

# Analysis of Drug Trend Data: Integration of Seized Drug Data and Public Health Data

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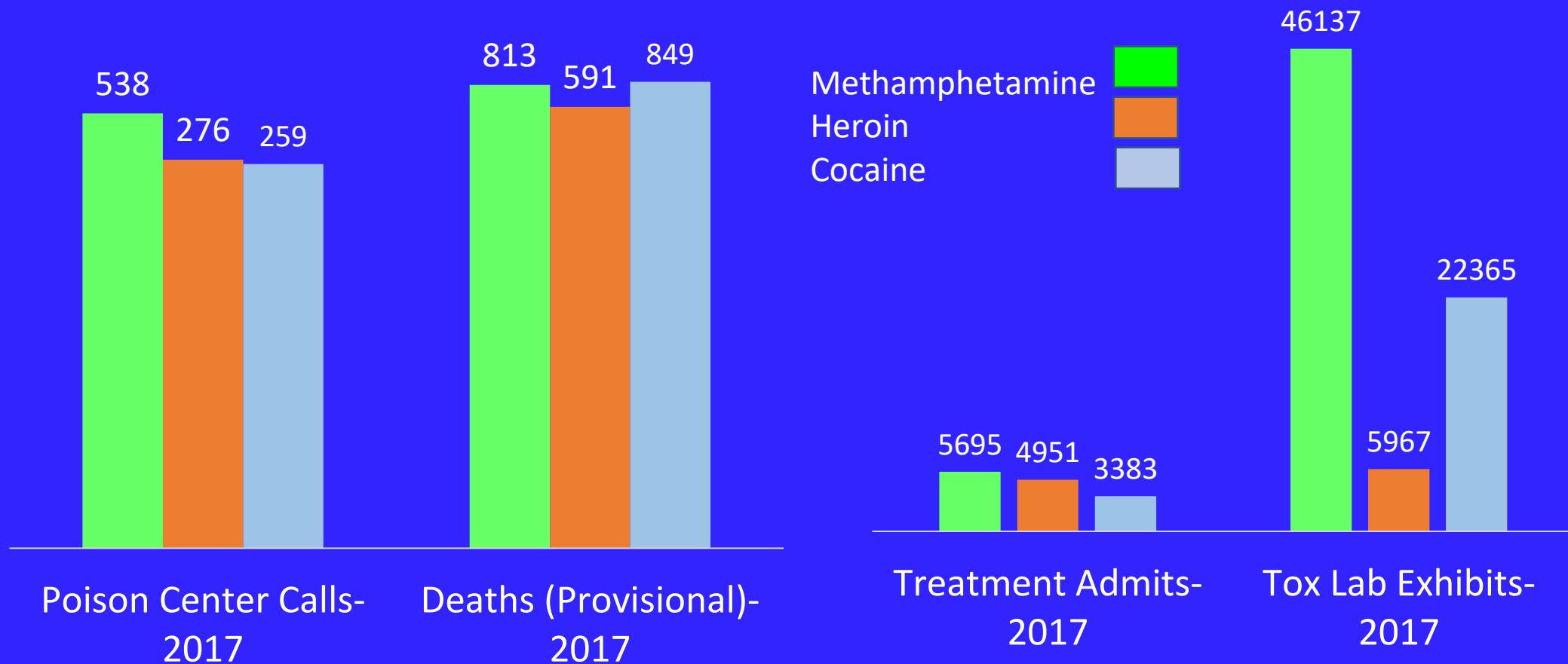
The University of Texas at Austin

With appreciation to

Mathias Forrester, Texas Department of State Health Services, and Lesli San Jose, Texas Health and Human Services Commission



# Indicators of Methamphetamine, Heroin, and Cocaine Use in Texas: 2017



Sources: DSHS, HHSC, DEA NFLIS

## Additional Data Sources to Track Drug Trends

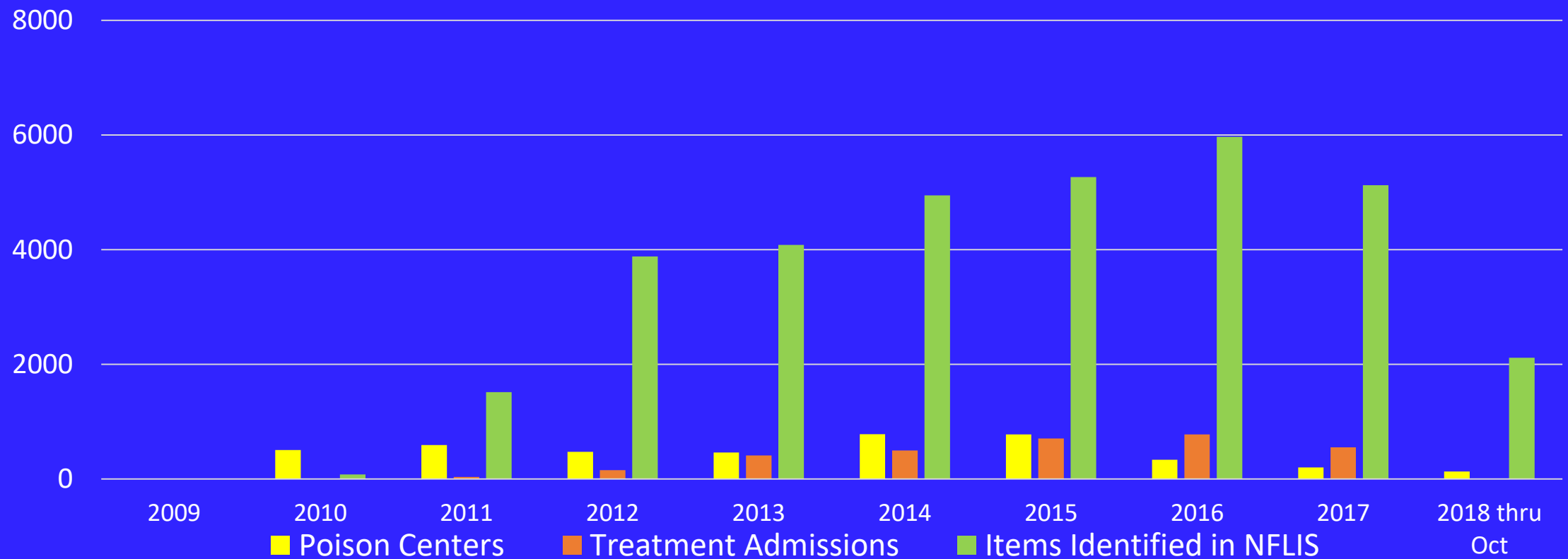
- Customs and Border Protection Seizures/data on border imports.
- DEA National Forensic Laboratory Information System (NFLIS), Methamphetamine Profiling Program, Heroin Signature Program, Emerging Threat Report, National Drug Threat Reports, Trends in Trafficking Intel Reports by DEA Field Office, ARCOS
- Reports by HIV Outreach and STD Workers
- Poison Center Networks
- Admissions to substance abuse treatment programs receiving funds from the State.
- Surveys: NSDUH, Monitoring the Future, STRIDE, YRBS
- NDEWS Reports from 12 Sentinel Community Epidemiologists

# Changes in Synthetic Drugs

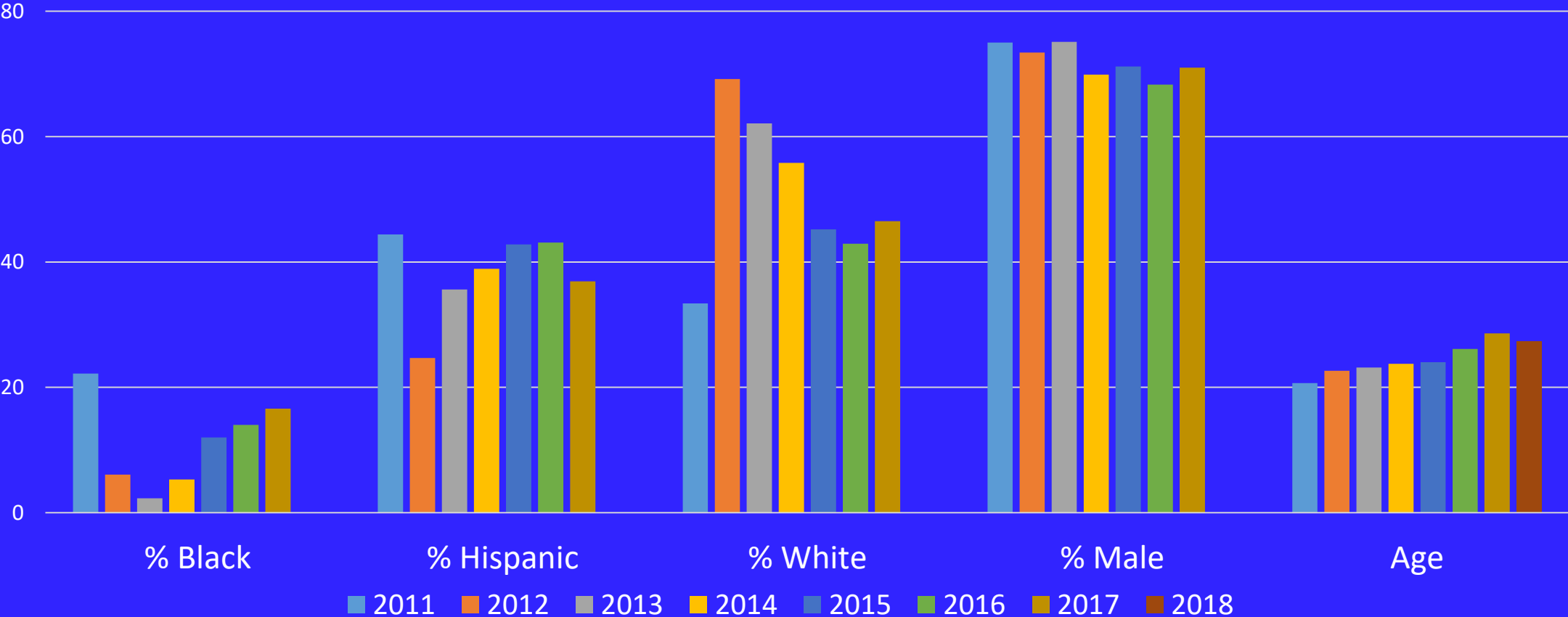
## Changes in Packaging



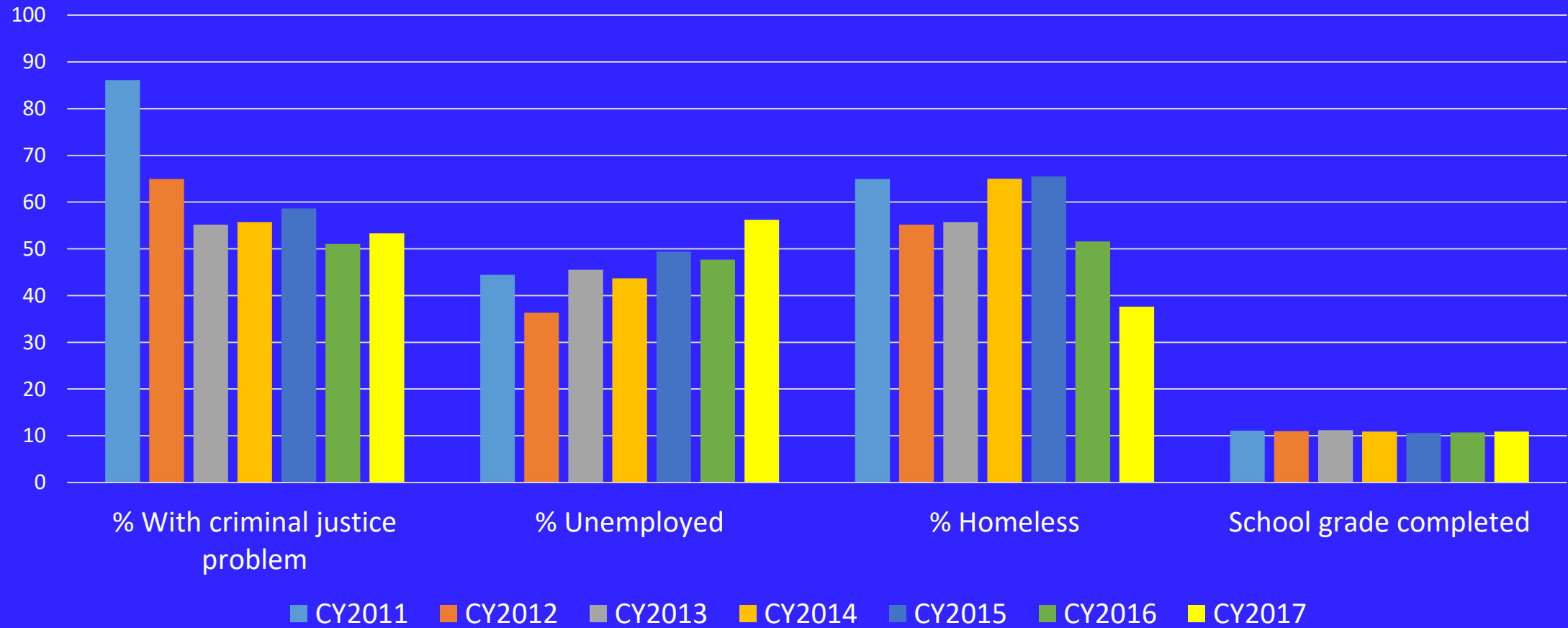
# Cases of Synthetic Cannabinoids Reported to Texas Poison Centers, Treatment Admissions to Publicly-Funded Programs, and Items Identified in Forensic Laboratories and Reported to NFLIS: 2009-2018



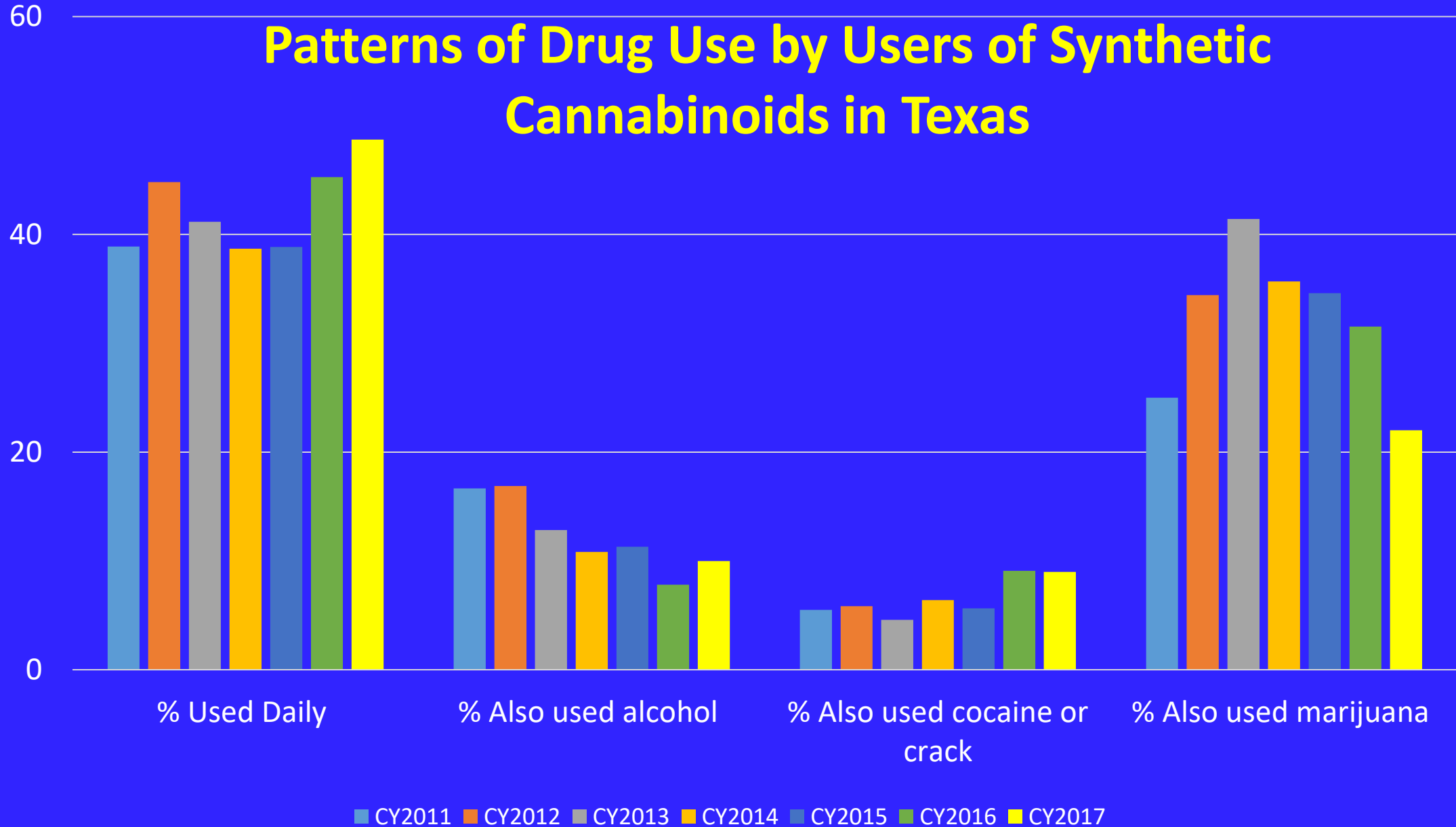
# Characteristics of Synthetic Cannabis Admissions to Publicly-Funded Texas Treatment: 2011-2018



# Status of Synthetic Cannabis Users at Admission to Treatment: 2011-2017



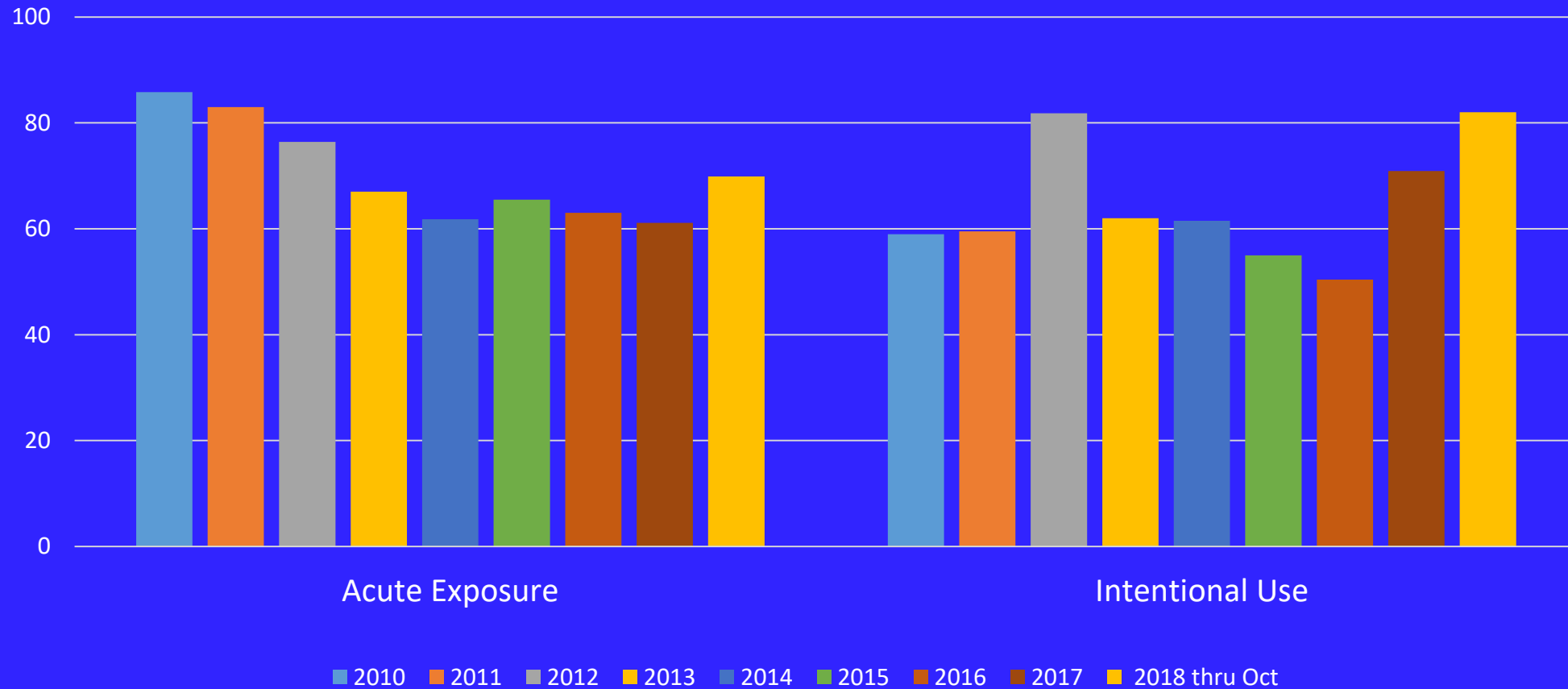
# Patterns of Drug Use by Users of Synthetic Cannabinoids in Texas



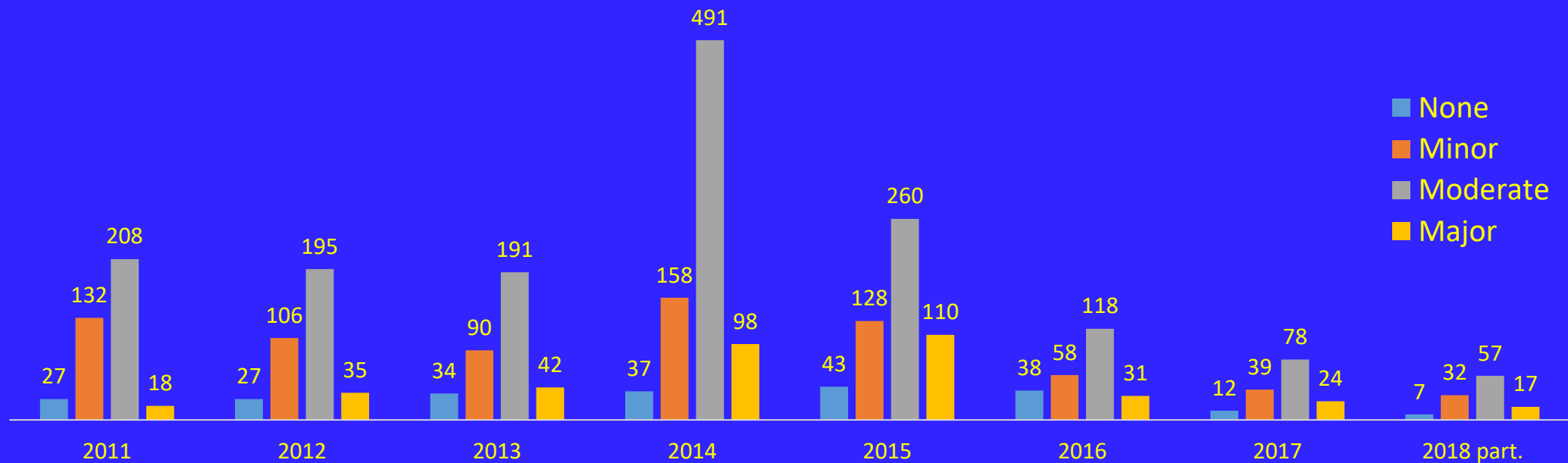


# Patterns of Use of Synthetic Cannabinoids in Texas

“Acute exposure is taking drug once and suffering an ill effect, while chronic is having taken the drug regularly while having ill effects”



# Medical Outcomes of Synthetic Cannabinoid Exposures as Reported by Texas Poison Center Network: 2011-Oct.2018



**Minor** effects—patient had symptoms but these were minimally bothersome and resolved rapidly.

**Moderate** effects were more pronounced or prolonged but not life-threatening and patient returned to a pre-exposure state.

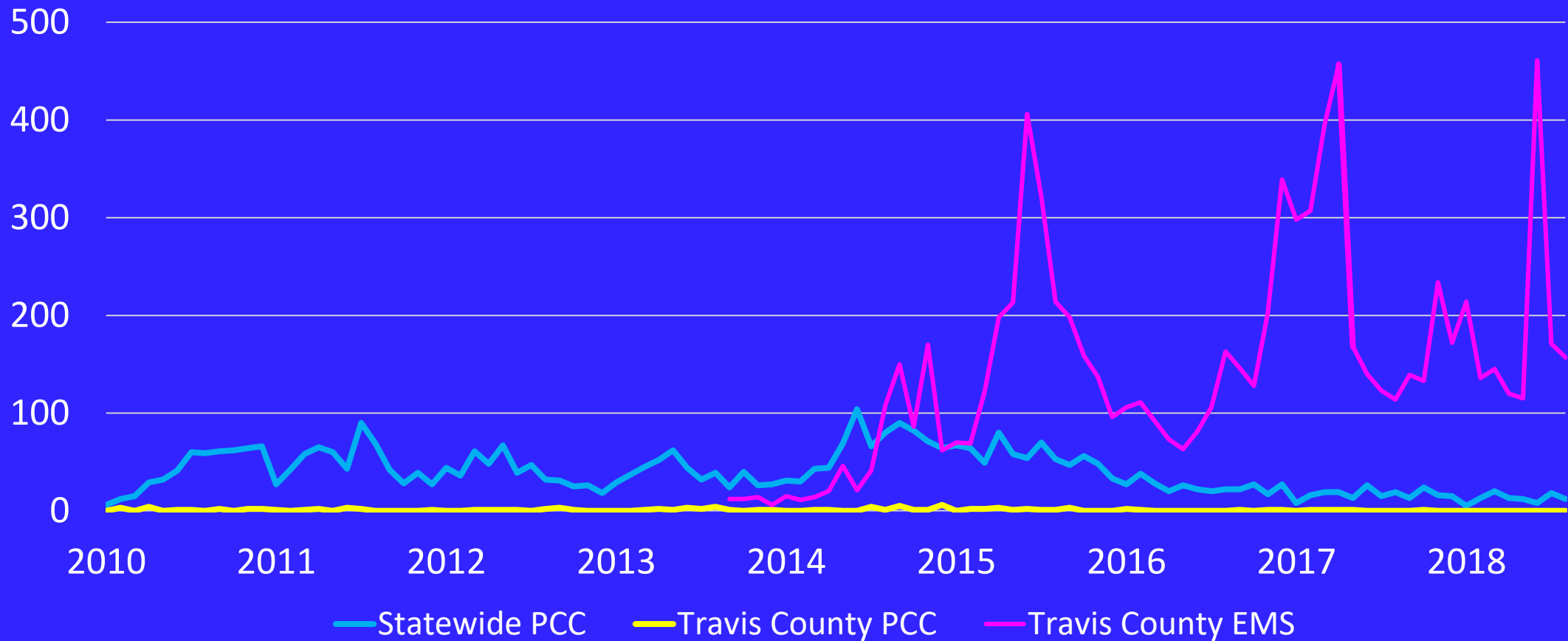
**Major** effects were life-threatening or with significant or residual disability that was long-term or permanent.

# What happens after treatment in ER?

Courtesy of Dr. Carlos Tirado and Dr. Isela Werchan

- After the ED visit, some are referred to psychiatric hospital to be stabilized due to suspected synthetic cannabinoid-related psychosis and aggression. May be persisting psychosis and/or level of behavioral dysregulation leading to involuntary commitment.
- **More serious cases in need of emergency medication and isolation are individuals with previously diagnosed psychotic disorders. Goal is to stabilize them to transition to outpatient care.**
- Those with higher premorbid functioning have greater likelihood of returning to baseline while those with prior psychotic disorders may have unclear baseline.
- **What are the care options for a population with psychotic disorders and experiencing homelessness? Cost to society?**

# EMS and Poison Center Calls for Synthetic Cannabis in Texas and Travis County (Austin): 2010-2018 Partial



Source : EMS ePCR Data Warehouse and Texas DSHS

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**Google for 2018 Texas Drug Trends**