



Maine Office of Substance Abuse  
**OSA**

**2002**  
**ANNUAL REPORT**

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

Information and Resource Center  
1-800-499-0027 (In-State Only) or 207-287-8900  
TTY: 1-800-215-7604 (In-State Only) or  
207-287-4475 (Special Equipment Needed)  
Fax: 207-287-8910  
Email: [osa.ircosa@maine.gov](mailto:osa.ircosa@maine.gov)



Department of Behavioral  
and Developmental Services



*In accordance with federal and state laws, the Department of Behavioral and Developmental Services does not discriminate on the basis of sex, race, religion, color, national origin, creed, disability or age, in admission or access to treatment, services, or employment in its programs and activities.*

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

[www.maineosa.org](http://www.maineosa.org)

# table of contents

From the Director's Desk .....	1
OSA Maintains Balanced Funding .....	2
Workforce Development .....	4
OSA Launches Improved Website .....	4
Public Education .....	5

## PREVENTION

2002 Maine Youth Drug and Alcohol Use Survey .....	6
New Underage Drinking Initiatives for FY 2003 .....	7
No Child Left Behind .....	8
Think Again Media Campaign Launched .....	9
One ME – Stand United for Prevention .....	10
The Higher Education Alcohol Prevention Project .....	11

## INTERVENTION

2002 Driver Education and Evaluation Program (DEEP) Update .....	12
--	----

## TREATMENT

Substance Abuse Treatment Needs Assessment Completed .....	14
2002 Highlights of the Treatment Data System .....	15
OSA Responds to Overdose Drug Problem .....	17
Co-Occurring Disorders Initiative Planning Grant Nears Completion .....	18
Drug Court Update .....	19
Criminal Justice/ Corrections Initiatives .....	20
Child Welfare Issues .....	21
Indian Township Health Center Human Services .....	22





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

The Office of Substance Abuse experienced important successes and faced some serious challenges during fiscal year 2002. The budget crisis had its effect on the office and some of its planned programming, but we managed to preserve existing services with only minor exceptions. We received significant federal funding for prevention programs and faced a new crisis in the state's epidemic of opiate abuse as the drug overdose death rate began to skyrocket.

The school survey completed in late winter 2002 gave mixed results. Alcohol and tobacco use continue a downward trend that began in 1995, particularly for middle school students. This news is encouraging given that most of our prevention efforts are aimed at students in grades 6 – 8 and most programs focus on alcohol and tobacco use. We see this trend as indication of the effectiveness of current prevention efforts. It also is indicative of success in our goal of increasing the age of first use. The disturbing news was in the abuse of prescription drugs, a category that was included for the first time. Nearly 25% of high school seniors had abused prescription drugs at least once. Clearly, we need to develop prevention education materials regarding the risks of prescription drug abuse. Also, for the first time, marijuana use exceeded tobacco use. This is a result of the tremendous strides made in reducing tobacco use, rather than the increase in use of marijuana, which has historically been high in Maine as compared to the rest of the country.

A federal grant of nine million dollars over the next three years was awarded to Maine in order to develop community coalitions and provide science-based prevention programming statewide. Eighty-five percent will be distributed to communities across Maine. We will use the next two administrations of the school survey as an assessment tool to see if this influx of resources makes an impact on the abuse of alcohol and drugs in those communities.

The increase in drug overdose deaths held the media's attention for many months during the spring and summer, particularly as much of the growth in the past year can be attributed to the misuse of methadone, a medication commonly used in the treatment of opiate addiction. OSA spent this time trying to sort through rumors and media frenzy to understand what was really happening. In the end, it appeared that there is much misunderstanding between the patient, the drug user, and the medical and substance abuse treatment communities that has led to ongoing confusion regarding methadone use. OSA sought advice and funding from the federal government which has agreed to work with the state to develop and implement a public education plan to ensure that the spread of misinformation is halted. We also sought the help of the public health system, which agreed to work with OSA to develop a public health response to decrease overdose deaths.

In the coming year, OSA will continue its work to reduce the abuse of alcohol and other drugs and the effects it has on our state. On the following pages you will find highlights of some of our efforts. I am pleased with the tremendous work and creativity of the OSA staff and of the people in the field. Particularly in prevention, we are beginning to see a payoff for the investment of tobacco funds. In the coming years, we will see more positive treatment outcomes as the field incorporates the research that has occurred over the past ten years into practice. This is a great time to be involved in the field of substance abuse and addictions medicine as more is being learned every day about the brain and its response to chemical intrusion. While we face many challenges, the tools to address those challenges are being developed or refined in ways we could not have imagined even ten years ago. OSA will continue to monitor the research and ensure that best practice is brought to Maine.

## OSA MAINTAINS BALANCED FUNDING

The Office of Substance Abuse continued to have a balanced mix of federal and state funding. Our federal block grant funding increased four percent to \$ 6.2 million and other federal funding increased significantly with the awarding of the One Me prevention grant. Available funding from Fund for Healthy Maine decreased significantly as a result of legislative action that required the Office to return unspent funds from 2001 of \$ 1.4 million. There was an additional reduction of \$100,000 in the FY 02 allocation. This contributed to a net reduction in available funding from SFY '01. Originally established as a dedicated fund with carrying authority, through legislative action, the Fund is now treated as state funds and unspent or unencumbered funds will lapse at year-end.

### Maine Office of Substance Abuse STATEMENT OF REVENUES & EXPENDITURES Year Ended June 30, 2002

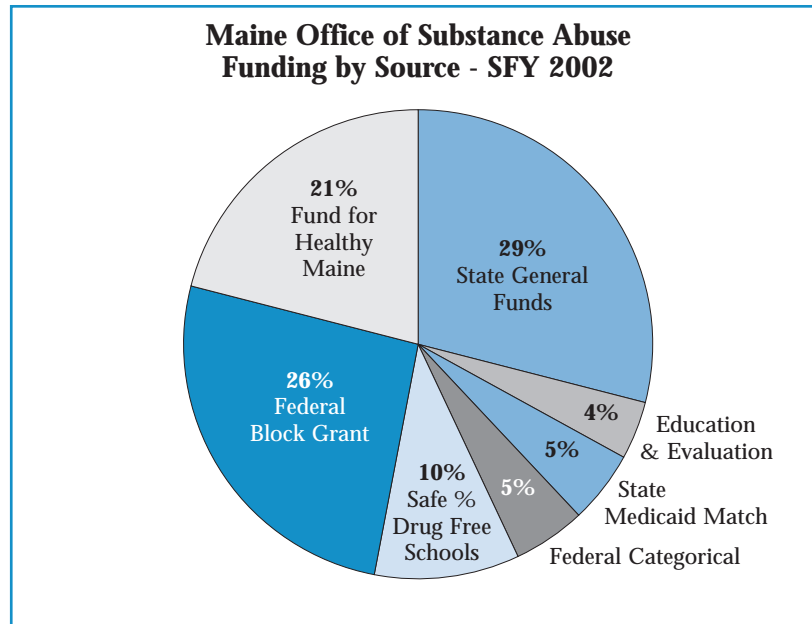
#### *Revenues*

State General Funds	\$6,488,351
Driver Education & Evaluation	1,006,954
Maine Care match - State funds	1,122,288
Federal Categorical	1,108,969
Federal Safe & Drug Free Schools	2,137,353
Federal Substance Abuse Block Grant	5,924,322
Fund for Healthy Maine	4,652,152
<b>Total Revenues</b>	<b>\$22,440,389</b>

#### *Expenditures*

Contracts with Treatment Agencies	\$13,327,152
Contracts with Prevention Agencies	5,180,764
Provider Agency Training	475,000
Media Campaign	507,247
Needs Assessment	191,297
Program Evaluation	105,882
General Operations	2,653,047
<b>Total Expenditures</b>	<b>\$22,440,389</b>

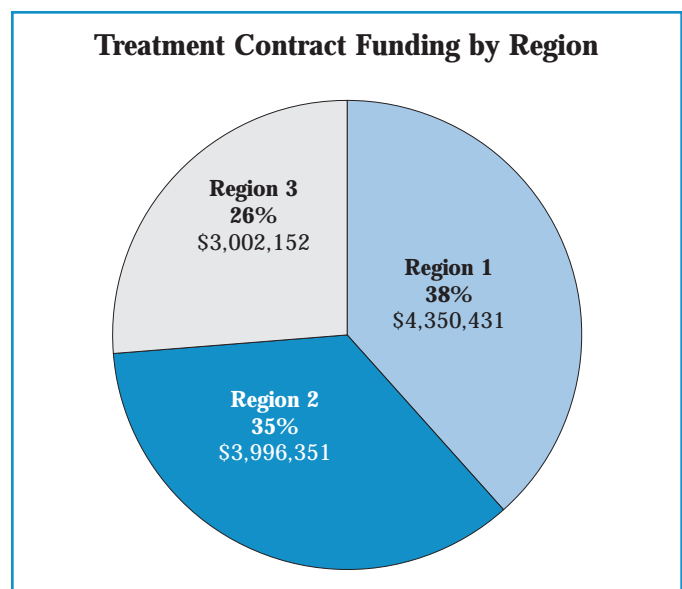
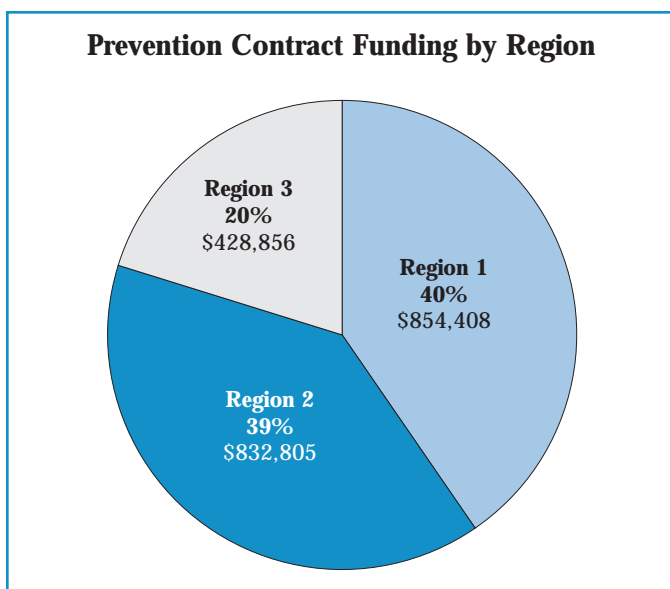
Total available funding of \$ 22.4 million is shown by source on the chart below:



The Office continued to fund a variety of treatment and prevention program across the state.

	Prevention Programs	Treatment Programs
Region 1 – Southern	20	23
Region 2 – Central and Mid-coastal	23	23
Region 3 – Northern and Downeast	16	23

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 below.



## WORKFORCE DEVELOPMENT

Workforce development is an important issue that needs to be addressed whether we are talking about business or social services. A highly skilled workforce employed throughout the continuum of services is essential if Maine is to adequately address the alcohol, tobacco and other drug issues we are facing. The available knowledge regarding effective, researched-based substance abuse programs and services in both treatment and prevention has increased dramatically within the last 5 years. It is essential that this information be transferred to the substance abuse field so that Maine can provide quality services in order to maximize our resources.

A workforce development survey has been completed by the substance abuse treatment field with assistance from the Addiction Technology Transfer Center at Brown University. Results are presently being tabulated. A survey instrument for assessing the prevention field is currently being developed and will be administered within the next year. This data will assist OSA in addressing the current needs of the substance abuse workforce as it develops a workforce development strategy for the next 2 years.

## OSA LAUNCHES IMPROVED WEBSITE

In September 2002, the Office of Substance Abuse launched an improved website. Working in conjunction with InforME, the new website offers much more information and services and is more in keeping with the appearance of the state website.

The new website, found at [www.maineosa.org](http://www.maineosa.org), contains a wide variety of information with multiple aspects. It serves not only the general public but also the providers and practitioners in the fields of treatment and prevention. New initiatives by the Office are also described on the site.

Some of the new features include:

- a search tool that allows visitors to query for prevention and/or treatment services in their area or other areas of Maine,



- a link to the Office's Information and Resource Center and its searchable catalog of videos and other resource materials,



- there is also a link to guide the user directly to information on how he/she can find help for him/herself or someone he/she cares about.



## PUBLIC EDUCATION

For the year 2002, the Information & Resource Center (IRC) staff participated in various public education campaigns to get the word out about substance abuse.

In September, the IRC and other state department staff and non-profit agencies mailed out suicide prevention materials to all of the middle and high schools in Maine. Students in grades 7-12 received the **Teen Yellow Pages**. Students in grades 6-8 received bookcovers. Matching posters were sent to all schools. The Teen Yellow Pages are pocket-sized booklets designed by Ingraham, that contain informational sections on many issues teens face, as well as local resources and activities. The posters and bookcovers were designed through the Maine Youth Suicide Prevention Program.

In December, schools throughout Maine were prepared to participate in **Alcohol Awareness Day** due to a reminder sent by the IRC from Department of Education Commissioner Duke Albanese and Office of Substance Abuse Director Kim Johnson. Alcohol Awareness Day legislation mandates that all students in Maine receive a 45 minute lesson on alcohol on the first Monday in December each year. Many suggestions for activities for this day were included in this mailing and numerous schools borrowed video and print materials from the IRC.



The third **Project Sticker Shock** event was held, where youth and retail personnel throughout Maine placed warning stickers on alcoholic beverages to remind adults of the fines for providing alcohol to minors. This event is designed to reach adults who might purchase alcohol legally and provide it to minors. Stickers warning about the penalties for furnishing alcohol to minors are placed on all multi-packs of beer, wine coolers, and other alcohol products that might appeal to underage drinkers. The impact of the stickers is increased by media coverage of the event and by longer-lasting posters to be displayed by participating retailers. The project represents a partnership between youth, retailers, concerned parents and community members, prevention professionals, and law enforcement with the goal of educating potential furnishers, raising public awareness about underage

drinking, and strengthening the deterrent effect of the law against providing alcohol to minors. IRC staff ensured that all who were interested had these materials for this event. Due to positive feedback from all involved, this event was repeated in May of 2002.

In March, a mailing went to 5000 medical personnel throughout Maine informing them of **National Alcohol Screening Day** in April. These packets included many informative pieces of information about the problems that alcohol causes their patients. The Maine Alliance for Addiction Recovery sent volunteers to assist IRC staff with this large project. Those who sign up for the National program receive additional educational material and assessment tools to address alcohol use with their patients. It is designed to raise public awareness about alcohol and its effects on health.

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

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

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

In 2002, the IRC actively promoted their services at 11 conferences. They mailed out 103,000 pamphlets, loaned 3500 videos, and added 297 new patrons this year.





## 2002 RESULTS

In February 2002, 270 of Maine's 442 eligible public schools participated in the Maine Youth Drug and Alcohol Use Survey (MYDAUS). There were 56,719 usable surveys from 47.8% of the 118,743 total eligible students. All counties were represented in the survey.

Some of the highlights of the survey are:

### **Alcohol, tobacco, and marijuana are the most commonly used substances by students in grades 6 through 12.**

- Fifty-five percent (54.6%) of students have had alcohol in their lifetime, 37.6% have smoked cigarettes, and 30.7% have used marijuana.
- In the month before the survey, 30.3% of students had used alcohol, 17.1% had smoked marijuana, and 15.2% had smoked cigarettes.
- Nearly three in ten 12th grade students (29.5%) reported binge drinking in the two weeks before the survey.

### **Other commonly used substances include prescription drugs (prescription drugs not specifically prescribed for student, excluding OxyContin), other illegal drugs,<sup>1</sup> inhalants, and smokeless tobacco.**

- Eighteen percent (18.0%) of students have used prescription drugs (other than OxyContin) not specifically prescribed for them, 14.2% have used other illegal drugs, 12.1% have used inhalants, and 11.6% have used smokeless tobacco.
- In the month before the survey, 8.3% of students had used prescription drugs (other than OxyContin) not specifically prescribed for them, 7.7% had used other illegal drugs, 4.5% had used smokeless tobacco, and 4.4% had used inhalants.

### **The least commonly used substances by Maine youth are MDMA (ecstasy), LSD or other psychedelics, OxyContin, cocaine, stimulants, and heroin.**

- Seven percent (6.7%) of students have used MDMA or ecstasy, 6.2% have used LSD or another psychedelic, and 5.7% have taken OxyContin. Five percent (4.9%) of students have used cocaine, 4.5% have taken stimulants, and 2.5% have used heroin.
- In the month before the survey, 2.7% of students had used MDMA or ecstasy, 2.4% had used LSD or another psychedelic, 2.4% had used OxyContin, 2.1% had used cocaine, 2.0% had used stimulants, and 1.2% had used heroin.

This year the Office of Substance Abuse introduced a new web site where the MYDAUS data was made available to the public. It also has a secure side that enables school districts to access data for their individual schools. For the MYDAUS Results or Technical Report, contact the Information and Resource Center at 1-800-499-0027.

<sup>1</sup> "Other illegal drugs" is a substance use category on the survey questionnaire inclusive of any drugs not specifically listed.

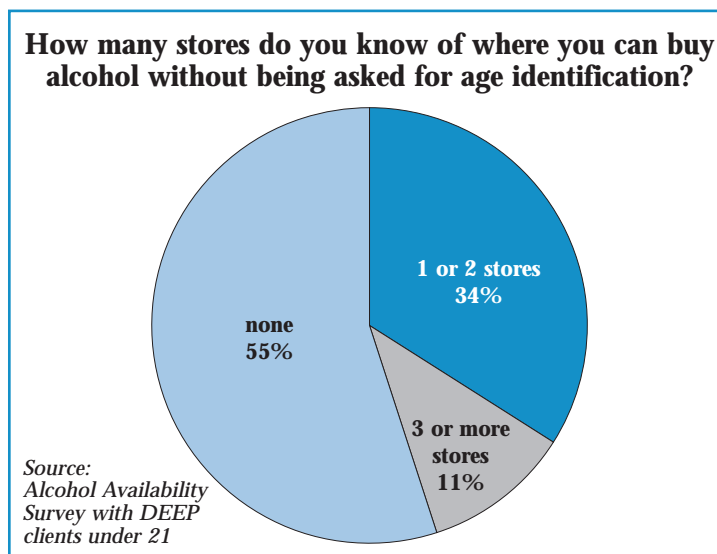
## NEW UNDERAGE DRINKING INITIATIVES FOR FY 2003

Since 1998 when the Office of Substance Abuse first began receiving federal grants from the Enforcing the Underage Drinking Laws Program of the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP), these grants have been used to develop a multi-layered systemic approach to the problem of underage drinking. Over the last five years, the grants have helped to establish the Maine Youth Voices program, the Maine Underage Drinking Task Force, the Underage Drinking Community Coalitions Subgrant Project, the Higher Education Alcohol Prevention Project, and the Project Sticker Shock public awareness campaign. This year, we added another more important layer to Maine's comprehensive approach to reducing underage drinking.

### Underage Compliance Checks

Nationally, underage compliance checks have been widely demonstrated to be one of the most effective strategies for reducing underage access to alcohol. While most stores in Maine comply consistently with the laws that prohibit sales of alcohol to anyone under age 21, even a small proportion of stores can open up an avenue of access for a large number of underage drinkers. Underage compliance checks are the most cost-effective strategy for deterring sales to minors, encouraging voluntary compliance with the law among all retail stores, and ensuring that no competitive advantage is allowed to retailers who do not live up to the responsibilities associated with a liquor license.

In a 2000 survey of Maine OUI offenders under age 21 in the Driver Education and Evaluation Program (DEEP), 45% of all respondents said they knew of at least one store where they could purchase alcohol without being asked for identification. In addition, 38% of respondents said that they had purchased alcohol personally at least once within the past year. Respondents who knew of a store where they could buy alcohol without being carded and those who had purchased alcohol personally within the past year were significantly more likely to be frequent and heavy drinkers than those who accessed alcohol only through social sources (i.e. a friend over age 21).



In the fall of 2002, underage compliance checks began in Maine through a partnership between the Office of Substance Abuse, the Bureau of Liquor Enforcement, and the Attorney General's Office. Funding for the project was provided by the OJJDP Enforcing the Underage Drinking Laws program and will result in at least one annual check for each licensed retailer in the state. In the first round of checks, licensees who sell alcohol will receive a warning and will be encouraged to take advantage of training opportunities, with future violations resulting in the standard fines for selling alcohol to a minor.

<sup>2</sup> Pacific Institute for Research and Evaluation, Strategies to Reduce Underage Alcohol Use: Typology and Brief Overview, 1999 (available at [www.pire.org/udetc](http://www.pire.org/udetc)). See also: University of Minnesota Alcohol Epidemiology Program, Alcohol Compliance Checks Procedures Manual, 2000 (available at <http://www.epi.umn.edu/alcohol>).



"No Child Left Behind makes history in American education and builds futures for America's students."

Rod Paige, U.S. Secretary of Education

## WHAT DOES THE NEW NO CHILD LEFT BEHIND ACT MEAN FOR MAINE'S SAFE & DRUG FREE SCHOOLS & COMMUNITIES PROGRAM (TITLE IV)

On January 8, 2002, President Bush signed into law the No Child Left Behind Act of 2001. During federal fiscal year 2002, Maine will receive a total of \$2,307,865 to support Title IV programs under the NCLB Act. The purpose of Title IV is to support programs that prevent violence in and around schools; that prevent the illegal use of alcohol, tobacco, and other drugs; that involve parents and communities in such efforts; and that are coordinated with related federal, state, school, and community activities and resources to foster a safe and drug-free learning environment that supports student academic achievement.

### *The No Child Left Behind Act is based on four basic principles:*

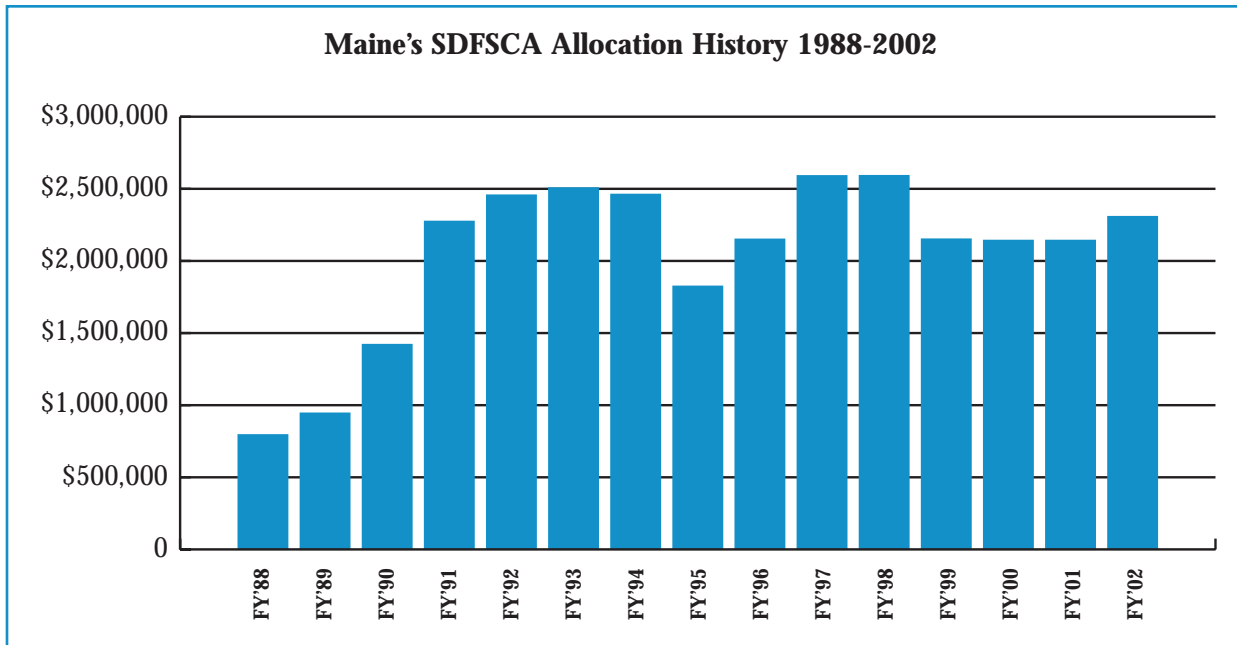
- Stronger accountability for results;
- Increased flexibility and local control;
- Expanded options for parents; and
- An emphasis on research-based methods that have been proven to work.

### *Change Is in the Air*

What do all of these new provisions mean for safe and drug-free schools? In a word: change. Schools are called to develop more comprehensive approaches to prevention, linking safe and drug-free schools efforts to improving overall teaching and learning. No longer will schools implement behavioral programs on the side, but efforts will need to be integrated into the regular school curriculum.

In addition, schools are called to implement prevention programs based on sound scientific research. Instead of adding more programs and activities, schools will be asked to "weed the garden"—to eliminate those programs that have not been shown to be effective and to concentrate on those initiatives which have been proven with rigorous analysis.

Finally, schools are challenged to involve the entire community in their efforts. Businesses, faith communities, law enforcement and victim service agencies, youth service organizations, health agencies, and others all have to be part of our strategy to help keep students safe and drug-free.



*Excerpts from: The Challenge  
c/o Learning Systems Group  
1150 Connecticut Avenue NW, Suite 1100  
Washington, DC, 20036  
Phone: (202) 628-8080 TDD: (202) 628-5862  
FAX: (202) 628-3812*

## THINK AGAIN MEDIA CAMPAIGN LAUNCHED



On January 3, 2002, Maine middle school students began receiving the message from their high school counterparts that, "I don't drink." The intent was to reach middle school students with the message that, "If you think most kids drink, think again." in order to correct the misperceptions that they have about alcohol use among their peers. Research has shown that sixth graders believe that about 50% of their peers drink. The Maine Youth Alcohol and Drug Use Survey shows that only 37% of middle school students have ever had more than a sip of alcohol and that 16% have used alcohol in the last 30 days. Since people's perceptions of use frequently correspond to their actual use, the campaign was directed at informing students that most kids don't drink.

Initially two Public Service Announcements (PSAs) were created by Creative Design & Marketing. Later two additional PSAs were created using footage from the original interviews as well as a six minute video. The video, which includes a discussion guide for teachers, is now available by calling the Information and Resource Center at 1-800-499-0027. Schools may choose to use the video for discussions with classes during Alcohol Awareness Week in December or at other times throughout the year. Fact sheets for parents as well as additional information about the conceptual framework for the campaign can be found at the OSA web site -- [www.maineosa.org/prevention/think/again.htm](http://www.maineosa.org/prevention/think/again.htm). The campaign is scheduled to run through February 2003.

## ONE ME – STAND UNITED FOR PREVENTION

For the next three years, community coalitions made up of community members representing schools, service providers, law enforcement, parents and youth will work to reduce youth tobacco use and high-risk drinking using proven models of prevention in an initiative called One ME – Stand United for Prevention.

Maine was awarded 3 million dollars per year under the State Incentive Program from the Center for Substance Abuse Prevention. The One ME program proposes to reduce youth tobacco use and high-risk drinking through the use of evidence-based prevention programs throughout Maine. William Lowenstein, Associate Director of the Office of Substance Abuse, is the Project Director.

The One ME program provides funding for community coalitions to:

- ❖ Take a stand against substance abuse
- ❖ Mobilize community youth and adults for change
- ❖ Coordinate and invest in effective prevention programming
- ❖ Achieve sustainable results



Eighty-five percent of the money was awarded to Maine community coalitions through a Request for Proposal process. This means that for three years starting in 2003 \$2,295,000 per year will go directly to communities for science-based substance abuse prevention programs. The remainder of the funding will be used to fund a comprehensive program evaluation, develop a statewide prevention plan, and fund project staff through the Maine Association of Substance Abuse Programs. This grant enabled OSA to place prevention specialists in the Behavioral and Developmental Services Offices in Bangor and Freeport.

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

The Council on Children and Families is serving as the Advisory Council for this project. In addition to the Advisory Council, six workgroups will strengthen the Advisory Council by broadening the base of participation and adding diversity of perspectives.

Members of the workgroups include OSA staff, community members representing youth, parents, educators, law enforcement, service providers, prevention specialists, and representatives from other state agencies. Each group will make sure that diversity is addressed as part of their planning and operation.



## THE HIGHER EDUCATION ALCOHOL PREVENTION PROJECT

In October 2001, the Office of Substance Abuse successfully applied for a competitive discretionary grant from the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP). This award of \$400,000 has helped establish a two-year Higher Education Alcohol Prevention Project (HEAPP). The HEAPP Project consists of both a statewide initiative open to all Institutions of Higher Education in Maine as well as a subgrant program that provides funding to six Maine colleges for the implementation of effective strategies to address underage/high-risk drinking.

### *The Statewide Initiative*

The purpose of the statewide initiative is to engage and support Maine's colleges and universities in a collaborative and collective effort to change factors in the campus and community environments across the state that contribute to underage and high-risk drinking. While the statewide initiative has just begun, strategies developed so far include the following:

- A HEAPP listserv to encourage communication and sharing of ideas across campuses.
- A Statewide Training Series (2002-03 topics include Social Norms Marketing, Curriculum Infusion, Effective Judicial Affairs Practices, BASICS [Brief Alcohol Screening and Intervention for College Students], Working with Landlords to Prevent Alcohol-Related Problems Off Campus, and others).
- Collaborative efforts to develop cost-effective materials that can be used by multiple campuses. For example a parent brochure has been developed and printed under the grant in order to provide copies in bulk to any Maine college that wishes to use it.

### *The Subgrant Program*

The focus of the subgrant program is on planning and implementing “environmental strategies” at the campus level to prevent alcohol problems and change factors in the campus environment that promote alcohol abuse.

The grant will allow the six sub-grant partners to:

- Develop or enhance a campus-community coalition that engages citizens and decision makers from diverse perspectives, including students, law enforcement, and local residents.
- Meet campus-community needs by developing and implementing a strategic plan based on a local needs assessment.
- Increase enforcement commitment, involvement, and capacity as an integral part of the program.
- Identify effective approaches that address local needs and will result in decreased access to alcohol by minors and reduce underage and high-risk drinking.
- Encourage student leadership and participation in planning and program activities.
- Become leaders in a statewide effort to change characteristics of campus environments that encourage or enable underage and high-risk drinking.

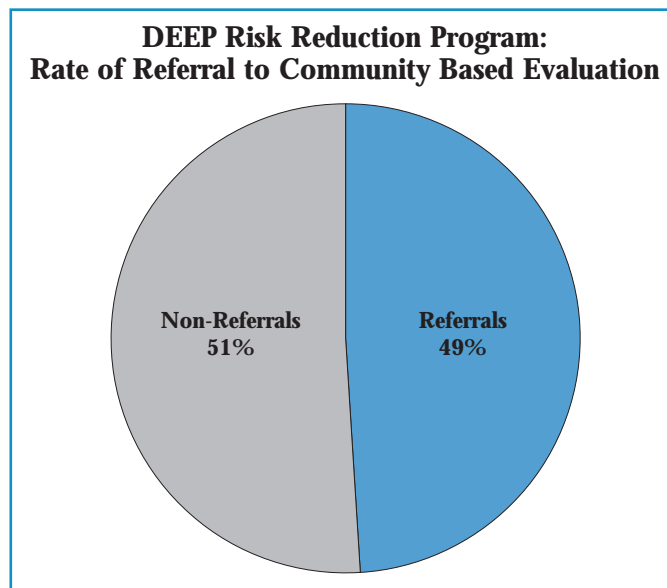


## DRIVER EDUCATION AND EVALUATION PROGRAM (DEEP)

The year 2002 has been a notable one in the chronicles of the Driver Education and Evaluation Programs (DEEP). On September 1, 2001, DEEP implemented its new Risk Reduction Program for adult offenders, which replaced both the Weekend Intervention Program (WIP) and the 2-hour Adult Assessment Program. DEEP's adult curriculum had not been updated since 1987, and the last 3 years have been spent researching and designing a high quality, effective curriculum for impaired drivers. The new "Risk Reduction Program" is offered in more than 20 communities statewide, and uses a new curriculum, designed specifically for Maine's impaired driver population, called "PRIME for Life". Similar versions of PRIME for Life are used with impaired driving programs in several other states and have shown a marked decrease in OUI recidivism for offenders completing this curriculum. PRIME for Life was designed with the guidance and assistance of Prevention Research Institute, Inc. (PRI) of Lexington, Kentucky, which is a non-profit agency that has designed educational programs for substance abuse education since 1982.

DEEP's charge is twofold: 1) to increase every impaired driver's knowledge regarding the risks of alcohol and drug abuse and to provide insight into his or her own level of risk, and 2) to assess the offender's level of harmful involvement with alcohol and/or other drugs to determine if the offense was an unusual circumstance or if it was the symptom of a larger substance abuse problem. Maine's new Risk Reduction Program ensures that every single offender is assessed, when previously only those offenders with an aggravated blood alcohol level (.15 and higher) and multiple offenders received assessment with follow up services for evaluation and/or treatment if indicated.

From its inception on September 1, 2001, to September 1, 2002, nearly 4,200 adults participated in the DEEP Risk Reduction Program. An average of 49% of those participants were referred to a community based provider for a clinical substance abuse evaluation based on their preliminary assessment scores. 79% were males, and 21% were females. 75% of the total male participants were referred to further services, while 70% of the females were referred.



There were 560 participants in the 10-hour Moving Ahead Program for offenders under the age of 21 years, and 57% of those individuals were referred for a clinical substance abuse evaluation based on their preliminary assessment scores.

# intervention

Another significant improvement was in the area of access to programs. DEEP was able to offer the Risk Reduction Program in more than four times as many communities statewide in 2002 than were served by the Weekend Intervention Program in previous years.

2001	2002
AUBURN	AUBURN
AUGUSTA	AUGUSTA
BANGOR	BANGOR
GORHAM	BELFAST
PRESQUE ISLE	BIDDEFORD
(TOTAL = 5)	BRUNSWICK
	CAMDEN
	DAMARISCOTTA
	ELLSWORTH
	FARMINGTON
	GORHAM
	HOULTON
	LINCOLN
	MACHIAS
	MILLINOCKET
	PORTLAND
	PRESQUE ISLE
	ROCKLAND
	RUMFORD
	SANFORD
	SKOWHEGAN
	SOUTH PORTLAND
	WATERVILLE
	(TOTAL = 23)

As a result of a three-year process of assessing and modifying DEEP's paperwork and telephone protocol systems, the process by which an individual registers for and schedules a program has been streamlined and simplified, increasing the efficiency and timeliness of the process for the customer. Simplifying the registration process has resulted in a marked reduction in the time a customer is on the telephone with the DEEP office and consequently, the time anyone waits on hold for service. Since 1998, the average time an individual spends on the telephone to set up a DEEP program has decreased from nearly eight (8) minutes to less than three (3) minutes.

The public now has access to DEEP via electronic mail through the Office of Substance Abuse web site, and usage of email contact by customers has increased six fold over 2001. Many customers utilize the DEEP email address for quick answers to basic inquiries or questions regarding program requirements. We are now in the process of long-range planning to look at setting up a web-based application for DEEP customers to use to register, schedule, and pay for programs.

This is an exciting time for the DEEP programs, with high-quality, timely services to both customers and the provider community more available than any other time in our history. In launching the new Risk Reduction Program with the PRIME for Life curriculum, DEEP has moved forward in providing the highest in national best practice standards for effective impaired driving interventions. Our ultimate goal is to offer Maine's citizens the best and most effective impaired driving programs in the country, in order to serve the public safety and offer an opportunity for individuals to improve their quality of life, enhance their responsibility to their families, and their contribution to their community.



## SUBSTANCE ABUSE TREATMENT NEEDS ASSESSMENT COMPLETED

Maine completed the second round of the State Treatment and Needs Assessment Project (STNAP) in July 2002. The second STNAP produced three studies in addition to the six studies completed in Round I. These studies have provided the staff of the Office of Substance Abuse with the tools to estimate more comprehensively and accurately, substance abuse unmet treatment needs, as well as targeting specific high risk subgroups and/or service areas across the state for treatment planning.

Summary of findings from Round 2 studies:

**STUDY 1: Substance Abuse Treatment Needs Among Maine's Temporary Assistance to Needy Families (TANF) Populations, 2000.** Surveys were performed in 3 areas of the state: Cumberland County, Penobscot County not including Bangor, and the Greater Rockland area. Highlights of findings:

- As with the general population, TANF recipients aged 18 to 24 were 14 times more likely and those aged 25 to 44 were almost 5 times more likely to need substance abuse treatment or intervention than recipients 45 to 64 years old.
- Recipients with less than a high school education were 28% more likely than recipients with some postsecondary education to need substance abuse treatment for intervention.
- Women who were TANF recipients for 3 or more years were significantly more likely to be in need of substance abuse treatment or intervention than recipients of fewer than 2 years.
- Recipients of Penobscot County and Greater Rockland area were significantly less likely than recipients in Cumberland County to have been in need of substance abuse treatment or intervention in the past year

**STUDY 2: Services, Capacity, and the Current Treatment System.** This study utilized three key existing data sources to provide the state of Maine with valuable tools to facilitate planning and resource allocation: the 1997 Maine Household Telephone Survey, the Office of Substance Abuse Data System, and the current US Census Data. Using these sources, applications were developed to access, manipulate, analyze and present data on treatment need, accessibility, capacity, and utilization in innovative ways. Some key findings were:

- The overall treatment capacity for Maine is estimated to be about 14,194.
- Region I contains the most ambulatory treatment (about 5,800 clients annually) while Region II and III can treat about 4,469 and 3,889 clients per year respectively.
- In each Region there is at least some capacity to treat clients in each treatment modality, except for Adolescent Intensive Outpatient facilities and Shelters in Region II.

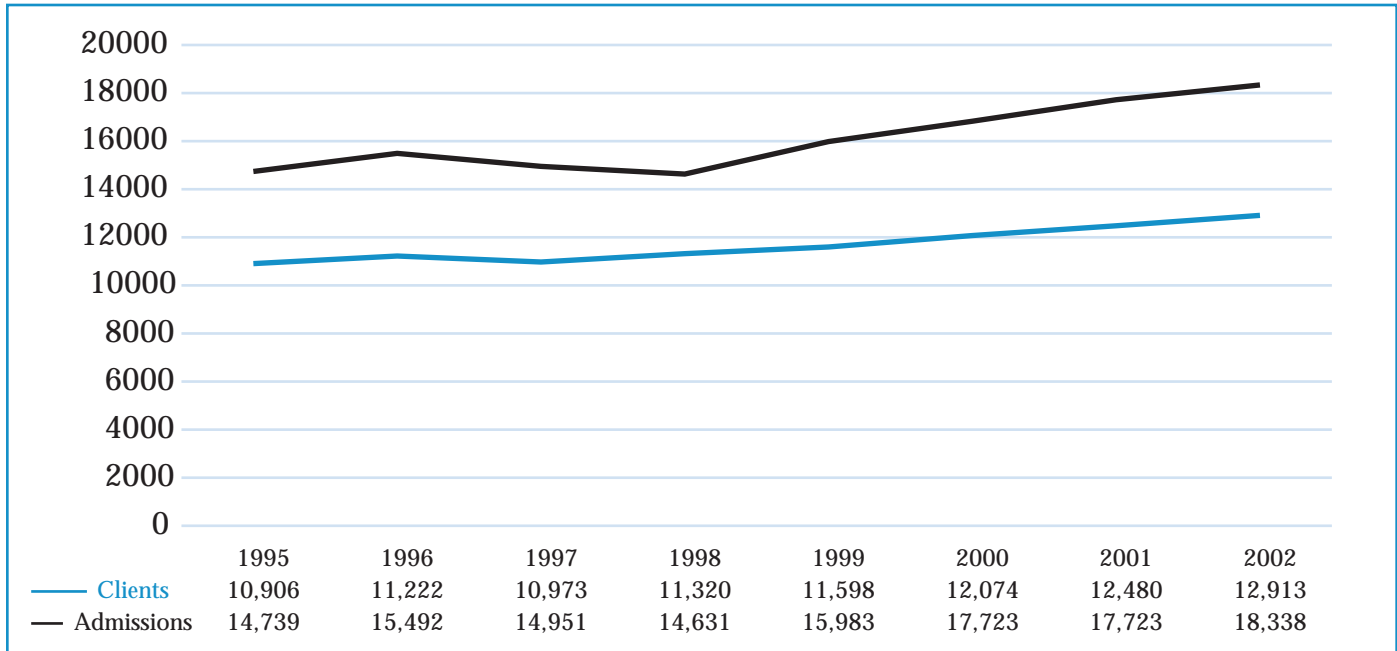
**STUDY 3: Integrated Population Estimates of Substance Abuse Treatment Needs in Maine, 2002.** This study was designed to update the Integrated Population Estimates of Substance Abuse Treatment and Intervention Needs in the state.

- With a prevalence rate of 8.1%, an estimated 72,980 adults in households with telephones need treatment. They comprise about 86% of the adult population in need.
- Among the nonhousehold adult populations, State prison inmates and jail inmates have the highest treatment need rates (approximately 67%).
- Among household youth, the treatment need rate was 7.4%, or 10,914 individuals.

This second series of studies provides a rich resource to State substance abuse treatment planners and providers who must make difficult decisions on how to allocate limited resources.

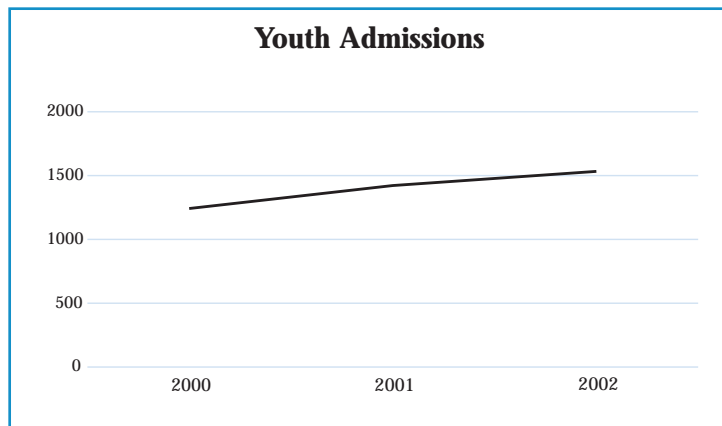
## 2002 HIGHLIGHTS FROM THE TREATMENT DATA SYSTEM

In State Fiscal Year (SFY) 2002, 12,913 clients and 18,338 admissions occurred in the Treatment Data System (TDS). There has been a 3.4% increase in clients served since last fiscal year.



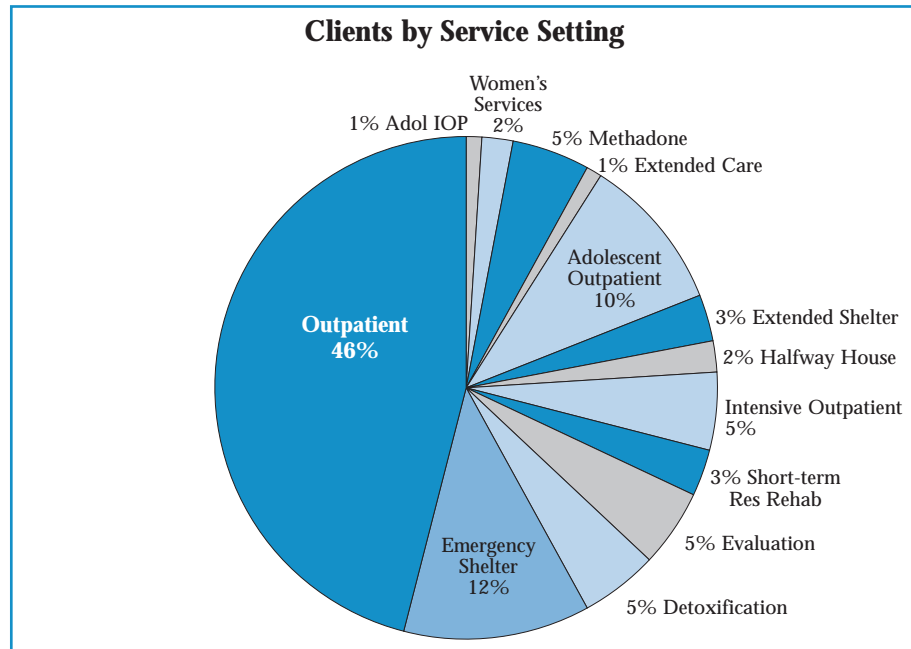
Clients = unduplicated, admissions = duplicated.

Of those clients admitted for services in SFY 2002, 67.4% were males and 32.6% were females continuing a similar pattern from past years. Eighty-seven percent were adults and 13% were youth continuing a growing pattern in serving youth.



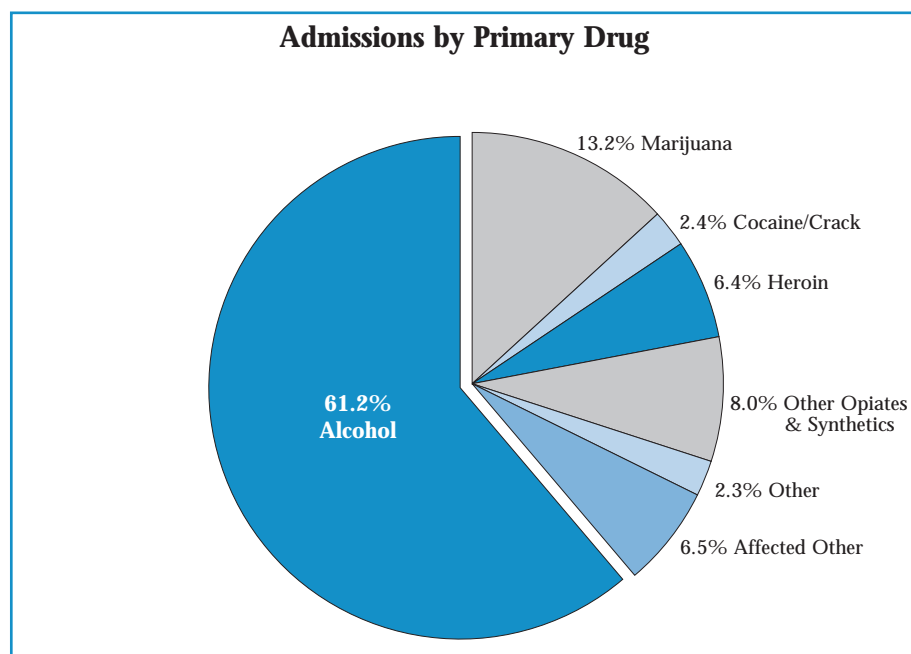
# treatment

The largest percentage of clients accessed Outpatient services at 46%, then emergency shelter at 12%, followed by Adolescent Outpatient services at 10%:

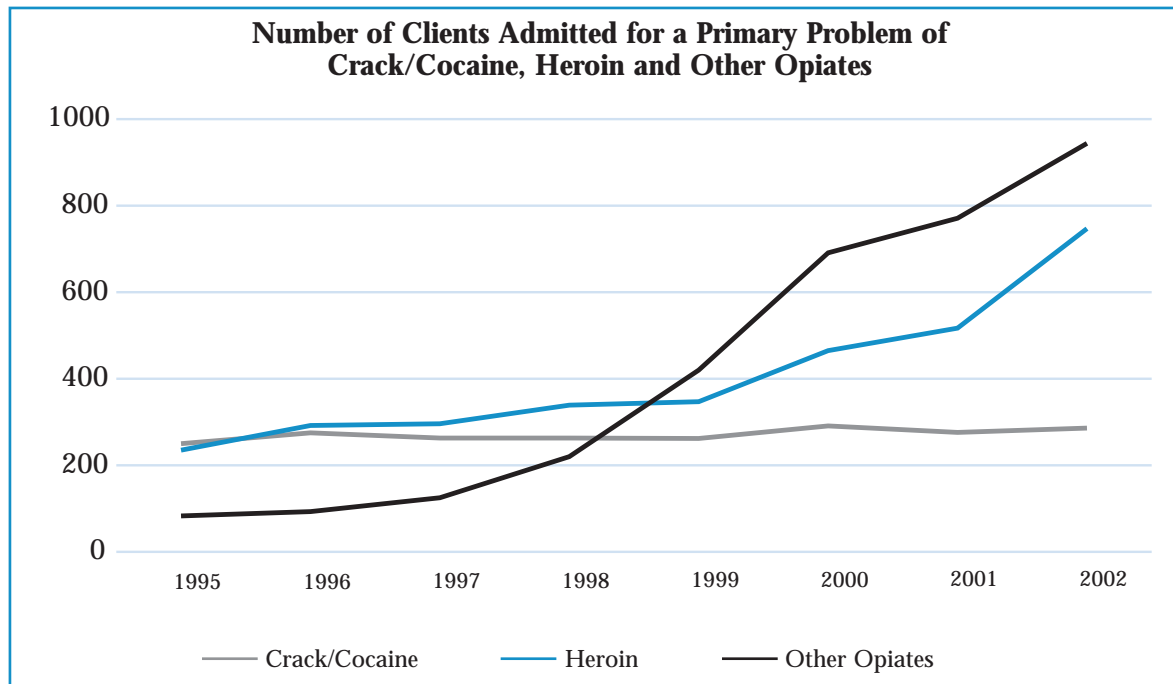


Unduplicated count.

Alcohol continues to be the primary drug used/abused by clients entering treatment at 61.2%. Use of marijuana has mostly seen a slow steady pattern of increased admissions, currently at 13.2% of the admissions. The number of admissions for affected others has increased from 5.7% in SFY 2001 to 6.5% in SFY 2002.



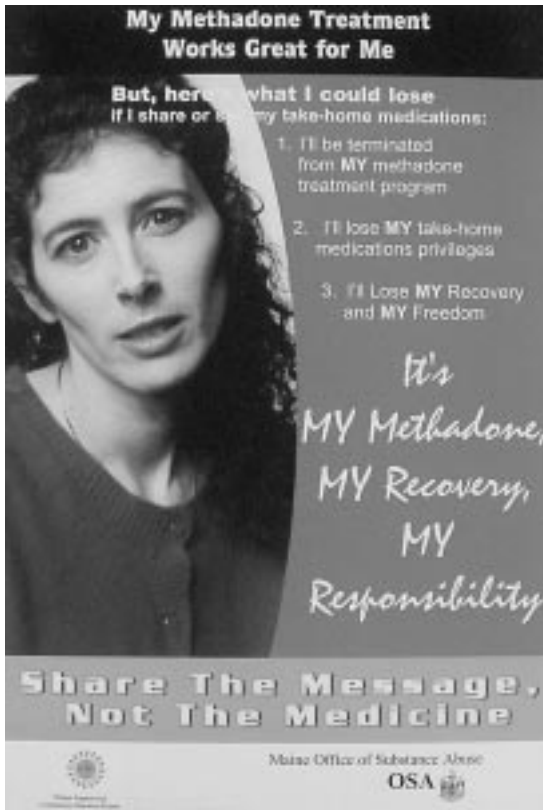
While there have been small increases in admissions for cocaine/crack use, the percentage of those admitted for its use has remained steady for the past several years at 2.4%. Heroin use has increased from 2.1% in SFY 1995 to 6.4% in SFY 2002. Other opiates and synthetics has increased from 0.7% in SFY 1995 to 8.0% in SFY 2002.



## OSA RESPONDS TO THE DRUG OVERDOSE PROBLEM

In the spring of 2002, there were an alarming number of drug overdose deaths in the greater Portland area. In several of the deaths, methadone was implicated as a causal factor. OSA was concerned that the methadone was being diverted from the local methadone clinics and took action to ensure that the clinics were in compliance with all required security measures. OSA also made an effort to enhance communication with the law enforcement officials in the area. A number of steps were taken to ensure the safety of methadone clients as well as the drug using population:

1. OSA placed a moratorium on take home doses of more than two weeks and began requiring opioid treatment programs to provide dosing seven days a week (the two Portland area programs were previously closed on Sundays allowing a take-home dose for all clients, even new ones).
2. The OSA Director met with the Maine Drug Enforcement Agency in Portland to review the deaths and increase the Office's awareness of the causal factors and how methadone was implicated.
3. In May 2002, a team from the Office of Substance Abuse made site visits to the two Portland area methadone programs, Discovery House in South Portland and CAP Quality Care in Westbrook. The site reviews examined client demographics, the dosing process, dose levels, urine drug screen protocols, client records, and agency diversion control protocols. The recommendations from the site visits included a review of take-home protocols, consideration of reduction of high dose levels, establishment of regular meetings with the criminal justice system to share information and trends, and a community education program to reduce misunderstanding about methadone's risks and benefits.



Poster developed by CSAT for methadone clients.

4. In July 2002, Kim Johnson, Director of OSA, held a meeting in Portland of law enforcement officials, including the police chiefs of Cumberland County, the DEA, the District Attorney, the sheriff and the two area opioid treatment clinics to discuss communication issues. The response was positive as some misunderstandings between the providers and law enforcement were resolved and plans for future communications were developed. As a result of this meeting, an electronic listserv was developed for the use by law enforcement, the opioid treatment providers and the Office of Substance Abuse.
5. The Office of Substance Abuse assisted in funding a review by the Medical Examiner's Office of all overdose deaths in Maine in the last five years to examine trends in overdose deaths. That report is expected to be completed and released by the end of 2002.
6. The Office of Substance Abuse requested technical assistance from the Center for Substance Abuse Treatment (CSAT) in Washington DC to initiate a three pronged public education program. The program will target three groups: the medical community, the drug users, and the general public. This program began with the creation of a poster and a brochure for current methadone clients by CSAT. It graphically reminds

clients of their responsibility to “share the message not the medicine” or they could lose their treatment, their take-homes, and their freedom.

In addition, the recent visit of the Director of CSAT, H. Westley Clark, MD, MPH, reinforced the need for understanding of opioid treatment in Maine as he held Grand Rounds and a community forum at the Dana Center at Maine Medical Center in Portland. He also met with law enforcement and elected officials as well as the newly formed statewide public health planning group to look at the implications of the increase in overdose deaths statewide.

## CO-OCCURRING DISORDERS INITIATIVE PLANNING GRANT NEARS COMPLETION

In October of 2001, the Office of Substance Abuse received a planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to “Create a System Welcoming for Persons with Co-occurring Disorders of Substance Abuse and Mental Illness.” The grant’s goal was for at least ten substance abuse and mental health providers to sign a Memorandum of Understanding (MOU) to implement integrated services in their agencies. The project began with a statewide conference on co-occurring disorders held in Waterville in February of 2002. Presented by a nationally recognized leader in co-occurring disorders, Kenneth Minkoff, MD, more than 150 professionals and consumers listened and learned how this initiative could take form in Maine. Over the next several months, Dr. Minkoff returned to meet regionally with those agencies interested in providing effective treatment for clients with both substance abuse and mental illness. Excitement was evidenced by clinicians eager to provide the integrated services to their dually diagnosed clients currently receiving nonintegrated services.

A core group of substance abuse and mental health providers as well as representatives from BDS, licensing and Medicaid that met regularly at both the state and regional level, wrote a Memorandum of Understanding that identified the principles and the characteristics of implementing a Comprehensive, Continuous, Integrated System of Care for Maine. It included statewide priorities as well as priorities identified by each of the three regions. At the end of the grant period 40 agencies had signed the MOU, far exceeding the grant goal of ten signatures. Other agencies have indicated their willingness to sign on in the future.

A final statewide meeting with Dr. Minkoff is planned for December this year. The meeting will provide an opportunity for agencies to review their integrated services implementation process, and also give agencies not yet on board the opportunity to join.



*Kimberly Johnson, Director of OSA (right) and Kate Chichester (left) of the Southern Maine Co-Occurring Collaborative.*

## DRUG COURT UPDATE

Substance abuse treatment for the criminal justice population provides a large cost savings to the State of Maine. A recent analysis found that over three million dollars in correctional confinement cost savings were realized by participating county jails since the inception of the Adult Drug Treatment Court (ADTC) program in April of 2001.

### *Maine's Adult and Juvenile Drug Treatment Court Programs:*

The ADTC program has served 150 clients in six counties over the past 18 months. This substance abuse treatment program targets male and female offenders across the state providing case management, supervision and judicial monitoring of treatment progress for a twelve month period. To date, more than 23 clients have completed the program and graduated. Differential Substance Abuse Treatment or DSAT, is the research based treatment model developed for adult offenders in Maine. The network of DSAT community treatment providers includes seven agencies serving six counties and the new Women's Unit at the Maine Correctional Center (MCC) in Windham. OSA and MDOC are working to expand the network of institutional and community DSAT providers across the state.

Established in January of 2000, Maine's Juvenile Drug Treatment Court (JDTC) currently serves up to 90 juvenile offenders in six counties. Third year evaluation data document that participation in JDTC results in improvement in many life areas including: improved communication with parents and teachers; overall progress in home, work, and school functioning; and increased school attendance and employment as a result of participation in the program. Overall the JDTC program has demonstrated success in assisting juvenile participants to escape addiction and reduce criminal activity. Participants report an overall reduction in contacts with juvenile justice agencies, and 51% state that they have been sober for three months or more. Since inception the JDTC program has enrolled 114 juvenile offenders. More than 60 juveniles are currently active in the program and 14 have graduated.



In June, OSA received a two year expansion grant from the Drug Court Programs Office for training the JDTC teams and treatment providers in best practice. Prior to receiving this award the Juvenile Corrections Substance Abuse Treatment Network hosted two day long statewide trainings with over 90% provider participation. The DCPO training grant will enable us to continue to train and support juvenile treatment providers in implementing best treatment practices in working with this population. Training of the six JDTC teams is scheduled for March of 2003 and will address team building, the use of sanctions and rewards, and the use of drug testing in monitoring treatment progress.

## CRIMINAL JUSTICE/ CORRECTIONS INITIATIVES

OSA has spent the last several years researching, developing and expanding focused treatment services for adults and youth among the criminal justice population including the development of drug courts. There is a strong link between substance abuse and repeated criminal behavior, and research demonstrates that treatment of offenders can significantly reduce recidivism and the cost to the state of housing and monitoring offenders whose crimes are alcohol or drug related.

### *Treatment Services for Adult and Juvenile Offenders:*

MDOC statistics indicate that 75% of the Maine prison population need substance abuse treatment services. Substance abuse treatment for severely addicted male inmates nearing release is provided at the therapeutic community (TC) in the Maine Correctional Center (MCC) at Windham. This program provides intensive and transitional treatment services for up to 58 men. Thirty-five men completed treatment at the TC this past year and 24 completed the transitional treatment program and were released. Substance abuse treatment services are also being provided to all female inmates at the new 80 bed women's facility that opened at MCC Windham in August.

Maine is the only state in the nation to have implemented a statewide network for the treatment of substance abusing juvenile offenders. The Juvenile Corrections Substance Abuse Treatment Network and Juvenile Drug Treatment Program have increased the substance abuse treatment services available and the number of juvenile offenders receiving treatment in Maine since October of 1999. The Juvenile Treatment Network now includes 67 treatment agencies participating in four regional networks. The network funds treatment for juvenile offenders in community, drug court, and facilities across the state. Services provided include screening, evaluation, treatment, access to ancillary wrap-around services, follow-up assessment, and a family follow-up program to support parents/guardian of any juvenile referred for evaluation. A total of 556 adolescent offenders have received substance abuse treatment services through the network in the last three years. The majority of the services were provided on an outpatient basis (82%), the remaining 18% were inpatient, intensive-outpatient and long-term residential treatment services.

Significant accomplishments were also made in expanding the network of treatment agencies and providers trained in best practices in working with adult offenders across the state. OSA sponsored 12 offender focused training and technical assistance events for 35 providers in nine agencies across Maine.

In addition to training new DSAT facilitators in the men and women's community DSAT curriculum, a series of train the trainer events was held to establish a local team of DSAT training mentors to provide training and develop program monitoring capacity within Maine. This four member training team will conduct their first training event in November of 2002, and the DSAT facilitator mentoring program will be up and running in December.

Finally, the Maine Motivational Enhancement Treatment (MET) Curriculum, developed and used with the DSAT adult offender treatment program, was recently cited in a nationally recognized publication. Miller and Rolnick, state “In terms of published curricula, it is the most comprehensive application of which we are aware.” (*Miller and Rolnick, page 340*) The Maine MET curriculum was written by Frederick Rotgers and Greg Graves. It is referred to in the newest edition of *Motivational Interviewing: Preparing People for Change* (2nd edition 2002), in Chapter 22 on Motivational Interviewing with Criminal Justice Populations.

## CHILD WELFARE ISSUES

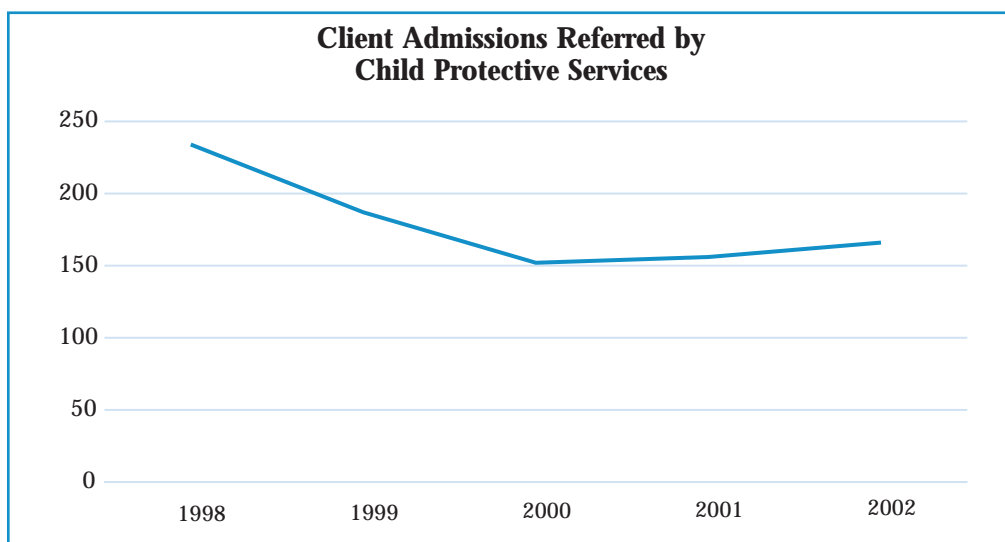
The Office of Substance Abuse has been working with the Department of Human Services to improve access to substance abuse services for people whose substance abuse has had a significant impact on their ability to care for their children. We currently are involved in four initiatives toward this end.

First, the two departments are working with the Muskie School on a pilot project to screen everyone that gets a safety assessment for substance abuse. This pilot is in three counties: Washington, Kennebec and Somerset. We are assessing the screening tool and adjusting the referral protocol prior to rolling the process out statewide.

Secondly, Maine State Housing Authority is working with the departments to turn a small allocation granted during the last legislative session into funding for three supported housing units, one in each region. Regions II and III would provide supported housing for six families and Region I, for four families. The purpose of this project is to ensure that families reuniting after treatment have safe, sober, affordable housing that is connected with treatment and aftercare.

Muskie School, with the support of the departments, has applied for a Robert Wood Johnson grant to evaluate the process of change in child welfare practices as they relate to addressing substance abuse. We believe, that if granted, this funding will both further the work that we are doing, as well as highlight it nationally.

Finally, OSA supported the Judiciary in its successful application for federal funding for a family drug court. OSA will manage the treatment aspects of this process. This grant will further the interdepartmental work that has been undertaken.





## INDIAN TOWNSHIP HEALTH CENTER HUMAN SERVICES MAWAMKAPASINE PROGRAM - SUBSTANCE ABUSE SERVICES



The Office of Substance Abuse awarded a fiscal year 2003 contract to Indian township Health Center to assist Indian Township in maintaining and enlarging their comprehensive drug and alcohol treatment program that was designed by and for the Passamaquoddy Tribe. OSA funding has allowed the program services eligibility to be expanded to all federally recognized tribal members and not just the Passamaquoddy members. The substance abuse program is fully integrated with other Indian Township Health Center Medical, Mental Health and Community Support Programs.

The new program named Mawamkapsine, follows the Native American tradition of the four directions on the medicine wheel (Red Road of Recovery). Each direction is associated with a specific Native Traditional medicine. Community members enter treatment by the Eastern Door (infant stage) which is symbolized with the medicine of sweetgrass, as they are new to the process of recovery. Movement through the Southern Door (youth stage) indicates a significant commitment to a substance free lifestyle. This door is associated with the medicine of cedar. The Western Door (adult stage) is associated with the medicine of sage and indicates success in the recovery process. The Northern Door (elder stage) is symbolized by the medicine of tobacco and indicates an acquired wisdom in the recovering community. This stage encourages mentoring and the sharing of their experience, strength and hope with others. Treatment is designed with the individual client's needs in mind and the program can take up to one year to complete.

The Mawamkapsine program honors and integrates the traditional Native American tribal culture and values. The Office of Substance Abuse recognizes the importance of these culturally appropriate services and is pleased to provide financial support for Mawamkapsine.

---

**For more information on the initiatives  
and information presented in this report,  
or for more information on the  
Office of Substance Abuse,  
please go to  
[www.maineosa.org](http://www.maineosa.org)  
or contact the Office at (207) 287-2595.**