

# Substance Abuse

## Background

The deliberate use and overuse of harmful substances has a serious impact on the quality of life of Maine people. As a result of substance abuse, the lives of Maine residents have been shorter and less safe. Substance abuse and dependence are preventable health risks.

Substance abuse leads to greater medical costs through an increase in related diseases and also adversely impacts productivity and increases rates of crime and violence.<sup>1</sup> In the case of tobacco use, the U.S. Surgeon General has concluded that smoking is the greatest cause of preventable premature deaths in the U.S.<sup>2</sup>

Maine has made progress in reducing substance abuse but continues to struggle with this important issue.

## Health Equity Highlight: Adolescents

The use of tobacco, alcohol and other drugs by adolescents is associated with low school achievement, motor vehicle crashes and other adverse health effects, including long-term consequences related to chronic diseases, and long-term addiction.

- The proportion of youth beginning to drink alcohol before age 13 was 15% in 2007 but increased to 20% in 2009.<sup>3</sup>
- 12% of high school students reported in 2001 that they had used marijuana before age 13. In 2003 it decreased to below 10% and has remained below 10% through 2009.<sup>3</sup>
- The Healthy Maine 2010 target of 15% tobacco use among youth was met in the last decade but has shown signs of increasing again.<sup>4</sup>
- Tobacco companies have introduced new alternatives to cigarettes to appeal to younger users.<sup>5</sup>
- Approximately 80% of smokers start before the age of 18, making early prevention critical.<sup>6</sup>

## The Public Health Response

The most effective, evidence-based approach to prevention of substance abuse is to use multiple strategies at multiple levels and start intervening with youth, who are more likely to become addicted.<sup>7,8</sup> For those who need treatment, it is necessary that they recognize their need and are able to access adequate evidence-based treatment services.<sup>9</sup> For substance abuse in general, these approaches are coordinated and funded through the Office of Substance Abuse.<sup>10</sup> For tobacco use control, information on prevention strategies and programs is available through the Partnership for a Tobacco-Free Maine.<sup>11</sup>

## HM2020 Objectives

### 1. Reduce the past-year non-medical use of prescription drugs

There has been an increase in the misuse of prescription drugs, including stimulants and opiates over the past decade. Abuse of prescription drugs may lead to unintentional poisoning, overdose, addiction, automobile crashes, increased crime and other health issues.<sup>12</sup>

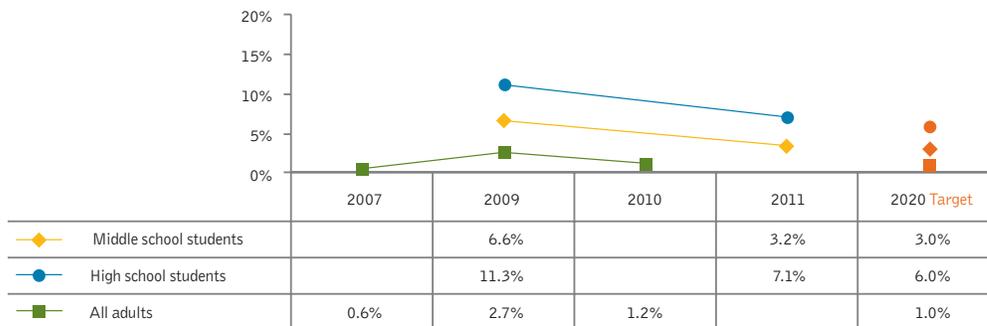
#### 1a. Reduce the percentage of middle school students who report using prescription drugs without a doctor's prescription in the last 30 days.

Young people (middle and high school aged) are increasingly misusing available prescription drugs, including stimulants and opiates.<sup>12</sup> In 2011, approximately 3.2% of Maine middle school students said they had used prescription drugs not prescribed to them in the last 30 days; the Healthy Maine 2020 goal is 3%.

#### 1b. Reduce the percentage of high school students who report using Rx drugs without a doctor's prescription in the last 30 days.

In 2011, approximately 7.1% of high school student said they had used prescription drugs not prescribed to them in the last 30 days; the Healthy Maine 2020 goal is 6%.

Proportion of Adolescents and Adults Who Reported Nonmedical Use of Prescription Drugs Within the Past 30 days, by Age, Maine, 2007-2011



data source: MIYHS

**1c. Reduce the percentage of adults, 18 and over, who report using Rx drugs without a doctor’s prescription in the last 30 days.**

In 2009, approximately 2.7%, and in 2010 approximately 1.2% of adults said they had used prescription drugs not prescribed to them in the last 30 days; the Healthy Maine 2020 goal is 1%. Within this group, adults 18-24 have the highest rate of use. In the 2009 BRFSS, 13.6% reported using prescription drugs without a doctor’s prescription to get high in the last 30 days.

**2. Increase the proportion of adolescents never using substances**

**2a. Increase the percentage of youth who reported never having an alcoholic drink in their life.**

Youth who consume alcohol are more likely than adults to binge drink<sup>2</sup> and are more likely to develop alcohol dependence.

**2b. Increase the percentage of youth who reported never using marijuana in their life.**

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. Using marijuana earlier in life has been found to increase earlier use of other illicit drugs.<sup>12</sup>

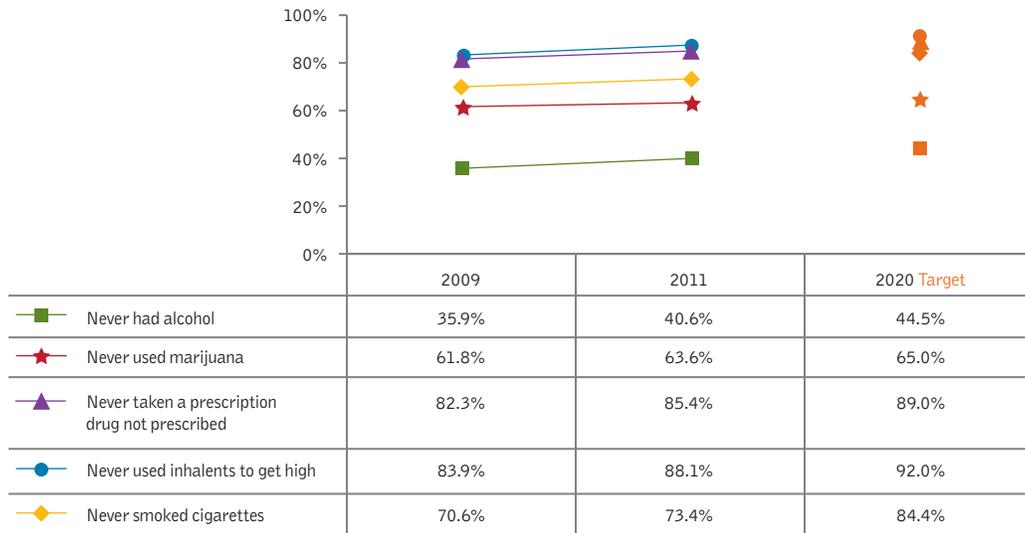
**2c. Increase the percentage of youth who reported never taking a prescription not prescribed to them in their life.**

The misuse of prescription drugs is leading to increases in addiction to prescription drugs and other consequences including overdose and unintentional poisonings.<sup>12</sup>

**2d. Increase the percentage of youth who reported never inhaling to get high in their life.**

Long-term consequences of chronic inhalant use has been associated with brain and other organ damage, impairment, and compromised immune system function. In some even a single use of inhaling to get high has resulted in death or brain damage.

Percent of Adolescents Never Using Substances, by Substance, Maine, 2009, 2011



Data source: MIYHS

**2e. Increase the percentage of youth who reported never having smoked in their life.**

Research shows that youth who begin smoking become addicted quicker than adults and are more likely to become chronic smokers.

**3. Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year**

Treatment for substance abuse is effective in preventing further abuse and the many consequences of substance abuse. This indicator

helps to identify actual needs and the availability of treatment resources, as well as to raise awareness of the need for treatment services. The percentage of persons identified as needing treatment who did not get treatment for drug or alcohol abuse/dependence has decreased each year since 2005 (more people identified as needing treatment are getting treatment).

**3a. Decrease the percentage who needed but did not receive treatment for illicit drug use**

The Percentage of People Who Needed Alcohol or Illicit Drug Treatment but Did Not Receive Specialty Treatment for Abuse or Dependence in the Past Year, by Drug, Maine, 3-Year Average, 2005-2009



Data source: NSDUH

**3b. Decrease the percentage who needed but did not receive treatment for alcohol use**

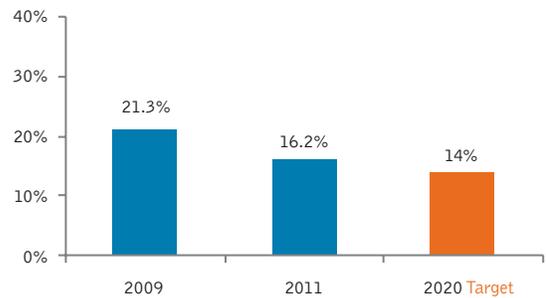
**4. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages**

Binge drinking is considered to be a type of high risk drinking, since it increases the risk of many health and social related consequences. It has been linked to injuries, violence, crime, motor vehicle crashes, stroke, liver disease, addiction, and some types of cancer, blood alcohol poisoning, and death.<sup>12</sup>

**4a. Decrease the percentage of high school adolescents who engage in binge drinking.**

Youth are more likely than adults to binge drink when they consume alcohol.<sup>13</sup> High risk alcohol use contributes to violence and motor vehicle crashes<sup>13</sup> and can result in negative health consequences, including injuries and chronic disease. Youth who engage in high-risk drinking are also more likely to use drugs.<sup>14</sup>

Percent of High School Students Who Report Binge Drinking in Previous 30 Days, Maine, 2009, 2011



Data source: MIYHS

**4b. Decrease the percentage of young adults 18-24 who engage in binge drinking**

Among adults aged 18-24, the rate of binge drinking showed a sharp decline from 29% in 2009 to 22% in 2010. However, the rate for young adults aged 21-29 was much higher, at 37% in 2009 while the rate among adults aged 30 to 34 was 22%.

#### 4c. Decrease the percentage of all adults who engage in binge drinking

Among all Maine adults, approximately 14.5% reported binge drinking in 2010. The age group with the largest numbers of binge drinkers is 18-34 year olds. While only 3.3% of Maine adults 65 years and older reported binge drinking,<sup>15</sup> those who do binge drink do so more often (average of 5-6 times a month).<sup>16</sup>

Percent of Adults Who Engage in Binge Drinking, By Age, Maine, 2006-2010



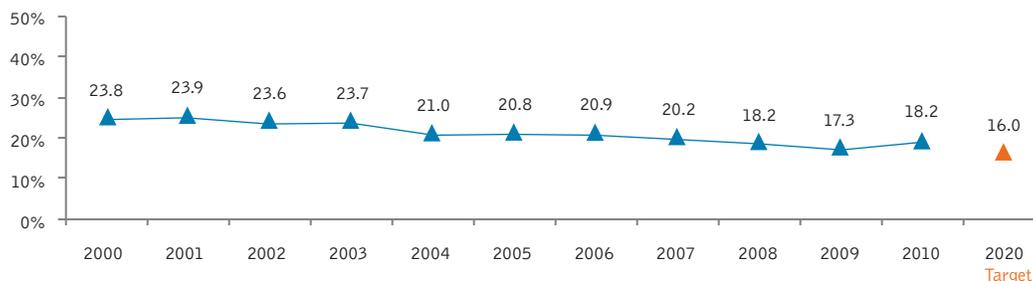
Data source: BRFSS

#### 5. Reduce adult tobacco use

Tobacco use is the leading cause of preventable death in Maine. An estimated 2,200 Maine adults die each year due to their own smoking.<sup>17</sup> For every person who dies from tobacco use, another 20 suffer from tobacco-related illness.<sup>18</sup> In 2010, the smoking rate among Maine adults was 18%, about the same as the nationwide adult smoking rate. This measure is a National Healthy People 2020 Leading Health Indicator.

The prevalence of current smoking among Maine adults declined between 2001 and 2009, and the slight increase from 17.3% in 2009 to 18.2% in 2010 is not statistically significant. While the current trend is a decline, Behavioral Risk factor Surveillance System is changing to a new weighting method and inclusion of cell phone survey data, and preliminary results indicate that these new methods will result in an increase in the current smoking point estimates. For this reason, the Healthy Maine goals is a 10% decline rather than a more aggressive decline to set the target.

Percentage of Adults Who Are Current Smokers, Maine, 2000-2010



Data source: BRFSS

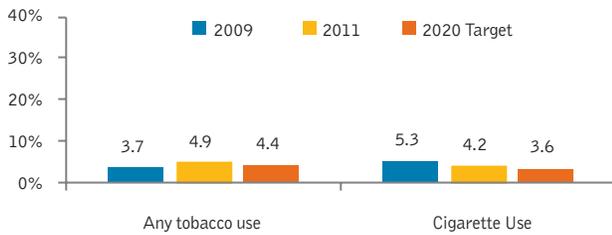
### 6. Reduce adolescent tobacco use

Tobacco use is the leading cause of preventable death in Maine. Historical Youth Risk Behavior Survey data show that use of any tobacco product declined significantly between 2001 and 2007 and has plateaued since then.

#### 6a. Reduce the use of any tobacco products among 7th & 8th grade students

#### 6b. Reduce cigarette smoking among 7th & 8th grade students

Percent of 7th & 8th Students Who Use Tobacco Products, Maine, 2009, 2011

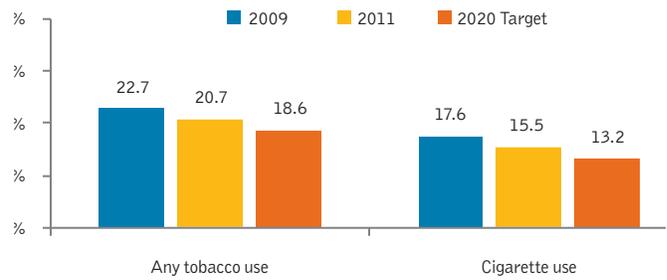


Data source: MIYHS

#### 6c. Reduce the use of any tobacco products among high school students

#### 6d. Reduce cigarette smoking among high school students

Percent of High School Students Who Use Tobacco Products, Maine, 2009, 2011



Data source: MIYHS

## Methodology

### 1. Reduce the past-year nonmedical use of prescription drugs

#### SUB-OBJECTIVES

- 1a. Reduce the percentage of middle school students who report that they have used prescription drug without a doctor's prescription in the last 30 days.
- 1b. Reduce the percentage of high school students who report that they have used prescription drug without a doctor's prescription in the last 30 days.

*Measure for 1a&b:* Percentages of middle & high school students who answered one or more times to the questions "During the past 30 days, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) not prescribed for you by a doctor?"

*Numerator:* Number of 7th & 8th graders, and high school students, respectively, who have used prescription drug without a doctor's prescription in the last 30 days.

*Denominator:* All 7th & 8th graders, and high school students, respectively, who answered the question in the MIYHS.

*Target setting method:* Multiple items were looked at to determine the target, including a review of trend data, average decrease or increases. These were compared to a standard 10% decrease, and the target was set combined these factors to reach a realistic goal.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods.

- 1c. Reduce the percentage of adults, 18 and over, who report having used prescription drugs without a doctor's prescription, in the last 30 days.

*Measure:* Percentage of adults who answered one or more days to the question: "Within the past 30 days, on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?"

*Numerator:* Number of adults answering the Behavioral Risk Factor Surveillance System (BRFSS) survey who answer they used 1 or more times in the past 30 days.

*Denominator:* All respondents to the BRFSS survey.

*Target setting method:* Multiple items were looked at to determine the target, including a review of trend data, average decrease or increases. These were compared to a standard 10% decrease, and the target was set combined these factors to reach a realistic goal.

*Other notes:* Data are statistically weighted to be more representative of the general adult population of Maine and to adjust for non-response.

### 2. Increase the proportion of adolescents never using substances

#### SUB-OBJECTIVES:

- 2a. Increase the percentage of youth who reported never having an alcoholic drink in their life.

*Measure:* The percentage of high school students who answered 0 days, when asked "during your life, on how many days have you had at least one drink of alcohol?"

*Numerator:* Number 9th- 12th graders answering the question "0 days."

*Denominator:* Total number of students who answered this question.

*Target setting method:* 10% increase of those never using.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods.

2b. Increase the percentage of youth who reported never using marijuana in their life.

*Measure:* The percentage of high school students who answered 0 times, when asked “during your life, how many times have you used marijuana?”

*Numerator:* Number 9th- 12th graders answering the question “0 days.”

*Denominator:* Total number of students who answered this question.

*Target setting method:* 10% increase of those never using.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods.

2c. Increase the percentage of youth who reported never taking a prescription not prescribed to them in their life.

*Measure:* The percentage of high school students who answered 0 times, when asked “during your life, how many times have you taken a prescription drug without a doctor’s prescription?”

*Numerator:* Number 9th- 12th graders answering the question “0 days.”

*Denominator:* Total number of students who answered this question.

*Target setting method:* Multiple items were looked at to determine the target, including a review of trend data, average decrease or increases. These were compared to a standard 10% decrease, and the target was set combined these factors to reach a realistic goal.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods.

2d. Increase the percentage of youth who reported never inhaling to get high in their life.

*Measure:* The percentage of high school students who answered 0 times, when asked “during your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans or inhaled any paints or sprays to get high?”

*Numerator:* Number 9th- 12th graders answering the question “0 days.”

*Denominator:* Total number of students who answered this question.

*Target setting method:* 10% increase of those never using.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods.

2e. Increase the percentage of youth who reported never having smoked in their life.

*Measure:* The percentage of high school students who answered “I have never smoked a whole cigarette”, when asked “how old were you when you smoked a whole cigarette for the very first time”?

*Numerator:* Number 9th- 12th graders answering the question “never smoked.”

*Denominator:* Total number of students who answered this question.

*Target setting method:* 15% increase of those never using.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods.

**3. Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year**

SUB-OBJECTIVES

- 3a. Decrease the percentage who needed but did not receive treatment for illicit drug use.
- 3b. Decrease the percentage who needed but did not receive treatment for alcohol use.

*Measures:* Percentage of Maine people 12 and older identified as being dependent or abusing (a) drugs or (b) alcohol who did not get treatment for it in the past year.

*Numerator:* Of those who the survey identified as needing treatment, but then said they did not get treatment.

*Denominator:* Everyone identified in the survey as needing treatment based upon positive answers to specific questions.

*Target setting method:* 10% reduction.

*Other notes:* First a person is classified as needing treatment for drug or alcohol use. There are multiple questions asked to determine this about multiple drugs. This classification depends upon several questions. For alcohol use, needing treatment is determined by whether they meet any one of the following three criteria: (1) Alcohol dependence in the past year, (2) Alcohol abuse in the past year, or (3) Received treatment at a specialty facility in the past year. Then it uses the question that asks about receipt of treatment. There is also a separate question asking about receipt of treatment for alcohol use at a specialty facility, where a specialty facility includes a hospital (inpatient), rehabilitation facility (in or outpatient), or mental health center. So a person in need of treatment for alcohol use but did not receive treatment (at a specialty facility) is a person classified with alcohol dependence or abuse and

said no to the question about receiving treatment for alcohol use in the past year. Healthy Maine 2020 will use National Survey on Drug Use and Health (NSDUH) calculated variables, but Healthy People 2020 is able to use one year of data to determine the percentage; Healthy Maine 2020 has to use combined years of NSDUH to get a percentage.

**4. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages**

SUB-OBJECTIVES

- 4a. Decrease the percentage of high school adolescents who engage in binge drinking.

*Measure:* Percentage of students who answered at least 1 day or more to the following: “During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?”

*Numerator:* Number 9th- 12th graders answering the question 1 day or more.

*Denominator:* Total number of students who answered this question.

*Target setting method:* 10% reduction.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods. For High School: Healthy People 2020 uses Monitoring the Future data, which measures 2 week drinking. Healthy Maine uses Maine Integrated Youth Health Survey (MIYHS), which measures 30 day drinking. For Adolescents 12-17: Healthy People 2020 uses National Survey on Drug Use and Health for 30 day drinking. MIYHS has larger sample size than either of the two national data sources, for Maine, and has smaller confidence intervals.

4b. Decrease the percentage of young adults 18-24 who engage in binge drinking.

*Measure:* Percentage of young adults, ages 18-24, who answered yes to the question of whether they had engaged in binge drinking in the past 30 days.

*Numerator:* Number adults, ages 18-24, answering the question 1 day or more.

*Denominator:* Total number of adults, ages 18-24, who answered this question.

*Target setting method:* 10% reduction.

*Other notes:* Data are statistically weighted to be more representative of the general adult population of Maine and to adjust for non-response. 2009 data is weighted using the original methods. Healthy People 2020 uses Monitoring the Future for national numbers. This data source is not able to be broken down using one year of data by Maine by young adults. Healthy Maine 2020 uses the Behavioral Risk Factor Surveillance System because it has a larger sample size, smaller confidence intervals, and are able to run sub-state and/or sub population data.

4c. Decrease the percentage of all adults who engage in binge drinking.

*Measure:* Percentage of all respondents who answered yes to the question of whether they had engaged in binge drinking in the past 30 days. Binge drinking is defined for men as not having five or more drinks on one occasion and for women, as not having four or more drinks on one occasion.

*Numerator:* Number answering the question 1 day or more.

*Denominator:* Total number who answered this question.

*Target setting method:* 10% reduction.

*Other notes:* Data are statistically weighted to be more representative of the general adult population of Maine and to adjust for non-response. 2009 data

is weighted using the original methods. Healthy People 2020 uses Monitoring the Future for national numbers. This data source is not able to be broken down using one year of data by Maine young adults. Healthy Maine 2020 uses the Behavioral Risk Factor Surveillance System because it has a larger sample size, smaller confidence intervals, and are able to run sub-state and/or sub population data.

## 5. Reduce tobacco use by adults

*Measure:* Percentage of adults who are current smokers (weighted).

*Numerator:* Number of adults who are current smokers (weighted).

*Denominator:* Number of adults who responded to the questions on current smoking (weighted).

*Target setting method:* 10% decline from the 2010 prevalence rate.

*Other Notes:* Data are statistically weighted to be more representative of the general adult population of Maine and to adjust for non-response. This measure is the same as Healthy People 2020. However, the data source is different. Healthy People 2020 uses data from the National Health Interview Survey, which does not provide state-level data.

## 6. Reduce tobacco use by adolescents

### SUB-OBJECTIVES

6a. Reduce the use of any tobacco products among middle school students.

*Measure:* Percentage of 7th & 8th grade students who smoked cigarettes or cigars or used chewing tobacco, snuff, or dip within the past 30 days.

*Numerator:* Number of 7th & 8th grade students who said they smoked cigarettes or cigars or used chewing tobacco, snuff, or dip in the past 30 days.

*Denominator:* Number of 7th & 8th grade students who responded to the cigarette, cigar or chewing tobacco, snuff, or dip questions.

*Target setting method:* 10% decline from the 2009 prevalence.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods. Used calculated variable QNANYTOB. There is not a HP2020 indicator for 7th & 8th grade students, but this is the same measure that HP2020 used for high school students.

6b. Reduce cigarette smoking among middle school students.

*Measure:* Percentage of 7th & 8th grade students who smoked cigarettes in the past 30 days.

*Numerator:* Number of 7th & 8th grade students who said they smoked cigarettes in the past 30 days.

*Denominator:* Number of 7th & 8th grade students who responded to the question on cigarette smoking in the past 30 days.

*Target setting method:* 15% decline from the 2009 prevalence.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods.

6c. Reduce the use of any tobacco products among high school students.

*Measure:* Percentage of 9th – 12th grade students who smoked cigarettes or cigars or used chewing tobacco, snuff, or dip within the past 30 days.

*Numerator:* Number of 9th – 12th grade students who said they smoked cigarettes or cigars or used chewing tobacco, snuff, or dip in the past 30 days.

*Denominator:* Number of 9th – 12th grade students who responded to the cigarette, cigar or chewing tobacco, snuff, or dip questions.

*Target setting method:* 10% decline from the 2009 prevalence.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods. This measure is the same as a HP 2020 objective. However, the HP2020 uses the national Youth Risk Behavior Surveillance System (YRBSS) data. Maine Integrated Youth Health Survey provides a more representative estimate for Maine than YRBSS.

6d. Reduce cigarette smoking among high school students.

*Measure:* Percentage of 9th – 12th grade students who smoked cigarettes in the past 30 days.

*Numerator:* Number of 9th – 12th grade students who said they smoked cigarettes in the past 30 days.

*Denominator:* Number of 9th – 12th grade students who responded to the question on cigarette smoking in the past 30 days.

*Target setting method:* 15% decline from the 2009 prevalence.

*Other notes:* Data are statistically weighted to be more representative of the general student population of Maine and to adjust for non-response. 2009 data is weighted using the original methods.

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