



Senator Hamper, Representative Rotundo and members of the Joint Standing Committees on Appropriations and Financial Affairs and Taxation. My name is Patty Hamilton. I am the Public Health Director for the City of Bangor and the Chair of the Community Health Leadership Board (CHLB) serving not only Bangor, but also many of the health facilities and communities beyond Bangor. This board is a novel group unlike any I am aware of in the state. It is a group of Hospital, Public Health and Social Service CEOs that are joining forces, working together to improve the health of our region; we decided to start with an “easy” issue and are addressing substance use disorders. I want to take a moment to applaud the legislature for taking this step to address the drug abuse problem in Maine and to take real and meaningful approach to solving it, and I want to tell you why a fairly robust community of healthcare institutions wants to be sure you are aware of the critical needs. The CHLB has been meeting monthly for almost two years, focusing our efforts on this complicated public health issue. We heard from a community stakeholder group made up of teachers, law enforcement, business, EMS and people in recovery; some of us also met with people from surrounding communities. Social Detox was the most frequently cited need and recommendation.

A message we heard loud and clear was that hospitals, shelters and jails were not appropriate places for individuals to detox and usually resulted in the revolving door or overdose deaths. Hospital staff are not prepared to handle the many, many people coming in each shift. One ER nurse stated she regularly sees 2-3 people each shift, each requiring one on one care related to substance abuse or addiction. We heard over and over from Police and EMS that they had no place to take people. Individuals would be seen by either police or EMS, taken to one of these locations, and discharged later without being connected to services or treatment. They would return again and again, using high cost hospital and municipal services, resulting in indirect tax dollars being used ineffectively. For instance, when an ambulance is called a fire truck also has to go on that run, doubling or tripling the cost of a call. What we are doing is clearly not working and we need to take a new approach.

Several states are using the proposed social detox model. It is not new; it is, however, just one of the tools that could be helpful for northern Maine and its many rural communities. As a state, the social detox licensing rules have existed since 2008, and we have some necessary pieces in place. If an individual says “I’m ready for help” they could be taken to a detox center for 3-5 days. Once there, they would receive a ‘comfort pack’ of meds to treat the withdrawal, be stabilized off either alcohol or opiates, and seen by a therapist and the appropriate level of care would be determined.

Some might need medication therapy, but others would not. All would be connected to counseling, peer supports and other needed services; a vast improvement over the current system.

The leadership board has identified this as a critical need; they will also continue to work on the other aspects of the problem, such as working with area health care providers to create models of care that can be delivered in doctor offices, keeping people in their homes with support for recovery. Like any chronic disease, some people may require more intensive services. As we continue to reduce the stigma associated with asking for help, we may be able to get individuals to treatment earlier, requiring fewer resources and lowering costs. As we heard from the District Attorney, the Governor and others, we need to address all aspects of the problem to have a measurable impact; law enforcement, prevention, treatment and recovery are all key pieces.

Our region was recently awarded an Open Society planning grant to explore law enforcement-assisted diversion program; we have the Bangor Area Recovery Network (BARN) in Brewer that receives no state or federal funding. We feel we are well poised to set this model of care in action, improving the lives of affected individuals and their families and reducing social and health care costs. We are committed to continuing our work to improve prevention efforts, reduce stigma, promote recovery, direct people to help earlier and to support law enforcement in their efforts.

Thank you for your time and attention.

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