

# Pre-Summit Plenary

## **Stimulants and Opioids: An Emerging Drug Threat in the Midst of the Opioid Epidemic**

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**Moderator: Doug Edwards, MBA, Director, Institute for the  
Advancement of Behavioral Healthcare:**



# Disclosures

- John L. Eadie and Doug Edwards have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.

# Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.
- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior

# Learning Objectives

- Discuss evidence that the supplies of Rx stimulants and illicit stimulants are increasing and are increasing at a faster rate than opioids.
- Identify methods available to monitor what is going on with multiple types of drug abuse, including non-medical use of stimulants and use of illicit stimulants, even while primary attention is focused on just one type, i.e. opioids.
- Explain how available tools can be used to establish an early warning system to alert all professions and concerned national, state and local groups to emerging threats so prevention and other responses can be launched in time to prevent a repetition of the opioid epidemic.



# Stimulants and Opioids: An Emerging Drug Threat in the Midst of the Opioid Epidemic

National Emerging Threat Initiative (NETI)  
A National High Intensity Drug Trafficking Area Program  
Atlanta, GA  
April 2, 2018

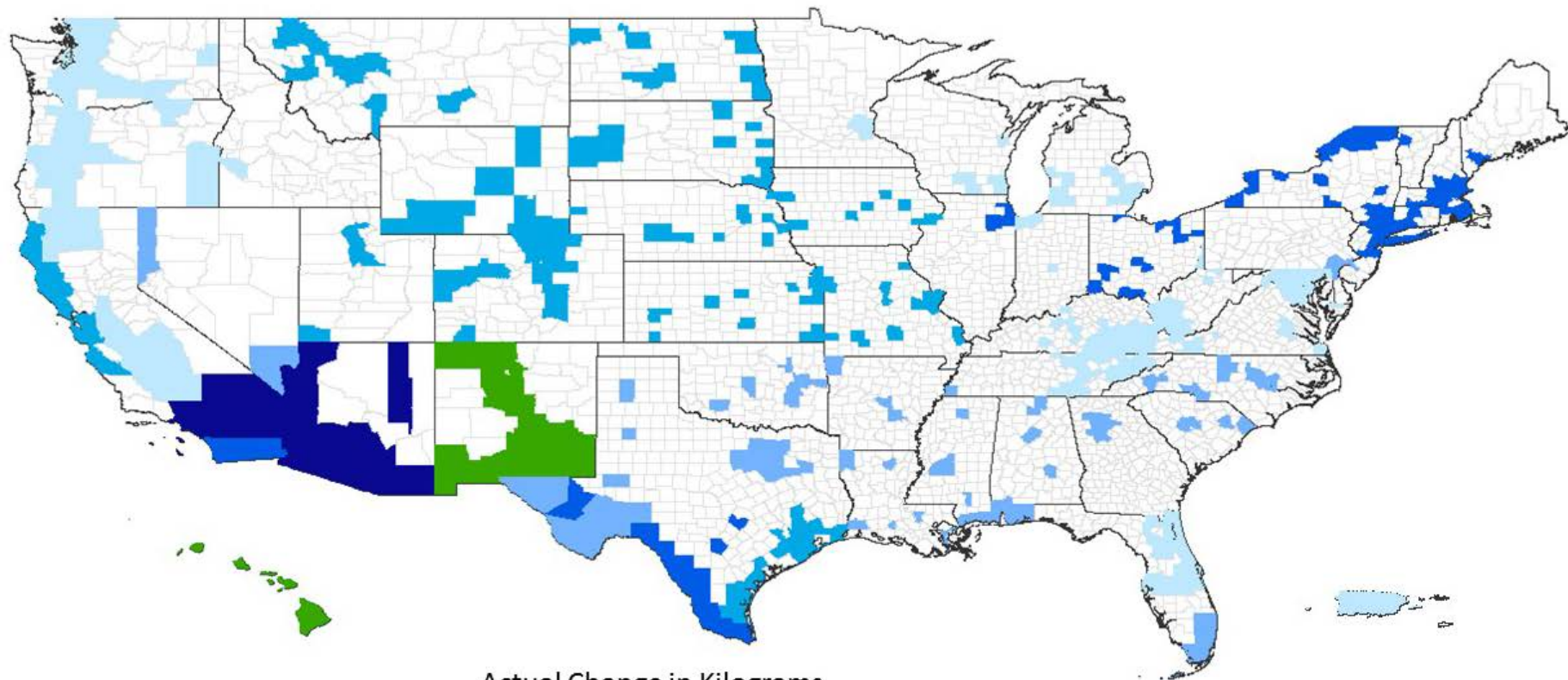
# Law Enforcement Seizure Data

Data from  
High Intensity Drug Trafficking Areas (HIDTAs)  
Performance Management Process (PMP)

# Changes in Heroin Seizures by HIDTAs

## In Kilograms

United States – 2010-2016



Actual Change in Kilograms

2010 to 2016



# Heroin Seizures by HIDTAs: 2010 - 2016

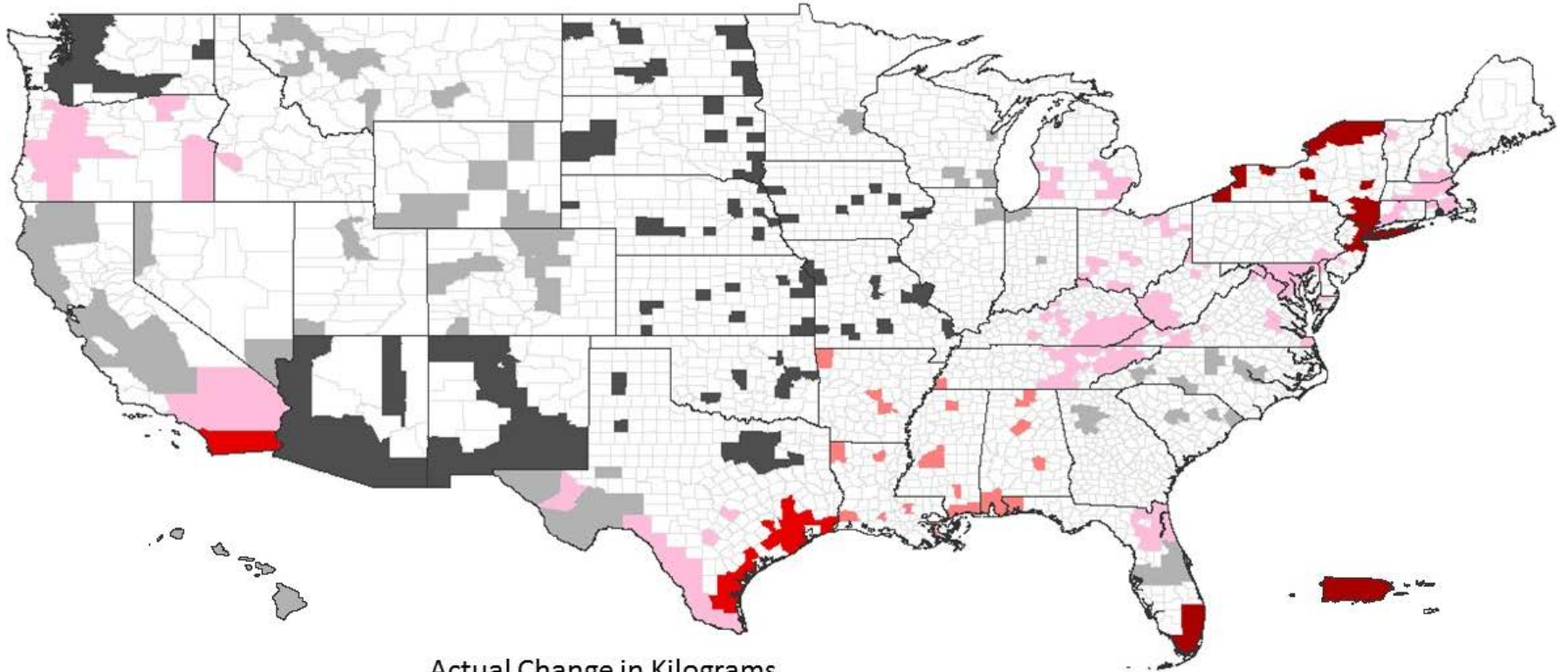
| <u>Years</u>        | <u>Total Kg</u> |
|---------------------|-----------------|
| 2010                | 1,468.9         |
| 2016                | 4,715.5         |
| % Increase          | <u>221.0%</u>   |
|                     | <u># HIDTAs</u> |
| Increased Kg Seized | 31              |
| Decreased Kg Seized | 1               |



# Changes in Cocaine Seizures by HIDTAs

## In Kilograms

United States – 2010-2016



Actual Change in Kilograms

2010 to 2016



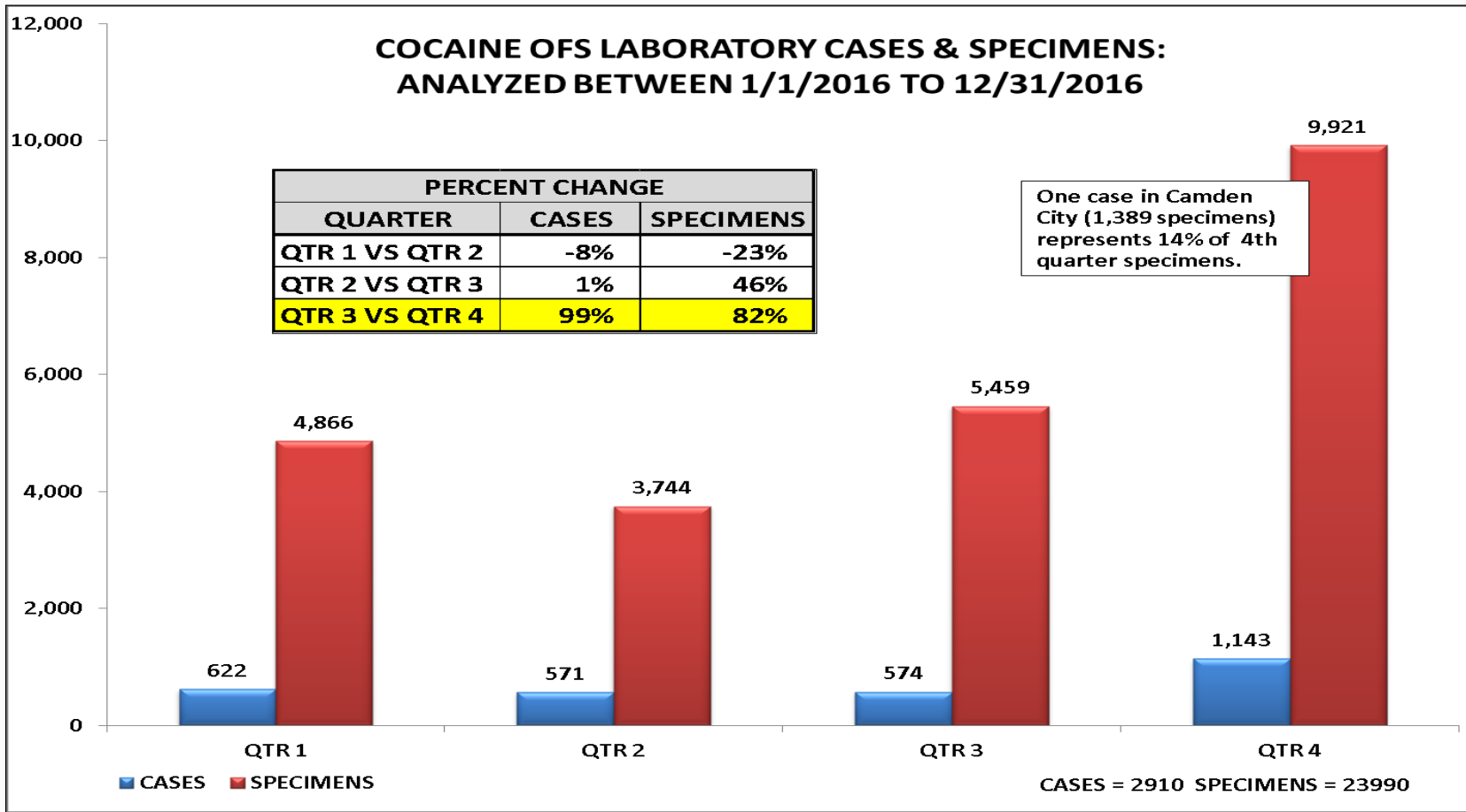
# Cocaine Seizures by HIDTAs: 2010 - 2016

| <u>Years</u>        | <u>Total Kg</u> |
|---------------------|-----------------|
| 2010                | 48,566.5        |
| 2016                | 106,387.1       |
| % Increase          | <u>119.1%</u>   |
|                     | <u># HIDTAs</u> |
| Increased Kg Seized | 16              |
| Decreased Kg Seized | 16              |

# NJ State Police Office of Forensic Sciences (OFS)

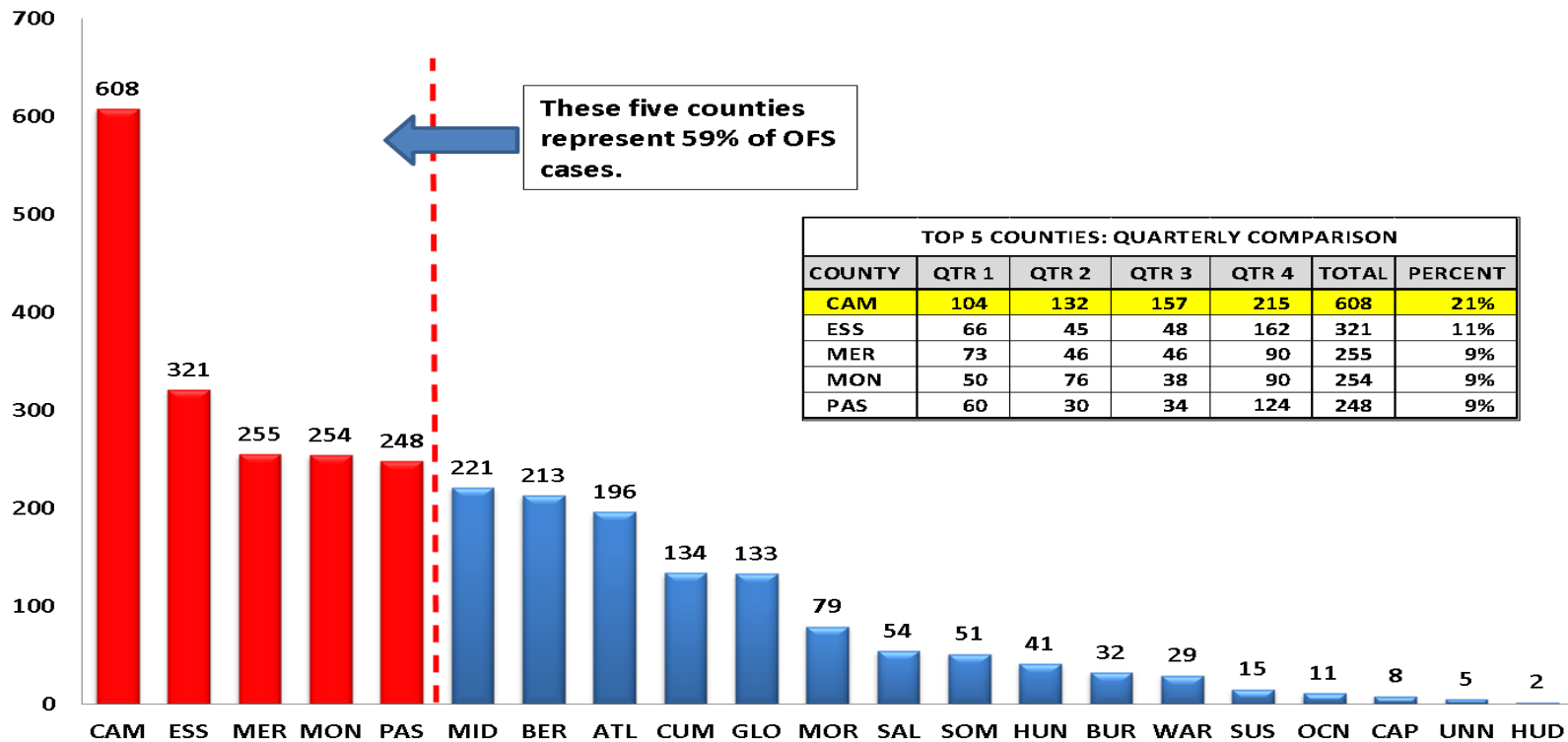
- Information provided by Captain Juan Colon of the NJ State Police
- As part of NY/NJ HIDTA Stimulant Task Force
- *Cocaine - 2016*
- Total OFS specimens submitted as suspected cocaine increased 82% from the 3<sup>rd</sup> quarter of 2016 to the 4<sup>th</sup> quarter of 2016.
- Camden County accounted for 21% of total cases and 36% of total specimens submitted to OFS labs during 2016.

# NJ State Police Office of Forensic Sciences (OFS)



# NJ State Police Office of Forensic Sciences (OFS)

**COCAINE OFS LABORATORY CASES:  
ANALYZED BETWEEN 1/1/2016 TO 12/31/2016**



**TOP 5 COUNTIES: QUARTERLY COMPARISON**

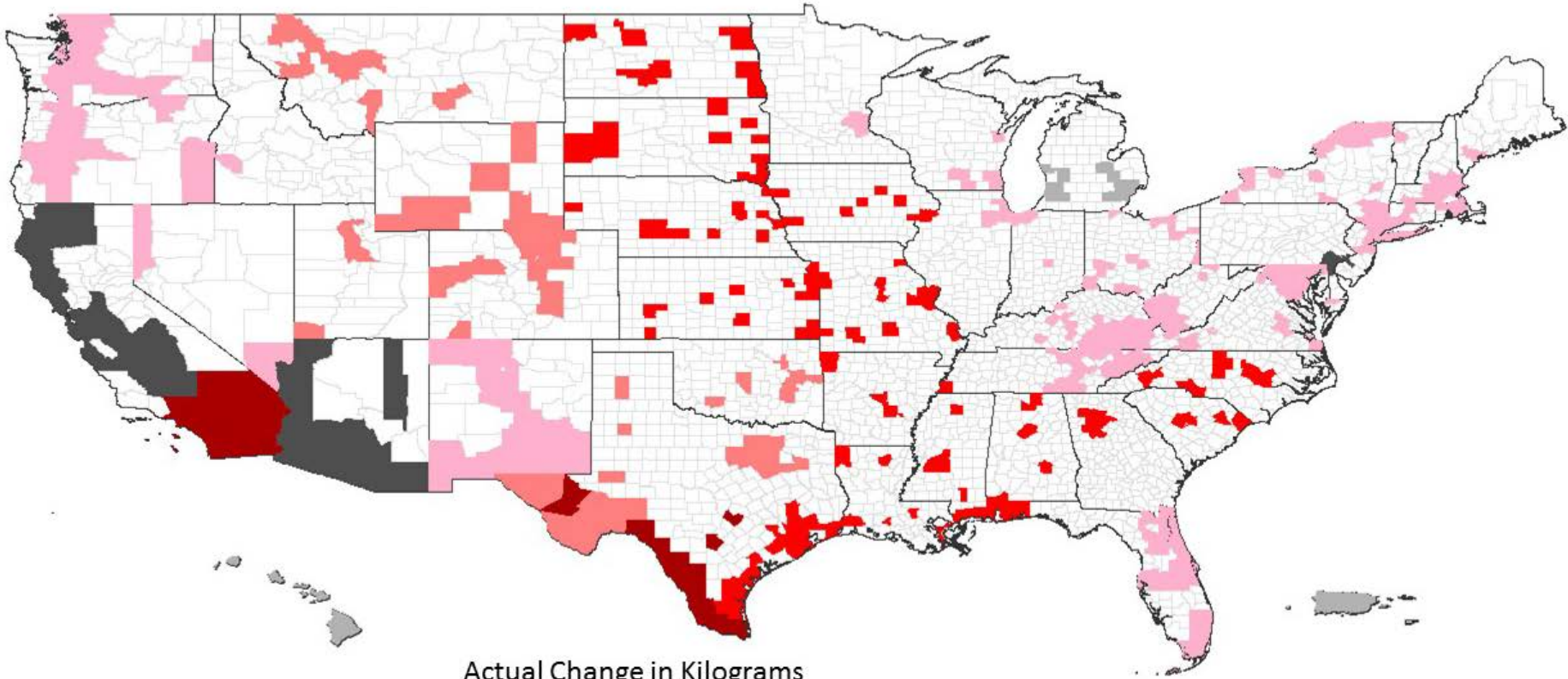
| COUNTY | QTR 1 | QTR 2 | QTR 3 | QTR 4 | TOTAL | PERCENT |
|--------|-------|-------|-------|-------|-------|---------|
| CAM    | 104   | 132   | 157   | 215   | 608   | 21%     |
| ESS    | 66    | 45    | 48    | 162   | 321   | 11%     |
| MER    | 73    | 46    | 46    | 90    | 255   | 9%      |
| MON    | 50    | 76    | 38    | 90    | 254   | 9%      |
| PAS    | 60    | 30    | 34    | 124   | 248   | 9%      |

CASES = 2910

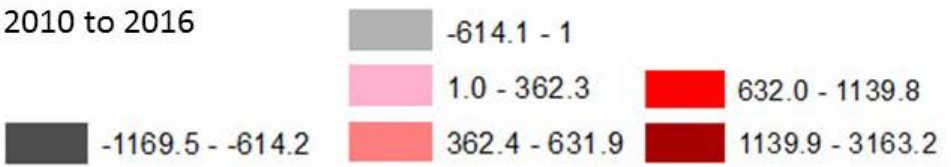
# Changes in Methamphetamine Seizures by HIDTAs

## In Kilograms

United States – 2010-2016



Actual Change in Kilograms  
2010 to 2016



# Methamphetamine Seizures by HIDTAs: 2010 - 2016

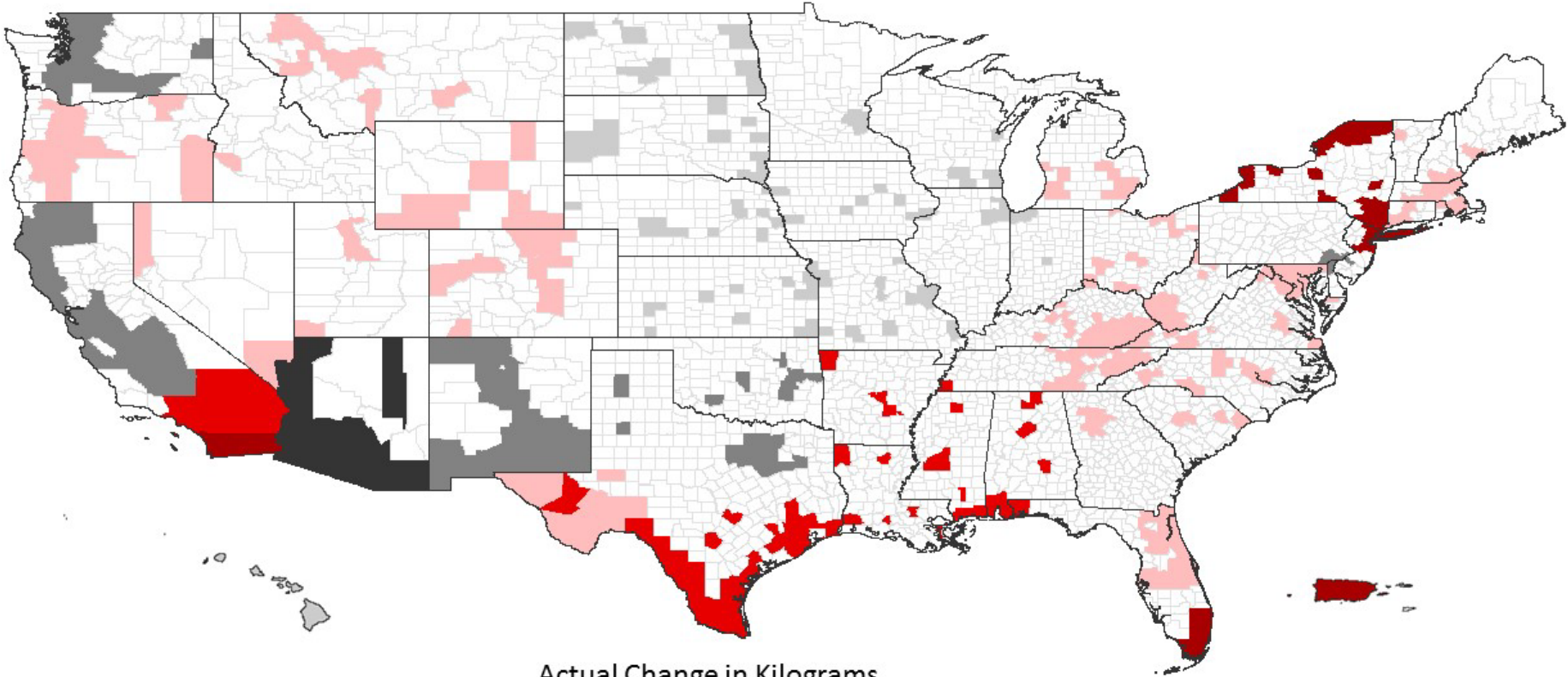
| <u>Years</u> | <u>Total Kg</u> |
|--------------|-----------------|
| 2010         | 13,594.3        |
| 2016         | 25,569.2        |
| % Increase   | <u>88.1%</u>    |

|                      | <u># HIDTAs</u> |
|----------------------|-----------------|
| Increased Kg Seized  | 25              |
| Decreased Kg Seized  | 6               |
| No info 2010 or 2016 | 1               |

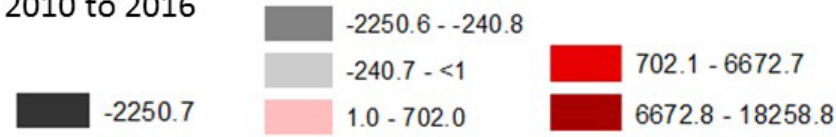
# Changes in Stimulants Seizures by HIDTAs

In Kilograms (Cocaine and Methamphetamine Combined)

United States – 2010-2016



Actual Change in Kilograms  
2010 to 2016





# Stimulant Seizures by HIDTAs: 2010 vs 2016 (Cocaine & Methamphetamine Combined)

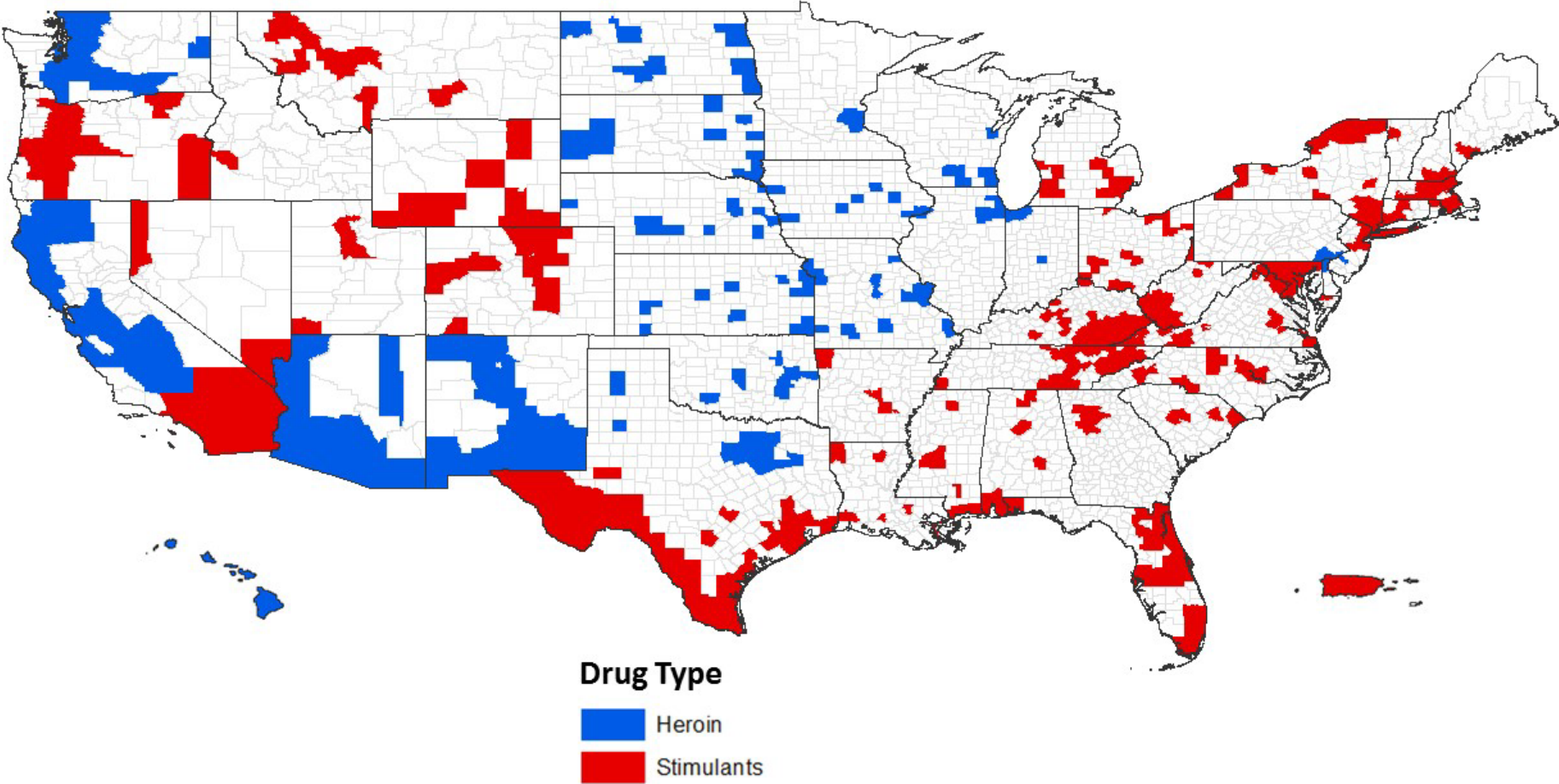
| <u>Years</u> | <u>Total Kg</u> |
|--------------|-----------------|
| 2010         | 62,160.8        |
| 2016         | 131,956.3       |
| % Increase   | 112.3%          |

|                     | <u># HIDTAs</u> |
|---------------------|-----------------|
| Increased Kg Seized | 20              |
| Decreased Kg Seized | 12              |

# Comparison of Heroin & Stimulant Seizures

## Greatest Increase in Kilograms by HIDTA

United States - 2010-2016



# Summary of HIDTA Seizure Data

## Total Seizures 2010-2016

**Heroin** **38,586.3 Kg**

**Stimulants Combined** **596,998.7 Kg**

**Cocaine** **469,144.6 Kg**

**Methamphetamine** **127,854.1 Kg**

**15.5 Kg of Stimulants Seized for every  
1.0 Kg of Heroin**

# **Prescription Drug Monitoring Program (PDMP) Data**

**Provided by State PDMPs**

# **Opioid & Other Controlled Substances Rx Compared to Stimulant Prescriptions 2010-2016**

**Data from states that represent 15 HIDTAs**

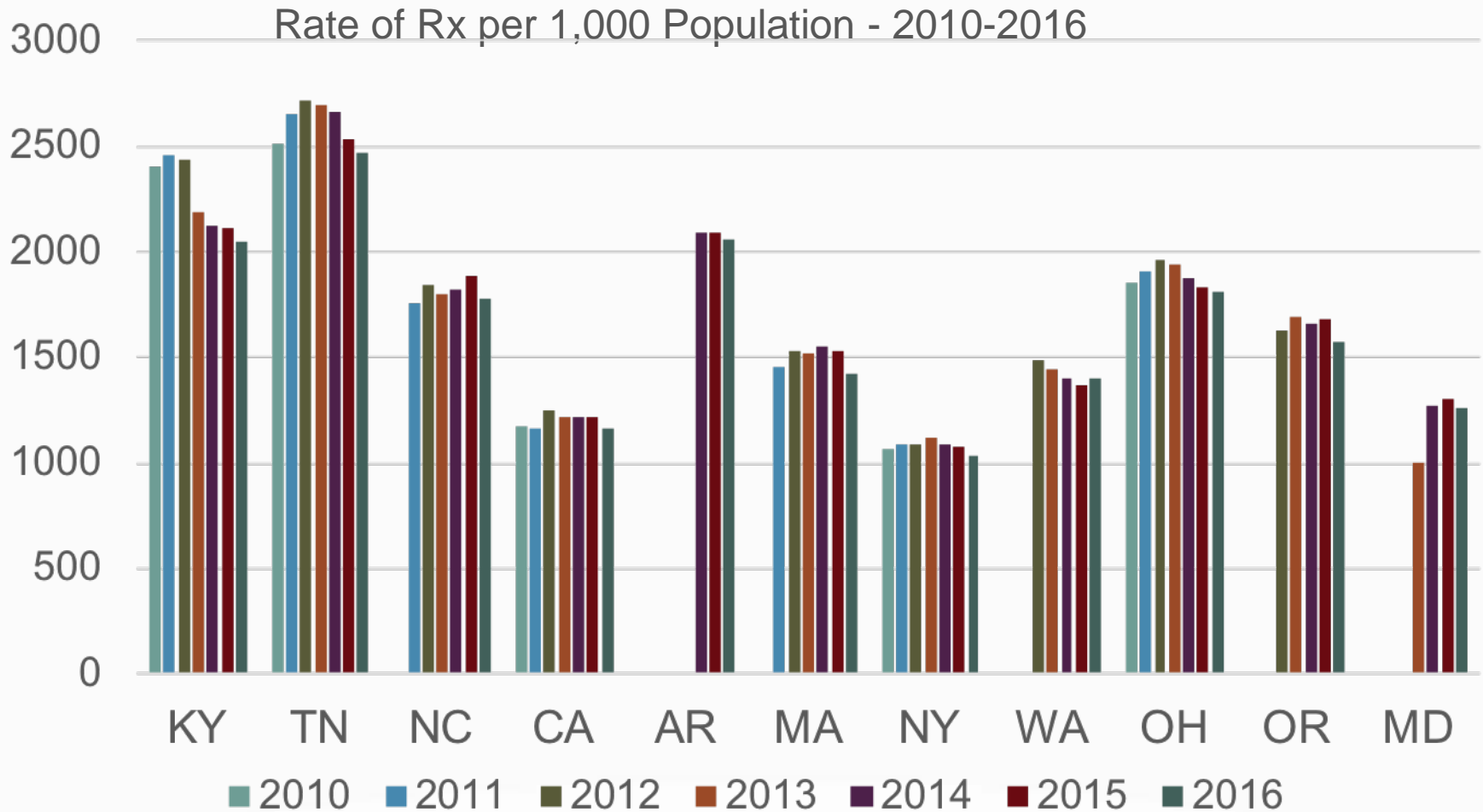
# HIDTAs and Respective States

| <u>HIDTA</u>               | <u>State</u> |
|----------------------------|--------------|
| Appalachia                 | KY           |
| Appalachia                 | TN           |
| Atlanta/Carolinas          | NC           |
| Central Valley California  | CA           |
| Los Angeles                | CA           |
| Northern California        | CA           |
| Southwest Border-San Diego | CA           |
| Gulf Coast                 | AR           |

| <u>HIDTA</u>          | <u>State</u> |
|-----------------------|--------------|
| New England           | MA           |
| New York/ New Jersey  | NY           |
| Northwest             | WA           |
| Ohio                  | OH           |
| Oregon                | OR           |
| Texoma                | OK           |
| Washington/ Baltimore | MD           |

Note: States were selected as representative among 15 HIDTAs, 10 of which had increases in cocaine and or methamphetamine seizures.

# Opioid & Other Controlled Substances Prescription Rates for Representative States



# Opioid & Other Controlled Substances (CS) Prescription Rates for Representative States:

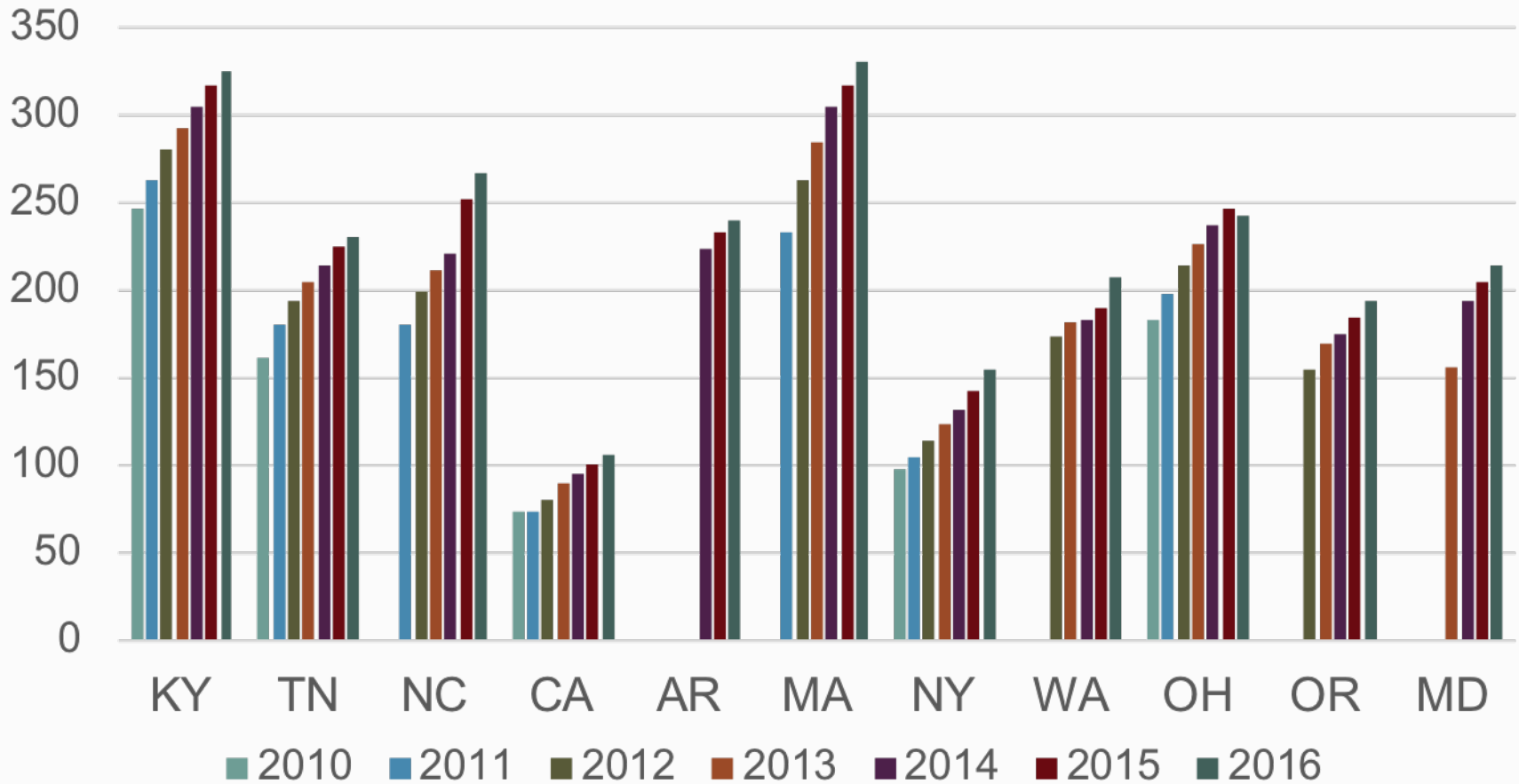
Rate of Rx per 1,000 Population – 2010-2016

- Of the 11 states –
- Opioid & Other CS Rx peaked in each state from 2011 (KY) through 2015 (NC & MD).
- All declined through 2016.
- Declines ranged from 1.8% (AR) in 2 years up to 16.7% (KY) in 5 years.
- TN reached the highest peak at 2,713.2 Rx/1,000 population.
- NC declined to lowest level at 1,778.4 Rx/1,000 population.



# Stimulant Prescription Rates for Representative States

Rate of Rx per 1,000 Population - 2010-2016



# Stimulant Prescription Rates for Representative States:

Rate of Rx per 1,000 Population – 2010-2016

- Of the 11 states –
- All at lowest level in 2010, or first year the PDMP provided data to NETI.
- Rx increased through 2016 – all states, except 1
  - (OH increased for 5 years but leveled off in 2016).
- Increases ranged from 7.4% (AR) in 2 years up to 57.6% (NY) in 6 years.
- In 2016, CA had lowest rate at 77.1 Rx/1,000 population.
- In 2016, MA had the highest rate at 330.8/1,000 population.

# Stimulant Prescriptions by Age Groups

- For decades, stimulant Rx heavily used to treat children and youth for ADHD.
- In recent surge Rx to children and youth have increased – a significant concern for their health and safety.
- But recent surge is increasing Rx to older age groups even more.

# Stimulant Prescriptions by Age Group

- Oregon: Rate / 1,000 Population

| <u>Age Group</u> | <u>2012</u> | <u>2016</u> | <u>% Increase</u> |
|------------------|-------------|-------------|-------------------|
| Less than 18     | 260.1       | 273.0       | 5.0%              |
| 18 - 29          | 171.8       | 222.4       | 29.5%             |
| 30 - 44          | 159.2       | 238.0       | 49.5%             |
| 45 – 64          | 123.1       | 168.8       | 37.1%             |
| 65 – 74          | 49.7        | 75.7        | 52.3%             |
| <u>75+</u>       | <u>15.8</u> | <u>20.0</u> | <u>26.6%</u>      |
| All Ages         | 155.6       | 193.8       | 24.6%             |

# Stimulant Prescriptions by Age Group

| Tennessee | <u># of Stimulant Rx</u>                         |               |                        |                 |
|-----------|--|---------------|------------------------|-----------------|
|           | <u>Age Group</u>                                 | <u>2010</u>   | <u>2016</u>            | <u>% change</u> |
| -         | 19 or younger                                    | 562,263       | 691,695                | 23.0%           |
| -         | 20 – 39  | 269,166       | 478,312                | 77.7%           |
| -         | 40 – 59  | 166,129       | 293,548                | 76.7%           |
| -         | 60 – 119   | <u>30,717</u> | <u>67,504</u>          | <u>119.8%</u>   |
| -         | Total  | 1,028,275     | 1,531,059              | 48.9%           |
| -         | TN stimulant Rx – 2016 Rate =                    |               | 230.2/1,000 population |                 |
| -         | TN Stimulant Rx to children & youth – 2016 est.= |               | 361.1/1,000 population |                 |

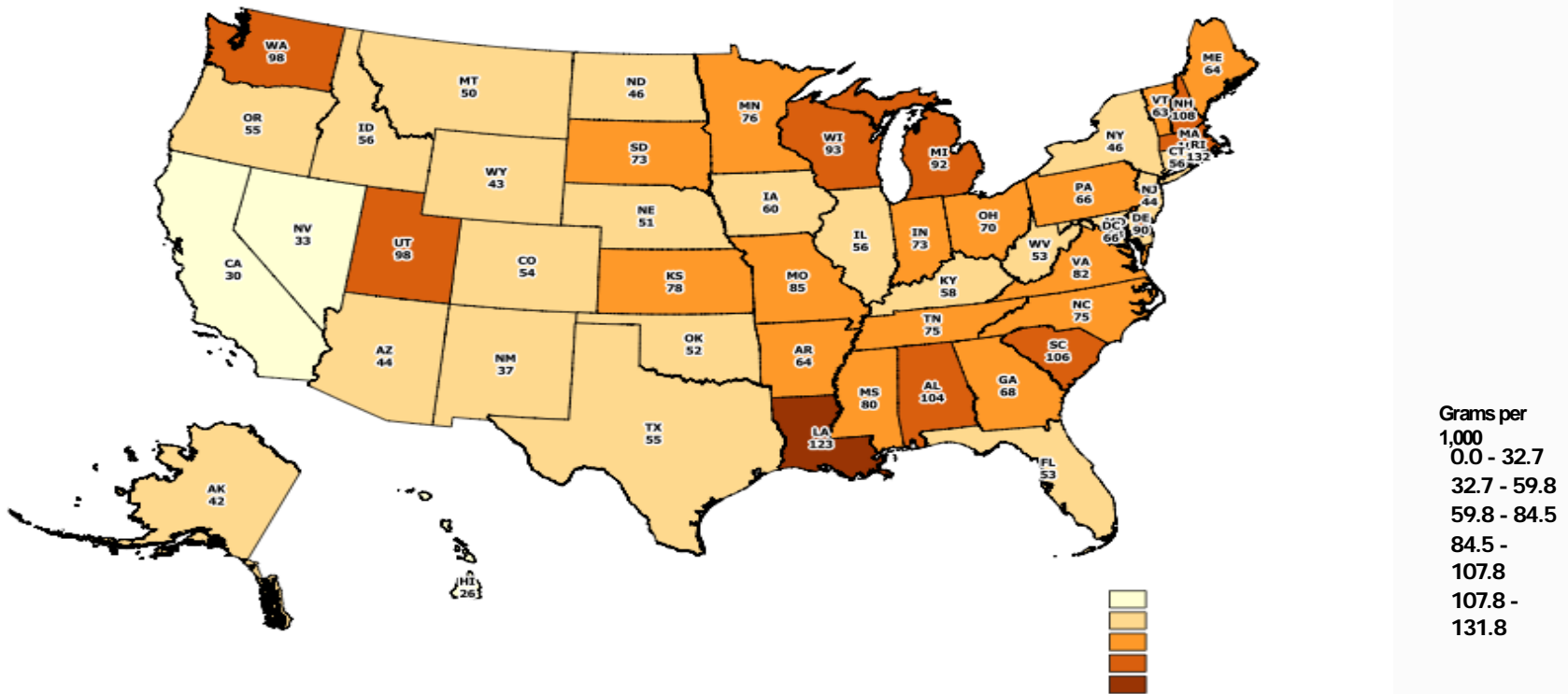
# **ARCOS Data from DEA – 2016**

**Automation of Reports and Consolidated  
Ordering System (ARCOS)  
Drug Enforcement Administration (DEA)**

# ARCOS Data - Distribution of Licit Amphetamines

- Maps prepared by Orman Hall, Public Health Analyst at OH HIDTA.
- Maps show flow of Schedule II Controlled Substances from manufacture through distribution to dispensing/retail level, -- including pharmacies, hospitals, other healthcare facilities, and practitioners' offices.
- Data by state – US map
- State map - Top # = 3 digit zip code.
  - Bottom # = grams / 1,000 population.
- Counties are outlined so HIDTAs can identify their areas.

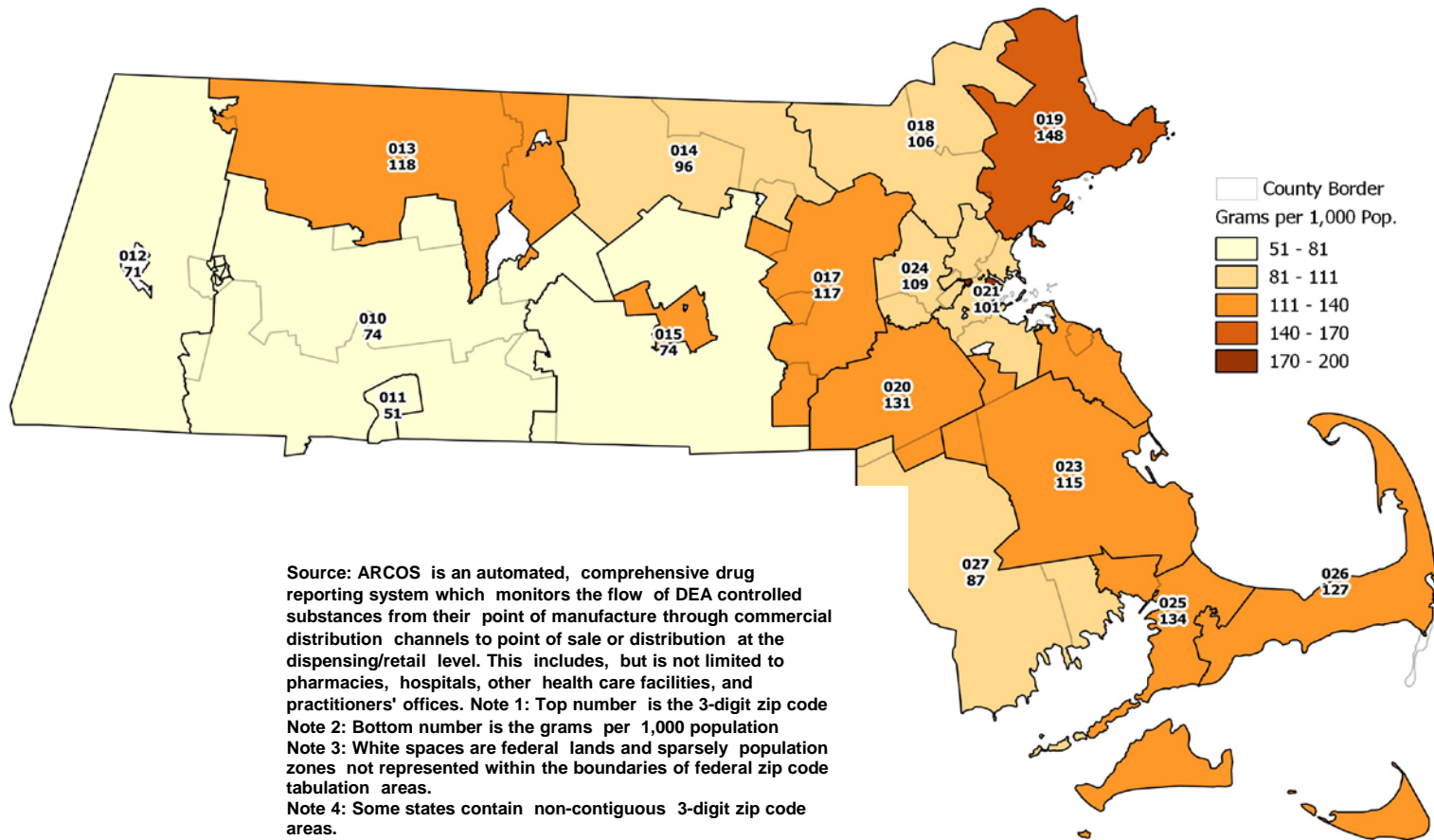
# Amphetamine Distribution per 1,000 Population for the United States - 2016



ARCOS is an automated, comprehensive drug reporting system which monitors the flow of DEA controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing/retail level.



# Amphetamine Distribution for Massachusetts Grams Per 1,000 Population by Three Digit Zip Code for 2016

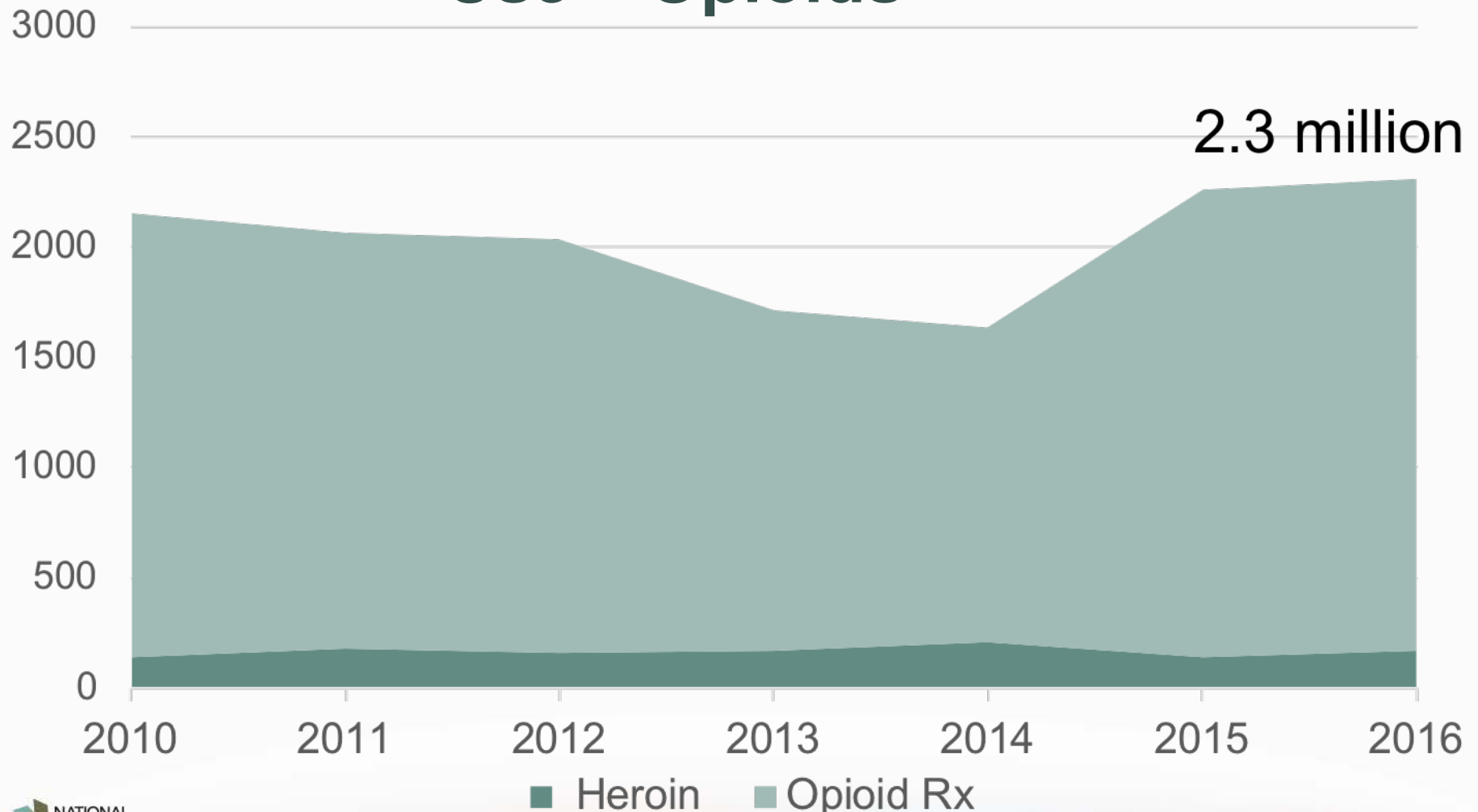


Source: ARCOS is an automated, comprehensive drug reporting system which monitors the flow of DEA controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing/retail level. This includes, but is not limited to pharmacies, hospitals, other health care facilities, and practitioners' offices. Note 1: Top number is the 3-digit zip code  
Note 2: Bottom number is the grams per 1,000 population  
Note 3: White spaces are federal lands and sparsely population zones not represented within the boundaries of federal zip code tabulation areas.  
Note 4: Some states contain non-contiguous 3-digit zip code areas.

# **National Survey on Drug Use and Health (NSDUH) 2010 - 2016**

**Substance Abuse and Mental Health  
Services Administration (SAMHSA)**

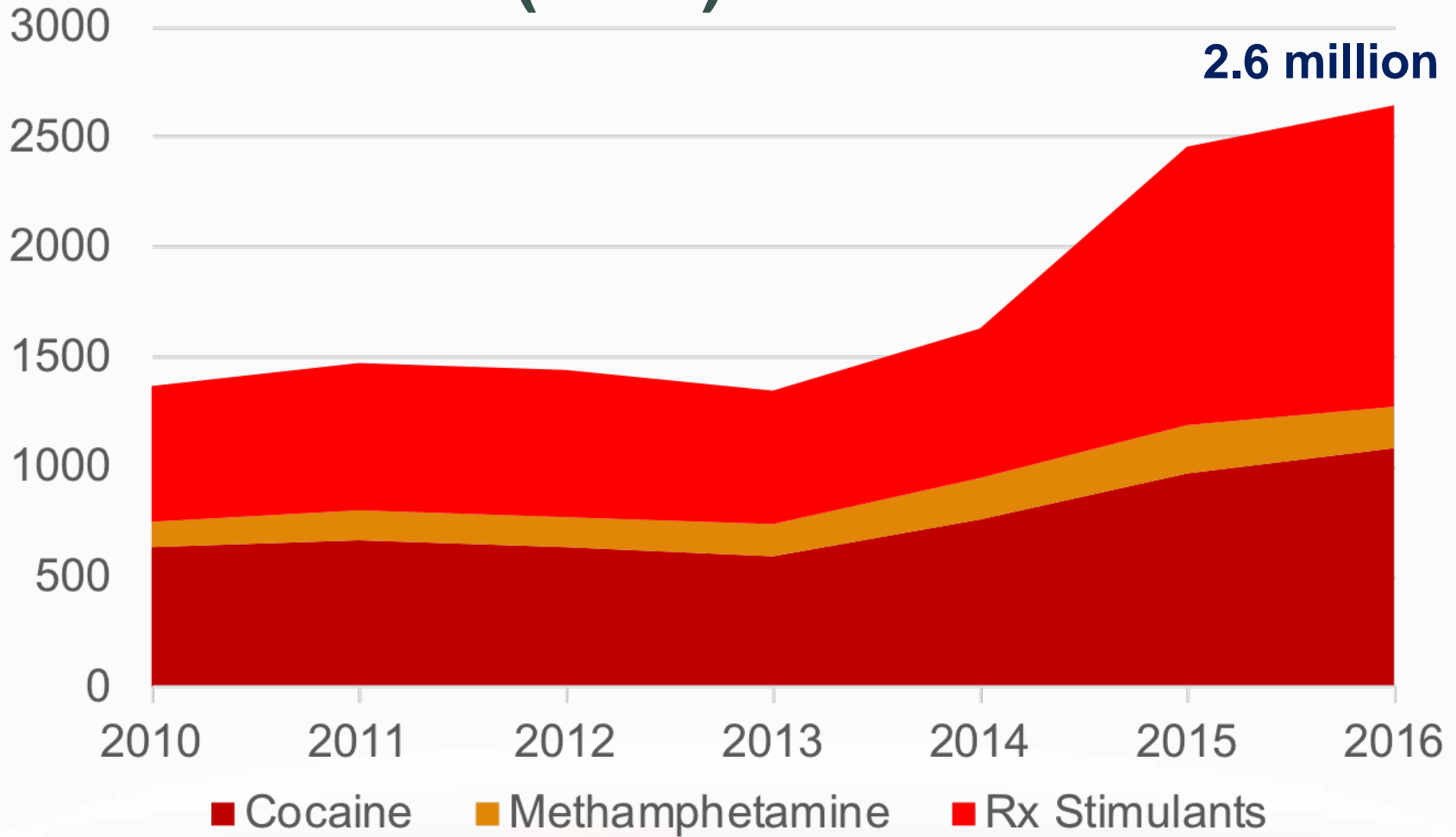
# New Initiates in (000s) – Nonmedical Use – Opioids



2.3 million

■ Heroin ■ Opioid Rx

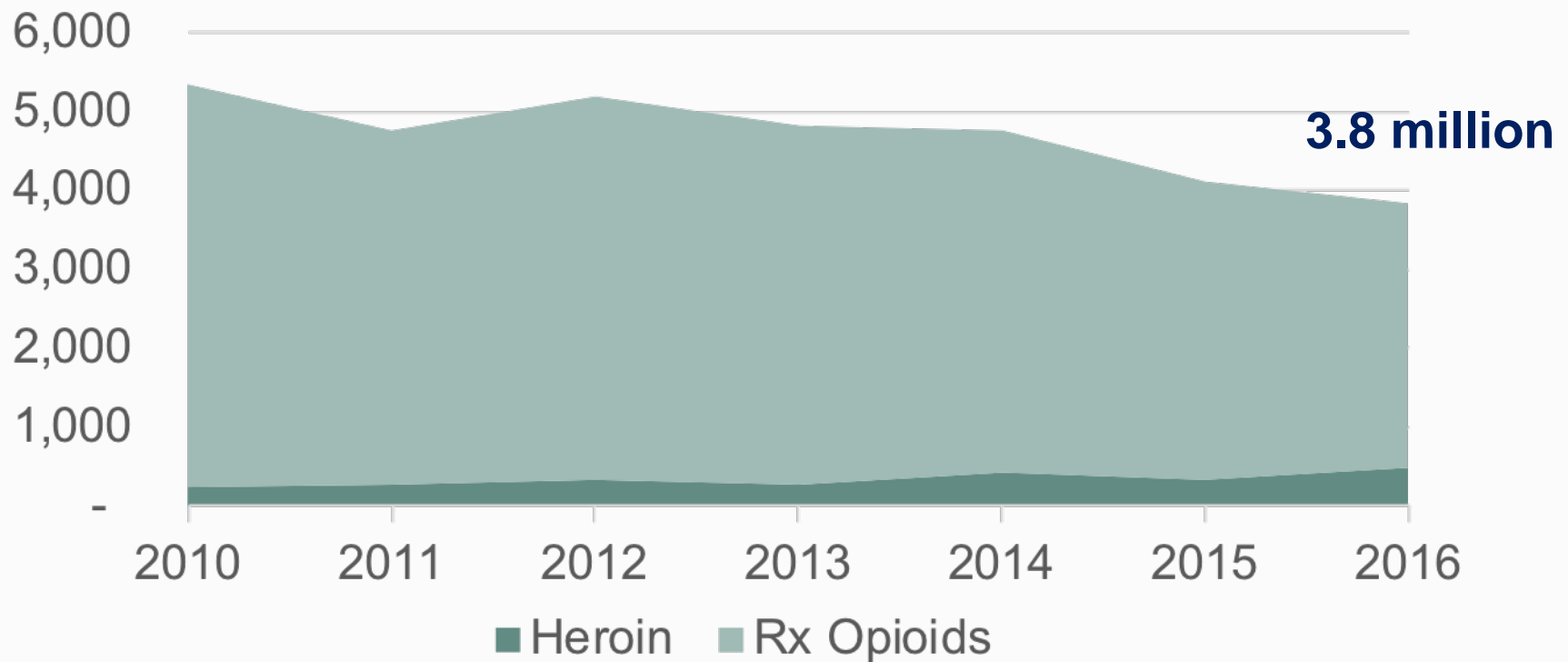
# New Initiates – Nonmedical/ Illicit Users in (000s) - Stimulants



2.6 million

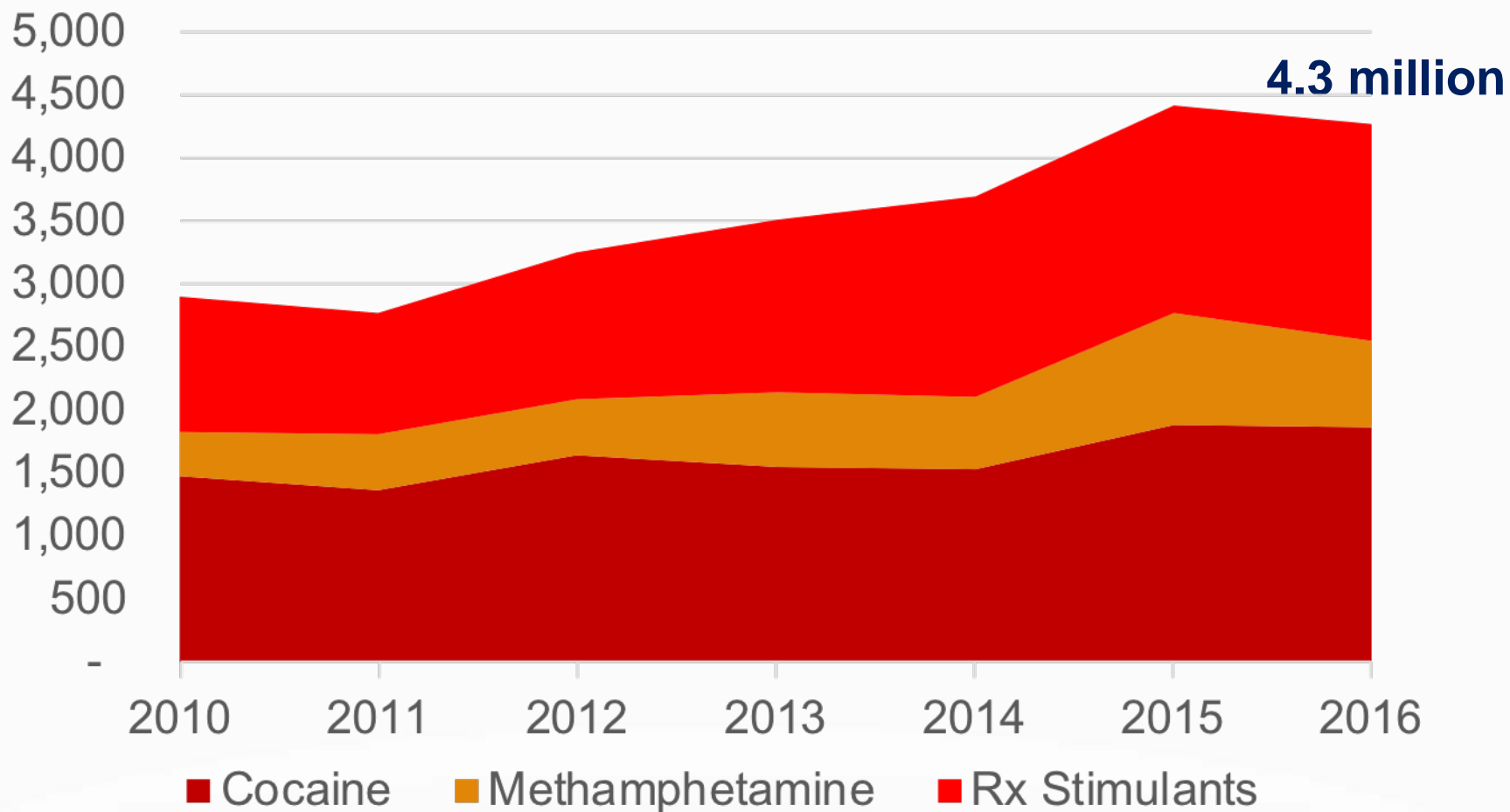
■ Cocaine ■ Methamphetamine ■ Rx Stimulants

# Past Month Nonmedical/Illicit Users in (000s) - Opioids



**3.8 million**

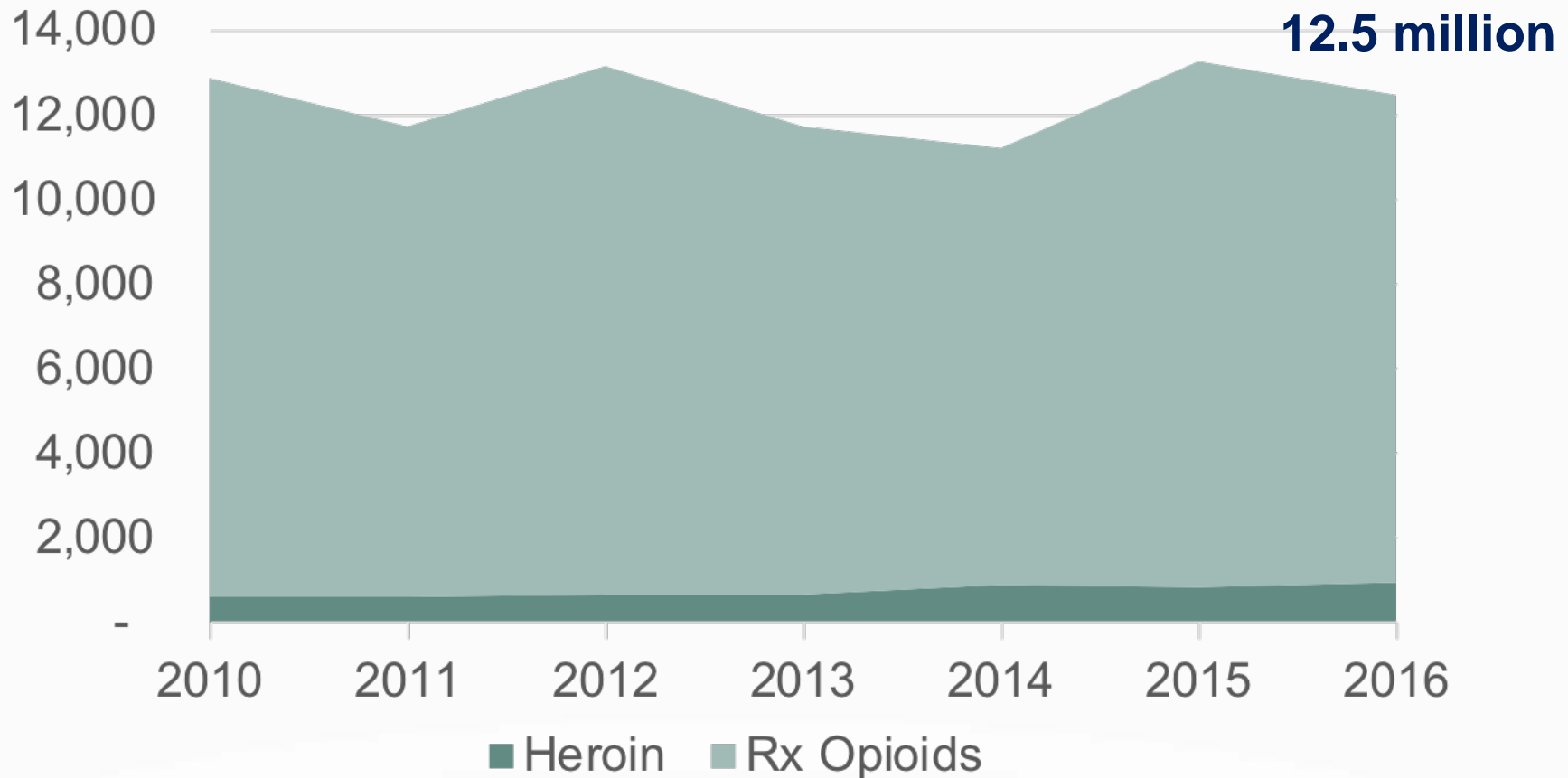
# Past Month Nonmedical/Illicit Users in (000s) - Stimulants



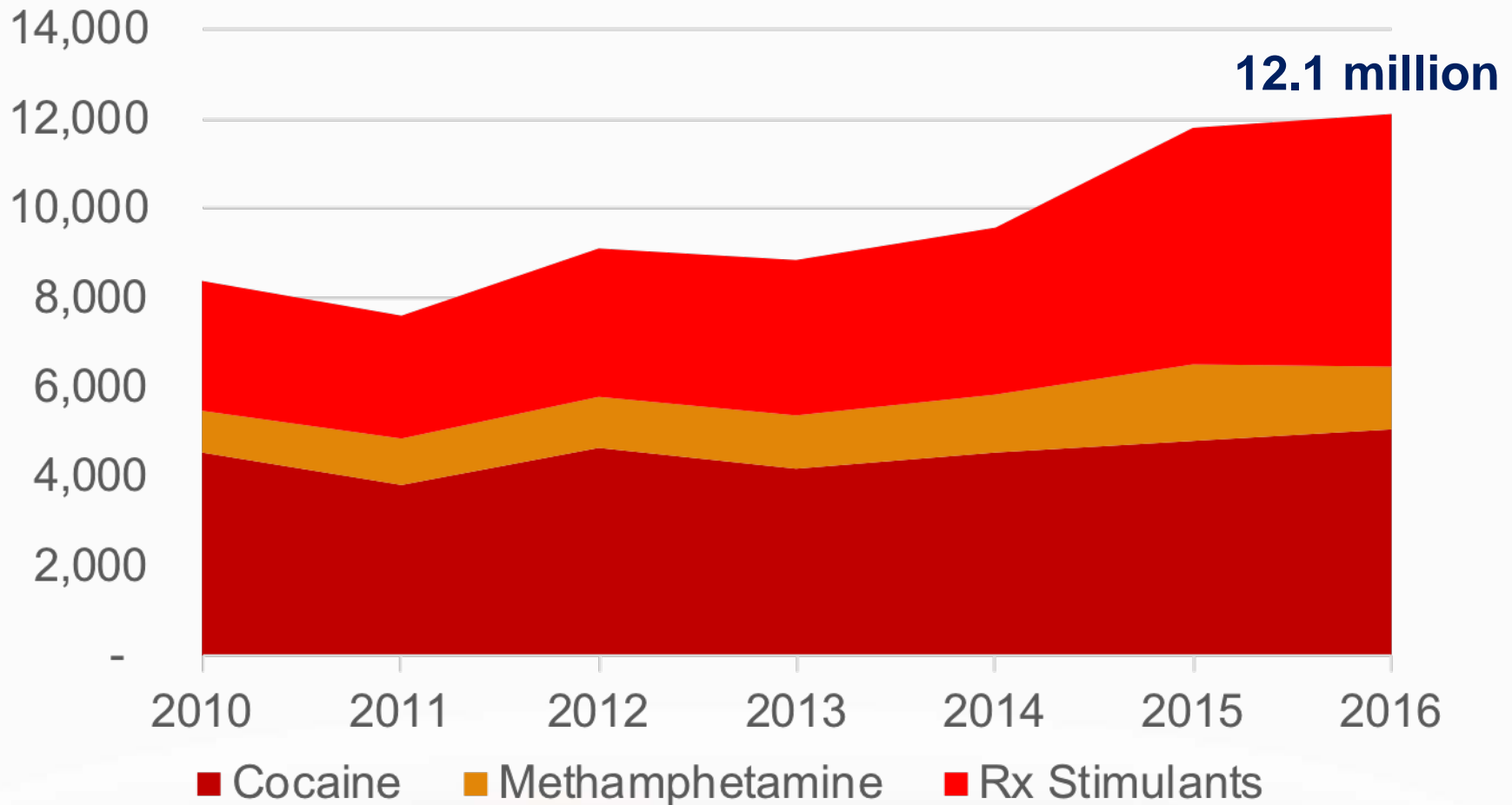
4.3 million

■ Cocaine    ■ Methamphetamine    ■ Rx Stimulants

# Past Year Nonmedical/Illicit Users in (000s) - Opioids



# Past Year Nonmedical/Illicit Users in (000s) - Stimulants



**12.1 million**

■ Cocaine

■ Methamphetamine

■ Rx Stimulants



# Illicit Stimulant Drug Use 2010 - 2016

- Data from National Surveys on Drug Use and Health, 2010 through 2016.
- Illicit Stimulant Drug Use is Illicit use of Cocaine and Methamphetamine and Nonmedical use of Stimulant Psychotherapeutics.
- The Psychotherapeutics are prescription drugs – they do not include over-the-counter drugs.
- Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 to 2015

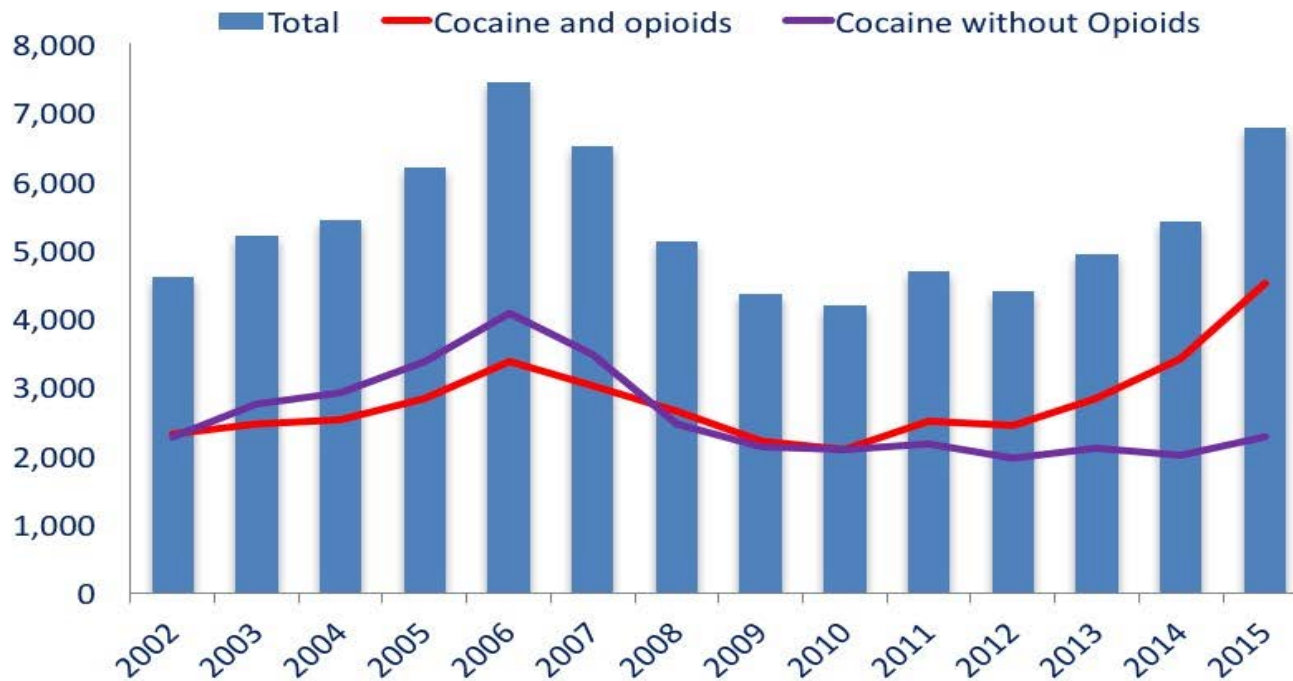
# Cocaine & Opioid Involved Deaths

Center for Disease Control (CDC) Wonder  
Reports  
& National Institute for Drug Abuse (NIDA)

# 2012 to 2015 Rise: Cocaine & Opioid Deaths



## Opioid involvement in cocaine overdose



Source: National Center for Health Statistics, CDC Wonder

# 2012 to 2015 Rise: Cocaine & Opioid Deaths

- National Overdose Deaths—Number of Deaths from Cocaine.
- Red line represents # of cocaine deaths that also involved opioids,
- Purple line represents cocaine deaths that did not involve opioids.
- These categories were equal in 2010.
- Since then, deaths involving both cocaine and opioids have more than doubled, while cocaine deaths not involving opioids have increased by only nine percent.
- Source: National Center for Health Statistics at CDC.

# Highlights of NETI's Review

- From 2010 to 2016, HIDTAs have seized 1.3 million pounds of illicit stimulants.
- HIDTAs have seized 85,000 pounds of illicit heroin during same time.
- Prescriptions for Stimulants are increasing while Rx for opioids & other CS decrease.
- Prescription Stimulants must also be reviewed within regions, states and counties.
- More new Initiates of stimulants than of opioids, with take-off in 2013.
- New Initiates of nonmedical Rx stimulant use are increasing even faster than cocaine new initiates.
- Deaths involving cocaine and opioids are increasing.

# What's Next?

- How should alerts be issued to all interested professions?
- What prevention methodologies reduce stimulant dependence?
- How can successful methods be deployed?
- How can stimulant dependence be treated?
- What resources are needed?

# What's Next?

- How can EMS and emergency departments recognize & treat stimulant overdoses?
- How should they treat stimulant overdoses since Naloxone (Narcan) can only assist with opioid overdoses.
- How can they recognize & treat simultaneous opioid & stimulant overdoses?

# What's Next?

- Should stimulant prescribing guidelines be developed for children and for adults – like opioid prescribing guidelines?
- 23 states mandate comprehensive prescribers review of PDMP data prior to issuing opioid Rx.
- Only 9 states require this for stimulant Rx.
- Should all states mandate review prior to issuing prescriptions for all Schedule II – IV Rx?



# What's Next?

- New initiates of Rx Opioid abuse were decreasing 2010 to 2014, but that began to reverse through 2015 & 2016.
- Many states do not require prescribers to check PDMP data prior to issuing opioid Rx, but how many states monitor prescriber compliance with this requirement?
- Should states monitor prescriber compliance and act when non-compliance is identified?
- Should PBSS be used to measure physician compliance with checking PDMP prior to issuing Rx?

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THANK YOU

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