



**STATE OF MAINE
DEPARTMENT OF THE ATTORNEY GENERAL
OFFICE OF CHIEF MEDICAL EXAMINER**



**Senate Committee on Governmental Affairs
“Legal Drugs, Illegal Purposes: The Escalating Abuse of Prescription Medications”
August 6, 2003**

**Testimony of Margaret Greenwald, MD
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Chairman Collins and members of the Committee, my name is Dr. Margaret Greenwald and I am the Chief Medical Examiner for the State of Maine. I would like to thank you for this opportunity to address your committee on a topic of great concern to me as a public health professional. The abuse of prescription medications has dramatically increased drug related deaths in the state of Maine. These deaths, of course, represent only a small part of a much larger substance abuse problem, which is rapidly becoming an epidemic in Maine and other rural states.

When I came to Maine in 1997, I was pleased and relieved to note that we had only 34 drug related deaths for the entire year. In 1998 and 1999, the numbers of drug related deaths increased slightly. However, in the year 2000 it became clear that the increases were not just the result of episodic changes in the death rate, but the beginning of a serious trend. This suspicion was confirmed as the drug related deaths increased dramatically in the year 2001.

In Maine, the Office of Chief Medical Examiner (OCME) is a part of the Attorney General's Office. When he became aware of the growing drug related death rate, Attorney General Steven Rowe immediately suggested that we study the problem in depth. With the support of the Attorney General, with funding from Maine Justice Assistance Council (through a grant from the NIJ), and the Maine Office of Substance Abuse, Dr. Marcella Sorg and I designed and co-authored a study of Maine Drug-Related Mortality Patterns. The study was intended to provide accurate and current statistics on these drug deaths to policy makers, the health care community, law enforcement and the public.

The Office of Chief Medical Examiner is charged with determining the cause and manner of death in all non-natural or suspicious deaths. Whenever a possible drug related death is identified by local law enforcement agencies, it is immediately reported to the OCME. My office is the agency which directs the death investigation. Depending on the circumstances we may request that the Maine Drug Enforcement Agency or the Maine State Police assist the local police with their investigations. Most drug related deaths are transported to Augusta for autopsy. Blood is drawn on all potential drug related deaths. Toxicology tests are performed by a forensic laboratory which screens the blood for hundreds of prescription drugs.

The Cause of Death (for purposes of the death certificate) is a determination made by the Medical Examiner and is based on the circumstances of the death, the pathologic findings at autopsy and the laboratory tests. The toxicology report lists all drugs present in the blood at the time of death (some of which may be legitimate drugs in therapeutic amounts) and the amount of the drug present. If the Medical Examiner cannot separate and identify one or two specific drugs as the cause of death, they may list the cause as Multiple Drug or Polydrug Overdose.

In order to fully evaluate the drug deaths in the study, cases were analyzed from two perspectives

- 1st Drugs specifically identified on the death certificate as Cause of Death or Significantly Contributing to Death
- 2nd Drugs present in blood at the time of death as documented in the Toxicology report.

The study covers the deaths from January 1997 through June 2002 and was published in December 2002. The charts you have seen include the final numbers from 2002.

The numbers of drug related deaths, compared to 1997, doubled in the year 2000 and tripled in 2001. Drug related deaths for 2002 were more than 5 times what was seen in 1997. Early estimates for 2003 indicate a slight decrease in drug related deaths, if the current numbers remain consistent throughout the year. However, the death rate will probably still remain as much as 4 times what was seen in 1997. 2003 projections are for approximately 100 accidental deaths compared to 126 in 2002.

Major conclusions from the study were as follows:

- The increase in deaths were primarily due to the accidental (unintentional) overdoses. Suicide rates have remained relatively constant.
- The majority of the deaths were caused by prescription drugs. Overall, 62% of the accidental deaths and 94% of suicides or about ¾ of all the deaths were caused by prescription drugs.
- The drug deaths affected all Maine counties, generally in proportion to their percentage of the state population. The only exception was Cumberland County, which has 21% of the population and had 34% of the drug related deaths.
- The demographics of the victims was broadly representative of Maine's population as a whole. Significant statistical findings included 14% more males than expected and 34% fewer who were married, either single or divorced.

Prescription drug abuse is a complicated and difficult problem which will require a multidisciplinary approach. The recent passage of the Prescription Drug Monitoring System for Maine is a good first step. However, unless the system receives good enough funding to allow it to be designed to allow physicians real time access, a patient who is doctor shopping, may still be able to receive prescriptions for pain medication. Investigation of drug related deaths may uncover diversion of drugs from pain clinics or Methadone clinics, but these investigations require numerous careful and detailed interviews to identify and document the illegal use of prescription drugs. Most local police departments, and even Maine Drug Enforcement Agency and Maine State Police do not have enough personnel to provide these in depth investigations on every case. Physicians and other health professionals need research and education to help them find ways to adequately treat pain without enabling substance abuse and to work with their patients to minimize the multiple medications found in most medicine cabinets in the US.

Since she did most of the statistical analyses, I will let Dr. Sorg discuss the specific drug patterns we identified. If you have any questions regarding the drugs, their effects, or our interpretations, I will be happy to try to answer your questions.