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My name's Rob Korobkin. I'm the owner and executive director of the Courage Center, a holistic substance use disorder treatment program headquartered in Gorham, ME. Across our projects, we operate sixty one beds across six low barrier MARR-certified recovery residences in Cumberland and York Counties, and an intensive outpatient counseling and medical center here on Main Street in Gorham. I hold a BA from Haverford College in Pennsylvania and a Masters in Public Health from Boston University. I also have some lived experience as a survivor of substance use disorder and mental illness myself.

One thing that they teach us in the study of public health is to be specific about the problem that we're trying to solve before we start looking for an answer to it.

Medically supervised withdrawal programs serve a particular niche in our service landscape: people in the acute physical and mental health distress of severe substance use disorders who are not stable enough, psychologically, neurologically, or socially, to be in longterm recovery community programs, like recovery residences and community meetings and centers. Most such programs won't even take such people because if we do, those folks are usually so sick and unstable that they present with acute medical needs that we can't meet, or they're so "dope sick" that they leave immediately to "get well" by acquiring and using more street drugs.

At the same time, these patients aren't appropriate for hospital emergency rooms, which are both incredibly expensive to operate and often fundamentally fail this population because these patients need services that are informed about the treatment of SUD and oriented toward connecting their patients toward longer term services. I can tell you from experience what it's like to take somebody coming down from a severe fentanyl or methamphetamine binge to a hospital ER. Between the bright lights and staff who don't have any training in SUD recovery, the MaineCare bill racks up, but the patients don't get better. It's just the wrong answer to the problem.

As is always the case with social services, whenever we don't spend money solving a problem the right way, we inevitably end up spending even more money trying to solve the problem the wrong way. In this case, if we don't fund "detoxes," we'll be left with nothing but recovery community programs that people aren't ready to participate in, on the one hand, and overworked emergency rooms, on the other, that cost a fortune and don't actually solve the problem. Let's solve the problem the right way and increase funding to Maine's medically supervised withdrawal facilities.