

Opioids and Other Drug Trends in Maine



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November 30th, 2018



State Epidemiological Outcomes Workgroup www.MaineSEOW.com

Agenda

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

Purpose (SEOW What?)

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



SEOW Objectives

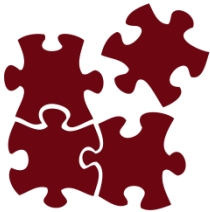
- Promote systematic, data-driven decision-making
- Guide effective and efficient use of **prevention** resources
- Identify and track substance use trends
- Detect emerging substances/patterns
- Help secure funds and measure progress
- Provide an opportunity for networking and collaboration



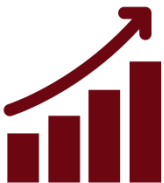
Data Notes/Disclaimers



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.

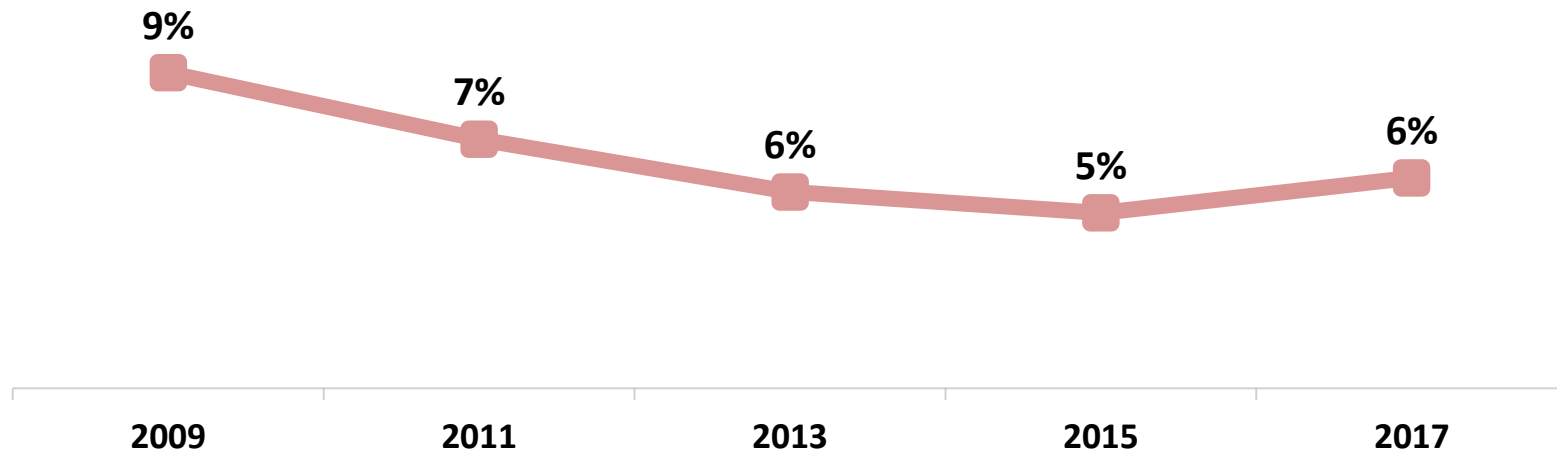
Consumption

(Surveillance Data)



Maine high school students who have taken prescription drugs (any type) that were not prescribed to them in the past month: 2009-2017

After decreasing from 2009 (9%) to 2015 (5%), the percentage of high school students reporting that they have misused a prescription medication in the past month has increased slightly to 6%.

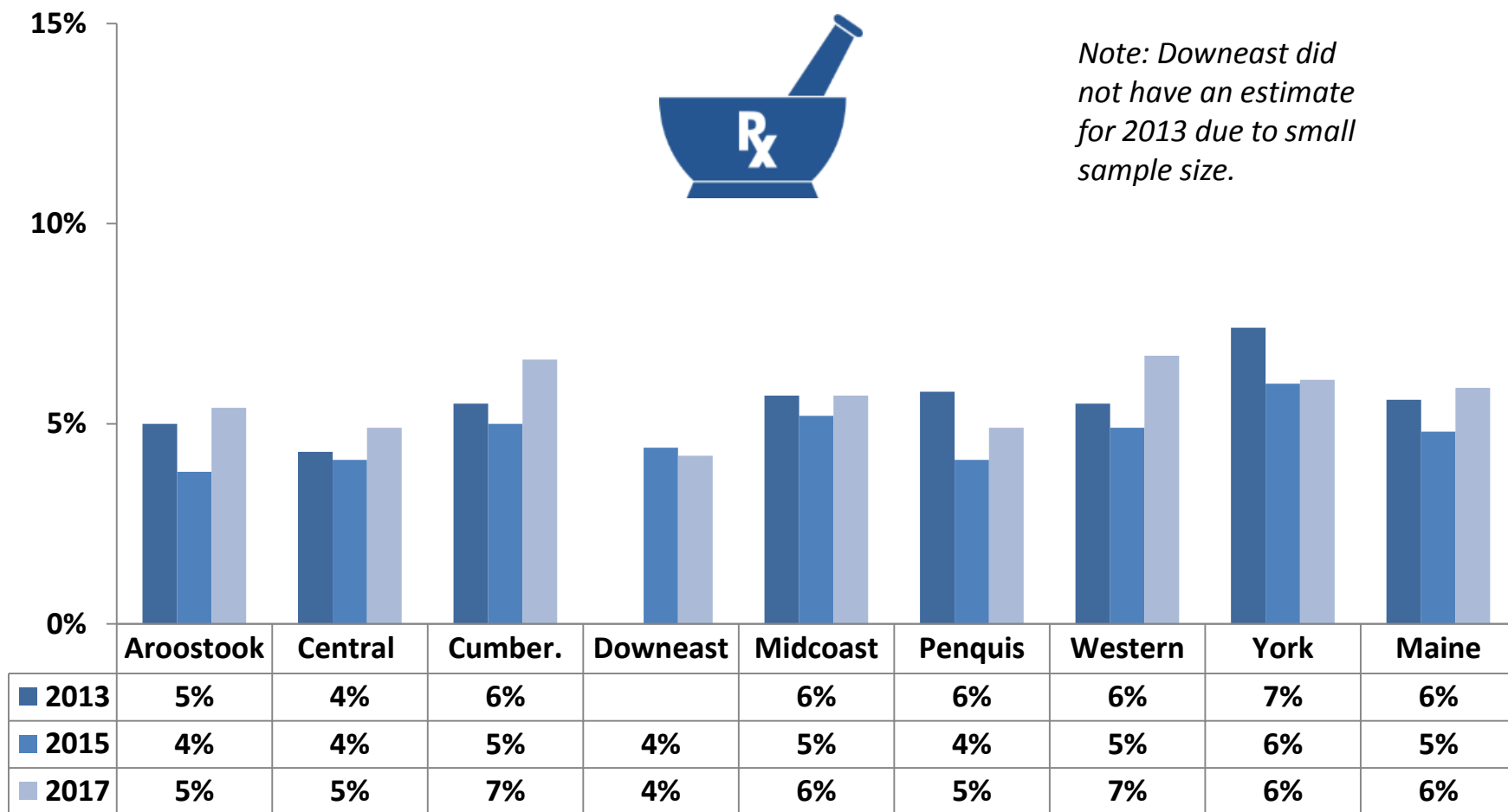


Note: Although not shown, about one in ten high school students reported having ever misused a pain medication (e.g., codeine, Vicodin, OxyContin).

Percent of high school students by Public Health District who have taken prescription drugs not prescribed to them by a doctor (past 30 days): 2013–2017

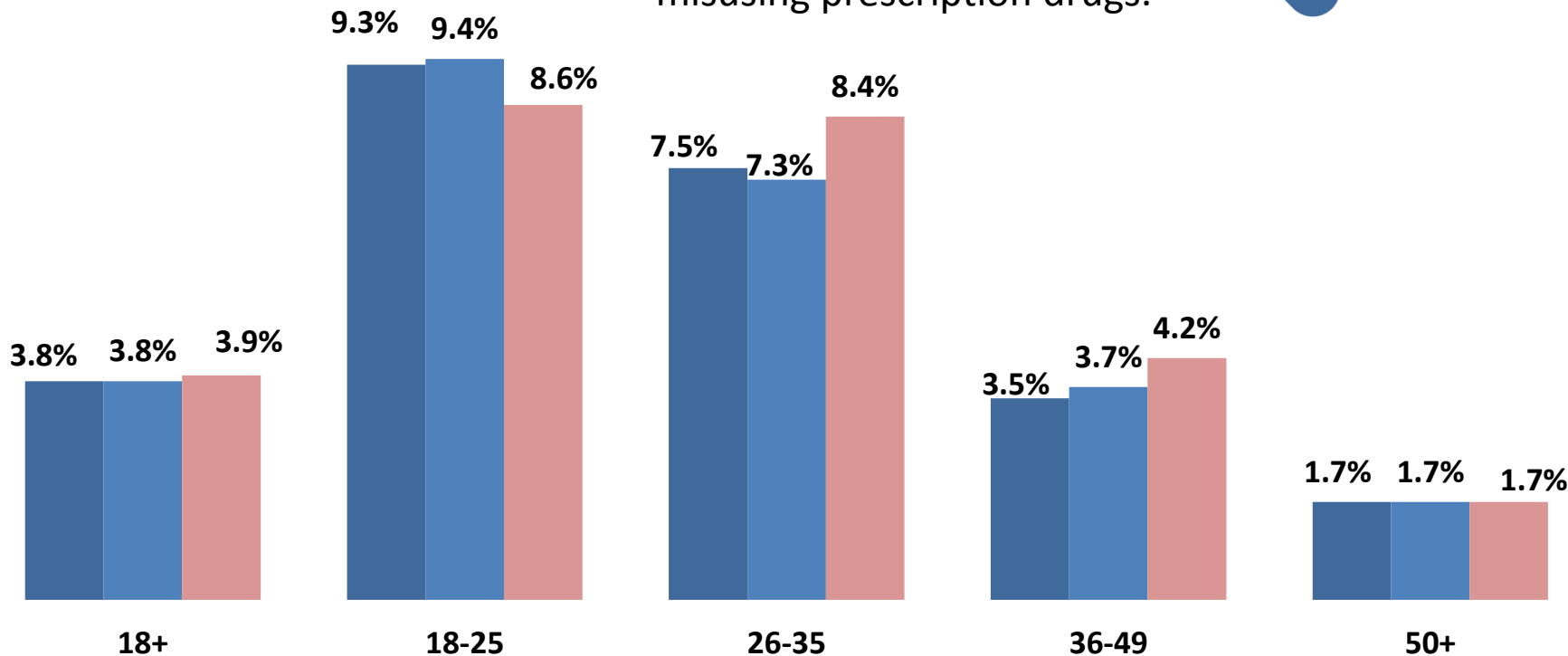


Note: Downeast did not have an estimate for 2013 due to small sample size.



Misuse of prescription drugs (any type) among adults in their lifetime, by age group: 2012–14 and 2013–15

During 2014-16, the highest rate of lifetime prescription drug misuse was among 18 to 35 year olds; nearly one in ten reported ever misusing prescription drugs.

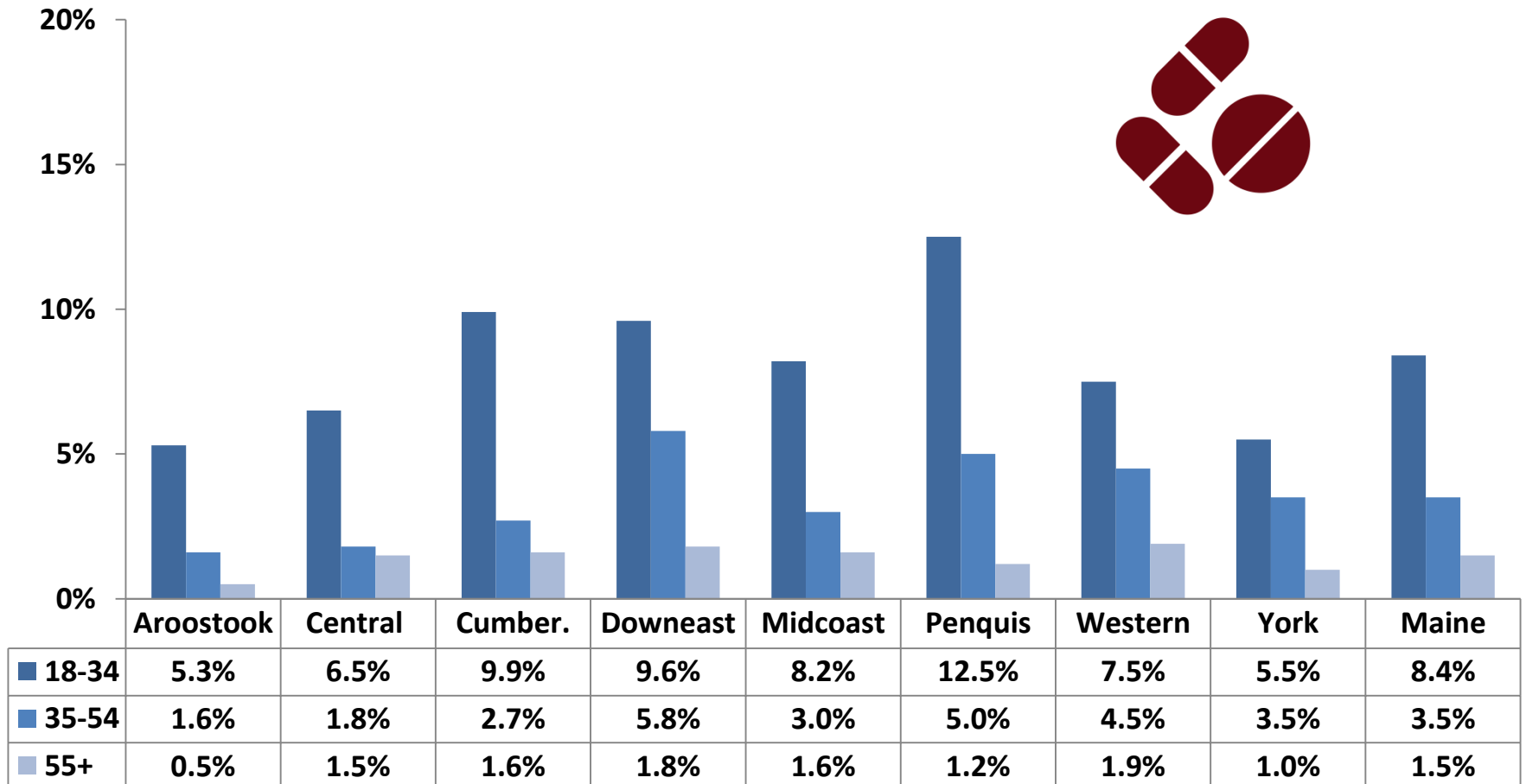


Source: BRFSS

■ 2012-14 ■ 2013-15 ■ 2014-16

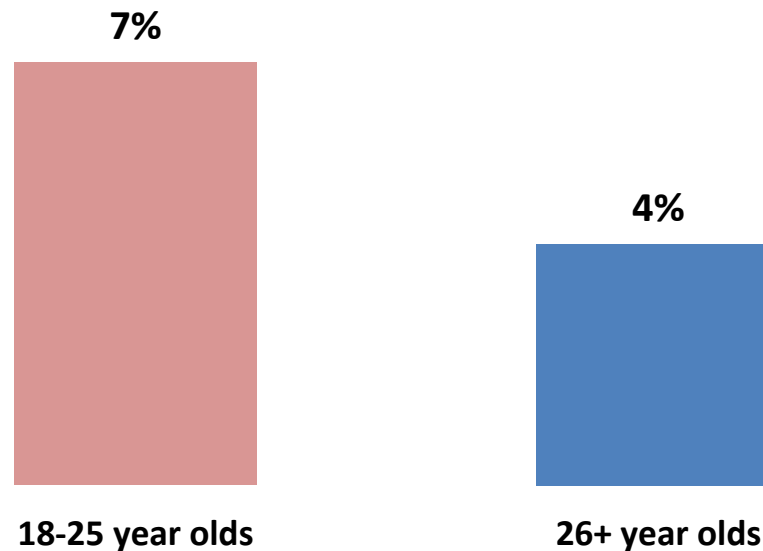
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Lifetime misuse of prescription drugs among Maine adults, by age and Public Health District: 2013–16

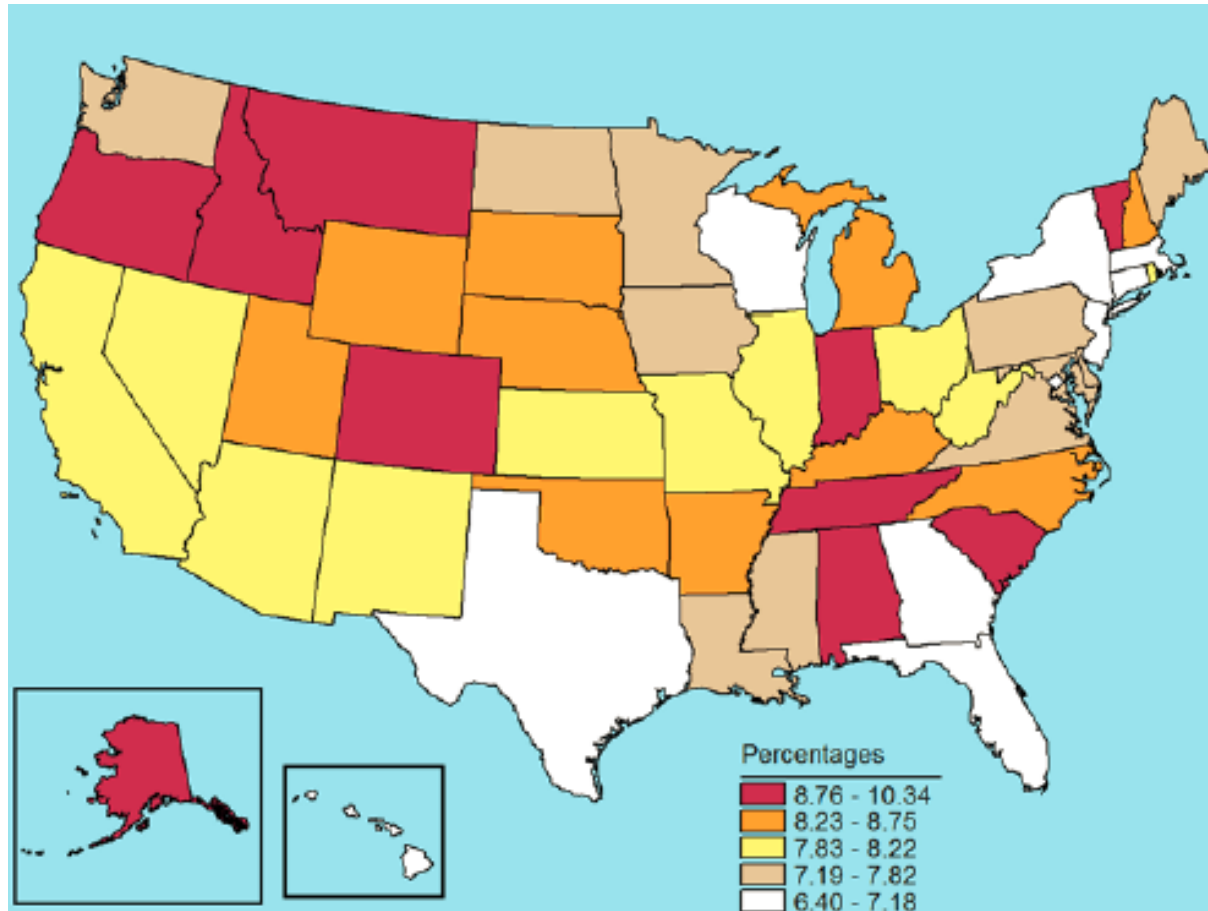


Non-medical use of pain relievers among adults in the past year, by age group: 2015-16

Past year use of non-medical prescription pain relievers is more common among young adults 18 to 25 (7%) compared to adults age 26 and older (4%).



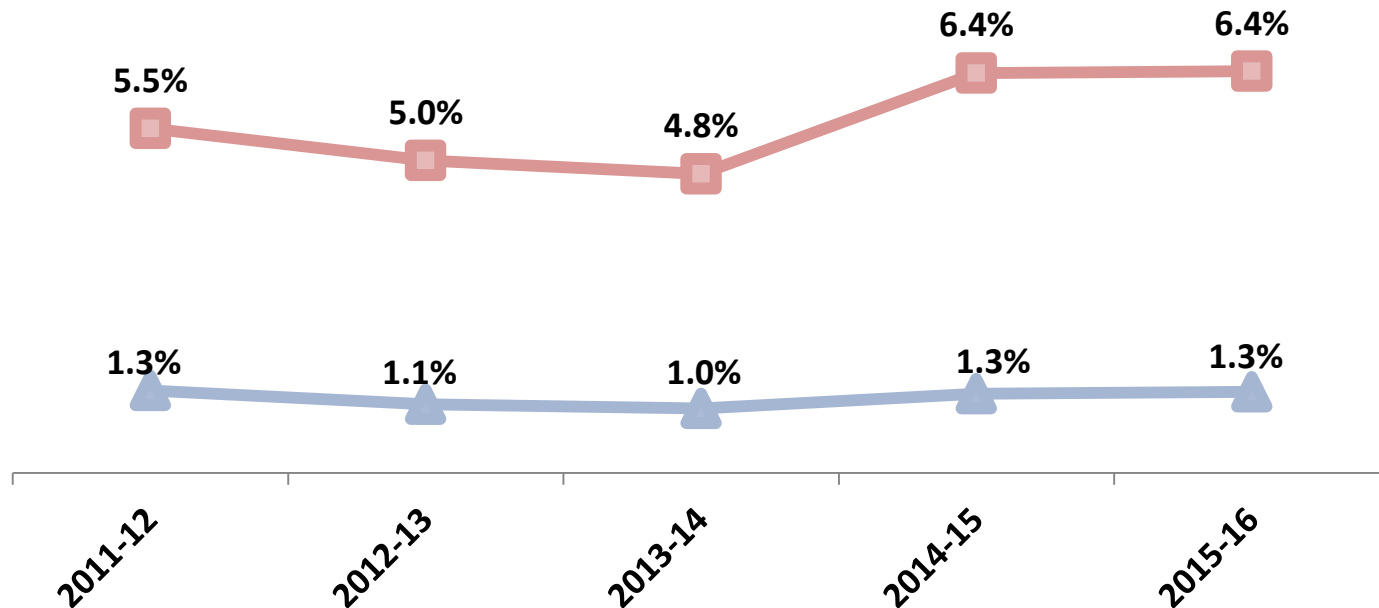
Pain reliever misuse among 18 to 25 year olds, by state: 2015-16



Source: NSDUH/SAMHSA, Center for Behavioral Health Statistics and Quality

Adults reporting cocaine use in the past year, by age group: 2010–11 to 2015–16

In 2015–16, 6% of young adults ages 18 to 25 reported cocaine use in the past year, compared to 1.3% of Mainers 26 and older.

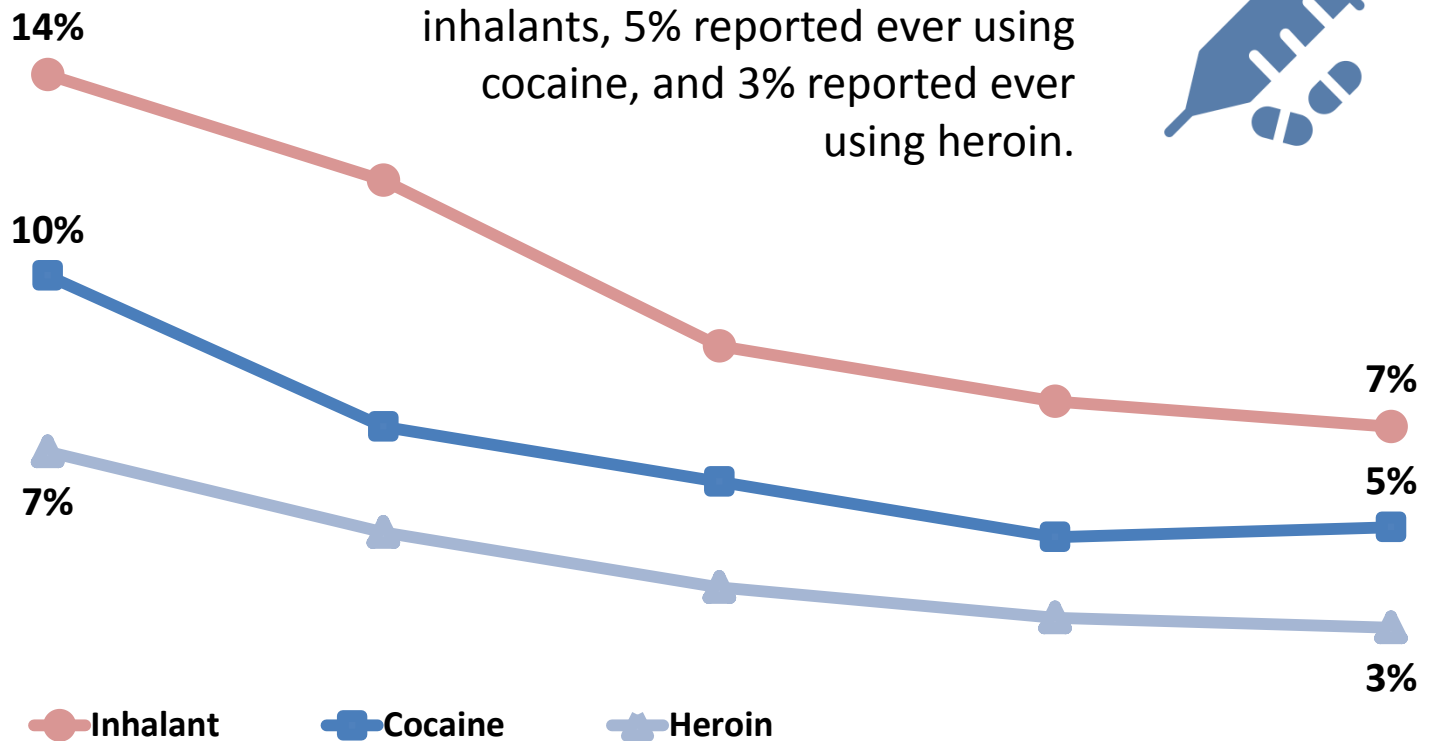


Source: NSDUH

■ 18-25 year olds ■ 26+ year olds

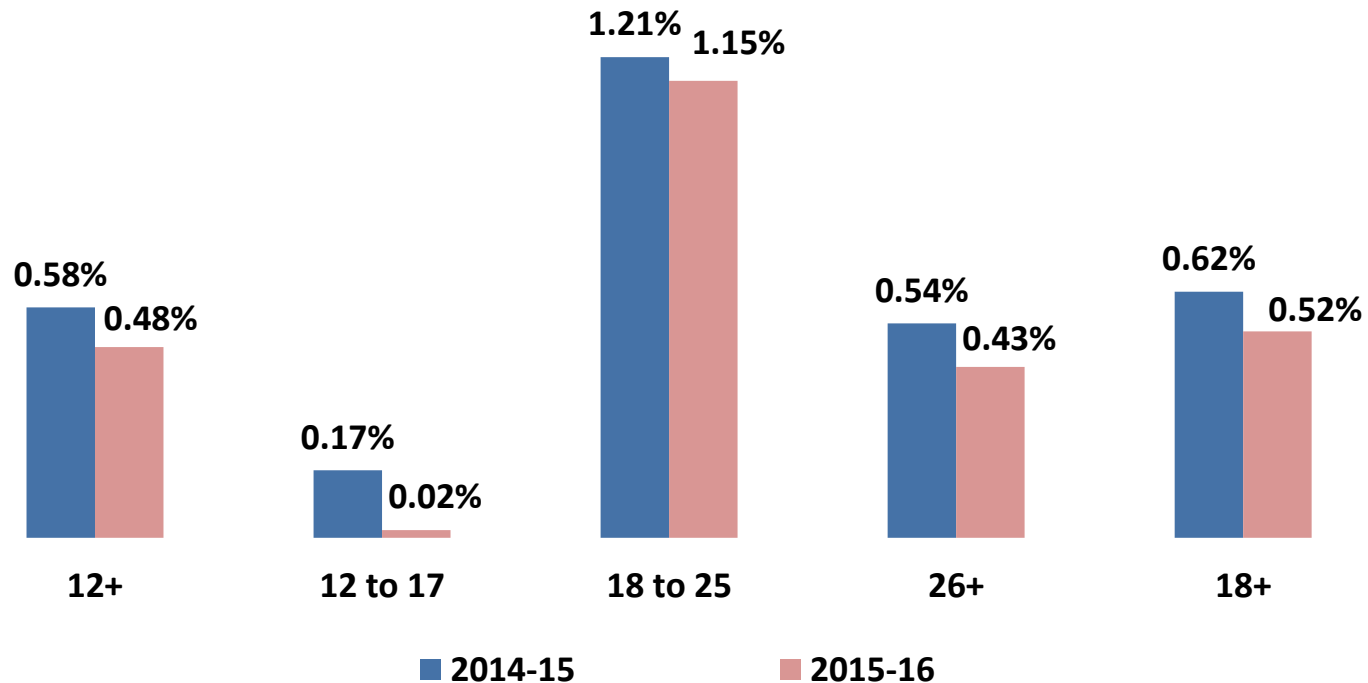
Lifetime drug use among high school students in Maine, by drug type: 2009-2017

In 2017, 7% of high school students reported ever using inhalants, 5% reported ever using cocaine, and 3% reported ever using heroin.



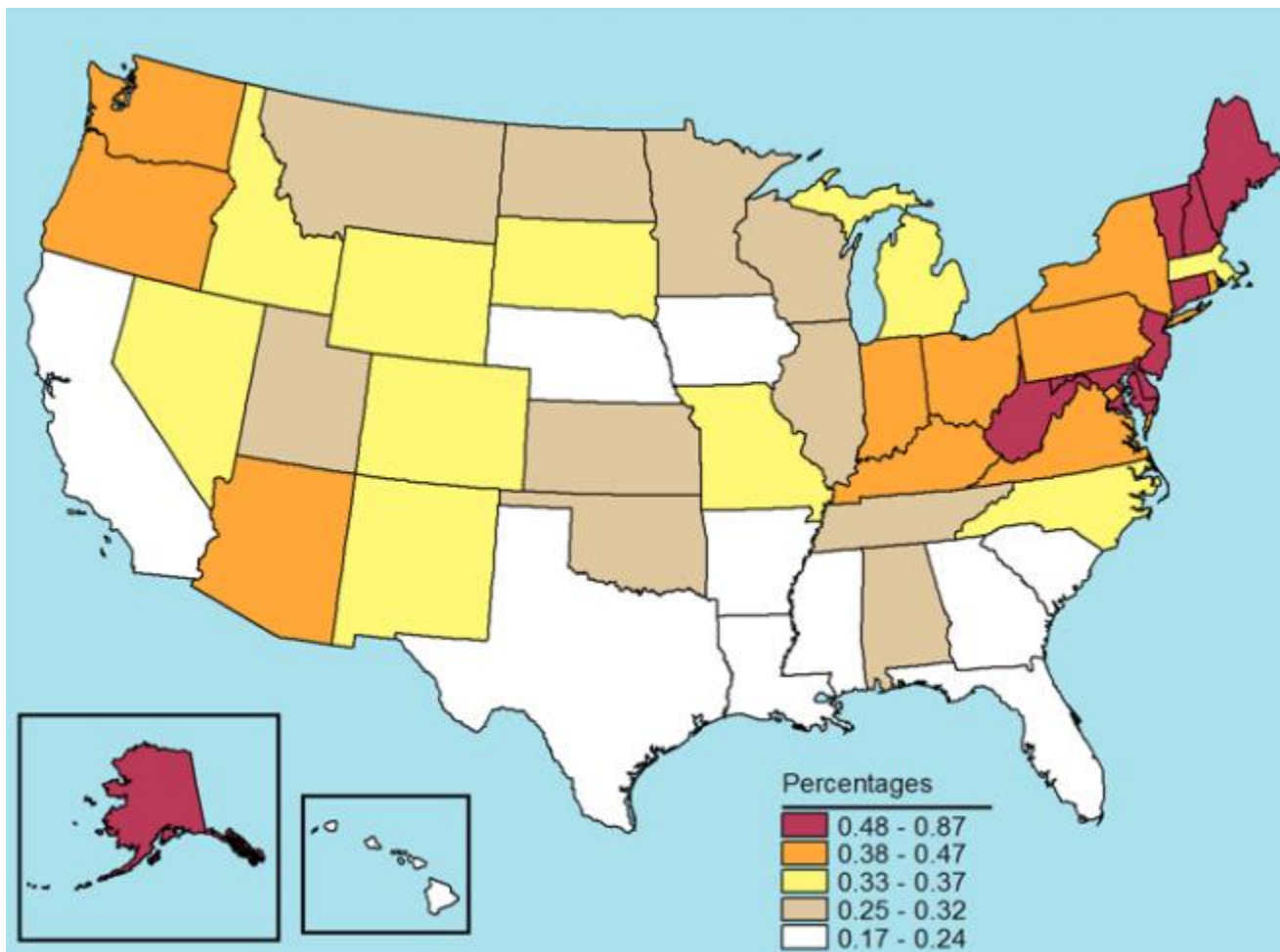
Heroin use in Maine in the the past year, by age group: 2014-15 to 2015-16

Overall, it was estimated that about 5,000 (0.48%) Maine residents 12 and older reported using heroin in the past year. The highest rate of use was observed among Mainers 18 to 25 (1.15%).



Source: NSDUH

Heroin use in the past year among individuals 12 and older, by state: 2015-16



Source: NSDUH/SAMHSA, Center for Behavioral Health Statistics and Quality

Section Summary

Consumption

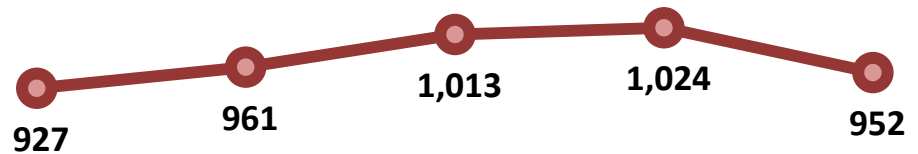
- Rates of prescription drug misuse as well as illicit drug use among youth have plateaued in recent years.
- Mainers between the ages of 18 and 35 continue to have the highest rates of prescription drug misuse and illicit drug use.
- In general, younger adults have the highest rates of substance use and are more prone to engage in risky substance use.
- Compared to the Nation, Maine's young adult population observed lower than average rates of pain reliever misuse.
- Cocaine use among young adults increased in 2013-14 and has stabilized.
- Approximately 5,000 Mainers reported using heroin in the past year. Rates are highest among young adults.
- Rates of heroin use appear to be highest in the Northeast states.

Consequences/Impact



Number of drug affected baby (substance exposed infants) reports:* 2015 – 2017

- In 2017, there were 952 reports regarding infants born exposed to substances.
- After steadily increasing from 2013 to 2016, the number of drug affected baby reports declined by seven percent from 2016 to 2017.



**This measure reflects the number of infants born in Maine where a healthcare provider reported to OCFS that there was reasonable cause to suspect the baby may be affected by illegal substance use or was demonstrating withdrawal symptoms resulting from prenatal drug exposure (illicit or prescribed appropriately under a physician's care for the mother's substance use treatment) or who have fetal alcohol spectrum disorders.*

2013

2014

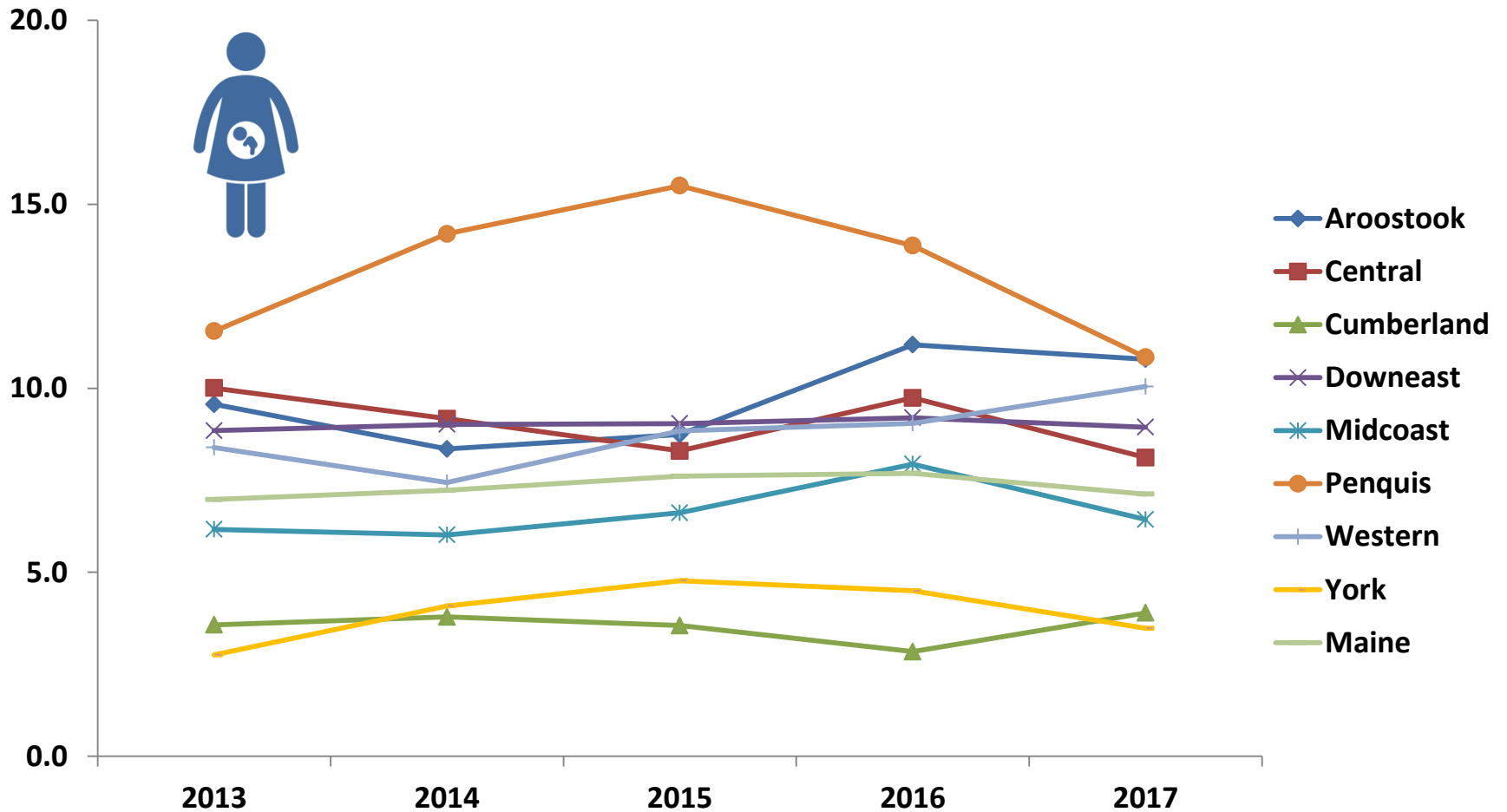
2015

2016

2017

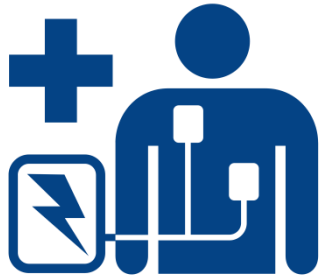
Source: Office of Child and Family Services (OCFS),
Maine Automated Child Welfare Information System
(MACWIS).

Number of drug-affected baby (substance-exposed infant) reports per 10,000 residents, by Public Health District: 2013–2017

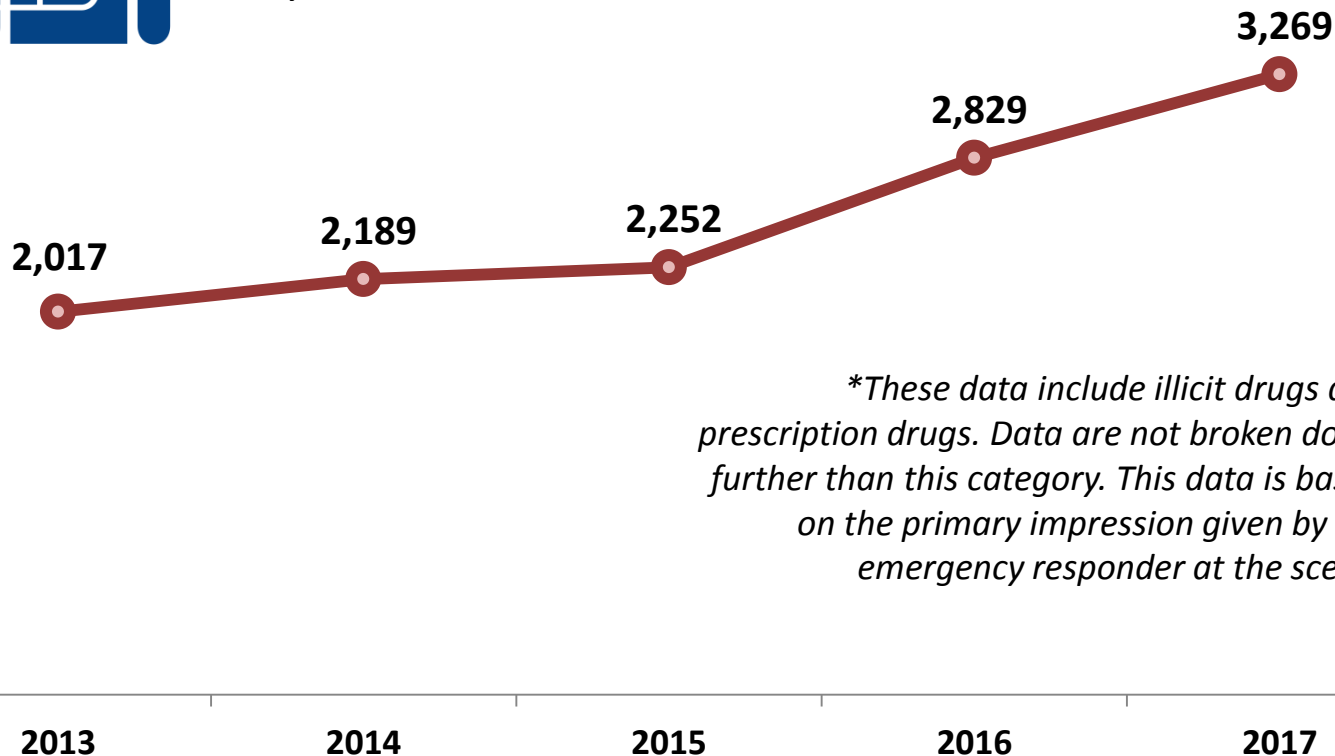


Source: Office of Child and Family Services (OCFS),
Maine Automated Child Welfare Information System
(MACWIS).

Number of drug/medication overdose EMS responses:* 2013 - 2017



From 2013 to 2017, EMS responses related to drug/medication overdoses increased by 62%.

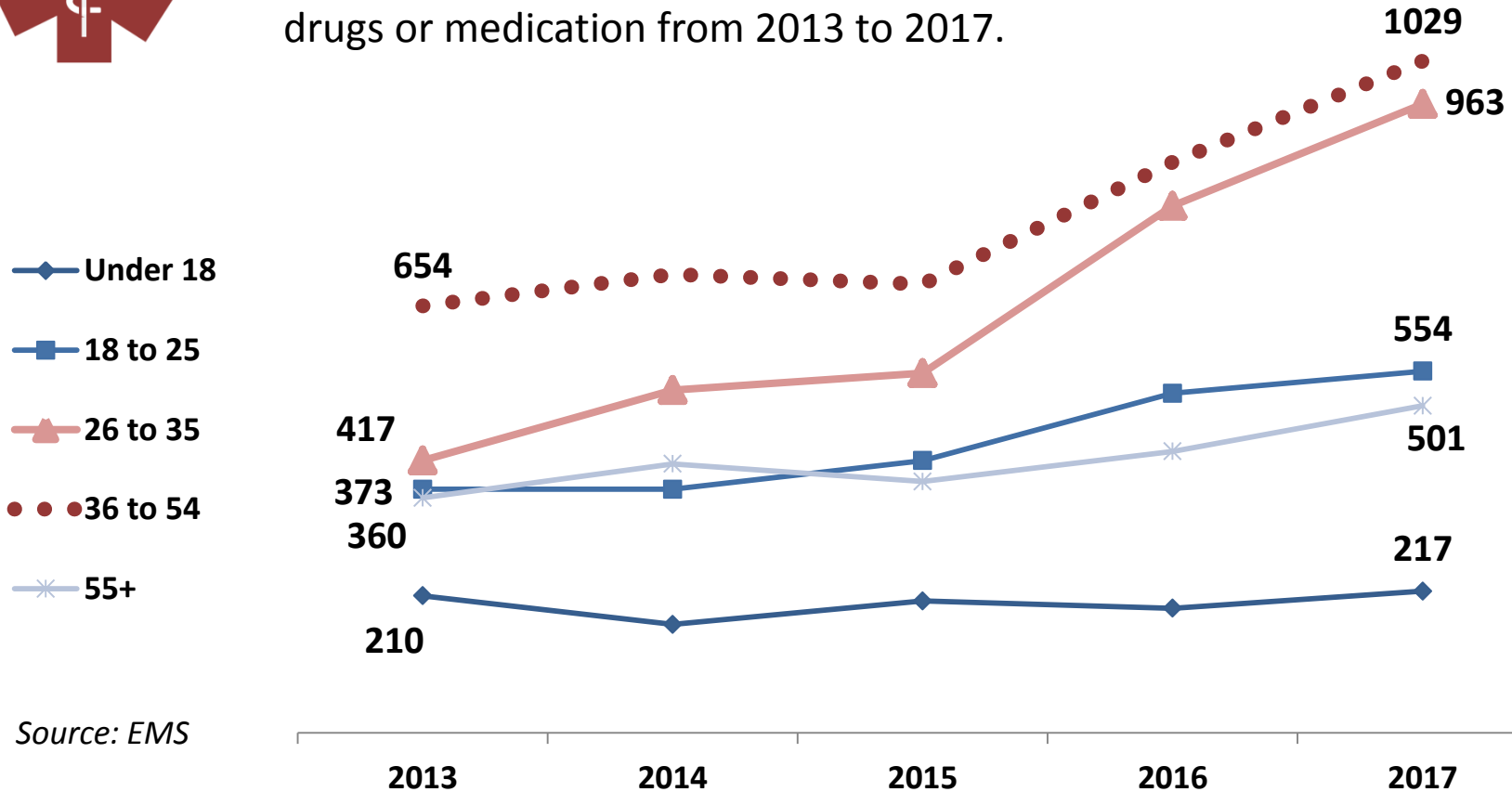


**These data include illicit drugs and prescription drugs. Data are not broken down further than this category. This data is based on the primary impression given by the emergency responder at the scene.*

Number of overdose EMS responses related to drugs or medications, by age group: 2013–2017



Mainers 26 to 35 observed an increase of 131 percent in overdose responses by EMS related to drugs or medication from 2013 to 2017.

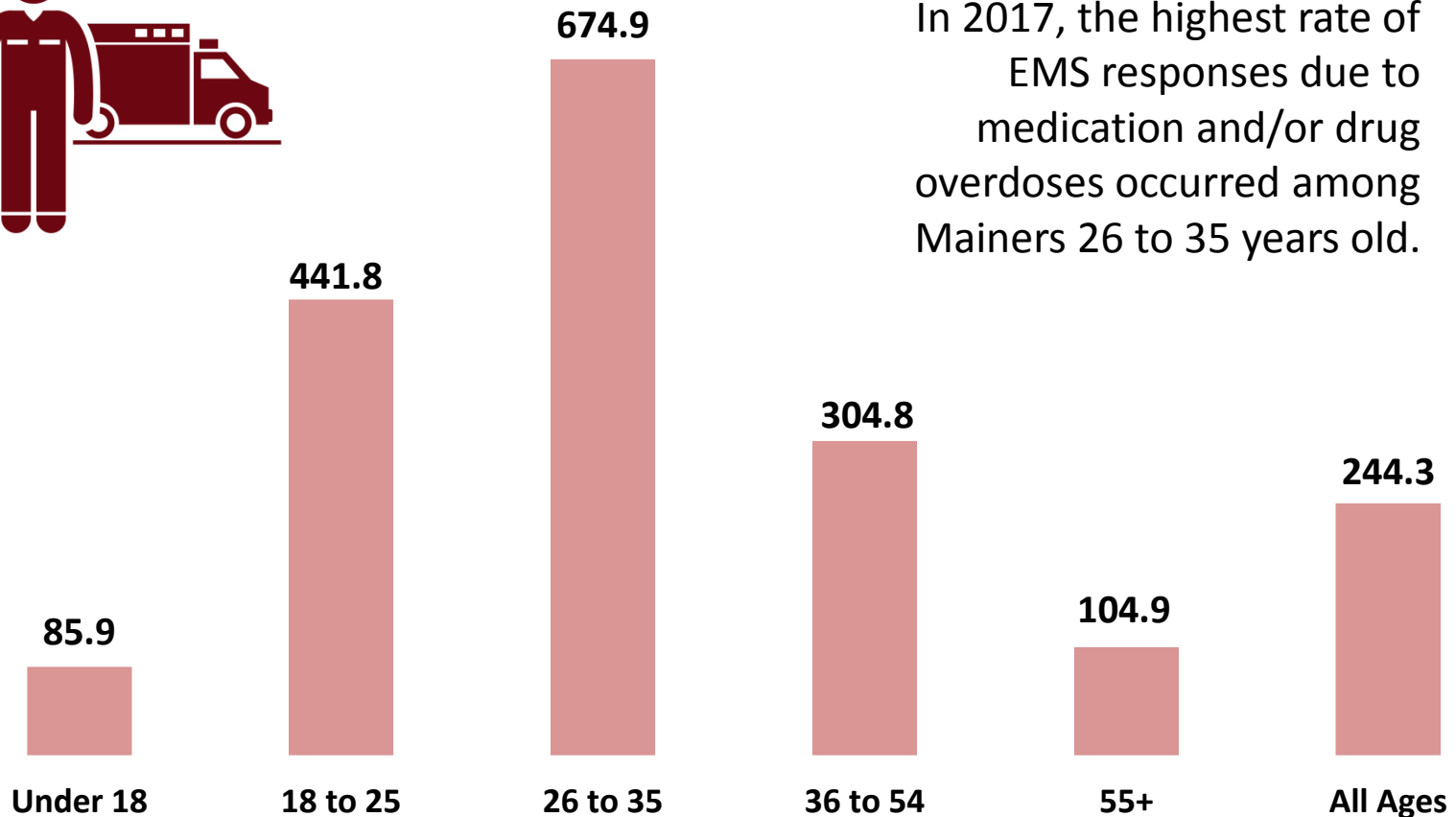


Source: EMS

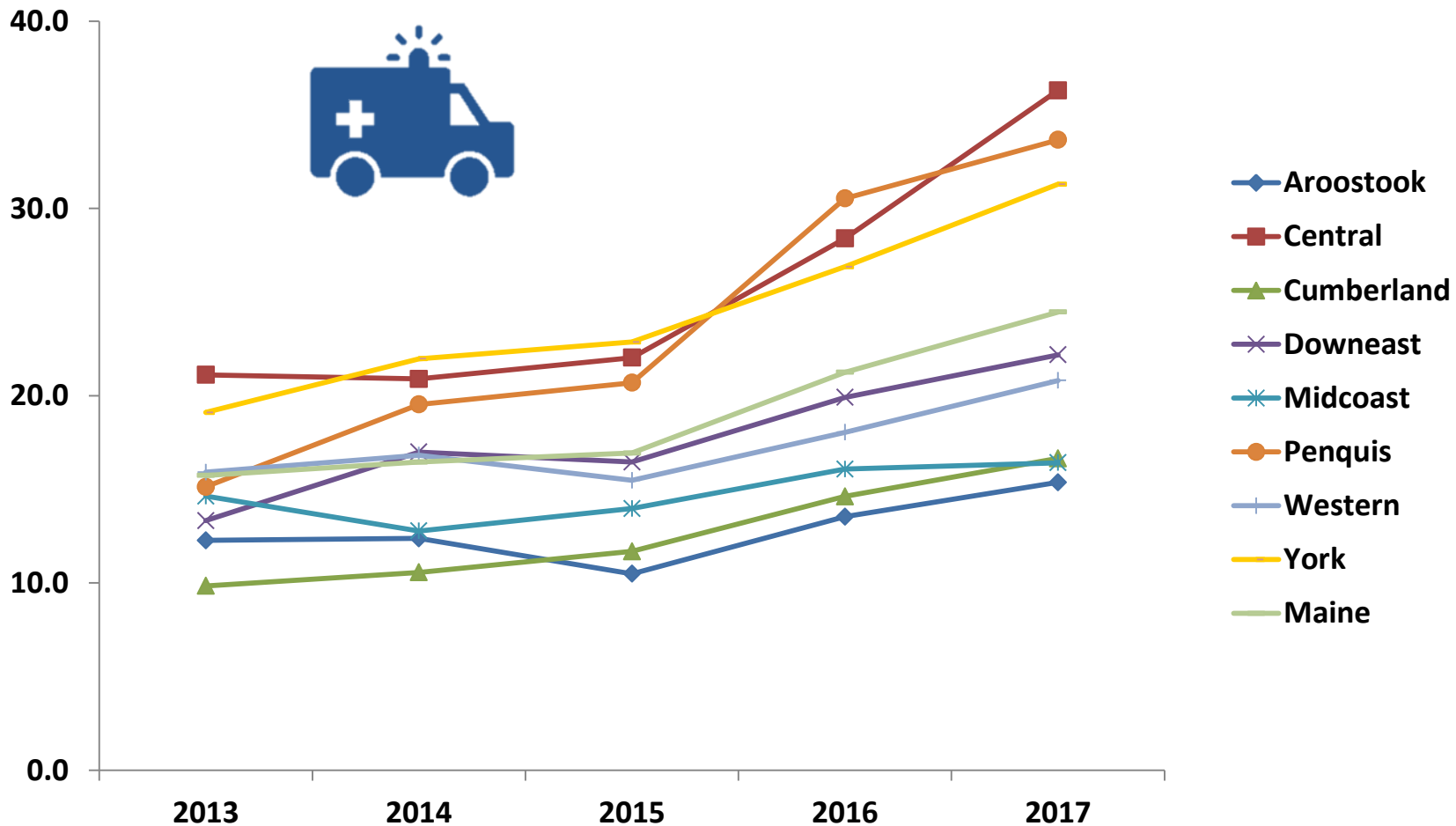
EMS responses related to drugs or medications (per 100,000 residents), by age group: 2017



In 2017, the highest rate of EMS responses due to medication and/or drug overdoses occurred among Mainers 26 to 35 years old.

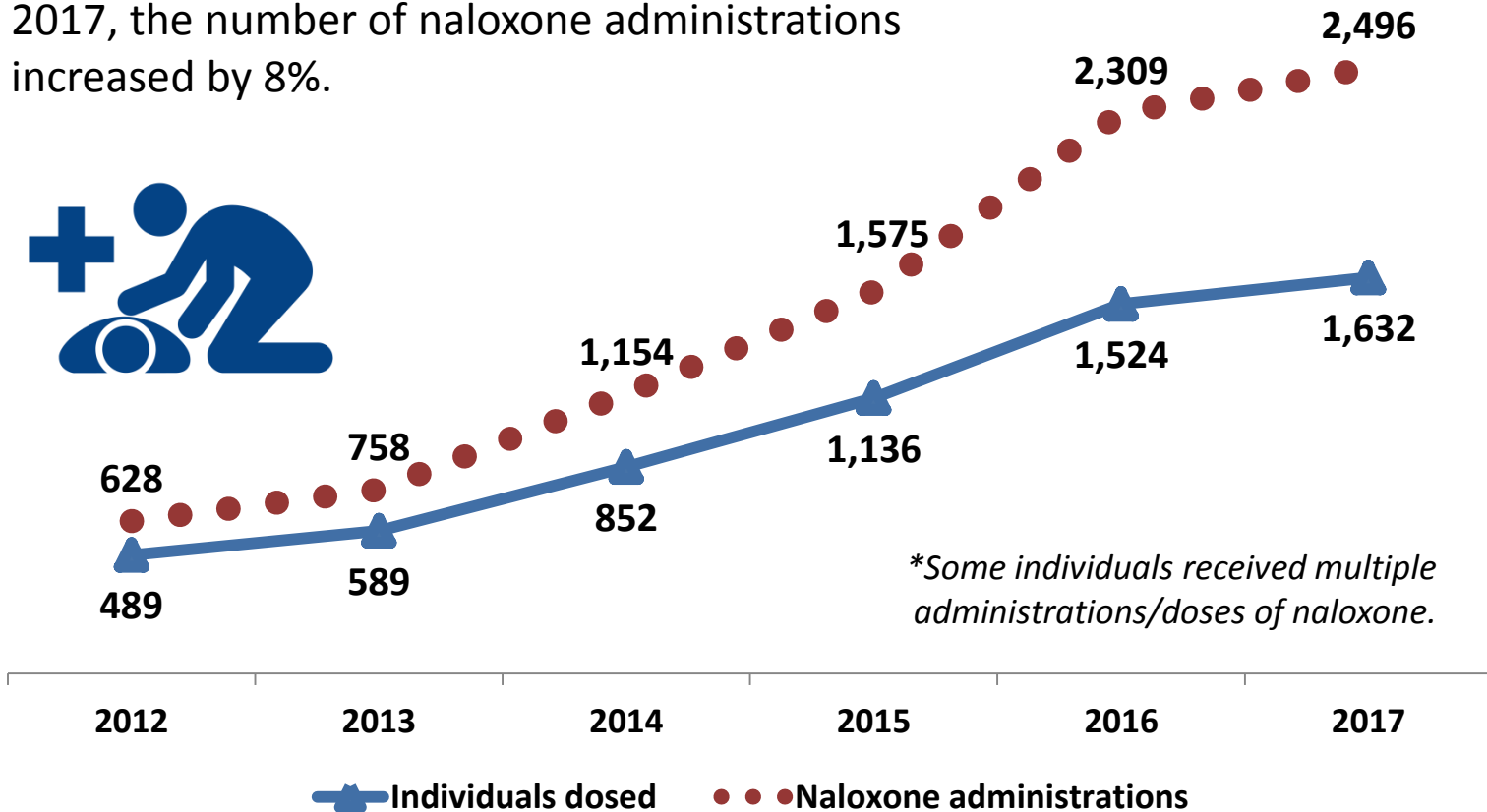


Number of overdose EMS responses due to drug and/or medication per 10,000 residents, by Public Health District: 2013–2017



Number of EMS naloxone administrations and individuals dosed:* 2012 - 2017

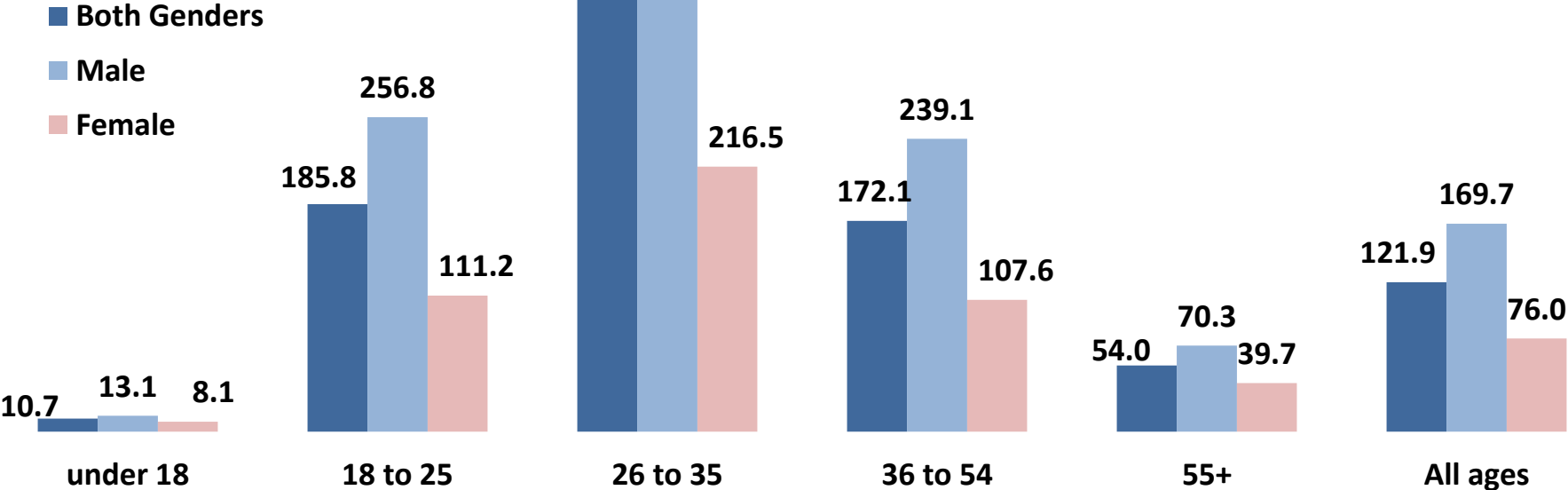
In 2017, there were a total of 2,496 naloxone administrations given by emergency medical responders to 1,632 individuals. From 2016 to 2017, the number of naloxone administrations increased by 8%.



EMS Naloxone administrations rate (per 100,000 residents), by gender and age: 2017

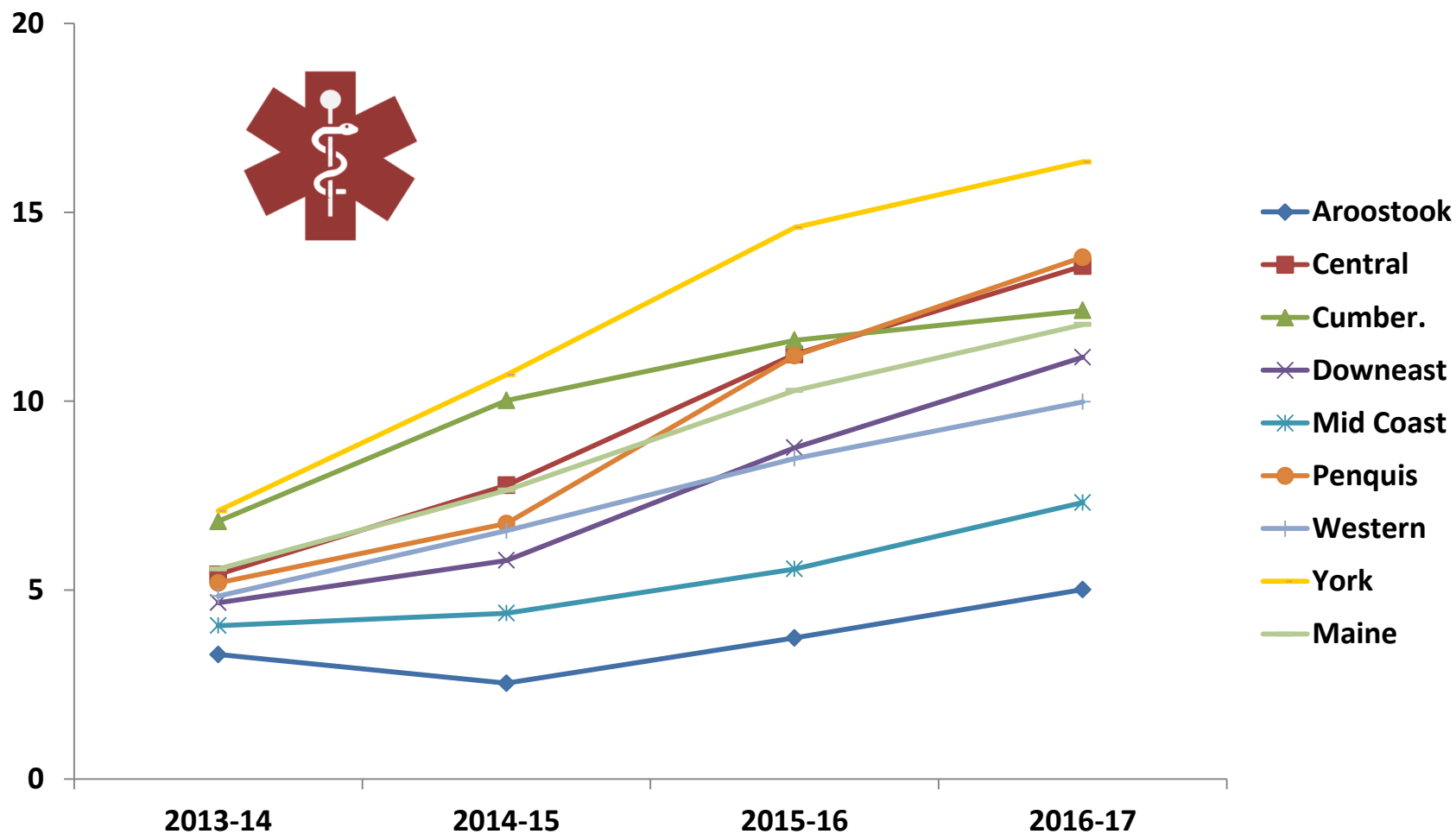


In 2017, the highest rate of individuals receiving naloxone administrations given by EMS responders were observed among males 26 to 35.



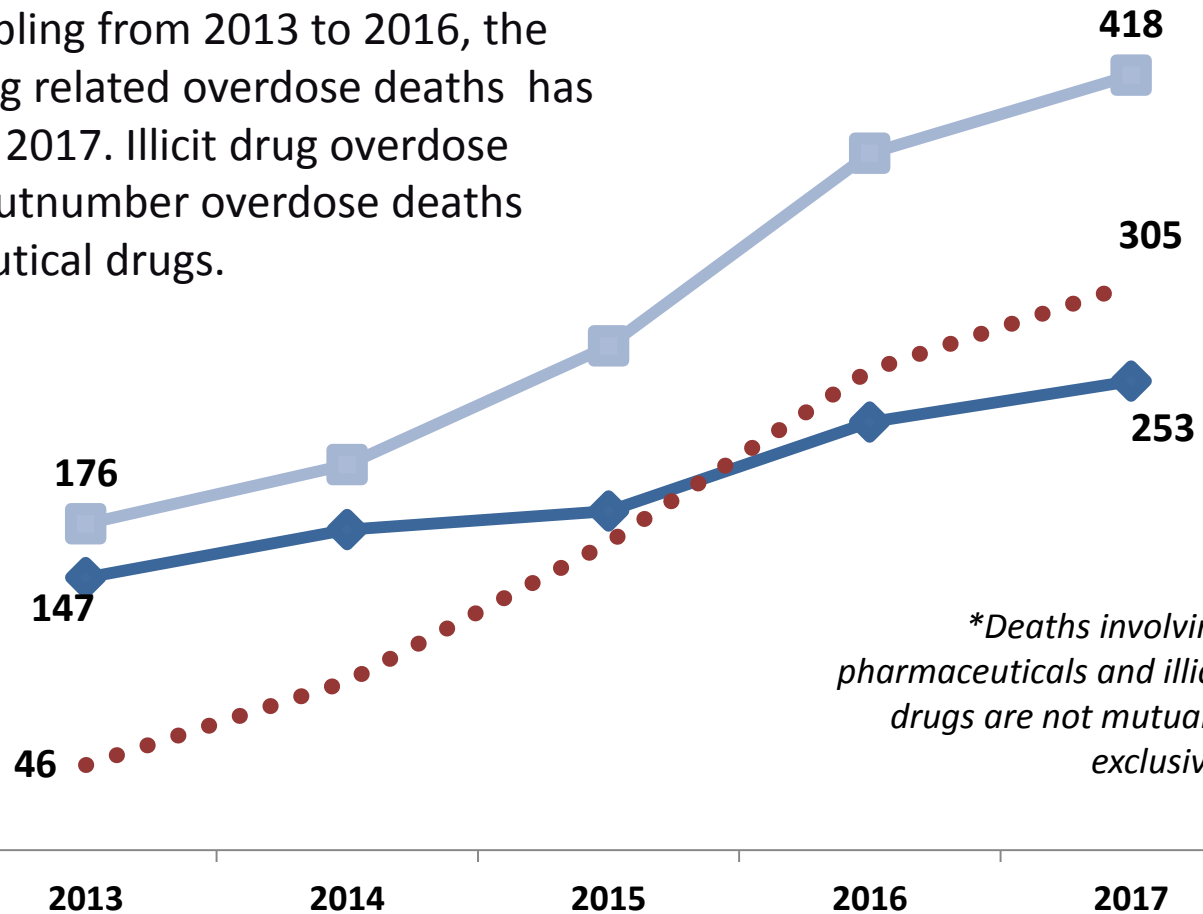
Source: EMS

Individuals receiving EMS administered naloxone administrations per 10,000 residents, by Public Health District: 2013-14 to 2016-17



Number of deaths* caused by pharmaceuticals and/or illicit drugs, alone or in combination: 2013–2017

After more than doubling from 2013 to 2016, the rate of change of drug related overdose deaths has slowed from 2016 to 2017. Illicit drug overdose deaths continue to outnumber overdose deaths related to pharmaceutical drugs.

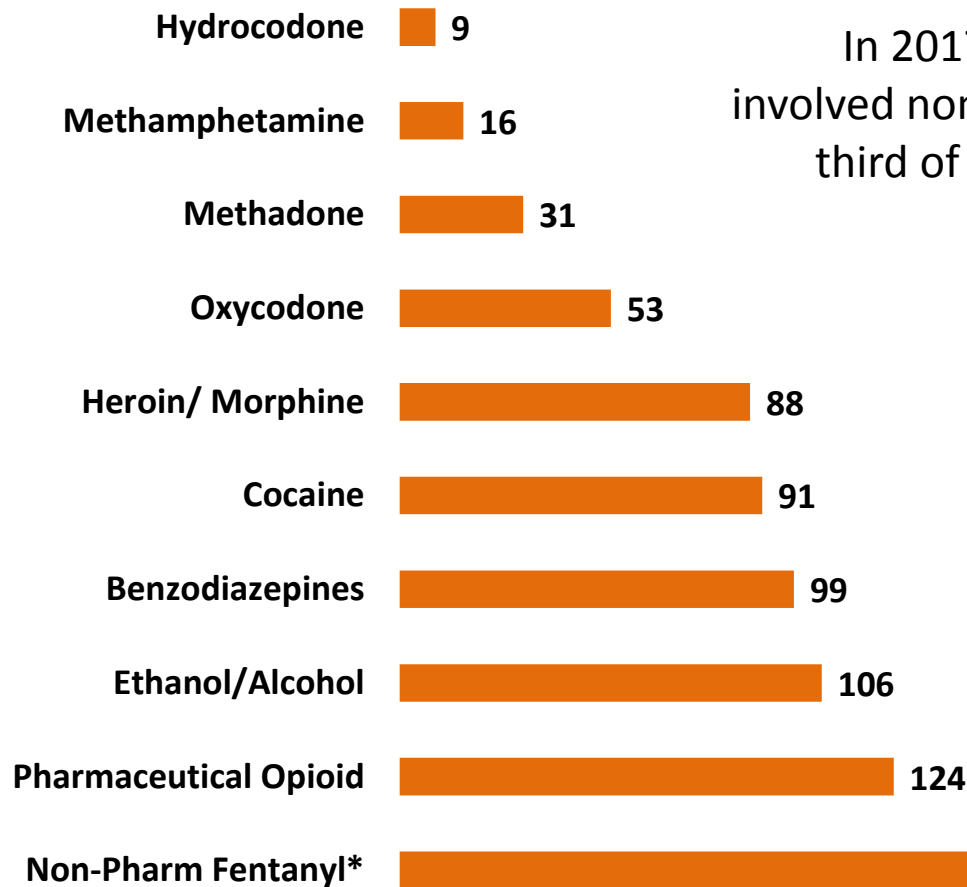


**Deaths involving pharmaceuticals and illicit drugs are not mutually exclusive.*

Source: Dr. Marcella Sorg/OCME

◆ Pharmaceutical ●●● Illicit drugs ■ Total

Number of drug deaths involving specific drug types:* 2017



In 2017, six out of ten overdose drug deaths involved non-pharmaceutical fentanyl.** Nearly a third of the deaths involved a pharmaceutical opioid.



**Some deaths may be caused by more than one key drug.*

***Non-pharmaceutical fentanyl includes illicitly manufactured fentanyl and fentanyl analogs but excludes pharmaceutical fentanyl (e.g., fentanyl patches).*

Source: Dr. Sorg/OCME

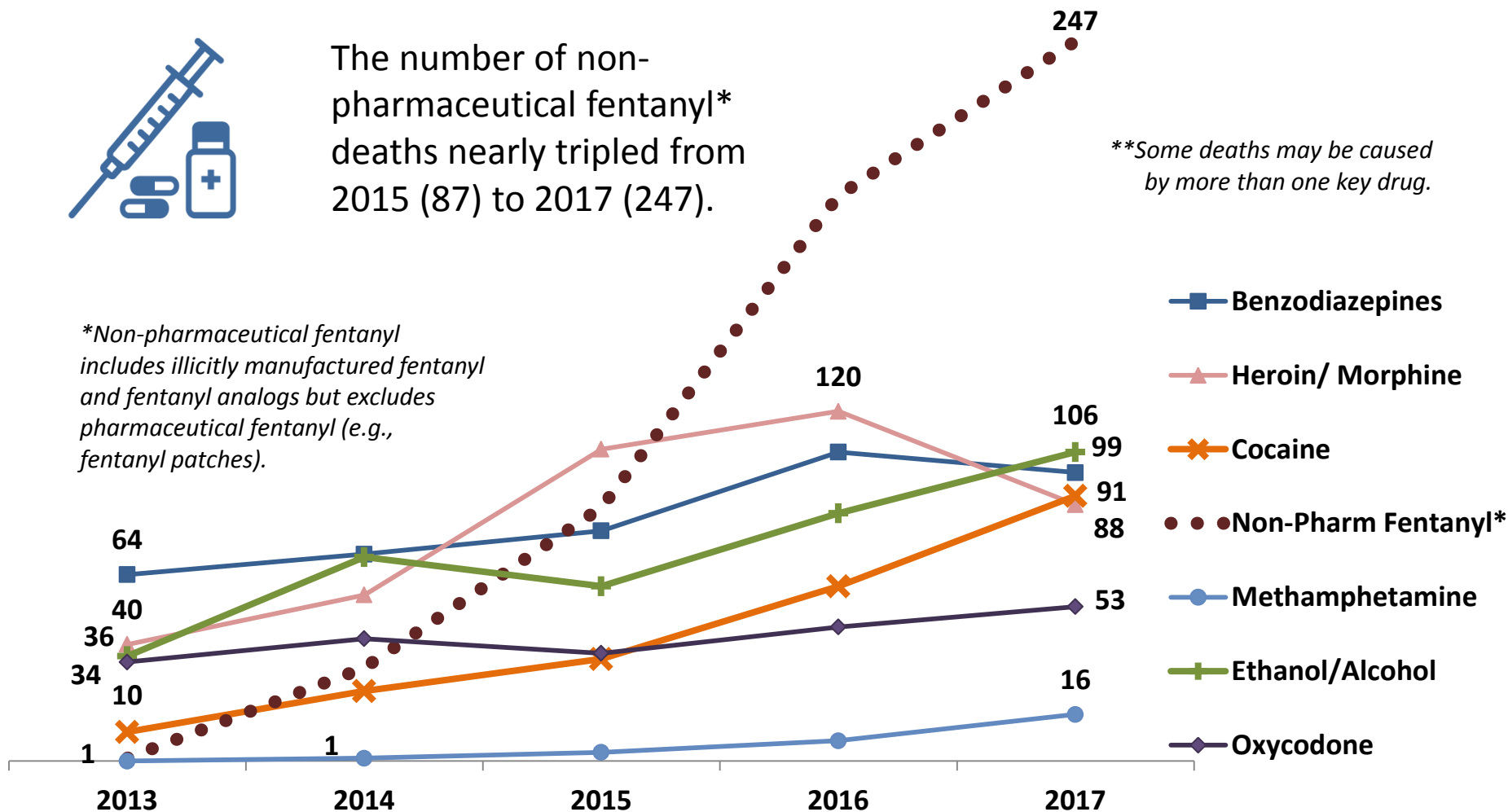
Number of drug overdose deaths involving specific drug types:** 2013–2017



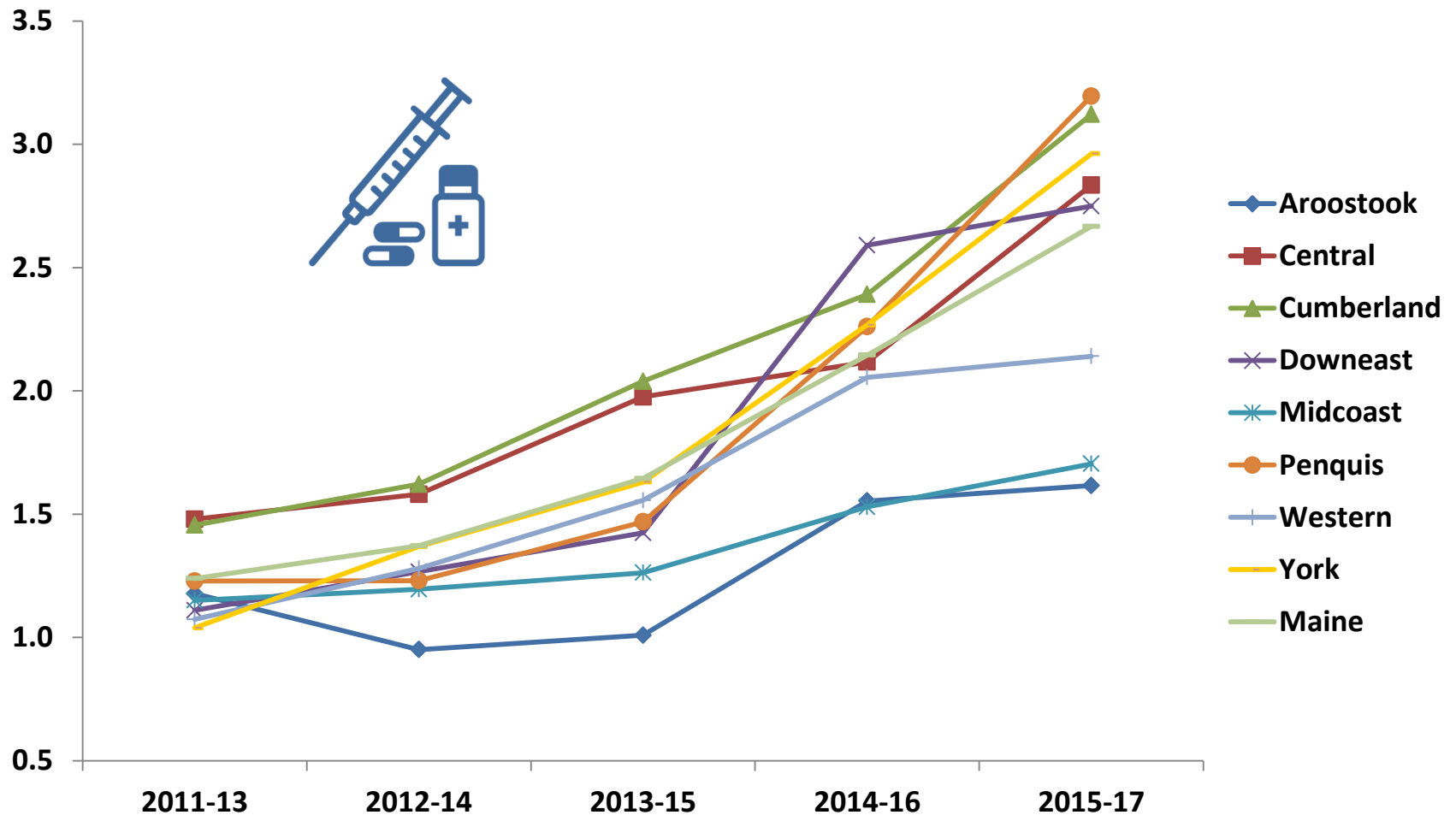
The number of non-pharmaceutical fentanyl* deaths nearly tripled from 2015 (87) to 2017 (247).

**Some deaths may be caused by more than one key drug.

*Non-pharmaceutical fentanyl includes illicitly manufactured fentanyl and fentanyl analogs but excludes pharmaceutical fentanyl (e.g., fentanyl patches).



Drug-related death rate per 10,000 residents, by Public Health District: 2011–13 to 2015–17

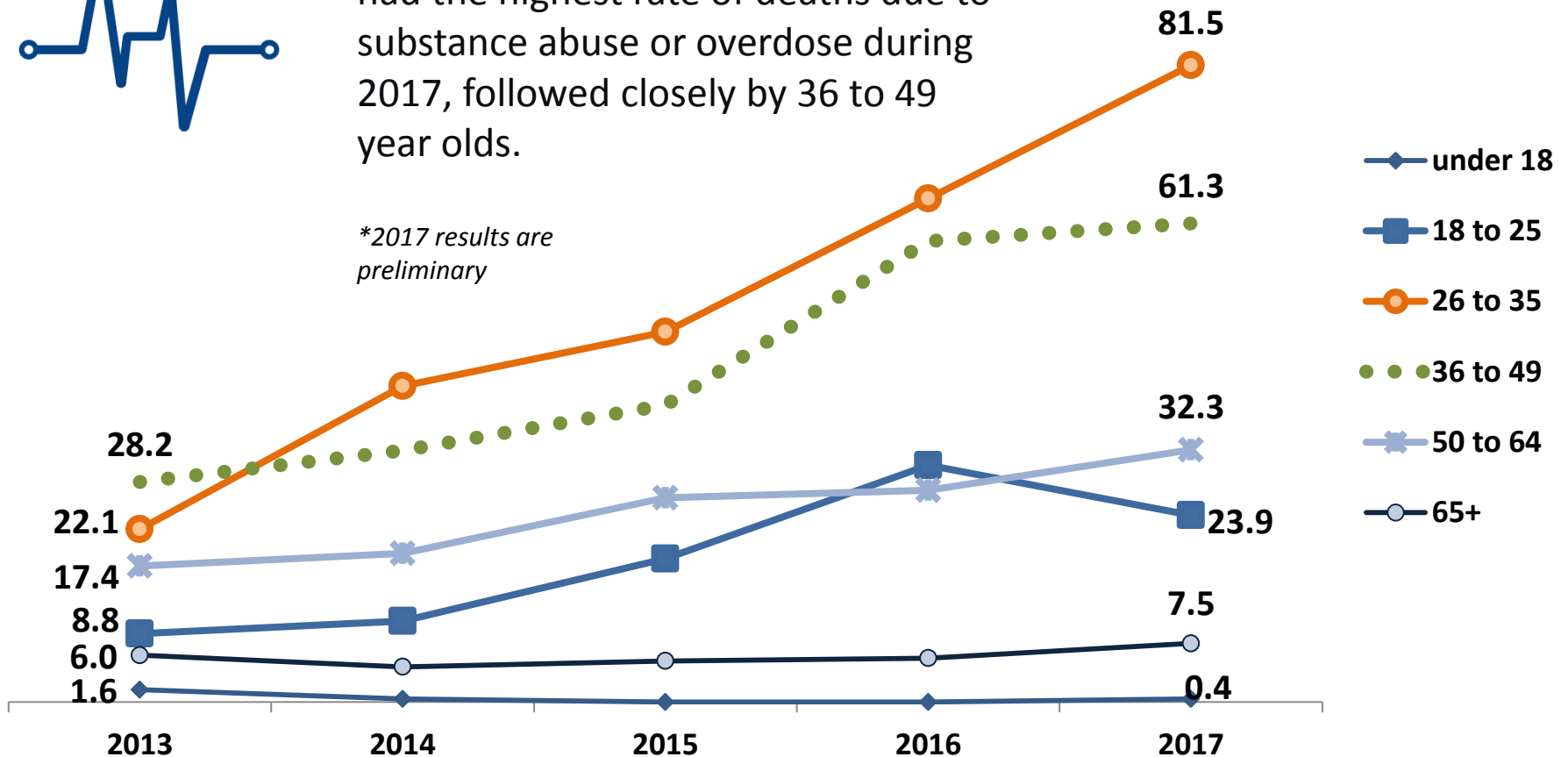


Substance use and overdose deaths, per 100,000 residents, by age group: 2013–2017*



Adults between the ages of 26 and 35 had the highest rate of deaths due to substance abuse or overdose during 2017, followed closely by 36 to 49 year olds.

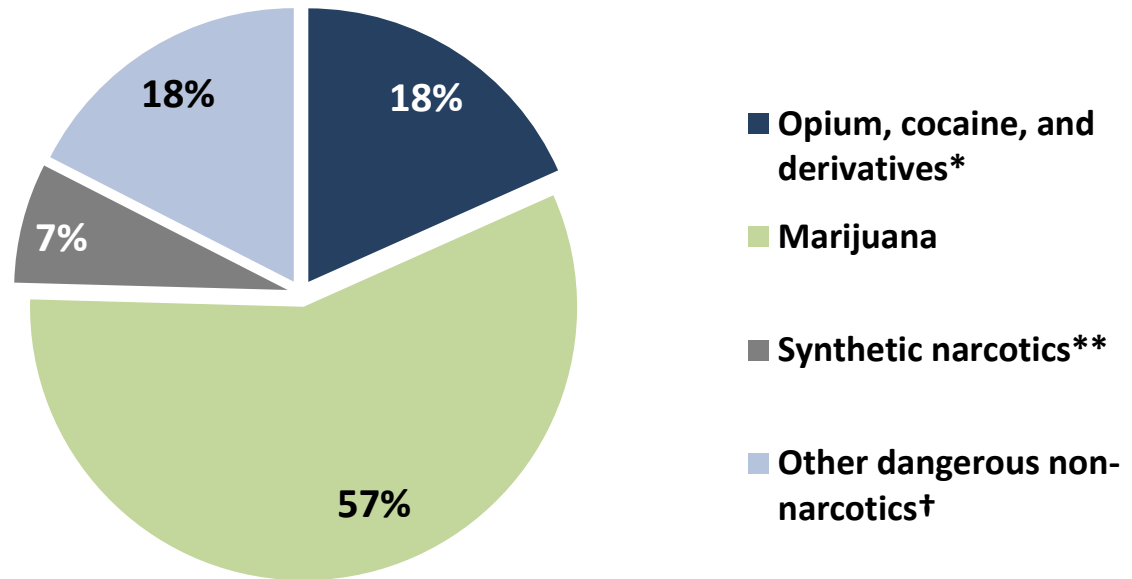
**2017 results are preliminary*



Drug offense arrests (all ages) for possession, by drug type: 2016



Marijuana comprised the largest portion of drug arrests for possession in 2016 at 57%, followed by opium, synthetic narcotics, and other dangerous non-narcotics.



**heroin/morphine, cocaine/crack*

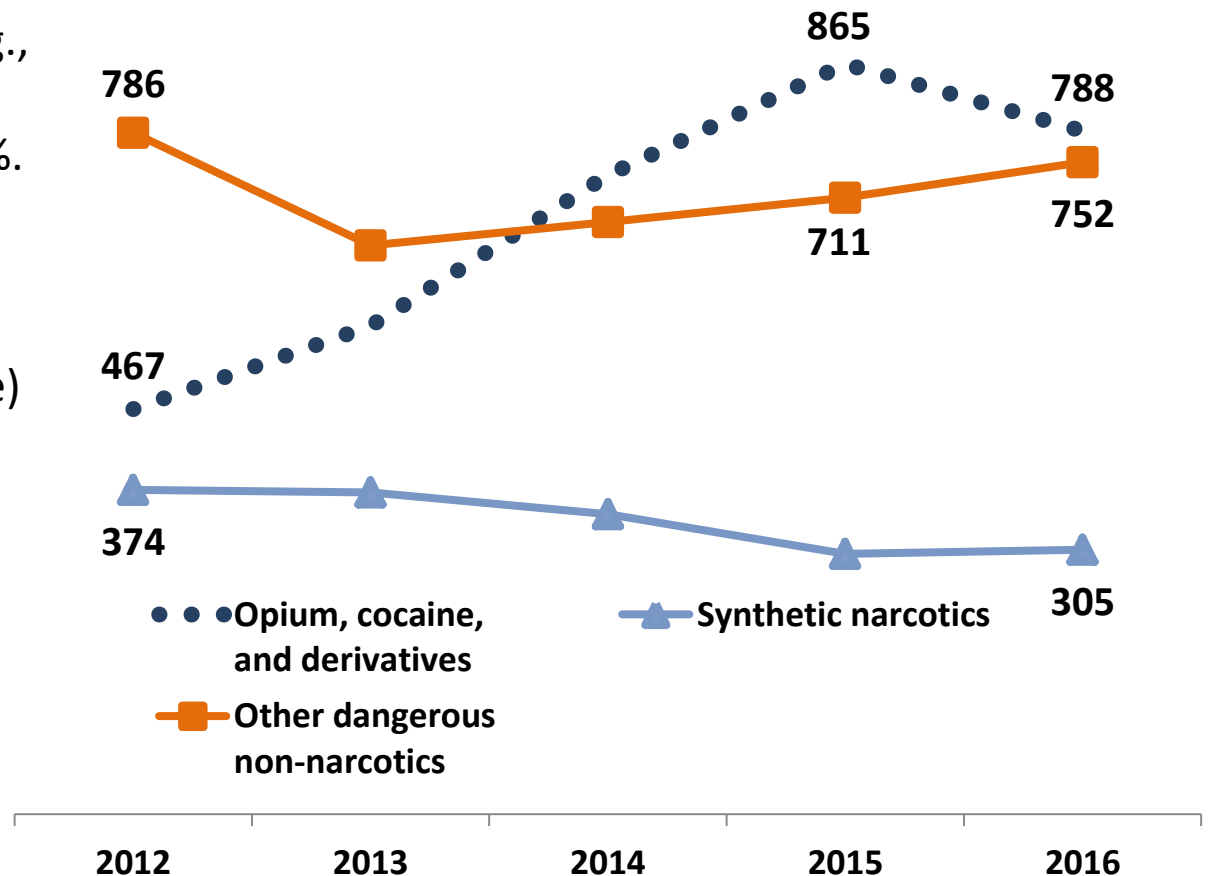
***prescription drug opiates*

†barbiturates/sedatives and benzedrine/amphetamines

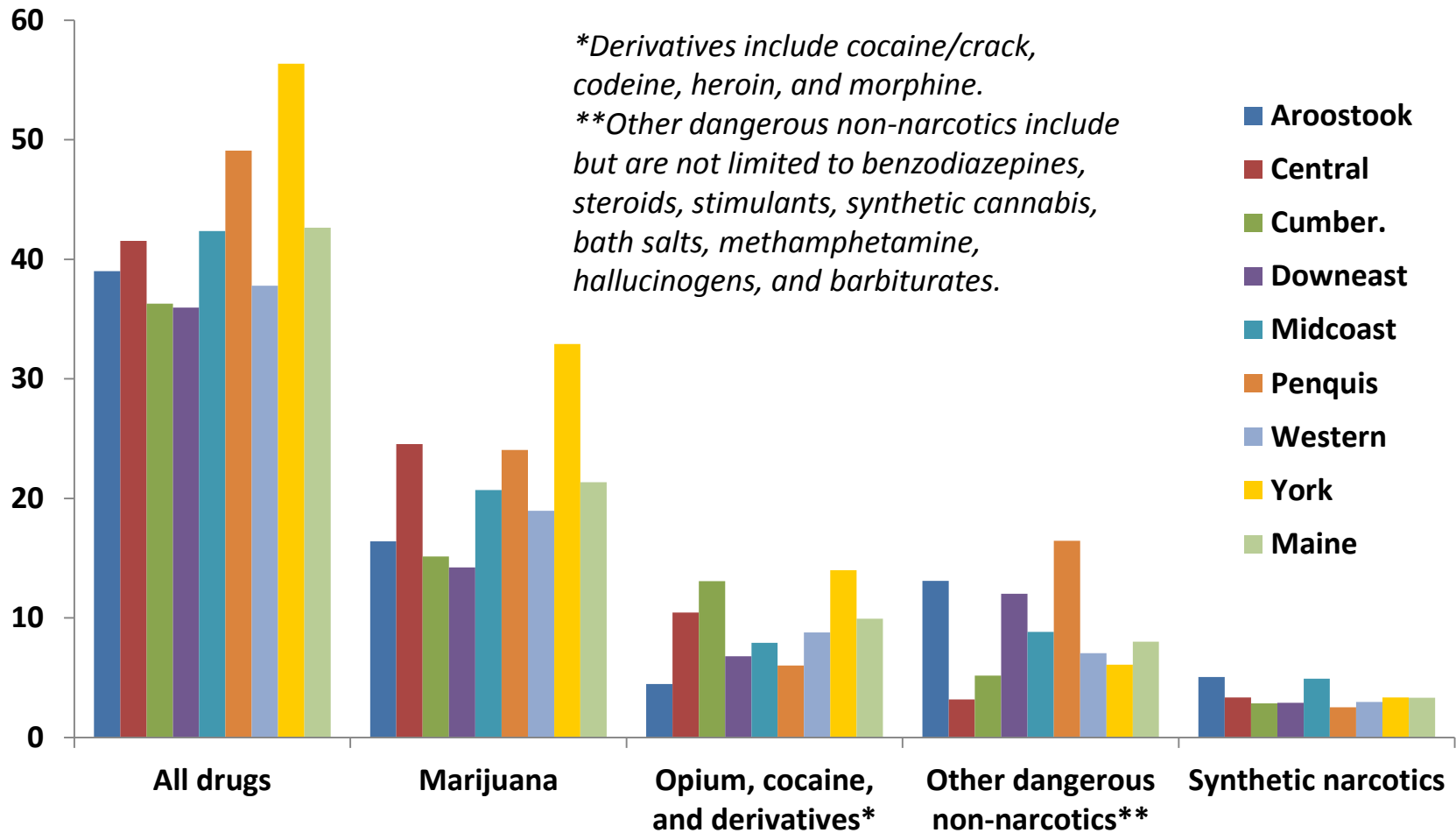
Source: DPS-UCR

Drug offense arrests (all ages) for possession, by drug type: 2012–2016

- From 2015 to 2016, arrests for possession of opium, cocaine, and derivatives (e.g., morphine, heroin, cocaine, and codeine) declined by 9%.
- Arrests for other dangerous non-narcotics (e.g., barbiturates and Benzedrine) increased by almost 6%.



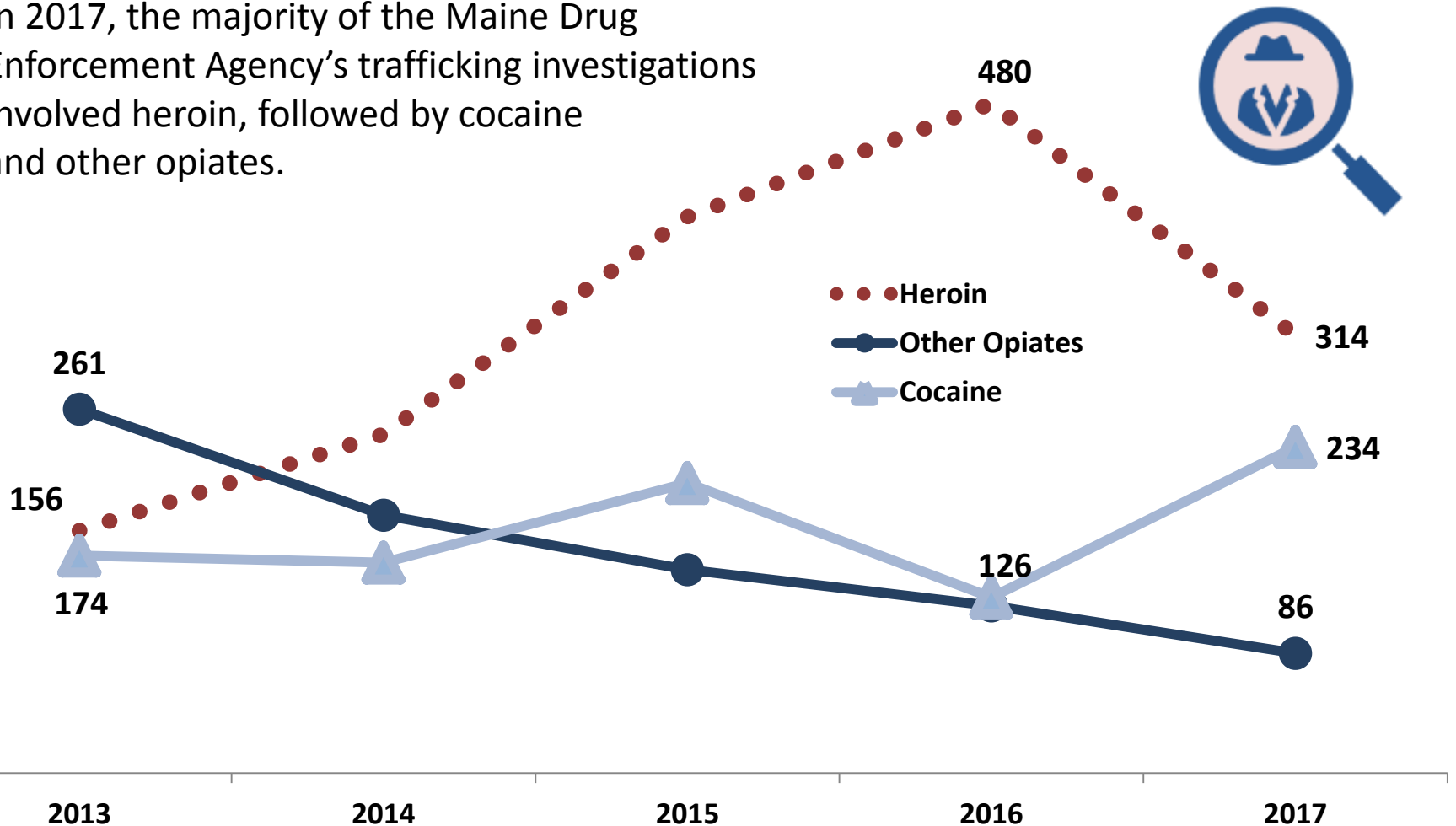
Drug-related arrest (possession and sales/manufacturing) rate per 10,000 residents, by drug type and Public Health District: 2015–16



Source: DPS; UCR

MDEA drug trafficking investigations, by drug type: 2012–2017

In 2017, the majority of the Maine Drug Enforcement Agency's trafficking investigations involved heroin, followed by cocaine and other opiates.

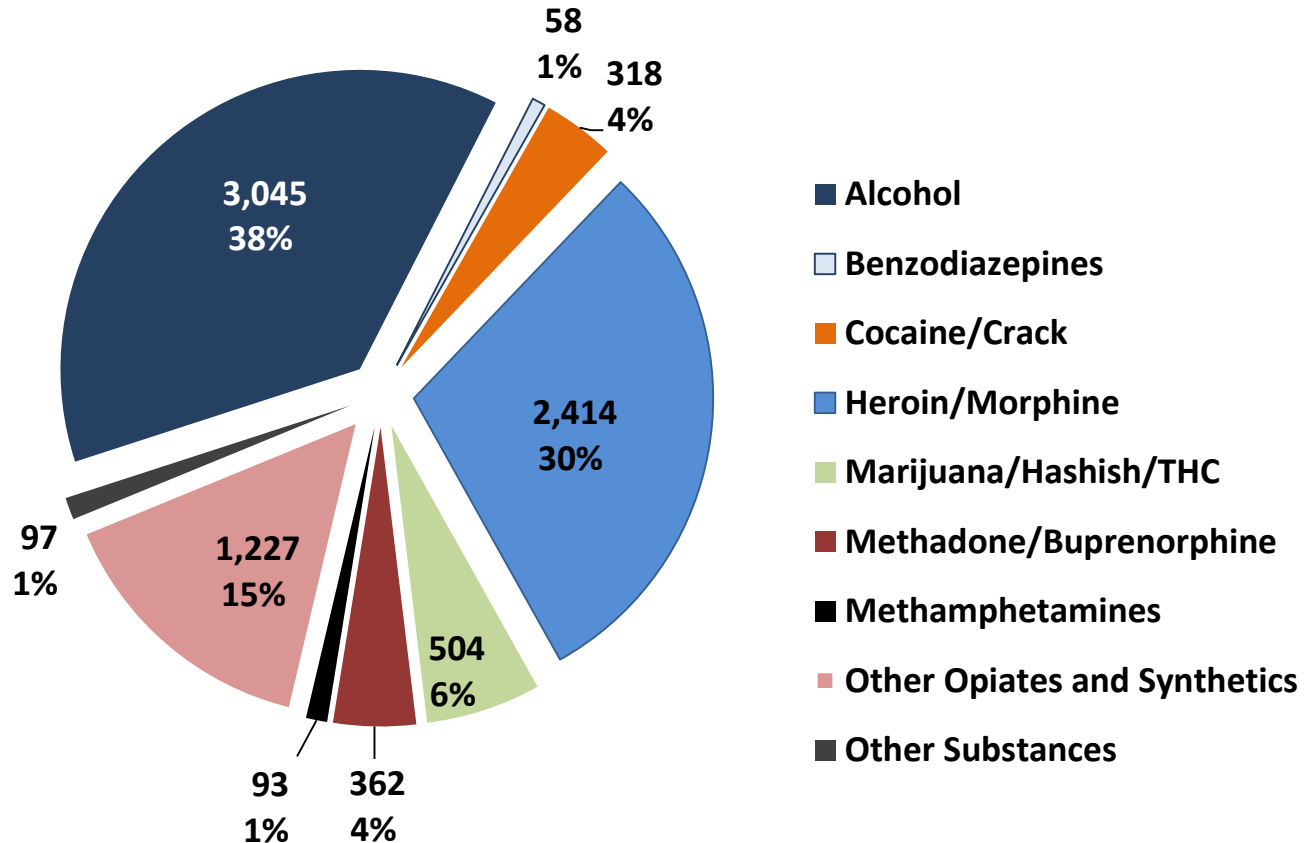


Treatment



Number and percentage of primary treatment admissions, by substance type: 2017*

*WITS data are not static; therefore 2017 numbers may be lower than true counts. Data were retrieved on 7/8/2018.

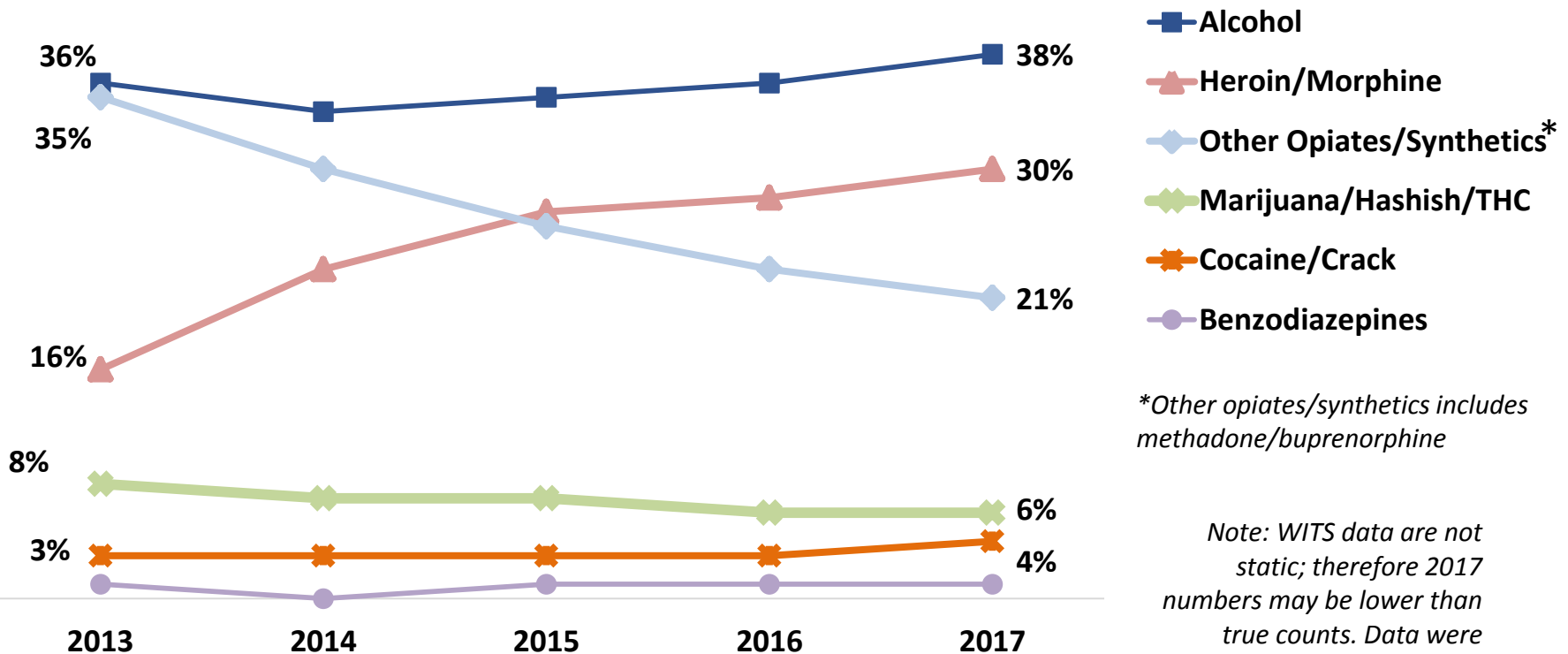


NOTE: WITS does not capture data from all treatment facilities or services provided in Maine and therefore is not a complete representation of ALL substance use treatment services provided in the state. There are many organizations and private practitioners such as primary care practitioners and independent substance use licensed counselors who are not mandated to enter data in to the system.

Percent of primary treatment admissions, by substance type: 2013–2017



The proportion of primary admissions related to synthetic opiates continues to decrease as primary admissions involving heroin/morphine continue to increase.



*Other opiates/synthetics includes methadone/buprenorphine

Note: WITS data are not static; therefore 2017 numbers may be lower than true counts. Data were retrieved on 7/8/2018.

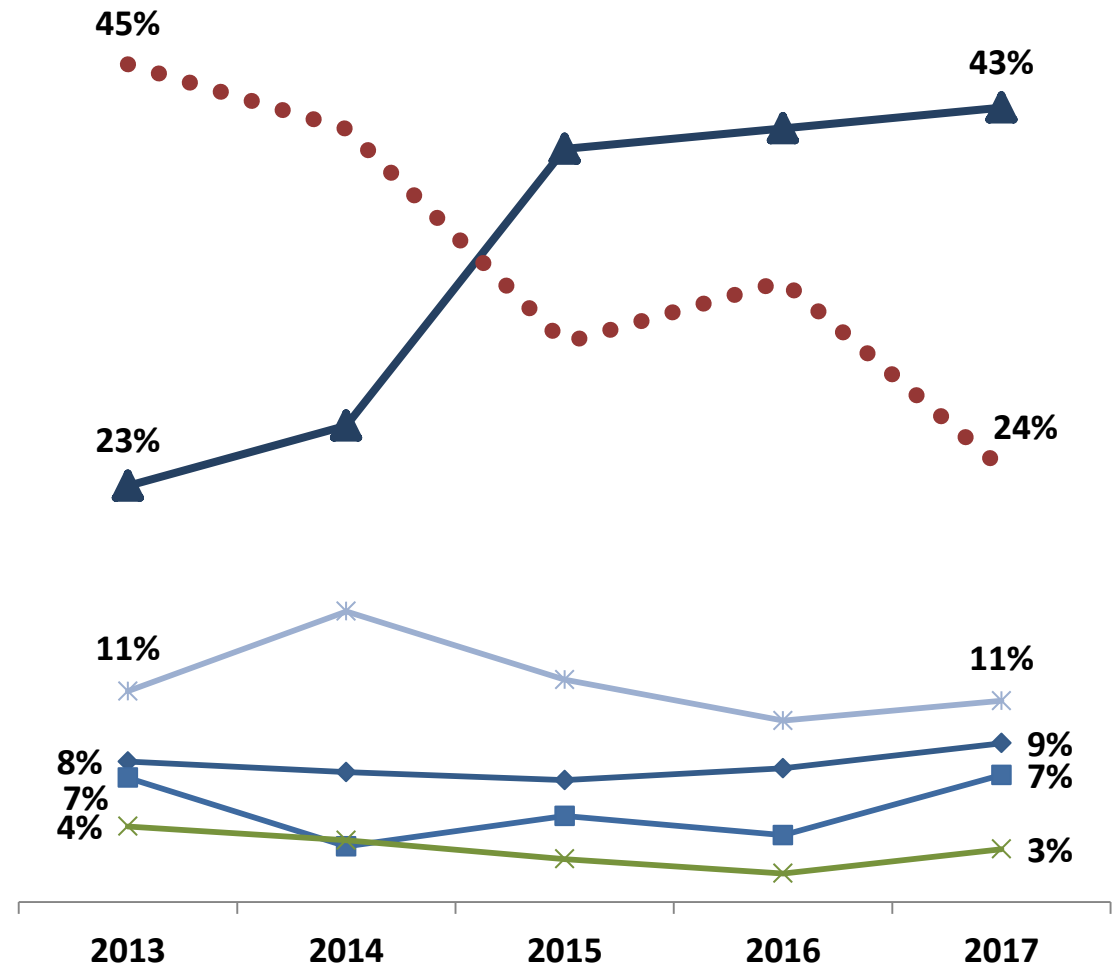
Source: WITS

Treatment admissions of pregnant women, by primary substance: 2013–2017*

In 2017, about eight out of ten treatment admissions for pregnant women were related to illicit or prescription opiates/opioids.



- ◆ Alcohol
- Cocaine/Crack
- ▲ Heroin/Morphine
- × Marijuana/Hashish/THC
- * Methadone/Buprenorphine
- Other Opiates and Synthetics



*WITS data are not static; therefore 2017 numbers may be lower than true counts. Data were retrieved on 7/8/2018.

Source: WITS

Executive Summary

Consequences

- The shift to more potent and volatile opioids has had a major impact on overdoses, crime, and health in Maine.
- Consequences (e.g., deaths, crime) arising from synthetic opiates have declined as those related to heroin and other illicit opioids have risen steadily.
- Drug related overdose deaths are driven by illicit drugs, particularly non-pharmaceutical fentanyl.
- The number of reports of drug affected babies (substance exposed infant) have begun to decline.
- Drugs such as methamphetamine, cocaine, and other addictive and dangerous prescription drugs (e.g., benzodiazepines, stimulants) have had a progressively negative impact in Maine.
- Cocaine has become more prevalent in drug overdose deaths, drug trafficking arrests, and treatment admissions.

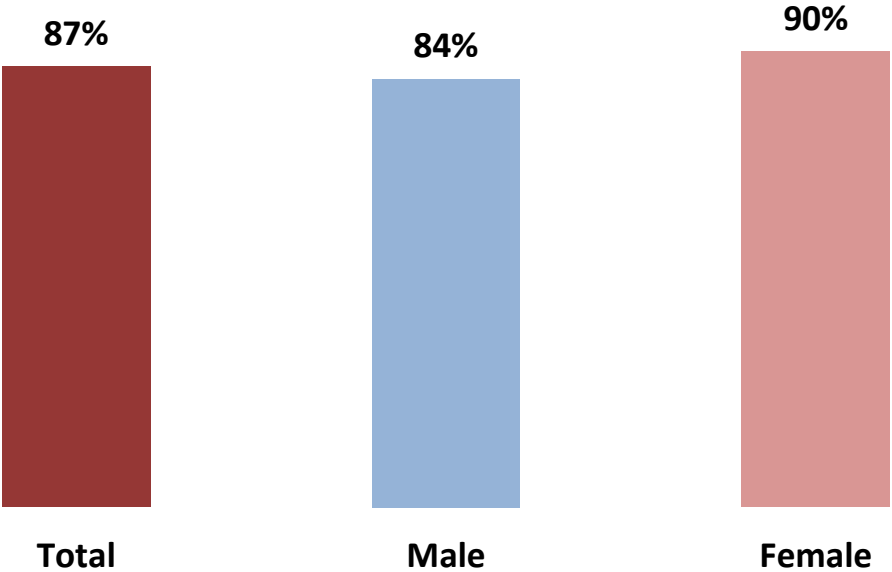
Contributing Factors

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



High school students who felt using a prescription drug not prescribed to them was harmful, by age group: 2017

Most high school students (87%) reported that it would be harmful if they took a prescription drug that was not originally prescribed to them. Female students were more likely to perceive a risk than males.



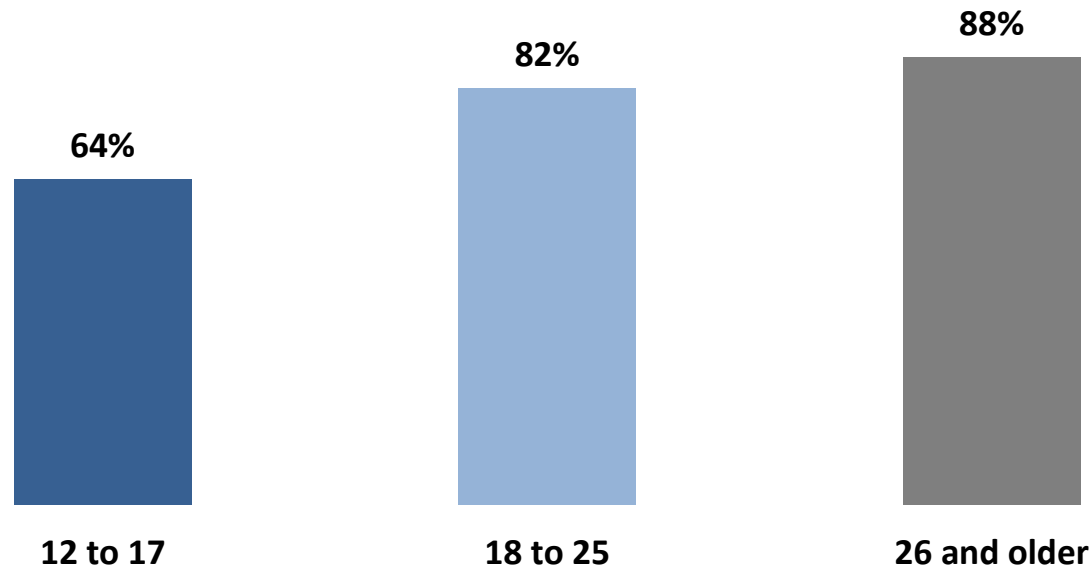
Although not shown, students who do not believe there is moderate-to-great risk in misusing prescription drugs are three times as likely to have ever misused prescription pain relievers as their peers who do perceive risk of harm.

Source: MIYHS

Mainers perceiving great risk from trying heroin once or twice, by age group: 2015-16



In 2015-16, the vast majority of adults reported that trying heroin once or twice was risky. Youth 12 to 17 were much less likely to perceive a risk; about six out of ten thought there was great risk from trying heroin once or twice.

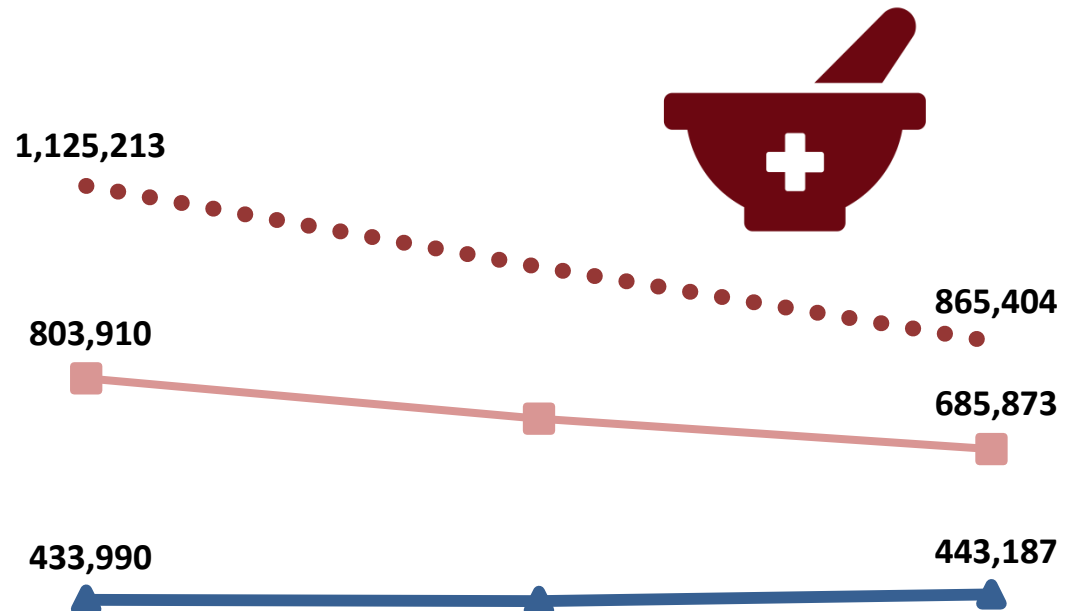


Number of prescriptions dispensed in Maine, by type: 2015–2017

● Prescriptions for opiate agonists* decreased by 23% from 2015 to 2017

■ Prescriptions for sedatives decreased by 15% from 2015 to 2017.

▲ Prescriptions filled for stimulants have remained stable since 2015.



**Opiate agonists only include opiates that activate opioid receptors within the body. This analysis does not contain opiate antagonists (e.g., buprenorphine), medications that are commonly used to block opioid receptors and prevent the body from responding to opiates.*

2015

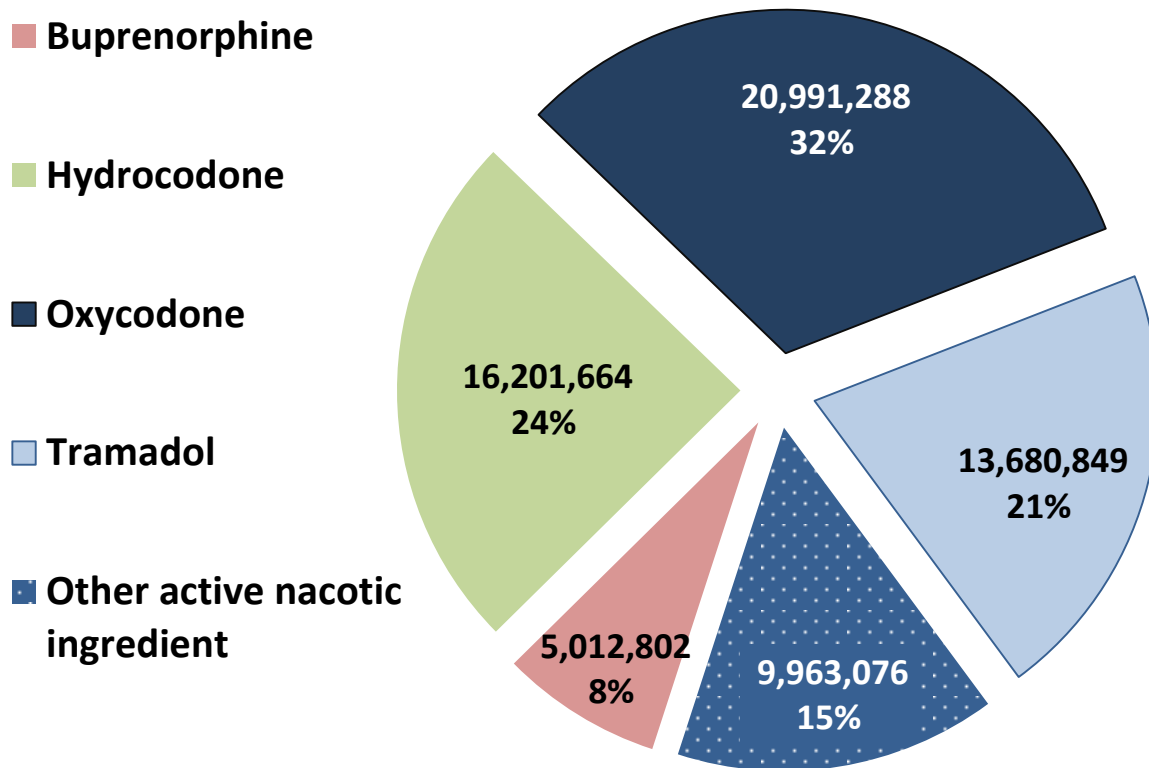
2016

2017

■ Sedative ▲ Stimulants ●●● Opiate Agonists*

Source: PMP

Number and percentage of narcotic doses dispensed, by primary active ingredient: 2017*



In 2017, a third of narcotic doses dispensed included the primary active ingredient oxycodone, one quarter included hydrocodone, and one fifth contained tramadol.



*Maine only prescribers

Source: PMP

Number of narcotic doses dispensed, by primary active ingredient: 2015–2017*

Total narcotic doses dispensed have decreased by 26% from 2015 to 2017.



TOTAL = 89,187,974



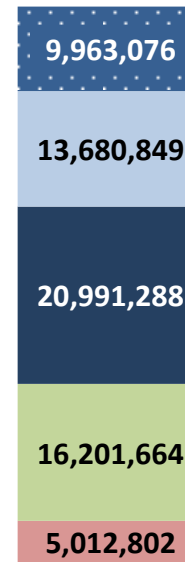
2015

TOTAL = 77,707,801



2016

TOTAL = 65,849,679

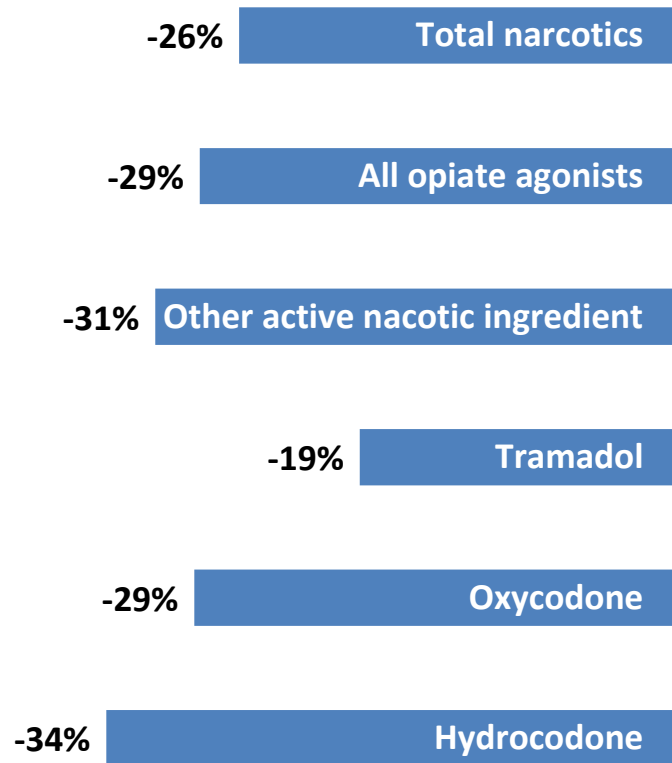


2017

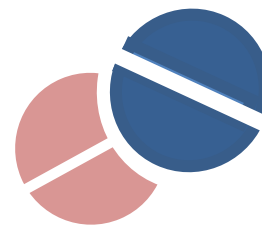
- Other
- Tramadol
- Oxycodone
- Hydrocodone
- Buprenorphine

*Maine only prescribers

Percentage change in number of narcotic doses dispensed, by type: 2015 to 2017



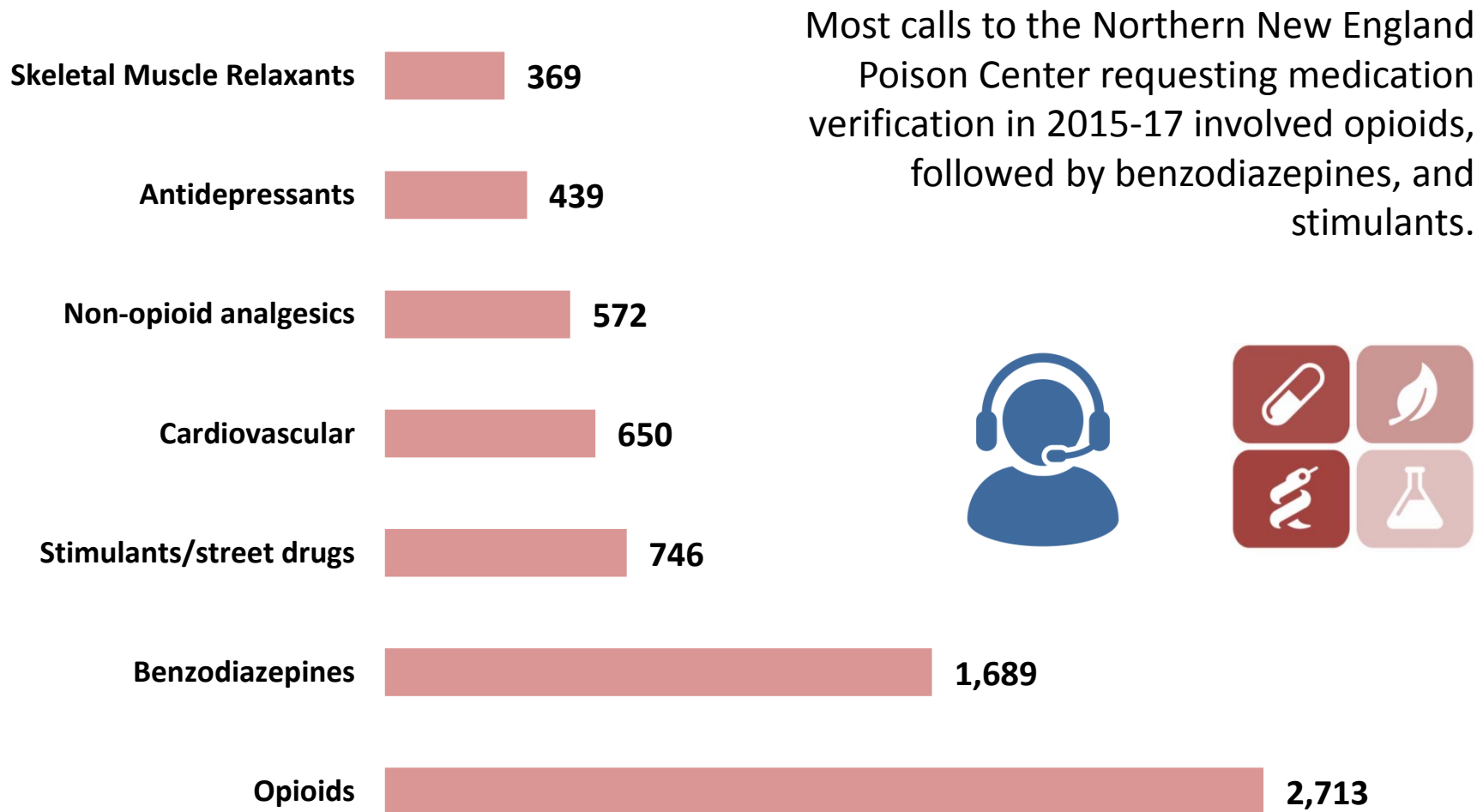
From 2015 to 2017, nearly all types of narcotic doses dispensed observed notable decreases. Buprenorphine, a medication primarily used for treatment for opioid use disorder increased by a third over this period.



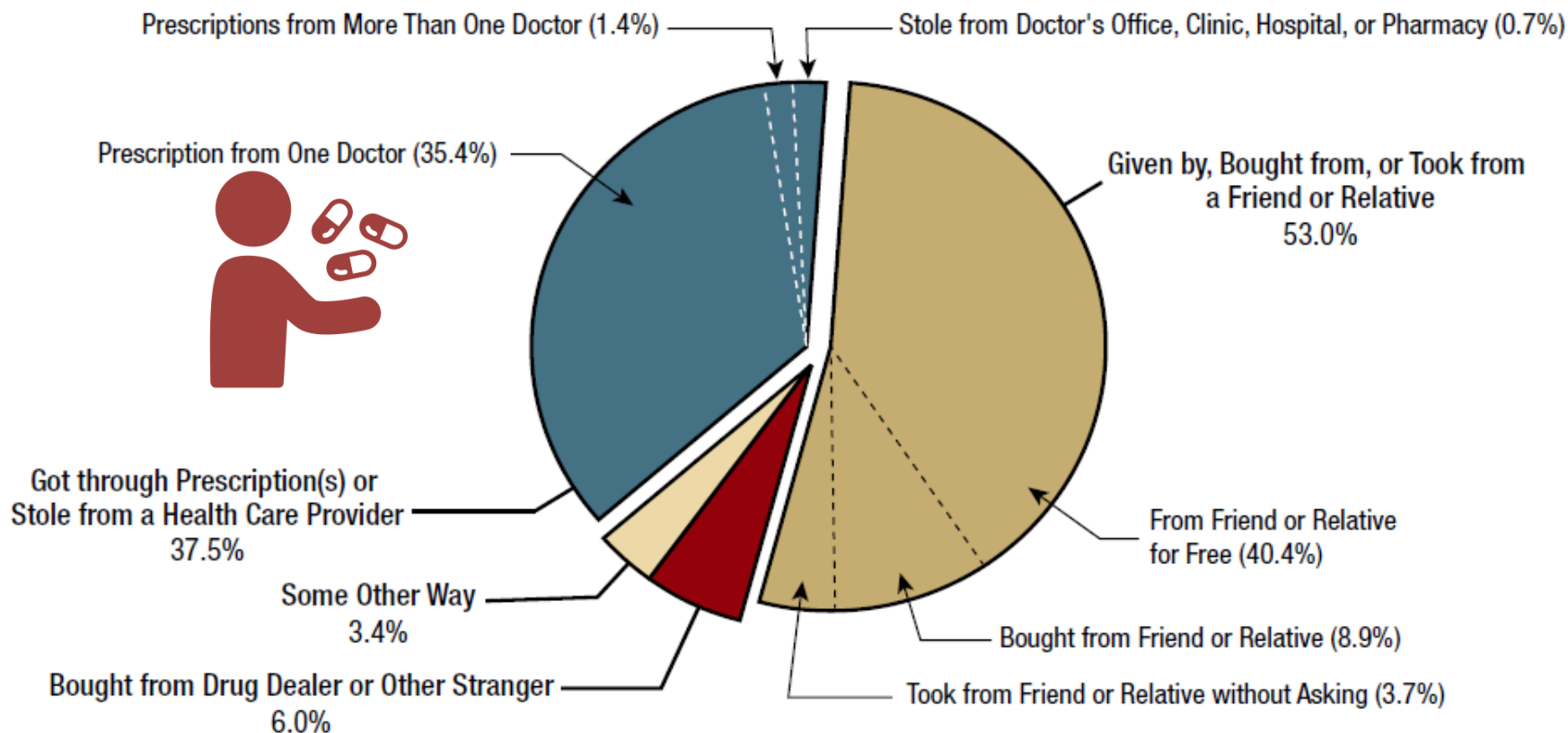
Source: PMP

*Maine only prescribers

Substances most frequently requested for medication verification by non-law enforcement, by type: 2015–17



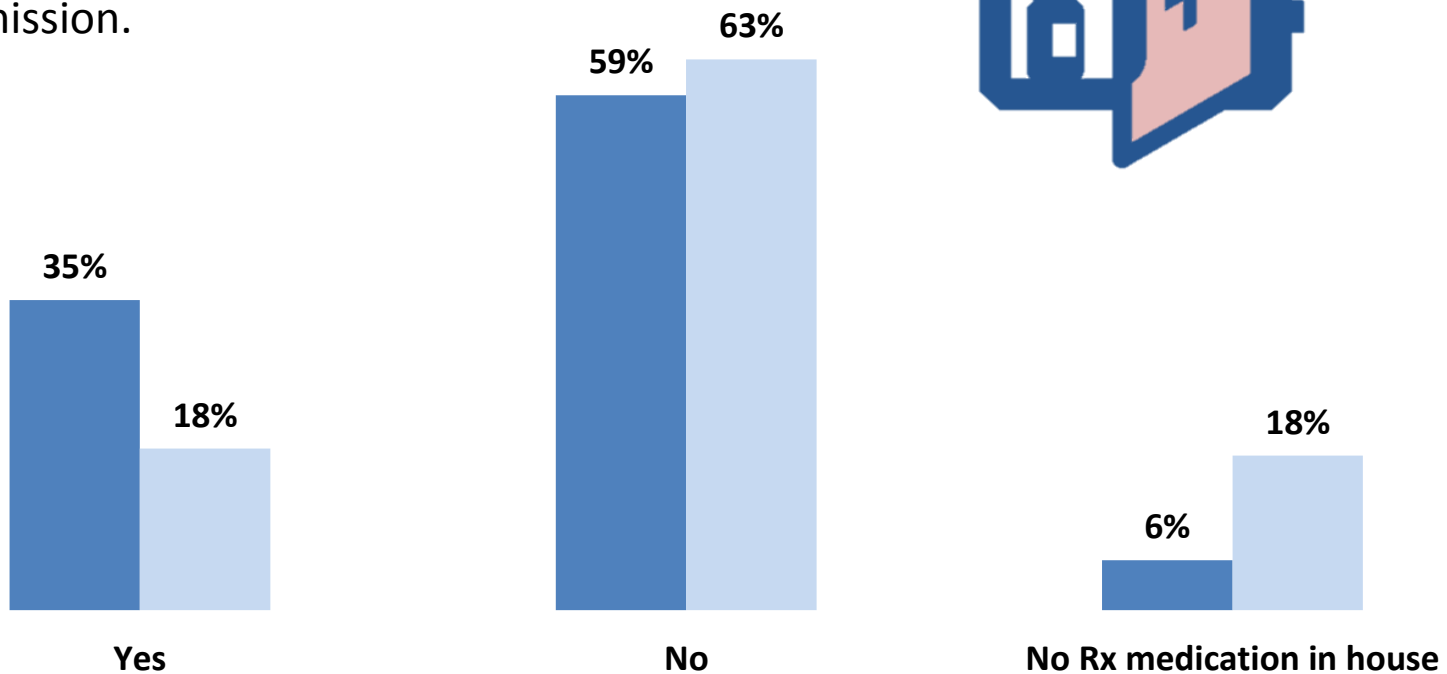
Percentage of sources where pain relievers were obtained for most recent misuse among people 12 or older who misused prescription pain relievers in the past year (United States): 2016



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH

Parent perception of teen accessibility of prescription drugs at home without parental knowledge: 2015-2017

In 2017, more than six out of ten parents felt that, at home, their teen would NOT be able to access prescription medications that were not prescribed to their teen, without permission.



Source: Maine Parent Survey

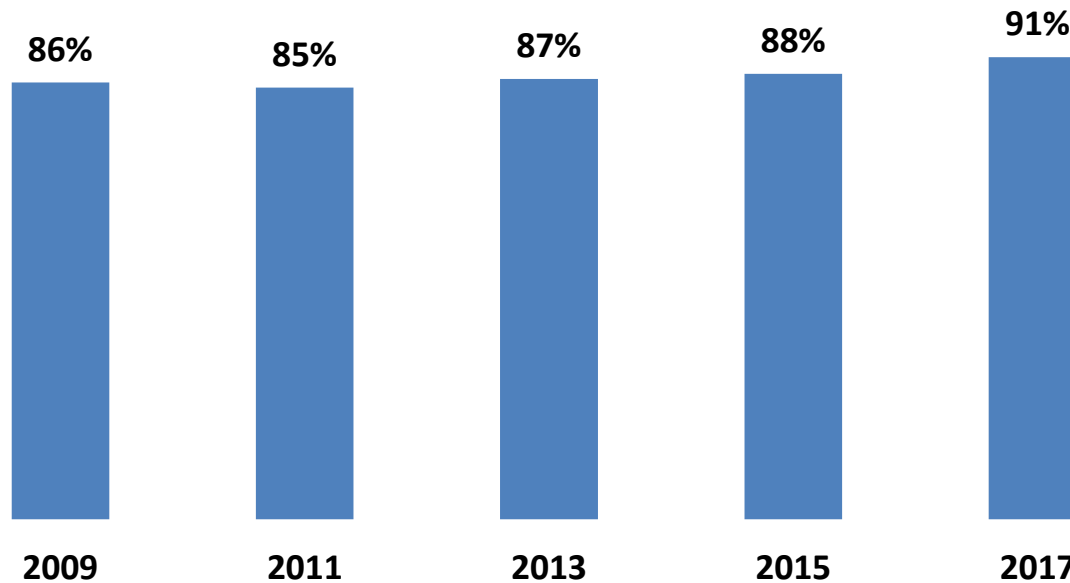
■ 2015 ■ 2017

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High school students who reported their family has clear rules about alcohol and drug use: 2009–2017



In 2017, nine in ten high school students reported that their family has clear rules around alcohol and drug use. Rates have been steadily increasing.



Source: MIYHS

Attribution Statements

According to the 2017 Maine Integrated Youth Health Survey, high students who:



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



*thought **cocaine and amphetamines were NOT easily accessible** were 8x less likely to have ever used cocaine.*



*thought there was a **moderate-to-great risk in misusing prescription drugs** were 3X less likely to have ever misused prescription pain relievers.*

Executive Summary

Contributing Factors

- Factors such as perception of harm from using a substance can have a significant role in determining whether an individual will initiate or continue use.
- The majority of Mainers feel that misusing opioids and prescription drugs poses a real risk.
- Perception of harm from using heroin appears to be lower among youth than adults.
- There is discrepancy between parental perceptions of their child's behaviors compared to the actual behaviors reported by youth.
- Availability and potential for diversion of prescriptions continues to be a concern.
- As prescriptions for pain relief have begun to stabilize and/or decrease, medication assisted treatment prescriptions (e.g., buprenorphine) have increased.
- It is imperative that we continue to track the dispensation of prescription drugs that have a greater potential for addiction and misuse (e.g., stimulants, sedatives)
- While considerable progress has been made in reducing the supply of prescription drugs, we must continue to address factors such as accessibility, perceptions of harm, and cultural norms.

Appendix A (Data Sources)

- *Behavioral Risk Factor Surveillance System (BRFSS)*
- *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 Drug Enforcement Agency (MDEA)*
- *Maine Emergency Medical Services (EMS)*
- *Maine Integrated Youth Health Survey (MIYHS)*
- *Maine Parent Survey*
- *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)*
- *SAMHS Parent Survey (administered by Pan Atlantic)*
- *Prescription Monitoring Program (PMP)*
- *Web Interactive Treatment System (WITS) 2-1-1 Maine*



**For more information including a source description and source contact information please visit www.maineSEOW.com*

Preferred Citation



Maine Department of Health and Human Services (DHHS), Maine State Epidemiological Outcomes Workgroup (SEOW). Opioids and Other Drugs in Maine. 2018

2018 Factsheets

SUBSTANCE USE IN MAINE – PRESCRIPTION & ILLICIT DRUGS

SEPTEMBER 2018

CONSUMPTION



In 2017, 6% of high school students misused prescription drugs in the past month.^{1†} One in ten high school students have ever misused a pain reliever.^{1*} Past year pain relievers misuse is more common among 18 to 25 year olds (7%) than those 26 and older (4%).^{2*}

In 2017, 7% of high school students ever used inhalants, 5% ever used cocaine, and 3% ever used heroin.³ Rates have maintained in recent years.^{1*}

In 2015-16, about 5,000 (0.48%) Mainers 12 and older used heroin in the past year.^{2†} The highest rate of use was among Mainers 18 to 25 year olds (1.15%).^{2†}

CONSEQUENCES



In 2017, there were 952 reports regarding infants born exposed to substances; this represented 8% of the live births in Maine. The number of drug affected baby reports declined by 7% from 2016 to 2017.³

In 2017, seven out of ten overdose deaths were related to illicit drugs. 85% of drug overdose deaths involved at least one opioid.⁴ After more than doubling between 2013 and 2016, the rate of change has slowed in 2017.⁴



While MDEA drug trafficking investigations for heroin have decreased by more than a third (35%), cocaine trafficking investigations nearly doubled between 2016 and 2017.⁵

In 2017, over half of primary treatment admissions were related either to illicit or pharmaceutical opioids/opiates.⁶



- ¹ Maine Integrated Youth Health Survey* ⁶ Web Infrastructure Treatment System
- ² National Survey on Drug Use and Health* ⁷ Prescription Monitoring Program
- ³ Office of Child and Family Services ⁸ Maine Parent Survey
- ⁴ Dr. Sorg, Office of Chief Medical Examiner ^{*}Self-reported data
- ⁵ Maine Drug Enforcement Agency

CONTRIBUTING FACTORS



In 2017, the vast majority of high school students (87%) believed that it would be harmful if they took a prescription drug that was not originally prescribed to them.^{1*}

Opiate agonist doses dispensed have decreased by 29% since 2015.⁷ In 2017, a little over 60 million doses (e.g., pills, patches) of opiate agonists† were dispensed in Maine.⁷ This represents an average of 45 doses for every person in Maine. †Opiate agonists include pain relievers but not opiates to assist in substance use treatment (e.g., buprenorphine, methadone).

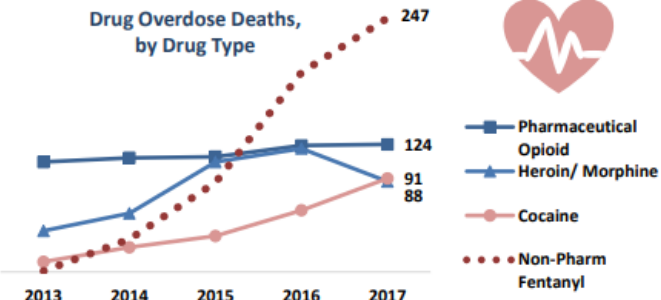
In 2017, one in five parents believed their teen could access prescription drugs without their knowledge.^{8*} However, high school youth have increasingly reported that their family has clear rules around drug and alcohol use.^{1*}



Progress has been made in reducing the supply of prescription drugs. We must continue to address access to and demand for illicit narcotics in Maine.

Drug related deaths involving both non-pharmaceutical fentanyl and/or cocaine have increased while those involving heroin decreased in 2017.⁴

Drug Overdose Deaths, by Drug Type



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

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