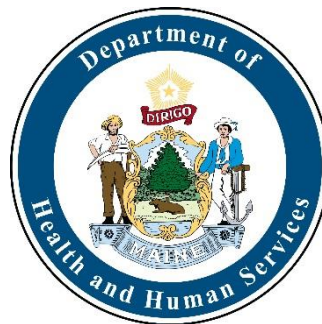


Maine Prescription Monitoring Program 2024 Annual Report Highlights

Office of Behavioral Health
November 2025

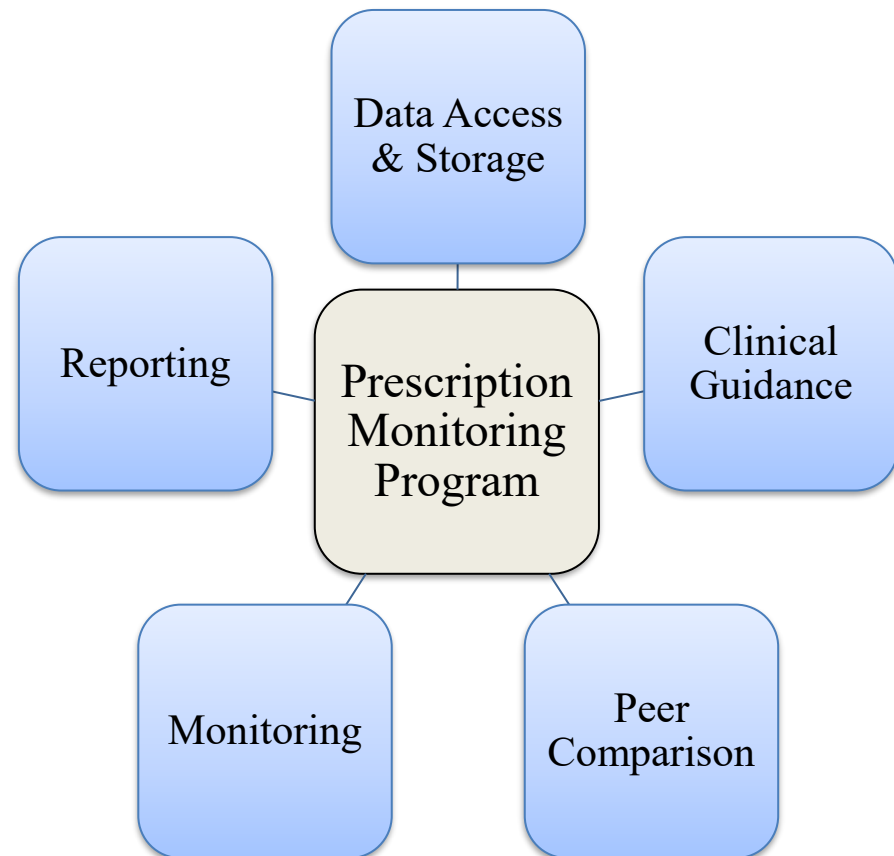


Learning Objectives

- Describe core functions of the Maine Prescription Monitoring Program
- Evaluate changes in opioid prescribing from 2000-2025
- Assess other types of controlled substance prescribing patterns

Maine PMP At A Glance

- Established in 2004 & substantially revised in 2017.
- Used by prescribers, pharmacists, and veterinarians statewide.
- In 2024, the PMP
 - Had **9,460** registered prescribers.
 - Enabled viewing of **3.2 million** patient reports.
 - Collected information on **2.3 million** prescription dispensations.



PMP Functions

Database

Provides a statewide database of all controlled substances, Schedule II-V dispensed to an individual by a pharmacy licensed in Maine within the last five years. The system is Available via an online portal or embedded directly into an electronic health record.

Clinical Tool

Provides information on individual patient risk factors, such as high-dose opioids or risky combinations of medications, to support prescribers' informed decision-making.

Decreases misuse and diversion by maintaining a centralized record of prescriptions.

PMP Functions

Peer Comparison

Allows prescribers to view their prescribing practices compared to their peers and published state thresholds for higher-risk prescribing patterns.

Monitoring

Enables the development and monitoring of key metrics related to higher-risk prescribing patterns (i.e., high-dose opioids, opioid-benzodiazepine co-prescribing), trends over time, areas of concern, and opportunities for support.

Reporting Tool

Supports reporting and information sharing through its analytic platform to facilitate population analysis of prescribers, dispensers, and patients.

Opioid Strategic Plan Alignment

Priority A

Build a statewide infrastructure to support evidence-based and community-focused actions in response to Maine's opioid crisis

Priority C

Reduce the number of prescribed, illegally trafficked, and unsafely stored opioids

Priority D

Build harm reduction skills and improve public understanding that everyone has a role to play in preventing overdoses and saving lives

Priority E

Reduce the number of fatal and non-fatal overdoses

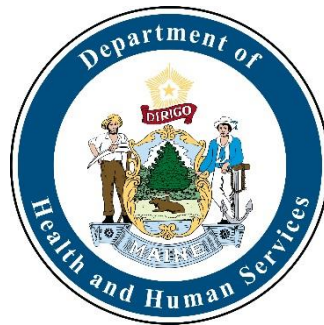
Priority F

Expand the availability of treatment that is local, immediate, affordable, and most appropriate for the patient

Priority G

Increase the proportion of persons with SUD/ODU who seek or are in treatment

National Opioid Trends



National Trends-2025

Fatal Overdoses

- Many states have reported an overall decrease in rates of fatal overdoses since 2023.

Prescribing Rates

- Since 2015 the rates of opioid prescribing have decreased approximately 50%.

Stimulants

- Since 2015, the number of stimulant prescriptions has increased nearly 50%.

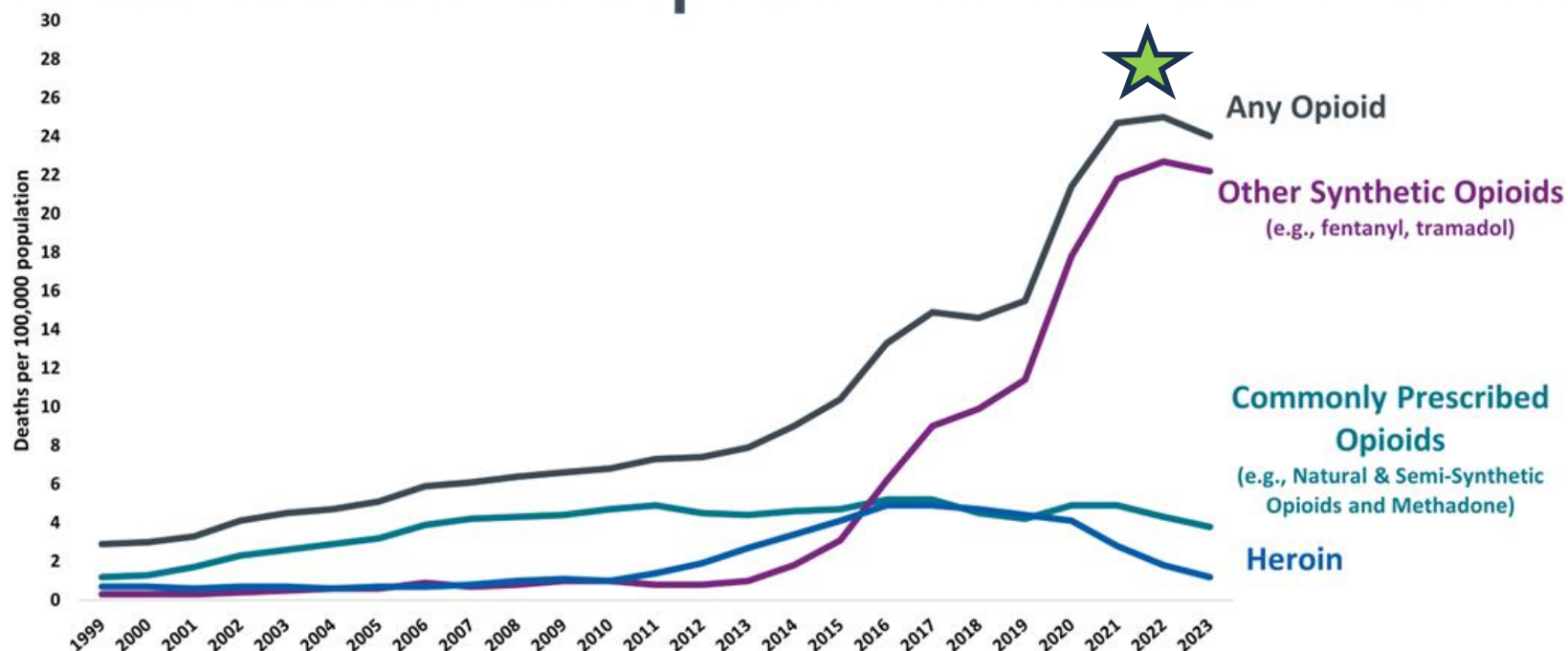
Psychoactive Substances

Controlled Substance Medications are Psychoactive Substances

- A drug or other substance that affects how the brain works [causes dopamine release] and causes changes in mood, awareness, thoughts, feelings, or behavior.

Four

Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

Wave 2: Rise in Heroin Overdose Deaths Started in 2010

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

Wave 4: Polysubstance Use

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2024. <https://wonder.cdc.gov/>.



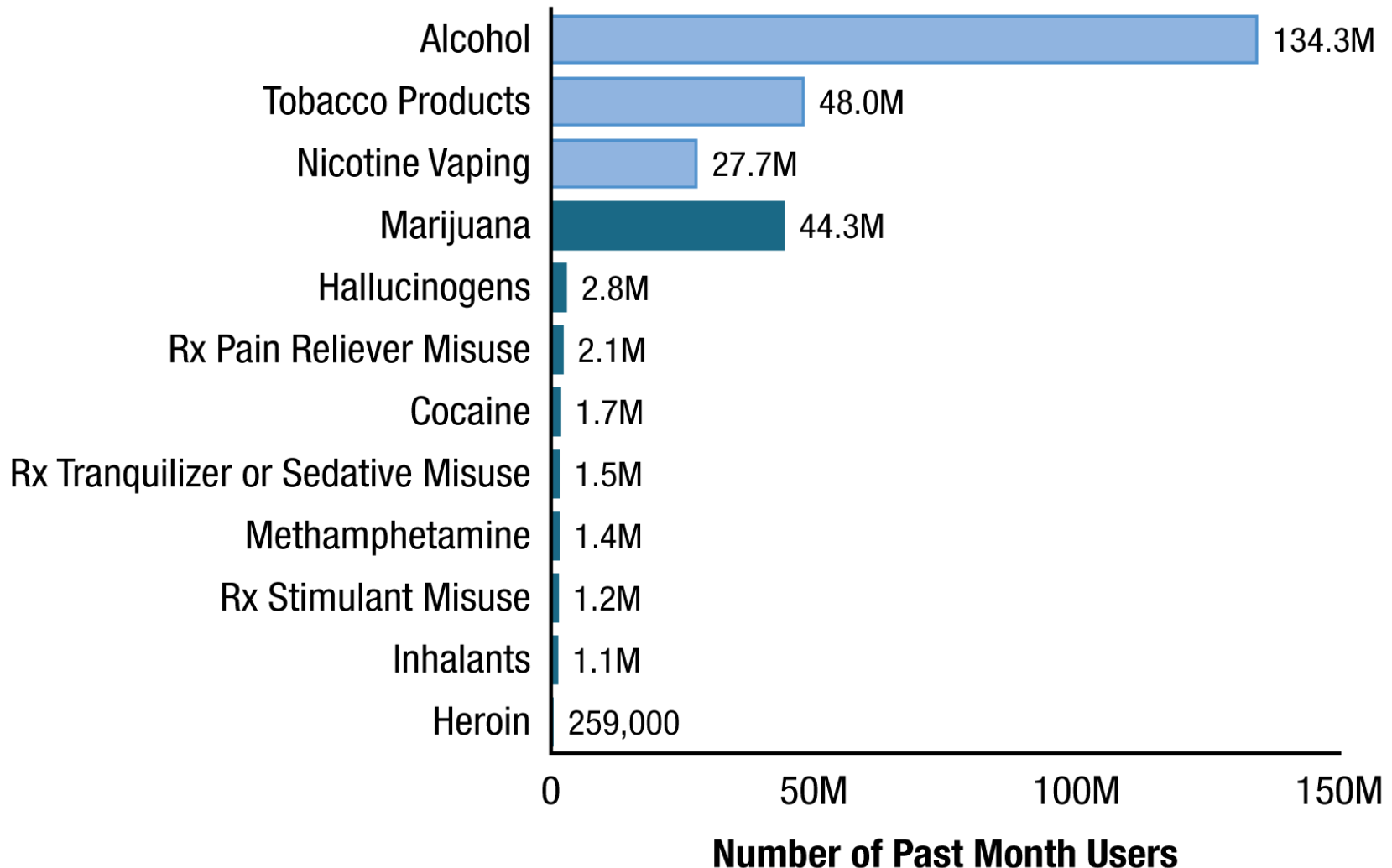
2024 National Survey on Drug Use and Health: Graphics to Support Estimates from the Annual National Report

Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration

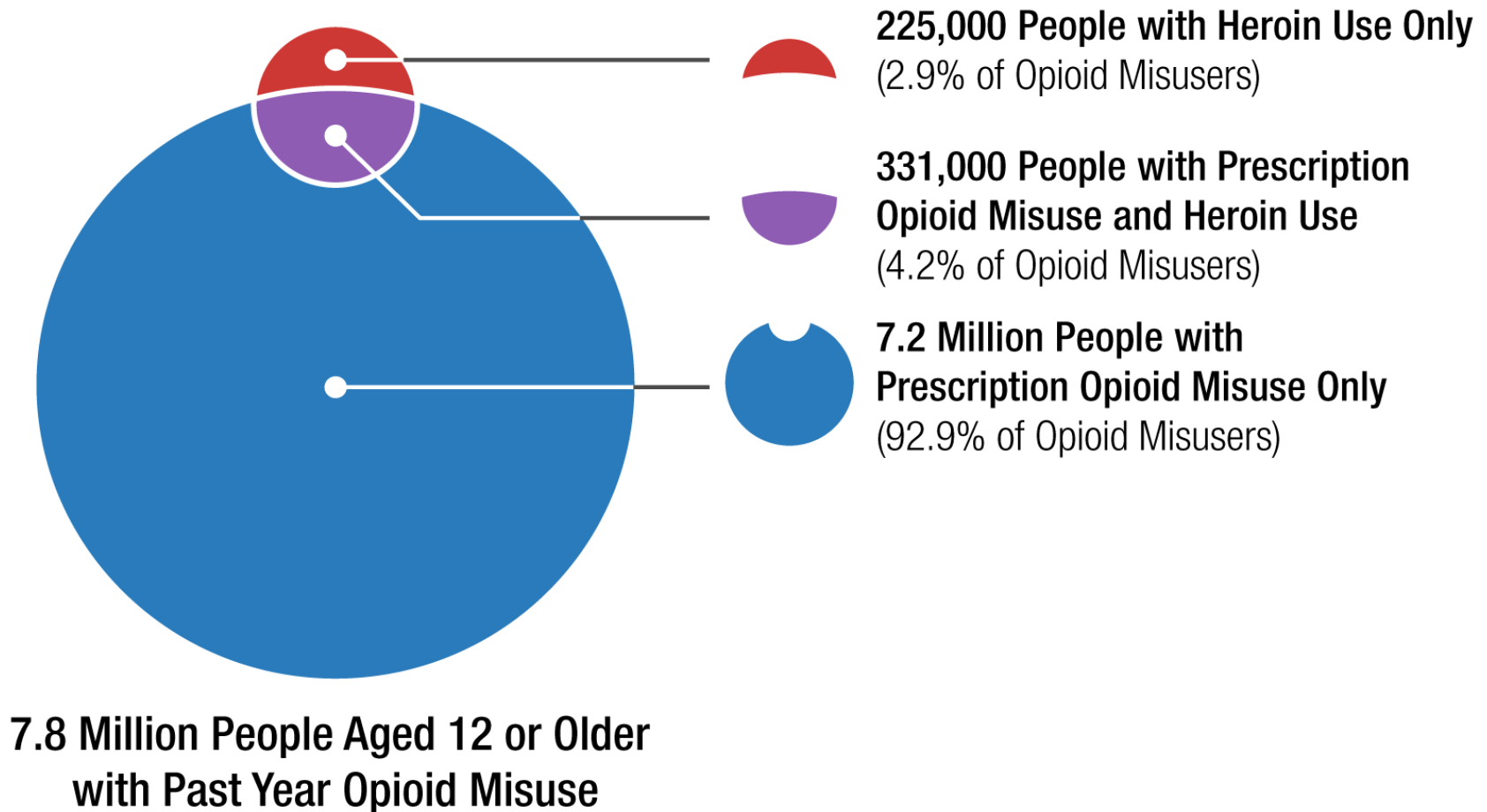
Past Month Substance Use: Among People Aged 12 or Older; 2024



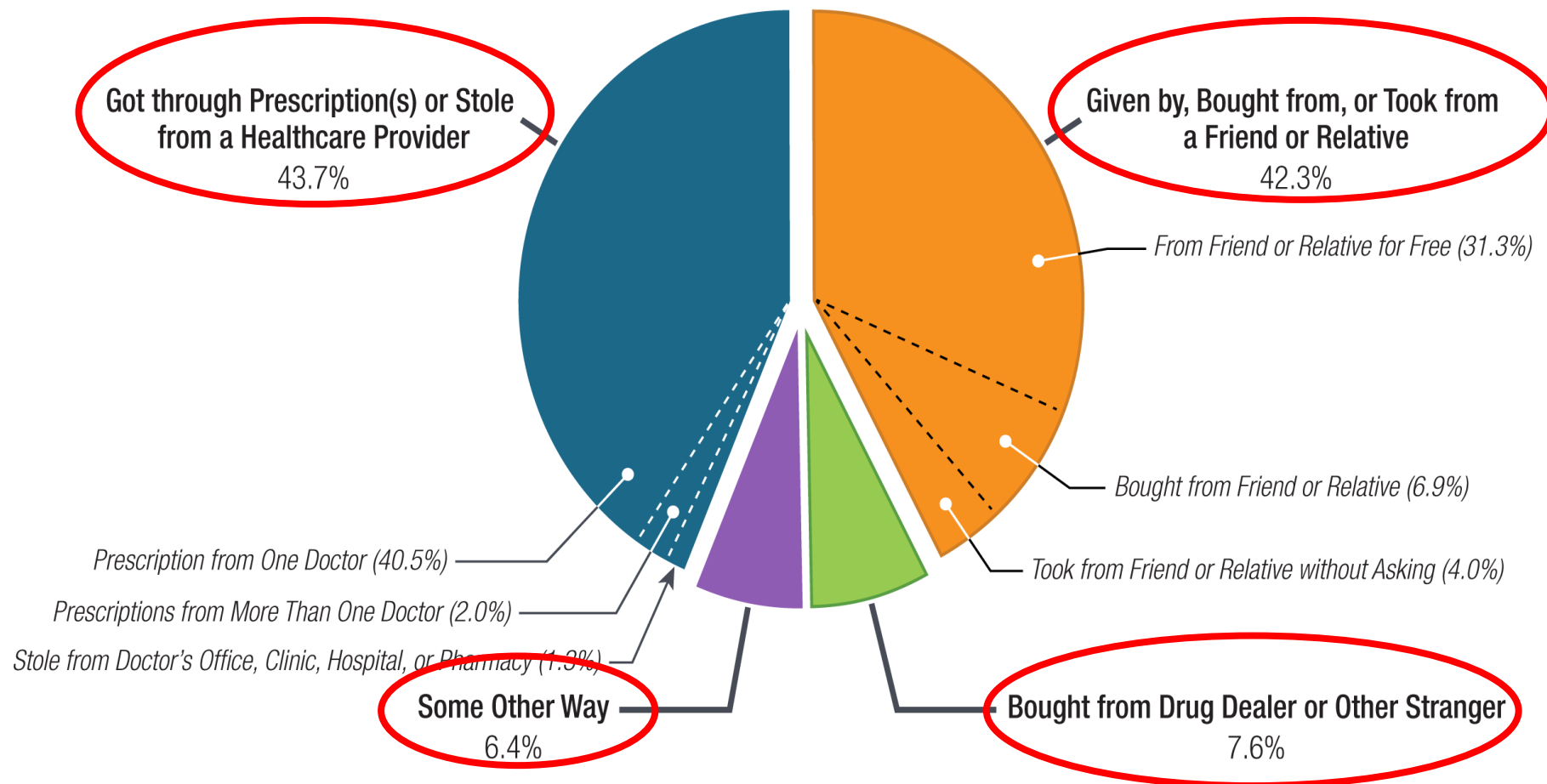
Rx = prescription.

Note: The estimated numbers of current users of different substances are not mutually exclusive because people could have used more than one type of substance in the past month.

Type of Past Year Opioid Misuse: Among Past Year Opioid Misusers Aged 12 or Older; 2024



Source Where Prescription Pain Relievers Were Obtained for Most Recent Misuse: Among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year; 2024



8.0 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

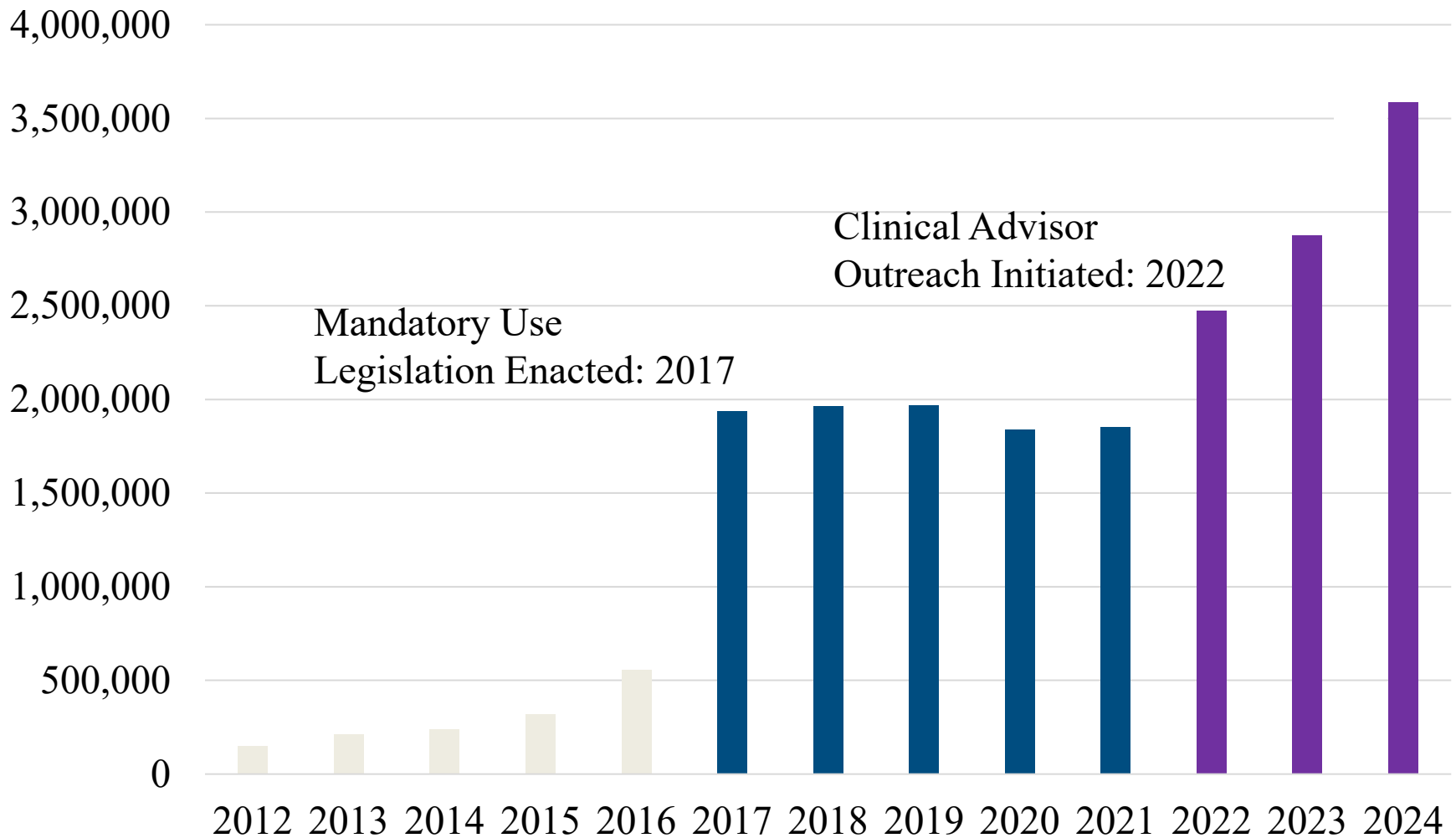
Note: The percentages for the subdivisions may not add to the percentage for the whole division due to rounding.

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

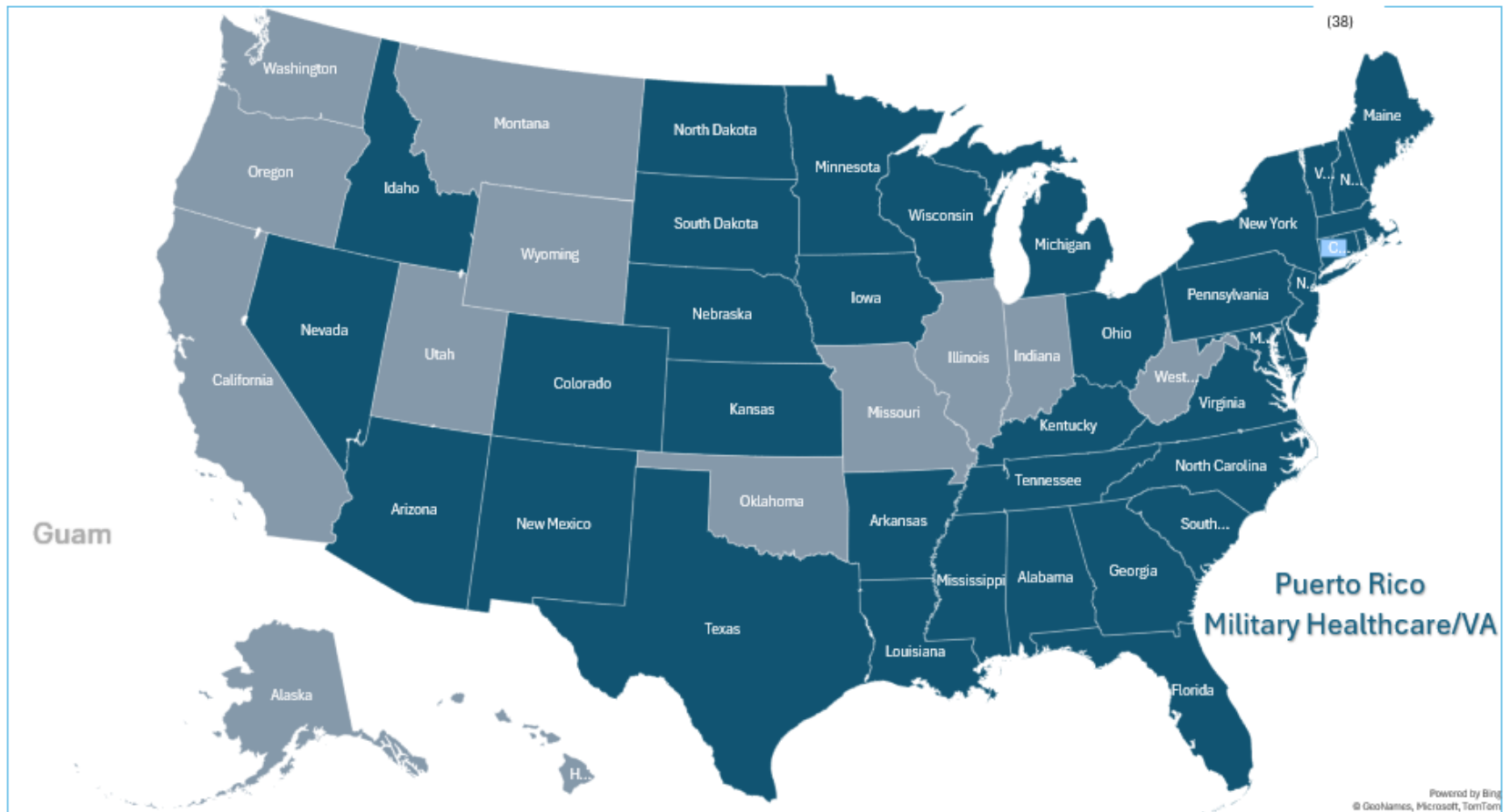
Top 10 Most Prescribed Controlled Medications

Rank	Generic Name	Drug Class	Prescriptions
1	buprenorphine products	opioid partial agonist	298,582
2	dextroamphetamine/ amphetamine	stimulant	269,570
3	oxycodone	opioid full agonist	208,553
4	methylphenidate	stimulant	174,877
5	lorazepam	benzodiazepine	164,133
6	lisdexamfetamine	stimulant	147,727
7	hydrocodone/ acetaminophen	opioid full agonist	129,679
8	clonazepam	benzodiazepine	116,238
9	tramadol	opioid full agonist	112,866
10	zolpidem	sedative	83,342

Patient Report Requests



Interstate Connectivity



Dark Blue: States with a Maine PMP connection

Light Blue: States without a Maine PMP connection

Opioids



Opioid Risks

Possible risks of opioids:



Feeling tired or drowsy



Worsening pain



- Depression, mood changes
- Irritability, anger



Constipation



- Becoming physically dependent
- Withdrawal symptoms
- Opioid use disorder



- COPD and sleep apnea may get worse
- Pneumonia



- Unsteady walking
- Increased risk of falls, broken bones, or concussion



- Car accidents
- Impaired driving



Overdose—especially when combined with alcohol, benzodiazepines, and/or street drugs



- Memory issues
- Thinking problems

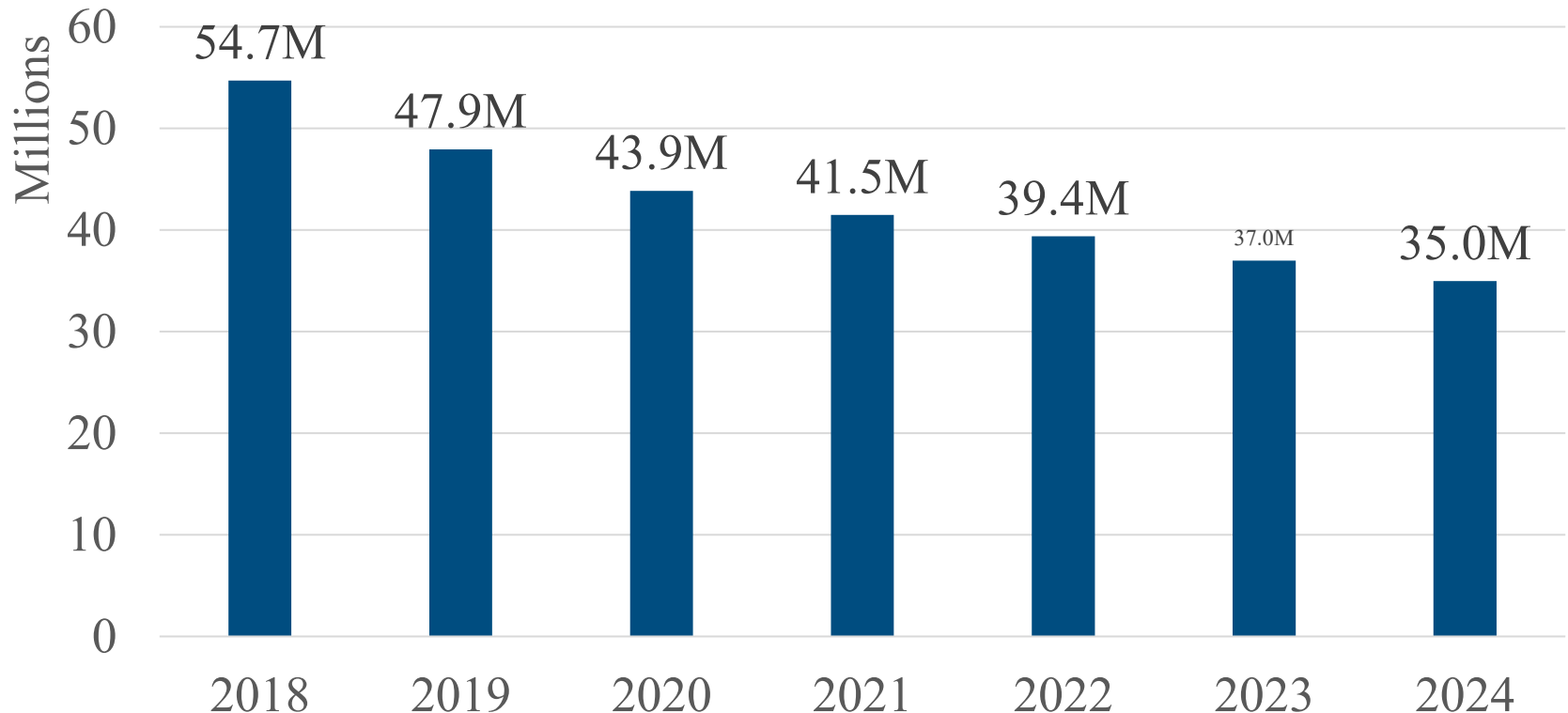


- Birth defects
- Baby may need emergency care because of withdrawal symptoms



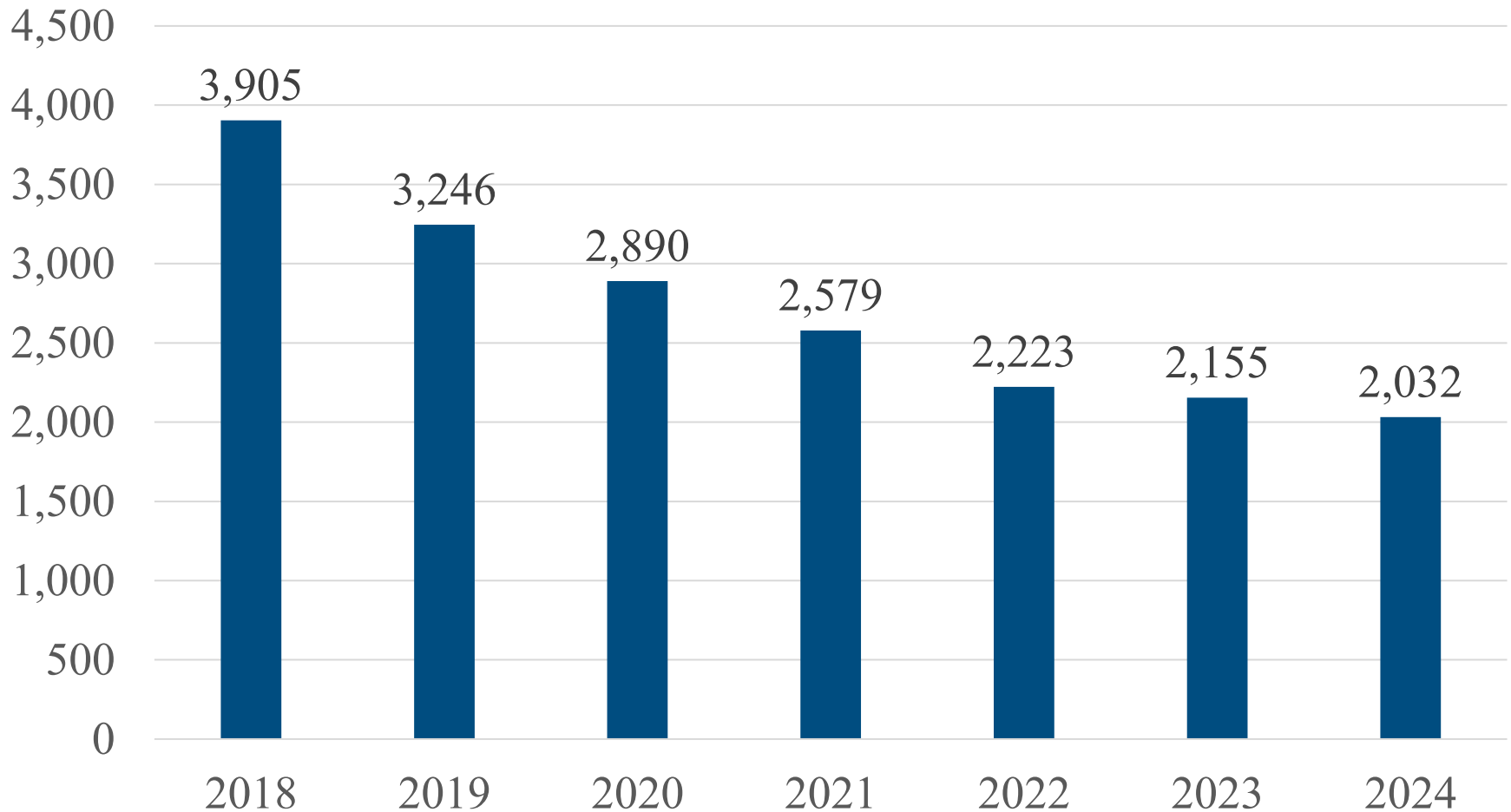
Opioid Doses Dispensed

Quantity of Opioid Doses Dispensed, 2018-2024

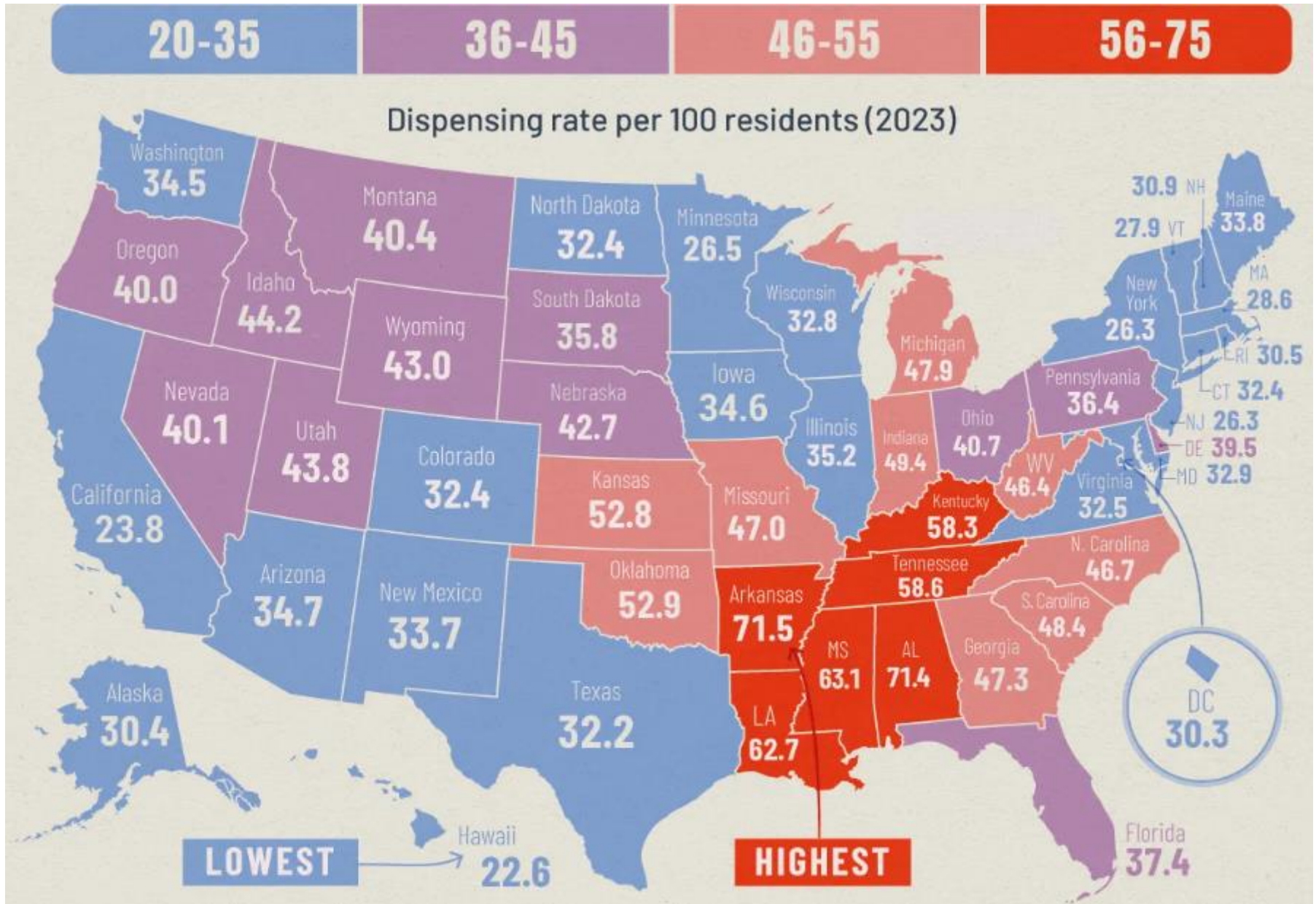


High Dose Opioid Prescribing

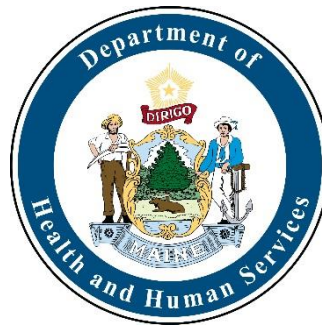
Patients Prescribed Greater than 100 MME, 2018-2024



US Opioid Prescribing/Dispensing 2023



Medications For Opioid Use Disorder



MOUD Locator Patient Resource



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Department of
Health and Human Services

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If you were unable to attend the listening sessions and want to provide feedback on the Rights of Recipients of Mental Health Services for Adults there are still options available to you:

- You can [complete this survey form \(PDF\)](#) and return it to our office by mail or email;
- You can [complete this workbook \(PDF\)](#) and return it to our office by mail or email; or

You can send your comments directly to us by writing to our office or emailing us at behavioralhealthrightsobh@maine.gov. This site will be updated with information on future stakeholder engagement opportunities as they become available.



Maine's Prescription Drug Monitoring Program (PMP)

[Maine's PMP](#)



Mental Health

[Behavioral Health Strategic Plan \(PDF\)](#)

[Consent Decree](#)

[Rights and Legal](#)

[Wellness and Recovery](#)

[Intensive Case Management](#)

[Community Referral Form \(PDF\)](#)

Get Help

The Maine Department of Health and Human Services encourages **anyone affected by the violence in Lewiston to reach out and connect with behavioral health support**. Incidents of mass violence can lead to a range of emotional reactions, including anxiety, fear, anger, despair, and a sense of helplessness that may begin immediately or in the days or weeks following the event. Maine DHHS has created a [webpage with these and other resources, including online support and resources for children and families](#).

If you have a medical emergency, please call 9-1-1

- For resources and assistance with finding a provider for addiction treatment, [this guide](#) is a first step.
- For resources and assistance with finding a provider for pain, anxiety, or MOUD treatment, [this guide](#) is a first step.

Sample Patient Facing Resource

How can I find a new buprenorphine prescriber?

1. Visit the Maine Treatment Connection platform, [click here](#).
2. Contact a primary care provider and ask for information on addiction treatment in your area. For help locating a primary care office:
 - a. Visit the Maine Primary Care Association website, [click here](#).
 - b. Call the "Find a Provider" number for your local health care system or hospital.
3. Contact an Opioid Health Home (OHH).
 - a. To find an OHH, [click here](#), for an interactive map.
4. If you do not have access to the internet and would like help with resources, call **211**.

Where can I access the opioid reversal medication naloxone (also known as Narcan®)?

1. If you have MaineCare insurance, you can receive free naloxone at any pharmacy in Maine through the MaineCare 'standing order.'
2. Request a prescription from any healthcare provider.
3. Purchase over the counter naloxone at most pharmacies or online (cost \$45-50).
4. Investigate free naloxone locations near you at GetMaineNaloxone.org

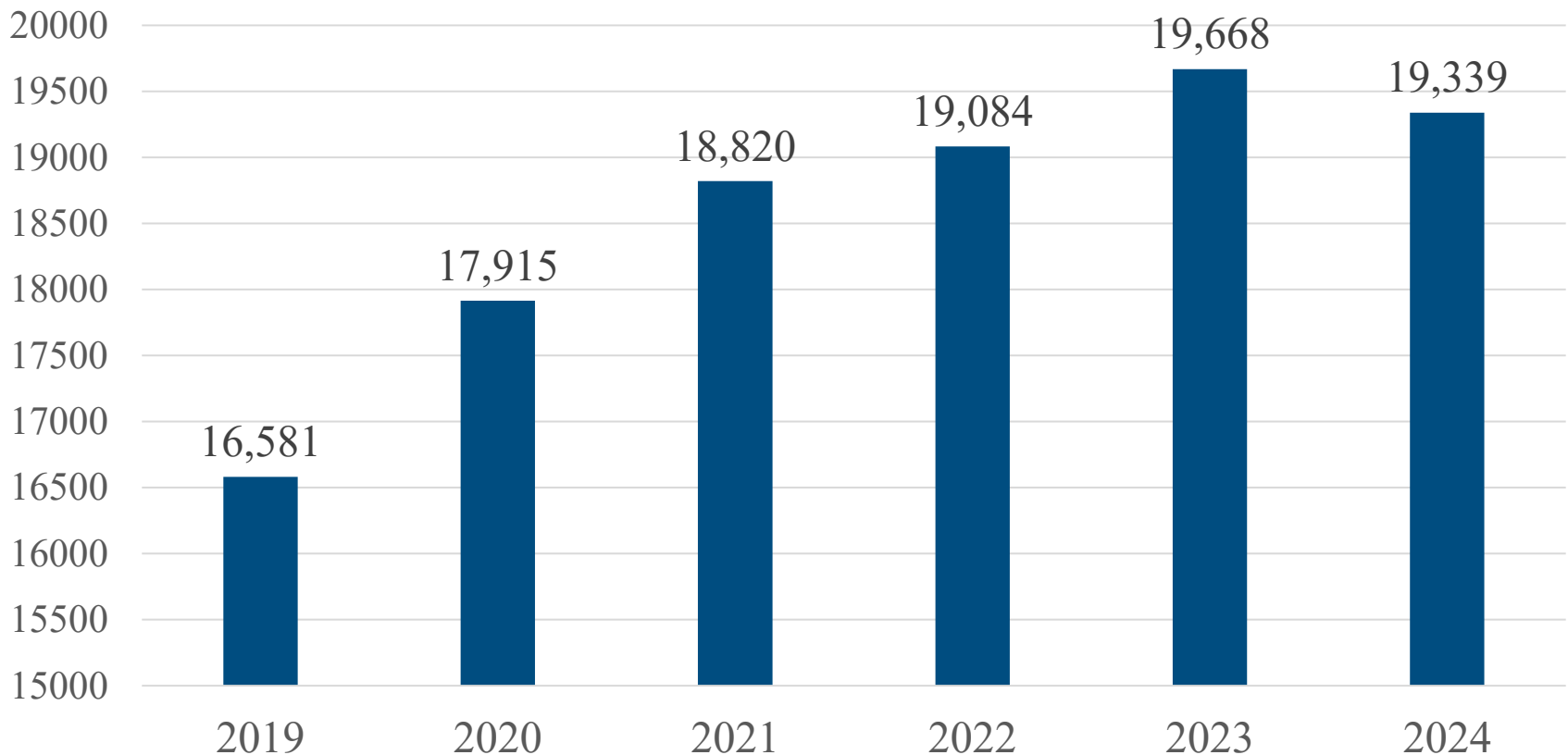
Where can I find recovery support?

1. To locate a recovery residence, recovery community center, OHH or other treatment and recovery services, [click here](#).
2. For help from a judgment free person with access to treatment and recovery information and support, contact your county [OPTIONS Liaison](#) (or use QR code)

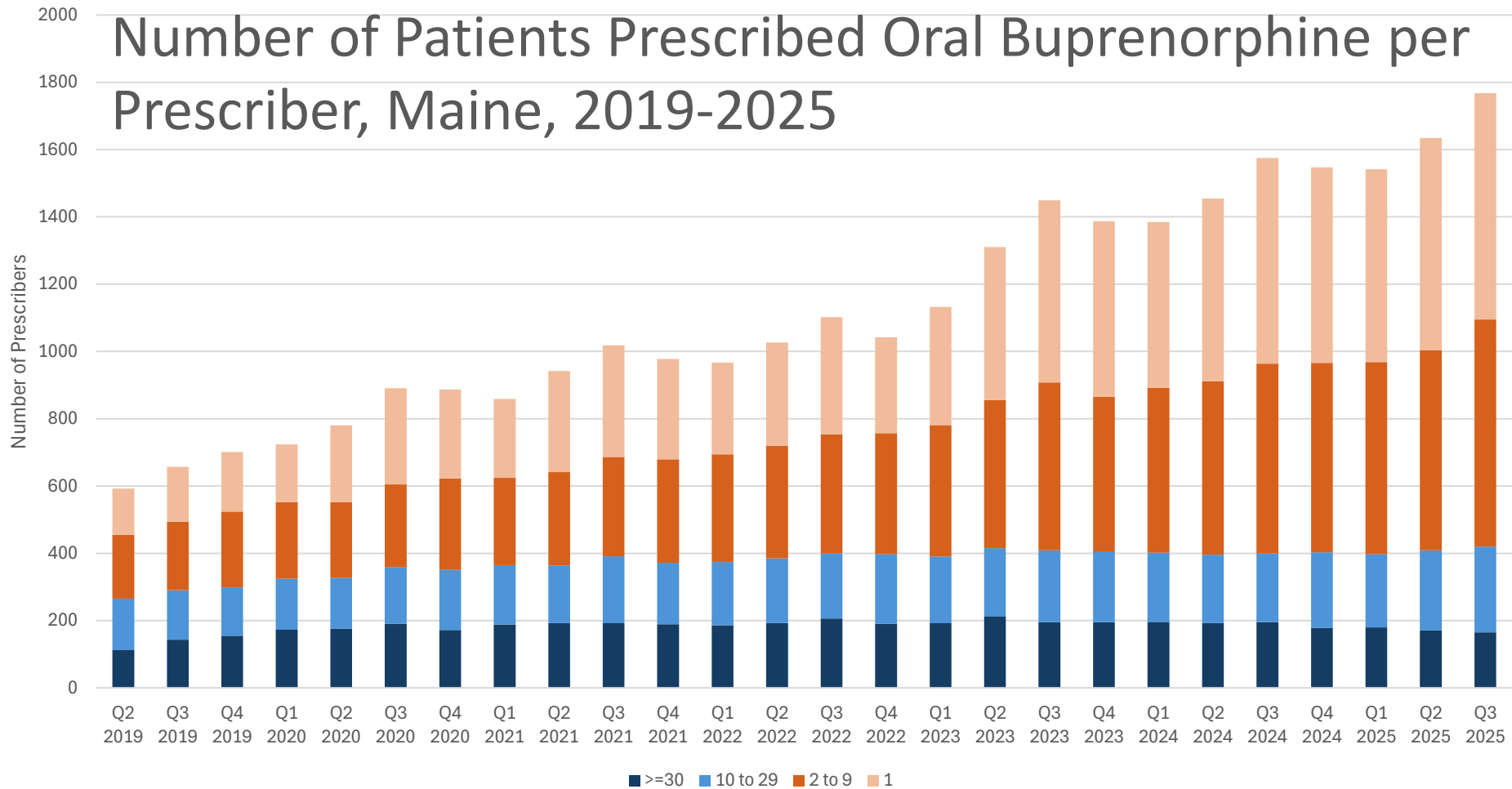


Buprenorphine for OUD

Patients with at least one buprenorphine dispensation reported to the PMP each year



Maine-Buprenorphine for OUD

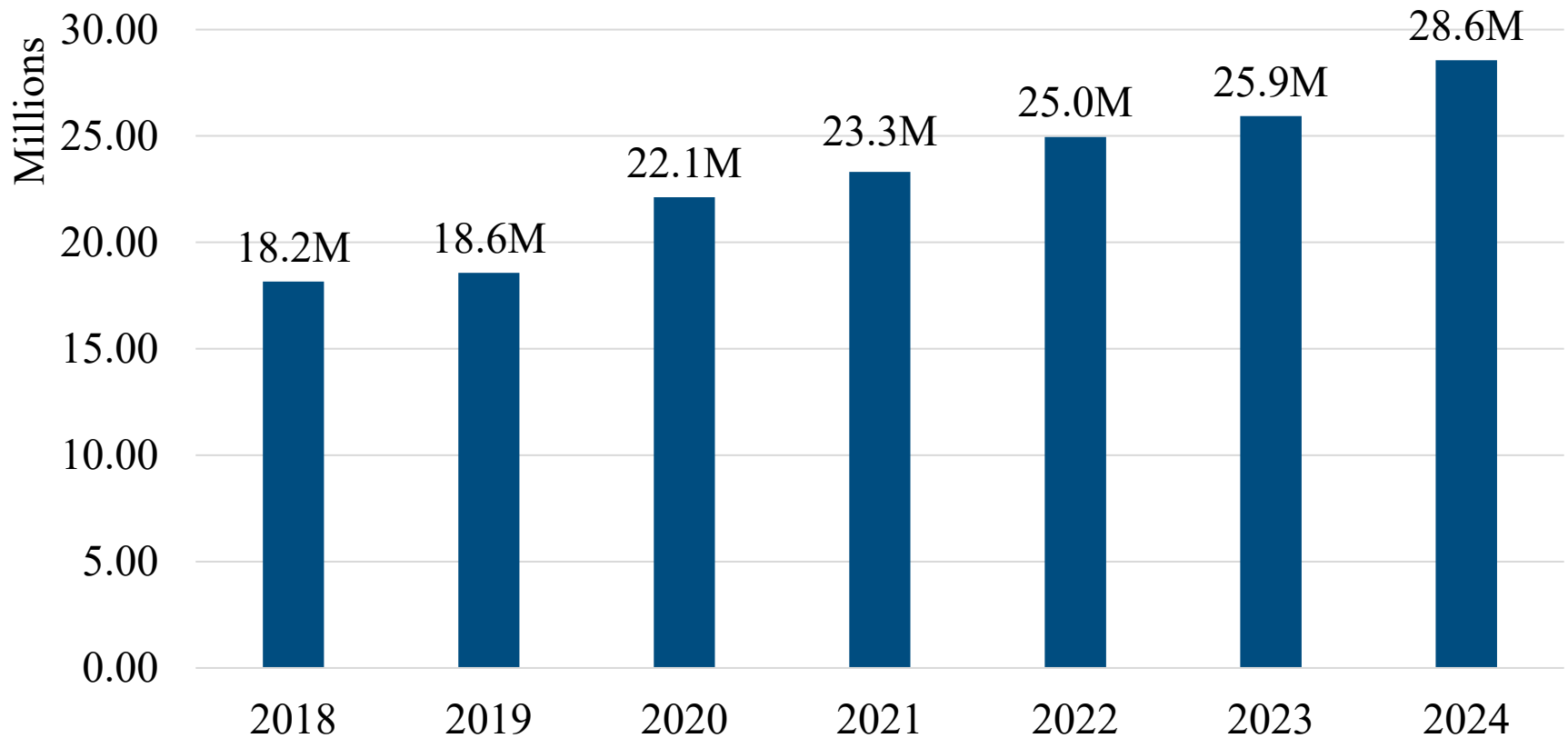


Stimulants

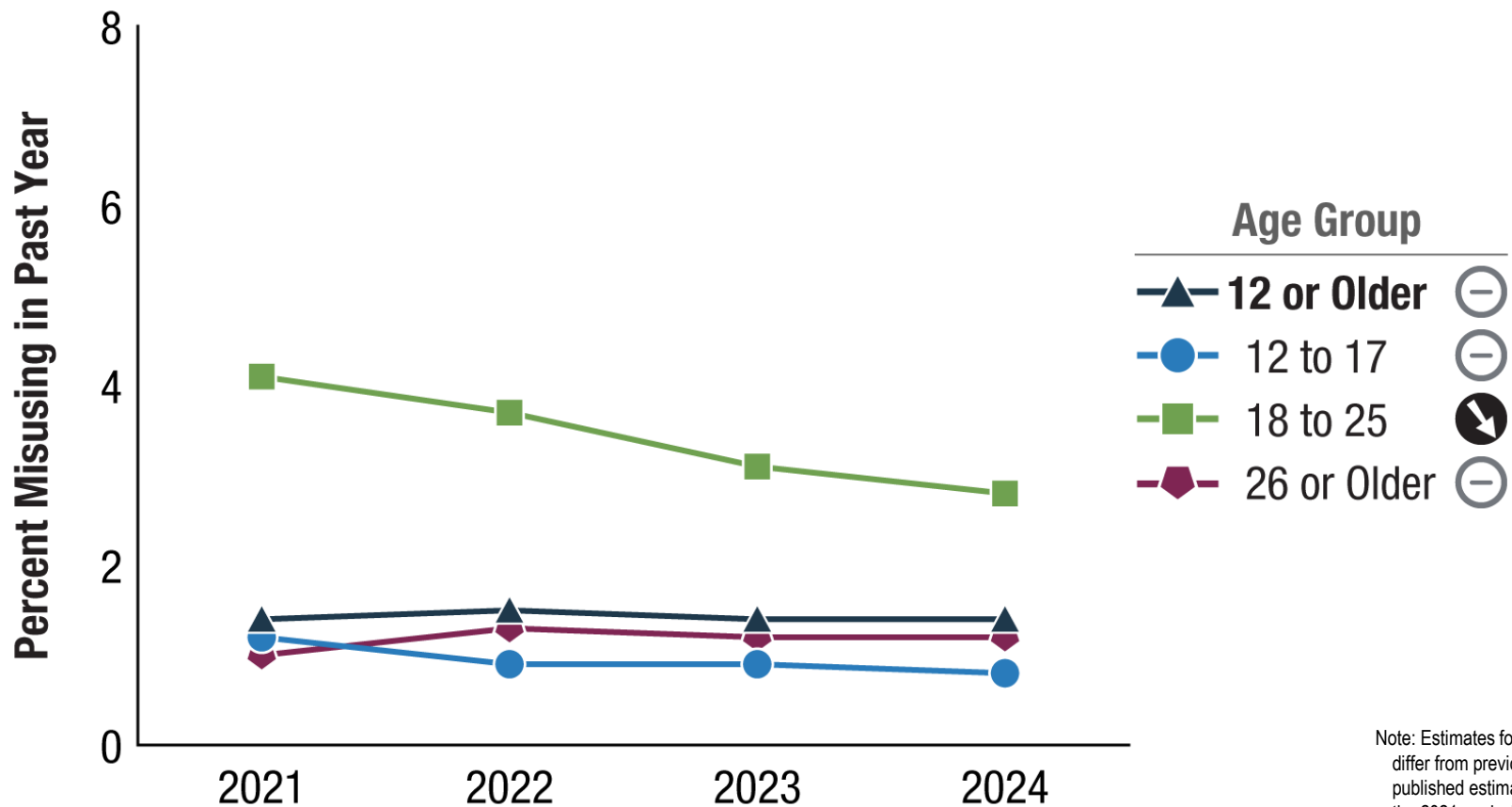


Stimulant Doses

Number of Stimulant Doses Dispensed, 2018-2024

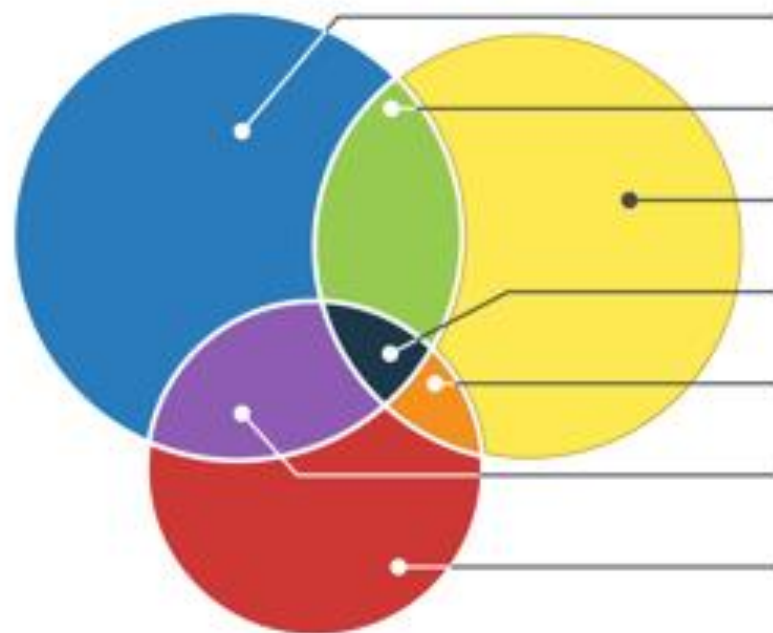


Past Year Prescription Stimulant Misuse: Among People Aged 12 or Older; 2021-2024

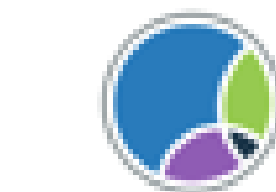


Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Past Year Central Nervous System (CNS) Stimulant Misuse: Among People Aged 12 or Older; 2024



9.0 Million People Aged 12 or Older with
Past Year CNS Stimulant Misuse



4.3 Million People
Used Cocaine



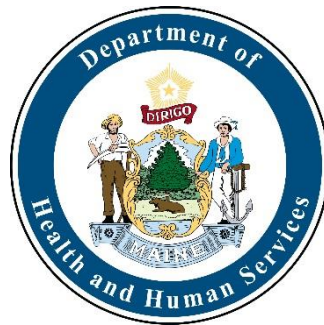
3.9 Million People
Misused Prescription
Stimulants



2.4 Million People Used
Methamphetamine

*Simplified from slide 30 https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024_NNR_slides.pptx

Benzodiazepines (Sedatives)



Benzodiazepine Risks

Possible risks of benzodiazepines:



Feel tired or drowsy



Problems with memory and thinking



Depression, mood changes, irritability, anger



Worsening of PTSD symptoms



- Become dependent on the medicine
- Withdrawal symptoms



- Worsening of COPD and sleep apnea
- Pneumonia



- Car crash
- Arrest for driving while impaired



- Unsteady walking
- Falls, broken bones, or concussion



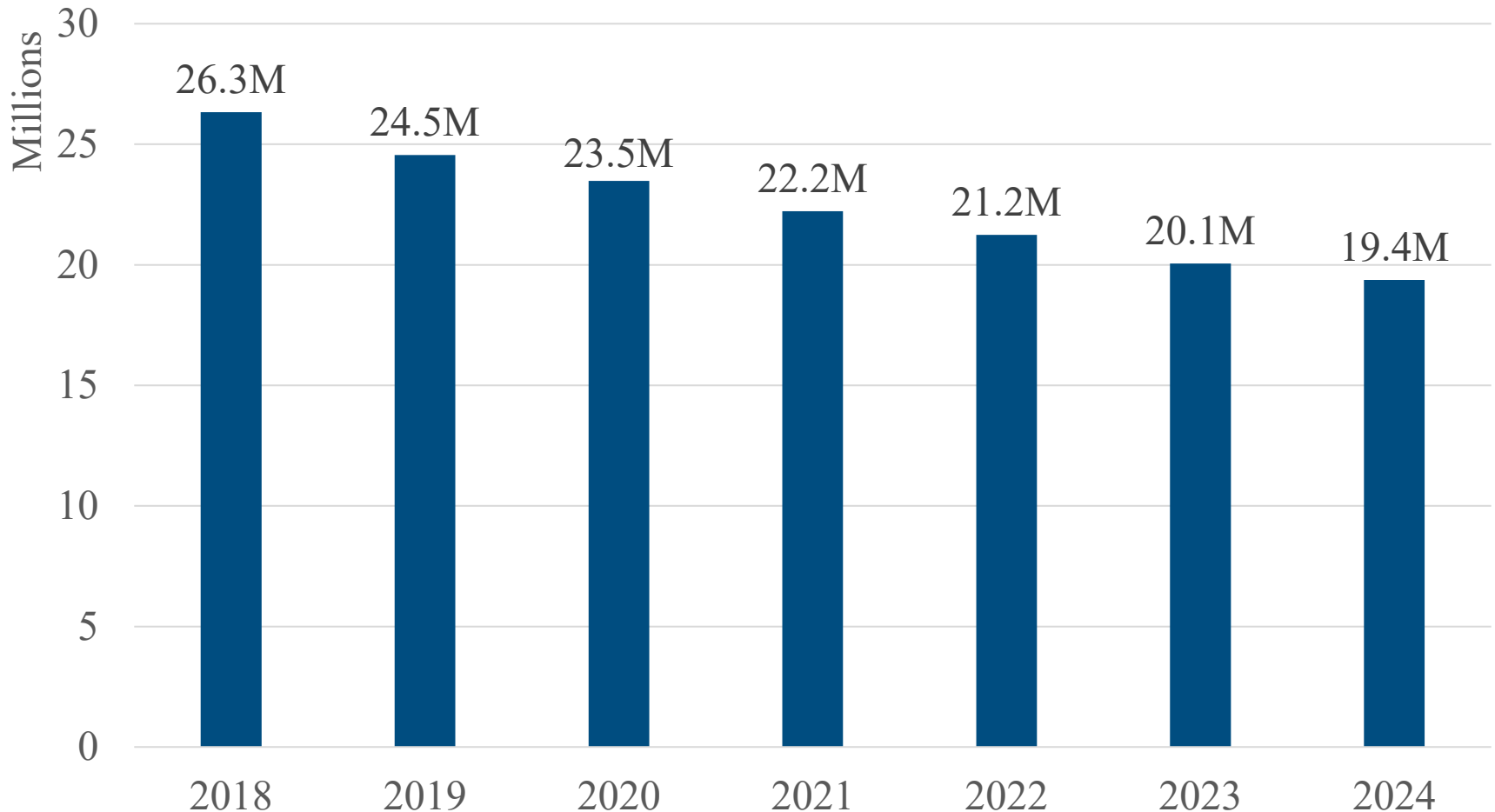
Overdose—especially when combined with alcohol, strong pain medicine (opioids), non-prescribed medicines



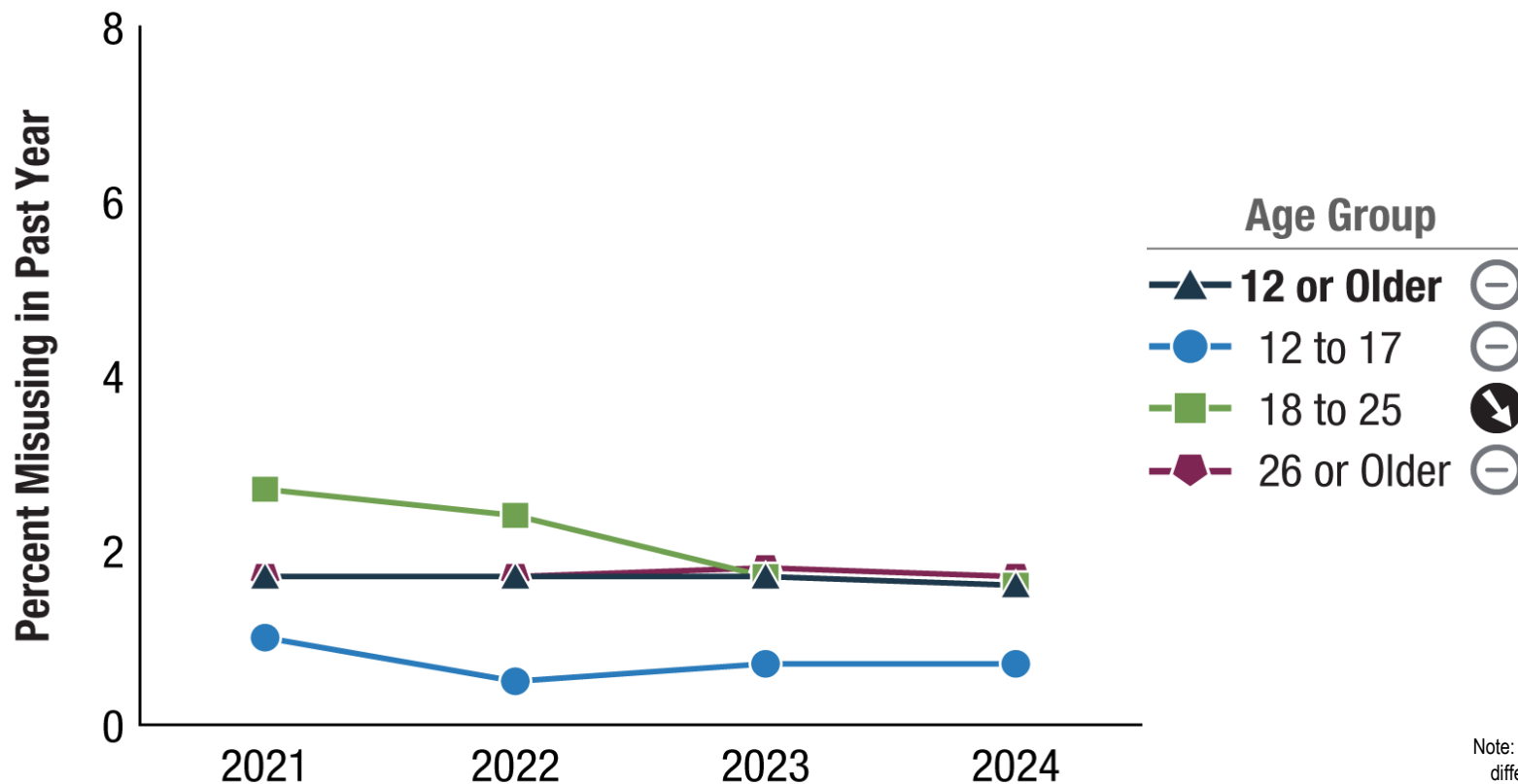
- Birth defects
- Withdrawal symptoms in newborn

Benzodiazepine Doses

Number of Benzodiazepine Doses, 2018-2024



Past Year Prescription Tranquilizer or Sedative Misuse: Among People Aged 12 or Older; 2021-2024



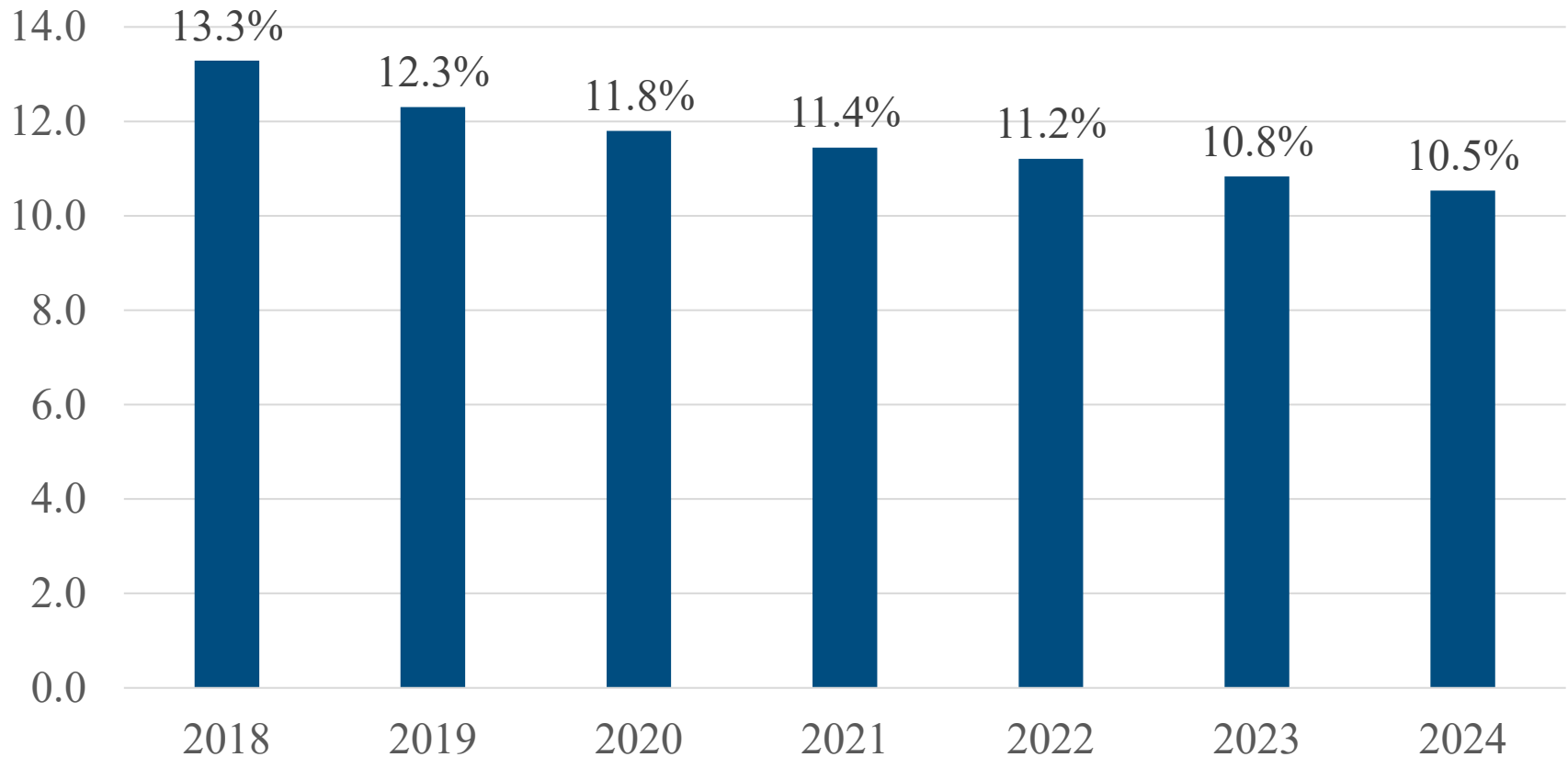
Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Combination Opioid and Benzodiazepine Prescribing

- Using both medications during the same time frame increases the risk of:
 - An Emergency Department visit
 - Adverse medication effects causing hospitalization
 - Dying of (accidental) drug overdose (Bachhuber 2016, Sun 2017)
- One cohort study in North Carolina found patients on both medications died at **10x** the rate as patients on opioids alone (Dasgupta 2016)
- Risk of overdose death goes up with higher doses of either medication (Park 2015)

Combination Opioid-Benzodiazepine Use

Average Percent of Co-Prescribing Days in Maine 2018-2024



Prescriber Continuing Education

- Mandatory since 2017
- Local healthcare system Grand Rounds
- Specialty society meetings-State and National
- Maine SUD Learning Community
- MICIS (Maine Medical Association)-Academic Detailing and Grand Rounds
- 1000 Lives Campaign (Maine Medical Association)
- Enduring/web-based materials

Contact Information

Prescription
Monitoring
Program

- PMP@maine.gov
- (207) 287-2595, option 2

Dr.
Elisabeth
Mock

- Clinical & Policy Advisor
- Elisabeth.Mock@maine.gov

Dr. Jessica
Benson-
Yang

- Associate Director for Data & Quality
- Jessica.Benson-Yang@maine.gov

References

2024 Annual Report

<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Prescription%20Monitoring%20Program%202024%20Annual%20Report.pdf>

National Survey of Drug Use and Health

<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

Others

Slide 6: <https://www.maine.gov/future/opioids>

Slide 9: <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/psychoactive-substance>

Slide 21: https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/508/IB10-1546_PAIN_Patient_SlowlyStoppingOpioidsHandout_P97066.pdf (public domain)

Slide 24: Data source: CDC; visualization: <https://www.visualcapitalist.com/mapped-states-highest-opioid-prescription-rates/>

Slide 35: https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/508/IB10-1529BZD-PatientFactSheet-SlowlyStoppingBenzodiazepines_508Ready.pdf (public domain)

Slide 38: <https://nida.nih.gov/research-topics/opioids/benzodiazepines-opioids#:~:text=Combining%20opioids%20and%20benzodiazepines%20can,addition%20to%20impairing%20cognitive%20functions.>