

# Substance Abuse Research Forum

BUTLER CENTER FOR RESEARCH

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## **Background of the Substance Abuse Research Forum**

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Accurate and timely information about trends and patterns in drug abuse is useful in the development of policy, planning of programs, and management of resources. To facilitate the exchange of current research-based information about the nature and extent of substance abuse and related issues, the Butler Center for Research at Hazelden has convened the Substance Abuse Research Forum (SARF) since 1998.

The Substance Abuse Research Forum provides a mechanism for the ongoing surveillance of drug abuse trends and for the dissemination of focused research findings. Researchers are afforded a unique opportunity to share and discuss their results regarding substance abuse-related epidemiology, enforcement, prevention, and treatment with practitioners and researchers in related fields.

The Substance Abuse Research Forum has been convened in Minnesota since 1988 and in other locations since 1998. It was initially known as the State Epidemiology Work Group and convened by the Minnesota Department of Human Services. It began as an example of the community epidemiology approach to drug abuse monitoring developed by the National Institute on Drug Abuse. See: Kozel, Nicholas K., Robertson, Elizabeth B., and Falkowski, Carol L., (2002) The Community Epidemiology Work Group approach. *Substance Use and Misuse*, 37 (5-7), 783-803. The Hazelden-sponsored Substance Abuse Research Forums have been convened since 1998 in St. Paul, Chicago, Seattle, West Palm Beach, and Ft. Lauderdale.

The Substance Abuse Research Forum meetings consist of presentations by researchers from various government agencies, organizations, and institutions of higher learning who are involved in the analysis of substance abuse-related data. The attendees are professionals from the fields of prevention, education, treatment, health care, corrections, and law enforcement.

This document summarizes the presentations made at the Substance Abuse Research Forum held on October 26, 2004 in Seattle, Washington. The Butler Center for Research gratefully acknowledges the Alcohol and Drug Abuse Institute of the University of Washington, the cosponsor of this event, and the contributions of the presenters who devoted their time and resources in preparing these presentations.

With feedback about this meeting or ideas about future agenda items, please contact Carol Falkowski, Director of Research Communications, Hazelden Foundation, PO Box 11, Center City, MN 55012, or [cfalkowski@hazelden.org](mailto:cfalkowski@hazelden.org) or (651) 213-4566. These proceedings and other Butler Center for Research publications are available on-line at: [www.hazelden.org/research](http://www.hazelden.org/research).

Since 1949, the nonprofit Hazelden Foundation has provided treatment, education, and research services and publications to individuals, families and communities affected by drug and alcohol addiction. Based in Center City, Minnesota, Hazelden also has facilities in Plymouth and St. Paul, Minnesota, New York City, Chicago, and Newberg, Oregon.

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## National Drug Abuse Trends: Focus on Meth

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Drinking and drugging among teenagers remains a persistent problem. Underage drinking is reported by 80% of kids before they leave high school and marijuana use by 50%. Still, other drug trends come and go. The abuse of GHB (the "date rape drug") and MDMA ("ecstasy") reached their highest levels in 2000 and has fallen off since then.

But we now face a rising tide of methamphetamine (meth) abuse among our nation's teenagers. As meth abuse spreads across the country it strains the already limited resources for law enforcement, environmental clean up, and addiction treatment. Meth abuse leaves in its wake tragic and horrific tales of shattered lives and communities.

This synthetic, man-made stimulant can be smoked, injected, or snorted. Its duration of action is long -- 8 to 12 hours. Effects include heightened concentration, increased alertness, high energy, wakefulness, and loss of appetite. The progression from occasional use to addiction can occur over a period of months.

Unlike many other drugs of abuse, meth is a known neurotoxin. It affects the release and reuptake of certain brain chemicals (mostly dopamine), and also damages the neural tissue within the brain affecting brain functioning, mostly cognition and memory. While pre-meth levels of functioning are attainable for many users within a matter of months after use stops, some may be impaired for months, even years after abstinence. For some, the brain damage from meth use is irreversible.

Because meth increases alertness and suppresses appetite, meth addicts often go for days at a time -- even weeks -- without much food or sleep. As a result, the physical deterioration is often more rapid and pronounced with meth than with other drugs.

Most meth addicts also develop strong paranoid delusions, sometimes known as "methamphetamine psychosis." Once addicted, addicts will do almost anything to obtain it including deviant, dangerous and hurtful behaviors that they might have never considered before their addiction. These aspects, in particular, make meth addicts a threat to the public safety.

Many meth abusers also attempt to make the drug themselves using recipes found online or learned from a friend. Ingredients are purchased or stolen from farm supply stores (anhydrous ammonia), hardware stores (muriatic acid, camping fuel, automotive de-icer, gun scrubber, to name a few), and grocery or drug stores (ephedrine, pseudoephedrine, matches, batteries, iodine). By making it themselves they risk chemical burns, sudden explosions and unexpected flash fires. The fumes, ingredients, and waste byproducts contaminate surrounding buildings, groundwater, wells, and bodies of water, land, and air.

What is lure of meth for adolescents? It is available, affordable and very long-acting. It produces feelings of unbridled confidence, heightened concentration, increased alertness and well-being. It gives users a sense of power and control. It makes users feel like they can accomplish many great things. And especially girls like they way it suppresses their appetite so they can easily lose weight. Getting skinny is part of the high. Many teens who are seduced by this drug, rarely consider that they are also on a rapid path to addiction. But they are.

Addiction is a diagnosable medical disorder wherein a person's compulsive drug use dominates every aspect of life in spite of negative consequences that are directly attributable to drug use (loss of employment, family, personal relationships, and physical and psychological health). Addiction is more than just a lot of drug use. To an addict, nothing matters except using and acquiring the drug. And the fundamental aspects of addiction are the same regardless of the drug of choice.

Meth use has been entrenched in most western states for well over a decade. Meth is spreading to various regions of the country, especially the Midwest. Other east coast cities report growing meth use as part of the nightclub scene and among urban gay communities. Meth is no longer limited to rural areas, certain regions of the country, or certain demographic groups.

Can methamphetamine addiction be successfully treated? Absolutely.

Yet too often we hear "treatment for meth addicts doesn't work." For those of us in the addiction field this statement is sadly reminiscent of what was said in the people said about crack addicts in the 1980's. Yet it is simply not the case.

While meth addicts do bring unique challenges to the treatment setting, just as cocaine addicts did, treatment can work – if addicts can access it. And if after treatment, patients can access drug-free, supportive aftercare and sober living situations instead of returning to their old circle of drug-taking and drug-making friends, the prognosis is even better.

Treatment allows patients a chance to look at the consequences related to their addiction, and with the respectful help of professionals, slowly develop tools and skills necessary to negotiate the challenges of life without the drug. Behavior change and periodic professional services are necessary to effectively manage addiction over the course of a lifetime.

In addition, because addiction is chronic disorder, multiple treatment episodes are the norm, rather than the exception. This is true whether a person is addicted to alcohol or cocaine or meth. For many addicts or and alcoholics, multiple treatment episodes are not uncommon.

Yet in reality too often adequate addiction treatment is not readily accessible for many who need it. By some estimates, up to two-thirds of those who need addiction treatment do not receive it. Treatment may not be not fully covered by health insurance. There are often caps or restrictions on both on the length and type addiction treatment benefits, even for those with health insurance. For public pay clients, especially in non-urban areas, options might be even more limited. And aftercare housing options, although clinically indicated, might not readily available either.

So a more accurate assessment may be that treatment is not as accessible as it should be, especially for meth addicts – most of whom have lost their jobs, their assets, their homes, their families, their freedom, and their health. With meth addicts, in particular, an adequate length of treatment is necessary in order to determine which psychiatric disorders are pre-existing and which are associated with meth use itself.

As we stand poised to address the growing meth menace, we must address the disease that underlies it, if we are to advance at all. We need to dedicate adequate resources for addiction treatment – plain and simple. Treatment, prevention, environmental clean-up, limiting access to precursor chemicals, and greater law enforcement resources are all critical components of a comprehensive strategy for curbing the growing scourge of methamphetamine. We cannot stop the flood of meth by simply continuing "business as usual."

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## Drug Abuse Trends in Seattle & Washington

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Over the past 7 to 10 years the average number of drugs used among those attending emergency departments or dying from drug-related causes has increased by 17 and 27 percent respectively. Much of the increase in the number of drugs involved in deaths is due to prescription medications, such as sedatives, anxiolytics, depressants, and opiates.

Cocaine continues to be major drug of abuse among those arrested and seen in hospital emergency departments, while cocaine-related deaths are near the lowest level in ten years. Heroin/opiate-related deaths are near the low point for the past ten years; ED mentions remain unchanged, while new admissions to treatment have declined. Prescription opiate mentions in emergency departments have declined somewhat, while deaths involving prescription opiates continued to climb.

Methamphetamine indicators have mostly leveled off at higher levels, while deaths are at a new high. MDMA use appears to have peaked in 200-2001 with a subsequent decline. Use of muscle relaxants was examined, and while use is reported in the community, the level of morbidity and mortality is relatively low.

Hepatitis B and C infections are widespread among injection drug users (IDUs). HIV prevalence and incidence remained low among IDUs.

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## Screening, Brief Intervention and Referral in the ER: The WASBIRT Project

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Traumatic injury inflicts enormous medical and psychosocial harm on its victims. The greatest underlying cause of traumatic injury is the misuse of alcohol and drugs. A wide range of effective treatments has been developed for mild, moderate, and severe alcohol and drug problems.

Prior studies have shown that interventions when delivered to injured patients in hospital emergency departments (EDs) and on outpatient units of hospitals can: reduce alcohol and drug consumption, prevent re-injury, and help patients with more severe problems access intensive, community-based chemical dependency treatment.

The *Washington State Screening, Brief Intervention, Referral and Treatment* (WASBIRT) Project was designed to identify ED patients with substance use, abuse and dependency disorder and to provide screening and brief interventions in the ED. It provides brief therapy on an outpatient basis and increases referrals of patients with substance dependency disorder. An additional goal is create systems change and reduce: subsequent ED visits, future injuries, medical costs, criminal justice costs, and death.

WASBIRT involves patients at 6 of the area's busiest trauma hospitals: Harborview, Tacoma General, SW Medical Center- Vancouver, Providence Everett, Yakima Regional and Toppenish. Services are just beginning at most locations.

Evaluation research will compare baseline and follow-up data on drug and alcohol use, examine cost offsets for Medicaid clients, and measure hospital savings from reduced ED visits.

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## **The NIDA National Drug Abuse Treatment Clinical Trials Network (CTN)**

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In 1999 the Center for Substance Abuse Treatment, of the Substance Abuse and Mental Health Services Administration developed Practice Improvement Collaboratives. These are seven statewide and seven metropolitan are projects to: support and promote effective and efficient community-based drug abuse treatment, develop and sustain community involvement and commitment to practice improvement in the delivery of substance abuse treatment services, and improve the quality of substance abuse treatment through the adoption of evidence-based practices in community-based organizations.

In 1999 the National Institute on Drug Abuse (NIDA) developed The National Drug Abuse Treatment Clinical Trials Network (CTN) to improved drug abuse treatment throughout the Nation using science and the vehicle.

The goals of the CTN treatment initiative are to: develop new treatment components, improve existing treatment components, and to incorporate efficacious treatments into clinical practice. This is NIDA's largest initiative designed to blend research and clinical practice by bringing promising therapies to community treatment providers.

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