

# Maine Recovery Council Ad Hoc Prevention Workgroup

# Introductions

Please share your name, pronouns (if you would like), current connection to prevention work, and your experience in prevention.

Members include:

- **Amran Osman**, Prevention Provider, Immigrant community Specialty
- **Andrea Sockabasin**, Prevention Provider, Wabanaki Communities
- **April Hughes**, Prevention Providers, LGBTQ+ Community Specialty
- **Brendan Shauffler**, Prevention Provider, ACEs Specialty
- **Jamie Comstock**, Prevention Provider, SUD Commission Member
- **Lee Anne Dodge**, Prevention Provider, Youth and 18-25 year-old focus
- **Liz Blackwell-Moore**, Prevention and Public Health Systems, MRC member
- **Madolyn Roy**, Young Advocate in Prevention Coalition
- **Matteo Hardy**, Young Advocate in Prevention Coalition
- **Melissa Hackett**, Child Wellbeing Policy and Systems Advocate

# Workgroup Community Agreements

**Here are some options for Community Agreements. Do you have edits or additions?**

- Be curious, open, and respectful
- Honor complexity and the fact that as individuals we do not know it all
- Take care of ourselves and each other
- Listen for understanding, not disagreement
- Take space/make space
- Bring a spirit of creativity and collaboration
- Take the wisdom, leave the knowledge
- Help each other be mindful of jargon

# Maine Recovery Council Overview



- Council was established in statute in April, 2022
- 15 Council members were chosen and assembled in November, 2022
- The role of the Council is to disburse Opioid Settlement Funds for opioid abatement and to alleviate the impacts of the harm caused by “certain entities within the Pharmaceutical Supply Chain”.

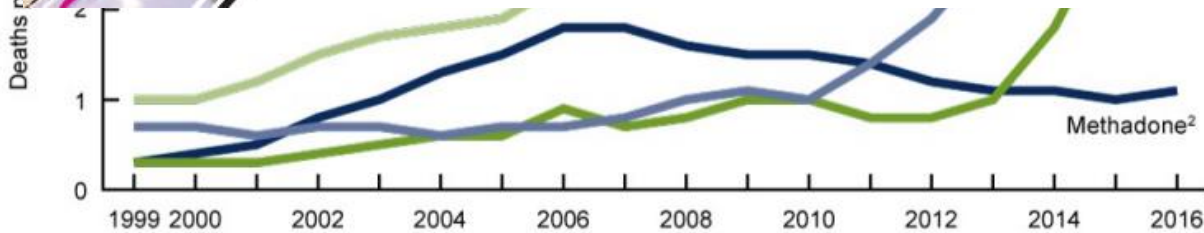
# The Harm Caused

Because every person's **life is worth it:**

make the **call to 9-1-1** if you suspect an overdose.

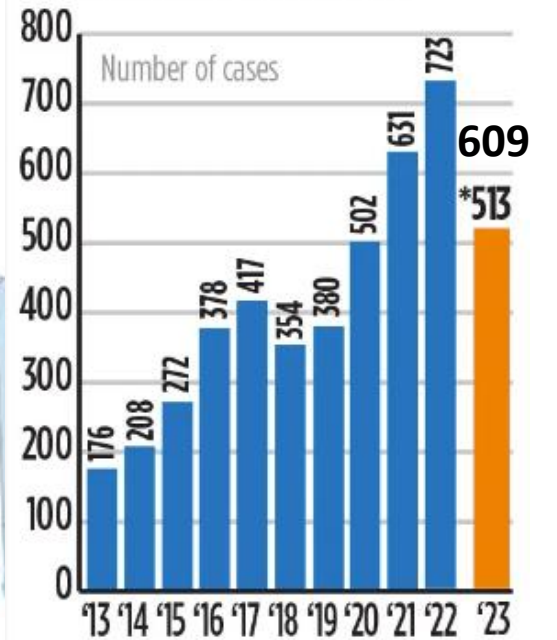
### WHAT IS THE GOOD SAMARITAN LAW?

Maine's Good Samaritan Law prevents a person from being arrested or prosecuted for certain violations if the grounds for that arrest or prosecution result from the person experiencing a drug-related overdose or seeking medical assistance for someone else who is.



## Maine drug overdose deaths

Overdose deaths in Maine are on track to decline for the first time since 2018.



\*Jan. through Oct. 2023

SOURCE: University of Maine and Office of the Chief Medical Examiner

STAFF GRAPHIC | TED DUGUAY

er, 2022

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Estimated 4554 deaths by overdose between 2013-2023

# Cost of the Opioid Epidemic in Maine

- **CDC tools estimate that the total cost of OUD and opioid overdoses in Maine in 2020 was \$8.9 Billion**
  - Direct cost was \$380M- *Health care, SUD treatment, criminal legal system*
  - Indirect cost was \$8.5B -*Lost productivity, reduced quality of life, value of statistical life lost*
- Prevention usually makes up about 1-2% of all direct costs but was not calculated in CDC's cost estimates

# Maine Opioid Settlement

*Total Estimate Funding:* as of now, \$234M over 17 years

*Distribution of Funds:*

- 20% Maine Attorney General
- 30% Subdivisions (Counties, litigating towns and towns above 10,000 pop.)
- 50% Maine Recovery Council

Estimated Payment Amounts	In 2023	Total over 17 years
Attorney General	\$5.8M	\$47M
Subdivisions	\$8.7M	\$70M
MRC	\$14.5M	\$117M

*Approved Uses:*

Broad list of approved uses for evidenced based or evidenced informed strategies in prevention, harm reduction, treatment, recovery, and other (coordination, leadership, research). Cannot supplant

# Maine Recovery Council- *Structure*

## Council Structure:

### Members:

- Governor appointed 2 members
- Speaker of the House appointed 3 members
- President of the Senate appointed 3 members
- Attorney General appointed 3 members
- Subdivisions appointed 4 members

Now: One Contracted Staff Coordinator



## Principles for Use of Settlement Funds:

1. Spend money to save lives

2. Use evidence to guide spending

3. Invest in youth prevention

4. Focus of racial equity

5. Develop a fair and transparent process for deciding where to spend the funding

# Maine Recovery Council- *YR 1 Activities*

## Winter-Summer 2023

Organizing the Council-creating workgroups, trying to develop a process for funding, creating bylaws, conflict of interest, etc.

Learning about current efforts and gaps from the State

## Summer-Fall 2023

Public Hearing

Public Survey

Hired contractor to help the Council set short term priorities and allocate immediate funding

Hired contracted MRC Coordinator

See Reports in the [MRC Calendar Page](#)  
(Nov '23, Dec '23, Jan '24)

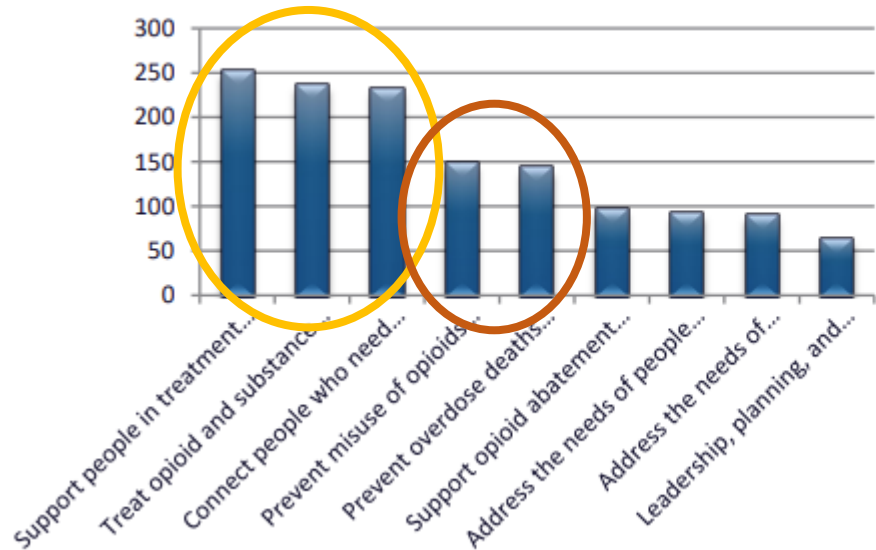
## December 2023

Voted to provide immediate funding to efforts in each pillar

# Maine Recovery Council- *Survey Highlights*

- ❖ 568 Respondents from Maine
- ❖ 35% from Cumberland County but all counties represented
- ❖ People who responded were young people, person with lived or living experience, family/friend of a person affected by SUD, person who works in a job addressing SUD

## Top Three Priorities, All Respondents



What are your 3 top priorities for how the Maine Recovery Council should use the opioid settlement funds?

## Top 3 Priorities:

1. Support people in treatment & Recovery
2. Treat opioid and substance use disorders
3. Connect people who need support to the support they need

## 2<sup>nd</sup> Tier priorities:

- Prevent misuse of opioids and the development of SUD
- Prevent overdose deaths and reduce other harms

# Maine Recovery Council- *Survey Highlights*

Community conditions that negatively impact the problem such as lack of affordable housing, discrimination, violence, food insecurity, lack of living wages, etc.

Was identified as the greatest challenge to....

- ❖ Supporting people in treatment and recovery
- ❖ Treating OUD and SUD
- ❖ Preventing overdose deaths and reducing harm
- ❖ Prevent Misuse of Opioids and development of SUD

Lack of funding or restrictive funding, lack of public understanding of the problem and solutions, stigma, and others- were also identified at lower levels

# Maine Recovery Council- *Funding Allocations so far*

## Prevention:

- \$1.5M over 2 years to support youth serving organizations working with Peter Alfond Foundation's *Peer Learning Cohort 2.0* and Maine Youth Action Network's *Maine Youth Leadership and Development Council*
- \$1.4M over 2 years to provide flexible funded to families, mostly like through CAP agencies

## Harm Reduction:

- \$1.35M over 2 years for 17 current SSPs and adding an additional SSP site in YR2

## Treatment:

- \$3M for detox centers with at least 10 beds in Androscoggin and Franklin County

## Recovery:

- \$350K over 2 years for a new Recovery Community Center in Piscataquis County, includes funding for operating and acquisition of a building

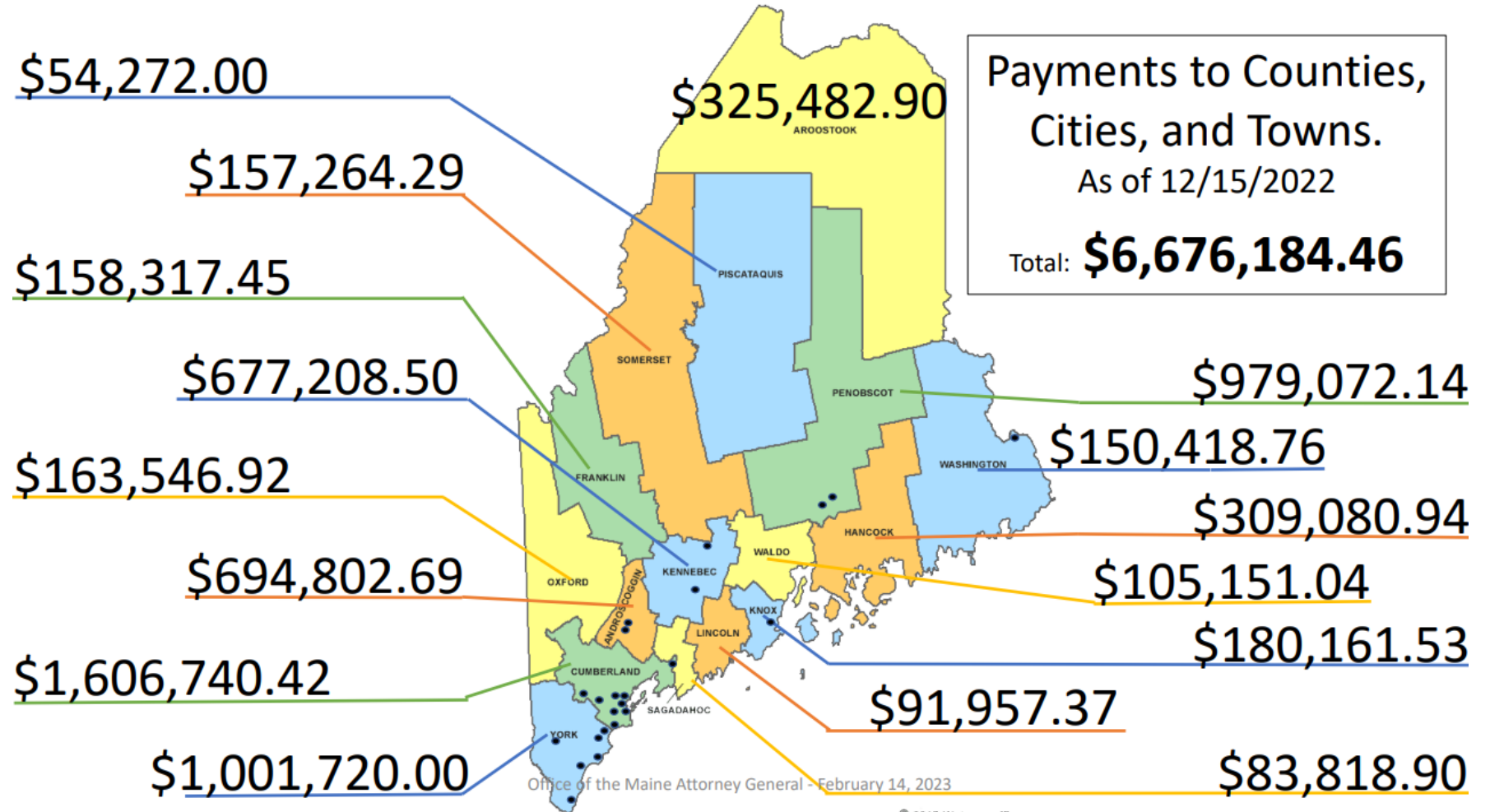
# Maine Recovery Council- *2024 Activities*

- Developing contracts for awarded projects
- [Released an LOI](#) for an RFP process to fund projects addressing gaps in harm reduction, treatment, and Recovery
- Ad hoc Prevention Workgroup meeting for 5 months to develop recommendations for prevention funding priorities to the council. Prevention RFP will come out after the Workgroup has made it's recommendations.

# Subdivisions- *Funding*

All 16 Counties and an additional 23 towns are receiving opioid settlement funds.

Wabanaki Tribal Nations may receive a small amount (maybe \$100K per year for 10 years) from the Tribal Opioid Settlement but are not funded directly through the Maine opioid settlement unless allocated by AG, MRC, or Subdivisions



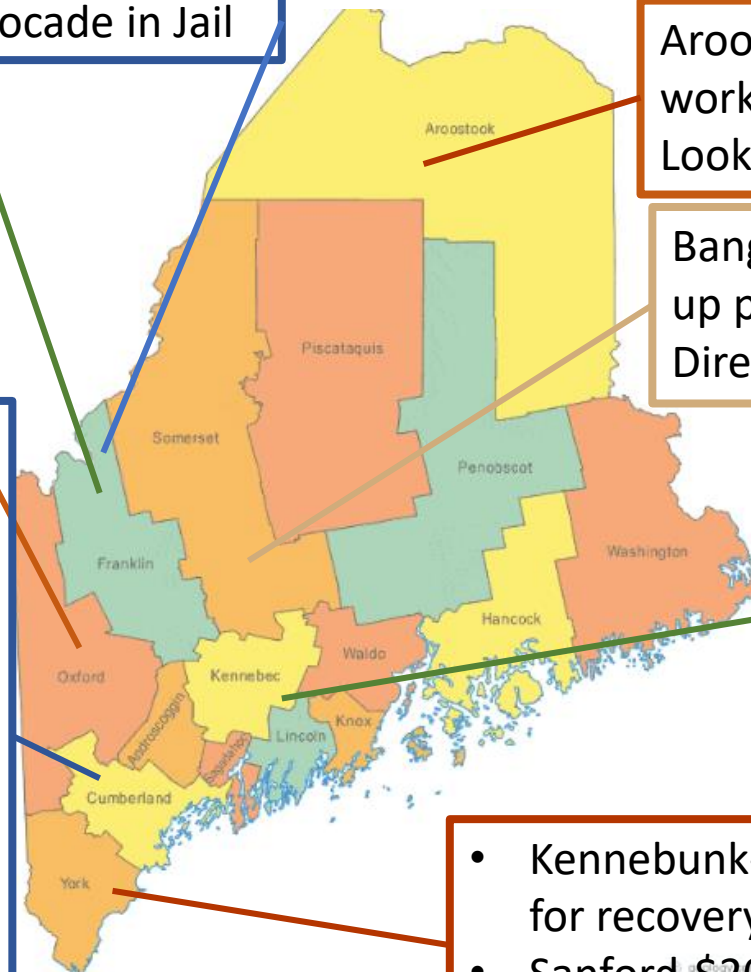
# Subdivisions- *Some Example Projects*

Somerset County- \$250K- \$200K for grant match Sublocade in Jail

Franklin County-\$190K- open RFP \$10K for 2 recovery coaches at Kennebec Behavioral Health

Lewiston- \$400K- \$200K for vehicles for Project Support You and 2 counselors

- South Portland-\$215K- BH Liaison
- Westbrook- \$150K- flexible funding for people in crisis/homelessness
- Windham- \$18K- Prevention Coalition/young people most impacted
- Standish-\$6K- merged funding with Cumb. Co
- Cumberland County- \$65K per year for coordination, \$80K for HR and Tx capacity and innovation, \$40k for prevention
- Scarborough-\$131K- HOME team (Homelessness Support)



Aroostook County \$400K- Wants to work with MRC to leverage funds. Looking for guidance from MRC

Bangor-\$500K- \$30K for needle clean-up program. Waiting for new PH Director to make more decisions

- Sagadahoc County- \$140K- \$37K to BH Liaison
- Knox County- \$200K- MAT, recovery & reentry supports in jail
- Rockland- \$60K- BH Liaison

- Kennebunk-\$21K- \$3K to Pine Tree Institute for recovery, BH Liaison
- Sanford-\$200K- BH Liaison
- Saco-\$30K- Narcotic testing device

Questions about the  
Maine Recovery  
Council?



# Prevention Workgroup



**Goal of the workgroup:**

To provide the Maine Recovery Council with recommendations for prevention funding priorities

# Prevention Workgroup- Process

**Kick-off (Meeting 1):** Orient to the MRC, Prevention Workgroup, agree upon process for the group, discuss our understanding of effective prevention

**Assessment (Meeting 2):** The PTTC to present an assessment of prevention funding. Workgroup members will be given the opportunity to share information on groups or regions of the state with higher barriers to health and wellbeing and/or unique factors that need to be addressed.

**Identify Potential Strategies (Meeting 3 & 4):** Using the assessment and workgroup member information, the workgroup will identify potential evidenced-based and evidenced-informed strategies that are needed to address the prevention gaps and require more funding.

**Create Final Recommendations (Meeting 5):** The workgroup will work towards consensus to develop a set of final recommendations for the MRC to use as priority strategies to fund.

**Present to the MRC** at a Full Council Meeting in the fall.

**Any suggestions for additions or changes?**

# What is Prevention?

The action of stopping something from happening or arising

**Prevention Vision is more than just stopping something from happening:**

*We want all young people to have opportunities for thriving*

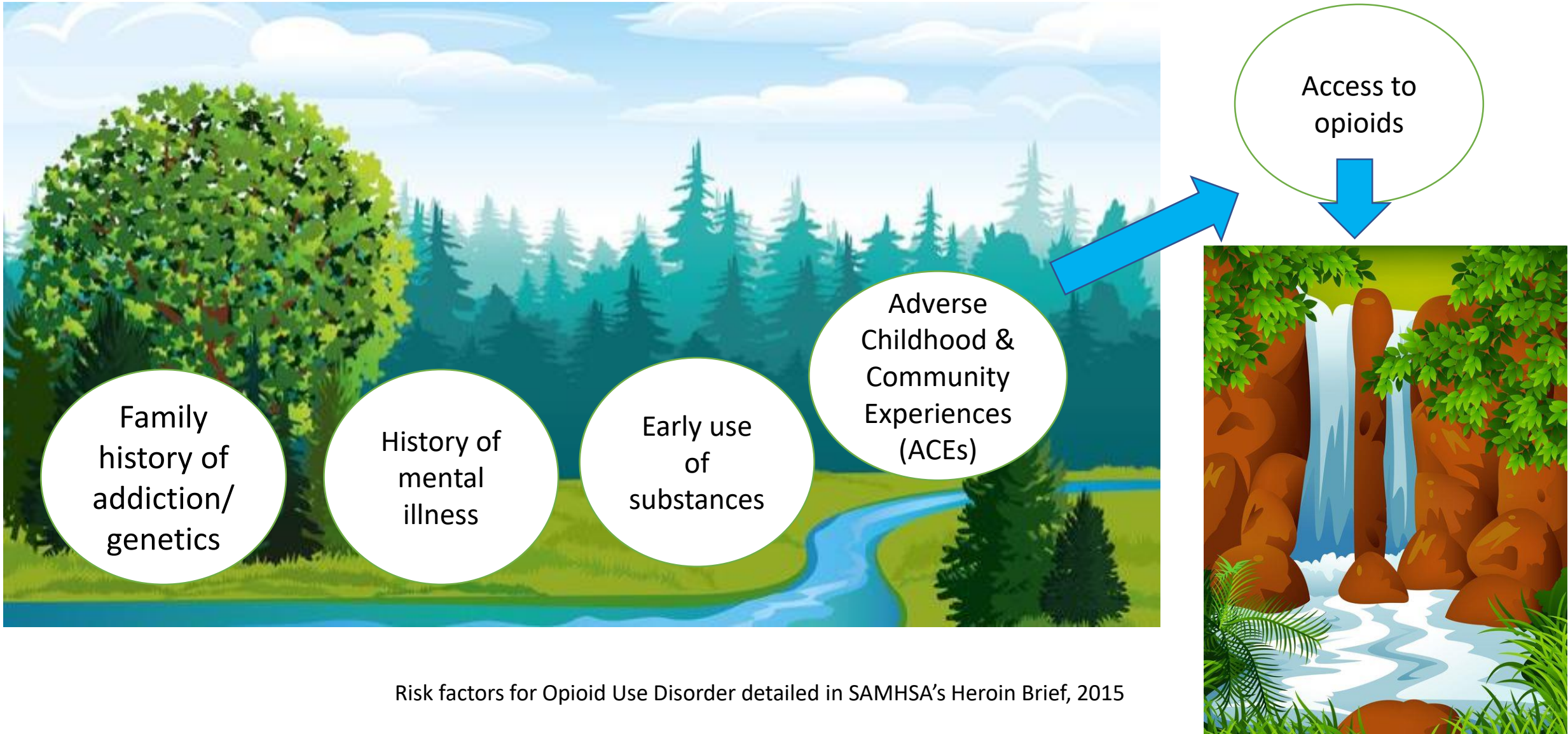


# What is Prevention?

In prevention, we have to understand why and how something happens and what conditions are best for keeping it from arising



# Main Risk Factors for Opioid Use Disorder



Risk factors for Opioid Use Disorder detailed in SAMHSA's Heroin Brief, 2015

# Risk Factors for Developing an Opioid Use Disorder



When prescribed an opioid by a doctor, a person with a prior substance use disorder is 28x more likely to develop an opioid use disorder.

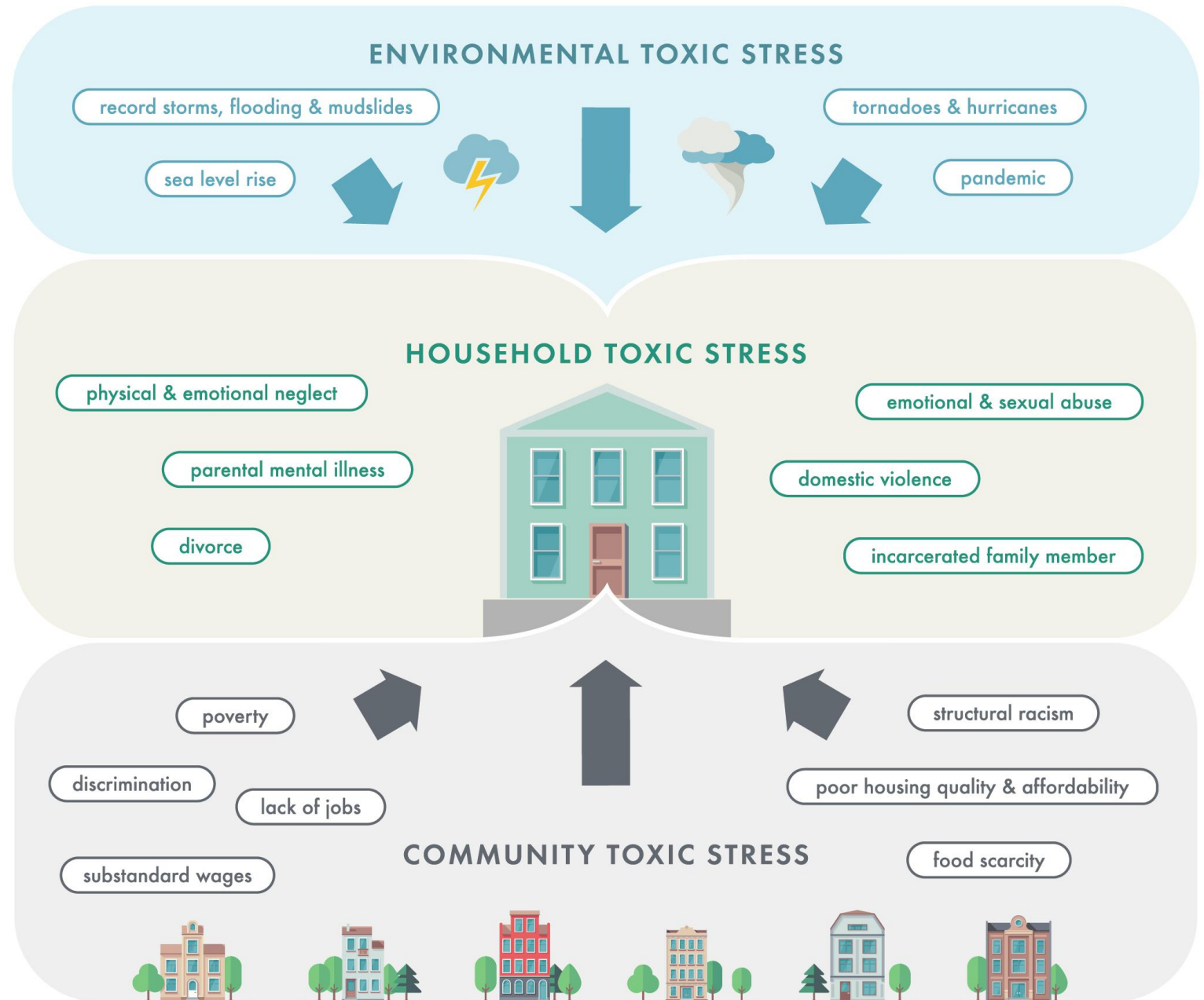
Huffman KL et al. J Pain, 2015

Higher levels of Adverse Childhood Experiences is directly related to increased risk of Opioid Use Disorder and OUD severity.

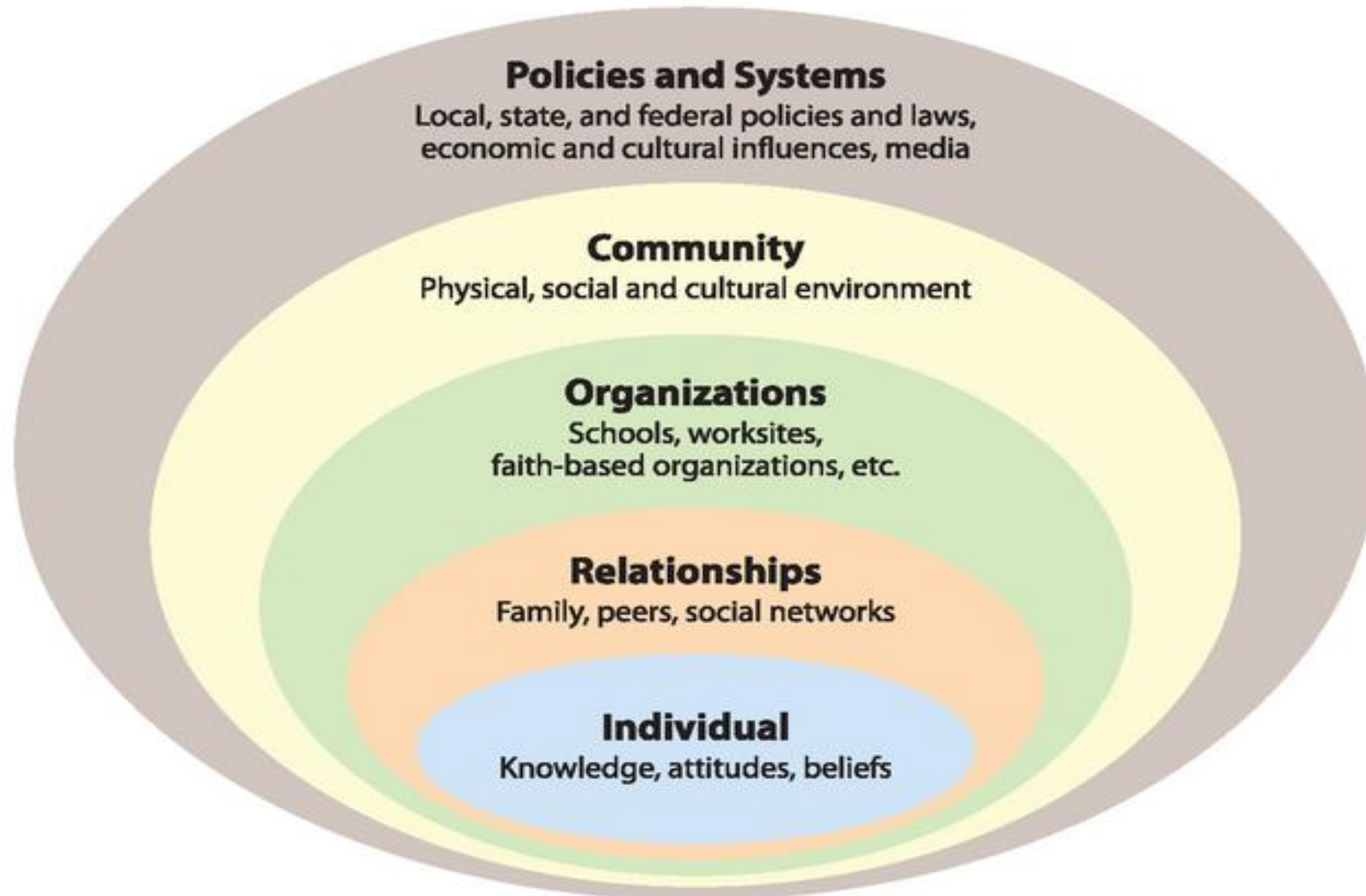
Deol, E et al, Journal of Opioid Management, 2023

# Layers of Toxic Stress

## THE LAYERS OF TOXIC STRESS



# Addressing the Roots: *It takes a Whole Community Approach*



# Examples of Addressing the Roots: *Prevent and Reduce Youth Substance Use*

Change/Develop Policies

Make Environmental Changes

Reduce Barriers/Enhance  
Access to vital conditions

(transportation, housing, healthcare, food)

Change consequences

Enhance Skills

Provide support for PYD programs

Provide Information



# Examples of Addressing the Roots: *Reduce ACEs and Increase Resilience*

Resilience is found to be a major protective factor against developing OUD

Deol, E et al, Journal of Opioid Management, 2023

Create environments that promote social connectedness

Improve community advocacy and agency

Create more healing centered/trauma-informed communities and organizations

Support parents' wellbeing & economic stability

Improve access to integrated social services



# Examples of Addressing the Roots:

## *Improve Behavioral Health Supports for young people*

Improve access to behavioral health treatment and supports

Reduce suspensions and expulsions by using restorative practices and referrals to needed resources and/or treatments

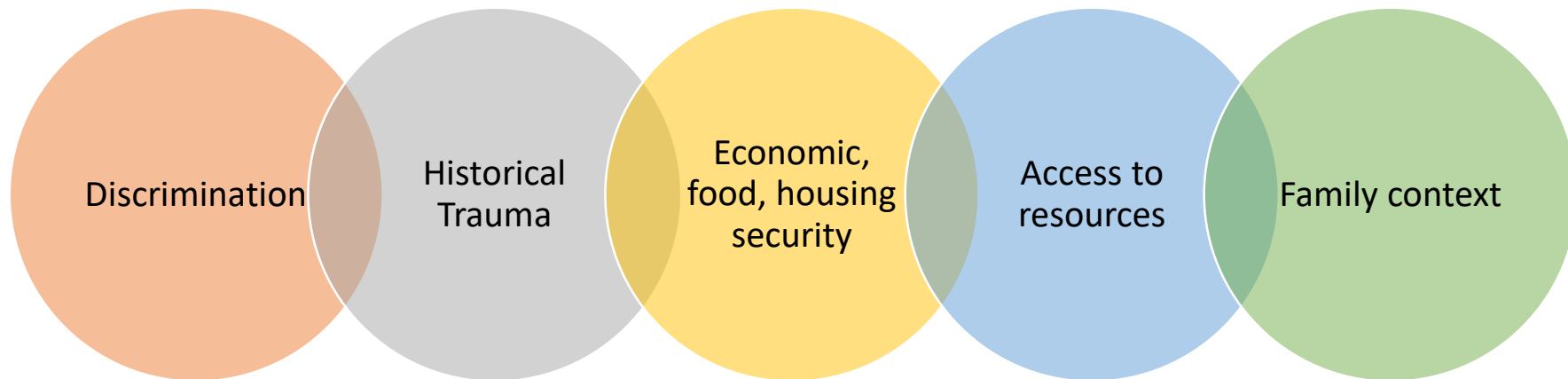


Divert first time substance use offenses to evidenced-based education

Provide supports to parents and caregivers of young people who are using substances

# Equitable Approaches: *Consider differences and implement culturally relevant strategies*

People may be at greater or lesser risk for SUD and OUD depending on their individual, family, and community conditions



# What Doesn't Work for Prevention

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Scary Images & Scare Tactics

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One-Time Assemblies & Events

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Personal Testimony from People in Recovery\*

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Reinforcing Exaggerated Social Norms

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Myth Busting

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Mock Car Crashes

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Drug Fact Sheets

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Role Play

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Moralistic Appeals

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Grouping At-Risk Youth Together\*

\*Not Effective for Universal Prevention (can be supportive for early intervention and/or treatment)

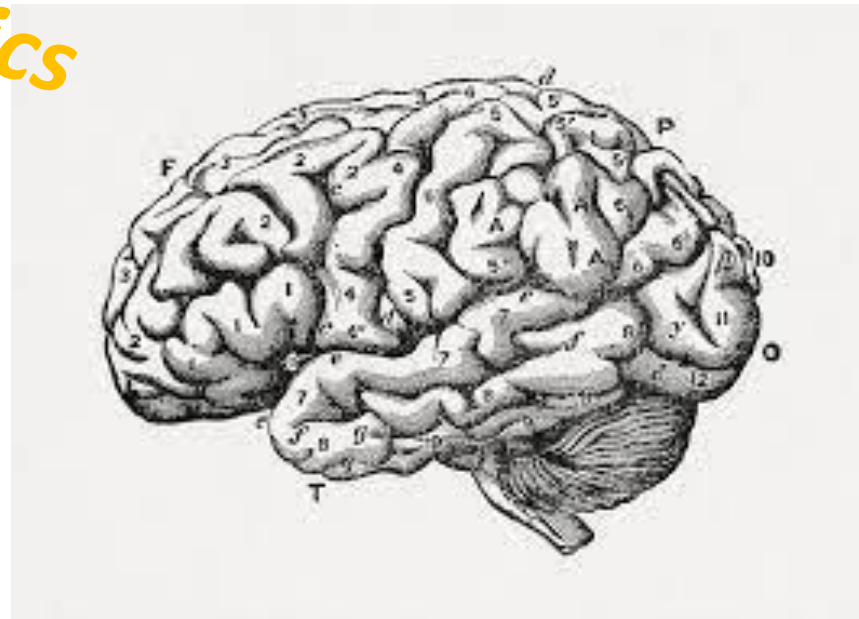
# Why those strategies are ineffective *(and potentially damaging)*



Denial

Numbing

Avoidance



Skepticism

Fun!

Inflate perception that all  
young people are using

## Brain Development



What approaches do you see that are working in community?