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The unified voice for Maine's community behavioral health providers

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Testimony Neither For Nor Against LD 1315

"An Act to Require Instruction in Schools on Substance Abuse Prevention and Administration of Naloxone Hydrochloride"

Sponsored by Senator Pouliot

April 11, 2023

Good afternoon Senator Baldacci, Representative Meyer, and esteemed members of the Health and Human Services Committees. My name is Malory Shaughnessy and I am the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community based mental health and substance use treatment providers, providing services to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to share some information for you to consider as you discuss LD 1315, "An Act to Require Instruction in Schools on Substance Abuse Prevention and Administration of Naloxone Hydrochloride" and to make a recommendation to the committee regarding the language. The bill requires secondary schools to annually provide to students an age-appropriate instructional program on the use and misuse of drugs and controlled substances, the dangers of substance abuse and substance abuse prevention. The instructional program must include a component on providing appropriate assistance to an overdose victim, including training in how to administer an opioid antidote, such as naloxone hydrochloride.

First, I would like to make a recommendation around "instructional program on the use and misuse of drugs and controlled substances." It is very important that the language includes evidence-based programming. Evidence-based programs are programs that have been rigorously tested, proven effective, and translated into practical models that are available to community-based organizations. Additionally, evidence-based programs have had their evaluations subjected to critical peer review. I respectfully suggest the committee amend the bill to say "Instructional evidence-based program..."

Second, it is important to remember the reasons that adolescents turn to substances to create programming which will help reduce SUD prevalence. Adolescence is a key period for experimentation with a wide range of behaviors and lifestyle patterns. An adolescent's drive to experiment with new behaviors occurs for a number of reasons that are typically linked to psychosocial development. Trying out new and different behaviors is part of a natural process of separating from parents, gaining acceptance and popularity with peers, developing a sense of identity, autonomy, independence, and maturity, seeking fun and adventure, and/or rebelling against authority.

Unfortunately, from an adolescent's point of view, engaging in alcohol, tobacco, and other drug use may be seen as a functional way of achieving independence, maturity, or popularity, along with other developmental goals. The most effective prevention approaches incorporate an understanding that substance use behaviors can fulfill a variety of developmental needs. Therefore, teaching children to "just say no" to substance use is not sufficient for behavior change. The most effective interventions target salient risk and protective factors at the individual, family, and/or community levels and are guided by relevant psychosocial theories regarding the causes of substance use and misuse¹.

I would like to thank Senator Pouliot for putting forth this proposal. I urge committee members to amend the bill by adding evidence-based as a program descriptor in the language. Thank you and I am happy to answer any questions you have for me.

¹ Griffin KW, Botvin GJ. Evidence-based interventions for preventing substance use disorders in adolescents. *Child Adolesc Psychiatr Clin N Am.* 2010 Jul;19(3):505-26. doi: 10.1016/j.chc.2010.03.005. PMID: 20682218; PMCID: PMC2916744.