NDEWS National Drug Early Warning System

Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse

Maine
Sentinel Community Site (SCS)
Drug Use Patterns and Trends, 2019

November 2019

NDEWS Coordinating Center

NDEWS is funded under NIDA Cooperative Agreement DA038360 awarded to the Center for Substance Abuse Research (CESAR) at the University of Maryland, College Park. Opinions expressed in this report may not represent those of NIH or NIDA.

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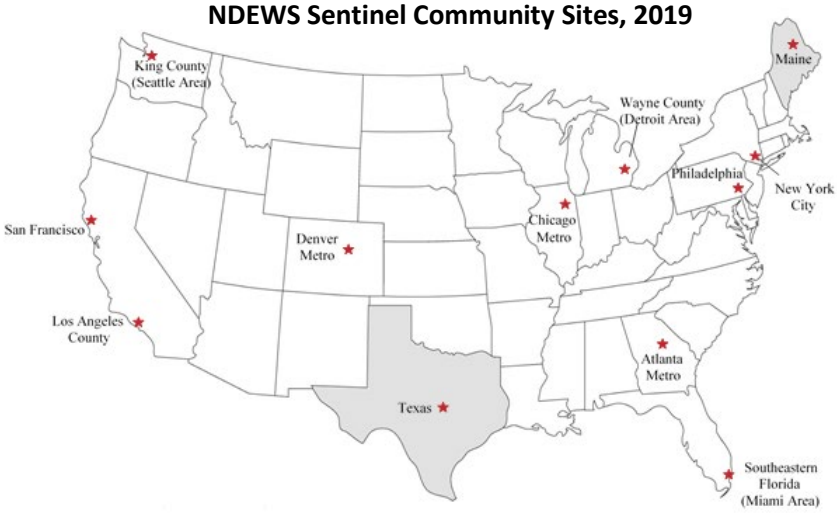
A unique feature of NDEWS is its capability to describe and compare drug use patterns and trends in selected communities across the United States. The NDEWS Coordinating Center works closely with Sentinel Community Epidemiologists (SCEs) in 12 Sentinel Community Sites (SCSs) across the U.S. Emerging drugs and changing drug trends are monitored by each local SCE utilizing indicators such as drug overdose deaths, treatment admissions, hospital cases, poison center exposure calls, and law enforcement seizures. **In May 2019, each SCE was asked to review available indicators and identify up to five drugs they considered most important to summarize for their site and include in their 2019 annual *Drug Use Patterns and Trends Report.***

NDEWS Sentinel Community Sites, 2019



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National Drug Early Warning System (NDEWS)
Maine Sentinel Community Site (SCS)
Drug Use Patterns and Trends, 2019

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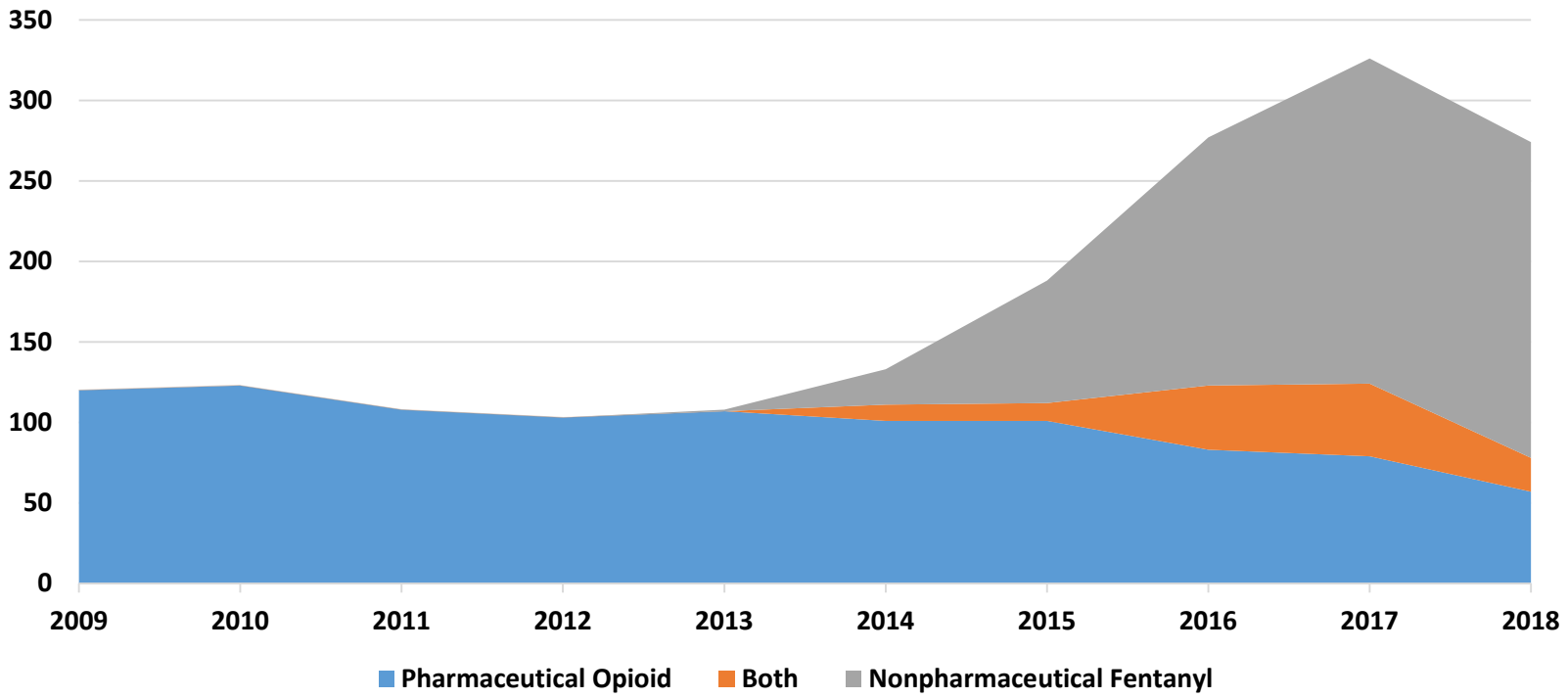
Highlights

- Non-pharmaceutical opioid drugs, predominantly fentanyl and fentanyl analogs, remain the most lethal drug category. However, 2018 overdose deaths have declined 15%, fentanyl deaths by 12%, and heroin deaths by 16%, constituting the first overall decrease in nine years.
- Pharmaceutical opioids continue to play an important, though declining, role, especially among deaths and treatment admissions, but not arrests or law enforcement seizures. Fatal overdoses due to pharmaceutical opioids in 2018 decreased by 37% since 2017.
- The decrease in both pharmaceutical and non-pharmaceutical drug deaths suggests that broad influences may be impacting overdose rates.
- Cocaine is playing an increasingly prominent role in drug indicators, particularly in combination with non-pharmaceutical opioids, as seen in deaths and law enforcement seizures.
- Methamphetamine law enforcement seizures, admissions and deaths have increased sharply since 2016, whereas local lab incidents and MDEA arrests have fallen. There has been increased trafficking from Canadian distributors.

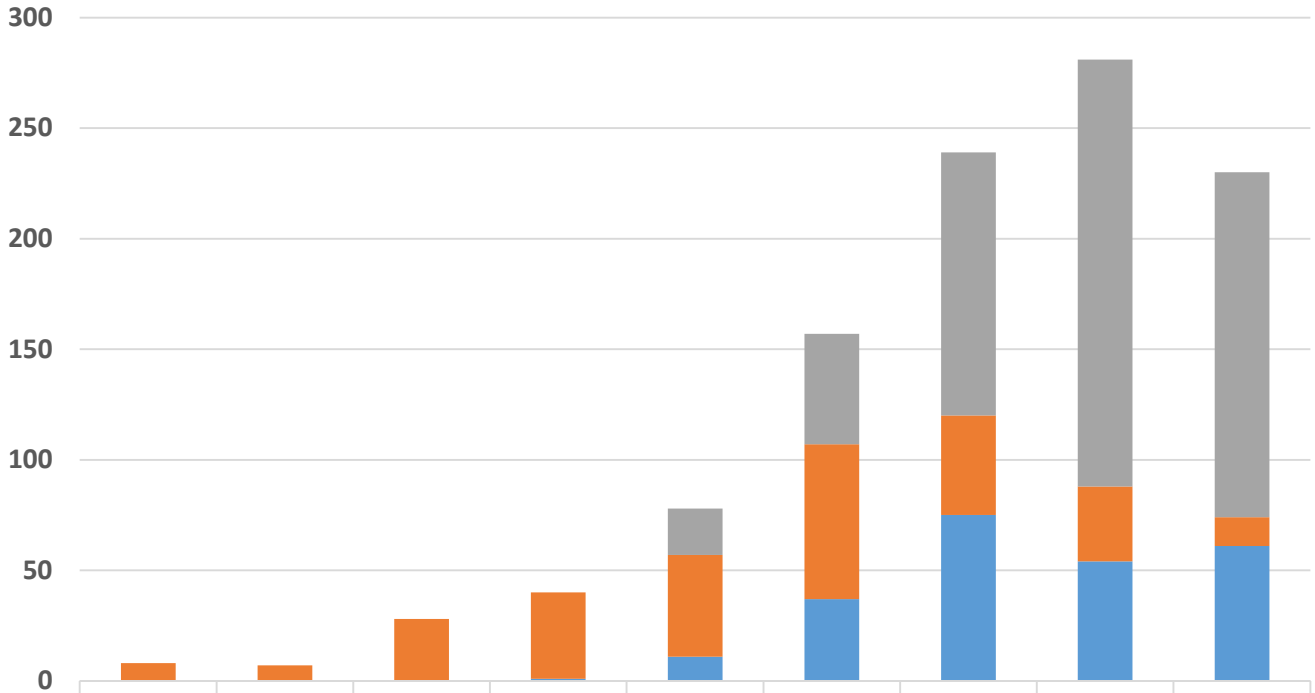
Number of Maine Deaths Due to Pharmaceutical Opioids, Non-Pharmaceutical Fentanyl and Both, 2009-2018



- The dramatic increase in the proportion of non-pharmaceutical opioid deaths due to fentanyl and fentanyl analogs can be seen in the bulging grey area in this graph. Pharmaceutical opioid deaths, the blue area, have been on a slight decline since 2010.
- In 2018, Maine experienced a 12% drop in fentanyl deaths for the first time since 2013.

SOURCE: Maine Office of the Chief Medical Examiner

Number of Maine Deaths Due to Heroin and Non-Pharmaceutical Fentanyl, Alone or in Combination, 2010-2018

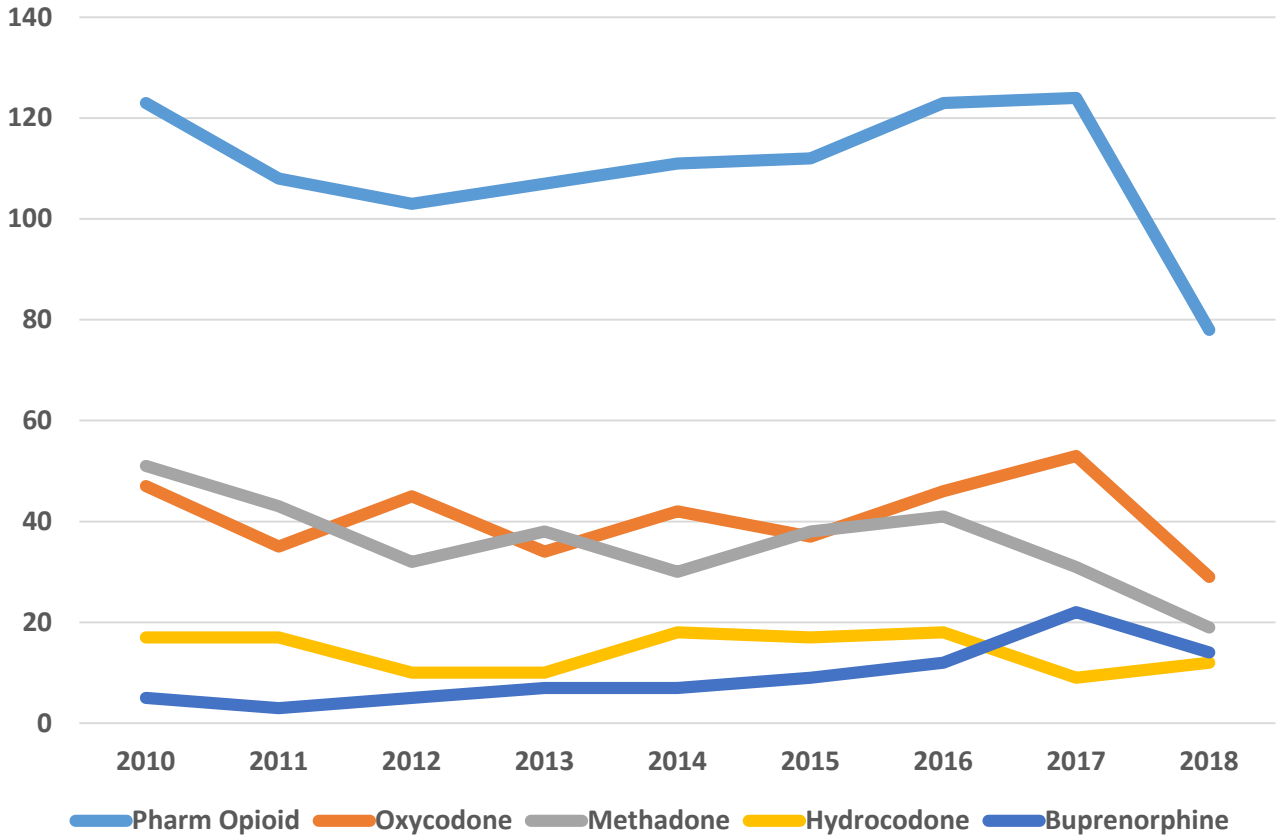


	2010	2011	2012	2013	2014	2015	2016	2017	2018
Fentanyl without Heroin	0	0	0	0	21	50	119	193	156
Heroin without Fentanyl	8	7	28	39	46	70	45	34	13
Heroin and Fentanyl	0	0	0	1	11	37	75	54	61

- Deaths due to heroin slightly preceded the epidemic of non-pharmaceutical fentanyl deaths.
- Heroin deaths are depicted in orange. They began to rise in 2012, then started to mix with non-pharmaceutical fentanyl in 2014 (see the blue bars).
- Non-pharmaceutical fentanyl without heroin, the grey color, began in 2014 as well, peaking in 2017, then decreasing 12% in 2018.
- Heroin deaths without fentanyl have similarly decreased, but heroin and fentanyl co-intoxicant deaths have increased slightly.

SOURCE: Maine Office of the Chief Medical Examiner

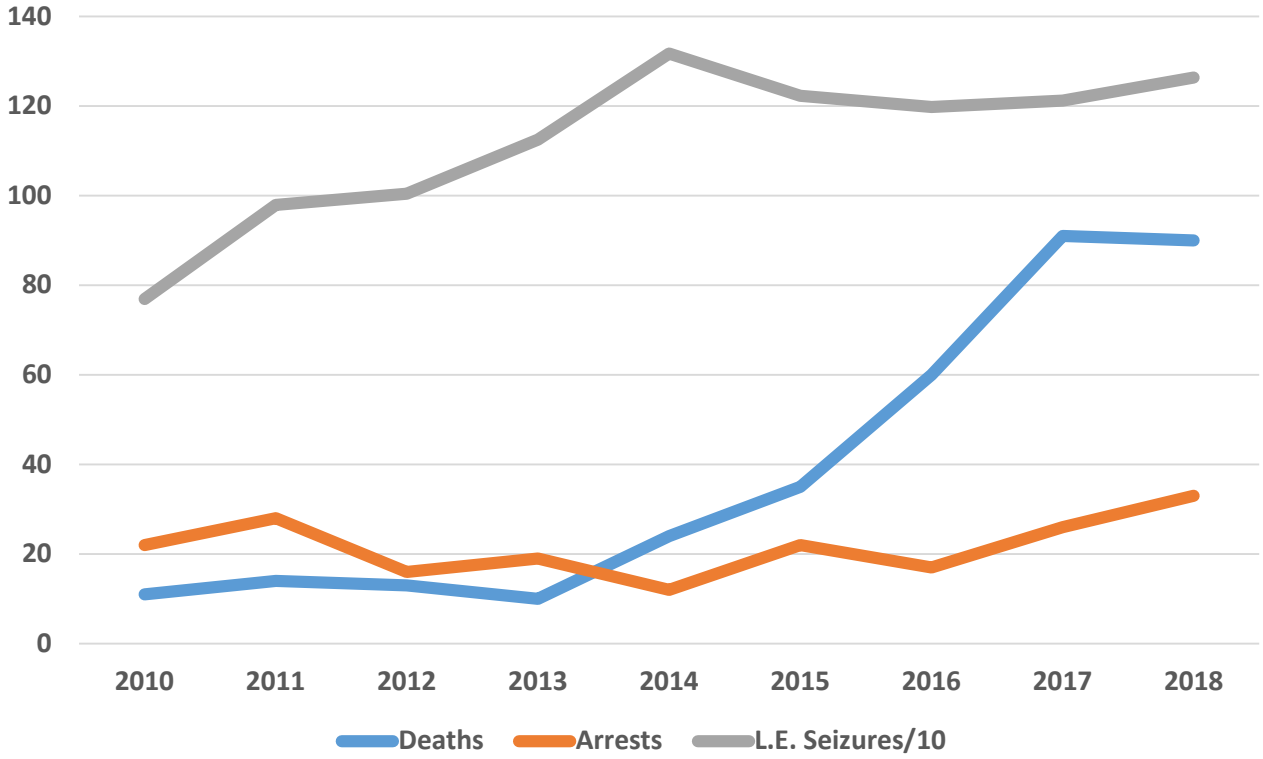
Number of Maine Deaths Due to Pharmaceutical Opioids, 2010-2018



- The reduction in Maine deaths during the past year due to pharmaceutical opioids has involved oxycodone, methadone and buprenorphine, but not hydrocodone (yellow line).
- Overall deaths due to pharmaceutical opioids have decreased by 37% between 2017 and 2018.

SOURCE: Maine Office of the Chief Medical Examiner

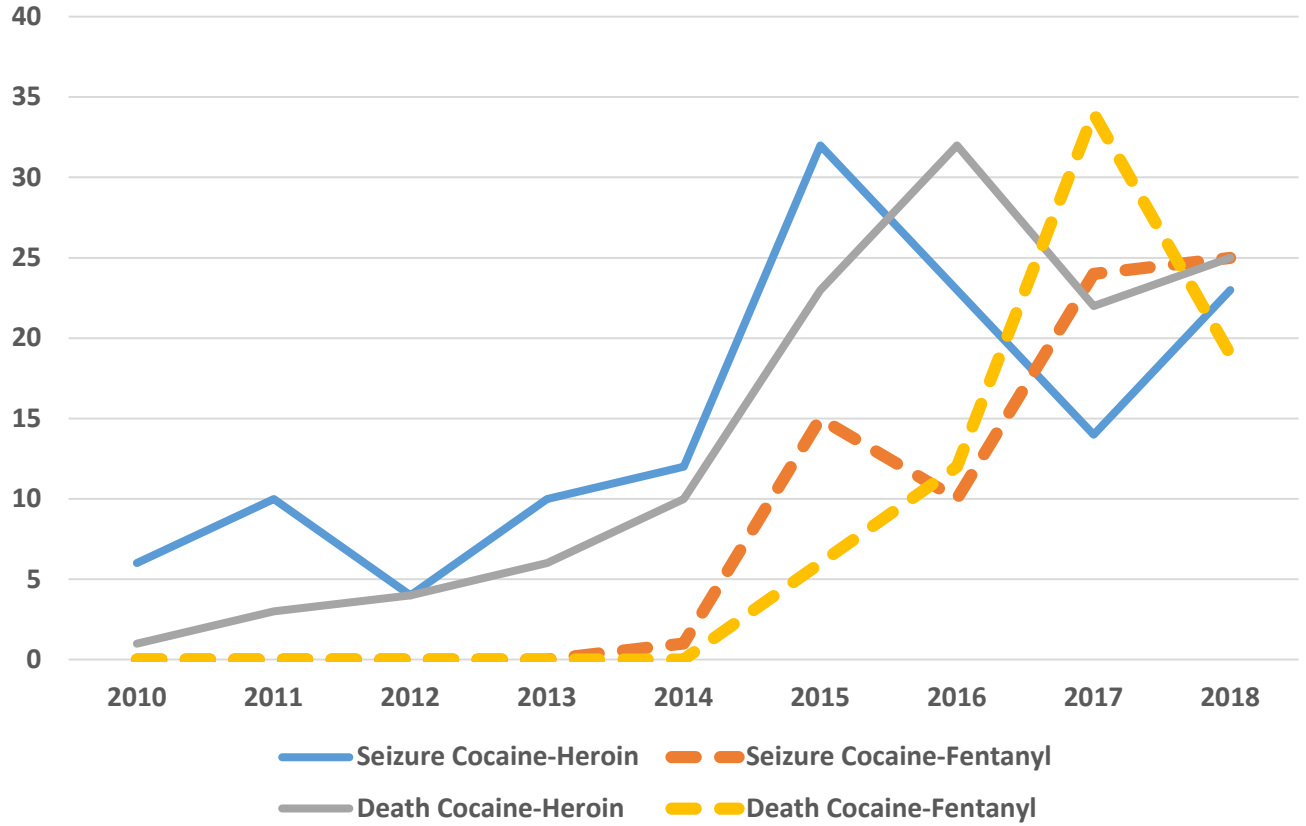
Number of Maine Cocaine Deaths, Arrests, and Law Enforcement Seizures, 2010-2018



- Cocaine has increased across several Maine indicators.
- Cocaine deaths, the blue line in this graph, have increased from 10 to 90 since 2013, holding steady in the past 12 months.
- Cocaine law enforcement seizures (the number divided by 10), the grey line, have increased since 2010, but remained at a plateau since 2014. Less than 10% of cocaine items tested positive for co-occurring heroin or fentanyl.
- Arrests for cocaine have increased since 2016.

SOURCES: Maine Office of Chief Medical Examiner; Maine Drug Enforcement Agency; Maine Health and Environmental Testing Laboratory

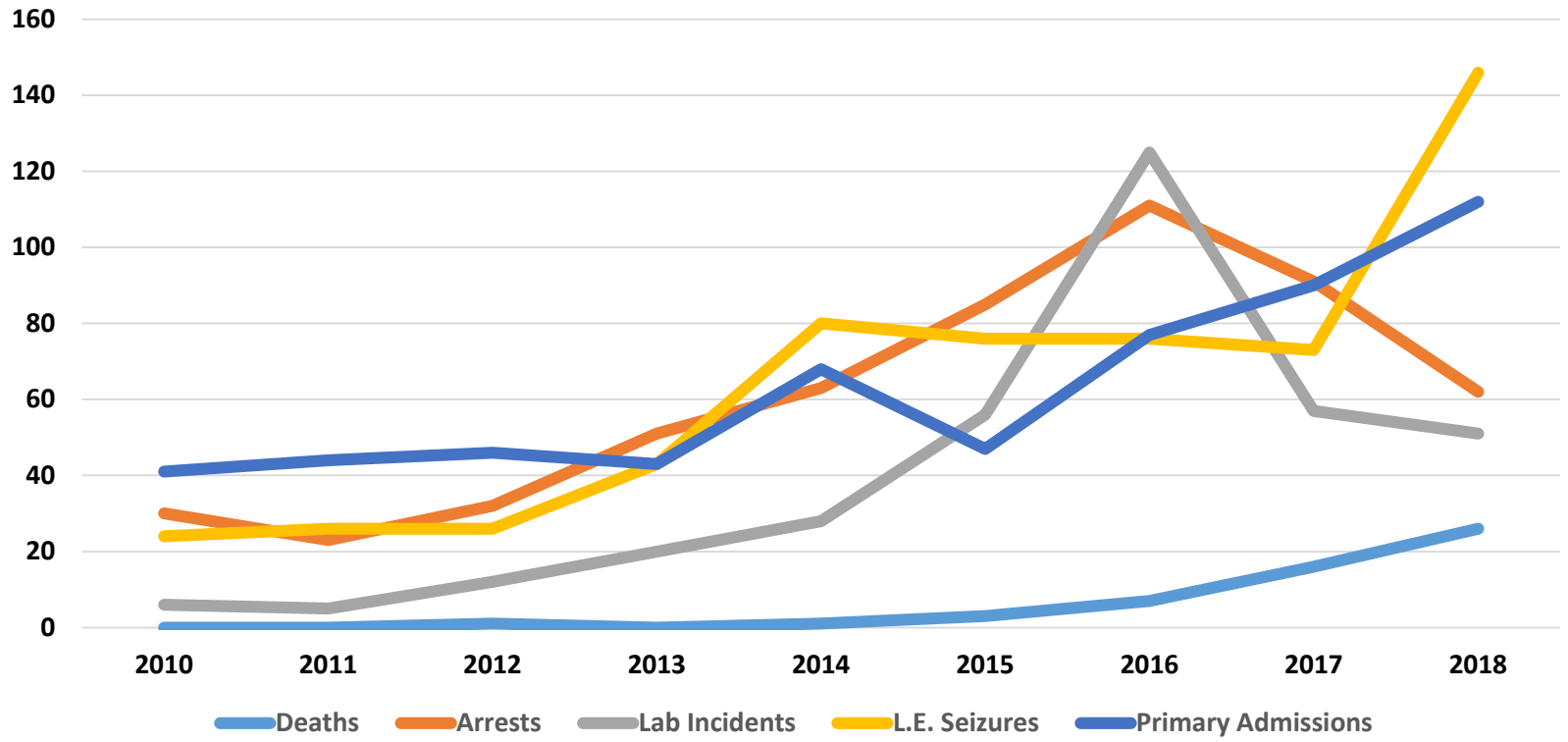
Number of Maine Cocaine Combinations: Deaths v. Law Enforcement Seizures, 2010-2018



- Cocaine is sometimes combined with heroin or fentanyl. This graph shows the numbers for deaths and law enforcement seizures involving these combinations.
- While seizures peaked in 2015 (cocaine-heroin) and 2018 (cocaine-fentanyl), deaths peaked in 2016 (cocaine-heroin) and 2017 (cocaine-fentanyl)
- All combinations have increased in frequency since 2014, although the proportion within seizures (about 2%) is smaller than the proportion within the deaths (about 5%).

SOURCES: Maine Office of Chief Medical Examiner; Maine Health and Environmental Testing Laboratory

Number of Maine Methamphetamine Deaths, MDEA Arrests, Lab Incidents, Law Enforcement Seizures and Treatment Admissions, 2010-2018



- Most methamphetamine indicators in Maine have increased in the past few years.
- This graph shows the gradual rise in arrests and lab incidents from 2011 to 2016 and admissions since 2011; lab incidents and arrests peaked in 2016, and deaths and admissions continued to rise in 2018. Seizures peaked in 2014 and again in 2018.
- The MDEA reports an increase in Canadian-distributed methamphetamine concurrent with a reduction in state lab incidents.

SOURCES: Maine Office of Chief Medical Examiner; Maine Drug Enforcement Agency; Maine Health and Environmental Testing Laboratory; Maine Substance Abuse and Mental Health Agency

Policy Initiatives

- In January 2018, the Maine legislature enacted a 100 MME/day restriction on prescriptions for opioids. All prescribers are required by law to participate in the Maine Prescription Monitoring Program.
- Beginning in January 2019 with the change of governorship, a multi-faceted executive order to increase treatment and overdose prevention initiatives has changed the landscape statewide, with more resources available from state and federal sources, including Medicaid expansion, expanded naloxone distribution, and a push to increase medication assisted treatment.

Treatment Tables

Table 1: Trends in Admissions* to Programs Treating Substance Use Disorders, Maine Residents, 2014-2018

Number of Admissions and Percentage of Admissions with Selected Substances Cited as Primary Substance at Admission, by Year and Substance

	Calendar Year									
	2014		2015		2016		2017		2018	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	**12,216**	**100%**	**10,521**	**100%**	**9,781**	**100%**	**7,925**	**100%**	**7,832**	**100%**
Primary Substance of Abuse (%)										
Alcohol	4,185	34.3%	3,686	35.0%	3,568	36.5%	2,642	33.3%	2,680	34.22%
Cocaine/Crack	374	3.1%	270	2.6%	317	3.2%	340	4.3%	426	5.44%
Heroin	2,782	22.8%	2,850	27.1%	2,758	28.2%	2,555	32.2%	2,700	34.47%
Prescription Opioids	3,646	29.8%	2,696	25.6%	2,289	23.4%	1,679	21.2%	1,394	17.80%
Methamphetamine	63	0.5%	50	0.5%	77	0.8%	90	1.1%	112	1.43%
Marijuana	906	7.4%	757	7.2%	603	6.2%	469	5.9%	373	4.76%
Benzodiazepines	58	0.5%	60	0.6%	69	0.7%	60	0.8%	73	0.93%
MDMA	sup	sup	12	0.1%	sup	sup	7	0.1%	1	0.01%
Synthetic Stimulants	56	0.5%	78	0.7%	64	0.7%	38	0.5%	26	0.33%
Synthetic Cannabinoids	10	0.1%	sup	sup	sup	sup	nr	nr	nr	nr
Other Drugs/Unknown	136	1.1%	62	0.6%	36	0.4%	45	0.6%	47	0.60%

NOTES:

***Admissions:** Includes all admissions to programs receiving State funding. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

sup: Data suppressed for counts <10; **nr:** Not Reported

SOURCE: Data provided to the Maine NDEWS SCE by the Maine Office of Substance Abuse.

Table 2: Demographic and Drug Use Characteristics of Treament Admissions* for Select Primary Substances, Maine Residents, 2018

Number of Admissions, by Primary Substance and Percentage of Admissions with Selected Demographic and Drug Use Characteristics

	Primary Substance																	
	Alcohol		Cocaine/Crack		Heroin		Prescription Opioids		Methamphetamines		Marijuana		Benzo-diazepines		Synthetic Stimulants		Synthetic Cannabinoids	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Number of Admissions (#)	**2,680**	**100%**	**426**	**100%**	**2,700**	**100%**	**1,394**	**100%**	**112**	**100%**	**373**	**100%**	**73**	**100%**	**26**	**100%**	**nr**	**nr**
Sex (%)																		
Male	1,715	64.0%	203	47.7%	1,475	54.6%	694	49.8%	72	64.3%	255	68.4%	37	50.7%	10	38.5%	nr	nr
Female	955	35.6%	220	51.6%	1,218	45.1%	718	51.5%	sup	sup	117	31.4%	36	49.3%	16	61.5%	nr	nr
Other	10	0.4%	nr	nr	sup	sup	sup	sup	nr	nr	sup	sup	0	0.0%	0	0.0%	nr	nr
Race																		
White	2,517	93.9%	388	91.1%	2,526	93.6%	1,312	94.1%	104	92.9%	314	84.2%	70	95.9%	24	92.3%	nr	nr
African-Am/Black	40	1.5%	16	3.8%	39	1.4%	14	1.0%	0	0.0%	24	6.4%	0	0.0%	1	3.8%	nr	nr
Asian	sup	sup	sup	sup	sup	sup	nr	nr	0	0.0%	sup	sup	0	0.0%	0	0.0%	nr	nr
Other	91	3.4%	17	4.0%	92	3.4%	56	4.0%	sup	sup	23	6.2%	sup	sup	0	0.0%	nr	nr
Ethnicity																		
Hispanic/Latino	41	1.5%	sup	sup	31	1.1%	17	1.2%	sup	sup	19	5.1%	sup	sup	0	0.0%	nr	nr
Age Group (%)																		
Under 18	27	1.0%	sup	sup	sup	sup	sup	sup	0	0.0%	90	24.1%	sup	sup	0	0.0%	nr	nr
18-25	259	9.7%	56	13.1%	234	8.7%	78	5.6%	12	10.7%	141	37.8%	17	23.3%	sup	sup	nr	nr
26-44	1,367	51.0%	294	69.0%	2,093	77.5%	989	70.9%	92	82.1%	105	28.2%	48	65.8%	20	76.9%	nr	nr
45+	1,027	38.3%	75	17.6%	372	13.8%	325	23.3%	sup	sup	37	9.9%	sup	sup	sup	sup	nr	nr
Route of Administration (%)																		
Smoked	sup	sup	247	58.0%	158	5.9%	46	3.3%	40	35.7%	351	94.1%	sup	sup	sup	sup	nr	nr
Inhaled	0	0.0%	102	23.9%	786	29.1%	551	39.5%	21	18.8%	sup	sup	15	20.5%	sup	sup	nr	nr
Injected	sup	sup	69	16.2%	1,667	61.7%	202	14.5%	43	38.4%	0	0.0%	sup	sup	sup	sup	nr	nr
Oral/Other/Unknown	2,676	99.9%	sup	sup	89	3.3%	595	42.7%	sup	sup	18	4.8%	54	74.0%	11	42.3%	nr	nr
Secondary Substance (%)																		
None	1,390	51.9%	59	13.8%	478	17.7%	299	21.4%	19	17.0%	129	34.6%	sup	sup	0	0.0%	nr	nr
Alcohol	n/a	n/a	47	11.0%	213	7.9%	177	12.7%	14	12.5%	51	13.7%	15	20.5%	sup	sup	nr	nr
Cocaine/Crack	146	5.4%	n/a	n/a	737	27.3%	164	11.8%	sup	sup	25	6.7%	sup	sup	sup	sup	nr	nr
Heroin	111	4.1%	130	30.5%	n/a	n/a	254	18.2%	33	29.5%	17	4.6%	14	19.2%	sup	sup	nr	nr
Prescription Opioids	nr	nr	nr	nr	nr	nr	131	9.4%	nr	nr	nr	nr	nr	nr	sup	sup	nr	nr
Methamphetamines	12	0.4%	sup	sup	95	3.5%	23	1.6%	n/a	n/a	sup	sup	0	0.0%	sup	sup	nr	nr
Marijuana	758	28.3%	58	13.6%	346	12.8%	212	15.2%	14	12.5%	n/a	n/a	sup	sup	sup	sup	nr	nr
Benzodiazepines	30	1.1%	sup	sup	89	3.3%	69	4.9%	sup	sup	sup	sup	n/a	n/a	0	0.0%	nr	nr
Synthetic Stimulants	nr	nr	nr	nr	nr	nr	33	2.4%	nr	nr	nr	nr	nr	nr	n/a	n/a	nr	nr
Synthetic Cannabinoids	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr

NOTES:

***Admissions:** Includes all admissions to programs receiving State funding. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

sup: Data suppressed for counts <10; **nr:** Not Reported; **n/a:** Not Applicable; **Percentages** may not sum to 100 due to missing data, rounding, and/or because not all possible categories are presented in the table. Category frequencies may not sum to drug total due to missing data and/or not all possible categories are presented in the table.

SOURCE: Data provided to the Maine NDEWS SCE by the Maine Office of Substance Abuse.

Sources

DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

Treatment admissions data were provided by the Maine Department of Health and include all admissions to programs receiving State funding. This report includes all 2018 treatment admissions, including admissions for methadone clinics, and makes comparisons with prior calendar years. Totals include alcohol admissions. Data are continuously updated and may be different from previous reports. Note that treatment numbers overall have decreased substantially in the past several years, due to reduced state funding as well as reduced participation in treatment data submission. That total was 13,418 in 2013 but has steadily declined and was only 7,832 in 2018.

Mortality data were generated by analysis of State of Maine Office of Chief Medical Examiner case files for all drug-induced cases through December 2018. That office investigates all drug-related cases statewide.

Arrest data were provided by the Maine State Drug Enforcement Agency (MDEA), which directs eight multijurisdictional task forces covering the entire state, generating approximately 60% of all Uniform Crime Report (UCR) drug arrests statewide. Data totals include arrests for possession or trafficking, extending through the end of 2018.

Forensic laboratory data on drug seizures were provided by the Maine State Health and Environmental Testing Laboratory, which tests all samples of drugs seized by the MDEA, as well as by other police and sheriff departments. Data were provided for 2018.

For additional information about the substances and substance use patterns discussed in this report, please contact Marcella H. Sorg, Ph.D., R.N., D-ABFA, Director, Rural Drug and Alcohol Research Program, Margaret Chase Smith Policy Center, University of Maine, Building 4, 5784 York Complex, Orono, ME 04469, Phone: 207–581–2596, Fax: 207–581–1266, E-mail: mhsorg@maine.edu