Opioids and Methamphetamine Patterns of use & consequences, motivations for use, interest in reducing use and services

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I do not accept funding from pharmaceutical companies.

Current funding includes

- WA Health Care Authority DBHR (US DHHS SAMHSA)
- NIH National Institute on Drug Abuse (PI Stekler)
- King County, WA (SAMHSA)
- Pew Trust (evaluation contract Olympia Bupe Clinic)
- Paul G. Allen Family Foundation/Premera/WA Health Care Authority/Seattle foundation (PI Banta-Green)
Objectives

• Trends in heroin, fentanyl, & methamphetamine in WA State
• Syringe service program clients report of substance use and services desired
• Qualitative information on meth-opioid use
• Brief implications for treatment and harm reduction
Major drugs: Drug–positive crime lab cases (count), statewide

Source: WA State Patrol Crime Lab. Local law enforcement evidence testing.
Police Evidence Testing - WA State

Opioids: Drug-positive crime lab cases (count), statewide

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

Source: WA State Patrol Crime Lab. Local law enforcement evidence testing.
The largest % increase in deaths is among those under 25 from 2019-20. In the first half of 2020 the majority had only fentanyl detected.

Data source: WA State Dept of Health- PRELIMINARY DATA
Data Visualization-ADAI
https://adai.uw.edu/wadata/emerging_deaths.htm

>90% are methamphetamine
A majority of meth overdoses only involve meth, followed by meth + opioid and this proportion is consistent over time.
• Hitting the NW later and slower than most of US, but rapid recent increases
• Vast majority of fentanyl is in tablet form, rarely in other drugs (as of now)
• Populations consuming appear to be mostly:
  • Teens/Young adults without OUD
  • Teens/Young adults with rapid onset OUD
  • Adults with pre-existing OUD
Fentanyl (lack of) data

- Limited indicator data
  - Law enforcement evidence testing
  - General reports from local and federal law enforcement
  - Media reports of drug seizures
  - Clinician case reports
  - Deaths - death certificates and death investigations
    - No population level surveys - some sub-pop.
    - No standardized SUD treatment data (heroin v Rx)
    - No standardized surveillance of drugs w/ fentanyl test strips/GC-MS
    - Municipal wastewater drug testing can’t distinguish pharmaceutical v. non-pharmaceutical use/source and concentrations are low

- We need substance specific surveillance data
- We need person level information on use patterns, motivations, trajectories, routes of administration...
Syringe Service Program Client Survey

• SSP staff and volunteers administered the voluntary, face-to-face questionnaire June-July 2019. (previously 2015 and 2017)
• Attempted census (n=1,269)
• Offered candy as thank you.
• ADAI conducted data entry, analyses, and reporting. Electronic data and summary provided to each local organization, which they own.
• Partnership with Public Health-Seattle & King County and WA Dept of Health
  • Alison Newman, MPH
  • Susan Kingston
  • Sara Glick, PhD, MPH
  • Joe Tinsley
  • Sarah Deutsch, MPH
  • SSP’s across the state
Syringe Services Program Survey

Drugs used in different time frames  \( n=1,269 \)

- **Methamphetamine**
  - Past 3 months: 84%
  - Past week: 18%
  - 5-7 days past week: 49%

- **Heroin**
  - Past 3 months: 78%
  - Past week: 72%
  - 5-7 days past week: 59%

- **Meth and heroin together**
  - Past 3 months: 20%
  - Past week: 40%
  - 5-7 days past week: 46%
We are currently conducting cluster analyses based on past 7 days use to describe typologies of single and poly-drug use in more detail and association with other characteristics.
Acute consequences of methamphetamine use in the past 3 months, among those who used any meth (n=1089)

- Felt like losing mind, manic, or psychotic while on meth: 25%
- Felt like having a stroke, heart attack or seizure while on meth: 15%
- Been to the ER for medical or psychiatric problems due to meth: 9%

Analysis in process exploring association between drug use and demographic characteristics with acute consequences and care seeking
Interest in reducing or stopping opioid use among main drug heroin, not in treatment, and past week heroin use  n=514

<table>
<thead>
<tr>
<th>Interest Level</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Very</td>
<td>56%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>26%</td>
</tr>
<tr>
<td>Not sure</td>
<td>8%</td>
</tr>
<tr>
<td>Not interested</td>
<td>10%</td>
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</tbody>
</table>

“What types of help would you want if they were easy to get?” among main drug heroin, past week opioid use, somewhat/very interested in reducing opioid use n=421

<table>
<thead>
<tr>
<th>Type of Help</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Methadone, buprenorphine, or naltrexone</td>
<td>70%</td>
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<tr>
<td>Detox</td>
<td>54%</td>
</tr>
<tr>
<td>1:1 counseling/talking with someone</td>
<td>47%</td>
</tr>
<tr>
<td>Someone to help navigate services</td>
<td>44%</td>
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<tr>
<td>Inpatient/residential</td>
<td>38%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>37%</td>
</tr>
<tr>
<td>Mental health medications</td>
<td>30%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
<tr>
<td>Don’t want any help</td>
<td>2%</td>
</tr>
</tbody>
</table>
Interest in reducing or stopping stimulant use among main drug meth, not in treatment, and past week meth use  n=281

“What types of help would you want if they were easy to get?” n=136 among main drug meth, past week meth use, & somewhat/very interested in reducing stimulant use

- 1:1 counseling/talking with someone: 54%
- Medication that may reduce stimulant use: 48%
- Someone to help navigate services: 42%
- Outpatient: 41%
- Mental health medications: 36%
- Inpatient/residential: 34%
- Detox: 32%
- Other: 15%
- Don’t want any help: 7%
Participants reported that they used methamphetamine to **increase energy**, **cope with mental health issues**, **lessen physical pain**, and **handle symptoms of opioid withdrawal**.

“If you do meth and you’re sick from heroin, it usually takes care of the pain.”
Meth is very available.

“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.”
Lack of housing and the consequences of drug use were top concerns for interviewees who also identified a range of services that would be helpful to improve their overall quality of life.

“I’d feel like a person. To wake up in a bed, I can’t even tell you the way that it feels, and a door that locked. Yeah, it would definitely help me.”
People using methamphetamine report a range of reasons:
- Social/Identity
- Energy to work
- Energy to not be victimized at night when sleeping outside
- Relieves depression
- Feels “great”
- Improves sex
- Prevent pain of opioid withdrawal
- Offset sleepiness due to opioids

Meth has functional benefits
Implications for “treatment”

• Many don’t want “treatment”

• Addressing psychosocial motivations for use may well be a pre-condition to reducing/ceasing use

• Decreasing chaos is often a helpful engagement point

• Treating OUD with buprenorphine or methadone may eventually ameliorate methamphetamine use IF ongoing substance use isn’t discharge criteria

• Shared decision making with ongoing engagement/ navigation may provide foundation for long term care relationship

• Ongoing drop in access to comprehensive services over an extended period of time seems a necessary model of care
Many don’t believe it’s possible to OD or die from meth.

“I just wanted to thank you for sending the flyers on meth overdose. I can’t believe how many of our participants have said that they didn’t know you could die from one [meth od].” SSP staff person
The following videos were developed with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

+ Stimulant Use Disorder Conference
+ Buprenorphine Microdosing for Pain & Opioid Use Disorder
+ Hepatitis C Screening & Treatment for People Who Use Drugs
+ Illicit Fentanyl in Washington State - Trends in Law Enforcement, Treatment, and Overdose
+ Introduction to the Medication-First Model for Opioid Use Disorder Treatment with Buprenorphine
+ Medications for Opioid Use Disorder in Washington State Jails
+ Addressing Treatment Lapses
+ Supporting Transitions Between Treatment Settings
+ Medications and Shared Decision Making
+ Skills for Community Engagement
+ Trauma-Informed Care
Resources

ADAI  https://adai.uw.edu/
Data  https://adai.uw.edu/wadata/
Overdose  www.stopoverdose.org
Treatment  www.learnabouttreatment.org
Fentanyl  www.lacedandlethal.com