

# MAINE STATE LEGISLATURE

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Office of Substance Abuse  
An Office of the  
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

## How OSA Provided Services During State Fiscal Year12:

### Prevention

- To support community based substance abuse prevention initiatives, direct funding went to 27 coalitions/school partners working with communities throughout the state.

### Intervention

- 5,358 operating under the influence offenders participated in the Driver Education and Evaluation Program. This is a 17 percent decrease from SFY11.
- 39.8 percent, or more than 2,554 prescribers in Maine had access to online patient prescription history reports from the Prescription Monitoring Program, to coordinate patient care.

### Treatment

- 11,518 individuals were provided substance abuse treatment services in Maine. This is a 19.7 percent increase from SFY11. Emphasis is placed on quick access to treatment.
- Primary substance at admission:

Pain relievers (opiates) 37.19 percent  
 Alcohol 34.14 percent  
 Heroin 10.01 percent  
 Marijuana 9.35 percent  
 Cocaine 4.22 percent  
 Methadone 2.29 percent  
 Other 2.73 percent

### Recovery

- Portland Recover Center opened January 23, 2012.
- Implemented telephone recovery support.

This report is sponsored by Senator Craven and Representative Farnsworth

## DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF SUBSTANCE ABUSE

Annual Report July 1, 2011-June 30, 2012 (SFY12)

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### Our Mission

The Maine Office of Substance Abuse is responsible for the coordination of substance abuse prevention, intervention, and treatment services in Maine. Using a statewide comprehensive planning approach, OSA integrates substance abuse prevention, intervention, treatment and recovery efforts into Maine's public health system. OSA works closely with law enforcement, schools, worksites, local governments, and other community partners to identify problems and opportunities. OSA purchases services that help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery.

**Integration of State Offices:** The Office of Substance Abuse and the Office of Adult Mental Health Services integrated and became the Office of Substance Abuse and Mental Health Services (SAMHS) in September 2012.

### Funding

OSA receives funding from federal, state, and other sources.

#### SFY12 funding expended: \$26.7 million

Federal and Associations funding:

23.1 percent - SAPT block grant (\$6.19 million)  
 4.3 percent - Other federal grants (\$1.15 million)  
 .6% percent - Other Associations grants (\$.18 million)

State funding:

36.9 percent - General Fund (\$9.9 million)  
 4.6 percent - MaineCare match (\$1.2 million)  
 17.6 percent - MaineCare Seed (\$4.7 million)  
 7.1 percent - Fund for Healthy Maine (\$1.9 million)  
 5.3 percent - Driver Education and Evaluation Program (\$1.4 million)  
 .007 percent - Gambling Addiction Special Revenue (\$19,700)

\*The Substance Abuse Prevention and Treatment (SAPT) block grant is a federal formula grant awarded each year to every state and territory, including Maine. This flexible funding stream is designed to help Maine address its own unique needs related to addiction. In addition, a minimum of 20 percent of this federal grant is, by statute, dedicated to prevention services.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF SUBSTANCE ABUSE**

**Accountability**

Maine's Office of Substance Abuse ensures that prevention, intervention, treatment, and recovery providers deliver effective services.

***Management information systems***

OSA requires contracted service providers to enter utilization and performance data into management information systems. This data is reviewed on a regular basis to ensure that quality service is being provided.

***Technical assistance***

OSA provides technical assistance statewide to prevention, intervention and treatment services.

***Performance contracts***

Contracts for services define clear performance expectations. Performance is reviewed and/or evaluated regularly to ensure that expectations are being met.

***Certification and evaluation***

Prime for Life is the curriculum used within the Driver Education and Evaluation Program. Prime for Life instructors and Driver Education and Evaluation Program treatment providers must be certified.

**Did You Know**

**Substance Abuse in Maine: What does it cost us?**

In 2012 the estimated cost was approximately \$1.18 Billion. This cost translates to approximately \$888 for every Maine resident. The three largest factors driving substance abuse related costs are crime, deaths, and medical care.

**Treatment gap**

Among Mainers aged 18 and older, an estimated 6.4 percent needed but did not receive treatment services for alcohol abuse and an estimated 2.26 percent needed but did not receive treatment for illicit drug abuse in the past year. (2009-2010 NSDUH)

**Wait list data**

The monthly average number of Mainer's waiting for treatment services during SFY 2011 was 190.

**Results**

**Prevention**

The last survey of Maine high school students reported use of alcohol, marijuana, and prescription drugs in the past 30 days occurred in 2011.

*Past month use*

	<u>2011</u>
Alcohol	28%
Marijuana	22%
Prescription Drugs	7%

**Intervention**

Of the operating under the influence offenders that were discharged from treatment, 73.7 percent successfully completed treatment and 93.3 percent had no further operating under the influence arrests while in treatment.

Over 122,000 patient prescription history reports were accessed in SFY12 by prescribers using the Prescription Monitoring Program, to coordinate patient care.

**Treatment**

The percentage of clients at discharge from treatment in SFY12:

70.5 percent were abstinent from use;

82 percent were living independently;

35.6 percent were employed;

48.4 percent were attending self-help or involved in recovery social supports.

**Recovery**

As of March 30th, three months after opening:

80 recovering people were members;

101 hours of volunteer time logged;

Five hours of telephone support provided to 19 individuals weekly by volunteers.