

2020 SEOW Webinar Series: Key Findings of the 2020 State Profile



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November 6th, 2020



State Epidemiological Outcomes Workgroup www.MaineSEOW.com

Agenda

- **Introduce Maine SEOW**
 - Purpose and Objectives
 - Notes/disclaimers
- **Present Key Findings**
 - Summary
 - Consumption (self-reported substance use)
 - Consequences (e.g., morbidity/mortality, crime)
 - Contributing Factors (e.g., availability, perceptions)
- **Questions**

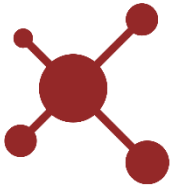
Purpose/Background



The State Epidemiological Outcomes Workgroup (SEOW) serves as a clearing house for substance use and mental health related data indicators. Established in 2005.



The SEOW was funded under the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Partnership for Success grant, focused on the prevention of substance use among 12 to 25 year olds.



Next two years will be funded by a combination of funding streams under the Maine CDC

SEOW Objectives

- Serve as a clearing house
- Promote systematic, data-driven decision-making
- Guide effective and efficient use of **prevention** resources
- Identify and track substance use trends
- Detect emerging substances/patterns
- Help secure funds and measure progress
- Provide an opportunity for networking and collaboration



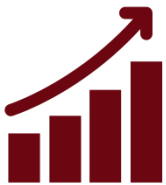
Data Notes/Disclaimers



SEOW encourages stakeholders to scan a multitude of indicators and information sources. We promote the use of data indicators that have the reputation of being accurate, reliable, and timely.



All data have limitations in terms of accuracy and reliability. Therefore we caution data users not to rely heavily on a single indicator in their assessment and evaluation; instead, we structure and present resources within a larger context to help users look at the broader picture.



Analyses of longer-term trends and perspectives are vital for prevention planning and the assessment/evaluation process. Prevention strategies are successful when conducted over a long period and data monitoring should reflect this process.

Strategic Prevention Framework (SPF)



Public Health Surveillance

“Public health surveillance is an ongoing form of epidemiology, a systematic collection, analysis, and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.”

Source: World Health Organization

Descriptive and Analytic Epidemiology

Descriptive epidemiology	Analytic epidemiology
<i>When was the population affected?</i>	<i>How was the population affected?</i>
<i>Where was the population affected?</i>	<i>Why was the population affected?</i>
<i>Who was affected?</i>	

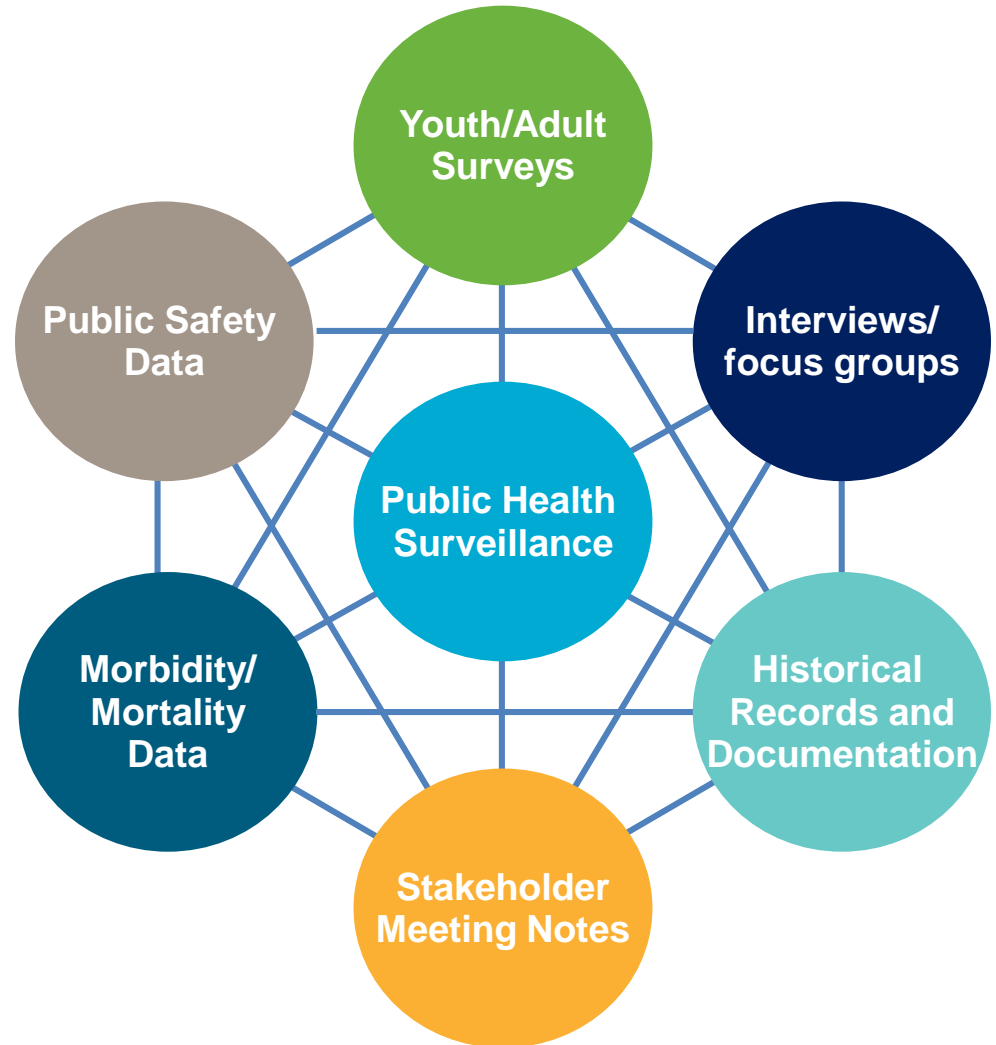
What Can Public Health Surveillance do for Prevention?

**Share your assessment findings with stakeholders and other community members*

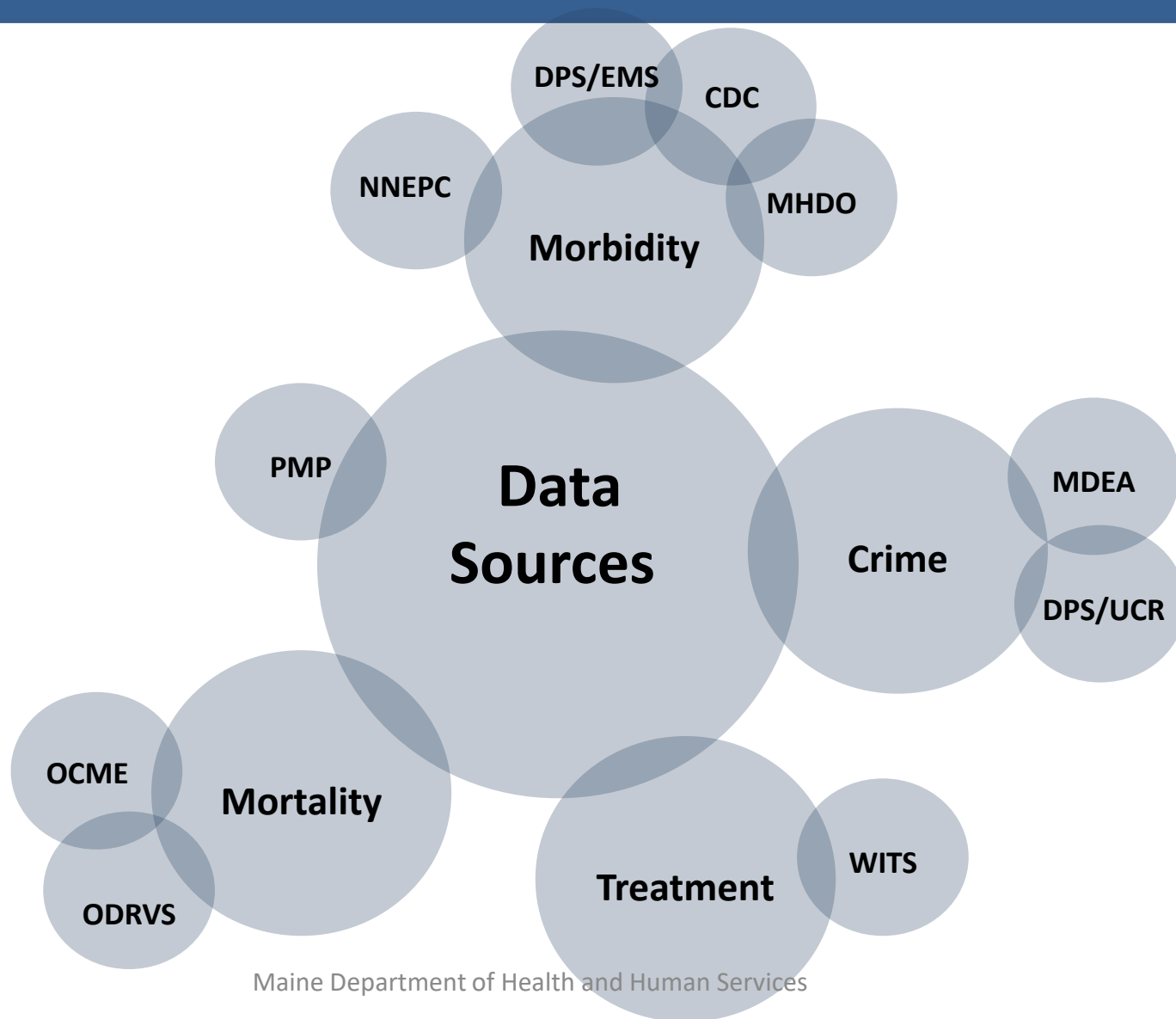
- Identify and prioritize substance use problems
- Clarify the impact of these problems
- Identify the specific contributing factors
- Assess the readiness and resources
- Evaluate effectiveness of interventions

Triangulation

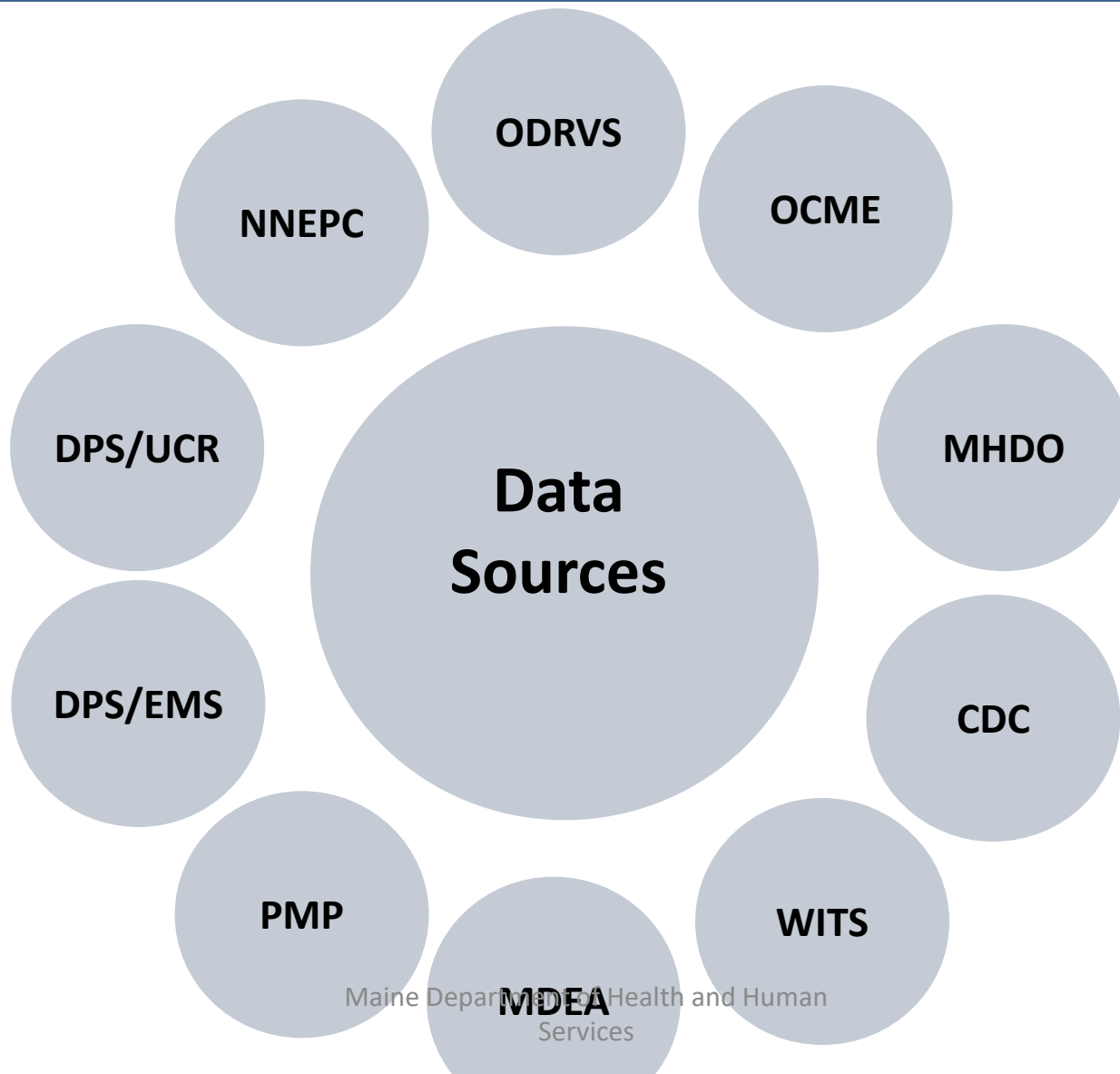
- ***Enrich***
- ***Refute***
- ***Confirm***
- ***Explain***



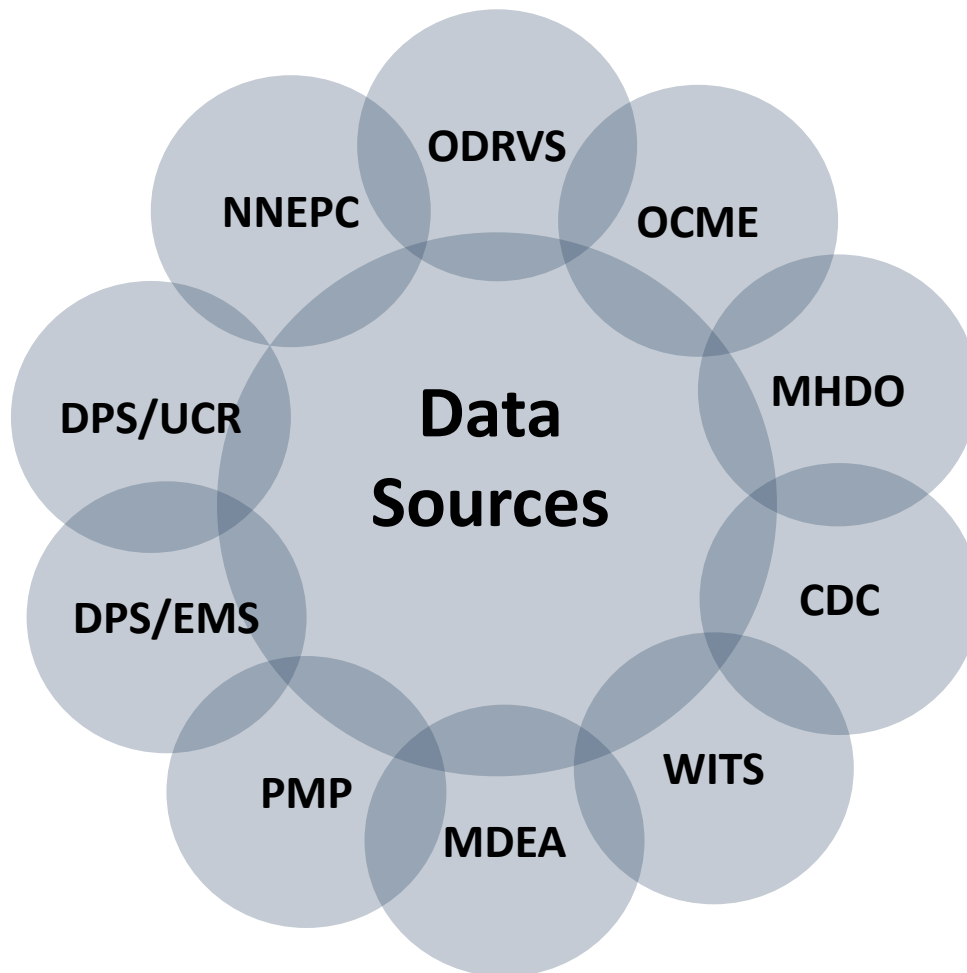
Data Workgroup



Data Workgroup



Data Workgroup



Consumption

(Surveillance Data)



Polling

What percentage of Maine high school students reported ever using an electronic vapor product in 2019?

- A. 5%
- B. 15%
- C. 25%
- D. 35%
- E. 45%
- F. 55%



Alcohol Consumption Patterns



Based on self-reported consumption, in 2017-18, approximately 71,000 (6%) Mainers 12 and older qualified as having an alcohol use disorder (NSDUH). Up by 9% since 2016-17.

The highest binge drinking rates continue to be observed among the 18 to 24-year-olds, with about one in three reporting binge drinking within the past month (BRFSS).



Past month alcohol consumption among high school students has declined from 32% in 2009 to 23% in 2019; 28% decrease. Among high school students who drank in the past month, about one in three reported binge drinking (MIYHS).

The rate of pregnant women reporting they drank alcohol during their last trimester decreased slightly from 2017 (10%) to 2018 (9%) (PRAMS).



Tobacco and Vaping Consumption Patterns



Rates of tobacco use have progressively declined among youth and young adults in Maine but remain somewhat consistent among older age groups (MIYHS, BRFSS).

Past-month use of vapor products among HS students has increased substantially, nearly doubling from 2017 (15%) to 2019 (29%) (MIYHS). E-cigarette use increased among adults 18 and over from 2016 (18%) to 2017 (21%). E-cigarette use has surpassed cigarette use in adult Mainers (BRFSS).

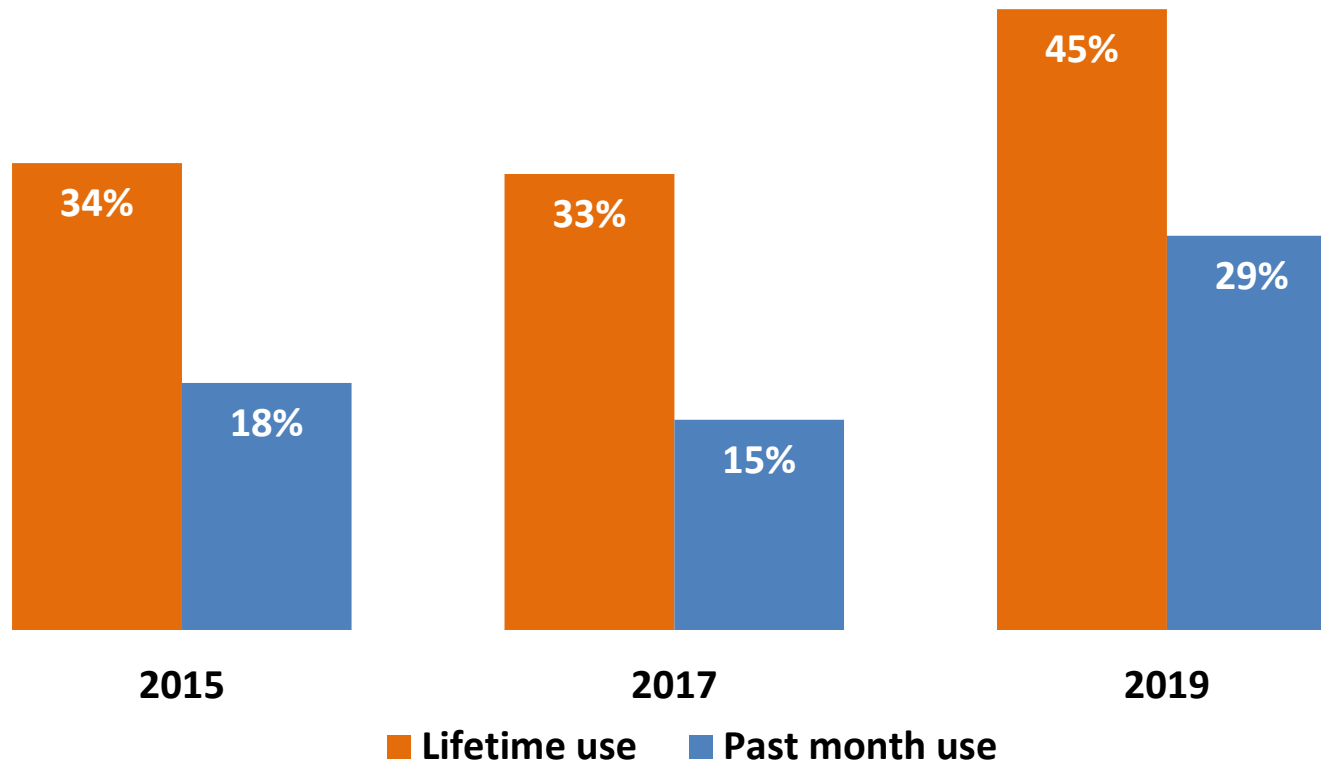


In 2018, nearly 12 percent of pregnant women reported smoking cigarettes in their last trimester. Cigarette use rates observed a slight decrease from 2017 and were highest among younger women, as well as among those with lower levels of education (PRAMS).

High school students who used an electronic vapor product* in the past 30 days or lifetime: 2015–2019



Nearly half of high school students reported having ever used an electronic vaping product in 2019.



Source: MIYHS

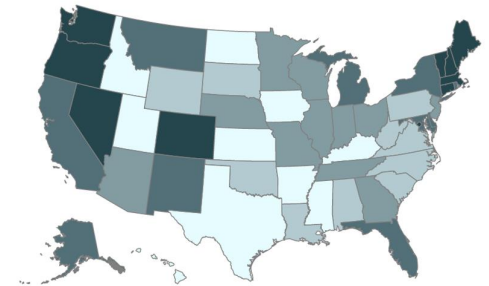
Maine Department of Health and Human Services

Marijuana Consumption Patterns



Marijuana use among high school students has remained stable since 2011, with one in five using in the past month (MIYHS). Past month use among adults (18 and older) more than doubled from 2011-12 (8%) to 2017-18 (17%) (NSDUH).

One in three adults 18 to 25 and one in six adults 26 and older used in the past month. Maine has some of the highest rates in the Nation. About 19,000 Mainers reported using marijuana for the first time in their life in 2017–18. The number of initiates 26 and older more than doubled from 2016–17 to 2017–18 (NSDUH).

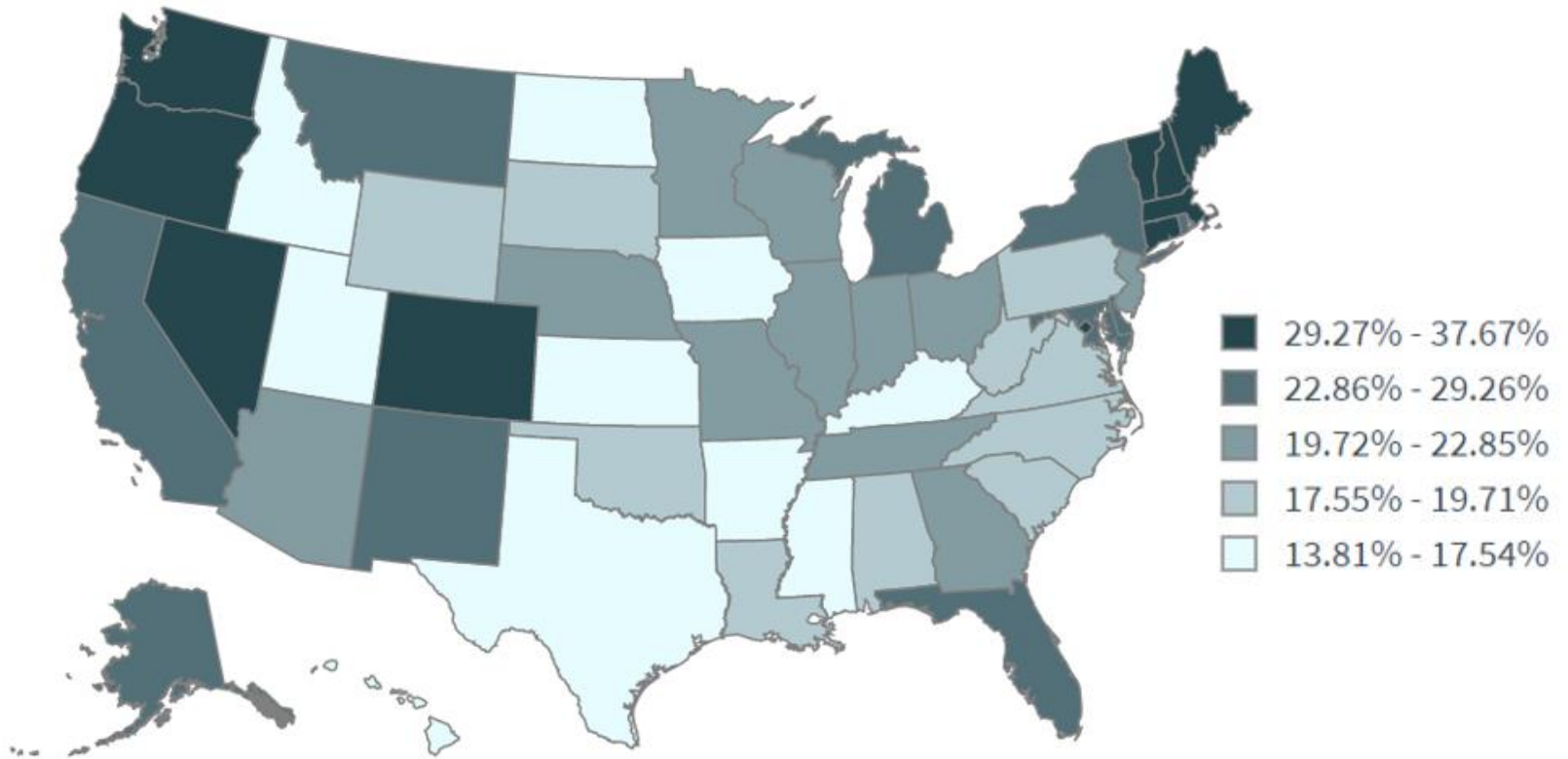


Among HS students those who had ever vaped, one in eight claimed that the last time they had vaped, the liquid was marijuana hash oil and 7% were not sure what liquid they had been vaping (MIHYS)

Maine women reporting using marijuana while pregnant increased from 9% in 2016 to 12% in 2018. Rates were highest among pregnant women ages 20 to 24 (21%) (PRAMS).



Marijuana use in the past month among 18 to 25-year-olds, by state: 2017-18



Marijuana is the most commonly used psychotropic drug in the United States, after alcohol. In 2018, more than 11.8 million young adults reported marijuana use in the past year. Its use is more prevalent among men than women.

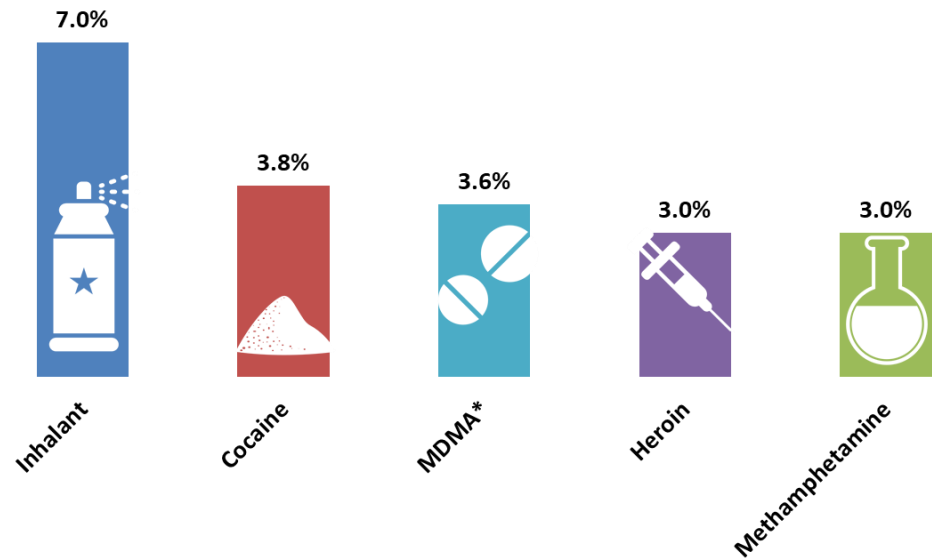
Source: NSDUH

Opioids and illicit Drugs Consumption Patterns



In 2019, 5% of high school students misused prescription drugs in the past month. One in 10 high school students have ever misused a pain reliever (MIYHS). Past year pain relievers misuse is more common among 18 to 25-year-olds (7%) than those 26 and older (3%) (NSDUH).

In 2019, 7% of high school students reported having ever used inhalants, and 3% reported having ever used heroin. (MIYHS).



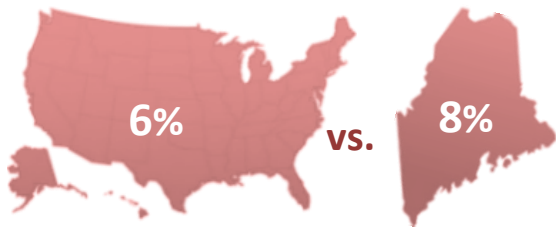
*MDMA=3,4-methylenedioxymethamphetamine

Stimulant Consumption Patterns



In 2019, about 4% of HS students reported ever using cocaine, 3.6% ever used MDMA* and 3% reported ever using methamphetamine.

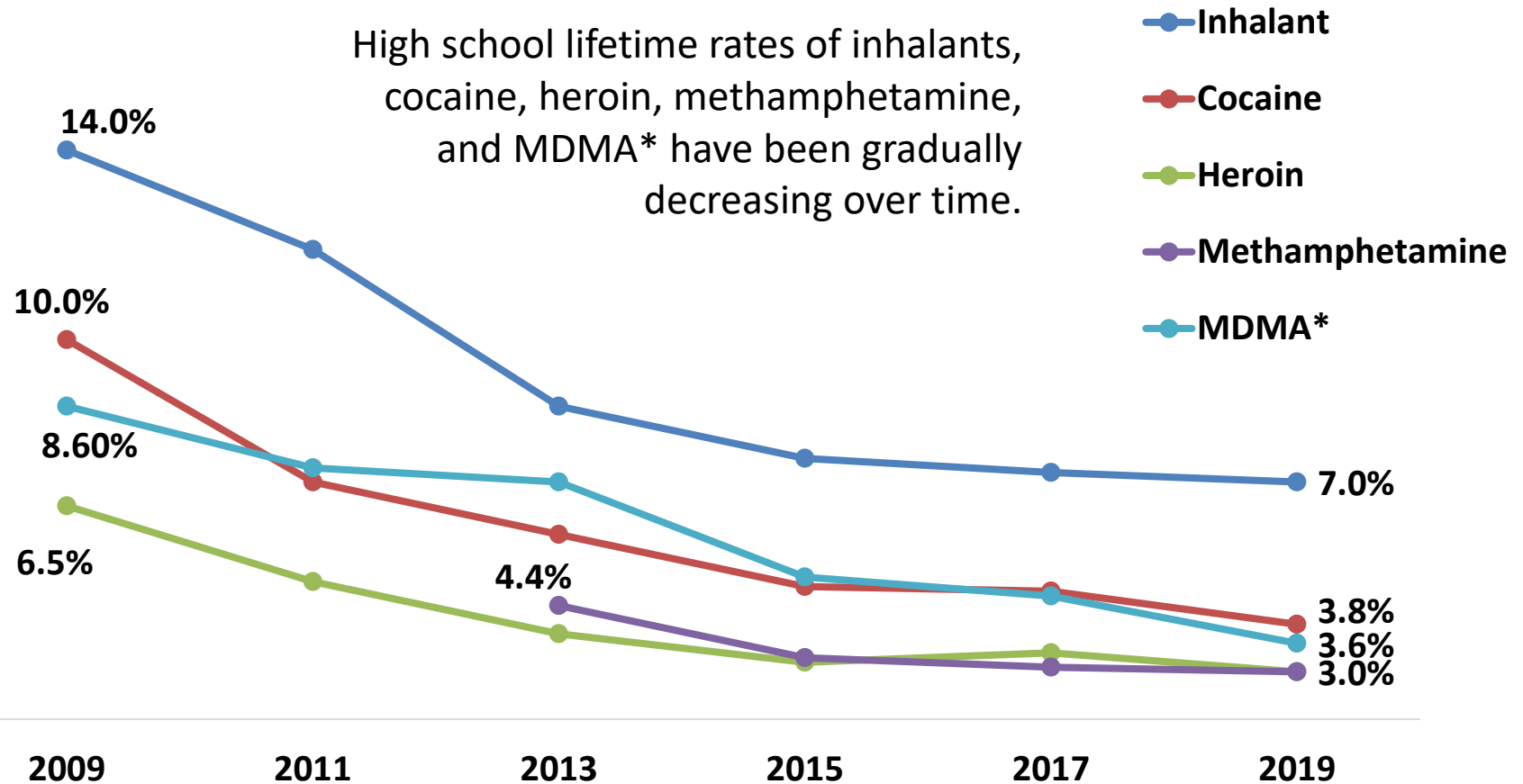
Rates of stimulant use appear to be higher among particular minority HS students (e.g. LGBTQ, Black, Non-Hispanic, Native Hawaiian or Pacific Islander).



In 2017-18, Mainers 18 to 25 had higher rates of past year cocaine use (8%) than the national average (6%). Rates of cocaine use among young adults in Maine have been steadily increasing since 2013 (5%).

*MDMA=3,4-methylenedioxymethamphetamine

Maine High school students reporting lifetime drug use, by drug type: 2013–2019



*MDMA=3,4-methylenedioxymethamphetamine

Source: MIYHS

Consequences/Impact



Quiz

About how many Emergency Department visits related to alcohol occurred in Maine in 2019?

- A. Less than 5,000
- B. 5,000 – 10,000
- C. 10,000 – 15,000
- D. 15,000 – 20,000
- E. 20,000 – 25,000
- F. Over 25,000

Morbidity and Mortality



In 2019, there were nearly 19,000 alcohol-related overdose ED visits, followed by marijuana overdose visits (4,583), and opioid (pharmaceutical and illicit) overdose visits (1,214). ED visits for overdoses were more prevalent among males compared to females for all substances (RHIME).

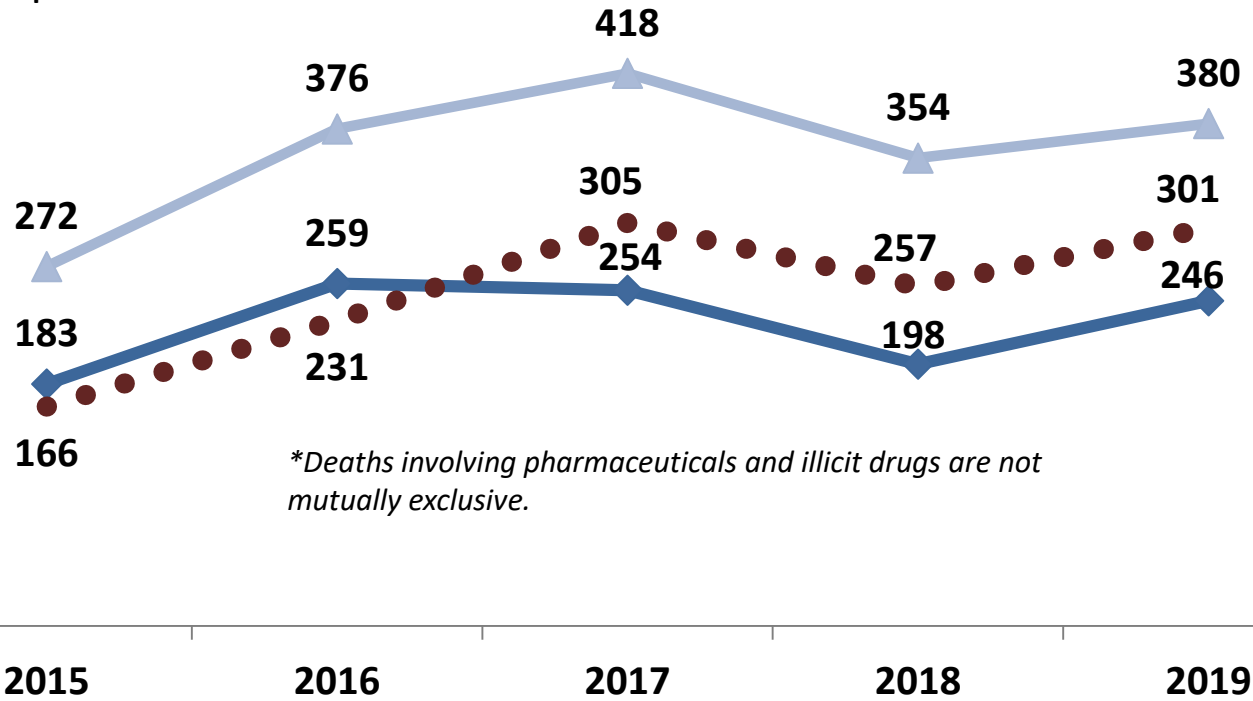
In 2019, there were a total of 380 overdose deaths due to substance use in Maine. From 2017 to 2018, overdose deaths overall decreased by 15 percent. In 2019, they have increased again by seven percent. Eight out of 10 overdose deaths were related to illicit drugs, while six out of 10 involved a pharmaceutical drug (OCME).



Non-pharmaceutical fentanyl continues to play a major role in drug-related deaths—comprising almost seven out of 10 total deaths—whereas the influence of heroin has declined since 2016. However, cocaine, alcohol, benzodiazepines, and methamphetamine respectively, still made up a large proportion of drug-related deaths in 2019 (OCME).

Number of deaths* in Maine caused by pharmaceuticals and/or illicit drugs, alone or in combination: 2015–2019

In 2019, there were a total of 380 overdose deaths due to substance use in Maine. After decreasing for the first time since 2011 in 2018, drug deaths increased again in 2019. Illicit drug overdose deaths continue to outnumber overdoses related to pharmaceuticals.

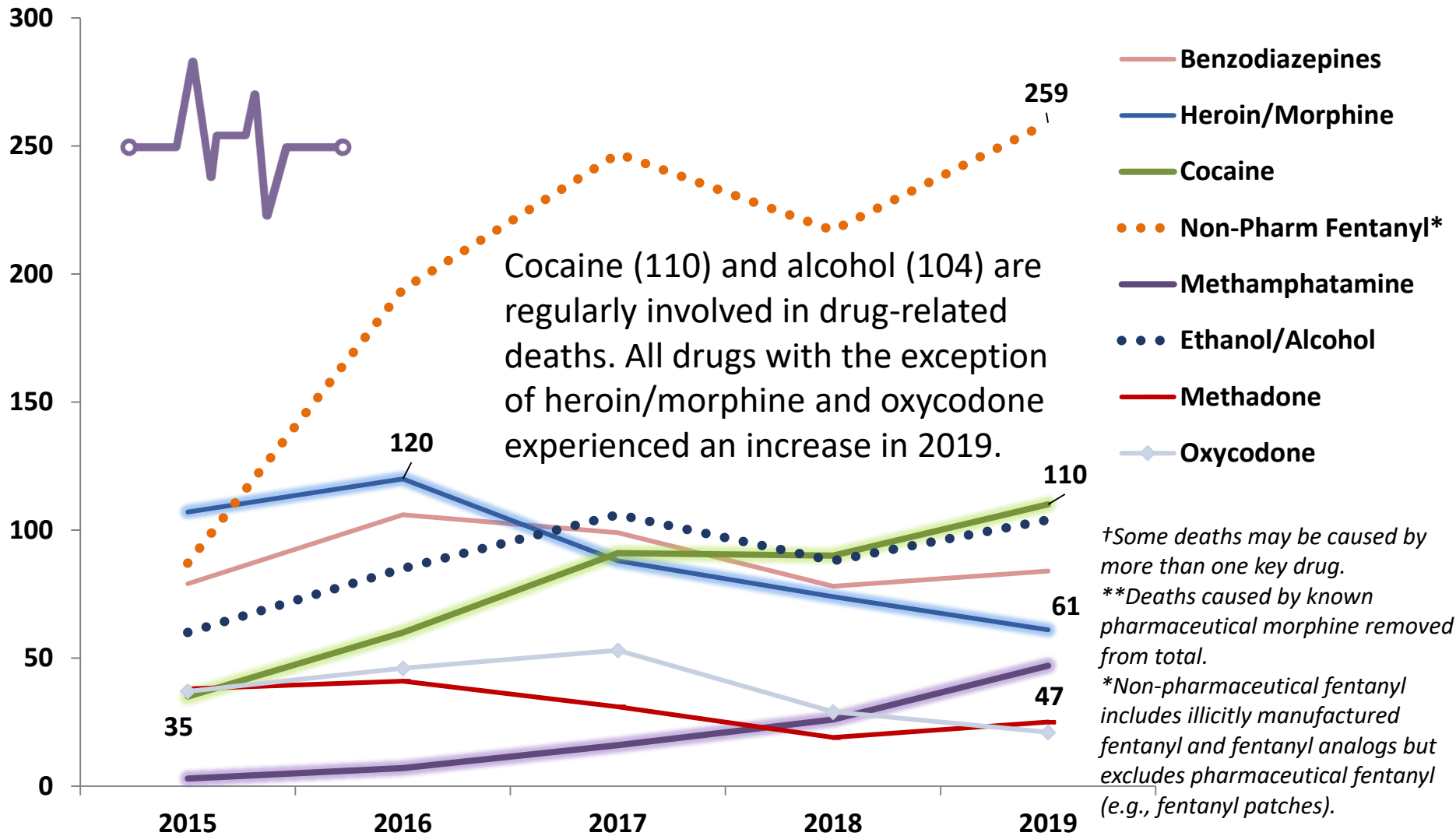


**Deaths involving pharmaceuticals and illicit drugs are not mutually exclusive.*

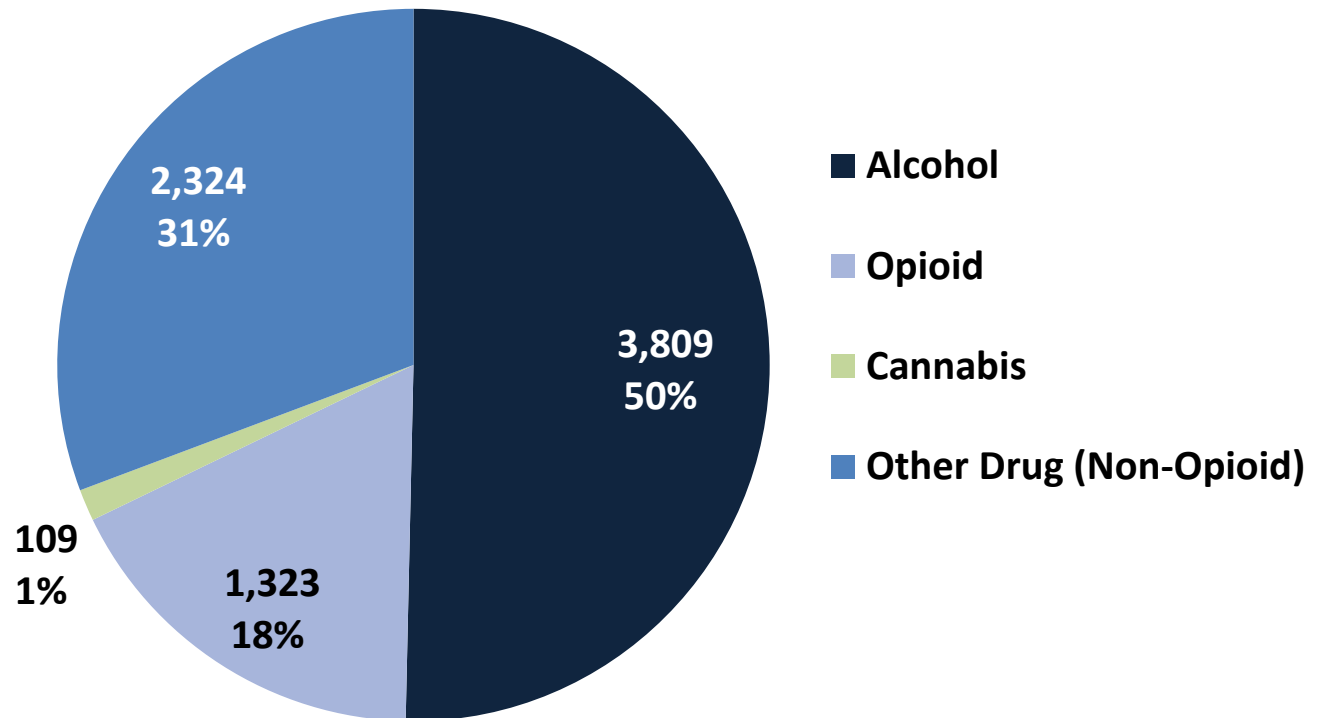
Source: OCME

◆ Pharmaceutical ● Illicit drugs ▲ Total

Number of drug deaths** involving specific drug types†: 2015–2019

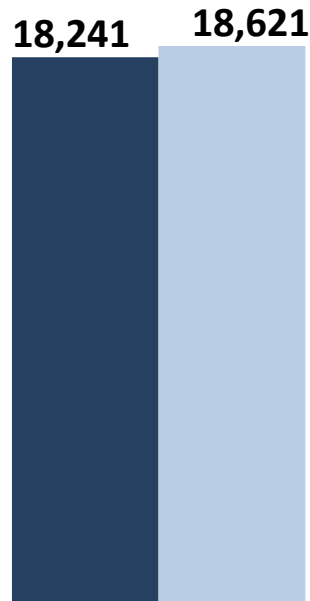


EMS substance use related responses, by substance: 2019



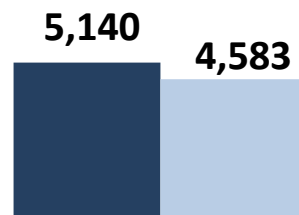
In 2019, based on primary impression, half of EMS responses related to substance use were for alcohol, one fifth involved opioids.

Number of Maine ED visits related to substance use, by substance: 2018 and 2019

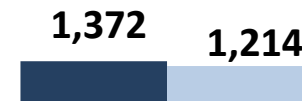


Alcohol

In 2019, there were nearly 19,000 ED visits in Maine related to alcohol, about 4,600 relate to marijuana, and just over 1,200 related to opioids



Marijuana



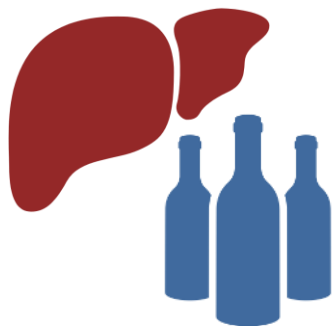
Opioid

■ 2018 ■ 2019

Source: Syndromic Surveillance System

<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/syndromic/>

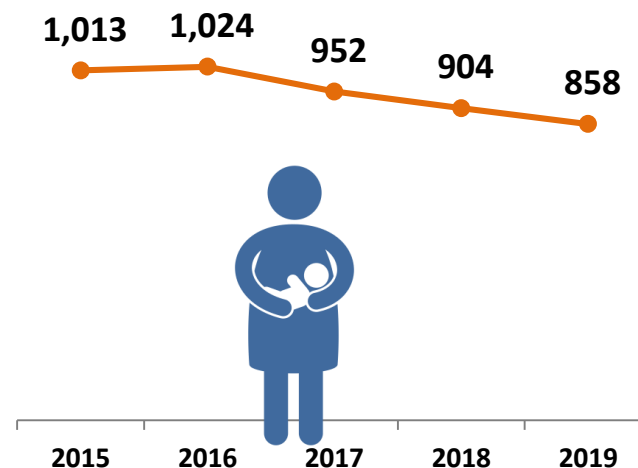
Morbidity and Mortality



Deaths related to alcoholic cirrhosis and liver disease have remained relatively stable among men, increasing from five per 100,000 in 2018 to seven per 100,000 in 2019. Men are twice as likely to experience death related to alcoholic cirrhosis and liver disease compared to women (DRVS).

In 2019, there were 858 notifications to Child Protective Services regarding infants born exposed to substances* (drug-affected babies); this accounted for about seven percent of the live births in Maine. After steadily increasing from 2014 to 2016, the number of substance exposed baby notifications steadily decreased by 16% (OCFS).

**includes instances where mother is taking medication assisted treatment*



Criminal Justice Involvement



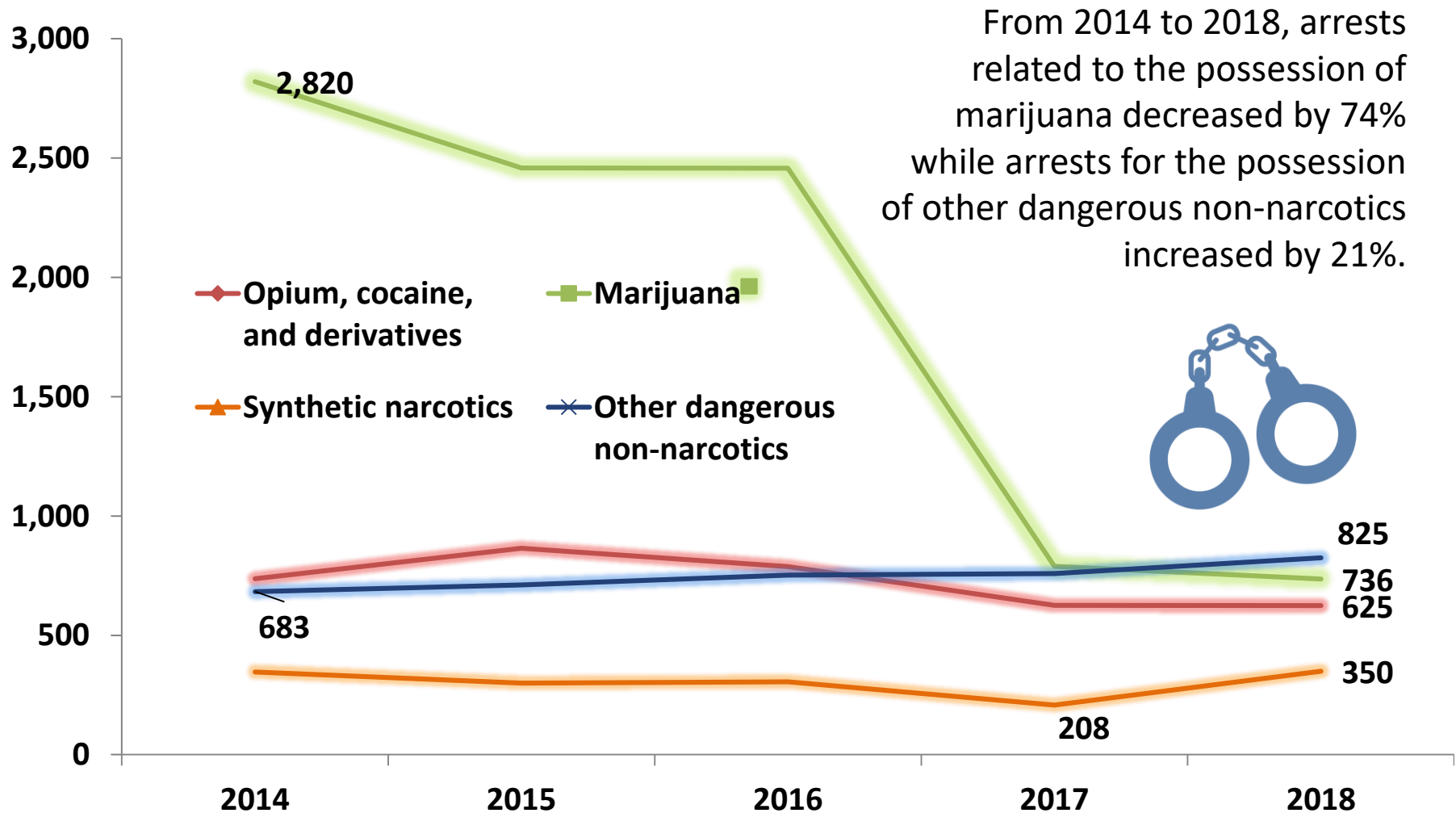
Arrests related to operating under the influence (OUI) have remained stable. Mainers ages 30 to 39 observed a substantial increase in OUIs from 2014 to 2018. For the first time in many years, liquor law violations among youth in Maine increased slightly from 2017 to 2018 (DPS).

After observing a dramatic drop from 2016 to 2017, arrests related to the possession of drugs increased by six percent from 2017 to 2018. In 2018, one in three drug offense arrests for possession were for other dangerous non-narcotics (DPS).



From 2017 to 2018, there was a substantial increase (40%) in synthetic narcotic possession arrests and an eight percent increase in other dangerous non-narcotic arrests. Juvenile arrests related to drug possession have steadily declined from 2014 (409) to 2018 (252) (DPS).

Drug offense arrests (all ages) for possession, by drug type: 2014–2018

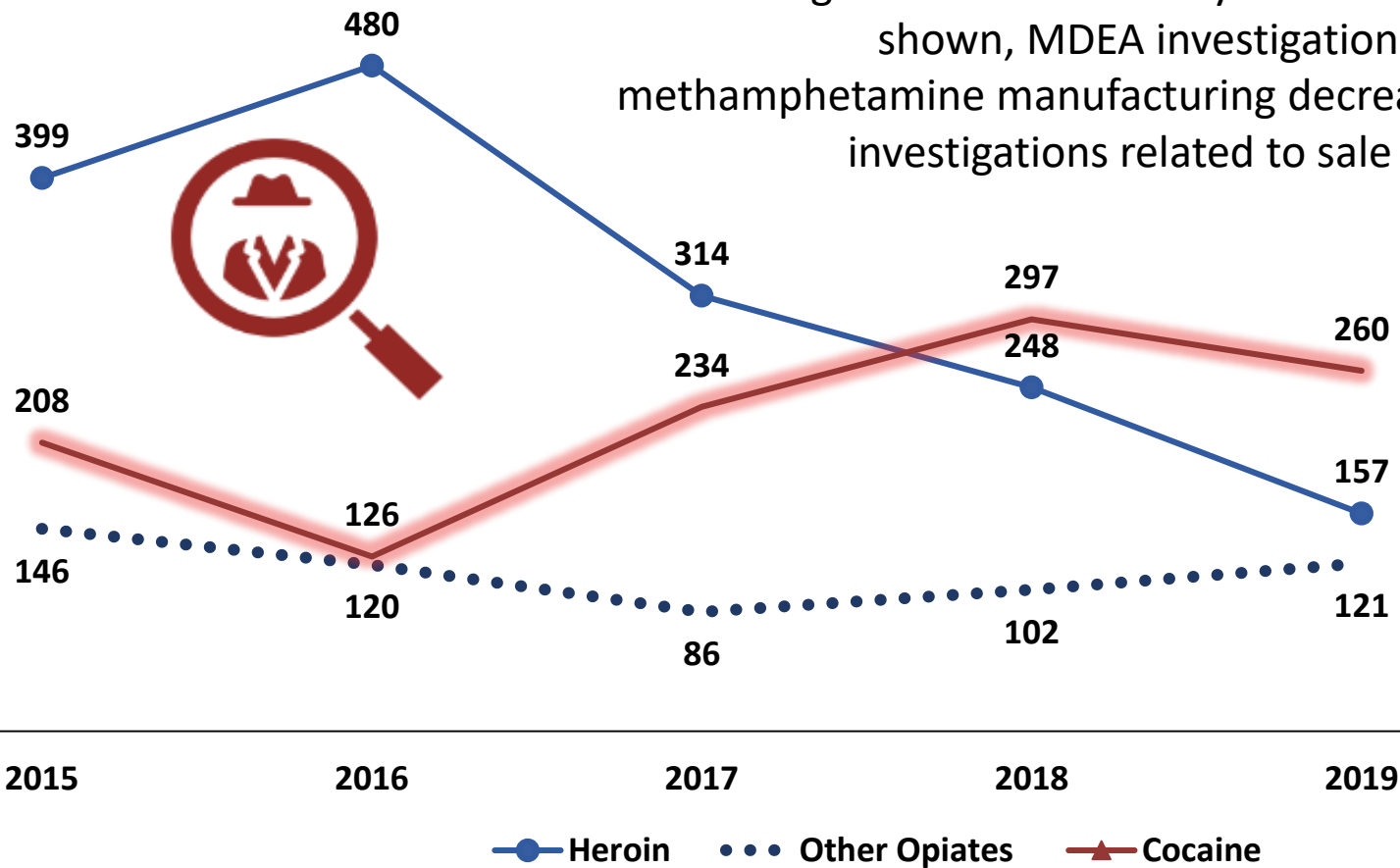


Source: DPS/Uniform Crime Report

Maine Department of Health and Human Services

Maine DEA drug trafficking investigations, by drug type: 2015–2018

From 2016 to 2019, MDEA trafficking investigations related to cocaine increased by 130%, while those involving heroin decreased by 67%. Although not shown, MDEA investigations involving methamphetamine manufacturing decreased while investigations related to sale increased.



Source: Maine DEA

Impaired Driving



While the number of motor vehicle crashes has increased, the proportion of alcohol and/or drug-related motor vehicle crashes has remained stable at four percent (1,276 impaired crashes in 2019) (MDOT).

In 2019, Maine drivers ages 21 to 24 had the highest alcohol/drug-related crash rate (359.8 per 100,000 licensees); rates among this age group have shown a slight but steady decrease since 2016 (MDOT).

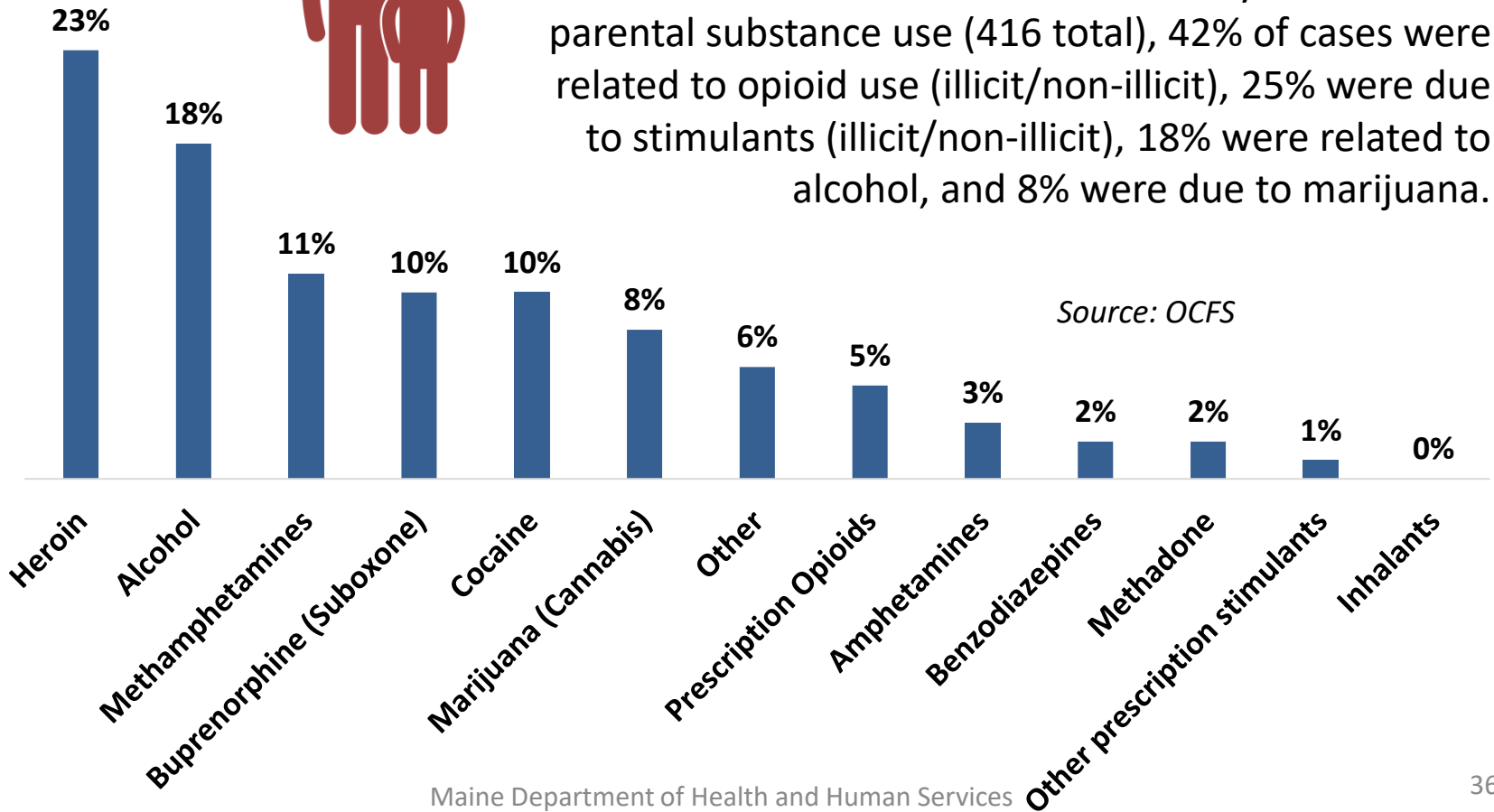


In 2019, about one in four (27%) fatal motor vehicle crashes involved alcohol and/or drugs. There was a slight increase in both fatal crashes and non-fatal crashes that involved alcohol and/or drugs (BHS).

Percent of cases where child was removed due to parental substance use, by primary substance type: SFY 2019



In 2019, there were 6,508 allegations of abuse in Maine that involved parental substance use. Among children who were taken into custody as a result of parental substance use (416 total), 42% of cases were related to opioid use (illicit/non-illicit), 25% were due to stimulants (illicit/non-illicit), 18% were related to alcohol, and 8% were due to marijuana.



Treatment



In 2017-18, it was estimated that 8.2% (103,000) of Mainers qualified as needing, but not receiving treatment for a substance use disorder (NSDUH).

Nearly four in 10 admissions for substance use treatment listed alcohol as the primary reason for treatment in 2018, followed by heroin/morphine, and other opiates/ synthetics (WITS).



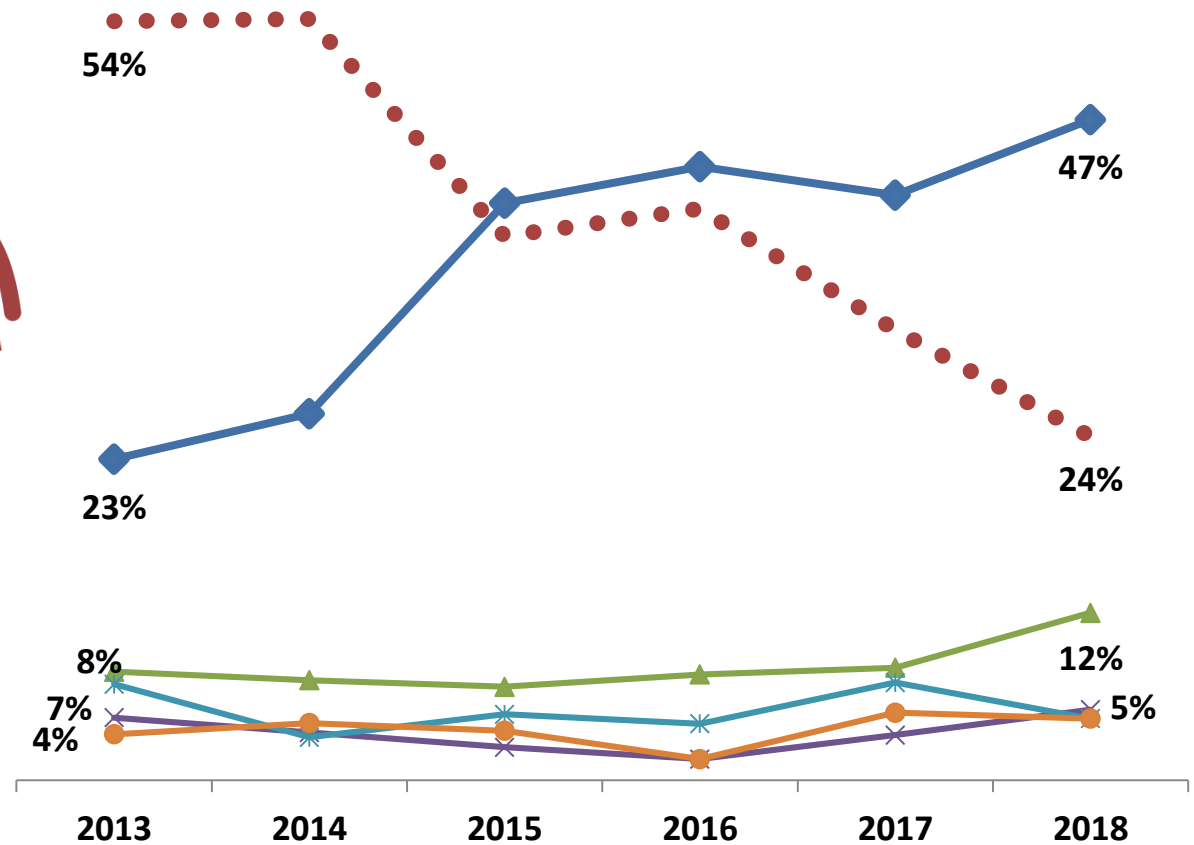
In 2018, nearly half (47%) of primary admissions were related to either opioids or opiates, which is consistent with previous years. The proportion of primary admissions related to pharmaceutical opiates continues to decrease as primary admissions involving illicit opioids continue to increase (WITS).

Treatment admissions of pregnant women, by primary substance: 2013–2018*

In 2018, about eight out of ten treatment admissions for pregnant women were related to illicit or prescription opiates.



- ◆ Heroin/Morphine
- Other Opiates
- ▲ Alcohol
- × Marijuana
- * Cocaine/Crack
- Methadone



*WITS data are not static; therefore 2018 numbers may be lower than true counts. Data were retrieved on 7/25/2019.

Source: WITS

Contributing Factors

(e.g., Availability, Perceptions, Social Norms)



Quiz

Of Maine parents surveyed (of 7th thru 12th graders), what percentage reported that they thought their teen had drunk any alcohol in the past 30 days?

- A. 1%
- B. 4%
- C. 6%
- D. 10%
- E. 15%

Availability and Diversion



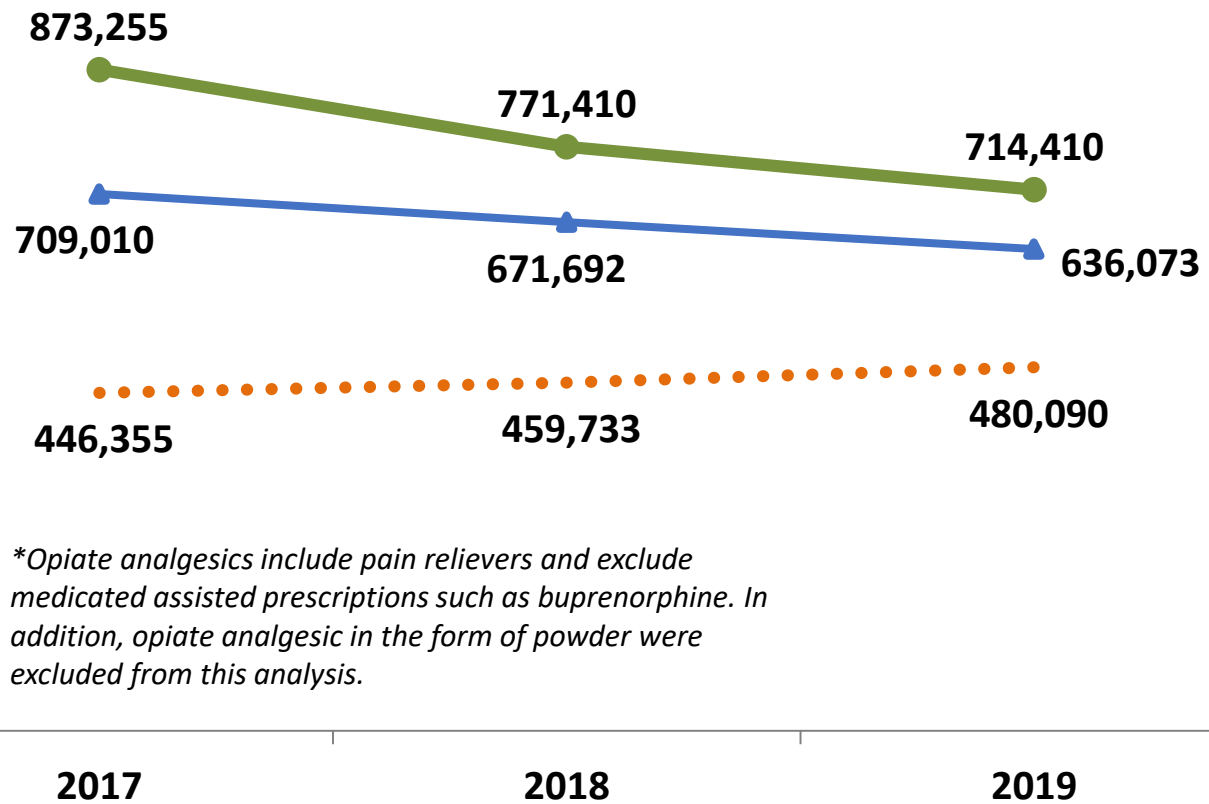
From 2017 to 2019, the number of prescriptions prescribed for opiate agonists (excluding partial agonists such as buprenorphine) decreased by 18 percent, the number of prescriptions for sedatives decreased by 10 percent, and the count of prescriptions for stimulants increased by 7.5 percent (PMP).

The most common active ingredient within all opiate doses dispensed since 2017 has been oxycodone, making up 32 percent. This is followed by hydrocodone (23%), tramadol (19%), and buprenorphine (13%). The proportion of buprenorphine doses has increased from eight percent in 2017 to 13 percent in 2019 (PMP).



Most calls to Northern New England Poison Center requesting medication verification in 2017–19 involved opioids, followed by benzodiazepines, and stimulants. This continued the trend from the previous reporting period (NNEPC).

Number of prescriptions dispensed in Maine, by type*: 2017–2019

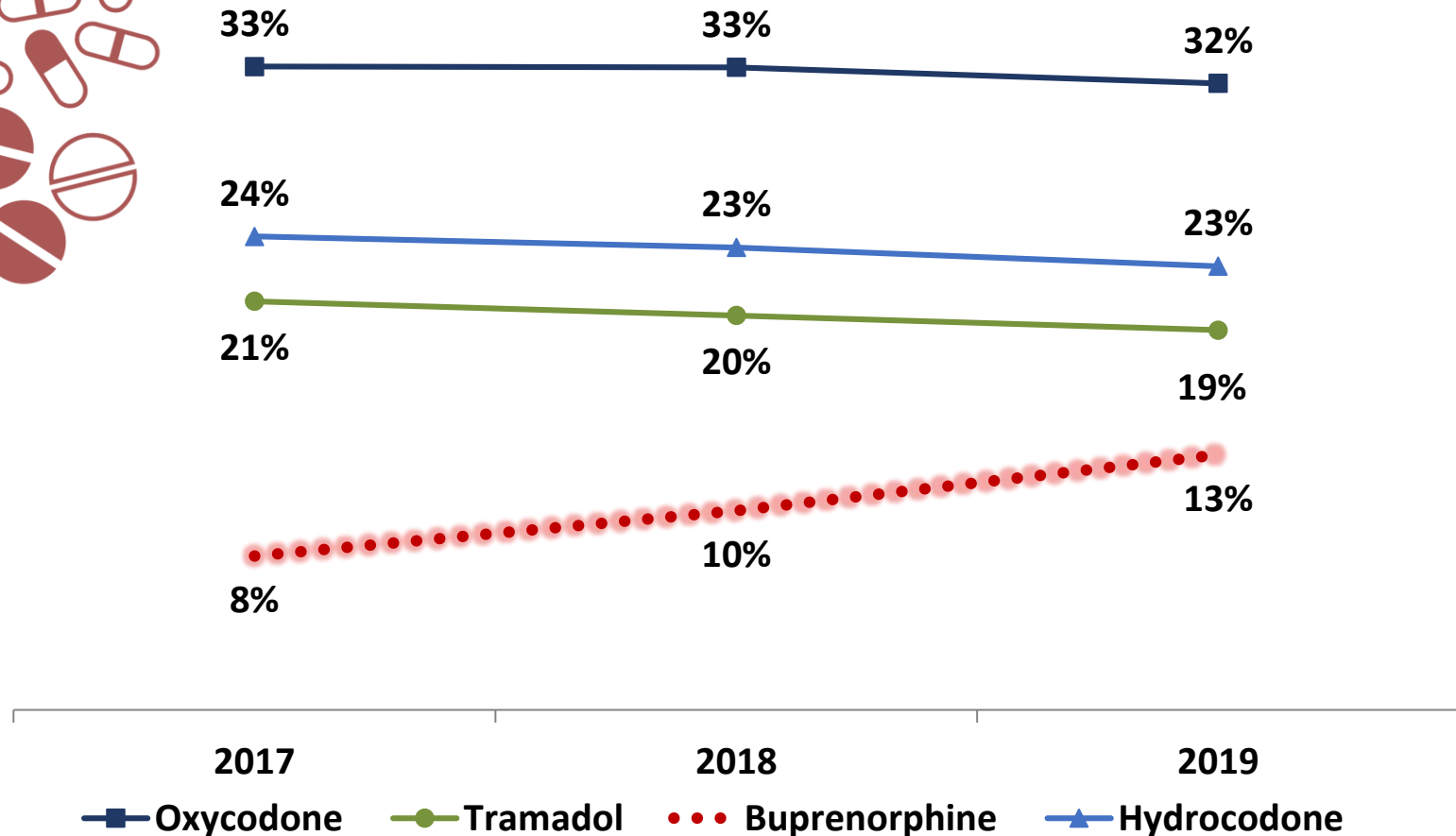


**Opiate analgesics include pain relievers and exclude medicated assisted prescriptions such as buprenorphine. In addition, opiate analgesic in the form of powder were excluded from this analysis.*

Source: Prescription Monitoring Program

—●— Sedatives ●●● Stimulants —●— Opiate Agonists*

Percentage of opiates dispensed, by primary active ingredient: 2017–2019



Source: PMP

Alcohol outlet density in Maine: 2020

As of May 2020, Maine had:



3,479 alcohol retail outlets (3 outlets per 1,000 Mainers);

- 35% were off-premise (e.g. convenience stores, gas stations)
- 65% were on premise (e.g. restaurant, bar)



143 Brewery locations



60 Winery locations



26 Distillery locations



Source: Maine Bureau of Alcoholic Beverages and Lottery

Marijuana Sales in Maine



Maine voters approved adult use, retail sale and taxation of marijuana in November 2016.



As of October 2020, active marijuana retail license holders were permitted to engage in sales to consumers ages 21 years & older.



According to preliminary sales data, the opening long weekend (10/9/20 – 10/12/20) saw sales of adult use marijuana surpass a quarter of a million dollars.

- Total Sales: \$258,411.58
- Total Transactions: 6,430
- Total Sales Tax Collected: \$25,841.16

Note: These figures are preliminary in nature and subject to further revision. Actual sales tax returns from the month of October are not due to the State Tax Assessor until November 15.

Source: Office of Marijuana Policy

Availability and Diversion



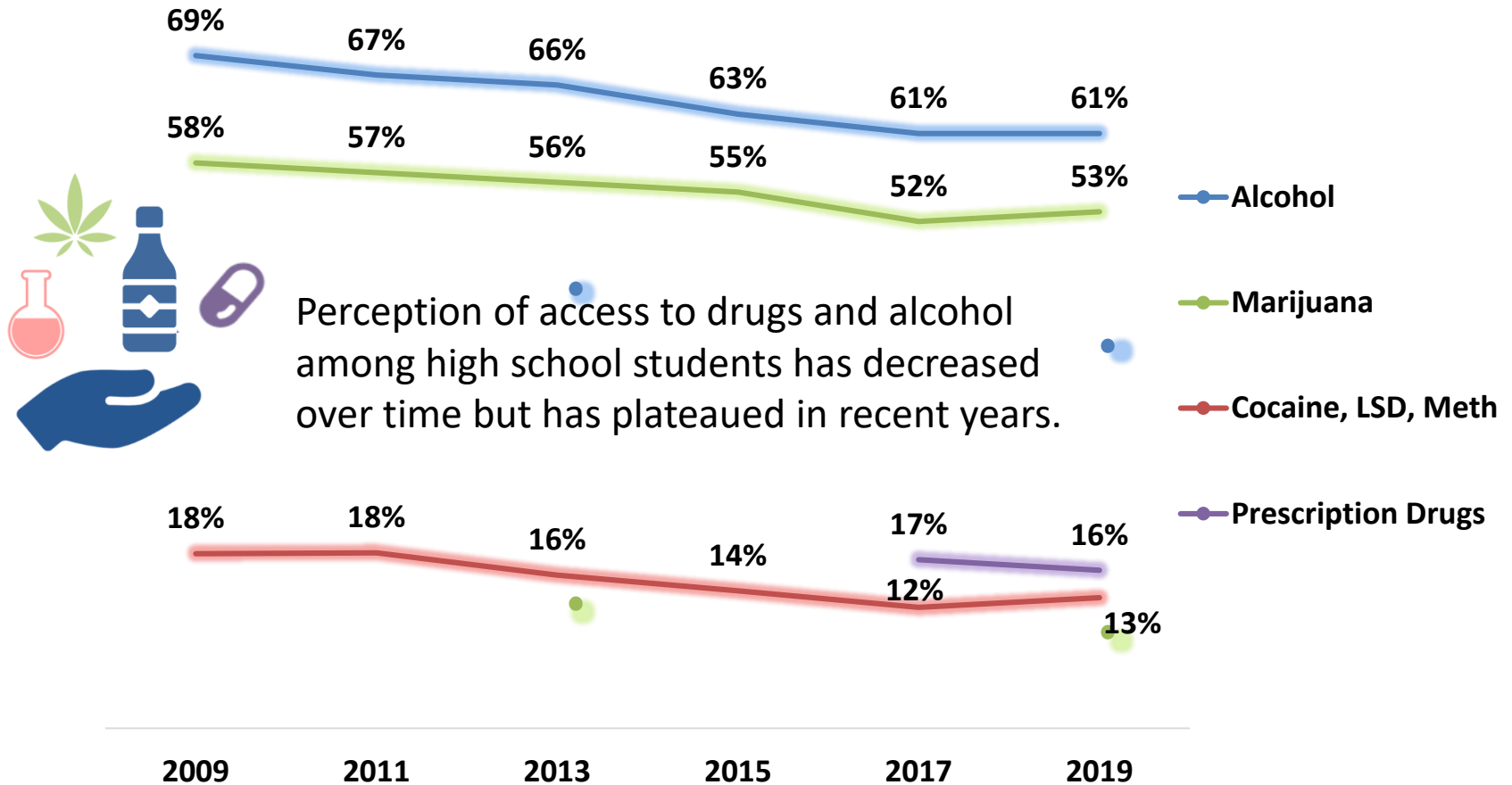
Social access continues to be a primary way that underage youth obtain alcohol. Of those students who obtained alcohol, one in three reported that someone had given it to them (MIYHS).

In 2019, half of parents did not think that their teen could access alcohol, prescription drugs, tobacco, or marijuana in their home without their knowledge. One-third of parents felt their child could access alcohol at home without permission (Parent Survey).



More than half of high school students believe that marijuana is easy to obtain. This rate has steadily declined from 2009 (58%) to 2017 (52%) and increased by a percentage point in 2019 (53%) (MIYHS).

Percentage of Maine high school students who felt it would be easy to obtain a substance, by substance type: 2009 to 2019



Attribution Statements (Perception of Access)

According to the Maine Integrated Youth Health Survey, high students who:



*thought **alcohol was NOT easy to obtain** were nearly 4x less likely to drink alcohol within the past month.*



*thought **marijuana was NOT easy to obtain** were 9x less likely to use marijuana in the past 30 days.*



*thought **prescription drugs were NOT easy to get** were 4x less likely to have ever misused prescription pain relievers.*

Perceptions of Harm



Four out of five high school students think binge drinking once or twice a week is harmful (MIYHS). Perception of harm from binge drinking remains much lowest among young adults. More than seven out of 10 young adults (aged 18 to 25) thought that binge drinking a few times a week was not risky (NSDUH).

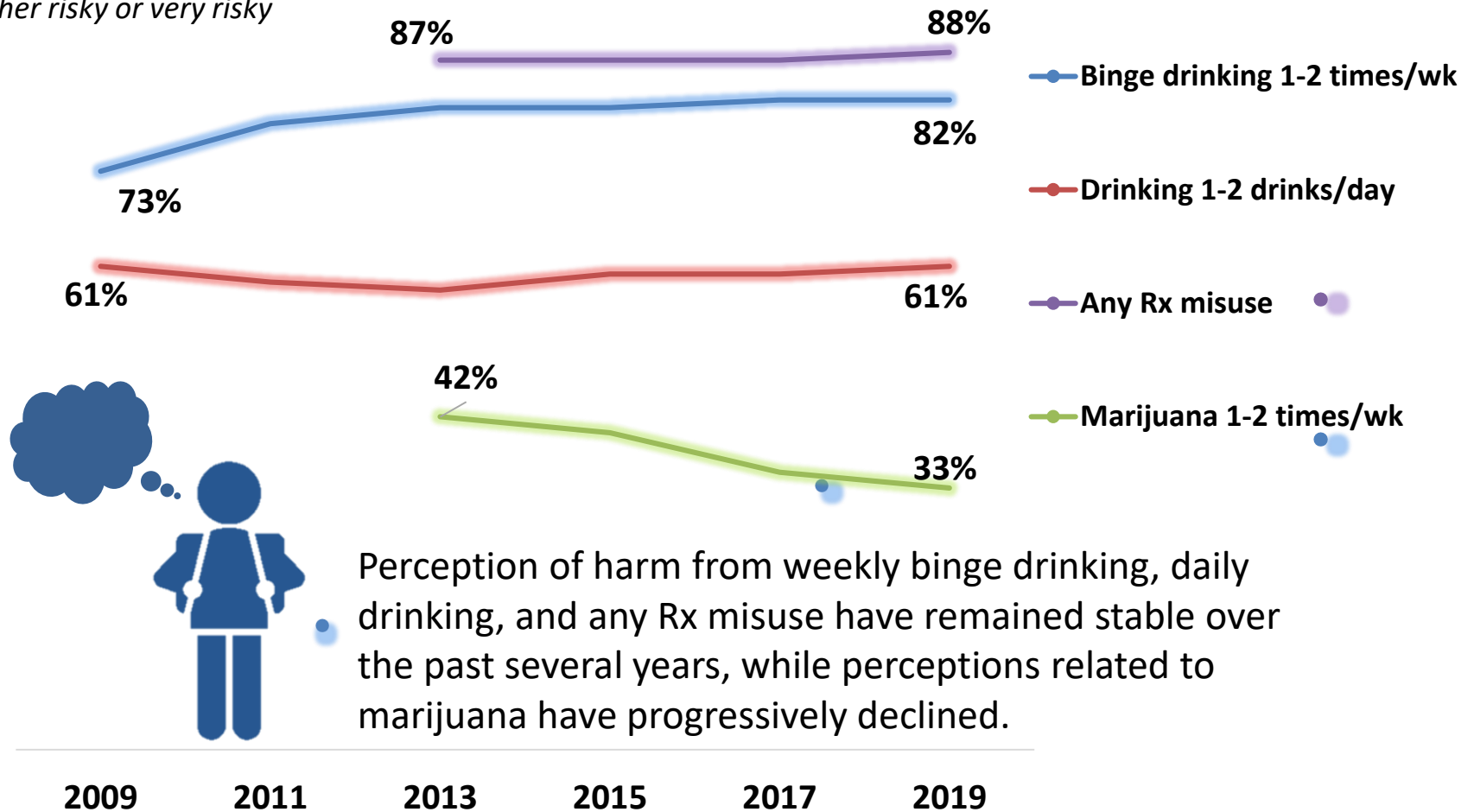
In 2019, about one-third of high school students felt smoking marijuana once or twice a week was risky (MIYHS). In 2017–18, less than one in 10 adults between 18 and 25 years old perceived smoking marijuana at least once per month as risky. Rates have decreased among both youth and adults over the past several years (NSDUH).



In 2017–18, about nine out of 10 adults reported that trying heroin once or twice was of moderate-to-great risk. However, youth aged 12 to 17 were much less likely to perceive a risk. Only about one in three 12 to 17-year-olds thought there was great risk from trying heroin once or twice (NSDUH).

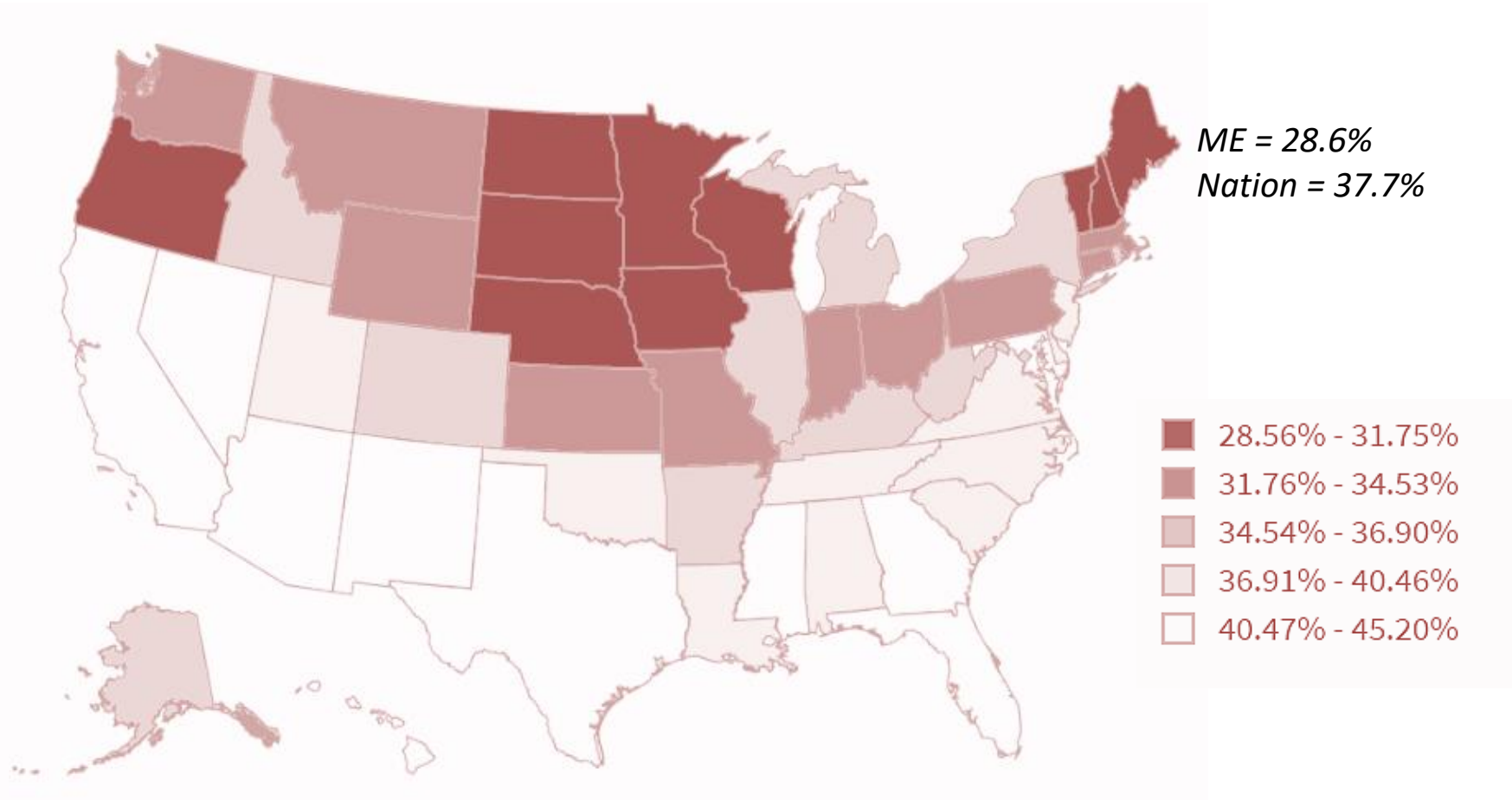
Perception of harm* of substance use among Maine high school students, by substance type and frequency of use: 2009 to 2019

*Those who reported that use was either risky or very risky



Perception of harm from weekly binge drinking, daily drinking, and any Rx misuse have remained stable over the past several years, while perceptions related to marijuana have progressively declined.

Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week among Individuals Aged 18-25



Source: NSDUH

Adult Perceptions



High school students largely believe that their parents and adults in their community think it would be wrong for them to drink alcohol regularly. In 2019, more than nine out of 10 students perceived that their parents would think it was wrong for them to use alcohol. Rates have remained stable over the past several years (MIYHS).

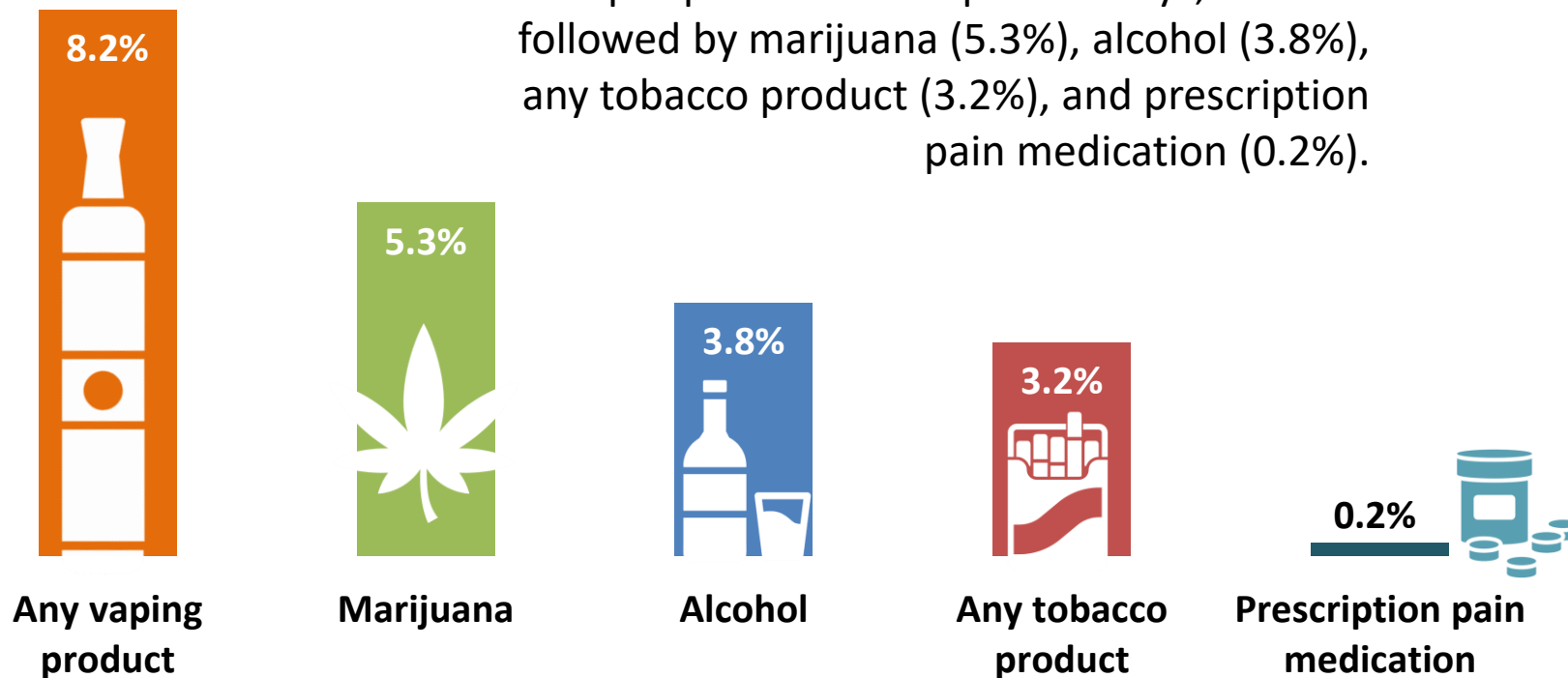
Although high school students generally believe that their parents think it would be wrong for them to smoke marijuana, perceptions of disapproval have slowly decreased from 2009 to 2019; one in five high school students felt their parents would not disapprove (MIYHS).



In 2019, the most commonly cited reason from parents as to why their teen should not use marijuana was that it was unhealthy (55%); this was followed by potential for addiction (27%), negative impact on child's future (23%), potential legal problems (18%), teen was too young to use (12%), marijuana use could lead to other substance use (12%), and it was against family values (8%) (Parent Survey).

Parent's perception of child's substance use within the past 30 days, by substance type: 2019

In 2019, 8.2 percent of parents of 7th thru 12th graders believed their teen had used a vapor product in the past 30 days; this was followed by marijuana (5.3%), alcohol (3.8%), any tobacco product (3.2%), and prescription pain medication (0.2%).



Source: Parent Survey

Perceptions of Enforcement



In 2019, half of high school students thought they would be caught by their parents for drinking alcohol, while only about one in five felt they would be caught by the police. Perceptions of getting caught by parents or police have remained stable over the past several years (MIYHS).

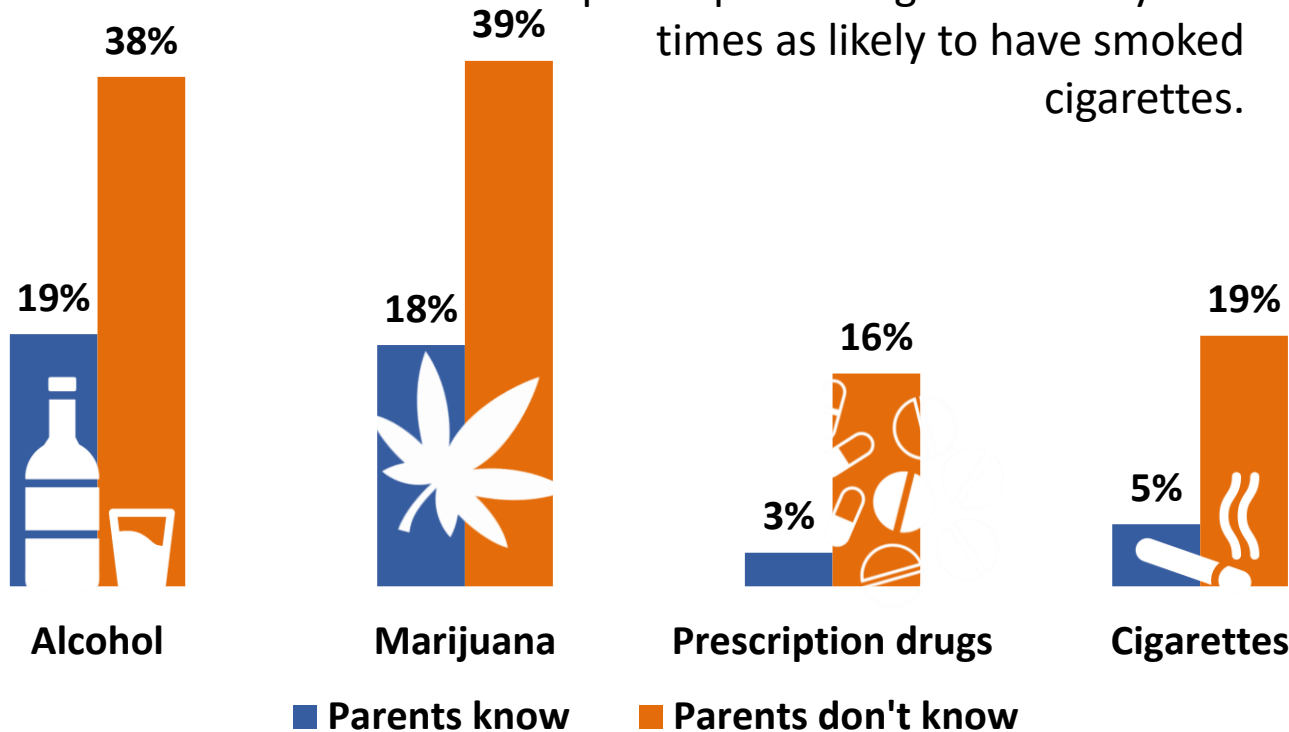
In 2019, less than one quarter of high school students thought they would be caught by police for smoking marijuana. Rates decreased by two percentage points from 2017 (24%) to 2019 (22%) (MIYHS).



In 2019, nine in 10 high school students reported that their family has clear rules around alcohol and drug use. Rates are stable (MIYHS).

Past-month high school substance use by whether or not their parents know where they are when not at home: 2019

Youth who think their parents do not know where they are were more than five times as likely to have misused prescription drugs and nearly four times as likely to have smoked cigarettes.



Source: MIYHS

Mental Health



Depression and Anxiety



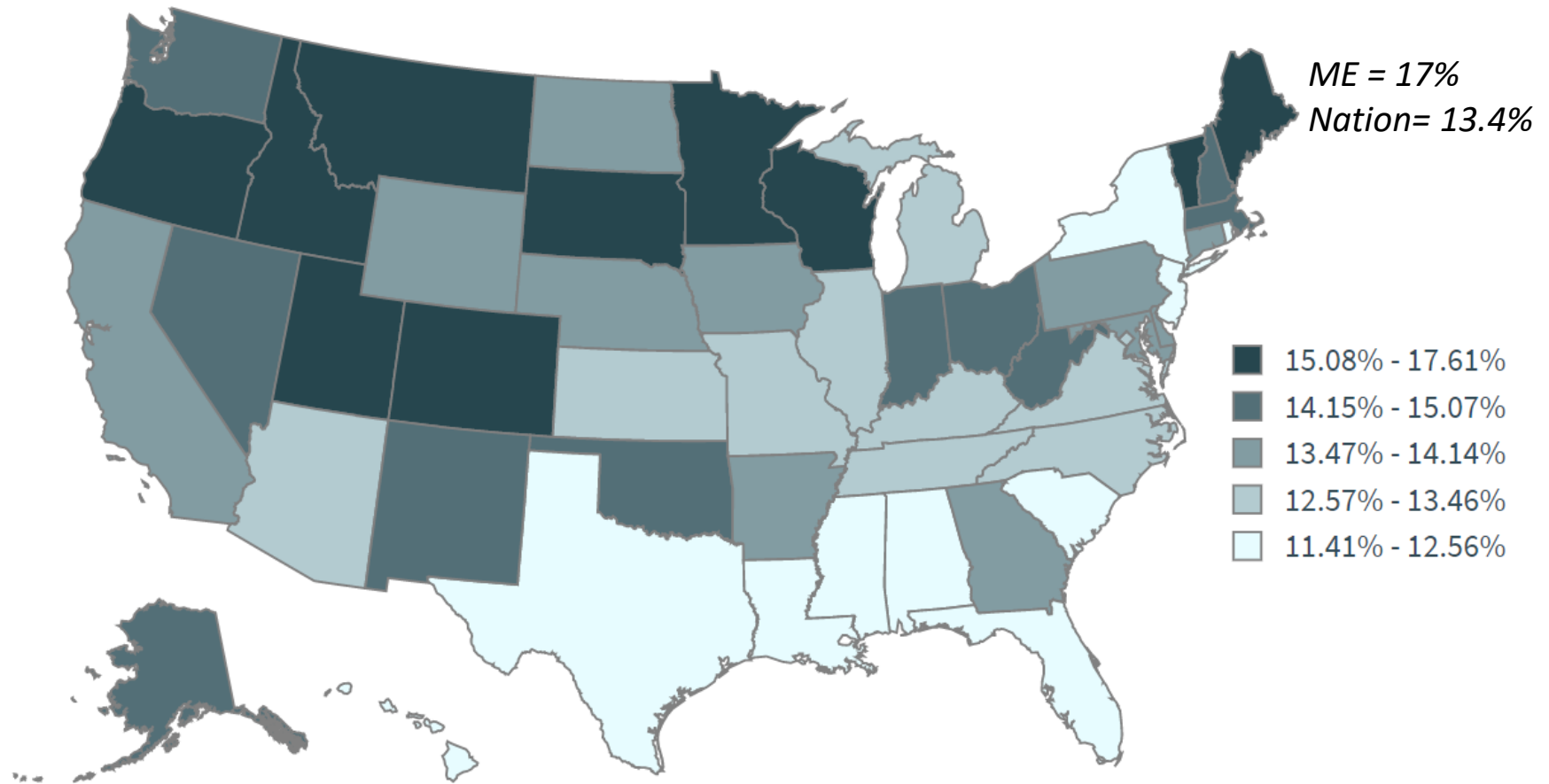
In 2017–18, more than one in five adults in Maine reported experiencing any mental illness in the past year, with adults between 18 and 25 years old experiencing the highest rate (31%). Increases can be observed across all age groups. Rates are higher in Maine and the Northeast (NSDUH).

The percentage of Maine high school students who reported feeling sad or helpless for at least two weeks in the past year has steadily increased, from 22 percent in 2011 to 32 percent in 2019; representing a 45 percent increase (MIYHS).



In 2015–17, nearly one in four adults in Maine reported having ever been diagnosed with depression, compared to about one in five reporting to have been diagnosed with anxiety. Adults ages 26 to 35 reported the highest rates of having been diagnosed with anxiety (BRFSS).

Depressive episodes among 18 to 25-year-olds, by state: 2017-18



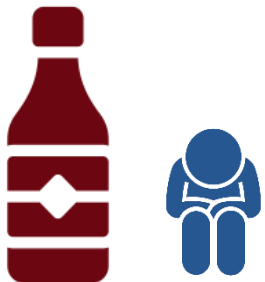
Source: NSDUH

Suicide and Suicide Ideation



In 2019, there were 269 deaths by suicide in Maine, down slightly from 272 in 2018. Rates are disproportionately higher among Mainers 26 to 49 and males in general (DRVS).

In 2019, an average of one in seven (16%) Maine high school students seriously considered suicide, and a little more than one in 10 (13%) had planned a suicide; rates have remained relatively stable. Students who had reported they had attempted suicide decreased from 2015 (10%) to 2017 (7%) and increased to nine percent in 2019 (MIYHS).



In 2019, the percentage of high school students who had consumed alcohol in the past month and also had serious thoughts of suicide within the past year continued to be one in four (26%); this is double the rate compared to students who did not drink (MIYHS).

Shared Protective Factors



Rates of substance use, thoughts of suicide, and feelings of sadness were lower among high school students who report factors such as **parental and community support**.



Youth are less likely to report feelings of sadness and helplessness if they have had eight hours or more of **sleep**, **have reported fewer adverse childhood experiences**, or **feel that they matter to their community**.

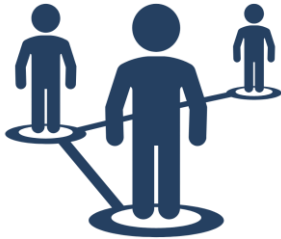


High school students who believe they have a parent or **guardian that tries to help them succeed** were two to three times less likely to have used marijuana, prescription drugs, or cigarettes within the past 30 days.

Summary

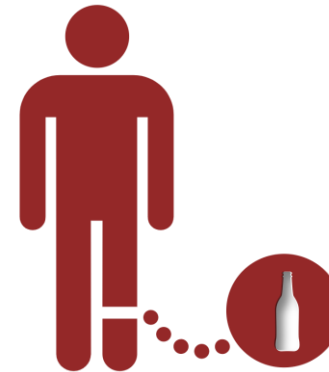


Key Takeaways



Alcohol continues to be the substance most often used by Mainers across the lifespan and the most widely accessible substance.

Based on self-reported habits, more Mainers are qualifying as having an alcohol use disorder (dependence or abuse).



Risky alcohol use continues to have detrimental effects on the health, safety, and well-being of Mainers and number one reason for treatment.

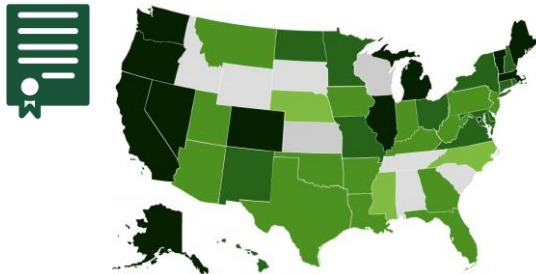


Key Takeaways



In recent years, the traditional use of tobacco has been replaced by alternative modes. There has been a substantial increase in both the initiation and use of electronic vapor products across nearly all age ranges.

Marijuana use rates remain stable among youth, but have been steadily increasing over the past several years among adults. More adults are initiating use. More women are reporting using while pregnant.



Maine's laws and regulations regarding the medicinal and adult use of marijuana continue to have a profound impact on the demand, availability, perceptions of risk, and cultural norms.

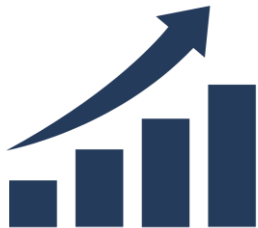
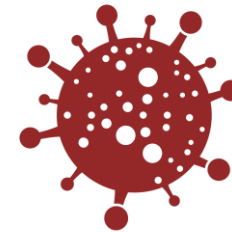


Key Takeaways



Illicitly manufactured non-pharmaceutical fentanyl continues to be the major driver in drug-related overdose deaths.

The opioid epidemic remains to be one of the more complex public health crises of our time and will likely be exacerbated due to the current COVID-19 pandemic.



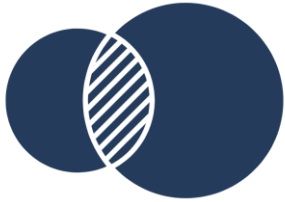
According to recent public health surveillance data, stimulant use/misuse is on the rise in our state and deserves immediate attention.

As Maine and the nation grapple with the persisting opiate/opioid epidemic, it is crucial we monitor other emerging trends and adapt existing strategies to encompass other substances.





Key Takeaways



Comorbidity of substance use and mental illness is quite common. Still often stigmatized in our society. Need to study and understand how the prevalence of one interacts with the other so that prevention and intervention efforts can better address the needs of both.

We must pay close attention to our emerging adult population. Younger adults continue to be more prone to risky substance use as well as poor mental health.



Rates of depression and depressive episodes have been steadily increasing among Maine's youth and young adults. Some of the highest rates are observed in the Maine/Northeast.



Key Takeaways



Data suggests that protective factors such as strong family and social connections mitigate the risk of substance use behaviors and mental health issues.

Skills such as emotion regulation, empathy, personal responsibility, and problem-solving can serve as fundamental protective factors and help prevent the costly outcomes associated with risky substance use and poor mental health.



Moving farther upstream to provide programming such as social-emotional learning (SEL) will aid communities and youth in the development of skills that promote resiliency and well-being.

A Unified Approach

- For effective prevention planning, we must rely on data across multiple sources and systems to yield a fuller understanding of behavioral health and the need for prevention.
- Consult a wide array of sources of information and include a broad range of stakeholders to give us a more complete picture of the issue at hand.
- Emphasize the alignment and leveraging of efforts and funding across sectors. No single entity in Maine can fix the problems associated with substance use alone.
- There are a multitude of interventions and strategies underway throughout our state focused on alleviating the impact of substance use, particularly opioid use. It is vital that these efforts take on a coordinated approach under a shared, unified goal.
- As the pandemic unfolds and funding becomes more scarce, it is paramount that clear, consistent communication, and strategic collaboration remain a priority in our work.

A Unified Approach

*“No man is an island entire of itself; every man is a piece of the continent, a part of the main.”
– John Donne*



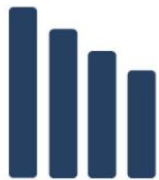
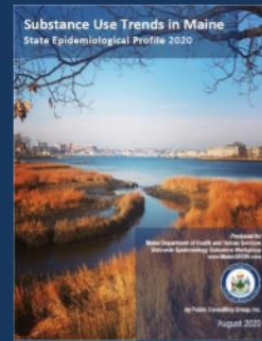
SEOW Resources

SEOW Dashboard

www.maineoseow.com

Maine SEOW Dashboard Indicators Data Sources Additional Resources How To ▾ About Contact

Substance Use Trends in Maine State Epidemiological Profile 2020



Indicators

Sorted into a real-time search, find indicators by Source, Type, Substance, and Population.

[View indicators »](#)



Data Sources

Read through our sources to find in depth information about where our data comes from.

[View data sources »](#)

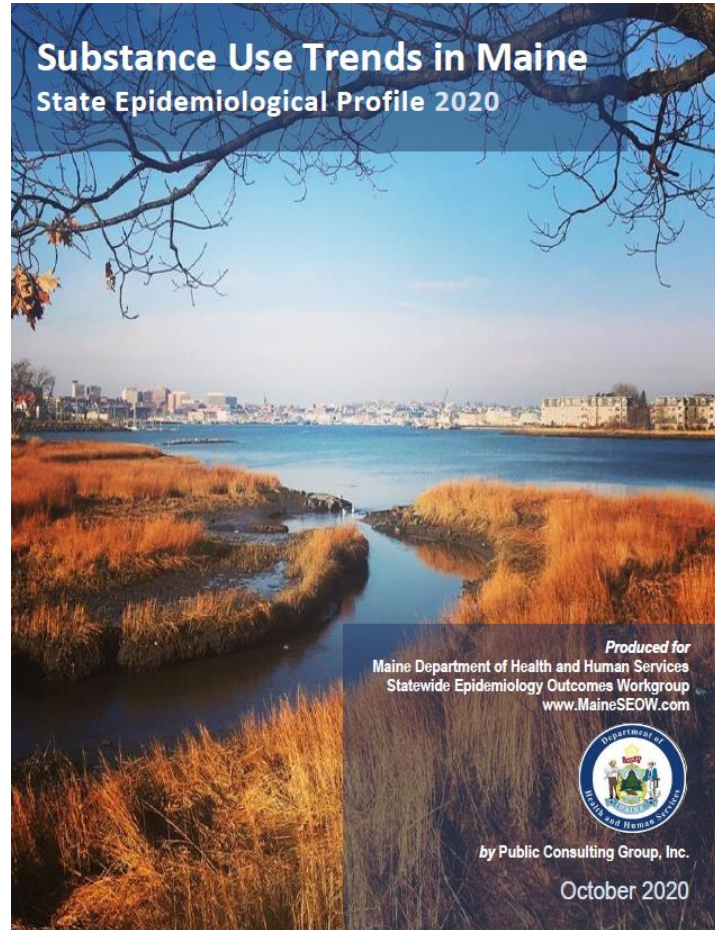


Additional Resources

Navigate through our collection of reports, infographs, and more.

[View additional resources »](#)

2020 SEOW State Profile



www.MaineSEOW.com

2020 Factsheets Coming Soon

- Alcohol
- Marijuana
- Prescription and Illicit Drugs
- **NEW!** Stimulants
- Pregnancy and Substance use
- Emerging Adult Substance Use
- Mental Health



2020 Stimulant Factsheet

SUBSTANCE USE IN MAINE - STIMULANTS

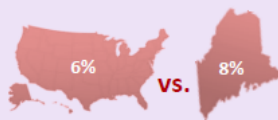
OCTOBER 2020

CONSUMPTION

In 2019, 4% of high school students reported ever using cocaine, and 3% reported ever using methamphetamine.¹



Rates of stimulant use appear to be higher among particular male student populations (e.g. LGBT, Black, Non-Hispanic, Native Hawaiian or Pacific Islander).¹



In 2017-18, Mainers ages 18-25 had higher rates of past year cocaine use (8%) than the national average (6%).² Rates of cocaine use among young adults in Maine have been steadily increasing since 2013 (5%).²

CONSEQUENCES

In 2019, nearly one-third of drug-related deaths in Maine involved cocaine and 12% involved methamphetamines.³ Drug related deaths involving stimulants have been steadily increasing and accounted for 157 deaths in 2019.³



In 2019, most Maine DEA trafficking investigations involved cocaine, which increased by 130% from 2016-18. Investigations involving methamphetamine manufacturing decreased while investigations related to sale increased.⁴

The proportion of primary and secondary treatment admissions related to cocaine have increased steadily since 2013.⁵

In 2019, among children who were taken into custody as a result of parental substance use (416), 25% were related to stimulant use (illicit/non-illicit).⁶



¹ Maine Integrated Youth Health Survey*
² National Drug Use and Health Survey*
³ Office of Chief Medical Examiner
⁴ Maine Drug Enforcement Agency
⁵ Web Infrastructure for Treatment Services
⁶ Office of Child and Family Services
⁷ Northern New England Poison Center
⁸ Maine Prescription Monitoring Program
 * Self-reported data

CONTRIBUTING FACTORS

Protective and risk factors in the home appear to have a strong correlation with students who have used stimulants at least once in their lifetime:



- Students without clear rules at home when it comes to alcohol/drugs were 5 times as likely to use cocaine and methamphetamine.¹
- Students without parental monitoring were 7 times as likely to use cocaine and more than 12 times as likely to use methamphetamine.¹
- Students without stable housing in the past 30 days were 13 times as likely to use cocaine and 9 times as likely to use methamphetamine.¹

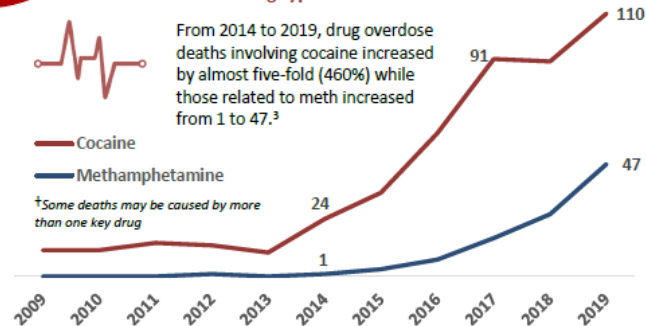


For the past several years, stimulants have been the third-most commonly verified medication in calls to the Northern New England Poison Center.⁷

From 2017-19, the number of prescription stimulants dispensed in Maine increased by 8%.⁸ Rates for stimulant prescriptions are highest for 12 to 17-year-olds and 45 to 59-year-olds.⁸

Stimulants, such as cocaine, methamphetamine, and potentially addictive prescription drugs (e.g. Adderall®, Ritalin®) are emerging concerns in Maine.

Number of drug deaths in Maine involving specific drug types†: 2009–2019³



This fact sheet is a product of the Maine State Epidemiological Outcomes Workgroup (SEOW). For more info, visit www.maineoseow.com

Prescription Drug/Opioid Quick Reference Guide

Population	Source	Type	Indicator	Year(s)	Aroostook	Central	Cumber-land	Downeast	Midcoast	Penquis	Western	York	Maine	
7th - 8th Grade	MIYHS	Consumption	Past month misuse of any prescription drugs among 7th and 8th grade	2017	1.7%	1.8%	1.4%	1.1%	1.3%	1.6%	1.5%	1.4%	1.5%	
				2019	4.1%	2.7%	2.7%	2.8%	2.6%	3.5%	3.5%	2.7%	3.0%	
Past month misuse of any prescription drugs among high school			2017	5.4%	4.9%	6.6%	4.2%	5.7%	4.9%	6.7%	6.1%	5.9%		
		2019	2.9%	4.3%	5.3%	6.0%	5.8%	3.9%	5.7%	4.9%	5.0%			
		Lifetime prescription pain reliever misuse among high school	2017	8.6%	9.5%	9.8%	8.1%	10.2%	9.6%	11.0%	9.6%	9.8%		
2019			10.8%	10.7%	11.2%	12.6%	13.2%	10.9%	13.6%	11.3%	11.7%			
9th-12th Grade	MIYHS	Contributing Factor	Students who did NOT believe misuse of prescription drugs was harmful	2017	13%	12%	14%	12%	13%	12%	15%	13%	13%	
				2019	9%	11%	12%	13%	13%	10%	14%	13%	12%	
			Students who felt their parents would NOT think it would be wrong for them to misuse Rx drugs	2017	4.9%	4.2%	4.1%	2.7%	4.4%	4.2%	4.5%	4.1%	4.2%	
				2019	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.4%	3.9%	
Student perception of Rx access (% who felt it would be easy)		2017	13.7%	16.2%	17.4%	17.3%	17.6%	16.7%	17.4%	19.2%	17.3%			
		2019	14.5%	15.1%	17.3%	15.7%	17.5%	15.7%	15.6%	16.4%	16.2%			
Parents of 7th-12th		Parent Survey		Parents who felt it is a great risk for their child to take a prescription pain med without prescription	2019	79%	78%	81%	85%	85%	77%	76%	81%	80%
All Ages		PMP		Rate of opiate analgesic doses dispensed per resident	2017	45.4	58.7	31.1	46.7	44.4	41	47.3	40.7	42.9
	2018				38.0	51.0	27.7	40.1	38.8	34.4	42.5	36.1	37.6	
18-34	BRFSS	Consumption	Lifetime misuse of prescription drugs among 18 to 34	2013-16	5.3%	6.5%	9.9%	9.6%	8.2%	12.5%	7.5%	5.5%	8.5%	
				2014-17	9.4%	4.5%	12.8%	11.0%	11.1%	11.4%	8.6%	6.7%	9.5%	
12+	NSDUH		Heroin use in the past year among 12+	2014-16	0.53%	0.51%	0.48%	0.44%	0.36%	0.57%	0.46%	0.43%	0.47%	
				2016-18	0.71%	0.76%	0.58%	0.55%	0.46%	0.74%	0.65%	0.64%	0.64%	
			Pain reliever use disorder among 12+	2016-18	0.73%	0.84%	0.68%	0.71%	0.87%	0.89%	0.95%	0.87%	0.82%	
All Ages	CDC Syndromic	Consequence	ER visits related to opioid overdose per 10,000 residents	2018	8.5	13.5	10.3	7.5	7.5	10.8	9.0	9.5	10	
				2019	8.8	10.0	9.4	5.4	4.4	10.6	10.1	7.5	8.8	
	OCME		Drug related overdose deaths per 10,000 residents (includes pharmaceutical as well as illicit drugs)	2016-18	1.7	3.1	3.1	2.9	1.8	3.7	2.3	3.2	2.9	
				2017-19	1.4	3.4	3.4	2.2	1.8	3.7	2.3	3.1	2.9	
	WITS		Number of Primary Treatment Admissions due to synthetic opiates per 10,000 residents	2017	9.0	20.7	6.9	12.0	14.9	15.3	13.4	5.6	11.8	
				2018	7.2	17.6	8.2	9.8	9.4	10.7	7.9	6.1	9.5	
			Number of Primary Treatment Admissions due to heroin per 10,000 residents	2017	5.2	26.9	19.8	20.6	13.7	26.2	15.6	16.1	19.0	
				2018	8.8	28.1	20.9	22	9.6	27.3	15.4	20.3	19.9	
	EMS		EMS Naloxone administration incidents per 10,000 residents	2017-18	5.6	13.0	12.1	9.5	7.3	13.3	9.7	14.2	11.4	
				2018-19	7.7	12.2	10.0	7.2	6.5	12.6	9.0	11.5	10.1	
	DPS-UCR		EMS overdose responses (primary impression) related to opioids per 10,000 residents	2019	6.3	11.9	11.7	5.0	4.3	12.9	8.5	11.5	9.8	
				Drug offenses related to possession of synthetic narcotics per 10,000 residents	2016-17	4.2	1.8	2.2	0.9	0.6	0.9	1.4	2.3	1.7
2017-18		6.8			0.8	2.5	0.7	0.1	0.4	1.1	2.0	1.6		
Drug offenses related to possession of heroin/opium/cocaine per 10,000 residents		2016-17		1.5	5.4	7.4	3.1	2.4	2.0	6.0	6.5	5.0		
	2017-18	6.7	3.9	6.5	2.3	1.4	1.1	5.3	4.6	4.2				

Appendix A (Data Sources)

- *Behavioral Risk Factor Surveillance System (BRFSS)*
- *Maine Bureau of Alcoholic Beverages and Lottery (BABLO)*
- *Maine Department of Public Safety (DPS), Bureau of Highway Safety (BHS), Maine Department of Transportation (MDOT)*
- *Maine Department of Public Safety (DPS), Uniform Crime Reports (UCR)*
- *Maine Department of Education (MDOE)*
- *Maine Drug Enforcement Agency (MDEA)*
- *Maine Emergency Medical Services (EMS)*
- *Maine Integrated Youth Health Survey (MIYHS)*
- *Maine Office of the Chief Medical Examiner (OCME)*
- *Marcella Sorg, Margaret Chase Smith Policy Center at the University of Maine*
- *National Survey on Drug Use and Health (NSDUH)*
- *Northern New England Poison Center (NNEPC)*
- *Office of Child and Family Services (OCFS), Maine Automated Child Welfare Information System (MACWIS)*
- *Office of Data, Research and Vital Statistics (ODRVS)*
- *CDC Parent Survey (administered by Pan Atlantic)*
- *Prescription Monitoring Program (PMP)*
- *Syndromic Surveillance System*
- *Web Interactive Treatment System (WITS)*
- *2-1-1 Maine*



**For more information including a source description and source contact information please visit www.maine-seow.com*

Preferred Citation



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