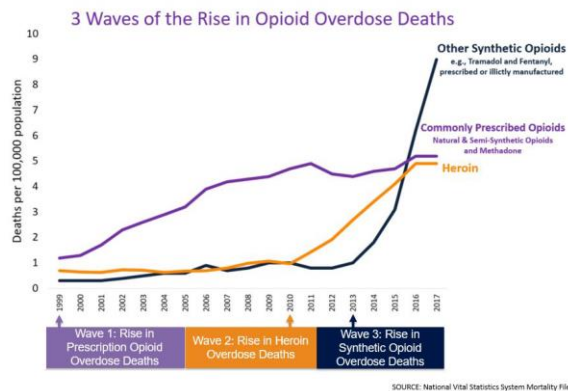


Emerging Trends in the Evolving Opioid Overdose Epidemic

While the opioid overdose epidemic justifiably dominates national and state-level headlines, a significant issue is re-emerging for governors and policymakers across the country: cocaine, methamphetamine (meth) and stimulants are inflicting harm in a growing number of towns, cities and states. Understanding these trends is critical for states to more effectively leverage existing resources and pivot to address the new challenges.

As depicted below, the opioid overdose epidemic has unfolded in three waves:

1. Changes in prescribing patterns that led to overdose deaths related to **prescription opioids**;
2. An increase in overdose deaths related to **heroin**; and,
3. A substantial uptick in overdose deaths related to **synthetic opioids**, such as illicitly manufactured fentanyl.¹



Given these trends, coupled with the increase in stimulant use in recent years, there is reason to expect that illicit stimulants will exact a greater toll relative to other types of opioids.

What We Know About Illicit Stimulants

The most recent data on drug trafficking enforcement, overall substance use and overdose deaths indicate three important points for states:

1. Meth drug trafficking and use, in conjunction with a reduced price point, remain prevalent concerns across regions of the United States;²
2. Cocaine production, with increased levels of purity, is on the rise;³ and,
3. Poly drug use, specifically mixing of stimulants with synthetic opioids, such as illicit fentanyl, act as force multipliers for drug overdose deaths.⁴

The Resurgence of Methamphetamine and Cocaine

Meth and cocaine present several challenges across states and regions of the United States. Increases in foreign production, shifts in drug trafficking by transnational criminal organizations (TCOs) and the greater availability of illicit fentanyl, exponentially increase the overall threat to states.⁵

Mexican TCOs have increased trafficking of meth, therefore lowering its domestic price point while increasing its presence and purity throughout the United States. According to the Drug Enforcement Administration (DEA), the threat of meth is particularly high in the Pacific, Southwest and West regions of the United States, but its availability on the East Coast also has increased.⁶ Over the past several years, the number of meth overdose deaths has increased more than threefold, to more than 6,700 deaths in 2016, compared with roughly 1,900 overdose deaths in 2011.⁷ Experts note that Mexican TCOs have now largely supplanted domestic homegrown lab production, resulting in purer meth products and a more organized supply chain to increase consumption.

Similarly, cocaine availability, use and overdose deaths have increased in the past few years following a previous period of decline.⁸ While regional differences in cocaine use across the United States exist, cocaine is most prevalent on the East Coast.⁹ The increase in coca plant cultivation in South America, particularly in Colombia, has contributed to the rise in global cocaine production.¹⁰ Changes in aerial spraying practices

by the Colombian government, coupled with techniques used by Colombian farmers, have significantly increased cocaine production in Latin America.¹¹

Changes in cocaine production have direct impacts on the prevalence and use of cocaine in the United States. First, cocaine purity has increased substantially.¹² Second, the number of reported cocaine overdose deaths totaled more than 14,000 in May 2018, which is an increase of more than 80 percent from May 2016.¹³ Third, and perhaps most significant, illicit fentanyl has emerged as the principal driver behind cocaine-related overdoses and deaths.¹⁴ In 2016, nearly 40 percent of all cocaine overdose deaths involved a synthetic opioid, such as fentanyl. The phenomenon of TCOs and street-level dealers potentially mixing fentanyl into the cocaine supply has likely contributed to additional overdoses and deaths throughout the East Coast and in other parts of the country.¹⁵ Fentanyl, fentanyl analogues, precursors and equipment have been illicitly exported from China and Mexico, helping create additional U.S. production avenues.¹⁶

Considering notable regional differences in the use of these stimulants, state public safety and public health officials should be vigilant toward emerging drug trends in their areas of responsibility.

Complicating the Crisis: Poly Drug Use

While seeking to prevent and respond to overdoses, public safety and public health officials also should be aware of challenges often associated with stimulants.

One main challenge is poly drug use, or the mix of illicit substances, which may place individuals at an increased risk of overdose.¹⁷ Poly use becomes even more dangerous when the mixture involves fentanyl or related analogs. Cocaine or meth, when combined with opioids, can be particularly deadly.¹⁸ Mixing occurs by both the user and by either the dealer or supplier.¹⁹ A 10-state overview of deaths involving fentanyl from July to December of 2016 illustrated this trend, revealing that roughly half of the overdoses included poly drug use.²⁰ Of the half that included any drug, the table below depicts the frequency of fentanyl plus stimulants based on the results of the multi-state study.

Poly drug opioid overdose deaths involving fentanyl in 10 states	
Fentanyl + Heroin	39.0%
Fentanyl + Cocaine	34.8%
Fentanyl + Meth	5.8%

The infiltration of fentanyl into other drugs means that people who use other drugs but not opioids are disproportionately susceptible to the risks associated with fentanyl.²¹ In a study in Baltimore, **Maryland**, syringe service program clients were asked about how often they think the drugs they inject are laced with fentanyl. Most clients felt that half of the time they injected drugs that were laced with fentanyl, putting individuals at a higher risk for overdose.²²

While treatment for illicit stimulants varies, states have spent the last three opioid overdose waves investing in their prevention and treatment infrastructure and capacity. However, of Food and Drug Administration-approved treatments for substance use, 23 percent of publicly funded treatment programs offer medication assisted treatment (MAT) and fewer than half of private-sector reports having a physician prescribe MAT.²³ Ultimately, these longer-term investments will allow states to leverage their enhanced infrastructure and better address their next respective drug threat(s). As the federal government and states are now appropriately focused on combating the opioid overdose epidemic, governors and state public health and public safety officials should be aware of the re-emergence of stimulants. Given these trends, communities across the United States these officials need to begin innovative prevention programs, harm reduction strategies, and flexible treatment systems to address it.

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