**Summary:** Information from the Maine Prescription Monitoring Program was used to examine a number of patient risk measures for prescription drugs. The rate of multiple provider episodes (MPEs), a measure of risk for drug misuse, abuse and overdose (sometimes referred to as possible doctor and pharmacy shopping)\(^1\) declined in Maine from 2010 to 2013 (Figure 1), as did the proportion of prescriptions in major drug classes involved in MPEs (Figure 2). Those aged 35-54 had the highest rate of MPEs (Figure 1), and opioids remained the drug class most frequently involved with MPEs (Figure 2). Coincident with the decline in MPE rates, the prescription rate in Maine for buprenorphine, widely used in treating opioid dependence, increased, and was well above the combined rate for nine other states participating in the Prescription Behavior Surveillance System (PBSS)\(^2\) (Figure 3).

**Figure 1:** From 2010 to 2013, the multiple provider episode (MPE) rate \(^1\) for patients prescribed controlled substances in schedules II-IV (shown as rate per 100,000 residents) was highest in Maine for those aged 35-54, followed closely by those aged 18-34; both rates were well above that for those aged 55 and over. Rates declined for the two younger groups, but remained relatively flat for those 55 and over. The overall MPE rate per 100,000 residents for all age groups combined declined from 5.0 in 2010 to 3.7 in 2013 (data not shown).
**Figure 2:** From the first quarter of 2010 to the first quarter of 2014, declines were observed in the percentage of prescriptions for the three major classes of controlled substances that were involved in MPEs in Maine. Opioids remained the drug class most frequently involved in MPEs, about double the frequency for benzodiazepines and stimulants.

![Figure 2: Percent of Total Prescriptions Involved in Multiple Provider Episodes in Maine, by Drug Class and Quarter, January 2010-March 2014](image)

**Figure 3:** From 2012 to the first quarter of 2014, the prescription rate in Maine for buprenorphine, widely used in treating opioid dependence, rose from 22.3 per 1,000 residents to 28.4. The rate in Maine during most of this period remained over three times the combined rate for nine other states participating in PBSS. No other opioids showed increases in prescription rates of this magnitude during this period in Maine, and the trend for opioids overall in Maine was a decrease in prescription rates (data not shown).

![Figure 3: Maine: Quarterly Buprenorphine Prescription Rates for Maine and PBSS States’ Combined Rates, January 2012-March 2014](image)
Endnotes

1 A multiple provider episode is defined for this report as use of 5 or more prescribers and 5 or more pharmacies within 3 months. Rates are calculated by drug class for those receiving a prescription in the drug class and are averaged over 4 quarters to obtain an annual rate. Note that the threshold used here was assigned by PBSS for the purpose of obtaining population estimates only; an individual engaged in multiple provider episodes is not necessarily engaged in doctor/pharmacy shopping.

2 PBSS states included are CA, DE, FL, ID, LA, OH, WV, WA and KY. PBSS states, and therefore, their combined prescription rates, are not necessarily representative of the U.S. as a whole.

3 The Maine buprenorphine prescription rate was 2nd highest among PBSS states, averaging 25 per 1,000 residents over this period. The average rates in the other PBSS states ranged widely, from 3 to 26 per 1,000 residents.