Tracking Drug Use Patterns

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Tuesday, March 26, 2019
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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<thead>
<tr>
<th>American Academy of Family Physicians</th>
<th>American Psychiatric Association</th>
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<tbody>
<tr>
<td>American Academy of Neurology</td>
<td>American Society of Addiction Medicine</td>
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<td>American Society of Pain Management Nursing</td>
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<td>American Academy of Pain Medicine</td>
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<td>American College of Emergency Physicians</td>
<td>American Psychiatric Nurses Association</td>
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<td>American College of Physicians</td>
<td>National Association of Community Health Centers</td>
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<td>American Dental Association</td>
<td>National Association of Drug Court Professionals</td>
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Minimize or maximize the webinar panel by selecting the orange arrow.

To be recognized, type your question in the “Question” box and select send.
Disclosures

- I have no disclosures to report.
Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Distinguish different patterns of use across the United States.
  - Identify emerging drug epidemics and the need for treatment responses to these epidemics.
### Indicators of Methamphetamine, Heroin and Cocaine Use in the US

<table>
<thead>
<tr>
<th></th>
<th>Meth</th>
<th>Heroin</th>
<th>Cocaine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poison Center Calls (2017)</td>
<td>3,766</td>
<td>4,186</td>
<td>1,371</td>
</tr>
<tr>
<td>Deaths (2017)</td>
<td>10,333</td>
<td>15,482</td>
<td>13,942</td>
</tr>
<tr>
<td>Treatment (2016)</td>
<td>170,374</td>
<td>445,443</td>
<td>83,387</td>
</tr>
<tr>
<td>Tox Lab IDs (2018)</td>
<td>328,514</td>
<td>117,127</td>
<td>183,930</td>
</tr>
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</table>
Heroin Overdose Deaths: 2017

Source: CDC Wonder & Kaiser Family Foundation
Opioid Overdoses Natural and Semisynthetic (Oxycodone, Hydrocodone): 2017

Source: CDC Wonder & Kaiser Family Foundation
Synthetic Opioid Deaths (Fentanyl, Tramadol)

Source: CDC Wonder & Kaiser Family Foundation
Black Tar Heroin and Packaging
Powdered Heroin and Fentanyl Test Strips
Percent of the Top 25 Drugs Identified in Each US Region: NFLIS 2018

Source: National Forensic Laboratory Information System
Category of Drug Deaths and Mentions of Tramadol or Fentanyl on Texas Death Certificate: 2017

Do we need to watch Tramadol more closely?

<table>
<thead>
<tr>
<th>Category of Drug</th>
<th>Total Deaths</th>
<th>Tramadol</th>
<th>Fentanyl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychostimulants</td>
<td>813</td>
<td>63</td>
<td>180</td>
</tr>
<tr>
<td>Cocaine</td>
<td>849</td>
<td>31</td>
<td>99</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>572</td>
<td>23</td>
<td>71</td>
</tr>
<tr>
<td>Heroin</td>
<td>591</td>
<td>22</td>
<td>52</td>
</tr>
<tr>
<td>Other Opiates</td>
<td>578</td>
<td>15</td>
<td>56</td>
</tr>
</tbody>
</table>

Sources: Provisional Reports, DSHS
Tramadol Items Seized and Identified in Tox Labs: 1998-2018

Source: National Forensic Laboratory Information System
Characteristics of Participants in Texas Meth Study: Preliminary Results (2014)

- N=222; 83% White; 54% female.
- Females scored 8 on Severity of Dependence Scale vs. 7 for males
- 63% had seen a mental health professional; 67% had been given meds for depression and 60% meds for anxiety.
- Over 89% said a family member had drug problem, 94% said a family member had a drinking problem, 90% said family had psychological problem, and 87% had a family member who had been in jail.
- Females more likely to report having felt unloved or sexually abused as children and to have been sexually and mentally abused as adults.
- Females said biggest benefits of meth use were weight loss, do more housework, not be depressed and have more confidence. Males liked the enhanced sexual experience.

Source: Maxwell, J. *Substance Use and Misuse*, 49, 6, 639-644.
Methamphetamine

- Indicators are now at higher levels than before the ban on pseudoephedrine.
- More crystal meth use among young MSM (particularly Black & Hispanic) and high-risk heterosexual populations.
- Almost all meth is made in from Mexico as powder or liquid that is converted to crystal in the US.
- Areas which had traditionally been dominated by heroin now reporting increasing problems with meth and new users becoming psychotic in short period of time due to potency.
- Speed balling is back—combining meth or cocaine and fentanyl or tramadol to “take the edge off”.
Indicators of Methamphetamine Trends in Texas: 1998-2017

Source: 2018 Texas Drug Trends
DEA Methamphetamine Profiling Program: National Data, 2006-2018

Production Routes

- Phenyl-2-Propanone
- Pseudoephedrine

Purity and Potency

- Purity
- Potency

Source: DEA Methamphetamine Profiling Program

Source: Texas Department of State Health Services

- Black Female: 15%
- Black Male: 27%
- Hispanic Female: 11%
- Hispanic Male: 36%
- White Female: 67%
- White Male: 17%
Increasing Size of Methamphetamine Seizures, 2018-2019

- Examples of methamphetamine seizures on highways going north from Austin:
  - May 2018 – 71 pounds
  - Feb. 2019 – 111 pounds

- Methamphetamine seizures on border on routes north:
  - Feb. 6, 2019; Pharr – 1,005 pounds-bell peppers
  - Feb. 20, 2019; Pharr – 906 pounds-strawberries

Source: DEA
Cocaine

- Poison control, treatment, deaths, & tox lab indicators for cocaine are increasing.
- The acreage under cultivation in Columbia is up with peace treaty between government and FARC rebels (Revolutionary Armed Forces of Colombia—People's Army).
- In 2017, DEA reported the price per pure gram decreased from $259 in 2012 to $160 while purity increased from 39% to 60%.
- Cocaine powder can be injected or sniffed/inhaled. Crack is cocaine to which baking soda or an other base chemical has been added and with water turned into crack “rock”. Acidic cocaine will flash and burn while basic cocaine will smolder so it can be smoked.
- Prepare to see more powder cocaine. Preliminary analysis of Texas cocaine admissions 2012-2017 found more inhaling, more White and Hispanic users, more females, more employed, fewer problems with CJ system. Progression to crack?
- Contingency management and community reinforcement are the most effective social-psychological approaches.
Is Cocaine Coming Back?

Sources: UNODC World Drug Report, TEDS, AAPCC, NFLIS
Available Behavioral Therapies for Methamphetamine or Cocaine

• No FDA-approved medications for methamphetamine or cocaine.

• **Contingency Management** plus **community reinforcement** is the most effective and acceptable intervention for both short- and long-term treatment of individuals with cocaine and/or amphetamine addiction.
  
Juuls

- Electronic Cigarettes that contain “pods” of nicotine, glycerol and propylene glycol, benzoic acid, and flavorants similar to flavors in blunt wraps (“Mellow Mango”)
- In states with decriminalized cannabis, can contain “pods” of cannabinoid oil
Changes in Synthetic Drugs: Changes in Packaging
Characteristics of Synthetic Cannabis Admissions to Publicly-Funded Texas Treatment: 2011-2018

Status of Synthetic Cannabis Users at Admission to Texas Treatment: 2011-2017

Questions or Thoughts?

• How do we continue to monitor all these different drug trends?
• How do we provide the latest and most effective treatment?
• How do we train staff in the latest knowledge and techniques?
• Do we build stronger partnerships with other agencies and rely on them to fill some needs?
• Are our services readily accessible as our population grows?
• How do upgrade our epidemiological knowledge about impending drugs trends? We need to take advantage of what our staff and patients know.
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Google Texas Drug Trends 2018
References

• American Association of Poison Centers
• Treatment Episode Data Set, SAMHSA
• National Forensic Laboratory Information System, DEA
• National Vital Statistics System, CDC
• 2018 Texas Drug Trends Report
• UNODC World Drug Report
• DEA Methamphetamine Profiling Program
• DEA Cocaine Signature Program
• Texas Department of State Health Services
• Center for Forensic Science Research and Education at the Fredric Rieders Family Foundation
• J. C. Maxwell, 2018 Texas Drug Trends
PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit: [https://pcssNOW.org/mentoring/](https://pcssNOW.org/mentoring/)
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
State Targeted Response-Technical Assistance Consortium (STR-TA)

✧ **Opioid Use Disorder Virtual Learning Collaborative (VLC)**

- Play a role in expanding the availability of medical for addiction treatment options for opioid use disorders
- Each collaborative runs for 12-weeks and is lead by an experienced faculty advisor
- Participants watch pre-recorded webinars, call into office-hours, engage with a virtual community and complete an individual project
- Participants will earn up to 12 Continuing Medical Education (CME) credits
- Fill out our interest intake form at [apapsy.ch/OpioidSTR](apapsy.ch/OpioidSTR) Contact Eunice Maize at [emaize@psych.org](mailto:emaize@psych.org) for more information.

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Session Evaluation and Certificate

- Instructions will be provided in an email sent to participants an hour after the live session.
- Certificates are available to those who complete an evaluation.
- Recordings of today’s webinar can be accessed at www.pcssNOW.org and education.psychiatry.org.
Upcoming PCSS Webinar


John F. Kelly, PhD, ABPP
Professor of Psychiatry, Harvard Medical School; Director, MGH Recovery Research Institute; Program Director, MGH Addiction Recovery Management Service (ARMS); Associate Director, MGH Center for Addiction Medicine

Tuesday, April 23, 2019
12:00-1:00 PM EST