

Maine State Substance Abuse Assessment and Epidemiological Profile 2005

Funding provided by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention

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Maine State SPF SIG Substance Abuse Assessment and Epidemiological Profile 2005

Introduction:

Maine's substance abuse epidemiological profile provides an overview of the available substance abuse data/indicators at the state as well as local level. This report is also expected to act as a valuable tool to assist state as well as sub-state level prevention providers in data driven substance abuse prevention planning.

The data provided in this report were used by Maine's State Epidemiological Workgroup (SEW) in order to provide recommendations to inform state level policy decisions and will be used by sub-state level prevention providers to reach data driven decisions at the county or sub-county level.

This report is a fluid document based on currently available data and indicators, and will be updated as Maine's SEW explores more data/indicators and their utility in substance abuse prevention planning. Indicators considered for building this report were based on selection criteria specified in Textbox 4, and may not include all substance related data that are available in Maine.

Textbox 1: Substance abuse epidemiological profile expectations

Provide overview of:

- Substance abuse constructs, datasets and indicators available in Maine
- Maine SEW needs assessment process and findings
- SEW indicator selection criteria for SFP SIG needs assessment
- Problem statements arising from disparities in demographic/geographic distribution for indicators at state level
- Limitations of data use
- Next steps (e.g., data follow-up, quality improvement)

Background:

Maine Office of Substance Abuse (OSA) received its Strategic Prevention Framework State Incentive Grant (SPF SIG) from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) in October 2004. Under the guidance of SPF SIG; OSA established a State Epidemiological Workgroup (SEW) in March 2005. CSAP has identified several principals as the foundation for SPF SIG. Textbox 2 below gives a summary of the guiding principles and goal that CSAP has set.

Textbox 2: The Center for Substance Abuse and Prevention Goals and Guiding principles and the SPF SIG:

Overall goal:

“To prevent the onset and reduce the progression of substance abuse across the lifespan by taking a public-health approach”

Guiding principles:

- Substance abuse prevention should be integrated with other health prevention and wellness promotion activities.
- Maine’s substance abuse system should be data-driven, from the identification of problems and priorities, to monitoring and surveillance, to evaluating outcomes.
- Communities should be full partners in this initiative, and given flexibility in how they develop their substance abuse prevention infrastructure.

SEW is a network of individuals (OSA and collaborating agencies) who are knowledgeable about and have been working on ATOD (Alcohol, Tobacco and Other Drugs) data and prevention issues in Maine. SEW is responsible for bringing systematic and analytical thinking to prevention decision-making and improving the use of prevention resources by making use of the available substance related data/indicators. SEW identifies epidemiological data needs, gathers and interprets data, and applies data implications to state and sub-state planning, implementation, and ongoing evaluation/monitoring activities. The core functions of the SEW can be found in Textbox 3.

SEW started as a subgroup of the existing data group, Community Epidemiological Surveillance Network (CESN); which was set up from the guidelines of the National Institute on Drug Abuse (NIDA) Community Epidemiological Work Group (CEWG). CESN was established by OSA for surveillance and monitoring in Maine. In order to make SEW specific to substance abuse for SPF SIG, SEW underwent expansion to include key data and prevention staff from the Office of Substance Abuse and the Maine Center for Disease Control and Prevention (formerly known as the Bureau of Health), SPF SIG staff (coordinator, epidemiologist, and evaluator), State Advisory Council (SAC) chair, and law enforcement (DEA). Currently SEW has 13 members. During the needs assessment and strategic planning phase the Maine SEW met monthly; fourteen months later the SEW began to meet bimonthly.

Textbox 3: Core functions of the Maine SEW

- Guide the SPF SIG epidemiologist in preparing the epidemiological profile.
- Use available epidemiological data for state and sub-state level needs assessment.
- Identify priority population(s) based on needs assessment, existing knowledge and research.
- Recommend data driven priorities to the SAC.
- Refine and update findings as new substance related data/indicator(s) become available.
- Act as data support for communities in collaboration with the Prevention Centers of Excellence, SPF SIG evaluators and other groups.

The Maine substance abuse epidemiological profile is a working document developed by the SPF SIG Epidemiologist as a product of OSA under the guidance of SEW. This report is expected to act as a living reference document for both OSA and community prevention providers across Maine for data driven decision making. It also provides a baseline snapshot of selected substance abuse indicators, their distribution and data use limitations across Maine, and will help in ongoing evaluation/monitoring of program efforts. However, substance abuse epidemiological data is only one of the important criteria considered by SAC for setting priorities for SPF SIG funding allocation. Other important criteria considered are availability of resources, existing capacity of coalitions, readiness and current infrastructure.

SEW Structure and Methods:

Needs assessment is a very important step in the SPF, as it helps to set the direction for the SPF SIG initiative. As mentioned earlier, this report is a formal document that will illustrate the process and findings of the SPF SIG needs assessment. It is equally important to clearly demonstrate the approach used for needs assessment as this document is also expected to be used as a reference by Maine's communities as they go through the needs assessment step of the SPF.

SEW undertook a 5-step approach towards the SPF SIG needs assessment.

- I. Inventory of available substance abuse data/indicators
- II. Evaluating and selecting indicators for needs assessment
- III. Organization and presentation of indicators
- IV. Generating and prioritization of problem statements

I. Inventory of Available Substance Abuse Data/Indicators (AOD only)

Tables 1.1 (consequences) and 1.2 (consumption) below provide a list of available substance abuse constructs, indicators, geo-demographic distribution, years of availability, and data sources. Most of the data/indicators presented below were downloaded from State Epidemiological Data System (SEDS) website (<http://www.epidcc.samhsa.gov/>), which provides in-depth information and justification for using these indicators in needs assessments, their importance and correlation with substance abuse, their eligibility criteria for inclusion and codebooks. Readers are strongly encouraged to peruse all the relevant information on the website before selecting particular indicators. Tables 1.1 and 1.2 also include some state level data sources that can be effectively used to assess and monitor substance abuse need at the state and sub-state levels.

Table 1.1: Substance related consequences indicators available:

Construct	Indicator(s) available	Available demographics	Lowest geographic level	Years data available	Indicator data source**
Crime	Assaults, robberies, sexual assaults, larcenies, motor vehicle thefts, burglaries	None	County	1994-2002	UCR (SEDS)
Injury	Alcohol involved fatal MV crashes, deaths, and drinking drivers	All ages, gender	County	1990-2003	FARS (SEDS)
Mortality	Mortality caused by cardiovascular, cerebrovascular, overdose, suicide, homicides, and alcoholic cirrhosis/liver diseases	All ages, gender & race	County (no demographics)	1999-2001	NCHS (SEDS)
Overdose*	Deaths due to substance overdose (non - alcohol)	Gender	County	1997-2004	Medical Examiner records (State)
School-based problems	AOD suspensions and expulsions	Grade K-12, gender	School	2001-2004	Safe and Drug Free schools database (State)
Treatment admissions	AOD treatment center admissions	All ages, gender	County	2000-2004	TDS (State)
Workplace	AOD use at workplace, AOD use affecting work	Ages 18-64, gender, race	County	2004	MGP (State)

*From medical examiner records other than the deaths reported by bureau of vital statistics in NCHS

**Source of the data, whether SEDS or State, is given in parenthesis

Table 1.2: Substance use (consumption) indicators available:

Construct	Indicator(s) available	Available demographics	Lowest geographic level	Years data available	Indicator data source**
Alcohol use	Persons at risk for chronic heavy drinking, drinking and driving, 30-day binge drinking, 30-day alcohol use	Ages 18+, gender, race	State	1994-2004	BRFSS (SEDS)
	Drinking and driving, binge drinking, 30-day use, lifetime use, age of first use	Grades 9-12, gender, race	State	2005	YRBSS (SEDS)
	15-day binge drinking, 30-day use, lifetime use, age of first use, age of regular use	Grades 6-12, gender, race	School	2000-2004	MYDAUS (State)
	Persons meeting DSM IV criteria for abuse	Ages 12+	State	2003-04	NSDUH (SEDS)
Prescription drug use	Lifetime use, 30-day use	Grades 6-12, gender, race	School	2000-2004	MYDAUS (State)
	Persons exceeding threshold transactions in past year	All ages, gender	County	2004-2005	PMP (State)
Other illicit drug use	Lifetime and 30-day marijuana use	Grades 6-12, gender, race	School	2000-2004	MYDAUS (State)
	Lifetime and 30-day marijuana use	Grades 9-12, gender, race	State	2005	YRBSS (SEDS)
	30-day marijuana use	Ages 12+	State	2003-04	NSDUH (SEDS)
	30-day marijuana use	Ages 18-64, gender, race	County	2004	MGP (State)
	Lifetime and 30-day cocaine, heroine, inhalants, stimulants, MDMA/Ecstasy, LSD, other illegal drugs	Grades 6-12, gender, race	School	2000-2004	MYDAUS (State)
	30-day cocaine use	Grades 9-12, gender, race	State	2005	YRBSS (SEDS)
	Lifetime MDMA/Ecstasy, heroine, Steroids, Methamphetamine	Grades 9-12, gender, race	State	2005	YRBSS (SEDS)

* Information about data source is presented in Table 1 in the Appendices.

**Source of the data, whether SEDS or State, is given in parenthesis.

II. Evaluating and Selecting Indicators for Needs Assessment

After identifying the available data sources/indicators in Maine; the next step is to evaluate them for their eligibility and utility in the SPF SIG needs assessment. The inclusion/exclusion criteria used by Maine SEW are mentioned in textbox 4.

Textbox 4: Selection criteria for data/indicator selection

- No tobacco related data are included as another state agency is responsible for all tobacco/cigarette use prevention activities.
- The data source is valid, reliable, unbiased and representative of the statewide population. This is especially true for state/sub-state level data, as datasets in SEDS already meet these eligibility criteria.
- Periodic collection of data can be done for monitoring and evaluation.
- Adequate sample size (for survey data) to generate stable estimates, at least at the state level. Several years of data were merged in some instances to obtain stable estimates.
- The indicator is specific to needs assessment, i.e., indicator reflects the underlying substance abuse need of the population. (e.g., crime/arrests may reflect the response rather than need; treatment center admission may be a better measure of capacity than need).
- For consequence indicators, underlying substance related problem behavior can be readily estimated through evidence (research and/or data).
- For consumption data, this profile only includes top three most prevalent substances (other than tobacco) in Maine, namely, alcohol, marijuana and prescription drugs.

Methamphetamine is included in the Maine Substance Abuse Strategic Plan because of its severe consequences; even though its use does not have a high prevalence in Maine. However, it is not included in this document because no adequate data source meeting the criteria mentioned above is available in Maine at this time.

Table 2 lists the constructs/indicators Maine SEW used for SPF SIG needs assessment, their geo-demographic distribution (age, with gender and race/ethnicity used wherever applicable with adequate sample size) and the years indicator data are presented. Note that for consequence data, several years of data was merged together to obtain stable estimates. As mentioned earlier, this report should be viewed as a ‘fluid’ document as these indicators are based on available data at one point in time, and will be reviewed periodically by SEW for updating when other relevant valid data/indicators become available. Readers are strongly encouraged to keep checking OSA’s website for an updated version of this profile from time to time.

Table 2: Indicators used for SPF SIG needs assessment:

Construct	Indicator(s) used	Age group	Geographic level used	Year(s) indicator data presented
Injury	Alcohol involved fatal MV crashes	Ages 12 and above	State, County	1999-2003 merged together
	Number of deaths in alcohol involved fatal MV crashes (ARMVC)	All ages	State, County	1999-2003 merged together
Mortality	Homicide deaths	All ages	State, Counties with >100k population	1999-2001 merged together
	Suicide deaths	All ages	State, Counties with >100k population	1999-2001 merged together
	Alcoholic liver cirrhosis/disease deaths	All ages	State, Counties with >100k population	1999-2001 merged together
	Overdose deaths	All ages	State, Counties with >100k population	1999-2001 merged together
Overdose*	Overdose deaths (Medical Examiner office reports data)	All ages (no breakdown by age group provided)	State, County	1997-2004 merged together
Workplace	AOD use affecting work	Ages 18-64	State, County	2004
	AOD use at work	Ages 18-64	State, County	2004
Alcohol use	15-day binge drinking	Grades 6-12	State, County, School	2004
	30-day binge drinking	Grades 9-12	State	2003
	30-day binge drinking	Ages 12+	State	2003-04 combined estimate
	30-day binge drinking	Ages 18+	State	2004
	30-day binge drinking	Ages 18-64	State, County	2004
	Persons at risk for heavy alcohol consumption	Ages 18+	State	2004
	Persons meeting alcohol dependence criteria	Ages 12+	State	2003-04 combined estimate
	Drinking and driving	Ages 18+	State	2004
	Per capita consumption	Ages 14+	State	2002
Marijuana use	30-day marijuana use	Grades 6-12	State, County, School	2004
	30-day marijuana use	Ages 12+	State	2003-04 combined estimate
	30-day marijuana use	Ages 18-64	State, County	2004

Construct	Indicator(s) used	Age group	Geographic level used	Year(s) indicator data presented
Prescription drug use	30-day prescription drug use	Grades 6-12	State, County, School	2004
	Persons exceeding threshold transactions in past year	All ages	State, County	2004 (Fiscal year)

* From medical examiner records other than the deaths reported by the Bureau of Vital Statistics in NCHS

III. Organizing and Presentation of Indicators

Organizing the profile:

The Maine SEW considered several approaches for organizing the profile (e.g., by age group, by geo-demographic distribution, by substance type, by substance abuse construct). While no approach can be deemed right or wrong, Maine SEW felt that organizing and presenting the data by substance type would be helpful to better understand the problem as well as to build the SPF SIG logic model for strategic planning and allocation of funds. Organizing by substance is also consistent with the SEW's earlier decision of limiting the profile to the top three most prevalent substances of abuse in Maine (except tobacco). The Maine SEW recognizes that underage drinking is a problem in itself, subsequently; underage AOD use is discussed and presented separately as well for each substance.

Selecting indicator dimensions for presentation:

The Maine SEW considered an array of indicator dimensions such as count, percent, rate, severity, trend and cost. Presenting indicator data by all of the dimensions mentioned above is beyond the scope of this document and can be exhaustive. Staying focused on needs assessment, the Maine SEW used rates with counts in parenthesis (n) whenever necessary.

Starting with state level data for selected dimensions:

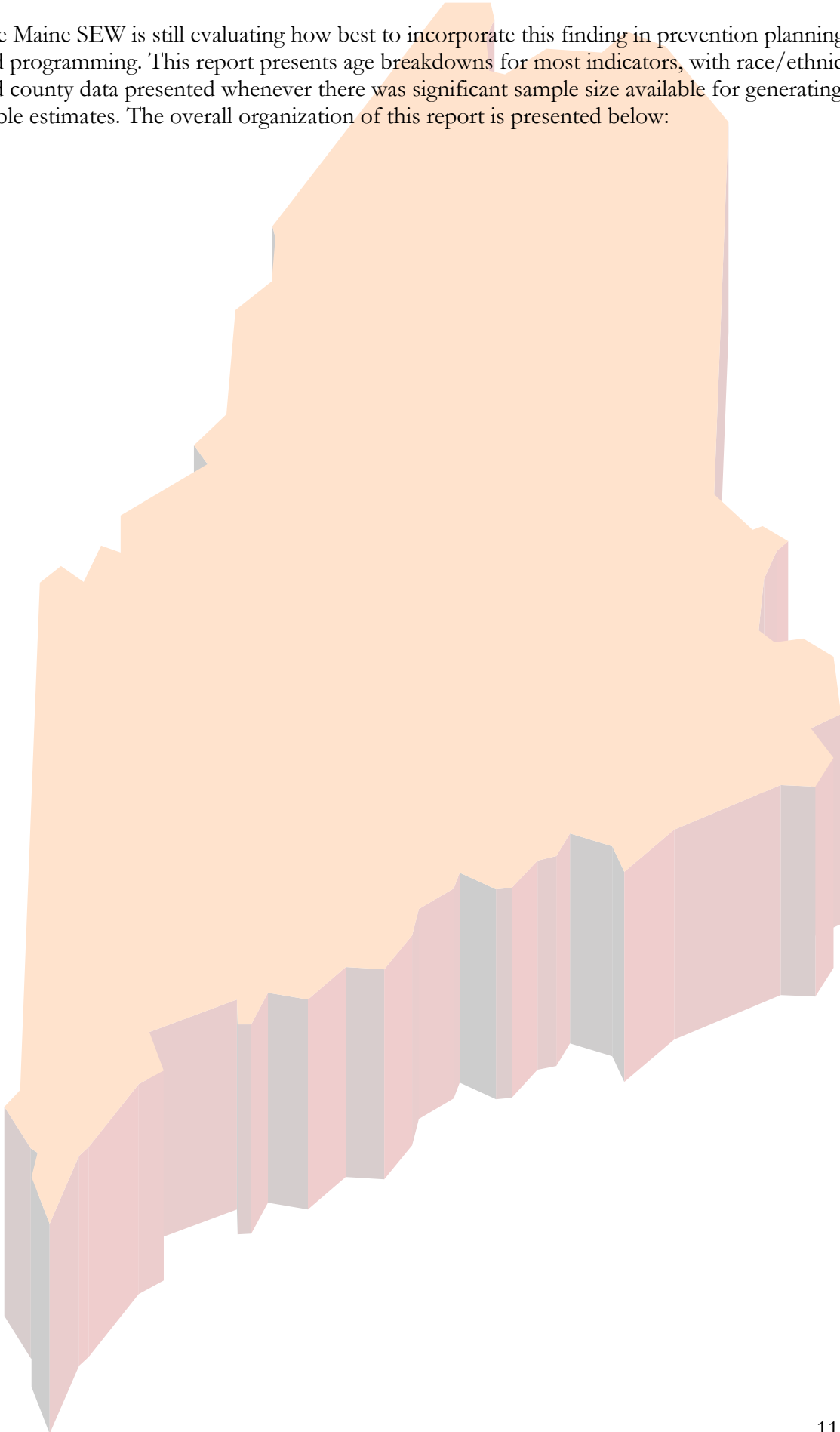
This report essentially focuses on state level data and uses a drill-down approach to sub-state/county level data whenever possible. Starting with state level data has several advantages:

- Generates an overview of substance related problems statewide that can be effectively used for prioritization and allocation of funds
- Generates stable and reliable estimates as compared to sub-state/county level data for drawing valid data driven decisions
- State level estimates can be used as reference comparisons for sub-state/county level data
- Ensures Maines SPF SIG goal to reduce substance related problems statewide

Demo-geographic Breakdown:

Once the data were separated by indicator type the data was then broken down by demographic (age, gender, and race/ethnicity) and geographic (county) subgroups to examine differences. Race/ethnicity and county breakdowns were limited due to sample size issues. There was a constant finding that males have higher rates than females in most substance related problems.

The Maine SEW is still evaluating how best to incorporate this finding in prevention planning and programming. This report presents age breakdowns for most indicators, with race/ethnicity and county data presented whenever there was significant sample size available for generating stable estimates. The overall organization of this report is presented below:



Textbox 5: Organization of the data

1. Overview of substance related problems in Maine

- A. Overview of substance related consequences in Maine (all ages)
- B. Overview of substance consumption patterns in Maine (ages 12 and above)
- C. Overview of substance consumption patterns in Maine (ages 18 and above)
- D. Overview of substance consumption patterns in Maine (Grades 9-12)

2. Alcohol related problems

- A. Grades 6 -12
 - i. No significant consequence data available
 - ii. Underage drinking
 - 1. Binge drinking – past 2 weeks
 - 2. Drinking and driving – past 30 days
- B. All ages
 - i. Consequences
 - 1. Mortality
 - 2. Traffic fatalities
 - 3. Workplace problems
 - ii. Consumption
 - 1. Binge drinking – past 30 days
 - 2. Heavy average daily use of alcohol – past 30 days
 - 3. Numbers too small for drunken driving subgroup analysis.

3. Marijuana related problems

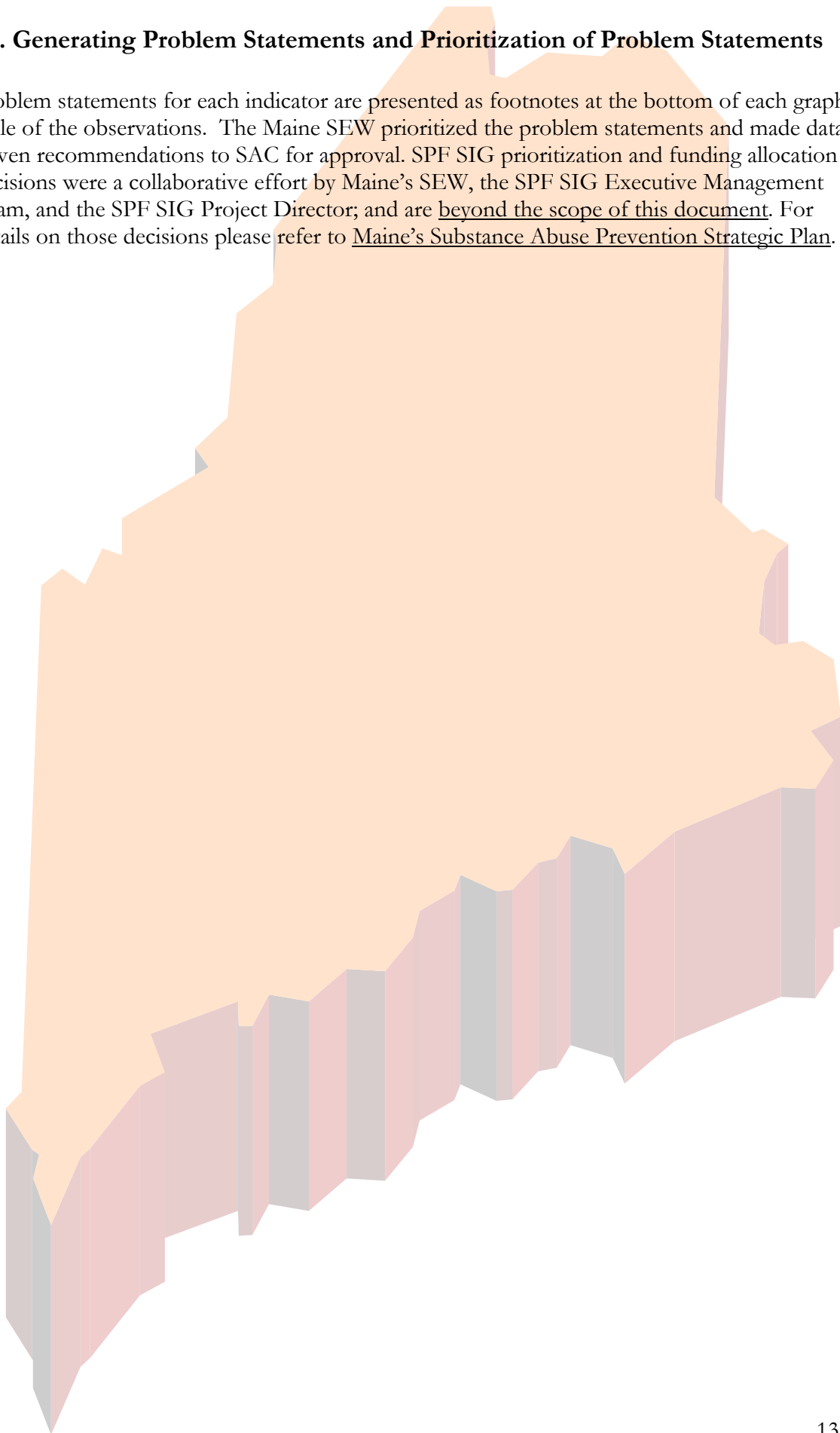
- A. Grades 6 -12
 - i. No significant consequence data available
 - ii. Underage marijuana use
 - 1. Marijuana use – past 30 days
- B. All ages
 - i. No significant consequence data available
 - ii. Consumption
 - 2. Marijuana use – past 30 days

4. Non-medical prescription drug use related problems

- A. Grades 6 -12
 - i. No significant consequence data available
 - ii. Underage non-medical prescription drug use
 - 1. Non-medical prescription drug use – past 30 days
- B. All ages
 - i. Consequences
 - 1. Mortality – overdose deaths (Waiting for demographic breakdowns and further details from the Medical Examiner’s Office)
 - ii. Consumption
 - 1. Clients/patients above threshold for buying prescription drugs – past year

IV. Generating Problem Statements and Prioritization of Problem Statements

Problem statements for each indicator are presented as footnotes at the bottom of each graph or table of the observations. The Maine SEW prioritized the problem statements and made data driven recommendations to SAC for approval. SPF SIG prioritization and funding allocation decisions were a collaborative effort by Maine's SEW, the SPF SIG Executive Management Team, and the SPF SIG Project Director; and are beyond the scope of this document. For details on those decisions please refer to Maine's Substance Abuse Prevention Strategic Plan.



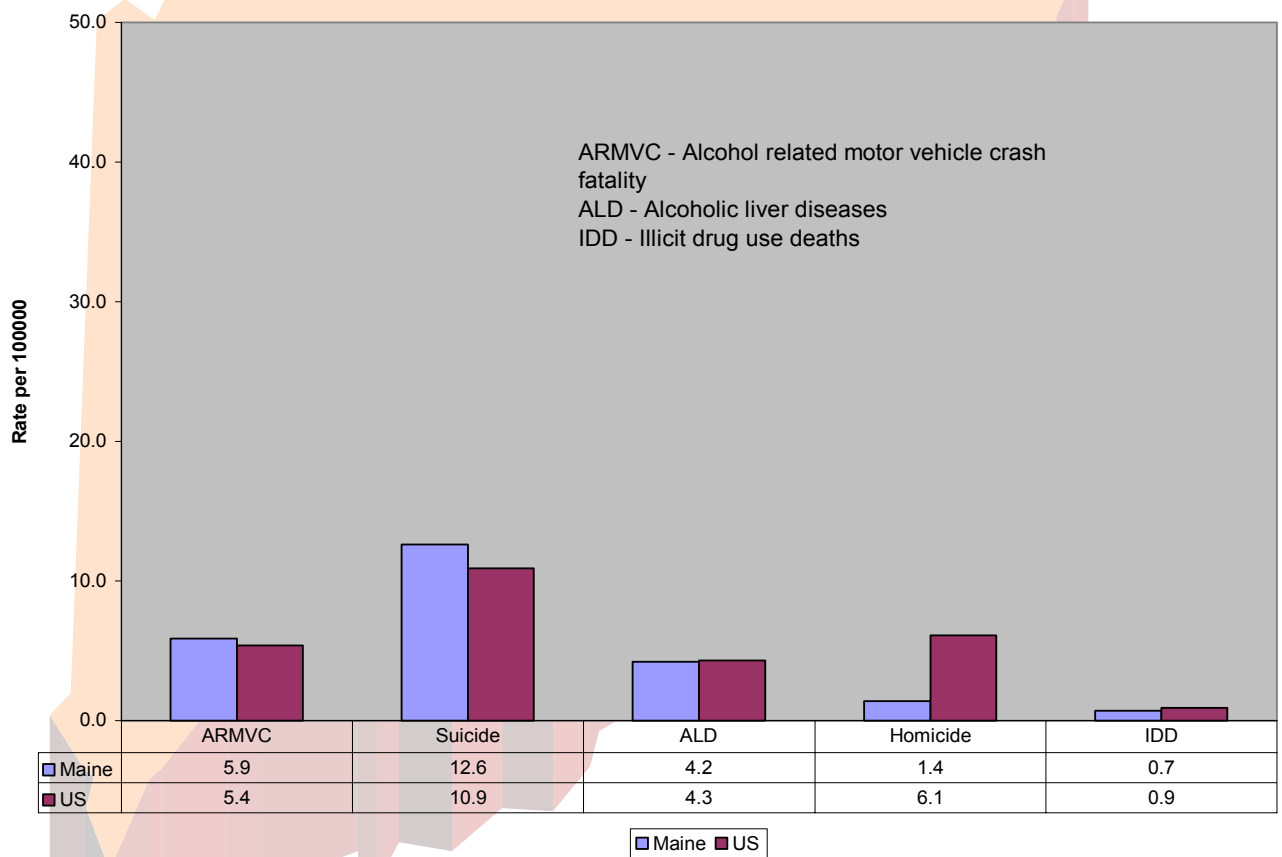
1. Overview of Substance Related Problems in Maine:

The indicators presented in Tables 1.1 through 1.5 below provide an overview of substance related consequences and consumption patterns in Maine. These indicators are taken from different sources and vary by year available (depending upon the source). Maine SEW acknowledges the limitations that may arise when comparing indicators from different sources and different time spans; nonetheless, due to data and indicator availability issues, indicators presented below are the best available estimates for assessing current substance abuse needs in Maine.

A. Overview of Substance Related Consequences in Maine

Figure 1.1 below presents Maine’s comparison to US for substance related mortality indicators. Source: FARS (ARMVC), NCHS (Suicide, ALD, Homicide, IDD) Year(s): 2003 (ARMVC), 2001 (Suicide, ALD, Homicide, IDD) Demographic breakdown: N/A Note: There was no national comparison available for certain indicators derived from state data sources.

Figure 1.1: Substance Related Mortality Rates (Maine vs. US)



Observation: Maine seems to be higher than US for deaths due to suicide (all causes, not just substance related)

Figure 1.2 below presents the overview of deaths due to substance related/involved causes in Maine.

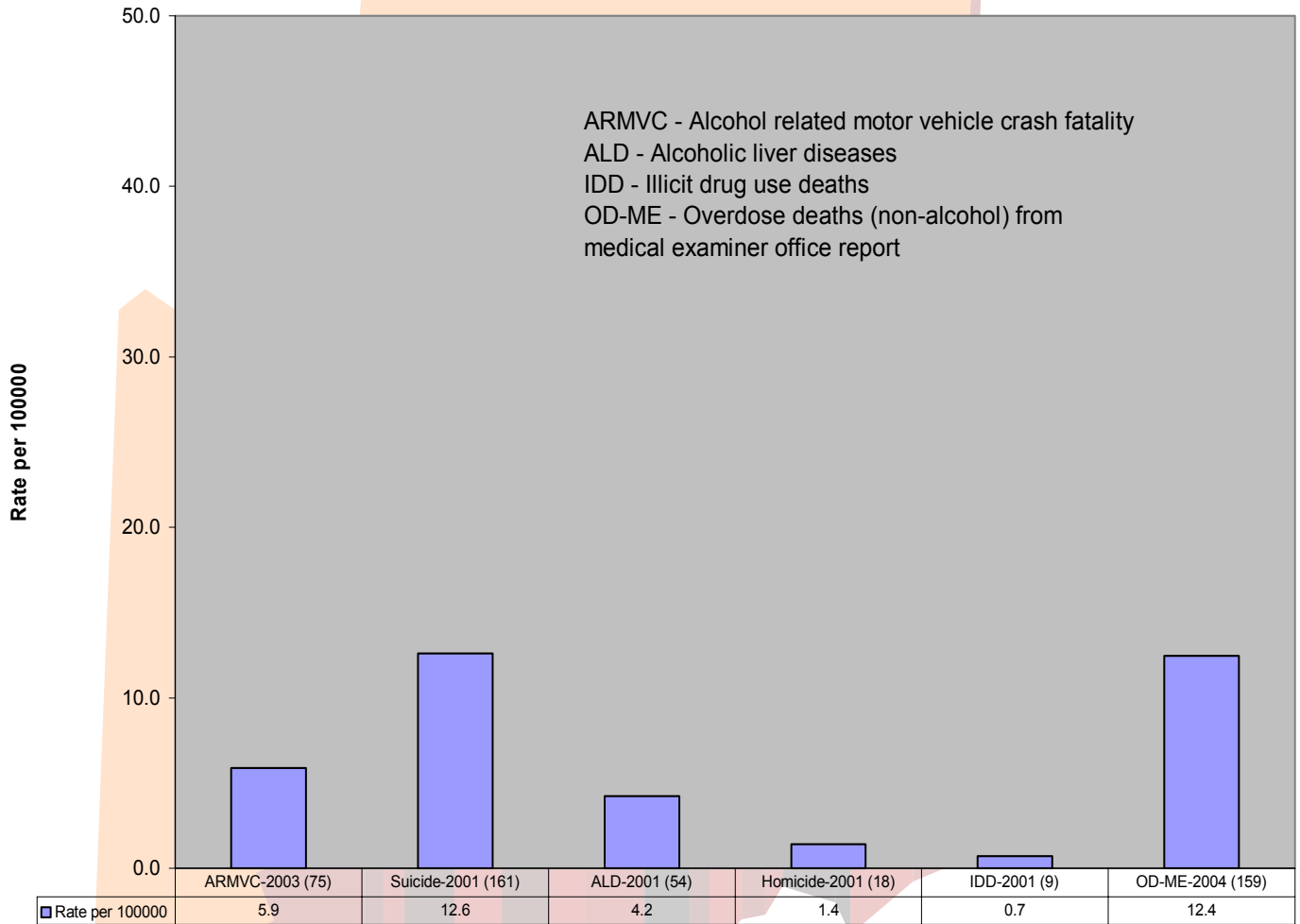
Source: FARS (ARMVC), NCHS (Suicide, ALD, Homicide, IDD), Medical Examiner office records

Year(s): 2003 (ARMVC), 2001 (Suicide, ALD, Homicide, IDD), 2004 (OD-ME)

Demographic breakdown: N/A

Note: The average annual # of cases is provided in the parenthesis along with each indicator category.

Figure 1.2: Substance Related Mortality Rates*



*Number of cases for each cause of death is provided in parenthesis

Observation:

- Suicide (all causes, not just substance related) and overdose deaths (from medical examiners records) seem to be the leading substance-related causes of death in Maine. (However, according to CDC; out of all suicide deaths only 23% deaths are estimated to be attributable to alcohol use [see CDC web site reference at end of this document]. Medical examiner records data have their limitations as these are post-mortem findings where cause of death is yet to be confirmed.)

B. Overview of Substance Consumption Patterns in Maine (ages 12 and older)

Figure 1.3 below presents the overview of 30-day self reported substance use for ages 12 and older in Maine and their US comparison.

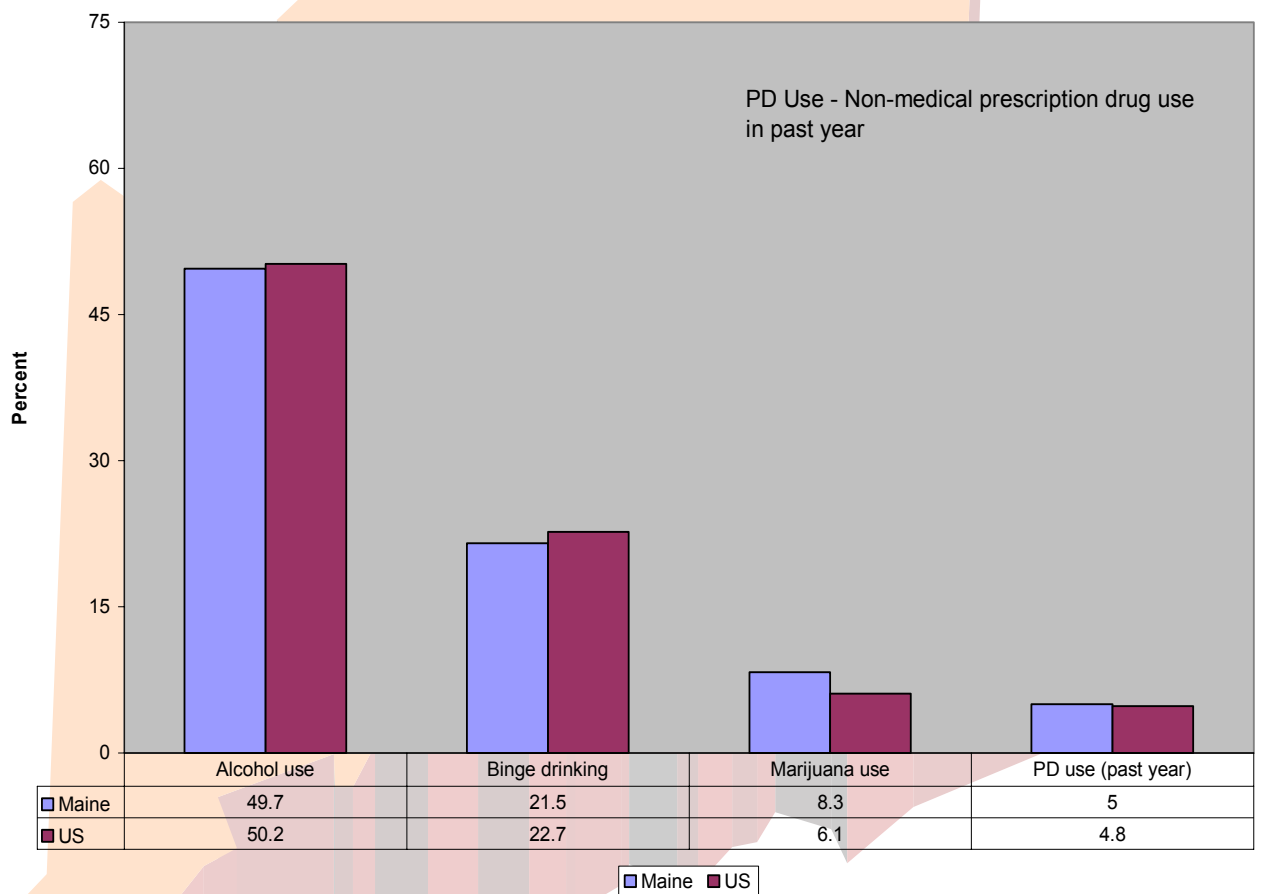
Source: NSDUH

Year(s): 2003-2004 combined average

Demographic breakdown: N/A

Note: No data is available for 30-day non-medical prescription drug use indicator from NSDUH; instead, the past year use estimate is shown below.

Figure 1.3: 30-day Substance Use (except PD use) in Maine (Ages 12 and older)



Observation:

- 30-day alcohol use and binge drinking are the leading self reported substance consumption patterns in Maine for ages 12 and above.
- Maine has higher percent of population reporting 30-day marijuana and past year prescription drug misuse than the US.

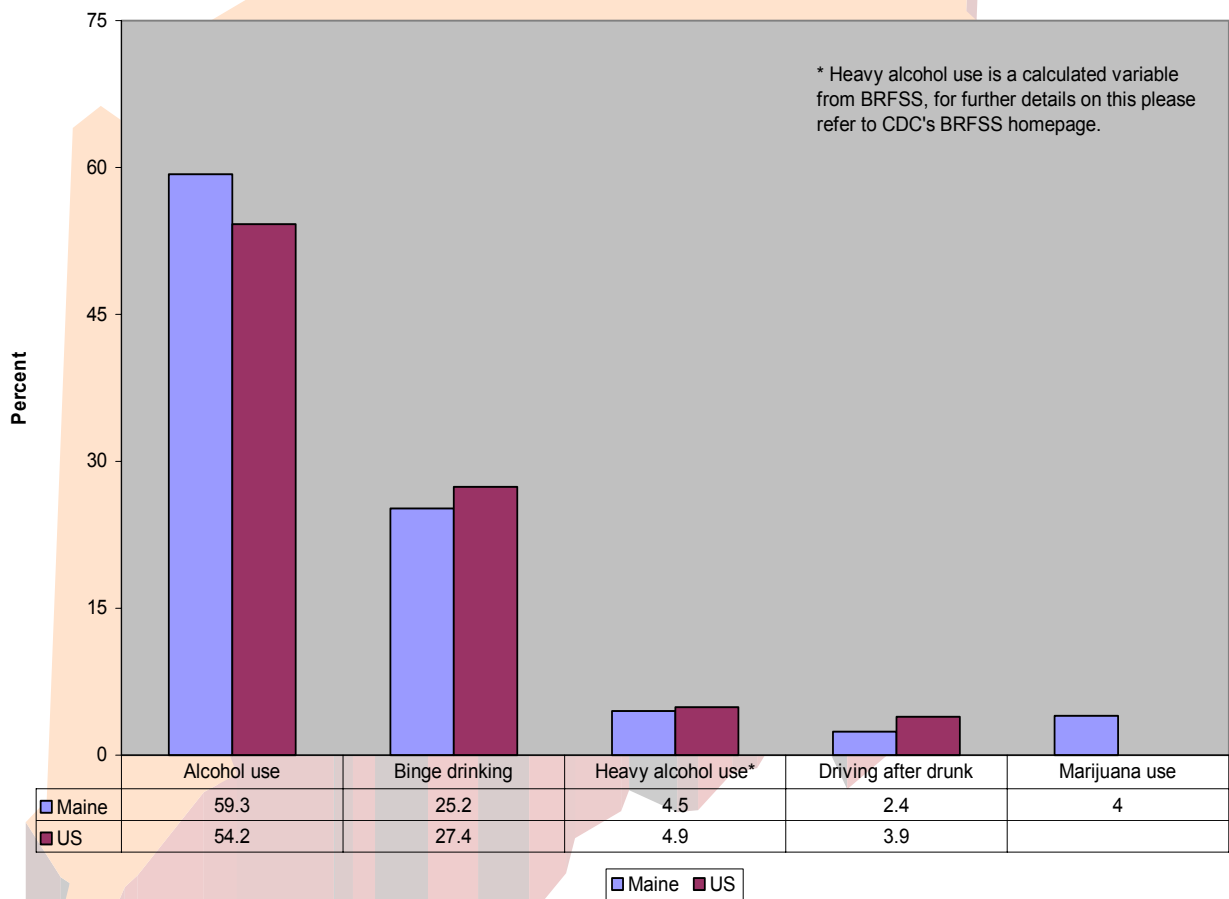
C. Overview of Substance Consumption Patterns in Maine (Ages 18 and Older)

Figure 1.4 below presents the overview of 30-day self reported substance use for ages 18 and older in Maine along with US comparison.

Source: BRFSS (Alcohol use, binge drinking, heavy alcohol use, driving after drunk), Maine Household Survey (Marijuana use)
 Year(s): 2004 (for both BRFSS and Maine Household Survey)
 Demographic breakdown: N/A

Note: No national comparison data is available for marijuana use among ages 18 and older. Non-medical prescription drug use measure from Maine Household Survey; although available, is not reported due to very low respondent sample size.

Figure 1.4: 30-day Substance Use (Ages 18 and older)



Observation:

- 30-day alcohol consumption and binge drinking are the leading substance abuse patterns reported by ages 18 and older in Maine.

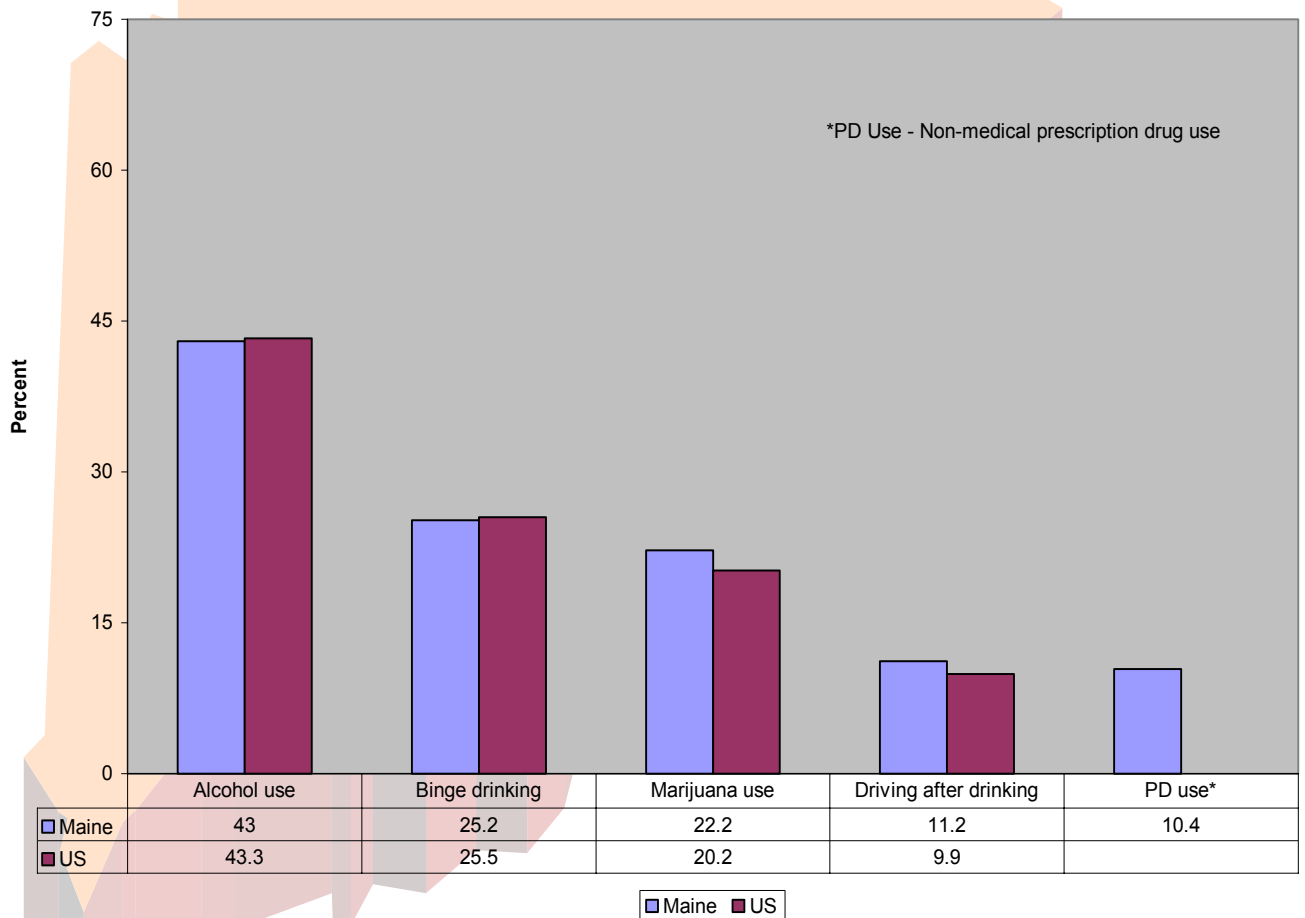
D. Overview of substance consumption patterns in Maine (Grades 9-12)

Figure 1.5 below presents the overview of self reported past 30-day substance use for grades 9 through 12 in Maine along with US comparisons. YRBSS does not collect data on most of the substance use indicators for middle school students (Grades 6-8).

Source: YRBSS (Alcohol use, binge drinking, marijuana use, drinking and driving), MYDAUS (non-medical prescription drug use)
 Year(s): 2005 (YRBSS), 2004 (MYDAUS)
 Demographic breakdown: N/A

Note: For non-medical prescription drug use, MYDAUS data is presented below because YRBSS does not collect data on this indicator. No national comparison is available for 30 – day non-medical prescription drug use.

Figure 1.5: 30-day Substance Use (Grades 9 -12)



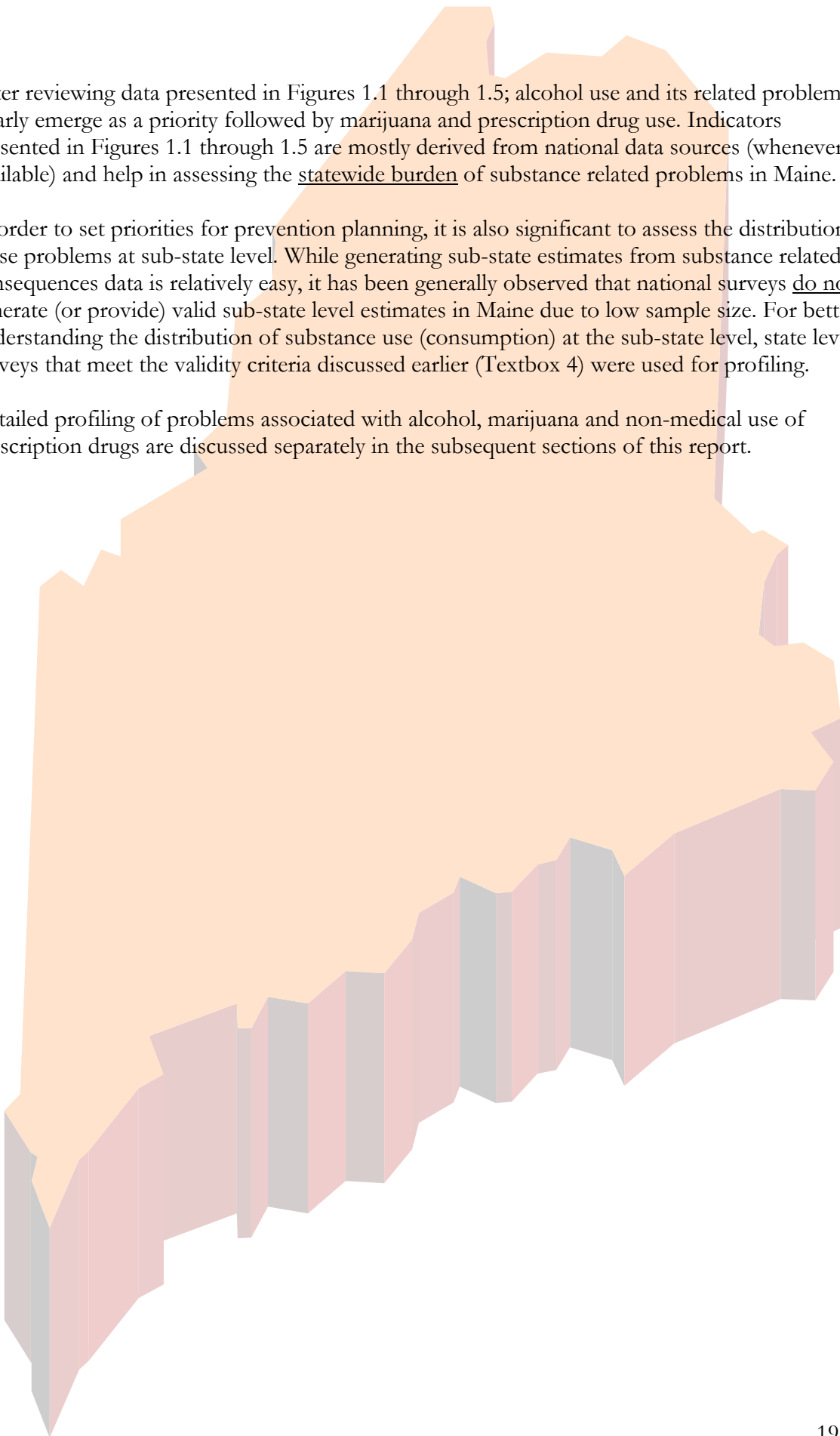
Observation:

- Binge drinking is the leading substance abuse pattern reported by grades 6-12.
- Almost 1 in 4 High school students report binge drinking.

After reviewing data presented in Figures 1.1 through 1.5; alcohol use and its related problems clearly emerge as a priority followed by marijuana and prescription drug use. Indicators presented in Figures 1.1 through 1.5 are mostly derived from national data sources (whenever available) and help in assessing the statewide burden of substance related problems in Maine.

In order to set priorities for prevention planning, it is also significant to assess the distribution of these problems at sub-state level. While generating sub-state estimates from substance related consequences data is relatively easy, it has been generally observed that national surveys do not generate (or provide) valid sub-state level estimates in Maine due to low sample size. For better understanding the distribution of substance use (consumption) at the sub-state level, state level surveys that meet the validity criteria discussed earlier (Textbox 4) were used for profiling.

Detailed profiling of problems associated with alcohol, marijuana and non-medical use of prescription drugs are discussed separately in the subsequent sections of this report.



2. Alcohol Related Problems

A.ii.1. Underage Binge Drinking – Past 2 Weeks (Grades 6-12)

Figure 2.1a shows the percent of students reporting binge drinking one or more times in the past 2 weeks for grades 6-12 in Maine. MYDAUS data is used as YRBSS does not collect data on most of the substance use indicators for middle school students (Grades 6- 8) and it also does not provide regional or county level breakdowns. MYDAUS (2004) is a survey of almost 56000 grade 6 – 12 students in Maine that provides reliable estimates at county, school district and school level.

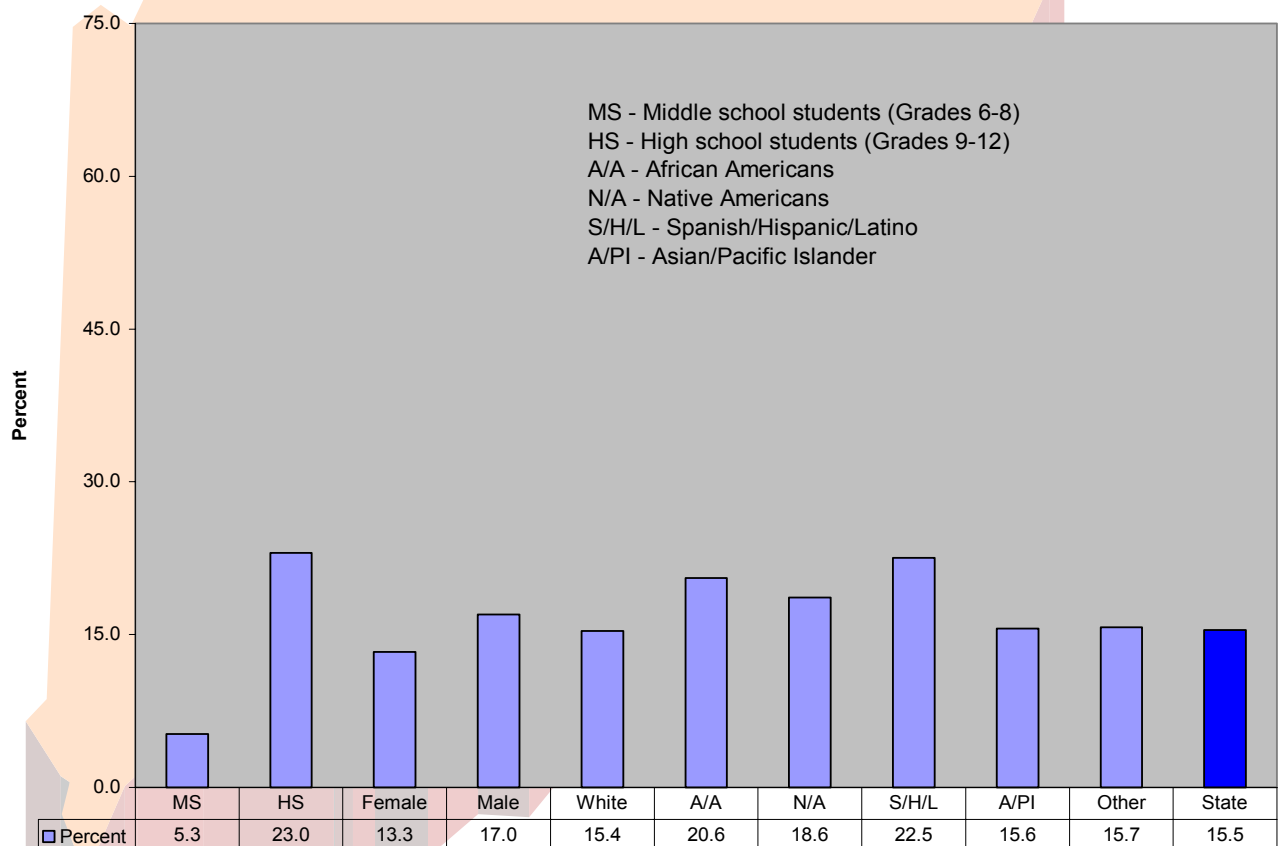
Source: MYDAUS

Year(s): 2004

Demographic breakdown: Grade (Age), Gender, Race/Ethnicity, County

Note: MYDAUS question about binge drinking refers to past 2 weeks instead of usual past 30-day measure. Grade breakdown of middle school vs. high school population is used instead of age groups.

Figure 2.1a: Past 2-weeks Binge Drinking by Demographics (Grades 6 – 12)

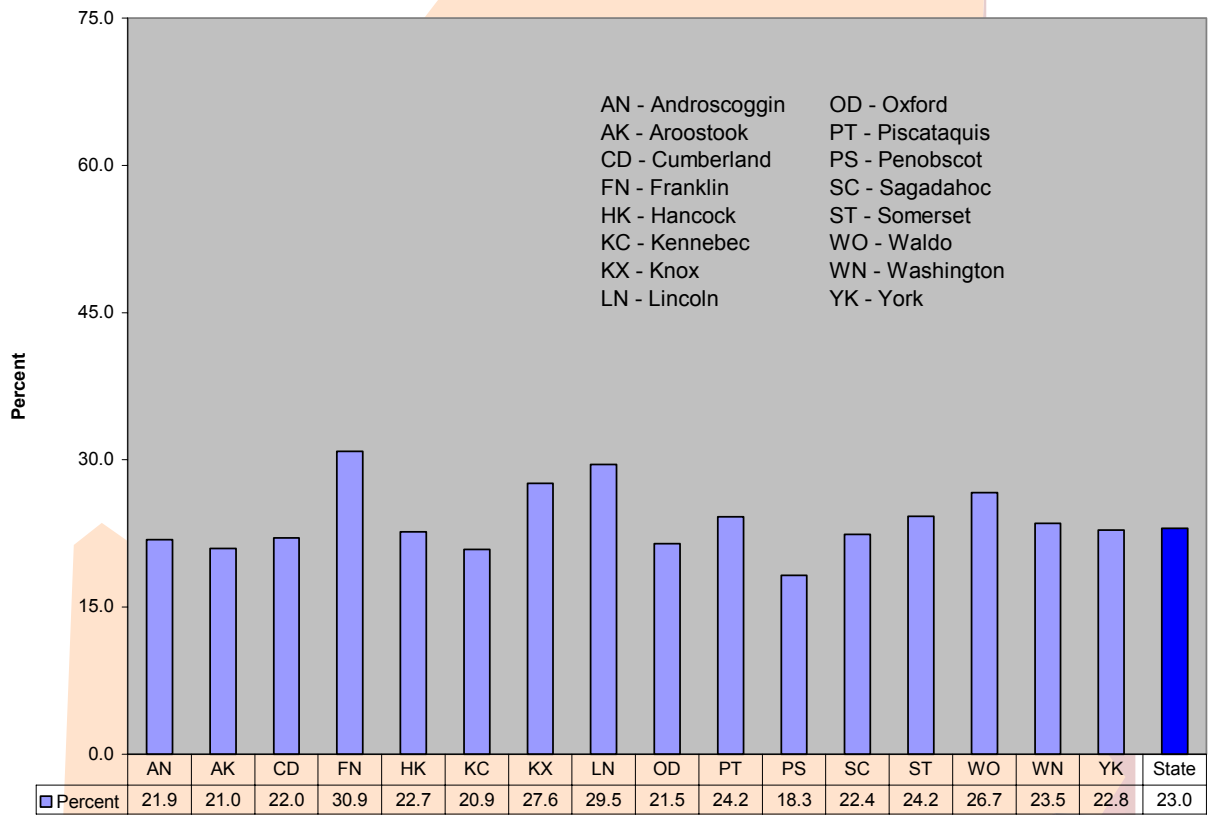


Observations:

- Percent of high school students (grades 9-12) reporting binge drinking is significantly higher than middle school students (grades 6-8).
- Males have higher binge drinking rates than females.
- Spanish/Hispanics and African Americans have higher binge drinking rates than other race/ethnicity groups.

For the high risk population from Figure 2.1a (grades 9-12), further county level breakdown is provided in Figure 2.1b.

Figure 2.1b: Past 2-weeks Binge Drinking by county (Grades 9-12)



Observation:

- Franklin, Lincoln, Knox, and Waldo counties have higher percents of 9 – 12th grade students reporting binge drinking than the rest of the counties.

A.ii.2. Underage Drinking and Driving – Past 30 Days (Grades 9-12)

Figure 2.3 presents the percent of students reporting driving a vehicle after drinking one or more times in past 30-days for grades 9-12 in Maine. YRBSS does not collect data for this question for grades 6 – 8. MYDAUS does not collect data for drinking and driving.

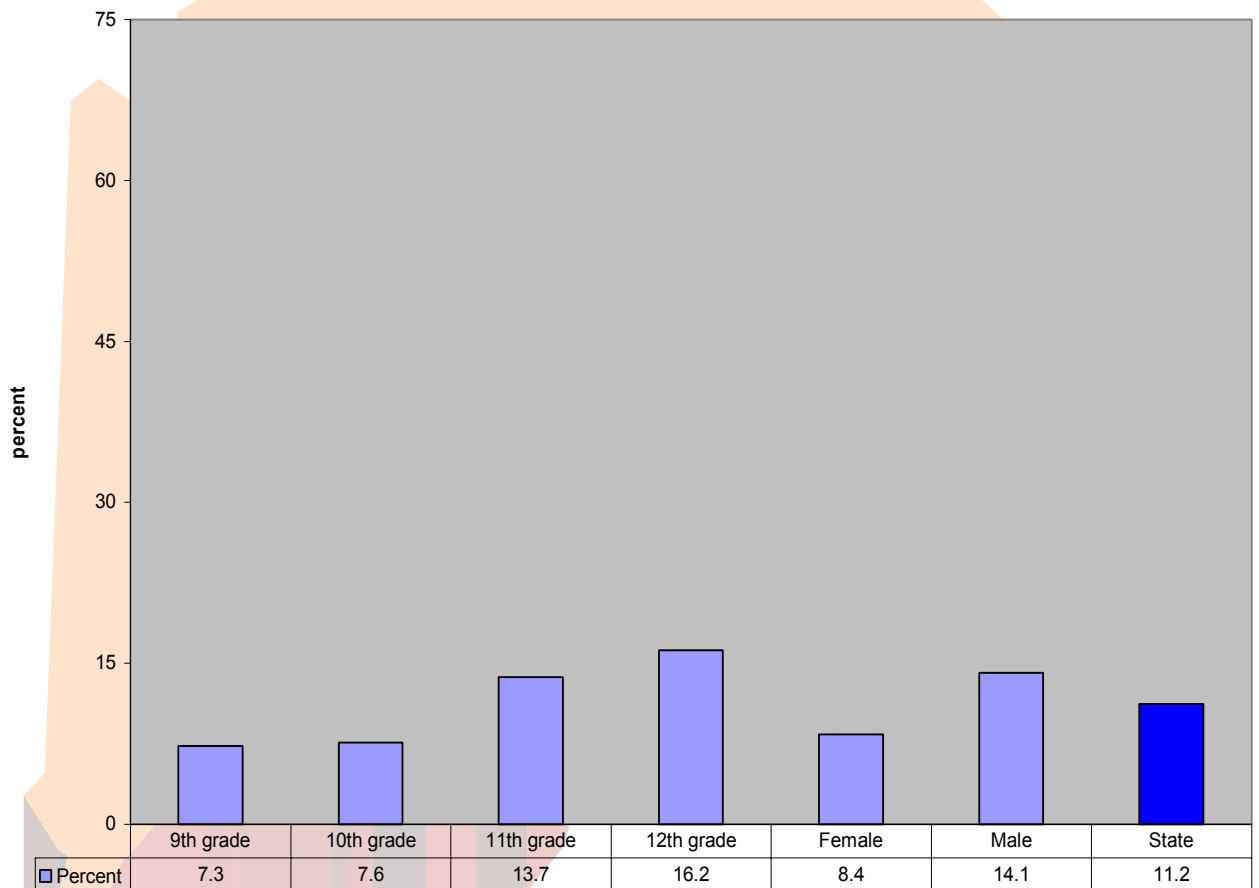
Source: YRBSS

Year(s): 2005

Demographic breakdown: Grade (age), Gender

Note: YRBSS does not provide county level data. There is no other data source for this indicator at the county level. Race/ethnicity breakdown is not shown as the overall respondent sample size was too low to generate stable estimates at those subgroup levels.

Figure 2.2: Past 30-day Prevalence of Drinking and Driving (grades 9 – 12)



Observation:

- The percentage of students who reported drinking and driving in the past 30 days is highest among 12th grade students.
- Males have significantly higher rates of drinking and driving than females.

B.i.1. Alcohol Related Mortality (All ages)

B.i.1.a. Suicide Death Rate – Annual Average

Figure 2.4 presents average annual number of deaths due to suicide per 100,000 people. To generate a stable estimate, an average annual rate was calculated by merging together three years of data (1999-2001). Individuals engaging in substance abuse are more likely to attempt suicide¹.

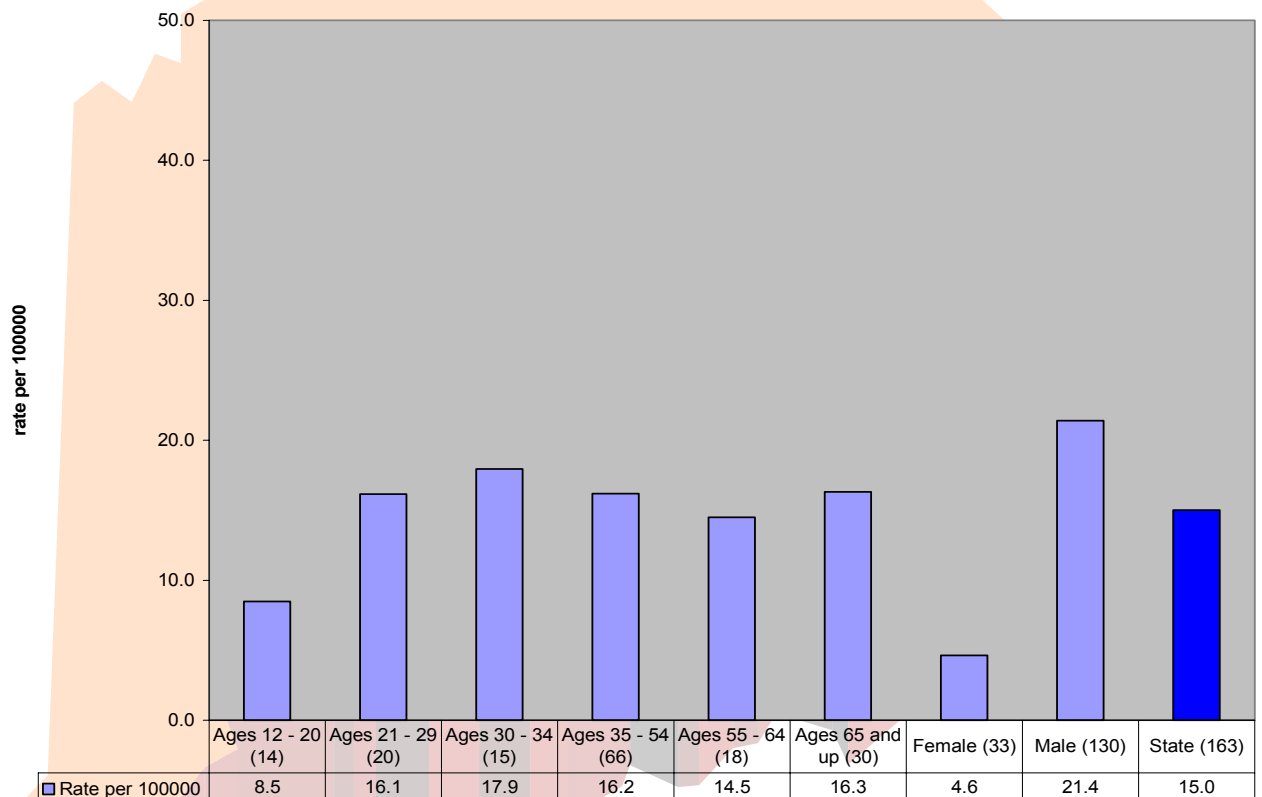
Source: NCHS

Year(s): 1999-2001 merged

Demographic breakdown: Age, Gender, no race/ethnicity data available

Note: Although NCHS provides county level data, there are no county level data for 11 of the 16 counties in Maine. NCHS does not provide separate data for counties having with less than 100K population. The average annual # of cases is provided in the parenthesis along with each demographic category.

Figure 2.3: Average Annual* Incidence Rate of Suicide by Demographics



*Average annual number of cases (3yr data averaged) for each subgroup is provided in parenthesis. Note that numbers may not add up to the total as this is annual average from 3-yr data merged together.

Observation:

- The highest incidence rate of suicide in Maine occurs in the 30 to 34 year old age group. The 35 to 54 year old age group, however, has the highest number of suicide cases, which is due to this age group having a larger population size.
- Suicide rates are significantly higher in males than females.

¹ Eaton, DK, Kann L, Kinchen S, et al. (2006, June 9) Youth Risk Behavior Surveillance System-U.S. 2005. MMWR 2006:55(No SS-05):1.

B.i.1.b. Alcoholic Liver Disease Death Rate – Annual Average

Figure 2.5 presents the average annual number of deaths due to alcoholic liver diseases per 100,000 people. To generate stable estimate, an average annual rate was calculated by merging together three years of data (1999-2001).

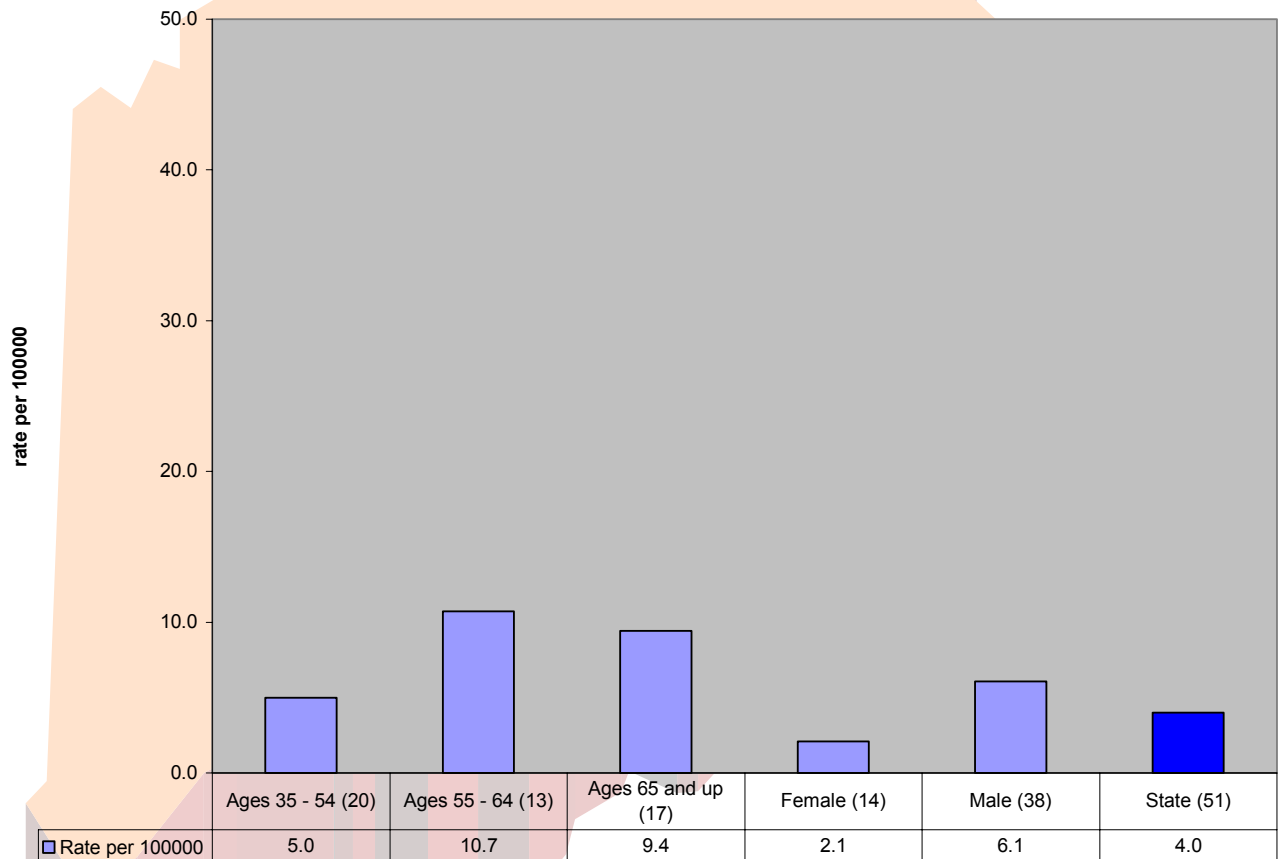
Source: NCHS

Year(s): 1999-2001 merged

Demographic breakdown: Age, Gender, no race/ethnicity data available

Note: Although NCHS provides county level data, there are no county level data for 11 of the 16 counties in Maine. NCHS does not provide separate data for counties having with less than 100K population. The average annual # of cases is provided in the parenthesis along with each demographic category. Data for ages 35 and above is presented as there are no deaths due to alcoholic liver diseases in the younger age group (under 35).

Figure 2.4: Average Annual* Incidence Rate of Alcoholic Liver Diseases by Demographics



*Average annual number of cases (3yr data averaged) for each subgroup is provided in parenthesis. Note that numbers may not add up to the total as this is annual average from 3-yr data merged together.

Observation:

- The oldest age groups (55 to 64 and 65 and older) have the highest incidence rates of alcoholic liver diseases, which would be expected due to more years of abuse typically. The 35-54 year age group has the highest number of cases due to having a larger population base.
- Alcoholic liver disease rate is significantly higher in males than females.

B.i.2. Alcohol Related Traffic Fatality – Annual Average (All Ages)

Figure 2.6 presents the average annual number of deaths due to alcohol involved traffic fatalities per 100,000 people. To generate stable estimate, an average annual rate was calculated by merging together five years of data (1999-2003).

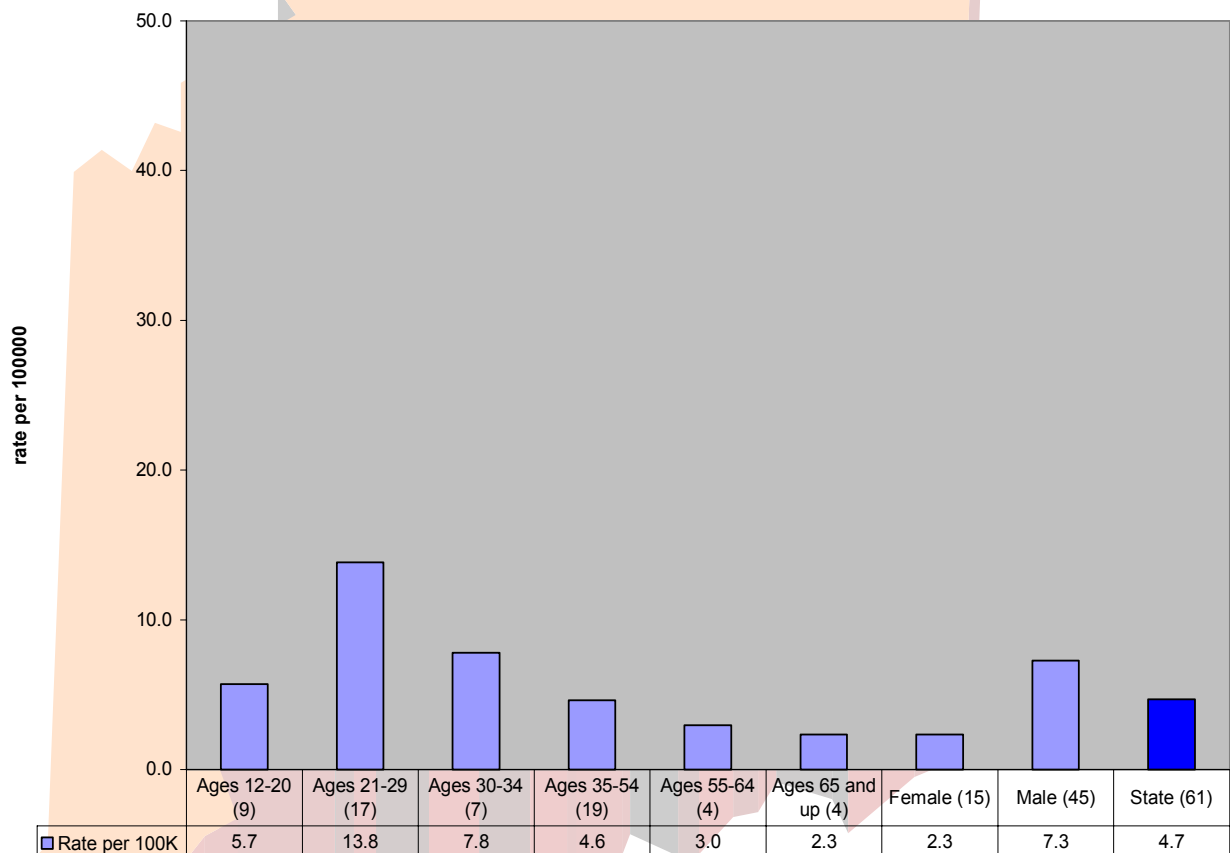
Source: FARS

Year(s): 1999-2003 merged

Demographic breakdown: Age, Gender, County, no race/ethnicity data available

Note: The average annual number of cases is provided in parentheses along with each demographic category.

Figure 2.5a: Average Annual* Incidence Rate of Alcohol-involved Traffic Fatalities by Demographics



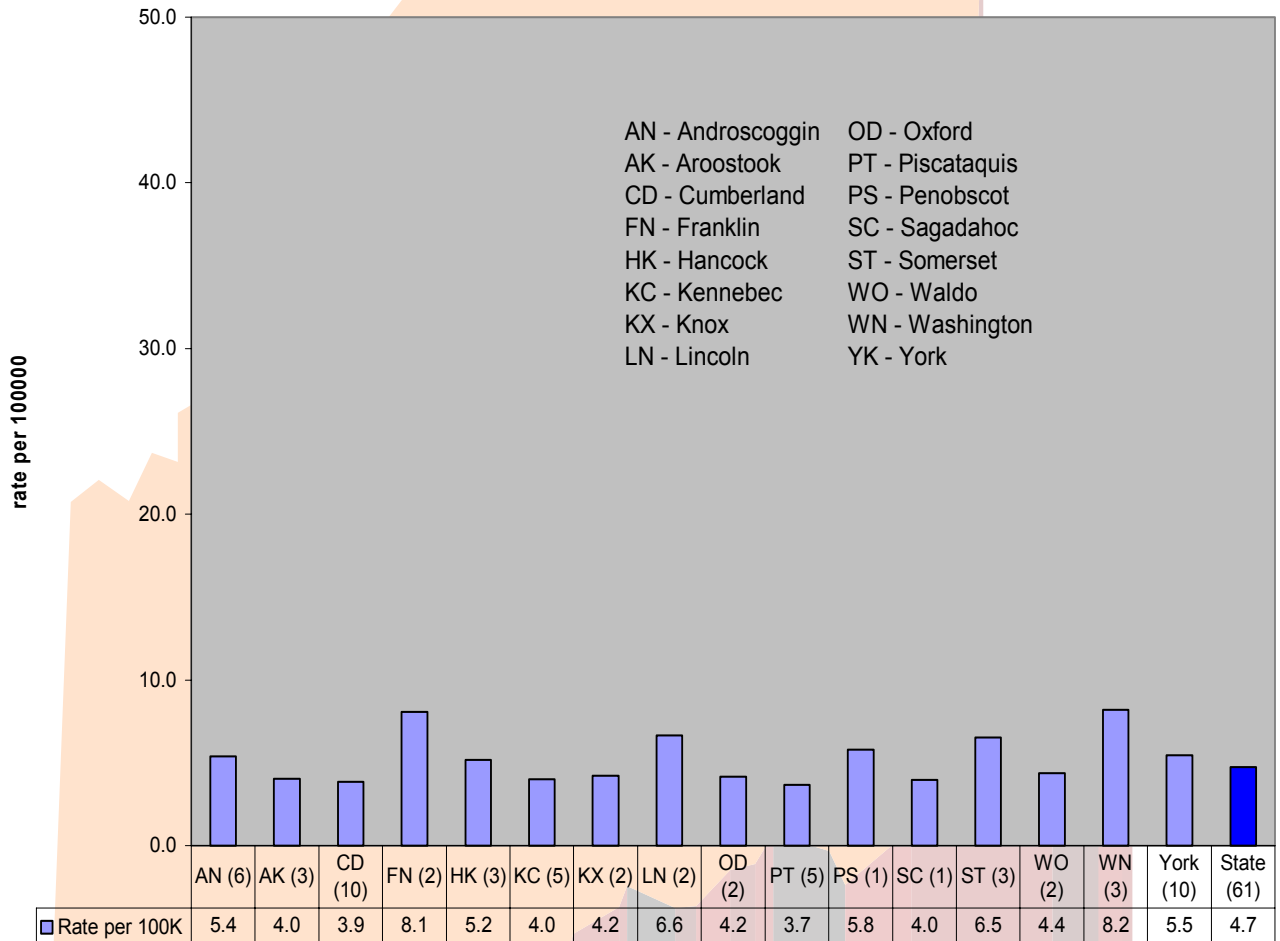
*Average annual number of cases (5yr data averaged) for each subgroup is provided in parenthesis. Note that numbers may not add up to the total as this is annual estimate from 5-yr data merged together.

Observations:

- The 21 to 29 age group has the highest rate of alcohol involved traffic fatalities.
- In Maine, males are approximately three times more likely to die in alcohol involved traffic crashes compared to females.

Even though the 21 to 29 year age group has the highest incidence rate in the state for alcohol involved traffic fatalities, the actual number of cases is not enough to provide a county level breakdown for the high risk group. County level rates for total alcohol involved traffic fatalities is presented in Figure 2.6b instead.

Figure 2.5b: Average Annual* Incidence Rate of Alcohol-involved Traffic Fatalities by county



*Average annual number of cases (5yr data averaged) for each county is provided in parenthesis. Note that numbers may not add up to the total as this is annual estimate from 5-yr data merged together.

Observations:

- Franklin, Washington and Lincoln counties have higher rates but low numbers of traffic fatalities.
- The southernmost counties (Cumberland, York) have the highest number of traffic fatalities and are responsible for 33% of the total traffic fatalities in state.

B.i.3. Alcohol related workplace problems – past year (Ages 18 to 64)

Figure 2.7 presents the percent of adults (18 to 64) reporting feeling effects of alcohol use one or more times and/or using alcohol one or more time at work during past 12 months in Maine.

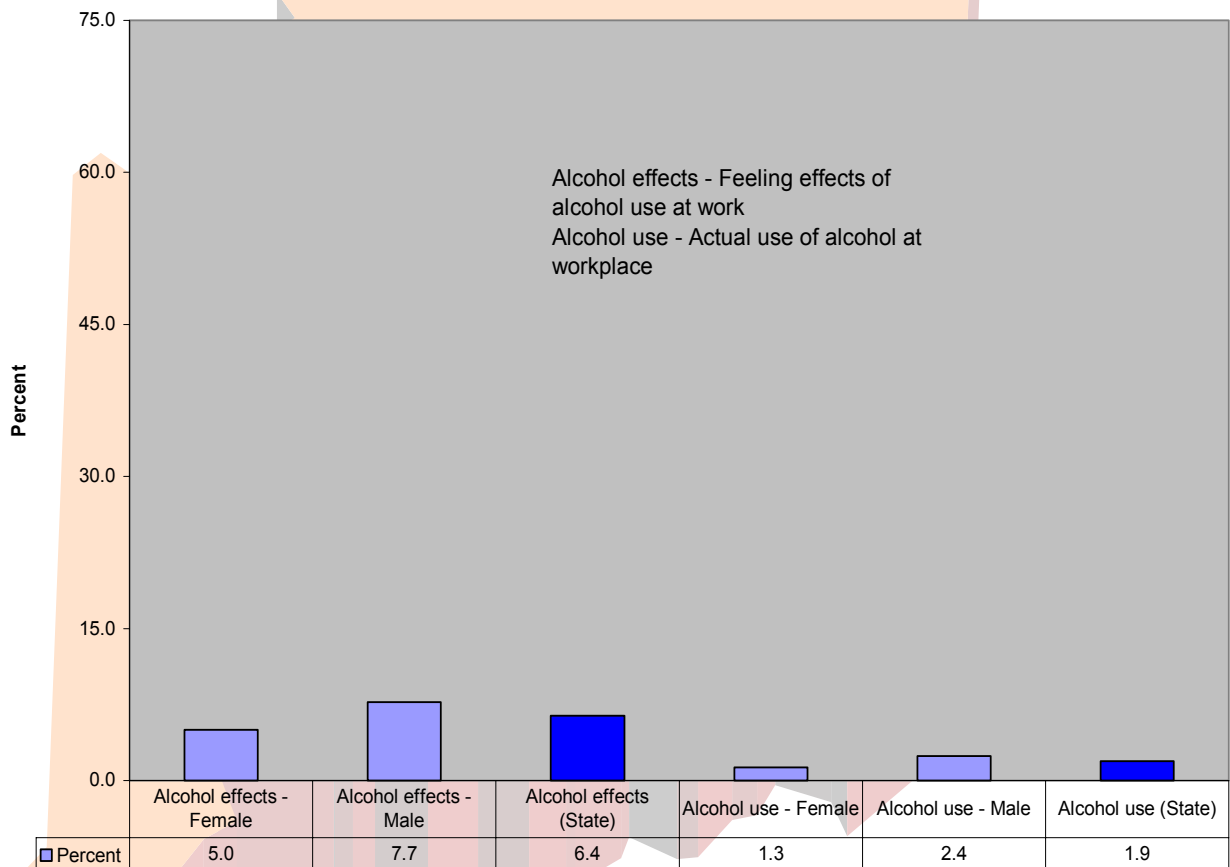
Source: Maine Household Survey (MGP)

Year(s): 2004

Demographic breakdown: Age, Gender

Note: Race/ethnicity and county breakdowns are not shown as the overall respondent sample size was too low to generate stable estimate at those subgroup levels.

Figure 2.6: Alcohol Related Workplace Problems (Ages 18-64)



Observations:

- A higher percent of males report feeling the effects of alcohol as well as actual use of alcohol at the workplace in past 12 months among those ages 18 to 64

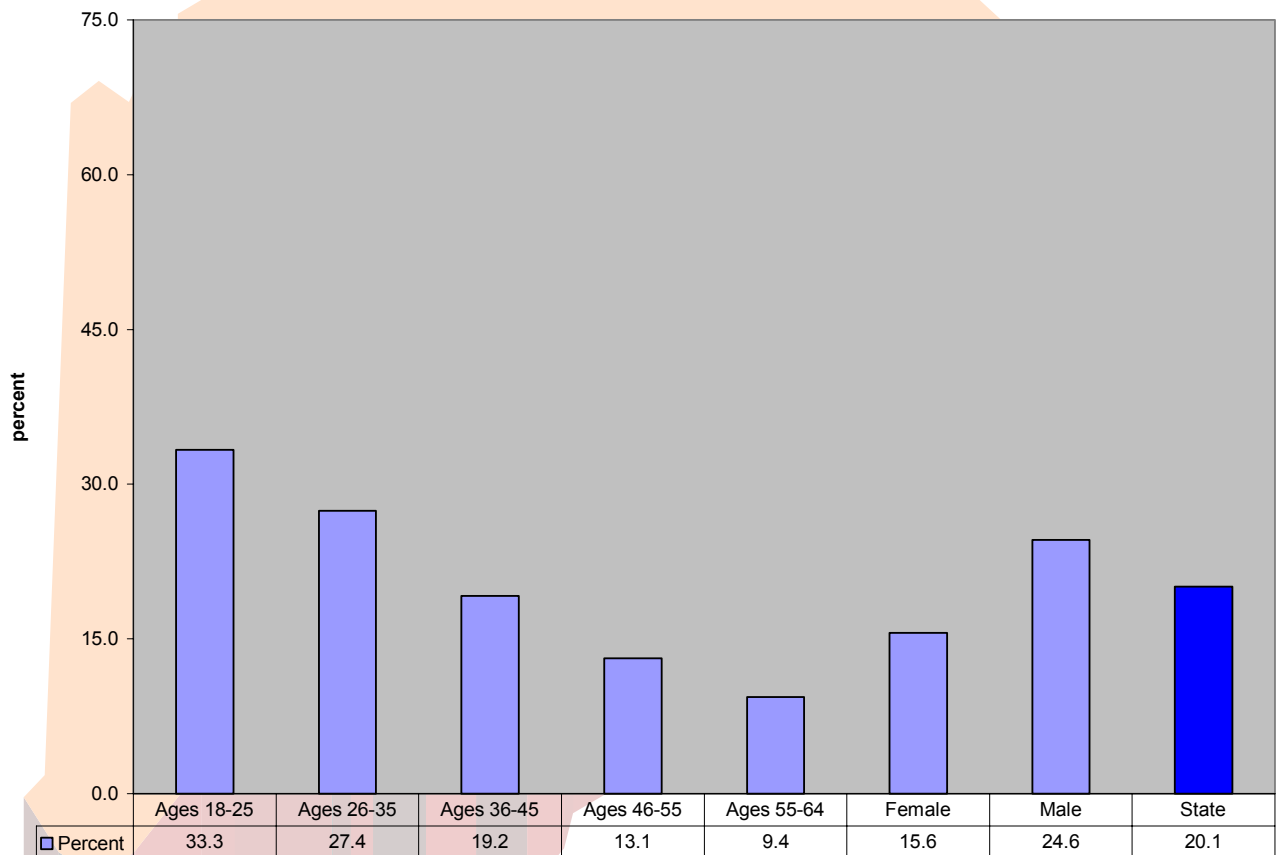
B.ii.1. Binge Drinking – Past 30 Days (Ages 18 to 64)

Figure 2.8 presents the percent of adults (18 to 64) in Maine reporting binge drinking one or more times during the past 30 days. BRFSS does not provide county level data and has sample size issues for some demographic breakdowns. Maine Household Survey follows similar survey design and methodology as BRFSS and generates stable sub-state estimates.

Source: Maine Household Survey (MGP)
 Year(s): 2004
 Demographic breakdown: Age, Gender

Note: Race/ethnicity and county breakdowns are not shown as the overall respondent sample size was too low to generate stable estimate at those subgroup levels.

Figure 2.7: Binge Drinking by Demographics (Ages 18 to 64)



Observations:

- The 18 to 25 age group has the highest reported binge drinking rate as compared to all other age group.
- A significantly higher percent of males report binge drinking as compared with females.

B.ii.2. Heavy Average Daily Use of Alcohol – Past 30 Days (Ages 18 and Above)

Figure 2.9 presents the percent of adults (18 and older) in Maine exceeding recommended daily average consumption of alcohol (2 drinks for males and 1 for females) in the past 30 days. This indicator is a quantity/frequency calculated variable and includes those for whom the calculated average daily consumption exceeds the recommended amount in past 30 days. This variable includes most of the people who report frequent binge drinking. Maine Household Survey does not collect information on this indicator.

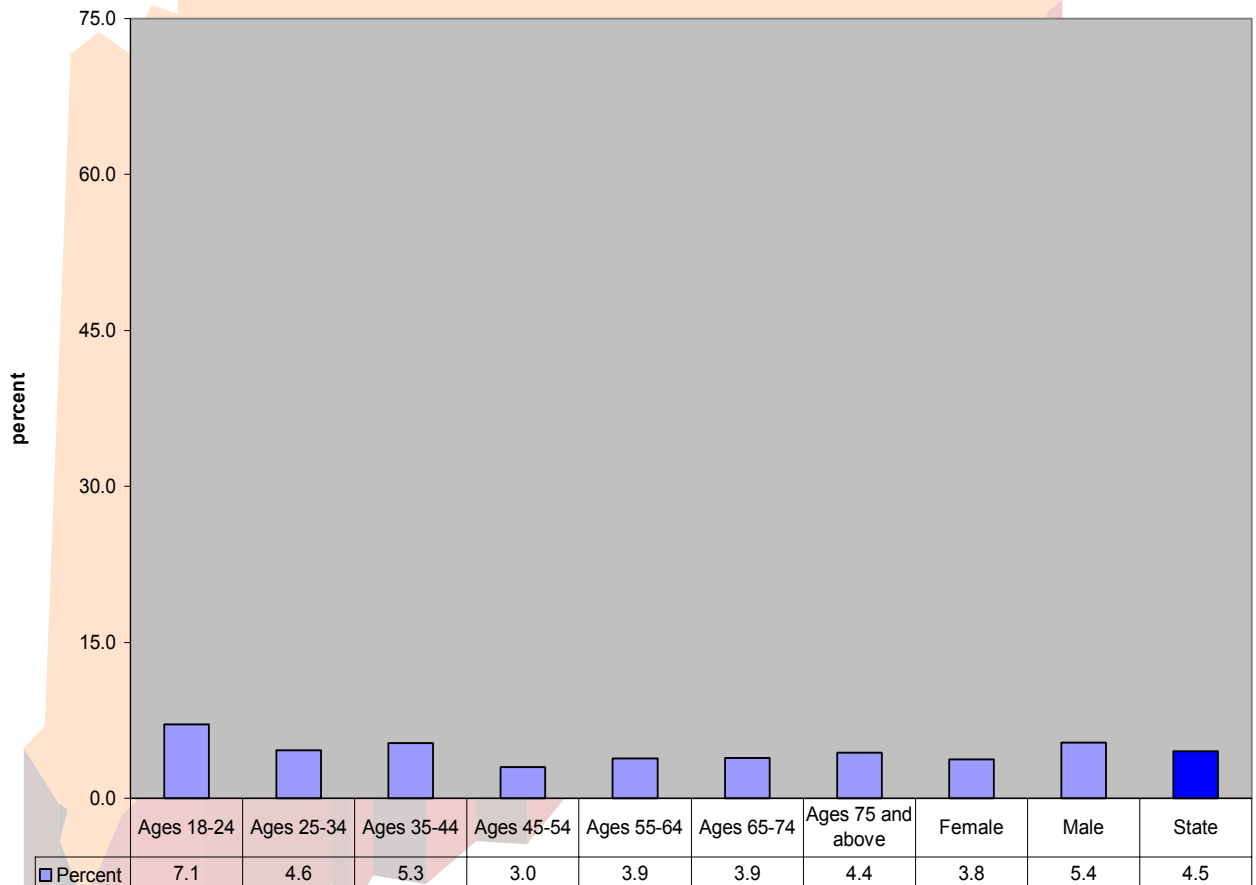
Source: BRFSS

Year(s): 2004

Demographic breakdown: Age, Gender, no county level data in BRFSS

Note: Race/ethnicity breakdown is not shown as the overall respondent sample size was too low to generate stable estimate by those subgroups.

Figure 2.8: Heavy Average Daily Use of Alcohol by Demographics (Ages 18 to 64)



Observations:

- A higher percent of the 18 to 24 age group reported heavy average daily alcohol use than the rest of the age groups.
- A larger proportion of males report heavy average daily use of alcohol as compared with females.

3. Marijuana Related Problems

A.ii.1. Underage Marijuana Use – Past 30 Days (Grades 6-12)

Figure 3.1a presents the percent of students in Maine reporting using marijuana one or more times in the past 30 days for grades 6-12. MYDAUS data is used as YRBSS does not collect data on most of the substance use indicators for middle school students (Grades 6- 8) and it also does not provide regional or county level breakdowns. MYDAUS (2004) is a survey of almost 56,000 grade 6 – 12 students in Maine that provides reliable estimates at county, school district and school level.

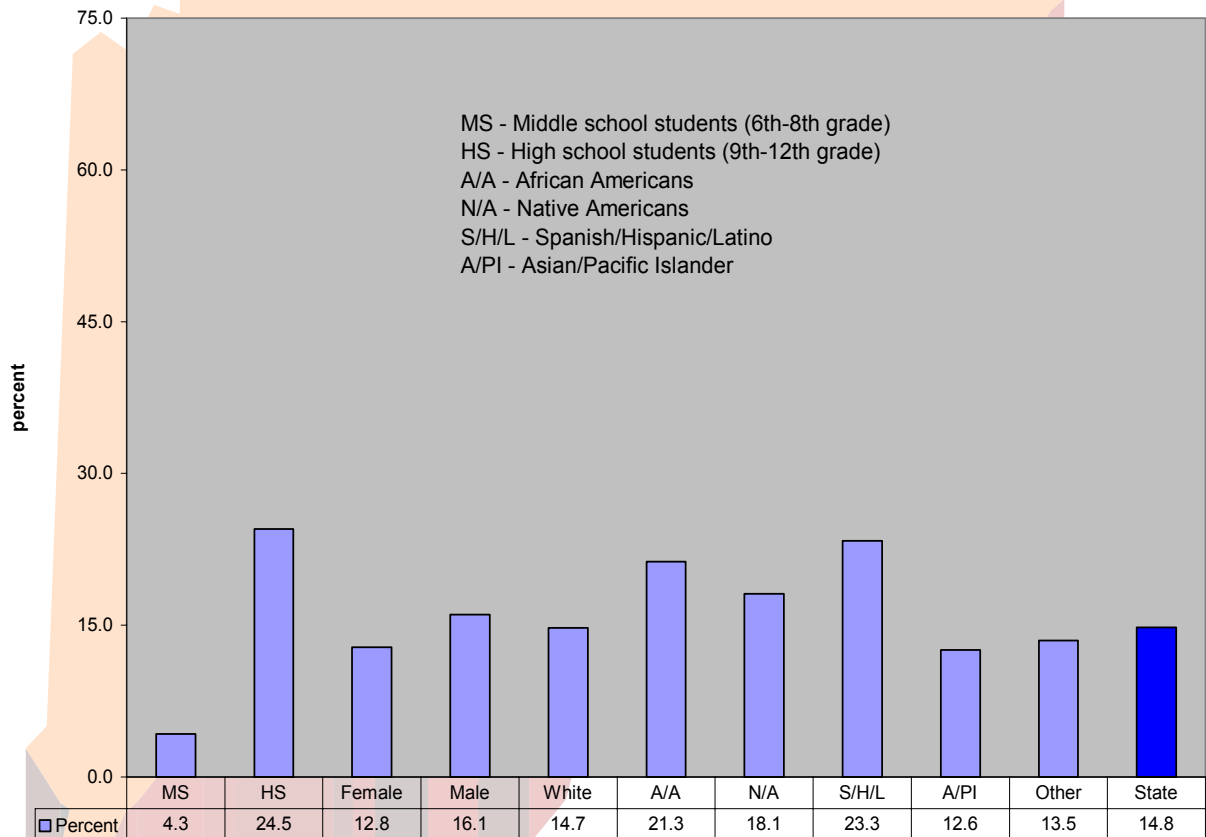
Source: MYDAUS

Year(s): 2004

Demographic breakdown: Grade (age), Gender, race/ethnicity, County

Note: Grade breakdown of the middle school versus high school population is used instead of age groups.

Figure 3.1a: 30-day Marijuana Use by Demographics (grades 6 -12)

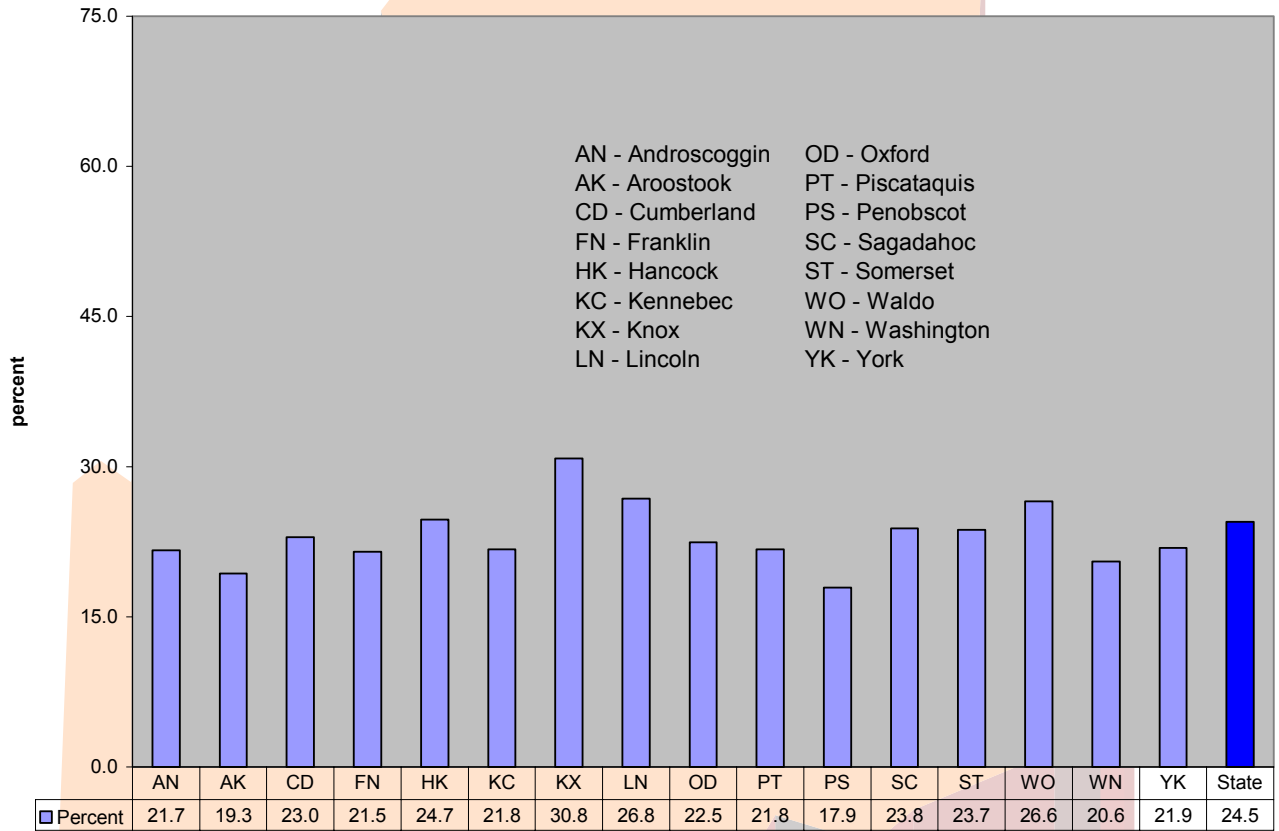


Observations:

- The percent of high school students (grades 9-12) reporting marijuana use is significantly higher than middle school students (grades 6-8).
- A significantly higher percent of males than females report using marijuana in past month.
- Spanish/Hispanics and African Americans report higher marijuana use than other race/ethnicity groups.

For the high risk population from Figure 3.1a (grades 9-12), further county level breakdown is provided in Figure 3.1b.

Figure 3.1b: 30-day Marijuana Use by County (Grades 9-12)



Observation:

- Knox, Lincoln and Waldo counties have higher rates of high school students (grades 9-12) reporting marijuana use than the rest of the counties.

B.ii.1. Marijuana Use – Past 30 Days (Ages 18 - 64)

Figure 3.2 presents the percent of adults (18 to 64) in Maine reporting using marijuana one or more times during the past 30 days. This indicator is not available from BRFSS. Maine Household Survey follows similar survey design and methodology as BRFSS and generates stable sub-state estimates.

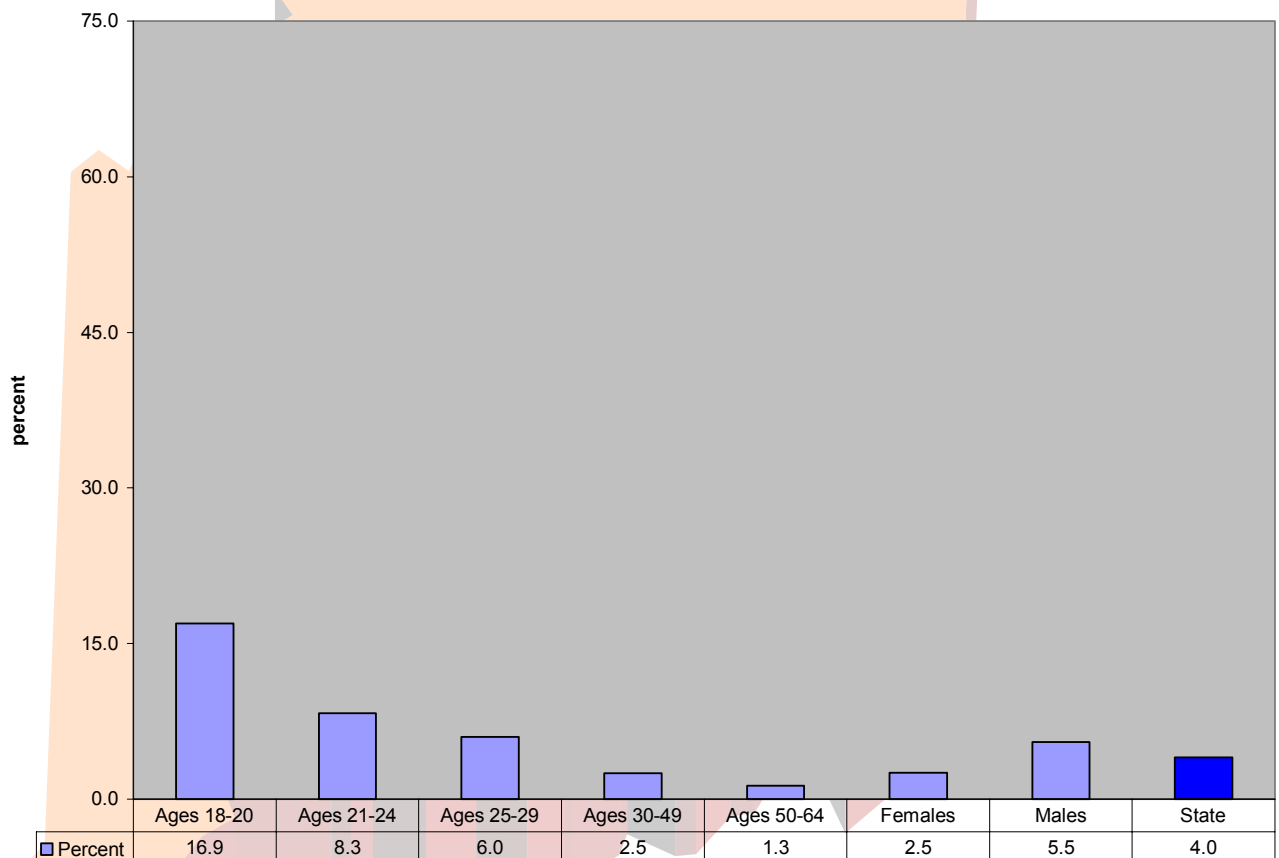
Source: Maine Household Survey (MGP)

Year(s): 2004

Demographic breakdown: Age, Gender

Note: Race/ethnicity and county breakdowns are not shown as the overall respondent sample size was too low to generate stable estimate at those subgroup levels.

Figure 3.2: 30-day Marijuana Use by Demographics (Ages 18-64)



Observations:

- The 18 to 20 age group has the highest reported marijuana use rate as compared to all other age groups.
- A higher percent of males report marijuana use as compared with females.

4. Non-Medical Prescription Drug Use Related Problems

A.ii.1. Underage Non-Medical Prescription Drug Use – Past 30 Days (Grades 6-12)

Figure 4.1a presents the percent of students reporting non-medical use of prescription drugs one or more times in the past 30 days for grades 6-12 in Maine. This indicator is not available from YRBSS. MYDAUS (2004) is a survey of almost 56,000 grade 6 – 12 students in Maine that provides reliable estimates at county, school district and school level.

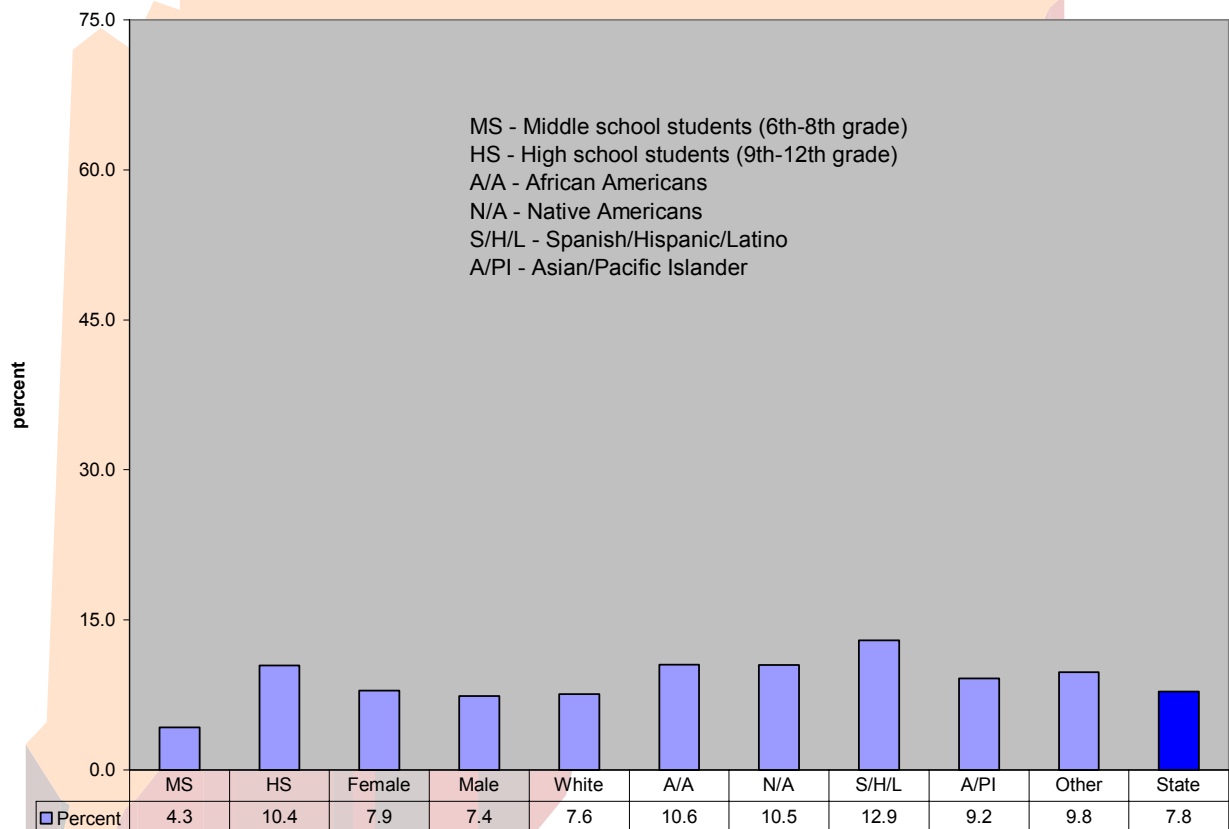
Source: MYDAUS

Year(s): 2004

Demographic breakdown: Grade (age), Gender, race/ethnicity, County

Note: Grade breakdown of middle-school versus. High-school population is used instead of age groups.

Figure 4.1a: 30-day Non-Medical Prescription Drug Use by Demographics (Grades 6-12)

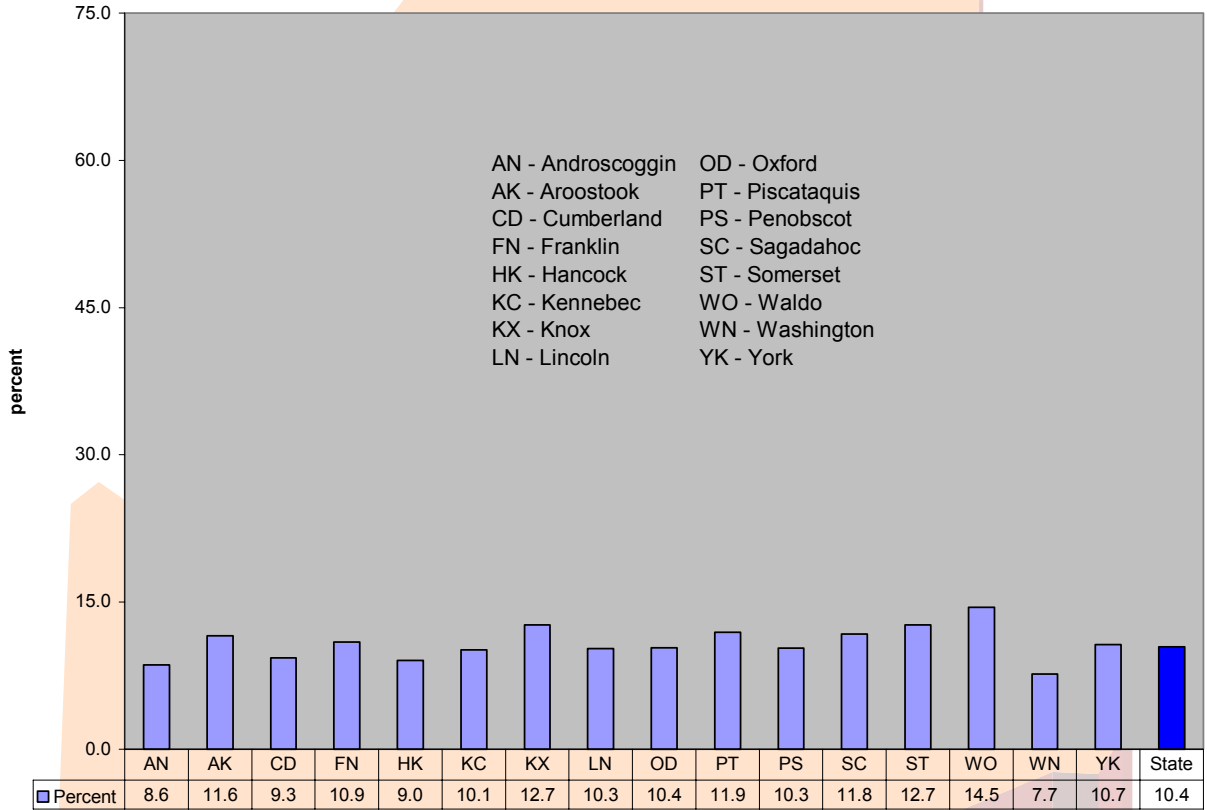


Observations:

- The percent of high school students (grades 9-12) reporting non-medical prescription drug use is significantly higher than middle school students (grades 6-8).
- The prescription drug use rate is not significantly different for males and females; although, it is slightly higher for females.
- Spanish/Hispanics report higher non-medical prescription drug use rates than other race/ethnicity groups.

Further county level breakdown for the high risk population (grades 9-12) is provided in Figure 4.1b.

Figure 4.1b: 30-day Non-Medical Prescription Drug Use by County (Grade 9-12)



Observation:

- Waldo, Somerset and Knox counties have higher proportions of high school students (grades 9-12) reporting non-medical prescription drug use than other Maine counties.

B.ii.1. Clients Crossing the Threshold for Buying Prescription Drugs – Past Year (All Ages)

Figures 4.2a & 4.2b present the number of clients/patients crossing the threshold for buying narcotics and tranquilizers per 100,000 people during the last fiscal year in Maine. The Prescription Monitoring Program (PMP) collects data from pharmacies on all prescription drug transactions across Maine; for the purpose of tracking and monitoring prescription drug abusers and doctor/pharmacy shoppers. The “threshold” is considered a red flag for possible abuse of prescription drugs and is based on how often certain types of prescriptions are filled. Information collected through the program is shared with doctors, pharmacists and other key personnel to help prevent drug misuse/abuse.

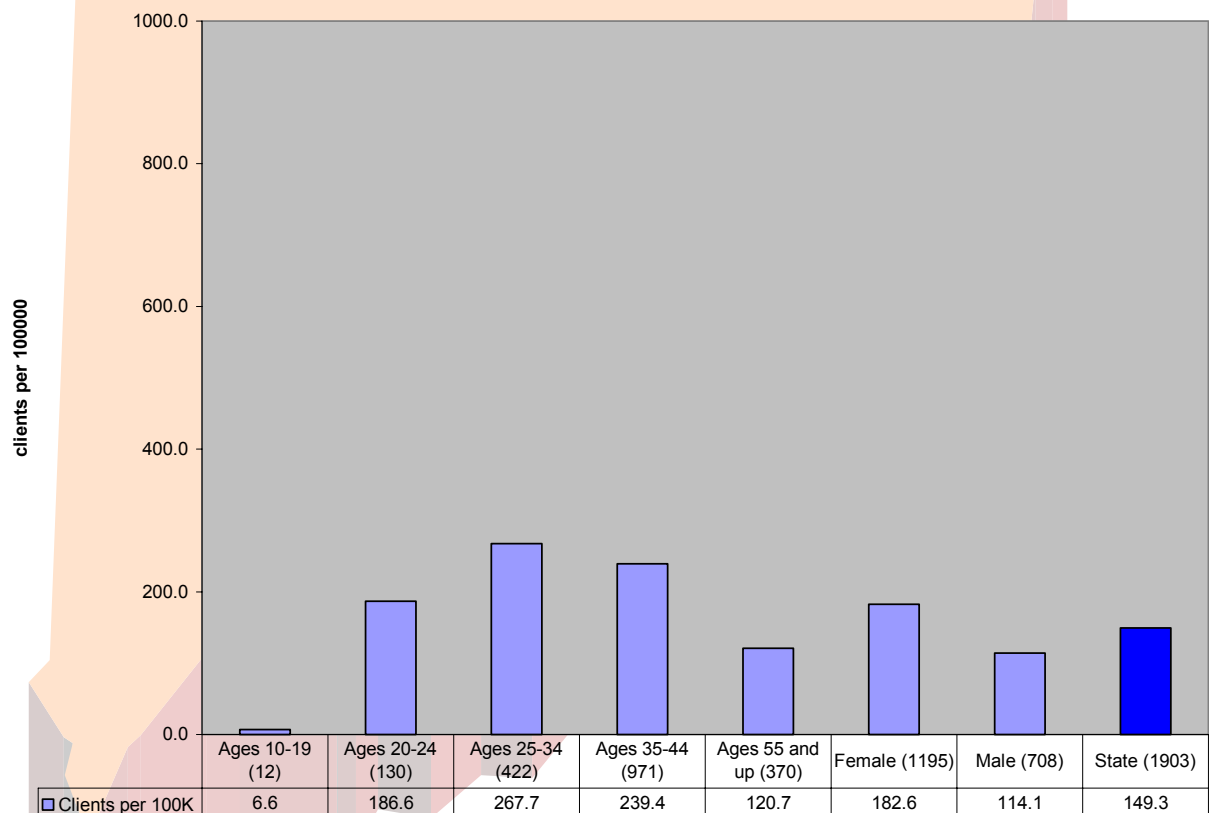
Source: Prescription Monitoring Program (PMP) data

Year(s): 2004 (fiscal year)

Demographic breakdown: Age, Gender, No race/ethnicity data collected

Note: County breakdowns for clients/patients are not shown to ensure confidentiality of pharmacy clients/patients. The actual # of clients is provided in the parenthesis along with each demographic category.

Figure 4.2a: Clients/Patients Crossing Threshold for Narcotics

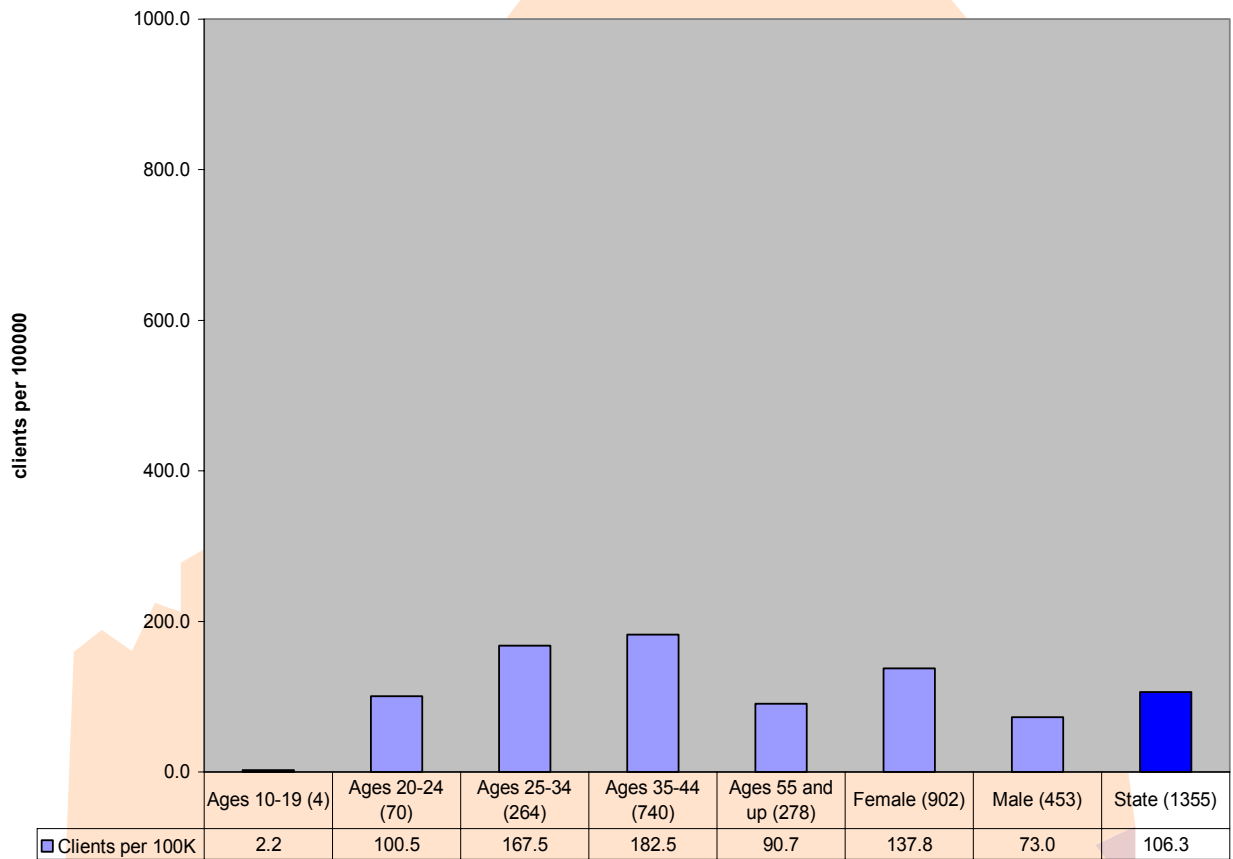


*Number of clients is provided in parenthesis for each subgroup.

Observations:

- The 25 to 34 age group has the highest number of clients/patients per 100,000 people crossing threshold for buying narcotics.
- Females comprise a significantly higher number of narcotics buying clients/patients per 100,000 people than males.

Figure 4.2b: Clients/Patients Crossing Threshold for Tranquilizers



*Number of clients is provided in parenthesis for each subgroup.

Observations:

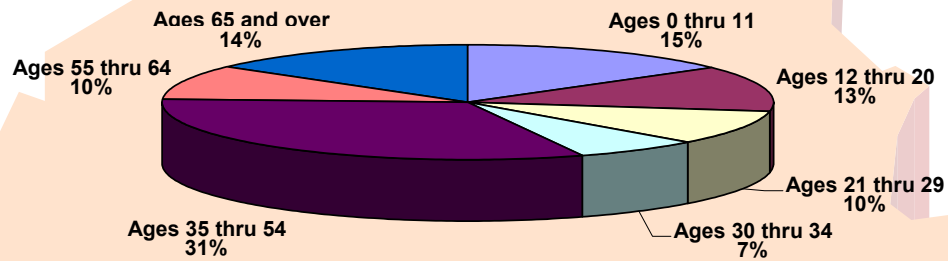
- The 35 to 44 age group has the highest number of clients/patients per 100,000 crossing the threshold for buying narcotics.
- Females comprise a significantly higher number of tranquilizer buying clients/patients per 100,000 people than males.

5. Maine's Population Profile:

Demographic fast facts:

- Population of Maine in 2000: 1,277,286 (Source: US Census, 2000)
- Counties: 16
- Land Area: 33,215 square miles
- Length of coastline: 3,500 miles
- Persons per square mile: 41.3
- Largest city: Portland
- State capitol: Augusta

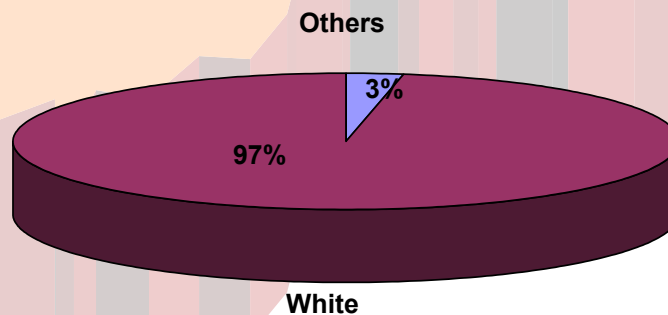
Figure 5.1 – Maine's Population by Age



Observations:

- 56% of Maine's population is above age 35 with 14% being ages 65 and over.

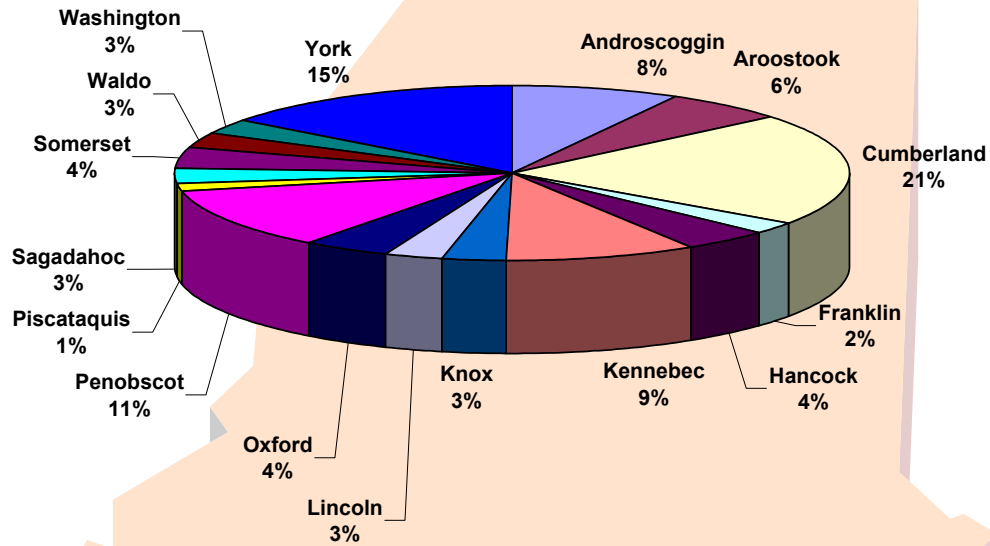
Graph 5.2 – Maine's population by race



Observations:

- 97% of Maine's population is white, very little population diversity relative to other states.
- Out of the 3% "other race" population, 29% is Asian/Pacific Islander, 23% is African American, 26% is Hispanic, and 22% is Native American.

Graph 5.3 – Maine’s population by county



Observations:

- 36% of Maine’s population lives in the two southernmost counties, Cumberland and York.
- 11 of the 16 counties in Maine have a population of less than 100,000.
- The 5 most populous counties of Maine (Cumberland, York, Penobscot, Kennebec, and Androscoggin) have 64% of the state’s resident population.
- Aroostook is the largest county (by land area) in Maine, yet it is home to just 6% of Maine residents.

6. Data Limitations and Discussions:

It is important to remind the readers that this report is based on SPF SIG needs assessment process and excludes indicators that SEW did not consider for the process. This report predominantly focuses on state level data and problems. Assessing problems at the sub-state or individual county/community level is beyond the scope of this report. Apart from limitations that may arise due to the decisions mentioned above, there are certain data/analysis limitations.

- Low sample size issues: Due to Maine having such a small population size, the majority of the indicators (especially consequence indicators) did not have a large enough number of cases to generate stable estimates. This problem was more prominent at sub-state level rather than at the state level. State level survey data had adequate numbers to generate at least stable demographic subgroups estimates; however, subgroup analysis was generally not possible with national data sources like NSDUH and BRFSS.

SEW explored merging several years of data together to generate stable estimates, but even this approach did not work for certain counties with very low population. Lack of stable estimates can lead to misleading results and should be used with caution.

- Data availability: Maine focused on a lifespan approach as it was one of the requirements of SPF SIG. There were certain limitations in Maine regarding the availability of data for certain age groups. Maine has good state and sub-state data for the school-age population because of its biennial school-wide state survey. National surveys have validity and periodicity, but do not generate stable estimates for certain population like county, elderly (64 and above), and minorities. The Maine Household Survey solves the indicator stability problem to a certain degree, but its use is limited as it is only available for one year (2004).
- State versus national data sources: There are both state and national level source for some indicators used in this profile. While state level survey data has a large enough population size to generate sub-state/county level estimates, the data are program specific and its availability and quality depends hugely upon availability of program funds. Survey data from national sources is consistent, periodic and methodologically similar from year to year; but it can only generate state level estimates and does not go beyond state level to generate county/local level estimates. The same indicator estimate generated from these two different sources may vary significantly due to different methodological approaches and sample size issues. SEW carefully weighed the above mentioned issues before selecting a particular source for generating indicator estimates.
- Population Density: As evident from Graph 5.3 above, 64% of Maine's population lives in 5 counties. The majority of Maine's population resides in the southern part of the state and is located in or around 3 MSA's (Portland, Lewiston-Auburn, and Bangor), with the remaining population being predominantly rural. This disproportionate distribution of population leaves 11 of the 16 Maine counties with a population less than 100,000. Some of the data sources (NCHS) do not report data for counties with a population under 100,000 for confidentiality reasons; hence, there are no separate data on 11 of the 16 Maine counties for certain indicators.

- Trend data: This report does not include any trend data for indicators. For consequences, the trend data are not shown due to low annual prevalence that generates unstable and fluctuating estimates. SEW used annualized averages created by merging three or five years of data together to generate stable estimates. For MYDAUS, even though the survey consistently had enough respondents for generating stable numbers, there were methodological issues (e.g., change in questionnaire for certain substances, sample selection issues) which limited the use of trend data. Trends from national survey data varied by subgroups (different trends by gender, age, and race) and failed to generate any consistent message across subpopulations.
- Unit of Subgroup Analysis: For the reasons mentioned above, county breakdown was not able to be considered as a unit of sub-group analysis. Instead, Maine used age breakdowns as the predominant unit of subgroup analysis. There were several advantages of this approach. First, it generated stable estimates from both consumption and consequence data as age breakdowns almost always had sufficient numbers. Second, it was easier to generate and compare age breakdowns since the majority of indicator data (e.g., national survey, consequences) is broken down by age group. Third, it then becomes easier to apply evidence based environmental strategies, which have typically been designed to target specific age groups.



Reference websites:

1. ARDI index: <http://apps.nccd.cdc.gov/ardi/Homepage.aspx>
2. State Epidemiological Data System (SEDS) <http://www.epidcc.samhsa.gov/>
3. BRFSS: <http://www.cdc.gov/BRFSS/>
4. YRBSS: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
5. NSDUH: <https://nsduhweb.rti.org/>
6. OSA: <http://www.maine.gov/dhhs/osa/>

Appendix:

Table 1: Abbreviations used

Abbreviation	Name/Label
AOD	Alcohol and Other Drugs
ATOD	Alcohol, Tobacco and Other Drugs
BRFSS	Behavior and Risk factor Surveillance System
CDC	Center for Disease Control and Prevention
FARS	Fatality Analysis Reporting System
MGP	Maine General Population Household Survey
MYDAUS	Maine Youth Drug and Alcohol Use Survey
NCHS	National Center for Health Statistics
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NSDUH	National Survey on Drug Use and Health
OSA	Maine Office of Substance Abuse
PMP	Prescription Monitoring Program
SEDS	State Epidemiological Data Systems
SDFS	Safe and Drug Free Schools
UCR	Uniform Crime Reports
YRBSS	Youth Risk Behavior Surveillance System

Table 2: Detailed information for datasets

Abbreviation used	Dataset/database name	Source (N = national S = state)	Dataset/database type	Data collection time	Contains indicators about	Reference/website	Comments, if any
BRFSS	Behavior and Risk Factor Surveillance System	CDC (N)	Telephone Survey	Year round	Health risks (ages 18+)	http://www.cdc.gov/brfss/	Dataset part of SEDS. Contains ATOD use information as a section.
FARS	Fatality Analysis Reporting System	Department of Transportation (N)	Database for fatal crashes	Year round	Alcohol involved fatal crashes (all ages)	http://www.epidcc.samhsa.gov/default.asp	Dataset part of SEDS.
MGP	Maine General Population Household Survey	OSA (S)	Telephone Survey	Aug/Sept 2004	ATOD use (ages 18-64)	http://mainegov-images.informe.org/dhhs/bds/osa/pubs/data/2004/genpop04exec.pdf	Recent data only for year 2004 (previously done in 1997).
MYDAUS/YTS	Maine Youth Drug and Alcohol Use Survey/Youth Tobacco Survey	OSA (S)	Classroom written survey	Once every two years (February)	ATOD use (grades 6 th -12 th)	http://www.maine.gov/dhhs/bds/osa/data/mydaus/	Dataset has extensive information about ATOD use.
NCHS	National Center for Health Statistics	CDC (N)	Vital statistics database	Year round	Mortality – all causes (all ages)	http://www.cdc.gov/nchs/	Dataset part of SEDS.
NSDUH	National Survey on Drug Use and Health	SAMHSA (N)	Telephone survey	Year round	ATOD use and mental health (ages 12+)	https://nsduhweb.rti.org/	Dataset part of SEDS
PMP	Prescription Monitoring Program	OSA (S)	Prescription drug tracking database	Year round	Prescription drug dispensation monitoring (All ages)	Maine office of Substance Abuse	Schedule II-IV drug transactions reported to state by pharmacists to comply with state law

SDFS	Safe and Drug Free Schools	OSA (S)	Incidence and prohibited behaviors database	Year round	School suspensions/exclusions (grades K-12 th)	Maine office of Substance Abuse (this indicator report is not online)	Collected as a part of federal requirement. Data not for public use.
SEDS	State epidemiological data systems	SAMHSA/CSAP (N)	Database of ATOD consumption and consequence datasets	Depends on the dataset source	ATOD consumption and consequences (depends on data source)	http://www.epidcc.samhsa.gov/default.asp	Database contains ATOD consumption and consequence data, indicator list, codebook, and relevant ATOD information.
UCR	Uniform Crime Reports	FBI (N)	Database of all reported crime	Year round	Crime (all ages)	http://www.fbi.gov/ucr/ucr.htm	Dataset part of SEDS. UCR does not collect information about ATOD involvement.
YRBSS	Youth Risk Behavior Surveillance System	CDC (N)	Classroom written survey	Once every two years (Spring semester)	Risk taking behavior (7 th – 12 th graders)	http://www.cdc.gov/HealthyYouth/yrbs/index.htm	Dataset part of SEDS. Contains ATOD use information as a section.