



Stimulant Trends in Vermont

Alcohol and Drug Abuse Programs

We will review

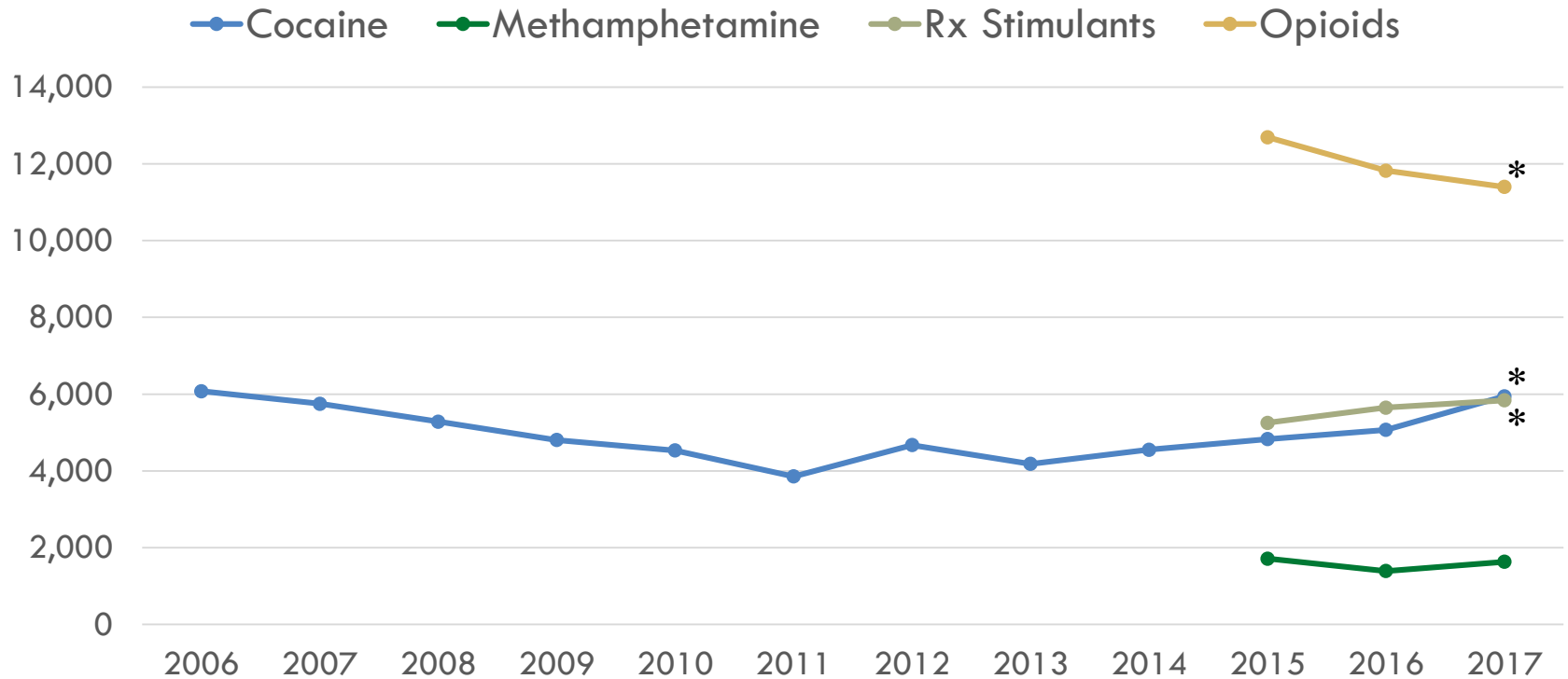


- Prevalence
- Treatment
- Fatalities
- Other Data
- Discussion



Prevalence

Illicit Stimulant and Opioid Use in Past Year among Persons Aged 12 or Older, **United States**: Numbers in Thousands, 2002-2017



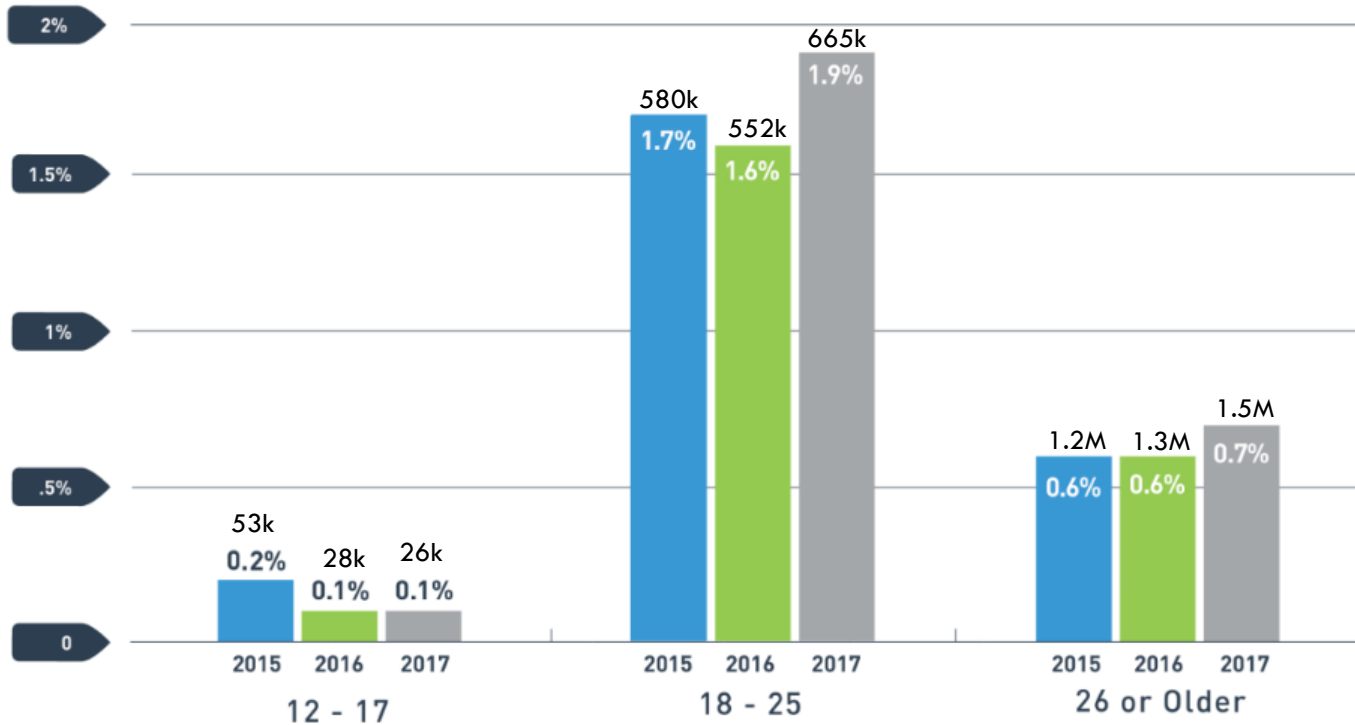
* There are statistically significant changes between 2015 and 2017 for all substances except methamphetamine.

Data not available for opioids, Rx Stimulants, Methamphetamine prior to 2015

Data Source: National Survey on Drug Use and Health (NSDUH)

No Statistically Significant Change in Cocaine Use by Individual Age Group - US

PAST MONTH, 2015 - 2017,
12+



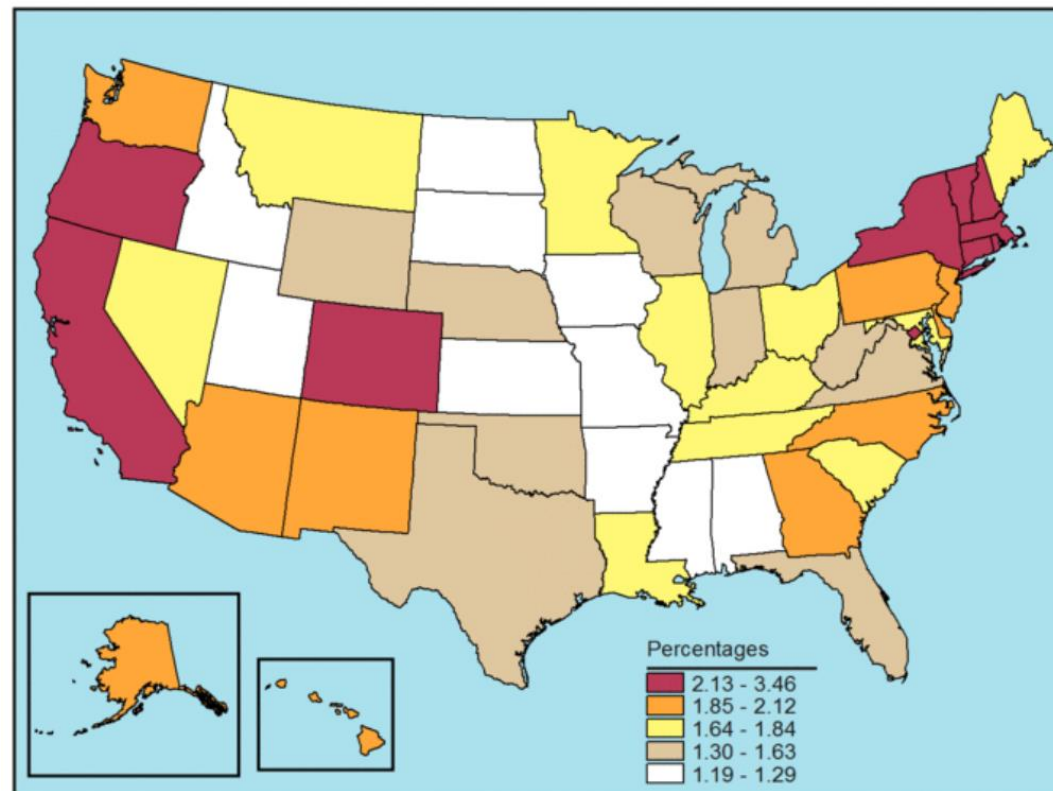
No difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

Data Source: NSDUH

See figure 16 in the 2017 NSDUH Report for additional information.

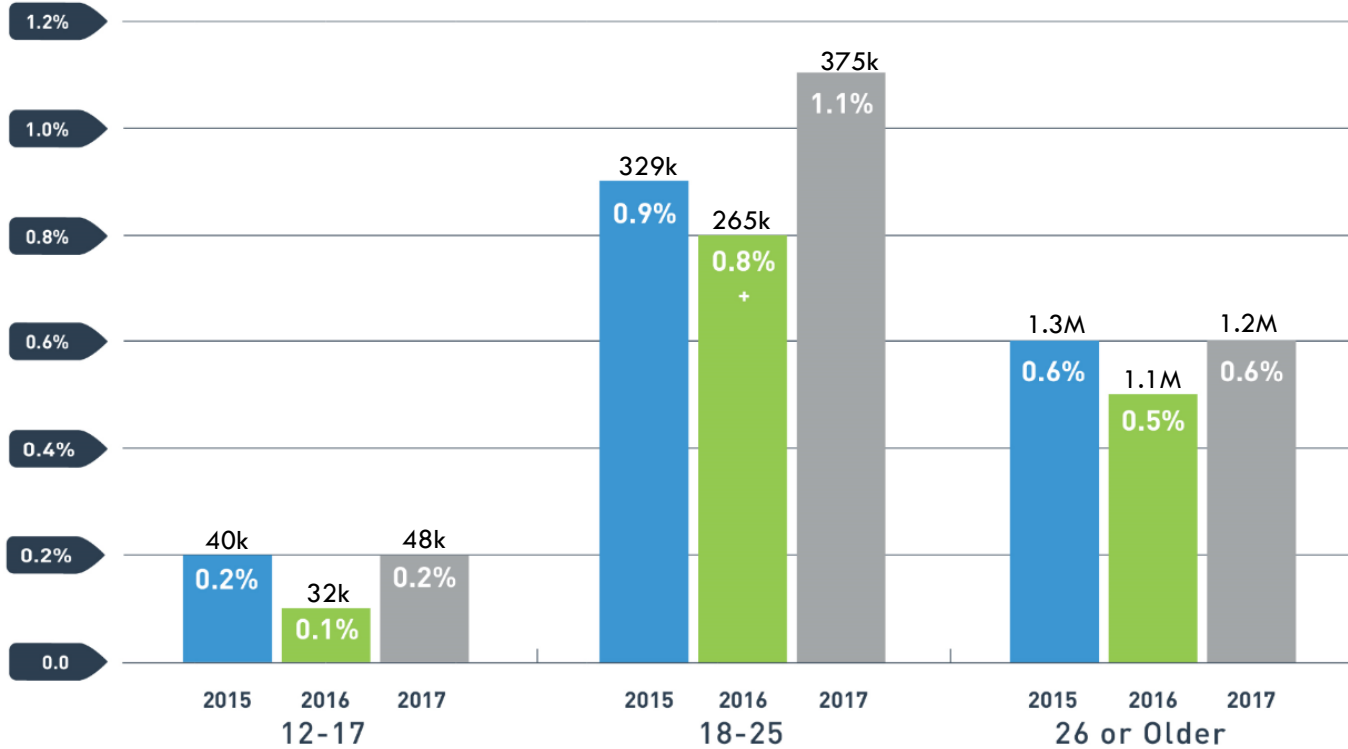
Past year cocaine use by state 2015/2016

Approximately 16,000 Vermonters age 12+ used cocaine in the last year (NSDUH 2015/2016)



Statistically Significant Increase in Methamphetamine Use for those Age 18-25 between 2016 & 2017 - US

PAST YEAR, 2015 - 2017,
12+



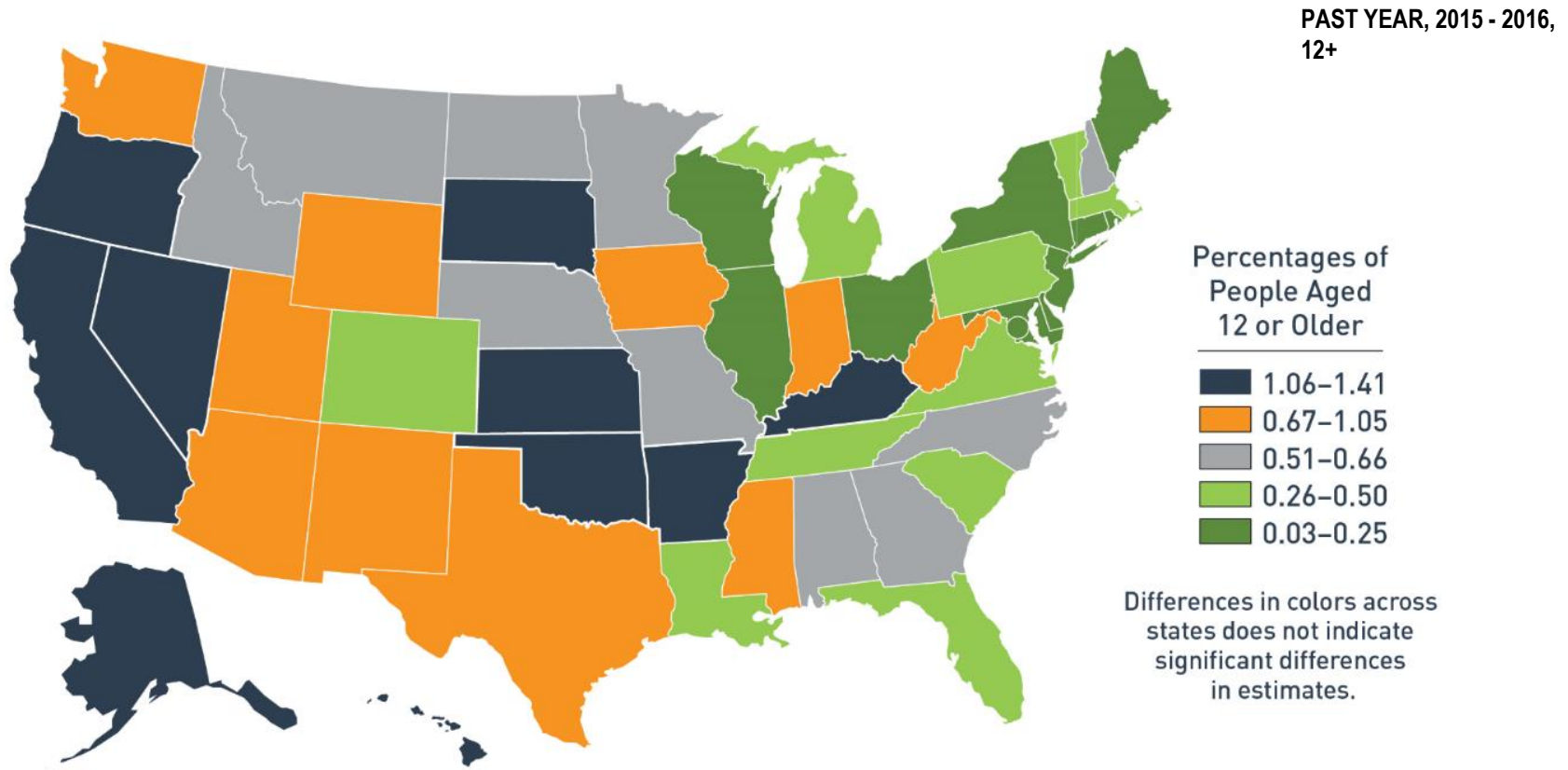
+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.



Data Source: NSDUH

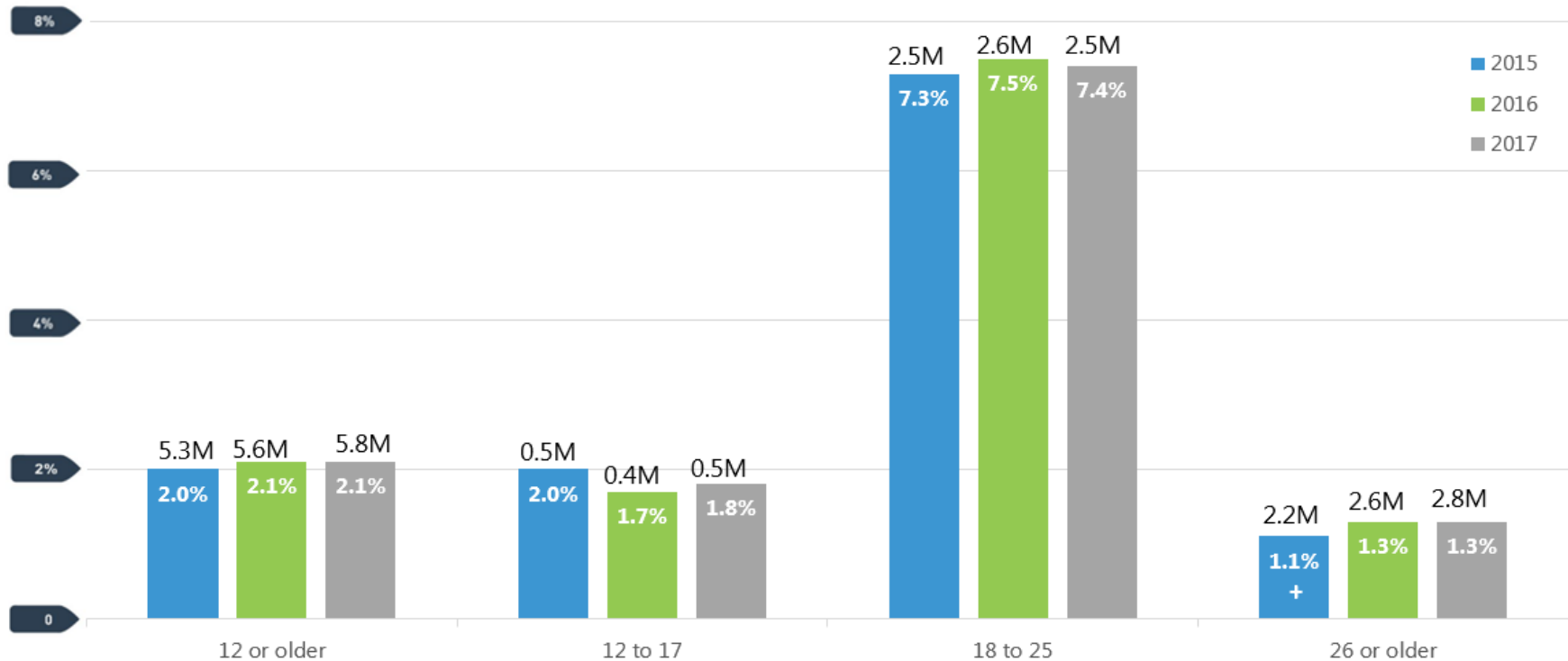
See tables 7.5, 7.11, and 7.14 in the 2017 NSDUH detailed tables for additional information.

Methamphetamine Use is Most Common West of the Mississippi River



Statistically Significant Increase in Misuse of Prescription Stimulants for those Age 26+ between 2015 & 2017 - US

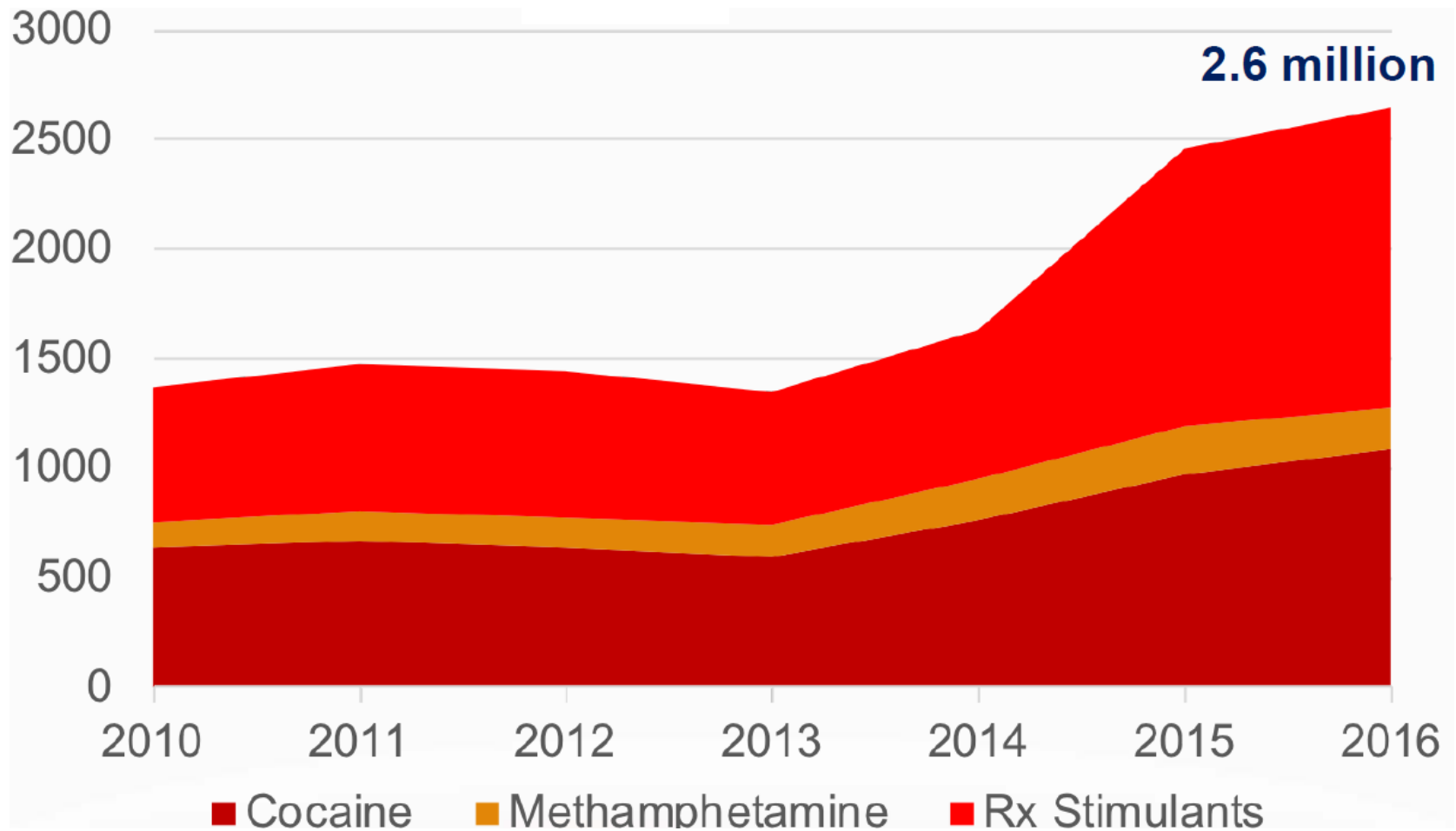
PAST YEAR, 2015 - 2017, 12+



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

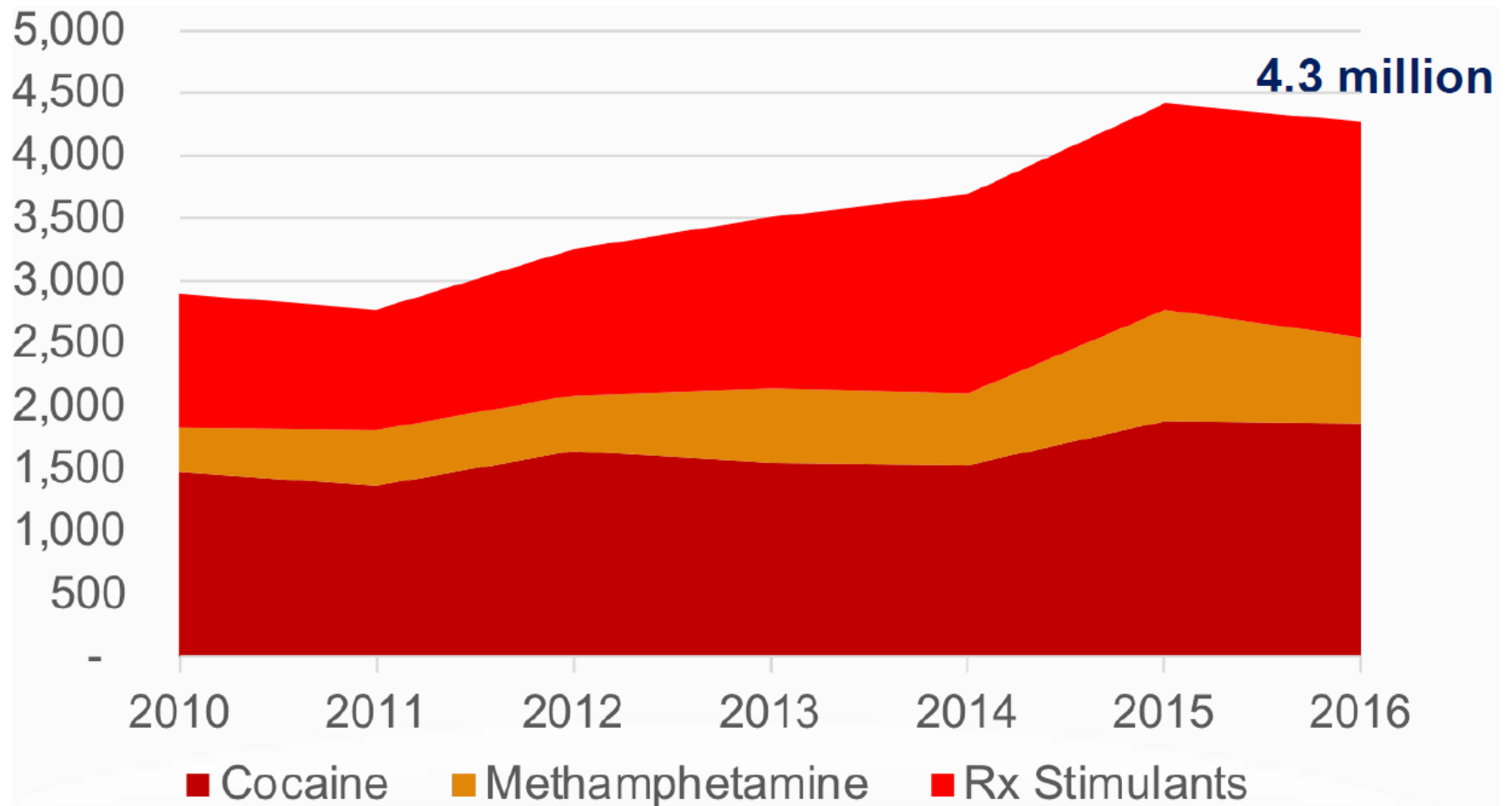
Data Source: NSDUH

US: New Initiates –Nonmedical/ Illicit Users - Stimulants



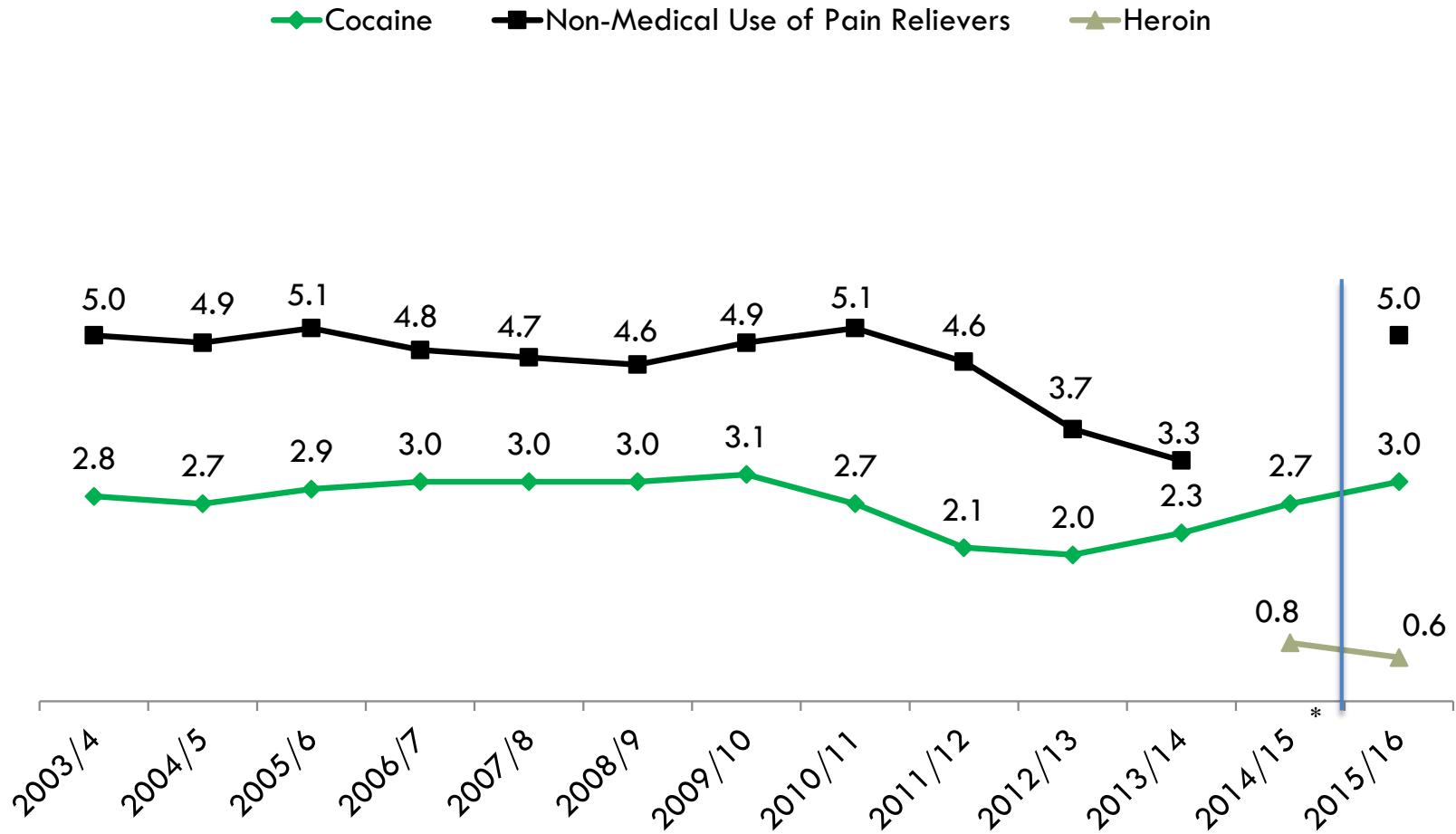
Source: John Eadie presentation at the National Rx Drug Abuse & Heroin Summit/NSDUH

US: Past Month Nonmedical/ Illicit - Stimulants



Source: John Eadie presentation at the National Rx Drug Abuse & Heroin Summit/NSDUH

Substances Used by Vermonters ages 12+ by Substance Type – Past Year

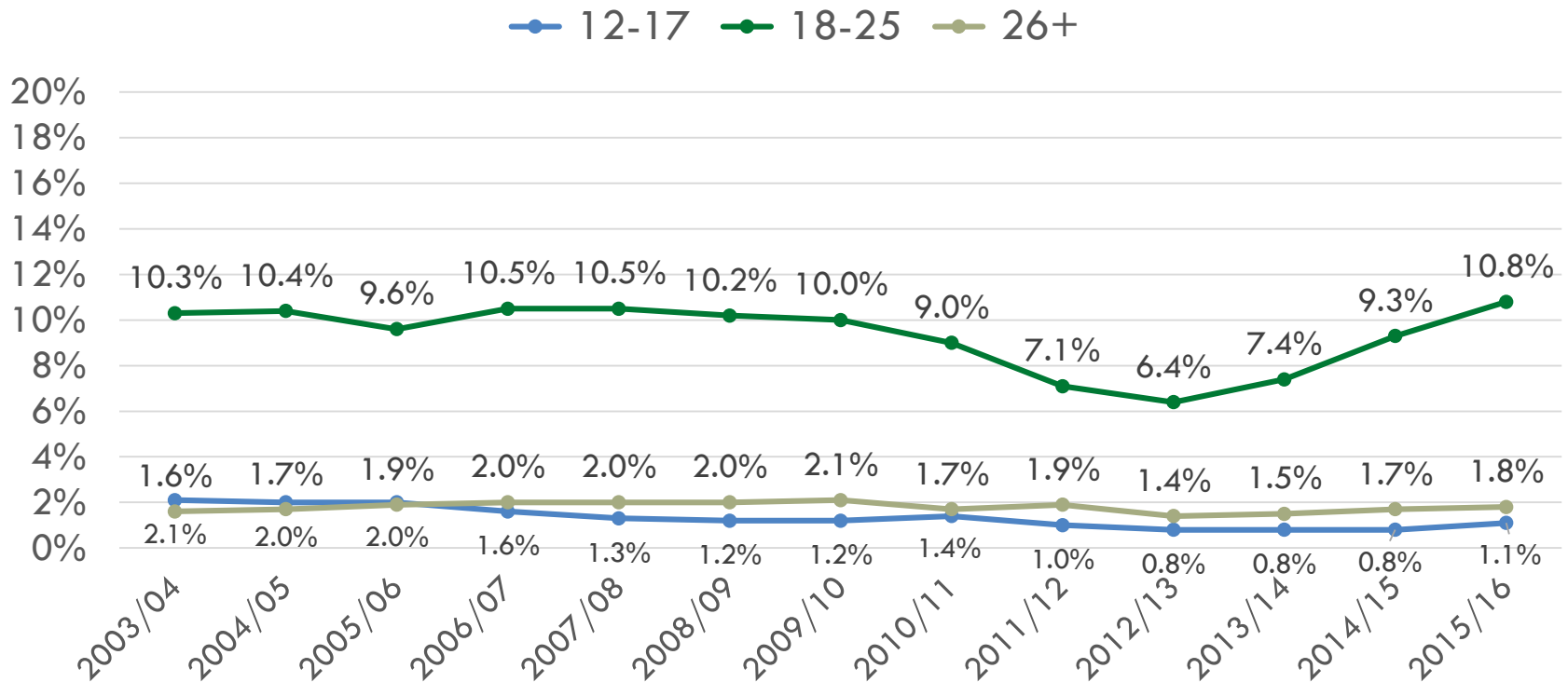


Source: National Survey on Drug Use and Health, 2003-2016

* Because of question reformulation for non-medical use of pain relievers no data are available for 2014/15 & data from 2015/16 are not comparable to previous years

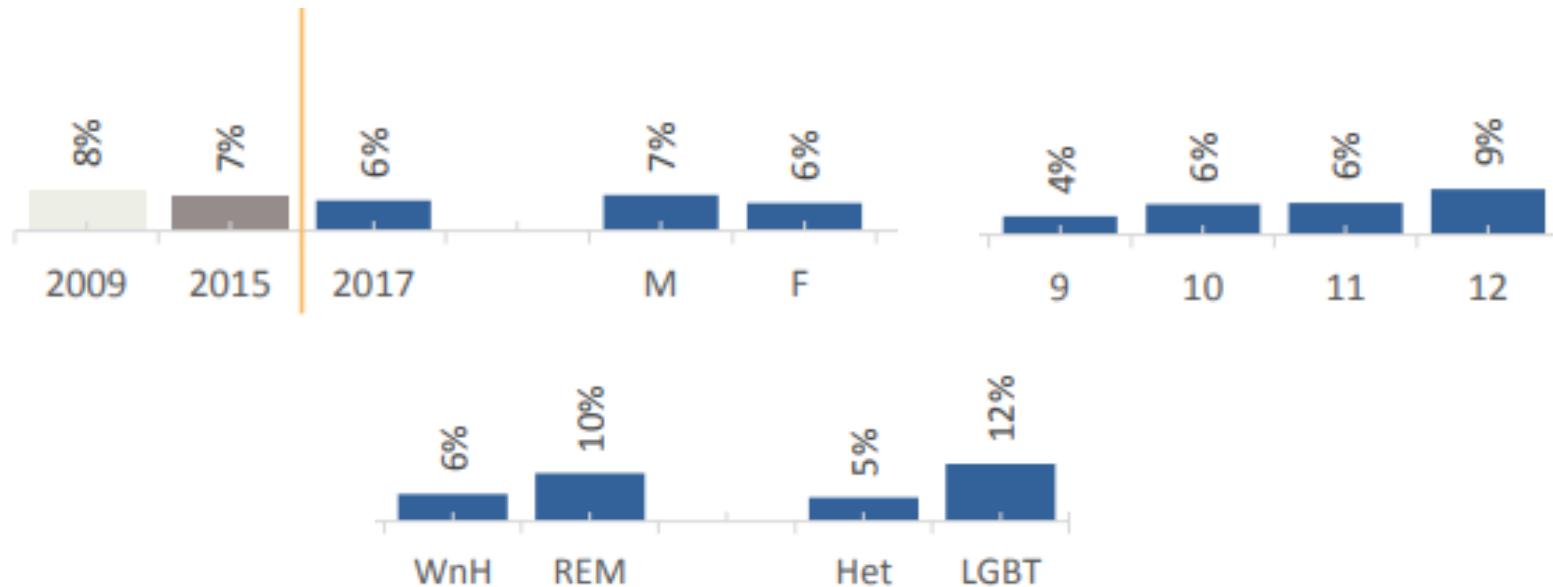
Vermonters age 18-25 report the highest use of cocaine

Percent of Vermont population reporting cocaine use in the past year by age in years.



Source: National Survey on Drug Use and Health, 2003-2016

9-12 grade students reporting ever misusing a prescription stimulant: 2017, Vermont



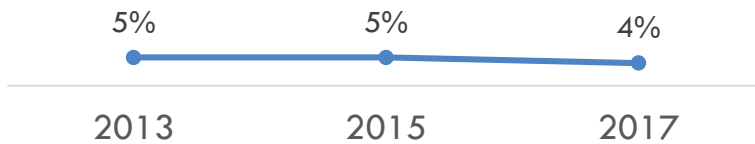
- Males are more likely to misuse than females
- Older students are more likely to misuse
- Racial and ethnic minorities (REM) are more likely to use than white non-Hispanic (WnH)
- LGBT students are more likely to misuse than heterosexual students

Note: the question was modified in the 2017 report so earlier results are not directly comparable

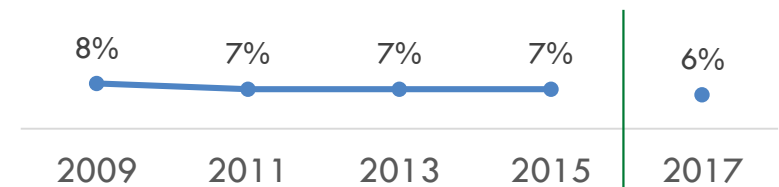
Source: Youth Risk Behavior Survey (YRBS)

Lifetime Use of Stimulants – Grades 9-12, Vermont

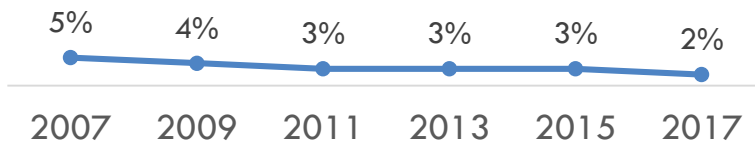
Cocaine



Prescription Stimulant Misuse



Methamphetamine



- Cocaine questions weren't asked prior to 2013
- Rx misuse question was modified in 2017 so earlier values are not directly comparable

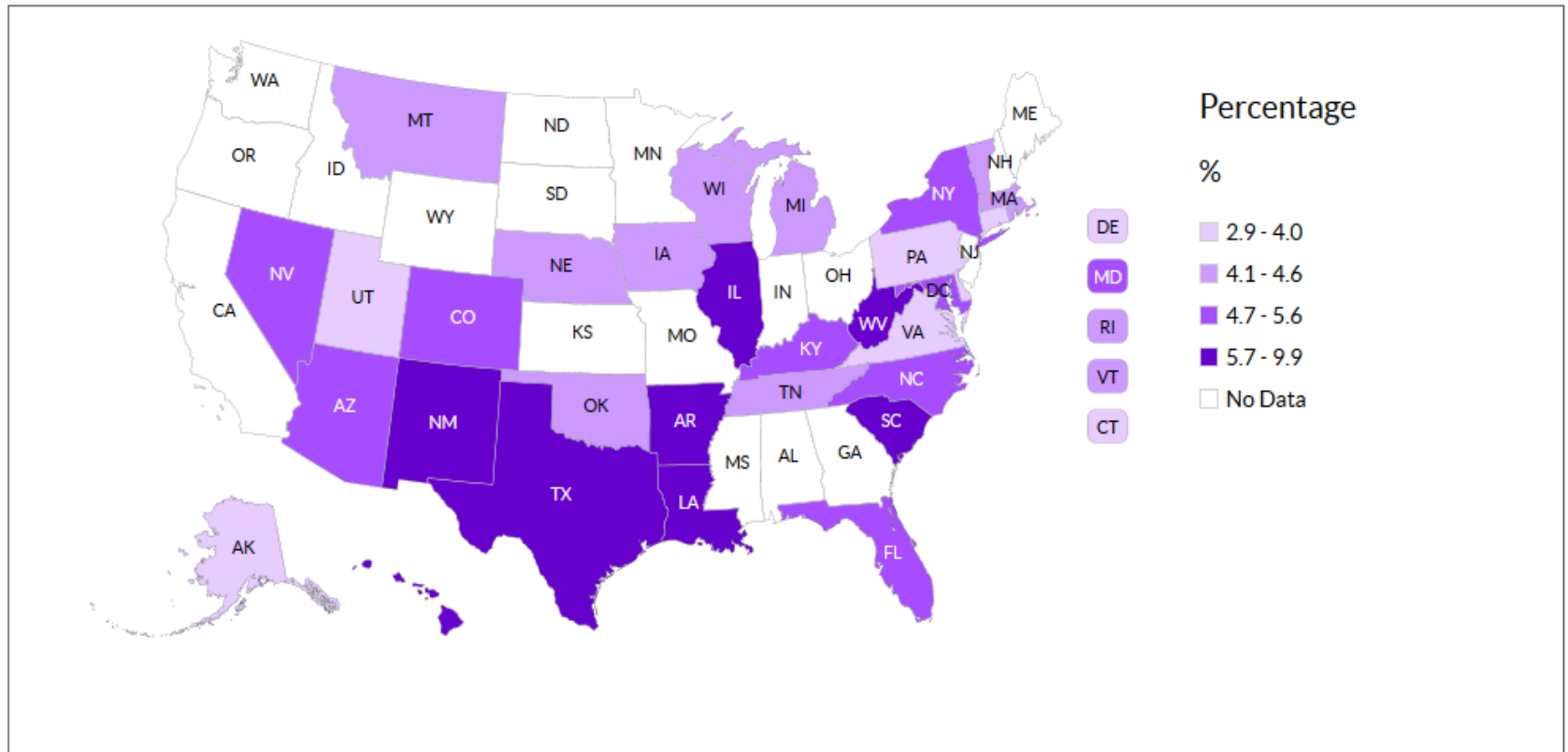
Source: YRBS

High School Students Ever Using Cocaine

Ever Used Cocaine

(any form of cocaine, such as powder, crack, or freebase, one or more times during their life)

High School Youth Risk Behavior Survey, 2017



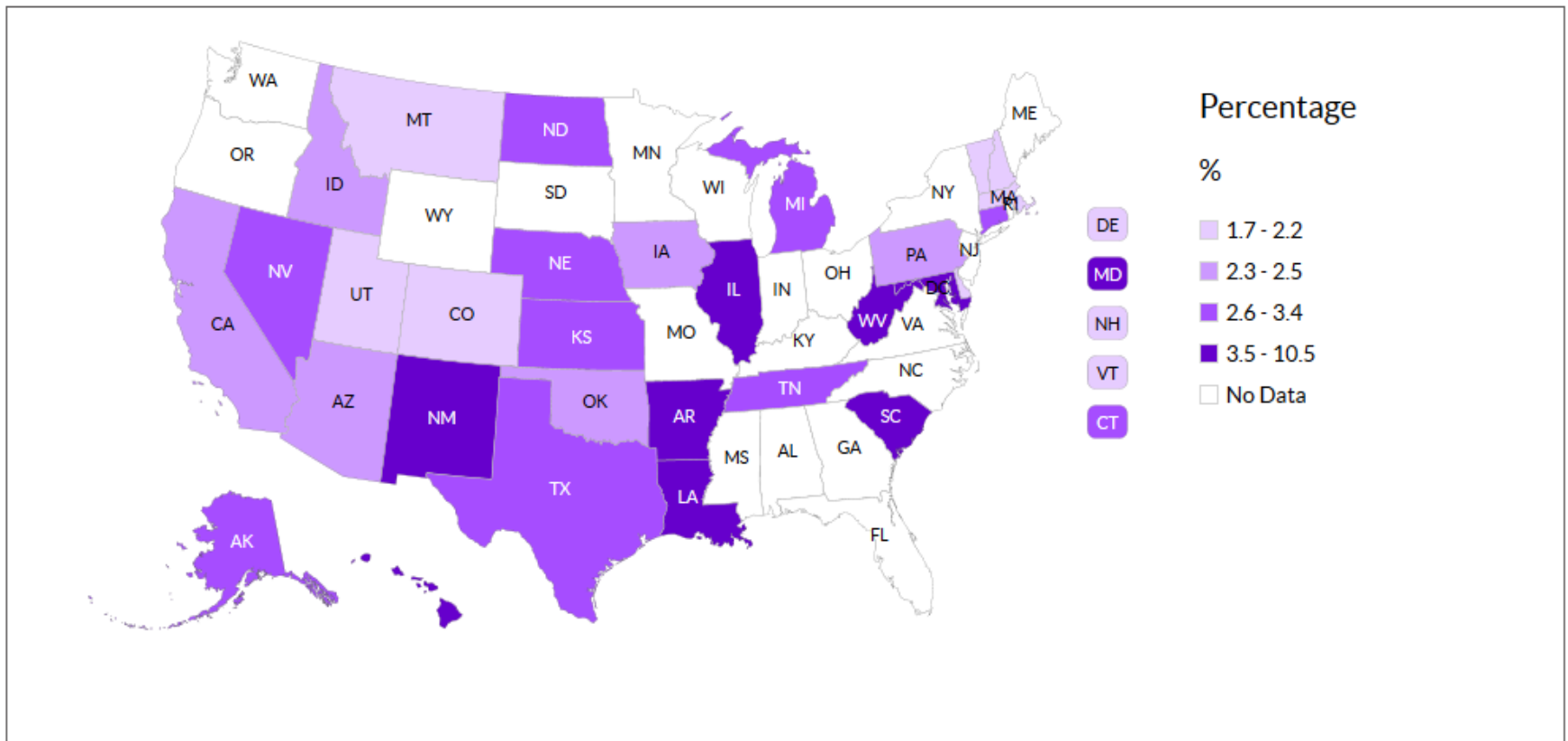
Source: YRBS/CDC

High School Students Ever Using Methamphetamines

Ever Used Methamphetamines

(also called "speed," "crystal," "crank," or "ice," one or more times during their life)

High School Youth Risk Behavior Survey, 2017

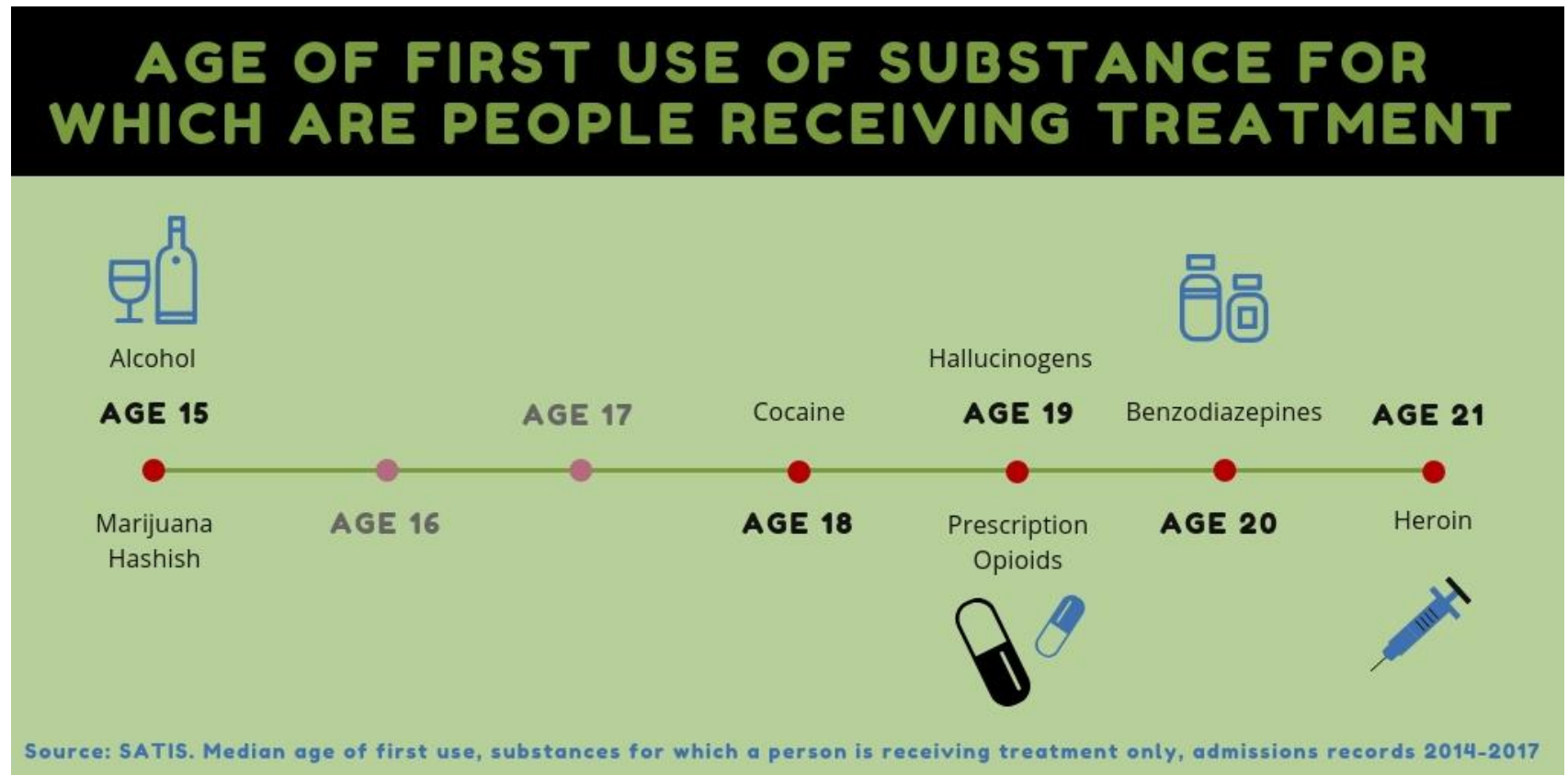


Source: YRBS/CDC

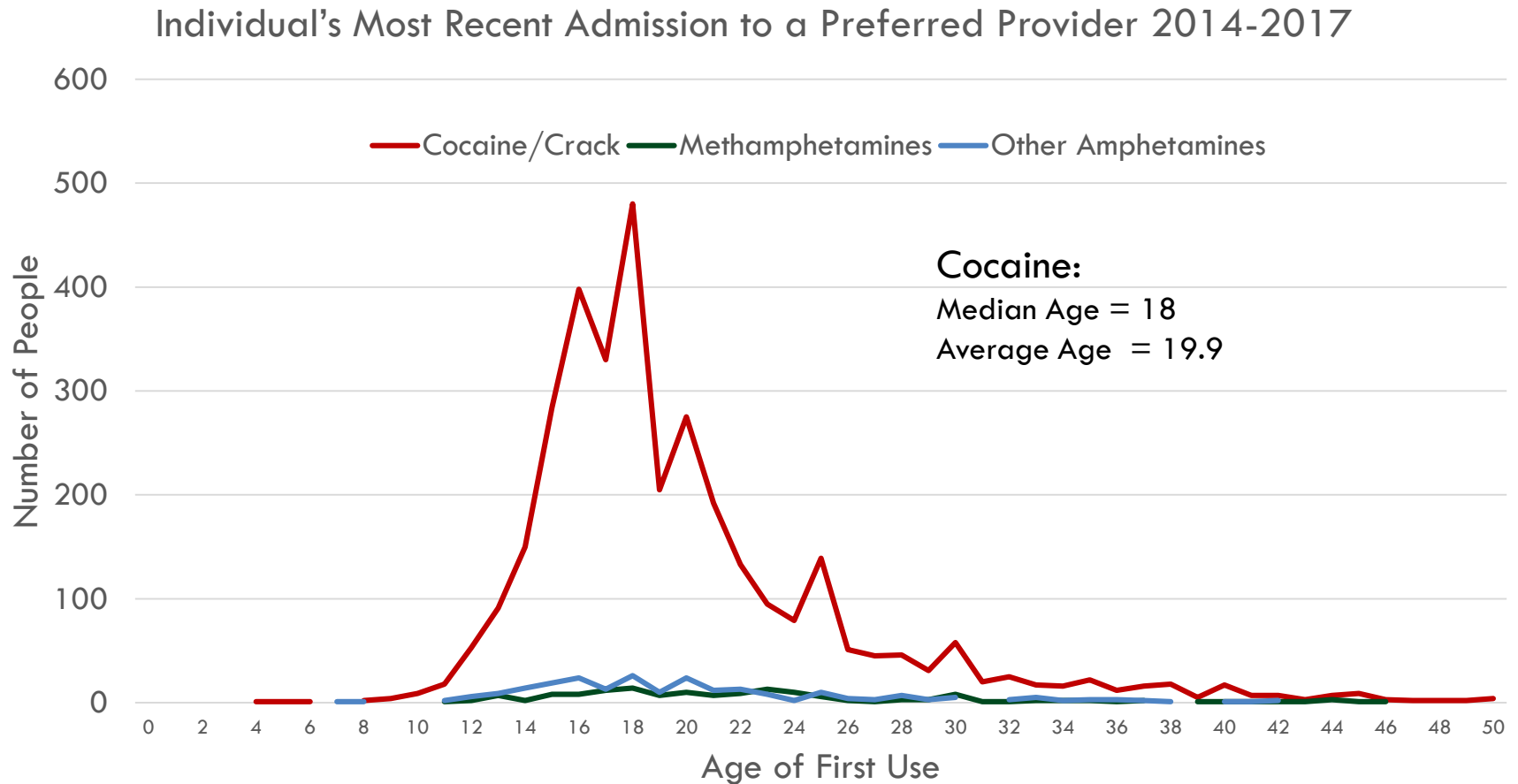


Treatment

Vermont Treatment System Admissions Age of First Use for Substances of Abuse



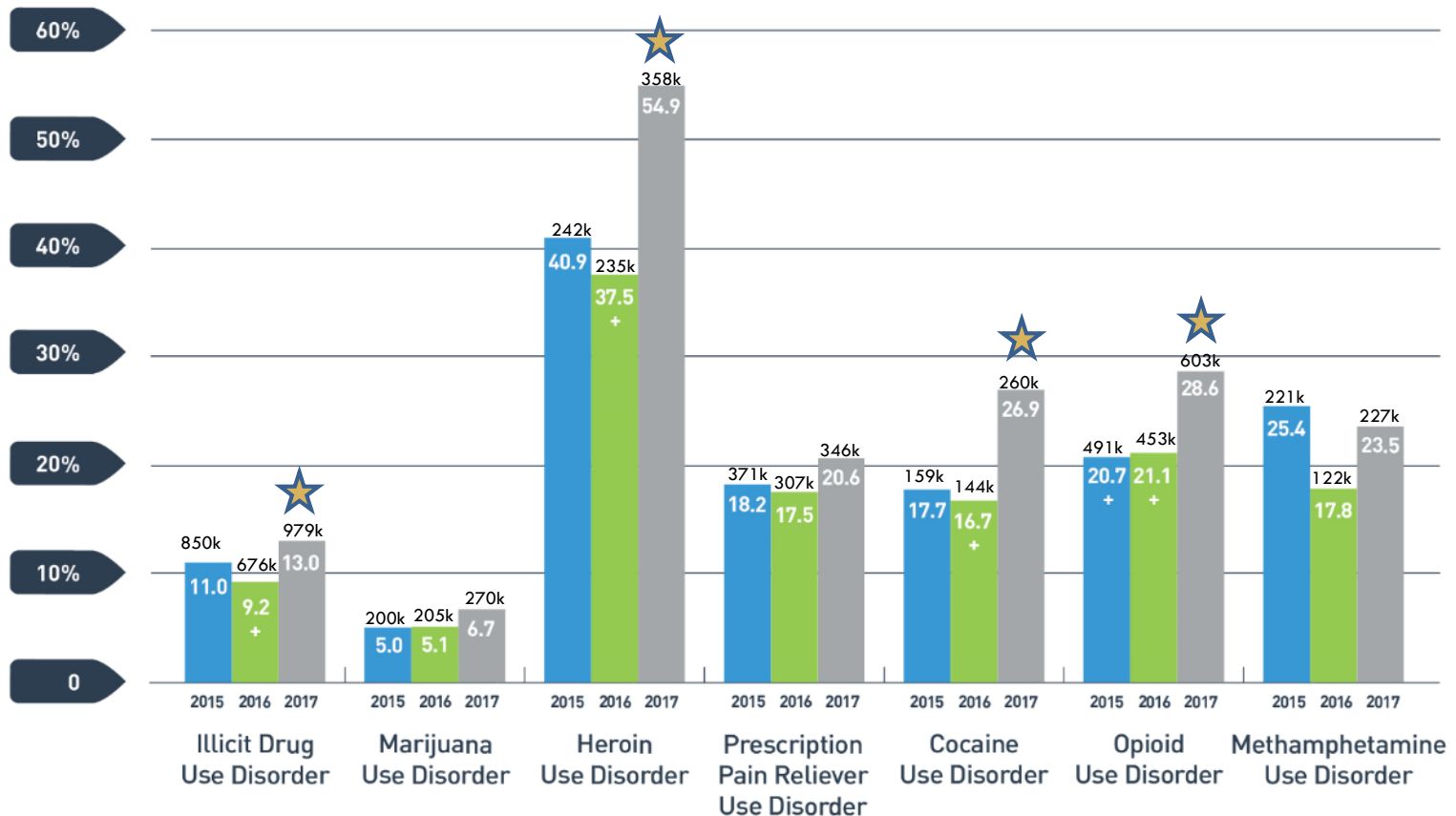
Distribution of the Age of First Use of Stimulants



Data Source: Substance Abuse Treatment Information System

There were Statistically Significant Increases ★ in Specialty Treatment for Illicit Drug Use Disorders in 2017 - US

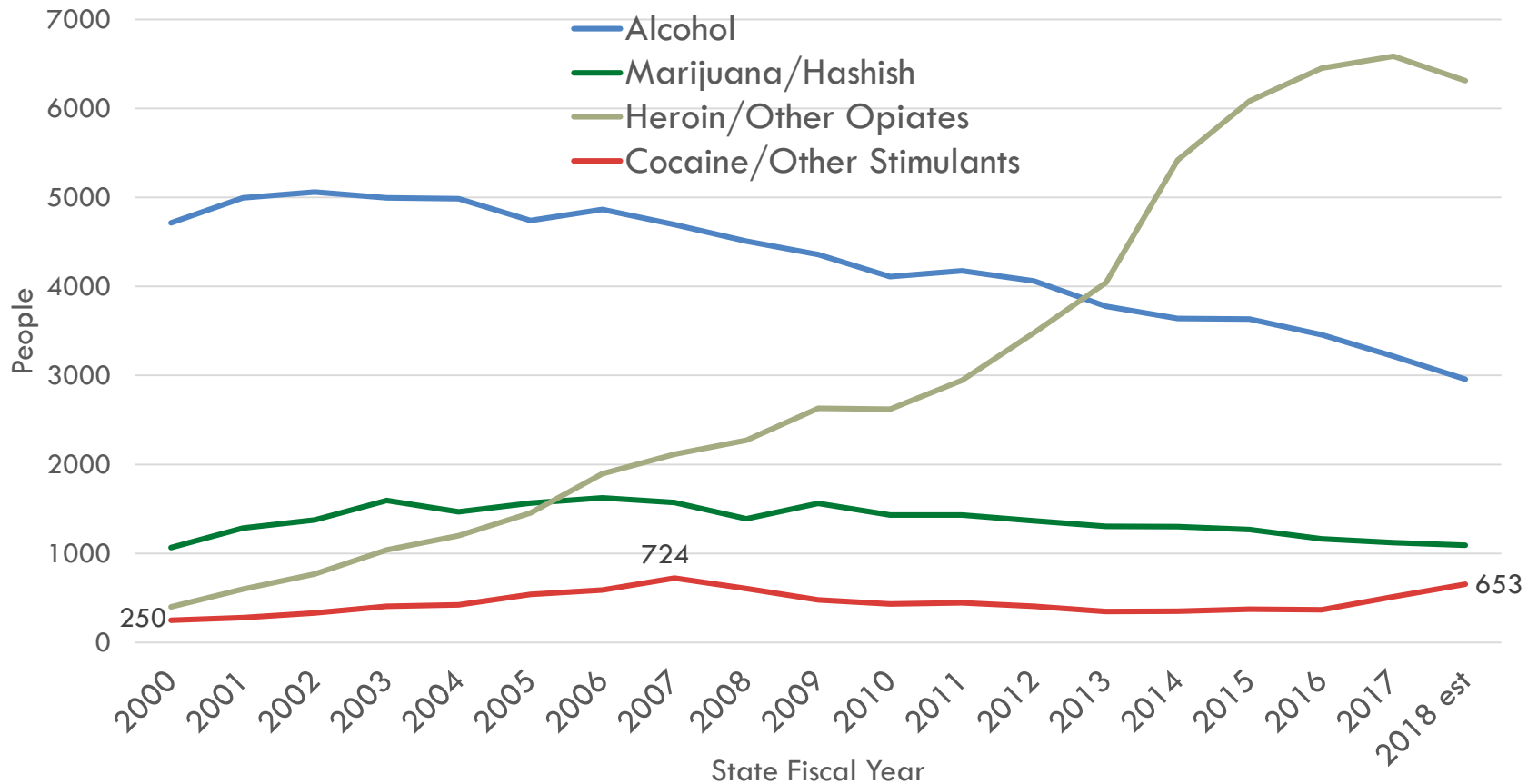
PAST YEAR, 2015 - 2017, 12+



+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.



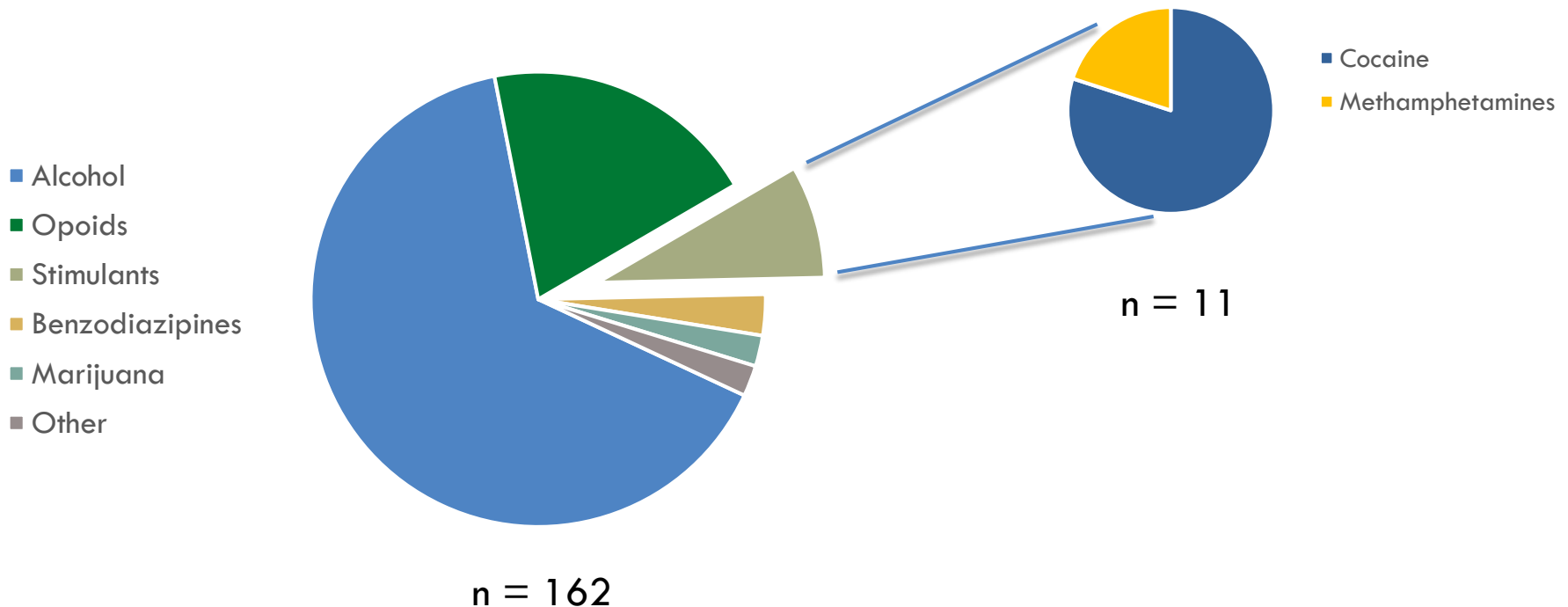
People Treated in the ADAP System of Care by Primary Substance of Abuse by SFY



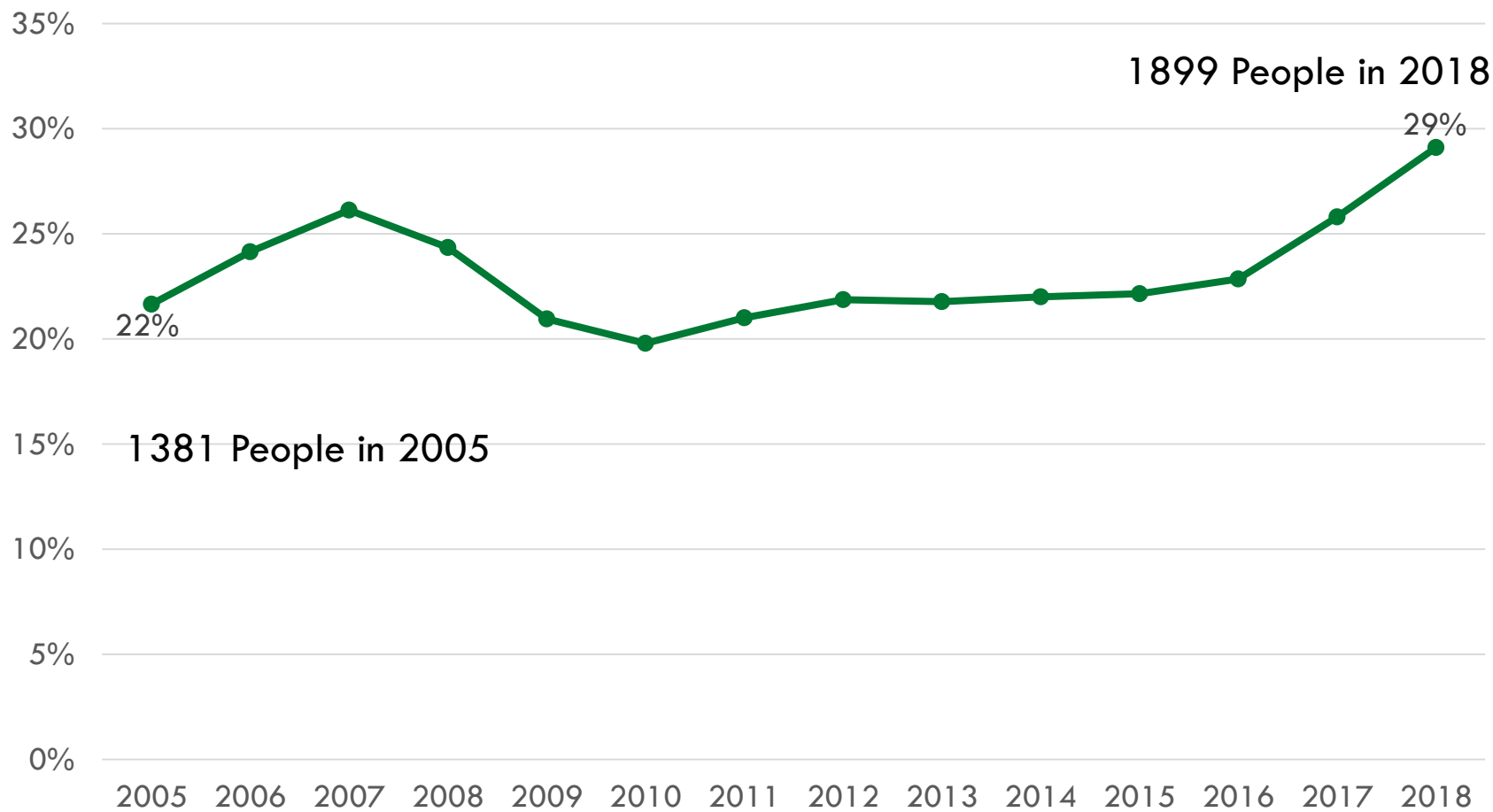
Providers without final reporting as of 10/4/18: 2018 – UCS, BAART NEK, RMH, Starting Now/Brattleboro Retreat, Valley Vista

Peer Recovery Services in the ED Pilot

Primary Substance Used at ED Visit (Jul-Aug 2018)

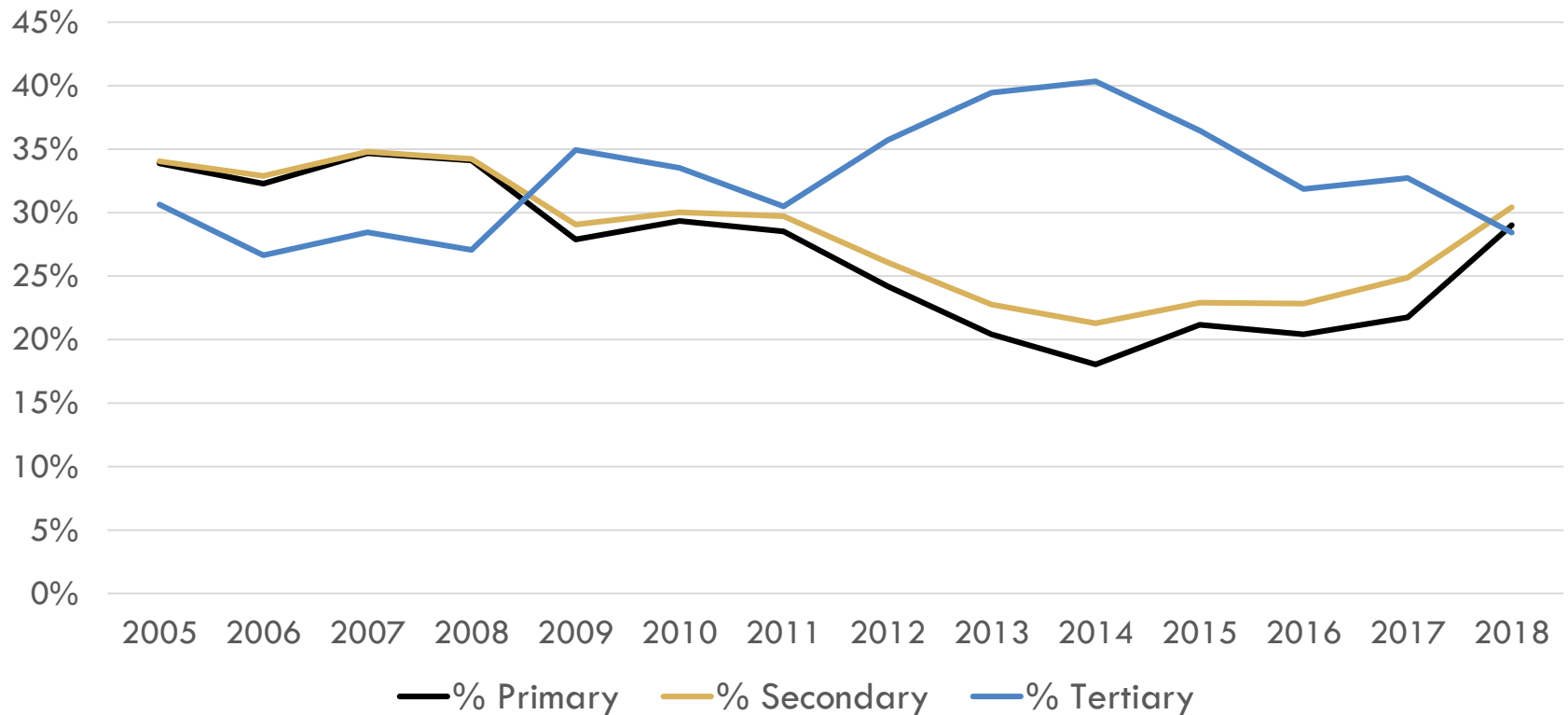


Percent of People Admitted to Treatment with Stimulants as Primary, Secondary, or Tertiary Substance by SFY

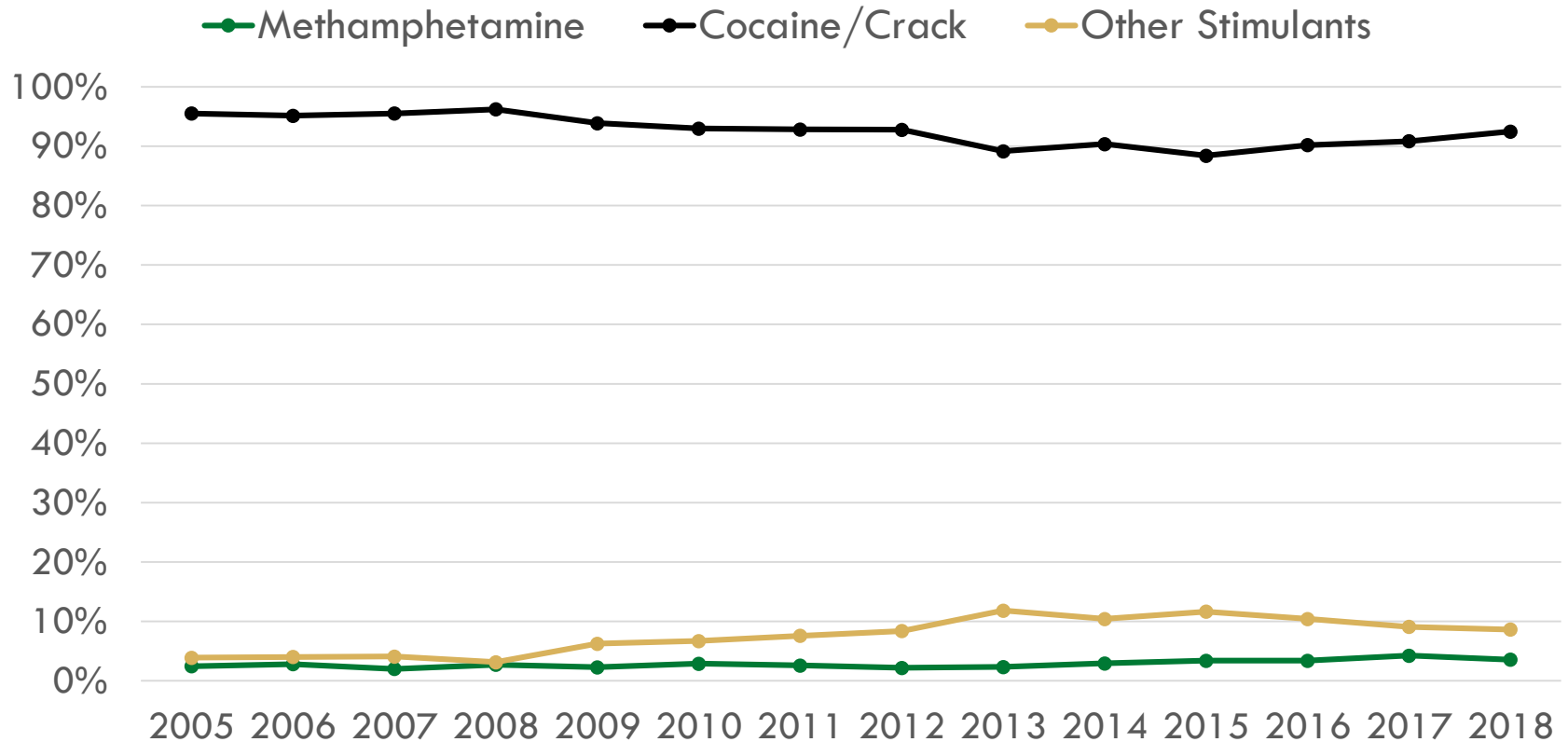


Stimulants are typically not the primary substance of abuse on admission

Of People Using Stimulants at Admission, Percent Primary, Secondary, or Tertiary Substance of Abuse by SFY of Admission



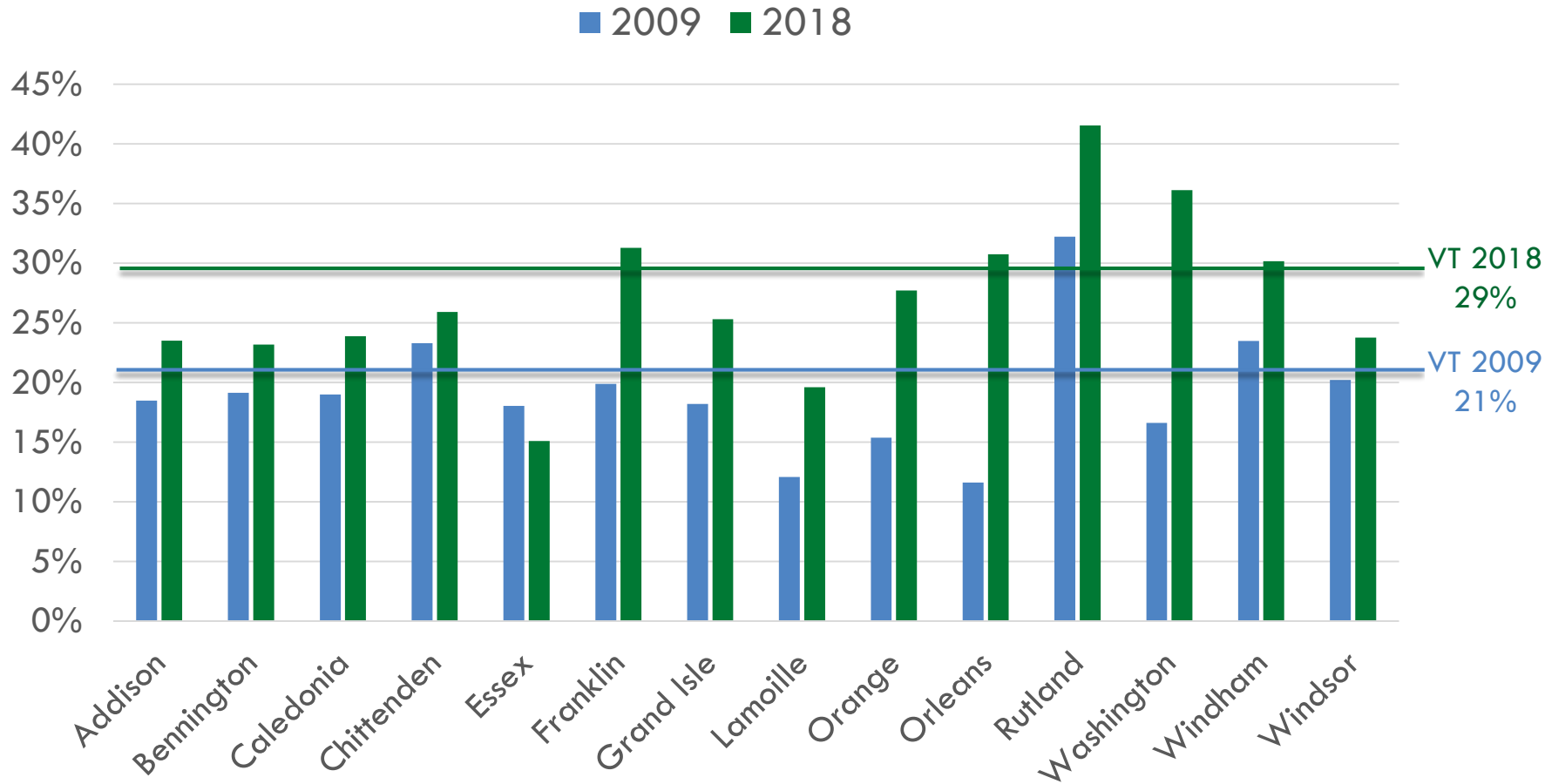
People using primary, secondary, or tertiary stimulants at admission by stimulant type and state fiscal year



Totals may be greater than 100% - people may use multiple stimulants

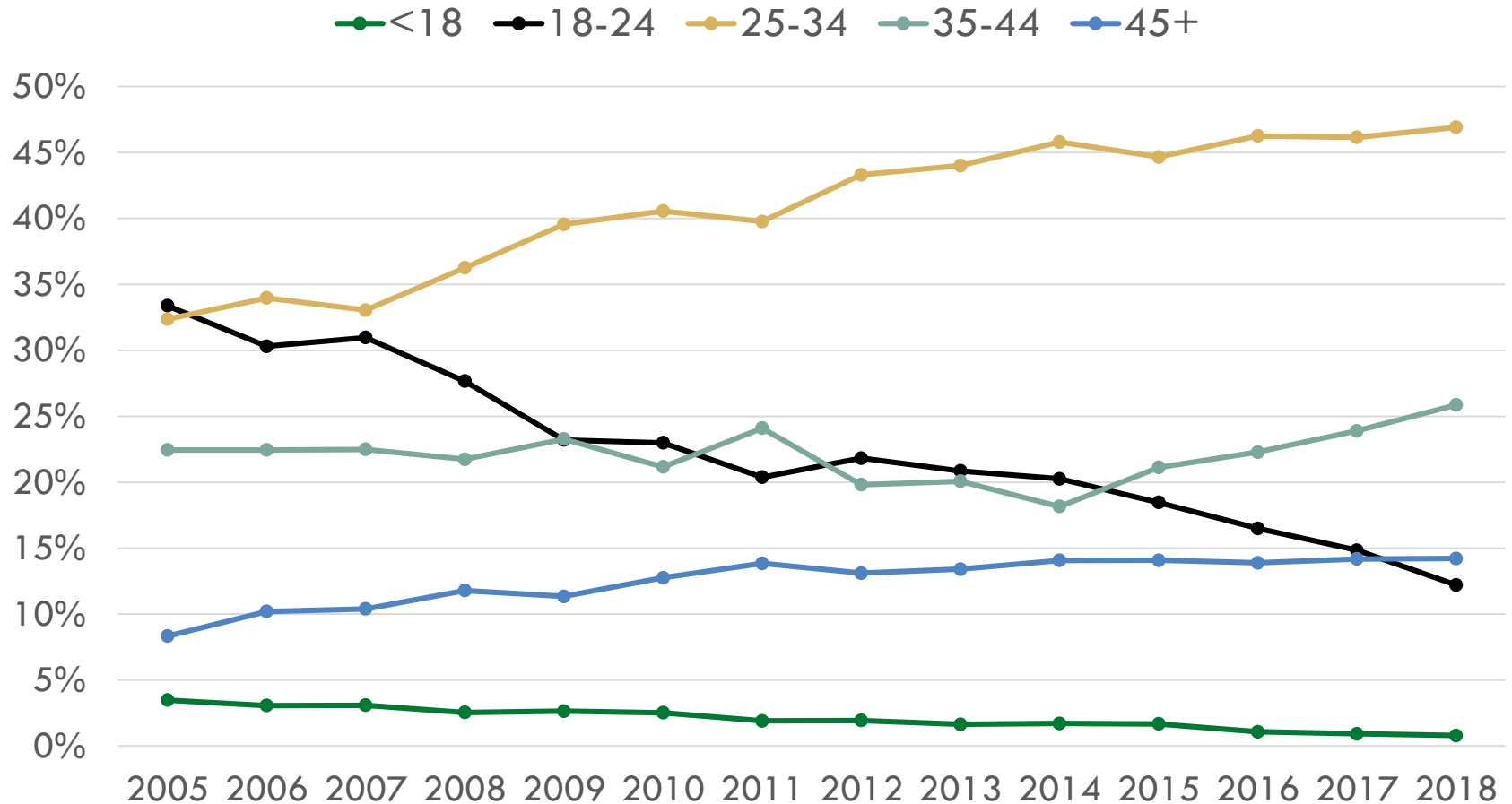
Data Source: Substance Abuse Treatment Information System

Percent of People Admitted to Treatment Using Stimulants by County: SFY of Admission 2009 and 2018



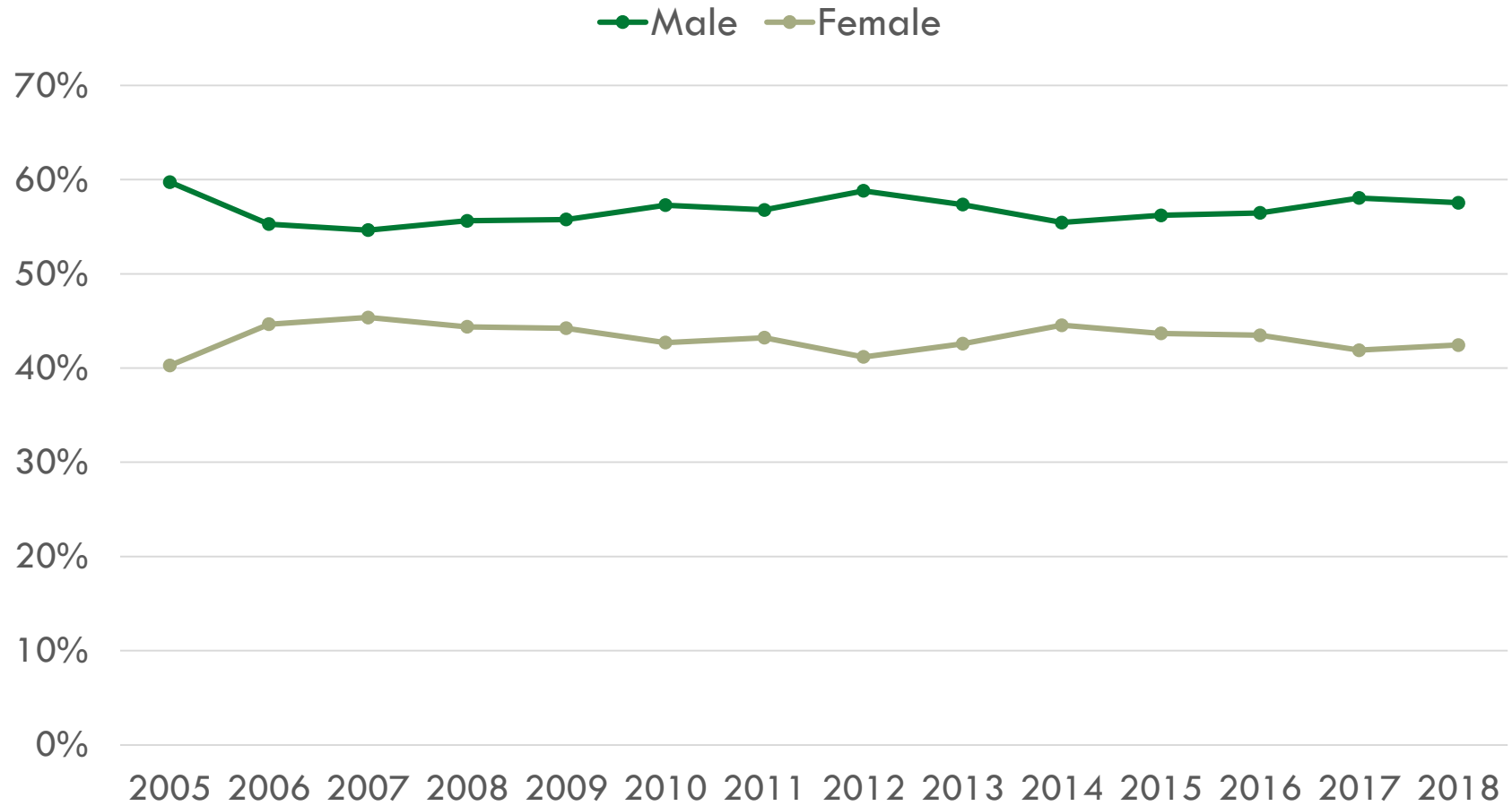
Data Source: Substance Abuse Treatment Information System
 – primary, secondary, tertiary substance

Percent of Primary, Secondary, or Tertiary Stimulant Admissions by Age Group and SFY



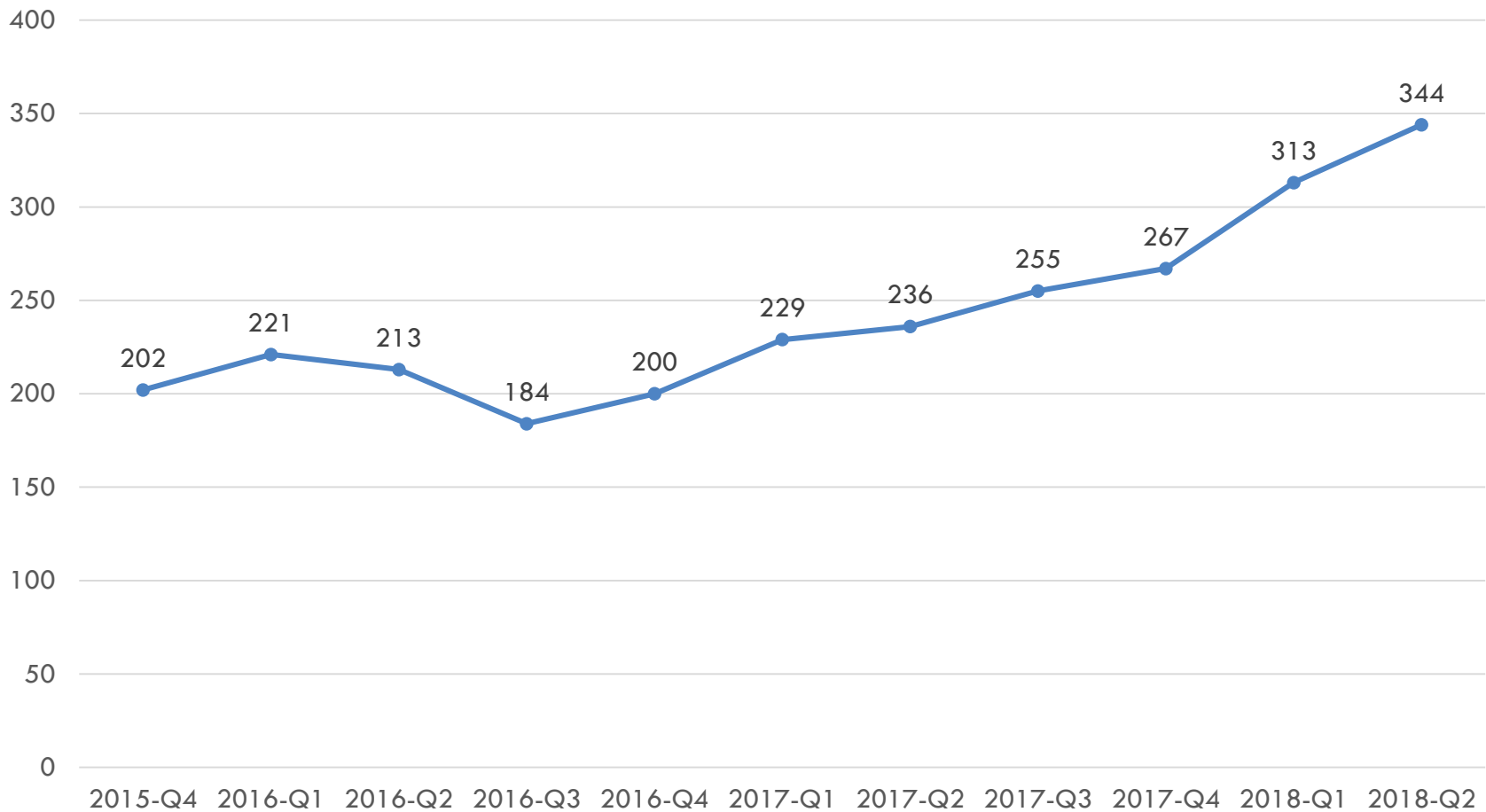
Data Source: Substance Abuse Treatment Information System

People using primary, secondary, or tertiary stimulants at admission by gender and state fiscal year



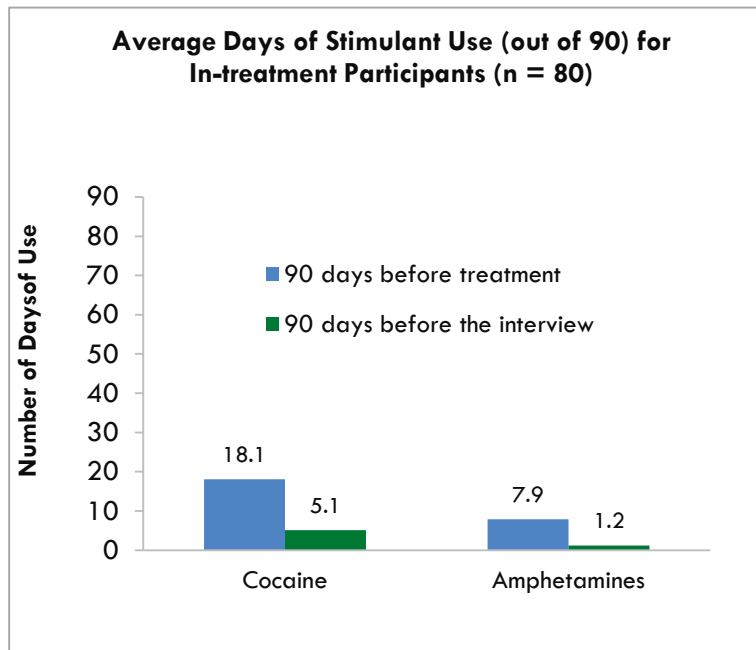
Data Source: Substance Abuse Treatment Information System

Medicaid Recipients with Stimulant Use Disorder as Primary Diagnosis

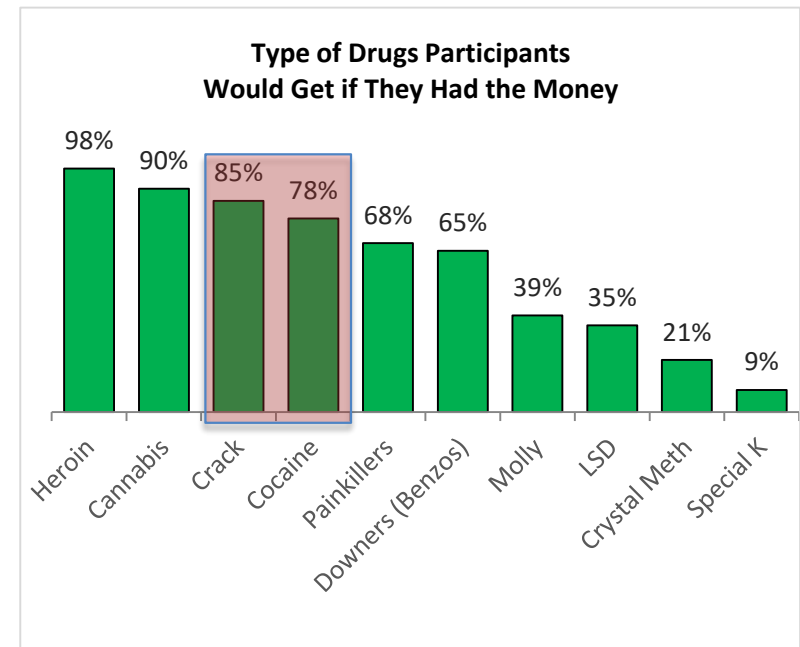


Stimulant Use is Common in Those with OUD

2017 HUB & SPOKE EVALUATION



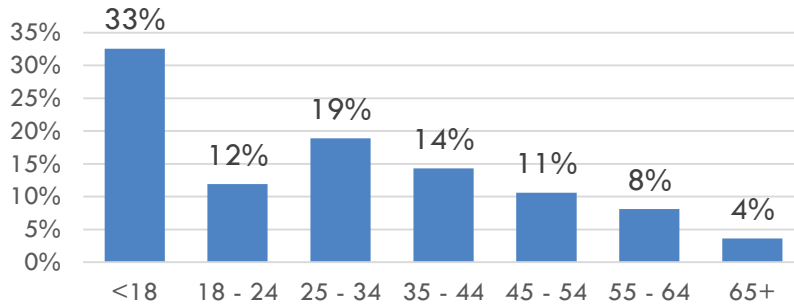
2016 ETHNOGRAPHIC EVALUATION



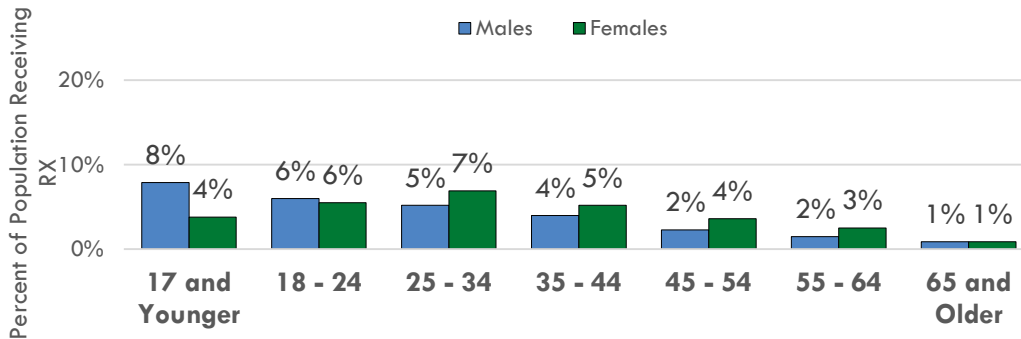
“The first drug I ever tried was of course pot, then cocaine then opiates. Opiates have been by far the worst. Traded one for another. Weed is my main drug of choice but when cocaine or heroin comes up it gets pushed aside because... the opiates take control because it’s more physical. Cocaine is just a mental addiction, opiates are a mental and physical addiction. It’s so much worse.” – Ethnographic Evaluation Participant

Demographic Information – Stimulant Rx

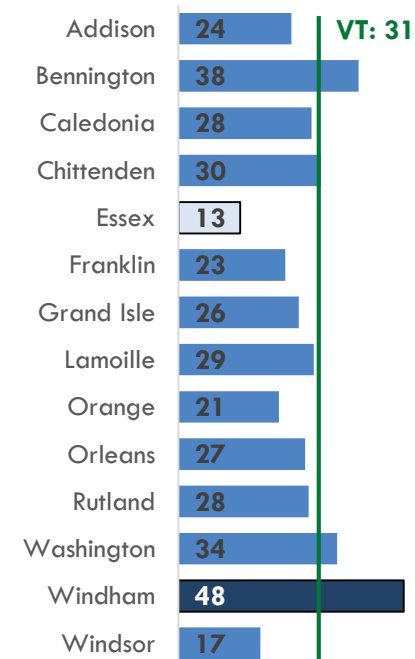
Percent of Stimulant Prescriptions Dispensed by Age Group (2016)



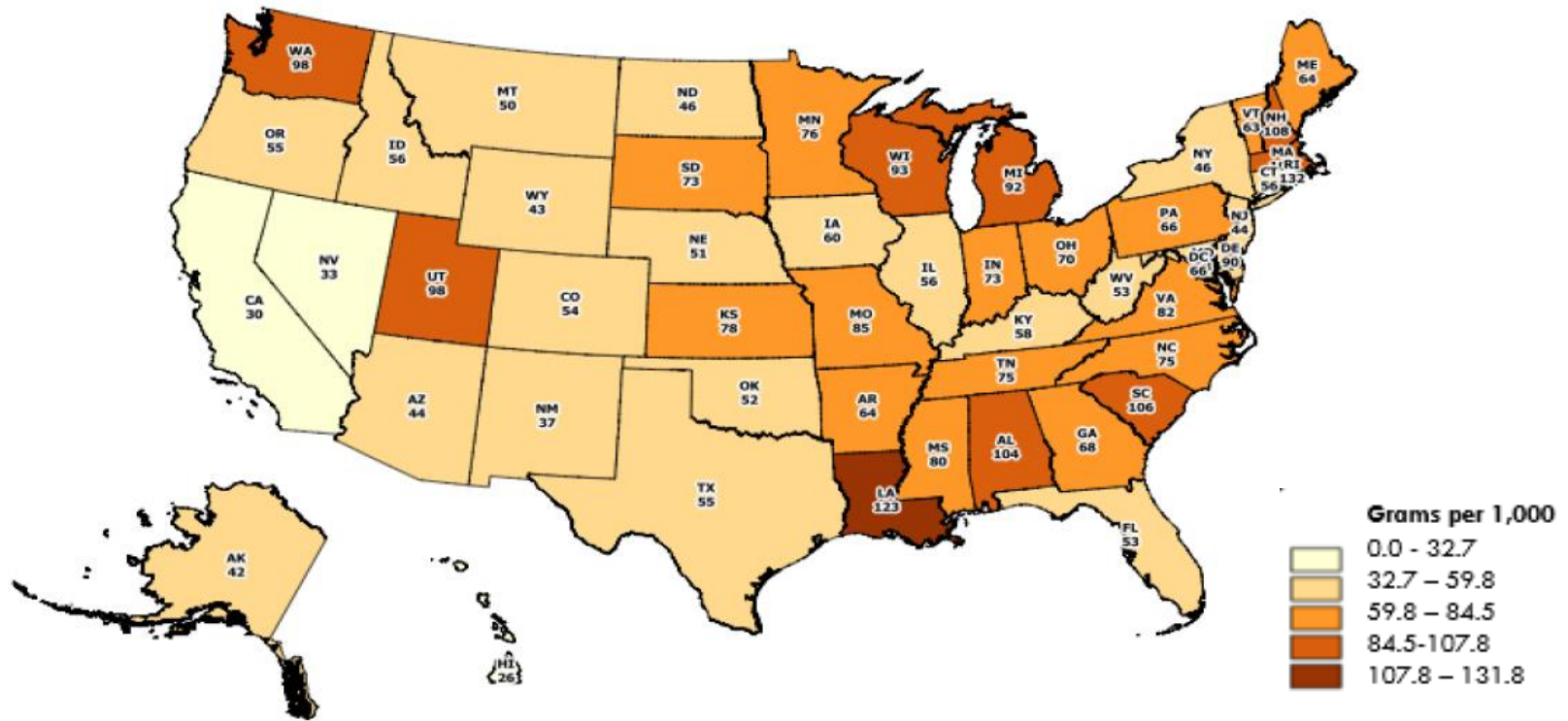
Percent of Population Receiving At Least 1 Stimulant Prescription by Age Group and Gender (2016)



Rate of Stimulant Prescriptions per 100 Residents in Each County (2016)



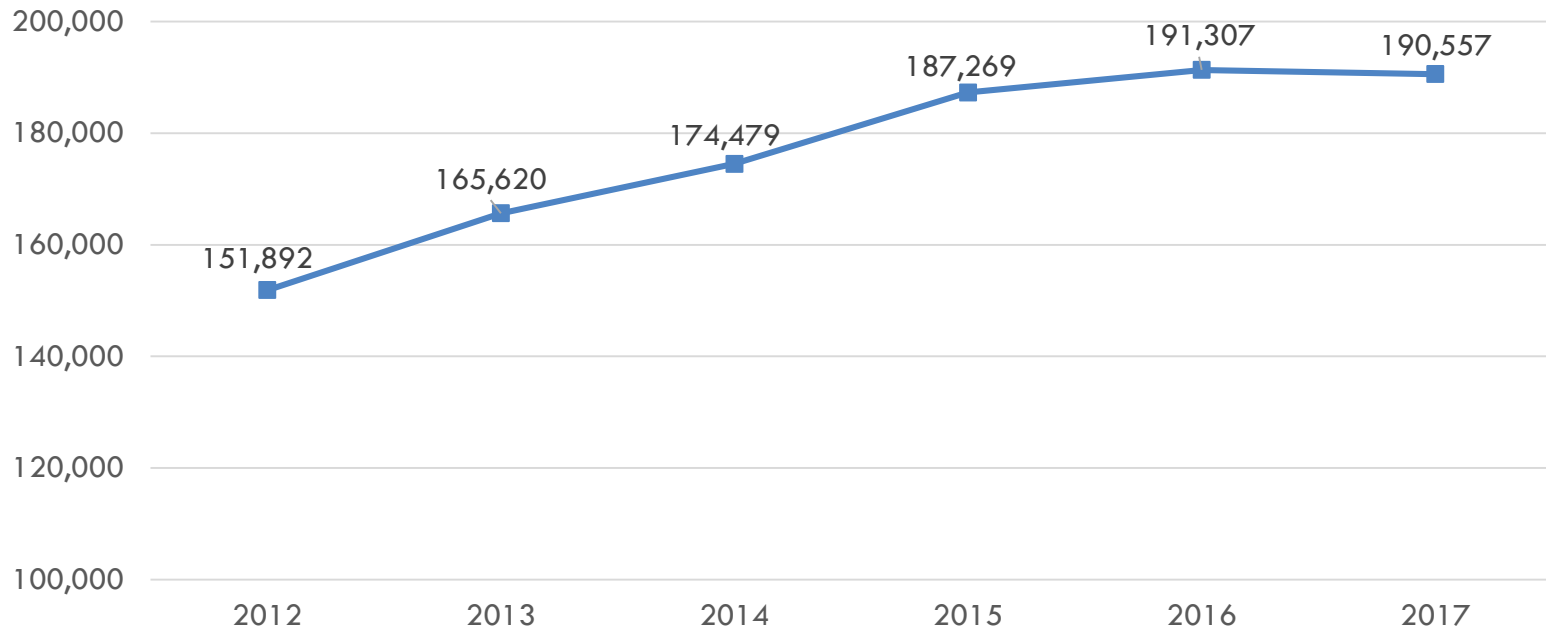
Amphetamine Distribution per 1,000 Population for the United States -2016



Source: John Eadie presentation at the National Rx Drug Abuse & Heroin Summit/ARCOS

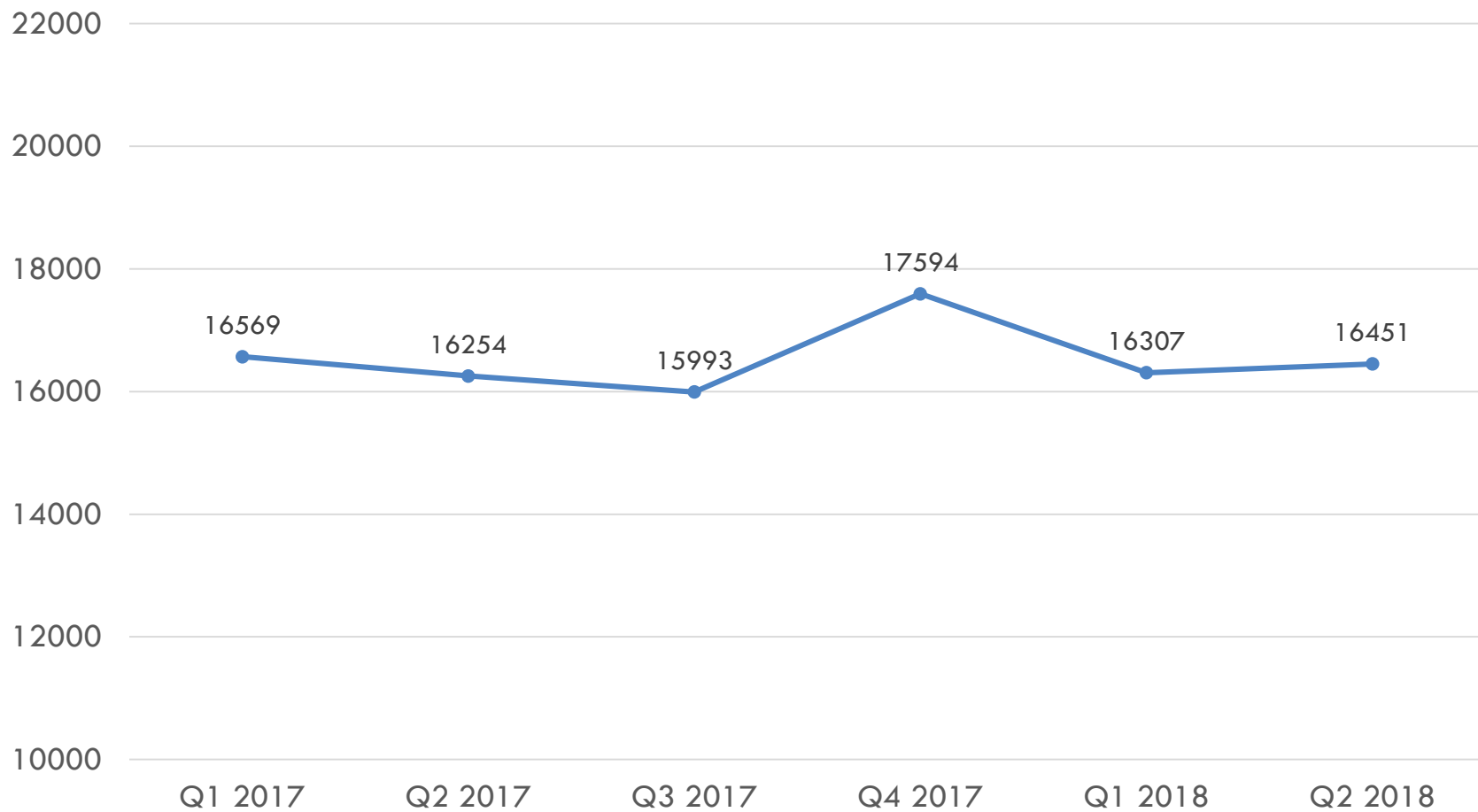
Stimulant Prescriptions

Number of Prescriptions for Stimulants



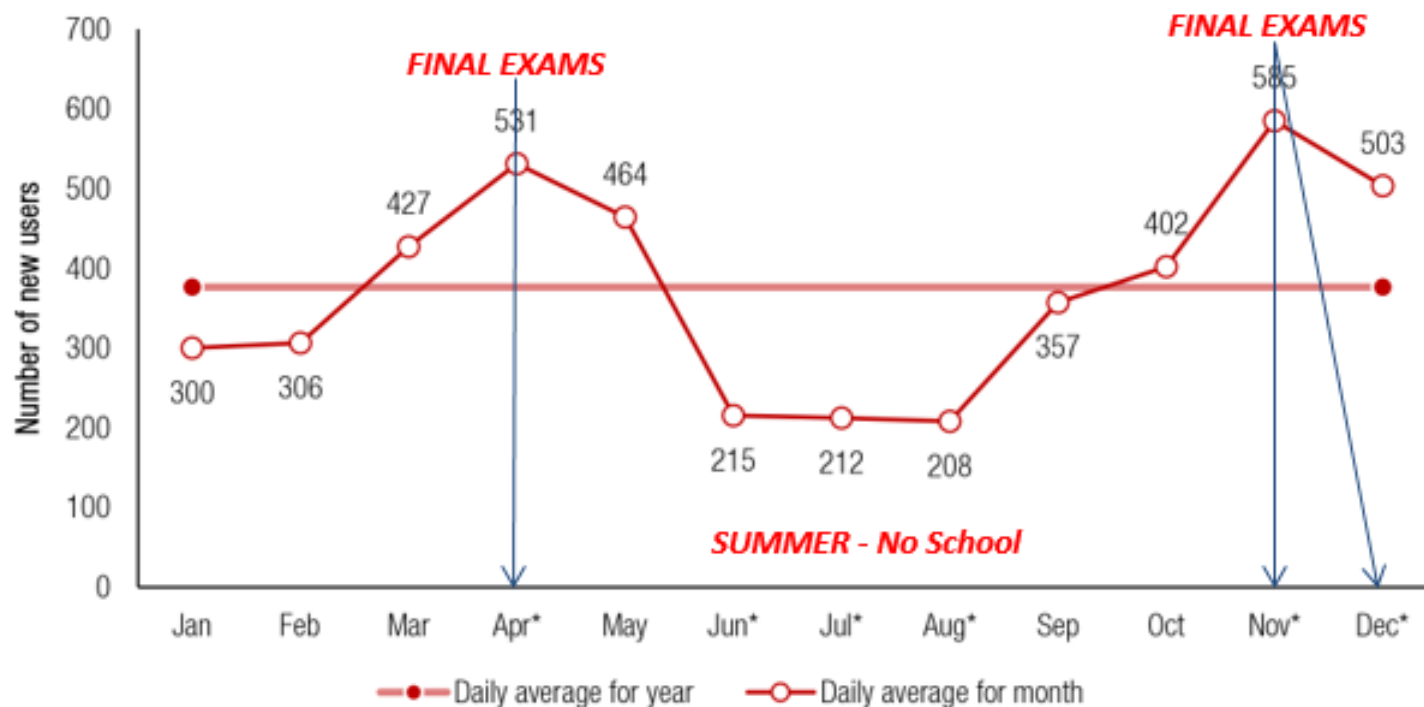
The number of prescriptions for stimulants dispensed has stabilized after increasing 26% between 2012 and 2016

Number of People Receiving Stimulants by Quarter



Data Source: Vermont Prescription Monitoring Program

Number of full-time college students aged 18 to 22 using prescription-type stimulants for the first time on an average day, by month: 2002 to 2013



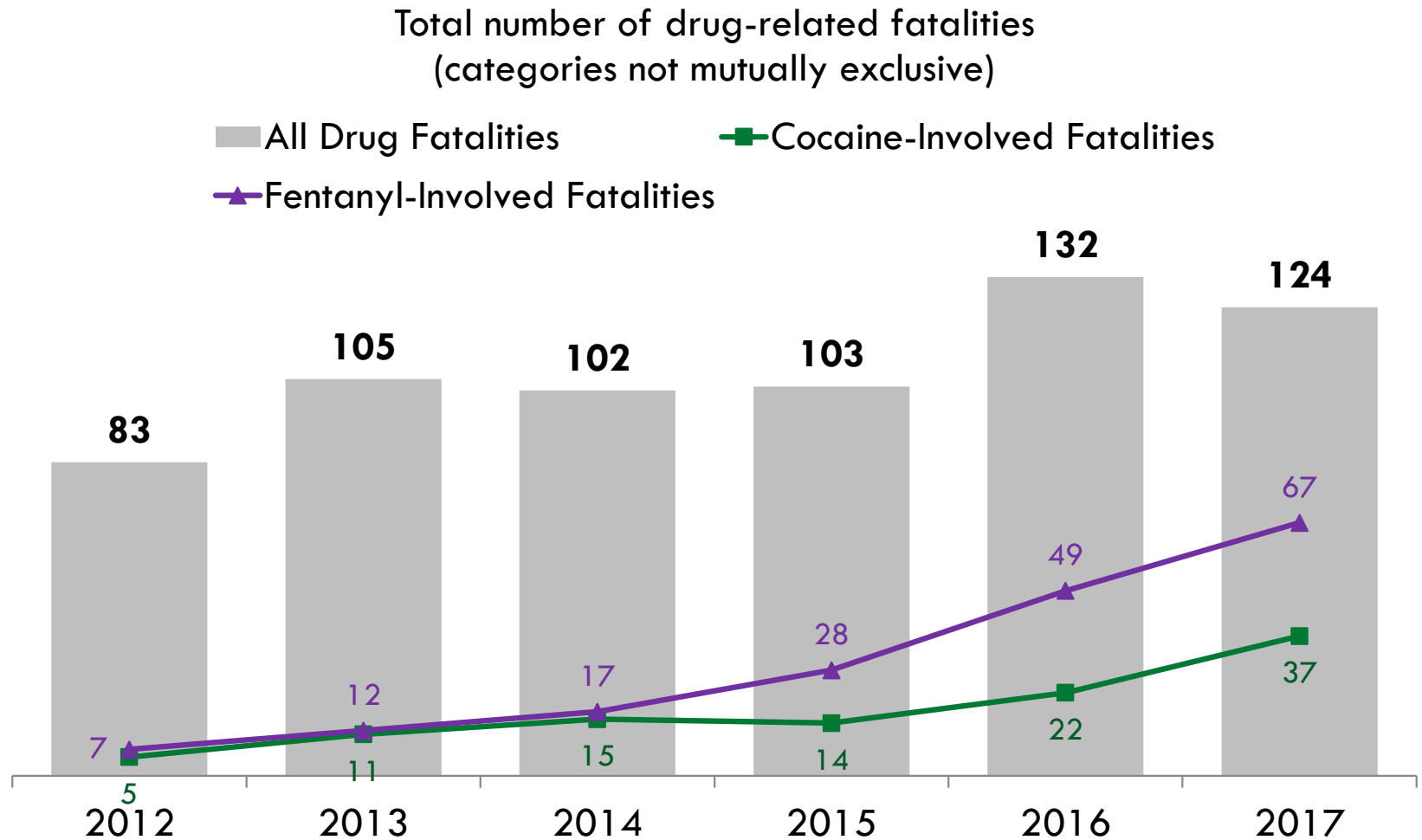
* Difference between the daily average for the month and the daily average for the year is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2002 to 2005, 2006 to 2010 (revised March 2012), and 2011 to 2013.



Fatalities

Cocaine-Involved Fatalities are Increasing



Cocaine-Involved Fatalities Typically Involve Opioids

In 2016, 18% of opioids fatalities involved cocaine, in 2017 it increased to 32%

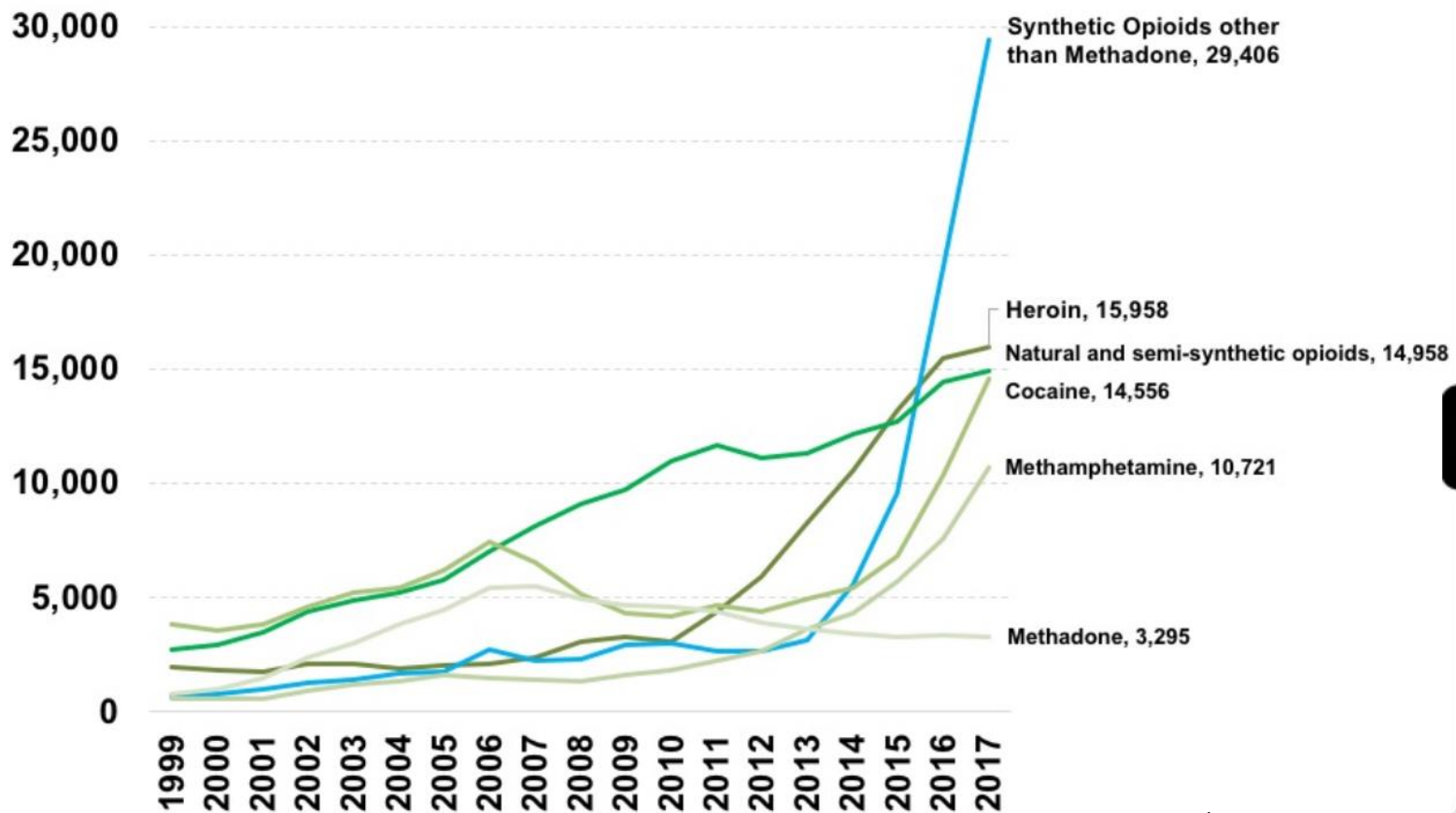
Number and Percentage of Accidental and Undetermined Opioid-Related Fatalities Among Vermont Residents - Substances Involved				
Substance*	2016		2017	
	Number	Percent	Number	Percent
Alcohol	16	17%	14	14%
Benzodiazepines	10	10%	5	5%
Buprenorphine	1	1%	0	0%
Cocaine	17	18%	32	32%
Fentanyl	49	51%	67	66%
Heroin	43	45%	39	39%
Methadone	14	15%	12	12%
RX opioid (no fentanyl)	35	36%	33	33%

Common cocaine/opioid combinations

Number and Percentage of Accidental and Undetermined Opioid-Related Fatalities Among Vermont Residents - Combinations of Substances Involved				
Substances*	2016		2017	
	Number	Percent	Number	Percent
Cocaine and Fentanyl	6	6%	24	24%
Cocaine and Heroin	13	14%	14	14%
Fentanyl and Alcohol	4	4%	9	9%
Fentanyl and Heroin	21	22%	29	29%
Fentanyl and RX Opioids (no fentanyl)	6	6%	11	11%

Stimulant fatalities are increasing nationally

Drugs Involved in U.S. Overdose Deaths, 1999 to 2017

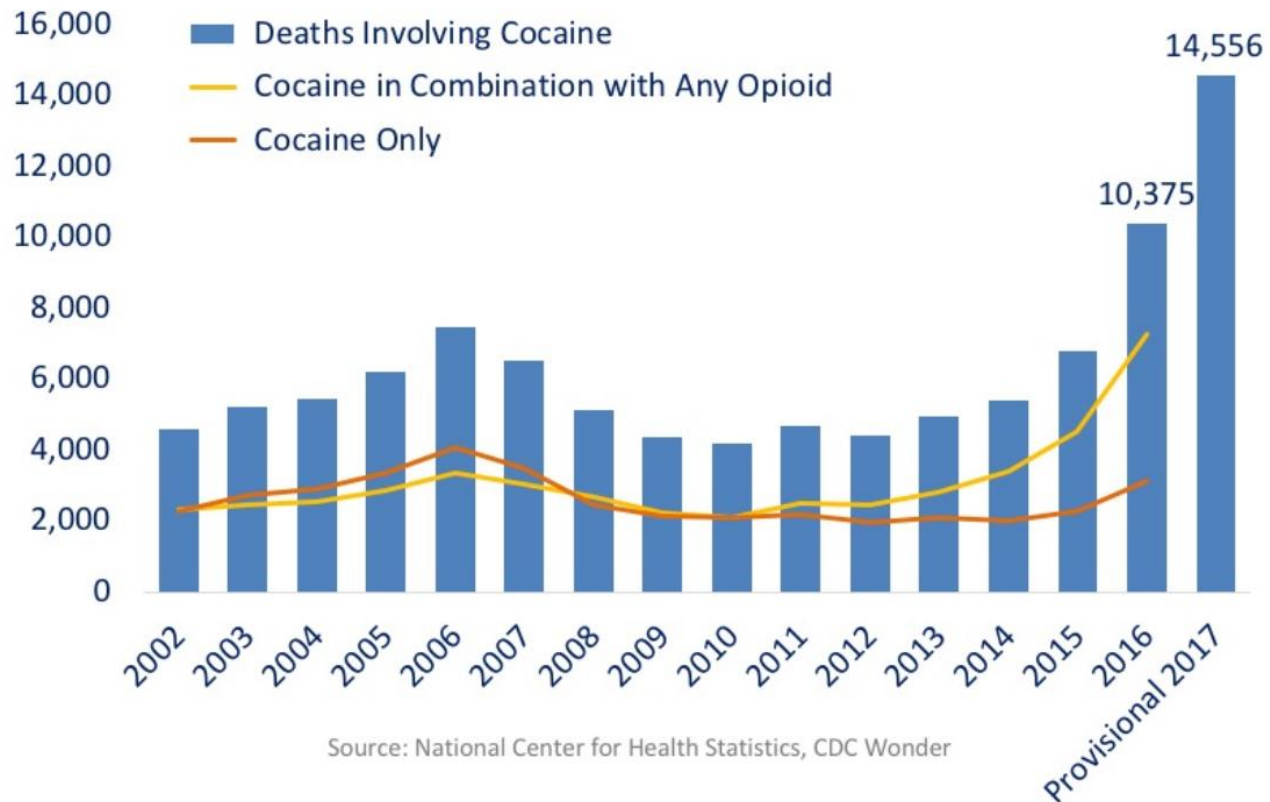


Source: CDC Wonder/NIDA

Combination fatalities are increasing nationally



Opioid Involvement in Cocaine Overdose



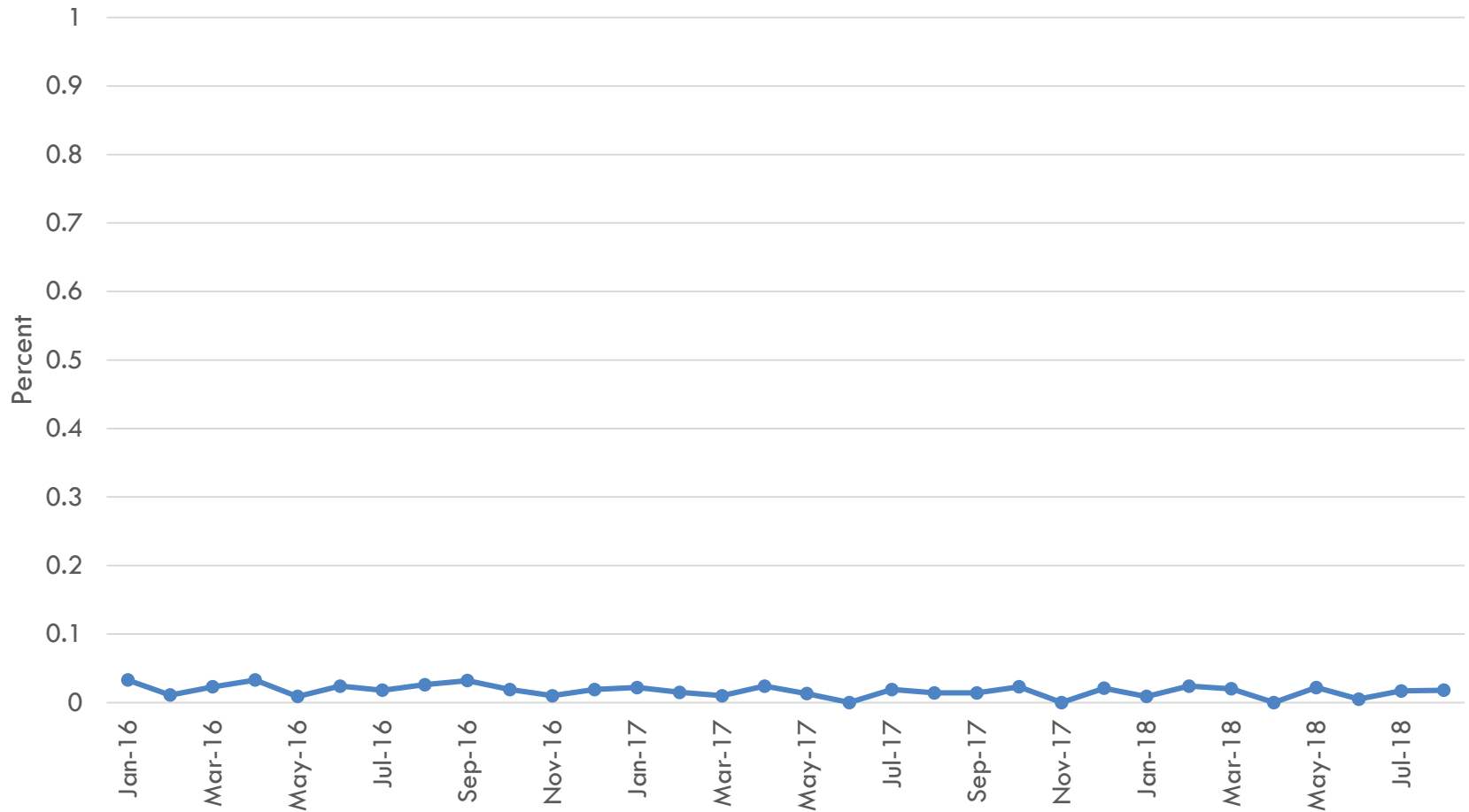
Source: National Center for Health Statistics, CDC Wonder

Source: CDC Wonder/NIDA



Other Data

Percent of Emergency and Urgent Care Visits with Stimulants Mentioned in the Chief Complaint and/or Diagnosis



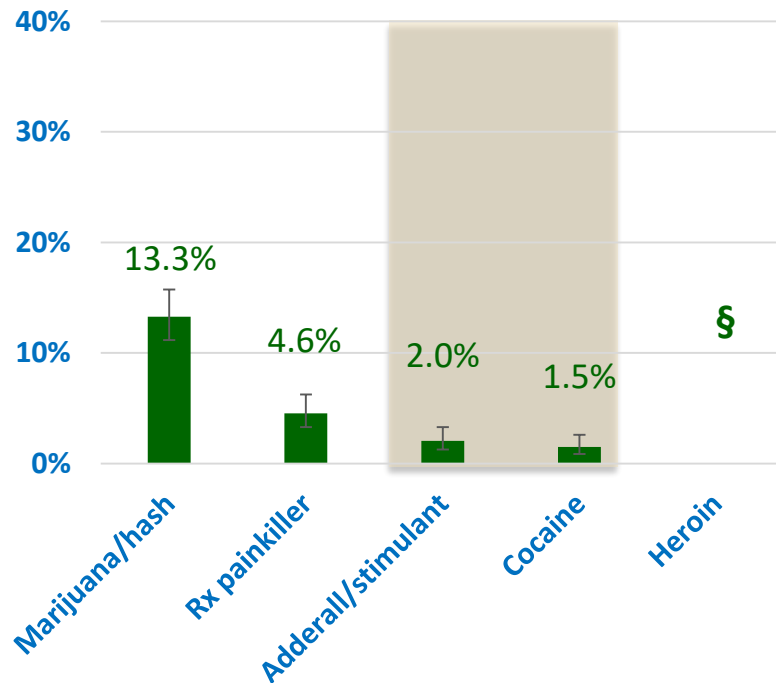
Vermont Department of Health

*This data reflect Vermont emergency department and urgent care visits using the Electronic Surveillance System for the Early Notification of Community-based Epidemics. Data is subject to change.

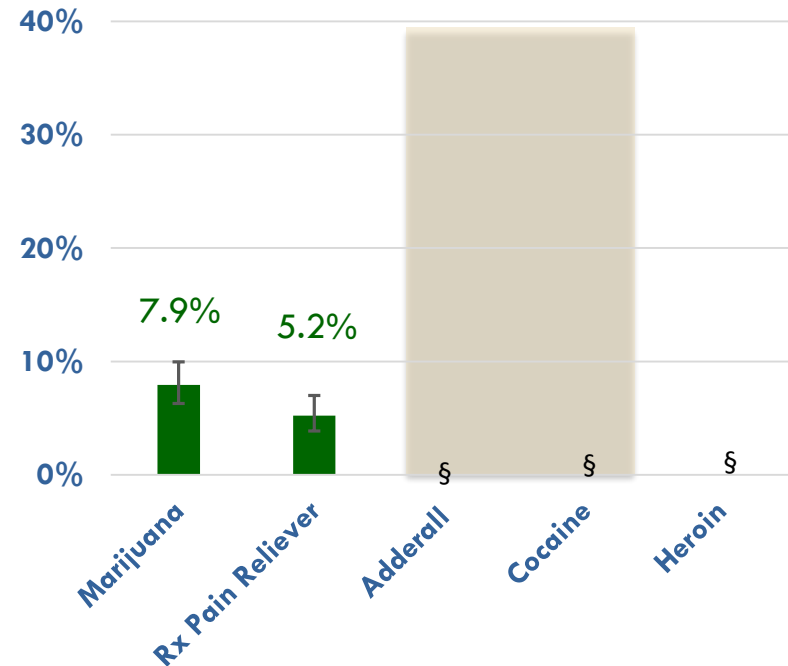
Data Source: ESSENCE

Drug Use During Pregnancy - Vermont

Other Drug Use, One Month Before Pregnancy
2016 Vermont Births



Use of Specific Other Drugs During Pregnancy
2016 Vermont Births



There are low rates of stimulant use before and during pregnancy

Stimulant Exposure in NAS infants - 2015

- Of infants meeting the definition of Neonatal Abstinence Syndrome for Opioids:
 - 3.8% were also exposed to methamphetamine/ amphetamines
 - 10.6% were exposed to cocaine

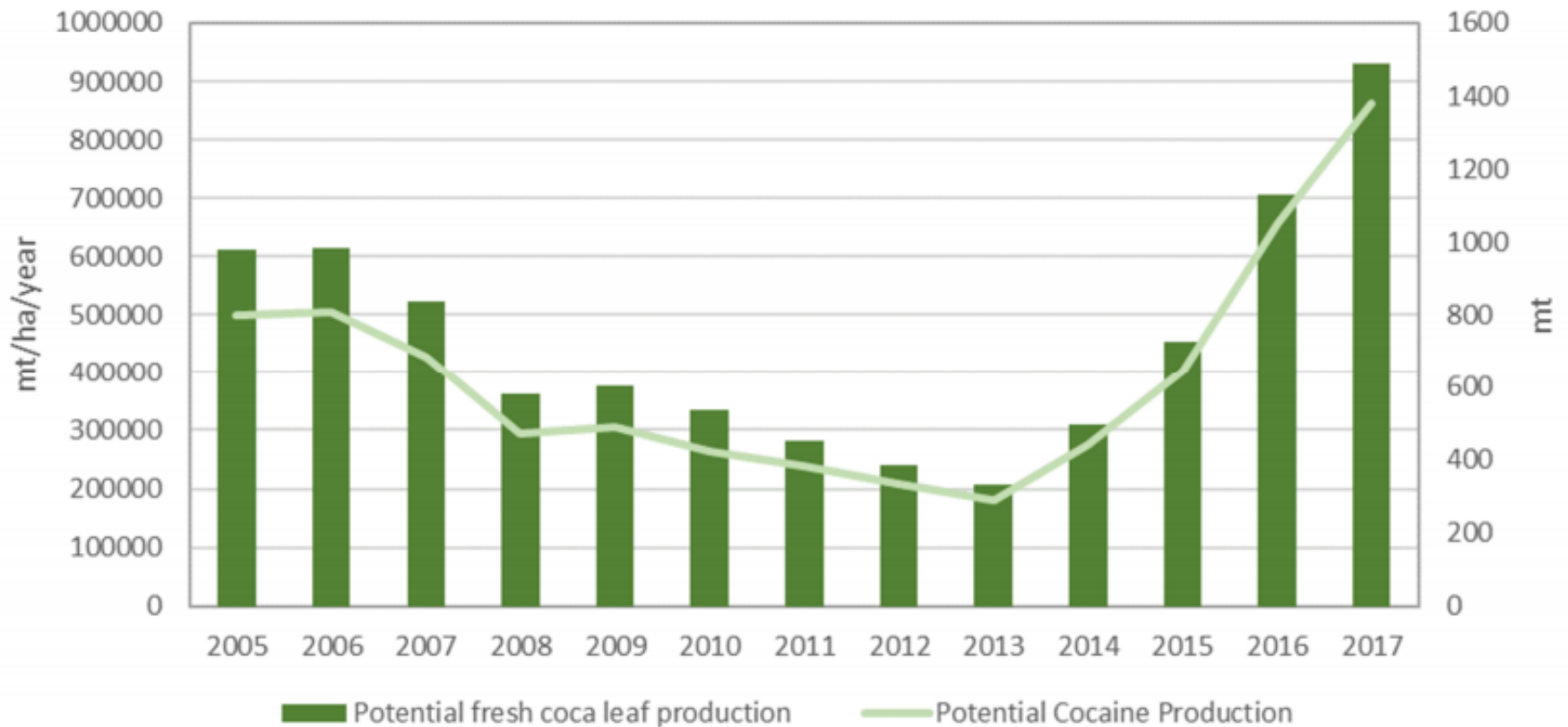
Source: Abstractions of Hospital Birth Records Conducted by Vermont Department of Health (2018).

A horizontal decorative bar at the top of the slide, consisting of a green rectangular section on the left and a larger blue rectangular section on the right.

Supply and Enforcement

Colombian Coca Cultivation

Potential fresh coca leaf and potential cocaine production, 2005 – 2017

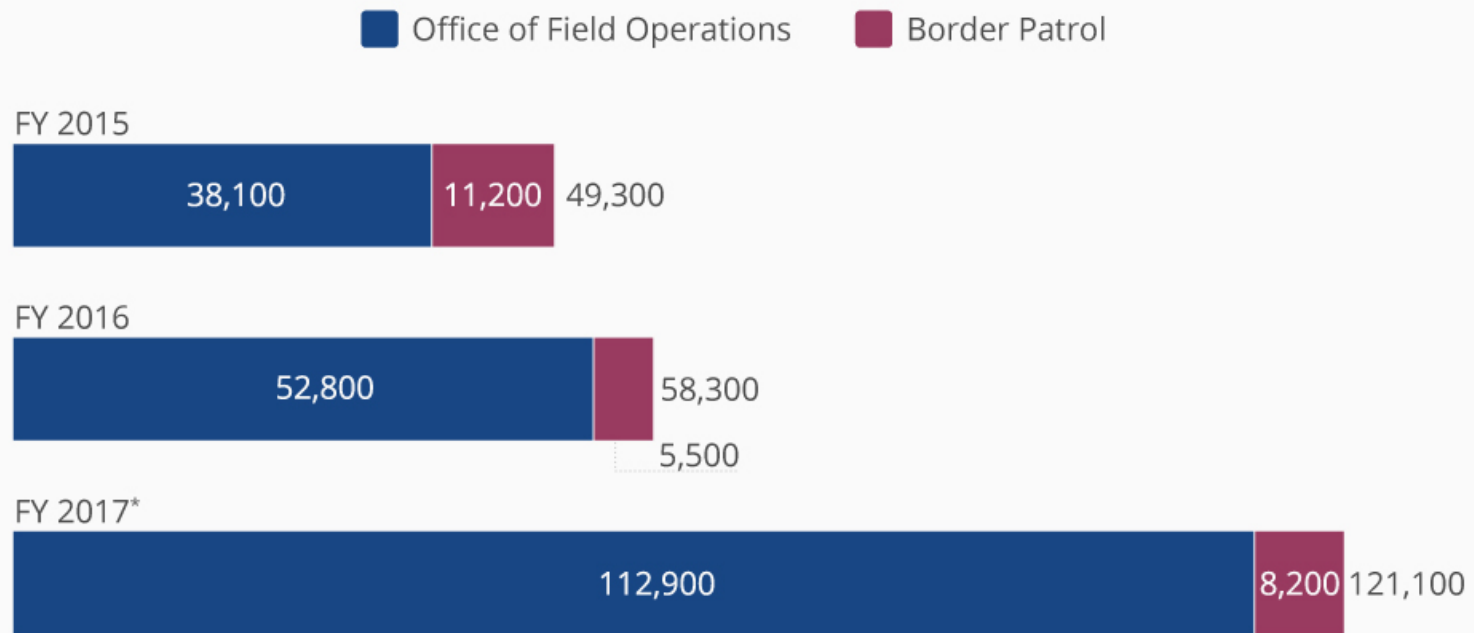


Source: UN Office on Drugs and Crime

Cocaine Seizures by Customs and Border Patrol

Big Increase in U.S. Cocaine Seizures

Amount of cocaine seized by Customs and Border Patrol (CBP) officers in the U.S. (in pounds)



Figures rounded

* FY-to-date, June 30; ends September 30



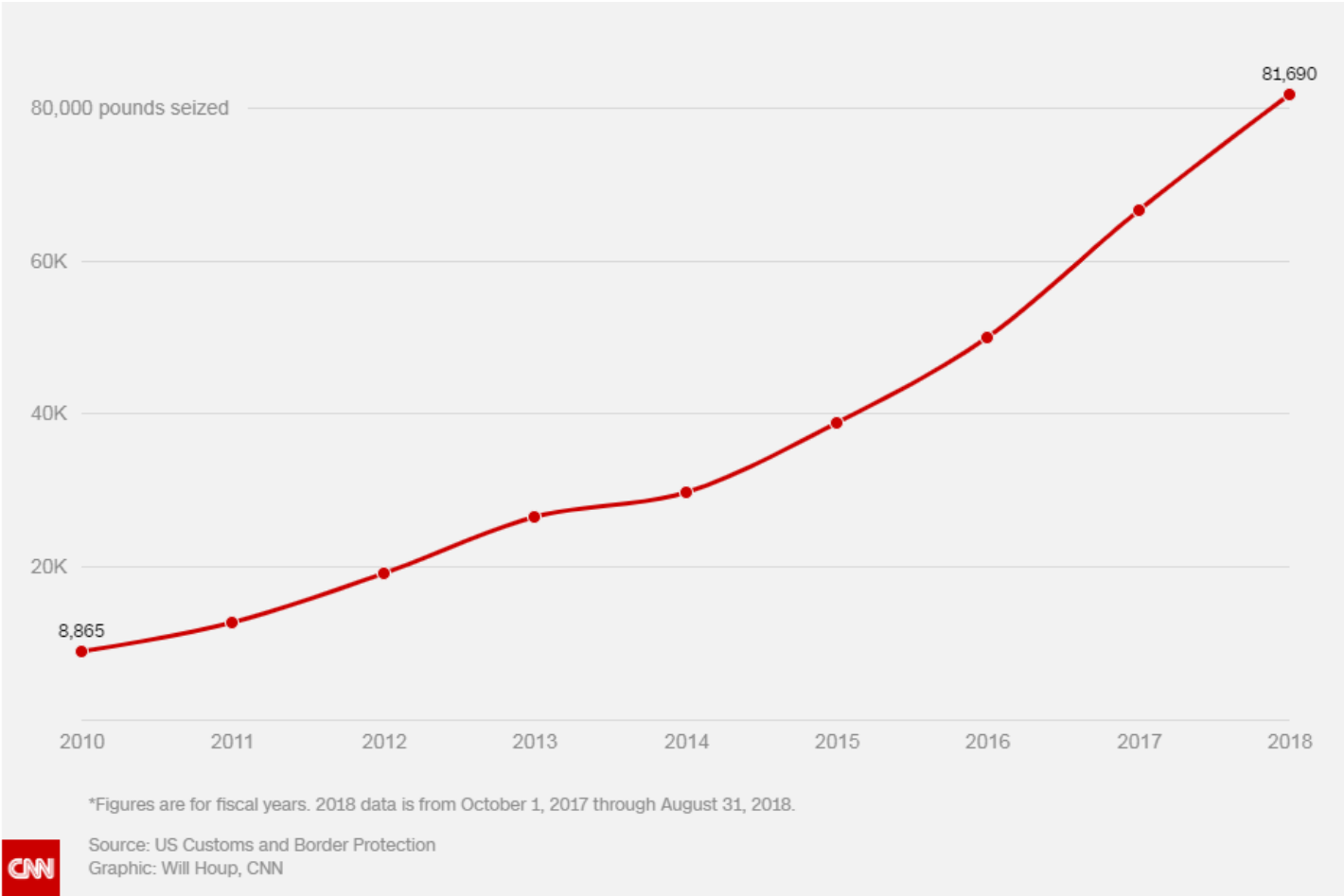
@StatistaCharts

Office of Field Operations (OFO) runs all ports of entry to the United States (such as border crossings), Border Patrol refers to officers out in the field between those ports (e.g. out in the open along the border).

Source: ONDCP

statista

Methamphetamine Seized by US Border Control*



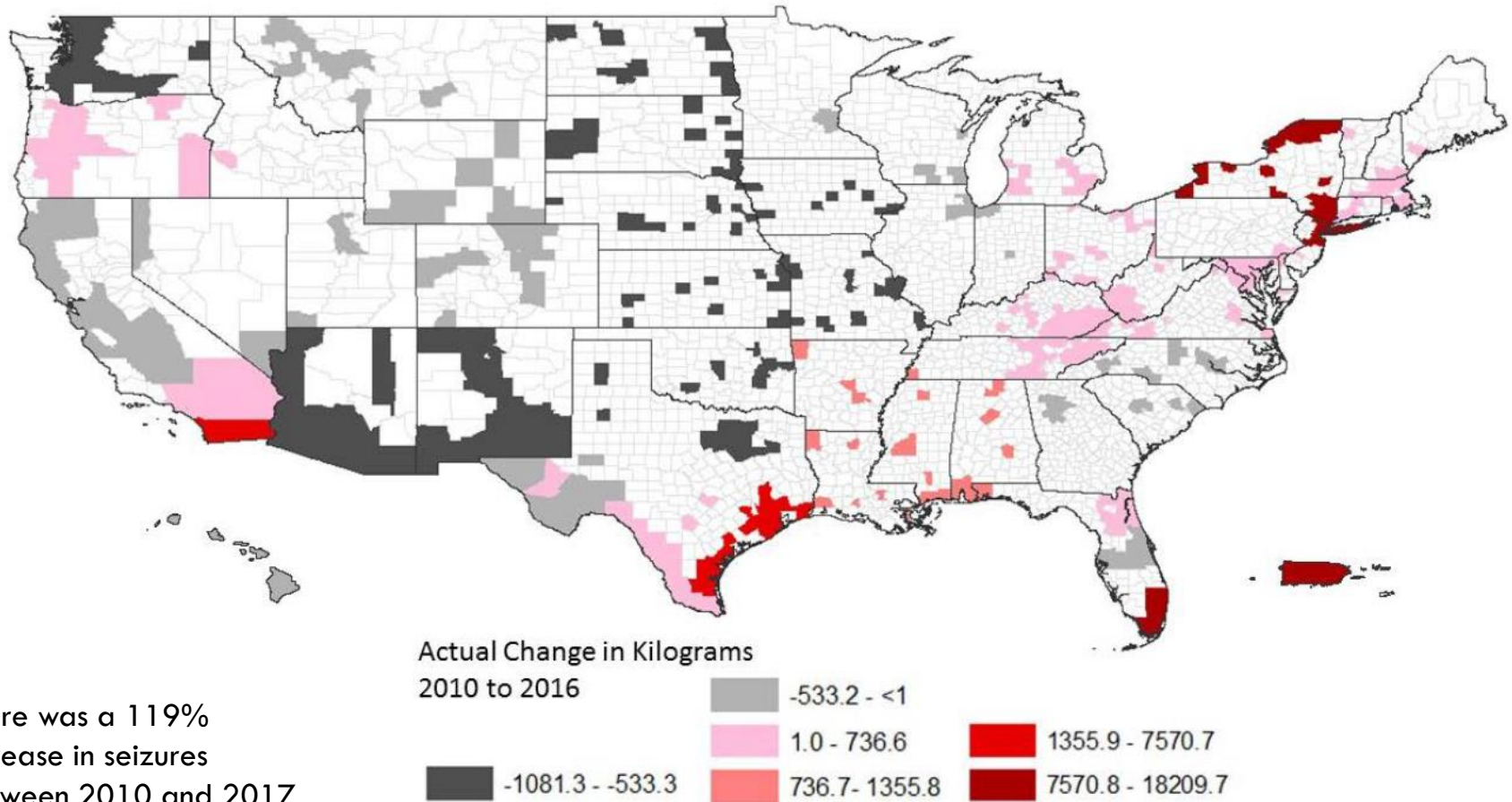
*2018 is through 8/31/18

US: Number of methamphetamine seizures analyzed by DEA labs containing fentanyl and its analogues, 2014-2016

Methamphetamine seizures containing...	Number of seizures
Fentanyl	9
Carfentanil	1
Fentanyl and Heroin	10
Fentanyl and Cocaine	1
Fentanyl, Heroin, and Cocaine	2

U.S. Department of Justice; Drug Enforcement Administration
(October 2017) *2017 National Drug Threat Assessment*.

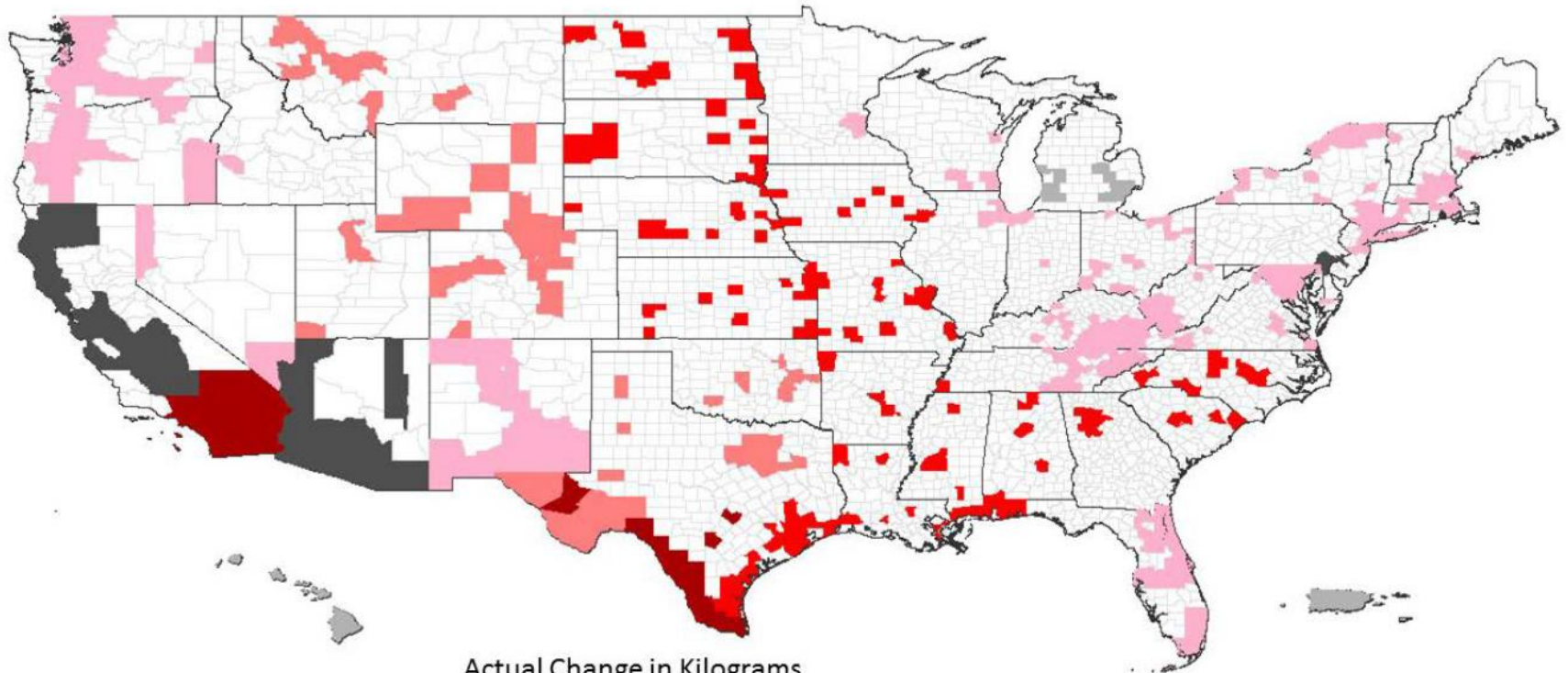
Changes in Cocaine Seizures by HIDTAs In Kilograms – US 2010 to 2016



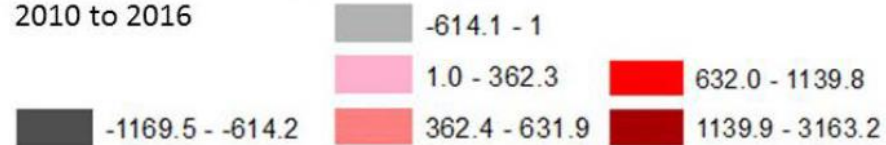
There was a 119%
increase in seizures
between 2010 and 2017

Source: John Eadie presentation at the National Rx
Drug Abuse & Heroin Summit

Changes in Methamphetamine Seizures by HIDTAs In Kilograms – US 2010 to 2016



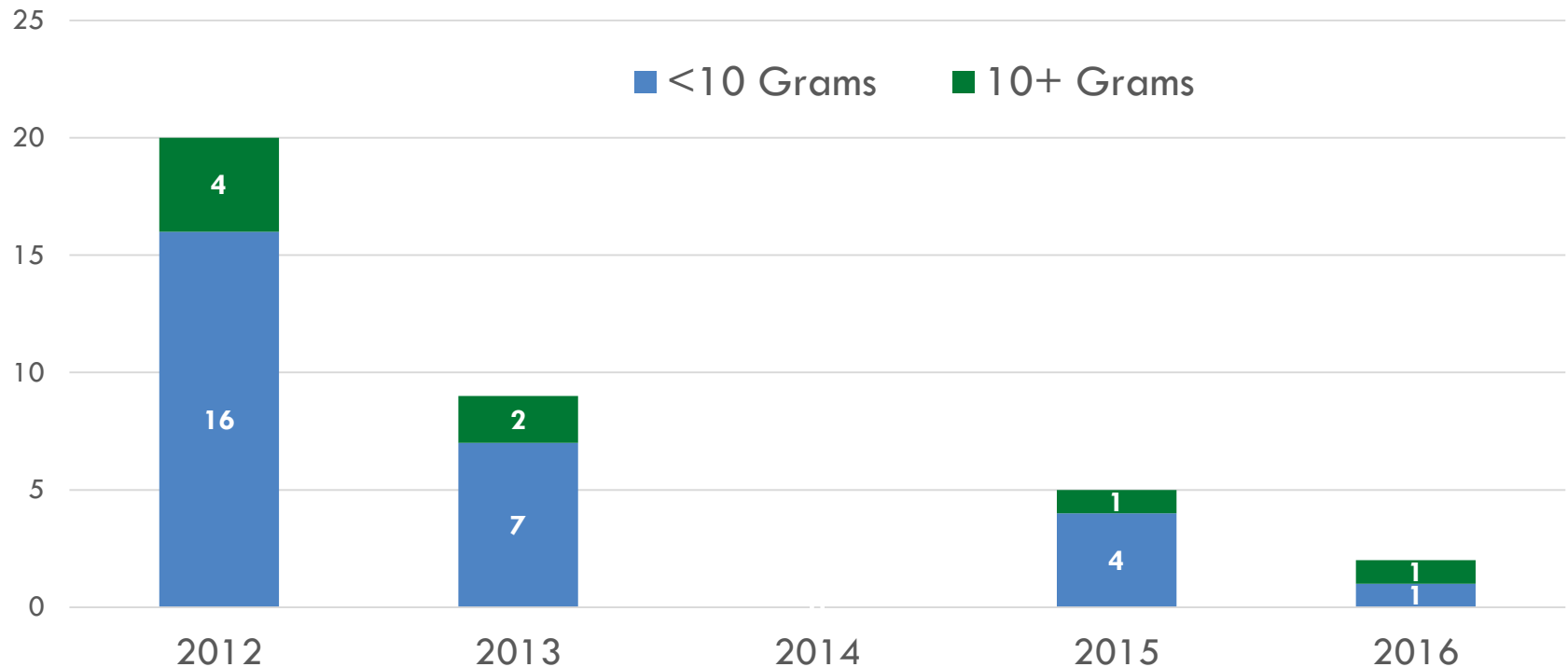
Actual Change in Kilograms
2010 to 2016



There was a 88%
increase in seizures
between 2010 and 2017

Source: John Eadie presentation at the National Rx
Drug Abuse & Heroin Summit

DEA: Cocaine Taken Into Federal Custody in VT by Year



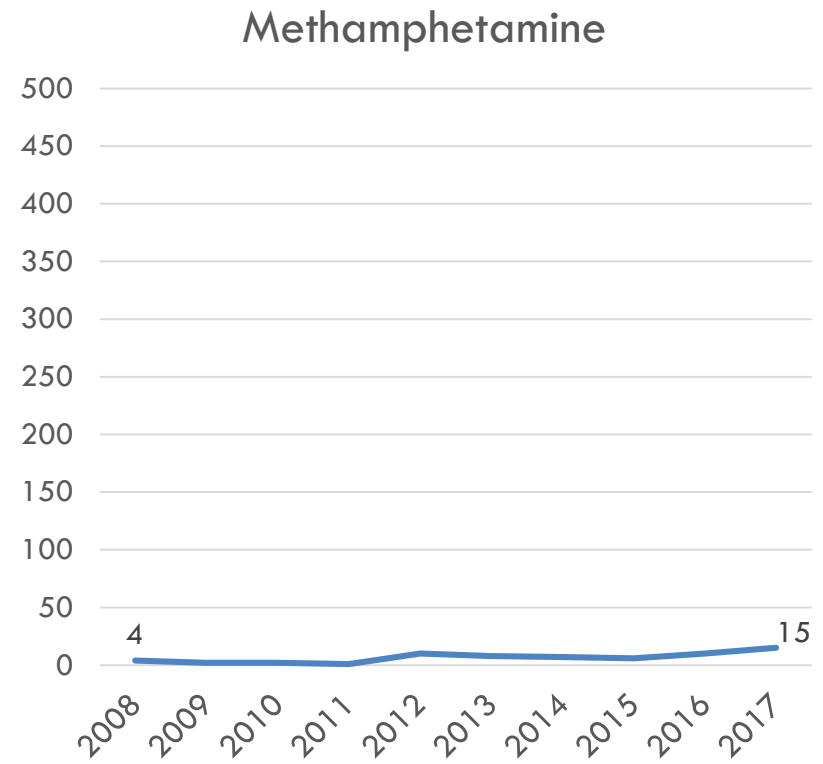
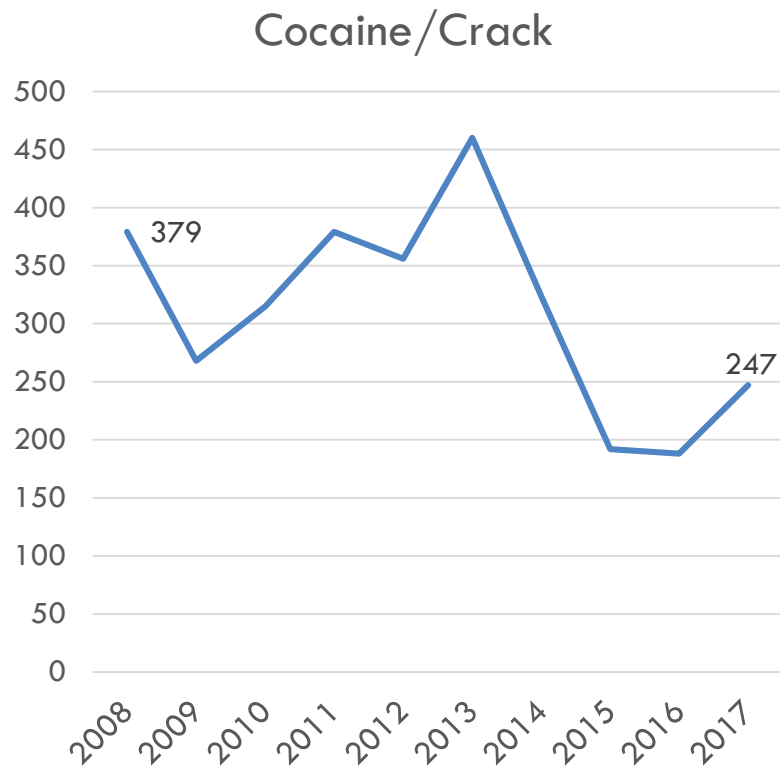
Between 2012 and 2016 there was one (1.5 gram) VT seizure of methamphetamine

Source: DEA <https://www.dea.gov/drug-seizure-data>

Accessed 8/21/18

Findings may not be consistent with the DEA's own conclusions

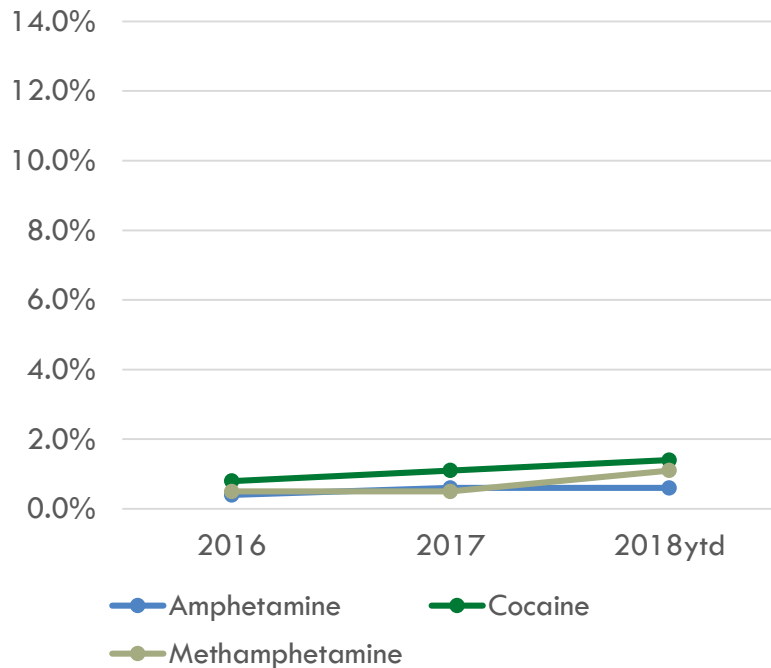
Stimulant Criminal Charge Dispositions 2008-2017



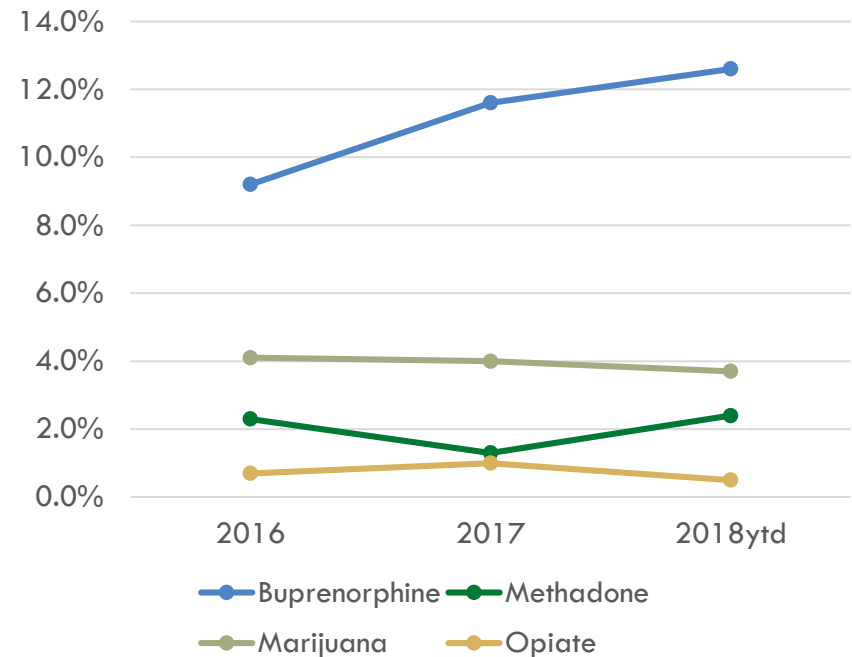
Possible Dispositions Include: Dismissed By Court, Diversion, No Probable Cause, Guilty Plea, Acquitted, Guilty Verdict, Drug Court Dismissed, Dismissed by State

Dept. of Corrections UA Positive Test Results

Stimulants



Other Drugs



Includes random and for suspicion UA test results. A positive value may indicate licit use (such as a prescription for a stimulant to treat ADHD or buprenorphine or methadone to treat OUD) or illicit use.

Discussion

What do you conclude regarding Vermont stimulant use based on the data?

Data Conclusions

- ❑ Cocaine prevalence has returned to previous levels
- ❑ Prescription stimulant use has increased significantly over the past five years
- ❑ Methamphetamine remains low in Vermont
- ❑ People are using opioids and stimulants simultaneously
- ❑ Deaths involving cocaine often also involve fentanyl and heroin
- ❑ Cocaine production is increasing

Further discussion

- What are the next steps?
- Where are possible points of prevention and intervention?
- What are the opportunities for collaboration?
- Shall we initiate a strategic planning process? If so, how?