Janet Mills 10-Point Opioid Plan

At least one person a day dies of a drug overdose in Maine, increasingly from heroin and non-prescription fentanyl. While many good efforts are being made to address this problem, our current strategies are not working, and we are not doing enough. Maine is one of two states in New England where drug overdose deaths continue to increase. We must take new steps to prevent these deaths.

In 2017, 952 drug-exposed infants were born in Maine, according to the Department of Health and Human Services. In the last decade, 7,708 babies were born exposed to drugs, representing approximately 8 percent of all live births in Maine.

Two-thirds of the 368 drivers in drugged-driving traffic stops in 2016 tested positive for opioids, according to the Maine Health and Environmental Testing Lab (Analysis Maine Rural Drug and Alcohol Research Program at the University of Maine).

Addiction is a chronic disease that is treatable, and people can recover. In 2015 an estimated 15,000 people received treatment for substance-use disorder in Maine, while another 25,000 could not get treatment because of a lack of capacity or lack of insurance.

There is no silver bullet to this complex problem. Our failure to address this issue adequately over the last eight years shows that it is not simply a public safety or law enforcement matter, but a full-blown public health crisis that leaves hundreds of young people dead each year, thousands of children without a parent, communities devastated, employers without a healthy workforce, and families torn apart. The personal tragedies, economic, and health costs to our communities and state are innumerable.

As a co-convener of the Maine Opiate Collaborative, which produced a report with recommendations, and as a participant in the Legislature's Task Force, I know that we have had enough task forces and we know what to do. It is time to act.

Here are 10 things we can do, with **de-stigmatization** as a major underlying foundation for all of these action steps, keeping in mind that to be effective, we need to address addiction as we would any other chronic condition, including telling the stories of those who are successfully recovering.

1. **Prevention**. Implement a statewide resilience strategy that calls for providing effective prevention programs in our schools and communities, such as those that focus on building life skills and decision-making skills, information-based and emotional-social education, anti-bullying strategies, school-based health centers with integrated behavioral health, intensive home visiting for families at risk, and public health nursing. These programs must start in early childhood, and identify and address adverse childhood experiences that contribute to the use of substances and too often, the development of substance use disorders. The Substance Abuse and Mental Health Services Administration has a registry of effective programs, and the National Institutes of Health has a summary of "life-skills trainings" we can adopt. Learn from what Iceland has done with its community programs for all ages, along the lines of L.L. Bean's "Take it Outside" focus, markedly reducing their incidence of substance use disorder. Effective

prevention also means focusing on those communities at risk, such as veterans, older people with chronic pain, and young people.

2. **Harness Federal Medicaid**.

    - Immediately expand Medicaid (MaineCare). The benefits to states of Medicaid expansion - both health and economic - are increasingly clear from the experiences in other states. Studies show that Medicaid expansion significantly increases coverage and access to treatment for those with a substance use disorder.

    - Lift the state's two-year limit on methadone and Suboxone treatment for Medicaid/MaineCare patients. There is no research that supports these limits, and we find it unacceptable to limit life-saving treatment for other chronic conditions such as diabetes, cancer, and heart disease, especially those that are so often fatal without treatment.

    - Raise MaineCare reimbursement rates to encourage treatment.

3. **Access to Treatment and Recovery.** Help people know where to go to get the treatment they need and make sure treatment is available.

    - **Help Line**. Establish an emergency web, text, and phone line, simple and easy to access, that provides accurate information on where people can quickly get the care they need, and where clinicians can make emergency referrals 24 hours a day.

    - **Treatment Initiation**. Assure that recovery coaches and initiation of treatment are available at every emergency department, with links to bridge clinics (including hubs), so that life-saving treatment and medications are offered to every person with substance use disorder, stopping the revolving door of overdose, revival, and addiction for so many people who today are never offered treatment.

    - **Recovery Resources**. Increase community-based recovery resources and peer recovery centers, especially in underserved rural areas and populations (e.g. veterans, older people, young adults, minorities, inmates), making sure there is always a window of hope and a path to a healthier life.

4. **Organized System of Care.** We must support an organized system of care to assure the most effective treatment services are available in all communities across the state and are accessible to anyone needing care.

    - **Hub and Spoke**. Learn from Vermont and California's hub and spoke model, where regional "hubs" and bridge clinics provide rapid access to life-saving medicines and support from addiction specialists as well as screening and treatment for associated health problems (e.g. hepatitis, HIV), and community-based "spokes" provide ongoing treatment and support for recovery services,

including links to housing, employment, and other services needed for recovery. This model calls for more fully integrated behavioral health and primary care, recognizing we cannot treat the physical symptoms without supporting treatment and recovery for the whole person and his or her family.

- **Residential Treatment**. Expand the number of supervised treatment beds for those needing higher levels of care, and assure there is a statewide system of available safe housing and recovery residences.

- **Future Health Professionals Training.** Collaborate with all of Maine's education programs that are training the health professionals of the future to make sure graduates are competent to address the opioid epidemic, incorporating lessons from a similar Massachusetts' initiative.

5. **Drug Courts and Correctional Facilities**. Expand drug courts and provide medications and recovery supportive services to participants as well as make treatment more available to those who are incarcerated. While it is important to prosecute those who poison our communities, we must also provide the most effective treatment and recovery services to people with substance use disorder.

6. **Appropriate Prescribing and Pain Control**. Continue to rein in prescribing practices that increase the risk for addiction and put opioids in the hands of people who misuse and divert them. A new law to monitor and limit opioid prescriptions enacted in 2016 is a good beginning, but we must analyze prescribing trends and provide targeted training and focused outreach to health professionals. At the same time, we need to ensure that those suffering from pain have access to appropriate and effective treatments, and health professionals have a number of such treatment tools at their fingertips.

7. **Synergistic Strategies** with the so-called "Diseases of Despair" – those related to drugs, alcohol, and suicide. Maine has one of the highest rates of these (12th highest in the country) along with other rural states whose economies have declined. Besides synergistic prevention strategies, focus on those strategies that result in economic development, access to relevant education, rejuvenating our communities with easy access to indoor and outdoor physical and social activities, etc. The last pages of the book *Dreamland*, a history of the opioid epidemic says it well: "*The antidote to heroin is community*". (Page 353 *Dreamland*, 2015, Sam Quinones)

8. **Data**. Use modern data analysis, similar to what Massachusetts and other states have done, to prioritize the areas with a high number of overdoses, hospital admissions, and drug-related crimes, and provide them with additional health and economic resources — an opioid version of Pine Tree Zones.

9. **Naloxone Rescue**. Make naloxone, also known as Narcan, available to every person with an opioid addiction, as well as their family and agencies that need it. We must identify those at highest risk for overdose, and provide resources to make naloxone easily available to prevent more people from dying.

10. **Addiction Cabinet**. Hire a senior official to work in the Governor's Office to harness the engines of state government to address the opioid addiction epidemic. Reporting to the Governor, this person will staff the Addiction Cabinet, modeled after the Children's Cabinet, and will ensure coordination of and communication about efforts related to the epidemic across all state agencies, from Health and Human Services, Education, Economic Development, Professional and Financial Regulation, Corrections, etc. For this epidemic to be adequately and efficiently addressed, these efforts need to be coordinated and collaborative, gaps need to be identified, and communication on the issue needs to be across all agencies and with the public.

We only need to read the obituaries every day to realize that what we are doing now is not winning this war. We must do more than "just say no" and we must offer more effective prevention, screening, and treatment. The solution requires compassion, community, a change in culture as well as our full commitment as a state.

One more overdose is one too many. One more family torn asunder is one too many. One more orphaned child is one too many. People with a substance use disorder can and are recovering.

Let's make 2019 a new beginning.