

Preventing Stimulant Use and Misuse in the Central East (HHS Region 3)

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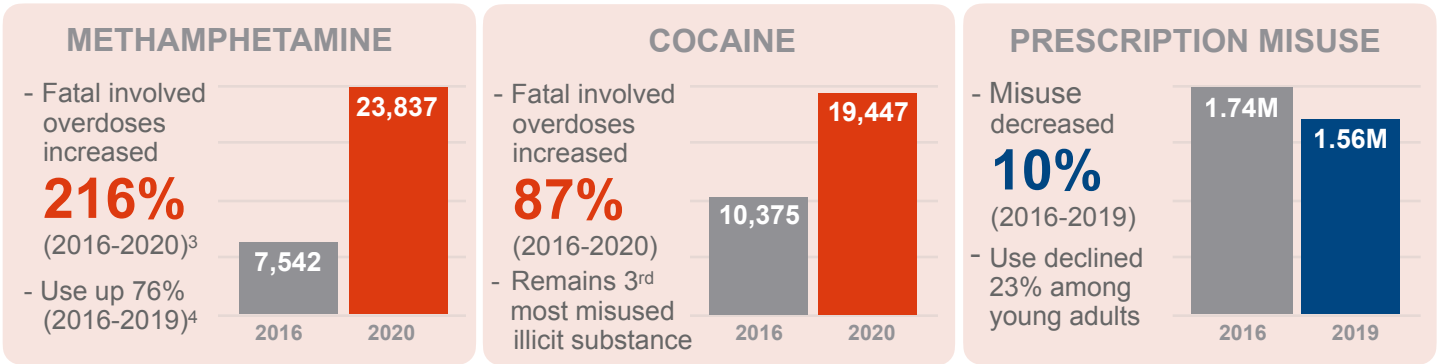
Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network
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Stimulant use can become a major substance use issue in the Central East region¹ and nationwide. Usage has risen over the past several years,² stimulants have become cheaper and more potent, and stimulant-involved overdoses have increased dramatically. The opioid epidemic remains the region's more significant public health crisis, but prevention professionals should address stimulants before trends worsen. Methamphetamine data is especially concerning, and rising overdoses highlight the importance of harm reduction.

STIMULANTS IN THE UNITED STATES

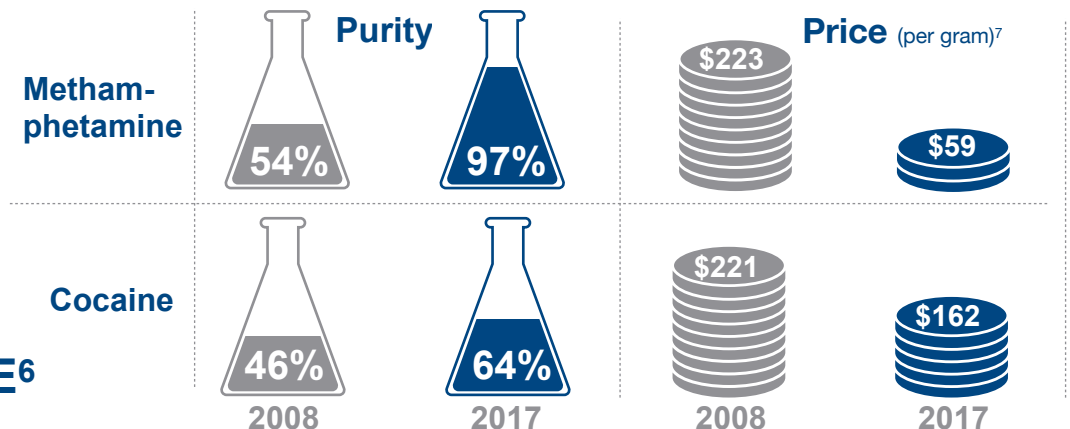


INCREASED IMPACT ON THE CENTRAL EAST

Methamphetamine use increased in all six states in the Central East, and the rate is above the national average in Pennsylvania and West Virginia. Cocaine use increased in Delaware and Pennsylvania, exceeding the national average in those states and in the District of Columbia.⁵ Fatal stimulant-involved overdoses have dramatically increased nationally and in the Central East. Stimulant overdoses often involve opioids, particularly fentanyl, but rates of stimulant-only overdoses are also on the rise—indicating a growing and specific problem.



STIMULANTS ARE CHEAPER AND MORE POTENT THAN BEFORE⁶



STIMULANT PREVENTION: WHAT DO WE KNOW?

Prevention programs with demonstrated effectiveness are not usually tailored to stimulant use. Established programs primarily focus on youth, but more research is needed to identify programs for adults at the highest risk. Findings from the past stimulant wave suggest that media campaigns designed to raise community awareness and change attitudes may be promising.⁸ Existing evidence-based programs include:

- **Substance Abuse and Suicide Prevention:** Implemented among American Indian and Alaska Native communities, providing culturally appropriate services for methamphetamine use and risk of suicide⁹
- **Strengthening Families Program and Life Skills Training:** Two programs found to be effective at reducing the risk of future methamphetamine use among rural youth
- **Promoting School-Community-University Partnerships to Enhance Resilience:** Shown to promote protective factors against methamphetamine use¹⁰
- **Prescription drug monitoring programs, prescriber education, and disrupting illicit supply chains:** Evidence-based practices for preventing prescription drug misuse, including prescription stimulants

Prevention professionals can also coordinate with substance use treatment and recovery support service providers on stigma reduction, raising community awareness, implementing epidemiological surveillance systems, and promoting relapse prevention. Stakeholders should use local data to identify needs and address disparities.

STIMULANT-INVOLVED OVERDOSES: WHAT CAN WE DO?

Stimulant overdose prevention faces many barriers, but prevention professionals can take steps while the field awaits more evidence-based solutions.

1 Implement harm reduction campaigns

3 Participate in pilot programs and research studies

2 Advocate for expanding Good Samaritan laws to include stimulant overdose

4 Encourage stimulant users to obtain naloxone and fentanyl testing strips

NOTES

1. The Central East (HHS Region 3) includes Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia.
2. Substance Abuse and Mental Health Services Administration (2018, 2019, & 2020). National Survey on Drug Use and Health: State Data Tables and Reports. <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2017>, <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2018>, & <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019>
3. CDC reports methamphetamine and prescription stimulant overdoses as a combined figure, however, research suggests an overwhelming amount are methamphetamine-involved.
4. Due to NSDUH data collection challenges, SAMHSA cautions against making direct comparisons between 2020 and prior years.
5. State-level prescription stimulant misuse data is not available through NSDUH.
6. DEA (2021). National Drug Threat Assessment. <https://www.dea.gov/documents/2021/03/02/2020-national-drug-threat-assessment>
7. Calculated using 2020 dollars
8. Birkmayer et. al. (2008). Prevention of Methamphetamine Abuse; Can Existing Evidence Inform Community Prevention? *Journal of Drug Education*, 38(2) 147-165.
9. Indian Health Service. (2021). Substance Abuse and Suicide Prevention. <https://www.ihs.gov/sasp/>
10. Blueprints for Healthy Youth Development (n/d). PROSPER. <https://www.blueprintsprograms.org/programs/408999999/prosper/>

