Maine Office of Substance Abuse

# OSA

# 2004 Annual Report

www.maineosa.org

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

Despite continued budget cuts due to revenue shortfalls, OSA had much to be proud of this fiscal year. In August of 2003, we received a laudatory report from the Center for Substance Abuse Treatment on our handling of the methadone overdose crisis. We had requested a review of the methadone clinics and our oversight of them in view of the severe spike in overdose deaths that was experienced in 2002-2003. They gave us a clean bill of health and suggested further activities that might help us better address the problem.

During this fiscal year, we secured funding to begin the prescription monitoring program that was passed by the 120th legislature to address the growth in prescription drug abuse. The program was up and running as of July 1, 2004 after a flurry of activity involving software development, rule making, and professional education.

OSA's treatment data system (TDS) was highlighted at a conference in Tennessee in August of 2003. The work that we have put into tracking client level outcomes and using the TDS as a trend analysis tool was presented to other states as a model. Much of the data in this annual report is derived from that system.

Along with the Bureau of Health, OSA received technical assistance from the Center for Substance Abuse Treatment to fund a Community Epidemiology Services Network (CESN) to gather data and compare notes regarding trends in drug use and abuse across a variety of systems including poison control, EMT, law enforcement, public health, the prescription monitoring program and substance abuse treatment admissions. This network will create an annual published report on drug use trends and send out alerts when any one system sees a spike in use of a particular drug. Our hope is that this early warning system will help us address drug problems before they become epidemic.

In June, Maine hosted the annual conference for the National Association of State Alcohol and Drug Abuse Directors. Distinguished guests included John Walters, Director of the Office of National Drug Control Policy (otherwise known as the nation's drug czar) and Charles Curie, Director of the Substance Abuse and Mental Health Services Administration. Everyone loved Portland, and some have returned for vacations since.

The staff at OSA is comprised of very hard working, dedicated employees. I have only pointed out a few of the highlights, but there are daily accomplishments that, accumulated, have made the state of Maine a safer, more desirable place to live. I'd like to thank the OSA staff for their efforts, more of which are delineated on the following pages.

## Two Maine Programs Take Center Stage

Two OSA funded prevention programs were chosen for the 2003 Exemplary Substance Abuse Prevention Innovative Program Award. The first, A Company of Girls, is a gender-specific, intra-agency collaborative providing performance arts-based resiliency programming for girls, ages 9 to 18, primarily representing communities of economic deprivation. The program delivers experiential theatre training and performance arts opportunities, life-skills training and education, and prevention-focused curricula designed to strengthen resiliency.

The second, the Aroostook Teen Leadership Camp, is a universal program that targets students in grades six through nine, preventing alcohol, tobacco, and other drug use through education and alternative prevention strategies. The program operates a five-day residential summer camp, based upon the model developed by the National Association of Teen Institutes, and prevention activities based on the Social Development Model. Both programs have evaluation results showing much lower substance abuse rates than state averages.

These national awards are sponsored by the Center for Substance Abuse Prevention (CSAP) in partnership with the National Prevention Network, the National Association of State Alcohol and Drug Abuse Directors, and the Community Anti-Drug Coalitions of America. This year, 29 nominations were submitted and only five programs were selected for this prestigious award. Award winners were recognized during the annual National Prevention Network Research Conference and will also be eligible for additional technical assistance from CSAP.

*Odelle Bowman and Jack Foster with Center for Substance Abuse Prevention Director, Beverly Watts Davis*

## Prevention Team Manager Honored

*Linda Williams accepts award from Pam Marshall of Mainely Parents*

Linda Williams, Prevention Team Manager, was honored with the State Agency Partner Award from the Maine Children's Trust in their first Annual Awards ceremony on May 4, 2004. The Maine Children's Trust is a statewide non-profit organization whose mission is to prevent child abuse and neglect. Linda was selected because of the cross-disciplinary focus (child abuse, domestic violence, juvenile delinquency, sexual assault, and substance abuse prevention) that she has maintained during her tenure at OSA including helping to organize a Think Tank process, the development of a state prevention plan, and the endorsement of cross-disciplinary training.

*Joanne Ogden and Kim Johnson*

## OSA Treatment Team Manager Retires

Joanne Ogden retired in 2004 after serving OSA for seven years as the Treatment Team Manager. Joanne was instrumental in improving the quality of treatment services in Maine during her tenure. She was a guiding force in the areas of implementation of methadone and other forms of medically assisted treatment, increasing services to women, upgrading the quality of services to the dually diagnosed population, and bringing evidence-based treatment programs to the treatment field. Joanne was a person of many gifts and during her time at OSA left an indelible mark on the substance abuse field in Maine.

## OSA Associate Director Elected VP

William (Bill) Lowenstein, OSA Associate Director, was elected Vice President for External Affairs of the National Prevention Network (NPN) at the Network Annual Meeting held this year in Portland.

His new responsibilities include acting as a liaison to all the federal partners involved in substance abuse such as, the Center for Substance Abuse Prevention, the Office of National Drug Control Policy, the Department of Justice, the National Institute of Drug Abuse, the Community Anti-Drug Coalitions of America, and the National Institute of Health.

Bill has relinquished his position as chairperson of the National Prevention Networks Research Committee where he had overall responsibility for the NPN research conference for the last five years to assume the Vice Presidency. That research conference has become the premier substance abuse research conference in the country, attracting an international audience of 800-1000 participants every year.

*William Lowenstein with Kim Johnson and Center for Substance Abuse Prevention Director, Beverly Watts Davis*

# OSA Revenue and Expenditures – FY 2004

The Office had an overall increase of 4% in funding over 2003. The majority of this increase was due to an increase in federal funding. One third, or $850,000 of this increase, was a result of the start up of the One ME Program, funded by a federal State Incentive Grant awarded to Maine by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP). The goals of the State Incentive Program include coordination of funding, development of a comprehensive state prevention system, and reducing substance abuse by 12-17 year olds through the implementation of science based prevention. Also, in the Driver Education and Evaluation Program, DEEP, there was an increase in funding due to contractual services for the establishment of the Prime For Life Program.

Funds were expended to support approximately 140 treatment and prevention programs throughout the State. Funding for these programs came from federal, state and the tobacco settlement (Fund for Healthy Maine). Approximately $ 0.8 million from the Fund for Healthy Maine was used to supplement state funds to match MaineCare reimbursements. Most treatment agencies that OSA contracts with receive MaineCare reimbursement. In addition, there are approximately 61 non-grant funded outpatient providers that receive MaineCare reimbursements, including match funds from OSA. There was a small reduction of 0.8% in MaineCare reimbursements in 2004, compared to 2003. It should be noted that when compared to previous years' Annual Reports, there would seem to be a significant increase in General Operations. Expenditures for General Operations remain about the same. The difference is this year's report is reconciled with the State's accounting system, MFASIS, and has captured direct administrative costs for prevention and treatment previously not categorized.

## Maine Office of Substance Abuse
## STATEMENT OF REVENUES & EXPENDITURES
## Year Ended June 30, 2004

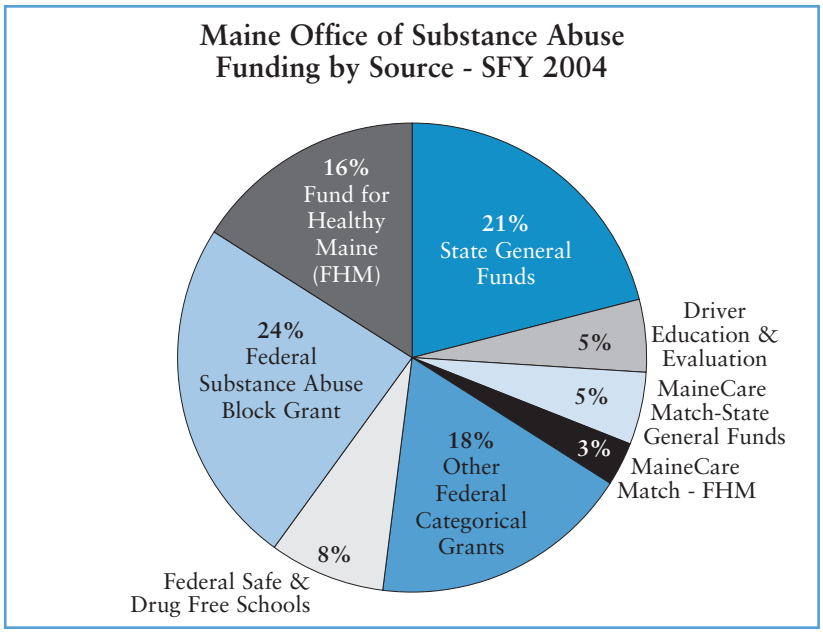
### *Revenues*

| | |
|---|---|
| State General Funds | $5,963,565 |
| Driver Education & Evaluation | 1,309,759 |
| MaineCare match - State General Funds | 1,529,299 |
| MaineCare match - FHM Funds | 1,028,270 |
| Federal Categorical Grants | 3,285,350 |
| Federal Safe & Drug Free Schools | 2,290,657 |
| Federal Substance Abuse Prevention and Treatment Block Grant | 6,757,417 |
| Fund for Healthy Maine (FHM) | 4,431,177 |
| **Total Revenues** | **$26,595,494** |

### *Expenditures*

| | |
|---|---|
| Grants with Treatment Agencies | $12,835,053 |
| MaineCare State Match - Treatment | 2,557,569 |
| Grants with Prevention Agencies | 6,875,342 |
| Provider Agency Training | 670,178 |
| Media Campaign | 50,000 |
| General Operations | 3,607,352 |
| **Total Expenditures** | **$26,595,494** |

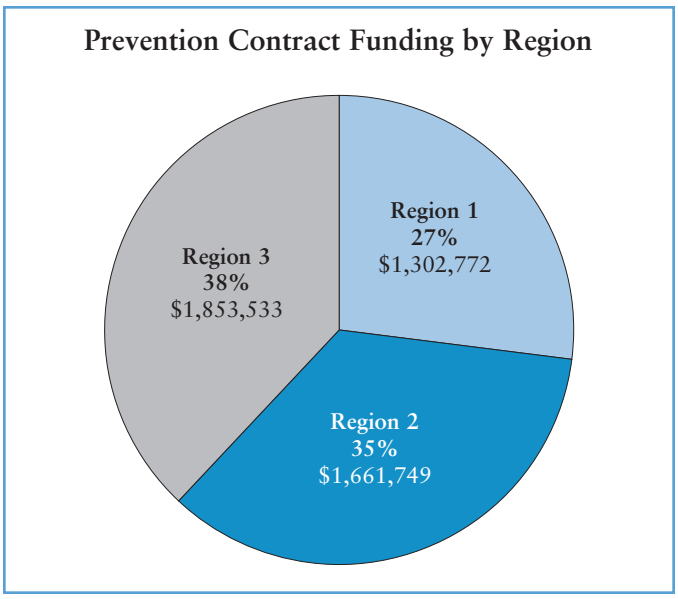
Total available funding of $26.6 million is shown by source on the chart below:

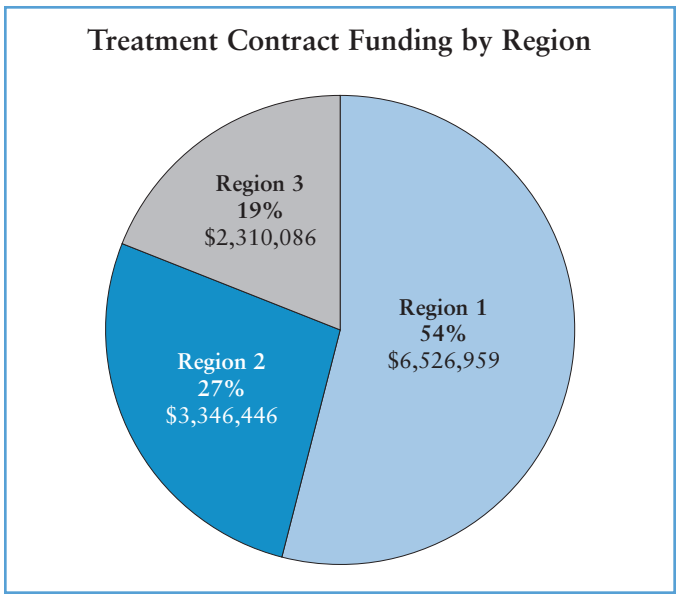



The Office continued to fund a variety of treatment and prevention programs across the state.

| | Prevention Programs | Treatment Programs |
|---|---|---|
| Region 1 – Southern | 22 | 23 |
| Region 2 – Central and Mid-coastal | 24 | 20 |
| Region 3 – Northern and Downeast | 37 | 14 |
| **TOTAL** | 83 | 57 |

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.



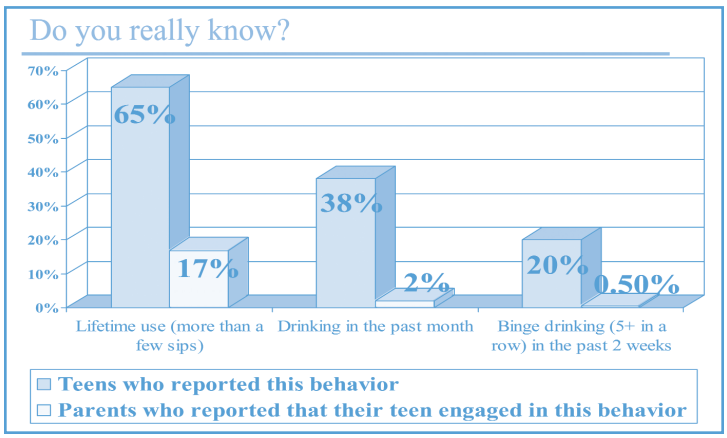



# Your Teen and Alcohol

## *Parent Media Campaign: Your Teen and Alcohol—Do You Really Know?*

The parent media campaign, designed for OSA by Ethos Marketing and Design in Portland, began in January 2003 and was originally planned as a single-year project. However, due to the overwhelming response and early success of the campaign, OSA made it a priority to try to stretch the impact of the campaign as far as it could go in spite of the lack of ongoing funding for the project.

In the fall of 2002, during the initial design phase, market research showed that while most parents of teenagers in Maine were concerned about underage drinking, many greatly underestimated the likelihood that their child was engaging in alcohol use and greatly overestimated how likely they were to know if their child was using alcohol.




In addition to the key centerpieces of the campaign (a series of three paid TV ads that delivered the message that parents seriously underestimate the extent of youth alcohol use and that all kids are at risk and the "Maine Parents' Kit to Keep Your Teen Safe" containing eight fact sheets with Maine specific information for parents), several additional products were designed for the campaign, many supported by in-kind and financial support from Maine businesses. These additional components have included a website, www.maineparents.net, radio ads, a 30-minute television program produced by WCSH 6 - which was provided in video form to every high school in the state, brochures for various locations such as physicians' office waiting rooms, and a "check stuffer" flyer that was included in paycheck envelopes by many large and small employers around the state.

The response to the first year's campaign was dramatic. With little funding to continue the campaign beyond the initial year, the Office of Substance Abuse was able to repeat the television and radio ads in early 2004, though with a much-reduced scope. The evaluation of the campaign's impact has consisted primarily of a random statewide phone survey of parents of 8th-12th graders both before and after the campaign in the first year, and then one year later in June 2004. Some of the findings were:

- The campaign got parents' attention; the core message was STRONGLY received, and perceived by parents as effective. However, with the decrease in television ads, awareness of the campaign had dropped substantially by June 2004.
- Some progress was made on parents' awareness that their child might have tried more than a few sips of alcohol at some point in the past ("lifetime use"). However, the percentage of parents reporting that their own child had used alcohol in the past 30 days, or had been "binge" drinking in the past two weeks remained fairly static, with parents still reporting awareness of their own child's drinking at a much lower rate than the percentage of teens who report drinking. Raising this awareness will take more work.

- More parents are practicing effective parenting skills:
  - In 2004, 66% said they "always" or "often" talk with their child about what their rules are and the consequences for breaking them (up from 48% in 2002)
  - In 2004, 44% said they have serious talks with their children about alcohol once a month or more often (up from 34% in 2002)
  - In 2004, 43% said they have a conversation with their child when they return from an evening out with a goal of checking whether their child has been drinking (up from 35% in 2002)

## Partnership for a Drug-Free Maine

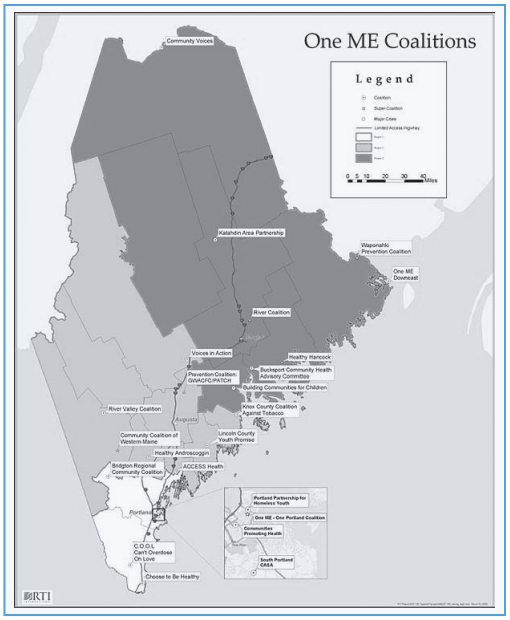
In its second year, the Partnership for a Drug-Free Maine experienced significant growth. The Partnership established a website with links to the National Partnership for a Drug-Free America and to a variety of Maine prevention efforts. Following the spring 2004 distribution of public service announcements, we garnered support from television, radio, and print media throughout the state. By far, the greatest level of support comes from WMTW TV-8, which has run the PSAs for several years at a rate of over 1,000 ads a year. In addition, FOX-23 television, WJTO, WCXX, WSYY, WOXO radio stations, and numerous local weekly newspapers have pledged to run the Partnership ads in support of prevention here in Maine.

## One ME - Stand United for Prevention

During the past year, 23 community coalitions throughout Maine have put in place 25 evidence-based or model programs, matched to the specific needs of their local communities. The programs are all targeted toward reducing tobacco use and high-risk drinking for youth aged 12 to 17.

One ME coalitions were funded in all regions of the state. Each coalition is comprised of people who represent local schools, law enforcement, service providers, businesses, civic organizations, parents and youth. These champions for substance abuse prevention have made a commitment to addressing the needs of their communities in a variety of ways.

The Office of Substance Abuse supports these local efforts through One ME, a nine million dollar grant under the Center for Substance Abuse Prevention's State Incentive Program. This three-year project started in 2003 and will end in December of 2005. William Lowenstein, Associate Director of the Office of Substance Abuse, is the Project Director.




In the first six months of the grant, the 23 community coalitions completed an extensive assessment of needs and resources in their communities and selected prevention programs to address the needs they identified. Program implementation began in the fall of 2003.

Each coalition implemented at least two model programs and most coalitions implemented more - up to six model programs. Sixteen communities implemented environmental programs that targeted youth access to alcohol. These programs are directed at changing community norms, policies, and enforcement strategies. For more information, visit the One ME website at http://www.oneme.org

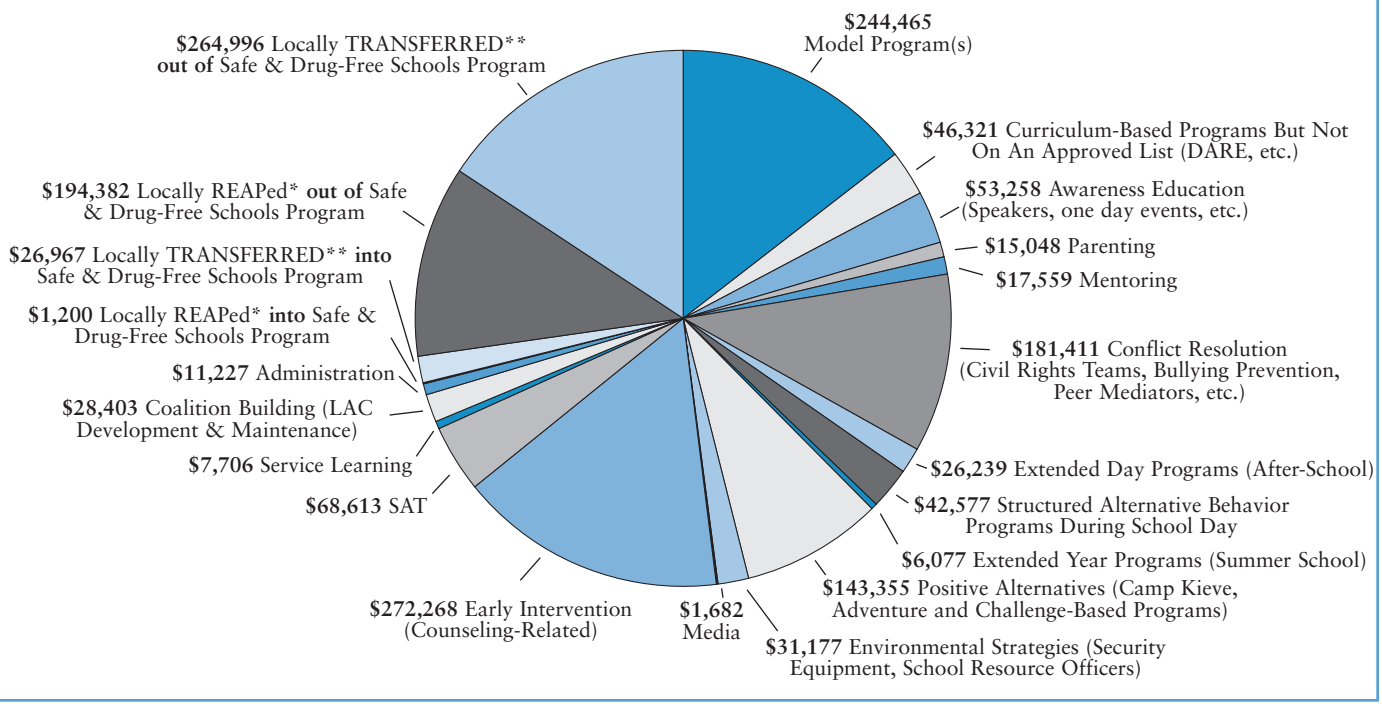
## Maine Safe and Drug Free Schools Program

### *Individual School District Grants:*

Maine received a total of $1,705,661 in SDFSCA funds for school year 2003-2004 to allocate to school districts. Applications were received from 173 Local Education Agencies (LEAs). Four LEAs opted to decline SDFSCA funding. Allocations ranged from a high of $91,859 for the largest school system to less than $1000 for the smallest school units. Per pupil allocation continued to be just under $8.

Following is a chart that shows distribution of 2003-2004 SDFSCA regular grant funds by project type:

**Distribution of Safe & Drug-Free Schools (Title IV-A) Funds, 2003-2004**



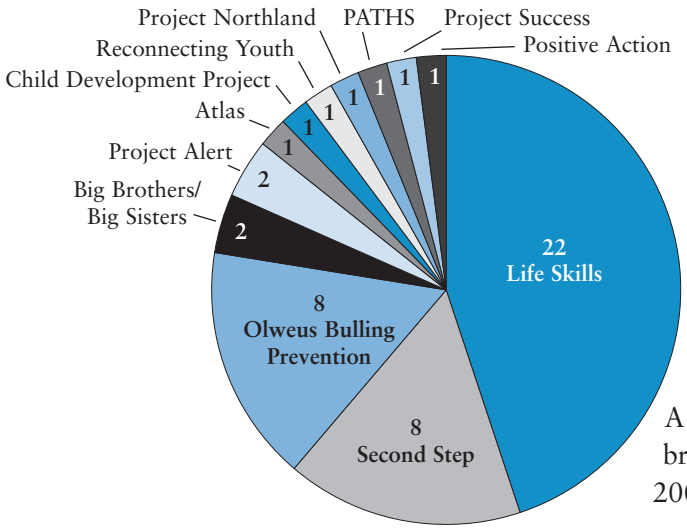

** The Rural Education Achievement Program (REAP) allows rural school districts with less than 600 students greater flexibility in how they utilize NCLB Title funds. The option allows these districts to combine up to 100% of funds from certain Titles to support projects that are allowable under other Titles.*

*** The TRANSFER option allows school districts to transfer up to 50% of certain Title funds to support projects that are allowable under other Titles.*

## *Research-based model prevention programs:*

A total of 49 model prevention programs were funded during the 2003-2004 school year by 39 different LEAs. This number represents a slight decline from the 56 model programs that were SDFSCA-funded during 2002-2003 but is still a significant increase over the 19 model programs that were SDFSCA-funded during 2001-2002. The Life Skills Training Program continues to be the most popular model program that is SDFSCA-funded.

**Number and Types of 2003-2004 SDFS Model Program Projects Funded**

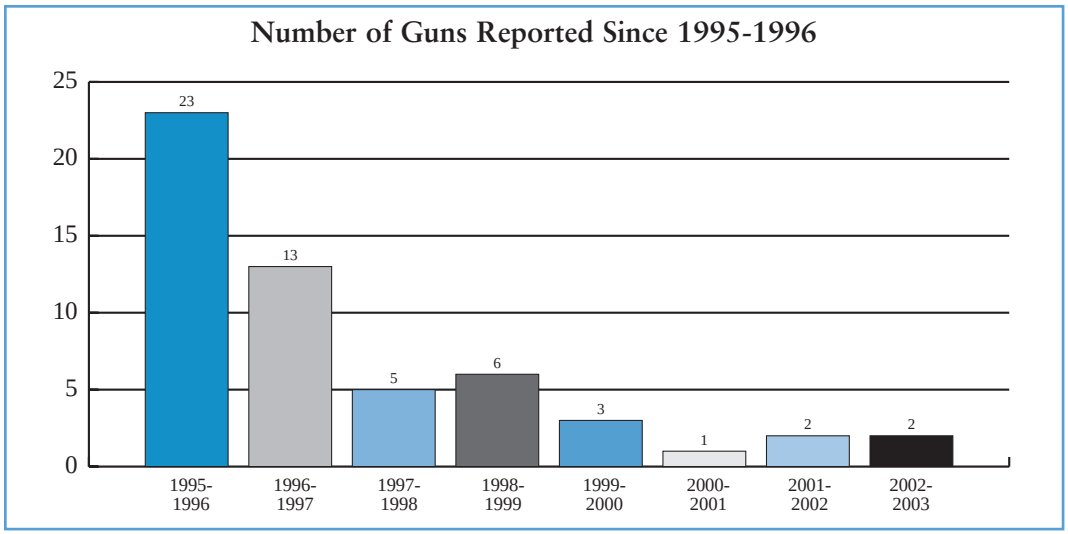



A chart showing the breakdown of 2003-2004 SDFSCA-funded model programs

## *School Violence:*

### GUN FREE SCHOOLS REPORT

During 2002-03, Local Educational Agencies in Maine reported that 2 guns were brought into K-12 schools in this state. Although higher than desired, this number is identical to that reported in the prior year and does represent a significant decline since recording and reporting of violations of the Federal Gun Free Schools Act (GFS) have been required. The table below presents the number of reported violations of the GFS Act since 1995-1996.




Data for the 2003-04 academic year will be collected and reported to the United States Department of Education in the fall of 2004.

### KNOWLEDGE BASED INFORMATION TECHNOLOGY/KIT SOLUTIONS, INC.

During the fall of 2002, the Maine Office of Substance Abuse conducted research on web-based prevention data management systems that would capture local prevention provider information ranging from outcomes and targets to participant level data. In December of 2002, the Maine Office of Substance Abuse contracted with KIT Solutions, Inc. to use the Performance Based Prevention System (PBPS). PBPS is a tested and proven web-enabled prevention system that is comprehensive and easy-to-use. It is currently being used by eight other states in the U.S. The system also has a built-in knowledge base that educates its users on the latest and best practices. It has a research-based design that is used to measure program performance and outcomes, giving its users information needed to improve the quality of services delivered and facilitate decision making and funding. The PBPS system is composed of the following modules:

- Administration
- Assessment
- Planning
- Programs
- Activities/Services
- Reports
- Evaluation
- Coalition
- Knowledge Base
- KIT Support

Each module has a series of sub-modules through which Prevention Service Providers may enter, access, and report on their information in the system.

In August of 2003, after customization of the PBPS to Maine's specifications, twenty-three One ME Coalitions and nine Safe and Drug Free Schools funded programs had their coordinators and staff trained on the system and started tracking their prevention progress in PBPS. One of the many advantages to PBPS is that it is a two-tiered system that consists of the Prevention Provider Management Level and the State Policy Level. Local community providers use the provider level to track the progress of their programs and outcomes, and the Office of Substance Abuse staff is able to monitor their progress and provide technical assistance to each of the local providers using the system at the State Level. By collecting and accessing this data, the state and local providers are able to produce reports that they may use in reporting to community members, stake holders, boards, and in grant writing to obtain funds for continued prevention efforts.

## HIGHER EDUCATION ALCOHOL PREVENTION PARTNERSHIP HEAPP

From 2001 to 2003, the Office of Substance Abuse partnered with four Maine colleges (Eastern Maine Community College, Central Maine Community College, Unity College, and Maine Maritime Academy) on an initiative to reduce underage drinking funded by a grant from the U.S. Office of Juvenile Justice and Delinquency Prevention. This project engaged campus-community coalitions in a variety of strategies designed to change factors in the campus and community environments that might be encouraging and enabling illegal and underage alcohol use.

The project design drew heavily on the Environmental Management framework developed by the Department of Education's Higher Education Center for Alcohol and Other Drug Prevention. Activities implemented by the four coalitions included increasing the effectiveness and consistency of enforcement of campus alcohol policies, building partnerships with local law enforcement to increase enforcement of underage drinking and furnishing laws, reducing underage access to alcohol through both retail and social sources, building alcohol education into the curriculum, implementing social norms marketing campaigns, educating parents and faculty about their roles in the issue, and engaging local landlords in reducing high-risk environments in off-campus student rental units.

Evaluation of the project included administration of the Core Alcohol and Other Drug survey at the beginning of the grant in the fall of 2001 and at the end of the grant in the fall of 2003. Highlights from the analysis of the survey results by an external consultant are outlined in the box below. In 2003, the project received a new two-year grant from the U.S. Department of Education to further develop and expand the initiative, and these initial Core Survey results bode well for the progress to be expected from this new phase of the initiative.

Compared to responses in 2001, freshman and sophomore students in 2003 were:

- 45% more likely to think they would face disciplinary consequences for serving or providing alcohol to someone under the age of 21
- 47% less likely to serve or provide someone under the age of 21 with alcohol
- 55% more likely to support disciplinary sanctions for students who repeatedly violate the campus alcohol policies
- 35% less likely to think that the average student on their campus drank five or more drinks per occasion
- 26% less likely to have consumed alcohol in the past 30 days
- 46% less likely to have used alcohol at on-campus events in the past year
- 37% less likely to have used alcohol in the residence halls in the past year

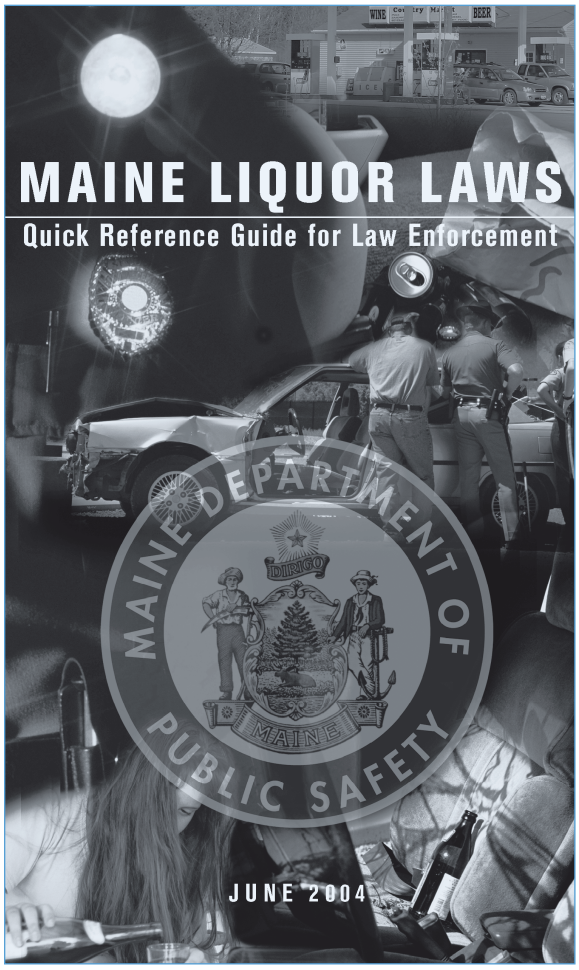
*Continued on next page*

- 21% less likely to have used alcohol at private parties in the past year
- 23-29% less likely to have experienced the following as a result of their alcohol or other drug use in the past year:
  - nausea or vomiting (25% less likely)
  - missed a class (29% less likely)
  - done something they later regretted (23% less likely)
- Additional statistically significant positive changes were seen among the sophomores surveyed (who were the subgroup receiving a full year of implementation prior to the post-test survey)

Source: UMass Donahue Institute, "Maine Higher Education Alcohol Prevention Partnership: Results from the Core Alcohol Survey Data of four Colleges and Universities." July 2004.

## FILLING THE GAP
## STRATEGIES FOR UNDERAGE DRINKING ENFORCEMENT

OSA increasingly recognizes the importance and value of enforcement as a prevention tool in our efforts to reduce underage drinking and related problems. OSA has been working with the Department of Public Safety for the past several years in an effort to strengthen the enforcement of Underage Drinking Laws.



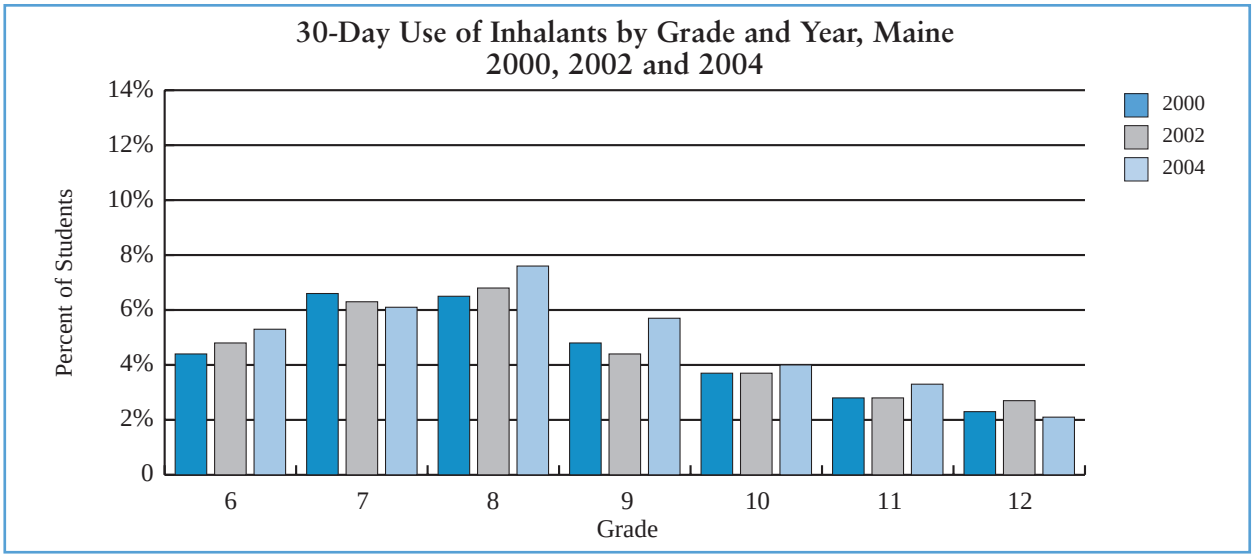

OSA's activities in this area have included:

- developing an active partnership and ongoing communication with the Department of Public Safety's re-structured Liquor Licensing division
- collaborating with the Attorney General's office and the Department of Public Safety to redesign and fund the statewide compliance checks program to reduce underage retail sales
- designing, printing, and distributing informational resources to assist the Department of Public Safety and local law enforcement in increasing the effectiveness of their enforcement efforts
- assisting the Maine Criminal Justice Academy with development of the June 2004 Liquor Law Train-the-Trainer program for local law enforcement
- encouraging local prevention coalitions to partner with and support their local law enforcement agencies
- funding a grant for the Maine Chiefs of Police Association for development of an online course on enforcing the underage drinking laws for local law enforcement officers
- partnering with other stakeholders to develop a model underage drinking enforcement policy for local law enforcement agencies
- maintaining "Project Sticker Shock" to warn adult consumers about the consequences of providing alcohol to minors
- recruiting sponsors for the online "Alcohol Server Awareness Program" to ensure that all liquor licensees and their staff in Maine have access to free low-barrier responsible beverage service training through April 2005

## INHALANT ABUSE PREVENTION TASK FORCE BEGINS WORK

On behalf on the six New England states, AdCare Educational Institute submitted a successful grant proposal to the Center for Substance Abuse Prevention to address the problem of inhalant abuse in a regional manner. In Maine, OSA convened a multi-disciplinary Task Force which began its work in February 2004. Initial steps focused on gathering data and collecting anecdotal information to document the scope of the problem. The group next focused on five topic areas: Continuous Monitoring, Community Awareness, Environmental Safety, Critical Information for Youth, and Help for Kids in Trouble. For each area both findings and recommendations for action have been developed. The group will issue a formal document in the fall of 2004.

Inhalant abuse, both nationally and in Maine, has shown increases in the latest surveys. As shown by the graph below, inhalant abuse is most common in middle school grades.




Inhalants are readily available products that can be found in every home, school, and other settings. They are of particular concern because sudden sniffing death syndrome is a distinct possibility. In Great Britain where statistics have been kept, it was found that of all deaths attributed to inhalant abuse, in 38% of the cases it was from first time use.

The approach of the Maine Task Force will be to frame the message that these substances are poisons and fire hazards so as not to increase the allure and dangerous experimentation with these products.

## SUBSTANCE ABUSE AND THE WORKPLACE

The Maine Office of Substance Abuse's report, *The Economic Costs of Alcohol and Drug Abuse in Maine, 2000* stated, "The total estimated annual cost of substance abuse in Maine was $618 million." If divided by Maine's 2000 Census population count, that's $484 for every man, woman, and child in Maine. That same report found that the estimated cost of lost productivity due to alcohol and drug abuse in Maine was $99.2 million.

Approximately $69.8 of these costs were attributed to alcohol abuse and $27.6 million, were attributed to drug abuse.

Substance abuse among males accounted for $72.3 million. The highest morbidity cost, $28.6 million, was due to alcohol disorders among males age 25-44. Total costs related to lost productivity in 2000 were an estimated $97.4 million and represented 16% of the total cost of substance abuse in Maine.

According to the 2000 National Household Survey on Drug Abuse, 1 in 12 full-time workers reported heavy alcohol usage during the past month and 1 in 13 reported illicit drug usage during the past month. Illicit drug users were twice as likely to have multiple employers during the past year and were 2 1/2 times more likely to skip work.

This past year the Substance Abuse and the Workplace workgroup has worked on:

- **Reviewing current Maine laws and making recommendations for changes.** The changes would give employers an incentive to implement Drug Free Workplace Programs and maintain a balance between employers and employees keeping the rights of each intact.

- **Developing two surveys that assess current workplace prevention programs and practices, resources and referral sources, policies, testing tools, and more.** One survey targeted Employee Assistance Programs and Substance Abuse Professionals* in Maine and the other addresses Maine employers with approved drug testing policies.

- **Designing an employer and employee resource webpage posted on the Office of Substance Abuse website at www.maineosa.org/workplace.** The website is broken down into the following areas: Frequently Asked Questions, Workplace Resources, Substance Abuse Laws and the Workplace, US DOT Substance Abuse Professional (S.A.P.) List, and Links. The S.A.P. list is especially useful to employers if they have an employee who has violated Federal DOT regulations (49CFR Part 40) and is in need of a qualified Substance Abuse Professional (SAP). Prior to the development of this list, Maine employees and employers that did not have access to an internal S.A.P., would need to pay referral fees through national associations that kept a S.A.P. list. By providing this list, employees and employer are able to seek the service of a S.A.P. without paying a referral fee.

- **Assisting in the development of a training program on preventing substance abuse in the workplace for employers incorporating the Department of Labor's Drug Free Workplace Program.** The workgroup will be using the results of the employer, SAP and EAP surveys in the assessment of what programs currently exist in Maine. Research on programs in other states and nationally is also being conducted, with programs like "Drugs Don't Work in Georgia", "Drug Free Pennsylvania", and the Substance Abuse and Mental Health Administration's Model Program, "Team Awareness" as examples.

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

# Driver Education and Evaluation Programs DEEP

DEEP's charge is twofold: 1) to increase every impaired driver's knowledge regarding the risks of alcohol and drug abuse and to provide insight into his or her own level of risk, and 2) to assess the offender's level of harmful involvement with alcohol and/or other drugs to determine if the offense was an unusual circumstance or if it was the symptom of a larger substance abuse problem. Maine's Risk Reduction Program (RRP) for adult offenders and the Moving Ahead Program (MAP) for underage offenders ensure that every single offender is assessed.

## *Risk Reduction Program Outcomes Exceed Expectations*

In November of 2003, Prevention Research Institute (PRI) provided DEEP with detailed effectiveness data on the Risk Reduction Program. PRI, a non-profit corporation based in Lexington, Kentucky, developed the "Prime for Life" curriculum. It is the research-based prevention and intervention program mandated for all adults, 21 years of age or older, who are charged with Operating under the Influence (OUI) in the state of Maine.

There were 1,811 participants who participated in the program evaluation between June 2002 and February 2003. The vast majority, 97.8%, completed both a pre-test and a post-test and the data gathered from those 1,772 participants is the focus of the report.

## *Targeted Outcomes*

The data revealed statistically significant and desired changes on measures of risk perception and risky beliefs. After completing the DEEP program, participants:

- Agreed that their current level of drinking posed a risk for developing alcoholism.
- Agreed that their current level of drinking posed a risk for losing the things (jobs, relationships, self-respect, financial security) they valued.
- Increased their personal perception of risk for developing alcoholism.
- Reductions in beliefs associated with high-risk drinking.

## *Drinking Choices*

At the conclusion of the program, participants were asked to examine past drinking choices and state their intentions regarding future drinking choices. Past high-risk drinking, high perception of risk and fewer risky beliefs were associated with stronger intent to make future low-risk drinking choices.

- Participants who made the most frequent high-risk drinking choices in the past reported stronger intentions to follow their low-risk guidelines.
- Participants who, after taking the class, endorsed fewer risky beliefs and had a higher perception of risk for developing alcoholism and for losing things they valued expressed stronger intentions to follow their low risk guidelines.

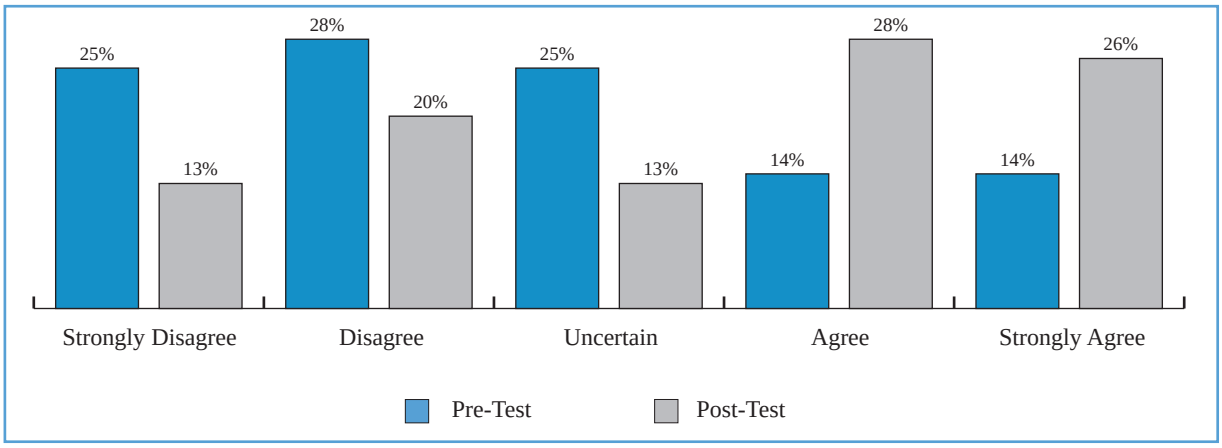
Participants in the DEEP Risk Reduction Program are presented research-based content on alcohol and drugs, and participate in a variety of therapeutic-educational activities designed to facilitate change in risk perception and to increase commitment to behavioral change. Participants assess their personal level of risk for alcoholism

based on their current drinking behavior, determine their location in the progression towards alcoholism, and discover how their beliefs about alcohol can contribute to alcohol-related problems.

Participants who are not alcohol dependent learn how to decrease their risk for alcohol problems and/or alcoholism by making low-risk drinking choices (i.e., quantity and frequency of drinking that minimizes the risk of impairment or alcohol-related problems). For participants who have alcoholism, the only recommended low-risk choice is abstinence.

## *Risk for Alcoholism at Current Drinking Level*

Participants responded to the statement: "If I don't change my drinking, I could develop alcoholism."




- Before the DEEP program, 28% of participants agreed or strongly agreed that their current drinking pattern was risky.
- After completing the DEEP program, 54% agreed or strongly agreed that their current drinking level posed a risk for developing alcoholism.

## *Risk for Losing Valued Things*

Participants responded to the statement: "My current drinking choices could interfere with getting or keeping the things (job, relationships, self-respect, and financial security) that I value."

- Before the DEEP program, 24% of participants agreed or strongly agreed that their current drinking pattern could increase their risk for losing valued things.
- After completing the DEEP program, 43% agreed or strongly agreed that their current drinking pattern could increase their risk for losing valued things.

## *A Positive Response*

This first program evaluation data for the DEEP Risk Reduction Program confirms that participants are responding positively to the program. These results indicate that participants are considering their drinking

choices and applying the research-based content in ways that are consistent with the DEEP program and Prime for Life goals.

The community-based providers of DEEP clinical substance abuse evaluation and treatment services overwhelmingly report that their clients who have participated in the DEEP Risk Reduction Program with the Prime for Life curriculum present with a significantly less defensive attitude than in relation to past DEEP program participants. Providers also report that program participants are not only less defensive, but also have gained an acceptance of their level of risk and are "treatment ready."

Based on the positive responses from program participants and the DEEP provider community, DEEP plans to begin using the Prime for Life curriculum with its Under 21 program beginning in March 2005.

## Prescription Monitoring Program

Legislation establishing the Prescription Monitoring Program (PMP) became law late in State Fiscal Year 2003, delegating the Office of Substance Abuse as the administrator for the new program. The statute did not allow for any state funding to implement and maintain the program, so OSA sought federal funding. OSA applied for and received funding from the 2003 Harold Rogers Prescription Drug Monitoring Program.

OSA established an Advisory Committee to receive input and direction from the groups that would be using the system, affected by the system, and delivering the data to OSA. The group consists of representatives from: Dispensers Groups, Prescribers Groups, Purdue Pharma, State Legislators, Professional and Financial Regulation, Attorney General's Office, and the American Cancer Society.

In February of 2004, GHS Data Management was awarded the contract for the management of the PMP Program through a competitive bid process. OSA also decided to hire one new staff member to be the Project Coordinator

Educational Materials were developed during the spring and early summer to orient prescribers and dispensers to the new program and what it offered them. Several presentations were given at conferences for dispenser and prescriber associations to educate and answer questions, and a PMP website was developed to make valuable information and resources easy to access. In addition to these projects, OSA developed a newsletter article to orient prescribers and dispensers to the program. The article was sent out in the newsletters of the major associations. Regulations to govern the program were developed in conjunction with the Advisory Committee and put into place on June 22, 2004.

# Treatment Works!

OSA is committed to its mission of helping people achieve safe, self-sufficient, healthy lives. Research has shown that treatment results in stronger families, more vibrant, productive communities, and ultimately, a greater contribution to the state of Maine's economy. The Treatment Team at OSA participates in many initiatives to promote improved substance abuse treatment and increased understanding of addiction and associated health issues, such as:

- **Participating as a member of the Maine Benzodiazepine Study Group** - the group is dedicated to educating healthcare providers and the general public about the risks and benefits of prescription benzodiazepines. This year, the group held a two-day conference in Bangor and is planning a second annual conference.

- **Providing representation for the substance abuse community on the HIV Prevention Community Planning Group** - this group prepares the Maine HIV Prevention Plan for the Bureau of Health to present to the Centers for Disease Control, which funds HIV prevention.

- **Supporting the technology transfer process developed by Brown University for implementing evidence based practices** - new evidence based practices typically take about 17 years from evidence to implementation; this process will reduce the time appreciably. Youth and Family Services in Skowhegan has developed a contingency management program, which provides incentives for clients to participate in treatment. The technology transfer process will be expanded to other agencies in Maine.

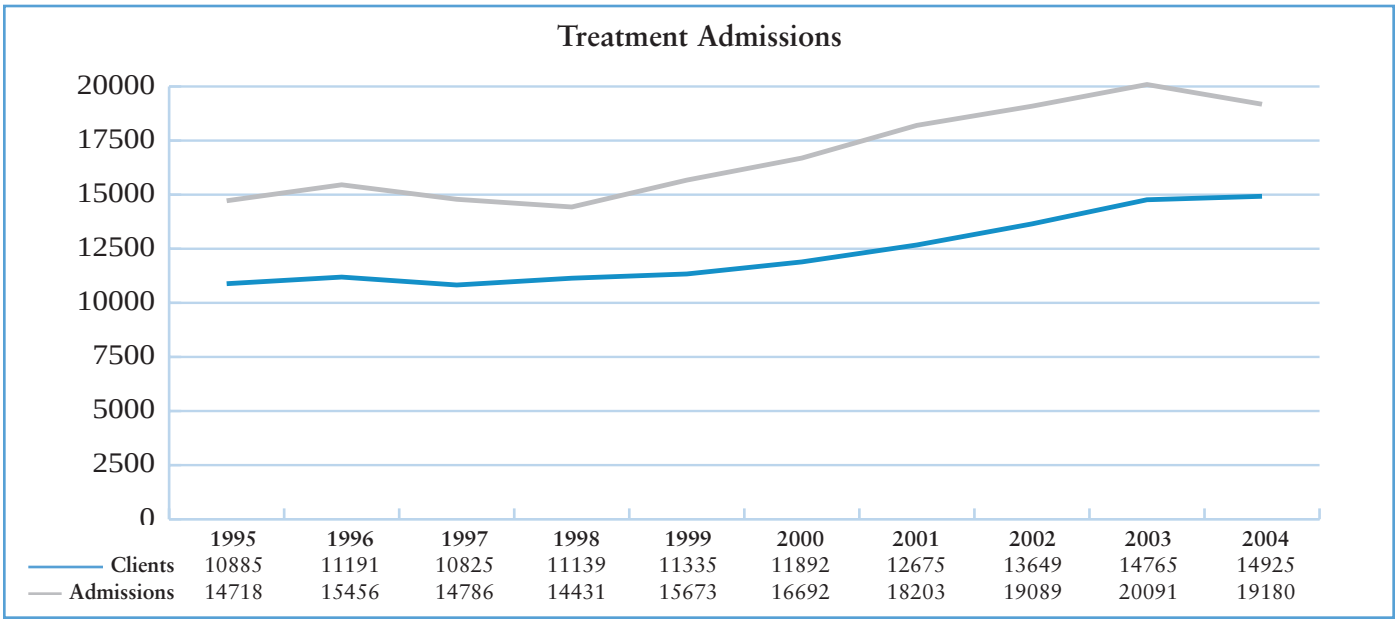
- **Conducting regional meetings** - last winter, the Treatment Team at OSA conducted five well attended regional meetings for providers, meeting with clinicians, clinical supervisors, and administrators in Caribou, Lewiston, Ellsworth, South Portland and Rockland. Discussions covered a variety of topics related to workforce development and evidence based practice. The Treatment Team will develop these meetings into an annual event.

- **Co-sponsoring training events** - among the events co-sponsored by OSA during the year were presentations on opioid treatment, co-occurring disorders, evidence based practice, clinical supervision, and professional core standards.

# Highlights from the Treatment Data System

*The following information, if compared to last year's Annual Report, will show different numbers. The admissions for women's case management services have been removed from the data this year. All totals have been adjusted for that change.*

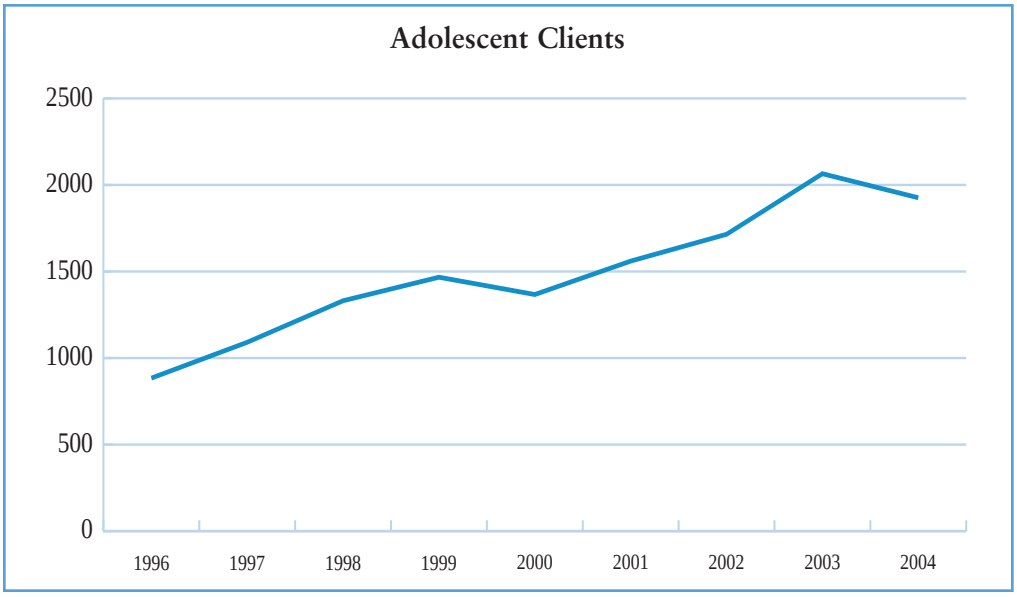
In State Fiscal Year (SFY) 2004, 14,925 clients and 19,180 admissions were recorded in the Treatment Data System (TDS). There has been a 1.1% increase in clients served since last fiscal year, although the total number of admissions decreased due to fewer multiple admissions.



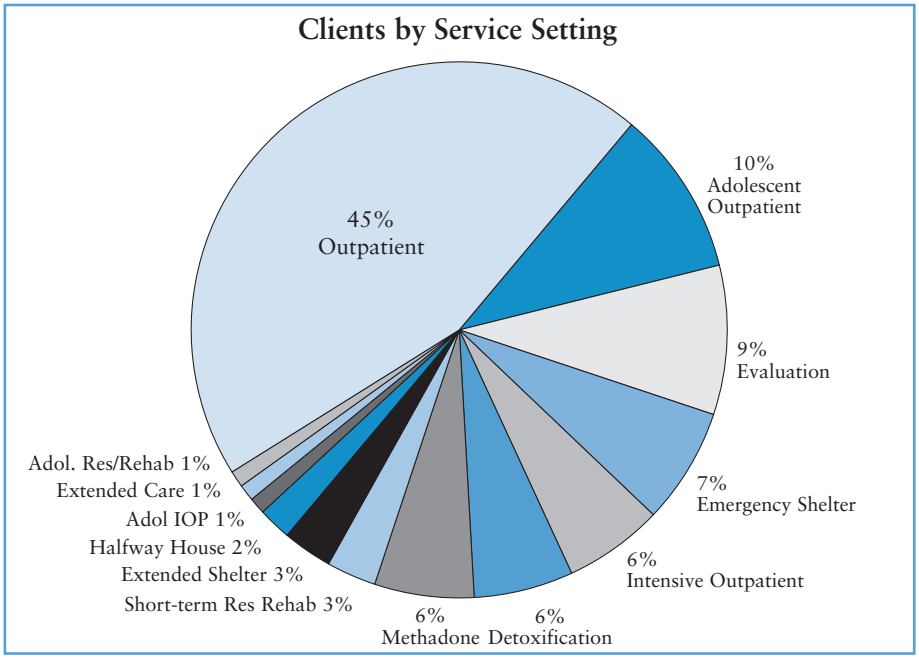

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|---|---|---|---|---|
| Clients | 10885 | 11191 | 10825 | 11139 | 11335 | 11892 | 12675 | 13649 | 14765 | 14925 |
| Admissions | 14718 | 15456 | 14786 | 14431 | 15673 | 16692 | 18203 | 19089 | 20091 | 19180 |

Clients = unduplicated, admissions = duplicated.

Of those clients admitted for services in SFY 2004, 68.8% were males and 31.2% were females continuing a similar pattern from past years. Eighty-five percent were adults and 15% adolescents. The number of adolescent clients decreased slightly in SFY 2004.

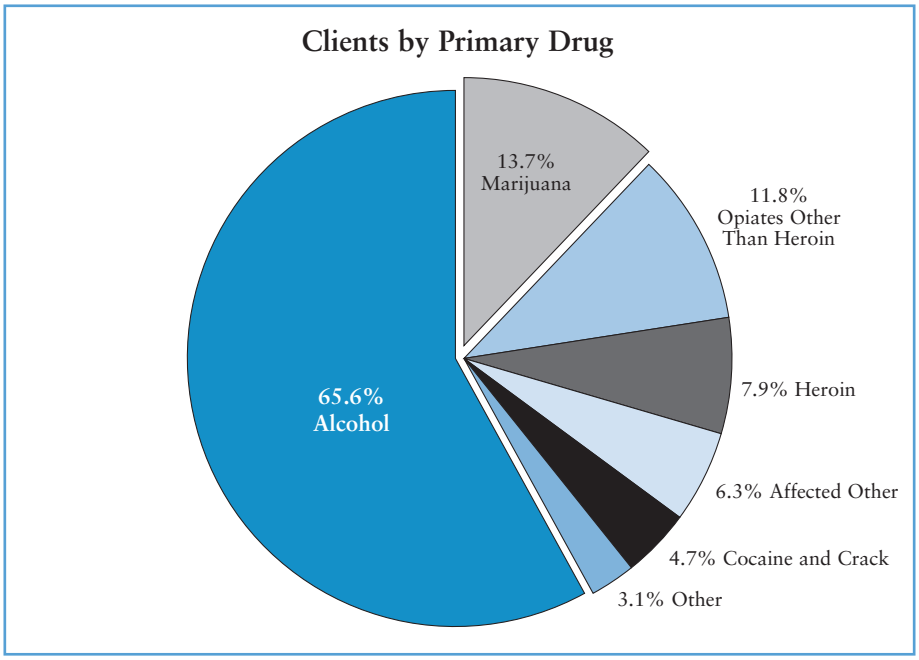


The largest percentage of clients accessed Outpatient services at 45%, then Adolescent Outpatient services at 10%, followed by Evaluation at 9% and Emergency Shelter at 7% each:




Unduplicated count.

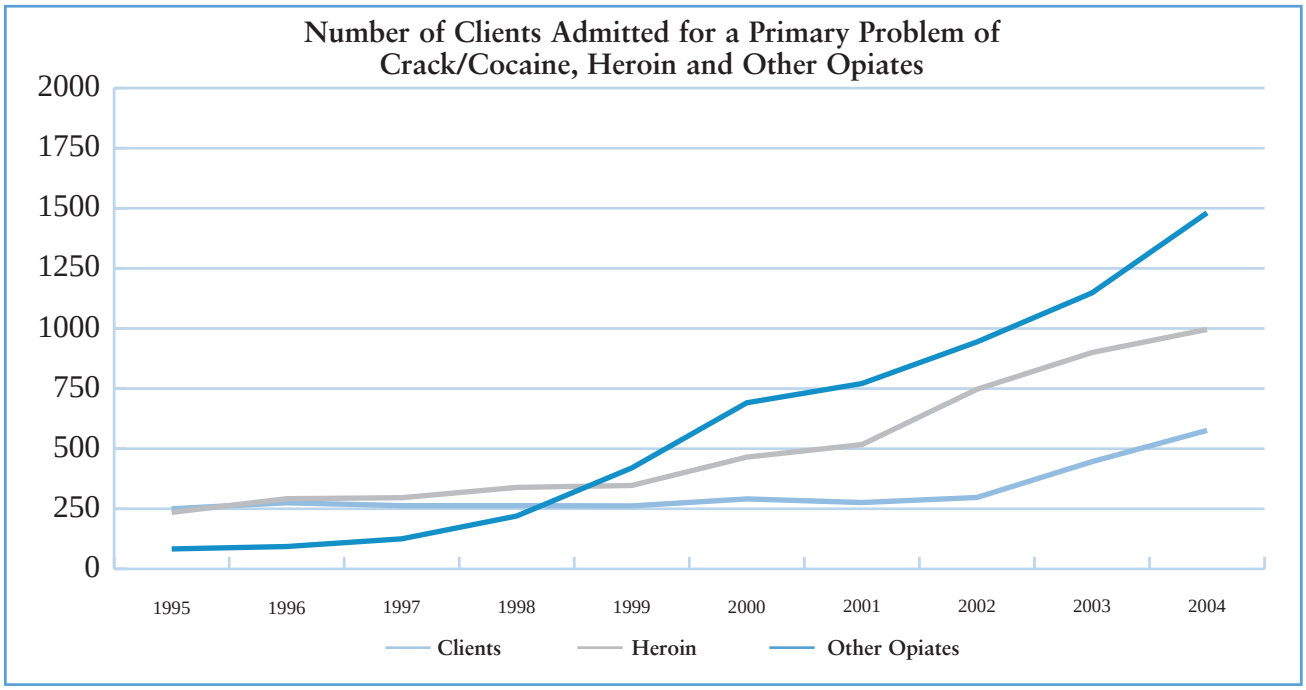
Alcohol continues to be the primary drug used/abused by clients entering treatment at 65.6%. Currently 13.7% of the clients are admitted for marijuana, a 7.2% increase from SFY 2003. The use of opiates other than heroin continues to increase from 9% of clients using in SFY 2003 to 11.8% in SFY 2004.




Unduplicated count.

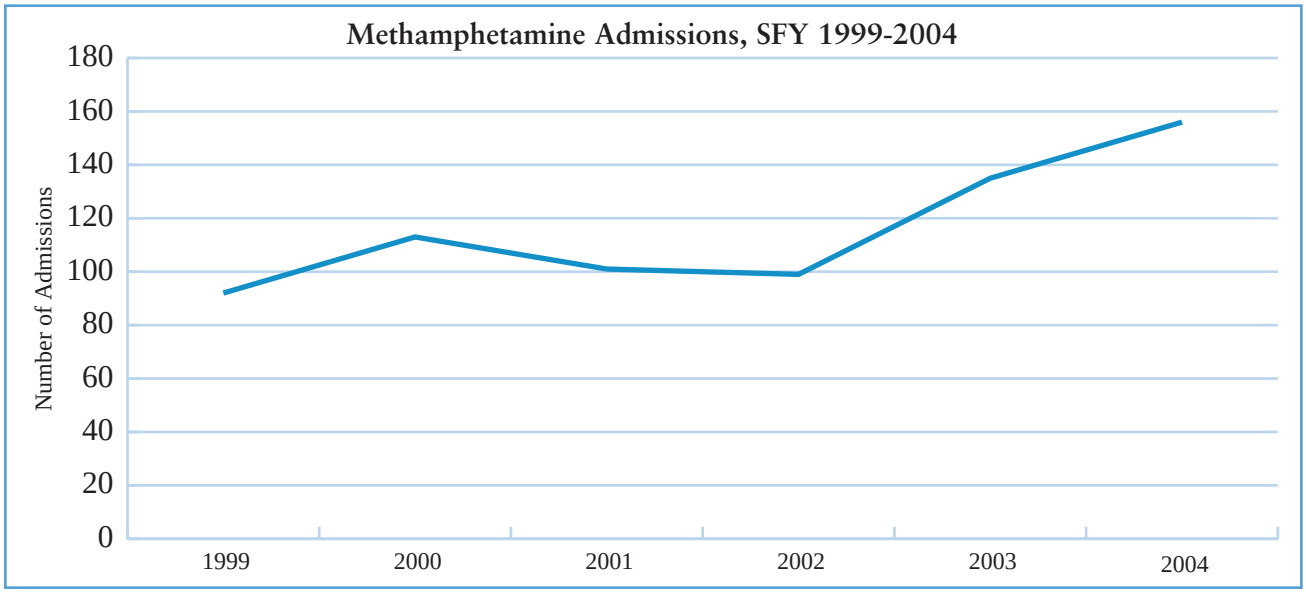
Cocaine/crack use increased 28.5% from SFY2003 to SFY 2004 with 577 clients being admitted to treatment for its use.

In the ten years of data portrayed by the graph below, clients admitted for a primary problem of opiates other than heroin increased 1821.3%. Between SFY 2003 and SFY 2004 there has been a 22.4% increase in clients admitted for opiates other than heroin. Opiates other than heroin continue to be of primary concern.

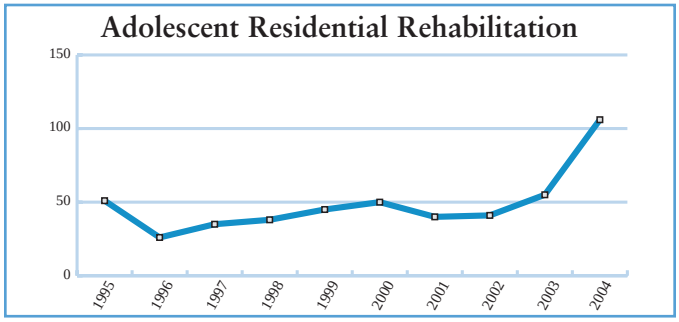


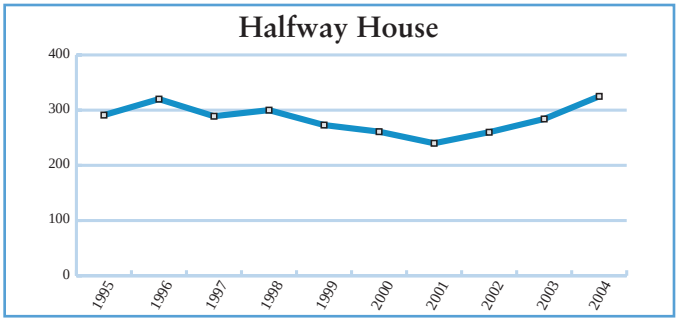

Unduplicated count.

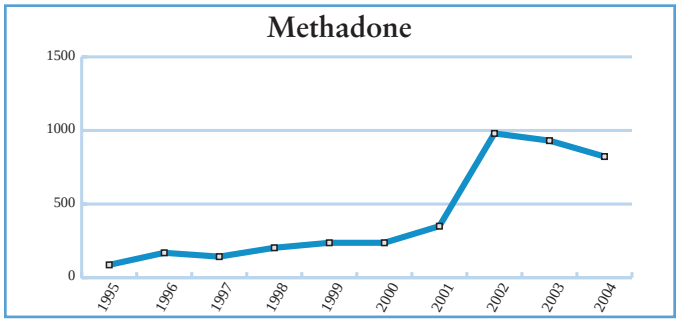
Methamphetamines are in the national spotlight right now. Many resources are being focused on minimizing the production and sale. Maine is seeing an upward trend in methamphetamine admissions as shown below.

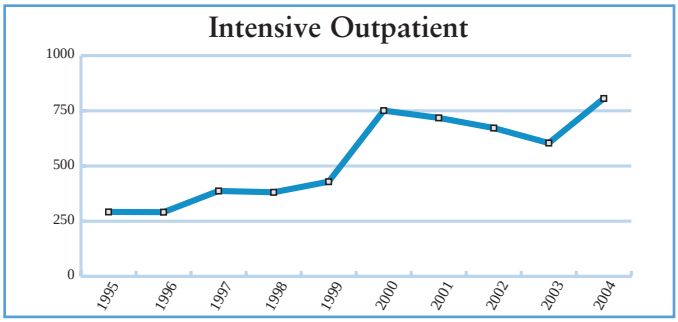


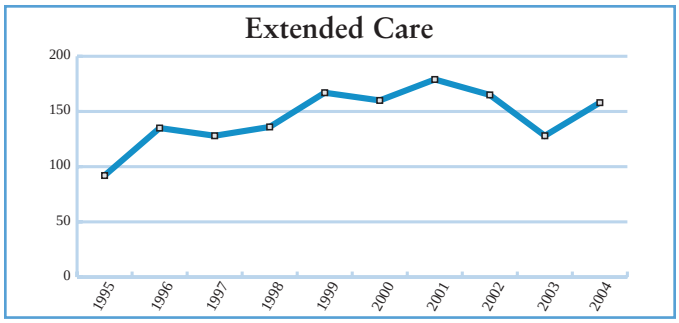
## Substance Abuse Treatment Admissions
## Trend Data by Service Setting

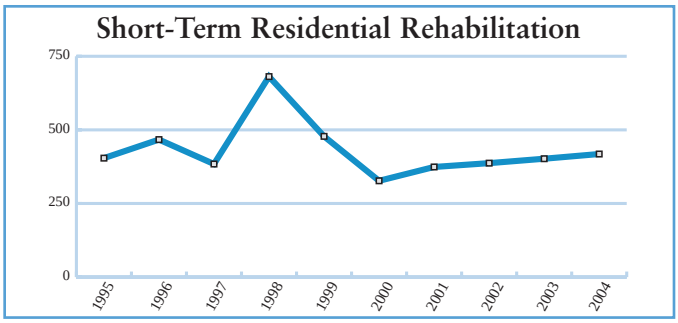


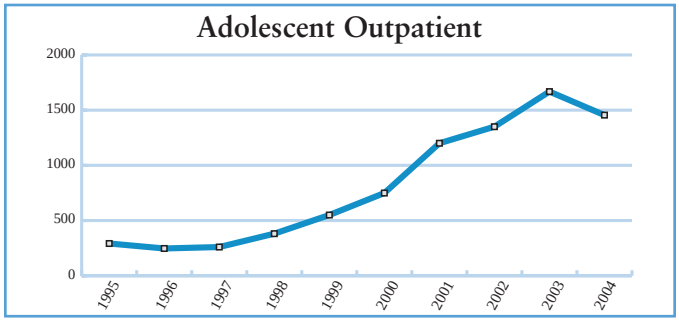



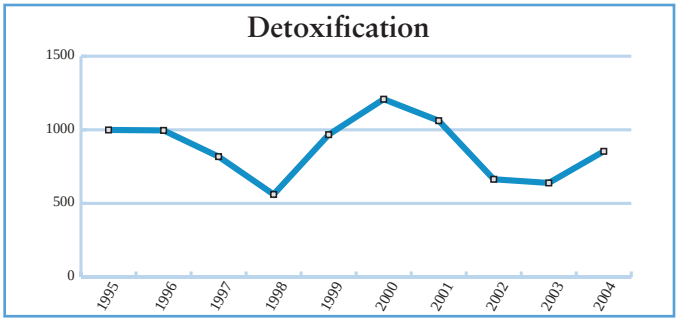



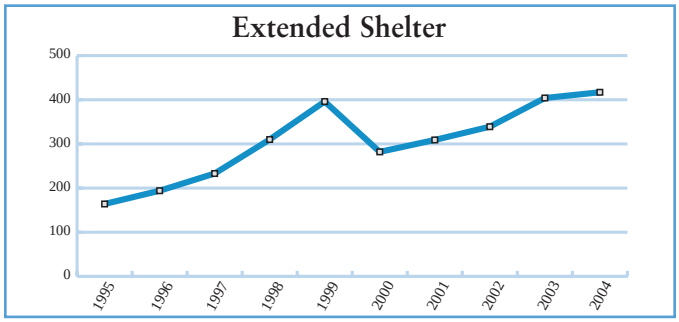



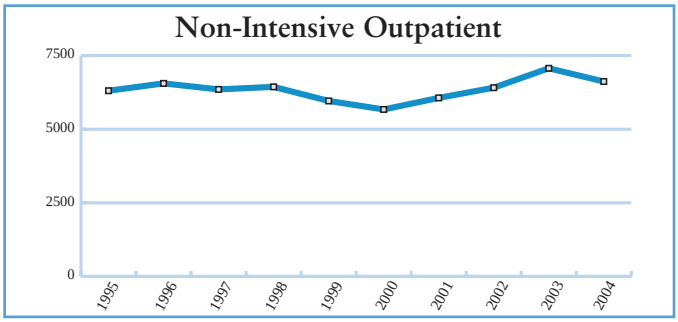



# Criminal Justice and Correctional Treatment Services

## *The Juvenile Treatment Network*

Maine is the only state in the nation to have implemented a statewide network for the treatment of substance abusing juvenile offenders. Since implementation of the Juvenile Treatment Network (JTN) in 1998, treatment services to juvenile offenders has increased statewide. The network of providers now includes 52 treatment agencies in 94 locations and screening access in 40 schools across Maine. The JTN provides screening, referral for evaluation and last resort funding for substance abuse treatment services statewide.

Services provided by the Juvenile Treatment Network this year include:

- 1212 juveniles referred for screening, four times the 300 screened in 2003
- 1007 juveniles completed screening for substance abuse, compared to 221 in 2003
- 751 or 74% of the juveniles screened were referred for further evaluation
- 504 (61%) families were contacted to answer questions and refer for evaluation
- 114 juveniles received financial assistance to pay for treatment representing a 50% increase over 2003

### Treatment at the Youth Development Centers

Treatment services are also provided at Long Creek and Mountain View Youth Development Centers, the two Maine Department of Corrrections (MDOC) Juvenile Services residential facilities. Substance abuse treatment providers work with each facility's unit teams to provide screening, assessment, treatment, and transition to community based providers at release for juvenile offenders in each of the youth development facilities. In 2004 the Mountain View treatment team served 99 adolescents from communities North of Augusta. The Long Creek team served 87 adolescents from communities in Southern Maine.

## *Adult Correctional Treatment Services*

### Screening Assessment Severity Levels 2004

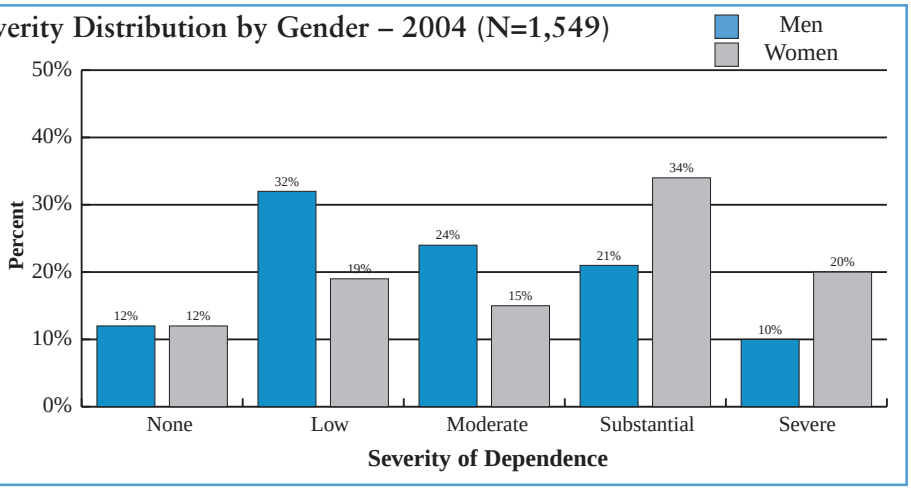
The figure below shows the distribution of substance abuse severity levels for the men and women in the Maine inmate population based on screening assessment at intake (2004). Women have a higher severity dependence profile when compared to men. For example, 54% of women inmates fall into the two highest categories of substance use severity when compared to 31% for the men inmates at the same levels. Although the size of the female inmate population remains much smaller than the men's population, close to 69% of women are at the three highest levels of risk requiring more intensive treatment services.

Substance abuse treatment services are being provided to male and female inmates in the MDOC facilities across the state. The women's unit at the Maine Correctional Center (MCC) in Windham was opened in August of 2002. Three substance abuse professionals provide substance abuse assessment and treatment services for all women housed in the women's unit. In SFY 2004 a total of 62 women received services and 27 (43%) completed treatment. Over 150 women have received treatment and referral services, and 50 (33%) have completed treatment since this unit opened in 2002.

Substance abuse treatment for severely addicted male inmates is also provided in the Modified Therapeutic Community or Correctional Recovery Academy (CRA) at MCC. Men completing the nine month CRA program move into transitional treatment services at the Transitional Recovery Academy (TRA) located at the Central

**Institution: Severity Distribution by Gender – 2004 (N=1,549)**

| INSTITUTION | | | | | | |
|---|---|---|---|---|---|---|
| | Men | | Women | | Overall | |
| Totals | 1,366 | 88% | 183 | 12% | 1,549 | 100% |
| None | 170 | 12% | 22 | 12% | 192 | 12% |
| Low | 440 | 32% | 35 | 19% | 475 | 31% |
| Moderate | 327 | 24% | 27 | 15% | 354 | 23% |
| Substantial | 292 | 21% | 63 | 34% | 355 | 23% |
| Severe | 137 | 10% | 36 | 20% | 173 | 11% |




Maine Pre-release Center in Hallowell. During 2004 this program served 98 men of whom 21 (21%) completed treatment. This represents a 42% increase in treatment completion over SFY 2003.

The Differential Substance Abuse Treatment - DSAT - is a cognitive-behavioral substance abuse treatment model specifically developed, in partnership with the Maine Department of Corrections, for adults involved with the criminal justice system in Maine. Men and women attend gender specific groups that are sensitive to their unique needs, and that target their level of addiction severity and maladaptive thinking and behavior.

Providers at the Down East and Charleston facilities began offering DSAT treatment groups during SFY 2004. A total of 65 men received treatment services at these two facilities in 2004. OSA anticipates that the number of men served and successfully completing treatment while incarcerated will continue to increase as more facility based providers are trained and implement DSAT groups in the men's institutional setting.

### DSAT Adult Community Corrections Treatment Services

Currently there are eight community based substance abuse treatment agencies providing DSAT groups for community corrections/drug court clients statewide. The Adult Community Corrections Treatment Advisory Group (TAG) continues to expand, and three new treatment agencies joined the treatment network in the last year. OSA provides technical assistance and support to treatment providers, working with criminal justice and corrections clients through: monthly conference calls, bi-annual booster training events, quarterly site visits, and providing specialized training events and opportunities throughout the year. There were 173 community DSAT treatment program admissions and 28 individuals completing treatment (34%) in 2004.

## Statewide Drug Treatment Courts

Currently Maine has 12 Adult and Juvenile Drug Treatment Courts and one Family Drug Treatment Court which is grant funded and overseen by the judiciary. Recent national research and evaluation of drug treatment court programs show that participation in drug court leads to: substantial reductions in criminal behavior and drug use; engagement of offenders in long-term treatment while minimizing public safety risk; and lowers criminal justice costs through reduced incarceration time and reduced recidivism. Reasons sited for the effectiveness of drug court programs include intensive supervision, the capacity to promptly deal with relapse and consequences, and the capability to integrate drug treatment and other services to promote long-term recovery.

## Juvenile Drug Treatment Court

In 1999, Maine's legislature authorized the use of funds to implement a statewide juvenile drug treatment court program. The program became operational when the first adolescent was admitted to the Bangor Juvenile Drug Court on January 26, 2000. Six District Court Judges are assigned to six juvenile drug courts in York, Cumberland, Androscoggin, Kennebec, Penobscot and Sagadahoc counties serving over two-thirds of Maine's population.

A total of 314 adolescents have been admitted into these drug court programs, 95 have successfully completed the program and graduated, 152 were expelled and 67 are still currently active. Graduation rates for Maine's juvenile drug court program's compare favorably with graduation rates of juvenile drug court programs nationally. Overall graduation rates for Maine's juvenile drug court (39%) exceed national estimates (29%)

OSA commissioned an outcome study by the University of Southern Maine. In March of 2004, the Evaluation Update was completed and presented by Donald Anspach, Andrew Ferguson, and Laura Phillips of the University of Southern Maine.

### *Results from the Outcome Study*

- Fewer juvenile drug court participants being arrested than the control group, with program graduates the least likely to re-offend overall. Juvenile drug court participants are also less likely than the control group to be rearrested for alcohol or drug related offenses or for the commission of violent crimes.

- The juvenile drug treatment court program has produced a reduction in criminal justice related expenditures (costs of detention/jail, probation and averted crimes) and will become cost effective with expanded capacity.

| **Recidivism Outcomes** | Drug Court N=105; Comparison N=105; Graduate N=30 | | |
|---|---|---|---|
| **Overall Arrest** | | **Re-Arrest (Felony)** | |
| Drug Court | 54% | Drug Court | 11% |
| Comparison | 66% | Comparison | 12% |
| Drug Court Graduate | 40% | Drug Court Graduate | 3% |
| **Post Program Arrests** | | **Re-Arrest (Drug/Alcohol Offense)** | |
| Drug Court | 43% | Drug Court | 4% |
| Comparison | 49% | Comparison | 13% |
| Drug Court Graduate | 30% | Drug Court Graduate | 0% |
| **In-Program Arrest** | | **Re-Arrest (Crimes Against a Person)** | |
| Drug Court | 35% | Drug Court | 13% |
| Comparison | 34% | Comparison | 15% |
| Drug Court Graduate | 23% | Drug Court Graduate | 17% |

Source: Anspach, D., Ferguson, A.S., and Phillips, L.L. Evaluation of Maine's Statewide Juvenile Drug Treatment Court Program. University of Southern Maine, Department of Sociology. 2004.

## Adult Drug Treatment Court

Maine's Adult Drug Treatment Court was created by statute in August 2000. It is a court supervised, *post-plea* (but pre-final disposition) drug diversion program that requires weekly court appearances before the designated program judge. Eleven Superior Court and District Court Judges are currently assigned to five adult drug courts in York, Cumberland, Androscoggin, Penobscot and Washington counties serving nearly two-thirds of Maine's population.

As of September 1, 2004, a total of 439 offenders have been admitted into these drug courts. To date, a total of 317 participants have been discharged of whom 167 (53%) have successfully completed the program and graduated. The overall graduation rate (53%) is higher than most drug court programs nationally and exceeds those reported in a recent evaluation of four well established mentor drug courts.

| | York | Cumberland | Androscoggin | Oxford | Penobscot | Washington | Total |
|---|---|---|---|---|---|---|---|
| Currently Active | 29 | 24 | 28 | 0 | 26 | 15 | 122 |
| Graduated | 25 | 31 | 36 | 14 | 27 | 34 | 167 |
| Expelled | 18 | 36 | 34 | 10 | 21 | 31 | 150 |
| Graduation Rate | 58% | 46% | 51% | 58% | 56% | 52% | 53% |
| National Estimate | | | | | | | 50% |

There is growing evidence in the research literature that drug courts are reducing jail and prison populations by reducing the high rates of recidivism of drug involved offenders, generating significant savings in incarceration related expenditures. For example, graduates of Maine's drug court program faced a total term of imprisonment of 2,082 months combined, averaging 20 months ranging from 0 to 96 months. These graduates also reported a substantial amount of prior criminal activity having illegally obtained a total of $1,926,000 each year in order to support their habit.

## *Additional Facts*

- Maine's graduation rate (53%) is higher than most drug court programs nationally.
- The rate of positive drug tests among participants in Maine (8%) is significantly lower than rates of positive drug tests across drug court programs nationally (17%) as well as for adult offenders in other non-institutionalized programs (35%).
- More than half of all drug court participants (53%) received two or more unscheduled home visits by law enforcement officials in the past year.
- Overall, 61% of participants have accessed at least one type of ancillary service and 48% have accessed multiple types of ancillary services. These include batterer's intervention programs, crisis intervention, mental health, residential, health care, employment, educational, and transportation services.

# Public Awareness

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 fill out an online form to request material, or fill out a form to ask a question.

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

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

The Information and Resource Center supported the following public awareness events for the fiscal year 2004:

**Enforcing Underage Drinking Laws —** A packet to all Law Enforcement agencies throughout Maine was distributed through grant funding from OJJDP. This included 316 *DEA* booklets, 2133 *Enforcing Underage Drinking Laws* booklets, 26,690 *Is It Worth the Risk* brochures for teens, 9183 *Parent Kit* pamphlets, 6380 *Protect Your Investment* brochures for parents of college students, and 746 rolls & 1262 posters for the Sticker Shock Campaign.

**Alcohol Awareness Day —** An informational letter was sent to Maine school superintendents and principals regarding Alcohol Awareness Day, December 1, 2003. The IRC responded to multiple requests for activities and videos for this event.

**Project Sticker Shock —** The Sticker Shock Campaign series, which ran from December, 2003 through May 2004 - distributed 998 posters and 631,250 fluorescent stickers throughout the state.

**Maine Parents Campaign —** The IRC continued to receive requests for the Maine Parents Kit - *Your Teen and Alcohol, Do YOU Really Know?* - distributing an additional 6541 kits, 22,498 pamphlet versions of the kit, and 5577 post cards. A new item was added to the campaign this year - check stuffers. These announced availability of the kit in print or on the web, and 154,250 were distributed with company pay checks and through coalition work. The www.maineparents.net website received 5140 hits, with 1745 going on to look at the online kit.

**National Alcohol Screening Day —** The IRC supported National Alcohol Screening Day, April 8, 2004, with a mailing to 250 Health Care Facilities and 2200 medical professionals. Information about low-risk drinking was included in the packet, as well as an evaluation form. Of the evaluations returned, 59% found the inserts very useful, 34% found them somewhat useful, and 7% found them not at all useful.

**Safe & Drug Free Schools and Communities Act —** the IRC distributed 100 free videos - Alcohol: True Stories - to Maine school districts. These were donated by Family Health Productions through a grant from the MetLife Foundation.

*The Office of Substance Abuse Information and Resource Center (IRC) offers a variety of resources for Maine citizens. This year, in addition to the normal telephone calls for resources and information, the IRC responded to 378 emails. There were over 7500 hits on the IRC home page, and 1570 hits on the online Research Guide. The online Public Access Catalog was searched over 2000 times for library items. In addition, the IRC staff displayed materials at 27 events throughout Maine, increasing public awareness and leading to 200 new library patrons.*

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

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

Department of Health and Human Services

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