

SEOW Webinar Series Part 1: Consumption/Prevalence of Substances in Maine



By Tim Diomedede, MPPM

October 2017



Paul R. LePage, Governor

Ricker Hamilton, Acting Commissioner

Agenda

- Purpose of the SEOW
- Presentation of Key Findings
- New and Updated Resources
- Questions

SEOW What?

(Purpose of the State Epidemiological Outcomes Workgroup)

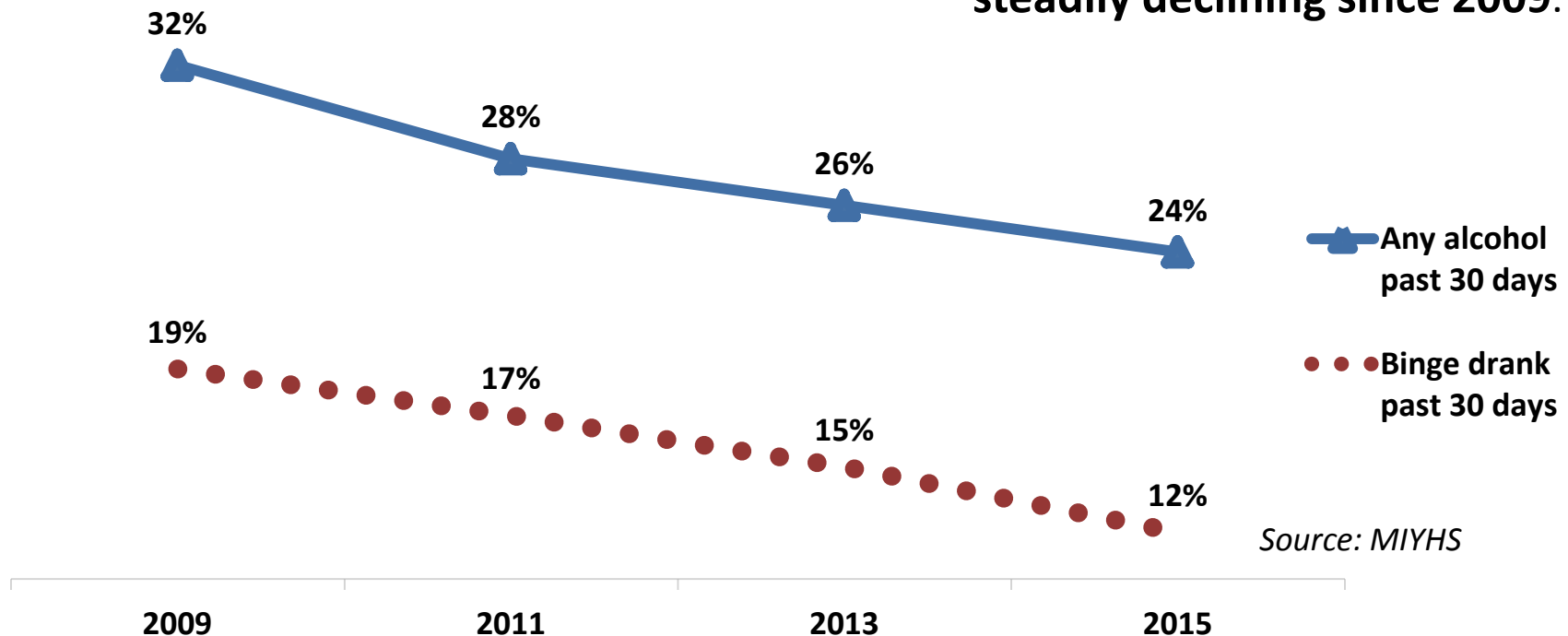
- Promote systematic, data-driven decision-making
- Guide effective and efficient use of *prevention* resources
- Identify, track, and detect emerging substances/trends
- Serve as a clearing house and facilitator
- Help secure funds and measure progress
- Opportunity for networking and collaboration

Consumption

(surveillance data)

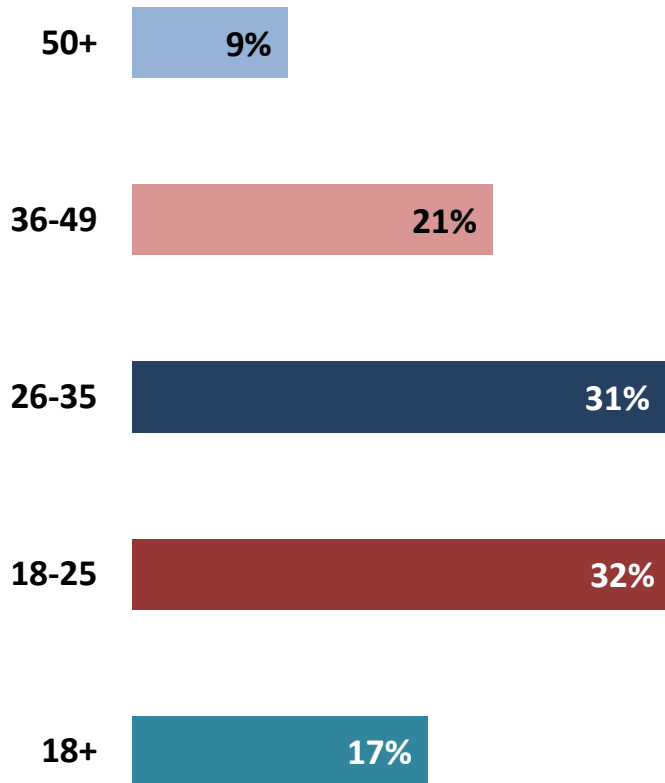
Past month alcohol use among high school students: 2009-2015

In 2015, **one in four high school** students drank **any alcohol in the past month** and about **one in ten binge drank**. Alcohol use rates among Maine high school students have been **steadily declining since 2009**.



Source: MIYHS

Maine adults reporting binge drinking in past 30 days, by age group: 2014-15



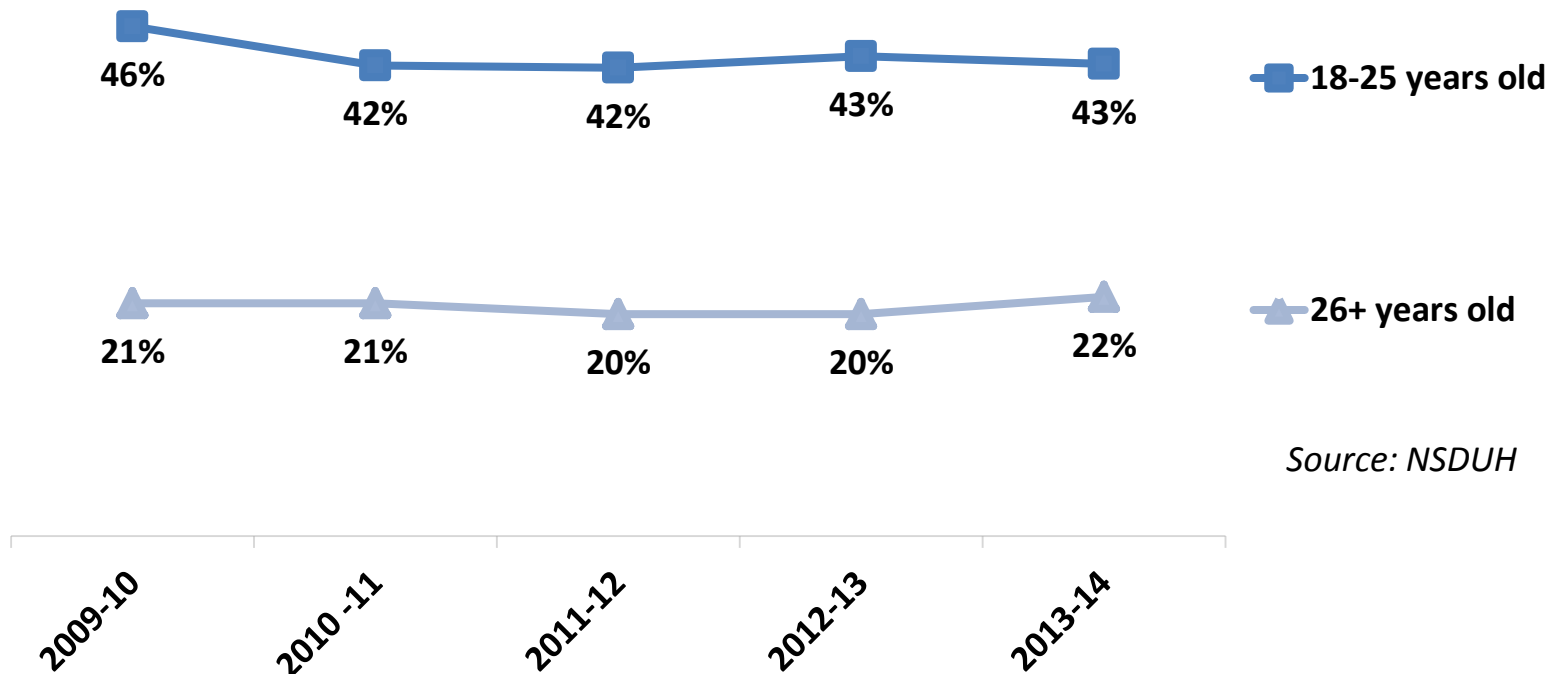
Source: BRFSS

About **one in three 18 to 25** year olds **binge drank** in the past month. **Mainers 26 to 35** also had similar rates with **three out of ten** reporting having binge drank in the past month.

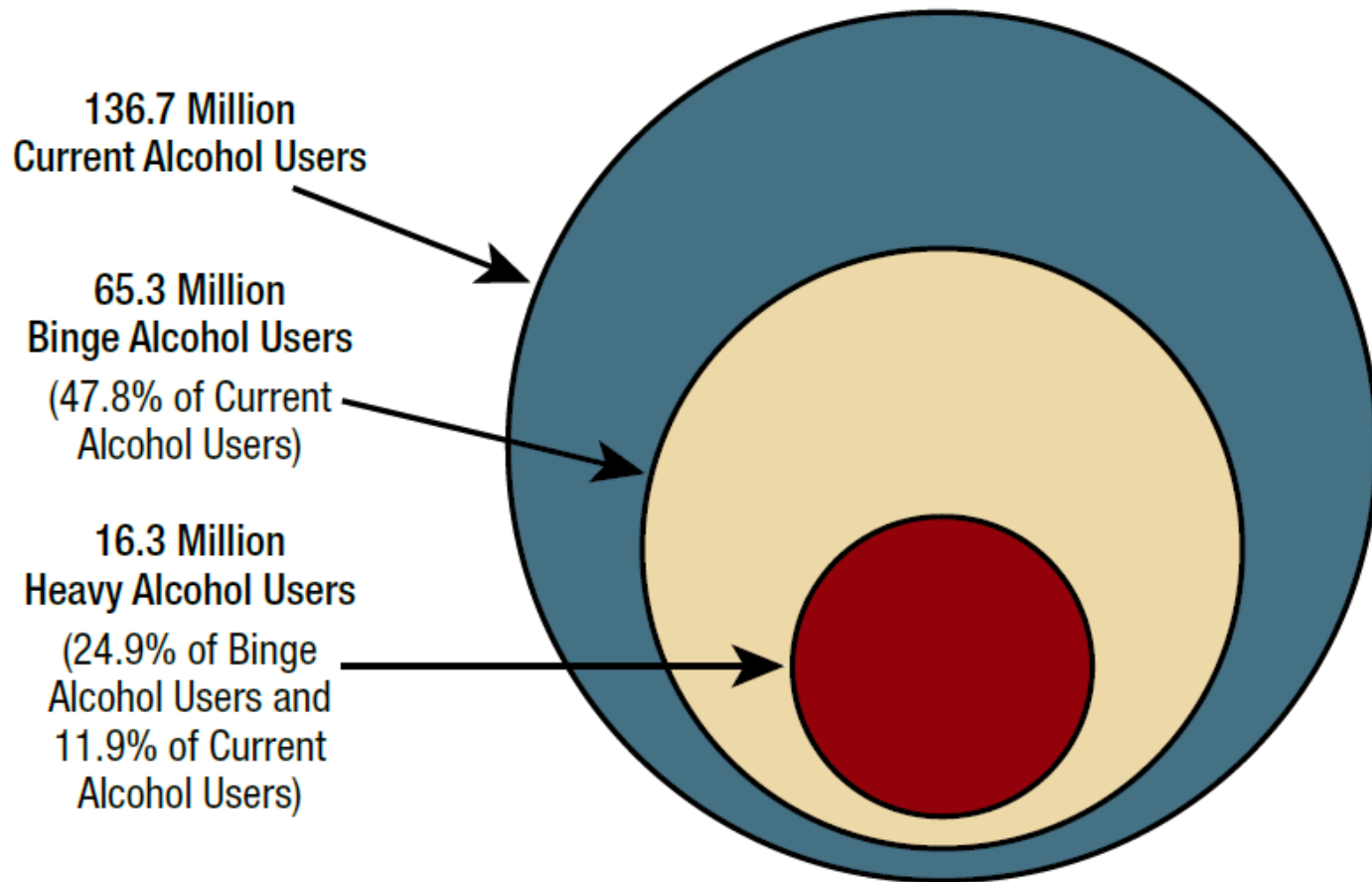


Maine Adults reporting binge alcohol use in past month, by age group

According to National Survey on Drug Use and Health, **Binge drinking** rates have held relatively **stable among adults** over the past several years.



Current, binge, and heavy alcohol Use among people 12 or older, United States: 2016



Alcohol use disorder defined by DSM-IV

Any 1 = Alcohol Abuse

- Found that drinking-or being sick from drinking-often interfered with taking care of your home or family?
- More than once gotten into situations while or after drinking that increased your chances of getting hurt
- More than once gotten arrested, been held at a police station, or had other legal problems because of your drinking? (Not included in DSM-5)
- Continued to drink even though it was causing trouble with your family or friends?



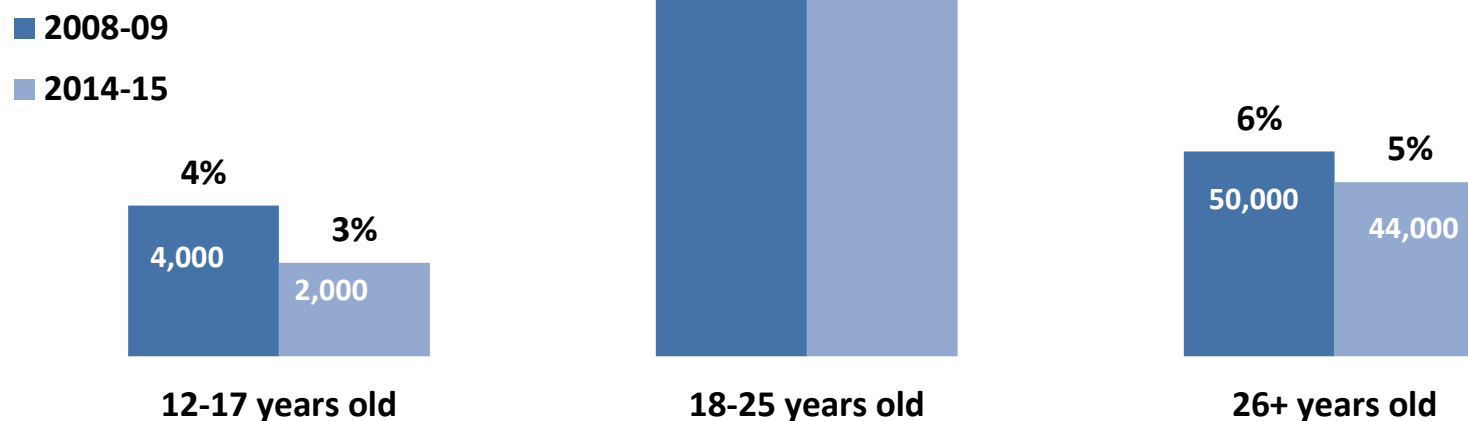
Any 3 = Alcohol Dependence

- Had to drink much more than you once did to get the effect you want?
- Found that when effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure?
- Had times when you ended up drinking more, or longer than you intended?
- More than once wanted to cut down or stop drinking, or tried to, but couldn't?
- Spent a lot of time drinking? Or being sick getting over aftereffects?
- Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?

Alcohol use disorder* (dependence or abuse) in the past year, by age (percentage and count) in Maine: 2008-09 to 2014-15

**Note: Alcohol Use Disorder is defined as meeting criteria for alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).*

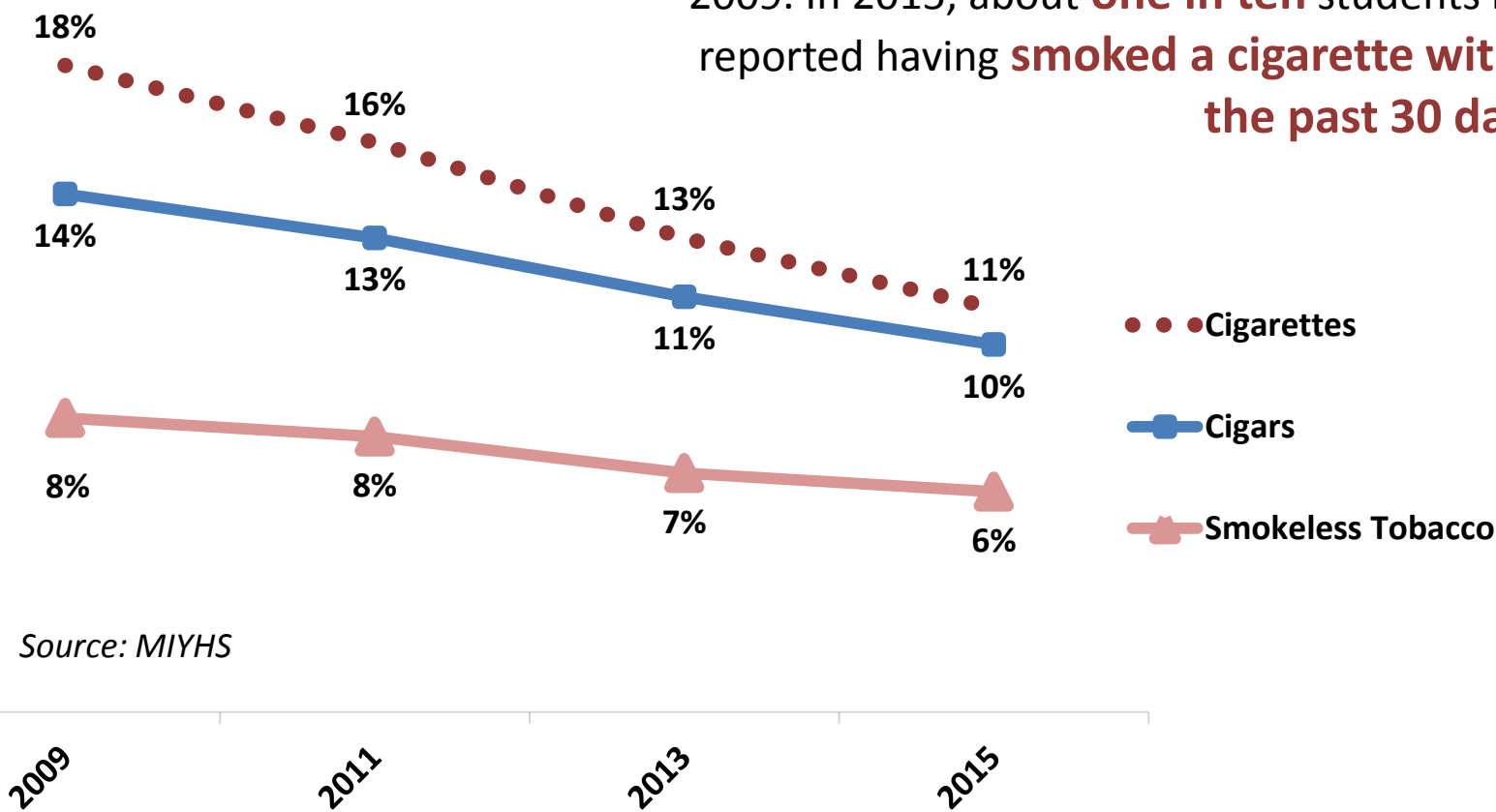
In 2014-15, 61,000 (5%) Mainers 12 and older **qualified as having an alcohol use disorder**. A little over **one in ten 18 to 25 year olds** had an alcohol disorder in 2014–15; representing **30% decrease** since 2008–09.



Source: NSDUH

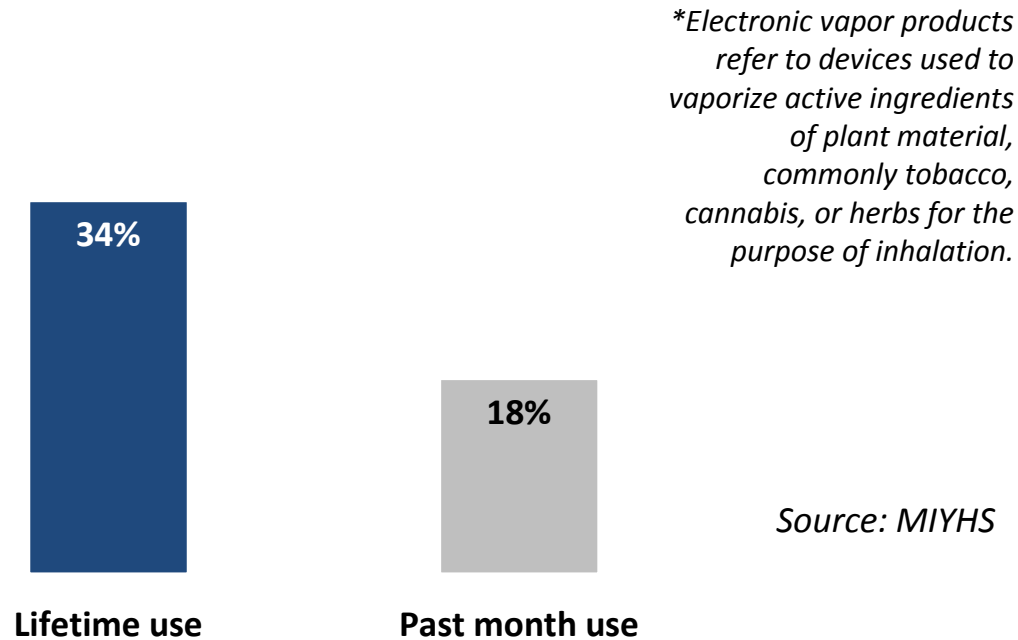
Maine high school students who used tobacco during past month, by tobacco type: 2009-2015

The use of tobacco products by high school students has been decreasing steadily since 2009. In 2015, about **one in ten** students had reported having **smoked a cigarette within the past 30 days**.



Source: MIYHS

Maine high school students who used an electronic vapor product* in the past month or lifetime: 2015

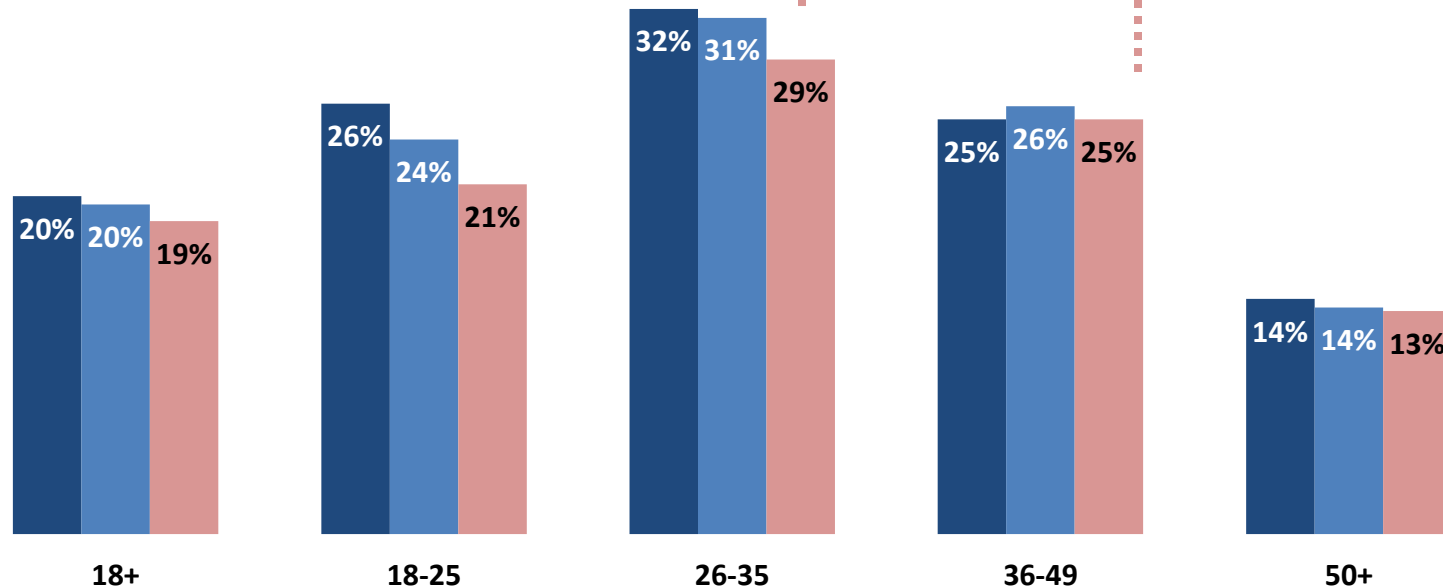


One in three high school students **ever used an electronic vapor product** and one in five used one in the past month. (Trending data is unavailable).

Past month cigarette use among Maine adults, by age group: 2012–13 to 2014–15

In 2014-15, **nearly a third** of 26 to 35 year olds reported smoking cigarettes in the past month.

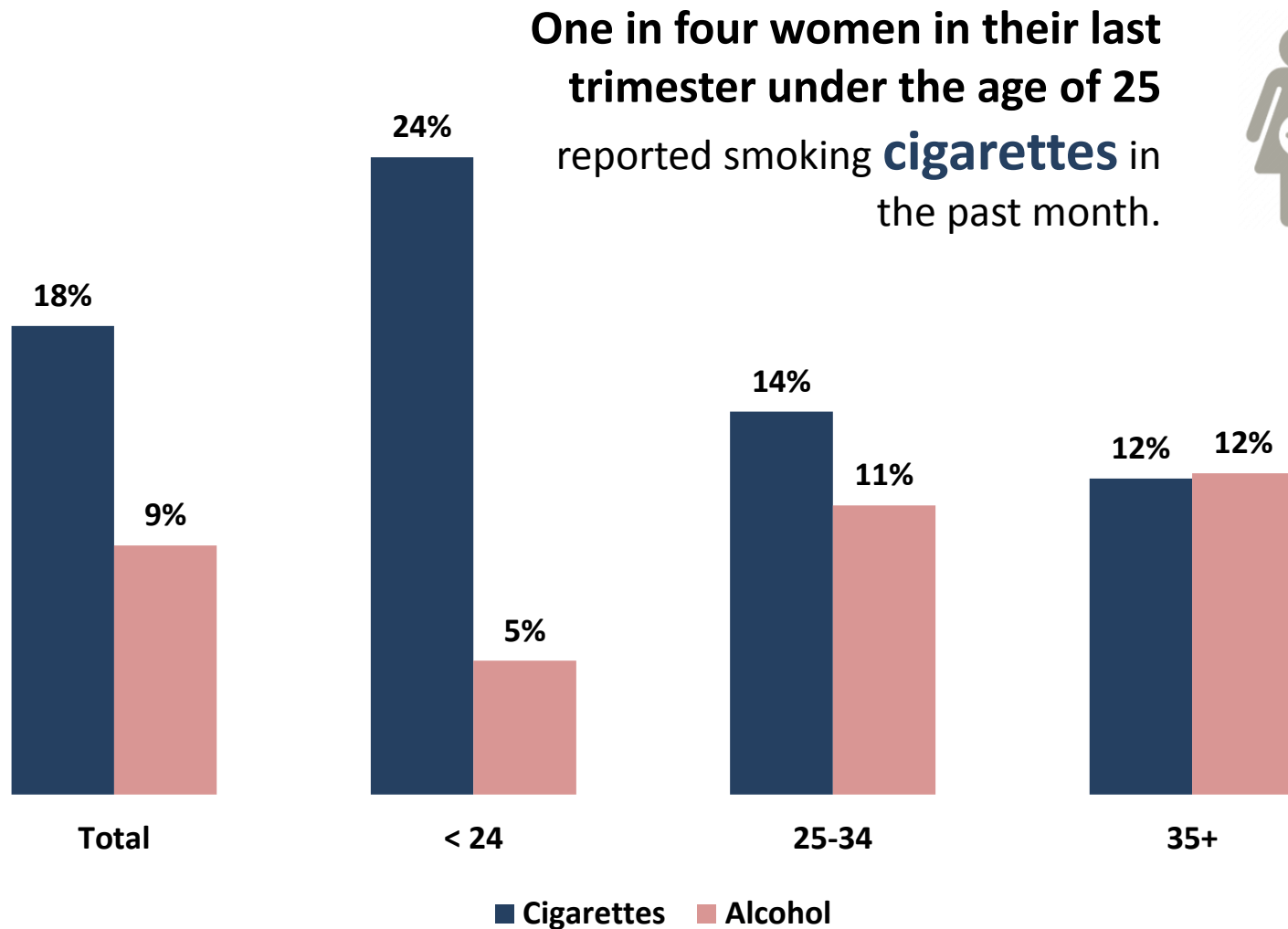
One in four Mainers between 36 and 49 are current cigarette smokers.



Source: BRFSS

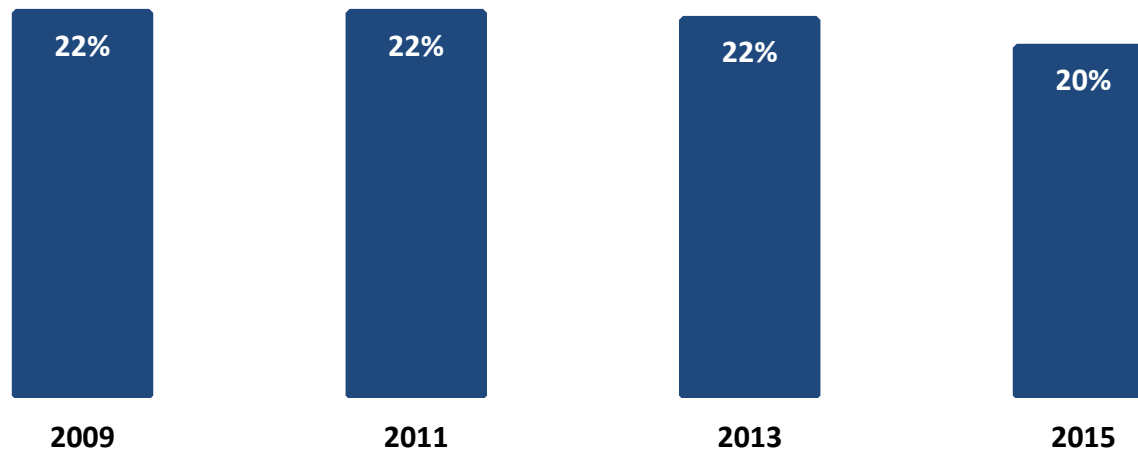
■ 2012-13 ■ 2013-14 ■ 2014-15

Maine women reporting alcohol or cigarette use during last trimester of pregnancy, by age: 2012–14



Source: PRAMS

Maine high school students who have used marijuana at least once in the past month: 2009-2015

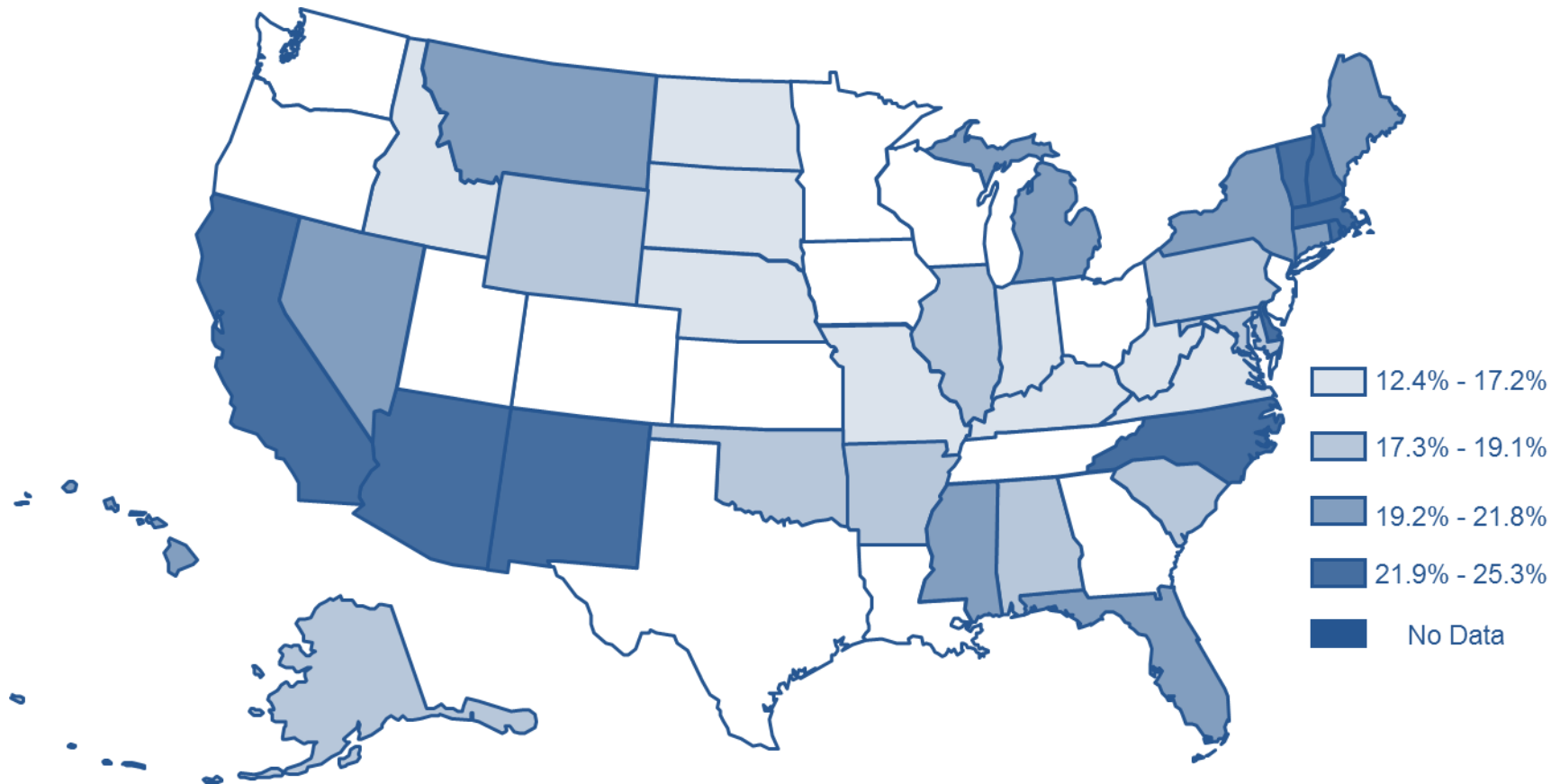


Source: MIYHS



In 2015, **one in five high school students** reported using **marijuana within the past month**. Rates have been stable over time.

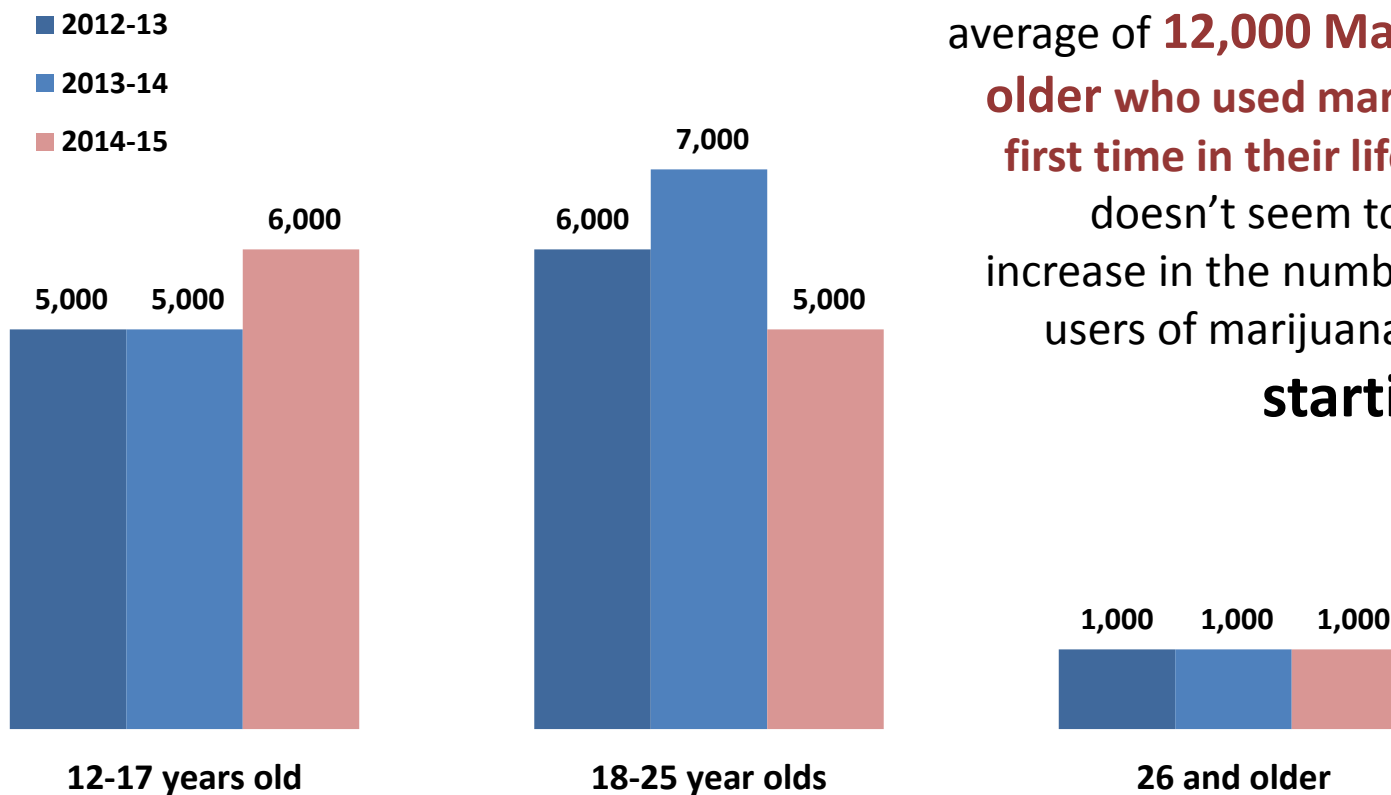
Percentage of high school students who currently used marijuana*: 2015



Source: YRBS

In terms of past month **marijuana use among high school students**, **Maine** appears to be in the **2nd highest quartile among States**.

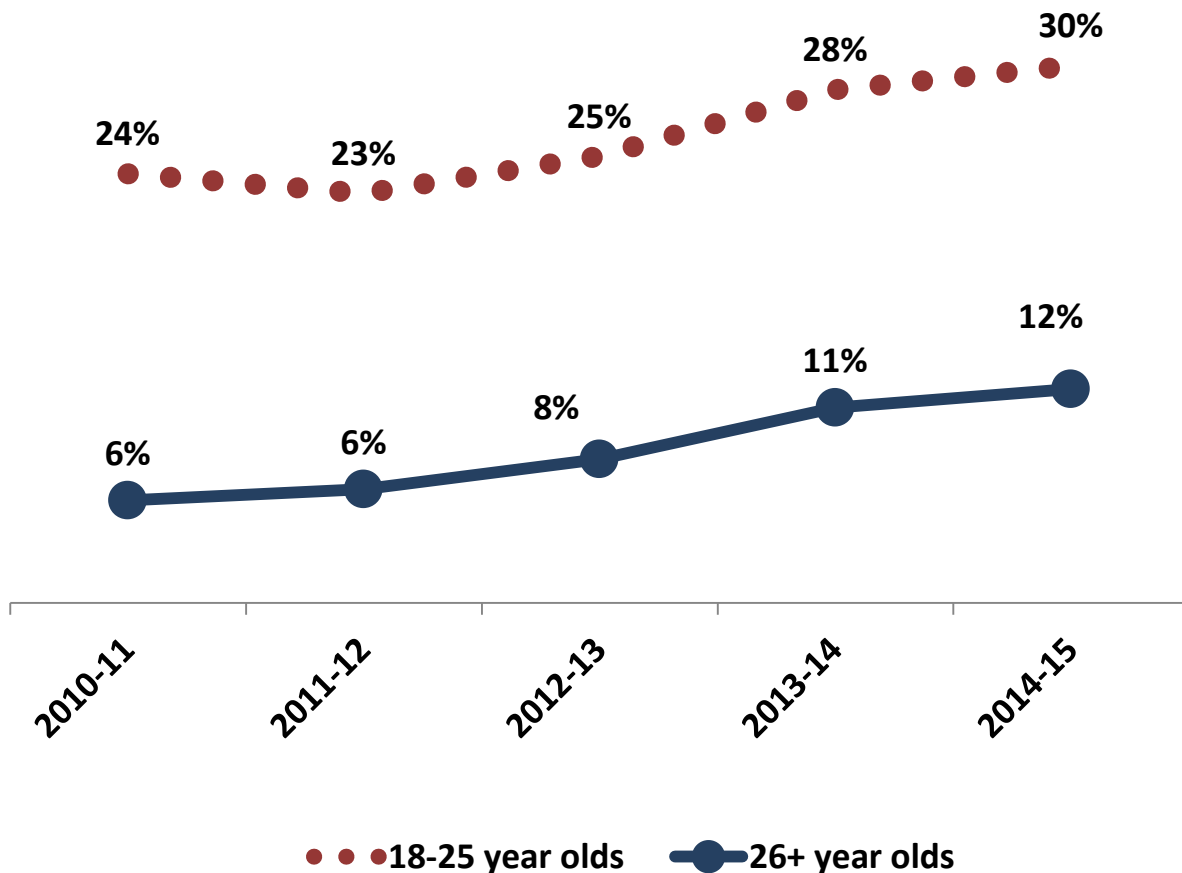
Average annual number of marijuana initiates in Maine, by age group: 2012-13 to 2014-15



In 2014–15, there was an annual average of **12,000 Mainers 12 and older who used marijuana for the first time in their life**. While there doesn't seem to be an overall increase in the number of initiates, users of marijuana appear to be **starting earlier**.

Source: NSDUH

Maine adults reporting marijuana use in past month, by age group: 2010-11 to 2014-15

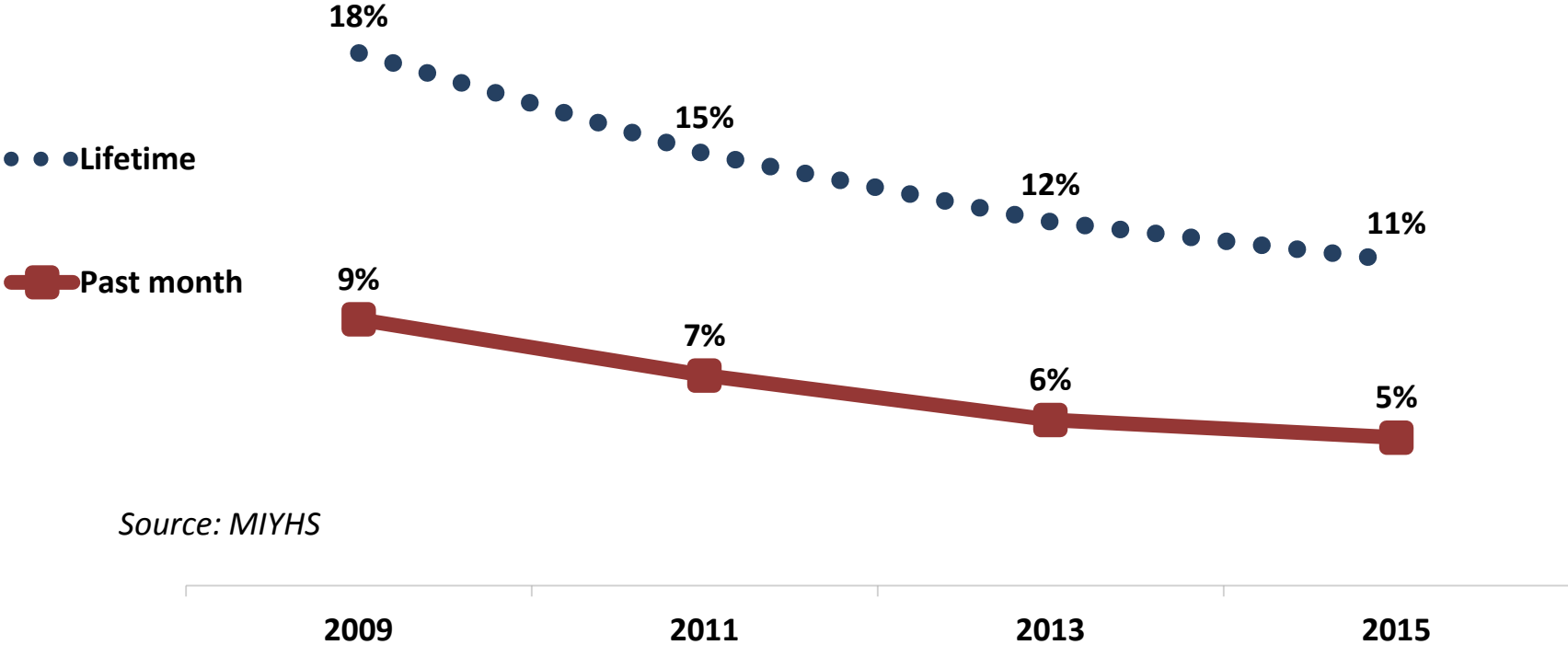


The highest rates of **marijuana** use are found among young adults ages **18 to 25**. Marijuana use rates among adult Mainers have been steadily increasing over the past several years.

Source: NSDUH

Maine high school students who have taken prescription drugs that were not prescribed to them: 2009-2015

In 2015, about **one in ten** high school students reported **misusing a prescription drug in their lifetime**. **One in twenty** students (5%) reported **misusing a prescription drug within the past month**.

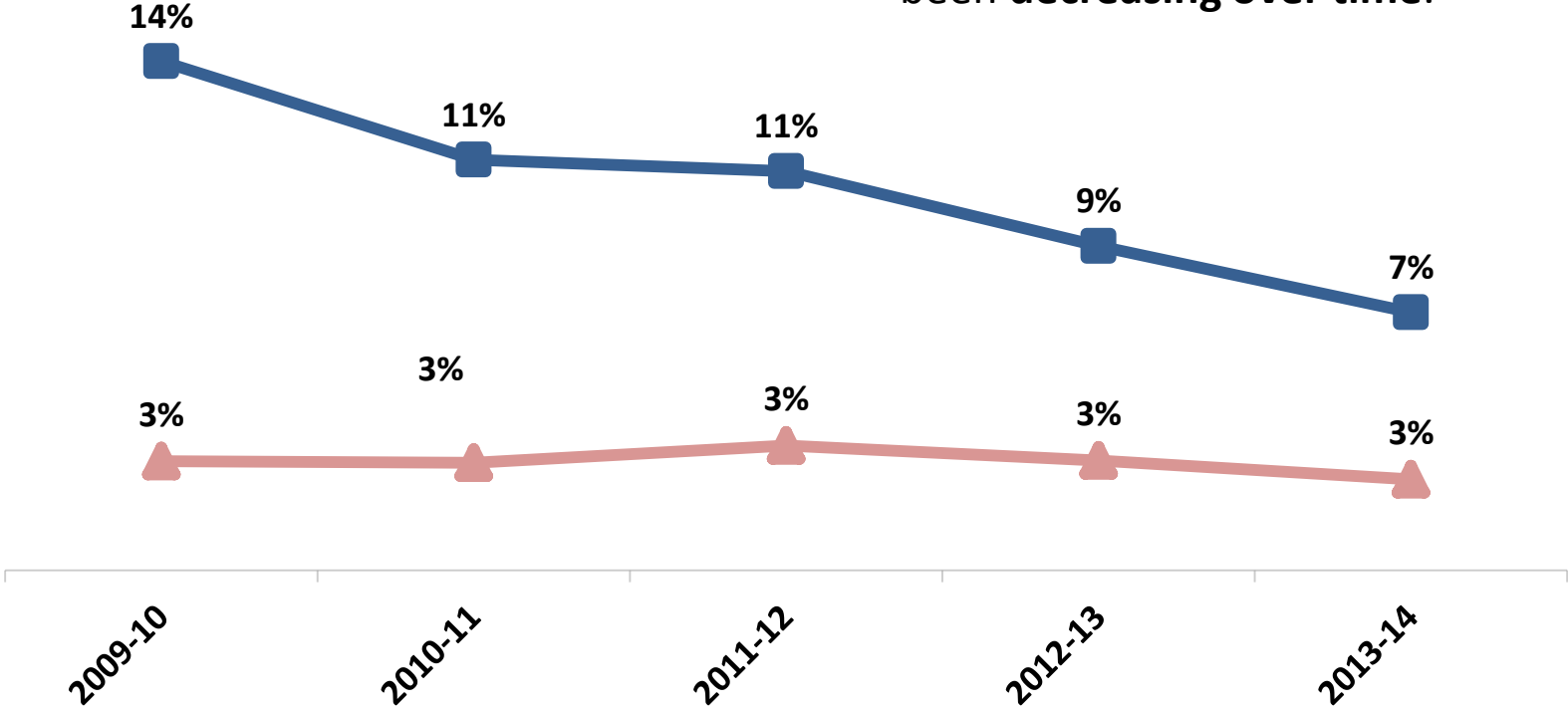


Source: MIYHS

Non-medical use of pain relievers among Maine residents in the past year, by age group



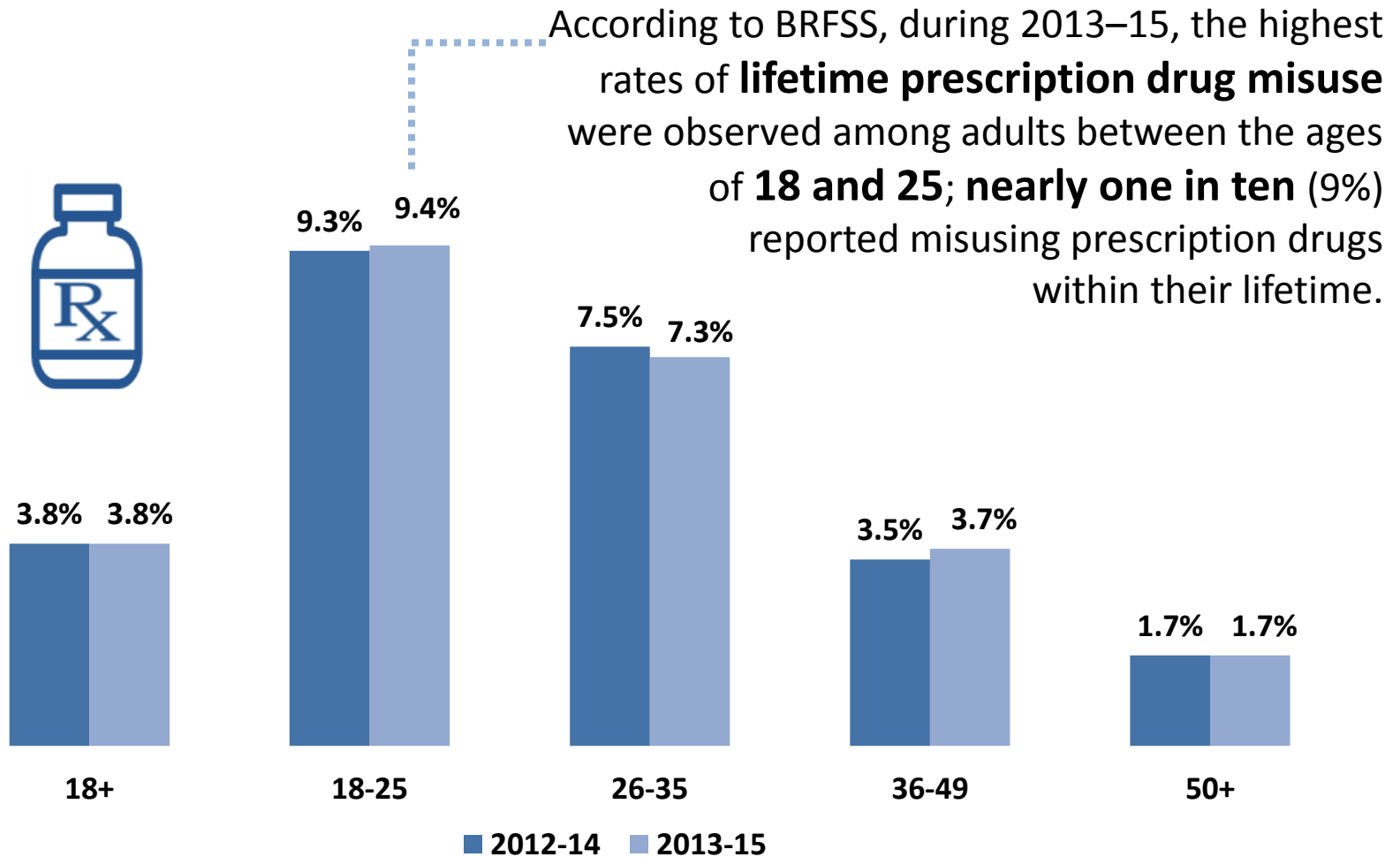
7% of **18 to 25** year olds reported having **misused pain relievers in the past year** although this has been **decreasing over time**.



Source: NSDUH

■ 18-25 year olds ■ 26+ year olds

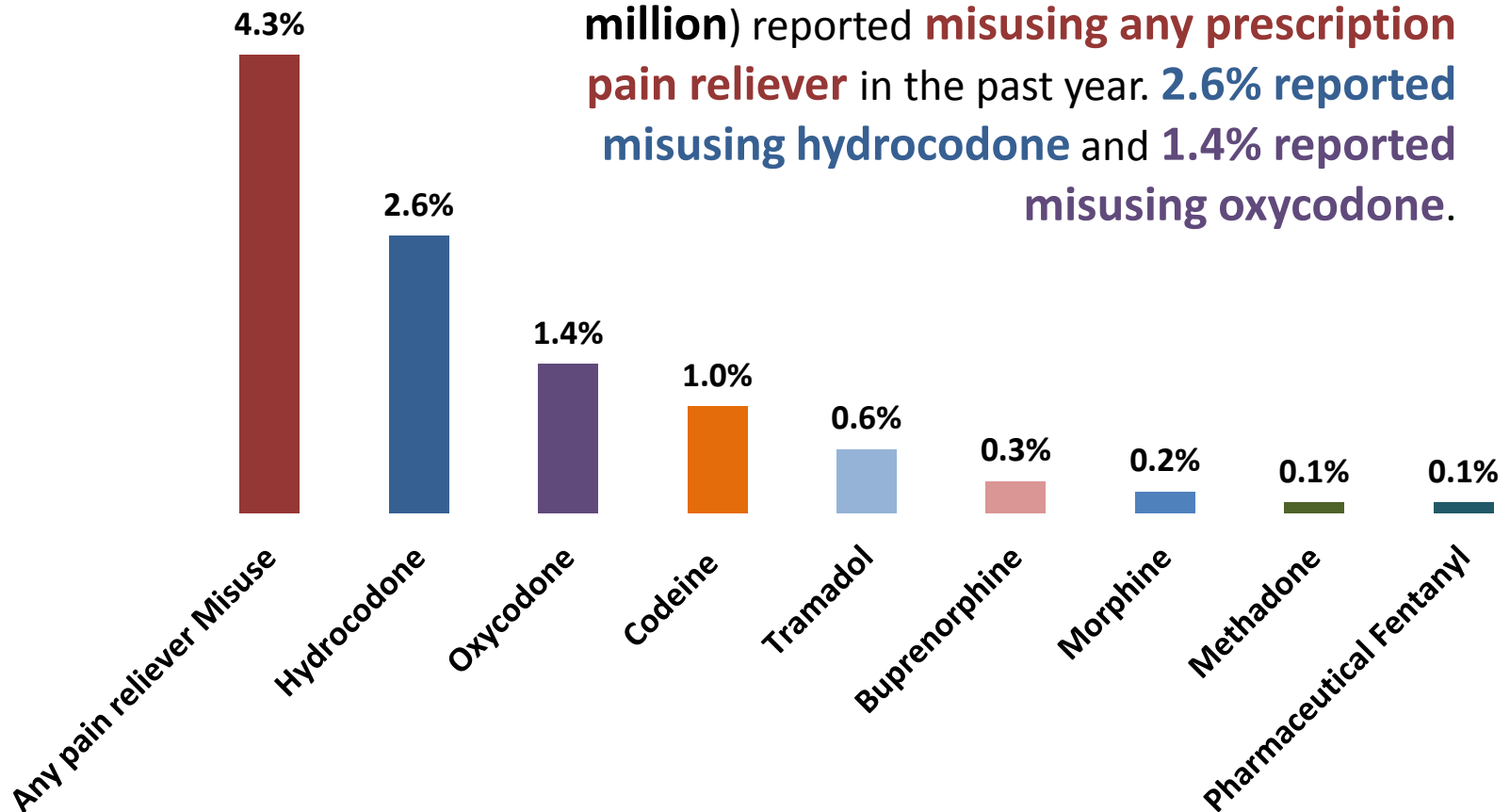
Misuse of prescription drugs among Maine adults in their lifetime, by age group: 2012–14 and 2013–15



Source: BRFSS

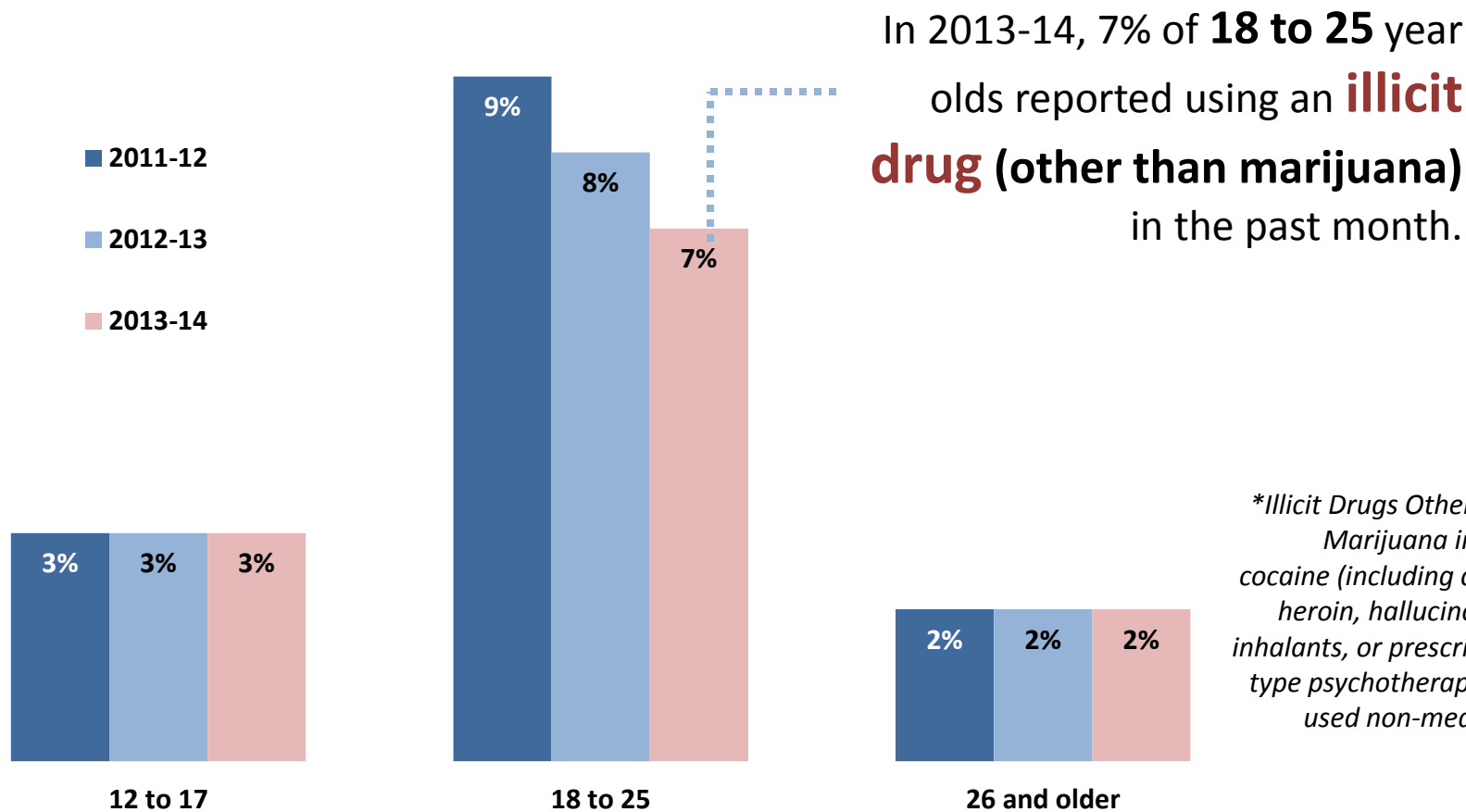
Past year prescription pain reliever misuse among people 12 or older, by pain reliever subtype, United States : 2016

In 2016, **4.3%** Americans 12 and older (**11.5 million**) reported **misusing any prescription pain reliever** in the past year. **2.6%** reported **misusing hydrocodone** and **1.4%** reported **misusing oxycodone**.



Source: NSDUH/SAMHSA

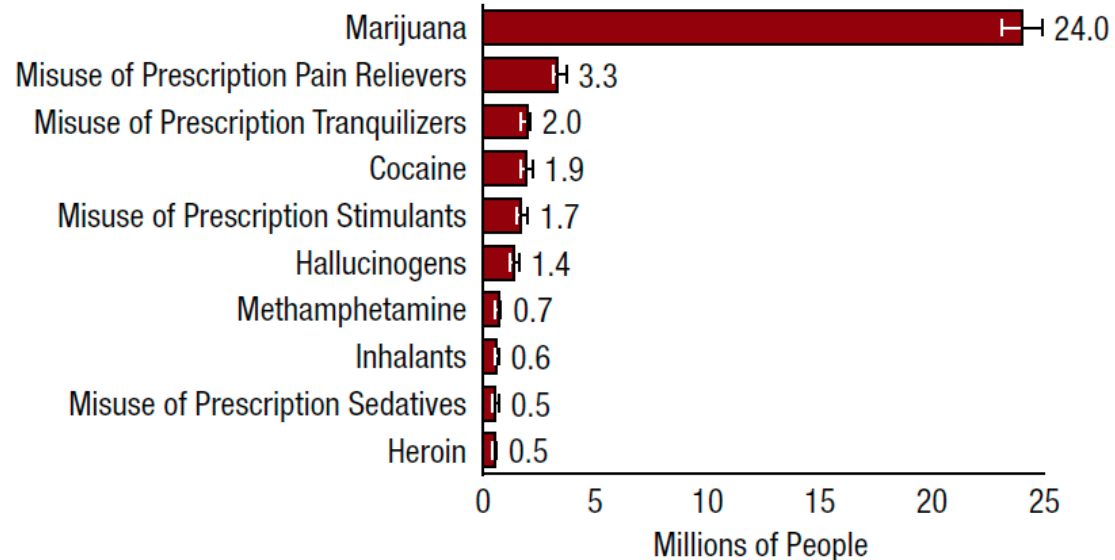
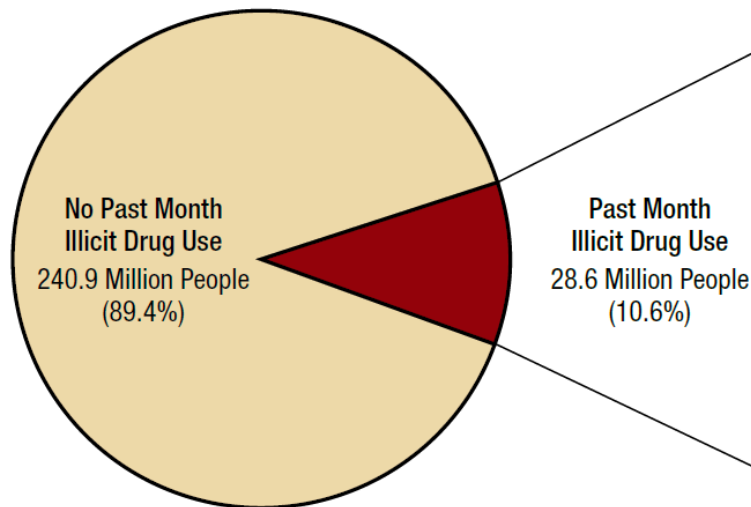
Past year illicit* drug use (other than marijuana) in Maine: 2011-12 to 2013-14



Source: NSDUH

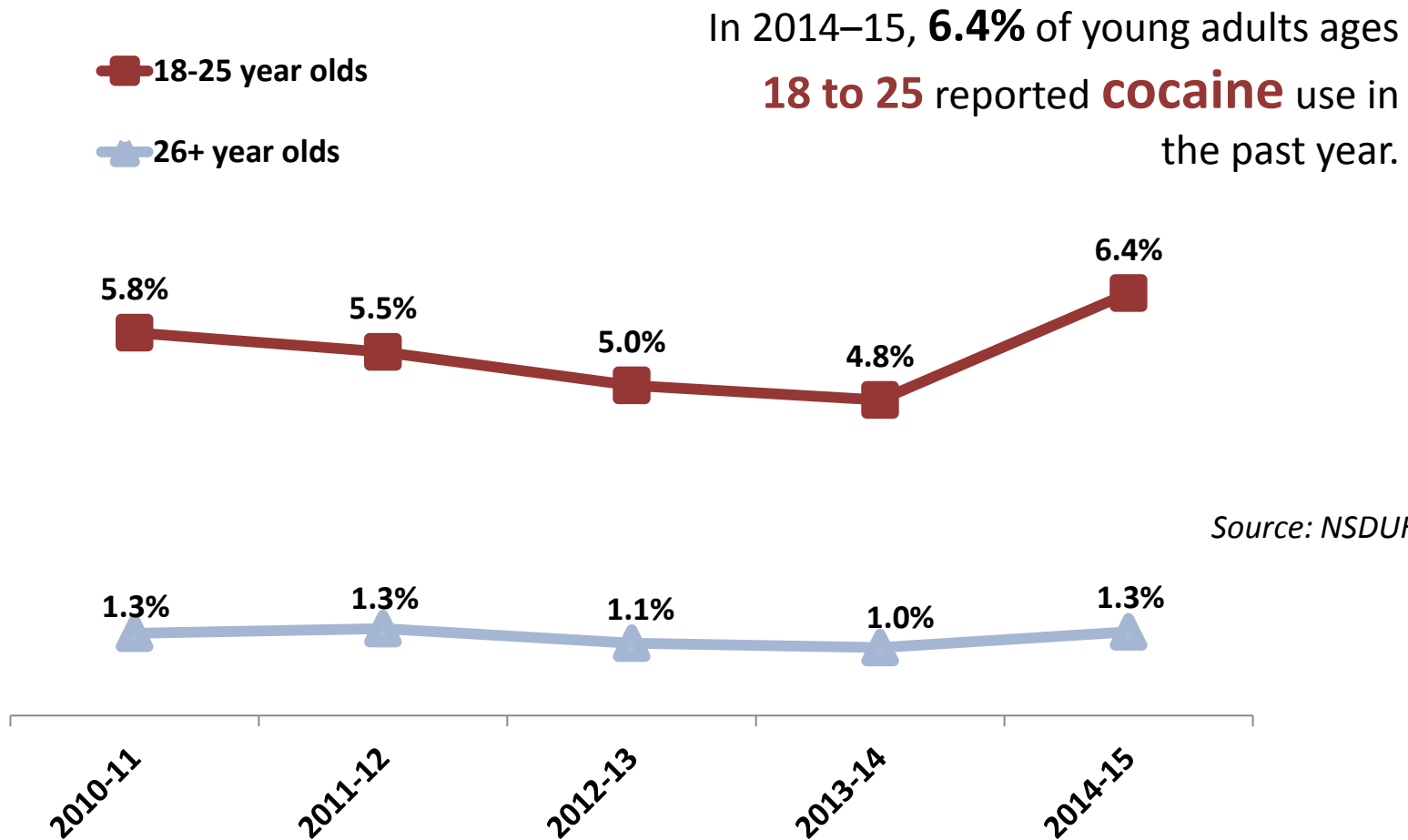
Numbers of past month illicit drug users among people 12 or older, United States: 2016

Out of 269.5 million 12 and older Americans, **28.6 Million** (10.6%) reported using an **illicit drug within the past month**.



Source: NSDUH/SAMHSA

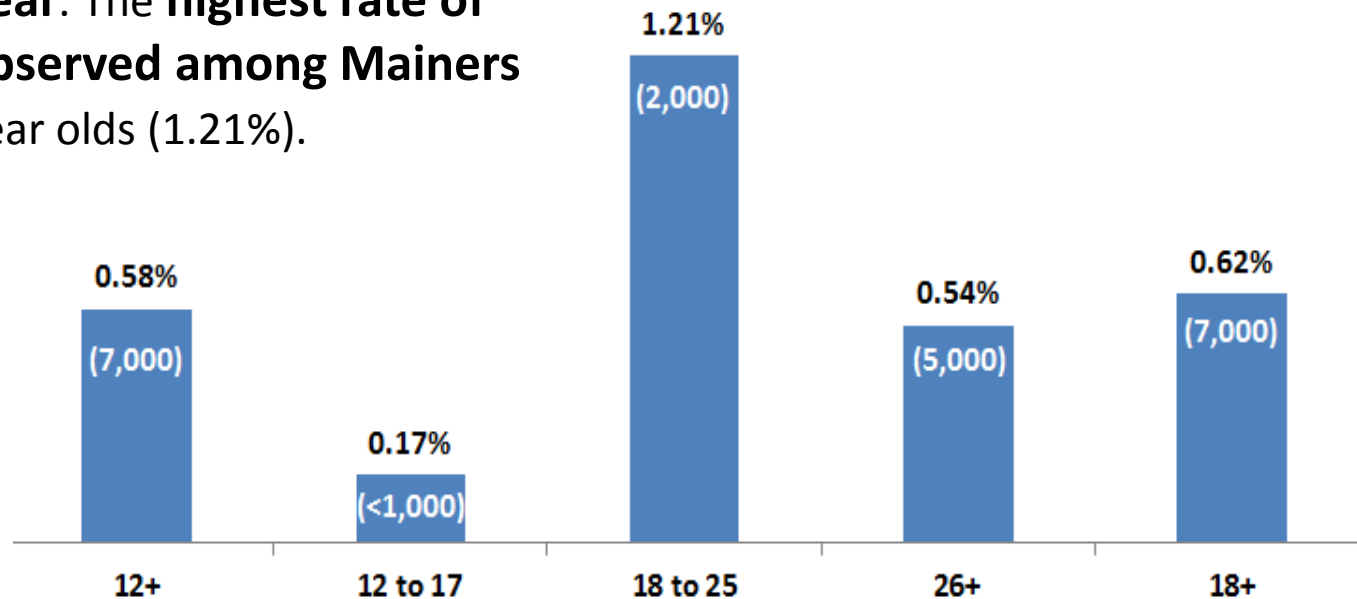
Adults reporting cocaine use in past year, by age group: 2010–11 to 2014–15



Heroin use in Maine in the the past year, by age group (percentage and approximate number): 2014–15

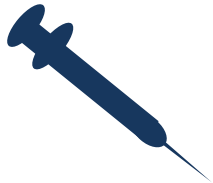
Overall, it was estimated that about **7,000** (.58%) Maine residents 12 and older reported using **heroin** in the past year. The highest rate of use was observed among Mainers 18 to 25 year olds (1.21%).

Note: New indicator, trending data unavailable.

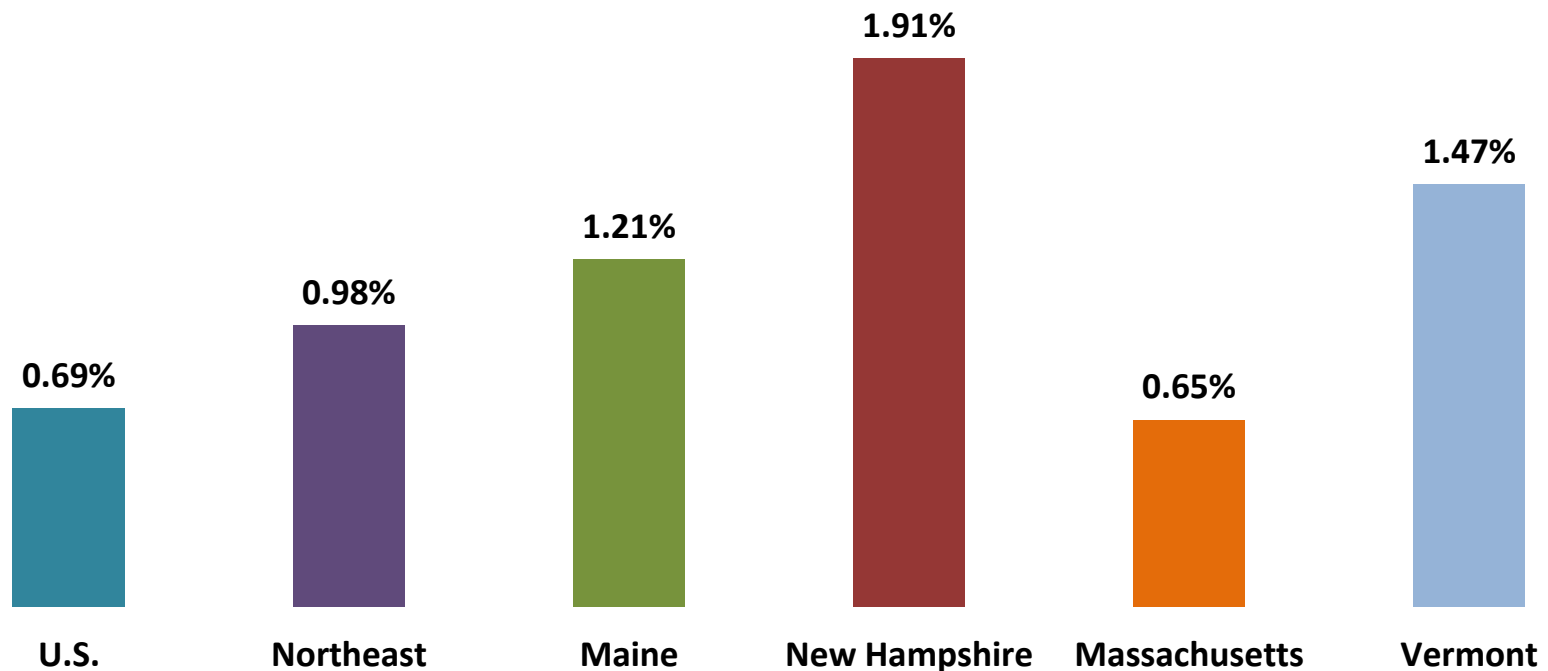


Source: NSDUH

Past year heroin use among people 18 to 25, by state/region: 2014-15

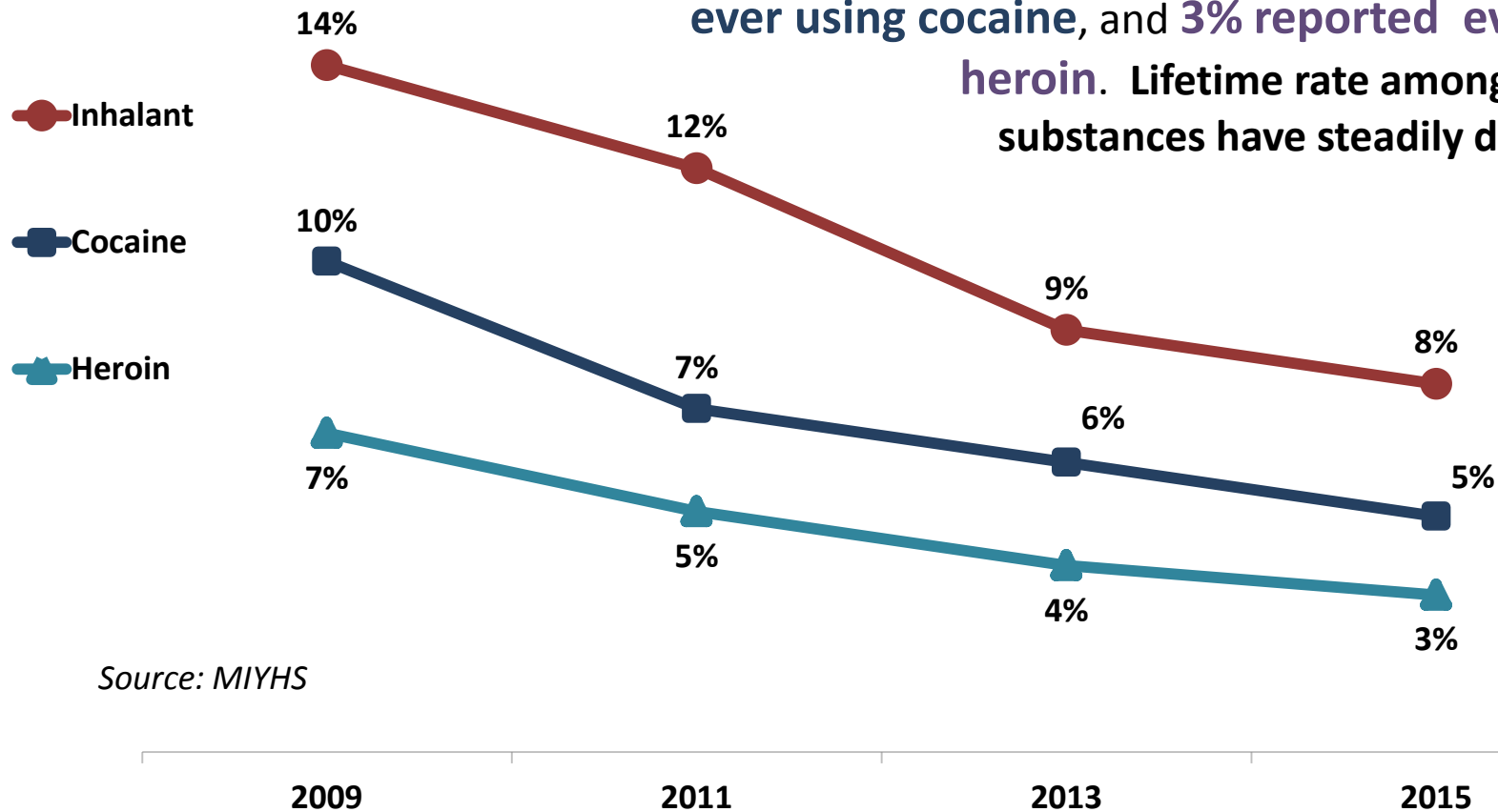


Maine appears to have a higher rate of **heroin** use among **18 to 25** year olds as compare to the **U.S.**, **Northeast**, and **Massachusetts**.



Lifetime drug use among high school students in Maine, by drug type: 2009-2015

In 2015, **8%** of high school students reported having **ever used an inhalant** (e.g., huffing aerosol), **5% reported ever using cocaine**, and **3% reported ever using heroin**. Lifetime rate among all three substances have steadily decreased.



Source: MIYHS



Treatment

Maine Web Infrastructure Treatment System (WITS) Disclaimers

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. There are many organizations and private practitioners such as primary care practitioners and independent substance that use licensed counselors who are not mandated to enter data in to the system.

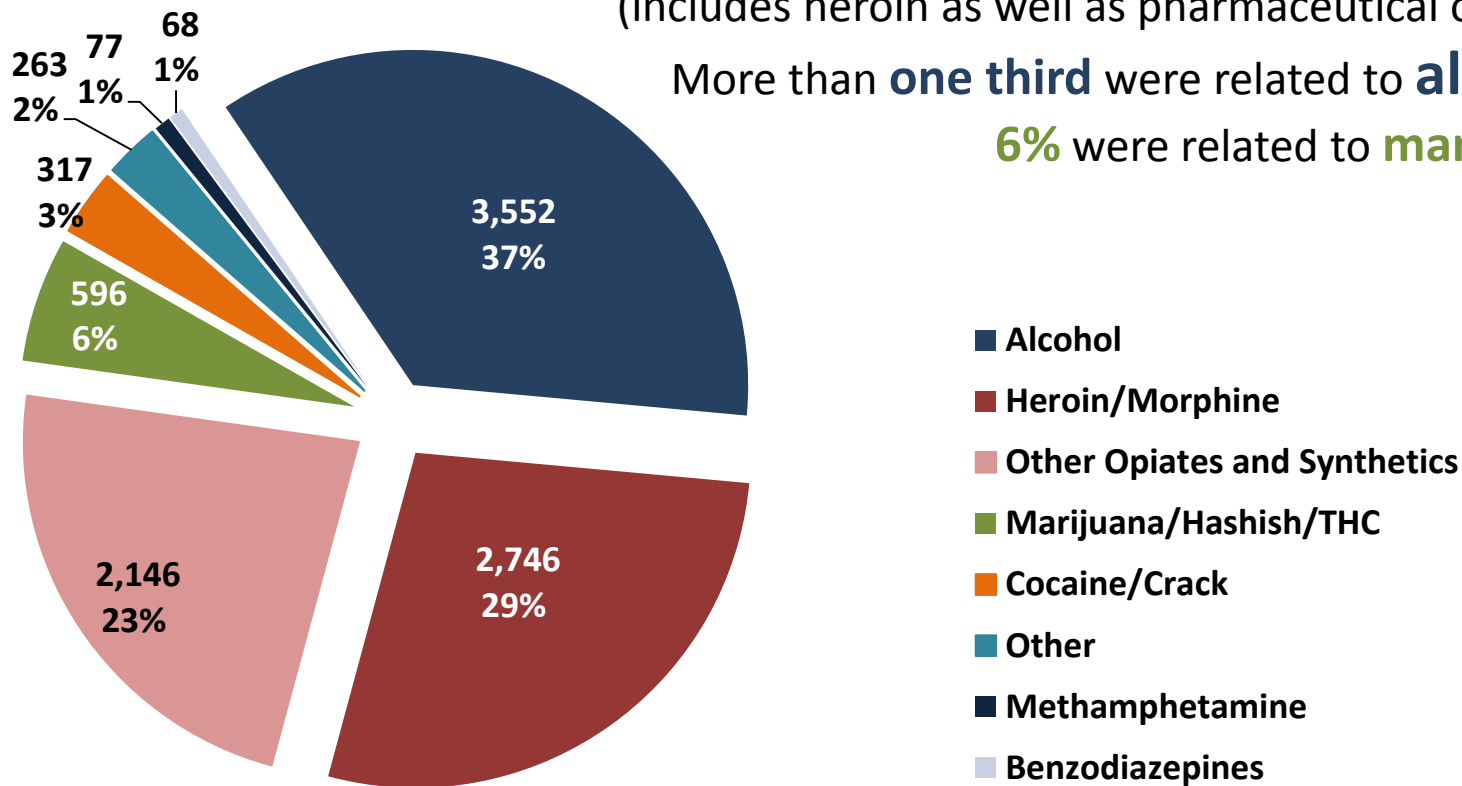
WITS system is not static; therefore 2016 numbers may be lower than true counts. Data were retrieved 6/20/2017

Number and percentage of primary treatment admissions, by substance type: 2016*

In 2016, **over half** of primary treatment admissions were related to **opioids or opiates** (includes heroin as well as pharmaceutical opiates).

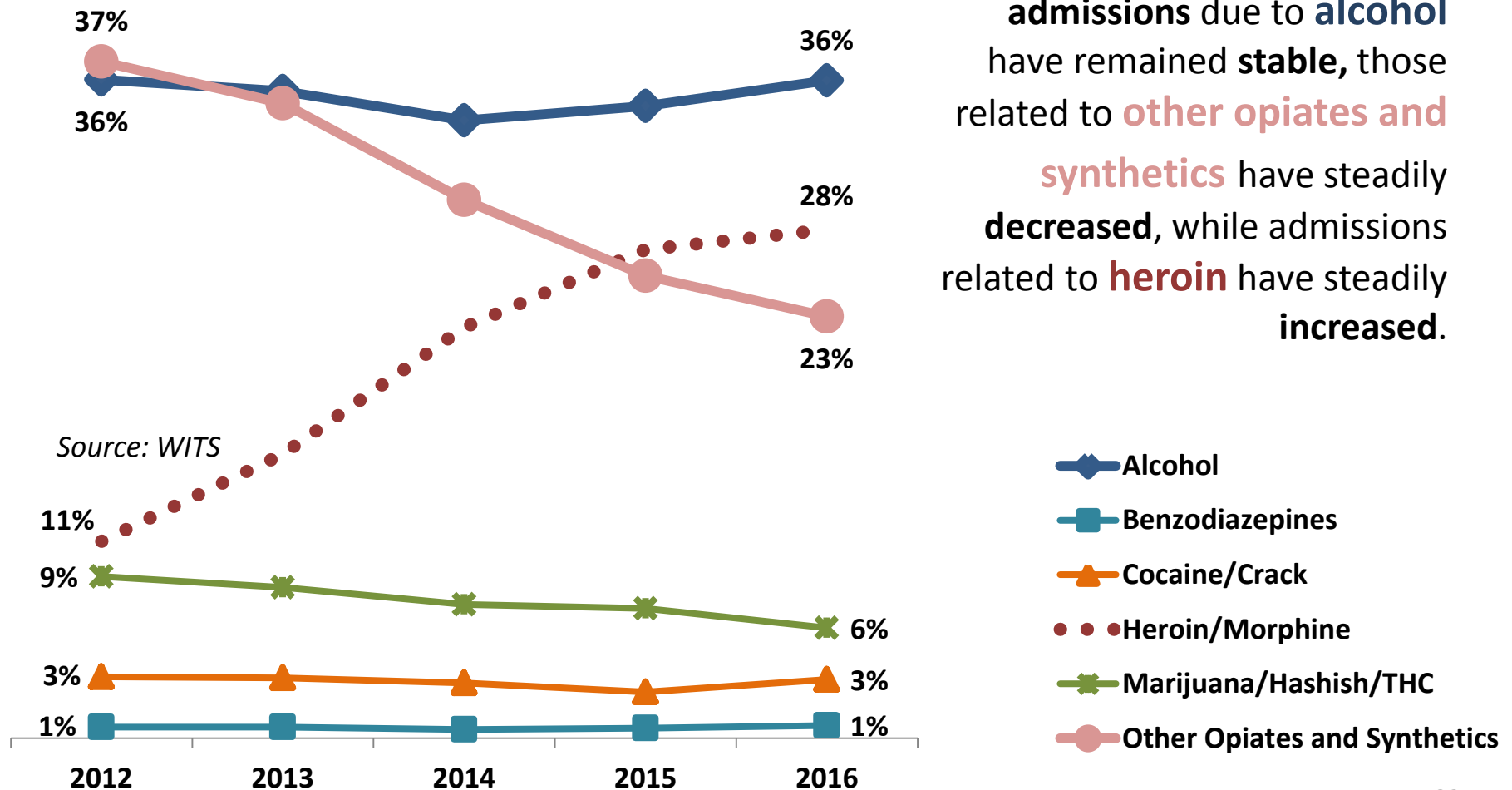
More than **one third** were related to **alcohol**.

6% were related to **marijuana**.

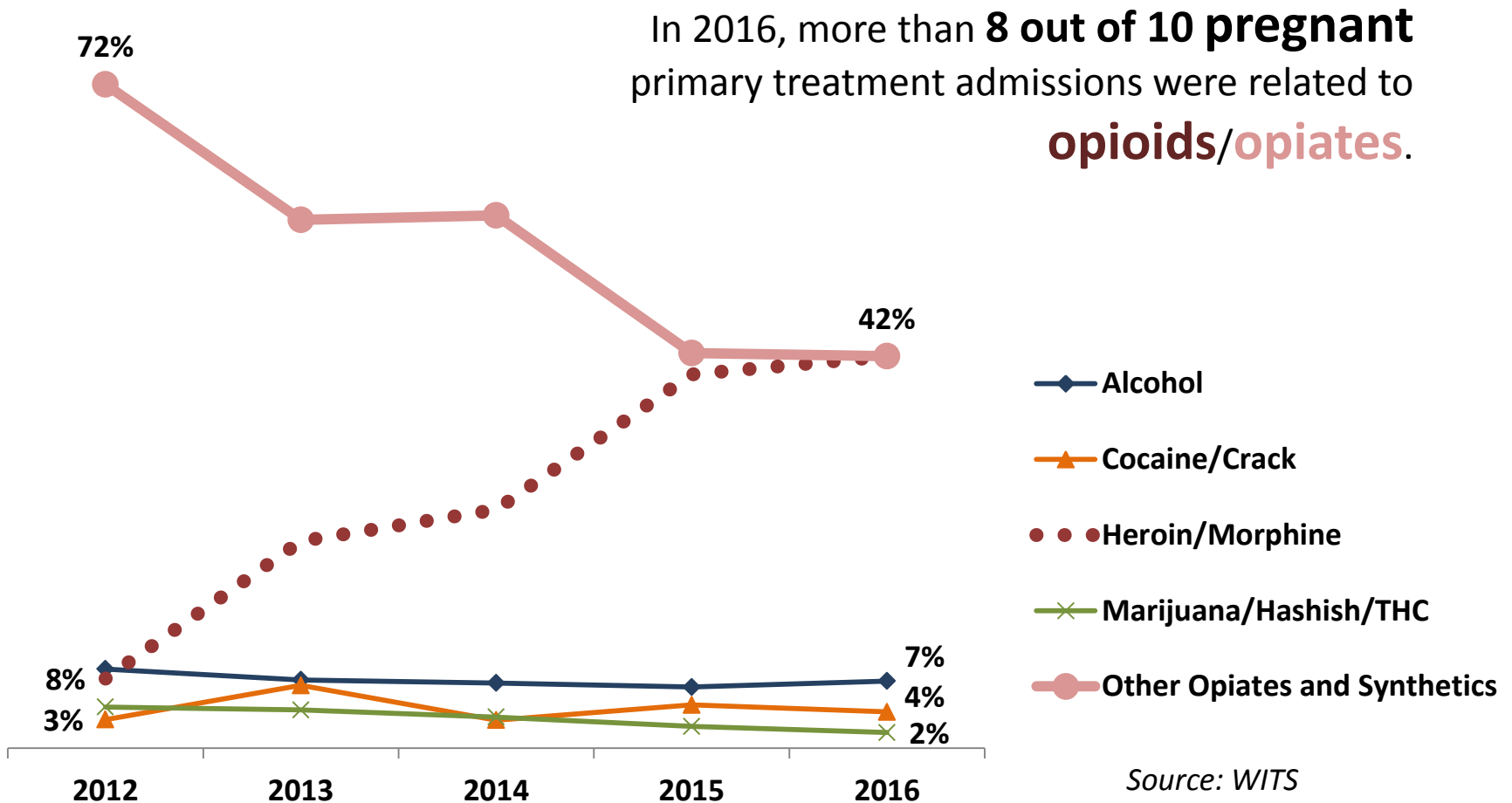


Source: WITS

Percent of primary treatment admissions, by substance type: 2012–2016



Pregnant treatment admissions, by primary substance: 2012–2016



Summary

- Youth alcohol, tobacco, Rx, cocaine, inhalant, and heroin use rates have been declining.
- Illicit drug rates including cocaine/crack, heroin, hallucinogens, inhalants, or prescriptions used non-medically have been declining among Maine's young adults for the past several years.
- MJ use rates among youth remain stagnant, while adult rates have steadily increased.
- First time users of marijuana appear to be starting at a younger age (12 to 17 rather than 18 to 25).

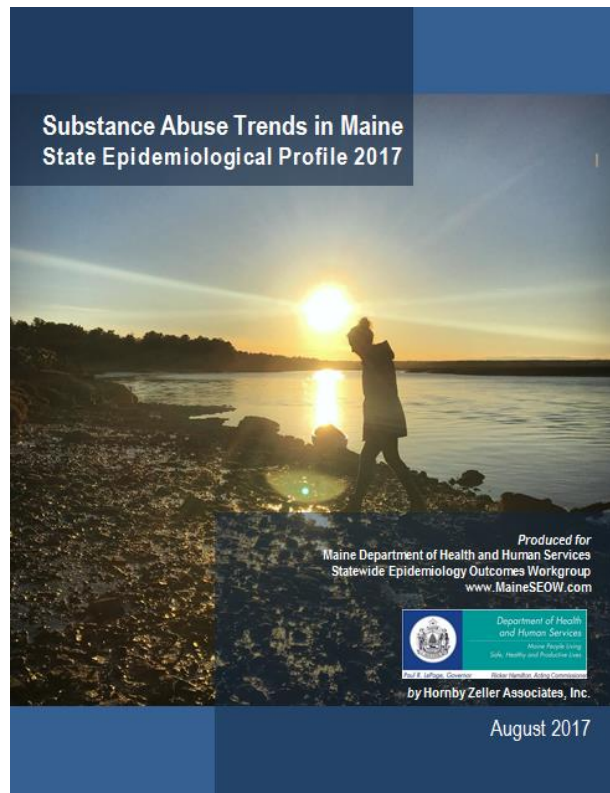
Summary

- After alcohol, cigarettes, marijuana, and prescription drugs are the next most commonly used drugs in Maine.
- Tobacco use remains highest among Mainers ages 26 to 35; nearly a third reported smoking cigarettes within the past month; use appear to have plateaued among older Mainers.
- Opioids and cigarettes remain a concern among pregnant women, especially younger women.
- High-risk drinking among the 18 to 25 year old population continues to be a concern.
- In general, substance use remains disproportionately higher among Mainers 18 to 35 year olds.

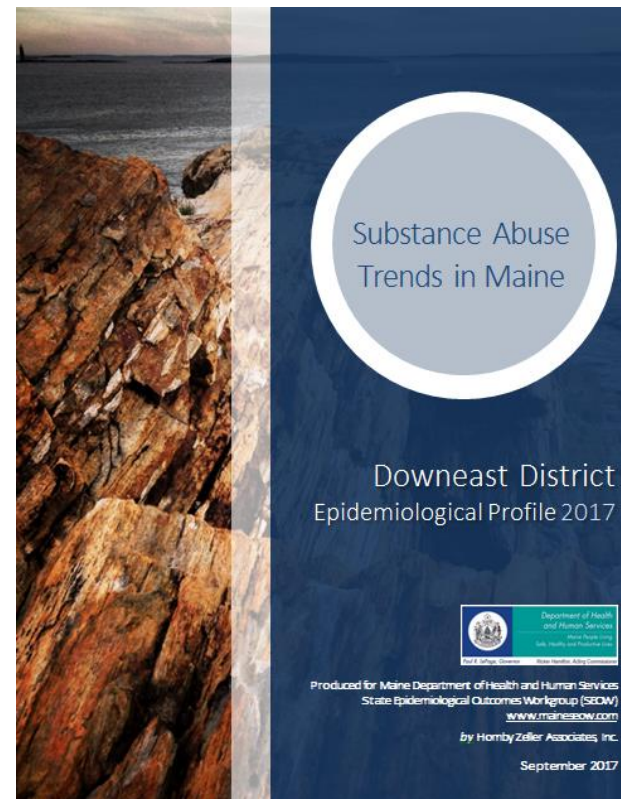
Additional Resources

2017 State and Community Profiles

State Profile



Community Profiles



Factsheets and reports can be found www.maine-seow.com within "additional resources"

Additional Resources: 2017 Factsheets

Consumption/Prevalence

Consequences

SUBSTANCE USE IN MAINE – CONSUMPTION

SEPTEMBER 2017

BY THE NUMBERS

The rate of binge drinking among Maine high school students has been decreasing in recent years, from 19% in 2009 to 12% in 2015.¹



About 1 in 3 18–25 year olds report binge drinking alcohol in the past month. Mainers 26–35 reported a similar rate of binge drinking.²

About 1 in 10 high school students report smoking cigarettes in the past month compared to 1 in 5 18 to 25 year olds.² Tobacco use remains high among adults ages 26–35, with nearly a third being current smokers.² Tobacco use rates have decreased steadily among youth and young adults but remain stagnant among older Mainers.^{2, 3}



Nearly 1 in 3 of young adults in Maine reports using marijuana in the past-month.⁴ In 2015, 1 in 5 high school students used marijuana in the past month.⁴ While use by high school students is stable, adult use has been increasing over the past few years.⁴

Prescription Drug misuse has steadily decreased among high school students since 2009. In 2015, about 1 in 10 high school students reported misusing a prescription drug in their life-time.⁵ Mainers between the ages of 18 and 35 continue to have the highest rates of prescription drug and pain reliever misuse.^{3, 2}



Overall, it is estimated that about 7,000 (.62%) Mainers 12 and older reported using heroin in the past year. The highest rate of use was observed among 18 to 25 year olds (1.21%).³

¹ Maine Integrated Youth Health Survey (MIYHS)
² Behavioral Risk Factor Surveillance System (BRFSS)
³ National Survey on Drug Use and Health (NSDUH)
⁴ Kosterman et al. (2000). AJPH 90(3).
⁵ US Centers for Disease Control and Prevention



SPOTLIGHT ON: Initiation of Use

Youth who begin using substances at an early age are more likely to develop substance abuse and dependence later in life.⁶

Out of high school students who ever drank alcohol, one in four had their first drink before age 13.⁷

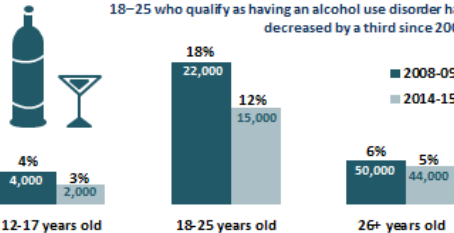


Marijuana use rates among young adult Mainers as well as those 26 and older have been steadily increasing over the past several years.⁸ While there doesn't seem to be an overall increase in the number of initiates, users of marijuana appear to be starting earlier.³ In 2014–15, an average of 6,000 Mainers aged 12–17 tried marijuana for the first time.⁴



Substance use is disproportionately higher among Mainers 18 to 35.

It's estimated that 61,000 Mainers have an alcohol use disorder (according to the DSM-IV criteria). Fortunately, young adults 18–25 who qualify as having an alcohol use disorder have decreased by a third since 2008.⁹



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

SUBSTANCE ABUSE IN MAINE – CONSEQUENCES

SEPTEMBER 2017

BY THE NUMBERS

MOHA drug trafficking investigations involving heroin nearly doubled from 2014 to 2016, while those related to synthetic opiates decreased by a third. Investigations related to cocaine remained fairly stable.¹
 MOHA methamphetamine manufacturing investigations more than doubled from 2014 to 2016. In 2016, 126 methamphetamine lab/dump sites were found by MOHA, representing a 125 percent increase since 2015 (56 lab/dump sites).²

In 2016, there were 5,024 reports to Child Protective Services regarding drug-affected babies (substance-exposed infants). This accounts for 8% of five hits in Maine.³ Fortunately, in recent years, the rate of drug-affected baby reports has begun to stabilize.⁴

From 2014 to 2016, the number of substance (overdose) administrations given by EMS responders more than doubled.⁵ Rates are highest among males 26 to 34 years old.⁶

Drug/medication overdoses (EMTs) responses are most common among those between the ages of 26 and 35, as well as among those 18 to 25.⁶

In 2016, drivers between the ages of 21 and 24 had the highest alcohol-related crash rates.⁷ In 2016, about 1 in 4 of all fatal motor vehicle crashes involved alcohol/drugs.⁸

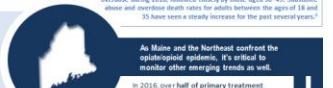
Marijuana-related school suspensions increased by 20% from 2014 (1,068) to 2016 (1,281). Suspensions involving all other illicit drugs observed a 72% increase from 2014 (1,281) to 2016 (2,200), while alcohol suspensions remained stable at 124 in 2016.⁹

Marijuana-related school suspensions increased by 20% from 2014 (1,068) to 2016 (1,281). Suspensions involving all other illicit drugs observed a 72% increase from 2014 (1,281) to 2016 (2,200), while alcohol suspensions remained stable at 124 in 2016.⁹

SPOTLIGHT ON: Non-pharmaceutical Fentanyl

The high number of drug deaths in Maine continues to be driven by non-pharmaceutical (illicitly manufactured) fentanyl, a synthetic opioid similar to heroin or morphine, but 50 to 100 times more potent. It is often sold as a powder, mixed with or substituted for heroin or in tablet form.¹
 In 2016, there were 518 overdose deaths due to drug use in Maine, a 38 percent increase since 2015. The majority of overdose deaths were related to illicit drugs; almost 2 in 5 involved heroin/morphine, and nearly a third involved non-pharmaceutical fentanyl.²

Adults aged 20–35 had the highest rate of deaths due to substance abuse or overdose during 2016. Substance mortality by those aged 16–35 continues to rise, and overdose death rates for adults between the ages of 18 and 35 have seen a steady increase for the past several years.³



As Maine and the Northeast confront the opioid/opioid epidemic, it's critical to monitor other emerging trends as well.⁴

In 2016, over half of primary treatment admissions were related to opiates or synthetics. More than one third were related to alcohol.⁵

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Contributing Factors

SUBSTANCE ABUSE IN MAINE – CONTRIBUTING FACTORS

SEPTEMBER 2017

BY THE NUMBERS

In 2015, high school students who did not perceive risk of harm from binge drinking once or twice a week were 2x as likely to drink in the past month.¹ High school students who do not believe there is risk in smoking marijuana regularly are almost 8x as likely to smoke marijuana in their past month than those who do perceive risk of harm. Perception of harm related to marijuana use by both youth and adults has decreased steadily.²

High school students who do not believe there is risk in smoking marijuana regularly are almost 8x as likely to smoke marijuana in their past month than those who do perceive risk of harm. Perception of harm related to marijuana use by both youth and adults has decreased steadily.²

Easy access to alcohol at home is a major contributing factor to underage drinking. Half of the parents of middle and high school aged youth felt their children could access alcohol without their knowledge. This perception fell in 2011.³

More than half of high school students believed that alcohol and marijuana were easy to obtain.⁴ More than a third of parents felt their teen could access prescription medications at home without permission.⁵

The potential for diversion of prescription drugs remains a concern. In 2016, 975,525 opiate agonist prescriptions were filled in Maine, nearly twice for each resident.⁶ In 2014–16, the majority of medication verification calls to the Poison Center involved opiates (1,073/year), benzodiazepines (2,153/year), and stimulants or street drugs (1,088/year).⁷

Over 60% of high school students reported using alcohol in the past year, and 40% reported using marijuana. More than a third of parents felt their teen could access prescription medications at home without permission.⁵

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SPOTLIGHT ON: Prescribing Trends

There have been efforts in Maine and nationally to reduce the availability of prescription opiates through policies, prescribing practice, and education.¹

From 2015 to 2016, the number of prescriptions filled for opiate agonist² decreased by eight percent while the number of prescriptions for sedative dropped six percent and prescriptions for stimulants increased by 26 percent since 2012.³

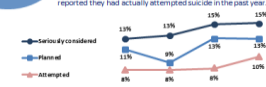
Among all opiate prescriptions filled in 2016, the primary active ingredient was oxycodone (32.2 percent), followed by hydrocodone (24.4%), buprenorphine (16%), and tramadol (15%). From 2012 to 2016, the number of prescriptions controlled by two percent, prescription filled for stimulants have increased by 26 percent since 2012.³

Addressing these factors can have a positive impact on substance consumption and consequences in Maine.

In 2015, about 1 in 7 high school students in Maine had seriously considered suicide or made plans for suicide. 1 in 10 reported they had actually attempted suicide in the past year.⁴

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Additional Resources: Data Dashboard

The screenshot shows the top navigation bar of the Maine SEOW Dashboard with links for Indicators, Data Sources, Additional Resources, How To, About, and Contact. Below the navigation is a large banner for the 'SEOW Dashboard User Guide' with a 'Start Here' button and a hand cursor icon. The main content area features three columns: Indicators (with a bar chart icon), Data Sources (with a globe icon), and Additional Resources (with a lightbulb icon). Each column includes a brief description and a 'View' button.

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

SEOW Dashboard

User Guide

Start Here

○○○○○○●

Indicators

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

[View indicators »](#)

Data Sources

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

[View data sources »](#)

Additional Resources

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

[View additional resources »](#)

Future Webinars

Part 2: Consequences from Substance Use tomorrow

(Thursday, October 19th @ 10am)

Part 3: Contributing Factors of Substance Use

(Friday, October 20th @ 10am)

Steps to join webinar(s):

1. Click the following link: <http://stateofmaine.adobeconnect.com/seowseries2017/>
2. For Audio: After clicking the link above you will be prompted with audio options. Please select the dial out option (receive a call from the meeting) and enter your phone number. You will then receive a call to join the audio portion of the meeting.

Contact

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