



An Integrated Approach to Prescription Abuse in Maine

Guy R. Cousins, Director

DHHS/OSA

October 2009

Concern from many perspectives ...

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

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

- Supply:
 - Pharmaceutical companies
 - Medical community
 - Pharmacies
 - Insurance industry
 - Family members
 - Illegal distribution
- Demand:
 - Persons needing legitimate access to pain medications
 - Persons experimenting with recreational substance use
 - Persons with substance use disorders

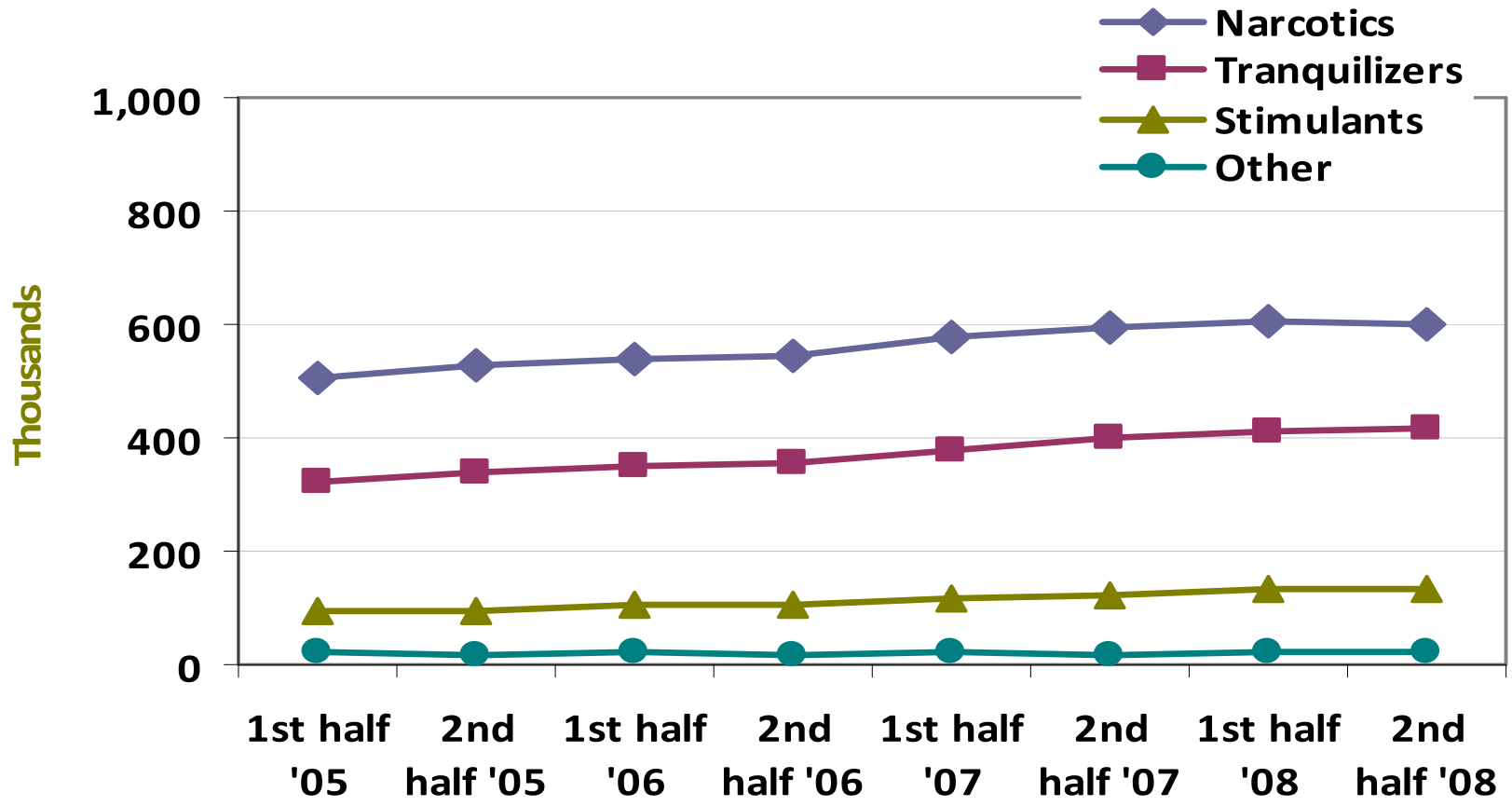
Prevention

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

Intervention

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

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



Source: PMP

Intervention

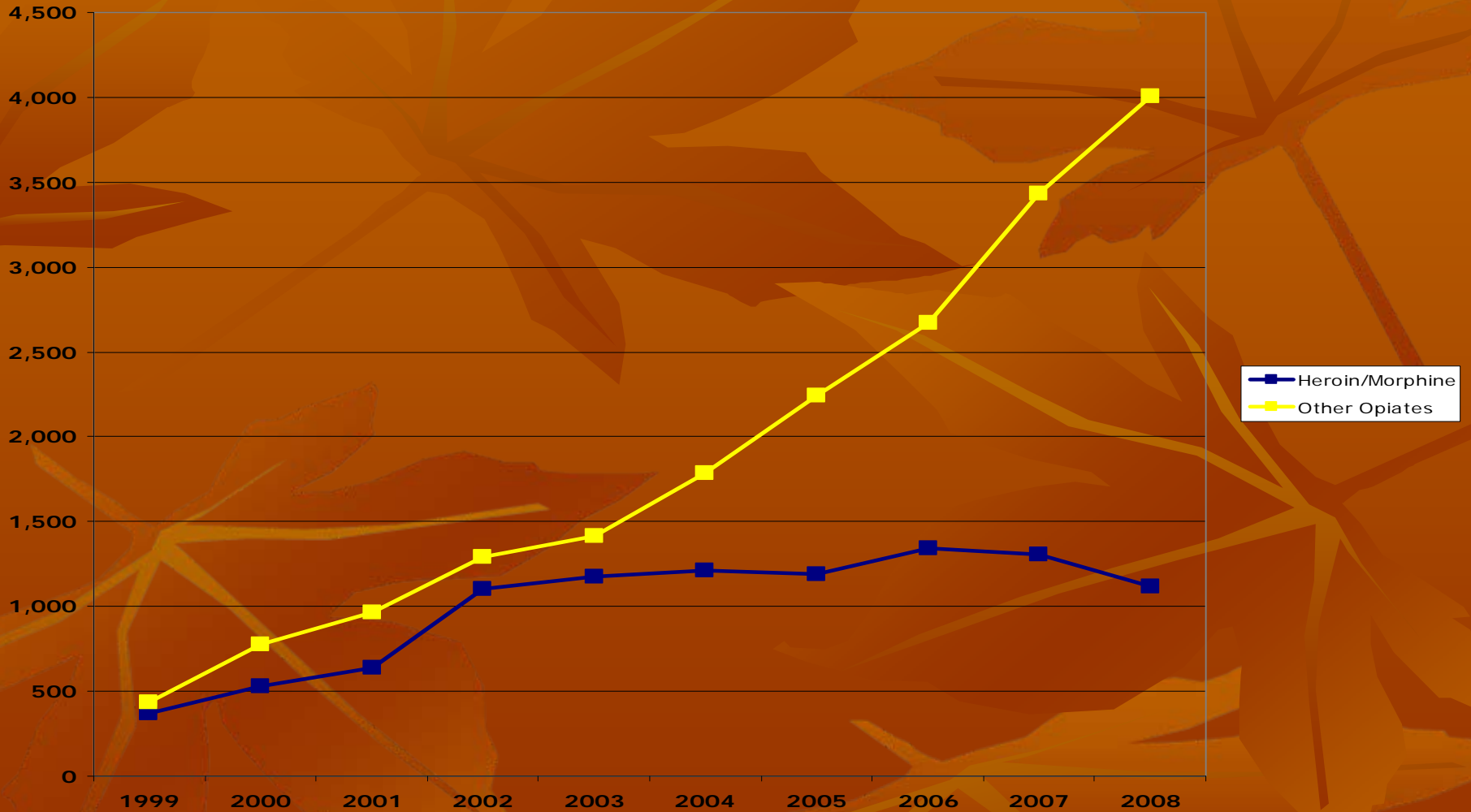
- Screening and brief intervention

Medical settings are proven as the best opportunity for widespread intervention into substance use and abuse by:

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

Admissions to substance abuse treatment for opiate abuse

Maine: 1999-2008



Treatment

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

Recovery

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

Questions

Maine Office of Substance Abuse

Phone: 207-287-2595

TTY: 1-800-606-0215

guy.cousins@maine.gov