

Maine Medicine

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1000 LIVES CAMPAIGN FOR MAINE UPDATE

By Erik Steele, DO, Immediate Past President, MMA



It may be the lazy days of summer but the campaign to reduce opioid-related deaths in Maine by 1000 from what is projected during the next 5 years (well, now 4 ½ years) is in high gear. Almost every major caregiver association in the state has now signed on to the 1000 Lives Campaign – from retail

pharmacists to nurse practitioners to anesthesiologists, the Maine Hospital Association, and many others.

The Campaign is now moving from its highly successful engagement stage to identification and implementation of interventions in different parts of the health care delivery system designed to save those lives. This is where you come in.

What can you do? A lot – starting with stepping up and getting involved. No one, especially no health care professional, should be standing on the sidelines in a fight against what is now the leading cause of death for Mainers under the age of 50, the state's 3rd or 4th leading cause of death overall, and its number one cause of life years lost to early death. Number one!

What else?

1. Educate yourself about the Campaign – go to the MMA website and learn more. That website will be a growing resource for the Campaign.
2. Check with the leadership of your specialty professional association and ask what your society is doing in the 1000 Lives Campaign for Maine. If they know, join that effort and do those things in

your practice. If they don't know, ask them to call the MMA, or go to the MMA website, learn about the Campaign, and sign on. We need their help.

3. Screen your patients for Opioid Use Disorder – you have them, whether you are a specialist or a primary care provider. If you think there are none in your practice, think again; it is estimated that 3.7% of the American population has OUD, and the majority of patients who have it are not getting help.
4. If you are not a buprenorphine prescriber, and you are a primary care physician, do what the professional associations of pediatricians, family docs, and internists all recommend – get educated, and get to it. PCPs are the ideal longitudinal providers of OUD treatment with buprenorphine.
5. Connect with local addiction medicine specialty practices that can manage complex OUD patients, so you have a place to refer such patients.
6. Work on your biases about SUD patients including those with OUD, and the biases of your staff and colleagues. Bias and stigma are not only barriers to treatment for OUD and other SUD patients, they are killers.
7. Work with your hospital and your emergency department to make sure they provide consistent, good, OUD care. Such care – including starting appropriate OUD patients in the ED or the hospital on buprenorphine is now the standard of care, no different from providing nitro and TPA to acute MI patients.

Whatever you do, don't stand on the sidelines while the population of a Maine town dies every year from OUD.