Addressing the Impact of Synthetic Drugs: A Prevention Approach

Dorothy J. Chaney, M.Ed

Sponsored by the Florida Alcohol & Drug Abuse Association and the State of Florida, Department of Children and Families
Learning Objectives

• Learn about the classes and types of synthetic drugs and their effects
• Discuss how to apply SAMHSA’s Strategic Prevention Framework to diagnose local synthetic drug trends and issues
• Examine how to use the Strategic Prevention Framework to engage key stakeholders in the development of an action plan to combat synthetic drugs
• Explore proven effective strategies to prevent and reduce the impact of synthetic drugs
Background and History

• Synthetic drugs are chemical compounds produced in a laboratory.
• They can be produced commercially by drug manufacturers for valid medical purposes and are diverted from legal channels or produced illegally in clandestine laboratories for illicit markets worldwide.
• When produced clandestinely, synthetic drugs aim to mimic or even enhance the effects of natural illicit drugs, such as marijuana.
• According to U.S. Customs and Border Protection, many synthetic drugs originate overseas. They were first reported in the U.S. in December 2008, when a shipment of “Spice” was seized and analyzed in Dayton, Ohio.

https://www.ctclearinghouse.org/topics/topic.asp?TopicID=79

Challenges Controlling Synthetics

• It is difficult for regulatory agencies to control or monitor synthetic drugs.

• Manufacturers often slightly modify the molecular structures of illegal or controlled substances to circumvent existing drug laws or labeled “not for human consumption” to mask their intended purpose and avoid Food and Drug Administration (FDA) regulatory oversight of the manufacturing process.

• Easy access, low prices and a misconception that synthetic drugs are "natural", and harmless have likely contributed to synthetic drug abuse. Another contributing factor is the ability for synthetic drugs to circumvent standard drug tests that cannot easily detect many of the chemicals in the drug.
Types of Synthetic Drugs

*Based on their chemical composition, synthetic drugs are commonly divided into two categories:*

**Cannabinoids** such as K2 and Spice. Synthetic Cannabinoids are chemicals that mimic the effect of THC, the primary psychoactive active ingredient in marijuana.

**Stimulants** such as Bath Salts. Most synthetic stimulants contain chemical compounds that mimic the effects of cocaine, LSD and methamphetamine. (Similar drugs include MDMA sometimes referred to as “ecstasy”, “molly”)

MDMA = Methylenedioxymethamphetamine

Health Effects

• For **synthetic cannabinoids**, the effects include severe agitation and anxiety, nausea, vomiting, tachycardia (fast, racing heartbeat), elevated blood pressure, tremors and seizures, hallucinations, dilated pupils, and suicidal and other harmful thoughts and/or actions.

• For **synthetic stimulants**, the effects include increased heart rate and blood pressure, chest pain, extreme paranoia, hallucinations, delusions, and violent behavior, which causes users to harm themselves or others.

• For **MDMA**, the effects include severe hyperthermia, dehydration, long term learning impairment, nausea, chills, sweating, involuntary jaw clenching and teeth grinding, muscle cramping, blurred vision, high blood pressure, heart failure and arrhythmia.

Source: https://www.cadca.org/synthetic-drugs
Risk Factor: Easy Access For Youth

Drug Enforcement Administration (DEA) has indicated that the primary users of these synthetic drugs are youth. Products are cheap and have been accessible to teenagers online or in gas stations, and at convenience stores, smoke shops, and head shops.

Synthetic cannabinoids are often sold as herbal incense in convenience stores, tobacco shops, or head shops, and common brand names include “Spice”, “K2”, “Blaze”, “Red X Dawn”, “Genie” and “Zohai” etc.

Source: https://fas.org/sgp/crs/misc/R42066.pdf
Risk Factor: Easy Access For Youth

Drug Enforcement Administration (DEA) has indicated that the primary users of these synthetic drugs are youth. Products are cheap and have been easily accessible to teenagers online or in gas stations, and at convenience stores, smoke shops, and head shops.

Synthetic stimulants are often labeled as “bath salts” because they are usually white or brown crystal-like powder. The brand names include “Ivory Wave”, “Purple Wave”, “Red Dove”, “Blue Silk”, “Zoom”, “Bloom”, “Cloud Nine”, “Ocean Snow”, “Lunar Wave”, “Vanilla Sky”, “White Lightning”, “Scarface” and “Hurricane Charlie” etc.

**FLAKKA is closely linked to this category of drug**

Source: https://fas.org/sgp/crs/misc/R42066.pdf

Risk Factor: Easy Access For Youth

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MDMA is usually sold in nightclubs and at all-night dance parties ("raves"). It commonly comes in capsule or tablet form but can also be crystalline powder or liquid form. The brand names include “Ecstasy”, “XTC”, “E”, “X”, “Beans”, “Adams”, “Love Drug”, “Hug Drug”, “Scooby snacks”, “Snowball” etc.

Source: https://fas.org/sgp/crs/misc/R42066.pdf

Photos: Marshfield Police Department, Marshfield WI
Issues with Synthetic Drugs

The use of synthetic cannabinoids was at a height several years ago. According to the American Association of Poison Control Centers (AAPCC), poison control centers around the country received 7,779 calls about synthetic cannabinoid in 2015, more than doubling the number received in 2014. AAPCC received 304 calls about bath salts in 2010. This number climbed to 6,137 calls in 2011, but has declined each year since then, and in 2015, there were 520 reported calls to poison control centers about exposure to bath salts.

https://www.fas.org/sgp/crs/misc/R42066.pdf
Synthetic Cannabinoid Data

October 31, 2018

These numbers reflect the closed human exposures to synthetic cannabinoid (THC homologs) reported to poison centers as of October 31, 2018. The numbers may change as cases are closed and additional information is received.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>6,968</td>
</tr>
<tr>
<td>2012</td>
<td>5,230</td>
</tr>
<tr>
<td>2013</td>
<td>2,668</td>
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<td>2014</td>
<td>3,682</td>
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<tr>
<td>2015</td>
<td>7,797</td>
</tr>
<tr>
<td>2016</td>
<td>2,706</td>
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<td>2017</td>
<td>1,959</td>
</tr>
<tr>
<td>2018</td>
<td>1,748</td>
</tr>
</tbody>
</table>
State & Federal Response

The Controlled Substance Analogue Enforcement Act of 1986: Allows many synthetic drugs to be treated as controlled substances if they are proven to be chemically and/or pharmacologically similar to a Schedule I or Schedule II controlled substance.

Source: https://fas.org/sgp/crs/misc/R42066.pdf
State & Federal Response

Synthetic Drug Abuse Prevention Act: Enacted in 2012, this bill permanently places 26 types of synthetic cannabinoids and stimulants into Schedule I (most restrictive) of the Controlled Substances Act (CSA). It also doubled the maximum period of time that the DEA can administratively schedule substances under its emergency scheduling authority, from 18 to 36 months.

Source: https://fas.org/sgp/crs/misc/R42066.pdf
State & Federal Response

In 2016, at least 43 states have taken action to control one or more synthetic cannabinoids. Prior to 2010, synthetic cannabinoids were not controlled by any State or at the Federal level. In addition, at least 44 states have taken action to control one or more synthetic stimulants.

Source: https://fas.org/sgp/crs/misc/R42066.pdf
Synthetic Drugs: Overview and Issues for Congress

Lisa N. Sacco
Analyst in Illicit Drugs and Crime Policy

Kristin Finklea
Specialist in Domestic Security

May 3, 2016

https://fas.org/sgp/crs/misc/R42066.pdf
In 2016, we started seeing dramatic decreases in use.

Then the Resurgence Happened.....
K2, Spice, Black Mamba, Fake Weed, Green Giant...
It doesn't matter what it's called, if you use synthetic cannabinoids you could have severe bleeding.

Synthetic cannabinoids are a bunch of different chemicals that are made and sprayed on dried plant material or sold as liquids to be inhaled in products like e-cigarettes or other vaping devices.

**People are bleeding after using these drugs.**
Wisconsin, Illinois, and Indiana have received over 100 cases of people bleeding after taking synthetic cannabinoids (K2, Spice, etc.). Two people have died from using these drugs. Although dangerous, there is treatment.

**If you have synthetic cannabinoids (K2, Spice, etc.):**
- Do not use them and tell your friends not to use them.
- If you have used them and are bleeding or have unexplained bruising, call 911 or have someone drive you to the emergency department.
- If you have used them and are not bleeding, go to the doctor anyway as you could still bleed.

Learn more about these drugs in Wisconsin by visiting:
dhs.wisconsin.gov/chemical/synthetic-cannabinoids.htm

The Midwest

Gov. Malloy Statement on Outbreak of Overdose Cases in New Haven

(HARTFORD, CT) - Governor Dannel P. Malloy today released the following statement regarding the large string of overdoses resulting from tainted K2, or synthetic marijuana, drugs that have occurred in New Haven during the last 24 hours:

"Today's emergency is deeply troubling and illustrative of the very real and serious threat that illicit street drugs pose to health of individuals. The substance behind these overdoses is highly dangerous and must be avoided. The state Department of Public Health and the Department of Mental Health and Addiction Services have been assisting New Haven officials throughout the day. I have spoken with Mayor Harp and assured her that the state remains committed and ready to assist their response efforts wherever needed."

Officials from the Department of Public Health (DPH) and the Department of Mental Health and Addiction Services (DHMAS) have been and will remain in regular contact with New Haven officials to help and support the city’s response efforts. Specifically, the state provided support in the following ways today:

- DPH delivered 50 doses of naloxone to the City of New Haven to replenish the supply that had been expended by first responders during the last 24 hours. DPH officials also helped the city locate and secure high dosage naloxone.

- Through the state’s Syndromic Surveillance System, DPH facilitated the timely dissemination of data being reported by emergency room personnel, such as symptoms and ages, among the city’s emergency response agencies. This provided them a better sense of the scope of the problem, corroborated what they were seeing on the ground, and gave them the ability to see real-time data on those overdose victims who had had been transported to emergency rooms by someone other than the first responders.

- In addition to state staff, DMHAS engaged its network of community providers and deployed health professionals to assist the emergency responders with on-the-ground support. A cadre of psychiatrists, nurses, social workers, medical and homeless outreach staff assisted in triage, administering naloxone, and sending people to the hospital as needed.
Texas

Fox San Antonio, October 2018

New generation of synthetic drug pedaling targeted toward teens

Synthetic Marijuana Expands to Florida

May 04, 2018

The Florida Department of Health in Hillsborough County has confirmed two recent cases of potentially life-threatening vitamin k-dependent antagonist coagulopathy that has been associated with synthetic cannabinoid use. Both individuals were likely exposed from contaminated “spice,” which is a synthetic form of marijuana.

Investigations into these cases have found evidence of brodifacoum, a type of rat poison, in many of the patients and in the synthetic marijuana products that they had reported using recently. DOH-Hillsborough advises against using all synthetic marijuana products because the effects can be unpredictable and, in some cases, serious or even life-threatening.

Consumers can buy synthetic cannabinoids in convenience stores, from individual drug dealers, or online as incense or natural herbal products. Potentially contaminated products may be labeled as: synthetic cannabinoids, fake pot, fake weed, legal weed, spice, K-2, AK-47, Mr. Happy, Scooby Snax, Kush, and/or Kronic.

Florida

How can communities respond to this emerging trend?
https://www.samhsa.gov/capt/applying-strategic-prevention-framework
The Public health approach targets both the frogs and the pond.
STRATEGIC PREVENTION FRAMEWORK (SPF)

- **Assess Needs:** What is the problem, and how can I learn more?
- **Build Capacity:** What do I have to work with?
- **Plan:** What should I do and how should I do it?
- **Implement:** How can I put my plan into action?
- **Evaluate:** Is my plan succeeding?
- **Cultural Competence:** The ability to interact effectively with members of diverse population
- **Sustainability:** The process of achieving and maintaining long-term results

SPF is based upon the **public health** approach to prevention.
What is the definition of prevention?
CONTINUUM OF CARE
The Foundation of SPF - is Data!
Needs Assessment Data

Problem: What is being used? What are the drugs of initiation?

Consequences: Hospitalizations, arrests, expulsions/suspensions

Root Causes/Risk Factors: Where are the drugs being obtained? Why are users experimenting?

Demographics: Who is using? What populations are being most impacted? With emerging trends – where do users fit on the continuum?

Local Conditions: What is happening here?
Types of Data

**Quantitative**
- Shows how often an event/behavior occurs or to what degree it exists

**Qualitative**
- Explains why people behave or feel the way they do
Assessment Discussion

Where might we look to find data on synthetic drugs?
Assessment Discussion

Why do we have a particular focus upon youth when we are working in prevention?
Assessment

FYSAS

Law Enforcement Data – arrests for possession by type of drug

Environmental Scans – Gas stations, “Vape” shops, convenience stores

Online Scans – What websites are selling? How easy is it to order?

Focus Groups/Key Informant interviews: Postal Service; law enforcement; youth; school administration; people in recovery; Who Else?
Assessment: Synthetics and other emerging trends

FYSAS
- Are questions related to emerging trends asked on the survey?
- What are the highest rates of use?
  - What age range does use appear to start? Usually see sharp increases at some point
Table 3. Lifetime prevalence of ATOD use, 2018

<table>
<thead>
<tr>
<th></th>
<th>6th %</th>
<th>7th %</th>
<th>8th %</th>
<th>9th %</th>
<th>10th %</th>
<th>11th %</th>
<th>12th %</th>
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<tbody>
<tr>
<td>Alcohol</td>
<td>12.6</td>
<td>20.5</td>
<td>29.5</td>
<td>37.7</td>
<td>45.2</td>
<td>52.7</td>
<td>57.3</td>
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<tr>
<td>Cigarettes</td>
<td>4.4</td>
<td>6.5</td>
<td>9.2</td>
<td>9.8</td>
<td>14.4</td>
<td>15.5</td>
<td>19.5</td>
</tr>
<tr>
<td>Vaporizer / E-Cigarette</td>
<td>8.7</td>
<td>14.1</td>
<td>22.6</td>
<td>29.9</td>
<td>36.0</td>
<td>38.4</td>
<td>40.2</td>
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<tr>
<td>Marijuana or Hashish</td>
<td>3.0</td>
<td>6.8</td>
<td>13.1</td>
<td>18.8</td>
<td>27.9</td>
<td>33.9</td>
<td>38.9</td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>3.2</td>
<td>3.5</td>
<td>3.3</td>
<td>4.2</td>
</tr>
<tr>
<td>Inhalants</td>
<td>6.7</td>
<td>8.2</td>
<td>8.3</td>
<td>5.5</td>
<td>4.4</td>
<td>3.5</td>
<td>3.7</td>
</tr>
<tr>
<td>Flakka</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>0.6</td>
<td>1.0</td>
<td>0.4</td>
<td>1.1</td>
</tr>
<tr>
<td>Club Drugs</td>
<td>0.5</td>
<td>0.5</td>
<td>1.1</td>
<td>1.0</td>
<td>1.5</td>
<td>1.8</td>
<td>2.8</td>
</tr>
<tr>
<td>LSD, PCP or Mushrooms</td>
<td>0.7</td>
<td>0.7</td>
<td>1.6</td>
<td>2.0</td>
<td>3.7</td>
<td>4.3</td>
<td>6.1</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.7</td>
<td>0.6</td>
<td>0.7</td>
<td>0.7</td>
<td>0.6</td>
<td>0.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Cocaine or Crack Cocaine</td>
<td>0.7</td>
<td>0.7</td>
<td>1.1</td>
<td>0.9</td>
<td>1.4</td>
<td>1.7</td>
<td>3.6</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.4</td>
<td>0.3</td>
<td>0.5</td>
<td>0.3</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Depressants</td>
<td>1.1</td>
<td>2.1</td>
<td>3.9</td>
<td>4.3</td>
<td>5.8</td>
<td>6.4</td>
<td>7.3</td>
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<tr>
<td>Prescription Pain Relievers</td>
<td>1.8</td>
<td>2.6</td>
<td>3.6</td>
<td>4.2</td>
<td>5.0</td>
<td>5.1</td>
<td>5.8</td>
</tr>
<tr>
<td>Prescription Amphetamines</td>
<td>0.9</td>
<td>1.0</td>
<td>1.9</td>
<td>2.3</td>
<td>3.1</td>
<td>3.9</td>
<td>5.4</td>
</tr>
<tr>
<td>Steroids (without a doctor’s order)</td>
<td>0.6</td>
<td>0.8</td>
<td>0.7</td>
<td>0.5</td>
<td>0.4</td>
<td>0.2</td>
<td>0.5</td>
</tr>
<tr>
<td>Over-the-Counter Drugs</td>
<td>2.0</td>
<td>3.2</td>
<td>4.5</td>
<td>4.4</td>
<td>5.6</td>
<td>4.8</td>
<td>4.9</td>
</tr>
<tr>
<td>Needle to Inject Illegal Drugs</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>0.6</td>
<td>0.7</td>
<td>0.7</td>
<td>0.5</td>
</tr>
</tbody>
</table>
2018 FLORIDA YOUTH SUBSTANCE ABUSE SURVEY

September 20, 2018
Alcohol
Past-30-Day Prevalence for 8th, 10th and 12th Graders
Binge Drinking
Prevalence by Grade Cohort

- Middle School
- High School

Year: 2002 - 2018

- 2002: 22.3%
- 2004: 8.6%
- 2006: 23.0%
- 2008: 10.9%
- 2010: 3.2%
- 2012: 9.6%
- 2014: 3.1%
Other Illicit Drug Use Among Florida Students

- Compared to alcohol, cigarettes, vaping, and marijuana, other illicit drug use is very low.
- Rates for other illicit drug use have declined over time.
- Reductions are not as large as for alcohol and cigarettes.
Past-30-Day Prevalence
Middle School

- Alcohol: 7.3%
- Electronic Vaporizer: 6.4%
- Marijuana or Hashish: 6.4%
- Binge Drinking: 3.7%
- Inhalants: 3.1%
- Over-The-Counter Drugs: 2.8%
- Cigarettes: 1.4%
- Rx Pain Relievers: 1.2%
- Rx Depressants: 1.0%
- Methamphetamines: 0.9%
- LSD, PCP, and Mushrooms: 0.5%
- Cocaine or Crack: 0.4%
- Club Drugs: 0.4%
- Steroids: 0.3%
- Heroin: 0.2%
Past-30-Day Prevalence
High School

- Rx Pain Relievers
- Rx Depressants
- Synthetic Marijuana
- Over-The-Counter Drugs
- Inhalsants
- Rx Amphetamines
- Club Drugs
- LSD, PCP, and Mushrooms
- Cocaine or Crack
- Methamphetamine
- Steroids
- Heroin

2002 vs 2018
Student Surveys are an effective tool to show us the rates of use and the prevalence

**Additional Data** – such as youth focus groups and environmental scans – can help us identify the “Why” behind the use
Risk and protective Factors - Multiple Contexts

- Individual
- Family
- Community
- Society

https://www.samhsa.gov/capt/
RISK FACTOR

A CHARACTERISTIC AT THE BIOLOGICAL, PSYCHOLOGICAL, FAMILY, COMMUNITY, OR CULTURAL LEVEL THAT PRECEDES AND IS ASSOCIATED WITH A HIGHER LIKELIHOOD OF PROBLEM OUTCOMES

https://www.samhsa.gov/capt/
PROTECTIVE FACTOR

A CHARACTERISTIC AT THE INDIVIDUAL, FAMILY OR COMMUNITY LEVEL THAT IS ASSOCIATED WITH A LOWER LIKELIHOOD OF PROBLEM OUTCOMES

https://www.samhsa.gov/capt/
Your community is exactly conditioned for the results that you have.

Photo: Downtown Saint Petersburg; TripAdvisor
Our Road Map – Logic Model


Root Cause ➔ Local Conditions ➔ 7 Strategies
COMMUNITY CHANGE “CONTINUUM”

Individual agency

- Provide information
- Enhance skills
- Provide support

Seven Strategies to Affect Community Change

- Enhance access/reduce barriers
- Change consequences
- Change physical design
- Modify/change policy

Community coalition
Logic Model: Acme Co
Underage Drinking (Retail Access)

Problem Statement
Youth Ages 12-18 are using alcohol

Intervening Variable
(But why?)
Retail Access: Youth are getting alcohol from retailers

Root Cause
Youth are able to purchase alcohol at several local retail establishments that do not ask for identification

Contributing Factors
(But why here?)
Youth focus groups

Local Conditions
Youth focus groups

Data Points:
YRBS
LE Data

Strategies
1. Providing information:
Web-based communication to parents about youth alcohol trends
Retailer education on the legal consequences of selling alcohol to youth

2. Enhancing skills:
Web-based communication - tips to parents
School newsletter
Obtain scholarship from AWRY to send local law enforcement to WI Alcohol Policy Seminar to learn about alcohol age compliance checks as a best practice
Retailer education - how to check ID’s

3. Providing support:
Partner with local law enforcement to provide RBS training

4. Enhancing access/Reducing barriers
Work with retailers to ensure that staff are checking ID’s

5. Changing consequences:
Retailers may be fined for selling alcohol to youth
Recognize retailers who implement ID policy

6. Physical design:
Provide “We ID” signs to local retailers

7. Modifying/Changing policies:
Alcohol Age Compliance Checks
Store policy mandating ID checks
Problem:
Youth are using synthetic marijuana

Root Cause
(Community Level)
Retail Availability

Local Condition:
Youth are able to purchase synthetic marijuana at convenience stores

Data:
1. FYSAS
2. ER Data

Data:
1. FYSAS
2. Environmental Scan

Data:
1. Youth focus Group
2. Key stakeholder interview with law enforcement

Seven Community Change Strategies

1) Provide Information
   - Web based newsletter to parents about drug trends
   - Education to retailers about laws restricting sale of synthetics

2) Enhance Skills
   - Education sessions for parents and educators – what synthetics are and signs of use

3) Provide Support
   - Coalition engages healthcare sector and law enforcement to develop the education sessions for parents and educators

4) Enhancing Access/Barriers
   - Translate retailer materials into Spanish
   - Law Enforcement store visits

5) Changing Consequences
   - Recognize retailers who sign MOU with coalition or agency agreeing not to sell synthetics
   - Increase fine for retailers who are caught selling synthetics

6) Physical Design
   - Provide window clings for retailers who agree not to sell synthetics – promoting them as a recommended retailer and good neighbor

7) Modify/Change Policy
   - Law Enforcement enforces existing ordinance restricting sale of synthetics
   - Update/Modify existing ordinance to include new chemical compounds/drugs
Engaging The 12 Sectors

https://www.samhsa.gov/capt/applying-strategic-prevention-framework
SAMHSA 12 Sectors

1. Health Care
2. Youth
3. Media
4. Business
5. Youth-Serving Organizations
6. Local, State, Tribal Government
7. Civic, Volunteer Organizations
8. Religious, Fraternal Organizations
9. Schools
10. Parents
11. Law Enforcement
12. Other Organization working to address substance Abuse
Collective Impact Through Collaboration

- Who can help you assess local emerging trends such as synthetics?
- Who needs to know about the issues? Why?
- Who needs to be involved in developing an action plan to address the issue?
Next Steps?

Questions?
References

• Connecticut Clearinghouse, A Program of the Connecticut Center for Prevention, Wellness and Recovery.  
  https://www.ctclearinghouse.org/topics/topic.asp?TopicID=79

• Get Smart About Drugs; A DEA Resource Guide.  

• Community Anti-Drug Coalitions of America.  https://www.cadca.org/synthetic-drugs


References


• Substance Abuse and Mental Health Services Administration, Center for Applied Prevention Technologies. https://www.samhsa.gov/capt/
Additional Resources

NSDUH, Monitoring the Future, Behavior Risk Factor Surveillance System (BRFSS), CDC, Florida Medical Examiners, Hospital Emergency Admissions, Florida Uniform Crime Reports, etc.

https://www.fadaa.org/page/Research_Reports

2018 National Drug Threat Assessment
The Drug Enforcement Administration has recently published the results of the 2018 National Drug Threat Assessment, which outlines the threats posed to the United States by domestic and international drug trafficking and the abuse of illicit drugs.

Substance Abuse Trends Alert
Synthetic cannabinoids are part of the illicit drug category called novel psychoactive substances. NPS are often unregulated and are designed to enter a gray area of the market. The Organized Crime Drug Enforcement Task Force in the Department of Justice, the Centers for Disease Control and Prevention, and NMS Labs of Philadelphia are analyzing, identifying, and characterizing drug samples intercepted upon entry into the United States. (FADAA Substance Abuse Trends Alert, July 2018)

Patterns and Trends of Substance Use Within and Across the Regions of Florida
This report provides a statewide and regional overview of substance abuse issues and trends in Florida using information from multiple sources available as of December 2017. It includes information about the progress of the opioid epidemic in Florida, describes historic declines in alcohol use, binge drinking and cigarette smoking among Florida’s middle and high school students and trends in the use of cocaine and Novel Psychoactive Substances. (May 2018)
THANK YOU!

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