



**Substance Citings In The State of Maine**  
October 2003



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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](http://www.noemaine.org/benzo/benzo.htm) or email [mbsg@noemaine.org](mailto:mbsg@noemaine.org)

For LD 1826 see [www.mainesenate.org/expiredmeds](http://www.mainesenate.org/expiredmeds)

For the National Survey see [www.cesar.umd.edu](http://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](http://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](http://www.dominiondiagnostics.com)

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*October Substance Citings*

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



Northern New England Poison Center



Northern New England Poison Center



Northern New England Poison Center



**October 2003 Stats – Substance Citings (may be more than 1 per case)**

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

<b>Non-exposures (drug identifications and questions about substance abuse)</b>		
	<b>#</b>	<b>%</b>
<b>1</b> Opioids	252	21%
<b>2</b> Non-opioid analgesics	151	13%
<b>3 Benzodiazepines</b>	138	11%
<b>4</b> Antidepressants	117	10%
<b>5</b> Cardiac (including diuretics)	69	6%
<b>6</b> Antiinfectives	68	6%
<b>7</b> Muscle Relaxants	55	5%
<b>8</b> Antihistamines	45	4%
<b>9</b> Non-benzodiazepine sedatives/antipsychotics	39	3%
<b>10</b> Stimulants and Street Drugs	27	2%
	<b>961</b>	<b>80%</b>

#### **Opioids**

<b>1</b> Oxycodone	93
<b>2</b> Hydrocodone	46
<b>3</b> Morphine	40
<b>4</b> Propoxyphene	19
<b>4</b> Tramadol	19
<b>6</b> Methadone	15
<b>7</b> Other opioid	10
<b>8</b> Codeine	5
<b>9</b> Meperidine	4
<b>10</b> Pentazocine	1
	<b>252</b>

#### **Stimulants and Street Drugs**

<b>1</b> Methylphenidate	12
<b>2</b> Amphetamine	10
<b>3</b> Caffeine	2
<b>3</b> Ma huang	2
<b>5</b> Cocaine	1
	<b>27</b>



Northern New England Poison Center

**October 2003 Stats – Substance Citings (may be more than 1 per case)**

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

<b>Exposure Reason - Abuse</b>	<b>#</b>	<b>%</b>
1 Alcohols	10	17%
<b>2 Benzodiazepines</b>	7	12%
2 Dextromethorphan (DM, DXM, Robo, Triple C)	7	12%
4 Antidepressants	6	10%
5 Opioids	6	10%
6 Stimulants and Street Drugs	6	10%
7 Inhalants (aerosol air freshener, furniture polish)	4	7%
8 Antihistamines	3	5%
9 Anticonvulsants/mood stabilizers	2	3%
9 Disulfiram	2	3%
	<b>53</b>	<b>88%</b>

**Inhalant abuse**

1 Air freshener aerosol	3
2 Furniture polish	1
	<b>4</b>

**Opioids**

1 Hydrocodone	3
2 Oxycodone	2
3 Propoxyphene	1
	<b>6</b>

**Stimulants and Street Drugs**

1 Marijuana	3
2 Caffeine	1
3 Hallucinogenic amphetamines	1
4 LSD	1
	<b>6</b>



Northern New England Poison Center

**October 2003 Stats – Substance Citings (may be more than 1 per case)**

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

<b>Exposure Reason - Suicide Attempt</b>	<b>#</b>	<b>%</b>
1 Antidepressants	47	23%
2 <b>Benzodiazepines</b>	34	16%
3 Non-opioid analgesics	28	14%
4 Anticonvulsants/mood stabilizers	21	10%
5 Non-benzodiazepine sedatives/antipsychotics	18	9%
6 Alcohols	11	5%
7 Muscle relaxers	9	4%
8 Opioids	8	4%
9 Stimulants and street drugs	6	3%
10 Antihistamines	5	2%
	<b>187</b>	<b>90%</b>

#### **Opioids**

1 Hydrocodone	2
1 Oxycodone	2
1 Propoxyphene	2
4 Methadone	1
4 Other opioid	1
6 Codeine	0
7 Meperidine	0
8 Morphine	0
9 Pentazocine	0
10 Tramadol	0
	<b>8</b>

#### **Stimulants and street drugs**

1 Methylphenidate	3
2 Cocaine	1
2 Marijuana	1
2 PCP	1
	<b>6</b>



**Northern New England Poison Center**

## October 2003 Stats – Substance Citings

### Dominion Diagnostics Positive Rates

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

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

