

MICHAEL CIANCHETTE
AND CYNTHIA DILL



The United States of Football Unions

Mike: Labor Day has come and gone, but my Facebook feed last week had Republicans hailing a union court victory and Democrats decrying it. Are Tom Brady and the Patriots the cure for partisanship?

Cynthia: Partisanship, like football, is supposed to be spirited competition between teams. Done right, there's no need for a cure. Players who cheat and, worse, politicians who obstruct give both a bad rap.

Neither Democrats nor Republicans have figured out how to protect the American Dream in the new economy, where up to 53 million people work essentially as freelancers without benefits such as unemployment insurance or retirement plans and without rights to due process that Tom Brady demonstrated to be so important.

Labor leaders could fill the void in the "gig economy," and if Tom Brady and the Players Association used their star power to help struggling workers earn a decent living and enjoy a modicum of job security, football's reputation could improve immensely. You know, a win-win.

Mike: Tom Brady's due process was provided by our system of laws, not the players' association. The union agreed to the boneheaded clause that purportedly vested Roger Goodell with the power of judge, jury and executioner. Thanks goodness Judge Berman runs on Dunkin'.

Maybe this is our generational divide showing, but I think you're taking the exact wrong lesson from the freelance economy. Mass individualization is the future of work, products and everything. In fact, even though the law and execution were botched, it is one of the reasonable policy objectives of Obamacare: Move health insurance to an individually purchased service and away from an employer-provided benefit.

That is why we need effective reform on everything from the tax code to unemployment and Social Security, giving people more job freedom to make their own way. Now that is a win-win.

Cynthia: Tom Brady would not have had a right to a hearing in the first place had it not been negotiated by the Players Association in the contract between it and the NFL. Regular workers on their own — young and old — do not have such bargaining power to strike a deal with their employer guaranteeing such a right.

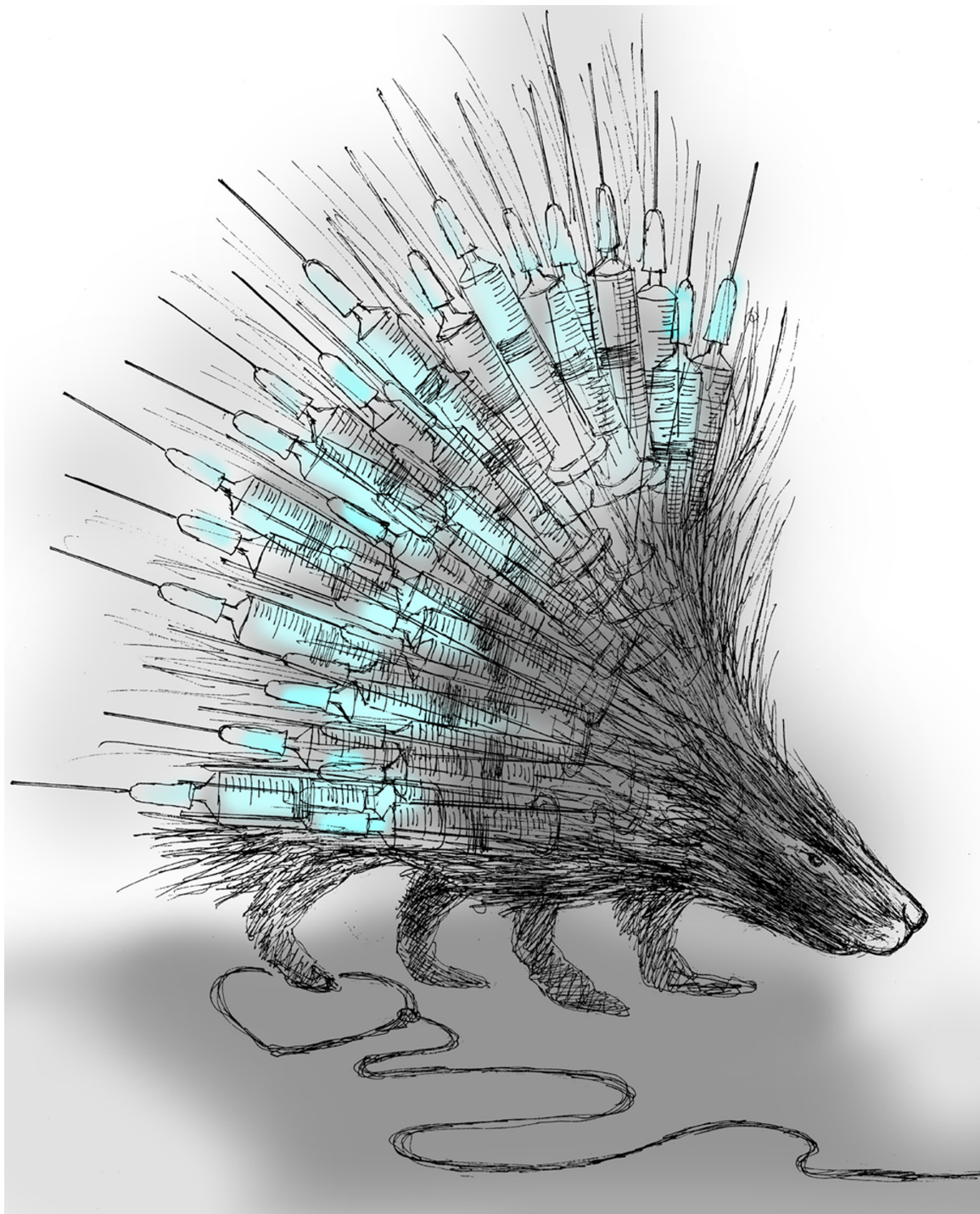
I'm glad you are finally seeing the benefits of Obamacare, Mike, but it's more than just a place for people to go and get health insurance. There are subsidies that make it affordable, a mandate to create economies of scale and rules that prevent insurance companies from denying coverage to people who might actually need to use it someday, such as a young hipster who gets cancer and can't make video games in his garage. Obamacare will cover medical expenses, but what about his lack of income? How can he pay the rent?

Not everyone has wealthy parents to call for help. Don't Republicans want a safety net for the mass of these "free" individuals?

Mike: It's a straw man that Republicans don't want a safety net. But we want one that is truly a net to catch people when they fall, not an incoherent regulatory morass disincentivizing work. How many different eligibility standards are there between MaineCare, TANF, the earned income tax credit, unemployment insurance and numerous other "safety net" programs?

And for Obamacare, I said the announced policy objective was reasonable, not the means of achieving it. When you have Washington dictating individual coverage requirements in individual plans, you open the door for

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GEORGE DANBY | BDN

When can't get the help you need

Every name on a waitlist is someone who wants to escape addiction

BY DAN JOHNSON
SPECIAL TO THE BDN

I recently met with a man in his late 40s. I'll call him Greg — his name and minor personal details have been changed, but this story is true. He was well-dressed, well-educated and held a prestigious job. He was also addicted to opioids and seeking admission to Acadia Family Center's Suboxone program. Suboxone is a combination drug that provides both a long-acting opioid — which does not give a person an actual "high" but helps minimize the intense withdrawal symptoms — and an opioid blocker to prevent misuse. It is an essential element in the path to recovery for many people with opioid addiction.

Greg told me he started using opioids in his late 30s because a girlfriend was using them, and he slowly increased his use until he realized he couldn't stop. Nearly a decade later, a relationship failed and his ex-girlfriend told his children from his first marriage that their father was a "junkie." This information carried enough stigma that his children cut off contact

with him, and, despite his efforts, he has not heard from them in several years.

Greg talked about his addiction the way someone would talk about cancer or heart disease. It happened. It wasn't intentional. It wasn't because he wasn't a good person. It wasn't because he "deserved it." It happened, and once it was there it wouldn't go away.

He eventually started buying Suboxone on the street in an effort to break the vicious addiction cycle; it got him off other drugs and allowed him to function without being high all the time. But buying it on the street was illegal, failed to provide him with any emotional support or direction and could have harmed him because he wasn't taking the controlled substance under the care of a physician. Fortunately, Greg found his way to Acadia Family Center, where we could provide him with legal Suboxone under a physician's medical supervision as well as the essential counseling he needed to develop and maintain his recovery. Greg isn't alone anymore; we've got his back.

If Greg lived in Sanford instead of Bar Harbor, treatment might not be

available to him. Sanford's methadone clinic announced last month it would close because of lack of state funding — methadone, like Suboxone, is a replacement medication used to treat opioid addiction — following the pattern of closures afflicting treatment centers across the state. Several years ago, I personally watched the state of Maine year after year cut reimbursement rates for a large opioid treatment program I was supervising, making it difficult for this and other treatment centers to stay afloat.

In August, there were two "drug summits" in Maine that addressed our growing opioid epidemic. The first focused on a treatment and recovery approach to the problem while the other concentrated on law enforcement.

While law enforcement may be one aspect of our state's effort to curtail drug use, those of us in the trenches helping people with opioid dependence and addiction know there are treatments that work and that those suffering from opioid use disorders are not "bad" people — they just want to get better. Many providers believe effective

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Awareness, lip service aren't enough to prevent suicide

September is suicide awareness month. The issue is one I hold dear. I, like many in Maine, have been touched by the tragedy on more occasions than I can believe.

Our suicide rate is above the national average, and it was the highest in New England in 2012.

The rate among middle-aged adults has increased dramatically in recent years. Endeavors to increase awareness are growing more plentiful, an important step toward progress, though programs and resources made available to those who most need them re-



ALEX STEED

Exclusive focus on awareness and law enforcement without investment in systems of support and medical intervention leaves our statewide response to suicide anemic

main limited and politically under attack.

In 2013, Gov. Paul LePage signed into law a bill designed to bring suicide awareness efforts to elementary and high schools throughout the state. Rep. Paul Gilbert, D-Jay, the bill's primary sponsor, told the Bangor Daily News that it was the most important piece of legislation he had sponsored to date. The impressive bill passed with unanimous sup-

port and called for suicide prevention awareness education programs at all schools. It also made suicide prevention training mandatory for all school personnel. This move to increase awareness is an important one.

Every September, the Blaine House co-hosts another event to generate awareness — an event with the Maine Suicide Prevention Program at which local suicide awareness efforts are high-

lighted and the administration's verbal commitment to suicide prevention is reiterated. Last year's event highlighted several examples of exemplary responses and behavior on the part of law enforcement throughout the state.

I was the guest of Kyle Poissonnier at this event. His clothing company, Katalyst, diverts September sales of one of its products to state prevention efforts and works to bring attention to the issue. Last year, his endeavor proved so successful that he has launched similar efforts in five new states.

Efforts to increase awareness locally and statewide are incredibly important, but they are not enough to illustrate a sense of seriousness about another pressing

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