2024 Community Needs Assessment and Gap Analysis Update

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INTRODUCTION

With the number of overdose deaths in Aroostook County rising from 14 in 2019 to 39 in 2023 (a 179% increase),[1] learning how the community feels about the substance use epidemic can inform what services and resources to offer. This Community Health Needs Assessment provides updated findings on people's thoughts about alcohol use disorder (AUD), opioid use disorder (OUD), and substance use disorder (SUD) in Aroostook County. With the exception of 2023, this assessment has been conducted annually, making 2024 the fourth edition. The overall sentiment from both survey respondents and focus group participants was that while positive strides have been made in addressing the county's SUD epidemic, there are still unmet needs. Further data analyses highlight differences of opinion by gender, age, and other demographics.

METHODS

This year's assessment incorporated both an online survey for the general public, as was done in previous editions, and a series of focus groups targeting four specific communities: youth, law enforcement, peer recovery specialists, and consortium members. Administration of the 2024 survey differed from previous years. First, AMHC staff partnered with the University of New England's (UNE) Center for Excellence in Public Health to draft the survey. While most of it remained the same as previous surveys, some questions were edited, removed, or added. Second, the survey was administered online through UNE's REDCap account, which is a secure

[1] Maine Office of the Attorney General and the Office of Behavioral Health.

software used for surveys. Thanks to AMHC's efforts at publicizing the survey through various channels, including collaborating organizations, social media, and word-of-mouth, 547 responses were collected in April 2024, which is a 16% increase from 2020. The four focus groups were facilitated by the same staff from UNE, and were held over Zoom. Each group lasted approximately one hour.

FINDINGS

DEMOGRAPHICS

Comparing the distribution of respondents between 2020 and 2024, there were no significant differences in the primary population represented, which respondents self-selected (Table 1). However, in terms of other demographic categories, there were significant differences in the distribution by both age and part of Aroostook County in which they live (Table 2). Therefore, some of the comparisons between survey years need to be interpreted with caution.

Table 1. Primary Population Represented

Population	2020	2024
Community Member	23%	27%
Affected Other/Family Member	22%	23%
Person in Recovery	16%	17%
Health Care Worker	19%	16%
SUD Service Provider	8%	4%
Current Student	2%	2%
Tribal Member	2%	2%
Youth-serving Organization Provider	<1%	2%
Actively Using Individual	3%	1%
Faith-based Organization Staff	0%	1%
First Responder	<1%	1%
Law Enforcement	4%	1%
Incarcerated Individual	1%	<1%

Table 2. Demographics

Variable	2020	2024
Age Group*		
18 to 34 years old	32%	19%
35 to 54 years old	47%	48%
55 years and older	21%	33%
Gender		
Woman	79%	83%
Man	20%	17%
Non-binary	<1%	<1%
Race/Ethnicity		
White	94%	93%
Native American	3%	3%
Multiracial	2%	2%
Hispanic	1%	1%
African American	<1%	1%
Asian	<1%	1%
Residence in Aroostook County*		
Northern	17%	26%
Central	65%	54%
Southern	18%	20%
Where they stayed last night		
Their own place	93%	95%
Someone else's place	4%	3%
Treatment center	1%	1%
Jail	1%	<1%
Outside/car	<1%	<1%
Recovery residence	1%	<1%
Other	1%	1%

*$p<0.05$.

OVERALL IMPRESSIONS

Despite nearly seven in ten survey respondents saying they were or knew someone who had misused opioids, this was a smaller proportion compared to the 2020 survey (Table 3). Similarly, the level of familiarity with local SUD/OUD resources also decreased compared to 2020. Age appeared to be a factor in people's awareness of both the *Share Facts Save Lives* campaign, which was launched in the fall of 2023, and SUD/OUD resources in general, with those 55 years and older having the lowest level of familiarity, and those 18 to 34 years old having the highest.

Finally, people in recovery were more likely than those not in recovery to be or know someone with AUD or OUD, and to be more familiar with local SUD resources.

Table 3. General Statements about SUD

	Percent of respondents answering in the affirmative			
Demographic Category	Are or know someone who ever misused alcohol, causing negative impacts	Are or know someone who ever misused opioids, causing negative impacts	Have heard about *Share Facts Save Lives*	I am familiar with my local SUD/OUD resources
Survey year				
2020	N/A	78%	N/A	62%
2024	86%	69%*	19%	55%*
Age group				
18 to 34	89%	78%	29%	66%
35 to 54	84%	70%	21%	55%
55+	87%	64%	11%*	47%*
Gender				
Women	87%	71%	17%	54%
Men	79%	63%	29%*	57%
Part of County				
Northern	85%	63%	17%	58%
Central	88%	72%	20%	56%
Southern	81%	71%	21%	48%
Recovery status				
In recovery	96%	89%	24%	69%
Not in recovery	85%*	67%*	19%	53%*

*$p<0.05$.

When asked to rate the severity of AUD and OUD in their community, people rated OUD higher than AUD (8.66 vs. 7.36) (Table 4). When exploring the data by subpopulations, people over 55 and men rated the severity of both AUD and OUD lower than other age groups and women, respectively. The only other difference found was that people in recovery rated AUD higher than people not in recovery did.

Table 4. Average Ratings of Perception of AUD/OUD Severity, by Year

	Average Rating (0 = "No issue at all," 10 = "Very serious issue")	
Demographic Category	AUD is a serious issue in my community.	OUD is a serious issue in my community.
Year		
2020	N/A	8.80
2024	7.36	8.66
Age group		
18 to 34	7.60	8.87
35 to 54	7.55	8.85
55+	6.96*	8.31*
Gender		
Women	7.57	8.84
Men	6.34*	7.77*
Part of County		
Northern	7.34	8.45
Central	7.45	8.80
Southern	7.19	8.63
Recovery status		
In recovery	7.87	8.85
Not in recovery	7.33*	8.70

*p<0.05.

PREVENTION

Public Health prevention is typically broken out into three distinct types, and different interventions targeting SUD can address each of these distinct types (Table 5).

Table 5. Types of Public Health Prevention

Type	Description	Application to SUD
Primary	Aims to have people not develop the health condition at all.	Encouraging people, especially youth, to not start using substances.
Secondary	Aims to identify those who have the health condition.	Screening people for SUD.
Tertiary	Aims to minimize negative health outcomes as a result of having the health condition.	Distributing naloxone to prevent overdose; establishing syringe service programs to prevent HIV and hepatitis C infections.

In terms of primary prevention, the youth focus group proved very helpful. According to them, the primary drivers of substance use among their peers are stress at school and home, easy

access to substances, being around peers and family members who already use substances, and inadequate education on substance use. Law enforcement concurred, specifically with the lack of prevention education in schools, of which they used to play a larger role (e.g., school resource officers). One lamented, “We seem to be reactive rather than proactive.” This is also a reflection of overall staffing needs in law enforcement. A consortium member also advocated for starting prevention education at a younger age, albeit with a focus more on social and emotional learning rather than substance use specifically:

> *“I don't think high school's cutting it anymore. I think we need to go even younger. I mean, literally elementary school and start having these conversations at a much younger age. It doesn't mean we need to introduce them to the said drugs, but understanding what resiliency, understanding that life is challenging, understanding like how to manage emotions and social networking.”*

Special events aimed at youth substance use prevention appear to have replaced ongoing prevention education in schools, as Chris Herren’s talk to all Aroostook County high school students was mentioned by both youth and consortium members as a highlight.

Youth indicated that cannabis has become a more significant problem since recreational cannabis started being sold in the state in 2020. One student remarked,

> *“Older siblings or whatever it is, people will find a way to get it, and it's mostly pen cards/can cards/carts. No amount of kind of money or program or service could really go up against (it).”*

While there are some youth-specific programs in Aroostook County, including the Aroostook Teen Leadership Camp (ATLC) and Drug Free Aroostook, awareness and participation in them is

not high. For example, participation in ATLC's summer camp has fallen by more than half since prior to the COVID-19 pandemic.

When it comes to tertiary prevention, expanding the availability of naloxone is crucial because it prevents overdoses. Because of state statute, all law enforcement staff carry naloxone, and many in the field supported its increased availability, with one police chief, "My whole career has been about prevention. It's cheaper than it is to lock them up." Similarly, consortium members described the increased availability of naloxone as a success, specifically citing the variety of locations where it can be accessed, including jails, vending machines, recovery centers, schools, and hospital emergency departments.

While the overall level of perceived community support around naloxone distribution decreased significantly since 2020, from 47% to 41%, there was an increase from 58% to 65% in agreement that naloxone should be distributed to everyone being discharged from SUD treatment (Table 6). Survey respondents in Central Aroostook County were more supportive of naloxone distribution compared to those in other parts of the county. Finally, and not surprisingly, people in recovery were more supportive of expanding naloxone distribution upon discharge from treatment and in high schools, and could obtain it more easily.

Table 6. Statements about Naloxone

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"			
	My community supports naloxone distribution.	Naloxone should be given to all clients upon discharge from any SUD treatment.	Naloxone should be available in high schools.	If I needed naloxone, I could get it easily.
Survey year				
2020	47%	58%	57%	41%
2024	41%*	65%*	58%	42%
Age group				
18 to 34	42%	66%	62%	49%
35 to 54	39%	68%	58%	44%
55+	43%	60%	57%	35%
Gender				
Women	40%	66%	59%	43%
Men	42%	62%	54%	40%
Part of County				
Northern	30%	69%	59%	37%
Central	48%	65%	58%	46%
Southern	37%*	60%	55%	36%
Recovery status				
In recovery	44%	76%	74%	60%
Not in recovery	41%	64%*	56%*	40%*

*p<0.05.

Another evidence-based tertiary prevention intervention is syringe service programs (SSPs), where people who use drugs can exchange used syringes for new ones, receive other needed supplies and referrals, and even start exploring treatment options if they feel ready to do so. Not only do they address an individual's drug use, they can also curb the spread of infectious diseases such as HIV and hepatitis C. People's perception of community support for SSPs did not shift between 2020 and 2024, with those 18 to 34 years old having the highest perceived level of community support (Table 7). Those over 55 years old were less likely to think that SSPs were needed. Several focus group participants said that an SSP, whether stationary or mobile, is needed in Aroostook County. One community member summarized the situation astutely:

"I couldn't understand why needles, Narcan, etc., would be sent to drug users free of charge. However, I have since realized that if a person wants to use drugs, they're going to do it one way or another. At least by providing them with clean needles, it may prevent the number of people sharing needles and spreading diseases. If Narcan is given out, it may lower the chances of someone losing their battle with addiction."

Table 7. Statements about Syringe Service Programs

	Percent of respondents who "Agree" or "Strongly agree"		
Demographic Category	My community is supportive of syringe service programs.	Easier or more affordable access to hepatitis C/HIV treatment is needed	Syringe Service Programs (stationary or mobile) are needed
Survey year			
2020	14%	N/A	N/A
2024	14%	58%	59%
Age group			
18 to 34	20%	61%	64%
35 to 54	16%	57%	64%
55+	10%*	59%	50%*
Gender			
Women	14%	58%	61%
Men	16%	57%	52%
Part of County			
Northern	12%	59%	64%
Central	15%	59%	58%
Southern	14%	58%	60%
Recovery status			
In recovery	18%	67%	66%
Not in recovery	14%	56%*	59%

* $p<0.05$.

Finally, Maine's Good Samaritan Law (GSL) protects those who help someone overdosing seek medical care without the threat of arrest or prosecution. This decreases the likelihood of overdoses turning fatal. The overall perceived familiarity with the GSL increased between 2020 and 2024, with Southern Aroostook County showing the highest rate at 37% (Table 8). People in Northern Aroostook County had a lower level of belief in their local law officials' knowledge of

the GSL. Finally, even though three-quarters of survey respondents feel safe calling 911 in an overdose situation, this was a significant decrease from 2020.

Table 8. Statements about the Good Samaritan Law

	Percent of respondents who "Agree" or "Strongly agree"		
Demographic Category	My community is familiar with the GSL.	My local law officials are familiar with the GSL.	I feel safe calling 911 in an overdose situation.
Survey year			
2020	19%	48%	83%
2024	27%*	45%	75%*
Age group			
18 to 34	31%	47%	70%
35 to 54	28%	43%	79%
55+	24%	49%	75%
Gender			
Women	26%	46%	77%
Men	29%	41%	71%
Part of County			
Northern	18%	36%	73%
Central	28%	50%	75%
Southern	37%*	47%*	79%
Recovery status			
In recovery	31%	43%	73%
Not in recovery	26%	47%	77%

* $p<0.05$.

TREATMENT

SUD treatment, including medication-assisted treatment (MAT) specifically for OUD, remains an important need in Aroostook County, as illustrated in both survey and focus group findings.

Among the three items asking about SUD treatment in general, more than four out of five people agreed that both long-term residential treatment and crisis detox options were needed (Table 9). Additionally, women were more likely than men to agree that long-term residential

treatment and crisis detox options were needed, and people in recovery felt they could access SUD treatment services easily compared to those not in recovery.

Table 9. SUD-related Statements

	Percent of respondents who "Agree" or "Strongly agree"		
Demographic Category	If I needed or wanted help with my SUD/OUD, I could easily access services.	Long-term residential treatment (28 days or longer) is needed.	Crisis detox options are needed.
Survey year			
2020	44%	N/A	N/A
2024	41%	82%	82%
Age group			
18 to 34	46%	80%	80%
35 to 54	41%	85%	87%
55+	40%	81%	78%
Gender			
Women	40%	86%	85%
Men	49%	67%*	69%*
Part of County			
Northern	43%	86%	87%
Central	43%	82%	83%
Southern	35%	84%	78%
Recovery status			
In recovery	53%	82%	83%
Not in recovery	40%*	84%	84%

*$p<0.05$.

With AUD treatment specifically, there was little explicitly mentioned about it in the focus groups, especially when compared to opioids and other substances. The most direct mention was from a law enforcement official who said “In Aroostook County the number one drug is still alcohol just so everybody knows that.” Many community members expressed their concerns about AUD in the survey, as illustrated by the following quote:

> *“Alcoholism is rarely acknowledged as a disorder or addiction due to the fact that it is legal after the age of 21; and there isn't much for people to do around here aside from hit the bars on the weekends. It is because of this, that people don't view their drinking as a problem.”*

Only half of survey respondents felt their community supported AUD treatment, and even fewer felt they could easily access it if needed (Table 10). There were no significant differences found when analyzing the survey data on AUD by the various demographic groups.

Table 10. AUD-related Statements

	Percent of respondents who "Agree" or "Strongly agree"		
Demographic Category	My community supports AUD treatment.	Primary care providers should treat people with AUD at their clinic.	If I needed AUD treatment, I could easily access it.
Survey year			
2024	49%	69%	39%
Age group			
18 to 34	50%	77%	37%
35 to 54	46%	71%	38%
55+	54%	64%	43%
Gender			
Women	48%	70%	38%
Men	51%	64%	44%
Part of County			
Northern	54%	69%	44%
Central	49%	71%	40%
Southern	46%	65%	32%
Recovery status			
In recovery	52%	78%	50%
Not in recovery	49%	68%	38%

The focus groups had greater discussion about MAT, both positive and negative. Both the law enforcement group and consortium group were pleased to see that MAT has expanded in recent years, particularly in hospital emergency departments. Additionally, the types of MAT medications offered have diversified to become more client-centered. Interestingly, the survey data show that only one-third of people perceive that there is community support for MAT as a viable treatment option (Table 11). However, two-thirds feel that MAT should be available

through primary care providers. Men also felt more likely than women to be able to access MAT if they needed it, as did people in recovery (Table #).

Table 11. MAT-related Statements

	Percent of respondents who "Agree" or "Strongly agree"		
Demographic Category	My community supports MAT as a viable treatment option.	Primary care providers should offer MAT at their clinic.	If I needed MAT, I could easily access it.
Survey year			
2020	35%	67%	40%
2024	35%	65%	34%
Age group			
18 to 34	43%	66%	42%
35 to 54	35%	65%	31%
55+	31%	64%	34%
Gender			
Women	34%	66%	32%
Men	38%	59%	45%*
Part of County			
Northern	31%	67%	33%
Central	38%	67%	38%
Southern	34%	57%	25%
Recovery status			
In recovery	51%	70%	55%
Not in recovery	33%*	64%	30%*

*$p<0.05$.

In terms of barriers, one significant barrier to accessing treatment is the lack of staffing. As one peer recovery specialist succinctly stated, “We have this new eighteen-bed facility. But you can't staff eighteen beds, so you actually can't offer all eighteen beds.” Other barriers cited include the lack of services for those with co-occurring mental health disorders and SUD, a lack of public transportation infrastructure in Aroostook County, and a lack of health insurance.

RECOVERY

People in recovery from SUD need ongoing services to remain in recovery, establish positive social relationships, and develop new skills. Participants in the peer recovery focus group highlighted Aroostook Recovery Center of Hope in Houlton, and Roads to Recovery in Caribou, as community assets that help people in recovery. Additionally, members of the Houlton Band of Maliseet Indians benefit from services targeting their community. Law enforcement officials and consortium members echoed the success of many of these same services, as well as the expansion of recovery services in the Aroostook County Jail.

However, around four out of five survey respondents still said there is a need for peer recovery centers and sober living options. Also, similar to the gender differences seen in the need for treatment services, men in the survey were less likely than women to agree that there is a need for peer recovery centers and sober living options (Table 12).

The use of telehealth received mixed reviews. Overall, only about one-third of survey respondents felt it was a reliable option to treat SUD/OUD and provide recovery services. There were some in the law enforcement focus group who felt it helped provide greater access to services for those who were currently incarcerated. However, peer recovery specialists felt that it was too impersonal and therefore not as effective as speaking with someone face-to-face. Interestingly, in the survey, people in recovery were more likely than those not in recovery to think telehealth is a reliable option.

Table 12. Recovery Services

Demographic Category	Percent of respondents who "Agree" or "Strongly agree"		
	Telehealth is a reliable option to treat SUD/OUD and provide recovery services.	Peer Recovery Centers, recovery coach services, meetings, and peer run groups are needed.	Sober living options are needed.
Survey year			
2020	38%	N/A	N/A
2024	36%	78%	83%
Age group			
18 to 34	39%	78%	83%
35 to 54	36%	80%	86%
55+	34%	76%	80%
Gender			
Women	35%	80%	86%
Men	40%	65%*	70%*
Part of County			
Northern	40%	78%	86%
Central	35%	78%	85%
Southern	32%	80%	80%
Recovery status			
In recovery	48%	82%	87%
Not in recovery	34%*	79%	84%

*p<0.05.

Peer recovery specialists identified factors contributing to the success of recovery programs, including word-of-mouth promotion, offering activities and services not explicitly focused on recovery, and community support. Word-of-mouth promotion allows people in recovery to share their stories with others. As one peer recovery specialist stated:

> *"We need to be able to let people know that they [peer support programs] are there and that there are people just like them that are willing to help them get through this. But if we don't share that, then it's hard to get to have people feel comfortable enough to commit."*

Similarly, offering activities and services not directly related to recovery, including social gatherings, classes on financial literacy, and social services, can help those with SUD ease into engaging with a recovery center. Finally, the support of the community is crucial, for without it,

fundraising becomes a struggle, and stigma against people in recovery persists. Consortium members concurred, with one person stating:

> *"I definitely think that the recovery centers have helped with…getting the word out in the community. What's available to folks. In the past, if you or your family was not having an issue with substance use disorder that there was a lot of people in our community that had no idea what was available."*

Although the question asked about services in general for expectant mothers and youth, and not specifically about prevention, treatment, and/or recovery, there was a high level of support for such services (Table 13). Again, men were less supportive of agreeing that these services were needed. One high school student elaborated on the need for youth-specific services:

> *"It's very different to deal with a young person who is struggling with someone that is an adult, because they have different experiences, and like even just the difference in age, it does make it like not necessarily harder, but definitely different. So I think, yeah, youth-specific recovery. We don't have that enough around here."*

Table 13. Services for Targeted Populations

	Percent of respondents who "Agree" or "Strongly agree"	
Demographic Category	Services for expectant mothers are needed.	Services for youth are needed.
2024	80%	85%
Age group		
18 to 34	81%	86%
35 to 54	82%	87%
55+	78%	82%
Gender		
Women	82%	87%
Men	72%*	73%*
Part of County		
Northern	82%	87%
Central	83%	85%
Southern	76%	85%
Recovery status		
In recovery	80%	85%
Not in recovery	81%	86%

*$p<0.05$.

STIGMA

Assessment findings related to stigma were separated into their own section because stigma negatively impacts prevention, treatment, and recovery efforts. Stigma can also be self-imposed or come from others. Survey results show that 85% still feel it is an issue in their community (Table 14). However, men were less likely to agree than women that stigma was an issue in their community.

Table 14. Percent of Respondents who “Agree” or “Strongly Agree” with each Statement

Demographic Category	Stigma is an issue in my community (% who “Strongly Agree” or “Agree”)
Survey year	
2020	87%
2024	85%
Age group	
18 to 34	84%
35 to 54	86%
55+	82%
Gender	
Women	86%
Men	78%*
Part of County	
Northern	82%
Central	87%
Southern	85%
Recovery status	
In recovery	91%
Not in recovery	84%

*$p<0.05$.

Those in the peer recovery specialist focus group said that although the situation is improving, stigma remains in various fields that impact people’s SUD treatment and recovery journey, including law enforcement, health care, and potential employers. One peer recovery specialist remarked:

> *"The negative stigma going on in hospitals and with law enforcement does not just make it difficult to come forward and get help and get clean or whatever it is that you're dealing with…it's also immensely damaging… You go in looking for help and you're not necessarily sent away always. But you're not willing to get the help you need after that interaction."*

In contrast, one consortium member was more optimistic about the situation:

> *"I really do believe that stigma will change through generational change and it's happening and it's going to happen and hopefully it turns into more. Look at it five years ago, there wasn't a single naloxone distribution in Aroostook County, right? Now, there's a vending machine in less than five years…And honestly, if you look at the press about it, it was mostly positive. Like people believe that this is important. That's much different than if we would have just brought this in five years ago."*

Meanwhile, law enforcement officials stated they had made strides in training staff around stigma, with one saying the following:

> *"I think it's improved in the in the law enforcement field. I don't think it's improved in overall society. The everyday common person still looks at it as a choice versus a medical issue."*

Finally, from the youth perspective, there was a sense of stigma against people who use substances after high school, but not during:

> *"A lot of people in high school think that stuff [substance use] is cool, so it's not necessarily a stigma around people that use it in high school. But then people that continue to use it after saying like, 'Oh, they're old.' They shouldn't be doing that anymore."*

Nearly two-thirds of survey respondents gave an example to the open-ended question, "Please describe your understanding of how stigma affects individuals with AUD/SUD, affected others, and/or your community." Below is a small selection from the more than three hundred responses given:

"A vicious cycle: Individuals with AUD/SUD are ashamed and embarrassed and isolate themselves and don't ask for help. Affected others, desperate to help, may not offer the best forms of support further exacerbating the individual's shame."

"It's bad enough that someone has to go through the condition. Then all of the neighbors start talking and spreading rumors. Before they know it they automatically have a reputation that they most likely did not earn. That's hard to overcome."

"Providers who still operate with a stigma driven treatment recommendations, such as client relapsing and therefore not 'wanting' or 'deserving' treatment. Which in turn causes people to not seek help, for fear of how they will be treated."

The survey also asked if people had changed their own views around SUD in the past year.

While most who said they had changed were in the direction of feeling more empathy and less stigma toward people with SUD, a few admitted feeling more stigma. For example:

"I feel awful saying this but after seeing and experiencing how COVID has worn our good hard working folks down I'm mad that drug users require much effort from all first responders and our law enforcement and our health care workers and yet they fill the ER beds and our hospital beds for weeks at a time with MaineCare paying for their entire stays and treatments and yet our hard working folks are busting their butts trying to afford housing, food, transportation and health insurance and they can't even afford any type of medical care. Maybe we all should give up and live off the state."

"No but I am very saddened and frustrated with the fact that I work full time and still have to pay my medical bills while someone on drugs does not, MaineCare pays for them. I chose to make good decisions. We all have the same choices. If someone chooses to consume so many drugs to cause an overdose then don't save them. Sounds cruel but it's reality and we have to stop encouraging them by providing clean needles and Narcan."

PRIORITY SETTNG

It is evident from the more than five hundred survey responses and rich focus group discussions that people in Aroostook County have much to say about how the ongoing SUD epidemic is impacting their community, and what they think should be done about it. The findings offer opportunities to both maintain current programs and services, and expand them into new settings and for different target populations. Below are specific actions that align with both AMHC's workplan for the RCORP grant and findings from this assessment.

OVERALL

Increased promotion of SUD-related resources, including the *Share Facts Save Lives* campaign, should increase their overall awareness among the general public. Developing materials and strategies that target specific populations with lower levels of awareness, including older adults, would also benefit the campaign.

PREVENTION

In terms of primary prevention, continued engagement with youth should be encouraged, whether through schools or youth-serving organizations. Engagement does not need to be explicitly on substance use, but could instead focus on age-appropriate topics like social and emotional learning.

Despite people's perception of community support for naloxone declining, efforts to expand the availability of naloxone were recommended by key stakeholders. As overdose numbers remain elevated, continuing to reduce barriers to the availability of naloxone plays a crucial part in tertiary prevention. Establishing a syringe service program in Aroostook County should also remain a goal.

TREATMENT

Finding a viable, sustainable solution to address the lack of staffing for treatment services would maximize the capacity of existing treatment beds and alleviate the demand on them. Equally as important is developing treatment services specifically for youth and expectant mothers in order to address their unique needs.

In addition to staffing, other structural barriers also need addressing. First, a lack of health insurance prevents many seeking substance use treatment from having the means to afford it. Partnering with agencies to ensure that everyone who is eligible for MaineCare has actually enrolled in it would be a practical first step. Second, the lack of public transportation options in Aroostook County hinders access to both treatment and recovery services, and telehealth is not always as beneficial an alternative. However, solving the transportation issue would involve many more sectors and substantially more funding to address adequately.

RECOVERY

Similar to the effects on treatment services, addressing the inadequacies of staffing, health insurance, and transportation would result in greater access for those seeking recovery services. Another strategy to engage more people is by offering classes and workshops not explicitly focused on recovery, but on related topics such as stress management, financial literacy, and finding employment, all of which can bring added stability to the life of a person in recovery.

Additionally, maintaining recovery services in specialized settings such as tribal lands and jails, along with developing them for other populations (e.g., pregnant women and youth), will allow services to cater to those populations directly.

STIGMA

Finally, with the perception of community-level stigma remaining high since 2020, and the pervasiveness with which it permeates across sectors (e.g., medical, law enforcement, employment), reducing stigma remains challenging but necessary. The aforementioned suggestion to expand promotion of the *Share Facts Save Lives* campaign can help, as can anti-stigma training for those who engage with people with SUD through their work or personal life.