

# Vulnerability Assessment for Opioid Overdoses and Bloodborne Infections Associated with Non-Sterile Injection Drug Use in Maine

Fact Sheet, July 2019



## Background

- In 2017, Maine had the 6th highest opioid overdose death rate, the 2nd highest acute hepatitis B rate, and the 10th highest acute hepatitis C rate in the United States.
- Public health officials identified a link between the opioid epidemic and the spread of bloodborne infections such as human immunodeficiency virus (HIV), hepatitis B, and hepatitis C.
- US Centers for Disease Control and Prevention (CDC) funded state governments to conduct vulnerability assessments.
- A 15-member Stakeholder Group representing 13 organizations throughout Maine provided input and guidance.

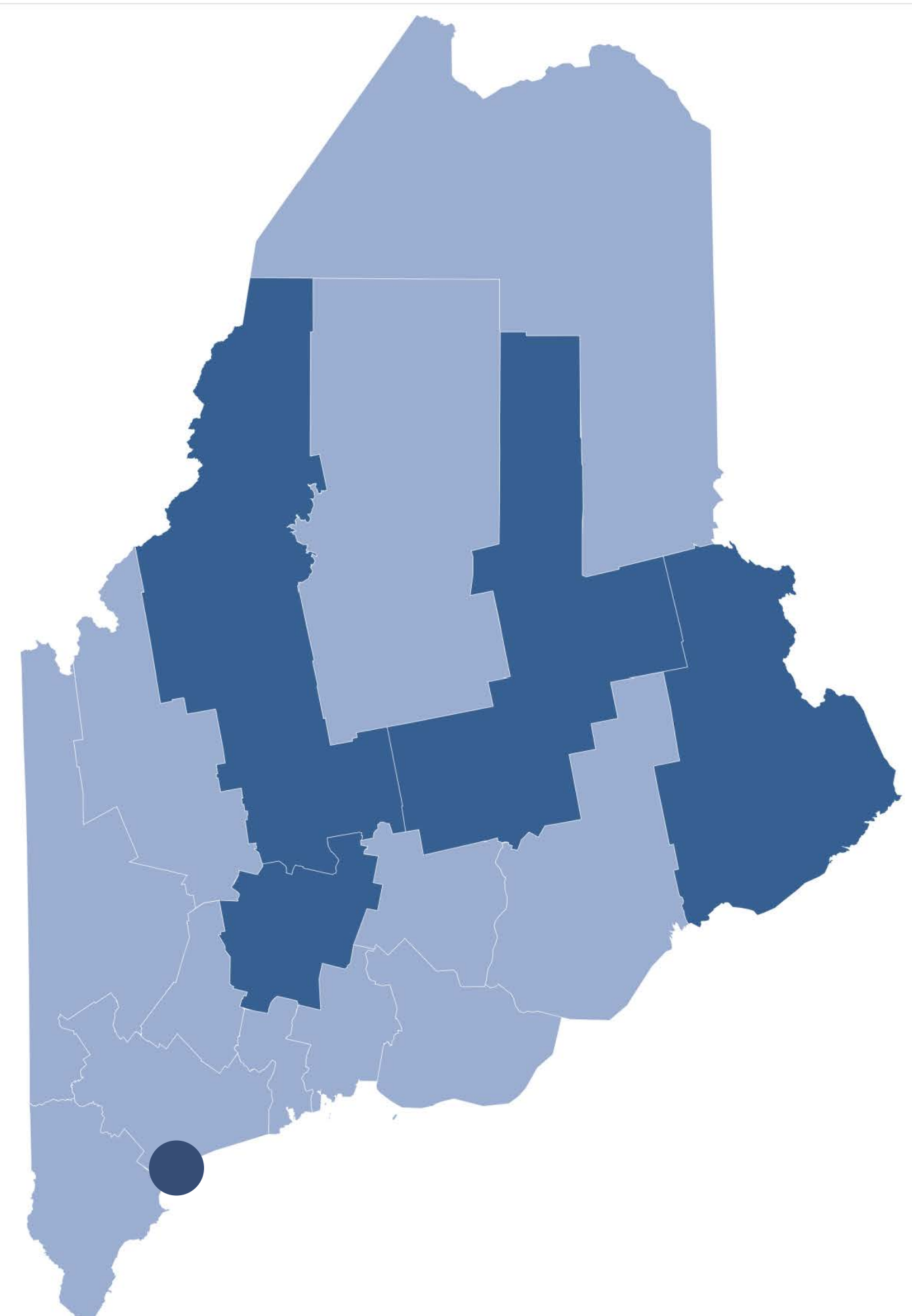


## Purpose

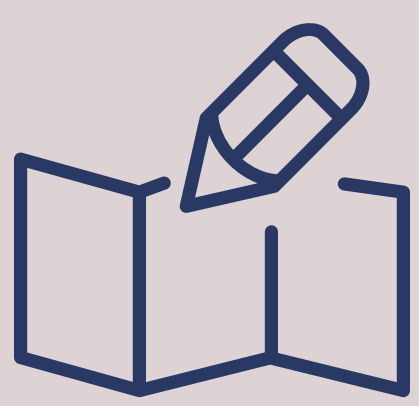
- Identify areas in Maine at high risk for opioid overdoses and bloodborne infections associated with non-sterile injection drug use.
- Use findings to make recommendations for interventions that strategically allocate services to the highest risk areas.

## Most Vulnerable Areas Interventions Should Target

- Kennebec County
- Penobscot County
- Portland Area of Cumberland County
- Somerset County
- Washington County

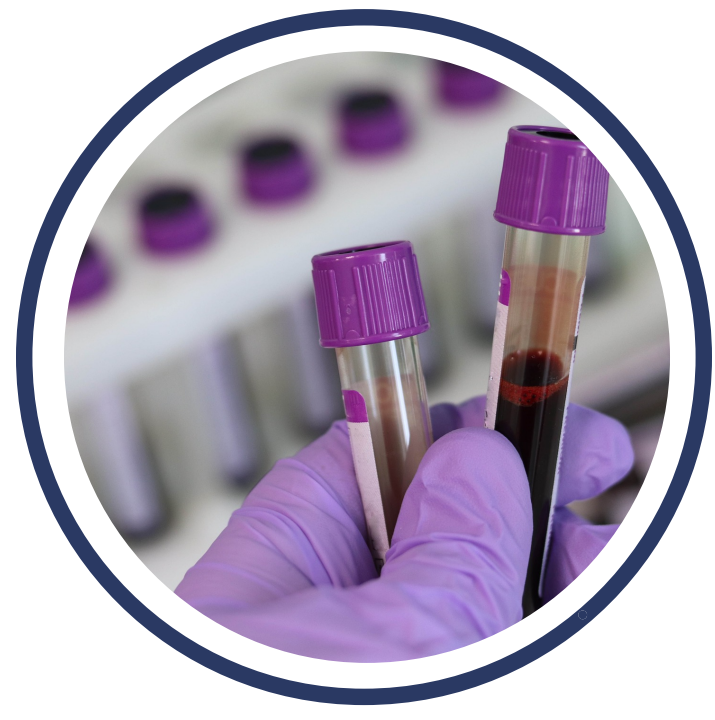






# Recommendations

## Prevention



- Incorporate overdose and bloodborne infection prevention into services community prevention organizations provide.
- Increase access to HIV, hepatitis B, and hepatitis C testing.
- Implement substance use and bloodborne infection prevention programs in schools. Target high-risk youth.
- Pass legislation requiring HIV, hepatitis B, and hepatitis C testing for all individuals receiving hospital or primary care services.

## Harm Reduction

- Open syringe exchange programs in Somerset County and northern Washington County.
- Expand operating hours and staff at the seven existing exchange locations.
- Continue to provide PrEP education to healthcare providers and patients.
- Implement innovative syringe exchange programs such as satellite units, vending machines, and pharmacy exchanges.
- Explore a safe injection site pilot program in the most vulnerable urban areas, such as Bangor and Portland.
- Assess naloxone availability in the most vulnerable areas and investigate ways to expand access if needed.
- Implement comprehensive case management programs for active substance users.
- Explore ways to increase availability of telehealth for hepatitis.



## Treatment and Recovery



- Increase medication-assisted treatment (MAT) providers, especially in Somerset County and northern Washington County.
- Encourage creation of Opioid Health Home hubs, especially in Somerset County and northern Washington County.
- Develop a web-based database of treatment and recovery services.
- Provide screening, intervention, and referral to treatment (SBIRT) trainings to staff at general healthcare organizations.
- Encourage providers to be Opioid Health Home spokes, prescribe buprenorphine and PrEP, and test for HIV, hepatitis B and C.
- Increase the availability of telehealth for MAT, HIV, hepatitis B, and hepatitis C.
- Increase the number of recovery residences and require that residencies accept individuals on MAT.
- Assist the Portland Recovery Community Center in opening centers in vulnerable areas that do not currently have one.
- Create homelessness programs based on the Housing First model.

## Law Enforcement and Criminal Justice

- Expand access to Adult Drug Treatment Courts and Family Treatment Drug Courts.
- Reduce the participation cost of alternative sentencing programs so that all eligible individuals can participate.
- Assess what law enforcement and other first responder agencies are doing to address the opioid epidemic.
- Implement MAT in county jails.

