2025

Maine Accidental Drug Overdose Death Review Panel

SPECIAL REPORT: RECOMMENDATIONS FROM ADOLESCENT OVERDOSE REVIEW

PREPARED BY THE MARGARET CHASE SMITH POLICY CENTER - UNIVERSITY OF MAINE, ON BEHALF OF THE MAINE ACCIDENTAL DRUG OVERDOSE DEATH REVIEW PANEL

Establishment and Purpose of the Maine Accidental Drug Overdose Death Review Panel

On June 22, 2021, Governor Janet T. Mills signed into law emergency legislation establishing an Accidental Drug Overdose Death Review Panel. The law, which began as L.D. 1718 "An Act to Establish the Accidental Drug Overdose Death Review Panel," was enacted during the 130th Maine Legislature's First Special Session under Title 5, Part 1, Ch. 9, §200-M. Accidental Drug Overdose Death Review Panel.

Due to the severity of the opioid epidemic, Maine is taking significant action to respond to the urgent need present in the state. These efforts began under the direction of Governor Mills with her issue of Executive Order 2: An Order to Implement Immediate Responses to Maine's Opioid Epidemic in 2019 and have continued to evolve over time. The establishment of Maine's Accidental Drug Overdose Death Review Panel is one of a number of innovative policy solutions aimed at reducing drug mortality in Maine. These efforts include expanding access to the life-saving reversal drug naloxone; expanding Medicaid (MaineCare) coverage to over 100,000 Mainers with over 22,000 individuals receiving treatment for substance use; increasing recovery resources, including an increased number of recovery centers and adding hundreds of new recovery coaches to the state workforce; expanding medication-assisted treatment options, including to over 1,500 incarcerated individuals; and expanding Maine's Good Samaritan Law, first signed in 2019; the launch of the OPTIONS program; and more.

The Accidental Drug Overdose Death Review Panel, frequently referred to as the "Overdose Review Panel" or "ORP," has been formed to recommend to state, county, and local agencies methods of preventing deaths as the result of accidental drug overdoses. These methods could include modification or enactment of laws, rules, policies, and procedures. It is the Panel's role to examine a subset of deaths associated with accidental drug overdoses to facilitate the development of targeted recommendations. This examination takes into consideration the demographic and social determinant characteristics of the population of individuals whose deaths are associated with accidental drug overdose so racial, ethnic, socioeconomic and other factors are considered equitably in case review. The deaths selected for review by the Panel must be recommended by the Chief Medical Examiner, by a designee appointed by the Chief Medical Examiner, or by an individual with whom the Office of the Attorney General contracts for services. In addition, excluding any contextual barriers in the law, the Panel can review information surrounding nonfatal accidental drug overdoses, a feature unique among overdose fatality reviews (OFRs). Upon review of sufficient case content, the Panel provides recommendations for methods of preventing deaths as the result of accidental drug overdoses to state, county, and local agencies in the form of reports (this being the second).

According to Title 5, Part 1, Ch. 0 §200-M. Accidental Drug Overdose Death Review Panel in any case subject to review by the Panel, upon oral or written request from the Panel or its staff, any entities in possession of information or records that are necessary or relevant for review

activities are expected to provide these to the Panel as soon as possible. Entities or individuals providing records and information to the Panel for review are not criminally or civilly liable for disclosing these data in line with the statute. Furthermore, the proceedings and records of the Panel's review activity itself are confidential and are not subject to subpoena, discovery, or introduction as evidence in civil or criminal proceedings. The Office of the Attorney General can make disclosures of Panel findings either at request or in the form of published reports, but may not disclose information, records, or data that are otherwise confidential.

Maine Accidental Drug Overdose Death Review Panel Membership—Effective January 1, 2025

- *The Director of Opioid Response within the Governor's Office of Policy Innovation and the Future, Ex Officio, Chair:*
    - Gordon Smith, Esq.
- *The Chief Medical Examiner, Ex Officio, or an Appointee thereof:*
    - Alice J. Briones, MD
- *The Commissioner of Public Safety, Ex Officio:*
    - Commissioner Michael Sauschuck
- *The Director of the Office of Behavioral Health within the Department of Health and Human Services or an Appointee thereof, Ex Officio:*
    - Katherine Coutu, Division Manager/State Opioid Treatment Authority, Maine Office of Behavioral Health
- *Director of the Maine Center for Disease Control and Prevention within the Department of Health and Human Services or an Appointee thereof, Ex Officio:*
    - Isaac Benowitz, MD
- *The Chief Justice of the Supreme Judicial Court or an Appointee thereof*
    - Matthew Tice, Esq., District Court Judge, Biddeford, ME
- *A Prosecutor Nominated by Statewide Association and Appointed by the Attorney General:*
    - Natasha Irving, Esq. Lincoln County District Attorney
- *A Police Chief Nominated by Statewide Association and Appointed by the Attorney General:*
    - Robert Mackenzie, Chief of Police, Kennebunk, ME

- *A Sheriff Nominated by Statewide Association and Appointed by the Attorney General:*
    - Todd Brackett, Lincoln County Sheriff
- *Physicians Treating Substance Use Disorder Appointed by the Governor:*
    - Vijay Amarendran, MD, Psychiatry and Addiction Medicine Specialist
    - Rachel Solotaroff, MD, Executive Clinical Director of Substance Use Disorder Services, Penobscot Community Health Care
- *Emergency Medical Services Representative Appointed by the Commissioner of Public Safety:*
    - Wil O'Neal, Director of Maine EMS
- *An Expert in Harm Reduction Strategies Appointed by the Governor*:
    - Patty Hamilton, FNP (Retired), Former Director of Bangor Public Health
- *An Academic Research Professor with Experience in Reviewing Drug Overdose Deaths Appointed by the Attorney General:*
    - Marcella Sorg, PhD., Research Professor, Department of Anthropology, Climate Change Institute, and Margaret Chase Smith Policy Center, The University of Maine
- *A Representative of Families Affected by Drug Overdose Deaths Appointed by the Governor:*
    - Shelly Yankowsky
- *A Person in Recovery from Substance Use Disorder Appointed by the Governor:*
    - Ronald Springel, MD, Executive Director of Maine Association of Recovery Residences

Non-panelist Attendees

In addition to appointed panelists, other guests attend overdose review sessions on an as-needed basis. Non-panelist attendees must sign Guest Confidentiality Agreements in order to join Panel proceedings. Non-panelist guests include state officials, data managers, University of Maine support staff, and stakeholders as invited.

Panel Recommendations

Panel recommendations are developed both holistically and intentionally. During case review discussion, panel staff will collect recommendations that arise from panelist feedback. Typically, once case presentation and discussion have been concluded, the panel leaves time for the proposal of recommendations. Recommendations are collected by staff and organized by focus area groups. Recommendations are accrued across meetings, both for individual cases as review is in process and for focal areas as reviews are completed. Once there are sufficient recommendations, the Panel devotes time to refining and preparing recommendations for release to appropriate contexts. The following report represents our second such release in the form of a special focus on youth/adolescent overdose, our first report having focused on overdoses occurring in carceral/post-carceral settings and general recommendations.

Special Review Focus: Youth/Adolescent Overdose

In 2023–24, the Maine Accidental Drug Overdose Death Review Panel focused on incidents of youth overdose in the state. At a population level, these cases make up a small percentage of total fatal overdoses in Maine (only 0.54% in 2023), but they are incredibly tragic and have a significant impact on families' and communities' well-being. As the panel reviewed these cases, it became clear that youth overdoses are often true accidents: constituting first-time experimentation with unknown substances. These unfortunate cases are nevertheless preventable, and the following recommendations are put forth in an effort to prevent all youth overdoses in future years. By focusing on youth cases, the panel was also able to scrutinize social factors that might encourage or discourage early adolescent initiation of risky drug use, namely Adverse Childhood Experiences (ACEs) and exposure to economic and housing stressors at a young age. These factors are important considerations not only for the fatal youth overdoses reviewed in the past year, but also for fatal and nonfatal overdoses across Maine's population more broadly. We hope that these recommendations can provide insight into how risky drug use might be delayed or prevented altogether during adolescence.

Key Terms and Context

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences or ACEs are potentially traumatic events that occur before a person turns 18. The CDC-Kaiser ACE study (1995–1997) was the first to specifically investigate the relationship between ACEs and later-life health and well-being. Other studies have gone on to investigate the relationship between exposure to ACEs and opioid use and/or illicit drug use behaviors. For example, one study found that 89% of young adults who use illicit drugs reported exposure to at least one ACE and that 46% of these adults experienced four or more. This is markedly higher than for the general population, 64% of whom experience one ACE and 12% of whom experience four or more (Guarino et al. 2021). The CDC-Kaiser ACEs include:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Witnessed intimate partner violence
- Household substance use
- Mental illness in household
- Parental separation or divorce
- Incarcerated household members

- Physical neglect
- Emotional neglect

Dose-Response Relationship

Increased exposure to ACEs is strongly associated with an increased likelihood of early or adolescent initiation of opioid use or injection drug use (Dube et al. 2003, Quinn et al. 2016, Choi et al. 2017, Stein et al. 2017, Guarino et al. 2021, Wu et al. 2022). That is, the cumulative number of experienced ACEs incrementally increase the likelihood of early opioid initiation, with each ACE increasing the likelihood of early initiation by 10–22%, depending on the study. (Though exposure to just one ACE was often not statistically significant). In one study, students that were exposed to at least four ACES were more than 15 times more likely to report recent opioid use than students exposed to zero ACEs. Some studies found that certain ACEs (such as sexual abuse or parental opioid use) were correlated with heightened likelihoods of early opioid initiation, but these findings were not consistent.

This graded, dose-response relationship has been observed across birth cohorts and dates at least as far back to cohorts born between 1900 and 1932 (Dube et al. 2003). This suggested to the authors of this study that the graded relationship, between exposure to ACEs and adolescent drug initiation, transcends changes in social mores across time, such as "increased availability of drugs, social attitudes toward drugs, and recent massive expenditures and public information campaigns to prevent drug use" (Dube et al. 2003, p. 564). Some studies described adolescence as a period "typified by risk taking, experimentation, and modeling of peer behavior," and that youth experiencing violence, neglect, and other household challenges may feel powerless, anxious, and dysregulated, initiating opioid use as a maladaptive way to escape emotional turmoil (Swedo et al. 2020). One study found that opioid use was often controlled upon initiation in adolescence and until another traumatic event, such as bereavement or the end of a romantic relationship, triggered more chaotic opioid behaviors (Hammersley et al. 2016). The same study found that heroin, compared to any other drug, was reported to be most effective at reducing overwhelming thoughts and feelings related to trauma (Hammersley et al. 2016).

Recommendations Emanating from Review of Youth/Adolescent Overdose

The Panel has organized the collected recommendations from review of youth/adolescent overdose into the following categories for policymakers and the public:

- Screening & Assessment
- School-Based
- Public Awareness
- Outreach
- Miscellaneous

Each of these categories is intended to reflect the context of possible intervention identified as salient to the issues which emerged during case review. Readers should view these categories as a lens through which policy might address, therefore, critical vulnerabilities, either as they emerged from our case context, or the current literature and best-practice understanding of youth/adolescent overdose as it evolves in real time.

Screening & Assessment Recommendations

The following recommendations collect the Panel's findings on potential avenues for policymakers to explore related to screening and assessment-based interventions that could potentially bear feasibility. These recommendations are critical since screening & assessment opportunities represent some of the only routine touchpoints at-risk youth and their families might have which could manifest in identifying red flags or coordinating hand-offs to further services and support.

- **Strengthening Connections to Social Services:** Disconnection points with services can be an indicator of heightened need for support, such as in the case of missed wellness appointments with the decedent. They can be linked to needs for housing, transportation, mental health treatment, or other forms of general assistance that may otherwise remain unknown. Child welfare is often privileged as the service of concern, but that may not be what families need in every case. Medical offices, for example, often serve as a primary service touchpoint across multiple contexts. We must, therefore, leverage these contact points to connect families with the maximum number of resources. The Panel would cite ongoing initiatives such as those within the Department of Health and Human Services fostering screening opportunities and care connections as needing continued support. For example, Be There for ME, the Child & Safety Wellbeing Plan, and Access Maine. Furthermore, the Panel recommends better resourcing medical offices serving children and families to be equipped to conduct patient follow-up & outreach via proven methods, such as specialists (social workers/case managers) or other means (such as connecting families w/ OPTIONS Liaisons).
- **Consider a Live Needs Assessment Mechanism:** The State is regularly inundated in hotline calls through services such as OCFS and 211 that represent serious need/opportunities for

intervention for families in crisis. These instances could potentially be flagged via an early warning mechanism since there are a well attested confluence of factors that come together to trigger risk for SUD and overdose in particular. The Panel recommends policymakers therefore consider identifying factors tied to substance use that could trigger referrals to targeted services. For example, housing instability, physical health issues, and marijuana use in combination could trigger a referral to a certain resource, and so on. Policymakers will need to consider the identification of roles and responsibilities for monitoring and response, and via what mechanisms. Furthermore, thought should be put into maximizing the potential of high acuity touchpoints for identification of early warning signs such as medical and educational contexts. Specialist outreach and continuity of surveillance will be areas of particular importance in closing gaps. The Children's Cabinet could be an appropriate entity to further thought on this front.

    - **Supplemental Recommendation:**
        - **Child & Family Health Service Providers Should Engage in More Outreach:** Where medical services are one of the primary touchpoints families make contact with resources, offices serving children & families in particular can serve as a pathway to identifying and maintaining needed access. Two primary sub-goals should be identifying funding and workforce mechanisms to support outreach. State programs such as Help ME Grow are available to explore as appropriate.

- **Expand Access to and Support for General Mental Health/SUD Screening Mechanisms:** Expanding support for and access to early screening can assist in identifying unresolved mental health needs contributing to or compounding SUD for people who use drugs (PWUD). To achieve effective screening, stable connection to services must be fostered. Rapid Adolescent Prevention Screening (RAAPS), for example, are standardized validated risk screening tools developed to support professionals in addressing the risk behaviors impacting health, well-being, and academic success in youth that are already being implemented in 22 State grant-funded schools. The Panel asserts such work should be expanded, and that while funding and workforce availability will be aspirational goals for state policymakers, it should be a minimum standard to recommend universal support for screening protocols wherever possible. Furthermore, where policymakers are paying attention to fostering service connections and closing gaps, the Panel points to adult mentors as a potential bridge across recommendations where referrals for further action could be taken to the YMCA's, Summer Camps, Boys & Girl's Clubs, etc.

- **Expand Access for Specialized Mental Health Screening Referrals at Routine Wellness Checks:** A recurring characteristic of this review category was the persistent lack of identification of warning signs or diagnosis of mental health conditions amongst decedents despite their routine engagement with wellness check opportunities. Connection with mental health screening/evaluation is clearly not a linear outcome from touchpoints alone,

either due to lack of referral or specialist capacity, on top of general barriers to screening like stigma or insurance coverage eligibility. Recommending that such screening opportunities be better supported could increase opportunities for care connections in line with best-practice recommendations from the American Academy of Pediatrics, amongst others. Key levers of policy support should include folding mental health evaluation into a holistic strategy of coordinating warm hand-offs for support and services following screening touchpoints, working closely with high-recidivist individuals to close recurring gaps, and addressing state workforce capacity vulnerabilities and strengths to address ongoing needs for behavioral/mental health specialists.

- **Avoid Alienating or Stigmatizing Engagement with Services Via Increased Screening:** While the Panel has extolled the benefits of expanded screening mechanisms and their application in a broader number of contexts, we should also not discount the potential inverse impact screening can have on ensuring youth are linked to necessary resources. Increased screening can present a similar barrier for children that fear of criminal prosecution or economic reprisal can for adults, as screening occurring in academic or athletic settings could potentially involve disciplinary reprisal such as suspension from school or banning from sports. The Panel therefore recommends supporting expanding ongoing efforts to keep youth engaged in school or recreational activities via alternatives to alienating disciplinary measures, as community is the most vital resource in keeping youth alive. Doing this will require leveraging the strengths of intimate educational settings provided by extracurricular spaces as a site of early trauma identification and intervention. The Panel additionally recommends expanding the understanding of youth group contexts requiring attention beyond the scope of team or individual sports alone (special interest clubs, non-traditional sports, music & art programs, etc.).

School-Based Recommendations

The following recommendations collect the Panel's findings on potential avenues for policymakers to explore related to school-based and school-embedded interventions. This recommendation category is a central pillar of this report, as schools are the keystone institutional context in the lives of most youth, and by extension, a major rallying point for parents and communities as they support and orbit youth. Schools therefore represent nascent ground for intervention opportunities at the nexus of school officials, clinicians, teachers, mentors, parents, and engaged youth themselves.

- **Explore Opportunities Provided by Seasonal Sports Screenings for Youth Athletes to Engage with Services:** Keeping in line with tracking routine engagement hotspots across reviewed case contexts, another moment of contact critical to identifying red flags with an at-risk youth could be pre-sports seasonal medical appointments, such as rapid physicals conducted prior to the school year. These are an incentivized clinical touchpoint where SUD is not normally screened, however, and as such require a high degree of sensitivity and care when approached. First, it would be the Panel's recommendation that these screening touchpoints be used to identify risk as a measure of needs assessment for support and outreach as opposed to disciplinary action/intervention, a concern that arises out of the potential for aversion to stigma or fear of reprisal driving otherwise engaged youth away from screenings or sports altogether. Beyond this, it will be up to contextual experts to navigate the specific challenge of prioritizing screening mechanisms, as a one-size-fits-all approach may not be best. Data exists, however, that could help provide a sense of direction for early planning, such as that emerging out of Massachusetts the Panel recommends investigating. Furthermore, specific attention will need to be paid to differences in the local, regional, and state requirements for physical exams, or lack thereof, either reinforcing and standardizing, or eliminating the context of this recommendation depending on geography. As with all recommendations related to leveraging screening opportunities, there will be a balancing act for providers in navigating the careful line between appropriateness, capacity, and feasibility for specific screening strategies.
- **Follow-Up with the Department of Education to Explore Appropriateness of Alternative Schools:** The Panel notes that there have been historical recommendations for a recovery high school in the State of Maine. Both the Department of Education and Department of Corrections visited Massachusetts as far back as 2019 to see an exemplar case. It would make sense, therefore, to explore whether this strategy has any utility for Maine's context on an ongoing basis. The Panel would cite proposals under current consideration for alternative education programming and encourage further enhancement with a mechanism to bring the State's understanding on this issue up-to-date with routine evaluation of national trends and best practices, with an ultimate goal of crafting an evidence-based strategy in conjunction with the Department of Education. The Panel also draws attention to the distinction between differentiated recovery & treatment contexts necessary to fit need

with service most efficiently, i.e. the tension of providing services to recovery-seeking vs. recovery-avoidant end users. To this end, the Panel ultimately recommends the State continue to learn more about this issue, and encourages ongoing support of exploratory efforts by the Department of Education and in particular the work of the Office of School & Student Support.

- **Support School-Based Health Services as an Access Point for Evaluating Need:** Where school-based health services (school-based clinics, school nurses, other school-embedded clinicians, etc.) act as a touchpoint for children otherwise disconnected from resources when not in school, this could provide the opportunity to get children diagnostic and evaluation resources early on in life so intervention can be made where appropriate. Relating back to our recommendations regarding needs assessment mechanisms and early flag/intervention tools, this would require linkages between educational institutions and healthcare systems, both internally and externally. For example, improving communication between disparate entities within schools such as disciplinary, healthcare, and administrative leadership to focus response.

    - **Provide Support for Maine Association of School Nurses to Meet Need:** School nurses can be effective routine touch-points for youth in crisis, especially when they are highly mobile/transient and regularly disconnected from other site-based services. The Panel therefore recommends that even when schools do not provide site-based health clinics, all schools should have a registered nurse available to students every day. The Panel additionally recommends approaching the Maine Association of School Nurses to give them intentional tools to coincide with heightening awareness of screening and education needs, with an additional eye to camp nurses and medical consultants. Where the DOE is already engaged in efforts to communicate with collaborating agencies and workers such as the above, continued and expanded support should be pursued, and at scale (local, regional, statewide).

        - **Supplemental Recommendation:**
            - Supporting nurses in educational contexts will require helping them understand extant need with regard to the shifting landscape of SUD and youth, as well as maintaining awareness and relationships across the workforce to enhance referral resources.
            - Role and responsibilities discussion is relevant for school nursing context, when and where are they empowered to intervene or flag concerns and make referrals? When are they not?

  - Nurses, teachers, generally adults in schools also can be a reservoir for adult mentor relationships – School Resource Officers could be another alternative from a Law Enforcement lens.

- **Support Evidence-Based Prevention Tools for Youth:** Opportunities to apply evidence-based prevention tools should be explored, such as is happening with the "three-legged stool" of prevention in the form of DOE school programs, the Maine Prevention Network, and afterschool initiatives. Challenges to providing and honing evidence-based prevention tools are present, however. In particular, it is difficult to provide clear messaging on needs and service availability within communities when we are discussing all youth between the ages of 0-18, as the needs are complex and diverse. Additionally, when there is housing instability or sporadic movement from community to community present, it is difficult to provide consistent access to prevention services. One reason being that local rule means DoE policies can be applied differently across communities where children intersect with services. The Panel recommends exploring ways to ensure that these prevention services are available in every community. Embedding prevention activity into afterschool programs could be one way to leverage existing resources and the ongoing work at respective agencies already endeavoring to fulfill the Governor's stated intent to foster youth prevention and afterschool enrichment.

Public Awareness Recommendations

The following recommendations collect the Panel's findings on possible avenues for intervention for policymakers to consider regarding public awareness, both in terms of increasing state understanding of key issues and data, and public messaging strategies for spreading best-practice information to Maine communities.

- **Understand the Role of Social Media in Youth SUD Exposure:** It is the Panel's finding that social media serves as an aggravating risk factor across all age cohorts, but particularly for youth, with regard to the context of accidental overdose exposure. Social media platforms are ubiquitous and highly trafficked, and youth are increasingly living both their personal and nascent professional lives online. Multiple cases across this review category involved social media platforms in some way, such as Snapchat or Instagram. The Panel recommends a long-term commitment to monitoring trends in use on social media platforms to understand how various age cohorts are learning about drug use, discussing drug use with each other, or being exposed to drug trafficking through the internet. For example, recent trends suggest there has been an uptick in drug-trafficking activity on specific platforms, and the public safety community's understanding of how criminal networks are accessing youth audiences via technology is evolving in real time.

- **Harness Social Media's Educational Potential as a Prevention Tool:** Social media also plays a key role in youth overdose response behaviors, offering positive engagement pathways for drug safety and overdose reversal education, or opportunities for mutual aid and mentorship. The Panel recommends therefore the risks of social media use be considered hand in hand with current and emerging best practices around curating these platforms to foster guard-rails and safety-measures wherever possible, referring to extant literature and disciplinary standards. In the short to medium term, the State should explore opportunities to meet at-risk youth where they are, to better broadcast public health messaging via social media engagement. Key opportunities for messaging collaboration exist with existing state programming contexts such as the OPTIONS Program Media Campaign, Maine Prevention Network, and Drug Free Communities programs, to name a few. Furthermore, this recommendation provides a living context within which to consider how to combat negative noise youth are exposed to online with positive pro-public-health messaging, a question which requires tackling the nuance of targeting youth across different age and engagement contexts.
- **Continue to Think About Constructive Risk Messaging for Youth Age Cohorts:** It is imperative to continue to consider how to impress upon youth the implicit dangers of the drug supply regardless of what they assume themselves to be consuming, as volatility of a testing-resistant supply remains a primary driver of mortality. Doing so without fearmongering to youth is a unique challenge, however. Expanding education opportunities therefore requires a cognizance of the sensitivity involved in helping youth navigate their exposure to risk without traumatizing or stigmatizing them. The Panel acknowledges the ongoing work between interdepartmental partners at the state level seeking to explore evidence-based vs. non-evidence-based interventions and encourages the Department of Education and the Department of Health and Human Services to continue to be aggressive in their offerings of prevention-based education messaging for youth contexts.
- **Expand Educational Messaging Around Overdose Response for Children and Adults:** The Panel recommends the State continue to pursue efforts to ramp up educational support aimed at increasing public awareness of several key principles, notably the rapidity with which bystanders should respond with naloxone if someone is believed to be going into overdose, the speed with which onset of overdose can occur, the toxicity of fentanyl, the need to never use alone, and the status of the Good Samaritan Law. Where institutions such as schools, or school nurses and the Maine Association of School Nurses are already engaged in this work, they should craft best practices approaches. Meanwhile, education

efforts emerging out of other State harm reduction contexts such as Maine Naloxone Distribution Initiative or OPTIONS train-the-trainer style opportunities or specialized youth engagement strategies could be explored as outreach is crafted for specific audiences of concern, i.e. active bystanders, family or affected others, youth, etc. Support of proactive messaging also serves to undermine misinformation, combat stigma, and promote community wellness.

- **Explore Opportunities for Community Learning from Tragic Context of Youth Overdose:** The Panel recognizes that instances of youth overdose are highly traumatic and tragic events not only for family and immediately affected others, but also for communities, be they neighborhoods, schools, churches, or other contexts, especially in Maine where communities can be compact and deeply connected. This means that these tragedies present unique challenges of communication related to grief, stigma, fear, and other complex emotions across different official and communal contexts, and for and between various stakeholders. This may provide opportunities for involvement and community engagement in both celebrating the lives of the deceased and educating the public on the dangers of accidental overdose and the steps that communities can take to prevent it. Activity in this regard must be the result of organic collaboration with key stakeholders, and be exploratory and aspirational. Existing support groups offering such or similar services such as NAMI could serve as a model. Finally, The Panel recommends that the Office of Behavioral Health explore recovery centers and OPTIONS Liaisons as resources in connecting families with lived experience of overdose with each other for support.

- **Examine Role of Youth Marijuana and Polysubstance Use as Early Warning Sign:** The Panel recommends state policymakers support the creation/enhancement of public messaging resources educating the public about the risks of early marijuana use and its role as a warning sign for later issues with substance use disorders. Entities engaged in public messaging campaigns around this topic should be communicating with each other before the public, if not directly collaborating to ensure campaigns and public health messages present a united front on best practices and emergent awareness of relevant risks. Evidence-based (or evidence-informed) programming, aligning with ongoing work with entities such as Maine CDC already doing prevention.

- **Reinforce messaging around "One Pill Can Kill"**: Initially derived from Federal messaging, the "One Pill Can Kill" frame remains highly relevant, especially on college campuses**.** A key component of drug risk education in this vein is identifying age cohorts and appropriate optics. What is needed to communicate to eighth graders will be different than high schoolers, and different still from sixth graders. Additionally, across age groups, liability concerns on the part of educators, tensions with concerned or stigmatized parents, and the politicization of prevention will vary. Ensuring media partnerships attempting to address these needs across the state's programs are aligned is key.

- **Highlight Risks of Polysubstance/Co-Intoxicant Exposure Across All Substances:** In addition to “One Pill Can Kill”, it is imperative to highlight for youth the fact that any substance could potentially be mixed, i.e. stimulants can contain fentanyl, or vice versa. This information is critical for safe decision-making and can change the context of use entirely if properly communicated.

Outreach Recommendations

The following recommendations collect the Panel's findings on potential avenues for intervention for policymakers to explore related to outreach and engagement with extant networks operating in the field with the goal of building policy momentum and compounding successful outcomes. These recommendations include such activities as engagement with youth development organizations or the exploration of opportunities for continuance and expansion of various state support programs.

- **Conduct Outreach with Youth Development Organizations to Seek Opportunities for Collaboration & Support:** As sites of youth traffic, the holistic context of youth development organizations, clubs, camps, and more, serve as social and service touchpoints for many who may otherwise be disconnected from community or state resources, as well as sites of potential substance use, overdose, and overdose response. The Panel recommends state policymakers work with these organizations to establish a baseline understanding of overdose response capacity across the state, with particular attention to items such as naloxone inventory, overdose response policy status, and need for support. The Panel also recognizes that not all communities have dedicated youth-based organizations, but rather general community organizations or sites where youth-focused programming is hosted. These organizations should also be identified and included in planning and outreach. The Panel points to participation in the Maine Naloxone Distribution Initiative as an example of a low-barrier engagement opportunity with relevant organizations looking to onboard into an overdose prevention context. The Panel recommends the Governor's Office of Policy Innovation & the Future work to coordinate communication and prevention efforts to ensure this and recommendations such as those targeting afterschool programs, remained embedded.
- **Consider A Rapid Response Program for SUD-Adjacent ACEs:** Where the state once operated a rapid response program that responded to youth who had witnessed a homicide or death, the Panel wonders if there should be a cognate for SUD adjacent ACE circumstances? We could not treat everyone with high risk factors or intervene, but there could be a subset of youth involved with SUD incidents that would be appropriate to provide follow-up or outreach services to via social health specialists embedded with police, such as OPTIONS liaisons, or other kinds of social workers - resources allowing. This would require expanding opportunities for localized outreach, beginning with a review of resources available for youth suffering trauma by observation and targeting support for these programs.
    - **Supplemental Recommendations**
        - Crisis Receiving Centers (CRCs) could be an audience and target resource for next steps. Certified Community Behavioral Health Centers (CCBHCs) could provide availability as well when CRCs don't have youth capacity.

  - Review of training standards related to this response area for various specialists likely to facilitate, especially as they pertain to awareness of and best practice response to ACEs is recommended.
    - Policymakers should explore the appropriateness of standalone training for law enforcement versus behavioral health specialists and where these training resources have been made available and mandated (such as the recent two-hour statewide requirement), continue to assess for efficacy and impact.
  - OBH Division of Child Behavioral Services could additionally be a target group for recommendation triage.
  - Complexity of rural state responses makes rapid referrals and continuity of connection across referral points difficult to manage or facilitate for any one entity, therefore the Panel points to the need for embedded collaboration between coordinating partners.
  - Flag OPTIONS Liaisons as additional possible outreach resource (OPTIONS deals with victims, LE perpetrators, who is interfacing with exposed children in these situations? Related to roles and responsibilities policy discussion).
  - Teen diversion programs deserve further exploration.
  - Developing/enhancing resources for children experiencing loss or trauma due to SUD-exposure:
    - Youth Caucuses and similar organizational efforts have been effective in areas where they have been adopted. The Panel recommends expanding like efforts statewide.
    - Existing networks embedded in the ongoing context of organizations such as the Center for Grieving Children, National Alliance on Mental Illness (NAMI), and other such service providers can also serve as starting points for collaboration.

- **Explore Opportunities to Expand Access to General Assistance:** Poverty abatement and general assistance should be supported and expanded wherever possible. The Panel notes that the way these programs are applied in larger versus smaller communities can privilege certain kinds of requests with little oversight and incongruent criteria for meeting an appropriate threshold of need. For example, in smaller towns where general assistance administration is embedded across multiple municipal management contexts due to condensed leadership, assistance requests for hotels or temporary housing are typically denied. The Panel therefore recommends policymakers should explore how general assistance provisions can be strengthened, either at a state or regional level, and across multiple support mechanisms. In addition to poverty abatement and general assistance, programs should seek to also address co-occurring social determinants of health and economic outcome that require general intervention (i.e., housing, food security,

employment, transportation, income, education, etc.) A final aspirational goal for policymakers will be exploring the tension points produced by the lack of universal regulation across and between communities and developing a standard operating procedure to ensure equitable outcomes are targeted intentionally by State programming.

- **Explore Opportunities for Alternative Paths to Accountability that De-Emphasize Criminal Prosecution as Appropriate:** The Panel notes that the criminal justice system and prosecution in particular can be highly traumatic for families and minors. Fear of exposure to prosecution or other reprisal from formal systems can make people unresponsive, and therefore more disconnected from state-based services or support, and thus put them at higher risk. The Panel therefore recommends policymakers explore what other avenues are available that utilize an accountability model but produce more responsive interactions with families where prosecution is not part of the first line of response.

- **Expand Support for Efforts Combatting Food Insecurity for Youth:** Exposure to risk is increased exponentially the more forms of compounding insecurity families absorb, and for youth at risk of harm, food insecurity is regularly an aggravating factor. The Panel recommends exploring ways to expand current and proposed programming that connects food insecure youth with resources, either in the form of school meals, supplemental food sources when school is not in session, and warm connections to local or regional foodbanks. This is a likely point of collaboration for the DOE and other partners such as GOPIF already engaged in this space. Additionally, connections with holistic screening mechanisms could be a goal, for example tying food security screening touchpoints with clinical care settings.

Miscellaneous Recommendations

The following and final set of recommendations fall into a general miscellaneous category, seeking to address issues which are either too specific, or too broad, to be targeted at any one context, but bear general cognizance as key issues state decision-makers may contend with.

- **Addressing the Lack of Fentanyl Testing in EDs and its Potential Impact on Missed Opportunities for Intervention:** Limitations and liability make testing for the presence of fentanyl unlikely in most emergency medicine contexts. Due to this fact, instances where fentanyl is present but unknown can produce opportunities to administer naloxone that were missed during the critical response window. The Panel recommends that emergency care providers find a path forward to provide standardized access to testing, and cites the ongoing work emerging from the Opioid Clinical Advisory Committee in this space, and encourages further enhancement and support for this work on an ongoing basis.
- **Seek to Keep Children with Families and Wrap Families with Services:** Problematic home lives and disconnection from community resources are compounding and embedded factors in nearly all of the cases reviewed across this analysis. The Panel notes that a key role of

policy could be supplementing the deficits in exposure to responsible adult role models or mentors at home. This raises a question of implementation, but it should be possible through school and community engagement, though requires resources in schools and community such as social workers or additional support to educators and clubs. The Panel would point to examples of wraparound services being built out through initiatives such as the Children's Behavioral Health Team, the work of School-Based Health Clinics, and ongoing programming contexts such as Be There for ME (https://bethereforme.org/), or the Child Safety & Wellbeing Plan (https://www.maine.gov/dhhs/programs-services/human-services/child-safety-and-wellbeing-plan). This recommendation is related thematically to similar contexts of stigma and alienation across criminal justice, child service, and family court contexts, and the Panel refers back to the guiding principle of "…we can keep children safe by keeping families strong."

- **Explore Alternative Disciplinary Options Aside from Suspension or Expulsion:** The Panel asserts that restorative justice practices should be pursued as an alternative to traditional disciplinary action when screenings identify youth in crisis. Where traditional disciplinary approaches risk further alienating in-crisis youth, wrapping them in care and services will serve to better insulate them from risk of overdose than pushing them away from what may be the few constructive spaces they engage with in an otherwise traumatic life, furthering the despair that compounds SUD. This serves as a youth-focused mirror to the notion of exploring alternatives to prosecution for adults when seeking to foster more open and productive dialogue and outcomes. The Panel would cite the ongoing work of various groups within Maine to build and strengthen the application of restorative justice practices such as the Restorative Justice Institute of Maine, the Restorative Justice Project of the Midcoast, and Healthy Acadia, to name a few. This recommendation supplements holistic destigmatization and public health education efforts occurring across state agencies such as DHHS (OBH/CDC), and will require an ongoing attentiveness to the dynamic between disciplinary standards, restorative practices, and overall impact on organizational and youth behavior. Finally, policy in this realm likely has implications both for educational and extracurricular contexts, and the State may defer to school-based best-practice approach.
- **Consider Which Outreach Contexts May Have Interaction with SUD-Adjacent Youth And What Data May Be Available:** The Panel recommends that the State utilize its unique programming contexts such as OPTIONS or EMS Leave Behind Naloxone provision that could have attestation of interactions with youth at the scene of overdose, youth experiencing overdose, or youth refusing transport. These interactions could tell us more about the context of youth overdose and engagement, or lack thereof, with connections for treatment, recovery, or other support.