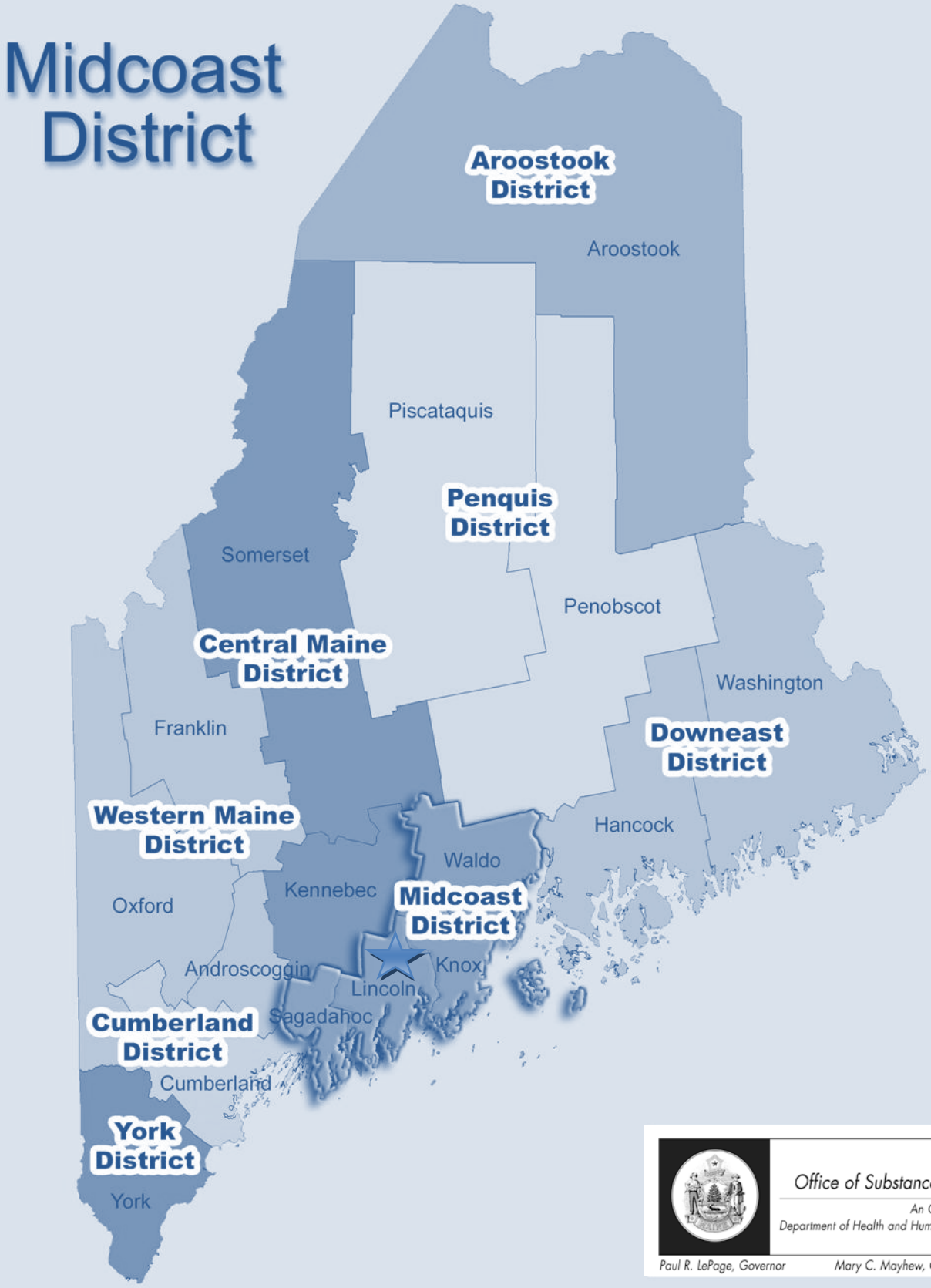
Substance Abuse Trends in Maine

Epidemiological Profile 2012



Office of Substance Abuse
An Office of the Department of Health and Human Services
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

Substance Abuse Trends in Maine

Epidemiological Profile 2012

Midcoast District

THIS REPORT IS PRODUCED FOR THE MAINE OFFICE OF SUBSTANCE ABUSE COMMUNITY EPIDEMIOLOGY SURVEILLANCE NETWORK WITH SUPPORT FROM THE STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP (SEOW) GRANT THROUGH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION

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Introduction

Overview of Midcoast Public Health District

Midcoast Public Health District is made up of four counties: Knox, Lincoln, Sagadahoc and Waldo. All together, the district has a population of 148,272 people, and represents approximately 11 percent of Maine's total population in 2010. There are approximately 82 people per square mile in this PHD. The State of Maine is considered an "aging" state, with 16 percent of the population being 65 years old and over, a higher rate than the overall US population (13%). In Midcoast Public Health District, approximately 17 percent of the population was 65 years old or older in 2010. Knox and Lincoln Counties have a greater proportion of residents over 65 years old (19% and 20% respectively) compared to Sagadahoc and Waldo Counties, which are closer to the statewide average. Approximately 97 percent of Midcoast PHD's population is Caucasian, followed by both African American and Asian (0.5%) and then by American Indian and Alaska Native (0.4%). The median income in 2009 ranged from $40,423 in Waldo (below the statewide median of $45,708) to $54,754 in Sagadahoc; 11.8 percent of the population in this PDH lives below the poverty level. In sum, Midcoast is older, more Caucasian and generally middle-income.

It is within the context of these demographic characteristics that substance abuse in Midcoast Public Health District (PHD) must be examined.

Purpose of this Report

This report takes into account the primary objectives of the Office of Substance Abuse (OSA): to identify substance abuse patterns in defined geographical areas, establish substance abuse trends, detect emerging substances, and provide information for policy development and program planning. It also highlights all the prevention priorities identified in the OSA strategic plan: underage drinking, high-risk drinking, misuse of prescription drugs, and marijuana use. Finally, the report monitors many of the factors that contribute to substance use, such as access and perceptions of harm, as well as the common negative consequences such as crime, car crashes and overdose deaths.

This report includes data available through May 2012. Older and unchanged data are included when more recent data were not available. Five major types of indicators are included: self-reported substance consumption, consequences of substance use, factors contributing to substance use, indicators about mental health and substance abuse, and treatment admissions.

Previous county level reports with older trending data are available at the www.maineosa.org website.

Consumption of Substances

Consuming harmful substances can have detrimental effects on an individual's well-being, including increased risks of morbidity, addiction and mortality, and has a harmful effect on society as a whole including increased motor vehicle accidents and crime. However, it is the manner and frequency with which people drink, smoke and use drugs that are often linked to particular substance-related consequences. To understand fully the magnitude of substance use consequences, it is important to first understand the prevalence of substance use consumption, itself. Consumption includes overall use of substances, acute or heavy consumption and consumption by high risk groups (e.g., youth, college students, pregnant women).

As demonstrated by the indicators below, alcohol remains the substance most often used by Midcoast PHD residents across the lifespan. The use of illegal substances amongst high school youth is of particular concern. Drinking, binge drinking, use of marijuana, and, to a lesser extent, use of tobacco products and cocaine all have higher consumption rates than the state on average. However, cigarette use amongst adults is somewhat lower in Midcoast PHD.

Alcohol

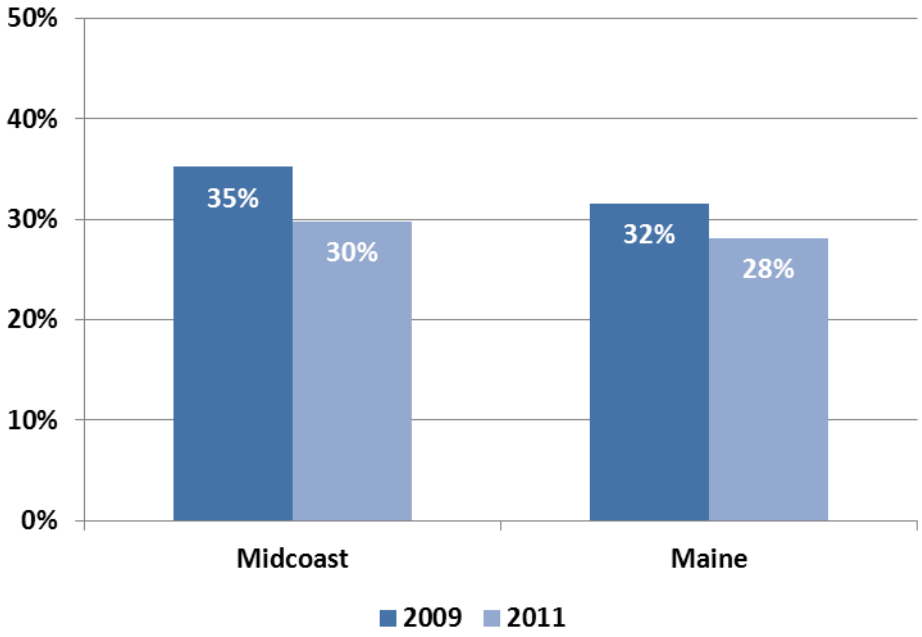
Indicator Description: ALCOHOL USE AMONG YOUTH. This measure shows the percentage of Maine high school students who reported having had one or more alcoholic drinks within 30 days prior to the survey.

Why Indicator is Important: Alcohol is the most often used substance among youth in Maine. In addition to the risks alcohol consumption carries for adults, developing adolescent brains are especially susceptible to the health risks of alcohol consumption. Adolescents who consume alcohol are more likely to have poor grades and be at risk for experiencing social problems, depression, suicidal thoughts, assault, and violence.

Data Source(s): MIYHS, 2009-2011.

Summary: Approximately three in ten (30%) high school students in Midcoast PHD reported having consumed one or more alcoholic beverages in the past 30 days in 2011. This represents a 14.2% decrease since 2009 for Midcoast PHD high school students. However Midcoast PHD is still somewhat higher than the statewide average; rates statewide decreased from 32% in 2009 to 28% in 2011.

Figure 1. Percent of high school students in Midcoast PHD who had at least one drink of alcohol during past 30 days: 2009, 2011



Source: MIYHS

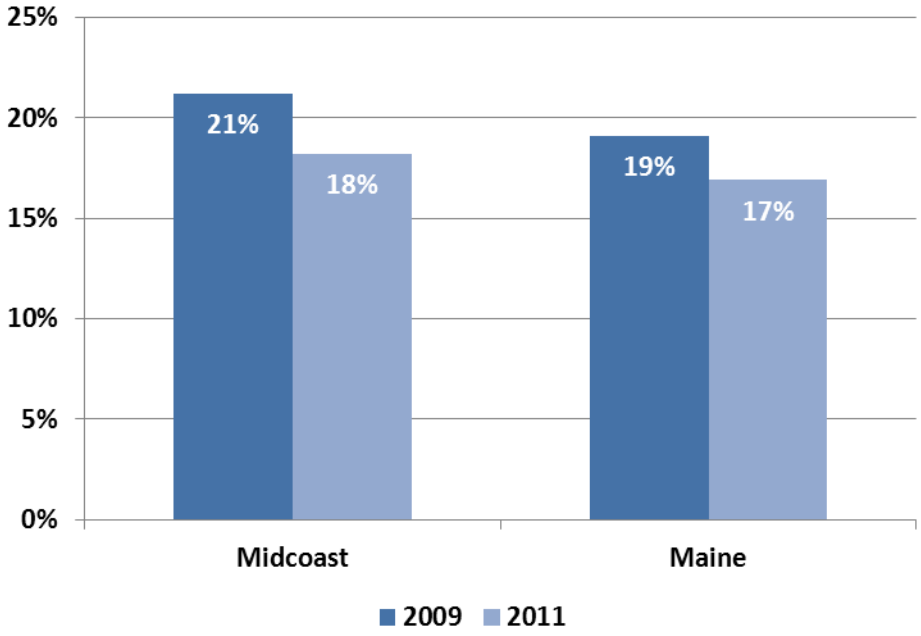
Indicator Description: HIGH-RISK ALCOHOL USE AMONG YOUTH. This indicator presents the percentage of Maine high school students who reported having had five or more alcoholic drinks in a row in one sitting at least once during the 30 days prior to the survey.

Why Indicator is Important: Youth are more likely than adults to engage in high-risk drinking when they consume alcohol. High-risk alcohol use contributes to violence and motor vehicle crashes and can result in negative health consequences for the consumer, including injuries and chronic liver disease. Youth who engage in high-risk drinking also are more likely to use drugs and engage in risky and antisocial behavior.

Data Source(s): MIYHS, 2009-2011.

Summary: In 2009 21% of high school students in Midcoast PHD reported having consumed five or more alcoholic beverages in one sitting during the past 30 days; this decreased to 18% in 2011. The rate of high-risk drinking in the Midcoast PHD is slightly higher than the statewide average (17%).

Figure 2. Percent of high school students in Midcoast PHD who had at least five drinks in a row during past 30 days: 2009, 2011



Source: MIYHS

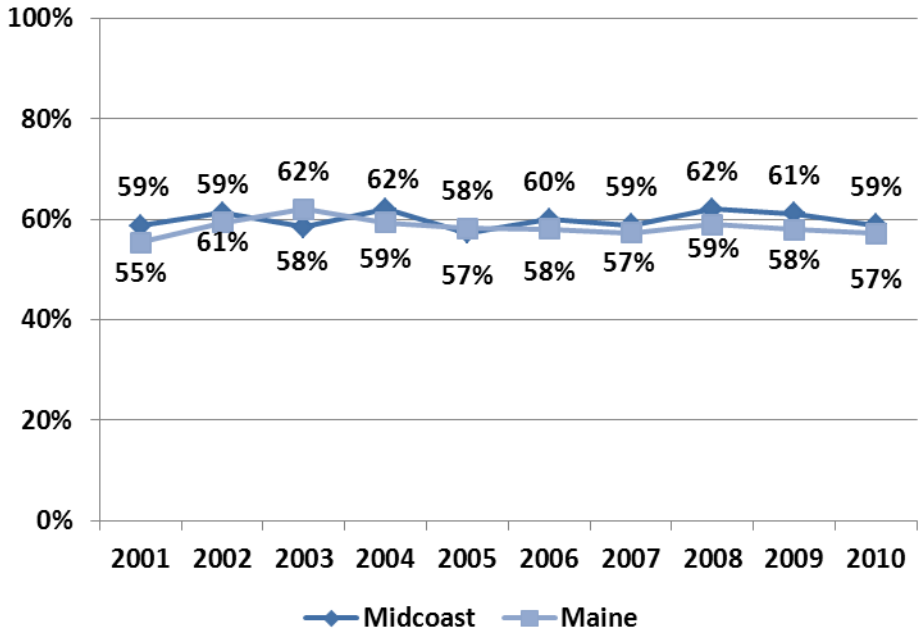
Indicator Description: ALCOHOL USE AMONG ADULTS. This indicator portrays the percentage of adults who reported having consumed one or more alcoholic drinks on one or more days within the past 30 days.

Why Indicator is Important: Alcohol is the most often used substance in Maine adults. Excessive and high risk alcohol use may contribute to violence and result in many negative health consequences for the consumer. Moderate drinking can also have negative health effects and lead to such consequences as alcohol-related motor vehicle crashes and increased injuries. Current alcohol use in pregnant women is also linked to low birth weight babies, sudden infant death, and other developmental delays in children.

Data Source(s): BRFSS, 2001-2010.

Summary: In 2010, 59 percent of adults in Midcoast PHD reported drinking at least one alcoholic beverage within the past 30 days, as opposed to the statewide average of 57 percent. The rates in Midcoast PHD have been about on par with the statewide average since 2001, ranging from a low of 57 percent to a high of 62 percent.

Figure 3. Percent of adults in Midcoast PHD who reported drinking during past 30 days: 2001-2010



Source: BRFSS

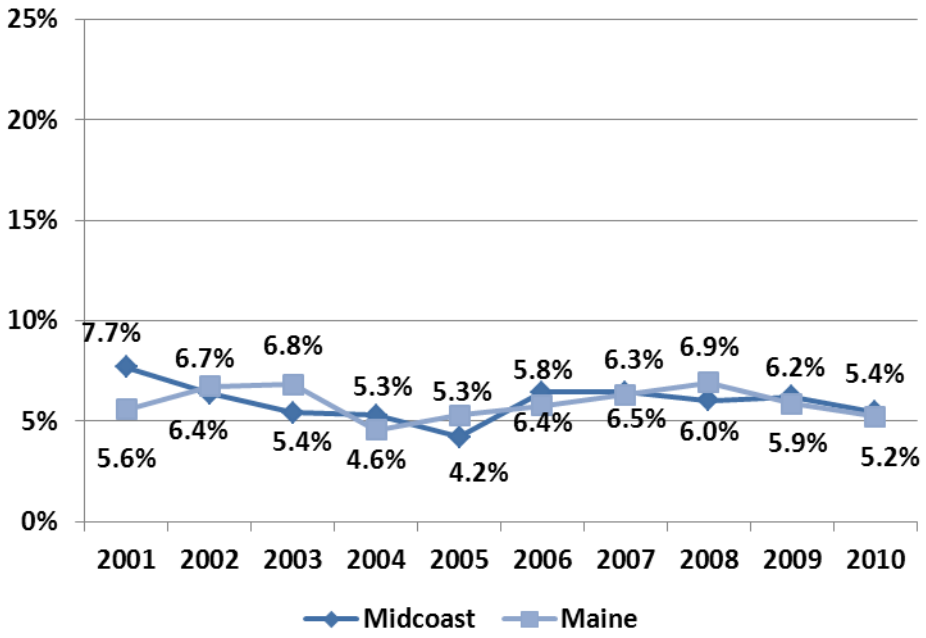
Indicator Description: HEAVY ALCOHOL USE AMONG ADULTS. This indicator examines the percentage of Maine residents who reported heavy drinking during the past 30 days. This is defined for adult men as having more than two drinks per day and for adult women as having more than one drink per day.

Why Indicator is Important: Heavy drinking is considered to be a type of high risk drinking, meaning it increases the risk for many health and social related consequences. People who consume alcohol heavily are at increased risk for a variety of negative health consequences, including alcohol abuse and dependence, liver disease, certain cancers, pancreatitis, heart disease, and death. It has also been found that the more heavily a person drinks the greater the potential for problems at home, work, and with friends.[1]

Data Source(s): BRFSS, 2001-2010.

Summary: In 2010 approximately 5.4% of adults in Midcoast PHD indicated they engaged in heavy drinking during the past 30 days; the statewide average was 5.2%. Heavy drinking rates in Midcoast PHD have decreased since 2001, when the rate was about eight percent (7.7%), a trend similar to the statewide trend.

Figure 4. Percent of adults in Midcoast PHD who reported heavy drinking during past 30 days: 2001-2009



Source: BRFSS

[1] Alcoholscreening.org, a service of Join Together and the Boston University School of Public Health. *Health Consequences of Excess Drinking.* Retrieved on 5/17/2012 from http://www.alcoholscreening.org/Learn-More.aspx?topicID=8&articleID=26

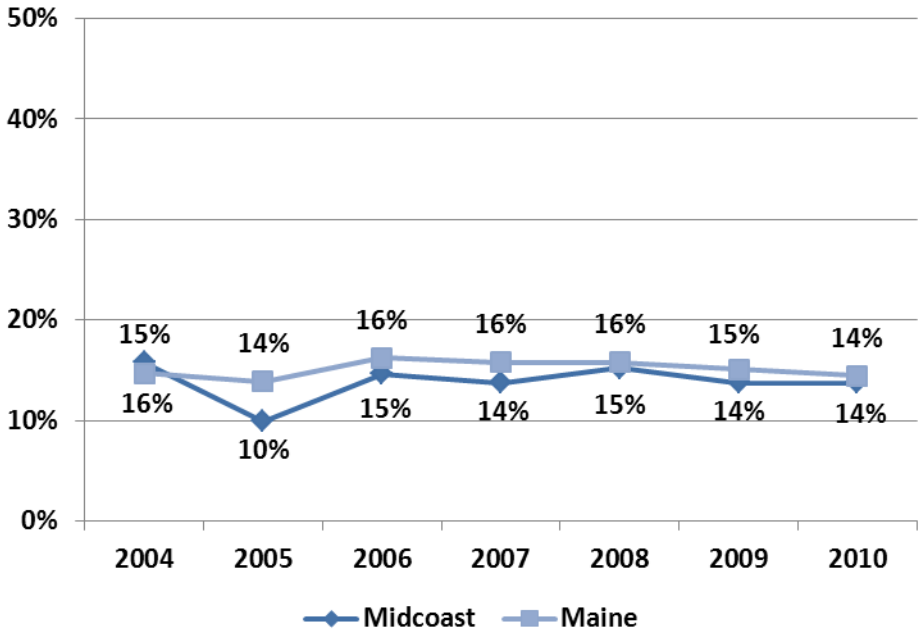
Indicator Description: HIGH-RISK ALCOHOL USE AMONG ADULTS. This indicator reflects the percentage of adults who reported engaging in high-risk "binge" drinking within the past 30 days. This is defined as five or more drinks in one sitting for a male and four or more drinks in one sitting for a female.

Why Indicator is Important: Binge drinking is considered to be a type of high-risk drinking, meaning it increases the risk for many health- and social-related consequences. It has been linked to injury (such as falls, fights, and suicides), violence, crime rates, motor vehicle crashes stroke, chronic liver disease, addiction, and some types of cancer.

Data Source(s): BRFSS, 2004-2010.

Summary: In 2010 14 percent of adults in Midcoast PHD indicated they engaged in binge drinking during the past 30 days, a about the same as the statewide average (15%). Between 2004 and 2010, Midcoast PHD has lowered its binge-drinking rate from 16 to 14 percent.

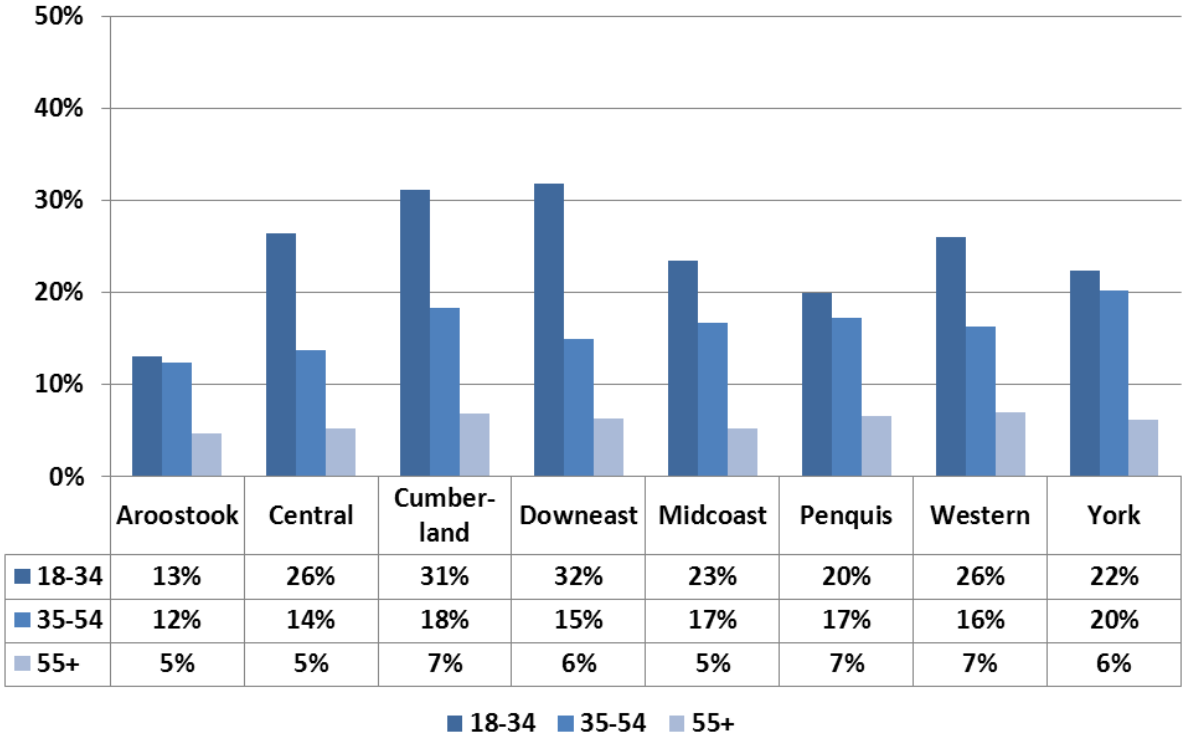
Figure 5. Percent of adults in Midcoast PHD who reported binge drinking during past 30 days: 2004-2009



Source: BRFSS

Summary: In 2010, 21 percent of 18 to 34 year olds in Midcoast PHD reported binge drinking in the past 30 days; this is the highest rate found in the state for this age group. Nineteen percent of 35 to 54 year olds reported binge drinking in the past 30 days, while six percent of 55+ year olds reported binge drinking in the past 30 days.

Figure 6. Percent of adults by Public Health District who reported binge drinking in past 30 days by age group: 2009-2010[2]



	Aroostook	Central	Cumber-land	Downeast	Midcoast	Penquis	Western	York
18-34	13%	26%	31%	32%	23%	20%	26%	22%
35-54	12%	14%	18%	15%	17%	17%	16%	20%
55+	5%	5%	7%	6%	5%	7%	7%	6%

Source: BRFSS

[2] Data from years 2009 and 2010 were combined to make for a more stable estimate

Tobacco

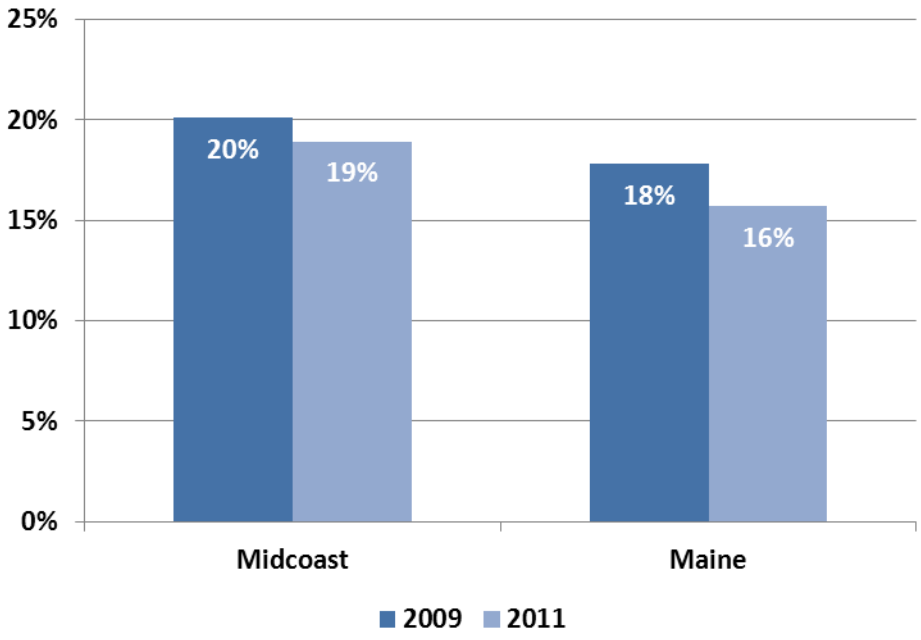
Indicator Description: SMOKING AMONG YOUTH. This indicator illustrates the percentage of Maine high school students who reported using smoking a cigarette on at least one occasion within 30 days prior to the survey.

Why Indicator is Important: Use of tobacco is associated with a greater risk of negative health outcomes, including cancer, cardiovascular, and chronic respiratory diseases, as well as death.

Data Source(s): MIYHS, 2009-2011.

Summary: In 2011 19% of high school students in Midcoast PHD reported having smoked one or more cigarettes in the past 30 days. This is a slight decrease from the smoking rate in 2009 in the Midcoast PHD but is higher than the statewide average in 2011(16%).

Figure 7. Percent of high school students in Midcoast PHD who reported smoking one or more cigarettes during past 30 days: 2009-2011



Source: MIYHS

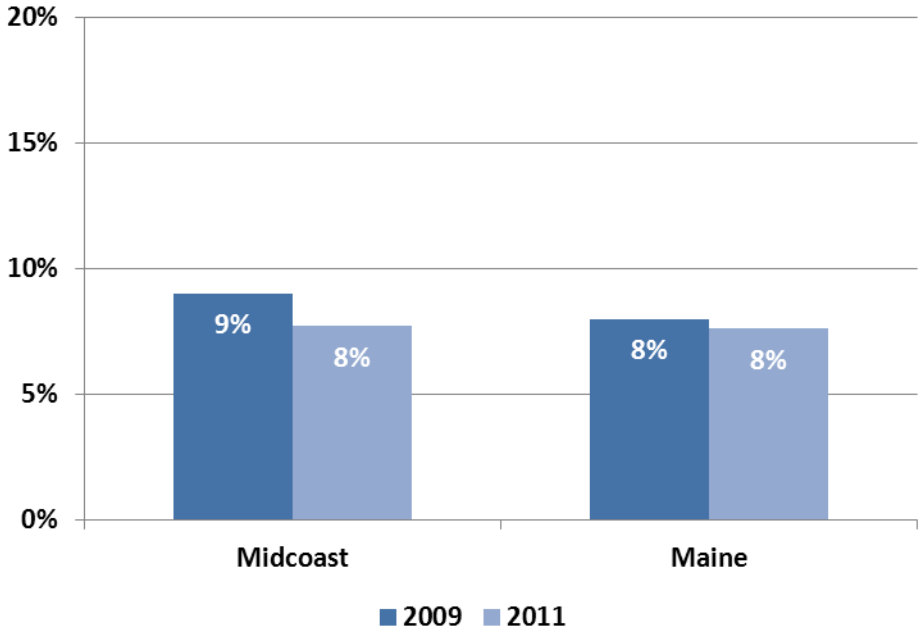
Indicator Description: SMOKELESS TOBACCO AMONG YOUTH. This indicator illustrates the percentage of Maine high school students who reported using smokeless tobacco on at least one occasion within 30 days prior to the survey.

Why Indicator is Important: Use of tobacco is associated with a greater risk of negative health outcomes, including cancer, cardiovascular, and chronic respiratory diseases, as well as death.

Data Source(s): MIYHS, 2009-2011.

Summary: The percent of high school students in Midcoast PHD who have used smokeless tobacco in the past slightly decreased from 2009 to 2011 (from 9% to 8%) and is now on par with the average for Maine.

Figure 8. Percent of high school students in Midcoast PHD who used smokeless tobacco in the past 30 days: 2009, 2011



Source: MIYHS

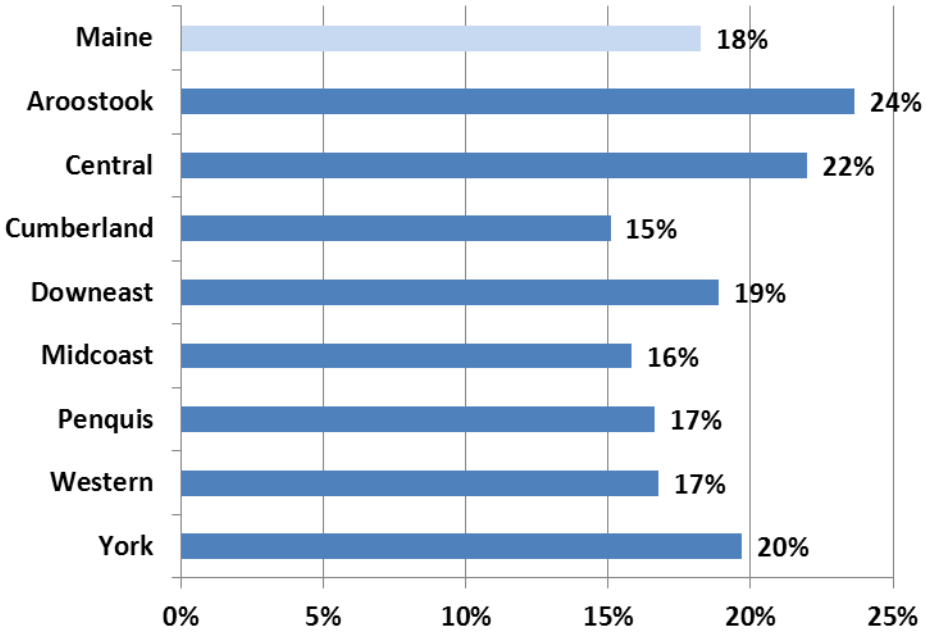
Indicator Description: SMOKING AMONG ADULTS. This indicator illustrates the percentage of Maine adults who reported using cigarettes on at least one occasion within 30 days prior to the survey.

Why Indicator is Important: Smoking is associated with a greater risk of negative health outcomes, including cancer, cardiovascular and chronic respiratory diseases, as well as death.

Data Source(s): BRFSS, 2010.

Summary: In 2010, 16 percent of adults in Midcoast PHD indicated they had smoked a cigarette in the past 30 days; this is the second-lowest rate in the state.

Figure 9. Percent of adults by Public Health District who reported smoking a cigarette in the past 30 days: 2009



Source: BRFSS

Prescription Drugs

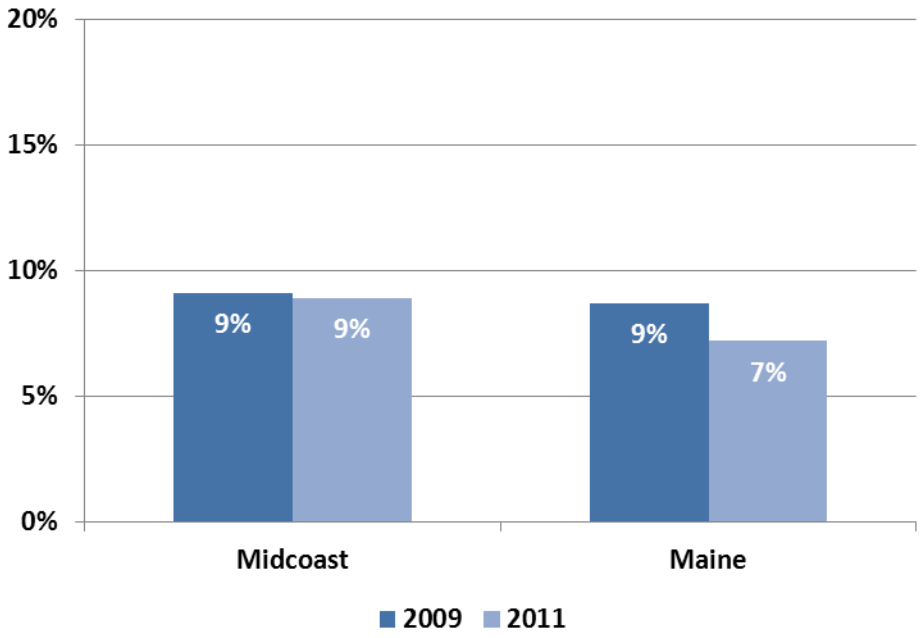
Indicator Description: MISUSE OF PRESCRIPTION DRUGS AMONG YOUTH. This indicator presents the percentage of Maine high school students who reported using prescription drugs that were not prescribed to them by a doctor within 30 days prior to the survey.

Why Indicator is Important: Young people are increasingly using available prescription drugs, including stimulants and opiates, instead of illegal drugs to get high. Abuse of prescription drugs may lead to consequences such as unintentional poisonings or overdose, automobile crashes, addiction, and increased crime.

Data Source(s): MIYHS, 2009-2011.

Summary: There was little change between 2009 and 2011 in the percentage of high school students in Midcoast PHD who reported having taken prescription drugs not prescribed to them by a doctor one or more times in the past 30 days; this figure remained around 9%. The 2011 rate for the Midcoast PHD is higher than the statewide average (7%).

Figure 10. Percent of high school students in Midcoast PHD who have taken prescription drugs not prescribed to them by a doctor: 2009, 2011



Source: MIYHS

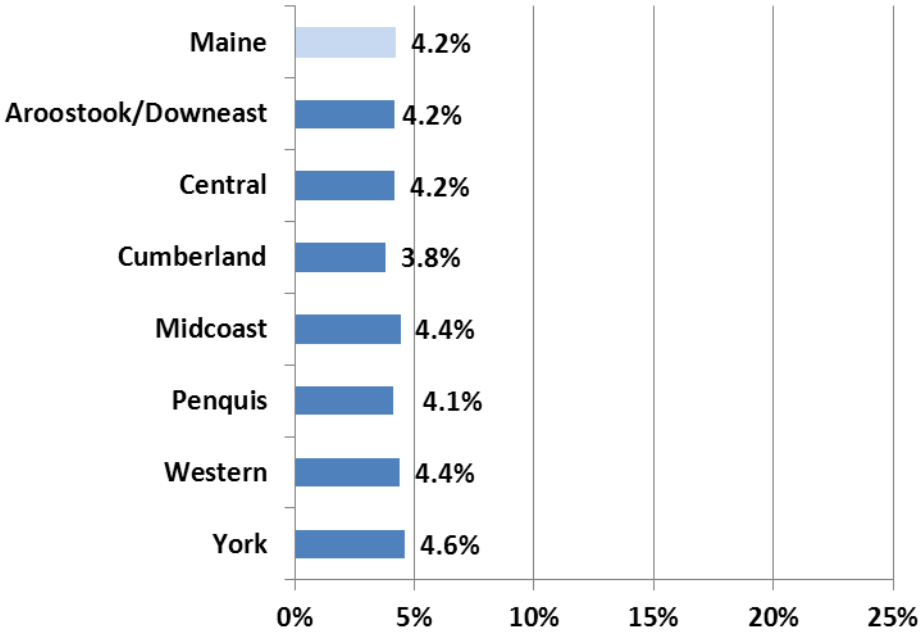
Indicator Description: NONMEDICAL USE OF PRESCRIPTION PAIN RELIEVERS AMONG MAINERS AGE 12 AND OLDER. This measure reflects the percentage of adults who reported using prescription drugs, particularly prescription pain relievers, for reasons other than their intended purpose. Because of small sample sizes, survey data from multiple years must be combined in order to produce this estimate.

Why Indicator is Important: Mainers are increasingly using available prescription drugs, particularly pain relievers, instead of illegal drugs to get high. Abuse of prescription drugs may lead to consequences such as unintentional poisonings, overdose, dependence and increased crime.

Data Source(s): NSDUH, 2006-08.

Summary: In 2006-08, 4.4 percent of people ages 12 and older in Midcoast PHD reported using prescription pain relievers for nonmedical purposes in the past year. This is similar to or slightly higher than rates reported in most PHDs, with the exception of York (4.6%).

Figure 11. Percent of population 12 years old or older who used prescription pain relievers in past year for nonmedical use by Public Health District: 2006-2008



Source: NSDUH

Other Illegal Drugs

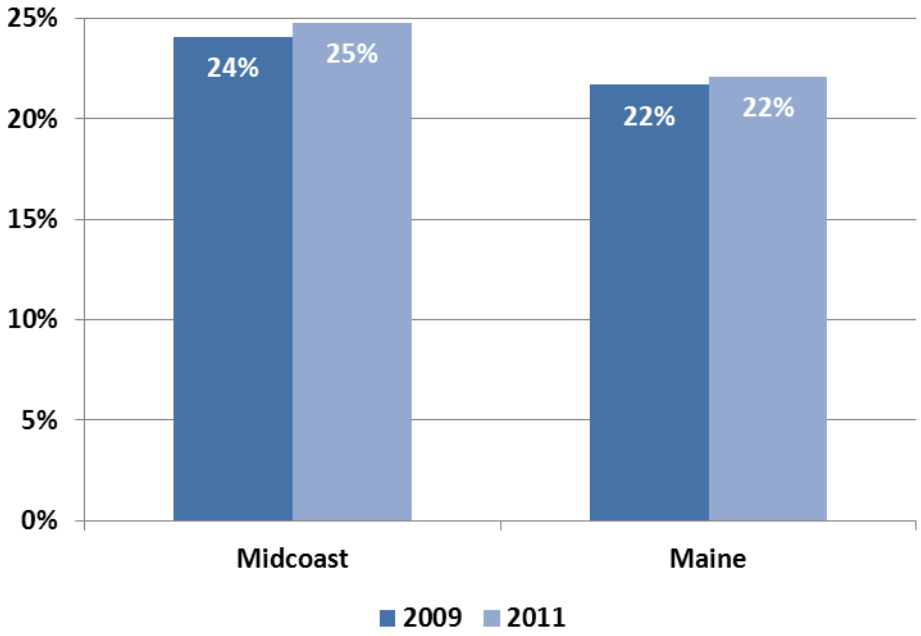
Indicator Description: CURRENT MARIJUANA USE. This measure shows the percentage of Maine residents who reported using marijuana in the past 30 days. This is presented for high school students and adults in Maine.

Why Indicator is Important: Marijuana can be addictive and is associated with increased risk for respiratory illnesses and memory impairment. Even occasional use can have consequences on learning and memory, muscle coordination, and mental health symptoms.

Data Source(s): MIYHS, 2009-2011; BRFSS, 2007, 2010.

Summary: In 2001 one in four (25%) of all high school students in Midcoast PHD reported having used marijuana one or more times in the past 30 days. This represents a slight increase in the marijuana use rate reported for Midcoast PHD in 2009 (24%), and is slightly higher than the statewide average (22%).

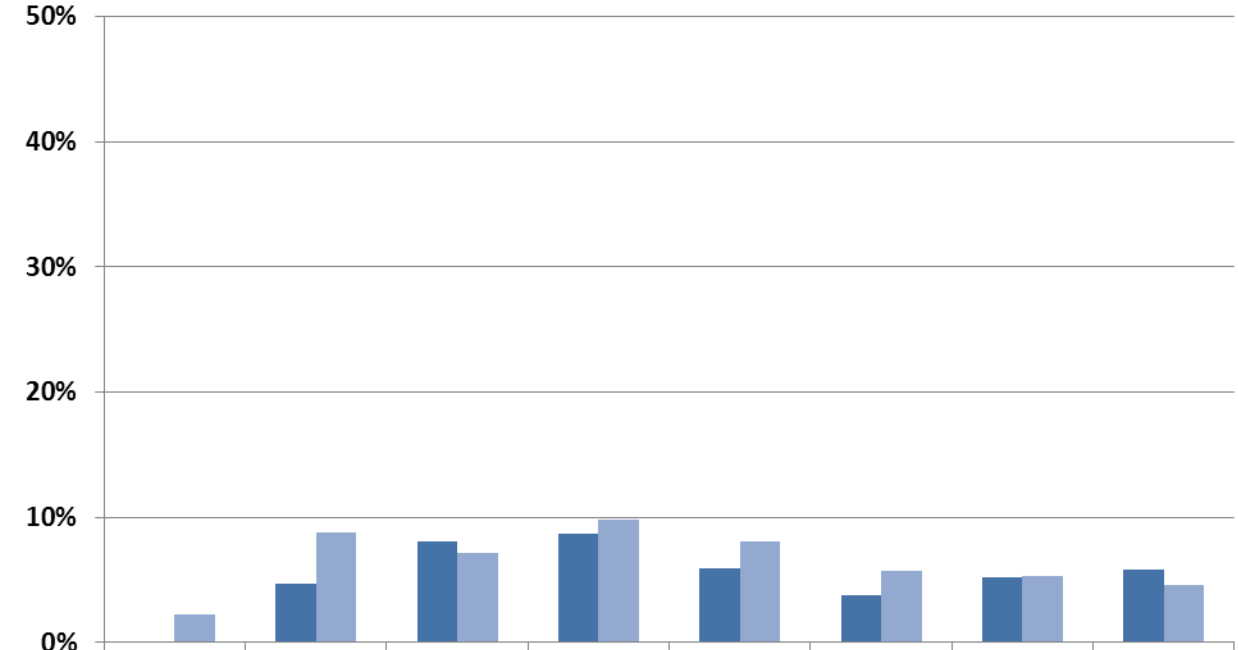
Figure 12. Percent of high school students in Midcoast PHD who have used marijuana during past 30 days: 2009, 2011



Source: MIYHS

Summary: In 2010, two percent of adults in Aroostook reported having used marijuana in the past 30 days. Due to the lack of respondents in 2007, the adult rate for past 30-day marijuana use has been omitted. Although not shown on this chart, when rates are broken out by age, the rate of use by young adults (18-25 yr. olds) is greater than the average adult rate reported below.

Figure 13. Percent of adults in Aroostook who have used marijuana during the past 30 days: 2007, 2010



	Aroostook	Central	Cumber-land	Downeast	Midcoast	Penquis	Western	York
2007	-	5%	8%	9%	6%	4%	5%	6%
2010	2%	9%	7%	10%	8%	6%	5%	5%

Source: BRFSS

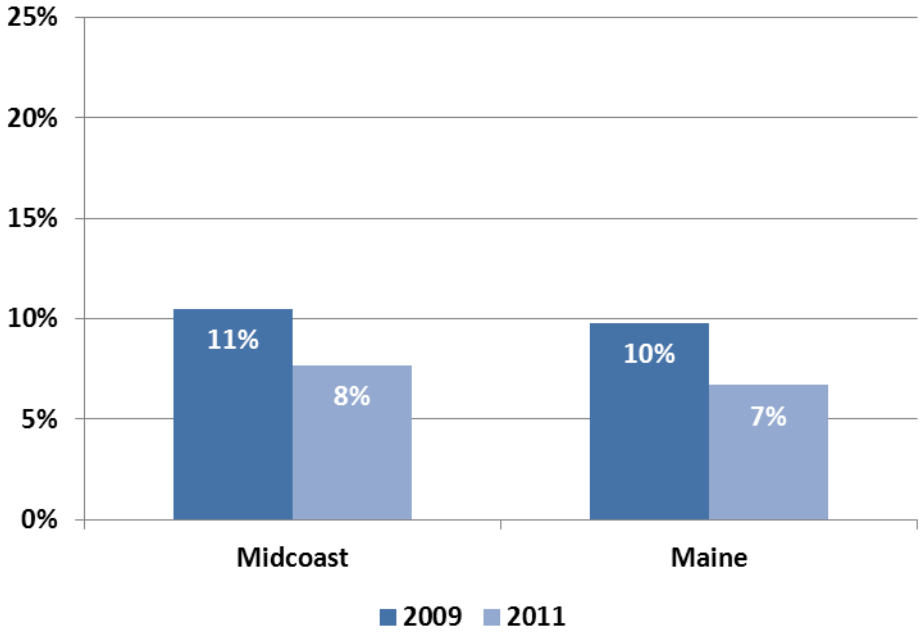
Indicator Description: LIFETIME COCAINE USE AMONG YOUTH. This indicator illustrates the percentage of Maine high school students who used cocaine at least once in their lifetime (i.e., ever).

Why Indicator is Important: Cocaine is highly addictive. Use of cocaine is associated with adverse health effects such as cardiac events, seizures, and stroke. It also increases the risk of cognitive impairment, injury, and crime.

Data Source(s): MIYHS, 2009-2011.

Summary: In 2011, 8 percent of high school students in Midcoast PHD reported that they had used cocaine (in any form) during their lifetime. This is a decrease from the Midcoast PHD lifetime cocaine use rate in 2009 (11%). The Midcoast PHD rate remains slightly higher than the statewide average (7%).

Figure 14.Percent of high school students in Midcoast PHD that have used cocaine in any form during their lifetime: 2009, 2011



Source: MIYHS

Consequences Resulting from Substance Use and Abuse

Both individuals and communities suffer the consequences of substance abuse in terms of increased health care needs and criminal justice resources. While a great deal of information regarding substance use can be obtained from the data described in the previous section, information on the effects of that use on individuals and communities can be derived from what has come to be called “consequence” data. Consequences are defined as the social, economic and health problems associated with the use of alcohol and illicit drugs. Examples are things such as illnesses related to alcohol, drug overdose deaths, property and personal crimes, as well as driving accidents, poisonings and suicides that involve alcohol or drugs.

Midcoast PHD has generally shown lower rates of consequences related to substance abuse for adults, in keeping with its generally lower rates of consumption amongst adults. For example, violent crime rates, post-2000 alcohol-related arrest rates, and overdose deaths related to drug use are all generally lower than the statewide averages. Worth mentioning, however, is that rates of consequences related to substance abuse amongst youth in this PHD are slightly higher than the statewide averages, consistent with their noticeably higher consumption rates.

Indicator Description: ANNUAL VIOLENT CRIME RATE. This indicator shows the number of violent crimes reported to the police, per 10,000 people. Violent crimes include simple and aggravated assaults, sexual assaults, and robberies. The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas.

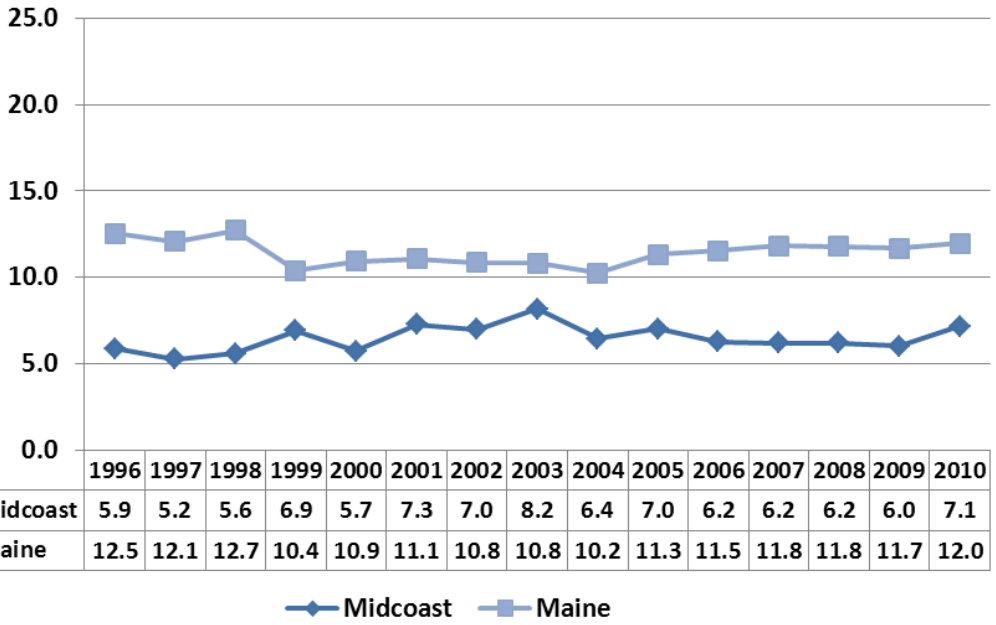
Operationalized as: $\left(\frac{\#\ of\ violent\ crimes}{population}\right) \times 10{,}000$

Why Indicator is Important: Violence is associated with alcohol, though the causal pathway is not completely understood. Drinking on the part of the victim or a perpetrator can increase the risk of assaults and assault-related injuries. Approximately 23 percent of sexual assaults and 30 percent of physical assaults are attributable to alcohol. Reported violent crimes are an under report of the total number of actual violent crimes.

Data Source(s): DPS; UCR, 1996-2010.

Summary: In 2010 there were 7.1 violent crimes per 10,000 people in Midcoast PHD compared to 12.0 per 10,000 people statewide. Since 1996, Midcoast PHD has consistently had a violent crime rate that has been noticeably lower than the statewide average; although it did increase between 2009 and 2010.

Figure 15. Violent crime rate per 10,000 in Midcoast PHD: 1996-2010



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Midcoast	5.9	5.2	5.6	6.9	5.7	7.3	7.0	8.2	6.4	7.0	6.2	6.2	6.2	6.0	7.1
Maine	12.5	12.1	12.7	10.4	10.9	11.1	10.8	10.8	10.2	11.3	11.5	11.8	11.8	11.7	12.0

Source: DPS; UCR

Indicator Description: ANNUAL ALCOHOL-RELATED ARREST RATE. This indicator reflects arrests related to alcohol per 10,000 people. Alcohol-related arrests include Operating Under the Influence (OUI), liquor law violations, and drunkenness. The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time as well as make relative comparisons between small and large population areas.

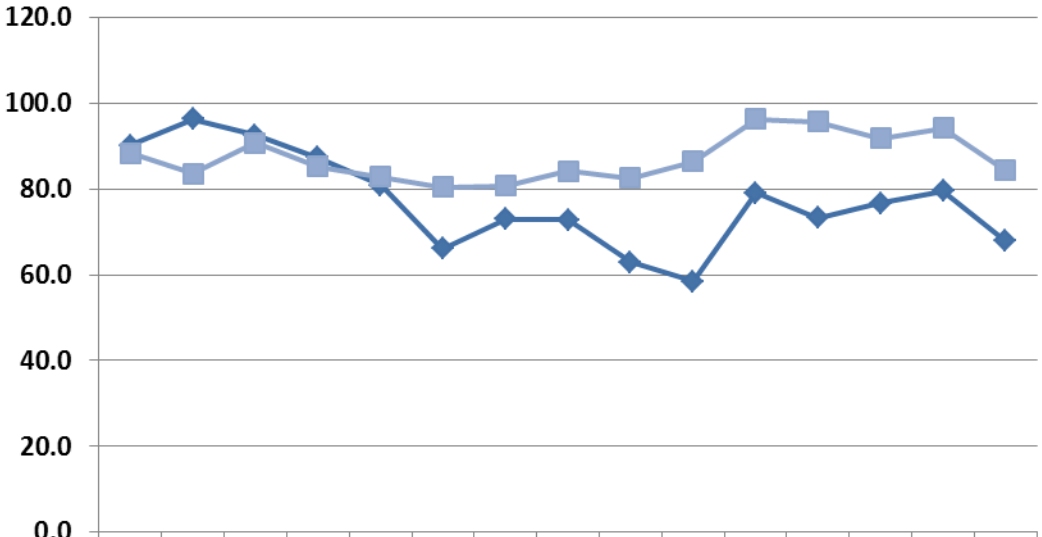
Operationalized as: $\left(\frac{\#\ of\ alcohol\ arrests}{population}\right) \times 10{,}000$

Why Indicator is Important: OUI and liquor law arrest rates can be an indication of the rate of criminal behavior, but it is important to note that they are also an *indication of the level of law enforcement*. Arrests rates are expected to increase with increased enforcement regardless of whether a decline in criminal behavior is observed. The educational component of Maine's Driver Education and Evaluation Program services an average of 4,000 Maine residents annually who receive alcohol OUIs.

Data Source(s): DPS; UCR, 1996-2010.

Summary: In 2011 Midcoast PHD had 67.6 alcohol-related arrests per 10,000 people. This was a lower rate than the statewide average (84.4), and in fact Midcoast PHD has maintained lower rates than the statewide average since for more than a decade.

Figure 16. Alcohol-related arrest rate per 10,000 in Midcoast PHD: 1996-2009



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Midcoast	90.1	96.2	92.6	87.4	80.9	66.1	73.0	72.7	62.9	58.5	79.1	73.3	76.7	79.6	67.9
Maine	88.4	83.6	90.7	85.1	82.9	80.5	80.7	84.2	82.6	86.4	96.3	95.7	91.8	94.2	84.4

Source: DPS; UCR

Indicator Description: ANNUAL DRUG-RELATED ARREST RATE. This indicator reflects the number of arrests that were related to drugs per 10,000 people. Drug-related arrests include manufacturing, sales, and possession. The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas.

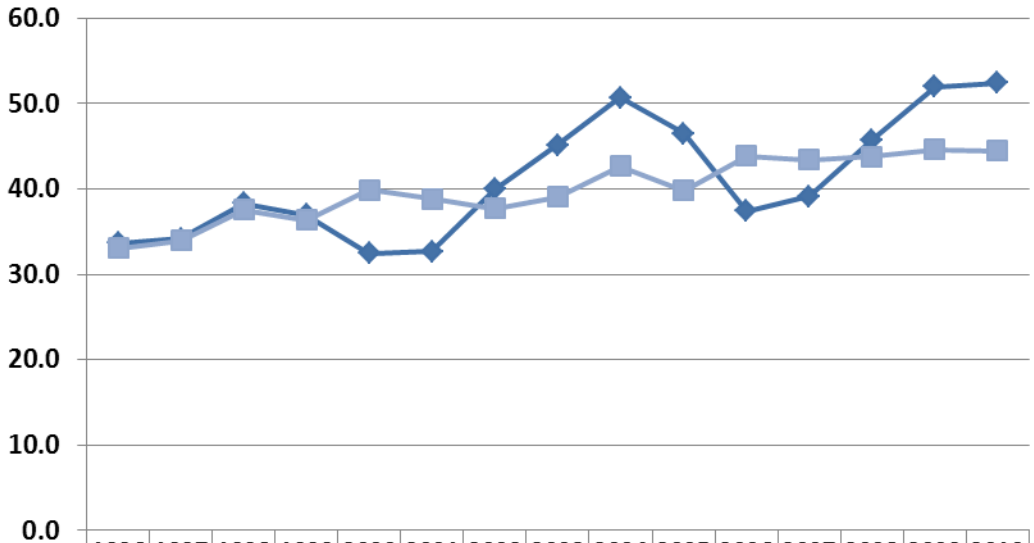
Operationalized as: $\left(\frac{\#\ of\ drug\ arrests}{population}\right) \times 10{,}000$

Why Indicator is Important: Arrest rates for drug sales, manufacturing and drug possession can be an indication of the rate of criminal behavior, but it is important to note that they are also an *indication of the level of law enforcement*. Arrest rates are expected to increase with increased enforcement regardless of whether a decline in criminal behavior is observed.

Data Source(s): DPS; UCR, 1996-2010.

Summary: In 2010 there were 52.5 drug-related arrests per 10,000 people in Midcoast PHD, compared to 45 per 10,000 people statewide; both represent increases since 1996.

Figure 17. Drug-related arrest rate per 10,000 in Midcoast PHD: 1996-2010



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Mid Coast	33.6	34.2	38.3	37.0	32.5	32.7	40.0	45.1	50.7	46.5	37.4	39.1	45.8	52.0	52.5
Maine	33.1	34.0	37.6	36.4	39.9	38.9	37.7	39.1	42.7	39.8	43.8	43.4	43.8	44.6	44.5

Source: DPS; UCR

Driving Under the Influence

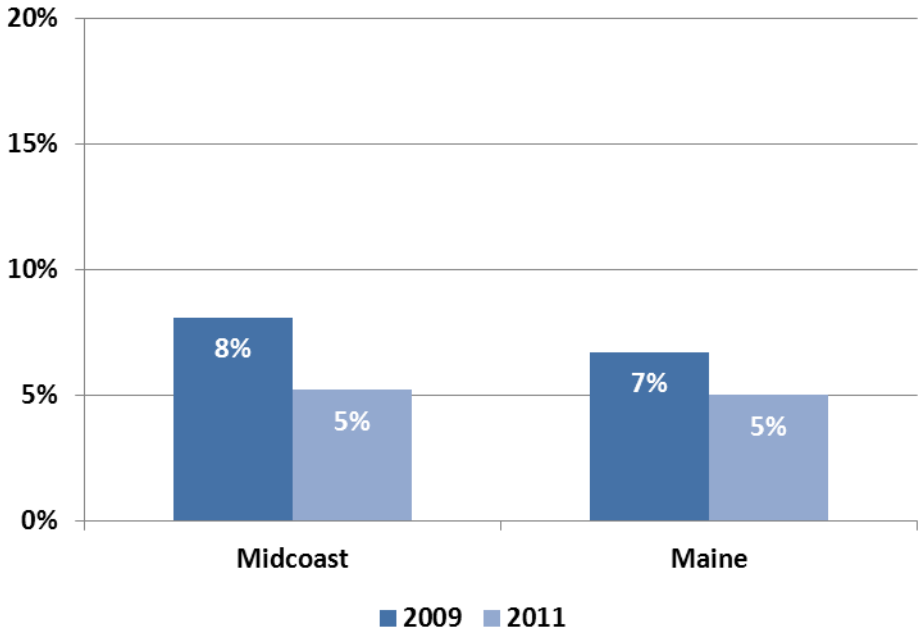
Indicator Description: DRINKING AND DRIVING AMONG YOUTH. This measure shows the proportion of high school students who reported that they drove a car after consuming alcohol at least once within 30 days prior to taking the survey.

Why Indicator is Important: Operating a vehicle after consuming alcohol increases the risk of motor vehicle crashes, injuries and death.

Data Source(s): MIYHS, 2009-2010.

Summary: One in 20 high school students in Midcoast PHD reported driving a vehicle at least once after drinking alcohol in the past 30 days in 2011; this is a decrease from 2009. In 2011, Midcoast PHD is on par with the percentage of high school students statewide who reported drinking and driving during the past 30 days.

Figure 18. Percent of high school students in Midcoast PHD who reported drinking and driving during the past 30 days: 2009, 2011



Source: MIYHS

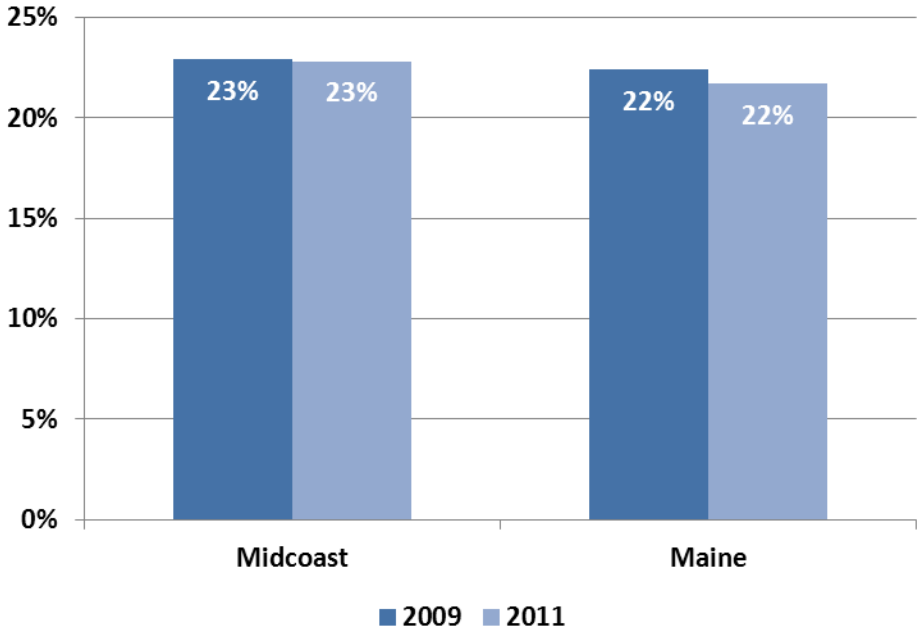
Indicator Description: YOUTH AS PASSENGERS IN VEHICLES DRIVEN BY INDIVIDUALS USING ILLEGAL DRUGS. This measure shows the proportion of high school students who reported that within 30 days prior to taking the survey they were a passenger in a car being operated by an individual who had consumed illegal drugs.

Why Indicator is Important: Operating a vehicle while under the influence of drugs increases the risk of motor vehicle crashes, injuries and death.

Data Source(s): MIYHS, 2009-2011.

Summary: In 2011, 23 percent of high school students in Midcoast PHD reported that within the past 30 days, they had been passengers in a vehicle operated by someone who had taken illegal drugs. There has been little change since 2009 in this PHD, but the rates reported here were slightly higher than the statewide average (22%).

Figure 19. Percent of high school students in Midcoast PHD who rode in a vehicle driven by someone who had taken illegal drugs: 2009, 2011



Source: MIYHS

Indicator Description: ALCOHOL/DRUG-INVOLVED MOTOR VEHICLE CRASH RATE. This indicator shows the number of motor vehicle crashes in which alcohol or drugs were a factor per 10,000 people. Due to new data collection regulations, crash rate data is no longer separated by alcohol and drugs. Alcohol and drugs are now combined into one rate. Alcohol/drug-involved crashes means that at least one driver had consumed alcohol or drugs prior to the crash. The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas.

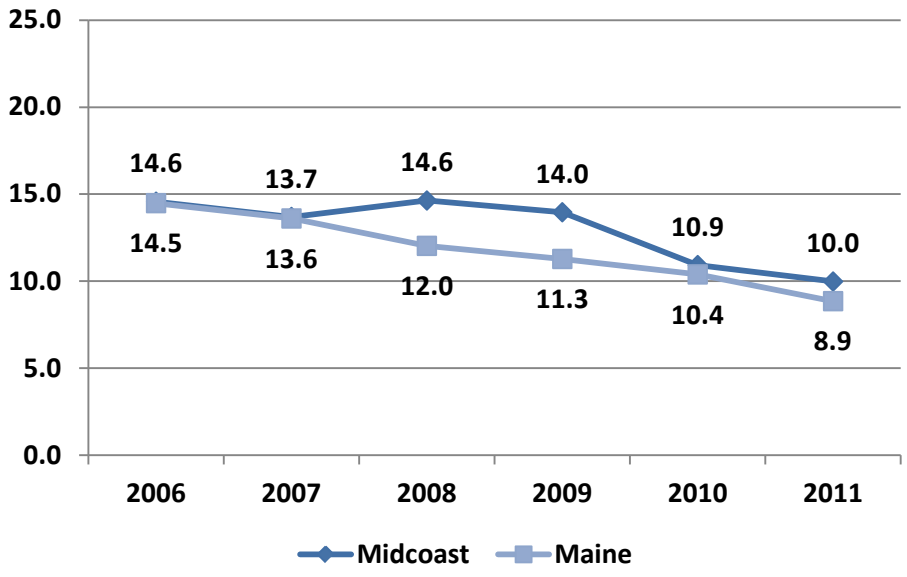
Operationalized as: $\left(\frac{\#\ of\ alcohol/drug-involved\ crashes}{population}\right) \times 10{,}000$

Why Indicator is Important: Motor vehicle crashes are the second leading cause of traumatic brain injury, with 27 percent of traumatic brain injuries occurring from motor vehicle crashes.[3] In 2009, alcohol was attributed to 96 percent of the alcohol/drug-related crashes statewide.

Data Source(s): MDOT/MBHS, 2006-2011.

Summary: The rate of alcohol/drug-related crashes has been declining since 2009 for the Midcoast PHD. The alcohol-related crash rate for this PHD in 2011 (10 per 10,000) is slightly higher than is found statewide (8.9 per 10,000).

Figure 20. Alcohol/Drug-related motor vehicle crash rate per 10,000 in Midcoast PHD: 2006-2011



Source: MDOT/MBHS

[3] *2007 Maine Injury Report*, Maine Center for Disease Control, Injury Prevention Program. Retrieved 5/17/2012 from http://www.maine.gov/dhhs/mecdc/population-health/inj/documents/2007maineinjuryreport.pdf

Hospital Visits Related to Substance Use

Indicator Description: INPATIENT ADMISSIONS RELATED TO SUBSTANCE USE. This indicator shows the number of inpatient hospital admissions (per 10,000 people) where alcohol, opiates, or other drugs were recorded as the primary diagnosis for which services were sought at admission. "Inpatient" refers to a patient whose treatment needs at least one night's residence in a hospital. The substance for which treatment was received was identified through hospital codes (ICD-9 codes) and includes those related to alcohol and psychoactive substances (303-305). The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas,.

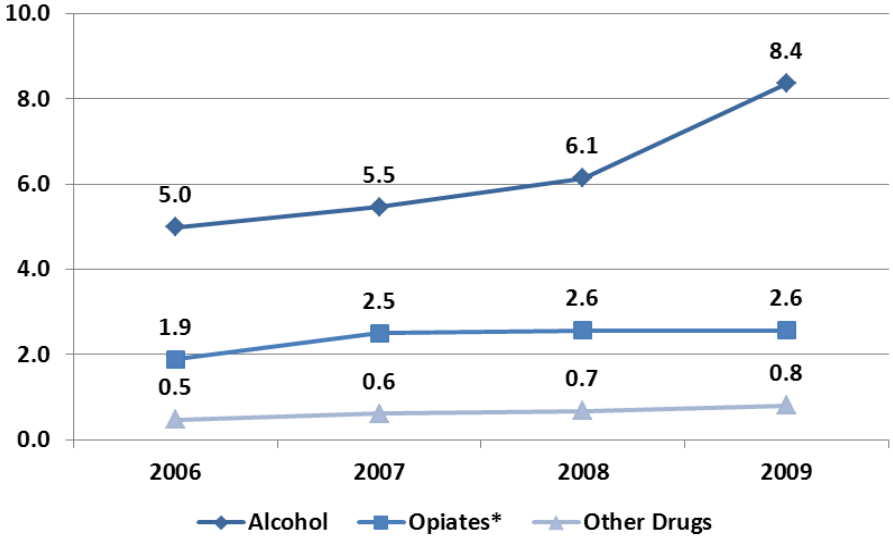
Operationalized as: $\left(\frac{\#\ of\ inpatient\ hospitalizations}{population}\right) \times 10{,}000 =$

Why Indicator is Important: Hospital admissions related to substance use are an indication of injury sustained through substance use and the impact it has on the healthcare system.

Data Source(s): MHDO, 2006-2009.

Summary: Inpatient admissions related to substance use in Midcoast remained relatively stable from 2006 to 2009 in terms of opiate-related admissions and those related to other drugs. However, alcohol-related admissions increased from 5.0 per 10,000 in 2006 to 8.1 per 10,000 in 2009. Although not pictured here, statewide inpatient hospitalization rates for 2009 were as follows: 5.2 per 10,000 for alcohol, 1.6 per 10,000 for opiates, and 0.7 per 10,000 for other drugs.

Figure 21. Inpatient hospital admissions (per 10,000 people) related to substance use in Midcoast: 2006-2009



Source: MHDO, 2006-2009

**Includes prescription narcotics, methadone, and heroin.*

Indicator Description: OUTPATIENT HOSPITAL VISITS RELATED TO SUBSTANCE USE. This indicator shows the number of outpatient hospital admissions (per 10,000 people) where alcohol, opiates, or other drugs was recorded as the primary diagnosis for which services were received. "Outpatient" refers to patients who receive treatment at a hospital or clinic but are not admitted overnight. The substance for which treatment was received was identified through hospital codes (ICD-9 codes) and includes those related to alcohol psychoactive substances (303-305). The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas.

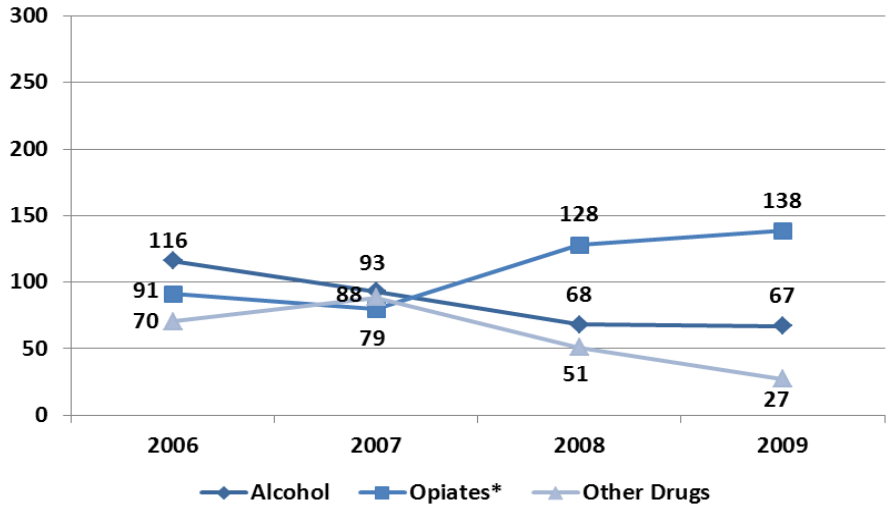
Operationalized as: $\left(\frac{\#\ of\ outpatient\ hospitalizations}{population}\right) \times 10{,}000$

Why Indicator is Important: Outpatient hospital visits related to substance use are an indication of injury sustained through substance use and the impact it has on the healthcare system.

Data Source(s): MHDO, 2006-2009.

Summary: The rates of outpatient hospital visits related to alcohol and other drugs have decreased in Midcoast from 2006 to 2009, but have increased during the same time period for opiate-related visits. In 2009 the outpatient rates in the Midcoast PHD were 67 per 100,000 for alcohol, 138 per 100,000 for opiates, and 27 per 100,000 for other drugs. Although not pictured here, statewide rates of outpatient hospital visits were as follows in 2009: 119 per 10,000 for alcohol, 271 per 10,000 for opiates, and 53 per 10,000 for other drugs.

Figure 22. Outpatient hospital visits (per 10,000 people) related to substance use in Midcoast: 2006-2009



Source: MHDO, 2006-2009
**Includes prescription narcotics, methadone, and heroin.*

Overdose Deaths

Indicator Description: DRUG OVERDOSE DEATH RATE. This measure shows the rate of deaths determined by the State Medical Examiner to be caused by substance abuse or overdose, per 100,000 people. The measure excludes accidental ingestion, suicides and cases where a substance was ingested prior to engaging in a behavior that resulted in death (e.g., drunk driving). The rate per 100,000 allows us to see frequency with which an occurrence shows up within a population over time as well as make relative comparisons between small and large population areas. In this case, the base of 100,000 people was used due to small numbers.

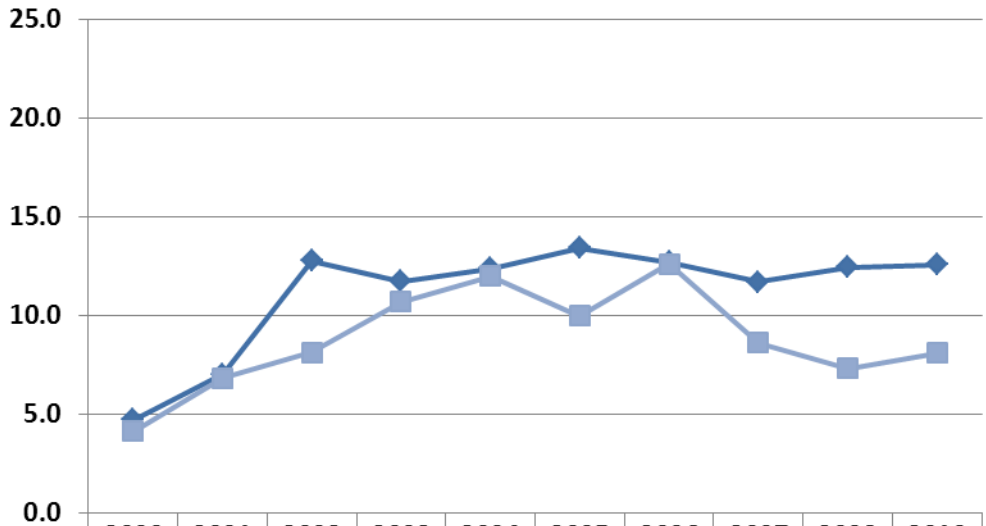
Operationalized as: $\left(\frac{\#\ of\ overdose\ deaths}{population}\right) \times 100{,}000$

Why Indicator is Important: One of the most extreme consequences of alcohol and drug abuse is overdose death; that is, the substance(s) consumed played a direct role in an individual's death. These are seen as potentially preventable deaths.

Data Source(s): Office of Chief Medical Examiner, 2000-2010.[4]

Summary: In 2010 there were 8.1 drug overdose deaths per 100,000 people in Midcoast PHD, a rate about half that of the statewide average (12.6). These rates have increased since 2000.

Figure 23. Drug-related death rate per 100,000 in Midcoast PHD: 1997-2010



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2010
Maine	4.7	7.0	12.8	11.7	12.4	13.4	12.7	11.7	12.4	12.6
Midcoast	4.1	6.8	8.1	10.7	12.0	10.0	12.6	8.6	7.3	8.1

Source: Office of the Chief Medical Examiner.

[4] Sorg, Marcella H. (2012).

Factors Contributing to Substance Use and Abuse

A body of substance abuse prevention research has identified certain groups of factors that "cause" or have an impact on substance use and the consequences related to use. That is, they appear to influence the occurrence and magnitude of substance use and its related consequences. Generically, these causal factors (also known as contributing factors) are categorized into groups which include:

- Social Access (e.g., getting drugs and alcohol from friends or family)
- Retail Availability (e.g., retailer not carding properly)
- Pricing & Promotion (e.g., two-for-one specials, industry sponsorships or signage)
- Social/Community Norms (e.g., parental/community attitudes and beliefs)
- Enforcement (e.g., lack of compliance checks)
- Perceptions of Harm (e.g., individuals' belief that using a substance is harmful)[5]
- Perceived Risk of Being Caught (e.g., individuals' belief that s/he will be caught by parents or police)[6]

Substance abuse prevention in Maine is undertaken with the assumption that making changes to these factors at the community level will result in changing behaviors around substance use and related problems. It is through positively impacting these factors that Maine can achieve population-level changes in substance consumption and consequences.

Midcoast PHD has consistently maintained a higher rate of prescriptions per 1,000 residents. It also has the second highest rate of liquor licensees per 1,000 residents in the state and had lower rates among youth believing that smoking marijuana regularly is harmful. Furthermore, although the majority of high school students in Midcoast PHD seem to perceive that regular use of substances poses a risk of harm, less than half think they will be caught by their parents and even fewer think they will be caught by the police if they use alcohol or marijuana. In fact, most students in Midcoast PHD think it is easy to obtain alcohol and marijuana. These findings are consistent with the higher rates of consumption of illegal substances found amongst youth in Midcoast PHD.

For county-level trends prior to 2009, data are available at the www.maineosa.org website or by calling Maine OSA at (207) 287-2595.

[5] Bonnie, Richard J., and Mary Ellen O'Connell, Eds. (2004). *Reducing Underage Drinking: A Collective Responsibility.* The National Academies Press: Washington, DC.

[6] *"A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence."* Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

Availability and Accessibility

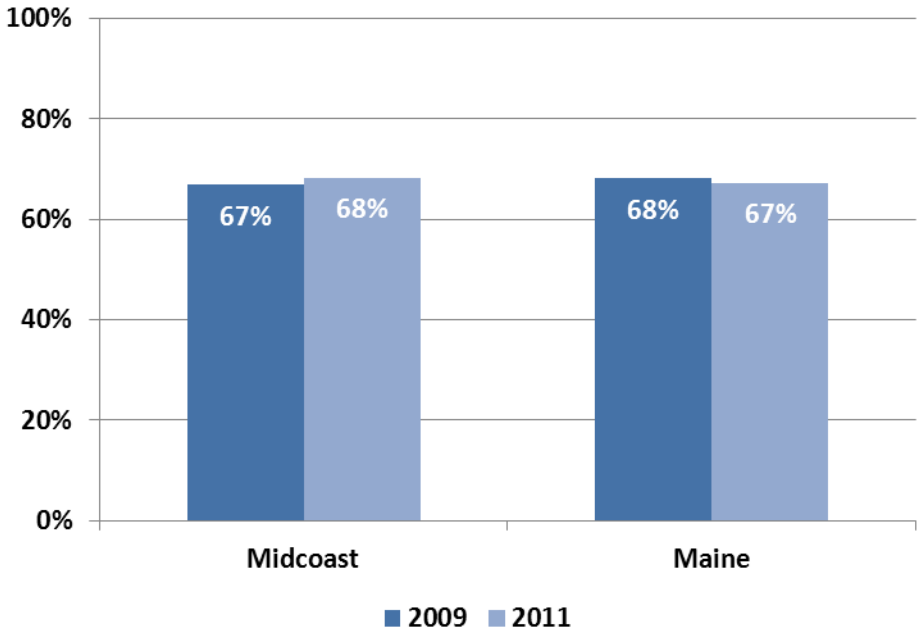
Indicator Description: PERCEIVED EASE OF OBTAINING ALCOHOL BY UNDERAGE YOUTH. This indicator reflects the percentage of high school students (grades 9 to 12) who reported that it would be easy or very easy for them to get alcohol if they wanted some.

Why Indicator is Important: According to the 2011 statewide MIYHS, students who reported that they thought alcohol was easy to obtain were three times as likely to report consuming alcohol within the past month compared to students who did not think it was easy obtain.

Data Source(s): MIYHS, 2009-2011.

Summary: Sixty-eight percent of high school students in Midcoast PHD indicated that it was easy to get alcohol in 2011. This is a somewhat higher rate than was reported in the Midcoast PHD in 2009 and slightly above the statewide rate of 67 percent in 2011.

Figure 24. Percent of high school students in Midcoast PHD who reported it was easy to get alcohol: 2009, 2011



Source: MIYHS

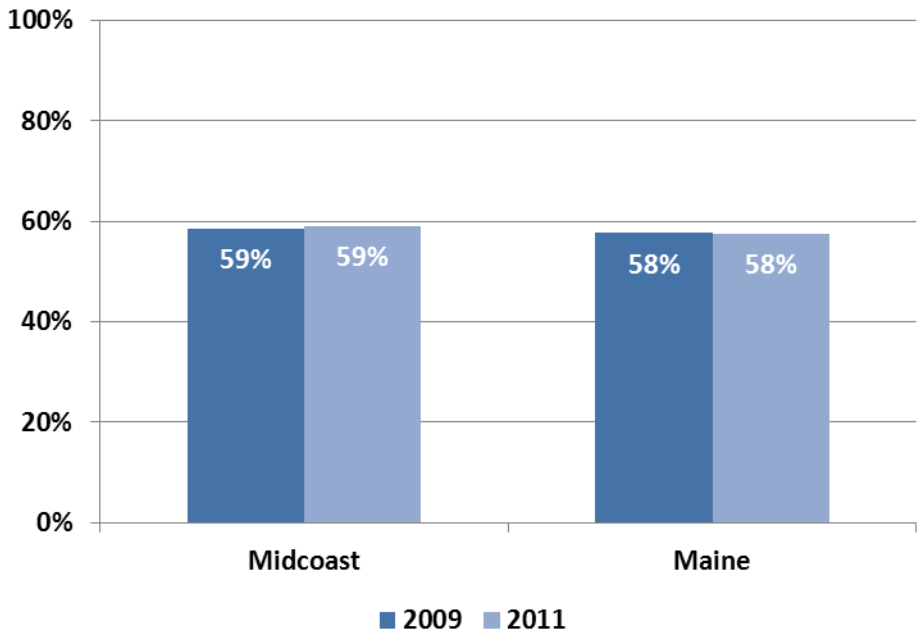
Indicator Description: PERCEIVED EASE OF OBTAINING MARIJUANA BY YOUTH. This indicator illustrates the percentage of high school students reporting it would be easy or very easy to obtain marijuana if they wanted it.

Why Indicator is Important: According to the 2011 statewide MIYHS, students who reported that they thought marijuana was easy to obtain were seven times as likely to use marijuana in the past 30 days compared to their peers who thought it was difficult to obtain.

Data Source(s): MIYHS, 2011.

Summary: About six out of ten (59%) high school students in Midcoast PHD indicated that it would be easy to get marijuana, slightly above the state average of 58 percent.

Figure 25. Percent of high school students in Midcoast PHD who reported it would be easy to get marijuana: 2009, 2011



Source: MIYHS

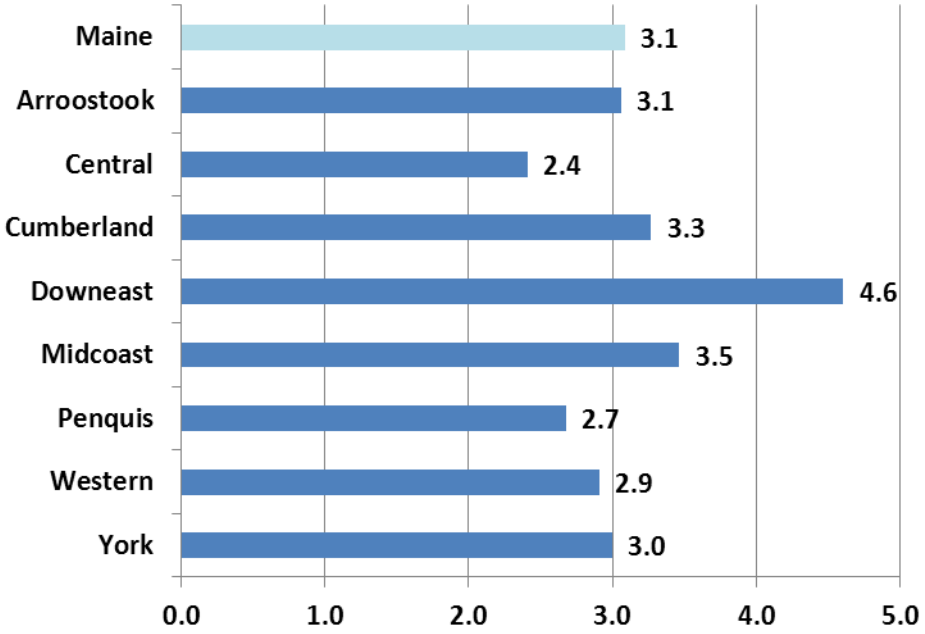
Indicator Description: NUMBER OF ALCOHOL OUTLETS PER CAPITA. This indicator reflects the number of retail establishments selling alcohol per person. This includes both on-premise (e.g., bars, restaurants) and off-premise (e.g., convenience stores) establishments. It is calculated by dividing the number of retail establishments by the number of residents in the county (based on 2010 U.S. Census figures).

Why Indicator is Important: National research shows that there is a correlation between the number of places that sell alcohol in an area (retail density) and the rate of alcohol-related crime.[7]

Data Source(s): DPS, Liquor Licensing and Compliance, 2011; U.S. Census, 2010.

Summary: The number of liquor licensees in Midcoast PHD per 1,000 residents (3.5) was the second-highest in the state.

Figure 26. Number of liquor licensees per 1,000 residents by Public Health District: 2011



Source: DPS and U.S. Census

[7] Grube, J. W., Gruenewald, P. J. & Chen, M. J. (2010). Community alcohol outlet density and underage drinking. *Addiction*, 105, 270-278.

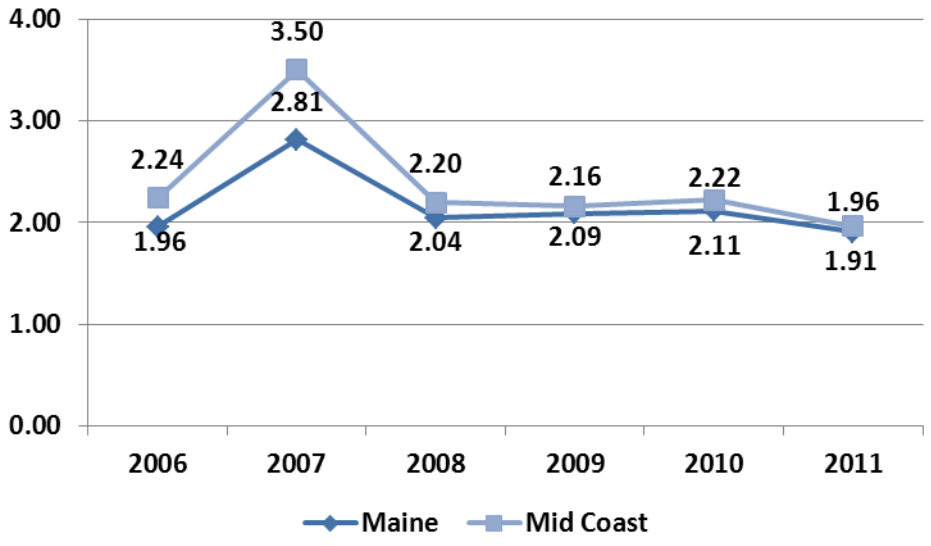
Indicator Description: NUMBER OF PRESCRIPTIONS FILLED PER CAPITA. This indicator reflects the number of "Schedule II-IV" prescriptions filled in Maine per person. It is important to note that the number of prescriptions per capita does not indicate the overall number of pills prescribed, the size/dosage of the pills, or drugs that fall within DEA "Schedules I or V". At the time of this report, all pharmacies, excluding the Veterans Administration, federally regulated methadone clinic and the Indian Health Service (IHS) center, which dispense in Maine report to the Prescription Monitoring Program. IHS is scheduled to begin reporting during the summer of 2012. The VA is working on a plan to begin reporting soon.

Why Indicator is Important: The number of prescriptions filled per capita indicates the volume of prescription pills potentially available in the community for diversion (e.g., gift, sale, or theft). A higher level of availability contributes to misuse by individuals without a prescription.

Data Source(s): PMP, 2006-2011.

Summary: After spiking in 2007, prescriptions filled per capita in Midcoast PHD remained relatively stable from 2008 to 2010. From 2010 to 2011, the rate decreased from 2.22 to 1.96. Since 2006, Midcoast PHD consistently had higher rates of prescriptions per capita than the state as a whole.

Figure 27.Number of prescriptions filled per capita in Midcoast PHD: 2006-2011.



Perceived Risk and Harm

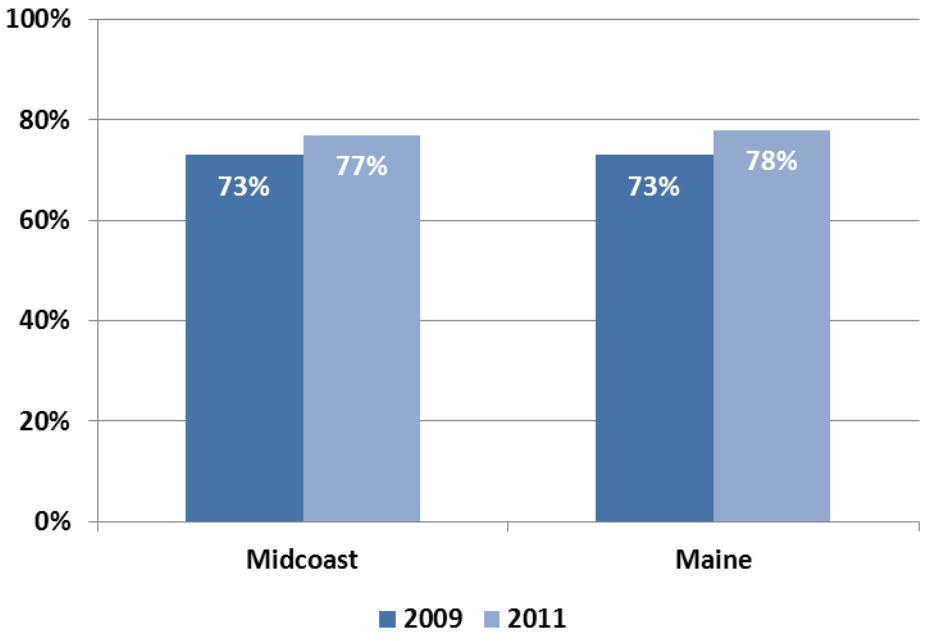
Indicator Description: PERCEIVED RISK FROM BINGE DRINKING AMONG YOUTH. This indicator reflects the percentage of individuals who perceive that there is moderate-to-great risk from drinking five or more drinks once or twice per week.

Why Indicator is Important: According to the 2011 statewide MIYHS, high school students who perceive binge drinking as a moderate-to-great risk of harm are one-third as likely to binge drink in the past month than students who did not perceive harm. Adults are also less likely to binge drink if they perceive it to be risky.

Data Source(s): MIYHS, 2011.

Summary: In 2011, 77 percent high school students in Midcoast PHD indicated that there is a moderate-to-great risk of people harming themselves if they consume five or more drinks regularly. This is an increase from 2009 in the Midcoast PHD, but remains slightly lower than the state average for 2011 (78%).

Figure 28. Percent of high school students in Midcoast PHD who reported a risk of harm from consuming five or more drinks once or twice per week: 2009, 2011



Source: MIYHS

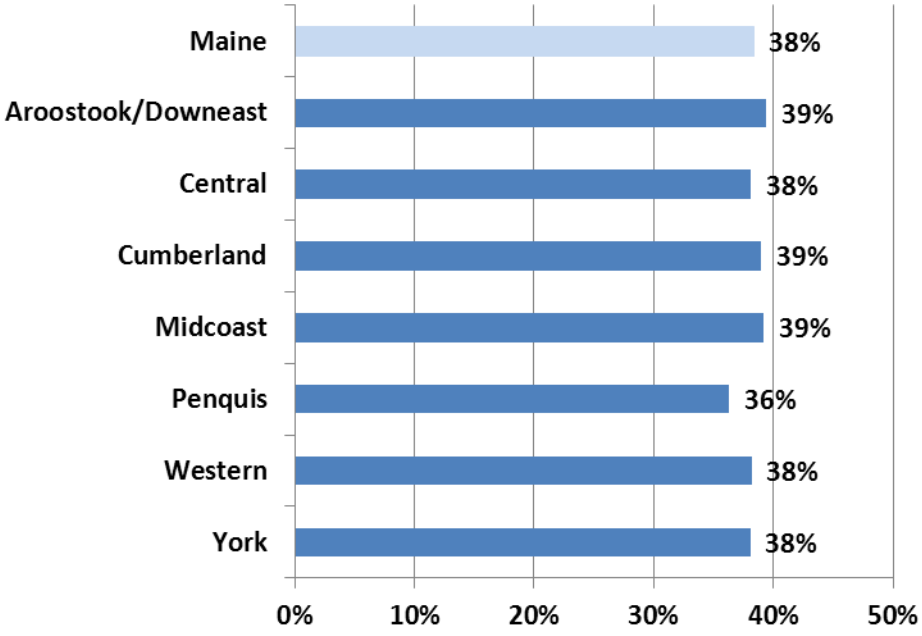
Indicator Description: PERCEIVED RISK FROM BINGE DRINKING AMONG MAINERS. This indicator reflects the percentage of Mainers age 12 and older who perceive that there is risk from consuming five or more drinks once or twice per week. Because of small sample sizes, survey data from multiple years must be combined in order to produce this estimate.

Why Indicator is Important: The perception that consuming a lot of alcohol is risky indicates an individual is knowledgeable about health risks and other negative consequences. Adults are less likely to binge drink if they perceive it to be risky.

Data Source(s): NSDUH, 2006-08.

Summary: Findings indicate that the percent of the population in Maine age 12 or older in Midcoast PHD who perceived a great risk from binge drinking is slightly higher than the statewide average (39% and 38%, respectively).

Figure 29. Percent of population age 12 or older who perceive a great risk from binge drinking by Public Health District: 2006-2008



Source: NSDUH

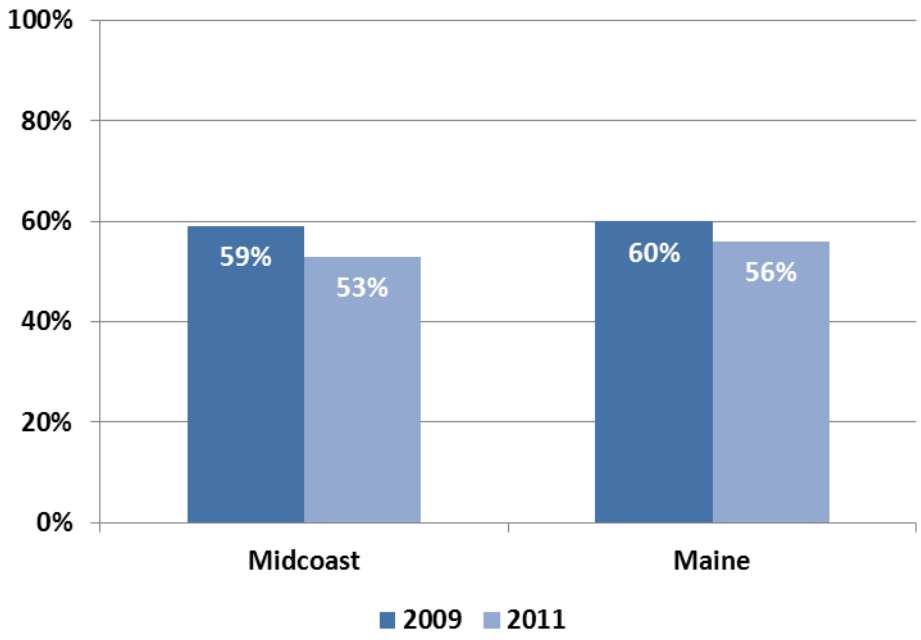
Indicator Description: PERCEIVED RISK OF REGULAR MARIJUANA USE AMONG YOUTH. This measure demonstrates the percentage of individuals who perceive a moderate-to-great risk of harm from smoking marijuana regularly.

Why Indicator is Important: According to the 2011 statewide MIYHS, high school students who do not believe there is moderate-to-great risk in smoking marijuana regularly are 6.5 times as likely to smoke marijuana as their peers who do perceive risk of harm.

Data Source(s): MIYHS, 2009-2011.

Summary: Fifty-three percent of high school students in Midcoast PHD indicated that there is a moderate-to-great risk of people harming themselves if they smoke marijuana regularly, a rate somewhat lower than the statewide average (56%). The proportion of Midcoast PHD high school students who reported that there is a moderate-to-great risk of harm has decreased from 59% in 2009.

Figure 30. Percent of high school students in Midcoast PHD who reported a risk of harm from smoking marijuana regularly: 2009, 2011



Source: MIYHS

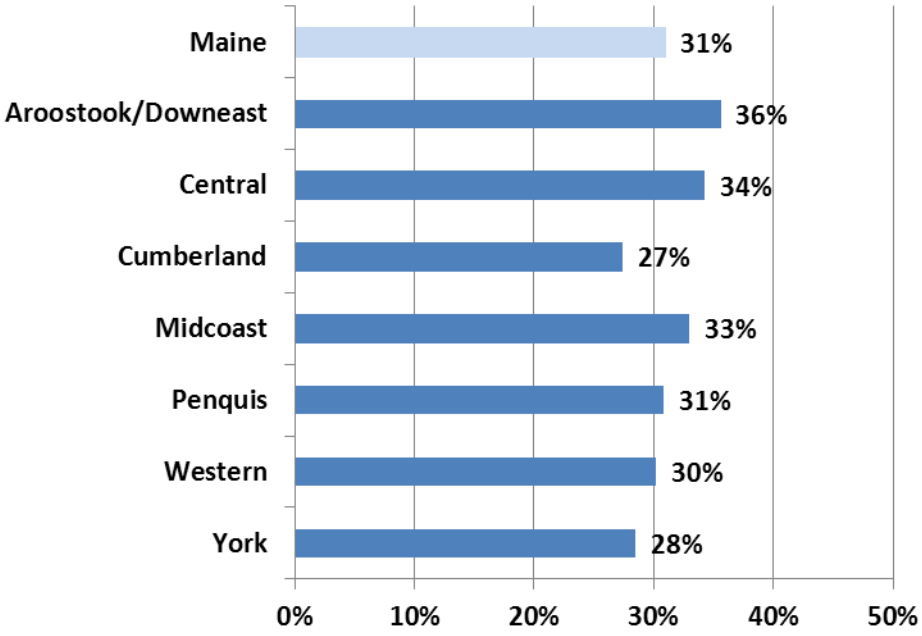
Indicator Description: PERCEIVED RISK OF REGULAR MARIJUANA USE AMONG MAINERS. This measure demonstrates the percentage of Mainers over the age of 12 who perceive a risk of harm from smoking marijuana once a month. Because of small sample sizes, survey data from multiple years must be combined in order to produce this estimate.

Why Indicator is Important: The perception that using a substance is risky indicates an individual is knowledgeable about health risks and other negative consequences associated with that substance. Perceptions of risk reduce the likelihood that an individual will engage in the behavior.

Data Source(s): NSDUH, 2006-08.

Summary: The percent of Mainers over the age of 12 who perceived a great risk from smoking marijuana once a month in Midcoast PHD was slightly higher than the statewide average (28% and 31%, respectively).

Figure 31. Percent of population age 12 or older who perceive a great risk from smoking marijuana once a month by Public Health District: 2006-2008



Source: NSDUH

Perceived Enforcement

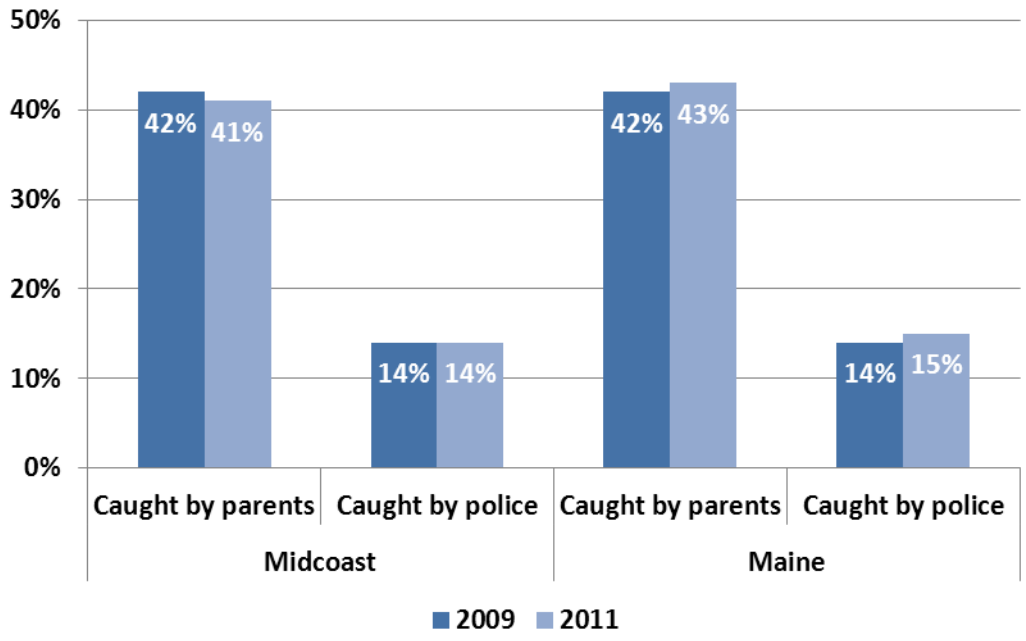
Indicator Description: PERCIEVED RISK OF BEING CAUGHT FOR DRINKING ALCOHOL AMONG YOUTH. This indicator reflects the percentage of high school students who reported that they would be caught by their parents or by police if they drank alcohol.

Why Indicator is important: According to the 2011 statewide MIYHS, high school students who believe they will be caught by their parents are one-fifth as likely to drink in the past month as compared to students who do not think they will be caught. Students who believe that they would be caught by the police are half as likely to drink alcohol in the past month as those who do not think they would be caught.

Data Source(s): MIYHS, 2009-2011.

Summary: At 41 percent, the perceived risk among high school students of being caught by their parents for drinking alcohol in Midcoast PHD is slightly lower than the statewide average (43%). This is similar when reviewing the percent of high school students who indicated that thought they would be caught by the police for drinking alcohol (14% and 15%, respectively). That means high school students in Midcoast PHD are approximately three times more likely to perceive a risk of being caught by their parents, rather than by the police, for drinking alcohol.

Figure 32. Perceived risk among high school students in Midcoast PHD of being caught by parents or police for drinking alcohol: 2009, 2011



Source: MIYHS

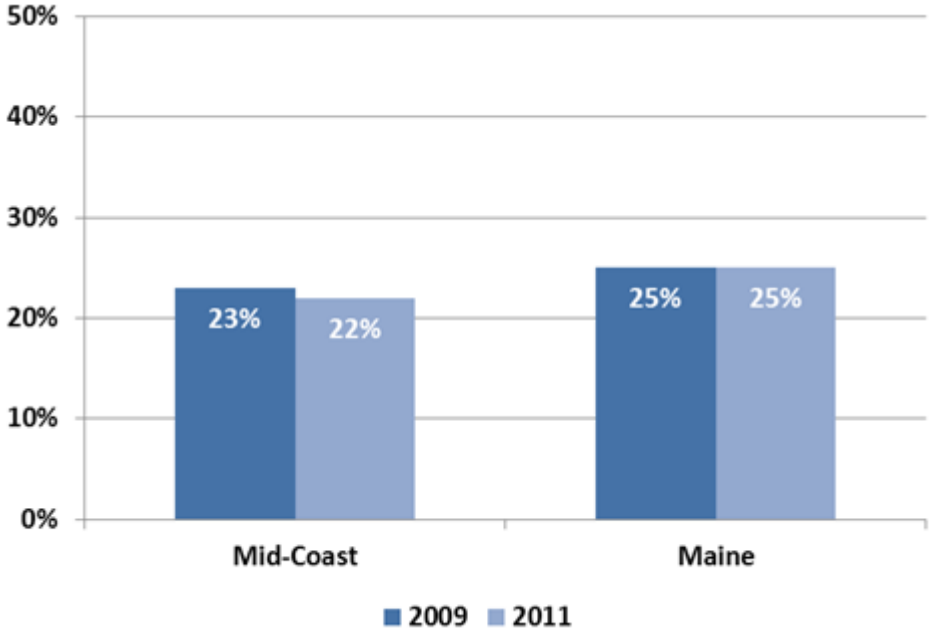
Indicator Description: PERCEIVED RISK OF BEING CAUGHT FOR SMOKING MARIJUANA AMONG YOUTH. This measure shows the percentage of high school students who reported that they thought they would be caught by police if they smoked marijuana.

Why Indicator is Important: According to the statewide 2011 MIYHS, high school students who believe they would be caught by the police are approximately half as likely to smoke marijuana as their peers.

Data Source(s): MIYHS, 2009-2011.

Summary: Approximately one out of four (24%) high school students in Midcoast PHD indicated that they thought they would be caught by the police if they smoked marijuana, compared to 25 percent statewide.

Figure 33. Perceived risk among high school students in Midcoast PHD of being caught by police for smoking marijuana: 2009, 2011



Source: MIYHS

Mental Health, Suicide and Co-occurring Disorders

The relationship between substance use and mental health has been well documented. There are great efforts underway at the Substance Abuse Mental Health Services Administration (SAMHSA) and throughout Maine to better integrate mental health promotion and substance abuse prevention. At the individual level, it is important to know if one exists because the symptoms of each can affect the other; that is, a person who is depressed may abuse alcohol or drugs in an effort to feel better. At the community level, it is important to understand how the prevalence of one interacts with the other so that prevention and intervention efforts can better address the needs of both. The data indicators included below represent the first attempt to collect multiple mental health indicators that can be routinely monitored in relation to substance abuse in hopes that this will lead to better prevention and intervention.

Fifteen percent of adults in Midcoast PHD report having ever been diagnosed with an anxiety disorder, while about one-fifth report having ever been diagnosed with a depressive disorder. This is on par with rates of such diagnoses statewide. Furthermore, one-quarter of high school students felt sad or hopeless every day for two weeks in 2011; 15 percent of high school students considered suicide, a rate slightly higher than the state average.

Depression and Anxiety

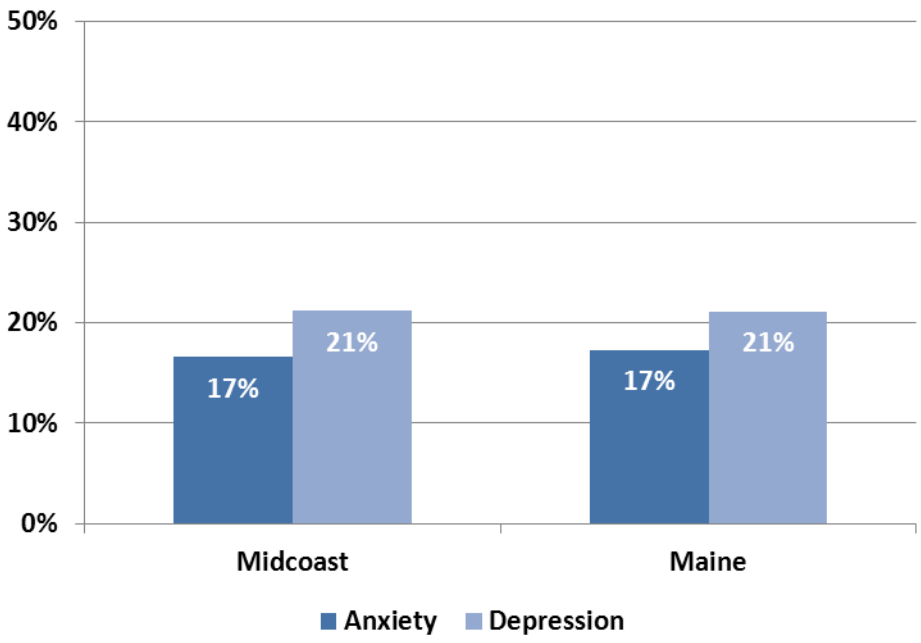
Indicator Description: DIAGNOSIS OF ANXIETY AND DEPRESSION AMONG ADULTS. This indicator examines the percentage of Maine residents age 18 and older who have ever been told by a doctor that they have a depressive or anxiety disorder.

Why Indicator is Important: The link between mental health and substance abuse is well documented. Experiencing anxiety or depression is associated with higher rates of substance abuse.

Data Source(s): BRFSS, 2006, 2008-2010.

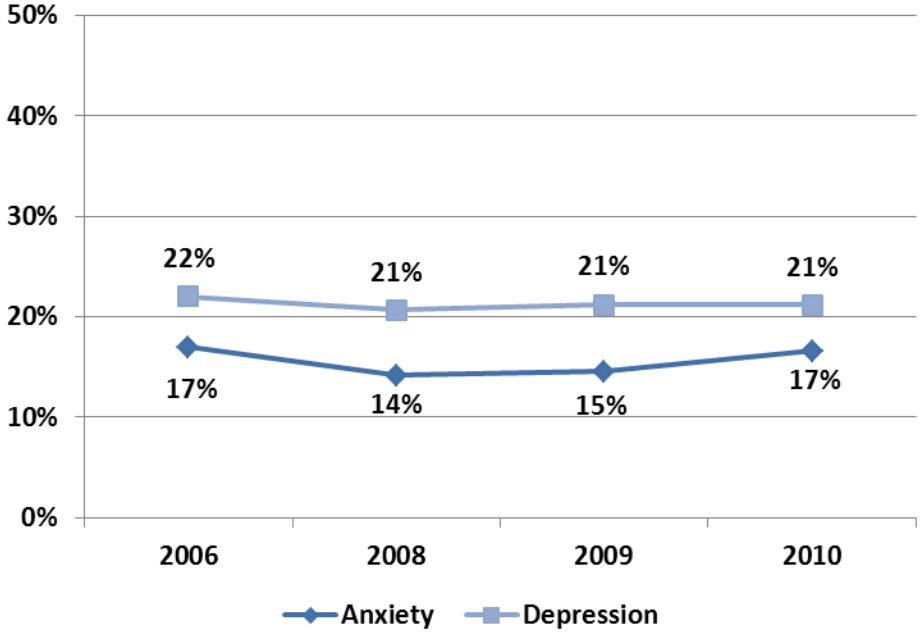
Summary: In 2010 17 percent of adults in Midcoast had been told they have an anxiety disorder, and 21 percent had been told they have a depressive disorder; this is about the same as found statewide (17% and 21%, respectively). The rate of diagnosis for depression in Midcoast PHD has increased slightly since 2006, while the rate of diagnosis for anxiety has increased since 2008 (see the figure on the following page).

Figure 34. Percent of adults in Midcoast PHD who have ever been told they have an anxiety or depressive disorder: 2010



Source: BRFSS

Figure 35. Percent of adults in Midcoast PHD who have ever been told they have an anxiety or depressive disorder: 2006, 2008-2010



Source: BRFSS

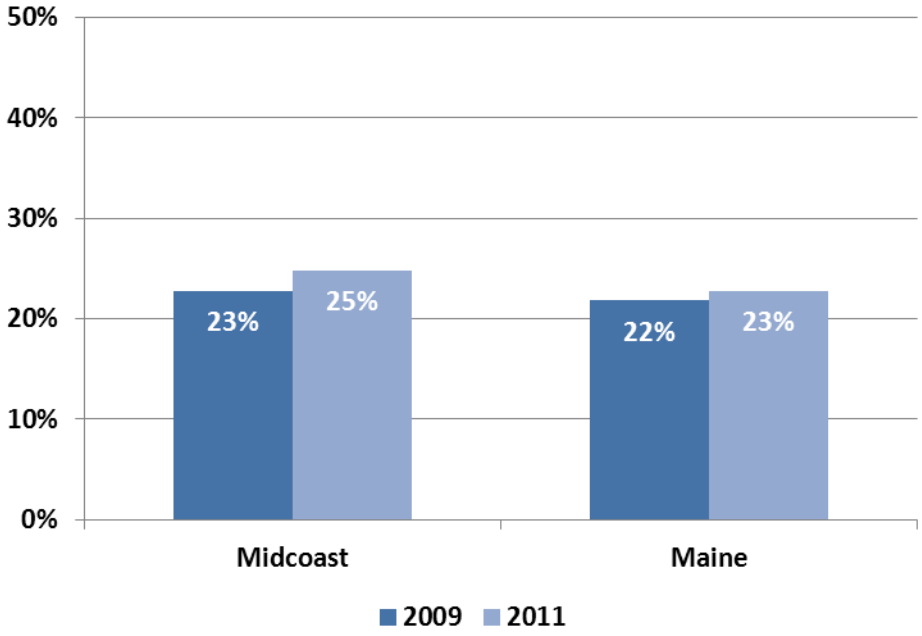
Indicator Description: DEPRESSION AMONG YOUTH. This indicator measures the percentage of high school students reporting they felt sad or hopeless almost every day for two weeks in a row during the past year.

Why Indicator is Important: Experiencing depression in the past year is associated with higher rates of substance abuse. Among youth, depression is also associated with problems with relationships and academic achievement.

Data Source(s): MIYHS, 2009-2011.

Summary: In 2011 one in four high school students in Midcoast PHD indicated that they felt sad or hopeless every day for two weeks or more in a row during the past year. This was slightly higher than the statewide average (23%).

Figure 36. Percent of high school students in Midcoast PHD who felt sad or hopeless almost every day for two weeks or more in a row during the past year: 2009, 2011



Source: MIYHS

Suicide and Suicidal Ideation

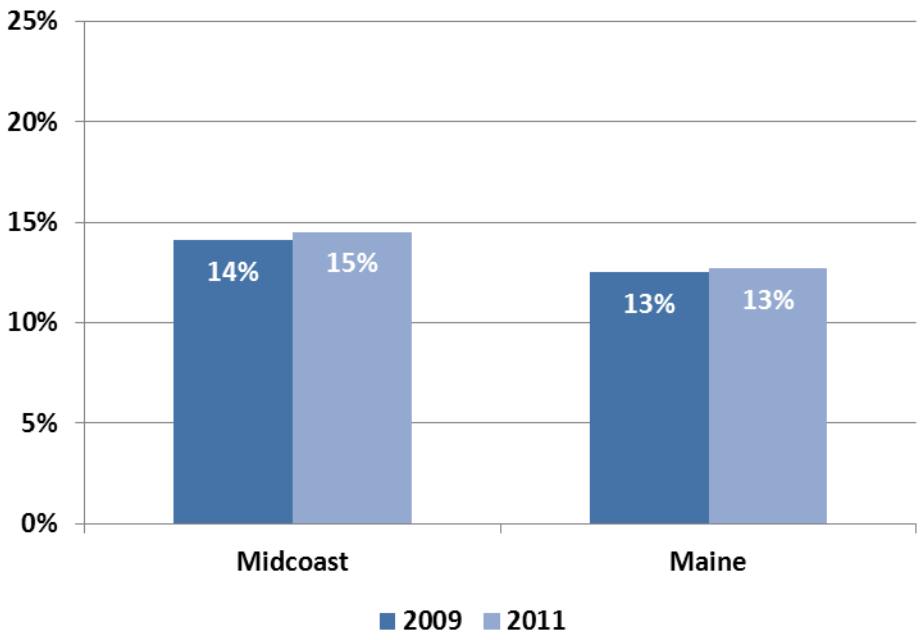
Indicator Description: SUICIDAL IDEATION AMONG YOUTH. This measure examines the percentage of high school students who reported that they seriously considered attempting suicide during the past year.

Why Indicator is Important: Suicide is the most tragic consequence of major depressive disorders. Abuse of alcohol or other drugs may increase emotional problems leading to suicidal ideation and suicidal behavior.

Data Source(s): MIYHS, 2009-2011.

Summary: In 2011 15 percent of high school students considered suicide during the past year in Midcoast PHD. The statewide average was slightly lower, at 13 percent.

Figure 37. Percent of high school students in Midcoast PHD who considered suicide during the past year: 2009, 2011



Source: MIYHS

Mental Health and Substance Abuse Co-Occurrence

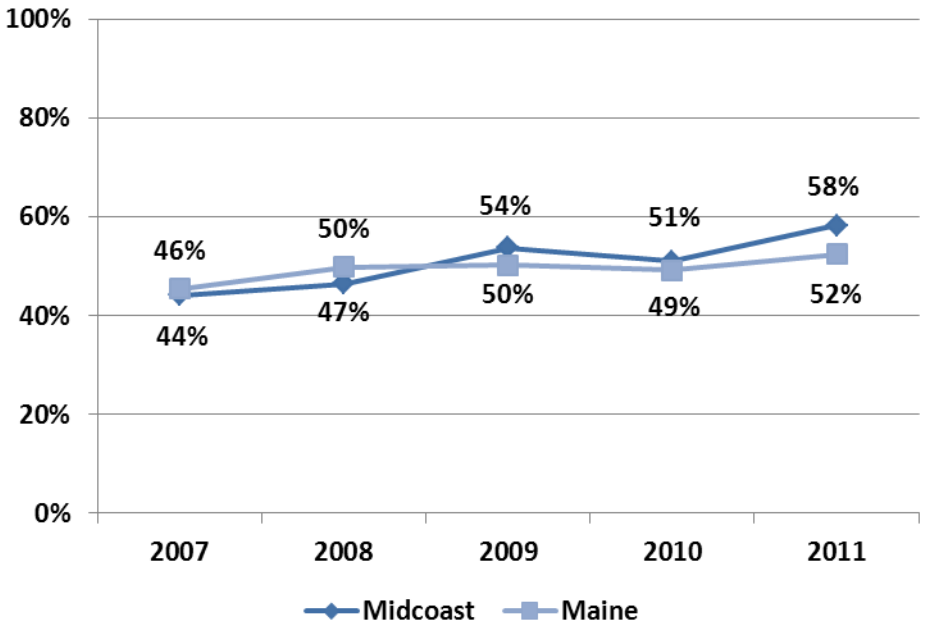
Indicator Description: CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT. This indicator reflects the proportion of treatment admissions for substance abuse where the individual also has a mental health diagnosis.

Why Indicator is Important: The link between mental health and substance abuse is well documented. In terms of treatment, it is important to know if one exists because the symptoms of each can affect the other.

Data Source(s): TDS, 2007-2011.

Summary: For most years during this timeframe (2007 through 2011) Midcoast PHD has reported a similar percentage of individuals admitted for substance abuse and who also have a mental health diagnosis as the statewide average. In 2011, the percentage of these admissions in the Midcoast PHD peaked, and currently exceeds the statewide average by a significant margin. Since 2007, Midcoast PHD's rate of such admissions has increased from 44 to 58 percent.

Figure 38. Percent of individuals in Midcoast PHD admitted for substance abuse treatment that also had a mental health diagnosis: 2007-2011



Source: TDS

Treatment Admissions for Substance Abuse

Substance abuse treatment admissions are an indicator of how many people *receive treatment* for a substance abuse problem. These admissions can be voluntary, but they can also be court-ordered. Treatment admission data should not be used as an indicator of the magnitude of the problems related to substance abuse. Rather, treatment should been seen a major consequence stemming from substance use and one that requires many resources.

The overall number of clients admitted to treatment has been declining since 2007, from 14,843 to 11,380 in 2011. Mainers continued to seek out treatment for abuse involving a wide array of substances besides alcohol; in 2011 there were 4,421 admissions for alcohol as the primary substance. This was followed by synthetic opioids (3,630) and marijuana (1,094).

In Midcoast PHD approximately two-fifths of primary treatment admissions were for alcohol (followed closely by synthetic opioids), while less than one-third of secondary treatment admissions were for synthetic opioids. Synthetic opioids have, in both instances, been on the rise. Marijuana represents somewhat less than a third of all secondary treatment admissions in Midcoast PHD.

Treatment Admissions

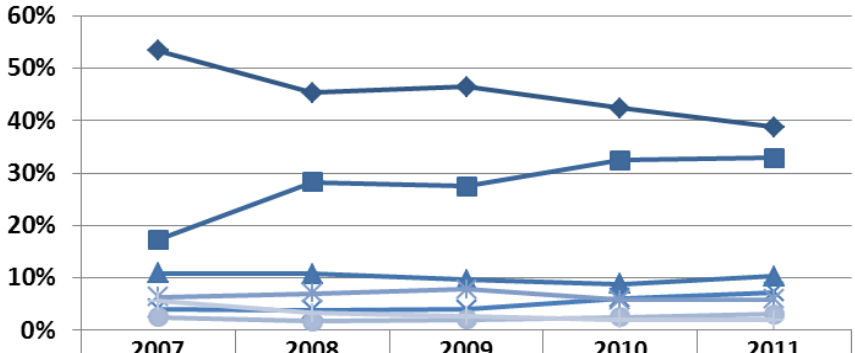
Indicator Description: PRIMARY TREATMENT ADMISSIONS. This measure reflects substance abuse treatment admissions. A "primary" substance is identified during the treatment admissions process based on use patterns (e.g., frequency, duration, quantity) and the risk(s) posed to the individual. The analysis excludes admissions for shelter/detoxification services.

Why Indicator is Important: The number of substance abuse treatment admissions is bound by both the need and the capacity for treatment. Treatment admission data are not a good indicator of substance use, abuse or dependence but provide an indication of service usage and the impact of substance use on the behavioral healthcare system.

Data Source(s): TDS, 2007-2011.

Summary: In 2010, 39 percent of all primary treatment admissions in Midcoast PHD were related to alcohol, followed closely by synthetic opioids[8] (33%) and marijuana (10%). This trend has remained stable since 2007 although primary treatment admissions related to alcohol appear to be declining as a proportion of all admissions, while those related to synthetic opioids appear to be rising.

Figure 39. Primary treatment admissions for adults in Midcoast PHD: 2005-2011



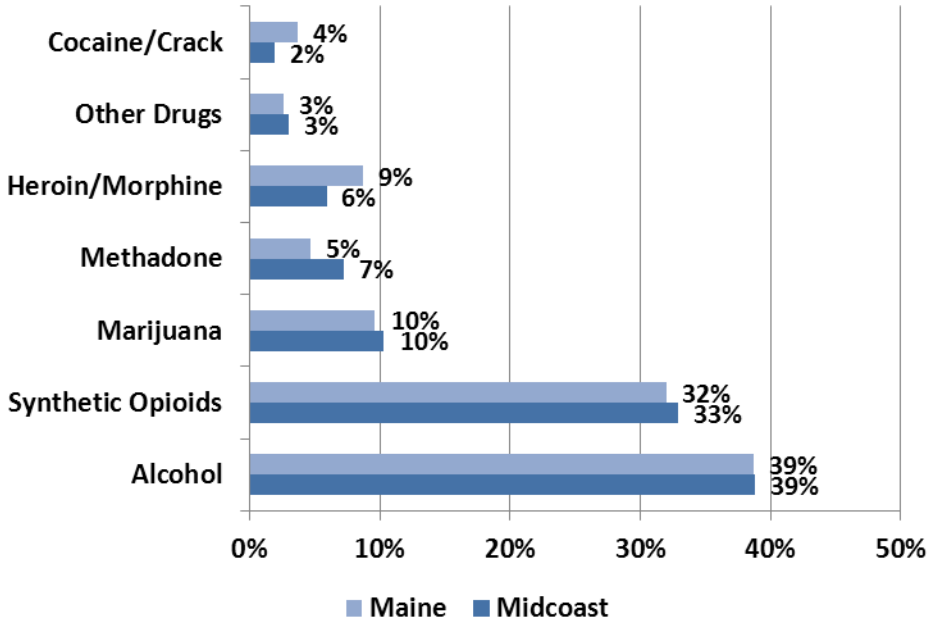
	2007	2008	2009	2010	2011
Alcohol	53%	45%	47%	42%	39%
Synthetic Opioids	17%	28%	28%	32%	33%
Marijuana	11%	11%	10%	9%	10%
Methadone	4%	4%	4%	6%	7%
Heroin/Morphine	6%	7%	8%	6%	6%
Other Drugs	3%	2%	2%	3%	3%
Cocaine/Crack	6%	3%	3%	2%	2%

Source: TDS

[8] "Synthetic opioids" excludes methadone and buprenorphine.

Summary: In 2011, the proportion of primary treatment admissions for all substances was relatively similar when comparing Midcoast PHD to the statewide averages. The exceptions would be primary treatment admission rates for cocaine/crack and heroin/morphine, which are noticeably higher statewide than the Midcoast PHD. Rates for methadone-related primary treatment admissions are higher in the Midcoast.

Figure 40. Primary treatment admissions for adults in Midcoast PHD: 2011



Source: TDS

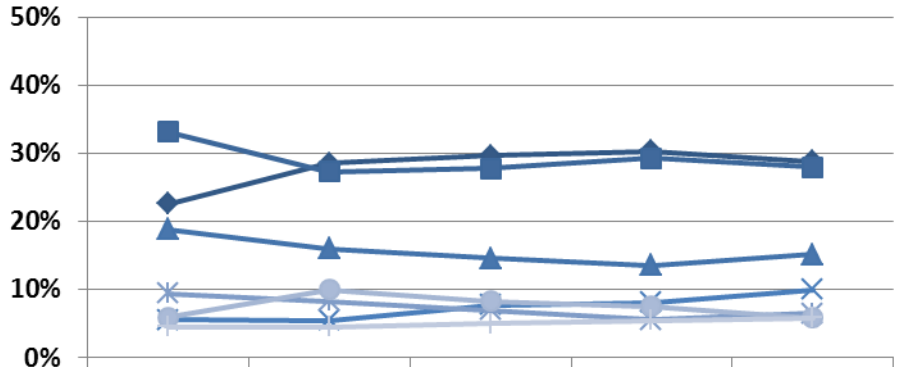
Indicator Description: SECONDARY TREATMENT ADMISSIONS. This measure reflects substance abuse treatment admissions. A "secondary" substance is identified during the admissions process as one used by the individual and for which treatment may be received, but it is not the primary substance for which treatment was sought. The analysis excludes admissions for shelter/detoxification services.

Why Indicator is Important: The number of substance abuse treatment admissions is bound by both the need and the capacity for treatment. Treatment admission data are not a good indicator of substance use, abuse or dependence but provide an indication of service usage and the impact of substance use on the behavioral healthcare system.

Data Source(s): TDS, 2007-2011.

Summary: In 2011, 29 percent of all secondary treatment admissions in Midcoast PHD were for synthetic opioids, followed closely by marijuana (28%) and alcohol (15%). Since 2008, there have been similar percentages (within one or two percentage points) of secondary treatment admissions related to synthetic opioids and marijuana in Midcoast PHD.

Figure 41. Secondary treatment admissions for adults in Midcoast PHD: 2005-2011

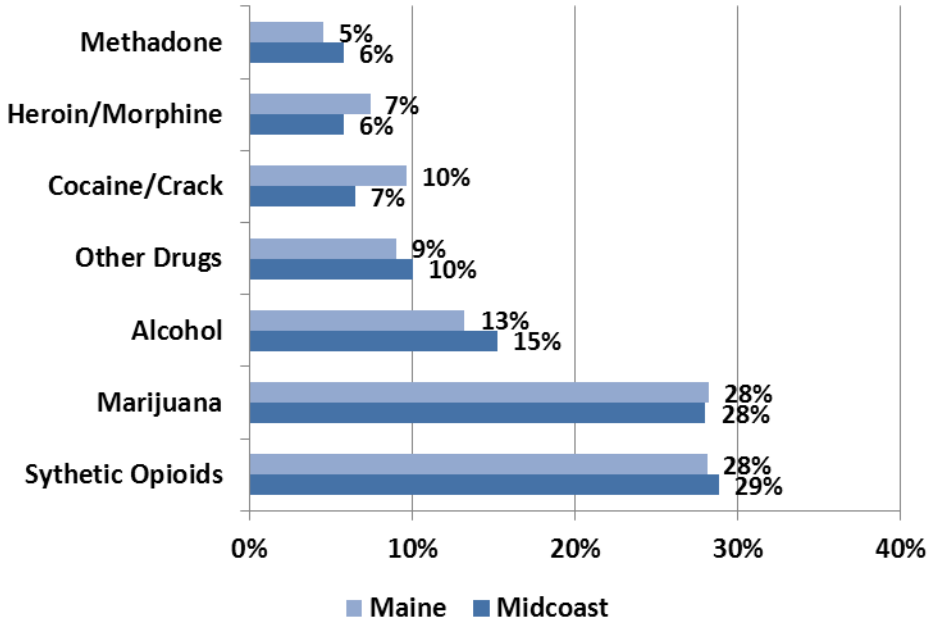


	2007	2008	2009	2010	2011
Sythetic Opioids	23%	29%	30%	30%	29%
Marijuana	33%	27%	28%	29%	28%
Alcohol	19%	16%	15%	14%	15%
Other Drugs	6%	6%	8%	8%	10%
Cocaine/Crack	9%	8%	7%	6%	7%
Heroin/Morphine	6%	10%	8%	8%	6%
Methadone	5%	5%	5%	6%	6%

Source: TDS

Summary: In 2011, the proportion of secondary treatment admissions for all substances was relatively similar when comparing Midcoast PHD to the statewide averages. Exceptions include secondary treatment admission rates for cocaine/crack, which are noticeably higher statewide than in the Midcoast PHD, and the rates for alcohol-related secondary treatment admissions, which are higher in the Midcoast than the statewide average.

Figure 42. Secondary treatment admissions for adults in Midcoast PHD: 2011



Source: TDS

Appendix: Data Sources

This report includes data that was gathered from a number of data sources. A detailed description of each source is provided below, consisting of information about the data included in each source, and retrieval or contact information. The report includes data that were available through May 2012.

There are multiple purposes for this report. One is to provide a snapshot of the most recent data regarding substance abuse, while another is to examine trends over time. Therefore, each indicator may have multiple sources of data that are included. While each indicator provides a unique and important perspective on drug use in Maine, none should individually be interpreted as providing a full picture of drug trends in Maine. In particular, the percentages and figures from one data source do not always align with the data and percentages from a similar source. Older data are often included in order to examine an indicator among a specific population or to find trends over time. When discussing rates of prevalence, however, the user should rely upon the most recent data source available.

Description of Data Sources

Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national survey by the U.S. Centers for Disease Control and Prevention (CDC) to adults in all 50 states and several districts and territories. In Maine, it is administered by the Maine Center for Disease Control and Prevention (DHHS). The instrument collects data on adult risk behaviors, including alcohol abuse. BRFSS defines heavy drinking as adult men having more than two drinks per day and adult women having more than one drink per day, and binge drinking as males having five or more drinks on one occasion and females having four or more drinks on one occasion. The most recent data available are from 2010. Older data are also included for trending analyses. Public Health District data were obtained through special analysis. Contact: Timothy Diomede, SEOW Coordinator; timothy.diomede@maine.gov; (207) 287-2596.

Maine Department of Public Safety (DPS), Uniform Crime Reports (UCR). UCR data include drug and alcohol arrests. Drug arrests include sale and manufacturing as well as 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 2010. Arrest data may reflect differences in resources or focus of law enforcement efforts so may not be directly comparable from year to year.
Retrieval: http://www.maine.gov/dps/cim/crime_in_maine/cim.htm

Maine Department of Public Safety (DPS), Liquor Licensing and Compliance. DPS issues and renews licenses for the manufacture, importation, storage, transportation and sale of all liquor and administers those laws relating to licensing and the collection of taxes on malt liquor and wine. DPS maintains a list of all active licenses that can be accessed online.

Retrieval: http://www.maine.gov/dps/liqr/active_licenses.htm

Maine Department of Transportation (MDOT). MDOT analyzes information on all traffic statistics. Statistics for years 2006 through 2011 regarding the year of occurrence and the number of alcohol/drug-related crashes/injuries were obtained via personal correspondence. They receive crash data from the Maine Bureau of Highway Safety. Due to the population estimates for July 1, 2010 being unavailable through the U.S. Census Bureau, only data from years 2006 through 2011 were analyzed. Contact: Duane Brunell, Safety Performance Analysis Manager; duane.brunell@maine.gov; (207) 624-3278.

Maine Integrated Youth Health Survey (MIYHS). The MIYHS is a statewide survey administered biennially through a collaborative partnership by the Maine Office of Substance Abuse (OSA) the Maine Center for Disease Control and Prevention and the Maine department of Education to students in grades 5 through 12. 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 collects information on many other health factors. As of the date of this report, the most recent data available are from 2011. Due to changes in the survey administration and structure, the new survey data cannot be trended with the Maine Youth Drug and Alcohol Survey (MYDAUS). Contact: Stephen Corral, Substance Abuse Program Specialist, Office of Substance Abuse, stephen.corral@maine.gov; (207) 287-2964.

Maine Health Data Organization (MHDO). MHDO data includes all inpatient admissions to all hospitals in Maine for calendar year 2009. Data categories created by the authors include alcohol, opioids, illegal drugs, and pharmaceuticals. All drug categories include intoxication, abuse, dependence, and poisoning cases related to the drug. The opioid category includes methadone, heroin, and opiates. The illegal drug category includes crack/cocaine, cannabis, and hallucinogens. The pharmaceuticals category includes all other non-opioid medications (including stimulants and depressants). Contact: Maine Health Data Organization (MHDO), lisa.parker@maine.gov; (207) 287-3225.

Maine Office of the Chief Medical Examiner. The Maine Office of the Chief Medical Examiner maintains records of all deaths associated with drug overdose. Drug categories include methadone, cocaine, benzodiazepines, oxycodone and heroin/morphine. The death data are compiled on an annual basis and must be finalized prior to release and so are not available to track changes that may occur over shorter time frames. Contact: Dr. Marcella Sorg, Director, Rural Drug & Alcohol Research Program, Margaret Chase Smith Policy Center, University of Maine; marcella_sorg@umit.maine.edu; (207) 581-2596.

National Survey on Substance 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 up. The instrument collects information on substance use and health at the national, regional and state levels. The advantage of NSUDH 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 through 2006-2008; Public Health District data were obtained through special request. Contact: Anne Rogers, Office of Substance Abuse, anne.rogers@maine.gov; (207) 287-4706.

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. It is important to note that the number of prescriptions per capita does not indicate the overall number of pills prescribed, the size/dosage of the pills, or drugs that fall within DEA "Schedules I or V". At the time of this report, all pharmacies, excluding the Veterans Administration, federally regulated methadone clinic and the Indian Health Service (IHS) center, which dispense in Maine report to the Prescription Monitoring Program. IHS is scheduled to begin reporting during the summer of 2012. Prescription counts do not reflect amounts in terms of dosage or quantity of pills, but rather represent the volume of active prescriptions during the time period. The counts included in this report represent the number of prescriptions filled between 2006 and 2011. Contact: Patricia Lapera, PMP Coordinator, Office of Substance Abuse; patricia.lapera@maine.gov; (207) 287-3363. Retrieval: http://www.maine.gov/dhhs/osa/data/pmp/index.htm

Treatment Data System (TDS). TDS is a statewide database that includes information about clients admitted to treatment in OSA-funded facilities through December 2011. Analyses in this report are based on clients' reported primary, secondary and tertiary drug(s) of choice as well as other demographic and background information that is collected at intake. Drug categories included in this report are alcohol, marijuana, cocaine, heroin, synthetic opiates and methadone/buprenorphine. Contact: Stacey Chandler, Data Control Specialist, Office of Substance Abuse, stacey.chandler@maine.gov; (207) 287-6337.

U.S. Census Bureau. The U.S. Census provides summary profiles showing frequently requested data items from various Census Bureau programs. Profiles are available for all states and counties, and for cities and towns with more than 25,000 people. Data are updated no less than annually. Retrieval for Maine census data: http://quickfacts.census.gov/qfd/states/23000.html