NDEWS National Drug Early Warning System

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

National Drug Early Warning System (NDEWS) Sentinel Community Site Profile 2015: Maine

August 2015

NDEWS Coordinating Center

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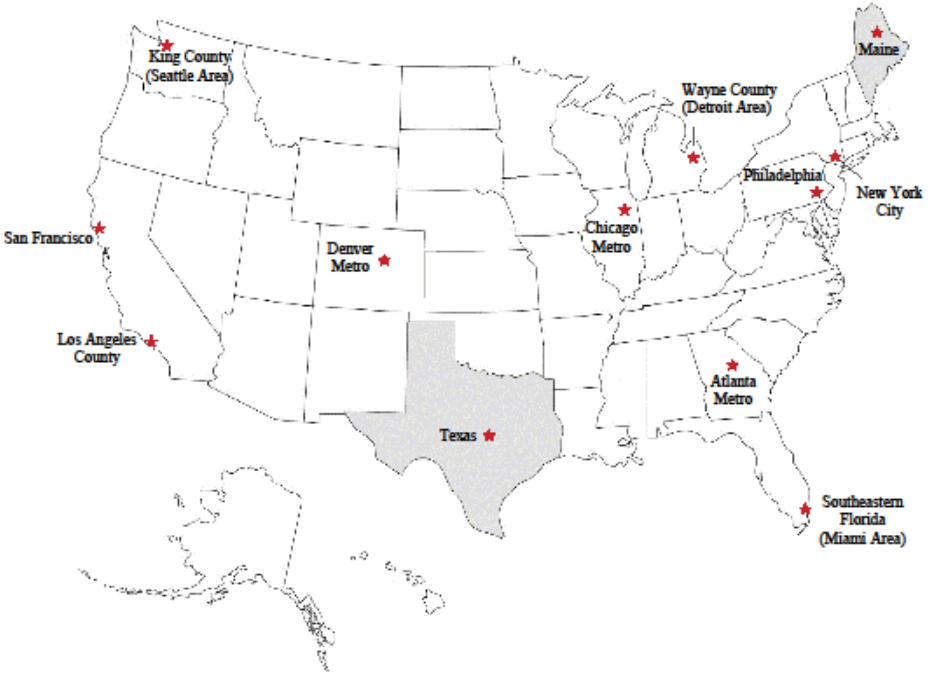
Sentinel Community Site (SCS) Locations



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National Drug Early Warning System (NDEWS)
Sentinel Community Site Profile Overview

The National Drug Early Warning System (NDEWS) was launched in 2014 with the support of the National Institute on Drug Abuse. The Center for Substance Abuse Research (CESAR) at the University of Maryland manages the NDEWS Coordinating Center and has recruited a team of nationally recognized experts to collaborate on building NDEWS. During 2015, 12 Sentinel Community Sites (SCS) were established, each with an expert Sentinel Community Epidemiologist (SCE). This inaugural Sentinel Community Site Profile contains three sections:

- The *Profile Snapshot* presents selected indicators of substance use, consequences, and availability;
- The *Drug Use Patterns and Trends* contains the SCE's review of important findings and trends; and
- The *Appendix Data Tables* contains a set of data tables prepared by Coordinating Center staff and disseminated to each SCE for review in preparing their profiles.

This entire Profile necessarily relies on using a variety of data sources produced by governmental and local agencies and these sources often measure geographic areas that differ from the intended catchment area of a Sentinel Site. For example, some surveys measure statewide patterns while others provide county level estimates. Wherever appropriate, a note is provided specifying the area covered by the findings presented.

The Annual Profiles for the 12 Sentinel Community Sites and detailed information about NDEWS can be found on the NDEWS website at www.ndews.org.

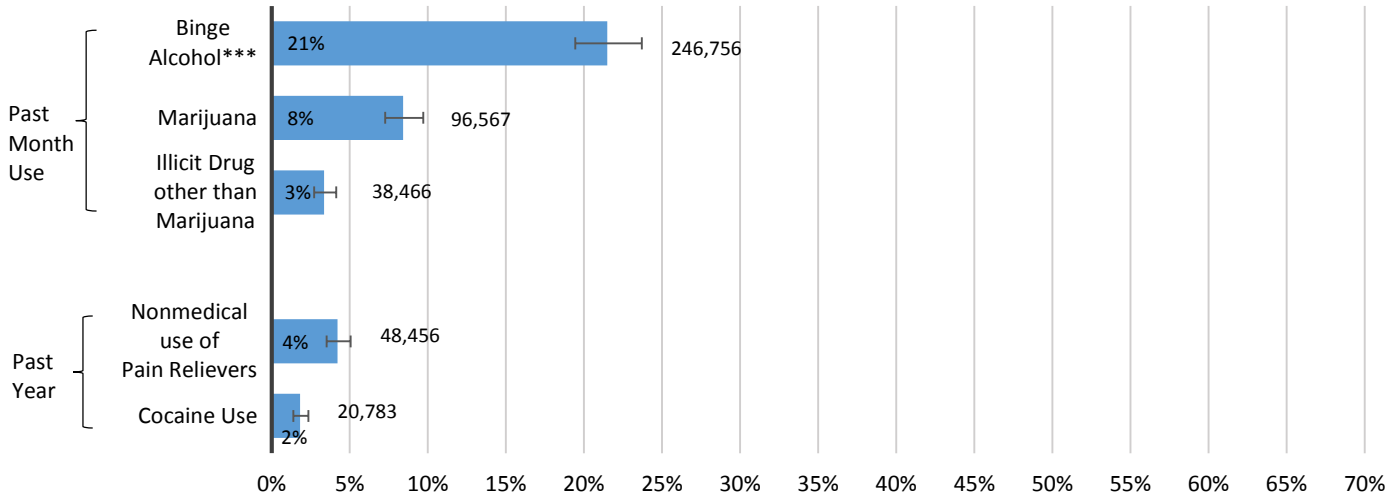
National Drug Early Warning System (NDEWS)
Maine Sentinel Community Site
Profile Snapshot, 2015

Substance Use

*National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population**

Persons 12+ Years Reporting Selected Substance Use, Maine, 2010-2012

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons**

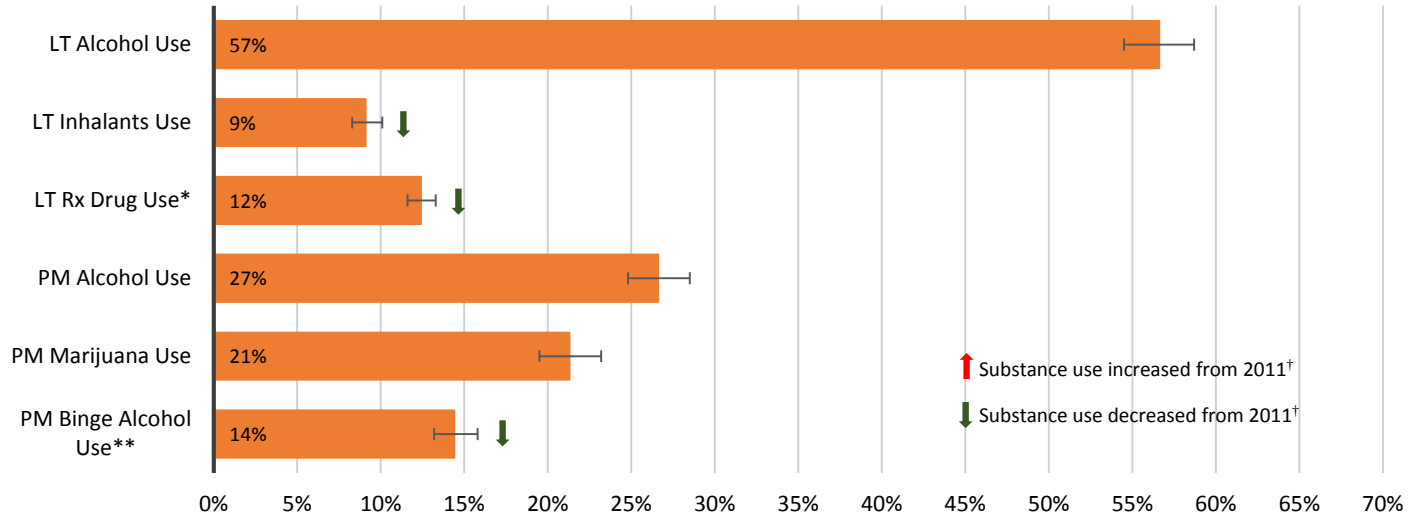


*U.S. Population: U.S. civilian non-institutionalized population. **Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (1,148,238) from Table C1 of the NSDUH Report. ***Binge Alcohol: Defined as drinking five or more drinks on the same occasion.
Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

Youth Risk Behavior Survey (YRBS): Survey of Student Population

Public High School Students Reporting Lifetime (LT) and Past Month (PM) Use of Selected Substances, Maine, 2013

Estimated Percent and 95% Confidence Interval



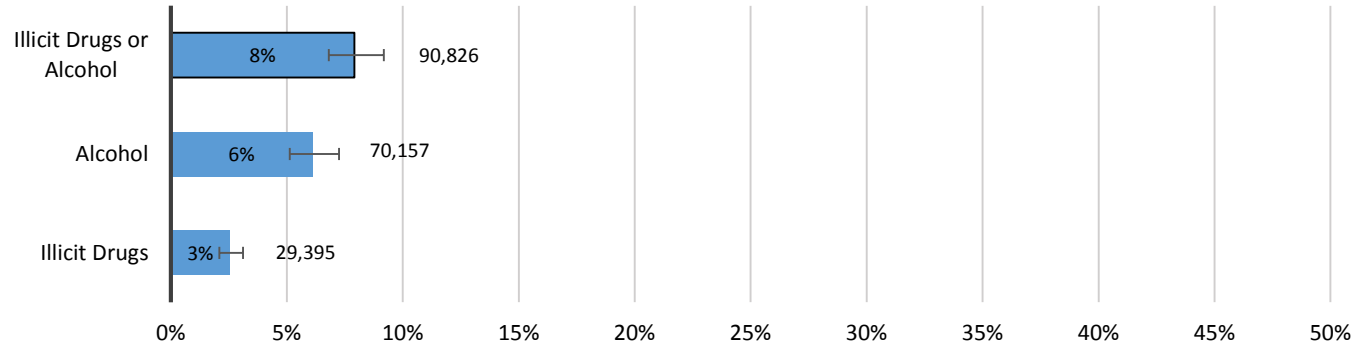
*LT Rx Drug Use: Defined as ever took prescription drugs without a doctor's prescription.
**PM Binge Alcohol Use: Defined as had five or more drinks of alcohol in a row within a couple of hours.
†Statistically significant change: $p<0.05$ by t-test.
Source: Adapted by the NDEWS Coordinating Center from data provided by CDC, 2001-2013 high school YRBS data.

Substance Use Disorders and Treatment

*National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population**

Dependence or Abuse in Past Year Among Persons 12+ Years, Maine, 2010-2012**

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons***



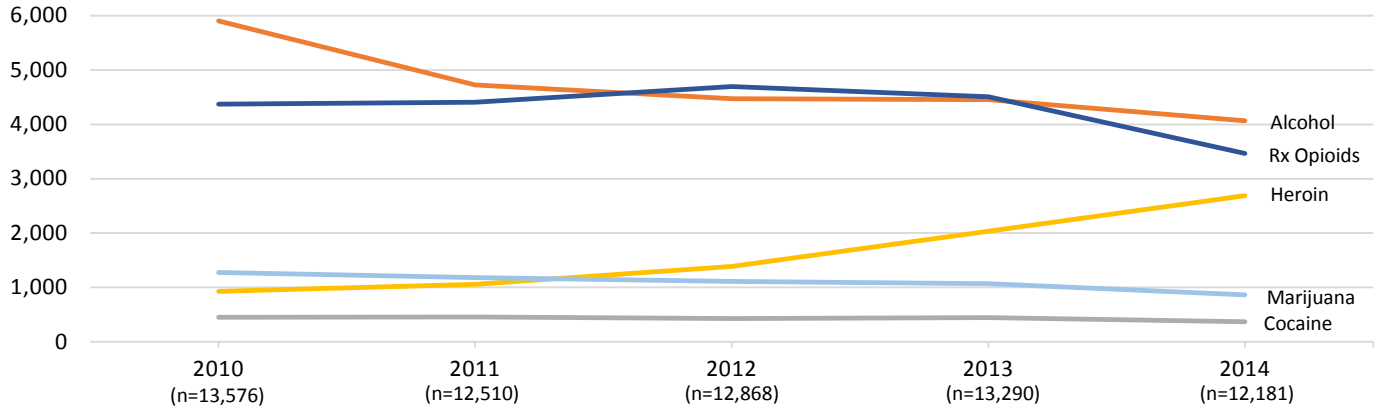
*U.S. Population: U.S. civilian non-institutionalized population. **Dependence or Abuse: Based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).* ***Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (1,148,238) from Table C1 of the NSDUH Report.

Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

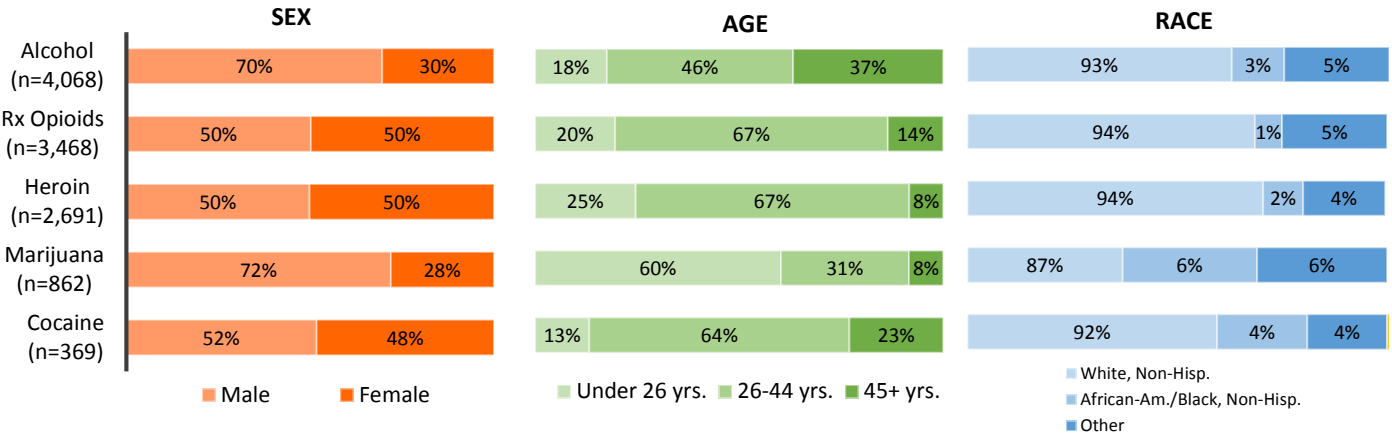
Treatment Admissions Data from Local Sources

Trends in Treatment Admissions*, by Primary Substance of Abuse, Maine, 2010-2014

(n = Number of Treatment Admissions)



Demographic Characteristics of Treatment Admissions*, Maine, 2014



*Treatment Admissions: Includes admissions by Maine residents to all programs receiving State funding. Percentages may not sum to 100 due to rounding.

Source: Data provided by the Maine NDEWS SCE and the Maine Office of Substance Abuse.

Law Enforcement Drug Seizures

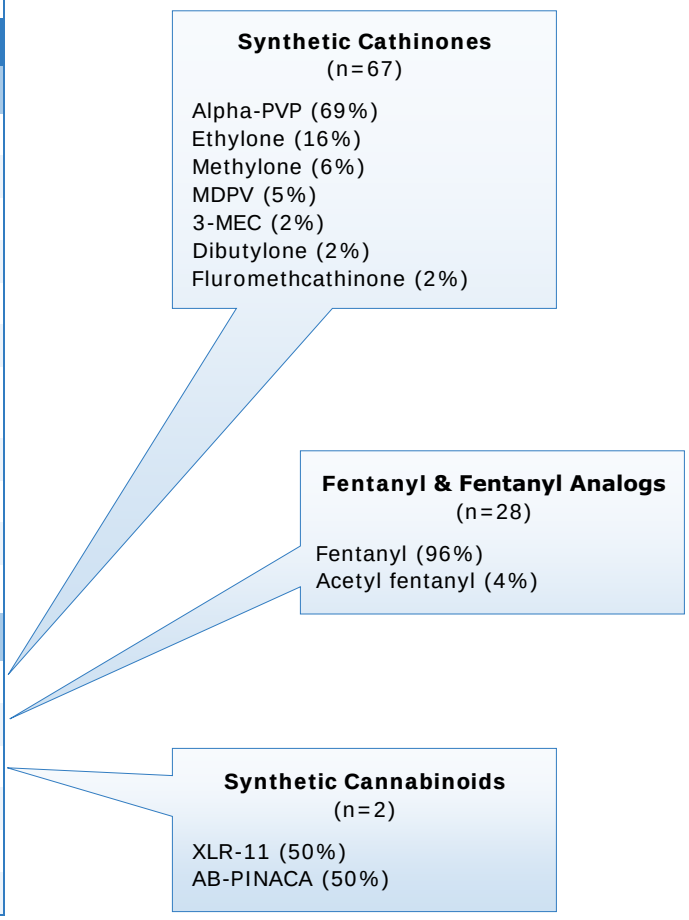
National Forensic Laboratory Information System (NFLIS)

Drug Reports* for Items Seized by Law Enforcement in the Maine in 2014
National Forensic Laboratory Information System (NFLIS)

Top 10 Drug Reports and Selected Drug Categories

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports	**1,236**	**100%**
Top 10 Drug Reports		
Heroin	305	24.7%
Cocaine	265	21.4%
Oxycodone	116	9.4%
Methamphetamine	73	5.9%
Buprenorphine	62	5.0%
Cannabis	58	4.7%
Alpha-pyrrolidinopentiophenone (Alpha-PVP)	46	3.7%
Caffeine	31	2.5%
Fentanyl	27	2.2%
Hydrocodone	25	2.0%
Top 10 Total	**1,008**	**81.6%**
Selected Drugs/Drug Categories		
Synthetic Cathinones	67	5.4%
Fentanyl & Fentanyl Analogs	28	2.3%
Synthetic Cannabinoids	2	0.2%
Piperazines	2	0.2%
2C Phenethylamines	1	0.1%
Tryptamines	1	0.1%

Top 5 Drugs, by Selected Drug Category
(% of Category)**



*Drug Reports: Drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database. The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

**Percentages may not sum to 100 due to rounding.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit, May 2015.

National Drug Early Warning System (NDEWS)
Maine Sentinel Community Site
Drug Use Patterns and Trends, 2015

Marcella H. Sorg, Ph.D.

SCS Highlights

- Since 2011, Maine has finally seen a leveling off of pharmaceutical opioid drug abuse indicators.
- The illicit opioids, heroin and fentanyl, are currently an emergent problem, with very high levels and increasing trends.
- In 2014, total drug-induced deaths reached 208, their highest total on record for the state, due primarily to heroin/morphine and fentanyl rather than pharmaceutical opioids or other substances, as in the past.

Area Description

According to the 2010 U.S. Census, Maine has 1.3 million inhabitants; this represents a 4% increase over the previous decade. It has the highest percentage of rural land area of any state, with more than 60%. Maine averages 43 persons per square mile and ranks 40th among states in population density. The majority of Maine's population lives in rural communities. Most (95%) of its citizens are White. The population is the oldest of all states, with a median age of 42.7. More than 10% fall below the federal poverty line. The majority of Maine's borders are shared with Canada, contributing to an important pattern of cross-border drug trafficking. Maine's long coast and many harbors have also contributed to drug distribution, as has the north-south I-95 corridor, which connects Maine to more southerly urban centers.

Changes in Legislation

Maine has had a Prescription Drug Monitoring Program (PDMP) since 2004. Records of dispensed prescriptions must be reported within 7 days; starting August 2015, the requirement will be within 24 hours. All prescribers with a DEA number are required to participate; they are automatically enrolled as part of license renewal. Online access for prescribers and their delegates is available through a clinical site portal. Since October 2014 the Veteran's Administration is also participating with daily uploads. Maine participates currently with Alabama and Kentucky in the Interstate Data Exchange, and will soon connect to 8 other states, including nearby Massachusetts and Vermont. They will also participate soon in a pilot project connecting 24 other states. Maine's Office of Chief Medical Examiner has full online access to the PDMP, which it utilizes for all suspected intentional and unintentional poisonings.

Medical marijuana has been available in Maine since 2011, and is taxed at 7%. Methadone treatment funded by Medicaid in Maine has a lifetime limit of 24 months beginning in 2013, although that cap can be removed with a medical prescription. Fentanyl was very recently added to criminal laws regarding possession and furnishing of illegal drugs. In 2014 a bill was passed permitting first responders and family members of drug addicts to administer Naloxone.

Drug Use Patterns and Trends

OVERVIEW

This report updates most drug abuse indicators in Maine through calendar year 2014 and early 2015. Emergent heroin/morphine and fentanyl abuse trends are difficult to monitor due to methodological difficulties distinguishing pharmaceutical from likely non-pharmaceutical sources of morphine and fentanyl at the scene and in the laboratory. For heroin/morphine and non-pharmaceutical fentanyl counts in this report for deaths and for law enforcement seizures, pharmaceutical products have been segregated from the count whenever known. In the case of heroin/morphine deaths, medical records and scene investigation deaths usually reveal situations involving pharmaceutical morphine. In the case of law enforcement seizures, the description of the project being tested (e.g., "patch" versus "white powder") was used to identify obvious pharmaceutical fentanyl, which was counted separately. Although it is possible white powder sources could be crushed fentanyl pill forms, that was deemed unlikely.

BENZODIAZEPINES

Benzodiazepines were named as a cause of death, generally in combination with other drugs and/or alcohol, in 70 (34%) of drug-induced deaths in 2014, and 63 (36%) in 2013. The proportion increased from 20% in 2012, partly due to changing practice standards of medical examiners, who are encouraged to name all potentially involved drugs on the death certificate. In 2014, Benzodiazepines were found in 39% of impaired driver toxicology tests, 4% of law enforcement items, and 8% of Maine State Drug Enforcement Agency (MDEA) arrests.

The number of primary benzodiazepine treatment admissions peaked at 121 in 2011, but they declined to 91 in 2012. In 2014, they declined further to 68, representing less than 1% of all admissions.

COCAINE

Cocaine/crack abuse indicators have risen after a multi-year trough. Deaths due to cocaine have risen from only 10 statewide in 2013 to 24 in 2014. After rising sharply in 2013 along with heroin, the number of 2014 arrests remained at about the same number, 113. Cocaine was found in 21% of law enforcement items. Those adulterated with levamisole had dropped from 47% in 2011 to 12% in 2013, and rose to 16% in 2014. Phenacetin is used as a cutting agent in 10% of cocaine items.

Proportions of primary treatment admissions for cocaine stayed stable at 3% from 2013 to 2014. In 2014, the proportion of primary admissions citing a smoking route of administration increased to 62%, while inhalation and injection declined to 20% and 15%, respectively.

Nine percent of impaired drivers tested positive for cocaine in both 2013 and in 2014, and 5% tested positive in the first quarter of 2015.

HEROIN

Heroin/morphine abuse indicators have all increased from 2013 to 2014: deaths, impaired drivers' toxicology, arrests, and primary treatment admissions. Deaths due to heroin/morphine, alone or in combination with any drugs or alcohol, had decreased to 4% during 2010 and 2011, but rose sharply starting in 2012, and are continuing to rise in early 2015 (Exhibit 1). Approximately one year after this increase in heroin deaths, an associated outbreak of deaths due to non-pharmaceutical fentanyl occurred.

Analysis of impaired driver urinalysis toxicology tests shows a dramatic rise from 8% in 2009 to 21% (n=247) during 2014. During the first four months of 2015, however, the proportion fell to 15% (n=82). Half of drivers who tested positive for heroin/morphine also tested positive for at least one prescription opioid, while approximately a third also tested positive for a benzodiazepine. Heroin arrests by the Maine Drug Enforcement Agency (MDEA) began increasing in 2011, and during 2014, constituted 28% of arrests, compared to the 5% low in 2010. During the first five months of 2015, heroin arrests have increased still further, constituting 35% of all MDEA arrests for drug trafficking and possession statewide. Arrestees are frequently from New York City, and are often connected to street gangs. Primary heroin admissions rose from 7% in 2010 to 22% in 2014. Males and females each represent 50% of 2014 heroin admissions, with the 26-44-age group comprising 67%.

MARIJUANA

Marijuana indicators continue to show mixed levels and trends. Arrests continued to decline reaching 5% in 2013 and 6% in 2014. The percentage of drug-impaired drivers with cannabinoid positive urine has increased since 2010, reaching 51% in 2013 and 52% in 2014. Primary marijuana treatment admissions declined to 8% in 2014. The age and gender distribution of primary treatment admissions for marijuana has also remained fairly stable; in 2014 it was 72% male, 26% under 18, and 34% 18 to 25.

MDMA

There were no MDMA or MDA deaths in 2014. Five impaired drivers out of 247 had an MDMA/MDA-positive toxicology in 2014. There were only 5 primary MDMA treatment admissions in 2014 and 5 law enforcement items testing positive for MDMA in 2014.

METHAMPHETAMINE

Methamphetamine indicators continue at low levels and show mixed trends, but law enforcement indicators showed a continual increase in 2012, 2013 and 2014, including arrests (now at 9%), clandestine lab incidents (28 in 2014), and law enforcement seizures (6% in 2014). Deaths and treatment admissions have remained stable at low levels. Deaths are often difficult to monitor since a toxicology finding of "amphetamine" may mean methamphetamine or some pharmaceutical stimulants. There were 10 amphetamine-induced deaths in 2014, up from 8 in 2013.

The number of primary methamphetamine treatment admissions increased from 33 in 2009, then plateaued in the 40s from 2010 to 2013. In 2014, the number of primary methamphetamine admissions increased to 68.

PRESCRIPTION OPIOIDS

Pharmaceutical opioid abuse remains very high in 2014, contributing to 144 (69%) deaths, an increase from the 105 (60%) deaths in 2013. Fentanyl caused 31 (15%) of the 2014 deaths. Fentanyl is a synthetic opioid and was included in these totals, but the substances associated with most of these deaths appear not to have been manufactured by pharmaceutical companies.

Pharmaceutical opioids were present in 142 (57%) of impaired driver toxicology tests in 2014, down from 153 (58%) in 2013. They accounted for 3,468 (29%) of primary treatment admissions in 2014, a decrease compared to 4,509 (34%) in 2013 and to 163 (24%) of 2014 arrests, a decrease compared to 226 (37%) the previous year. Pharmaceutical opioids were present in 274 (22%) of forensic laboratory items (including 2% with fentanyl), slightly lower than the 285 (24%) reports in 2013.

The percentage of primary treatment admissions for pharmaceutical opioids rose every year for more than a decade to a peak of 37% in 2012. During this time, heroin admissions remained rather stable at about 7% to 9% through 2011, and then rose to 15% in 2013 and further to 22% in 2014. However, in recent years as heroin admissions have increased, pharmaceutical opioid admissions have fallen to 34% in 2013 and 29% in 2014.

The most common route of administration for pharmaceutical opioids was inhalation (42% in 2014); 22% were injecting the drugs in 2013 and 19% in 2014. Analysis of the age structure for opioid treatment admissions demonstrates that the 18-25 year-old cohort has declined slightly from 22% in 2013 to 19% in 2014. Primary oxycodone treatment admissions constituted the most frequent single drug of the non-heroin opiate/opioid admissions, representing 52% in 2014.

SYNTHETIC CATHINONES

Synthetic cathinone abuse is at low levels and shows mixed trends, having declined somewhat since 2011 and 2012. Cathinones were involved in 9% of drug arrests in 2013 and 8% in 2014. Among seizures tested, the number and variety of different compounds decreased from 132 items representing 14 substances in 2012 to 80 items and 7 substances in 2013; only 5 substances are represented in the first four months of 2014. Alpha-PVP (alpha-Pyrrolidinopentiophenone) was the most frequently found in 2014 at 4%, followed by methylone and ethylone, then MDPV and MDPPP.

NEW AND NOTABLE

Non-pharmaceutical powdered fentanyl has emerged as a very serious mortality risk, comprising the vast majority of "fentanyl" overdoses. All cases involving fentanyl patches or cases in which the decedent had a prescription have been removed in order to estimate the impact of the non-pharmaceutical source. In 2013, there were 9 remaining fentanyl cases, but in 2014, this number increased sharply to 42. Most of those 42 cases involved injection drug use. Five of the 42 included heroin as a co-intoxicant, and four included cocaine. Based on the frequency of fentanyl present in decedent toxicology tests during the first four months of 2015, the fentanyl surge appears to be continuing, including two cases with acetyl fentanyl; one of these cases had both fentanyl and acetyl fentanyl.

Among 2014 impaired driver toxicology tests, it is not possible to discriminate pharmaceutical from non-pharmaceutical fentanyl products. There were a total of 5 impaired drivers out of 247 with a urinalysis positive for fentanyl. Of these, four had morphine present and one had heroin. Three of the cases with morphine and fentanyl also had cocaine. There were no fentanyl-positive toxicology tests until August 2014.

Additional Information on Drug Use Trends

INFECTIOUS DISEASES RELATED TO SUBSTANCE USE

There were 58 new HIV infections reported in 2014, an increase from 46 in 2013. This represents a rate of 4.4 per 100,000 for 2014. From 2010 to 2014, 50% of new infections were attributable to male-to-male sexual contact, 3% to intravenous drug use, and 2% to male-to-male sexual contact and intravenous drug use. The 40-54 age group made up the largest percentage of infections at 33%; however, this is down from 44% in 2012 and 43% in 2013. There was a compensatory rise in the 20-24 age group from 4% in 2013 to 16% in 2014 (2 cases in 2013, 9 in 2014).

There were 9 new Hepatitis B infections in 2012 (the most recent year of available data), a rate of 0.7 per 100,000. There were an estimated 105 cases of chronic Hepatitis B in 2012, a rate of 7.9 per 100,000. Data on the number of infections attributable to intravenous drug use are unavailable.

There were 8 new Hepatitis C infections in 2012 (the most recent year of available data), a rate of 0.6 per 100,000. There were an estimated 1,216 cases of chronic Hepatitis C in 2012, a rate of 92 per 100,000. Data on the number of infections attributable to intravenous drug use is unavailable.

Exhibits

Exhibit 1. Number of primary treatment admissions for key drugs, CY2009-2014

	2009	2010	2011	2012	2013	2014
Cocaine	575	454	456	429	443	369
Heroin/Morphine	1,250	928	1058	1386	2,035	2,691
Other Opiates	4,185	4,372	4,409	4698	4,509	3,468
Marijuana	1,303	1,275	1,179	1113	1,071	862
Methamphetamine	33	41	44	46	43	68
Alcohol	6,481	5,904	4,726	4473	4,453	4,068
Other	671	602	637	723	669	89
Total Admissions	**14,498**	**13,576**	**12,510**	**12,868**	**13,290**	**11,615**

SOURCE: Maine Office of Substance Abuse

Exhibit 2. Number of arrests by the Maine Drug Enforcement Agency for key drug categories, CY2009-2014

	2009	2010	2011	2012	2013	2014
Cocaine/Crack	203	189	172	89	116	113
Heroin	45	40	58	63	103	219
Methamphetamine	25	30	23	32	51	63
Marijuana	160	197	69	96	33	38
Pharmaceuticals	305	327	236	222	226	163
Benzodiazepines	17	16	17	8	33	8
Total Arrests	**776**	**859**	**605**	**562**	**603**	**669**

SOURCE: Maine Drug Enforcement Agency

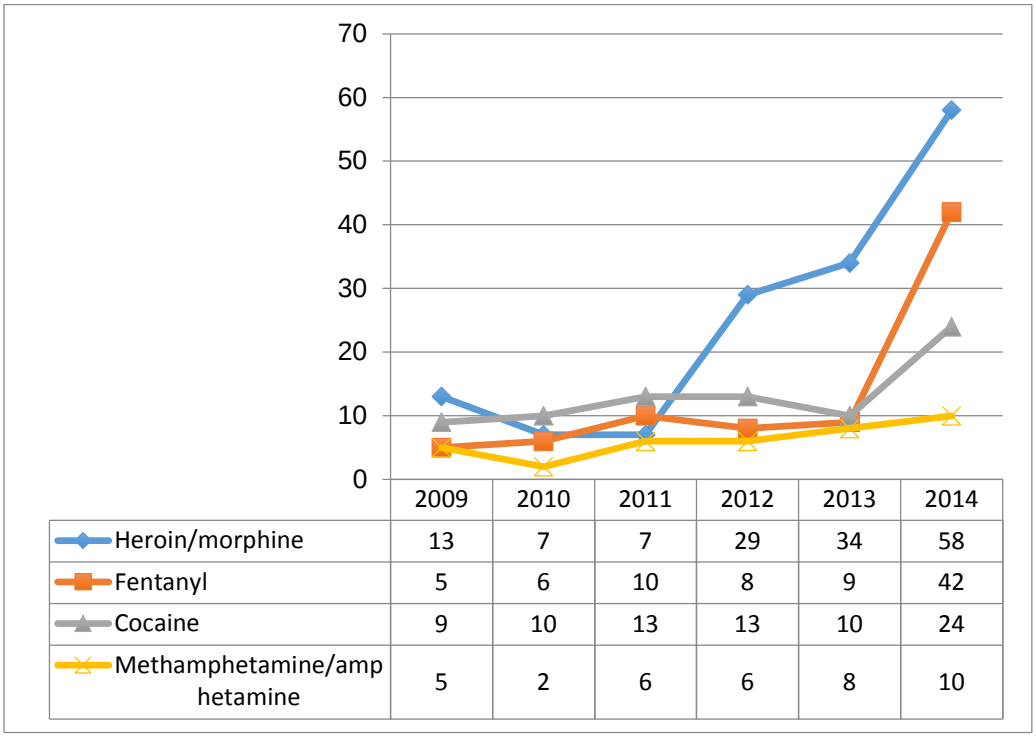
Exhibit 3. Percent of items seized by law enforcement statewide testing for key drug categories identified by the Maine State Health and Environmental Testing Laboratory, CY2009-2014

	2009 (n=838)	2010 (n=780)	2011 (n=717)	2012 (n=1037)	2013 (n=1206)	2014 (n=1225)
Cocaine	43.4	41.1	29.0	27.6	22.7	21.1
Pharmaceutical Opiates*	13.3	17.7	27.9	25.7	23.6	22.0
Heroin	14.7	8.3	9.9	9.1	23.2	28.2
Fentanyl powder and residues & Acetyl Fentanyl (excludes fentanyl patches)	--	--	--	--	0.2	2.6
Marijuana	7.1	9.5	10.4	9.3	3.9	4.2
Benzodiazepines	1.6	2.7	3.5	2.9	2.9	4.0

Source: Maine Health and Environmental Testing Laboratory

*Includes items with fentanyl patches, powder, or residue, but not acetyl fentanyl.

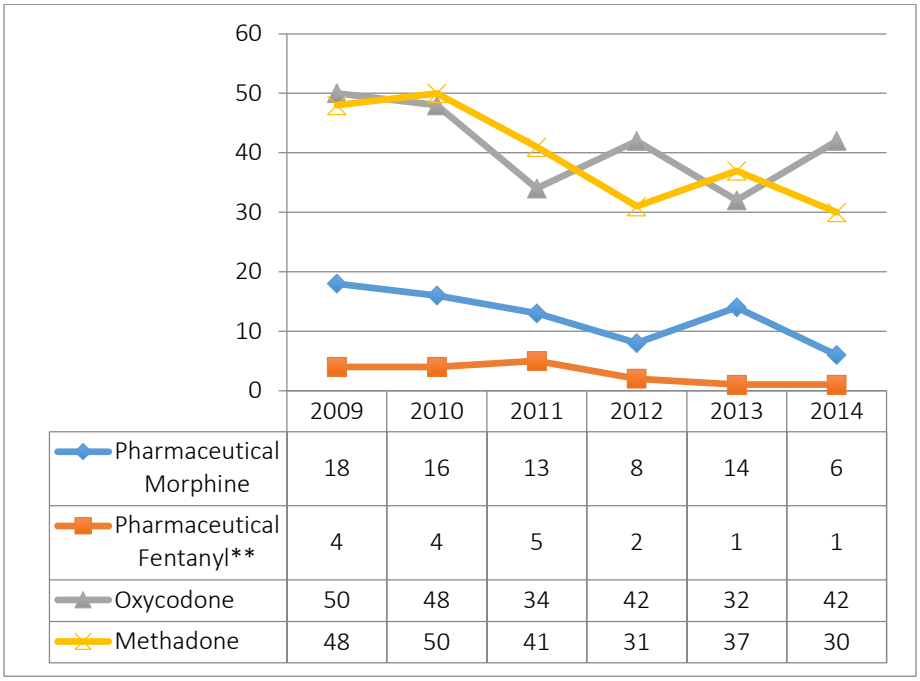
Exhibit 4. Number of deaths due to key illicit drugs alone or in combination with other drugs, CY2009-2014 (Deaths due to known pharmaceutical products of morphine, fentanyl, and amphetamine have been removed from these totals.)



	2009	2010	2011	2012	2013	2014
Heroin/morphine	13	7	7	29	34	58
Fentanyl	5	6	10	8	9	42
Cocaine	9	10	13	13	10	24
Methamphetamine/amphetamine	5	2	6	6	8	10

SOURCE: Maine Office of Chief Medical Examiner

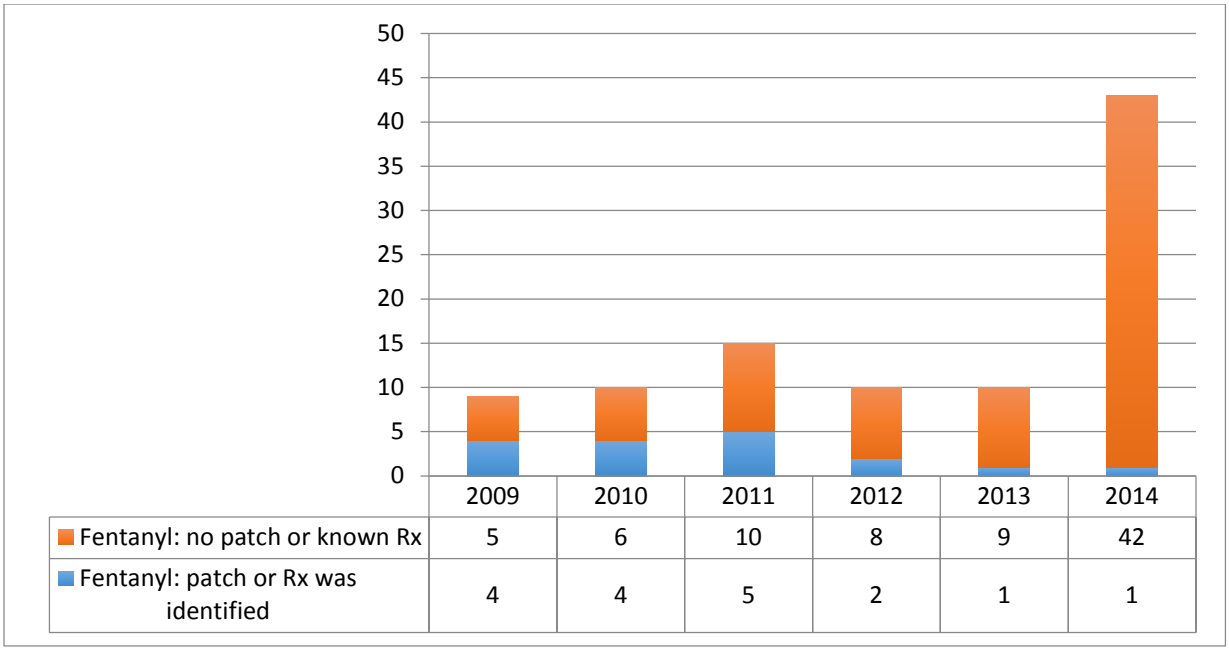
Exhibit 5. Number of deaths due to key pharmaceutical opioids alone or in combination with other drugs, CY2009-2014



	2009	2010	2011	2012	2013	2014
Pharmaceutical Morphine	18	16	13	8	14	6
Pharmaceutical Fentanyl**	4	4	5	2	1	1
Oxycodone	50	48	34	42	32	42
Methadone	48	50	41	31	37	30

SOURCE: Maine Office of Chief Medical Examiner
NOTE: **Fentanyl patches, or known prescription sources were included.

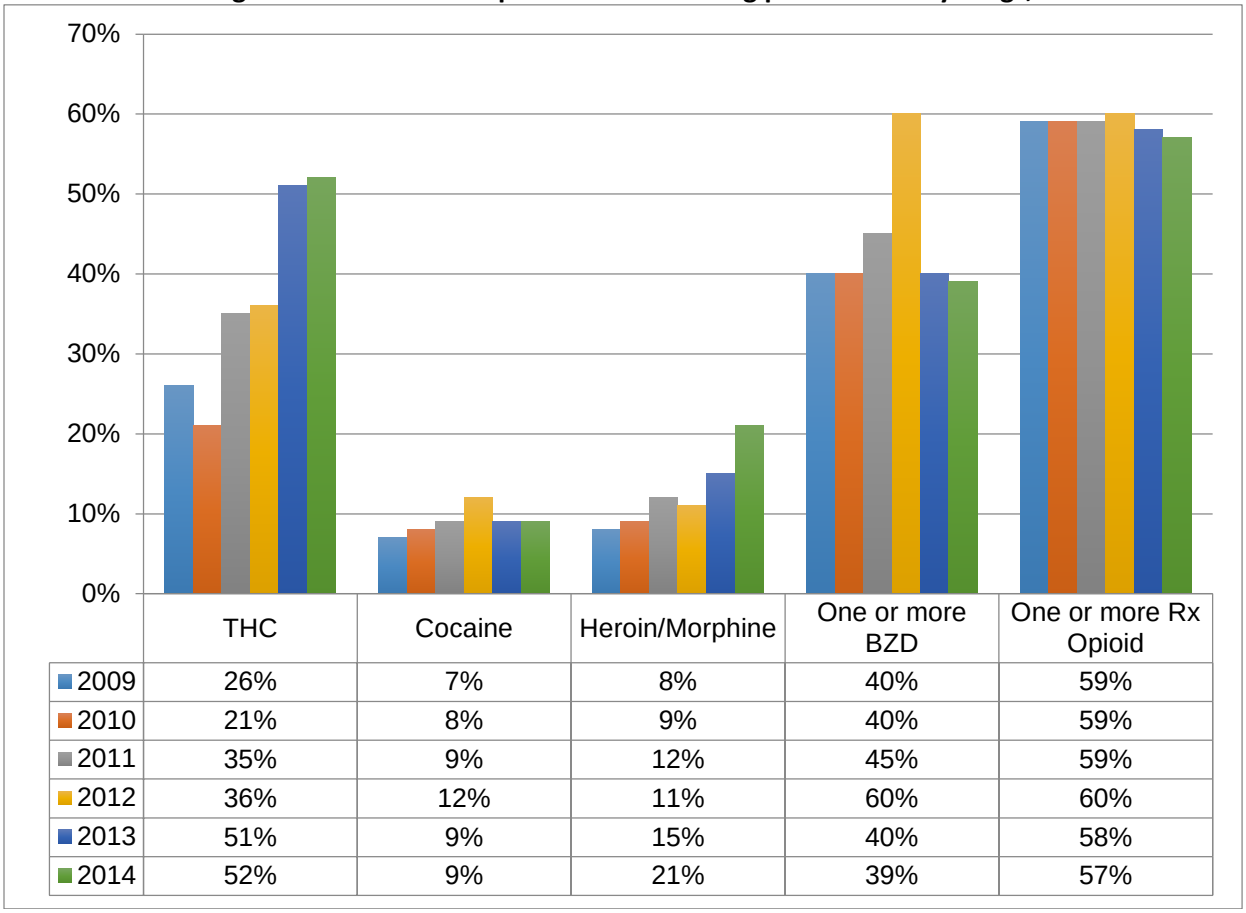
Exhibit 6: Frequency of known or unknown pharmaceutical status of fentanyl in CY2014 fentanyl-induced deaths



	2009	2010	2011	2012	2013	2014
Fentanyl: no patch or known Rx	5	6	10	8	9	42
Fentanyl: patch or Rx was identified	4	4	5	2	1	1

SOURCE: Maine Office of Chief Medical Examiner

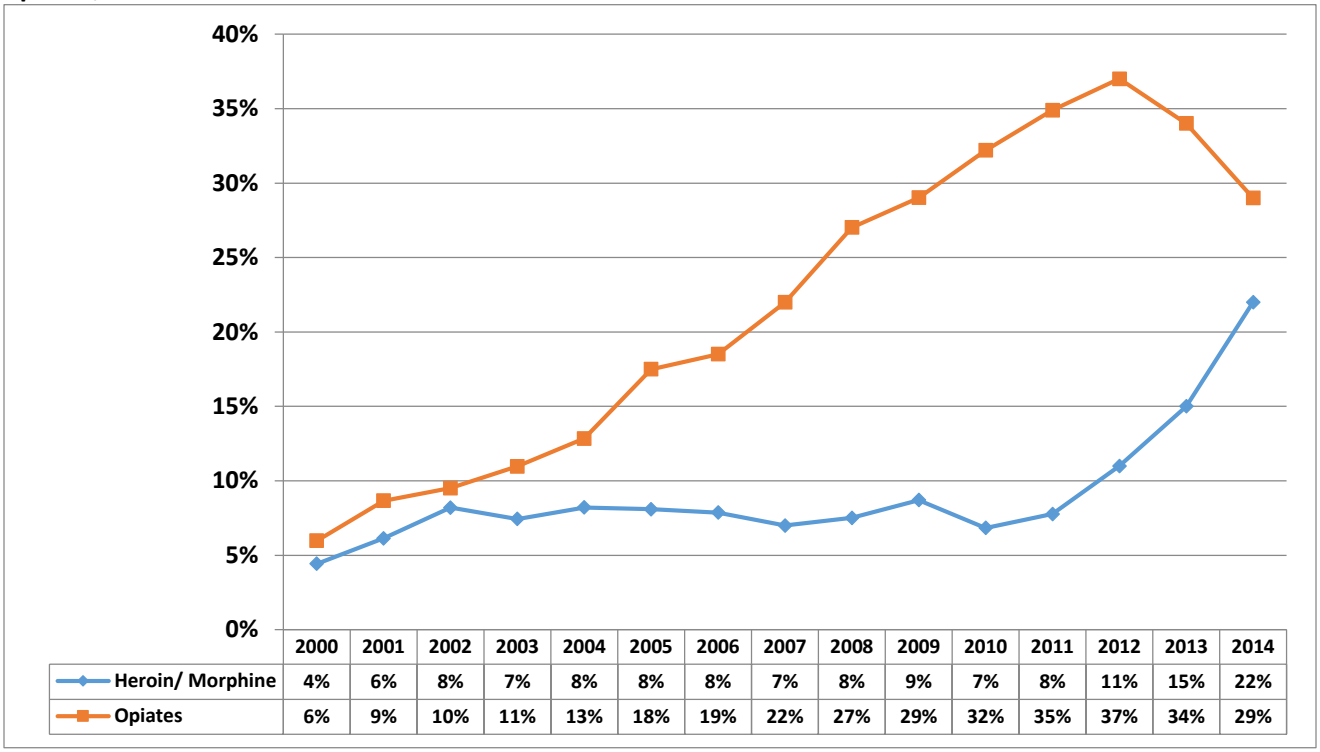
Exhibit 7: Percentage of urine tests of impaired drivers testing positive for key drugs, CY2009-2014



	THC	Cocaine	Heroin/Morphine	One or more BZD	One or more Rx Opioid
2009	26%	7%	8%	40%	59%
2010	21%	8%	9%	40%	59%
2011	35%	9%	12%	45%	59%
2012	36%	12%	11%	60%	60%
2013	51%	9%	15%	40%	58%
2014	52%	9%	21%	39%	57%

SOURCE: Health and Environmental Testing Laboratory

Exhibit 8: Percentage of primary treatment admissions for heroin/morphine and for pharmaceutical opiates, CY2000-2014



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Heroin/ Morphine	4%	6%	8%	7%	8%	8%	8%	7%	8%	9%	7%	8%	11%	15%	22%
Opiates	6%	9%	10%	11%	13%	18%	19%	22%	27%	29%	32%	35%	37%	34%	29%

SOURCE: Maine Office of Substance Abuse

Data Sources

Data for this report were drawn from the Appendix tables and the following sources:

Population and demographic data were obtained from the U.S. Census for 2010 at www.census.gov.

Treatment admissions data were provided by the Maine State Office of Substance Abuse and include all admissions to programs receiving State funding. This report includes all 2014 treatment admissions, including admissions for methadone clinics, and makes comparisons with prior calendar years. Totals include alcohol admissions (Exhibits 1 and 8).

Mortality data were generated by analysis of State of Maine Office of Chief Medical Examiner case files for all drug-induced cases through December 2014. That office investigates all drug-related cases statewide (Exhibits 4, 5, and 6).

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 2014 (Exhibit 2).

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 2014 and the first quarter of 2015 (Exhibit 3).

Forensic laboratory data on urinalyses of drug-impaired drivers were provided by the Maine State Health and Environmental Testing Laboratory, which tests urine samples of drivers suspected of driving under the influence of drugs. Data were provided for 2014 and the first quarter of 2015 (Exhibit 7).

Contact Information: For additional information about the drugs and drug 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.

National Drug Early Warning System (NDEWS)
Maine Sentinel Community Site
Appendix Data Tables, 2015

NDEWS Coordinating Center

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Table 1: Demographic and Socio-Economic Characteristics
State of Maine
2009-2013 ACS Five-Year Estimates

	Estimate	Margin of Error
Total Population (#)	**1,328,320**	**
Age (%)		
18 years and over	79.7%	+/-0.1
21 years and over	75.7%	+/-0.1
65 years and over	16.5%	+/-0.1
Median Age	43.2	
Race (%)		
White, Not Hisp.	94.3%	+/-0.1
Black/African American, Not Hisp.	1.1%	+/-0.1
Hispanic/Latino	1.4%	**
American Indian/Alaska Native	0.5%	+/-0.1
Asian	1.1%	+/-0.1
Native Hawaiian/Pacific Islander	0.0%	+/-0.1
Some Other Race	0.0%	+/-0.1
Two or More Races	1.7%	+/-0.1
Sex (%)		
Male	48.9%	+/-0.1
Female	51.1%	+/-0.1
Educational Attainment (*Among Population Aged 25+ Years*) (%)		
High School Graduate or Higher	91.1%	+/-0.2
Bachelor's Degree or Higher	27.9%	+/-0.3
Unemployment (*Among Civilian Labor Force Pop Aged 16+ Years*) (%)		
Percent Unemployed	4.9%	+/- 0.1
Income		
Median Household Income (in 2013 inflation-adjusted dollars)	$48,453	+/- $521
Poverty (%)		
People Whose Income in Past Year is Below Poverty Level	13.6%	+/-0.3

NOTES:
Margin of Error: can be interpreted roughly as providing a 90% probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value.
****The estimate is controlled; a statistical test for sampling variability is not appropriate.

SOURCES: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Census Bureau, 2009-2013 5-Year American Community Survey (ACS).

Table 2a: Self-Reported Substance Use Behaviors
Among Persons 12+ Years in *Maine,* 2010-2012
Estimated Percent, 95% Confidence Interval, and Estimated Number
Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Maine	
	Estimated % (95% CI)	Estimated #*
Used in Past Month		
Alcohol	54.06 (51.14 - 57)	620,737
Binge Alcohol**	21.49 (19.43 - 23.70)	246,756
Marijuana	8.41 (7.27 - 9.70)	96,567
Use of Illicit Drug Other Than Marijuana	3.35 (2.71 - 4.13)	38,466
Used in Past Year		
Cocaine	1.81 (1.38 - 2.35)	20,783
Nonmedical Use of Pain Relievers	4.22 (3.52 - 5.05)	48,456
Dependence or Abuse in Past Year***		
Illicit Drugs or Alcohol	**7.91 (6.81 - 9.18)**	**90,826**
Alcohol	6.11 (5.13 - 7.25)	70,157
Illicit Drugs	2.56 (2.09 - 3.12)	29,395

NOTE:
95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.
***Estimated #**: the estimated number of persons aged 12 or older who used the specified drug or are dependent/abuse a substance was calculated by multiplying the prevalence rate and the population estimate from Table C1 of the NSDUH report. The population estimate is the simple average of the 2010, 2011, and 2012 population counts for persons aged 12 or older
****Binge Alcohol:** defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.
*****Dependence or Abuse in Past Year:** based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* .

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at: http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 2b: Self-Reported Substance Use Behaviors
Among Persons in *Maine*, by Age Group, 2010-2012
Estimated Percent and 95% Confidence Interval (CI)
Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Maine		
	12-17	18-25	26+
	Estimated Percent (95% CI)	Estimated Percent (95% CI)	Estimated Percent (95% CI)
Used in Past Month			
Binge Alcohol*	7.6 (6.4 - 8.9)	42.1 (38.8 - 45.6)	20.1 (17.7 - 22.7)
Marijuana	8.7 (7.3 - 10.3)	23.8 (21.1 - 26.7)	6.2 (5.0 - 7.7)
Use of Illicit Drug Other Than Marijuana	3.5 (2.7 - 4.5)	9.4 (7.8 - 11.3)	2.5 (1.8 - 3.3)
Used in Past Year			
Marijuana	15.5 (13.6 - 17.6)	37.1 (34.1 - 40.2)	10.6 (8.9 - 12.6)
Cocaine	0.9 (0.6 - 1.3)	6.1 (4.8 - 7.6)	1.3 (0.9 - 1.9)
Nonmedical Use of Pain Relievers	5.3 (4.3 - 6.5)	11.3 (9.6 - 13.2)	3.1 (2.4 - 4.0)
Dependence or Abuse in Past Year**			
Illicit Drugs or Alcohol	5.9 (4.7 - 7.2)	19.7 (17.4 - 22.3)	6.5 (5.2 - 8.0)
Alcohol	3.5 (2.7 - 4.5)	14.8 (12.8 - 17.1)	5.2 (4.1 - 6.5)
Illicit Drugs	3.8 (3.0 - 4.9)	8.6 (7.0 - 10.5)	1.6 (1.1 - 2.2)

NOTE:
95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.
***Binge Alcohol:** defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.
****Dependence or Abuse in Past Year:** based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at: http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 3: Self-Reported Substance Use-Related Behaviors Among *Maine*^ Public High School Students, 2013
Estimated Percent and 95% Confidence Interval (CI)
2011 and 2013 YRBS*

Substance Use Behaviors	2013 vs 2011			2013 by Sex			2013 by Race			
	2013	2011	p-value	Male	Female	p-value	White	Black	Hispanic	Asian
	Percent			Percent			Percent			
	Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)
Used in Past Month										
Alcohol	26.6 (24.8 - 28.5)	28.7 (27.3 - 30.1)	0.08	26.0 (24.1 - 28.1)	27.1 (25.0 - 29.3)	0.28	26.8 (24.9 - 28.7)	23.7 (15.2 - 35.0)	33.5 (29.2 -38.0)	17.3 (11.8 - 24.7)
Binge Alcohol**	14.4 (13.2 - 15.8)	16.2 (15.1 - 17.4)	0.04	15.4 (13.8 - 17.3)	13.3 (11.9 - 14.9)	0.04	14.5 (13.2 - 15.9)	14.8 (9.6 - 22.2)	22.8 (19.0 -27.2)	7.1 (3.7 - 13.2)
Marijuana	21.3 (19.5 - 23.2)	21.2 (19.7 - 22.7)	0.89	23.5 (21.5 - 25.6)	18.8 (16.9 - 20.9)	0.00	21.0 (19.2 - 22.8)	25.2 (15.3 - 38.6)	33.7 (29.1 -38.5)	13.4 (7.2 - 23.6)
Ever Used in Lifetime										
Alcohol	56.6 (54.5 - 58.7)	59.0 (57.6 - 60.3)	0.06	55.7 (53.3 - 58.1)	57.5 (55.2 - 59.8)	0.09	57.0 (54.8 - 59.2)	48.8 (34.5 - 63.3)	62.0 (55.9 -67.8)	51.7 (45.1 - 58.3)
Marijuana	—	35.8 (34.1 - 37.5)	~	—	—	~	—	—	—	—
Cocaine	—	—	~	—	—	~	—	—	—	—
Hallucinogenic Drugs	—	—	~	—	—	~	—	—	—	—
Inhalants	9.1 (8.3 - 10.1)	11.0 (10.1 - 11.9)	0.00	9.8 (8.6 - 11.2)	8.2 (7.3 - 9.3)	0.02	8.6 (7.7 - 9.6)	9.3 (4.6 - 17.8)	20.2 (16.7 -24.2)	8.8 (5.0 - 14.8)
Ecstasy also called "MDMA"	—	—	~	—	—	~	—	—	—	—
Heroin	—	—	~	—	—	~	—	—	—	—
Methamphetamine	—	—	~	—	—	~	—	—	—	—
Rx Drugs without a Doctors Prescription	12.4 (11.6 - 13.3)	13.9 (12.9 - 15.0)	0.02	13.5 (12.7 - 14.4)	10.9 (9.8 - 12.2)	0.00	12.1 (11.1 - 13.0)	10.5 (5.8 - 18.2)	24.0 (19.9 -28.6)	11.7 (8.2 - 16.4)
Injected Any Illegal Drug	2.4 (2.0 - 2.8)	3.6 (3.1 - 4.1)	0.00	3.2 (2.6 - 3.8)	1.5 (1.0 - 2.0)	0.00	1.9 (1.6 - 2.2)	4.8 (2.3 - 10.0)	13.4 (10.0 -17.7)	6.5 (3.1 - 13.1)

NOTES:
'—' = Data not available; **~ =** P-value not available; **N/A =** < 100 respondents for the subgroup.
^Maine: weighted data were available for Maine in 2011 and 2013; eeighted results mean that the overall response rate was at least 60%. The overall response rate is calculated by multiplying the school response rate times the student response rate. Weighted results are representative of all students in grades 9–12 attending public schools in each jurisdiction.
***Sample Frame for the 2011 and 2013 YRBS:** sampling frame consisted of public schools with students in at least one of grades 9-12. The sample size for 2011 was 9,918 with an overall response rate of 65%; the 2013 sample size was 9,017 with a 64% overall response rate.
****Binge Alcohol:** defined as had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey.

Source: Adapted by the NDEWS Coordinating Center from data provided by the Centers for Disease Control and Prevention (CDC), 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on [3/12/2015].

Table 4a: Trends in Admissions* to Substance Abuse Treatment Programs, *Maine* Residents, 2010-2014

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

	Calendar Year									
	2010		2011		2012		2013		2014	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	**13,576**	n/a	**12,510**	n/a	**12,868**	n/a	**13,290**	n/a	**12,181**	n/a
Primary Substance of Abuse (%)										
Alcohol	5,904	43.5%	4,726	37.8%	4,473	34.8%	4,453	33.5%	4,068	33.4%
Cocaine/Crack	454	3.3%	456	3.6%	429	3.3%	443	3.3%	369	3.0%
Heroin	928	6.8%	1,058	8.5%	1,386	10.8%	2,035	15.3%	2,691	22.1%
Prescription Opioids	4,372	32.2%	4,409	35.2%	4,698	36.5%	4,509	33.9%	3,468	28.5%
Methamphetamine	41	<1%	44	<1%	46	<1%	43	<1%	68	<1%
Marijuana	1,275	9.4%	1,179	9.4%	1,113	8.6%	1,071	8.1%	862	7.1%
Benzodiazepines	unavail	<1%	unavail	<1%	unavail	<1%	unavail	<1%	unavail	<1%
MDMA	unavail	<1%	unavail	<1%	unavail	<1%	unavail	<1%	unavail	<1%
Synthetic Stimulants	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	<1%
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	<1%
Other Drugs/Unknown	unavail	3.8%	unavail	6.0%	unavail	4.9%	unavail	<1%	unavail	4.1%

NOTES:

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

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

Table 4b: Demographic and Drug Use Characteristics of Primary Treament Admissions* for Select Substances of Abuse, *Maine* Residents, 2014

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

	Primary Substance of Abuse								
	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids	Meth-amphetamine	Marijuana	Benzo-diazepines	Synthetic Stimulants	Synthetic Cannabinoids
Number of Admissions (#)	4,068	369	2,691	3,468	104	862	68	10	11
Sex (%)									
Male	69.6%	51.8%	49.8%	50.2%	51.0%	71.9%	32.4%	70.0%	72.7%
Female	30.4%	48.2%	50.2%	49.8%	49.0%	28.1%	67.6%	30.0%	27.3%
Race/Ethnicity (%)									
White, Non-Hisp.	92.6%	91.9%	94.1%	93.7%	94.2%	87.4%	94.1%	80.0%	100.0%
African-Am/Black, Non-Hisp	2.5%	4.3%	1.9%	1.3%	2.9%	6.4%	2.9%	10.0%	0.0%
Hispanic/Latino	2.1%	1.9%	2.1%	1.6%	0.0%	3.7%	2.9%	10.0%	0.0%
Asian	<1%	<1%	<1%	<1%	0.0%	<1%	0.0%	0.0%	0.0%
Other	2.6%	1.6%	1.7%	3.3%	2.9%	2.2%	0.0%	0.0%	0.0%
Age Group (%)									
Under 18	2.3%	<1%	<1%	0.2%	4.8%	26.2%	1.5%	0.0%	0.0%
18-25	15.3%	13.0%	24.3%	19.4%	24.0%	34.0%	19.1%	30.0%	45.5%
26-44	45.7%	63.7%	67.0%	66.8%	62.5%	31.4%	58.8%	60.0%	45.5%
45+	36.8%	23.0%	8.3%	13.6%	8.7%	8.4%	20.6%	10.0%	9.1%
Route of Administration (%)									
Smoked	1.6%	61.5%	2.2%	4.6%	23.1%	97.8%	0.0%	100.0%	0.0%
Inhaled	0.0%	20.1%	20.3%	41.7%	29.8%	<1%	22.1%	0.0%	30.0%
Injected	<1%	15.4%	74.1%	18.7%	26.9%	0.0%	1.5%	0.0%	20.0%
Oral/Other/Unknown	98.3%	3.0%	3.4%	35.0%	20.2%	1.9%	76.4%	0.0%	50.0%
Secondary Substance (%)									
None	60.4%	14.9%	16.7%	22.5%	16.3%	33.4%	19.1%	20.0%	36.4%
Alcohol	0.0%	18.7%	6.7%	7.7%	15.4%	42.7%	10.3%	20.0%	45.5%
Cocaine/Crack	3.2%	2.4%	16.8%	5.9%	8.7%	2.7%	1.5%	0.0%	0.0%
Heroin	1.7%	26.0%	0.0%	17.0%	8.7%	3.2%	10.3%	20.0%	0.0%
Prescription Opioids	5.1%	15.4%	40.1%	21.8%	19.2%	10.4%	29.4%	30.0%	0.0%
Methamphetamine	<1%	2.2%	1.0%	2.0%	2.9%	2.7%	7.4%	0.0%	0.0%
Marijuana	26.9%	17.6%	14.5%	17.7%	19.2%	0.0%	16.2%	10.0%	9.1%

NOTES:

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

unavail: data not available; **percentages** may not sum to 100 due to either rounding and/or because not all possible categories are presented in the table.

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

Table 5: Drug Poisoning Deaths*, by Demographic Characteristics, *Maine,* 2009-2012

Rate per 100,000 of deaths with underlying causes of drug related poisonings and 95% Confidence Interval (CI), 2009-2011 and 2010-2012

	2009-2011 Rate (95% CI)	2010-2012 Rate (95% CI)
Total (Age-Adjusted**)	11.6 (10.6 - 12.7)	11.2 (10.1 - 12.3)
Sex (Age-Adjusted**)		
Male	14.5 (12.8 - 16.3)	14.3 (12.5 - 16.0)
Female	8.8 (7.5 - 10.1)	8.3 (7.0 - 9.5)
Race/Ethnicity (Age-Adjusted**)		
White, Non-Hisp.	11.6 (10.5 - 12.8)	11.2 (10.1 - 12.3)
African-American/Black, Non-Hisp.	DSU	DSU
Hispanic	DSU	DSU
Asian	DSU	DSU
American Indian/Alaska Native	DSU	DSU
Age Group		
<18	DSU	DSU
18-44	18.2 (15.9 - 20.5)	17.5 (15.2 - 19.8)
45-64	15.8 (13.6 - 18.1)	15.1 (13.0 - 17.3)
65+	5.2 (3.6 - 7.3)	4.3 (2.8 - 6.2)

NOTES:

***Deaths due to drug poisoning,** ICD-10 codes X40-44, X60-64, X85, Y10-14. Please see the *Overview & Limitations* section (pgs. 8-9) for the ICD-10 definitions.

****Age Adjusted Rate:** the rate is adjusted based on the age distribution of a standard population allowing for comparison of rates across different sites.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population.

unavail: data not available for geographic area; **DSU:** data statistically unreliable.

SOURCE: Adapted by the NDEWS Coordinating Center from National Vital Statistics System-Mortality (NVSS-M) data provided by the Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from Health Indicators Warehouse.

Table 6: HIV/AIDS and Viral Hepatitis Cases, *Maine*

Number of Cases and Rate per 100,000 Population, Various Years

Type of Disease	Maine	
	#	Rate per 100,000
HIV		
Diagnosis of HIV Infection, 2012[a]	51	4.4
Persons Living with Diagnosed HIV Infection (Prevalence), Year-End 2011[a]	1,150	100.9
Hepatitis B, 2012[b]		
Acute Cases (reported new cases)	9	0.7
Chronic Cases (estimated #)	unavail	unavail
Hepatitis C, 2012[b]		
Acute Cases (reported new cases)	8	0.6
Chronic Cases (estimated #)	unavail	unavail

NOTES:
unavail: data not available

Sources: Adapted by the NDEWS Coordinating Center from data provided by:
[a]Centers for Disease Control and Prevention (CDC). NCHHSTP Atlas. Accessed on [3/20/15]. Available at: http://www.cdc.gov/nchhstp/atlas/.
[b]Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Viral Hepatitis, *Surveillance for Viral Hepatitis — United States, 2012.*

Table 7a: Drug Reports for Items Seized by Law Enforcement in *Maine* in 2014
National Forensic Laboratory Information System (NFLIS)
Top 10 Drug Reports* and Select Drugs/Drug Categories of Interest,
Number of Drug-Specific Reports and Percent of Total Analyzed Drug Reports

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports*	**1,236**	**100%**
Top 10 Drug Reports		
Heroin	305	24.7%
Cocaine	265	21.4%
Oxycodone	116	9.4%
Methamphetamine	73	5.9%
Buprenorphine	62	5.0%
Cannabis	58	4.7%
Alpha-pyrrolidinopentiophenone (Alpha-PVP)	46	3.7%
Caffeine	31	2.5%
Fentanyl	27	2.2%
Hydrocodone	25	2.0%
Top 10 Total	**1,008**	**81.6%**
Selected Drugs/Drug Categories**		
Fentanyl	28	2.3%
Synthetic Cannabinoids	2	0.2%
Synthetic Cathinones	67	5.4%
2C Phenethylamines	1	0.1%
Piperazines	2	0.2%
Tryptamines	1	0.1%

NOTES:
***Drug Report:** drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.
****Selected Drugs/Drug Categories:** Fentanyl & Fentanyl Analogs and Synthetic Cannabinoids, Synthetic Cathinones, 2C Phenethylamines, Piperazines, and Tryptamines are drug categories of current interest to the NDEWS Project because of the recent increase in their numbers, types, and availability. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each category that were reported to NFLIS during the January to December 2014 timeframe.

The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.

Table 7b: Drug Reports* for Selected Categories of New Psychoactive Substances (NPS) among Items Seized by Law Enforcement in *Maine* in *2014*, National Forensic Laboratory Information System (NFLIS),
Number of NPS Drug-Specific Reports and Percent of NPS Category

NPS Category Drug Identified	Number (#)	Percent of NPS Category (%)
Top 5 *Synthetic Cannabinoid* Drug Reports**		
XLR-11 (1-(5-FLUOROPENTYL-1H-3-YL)(2,2,3,3-TETRAMETHYLCYCLOPROPYL)METHANONE)	1	50.0%
AB-PINACA	1	50.0%
Total *Synthetic Cannabinoid* Reports	**2**	**100.0%**
Top 5 *Synthetic Cathinone* Drug Reports**		
ALPHA-PYRROLIDINOPENTIOPHENONE (ALPHA-PVP)	46	68.7%
3,4-METHYLENEDIOXYETHYLCATHINONE (ETHYLONE)	11	16.4%
N-METHYL-3,4-METHYLENEDIOXYCATHINONE (METHYLONE)	4	6.0%
METHYLENEDIOXYPYROVALERONE (MDPV)	3	4.5%
3-METHYLETHCATHINONE (3-MEC)	1	1.5%
DIBUTYLONE (BETA-KETO-N,N-DIMETHYL-1,3-BENZODIOXOLYLBUTANAMINE; BK-DMBDB)	1	1.5%
FLUOROMETHCATHINONE	1	1.5%
Total *Synthetic Cathinone* Reports	**67**	**100.0%**
Top 5 *2C Phenethylamine* Drug Reports**		
2-(4-CHLORO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL)ETHANAMINE (2C-C-NBOME)	1	100.0%
Total *2C Phenethylamine* Reports	**1**	**100.0%**
Top 5 *Piperazine* Drug Reports**		
1-(3-TRIFLUOROMETHYL)PHENYL-PIPERAZINE (TFMPP)	2	100.0%
Total *Piperazine* Reports	**2**	**100.0%**
Top 5 *Tryptamine* Drug Reports**		
DIMETHYLTRYPTAMINE (DMT)	1	100.0%
Total *Tryptamine* Reports	**1**	**100.0%**

NOTES:

***Drug Report:** drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.

****Top 5 NPS Category Drug Reports:** fewer than 5 drug types for a specific NPS category may have been seized in the catchment area during the reporting period. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each NPS category that were reported to NFLIS during the January to December 2014 timeframe.

NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.