Current Trends in Drug Abuse

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www.hazelden.org
National Institute on Drug Abuse:

Community Epidemiology Work Group (CEWG)

Provides community-level, epidemiological surveillance of drug abuse through ongoing analysis of quantitative research data in 20 US cities since 1976.
Percent of population reporting lifetime use of selected substances

source: 2003 national survey on drug use and health, samhsa. respondents = age 12 and older.
Past Month Alcohol, Tobacco, and Illicit Drug Use by Age Group

SOURCE: Substance Abuse and Mental Health Services Administration, Summary of Findings from the 2000 National Household Survey on Drug Abuse, NHSDA Series H-13, Rockville, MD.
ALCOHOL

75% drink before graduation, 60 % have been drunk.

20 % of 8th graders and 42 % of 10th graders have been drunk at least once.

ALCOHOL

TREND  - drink as much as possible as quickly as possible

Beer bongs, power hour, drinking games
Current alcohol use – 2004
(any alcohol use in past 30 days)

SOURCE: Percent of respondents age 18 and older who reported having at least one drink of alcohol in past 30 days. National Center for Chronic Disease Prevention and Health Promotion, 2004 Behavioral Risk Factor Surveillance System, online at: www.cdc.gov/brfss
Binge drinking - 2004
(having five or more alcoholic drinks on one occasion)

SOURCE: All respondents 18 and older who reported having five or more drinks on an occasion, one or more times in the past 30 days. National Center for Chronic Disease Prevention and Health Promotion, 2004 Behavioral Risk Factor Surveillance System, online at: www.cdc.gov/brfss
Consequences of High-risk College Drinking

National Longitudinal Epidemiological Study

People who 1\textsuperscript{st} drank before age 15
- 40\% developed alcoholism

People who 1\textsuperscript{st} drank at age 21, 22
- 10\% developed alcoholism
Smoking contributes to more deaths than other substances.

Comparative causes of annual deaths in the United States

<table>
<thead>
<tr>
<th>Cause</th>
<th># of deaths (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>418</td>
</tr>
<tr>
<td>Alcohol</td>
<td>105</td>
</tr>
<tr>
<td>Motor vehicle</td>
<td>46</td>
</tr>
<tr>
<td>Suicide</td>
<td>31</td>
</tr>
<tr>
<td>AIDS</td>
<td>30</td>
</tr>
<tr>
<td>Homicide</td>
<td>25</td>
</tr>
<tr>
<td>Illicit drugs</td>
<td>9</td>
</tr>
<tr>
<td>Fires</td>
<td>4</td>
</tr>
</tbody>
</table>

Adolescents who smoke are much more likely to use alcohol & other drugs.

8.1 percent of the population aged 12 or older had used an illicit drug in the past month

Based on 2003 and 2004 NSDUHs
Estimated Number of Persons Using Drugs Illicitly in Past Year: Average of 2002, 2003 & 2004

- Marijuana: 25.5
- Pain Relievers: 11.3
- Cocaine: 5.8
- Tranquilizers: 5.0
- Stimulants: 3.0
- Ecstasy: 2.4
- Methamphetamine: 1.4
- Crack: 1.4
- OxyContin®: 1.2
- Sedatives: 0.9
- LSD: 0.7
- Heroin: 0.4

Numbers in Millions

Estimates for OxyContin® are based on 2004 only.
MARIJUANA

Almost 1 out of 2 students use marijuana before graduation from high school.

MARIJUANA

- in cigars = “blunts”

- mixed with formaldehyde and PCP, known as “fry” “amp” “wets”
Over 289,000 people enter addiction treatment programs with MJ as the primary drug. Half are under the age of 20.
Cocaine - not gone- often forgotten

Nationally in 2003-2004, the prevalence rate for the use of cocaine in the past year among all persons aged 12 or older was 2.4 percent.

10.6 percent of all persons aged 12 or older reported marijuana use in the past year.

4.8 percent reported nonmedical use of Rx painkillers.
Club Drugs

- MDMA “XTC” “X” “e”
- GHB (gamma hydroxybutyrate)
- Ketamine “Special K”
- LSD
- Rohypnol

Upward trends in 2000 now leveling: slowed growth rate

Use extends beyond nightclubs and raves
Drug Facilitated Rape

- Predatory use of drugs to incapacitate victims
- Most are stranger-to-stranger encounters
- Prevalence difficult to measure
- Samantha Reid, Hilary Farias
In the 1990’s, there was an influx of high purity, low cost heroin. It was smoked and snorted, eventually leading to intravenous (IV) routes of administration. This trend is not limited to central cities and has been observed among newer, younger users.
Prescription Drug Abuse

“If it’s a pill it must be safe”
Last year, more teens got high on prescription medicine than cocaine, meth, and ecstasy combined.

When you talk to your kids about drug abuse, start with the ones in your medicine cabinet.

Learn how at drugfree.org
More than 2 million teens have risked blackouts, seizures, even comas, intentionally abusing ordinary cough medicine. Talk to your kids. Learn how at drugfree.org.
“Pharming”
It’s a Fact...

- Addiction
- Psychosis/Paranoia
- Hallucinations
- Malnutrition/weight loss
- Skin lesions
- Aggression
- Sleep deprivation
- Dental problems
METH BASICS
Route of administration: 1992-2002

Source: 2002 SAMHSA Treatment Episode Data Set (TEDS).
Past Year Methamphetamine Use by Age and Gender: Average of 2002, 2003 and 2004

Percent Using in Past Year

- 12 to 17: 0.7
- 18 to 25: 1.6
- 26 or Older: 0.4
- Male: 0.7
- Female: 0.5
Meth addiction can produce profound changes in physical appearance.
Methamphetamine reduces the amount of a person’s saliva - important for neutralizing acids and clearing food from the teeth. Decreased saliva flow allows the build up of bacteria to ten times over normal levels. Without saliva, acids can eat away tooth enamel which in turn causes cavities. Many drink high-sugar containing beverages to alleviate dry mouth.

Also Bruxism (tooth clenching and grinding) damage and constriction of the blood vessels to the gums and soft tissues.
Why do people use drugs/alcohol?

To feel good.
To feel better.
Why do people use meth?

To feel good. To feel better.
To have more energy.
To get more done.
To lose weight.
Meth production poses unique environmental hazards unlike those with other drugs of abuse.
METH LABS
Changing the landscape of rural AND urban areas

Source: El Paso Intelligence Center (EPIC), U.S. DEA, 2004
Number of Methamphetamine Laboratory Seizures: 1997-2005

SOURCE: National Drug Intelligence Center; National Clandestine Laboratory Seizure System
* Data for 2005 are preliminary.
Risks to children

- Child endangerment, neglect, abuse
- HEALTH effects due to environmental exposure: respiratory, liver, blood, neurological problems
- Pattern of use for meth addicts
Adult Male Arrestees Testing Positive for METHAMPHETAMINE -- 2003

County law enforcement agencies reporting meth as biggest problem in their county - 2005

National Drug Threat Survey 2005
Greatest drug threat as reported by state and local agencies.
Congressional Briefing:
Meth Treatment Outcomes
Washington D.C. - April 6, 2005
Hazelden and CSAT
Addiction is a chronic disorder with behavioral components that requires lifelong management and periodic professional services.

Effective treatment for addiction exists.

Addiction treatment is as effective as treatment for other chronic disorders with behavioral components. (asthma, diabetes, hypertension)

It’s a Fact...

Treatment is cost effective.

Every dollar spent on addiction treatment saves $12 in averted health, criminal justice, and social costs.

Three components considered critical to recovery from addiction:

- Detoxification
- Rehabilitation
- Aftercare

INDIVIDUAL assessment
At this time **the most effective treatments for methamphetamine addiction are cognitive behavioral interventions** . . . designed to help modify the patient's thinking, expectancies, and behaviors and to increase skills in coping with various life stressors.

Methamphetamine recovery support groups also appear to be effective adjuncts to behavioral interventions that can lead to long-term drug-free recovery.

[www.drugabuse.gov](http://www.drugabuse.gov)
The Hazelden Model

The Matrix Model
Hazelden Model

- Twelve Step philosophy
- Focus on biopsychosocial disease concept
- Interdisciplinary team of professionals:
  - Certified counselors
  - Licensed psychologists and psychiatrists
  - Medical personnel
  - Wellness and recreational specialists
  - Spiritual care professionals
- Individualized assessment and treatment plan
- Individual and group therapies
- Incorporation of cognitive behavioral and motivational enhancement approaches
- Patient education
- Family education and involvement

*In residential and out-patient settings*
Hazelden Meth Outcomes Study

- Outcomes among 952 residential patients
- 14.2% methamphetamine users
- Meth users were younger, less educated, less likely to be employed at admission
- No differences in outcomes between meth users and non-meth using patients
  - Similar continuous abstinence rates in year after treatment
  - Similar satisfaction with psychosocial and health functioning
Matrix model

- Cognitive Behavioral
- Motivational Enhancement
- Couples and Family Therapy
- Relapse Prevention
- Individual Supportive/ Expressive Psychotherapy and Psychoeducation
- 12-Step Facilitation
- Group Therapy and Social Support

Out-patient model –
- minimum length of treatment of 16 weeks.
ALSO:

**Iowa’s Division of Behavioral Health** – 71% meth users abstinent 6 months after discharge

**Tennessee’s Bureau of Alcohol and Drug Abuse** – 65% meth clients abstinent 6 months after discharge

**Texas Dept of State Health** – 66% of meth clients abstinent 60 days after discharge (publicly funded services 2001 – 2004)
Primary Substance of Abuse at U.S. Substance Abuse Treatment Facilities - 1993 and 2003

1993

- Alcohol: 57%
- Opiates: 13%
- Cocaine: 17%
- Marijuana: 7%
- Stimulants: 2%
- Other: 4%

2003

- Alcohol: 41%
- Opiates: 18%
- Cocaine: 14%
- Marijuana: 16%
- Stimulants: 7%
- Other: 4%

Primary Amphetamine/Methamphetamine TEDS Admission Rates: 1992
(per 100,000 aged 12 and over)
Primary Amphetamine/Methamphetamine TEDS Admission Rates: 1997
(per 100,000 aged 12 and over)
Primary Amphetamine/Methamphetamine TEDS Admission Rates: 2003
(per 100,000 aged 12 and over)
Meth addicted patients:

**EVALUATION of**
- Psychosis – stabilize it
- Cognitive damage – assess it
- Protracted dysphoria
- Persistent psychosis
- Lingering paranoia

In extreme cases consider a longer “TERM OF ENGAGEMENT”

In jail, primary treatment, and/or supported aftercare setting
The **LURE of METH** among adolescents

- Long duration of action
- Get control and stay in control
- Unbridled confidence
- Infinite energy
- Weight loss
- Available/affordable
The LURE of METH within the gay community

“The sex never ends”

“Crystal”

“Tina”
PREVENTION =

- Same message
- Different messengers

“scare tactics” alone are ineffective.
METH Solutions:

- Education/prevention

- Treatment – in communities and correctional settings with supported aftercare

- Precursor restrictions (curtail meth labs)

- Law enforcement (public safety)
The Combat Meth Act:

3) Moves cold medicines containing pseudoephedrine behind the counter, sets a limit of how much one person can buy at 7.5 grams a month, and requires signatures and ID for purchases (the Attorney General will develop regulations to ensure uniformity).

4) Creates alternate procedures for stores without pharmacies and stores in rural areas.

5) Establishes a uniform federal standard that strengthens all existing state laws.

6) Creates a national meth treatment center to research more effective treatments for meth addiction.

7) Authorizes $43 million for enforcement, training, and research into treatment.

Passed into Law on 3/9/2006
part of Patriot Act
Current drug abuse risks:

- More choices
- Use begins at young ages
- Greater availability/accessibility
- More misinformation
- Fewer urban/suburban/rural differences
- Nonchalant attitudes re: pills
What professionals can do:

- Stay up-to-date with accurate information about new drugs/patterns of drug abuse
- Resist stereotypes about drug abusers
  (77% of illegal drug abusers are also someone’s employee)
- Help others overcome judgmental attitudes about addicts
- Learn to recognize symptoms of abuse and where to get help
SECOND EDITION

A HAZELDEN GUIDEBOOK

DANGEROUS DRUGS

An Easy-to-Use Reference for Parents and Professionals

Now with Color Photos

Presents the latest trends, facts, and findings in basic, simple language

CAROL FALKOWSKI

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