Substance Use Trends in Maine: Key Findings



By Tim Diomede, MPPM

November 14th 2019



 $State\ Epidemiological\ Outcomes\ Workgroup\ \underline{www.MaineSEOW.com}$

1

Purpose (SEOW What?)

The State Epidemiological Outcomes Workgroup (SEOW) serves as a clearinghouse for substance use and mental health related data indicators. The SEOW is funded under the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Partnership for Success grant, focused on the prevention of substance use among 12 to 25 year olds.



Maine Department of Health and Human Services

2

SEOW Objectives

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



Provide an opportunity for networking and collaboration

Maine Department of Health and Human Services

3

3

Data Notes/Disclaimers



We promote the use of data indicators that have the reputation of being accurate, reliable, and timely.



We caution data users not to rely heavily on a single indicator in their assessment and evaluation; instead, we structure and present resources within a larger context to help users look at the broader picture.



It is essential to examine trends and data over time, rather than depend on information from a single point.

Maine Department of Health and Human Services

4

Δ

Consumption

(Surveillance Data)

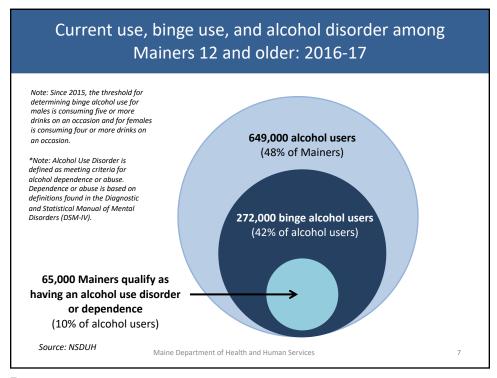


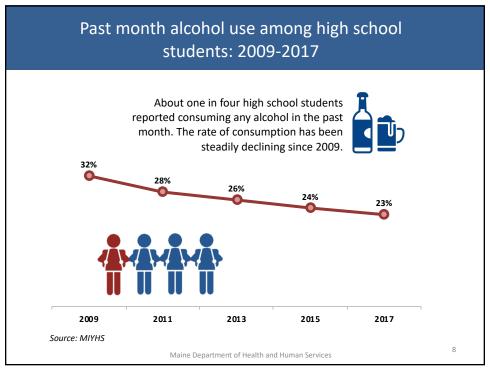
Maine Quick Facts

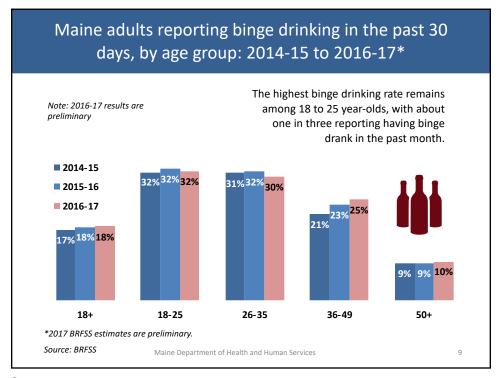
- Total population = 1,338,404
- Most people are concentrated at the southern/coastal regions
- 16% of citizens ≥ 65 years old
- 95% = white non-hispanic
- 5 native American Tribal Communities
- Median household income = \$53K
- Birth place of prohibition first state to ban sale/manufacture of alcohol
- Portland, ME has the most breweries per capita in the Nation

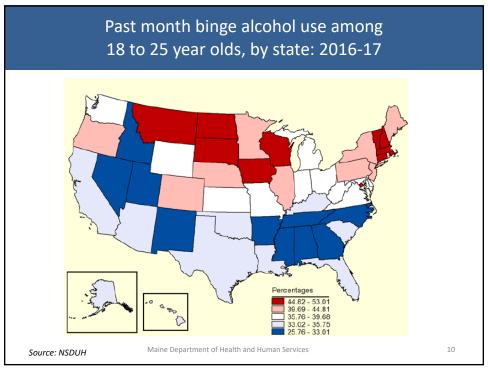


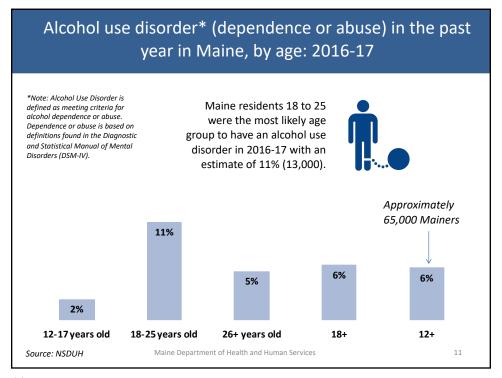
Maine Department of Health and Human

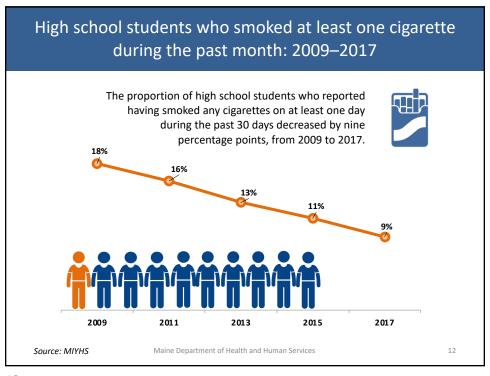


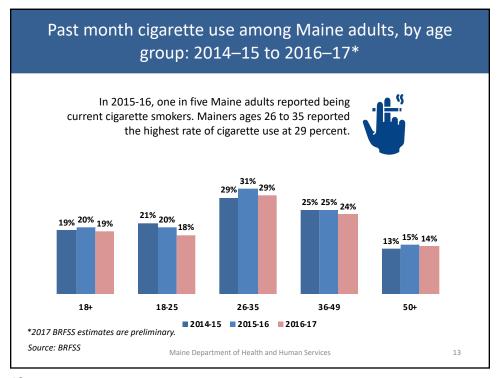


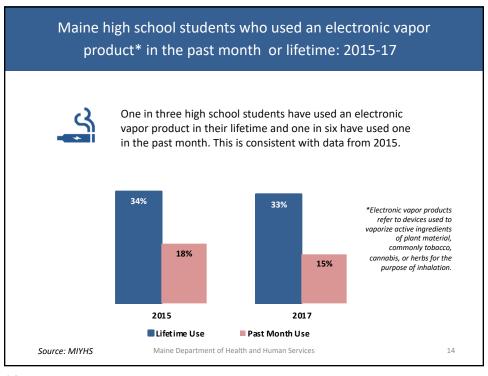


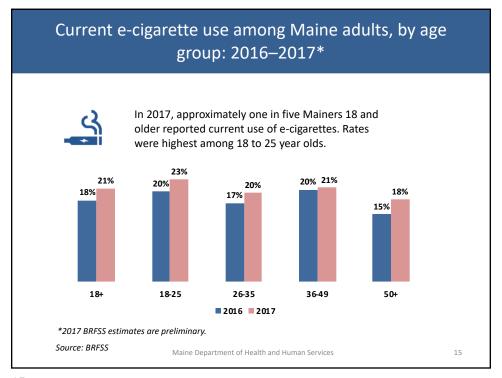


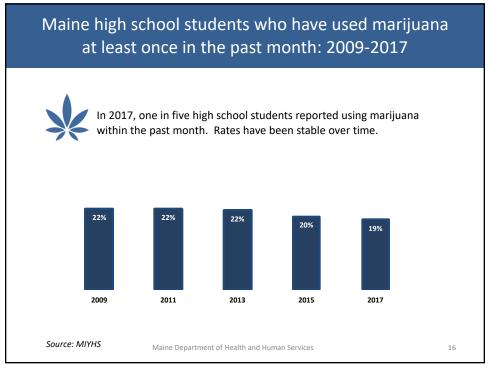


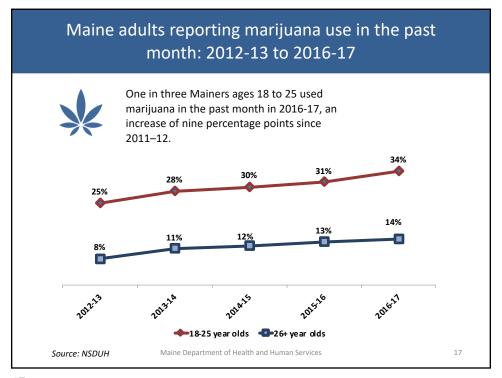


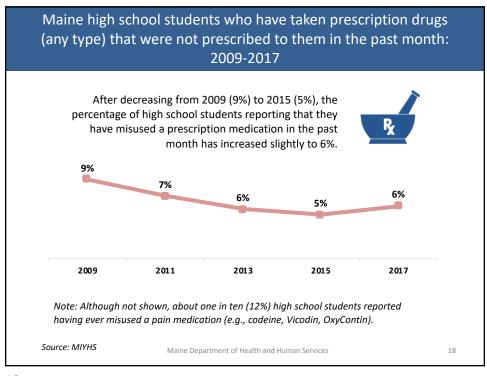


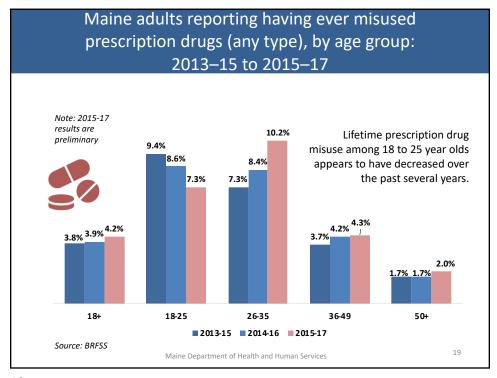


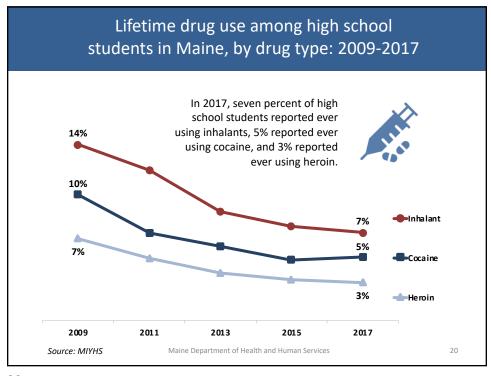


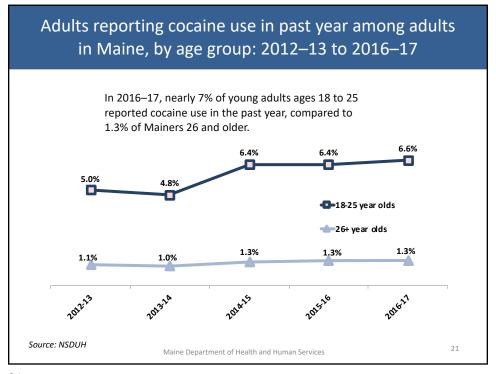


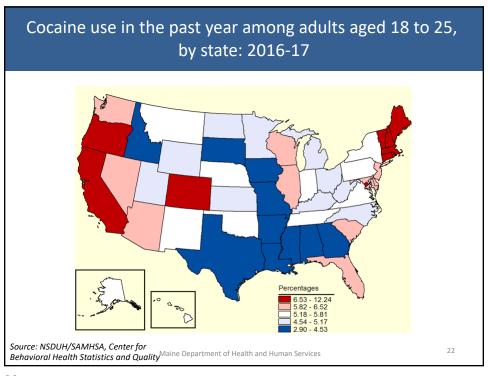


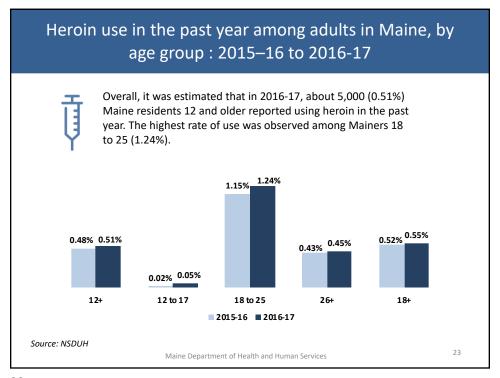


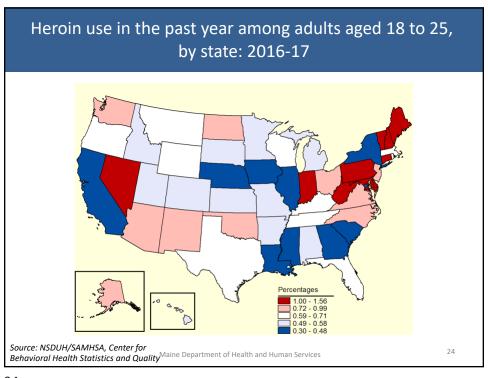


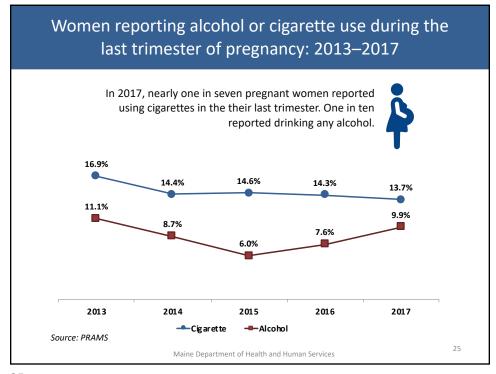


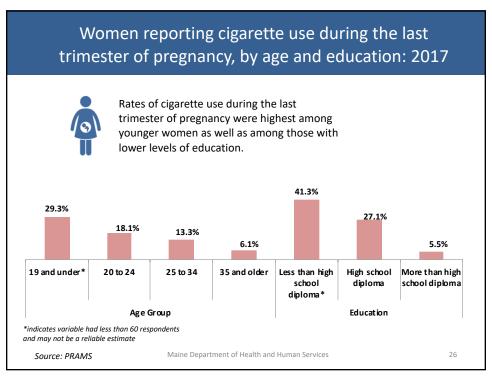




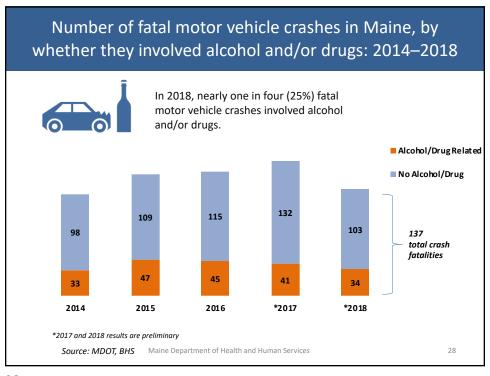


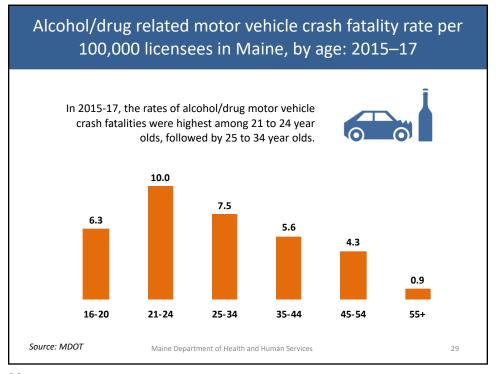


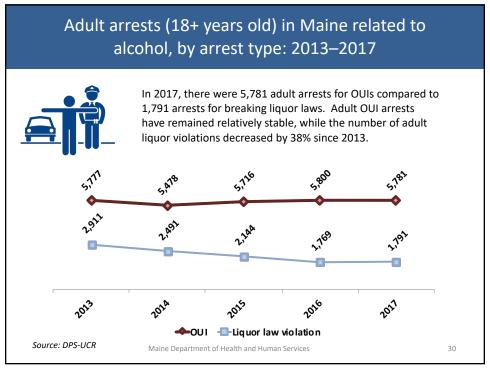


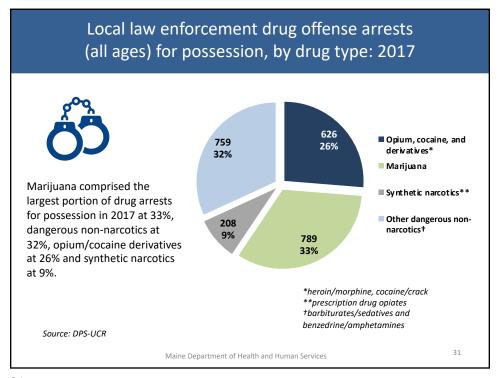


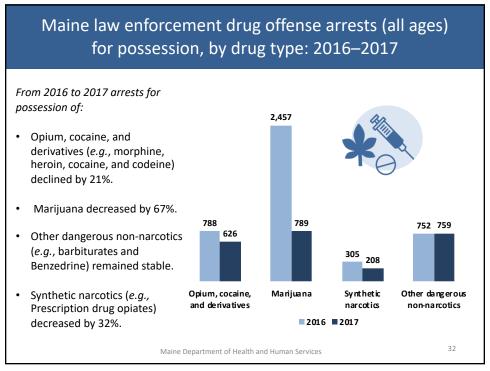


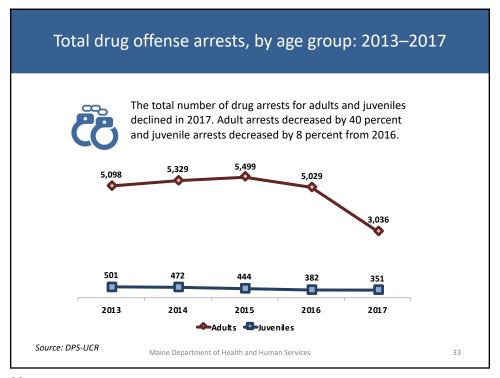


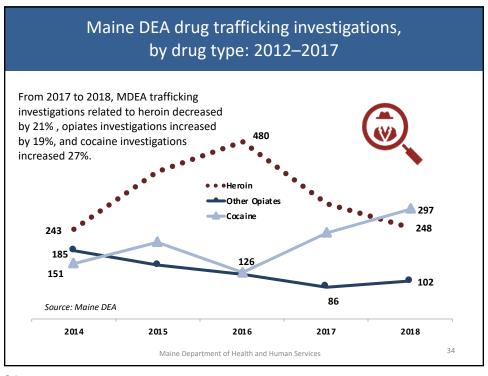


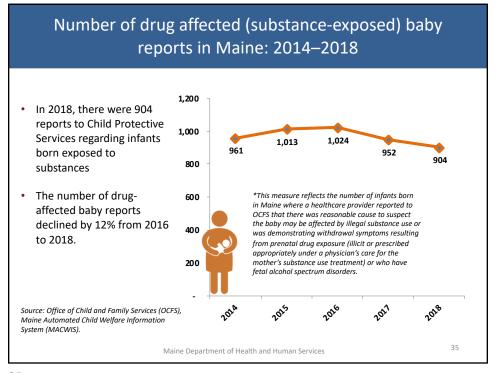


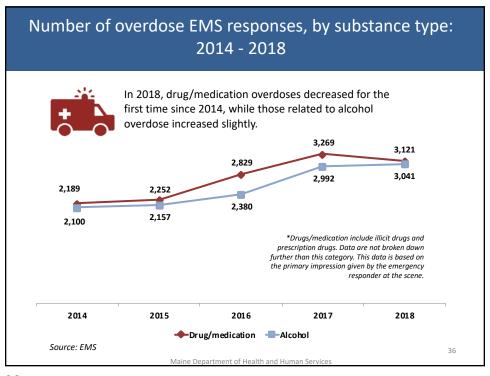


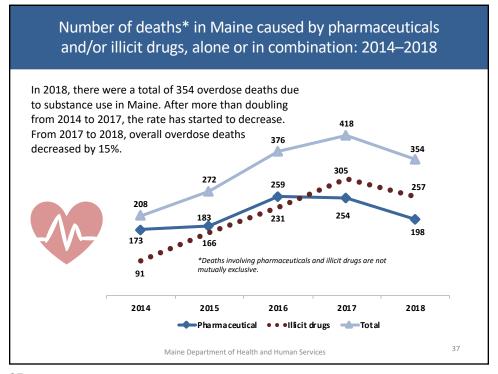


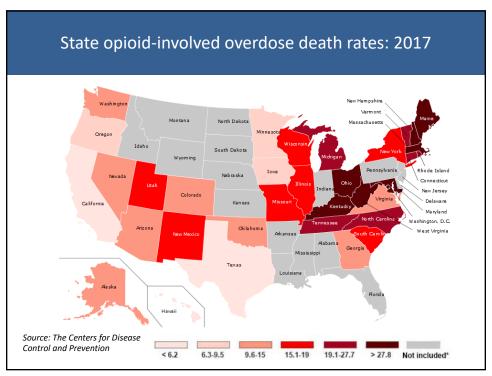




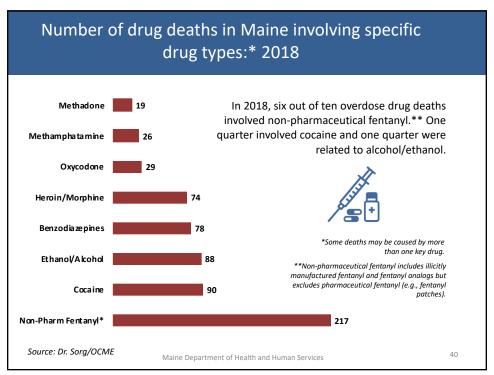


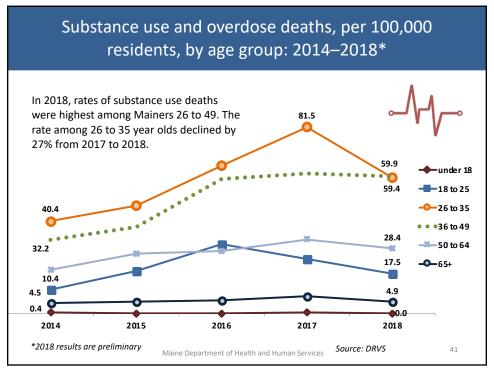




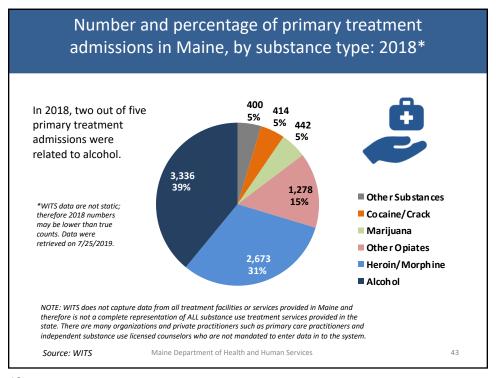


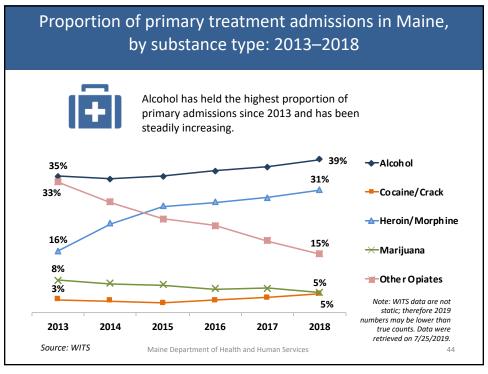
State	Opioid-Involved Overdose	
	Deaths/100,000 persons ¹ (2017)	
West Virginia	49.6	
<u>Ohio</u>	39.2	
Washington D.C.	34.7	
New Hampshire	34.0	
Maryland	32.2	
<u>Maine</u>	29.9	
<u>Massachusetts</u>	28.2	
<u>Kentucky</u>	27.9	
Connecticut	27.7	
Rhode Island	26.9	
	Washington D.C. New Hampshire Maryland Maine Massachusetts Kentucky Connecticut	Washington D.C. New Hampshire 34.0 Maryland 32.2 Maine 29.9 Massachusetts 28.2 Kentucky 27.9 Connecticut 27.7 Rhode Island 26.9

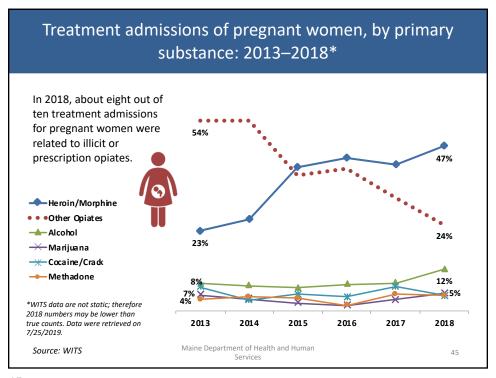




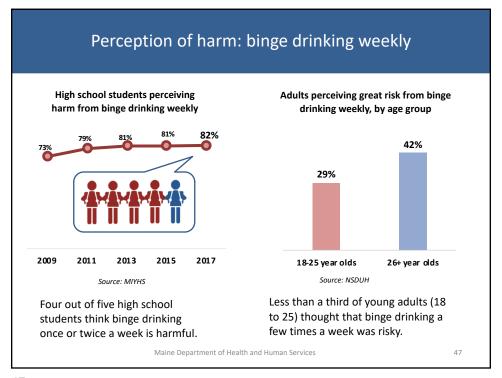
Treatment (for substance use)

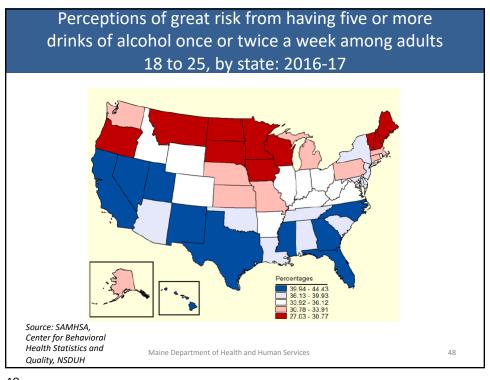


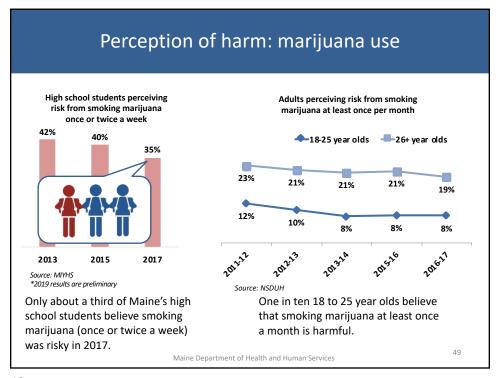


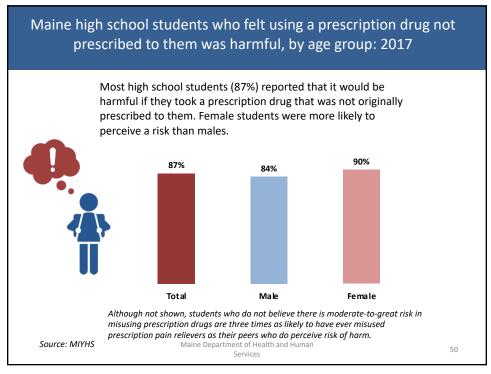


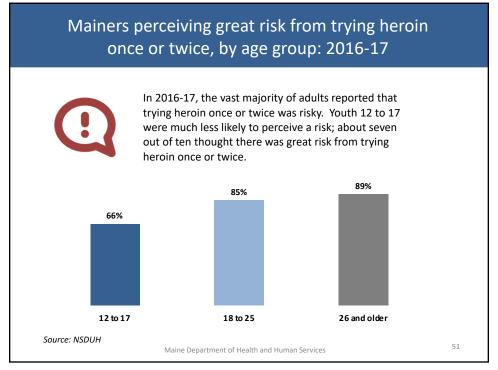
Contributing Factors (e.g., Availability, Perceptions, Social Norms)

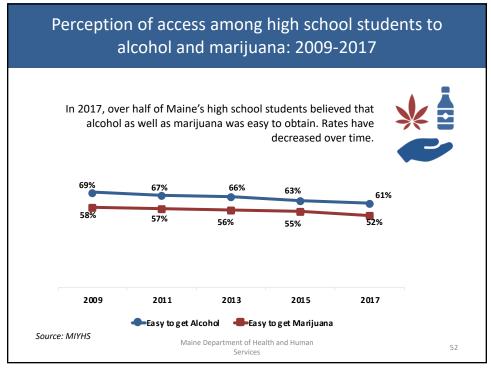












Attribution Statements (Perception of Access)

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





thought **alcohol was NOT easy to obtain** were nearly 4x less likely to drink alcohol within the past month.



thought **marijuana was NOT easy to obtain** were 9x less likely to use marijuana in the past 30 days.



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

Maine Department of Health and Human Services

53

53

Alcohol outlet density in Maine: 2019

As of October 2019, Maine had:



3,828 alcohol retail outlets (3 outlets per 1,000 Mainers);

- 35% were off-premise (e.g. convenience stores, gas stations)
- 65% were on premise (e.g. restaurant, bar)



151 Brewery locations



61 Winery locations

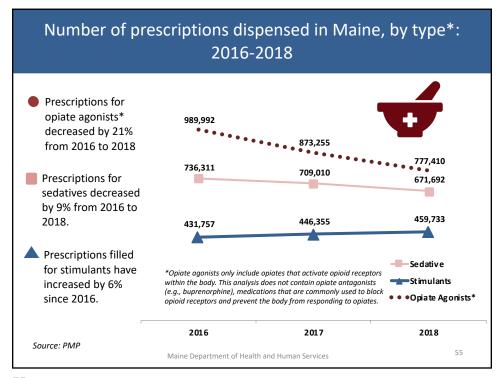


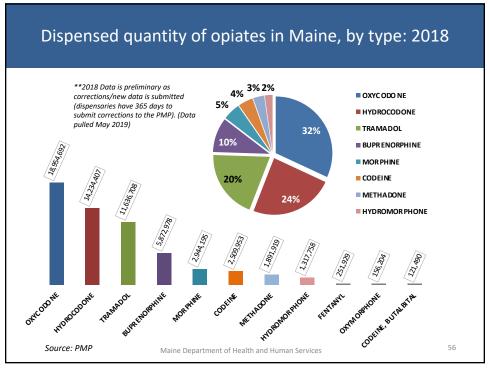
31 Distillery locations

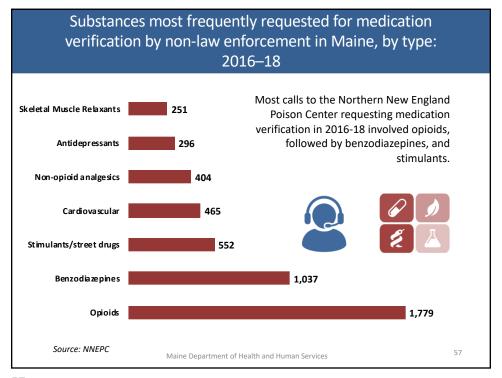
Source: Maine Bureau of Alcoholic Beverages and Lottery

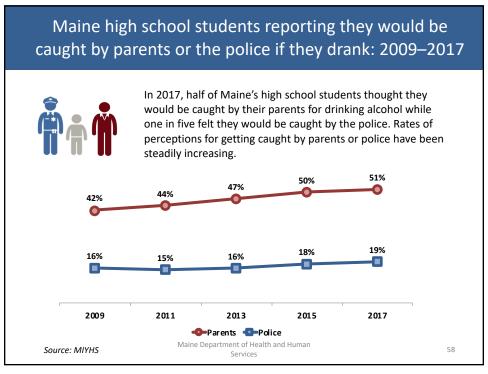
Maine Department of Health and Human Services

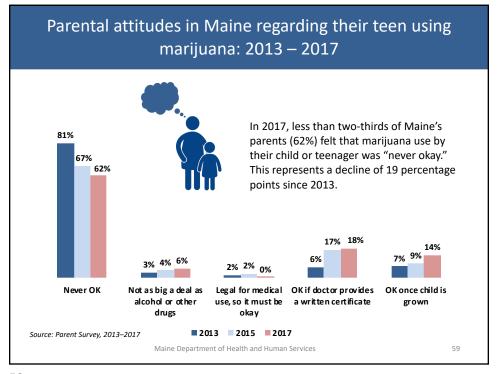
54

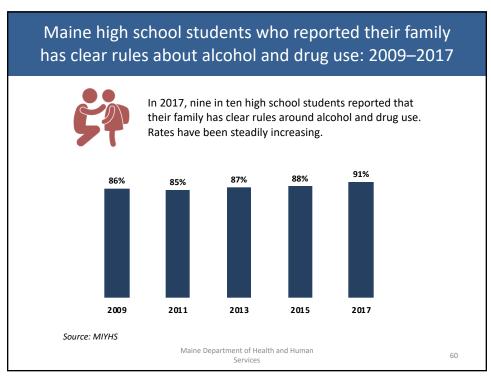


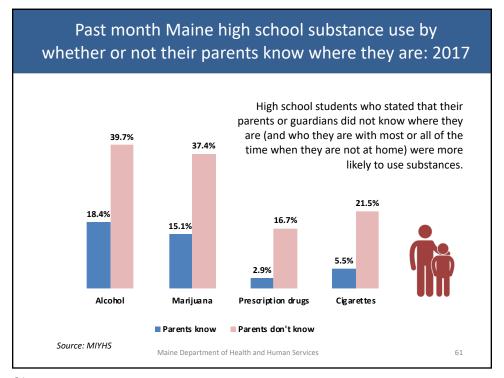




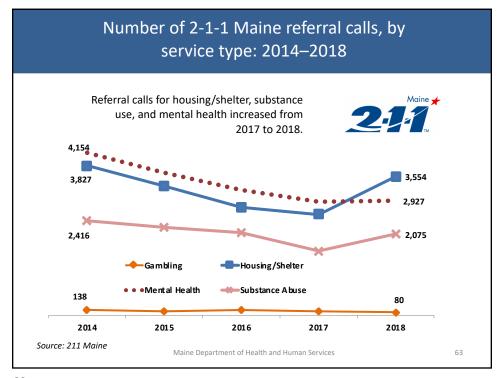


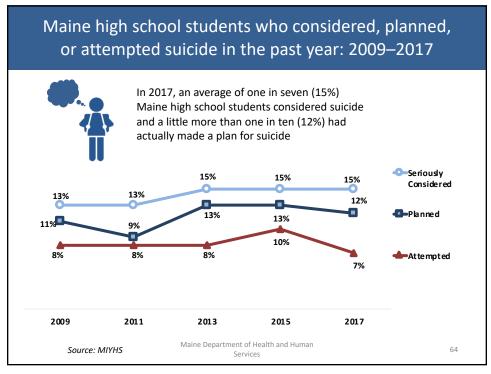


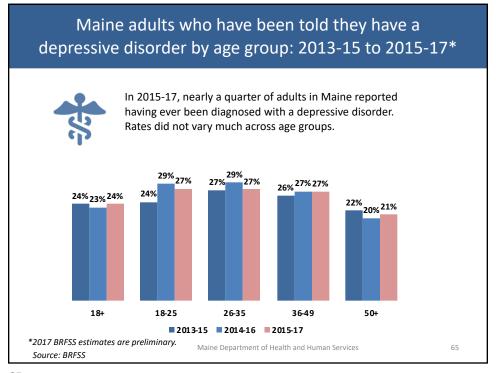


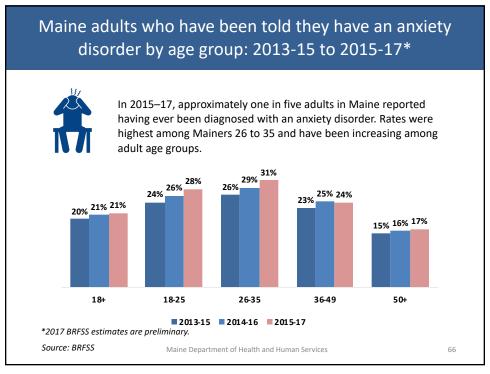


Mental Health









Maine high school students who reported feeling sad or hopeless in the past year: 2009–2017



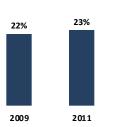
In 2017, more than one in four high school students reported feeling sad or helpless for at least two weeks in the past year. Rates have been steadily increasing over the past several years.

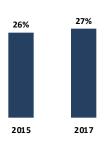
24%

2013



Source: MIYHS





Maine Department of Health and Human

67

67

Maine high school students who reported feeling sad or hopeless in the past year: 2017

Students who reported feeling hopeless or sad for at least two weeks within the past twelve months were:



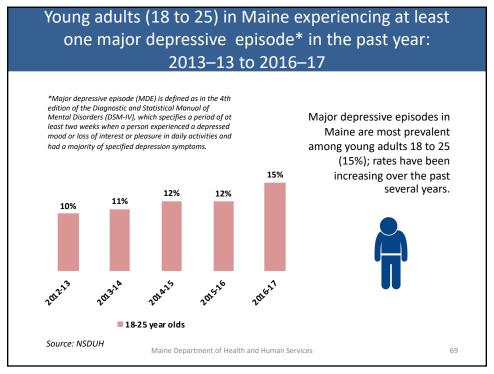
- 2X as likely to have used marijuana or to have engaged in binge drinking in the past 30 days, and
- 3x as likely to have misused prescription drugs during the past 30 days.

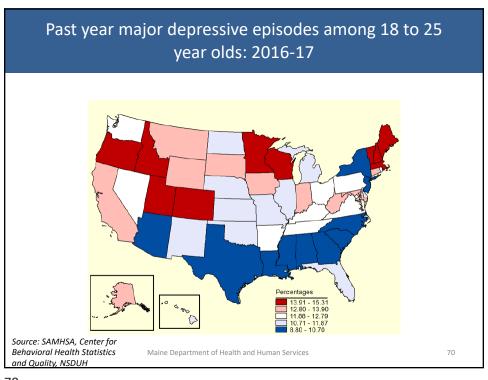
<u>Actual MIYHS question</u>: In the past year, have you felt so sad or hopeless that you stopped doing your usual activities for at least two weeks?

Source: MIYHS

Maine Department of Health and Human Services

68





Shared Protective Factors



Rates of substance use, thoughts of suicide, and feelings of sadness were lower among high school students who report factors such as **parental and community support**.



Youth are less likely to report feelings of sadness and helplessness if they have had eight hours or more of sleep, have reported fewer adverse childhood experiences, or feel that they matter to their community.



High school students who believe they have a parent or guardian that tries to help them succeed were two to three times less likely to have used marijuana, prescription drugs, or cigarettes within the past 30 days.

Source: MIYHS

Maine Department of Health and Human Services

71

71

Summary

- Based on a multitude of public health surveillance sources, consequences arising from opioid use are showing signs of either slowing in pace or declining.
- As Maine continues to confront the opioid epidemic, it is crucial that we not lose sight of
 more traditional substances like alcohol, as well as emerging patterns such as stimulant
 use, marijuana use, and vaping.
- Priority prevention outcome measures such as past-month binge drinking and pastmonth tobacco use among youth in Maine continue to demonstrate progress in reducing rates of use.
- Parents appear to have gained an increased awareness and understanding of the dangers associated with risky alcohol use and habitual tobacco use among youth.
- Most teens and many parents still feel it is easy to access alcohol.
- The potential for diversion and availability of addictive prescription drugs are still a major concerns.
- As prescriptions for pain relief have begun to stabilize and/or decrease, medicated assisted treatment prescriptions (e.g., buprenorphine) have increased substantially.

Maine Department of Health and Human Services

Summary cont.

- The changing landscape and proliferation of medical and recreational marijuana in our state also brings an increased social acceptance and potential for diversion.
- Methamphetamine, cocaine, and other potentially addictive and dangerous prescription drugs are an emerging concern in Maine.
- Maine and the Northeast states appear to have higher rates of binge drinking, illicit drug use, and major depressive episodes among young adults.
- Perception of harm from alcohol and drug use remains lower among young adults.
- Data conclude younger adults 18 to 35 are more prone to risky substance use and mental illness.
- Over the past several years, we have seen rates of depression among youth and young adults in Maine steadily increase.
- Data have revealed a relationship between mental health and substance use. Mental illness and higher rates of substance use are strongly associated.

73

Appendix A (Data Sources)

- Behavioral Risk Factor Surveillance System (BRFSS)
- Maine Bureau of Alcoholic Beverages and Lottery (BABLO)
- Maine Department of Public Safety (DPS), Bureau of Highway Safety (BHS), Maine Department of Transportation (MDOT)
- Maine Department of Public Safety (DPS), Uniform Crime Reports (UCR)
- Maine Department of Education (MDOE)
- Maine Drug Enforcement Agency (MDEA)
- Maine Emergency Medical Services (EMS)
- Maine Integrated Youth Health Survey (MIYHS)
- Maine Office of the Chief Medical Examiner (OCME)
- Marcella Sorg, Margaret Chase Smith Policy Center at the University of Maine
- National Survey on Drug Use and Health (NSDUH)
- Northern New England Poison Center (NNEPC)
- Office of Child and Family Services (OCFS), Maine Automated Child Welfare Information System (MACWIS)
- Office of Data, Research and Vital Statistics (ODRVS)
- CDC Parent Survey (administered by Pan Atlantic)
- Prescription Monitoring Program (PMP)
- Web Interactive Treatment System (WITS)

• 2-1-1 Maine



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

Maine Department of Health and Human Services

74

Preferred Citation



Maine Department of Health and Human Services (DHHS), Maine State Epidemiological Outcomes Workgroup (SEOW). Substance Use Trends in Maine: Key Findings. 2019

Maine Department of Health and Human Services

75

75

Contact

Timothy Diomede, MPPM
SEOW Coordinator/Prevention Data Analyst
Timothy.Diomede@maine.gov
www.maineseow.com



Maine Department of Health and Human Services

76