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# **Maine Recovery Council 2023**

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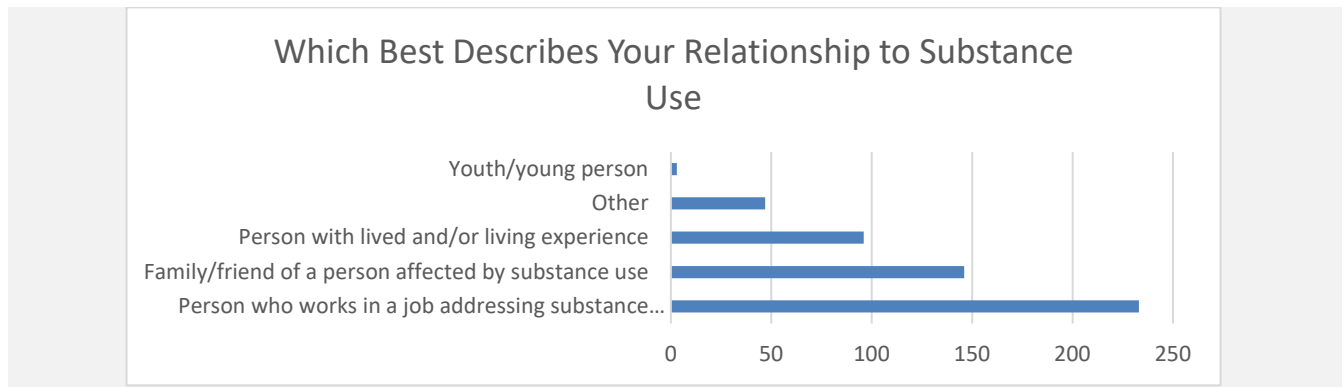
**JANUARY 4**

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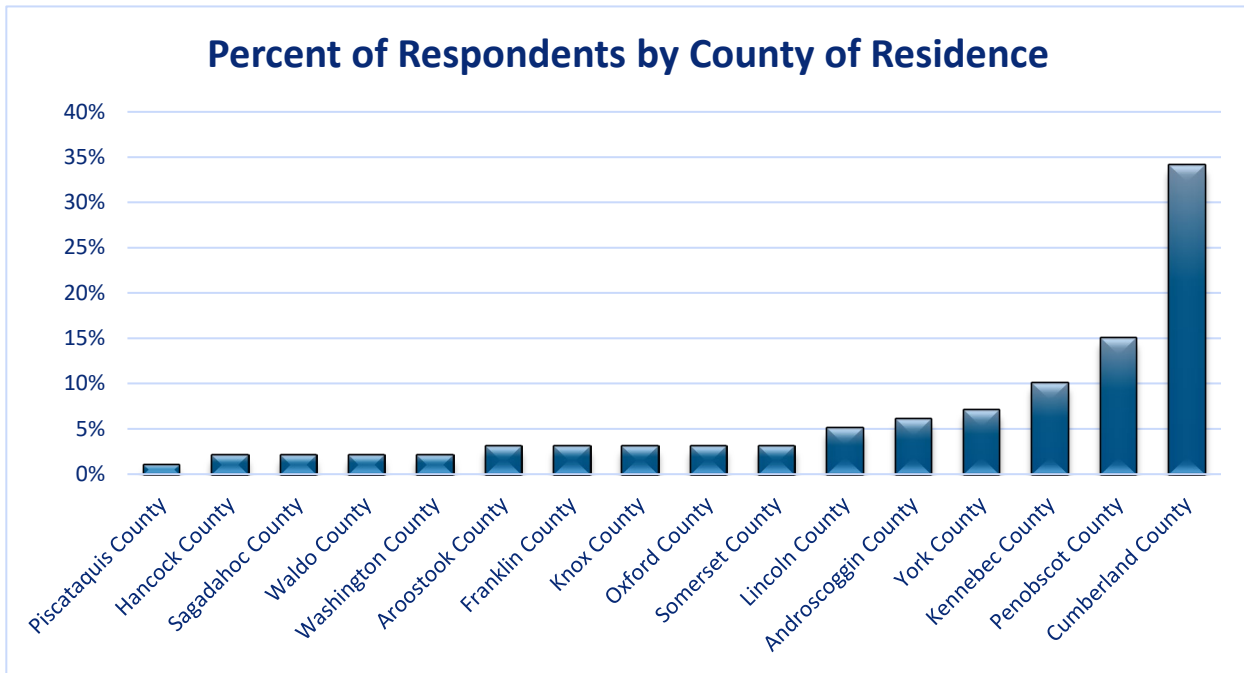
**Summary Results of Community Survey on Uses  
of Abatement Funds**

# Respondents

Of 584 people who began the survey, 568 were from Maine, 525 responded through the demographic questions and 480 completed the survey. All completed responses were in English. Sixty-seven percent of respondents reported they were representing themselves, 30% were representing an organization and 3% a municipality. Seventy-two percent of respondents were female, and 91% were white. Respondents with lived experience were more evenly divided by gender with 55% identifying as female, 38.5% identifying as male and 6.3% identifying as non-binary. Forty-four percent of respondents work in the field and 28% identified as a family member or friend of a person affected by substance use, 18% identified as having lived experience and 9% as other. There were three youth respondents.

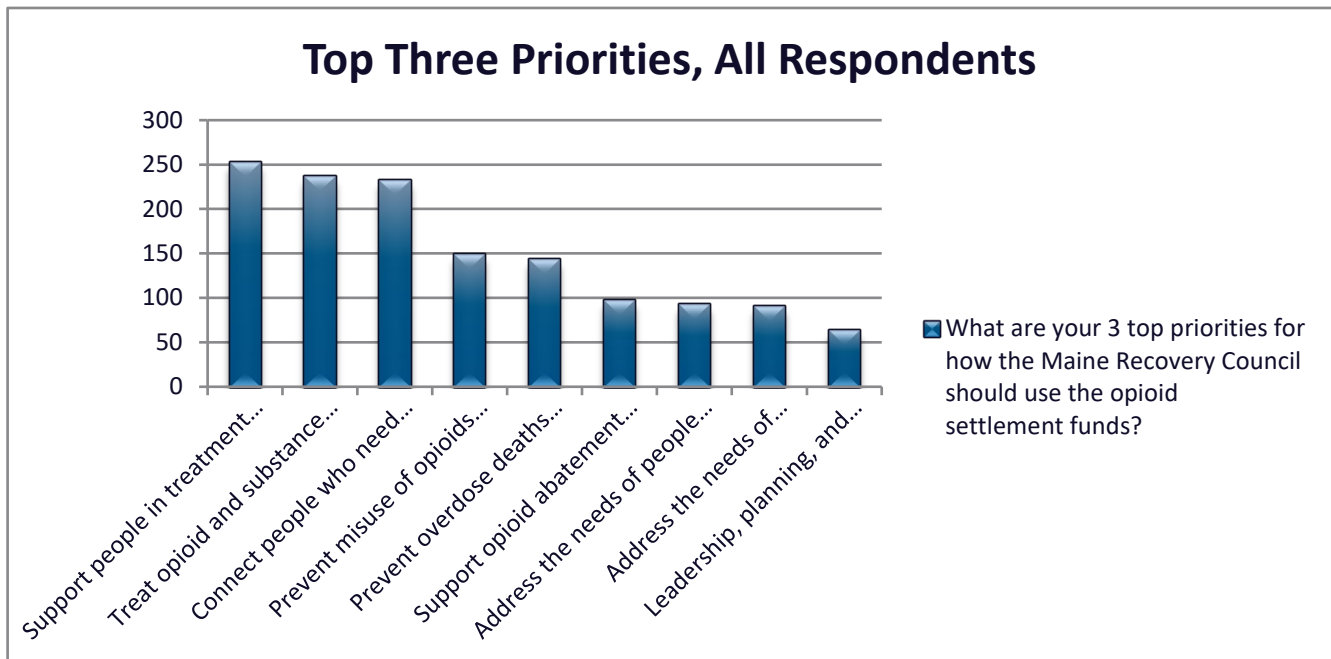


Representation was proportionate to the population distribution across the state.

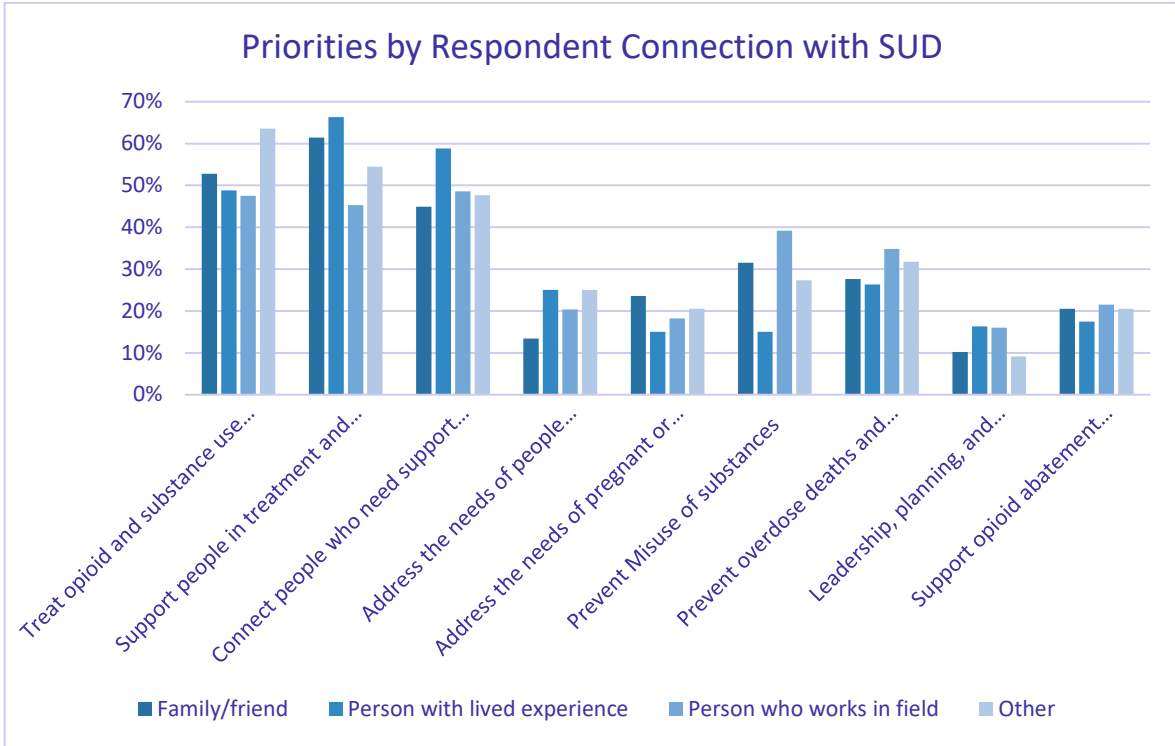


# Overall Priorities

The top three priorities of the 466 respondents that completed the initial priority question were support people in treatment and recovery (54%) treat opioid and substance use disorders (51%) and connect people who need support to the support they need (50%).



There was some variation on priorities by the relationship of the respondent to substance use issues, though overall the top three priorities were the same.



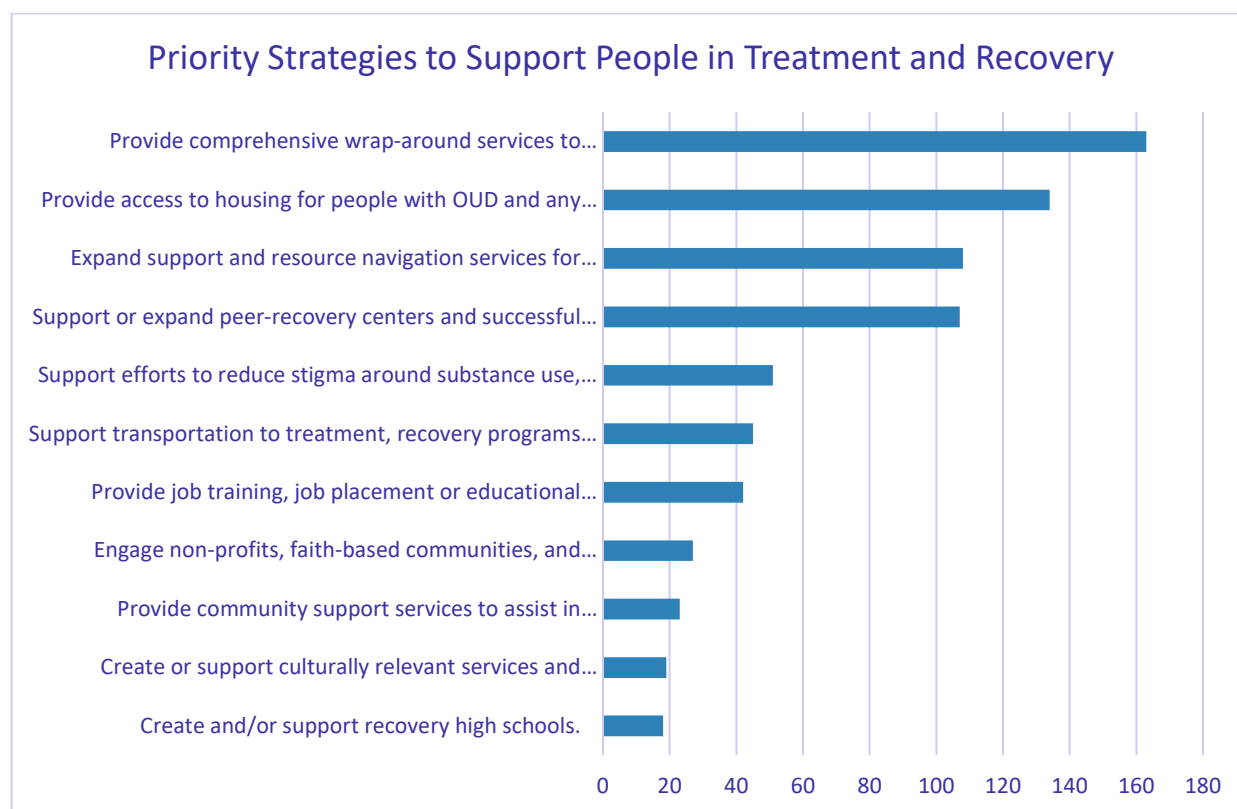
People with lived experience were somewhat less likely to support prevention and more likely than other groups to target linkages as a priority. Support people in treatment and recovery was somewhat less of a priority for people that work in the field than it was for other groups, though it was still in the top three.

The majority of respondents (71% of 436 who responded to this question) preferred a strategy that funded both large and small grants and to fund both new and existing programs (65%).

# Within Category Priorities

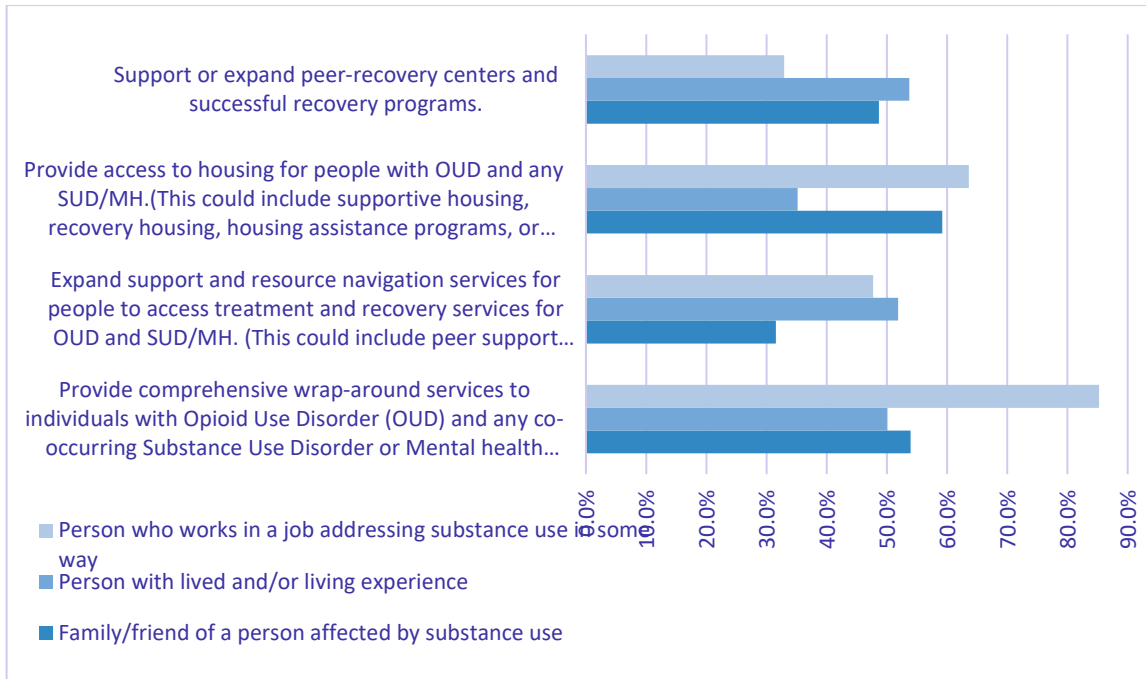
## Support People in Treatment and Recovery

The top three activities prioritized by the 247 respondents in the Support People in Treatment and Recovery category were wrap services (66%), housing (54%), resource navigation services (44%) and peer recovery center services (43%).



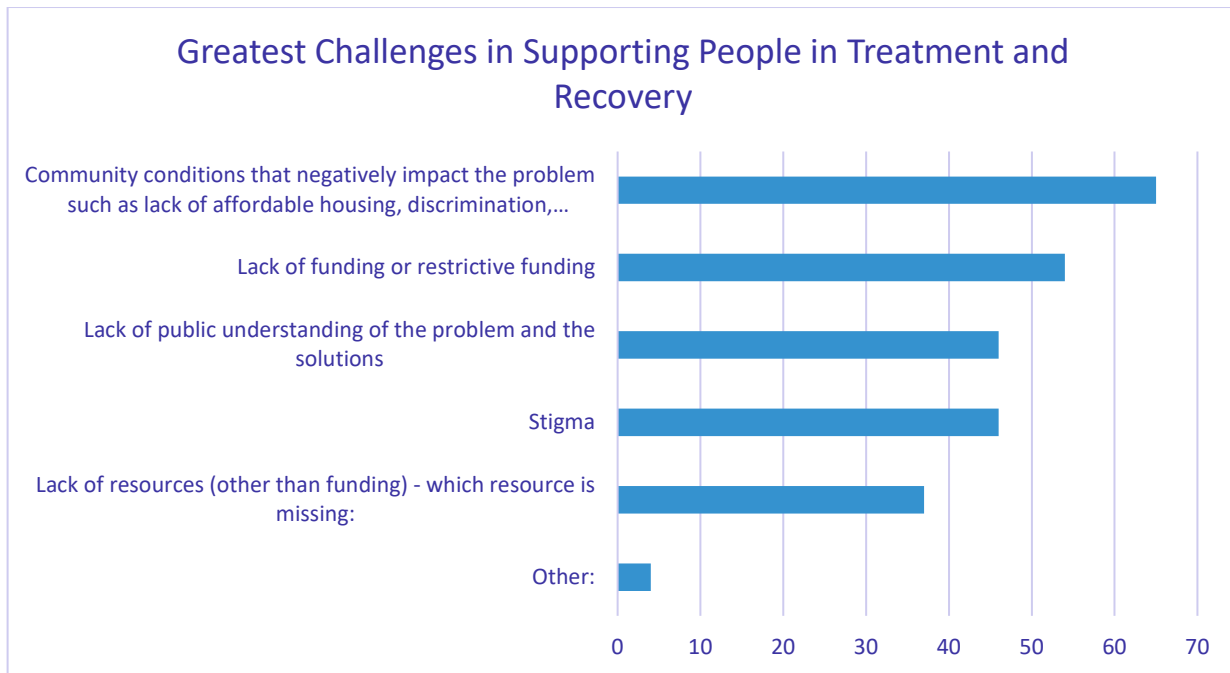
There were some differences by category of respondent. Eighty-five percent of people who work in the field identified comprehensive wrap services as one of their top three strategies, while only 50% of people with lived experience selected wrap services as one of their top three strategies. People with lived experience and family members had a more diverse set of responses with no strategy receiving 60% of votes.

## Priority Strategies to Support People in Treatment and Recovery by Respondent Relationship to SUD\*



\*No youth responded to this question. Results of Other category omitted for ease of interpretation.

Ninety-one people responded to the question regarding the greatest challenges for supporting people in recovery.

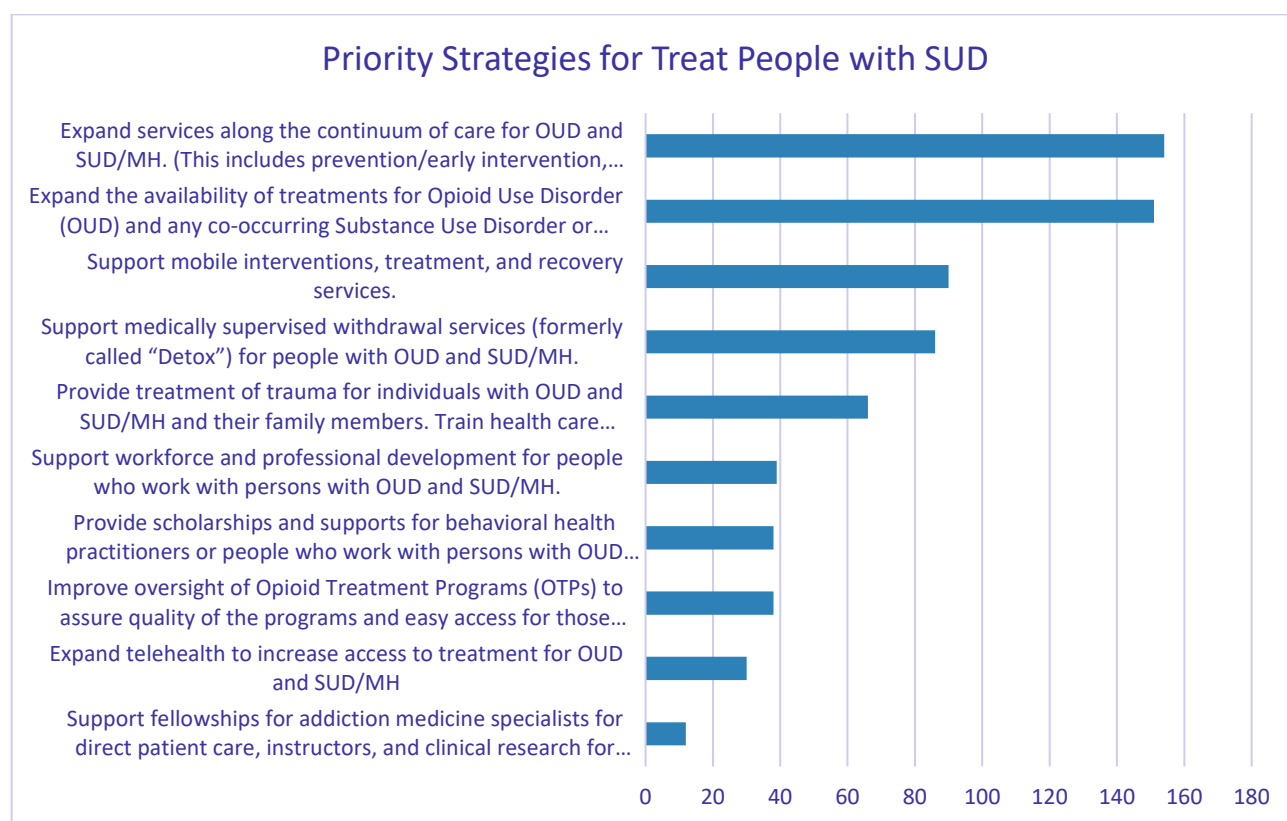


Items mentioned in the other category were transportation, housing, staffing, harm reduction supplies, a means of communication for follow up, with transportation and housing mentioned six times each. The number of respondents to this question who were not working in the field was too small to analyze separately, though it is of interest to note that of the 14 respondents with lived experience that answered this question, only 5 identified stigma as one of the greatest challenges. Funding was the response that received the most priority votes by people with lived experience (11 out of 14 respondents selecting funding as a challenge).

# Within Category Priorities

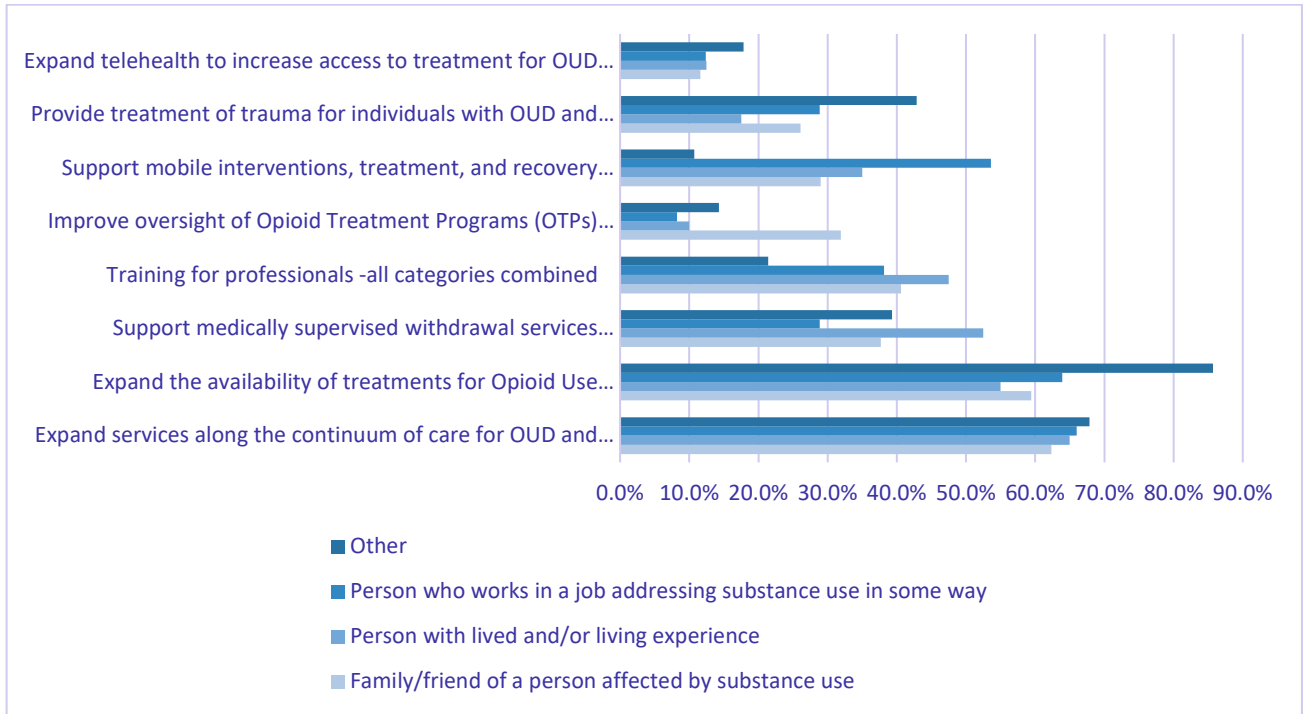
## Treat Opioid and Substance Use Disorders

The four top priorities selected by the 236 respondents who completed this question were expanding services along the continuum of care (prevention through high intensity treatment) for SUD at 65%, expand treatment for OUD and co-occurring disorders with 64%, support mobile interventions with 38%, and support medically supervised withdrawal services at 36%.



People that work in the field were more likely than people with lived experience or family members to select mobile services, while other groups were more likely to select medically supervised withdrawal as one of their top three strategies. Expanding treatment services in general were the top two vote getters for all groups.

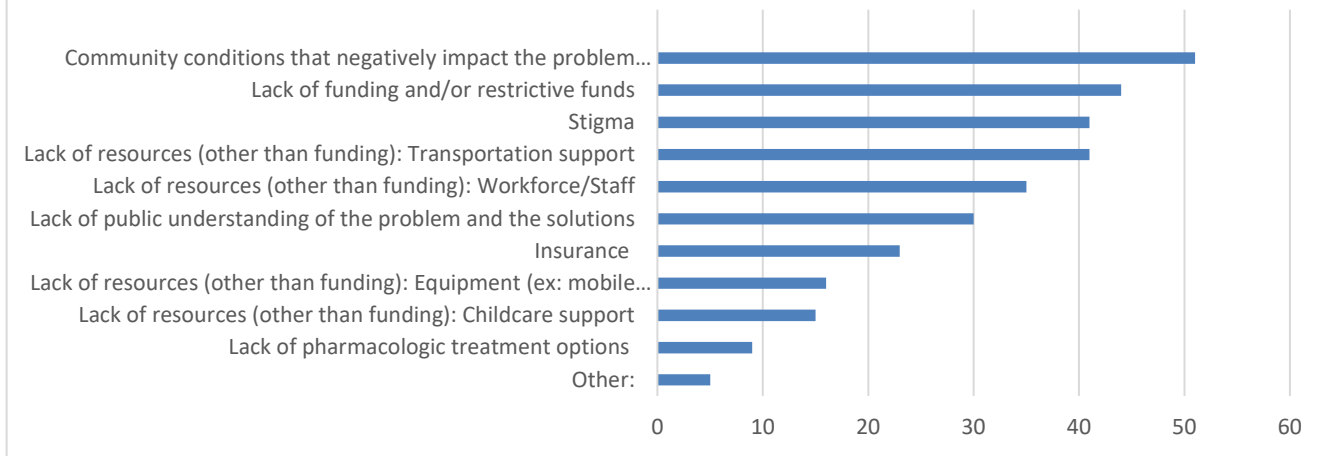
## Priority Strategies for Treating Opioid and Substance Use Disorders by Respondent Relationship to SUD\*



\*One youth responded to this question.

The greatest challenges to treating OUD cited by the 73 respondents who completed this survey question were Community conditions that negatively impact the problem such as lack of affordable housing, discrimination, violence, food insecurity, lack of living wages, etc. (70%), funding issues (60%), stigma (56%) and lack of transportation. Most respondents work in the field. Responses by other groups are too small to reliably break out.

## Greatest Challenges to Treating OUD

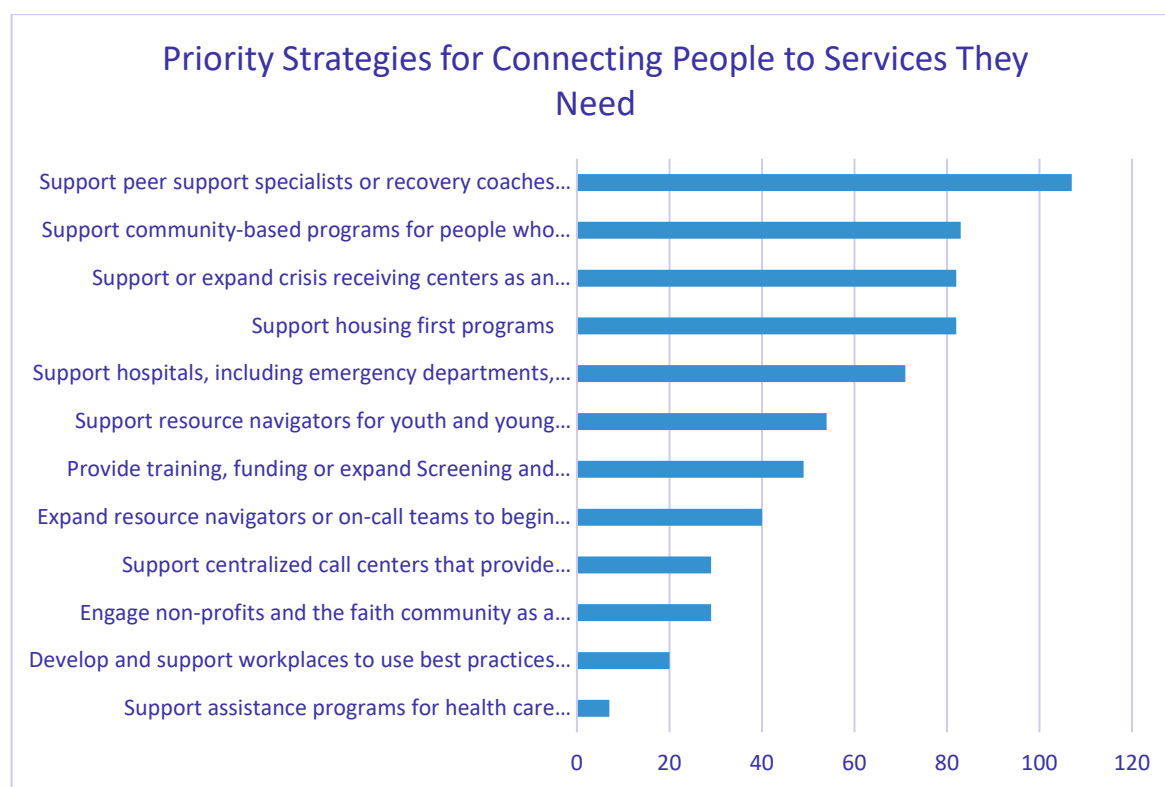


Items mentioned in the other category include: Recovery houses profiting from opioid epidemic but not providing good care, treatment quality, staffing in treatment programs including training, targeting populations in need (equity and inclusion) and family support.

# Within Category Priorities

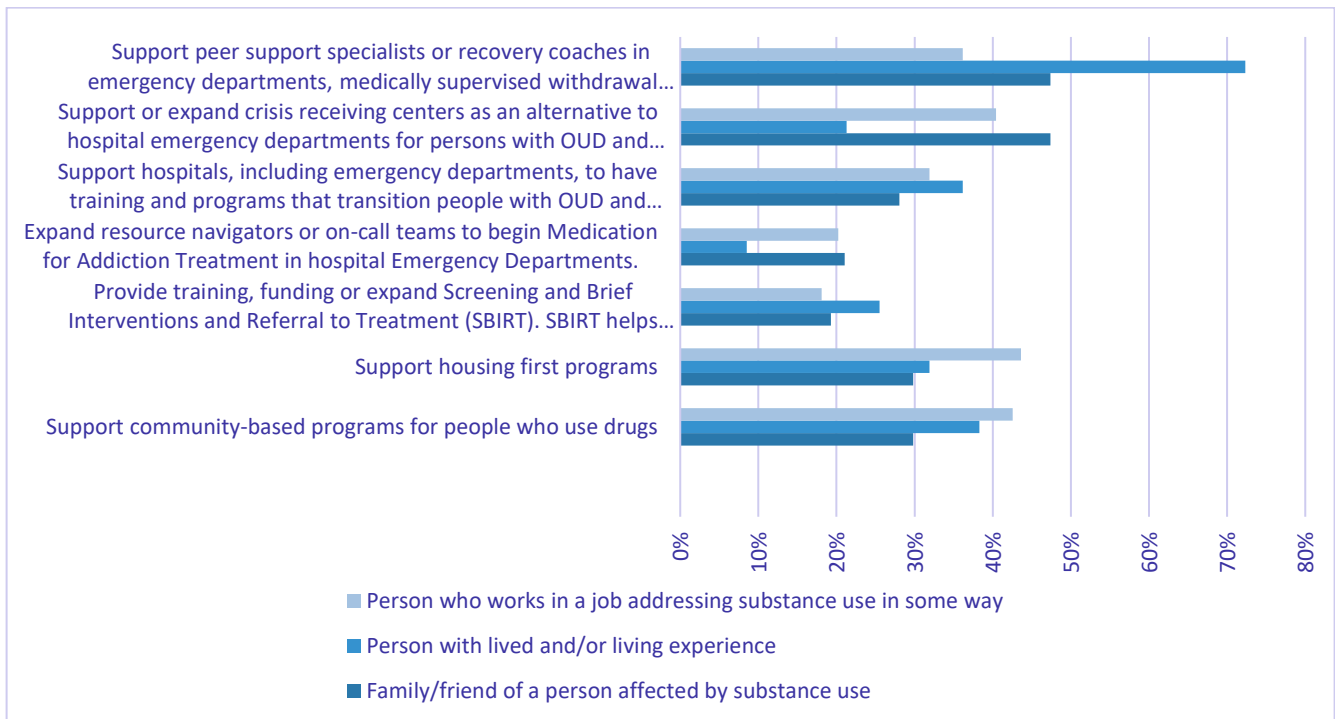
## Connect People Who Need Help to the Help They Need

The four priority activities selected by the 222 respondents who completed this question were support peer support specialists or recovery coaches in emergency departments, medically supervised withdrawal facilities, recovery centers, recovery housing, or similar settings (48%), support community-based programs for people who use drugs (37%), support housing first programs (37%) and support or expand crisis receiving centers as an alternative to hospital emergency departments for persons with OUD and SUD/MH or have experienced an overdose.



People with lived experience were far more likely to identify peer support as a priority strategy for connecting people to services they need.

## Priority Strategies for Connecting People to Services They Need by Respondent Relationship to SUD\*



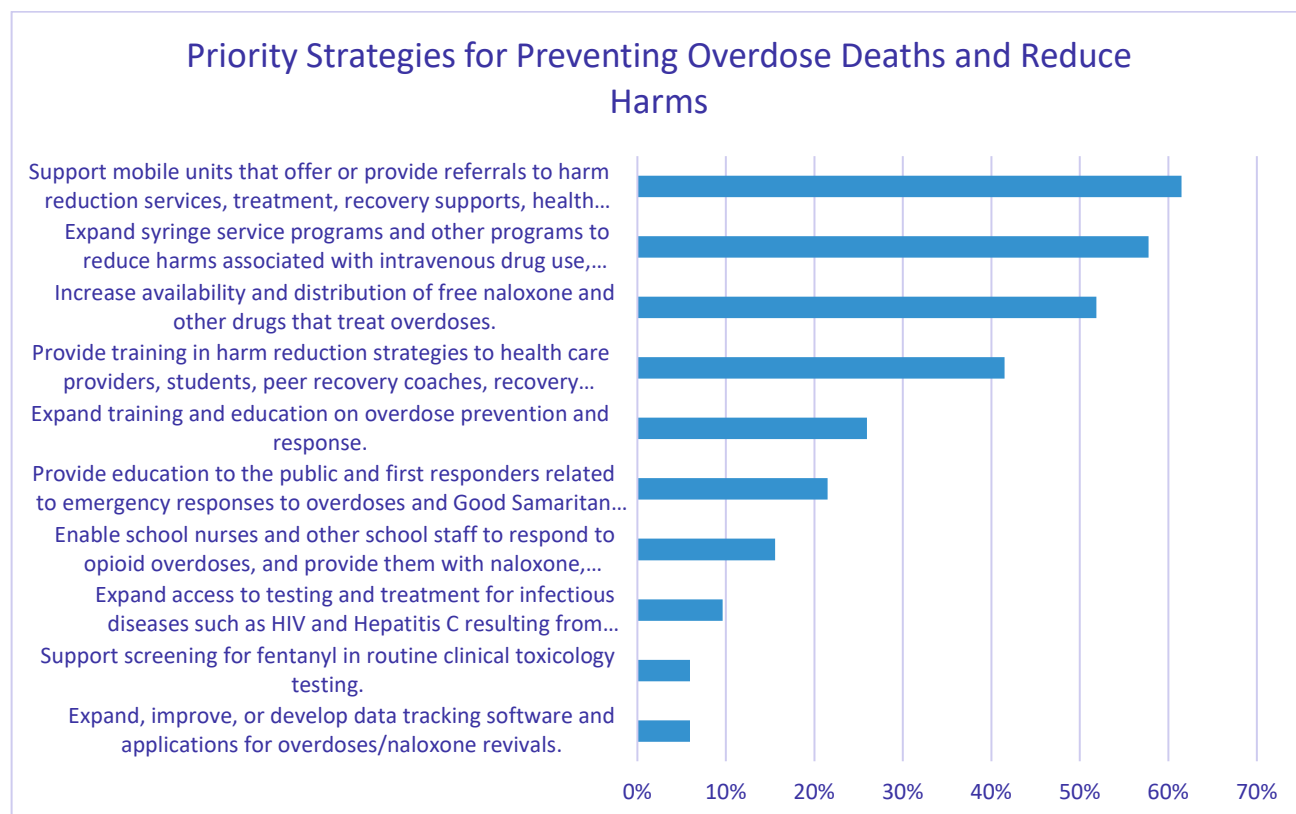
\*Other and Youth omitted for ease of interpretation

Two of the three youth that responded to the survey answered this question. They both selected a strategy not highly rated by other respondents, “Engage non-profits and the faith community as a system to support outreach for treatment”.

# Within Category Priorities

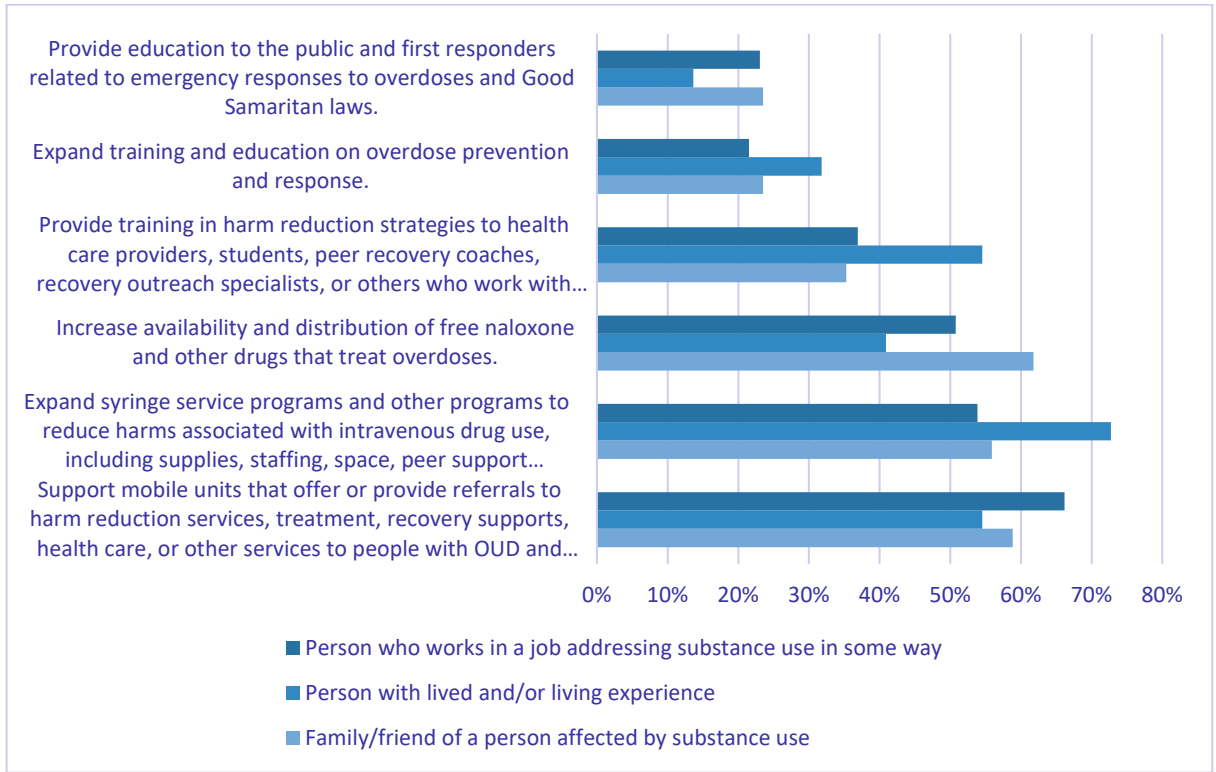
## Prevent Overdose Deaths and Reduce Other Harms

While this priority was selected by only 31% of respondents, it is included here as the primary goal of Recovery Council members was worded in exactly this manner.



There was some difference in priorities for family members, people with lived experience and people who work in the field in terms of the distribution of responses for their priority activities. No youth responded to this question and other is omitted for ease of interpretation.

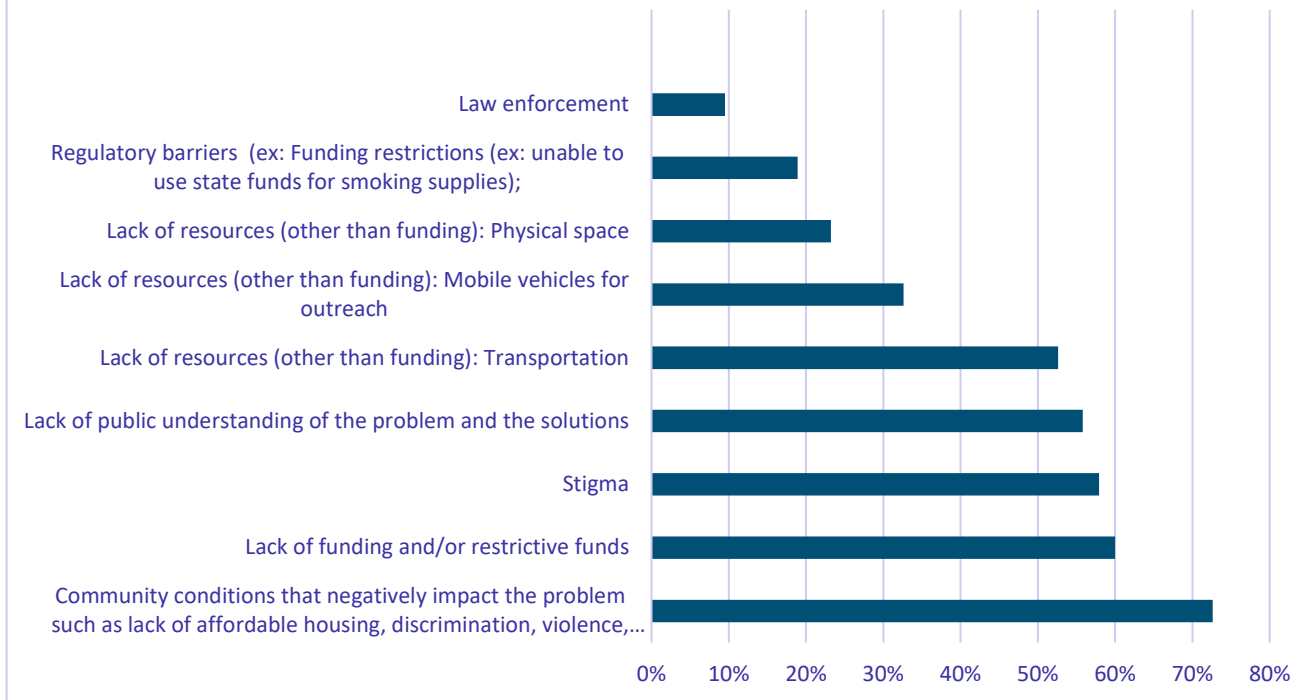
## Priority Activities to Reduce Overdose Death and Reduce Other Harms by Respondent Relationship to SUD



People with lived experience were more likely than other groups to select syringe services and training on harm reduction strategies than other groups. Family members were more likely to prioritize naloxone availability.

Most of the respondents to the question regarding the greatest challenges in reducing harms of problematic substance use were providers. As with the other questions regarding challenges, community conditions received the greatest number of votes.

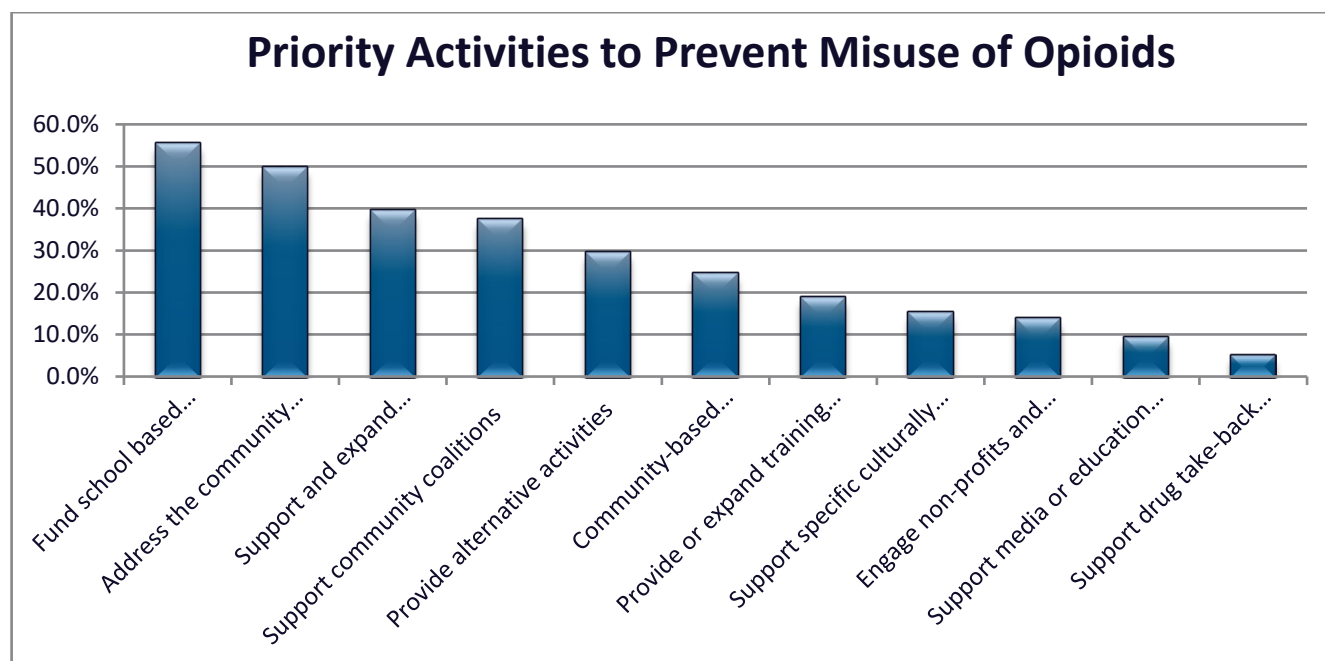
## Greatest Challenges to Reducing Harm



# Within Category Priorities

## Prevent Misuse of Opioids and Development of Substance Use Disorders

There were 139 respondents to the question regarding priority prevention activities. School based programming was the only activity that was identified by more than 50% of respondents to this question. Support programs and efforts that address the community conditions that put young people at greater risk for using substances or developing a substance use disorder including childhood poverty, housing and food insecurity, educational inequality, discrimination, and childhood abuse, neglect, or trauma was selected by 49% of respondents. This response is abbreviated to “address community conditions” in the chart below.



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## **Within Category Priorities**

### **Address needs of criminal justice involved and pregnant and parenting people.**

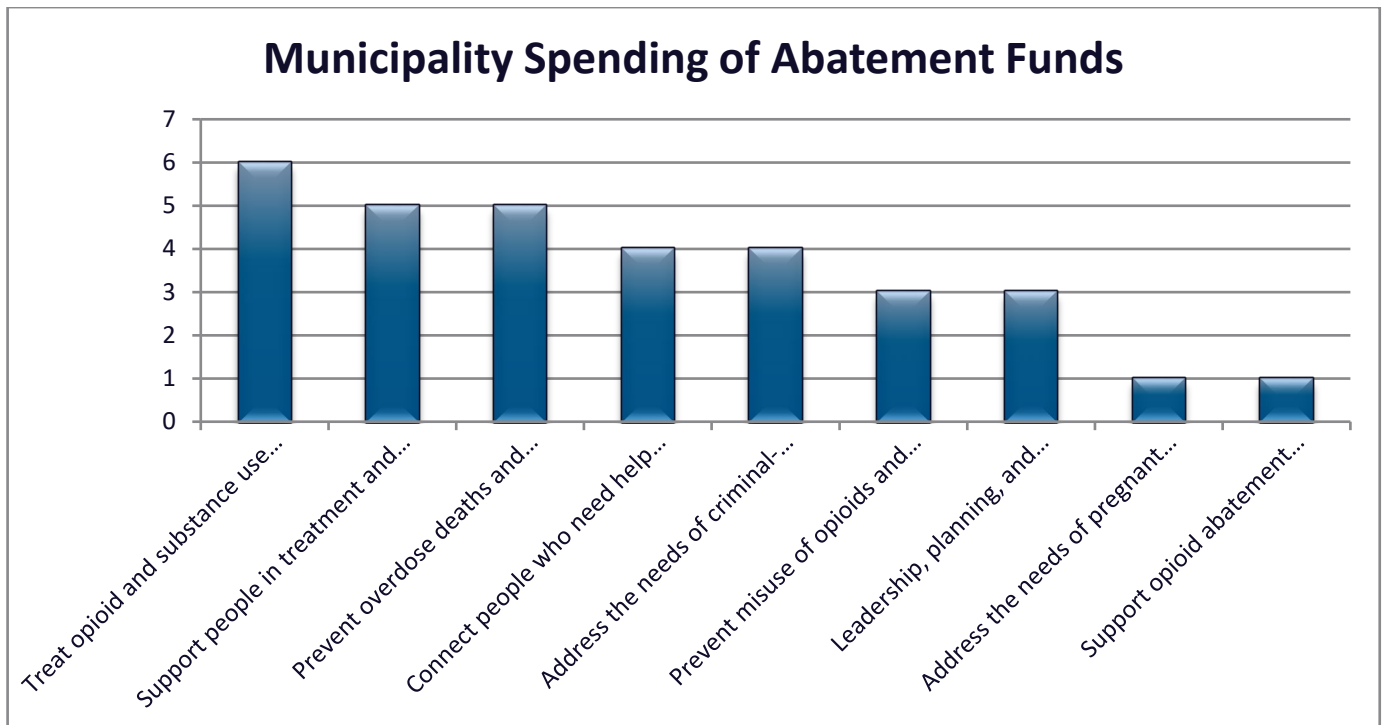
Reentry support was selected as a priority activity for the 90 people that responded to the question on needs of people involved with the criminal justice system. Treatment courts was prioritized by 61% and treatment while incarcerated by 46%.

Eighty-six people responded to the question about priorities for pregnant and parenting people and their families including babies with neonatal opioid withdrawal syndrome. Priorities for this population were more evenly dispersed among the options than for other questions. No activity received more than 50% of the votes, and four received between 40 and 45%. The top four priorities were: Support and expand treatment and recovery services for pregnant and parenting people with OUD, provide enhanced support for children traumatized by family substance use, support additional positions and services for children, and provide child and family supports for parents with OUD.

# Municipalities

There were 12 respondents that identified as representing municipalities. Their priorities for spending mirrored the full group with treatment services as the highest priority. Their three top requests for technical assistance support were help conducting a needs assessment (8 out of 12 respondents), Support creating an RFP process to distribute their portion of the funds (5 out of 12 respondents) and training on community engagement practices (5 out of 12).

Six of the municipality respondents reported already having spending plans for opioid abatement funds. 100% of the six were planning on using funds for treatment services. Five out of six planned to spend funds on supporting people in treatment and recovery as well as harm reduction activities aimed at reducing overdose death.



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This report is a high-level summary of the data collected via survey. Additional analysis could be conducted as needed by the Recovery Council. The survey sample is biased toward people with knowledge and interest in addressing substance use disorders as the link to the online survey was distributed through Recovery Council networks and responses are primarily from people who work in the field even though most of the people who work in the field completed the survey as an individual rather than as an organizational representative.