

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Maine Environmental Scan Preliminary Findings

Overdose Response Strategy (ORS): Maine

January 2025

Prepared by:

Shasta Minery, MSW, LCSW

Maine Public Health Analyst, CDC Foundation

Federal Acknowledgement

This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$11,600,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



TABLE OF CONTENTS

INTRODUCTION.....4

ABOUT MAINE.....4

High Intensity Drug Trafficking Areas (HIDTA).....4

Overdose Demographics.....5

Maine Drug Data Hub.....7

Maine Opioid Settlement.....7

I. PUBLIC HEALTH SURVEILLANCE OF OVERDOSE.....8

Office of Chief Medical Examiner (OCME) and the Death Investigation System in Maine.....8

Prescription Monitoring Program (PMP).....11

II. OTHER OVERDOSE AND DRUG USE DATA SETS.....13

Maine Drug Monitoring Initiative (DMI).....13

Overdose Detection Mapping Application Program (ODMAP) Usage.....13

Forensic Laboratory.....14

III. SUBSTANCE USE DISORDER TREATMENT AVAILABILITY IN CORRECTIONAL AND COMMUNITY SETTINGS.....15

Overview of the State Mental Health System.....15

Substance Use Disorder Treatment Programs.....17

Medication Assisted Treatment (MAT).....18

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Substance Use Disorder Recovery Supports.....19

Youth Substance Use Disorder (SUD).....21

Medication-Assisted Treatment (MAT) in Maine Correctional Facilities.....22

Discharge Planning for Residents Receiving MAT.....24

IV. LINKAGE TO CARE FROM PUBLIC SAFETY SETTINGS.....25

Maine State Police (MSP) Behavioral Health Program Coordinators (BHPC's).....27

V. HARM REDUCTION.....28

State of Maine Director of Opioid Response.....28

Syringe Services Program.....28

Maine's Good Samaritan Law.....30

Naloxone Distribution Programs.....31

Maine Opioid Response Strategic 2023-2025 Action Plan.....31

Overdose Prevention Through Intensive Outreach, Naloxone, and Safety (OPTIONS).....32

Overdose Fatality Review (OFR).....32

Sources.....34

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



INTRODUCTION

The Overdose Response Strategy (ORS) provides the opportunity for Public Health Analysts (PHAs) to conduct a state environmental scan. The state scan helps to identify current state efforts in overdose prevention, understand the state's surveillance and response, provides opportunities for partner introductions and collaborations, and identify the state's areas of need to combat overdoses. Following the guidance provided in the ORS Environmental Scan Toolkit, the Maine State Environmental Scan was conducted through internet research, in-person visits, video conference and phone calls with potential partners and stakeholders by the Maine PHA. This report was written based on information collected between February 2024 and January 2025. This report serves as a living document and will be updated as appropriate.

ABOUT MAINE

Welcome to Maine, often referred to as "Vacationland." This picturesque state boasts over 200 miles of stunning coastline, featuring rocky shorelines, sandy beaches, lighthouses, and quaint fishing villages. If you venture further inland to northern Maine, you'll find mountains with trails perfect for skiing, snowmobiling, or hiking.¹

Maine has a population of approximately 1.36 million people, spread across 16 counties. The state covers a land area of 30,836.6 square miles and a water area of 4,533.8 square miles. Ranked as the 39th largest state by area,² Maine borders New Hampshire to the southwest, the Atlantic Ocean to the southeast, and Canada to the north and east.³

In terms of demographics, Maine's population is predominantly 91% White, with 1.9% Black or African American and 2% Hispanic or Latino.⁴

High Intensity Drug Trafficking Areas (HIDTA)

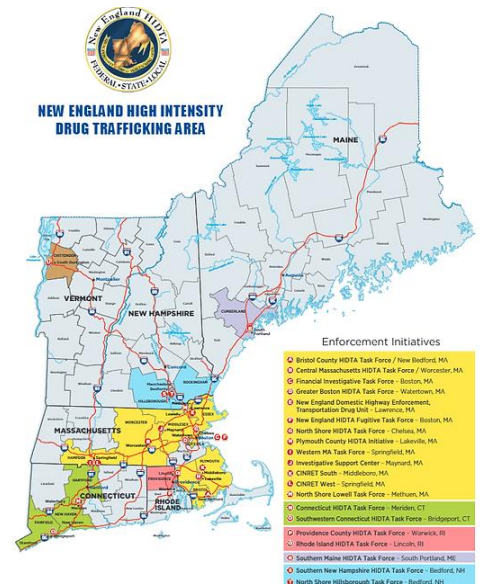
OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



The HIDTA program provides support to local, state, federal and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the U.S. The program is managed by the Office of National Drug Control Policy (ONDCP).⁵

The New England High Intensity Drug Trafficking Area (NEHIDTA) consists of six states in New England, including Maine, and is one of 32 HIDTAs under the ONDCP. Based on regional drug threat assessments, including the NEHIDTA Drug Threat Assessment published annually by the NEHIDTA Investigative Support Center, NEHIDTA formulates strategies to address the most serious drug threats to the region. These strategies are carried out through 20 enforcement initiatives spread across the six New England states. Each initiative is a collaborative effort involving local, state and federal law enforcement agencies. Together, they work to target drug trafficking and money laundering organizations that impact this region and other HIDTA regions throughout the country.⁶ In 2022, law enforcement officers in Maine seized more than 36 pounds of fentanyl statewide, nearly 60 percent more than the prior year.⁷



Cumberland County, the most populous county in Maine, is designated as a NEHIDTA county. This designation provides Maine with essential resources and support to combat illicit drug supply, prevent overdoses, save lives, and make Maine communities safer.⁵

Overdose Demographics

Maine’s monthly overdose report, funded jointly by the Maine Office of the Attorney General and the Office of Behavioral Health (OBH), is distributed on the Maine Drug Data Hub and provides an overview of statistics regarding suspected and confirmed fatal and nonfatal drug overdoses in Maine each month. Data for the report is collected at the Office of the Chief Medical Examiner and as part of the Maine Naloxone Distribution Initiative. Year-to-date numbers are updated with each monthly report, as cases are finalized, and their overdose status is confirmed or ruled out.⁸

The Maine Monthly Overdose Report for December 2024 reports the total number of confirmed and suspected fatal overdoses for January–December 2024 is 490, 19.1% lower than the total confirmed fatal overdoses for the same period in 2023.⁸

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



The age distribution for 2024 compared to the 2020 census proportion shows a disproportionately large impact of fatal overdoses in individuals ages 35–64, as was the case in 2023. That group includes 40% of the 2020 estimated census population, compared to 75% in the fatal overdose population in 2023 and 74% during 2024.⁸

Race and ethnicity are not finalized until the full death certificate is entered into Vital Records, and a small number of decedents’ records currently lack information about these variables. Out of 488 decedents for whom race was reported in 2024, 93% of the victims were White, 4% Black/African American, and 2% American Indian/Alaska Native. Out of 481 decedents for whom Hispanic ethnicity status was reported, 2% were identified as Hispanic.

Within the confirmed drug death cases so far in 2024, nonpharmaceutical fentanyl was the most frequent cause of death, as it was mentioned on the death certificate of 324 (72%) victims. Fentanyl is nearly always found in combination with multiple other drugs. Heroin involvement, which has declined rapidly in recent years, was reported as a cause of death in 11 (2%) of 2024 deaths and 12 (2%) of 2023 deaths. Xylazine and nonpharmaceutical tramadol were identified as co-intoxicants with fentanyl for the first time in 2021.⁸

Stimulants continue to increase as a cause of death, often in combination with fentanyl. Cocaine-involved fatalities constituted 199 (44%) of confirmed cases so far in 2024, higher than 2023 (37%) and an increase from 29% in 2022. Fentanyl is mentioned as a cause in combination with cocaine in 155 cases, 78% of 2024 year-to-date cocaine cases. Methamphetamine was identified as a cause of death in 168 (37%) of the confirmed fatal overdoses so far in 2024, higher than in 2023 (33%); 127 (76%) of the methamphetamine deaths also involved fentanyl as a co-intoxicant cause of death. Cocaine and methamphetamine are named together on 48 (10%) death certificates in 2024. The table on this page displays the frequencies of the most prominent drug categories causing death among confirmed drug deaths in Maine.⁸

Table 10: Key drug categories and combinations causing death among confirmed overdoses

Cause of death (alone or in combination with other drugs) Sample size for confirmed cases only	Jan-Dec 2023 Est. N = 606	Jan-Dec 2024 Est. N = 452	Dec 2024 Est. N = 18
Fentanyl or fentanyl analogs	472 78%	324 72%	9 50%
Heroin	12 2%	11 2%	0 0%
Cocaine	226 37%	199 44%	7 39%
Methamphetamine	199 33%	168 37%	11 61%
Pharmaceutical opioids**	108 18%	80 18%	6 33%
Fentanyl and heroin	12 2%	11 2%	0 0%
Fentanyl and cocaine	192 32%	155 34%	5 28%
Fentanyl and methamphetamine	163 27%	127 28%	5 28%
Fentanyl and xylazine	60 10%	65 14%	4 22%
Fentanyl and tramadol	3 0%	1 0%	0 0%

**Nonpharmaceutical tramadol is now being combined with fentanyl in pills and powders for illicit drug use. When found in combination with fentanyl, and in the absence of a known prescription, tramadol is categorized as a nonpharmaceutical opioid.

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Maine Drug Data Hub

In January 2021 the State of Maine collaborated with the Margaret Chase Smith Policy Center at the University of Maine to launch the Maine Drug Data Hub. The Maine Drug Data Hub aims to serve as a centralized resource for data, reports, and information related to substance use, substance use disorder, and overdose data. Most metrics available on the Hub are updated monthly to increase public transparency around the opioid epidemic in Maine and the state's response to it. Additionally, having a central location for this data helps inform policymakers and assists in designing programs, interventions, and policies.⁸



Welcome to the Maine Drug Data Hub

Maine Opioid Settlement

Maine stands to receive just over \$230 million dollars, excluding tribal settlements, in the next two decades as the result of national settlements with some of the companies involved in fueling the opioid epidemic.⁹

Settlement funds will be distributed according to the two Memoranda of Understanding (MOUs) between the Attorney General and the counties, cities, and towns that filed opioid lawsuits. Thirty percent of all settlement funds will be directly paid to eligible counties, cities, and towns – both litigating and non-litigating, including every county - in Maine. Fifty percent of the funds will be designated for the Maine Recovery Fund, for statewide distribution by the Recovery Council. The remaining twenty percent will go to the Attorney General. All opioid settlement funds must be spent on opioid abatement activities as described in exhibits to the MOUs, including prevention, harm reduction, treatment, and recovery programs. The settlements will pay out over a time period of 18 years, beginning in 2022. By settlement, they will pay out as follows:⁹

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Distributors	18 years: Last Payment is expected to occur in 2038
J&J	10 years: Last Payment is expected to occur in 2031
Walmart:	1 year: Payments is expected to occur in 2023
CVS:	10 years: Last Payment is expected to occur in 2032
Walgreens:	15 years: Last Payment is expected to occur in 2037
Teva:	13 years: Last Payment is expected to occur in 2035
Allergan:	7 years: Last payment is expected to occur in 2029

I. PUBLIC HEALTH SURVEILLANCE OF OVERDOSE

Office of Chief Medical Examiner (OCME) and the Death Investigation System in Maine

The OCME in Maine is a centralized, statewide system responsible for investigating sudden, unexpected and violent deaths. The office was established as a state agency in July 1968.¹⁰



¹² In June 2024, Governor Janet Mills appointed Dr. Alice Briones, a retired U.S. Air Force Colonel, as chief medical examiner.¹⁰ The Chief Medical Examiner must have a degree of Doctor of Medicine or doctor of osteopathy, be licensed to practice in Maine and be an expert in the specialty of forensic pathology.¹¹ Over 35 physicians who are trained medical examiners are appointed by the Chief Medical Examiner and volunteer to serve the state and function in their local communities. The Chief Medical Examiner may appoint one or more of the medical examiners to serve as deputy chief medical examiner. In the event of the Deputy Chief Medical Examiner's temporary absence, the Chief Medical Examiner or, if the Chief Medical Examiner is unavailable, the Attorney General may designate one of the deputy chief medical examiners to serve as acting Chief Medical Examiner. The acting Chief Medical Examiner holds the powers and responsibilities of the Chief Medical Examiner.¹⁰ The OCME staff includes the Chief

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Medical Examiner, the Deputy Chief Medical Examiner, an administrator, one Director of Laboratory and Mortuary Services, two Medicolegal Death Investigators, four Administrative Support Staff, two Medical Examiner Assistants, and one grant-funded Research Assistant.¹⁰

The OCME is responsible for certification and completion of reports of deaths identified as medical examiner cases. This must be accomplished by examination of bodies and useful objects and by investigation and inquiry into the circumstances surrounding the deaths.¹¹

The OCME is committed to providing Maine with comprehensive, scientific, forensic investigation of deaths that fall within the jurisdiction of the office, determined by state statute.¹¹ There are usually over 3,200 deaths reported to the OCME each year. After initial investigation, the office accepts jurisdiction in approximately 2,000 cases, providing complete death investigation and determining the cause and manner of death. The purpose of the investigation is to obtain a complete and thorough understanding of the events associated with and potentially contributing to the death. When necessary, autopsies are performed to assist.¹⁰

Investigations may include interactions with law enforcement officers, visits to the scene, and a review of medical and pharmacy records. This process can also involve taking photographs and conducting telephone interviews with family members and physicians. It may also involve external examination of the bodies, autopsies and toxicological and other laboratory tests when necessary.¹⁰

A medical examiner case may exist and must be reported as provided when remains are found that may be human and raise suspicion that death has occurred under any of the following circumstances:

- Death is suspected of having been caused by any type of physical injury, including poisoning, regardless of whether the suspected manner of death is homicide, suicide or accident. This circumstance must be reported whether the deceased had been attended by a physician, was a patient in a hospital, survived for a considerable time following the physical injury or died from terminal natural causes consequent to and following the physical injury.¹³
- Suddenly when the person is in apparent good health and has no specific natural disease sufficient to explain death.¹³
- During diagnostic or therapeutic procedures under circumstances indicating gross negligence or when clearly due to trauma or poisoning unrelated to the ordinary risks of those procedures.¹³

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



- Death when the person is in custody pursuant to an arrest, confined in a state correctional or detention facility, county jail, other county correctional or detention facility or local lockup or is on the way to or from a courthouse or any place while in the custody of a law enforcement officer, county or state corrections official.¹³
- Death while the person is a patient or resident of a facility of the Department of Health and Human Services or residential care facility maintained or licensed by the Department of Health and Human Services, unless clearly certifiable by an attending physician as due to specific natural causes.¹³
- Death suspected of being due to a threat to the public health when the authority of the medical examiner is needed to adequately study the case for the protection of the public health.¹³
- Death suspected of not having been certified, including, but not limited to, bodies brought into the State and any buried remains uncovered other than by legal exhumation.¹³
- Deaths suspected of being medical examiner cases which may have been improperly certified or inadequately examined, including, but not limited to, bodies brought into the State under those circumstances.¹³
- Sudden infant death syndrome deaths and all other deaths of children under the age of 18 unless clearly certifiable by an attending physician as due to specific natural causes unrelated to abuse or neglect.¹³
- Whenever human or possibly human remains are discovered not properly interred or disposed of, for which the responsibility to do so cannot be readily determined.¹³
- Any cause when there is no attending physician capable of certifying the death as due to natural causes. When a person dies who is under the care of a religious practitioner who uses prayer and spiritual means of healing, the fact that the deceased has been under such religious care does not warrant suspicion of foul play or investigation beyond that warranted by the other facts of the case.¹³

If, in any medical examiner case, in the opinion of the medical examiner, the Chief Medical Examiner, the district attorney for the district in which the death has occurred or the Attorney General, it is advisable and in the public interest that an autopsy be made, the autopsy must be conducted by the

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Chief Medical Examiner or by a physician that the medical examiner, with the approval of the Chief Medical Examiner, may designate. The medical examiner, with the approval of the Chief Medical Examiner, may elect to perform the autopsy. In the case of a child under the age of 3 years, when death occurs without medical attendance or, if attended, without a specific natural cause, the medical examiner shall order an autopsy. The autopsy may be waived by the Chief Medical Examiner, if the Chief Medical Examiner includes the reason for the waiver in the record.¹³

Contact Information:

Office of Chief Medical Examiner
37 State House Station Augusta, ME 04333
Phone: (207) 624-7180
Fax: (207) 624-7178
Email: chief-medical.examiner@maine.gov

Prescription Monitoring Program (PMP)

A PMP, sometimes called a Prescription Drug Monitoring Program, or PDMP, is a state-run electronic database that tracks controlled prescription drugs that are dispensed to patients within their state. A PMP is a tool that prescribers, pharmacists, and other healthcare and public health professionals can use to address misuse, abuse, and diversion of prescription drugs. Forty-nine states (including Maine), the District of Columbia, and one U.S. territory (Guam) currently have operational PMPs.¹⁴

The Maine legislature established Maine's PMP in 2003. It is administered by and falls under the authority of the Office of Behavioral Health (OBH). Pharmacies that dispense schedule II, III and IV controlled substances are mandated to submit dispensation data to the PMP by the next business day. The PMP database is available online at no cost to prescribers and dispensers of controlled substances. Reviewing the PMP can help identify patients who may be misusing or diverting prescription drugs, or who may be at risk for overdose or harmful drug interactions.¹⁴

Any health care provider with a Drug Enforcement Agency (DEA) number may register to request reports for new and existing patients. Licensed pharmacists may also access the PMP to request patient data. Patients have access to their own information by requesting it from their healthcare provider or from OBH. Medical licensing boards (e.g. the Maine Board of Licensure in Medicine) may

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



access clinicians' prescribing history if a practice violation is suspected.¹⁵ The table to the right shows the top 10 controlled prescriptions dispensed (or filled) in Maine throughout 2023.¹⁶

The quantity of opioid doses dispensed in Maine has continued to decrease over the past 9 years after an all-time high in the four years before 2015. Between 2018 and 2023, the quantity of opioids dispensed decreased by 32% and the amount of opioids, measured in MMEs, decreased by 36%. Liquid formulations are excluded due to different units of measurement and their use in excluded settings such as hospice or palliative care.¹⁶

Rank	Generic Name	Example Brand Name	Drug Class	Prescription Count
1	buprenorphine products	Suboxone™	opioid partial agonist	285,275
2	dextroamphetamine/amphetamine	Adderall™	stimulant	278,284
3	oxycodone	generic (immediate release), Oxycontin™ (extended release)	opioid full agonist	185,137
4	lorazepam	Ativan™	benzodiazepine	155,315
5	methylphenidate	Concerta™, Ritalin™	stimulant	146,783
6	lisdexamfetamine	Vyvanse™	stimulant	140,298
7	hydrocodone/acetaminophen	Lortab™, Vicodin™	opioid full agonist	127,051
8	clonazepam	Klonopin™	benzodiazepine	111,200
9	tramadol	Ultram™	opioid full agonist	107,723
10	zolpidem	Ambien™	sedative	78,641

The Maine Overdose Response Strategy (ORS) team attends the quarterly PMP Advisory Committee meetings, which includes both internal and external stakeholders.

Contact Information:

Maine's Prescription Monitoring Program (PMP)

Telephone: 207-287-2595, Option 2

TTY: Maine Relay 711

Fax: 207-287-4334

Email: PMP@maine.gov

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



II. OTHER OVERDOSE AND DRUG USE DATA SETS

Maine Drug Monitoring Initiative (DMI)



The Maine DMI report is a collection of information obtained from various sources and partners, including but not limited to public health, law enforcement and EMS. It focuses on emerging threats and trends along with additional information and news. The Maine DMI is written by the Overdose Response Strategy's (ORS) Maine Public Health Analyst (PHA) with contributions from the ME Drug Intelligence Officer (DIO) and Maine Information Analysis Center (MIAC) analysts. It is distributed monthly by the MIAC and featured on the Maine Drug Data Hub for increased exposure and distribution.¹⁷

Overdose Detection Mapping Application Program (ODMAP) Usage

ODMAP is a free, web-based, mobile-friendly platform designed for near real-time reporting and monitoring of suspected fatal and non-fatal overdose events. Developed by the Washington/Baltimore HIDTA, ODMAP aims to provide near real-time data to public safety and public health agencies. It displays overdose data both within and across jurisdictions, helping agencies identify spikes and clusters of suspected overdose events in their community, neighboring areas, and across the country. ODMAP is available to all federal, state, local, and tribal agencies that serve the interests of public safety and public health. As of July 2024, approximately 5,200 agencies across all 50 states, the District of Columbia, and Puerto Rico are using the platform. Over 2.6 million overdose events have been entered into ODMAP and 34,800 users are registered.¹⁸



In Maine, over 85 state, county, and municipal law enforcement agencies are registered to collect overdose data and report it to ODMAP. The state promotes the utilization of ODMAP by law enforcement agencies as well as the sharing of overdose spike data with public health officials, clinicians, and community partners.¹⁹ Maine submits suspected overdose data to ODMAP through a statewide API with Maine Emergency Medical Services. Additional suspected overdose events are entered into ODMAP through a statewide data entry strategy with the Maine State Police.¹⁸ The overall goal of ODMAP is to utilize these law enforcement overdose responses to organize public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events.¹⁹

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Forensic Laboratory

The Forensic Chemistry Section of the Maine Health and Environmental Testing Laboratory (HETL) dates to the early 1950's. HETL was developed as a program that provided services for numerous local police departments, federal agencies, the Maine Department of Public Safety and Maine State Police. The tradition continues today, with the mission of the Forensic Chemistry Section to provide accurate, reliable, timely, and state of the art scientific analysis and testimony in the areas of controlled substances and toxicology. The service is provided primarily to Criminal Justice Agencies of the State of Maine regarding evidence submitted by them, although the Forensic Director may authorize the occasional acceptance of other work related to governmental agency investigations.²⁰

The Forensic Chemistry Section of the Maine HETL received accreditation from The American Society of Crime Laboratory Directors/Laboratory Accreditation Board (ASCLD/LAB), now ANAB, in 2004 in the areas of Controlled Substances and Toxicology (blood alcohol and urine drugs).²⁰

The Forensic Chemistry Section consists of two units including the Solid Dose Drug Chemistry and Toxicology unit.²⁰

The Solid Dose Drug Chemistry Unit identifies controlled substances seized by law enforcement officers. The evidence analyzed is usually presented in the form of pills, powders and plant material. The scientists in this unit use sophisticated instruments and methods to identify various drugs including marijuana, cocaine, heroin, and fentanyl.²⁰

Testing methods for the identification of controlled substances include: a series of color and microscopic tests; thin layer chromatography; infrared spectrophotometry; and gas chromatography/mass spectrometry.²⁰

Chemists provide expert witness testimony, presenting and defending their findings in Courts across the State of Maine.²⁰

The Toxicology Unit is responsible for the analysis of blood and urine samples. Blood samples are analyzed for the presence of alcohol; the alcohol level present in the sample is determined by headspace gas chromatography analysis.²⁰

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Blood and urine samples are screened for the presence of drugs. If the sample is positive on the screening test, an attempt to identify and confirm the presence of the drug is made using a liquid chromatography/tandem mass spectrometry for blood samples and a gas chromatograph/mass spectrometer for urine samples.²⁰

In addition, the unit maintains the state's Alcohol Breath Testing program and conducts calibration checks on the instruments to ensure the breath testing devices are functioning correctly. Additionally, the unit also conducts necessary repairs to the instruments and provides semi-annual on-site approvals of all the states instruments.²⁰

Contact Information:

Ellen Fraser, Acting Forensic Director / Forensic Toxicology Supervisor
Tel: 207-287-1738
Email: Ellen.A.Fraser@Maine.gov

Central Office:

47 Independence Drive, Augusta, ME
Telephone: 207-287-2727
Fax: 207-287-6832

III. SUBSTANCE USE DISORDER TREATMENT AVAILABILITY IN CORRECTIONAL AND COMMUNITY SETTINGS

Overview of the State Mental Health System

The Maine Department of Health and Human Services (DHHS) consists of various offices and divisions responsible for overseeing and administering critical programs and services for the state of Maine including the Office of Aging and Disability Services (OADS), Office of Behavioral Health (OBH), Maine Center for Disease Control and Prevention (Maine CDC), Dorothea Dix Psychiatric Center (DDPC), Office of MaineCare Services, and Riverview Psychiatric Center (RPC).²¹

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



OBH, formerly the Office of Substance Abuse and Mental Health Services, helps individuals who are uninsured or have insufficient health insurance coverage to meet their need for mental health and substance use disorder services. The mission of OBH is to provide a comprehensive and coordinated behavioral health continuum of care that addresses the needs of the whole person and community.²¹

Maine offers a variety of mental health services including:

- **Crisis services:** All Mainers experiencing a mental health crisis have access to behavioral health professionals for supportive de-escalation, stabilization, suicide prevention, and connection to ongoing care as needed. OBH follows the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Best Practice for Crisis Care to provide the essential elements within a no-wrong-door integrated crisis system. The Maine Crisis Line (MCL) is Maine's centralized crisis lifeline and mental health crisis line. The MCL is staffed 24/7 by trained crisis workers who provide crisis intervention support by telephone, text and chat. Crisis workers can also connect those in crisis with services in their area including community resources and referrals to outpatient services, mobile crisis response, local crisis units, and inpatient services. The MCL number is 1-888-568-1112.²²
- **Early intervention:** Maine Medical Center/ Portland Identification and Early Referral (MMC/PIER) offers evidence-based Coordinated Specialty Care Treatment for youth and young adults, ages 14-35, experiencing First Episode Psychosis (FEP) / Early Serious Mental Illness (ESMI) symptoms. MMC/PIER provides outreach, education, and training services to target audiences to help identify and refer people in need of specialty care.²³
- **Residential treatment:** Maine's residential treatment programs include Substance Use Residential Treatment and Community Residences for individuals with mental illness.²⁴
- **Mental health recovery support services and treatment:** The Office of Behavioral Health within DHHS provides leadership and active partnership in Maine's comprehensive system of supports to communities and individuals with mental health conditions across the prevention, intervention, treatment, and recovery system and across the life span. The mental health team oversees planning, organizing, coordinating, and oversight contracts, data, and quality improvement / management of operation within OBH and among community provider agencies related to the contracted services offered by the Department. Additionally, staff also develop and implement statewide policies, procedures, and plans to ensure cost-effective, quality, client-centered public mental health services are provided within the region and State.²⁵

OVERDOSE RESPONSE STRATEGY

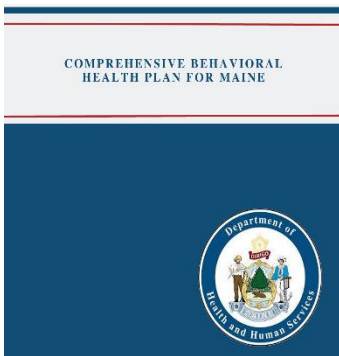
PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



- Action planning for crisis: An Advance Directive for Planning Mental Health Care (sometimes called a Psychiatric Advance Directive) is a document that guides care when a person with severe mental illness cannot make decisions. It allows individuals with mental illness, their loved ones, and caregivers to actively participate in their care and self-determine how care is provided for them during a crisis.²⁵

The State of Maine supports the work of Disability Rights Maine, a nonprofit, which has compiled a comprehensive manual for Maine consumers with example forms to create your own Advanced Directive for Planning Mental Health Care.²⁵

Maine has two state hospitals that provide Psychiatric Care including Dorothea Dix Psychiatric Center (DDPC) in Bangor, Maine and Riverview Psychiatric Center (RPC) in Augusta, Maine. These hospitals provide collaborative treatment and inpatient care for individuals with severe and persistent mental illness, and co-occurring substance use disorders.²⁶



In 2021, the 130th Maine Legislature released Legislative Document No. 1262 (LD 1262): *Resolve, Directing the Department of Health and Human Services to Develop a Comprehensive Statewide Strategic Plan to Serve Maine People with Behavioral Health Needs throughout Their Lifespans.* This plan builds upon the prior strategic plan and describes additional activities that DHHS has undertaken to continue to meet the significant and changing behavioral health needs of Maine residents. The plan includes an organizational framework, executive summary, description of external participation and plan development, current activity detail, and a monitoring, accountability, and financial summary.²¹

Substance Use Disorder Treatment Programs

The Maine Opioid Response 2023-2025 Strategic Action Plan prioritizes substance use treatment for Maine, *“When preventative efforts are not successful, it is essential that all forms of treatment be immediately available including medication, medically supervised withdrawal, in-patient residential treatment, out-patient treatment, and behavioral health counseling.”*⁷

There are several treatment options available to Mainers struggling with substance use disorders, including programs specializing in detox and maintenance for those experiencing opioid dependence.

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



The diversity of treatment options reflects the varying needs of individuals, and the fact that there is no “one size fits all” approach to treatment.²⁷

Treatment settings include:

Outpatient Programs: Services are provided at an agency office and provide individual, group, and family sessions, usually for an hour or ninety minutes once a week.²⁷

Intensive Outpatient Programs: Services are provided at an agency office and consist of intensive and structured substance use treatment three to four days a week. Intensive outpatient programs are typically three or four weeks in duration.²⁷

Residential Programs: Services are provided in a residential facility setting. Residential rehabilitation programs are designed to treat persons who have significant social and psychological impairment.²⁷

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) of facilities providing substance abuse treatment. The N-SSATS collects data on the location, characteristics, services offered, and number of clients (collected every other year) in treatment at alcohol and drug abuse treatment facilities (public and private) throughout the U.S.²⁸ In Maine, 186 substance abuse treatment facilities were included in the 2019 N-SSATS report, which also reported a total of 14,550 clients in substance abuse treatment on March 29, 2019.²⁸

Medication Assisted Treatment (MAT)

MAT uses medications, such as Methadone and Suboxone (Buprenorphine), and Naltrexone to support detox and maintenance for those experiencing dependence on opioids. Types of MAT available to Mainers include:

- **Certified Opioid Treatment Programs (OTP):** Under medical supervision, administer medication, monitor dosages, and provide counseling to people with a dependence on heroin or prescription opioid medications.²⁷
- **Office Based Opioid Treatment (OBOT):** Provides medications prescribed by a qualifying physician in an outpatient medical or behavioral health center and includes counseling and behavioral therapies.²⁷

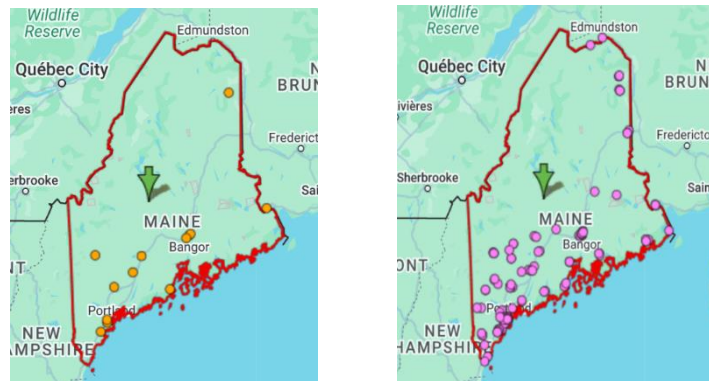
OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



- Non-Hospital Based Detoxification: For those experiencing acute physical problems related to substance use. Withdrawal management services monitored by medical professionals (e.g. physicians, nurses) in a residential setting.²⁷
- Opioid Health Homes: A team-based model of care focusing on “whole person” treatment for persons struggling with opioid use disorders.²⁷

According to SAMHSA, there are approximately 930 treatment facilities in Maine, which include substance use (134), mental health, health care centers, Buprenorphine Practitioners, and Opioid Treatment programs. The map on the left shows the locations of substance use treatment facilities in the state and the map on the right shows the locations of Opioid treatment programs. Both maps provide a visual of the low number of substance use and opioid treatment facilities in the more rural areas of the state.²⁹



Substance Use Disorder Recovery Supports

Substance Use Disorder Transportation: Adults with serious mental illness may be eligible for transportation funding to facilities connected to their individual treatment plan through the DHHS Office of Maine Care Services.³⁰

Community and Peer Recovery Support Services: OBH recognizes the vital role that community-based and peer supports play in assisting people with behavioral health issues to live independently, maintaining sobriety for those struggling with SUD and OUD, and reducing stigma. These programs provide recovery support, socialization, life skills development, vocational rehabilitation, and more in a welcoming environment, and are a crucial layer in Maine’s behavioral health support system, especially in communities where access to traditional programs and providers are limited. OBH

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



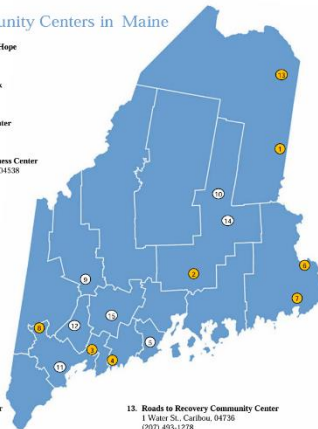
ensures that Mainers have access to the powerful experience of community and peer support by providing training, technical assistance, and grants to, and contracting with, local organizations providing direct support to those in recovery.³⁰

Maine Recovery Hub: The Maine Recovery Hub supports nine state-funded recovery community organizations that provide peer support services in their communities.³⁰

Recovery Community Centers: Recovery Community Centers build on community connections to provide support and reduce stigma for those in recovery for substance use disorder. As part of this program, OBH also contracted with a multimedia production agency, to produce a film featuring Maine people and their recovery stories, provide public screenings, and conduct community conversations about substance use disorder across the state.³⁰

Recovery Community Centers in Maine

1. **Aroostook Recovery Center of Hope**
30 North St., Houlton, 04730
(207) 784-2213
2. **Bangor Area Recovery Network**
142 Center St., Bangor, 04412
(207) 561-8444
3. **Bath Recovery Community Center**
97 Commercial St., Bath, 04530
(207) 388-4236
4. **Boothbay Harbor Peer & Wellness Center**
33 School St., B Boothbay Harbor, 04538
(207) 313-6236
5. **Coastal Recovery Community Center**
24 Lincoln St., Suite 103, Rockland, 04841
(207) 691-3897
6. **DownEast Recovery Support Center**
311 Main St., Calais, 04819
(207) 852-9279
7. **DownEast Recovery Support Center**
11 Free St., Machin, 04654
(207) 259-6238
8. **Lakes Region Recovery Center**
25 Hospital Drive, Ste. E, Bridgton, 04809
(207) 803-4707
9. **Larry Labonte Recovery Center**
412 Waldo St., Rumford, 04276
(207) 418-4983
10. **Pe2Peer Recovery Center**
1009 Central Ave., Millinocket, 04462
(207) 725-1322
11. **Portland Recovery Community Center**
102 Bishop St., Portland, 04103
(207) 553-2575
12. **RIST Center**
203 Main St., Lewiston, 04240
(207) 783-7378

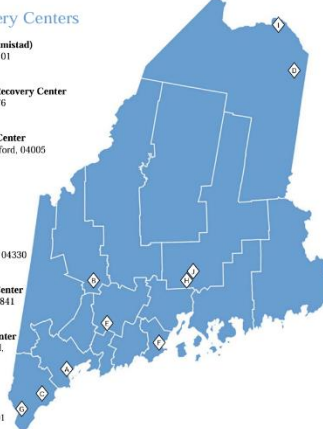


13. **Roads to Recovery Community Center**
1 Water St., Caribou, 04736
(207) 493-1278
14. **Save A Life, Incorporated**
Branch of Hope Recovery Center
19 WTV St., 04637
(207) 403-8106
15. **Augusta Recovery Reentry Center - ARRC**
2 Bangor St., Augusta, 04330
(207) 236-3438

● Designates Maine Recovery Hub funded center

Peer Run Recovery Centers

- A. **Perry Center (formerly Amistad)**
103 India St., Portland, 04101
(207) 950-7180
- B. **Beacon House Peer and Recovery Center**
3 Canal St., Rumford, 04276
(207) 309-0868
- C. **Biddeford Peer Support Center**
15 York St., Ste 203, Biddeford, 04005
(207) 558-4414
- D. **Harvest Inn Peer Center**
43 Hatch Dr., Suite 310, Caribou, 04736
(207) 492-1386
- E. **LINC Center**
38 Memorial Dr., Augusta, 04330
(207) 622-3736
- F. **Rockland Peer Support Center**
12 Union St., Rockland, 04841
(207) 701-4417
- G. **Sanford Peer Support Center**
19 Washington St., Sanford, 04073
(207) 956-2984
- H. **Together Place Peer Run Recovery Center**
2 Second St., Bangor, 04401
(207) 941-2895
- I. **Valley Peer Run Recovery Center**
272 Main St., Suite 101, Madawaska, 04756
(207) 728-4806
- J. **Wabanaki Health & Wellness Center**
157 Park St., Suite #5, Bangor 04401
(207) 951-7526



Recovery Coaches: Recovery coaches are those who have personal experience with SUD and are trained to provide peer support to others on their own recovery journey. OBH facilitates access to recovery coaching services statewide by funding and providing technical assistance for recovery coach training programs and supporting recovery coach coordinators.³⁰

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



MaineMOM Integrated Substance Use Treatment and Maternal Health Care: MaineMOM improves care for pregnant and postpartum people with opioid use disorder and their infants by integrating maternal and substance use treatment services.³¹ MaineMOM connects pregnant women on MaineCare with treatment and community supports to aid in their recovery and improve outcomes for both the mother and child.³²

MaineMOM services include:

- A team-based approach to care, including a perinatal provider, substance use counselor, patient navigator, nurse care manager, behavioral health clinician and recovery coach.³¹
- Providing pregnant and parenting individuals with a treatment plan for counseling, recovery support, and treatment, including medications.³¹
- Providing coordination and a plan for supportive prenatal, delivery, and postpartum care, including family planning.³¹
- Coordinating referrals for other services a person might need during and after pregnancy like health care, housing, or transportation.³¹

Youth Substance Use Disorder (SUD)

Maine's Children's Behavioral Health Services, a division of the Maine Department of Health and Human Services (DHHS), has a team of staff whose focus is substance use in youth. The Maine Integrated Youth Survey (MIYHS) is a biennial survey of Maine students in grades 5 through 12 that monitors health behaviors and attitudes regarding tobacco, alcohol, substance use, mental health, and other protective factors. The MIYHS is conducted by the Maine DHHS in collaboration with the Maine Department of Education. The MIYHS is an Institutional Review Board (IRB) approved survey. The table below is data collected from the most recent (2023) MIYHS.³³

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



MAINE PAST 30 DAY USE IN 2023	
Maine Middle School Students:	High School:
2.0% smoked cigarettes	5.6% smoked cigarettes
5.7% used an electronic vapor product	15.6% used an electronic vapor product
4.8% drank alcohol	20.5% drank alcohol
5.0% used marijuana	18.7% used marijuana
4.9% took prescription drugs without doctor's prescription	5.2% took prescription drugs without doctor's prescription

¹ [2023 MIYHS Data](#)

Medication-Assisted Treatment (MAT) in Maine Correctional Facilities



Maine Department of Corrections
CORRECTIONAL PROGRAM DIVISION

In February of 2019, in response to the high rates of opioid-related morbidity and mortality in Maine, Governor Mills signed an Executive Order to implement an immediate response to Maine's opioid epidemic. Given that a substantial portion of

the opioid-related deaths in Maine are among individuals who are former Maine Department of Corrections (MDOC) clients, the order mandated that multiple sectors, including the criminal justice system, identify ways to expand access to MAT and recovery supports. While MAT was traditionally not standard practice in correctional settings, medical providers, the courts, and criminal justice agencies have an increased level of awareness that MAT is a medically necessary treatment. In response to government mandates and in-line with the DOC's (Department of Corrections) belief that addiction is a chronic disease requiring medically necessary treatment, DOC began a comprehensive planning process to roll-out MAT in facilities across Maine. The pilot initiative was designed to help incarcerated Mainers access MAT services during and after incarceration.³⁴

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



On July 1, 2019, a pilot was launched for residents in Maine Department of Corrections (MDOC) adult correctional facilities diagnosed with Opioid Use Disorder (OUD). Upon pilot initiation, it was anticipated that up to 100 residents in three adult facilities would be treated in the first year. However, by the end of June 2020, 621 residents engaged in MAT services at all five adult facilities.³⁵

MDOC's MAT services utilize buprenorphine and naltrexone as primary medications. Additionally, during year two, MDOC had five residents who were receiving methadone at the time of admission, and each of those residents received ongoing treatment with this medication.

Clinical indication, medical appropriateness, and resident preference are primary components of the eligibility determination for MAT services. During the pilot stages of the initiative, treatment eligibility was initially based on timeframe to community transition. Over the course of the second year of the MAT services initiative, MDOC engaged in robust planning for transitioning to universal expansion (open enrollment) for residents meeting diagnostic and clinical criteria regardless of release date.³⁵

A second component of the strategic planning entailed implementation of a normalized MAT medication administration process. With a normalized medication pass, MAT medications are administered alongside other medications rather than being administered in a separate medication line using highly structured security protocols. This shift is a way of better reflecting normalized medication administration practices, reducing stigma associated with substance use disorders, and specifically reinforcing that opioid use disorder is a chronic disease.³⁵

The timeline of implementation and expansion of the initiative is laid out below:

- January 2021: Normalized medication administration process initiated. Expansion plans announced to staff, residents and broader community.³⁵
- February 2021: Eligibility criteria expands to include those 12 months from transition to the community. Normalized medication administration continued (implementation conducted in phases between facilities).³⁵
- May 2021: Eligibility criteria expands to include those 24 months from transition to the community as well as anyone receiving active treatment of Hepatitis C infection regardless of community transition date.³⁵
- July 2021: All adult correctional facilities offer fully normalized MAT medication administration.³⁵

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



- August 2021: Universal access (open enrollment) available in all adult correctional facilities for clinically indicated residents regardless of timeframe to community transition.³⁵

Discharge Planning for Residents Receiving MAT

When discharging residents from correctional facilities that are participating in MAT, MDOC uses a multidisciplinary team-based approach to conduct comprehensive discharge planning that includes linkages to community-based continuity of care services. The teams are led by MDOC's MAT Director, and consist of a case manager, the facility Deputy Warden of Programming, MDOC's Manager of Evidence Based Practices, and when appropriate, Adult Community Corrections, behavioral health clinicians and representatives from the medical team. Community organizations are also part of the team including Groups Recover Together and Day One, who assist MDOC with securing post-release MAT services and appointments; and local community recovery organizations, who provide linkages to recovery coaches and other recovery-based community programming.³⁵

An evaluation of the Maine DOC Medication-Assisted Treatment Pilot Program was completed by the University of Southern Maine, Muskie School of Public Service, Cutler Institute, with the results of their findings published in February 2020. Results indicate that, while there are opportunities to continue to refine the program, the overall implementation of the Maine DOC MAT Pilot Program has been successful. Feedback from participants indicates that the program is meeting their treatment needs and has helped them to maintain access to care as well as sustain their recovery post-incarceration.³⁴

Positive feedback from Maine DOC staff and program participants as well as individuals in the community including: state Legislators, District Attorneys, community members, treatment providers and employers. Overwhelmingly, individuals who have participated in the pilot program feel there have been a number of benefits. Participants frequently mentioned that being in the MAT program curbed their cravings, reduced anxiety and helped clear their minds so they could focus on making plans for community re-entry.³⁴

Although Maine DOC staff and their contractors have aimed to provide robust support to program participants, stakeholders suggested that an additional strategy of having external counselors interface with clients in order to establish a relationship prior to release would ease their transition to treatment in the community. In addition, a number of respondents discussed the need for the re-entry planning to begin earlier in the process.³⁴

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Additional topics of concern regarding care coordination and transitions discussed by program participants included: finding safe and secure housing; needing assistance with transportation; help signing up for MaineCare; coordinating with clinical staff to go back to an established provider or identifying one within their target release community; and supports to assist them in educating their families on their course of treatment. While we recognize that many of these aspects are out of the control of the Maine DOC, it appears there is a need to strengthen existing collaboration between clinical providers implementing the program to strengthen care transition as well as working to expand upon the existing model of pre-release planning. Moreover, Maine DOC may consider engage a broader group of community stakeholders to work on identify mechanisms to enhance community supports for individuals transitioning from correctional settings.³⁴

The Maine ORS team met with the Maine Department of Corrections Commissioner, Randall Liberty, in the fall of 2024 and plans to continue building a relationship and collaborating together.

The Maine ORS team is also working on building relationships with Maine County Correctional Facilities and has met with behavioral health staff at some of Maine's county Correctional Facilities.

IV. LINKAGE TO CARE FROM PUBLIC SAFETY SETTINGS

Linkages to care from public safety settings include pre-arrest diversion programs, post overdose outreach programs, safe stations programs, post-release from incarceration linkage programs, and drug courts. The Sequential Intercept Model (SIM) graphic below shows the typical correctional transition a person who uses drugs may process during criminal proceedings. The SIM model includes intercepts public safety may utilize to divert a person from typical criminal proceedings. Intercepts include post overdose outreach, pre-arrest, pre-booking, pre-trial, post-trial, re-entry, community supervision, and other.³⁶

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP

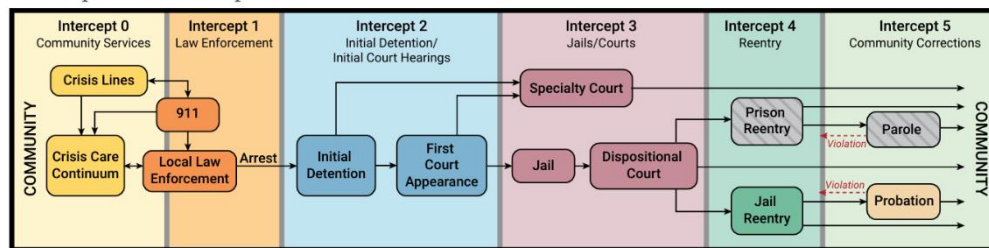


THE SEQUENTIAL INTERCEPT MODEL

Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders



The Sequential Intercept Model



Expanded Treatment and Recovery Courts to all judicial regions in the state except for Aroostook County (Aroostook County preparing for establishing such a court in 2024).⁷

Department of Public Safety–funded Law Enforcement Assisted Diversion programs to better direct individuals out of the criminal justice path and toward treatment, recovery, and harm-reduction pathways.³⁷

Recovery coaches embedded in emergency departments.³⁷

The OPTIONS initiative, announced in October 2020 by Governor Janet Mills, embeds behavioral health clinicians—called OPTIONS liaisons—within law enforcement agencies in each of Maine's 16 counties. At present, each county has one appointed liaison who corresponds to drug-related emergency calls alongside law enforcement partners to provide short-term counseling interventions and de-escalates behavioral health crises. Liaisons also engage in post overdose follow-up visits alongside law enforcement, referring persons and need as well as affected others to community- and state-based services. Liaisons also work within the community to conduct proactive outreach with individuals at the highest risk of experiencing an overdose, provide overdose education and naloxone distribution (OEND) trainings, and conduct anti-stigma trainings with community members, law enforcement agencies, and clinicians. To increase public awareness regarding drug overdose, destigmatize problematic substance use, and increase community awareness of the program, a robust public health messaging campaign and Web site (knowyouroptions.me) was launched to support the liaisons.

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP

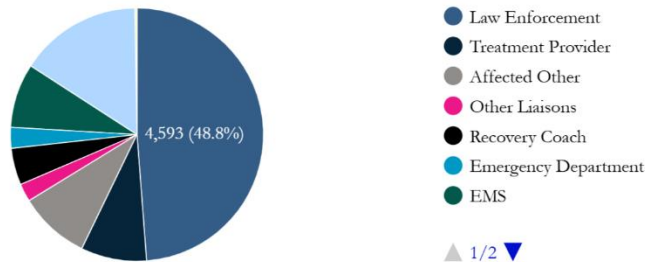


Law enforcement agencies and their embedded OPTIONS liaisons work together to link persons who use drugs (PWUD) in their communities who have experienced a suspected overdose or who are at high risk of an overdose, with care across the broad spectrum meeting these individuals where they are at in their journey of recovery from harm reduction, treatment, health care, recovery, and social services.³⁷

Proactive referrals by law enforcement and other entities to OPTIONS Liaisons linking persons with problematic substance use to treatment and recovery services.

In Maine, (OPTIONS) initiative embeds licensed behavioral health clinicians into one law enforcement department in each of the State's 16 counties. The Liaisons de-escalate behavioral health crises, engage in postoverdose follow up visits, and refer persons in need, as well as affected others, to community- and state-based services to address problematic substance use. Law enforcement officers have made 3,831 referrals (51%) to Liaisons since October of 2021 when this data began being collected.

Proactive Referrals to OPTIONS Liaisons by Type (Oct '21 - Aug '24)



38

Maine State Police (MSP) Behavioral Health Program Coordinators (BHPC's)

The MSP requested and received five BHPC positions in Governor Mill's supplemental budget in April of 2022 pursuant to Maine Public Law 2022 Chapter 635. These were new positions that had been requested by Commissioner of the Department Public Safety Michael Sauschuck and the Maine State Police Command staff so troopers could better respond and serve individuals suffering from mental and behavioral health problems and substance use disorder.³⁹



27

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



The MSP BHPC's facilitate and coordinate referrals to community-based resources and social services agencies based on a call for service that necessitates a police response. The positions were created to help divert individuals to services and away from the criminal justice system as appropriate. The BHPC's collaborate with various partners and stakeholders to help identify individuals who have solicited a police response related to mental health, substance use disorder, co-occurring disorders, homelessness, elder abuse, domestic violence, or any type of situation where there may be services available to aid the individual. The coordinator will then make recommendations regarding a plan, or a strategy aimed at improving an individual's circumstances.³⁹ It is the hope that the MSP BHPC positions will reduce repeated law enforcement responses to the same residence that is not necessarily law enforcement related. This helps create efficiencies for a police force that is already dealing with capacity issues and allows them to better focus on their primary mission.³⁹

During 2023, BHPC's responded to 1209 calls for services. Of those 1209 calls, there were 89 overdose mappings completed, 71 OPTIONS referrals made, and 622 NAMI referrals made. Overdose mapping is completed on all calls for service involving both fatal and non-fatal overdoses. OPTIONS referrals are completed on non-fatal overdose calls, as well as other calls for service where individuals are experiencing substance use disorder related issues. NAMI referrals are completed when calls for service involve mental health concerns. BHPC's also make referrals for services, not captured above, including adult protective, counseling, and case management.³⁹

V. HARM REDUCTION

State of Maine Director of Opioid Response

In January of 2019, the state of Maine appointed its first Director of Opioid Response. Governor Mills announced the appointment of Gordon Smith, Executive Vice President of the Maine Medical Association, to serve as the Director of Opioid Response in her administration. The position, housed within the Office of Innovation and the Future, marshals the collective power of state government in combatting the opioid epidemic.⁴⁰ The Opioid Response Director is responsible for coordinating and directing Maine's response to the opioid crisis, including prescriber education and reduction of opioid prescribing, prevention and treatment of substance use disorder, and harm reduction strategies.⁴¹

Syringe Services Program

OVERDOSE RESPONSE STRATEGY

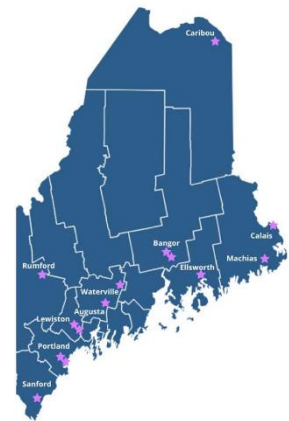
PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Research shows that Syringe Access Programs can reduce new Hepatitis C and HIV cases by an estimated 50% and they reduce overdose deaths by providing overdose education, naloxone, and fentanyl testing supplies to their enrollees.⁴²

Maine Statute, 22 MRS chapter 252-A, § 1341, Hypodermic Apparatus Exchange Programs, requires the Maine Center for Disease Control and Prevention to file an annual report to the Legislature's Judiciary Committee and Health and Human Services Committee on the status of syringe service programs certified under this section. The most recent reporting period is November 1, 2022 through October 31, 2023. During the reporting period, Maine had 13 certified Syringe Service Programs (SSP) operating in the communities of Portland, Augusta, Waterville, Bangor, Ellsworth, Sanford, Calais, Lewiston, Rumford, and Machias. These 13 locations are operated by eight organizations including the City of Portland, MaineGeneral Medical Center, Maine Access Points, TriCounty Mental Health Services, Commonsplace (previously Amistad), Wabanaki Public Health and Wellness, Church of Safe Injection, and Health Equity Alliance. The location in Portland operated by the City of Portland is Maine's first, opening in 1998. Currently, there are 32 certified sites in Maine, although not all are operational. All certified SSPs are required to submit their data on a monthly basis to the Maine Center for Disease Control and Prevention (Maine CDC), an office of the Department of Health and Human Services (DHHS).⁴³

Map 1.1 - Location of Operating Syringe Service Program sites in Maine.



In 2023, Maine's SSPs:

- Collected 3,158,782 used syringes.
- Distributed 3,676,315 new syringes.
- Had 8,373 enrolled participants.
- Enrolled 1,841 new participants.
- Made 26,166 referrals for services, such as primary and medical care, STD clinics, HIV and hepatitis testing, substance use disorder treatment, peer support, recovery coaches, overdose aftercare, food assistance, wound care, naloxone distribution, housing, transportation, health insurance benefits, mental health services, and other social supports.
- Conducted 373 total HIV tests with syringe service program participants.
- Provided 2,574 individuals with naloxone and overdose prevention education.⁴³

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



SSPs have been making headlines in Maine recently due to an increase presence of contaminated syringes across public parks, playgrounds, trails and sidewalks has and continues to expose adults and children to viral and bacterial infections caused by needle sticks. This has led one Maine town to restrict access to syringes. The Maine Center for Disease Control and Prevention said in a letter on November 6, 2024, that restriction to the program would be detrimental to public health.⁴⁴

Maine's Good Samaritan Law



On May 3, 2022, Governor Janet Mills signed LD 1862, An Act To Strengthen Maine's Good Samaritan Laws Concerning Drug-related Medical Assistance (known as the Good Samaritan Bill), into 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 are the result of the person experiencing a drug-related overdose or seeking medical assistance for someone else who is.⁴⁵

Maine's Good Samaritan Law protects a person who:

- In good faith, seeks medical assistance for a person experiencing a drug-related overdose;
- Is experiencing an overdose and needs medical assistance;
- Is "rendering aid" at the scene of an overdose. "Rendering aid" means performing any action that involves looking after a person who is experiencing a suspected drug-related overdose.⁴⁶

Maine's Good Samaritan Law protects a person from:

- Arrest and prosecution for most non-violent crimes, including all drug crimes;
- Revocations of bail, probation, supervised community confinement, community confinement monitoring, deferred disposition, and administrative release for most non-violent crimes, including for all drug crimes;
- Arrest on outstanding warrants for most non-violent crimes, including for all drug crimes.⁴⁶

Maine's Good Samaritan Law does NOT protect a person who commits crimes, including, but not limited to violent crimes, sex crimes, and crimes against children.⁴⁶

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



Laws such as the Good Samaritan Law have been proven to save lives. Maine is one of 47 other states and the District of Columbia that have enacted some form of a Good Samaritan or 911 drug immunity law. A 2020 study by the Government Accountability Office (GAO) found a nationwide pattern of lower opioid-related overdose death rates among states that have enacted Good Samaritan laws, both compared to death rates prior to a law’s enactment and death rates in states without such laws. Studies also found that people are more likely to call 911 if they are aware of the laws.⁴⁷

Naloxone Distribution Programs

In July 2019, the Maine Naloxone Distribution Initiative launched a project focused on overdose education, prevention and naloxone distribution. Public health and harm reduction partners, known as Tier 1 Distributors, began distributing state-supplied naloxone rescue kits across Maine to clinicians, community partners, and end users.⁴² Maine has made naloxone available to various organizations and community members who wish to keep it on hand in case of an opioid-overdose emergency or to distribute to individuals using opioids. From July 2019 to December 2023, the Maine Naloxone Distribution Initiative and the Maine Attorney General’s Naloxone Distribution Program distributed over 458,000 doses of naloxone to communities throughout the state.⁴⁸

Maine Opioid Response Strategic 2023-2025 Action Plan

The Strategic Action Plan (SAP) is designed to confront the epidemic of substance use disorder (SUD) and opioid use disorder (OUD) with evidence-based strategies that are targeted and tailored for maximum impact in Maine. Gordon Smith, the Director of Opioid Response, oversees the plan and works collaboratively with state and local partners to ensure its implementation.⁷ “Governor Mills’ strategic action plan for opioid response is one of the most comprehensive in the nation. Since day one, she has made this a priority in her administration.” - *Michael Botticelli, Former Director, White House Office of National Drug Control Policy*⁷



OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



OPTIONS Overdose Prevention Through Intensive Outreach, Naloxone, and Safety (OPTIONS) **SAVE LIVES**

The Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) initiative is a coordinated effort of the Maine Office of Behavioral Health (OBH) and other state agencies to improve the health of Mainers with substance use disorder. OPTIONS supports treatment, harm reduction and recovery, and aims to reduce the number of fatal and non-fatal drug related overdoses by embedding OPTIONS Liaisons in all 16 counties in Maine.



OPTIONS Liaisons are behavioral health clinicians employed by behavioral health organizations contracted through the State of Maine, Office of Behavioral Health. In 2023, Governor Mills funding to expand the Liaison program, with additional Liaisons being hired in counties with a higher need. Liaisons provide brief therapeutic interventions, conduct proactive outreach with communities at the highest risk of experiencing an overdose, de-escalate behavioral health crises, and engage in post-overdose follow up visits and referrals of persons in need, as well as affected others, to community- and state-based services. They collaborate and coordinate with those on the frontlines responding to people experiencing an overdose or at risk of overdose, including first responders like law enforcement and EMS.⁴⁹

Through interviews with over 50 state and community leaders, the OPTIONS public health campaign strives to reflect the voices of Mainers affected by the opioid epidemic. In doing so, the campaign aims to:

- Improve the understanding of the Good Samaritan Law and increase calls to 9-1-1 for medical assistance in the event of an overdose emergency.
- Invigorate the *Have It On Hand* campaign to increase the distribution and availability of life saving Naloxone across the state.
- Educate those at-risk on safer drug use practices that reduce the risk of both fatal and non-fatal overdose.
- Connect people affected by the opioid epidemic with local prevention, harm reduction, recovery, treatment, and general support resources.⁴⁹

Overdose Fatality Review (OFR)

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



On June 21, 2021, Governor Janet T. Mills signed into law L.D. 1718, known as An Act to Establish the Accidental Drug Overdose Death Review Panel in the Office of the Attorney General. Because the bill included an emergency preamble and passed with more than a two-thirds majority, it took effect immediately.⁵⁰

Several other states have similar panels which have been considered to be an effective strategy in preventing overdose deaths. The panel examines tragic incidents in the state. It plays a constructive role in bringing stakeholders together to review specific cases, identify what is working, and make recommendations for what may be done to prevent accidental future overdoses. The law established an Accidental Drug Overdose Death Review Panel to review a selection of deaths caused by accidental drug overdoses. The panel will recommend strategies to state, county and local agencies methods of preventing deaths as the result of overdoses, including suggesting modifications or enactments of laws, rules, policies and procedures.

Additionally, the panel has the authority to review nonfatal overdoses. The panel consists of fifteen individuals representing various state offices, law enforcement agencies, affected family members and persons in recovery. The panel also includes one or more physicians who treat substance use disorder, an EMS representative and a harm reduction specialist. The state's Director of Opioid Response serves as the chair of the panel.⁵⁰

The research team at the Margaret Chase Smith Policy Center at the University of Maine will staff the panel. It will operate similarly to other fatality review panels in the state, such as the Maternal and Infant Death Review Panel. The law allows these panels to collect materials that might otherwise be confidential and to deliberate in private when necessary.⁵⁰

After submitting a request to attend the Maine Accidental Overdose Death Panel meetings, the Maine ORS team signed an Overdose Review Panel confidentiality agreement and began attending the Maine Accidental Overdose Death Panel meetings in the summer of 2024. After attending two Accidental Overdose Death Panel meetings, the Maine ORS team took part in an Overdose Review Panel Recommendations Working Meeting in the fall of 2024.⁵⁰

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



SOURCES:

- ¹ Heffner, M. (2024, September 16). *Travel + Discover Maine | Exploring & Enjoying Maine*. Travel + Discover Maine. <https://www.visitmaine.net/>
- ² U.S. Census Bureau. (n.d.). *Explore Census data*. <https://data.census.gov/profile/Maine?g=040XX00US23>
- ³ Callaghan, A. H. (2023, May 10). How to get around Maine, from the parks to the ocean. *Lonely Planet*. <https://www.lonelyplanet.com/articles/getting-around-maine>
- ⁴ U.S. Census Bureau. (n.d.). *Explore Census data*. <https://data.census.gov/profile/Maine?g=040XX00US23>
- ⁵ *United States Drug Enforcement Administration*. (n.d.). <https://www.dea.gov/operations/hidta>
- ⁶ *New England HIDTA: Combating Drug Threats Since 1999*. (n.d.). New England HIDTA. <https://www.nehidta.org/>
- ⁷ *Maine Opioid Response: 2023-2025 Strategic Action Plan*. (2023). [Report]. https://www.maine.gov/future/sites/maine.gov/future/files/inline-files/GOPIF_OpioidReport_2023.pdf
- ⁸ Sorg, M. H., Soucier, D. S., & Margaret Chase Smith Policy Center, University of Maine. (2024). Maine monthly overdose report. In *Maine Monthly Overdose Report*. https://mainedrugdata.org/wp-content/uploads/2025/02/2024-12-ME_OD_Report-Final1.pdf
- ⁹ *Office of the Maine AG: Opioids: 2023 opioid settlements*. (n.d.). <https://www.maine.gov/ag/opioids/2023-opioid-settlements.html>
- ¹⁰ *Office of the Maine AG: Crime and Victims: Chief medical Examiner*. (n.d.). https://www.maine.gov/ag/crime/chief_medical_examiner.shtml
- ¹¹ MRS Title 22, Chapter 711. MEDICAL EXAMINER ACT. (2024). In *MRS Title 22, Chapter 711. MEDICAL EXAMINER ACT* (pp. 1–2). <https://legislature.maine.gov/statutes/22/title22ch711.pdf>
- ¹² *Governor Mills swears in Dr. Alice Briones as Maine's chief medical examiner | Office of Governor Janet T. Mills*. (2024b, July 15). <https://www1.maine.gov/governor/mills/news/governor-mills-swears-dr-alice-briones-maines-chief-medical-examiner-2024-07-15>
- ¹³ *Maine Coroner/Medical Examiner Laws*. (2024, May 15). Public Health Law. <https://www.cdc.gov/phlp/php/coroner/maine.html>
- ¹⁴ *Prescription Drug Monitoring Program FAQ | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www.maine.gov/dhhs/obh/providers/pmp-faq>

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



- ¹⁵ Maine Department of Health & Human Services & Office of Behavioral Health. (2021). *Prescription Monitoring Program Annual Report 2021*. <https://mainedrugdata.org/wp-content/uploads/2022/03/PMP-Annual-Report-2021-2-10-22.pdf>
- ¹⁶ Prescription Drug Monitoring Program, Office of Behavioral Health, & Maine Department of Health and Human Services. (2023). *Prescription Monitoring Program Annual Report Calendar Year 2023*. In *Joint Standing Committee on Health and Human Services*. <https://mainedrugdata.org/wp-content/uploads/2024/07/PMP-Annual-Report-2023-Final.pdf>
- ¹⁷ *Drug Monitoring Initiative*. (2024, December). Maine Drug Data Hub. <https://mainedrugdata.org/wp-content/uploads/2024/12/Maine-Drug-Monitoring-Initiative-December-2024-Statewide-2024-0001206.pdf>
- ¹⁸ Washington/Baltimore HIDTA. (n.d.). *Statewide Implementation Strategies: Keep your community aware and prepared*. <https://odmap.org:4443/Content/docs/ODMAP-State-Implementation-Still.pdf#:~:text=Maine%20submits%20suspected%20overdose%20data%20to%20ODMAP%20through%20a%20statewide>
- ¹⁹ *Focus area 2023-2025: Infrastructure – Maine Drug Data Hub*. (n.d.). <https://mainedrugdata.org/focus-area-2023-2025-infrastructure/>
- ²⁰ *Forensic Chemistry - Division of Public Health Systems | Maine Health and Environmental Testing Lab | MECDC | Maine DHHS*. (n.d.). <https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/forensic.htm#:~:text=The%20Forensic%20Chemistry%20Section%20of%20the%20Health%20and%20Environmental%20Testing>
- ²¹ Maine Department of Health and Human Services. (n.d.). [Comprehensive Behavioral Health Plan for Maine]. In *Maine Department of Health and Human Services*. <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20LD1262%20FINAL%20Report.pdf>
- ²² *Crisis Services | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www.maine.gov/dhhs/obh/support-services/mental-health-services/crisis-services>
- ²³ *Early Intervention Program | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www.maine.gov/dhhs/obh/support-services/mental-health-services/early-intervention>
- ²⁴ *Residential Treatment | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www.maine.gov/dhhs/obh/support-services/mental-health-services/residential-treatment>
- ²⁵ *Mental Health Recovery Support Services & Treatment | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www.maine.gov/dhhs/obh/support-services/mental-health-services/recovery-support-services-treatment>
- ²⁶ *Human Services | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www1.maine.gov/dhhs/programs-services/human-services>
- ²⁷ *Substance Use Disorder Treatment | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www.maine.gov/dhhs/obh/support-services/substance-use-disorder-services/treatment-services>

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



- ²⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). 2019 State Profile — Maine. In *National Survey of Substance Abuse Treatment Services (N-SSATS)*. https://www.samhsa.gov/data/sites/default/files/quick_statistics/state_profiles/NSSATS-ME19.pdf
- ²⁹ *FindTreatment.gov*. (n.d.). FindTreatment.gov. <https://findtreatment.gov/locator>
- ³⁰ *Substance Use Disorder Recovery Supports | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www.maine.gov/dhhs/obh/support-services/substance-use-disorder-services/recovery-supports>
- ³¹ *MaineMOM | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www.maine.gov/dhhs/oms/providers/mainemom>
- ³² MaineCare & Center for Medicare and Medicaid Innovation. (2021). MaineMOM Integrated Substance Use Treatment and Maternal Health care. In *MaineMOM*. <https://www1.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/MaineMOM-factsheet-6.28.21pdf.pdf>
- ³³ *Substance Use Resources for Youth | Department of Health and Human Services*. (n.d.). Maine DHHS. <https://www1.maine.gov/dhhs/obh/support-services/childrens-behavioral-health/substance-use-resources-for-youth>
- ³⁴ Smith M.L., Shaler, G., Dooley, O., Ali, E., Evaluation of Maine DOC Medication-Assisted Treatment Pilot Program. Portland, ME: University of Southern Maine, Muskie School of Public Service, Cutler Institute; February 28, 2020.
- ³⁵ Maine Department of Corrections, Liberty, R., & Thornell, R. (2021). *Medication Assisted Treatment Services Two Year summary*. <https://www.maine.gov/corrections/sites/maine.gov.corrections/files/inline-files/MDOC%20MAT%20Year%20Two%20Report%202021.pdf>
- ³⁶ Munetz, M., Griffin, P. A., Steadman, H. J., & Policy Research Associates. (2000). THE SEQUENTIAL INTERCEPT MODEL. *Advancing Community-Based Solutions for Justice-Involved People With Mental and Substance Use Disorders* [Report]. Policy Research Associates. <https://www.prainc.com/wp-content/uploads/2018/06/PRA-SIM-Letter-Paper-2018.pdf>
- ³⁷ Carter, Amy BSHA-M; Soucier, Daniel S. PhD; Haram, Eric BS, LADC; Mazerolle, Sybil BA; Sauschuck, Michael BCrim; Coutu-Farrell, Katherine MSW, LADC. *Maine's Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) Initiative*. *Journal of Public Health Management and Practice* 28(Supplement 6):p S326-S329, November/December 2022. | DOI: 10.1097/PHH.0000000000001598
- ³⁸ *Thematic Dashboard: OPTIONS Initiative – Maine Drug Data Hub*. (n.d.). <https://mainedrugdata.org/thematic-dashboard-options-initiative/>
- ³⁹ Elsie, B., Jeni, M., & Maine State Police. (2023). *Year in review - 2023*. <https://www.maine.gov/dps/msp/sites/maine.gov.dps.msp/files/inline-files/BHC%20Annual%20Report.pdf>

OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



- ⁴⁰ *Governor Mills appoints Gordon Smith Director of Opioid Response* | Office of Governor Janet T. Mills. (2019, January 24). <https://www.maine.gov/governor/mills/news/governor-mills-appoints-gordon-smith-director-opioid-response-2019-01-24>
- ⁴¹ *Gordon Smith* | Office of Policy Innovation & Future. (n.d.). <https://www.maine.gov/future/about/our-team/gordon>
- ⁴² *Harm Reduction – Maine Drug Data Hub*. (n.d.). <https://mainedrugdata.org/maine-drug-data-hub/maine-drug-data/harm-reduction/#:~:text=In%20Maine%2C%20you%20can%20obtain%20naloxone%20through%20harm,or%20to%20have%20naloxone%20mailed%20to%20your%20home.>
- ⁴³ Infectious Disease Prevention Program, Maine Center for Disease Control and Prevention, & Department of Health and Human Services. (2024). Syringe service programs in Maine. In *Annual Report* [Report]. <https://www1.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/documents/pdf/Final%202023%20SSP%20Annual%20Report%201.pdf>
- ⁴⁴ Ericson, S. (2024, November 13). Sanford council votes to limit needle exchange to 1-to-1 model. *Press Herald*. <https://www.pressherald.com/2024/11/13/sanford-enacts-ordinance-to-limit-needle-exchange-to-1-to-1-model/>
- ⁴⁵ *Maine State Legislature*. An Act To Strengthen Maine's Good Samaritan Laws Concerning Drug related Medical Assistance. <https://legislature.maine.gov/backend/App/services/getDocument.aspx?documentId=91975>
- ⁴⁶ *Maine's good Samaritan Law - options*. (2023, August 8). Options. <https://knowyouroptions.me/good-samaritan-law/>
- ⁴⁷ Highlights of GAO-21-248, a report to Congressional Committees. (2021). In *GAO-21-248* [Report]. <https://www.gao.gov/assets/gao-21-248-highlights.pdf>
- ⁴⁸ *Get Maine naloxone – Find Narcan® / naloxone in Maine*. (n.d.). <https://getmainenaloxone.org/>
- ⁴⁹ *About OPTIONS - Options*. (2023, October 24). Options. <https://knowyouroptions.me/about-options-initiative/>
- ⁵⁰ *June 2021 Monthly Overdose report – Maine Drug Data Hub*. (n.d.). <https://mainedrugdata.org/june-2021-monthly-overdose-report/#:~:text=Accidental%20Drug%20Overdose%20Death%20Review%20Panel.%20On%20June%202021,%202021>