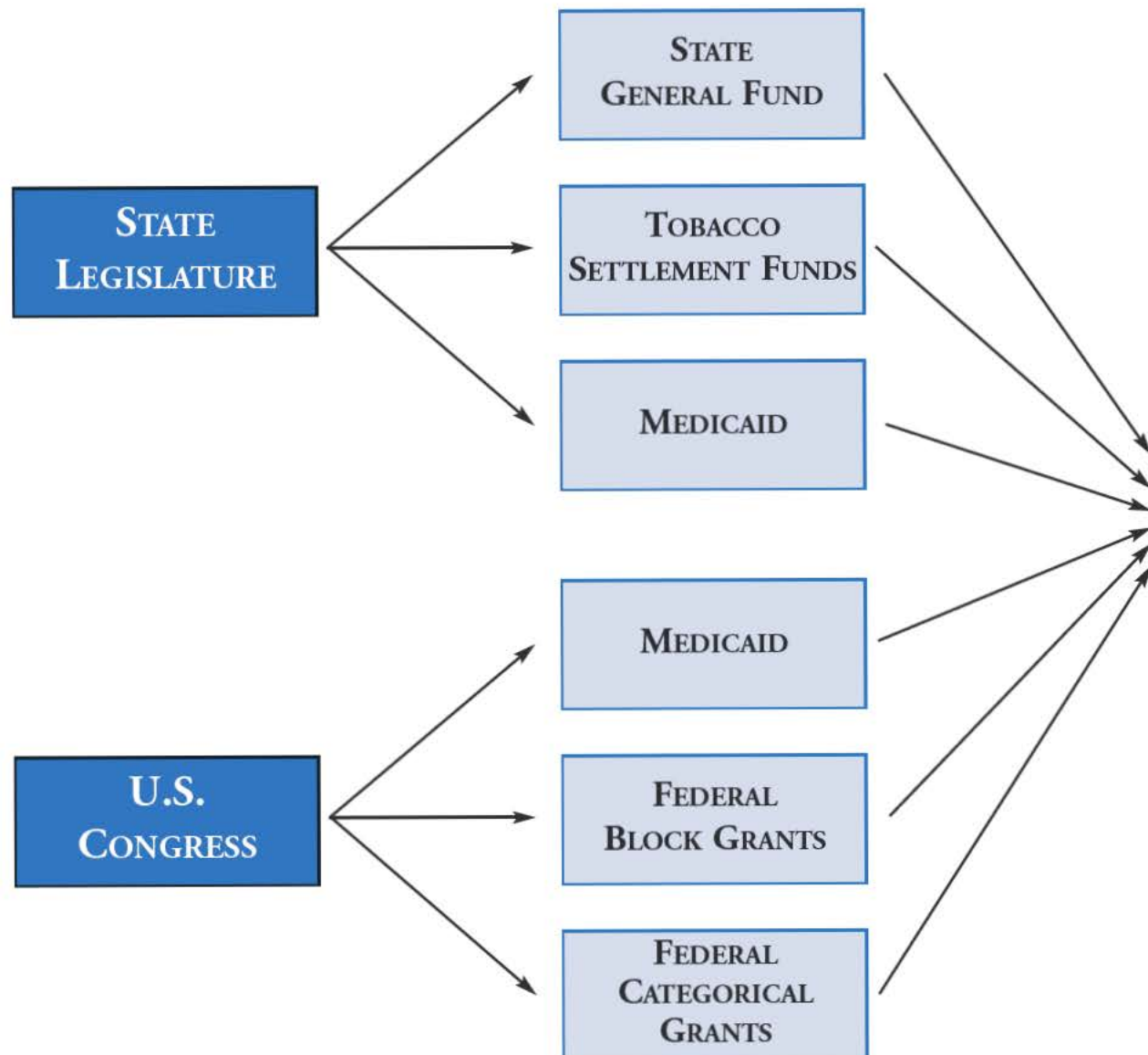
TREATMENT TEAM PURPOSE

- **Increase access** to quality substance abuse and co-occurring services through collaboration and work across systems and agencies.
- **Provide leadership and support** in the development and maintenance of high quality best practices across a complete continuum of substance abuse/co-occurring services.
- **Develop**, educate, and mentor a competent workforce.

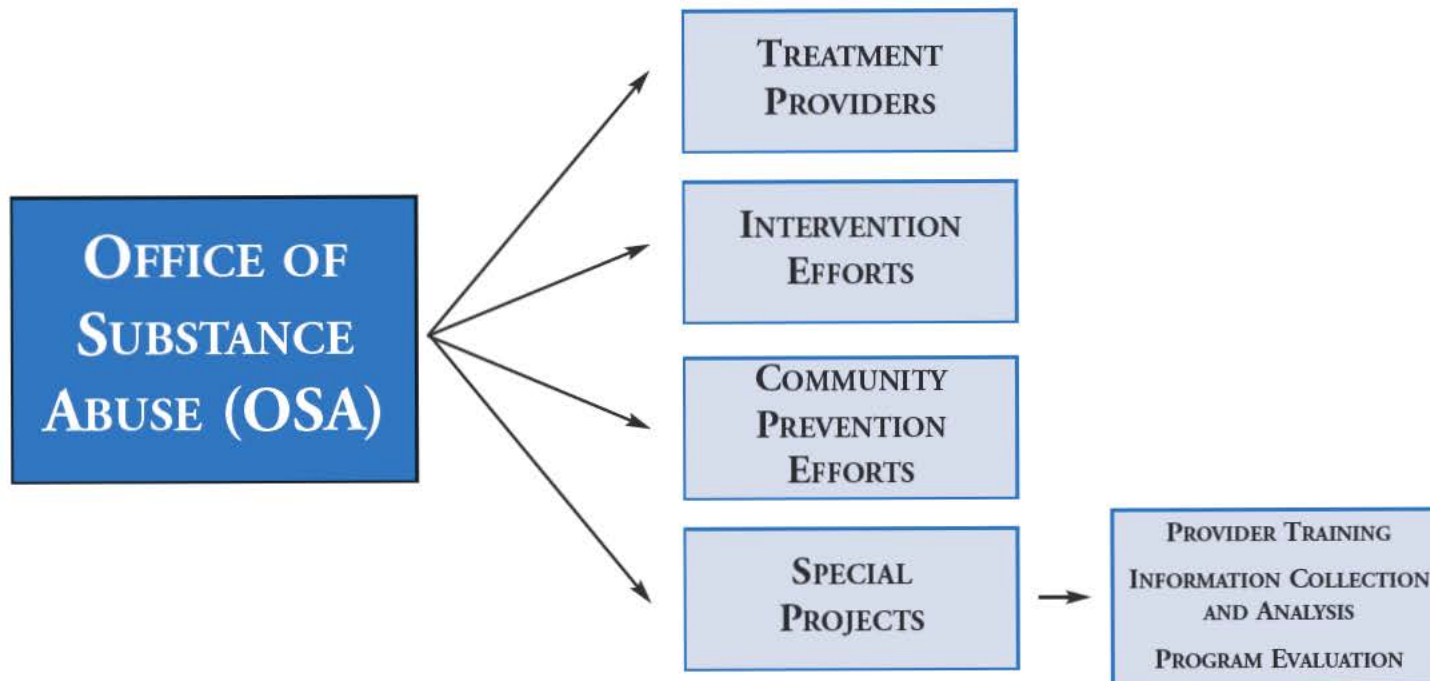
HOW IS OSA FUNDED?

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

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



HOW DOES OSA USE FUNDS?



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

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

OSA REVENUE & EXPENDITURES

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

Treatment Services

- Detoxification
- Intensive outpatient
- Outpatient services
- Residential rehabilitation
- Extended shelter
- Extended care
- Halfway house
- Medication-assisted treatment
- Pregnant and parenting women's services

STATEMENT OF REVENUES & EXPENDITURES

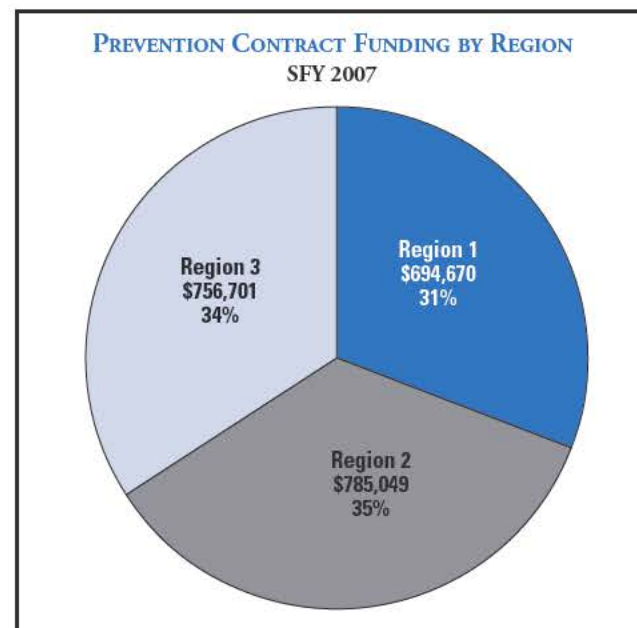
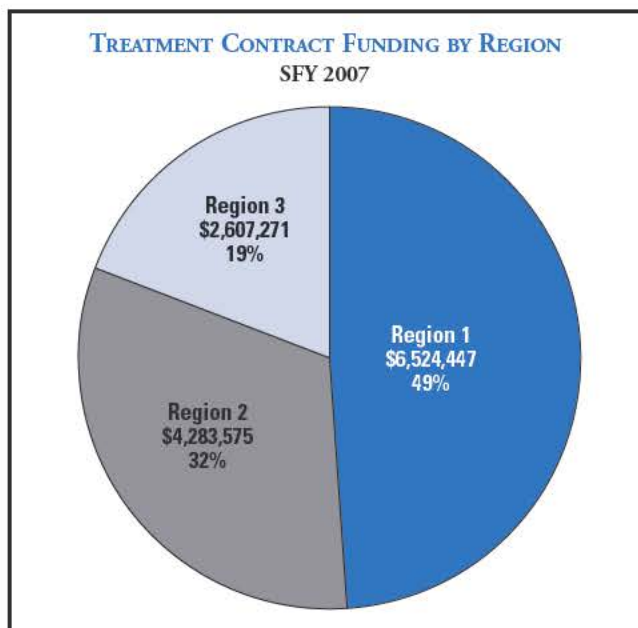
Year End Comparison, June 30

| | SFY 2006 | SFY 2007 |
|--|---------------------|---------------------|
| REVENUES | | |
| State General Funds | \$7,037,704 | \$7,068,074 |
| Driver Education & Evaluation | 1,255,600 | 1,405,930 |
| MaineCare Match - State General Funds | 3,351,350 | 3,987,056 |
| MaineCare Match - FHM Funds | 1,221,158 | 820,974 |
| Federal Categorical Grants | 3,456,151 | 2,935,781 |
| Federal Safe & Drug Free Schools | 2,096,703 | 1,662,541 |
| Federal Substance Abuse Prevention and Treatment Block Grant | 6,680,554 | 6,283,149 |
| Fund for Healthy Maine (FHM) | 3,897,682 | 4,491,444 |
| Total Revenues | \$28,996,902 | \$28,654,948 |
| EXPENDITURES | | |
| Grants with Treatment Agencies | \$13,593,858 | \$14,086,978 |
| MaineCare State Match - Treatment | 4,572,508 | 4,808,030 |
| Grants with Prevention Agencies | 5,645,249 | 4,226,256 |
| Driver Education & Evaluation Program | 1,255,600 | 1,405,930 |
| Prescription Monitoring Program | 319,735 | 189,022 |
| Provider Agency Training | 194,777 | 250,321 |
| Media Campaign | 134,105 | 276,438 |
| General Operations | 3,281,071 | 3,411,973 |
| Total Expenditures | \$28,996,902 | \$28,654,948 |

OSA FUNDED TREATMENT AND PREVENTION PROGRAMS BY REGION

| | Prevention Programs | Treatment Programs |
|------------------------------------|---------------------|--------------------|
| Region 1 – Southern | 24 | 23 |
| Region 2 – Central and Mid-coastal | 20 | 22 |
| Region 3 – Northern and Downeast | <u>19</u> | <u>15</u> |
| Total | 63 | 60 |

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



Prevention dollars support many local initiatives. In 2007, OSA contracts supported environmental strategies, alternative school and weekend programs, programming for high-risk youth, school curricula, parenting programming, mentoring, coalition building, underage drinking enforcement initiatives, and healthy workplace initiatives.

OSA also provides training/technical assistance, as well as information & referral services through both the Information and Resource Center and prevention and treatment team staff.

PREVENTION SERVICES

Compliance Checks: Tobacco - Synar

Preventing sales of tobacco to underage youth through random inspections went into effect in 1996 under the requirement of a national law called the Synar Amendment. Maine has consistently had a low youth sales rate. In 2006, the retailer violation rate was 5.8%, well below the national cap of 20%. The Office of Substance Abuse, Maine Center for Disease Control, and Office of the Attorney General work together to ensure access to tobacco continues to remain low. Part of the Synar initiative is a merchant education program – No Buts, which helps retailers train to ensure compliance.

PREVENTION TEAM VISION:

“A public untouched by substance abuse.”

PREVENTION TEAM MISSION:

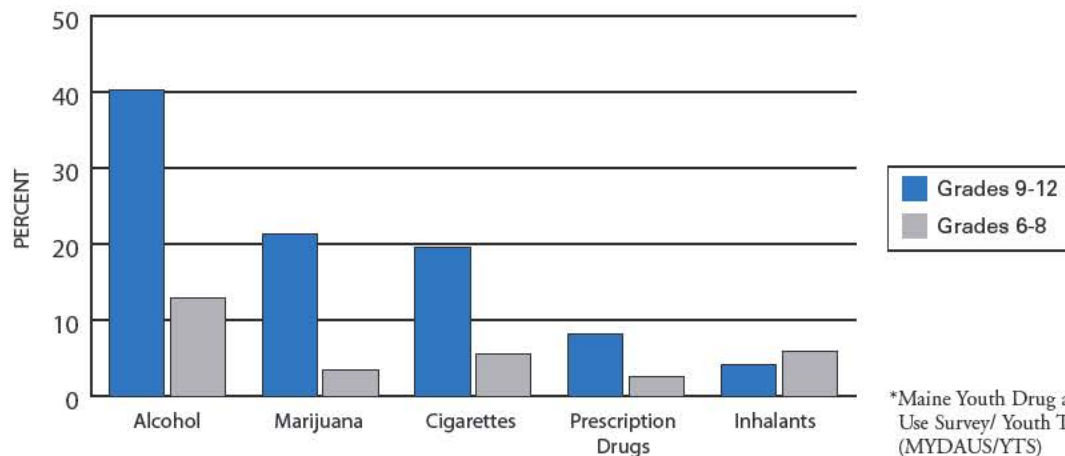
“To prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine.”

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

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

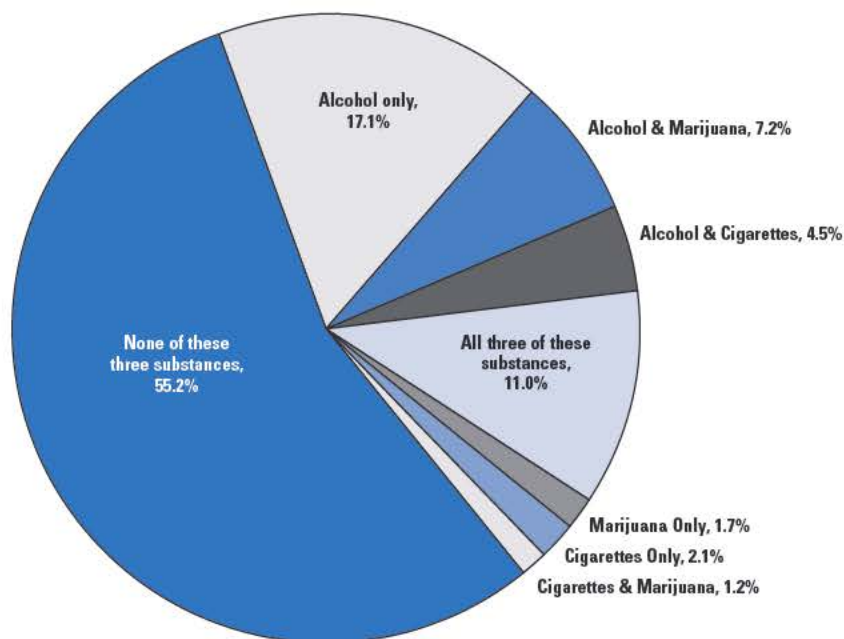
While OSA's prevention programs cover all segments of the population at risk for drug and alcohol use and abuse, a primary focus is on underage youth, particularly those who have not yet begun to use or are experimenting. Research indicates that youth who start drinking by age 15 are four times more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

PAST 30-DAY SUBSTANCE USE – 2006 MYDAUS/YTS*

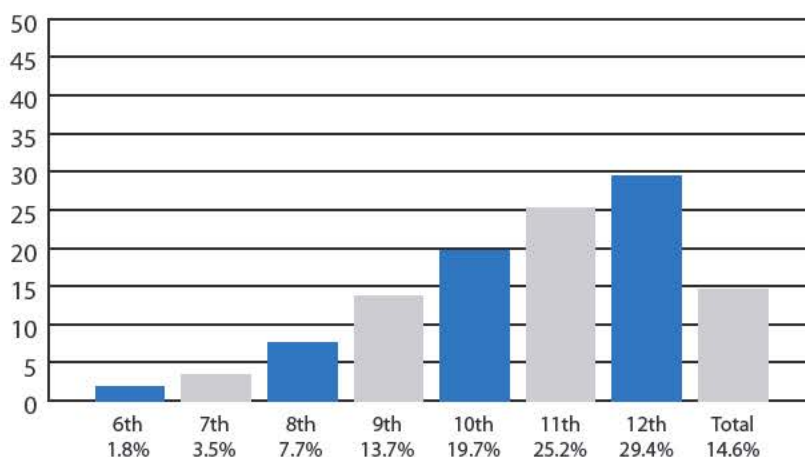


USE OF MULTIPLE SUBSTANCES – 2006 – HIGH SCHOOL (Grades 9-12)*

Past 30 Day Use
of Alcohol, Cigarettes,
and Marijuana
Among High School
Students



ALCOHOL USE BY GRADES – 2006 – BINGE DRINKING, 2 WEEK USE*



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

Compliance Checks: Alcohol

Since being reinstated in October of 2006, there have been a total of 1,443 random inspections of liquor licensees. Of the 1,443 liquor licensees checked between October 2006 through June 2007, 115 licensees received citations for liquor violations, yielding a 92% compliance rate. The Maine Office of Substance Abuse, the Office of the Attorney General, and the Liquor Licensing and Compliance Division, Maine State Police, have worked together to ensure the implementation of the compliance checks. The Maine Sheriff's Association has been contracted by the Office of the Attorney General to conduct the inspections. The inspections are paid through funds from an Enforcing Underage Drinking Laws grant from the U.S. Office of Juvenile Justice and Delinquency Prevention.

PREVENTION SERVICES

The Safe and Drug Free Schools Program funds school violence prevention programs. Some highlights from the most recent "Incidence of Prohibited Behavior and Drug and Violence Prevention" report include:

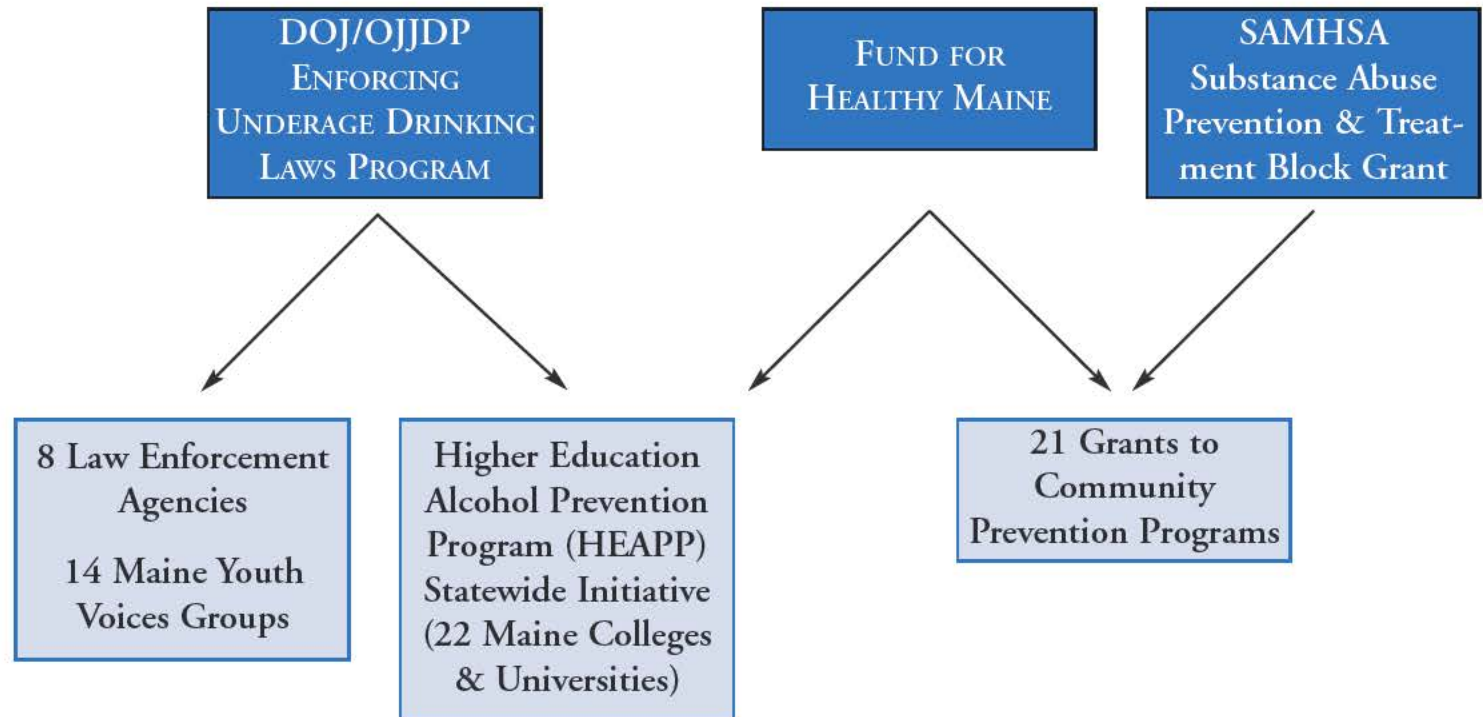
- Maine schools reported a total of 11,228 reportable incidents of substance use or violence in this school year
- Of those incidents, weapons-related incidents were 2% of that total
- Drug-related policy violations comprised 21% of the total incidents report in all schools
- A total of 84 bomb threats were reported from 45 Maine public schools or 6.9%

For a complete report, go to www.mainesdfsc.org and click on "Incident (IPB) Information" at the top.

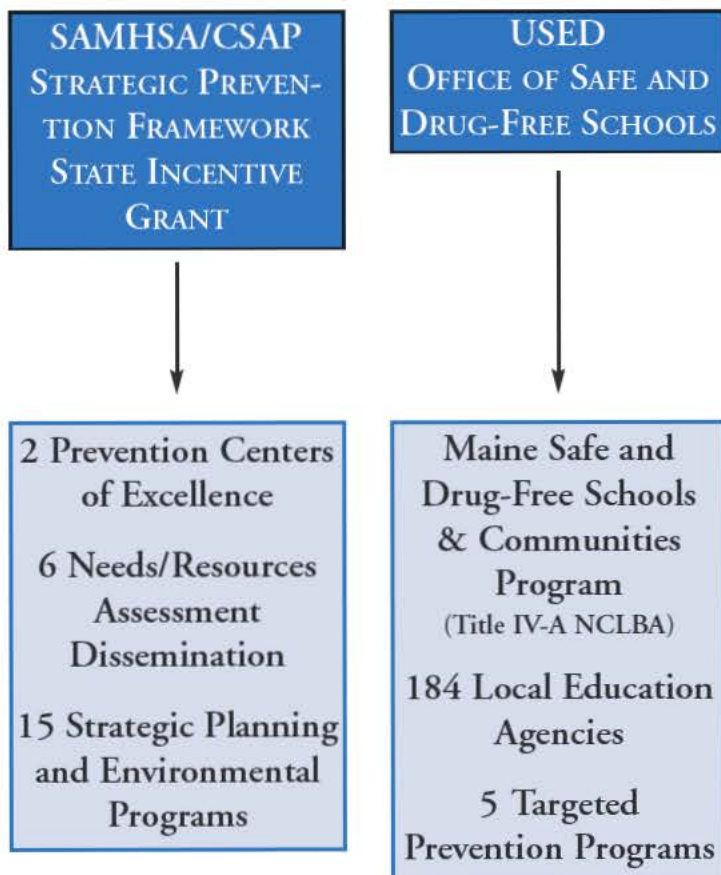
Maine's Higher Education Alcohol Prevention Partnership (HEAPP)

HEAPP is a statewide partnership of colleges and universities that uses evidence-based prevention and intervention strategies to reduce high-risk alcohol use by college students and its impact upon individuals, campuses, and communities. The project is supported by OSA using federal funding. HEAPP has continued to partner with 22 of Maine's public and private colleges/universities.

LOCAL PREVENTION



ON GRANTS 2007



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)

USED

U.S. Department of Education

PREVENTION SERVICES

Law Enforcement

In FY 2007, OSA provided “Strategic Underage Drinking Grants” for 8 law enforcement agencies in Maine – 5 municipal police departments and 3 sheriff’s offices. These grants provided seed funding to develop a comprehensive approach to underage drinking enforcement, including: development of a consistent agency policy on underage drinking, training on liquor laws, public education and awareness, targeted underage drinking enforcement details, and strategies targeting illegal suppliers of alcohol (both retail and social availability).

2006-07

| | |
|--|-----|
| Citations of youth for underage possession/transportation/fake ID violations | 442 |
| Arrests/summons of youth for furnishing alcohol | 37 |
| Arrests/summons of adults (over 21) for furnishing alcohol | 34 |
| Administrative violations referred to Liquor Licensing (i.e. sales to a minor) | 4 |

INTERVENTION SERVICES

DEEP PROGRAM PARTICIPATION

JULY 1, 2006 - JUNE 30, 2007

| PROGRAM | PARTICIPANTS |
|--|--------------|
| RISK REDUCTION PROGRAM (ADULTS) | 3663 |
| OUT OF STATE & ACTIVE MILITARY CLIENTS | 1314 |
| UNDER 21 PROGRAM | 490 |
| DIRECT TO TREATMENT | <u>2228</u> |
| TOTAL: | 7695 |

Driver Education and Evaluation Programs (DEEP)

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

DEEP's charge is twofold: 1) to ensure that every impaired driving offender receives education to increase knowledge of the risks of alcohol and drug abuse and to provide the individual with insight into his or her own level of risk, and 2) to assess each offender's level of harmful involvement with alcohol and/or other drugs to determine if the offense was an unusual circumstance or if it was the symptom of a larger substance abuse problem. If the assessment finds that the offense was part of a larger pattern of alcohol and/or other 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 lifestyle and behavior changes that will support the health and welfare of the individual as well as ensure that the safety of the citizens of Maine is maintained. DEEP offers programs designed specifically for both adult and under-age impaired drivers.

Increasing Access to Services

From January to August, DEEP partnered with the STAR-SI group to pilot a project to increase access to services for individuals mandated by DEEP to complete treatment and to decrease the wait time between the initial request for services and the first clinical assessment session.

STAR-SI (Strengthening Treatment Access and Retention – State Implementation) is a federally-funded project that promotes state-level implementation of process improvement methods to improve access and retention in outpatient treatment.

DEEP worked with eight agencies statewide for the pilot: Addiction Resource Center, Aroostook Mental Health Center, Counseling Services, Inc., Crossroads for Women, Day One, Kennebec Behavioral Health, Maine General Counseling, and Wellspring. The DEEP office made changes to the process by which paperwork is processed internally and transferred to treatment providers for those clients seeking treatment services.

Significant Improvement

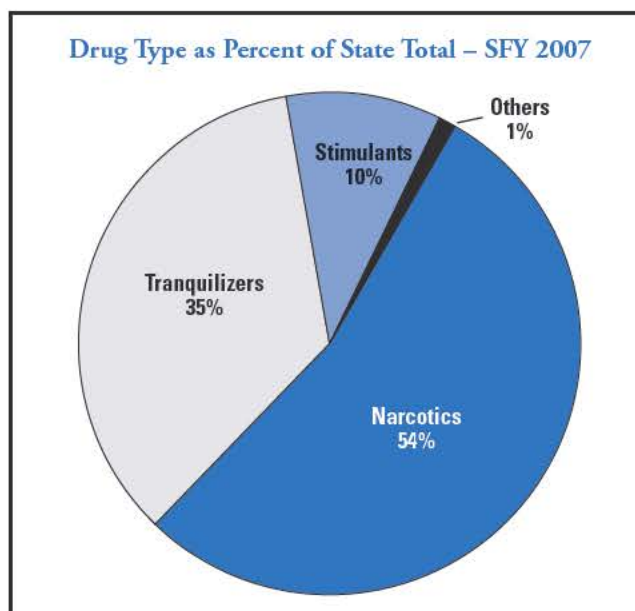
The outcome of the seven-month pilot showed significant improvement as a result of the change process undertaken by DEEP and the participating treatment providers. The data showed that a client's wait time between the first contact requesting services and their first assessment session with a counselor **decreased by 8.34 days**.

DEEP is pleased not only to have improved its customer service processes, but more importantly, to have successfully increased access to services for those citizens in need of help who are mandated to seek treatment.

TOP TEN PRESCRIPTION DRUGS – SFY 2007

These drugs made up 68% of prescriptions for scheduled drugs dispensed in Maine.

| DRUG NAME | Script Count | % Total Scripts |
|---------------------------------|--------------|-----------------|
| 1. HYDROCODONE/ACETAMINOPHEN | 448,430 | 20.7% |
| 2. LORAZEPAM | 173,228 | 8.0% |
| 3. CLONAZEPAM | 149,815 | 6.9% |
| 4. ALPRAZOLAM | 136,729 | 6.3% |
| 5. OXYCODONE HCL | 127,541 | 5.9% |
| 6. OXYCODONE ACETAMINOPHEN | 124,483 | 5.8% |
| 7. PROPOXYPHENE-N/ACETAMINOPHEN | 100,546 | 4.7% |
| 8. AMBIEN | 73,966 | 3.4% |
| 9. DIAZEPAM | 73,945 | 3.4% |
| 10. CONCERTA | 63,411 | 2.9% |
| | 1,472,094 | 68.0% |



Prescription Monitoring Program (PMP)

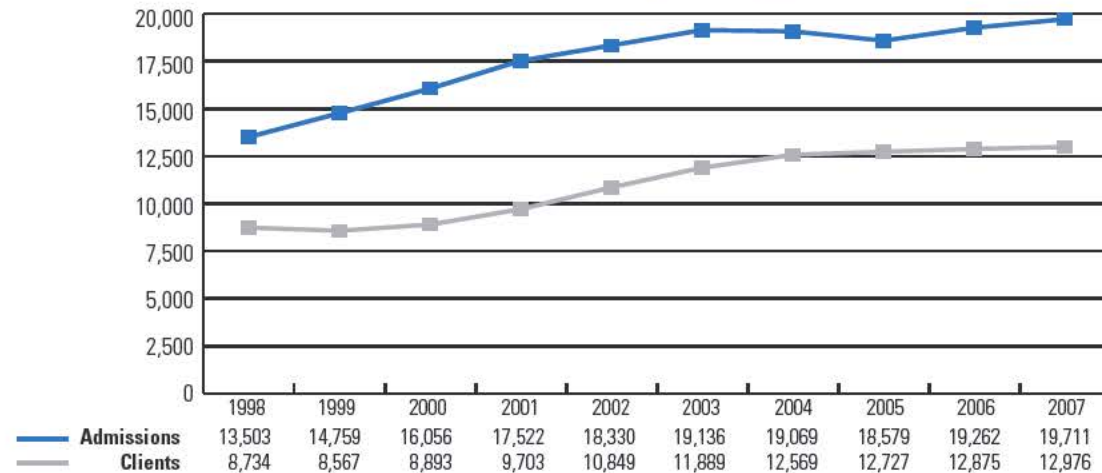
The goal of the PMP is to reduce prescription drug misuse in Maine by using the data collected as a tool in patient care for medical providers in the state. In State Fiscal Year 2007, the PMP had entries for 2,147,504 prescriptions for Schedule II, III, and IV drugs for Maine residents. With a state population of approximately 1.3 million, this total yielded an average of 1.6 prescriptions per person, regardless of age. There were 488,631 different individuals who had at least one record in the dataset, which means more than a third of the people in Maine filled a prescription for a potentially addictive drug during 2007.

TREATMENT SERVICES

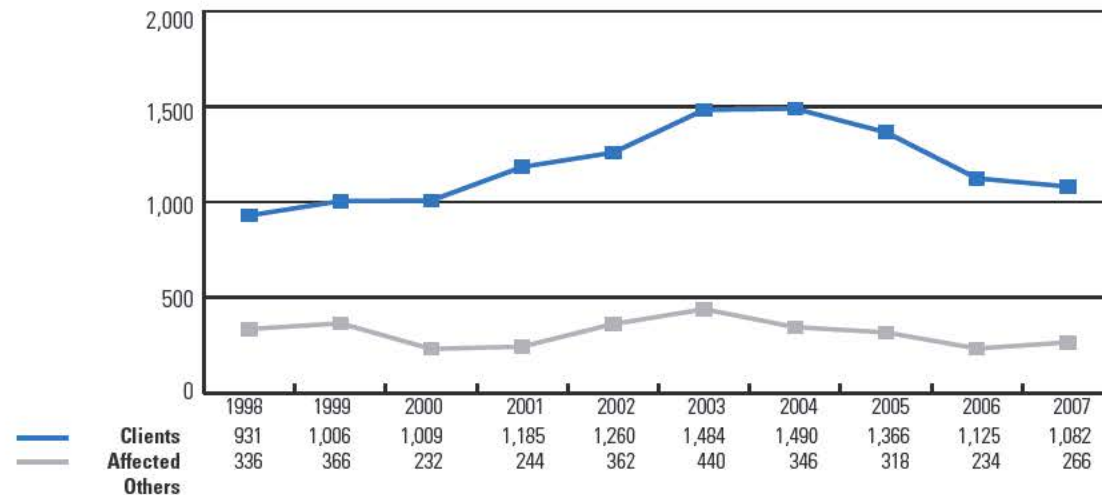
There were 19,711 client admissions representing 12,976 clients in State Fiscal Year (SFY) 2007. The admission rate has remained consistent over the last three years as the system seems to have reached its capacity. OSA is working with providers to develop new ways to decrease bottlenecks in the system in order to provide more care within existing resources.

The number of adolescent clients admitted to treatment continues to decrease even though the number of programs available has remained stable. The National Survey on Drug Use and Health identifies Maine as having one of the highest unmet drug treatment needs for adolescents in the country. Referrals to treatment from all sources have declined over the past three years, and the decrease seems to be primarily for youth abusing alcohol and marijuana rather than other drugs. No one referral source stands out as the reason for the decrease. OSA will continue to work with treatment providers and others to determine what barriers exist for adolescents and families trying to access treatment services.

Treatment Admissions, SFY 1998-2007

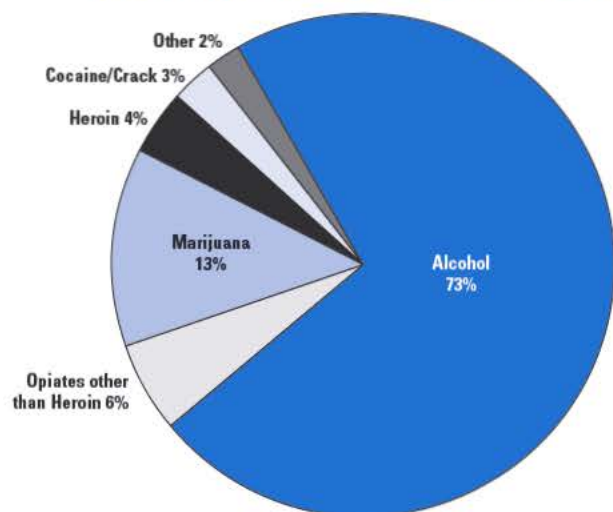


Adolescent Treatment Admissions (unduplicated), SFY 1998-2007

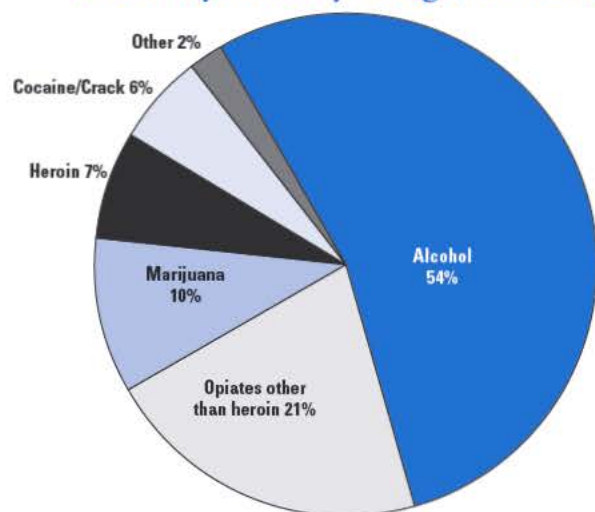


TREATMENT SERVICES

Clients by Primary Drug*, SFY 2000



Clients by Primary Drug*, SFY 2007



Funded treatment services include:

- Diagnostic evaluation
- Alcohol and drug detoxification
- Outpatient and intensive outpatient treatment
- Medication assisted treatment
- Short- and long-term residential treatment
- Adolescent outpatient and residential treatment
- Services for pregnant and parenting women
- Treatment for co-occurring mental health and substance abuse disorders
- Juvenile & adult drug treatment court services
- Juvenile & adult treatment in the MDOC correctional facilities

The leading causes for substance abuse treatment admission were alcohol (54%), opiates other than heroin (21%), and marijuana (10%). Since 2000, the proportion of clients admitted for alcohol abuse has decreased from 73% to 54% while the proportion admitted for heroin has increased from 4% to 7% and for other opiates has more than tripled (6% to 21%). The proportion admitted for abuse of marijuana has remained stable.

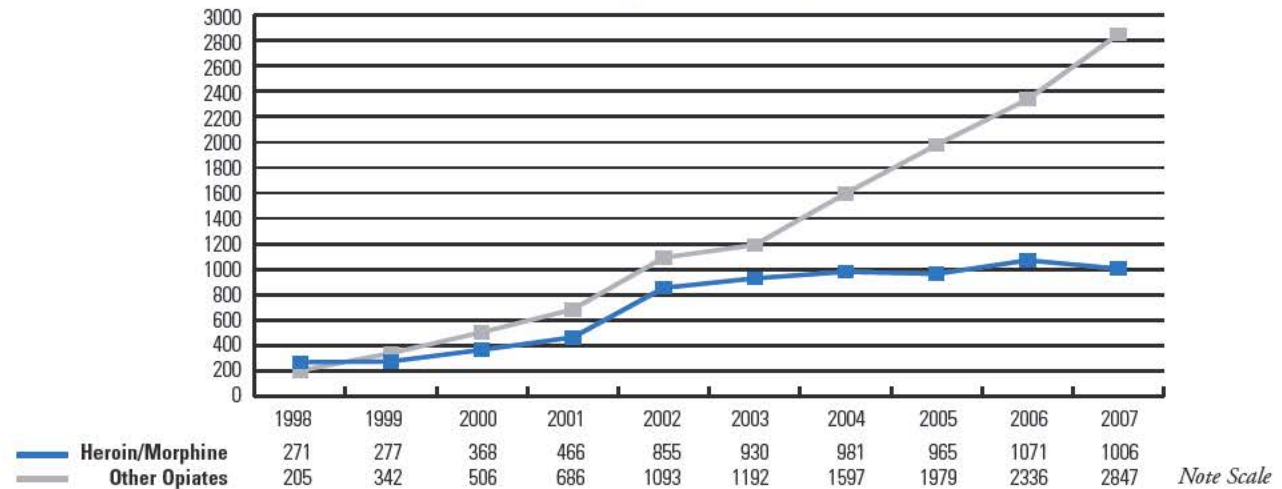
* The substance identified at admission as the client's primary drug problem.

TREATMENT SERVICES

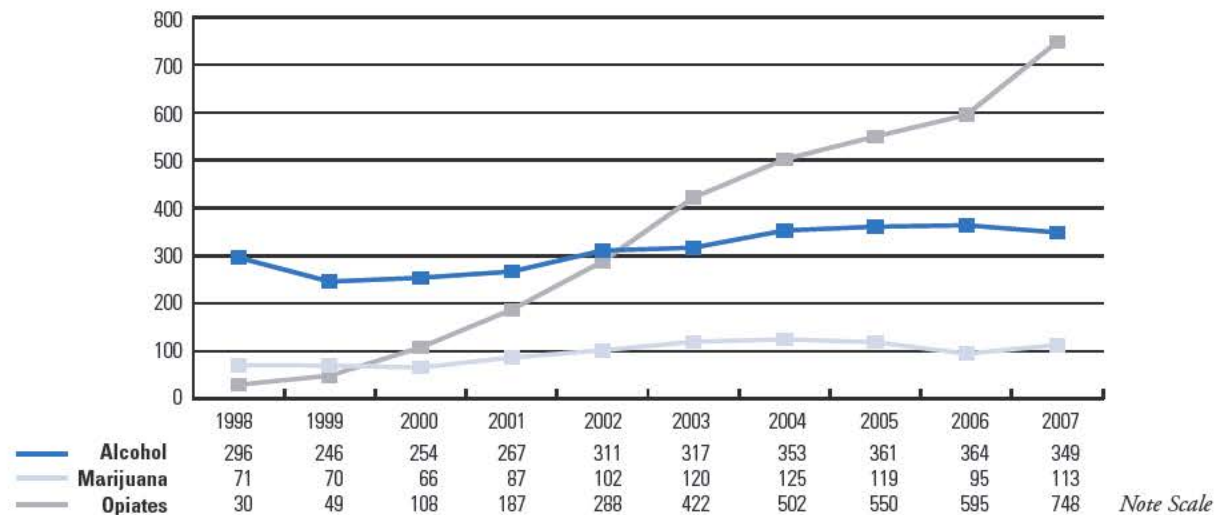
Differences in Treatment Needs by Gender and Age:

- Alcohol is by far the most common primary drug of abuse among both genders.
- Treatment admissions of women age 55-85 for alcohol abuse increased steadily from 2000 to 2006, before dropping slightly in 2007.
- Roughly 3 times as many males as females in the 18-25 age groups were treated for marijuana abuse.
- The number of clients admitted for heroin/morphine has changed little since 2003.
- Treatment for prescription opiates continues to climb. Although this is true for both women and men across age groups, it is particularly significant for young women between the ages of 18-25. Between 2004 and 2007, treatment admissions for women in this age group increased approximately 50%.

Clients Admitted for Opiate Abuse, SFY 1998-2007

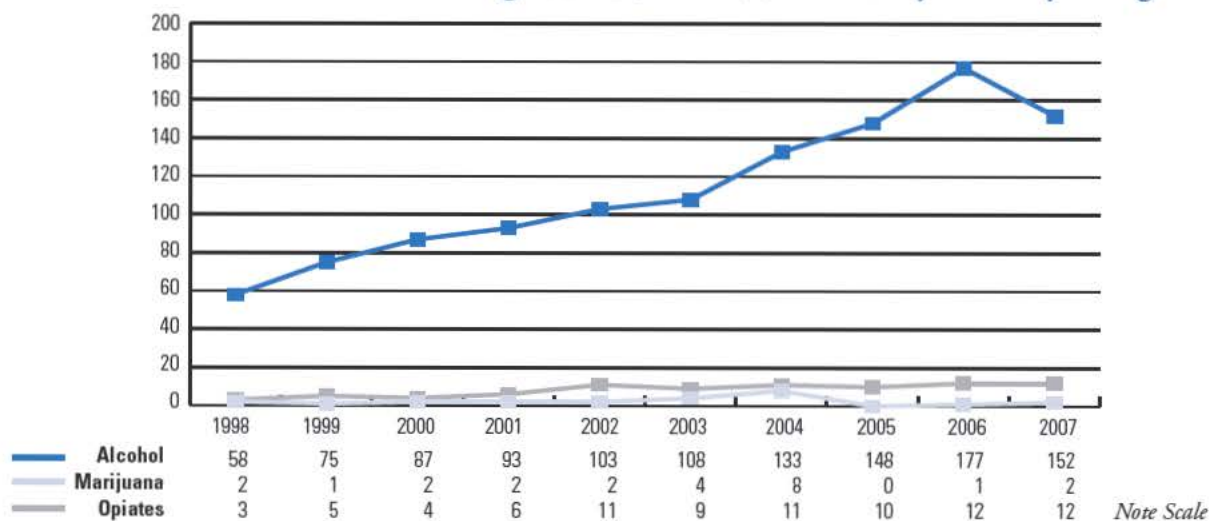


Treatment Clients: Women Age 18-25, SFY 1998-2007 by Primary Drug



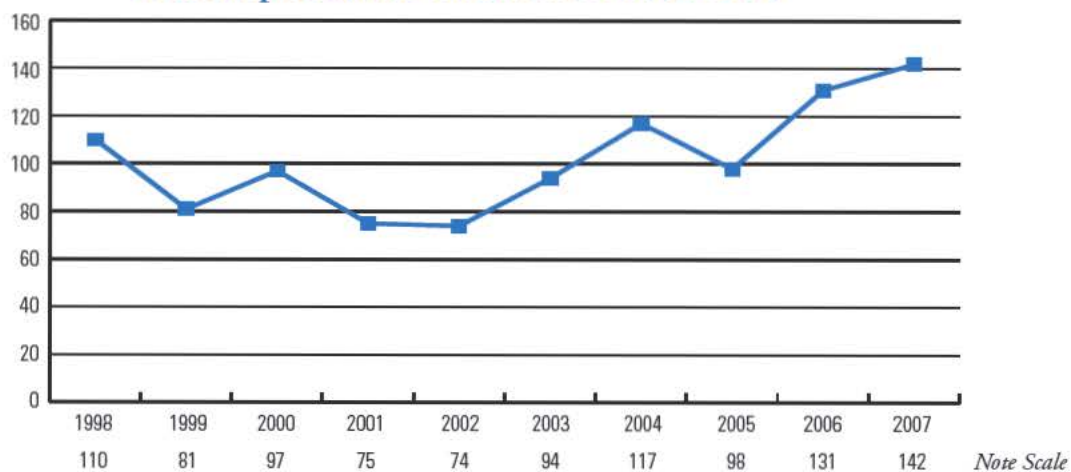
TREATMENT SERVICES

Treatment Clients: Women Age 55-85, SFY 1998-2007 by Primary Drug



Controlling the spread of methamphetamine in Maine has been the focus of legislative action and resources are being focused on minimizing the production and sale. The number of clients entering treatment for addiction to methamphetamine remains quite low (142).

Methamphetamine Clients, SFY 1998-2007*

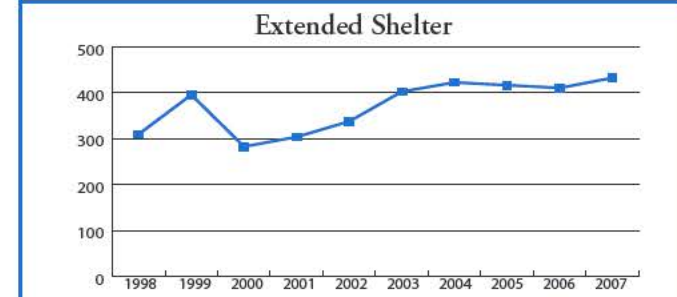
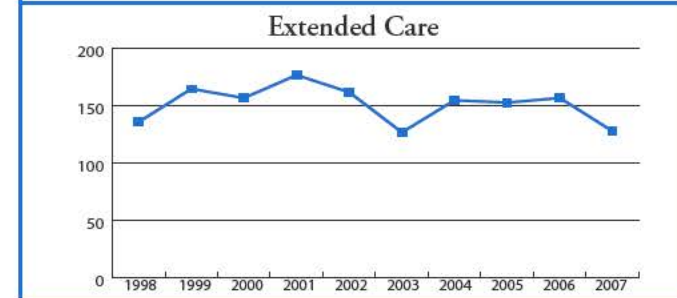
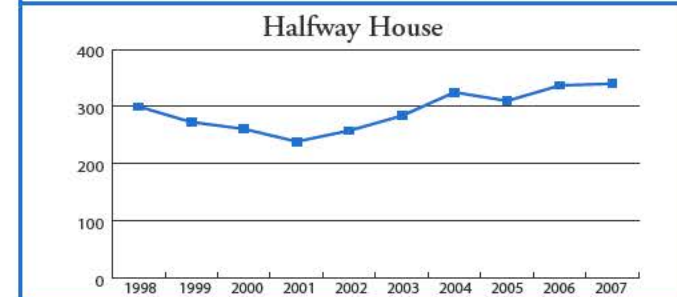
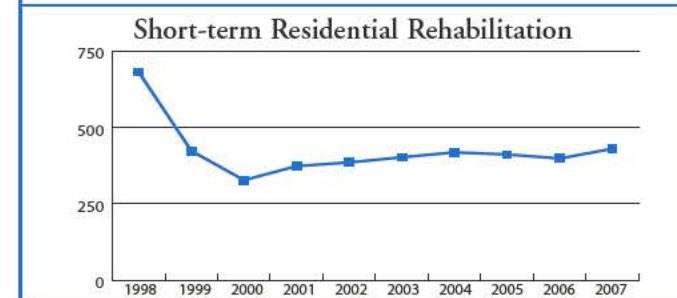
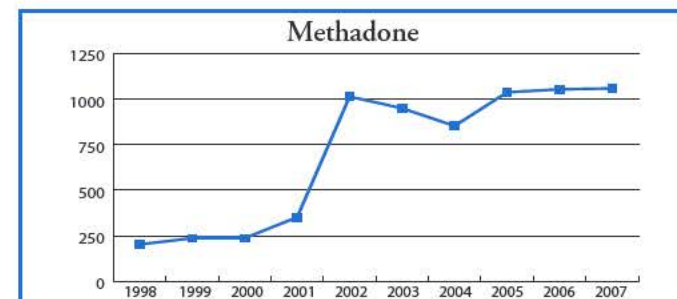
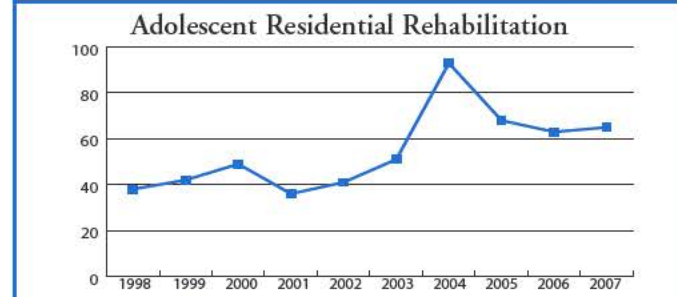
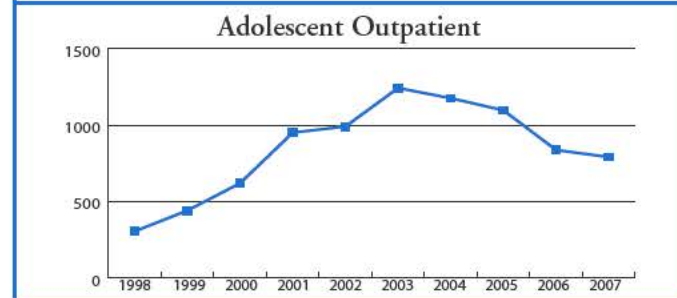
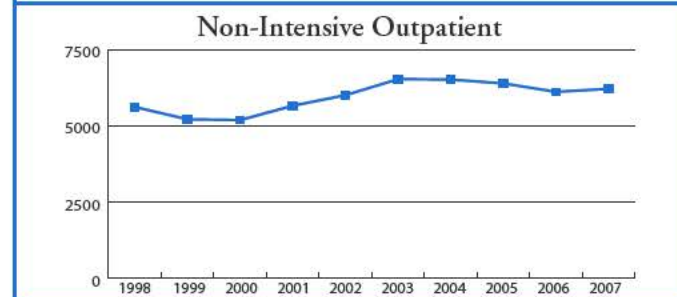
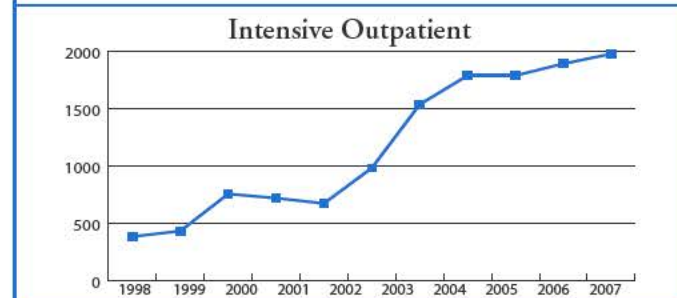
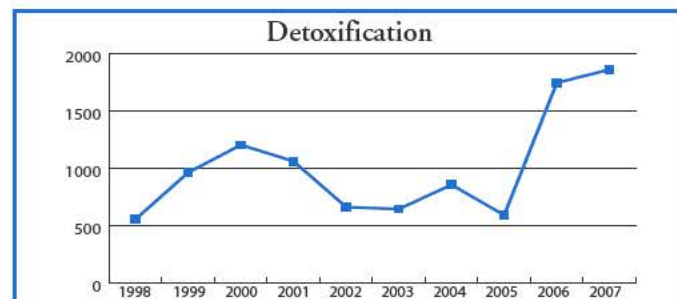


* Primary, secondary or tertiary drug

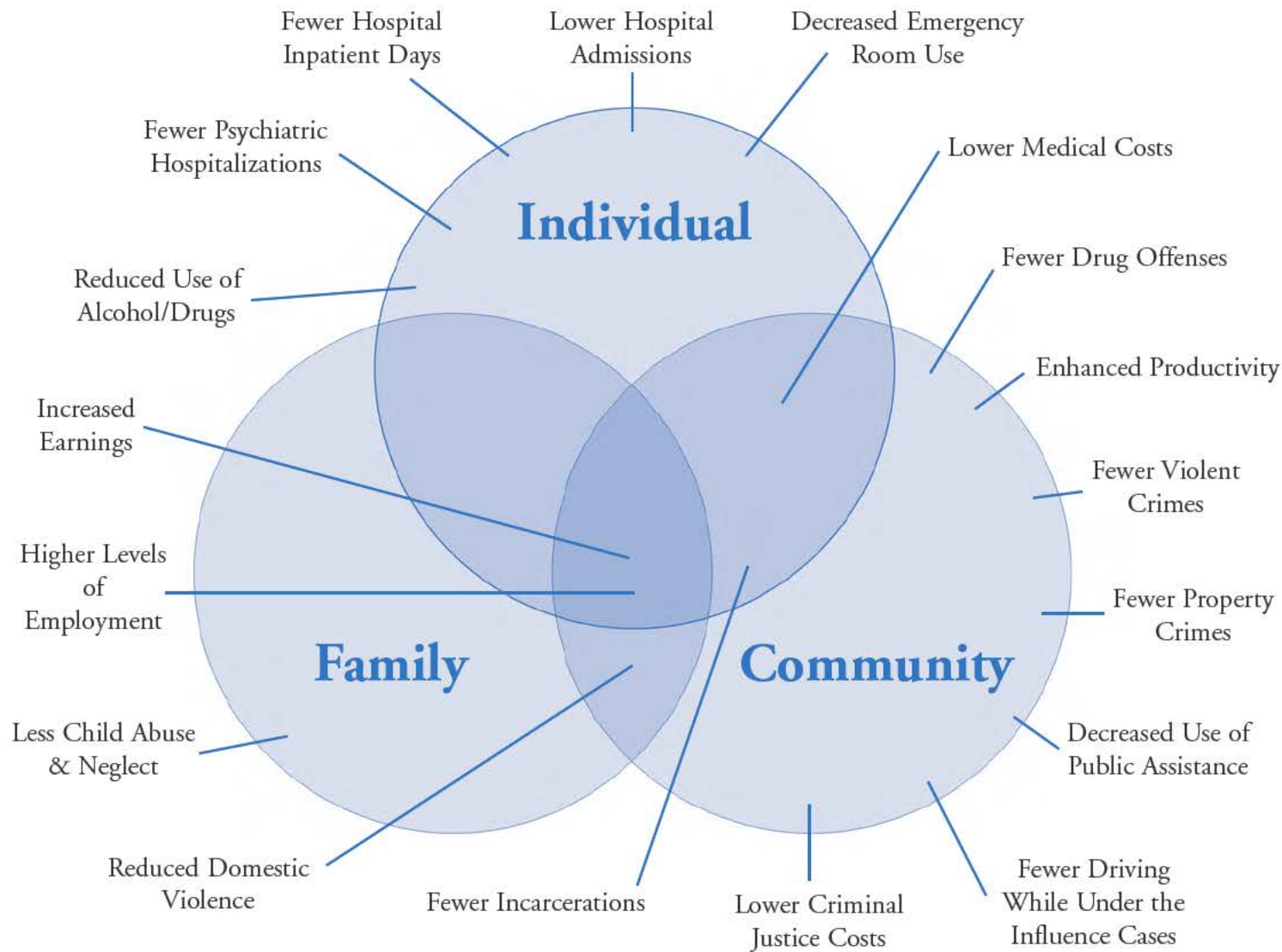
TREATMENT SERVICES

Number of Substance Abuse Treatment Clients by Service Setting, 1998-2007

The number of clients admitted to intensive outpatient treatment has increased over the last five years, from 672 clients in 2002 to 1,974 clients in 2007. This is due to OSA's effort to increase the use of this level of care over expensive residential treatment.



WHEN PREVENTION, INTERVENTION & TREATMENT WORK TOGETHER



PROGRAM HIGHLIGHTS SFY 2007

SAFE AND DRUG FREE SCHOOLS PROGRAM

A total of \$1,251,062 was distributed to school districts in 2006-07. Applications were received from 184 Local Education Agencies (LEAs). Allocations ranged from a high of \$72,326 for the largest school system to less than \$1,000 for the smallest school units. Per pupil allocation was approximately \$6.00. 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, and youth suicide prevention. A total of 32 evidence based (model) programs were funded by this program in 26 different school districts during the 2006-07 school year.

THE MAINE GAMBLING ADDICTION NETWORK

OSA and the Maine Gambling Control Board have worked collaboratively to build the Maine Gambling Addiction Network (MEGAN). The network is comprised of thirty eight licensed professional counselors trained to work with individuals & family members affected by problem gambling. MEGAN has coordinated with the Maine Council on Problem Gambling and 211ME to have their call center staff trained in problem gambling issues so they may provide local help and support to those Maine citizens dealing with gambling problems. 211ME will provide education and informational literature to callers and provide referral connections to counseling professionals who are registered with MEGAN. 211ME will also provide information regarding local self help group meetings such as Gambler's Anonymous (GA).

SUBSTANCE ABUSE AND THE WORKPLACE

In November of 2006, The Substance Abuse and the Workplace Program sponsored a series of five regional trainings on Substance Abuse and the Workplace for substance abuse treatment and prevention providers and coalitions. These trainings were held in Portland, Augusta, Bangor, Machias, and Presque Isle through the generous use of facilities provided by DHHS and the Maine Department of Labor Career Centers.

Workshops built an infrastructure of trained providers and coalitions to assist local businesses with the development of a Drug Free Workplace Program (DFWP). Maine businesses may wish to implement a DFWP that is as basic as a DFWP policy and education of their employees and supervisors. Local professionals trained in the DFWP model work with employers seeking assistance in developing effective policies and programs. Connecting employers with trained service providers set their programs, employees, and their business up for success.

In early 2007, many of the trained local providers and coalitions assisted in organizing and conducting local informational sessions on the Drug Free Workplace Program for employers, titled, “How Much is Substance Abuse Costing Your Business or Organization?”. To date there have been 15 local employer info sessions conducted reaching over 150 employers.

CRIMINAL JUSTICE ADULT INSTITUTIONS SUBSTANCE ABUSE TREATMENT

The OSA Treatment Team actively collaborates with the Maine Department of Corrections (MDOC) in the development of the substance abuse treatment system within the MDOC adult institutions. A policy work group has been established consisting of OSA personnel, MDOC personnel from the MDOC Central Office and all of the MDOC adult institutions, and institution substance abuse provider personnel. This group recommends and implements improvements and changes to the substance abuse treatment system to assure consistency for all prisoners needing treatment.



The treatment for MDOC adult institutions is the Differential Substance Abuse Treatment (DSAT) system. DSAT is an evidence based manualized treatment system using motivational enhancement and cognitive based therapy. DSAT was developed for MDOC and OSA specifically for the State of Maine criminal justice population, both institutional and court based. A major milestone has been achieved, as DSAT is now being offered in all the MDOC adult institutions.

EVIDENCE-BASED TREATMENT PRACTICES

OSA continues to support the implementation of evidence-based treatment practices. Current efforts include the following practices:

- Application of the Rapid Cycle Business Process Improvement model to increase treatment access and retention. OSA is currently sponsoring the use of this model in fourteen community based treatment providers. Providers had made process improvements that directly affect client access and retention;
- Use of American Society of Addiction Medicine's (ASAM) placement criteria in substance abuse licensed agencies;
- Continued support for training and implementation of manual-based cognitive behavioral therapy, motivational interviewing, and contingency management techniques; and
- Increasing access to medication assisted treatment for opiate and alcohol dependence in substance abuse treatment and primary health care settings.

PROGRAM HIGHLIGHTS SFY 2007

PROBLEM SOLVING COURT PROGRAMS (DRUG TREATMENT COURTS)

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

DID YOU KNOW THAT THE OSA INFORMATION AND RESOURCE CENTER (IRC)...

...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 also request items online.

For more information, call the Center at

1-800-499-0027

(in state only)

or

207-287-8900

Visit OSA's IRC online at
www.maineosa.org/irc

The Department of Health and Human Services does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age or national origin in admission or access to or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to DHHS ADA Compliance/EEO Coordinator, SHS #11, Augusta, ME 04333; (207) 287-4289 (V) or (207) 28703488 (V), TTY: 800-606-0215. Individuals who need auxiliary aids or services for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator.

This information is available in alternate formats upon request.



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

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

**Office of Substance Abuse
Information and Resource Center
11 State House Station
Augusta, ME 04333-0011**

1-800-499-0027 (in-state only) or 207-287-8900

TTY: 1-800-606-0215

Fax: 207-287-8910

Email: osa.ircosa@maine.gov

**Caring...Responsive...Well-Managed...
We Are DHHS.**