Technical Information



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It is being recorded.







Welcome

Central East PTTC Webinar

Recommendations for Addressing Stimulant Use: What the Data Shows

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

Renata Henry Executive Director



Deborah Nixon Hughes Project Director



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







Central East Region

HHS REGION 3







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





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



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 seriesstrategic planning/SPF; data-informed decisionmaking; environmental strategies





Other Resources in Region 3





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



MHTTC

ATTC

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







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

Recommendations for Addressing Stimulant Use Part 1: What the Data Shows

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November 10, 2021







Presenters



Josh Esrick Presenter



Emily Patton Presenter





Learning Objectives

- Discuss trends in stimulant use and consequences
- Understand similarities and differences between current and past stimulant use

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- Summarize the risk and protective factors for stimulant use
- Review relevant stimulant data sources



Two-Part Series

- Part 1 (Today)
 - Scope of stimulant trends
 - How to learn more about trends
- Part 2 (November 17)
 - Differences in opioid vs stimulant prevention
 - Recommendations for prevention





Current Trends

- Impact of COVID-19
- Stimulant Use
 - Methamphetamine
 - Cocaine
 - Prescription
 Stimulant Misuse
- Fatal Overdoses







Impact of COVID-19

- Little hard data available yet
 - 2020 data collection problems may permanently impact ability to fully learn what happened
 - Most of the data discussed today goes through 2019
- Available 2020 data suggest that substance use increased dramatically





Impact of COVID-19

- Stress, anxiety, and depression all significantly increased (CDC)
 - By June 2020, 13% of adults "started or increased" their substance use to cope with the pandemic (CDC)
- Methamphetamine and cocaine supply chains unaffected by pandemic (DEA)
- Provisional fatal overdoses increased by ~30% in 2020 (CDC)





Stimulant Trends- Key Takeaways

- Stimulant use is up, primarily due to methamphetamine
- Stimulant fatal overdoses have drastically increased
 - Both with and without opioids also present
- Trends are different from past waves of use, particularly with methamphetamines





Stimulant Use - National

National Past Month Stimulant Use, Ages 12+



Methamphetamine Use by Age



Methamphetamine Use by Race/Ethnicity



2016 2017 2018 2019





Methamphetamine Use by Gender



Methamphetamine Use – Central East





Cocaine Use by Age



Cocaine Use by Race/Ethnicity





2016 2017 2018 2019





Cocaine Use by Gender



Cocaine Use – Central East



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Prescription Stimulant Misuse by Age



Prescription Stimulant Misuse by Race/Ethnicity

National Past Month Prescription Stimulant Misuse by Race/Ethnicity, Ages 12+ (%)



2016 2017 2018 2019



Prescription Stimulant Misuse by Gender



Overdoses-National



Fatal Drug-Involved Overdoses Per 100,000 People



Overdoses- Central East





Cocaine vs. Methamphetamine & Prescription Stimulants- National

Fatal Drug-Involved Overdoses Per 100,000 People



Cocaine vs. Methamphetamine & Prescription Stimulants- Central East





Overdoses Increasing Both With and Without Opioids Also Involved

Total Fatal Drug-Involved Overdoses



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Stimulant Overdoses by Age

Total Fatal Drug-Involved Overdoses, by Age Bracket



Divergent Overdose Risk Patterns By Age

Fatal Stimulant-Involved Overdoses, by Age Bracket

	15-24	25-34	35-44	45-54	55-64	65-74
2011	486	1382	1632	2134	1008	107
2019	1609	6848	7706	7045	5700	1219
% Increase	231%	396%	372%	230%	465%	1039%





Stimulant Overdoses by Race

Fatal Drug-Involved Overdoses Per 100,000 People



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Similarities and Differences From Past Waves of Use

- Risk Patterns
- Overdose Rates
- Supply Sources







Risk Patterns

- Stimulant overdose risk higher than expected
 African Americans have disproportionately high risk
- Methamphetamine initiations more concentrated among middle-aged adults
- Cocaine initiations increasing among females
- Prescription stimulant misuse primarily occurring among young adults





Overdose Rates

- Overdose rates relative to use rates are much higher than in the past, and have increased more significantly
- Here's 4 theories why; each —or none—may be a contributing cause
 - 1. Use rates may be significantly higher than previous waves of use
 - 2. Stimulants may be much stronger than in the past
 - 3. Stimulants more likely to be taken in combination with other overdose-inducing substances
 - 4. Overdoses may have been mis-classified in the past





Supply Sources (DEA)

- Methamphetamine
 - Shift from domestic labs to transnational criminal organizations
 - Domestic lab incidents declined from 23,703 in 2004 to 890 in 2019
- Cocaine
 - Primary source remains Colombia, record high production occurring since 2016
- Prescription Stimulants
 - Retail sales of amphetamine drugs more than doubled since 2009





Risk and Protective Factors





Risk and Protective Factors: Likelihood of Use

- Different characteristics of an individual's life are associated with how likely a person will be to engage in substance use
- These are referred to as Risk and Protective Factors
 - Each factor can increase (risk) or decrease (protective) that likelihood
- Stimulant use is driven by substance-specific factors as well as more general factors
 - Substance-specific factors include perceptions of harm, peer pressure, local price and availability
 - General factors can range from a person's problem-solving skills to access to quality education, also includes the big picture factors (i.e., the Social Determinants of Health)





Social Determinants of Health

"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-oflife outcomes and risks."

- Five Domains
 - Economic Stability
 - Education Access and Quality
 - Health Care Access and Quality
 - Neighborhood and Built Environment
 - Social and Community Context



Social Determinants of Health



Social Determinants of Health Copyright-free

الله Healthy People 2030

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Methamphetamine Risk Factors

- Previously identified risk factors for methamphetamine use include:
 - Genetic predisposition
 - Personal history of opioid, alcohol, or tobacco use
 - Family history of substance use, alcohol use disorder, or criminal behavior
 - Engaging in risky sexual behavior
 - Lower educational attainment
 - Low annual income
 - Living in non-metro or small metro communities
 - Co-occurring mental health disorder
 - Unemployment





Cocaine Risk Factors

- Previously identified risk factors for cocaine use include:
 - Impulsivity personality traits
 - History of childhood trauma
 - Negative emotionality
 - Lack of coping skills to deal with stress, alienation, or aggression





Prescription Stimulant Misuse Risk Factors

- Polysubstance use
- Risky behavior
- Later age of first stimulant prescription exposure
- Male
- Substance availability
- History of child abuse
- Aged 18-25
- Caucasian
- Member of a fraternity or sorority
- Lower grade point average (GPA)
- Mental illness
- Parental and peer relationships





Where To Learn More







Data Sources for Stimulant Use,1

- SAMHSA National Survey on Drug Use and Health
- CDC Wide-ranging Online Data for Epidemiologic Research
- HIDTA Overdose Mapping and Application
 Program
- DEA Automation of Reports and Consolidated Orders System
- SAMHSA Drug Abuse Warning Network





Data Sources for Stimulant Use, 2

- SAMHSA Treatment Episode Data Set
- HIDTA Performance Management Process Data Sharing
- CDC Youth Risk Behavior Surveillance System
- CDC Behavioral Risk Factor Surveillance System
- HHS National Data Archive on Child Abuse and Neglect





Other Data Sources

- Wide range of other state, local, and national sources can help develop your understanding of community trends
 - Monitoring
 - Emergency Response
 - Mortality
- Primary data collection
 - Surveys, Focus Groups, Key Informant Interviews
 - Culturally relevant techniques





Conclusion

- Stimulant use has increased, fatal overdoses have increased even more
- Changes in relative population risks may require changes in prevention strategies
- Next week we'll discuss what prevention can do to address stimulant use, including lessons learned from the opioid epidemic





Contact Us

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