

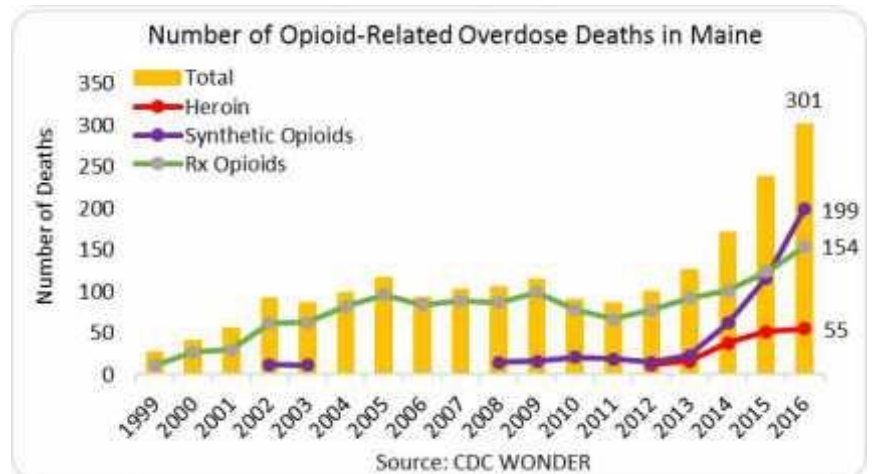
The Opioid Epidemic in Maine

- Overdose deaths continue to rise. In 2017, there were 417 opioid-related deaths in Maine, and during the first half of 2018, there were 180 opioid-related deaths.¹
- Maine is one of the top 10 states for the highest rates of opioid-related overdose deaths.²

Health Impacts

Overdose Deaths: Pharmacological vs Illicit (Non-pharmacological) Drugs

- In Maine, from January – June 2018; 61% of opioid deaths were from non-pharmaceutical fentanyl and fentanyl analogs; 26% were from pharmaceutical opioids.¹
- During this time period, there was a decrease in prescription drug overdose deaths, but the rate of total fatalities has remained approximately the same.



Vulnerable Populations

- Pregnant Women and Infants
 - Neonatal Abstinence Syndrome is a postnatal drug withdrawal symptom in newborns. In 2013, the incidence in Maine was a rate of 30.4 cases per 1,000, which is 5 times higher than the average of the 28 states in the study.²
- Homeless Individuals
 - A Massachusetts study showed that individuals who experience homelessness are at a 30 times greater risk of opioid overdose death than the general population.³
 - The same study showed that from 2012-2016 drug overdose deaths were the leading cause of death among the homeless.³
- Elderly
 - Rates of hospitalization for opioid overdoses quintupled from 1993 to 2012 for those on Medicare.⁴
 - 6 out of 1,000 Medicare patients are diagnosed with an opioid disorder compared to 1 out of every 1,000 patients on a commercial insurance plan.⁵

Prevention and Treatment

- Prescribing Patterns
 - A 2017 study shows that long-term opioid use at 12 months is significantly higher among patients treated by high-intensity prescribers.⁴
 - While Maine has significantly cut back on the prescription of opioids, it is important to not roll-back current statutes that have allowed for this decrease.
- Medication-Assisted Treatment (MAT)
 - MAT is approved by the FDA and is a treatment for substance use disorder (SUD) as a combination of medication with counseling and behavioral therapies.⁶
 - MAT is a greatly underused treatment option; according to Substance Abuse and Mental Health Services Administration (SAMHSA) the proportion of heroin admissions with MAT treatment plans fell by 7% from 2002 to 2010.⁶
 - MAT has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with SUD, increase patients' ability to gain and maintain employment, and improve birth outcomes among women who have SUD and are pregnant.⁶
- Naloxone (NARCAN)
 - Naloxone is used to reverse an opioid overdose to save a person's life.³
 - Naloxone comes in many forms; it can be intranasal, intramuscular or intravenous.³
 - Naloxone cannot be abused. An individual cannot be harmed from being given Naloxone.³
 - SAMHSA "encourages homeless and housing service providers to make naloxone available and to train providers, people experiencing homelessness, and their friends and family to administer the lifesaving remedy."⁷

Policy Actions to Take

- Increase the availability of opioid prevention and treatment options, including MAT.
- Increase access to overdose reversal drugs.
- Execute thoughtful collection of opioid use and treatment data through population-based surveys, and the timely development of public health campaigns and interventions for use prevention.
- Adopt harm reduction strategies, such as making Naloxone more widely available, and increasing the availability of needle exchanges and safe injection sites.

¹ Sorg, MH. 2018. Maine 2nd quarter drug death report: January – June 2018. Margaret Chase Smith Policy Center.

² National Institute on Drug Abuse. 2018. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/maine-opioid-summary>.

³ Opioid Overdose Preparedness & Response in Congregate Housing & Shelters. Boston Health Care for the Homeless Program.

<https://www.bhchp.org/sites/default/files/OD%20Preparedness%20and%20Response%20Guidelines%20Feb%202018%20MGMT.pdf> Updated January 2018.

⁴ Barnett ML., Olenski AR., Jena AB. Opioid-Prescribing Patterns of Emergency Physicians and Risk of Long-Term Use. *N Engl J Med.* 2017; 376:663-673.

<https://www.nejm.org/doi/full/10.1056/NEJMsa1610524>

⁵ Vestal C. Older Addicts Squeezed by Opioid Epidemic. PEW. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/07/26/older-addicts-squeezed-by-opioid-epidemic>. Published July 2016.

⁶ Medication and Counseling Treatment. SAMHSA. <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>. Updated September 2015.

⁷ Marzilli A. Homeless and Housing Services Providers Confront Opioid Overdose. SAMHSA. <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/homeless-housing-services-providers-confront-opioid>. Updated September 2017.