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Emerging Drug Trends

What the Data Reveals About the Next Major Drug Issues

National Prevention Network Presentation
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Strategic Policy Solutions

Key Objectives

- Describe four national emerging drug trends
- Explain how the extent and impact of these trends can vary by state and region due to geographic, demographic, and cultural factors
- Discuss the role of prevention in addressing an emerging drug trend
- Examine how addressing these trends will require a shift from the tactics used to address prescription pain reliever misuse

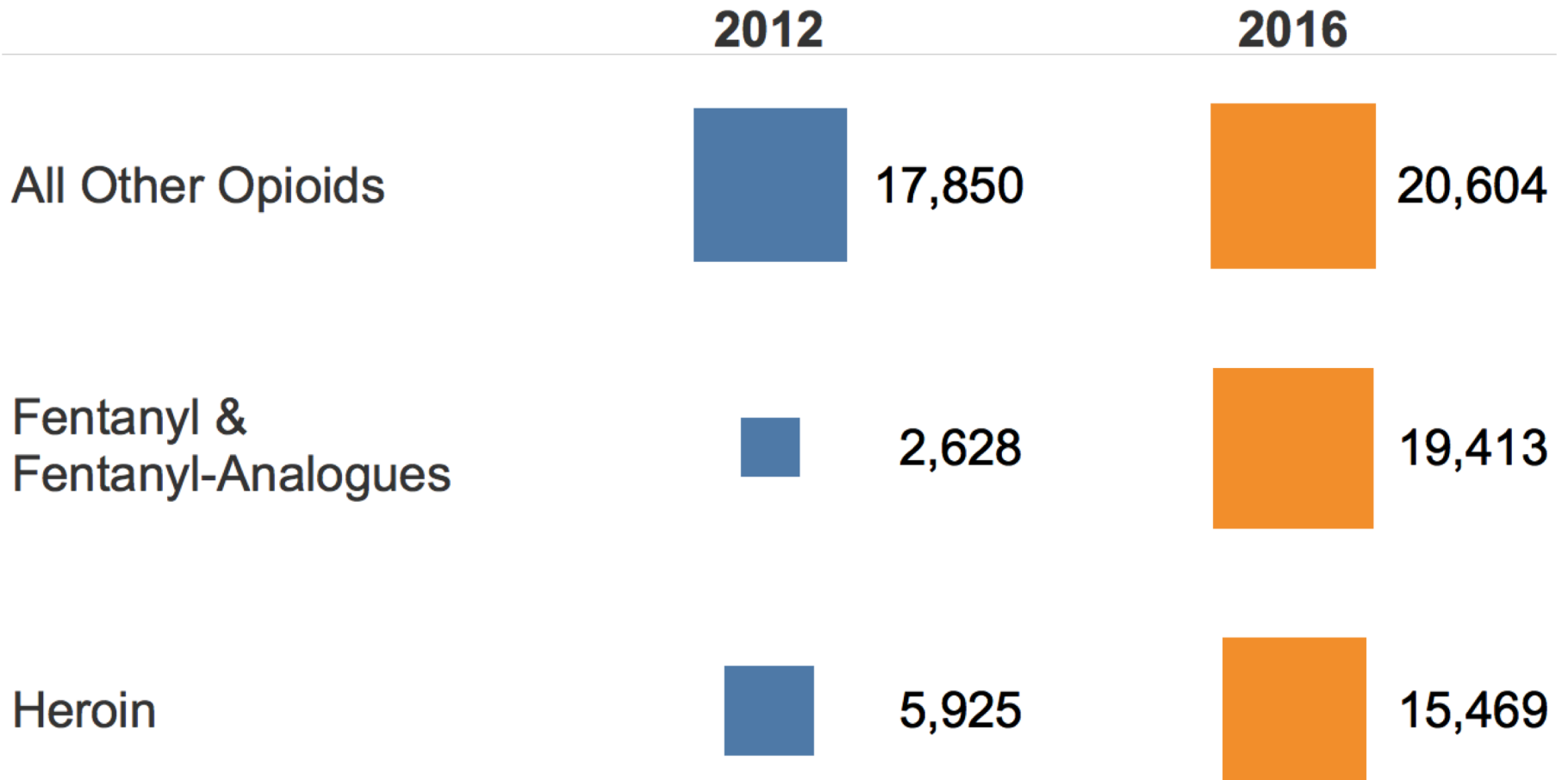
What Trends are Emerging?

- Opioid epidemic shifting from prescription pain relievers to heroin and fentanyl
- Rising availability and use of cocaine
- Re-emergence of methamphetamine and rising stimulant misuse
- Continued expansion of cannabis legalization

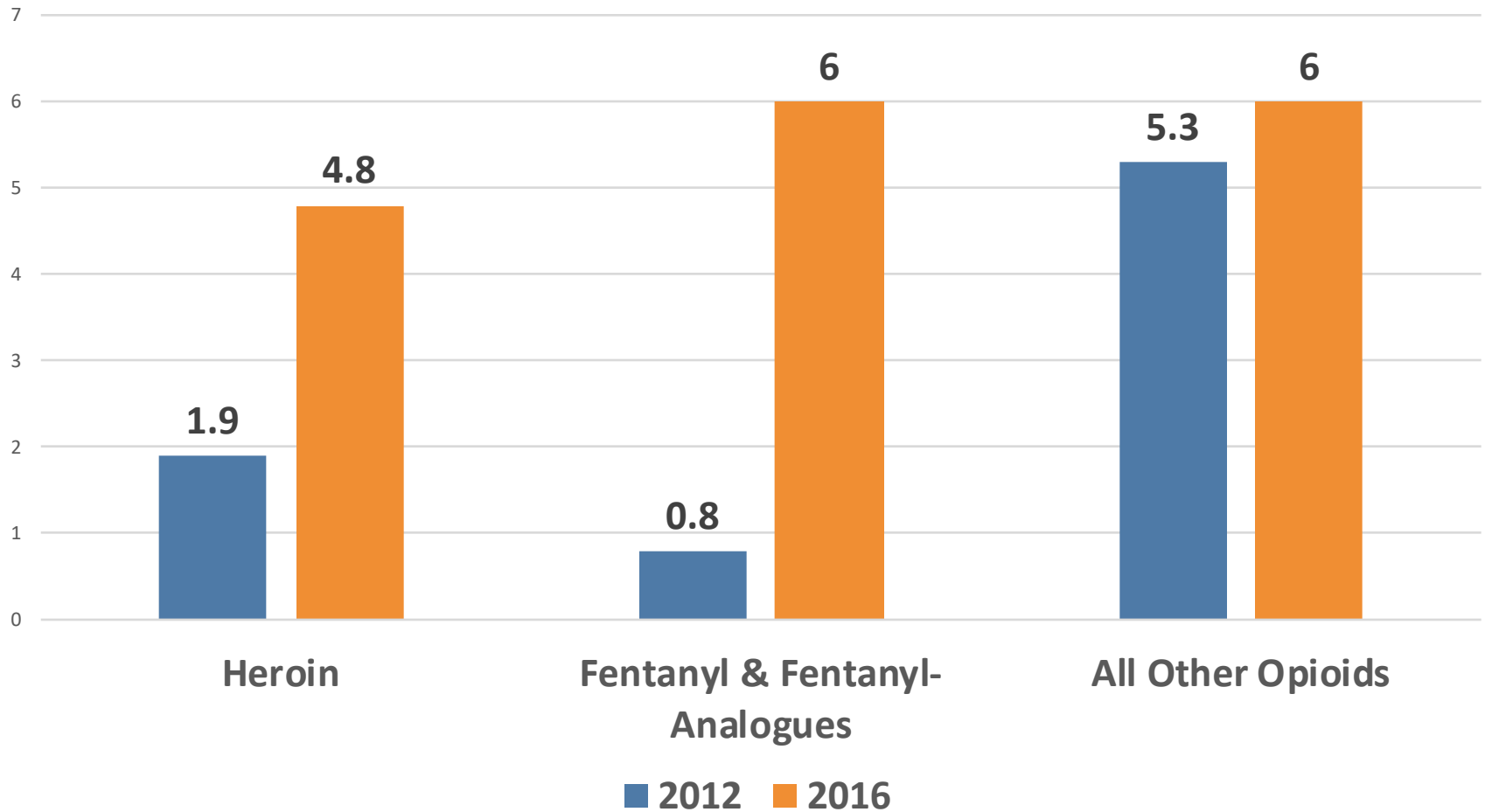
Shifting of the Opioid Crisis

- **Successes in addressing prescription opioid misuse**
 - Decline in prescription pain reliever misuse rates
 - Decline in positive workplace tests for prescription opioid misuse
 - Increasing stakeholder adoption of prescription opioid prevention tactics (e.g. PDMPs, abuse-deterrent drug formulas)
- **New challenges from heroin and fentanyl/-analogues**
 - Skyrocketing fatal overdose rates
 - Past-year heroin use increased from 669,000 individuals (0.3%) in 2012 to 948,000 individuals (0.4%) in 2016
 - Comprehensive fentanyl/-analogue misuse use rates are not available; though the DEA reports increased illicit production

Increasing Heroin and Fentanyl Overdoses



Opioid Overdoses per 100,000 Individuals



Rising Availability of Cocaine

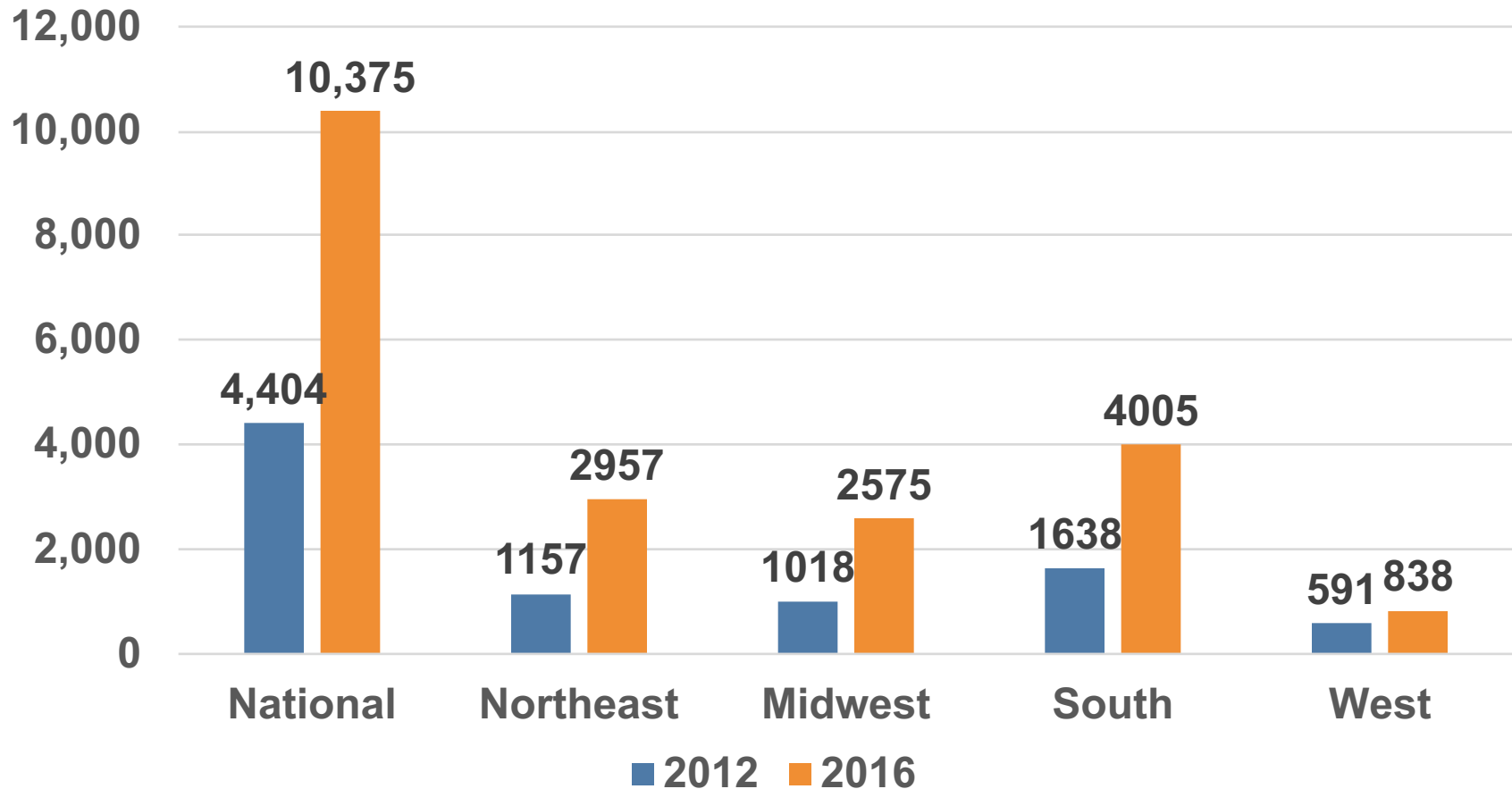
- From 2012 to 2016:
 - Colombian annual production of export-quality grade cocaine increased from 270 metric tons 910 metric tons
 - U.S annualized price per pure gram of cocaine decreased from \$215 to \$165
 - Average purity increased from 45.3% to 56.4%
- U.S. CBP seizures increased from 43,771 pounds in FY2013 to 66,025 pounds in FY2017

The Potential Beginning of a Cocaine Epidemic

- Annual cocaine initiations increased from 639,000 in 2012 to 1.09 million in 2016
- Overall past-year cocaine use has only increased slightly so far, from 1.8% of the US Population to 1.9%
- However, past-year use in the 18-25 age cohort increased from 4.6% to 5.6%
 - Among females 18-25 the increase was from 3.2% to 4.8%

Consequences of Cocaine Use

- Fatal cocaine overdoses increased 135% from 2012 to 2016



Cocaine and Opioids

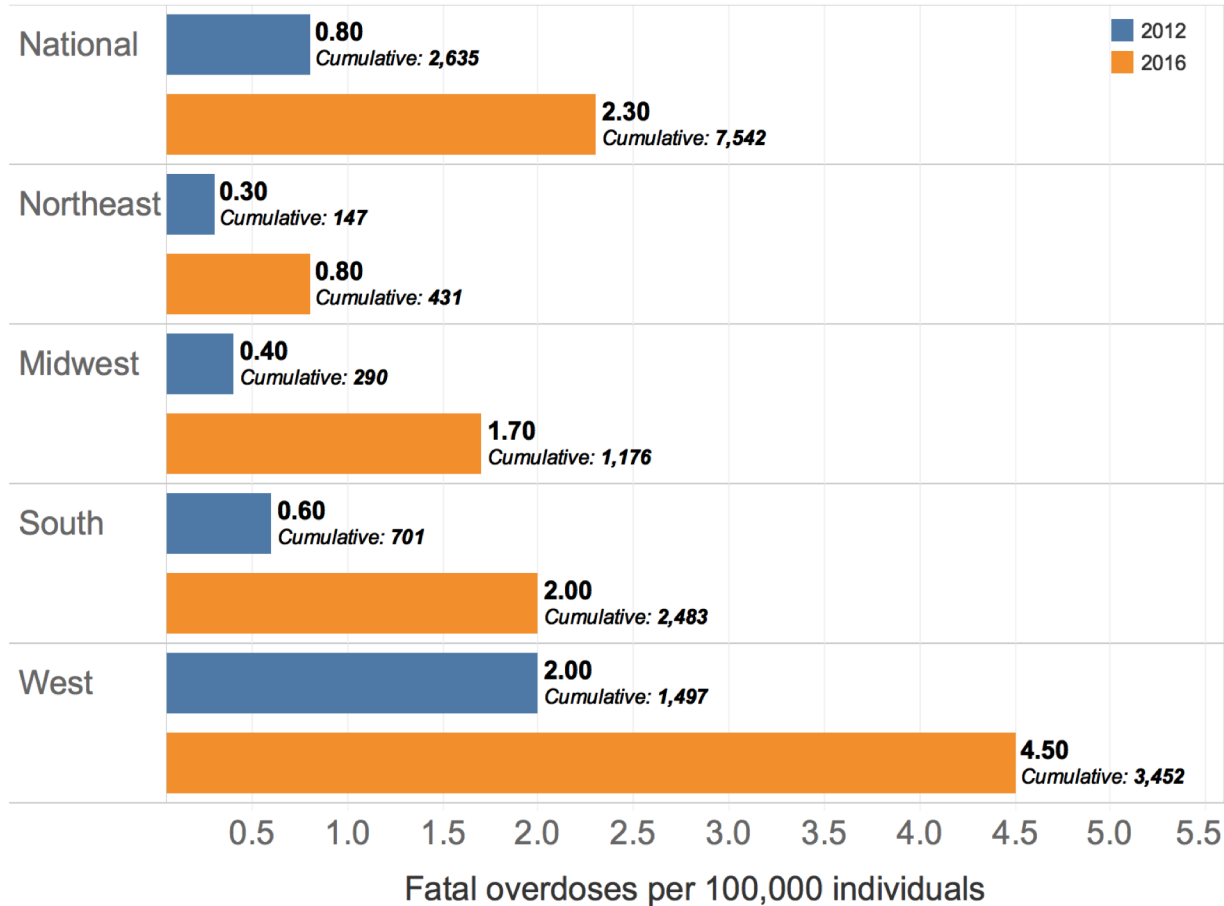
Region	2012	2016
National	10.6%	17.2%
Northeast	17.0%	22.3%
Midwest	12.3%	18.3%
South	9.2%	16.5%
West	5.7%	7.7%

- Substances are not used in a vacuum!
- The percent of fatal opioid overdoses that also involve cocaine has grown nationwide

Re-emergence of Methamphetamines

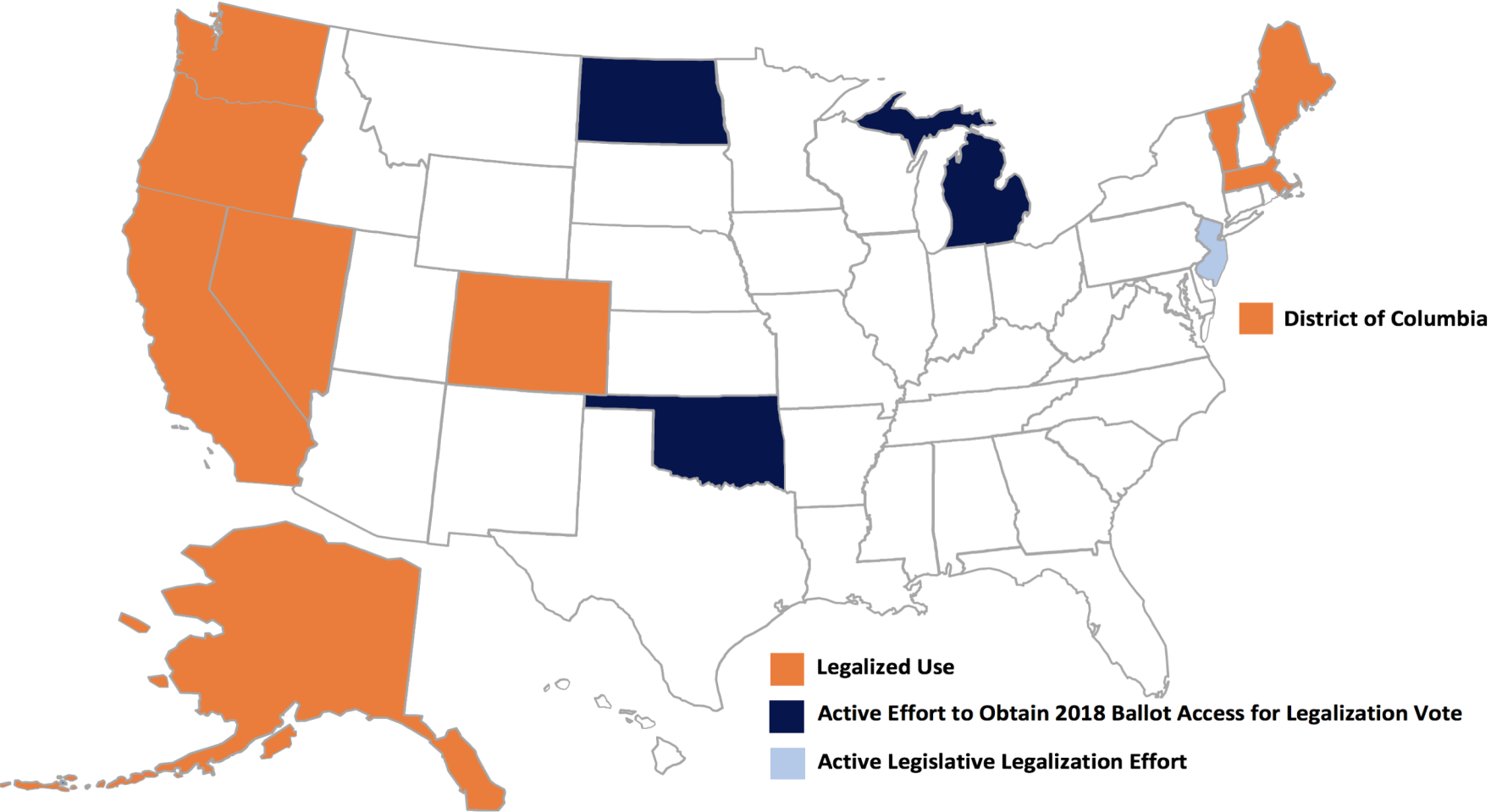
- From January 2011 to September 2016:
 - U.S annualized price per pure gram of methamphetamine decreased from \$98 to \$58
 - Average purity increased from 85.5% to 93.5%
- In 2016, 13 of the 21 DEA FDs reported high availability of methamphetamines (another 5 reported moderate)
 - 41% of DEA survey respondents reported increased demand in their areas
- NSDUH data is only available for 2015 & 2016, though shows no change yet
- TEDS admissions increased from 107,242 in 2011 to 135,264 in 2014 (after declining from 155,987 in 2006)

Consequences of Methamphetamines



- While use data are still developing, overdose data already shows the consequences of methamphetamine's re-emergence.
- Like cocaine, methamphetamines are interacting with the opioid epidemic
 - Percent of opioid overdoses involving meth increased from 4.3% to 8.1%

Expansion of Recreational Cannabis Legalization

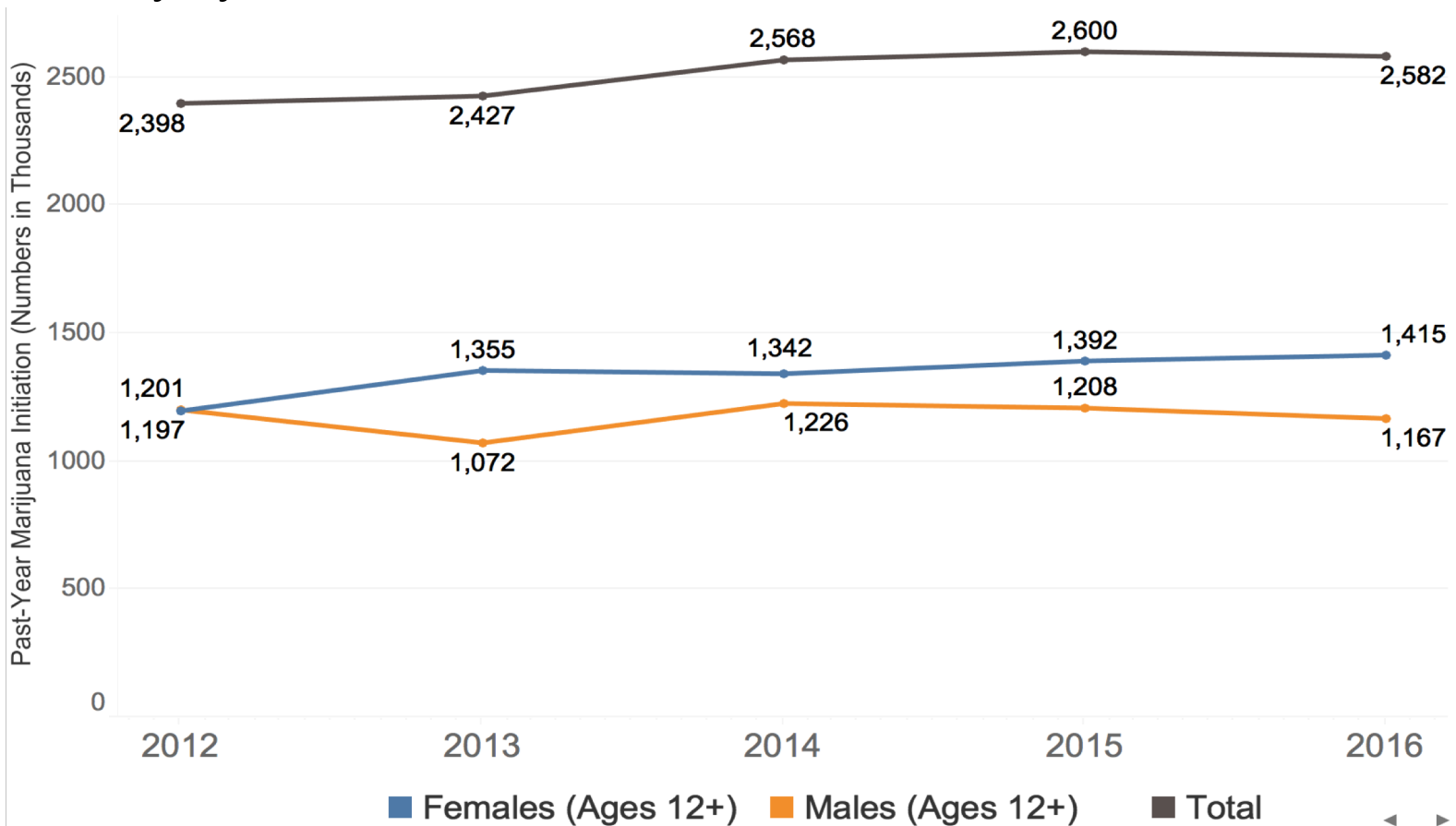


Marijuana Data- Not in Agreement Yet

- NSDUH: Overall increase in past-year use, from 12.1% in 2012 to 13.9% in 2016. Driven entirely by increases in adult use, youth use actually in decline
- MTF: Past-year use *is* increasing among youth; 8th, 10th, and 12th grade students all seeing increase
- 2016 past-year youth use: 22.6% in MTF vs. approx. 12% in NSDUH
- Need more data, will be long time before results are clear!
- Risk factors for youth marijuana use are also increasing

Marijuana Initiations

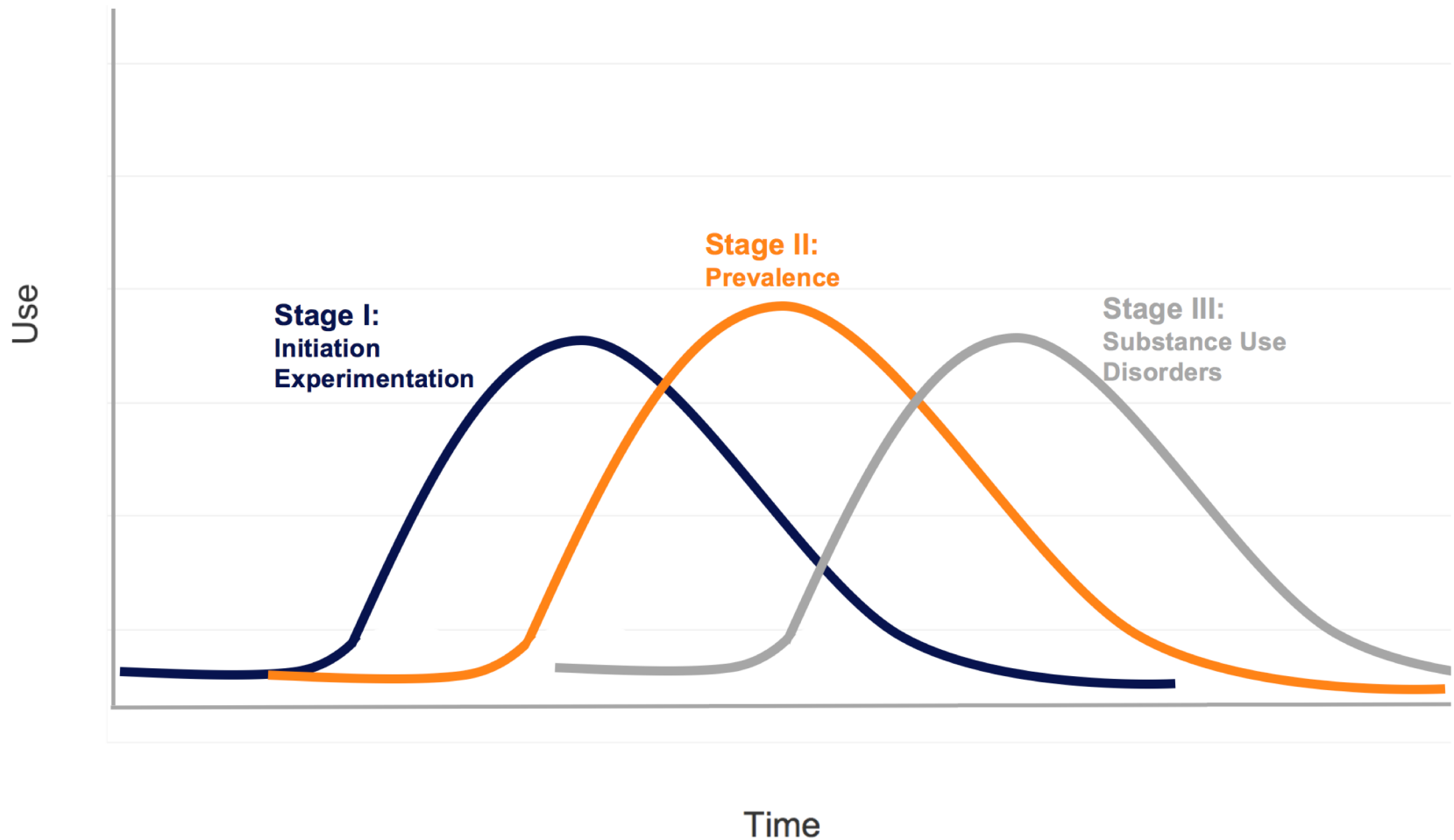
- NSDUH does show an increase in marijuana initiations; driven entirely by females.



Emerging Drug Trend Variations by Region

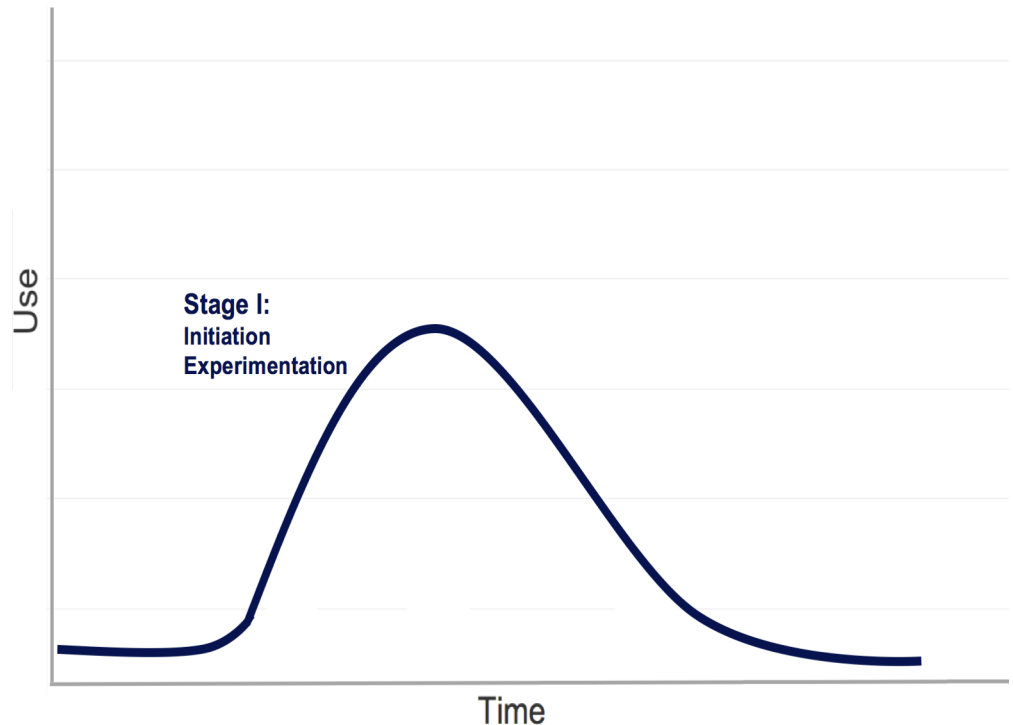
- Opioid, cocaine, and methamphetamine use and overdoses are increasing nationwide and every region; however the extent of the increase, and overall problem, varies dramatically
- Prevention stakeholders must recognize the key needs of their region and locality and adjust their approach as necessary to best serve their area
- This also means understanding how far a potential epidemic has progressed in an area, as the role of prevention changes over time

The Role of Prevention During the Stages of an Epidemic



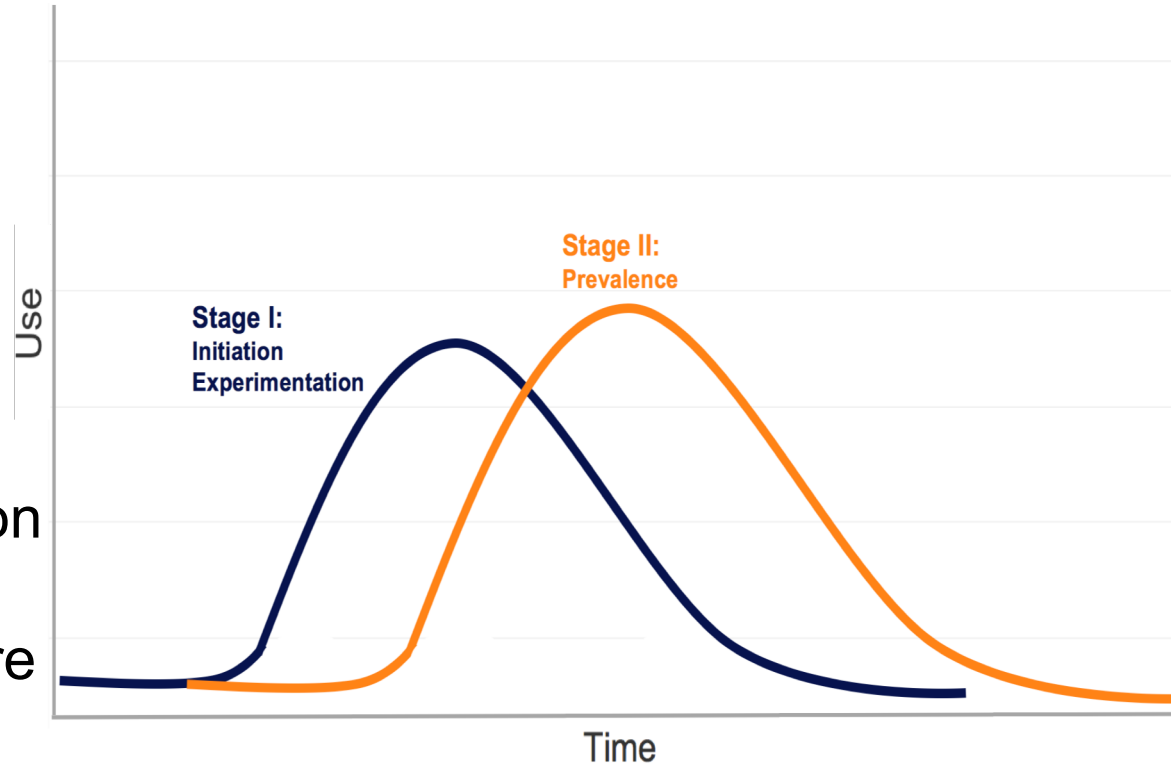
Stage 1: Onset

- Prevention at Stage I has the potential to affect the size and duration of an epidemic by discouraging individuals from initiation.¹⁰
- Enforcement has a positive impact during the early stages of an epidemic due to its ability to remove catalytic elements from the landscape, markedly slowing the establishment of a mature epidemic.

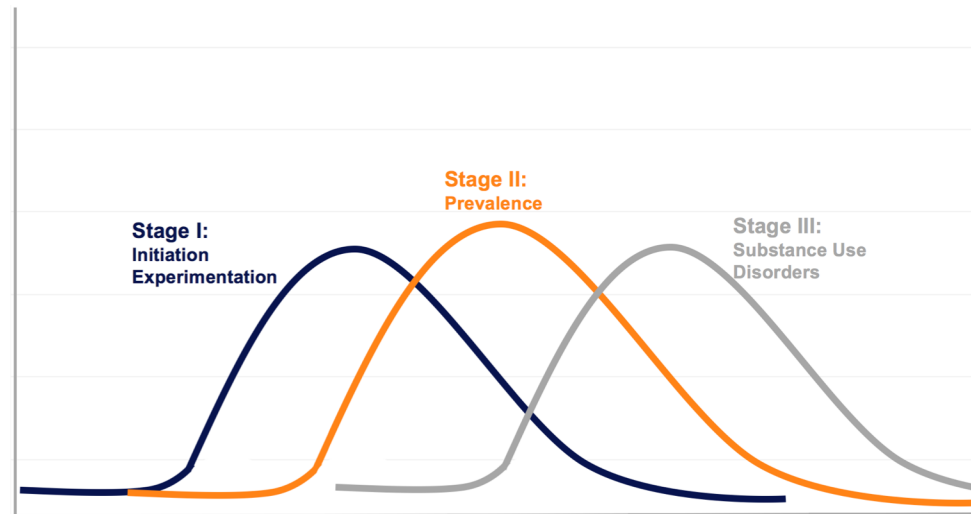


Stage II: Prevalence

- Selective and indicated prevention can support a plan to address problem drug use and reduce risk.
- Ongoing collaboration with partners across the continuum of care is essential.
- Effectiveness of treatment rises relative to that of other interventions due to the decay of their efficacy; enforcement's efficacy is minimal in the height of an epidemic.



Stage III: Substance Use Disorders



Substance use by heavy users means a drug supply will remain plentiful, which brings with it the possibility that new users will emerge, thereby prolonging an epidemic. Treatment can be an effective means to “remove” heavy users from the “tail” of the epidemic; and prevention has a small role in discouraging potential new users.



Changing Approaches as Substances Change

- Preventionists should step back and review the data to understand the complex emerging issues in their areas and their implications.
- This could mean changes in planning, priority setting, strategy selection, capacity building, and implementation efforts
- Opioids remain a key issue, but addressing heroin and fentanyl will take largely different efforts from addressing prescription opioids. As will addressing other substances like cocaine, methamphetamines, and marijuana.
- Think through differences in:
 - Risk and protective factors that can be addressed
 - How awareness campaigns change
 - What kinds of strategies have evidence of effectiveness



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