



Substance Citings In The State of Maine
February 2004



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The Maine Benzodiazepine Study Group (MBSG) was developed by a small group of clinicians as a result of concern about the incidence of benzodiazepine prescribing, whether for some patients there were alternatives, and where those treatments might be obtained. MBSG has expanded to include other clinicians, GP's, psychiatrists, Social Workers, Substance Abuse Councilors, NP's, and PA's, as well as non-clinicians, administrators, program developers. Various independent literature searches have been completed. Several legislators have expressed interest over time, and several themes or areas of focus have developed.

The poverty of epidemiological data for Maine, or the U.S., regarding the use of benzodiazepines has led to the particular area of our research. Variations in clinical guidelines available for comparison, and a less than perfect consensus as to where treatment or how treatment is best implemented for those dependent on, or abusive of prescriptions is another focus. The major project underway is the collection of as extensive and varied a database on benzodiazepine use/misuse for the State of Maine as we can obtain. Additionally, the MBSG has been instrumental in advancing the filing of a bill; LD 1826 by Senator Lynn Bromley, A National Survey of State Prescription Drug Return programs is completed and available on the web.

For further information, please visit our website at: www.noemaine.org/benzo/benzo.htm or email mbsg@noemaine.org

For LD 1826 see www.mainesenate.org/expiredmeds

For the National Survey see www.cesar.umd.edu

Reasons for concern:

1. Patients may become physically and psychologically dependent on benzodiazepines.
2. This dependence may contribute significantly to morbidity and mortality such as cognitive deficits, an increased motor vehicle accident rate, and increased fall risk particularly in the elderly.
3. Prescription drug abuse, including benzodiazepines, is a rapidly growing problem in Maine. This is evidenced by a report of the Maine Attorney General's Office especially in the context of combinations of different substances of abuse including prescription medications.
4. Benzodiazepine prescribers and consumers may not be fully informed of the risks at the time of prescribing.
5. Use of prescription medication by someone other than the person for whom it was authorized or in a way in which it was not authorized is an increasingly serious problem.
6. The alarming association between prescription medication and criminal activity may be growing.
7. Lack of mental health parity and access to specialized providers may lead to less use of more appropriate treatments.
8. Lack of expertise in withdrawal methods for people dependent on benzodiazepines within the medical profession.

Membership

The group is open to anyone interested in studying the risks and benefits of benzodiazepines and exploring the provision of evidenced-based treatments.

Goals

1. Review the medical literature to compile information to advance our understanding of the risk/benefit ratio of benzodiazepines.
2. Create a process by which this compilation can be added to as knowledge is furthered and updated.
3. Design and implement a plan to increase access to information regarding the risk/benefit ratio of benzodiazepines for prescribers and consumers.
4. Give alternatives to chronic benzodiazepine use for prescribers' and consumers' consideration.
5. Improve the treatment of anxiety disorders and decrease risks associated with benzodiazepines through education regarding alternatives and risks at initiation.
6. Recognize resources in current existence for the treatment of anxiety disorders and develop ways to increase resources where needed.
7. Identify prospects for research that will increase recognition of the risks and benefits of benzodiazepines and further education.
8. Collaborate with associations and agencies regarding benzodiazepine abuse/dependence issues as well as the education of healthcare providers and the general public.
9. Provide information about benzodiazepine withdrawal methods for people dependent on benzodiazepines and for healthcare practitioners.



NORTHEAST OCCUPATIONAL EXCHANGE, INC. is a fully licensed, COMPREHENSIVE mental health and substance abuse treatment and rehabilitation facility. NOE provides a range of services to help ADULTS AND CHILDREN achieve higher goals and live more productive lives. (Persons with developmental needs, including mental retardation, are welcome.)

For more information please visit:

www.noemaine.org



The Northern New England Poison Center is the regional poison center serving the States of Maine and Vermont. The Center provides a 24-hour poison emergency and information hotline service for the general public and healthcare professionals. The following data indicate the substances reportedly involved in selected types of hotline calls originating from Maine. Exposures are calls involving patients who swallow, sniff, inject or are otherwise exposed to a poison. Non-exposure calls involve questions about poisons. Medications, cleaners, chemicals, metals and other substances are considered poisons. Any one hotline call may involve multiple substances.



Dominion Diagnostics is a national medical laboratory that provides complete clinical and toxicological analytical testing, clinical and technical support, and data systems management, for healthcare centers dedicated to wellness. We specialize in drug testing through the use of urine and oral fluids (saliva) based technologies and are dedicated to the highest standards in diagnostic laboratory technology. Our clients represent addiction medicine clinics, pain management clinics, psychiatric practices, primary care physicians, hospitals and other medical specialties.

Our professional staff consists of highly educated personnel including PhD level Pharmacologists, Toxicologists, Pharmacists, Clinical Laboratory Scientists and Technicians with extensive experience and training making Dominion a unique specialty laboratory. Our professionals are also engaged in clinical research and development with an interest in pharmacogenomic testing as a standard of medical treatment.

The following data indicate the substances reportedly involved in studies of laboratory analysis originating from Maine versus other national programs.

For more information please visit:

www.dominiondiagnostics.com

February Substance Citings

Non-Exposures (Drug Identifications and Questions about Substance Abuse)	Exposure Reason: Abuse	Exposure Reason: Suicide	Maine Specific	National
1. Opioids	1. Opioids	1. Antidepressants	1. THC	1. THC
2. Benzodiazepines	2. Stimulants and Street Drugs	2. Benzodiazepines	2. Benzodiazepines	2. Methadone
3. Non-opioid analgesics	3. Benzodiazepines	3. Non-opioid analgesics	3. Methadone	3. Benzodiazepines
4. Antidepressants	4. Alcohols	4. Non-benzodiazepine Sedatives/antipsychotics	4. Cocaine	4. Opiates
5. Muscle relaxants	5. Antidepressants	5. Cardiac (including diuretics)	5. Opiates	5. Cocaine
6. Cardiac (including diuretics)	6. Anticonvulsants / Mood Stabilizers	6. Opioids	6. Amphetamines	6. Amphetamines
7. Antiinfectives	7. Dextromethorphan (DM, DXM, Robo, Triple C)	7. Alcohols	7. Barbiturates	7. Barbiturates
8. Stimulants and Street Drugs	8. Non-benzodiazepine Sedatives/antipsychotics	8. Antihistamines	8. Propoxyphene	8. Propoxyphene
9. Antihistamines	9. Anticonvulsants / Mood Stabilizers	9. Anticonvulsants / Mood Stabilizers	9. Ethanol	9. Ethanol
10. Non-benzodiazepine Sedatives/antipsychotics	9. Antiinfectives		10. PCP	10. PCP



Northern New England Poison Center



Northern New England Poison Center



Northern New England Poison Center



February 2004 Stats – Substance Citings (may be more than 1 per case)

Poison Center Calls (Northern New England Poison Center – Maine Calls Only)

Non-exposures (drug identifications and questions about substance abuse)		
	#	%
1 Opioids	297	26%
2 Benzodiazepines	150	13%
3 Non-opioid analgesics	128	11%
4 Antidepressants	77	7%
5 Muscle relaxants	75	7%
6 Cardiac (including diuretics)	59	5%
7 Antiinfectives	50	4%
8 Stimulants and Street Drugs	40	3%
9 Antihistamines	39	3%
10 Non-benzodiazepine sedatives/antipsychotics	24	2%
	939	81%

Opioids

1 Oxycodone	90
2 Hydrocodone	82
3 Morphine	35
4 Propoxyphene	25
5 Methadone	21
6 Other opioid	20
7 Codeine	12
8 Tramadol	8
9 Meperidine	4
	297

Stimulants and Street Drugs

1 Methylphenidate	19
2 Amphetamine	18
3 Ephedrine/Ma huang	1
3 PCP	1
3 Unknown	1
	40



Northern New England Poison Center

February 2004 Stats – Substance Citings (may be more than 1 per case)

Poison Center Calls (Northern New England Poison Center – Maine Calls Only)

Exposure Reason - Abuse	#	%
1 Opioids	12	19%
2 Stimulants and Street Drugs	9	14%
3 Benzodiazepines	8	13%
3 Alcohols	7	11%
3 Antidepressants	6	10%
6 Anticonvulsants/mood stabilizers	5	8%
7 Dextromethorphan (DM, DXM, Robo, Triple C)	5	8%
8 Non-benzodiazepine sedatives/antipsychotics	4	6%
9 Antiinfectives	2	3%
	58	92%

Opioids

1 Methadone	4
2 Hydrocodone	2
2 Oxycodone	2
2 Propoxyphene	2
5 Codeine	1
5 Other opioid	1
	12

Stimulants and Street Drugs

1 Cocaine	2
1 Marijuana	2
1 Methylphenidate	2
4 Amphetamine	1
4 Heroin	1
4 Other/Unknown	1
	9



Northern New England Poison Center

February 2004 Stats – Substance Citings (may be more than 1 per case)

Poison Center Calls (Northern New England Poison Center – Maine Calls Only)

Exposure Reason - Suicide Attempt	#	%
1 Antidepressants	51	22%
2 Benzodiazepines	36	16%
3 Non-opioid analgesics	34	15%
4 Non-benzodiazepine sedatives/antipsychotics	22	9%
5 Cardiac (including diuretics)	17	7%
6 Opioids	13	6%
7 Alcohols	11	5%
7 Antihistamines	11	5%
9 Anticonvulsants/mood stabilizers	8	3%
	203	88%

Opioids

1 Hydrocodone	4
1 Oxycodone	4
3 Propoxyphene	3
4 Codeine	1
4 Other opioid	1
	13

Stimulants and Street Drugs

1 Caffeine	1
1 Methylphenidate	1
	2



Northern New England Poison Center

February 2004 Stats – Substance Citings

Dominion Diagnostics Positive Rates

Maine Specific	National *
1. THC	1. THC
2. Benzodiazepines	2. Methadone
3. Methadone	3. Benzodiazepines
4. Cocaine	4. Opiates
5. Opiates	5. Cocaine
6. Amphetamines	6. Amphetamines
7. Barbiturates	7. Barbiturates
8. Propoxyphene	8. Propoxyphene
9. Ethanol	9. Ethanol
10. PCP	10. PCP

*National Citings are chosen from a Selected group of East Coast Rehabilitation Programs.

