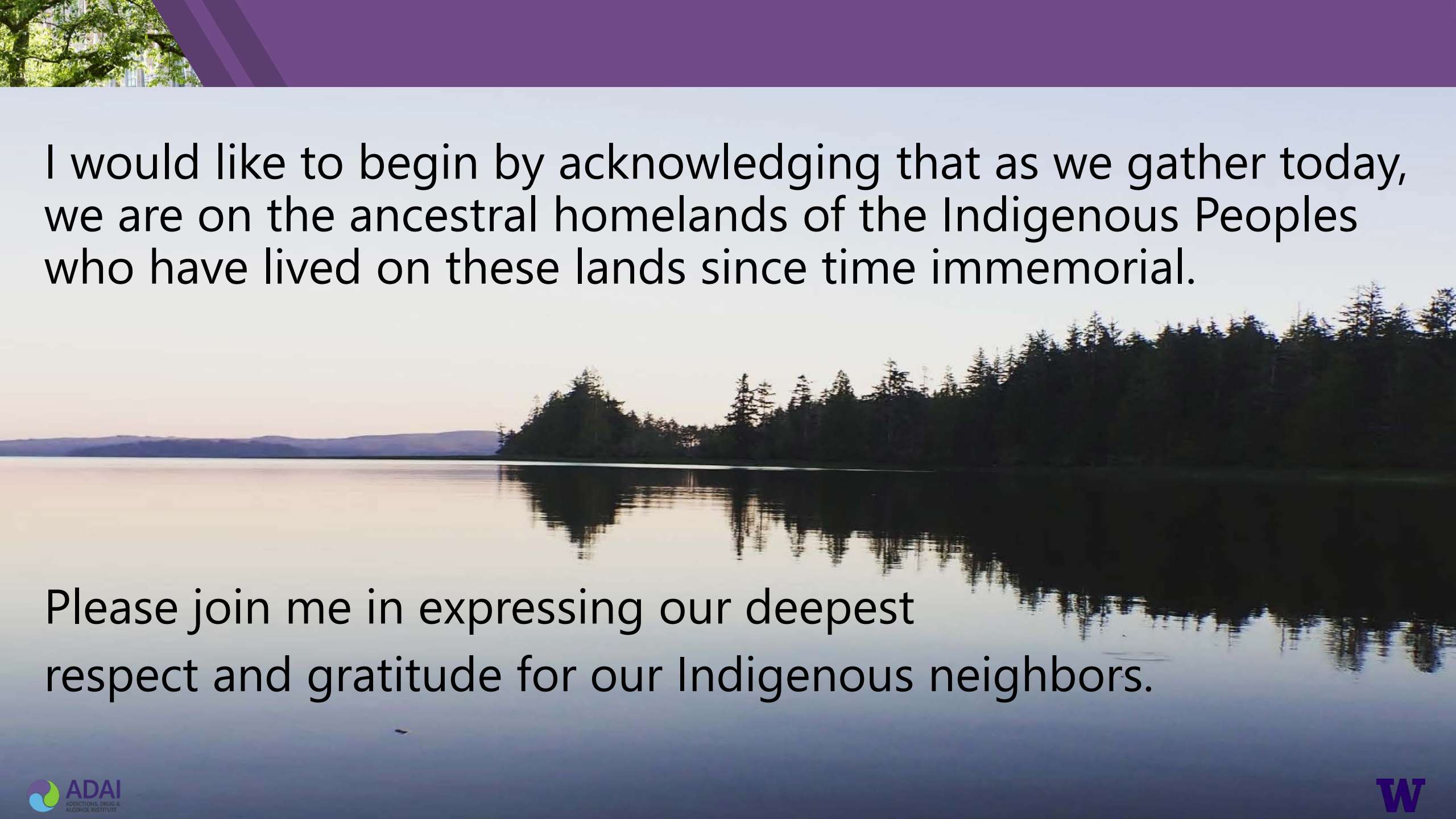




Stimulants: Basics, trends, and what you can do

Alison Newman, MPH

August 2022



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.

Who am I?

Alison Newman, MPH

- Health educator at UW-ADAI, provides training and education on overdose prevention and response, surveys and research with people who use drugs.
- Focused on a **public health** approach to drug use.
 - I'm not a doctor, nurse, CDP, social worker, etc.
- What is a public health approach?
 - Reduce death or illness and improve quality of life at a population level.
 - Use tools like epidemiology, health education, policy, to improve health.

Agenda

- Stimulants basics
 - What are they?
 - Why do people use them?
 - WA Data
- Stimulant “overdose” signs and symptoms
- Treatment for stimulant use disorder
- Resources to learn more



Stigma

- Consider how people talk about alcohol or tobacco vs how they talk about methamphetamine and heroin. Or how people talk about chronic conditions like cancer or diabetes.
- Stigma causes challenges in accessing health care, treatment, housing, etc.
- Most important thing is to treat people as individuals, listen to them, show them care, focus on “any positive change.”



Intro

Enter into the chat:

What do you know about stimulants like methamphetamine?

What do you hope to learn from this presentation?

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, mental health issues, 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



Trends

What's going on in Washington? What can state and local data tell us?

WA State Overdose Deaths

Health officials urge public to carry naloxone as WA overdose deaths climb at ‘alarming’ rate

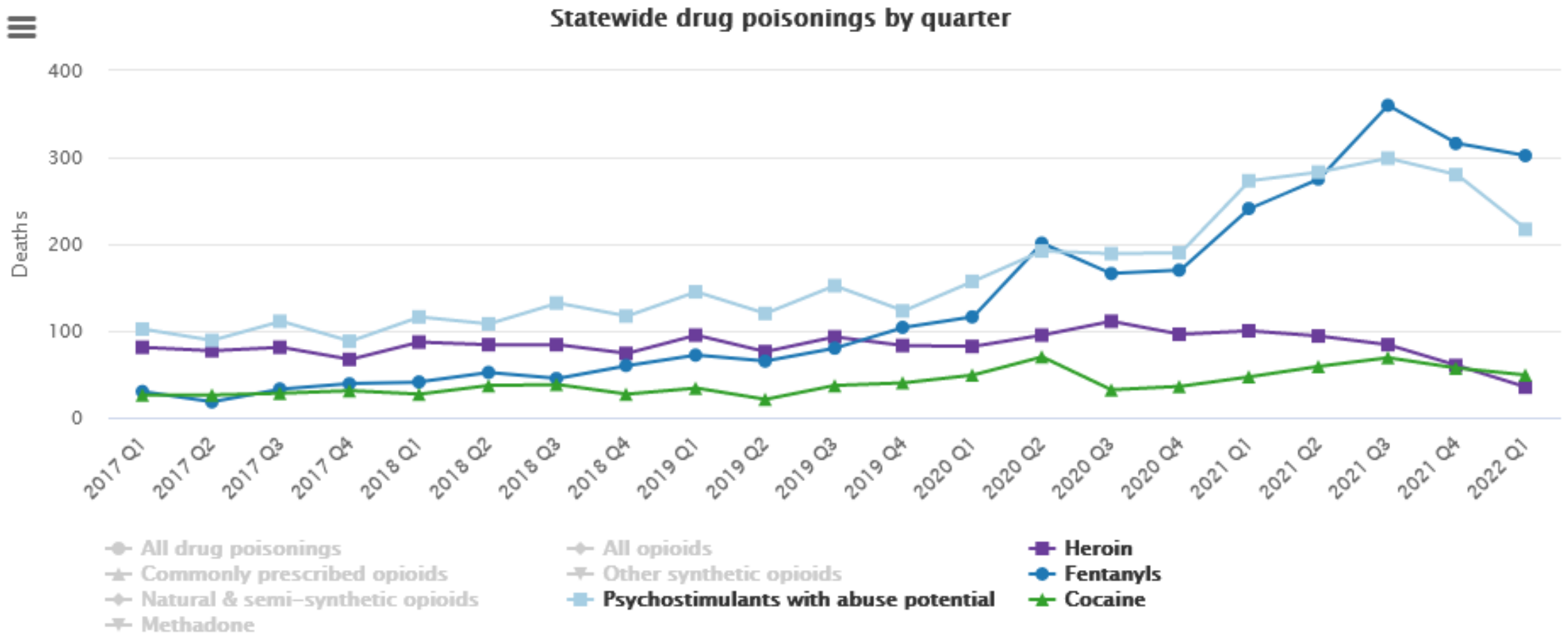
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- +2,000 overdose deaths in 2021, 68% increase since 2019.
- Higher increase in deaths among Black, Hispanic/Latinx, and American Indian/Alaska Native people.
- Majority male, average age 45.
- Over half of overdose deaths involved fentanyl, almost half (45%) involving methamphetamine.

<https://doh.wa.gov/newsroom/overdose-deaths-washington-top-2000-2021-and-continue-rise>

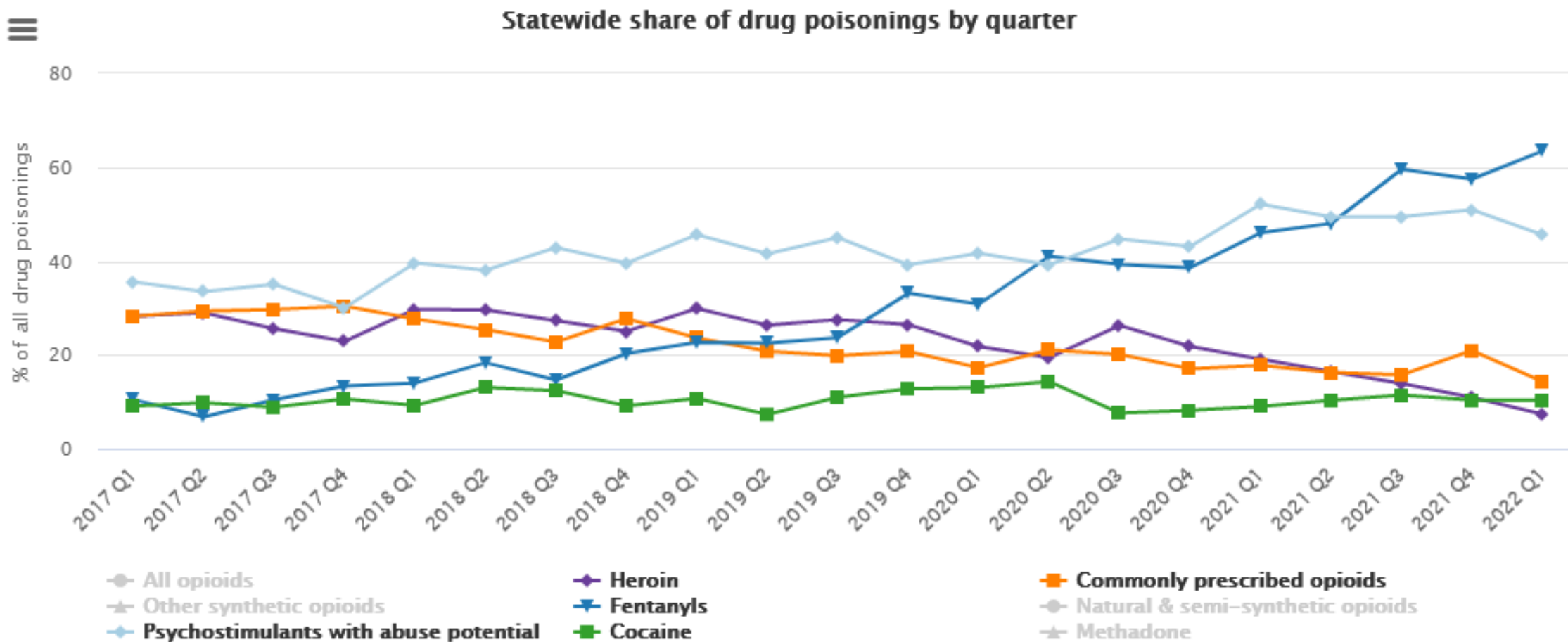
Preliminary overdose death data



Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata

Data sources: Washington State Department of Health. Q = quarter. Data for recent quarters are preliminary.

Drugs involved in overdose deaths



Analysis by UW ADAI. For data sources, see text or adai.uw.edu/WAdata

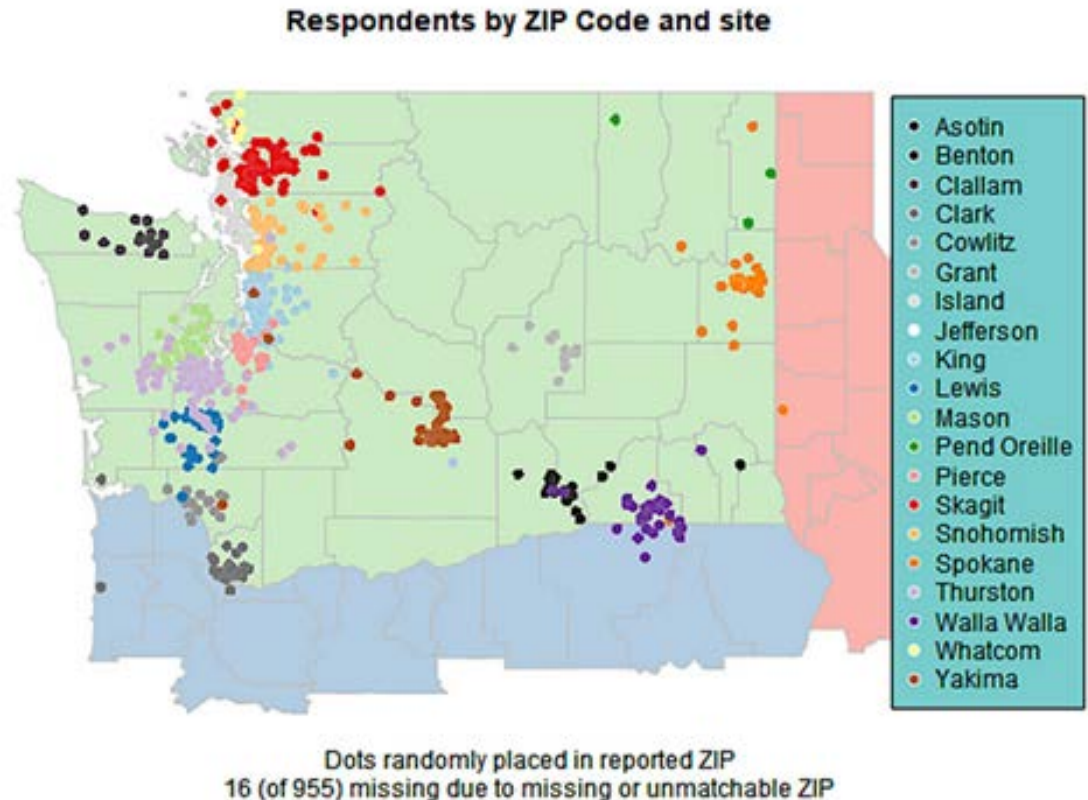
Data sources: Washington State Department of Health. Q = quarter. Data for recent quarters are preliminary.

Trends

- Co-use of stimulants and opioids appears to be increasing. Reflected in:
 - Increasing deaths involving stimulants and opioids, both alone and together.
 - 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.

Data from the WA State SSP Survey

- Conducted every other year, most recently Fall 2021.
- Survey participants at syringe services programs throughout WA State.
- [Learn more about the survey here.](#)
- In 2021: 955 respondents from 21 programs



2021 WA SSP Survey

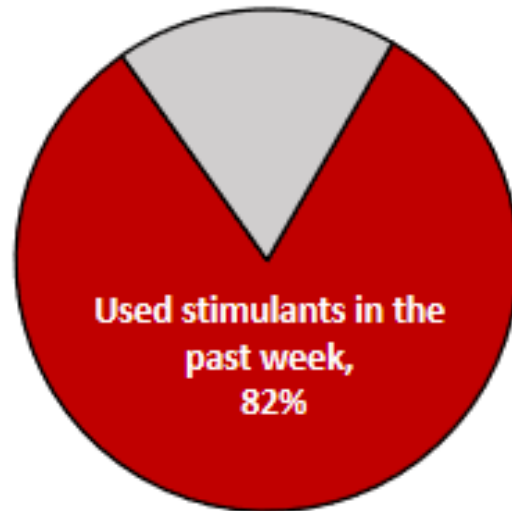
Table 4. Substances used in the past 3 months compared to “main drug” *n*=955

	Used in past 3 months		Identified as “main” drug	
	n	%	n	%
Methamphetamine by itself	822	86%	273	29%
Heroin by itself	656	69%	388	41%
Methamphetamine/heroin mixed (goofball)	463	48%	205	21%
Fentanyl, by itself or mixed in something	401	42%	32	3%

<https://adai.uw.edu/syringe-survey-2021/>

2021 WA State SSP Survey

Main drug heroin
(n=386)



Main drug meth
(n=268)

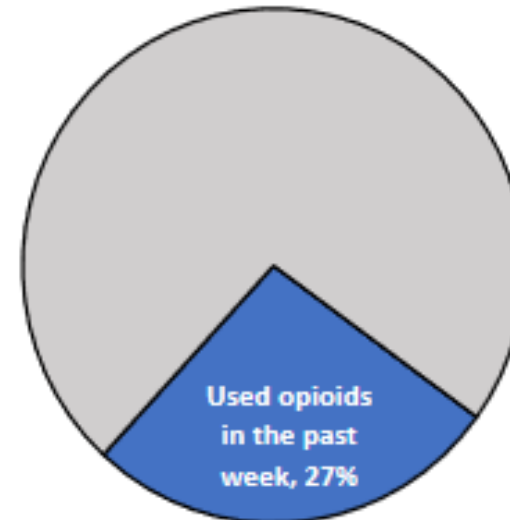


Figure 3. Past week use of opioids or stimulants

WA State SSP Survey

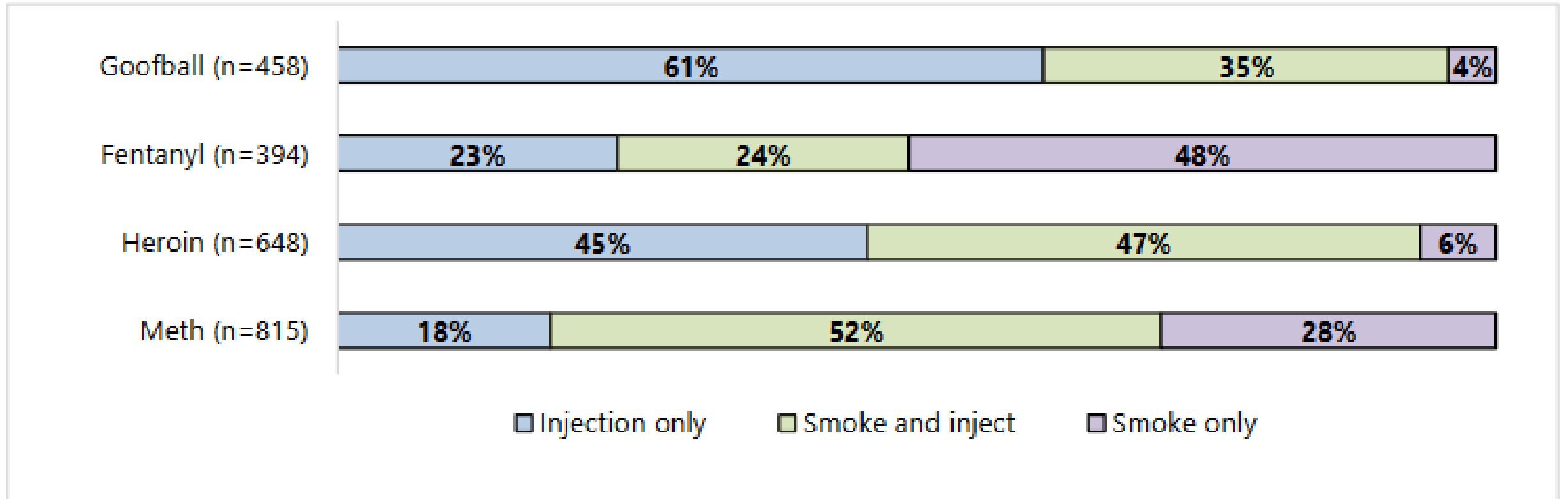


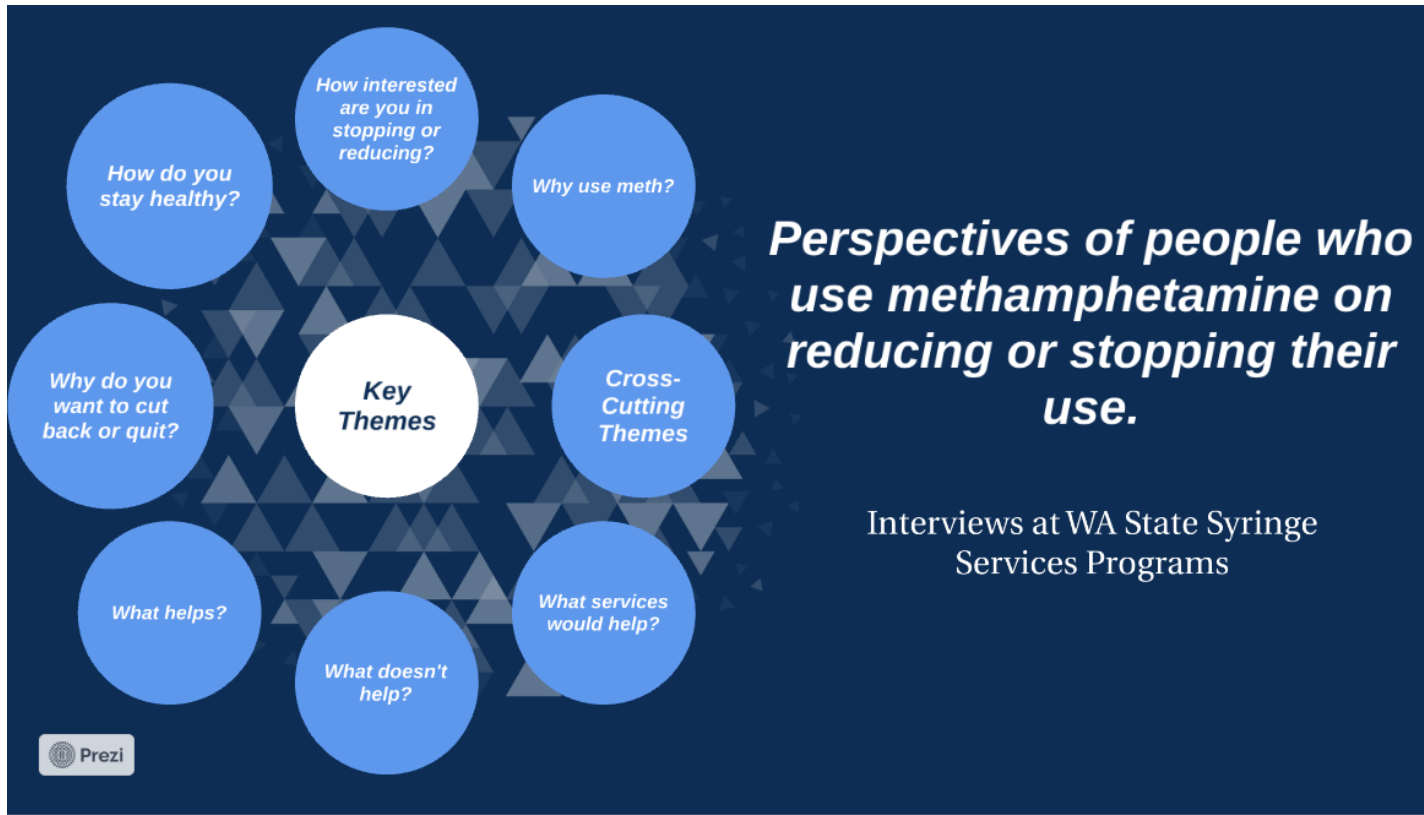
Figure 6. Route of ingestion of drug used in past 3 months



Why do people use stimulants?

Results from qualitative interviews with people who use methamphetamine

Full report on methamphetamine



Interviews with 27 WA State SSP participants.

Most wanted to cut back or quit meth. Complex motivators and barriers reflect people's complex reasons for use, many related to social determinants of health.

[Read the full report](#)

Key Themes

- Most participants saw both benefit and harm from their methamphetamine use.
- Many participants lacked stable housing, employment, or other practical needs such as transportation, childcare, and primary health care.
- Self-reported level of interest was not always static, revealing the ambivalence most felt about their methamphetamine use.
- Regardless of their level of interest in reducing or stopping their methamphetamine use, participants wanted an array of social and health care services beyond substance use disorder treatment to help them reduce or stop their methamphetamine use.

Lack of Basic Needs:

Food, transportation, childcare, and housing

“So as long as I was couch-surfing at my friends' houses that were users, I was going to be using. So I finally have a home now, so that makes a huge difference. I think that was kind of key for me, was just having a home and transportation. Have the essentials to be able to function in society. I just needed those certain connections to society. So without those it was kind of, you were on the outside with all the other users, and so you just kind of keep using because there's really nothing else to do...no way to win. Because if you feel like you can't win, you've already been beaten before you even start, then why even try a lot of times?”

Reasons for Use

Respondents discussed many reasons for using methamphetamine. Many of these were related to beneficial roles that methamphetamine plays in their lives. Others were related to discomfort of withdrawal.

Benefit

***Discomfort of
Withdrawal***

Benefit

Most participants specified at least one way that methamphetamine played a beneficial role, like helping them function in a job, avoid emotional pain, or manage difficult life circumstances like homelessness.

"Well, because the job that I work at is really high energy, I use it-- I don't really feel the effects of it. I use it as a tool to help with my energy level."

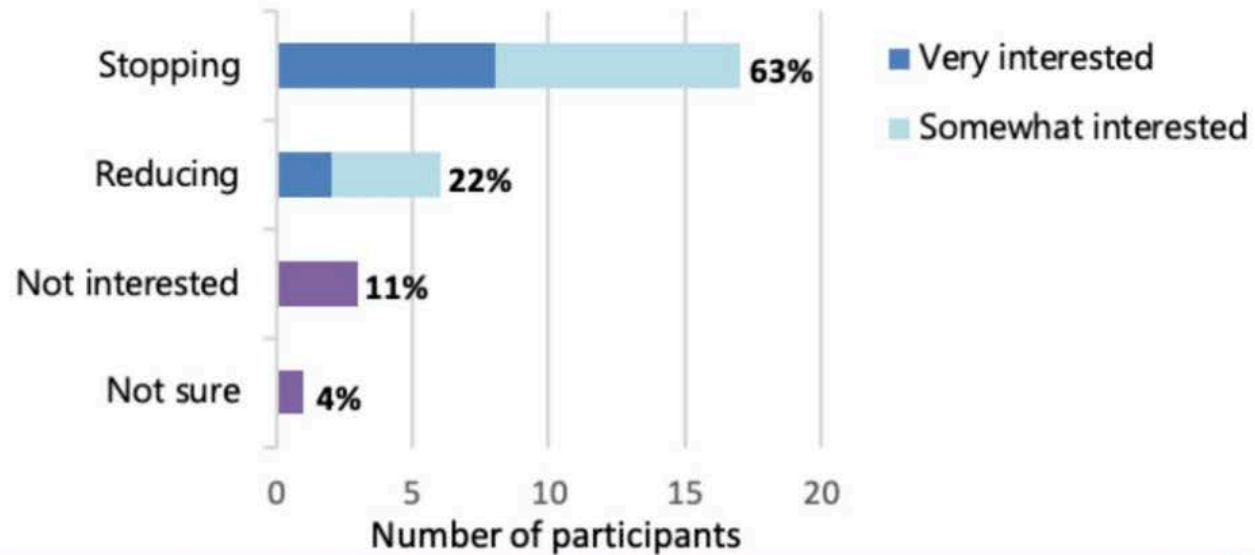
"I mean, it helps with the pain of missing your kids. And I know it sounds harsh, but it numbs the pain."

Discomfort of Withdrawal

Many participants described feeling driven to continue using to avoid discomfort from withdrawal.

“People take the simple things for granted. Seriously. Even just waking up and having a cup of coffee, I wish I could do that. Instead, it's I wake up, and I have to get high or else I'm sick. I have to get high, and then I'm, Okay, what am I going to do to get it? How long do I have before I'm sick again?...I get really aggravated and irritated if I don't have meth. And my boyfriend hates it. He says I'm a meth monster. If I don't have it, I'm a monster. And I'm like, I don't mean to be. But it's just how it is, now.”

How interested are you in reducing or stopping your methamphetamine use?



Even with a clear response to this question, people's level of interest varied throughout the interview. This suggests interest in change and readiness to change are separate.

***Family &
Relationships***

***Physical
Health***

***What are some reasons
you want to reduce or
stop your meth use?***

Almost all the participants we spoke with wanted to cut back or quit using methamphetamine. People had varied and complex reasons for this.

***"Normal
Life"***

***Mental
Health***

Desire for a "Normal Life"

"Trying to go back to a normal life, I guess. Been doing the homeless drug addict for the last 12 years. It's getting old... A job and just supporting and having your own place, your own apartment, and you get a job. It's mainly be normal."

Facilitators & What Helps

What would help you reduce or stop your methamphetamine use?
Are there any services that have been helpful?

Participants identified a range of factors, services, and resources that have helped or would help.

Medications

Relationships

Substance Use Services

Employment

Personal Factors

Purposeful Activities

Housing

Relationships

Nearly everyone mentioned that relationships and social connections with peers, friends, family, and even pets played an important role.

“So it would be just a matter of having the right support of peers, friends, or whatever. When I made it five months this last two months, whatever, it was my mom and my dad and my sister. So it's family, I guess.... So it's a matter of being around people, I guess, instead of alone because I spent a lot of time alone on the streets or whatever. So yeah, being around people.”

Substance Use Services:

Support groups, case managers, syringe services programs,
substance use treatment

“I participate in...a Native American-based sobriety group, and I just really enjoy it because of the community. And it just really...creates a whole new family of sober people.”

Personal Factors:

Internal drive, spirituality, staying positive,
setting goals, being held accountable

“I want to say internal drive, I guess. There's just been times that I've just wanted it more than other times. And when I want something, I tend to go get it. And so it's just about what's motivating me to want those things and to go out and get them?”

Barriers & What Doesn't Help

What has prevented you from getting the help you want?

Participants shared complex barriers to cutting back or quitting methamphetamine.

***Individual
Level
Barriers***

***Community
Level
Barriers***

***Service
Level
Barriers***

**Other
Services**

**Contingency
Management**

What services would help?


	Yes	No	Not sure/ it depends
Housing	23	2	2
Contingency management	23	2	2
Someone to help navigate services	21	5	0
Mental health counseling	20	4	3
Cash assistance	20	5	2
Employment support	19	5	1
Help with a legal issue	17	5	0
Detox	16	9	2
Primary health care	16	5	2
Substance use disorder (SUD) counseling (1 on 1)	16	8	3
Medication to reduce stimulant use	15	9	3
Help with a specific health issue	14	7	3
Outpatient SUD treatment	14	5	8
Inpatient/residential SUD treatment	9	14	3

Outpatient

Inpatient

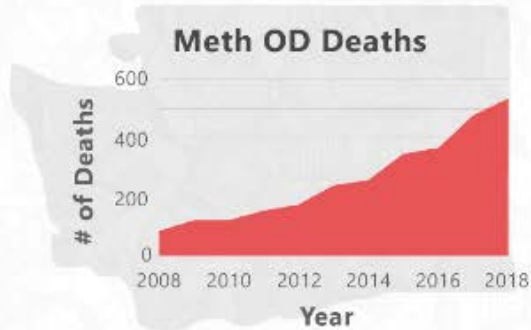
Recommendations

- **Meaningfully involve people who use meth** in planning and implementation of services. People who use drugs have clear preferences and useful insights and ideas.
- **Include resources to help meet basic needs** such as food, housing, health care, and employment, and co-locate these services where possible.
- **Allow time for change.**
- **Support incremental behavior change.**

- 
- **Provide flexible, walk-in access.**
 - **Emphasize acceptance, self-efficacy, and meaningful personal connections.**
 - **Train staff** on harm reduction and effective engagement strategies for methamphetamine.

Stimulant 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

ADAI UNIVERSITY of
WASHINGTON

Good Samaritan Law

**See an overdose
CALL 911!**

Washington's Good Samaritan law protects you!



If you get medical help for an overdose or alcohol poisoning, you and the victim cannot be charged for drug use, possession, or underage drinking.

**Never let someone
"sleep it off."**

WA RCW 69.50.315



Treatment

What are the treatments for stimulant use disorder?

Treatment for stimulant use disorder

- No FDA approved medications. Some meds show promise, but limited effects for most patients.
- Most effective treatment currently is Contingency Management and other behavioral treatments.
- Programs should address people's social determinants of health.

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.

Learn About Treatment

- [Learn About Treatment](#)
- Resources on medications for OUD, friends and family, and healthcare providers



LEARN ABOUT TREATMENT

for you, your family member or friend, or your community

Take a look and send any comments to me, at
alison26@uw.edu

Resources

- [What is stimulant use disorder?](#) And [Treatments for stimulant use disorder](#) from [LearnAboutTreatment.org](#)
- [Methamphetamine overdose/overamping](#) on [StopOverdose.org](#)
- [Opioids and Stimulants: What Are They and How Are People Using Them?](#), ADAI infobrief
- [Helping People Who Use Opioids and Stimulants](#), ADAI infobrief
- [Interest in reducing methamphetamine and opioid use among syringe services program participants in Washington State](#), journal article by Dr. Vanessa McMahan et al.
- [Methamphetamine trends across Washington State](#), WA Data page from ADAI



Thank you!

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