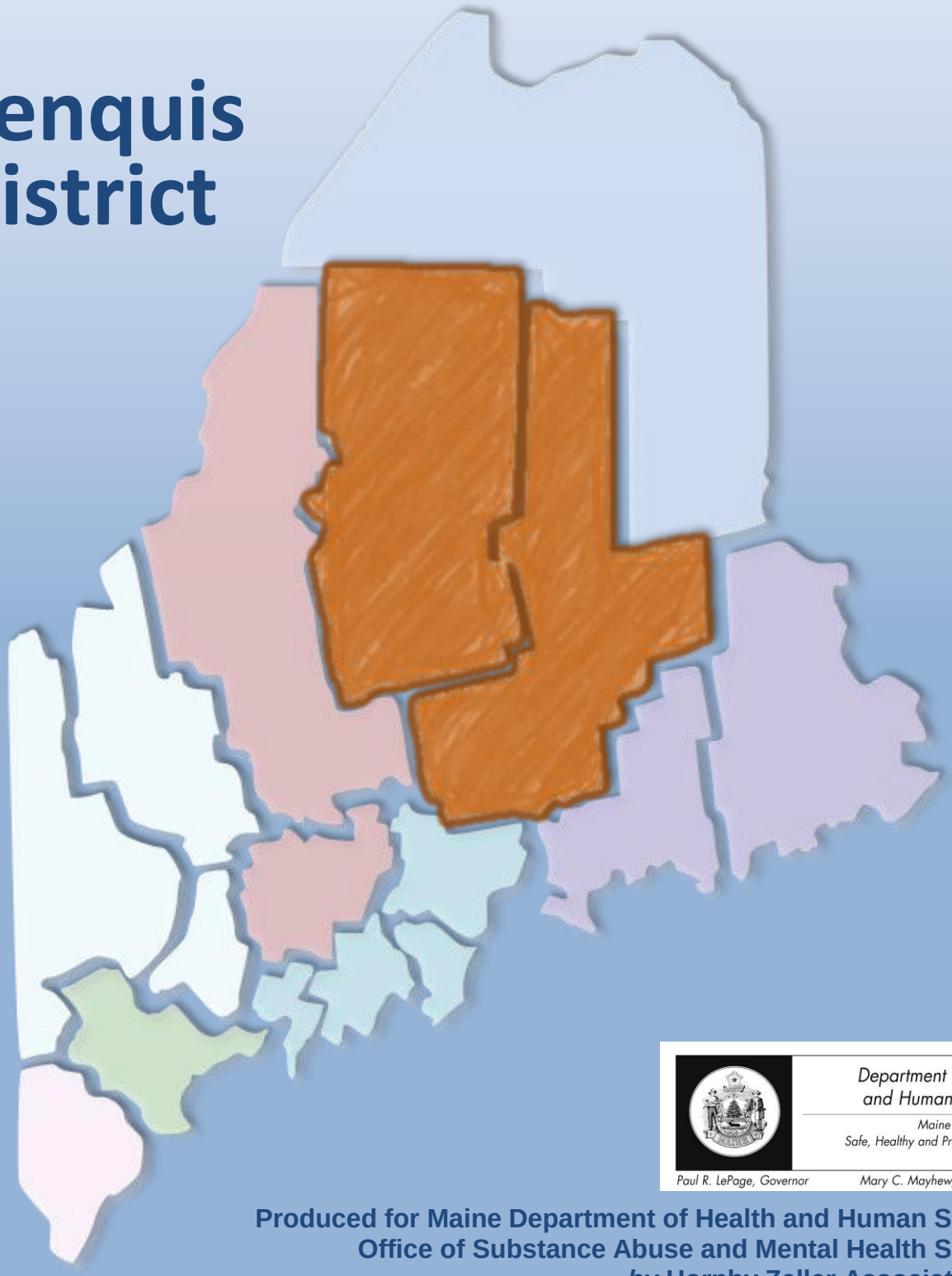
Substance Abuse Trends in Maine

Epidemiological Profile 2014

Penquis District



Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

Produced for Maine Department of Health and Human Services
Office of Substance Abuse and Mental Health Services
***by* Hornby Zeller Associates, Inc.**
July 2014

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Epidemiological Profile 2014

Penquis District

THIS REPORT IS PRODUCED FOR
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Introduction

Overview of Penquis PHD Public Health District

Penquis Public Health District (PHD) is comprised of the Penobscot and Piscataquis Counties and is home to 170,488 people. It represents approximately 13 percent of Maine's total population in 2013. There are 23.24 people per square mile in Penquis PHD, which is the third-least densely populated district in the state (primarily due to the low population in Piscataquis County). The State of Maine is considered an "aging" state, with 17 percent of the population being 65 years old and over, a higher rate than the overall US population (14%). In Penquis PHD, 15.3 percent of the population was 65 years old or older.

Approximately 95.6 percent of Penquis PHD's population is Caucasian, followed by American Indian or Alaska Native (1.1%), Asian (1.0%), and African American (0.7%). The median incomes found in Penquis Counties are $43,382 (Penobscot) and $36,606 (Piscataquis), respectively. The poverty rate is approximately 16 percent in the PHD. In sum, parts of Penquis PHD are somewhat older and more rural compared to the rest of the state, while other areas are on par with the statewide rates.

It is within the context of these demographic characteristics that substance abuse in Penquis Public Health District (PHD) must be examined.

Purpose of this Report

This report takes into account the primary objectives of the Office of Substance Abuse and Mental Health Services (SAMHS): to identify substance abuse patterns in defined geographical areas, establish substance abuse trends, detect emerging substances, and provide information for policy development and program planning. It also highlights all the prevention priorities identified in the SAMHS strategic plan: underage drinking, high-risk drinking, misuse of prescription drugs, and marijuana use. Finally, the report monitors many of the factors that contribute to substance use, such as access and perceptions of harm, as well as the common negative consequences such as crime, car crashes and overdose deaths.

This report includes data available through May 2014. Older and unchanged data are included when more recent data were not available. Five major types of indicators are included: self-reported substance consumption, consequences of substance use, factors contributing to substance use, indicators about mental health and substance abuse, and treatment admissions.
The most recent data available for the Behavioral Risk Factor Surveillance System (BRFSS) are from 2012. Due to methodological changes in weighting and sampling, **2011 BRFSS data cannot be trended with previous BRFSS years.** In addition, please note that **data results from the 2013 Maine Integrated Youth Health Survey are not available for the Downeast Public Health District due to an insufficient sample size**

Previous county-level reports with older trending data are available at the http://www.maine.gov/dhhs/samhs/osa/data/profiles.htm website.

Consumption of Substances

Consuming harmful substances can have detrimental effects on an individual's well-being, including increased risks of morbidity, addiction and mortality, and has a harmful effect on society as a whole including increased motor vehicle accidents and crime. However, it is the manner and frequency with which people drink, smoke and use drugs that are often linked to particular substance-related consequences. To understand fully the magnitude of substance use consequences, it is important to first understand the prevalence of substance use consumption, itself. Consumption includes overall use of substances, acute or heavy consumption and consumption by high risk groups (e.g., youth, college students, pregnant women).

As demonstrated by the indicators below, alcohol, prescription drugs, and marijuana remain the substances most often used by Penquis PHD residents across the lifespan. For the most part, drug and alcohol consumption rates are either lower or on par with statewide rates. For example, past 30 day alcohol use, heavy drinking, and binge drinking rates among Penquis PHD adults are all lower than those of the state. Binge drinking among 18-25 year olds in Penquis PHD is of particular concern. Also of note is that cigarette use rates appear to be higher among Penquis PHD's youth population when compared to the rest of the state.

Alcohol

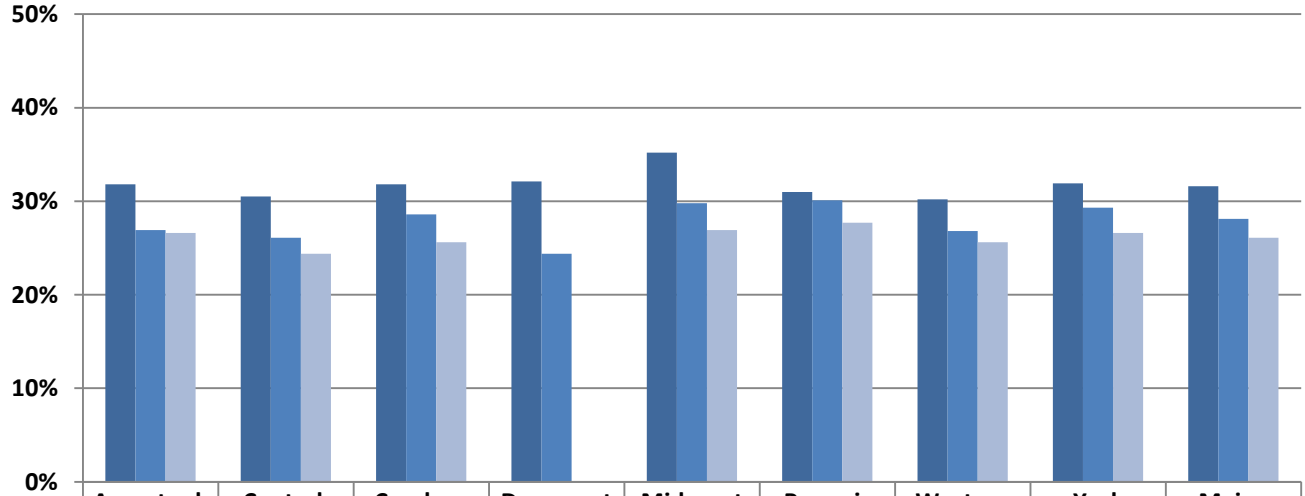
Indicator Description: ALCOHOL USE AMONG YOUTH. This measure shows the percentage of Maine high school students who reported having had one or more alcoholic drinks within 30 days prior to the survey.

Why Indicator is Important: Alcohol is the most often used substance among youth in Maine. In addition to the risks alcohol consumption carries for adults, developing adolescent brains are especially susceptible to the health risks of alcohol consumption. Adolescents who consume alcohol are more likely to have poor grades and be at risk for experiencing social problems, depression, suicidal thoughts, assault, and violence.

Data Source(s): MIYHS, 2009-2013

Summary: In Penquis PHD, the percentage of students who reported drinking in the past 30 days fell from 31 percent in 2009 to 28 percent in 2013, as compared to the percentage statewide, which decreased from 32 percent in 2009 to 26 percent in 2013.

Figure 1. Percent of high school students by Public Health District who had at least one drink of alcohol during past 30 days: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	32%	31%	32%	32%	35%	31%	30%	32%	32%
2011	27%	26%	29%	24%	30%	30%	27%	29%	28%
2013	27%	24%	26%		27%	28%	26%	27%	26%

Source: MIYHS

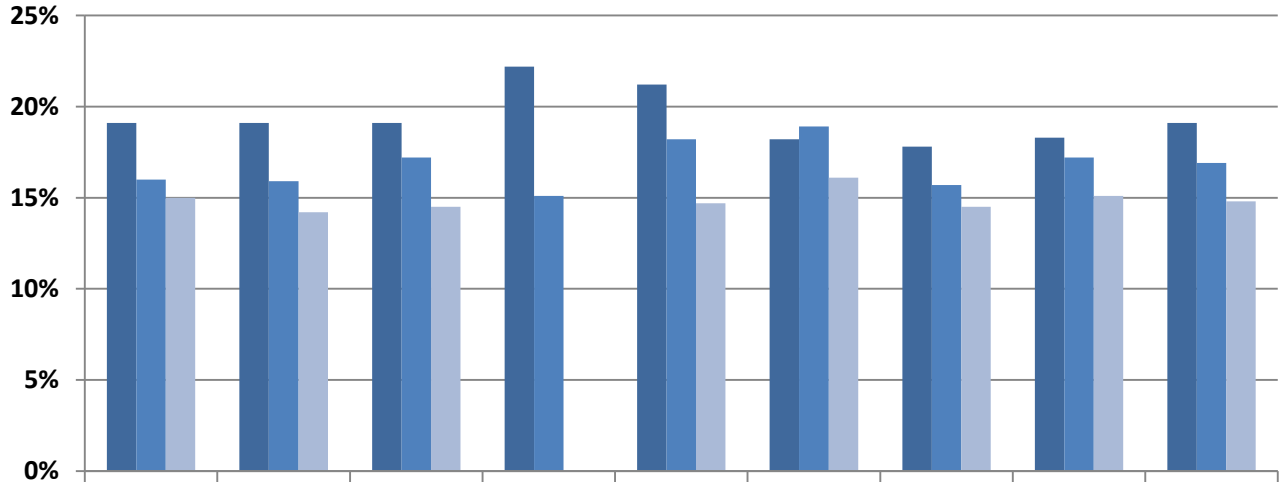
Indicator Description: HIGH-RISK ALCOHOL USE AMONG YOUTH. This indicator presents the percentage of Maine high school students who reported having had five or more alcoholic drinks in a row in one sitting at least once during the 30 days prior to the survey.

Why Indicator is Important: Youth are more likely than adults to engage in high-risk drinking when they consume alcohol. High-risk alcohol use contributes to violence and motor vehicle crashes and can result in negative health consequences for the consumer, including injuries and chronic liver disease. Youth who engage in high-risk drinking also are more likely to use drugs and engage in risky and antisocial behavior.

Data Source(s): MIYHS, 2009-2013

Summary: From 2009 to 2013, the percentage of high school students in Penquis PHD who reported having consumed five or more alcoholic beverages in one sitting during the past 30 days decreased from 18 percent to 16 percent. This is on par with the statewide average (15%).

Figure 2. Percent of high school students by Public Health District who had at least five drinks in a row during past 30 days: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	19%	19%	19%	22%	21%	18%	18%	18%	19%
2011	16%	16%	17%	15%	18%	19%	16%	17%	17%
2013	15%	14%	15%		15%	16%	15%	15%	15%

Source: MIYHS

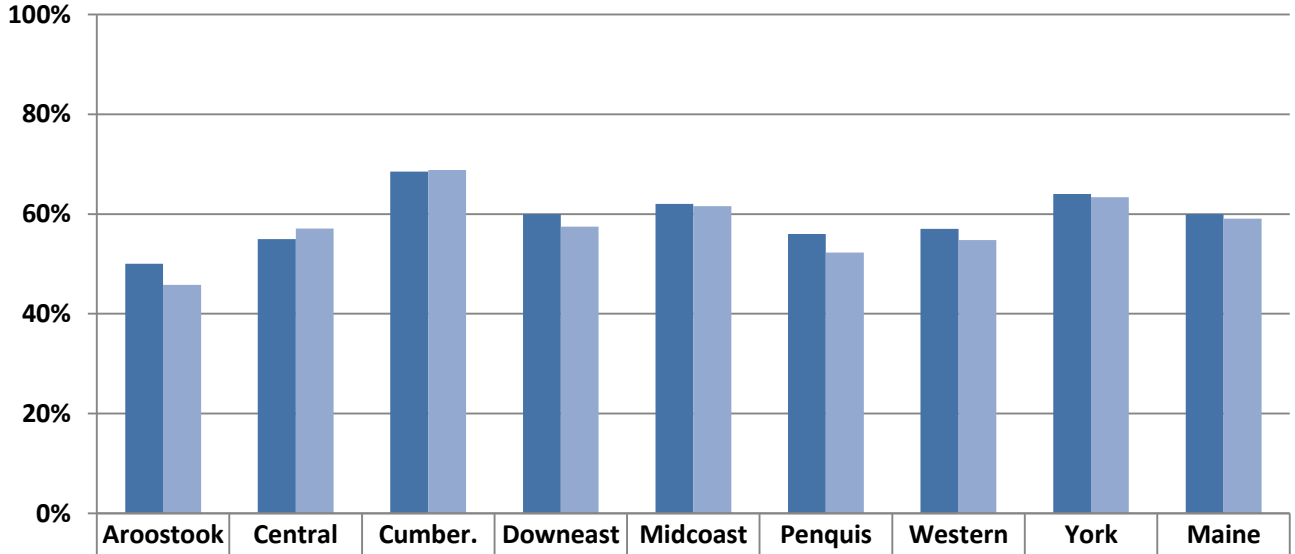
Indicator Description: ALCOHOL USE AMONG ADULTS. This indicator portrays the percentage of adults who reported having consumed one or more alcoholic drinks on one or more days within the past 30 days.

Why Indicator is Important: Alcohol is the most often used substance in Maine adults. Excessive and high-risk alcohol use may contribute to violence and result in many negative health consequences for the consumer. Moderate drinking can also have negative health effects and lead to such consequences as alcohol-related motor vehicle crashes and increased injuries. Current alcohol use in pregnant women is also linked to low birth weight babies, sudden infant death, and other developmental delays in children.

Data Source(s): BRFSS, 2011-2012.

Summary: The percentage of adults in Penquis PHD who consumed at least one alcoholic beverage within the past 30 days decreased from 2011 (56%) to 2012 (52%). This was considerably lower than the statewide average (59%).

Figure 3. Percent of adults by Public Health District who reported drinking during past 30 days: 2011-2012



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2011	50%	55%	69%	60%	62%	56%	57%	64%	60%
2012	46%	57%	69%	58%	62%	52%	55%	63%	59%

Source: BRFSS

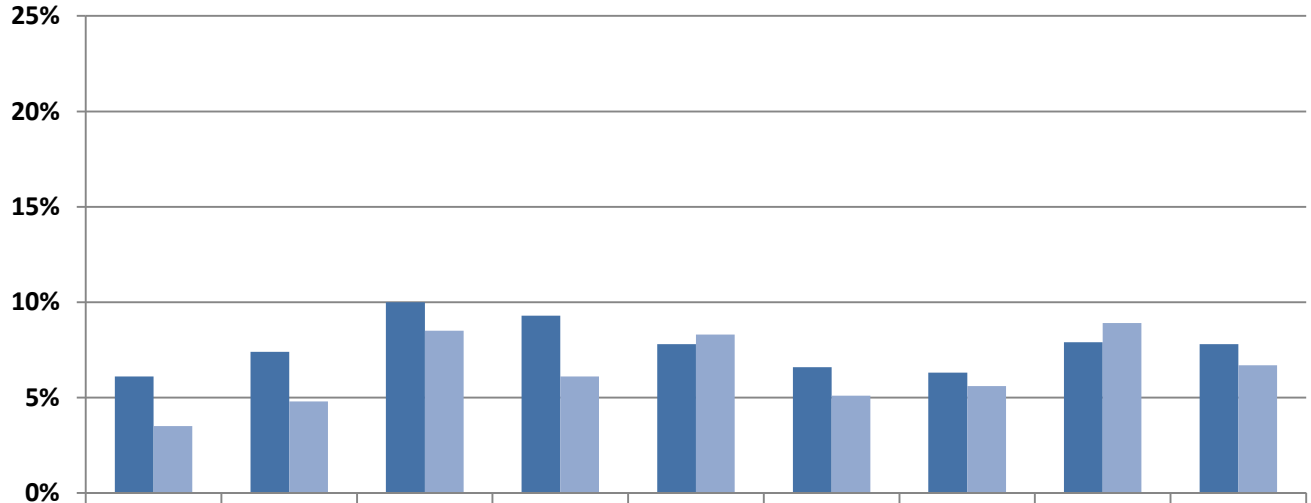
Indicator Description: AT RISK FROM HEAVY ALCOHOL USE. This indicator examines the percentage of Maine residents who are at risk from heavy drinking in the past month. Heavy drinking is defined as two drinks per day for a man or one drink per day for a woman.

Why Indicator is Important: Heavy drinking increases the risk for many health and social related consequences. People who consume alcohol heavily are at increased risk for a variety of negative health consequences, including alcohol abuse and dependence, liver disease, certain cancers, pancreatitis, heart disease, and death. It has also been found that the more heavily a person drinks the greater the potential for problems at home, work, and with friends.[1]

Data Source(s): BRFSS, 2011-2012.

Summary: The percentage of adults in Penquis PHD at risk from heavy alcohol use (1-2 drinks per day) decreased from 2011 (7%) to 2012 (5%). This rate differed little from the statewide average (7%).

Figure 4. Percent of adults by Public Health District who reported heavy drinking during past 30 days: 2011-2012



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2011	6%	7%	10%	9%	8%	7%	6%	8%	8%
2012	4%	5%	9%	6%	8%	5%	6%	9%	7%

Source: BRFSS

[1] Citation from Alcoholscreening.org, a service of Join Together and the Boston University School of Public Health. Retrieved from http://www.alcoholscreening.org/Learn-More.aspx?topicID=8&articleID=26 on 5/5/2011.

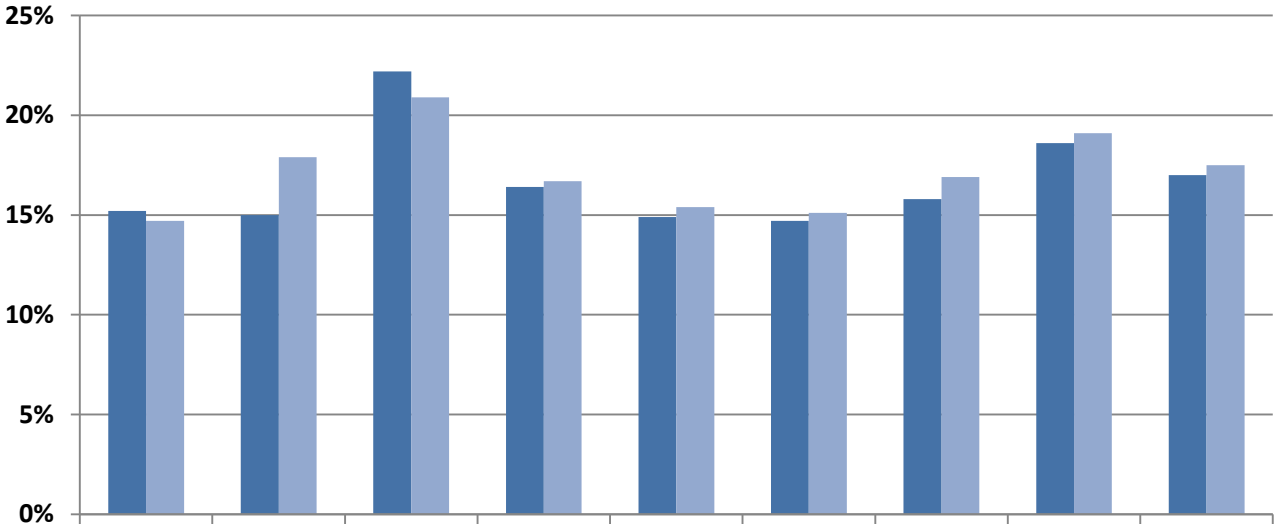
Indicator Description: HIGH-RISK ALCOHOL USE AMONG ADULTS. This indicator reflects the percentage of adults who reported engaging in high-risk "binge" drinking within the past 30 days. This is defined as five or more drinks in one sitting for a male and four or more drinks in one sitting for a female.

Why Indicator is Important: Binge drinking is considered to be a type of high-risk drinking, meaning it increases the risk for many health- and social-related consequences. It has been linked to injury (such as falls, fights, and suicides), violence, crime rates, motor vehicle crashes stroke, chronic liver disease, addiction, and some types of cancer.

Data Source(s): BRFSS, 2011-2012.

Summary: The rate of binge drinking during the past 30 days among adults in Penquis PHD remained unchanged from 2011 to 2012 (15%).This was three percentage points lower than the statewide average (18%) and among the lowest rates of the public health districts.

Figure 5. Percent of adults by Public Health District who reported binge drinking during past 30 days: 2011-2012

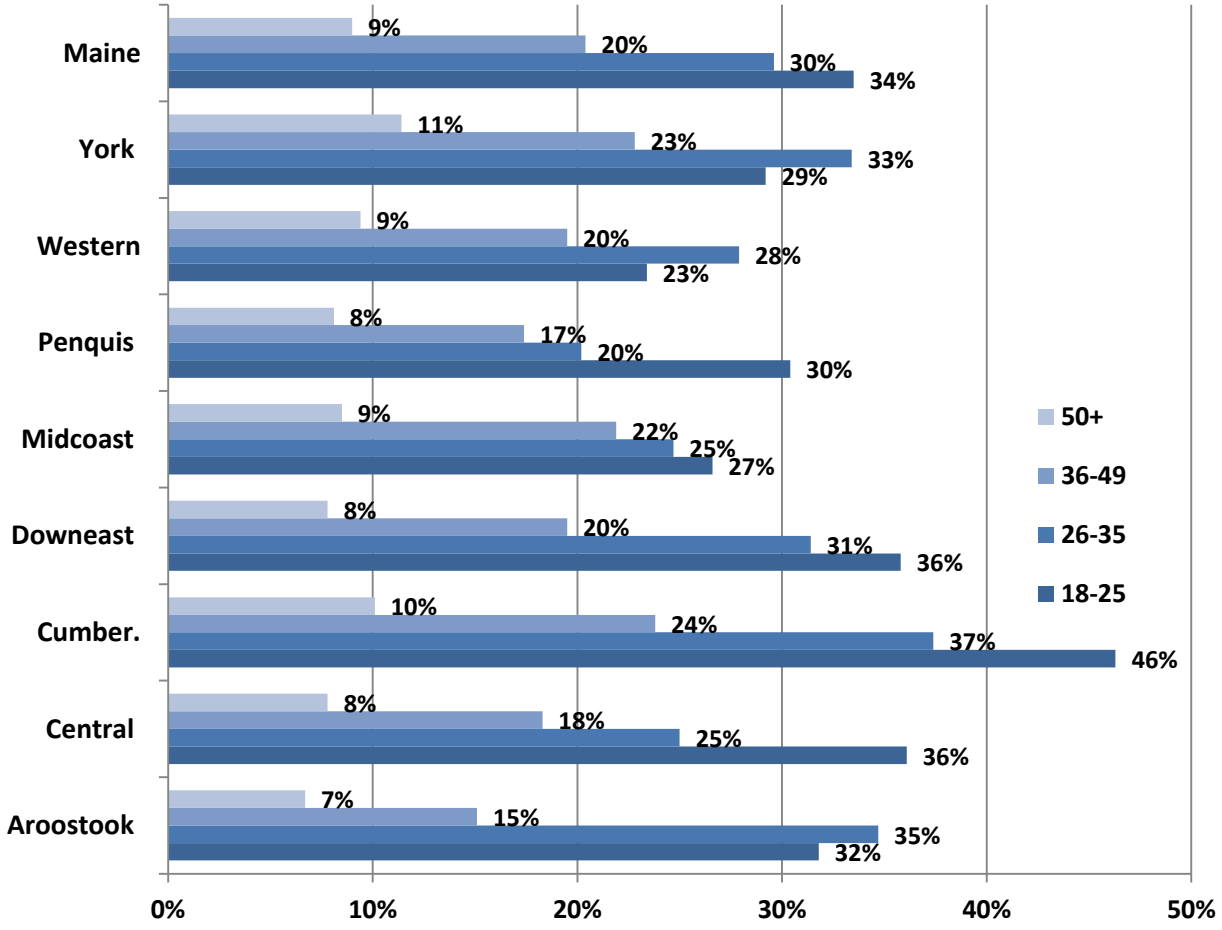


	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2011	15%	15%	22%	16%	15%	15%	16%	19%	17%
2012	15%	18%	21%	17%	15%	15%	17%	19%	18%

Source: BRFSS

Summary: During 2011-12 (combined years), the highest rate of binge drinking in Penquis PHD was among the 18 to 25 year old population at 30 percent, followed by 26 to 35 year olds (20%), 36 to 49 year olds (17%), and residents age 50 and older (8%).

Figure 6. Percent of adults by Public Health District who reported binge drinking in past 30 days by age group: 2011-12



Source: BRFSS

Tobacco

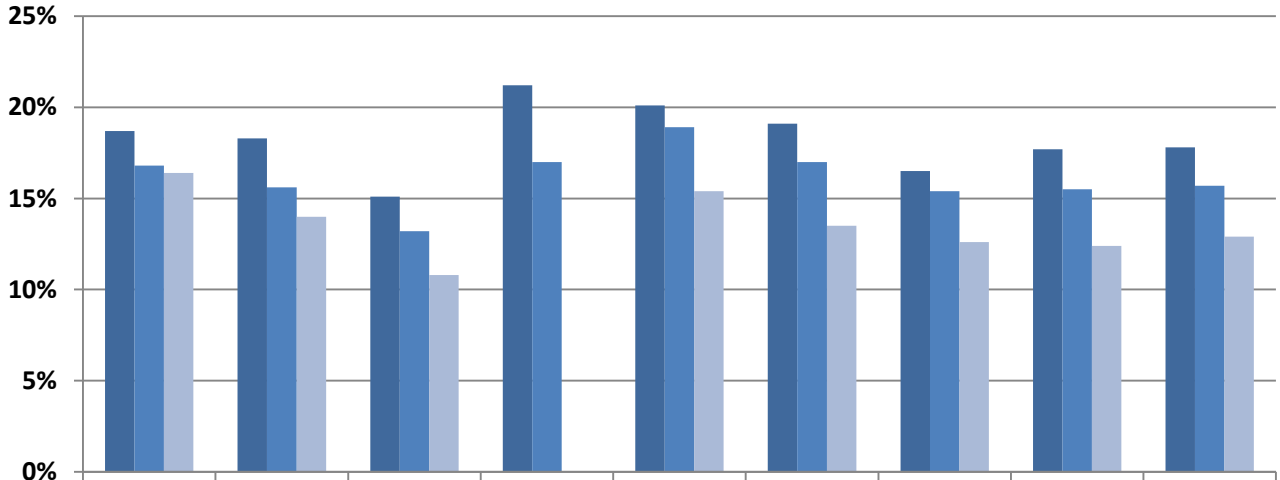
Indicator Description: SMOKING AMONG YOUTH. This indicator illustrates the percentage of Maine high school students who reported smoking a cigarette on at least one occasion within 30 days prior to the survey.

Why Indicator is Important: Use of tobacco is associated with a greater risk of negative health outcomes, including cancer, cardiovascular, and chronic respiratory diseases, as well as death.

Data Source(s): MIYHS, 2009-2013.

Summary: From 2009 to 2013 the percentage of high school students in Penquis PHD who reported having smoked one or more cigarettes in the past 30 days decreased from 19 percent to 14 percent; this was similar to the statewide average (13%)

Figure 7. Percent of high school students by Public Health District who reported smoking one or more cigarettes during past 30 days: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	19%	18%	15%	21%	20%	19%	17%	18%	18%
2011	17%	16%	13%	17%	19%	17%	15%	16%	16%
2013	16%	14%	11%		15%	14%	13%	12%	13%

Source: MIYHS

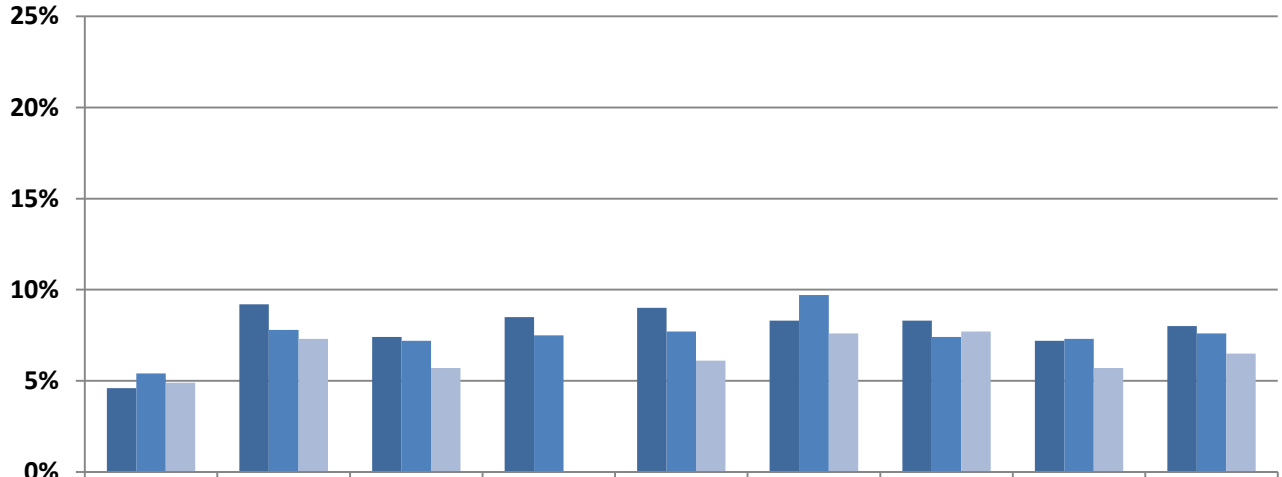
Indicator Description: SMOKELESS TOBACCO AMONG YOUTH. This indicator illustrates the percentage of Maine high school students who reported using smokeless tobacco on at least one occasion within 30 days prior to the survey.

Why Indicator is Important: Use of tobacco is associated with a greater risk of negative health outcomes, including cancer, cardiovascular, and chronic respiratory diseases, as well as death.

Data Source(s): MIYHS, 2009-2013.

Summary The percent of high school students in Penquis PHD who have used smokeless tobacco in the past 30 days remained steady at 8% percent from 2009 to 2013. This is similar to the statewide average (7%).

Figure 8. Percent of high school students by Public Health District who used smokeless tobacco in the past 30 days: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	5%	9%	7%	9%	9%	8%	8%	7%	8%
2011	5%	8%	7%	8%	8%	10%	7%	7%	8%
2013	5%	7%	6%		6%	8%	8%	6%	7%

Source: MIYHS

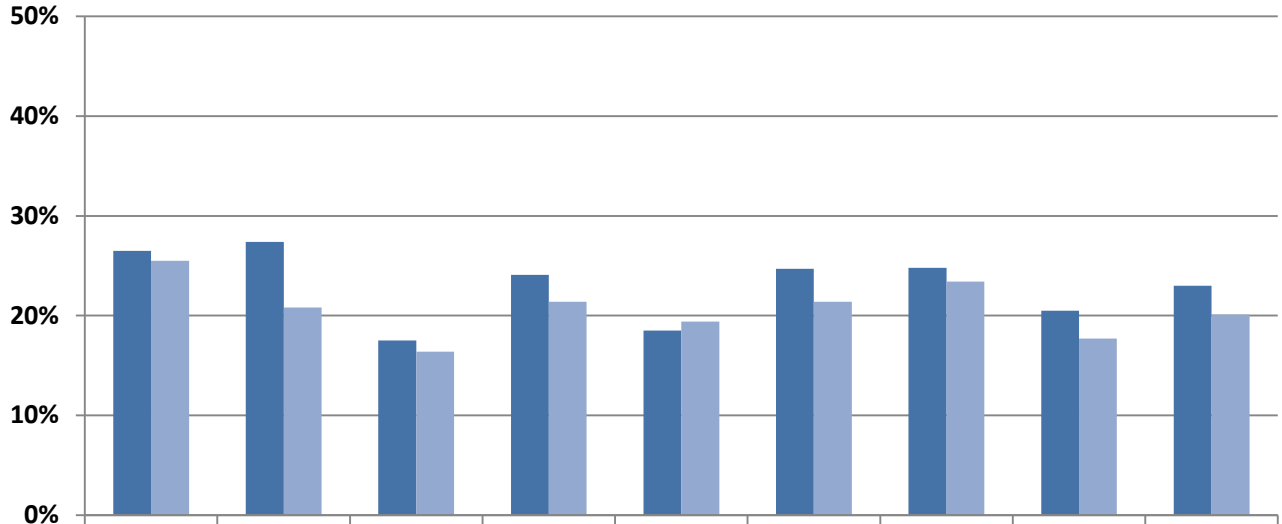
Indicator Description: SMOKING AMONG ADULTS. This indicator illustrates the percentage of Maine adults who reported using cigarettes on at least one occasion within 30 days prior to the survey.

Why Indicator is Important: Smoking is associated with a greater risk of negative health outcomes, including cancer, cardiovascular and chronic respiratory diseases, as well as death.

Data Source(s): BRFSS, 2011-2012.

Summary: In 2012, about one fifth (21%) of adults in Penquis PHD indicated they had smoked a cigarette in the past 30 days; this decreased by four percentage points since 2011 and is on par with the statewide average (20%).

Figure 9. Percent of adults by Public Health District who reported smoking a cigarette in the past 30 days: 2011-2012



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2011	27%	27%	18%	24%	19%	25%	25%	21%	23%
2012	26%	21%	16%	21%	19%	21%	23%	18%	20%

Source: BRFSS

Prescription Drugs

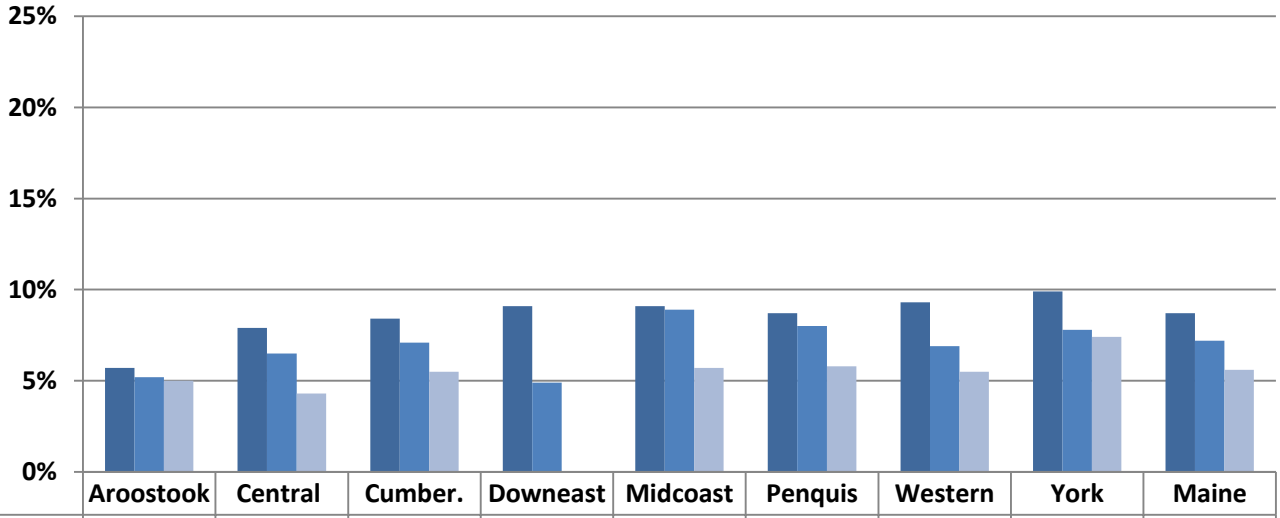
Indicator Description: MISUSE OF PRESCRIPTION DRUGS AMONG YOUTH. This indicator presents the percentage of Maine high school students who reported using prescription drugs that were not prescribed to them by a doctor within 30 days prior to the survey.

Why Indicator is Important: Some people are using available prescription drugs, including stimulants and opiates, instead of illegal drugs to get high. Abuse of prescription drugs may lead to consequences such as unintentional poisonings or overdose, automobile crashes, addiction, and increased crime.

Data Source(s): MIYHS, 2009-2013.

Summary: In 2013, six percent of high school students in Penquis PHD reported having taken prescription drugs not prescribed to them by a doctor one or more times in the past 30 days, a three point decrease since 2009 (9%).

Figure 10. Percent of high school students by Public Health District who have taken prescription drugs not prescribed to them by a doctor: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	6%	8%	8%	9%	9%	9%	9%	10%	9%
2011	5%	7%	7%	5%	9%	8%	7%	8%	7%
2013	5%	4%	6%		6%	6%	6%	7%	6%

Source: MIYHS

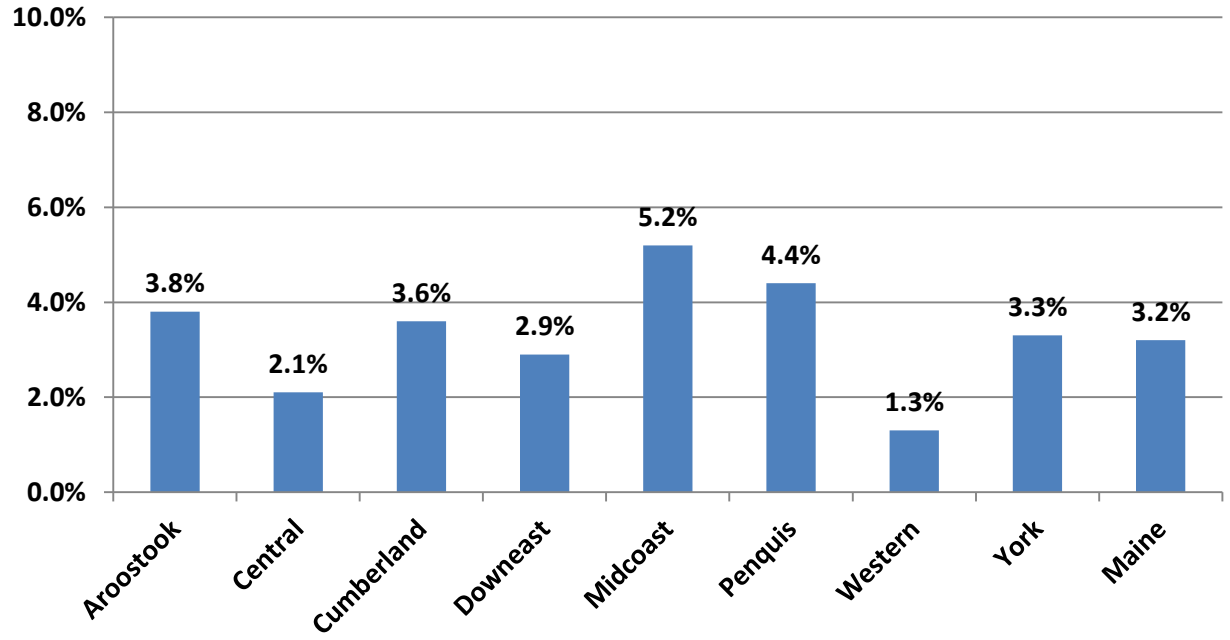
Indicator Description: MISUSE OF PRESCRIPTION DRUGS AMONG ADULTS. This measure reflects the percentage of adults in Maine who reported using prescription drugs not prescribed to them by a doctor, or using them in a way other than the one prescribed, at least once in their lifetime. Because of small sample sizes, survey data from multiple years must be combined in order to produce this estimate.

Why Indicator is Important: Some Mainers misuse available prescription drugs (including stimulants and opiates) instead of illegal drugs to get high. Abuse of prescription drugs may lead to consequences such as unintentional poisonings, overdose, dependence and increased crime.

Data Source(s): BRFSS, 2011-12

Summary: During 2011-12 (combined years), 4.4 percent of adults in Penquis PHD reported to have misused prescription drugs in their lifetime, this differed little from the statewide average (3.2%).

Figure 11. Misuse of prescription drugs among Maine residents (18 and older) in their lifetime, by age group and public health district: 2011-12



Source: BRFSS

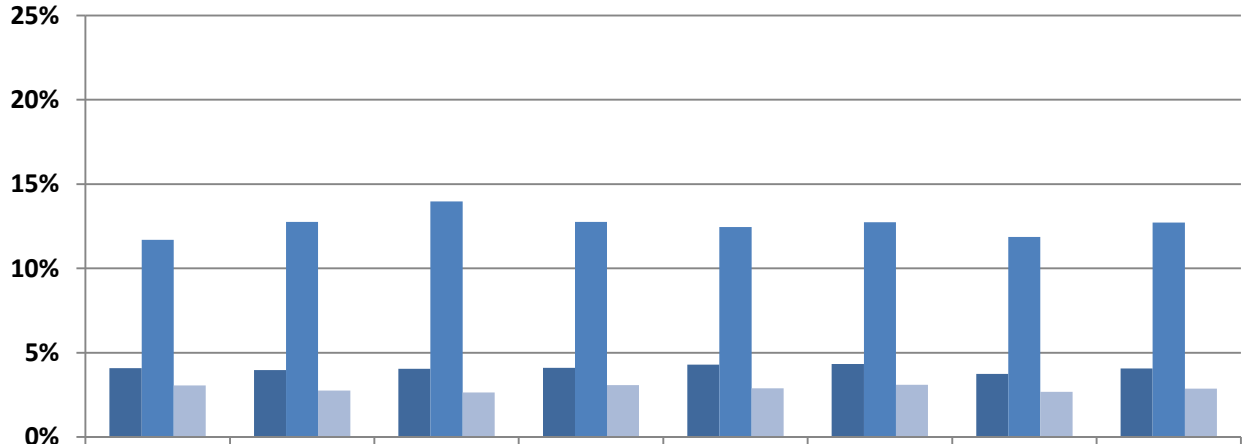
Indicator Description: NONMEDICAL USE OF PRESCRIPTION PAIN RELIEVERS AMONG MAINERS AGE 12 AND OLDER. This measure reflects the percentage of adults who reported using prescription pain relievers in the past year, for reasons other than their intended purpose. Because of small sample sizes, survey data from multiple years must be combined in order to produce this estimate.

Why Indicator is Important: Mainers are increasingly using available prescription drugs, particularly pain relievers, instead of illegal drugs to get high. Abuse of prescription drugs may lead to consequences such as unintentional poisonings, overdose, dependence and increased crime.

Data Source(s): NSDUH, 2008-10.

Summary: In 2008-2010, 12 percent of 18 to 25 year olds in Penquis PHD reported using prescription pain relievers for nonmedical purposes in the past year. Although not shown, these rates remain relatively unchanged since 2006-2008.

Figure 12. Percent of population 18 years old or older who used prescription pain relievers in past year for nonmedical use, by Public Health District: 2008-10



	Aroostook/ Downeast	Central	Cumber.	Midcoast	Penquis	Western	York	Maine
18+	4%	4%	4%	4%	4%	4%	4%	4%
18 to 25	12%	13%	14%	13%	12%	13%	12%	13%
26+	3%	3%	3%	3%	3%	3%	3%	3%

Source: NSDUH

Other Illegal Drugs

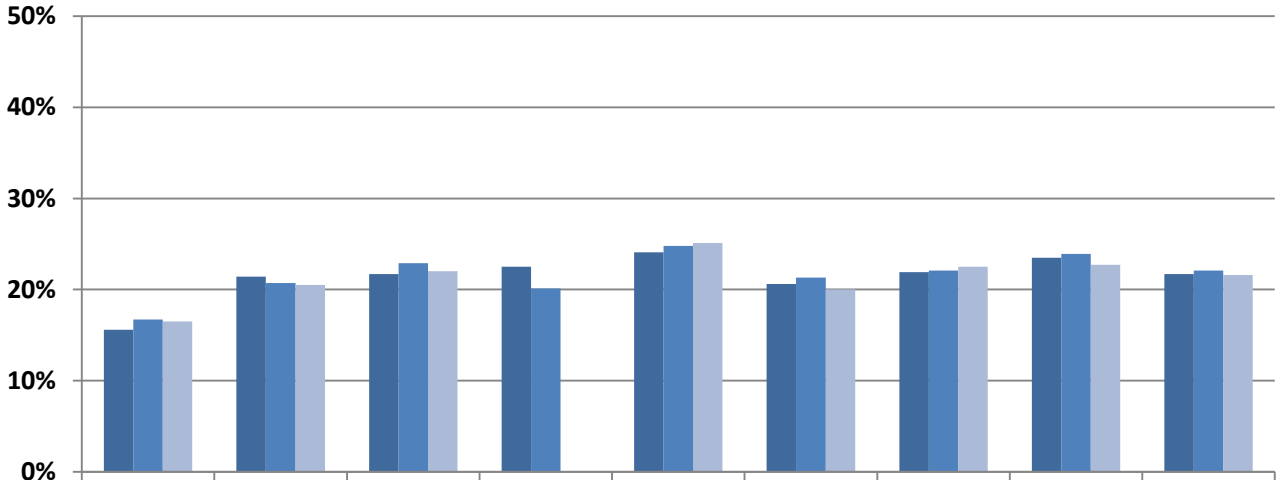
Indicator Description: CURRENT MARIJUANA USE. This measure shows the percentage of Maine residents who reported using marijuana in the past 30 days. This is presented for high school students and adults in Maine.

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, 2009-2013; BRFSS, 2012.

Summary: In 2013, 20 percent of high school students in Penquis PHD reported having used marijuana one or more times in the past 30 days, compared to 22 percent statewide. Rates among public health districts have remained stable since 2009.

Figure 13. Percent of high school students by Public Health District who have used marijuana during past 30 days: 2009-2012

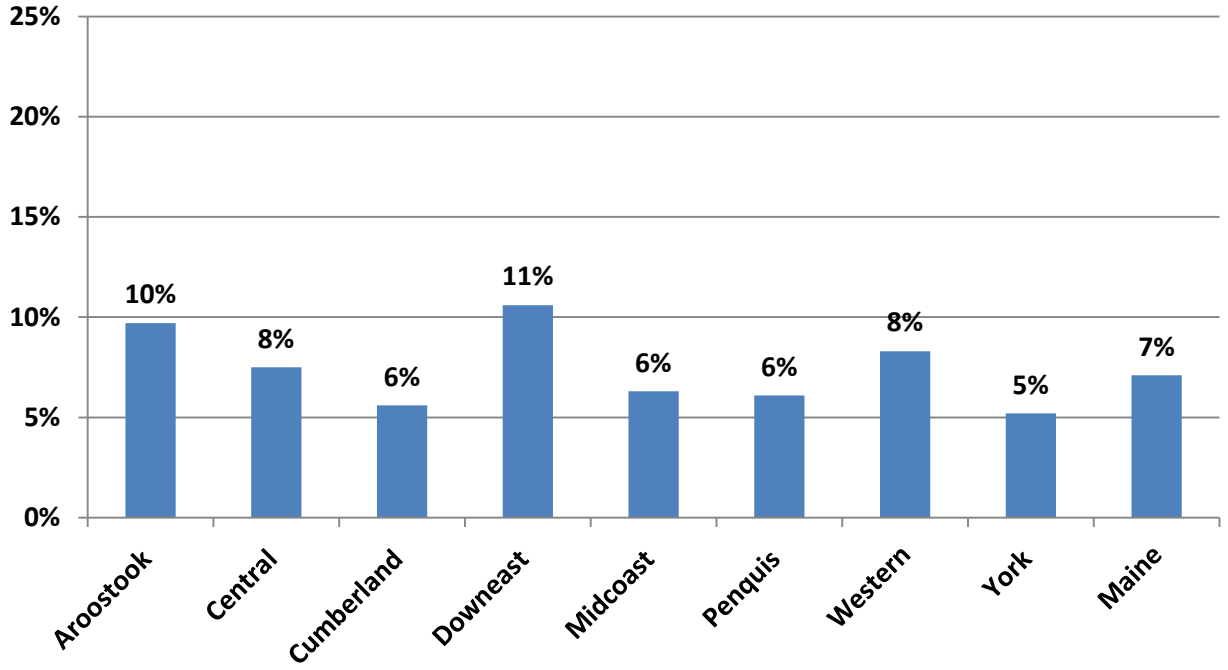


	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	16%	21%	22%	23%	24%	21%	22%	24%	22%
2011	17%	21%	23%	20%	25%	21%	22%	24%	22%
2013	17%	21%	22%		25%	20%	23%	23%	22%

Source: MIYHS

Summary: Among Penquis PHD adults, six percent reported using any marijuana within the past 30 days. This is similar to the statewide average (7%) and among the lowest rates across public health districts.

Figure 14. Percent of adults who have used marijuana during the past 30 days, by Public Health District: 2012



Source: BRFSS

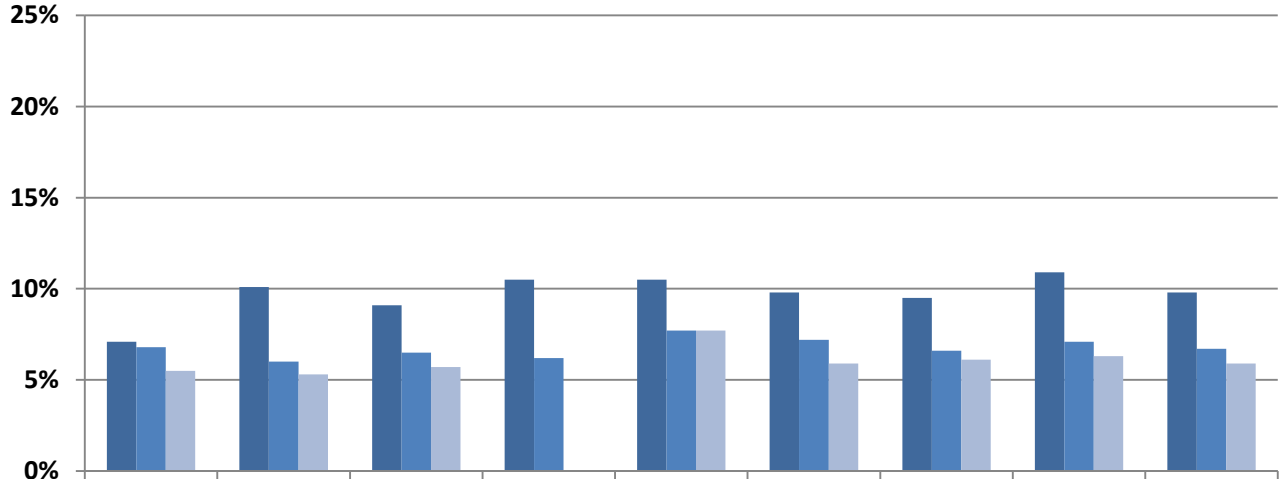
Indicator Description: LIFETIME COCAINE USE AMONG YOUTH. This indicator illustrates the percentage of Maine high school students who used cocaine at least once in their lifetime (i.e., ever).

Why Indicator is Important: Cocaine is highly addictive. Use of cocaine is associated with adverse health effects such as cardiac events, seizures, and stroke. It also increases the risk of cognitive impairment, injury, and crime.

Data Source(s): MIYHS, 2009-2013.

Summary: The percentage of Penquis PHD high school students reporting that they had used cocaine (in any form) during their lifetime decreased by four percentage points from 2009 (10%) to 2013 (6%); this was the same as the statewide average.

Figure 15. Percent of high school students by Public Health District that have used cocaine in any form during their lifetime: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	7%	10%	9%	11%	11%	10%	10%	11%	10%
2011	7%	6%	7%	6%	8%	7%	7%	7%	7%
2013	6%	5%	6%		8%	6%	6%	6%	6%

Source: MIYHS

Consequences Resulting from Substance Use and Abuse

Both individuals and communities suffer the consequences of substance abuse in terms of increased health care needs and criminal justice resources. While a great deal of information regarding substance use can be obtained from the data described in the previous section, information on the effects of that use on individuals and communities can be derived from what has come to be called “consequence” data. Consequences are defined as the social, economic and health problems associated with the use of alcohol and illicit drugs. Examples are things such as illnesses related to alcohol, drug overdose deaths, property and personal crimes, as well as driving accidents, poisonings and suicides that involve alcohol or drugs.

In Penquis PHD, many of the indicators are lower than the state rates. Alcohol-related arrests are down, to the lowest in the state in. In 2012, the drug related arrest rate in Penquis PHD dropped below the state average after observing the highest rate among public health districts in 2011. Most drug-related offense arrests made by the Maine Drug Enforcement Agency were related to pharmaceutical narcotics. Penquis PHD observed the third highest rate of poison control center calls that were suspected to be suicide attempts and the highest rate of poison calls suspected to be substance abuse. Furthermore, the rate of outpatient admissions related to opiates was third highest in the state in 2011 and the drug overdose death rate was the highest in the state in2008-10, but dropped to below the state average in 2011-13.

Criminal Justice Involvement

Indicator Description: ANNUAL VIOLENT CRIME RATE. This indicator shows the number of violent crimes reported to the police, per 10,000 people. Violent crimes include simple and aggravated assaults, sexual assaults, and robberies. The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas.

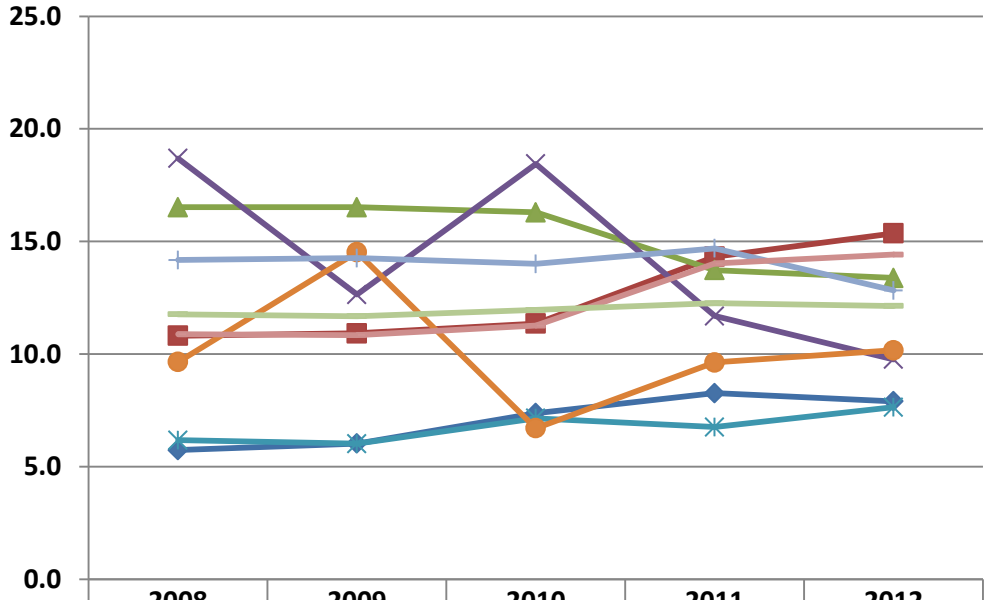
Operationalized as: $\frac{\#\ of\ violent\ crimes}{population} \times 10{,}000$

Why Indicator is Important: Violence is associated with alcohol, though the causal pathway is not completely understood. Drinking on the part of the victim or a perpetrator can increase the risk of assaults and assault-related injuries. Approximately 23 percent of sexual assaults and 30 percent of physical assaults are attributable to alcohol. Reported violent crimes are an under-report of the total number of actual violent crimes.

Data Source(s): DPS, UCR, 2008-2012.

Summary: In 2012, there were 10.2 violent crimes per 10,000 people in Penquis PHD, compared to 12.1 per 10,000 people statewide. Although Penquis PHD has observed lower violent crime rates compared to the state overall in the past few years, the violent crime rate has seen a notable increase since 2010 (6.2 per 10,000 residents).

Figure 16. Violent crime rate per 10,000, by Public Health District: 2008-2012



	2008	2009	2010	2011	2012
Aroostook	5.7	6.0	7.4	8.3	7.9
Central	10.8	10.9	11.4	14.3	15.4
Cumberland	16.5	16.5	16.3	13.7	13.4
Downeast	18.7	12.6	18.4	11.7	9.8
Midcoast	6.2	6.0	7.1	6.8	7.6
Penquis	9.7	14.5	6.7	9.6	10.2
Western	14.2	14.3	14.0	14.7	12.8
York	10.9	10.8	11.3	14.0	14.4
Maine	11.8	11.7	12.0	12.3	12.1

Source: DPS; UCR

Indicator Description: ANNUAL ALCOHOL-RELATED ARREST RATE. This indicator reflects arrests related to alcohol per 10,000 people. Alcohol-related arrests include Operating Under the Influence (OUI), liquor law violations, and drunkenness. The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas.

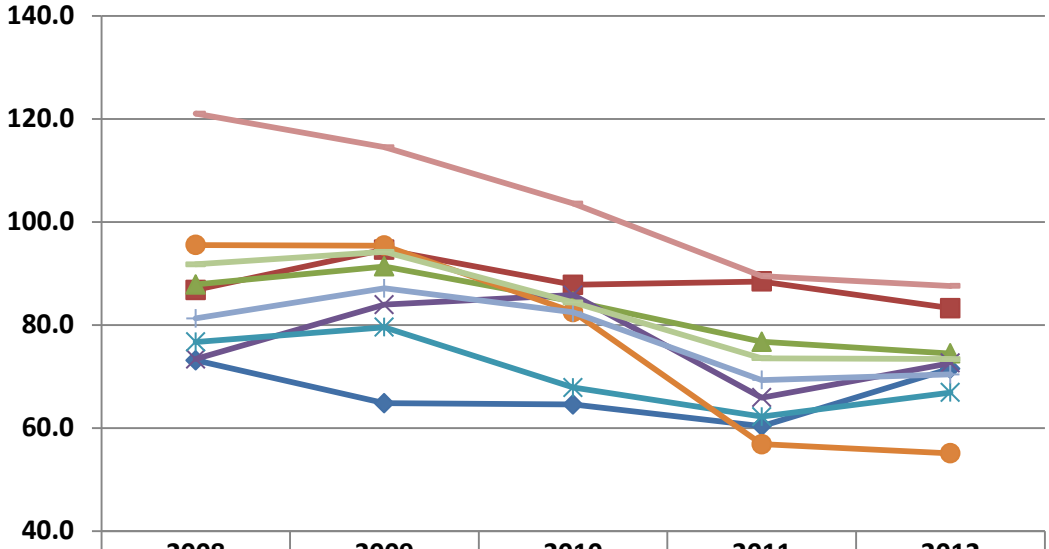
Operationalized as: $\frac{\#\ of\ alcohol\ arrests}{population} \times 10{,}000$

Why Indicator is Important: OUI and liquor law arrest rates can be an indication of the rate of criminal behavior, but it is important to note that they are also an *indication of the level of law enforcement*. Arrest rates are expected to increase with increased enforcement regardless of whether a decline in criminal behavior is observed. The educational component of Maine's Driver Education and Evaluation Program serviced 5,500 Maine residents in 2012.

Data Source(s): DPS, UCR, 2008-2012.

Summary: Penquis PHD's alcohol related arrest rate has been steadily decreasing since 2008 (95.5 arrests per 10,000 arrests). In 2012, Penquis PHD observed an alcohol arrest rate of 55.1 per 10,000 residents; this was considerably lower than the statewide rate (73.4 arrests per 10,000 residents) and the lowest among public health districts.

Figure 17. Alcohol-related arrest rate per 10,000, by Public Health District: 2008-2012



	2008	2009	2010	2011	2012
Aroostook	73.1	64.8	64.6	60.4	71.5
Central	86.8	94.6	87.8	88.5	83.3
Cumberland	87.9	91.4	84.6	76.7	74.5
Downeast	73.4	83.9	85.8	65.9	72.6
Midcoast	76.7	79.6	67.8	62.2	66.9
Penquis	95.5	95.4	82.5	56.9	55.1
Western	81.3	87.1	82.5	69.3	70.4
York	121.0	114.5	103.6	89.5	87.6
Maine	91.8	94.2	84.4	73.5	73.4

Source: DPS; UCR

Indicator Description: ANNUAL DRUG-RELATED ARREST RATE. This indicator reflects the number of arrests that were related to drugs per 10,000 people. Drug-related arrests include manufacturing, sales, and possession. The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time as well as make relative comparisons between small and large population areas.

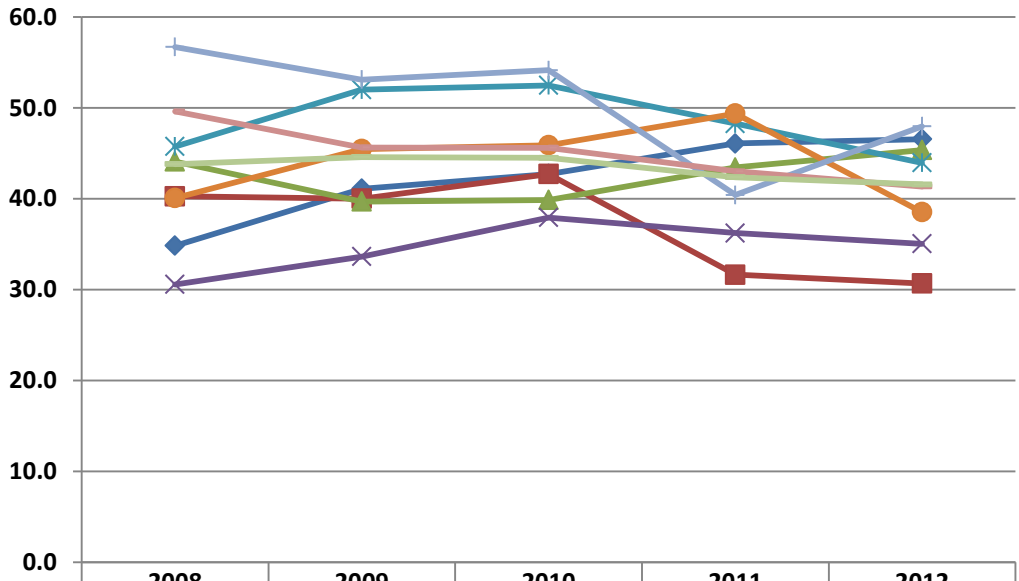
Operationalized as: $\frac{\#\ of\ drug\ arrests}{population} \times 10{,}000$

Why Indicator is Important: Arrest rates for drug sales, manufacturing and drug possession can be an indication of the rate of criminal behavior, but it is important to note that they are also an *indication of the level of law enforcement*. Arrests rates are expected to increase with increased enforcement regardless of whether a decline in criminal behavior is observed.

Data Source(s): DPS, UCR, 2008-2012.

Summary: After steadily increasing from 2008 to 2011, Penquis PHD's drug-related arrest rate decreased from 49.4 arrests per 10,000 residents in 2011 to 38.5 arrests per 10,000 residents in 2012; this was slightly lower the statewide rate (41.6 arrests per 10,000 residents).

Figure 18. Drug-related arrest rate per 10,000, by Public Health District: 2008-2012



	2008	2009	2010	2011	2012
Aroostook	34.8	41.1	42.7	46.1	46.6
Central	40.3	40.0	42.7	31.6	30.7
Cumberland	44.1	39.7	39.9	43.4	45.4
Downeast	30.6	33.6	37.9	36.2	35.0
Midcoast	45.8	52.0	52.5	48.3	44.0
Penquis	40.1	45.5	45.9	49.4	38.5
Western	56.7	53.1	54.2	40.4	48.0
York	49.6	45.6	45.6	43.0	41.4
Maine	43.8	44.6	44.5	42.4	41.6

Source: DPS; UCR

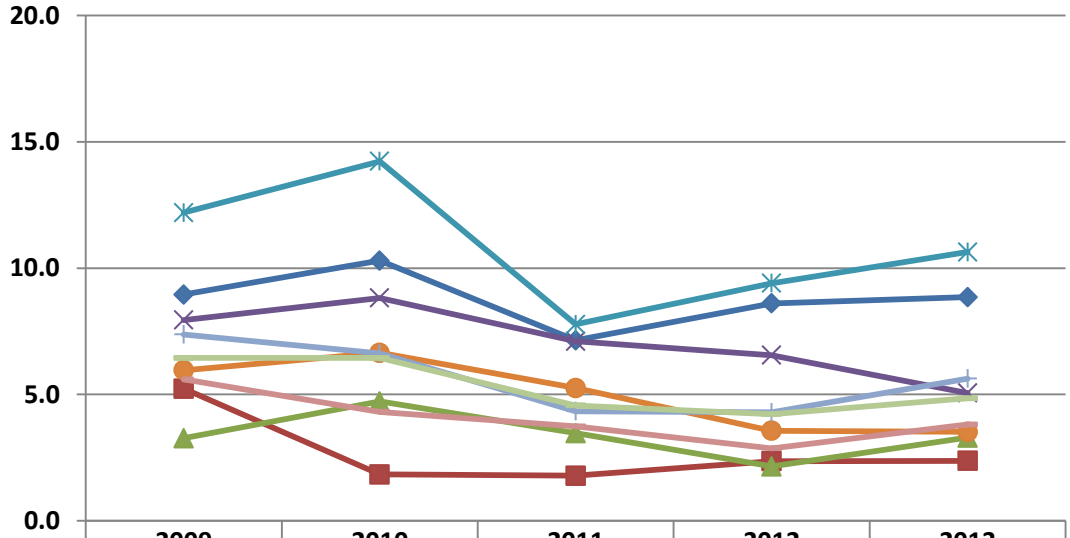
Indicator Description: DRUG OFFENSE ARRESTS BY TYPE. This indicator reflects drug offense arrests made by the Maine's Drug Enforcement Agency, overall and by drug type. The MDEA, through its eight regional multi-jurisdictional task forces, is the lead state agency in confronting drug trafficking crime. This indicator differs from the previous drug-related arrest data in that it only tracks MDEA efforts and does not encompass all activity within Maine law enforcement agencies.

Why Indicator is Important: Drug offense arrest rates can be an indication of the rate of criminal behavior, but it is important to note that they are also an indication of the level of law enforcement. Drug arrest rates are expected to increase with increased enforcement regardless of whether a decline in criminal behavior is observed.

Data Source(s): MDEA-UCR, 2009-2013

Summary: Penquis PHD's drug offense arrest rate (as made by the Maine Drug Enforcement Agency) steadily decreased from 2010 (6.6 arrests per 10,000 residents) to 2013 (3.5 arrests per 10,000 residents); this was lower than the statewide rate (4.8 arrests per 10,000 residents) and third lowest among public health districts. During 2011-13 (combined years), most drug offense arrests in Penquis PHD were related to pharmaceutical narcotics (4.0 arrests per 10,000) followed by cocaine/crack (0.7 arrests per 10,000).

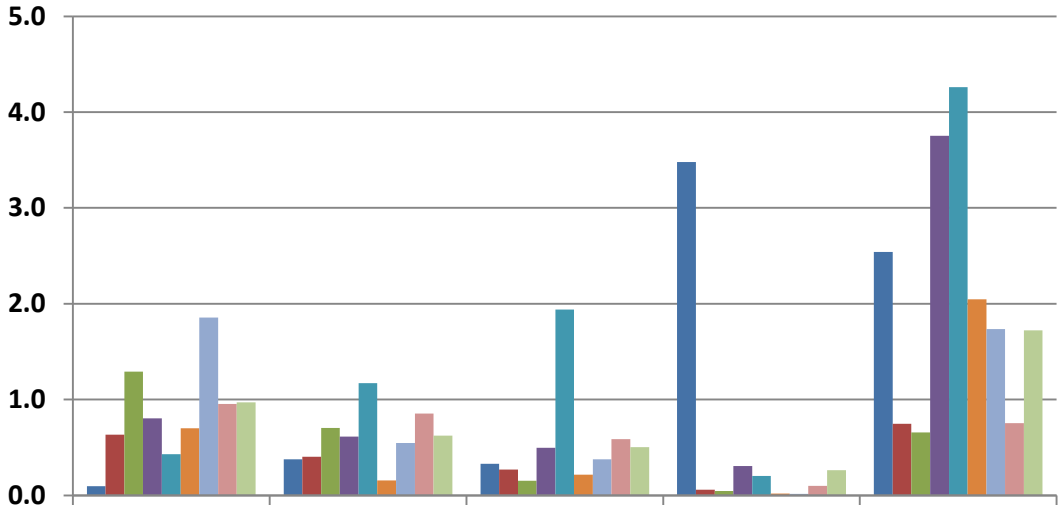
Figure 19. Drug offense arrests per 10,000 residents, by Public Health District: 2009-2013



	2009	2010	2011	2012	2013
Aroostook	9.0	10.3	7.1	8.6	8.9
Central	5.2	1.8	1.8	2.4	2.4
Cumber.	3.3	4.7	3.5	2.1	3.3
Downeast	7.9	8.8	7.1	6.6	5.1
Midcoast	12.2	14.2	7.8	9.4	10.6
Penquis	6.0	6.6	5.3	3.6	3.5
Western	7.4	6.6	4.3	4.3	5.6
York	5.6	4.3	3.7	2.9	3.8
Maine	6.4	6.4	4.6	4.2	4.8

Source: MDEA-UCR

Figure 20. Drug offense arrests per 10,000 residents, by Public Health District: 2011-13



	Cocaine/crack	Heroin	Marijuana	Methamphetamine	Pharm-narcotic
Aroostook	0.1	0.4	0.3	3.5	2.5
Central	0.6	0.4	0.3	0.1	0.7
Cumberland	1.3	0.7	0.2	0.0	0.7
Downeast	0.8	0.6	0.5	0.3	3.8
Midcoast	0.4	1.2	1.9	0.2	4.3
Penquis	0.7	0.2	0.2	0.0	2.0
Western	1.9	0.5	0.4	0.0	1.7
York	1.0	0.9	0.6	0.1	0.8
Maine	1.0	0.6	0.5	0.3	1.7

Source: MDEA-UCR

Driving Under the Influence

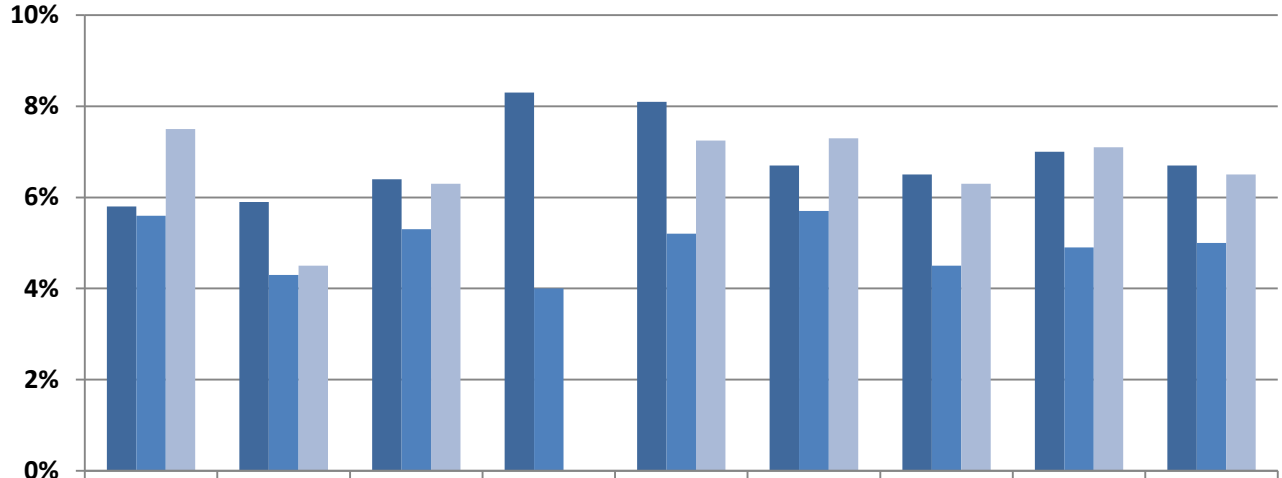
Indicator Description: DRINKING AND DRIVING AMONG YOUTH. This measure shows the proportion of high school students who reported that they drove a car after consuming alcohol at least once within 30 days prior to taking the survey.

Why Indicator is Important: Operating a vehicle after consuming alcohol increases the risk of motor vehicle crashes, injuries and death.

Data Source(s): MIYHS, 2009-2013.

Summary: In 2013, seven percent of high school students in Penquis PHD reported driving a vehicle at least once after drinking alcohol in the past 30 days; this was the same as the statewide average.

Figure 21. Percent of high school students by Public Health District who reported drinking and driving during the past 30 days: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	6%	6%	6%	8%	8%	7%	7%	7%	7%
2011	6%	4%	5%	4%	5%	6%	5%	5%	5%
2013	8%	5%	6%		7%	7%	6%	7%	7%

Source: MIYHS

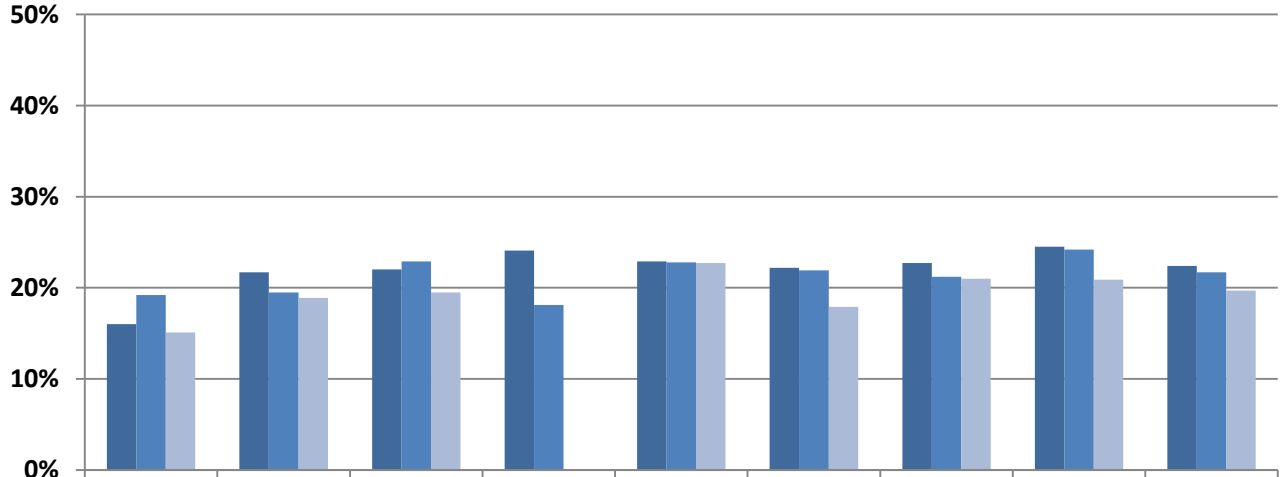
Indicator Description: YOUTH AS PASSENGERS IN VEHICLES DRIVEN BY INDIVIDUALS USING ILLEGAL DRUGS. This measure shows the proportion of high school students who reported that within 30 days prior to taking the survey they were a passenger in a car being operated by an individual who had consumed illegal drugs.

Why Indicator is Important: Operating a vehicle while under the influence of drugs increases the risk of motor vehicle crashes, injuries and death.

Data Source(s): MIYHS, 2009-2013.

Summary: From 2011 to 2013 the rate of students in Penquis PHD who reported that, within the past 30 days, they had been passengers in a vehicle operated by someone who had taken illegal drugs decreased from 22 percent to 18 percent; this differed little from statewide rate (20%).

Figure 22. Percent of high school students by Public Health District who rode in a vehicle driven by someone who had taken illegal drugs: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	16%	22%	22%	24%	23%	22%	23%	25%	22%
2011	19%	20%	23%	18%	23%	22%	21%	24%	22%
2013	15%	19%	20%		23%	18%	21%	21%	20%

Source: MIYHS

Indicator Description: ALCOHOL/DRUG-INVOLVED MOTOR VEHICLE CRASH RATE. This indicator shows the number of motor vehicle crashes in which alcohol or drugs were a factor per 10,000 people. Due to new data collection regulations, crash rate data is no longer separated by alcohol and drugs. Alcohol and drugs are now combined into one rate. Alcohol/drug-involved crashes means that at least one driver had consumed alcohol or drugs prior to the crash. The rate per 10,000 allows us to see the frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas.

Operationalized as: $\frac{\#\ of\ alcohol/drug-involved\ crashes}{population} \times 10{,}000$

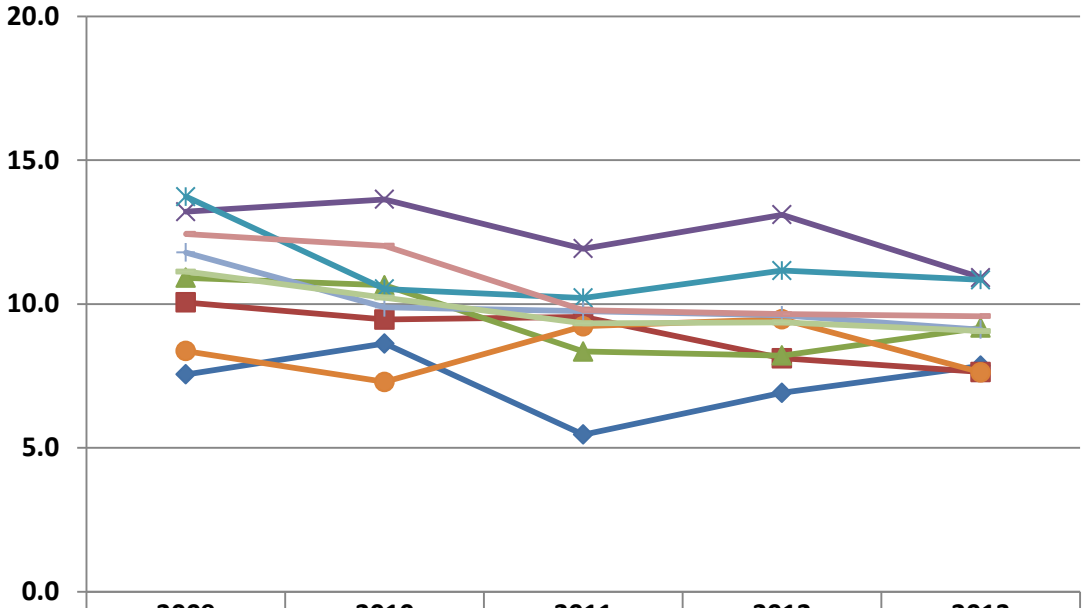
Why Indicator is Important: Motor vehicle crashes are the second-leading cause of traumatic brain injury, with 27 percent of traumatic brain injuries occurring from motor vehicle crashes.[2] In the 2009, alcohol was attributed to 96 percent of the alcohol/drug-related crashes statewide.

Data Source(s): MDOT/MBHS, 2009-2013.

Summary: In 2013, Penquis PHD observed the lowest rate of alcohol/drug-related car crashes among public health districts at 7.6 crashes per 10,000 residents, compared to the statewide rate of 9.1 crashes per 10,000 people. Penquis PHD has held relatively steady alcohol/drug-related crash rates since 2009.

[2] *2007 Maine Injury Report*, Maine Center for Disease Control, Injury Prevention Program. Retrieved 5/17/2012 from http://www.maine.gov/dhhs/mecdc/population-health/inj/documents/2007maineinjuryreport.pdf

Figure 23. Alcohol/Drug-related motor vehicle crash rate per 10,000, by Public Health District: 2009-2013



	2009	2010	2011	2012	2013
Aroostook	7.6	8.6	5.5	6.9	7.9
Central	10.1	9.5	9.5	8.1	7.6
Cumber.	10.9	10.7	8.3	8.2	9.2
Downeast	13.2	13.6	11.9	13.1	10.9
Midcoast	13.7	10.5	10.2	11.2	10.8
Penquis	8.4	7.3	9.2	9.5	7.6
Western	11.8	9.9	9.7	9.6	9.1
York	12.4	12.0	9.8	9.6	9.6
Maine	11.1	10.2	9.3	9.4	9.1

Source: MDOT/MBHS

Hospital Visits Related to Substance Use

Indicator Description: INPATIENT ADMISSIONS RELATED TO SUBSTANCE USE. This indicator shows the number of inpatient hospital admissions (per 10,000 people) where alcohol, opiates, or other drugs were recorded as the primary diagnosis for which services were sought at admission. "Inpatient" refers to a patient whose treatment needs at least one night's residence in a hospital. The substance for which treatment was received was identified through hospital codes (ICD-9 codes) and includes those related to alcohol and psychoactive substances (303-305). More than one substance may be involved in a single visit. The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas.

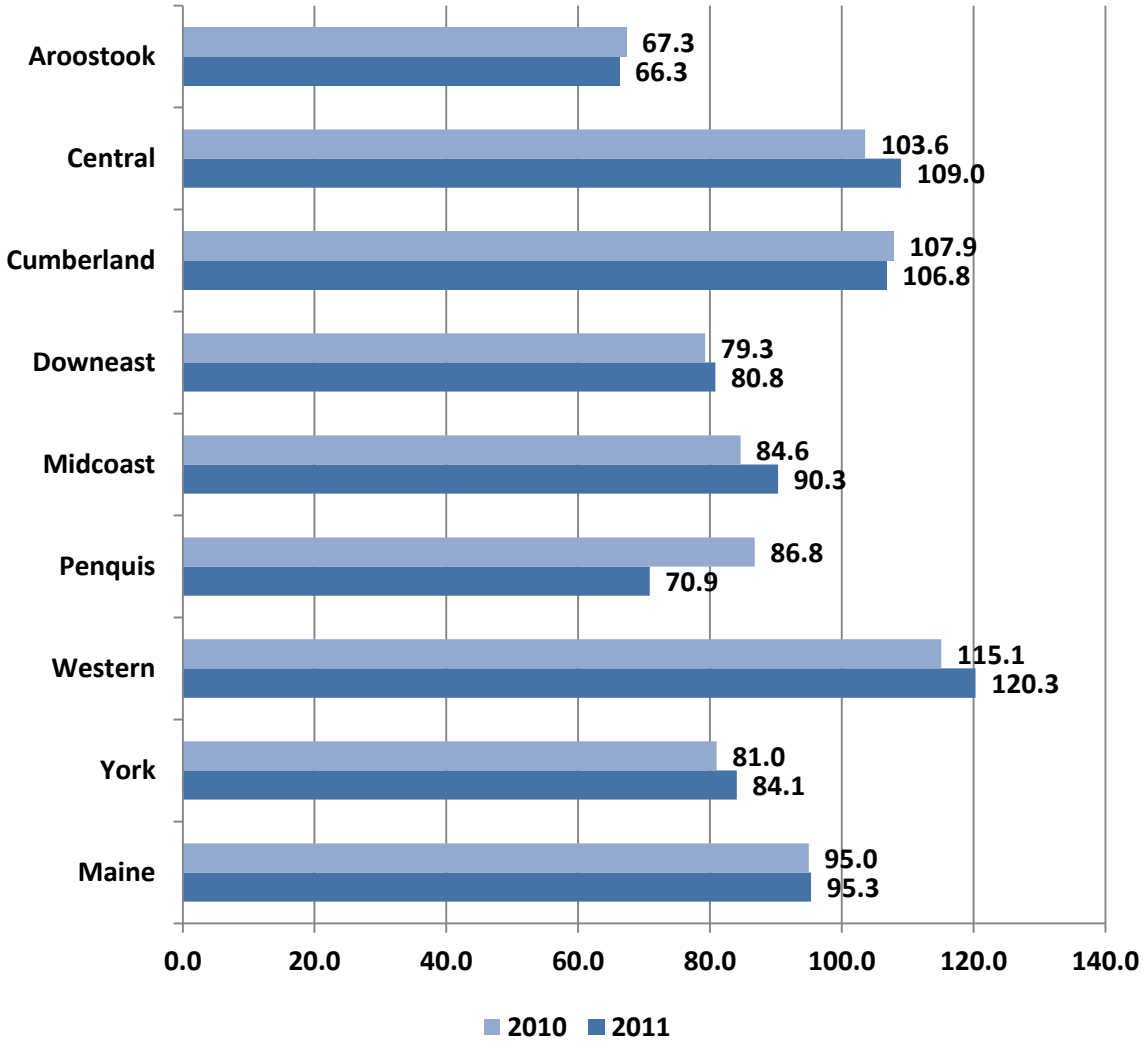
Operationalized as: $\frac{\#\ of\ inpatient\ hospitalizations}{population} \times 10{,}000$

Why Indicator is Important: Hospital admissions related to substance use are an indication of injury sustained through substance use and the impact it has on the healthcare system.

Data Source(s): MHDO, 2010 and 2011.

Summary: The inpatient admissions rate due to substance abuse in Penquis PHD decreased in 2011 to 70.9 admissions per 10,000, down from 86.8 admissions per 10,000) in 2010. In both years, this was lower that the statewide average, and second lowest among the public health districts in 2011.

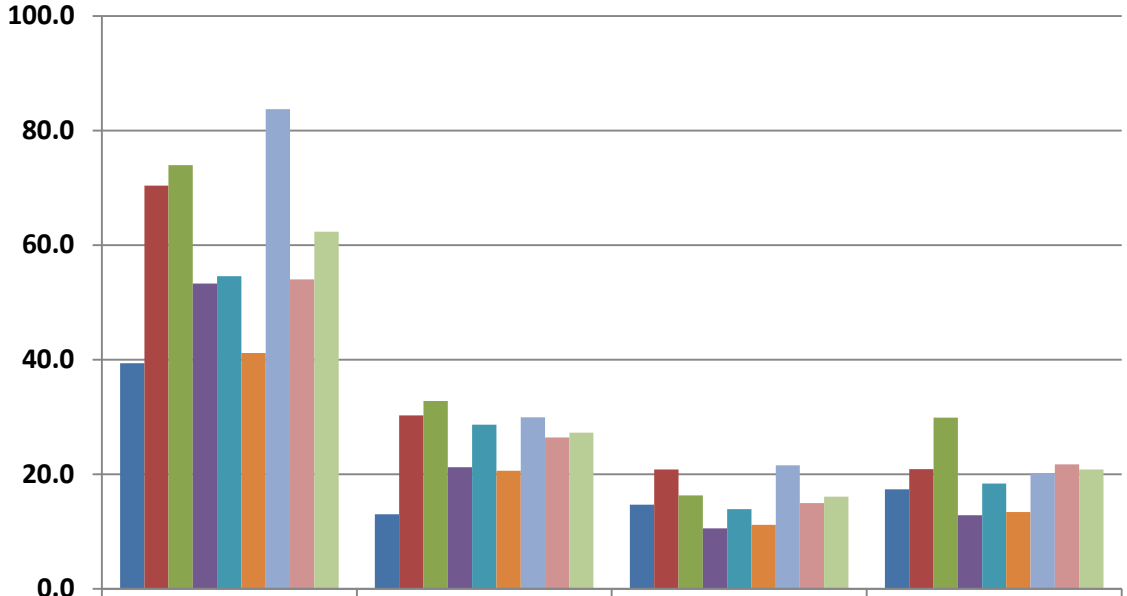
Figure 24. Inpatient hospital admissions (per 10,000 people) related to substance use*, by Public Health District: 2010, 2011



Source: MHDO
**Visits may involve multiple substances*

Summary: In 2011, most inpatient admissions due to substance use in Penquis PHD were related to alcohol (41.2 admissions per 10,000), followed by opiates (20.6 admissions per 10,000), marijuana (11.2 admissions per 10,000), and other drugs (13.4 admissions per 10,000). Among public health districts, Penquis PHD held the second lowest inpatient rate related to alcohol as well opiates.

Figure 25. Inpatient hospital admissions (per 10,000 people) related to substance use*, by Public Health District and drug type: 2011



	Alcohol	Opiate	Marijuana	Other drugs
Aroostook	39.4	13.0	14.7	17.4
Central	70.4	30.3	20.8	20.9
Cumberland	73.9	32.8	16.3	29.9
Downeast	53.3	21.2	10.5	12.8
Midcoast	54.6	28.7	13.9	18.4
Penquis	41.2	20.6	11.2	13.4
Western	83.8	30.0	21.6	20.2
York	54.0	26.4	15.0	21.7
Maine	62.3	27.2	16.1	20.9

Source: MHDO
**Visits may involve multiple substances*

Indicator Description: OUTPATIENT HOSPITAL VISITS RELATED TO SUBSTANCE USE. This indicator shows the number of outpatient hospital admissions (per 10,000 people) where alcohol, opiates, or other drugs was recorded as the primary diagnosis for which services were received. "Outpatient" refers to patients who receive treatment at a hospital or clinic but are not admitted overnight. The substance for which treatment was received was identified through hospital codes (ICD-9 codes) and includes those related to alcohol psychoactive substances (303-305). The rate per 10,000 allows us to see frequency with which an occurrence shows up within a population over time, as well as make relative comparisons between small and large population areas.

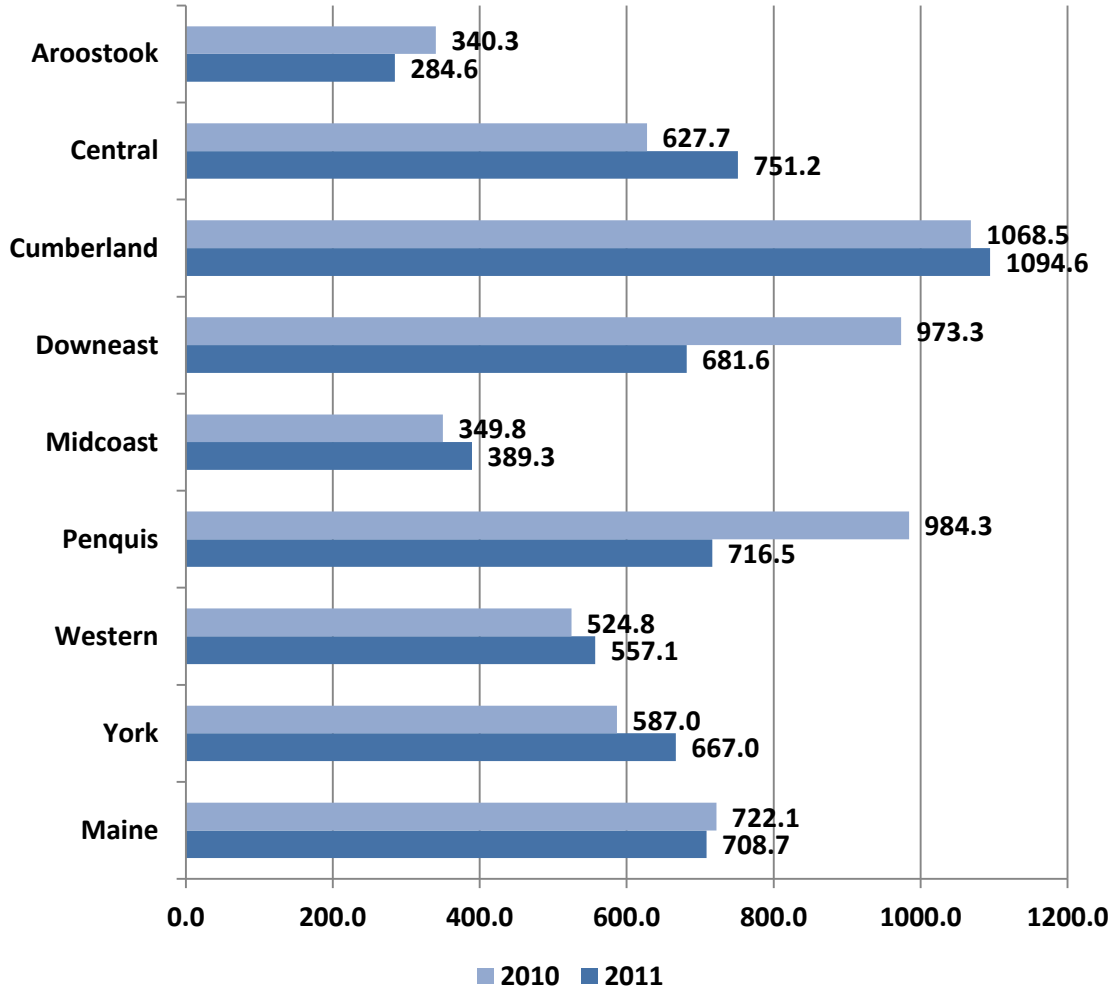
Operationalized as: $\frac{\#\ of\ outpatient\ hospitalizations}{population} \times 10{,}000$

Why Indicator is Important: Outpatient hospital visits related to substance use are an indication of injury sustained through substance use and the impact it has on the healthcare system.

Data Source(s): MHDO, 2010 and 2011

Summary: From 2010 to 2011, the outpatient admission rate to due to substance use in Penquis PHD decreased from 984 admissions per 10,000 residents to 716 admissions per 10,000 residents. In 2011, Penquis PHD was right around the state average (709 admissions per 10,000 residents).

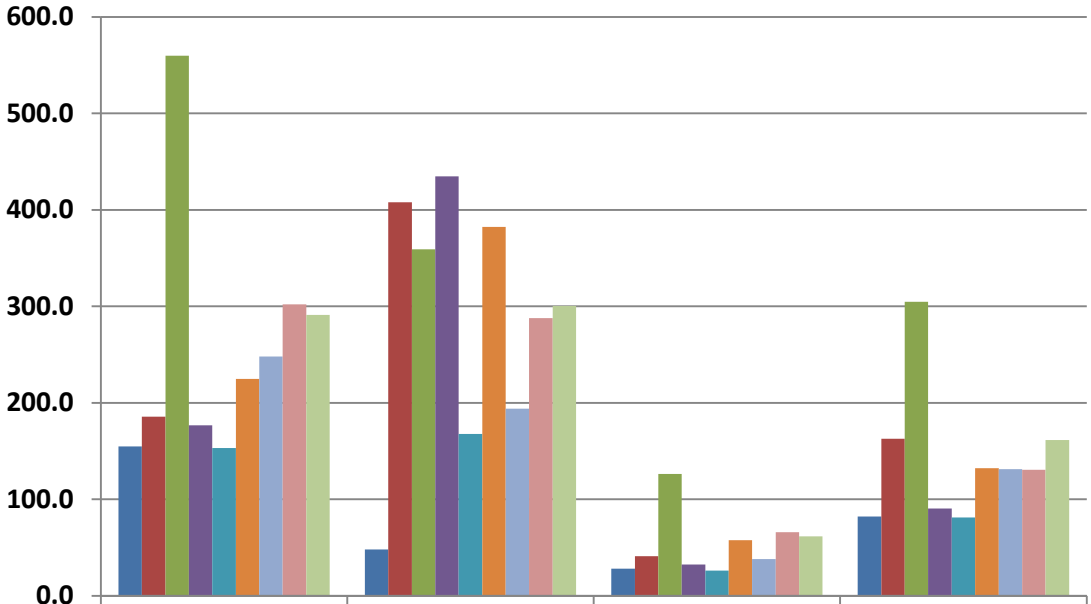
Figure 26. Outpatient hospital admissions (per 10,000 people) related to substance use*, by Public Health District: 2010, 2011



Source: MHDO
**Visits may involve multiple substances*

Summary: In 2011, Penquis experienced 224.9 admissions per 10,000 related to alcohol; this rate was somewhat lower than the statewide rate (291.1 admissions per 10,000). The rate of admissions related to opiates was greater, at 382.9 admissions per 10,000 residents; this was third highest in the state. Penquis also held the third highest outpatient rate due to marijuana at 57.8 admissions per 10,000 residents.

Figure 27. Outpatient hospital admissions (per 10,000 people) related to substance use*, by Public Health District and drug type: 2011



	Alcohol	Opiate**	Marijuana	Other drugs
Aroostook	154.9	48.2	28.2	82.2
Central	185.8	407.9	41.2	162.9
Cumberland	559.9	359.0	126.4	304.8
Downeast	176.9	434.7	32.3	90.6
Midcoast	153.1	167.8	26.3	81.3
Penquis	224.9	382.3	57.8	132.2
Western	247.9	193.9	38.2	131.2
York	302.1	288.0	65.9	130.5
Maine	291.1	300.4	61.8	161.4

Source: MHDO
**Visits may involve multiple substances*
***Includes prescription narcotics, methadone, and heroin.*

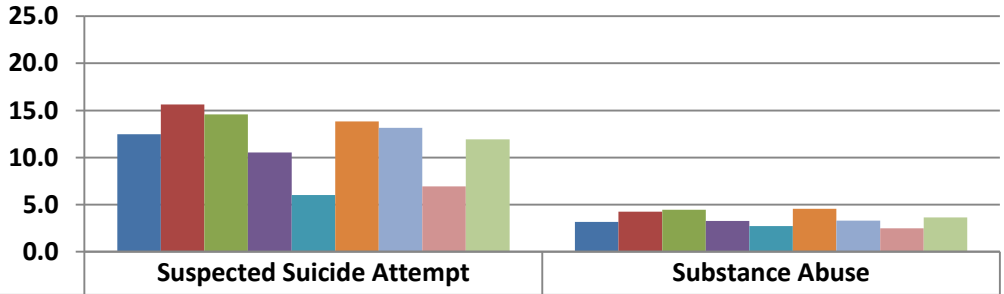
Indicator Description: POISONING CASES DOCUMENTED BY THE POISON CENTER. This measure reflects the number of calls to the Northern New England Poison Center in which the Center determined that a poisoning occurred. These calls are for the state of Maine only. The Center reports poisonings in three categories: unintentional, meaning those that are accidental; suspected substance abuse cases, meaning cases where the Center believes the intent is for an individual to get high; and suspected suicides, meaning staff at the Center determine that the individual attempted suicide. The categories reflect the caller's self-report and are not considered clinical or medical diagnoses.

Why Indicator is Important: The exposure to and ingestion of damaging substances can have many physiologic side effects. Poisonings can be influenced by programs to prevent substance abuse, accidental poisoning, suicide and fatal interaction among medications.

Data Source(s): NNEPC, 2011-13

Summary: According to the Northern New England Poison Center (NNEPC), during the period of 2011-13 the center received 13.8 calls per 10,000 residents in Penquis PHD that were suspected to be attempted suicide; this was higher than the statewide rate (11.9 calls per 10,000 residents). Within the same period, Penquis PHD observed 4.6 calls per 10,000 residents that were suspected to be substance abuse; this was on par with the statewide rate of 3.6 calls per 10,000 residents.

Figure 28. Number of poisonings reported to New England Poison Center 10,000 residents, by intent and Public Health District: 2011-13



	Suspected Suicide Attempt	Substance Abuse
Aroostook	12.5	3.2
Central	15.6	4.2
Cumber.	14.6	4.5
Downeast	10.5	3.3
Midcoast	6.0	2.7
Penquis	13.8	4.6
Western	13.2	3.3
York	6.9	2.5
Maine	11.9	3.6

Source: NNEPC

Overdoses and Related Deaths

Indicator Description: OVERDOSES. This indicator shows the number of persons receiving help from Emergency Medical Services (EMS) related to an overdose in 2011 and 2012.

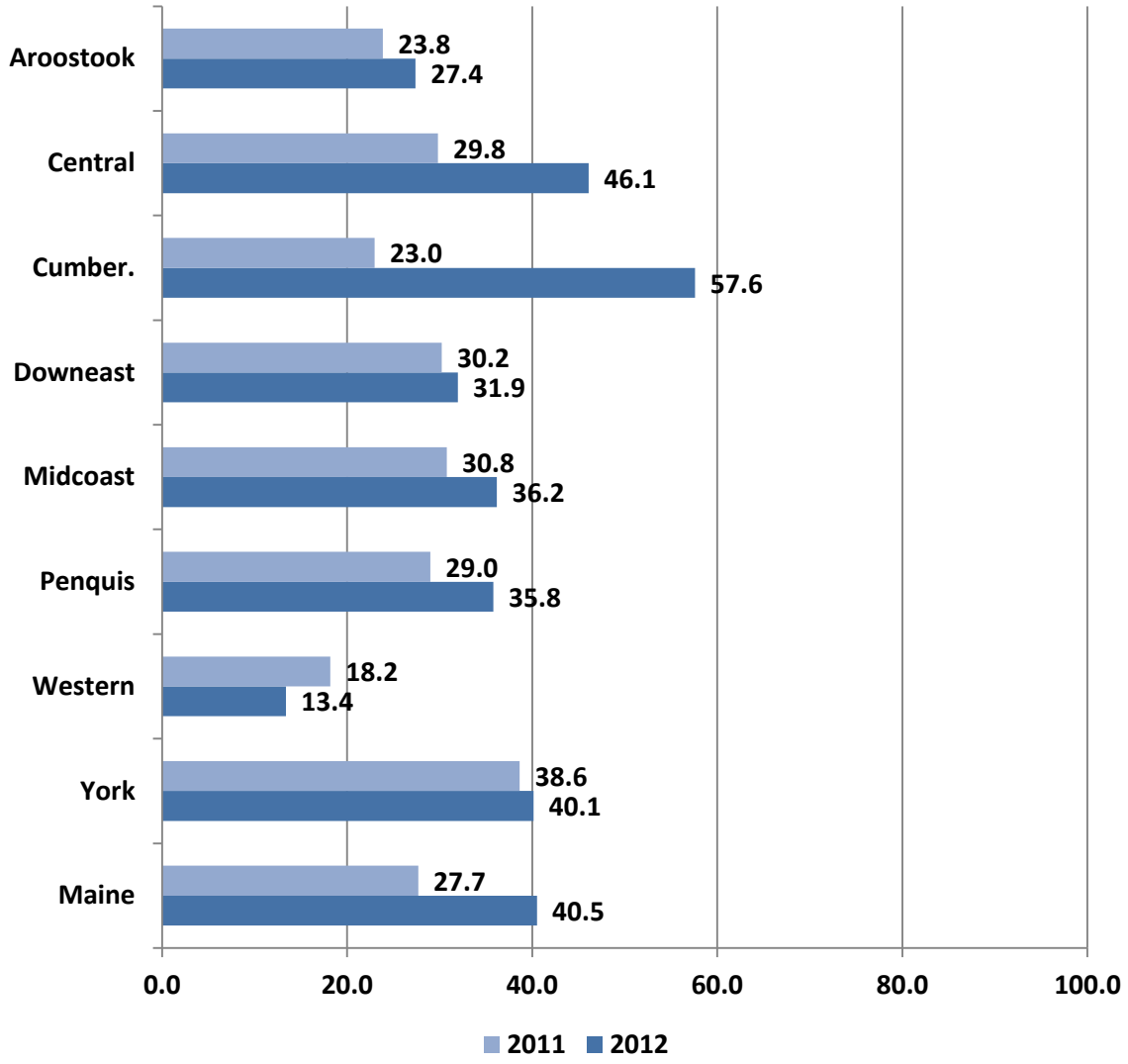
Why Indicator is Important: Overdosing on a substance can cause serious physical harm resulting in hospitalization and even death. Responding to overdoses also uses valuable EMS resources. The rate per 10,000 allows us to see the frequency with which an occurrence happens within a population over time, as well as make relative comparisons between small and large population areas. In this case, the base of 10,000 people was used due to small numbers.

Operationalized as: $\frac{\#\ of\ overdose\ deaths}{population} \times 10{,}000$

Data Source(s): Emergency Medical Services, 2011-2012

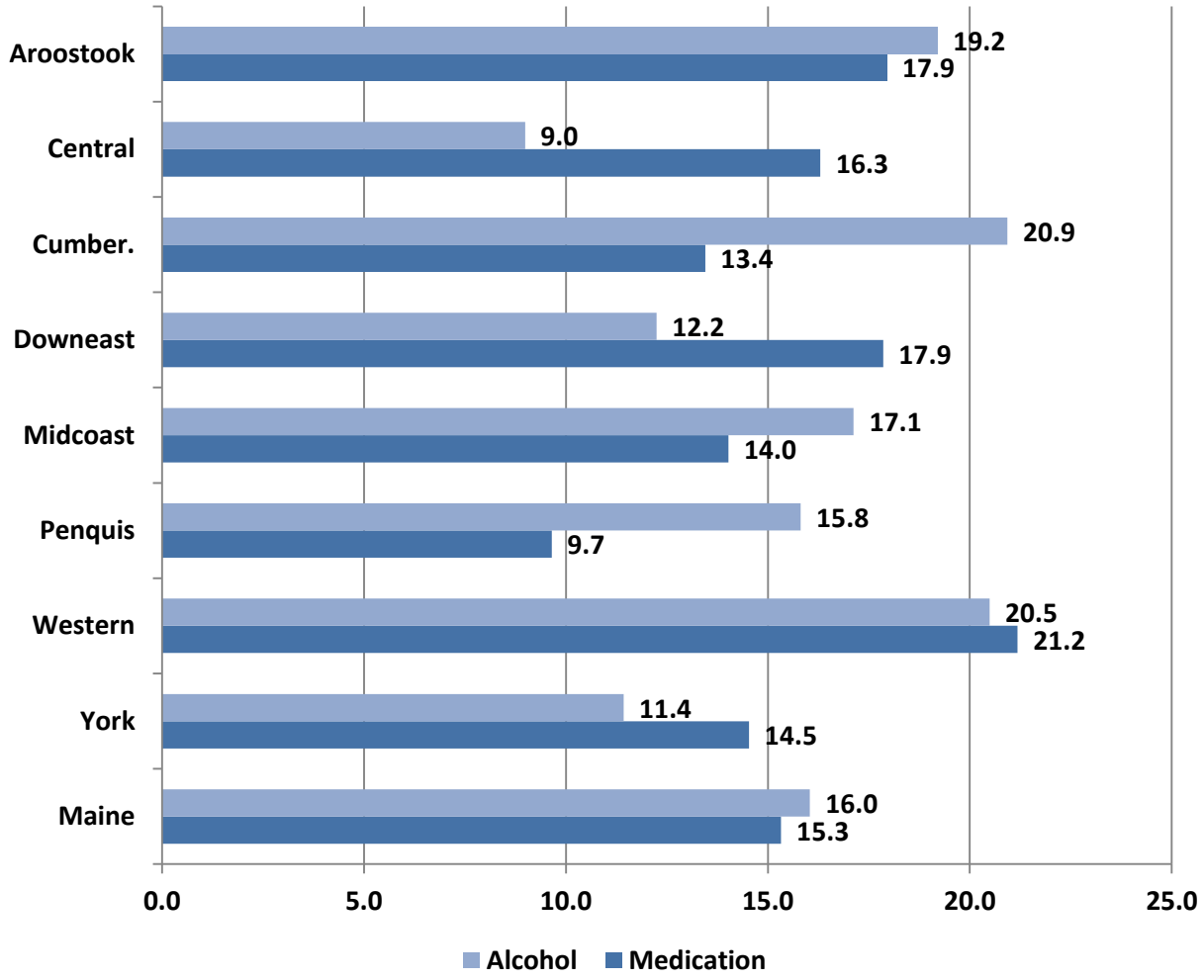
Summary: From 2011 to 2012, the Penquis EMS overdose rate increased, from 29 overdoses per 10,000 residents to 35.8 overdoses per 10,000 residents although this was still slightly less than the state average. When examined by primary type of substance involved, alcohol had the highest rate with 15.8 overdoses per 10,000 Penquis residents followed by medication with 9.7 overdoses per 10,000 residents.

Figure 29. Number of overdoses per 10,000 residents, by Public Health District: 2011 and 2012



Source: Emergency Medical Services

Figure 30. Number of overdoses per 10,000 residents, by Public Health District and primary type of substance involved: 2012



Source: Emergency Medical Services, 2012

Indicator Description: DEATHS DUE TO OVERDOSE. This measure reflects the number of deaths where the cause of death was directly related to the consumption of one or more substances. The measure excludes deaths where a substance may have been ingested prior to engaging in a behavior that resulted in death (e.g., drunk driving) or where lifetime substance use and abuse may have impacted health (e.g., cirrhosis). In order to preserve anonymity and strengthen validity, rates were calculated based on the sum of deaths per three year intervals. The rate per 100,000 allows us to see the frequency with which an occurrence happens within a population over time, as well as make relative comparisons between small and large population areas. In this case, the base of 100,000 people was used due to small numbers.

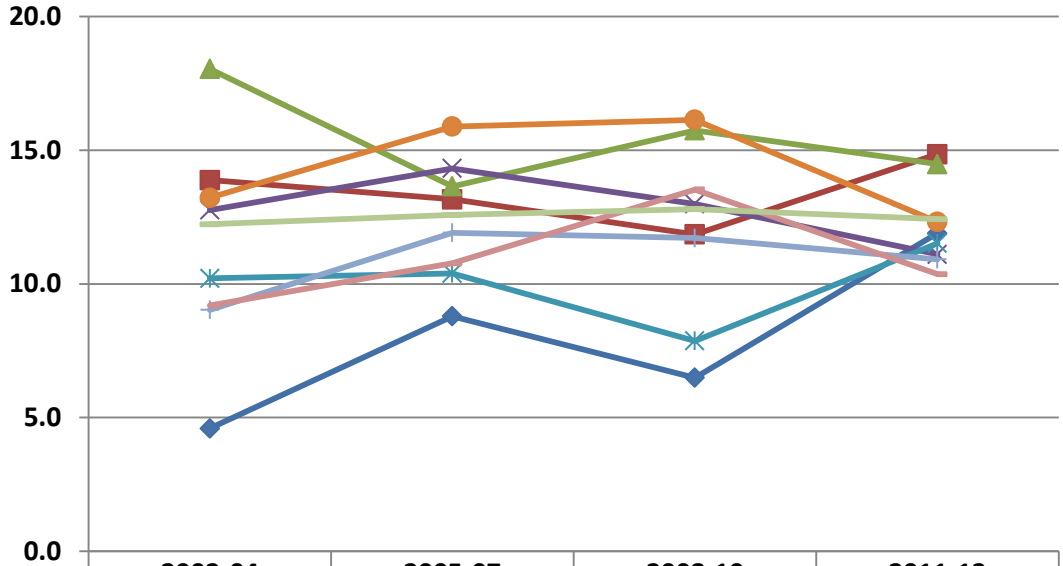
Operationalized as: $\frac{\#\ of\ overdose\ deaths}{population} \times 100{,}000$

Why Indicator is Important: One of the most extreme consequences of alcohol and drug abuse is overdose death; that is, the substance(s) consumed played a direct role in an individual's death. These are seen as potentially preventable deaths.

Data Source(s): Office of Chief Medical Examiner, 2002-04 to 2011-13.

Summary: During 2011-13 (combined years), Penquis PHD observed an average of 12.3 drug related overdose deaths per 100,000 residents per year; this was a notable decrease from 2008-10 (16.1 deaths per 100,000 residents) and on par with the statewide rate (12.4 deaths per 10,000 residents).

Figure 31. Drug-related death rate per 100,000, by Public Health District: 2002-04 to 2011-13



	2002-04	2005-07	2008-10	2011-13
Aroostook	4.6	8.8	6.5	11.9
Central	13.9	13.2	11.9	14.8
Cumberland	18.0	13.6	15.7	14.5
Downeast	12.8	14.3	13.0	11.1
Midcoast	10.2	10.4	7.9	11.5
Penquis	13.2	15.9	16.1	12.3
Western	9.0	11.9	11.7	10.9
York	9.2	10.8	13.5	10.4
Maine	12.2	12.6	12.8	12.4

Source: Office of the Chief Medical Examiner.

Factors Contributing to Substance Use and Abuse

A body of substance abuse prevention research has identified certain groups of factors that "cause" or have an impact on substance use and the consequences related to use. That is, they appear to influence the occurrence and magnitude of substance use and its related consequences. Generically, these causal factors (also known as contributing factors) are categorized into groups which include:

- Social Access (e.g., getting drugs and alcohol from friends or family)
- Retail Availability (e.g., retailer not carding properly)
- Pricing & Promotion (e.g., two-for-one specials, industry sponsorships or signage)
- Social/Community Norms (e.g., parental/community attitudes and beliefs)
- Enforcement (e.g., lack of compliance checks)
- Perceptions of Harm (e.g., individuals' belief that using a substance is harmful)[3]
- Perceived Risk of Being Caught (e.g., individuals' belief that s/he will be caught by parents or police)[4]

Substance abuse prevention in Maine is undertaken with the assumption that making changes to these factors at the community level will result in changing behaviors around substance use and related problems. It is through positively impacting these factors that Maine can achieve population-level changes in substance consumption and consequences.

In terms of access and availability, Penquis PHD has a smaller rate of alcohol licensees per 1,000 residents than the statewide average. In 2013, Penquis PHD had the third highest rate of narcotic pills per capita as well as the highest rate of stimulant pills per capita. In addition, most high school students in Penquis PHD think it is easy to obtain alcohol and marijuana, but these rates have decreased in recent years.

In Penquis PHD, more than three quarters of high school students believe binge drinking is harmful and half believe regular marijuana use is risky. Less than half think they will be caught by their parents if they drank alcohol while only one in seven thinks they will be caught by the police. Adults in Penquis PHD (especially those ages 18 to 25) are less likely to believe that there is a great risk of harm posed by binge drinking or marijuana use.

[3] Bonnie, Richard J., and Mary Ellen O'Connell, Eds. (2004). *Reducing Underage Drinking: A Collective Responsibility.* The National Academies Press: Washington, DC.

[4] *"A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence."* Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

Availability and Accessibility

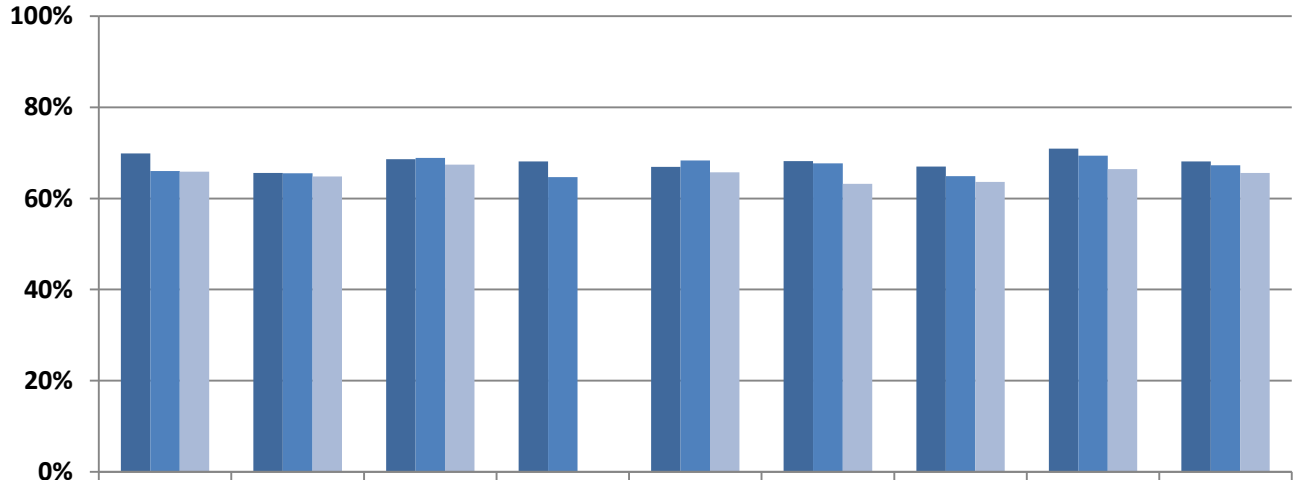
Indicator Description: PERCEIVED EASE OF OBTAINING ALCOHOL BY UNDERAGE YOUTH. This indicator reflects the percentage of high school students (grades 9 to 12) who reported that it would be easy or very easy for them to get alcohol if they wanted some.

Why Indicator is Important: In 2013, students who reported that they thought alcohol was easy to obtain were three times as likely to report consuming alcohol within the past month compared to students who did not think it was easy to obtain.

Data Source(s): MIYHS, 2009-2013.

Summary: From 2009 to 2013, the percentage of high school students in Penquis PHD who indicated that it was easy to get alcohol decreased from 68 percent to 63 percent. This was less than the statewide rate of 67 percent.

Figure 32. Percent of high school students by Public Health District who reported it was easy to get alcohol: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	70%	66%	69%	68%	67%	68%	67%	71%	68%
2011	66%	66%	69%	65%	68%	68%	65%	69%	67%
2013	66%	65%	67%		66%	63%	64%	66%	66%

Source: MIYHS

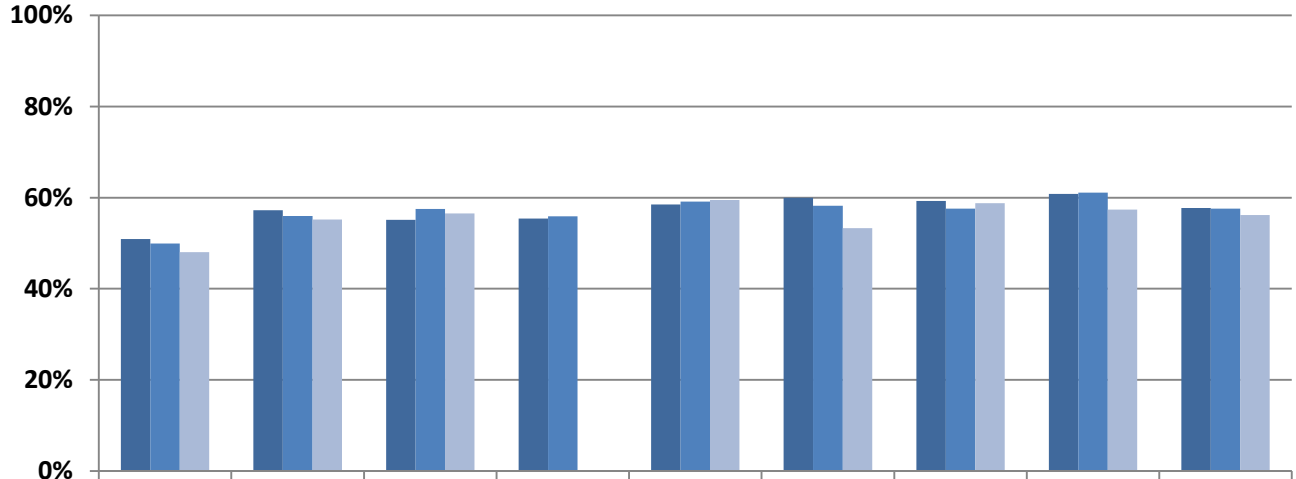
Indicator Description: PERCEIVED EASE OF OBTAINING MARIJUANA BY YOUTH. This indicator illustrates the percentage of high school students reporting it would be easy or very easy to obtain marijuana if they wanted it.

Why Indicator is Important: In 2013, students who reported that they thought marijuana was easy to obtain were nearly eight times as likely to use marijuana in the past 30 days compared to their peers who thought it was difficult to obtain.

Data Source(s): MIYHS, 2009-2013.

Summary: Penquis PHD observed a substantial decrease in high school students who reported it would be easy to get marijuana, from 60 percent in 2009 to 53 percent in 2013; the state average was three percentage points higher (56%).

Figure 33. Percent of high school students by Public Health District who reported it would be easy to get marijuana: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	51%	57%	55%	55%	59%	60%	59%	61%	58%
2011	50%	56%	58%	56%	59%	58%	58%	61%	58%
2013	48%	55%	57%		60%	53%	59%	57%	56%

Source: MIYHS

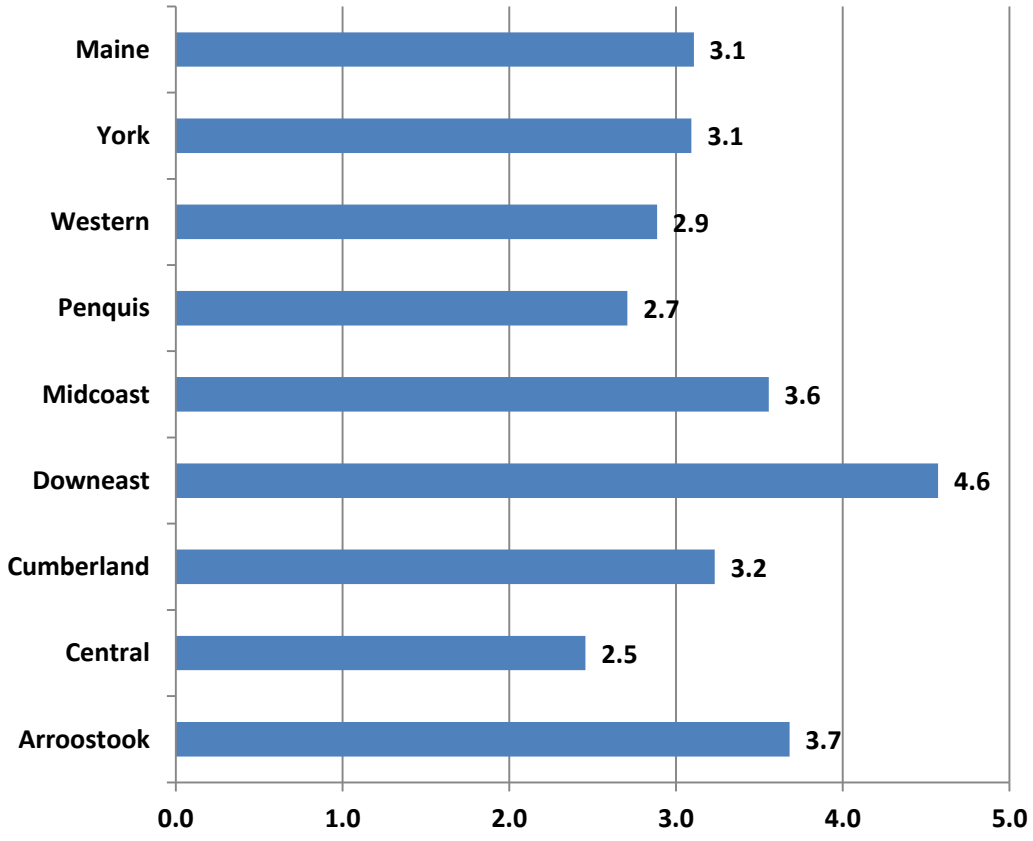
Indicator Description: NUMBER OF ALCOHOL OUTLETS PER CAPITA. This indicator reflects the number of active (as of May 2014) retail establishments selling alcohol per person. This includes both on premise (e.g., bars, restaurants) and off-premise (e.g., convenience stores) establishments. It is calculated by dividing the number of retail establishments by the number of residents in the county (based on 2014 U.S. Census estimates).

Why Indicator is Important: National research shows that there is a correlation between the number of places that sell alcohol in an area (retail density) and the rate of alcohol-related crime.[5]

Data Source(s): DPS, Liquor Licensing and Compliance, 2013; U.S. Census, 2010.

Summary: In 2013, the number of active liquor licensees in Penquis PHD per 1,000 residents (2.7) was lower than the statewide average (3.1) and second lowest among public health districts.

Figure 34. Number of liquor licensees per 1,000 residents, by Public Health District: 2014



Source: DPS/U.S. Census

[5] Grube, J. W., Gruenewald, P. J. & Chen, M. J. (2010). Community alcohol outlet density and underage drinking. *Addiction*, 105, 270-278.

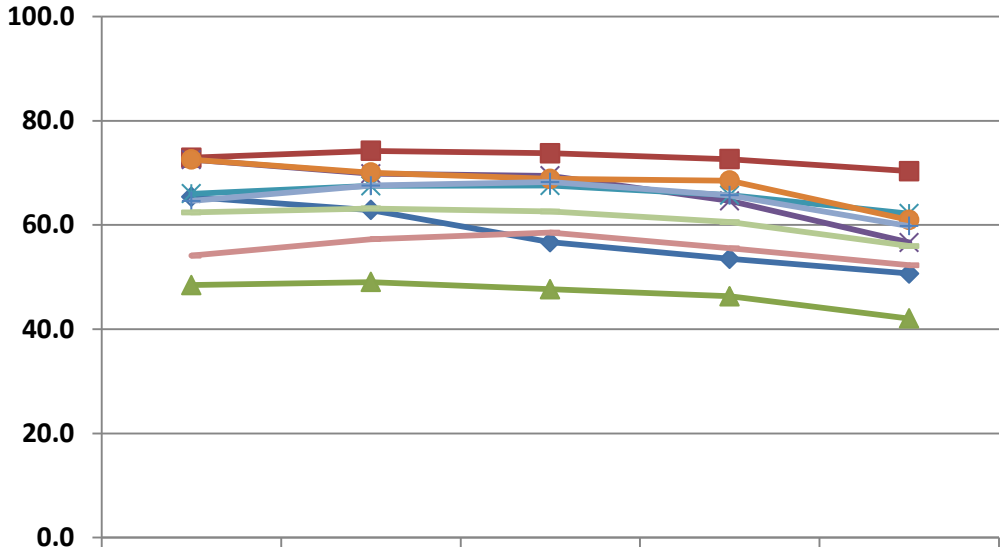
Indicator Description: **DISPENSED QUANTITY OF SCHEDULE II DRUGS PER CAPITA.** These indicators reflect the dispensed quantity of narcotics, tranquilizers, and stimulants through prescriptions in Maine. This includes only prescription drugs that are classified "Schedule II" drugs, meaning those with a high potential for abuse. It is important to note that the dispensed quantity does not indicate the size or dosage of the pills associated with the prescription. All pharmacies in Maine report to the Prescription Monitoring Program.

Why Indicator is Important: The dispensed quantity per capita indicates the volume of prescription drugs potentially available in the community for diversion (e.g., gift, sale, or theft). A higher level of availability contributes to misuse by individuals without a prescription.

Data Source(s): PMP, 2009-2013

Summary: In 2013, the rate of dispensed quantity of narcotics per capita in Penquis PHD was the third highest among public health districts (61.0 pills per person); this represented a decrease from 2012 (68.5 pills per person).

Figure 35. Dispensed quantity of narcotics per capita, by Public Health District: 2009-2013

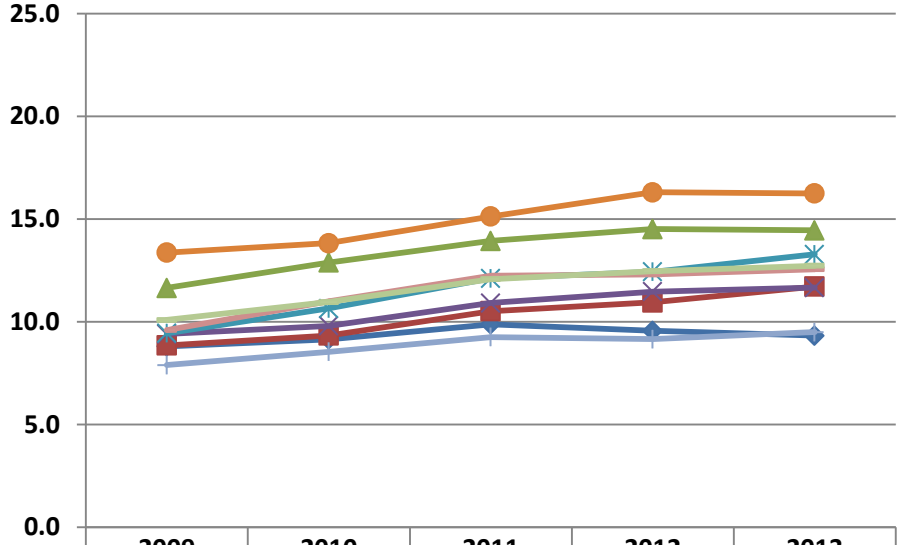


	2009	2010	2011	2012	2013
Aroostook	65.4	62.9	56.7	53.5	50.7
Central	72.9	74.2	73.8	72.6	70.3
Cumber.	48.4	49.0	47.7	46.3	42.1
Downeast	72.5	69.8	69.4	64.6	56.6
Midcoast	66.0	67.5	67.6	65.7	62.2
Penquis	72.6	70.0	68.8	68.5	61.0
Western	64.6	67.5	68.2	65.7	59.8
York	54.1	57.3	58.5	55.5	52.3
Maine	62.4	63.2	62.6	60.6	55.9

Source: PMP, 2009-2013

Summary: The rate of dispensed quantity of stimulants per capita in Penquis PHD has steadily increased from 13.4 per person in 2009 to 16.2 per person in 2013. This mirrors a statewide trend. Penquis PHD has had the highest rate among public health districts for the past five years shown.

Figure 36. Dispensed quantity of stimulants per capita, by Public Health District: 2009-2013

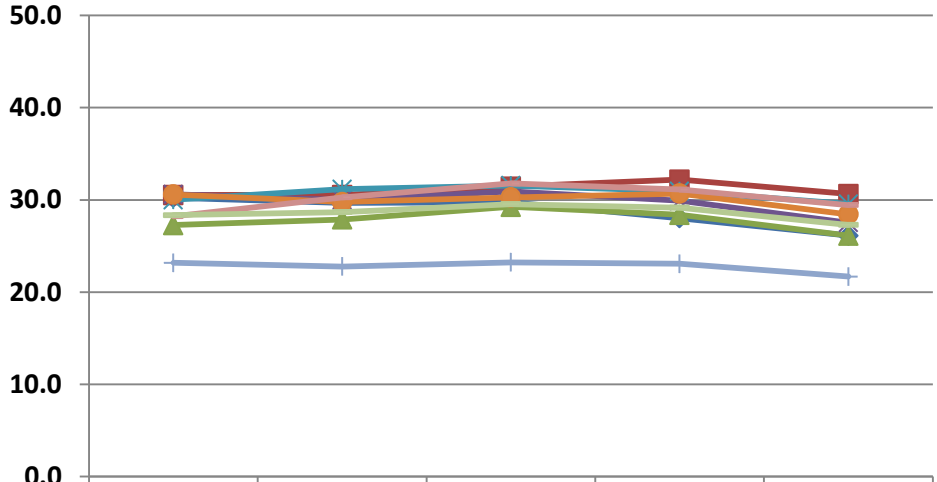


	2009	2010	2011	2012	2013
Aroostook	8.8	9.1	9.9	9.6	9.3
Central	8.8	9.3	10.5	10.9	11.7
Cumber.	11.6	12.9	13.9	14.5	14.4
Downeast	9.4	9.8	10.9	11.5	11.7
Midcoast	9.4	10.6	12.1	12.4	13.3
Penquis	13.4	13.8	15.1	16.3	16.2
Western	7.9	8.5	9.3	9.1	9.5
York	9.6	11.0	12.2	12.3	12.6
Maine	10.1	11.0	12.1	12.5	12.7

Source: PMP, 2009-2013

Summary: In 2013, the dispensed quantity of tranquilizers per capita in Penquis PHD was 28.4 pills per person. Most public health districts' rates, including Penquis PHD, remained relatively stable and have remained on par with the statewide average over the past five years shown.

Figure 37. Dispensed quantity of tranquilizers per capita, by Public Health District: 2009-2013



	2009	2010	2011	2012	2013
Aroostook	30.2	29.7	29.7	28.0	26.1
Central	30.5	30.5	31.4	32.2	30.6
Cumber.	27.3	27.9	29.2	28.4	26.1
Downeast	30.6	30.0	30.9	29.9	27.5
Midcoast	30.0	31.2	31.6	31.0	29.6
Penquis	30.6	29.8	30.3	30.7	28.4
Western	23.2	22.8	23.2	23.1	21.7
York	28.2	30.3	31.8	31.1	29.4
Maine	28.4	28.7	29.6	29.2	27.3

Source: PMP, 2009-2013

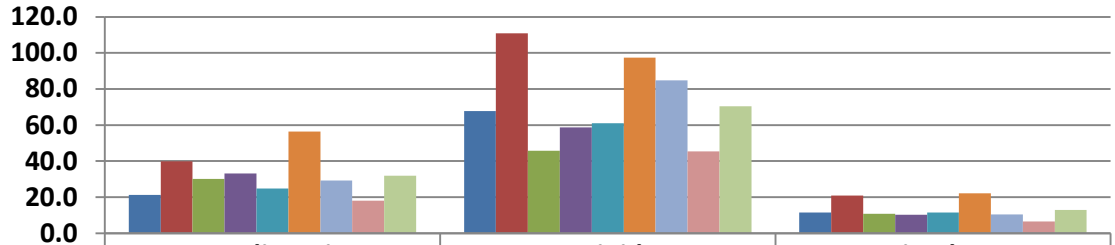
Indicator Description: SUBSTANCES REQUESTED FOR VERIFICATION. This indicator shows the number of requests by non-law enforcement for medication verification through the Northern New England Poison Center. A person may call the NNEPC for many reasons, one being to help identify a medication or substance which another person has consumed or that has been found. The calls reflected in this indicator have been characterized by NNEPC as likely related to substance abuse, although NNEPC staffs do not make a formal or clinical assessment.

Why Indicator is Important: The increased volume of medication verification calls suggests a greater availability of those drugs in the community. This measure also suggests that there is a higher awareness among the community and parents for potential misuse of prescription pills which is prompting calls.

Data Source(s): NNEPC, 2011-13

Summary: Most calls to NNEPC within Penquis PHD requesting substance verification involved opioids (97.5 calls per 10,000 residents), followed by benzodiazepines (56.3 calls per 10,000 residents), and stimulants (22.1 calls per 10,000 residents); this represented the second highest rate of substance verification calls related to opioids as well as the highest rates for both Benzodiazepines and stimulants. Although not shown, the total number of calls requesting verification for opioids and benzodiazepines in Maine has decreased substantially from 2010 to 2013.

Figure 38. Number of poisonings reported to New England Poison Center 10,000 residents, by drug type and Public Health District: 2011-13



	Benzodiazepines	Opioids	Stimulants
Aroostook	21.3	67.8	11.4
Central	39.8	111.0	20.9
Cumber.	30.2	45.8	10.7
Downeast	33.1	58.7	10.2
Midcoast	24.7	61.0	11.5
Penquis	56.3	97.5	22.1
Western	29.2	84.8	10.4
York	18.1	45.4	6.5
Maine	32.0	70.3	12.9

Source: NNEPC

Perceived Risk and Harm

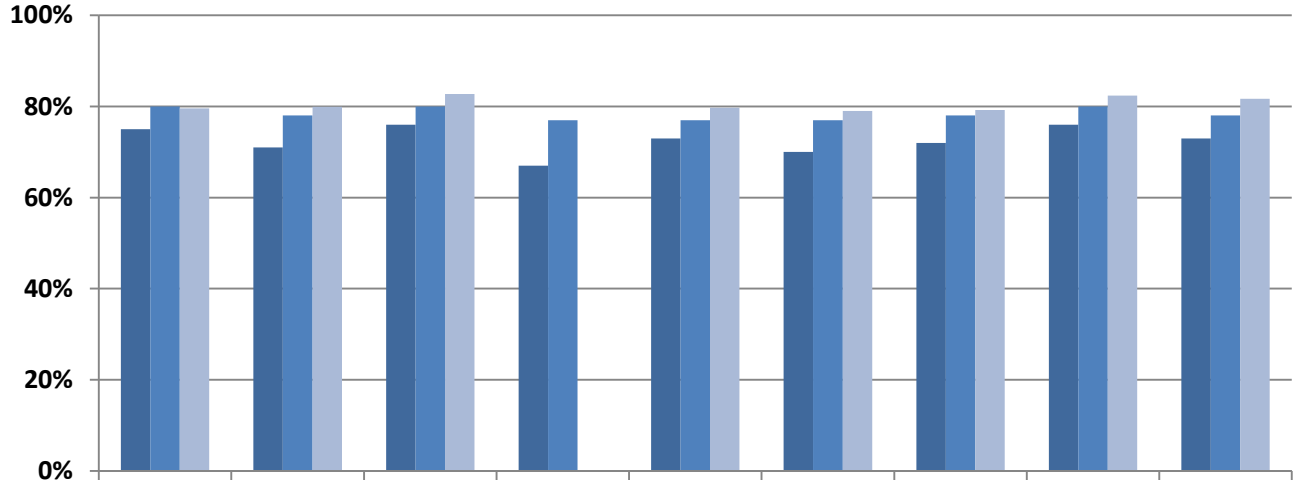
Indicator Description: PERCEIVED RISK FROM BINGE DRINKING AMONG YOUTH. This indicator reflects the percentage of individuals who perceive that there is moderate-to-great risk from drinking five or more drinks once or twice per week.

Why Indicator is Important: In 2013, High school students who did not perceive a moderate to great risk of harm from binge drinking once or twice a week were more than twice as likely to drink in the past month as high school students who did perceive risk of harm. Perceptions around the risks of binge drinking are related to high-risk alcohol use among adults as well.

Data Source(s): MIYHS, 2009-2013.

Summary: From 2009 to 2013, the percentage of high school students in Penquis PHD who indicated that there is a moderate-to-great risk of people harming themselves if they consume five or more drinks regularly increased noticeably from 70 percent to 79 percent, compared to the state average of 82 percent.

Figure 39. Percent of high school students by Public Health District who reported a risk of harm from consuming five or more drinks once or twice per week: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	75%	71%	76%	67%	73%	70%	72%	76%	73%
2011	80%	78%	80%	77%	77%	77%	78%	80%	78%
2013	80%	80%	83%		80%	79%	79%	82%	82%

Source: MIYHS

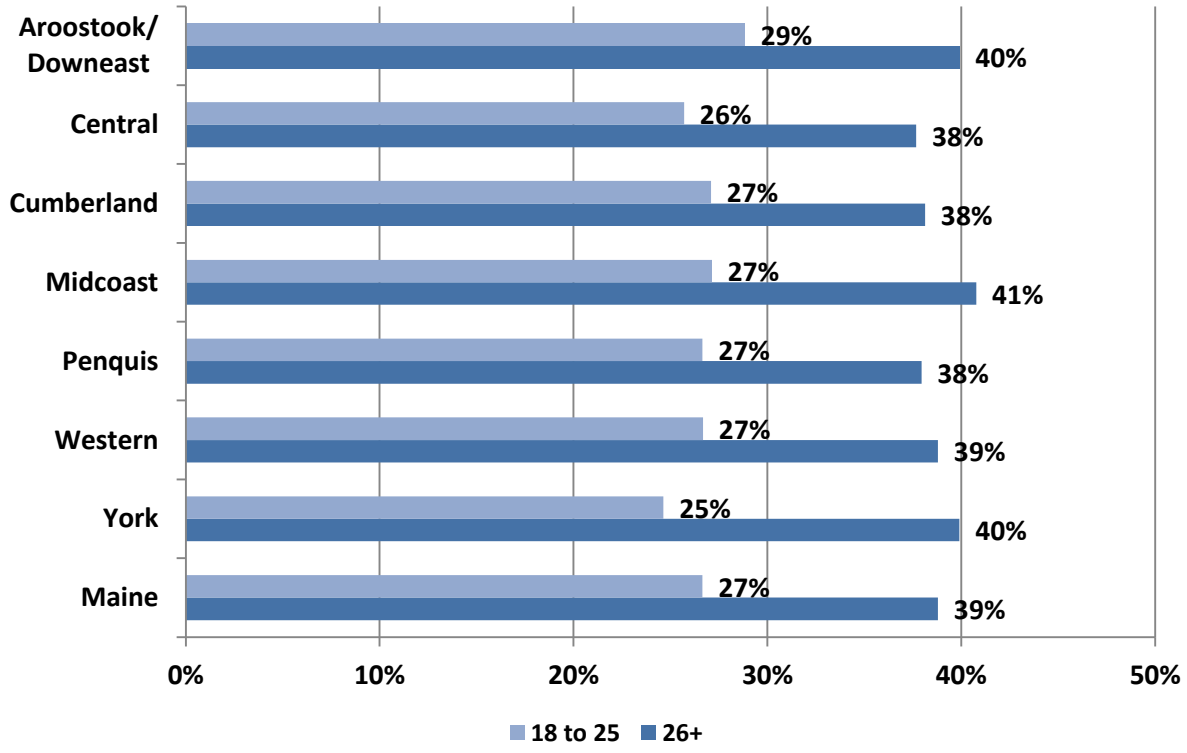
Indicator Description: PERCEIVED RISK FROM BINGE DRINKING AMONG MAINERS. This indicator reflects the percentage of Mainers age 18 and older who perceive that there is risk from consuming five or more drinks once or twice per week. Because of small sample sizes, survey data from multiple years must be combined in order to produce this estimate.

Why Indicator is Important: The perception that consuming a lot of alcohol is risky indicates an individual is knowledgeable about health risks and other negative consequences. Adults are less likely to binge drink if they perceive it to be risky.

Data Source(s): NSDUH, 2008-10.

Summary: During the 2008-10 period, 27 percent of Penquis PHD residents ages 18-25 indicated perceived risk from binge drinking, compared to 38 percent among those 26 and older. Although not shown, the perception of risk from binge drinking among Penquis PHD residents 12 and older remained unchanged from 2006-08 (36%) to 2008-10 (36%).

Figure 40. Percent of population age 12 or older who perceive a great risk from binge drinking, by Public Health District: 2008-10



Source: NSDUH

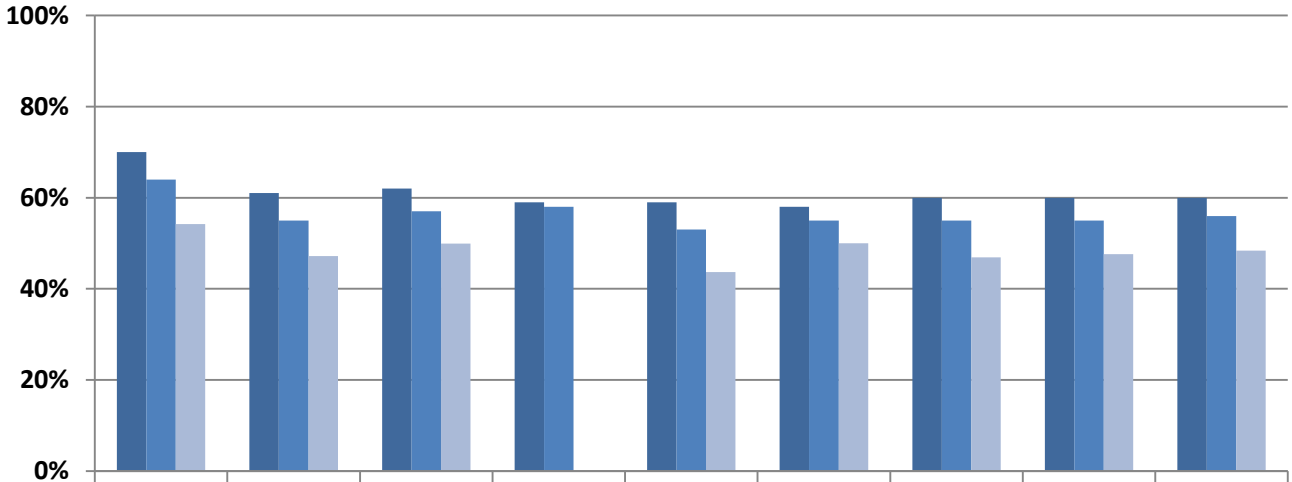
Indicator Description: PERCEIVED RISK OF REGULAR MARIJUANA USE AMONG YOUTH. This measure demonstrates the percentage of individuals who perceive a moderate-to-great risk of harm from smoking marijuana regularly.

Why Indicator is Important: High school students who do not believe there is moderate to great risk in smoking marijuana regularly are almost eight times as likely to smoke marijuana as their peers who do perceive risk of harm. A similar relationship exists between adult perceptions and consumption.

Data Source(s): MIYHS, 2009-2013.

Summary: From 2009 to 2013, the percentage of high school students in Penquis PHD who indicated that there is a moderate-to-great risk of people harming themselves if they smoke marijuana regularly decreased substantially from 58 percent to 50 percent. The percentage of Penquis PHD high school students holding this view was similar the state average (48%).

Figure 41. Percent of high school students by Public Health District who reported a risk of harm from smoking marijuana regularly: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	70%	61%	62%	59%	59%	58%	60%	60%	60%
2011	64%	55%	57%	58%	53%	55%	55%	55%	56%
2013	54%	47%	50%		44%	50%	47%	48%	48%

Source: MIYHS

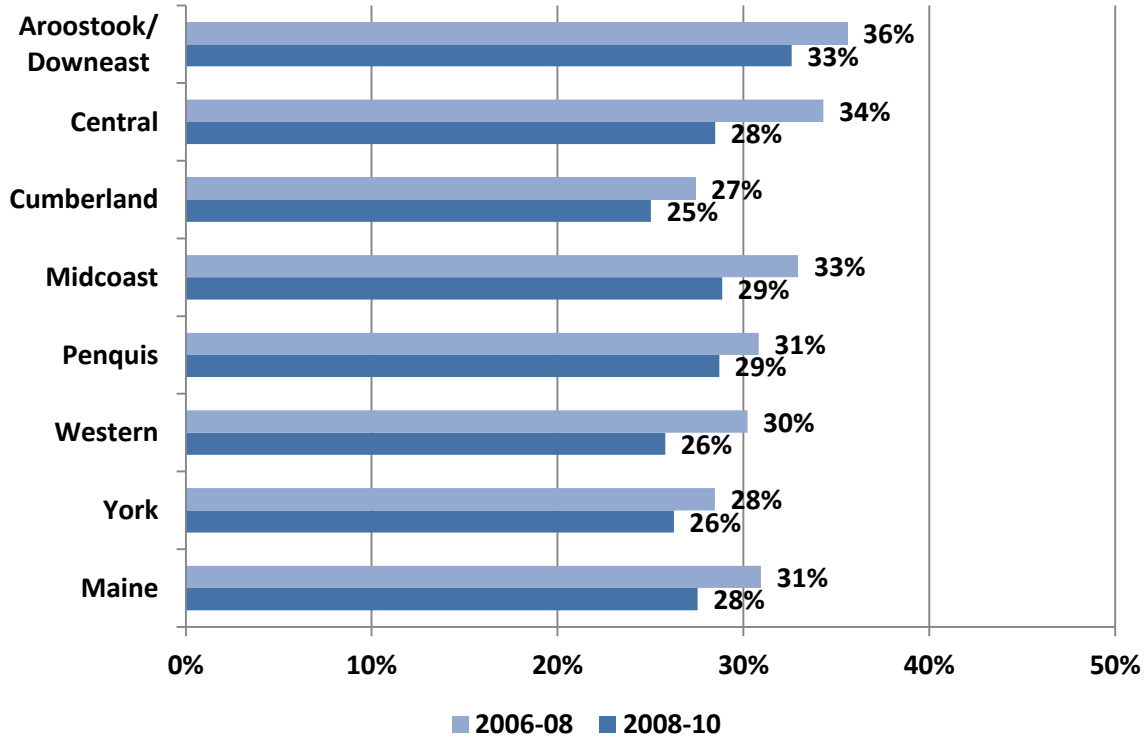
Indicator Description: **PERCEIVED RISK OF MARIJUANA USE AMONG MAINERS.** This measure demonstrates the percentage of Mainers over the age of 12 who perceive a risk of harm from smoking marijuana once a month. Because of small sample sizes, survey data from multiple years must be combined in order to produce this estimate.

Why Indicator is Important: The perception that using a substance is risky indicates an individual is knowledgeable about health risks and other negative consequences associated with that substance. Perceptions of risk reduce the likelihood that an individual will engage in the behavior.

Data Source(s): NSDUH, 2006-08 and 2008-10.

Summary: From 2006-08 to 2008-10, the percentage of Penquis PHD residents 12 and older who perceived a great risk from smoking marijuana once a month decreased from 31 percent to 29 percent, mirroring a statewide trend.

Figure 42. Percent of population age 12 or older who perceive a great risk from smoking marijuana once a month by Public Health District: 2006-2008 and 2008-10



Source: NSDUH

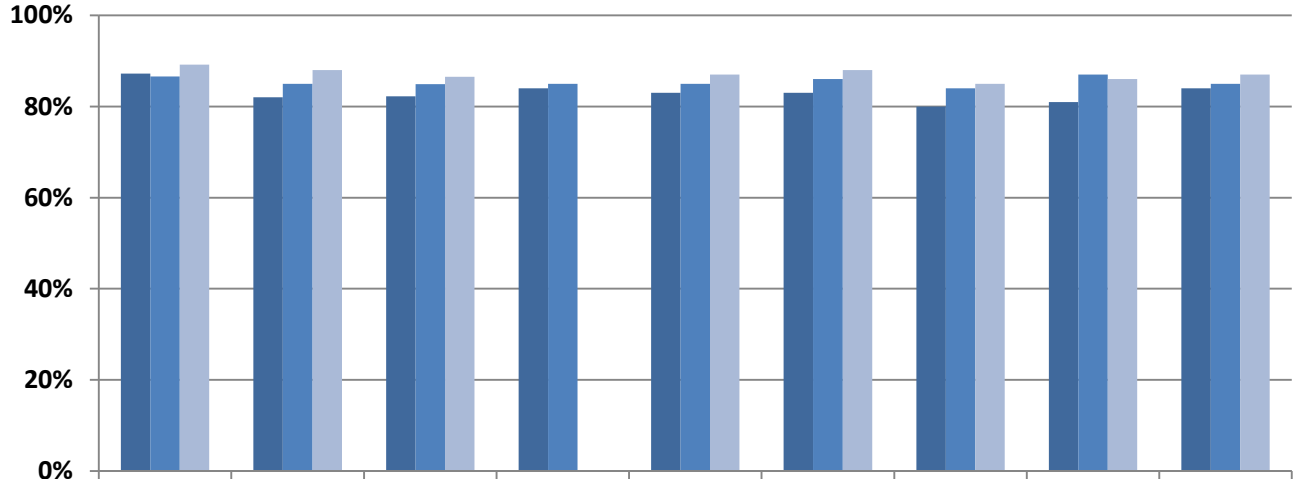
Indicator Description: **PERCEIVED RISK OF PRESCRIPTION DRUG MISUSE AMONG YOUTH.** This measure demonstrates the percentage of individuals who perceive a moderate-to-great risk of harm from taking a prescription drug that was not prescribed to them.

Why Indicator is Important: According to the 2011 statewide MIYHS, high school students who do not believe there is moderate-to-great risk misusing prescription drugs are 4.6 times as likely to smoke marijuana as their peers who do perceive risk of harm.

Data Source(s): MIYHS, 2009-2013.

Summary: Perception of risk from misusing prescription drugs among high school students in Penquis PHD increased from 2009 (83%) to 2013 (88%). That means that 12% high school students in Penquis PHD did not think misusing prescription drugs was risky.

Figure 43. Percent of high school students who reported a risk of harm from misusing prescription drugs, by Public Health District: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	87%	82%	82%	84%	83%	83%	80%	81%	84%
2011	87%	85%	85%	85%	85%	86%	84%	87%	85%
2013	89%	88%	87%		87%	88%	85%	86%	87%

Source: MIYHS

Perceived Enforcement

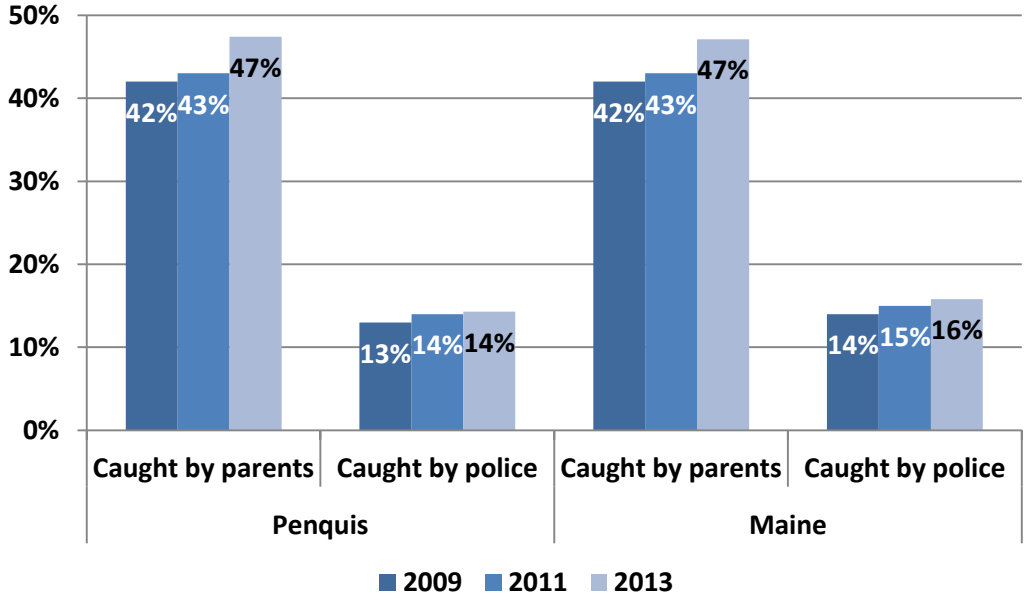
Indicator Description: PERCIEVED RISK OF BEING CAUGHT FOR DRINKING ALCOHOL AMONG YOUTH. This indicator reflects the percentage of high school students who reported that they would be caught by their parents or by police if they drank alcohol.

Why Indicator is important: According to the 2013 statewide MIYHS, high school students who believe they would not be caught by their parents are five times as likely to drink in the past month as compared to students who do think they will be caught. Students who believe that they would not be caught by the police are twice as likely to drink alcohol in the past month as those who do think they would be caught.

Data Source(s): MIYHS, 2009-2013.

Summary: At 47 percent, the perceived risk among high school students of being caught by their parents for drinking alcohol in Penquis PHD is on par with the state average (47%). Only 14 percent of high school students in Penquis PHD indicated that they thought they would be caught by the police for drinking alcohol (similar to the state average). That means high school students in Penquis PHD are more than three times as likely to perceive a risk of being caught by their parents, rather than the police, for drinking alcohol.

Figure 44. Perceived risk among high school students in Penquis PHD of being caught by parents or police for drinking alcohol: 2009-2013



Source: MIYHS

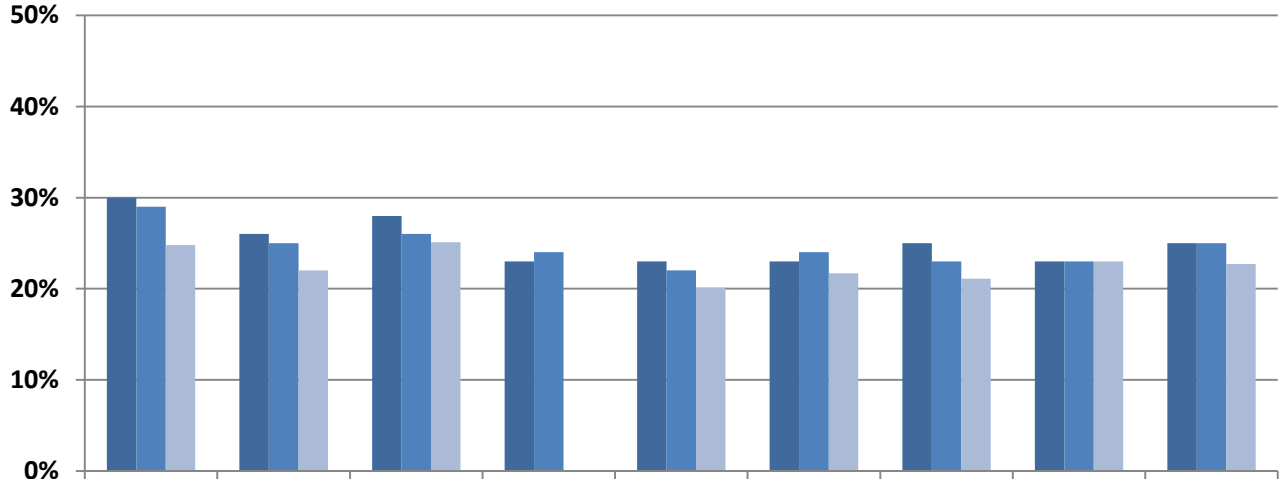
Indicator Description: **PERCEIVED RISK OF BEING CAUGHT FOR SMOKING MARIJUANA AMONG YOUTH.** This measure shows the percentage of high school students who reported that they thought they would be caught by police if they smoked marijuana.

Why Indicator is Important: According to the statewide 2013 MIYHS, high school students who believe they would be caught by the police are less than half as likely to smoke marijuana as their peers.

Data Source(s): MIYHS, 2009-2013.

Summary: In 2013, 22 percent of high school students in Penquis PHD indicated that they thought they would be caught by the police if they smoked marijuana; this differed little from the statewide rate (23%).

Figure 45. Perceived risk among high school students of being caught by police for smoking marijuana, by Public Health District: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	30%	26%	28%	23%	23%	23%	25%	23%	25%
2011	29%	25%	26%	24%	22%	24%	23%	23%	25%
2013	25%	22%	25%		20%	22%	21%	23%	23%

Source: MIYHS

Mental Health, Suicide and Co-occurring Disorders

The relationship between substance use and mental health has been well documented. There are great efforts underway at the Substance Abuse Mental Health Services Administration (SAMHSA) and throughout Maine to better integrate mental health promotion and substance abuse prevention. At the individual level, it is important to know if one exists because the symptoms of each can affect the other; that is, a person who is depressed may abuse alcohol or drugs in an effort to feel better. At the community level, it is important to understand how the prevalence of one interacts with the other so that prevention and intervention efforts can better address the needs of both. The data indicators included below represent the first attempt to collect multiple mental health indicators that can be routinely monitored in relation to substance abuse in hopes that this will lead to better prevention and intervention.

About one in five of adults in Penquis PHD report having ever been diagnosed with an anxiety disorder or with a depressive disorder. Furthermore, nearly one in four high school students felt sad or hopeless every day for two weeks and one in seven seriously considered suicide. Six out of ten adults from Penquis PHD admitted for substance abuse treatment also have a mental health diagnosis; this has been increasing since 2009 and has consistently been higher than the Maine average.

Depression and Anxiety

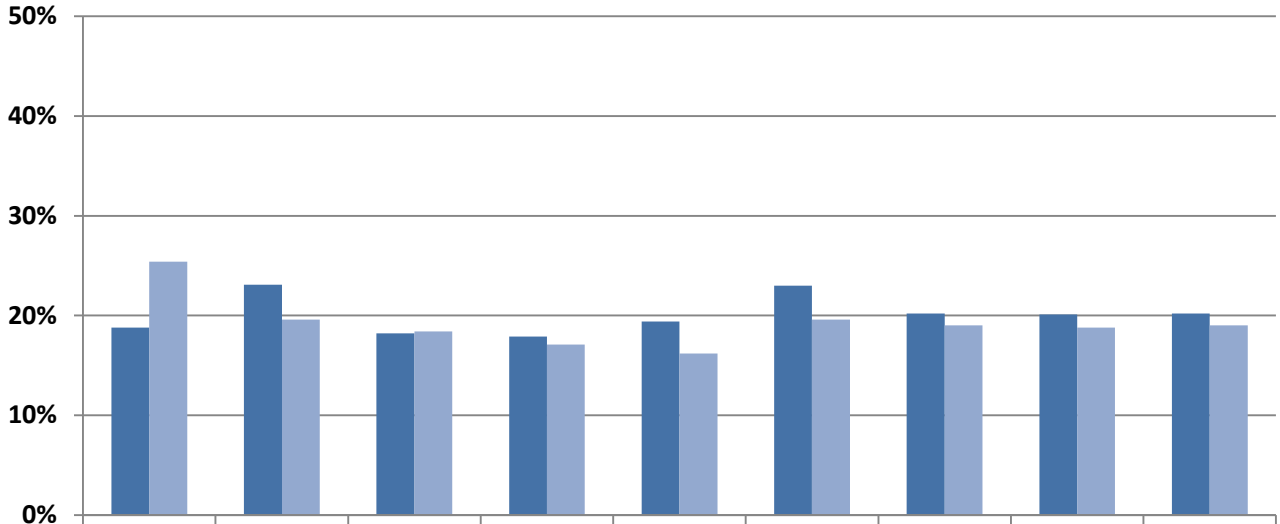
Indicator Description: DIAGNOSIS OF ANXIETY AND DEPRESSION AMONG ADULTS. This indicator examines the percentage of Maine residents age 18 and older who have ever been told by a doctor that they have a depressive or anxiety disorder.

Why Indicator is Important: The link between mental health and substance abuse is well documented. Experiencing anxiety or depression is associated with higher rates of substance abuse.

Data Source(s): BRFSS, 2011-2012.

Summary: The rate of adults in Penquis PHD reporting they have been diagnosed with an anxiety disorder decreased by three percentage points from 2011 (23%) to 2012 (20%); this was similar to the statewide rate (19%). The rate of Penquis PHD adults reporting they had been diagnosed with a depression disorder decreased by five percentage points from 2011 (27%) to 2012 (22%); this was on par with the statewide rate of 23 percent.

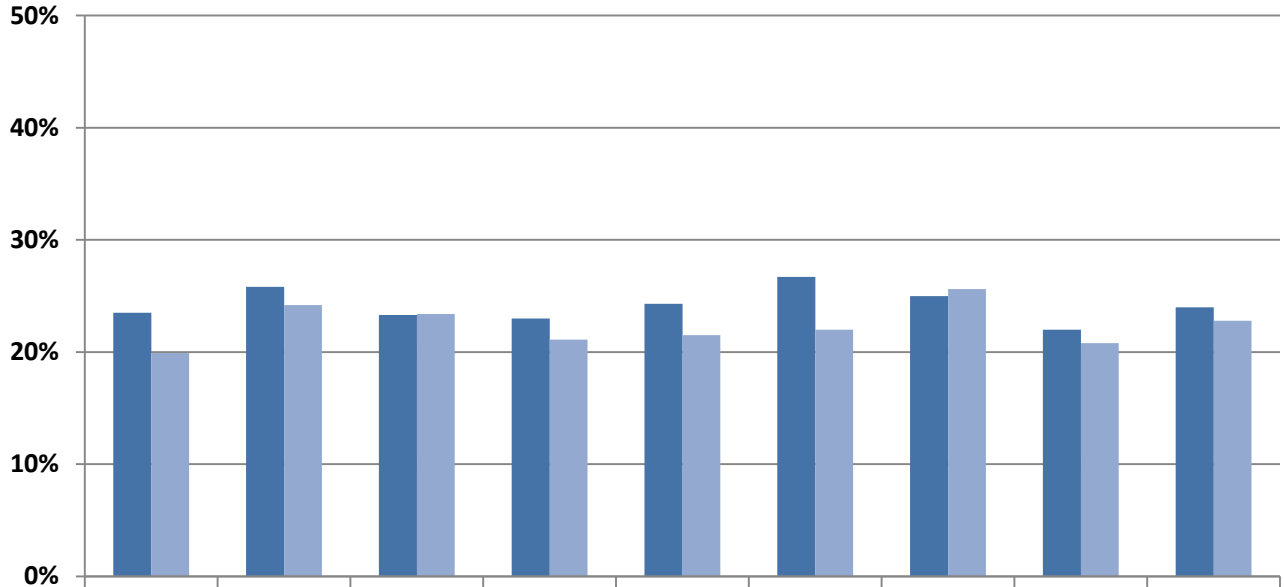
Figure 46. Percent of adults who have ever been told they have an anxiety disorder, by Public Health District: 2011-2012



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2011	19%	23%	18%	18%	19%	23%	20%	20%	20%
2012	25%	20%	18%	17%	16%	20%	19%	19%	19%

Source: BRFSS

Figure 47. Percent of adults who have ever been told they have a depression disorder, by Public Health District: 2011-2012



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2011	24%	26%	23%	23%	24%	27%	25%	22%	24%
2012	20%	24%	23%	21%	22%	22%	26%	21%	23%

Source: BRFSS

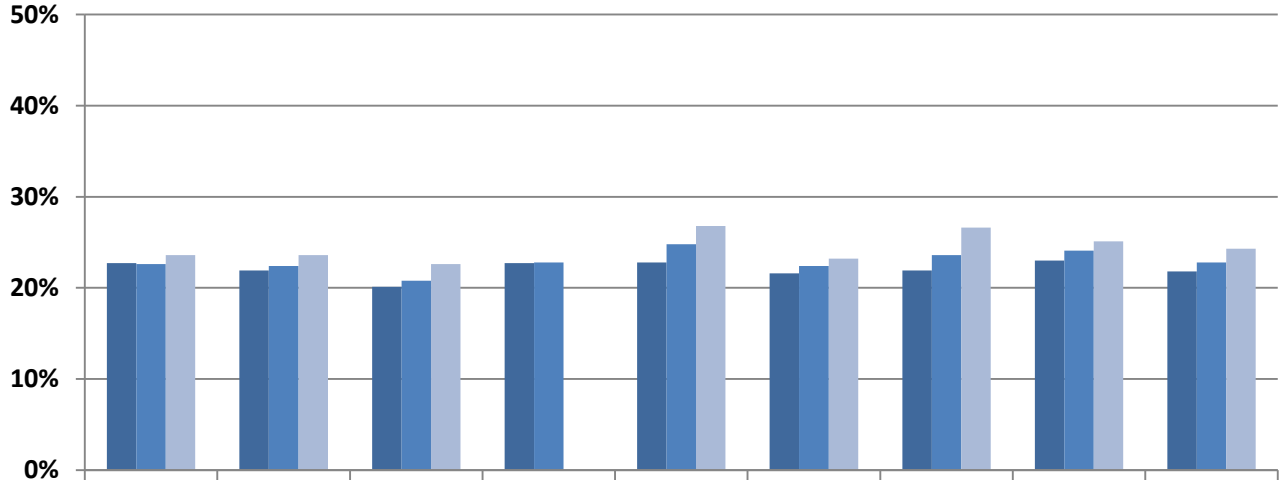
Indicator Description: DEPRESSION AMONG YOUTH. This indicator measures the percentage of high school students reporting they felt sad or hopeless almost every day for two weeks in a row during the past year.

Why Indicator is Important: Experiencing depression in the past year is associated with higher rates of substance abuse. According to the 2013 MIYHS, students who reported feeling hopeless or sad for at least two weeks within the past twelve months were almost twice as likely to have used marijuana or to have engaged in binge drinking in the past 30 days, and three times as likely to have misused prescription drugs during the past 30 days. Among youth, depression is also associated with problems with relationships and academic achievement.

Data Source(s): MIYHS, 2009-2013.

Summary: In 2013, 23 percent of high school students in Penquis PHD indicated that they felt sad or hopeless every day for two weeks or more in a row during the past year. This rate differed little from the statewide average (24%).

Figure 48. 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



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	23%	22%	20%	23%	23%	22%	22%	23%	22%
2011	23%	22%	21%	23%	25%	22%	24%	24%	23%
2013	24%	24%	23%		27%	23%	27%	25%	24%

Source: MIYHS

Suicide and Suicidal Ideation

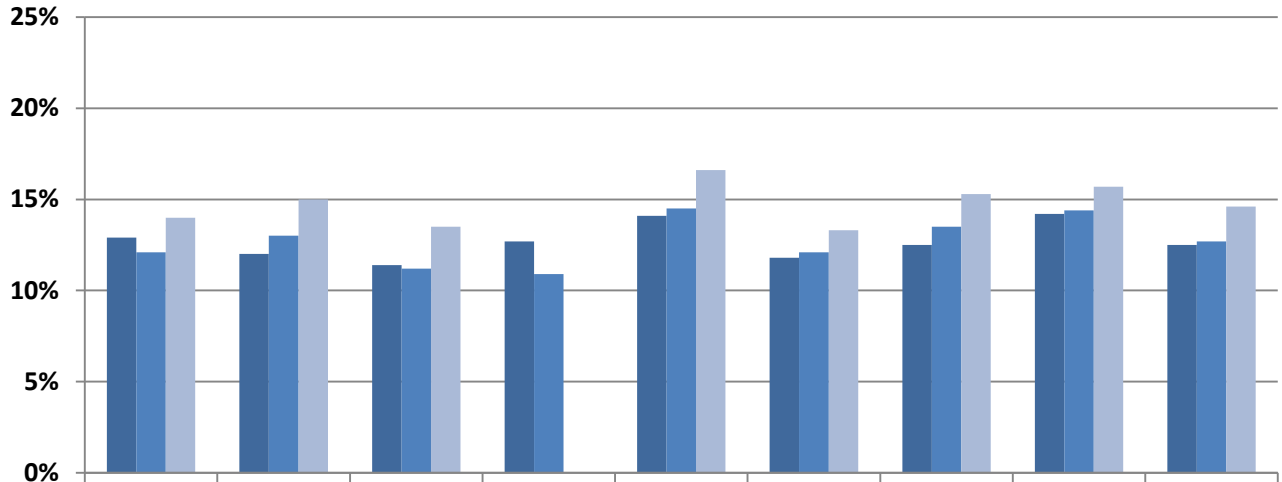
Indicator Description: SUICIDAL IDEATION AMONG YOUTH. This measure examines the percentage of high school students who reported that they seriously considered attempting suicide during the past year.

Why Indicator is Important: Suicide is the most tragic consequence of major depressive disorders. Abuse of alcohol or other drugs may increase emotional problems leading to suicidal ideation and suicidal behavior.

Data Source(s): MIYHS, 2009-2013.

Summary: In 2013, 13 percent of high school students in Penquis PHD had considered suicide during the past year; this was compared to the statewide average of 15 percent.

Figure 49. Percent of high school students who considered suicide during the past year, by Public Health District: 2009-2013



	Aroostook	Central	Cumber.	Downeast	Midcoast	Penquis	Western	York	Maine
2009	13%	12%	11%	13%	14%	12%	13%	14%	13%
2011	12%	13%	11%	11%	15%	12%	14%	14%	13%
2013	14%	15%	14%		17%	13%	15%	16%	15%

Source: MIYHS

Mental Health and Substance Abuse Co-Occurrence

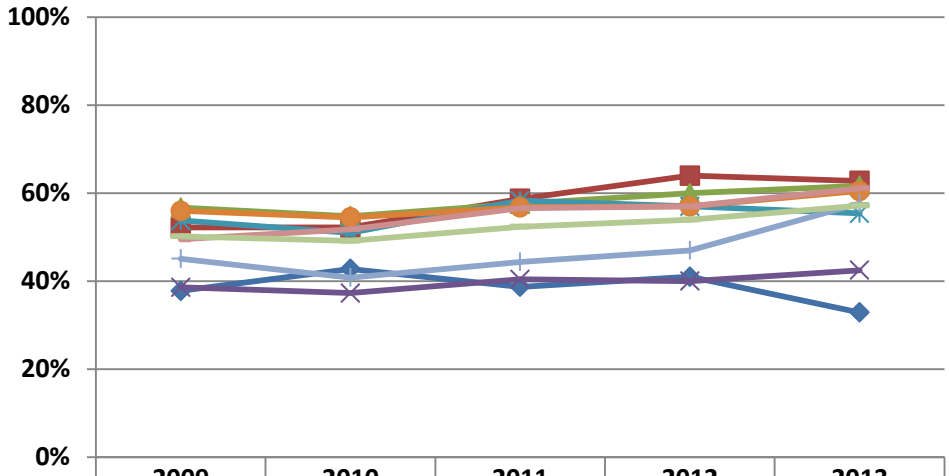
Indicator Description: CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT. This indicator reflects the proportion of treatment admissions for substance abuse where the individual also has a mental health diagnosis.

Why Indicator is Important: The link between mental health and substance abuse is well documented. In terms of treatment, it is important to know if one exists because the symptoms of each can affect the other.

Data Source(s): TDS, 2009-2013.

Summary: The percentage of individuals in Penquis PHD admitted for substance abuse treatment has remained relatively stable from 2010 (55%) to 2013 (61%); this was higher than the state average (57%).

Figure 50. Percent of individuals by Public Health District admitted for substance abuse treatment that also had a mental health diagnosis: 2009-2013



	2009	2010	2011	2012	2013
Aroostook	38%	43%	39%	41%	33%
Central	52%	52%	59%	64%	63%
Cumberland	57%	55%	58%	60%	62%
Downeast	39%	37%	40%	40%	43%
Midcoast	54%	51%	58%	57%	55%
Penquis	56%	55%	57%	57%	61%
Western	45%	41%	44%	47%	58%
York	50%	52%	57%	57%	61%
Maine	50%	49%	52%	54%	57%

Source: TDS

Treatment Admissions for Substance Abuse

Substance abuse treatment admissions are an indicator of how many people *receive treatment* for a substance abuse problem. These admissions can be voluntary, but they can also be court-ordered. Treatment admission data should not be used as an indicator of the magnitude of the problems related to substance abuse. Rather, treatment should been seen a major consequence stemming from substance use and one that requires many resources.

The overall number of Mainers seeking treatment has been declining since 2011, from 12,740 to 11,815 in 2013. Mainers continued to seek out treatment for abuse involving a wide array of substances besides alcohol; in 2013 there were 4,145 admissions for alcohol as the primary substance. This was followed by synthetic opioids (3,681) and heroin (1,992).

In Penquis PHD, synthetic opioids accounted for the largest proportion of both primary and secondary treatment admissions in 2012, although these rates may be leveling off. This is greater than the statewide rate. Conversely, alcohol-related admissions in Penquis were lower than the statewide average in 2012, after a major decrease between 2010 and 2011. For secondary treatment admissions, those related to synthetic opiates decreased in 2012 while those related to marijuana increased.

Treatment Admissions

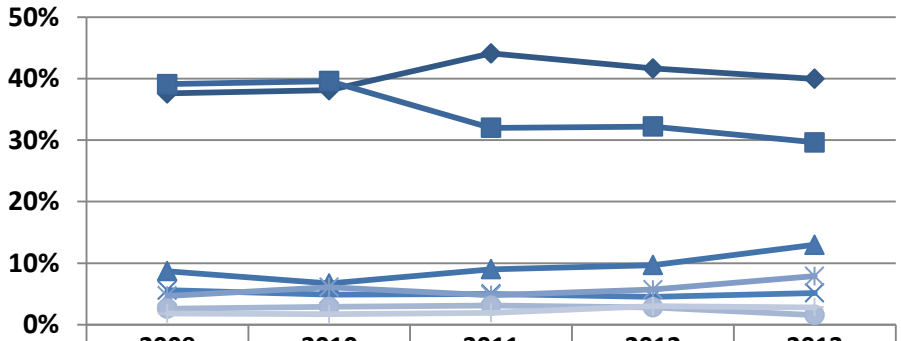
Indicator Description: PRIMARY TREATMENT ADMISSIONS. This measure reflects substance abuse treatment admissions. A "primary" substance is identified during the treatment admissions process based on use patterns (e.g., frequency, duration, quantity) and the risk(s) posed to the individual. The analysis excludes admissions for shelter/detoxification services.

Why Indicator is Important: The number of substance abuse treatment admissions is bound by both the need and the capacity for treatment. Treatment admissions data are not a good indicator of substance use, abuse or dependence, but provide an indication of service usage and the impact of substance use on the behavioral healthcare system.

Data Source(s): TDS, 2009-2013.

Summary: In 2013, 40 percent of all primary treatment admissions in Penquis PHD were related to alcohol, followed by synthetic opioids[6] (30%) and heroin/morphine (13%). Primary admissions for heroin/morphine increased three percentage points since 2012.

Figure 51. Primary drug admissions for in Penquis PHD, by drug type: 2009-2013



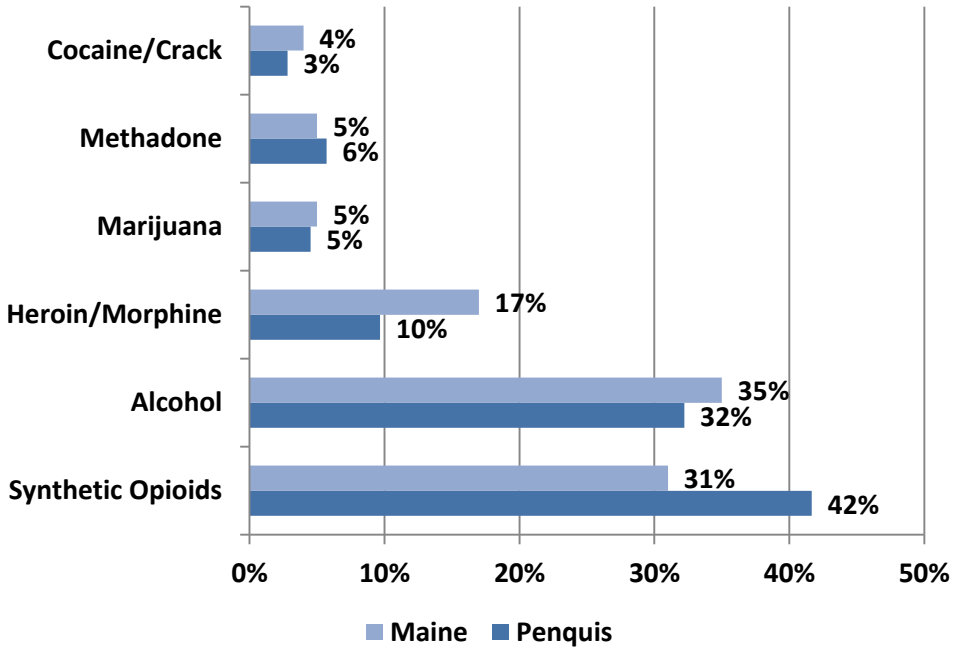
	2009	2010	2011	2012	2013
Synthetic Opioids	38%	38%	44%	42%	40%
Alcohol	39%	40%	32%	32%	30%
Heroin/Morphine	9%	7%	9%	10%	13%
Marijuana	6%	5%	5%	5%	5%
Methadone	5%	6%	5%	6%	8%
Cocaine/Crack	3%	3%	3%	3%	2%
Other Drugs	2%	2%	2%	3%	3%

Source: TDS

[6] "Synthetic opioids" excludes methadone and buprenorphine.

Summary: In 2013, the proportion of primary treatment admissions for synthetic opioids was considerably higher than that of the state (42% compared to 31%), while the percentage of heroin/morphine related primary admissions was seven percentage points lower than the statewide average (10% compared to 17%).

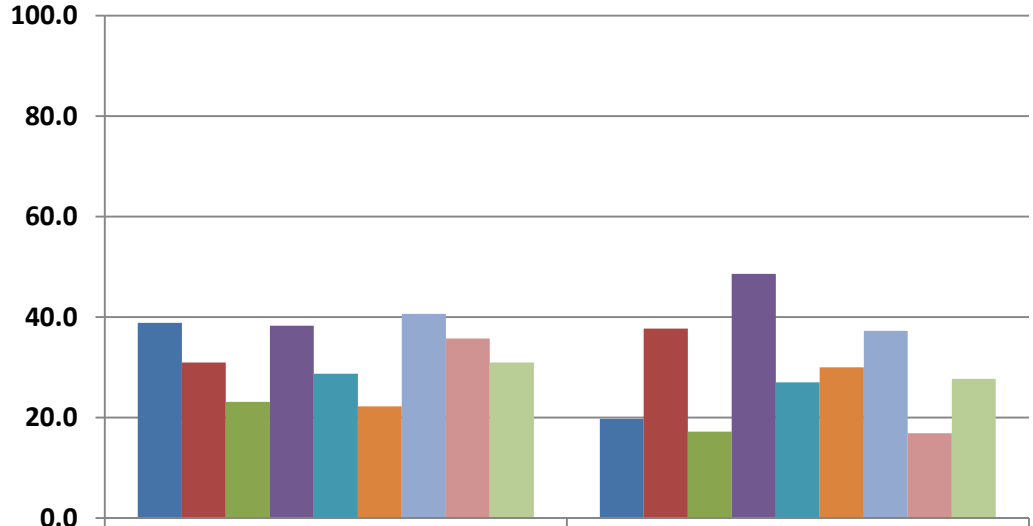
Figure 52. Primary treatment admissions in Penquis PHD: 2013



Source: TDS

Summary: In 2013, Penquis PHD had the lowest rate among public health districts of primary treatment admissions due to alcohol (22.2 admissions per 10,000 residents) and the fourth highest rate of primary admissions due to synthetic opioids (30.0 admissions per 10,000 residents).

Figure 53. Primary drug admissions per 10,000 residents, by Public Health District and drug type: 2013

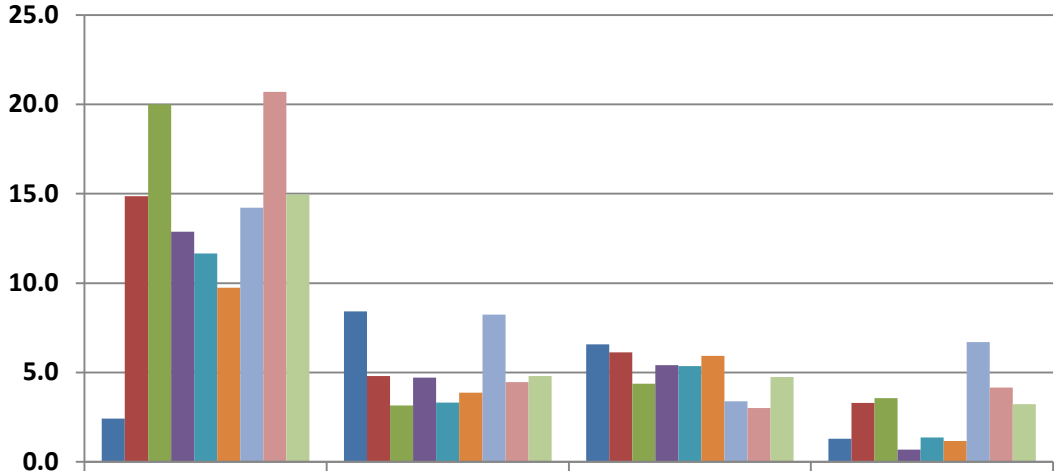


	Alcohol	Synthetic Opioids
Aroostook	38.8	19.7
Central	30.9	37.7
Cumber.	23.1	17.2
Downeast	38.3	48.6
Midcoast	28.7	27.0
Penquis	22.2	30.0
Western	40.6	37.3
York	35.7	16.8
Maine	30.9	27.7

Source: TDS

Summary: In 2013, Penquis PHD had the second lowest rate among public health districts of primary admissions due to heroin/morphine (9.7 admissions per 10,000), the third lowest rate of primary admissions due to marijuana (3.9 admissions per 10,000 residents), the third highest rate of primary admissions due to methadone (5.9 admissions per 10,000 residents), and the second lowest rate of primary admissions due to cocaine/crack (1.4 admissions per 10,000 residents).

Figure 54. Primary drug admissions per 10,000 residents, by Public Health District and drug type: 2013



	Heroin /Morphine	Marijuana	Methadone	Cocaine/Crack
Aroostook	2.4	8.4	6.6	1.3
Central	14.9	4.8	6.1	3.3
Cumber.	20.0	3.2	4.4	3.6
Downeast	12.9	4.7	5.4	0.7
Midcoast	11.7	3.3	5.4	1.4
Penquis	9.7	3.9	5.9	1.2
Western	14.2	8.2	3.4	6.7
York	20.7	4.5	3.0	4.2
Maine	15.0	4.8	4.7	3.2

Source: TDS

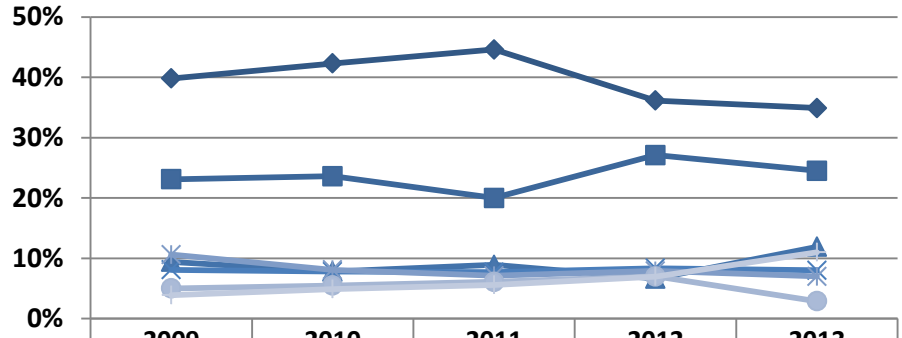
Indicator Description: SECONDARY TREATMENT ADMISSIONS. This measure reflects substance abuse treatment admissions. A "secondary" substance is identified during the admissions process as one used by the individual and for which treatment may be received, but it is not the primary substance for which treatment was sought. The analysis excludes admissions for shelter/detoxification services.

Why Indicator is Important: The number of substance abuse treatment admissions is bound by both the need and the capacity for treatment. Treatment admission data are not a good indicator of substance use, abuse or dependence, but provide an indication of service usage and the impact of substance use on the behavioral healthcare system.

Data Source(s): TDS, 2009-2013.

Summary: In 2013, 35 percent of secondary treatment admissions in Penquis PHD were for synthetic opioids, followed by marijuana (25%) and then heroin/morphine (12%). These trends have remained relatively stable, although it appears that heroin/morphine as well as methadone as secondary reasons for treatment have increased noticeably since 2012.

Figure 55. Secondary treatment admissions in Penquis PHD: 2009-2013

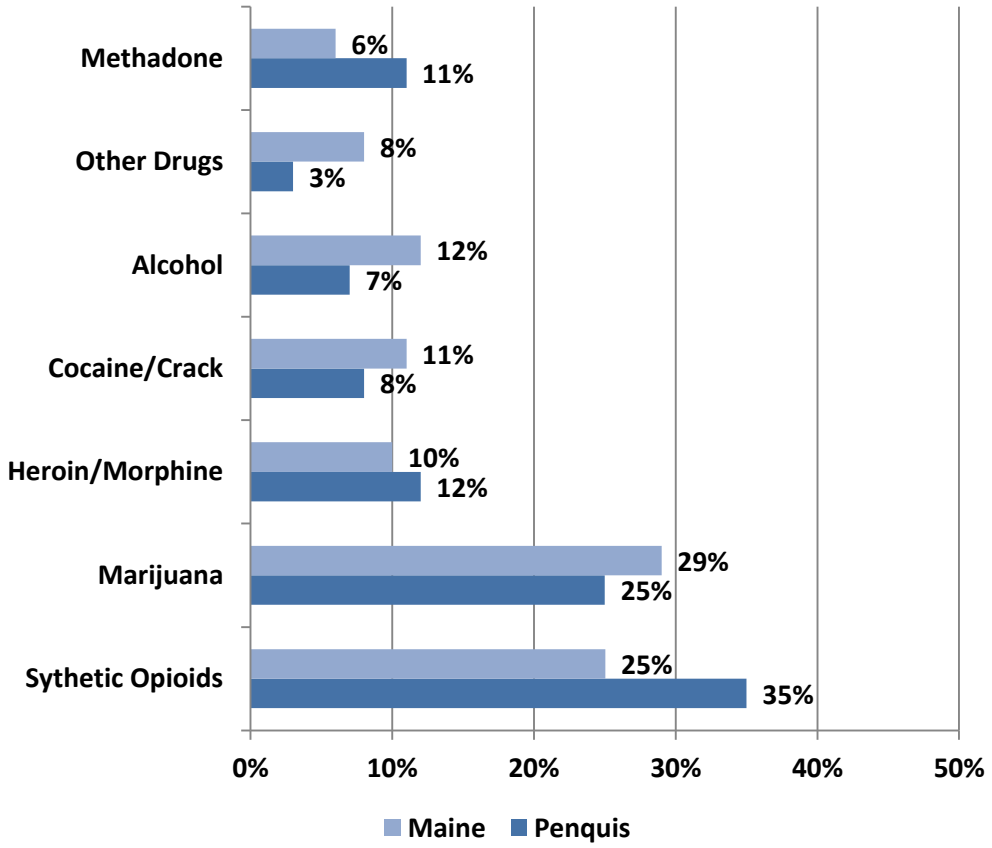


	2009	2010	2011	2012	2013
Sythetic Opioids	40%	42%	45%	36%	35%
Marijuana	23%	24%	20%	27%	25%
Heroin/Morphine	9%	8%	9%	7%	12%
Cocaine/Crack	8%	8%	8%	8%	8%
Alcohol	11%	8%	7%	8%	7%
Other Drugs	5%	6%	6%	7%	3%
Methadone	4%	5%	6%	7%	11%

Source: TDS

Summary: In 2013, Penquis PHD had a greater proportion of secondary admissions related to synthetic opioids (35%), heroin/morphine (12%), and methadone (11%) compared to secondary treatment admissions statewide.

Figure 56. Secondary treatment admissions in Penquis PHD, by drug type: 2013



Source: TDS

Appendix: Data Sources

This report includes data that was gathered from a number of data sources. A detailed description of each source is provided below, consisting of information about the data included in each source, and retrieval or contact information. The report includes data that were available through May 2014.

There are multiple purposes for this report. One is to provide a snapshot of the most recent data regarding substance abuse, while another is to examine trends over time. Therefore, each indicator may have multiple sources of data that are included. While each indicator provides a unique and important perspective on drug use in Maine, none should individually be interpreted as providing a full picture of drug trends in Maine. In particular, the percentages and figures from one data source do not always align with the data and percentages from a similar source. Older data are often included in order to examine an indicator among a specific population or to find trends over time. When discussing rates of prevalence, however, the user should rely upon the most recent data source available.

Description of Data Sources

Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national survey administered on an ongoing basis by the National Centers for Disease Control and Prevention (CDC) to adults in all 50 states and several districts and territories. The instrument collects data on adult risk behaviors, including alcohol abuse. BRFSS defines heavy drinking as adult men having more than two drinks per day and adult women having more than one drink per day, and binge drinking as males having five or more drinks on one occasion and females having four or more drinks on one occasion. The most recent data available are from 2012. **Due to methodological changes in weighting and sampling, data prior to 2011 cannot be trended with more current data.** In addition, in some cases 2011 and 2012 were combined to yield more stable estimates. Contact: Melissa Damren, Maine BRFSS Coordinator; melissa.damren@maine.gov; (207) 287-1420.

Maine Department of Public Safety (DPS), Uniform Crime Reports (UCR). UCR data include drug and alcohol arrests. Drug arrests include sale and manufacturing as well as possession of illegal substances. Liquor arrests include all liquor law violations. OUI arrests are arrests for operating a motor vehicle under the influence of a controlled substance. DPS data are now available from 2012. Arrest data may reflect differences in resources or focus of law enforcement efforts, so may not be directly comparable from year to year.
Retrieval: http://www.maine.gov/dps/cim/crime_in_maine/cim.htm

Maine Department of Public Safety (DPS), Liquor Licensing and Compliance. DPS issues and renews licenses for the manufacture, importation, storage, transportation and sale of all liquor and administers those laws relating to licensing and the collection of taxes on malt liquor and wine. DPS maintains a list of all active licenses that can be accessed online.

Retrieval: http://www.maine.gov/dps/liqr/active_licenses.htm

Maine Department of Public Safety (DPS), Bureau of Highway Safety (BHS), Maine Department of Transportation (MDOT). The Bureau of Highway Safety is responsible for tracking all fatalities that occur on Maine's highways and reporting this information through the Fatal Analysis Reporting System (FARS). The data represented provides information on highway crashes and fatalities. Much of this information is gathered from our FARS system, which records data on fatal crashes in Maine for input into a larger national record-keeping system of statistical data. FARS data is also used by BHS and the Maine State Police to analyze enforcement priorities and schedules. Impaired driving is one of the most serious traffic risks facing the nation, killing thousands every year. Contact: Duane Brunell, Safety Performance Analysis Manager; duane.brunell@maine.gov; (207) 624-3278.

Maine Drug Enforcement Agency (MDEA). The MDEA, through its eight regional multi-jurisdictional task forces, is the lead state agency in confronting drug trafficking crime. This indicator differs from the Uniform Crime Report drug-related arrest data in that it only tracks MDEA efforts and does not encompass all activity within Maine law enforcement agencies. The data included in this report represents those arrested for a drug offense but does not indicate what other drug(s) may have been seized. For example, a person may be arrested for the sale of cocaine but also be in possession of oxycodone and marijuana. It is important to note that arrests and multi-jurisdictional drug enforcement are resource-dependent; such funds fluctuate from year to year, and must be reallocated to combat highest priority threats. Contact: Roy E. McKinney, Director; roy.e.mckinney@maine.gov; (207) 626-3852.

Maine Emergency Medical Services (EMS). Maine EMS is a bureau within the Maine Department of Public Safety (DPS) and is responsible for the coordination and integration of all state activities concerning Emergency Medical Services and the overall planning, evaluation, coordination, facilitation and regulation of EMS systems. EMS collects data statewide from the 272 licensed ambulance and non-transporting services. It is mandated that services submit an electronic patient care report to Maine EMS within one business day of patient contact. Data are compiled upon request. Contact: Jon Powers, Maine Emergency Medical Services; jon.powers@maine.gov; (207) 626-3860.

Maine Integrated Youth Health Survey (MIYHS). The MIYHS is a statewide survey administered biennially through a collaborative partnership by the Maine Office of Substance Abuse (OSA) the Maine Center for Disease Control and Prevention and the Maine department of Education to students in grades 5 through 12. The survey collects information on student substance use, risk factors related to substance use, as well as consequences, perceptions and social risk factors related to substances, and collects information on many other health factors. As of the date of this report, the most recent data available are from 2013. Due to changes in the survey administration and structure, the new survey data cannot be trended with the Maine Youth Drug and Alcohol Survey (MYDAUS). In addition, **due to a low response rate, the Downeast public health district does not have estimates for 2013**. Contact: Stephen Corral, Substance

Abuse Program Specialist, Office of Substance Abuse, stephen.corral@maine.gov; (207) 287-2964.

Maine Health Data Organization (MHDO). MHDO data includes all inpatient admissions to all hospitals in Maine for calendar years 2010 and 2011. Data categories created by the authors include alcohol, opioids, illegal drugs, and pharmaceuticals. All drug categories include intoxication, abuse, dependence, and poisoning cases related to the drug. The opiate category includes methadone, heroin, and opiates. The illegal drug category includes crack/cocaine, cannabis, and hallucinogens. The pharmaceuticals category includes all other non-opioid medications (including stimulants and depressants). Contact: Maine Health Data Organization (MHDO), lisa.parker@maine.gov; (207) 287-3225.

Maine Office of the Chief Medical Examiner. The Maine Office of the Chief Medical Examiner maintains records of all deaths associated with drug overdose. Drug categories include methadone, cocaine, benzodiazepines, oxycodone and heroin/morphine. The death data are compiled on an annual basis and must be finalized prior to release and so are not available to track changes that may occur over shorter time frames. Contact: Dr. Marcella Sorg, Director, Rural Drug & Alcohol Research Program, Margaret Chase Smith Policy Center, University of Maine; marcella_sorg@umit.maine.edu; (207) 581-2596.

National Survey on Substance Use and Health (NSDUH). The NSDUH is a national survey administered annually by the Substance Abuse and Mental Health Services Administration (SAMHSA) to youth grades 6 through 12 and adults ages 18 and up. The instrument collects information on substance use and health at the national, regional and state levels. The advantage of NSDUH is that it allows comparisons to be made across the lifespan (that is, ages 12 and up). However, NSDUH is not as current as other data sources; as of this report, data at the substate level are available from 2008-2010. Older data are included for trending and comparative purposes. NSDUH defines Illicit Drugs as marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used non-medically; Binge Alcohol Use as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days; Dependence or abuse based on definitions found in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); and Serious Mental Illness (SMI) as a diagnosable mental, behavioral, or emotional disorder that met the criteria found in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. Retrieval: https://nsduhweb.rti.org/

Northern New England Poison Center (NNEPC). The Northern New England Poison Center provides services to Maine, New Hampshire, and Vermont. A poisoning case represents a single individual's contact with a potentially toxic substance. Intentional poisoning includes those related to substance abuse, suicide and misuse. Data include the number of confirmed cases where exposures are judged to be substance abuse-related (i.e., an individual's attempt to get high). NNEPC collects detailed data on specific substances involved in poisonings, including the

categories of stimulants/street drugs, alcohol, opioids, asthma/cold and cough, benzodiazepines, antidepressants, and pharmaceuticals, as well as other substances. The category of stimulants/street drugs includes marijuana and other cannabis, amphetamine and amphetamine-like substances, cocaine (salt and crack), amphetamine/dextroamphetamine, caffeine tablets/capsules, ecstasy, methamphetamine, GHB, and other/unknown stimulants/street drugs. The category alcohol includes alcohol-containing products such as mouthwash. The opioid category includes Oxycodone, Hydrocodone, buprenorphine, methadone, tramadol, morphine, propoxyphene, codeine, hydromorphone, stomach opioids, Meperidine (Demerol), heroin, Fentanyl, and other/unknown opioids. The asthma/cold and cough category includes eye, ear, nose, and throat medications. Data available from the poison center are reported on a continual daily basis and are included through December 2013. These data are only reflective of cases in which the Poison Center was contacted. Contact: Karen Simone, Director, Northern New England Poison Center; simonk@mmc.org; (207) 662-7221.

Prescription Monitoring Program (PMP). PMP maintains a database of all transactions for class C-II through C-IV drugs dispensed in the state of Maine. Drug categories used in this report include narcotics, tranquilizers, stimulants, and other prescriptions. Other prescriptions include those drugs that are not classified as narcotics, tranquillizers or stimulants, including products such as endocrine and metabolic drugs, analgesics and anesthetics, gastrointestinal agents, and nutritional products. The counts included in this report represent the quantity dispensed through prescriptions filled between 2009 and 2013. Contact: John Lipovsky, PMP Coordinator, Substance Abuse and Mental Health Services; john.lipovsky@maine.gov; (207) 287-3363.

Treatment Data System (TDS). TDS is a statewide database that includes information about clients admitted to treatment in OSA-funded facilities through December 2013. Analyses in this report are based on clients' reported primary, secondary and tertiary drug(s) of choice as well as other demographic and background information that is collected at intake. Drug categories included in this report are alcohol, marijuana, cocaine, heroin, synthetic opiates, methadone/buprenorphine and benzodiazepines. Contact: Stacey Chandler, Substance Abuse and Mental Health Services; stacey.chandler@maine.gov; (207) 287-6337.

U.S. Census Bureau. The U.S. Census provides summary profiles showing frequently requested data items from various Census Bureau programs. Profiles are available for all states and counties, and for cities and towns with more than 25,000 people. Data are updated no less than annually. Retrieval for Maine census data: http://quickfacts.census.gov/qfd/states/23000.html