Quick Reference Guide for Substance Use Prevention in Maine

Updated September 15th, 2020

State Epidemiological Outcomes Workgroup www.MaineSEOW.com

Purpose (SEOW What?)

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov

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
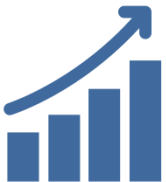
Our Method

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 of these 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 type of data is included in the quick reference guide. Data types include:

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

  - **Contributing Factors** – what are the factors that encourage substance use?

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

- The most recent data available as of 6/9/2020 are reported in the 2020 quick reference guide.

Alcohol Quick Reference Guide

Population	Source	Type	Indicator	Year(s)	Aroostook	Central	Cumber-land	Downeast	Midcoast	Penquis	Western	York	Maine
7th - 8th Grade	MIYHS	Consumption	Past 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%
9th-12th Grade			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%
		Contributing Factor	Students who thought binge drinking once or twice a week was NOT risky	2017	22%	19%	16%	20%	18%	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%
				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%	53%	48%	49%	50%	50%
			Students 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%
			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	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 licensees 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	Consumption	Past 30 day alcohol use (any) among 18 to 20	2013-16	25%	29%	49%	22%	49%	39%	34%	55%	41%
				2014-17	28%	31%	49%	31%	48%	51%	34%	60%	45%
18 to 25			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+			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	Consequence	Alcohol-related arrest rate per 10,000 residents	2016-17	42.1	69.3	57.8	48.2	59.0	53.8	46.1	65.8	57.0
				2017-18	36.0	60.1	57.7	40.3	56.3	46.7	42.4	63.5	52.9
	EMS		EMS overdose responses related to alcohol per 10,000 resisdents	2019	15.4	32.8	35.3	17.1	19.2	30.7	28.4	28.3	28.3
	CDC Syndromic		ED visits related an alcohol overdose per 10,000 residents	2018	103.9	165.5	149.1	100.7	119.4	129.4	145.9	86.7	130.0
				2019	103.6	144.0	159.6	113.4	114.8	125.6	166.4	86.7	132.3
	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

Prescription Drug/Opioid Quick Reference Guide

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

Marijuana Quick Reference Guide

Population	Source	Type	Indicator	Year(s)	Aroostook	Central	Cumber-land	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	15%	19%	19%	19%	22%	17%	22%	18%	19%
				2019	18%	21%	24%	21%	23%	18%	23%	22%	22%
			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%	14%	16%	17%	11%	17%	10%	13%
				2019	11%	10%	19%	11%	11%	9%	13%	13%	13%
	MIYHS		Inititiation of marijuana among students who reported ever using (% student who reported use before age 13)	2017	24%	22%	15%	14%	20%	22%	24%	17%	19%
				2019	14%	20%	13%	15%	21%	17%	20%	15%	17%
9th-12		Contributing Factor	Students who felt it would be easy to access marijuana	2017	47%	52%	51%	56%	56%	49%	55%	51%	52%
				2019	50%	54%	52%	56%	55%	51%	56%	51%	53%
			Students who reported smoking marijuana at least once or 2x a week would NOT harm them	2017	58%	64%	62%	68%	66%	65%	69%	65%	65%
				2019	63%	67%	65%	70%	68%	65%	69%	67%	67%
			Students who felt their friends would NOT think it was wrong for them to smoke marijuana	2017	44%	52%	55%	58%	57%	50%	57%	54%	54%
				2019	51%	55%	56%	57%	59%	53%	59%	55%	56%
			Students who felt their parents would think it was NOT wrong for them to smoke marijuana	2017	15%	20%	17%	21%	21%	17%	23%	19%	19%
				2019	16%	23%	18%	23%	22%	18%	24%	19%	20%
			Students who felt it was NOT wrong for kids their age to smoke marijuana	2017	39%	45%	47%	48%	49%	44%	50%	47%	47%
				2019	40%	49%	50%	50%	51%	45%	50%	49%	49%
			Students who felt a kid smoking in their neighborhood would NOT be caught by police	2017	78%	78%	74%	80%	79%	76%	78%	74%	76%
				2019	76%	80%	77%	81%	81%	78%	78%	75%	78%
Parents of 7th-8th	Parent Survey		Parents who felt their child using marijuana once or twice per week is a moderate or great risk	2019	55%	49%	50%	56%	49%	48%	53%	53%	52%
18-25	BRFSS		Past 30 day use of Marijuana among 18 to 25	2017	10.8%	11.8%	11.5%	13.0%	12.0%	10.8%	11.9%	10.5%	11.7%
				2018	Coming soon								
		Consumption	Past 30 day use of Marijuana among 12+	2014-16	14.0%	14.7%	15.7%	15.3%	14.0%	16.2%	15.2%	13.4%	14.9%
				2016-18	15.3%	16.8%	18.9%	14.2%	16.0%	16.9%	17.9%	16.1%	17.0%
12 +	NSDUH		Past year use of Marijuana among 12+	2014-16	17.6%	20.3%	21.6%	20.4%	19.9%	20.4%	21.0%	19.4%	20.4%
				2016-18	19.8%	23.1%	27.2%	19.0%	23.0%	22.5%	24.3%	22.3%	23.5%
		Contributing Factor	Past year marijuana initiation rate (Used marijuana for the first time in the past year)	2014-16	1.7%	2.3%	2.8%	2.1%	2.5%	2.5%	2.4%	2.6%	2.5%
				2016-18	2.4%	3.1%	3.7%	2.3%	2.6%	2.9%	3.3%	2.9%	3.0%
	CDC Syndromic		ED visits related to a cannabis overdose per 10,000 residents	2018	39.0	58.5	23.9	28.9	29.6	48.7	66.7	8.4	37.1
				2019	41.5	33.7	25.4	34.9	28.0	41.1	64.8	5.8	32.9
All Ages	WITS	Consequences	Number of Primary Treatment Admissions due to marijuana per 10,000 residents	2017	4.9	4.1	6.2	5.7	1.2	2.1	6.9	1.2	4.1
				2018	1.3	3.9	4.6	4.1	1.4	3.3	5.4	0.6	3.3
	DPS-UCR		Marijuana-related arrests for possessions per 10,000 residents	2016-17	8.7	14.4	8.2	8.7	10.8	16.2	8.8	17.4	11.8
				2017-18	3.0	4.1	4.5	2.8	3.9	9.4	3.2	7.6	5.1

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. The most recent data available are from 2017. 2017 BRFSS estimates are preliminary.

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. DPS data are now available from 2018. 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

 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 and Control in 2007, 2008, 2009, 2011, 2013, 2015, 2017 and most recently in 2019. The survey was redesigned in 2019 to increase its emphasis on questions relating to teenage use of marijuana and prescription drugs.

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. MIYHS defines binge-drinking as consuming five or more drinks in a row. As of the date of this report, the most recent data available are from 2017.

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.

Source Descriptions and Notes

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; as of this report, data at the sub state level are available from 2014–16.

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.

Alcohol Use Disorder is defined as meeting criteria for alcohol dependence or abuse. Dependence or abuse is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

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 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 2018 and 2019. 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 departments1 participating in syndromic surveillance reporting approximately 2000 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 are based on patient residence.

Maine Syndromic Dashboard can be found here: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/syndromic/index.shtml

Web Infrastructure for Treatment Services (WITS). 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 Maine. WITS is the State system that all licensed substance use treatment agencies are required by licensing rule to submit all substance use treatment services rendered into. However, 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 into the system. Analyses in this report are based on client-reported primary, secondary and tertiary drug(s) of choice, as well as other demographic and background information that is collected at intake. It is important to note that the WITS system is not static; therefore, 2018 numbers may be artificially low. Drug categories included in this report are alcohol, marijuana, and synthetic opiates.
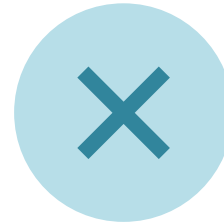
Potential Data Considerations

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 website
- MIYHS Dashboard
- 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

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For more information and resources

please visit: www.maineseow.com