

In 2015, high school students who **did not perceive risk of harm from binge drinking** once or twice a week were **twice** as likely to drink in the past month as high school students who do perceive risk of harm.¹



High school students who do not believe there is **risk in smoking marijuana regularly** are almost **8 times** as likely to smoke marijuana as their peers who do perceive risk of harm. **Perception of harm related to marijuana use by both youth and adults has decreased steadily.**^{1,2}

Easy access to alcohol at home is a major contributing factor to underage drinking. Half of the parents of middle and high school aged youth **felt their children could access alcohol** without their knowledge. This perception has increased since 2011.³



In 2017, Maine had a total of **3,839 active alcohol retail outlets**; 39% were off-premise (e.g., convenience store) and 61% were on premise (e.g., restaurant, bar).

More than half of high school students believed that **alcohol and marijuana were easy to obtain.**¹ **More than a third** of parents felt their teen **could access prescription medications at home without permission.**³



In 2016, 980,117 opiate agonist* prescriptions were filled in Maine; nearly one for each resident.⁵ In 2014–16, the majority of calls to the Poison Center to verify medication involved **opioids (4,073/year), benzodiazepines (2,528/year), and stimulants or street drugs (1,083/year).**⁶

*Opiate agonists only include opiates that activate opioid receptors within the body and exclude opiate antagonists, medications that are used to prevent the body from responding to opiates.

1. Maine Integrated Youth Health Survey
2. National Survey on Drug Use and Health
3. SAMHS Parent Survey
4. Liquor Licensing and Compliance
5. Prescription Monitoring Program
6. Northern New England Poison Center



Paul R. LePage, Governor

Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

Ricker Hamilton, Acting Commissioner

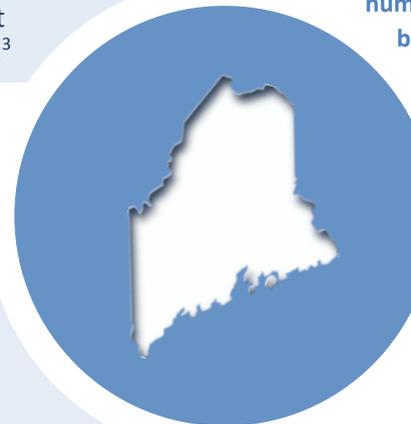
SPOTLIGHT ON: Prescribing Trends

There have been efforts in Maine and nationally to reduce the availability of prescription opiates through policies, prescribing practices, and education.

From 2015 to 2016, the number of prescriptions prescribed for opiate agonists* decreased by eight percent while the number of prescriptions for sedatives dropped six percent and prescriptions for stimulants increased by two percent. Prescriptions prescribed for stimulants have increased by 26 percent since 2012.⁵

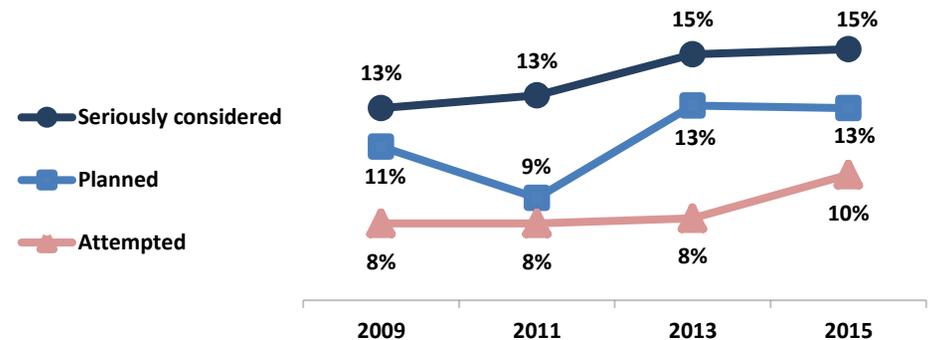


Among all opiate prescriptions prescribed in 2016, the primary active ingredient oxycodone was in 27 percent of opiate prescriptions, followed by hydrocodone (24%), buprenorphine (16%), and tramadol (15%). From 2012 to 2016, the number of prescriptions containing hydrocodone decreased by a third, buprenorphine increased by 77%, and oxycodone remained stable.⁵



Addressing these factors can have a positive impact on substance consumption and consequences in Maine.

In 2015, about **1 in 7** high school students had seriously considered or planned for suicide. **1 in 10** reported they had actually attempted suicide in the past year.¹



This fact sheet is a product of the Maine State Epidemiological Outcomes Workgroup (SEOW)
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