Quick Reference Guide for Substance Use Prevention in Maine

Updated July 22, 2022

State Epidemiological Outcomes Workgroup www.MaineSEOW.com

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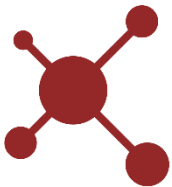
Currently funded by a combination of funding streams under the Maine CDC

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

Our Method

We promote the use of data indicators that have the reputation of being accurate, reliable, and timely.

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.
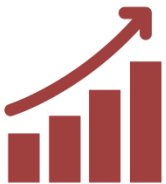
Prevention strategies are successful when conducted over a long period and data monitoring should reflect this process.

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

How to Use the Quick Reference Guide

This tool was produced by the Maine State Epidemiological Outcomes Workgroup (SEOW) in efforts to help substance use prevention sub-grantees assess risk factors, use trends, and outcomes of substance use in their region and guide future strategies.

Data is broken down by public health district. In addition, data are often "rolled up" or averaged over multiple years. Both methods allow for more confidence in the data than county rates or single year estimates.

Data sources are listed in the guide along with the age group (population) the data represents.

A description of each data source as well as notes about the data are available at the end of this document.

How to Use the Quick Reference Guide

- The data type is included in the quick reference guide. Data types include:

  - **Consumption:** how many people are using substances and how often?

  - **Contributing Factors:** What factors led to higher rates of substance use?

  - **Consequences:** what results are being caused by substance use?

- The most recent data available as of 5/1/2022 are reported in the 2022 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		Consumption	Past 30 day alcohol use (any) among 7th and 8th grade	2017	5.6%	3.9%	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%
	MIYHS		Past 30 day alcohol use (any) among high school	2017	23.1%	20.6%	24.1%	24.3%	21.2%	19.9%	22.6%	23.4%	22.5%
				2019	21.1%	20.7%	24.1%	25.3%	24.9%	19.4%	21.8%	24.0%	22.9%
			Past 30 day binge alcohol use, of those who drank within the past 30 days, among high school*	2017	42.0%	35.8%	35.7%	31.9%	37.3%	38.1%	35.3%	32.1%	35.4%
				2019	36.9%	34.7%	33.5%	34.8%	35.4%	28.2%	30.2%	31.2%	32.7%
9th-12th Grade		Contributing Factor	Students who thought binge drinking once or twice a week was NOT risky***	2017	21.7%	18.9%	15.9%	19.6%	17.6%	18.8%	19.9%	18.0%	18.2%
				2019	18.1%	20.0%	16.3%	22.0%	19.2%	17.6%	18.5%	17.7%	18.1%
			Students who thought drinking 1 or 2 alcoholic drinks every day was NOT harmful	2017	43.5%	40.0%	36.6%	42.6%	40.4%	44.0%	39.7%	39.9%	40.0%
				2019	42.7%	38.8%	36.6%	45.9%	39.3%	39.5%	39.9%	38.7%	39.0%
			Students who felt they would NOT be caught by parents for drinking	2017	44.3%	46.2%	51.9%	50.2%	48.0%	46.3%	48.4%	48.6%	48.7%
				2019	45.0%	47.3%	52.6%	50.3%	53.1%	48.2%	49.2%	49.9%	50.2%
			Students who agreed that their family has clear rules at home about drugs and alcohol	2017	93.1%	91.6%	90.7%	92.1%	90.8%	92.0%	89.7%	91.0%	91.0%
				2019	92.4%	91.3%	89.9%	89.5%	89.1%	92.0%	88.9%	91.5%	90.4%
			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%
				2021	89.0%	85.0%	82.2%	82.3%	82.8%	74.8%	83.0%	80.0%	82.4%
All Ages	BABLO		Number of active liquor licensees per 10,000 residents (on and off-premise)	2020	37.1	30.0	42.9	56.7	45.1	32.6	34.8	37.8	38.8
				2021	34.6	29.6	42.0	54.9	45.5	31.7	33.5	37.2	38.0
18+		Consumption	Past 30 day alcohol use (any) among 18+	2016-18	52.3%	53.4%	70.2%	51.6%	61.0%	55.6%	53.1%	63.1%	59.9%
				2018-20	51.0%	55.9%	65.1%	51.0%	58.5%	51.7%	52.7%	58.0%	57.0%
	NSDUH		Past 30 day binge drinking among 18+**	2016-18	20.9%	19.2%	22.0%	17.7%	19.2%	20.2%	20.1%	22.5%	22.3%
				2018-20	20.2%	21.2%	23.1%	21.2%	21.9%	21.9%	22.3%	21.5%	22.0%
12 to 20			Past 30 day alcohol use (any) among 12 to 20	2016-18	23.7%	23.8%	25.9%	20.6%	22.1%	24.8%	22.1%	23.9%	23.8%
				2018-20	18.1%	19.5%	20.7%	19.8%	16.7%	20.9%	20.6%	21.2%	19.9%
12+	PRAMS		Alcohol use (any) during last three months of pregnancy	2017-19	7.1%	10.1%	17.6%	10.1%	14.5%	8.2%	9.0%	9.3%	11.6%
				2018-20	-	11.8%	16.1%	11.3%	13.9%	7.7%	8.4%	8.9%	11.4%
	DPS-UCR		Operating under the influence arrestt rate per 10,000 residents***	2019	24.5	44.5	38.2	29.2	35.3	23.7	31.1	36.1	45.4
				2020	32.4	35.3	25.8	22.1	30.3	22.7	21.4	30.5	30.7
	EMS		EMS overdose responses related to alcohol per 10,000 residents	2020	12.5	20.4	21.5	10.5	11.6	17.0	24.4	17.7	18.4
				2021	13.3	22.1	21.5	14.6	13.5	18.4	22.8	24.6	20.1
All Ages	CDC Syndromic	Consequence	ED visits related to alcohol per 10,000 residents	2020	99.5	143.2	161.1	113.2	130.2	127.8	204.0	90.0	140.3
				2021	91.4	140.6	155.1	95.6	116.8	128.3	200.2	95.7	136.0
	MDOT		Number of alcohol and/or drug related crashes	2019-20	6.2	9.5	9.1	10.4	11.3	8.2	9.3	10.5	9.5
				2020-21	5.7	10.4	9.2	9.6	12.1	8.5	10.5	11.1	9.9

*MIYHS defines binge-drinking as consuming five or more drinks in a row

**NSDUH defines binge-drinking as consuming five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

***Statewide numbers include arrests by state police that are not included in county estimates

- Number is suppressed due to low response rate

Cannabis Quick Reference Guide

Population	Source	Type	Indicator	Year(s)	Aroostook	Central	Cumberland	Downeast	Midcoast	Penquis	Western	York	Maine
7th-8th			Past 30 day use of Marijuana	2017	4.5%	4.3%	2.7%	3.0%	3.9%	2.9%	5.2%	3.1%	3.6%
				2019	3.8%	5.5%	2.9%	3.2%	4.7%	4.0%	5.3%	3.3%	4.1%
		Consumption	Past 30 day use of Marijuana	2017	14.5%	19.3%	19.4%	18.8%	22.1%	16.6%	21.6%	18.4%	19.3%
				2019	18.3%	21.4%	23.9%	21.2%	23.1%	17.6%	23.3%	21.7%	22.0%
			Students who reported vaping marijuana or hash oil the last time they used an electronic vapor product (of those who had vaped).	2017	5.1%	11.4%	14.3%	15.6%	16.6%	11.3%	16.9%	10.0%	13.3%
				2019	10.5%	9.5%	19.4%	11.3%	11.3%	8.8%	13.2%	13.0%	13.4%
			Initiation of marijuana among students who reported ever using (% who reported use before age 13)	2017	24.4%	21.7%	15.1%	13.8%	20.0%	21.5%	24.0%	16.8%	19.3%
				2019	14.0%	20.0%	13.2%	15.2%	20.9%	17.1%	19.6%	14.8%	16.6%
9th-12	MIYHS		Students who felt it would be easy to access marijuana	2017	46.9%	52.0%	50.5%	55.6%	56.1%	49.2%	54.5%	51.4%	52.0%
				2019	50.4%	54.0%	51.9%	55.8%	55.3%	51.4%	56.0%	51.4%	53.1%
		Contributing Factor	Students who reported smoking marijuana at least once or 2x a week would NOT harm them	2017	57.5%	63.9%	62.0%	68.0%	66.1%	65.4%	68.7%	64.9%	64.8%
				2019	63.1%	67.2%	64.9%	69.9%	68.0%	65.3%	69.3%	66.6%	66.7%
			Students who felt their friends would NOT think it was wrong for them to smoke marijuana	2017	43.7%	52.3%	54.7%	57.8%	57.4%	49.5%	57.2%	53.7%	54.1%
				2019	51.2%	55.4%	56.1%	57.1%	59.0%	52.6%	59.0%	54.9%	56.1%
			Students who felt their parents would think it was NOT wrong for them to smoke marijuana	2017	14.6%	20.4%	17.0%	21.0%	20.9%	16.9%	23.1%	18.5%	19.2%
				2019	16.2%	23.3%	18.1%	22.7%	22.0%	17.9%	24.0%	18.6%	20.3%
			Students who felt it was NOT wrong for kids their age to smoke marijuana	2017	38.6%	45.4%	47.2%	48.4%	49.0%	43.8%	50.1%	46.9%	47.0%
				2019	39.9%	48.9%	49.5%	50.4%	50.5%	45.1%	50.0%	49.3%	48.8%
			Students who felt a kid smoking in their neighborhood would NOT be caught by police	2017	77.9%	77.6%	74.0%	79.9%	79.1%	75.8%	78.2%	73.7%	76.3%
				2019	76.1%	79.8%	76.9%	81.0%	80.6%	77.7%	78.1%	74.5%	77.7%
Parents of 7th-12th	Parent Survey		Parents who felt their child using marijuana once or twice per week is a moderate or great risk	2019	55.4%	49.3%	50.0%	56.0%	48.6%	48.0%	52.7%	52.7%	51.6%
				2021	57.5%	51.4%	47.9%	50.3%	52.4%	51.4%	47.6%	61.0%	53.0%
18 +			Past 30 day use of Marijuana among 18+	2016-18	11.6%	13.9%	16.3%	10.9%	12.9%	14.1%	15.0%	13.1%	15.7%
				2018-20	15.5%	17.2%	20.3%	16.3%	16.5%	19.6%	17.8%	18.8%	18.3%
	NSDUH	Consumption	Past 30 day use of Marijuana among 12+	2016-18	15.3%	16.8%	18.9%	14.2%	16.0%	16.9%	17.9%	16.1%	17.0%
				2018-20	15.0%	16.5%	19.5%	15.8%	16.0%	18.9%	17.2%	18.2%	17.6%
12 +			Past year use of Marijuana among 12+	2016-18	19.8%	23.1%	27.2%	19.0%	23.0%	22.5%	24.3%	22.3%	23.5%
				2018-20	21.4%	23.3%	27.8%	23.9%	23.3%	26.6%	23.9%	25.7%	25.1%
	PRAMS		Marijuana use any time during pregnancy	2017-19	8.9%	18.4%	5.7%	11.6%	12.7%	11.0%	11.4%	8.9%	10.8%
				2018-20	9.6%	15.8%	5.0%	12.1%	14.5%	10.6%	11.0%	10.7%	10.5%
	NSDUH	Contributing Factor	Past year marijuana initiation rate (Used marijuana for the first time in the past year)*	2016-18	2.4%	3.1%	3.7%	2.3%	2.6%	2.9%	3.3%	2.9%	3.0%
				2018-20	2.1%	2.5%	3.6%	2.5%	2.6%	2.8%	3.3%	2.9%	2.9%
All Ages	DPS-UCR	Consequence	Marijuana-related arrests for possessions per 10,000 residents*	2018-19	3.2	3.2	6.5	2.4	2.4	6.8	2.9	5.0	4.5
				2019-20	1.7	1.8	2.2	1.6	1.2	3.8	2.0	4.4	2.5

*Average annual initiation of marijuana (%) = 100 * {[X1 ÷ (0.5 * X1 + X2)] ÷ 2}, where X1 is the number of marijuana initiates in the past 24 months and X2 is the number of individuals who never used marijuana (with the at-risk population defined as 0.5 * X1 + X2).

Prescription Drug/Opioid Quick Reference Guide

Population	Source	Type	Indicator	Year(s)	Aroostook	Central	Cumberland	Downeast	Midcoast	Penquis	Wester	York	Maine
7th - 8th Grade		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%
9th-12th Grade	MIYHS		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%
		Contributing Factor	Students who did NOT believe misuse of prescription drugs was harmful	2017	12.5%	11.8%	13.6%	11.9%	12.9%	12.3%	15.1%	13.4%	13.2%
				2019	9.4%	11.4%	12.1%	13.1%	13.1%	10.0%	13.6%	12.5%	12.1%
			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	78.7%	78.0%	80.7%	84.7%	85.3%	77.3%	76.0%	81.3%	80%
				2021	79.3%	78.4%	79.3%	80.7%	87.2%	76.2%	80.7%	81.9%	80%
All Ages	PMP		Rate of opiate analgesic doses dispensed per resident	2020	33.4	43.2	25.4	35.5	34.7	29.8	36.4	31.1	32.7
				2021	32.6	40.5	23.9	34.1	32.4	28.1	33.8	28.8	30.7
18-25		Consumption	Past year pain reliever misuse among 18 to 25*	2016-18	7.0%	7.3%	6.6%	7.0%	7.4%	6.4%	7.5%	7.4%	7.0%
				2018-20	5.7%	5.2%	5.7%	5.7%	5.9%	5.1%	5.1%	5.9%	5.5%
12+	NSDUH		Past year heroin use in the past year among 12+	2016-18	0.7%	0.8%	0.6%	0.6%	0.5%	0.7%	0.7%	0.6%	0.6%
				2018-20	1.2%	0.8%	0.8%	0.9%	0.6%	1.0%	0.7%	0.6%	0.8%
			Past year pain reliever misuse among 12+	2016-18	3.7%	3.9%	3.5%	3.8%	3.8%	3.9%	4.2%	3.9%	3.8%
				2018-20	3.6%	3.4%	3.7%	3.3%	3.4%	3.7%	3.3%	3.1%	3.4%
All Ages	CDC Syndromic	Consequence	ED visits related to opioids (includes Rx and illicit) per 10,000 residents	2020	18.0	16.3	12.4	11.2	6.9	17.0	20.5	9.4	13.8
				2021	11.9	15.5	13.0	9.8	8.9	15.5	23.2	7.3	13.5
	OCME		Drug related overdose deaths per 10,000 residents (includes pharmaceutical as well as illicit drugs)	2017-19	1.4	3.4	3.4	2.2	1.8	3.7	2.3	3.1	2.9
				2018-20	1.9	3.3	3.2	2.7	2.1	4.3	2.9	3.0	3.1
	EMS		EMS Naloxone administration incidents per 10,000 residents	2019-20	7.5	12.3	9.2	6.8	6.8	12.9	9.6	10.2	9.7
				2020-21	9.5	14.2	9.6	10.1	7.8	15.4	14.6	9.7	11.5
			EMS overdose responses (primary impression) related to opioids per 10,000 residents	2020	8.8	12.6	12.3	7.2	5.3	16.2	14.0	11.0	11.6
				2021	14.9	18.1	15.9	12.7	9.1	18.6	24.7	12.4	16.2
	DPS-UCR		Drug offenses related to possession of heroin/opium/cocaine per 10,000 residents	2018-19	9.1	4.1	13.4	2.3	2.1	0.9	4.6	7.2	6.2
				2019-20	7.0	5.4	9.5	2.3	1.9	1.0	4.4	3.0	5.1

*Due to low sample size, Aroostook and Downeast have a combined estimate

Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

Stimulants Quick Reference Guide

Population	Source	Type	Indicator	Year(s)	Aroostook	Central	Cumberland	Downeast	Midcoast	Penquis	Western	York	Maine
9th - 12th graders	MIYHS		Lifetime use of Methamphetamine among high school students	2017	3.8%	2.5%	3.2%	2.9%	2.9%	2.6%	3.6%	3.5%	3.1%
				2019	1.5%	2.3%	3.5%	3.9%	3.7%	1.6%	3.5%	3.2%	3.0%
			Lifetime use of cocaine among high school students	2017	3.0%	3.7%	4.9%	3.7%	4.3%	4.7%	5.8%	5.2%	4.7%
				2019	2.1%	2.9%	4.1%	4.9%	4.8%	2.5%	3.7%	4.4%	3.8%
18+	NSDUH	Consumption	Past year use of cocaine	2016-18	1.0%	1.2%	1.0%	1.5%	1.2%	1.7%	1.4%	1.3%	1.6%
				2018-20	1.5%	2.1%	2.9%	1.7%	1.8%	2.1%	1.9%	2.2%	2.2%
26+				2016-18	-	1.2%	1.3%	1.4%	1.3%	1.8%	1.7%	1.3%	1.4%
				2018-20	-	1.7%	2.0%	1.4%	1.3%	1.5%	1.5%	1.3%	1.6%
12+				2016-18	1.6%	1.6%	2.0%	1.9%	1.8%	2.4%	2.1%	1.8%	1.9%
				2018-20	1.4%	2.0%	2.7%	1.6%	1.7%	2.0%	1.8%	2.0%	2.0%
26+*			Past Year Use of Methamphetamine	2016-18	0.4%	0.3%	0.3%	0.4%	0.4%	0.3%	0.4%	0.3%	0.3%
				2018-20	1.0%	1.0%	0.5%	1.0%	0.7%	1.1%	1.0%	0.6%	0.8%
12+				2016-18	0.4%	0.4%	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
				2018-20	1.1%	1.0%	0.6%	0.9%	0.7%	1.0%	0.9%	0.7%	0.8%
9th - 12th graders	MIYHS		Think of your four best friends. How many in the past year have used LSD, cocaine, amphetamines, or other illegal drugs? (% who said at least one friend)	2017	13.6%	14.3%	17.0%	19.0%	19.0%	15.0%	18.0%	18.0%	17.0%
				2019	7.7%	17.2%	19.0%	15.0%	15.0%	15.0%	19.0%	18.0%	17.0%
			Perception of accessibility of drugs like cocaine, LSD, and amphetamines (% who felt it was easy to get)	2017	11.0%	13.5%	11.3%	11.8%	12.7%	11.4%	13.0%	13.7%	12.4%
				2019	10.5%	13.5%	13.2%	15.4%	15.0%	12.3%	13.6%	13.7%	13.4%
12 to 17 year olds*	NSDUH	Contributing Factor	Perception of great risk from using cocaine at least once a month	2016-18	57.3%*	56.4%	53.0%	57.3%*	56.0%	57.0%	54.0%	54.0%	55.0%
				2018-20	53.9%*	53.0%	52.1%	53.9%*	53.1%	53.7%	53.0%	50.3%	52.6%
18+				2016-18	76.5%	73.1%	63.5%	73.1%	70.5%	70.8%	72.9%	68.0%	69.8%
				2018-20	73.7%	72.0%	63.3%	69.7%	70.8%	71.1%	72.3%	69.0%	69.3%
26+				2016-18	77.9%	74.2%	65.0%	74.0%	72.0%	73.0%	75.0%	70.0%	71.0%
				2018-20	75.2%	73.2%	64.8%	71.2%	72.2%	73.1%	74.4%	70.4%	70.9%
12+				2016-18	75.1%	71.8%	63.0%	72.0%	69.0%	70.0%	71.0%	67.0%	69.0%
				2018-20	72.4%	70.5%	62.5%	68.6%	69.5%	69.8%	70.7%	67.6%	68.1%
All Ages	PMP		Number stimulant prescription doses dispensed per Maine resident	2020	10.7	16.0	18.4	13.1	16.8	15.2	13.6	16.5	15.8
				2021	11.3	16.6	19.5	13.9	17.4	16.2	14.0	17.3	16.6
	NNEPC		Yearly average # of calls related to verification of stimulant/street drugs (per 100,000 residents)	2018-20	11.9	22.6	17.0	19.7	23.2	29.3	18.4	11.9	19.3
				2019-21	8.5	17.4	10.1	15.8	20.2	22.7	13.6	9.0	14.4
	UCR/DPS		Number of arrests for the possession of other dangerous non-narcotics* (per 10,000 residents)	2018-19	1.9	2.1	7.1	1.1	3.8	19.6	1.7	4.5	5.8
				2019-20	1.1	2.5	7.0	1.5	2.7	17.6	1.5	5.0	5.5
	MDEA	Consequence	Number of MDEA drug sales/manufacturing arrests related to cocaine (per 100,000 residents)	2018-20	3.0	9.8	7.1	27.0	15.1	9.5	8.1	5.9	9.7
				2019-21	1.0	9.3	5.6	19.3	10.9	7.7	7.3	4.8	7.7
			Number of MDEA sales/manufacturing arrests related to methamphetamine	2018-20	36.8	2.3	1.5	6.6	3.1	8.5	2.7	3.1	5.2
				2019-21	32.8	2.3	1.5	3.9	2.7	7.1	3.4	2.1	4.5

*Due to low sample size, Aroostook and Downeast have a combined estimate

- Number suppressed due to low cell count

Maine Department of Health and Human Services

Source Descriptions and Notes

Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national survey administered on an ongoing basis by the National Centers for Disease Control and Prevention (CDC) to adults in all 50 states, several districts and territories. The instrument collects data on adult risk behaviors, including alcohol and drug use.

Maine Bureau of Alcoholic Beverages & Lottery Operations (BABLO). BABLO regulates the alcohol industry to include pricing, listing, and delisting of spirits and issuing all liquor licenses throughout Maine. Additionally, they are charged with the enforcement of Maine Liquor laws codified in Title 28-A of Maine law. They also manage the Maine State Lottery.

Maine Department of Public Safety (DPS), Bureau of Highway Safety (BHS), Maine Department of Transportation (MDOT). The Bureau of Highway Safety is responsible for tracking all fatalities that occur on Maine's highways and reporting this information through the Fatal Analysis Reporting System (FARS). The data represented provide information on highway crashes and fatalities. Much of this information is gathered from the FARS system, which records data on fatal crashes in Maine for input into a larger national record-keeping system of statistical data. FARS data are also used by BHS and the Maine State Police to analyze enforcement priorities and schedules. Impaired driving is one of the most serious traffic risks facing the nation, killing thousands every year.

Source Descriptions and Notes

Maine Department of Public Safety (DPS), Uniform Crime Reports (UCR). UCR data include drug and alcohol arrests. Drug arrests include possession of illegal substances. Liquor arrests include all liquor law violations. OUI arrests are arrests for operating a motor vehicle under the influence of a controlled substance. Arrest data may reflect differences in resources or focus of law enforcement efforts, so may not be directly comparable from year to year. Available at: http://www.maine.gov/dps/cim/crime_in_maine/cim.htm

For UCR statistical purposes, "arrests" also include those persons cited or summonsed for criminal acts in lieu of actual physical custody. These forms categorize the arrests by offense classification (both Part I and Part II crimes), and by age, sex and race. The same individual may be arrested several times over a period of time; each separate arrest is counted. A person may be arrested on several charges at one time; only one arrest is counted and is listed under the most serious charge. For UCR purposes, a juvenile is counted as "arrested" when the circumstances are such that if he or she were an adult, an arrest would result; in fact, there may not have been a formal charge.

Maine Emergency Medical Services (EMS). Maine EMS is a bureau within the Maine Department of Public Safety (DPS) and is responsible for the coordination and integration of all state activities concerning Emergency Medical Services and the overall planning, evaluation, coordination, facilitation and regulation of EMS systems. EMS collects data statewide from licensed ambulances and non-transporting services. Responses are based on primary impression. Response location is where incident occurred.

Source Descriptions and Notes

Maine Integrated Youth Health Survey (MIYHS). The MIYHS is a statewide survey administered biennially since 2009 through a collaborative partnership between Maine Department of Health and Human Services and Maine Department of Education. Its purpose is to quantify health-related behaviors and attitudes of 5th through 12th graders by direct student survey. The survey collects information on student substance use, risk factors related to substance use, as well as consequences, perceptions, and social risk factors related to substances, and information on many other health factors.

Maine Office of the Chief Medical Examiner (OCME). The Maine Office of the Chief Medical Examiner investigates all deaths associated with drug overdose. Analysis of these cases is currently funded by the Office of Attorney General. The death data are reported on a quarterly and an annual basis after cases are finalized and released through the Attorney General's Office. Drug categories reported to SEOW include methadone, cocaine, benzodiazepines, oxycodone, fentanyl, and heroin/morphine.

National Survey on Drug Use and Health (NSDUH). The NSDUH is a national survey administered annually by the Substance Abuse and Mental Health Services Administration (SAMHSA) to youth grades 6 through 12 and adults ages 18 and older. The instrument collects information on substance use and health at the national, regional and state levels. The advantage of NSDUH is that it allows comparisons to be made across the lifespan (that is, ages 12 and up). However, NSDUH is not as current as other data sources.

Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

Source Descriptions and Notes

Parent Survey. In 2006, the Maine Office of Substance Abuse and Mental Health Services (SAMHS) commissioned Pan Atlantic Research, a Maine-based marketing research and consulting firm, to conduct baseline quantitative market research with parents of teenagers throughout the state on a range of issues related to underage drinking. The 2006 research was a component of a broader project being conducted in preparation for a social marketing campaign aimed at parents, the objective of which was to reduce teenage drinking in the State of Maine through improved parenting techniques and enhanced parental involvement. Pan Atlantic Research has subsequently conducted benchmarking research on this project for SAMHS and the Maine Center for Disease Control and Prevention in 2007, 2008, 2009, 2011, 2013, 2015, 2017, 2019 and most recently in 2021. The survey was redesigned in 2019 to increase its emphasis on questions relating to teenage use of marijuana and prescription drugs.

Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is an ongoing, population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences before, during, and after pregnancy among women who have recently given birth to a live infant. Data are collected monthly from women using mail and telephone surveys.

Prescription Monitoring Program (PMP). PMP maintains a database of all transactions for class C–II through C–IV drugs dispensed in the state of Maine. The counts included in this report represent the number of prescriptions and doses dispensed 2020 and 2021. The number of prescriptions prescribed indicate the volume of prescription drugs potentially available in the community for diversion (e.g., gift, sale, or theft). Opiate agonists only include opiates that activate opioid receptors within the body. This analysis does not contain partial opiate agonists (e.g., buprenorphine), medications that are commonly used to block opioid receptors and prevent the body from responding to opiates. County/public health district counts are based on the residence of the patient prescribed. For more information: https://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm

Source Descriptions and Notes

Syndromic Surveillance System. Maine's hospital syndromic surveillance system collects information from hospital emergency departments and, in some cases, their affiliated urgent care centers. Maine CDC has 33 hospital emergency departments participating in syndromic surveillance reporting approximately 2,000 ED visits per day (depending on the time of year and other factors that affect patient traffic). Maine CDC is constantly working to improve the system, so data are subject to change as additional facilities/data fields/facility types are added into the system. ED visits counts by PHD are based on patient residence. Maine Syndromic Dashboard can be found here: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/syndromic/index.shtml
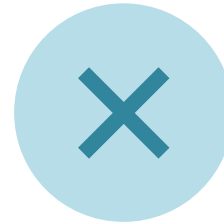
Potential Data Considerations

DATA MAY BE TOO AGGREGATED

TIME PERIODS MAY BE INCONSISTENT OR TOO SHORT

DATA MAY BE MISSING OR INCOMPLETE

DATA CATEGORIES MAY NOT MEET YOUR NEEDS

LIMITATIONS WHEN LOOKING AT DATA OVER TIME

SMALL SAMPLE SIZES OR NOT REPRESENTATIVE

QUESTIONS/RESPONSE OPTIONS MAY CHANGE

NEW TRENDS MAY NOT BE CAPTURED

Additional Resources

- Maine SEOW Dashboard

- MIYHS Dashboard

- Maine Drug Data Hub

- Department of Education Data Warehouse

- Maine Crash Public Query Tool

- SAMHDA (Substance Abuse and Mental Health Data Archive)

- Maine Uniform Crime Report

- NSDUH (National Survey on Drug Use and Health) Dashboard

- Behavioral Risk Factor Surveillance System

- Maine CDC Syndromic Surveillance Dashboard

- Maine CHNA (Community Health Needs Assessment)

- Maine County Health Rankings

- Maine Pregnancy Risk Assessment Monitoring System

- Youth Risk Behavior Surveillance System Dashboard

- Community Commons

- National Drug Early Warning System

- 211 Maine

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For more information and resources

please visit: www.maineseow.com