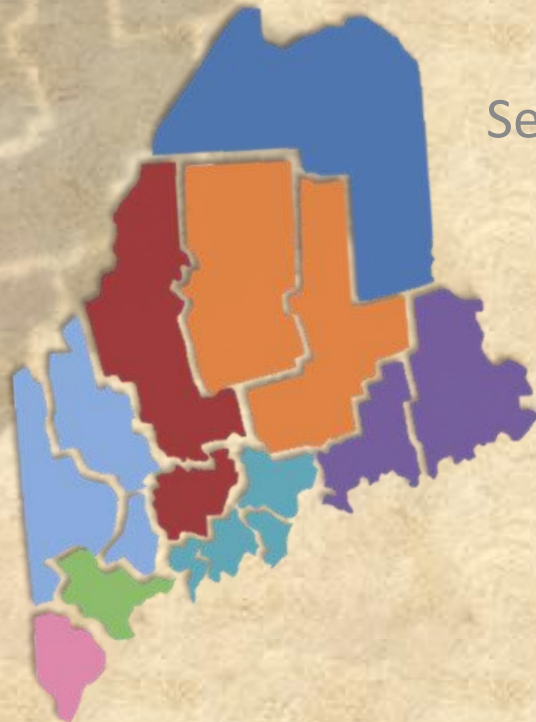


Snapshots and Trends:

2014 Comparison of Maine Public Health Districts

By Tim Diomede
September 12th 2014



Hornby Zeller Associates,
Inc.

Goals for the Presentation

- ❖ **P**urpose of SEOW and Community Profiles
- ❖ **D**escribe SEOW Dashboard
- ❖ **H**ighlight comparative snapshots and trends for key indicators
- ❖ **Q**uestions and comments

Purposes of SEOW

(State Epidemiological Outcomes Workgroup)

- Promote systematic, data-driven decision-making
- Guide effective and efficient use of prevention resources
- Identify substance abuse patterns
- Establish and track substance abuse trends
- Detect emerging substances

What are the Community Profiles?

Data Sources

- Sub-state level reports for eight Public Health Districts
 - Indicators include snapshots and trends relating consumption, consequences, contributing factors, mental health and treatment
 - Format and style mirrors the State-level report
- Behavioral Risk Factor Surveillance System (BRFSS)
 - Maine Department of Public Safety (DPS), Uniform Crime Reports (UCR)
 - Maine Department of Transportation (MDOT)
 - Maine Integrated Youth Health Survey (MIYHS)
 - Maine Office of the Chief Medical Examiner
 - National Survey on Substance Use and Health (NSDUH)
 - Prescription Monitoring Program (PMP)
 - Treatment Data System (TDS)
 - U.S. Census
 - Maine Department of Public Safety (DPS), Liquor Licensing & Compliance Division

Organization of Indicators

- 42 Indicators, addressing the following concepts:
 - Consumption of substances
 - Consequences resulting from substance use and abuse
 - Factors contributing to substance use and abuse
 - Mental health, suicide, and co-occurring disorders
 - Treatment admissions for substance abuse

Profiles can be found here:

<http://www.maine.gov/dhhs/samhs/osa/data/profiles.htm>

Other Illegal Drugs

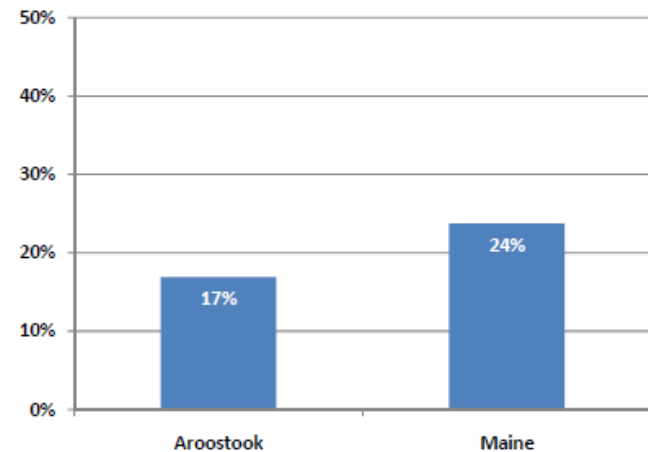
Indicator Description: MARIJUANA USE AMONG YOUTH. This measure shows the percentage of Maine high school students who reported using marijuana within 30 days prior to the survey.

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

Data Source(s): MIYHS, 2009; MYDAUS, 2004-2008.

Summary: Seventeen percent of high school students in Aroostook reported having used marijuana one or more times in the past month, compared to 24 percent statewide.

Figure 14. Percent of high school students in Aroostook who have used marijuana during past 30 days: 2009



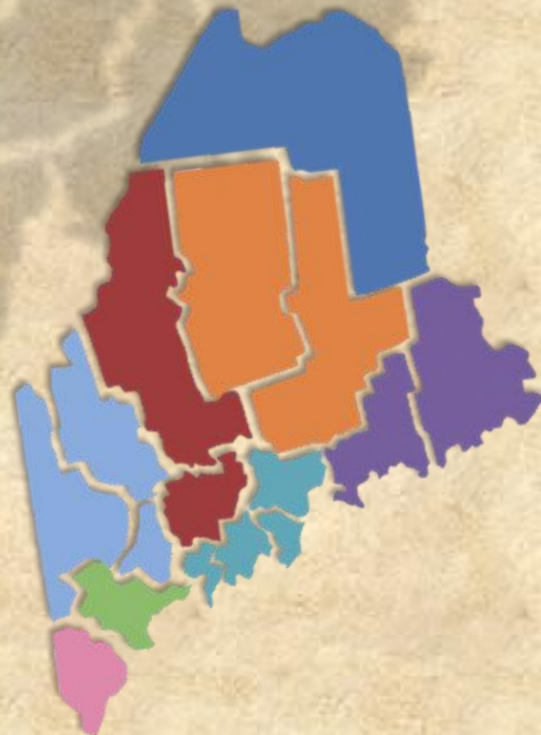
Source: MIYHS

SEOW Dashboard

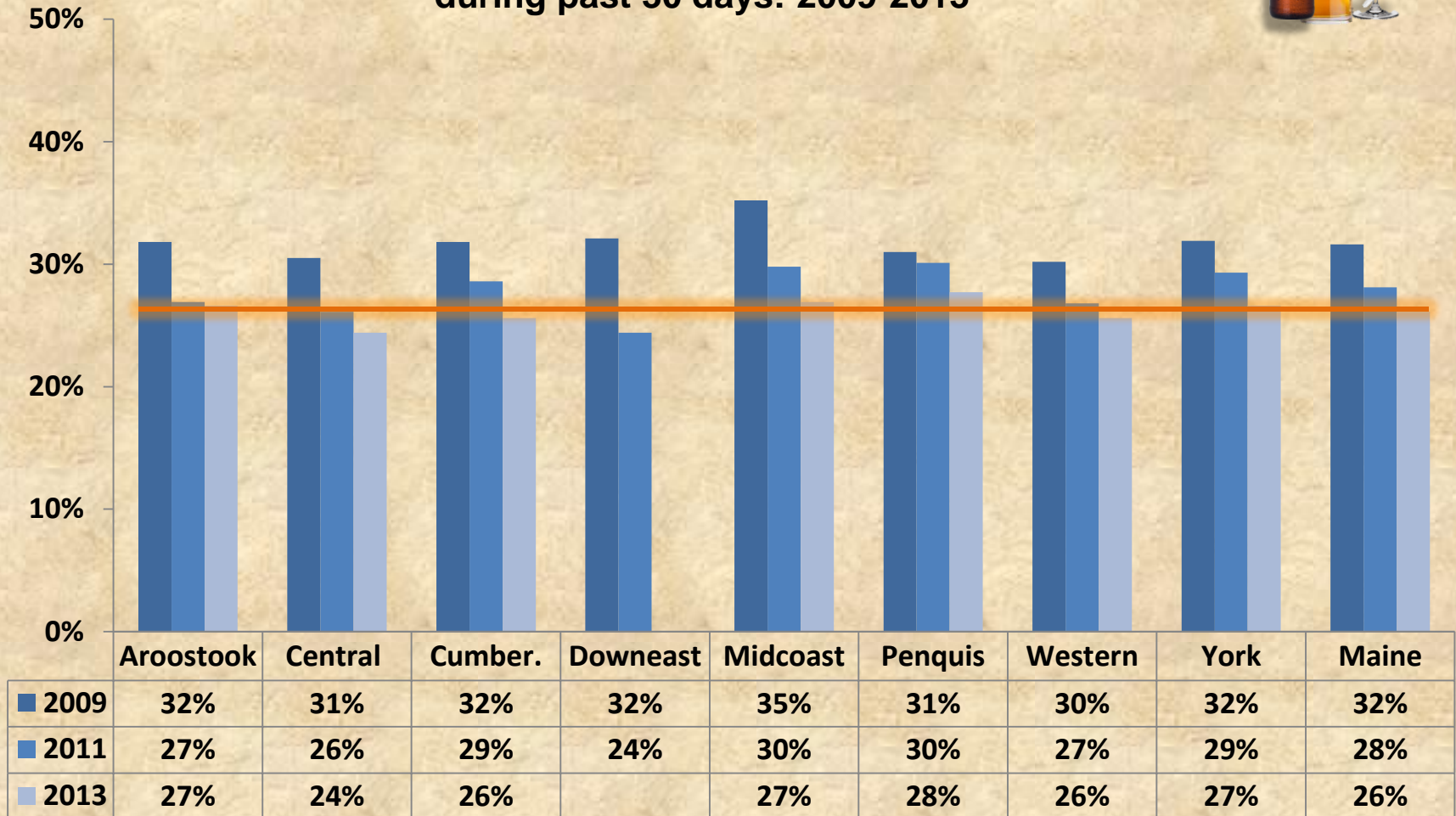


- Facilitate access to SEOW profile data through an interactive website
 - Indicators can be searched by type, population, substance
 - Data can be trended by year or accessed by region, age and gender.
- Serve as a “clearinghouse” linking to other resources
 - SEOW reports, factsheets and resources
 - Links to other data sources and useful websites

Consumption



Percent of high school students by Public Health District who had at least one drink of alcohol during past 30 days: 2009-2013

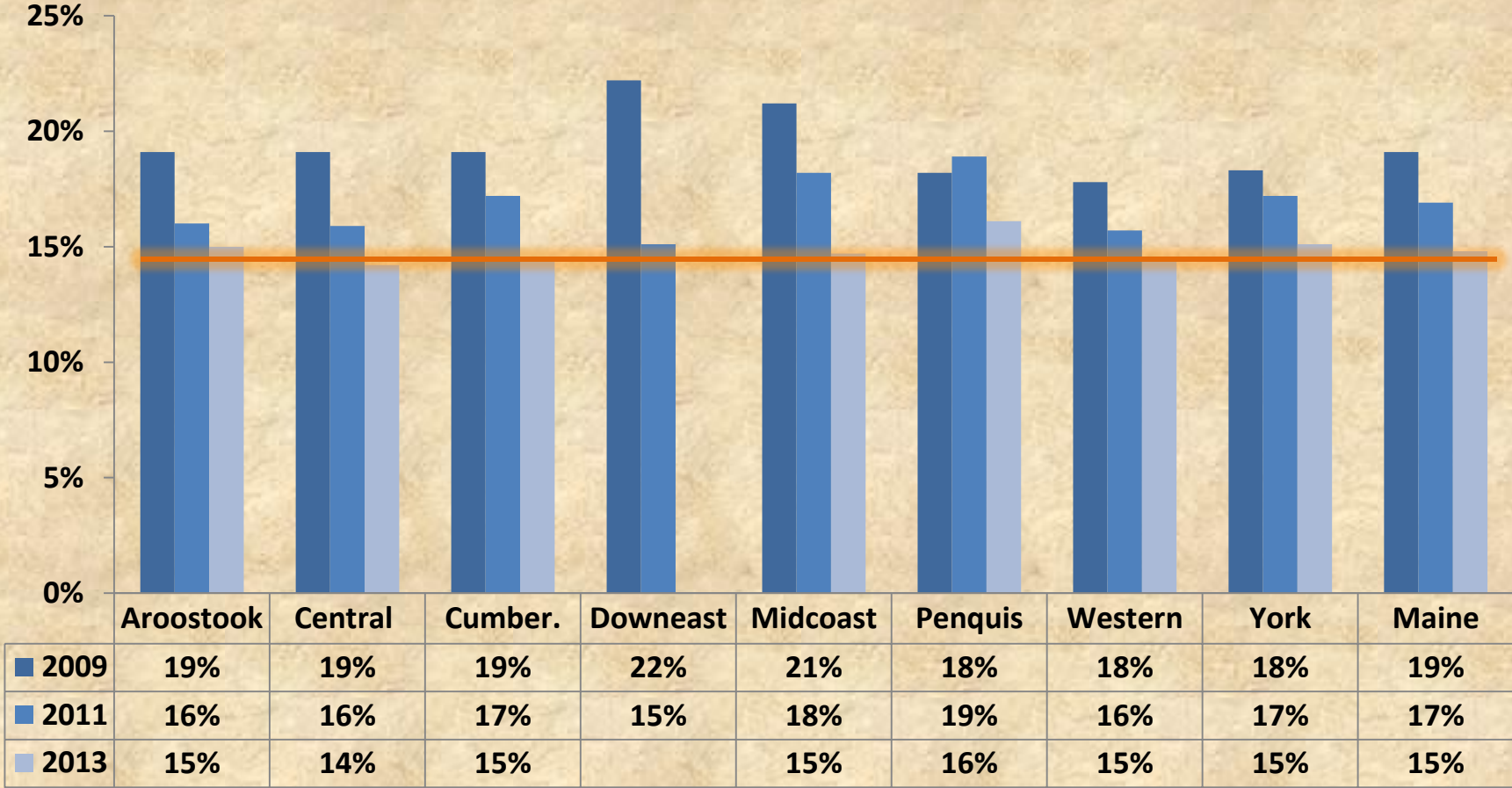



Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

= 2013 state average

Percent of high school students by Public Health District who had at least five drinks in a row during past 30 days: 2009-2013

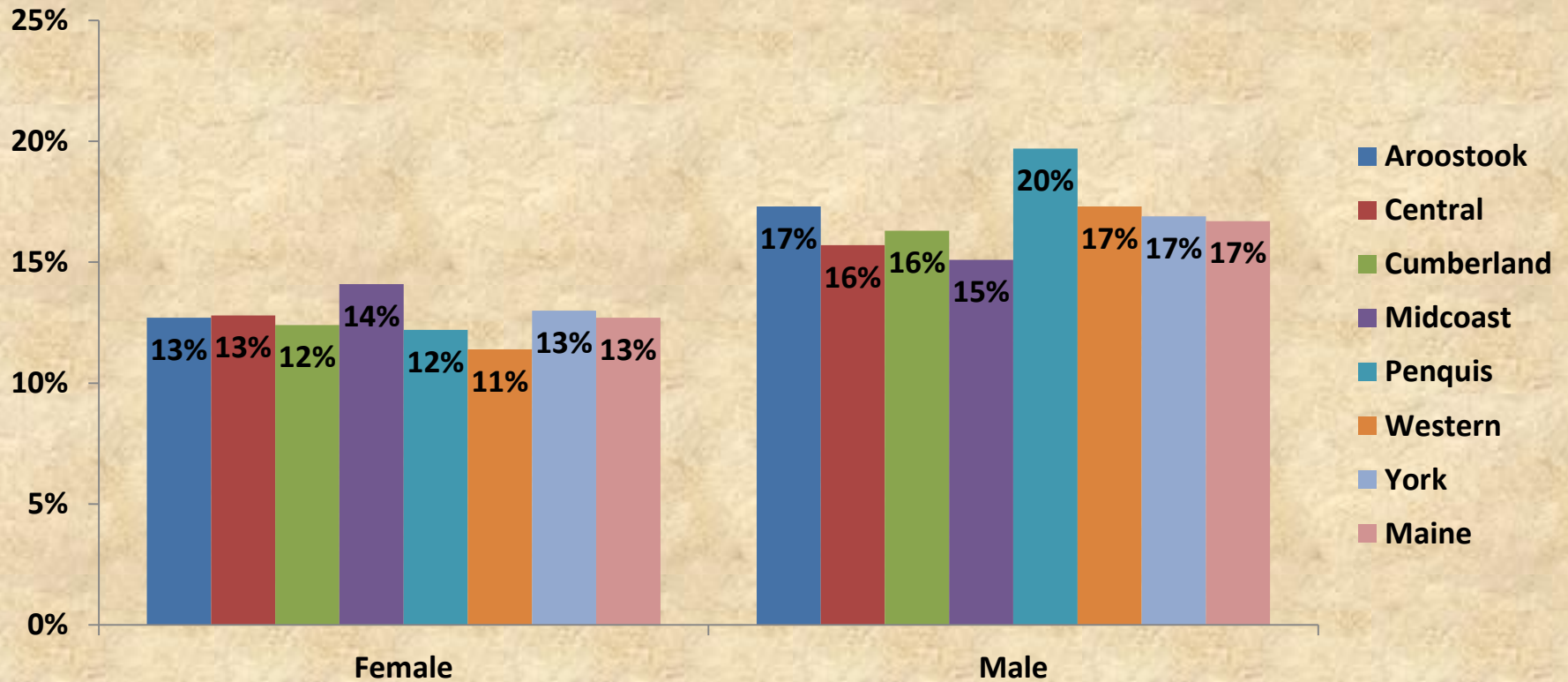


 = 2013 state average

Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

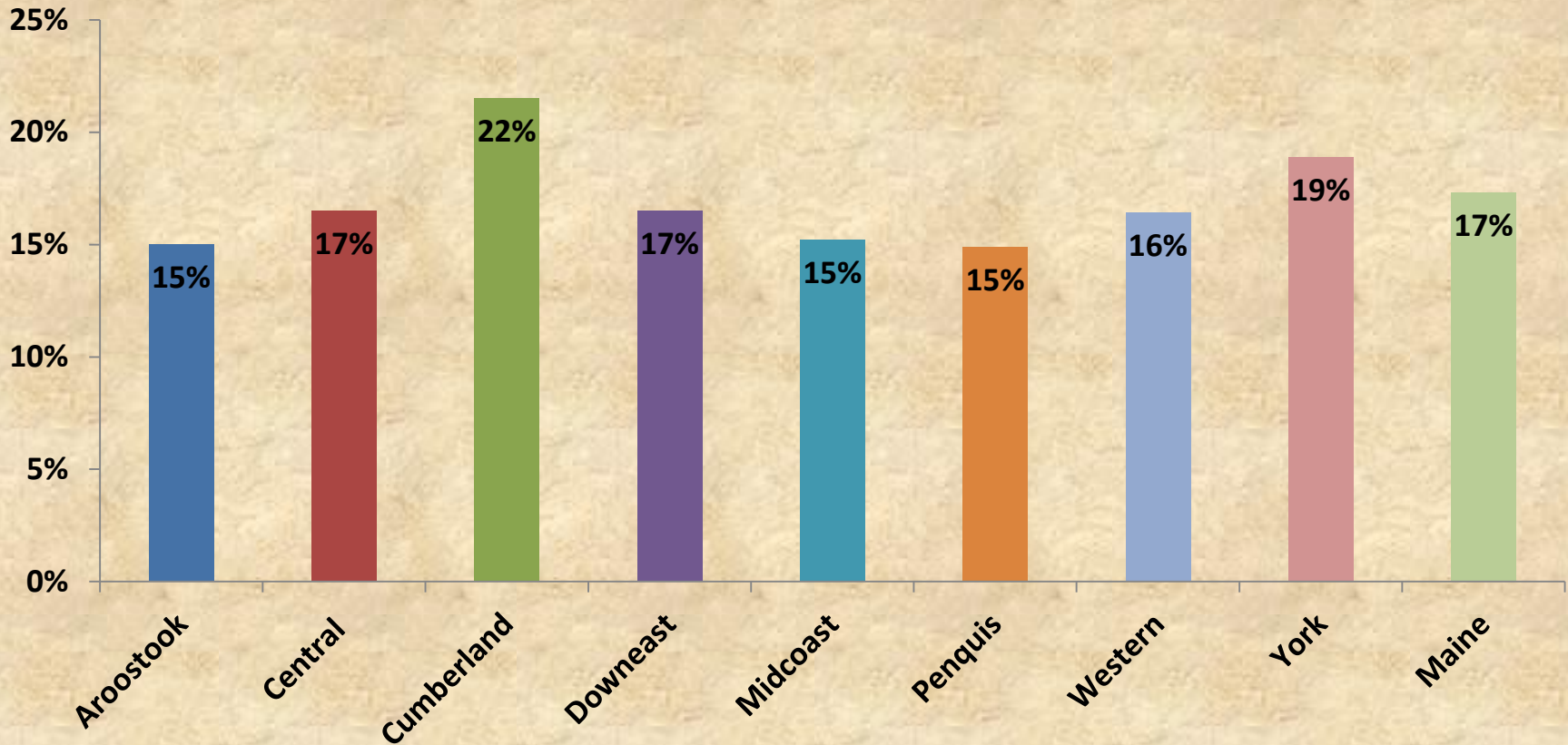
Percent of high school students who had at least five drinks in a row during past 30 days by Public Health District and gender: 2013



Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

Binge drinking within past 30 days among adults, by Public Health District: 2011-12 (combined years)



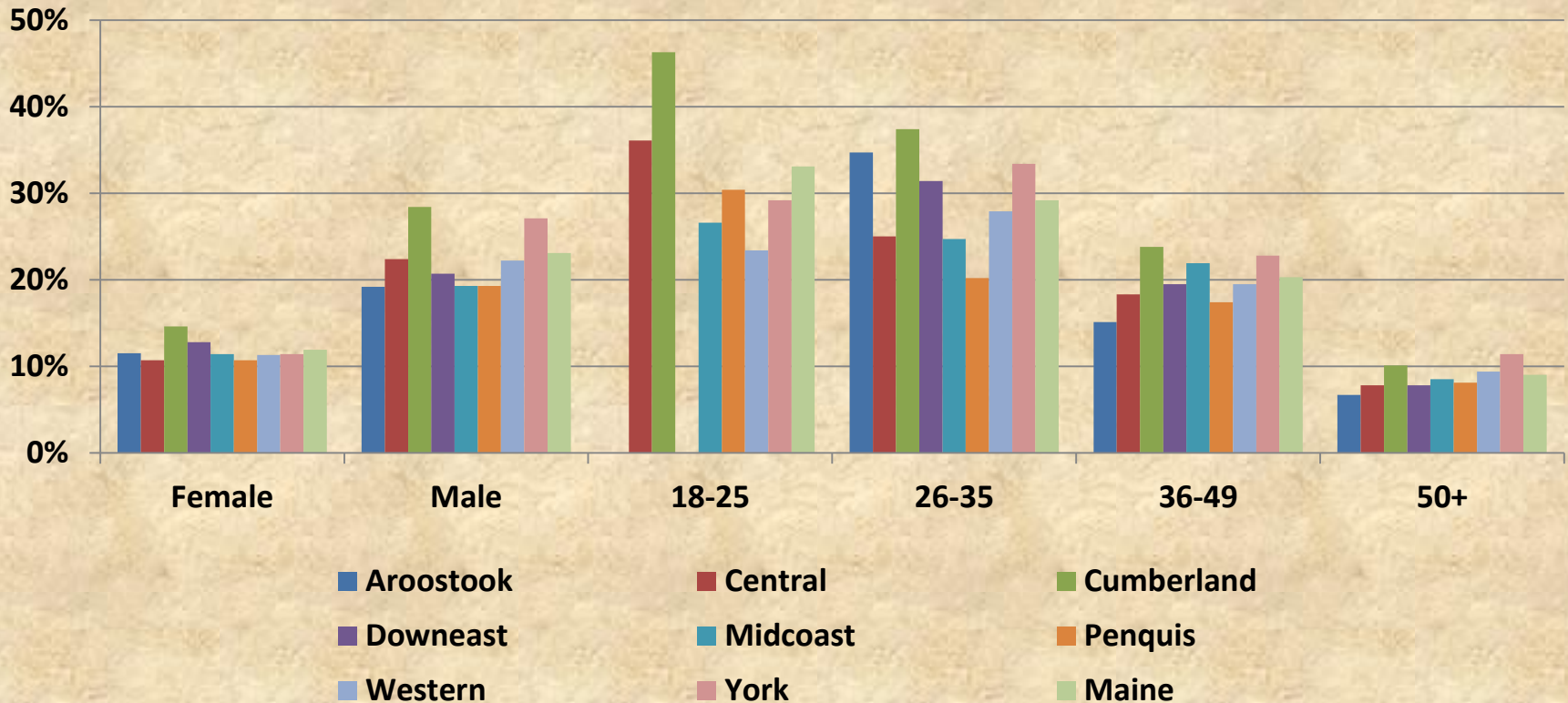
Source: BRFSS

**Due to a low response rate, the Downeast rate among 18-25 year olds has been omitted.*



Binge Drinking is defined as consuming five or more drinks in a row for a man and four or more drinks in a row for a woman.

Binge drinking within past 30 days among adults, by public health district, gender, and age: 2011-12 (combined years)



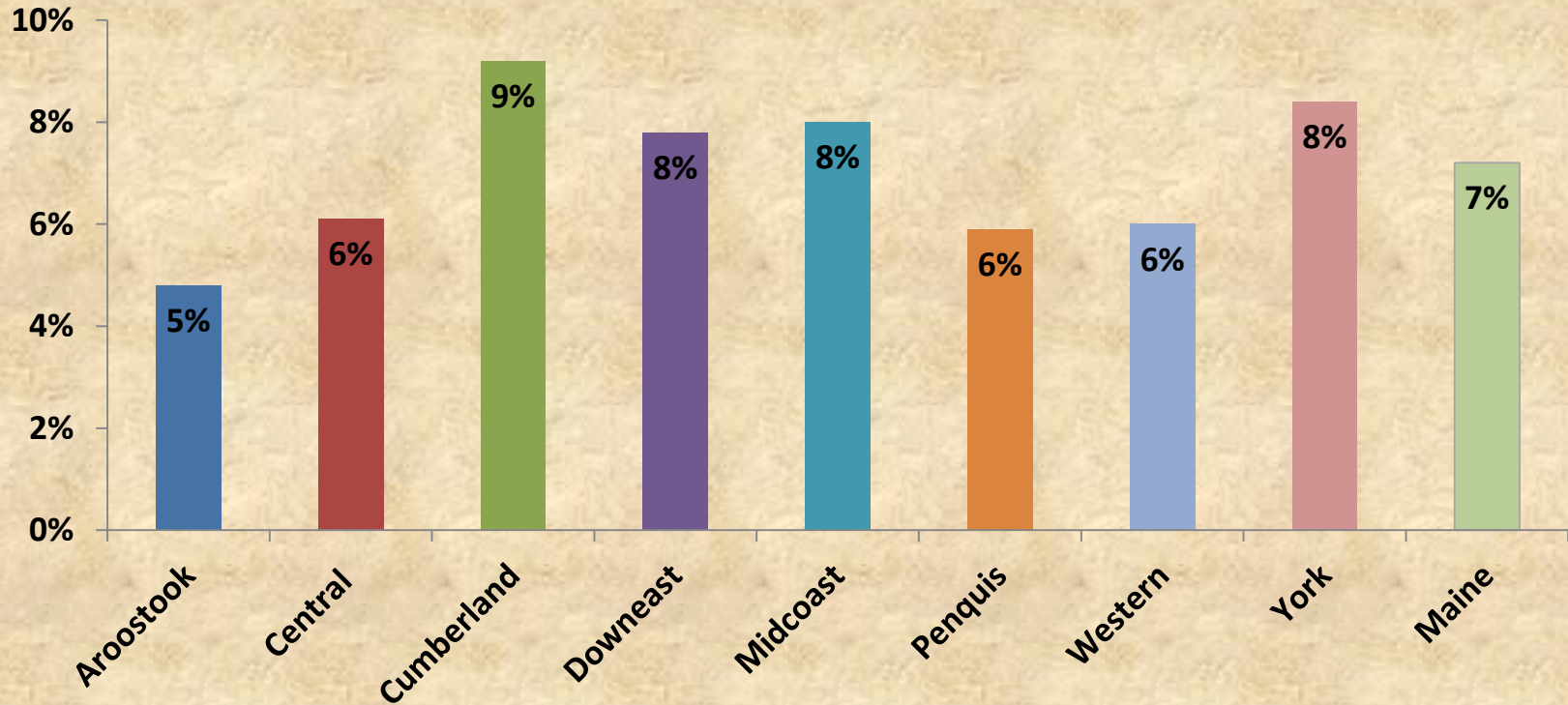
Source: BRFSS

****Due to a low response rate, the Downeast rate among 18-25 year olds has been excluded.***



Binge Drinking is defined as consuming five or more drinks in a row for a man and four or more drinks in a row for a woman.

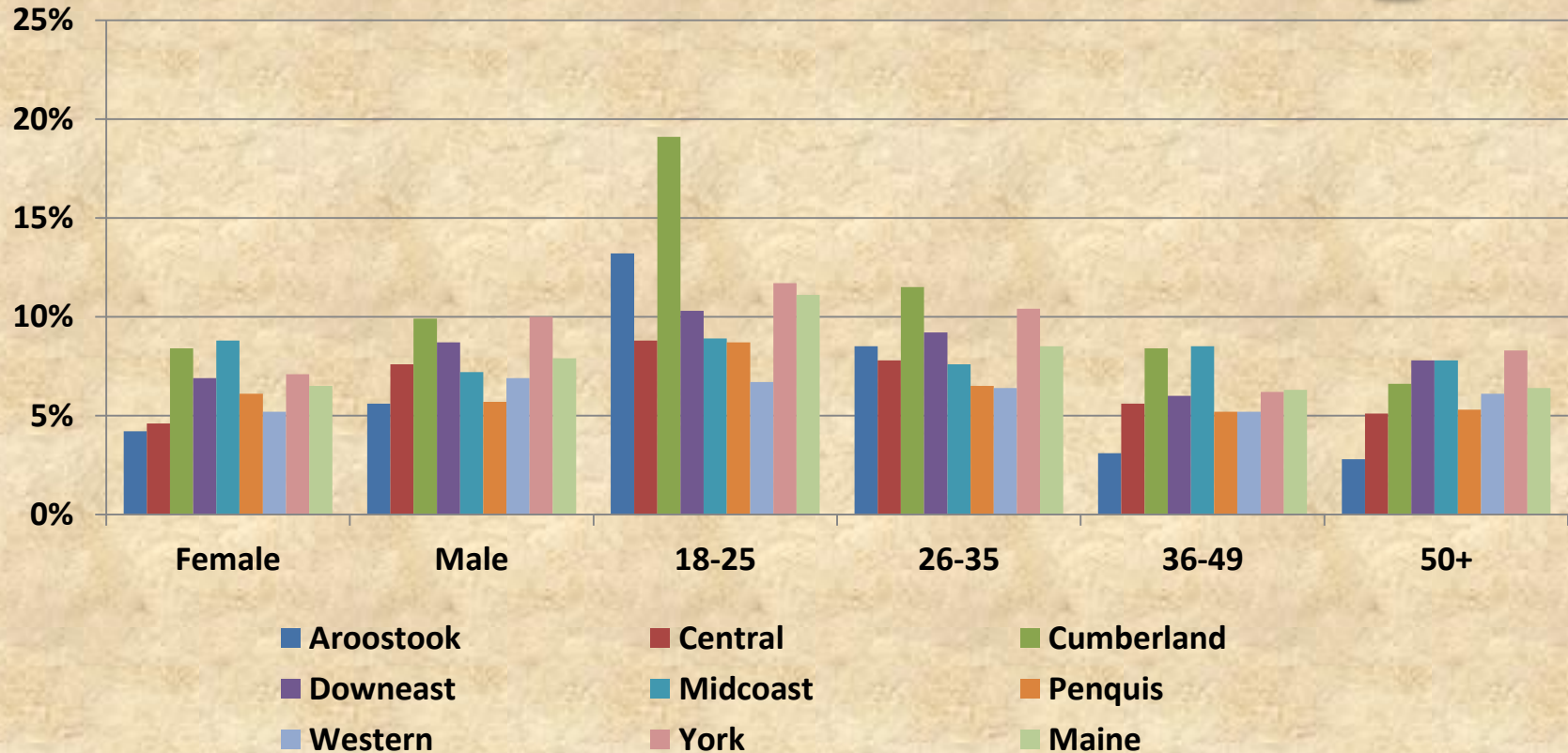
Adults at risk from heavy alcohol use* by public health district, age, and gender: 2011-12 (combined years)



Source: BRFSS

***Adults at risk from heavy alcohol use = at least 2 or more drinks for a man per day, at least 1 or more drinks for a woman per day (past 30 days)**

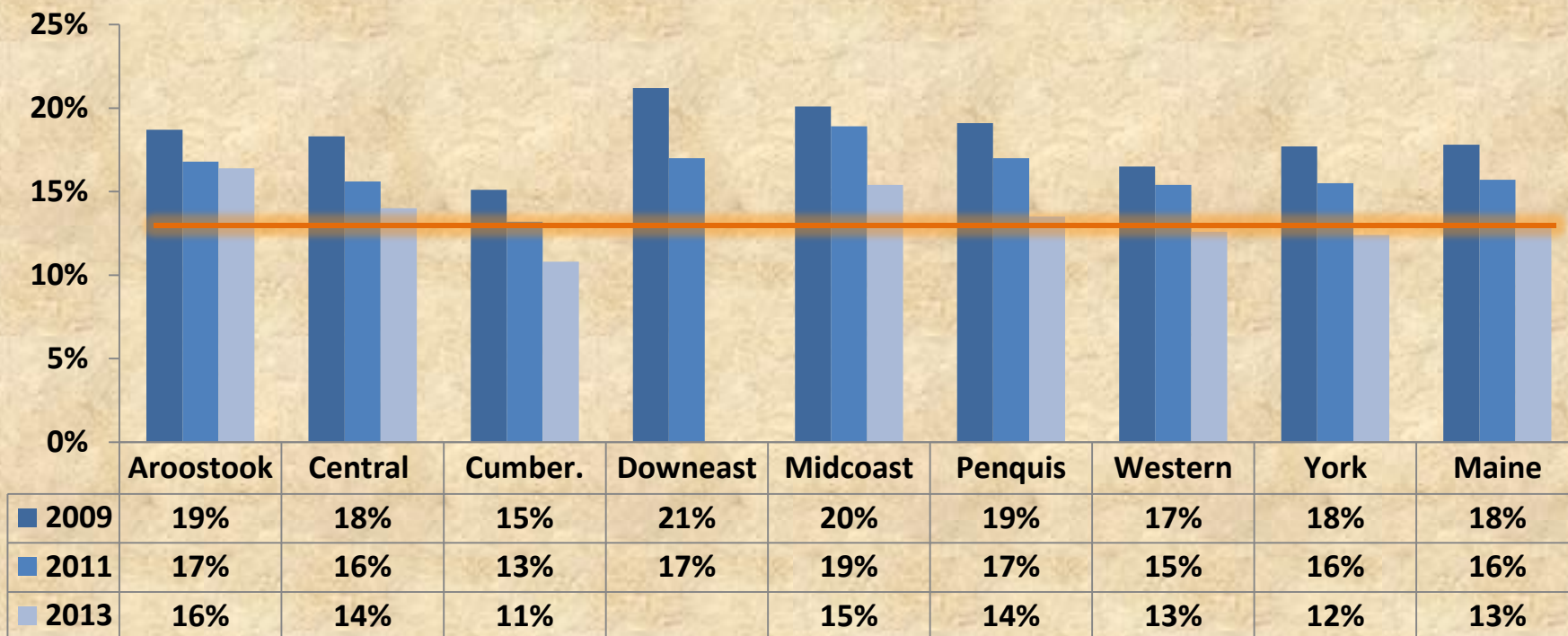
Adults at risk from heavy alcohol use* by public health district, age, and gender: 2011-12 (combined years)



Source: BRFSS

*Adults at risk from heavy alcohol use = at least 2 or more drinks for a man per day, at least 1 or more drinks for a woman per day (past 30 days)

Percent of high school students by Public Health District who reported smoking one or more cigarettes in the past 30 days: 2009-2013

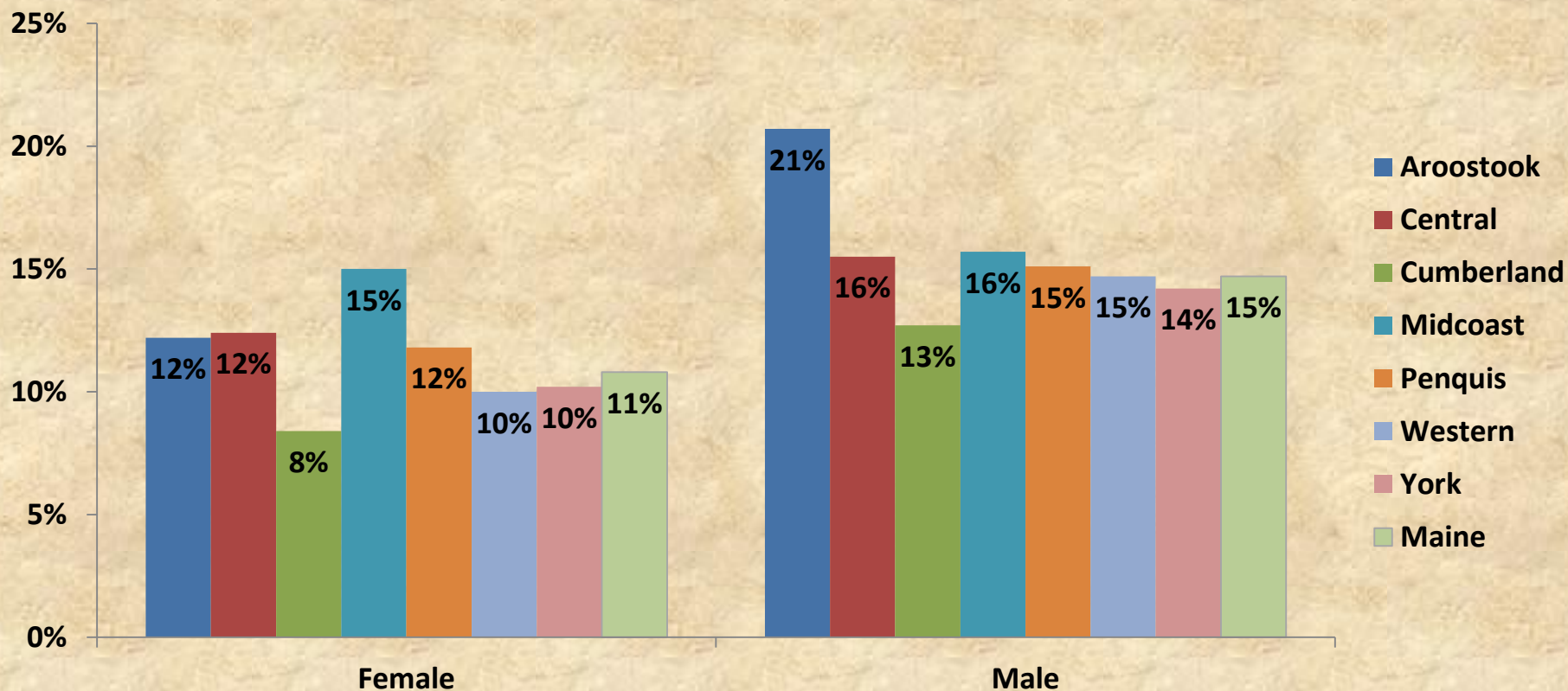


Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

= 2013 state Average

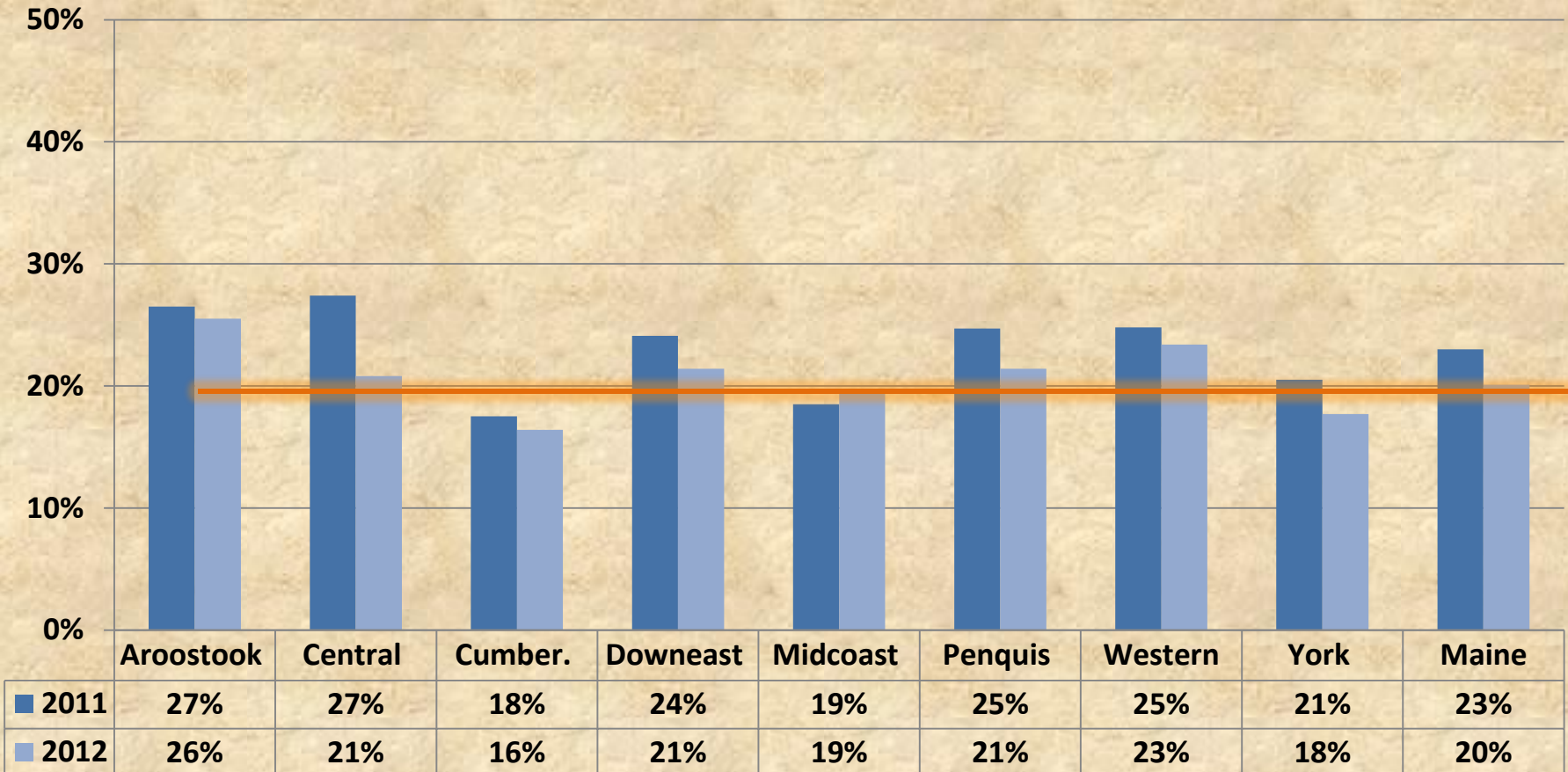
Percent of high school students who reported smoking one or more cigarettes in the past 30 days by Public Health District and gender: 2013



Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

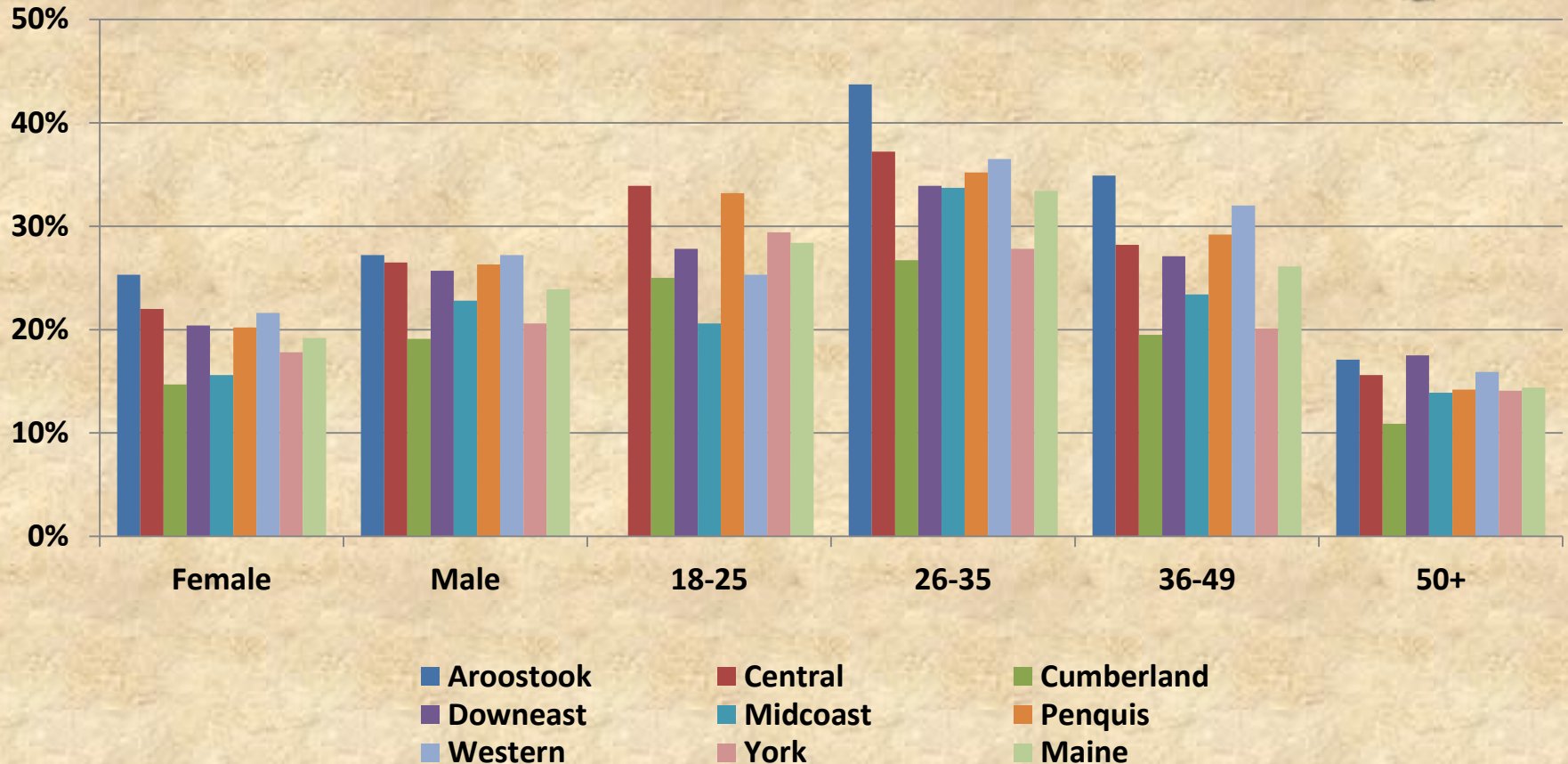
Percent of adults by Public Health District who reported smoking a cigarette in the past 30 days: 2011-2012



Source: BRFSS

= 2012 state Average

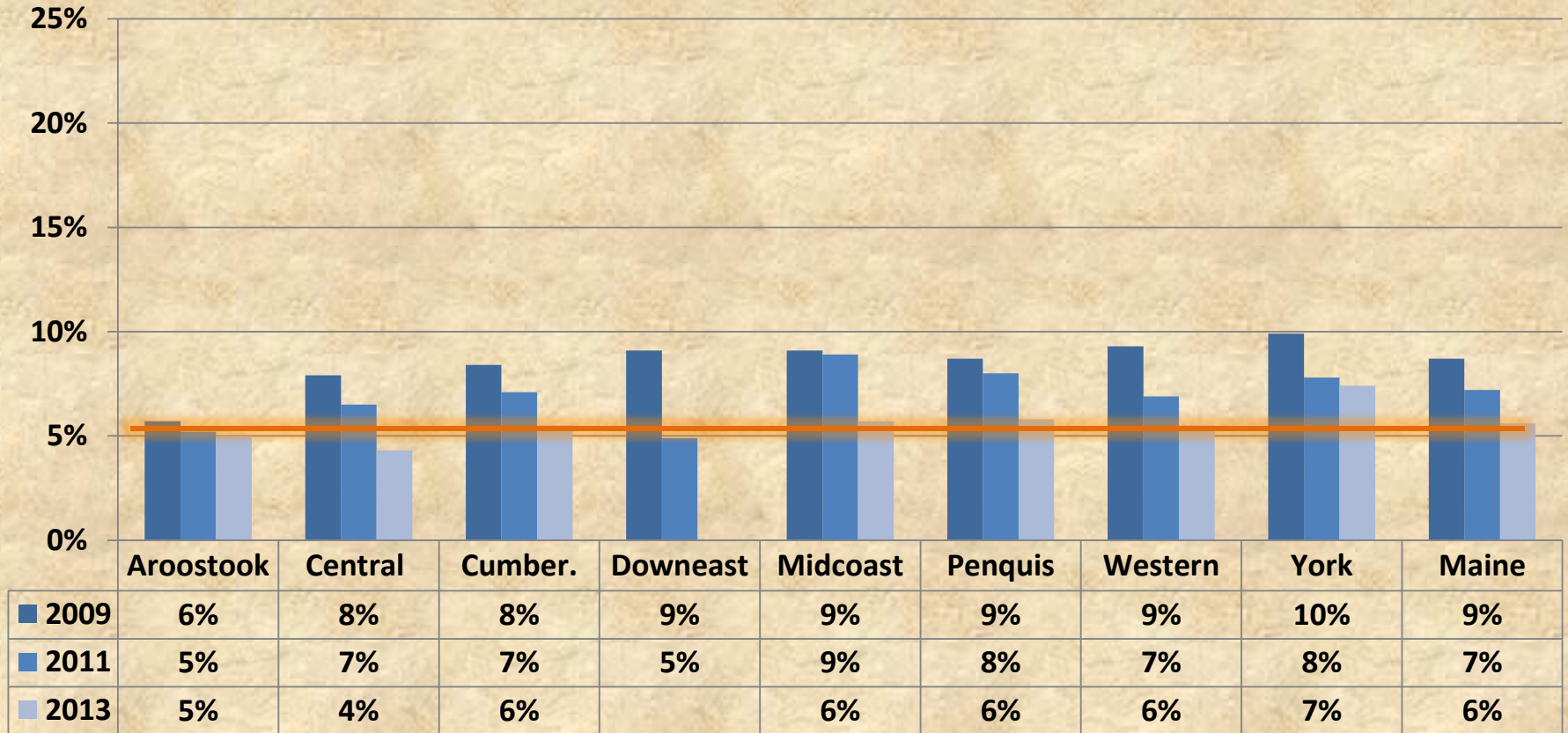
Adult smokers who reported smoking on at least one day in the past 30 days, by PHD, gender, and age: 2011-2012



Source: BRFSS

Due to a low response rate, the Aroostook rate among 18-25 year olds has been omitted.

Percent of high school students by Public Health District who have taken prescription drugs not prescribed to them by a doctor in the past 30 days: 2009-2013

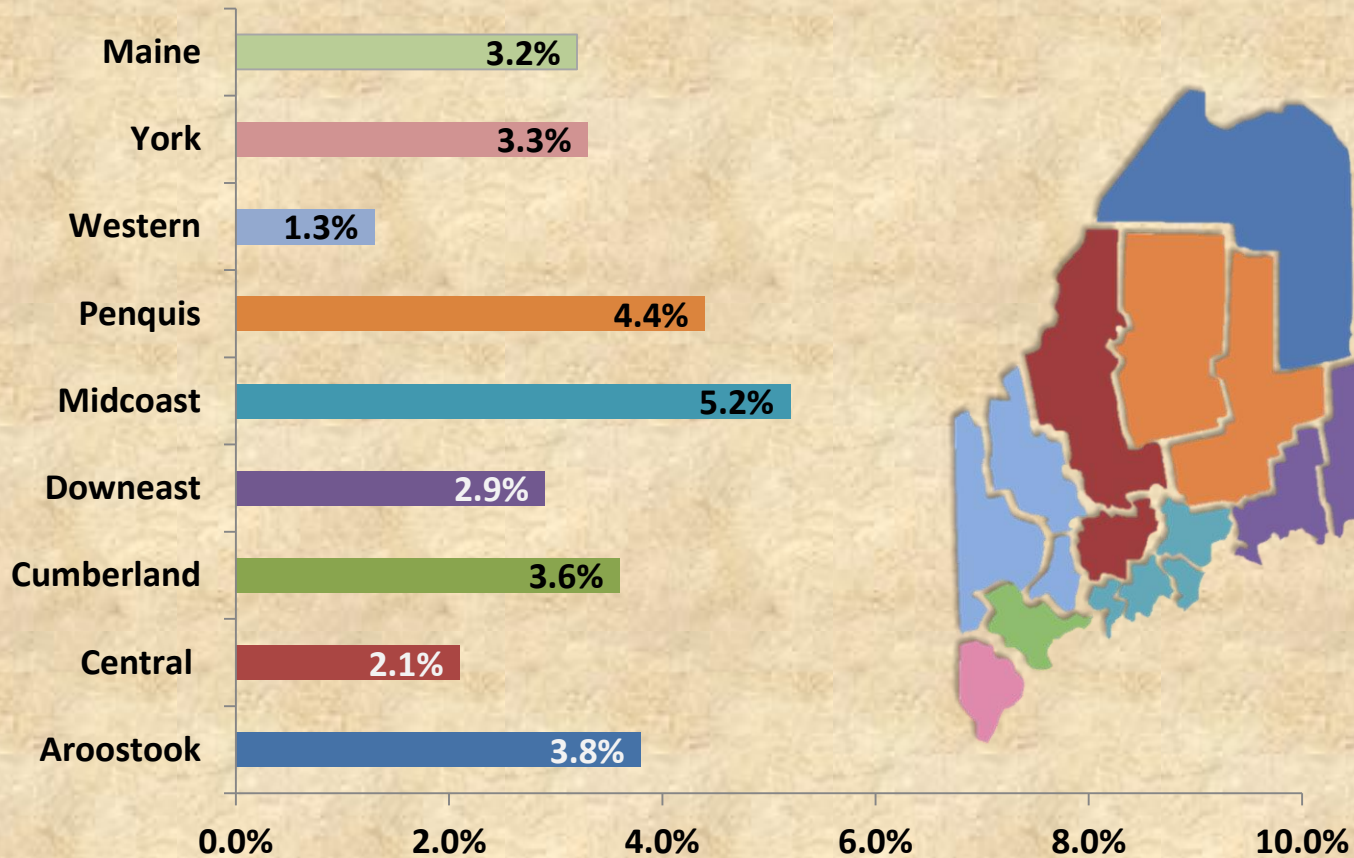


Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

= 2013 state average

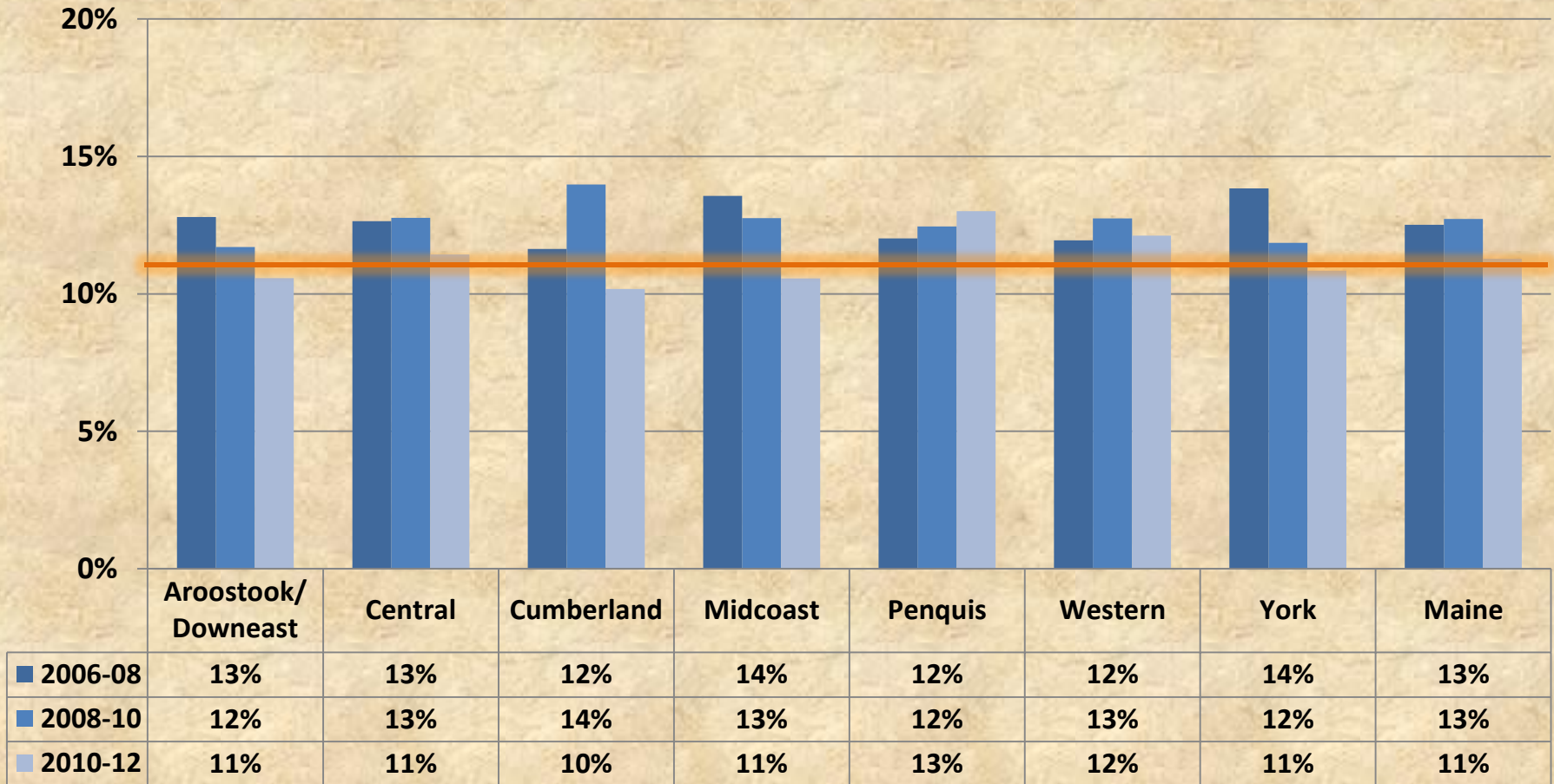
Percent of adults by Public Health District who have ever taken prescription drugs not prescribed to them by a doctor: 2011-12 (combined years)



Source: BRFSS

Actual question: Have you ever used prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?

Percent of population 18 to 25 who used prescription pain relievers in past year for nonmedical use, by Public Health District: 2006-08 thru 2010-12

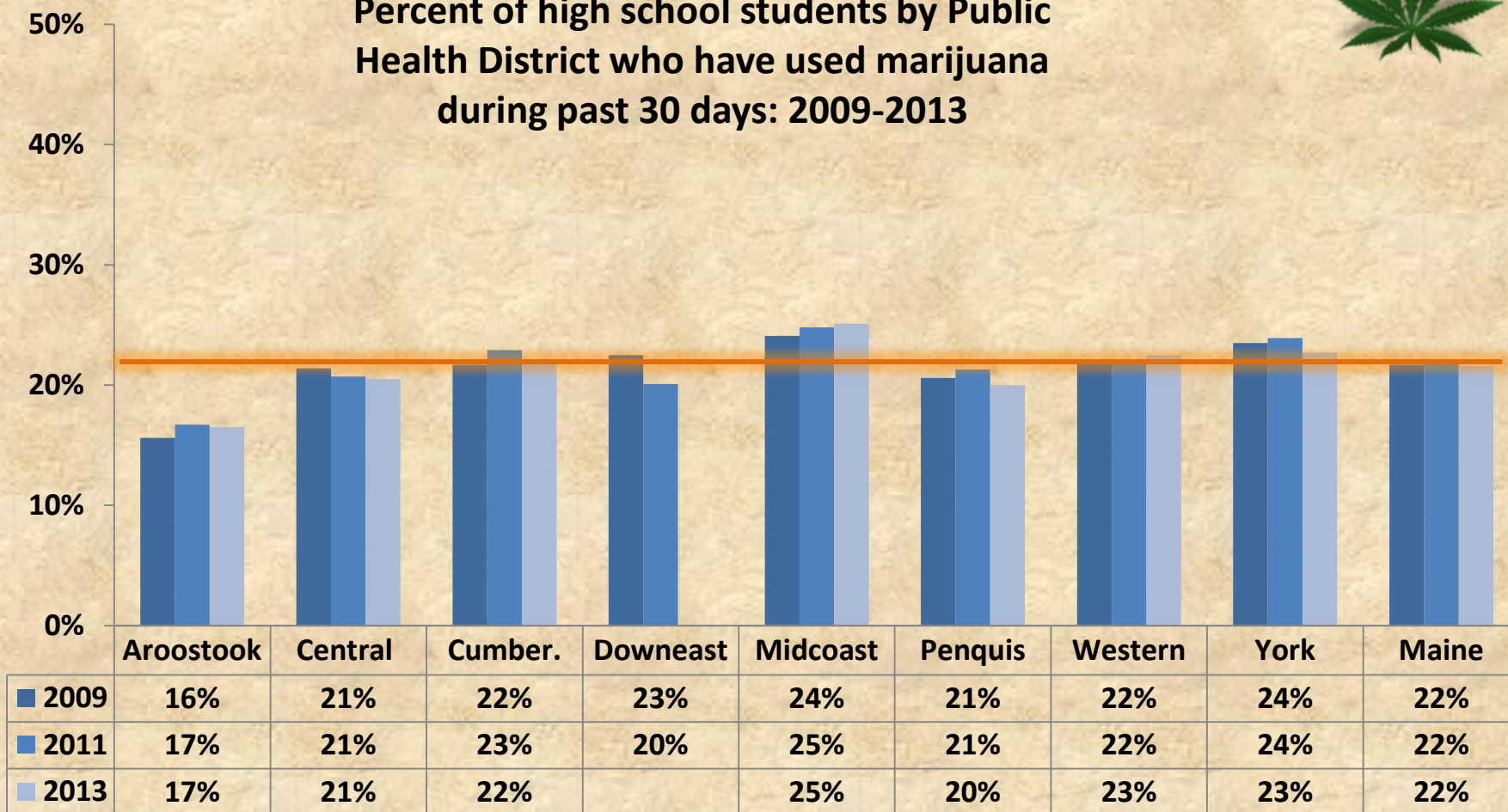


Source: NSDUH

= 2010-12 state average




Percent of high school students by Public Health District who have used marijuana during past 30 days: 2009-2013



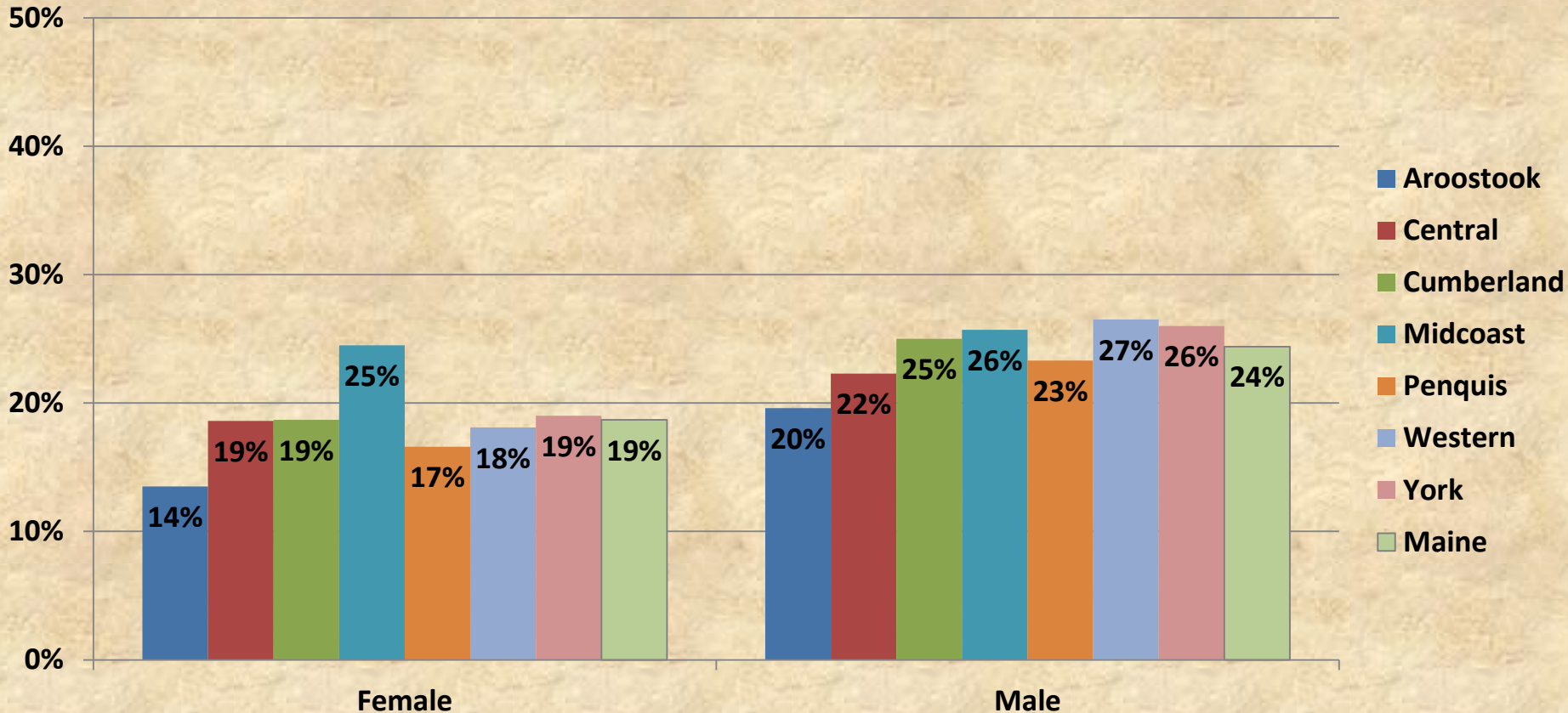
Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

 = 2013 state Average



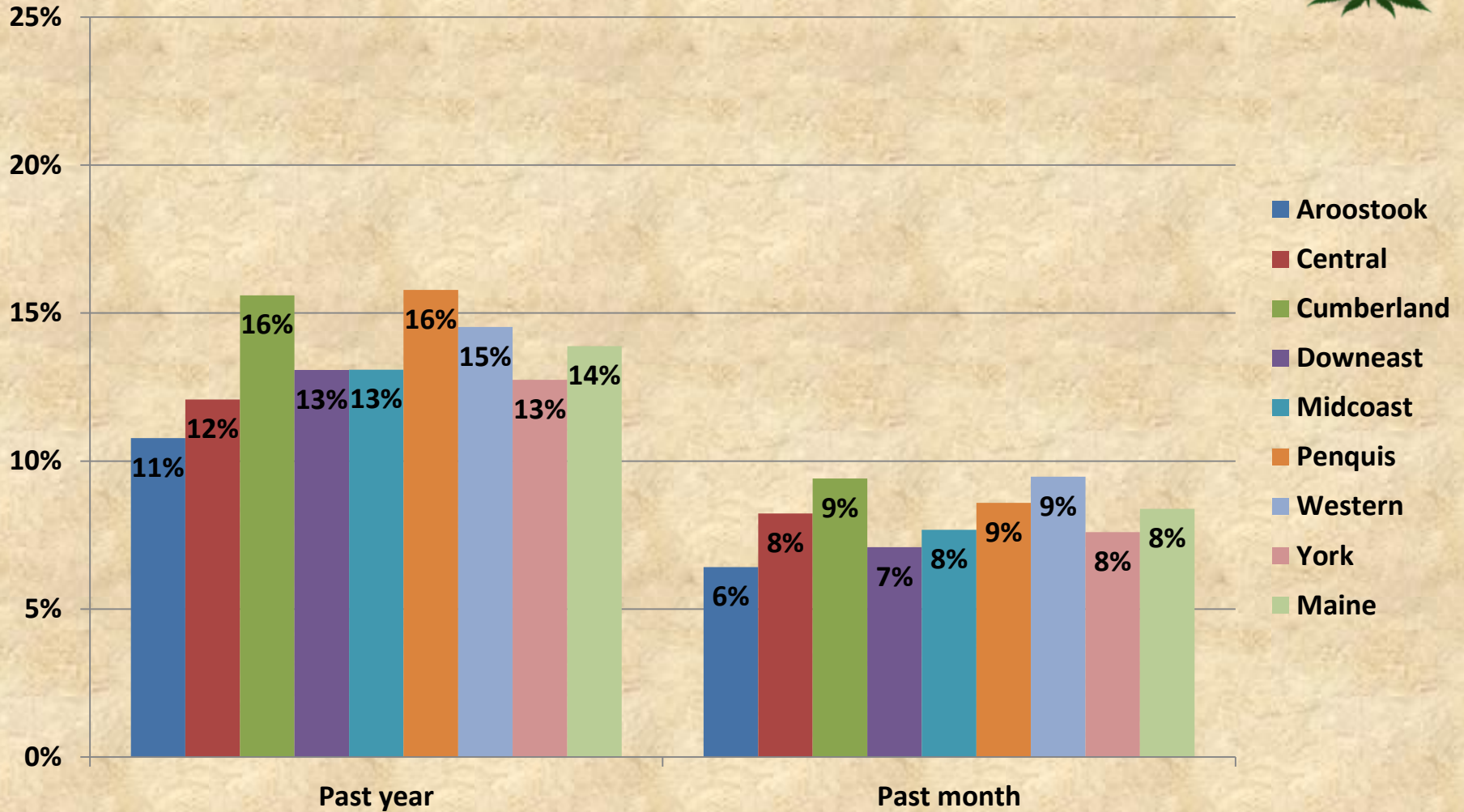
Percent of high school students who have used marijuana during past 30 days, by Public Health District and gender: 2013



Source: MIYHS

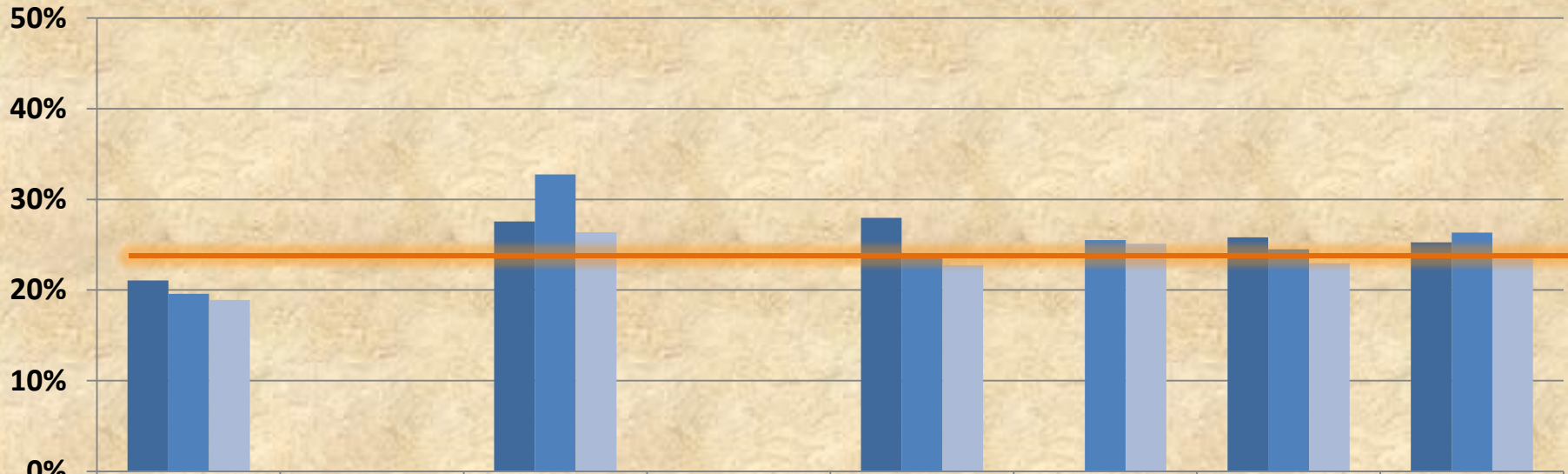
**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

Percent of adults (18+) who have used marijuana, by Public Health District : 2010-12



Source: NSDUH

**Percent of population 18 to 25 who used
marijuana in the past month, by Public Health
District: 2006-08 thru 2010-12**



	Aroostook/Downeast	Central	Cumberland	Midcoast	Penquis	Western	York	Maine
■ 2006-08	21%		28%		28%		26%	25%
■ 2008-10	20%		33%		24%	26%	25%	26%
■ 2010-12	19%		26%		23%	25%	23%	24%

Source: NSDUH

**Due to low response rates, Central and Midcoast estimates have been excluded*

= 2010 -12 state average

Consumption Summary

Alcohol

- ❖ Adult drinking more common among southern regions and along the coast.
- ❖ Risky drinking is highest among males and 18 to 35 year olds; most common in Maine's more populated regions
- ❖ Youth drinking rates have declined substantially
- ❖ Alcohol use among high school students more common in Midcoast, Penquis, and Aroostook PHDs.

Tobacco

- ❖ More common among males and 26 to 35 year olds.
- ❖ More widespread among Northern and Coastal regions (Aroostook, Western, Central, and Penquis).

Consumption Summary (cont.)

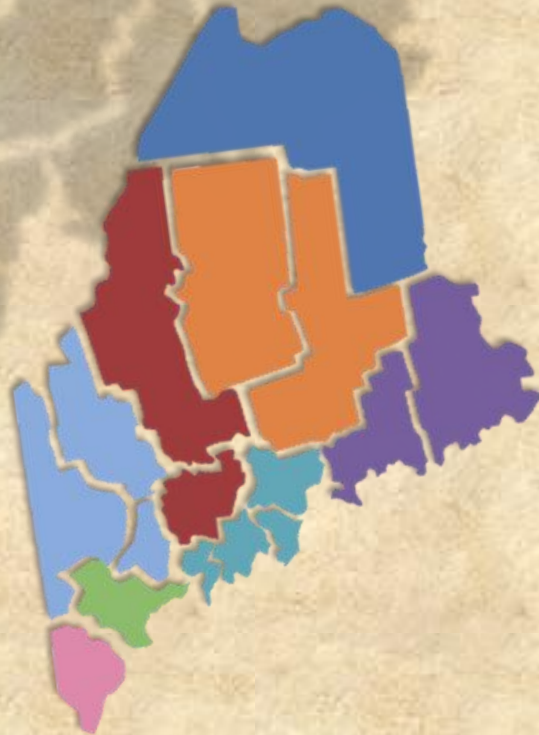
Rx Drugs

- ❖ Medication misuse among adults and students does not vary much across public health districts.
- ❖ Most common among 18 to 25 year olds (particularly in Penquis and Western PHDs).

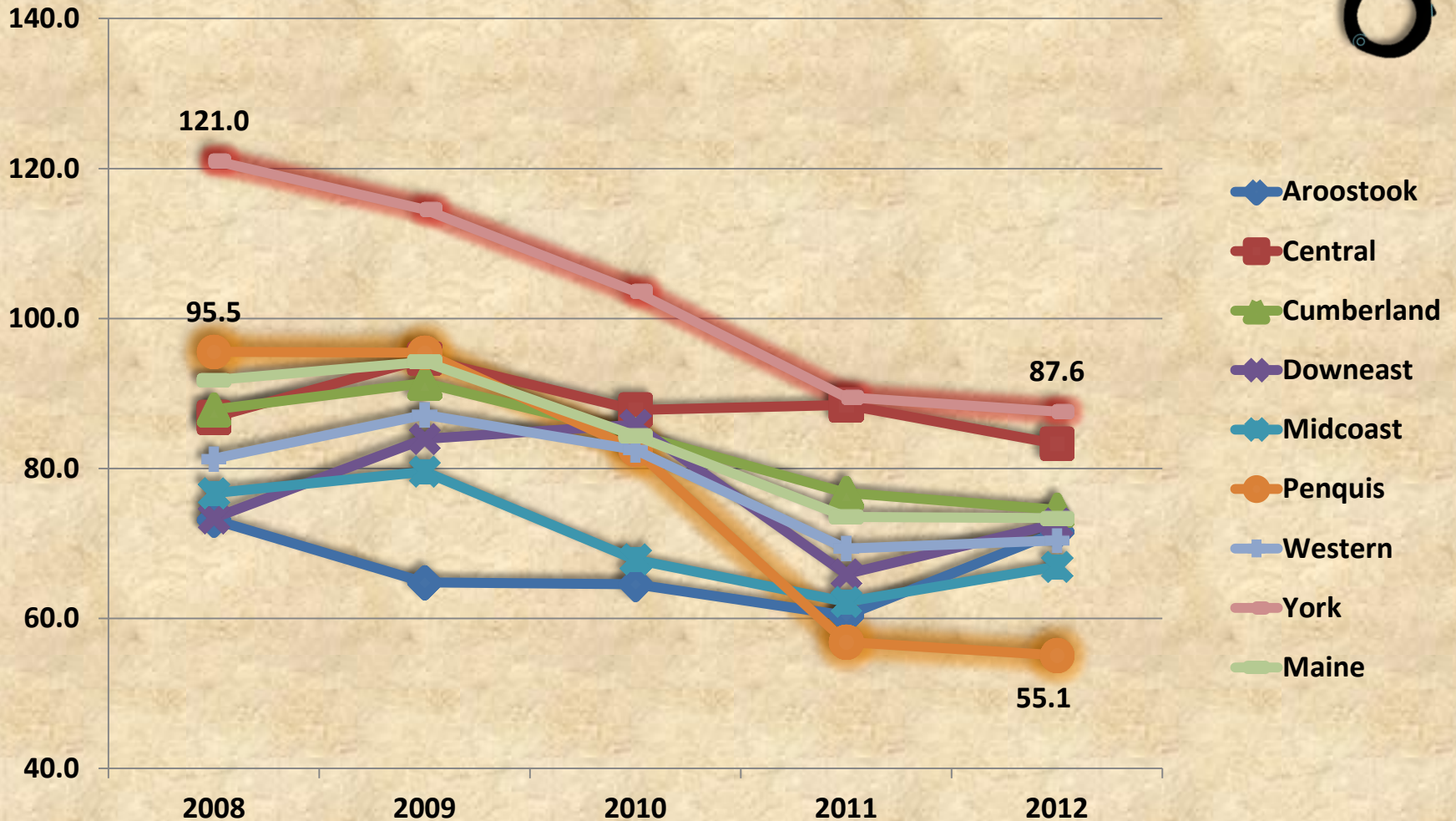
Marijuana

- ❖ Slightly more common in the southern half of Maine (Western, York, Midcoast, and Cumberland).
- ❖ Adult marijuana use is most common in Penquis, Cumberland, and Western PHDs.
- ❖ Young adults 18 to 25 are most likely to use marijuana particularly in Cumberland and Western PHDs.

Consequences in Maine



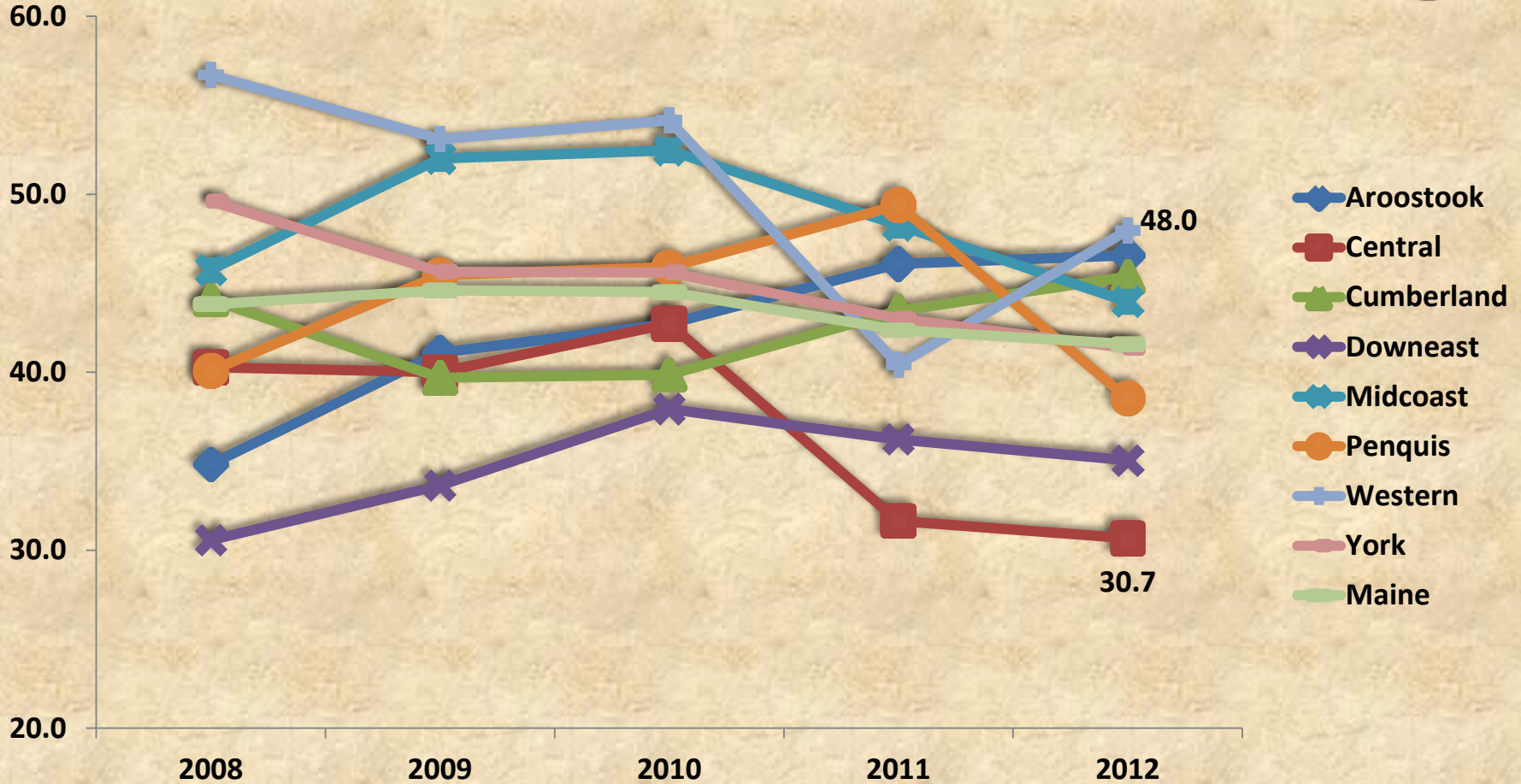
Alcohol-related* arrest rate per 10,000, by Public Health District: 2008-2012



Source: DPS; UCR

*Alcohol-related arrests include Operating Under the Influence, liquor law violations, and drunkenness

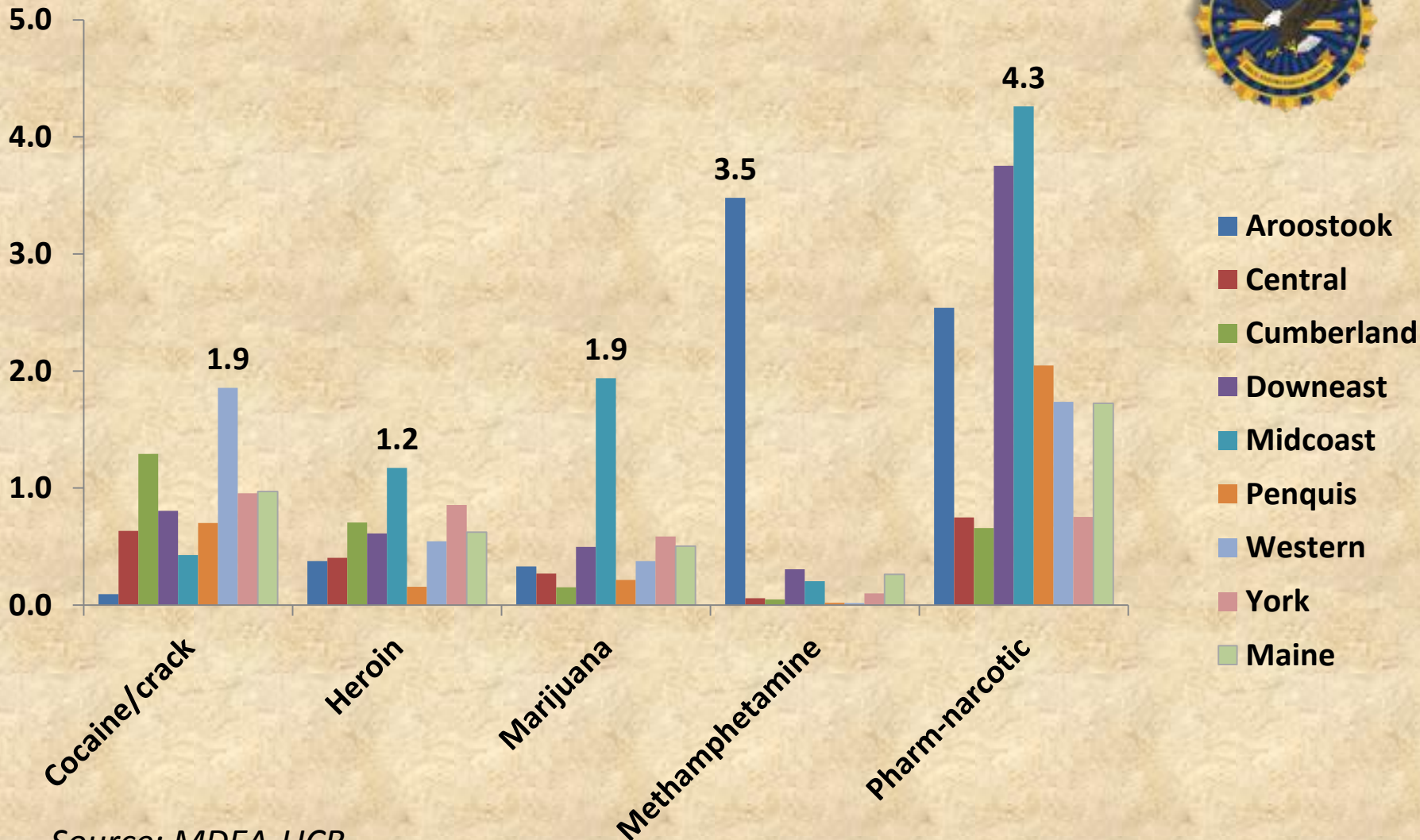
Drug-related* arrest rate per 10,000, by Public Health District: 2008-2012



Source: DPS; UCR

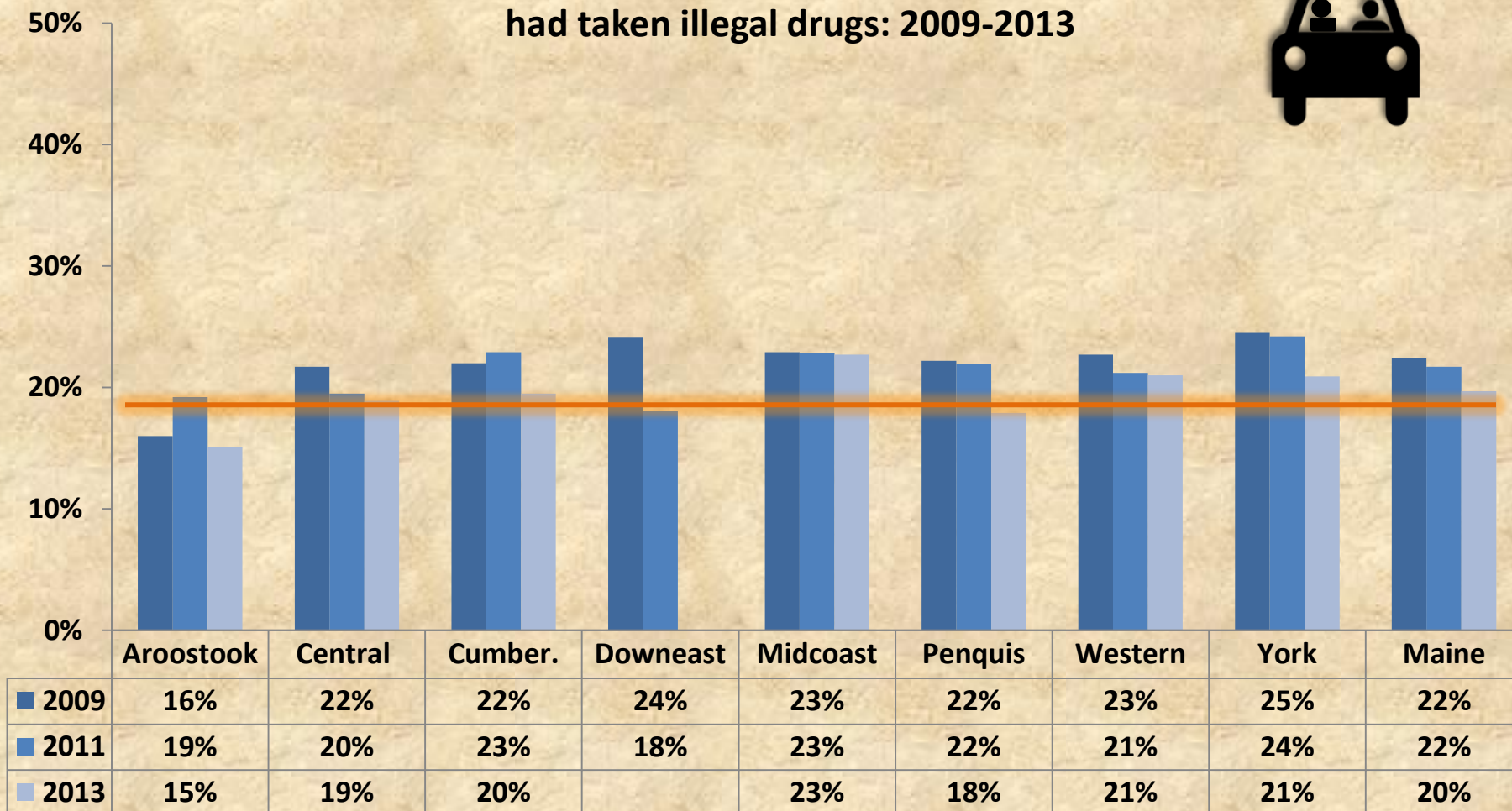
*Drug-related arrests include manufacturing, sales, and possession

Average rate of drug offense arrests per 10,000 residents, by Public Health District and drug type: 2011-13 (combined years)



Source: MDEA-UCR

Percent of high school students by Public Health District who rode in a vehicle driven by someone who had taken illegal drugs: 2009-2013

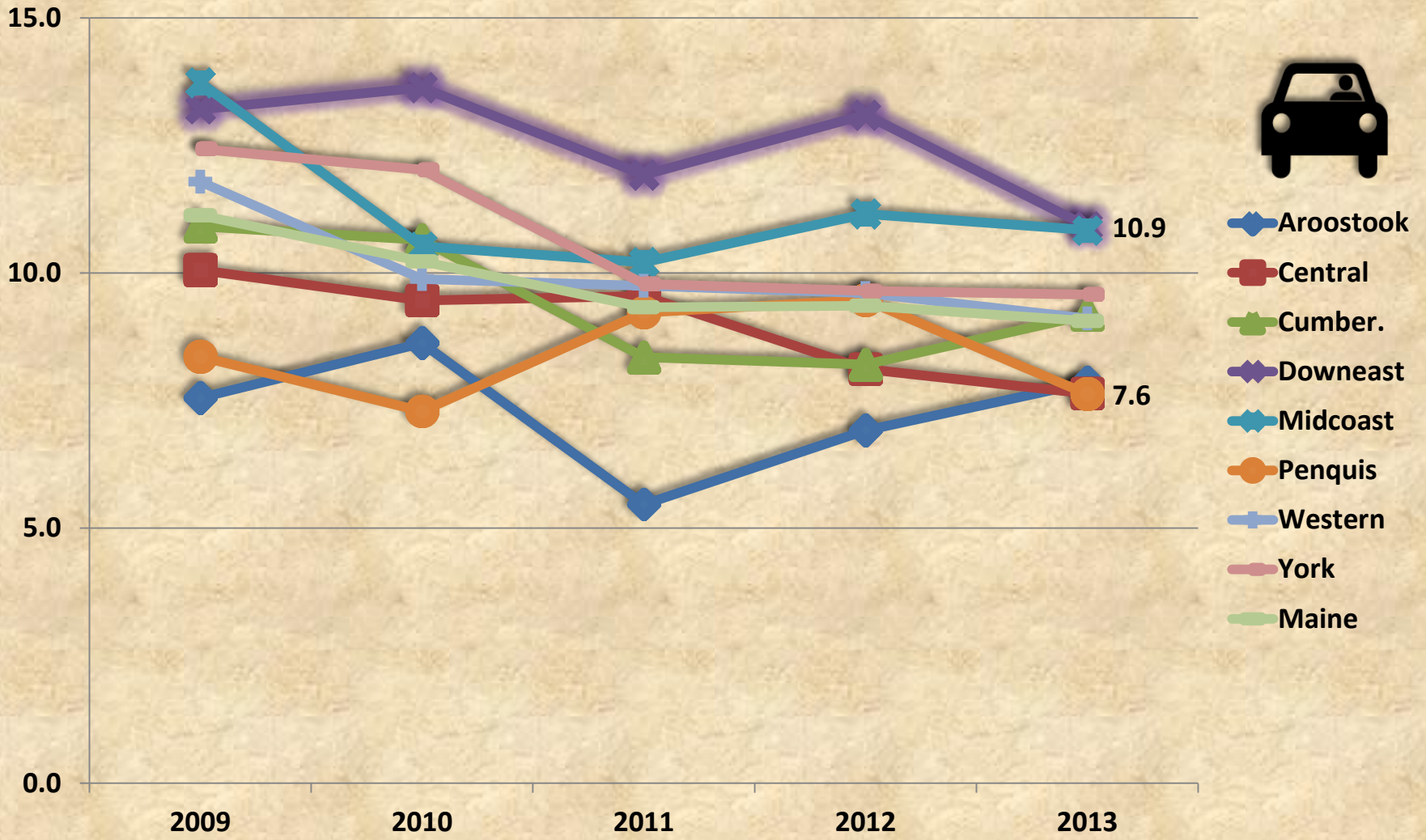


Source: MIYHS

= 2013 state Average

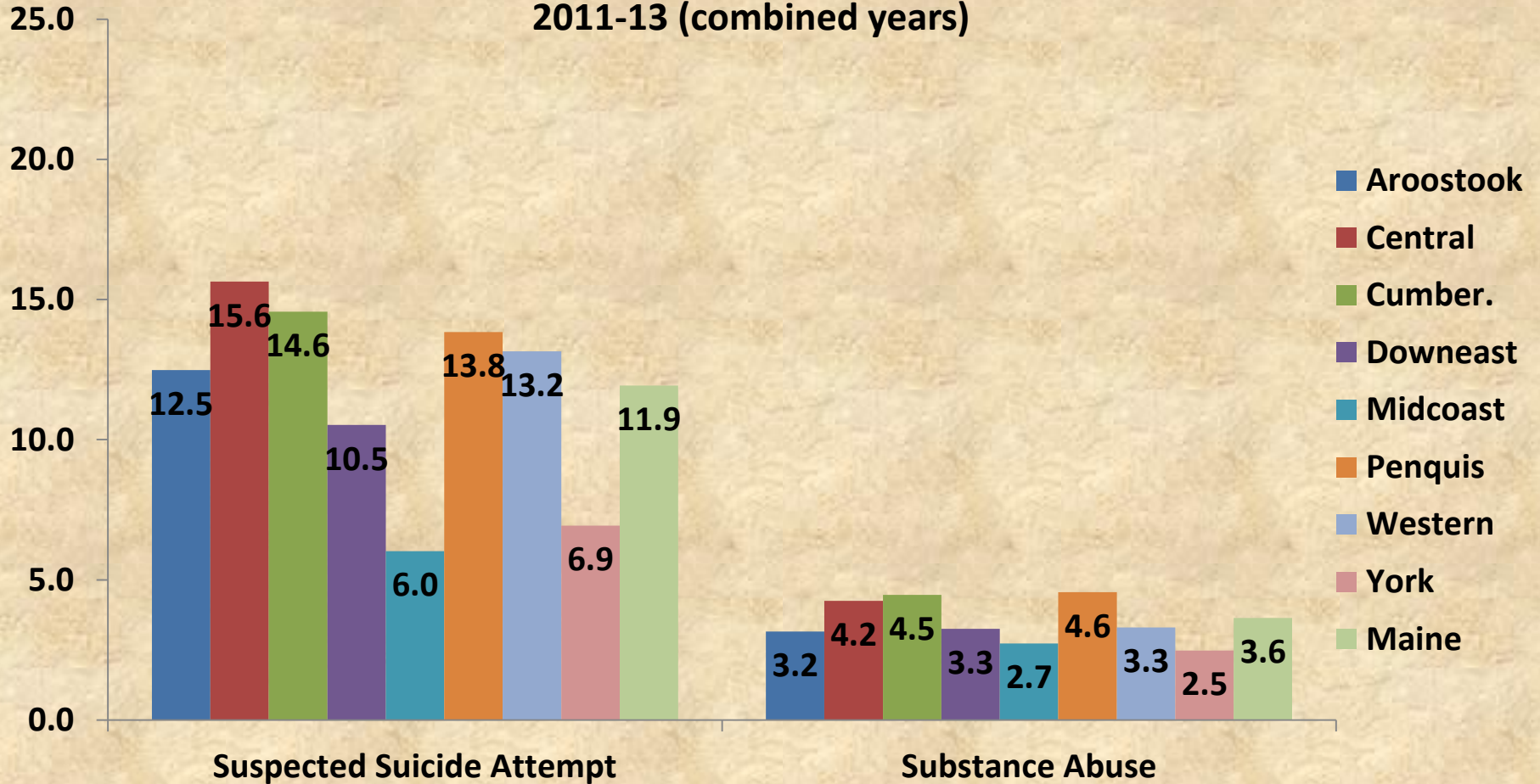
**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

Alcohol/Drug-related motor vehicle crash rate per 10,000, by Public Health District: 2009-2013



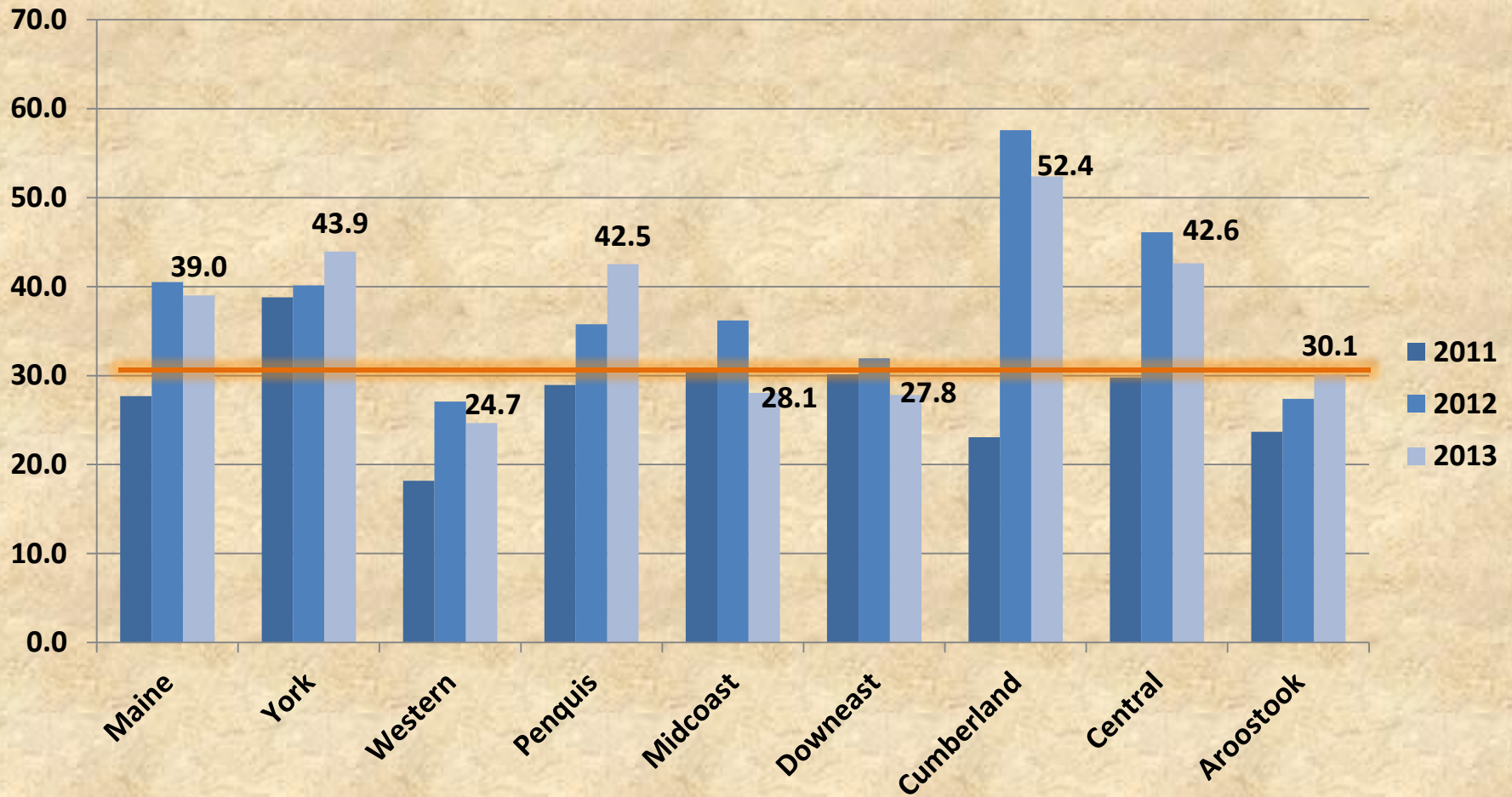
Source: MDOT/MBHS

Yearly average of poisonings reported to New England Poison Center per 10,000 residents, by intent and Public Health District: 2011-13 (combined years)



Source: NNEPC

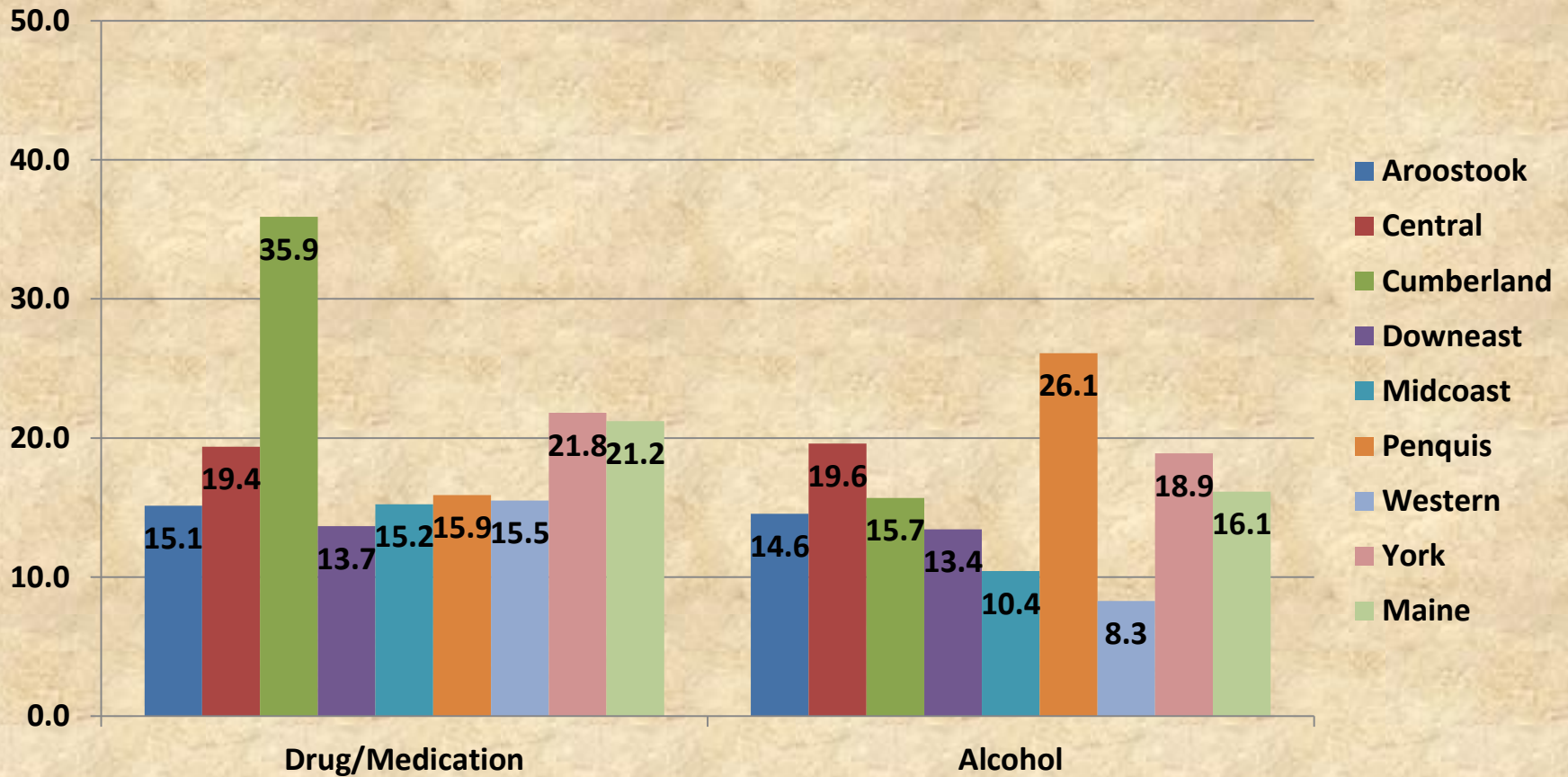
Rate of all overdose EMS responses per 10,000 residents, by Public Health District: 2011-2013



Source: Emergency Medical Services

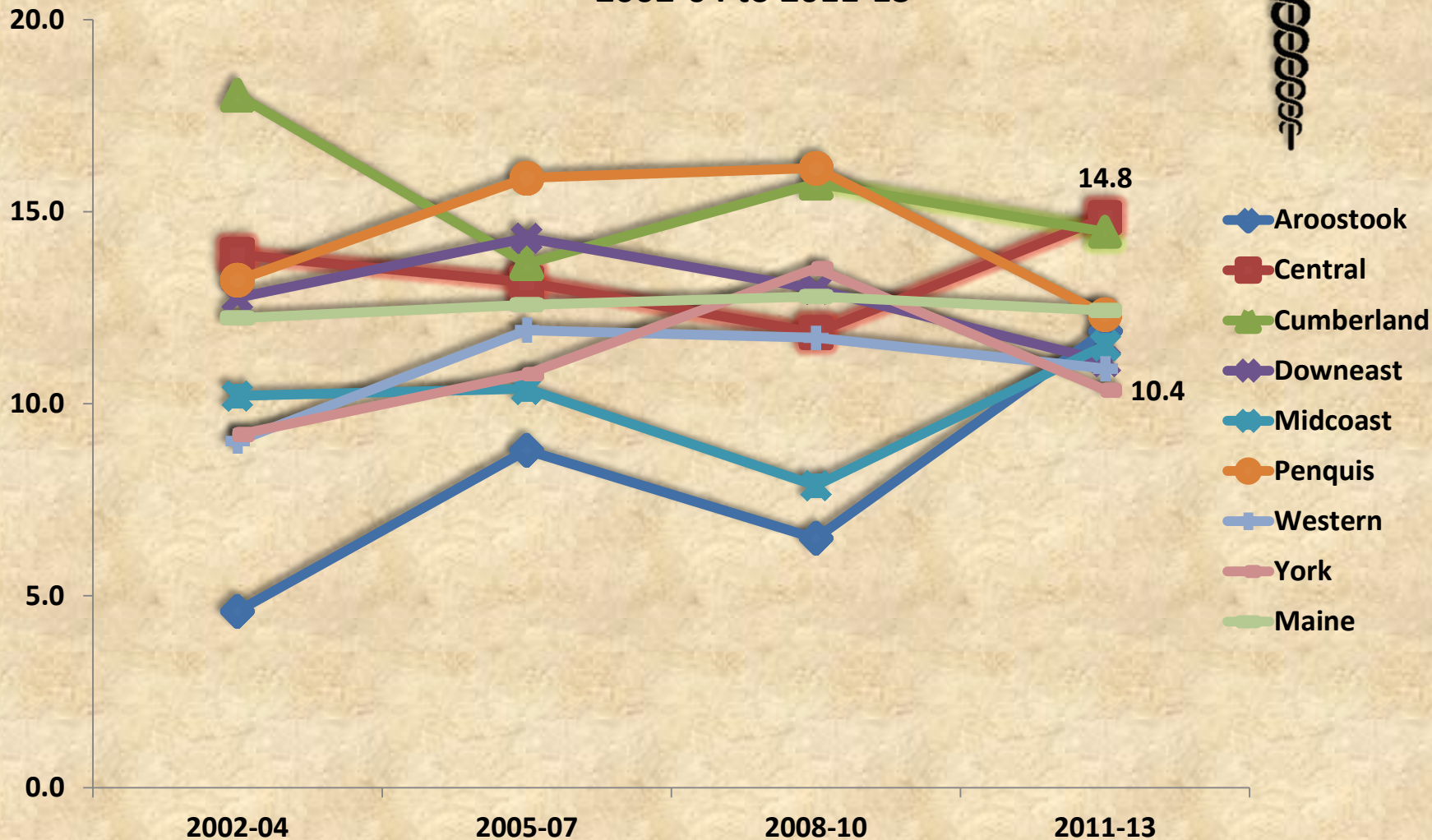
— = 2013 state rate

Rate of overdose EMS responses per 10,000 residents, by Public Health District and substance type: 2013



Source: Emergency Medical Services

Drug-related death rate per 100,000, by Public Health District: 2002-04 to 2011-13



Source: Office of the Chief Medical Examiner.

Consequence Summary

Driving

- ❖ About one in twenty students report drinking and driving, one in five rode with a drugged driver; Rates among PHDs did not vary
- ❖ Alcohol/drug related crashes remain most common within the Downeast and Midcoast PHDs

Arrests

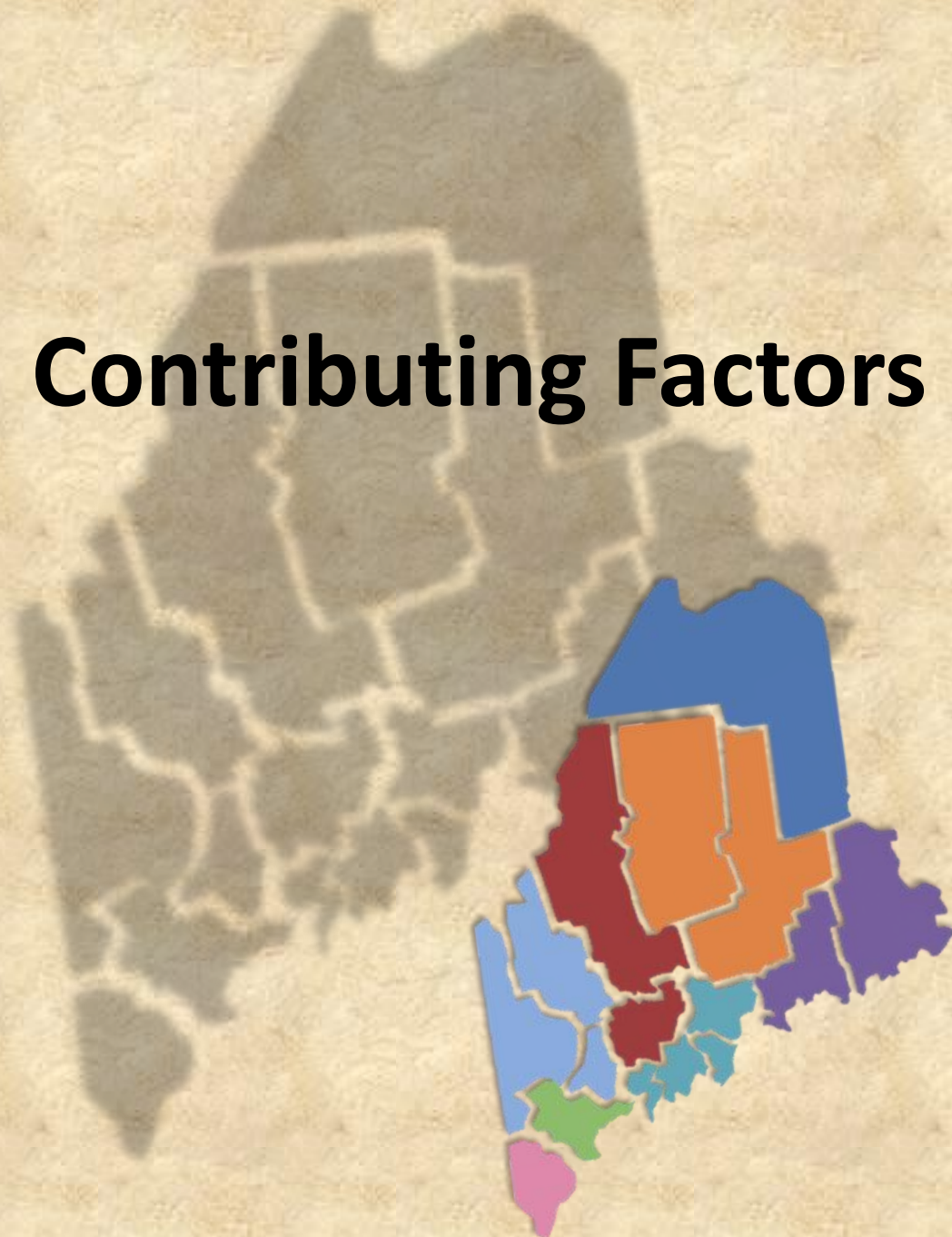
- ❖ Alcohol-related arrests have declined among PHDs since 2008; common among York and Central PHDs.
- ❖ Drug related arrests fluctuate and vary across PHDs; rates have increased among the Western, Aroostook, and Cumberland PHDs.
- ❖ Most MDEA arrests are for pharmaceutical narcotics; highest rates in Midcoast, Downeast, and Aroostook PHDs.

Consequence Summary (cont.)

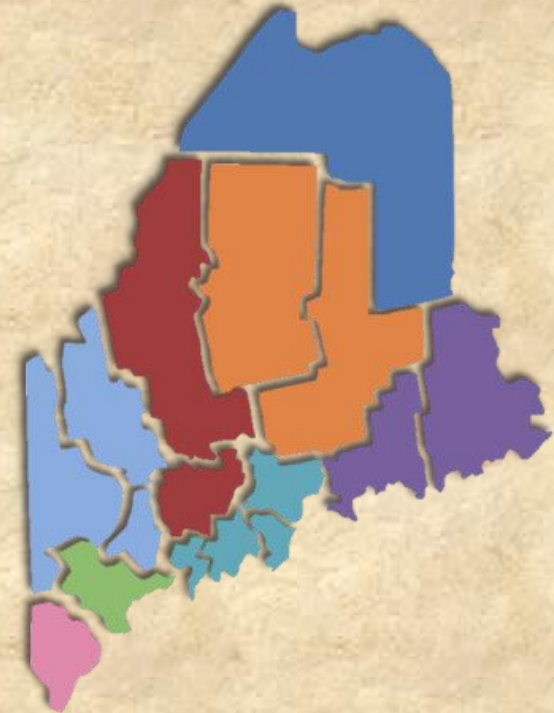
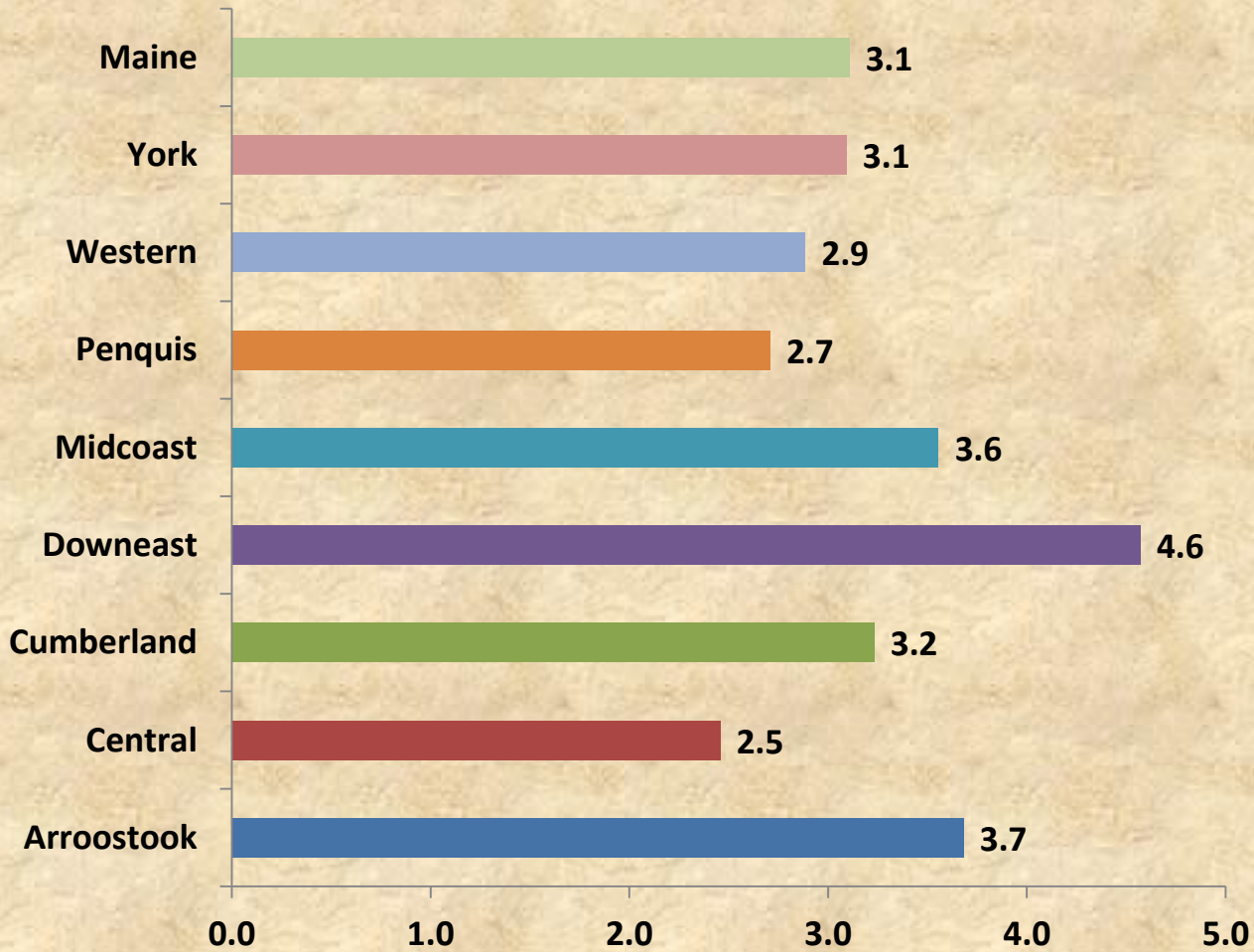
Overdoses

- ❖ Poison center calls suspected to be suicide attempts most common in Central, Cumberland, and Penquis PHDs.
- ❖ EMS medication-related overdose responses have increased sharply; Most related to drugs and/or medication
- ❖ Drug/medication related overdose response were highest in Cumberland; responses related to alcohol were highest in Penquis.
- ❖ Drug related death rates were highest among Central and Cumberland PHDs.

Contributing Factors in Maine

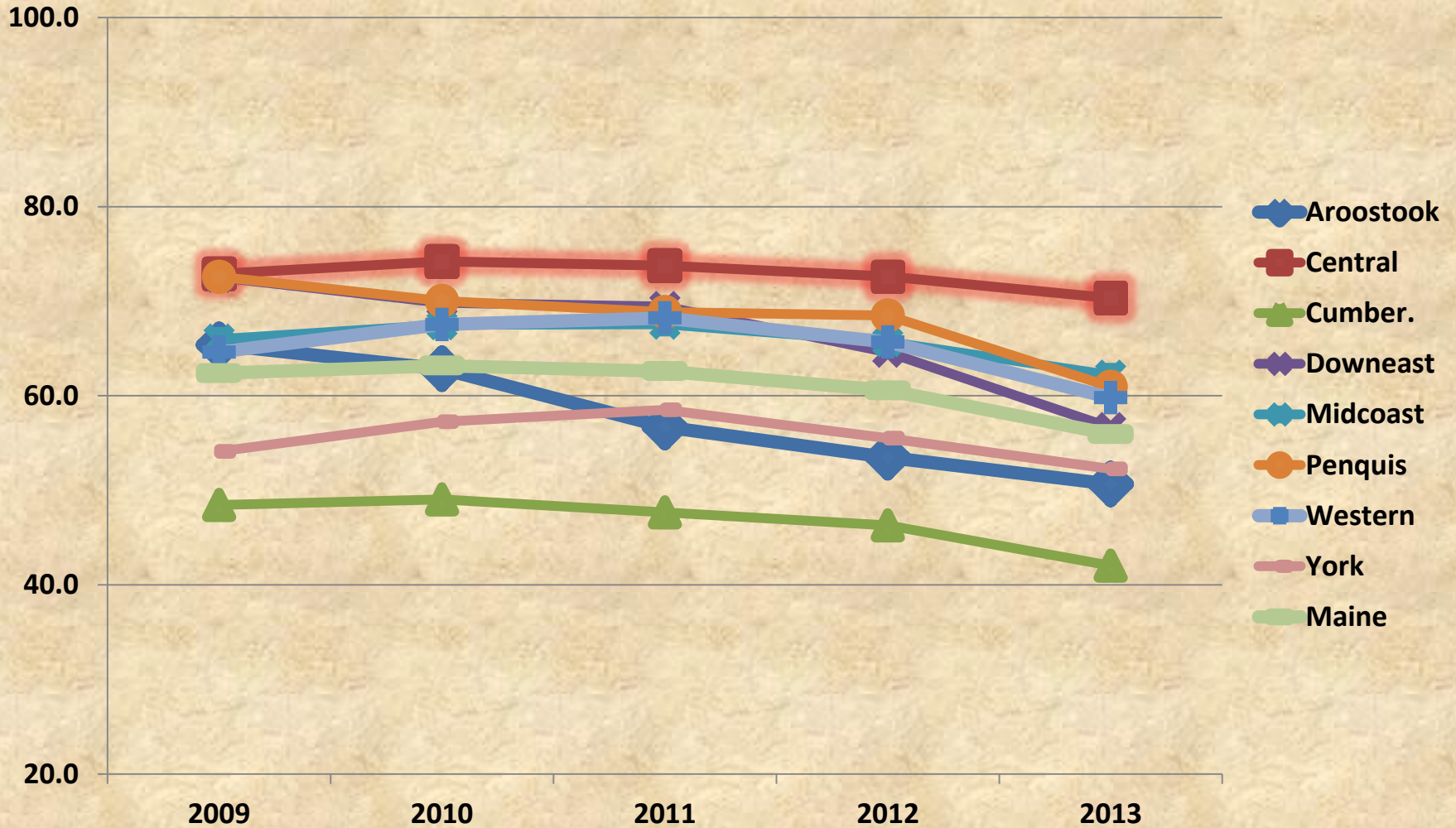


Number of liquor licensees per 1,000 residents, by Public Health District: 2014



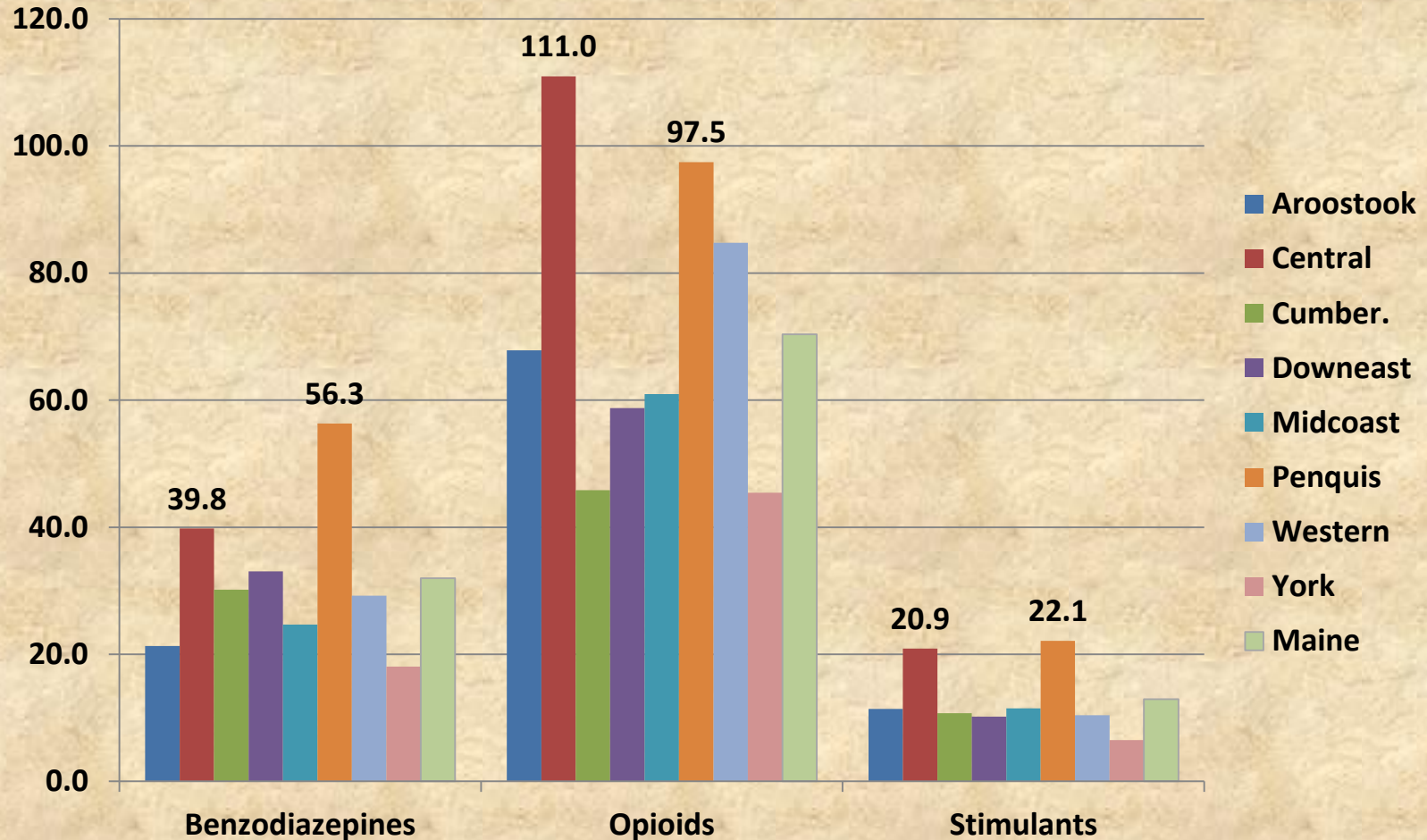
Source: Department of Public Safety

Dispensed quantity (number of pills prescribed) of narcotics per capita, by Public Health District: 2009-2013



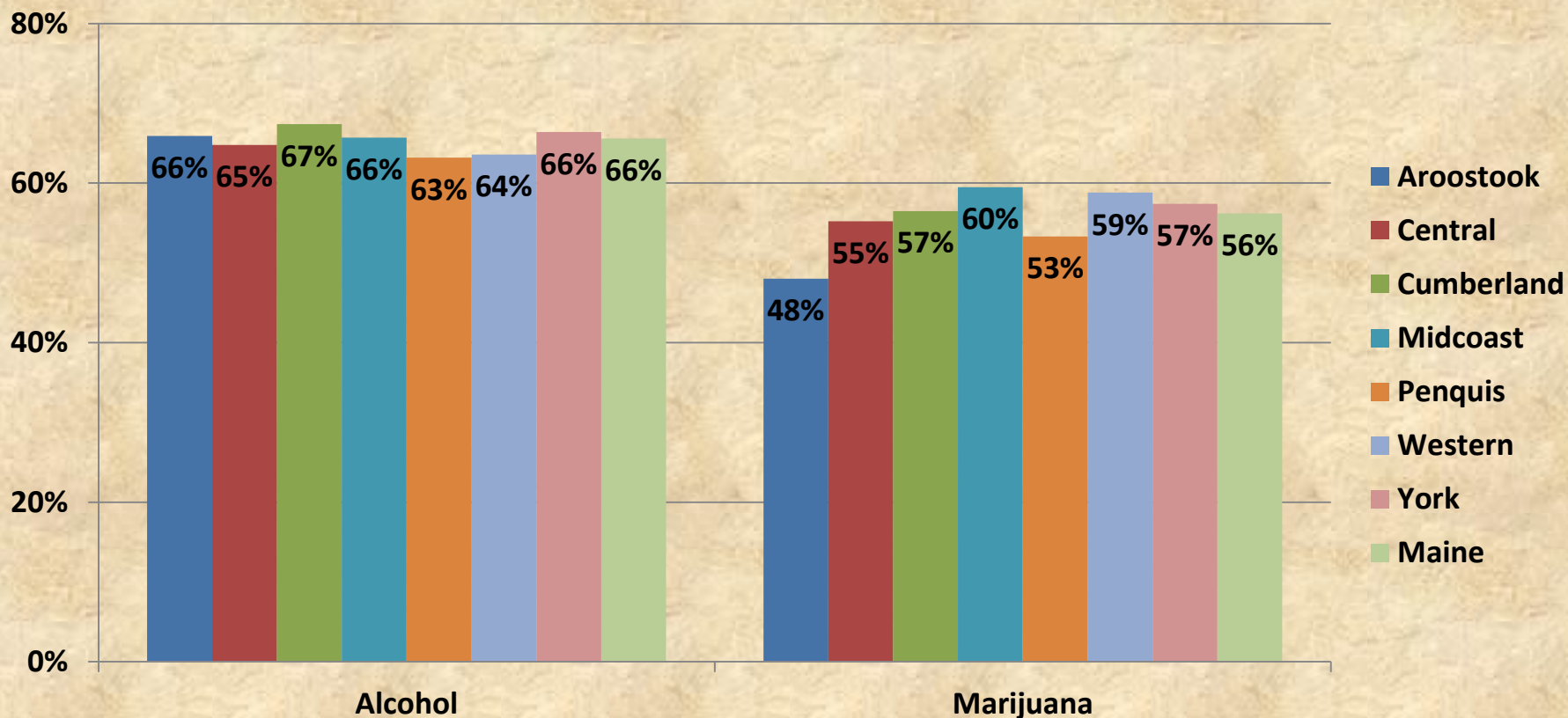
Source: PMP, 2009-2013

Yearly average of requests for verification per 10,000 residents reported to New England Poison Center, by drug type and Public Health District: 2011-13 (combined years)



Source: NNEPC

Perceived ease of access* among high school students, by Public Health District and substance: 2013

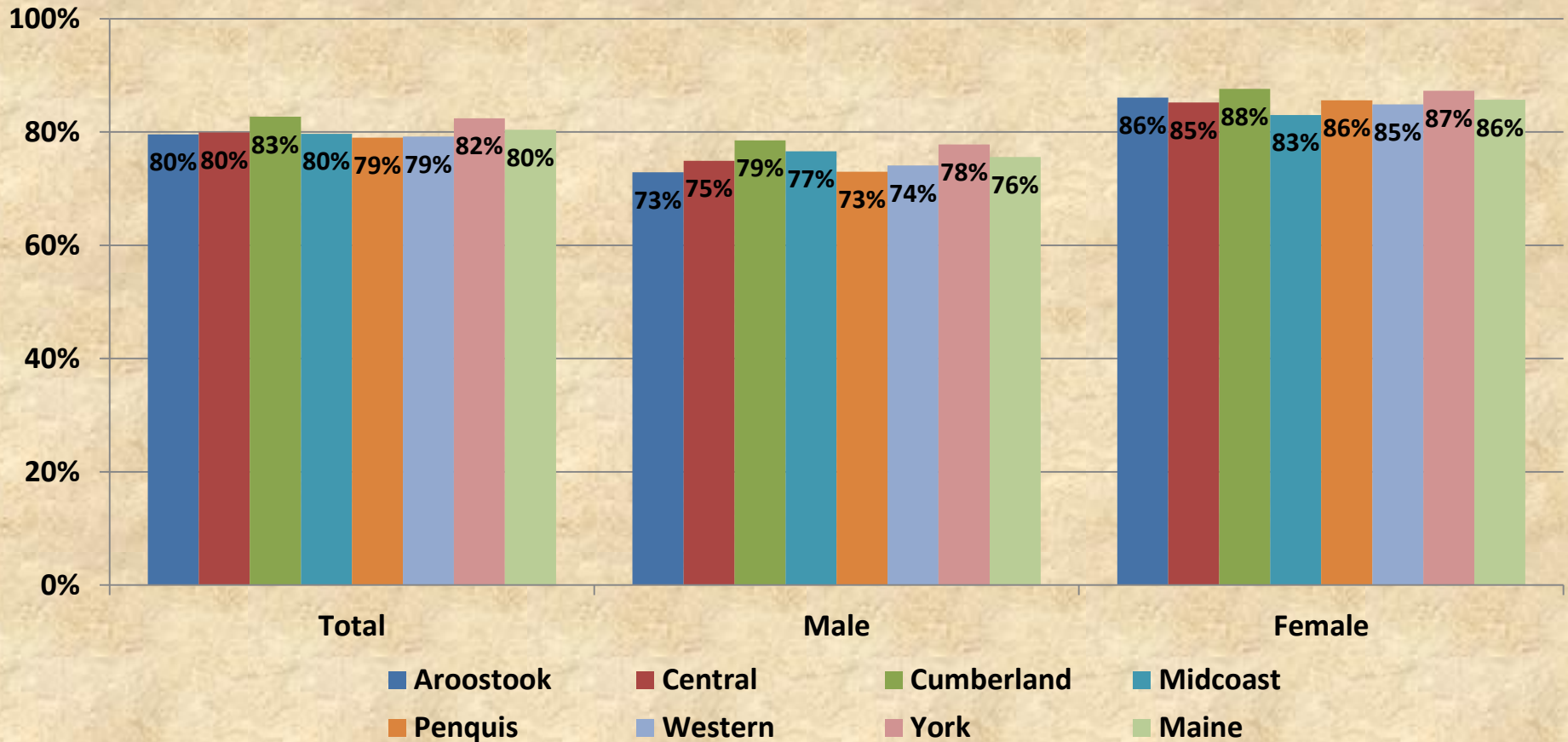


Source: MIYHS

*Students who felt it would be moderately to very easy to obtain

Due to a low response rate, Downeast Public Health District is excluded from analysis.

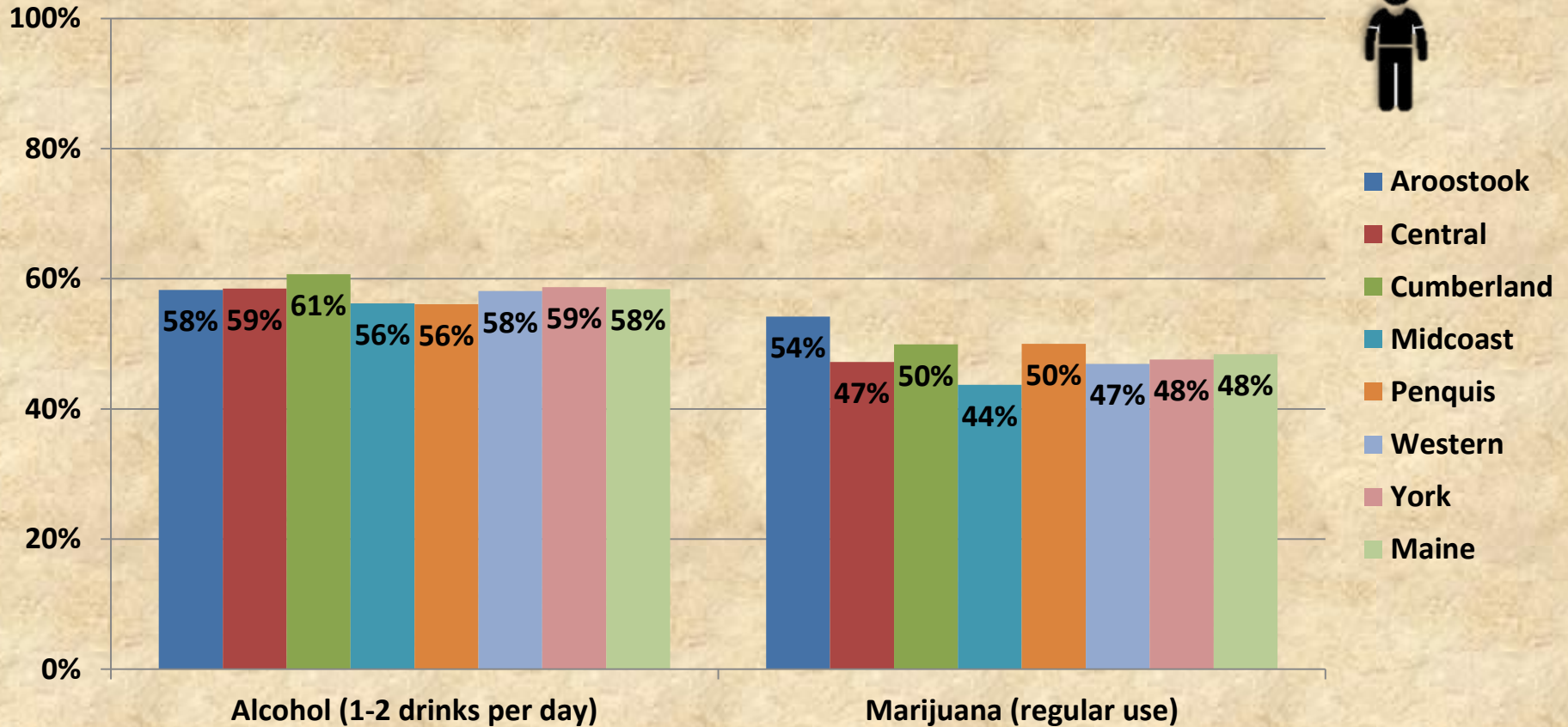
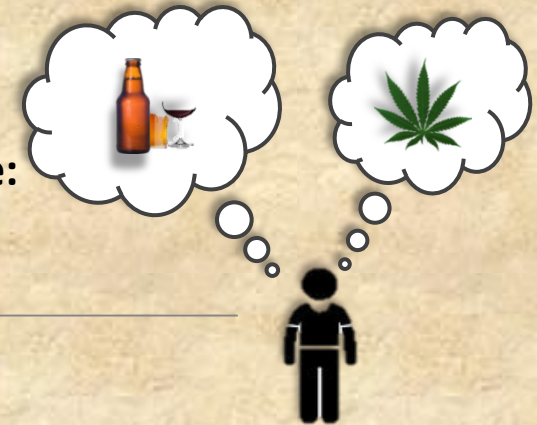
Perceived risk of binge drinking 1-2 times per week among high school students, by Public Health District and gender: 2013



Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

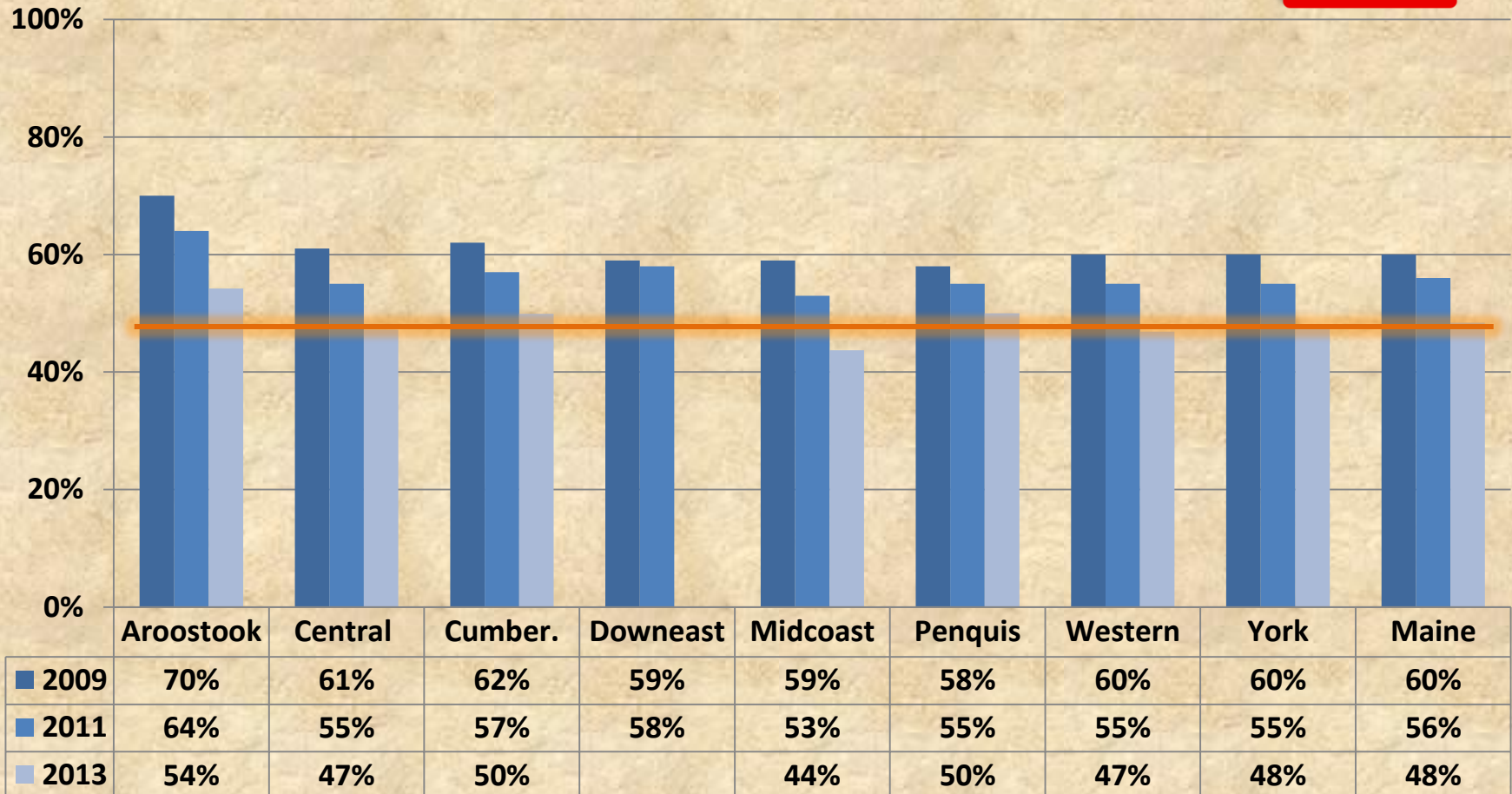
Perceived risk of harm among high school students, by Public Health District and substance: 2013



Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

Percent of high school students by Public Health District who reported a risk of harm from smoking marijuana regularly: 2009-2013



Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

= 2013 state average

Contributing Factors Summary

Availability

- ❖ Rates of liquor licensees were highest in Downeast, Aroostook, and Midcoast PHDs.
- ❖ Two thirds of students felt alcohol is easy to get; six out of ten felt marijuana would be easy to get; highest rates were seen in Midcoast and Western PHDs.
- ❖ Narcotic pills per capita has been decreasing among all PHDs; Rates highest among the Central, Midcoast, Penquis, Western PHDs.
- ❖ Most poison center requests for verification are for opioids; rates highest in Central and Penquis PHDs.

Contributing Factors Summary (cont.)

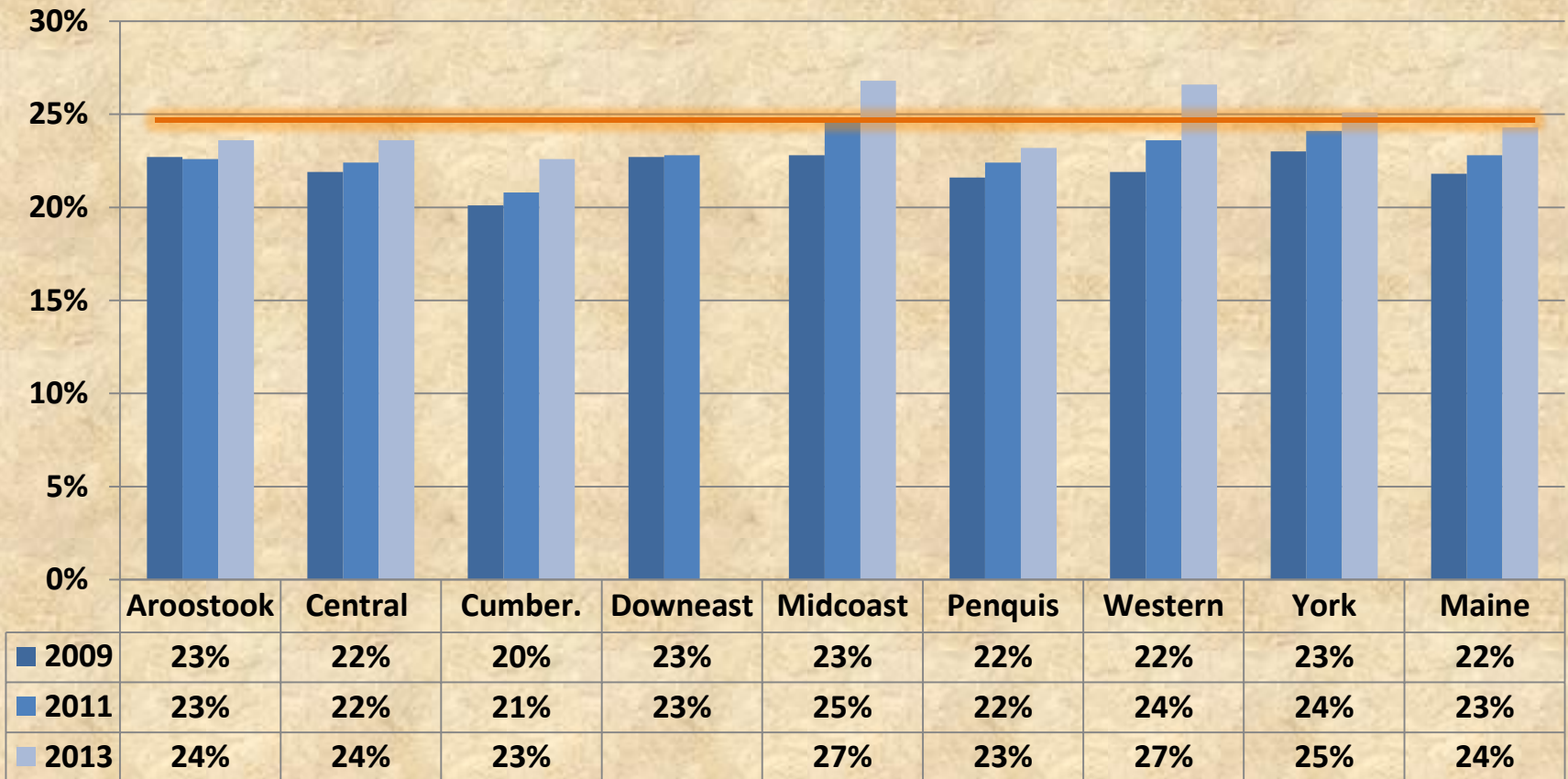
Perception of harm

- ❖ Eight out of ten students felt binge drinking is risky; lowest rates were in Penquis and Western PHDs; Males have lower rates.
- ❖ About six out of ten students felt drinking 1-2 drinks every day was harmful; not much variation among PHDs.
- ❖ Less than half of students felt smoking marijuana on a regular basis is risky.
- ❖ The perception of risk of marijuana use has decreased substantially across all PHDs.

Mental Health in Maine



High school students who felt sad or hopeless almost every day for two weeks or more in a row during the past year, by Public Health District: 2009-2013

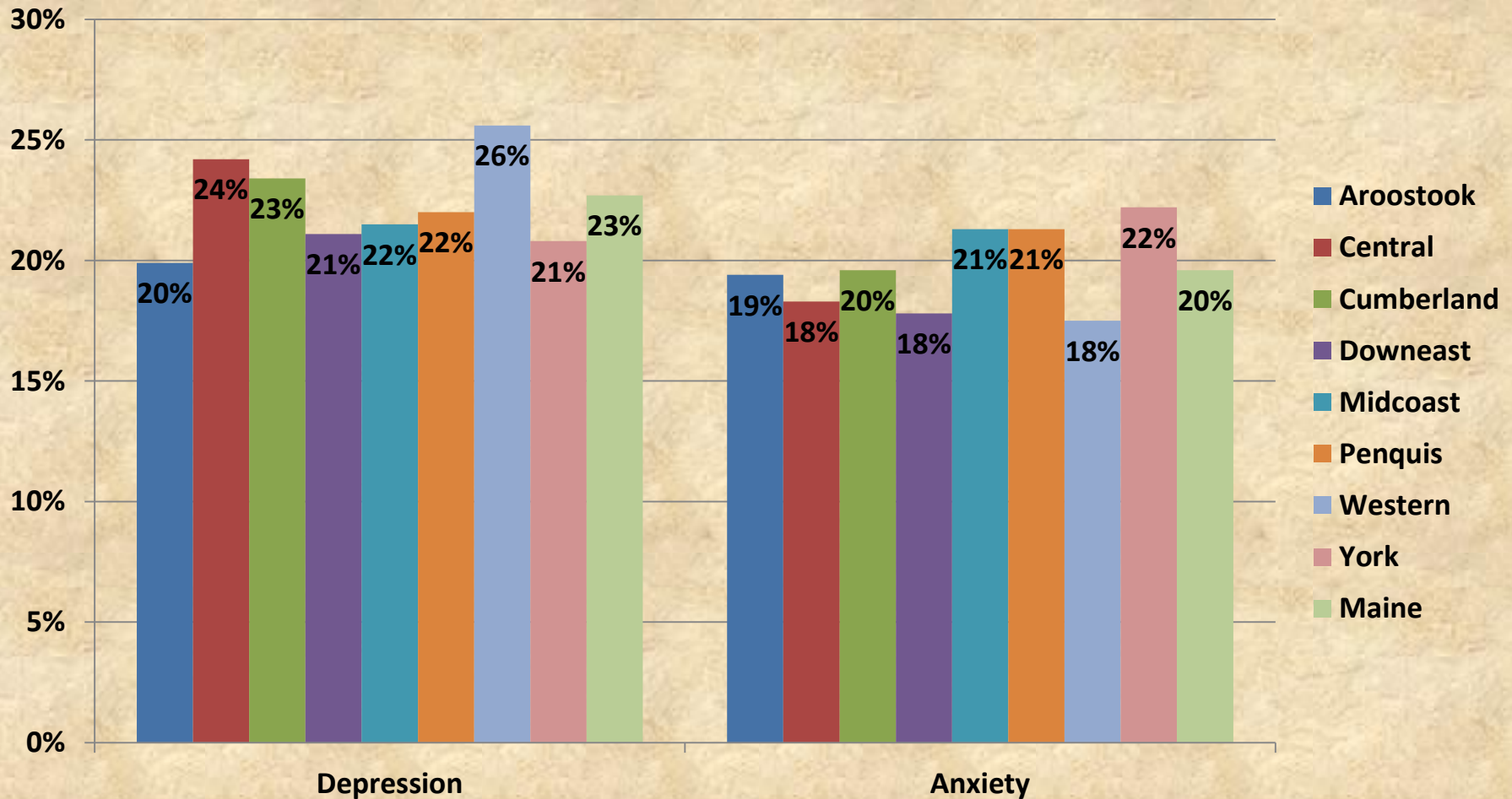


Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

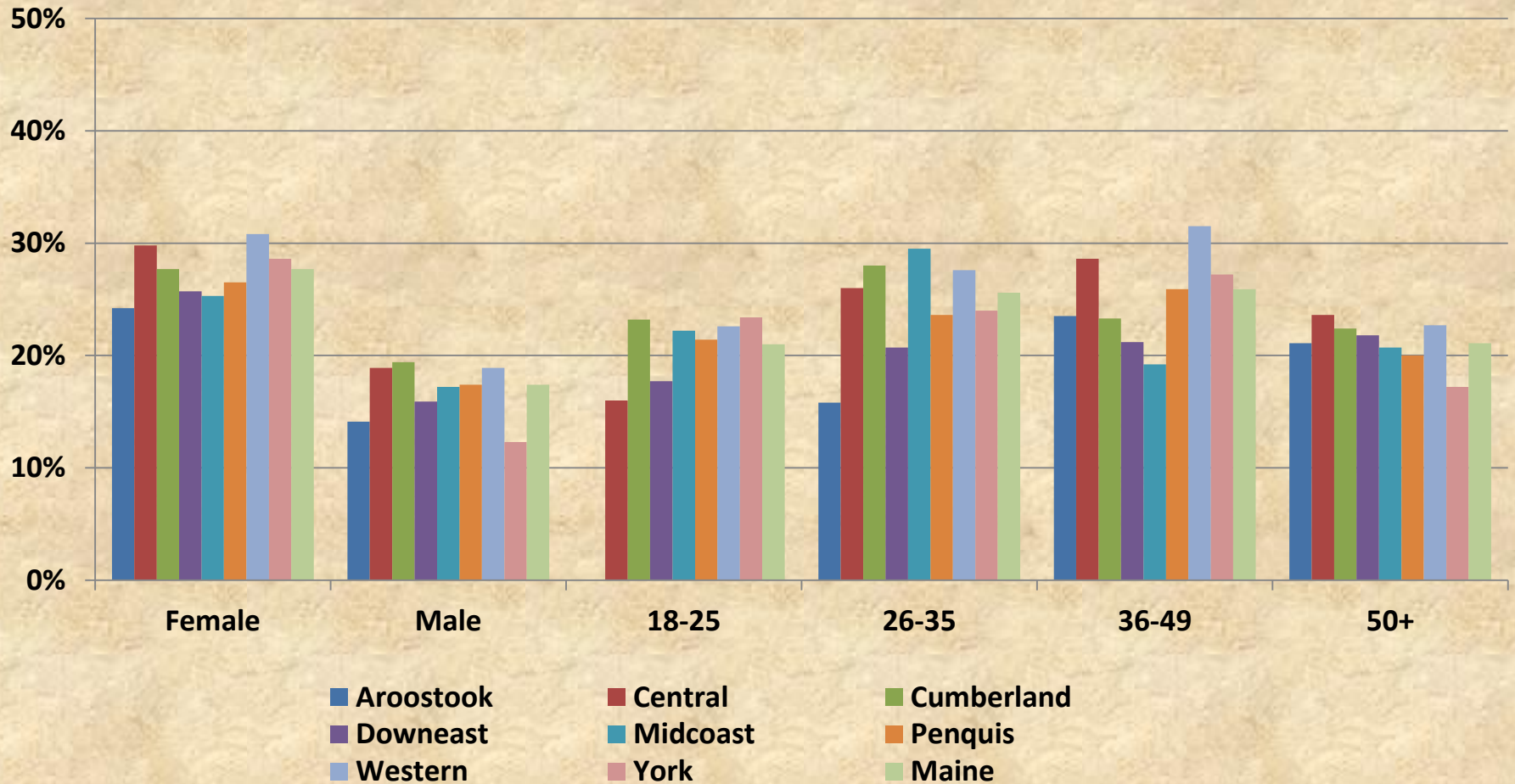
= 2013 state rate

Percent of adults who have ever been told they have depression or anxiety, by Public Health District: 2011-12 (combined years)



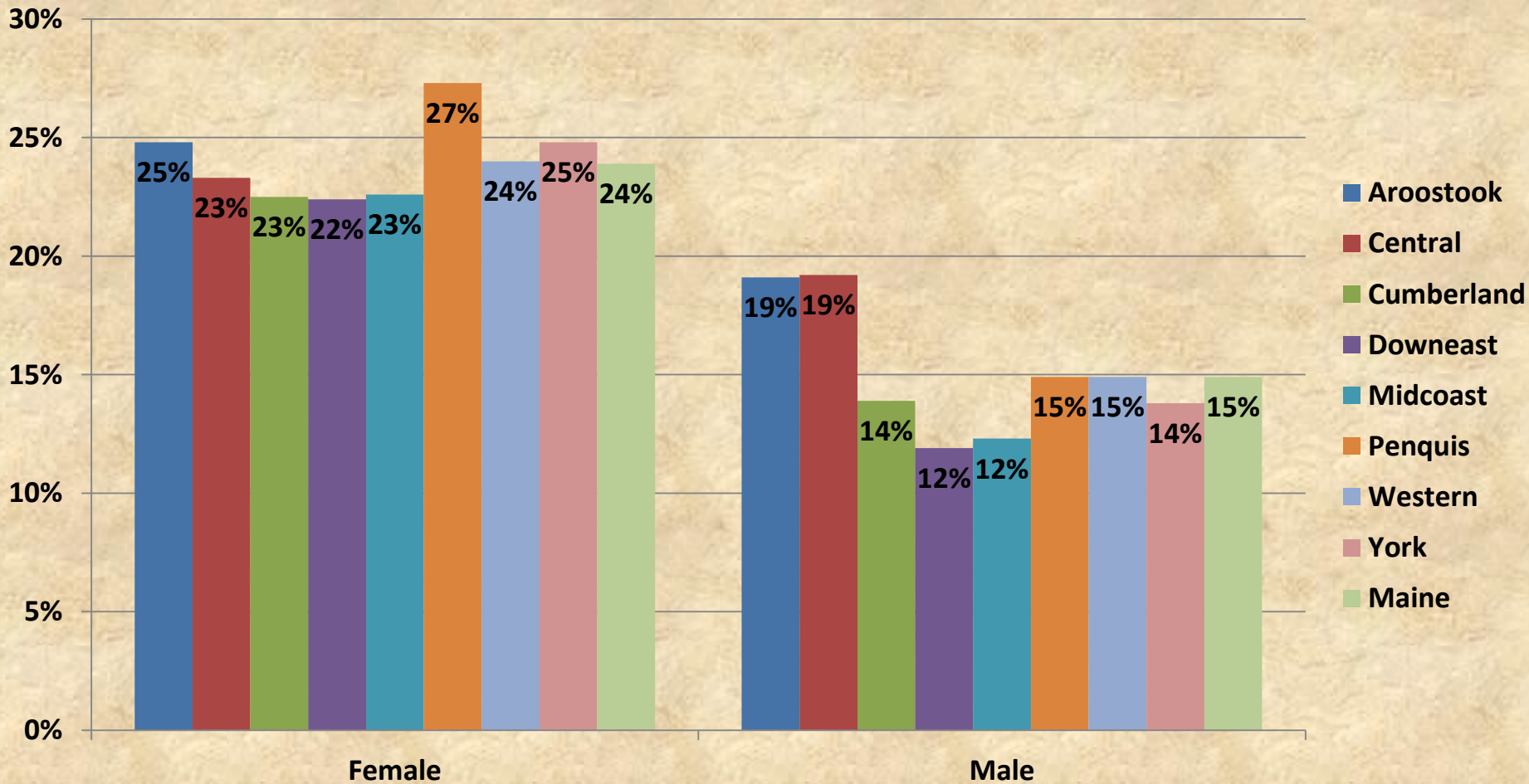
Source: BRFSS

Percent of adults who have ever been told they have depression, by Public Health District, gender, and age: 2011-12 (combined years)



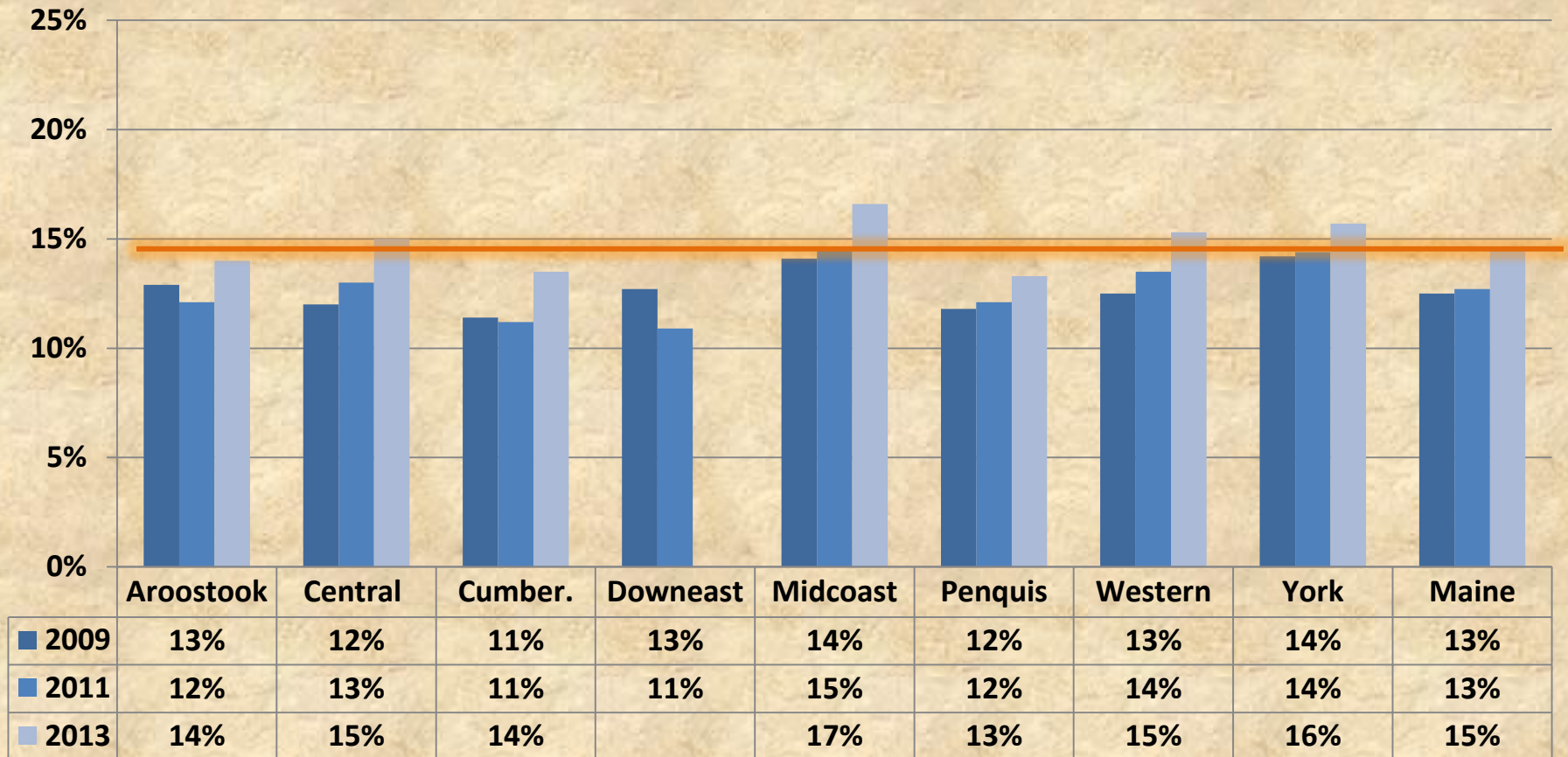
Source: BRFSS

Percent of adults who have ever been told they have an anxiety disorder, by Public Health District and gender: 2011-12 (combined years)



Source: BRFSS

Percent of high school students who considered suicide during the past year, by Public Health District: 2009-2013

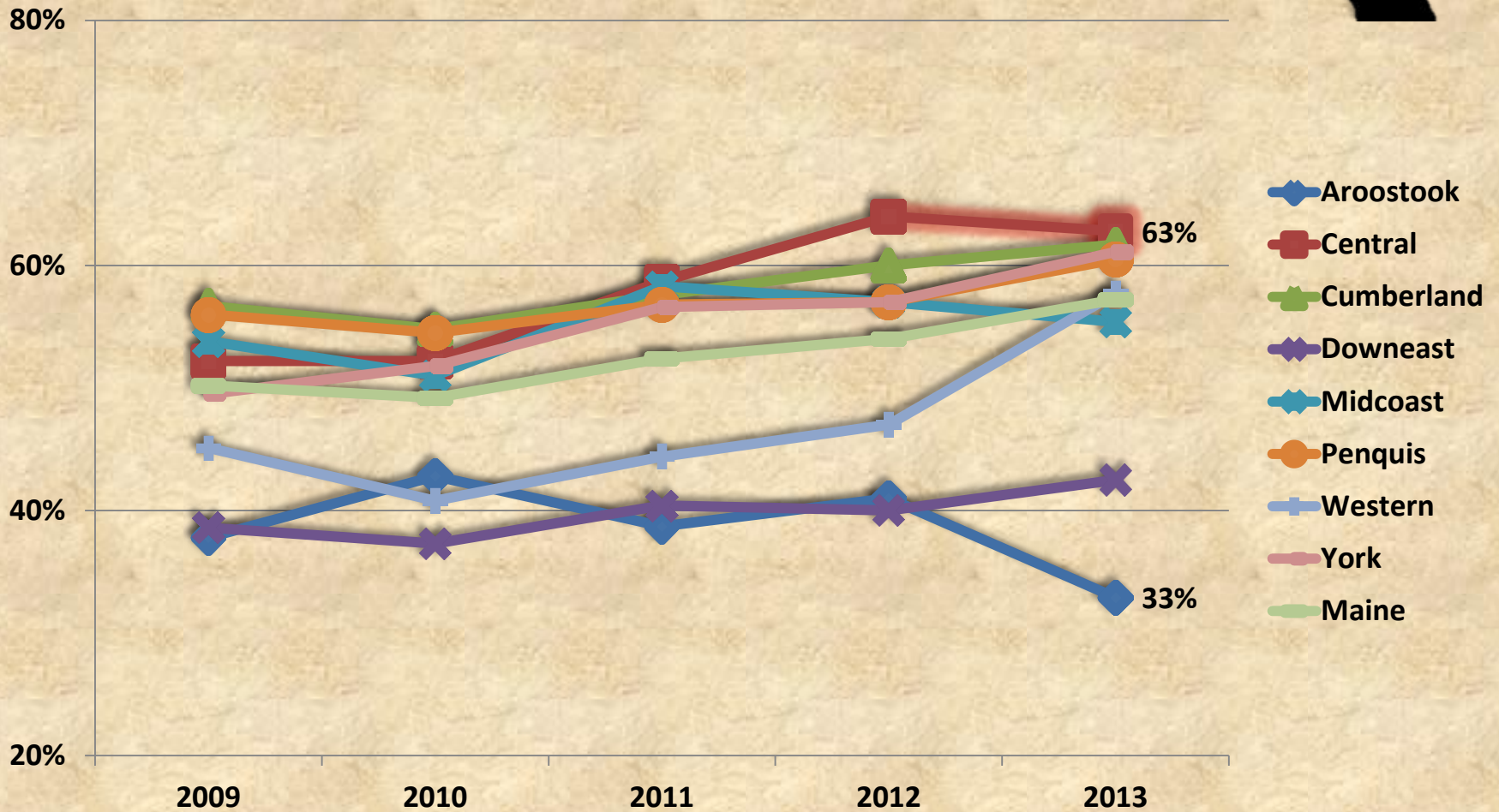


Source: MIYHS

**Due to a low response rate, Downeast Public Health District is excluded from analysis.*

= 2013 state average

Percent of individuals (18+) by Public Health District admitted for substance abuse treatment that also had a mental health diagnosis: 2009-2013



Source: TDS

Mental Health Summary

Depression and Anxiety

- ❖ One in four students in Maine have depression symptoms; All regions have seen an increase; Rates highest in Midcoast and Western PHDs.
- ❖ One in four adults have depression; rates highest among females, 26 to 39 year olds, and in Western and Central PHDs.
- ❖ One in five adults have been diagnosed with anxiety; rates highest among females and the Central, Midoast, and Penquis PHDs.

Mental Health Summary (cont.)

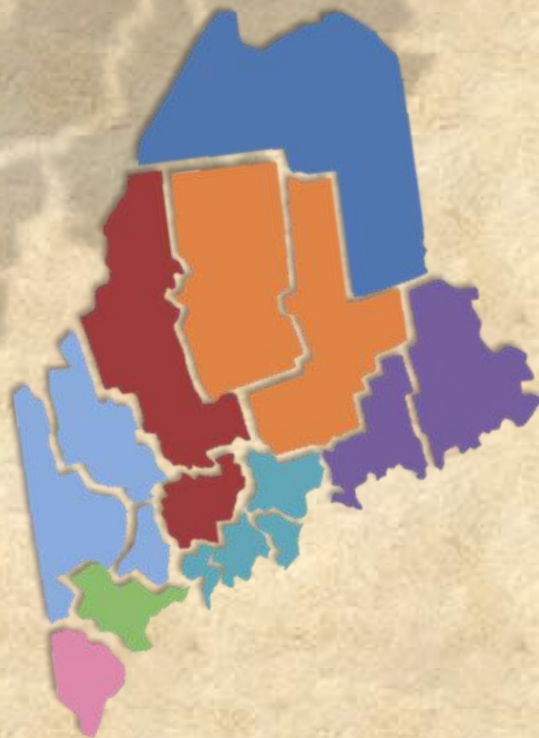
Suicide Ideation

- ❖ One in seven students had considered suicide within the past year; rates were slightly higher in Midcoast and York PHDs.

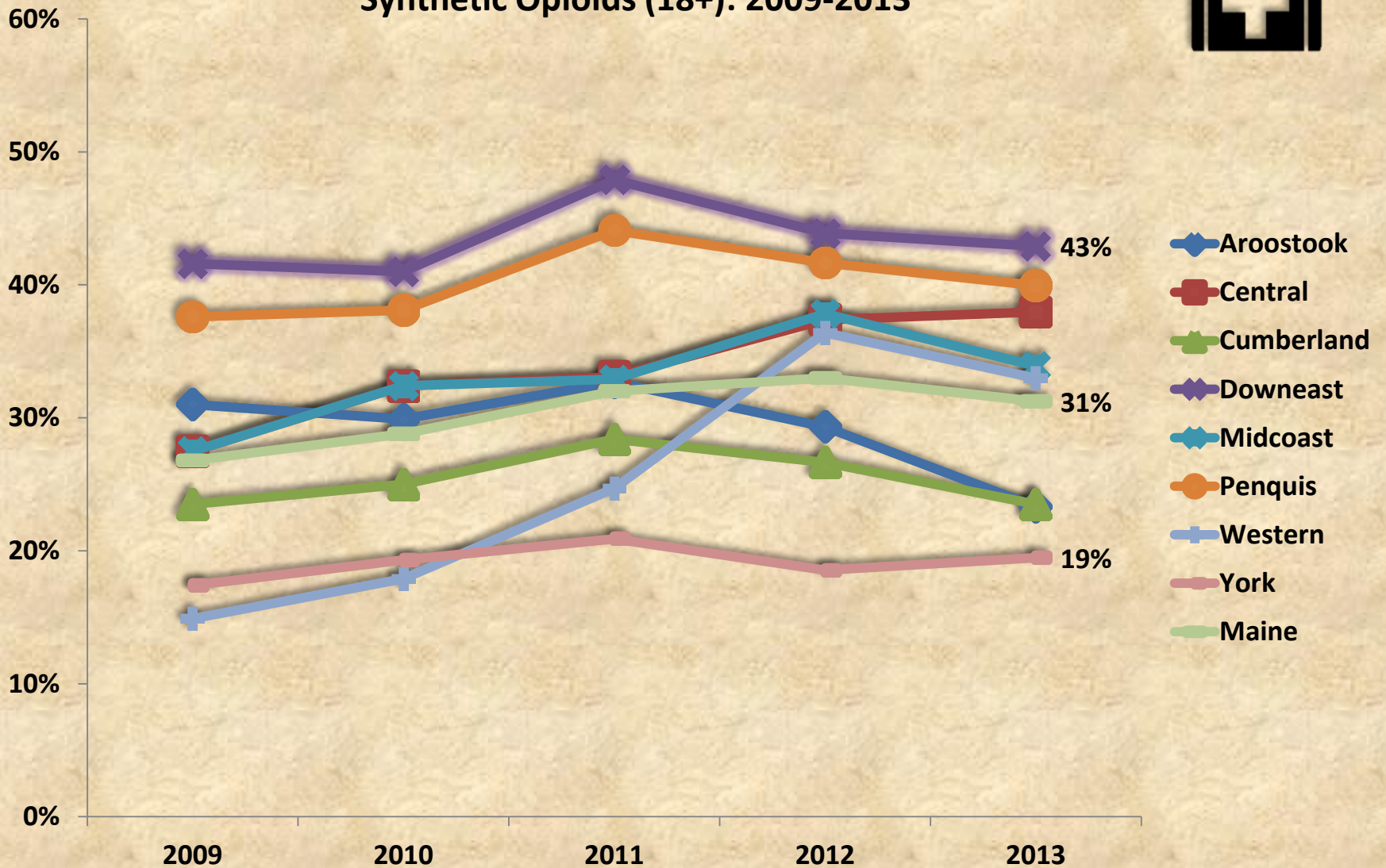
Co-occurring

- ❖ Mental health and substance abuse treatment rates have increased in all PHDs since 2008: most PHDs had a rate of around 60%.

Treatment in Maine

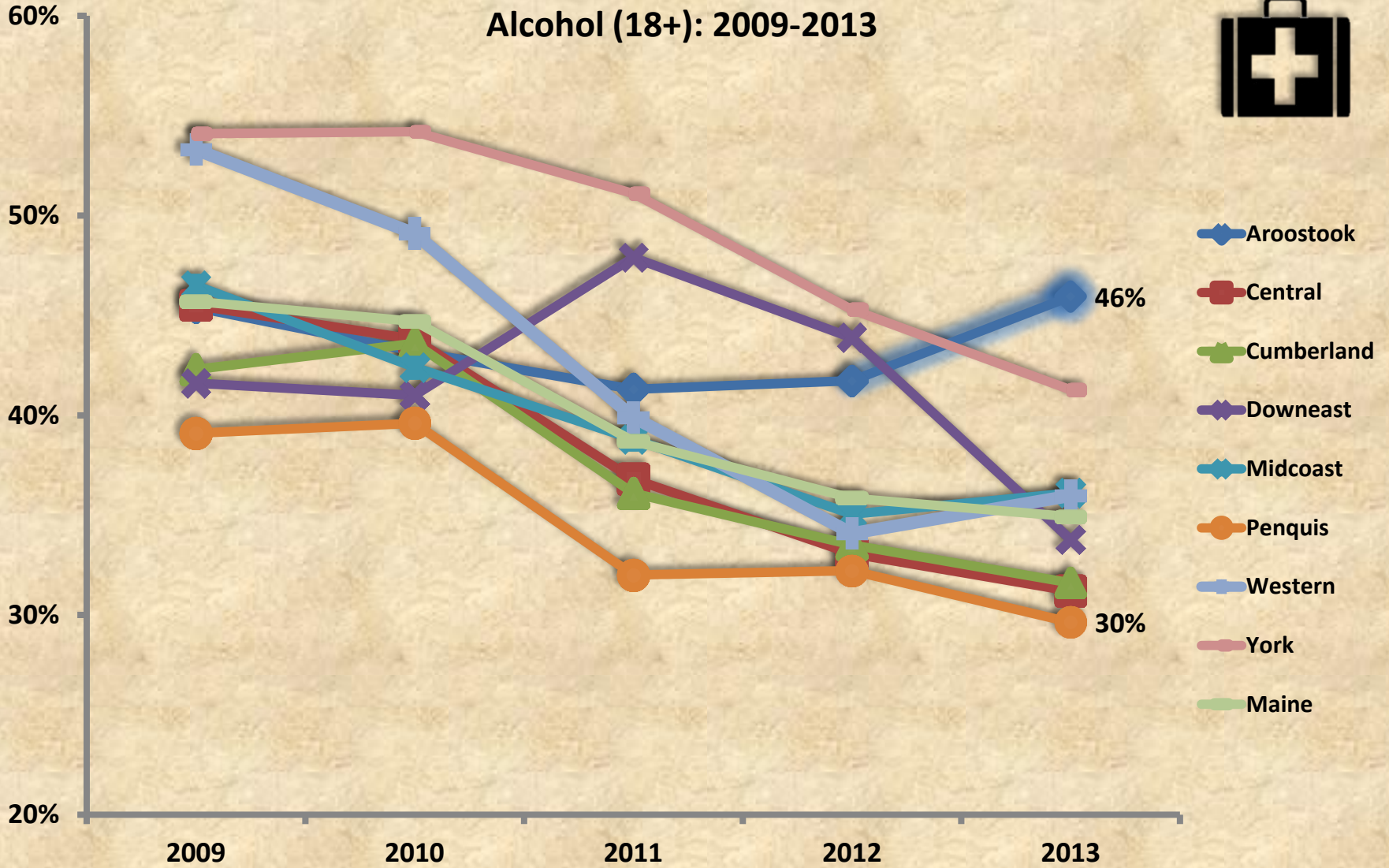


Primary Treatment Admissions Related to Synthetic Opioids (18+): 2009-2013



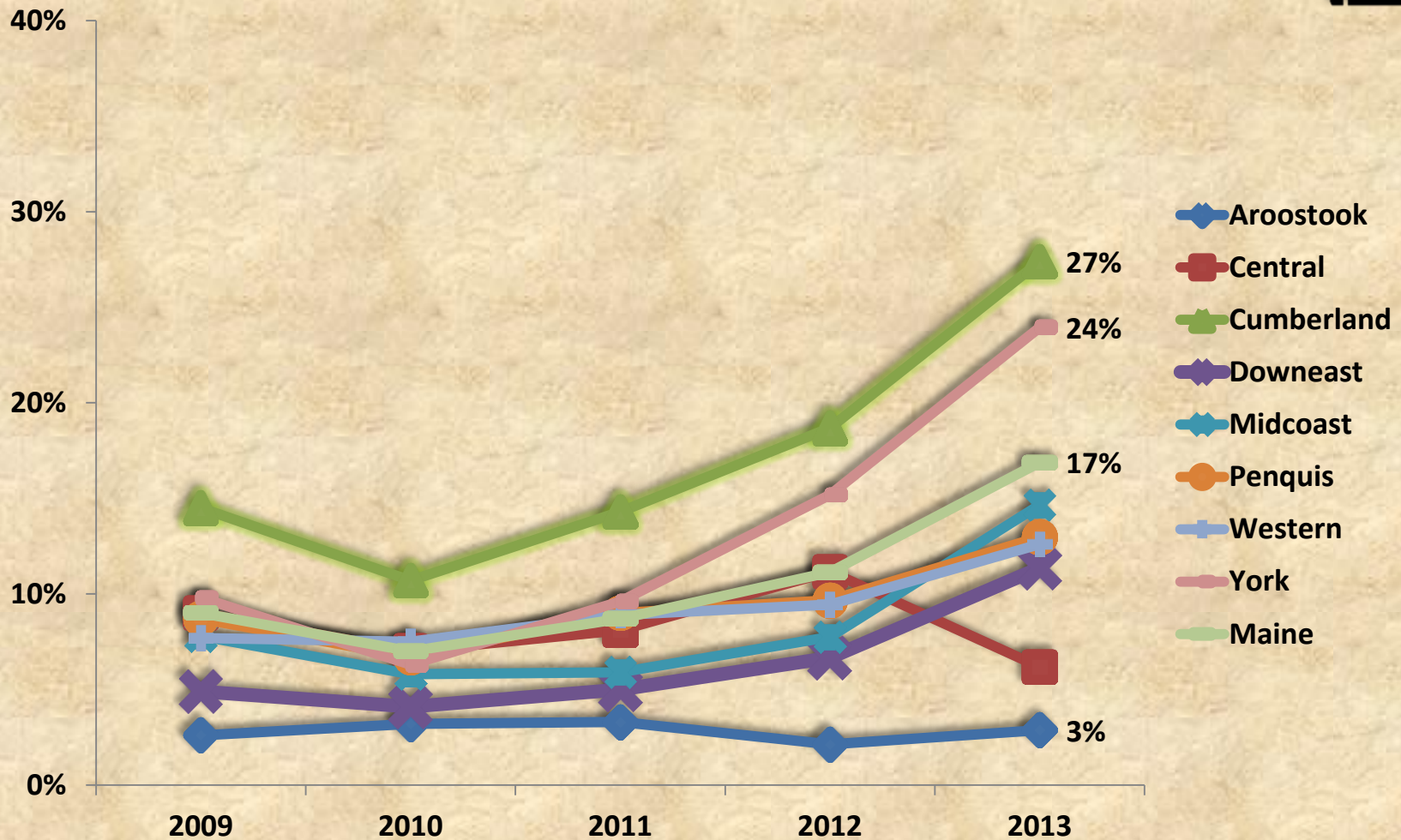
Source: TDS

Primary Treatment Admissions Related to Alcohol (18+): 2009-2013



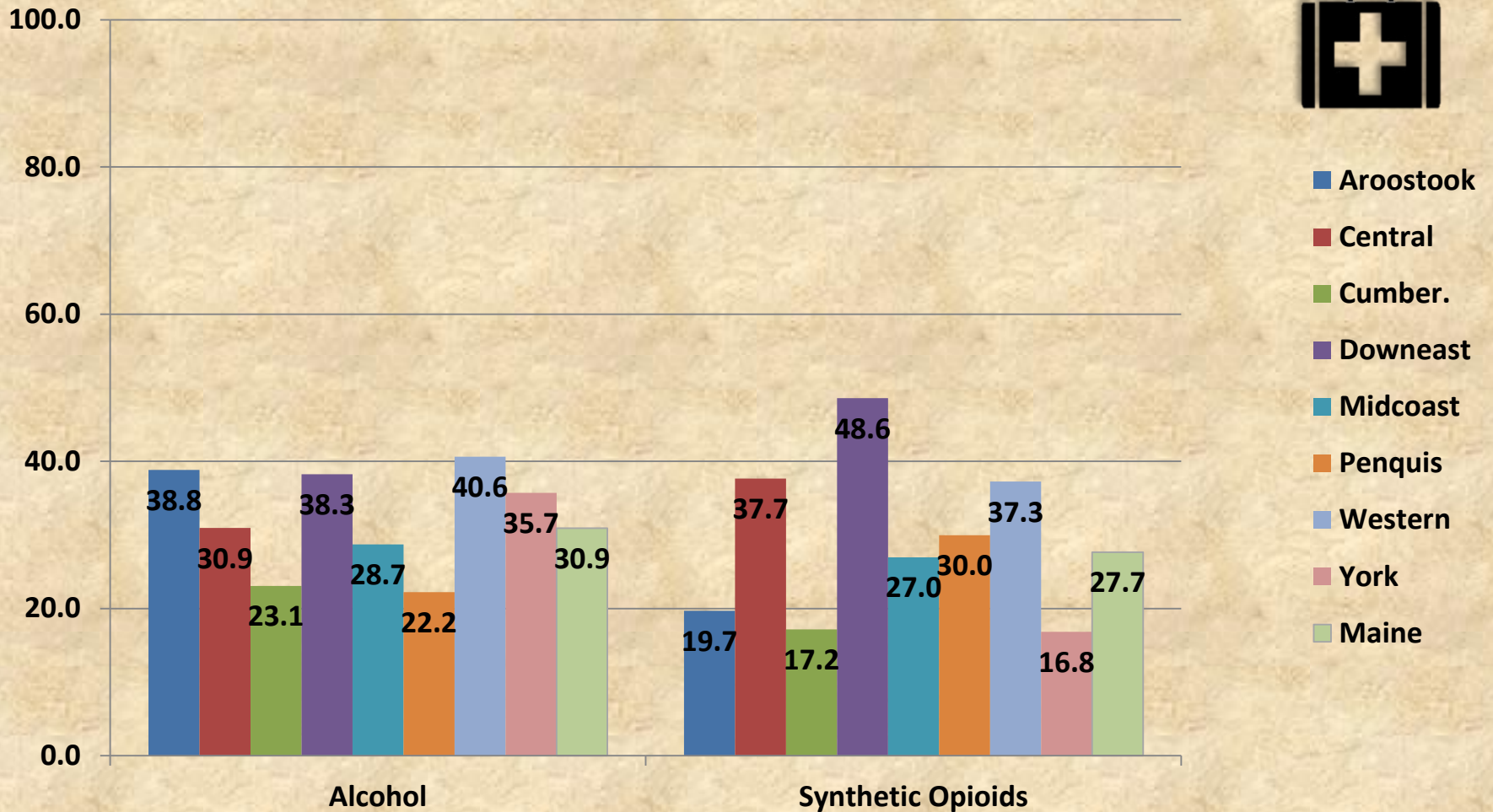
Source: TDS

Primary Treatment Admissions Related to Heroin/morphine (18+): 2009-2013



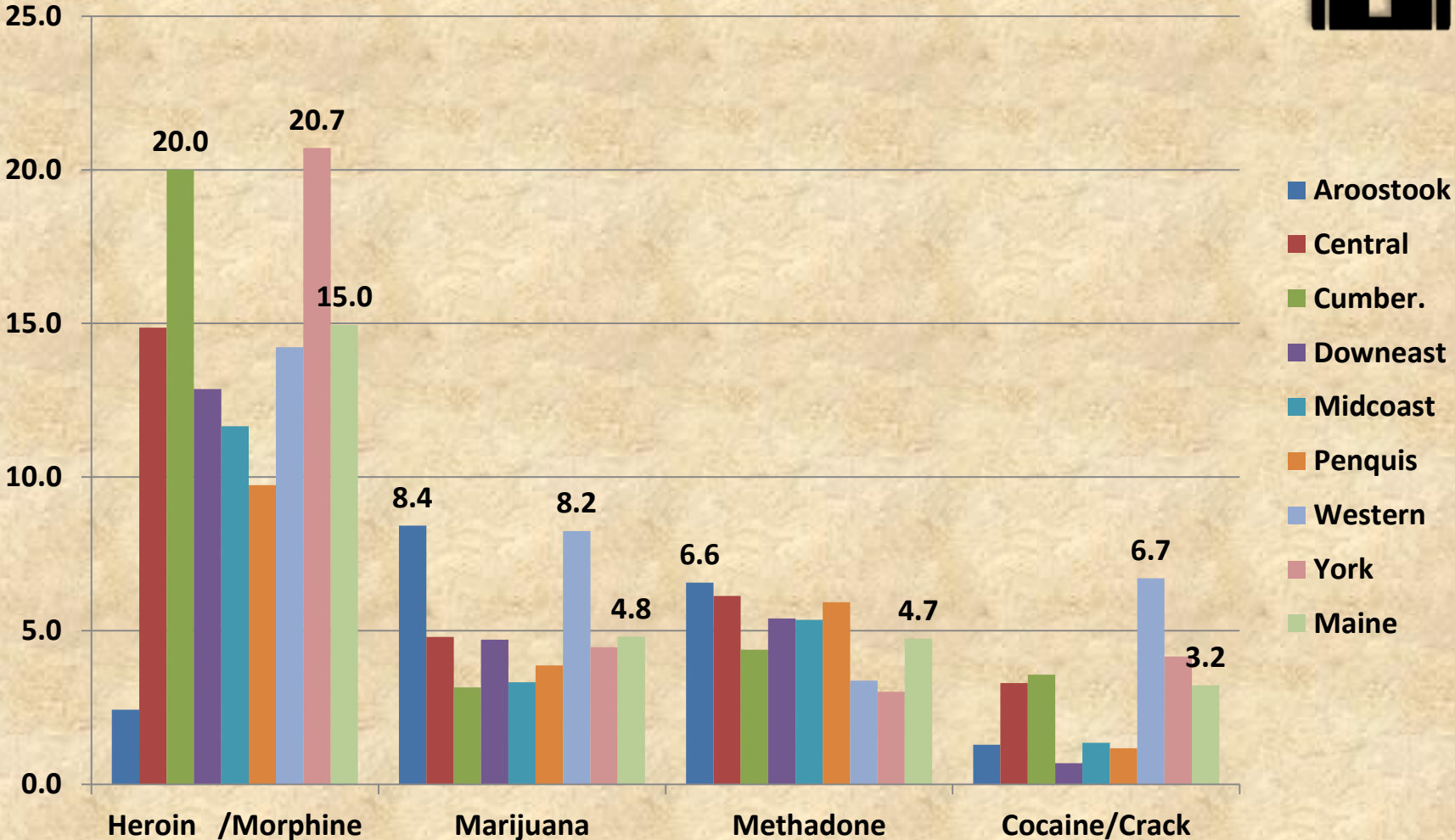
Source: TDS

Primary drug admissions (18+) per 10,000 residents, by Public Health District and drug type: 2013



Source: TDS

Primary drug admissions (18+) per 10,000 residents, by Public Health District and drug type: 2013



Source:TDS

Treatment Summary

Alcohol

- ❖ Continues to be most common substance sought for treatment.
- ❖ Proportions of primary admissions due to alcohol have been decreasing since 2009; rates highest among the Western, Downeast, and Aroostook PHDs.

Synthetic Opioids

- ❖ Synthetic Opioids are the second most common substance for primary treatment admissions
- ❖ Primary treatment admissions related to synthetic opioids have begun to decline/level off in almost all regions; rates remain highest in the Downeast.

Treatment Summary (cont.)

Heroin/morphine

- ❖ Heroin/morphine primary treatment admission rates were highest among Cumberland and York PHDs; proportion of primary admissions has been increasing in most PHDs since 2010.

Other Drugs

- ❖ Primary treatment admission rates for marijuana were highest among the Aroostook and Western PHDs; Methadone rates highest among Aroostook and Central PHDs, and cocaine/crack highest among Western and York PHDs.

Final Thoughts

Worth celebrating

- ❖ Youth rates of alcohol, cigarettes, and prescription drugs have been declining for the past several years
- ❖ Alcohol related arrests (including OUIs) have been decreasing over the past several years
- ❖ Alcohol and/or drug related crashes has been slowly but steadily decreasing.
- ❖ Fewer narcotics are being prescribed each year which means less potential for diversion

Final Thoughts

Areas of Concern

- ❖ Risky drinking remains high among the young adult population
- ❖ Marijuana use among youth remains steady; perception of harm has decreased dramatically in all regions
- ❖ Drug overdose responses and Heroin treatment admission rates are on the rise; especially southern Maine
- ❖ Cigarette use among adults remains high in Northern regions
- ❖ Depression and suicide ideation rates may be increasing among youth

Questions/Comments?

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Reports can be found at the following link:

<http://www.maine.gov/dhhs/samhs/osa/data/profiles.htm>