Interdepartmental Substance Use Disorder Coordinating Committee: Overview

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Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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Overview

- Opioids
- Methamphetamine
- Marijuana

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Opioids Crisis: Overview

- 2017-18: State Targeted Response to Opioids (500M/yr) as part of Cures Act
- 2018-20: $1B added to opioids prevention, treatment and recovery services (State Opioid Response) for total to SAMHSA of 1.5B/yr for each of these years and distributed to states on basis of opioids overdose deaths and treatment gap
- $5.2B/yr overall to HHS to help American communities combat the crisis, to increase distribution of naloxone and first responder training, to fund research into improved treatments, development of non-addictive pain medications, improved naloxone formulations, improvements to pain management, ongoing surveillance

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Opioids Crisis: Overview

We are starting to see positive effects:

- Opioid misuser numbers have dropped from 11.4M in 2017 to 10.3M in 2018
- Opioid overdose deaths declined in 2018 (46,802) from 2017 (48,958)
- Fentanyl and potent synthetic opioids remain the major source of toxicity and overdose deaths (45% from 2016-17) (Scholl, 2019)

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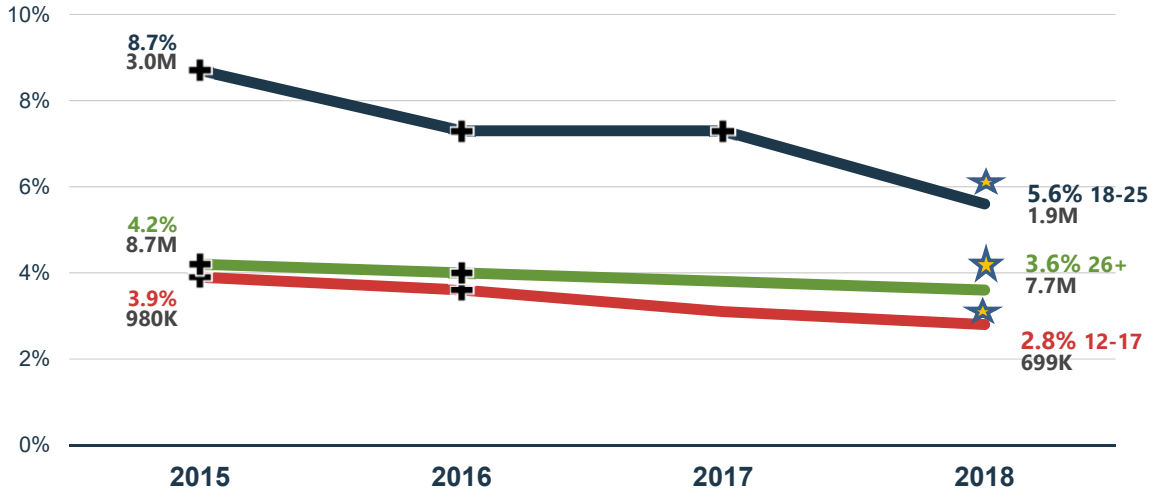
Opioid Misuse

PAST YEAR, 2015-2018 NSDUH, 12+



. + Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

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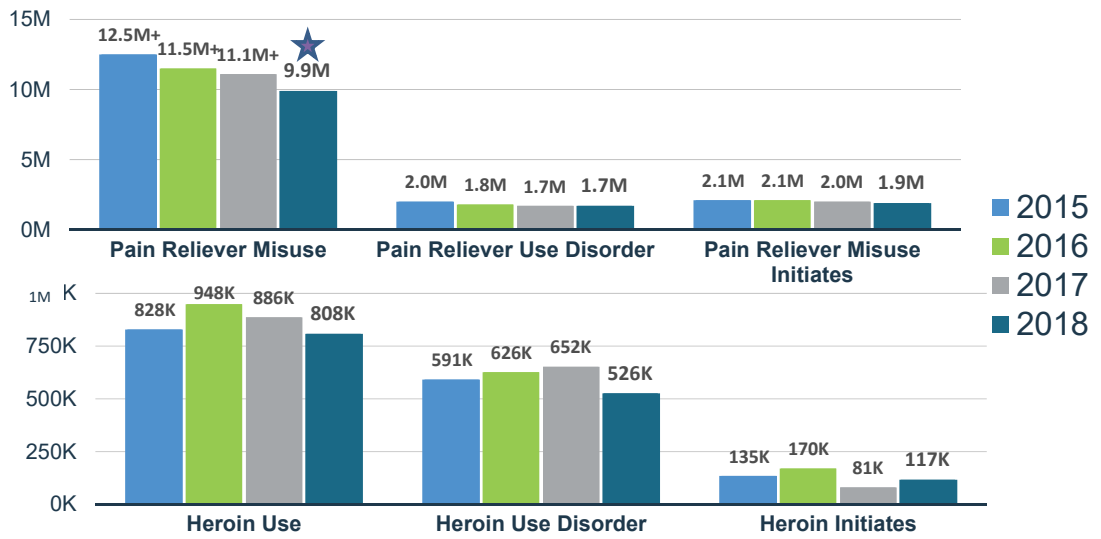
Prescription Pain Reliever Misuse and Heroin Use

PAST YEAR, 2015-2018 NSDUH, 12+



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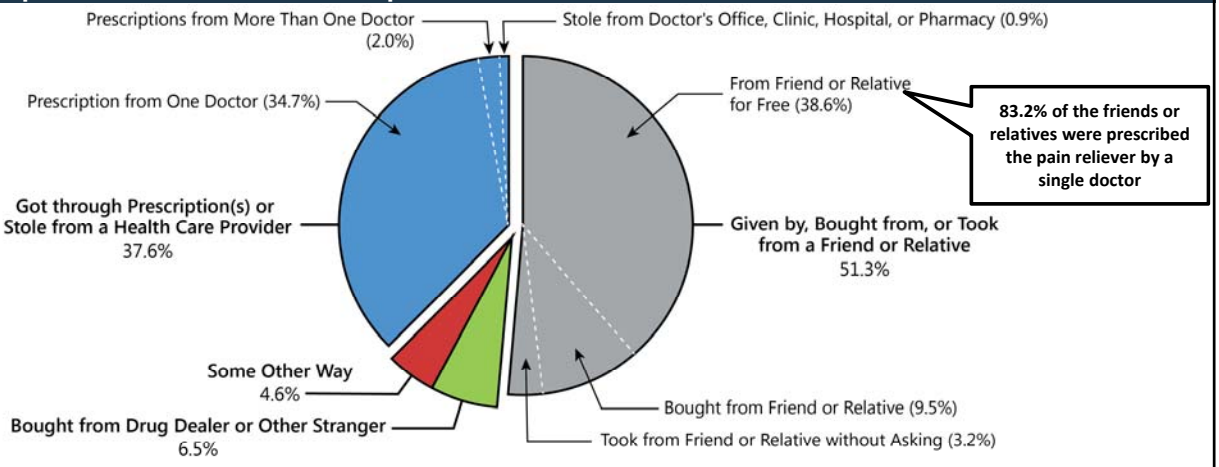
Sources Where Pain Relievers Were Obtained for Most Recent Misuse among People Who Misused Prescription Pain Relievers



9.9 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

PAST YEAR, 2018 NSDUH, 12+

75% of heroin users start with misuse of prescription opioids
70% of heroin users also misused prescription opioids in the past year

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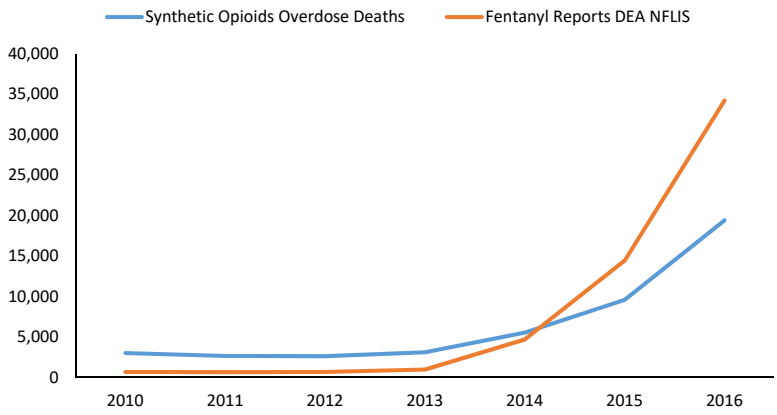
Synthetic Opioid Deaths Closely Linked to Illicit Fentanyl Supply

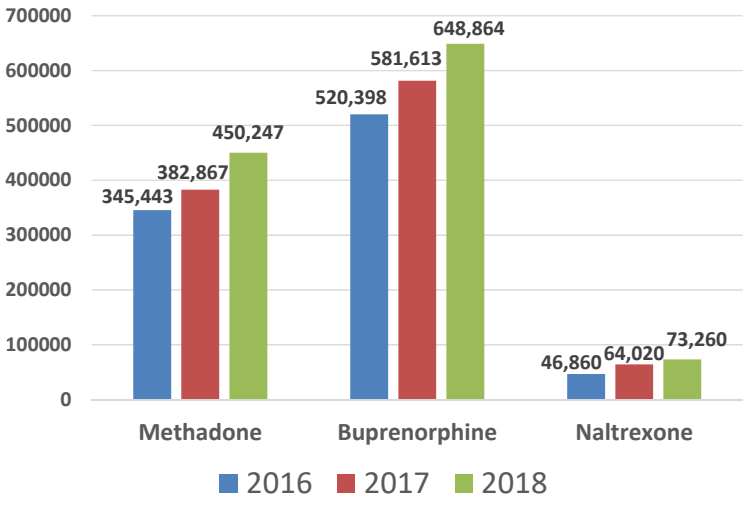


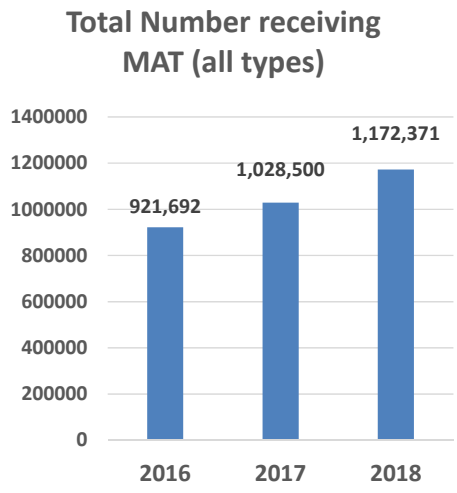
Known or suspected exposure to fentanyl in past year (n = 121)

	APR	95% CI	p
Regular heroin use	**4.07**	**1.24–13.3**	**0.020**

Source: Carroll et al, Int. J. Drug Policy, 2017 and CDC Epi-Aid 2015-2016

Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)





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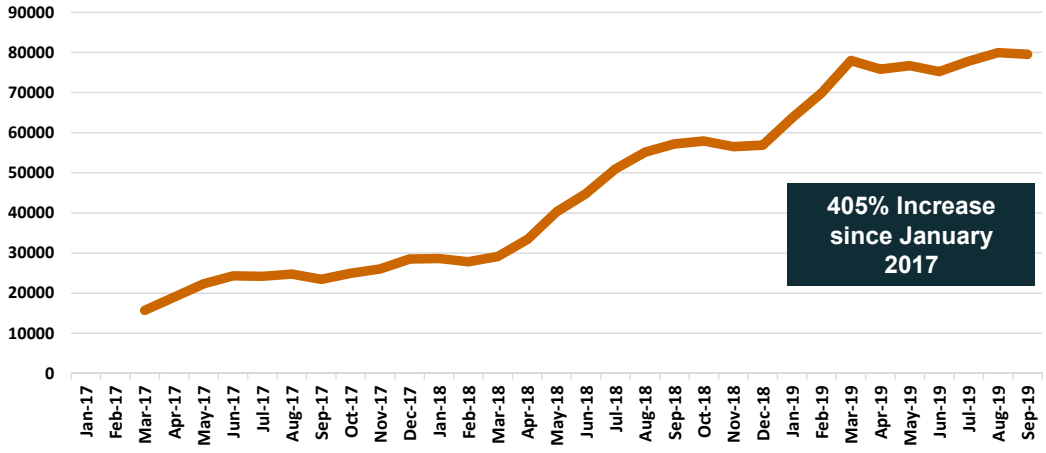
NALOXONE PRESCRIPTIONS PER MONTH



Source: IQVIA National Prescription Audit.
Data presented for the retail and mail channels only

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SAMHSA requires evidence-based treatment for opioid use disorder

SAMHSA/HHS modified Notices of Awards to states:

Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. *Grant funds also cannot be provided to any individual who or entity that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.*

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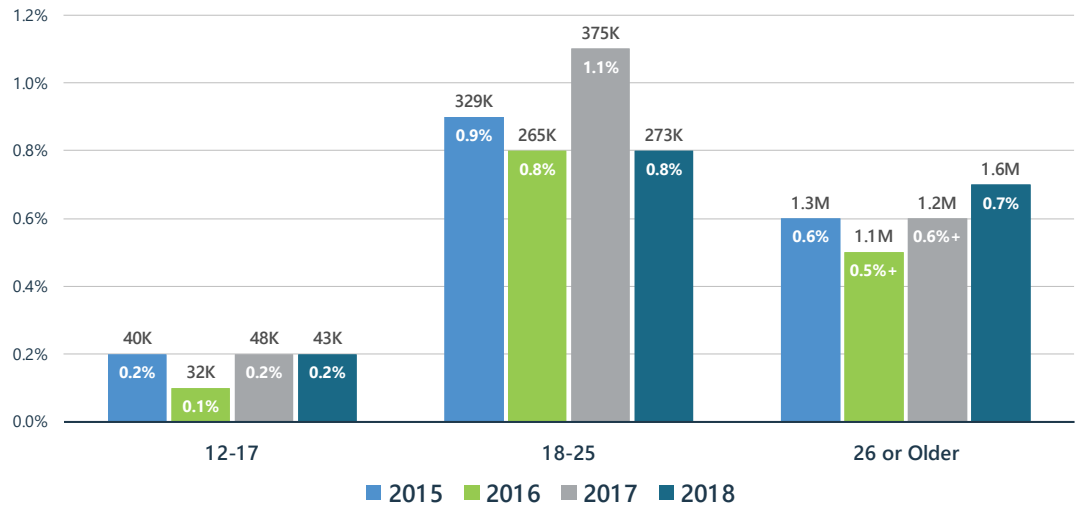
Methamphetamine

- Increasing prevalence in some states/tribal lands: eclipsing opioids
- History of easy synthesis from readily obtainable chemicals (i.e.: pseudoephedrine), but now made in large quantities in Mexico/South America
- Stimulant with substantial abuse potential; highly addictive

Methamphetamine Use: Significant Increase in Adults ≥ 26 y.o.

PAST YEAR, 2015-2018 NSDUH, 12+



+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

New(er) Stimulant Toxicity: Fentanyl/Carfentanil-Contaminated Methamphetamine

Fentanyl in meth: How often?

Share of police-confiscated methamphetamine that contained fentanyl, carfentanil or variant.

	Meth + fentanyl (with or without heroin)	Meth + fentanyl (No heroin)
2014	0.0%	0.0%
2015	0.5%	0.0%
2016	1.6%	0.5%
2017	2.8%	1.5%
2018	2.7%	1.3%

Source: Harm Reduction Ohio analysis of state crime lab data.

- Increasing popularity of concurrent use: "opioids 'slow' heart/breathing while stimulants 'speed' them up"
- Stimulant users lack opioid tolerance: High risk for fentanyl overdose; death more likely
- Underscores the need to warn the public and provide treatment for stimulant use disorders
- Naloxone

Growth of Methamphetamine Use and Drug-Related Deaths

- Toxicology screening from routine samples (SUD programs, pain management programs, primary care, OB/GYN) showed 3.1% of samples positive for methamphetamine and an increase in methamphetamine positive samples with non-prescribed fentanyl present:
- 2013: 0.9%
- 2018: 7.9% p< 0.001, **798% increase**

(LaRue L, et al. 2019)

- Overdose death rates are increasing for psychostimulants led by cocaine, but increasing for methamphetamine as well
- 50.4% of overdose deaths involving psychostimulants included synthetic opioids such as fentanyl
- Synthetic opioids appear to be the primary driver of cocaine-involved death rate increases and in psychostimulant-involved deaths (Karisa et al., 2019)

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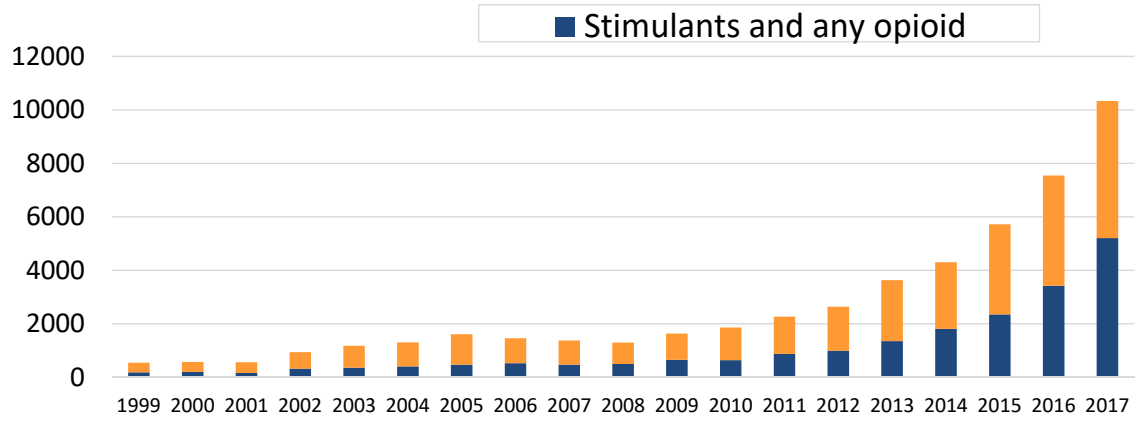
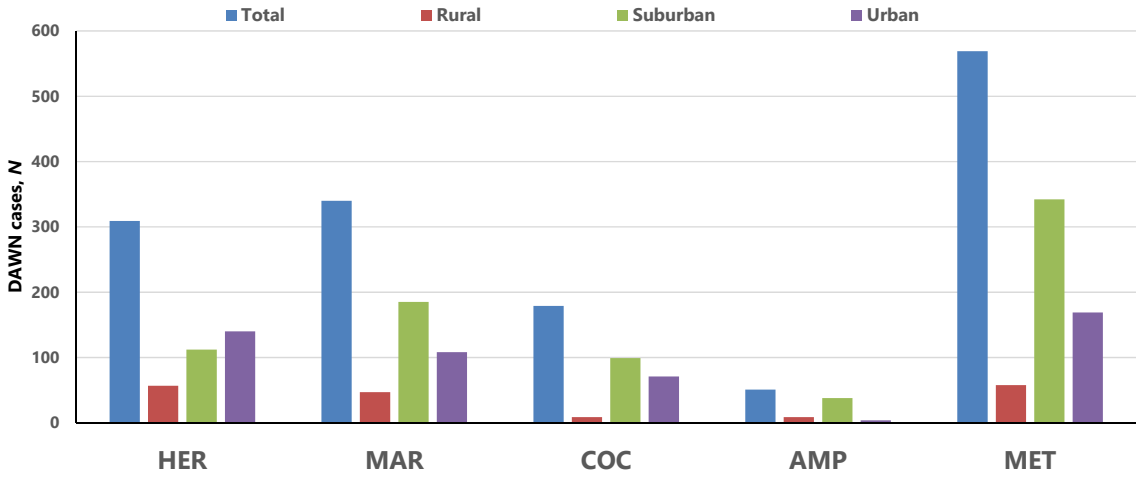
DRUG OVERDOSE DEATHS WITH PSYCHOSTIMULANTS +/- OPIOIDS: 1999 - 2017



Source: CDC WONDER

Reinstitution of the Drug Abuse Warning Network (DAWN) shows rise in methamphetamine toxicities

Initial 35 hospitals, 2019, Q3
Over 35,000 records being analyzed: trends in substance use/emerging issues



HER: heroin; MAR: marijuana: COC: cocaine
AMP: amphetamine; MET: methamphetamine

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SAMHSA: addressing methamphetamine as authorities allow

- Monitoring of NSDUH data, DAWN
- Targeted Capacity Expansion grants: allowing communities to tell us what they need
- Training/technical assistance to states/communities:
  - SAMHSA has been making the case that polysubstance misuse is the rule, not the exception
  - Substance Abuse Prevention and Addiction Technology Transfer Centers:
  - Methamphetamine epidemiology
  - Psychiatric and medical complications of use
  - Treatment components-there is no FDA-approved medication
  - *The FY 2020 budget allows states to use the $1.5B State Opioid Response Grant funds to address stimulants as well as opioids*
    - **Key to provision of necessary treatment and building out infrastructure**

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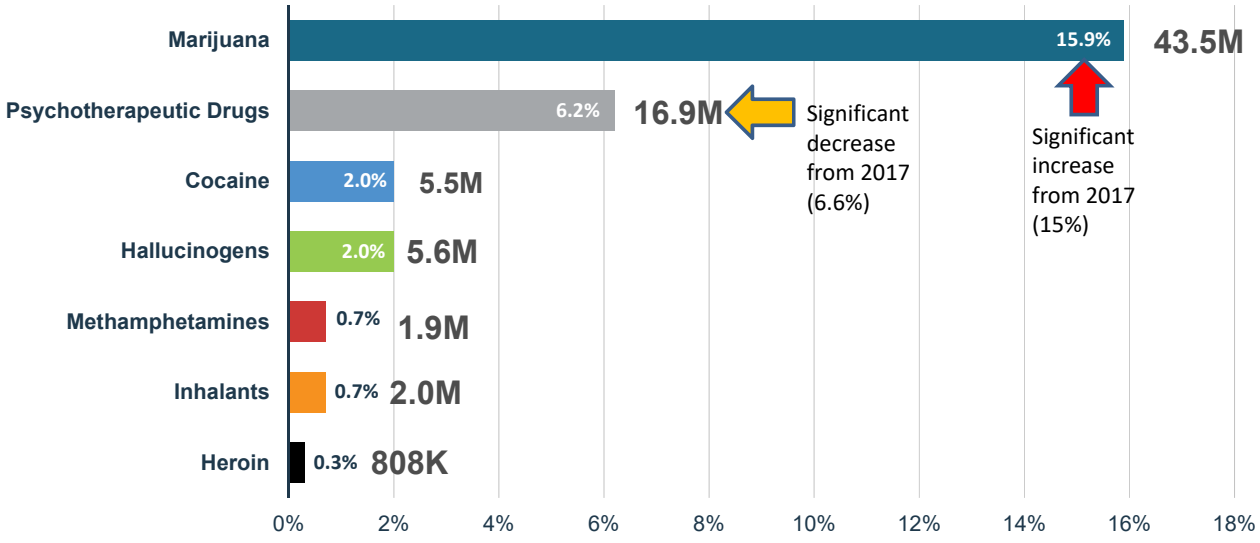
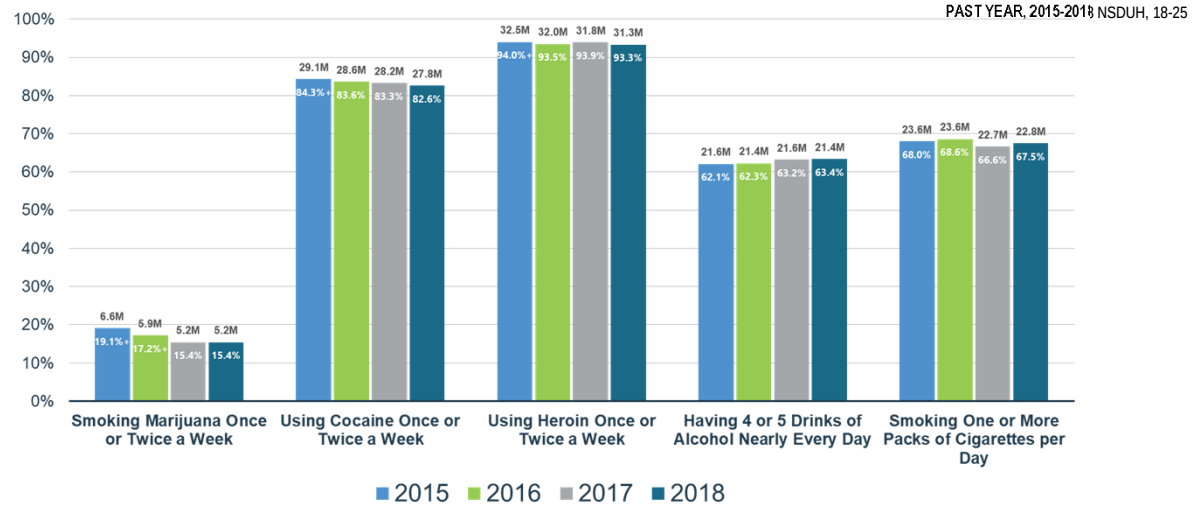
Marijuana Most Used of the Illicit Drugs



PAST YEAR, 2018 NSDUH, 12+

Perceived Great Risk from Substance Use among Young Adults



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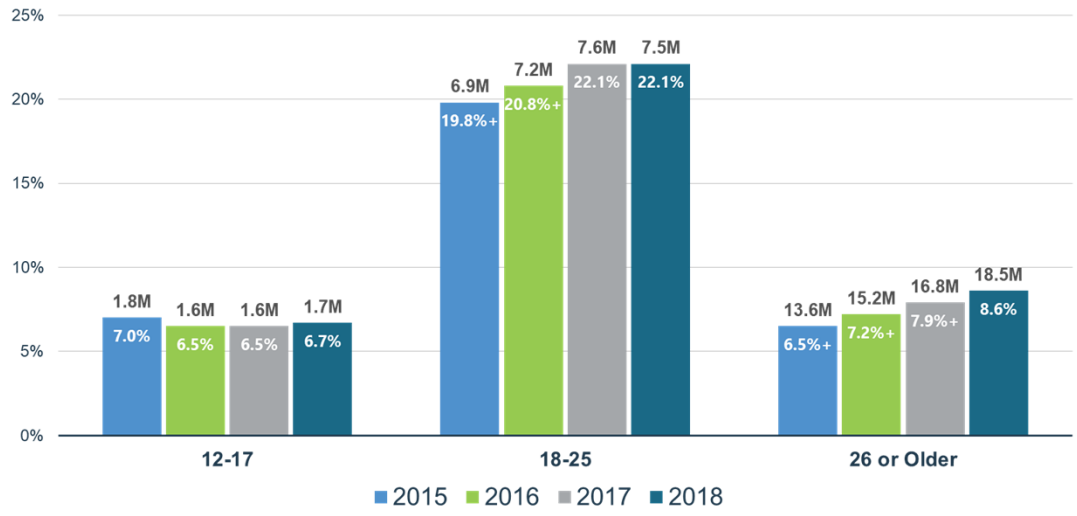
Marijuana Use

PAST MONTH, 2015-2018 NSDUH, 12+



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Marijuana Use and Pregnancy

- **NSDUH (2017) showed a startling increase in marijuana use in pregnancy; there are many health concerns about pregnant women using marijuana:**
  - Emerging data on the ability of marijuana to cross the placenta and affect the fetus raise concerns about pregnancy outcomes (Metz and Borgelt, 2018).
  - Use during pregnancy may be associated with fetal growth restriction, stillbirth, preterm birth, and neonatal intensive care unit admission (Metz and Borgelt, 2018; Stickrath, 2019).
  - Marijuana exposure is associated with problems with neurological development, resulting in hyperactivity and poor cognitive function (Metz and Stickrath, 2015).

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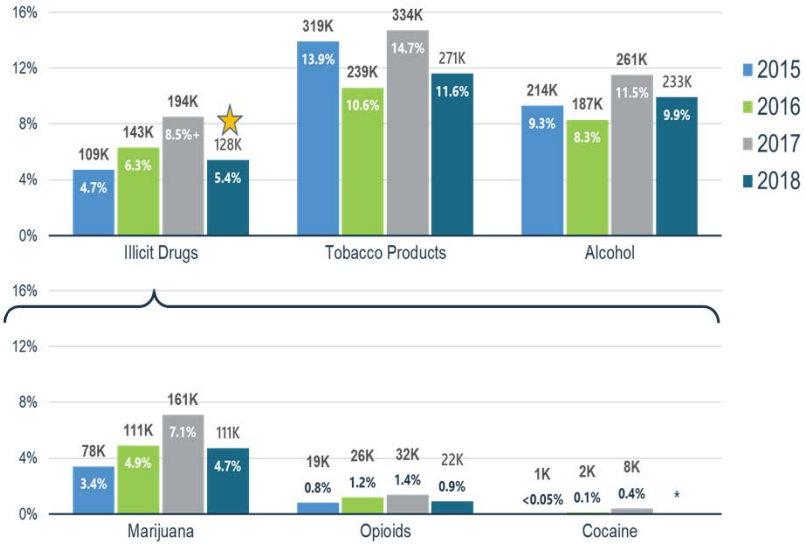
Past Month Substance Use among Pregnant Women



PAST MONTH, 2015-2018 NSDUH, 15-44

- Prevention TTCs
- Increased PPW funding
- SAMHSA.gov/marijuana
- Public outreach messaging
- 2 EBP Guidebooks aimed at preventing use among women of childbearing age and among 18-25 year olds
- Surgeon General Advisory

* Estimate not shown due to low precision.

\+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

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Past Year Substance Use and Mental Health Issues among Pregnant Women Aged 15 to 44 by Marijuana Use Status

	No Past Year Marijuana Use		Any Past Year Marijuana Use	
Substance	Number (Thousands)	Percent	Number (Thousands)	Percent
Cocaine	4[a]	0.2[a]	25	6.4
Crack	*	*	*	*
Heroin	*	*	*	*
Hallucinogens	7[a]	0.4[a]	42	10.7
LSD	3	0.2	20	5.0
PCP	*	*	*	*
Ecstasy	2	0.1	*	*
Inhalants	*	*	*	*
Methamphetamine	6	0.3[a]	20	5.1
Misuse of Psychotherapeutics	54[a]	2.8[a]	115	29.0
Pain Relievers	31[a]	1.6[a]	89	22.7
Stimulants	23	1.2[a]	40	10.2
Tranquilizers or Sedatives	14	0.7	*	*
Tranquilizers	14	0.7	*	*
Sedatives	*	*	*	*
Benzodiazepines	14	0.7	*	*
Opioids	31[a]	1.6[a]	89	22.7
Illicit Drugs Other than Marijuana[1]	61[a]	3.1[a]	132	33.5
ALCOHOL (PAST MONTH)	134	6.9[a]	99	25.0
Binge Alcohol Use[2]	51	2.6[a]	59	15.1
Heavy Alcohol Use	14	0.7	20	5.0
MENTAL HEALTH STATUS				
SUICIDAL BEHAVIORS				
Suicidal Thoughts	35	1.8[a]	65	16.7
Suicide Plans	21	1.1[a]	26	6.7
Suicide Attempts	5	0.3	8	2.2
Serious Mental Illness	47	2.4[a]	64	16.6
Major Depressive Episode (MDE	106	5.5[a]	71	18.3
MDE with Severe Impairment	48	2.5[a]	35	9.2

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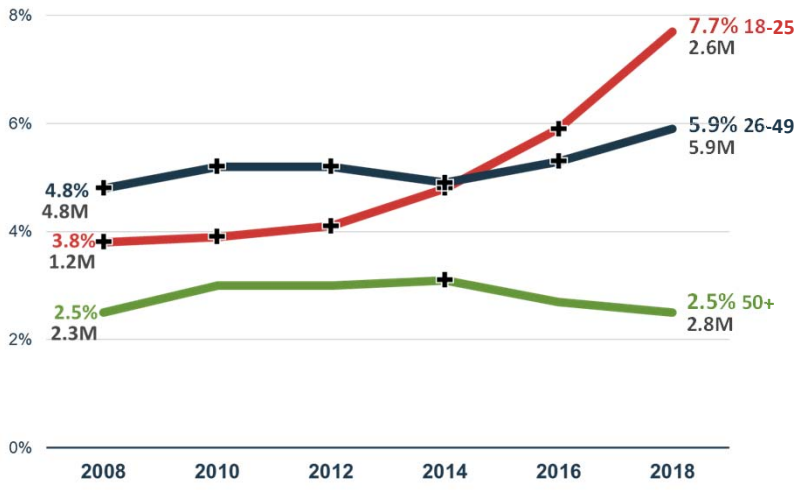
Serious Mental Illness (SMI) Rising among Young Adults (18-25 y.o.) and Adults (26-49 y.o.)

PAST YEAR, 2008-2018 NSDUH, 18+



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53.8%
1.4 MILLION YOUNG ADULTS WITH SMI RECEIVED TREATMENT IN 2018
46.2% got NO treatment

63.7%
3.8M adults (26-49 y.o.) with SMI received treatment;
36.3% got NO treatment

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Comparison of Rates of Mental/Substance Use Disorders Associated with Marijuana Use: National vs. Colorado Data from the National Survey on Drug Use and Health (2018)

	National (%)	Colorado (%)	National vs. Colorado P-value
Past Month Marijuana Use (18-25 y)	22.1	35.4	0.0007
Past Month Marijuana Use (≥ 26y)	8.6	14.3	0.0024
Past Year Daily Marijuana Use (18-25y)	7.3	16.2	0.0510
Marijuana Use Disorder (18-25 y)	5.9	12.2	0.0074
Substance Use Disorders (18+)	7.8	15.1	0.0002
Mental Disorders (18+)	19.1	23.9	0.0133
Co-occurring Disorders (18+)	3.7	7.9	0.0045

26 Estimate not shown due to low precision.

Association of Marijuana with Emergency/Urgent Care and Suicide in Colorado

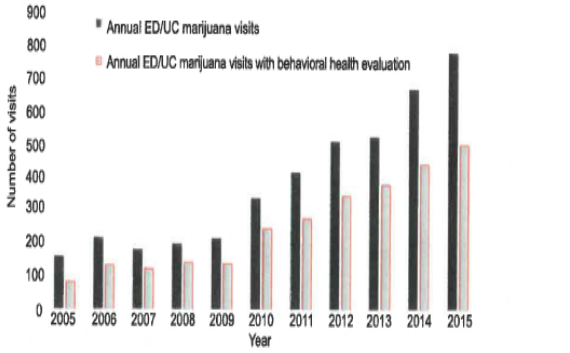

Figure 4. Number of emergency department (ED)/urgent care (UC) visits with cannabis-associated International Classification of Diseases codes or positive urine drug screens by adolescents aged 13 to < 21 to a tertiary-care children's hospital system in Colorado by year.[196]

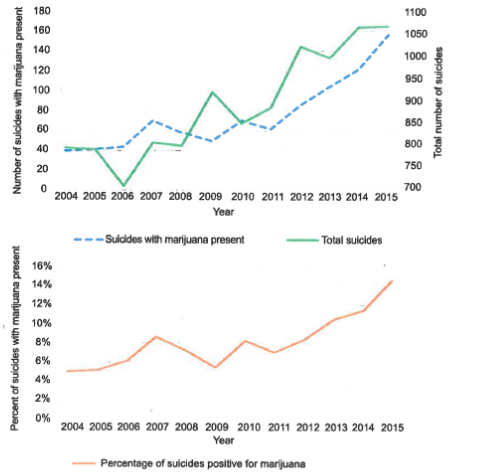

Figure 5. Suicides with marijuana toxicology by year and total suicides by year in Colorado (A). Percent of suicides with marijuana present by year (B).[24]

From: Roberts, BA: Legalized cannabis in Colorado emergency departments: A cautionary review of negative health and safety effects. Western Journal of Emergency Medicine; 20: 557-572, 2019.

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Marijuana Use Increases Risk for Mental Illness, Self-Injury/Suicide in Veterans

Past Year Mental Health Status among Veterans Aged 18 or Older by Marijuana Use Status, 2018

Mental Health Status	No Past Year Marijuana Use		Any Past Year Marijuana Use		Past Year Daily or Almost Daily Marijuana Use	
	Number in Thousands	Percentage	Number in Thousands	Percentage	Number in Thousands	Percentage
SUICIDAL BEHAVIORS						
Suicidal Thoughts	**435[a]**	**2.3[a]**	171	7.3	**65[a]**	**9.9**
Suicide Plans	**160[a]**	**0.9[a]**	61	2.6	**15[a]**	**2.2**
Suicide Attempts	33	0.2	18	0.8	3	0.5
Serious Mental Illness	**574[a]**	**3.1[a]**	175	7.5	**68[a]**	**10.4**
Major Depressive Episode (MDE)	**869[a]**	**4.7[a]**	265	11.3	**104[a]**	**16.0**
MDE with Severe Impairment	**566[a]**	**3.0[a]**	191	8.2	**76[a]**	**11.8**

[a] The difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.

Cannabis Use Disorder and Suicide Attempts in Iraq/Afghanistan-Era Veterans, Kimbrel NA et al. J. Psychiatr Res, 2018
3233 Iraq/Afghanistan veterans: CUD associated with current SI (OR: 1.683), lifetime suicide attempts (OR: 2.306) after controlling for sex, PTSD, Depression, AUD, other SUD, combat exposure and childhood sexual abuse

The Impact of Cannabis Use Disorder on Suicidal and Nonsuicidal Self-Injury in Iraq/Afghanistan-Era Veterans with and without Mental Health Disorders, Kimbrel NA, et al. Suicide Life Threat Behav, 2018
N=292 veterans;CUD significantly associated with suicidal (OR: 3.1) and nonsuicidal self injury (OR: 5.12).

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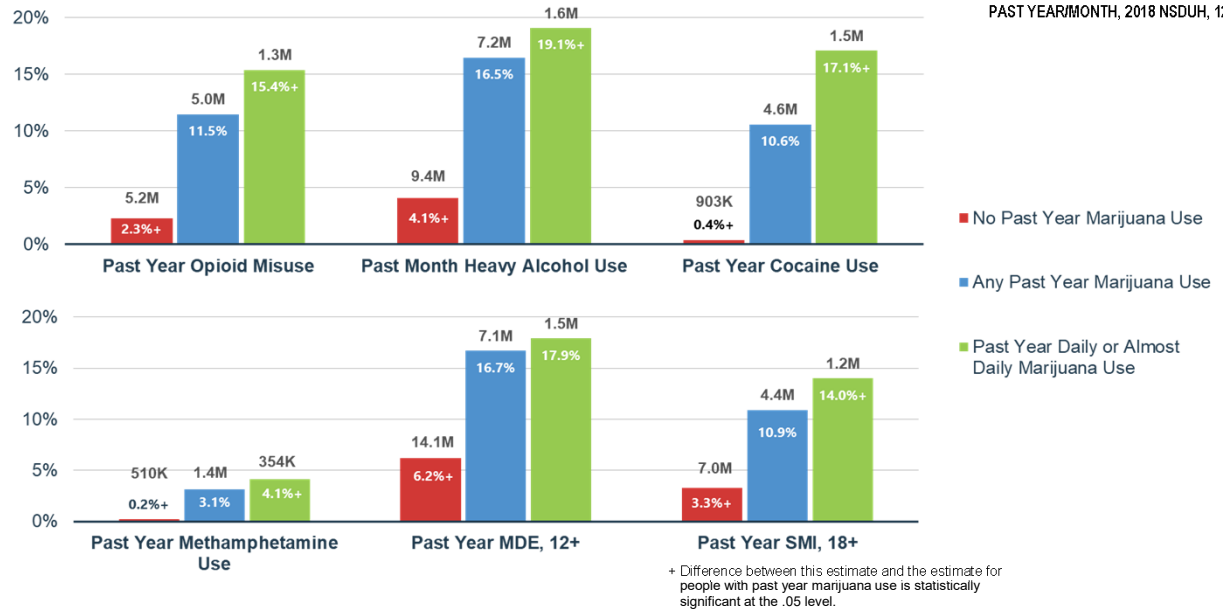
Marijuana Use Related to Other Substance Use, MDE and SMI in Americans 12 and Older



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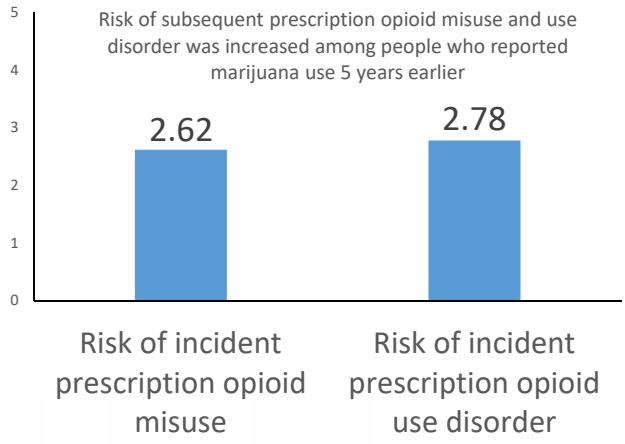
Marijuana Use: Link to Prescription Pain Medication (Opioid) Abuse

Association of marijuana use with abuse of prescription pain medications and addiction



Data from National Epidemiologic Survey on Alcohol and Related Conditions

Olfson et al., 2017

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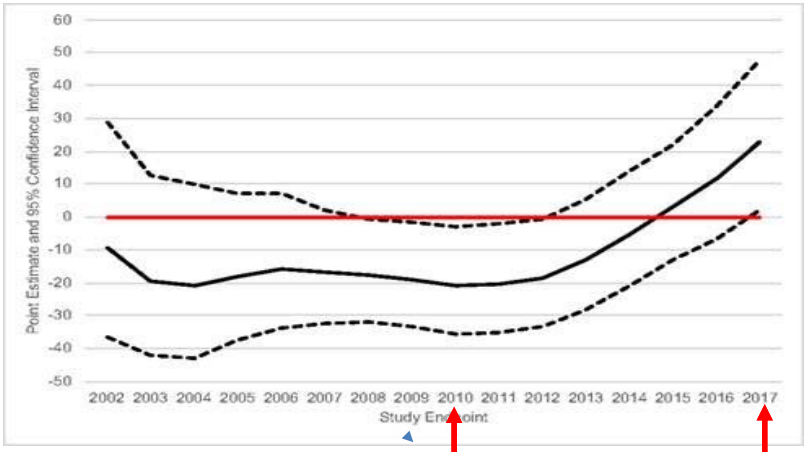
Marijuana Use: Link to Prescription Pain Medication (Opioid) Abuse

- Association between state medical marijuana laws and opioid overdose mortality reversed direction from -21% (1999-2010) to +23% (1999-2017). - Shover, et al., 2019



Bachuber et al., 2014 (1999-2010) **Shover, et al., 2019 (1999-2017)**

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Interdepartmental Substance Use Disorder Coordinating Committee

- Coordination of federal resources and activities related to addressing substance use disorders
- Departments: HHS, Education, Labor, Housing and Urban Development, Veterans Affairs, and Social Security Administration
- Public comment/input on activities and possible means of improvements

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