

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, 2020

August 2020

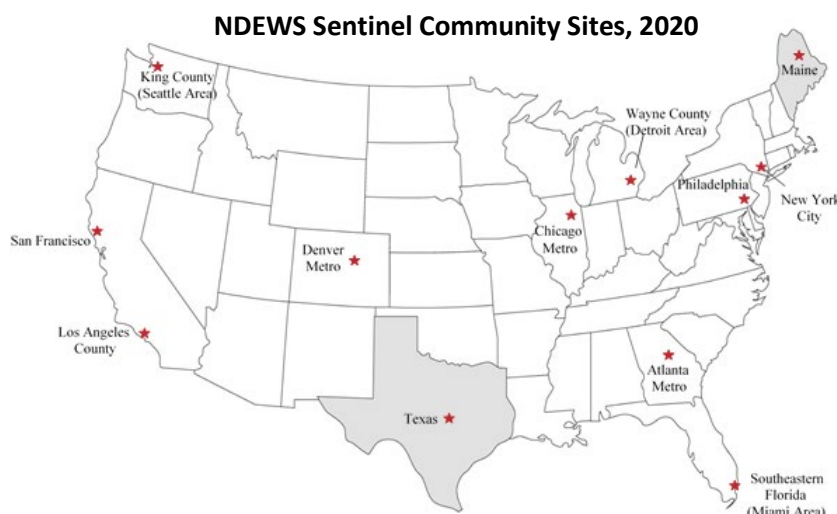
NDEWS Coordinating Center

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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 2020, 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 2020 annual *Drug Use Patterns and Trends Report*.**



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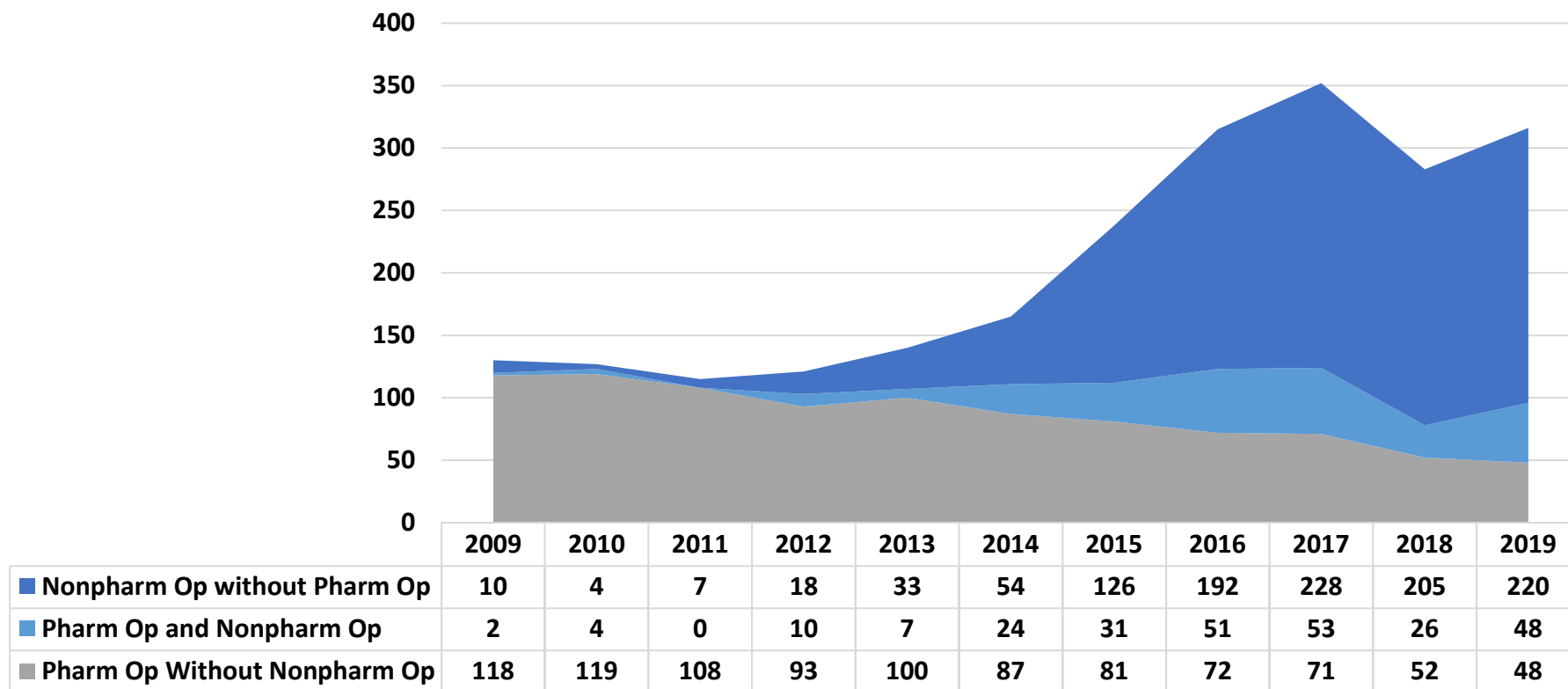
National Drug Early Warning System (NDEWS) Maine Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2020

Marcella H. Sorg, Ph.D.
University of Maine

Highlights

- **Nonpharmaceutical fentanyl** continues as the main driver of fatal overdoses, while both **heroin** and **pharmaceutical opioid** deaths decline slowly.
- Deaths involving **buprenorphine/naloxone** have increased, usually combined with **fentanyl** or **heroin**.
- Early indicators among fatal overdoses show a sharp increase in all drug categories except heroin in 1st quarter 2020.
- Stimulants **cocaine** and **methamphetamine** (crystal) continue to rise among MDEA arrests and deaths, most of which have co-intoxicant nonpharmaceutical opioids, primarily **fentanyl**.

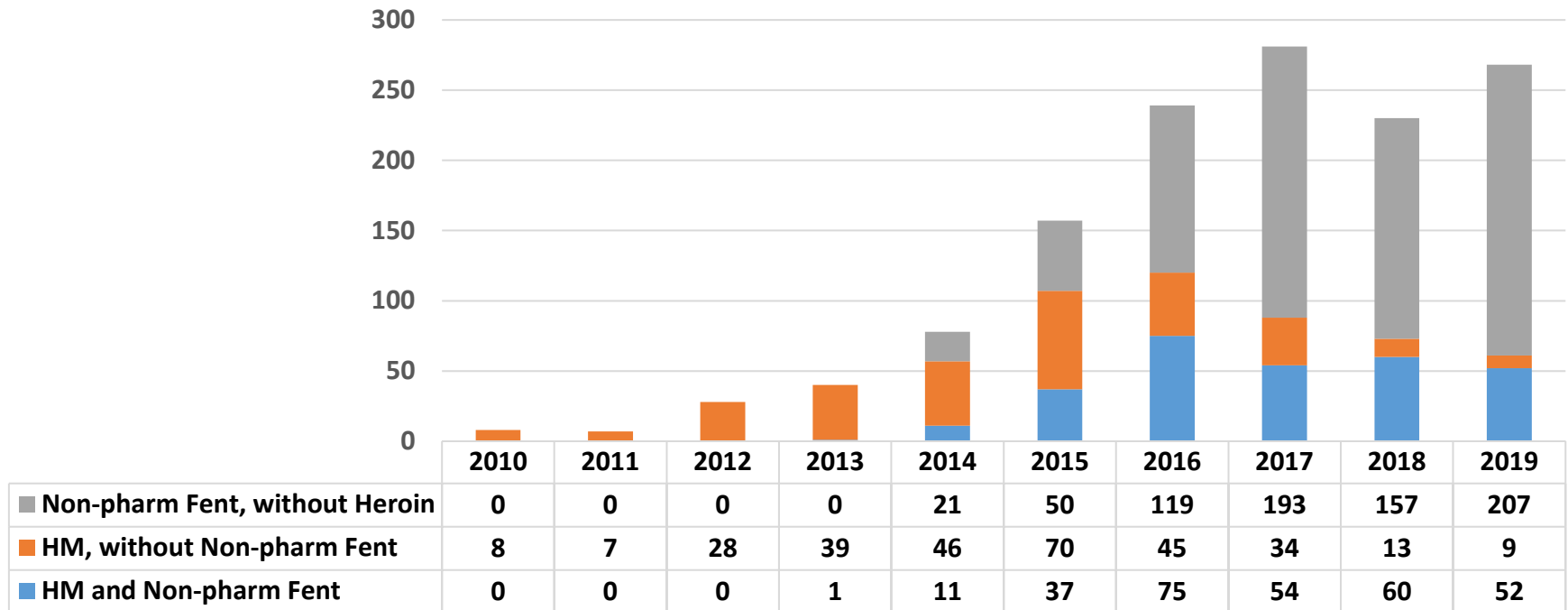
Number of Maine Deaths 2009-2019 Due to Pharmaceutical Opioids Versus Nonpharmaceutical Opioids, Alone and in Combination



- Nonpharmaceutical opioid deaths (fentanyl and fentanyl analogs) in dark blue have driven drug death totals.
- Pharmaceutical opioid deaths, in grey, have declined since 2010.
- After a 12% decline in 2018 fentanyl deaths for the first time since 2013, the total increased 7% in 2019, while pharmaceutical opioid deaths continued to decline.
- In the 1st quarter of 2020, both pharmaceutical and nonpharmaceutical opioid deaths have increased sharply.

SOURCE: Maine Office of Chief Medical Examiner

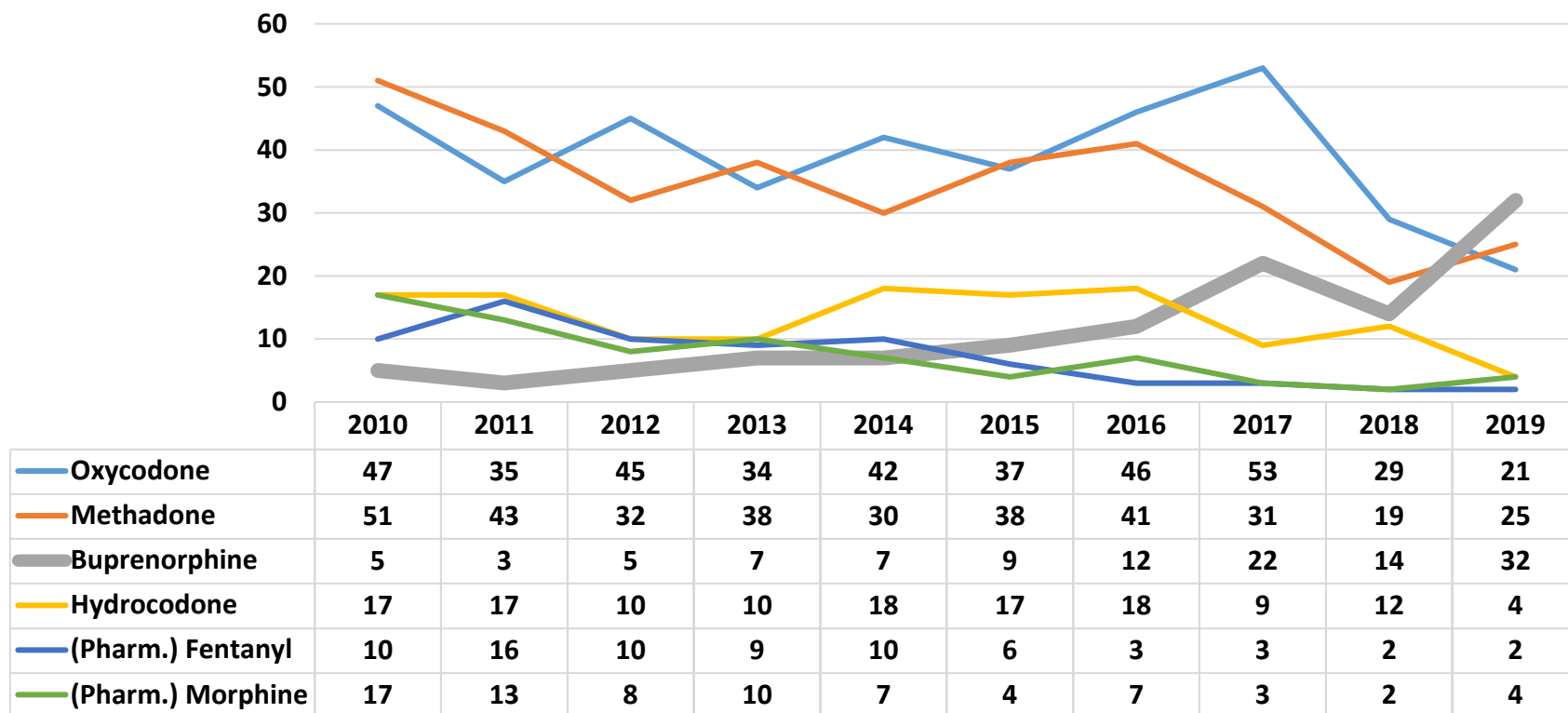
Number of Deaths Due to Heroin/Morphine (Hm) Alone or in Combination with Non-Pharmaceutical Fentanyl and/or Its Analogs



- Deaths due to heroin, in orange, slightly preceded the epidemic of non-pharmaceutical fentanyl deaths, then started to mix with nonpharmaceutical fentanyl in 2014 (see the blue bars). Heroin deaths have declined since 2016.
- Non-pharmaceutical fentanyl without heroin, the grey color, began in 2014 as well, peaking in 2017, then dipping by 12% in 2018, but increasing by 32% in 2019.

Source: Maine Office of Chief Medical Examiner

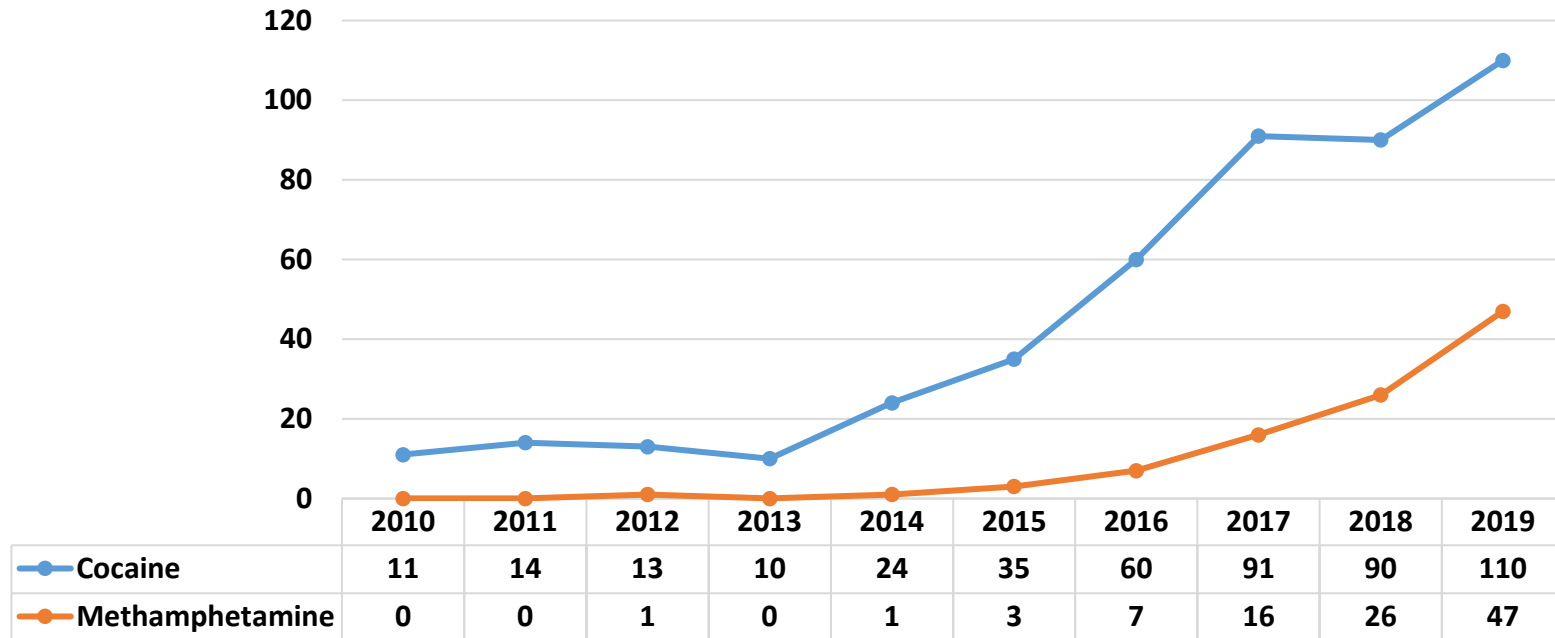
Number of Maine Deaths Due to Key Pharmaceutical Opioids



- Oxycodone and methadone continue as key pharmaceutical opioids causing deaths, but declining for the past 3 to 4 years. Most of these drugs come from diverted sources.
- Buprenorphine (mostly Suboxone), shown in heavy grey line, has increased dramatically with the increase in medication assisted treatment (MAT) prescriptions. It is usually found as a co-intoxicant with fentanyl or heroin.

Source: Maine Office of Chief Medical Examiner

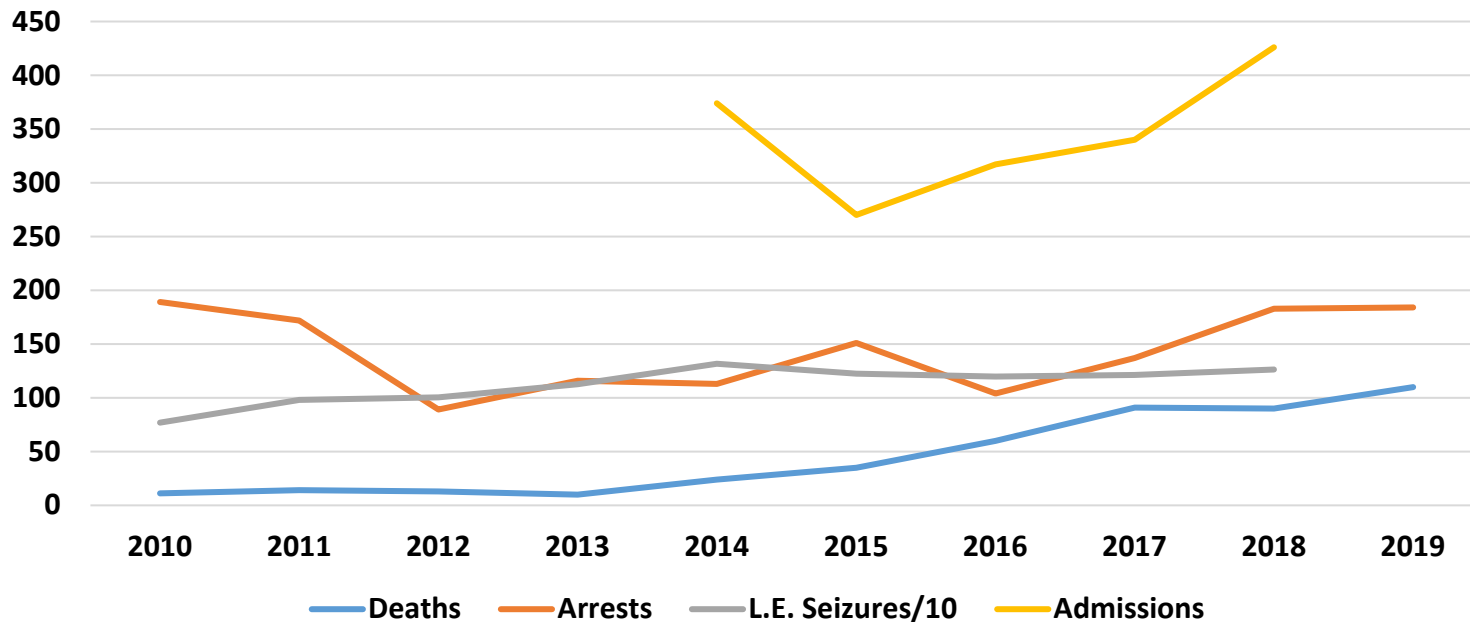
Number of Maine Deaths Due to Cocaine and Methamphetamine



- Deaths due to both cocaine and methamphetamine have risen sharply, by 22% and 81% respectively 2018-19.
- Cocaine is involved in 29% of all 2019 drug deaths; 80% combined with one or more nonpharmaceutical opioids, and 17% combined with at least one pharmaceutical opioid. Cocaine is a co-intoxicant in 34% of fentanyl deaths and 36% of heroin deaths.
- Methamphetamine is involved in 12% of all 2019 drug deaths; 77% combined with at least one nonpharmaceutical opioid, and 21% with at least one pharmaceutical opioid. Methamphetamine is a co-intoxicant in 13% of fentanyl deaths and 18% of heroin deaths.

Source: Maine Office of Chief Medical Examiner

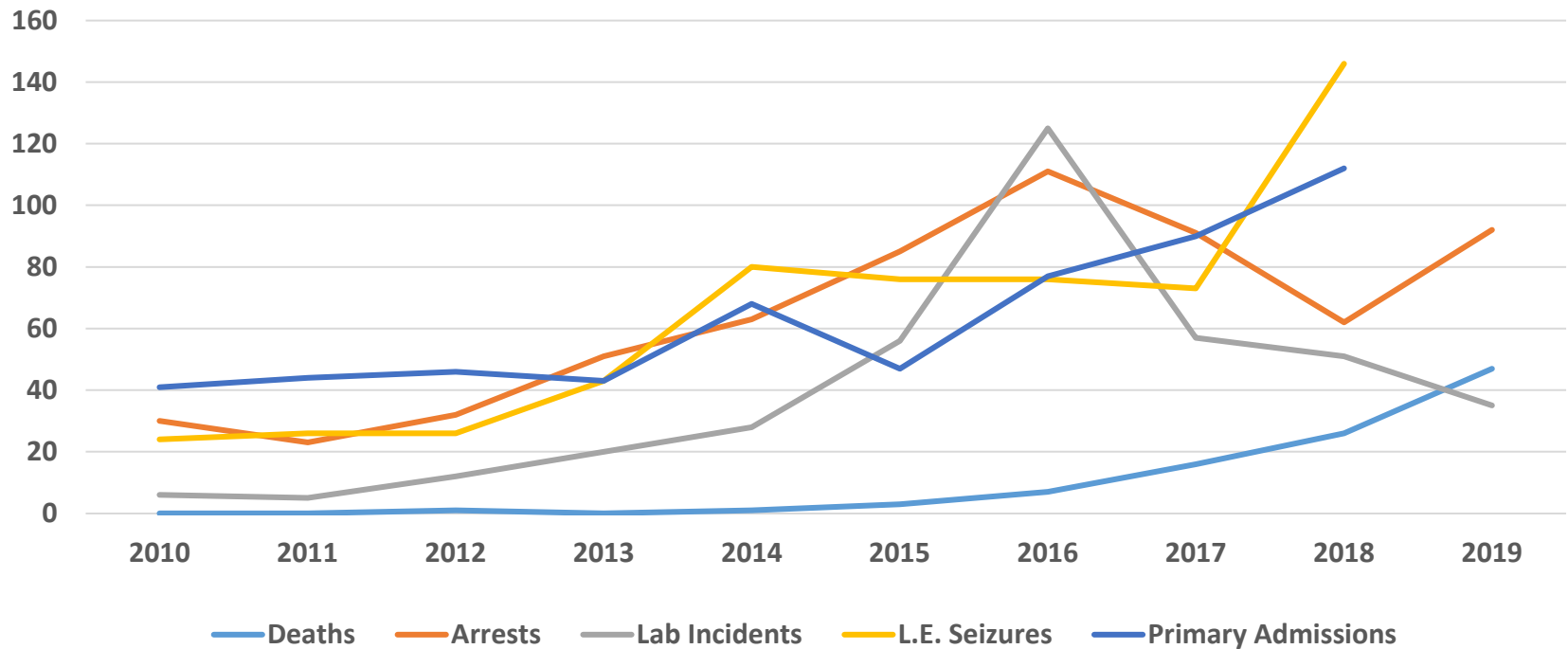
Number of Maine Cocaine Deaths and Arrests, 2010-2019, with Primary Admissions and Law Enforcement Seizures, 2010-2018



- Cocaine has generally increased among deaths, MDEA arrests, admissions and law enforcement seizures.
- Cocaine deaths, the blue line, increased 22% in the past 12 months, 80% in combination with fentanyl.
- Law enforcement seizures (number divided by 10), the grey line, plateaued since 2014. Less than 10% of items tested positive for co-occurring heroin or fentanyl in 2018.
- MDEA Arrests for cocaine increased 2016-2018, then stabilized.

Sources: Maine Office of Chief Medical Examiner, Maine Drug Enforcement Agency, Maine Health and Environmental Testing Laboratory, Maine Office of Behavioral Health

Number of Maine Methamphetamine Deaths, MDEA Arrests, Lab Incidents, 2010-2019, with Law Enforcement Seizures and Primary Admissions, 2010-2018



- Methamphetamine indicators in Maine have generally been increasing, deaths by 81% in the past year, and arrests by 48% in the past year.
- Most methamphetamine deaths, 77%, have co-intoxicant nonpharmaceutical opioids, and 21% with pharmaceutical opioid co-intoxicants.
- The MDEA continues to report Canadian-distributed crystal 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 Office of Behavioral Health

Treatment Tables

Treatment data were not available for this SCS at the time this report was published.

Sources

DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

Treatment admissions data were provided by the Maine Department of Health and Human Services, Office of Behavioral Health, and include all admissions receiving treatment authorizations for services from programs receiving State funding. This report includes all 2019 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 data provided this year utilize treatment authorizations rather than information from treatment providers as has been reported in this report in prior years. So these new totals for prior years will differ from NDEWS reports for prior years.

Mortality data were generated by analysis of State of Maine Office of Chief Medical Examiner case files for all drug-induced cases through December 2019. 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 2019.

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 2019.

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