

*Building a Comprehensive,
Community-driven
Prevention Approach to
the Opioid Crisis in Maine*

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Presentation Overview

- Forming the Maine Opiate Collaborative and multi-sector Prevention task force
- Role of Prevention Coalitions in gathering community input
- Prevention Task Force final recommendations and partnerships across sectors
- What's next?



Task force formed to address Maine heroin epidemic

The U.S. Attorney's Office announces the creation of three working groups to tackle various aspects of the problem.

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U.S. Attorney Thomas Delahanty II on Thursday announced the formation of a new task force to address the heroin epidemic in Maine.

The task force will be led by an executive panel including Delahanty, Maine Attorney General Janet Mills and Public Safety Commissioner John Morris.

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Maine Opiate Collaborative

Executive Panel

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graph TD; EP[Executive Panel] --- LE[Law Enforcement]; EP --- T[Treatment]; EP --- PHR[Prevention & Harm Reduction];
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Law
Enforcement

Treatment

Prevention &
Harm Reduction

The Prevention & Harm Reduction
Task Force of the Maine Opiate
Collaborative met
bi-weekly between October 2015 –
April 2016 to research, discuss, and
propose a series of recommendations
for how to move Maine forward in
addressing the opiate crisis.

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Work Groups

Prevention & Harm
Reduction Task Force

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graph TD; A[Prevention & Harm Reduction Task Force] --> B[Prevention Messaging]; A --> C[Harm Reduction]; A --> D[Policy]
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Prevention
Messaging

Harm
Reduction

Policy

Public Health Infrastructure in Maine

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- No county public health departments
- Portland and Bangor only Maine cities with public health departments
- Coalitions are the backbone of public health.
- Structure is shifting

Maine Opiate Collaborative Community Listening Sessions

- Utilize state-funded and DFC-funded prevention coalitions to organize and hold.
- Structure of Listening Sessions
 - Panel of local experts
 - Feedback and recommendations from community members
- Goal: Hold at least one listening session in each public health district, including the Tribal Public Health District
- 20 Listening sessions held, covering all 16 counties. 1,500 community members participated.



Comprehensive
Plan of Action to
Address Opiate Use
Disorders in Maine

Goal 1: Promote good public health and safety, and reduce the harmful effects of opiate use

Objective 1: Increase
understanding of harms and
decrease stigma surrounding
opiate and heroin use disorder

Strategy: Educate the general public about the opiate/heroin problem in Maine

- Conduct a comprehensive statewide public education campaign consisting of traditional and social media to:
 - * De-stigmatize substance use disorders
 - * Increase understanding of risks and harms specific to opiate and heroin use
 - * Increase knowledge of harm reduction, treatment, and recovery resources
 - * **Create awareness of the importance of primary prevention.**

Partnerships: AG's Office, Prevention Specialists, Recovery Community, Treatment Providers, Media



“The case for universal prevention as a solution to the heroin crisis”

by Scott M. Gagnon, MPP, PS-C – Bangor Daily News

<http://smartapproaches.bangordailynews.com>

<http://smartapproaches.bangordailynews.com/2015/12/03/home/the-case-for-universal-prevention-as-a-solution-to-the-heroin-crisis/>



Objective 2: Decrease youth use
of opiates and associated risk
factors.

Strategy: Increase the capacity of adults who care or work with youth, to educate and support youth to prevent opioid use.

- Maine CDC, SAMHSA, and DOE partner to convene workgroup that creates Substance Use Prevention Toolkit for Schools to include:
 - How to partner with local prevention coalitions to support prevention in schools.
 - Guidance on selecting evidence-based prevention curricula
 - State and federal education materials
 - Supplemental materials that educate students on specific drugs and effects on the developing brain.

Partnerships: State, interagency collaboration along with Maine prevention specialists.



Other training areas for educators

- * Adverse Childhood Experiences (ACEs), how they affect mental health and substance use disorders
- * Resiliency and strength-based models for substance use disorder prevention

Objective 3: Reduce unnecessary
access to legal opiates.

Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program

- Signed into law April 2016
- New opioid prescribing limits
 - 7 day supply within a 7 day period for acute pain
 - 30 day supply within a 30 day period for chronic pain
 - Daily supply limit of 100 morphine milligram equivalents
- Requires checking PMP when first prescribing opiates or benzodiazepines
- Must check PMP every 90 days after as long as prescription is renewed



Strategy: Enhance and strengthen Maine's PMP

- * Solicit input from the medical provider community to make PMP more user-friendly.
- * Assessment to ensure PMP is adequately staffed to provide timely technical assistance, training needs, ongoing administration, and ongoing system enhancements.

Strategy: Expand and support efforts promoting safe storage and disposal of prescription opiates

- * Establish and maintain a website cataloguing and promoting medicine take backs and drop off boxes in Maine
- * Legislation to create a statewide product stewardship program for unused prescription medicines.
 - * Example in practice: Alameda County, California

Partnerships: Legislators, Law Enforcement, DEA, Prevention Coalitions

Objective 4: Decrease the number
of drug-affected babies born in
Maine each year.

Strategy: Improve care coordination: counseling, pre-natal and early intervention after discharge for mothers with opiate use disorders.

- * Establish a pilot project to fully implement and evaluate the Snuggle Me Project at a minimum of two Maine hospitals.
- * Continue work to improve care coordination and support for families with infants exposed to substances. Pilot the work in at least 2 communities with hospitals with Level 2 NICUs with an aim to spread work statewide after pilot.



Snuggle ME Overall Goals

- * Improve care and coordination for families with primary care, hospitals, DHHS, Child Development Services, Home Visiting, etc.
- * Outline recommendations for prenatal, labor and post partum care of pregnant women with substance exposure during pregnancy and newborns
- * Identify screening tools and treatment services
- * Develop standard patient education materials
- * Use a trauma informed approach when working with moms and families

Objective 5: Decrease opiate overdose and death in Maine.

Strategy: Increase access to Naloxone for people using opiates, their families, and friends

- * Provide information and educational opportunities to at risk populations and the general public on harms of opiate use and efficacy of Naloxone and accessing kits.
- * Provide education to providers on efficacy and importance of Naloxone including logistics, proper guidelines and changes in laws.
- * Institute collaborative practice agreements for pharmacies and medical providers to dispense naloxone.



Objective 6: Increase opportunities and decrease barriers to recovery for people with substance use disorders.

Strategy: Build statewide and community capacity to provide recovery supports and services and foster resiliency.

- * Establish and fund a network of neighborhood-based community recovery centers in each public health district.
- * Establish collegiate recovery communities in Maine college and community college systems.
- * Decrease community barriers around housing, education, and employment for people in recovery.



Strategy: Recovery coaches are integrated into local systems in all public health districts.

- * Integrate recovery coaches into systems where people would benefit from their help:
 - * Drug courts
 - * Jails
 - * Treatment centers
 - * Hospitals
 - * Recovery centers

Strategy: Increase access to treatment for substance use disorders

- * Support expanded access to healthcare coverage for people with mental health and substance use disorders
- * Support Good Samaritan Law
- * Support statutory changes that would create an exception where information gathered by law enforcement for the purposes of accessing treatment cannot later be used against them in court.
- * Increase utilization of SBIRT (Screening, Brief Intervention, Referral to Treatment) in hospitals & doctor offices

Goal 2: Strengthen and enhance
Maine's public health
infrastructure to prevent and
reduce opiate use disorders.

Objective 1: Enhance the state's capacity to implement a comprehensive approach to prevent and reduce opiate use disorders.

Strategy: Create a high level state government position to coordinate a comprehensive approach to the drug problem in Maine across state and local government.
(e.g. Commissioner of Substance Use Reduction)

*Additional recommendation: Creation of state-level Interagency Coordinating Committee on the Prevention of Substance Use Disorders

Suggested departments/offices to include:

- * DOC, DOE, Maine Office of Substance Abuse and Mental Health Services, Maine CDC, DOL, Maine Substance Abuse Services Commission, Maine Highway Safety, etc.
- * Institute cross-system linkages to ensure consistent and efficient approaches to addressing SUD across sectors.

Strategy: Enhance the role of the Maine Substance Abuse Services Commission in addressing substance use disorders in Maine

- * SASC established by statute to provide guidance to SAMHS as well as the Legislature and Governor's Office on matters involving substance use disorders.
- * Recommendation: Create a charge for SASC to move forward work of Maine Opiate Collaborative through appropriate means.
- * Recommendation: Legislature solicit from SASC on a yearly basis, progress on Maine Opiate Collaborative goals.

Strategy: Enhance the capacity of Maine 2-1-1 to serve as information and resource hub for substance use disorders

- * Assess current staff capacity at Maine 2-1-1 and identify any additional staffing needs to field SUD calls
- * Work with Maine 2-1-1 to identify training and professional development needs related to SUD
- * Review process for adding and updating SUD prevention, treatment, intervention, and recovery services; identify enhancements to ensure information is timely and accurate.

Objective 2: Increase district and local level capacity to prevent and reduce opiate misuse and overdose in Maine.

Strategy: Provide support to the 9 Public Health Districts to collaborate with all sectors to implement SUD prevention

- * Fund one School Behavioral Health Coordinator in each PH District, working with school districts on education, prevention, and early intervention services.
- * Fund in each PH District, an SUD Coordinator to work with District Coordinating Councils, recovery coalitions, and local coalitions involved in SUD prevention. SUD Coordinator provides linkages to SUD services.

Strategy: Support local communities, coalitions, and other groups to use a multi-sector collaborative approach to prevent opiate misuse and other SUD

- * Promote the integration of the community coalition model of SUD prevention into overall state strategy to reduce SUD.
- * Include the 12 sectors recommended by SAMHSA:
 - ~ Youth, parents, business, media, school, youth-serving organizations, law enforcement, faith community, civic groups, healthcare, state/local/tribal government, treatment/recovery services
- * Create linkages between district level state-funded prevention efforts and peer recovery centers/peer recovery community

Moving Forward

- Maine Substance Abuse Services Commission will “house” and move forward recommendations
- Information from community listening sessions informing project to expand recovery centers
- Start-up of SAMHSA SPF Rx grant
- Maine CDC Prevention will create new awareness campaign around opioids.
- Maine Opiate Collaborative Youth Summit
- Community Sessions focused on implementation.



Maine Opiate Collaborative Full Reports

- Reports available at Maine Medical Association website:
- <https://www.mainemed.com/advocacy/opioid-crisis>
- Law Enforcement, Treatment, Prevention & Harm Reduction

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