

State Epidemiological Outcomes Workgroup: 2021 Key Findings in Substance Trends



By Tim Diomedede, MPPM
November 19th, 2021



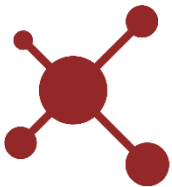
Purpose/Background



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.



Currently funded by a combination of funding streams under the Maine CDC

SEOW Objectives

- ✓ Promote systematic, data-driven decision-making
- ✓ Identify and track emerging substances and patterns
- ✓ Guide effective and efficient use of prevention resources
- ✓ Help the state and communities to assess, plan, and evaluate
- ✓ Provide an opportunity for networking and collaboration



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

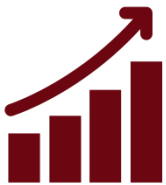
Our Philosophy



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.



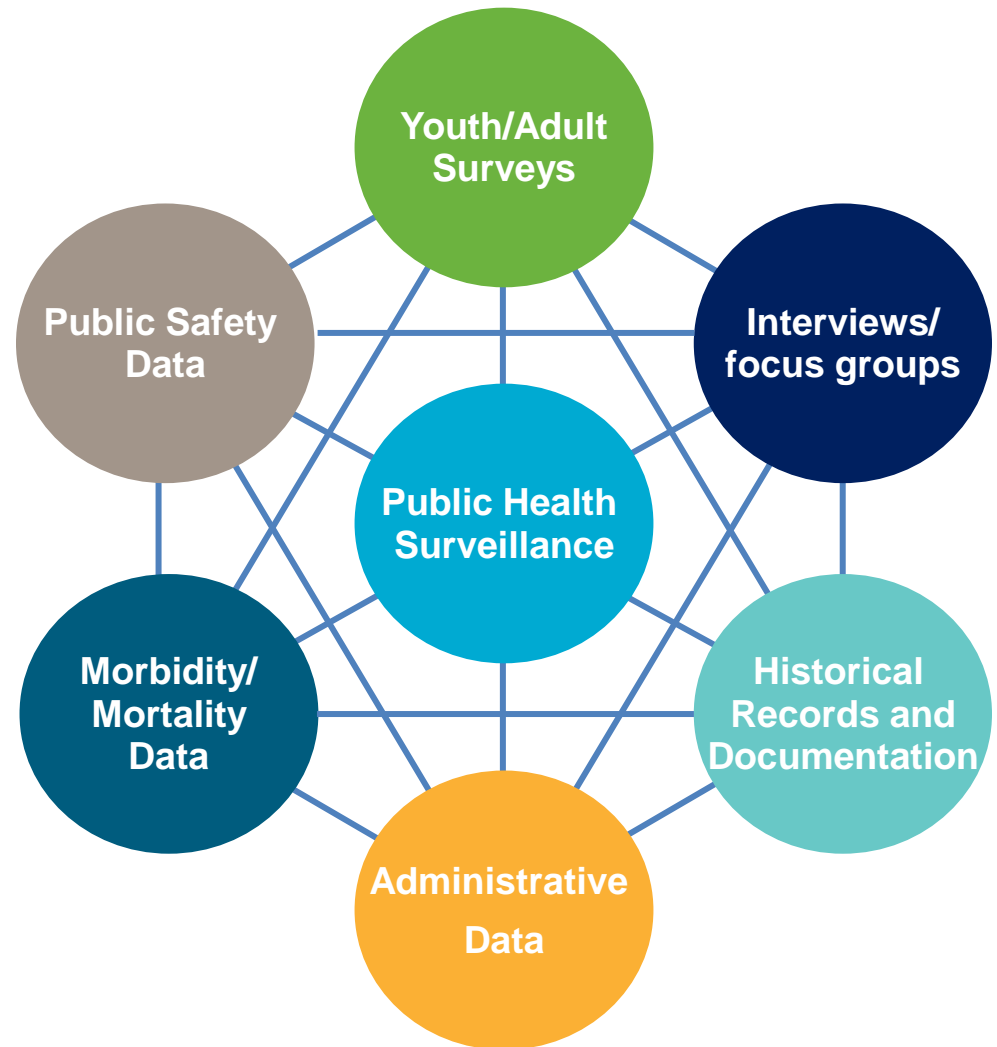
All data have limitations in terms of accuracy and reliability. We caution data users not to rely heavily on a single indicator in their assessment and evaluation; instead, we structure and present resources within a larger context to help users look at the broader picture.



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.

Triangulation Approach

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



Consumption

(Surveillance Data)



Survey Data Caveats

- Maine Integrated Youth Health Survey (MIYHS) was postponed
- Behavioral Risk Factor Surveillance System (BRFSS) raw data set delayed
- Relying more heavily on National Survey of Drug Use and Health (NSDUH), but we are told upcoming 2019-20 estimates should not be trended with previous years.

Alcohol Consumption Patterns



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 highest binge drinking rates continue to be observed among the 18 to 24-year-olds with 27% reporting binge drinking within the past month (BRFSS).

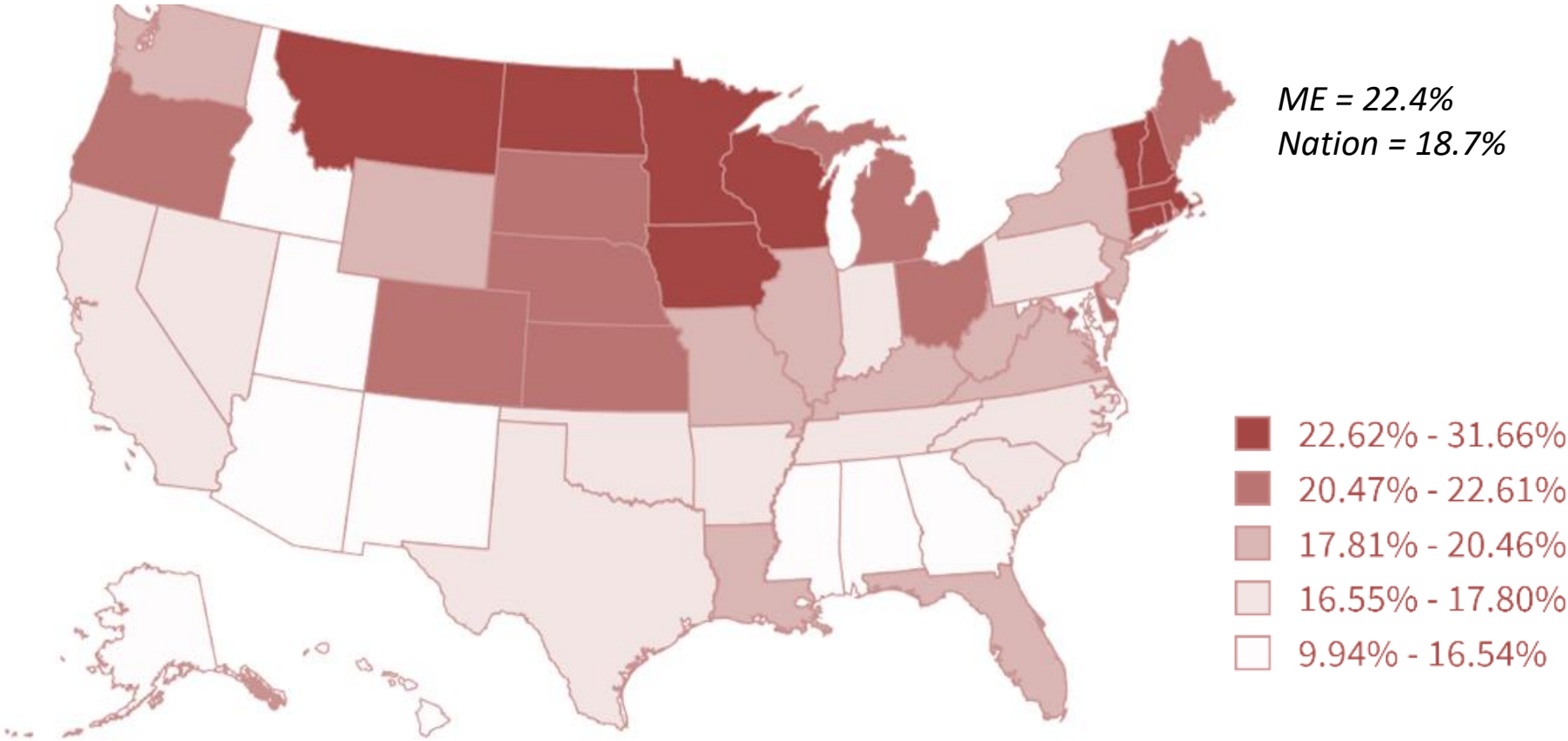


Based on self-reported consumption, in 2018-19, 11% (13,000) Mainers 18 to 25 qualified as having an alcohol use disorder compared to 2% of those 12 to 17 years old (NSDUH).

The rate of pregnant women reporting they drank alcohol during their last trimester increased slightly from 2018 (9%) to 2019 (10%) (PRAMS).

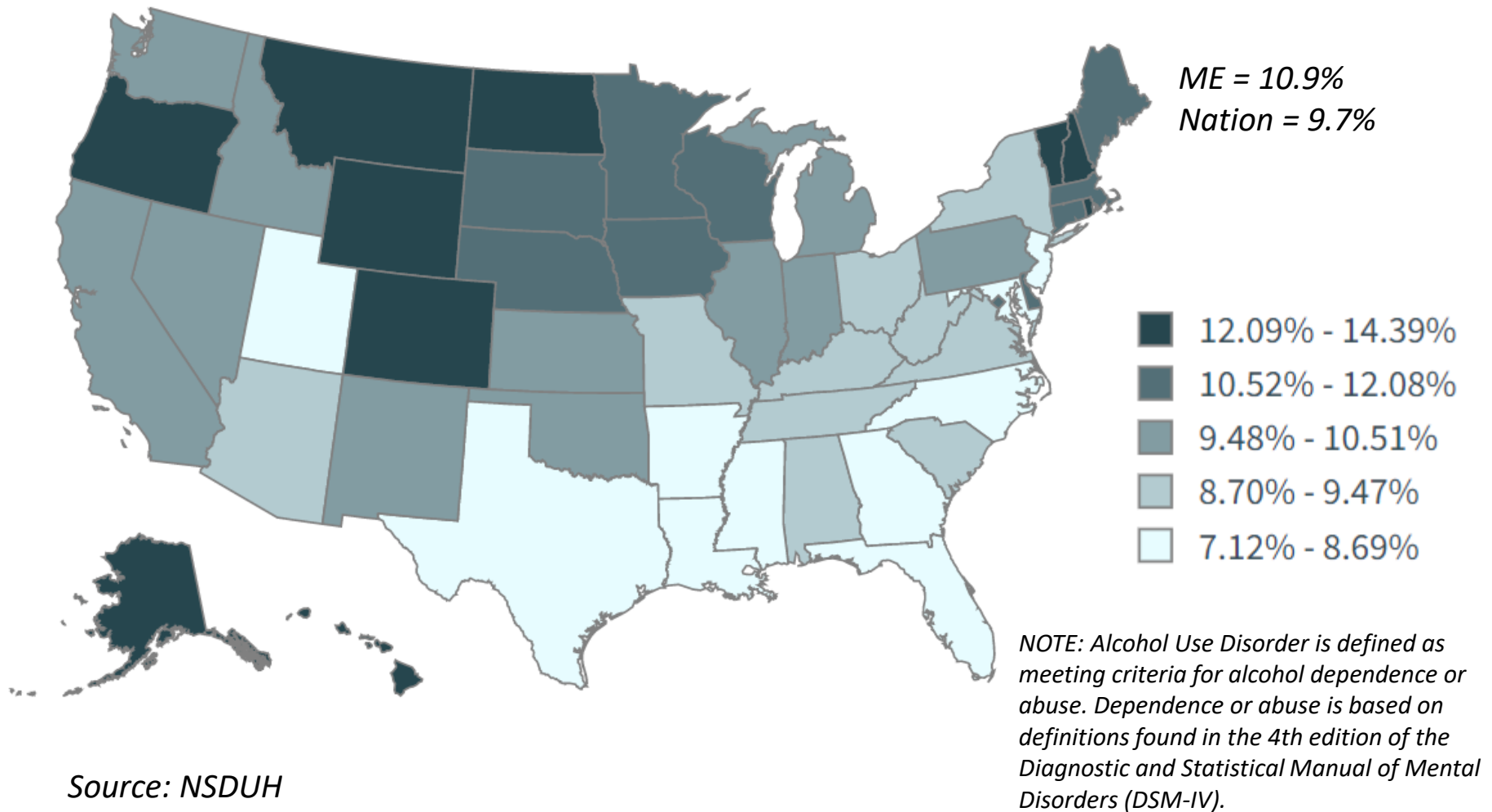


Underage (12 to 20) Alcohol Use in the Past Month: 2018-19



Source: NSDUH

Alcohol Use Disorder in the Past Year among Adults Aged 18 to 25, by State: 2018-2019



Source: NSDUH

Tobacco and Vaping Consumption Patterns



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

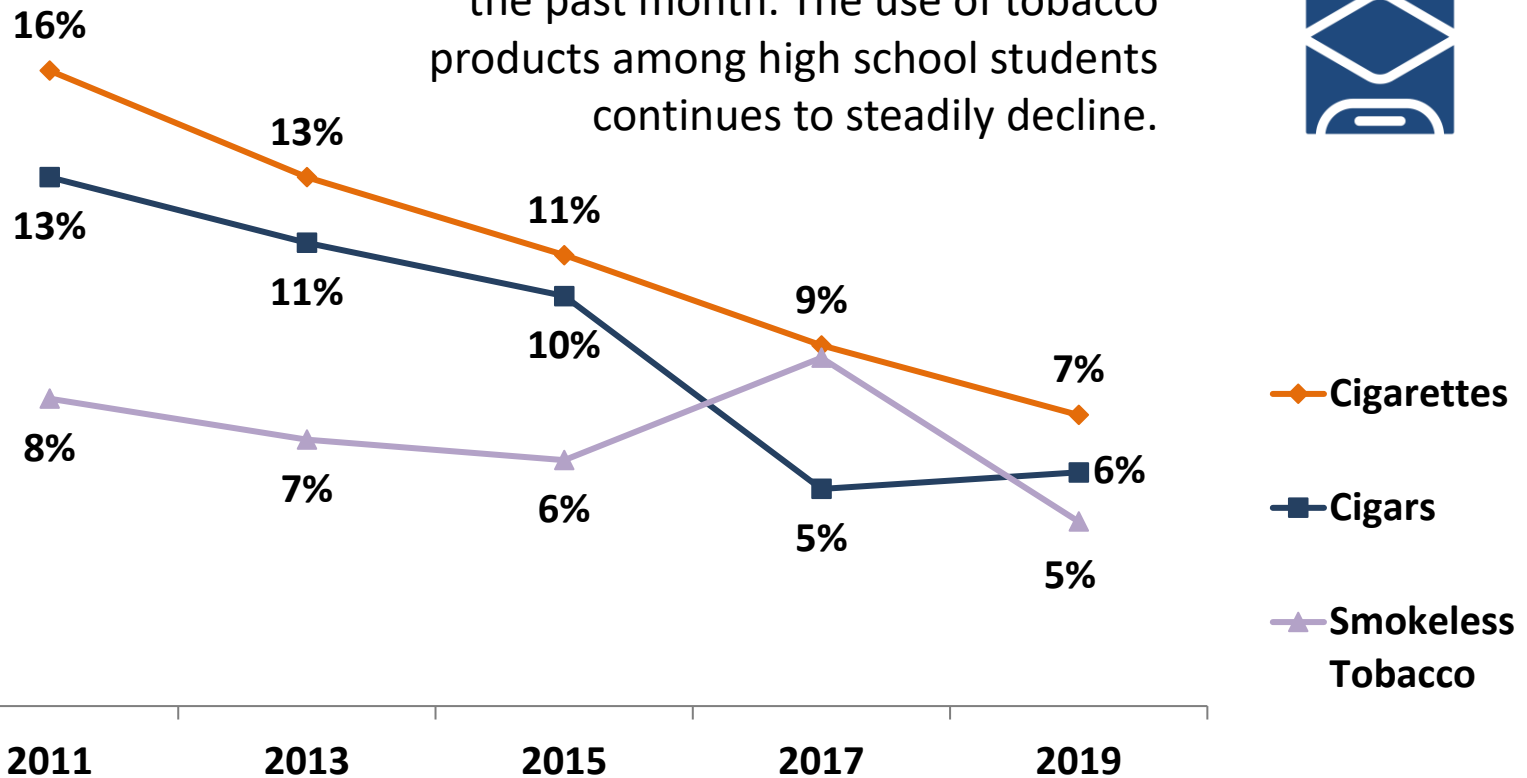
Past-month use of electronic vapor products among HS students has increased substantially, nearly doubling from 2017 (15%) to 2019 (29%) (MIYHS). In 2017, about 4% of adults in Maine were considered current users of e-cigarettes (BRFSS).



In 2019, 11 percent of pregnant women reported smoking cigarettes in their last trimester; rates have been steadily declining for the past five years. Cigarette use rates among pregnant women were highest among women 20 to 24 years old, as well as among those with lower levels of education (PRAMS).

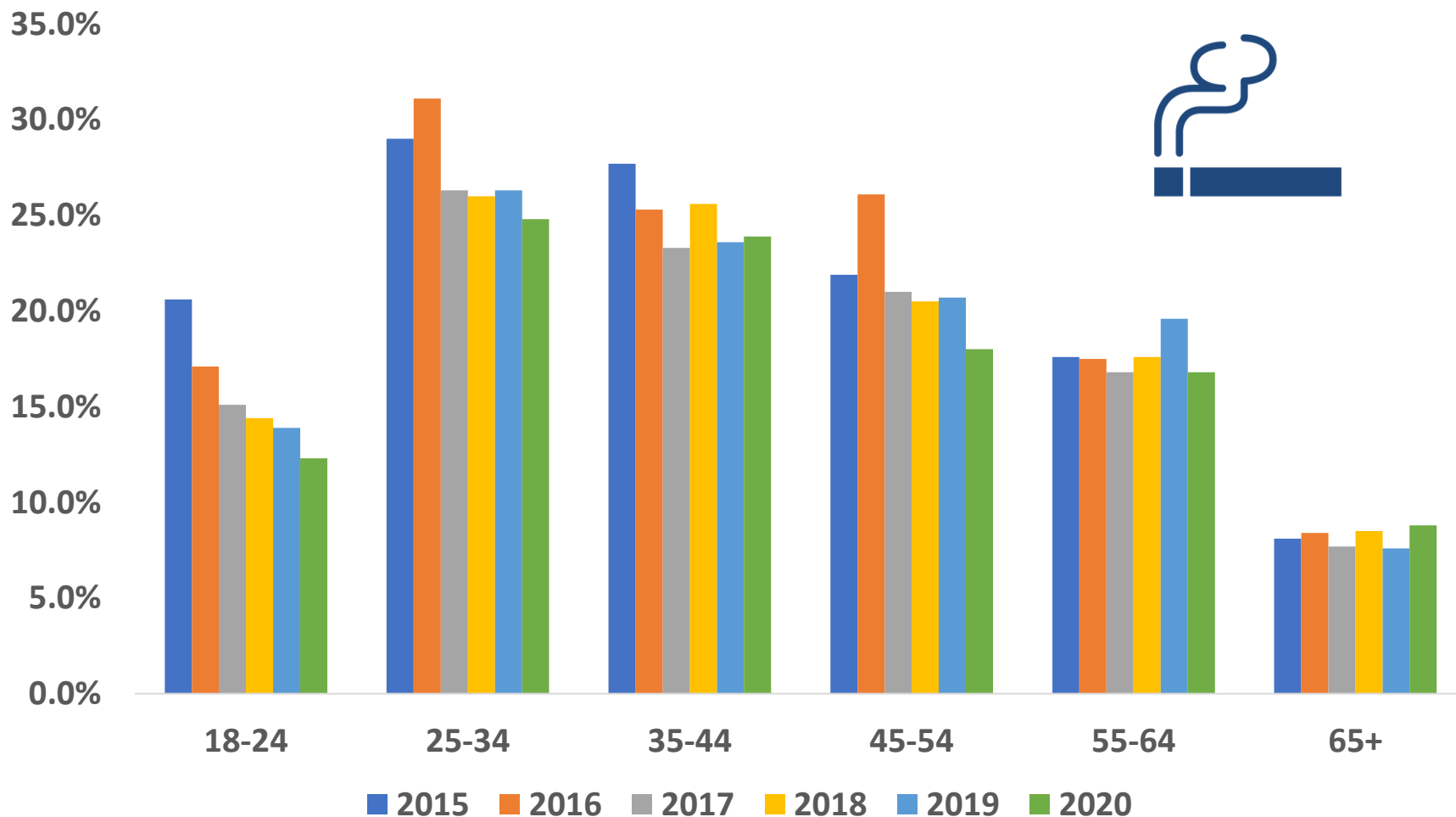
High school students who used tobacco during past month, by tobacco type: 2011–2019

In 2019, fewer than one in 10 students reported having smoked a cigarette within the past month. The use of tobacco products among high school students continues to steadily decline.



Source: MIYHS

Current cigarette use among adults in Maine, by age group: 2015–2020

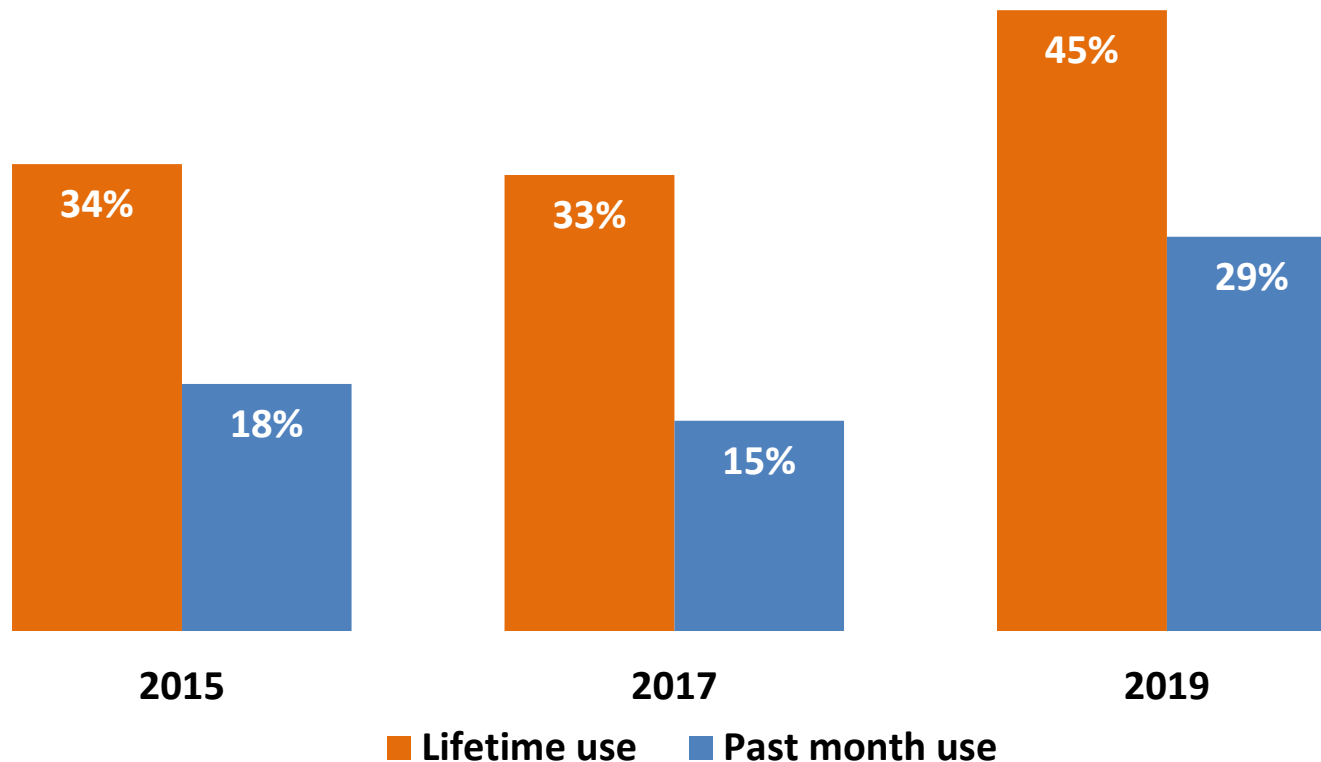


Source: BRFSS

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

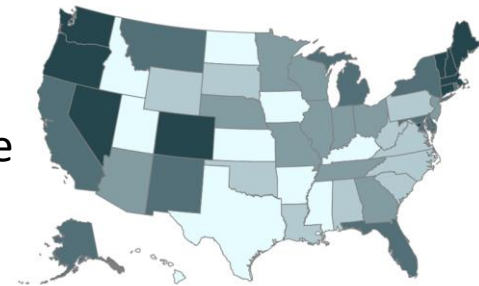
Maine Department of Health and Human Services

Marijuana Consumption Patterns



Marijuana use among high school students has remained stable since 2011, with one in five using in the past month. Past month marijuana use among students increases with grade level. Rates nearly triple from 8th grade (5%) to 9th grade (13%) (MIYHS).

In 2018-19, the highest past month rate of marijuana use among adults was observed among 18 to 25-year-olds (35%). About 17,000 Mainers 12 years and older reported using marijuana for the first time in their life in 2018–19. Six thousand initiates were between 12 and 17; representing a 20% increase from 2017-18 (NSDUH).

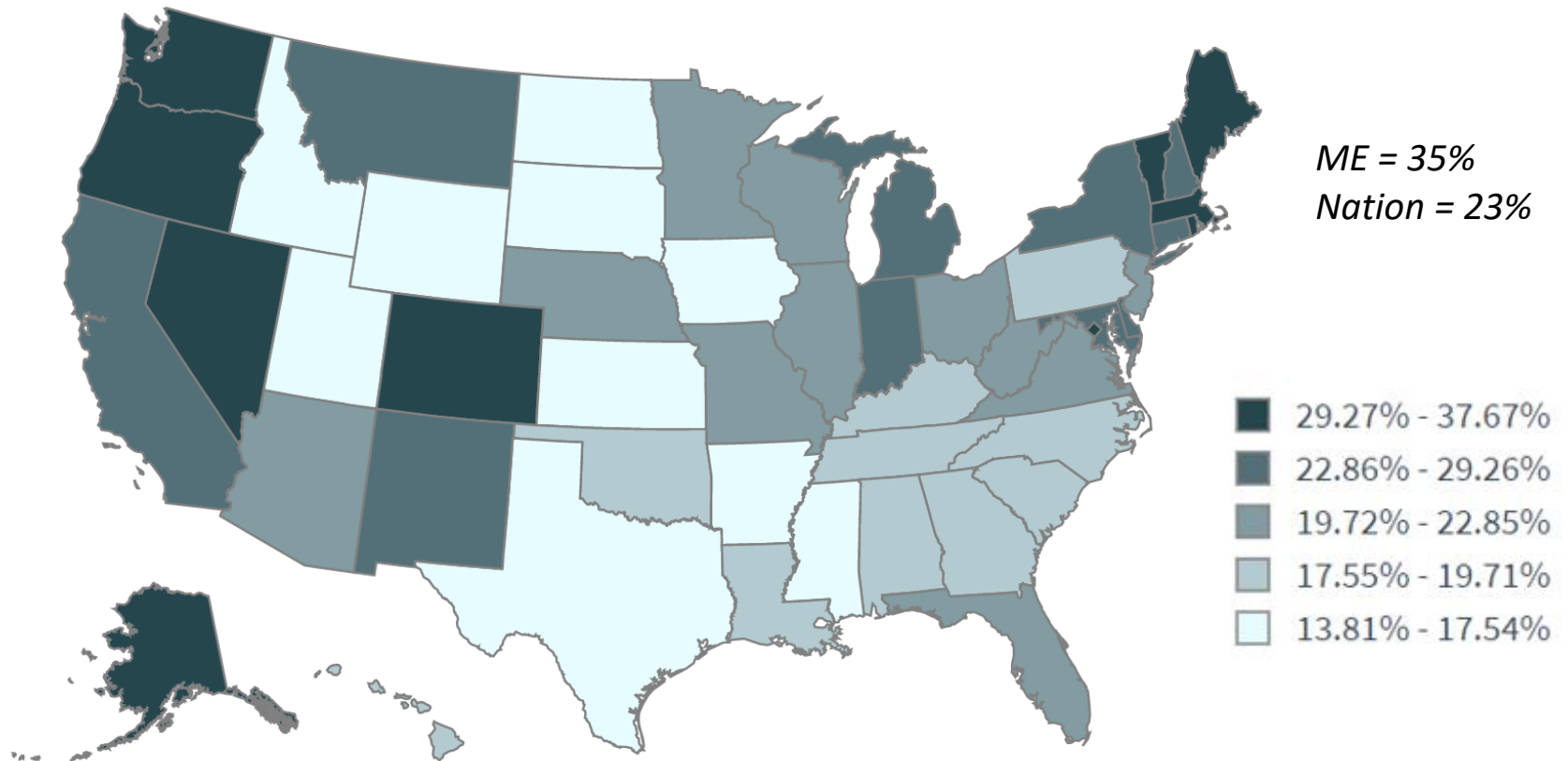


Among HS students those who had ever vaped, one in eight claimed that the last time they had vaped, the liquid was marijuana hash oil and 7% were not sure what liquid they had been vaping (MIHYS)

Marijuana use among women in their third trimester of pregnancy has remained stable since 2016; one in 10 reported using marijuana during their third trimester in 2019 (PRAMS).



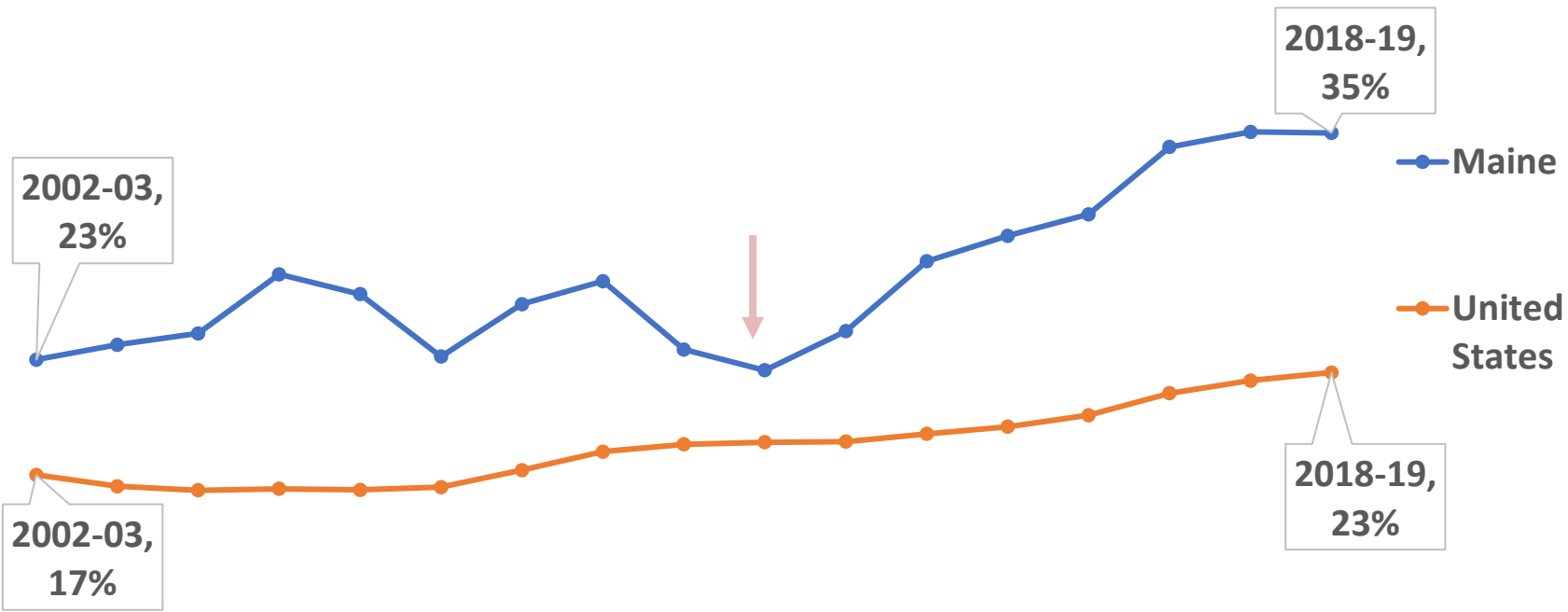
Marijuana use in the past month among 18 to 25-year-olds, by state: 2018-19



Marijuana is the most commonly used psychotropic drug in the United States, after alcohol. In 2019, more than 12 million young adults reported marijuana use in the past year. Maine ranks second in past month marijuana use among 18- to 25-year-olds.

Source: NSDUH

Marijuana use in the past month among 18 to 25-year-olds, by state: 2018-19



Source: NSDUH

2002-03 2003-04 2004-05 2005-06 2006-07 2007-08 2008-09 2009-10 2010-11 2011-12 2012-13 2013-14 2014-15 2015-16 2016-17 2017-18 2018-19

Opioids and illicit Drugs Consumption Patterns



It's estimated that 46,000 Mainers misused pain relievers in the past year, 7,000 used heroin in the past year, and 42,000 qualified as having an illicit drug use disorder (NSDUH).

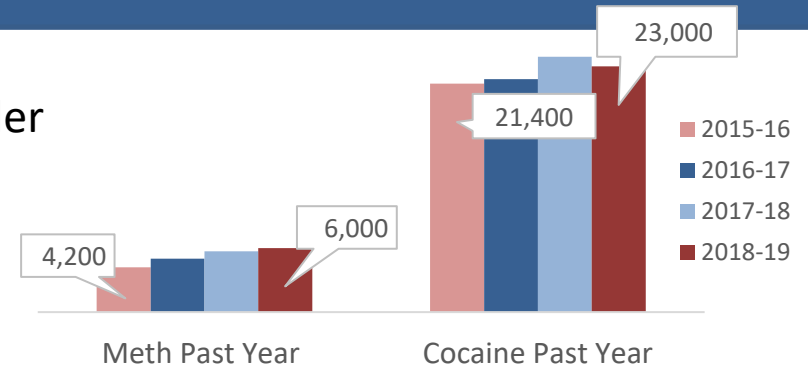
In 2019, 5% of high school students misused prescription drugs (any type) in the past month. One in 10 high school students reported ever misusing a pain reliever (MIYHS). Past year pain relievers misuse is more common among 18 to 25-year-olds (5.5%) than those 26 and older (3.1%) (NSDUH).



In 2019, 7% of high school students reported having ever used heroin. Rates have been cut in half since 2009 (14%) and appear to be higher among certain minority populations (e.g., Hispanic, Black, American Indian, LGBTQ)

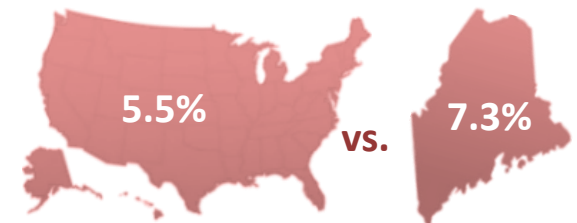
Stimulant Consumption Patterns

In 2018-19, about 23,000 (2%) Mainers 12 and older reported using cocaine in the past year and about 6,000 (.5%) Mainers reported using Methamphetamine in the past year (NSDUH).

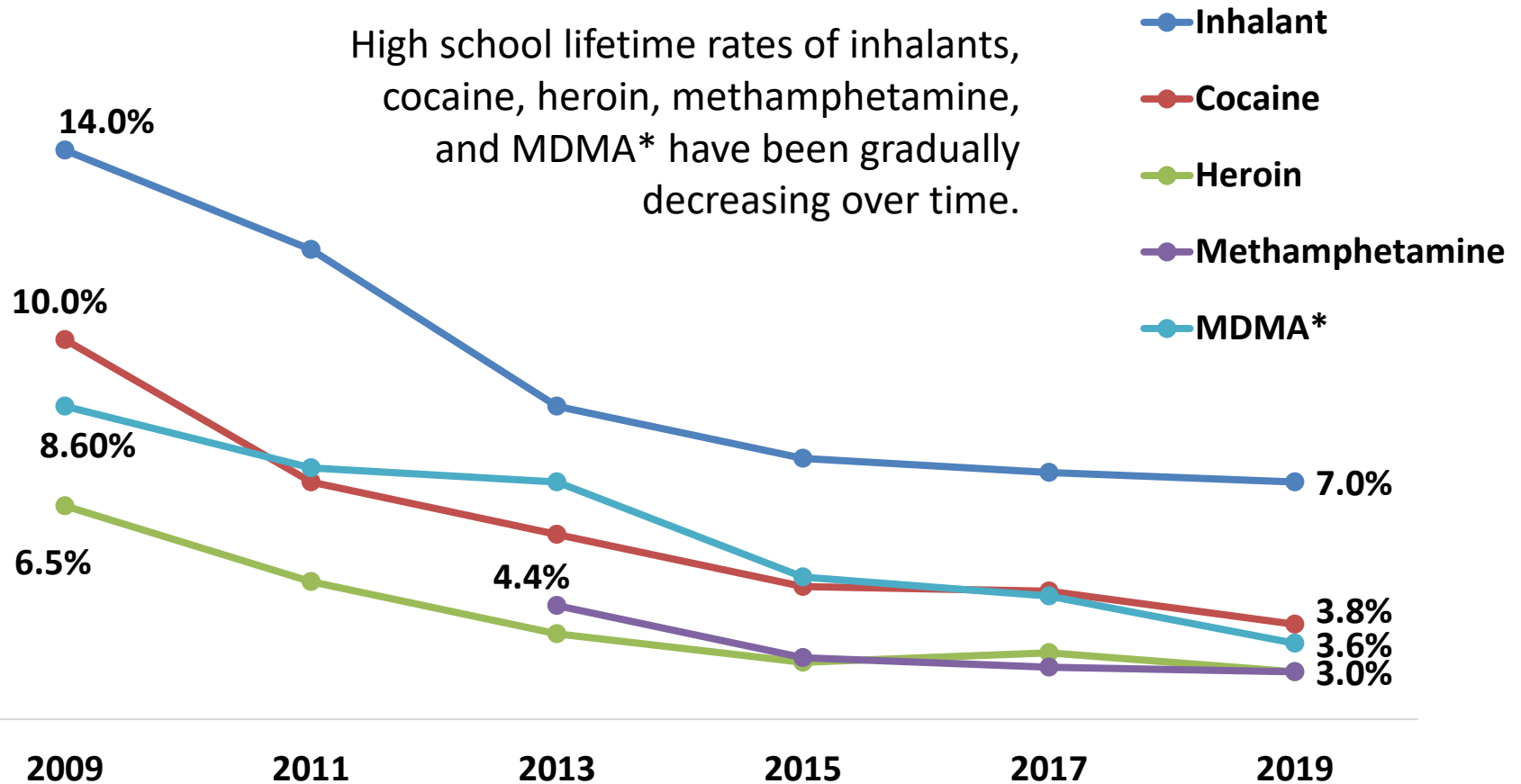


About 4% of high school students reported ever using cocaine or MDMA; 3% reported ever using Methamphetamine. In general, stimulant use appears to be higher among minority High school students (e.g. LGBTQ, Black, Non-Hispanic, Native Hawaiian or Pacific Islander).

In 2018-19, Mainers 18 to 25 had higher rates of past year cocaine use (7.3%) than the national average (5.5%). Rates of cocaine use among young adults in Maine have increased since 2013-14 (4.5%) (NSDUH).



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



*MDMA=3,4-methylenedioxymethamphetamine

Source: MIYHS

Consequences/Impact



Morbidity and Mortality



In 2020, there were over 27,000 substance use related emergency department visits. Most visits were related to alcohol use (19,592), followed by marijuana use (5,625) and opioid use (1,473) (Maine CDC).

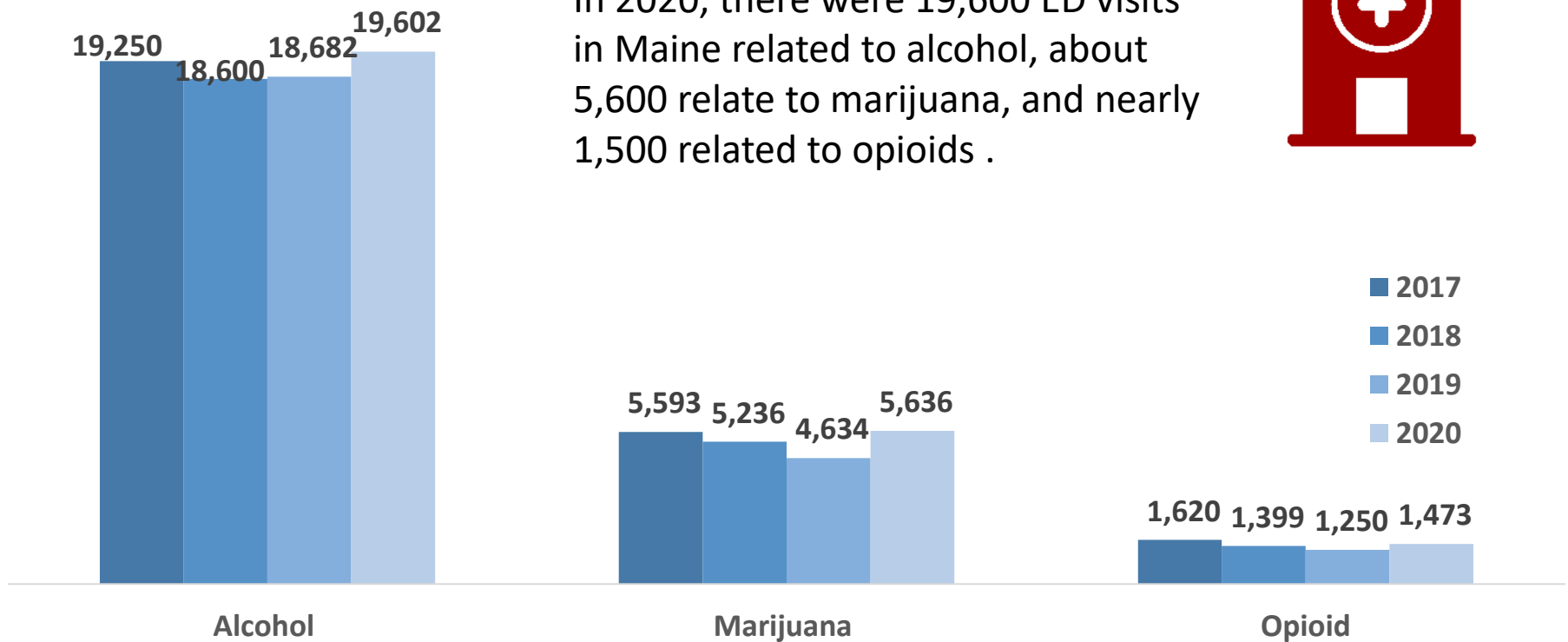
Non-pharmaceutical fentanyl continues to play a major role in drug-related deaths and was involved in 67% of overdose deaths in Maine, the highest of any substance. Most overdose drug overdose deaths occur among Mainers between 26 and 49 and males. (OCME)



Illicit stimulant drugs, frequently combined with illicit fentanyl, are an emerging cause of concern due to their increased involvement in drug deaths. The number of deaths related to methamphetamine doubled between 2019 (47) to 2020 (99). The number of deaths in Maine involving cocaine nearly doubled from 2016 (60) to 2020 (118), making up 23% of drug deaths (OCME).

Number of Maine ED visits related to substance use, by substance: 2018 - 2020

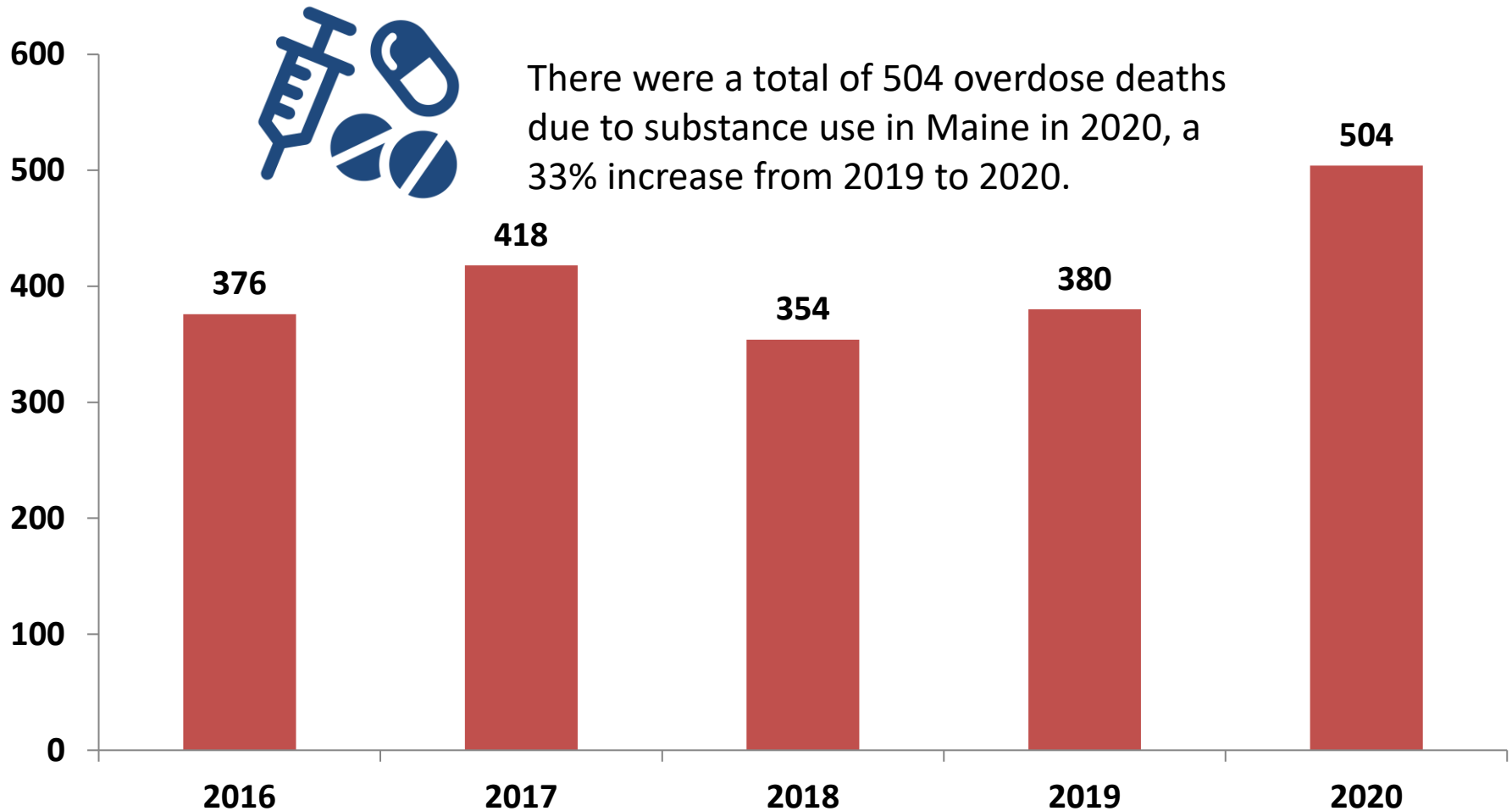
In 2020, there were 19,600 ED visits in Maine related to alcohol, about 5,600 relate to marijuana, and nearly 1,500 related to opioids .



Source: Syndromic Surveillance System

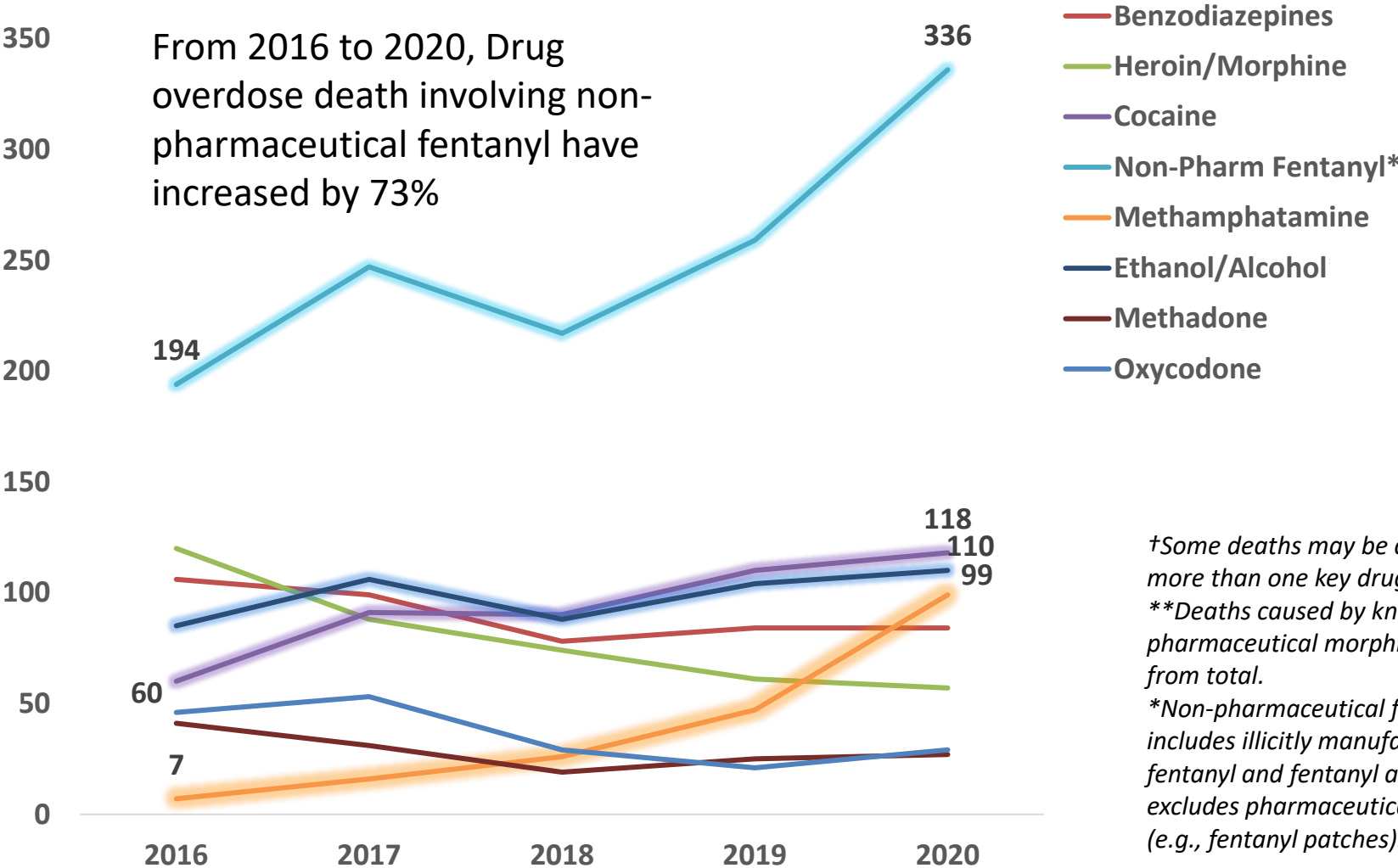
<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/syndromic/>

Number of drug related overdose deaths in Maine : 2016–2020



Source: OCME

Number of drug deaths** involving specific drug types†: 2016–2020



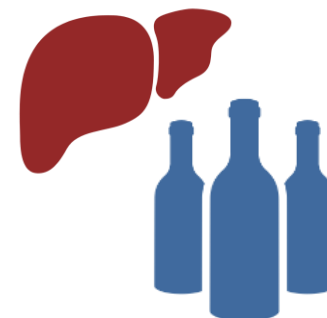
†Some deaths may be caused by more than one key drug.
 **Deaths caused by known pharmaceutical morphine removed from total.
 *Non-pharmaceutical fentanyl includes illicitly manufactured fentanyl and fentanyl analogs but excludes pharmaceutical fentanyl (e.g., fentanyl patches).

Morbidity and Mortality



In 2020, based on preliminary data from vital statistics, there were a total of 584 Mainers who died from a cause related to alcohol, this was a 28% uptick since 2019 and a 72% increase since 2015 (ODRVS).

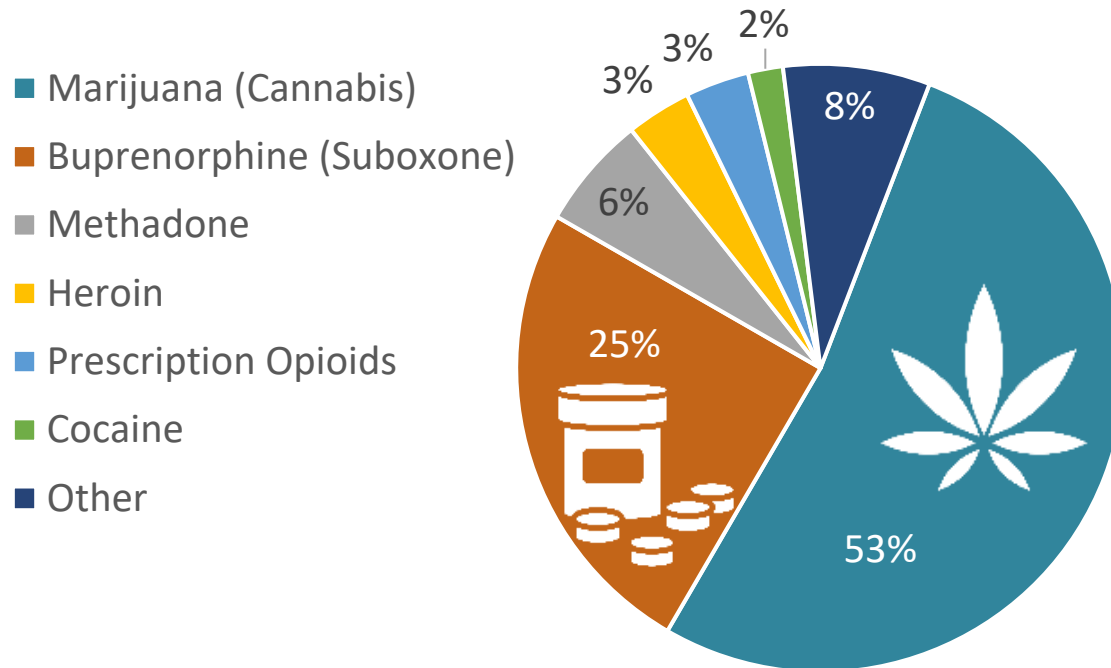
Deaths related to alcoholic cirrhosis and liver disease increased sharply among men from 13.7 deaths per 100,000 in 2019 (13.7 per 100,000) to 20.2 deaths per 100,000 in 2020. Women also saw an increase of 1.5 more deaths per 100,000 from 2019 to 2020 (DRVS).



After a decline from 2016 to 2019, the number of substance-exposed infants notifications* increased by 5% from 2019 (858) to 2020 (903); this accounted for 8% of live births (MACWIS/OCFS).

**includes instances where mother is taking a legally prescribed medication*

Percentage of substance-exposed infant notifications, by primary substance type: 2019-20



Note: notifications may also include legally prescribed medications such as medicated assisted treatment.



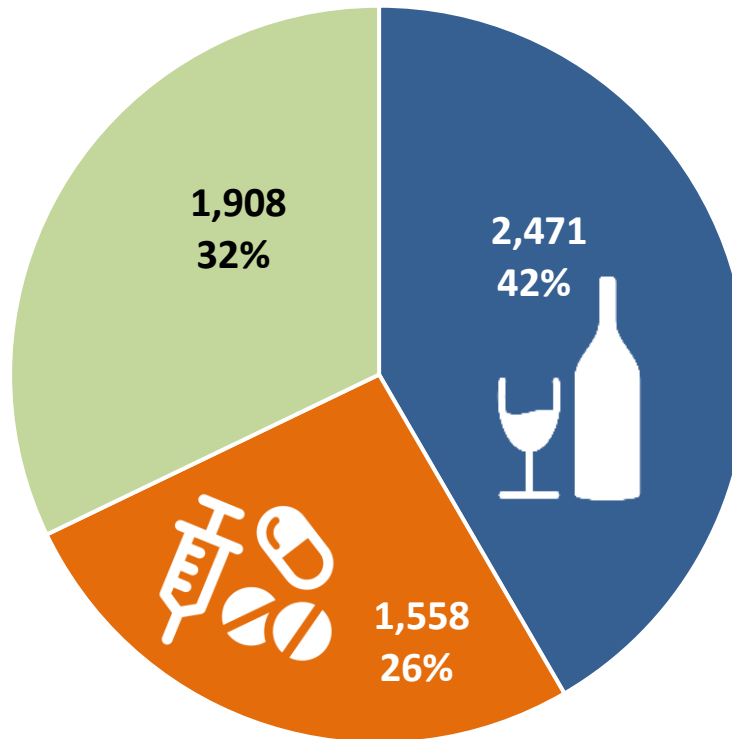
During the 2019-20 period, among substance exposed infant notifications that had a primary substance listed, over half (53%) were marijuana, followed by buprenorphine (e.g., Suboxone) at 25%, methadone (6%), heroin (3%), and prescription opioids (3%).

EMS substance use related responses, by substance: 2020

Based on primary impression, alcohol accounted for 42% of the substance use related EMS, followed by other drugs (32%) and opioids (26%), in 2020.



- Alcohol
- Opioid
- Other (excluding opioids)



Source: Maine EMS

Criminal Justice Involvement



Arrests related to operating under the influence (OUI) have remained stable. Mainers 21 to 29 had the highest number of OUI arrests in 2019 (1,640). There has been a decline in the number of liquor law violations among all age groups under 60, with those under 18 seeing a 49% decrease in violations between 2015 to 2019 (DPS).

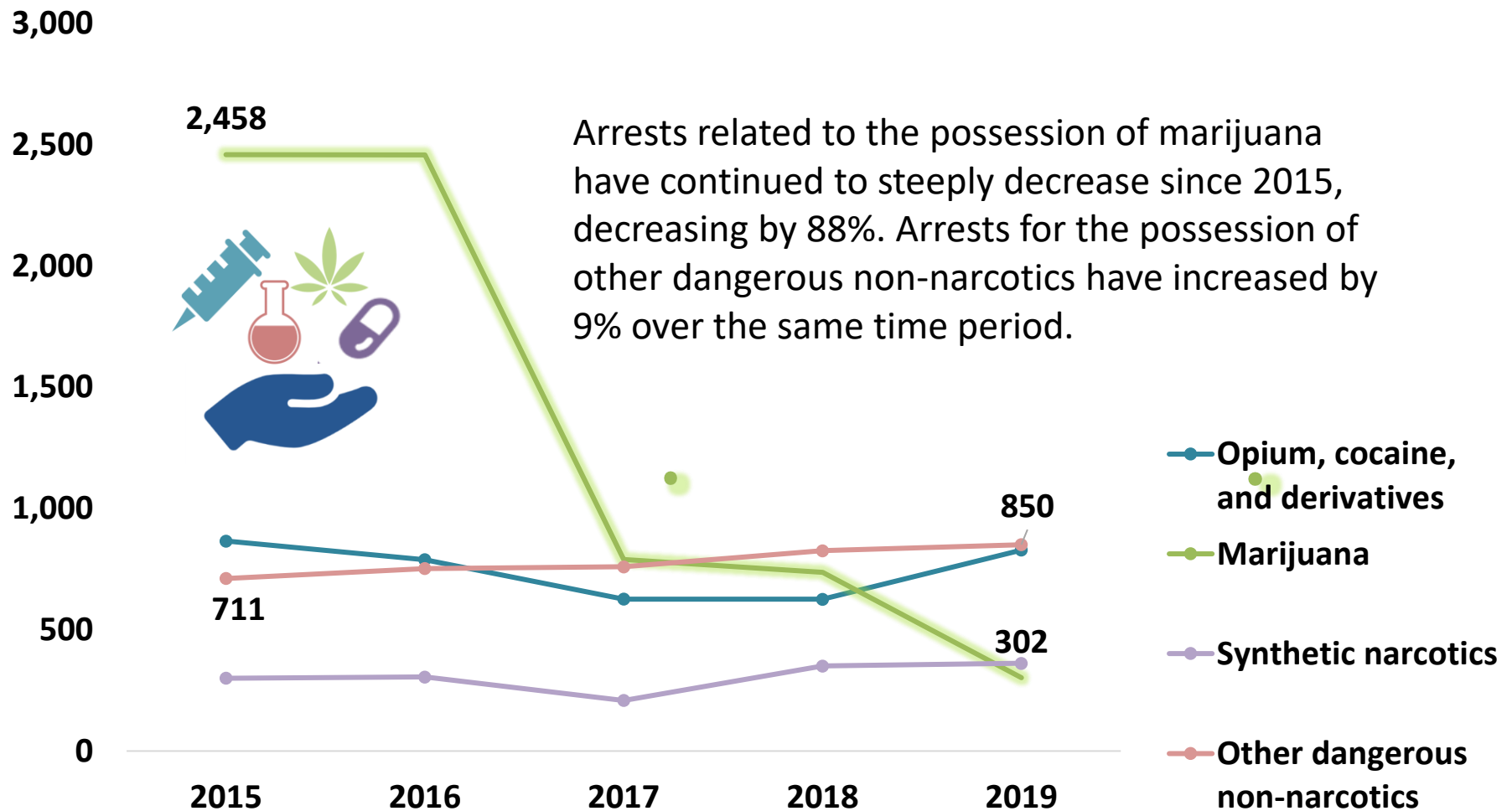
Despite a dramatic drop in drug offense arrests for adults between 2015 and 2017, numbers have begun to slightly increase from 2017 to 2019. Drug offense arrests for possession were most common for dangerous non-narcotics (36%) or marijuana (35%) (DPS).



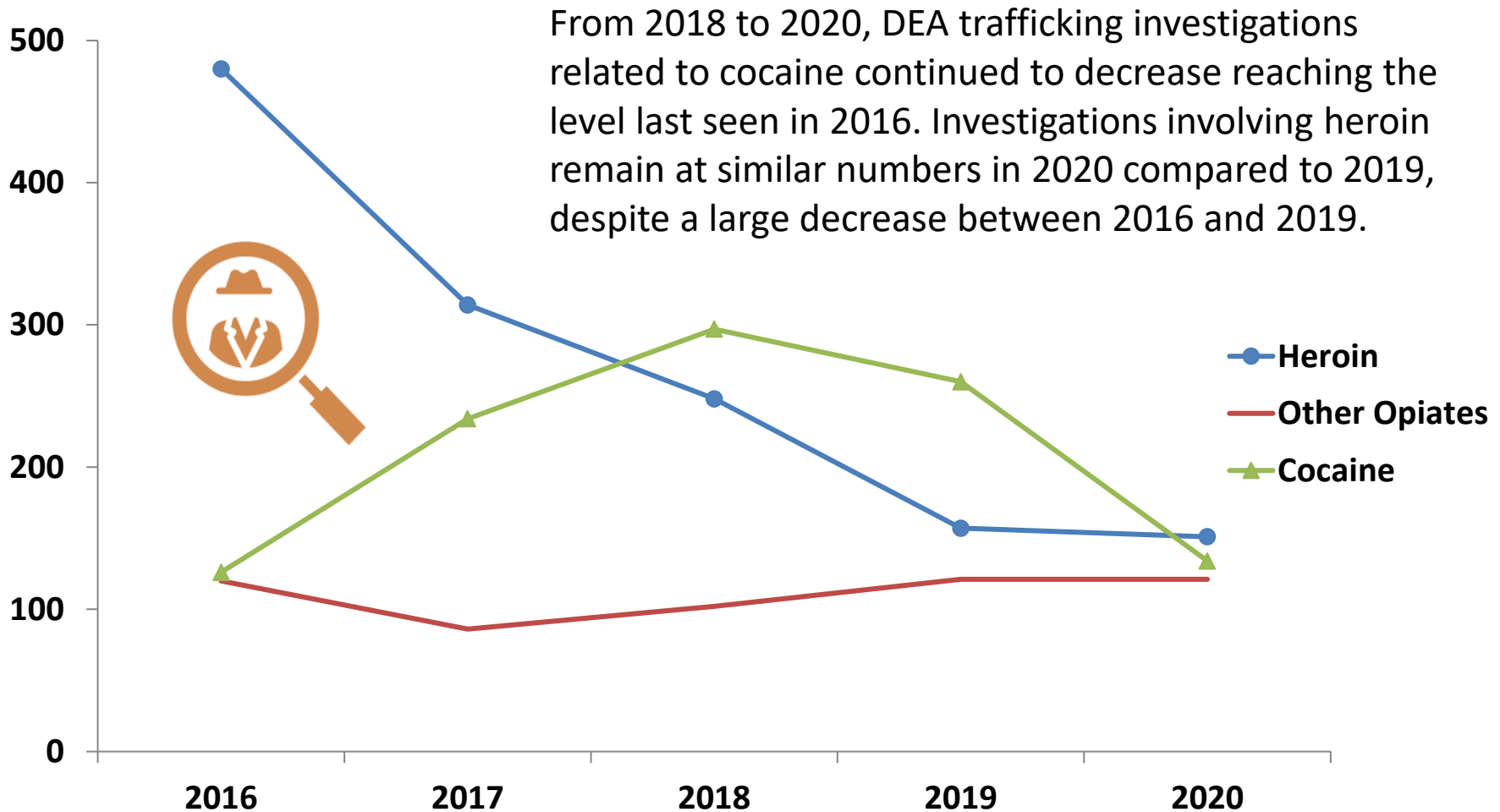
From 2018 to 2019, there was a 32% increase in arrests for possession of opium, cocaine, and derivatives. Marijuana arrests continued to decline between 2015 and 2019 (DPS).



Drug offense arrests (all ages) for possession, by drug type: 2015–2019



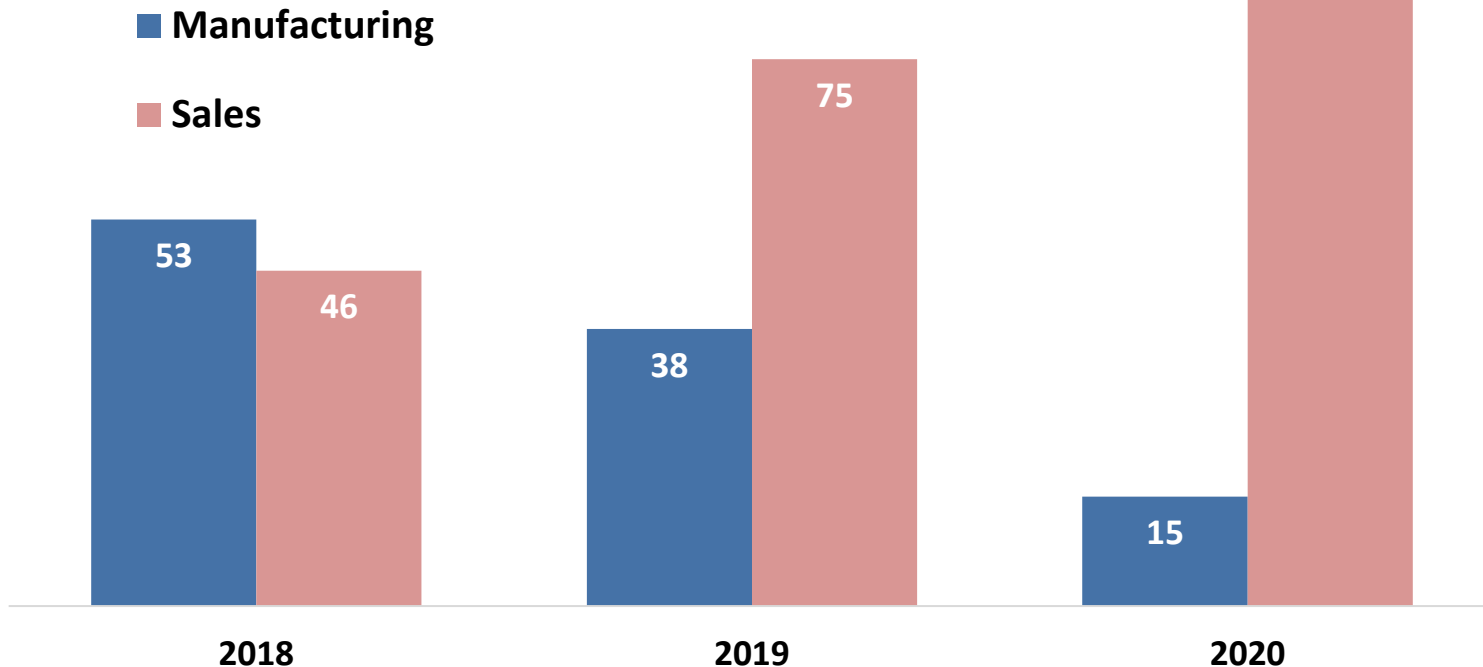
Maine DEA drug trafficking investigations, by drug type: 2016–2020



MDEA methamphetamine sales and manufacturing investigations: 2018–2020

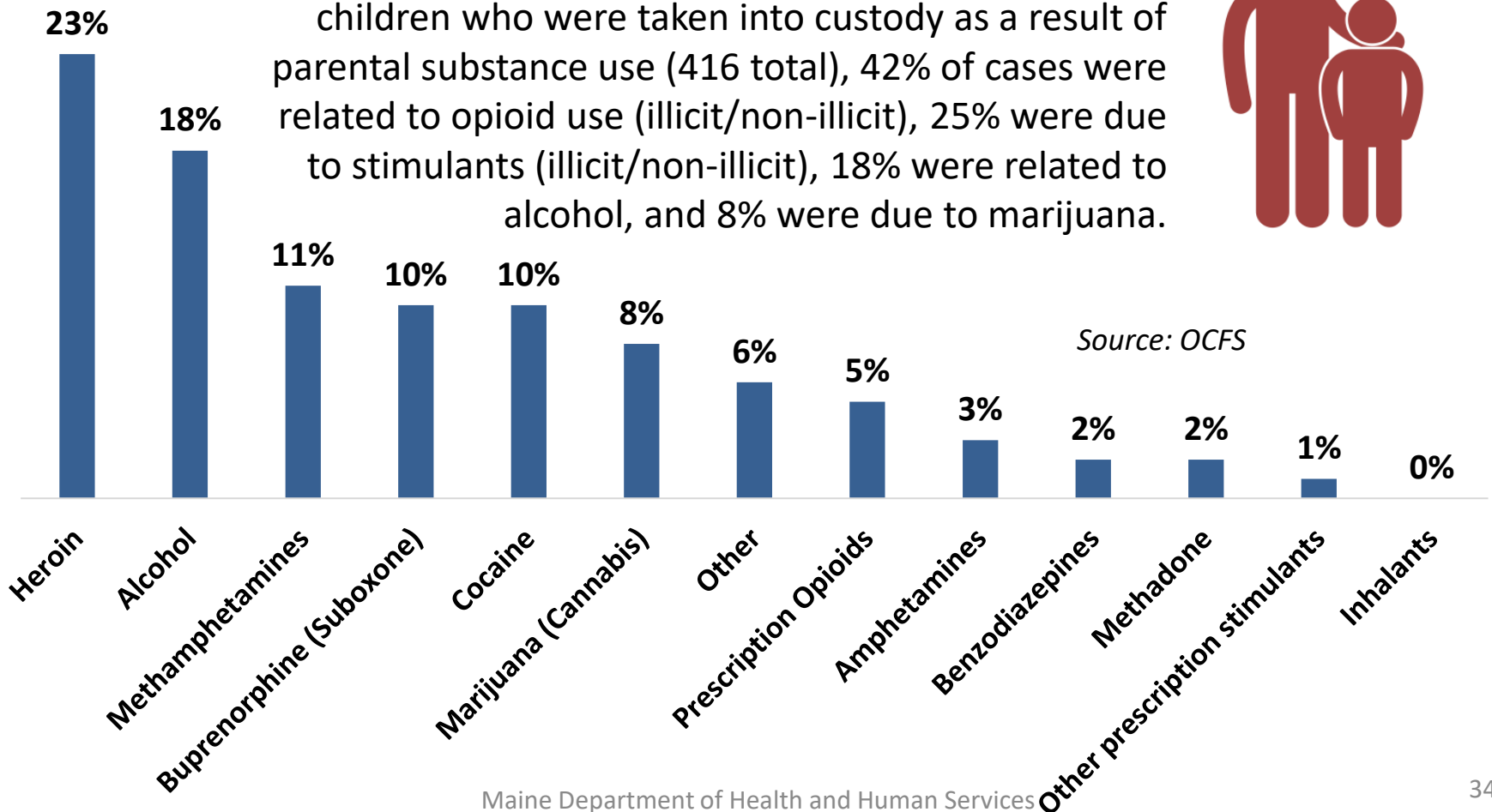
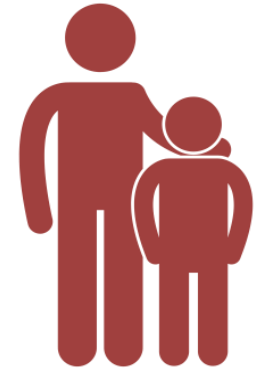


From 2018 to 2020, methamphetamine manufacturing investigations conducted by the MDEA decreased by 72% while investigations related to meth sales doubled. These changes can be attributed to an influx of mass-produced crystal meth into Maine.



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.



Impaired Driving



The number of motor vehicle crashes decreased by 19% between 2019 and 2020, however the proportion of crashes related to alcohol and/or drugs remained stable (1,265 crashes, 4%) (MDOT).

In 2020, Maine drivers ages 21 to 24 had the highest rate of alcohol/drug related crashes (388.8 per 100,000 licenses). The rate of crashes among this age group increased from 2019 to 2020 after declining from 2016 to 2018 (MDOT).



In 2020, about one in four (27%) fatal motor vehicle crashes involved a driver with a BAC of .08% or over. From 2019 to 2020 total crash fatalities increased by 4% and alcohol related crash fatalities increased by 5% (BHS).

Treatment



In 2018-19, it was estimated that 7.9% (92,000) 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).

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

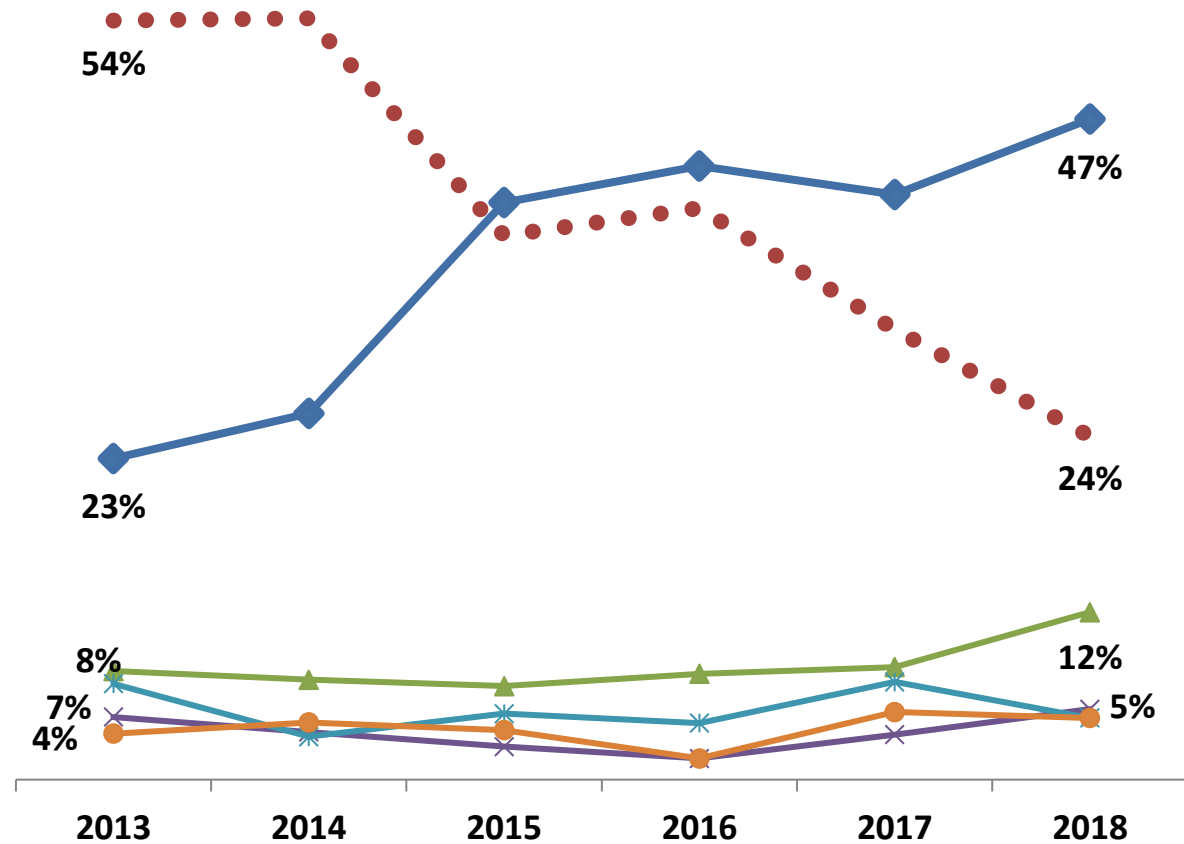


Treatment admissions of pregnant women, by primary substance: 2013–2018*

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)



Availability and Diversion



From 2017 to 2020, the number of prescriptions prescribed for opiate agonists (excluding partial agonists such as buprenorphine) decreased by one third, while prescriptions for buprenorphine doubled (PMP).

Most calls to Northern New England Poison Center requesting medication verification in 2018–20 involved opioids, followed by benzodiazepines, and stimulants. (NNEPC).



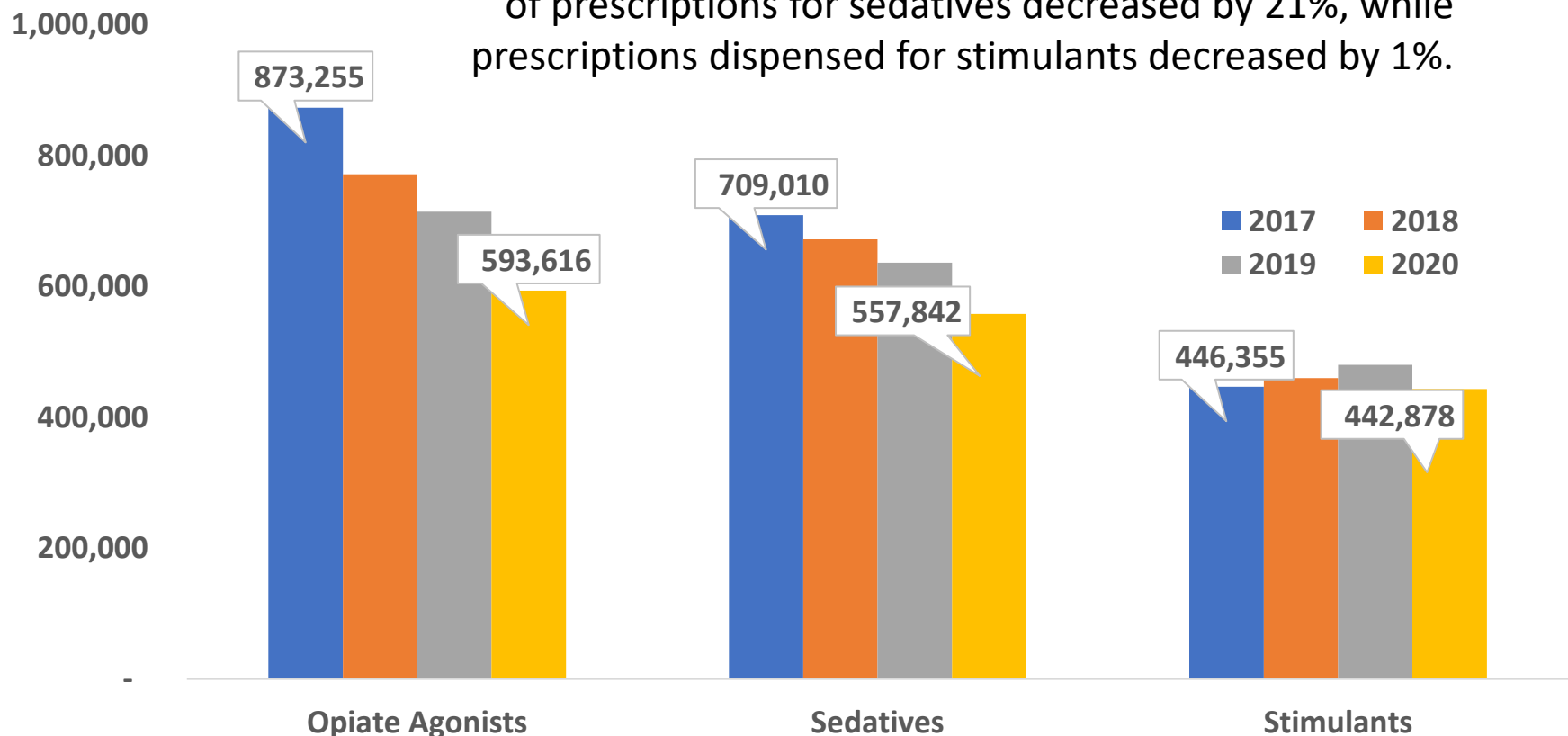
In 2020, Maine had nearly 3,500 alcohol retail outlets in operation. This accounted 26 outlets per every 10,000 residents. Agent spirit sales (e.g., hard liquor) in Maine increased by 10% from 2019 to 2020.

As of October 2020, active marijuana retail license holders were permitted to engage in sales to consumers ages 21 years & older. Retail sales of adult use marijuana yielded \$61 million in the first 12 months (OMP)



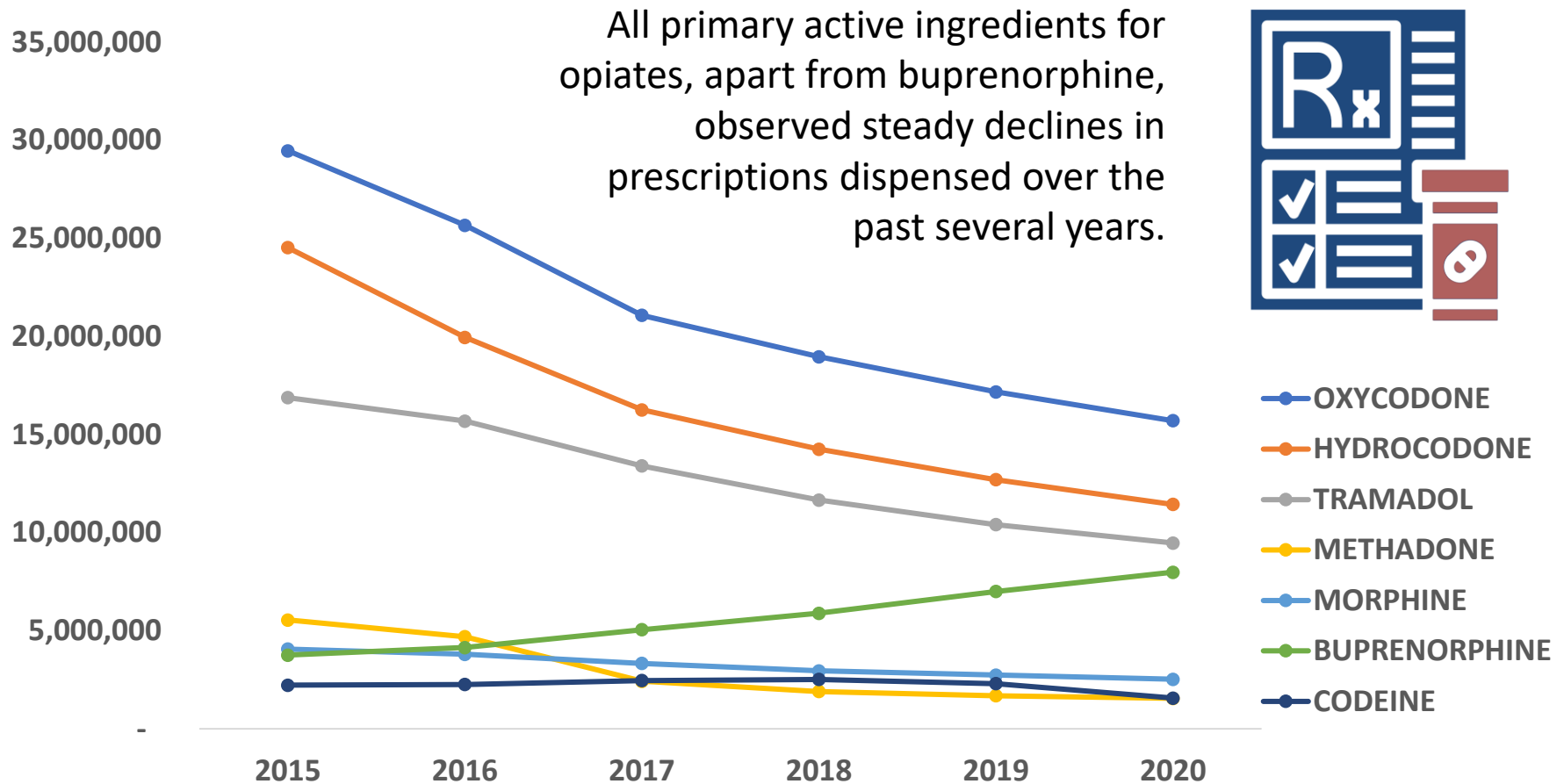
Number of prescriptions dispensed in Maine, by type*: 2017–2020

From 2017 to 2020, the number of prescriptions dispensed for opiate agonists (excluding partial agonists such as buprenorphine) decreased by 32%, the number of prescriptions for sedatives decreased by 21%, while prescriptions dispensed for stimulants decreased by 1%.



Source: Prescription Monitoring Program

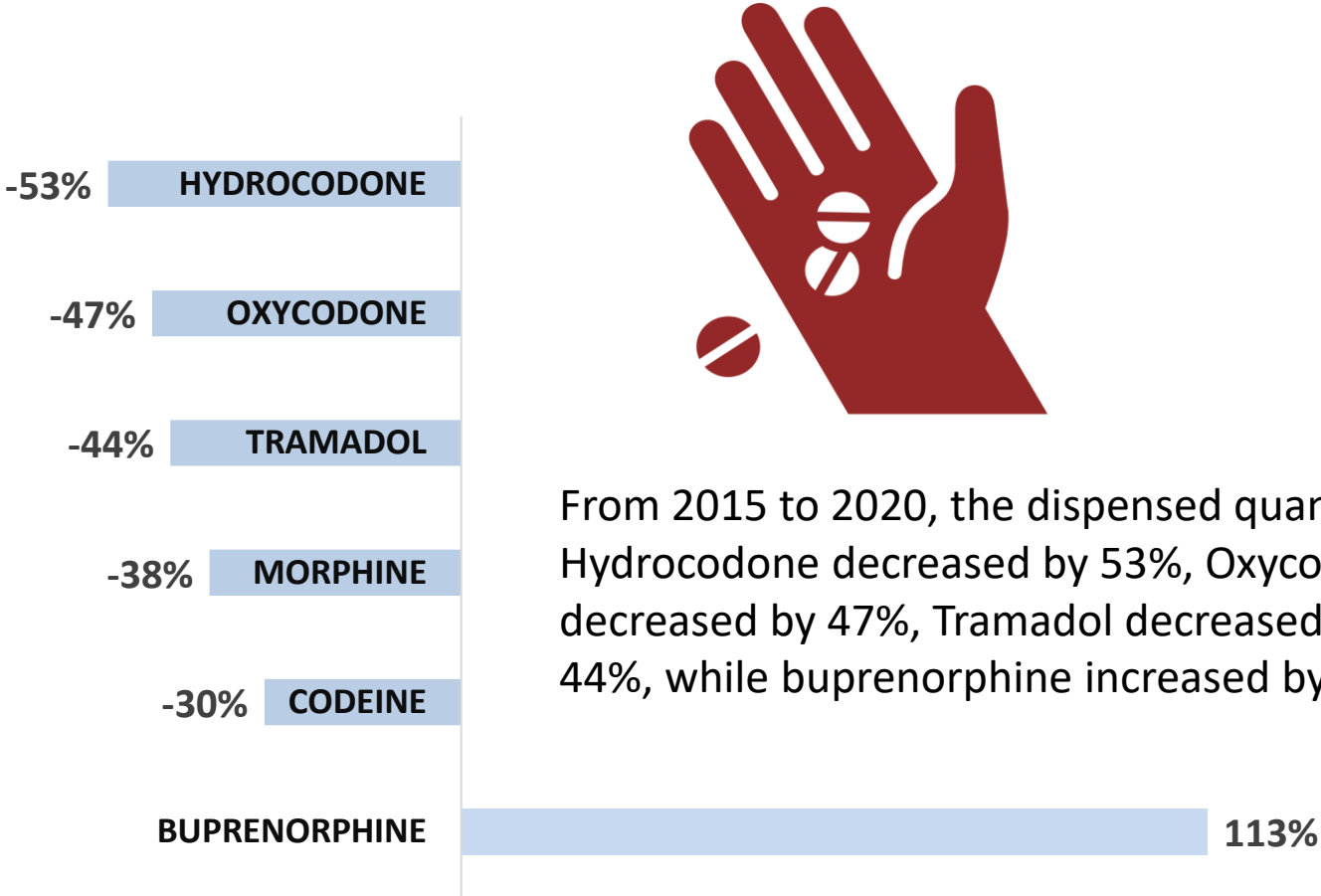
Dispensed quantity (e.g., number of pills) of prescribed opiates, by primary active ingredient: 2015 to 2020



Note: PMP does not contain data on controlled substances that are dispensed at hospitals, carceral settings, or stand-alone opioid treatment programs (OTPs) like methadone clinics.

Source: PMP

Percentage decrease in the dispensed quantity (e.g., number of pills, patches), by opiate primary active ingredient: 2015 to 2020



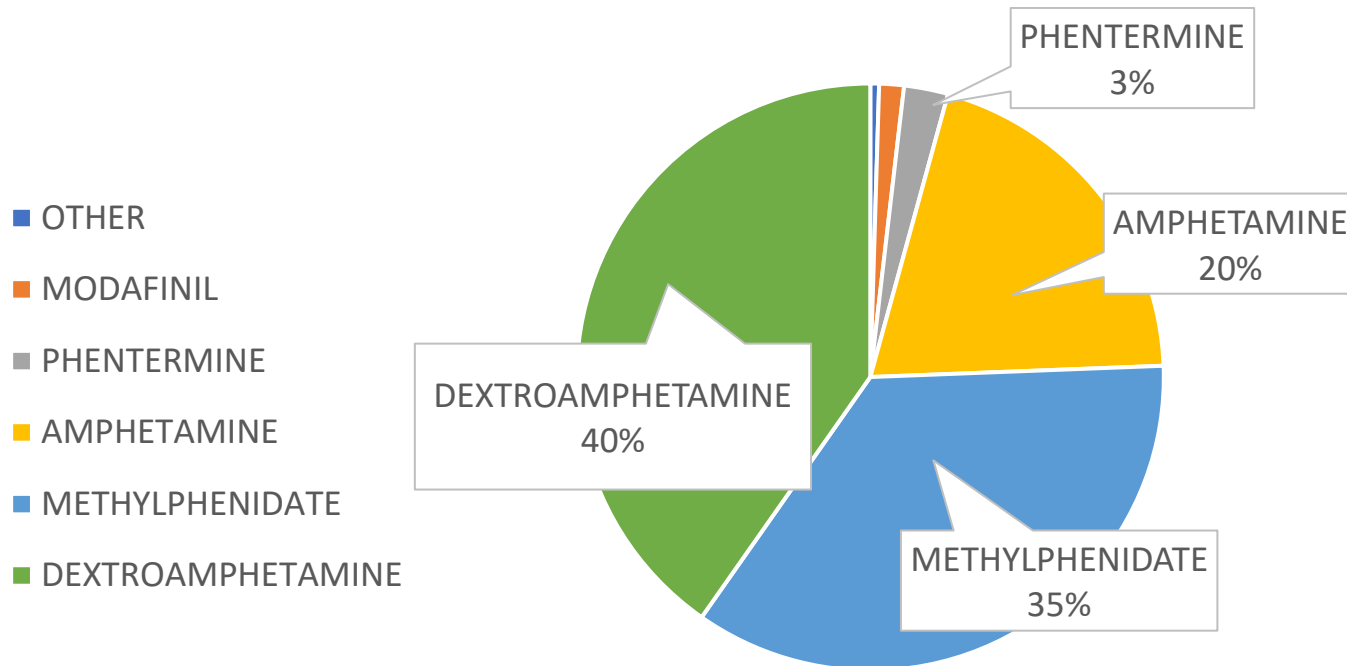
Note: PMP does not contain data on controlled substances that are dispensed at hospitals, carceral settings, or stand-alone opioid treatment programs (OTPs) like methadone clinics.

Source: PMP

Percentage of stimulant prescriptions dispensed by primary active ingredient: 2020



In 2020, most (75%) stimulant prescriptions dispensed in Maine contained the primary active ingredients of either Dextroamphetamine (e.g., Ritalin) or Methylphenidate (e.g., Adderall); most often prescribed to treat attention-deficit/hyperactive disorder.



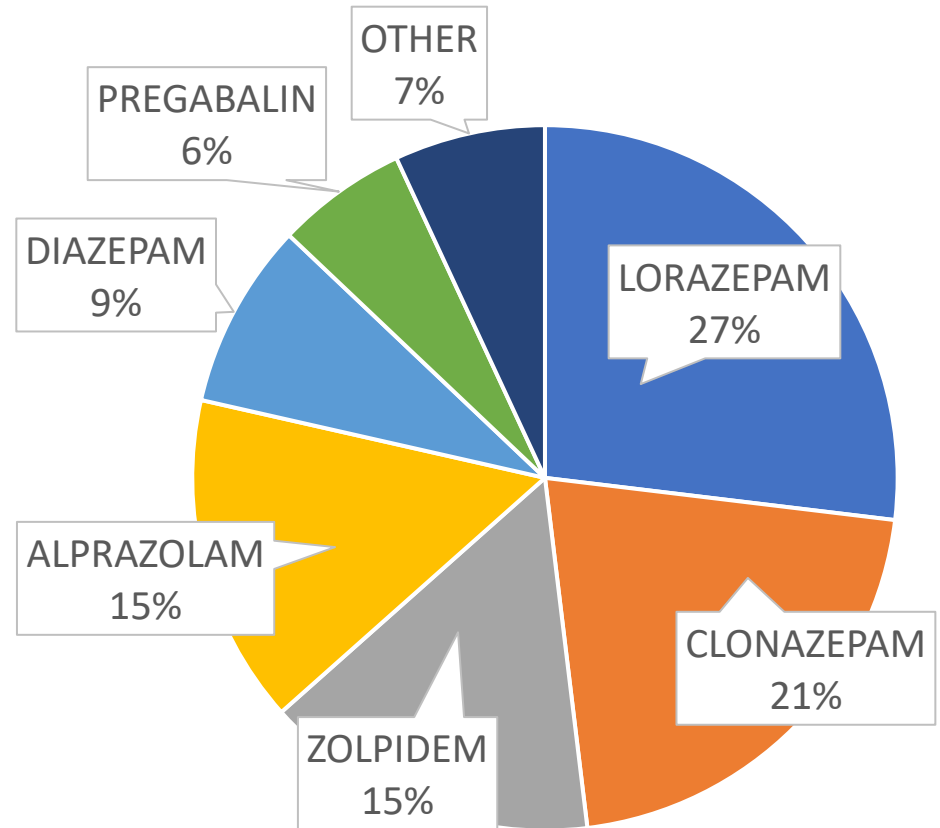
Source: PMP

Percentage of sedative prescriptions dispensed by primary active ingredient: 2020

In 2020, Most (87%) of the sedatives prescribed in Maine were classified as benzodiazepines, commonly prescribed for anxiety, insomnia, seizures, and alcohol withdrawal. Benzodiazepines are commonly misused in combination with opioids and alcohol.



Benzodiazepines can cause paranoid or suicidal ideation and impair memory, judgment, and coordination. Combining with other substances, particularly alcohol, can slow breathing and possibly lead to death.



Source: PMP

Alcohol outlets in Maine: 2020

In 2020, Maine had:



3,479 alcohol retail outlets (26 outlets per 10,000 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

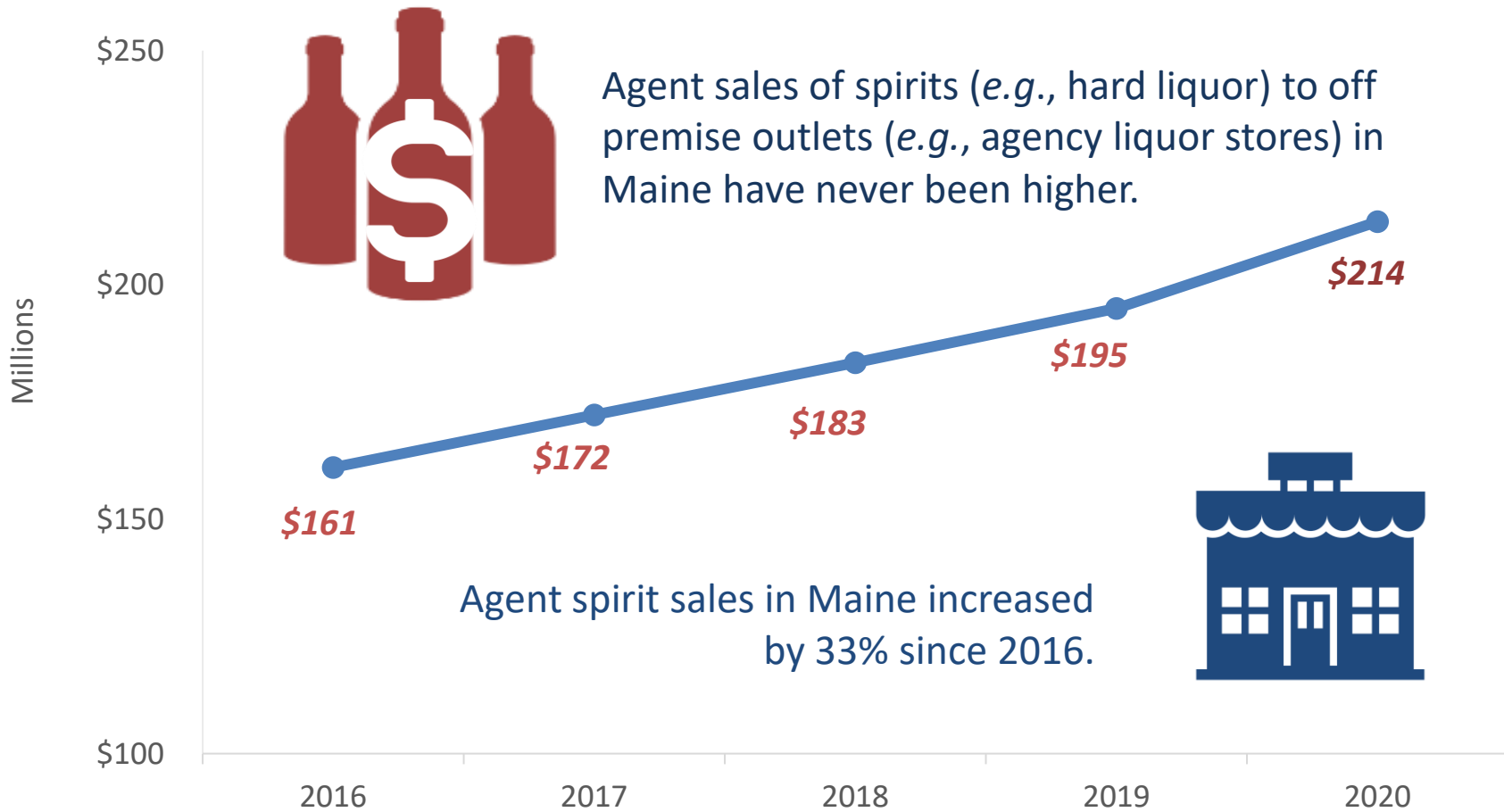


26 Distillery locations



Source: Maine Bureau of Alcoholic Beverages and Lottery

Agent Spirit sales in Maine: 2016 to 2020



Source: BABLO

Adult Use Marijuana Retail Sales in Maine: Oct. 2020 to Sep. 2021



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

Source: Office of Marijuana Policy

Availability and Diversion



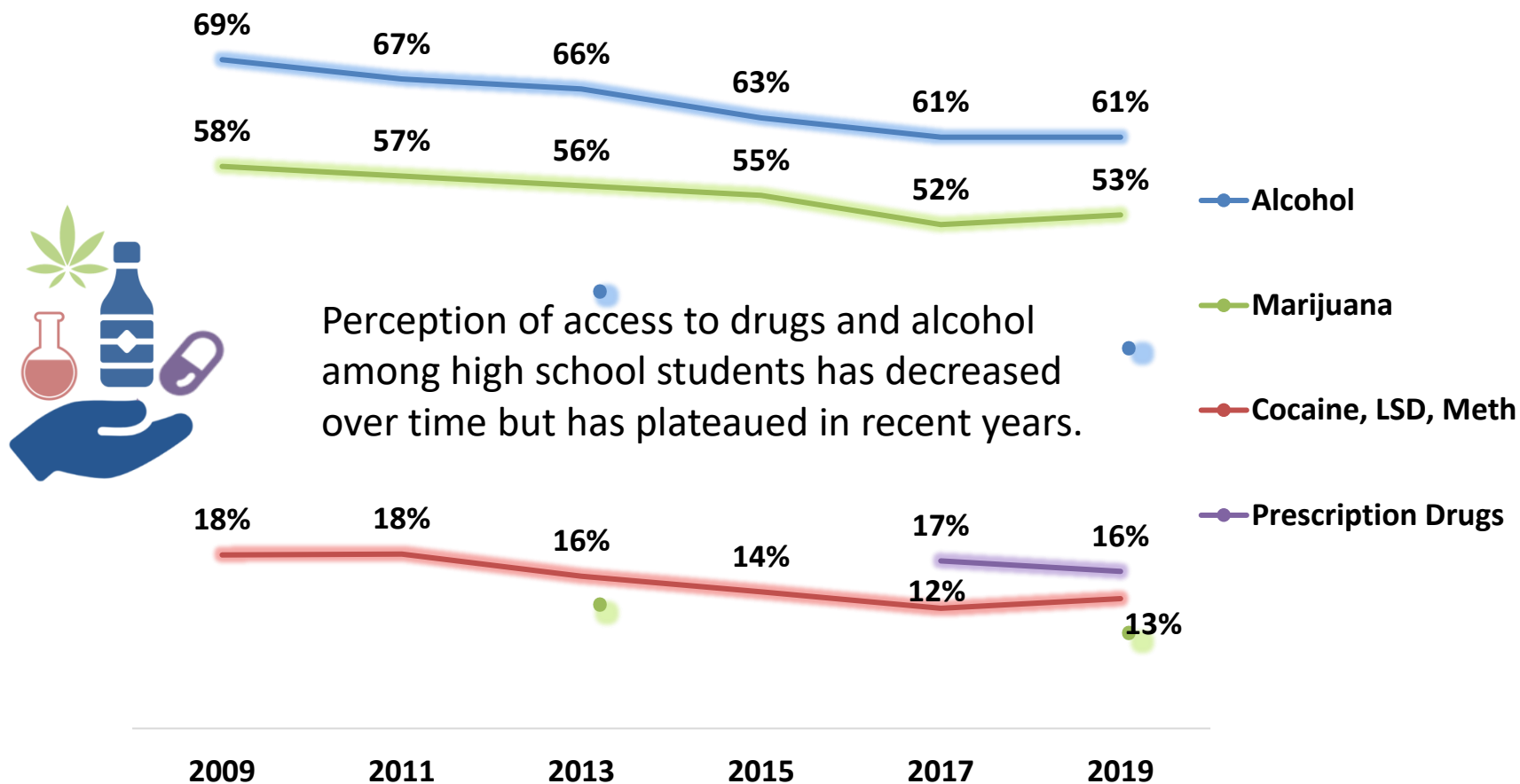
Social access continues to be a primary way that underage youth obtain alcohol. Of those students who obtained alcohol, one in three reported that someone had given it to them (MIYHS).

In 2019, half of parents thought their teen would not be able to access any substances susceptible to misuse at 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 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 lower among young adults. Almost seven out of ten Young adults (aged 18 to 25) thought that binge drinking a few times a week was not risky (NSDUH).

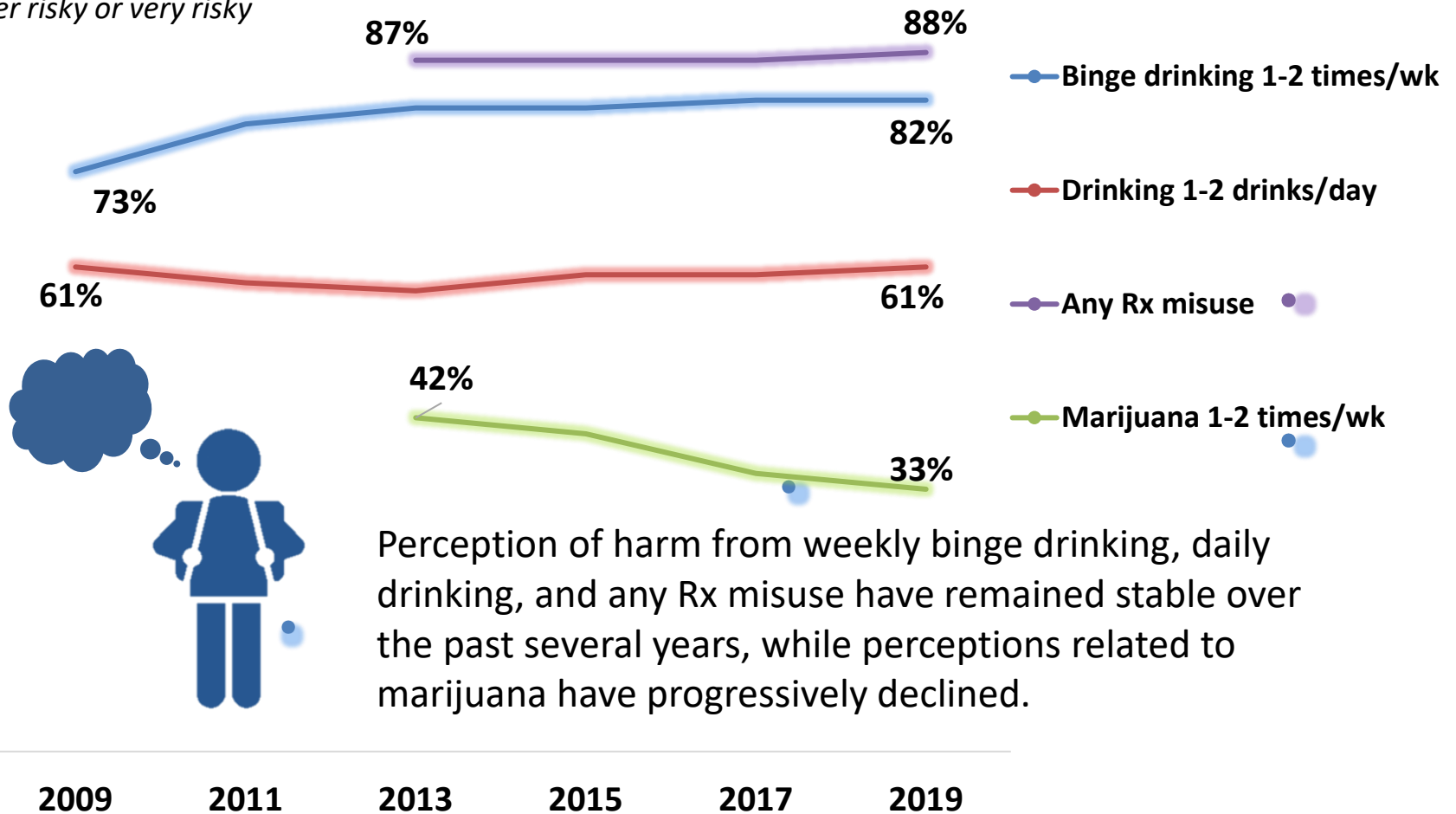
In 2019, about one-third of high school students felt smoking marijuana once or twice a week was risky (MIYHS). In 2018–19, only 6% of adults between 18 and 25 years old perceived smoking marijuana at least once per month as risky. Rates have decreased among both youth and adults over the past several years (NSDUH).



In 2018–19, 65 percent of 12 to 17-year-olds, 81 percent of 18 to 25-year-olds, and 88 percent of Mainers aged 26 and older reported that trying heroin once or twice was of moderate-to-great risk. These rates show a slight decrease in perception of risk across all age groups from 2016–17 (NSDUH).

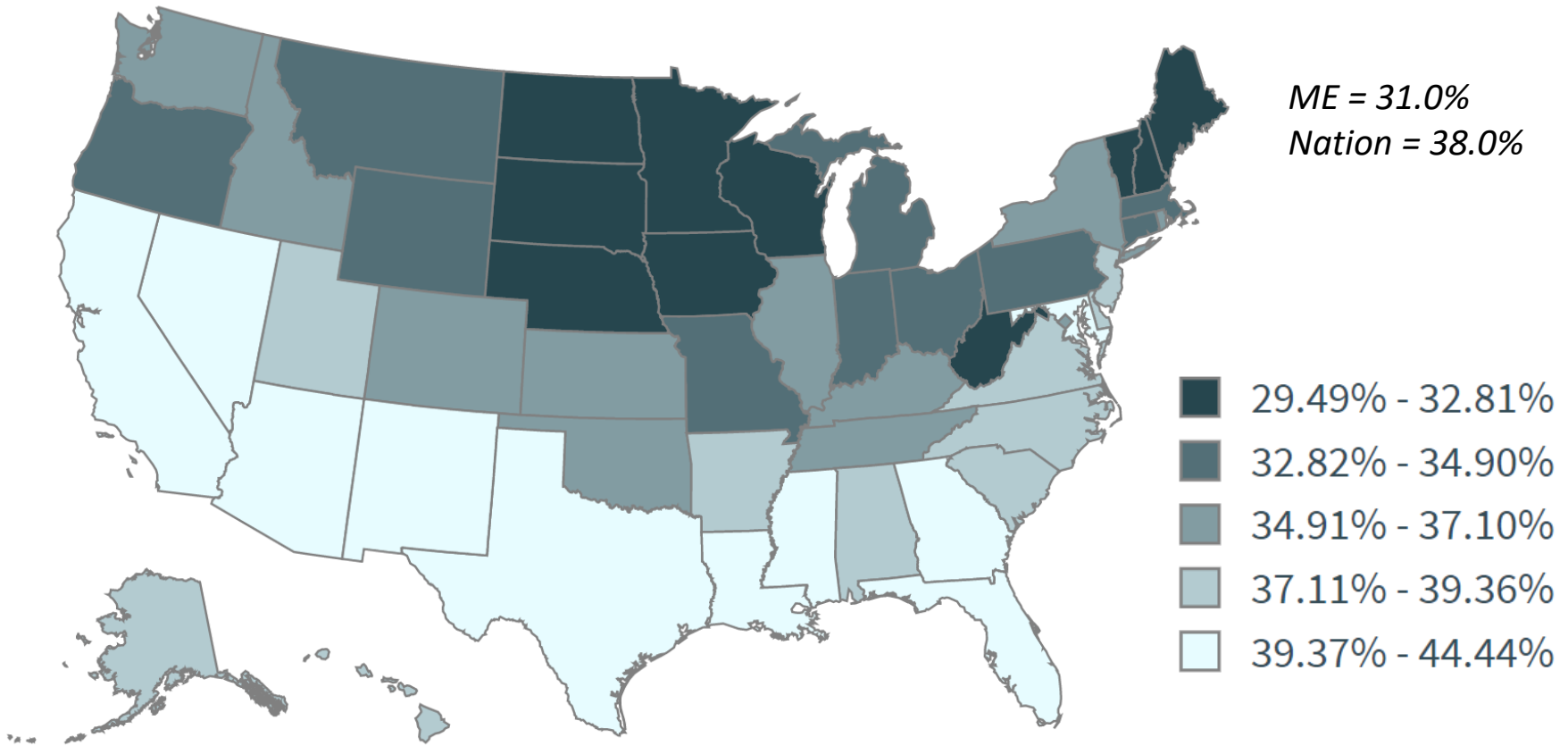
Perception of harm* of substance use among Maine high school students, by substance type and frequency of use: 2009 to 2019

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



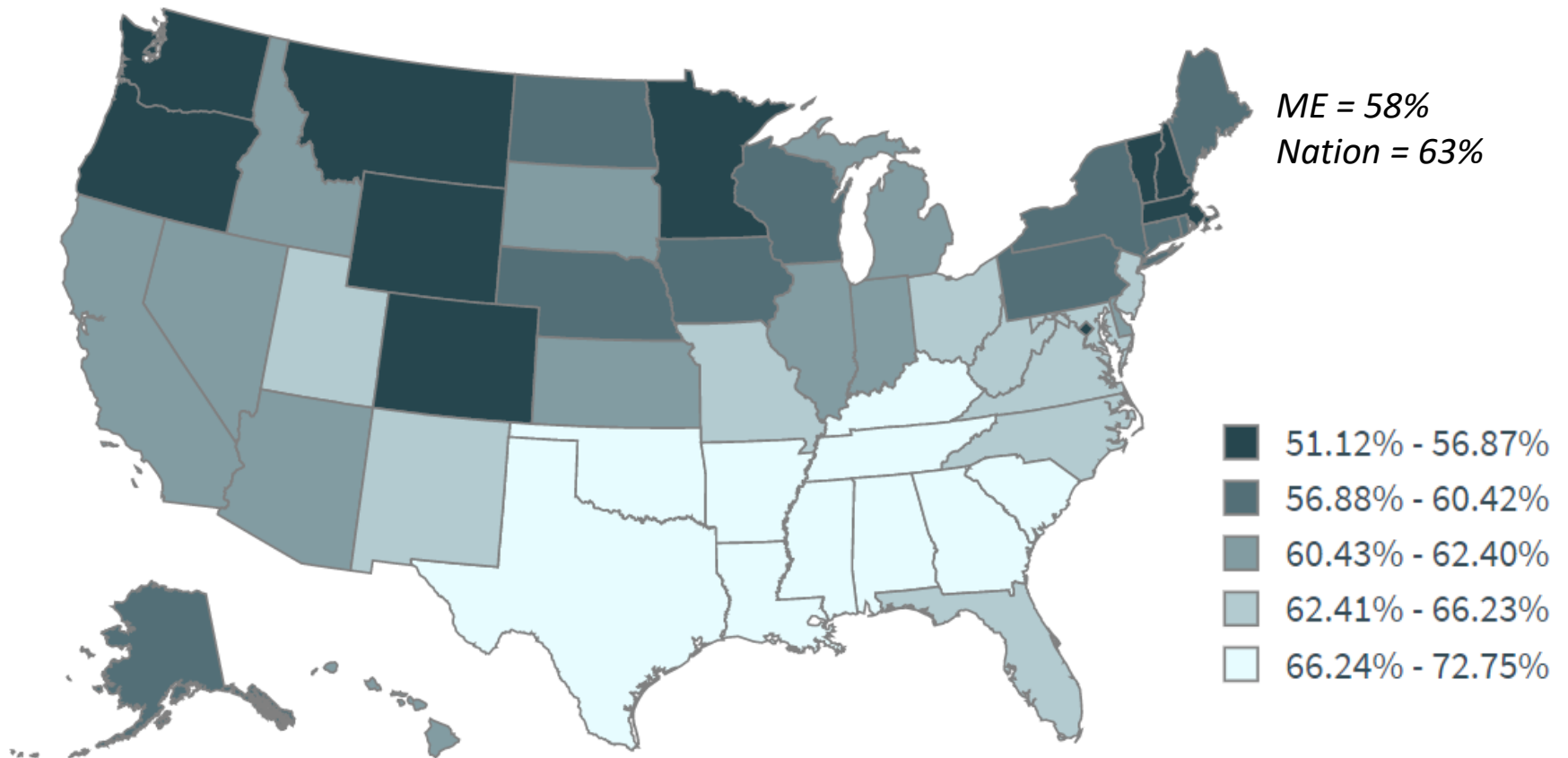
Perception of harm from weekly binge drinking, daily drinking, and any Rx misuse have remained stable over the past several years, while perceptions related to marijuana have progressively declined.

Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week among Individuals Aged 18-25: 2018-2019



Source: NSDUH

Perceptions of Great Risk from Using Cocaine Once a Month among Adults Aged 18 to 25, by State: 2018-2019



Source: NSDUH

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).

Parent 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).

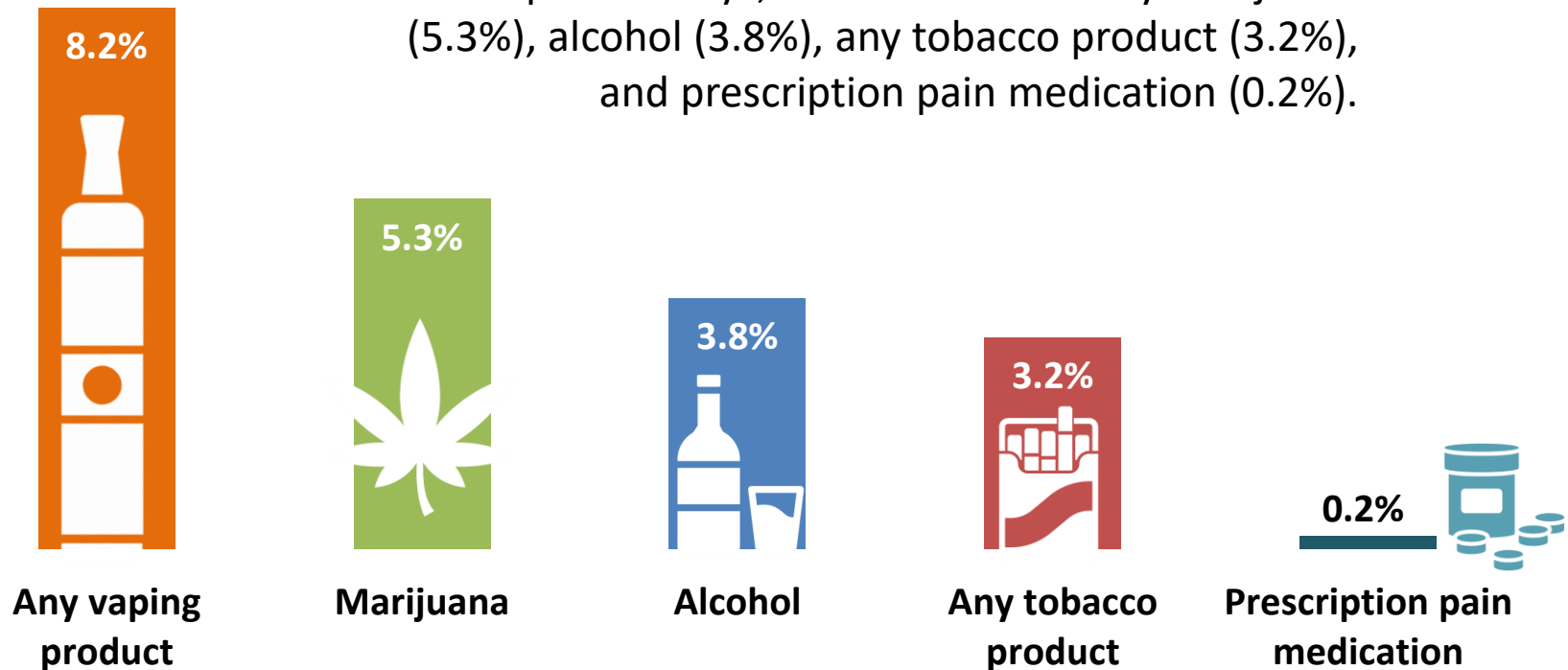
Although high school students generally believe that their parents think it would be wrong for them to smoke marijuana, perceptions of disapproval have slowly decreased from 2009 to 2019; one in five high school students felt their parents would not disapprove (MIYHS).



In 2019, the most common 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).

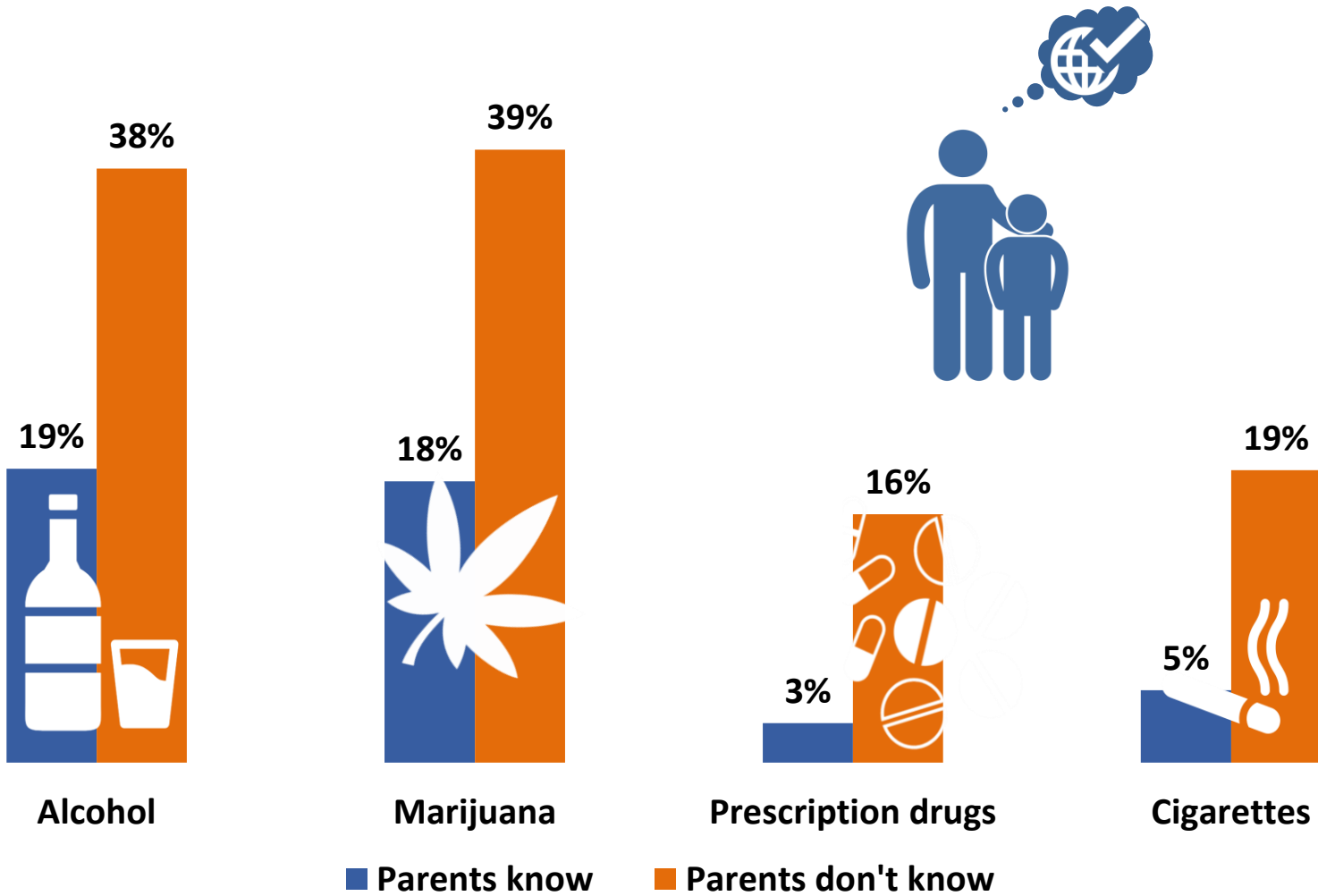
Parent's perception of child's substance use within the past 30 days, by substance type: 2019

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

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



Source: MIYHS

Mental Health



Depression and Anxiety



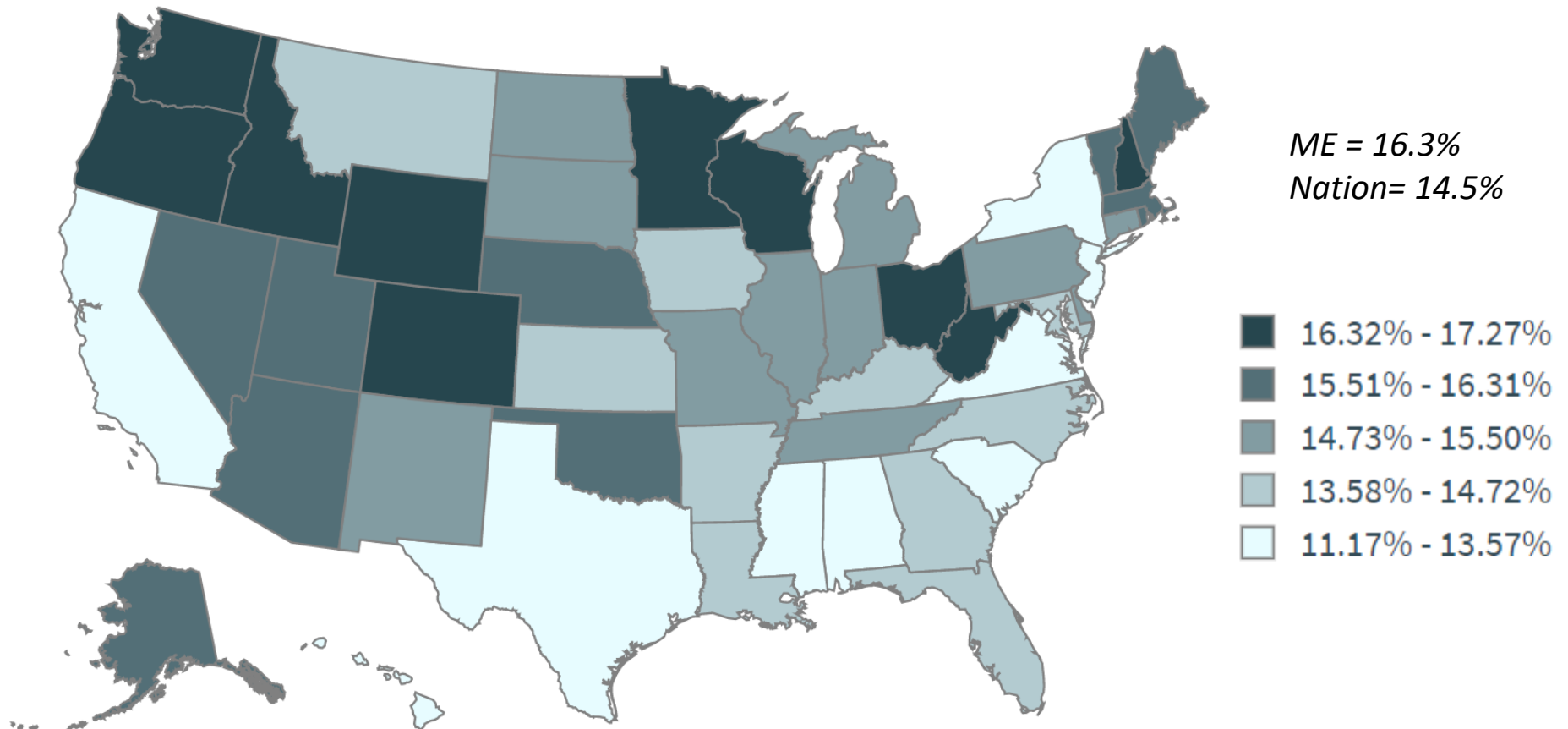
In 2018–19, more than one in five adults in Maine reported experiencing any mental illness in the past year, with adults between 18 and 25 years old experiencing the highest rate (32%). Increases can be observed across all age groups. Rates are higher in Maine and the Northeast (NSDUH).

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 2019, 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).

Major Depressive episodes among 18 to 25-year-olds, by state: 2018-19



Source: NSDUH

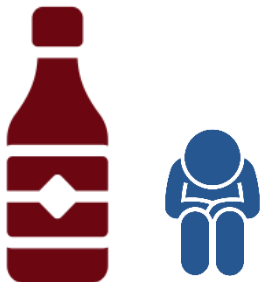
Major depressive episode (MDE) is defined as a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

Suicide and Suicide Ideation



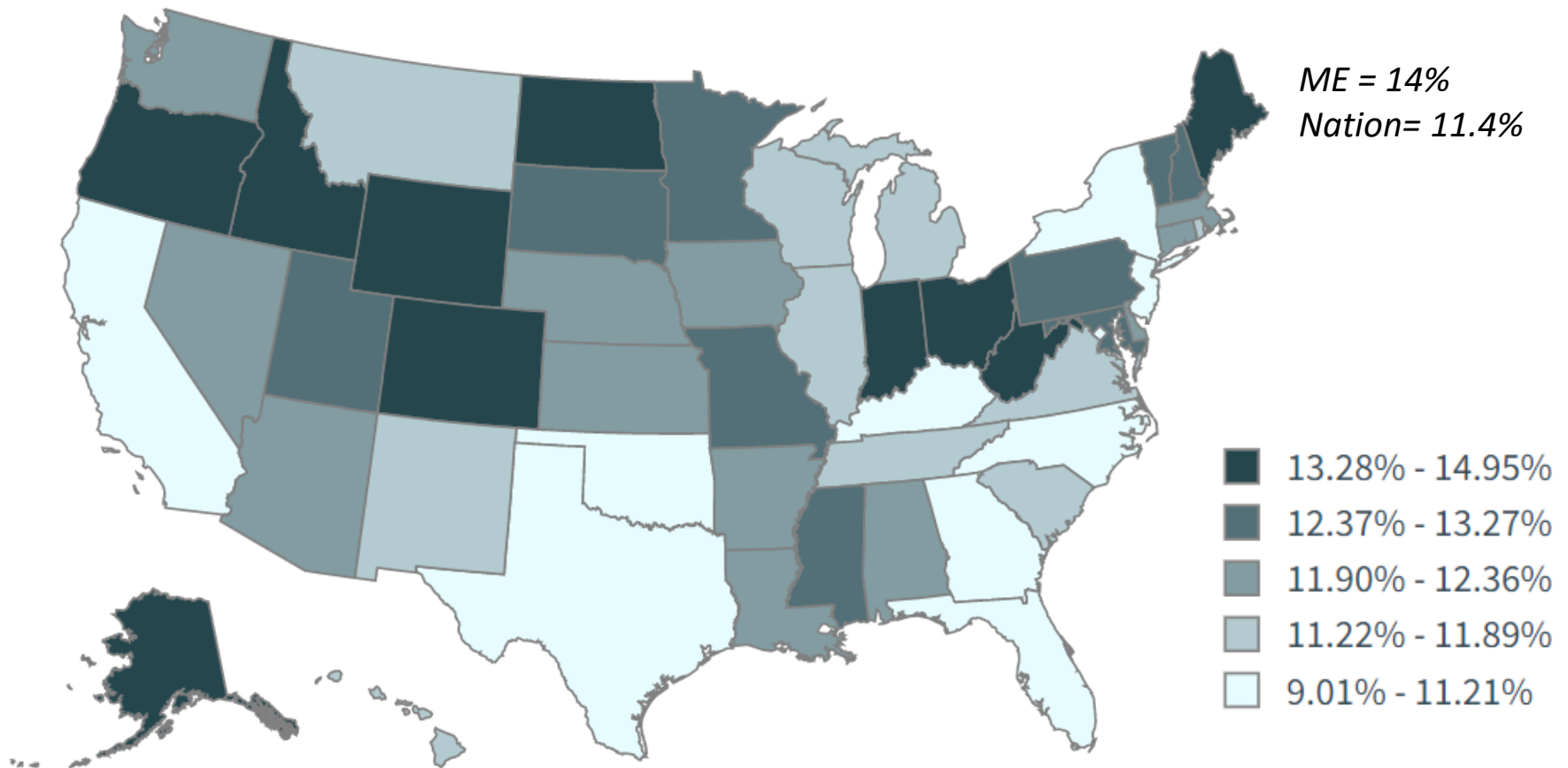
In 2020, there were 240 (17.9 per 100,000) suicides in Maine, down 11% from 2019. Rates are disproportionately higher among Mainers 26 to 49 and males in general (DRVS).

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).



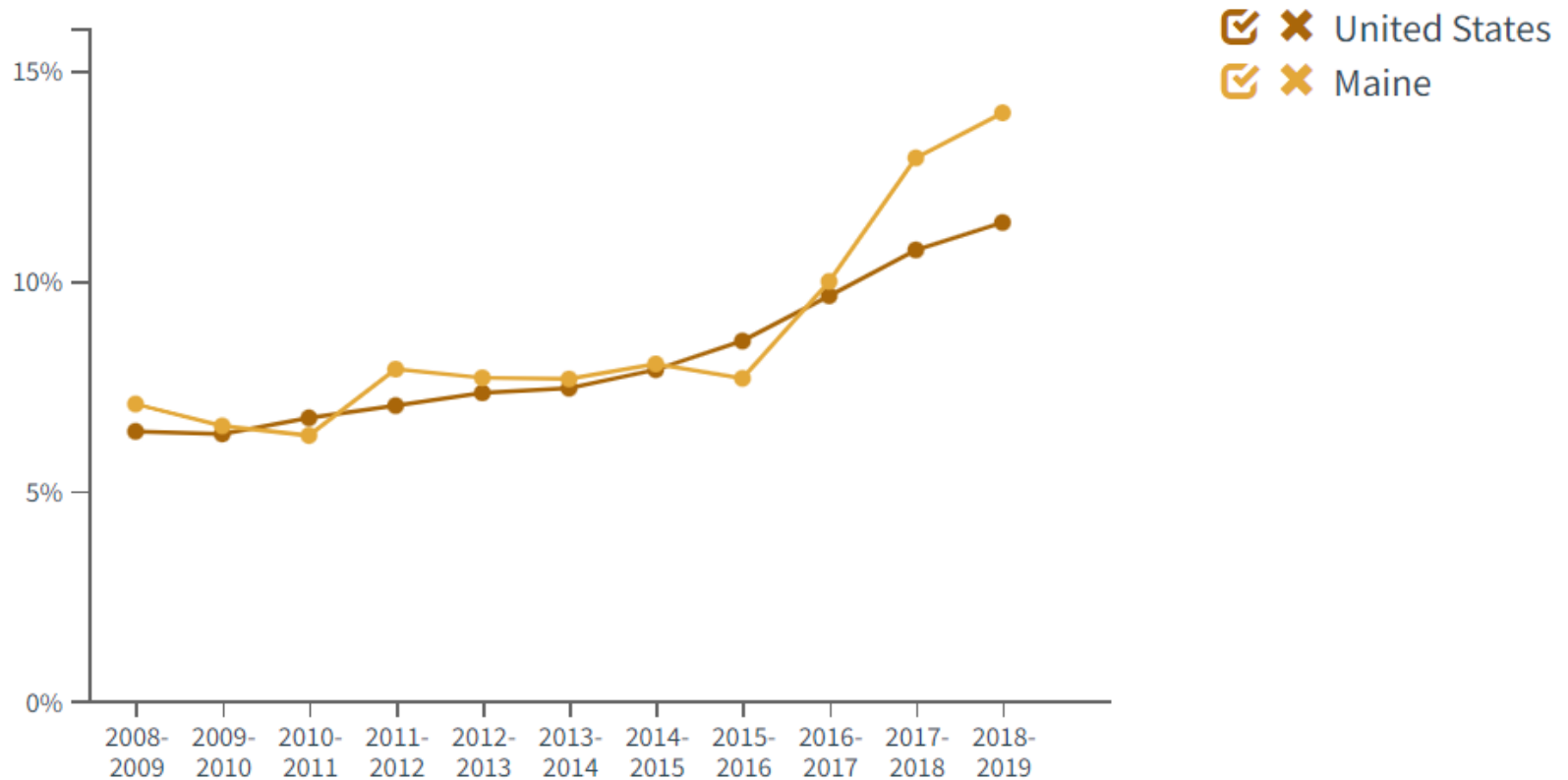
In 2019, the percentage of high school students who had consumed alcohol in the past month and also had serious thoughts of suicide within the past year continued to be one in four (26%); this is double the rate compared to students who did not drink (MIYHS).

Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 to 25, by State: 2018-19



Source: NSDUH

Had Serious Thoughts of Suicide in the Past Year among Adults Aged 18 to 25, by State: 2018-19



Source: NSDUH

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**.

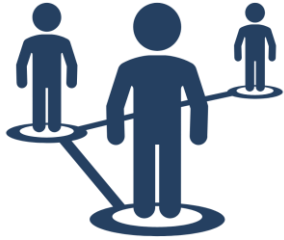


High school students who believe they have a parent or **guardian that tries to help them succeed** were two to three times less likely to have used marijuana, prescription drugs, or cigarettes within the past 30 days.

Summary

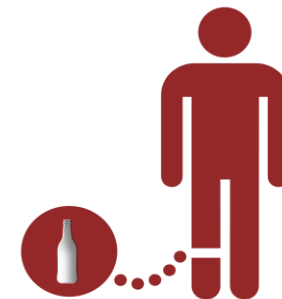


Key Takeaways



Alcohol is still the substance most often used by Mainers across the lifespan particularly among youth and young adults. Risky alcohol use continues to have harmful effects on the health, safety, and well-being of Mainers.

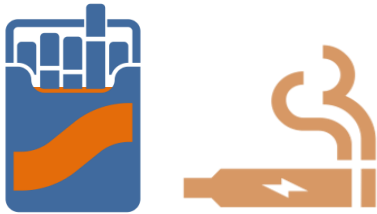
Binge drinking remains a problem with rates continuing to be highest among young adults. Rates of alcohol use among pregnant women have been increasing over the past several years.



Alcohol misuse was already a public health concern and COVID-19 may have made it worse. Initial studies and data show increased daily and risky alcohol use, increased rates in alcohol related injuries, and increased sales.

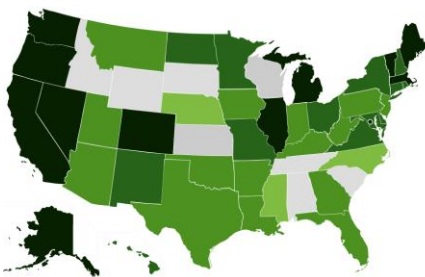


Key Takeaways



While rates of cigarette smoking have been decreasing among most Mainers for the past several years, there has been a substantial increase in both the initiation and habitual use of electronic vapor products among youth.

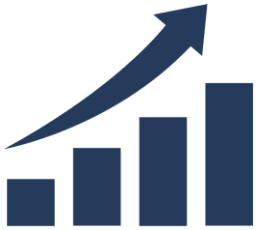
Marijuana use rates have been steadily increasing over the past several years among adults. Maine has some of the highest rates of use in the nation. Numbers of new user/initiates have increased among youth 12 to 17. Marijuana vaping and concentrate products are gaining in popularity.



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



Key Takeaways



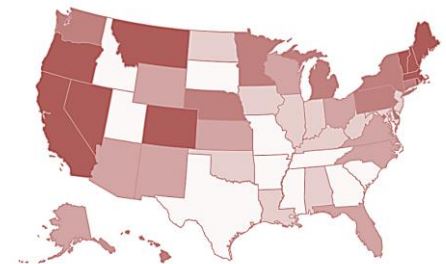
Non-pharmaceutical fentanyl continues to play a major role in drug-related deaths. The number of deaths due to methamphetamine as well as cocaine are also on the rise. Most overdose deaths polysubstance use.

In recent years, prescriptions for opiate agonists as well as sedatives have declined steadily while those with the primary ingredient of suboxone have increased substantially.



The rates of non-medical prescription drug use appear to be on the decline; however, illicit drug use (cocaine, heroin, methamphetamine) among Mainers appear to be on the rise.

Maine has some highest rates of young adult cocaine use in the nation. Rates of stimulant use (e.g., cocaine, meth, LSD) appear to be higher among minority HS students (e.g. LGBTQ, Black, Non-Hispanic, Native Hawaiian or Pacific Islander).





Key Takeaways



Comorbidity of substance use and mental illness is quite common, yet mental illness is still often stigmatized in our society. Rates of depression, anxiety, and suicide ideation have been steadily increasing among Maine's youth and young adults.

Maine remains higher than the national average for depressive episodes among adults. Patterns of mental health and substance use among young adults need to be monitored more closely, as this population continues to be more prone to risky substance use and increased rates of mental health issues.



COVID has caused increased stress and isolation for individuals and families. With continued comorbidity of substance use and mental health conditions, it is crucial that preventionists continue to integrate mental health promotion with substance use prevention.



Key Takeaways



Protective factors such as adequate sleep and strong family and social supports, and stable housing are associated with reduced risk of substance use and mental health issues in youth.

Prevention strategies that target relationships between parents/caregivers and youth may be a fundamental way of preventing substance use and reducing the risk of mental health issues.



Now, more than ever, Maine must focus on upstream primary prevention efforts; increasing supports across families, schools, and communities to build resilience and foster healthy behaviors.

Conclusion

- The COVID-19 pandemic has significantly impacted the world including delayed access to services, increased isolation, and limited supportive resources. These changes have in turn influenced substance use and related factors across the country, including in our own state.
- Due to the Covid-19 pandemic, some data sources have been delayed emphasizing the need to continue to monitor the data as it becomes available. The utilization of multiple data sources provides a more comprehensive view of emerging trends and areas of concern for substance use.
- Programming should address factors that target multiple shared risk and protective factors related to substance use for maximum impact.
- The magnitude and longevity of the effects of Covid-19 are still unfolding, and as new data become available there will be an opportunity to learn which demographics and regions have been impacted the most. Going forward, increased surveillance and data monitoring must continue to be a priority that we invest in.

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*

New SEOW Website

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Dashboard Menu

Maine SEOW Marijuana Use Dashboard

Summary State County Public Health District Indicator Details Program List

Maine Tobacco and Substance Use Prevention and Control Program
The changing incidence and growth of medical and recreational marijuana in our state also brings an increased social acceptance and a diversion. In 2020, there were 5,620 marijuana-related emergency department visits, a 22% increase from 2019. Rates were highest among males and Mainers ages 18 to 25.

The Maine Tobacco and Substance Use Prevention and Control Program is committed to preventing and reducing substance use and the related problems by providing research, education and support to communities and institutions throughout Maine. The program will Mainers can avoid both the personal and societal costs of substance abuse and mental illness. In collaboration with Maine Prevention's Drug Free Community Coalitions, communities, consumers and a variety of organizations in the state, the Prevention Program provides research, data, and training and develops materials and resources to educate the residents of Maine. The following dashboard is a part of the State Epidemiological Outcomes Working Group (SEOW) and is intended to facilitate access to Maine specific, marijuana-related data by health care providers, community leaders, and providers.

For a more in-depth analysis and trend data, use the buttons above to explore charts and maps by geography.

Summary of Maine's Priority Marijuana Measures

| Indicator Type | Indicator Title | Most Recent Period | Most Recent Result | Point in Time |
|-----------------|-----------------|--------------------|--------------------|---------------|
| Filter the Data | | | | |

Maine SEOW Marijuana Use Dashboard

Maine SEOW Alcohol Use Dashboard

Summary State County Public Health District Indicator Details Program List

Maine Tobacco and Substance Use Prevention and Control Program
Alcohol is the most widely available and consumed substance in Maine. Risky alcohol use continues to have a substantial impact on the lives of Mainers and their families. In 2020, based on preliminary data, there were a total of 354 Mainers who died from a cause related to alcohol, which is a 10% increase since 2019.

The Maine Tobacco and Substance Use Prevention and Control Program is committed to preventing and reducing substance use and the related problems by providing research, education and support to communities and institutions throughout Maine. The program will ensure that Mainers live and work in a safe and healthy environment free of substance abuse and mental illness. In collaboration with Maine Prevention's Drug Free Community Coalitions, communities, consumers and a variety of organizations in the state, the Prevention Program provides research, data, and training and develops materials and resources to educate the residents of Maine. The following dashboard is a part of the State Epidemiological Outcomes Working Group (SEOW) and is intended to facilitate access to Maine specific, alcohol-related data by health care providers, community leaders, and providers.

For a more in-depth analysis and trend data, use the buttons above to explore charts and maps by geography.

Summary of Maine's Priority Alcohol Measures

| Indicator Type | Indicator Title | Most Recent Period | Most Recent Result | Point in Time |
|-----------------|-----------------|--------------------|--------------------|---------------|
| Filter the Data | | | | |

Maine SEOW Alcohol Dashboard

Maine SEOW Tobacco Prevention and Control Dashboard

Summary State County Public Health District Indicator Details Table

Maine Tobacco Prevention and Control Program
Historically, commercial tobacco use remains the single most preventable cause of disease, disability, and death. Annually in ME responsible for 2,400 deaths, \$821 million in health care costs, and \$647 million in productivity losses (Center for Tobacco Use Prevention and Control). The TPC focuses its interventions on population-based strategies, policy, and environmental change to achieve four primary goals: (1) identify and eliminate tobacco-related health disparities; (2) prevent initiation of tobacco use; and (3) eliminate smokeless tobacco use. The TPC is a part of the State Epidemiological Outcomes Working Group (SEOW) and is intended to facilitate access to Maine specific tobacco-related data by health care providers, community leaders, and providers.

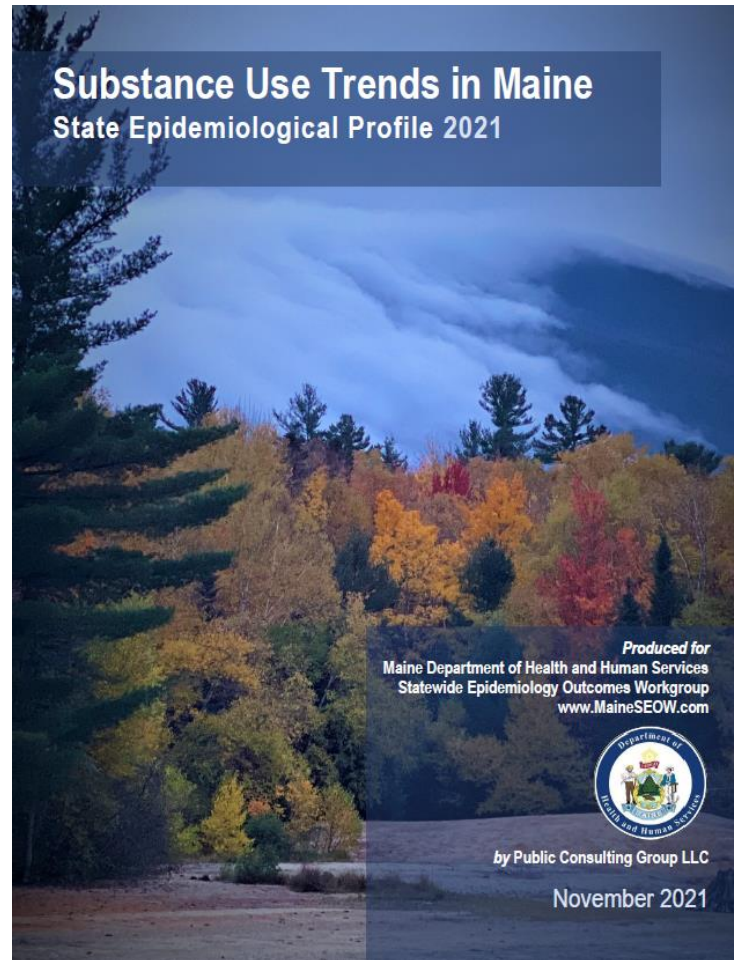
For a more in-depth analysis and trend data, use the buttons above to explore charts and maps by geography.

Summary of Maine's Priority Tobacco Measures

| Indicator Type | Indicator Title | Most Recent Period | Most Recent Result |
|-----------------|-----------------|--------------------|--------------------|
| Filter the Data | | | |

Maine Tobacco Use Dashboard

2021 SEOW State Profile



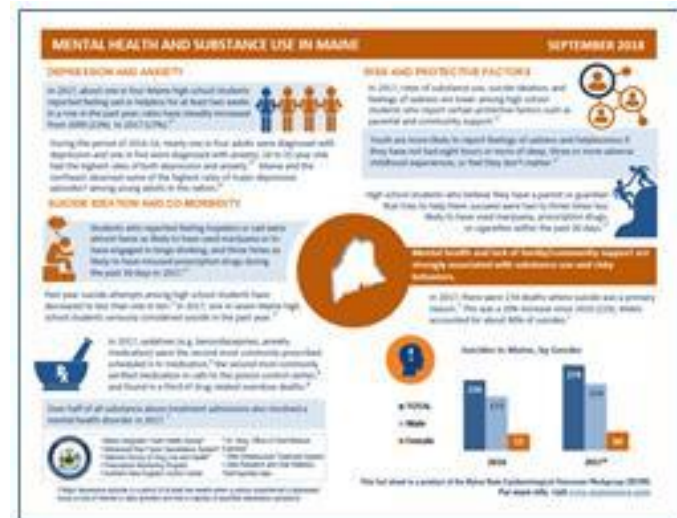
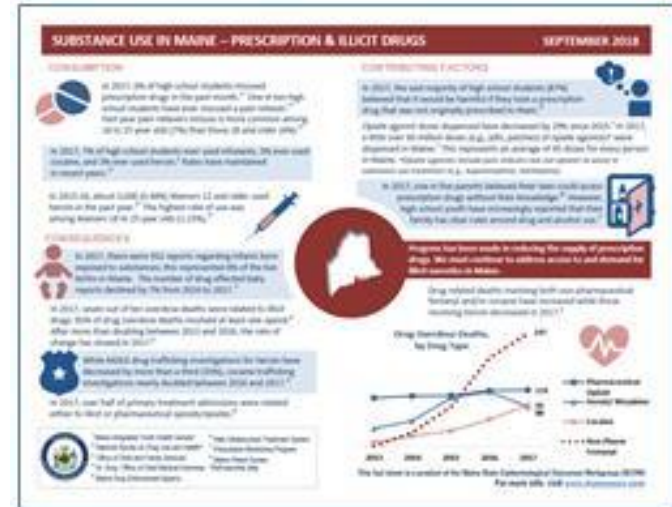
www.MaineSEOW.com



SEOW Resources

2021 Factsheets Coming Soon

- Alcohol
- Marijuana
- Stimulants
- Pregnancy and Substance use
- Emerging Adult Substance Use
- Mental Health



Prescription Drug/Opioid Quick Reference Guide

Alcohol Quick Reference Guide

| Population | Source | Type | Indicator | Year(s) | Aroostook | Central | Cumberland | Downeast | Midcoast | Penquis | Western | York | Maine | | |
|---------------------|---------------|---|--|---|-----------|---------|------------|----------|----------|---------|---------|-------|-------|-----|-----|
| 7th - 8th Grade | MYHS | Consumption | Past 30 day alcohol use (any) among 7th and 8th grade | 2017 | 5.6% | 3.3% | 3.1% | 3.4% | 4.3% | 3.3% | 4.3% | 3.3% | 3.7% | | |
| | | | | 2019 | 5.0% | 4.7% | 3.4% | 4.4% | 4.0% | 4.0% | 4.7% | 3.5% | 4.0% | | |
| | | | Past 30 day alcohol use (any) among high school | 2017 | 23% | 21% | 24% | 24% | 21% | 20% | 23% | 23% | 23% | | |
| | | | | 2019 | 21% | 21% | 24% | 25% | 25% | 19% | 22% | 24% | 23% | | |
| | | | Past 30 day binge alcohol use, of those who drank within the past 30 days, among high school | 2017 | 42% | 36% | 36% | 32% | 37% | 38% | 35% | 32% | 35% | | |
| | | | | 2019 | 37% | 35% | 34% | 35% | 35% | 28% | 30% | 31% | 33% | | |
| | | 9th-12th Grade | Contributing Factor | Students who thought binge drinking once or twice a week was NOT risky | 2017 | 22% | 19% | 16% | 20% | 18% | 19% | 19% | 20% | 18% | 18% |
| | | | | | 2019 | 18% | 20% | 16% | 22% | 19% | 18% | 19% | 18% | 18% | |
| | | | | Students who thought drinking 1 or 2 alcoholic drinks every day was NOT harmful | 2017 | 44% | 40% | 37% | 43% | 40% | 44% | 40% | 40% | 40% | 40% |
| | | | | | 2019 | 43% | 39% | 37% | 46% | 39% | 40% | 40% | 39% | 39% | |
| | | | | Students who felt they would NOT be caught by parents for drinking | 2017 | 44% | 46% | 52% | 50% | 48% | 46% | 48% | 49% | 49% | |
| | | | | | 2019 | 45% | 47% | 53% | 50% | 49% | 48% | 49% | 50% | 50% | |
| Parents of 7th-12th | Parent Survey | Parents who agreed that their family has clear rules at home about drugs and alcohol | 2017 | 93% | 92% | 91% | 92% | 91% | 92% | 90% | 91% | 91% | | | |
| | | | 2019 | 92% | 91% | 90% | 90% | 89% | 92% | 89% | 92% | 90% | | | |
| All Ages | BABLO | Students who felt their parents would NOT feel it would be wrong for their child to consume 1 or 2 drinks of an alcoholic beverage nearly every day | 2017 | 7.7% | 6.8% | 5.7% | 7.9% | 6.6% | 7.0% | 7.9% | 6.2% | 6.8% | | | |
| | | | 2019 | 6.7% | 6.6% | 5.2% | 7.0% | 6.2% | 5.9% | 6.9% | 5.8% | 6.1% | | | |
| Parents of 7th-12th | Parent Survey | Parents who believe it would be risky for their child to drink 1 or 2 alcoholic drinks nearly everyday | 2019 | 78.0% | 85.3% | 84.0% | 76.0% | 74.0% | 81.3% | 82.0% | 79.4% | 80.0% | | | |
| | | | | | | | | | | | | | | | |
| All Ages | BABLO | Number of active liquor licenses per 10,000 residents (on and off-premise) | 2019 | 25.7 | 20.4 | 32.9 | 42.8 | 33.1 | 22.7 | 25.3 | 29.0 | 28.6 | | | |
| | | | 2020 | 23.0 | 18.8 | 30.6 | 38.2 | 28.5 | 21.1 | 23.0 | 25.6 | 25.9 | | | |
| 18 to 20 | BRFSS | Past 30 day alcohol use (any) among 18 to 20 | 2013-16 | 25% | 23% | 49% | 22% | 49% | 39% | 34% | 55% | 41% | | | |
| | | | 2014-17 | 28% | 31% | 49% | 31% | 48% | 51% | 34% | 60% | 45% | | | |
| 18 to 25 | BRFSS | Past 30 day binge drinking among 18 to 25 | 2013-16 | 26% | 21% | 39% | 32% | 37% | 34% | 27% | 35% | 32% | | | |
| | | | 2014-17 | 23% | 25% | 36% | 34% | 32% | 38% | 27% | 35% | 32% | | | |
| 12 to 20 | NSDUH | Past 30 day alcohol use (any) among 12 to 20 | 2014-16 | 23% | 25% | 27% | 23% | 24% | 28% | 24% | 25% | 25% | | | |
| | | | 2016-18 | 24% | 24% | 26% | 21% | 22% | 25% | 22% | 24% | 24% | | | |
| 12+ | PRAMS | Alcohol use disorder in the past year among 12+ | 2014-16 | 4.5% | 5.2% | 6.0% | 5.0% | 5.2% | 5.1% | 5.2% | 5.4% | 5.3% | | | |
| | | | 2016-18 | 5.0% | 5.6% | 6.5% | 5.7% | 5.2% | 5.7% | 6.3% | 6.3% | 5.9% | | | |
| All Ages | DPS-UCR | Alcohol use during last three months of pregnancy | 2016-18 | 5.4% | 7.5% | 18.2% | 6.8% | 12.1% | 8.7% | 6.8% | 11.2% | 10.7% | | | |
| | | | 2017-19 | 7.1% | 10.1% | 17.6% | 10.1% | 14.5% | 8.2% | 9.0% | 9.3% | 11.6% | | | |
| All Ages | EMS | Alcohol-related arrest rate per 10,000 residents | 2017-18 | 36.0 | 60.1 | 57.7 | 40.3 | 56.3 | 46.7 | 42.4 | 63.5 | 52.9 | | | |
| | | | 2018-19 | 46.2 | 56.4 | 87.6 | 40.4 | 51.9 | 39.6 | 40.2 | 61.0 | 57.4 | | | |
| | WITS | EMS overdose responses related to alcohol per 10,000 residents | 2019 | 9.5 | 21.0 | 24.1 | 11.0 | 14.2 | 21.4 | 20.8 | 18.8 | 19.4 | | | |
| | | | 2020 | 12.5 | 20.4 | 21.5 | 10.5 | 11.6 | 17.0 | 24.4 | 17.7 | 18.4 | | | |
| | MDOT | ED visits related to alcohol per 10,000 residents | 2019 | 104.5 | 144.4 | 158.9 | 113.7 | 116.8 | 126.0 | 169.4 | 88.0 | 133.2 | | | |
| | | | 2020 | 99.5 | 143.2 | 161.1 | 113.2 | 130.2 | 127.8 | 204.0 | 90.0 | 140.3 | | | |
| | All Ages | WITS | Number of Primary treatment admission due to alcohol per 10,000 residents | 2017 | 24.1 | 32.5 | 28.9 | 17.2 | 30.6 | 15.1 | 29.8 | 10.6 | 24.1 | | |
| | | | | 2018 | 21.0 | 27.5 | 29.2 | 14.9 | 34.3 | 21.0 | 34.2 | 9.6 | 24.9 | | |
| All Ages | MDOT | Number of alcohol and/or drug related crashes per 10,000 residents | 2018-19 | 5.8 | 8.8 | 10.2 | 10.1 | 10.6 | 7.9 | 9.6 | 11.0 | 9.6 | | | |
| | | | 2019-20 | 6.2 | 9.5 | 9.1 | 10.4 | 11.3 | 8.2 | 9.3 | 10.5 | 9.5 | | | |

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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Contact

Timothy Diomedede, MPPM
SEOW Chair

Timothy.Diomedede@maine.gov

www.maine.seow.com

