

Welcome

Central East PTTC Webinar

Identifying Emerging Drug Trends The Importance of Using the Latest Data to Inform the Strategic Prevention Framework

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

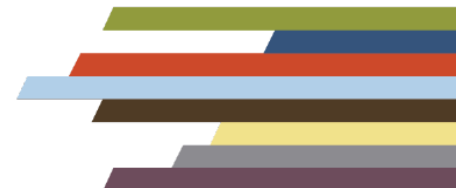
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Central East (HHS Region 3)

PTTC



Technical Information

This training was developed under the Substance Abuse and Mental Health Services Administration's Prevention Technology Transfer Center task order. Reference # 1H79SP081018.

For training use only.

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Each **TTC Network** includes 13 centers.*



- Network Coordinating Office
- National American Indian and Alaska Native Center
- National Hispanic and Latino Center
- 10 Regional Centers (aligned with HHS regions)

**The ATTC Network also includes 4 international HIV centers funded by the President's Emergency Plan for AIDS Relief.*

Central East Region

HHS REGION 3



What We Do

- **Accelerate** the adoption and implementation of evidence-based and promising treatment and recovery-oriented practices and services
- **Strengthen** the behavioral health awareness, knowledge, and skills of the health care and prevention workforce that address the needs of people with behavioral health disorders
- **Foster regional** and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community
- **Ensure** the availability and delivery of publicly available, free of charge, behavioral health training and technical assistance to health care and prevention professionals

PTTC Mission

To Strengthen the Capacity of the Workforce to Deliver Evidence-Based Prevention Strategies and Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances

Central East PTTC Specialty Area

Engaging and Collaborating with Primary Care Providers for Substance Use Prevention



Eligibility

Behavioral health and health care providers, consumers, families, state and local public health systems and other stakeholders

Consistent with Regional, State and Local Needs

No cost

Data Driven

EBPs provided by Subject Matter Experts

PTTC Focus Areas

- Opioid/harm reduction strategies
- Suicide prevention and substance use overdoses
- Youth vaping/tobacco
- Youth alcohol and suicide
- Health equity and the elimination of disparities
- Trauma
- Workforce leadership development series-strategic planning/SPF; data-informed decision-making; environmental strategies

Upcoming Webinars

[Register](#) **Managing Anxiety and Depression for LGBTQ populations in COVID-19**
September 30, 2020 | Kate Bishop, MSSA

[Register](#) **Engaging LGBTQ Elders in Prevention Programs**
October 28, 2020 | Kate Bishop, MSSA

[Register](#) **LGBTQ Youth Tobacco Prevention: COVID-19 and Lung Vulnerability**
December 9, 2020 | Kate Bishop, MSSA

[Register](#) **Workforce Vicarious Trauma: Management Guidelines**
January 13, 2021 | Kate Bishop, MSSA

Registration coming soon **Improving Health Outcomes for Diverse Populations** **WEBINAR SERIES**
January 12, 2021 | Part 1: Inequality, Racism, and Disparities
January 19, 2021 | Part 2: Implicit Bias
January 26, 2021 | Part 3: Cultural Humility

ALL WEBINARS AT 1:00 PM ET



Other Resources in Region 3



Central East (HHS Region 3)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Contact Us



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

a program managed by

THE DANYA INSTITUTE

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The use of affirming language inspires hope.
LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Identifying Emerging Drug Trends

The Importance of Using the Latest Data to Inform the Strategic Prevention Framework

September 24, 2020

Josh Esrick

PTTC Prevention Specialist

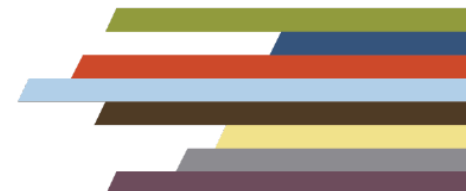
Senior Policy Analyst

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Presenters



Josh Esrick
Presenter



Emily Patton
Presenter



Key Objectives

- Describe what national and state emerging drug trend data sources exist
- Walk through the local data sources that can verify national and state trends
- Explore the latest emerging drug trends
- Explain how these trends could impact prevention programming decisions



National Data Resources (SAMHSA)

- National Survey on Drug Use and Health
 - Available through SAMHSA
 - Most recent report is from 2019 data
- Wide-ranging Online Data for Epidemiologic Research (WONDER)
 - Available through the CDC
 - Sub-state data can also be organized by urbanization
 - Smaller counties may have less reliable or missing data
- Behavioral Risk Factor Surveillance System
 - Available through the CDC
 - Sub-state data from some Metropolitan Statistical Areas



National Data Resources (SAMHSA)

- Youth Risk Behavioral Surveillance System
 - Available through the CDC
 - Sub-state data for high population school districts and counties
- Uniform Crime Report
 - Available through the FBI
 - City (>10,000 population) and County (>25,000 population) crime counts
- U.S. Census
 - Demographic data
- Drug Abuse Warning Network (DAWN)
 - Drug-related hospital emergency department visits at the locations where DAWN is active



State Data Resources (SAMHSA)

- State Department of Education
 - Student surveys, demographics (e.g. percent of families qualifying for reduced lunch prices)
- State Department of Health/Public Health
 - Surveys, knowledge of prevention funding streams and ongoing efforts
 - Vital Statistics data
- State Department of Motor Vehicles
 - Substance/Alcohol traffic incident/citation data
- State Police Department/Agency
 - Crime and incident data



State Data Resources (SAMHSA)

- Office of State Courts
 - Crime conviction statistics
- State Liquor Licensing Agency
 - Prevalence of licensed sellers, data on license revocations
- Prescription Drug Monitoring Program
 - Prescribing records, "doctor shopping" incidence data
 - Many potential uses, if the data can be obtained



Using Local Data as a Resource

- What is Local Data?
 - Data specific to a locality, including sub-state regions, counties, cities, and school districts
 - Can be quantitative or qualitative, and allows us to better understand the extent to which a community is experiencing broader trends
 - Available from many potential sources, though challenges often exist



Where to Find Local Data (SAMHSA)

- County/Municipal Health Departments
 - Local needs assessment data, Vital Statistics data, qualitative knowledge of local needs and efforts
- Medical examiner/coroner
 - Drug-related death data (more recent than WONDER data)
- Local hospitals, urgent care centers, health care providers
 - Medical record data and registries
- Substance use treatment and recovery providers
 - Treatment record data, qualitative observation of trends



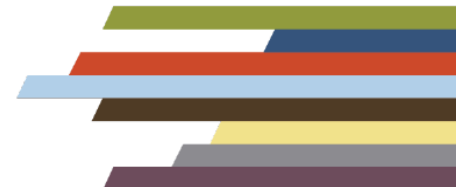
Additional Local Data Resources (SAMHSA)

- Local law enforcement
 - Incident data, observation of local trends
- School districts
 - Disciplinary records, academic commitment data
 - Can help facilitate direct data collection (e.g. youth focus groups)
- Local colleges/universities
 - Various epidemiological data
- Other stakeholders
 - Community coalitions, other local government entities, local businesses, faith-based organizations, PTAs, neighborhood associations, youth sports leagues, etc.



Common Barriers With Data

- Data not correctly collected
 - Surveys with poor question wording; selection bias
 - Inconsistent collection periods
- Gatekeepers not willing/allowed to share data
 - Worry over violating regulations/statutes
- Data is available, but difficult to access
 - Frustrating database systems
 - Missing or incomplete records



Common Barriers With Data

- Data not in readily usable form
 - Too aggregated or too overlapping
 - Different definitions from other obtained data
- Available data not directly relevant to current needs
 - E.g. Overdose data not helpful for determining marijuana prevalence
- Outdated data or accompanied by misleading/incorrect analysis
 - E.g. Data held by entity not familiar with statistical techniques



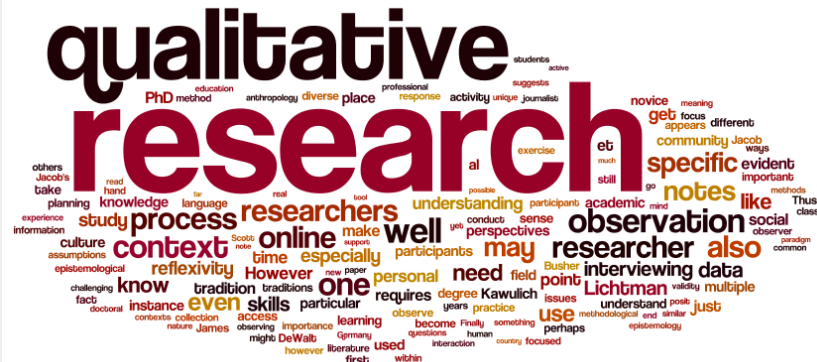
Strategies for Overcoming Data Challenges

- Identify which data sources may be available to you, and whether there are overlapping sources if any turn out to be unavailable
- Have a clear data request
 - Explain what you are looking for and what you do not need
 - Work with sources to determine if other data may meet your needs
- Request data as part of a broader collaboration effort
 - The request is not asking for a favor, it is part of a collaborative effort to address a public health issue in the community



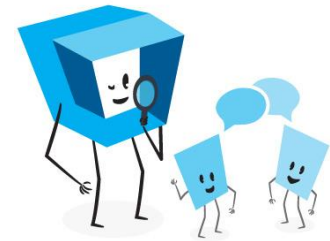
Strategies for Overcoming Data Challenges

- Understand relevant regulations and statutes
 - Know what data can and cannot be shared by entities
 - Work around limitations and alleviate concerns when data-sharing is permissible
- Value qualitative data
 - Often more readily available than quantitative data
 - Can be provide useful background and context for the substance issues facing a community



Strategies for Overcoming Data Challenges

- Collect your own data to the extent your capacity allows
 - Conduct key informant interviews
 - Hold focus groups
 - Implement surveys
- Carefully analyze data and understand its strengths and weaknesses (SAMHSA)
 - What does it tell you about substance use prevalence or factors related to it?
 - Scope of problem, severity of problem, changeability of problem, occurrences/disparities of problem



What Trends Are Emerging?



Impact of COVID-19 (CDC)

- Complete data not available yet, but initial data shows the impacts of COVID-19 leading to increased risk and rates of substance use and mental health disorders
- CDC survey of 5,412 US adults, June 24-30:
 - 40.9% reported at least one adverse behavioral health condition
 - 30.9% reported symptoms of anxiety or depressive disorder
 - 26.3% reported symptoms of a trauma- or stressor-related disorder due to the pandemic
 - 13.3% reported initiating or increasing substance use to cope



Increased Substance Use Due to COVID-19

- People most likely to report increased substance use as a coping mechanism were (13.3% overall):
 - Male (14.4%)
 - Ages 18-24 (24.7%), 25-44 (19.5%)
 - Hispanic (21.9%), African American (18.6%)
 - Education less than HS (22.1%), or HS degree (15.3%)
 - Essential workers (24.7%), unpaid caregivers of adults (32.9%)



COVID-19 and Suicide and Overdose

- COVID-19 impacts have led to statistically significant increases in the number of people seriously considering suicide (10.7% overall):
 - Ages 18-24 (25.5%)
 - Hispanic (18.6%), African American (15.3%)
 - Unpaid caregivers of adults (30.7%)
 - Essential workers (21.7%)
- If this suicidal ideation leads to suicide attempts, it is likely to also be reflected in overdose data



Update on the Opioid Epidemic

- 2018 was the first year in decades that saw a decline in fatal opioid overdoses
 - Driven by fewer heroin, Rx opioid, methadone, and other opioid overdoses
 - Fentanyl overdoses still increased by ~10%
- Provisional 2019 and 2020 data shows that fatal overdoses increased again
 - Appears to mostly be caused by fentanyl
- Unknown to what extent COVID-19 has further increased rate of overdoses



Opioid Overdoses in the Central East Region

- Fentanyl overdoses are by far the most common type
- Heroin and prescription opioid overdoses remain concerns as well; though state variance exists
 - E.g. Heroin overdoses twice as common in DE and VA; prescription overdoses more common in MD and WV
- Methadone overdoses remain low



Opioid Use

- NSDUH reports a slight increase in past-month heroin use, slight decrease in past-month Rx opioid misuse
 - Does not ask about fentanyl
 - Reports that rates of OUD are declining; suggests growth in severity, but not scope
- Monitoring the Future shows an increase in high school heroin use in 2019 (after a 2018 decline), but does not ask about other opioids



Cocaine and Methamphetamines

- Although overall fatal overdoses declined in 2018 from the opioid decline, other overdoses still increased
 - Cocaine-involved overdoses increased 5.1% in 2018; another 8.1% in 2019
 - Methamphetamine-involved overdoses increased 22.6% in 2018; another 26.9% in 2019(!)
- Central East Region:
 - Methamphetamine overdoses most common in WV and PA
 - Cocaine overdoses most common in DE, MD, and DC



Cocaine and Methamphetamines, 2

- Overall, past-month cocaine use and methamphetamine use increased in 2019
 - Increases found among all ages; largest were cocaine ages 12-17 (183% increase, though the numbers are still small) and methamphetamines ages 26+ (17.6%)
 - Cocaine use disorder rate increased by 3.4%



Hallucinogens

- Hallucinogen use has continued its upward trend; past-month use up to 1.9 million people
- Most commonly used illicit drug among ages 18-25 besides marijuana
 - Driven by increased LSD and PCP use, ecstasy use declined
 - Use up, with similar patterns, among all age groups
 - Ecstasy use also up among adults 26+



Marijuana Use

- Overall, past-month use increased from 10.1% to 11.5%; increases found among all ages
 - Perception of risk continuing to decline
- High school use data; top-line only available
 - Past-month use increased to 15.6%, a tie for its highest rate since 2001
- Marijuana use remains illegal at the Federal level, but 28.4% of US residents live in a state with legalized recreational use
 - More states are considering legalization by ballot this November; though the pandemic has pushed back some campaigns to 2022



Youth Alcohol Use

- *Which survey is correct?*
- NSDUH: Past 30-day any alcohol use increased in 2019; particularly among ages 12-13
 - Increases among all ethnicities; except White, Asian
- MTF: Past 30-day any alcohol use continued its longstanding decline in 2019
 - Though past 30-day reports of being drunk increased for the first time since 2012
- Important to monitor whether changes in alcohol sales due to COVID-19 increase youth access



Youth Tobacco and Vaping Use

- Past 30-day vaping increased from 19.0% in 2018 to 22.5% in 2019 (was 12.0% in 2017)
 - 15.8% was JUUL use
 - Nicotine increased from 14.2% to 18.1%
 - Marijuana increased from 5.7% to 10.1%
 - “Just flavoring” decreased from 11.5% to 9.6%
- Other tobacco use all continued to decline
 - Cigarettes: 4.6%→3.7%
 - Smokeless, cigars, and hookahs all down



What This Means For Prevention

- In the short-term, COVID-19 hinders service delivery
 - Need to continue adapting interventions to meet current circumstances
 - Need to prepare for the potential of funding reductions; many states' revenue projections are worse than the Great Recession
- At the same time, we must understand and address COVID-19's impact on substance use
 - E.g. new services for essential health workers



What This Means For Prevention, 2

- Opioid epidemic may be worsening again after prior improvements; need to continue addressing it
- Although use data remains limited, overdose data suggests methamphetamine use is a major concern in many areas
- Continued state legalization of marijuana presents challenges that need to be acknowledged
- Need to learn if there have been any meaningful changes in alcohol trends
- Need to do more to focus on vaping specifically, as something distinct from other tobacco products

