



Methamphetamine & opioids in Washington

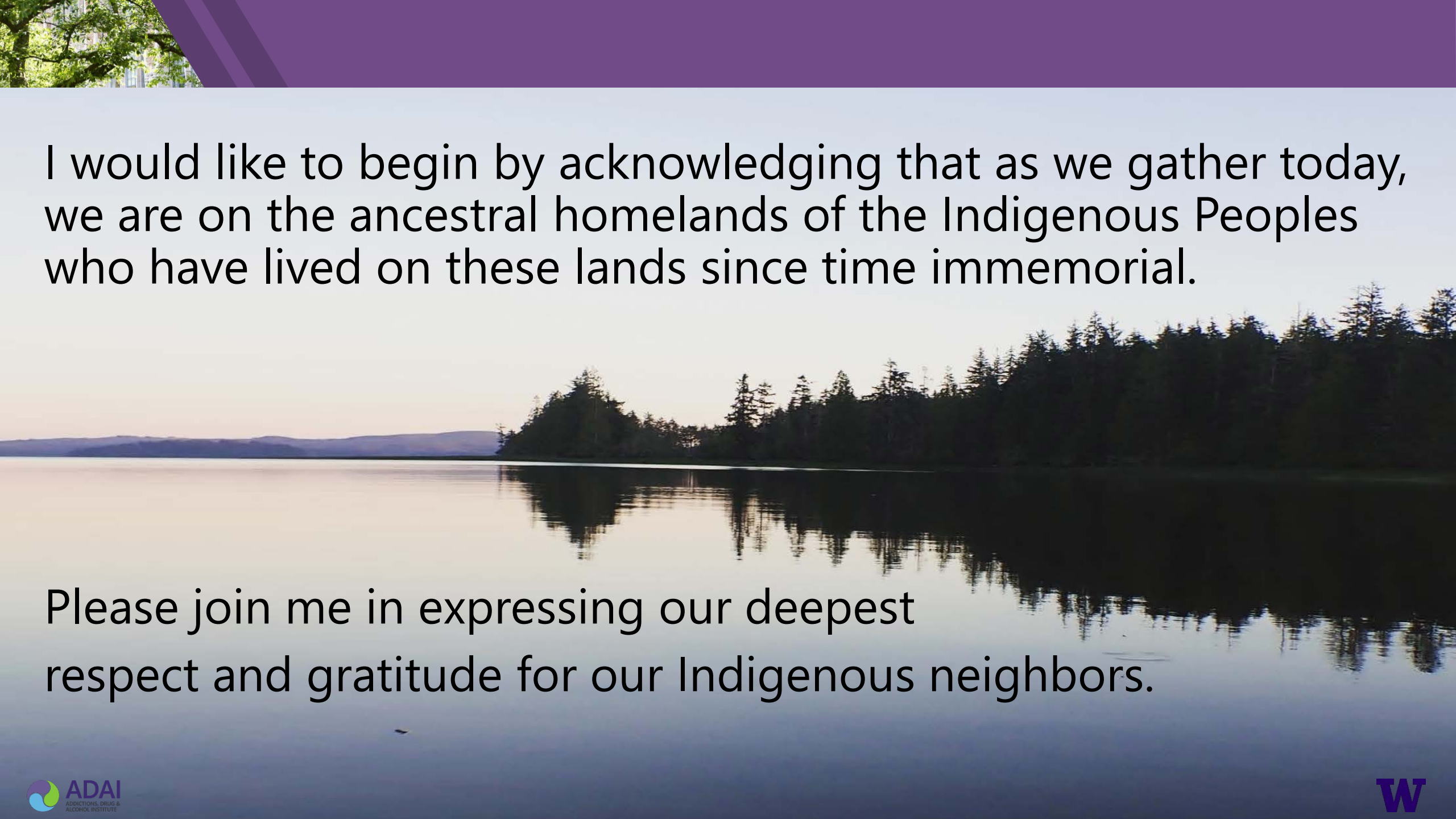
Alison Newman, MPH



OVERDOSE PREVENTION, HARM REDUCTION, & TREATMENT

Welcome!

- All participants are muted with webcams off
- Please ask us questions and/or provide constructive feedback
 - Ask questions in the Q&A
 - Provide comments in the chatbox
- This session is being recorded
- We will send the recording and slides in a follow up email
- If you need a Certificate of Attendance, please email Meghan King at mking@wapc.org



I would like to begin by acknowledging that as we gather today, we are on the ancestral homelands of the Indigenous Peoples who have lived on these lands since time immemorial.

Please join me in expressing our deepest respect and gratitude for our Indigenous neighbors.



What we'll cover today

- Basics of opioids vs. stimulants
- Trends in opioid and stimulant use and data
- Why do people use opioids and stimulants together
- What can communities and individuals do to help



Who am I?

- Health educator focused on education around drug use and overdose from a public health approach.
- Public health looks at the population level and full spectrum of services and supports that can improve health.
- I'm not: a doctor or nurse, pharmacist, mental health provider, SUD counselor.



Stigma

- There is stigma associated with opioid use and stimulant use.
- Consider how people talk about alcohol vs how they talk about methamphetamine.
- Stigma causes challenges in accessing health care, treatment, housing, etc.



The Basics

What is substance use disorder? What are stimulants and opioids?



Substance use and use disorder

- Not all substance use is substance use disorder.
- Substance use disorder:
 - Continued use despite negative consequences
 - Can't easily cut back or stop
 - Not just physical dependence. Affects, thinking and relationships.



Treating SUD like a medical condition

- Views substance use disorder as a “chronic relapsing condition.”
- Treatment begins at or before the time when symptoms interfere with patient health or function.
- An increase in symptoms means someone needs more care, or a different treatment. Not a reason to stop treatment.
- The person doesn’t fail the treatment. The treatment fails the person.
- Focuses on improving health and quality of life. Not necessarily abstinence from all substances.



UNIVERSITY *of* WASHINGTON

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Opioids and Stimulants: What Are They and How Are People Using Them?



ADAI
ADDICTIONS, DRUG &
ALCOHOL INSTITUTE

K. Michelle Peavy, PhD; Caleb Banta-Green, PhD, MPH, MSW; Mandy Owens, PhD



What are opioids?

- A class of drugs that can cause euphoria, relaxation, reduce pain.
- Used as pain reliever and anesthetic. Also illicit forms.
 - Examples: oxycodone, heroin, fentanyl, Percocet, Vicodin.
- Risks include:
 - Dependence, use disorder, overdose, death.



What are stimulants?

- Class of drugs that cause increased energy, attention, respiration, heart rate, appetite suppression, enhanced mood.
- Used to treat ADHD, also illicit forms.
 - Methamphetamine, Adderall, cocaine.
- Risks include:
 - Use disorder, cardiovascular problems, overdose, death.

Comparison

	Opioids	Stimulants
Drug effects	Relief from pain, feeling relaxed, drowsy, confused, happy/euphoric, respiratory depression	Increased energy, attention, respiration, heart rate, appetite suppression, enhanced mood
Withdrawal effects	Flu-like symptoms (vomiting, diarrhea, discomfort, pain), anxiety, agitation	Sedation, depressed mood, inability to experience pleasure, psychomotor retardation, dulled responses
Motivations for use primarily driven by:	Withdrawal/Negative Affect: Once physiologically dependent, use patterns are marked by avoidance of withdrawal symptoms	Binge/Intoxication: Use patterns marked by repeatedly seeking pleasure/other effects of the substance



What are the risks?

- Using opioids and stimulants together increases the risks for:
 - Overdose (synchronistic effect of using opioids and stimulants at the same time)
 - Worse health, mental and physical, including HIV, HCV.
 - Greater difficulty with employment and housing



What are the risks?

- Higher likelihood of injection as the route of administration (Daniulaityte et al., 2020; Glick et al., 2018; Shearer et al., 2020);
 - Higher rates of viral hepatitis (Chawarski et al., 2020; Shearer et al., 2020);
 - Poorer physical (Timko et al., 2017) and mental health status (Shearer et al., 2020; Timko et al., 2017);
 - Riskier drug use including preference for fentanyl over heroin (Daniulaityte et al., 2020)
 - Less stably housed (Chawarski et al., 2020; Daniulaityte et al., 2020; Glick et al., 2018);
 - Higher likelihood of unemployment (Chawarski et al., 2020)
 - Poorer SUD treatment outcomes like retention (Wang et al., 2017).



Trends

What's going on in Washington?



Trends

- Co-use of stimulants and opioids appears to be increasing. Reflected in:
 - Increasing deaths involving stimulants and opioids
 - National surveys that show increased use of both
 - Reports of increased use of stimulants in people with opioid use disorder
 - Syringe services programs staff report that more of their participants use stimulants and opioids together.

2019 WA SSP Survey

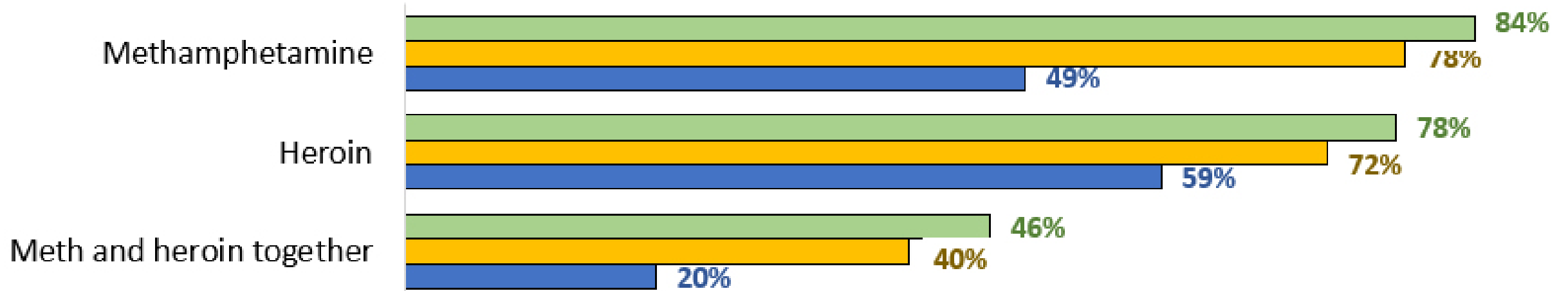
Substance use in past 3 months and “main drug” *n=1,269*

	Used in the past 3 months				Identified as “main” drug
	n	%	Injected	Smoked	
Methamphetamine by itself	1,065	84%	73%	79%	26%
Heroin by itself	987	78%	96%	51%	57%
Methamphetamine and heroin together (goofball)	583	46%	96%	29%	8%

<https://adai.uw.edu/wa-state-syringe-exchange-health-survey-2019-results/>

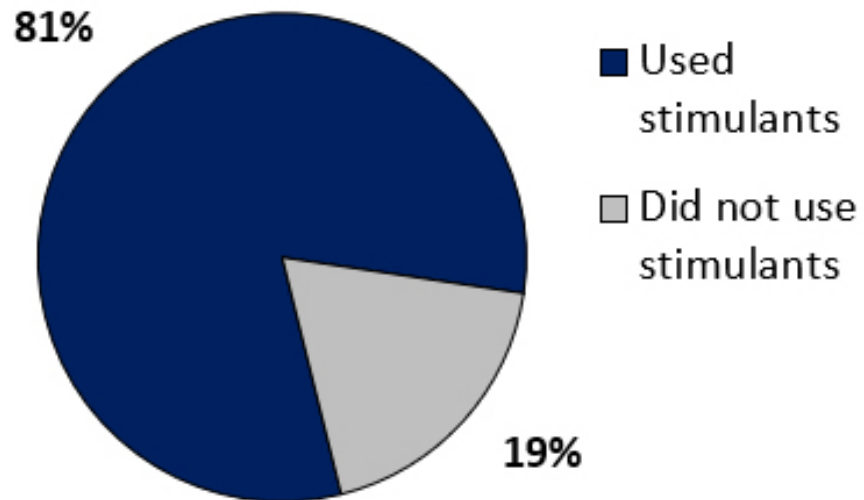
2019 WA SSP Survey

Drugs used in different time frames $n=1,269$

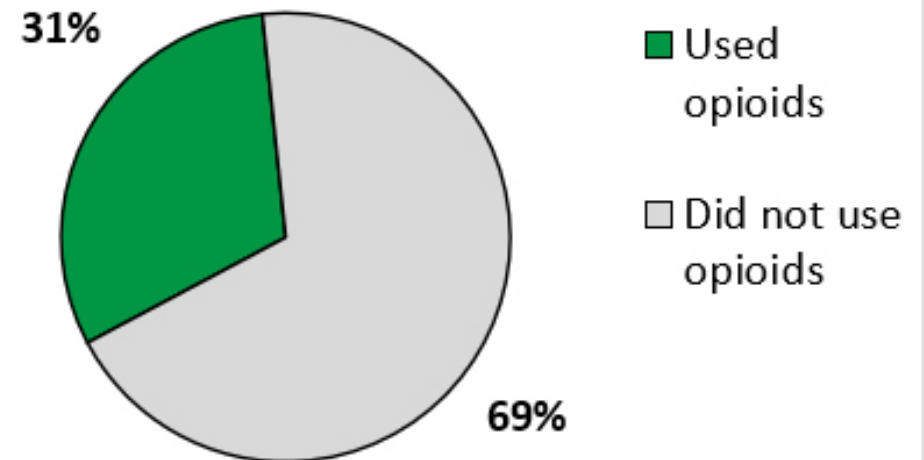


2019 WA SSP Survey

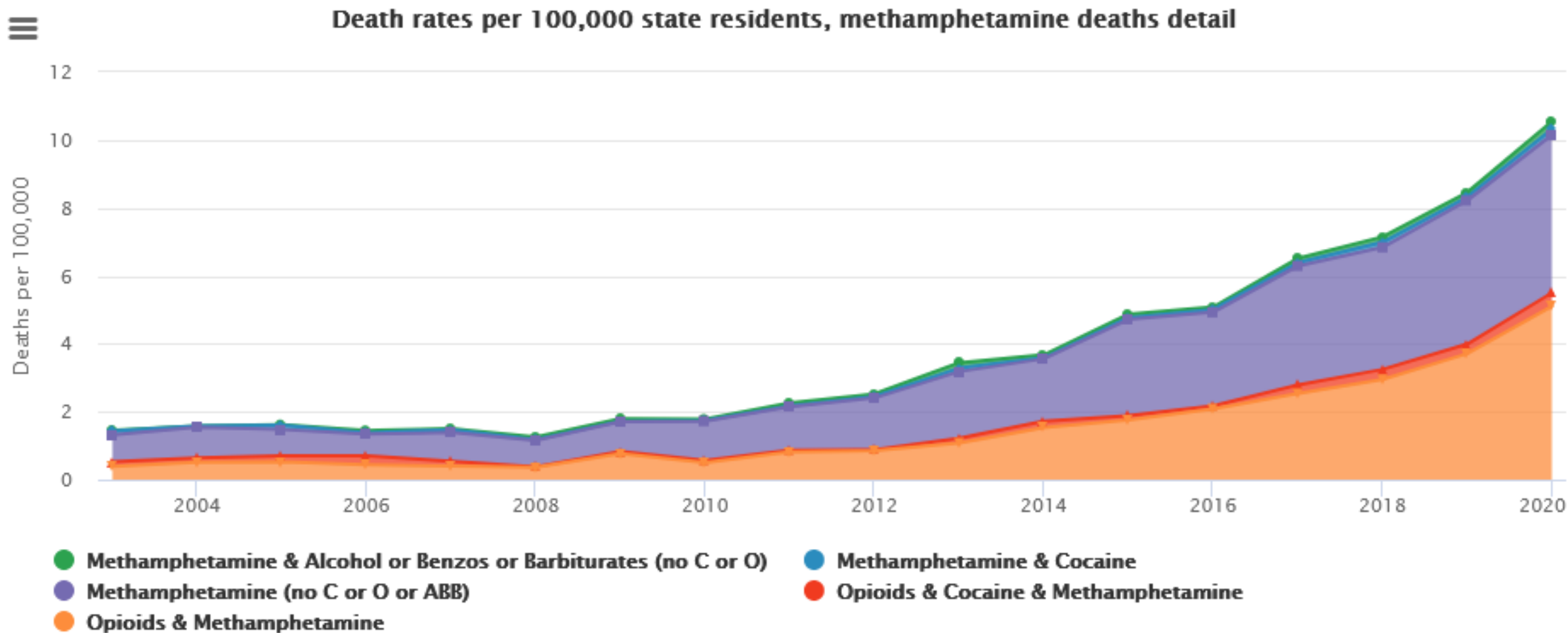
Past week stimulant use
among main heroin *n=725*



Past week opioid use
among main methamphetamine *n=331*



<https://adai.uw.edu/wa-state-syringe-exchange-health-survey-2019-results/>



<https://adai.uw.edu/wadata/methamphetamine.htm>



Reasons for use

Why do people use opioids and stimulants together?



Why do people use opioids and stimulants together?

- Availability
- Pleasure
- Social setting
- Functional reasons
 - Balance out effects of each drug
 - Reduce withdrawal symptoms
 - Energy
 - Pain
 - Coping

“Treat us like individual human beings”:
2018 qualitative interviews with Washington
State syringe exchange participants

ADAI

ALCOHOL &
DRUG ABUSE
INSTITUTE

Alison Newman, MPH, Connor Henry, MPH, Caleb Banta-Green, PhD, MPH, MSW

<https://adai.uw.edu/pubs/pdf/2018syringeexchangeinterviews.pdf>



Qualitative interviews

- 24 interviews conducted in 2019 at SSPs in WA.
- Participants were asked about their substance use, and what would help them.
- Most used methamphetamine and heroin.



Availability

- *“They’ve kind of gone hand-in-hand. Everyone that’s doing heroin is doing meth. So you’ve got your meth and dealing and also to be able to keep up so you can get your next fix and not go to sleep until you’re dope sick.”*



Function

- *"If you do meth and you're sick from heroin, it usually takes care of the pain."*
- Also use for energy, to stay awake at night for safety, to reduce physical pain.



Cope with trauma/life events

"I went through some traumatic events when I was young that I truly believe I use drugs to repress and cope with... I don't have counseling available to me.

I don't trust anybody I talk to on a day-to-day basis to open up to... And as soon as those feelings or emotions start coming up, then I use drugs to numb them and run away from them."



What can communities do?

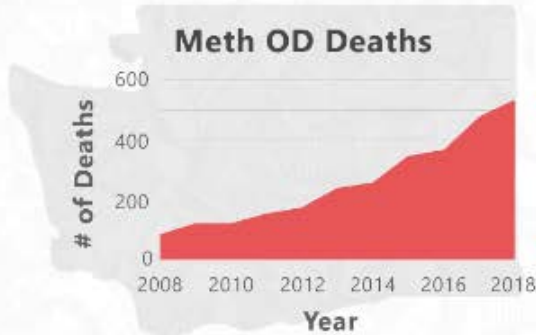
- **Help people meet their basic needs**
 - Housing
 - Employment support
 - Food
 - Healthcare
 - Transportation



What can communities do?

- **Provide harm reduction services.**
 - Distribute naloxone.
 - Provide safer use supplies.
 - Educate people about how to recognize and respond to:
 - Stimulant overdose/overamping
 - Opioid overdose

Meth Overdose: Know When to Get Help



Meth deaths have **increased 600%** in the last decade in WA State.

Learn more at stopoverdose.org



Watch for these danger signs:

- Super fast heart rate (2-3x faster than normal)
- High body temperature (sweating or hot, dry skin)
- Really painful headache
- Chest pain or tightness
- Can't walk or move
- Won't wake up
- Can't feel arms or legs
- Seizure or shaking you can't control



Call 911:

If you see these signs, **call 911** or get medical help right away!

The **Good Samaritan Overdose Law** protects you and the victim from prosecution for drug possession.



Washington
Recovery Help Line
24 Hour Help for Substance Abuse, Problem Gambling & Mental Health
1.866.789.1511

Want help to cut down your meth use?

Call the Washington Recovery Help Line at 1.866.789.1511

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Opioid Overdose



If someone you know is taking prescription pain medication or using heroin...

...would you know what to do if they accidentally overdosed?

**This information could help you
save a life.**

Center for  Opioid Safety Education
Preventing overdose deaths in Washington



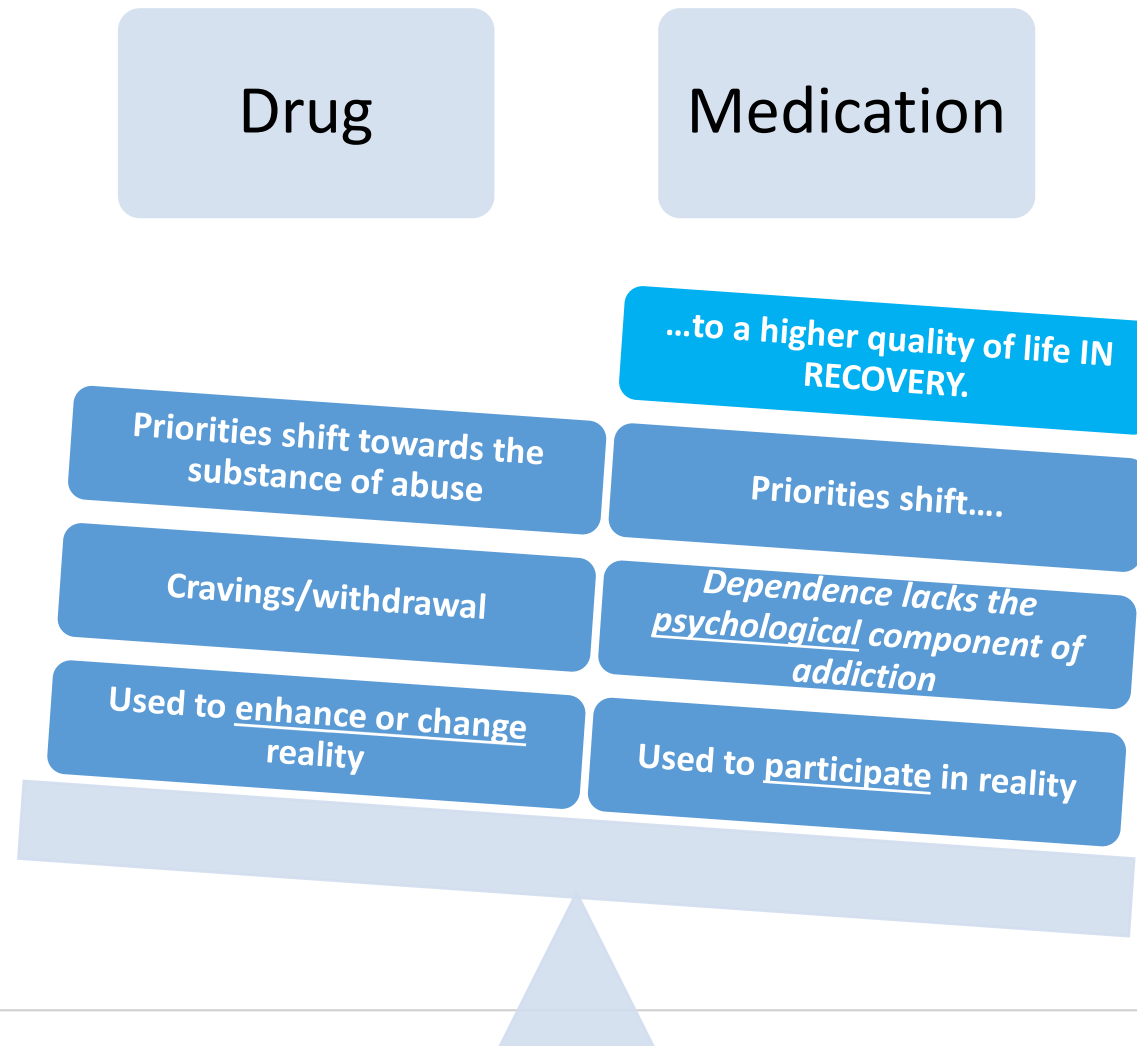
Stopoverdose.org



What can communities do?

- **Provide holistic and inclusive treatment for substance use disorder.**
 - Medications for opioid use disorder
 - Contingency management and other behavioral and social supports for stimulants
 - Mental health counseling when appropriate
 - Housing, food, employment, primary care

Treating SUD with medications



Medications



- Medications cut the risk of dying in half.
- Improve health and function.
- Reduce withdrawal.
- May help people reduce co-occurring stimulant use.

<https://www.learnabouttreatment.org/for-professionals/client-engagement/>



What can you do?

- **If you know someone who is using stimulants and opioids:**
 - Show care and compassion
 - Learn more about opioids and stimulants at
 - Stopoverdose.org
 - Learnabouttreatment.org
 - Talk to the [WA Recovery Help Line](http://WARecoveryHelpLine.org), 1-866-789-1511, to learn about treatment options



Thank you!

- Thank you to all the people who shared their experiences with us through surveys, interviews, or material development.
- Thank you to my ADAI colleagues, Dr. K. Michelle Peavy for her great infobrief and Dr. Jason Williams for his data pages!
- Thanks to everyone for attending!
- Alison Newman, alison26@uw.edu



Resources

- [LearnAboutTreatment.org](https://www.LearnAboutTreatment.org)
- [StopOverdose.org](https://www.StopOverdose.org)
- [Washington Recovery Help Line](#)



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