National Institute on Drug Abuse (NIDA)
Maine Opioid Summary

Last Updated March 2019
https://www.drugabuse.gov
Maine Opioid Summary

Opioid-Involved Overdose Deaths

In 2017, Maine was among the top ten states with the highest overdose deaths involving opioids in the U.S. There were 360 overdose deaths involving opioids that year—a rate of 29.9 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons. The greatest rise occurred among deaths involving synthetic opioids other than methadone (mainly fentanyl), with a nearly eighteenfold increase from 15 cases in 2012 to 278 cases in 2017 (Figure 1). In the same period, heroin-involved deaths increased by sixfold from 12 to 76 cases. Prescription opioid-involved deaths remained statistically unchanged from 2002-2014. In 2015-2016 the number of cases rose 24 percent to 154 cases. In 2017, however, a decline was seen with 100 cases reported.

Figure 1. Number of overdose deaths involving opioids in Maine, by opioid category. Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.
Opioid Pain Reliever Prescriptions

In 2017, Maine providers wrote 55.7 opioid prescriptions for every 100 persons (Figure 2). The average U.S. rate in the same year was 58.7 prescriptions per 100 persons (CDC).

The rate of overdose deaths involving opioid prescriptions remained statistically unchanged from 2002-2014 before increasing to a high of 12.5 deaths per 100,000 persons in 2016. In 2017, the rate declined again to 7.5 deaths per 100,000 persons.

![Figure 2. Maine rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.](image)

Neonatal Abstinence Syndrome (NAS)

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of one baby born with symptoms of NAS/NOWS every 15 minutes in the
United States. During the same period, hospital costs for NAS/NOWS births increased from $91 million to $563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices (CDC). As a result, there is variability in trends and in the rate reported by states. The most recent data on the rate of babies born with NAS/NOWS in Maine is from 2014 and is based on state inpatient databases. The rate of NAS/NOWS doubled from 15.4 cases per 1,000 hospital births in 2008 to 36.5 cases per 1,000 hospital births in 2014 (Healthcare Cost and Utilization Project).

Figure 3. NAS/NOWS Incidence rate and hospital costs for treatment in the United States. Source: T.N.A. Winkelman, et al., 2018.

**HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)**
• **U.S. Incidence:** In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU (CDC).

• **U.S. Prevalence:** In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,466) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU (CDC).

• **State Incidence:** Of the new HIV cases in 2016, 50 occurred in Maine. Among males, 15.6 percent of new HIV cases were attributed to IDU or male-to-male contact and IDU. Among females, 11.1 percent of new HIV cases were attributed to IDU (Figure 4) (AIDSVu).

• **State Prevalence:** In 2015, an estimated 1,478 persons were living with a diagnosed HIV infection in Maine—a rate of 128 cases per 100,000 persons. Of those, 15.5 percent of cases among males were attributed to IDU or male-to-male contact and IDU. Among
females, 28.4 percent were living with HIV attributed to IDU (AIDSVu).

**Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use**

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV (CDC). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs (CDC).

- **U.S. Prevalence:** An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages (CDC).

- **State Incidence:** There were approximately 25 new cases of acute HCV (1.9 per 100,000 persons) reported in Maine in 2016 (CDC).

- **State Prevalence:** In Maine, there are an estimated 7,000 persons living with Hepatitis C (2013-2016 annual average), a rate of 650 cases per 100,000 persons (HepVu).

**Additional Resources**

- Maine Department of Health and Human Services, State Epidemiological Outcomes Group Special Report: Heroin, Opioids, and Other Drugs in Maine and Substance Abuse Trends in Maine State Epidemiological Profile 2017

- Centers for Disease Control and Prevention, Opioid Overdose
FY2018 NIH-funded projects related to opioid use and use disorder in Maine: 0

Find treatment in Maine (SAMHSA)

Notes

1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.

2. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.