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CDC looks at data on use and overdoses involving a variety of drugs, including cocaine, psychostimulants with abuse potential (e.g., methamphetamine, amphetamines, and prescription stimulants), and marijuana. There are also an increasing number of studies available on using drugs in combination with each other, referred to as polysubstance use. Powerful stimulant for the nervous system Illegal drug Highly addictive drug that can be snorted, smoked, or dissolved and injected into a vein Cocaine is a type of stimulant that was involved in nearly 1 in 5 overdose deaths in 2019. Over 5 million Americans reported current cocaine use in 2020, which is almost 2% of the population.²⁰ Cocaine-involved overdose death rates in the United States decreased from 2006-2012 but began increasing again in 2012. From 2018-2019, drug overdose deaths involving cocaine increased by nearly 9%, with almost 16,000 Americans dying in 2019 from an overdose involving cocaine. Non-Hispanic black persons experienced the highest death rate for overdoses involving cocaine in 2019.¹⁹ Psychostimulant Overdose Deaths Increased By 28% from 2018 to 2019 Include illegal drugs such as methamphetamine or ecstasy Also include prescription stimulants for conditions such as attention deficit hyperactivity disorder (ADHD) or depression Most of these drugs can be misused and are considered addictive Psychostimulants with abuse potential include both illicit drugs, such as methamphetamine and ecstasy, as well as prescription stimulants. Prescription stimulants, which are drugs used to treat conditions such as attention deficit hyperactivity disorder (ADHD) or depression, can also be misused. Approximately 5 million Americans misused prescription stimulants in 2020, which is approximately 1.8% of the U.S. population aged 12 years and older.²⁰ Cocaine is also a stimulant drug; however, estimates of cocaine use and the number of deaths involving cocaine are usually calculated separately from other psychostimulants with abuse potential. Rates of overdose deaths from psychostimulants have been increasing since 2010. More than 16,000 Americans died from an overdose involving psychostimulants with abuse potential in 2019, which was a 26% increase from the previous year. Nearly 23% of all drug overdose deaths in 2019 involved psychostimulants. From 2016-2017, among racial/ethnic groups, non-Hispanic white persons had the greatest percent increase in the death rate for overdoses involving psychostimulants, while from 2018-2019, the largest absolute rate change in psychostimulant-involved overdoses was in American Indian/Alaska Native (AI/AN) populations.¹⁹ AI/AN also experienced the highest death rate for overdoses involving psychostimulants in 2019.¹⁹ Millions of Adults Reported Using Methamphetamine Highly addictive central nervous system psychostimulant Man-made drug that can be smoked, snorted, injected, or orally ingested Methamphetamine is a highly addictive central nervous system stimulant.³ It is also categorized as a psychostimulant. Methamphetamine is commonly referred to as meth, ice, speed, and crystal, among many other terms.⁴ In addition to risking becoming addicted to methamphetamine, people who use methamphetamine long-term may experience a range of negative health outcomes, including damage to the heart and brain, anxiety, confusion, insomnia, mood disturbances, and violent behavior.⁵ In recent years, methamphetamine-involved overdoses have been increasing in the United States across many demographic groups.¹⁹ In 2020, 2.5 million Americans aged 12 or older reported having used methamphetamine in the past year.²⁰ From 2015-2018, an estimated 1.6 million U.S. adults aged ≥18 years, on average, reported past-year methamphetamine use.⁸ Among adults who used methamphetamine during this time: 53% met diagnostic criteria for methamphetamine use disorder. Less than 1 in 3 of those with methamphetamine use disorder received substance use treatment in the past year. 3% reported injecting methamphetamine in the past year. Co-occurring substance use and mental illness were common. Identifying characteristics associated with past-year methamphetamine use provides insights into populations to prioritize for prevention and response efforts. Adults with limited income, those on Medicaid, people who are uninsured, those with lower education status, males, middle-aged adults, and people who live in rural areas are at increased risk for methamphetamine use.⁸ These data show the importance of recovery support services, such as vocational training and placement, and linkage to social service providers. Nearly 95% of overdose deaths involved illicitly manufactured fentanyls, heroin, cocaine, or methamphetamine (alone or in combination) during January–June 2019.⁹ Over 50% of psychostimulant-related overdose deaths involved opioids in 2018.¹⁰ Learn more about polysubstance use. Treatment for Methamphetamine Use Has Been on the Rise Methamphetamine use among people who were admitted to drug-related treatment has been increasing. For more information, see SAMHSA’s Treatment for Stimulant Use Disorder^{external icon}, or call 1-800-662-HELP (4357). Learn more about methamphetamine use: Polysubstance Overdose Deaths Are Increasing Exposure to more than one drug, with or without the person’s knowledge Opioid-involved overdose often occurs in combination with exposure to other opioids and/or other non-opioid substances. Some examples of polysubstance exposures found in combination in overdose deaths include illicitly manufactured fentanyl (IMF) and heroin; IMF and cocaine; IMF and methamphetamine; and prescription or illicit opioids and benzodiazepines.¹³ From 2010-2016, there were significant increases in overdose deaths involving synthetic opioids that also involved prescription opioids, heroin, and other illicit or prescription drugs. Among synthetic opioid-involved overdose deaths in 2016, almost 80% involved another drug or alcohol, such as: another opioid, heroin, cocaine, prescription opioids, benzodiazepines, alcohol, psychostimulants, and antidepressants.¹³ The overdose epidemic has grown increasingly complex by co-involvement of prescription and illicit drugs. For example, synthetic opioids (primarily IMF) were involved in 23.7% of deaths involving prescription opioids, 37.4% involving heroin, and 40.3% involving cocaine in 2016.¹³ Recent data indicate that the involvement of opioids in stimulant-involved deaths is increasing. Nearly three-quarters (72.7%) of cocaine-involved overdose deaths also involved an opioid in 2017.² Previous data have indicated that synthetic opioids, in particular, appear to be driving increases in cocaine-involved overdose deaths.¹³ Approximately one-third of psychostimulant-involved deaths also involved synthetic opioids in 2019.¹⁹ Fentanyl Contamination of Other Drugs Is Increasing Overdose Risk A synthetic (man-made) opioid 50x more potent than heroin and 100x more potent than morphine Prescribed in the form of transdermal patches, tablets, lozenges, or nasal sprays Can also be illegally made (illicitly manufactured fentanyl) and mixed into other drugs like heroin or cocaine, pressed into pills, co-used, or used alone Fentanyl analogs are: carfentanil furanylfentanyl acetylfentanyl The risks of fentanyl contamination of illegal drugs are also a growing concern, as this can lead to an increase in overdose deaths among people who may or may not be aware that their drugs include this deadly additive, and among people who have not used opioids before, and thus are at greater risk for overdose. Fentanyl is approximately 50 times as potent as heroin. Fentanyl and fentanyl analogs are being mixed into counterfeit opioid pills, heroin, cocaine, and methamphetamine. Illicitly manufactured fentanyl (IMF), which is illegal, non-pharmaceutical fentanyl, is likely contributing to deaths involving these other substances. People who only use non-opioid drugs are more likely to overdose if they are exposed to drugs mixed with opioids, including fentanyl. This fentanyl contamination of other drugs may contribute to increased risk for overdose, as those misusing other drugs can be exposed to drug products that vary in potency, including some extremely strong products. In a 10-state study, almost 57% of people who died from an overdose tested positive for fentanyl and fentanyl analogs also tested positive for cocaine, methamphetamine, or heroin. More than half of opioid overdose deaths in 10 states studied tested positive for fentanyl. Northeastern states and Missouri reported the highest percentage of opioid overdose deaths involving fentanyl, followed by Midwestern and Southern states. The detection of fentanyl analogs in >10% of opioid overdoses in four states raises the concern that fentanyl analogs are rapidly becoming part of illicit opioid markets in multiple states.¹⁵ There have been an alarming number of recent deaths involving fentanyl analogs in certain states. Carfentanil, which is the most potent fentanyl analog detected in the United States, is responsible for the largest number of these deaths. For example, during July 2016–June 2017, among 11,045 opioid overdose deaths examined in 10 states, more than 20% of those who died from an opioid overdose tested positive for any fentanyl analog, and more than 11% tested positive for carfentanil.¹⁶ Beginning in 2013, there were significant increases in deaths involving synthetic opioids – particularly those involving IMF. Individuals using substances may not know if or when substances may be contaminated with fentanyl, so they need to be aware of the risks. Good Samaritan Laws assist eyewitnesses or bystanders in seeking help if they witness an overdose, as these people know that they can safely call for help to ensure a rapid emergency response. Overdoses can be reversed with naloxone, either administered by bystanders or by first responders. However, a higher dose, or multiple number of doses per overdose event may be required to revive a patient due to the high potency of drugs currently in the drug supply.¹⁷ 18 The Drug Enforcement Administration’s (DEA) National Forensic Laboratory Information System (NFLIS) collects Fentanyl Encounters Data on drug chemistry analysis from drugs seized during law enforcement operations. In 2016, Around 4 Million Americans Had a Marijuana Use Disorder in the Past Year Dried flowers and leaves of the cannabis plant Can also be called weed, pot, dope, or cannabis Contains mind-altering (or psychoactive) compounds Marijuana, which can also be called weed, pot, dope, or cannabis, is the dried flowers and leaves of the cannabis plant. It contains mind-altering (i.e., psychoactive) compounds like tetrahydrocannabinol, or THC, as well as other active compounds like cannabidiol, or CBD, that are not mind-altering. Like any other drug, marijuana’s effects on a person depend on a number of factors, including the person’s previous experience with the drug or other drugs, biology (i.e., a person’s genetics), pender, how the drug is taken, and how potent it is. In 2016, around 24 million Americans aged 12 or older, or 9% percent of the population, were current users of marijuana.¹ Marijuana use disorder occurs when recurrent use of marijuana causes clinically significant impairment, including health problems; persistent or increasing use; and failure to meet major responsibilities at work, school, or home. In 2016, around 4 million people, or 1.5% percent of the population, had had a marijuana use disorder in the past year. The 2016 percentage of the population aged 12 or older with a marijuana use disorder was lower than the percentages in most years between 2002 and 2010 and was similar to the percentages in 2011 to 2015.¹⁴ For more data and information, visit Marijuana. References Centers for Disease Control and Prevention. 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report 2pdf icon. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. 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