Technical Information

SAMHSA
Substance Abuse and Mental Health
Services Administration

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.

LIVE

This webinar is now live.

It is being recorded.

Please remain muted.

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Welcome

Central East PTTC Webinar

Identifying and Responding to Emerging Drug Trends Part 1: What the Data Shows

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

Renata Henry
Executive Director

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Project Director

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Technology Transfer Centers
Funded by Substance Abuse and Mental Health Services Administration

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

Delaware

District of Columbia

Maryland

Pennsylvania

Virginia
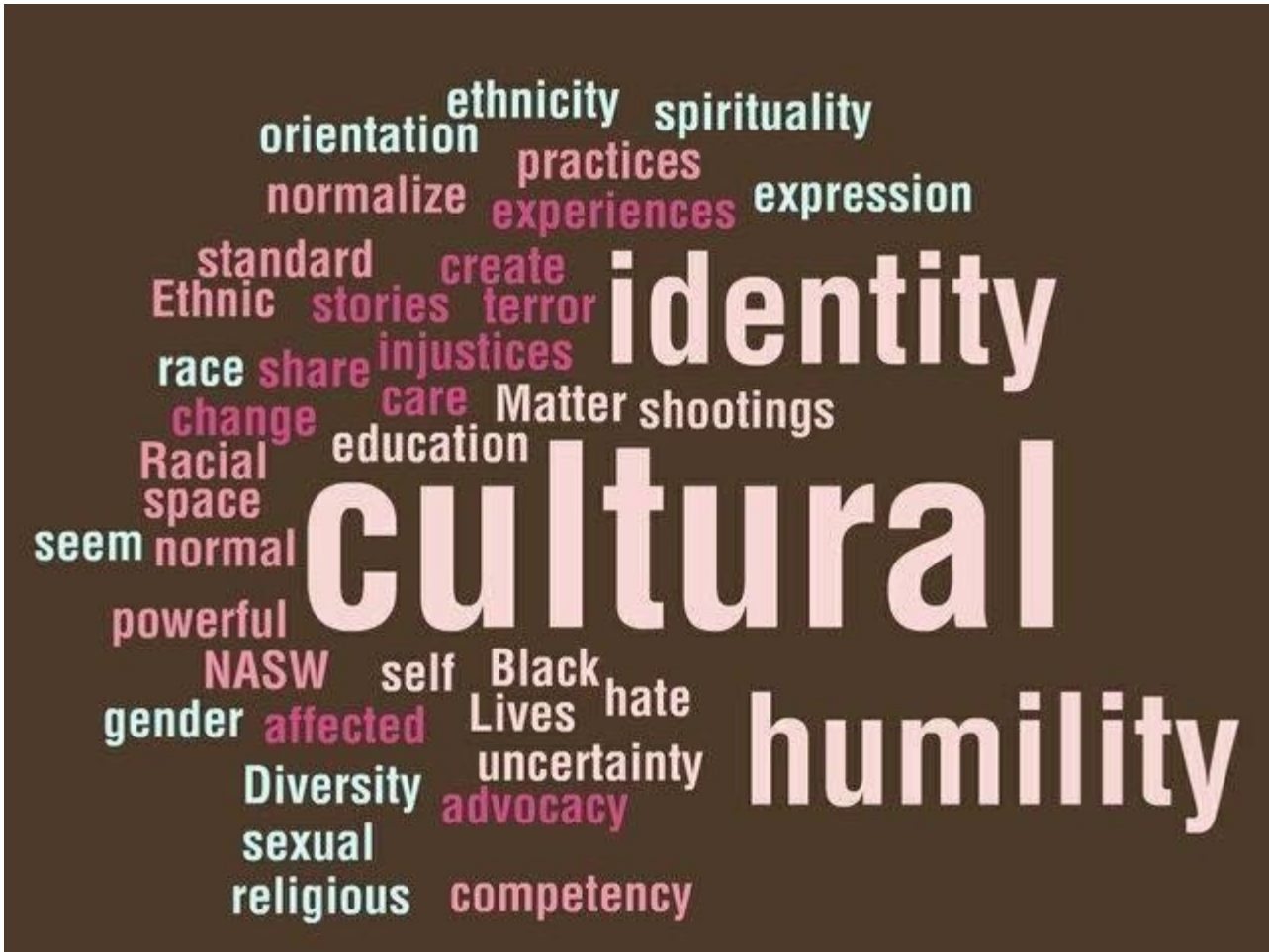
West Virginia

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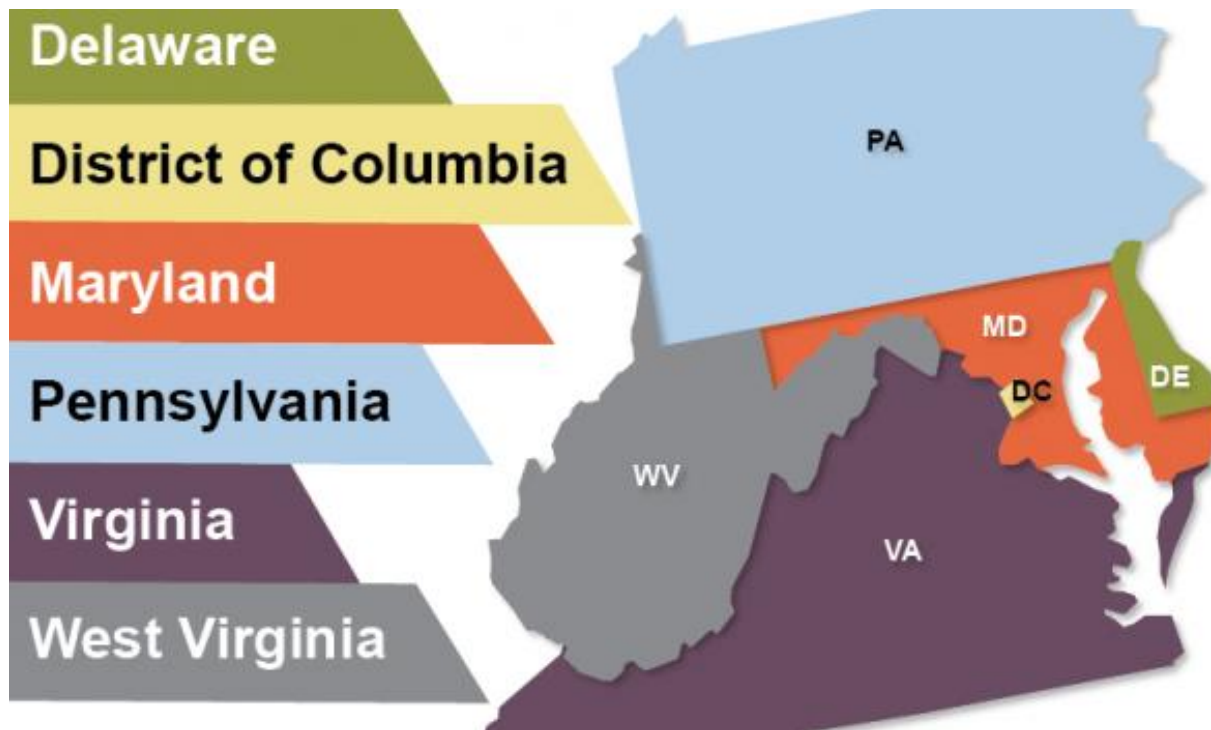
The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

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

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

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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

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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

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Other Resources in Region 3

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

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

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

Identifying and Responding to Emerging Drug Trends Part 1: What the Data Shows
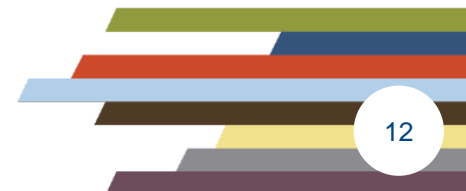
June 23, 2021

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SAMHSA
Substance Abuse and Mental Health
Services Administration

Presenters

Josh Esrick
Presenter

Emily Patton
Presenter

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Learning Objectives

- Explain the importance of understanding emerging drug trends

- Explore what is known about the impact of COVID-19 on use trends

- Summarize the latest emerging trend data for the region and the nation

- Highlight the latest information on the causes behind these trends

Importance of Understanding Emerging Trends

- Vital aspect of a Needs Assessment
- Informs us if substance use is increasing disproportionately among various populations
  - And by age group, gender, or other demographics
- Informs us if specific substances are becoming more or less prevalent
- Today we're focusing mostly on overall prevalences
  - But that's only a starting point for a complete Needs Assessment

Importance of Understanding Emerging Trends

- Enables us to adjust our planning and implement new/different interventions
- By responding more rapidly to emerging trends, we can alter the scope, severity, and duration of potential epidemics
  - This can require expanding collaboration with a variety of stakeholders
  - And keeping informed of the latest research into evidence-based prevention interventions

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The Three Stages of an Epidemic (Winkler, et al)

Stage I:
Initiation
Experimentation

Stage II:
Prevalence

Stage III:
Substance Use
Disorders

Use

Time

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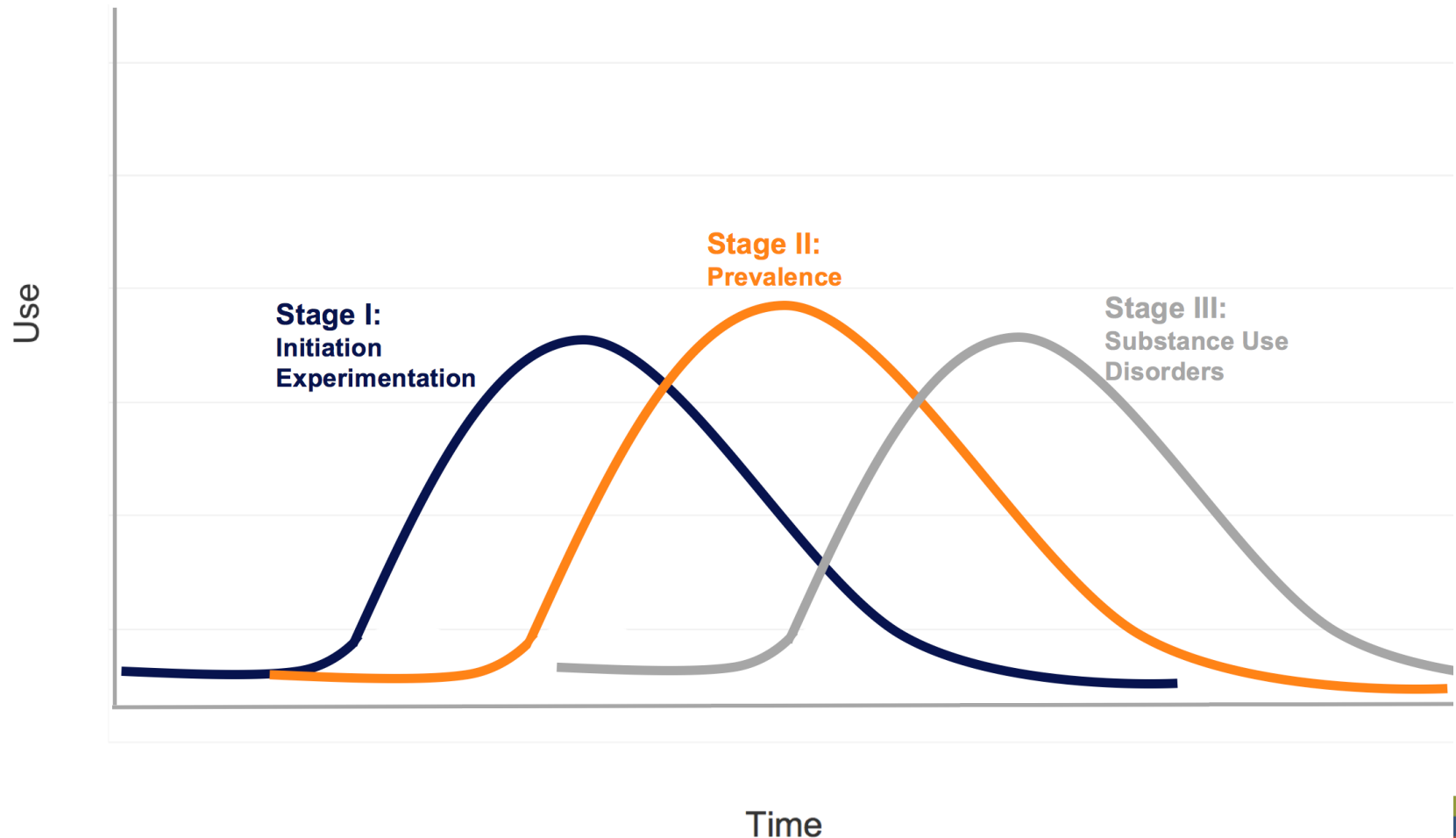
Impact of COVID-19

- Little data available yet since the pandemic began
- CDC national survey data (June 2020) found:
  - 40.9% of respondents reported at least one adverse behavioral health condition
  - 13.3% started or increased substance use to cope with pandemic-related stress or emotions
  - 10.7% contemplated suicide in the last 30 days
- Follow-up survey (February 2021) found increased rates of mental health disorders
- Specific populations have been disproportionately affected

Impact of COVID-19

- Provisional national data shows a 23.3% increase in fatal overdoses from January to October 2020 (CDC)
  - Fatal overdose rate had increased 6.7% in 2019
- Most states significantly eased access to alcohol, which may impact underage use
  - States with legalized recreational marijuana use also eased access

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Impact of COVID-19

- Likely to see significant use increases in future data releases
- The nature of pandemics increase the risk factors associated with substance abuse (Moutier, 2020; Ornell et al, 2020)
  - Isolation
  - Anxiety/Stress/Depression
  - Physical Health
  - At-Risk Populations
- Some risk factors may be weakened however (Gaiha et al, 2020)

Emerging Trends

Alcohol

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Alcohol Policy Changes

- COVID-19 has led to multiple policy and operating status changes in the past year across the US

  - Store, bar, restaurant and other alcohol retail locations

  - Changes in the types of alcohol people can purchase

  - Data is rapidly changing

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Alcohol Trends

- **Alcohol trends** across the CE Region show that use is **relatively stable**

- Alcohol-induced deaths have been increasing nationally and regionally

- **Underage youth drinking** (ages 12-20) has generally **decreased**

- **Alcohol death use rates** are highest among American Indians/Indigenous peoples nationally, however **in the region is highest amongst those identified as White**

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Alcohol Use (NSDUH)

Past Month Alcohol Use
Ages 12+ (%)

Bar chart showing Past Month Alcohol Use, Ages 12+ (%), comparing National and Central East Region across three periods:

Period	National	Central East Region
2014-2015	52.18	54.88
2016-2017	51.21	54.74
2018-2019	50.92	52.23

Legend: ■ National ■ Central East Region

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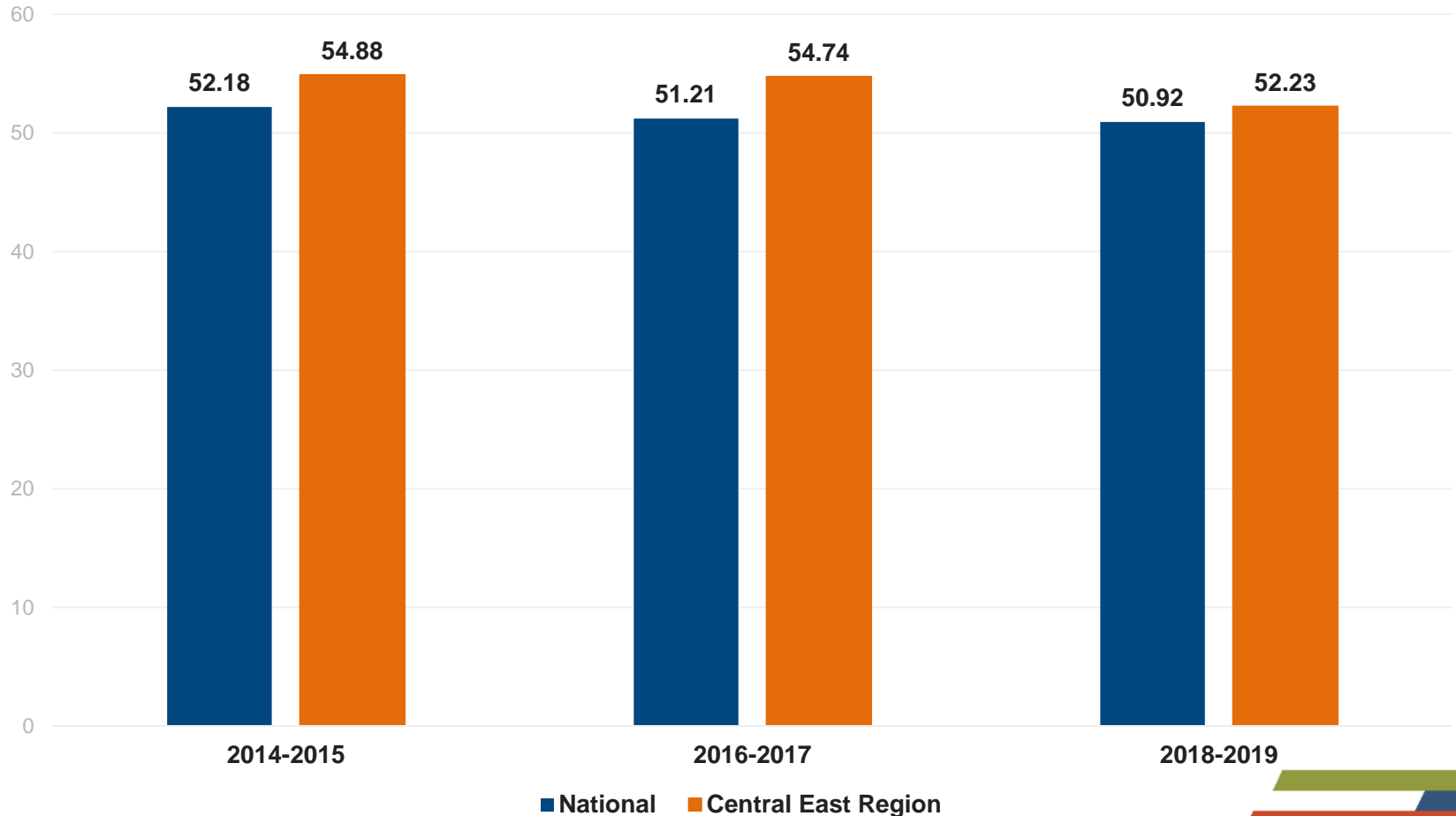
Underage Drinking (NSDUH)

Past Month Alcohol Use
Ages 12-20 (%)

	2014-2015	2016-2017	2018-2019
National	21.57	19.5	18.67
Central East Region	23.4	19.82	17.62

■ National ■ Central East Region

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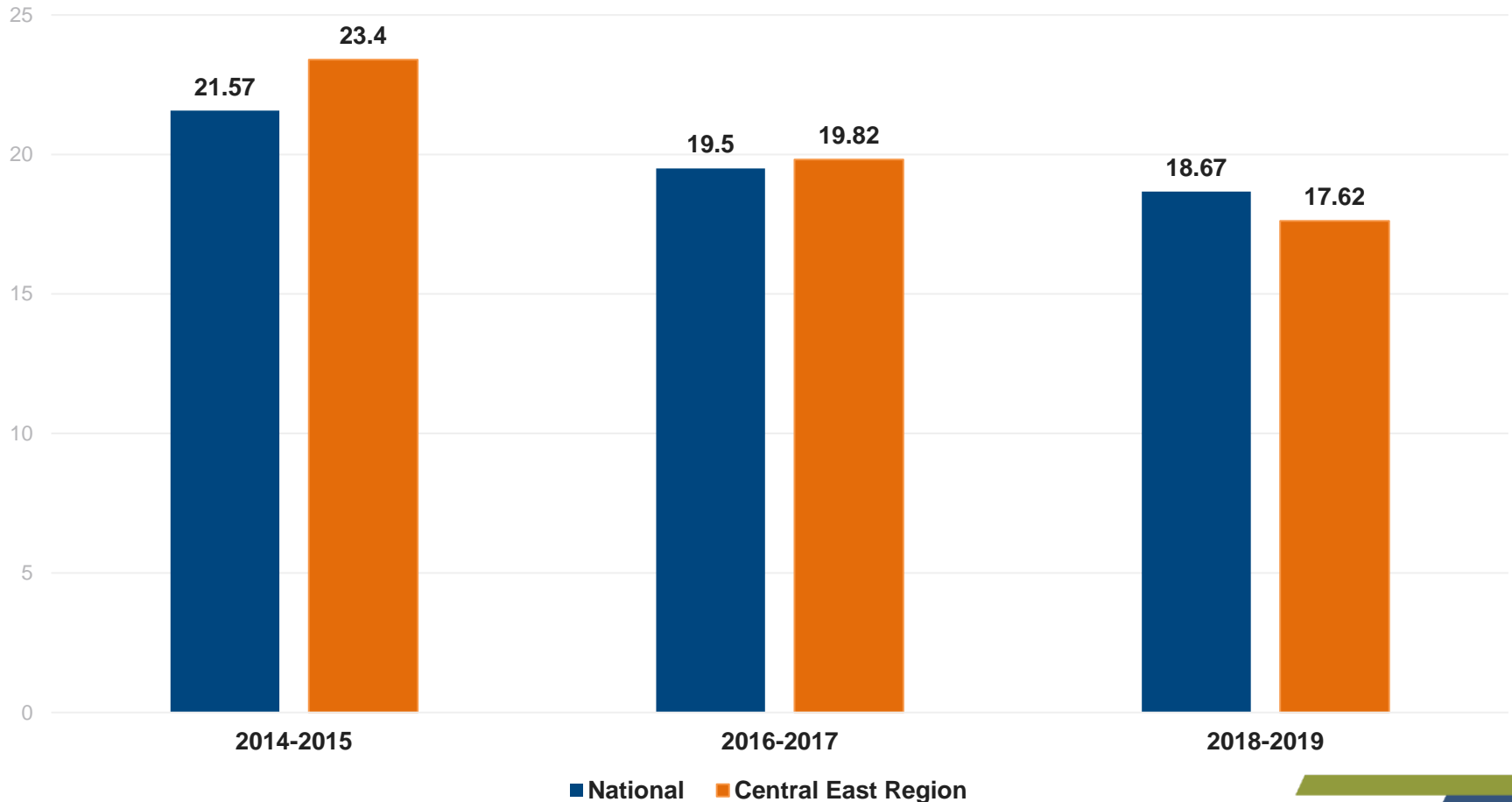
Binge-Drinking (NSDUH)

**Past Month Binge Alcohol Use
Ages 12+ (%)**

Chart: Past Month Binge Alcohol Use Ages 12+ (%)

	2016-2017	2018-2019
National	24.37	24.21
Central East Region	25.08	24.44

■ **National** ■ **Central East Region**
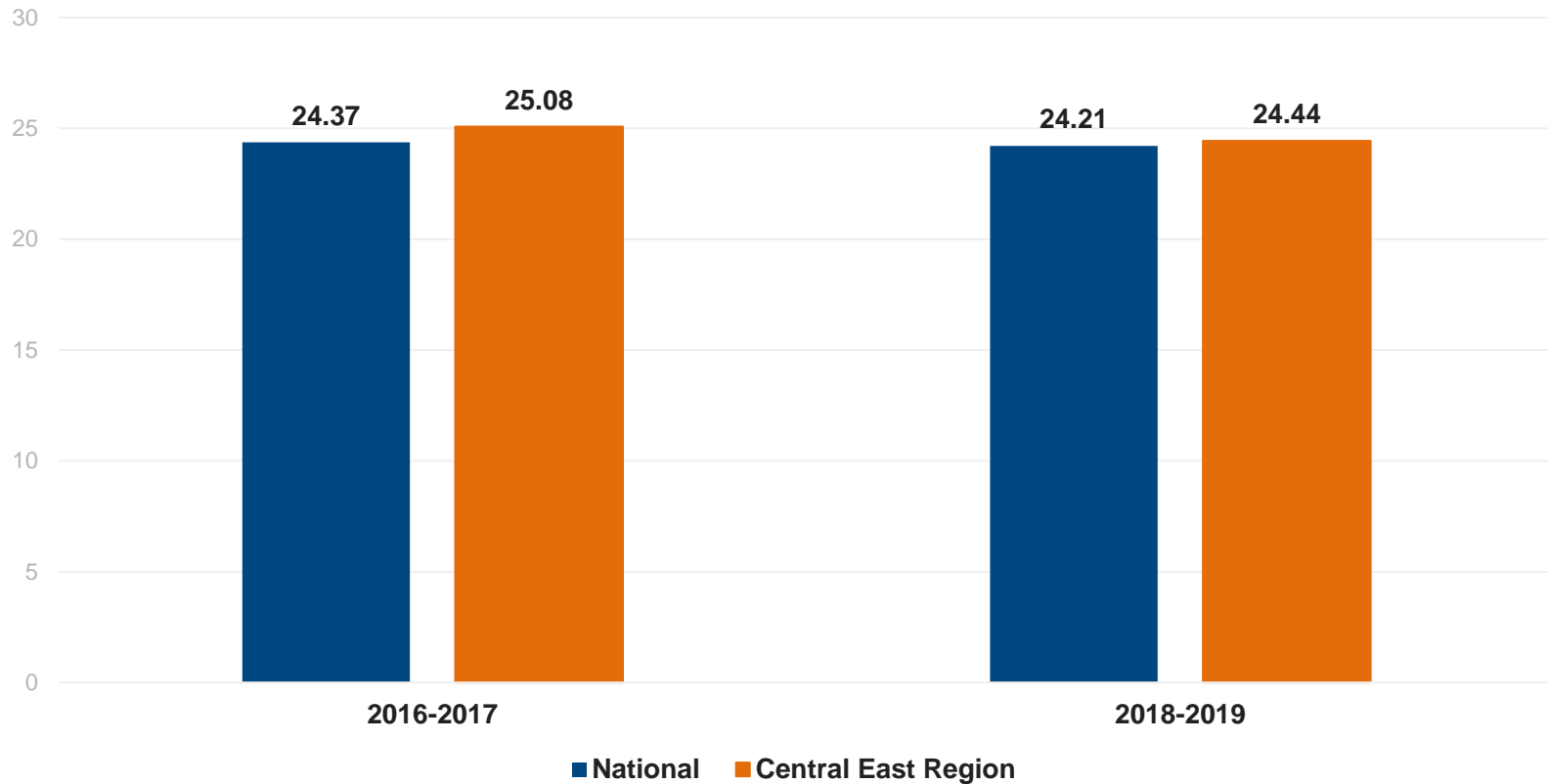
Alcohol-Induced Deaths (CDC)

Alcohol-induced Causes of Death (per 100,000)

National line: 10.3 (2015), 10.8 (2016), 11 (2017), 11.4 (2018), 11.9 (2019)

Central East Region line: 7.1 (2015), 7.8 (2016), 8 (2017), 7.9 (2018), 8.7 (2019)

Legend: National — Central East Region
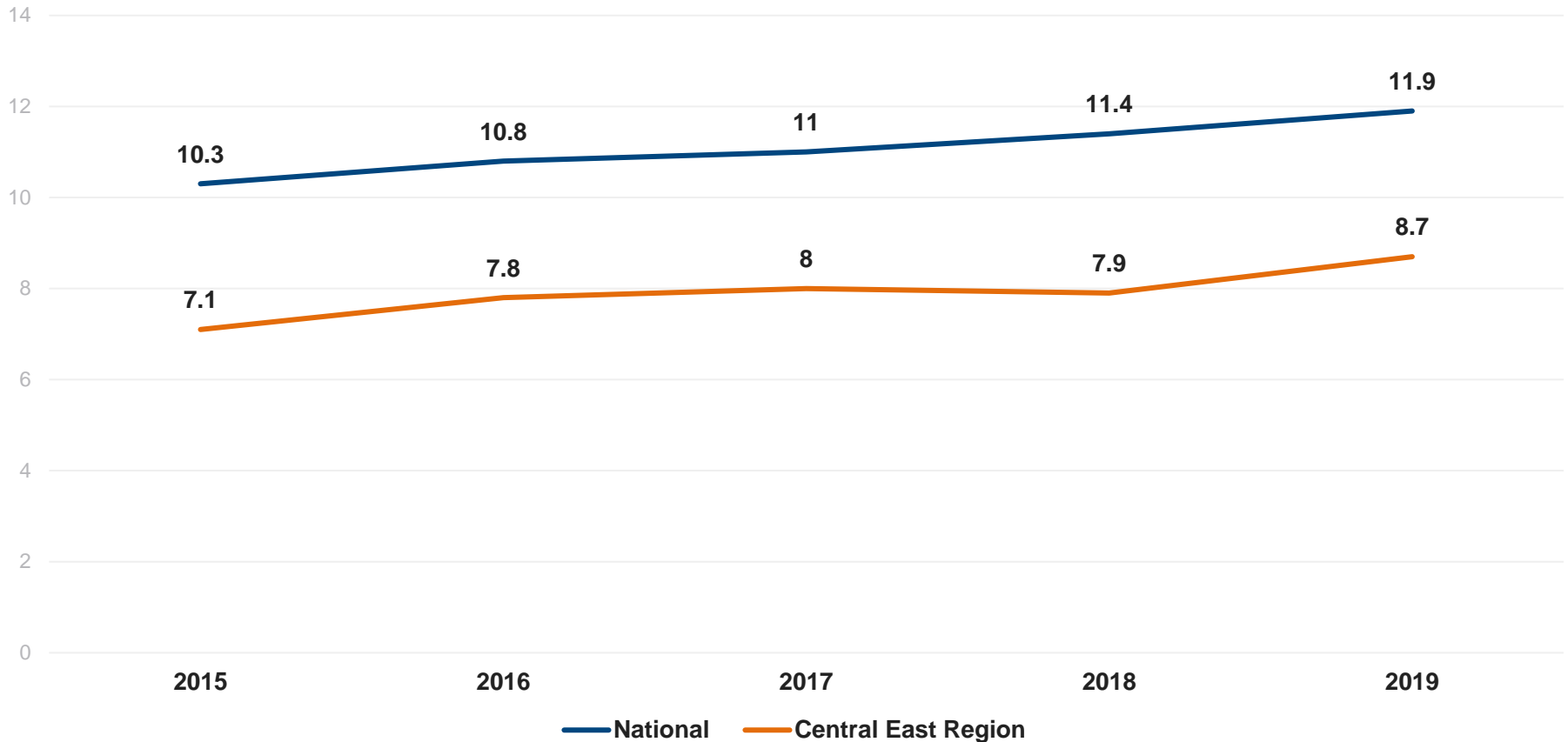
Alcohol-Induced Deaths, Contd (CDC)

Alcohol-Induced Causes of Death by Gender (per 100,000)

Legend: National Female | Central East Region Female | National Male | Central East Region Male

National Male: 15.2 (2015), 15.9 (2016), 16.2 (2017), 16.6 (2018), 17.3 (2019)

Central East Region Male: 10.6 (2015), 11.7 (2016), 12.1 (2017), 12.1 (2018), 12.9 (2019)

National Female: 5.6 (2015), 5.9 (2016), 6 (2017), 6.3 (2018), 6.7 (2019)

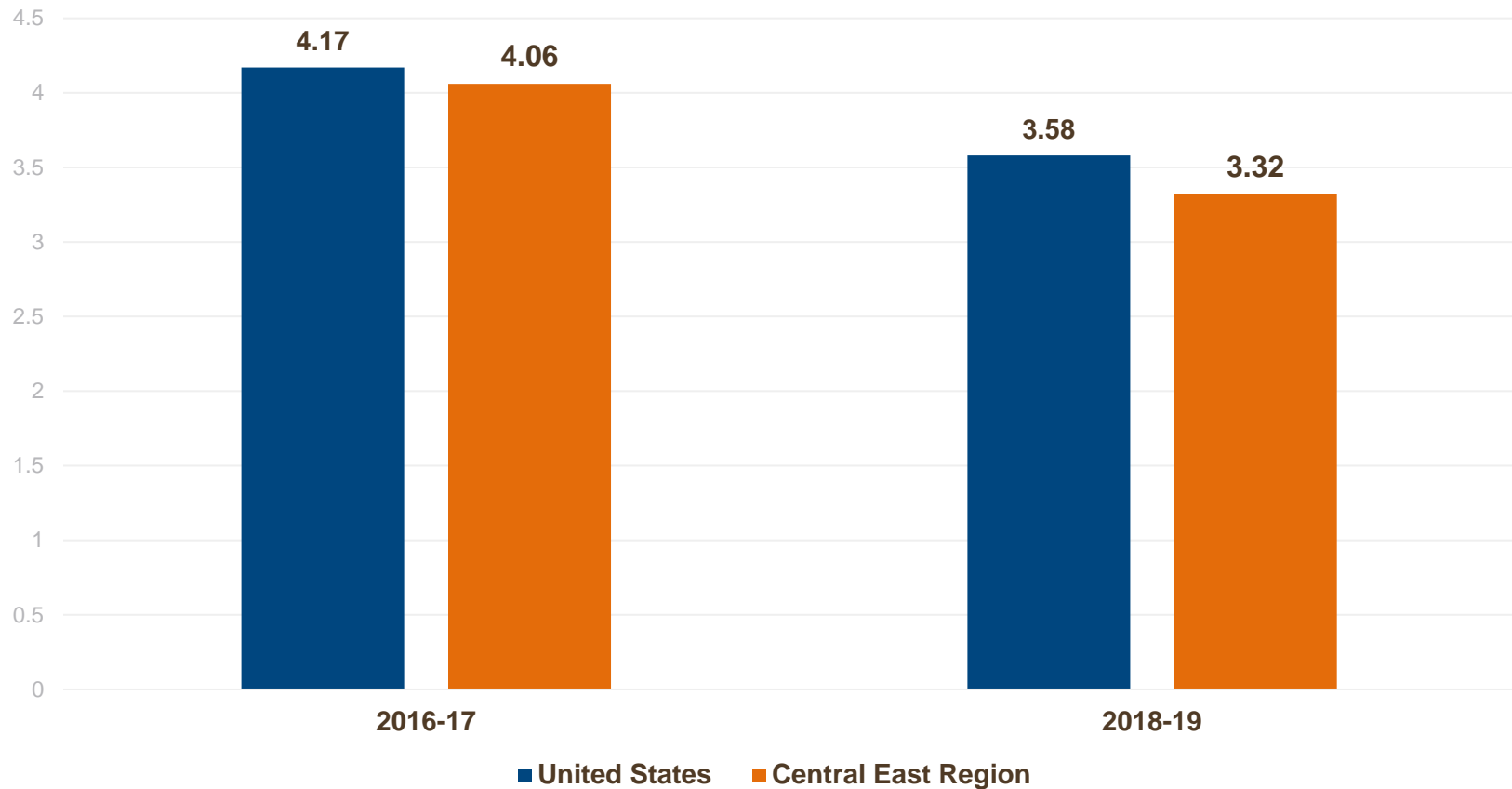Central East Region Female: 3.8 (2015), 4 (2016), 4 (2017), 3.9 (2018), 4.6 (2019)
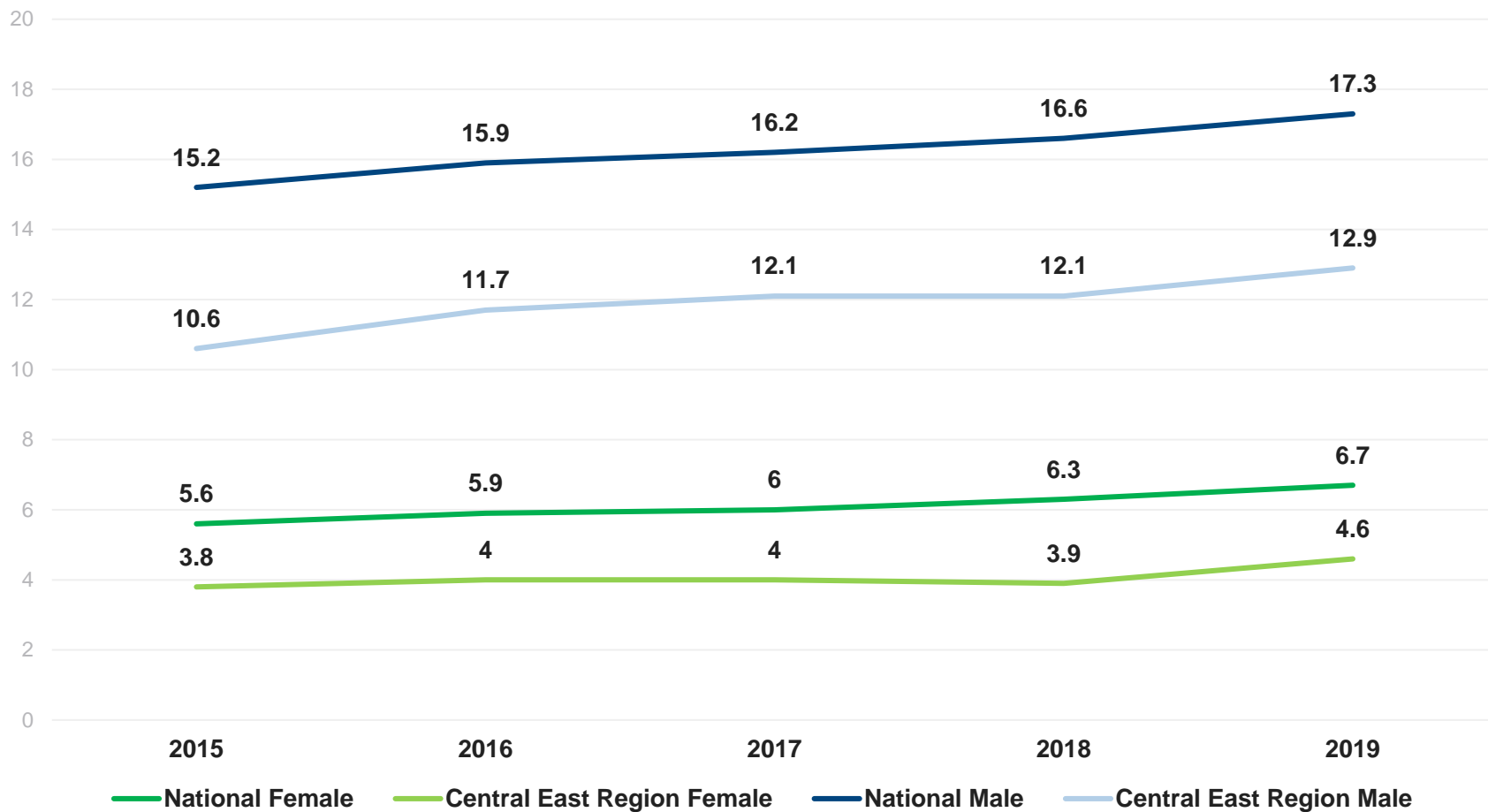
Emerging Trends

- Prescription Opioids
- Heroin
- Fentanyl

Prescription Opioid Misuse (NSDUH)

**Past Year Prescription Opioid Misuse
Ages 12+ (%)**

Bar chart showing Past Year Prescription Opioid Misuse Ages 12+ (%):

	United States	Central East Region
2016-17	4.17	4.06
2018-19	3.58	3.32

Heroin Use (NSDUH)

**Past Year Heroin Use
Ages 12+ (%)**
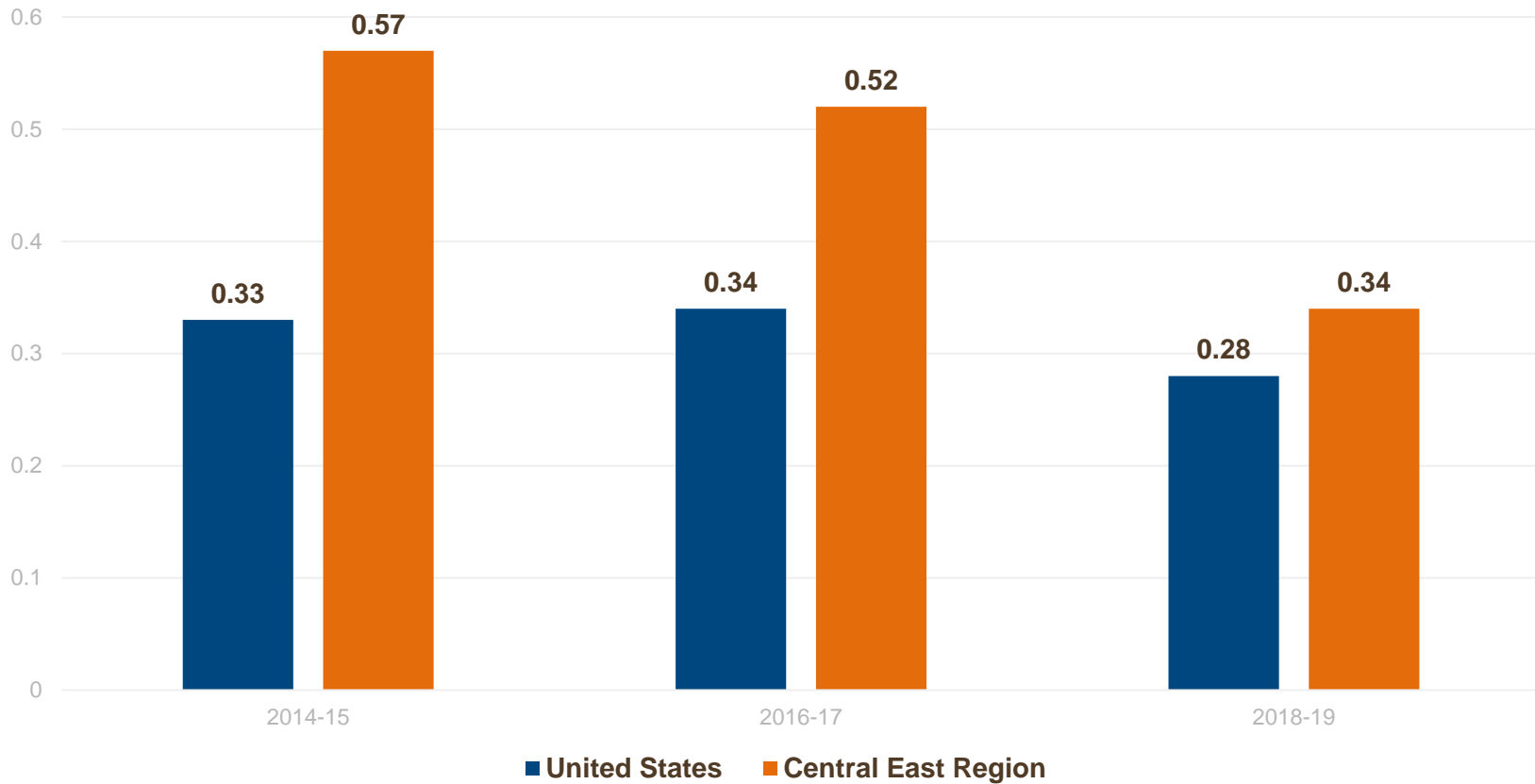
The Changing Opioid Epidemic

- Prescription opioid misuse has been in overall decline for several years
  - NSDUH redefined "misuse" in 2015, which prevents exact comparisons to earlier years
- Heroin use increased as prescription opioid misuse continued to decline
- But now heroin use is also in decline
- HOWEVER, fatal opioid overdoses continue to rise
  - Fentanyl significantly contributes, but opioid overdoses without fentanyl remain high

Causes and Impact of Opioid Changes

- Prescription opioid supply reduction strategies were overall successful at reducing supply
  - But demand remaining high led to substitution effect occurring (RAND)
- Tolerance build-up also responsible (NIDA)
- Need to re-focus strategies
  - Changing from licit to illicit supply reduction
  - Better addressing root causes of demand
  - Fentanyl impact on harm reduction

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Opioid Threat Assessment (DEA)

- Fentanyl is readily available across most of the United States
  - Most commonly found in areas with largest heroin supplies
- New York City is one the largest hubs for heroin and fentanyl supplies, impacting nearby states
- COVID may have temporarily disrupted illicit opioid supply chains
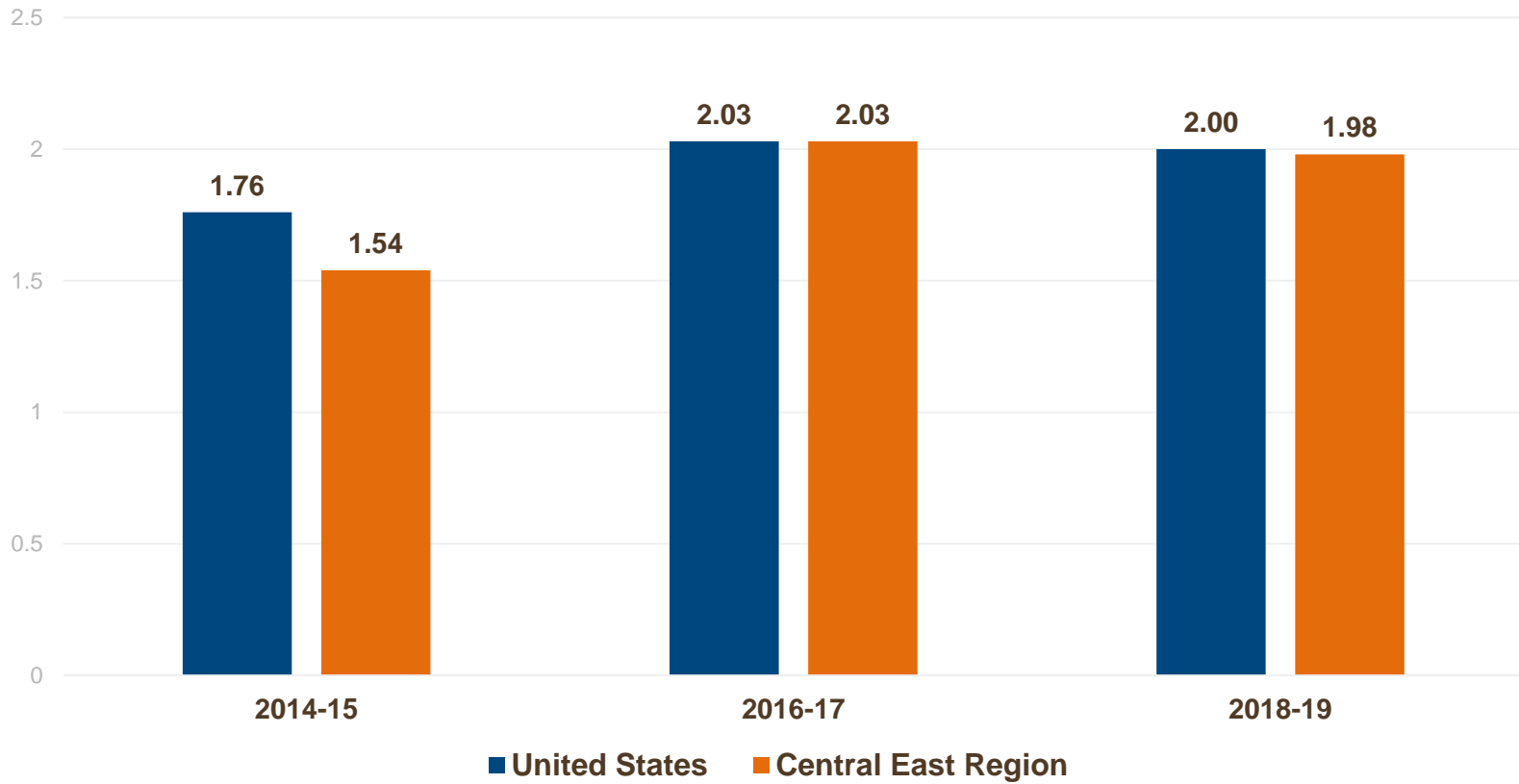- Illegally sourced prescription opioids remain readily available in many areas

Stimulants

- Cocaine
- Methamphetamines

Cocaine Use (NSDUH)

Past Year Cocaine Use
Ages 12+ (%)

Grouped bar chart comparing United States and Central East Region past year cocaine use (%):
- 2014-15: United States 1.76, Central East Region 1.54
- 2016-17: United States 2.03, Central East Region 2.03
- 2018-19: United States 2.00, Central East Region 1.98

Legend: ■ United States ■ Central East Region
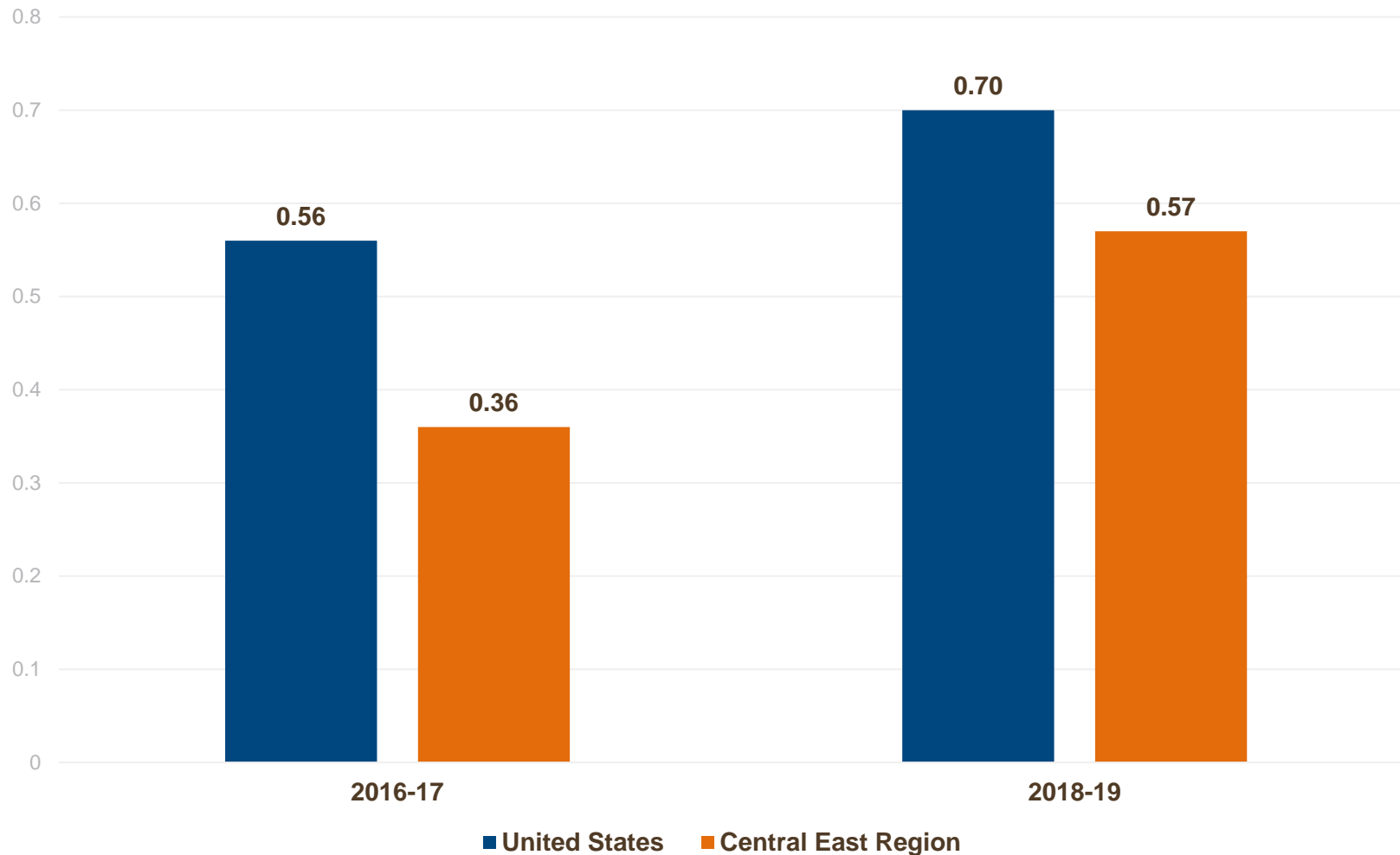
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Cocaine Threat Assessment (DEA)

- Cocaine production has steadily increased in Colombia since 2013 and is at record high levels
  – This has resulted in lower prices and higher purity in the US, which may have initially helped increase cocaine use
- Even as use has stabilized, fatal cocaine overdoses have continued to rise
  – Fentanyl! But also, cocaine alone
- COVID did not appear to impact cocaine supply chains in 2020

Methamphetamine Use (NSDUH)

Bar chart comparing United States and Central East Region methamphetamine use for 2016-17 and 2018-19.

- 2016-17: United States 0.56, Central East Region 0.36
- 2018-19: United States 0.70, Central East Region 0.57

Legend: ■ United States ■ Central East Region

Methamphetamine Threat Assessment (DEA)

- Seizures along with overdose deaths involving methamphetamine continue to rise
  - Overall methamphetamine reports have increased by 75% since 2014
- Most of the methamphetamine available in the US is produced in Mexico and smuggled across the south-west border
- COVID disproportionately impacted the methamphetamine market in 2020
 - Unclear if there were supply chain issues

Consequences
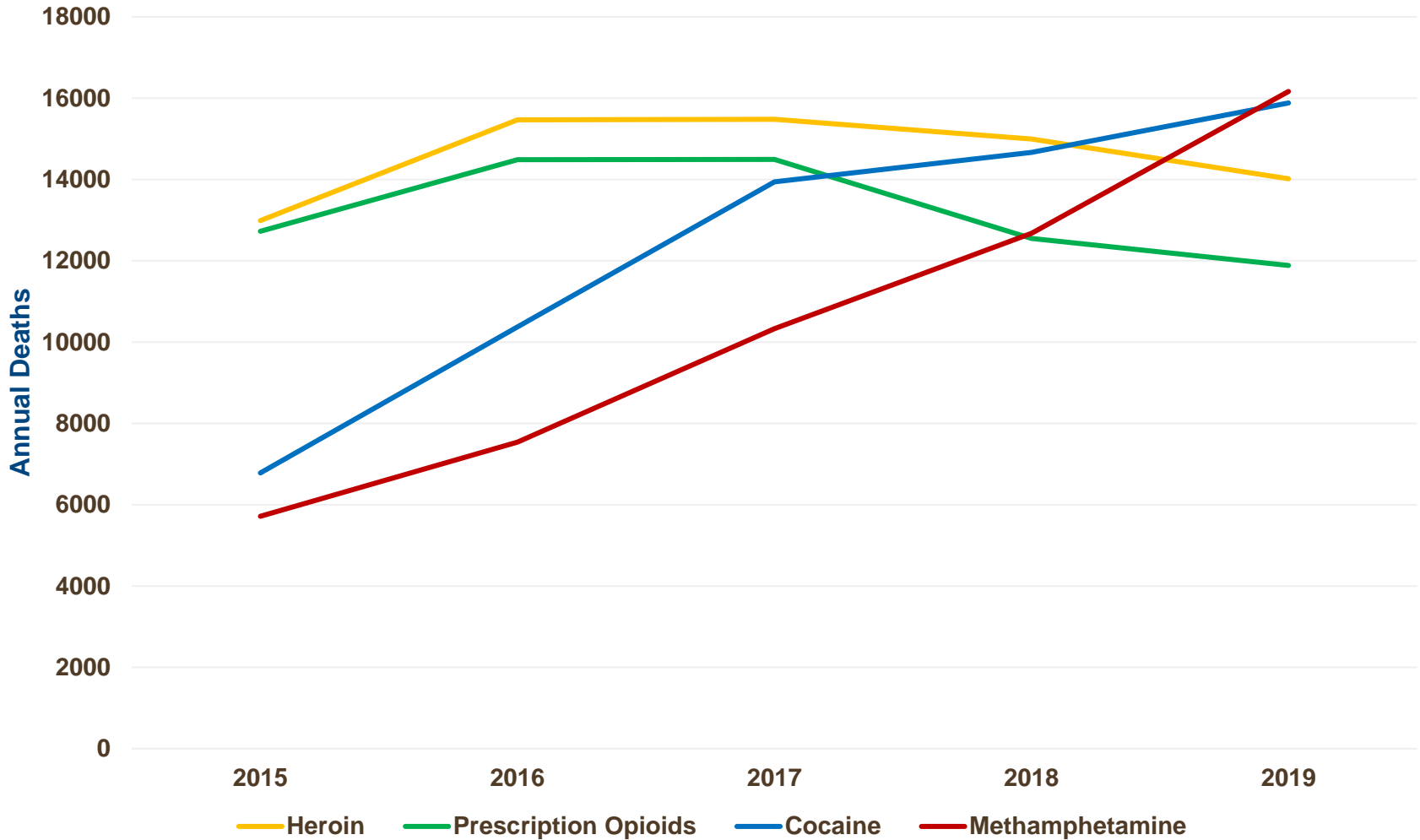
- Fatal Overdoses
  - Easily available data with a lag
  - Can be very difficult to obtain in real time
- Other Drug-Involved Deaths
  - Less certainty in the data
  - Not difficult to test if a substance was *involved* in a death, but can be challenging to determine if a substance *caused* a death
- Other Consequences

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Fatal Overdoses Nationwide (CDC)
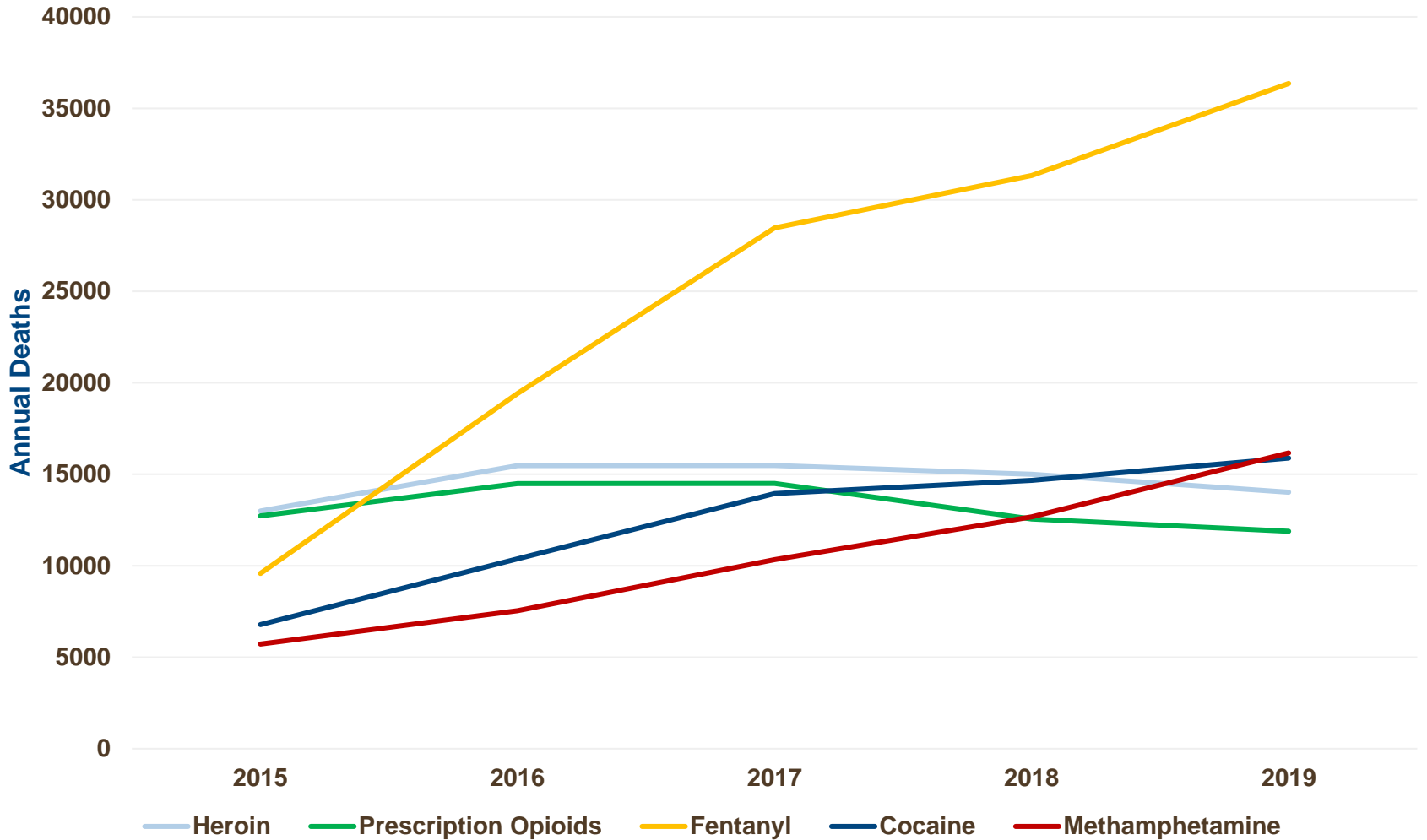
Fatal Overdoses Nationwide Involving Substances Other than Fentanyl (CDC)

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Opioid Overdoses Per 100,000 People (CDC)

Line chart titled with y-axis "Annual Crude Death Rate" ranging from 0 to 35, and x-axis years 2015 to 2019.

Central East Region (orange): 2015: 15.1, 2016: 26.7, 2017: 31, 2018: 31.9, 2019: 32.4

United States (blue): 2015: 11, 2016: 15.3, 2017: 18, 2018: 18, 2019: 19

Legend: United States — Central East Region
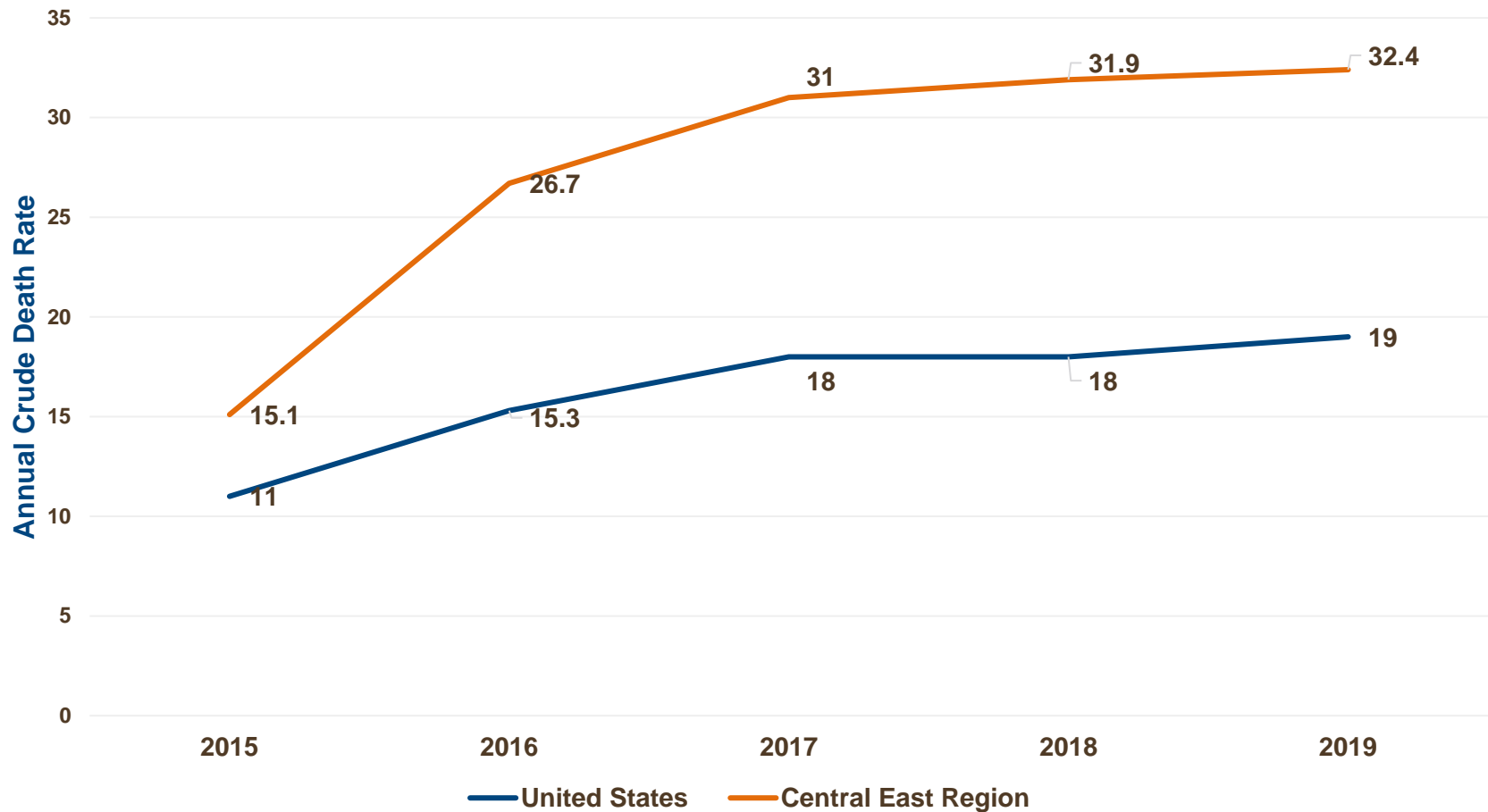
Cocaine and Methamphetamine Overdoses (CDC)

Per 100,000 People

Annual Crude Death Rate

Legend: U.S. Cocaine — U.S. Methamphetamines — C.E. Region Cocaine — C.E. Region Methamphetamines

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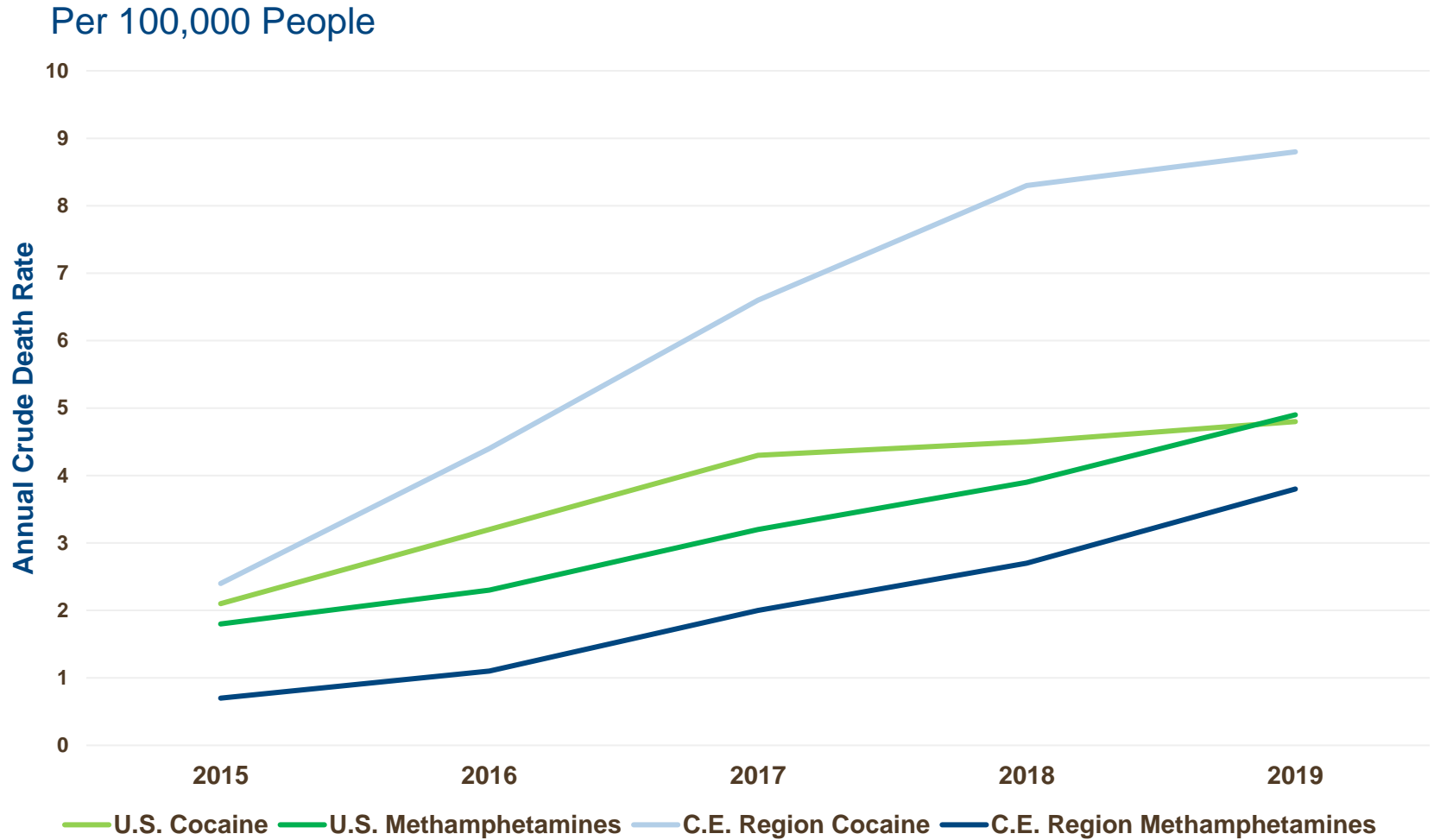
Emerging Trends

Marijuana, Tobacco, and Vaping

Marijuana Trends

- Regional use is **highest** amongst those aged **18-25 years**
- At least 34% of U.S. residents live in a state that has legalized recreational marijuana use
  - Most in the Center East Region have legalized or decriminalized (D.C., D.E., M.D., V.A.)
- **Legalization only for adults age 21+,** but may further weaken norms against use and **could increase underage access** to marijuana

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Past-Month Marijuana Use (NSDUH)

Past Month Marijuana Use, Ages 12+ (%)

Year	National	Central East Region
2014-2015	8.34	7.85
2016-2017	9.23	8.58
2018-2019	10.8	9.73

■ National ■ Central East Region
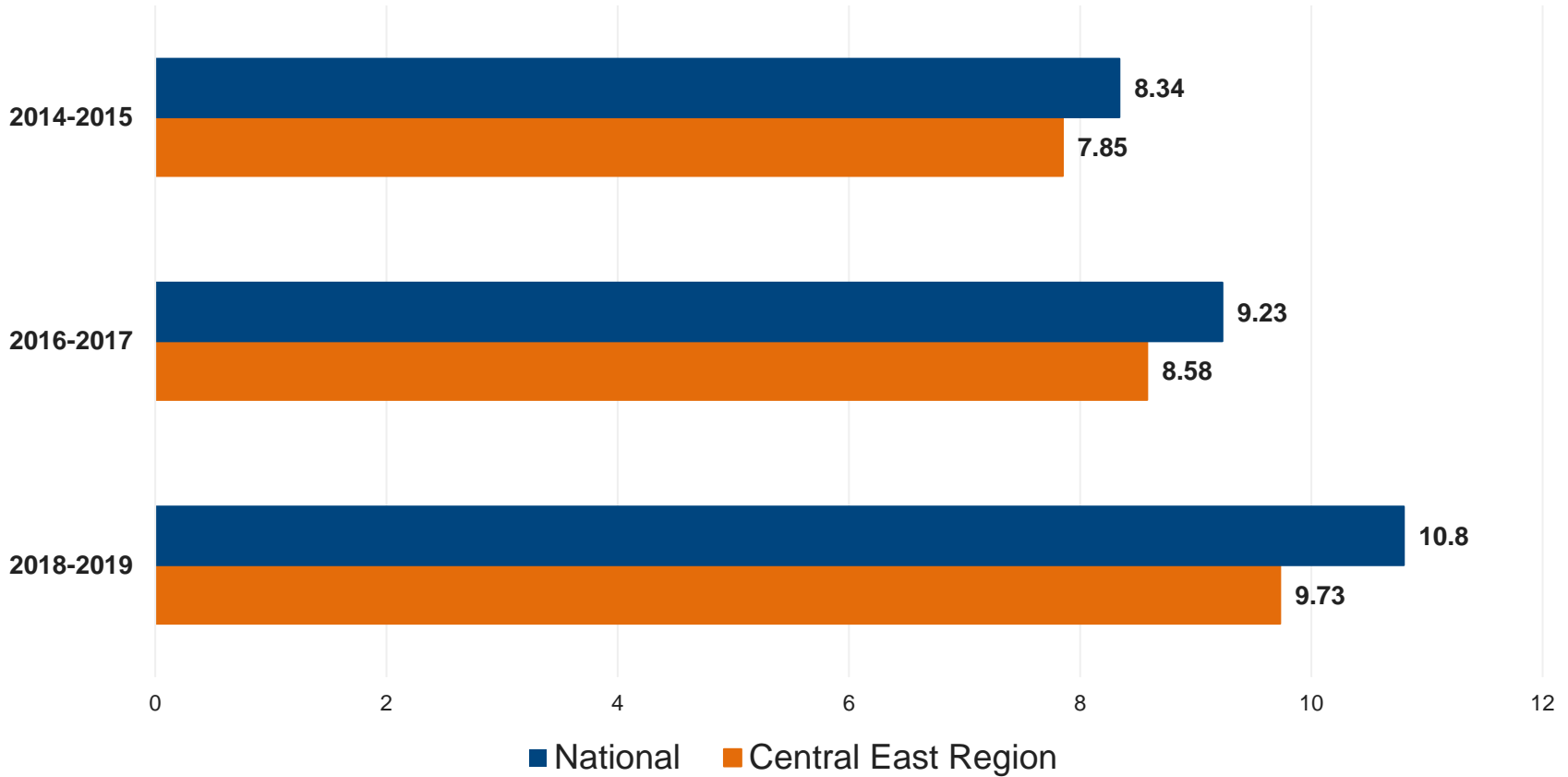
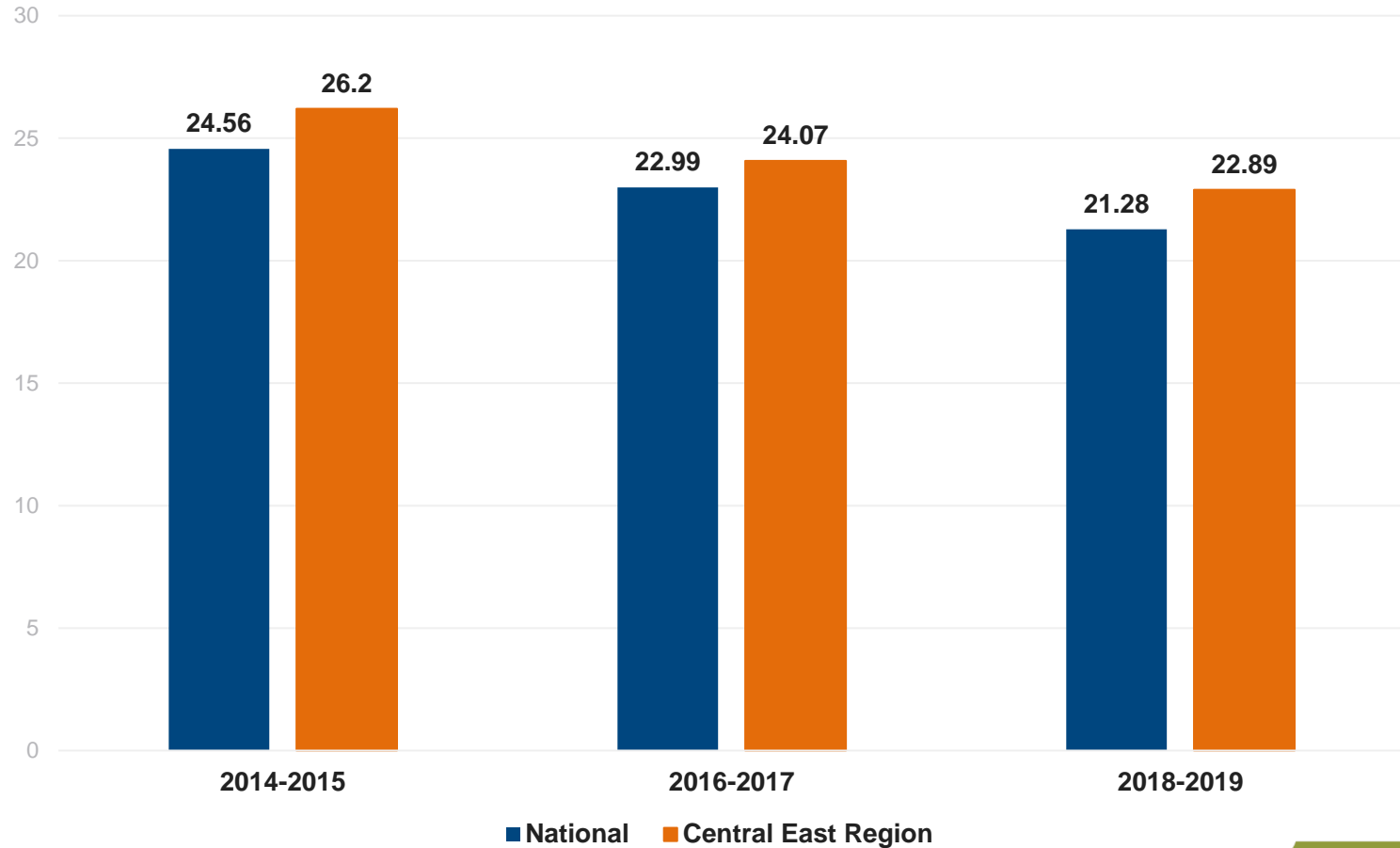# Tobacco and Vaping Trends

- In the CE Region, **tobacco and cigarette use** has generally been on the **decline** in all of the states

- Youth vaping data collection for the CE Region has been inconsistent making it difficult to ascertain levels of use

- **COVID-19 may have impacted youth vaping/e-cigarette rates** with data from one study suggesting a reduction in use

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Tobacco Products (NSDUH)

Past Month Tobacco Product Use, Ages 12+ (%)

	2014-2015	2016-2017	2018-2019
National	24.56	22.99	21.28
Central East Region	26.2	24.07	22.89

■ National ■ Central East Region

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Cigarette Use (NSDUH)

Past Month Cigarette Use, Ages 12+ (%)

Bar chart showing Past Month Cigarette Use, Ages 12+ (%) for National and Central East Region across three time periods:

Period	National	Central East Region
2014-2015	20.12	21.16
2016-2017	18.47	19.07
2018-2019	16.91	17.81

■ National   ■ Central East Region
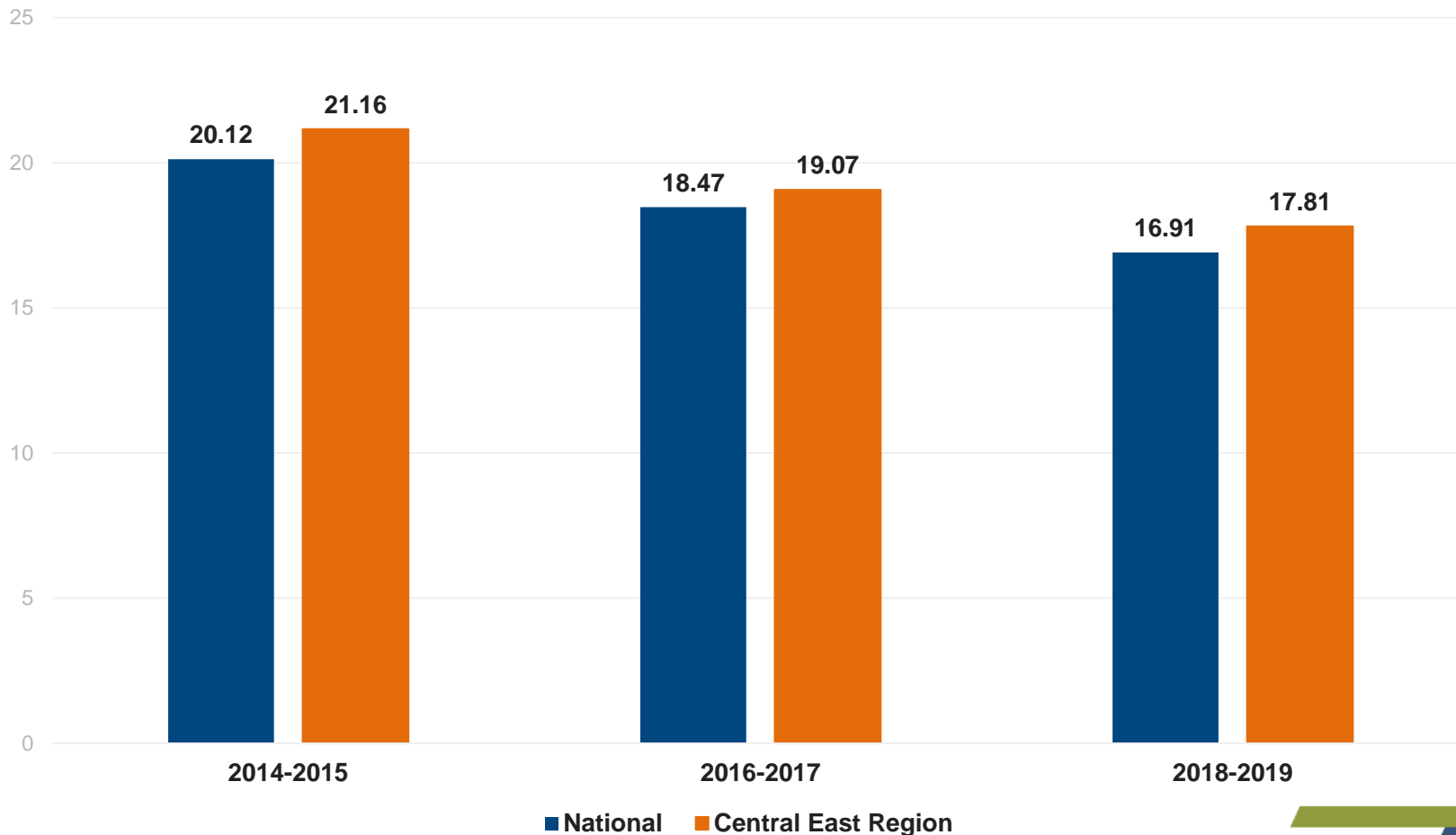
Youth Vaping (YRBSS)

Ever Used Electronic Vapor Products, Grades 8-12 (%)

2014-2015
- National: 44.9
- Delaware: 40.5
- D.C.: 34.1
- Maryland: 37.6
- Pennsylvania: 40.8
- West Virginia: 49.1

2016-2017
- National: 42.2
- Delaware: 37.9
- D.C.: 29.3
- Maryland: 35.3
- Pennsylvania: 41.8
- Virginia: 33.2
- West Virginia: 44.4

2018-2019
- National: 50.1
- Maryland: 39.7
- Pennsylvania: 52.6
- West Virginia: 62.4

Legend: National | Delaware | D.C. | Maryland | Pennsylvania | Virginia | West Virginia
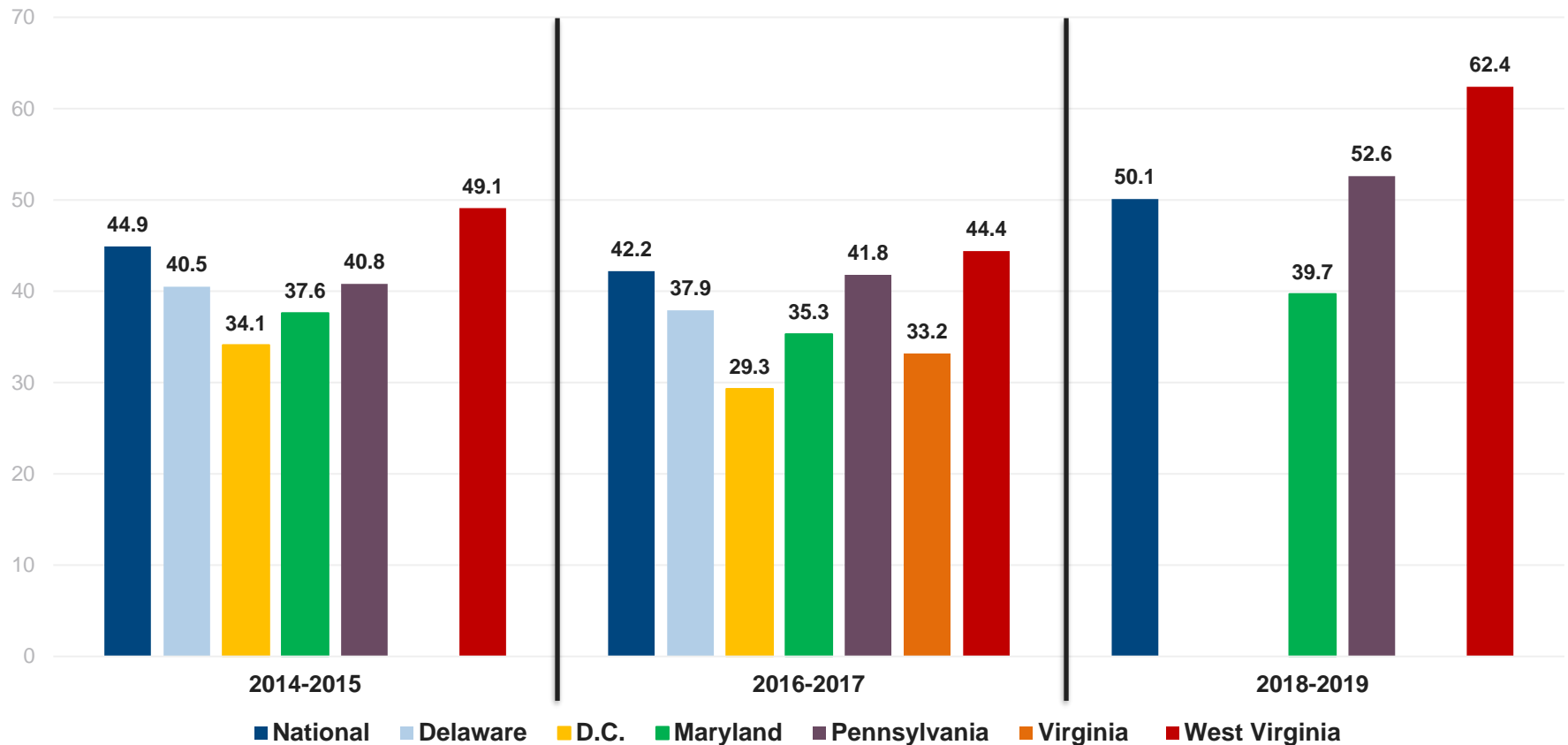
Youth Vaping, Continued (YRBSS)

Currently Using Electronic Vapor Products
Grades 8-12 (%)

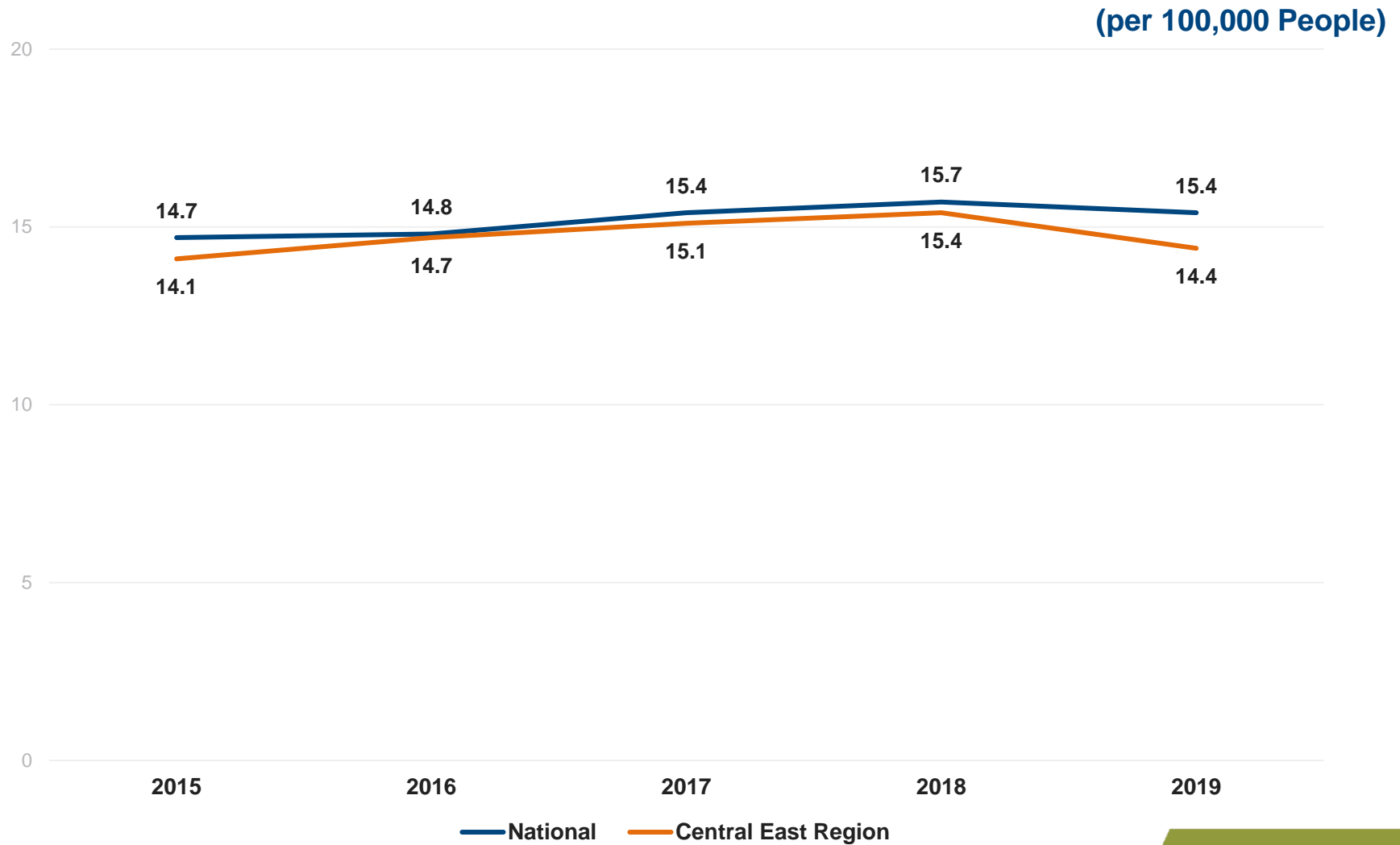|	National	Delaware	D.C.	Maryland	Pennsylvania	Virginia	West Virginia
2014-2015	24.1	23.5	13.4	20	24.1	16.8	31.2
2016-2017	13.2	13.6	10.9	13.3	11.3	11.8	14.3
2018-2019	32.7		13	23	24.4	19.9	35.7
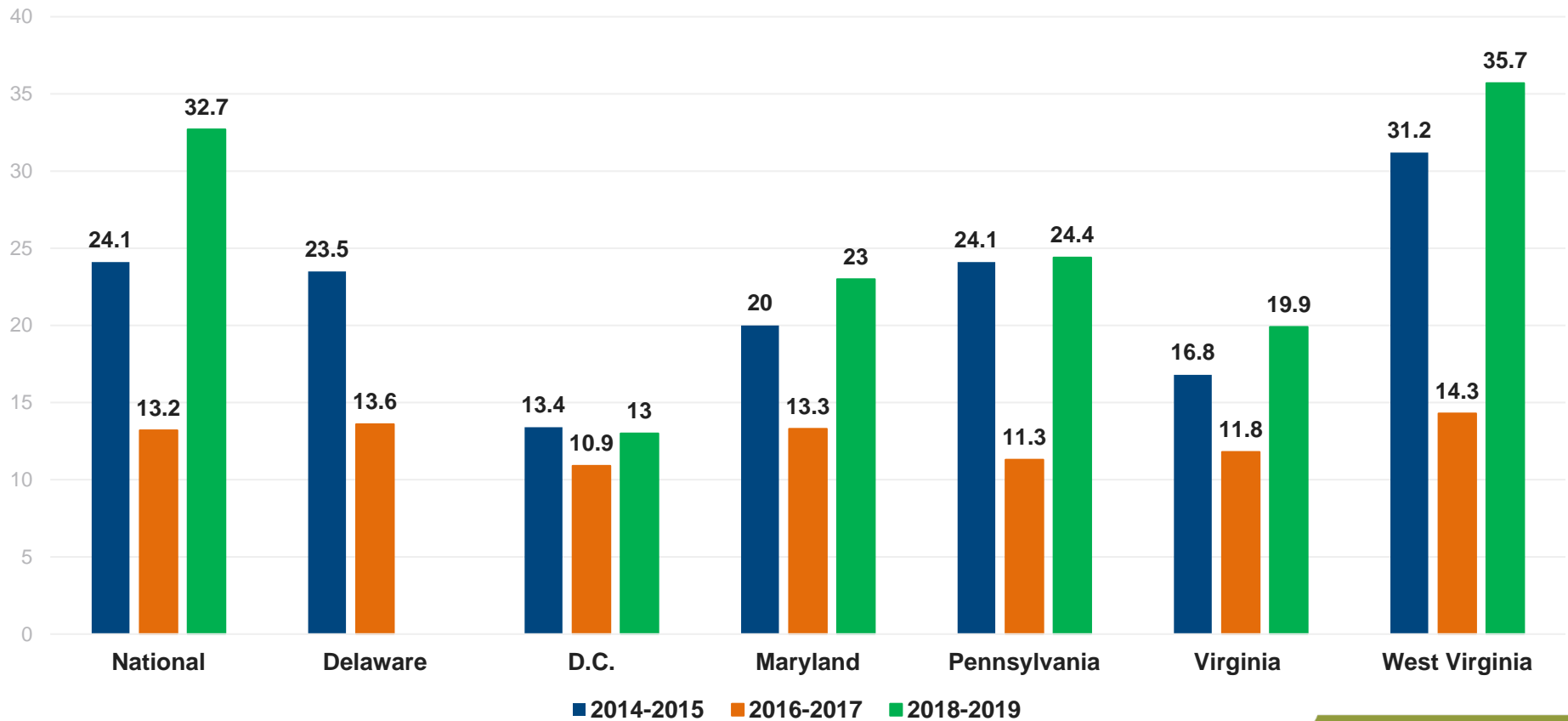
Emerging Trends

Suicide

Fatal Suicide (CDC)

Suicide and suicide attempts can be an important topic for substance use prevention stakeholders

- Suicide is a **leading cause of death** among people with substance use disorders
- Over **20% of suicides are drug-involved** (not all of which are overdoses)
- Suicide is strongly associated with mental health conditions (e.g. depression, anxiety, stress) that often co-occur with substance use
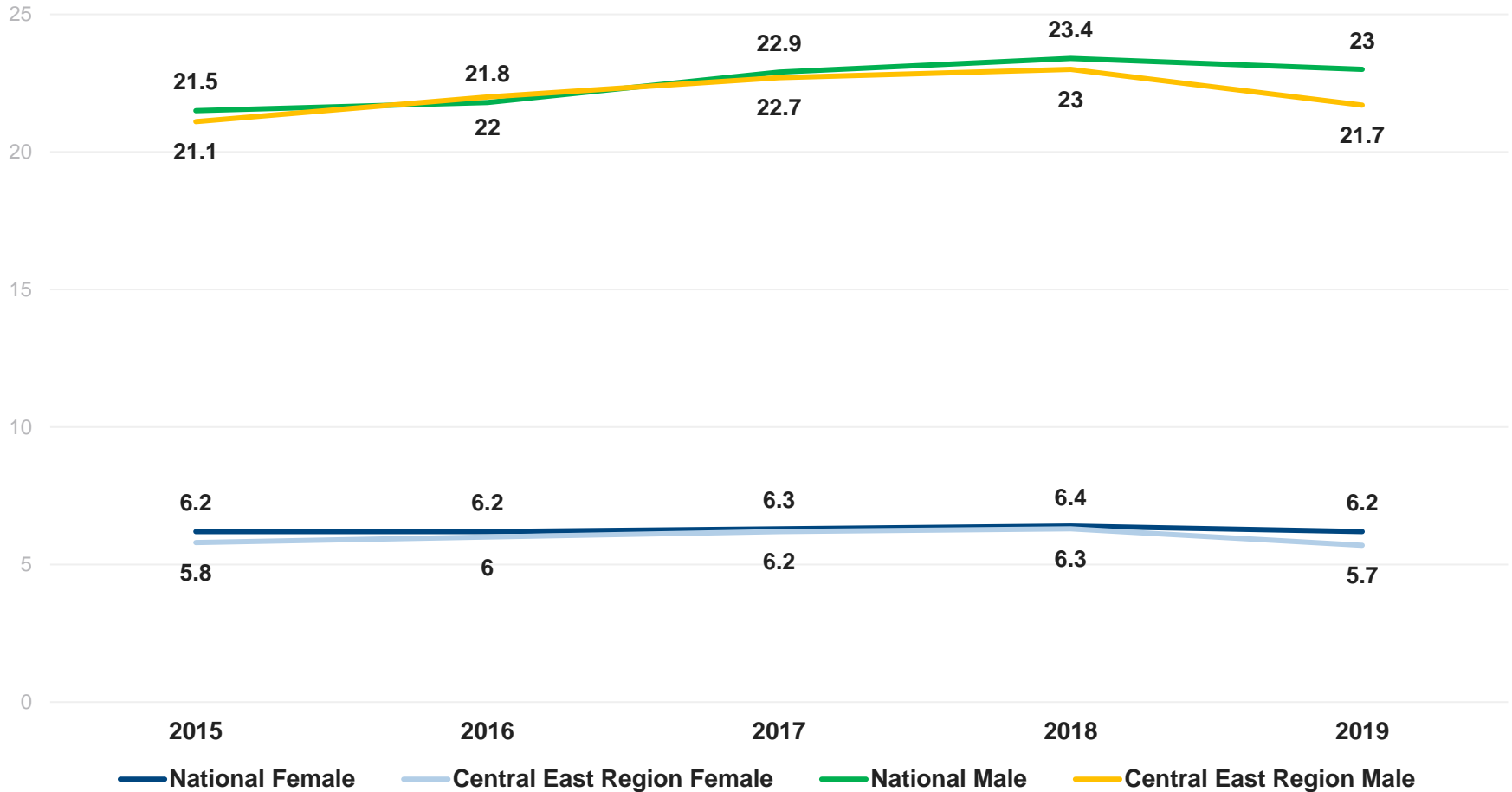
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Fatal Suicides (CDC)

(per 100,000 People)

Line chart comparing National and Central East Region fatal suicide rates per 100,000 people, 2015–2019.

National: 2015: 14.7, 2016: 14.8, 2017: 15.4, 2018: 15.7, 2019: 15.4

Central East Region: 2015: 14.1, 2016: 14.7, 2017: 15.1, 2018: 15.4, 2019: 14.4

— National   — Central East Region

Fatal Suicides, Contd (CDC)

Fatal Suicides by Gender

(per 100,000 People)

Legend: National Female — Central East Region Female — National Male — Central East Region Male

Year	2015	2016	2017	2018	2019
National Male	21.5	21.8	22.9	23.4	23
Central East Region Male	21.1	22	22.7	23	21.7
National Female	6.2	6.2	6.3	6.4	6.2
Central East Region Female	5.8	6	6.2	6.3	5.7

What Can Cause Trends to Vary?

- Risk and Protective Factors
  - The Socio-Ecological Model
  - Individuals, Relationships, Community, & Society
- Social Determinants of Health
  - Economic Stability
  - Education Access and Quality
  - Health Care Access and Quality
  - Neighborhood and Built Environment
  - Social and Community Context

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The Socio-Ecological Model

The Social Determinants of Health

"Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (HHS)

Social Determinants of Health

Social Determinants of Health
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Healthy People 2030

Understanding the SDOH

- The really "big picture" aspects of life
  - Sometimes too big for prevention professionals to address alone; or even at all
- However, prevention can play an important role in an overall public health approach focused on SDOH
- And being involved with other stakeholders we can better support a whole health approach
- And we learn more about the landscape we are working in with our other interventions

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Conclusion

- Emerging trend data is a vital aspect of a complete Needs Assessment
- The full impact of COVID-19 on substance use is not yet known
- Pre-COVID, many substances saw declines in overall use, but health consequences increasing for the people using them
  - Stimulant use may be on the rise, as is marijuana use
- Important to understand what drives changes in trends so that we can address them

Contact Us

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

a program managed by

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