

# Portland groups pull together to offer opioid addicts a way out

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Oliver Bradeen's job could be described as a herculean task – trying to connect opioid addicts to help by navigating Maine's sparse, disjointed treatment system.

Bradeen works as the substance use disorder liaison for the Portland Police Department, meeting with addicts when police are out on calls and accompanying those who have overdosed to the hospital.

"My goal is to keep them alive until we can get them help," he said.

Bradeen runs into numerous roadblocks on the job, including two major ones: a lack of access to detoxification centers and to sober, stable housing after detoxification.

But if a \$1 million plan by a new group – the Greater Portland Addiction Collaborative – becomes a reality, the bottlenecks encountered by Bradeen and other social service workers in the Portland area could be eased.

The collaborative, which formed in December, includes a group of nonprofit organizations, the city of Portland, Mercy Hospital and substance abuse treatment advocates. The collaborative's goal is to use limited resources to expand programs that are already in place rather than attempt to create new programs.

They plan to spend \$700,000 to expand a detox center in Portland at the Milestone Foundation and to create new sober living through Community Housing of Maine. Other parts of the plan include various efforts to improve coordination, provide peer support, street outreach and transportation for addicts.

Melissa Skahan, a vice president at Mercy Hospital, one of the leading agencies in the collaborative, visited the White House this month to tout the plan and is promoting it anywhere she can to raise money.

"There's a lot of enthusiasm," said Bob Fowler, executive director of the Milestone Foundation, which operates a substance abuse treatment program in Old Orchard Beach in addition to the Portland detox. "The sense is that we have a great chance to put this plan into action."

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### [Drug overdose deaths surge by 'shocking' 31 percent in Maine](#)

[Maine had 272 drug overdose deaths in 2015](#), with the vast majority caused by prescription opioids, heroin or fentanyl. That's an increase of 31 percent over 2014. Last year in Portland, 161 people who had overdosed were revived by rescue workers who gave them Narcan, an opioid antidote.

About 25,000 to 30,000 Mainers want substance abuse treatment but don't have access to it, according to the Substance Abuse and Mental Health Services Administration, a federal agency. Many addicts don't have insurance and don't qualify for MaineCare, the state's health insurance plan for low-income residents. Others who may be able to pay can't find an open slot in a treatment program.

That means many addicts wind up cycling through the emergency treatment system – using opioids, overdosing, receiving emergency care and detoxification, then returning to their drug use.

Expansion of Medicaid, which the state calls MaineCare, would have given addicts greater access to drug treatment, but Maine has failed to expand the program because Gov. Paul LePage has repeatedly vetoed Medicaid bills approved by the Legislature.

Treatment advocates are now turning to other solutions – such as the collaborative’s plan – to combat the opioid crisis.



Mike Greenleaf, 40, says emergency responders saved his life with Narcan last year after he overdosed on heroin. After free outpatient treatment in Florida, he’s back in Portland now, living in a sober house, the kind of local support the Greater Portland Addiction Collaborative hopes to fund. *Derek Davis/Staff Photographer*

## **ADDICTS ‘WANT IMMEDIATE HELP’**

Portland police created Bradeen’s position in February [in response to the escalating problem of addiction](#) and a rash of overdoses – including 14 reported overdoses in the city in one 24-hour period last July.

For now, the help that Bradeen seeks for people can sometimes be weeks or months away, if it’s available at all. He often finds himself handing out business cards, staying in touch by phone and hoping that’s enough until he can get them help – if they’re still alive and willing to be helped.

“They want immediate help, but I don’t have immediate help,” said Bradeen. “So I follow up.”

Skahan, the Mercy executive, said the collaborative’s plan is moving ahead, and she hopes the money will come through soon. The group is seeking funding from several sources, including the federal government and private foundations.

“Everyone is tired of seeing young people die,” she said. “This program could easily be replicated in Maine and across the United States. We should be able to make a significant difference in short order.”

But the plan is being criticized by those who favor medication-assisted treatment, which advocates say is the only

scientifically proven method that has a good track record of beating addiction.

The sober living houses that people would access under the plan forbid or greatly restrict Suboxone, methadone, Vivitrol and other medication-assisted treatments, usually because the medication can be abused by clients or sold illegally on the streets. Some say treating drug addiction with other drugs runs counter to the abstinence-based philosophy of most sober houses.

Dr. Mark Publicker, an addiction specialist and physician, criticized the collaborative's plan for not putting money into medication-assisted treatment.

"Doing the wrong thing may be worse than doing nothing," said Publicker, who worked for the Mercy Recovery Center [before it closed last year](#). "It's a pointless exercise. It solves nothing. This is officials getting together and telling themselves that they accomplished something."

He said the plan is not scientifically based, even if it's well-meaning.

"This model is a rejection of the understanding that opiate addiction is a disease of the brain," Publicker said.

Peter Wohl, a Portland substance abuse therapist, also supports medication-assisted treatment as a far more effective means of dealing with addiction.

"I can completely sympathize with the approach of 'This is what we've got, so let's make it the best that we can,'" Wohl said. "It's not the system I would design. The limitations of abstinence-based treatment need to be recognized, and those limitations are substantial."

Fowler, at Milestone Foundation, said the ideal would be to offer more medication-assisted treatment; however, the collaborative's plan will still connect addicts to help, even if that assistance is not optimal.

"Because something is not perfect doesn't mean you should do nothing," he said.

## **AMONG THE GOALS: COORDINATION**

The collaborative's plan does call for better coordination among agencies to get patients into primary care, where a doctor could offer medication-assisted treatment. Skahan, the Mercy executive, said while there's no money earmarked for medication-assisted treatment, it's considered a "vital component" of solutions to the opioid crisis.

The plan revolves around coordinating systems that currently are not well connected: housing, job training, behavioral and mental health therapy, health insurance, hospitals and medication-assisted treatment.

The lack of coordination contributes to the persistent cycle of addiction. Emergency workers save someone's life with Narcan, the addict goes to the hospital, and then is often back on the streets using again in a matter of hours. Sometimes medics will save an addict by using Narcan, and then do it again with the same person a few weeks later.

Mike Greenleaf, 40, of Portland is one recovering addict who was saved by Narcan, in the spring of 2015. But Greenleaf said he was aggravated by the hospital experience and wasn't ready for help, so he left immediately to get high again.

It wasn't until his life spiraled further downward and a friend referred him to Operation Hope – an intervention program run out of the Scarborough Police Department – that he ended up in treatment in Florida last fall.

He returned to Portland in April, after 30 days of free outpatient treatment in Florida and then living in sober housing for several months in Delray Beach.

Greenleaf is now in an abstinence-based program in Portland, living in a sober house, and he recently started a job

as a parking attendant.

Greenleaf is uninsured and can't afford any treatment other than the free 12-step programs available through the recovery house.

But Greenleaf is optimistic he will stay drug-free, after about nine months of sobriety and changing his lifestyle.

"When I was using, I didn't care whether I lived or died. Death would have been better than the way I was living," said Greenleaf, sitting on a couch in his clean, sparsely decorated apartment. "I have never felt better than I do right now."

### **'HAVING A STABLE PLACE TO LIVE'**

The plan calls for spending \$400,000 to hire additional staff at the Milestone detox facility, which would enable the program to handle more people at the 16-bed operation. The program is presently turning away 100 people a month.

Another component of the plan is a \$300,000 investment in Community Housing of Maine to purchase four recovery homes with a total of 48 beds.

Cullen Ryan, executive director of Community Housing, said the goal in the future is to go far beyond the 48 recovery house beds they are now seeking, perhaps having close to 100 beds in the next few years.

"The need is enormous and the availability is tiny," Ryan said. "Everything starts with having a stable place to live."

Most of the beds through Community Housing would forbid medication-assisted treatment, but a few will allow it, Ryan said.

Wohl, the Portland therapist and skeptic of abstinence-based programs, said it troubles him that people who need medication-assisted treatment for their recovery can't live in a sober house, where they would be away from other users and connect with employment and other services.

He said most addicts do need medication-assisted treatment, at least for several months before being weaned off the drugs. Some remain on low doses indefinitely and are productive citizens, he said.

While the debate over the best treatment continues, Bradeen, the police liaison, continues doing whatever he can with whatever resources are available. He said the key is to get addicts social supports, housing, jobs and whatever treatment they can get, whether it's free 12-step programs or professional treatment.

"We're just trying to find a way to help people. Most of them, if they could find a way out of their addiction, want a way out," Bradeen said.

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