

SEOW Webinar Series Part 2: Consequences/Impact of Substance Use in Maine



By Tim Diomedede, MPPM

November 1st 2016



Agenda

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

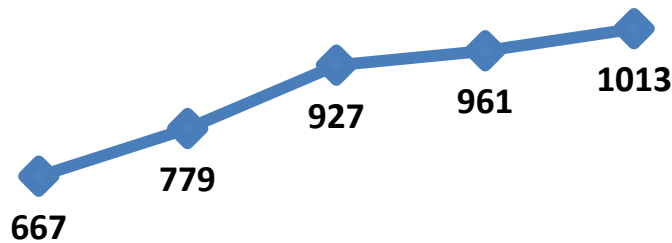
Purpose of SEOW

(State Epidemiological Outcomes Workgroup)

- Promote systematic, data-driven decision-making
- Guide effective and efficient use of prevention resources
- Identify and track substance abuse trends
- Detect emerging substances/trends
- Serve as a clearing house and facilitator

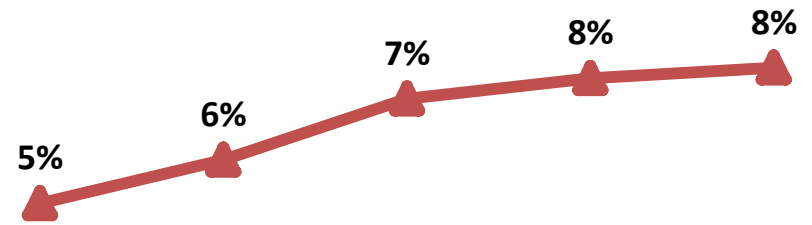
Substance exposed baby notifications

Number of substance exposed baby notifications: 2011–2015



Source: OCFS/MACWIS

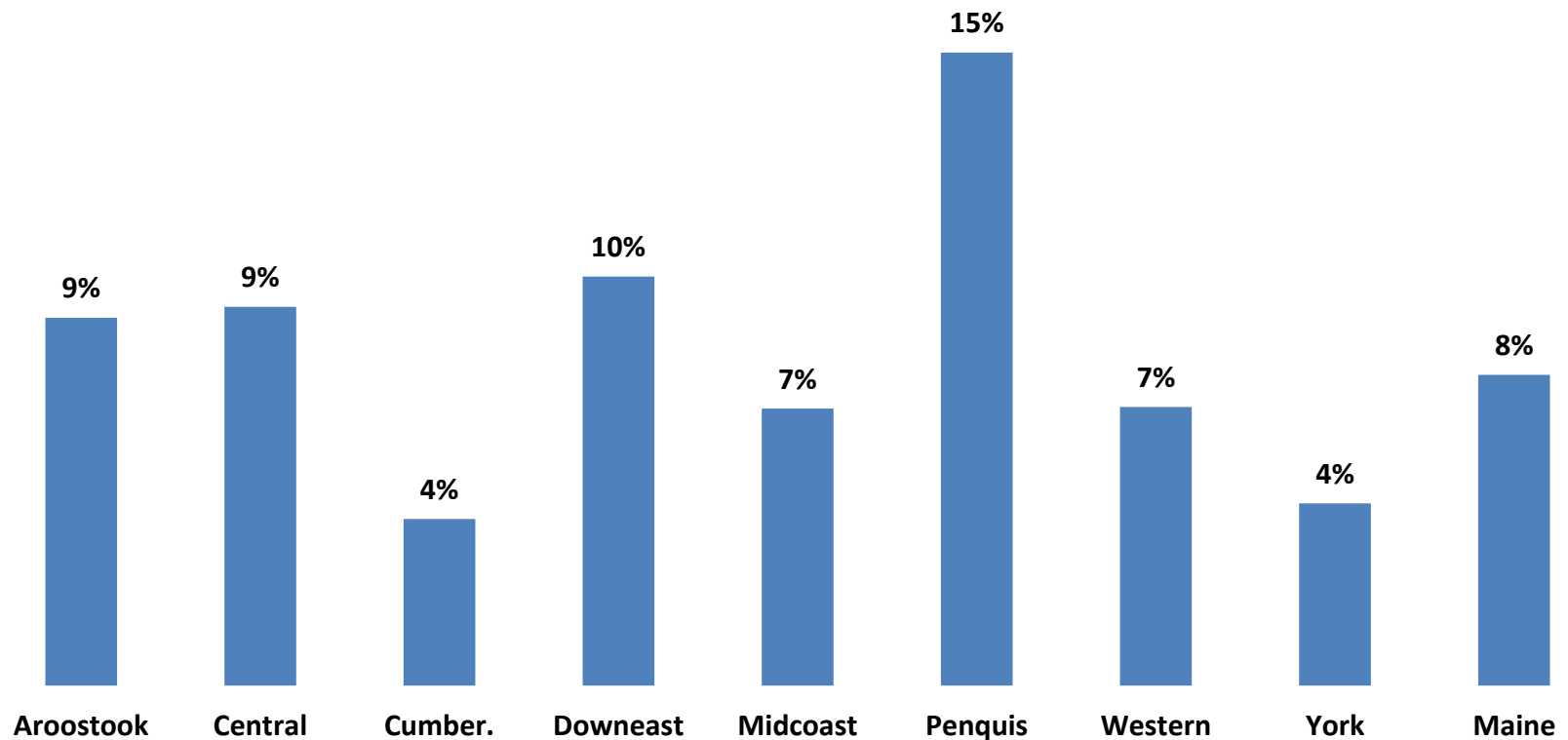
Proportion of live births with substance exposed notifications: 2011–2015



Source: OCFS/MACWIS

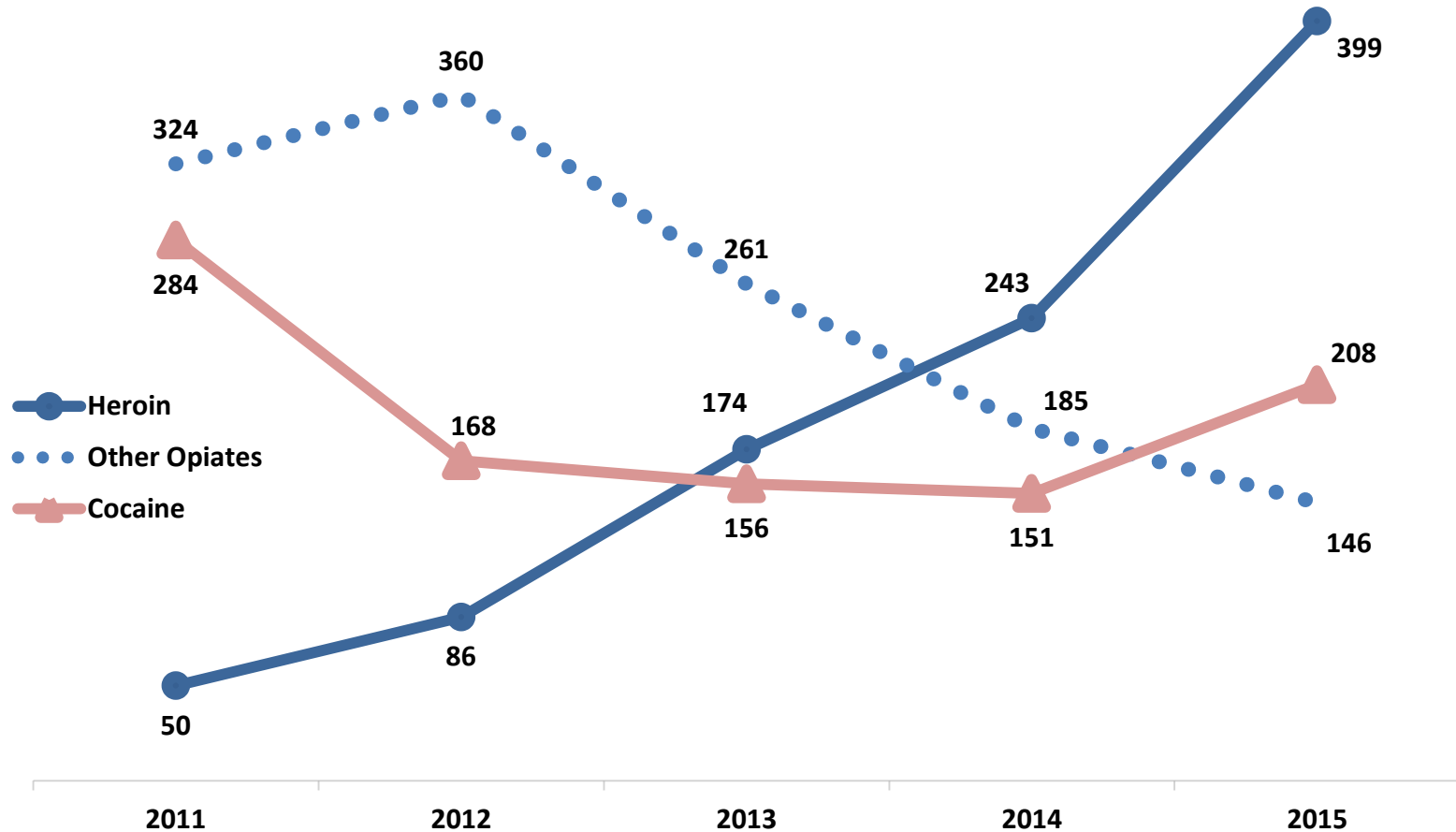
In 2015, there were 1,013 notifications to Child Protective Services regarding infants born exposed to substances. Notifications have been steadily rising since 2011. In 2015, eight percent of the live births in Maine had substance exposed notifications.

Proportion of live births with substance exposed notifications, by Public Health District: 2015



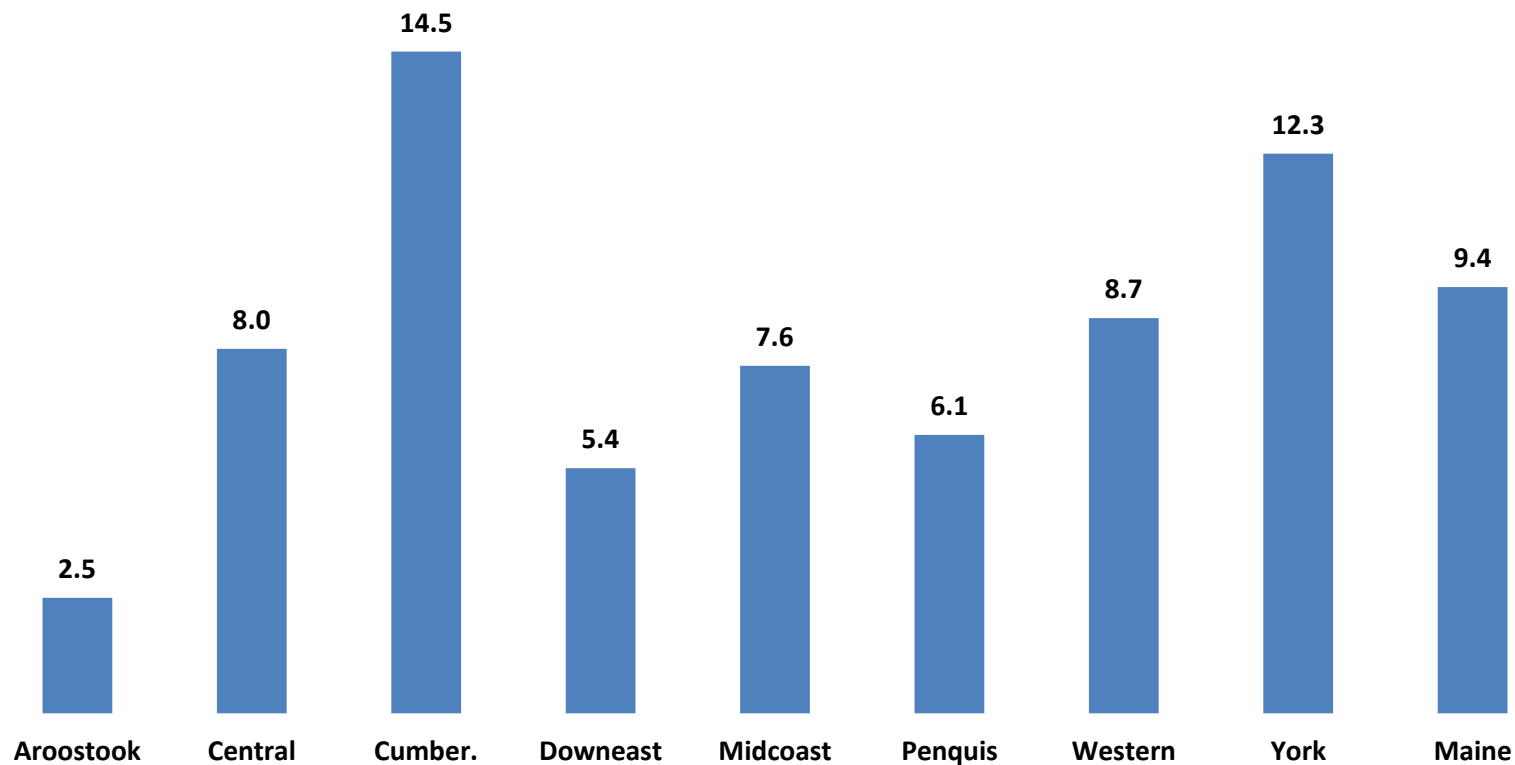
Source: OCFS/MACWIS

MDEA drug trafficking investigations, by drug type: 2011–2015



MDEA trafficking investigations related to heroin have more than doubled from 2013 to 2015. Trafficking investigations related to cocaine also observed a notable increase from 2014 to 2015.

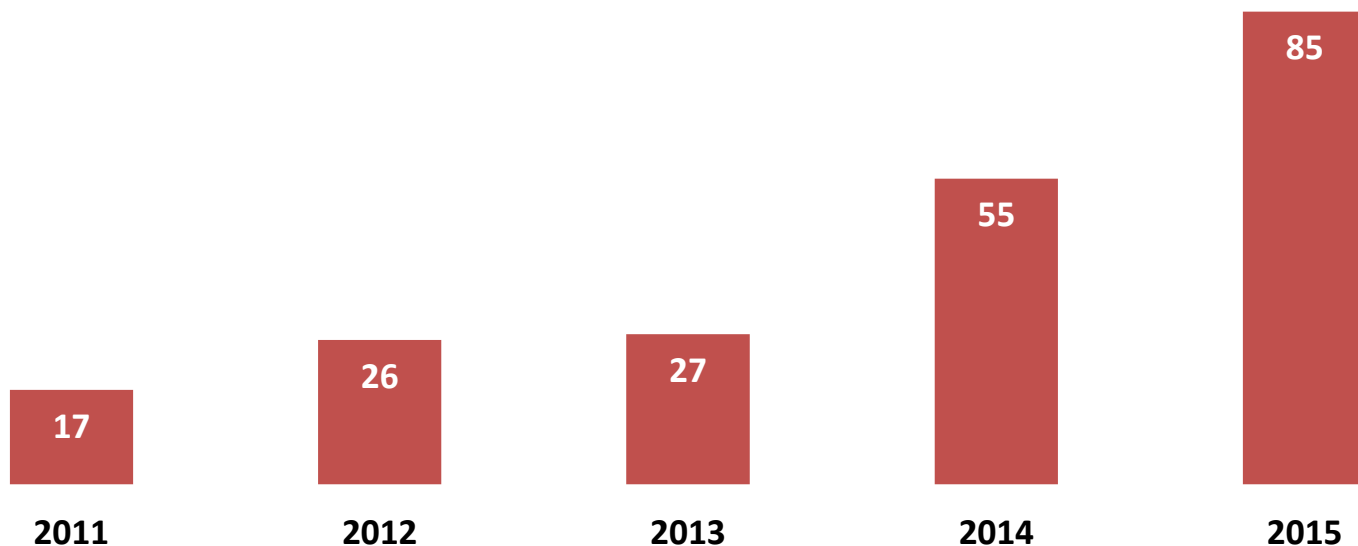
Drug offenses involving opium or cocaine and their derivatives* per 10,000 residents, by Public Health District: 2014-15



Source: DPS; UCR

*Derivatives include cocaine/crack, codeine, heroin, and morphine.

MDEA methamphetamine manufacturing investigations: 2011–2015

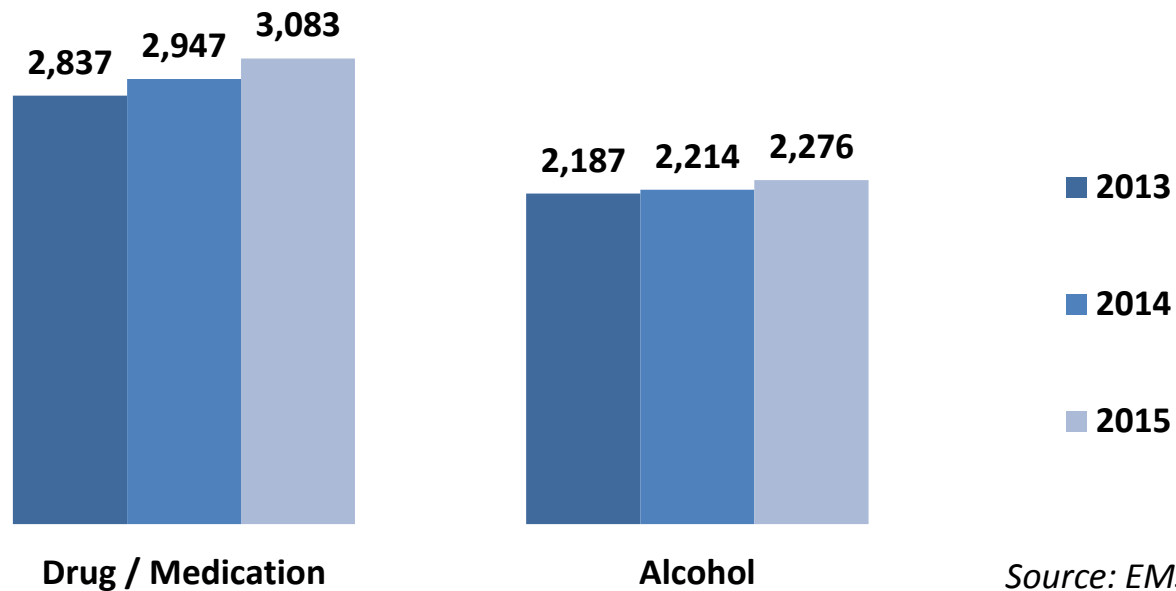


Source: MDEA

MDEA manufacture investigations related to methamphetamine more than tripled from 2013 to 2015.

Number of overdose EMS responses, by type

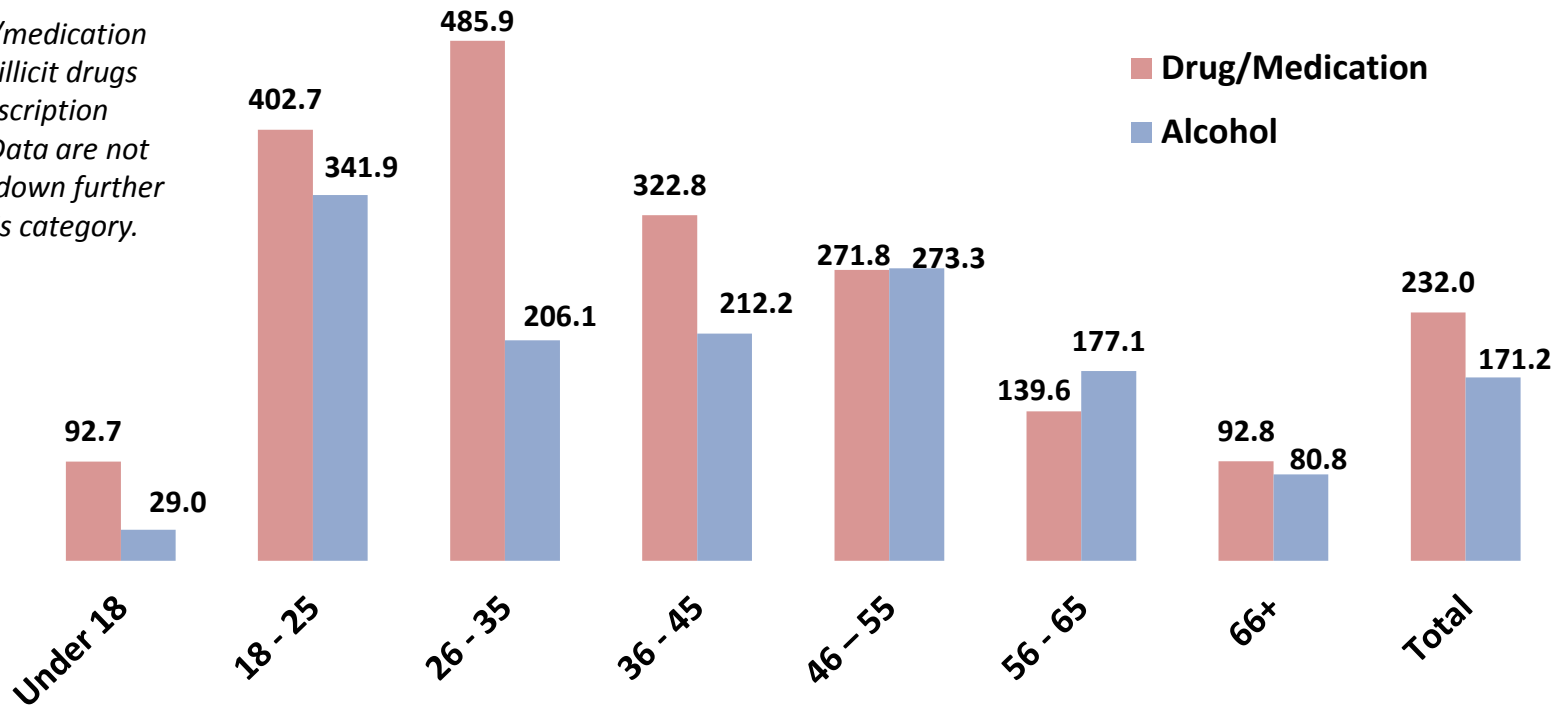
**Drugs/medication include illicit drugs and prescription drugs. Data are not broken down further than this category.*



EMS Responses related to drugs and/or alcohol have been gradually increasing for the past three years.

EMS overdose response rate (per 100,000 residents), by age and overdose type: 2015

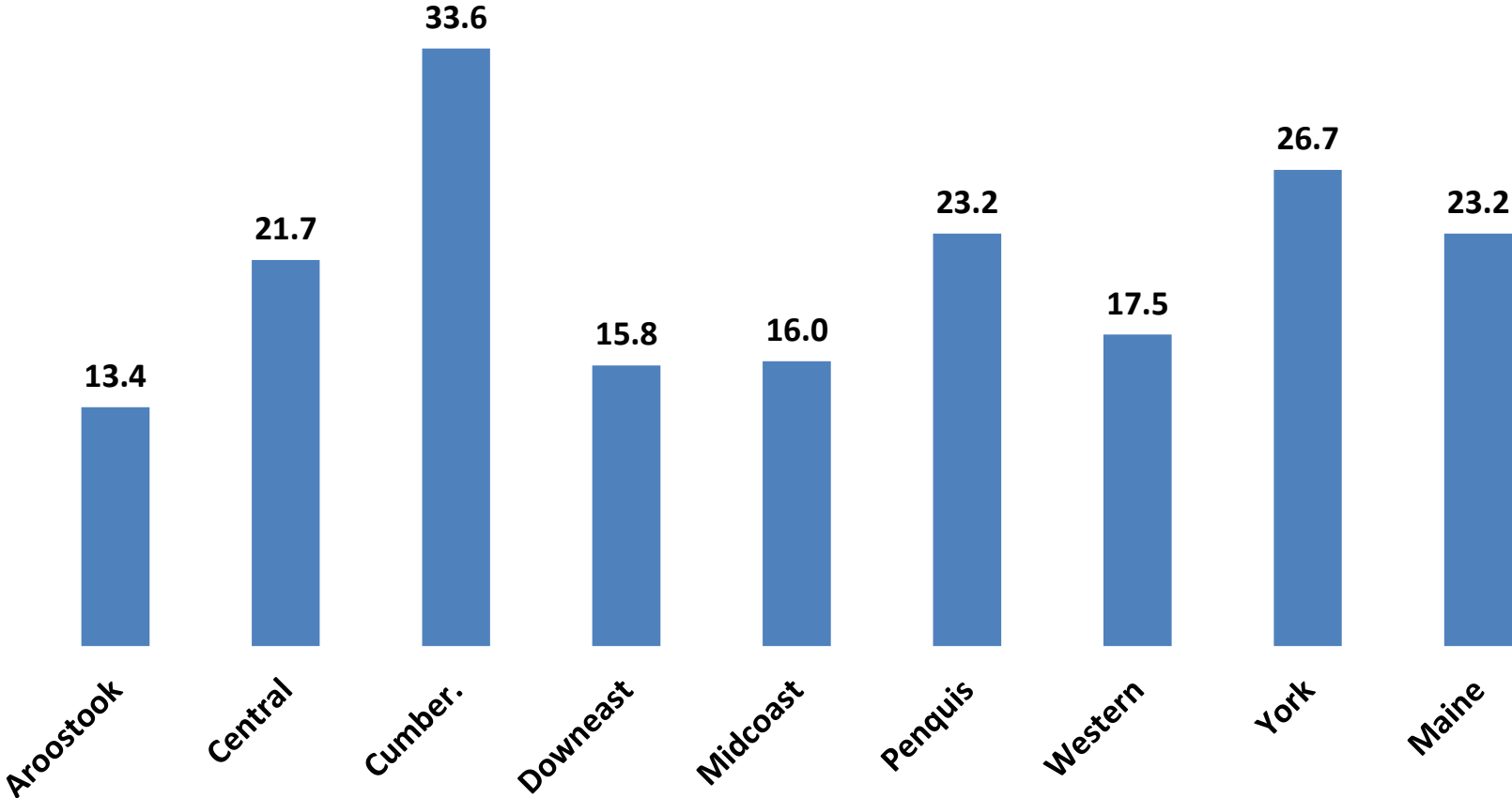
**Drugs/medication include illicit drugs and prescription drugs. Data are not broken down further than this category.*



Source: EMS

Drug/medication overdoses are most common among those between the ages of 26 and 35 as well as those 18 to 25.

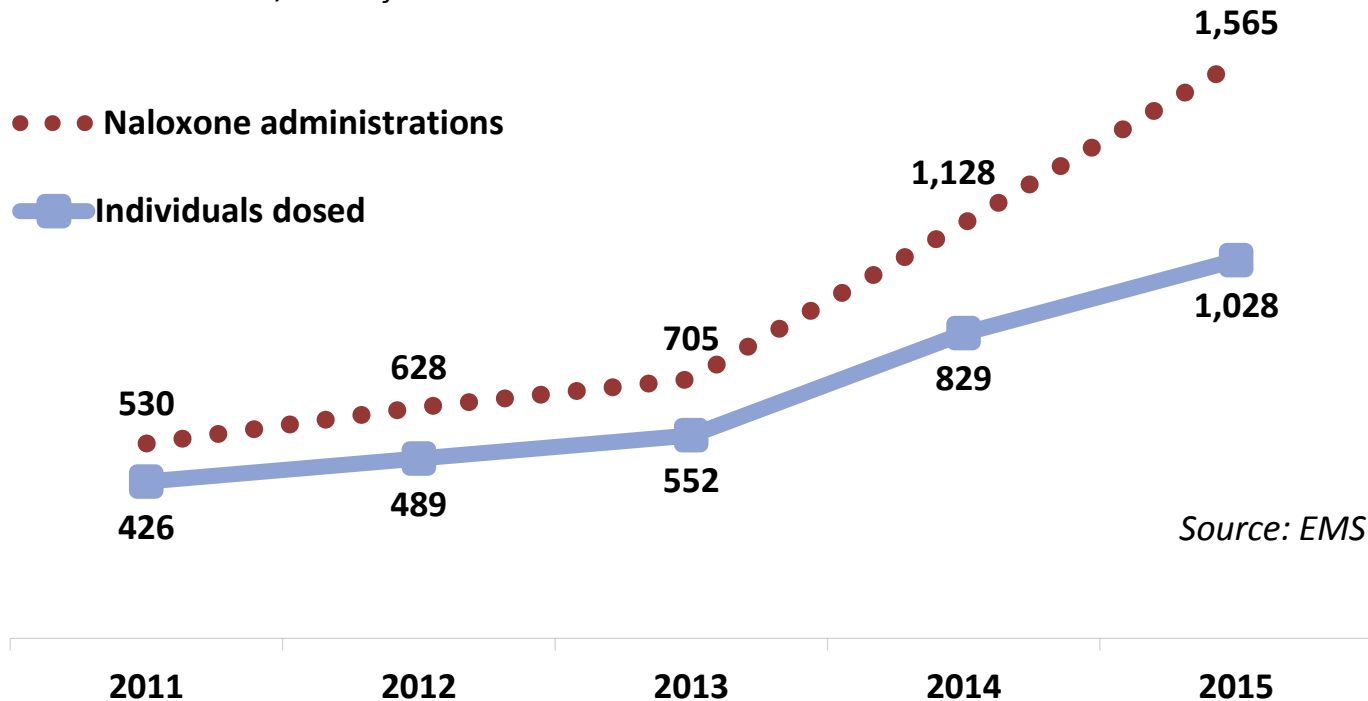
Number of drug and/or medication related overdose EMS responses per 10,000 residents, by Public Health District: 2015



Source: Emergency Medical Services

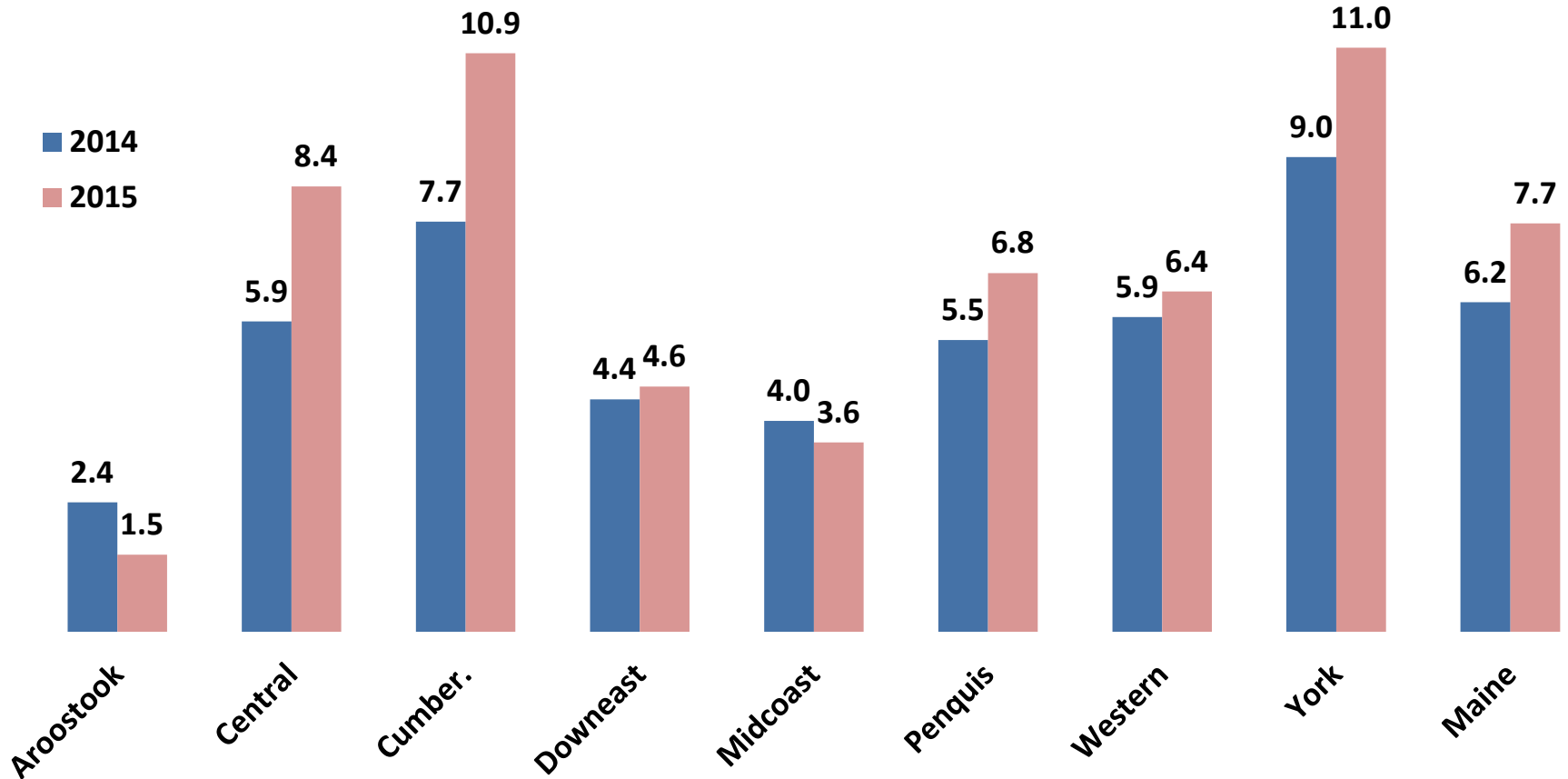
Number of EMS naloxone administrations and individuals dosed*: 2011 - 2015

**Some individuals may have received multiple administrations/doses of naloxone.*



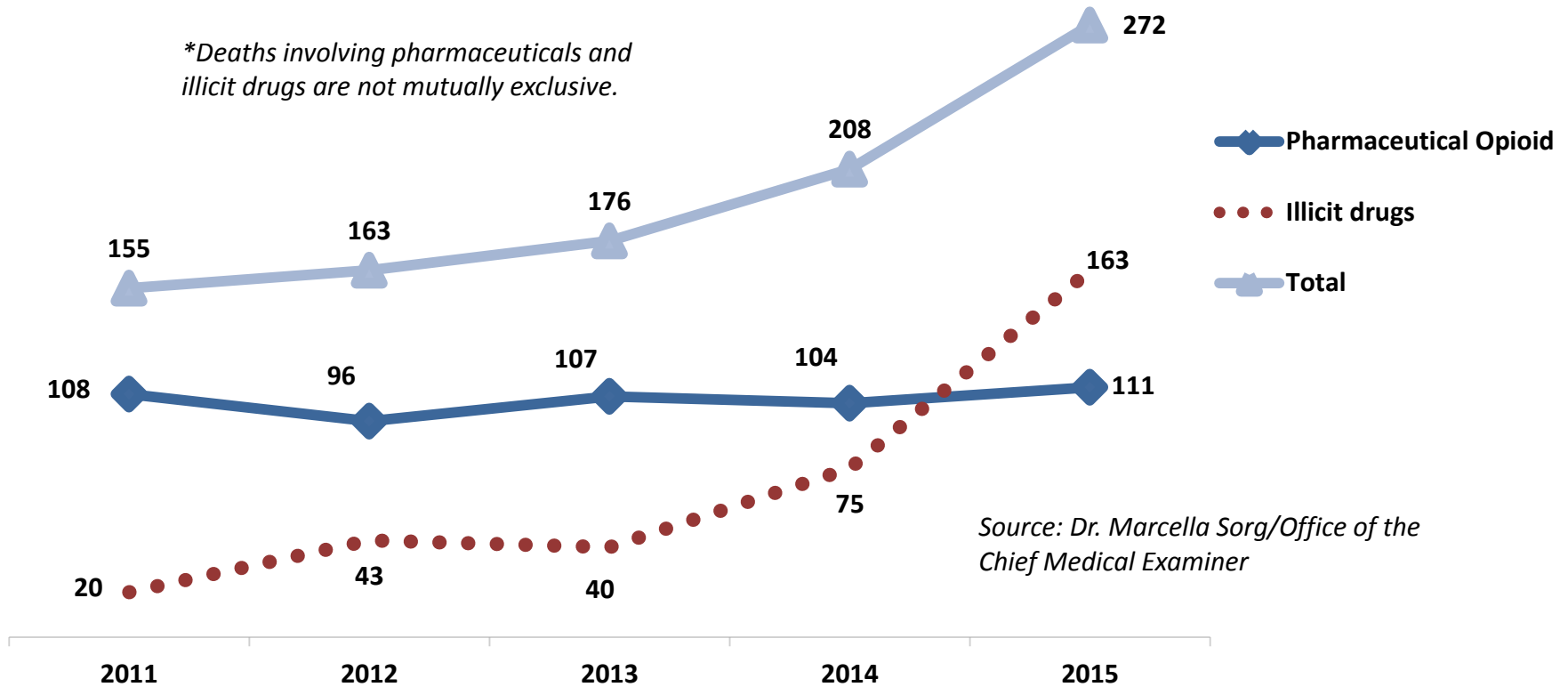
From 2013 to 2015, the number of naloxone administrations given by EMS responders more than doubled. Although not shown, rates are highest among males 25 to 34 years old.

EMS Naloxone administrations per 10,000 residents, by Public Health District: 2014 and 2015



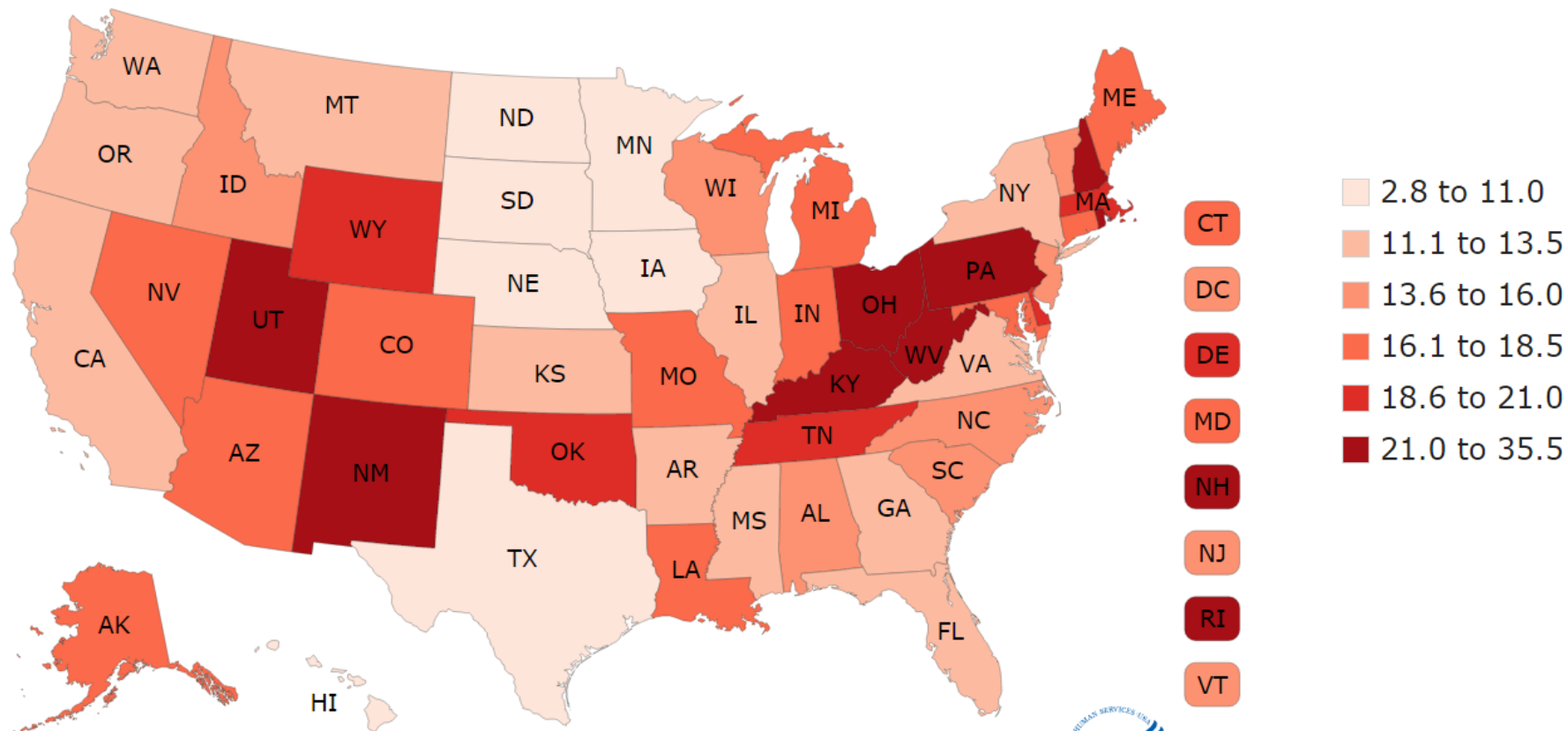
Source: Emergency Medical Services

Number of deaths* caused by pharmaceuticals and/or illicit drugs: 2011–2015

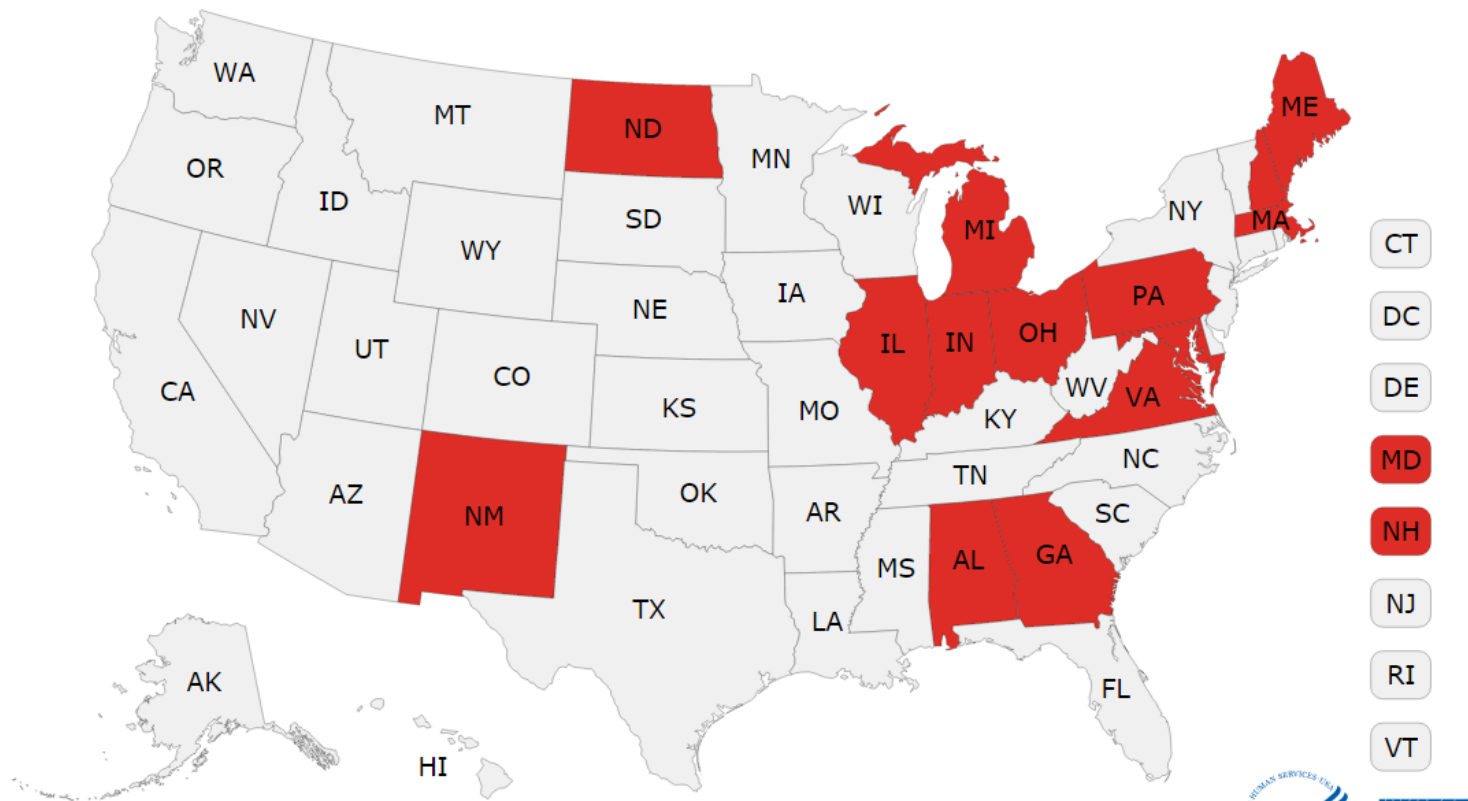


In 2015, there were a total of 272 overdose deaths due to drug use in Maine, representing a 55 percent increase since 2013. In 2015, the majority of overdose deaths were related to illicit drugs surpassing pharmaceuticals.

Number and age-adjusted rates of drug overdose deaths by state per 100,000, US 2014



Statistically significant drug overdose death rate increase from 2013 to 2014, US states

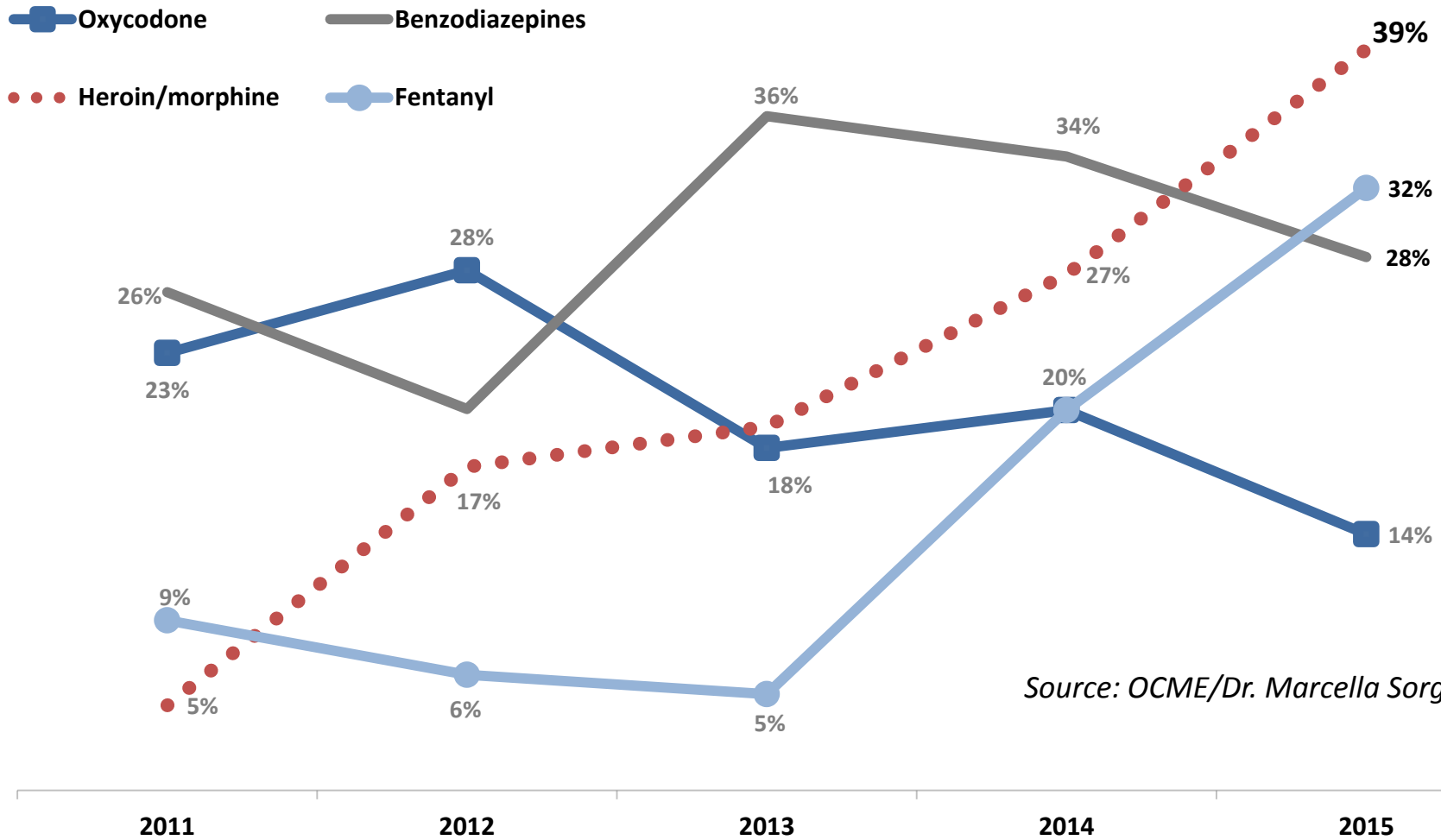


Statistically significant increase from 2013 to 2014

- No
- Yes



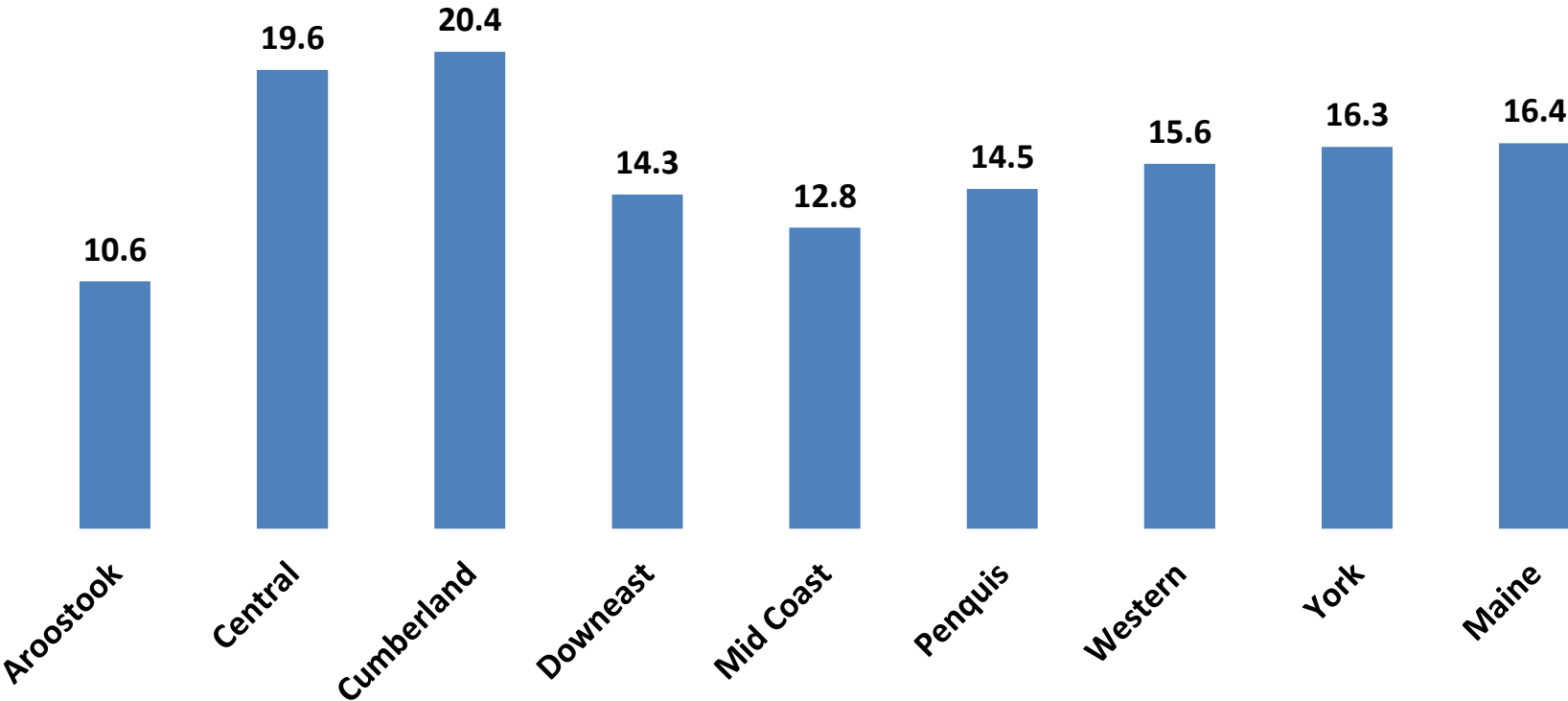
Percent of drug deaths involving specific drug types†: 2011–2015



Source: OCME/Dr. Marcella Sorg

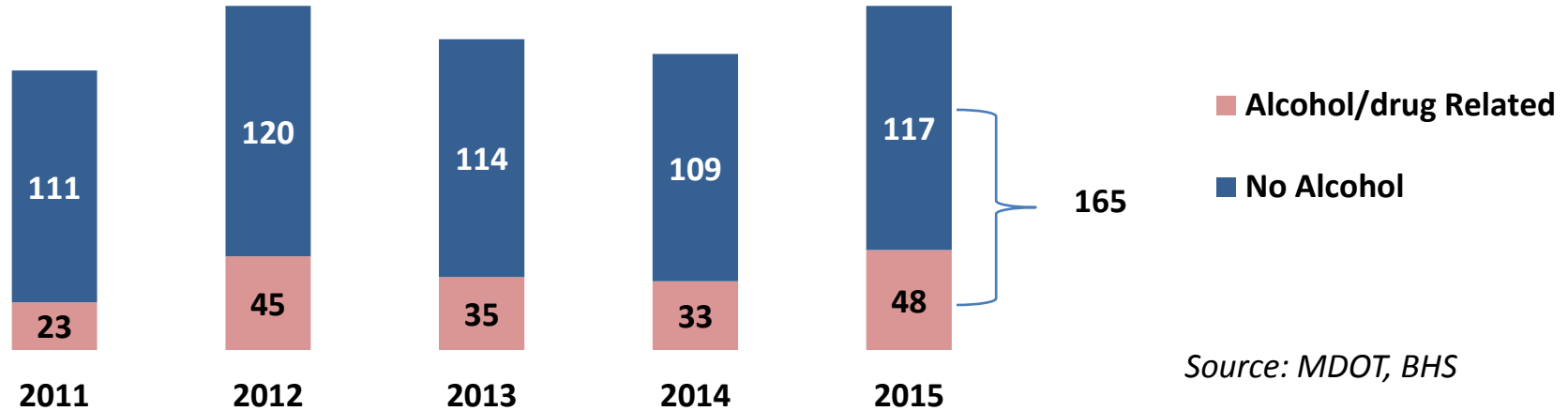
Almost two in five involved heroin/morphine and almost a third involved non-pharmaceutical fentanyl.

Drug-related death rate per 100,000, by Public Health District: 2013-15



Source: Dr. Marcella Sorg, Margaret Chase Smith Policy Center at University of Maine, Office of the Chief Medical Examiner

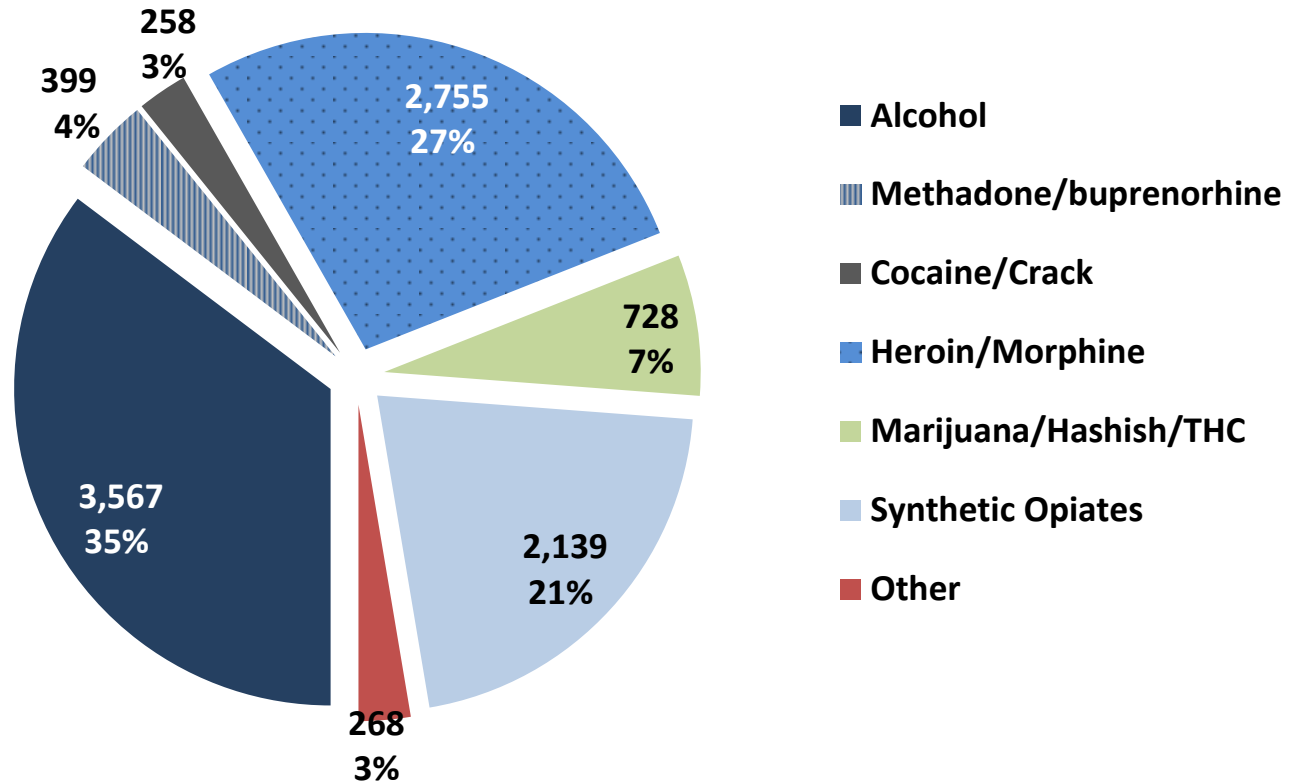
Number of fatal motor vehicle crashes, by whether they involved alcohol and/or drugs: 2011–2015



In 2015, nearly one in three (29%) fatal motor vehicle crashes involved alcohol.

Treatment

Number and percentage of primary treatment admissions, by substance type: 2015*

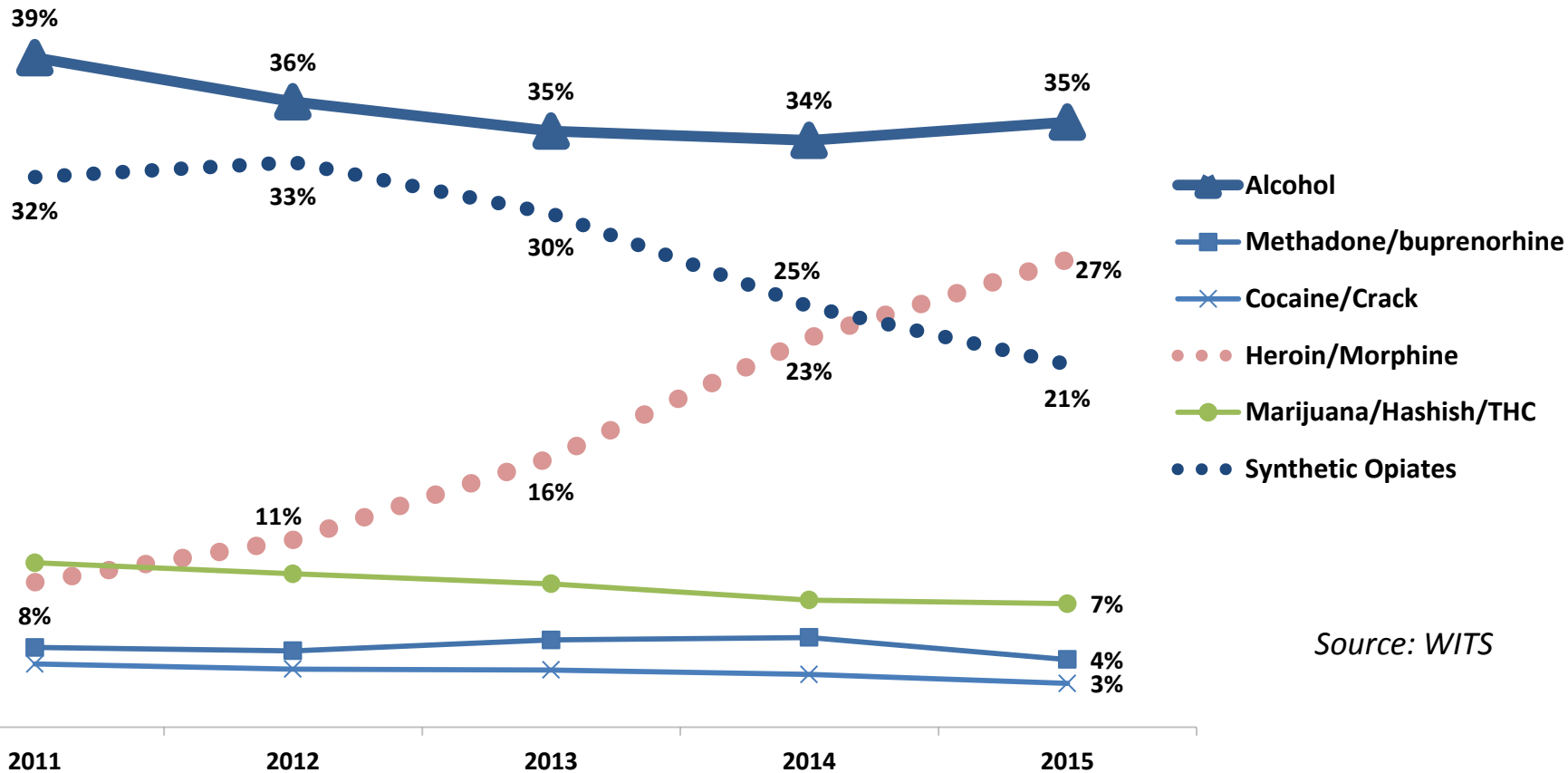


**WITS system is not static; therefore 2015 numbers may be lower than true counts. Data were retrieved 6/8/2015*

Source: WITS

A little more than one in three substance use treatment admissions listed alcohol as the primary reason for treatment in 2015, followed by heroin/morphine at 27percent.

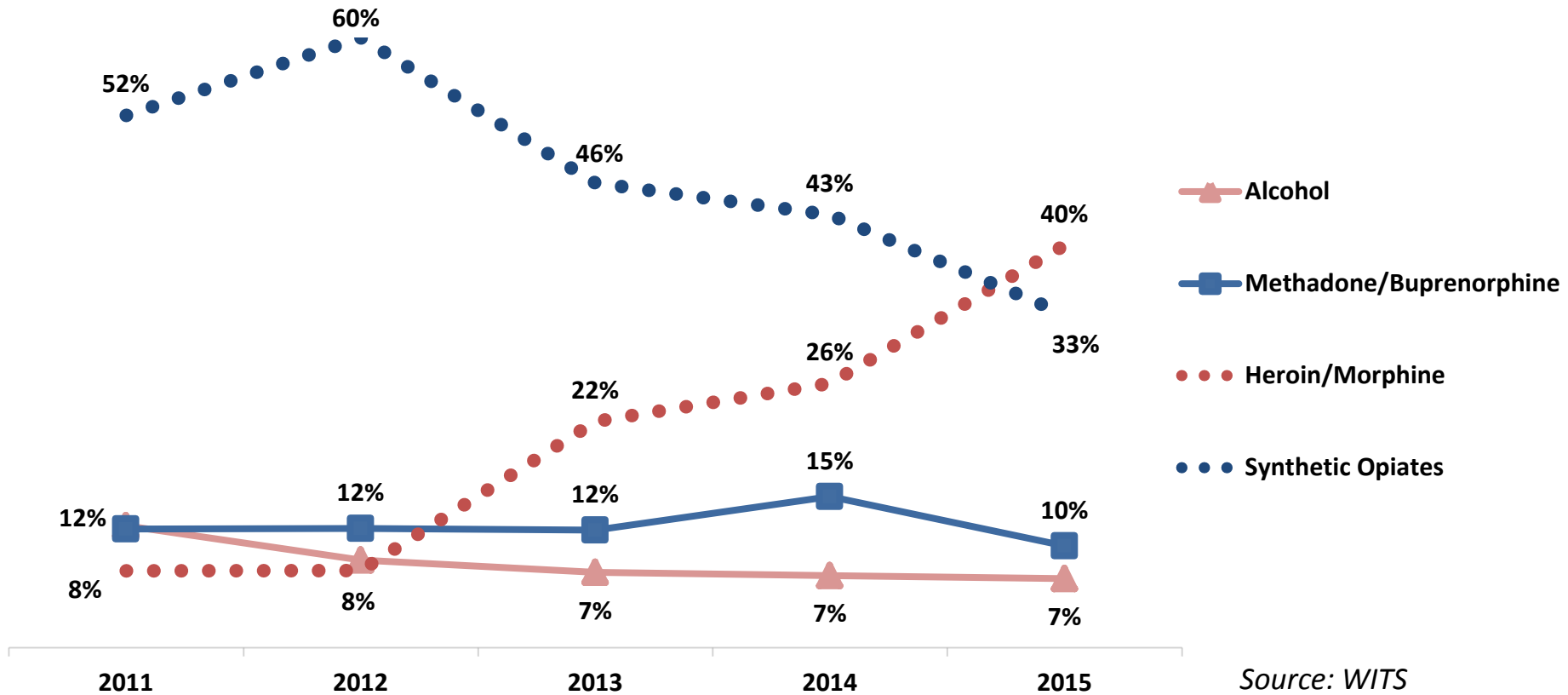
Percent of primary treatment admissions, by substance type: 2011–2015



Source: WITS

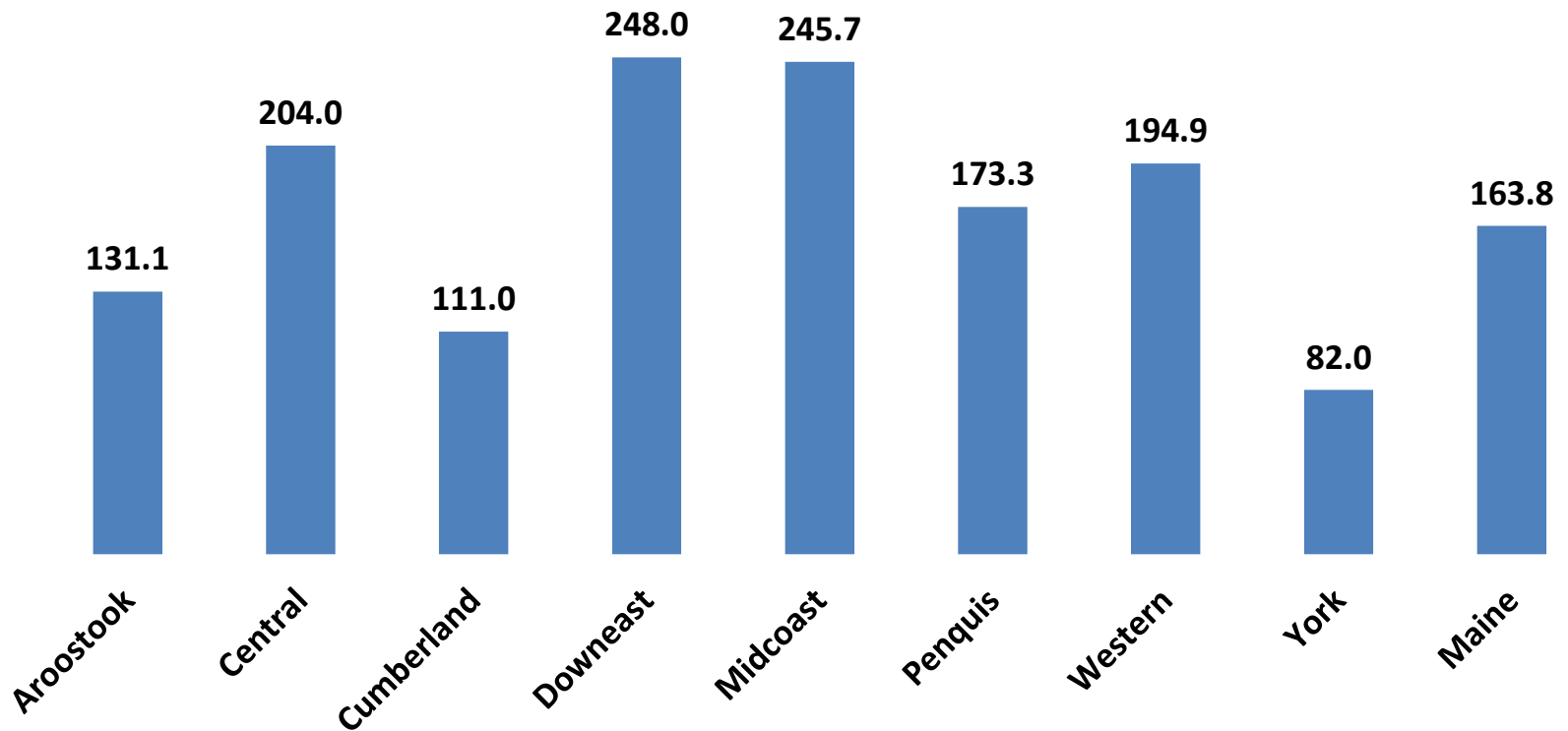
Primary admission rates related to heroin/morphine have steadily increased since 2011, and have surpassed synthetic opiates as the second most common substance.

Percent of pregnant treatment admissions, by primary substance: 2011–2015



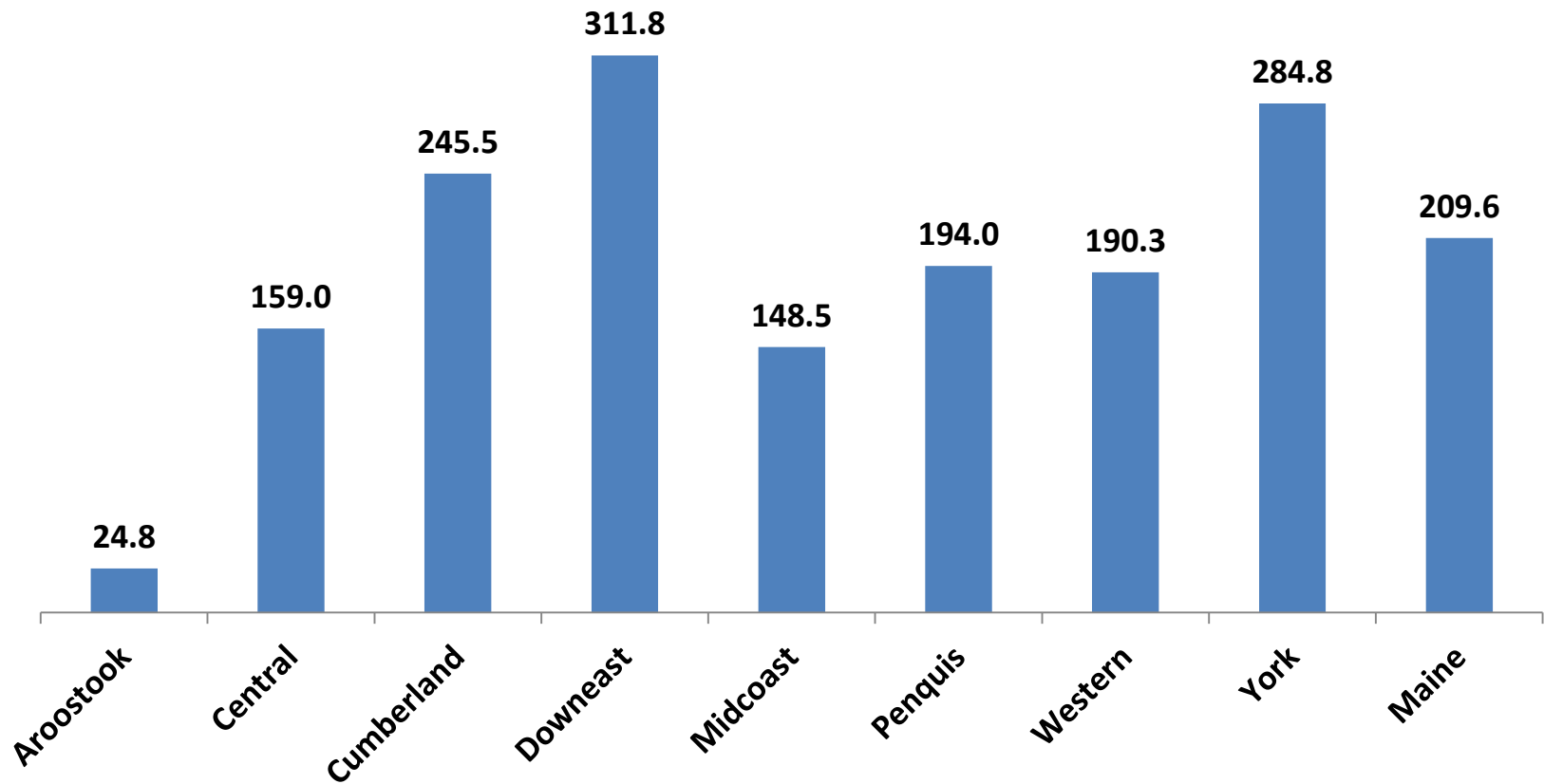
In recent years, the percentage of admissions primarily due to synthetic opioids has steadily declined while the proportion related to heroin has increased. In 2015, more than eight out of ten pregnant substance abuse treatment admissions were related to opioids and/or derivatives.

Primary admissions related to synthetic opiates per 100,000, by Public Health District: 2015



Source: WITS

Primary admissions related to synthetic opiates per 100,000, by Public Health District: 2011-2015



Source: WITS

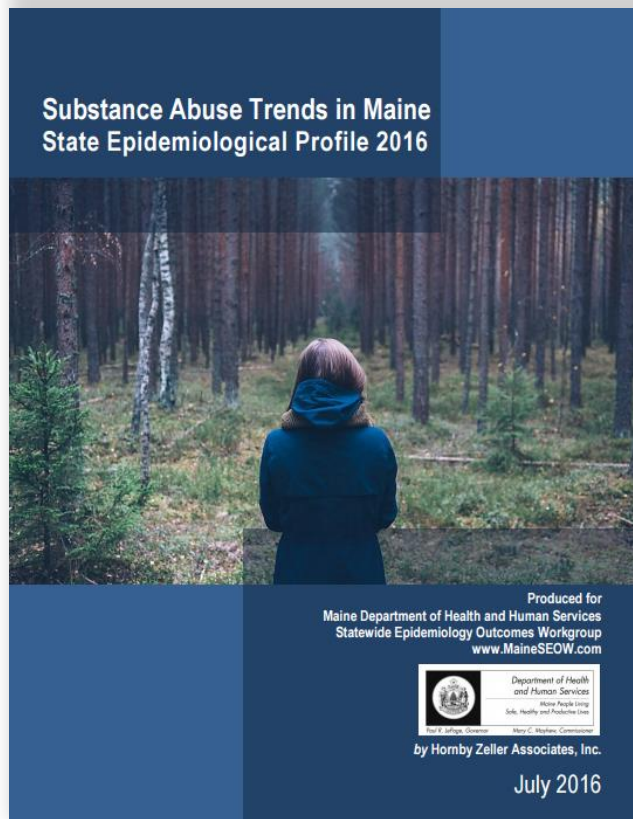
Summary

- In recent years, consequences arising from synthetic opiates have declined as those related heroin and other non-pharmaceutical opioids have risen steadily.
- The shift to more potent and volatile opioids has had a major impact on overdoses, crime, and health in Maine.
- Drugs such as methamphetamine, cocaine, and other potentially addictive and dangerous prescription drugs have had a progressively somber impact in Maine.
- Alcohol/drug related crash fatalities are a major consequence of risky alcohol consumption; about one in three fatal motor vehicle crashes in 2015 involved alcohol/drugs.

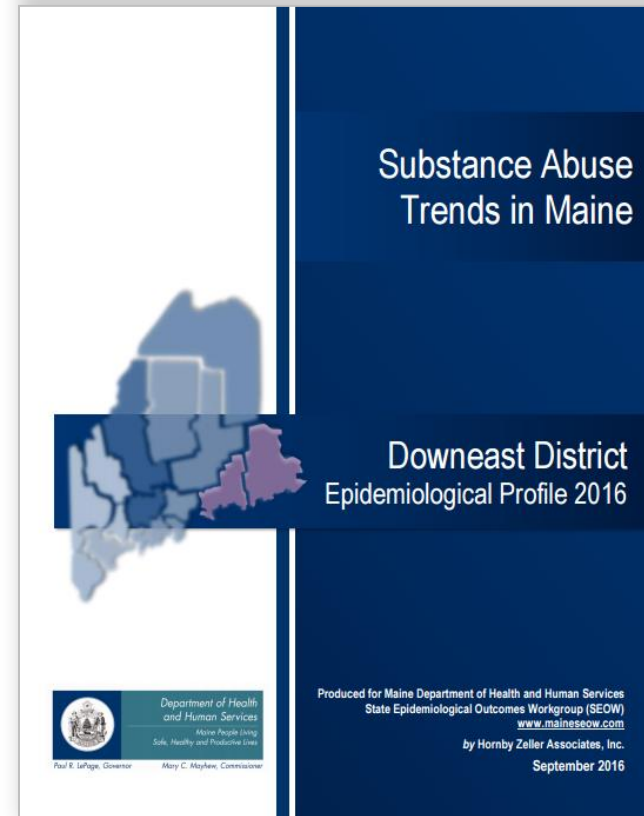
Additional Resources

2016 State and Community Profiles

State Profile



Community Profiles



Factsheets and reports can be found www.maineosew.com within "additional resources"

Additional Resources: 2016 Factsheets

Consequences

SUBSTANCE ABUSE IN MAINE – CONSEQUENCES

SEPTEMBER 2016

BY THE NUMBERS

MDEA drug trafficking investigations due to heroin have more than doubled from 2013 to 2015. Trafficking investigations due to cocaine observed a 38% increase from 2014 to 2015.¹

MDEA drug manufacturing investigations related to methamphetamine more than tripled from 2013 to 2015.²

In 2015, there were a total of 272 overdose deaths due to drug use in Maine, representing a 55 percent increase since 2013. The majority of overdose deaths were related to illicit drugs.

Almost 2 in 5 of these deaths involved heroin/morphine, and nearly a third involved non-pharmaceutical fentanyl.³

From 2013 to 2015, the number of naloxone administrations given by EMS responders more than doubled. Rates are highest among males 25 to 34 years old.⁴

Drug/medication overdoses EMS responses are most common among those between the ages of 26 and 35, as well as among those 18 to 25.⁵

In 2015 nearly 1 in 3 fatal motor vehicle crashes involved alcohol/drugs.

Mainers aged 18-35 years old have the highest rates of alcohol/drug-related crashes and crash fatalities.⁶

SPOTLIGHT ON: OPIOIDS

The shift to more potent and volatile opioids has had a major impact on overdoses, crime, and health in Maine. In recent years, consequences arising from synthetic opiates have declined as those related to heroin and other non-pharmaceutical opioids have risen.

In 2015 there were 1,013 notifications to Child Protective Services regarding infants born exposed to substances, representing 8% of live births in Maine. Compared to only 5% of such births in 2011; this represents a 50% increase.⁷

In 2015, primary treatment admission rates related to heroin/morphine have steadily increased since 2011, and have surpassed synthetic opiates as the second most common substance.⁸

The shift to more potent and volatile drugs has had a severe impact on the health and safety of Maine.

Number of Drug Related Overdose Deaths, by Drug Type¹

Year	Total	Pharmaceutical Opiates	Illicit Drugs
2011	155	108	20
2012	163	96	43
2013	176	107	40
2014	208	104	75
2015	272	163	111

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

1. Maine Drug Enforcement Agency
2. Dr. Sarg, Office of Chief Medical Examiner
3. Emergency Medical Services
4. Bureau of Highway Safety
5. Office of Child and Family Services
6. Web Infrastructure Treatment System
7. Department of Health and Human Services
8. Maine Health Care Information System

Consumption/Prevalence

SUBSTANCE USE IN MAINE – CONSUMPTION

SEPTEMBER 2016

BY THE NUMBERS

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.¹

About 1 in 5 Maine high school students drank alcohol in the past month while 1 in 10 binge drank in the past month. Rates have been declining since 2009.²

Tobacco use among high school students has decreased steadily since 2009. In 2015, about 1 in 10 high school students reported missing a prescription drug in their lifetime.³ Mainers between the ages of 18 and 34 continue to have the highest rates of prescription drug and pain reliever misuse.⁴

The most commonly used illicit drug in Maine is Marijuana. The state has one of the highest rates of marijuana use by young adults (18-25 in the nation). Adult use has increased over the past few years, while high school use is stable. In 2015, 1 in 5 high school students used marijuana in the past month.⁵

In general, 18-25 year olds have the highest rates of substance abuse and are the most likely age group to engage in risky behaviors.⁶

SPOTLIGHT ON: VAPING

Electronic vapor products refer to devices used to vaporize active ingredients of plant material, commonly tobacco, cannabis, or herbs for the purpose of inhalation.

One in three Maine high school students ever used an electronic vapor product, while one in five used one in the past month.⁷

Electronic vapor products are currently unregulated by the U.S. Food and Drug Administration (FDA).⁸ In Maine, electronic vapor products are limited to people 18 and older. While youth use of these products has tripled nationwide from 2013-2016,⁹ Maine has not tracked this type of consumption until recently, so trending data are not yet available.

Maine is making progress, with youth showing steady declines in substance use.

Lifetime rates of Inhalant, cocaine and heroin use among high school students have been decreasing steadily since 2009.¹⁰

Year	Inhalant	Cocaine	Heroin
2009	11%	1%	1%
2011	10%	1%	1%
2013	9%	1%	1%
2015	8%	1%	1%

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

1. Behavioral Risk Factor Surveillance System (BRFSS)
2. Maine Inpatient Youth Health Survey (MIYHS)
3. National Survey on Drug Use and Health (NSDUH)
4. <http://www.samhsa.gov/2k15>
5. U.S. Centers for Disease Control and Prevention
6. Department of Health and Human Services
7. Department of Health and Human Services
8. <http://www.fda.gov>
9. <http://www.cdc.gov>
10. U.S. Centers for Disease Control and Prevention

Contributing Factors

SUBSTANCE ABUSE IN MAINE – CONTRIBUTING FACTORS

SEPTEMBER 2016

BY THE NUMBERS

Four out of five high school students think binge drinking alcohol once or twice a week is harmful.¹ Only 3 in 4 adults 18-25 feel the same way.²

In 2015 only 2 of 5 high school students felt smoking marijuana once or twice a week was harmful.³ Perception of harm related to marijuana use by both youth and adults has decreased steadily in recent years.⁴

1 in 7 Maine high school students thought they'd be seen as "cool" if they drank alcohol or smoked marijuana. Almost 9 in 10 report that their family has clear rules around drug and alcohol use.⁵

Two out of three parents thought it was never okay for their teen to use marijuana. One in six felt it would be okay with medical supervision.⁶

More than half of high school students believed that alcohol and marijuana were easy to obtain.⁷ More than a third of parents felt their teen could access prescription medications at some without permission.⁸

The potential for diversion of prescription drugs remains a problem. In 2015 there were 67 narcotic units (e.g., pills) dispersed per person.⁹ In 2013-15, the vast majority of calls to the Poison Center involved opioids (1,342/year), benzodiazepines (3,321/year), and stimulants or street drugs (1,420/year).¹⁰

SPOTLIGHT ON: MENTAL HEALTH AND COMORBIDITY

The relationship between substance use and mental health is well documented. It is important to understand how substance use and mental health interact with one another so that prevention and intervention efforts can better address the needs of both.

Mental illness is prevalent among Mainers who needed treatment for substance use, with over half of substance abuse treatment admissions in 2013 involving a mental health disorder and more than one-quarter requiring outpatient mental health services in the past year.¹¹

In 2015, students who reported an "at risk" or "at least two weeks within the past 12 months" were twice as likely to have used marijuana or to have engaged in binge drinking, and three times as likely to have misused prescription drugs during the past 30 days.¹²

Perceptions of harm, accessibility, cultural norms, and mental health are associated with substance use.

Rates have been steadily increasing for the past several years.

SEOW Question: "In the past year, how many times did you or a friend use or have used any of the following drugs during your usual activities for at least two weeks?"

Year	2009	2011	2013	2015
Percentage	22%	23%	24%	24%

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

1. Maine Inpatient Youth Health Survey
2. National Survey on Drug Use and Health
3. SAMHSA Pain Survey
4. SAMHSA Pain Survey
5. SAMHSA Pain Survey
6. SAMHSA Pain Survey
7. SAMHSA Pain Survey
8. SAMHSA Pain Survey
9. SAMHSA Pain Survey
10. SAMHSA Pain Survey
11. Department of Health and Human Services
12. Department of Health and Human Services

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. The main banner features the text 'SEOW Dashboard User Guide' and a 'Start Here' button with a hand cursor icon. Below the banner are three sections: Indicators (with a bar chart icon), Data Sources (with a globe icon), and Additional Resources (with a lightbulb icon). Each section 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 »](#)

Tomorrow's Webinar

Part 3: Contributing Factors of Substance Use (Wednesday, November 2nd @ 10am)

Steps to join webinar(s):

1. Click the following link:
<http://stateofmaine.adobeconnect.com/seowseries/>
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

Timothy Diomedede, MPPM
SEOW Coordinator/Prevention Data Analyst
Timothy.Diomedede@maine.gov
www.maine.seow.com



Paul R. LePage, Governor

Department of Health
and Human Services

*Maine People Living
Safe, Healthy and Productive Lives*

Mary C. Mayhew, Commissioner