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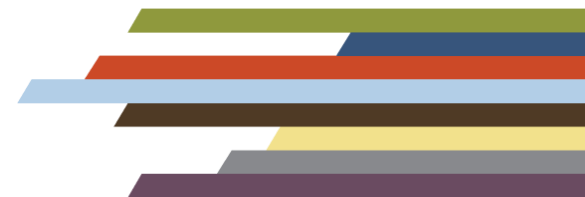
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Understanding and Addressing Methamphetamine Use in the Great Lakes and South Southwest

Presenters, Josh Esrick and Emily Patton

Moderator, LaShonda Williamson-Jennings

October 26, 2021



Funding and Disclaimer

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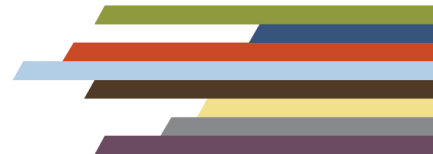
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Introductory Presenter Slide



Josh Esrick, MPP



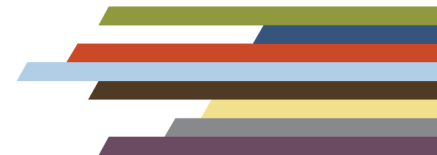
Emily Patton, MSc., Pg.Dip



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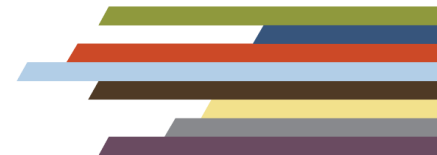
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Learning Objectives

- Examine trends in, and impacts of, methamphetamine use
- Overview the current evidence base for methamphetamine use and overdose prevention strategies
- Explore recommendations for improving methamphetamine prevention

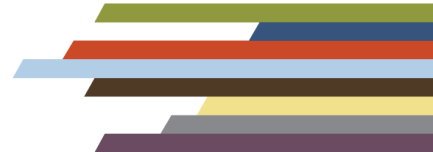


Current Trends



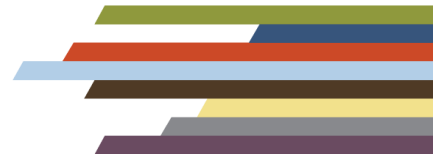
The Impact of COVID-19

- Little hard data available yet on impact of COVID-19 pandemic on substance use, including methamphetamine use
- Available data suggest that substance use overall increased dramatically last year



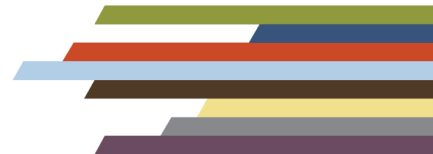
The Impact of COVID-19

- Stress, anxiety, and depression all significantly increased
- By June 2020, 13% of adults said they “started or increased” their substance use to cope with the pandemic
- Methamphetamine supply chain unaffected by pandemic
- Provisional fatal overdoses increased by ~30% in 2020



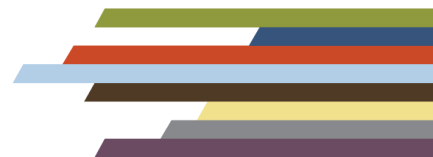
Methamphetamine Use and Trends

- From 2016 to 2019, past-month methamphetamine use increased 76% nationally
- From 2015 to 2018, 1.6. million adults on average reported methamphetamine use annually
- Around 50% of methamphetamine users meet the criteria for a methamphetamine use disorder diagnosis but most do not receive needed treatment
- Methamphetamine use significantly overlaps with mental health disorders



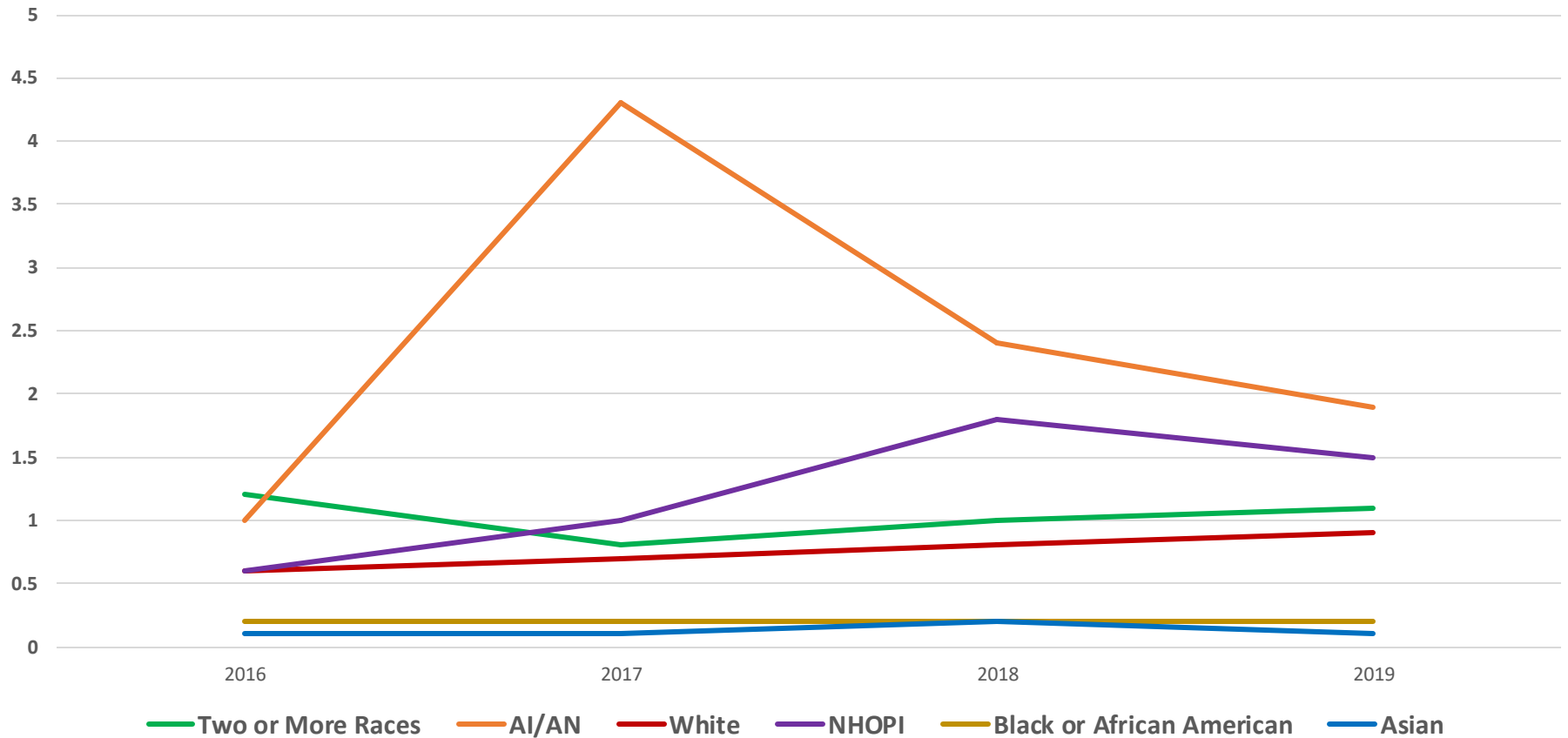
Methamphetamine Use and Trends, Continued

- Generally, men are almost 2x as likely as women to use methamphetamines
- American Indian and Alaska Natives (AI/AN) have the highest rates of methamphetamine use in the United States
- Methamphetamine use is more common among individuals who have an education level less than a college degree
- Methamphetamine use among unemployed adults almost doubled from 2018 to 2019



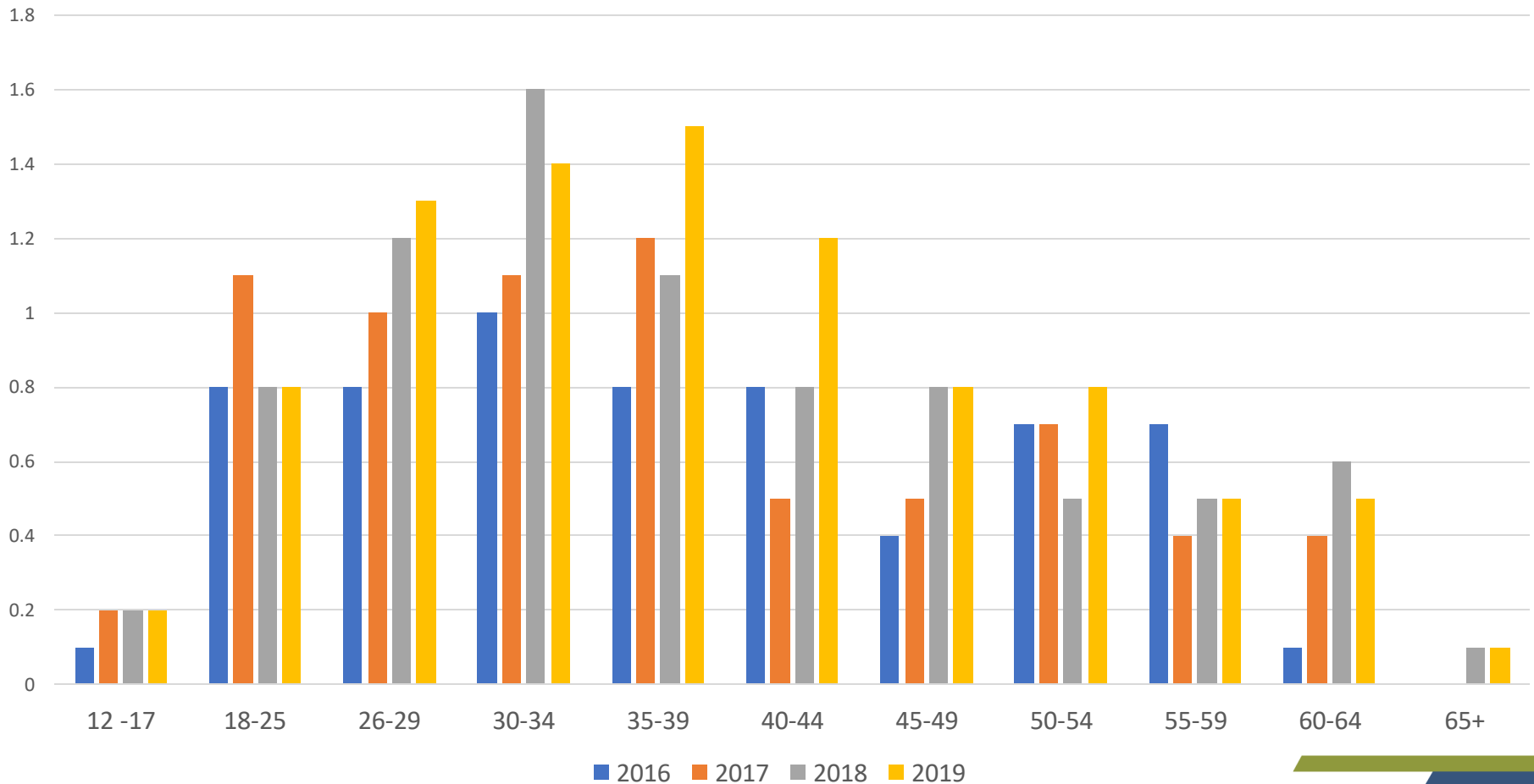
Use Is Highest Among AI/AN and Native Hawaiian or Other Pacific Islander (NHOPI) Populations

Past Year Methamphetamine Use, %



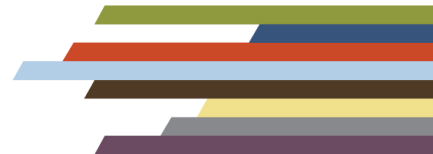
Middle-Aged Adults Now Have Higher Use Rates

Past Year Methamphetamine Use, %



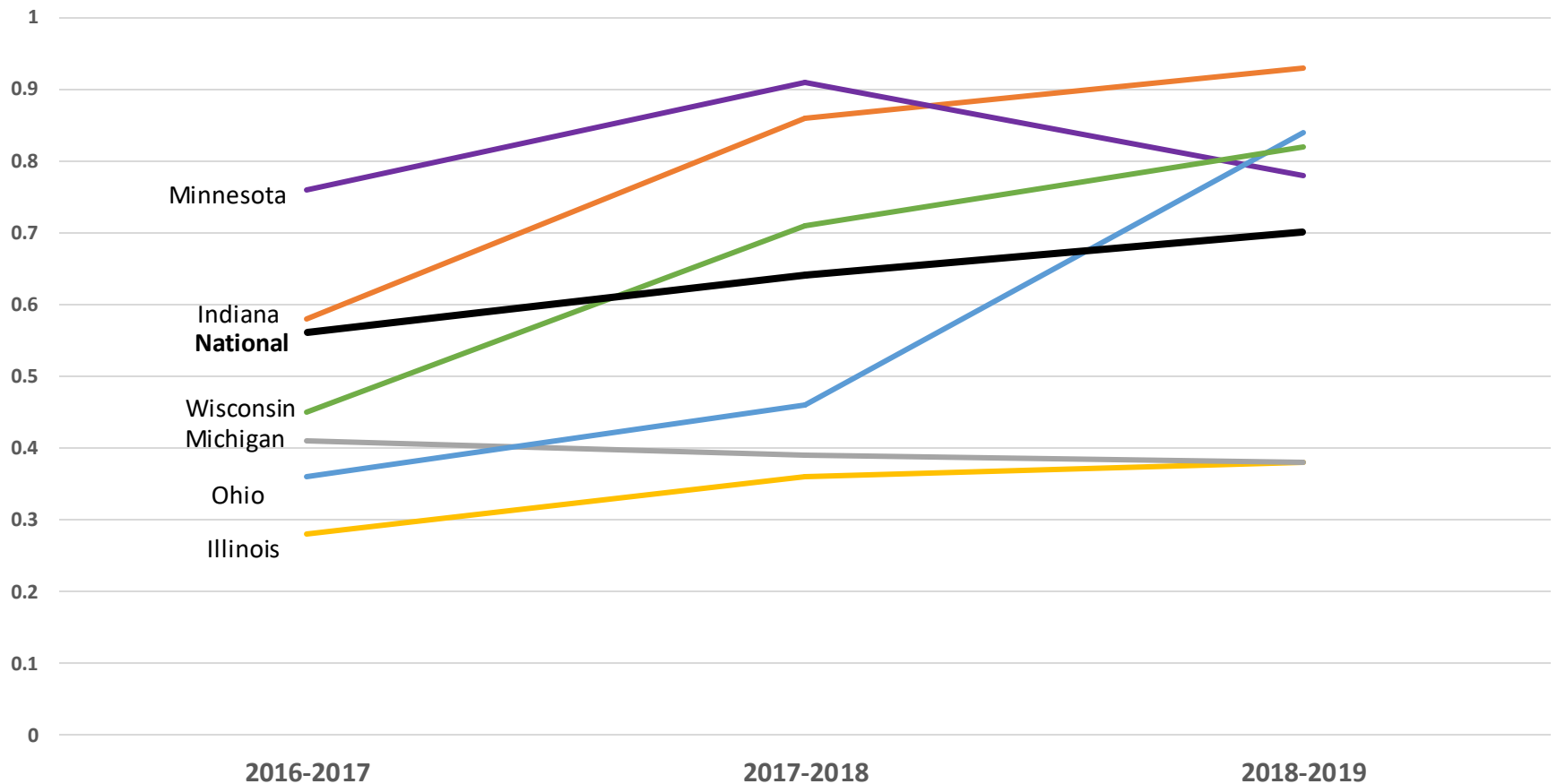
Methamphetamine Use and Trends in the Regions

- Methamphetamine use has increased in 7 of the 11 states in the Great Lakes and South Southwest regions
- Methamphetamine use is above the national average in 8 of the 11 states in the Great Lakes and South Southwest regions
- Overall use may already be higher than previous peaks of methamphetamine in prior years
- The increase in methamphetamine use looks to be driven by new initiations in individuals ages 26 and older
 - In 2019, use rates were almost identical between the 18 to 25 age group (where historically higher use rates have been found) and the 26 and older age group



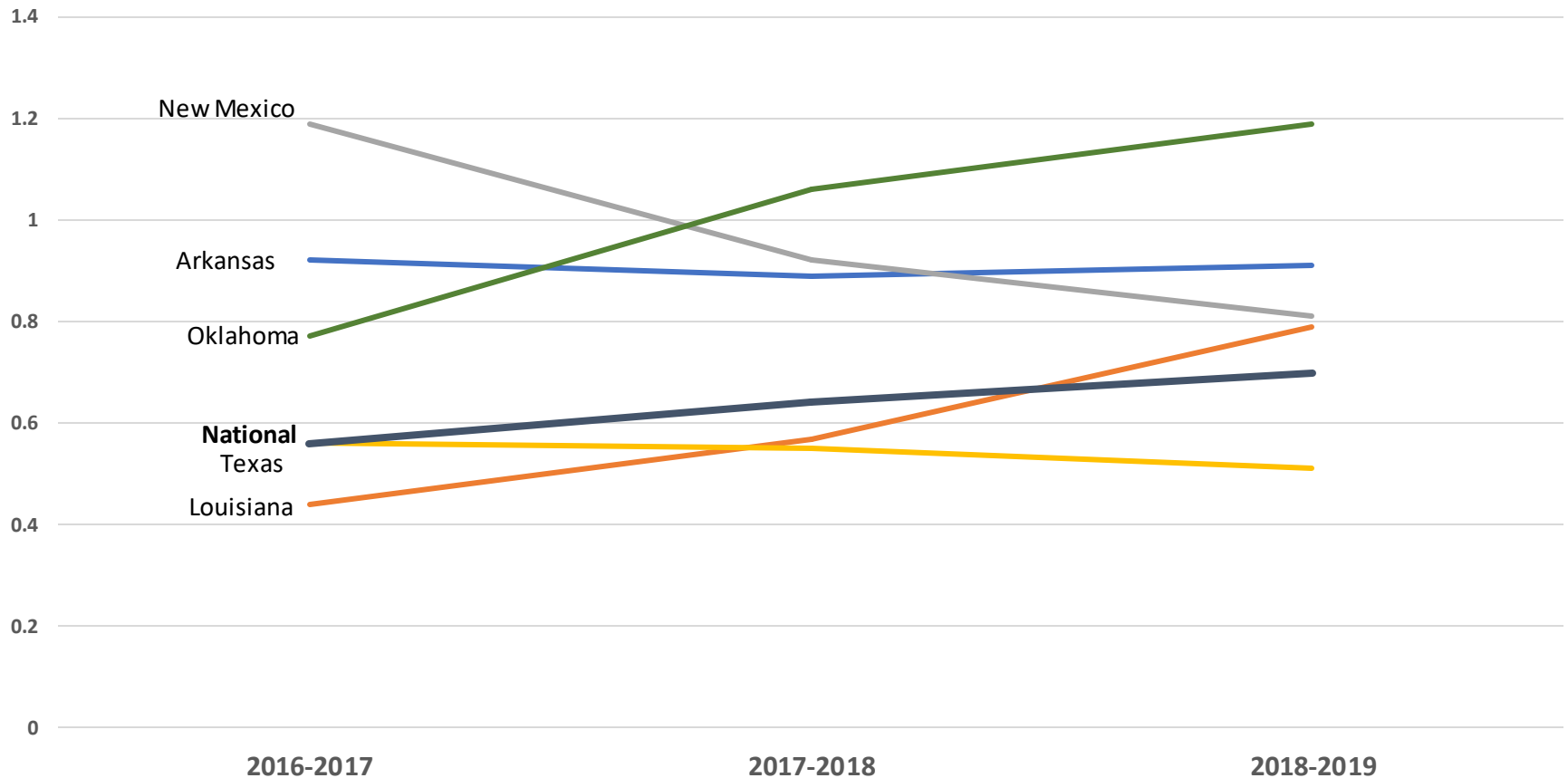
Methamphetamine Use in the Great Lakes

Past Year Methamphetamine Use, Ages 12+ (%)



Methamphetamine Use in the South Southwest

Past Year Methamphetamine Use, Ages 12+ (%)

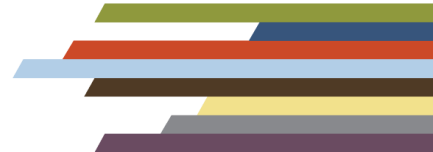


Impact of Methamphetamine Use



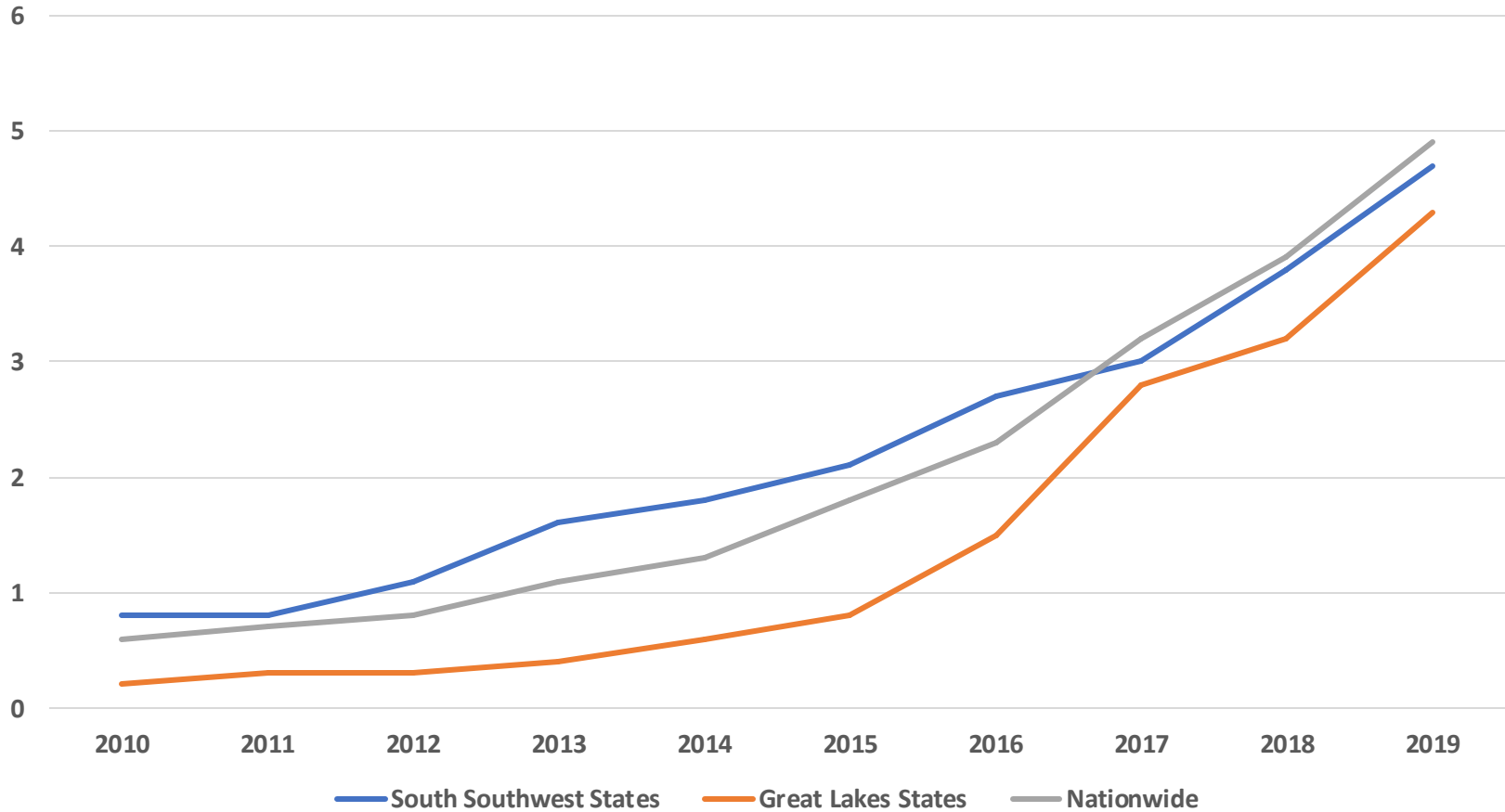
Consequences of Methamphetamine Use

- Physical and mental health issues that can dramatically decrease quality of life (NIDA)
- Fatal overdoses are an easy-to-track consequences metric



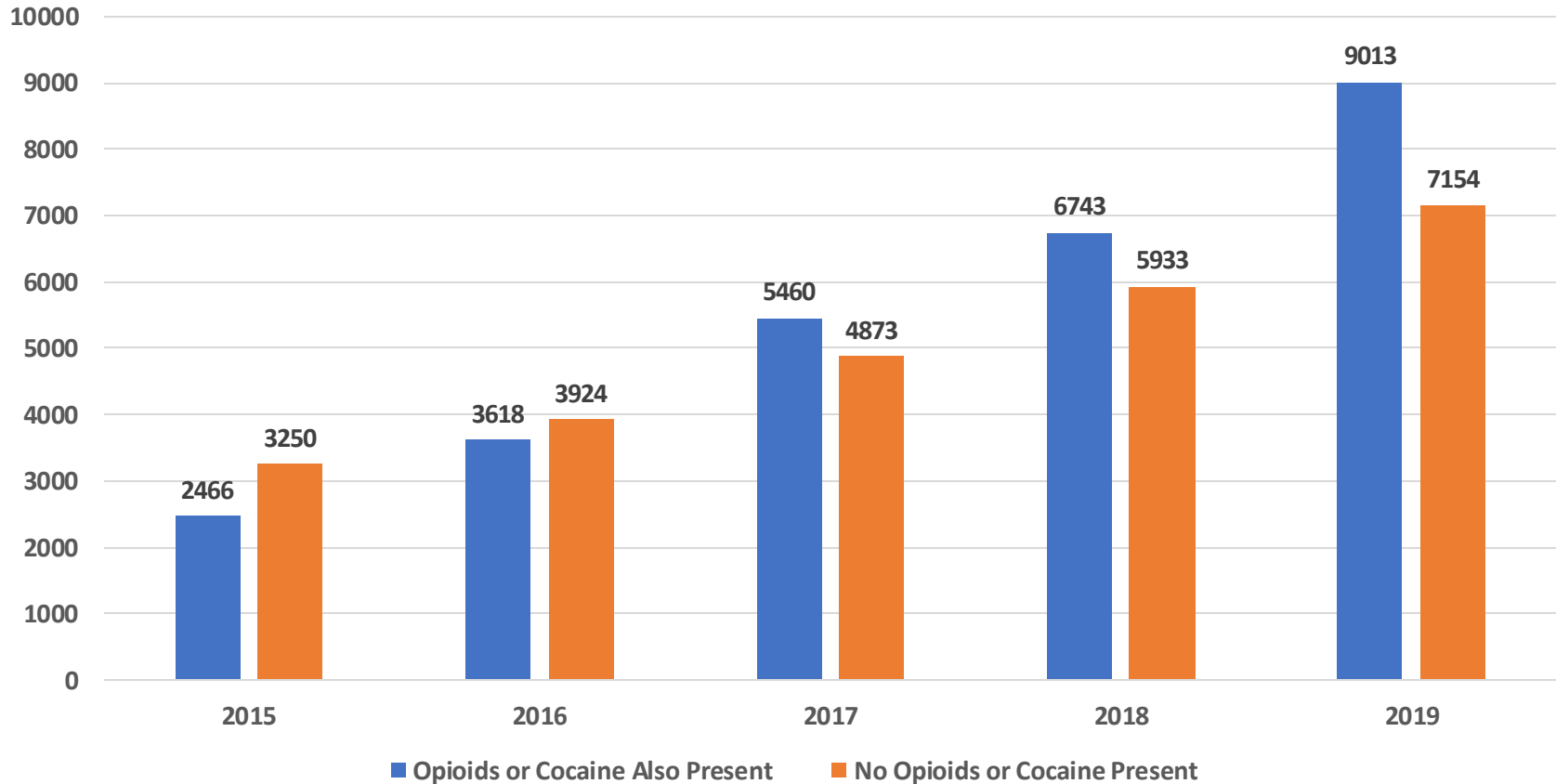
Fatal Methamphetamine-Involved Overdoses

Fatal Rate Per 100,000 People



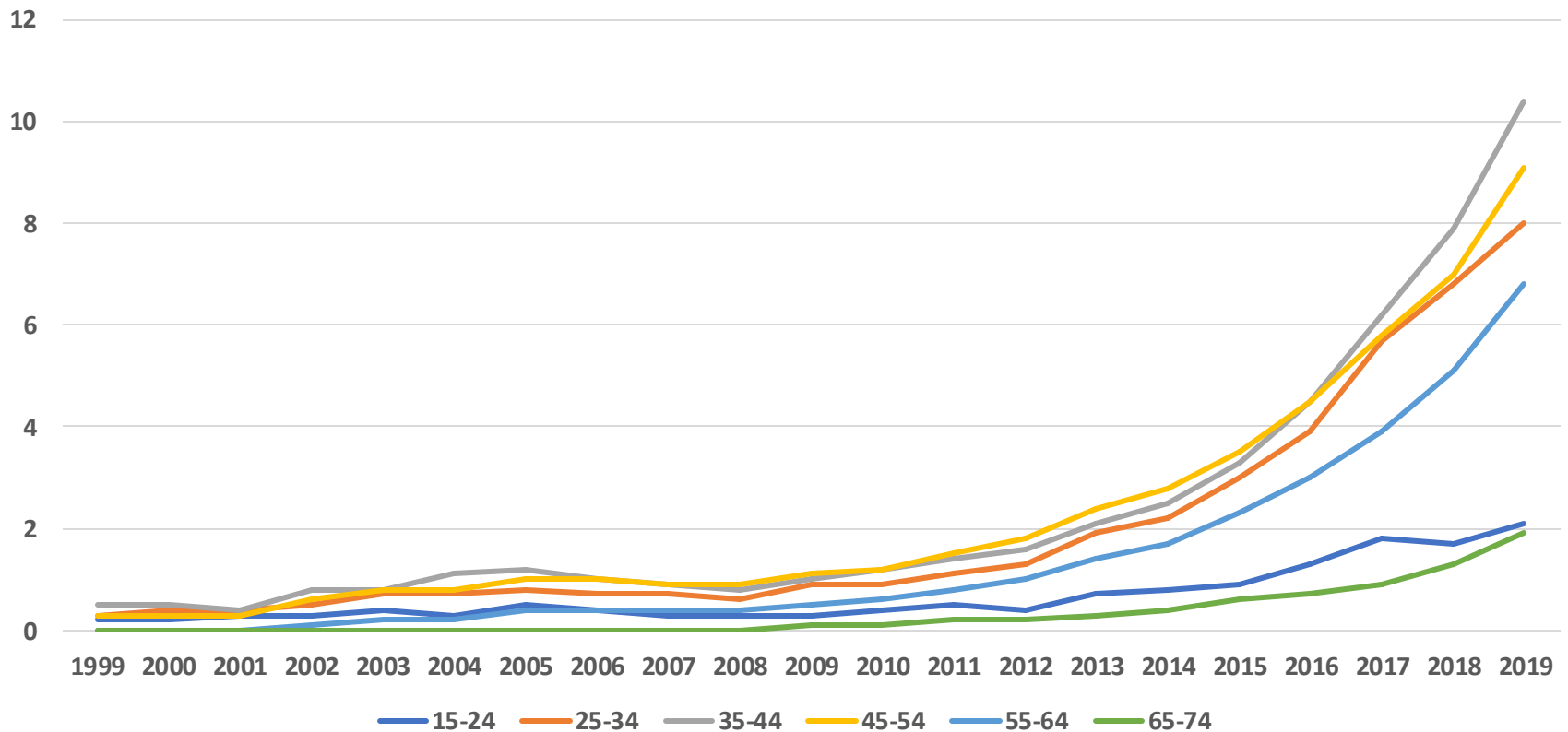
Not Just an Offshoot of the Opioid Epidemic!

Fatal Methamphetamine Overdoses Nationwide



Middle-Aged Adults at the Highest Risk

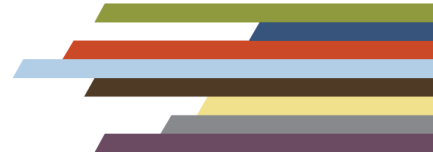
Methamphetamine Overdoses Per 100,000 People, by Age Bracket



Divergent Overdose Risk Patterns By Age

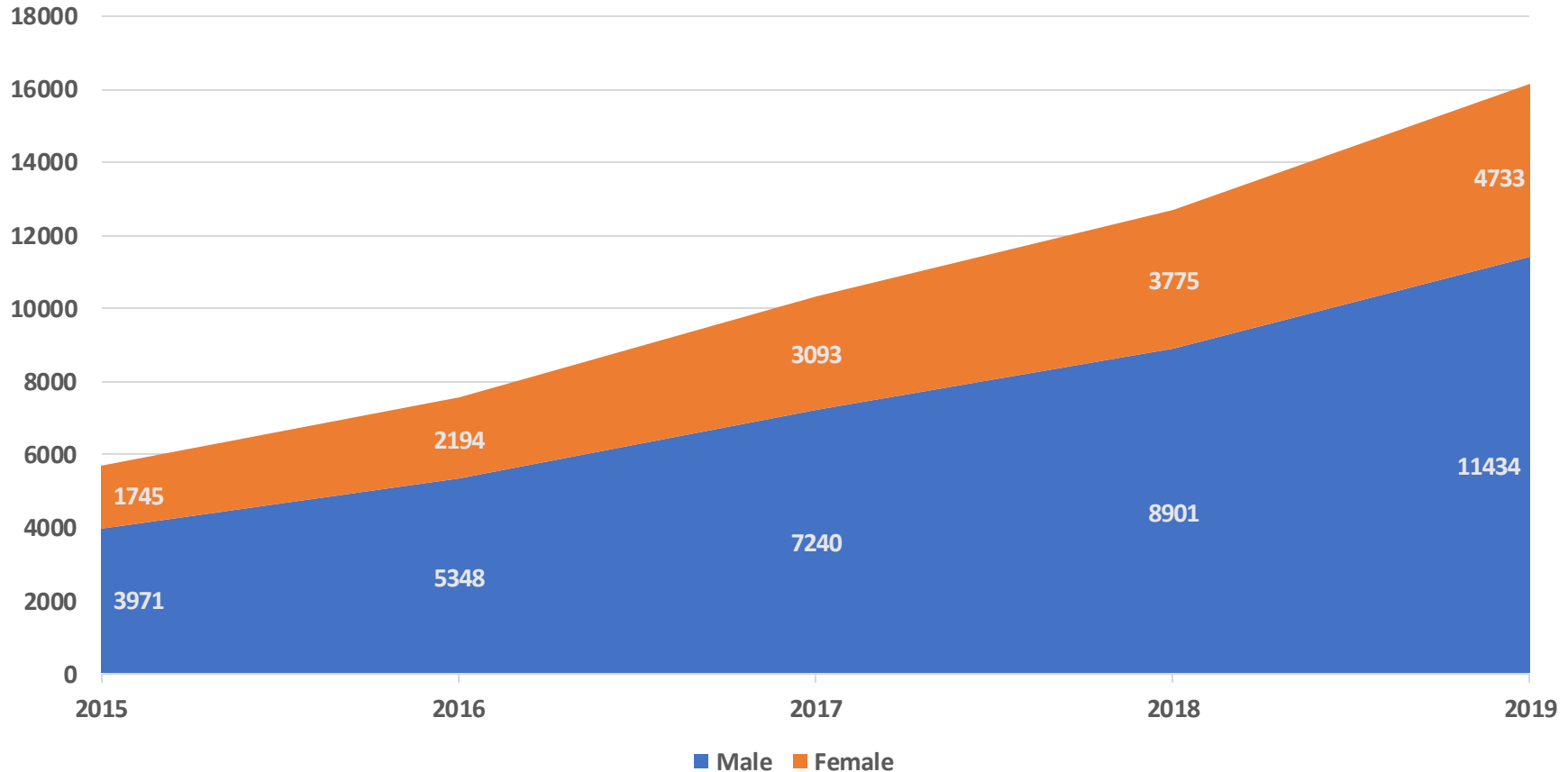
Fatal Methamphetamine-Involved Overdoses, by Age Bracket

	15-24	25-34	35-44	45-54	55-64	65-74
2005	196	317	539	444	97	9
2019	909	3692	4325	3702	2987	584
% Increase	364%	1,065%	702%	734%	2,887%	6,389%



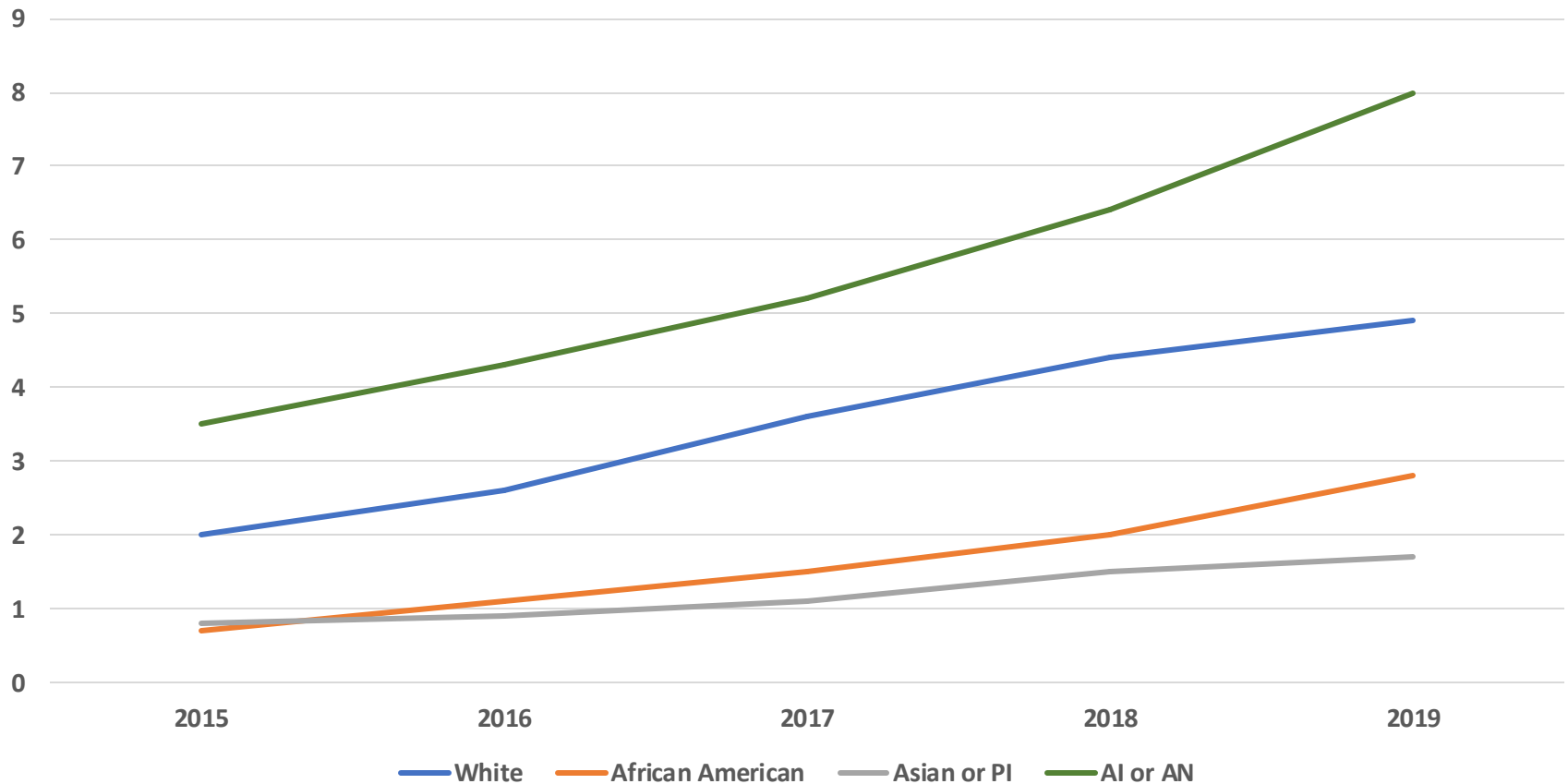
Males Are at Higher Risk of Overdose

Methamphetamine Overdoses by Gender



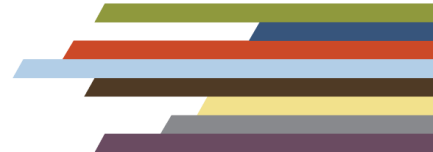
Whites and American Indian/Alaska Natives at Highest Risk

Methamphetamine Overdoses Per 100,000 People



Why Have Methamphetamine Overdoses Skyrocketed?

- Four theories why; each —or none—may be a contributing cause
 1. Use rates may be significantly higher than previous waves of use
 2. Methamphetamine may be much stronger than in the past
 3. Methamphetamine is more likely to be taken in combination with other overdose-inducing substances
 4. Overdoses may have been mis-classified in the past

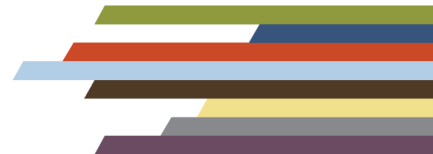


What Prevention Can Do



Risk and Protective Factors: Likelihood of Use

- Each factor can increase (risk) or decrease (protective) that likelihood
- Methamphetamine use is driven by substance-specific factors as well as more general factors
 - Substance-specific factors include perceptions of harm, peer pressure, local price and availability
 - General factors can range from a person's problem-solving skills to access to quality education, also includes the big picture factors (i.e., the Social Determinants of Health)



Social Determinants of Health

“The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” (HHS, Healthy People 2030)

- There are five domains in the SDOH
 - Economic Stability
 - Education Access and Quality
 - Health Care Access and Quality
 - Neighborhood and Built Environment
 - Social and Community Context

Social Determinants of Health

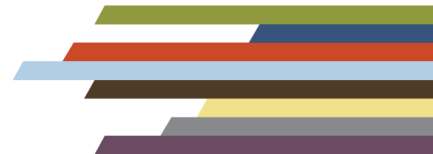


Social Determinants of Health
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 Healthy People 2030

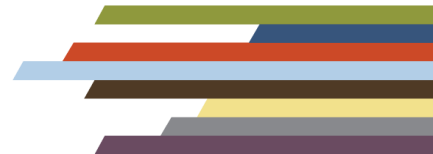
Risk Factors for Methamphetamine Use

- Genetic predisposition
- Personal history of opioid, alcohol, or tobacco use
- Family history of substance use, alcohol use disorder, or criminal behavior
- Engaging in risky sexual behavior
- Lower educational attainment
- Low annual income
- Living in non-metro or small metro communities
- Co-occurring mental health disorder
- Unemployment



Methamphetamine Prevention

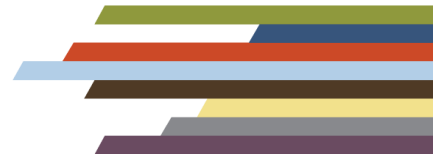
- Historically, methamphetamine prevention approaches included a focus on law enforcement efforts
- Media to raise public awareness in the community about use and associated harms
- Some prevention programs have demonstrated effectiveness at reducing methamphetamine use, however few programs target methamphetamine use specifically and research is limited
- More research is needed for adults at risk for methamphetamine use



Substance Abuse and Suicide Prevention (SASP) Program

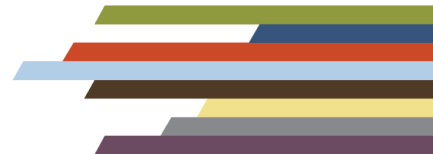


<https://www.ihs.gov/sasp/>



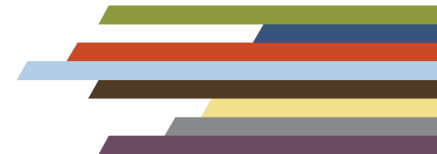
Additional Prevention Programs

- The Iowa Strengthening Families Project (now known as Strengthening Families Program)
 - <https://strengtheningfamiliesprogram.org/>
- The Life Skills Training program provided in combination with the Strengthening Family Program for Parents and Youth 10-14
 - <https://www.lifeskillstraining.com/>
 - <https://www.extension.iastate.edu/sfp10-14/>
- Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER)
 - <http://helpingkidsprosper.org/>



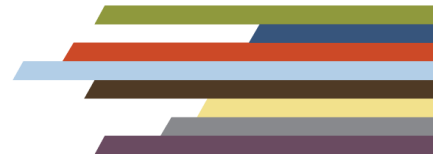
Methamphetamine Treatment

- No approved medication assisted treatment (MAT) for methamphetamine use
- Evidence-based treatment services use behavioral therapy
- Expansion of services possible by repurposing federal opioid funding



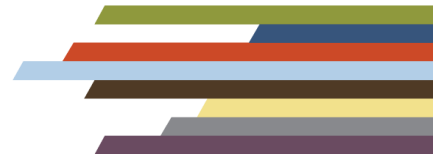
Methamphetamine Overdose

- Methamphetamine overdoses are complex events
- Can lead to heart attack, stroke, or other fatal conditions
- Advanced medical care can be necessary to treat an overdose
- There is no methamphetamine overdose reversal medication



Barriers to Overdose Prevention/Harm Reduction

- No overdose reversal medication
- Symptoms of an overdose vary and can be hard to quickly distinguish from the normal effects of use (Vasan & Olango, 2021)
- Changes in laws to help address opioid overdoses often were specific to opioids only
- Lack of evidence-based strategies to support laypersons in addressing overdoses

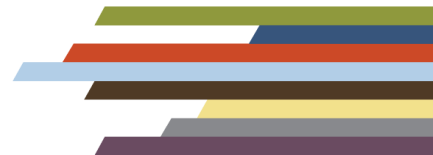


The Path Forward: Recommendations



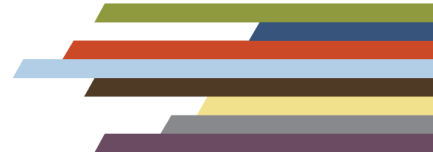
Adaptation

- Adapt lessons learned/best practices from the opioid epidemic
- Continue using strategic planning to identify key needs and gaps in services and ways to address them
- Continue to build out prevention infrastructure
- Model new programs, e.g., overdose education, around opioid programs
- Advocate for expanding opioid policies and laws to methamphetamine
 - E.g., Good Samaritan protections for reporting overdoses



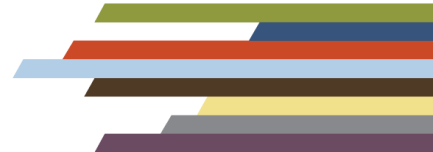
Education

- Educate policymakers, researchers, and others on the need to address methamphetamine use before it becomes a larger epidemic
 - Policymakers to approve additional funding
 - Researchers to test new interventions
 - Communities to be prepared to act



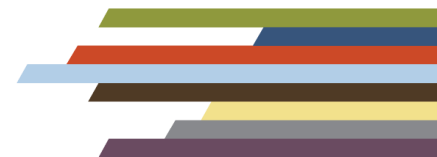
Implementation

- Implement the interventions that do show evidence of effectiveness
- Work with researchers to pilot new programs
- Support law enforcement interdiction efforts



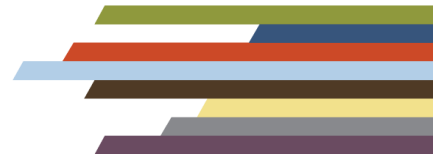
Funding Flexibility

- Take advantage of new flexibility in federal prevention funding
 - Review existing opioid grant programs to see if they've added language about methamphetamine prevention
 - Obtain the data to demonstrate the need for this flexibility
- Advocate for other funders to add methamphetamine language



Conclusion

- Methamphetamine use and its consequences are rising, and may have been exacerbated by the COVID-19 pandemic
- Current wave of use appears to be more widespread than past waves
- Need to respond quickly to “bend the curve” of methamphetamine trends
- There are steps prevention can take now, including raising awareness of the urgency of the problem



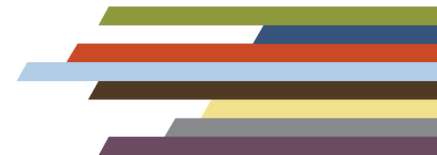
Questions



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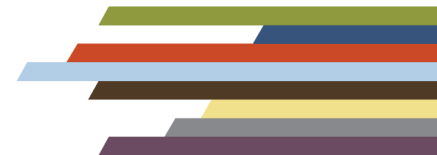
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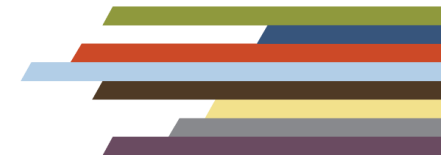
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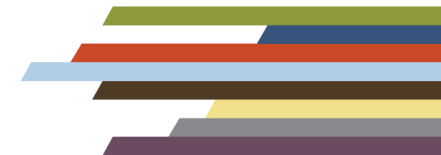
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Thank You

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