


An integrated approach to addressing opiate abuse in Maine

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Office of Substance Abuse
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A stylized, dark teal silhouette of a mountain range is positioned in the bottom right corner of the slide, partially overlapping the text area.

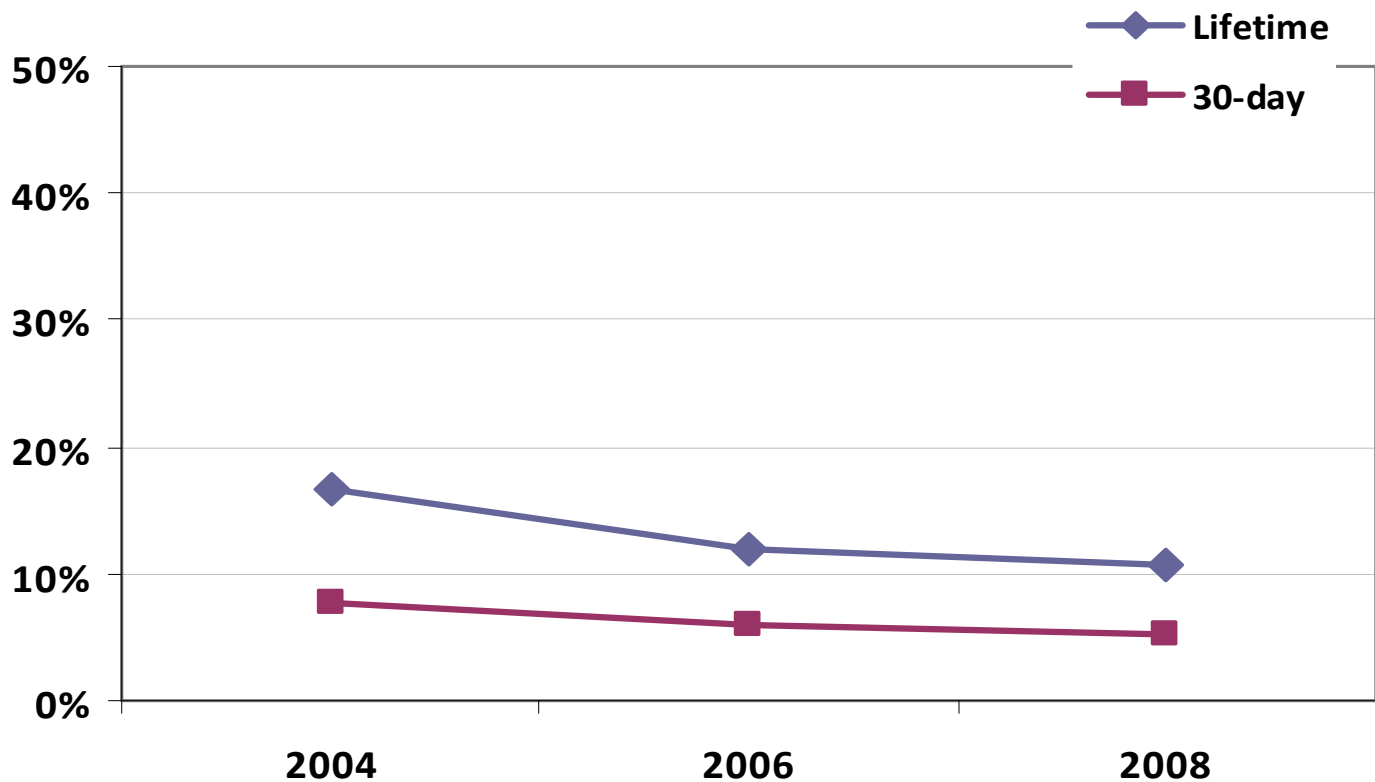
Background

- ◆ Defining the problem:
 - Opiates
 - ◆ “pain relievers” (OxyContin, Vicodin, Fentanyl)
 - Abuse
 - Dependence

Cause for concern from many perspectives ...

- ◆ Economic concern:
 - Increased morbidity and mortality
 - Increased health care costs
- ◆ Public health:
 - Persons addicted to opiates are at much higher risk for HIV and Hepatitis C than general population.
- ◆ Public safety:
 - Although many individuals addicted to heroin and other opiates are incarcerated in the US each year, many prison systems across the country do not offer medical treatment for heroin and opiate addiction.
 - In Maine, medication assisted treatment is not offered in the prison system.

Lifetime and 30-day Misuse of Prescription Drugs Among 6th - 12th Grade Students: 2004 to 2008



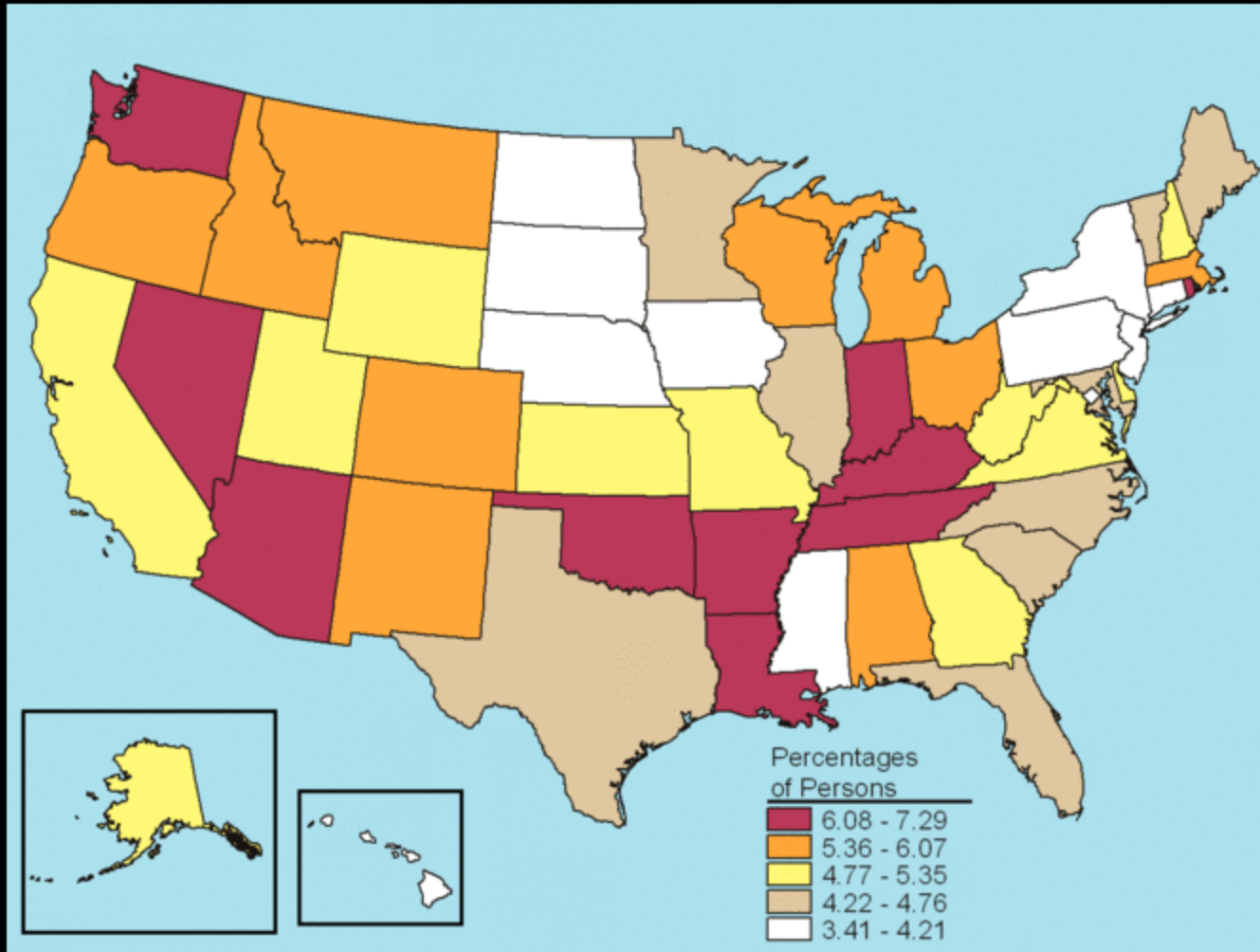
Source: MYDAUS

Prescription misuse by youth

- ◆ In 2008, among Maine 6th to 12th grade students:
 - 11% reported using any prescription drug for a reason other than its intended purpose at least once in their lifetime;
 - 5% reported misusing prescription drugs in the past 30 days.
- ◆ In 2008, among Maine 11th and 12th grade students:
 - Nearly one in five students reported misusing some type of prescription drug at least once in their lifetime.

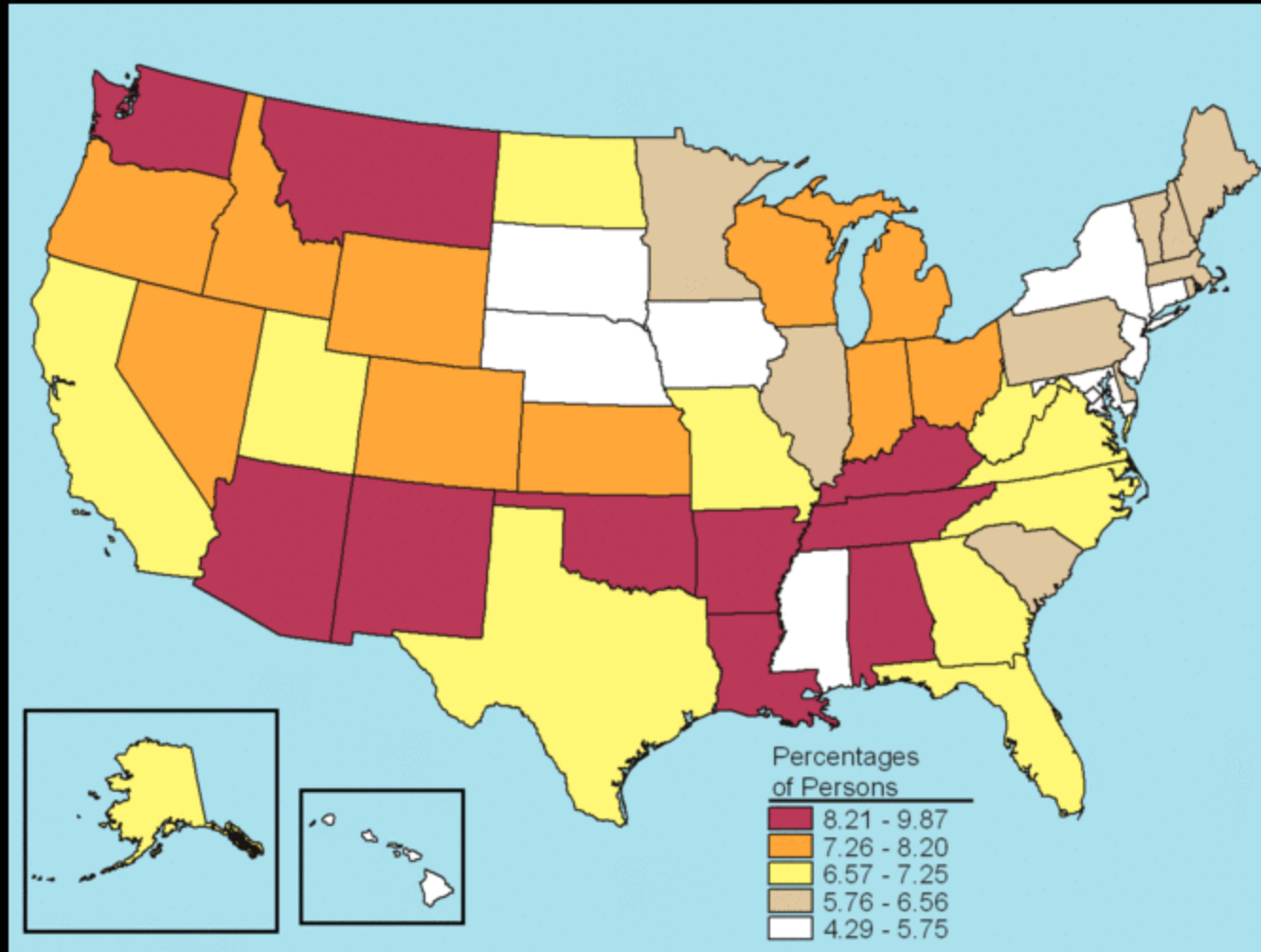
Non-medical use of pain relievers in past year among persons aged 12 or older, by state: Percentages

Annual averages based on 2006 and 2007 NSDUHs



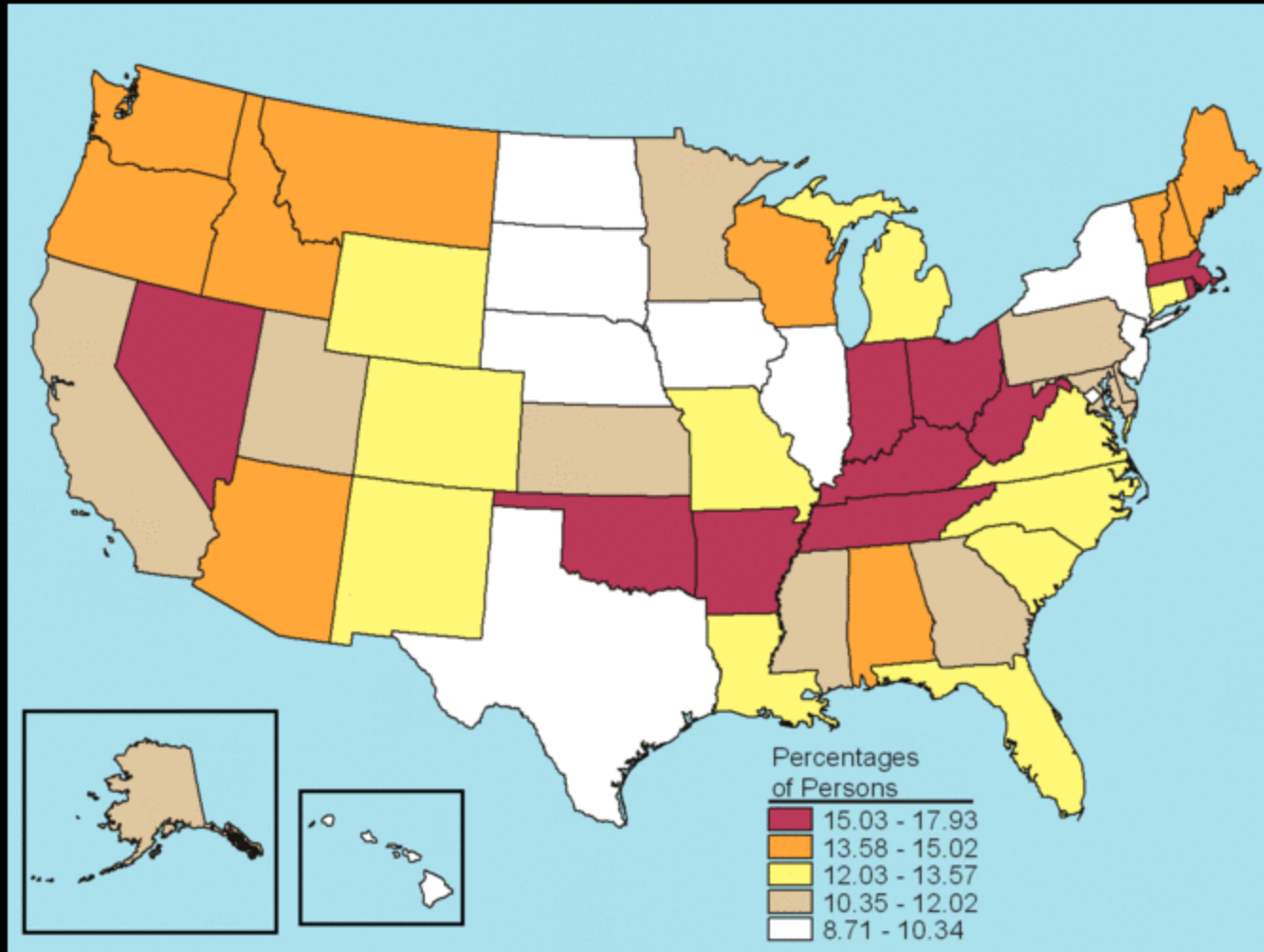
Non-medical use of pain relievers in past year among persons aged 12 to 17, by State: Percentages

Annual averages based on 2006 and 2007 NSDUHs



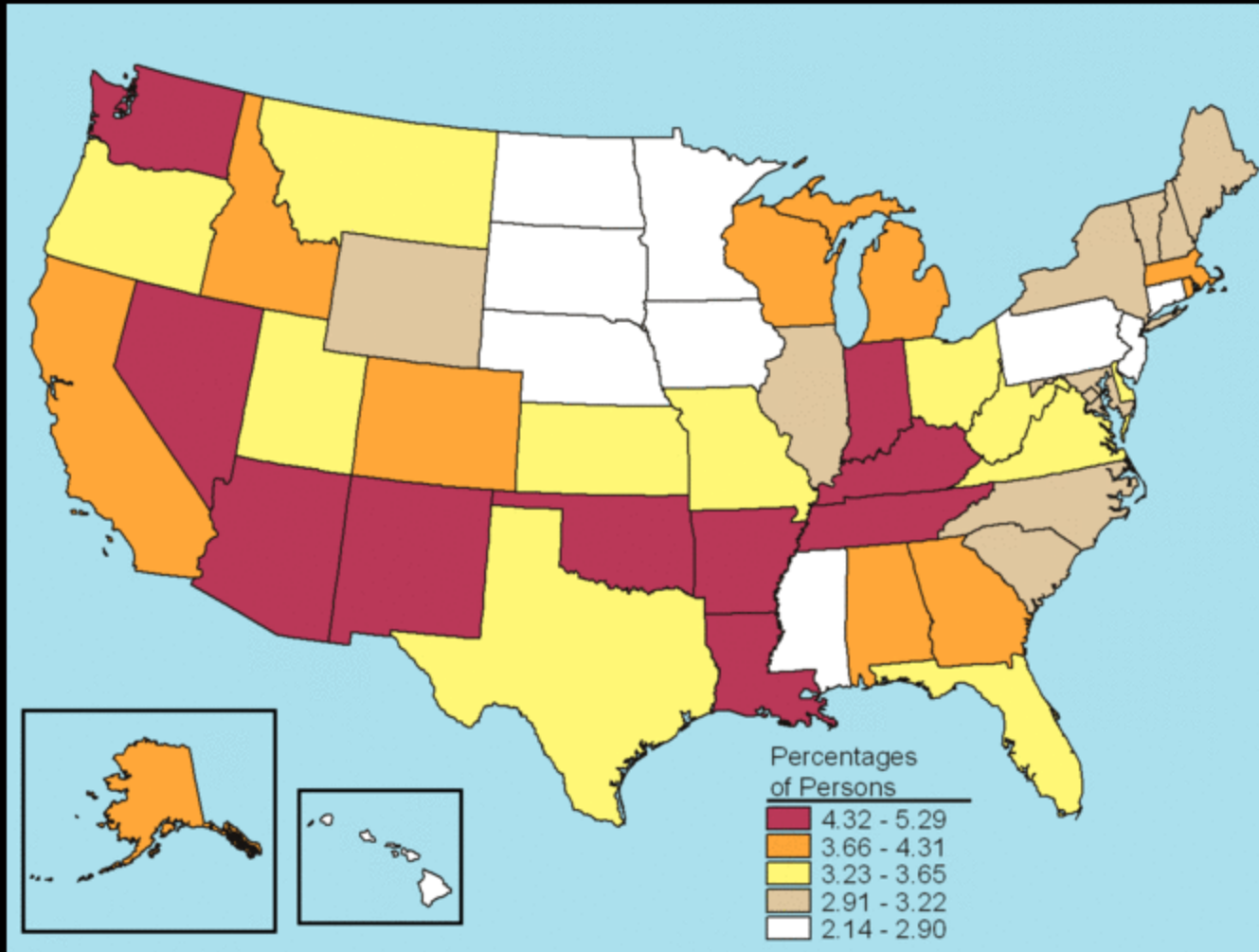
Non-medical use of pain relievers in past year among persons aged 18 to 25, by State: Percentages

Annual averages based on 2006 and 2007 NSDUHs



Non-medical use of pain relievers in past year among persons aged 26 or older, by State: Percentages

Annual averages based on 2006 and 2007 NSDUHs



Maine college student misuse of Rx drugs (2009)

	Past Month Use		Lifetime Use	
	N	%	N	%
All students	4,847	5.0%	4,847	13.3%
Public institution	3,662	5.1%	3,662	14.6%
Private institution	1,109	4.7%	1,109	9.3%
Male	1,785	5.3%	1,785	14.7%
Female	3,035	4.6%	3,035	12.2%
Age 18 – 20	2,413	5.6%	2,413	10.8%
Age 21 – 25	1,743	4.9%	1,743	14.6%
Age 26 or older	674	3.3%	674	18.7%
GPA <2.50	289	10.0%	289	21.1%
GPA 2.50-3.49	2,670	6.0%	2,670	14.1%
GPA 3.50+	1,688	2.4%	1,688	10.7%

To address opiate abuse, we must consider both ...

◆ Supply:

- Pharmaceutical companies
- Medical community
- Pharmacies
- Insurance industry
- Family members
- Illegal distribution

◆ Demand:

- Persons needing legitimate access to pain medications
- Persons experimenting with recreational substance use
- Persons with substance use disorders

Access to prescription drugs

Where do 18-25 year olds get prescription drugs to misuse?

“a friend or relative for free”

Source: [The NSDUH Report](#), 2009

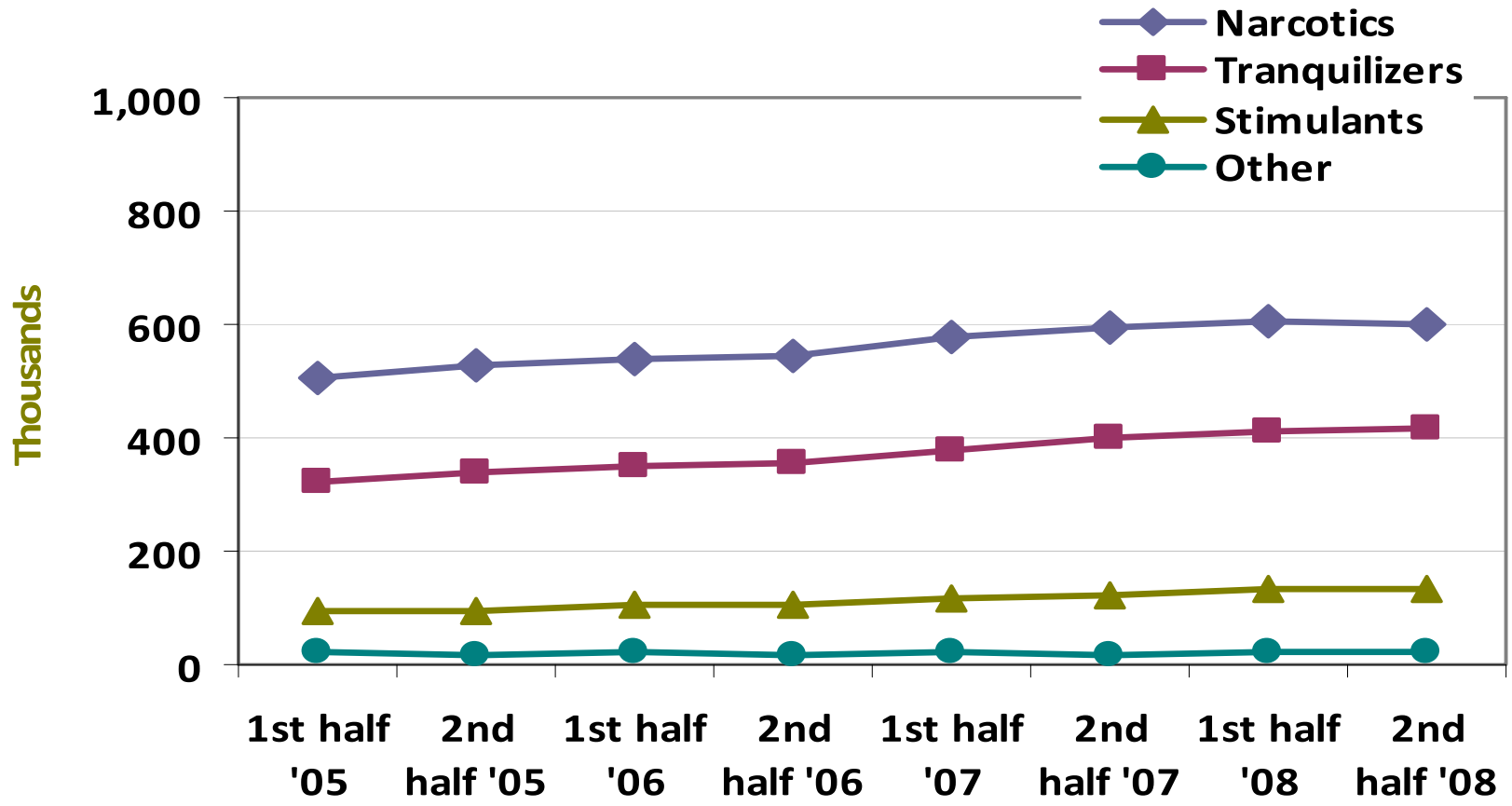
Prevention

- ◆ Federal
 - Substance Abuse and Mental Health Services Administration
 - National Institute on Drug Abuse
- ◆ Maine Office of Substance Abuse:
 - Healthy Maine Partnerships
 - ◆ Some focus on prescription abuse
 - Surveillance
 - ◆ Tracking use through various sources:
 - Youth surveys
 - Hospital admissions data
 - Substance abuse treatment admissions data
 - Medical examiners office data

Intervention

- ◆ Prescription Monitoring Programs
 - As of August 2009, 40 states had passed PMP legislation
 - Federal funding available from:
 - ◆ Dept of Justice
 - ◆ Dept of Health and Human Services
 - Substance Abuse and Mental Health Services Administration
 - Maine has had a PMP since 2004

**Figure 30. Prescriptions Filled in Maine (Thousands),
by Type: January 2005 through December 2008**



Source: PMP

Intervention

◆ Screening and brief intervention

Medical settings have been proven to provide the best opportunity for widespread intervention into substance use and abuse by:

- Identification - screening using standardized tools
- Providing brief intervention for moderate users
- Providing brief treatment for at-risk users, and
- Providing referral to treatment for dependent users while continuing to monitor patients



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NIDA Home > NIDAMED > Screening for Drug and Alcohol Abuse > Online Screening Tool

Screening for Drug Use in General Medical Settings*

Screening Complete

Results

Because of a history of injection drug use, recommend testing for HIV and Hepatitis B/C.

Substance Involvement Score

	Total	Level of Risk
Street opioids (heroin, opium, etc.)	35	High Risk
Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	36	High Risk

For information on how to discuss screening results and provide a brief intervention and/or referral to treatment if necessary, please see our [resource guide](#).

Start Over

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NIDAMED+

NEED A TREATMENT REFERRAL?

1-800-662-HELP

findtreatment.samhsa.gov

Screening Navigation

[Pre-screen question](#)

[Question 1](#)

[Question 2](#)

[Question 3](#)

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Results

Additional Screening Resources



For information on how to discuss screening results and provide a brief intervention and/or referral to treatment if necessary, please see our [resource guide](#).

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Note: Recommend to patients reporting any current use of alcohol or illicit drugs that they get *tested for HIV* and other sexually transmitted diseases.

<p>High Risk Score ≥ 27</p> <ul style="list-style-type: none"> ✓ Provide feedback on the screening results ✓ Advise, Assess, and Assist ✓ Arrange referral ✓ Offer continuing support 	<p>Moderate Risk Score 4-26</p> <ul style="list-style-type: none"> ✓ Provide feedback ✓ Advise, Assess, and Assist ✓ Consider referral based on clinical judgment ✓ Offer continuing support 	<p>Lower Risk Score 0-3</p> <ul style="list-style-type: none"> ✓ Provide feedback ✓ Reinforce abstinence ✓ Offer continuing support
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Note: This website collects no personally identifiable information and does not store your responses to any of the following questions.

*This screening tool was adapted from the World Health Organization (WHO) [Alcohol, Smoking and Substance Involvement Screening Test](#) (ASSIST) Version 3.0, developed and published by the WHO.

Question 7

Results

Additional Screening Resources



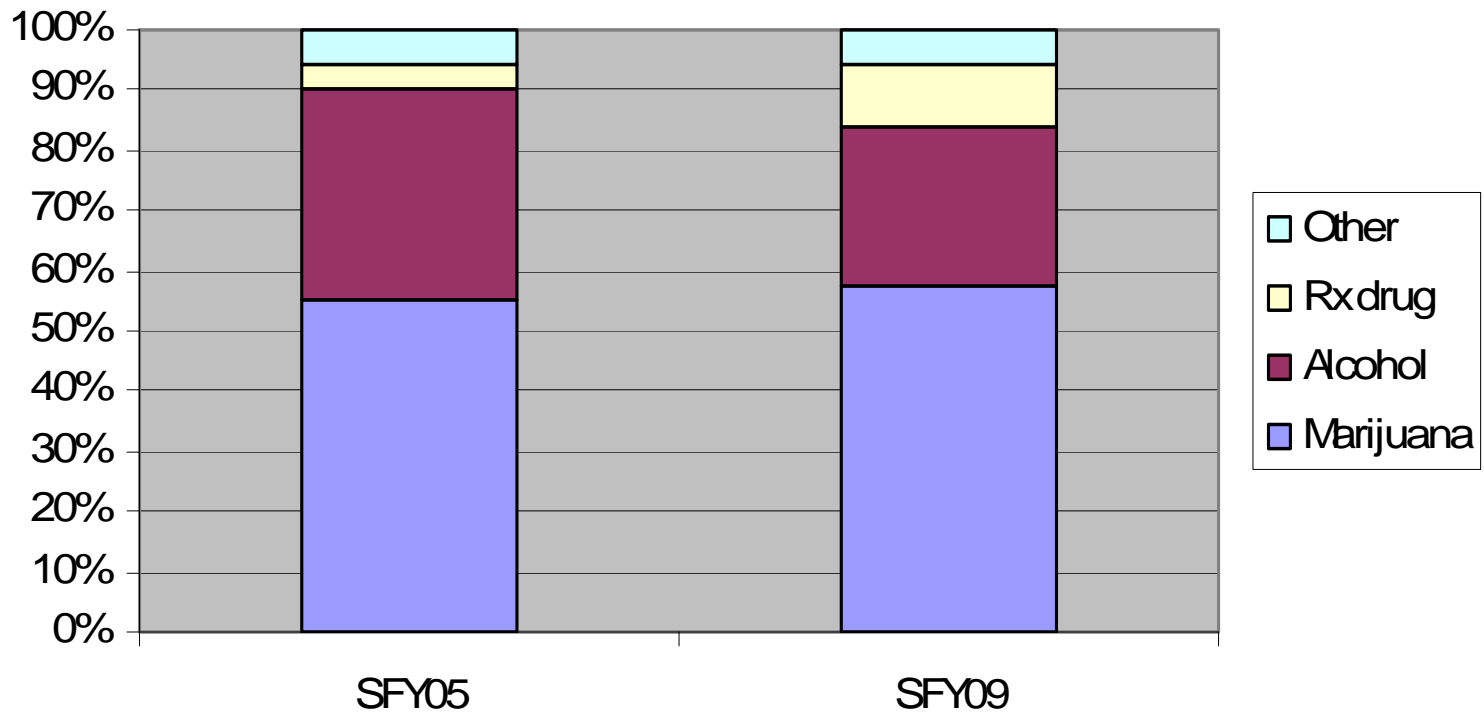
Patient Postcard



[ClinicalTrials.gov](#)



Adolescent admissions to treatment

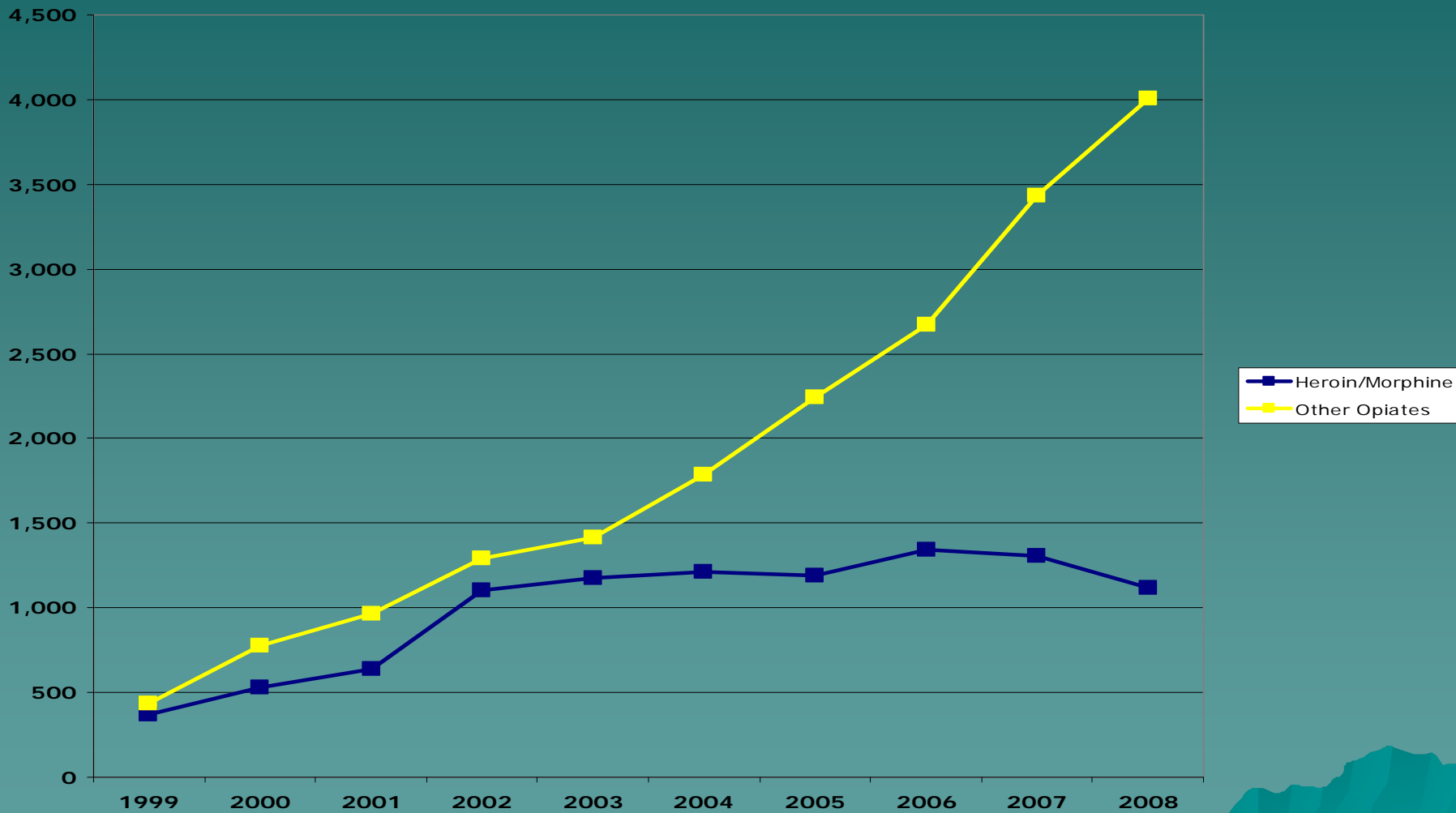


SFY05 N=1,243

SFY09 N= 613

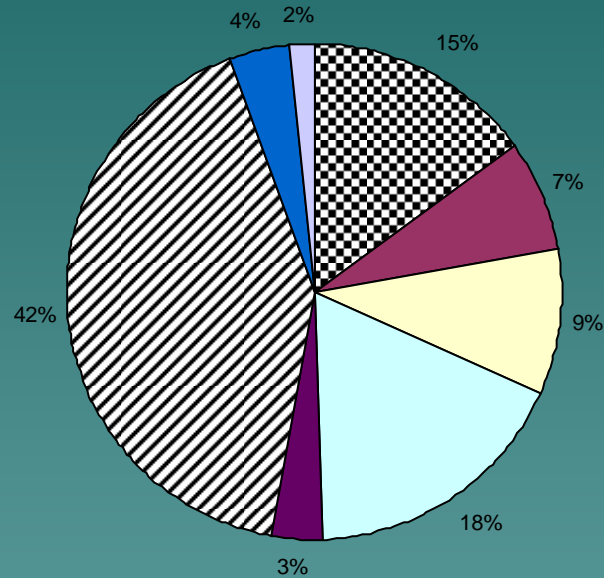
Admissions to substance abuse treatment for opiate abuse

Maine: 1999-2008



Secondary drug when primary drug is heroin/morphine (Maine, SFY09)

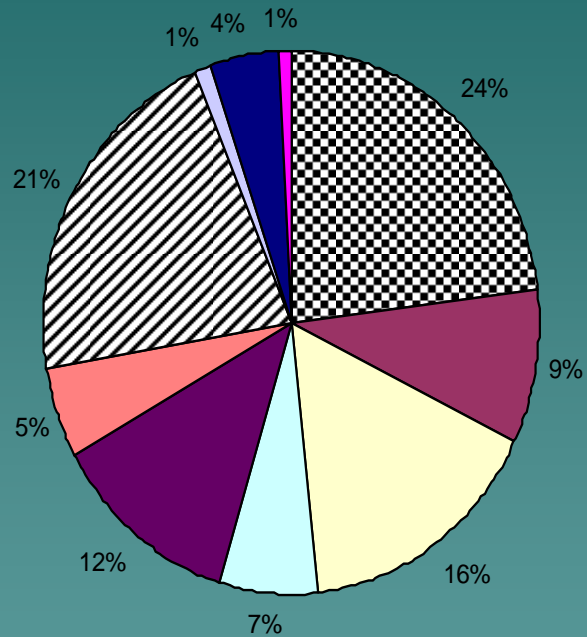
N=1,461 treatment admissions



None Alcohol Marijuana Cocaine/Crack Methadone Other Opiates and Synthetics Benzodiazepines Other

Secondary drug when primary drug is **another opiate**
(not heroin/morphine)
(Maine, SFY09)

N=4,015 treatment admissions



- | | | | |
|-----------------|-----------|------------------------------|---------------|
| None | Alcohol | Marijuana | Cocaine/Crack |
| Heroin/Morphine | Methadone | Other Opiates and Synthetics | Amphetamines |
| Benzodiazepines | Other | | |

Treatment

- ◆ Evidence based practices, including medication assisted treatment
- ◆ Methadone
 - Approved as treatment option for opiate addiction since 1960s
 - Nationally: 1,199 methadone clinics (September 2009)
 - In Maine:
 - ◆ 9 methadone clinics serving 3,518 clients
 - ◆ Clinic capacity is 4,810
- ◆ Buprenorphine (Suboxone, Subutex)
 - Approved by Food and Drug Administration as treatment option in 2002
 - Nationally: 17,967 prescribers authorized (August 2009)
 - In Maine, as of August 2009:
 - ◆ 250 prescribers certified
 - ◆ However, only 86 of these prescribers are included on the federal web site that allows patients to search for prescribers:
 - <http://buprenorphine.samhsa.gov/>

Treatment

- ◆ Maine: Changes to publicly funded substance abuse treatment contracts (SFY08):

Rider E

NON-DISCRIMINATION


13. Providers receiving grant funds from OSA will not discriminate against clients who are using legitimate medications to assist their recovery and will not have policies that allow them to refuse admission to treatment or to discharge clients from treatment based on the use of legitimate addiction medications.

Recovery

- ◆ In addition to treatment, recovery support is necessary to facilitate recovery success; participants in medication assisted treatment list primary recovery supports as healthy friendships, counselors, family members, or other community-based supports such as faith-based, employers
- ◆ Peer recovery support models are emerging nationally that assist participants in medication assisted treatment, many of whom report that they are not welcomed in traditional 12-step groups
- ◆ Maine Alliance for Addiction Recovery (MAAR) educates members of recovery communities & general public about variety of recovery pathways taken in our state
- ◆ MAAR works to create inclusive peer recovery communities that can extend recovery support to participants in medication assisted treatment

Conclusion

Maine Office of Substance Abuse

- ◆ Prevention
 - ◆ Intervention
 - ◆ Treatment
 - ◆ Recovery
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Questions

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