

Focus on Meth

WA State Symposium on Methamphetamine

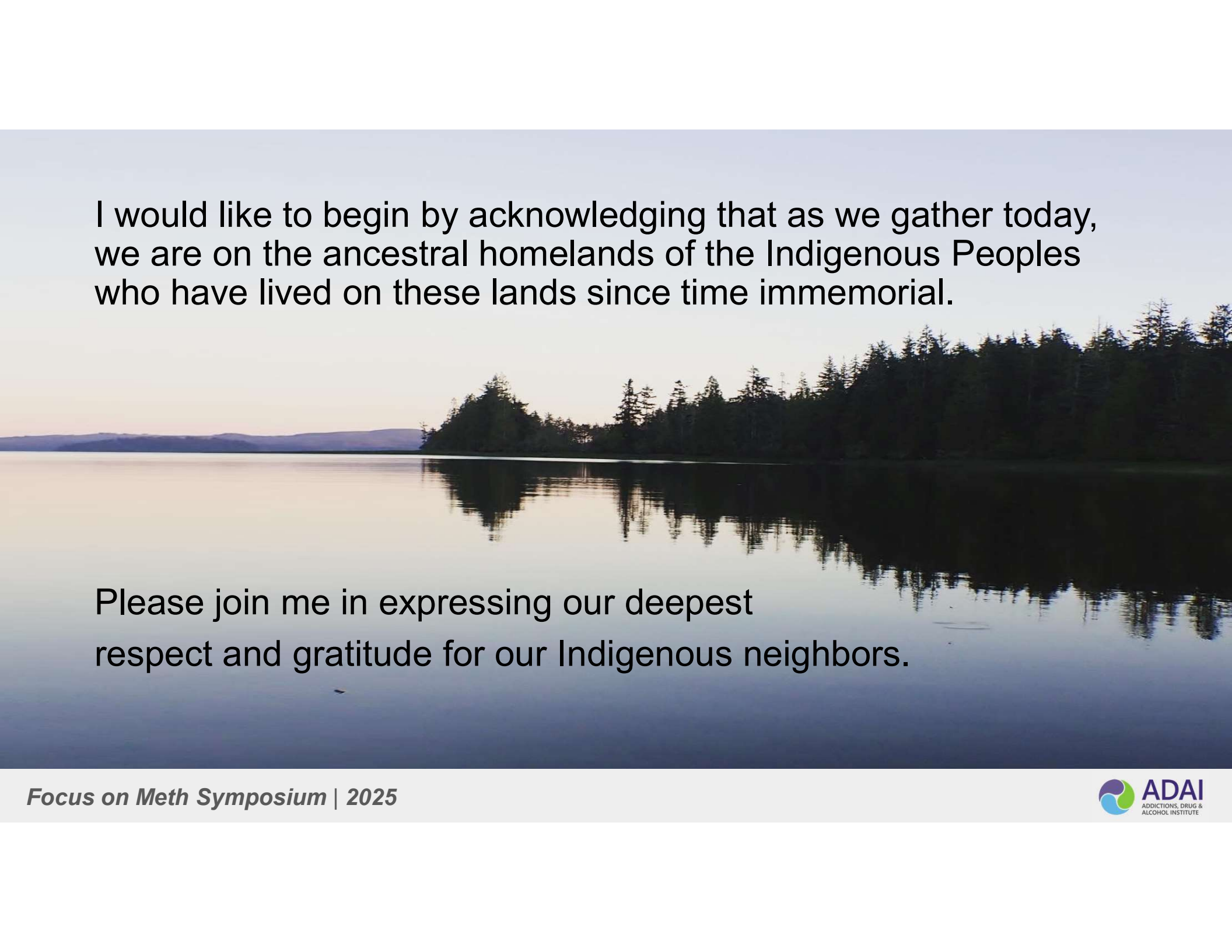
Thursday, June 12, 2025



ADAI
ADDICTIONS, DRUG &
ALCOHOL INSTITUTE

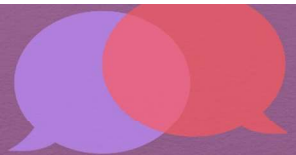
CENTER FOR COMMUNITY-ENGAGED
DRUG EDUCATION, EPIDEMIOLOGY,
AND RESEARCH

Washington State
Health Care Authority

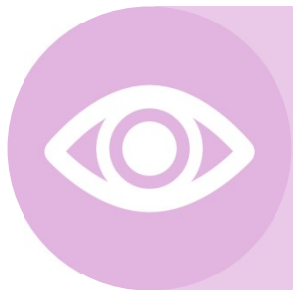


I would like to begin by acknowledging that as we gather today, we are on the ancestral homelands of the Indigenous Peoples who have lived on these lands since time immemorial.

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



Objectives

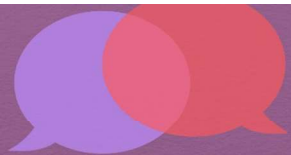


Raise awareness of the use and impact of methamphetamine use in WA State, especially in the context of opioid use and overdose.



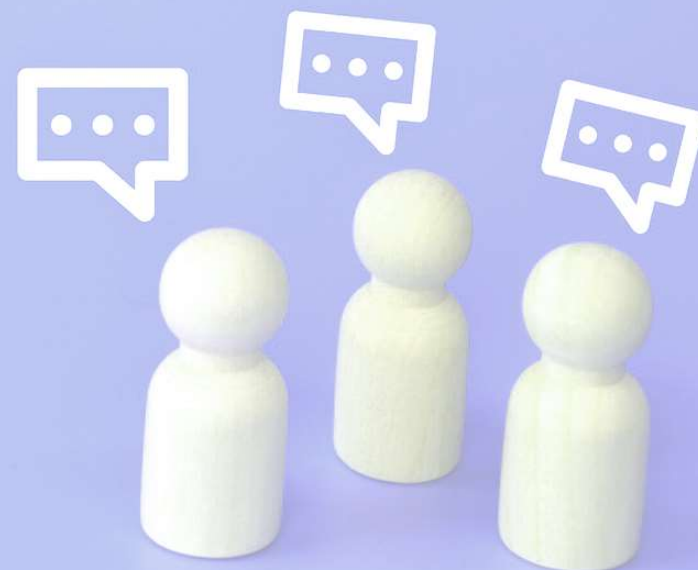
Generate conversations to promote understanding and new ideas.

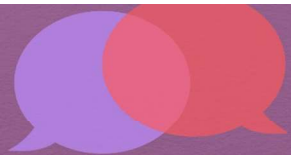
Thank you to WA State Health Care Authority/Division of Behavioral Health and Recovery for funding and support of this event.



Agenda: Morning

9:00	Opening
9:15	Meth Use in WA State
9:55	<i>Break</i>
10:00	No Single Path: Personal Stories
10:55	<i>Break</i>
11:05	Harm Reduction Pro Tips!
11:55	<i>Lunch</i>





Agenda: Afternoon

12:45 **Treatment Medications for Stimulant Use Disorder**

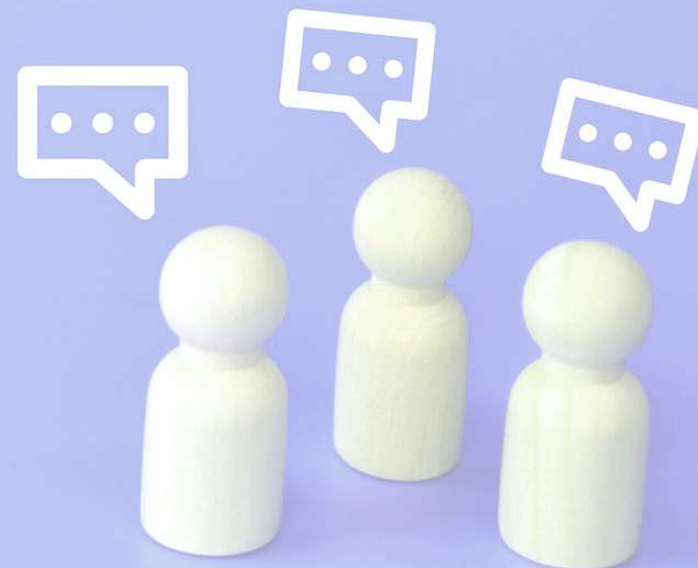
1:15 *Break*

1:20 **Contingency Management in
Non-Treatment Settings**

2:15 *Break*

2:20 **Whole Person Health Care**

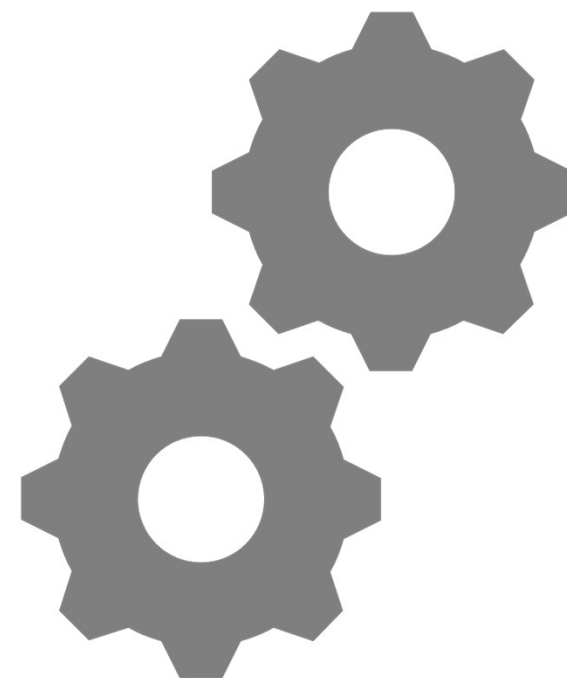
3:15 *Closing*





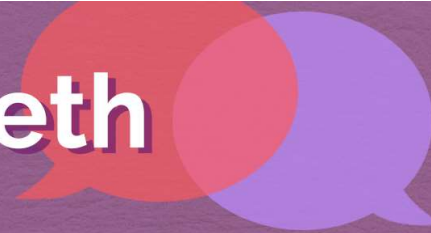
Housekeeping

- **We are using “webinar mode”**
Presenters are onscreen while audience is off-camera and muted.
- **Submit questions in the Q&A box**
If presenters can't respond during sessions, we'll try to get written responses after.
- **Sessions will be recorded and posted with resources at: adai.uw.edu/methsummit2025**



Focus on Meth

Be part of the conversation.

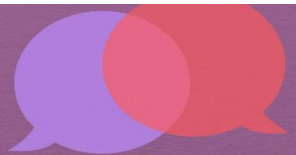


Meth Use in WA State:

Blending data and first-person perspectives

Bryan Sturgill, *Gather Community Services*

Caleb Banta-Green, *UW ADAI CEDEER*



Introduction

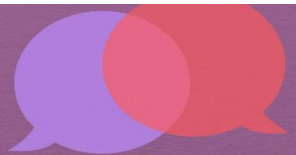
- **Background information and data (Caleb)**
Real-world context (Bryan)
 - How and why people are using it
 - What's in the meth
 - “Over-amping” and mortality/”overdose”
- **Implications for services and supports**



Why Are We Seeing More Impacts?

- **Supply side:** high availability, low cost
- **Demand side:** many of the reasons that people use meth have increased in recent years
 - Functioning - multiple jobs/demands
 - Lack of housing
 - Untreated mental health
 - Trauma
 - Lack of jobs/poverty

There's a lot of meth and a lot of reasons people use meth



Meth Dependency

Meth dependency is like being stuck between:

Stress of being on meth:

- Guilt/shame
- Erratic behavior: showing up late to work, just not showing up
- Lack of productivity, motivation
- Legal and parenting issues (CPS)
- Psychosis
- Loss of meaningful relationships
- Physical and mental health issues
- Hypersexuality



Stress of NOT being on meth:

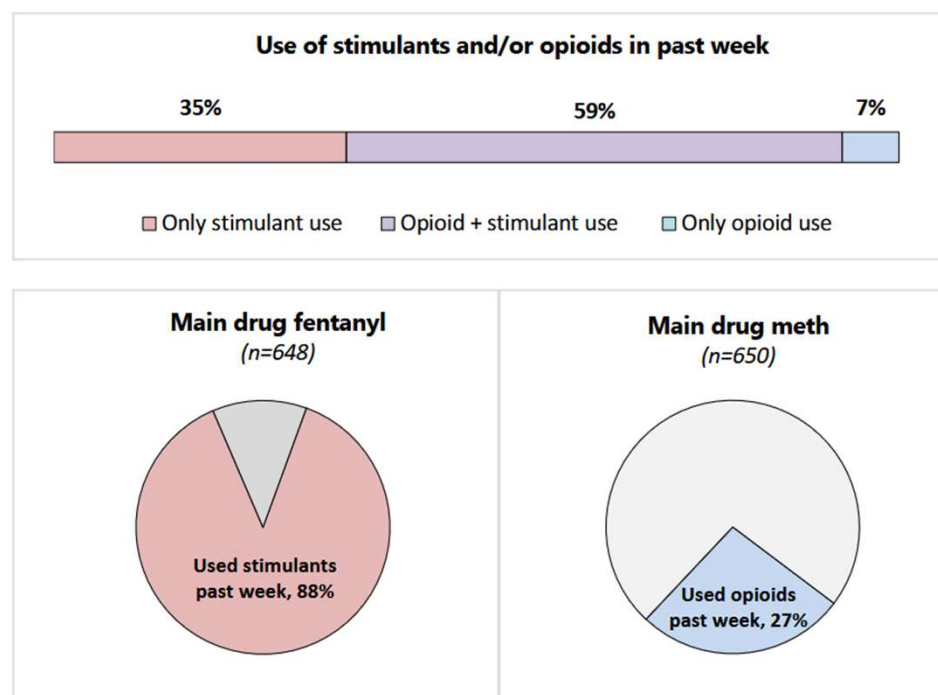
- Anxiety
- Hopelessness
- Lethargy
- Inability to feel pleasure or motivation
- Post-acute withdrawal syndrome
- Weight gain

These are temporary & improve over time, especially with supports. But may cause a person to return to use.

Meth +/- Fentanyl Use

Data from [2023 WA State Syringe Services Program Participant Health Survey](#):

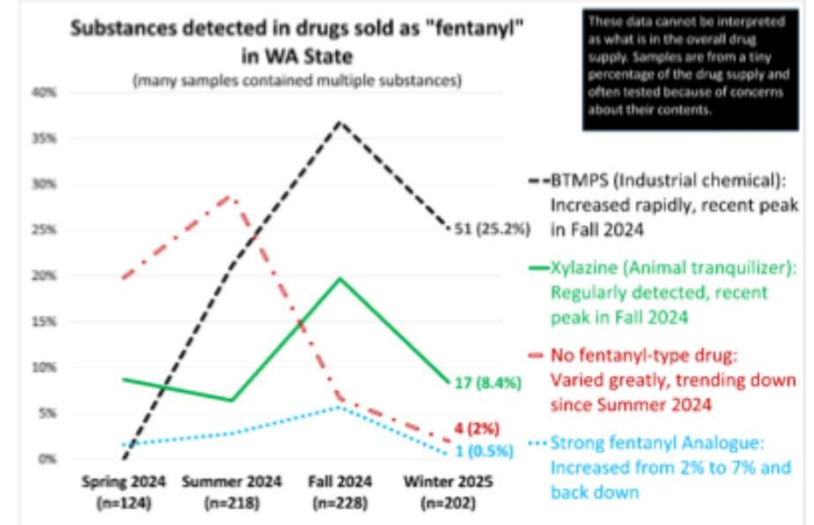
- Very high proportion using **both meth and fentanyl**
- **Why and how they are used together varies:**
 - Those on fentanyl may use meth to get stuff done or they hope it'll prevent an OD
 - Those on meth may use fentanyl to sleep or come down



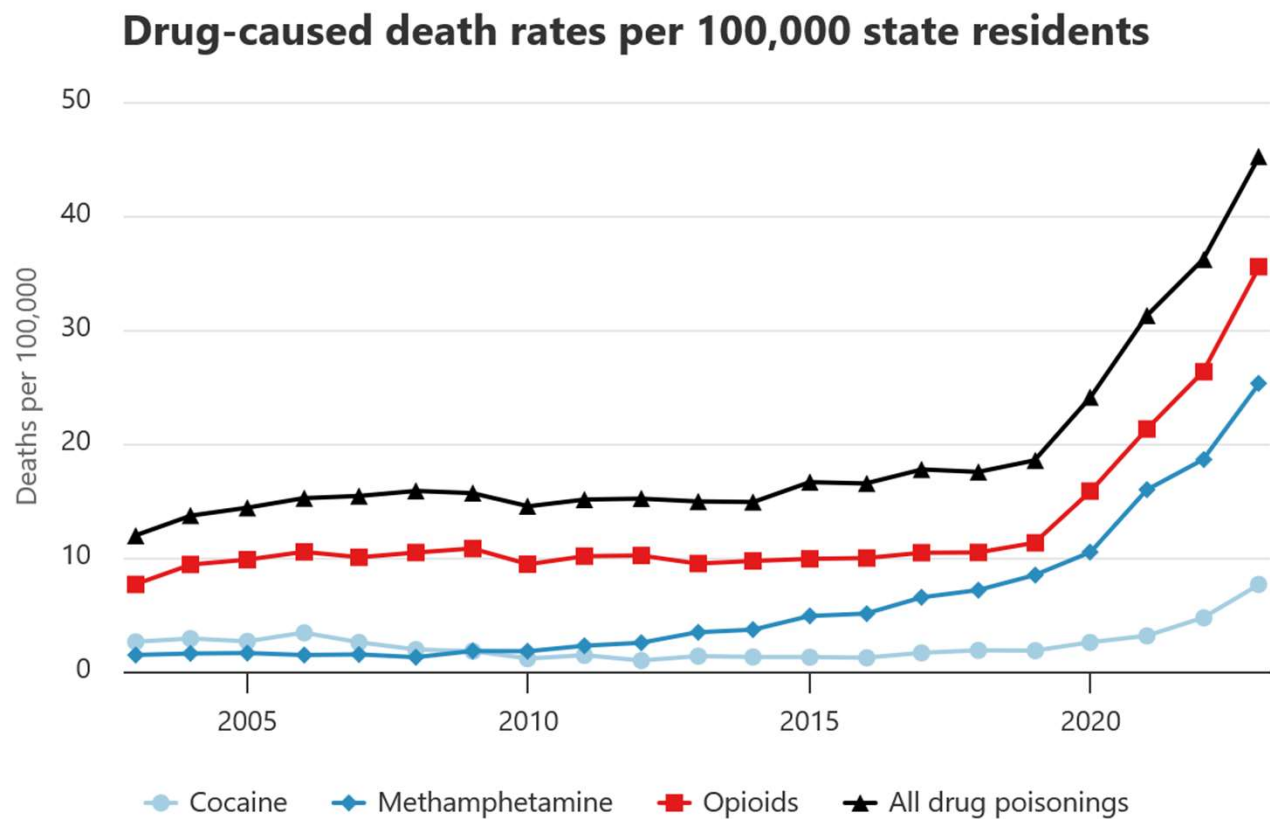
Drug Checking

- **Fentanyl** supply is highly variable & changes quickly
- **Drugs sold as meth** are usually meth & nothing else (purity unknown)
- **White powder or crystals** could be fentanyl or meth - can't tell by appearance

adai.uw.edu/WAdata/DrugChecking



Drug-Caused Deaths: WA State



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

All drugs

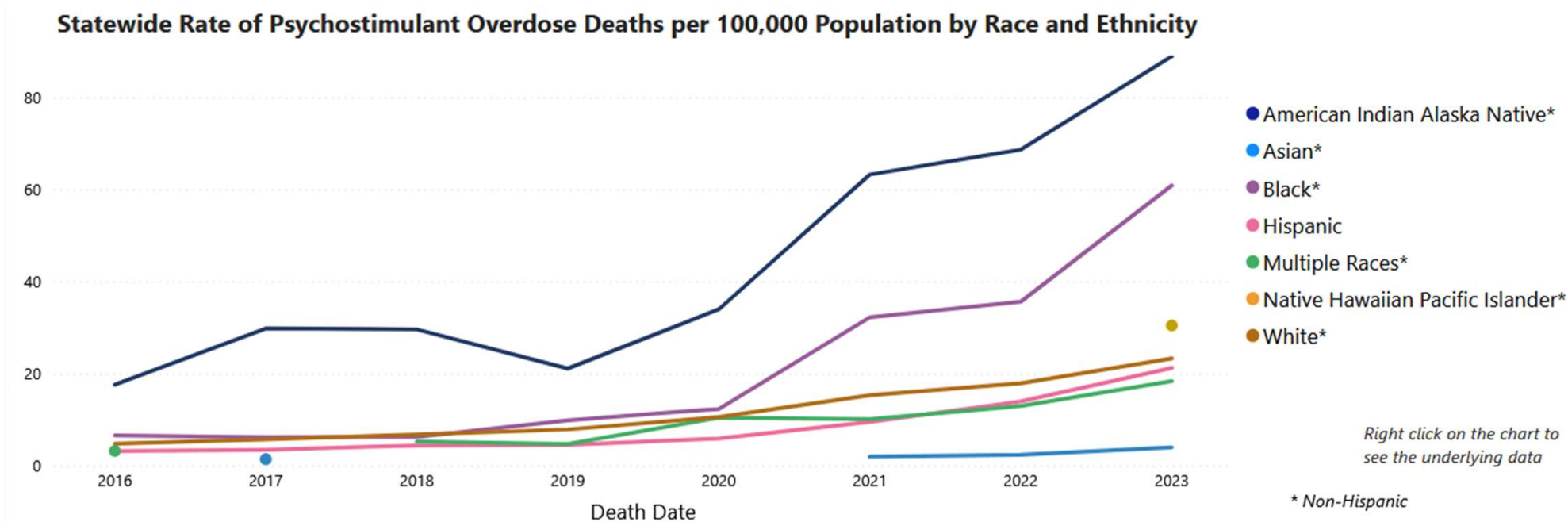
Opioids

Methamphetamine

Cocaine

Long term pattern shows huge increase in all overdose deaths, driven by unregulated fentanyl.

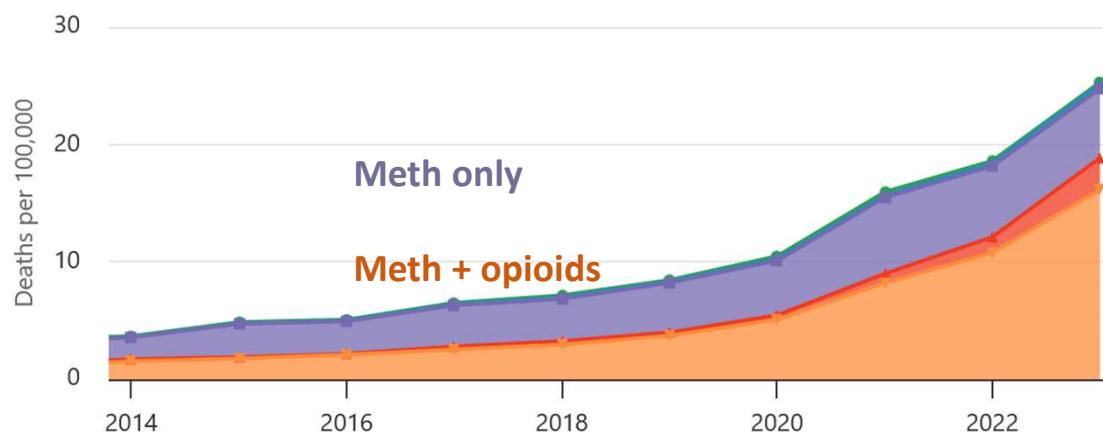
WA State Meth “Overdose” Deaths



<https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids/overdose-dashboard>

Meth-Involved “Overdoses”

Death rates per 100,000 state residents, methamphetamine deaths detail

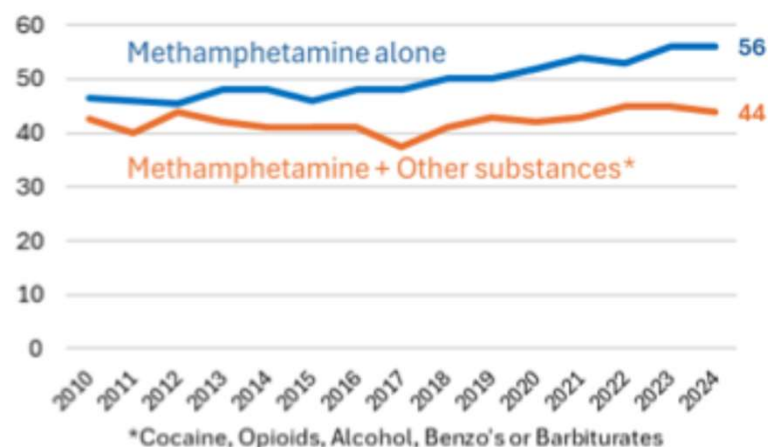


Meth involved deaths have increased:

- As the only drug
- In combination with opioids/fentanyl

2024: Of 1,934 meth-involved deaths, 526 had no other drug present

Median age at Death in WA State
Methamphetamine involved poisonings



Those dying from meth-only deaths:

- Have gotten older
- Are much older than meth + other



Overdose Death Data Summary

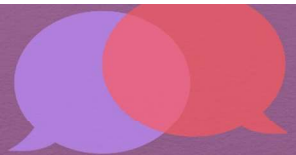
- **Fentanyl** has driven the increase in deaths over the past decade
- **Large increases** in meth-involved deaths
- **Meth-only deaths** seem different than meth+opioid deaths:
 - Meth-only deaths = 23% of deaths in recent years
 - Meth-only death median age of 56 is much higher than meth+other drugs median age 44
 - Age of meth-involved deaths has increased steadily over time
 - Role of chronic diseases that increase with age and meth use (e.g., cardiovascular)?



Health Care

What health care providers could share:

- Massively **high blood pressure**
 - Compared to what? What could actually happen? (e.g., stroke out, high risk or low risk, sooner or later)
- **Cellulitis**
 - What does that mean? What is happening to the tissue? What else could happen if left untreated or not reducing injection or drug use (e.g., blood clots, MRSA)
- **How did I get it?** What are possible outcomes?



Health Care

What health care providers could share:

- Conversations could potentially motivate change IF you fully understand the causes and consequences
- Don't give up just because you don't see immediate change

*I don't need you to scare me.
But I do need good information that I can understand.*

Drug Use and Desire to Reduce Use

- People who use drugs share their expertise and insights via syringe service program **participant surveys** and **qualitative interviews** in alternating years.

October 21, 2021

New Report: Perspectives of People Who Use Methamphetamine on Reducing or Stopping Their Use



In spring 2021, Sierra Teadt, MPH(c) and Alison Newman, MPH interviewed 27 syringe services program participants who use methamphetamine. They learned more about why people use, their interest in reducing or stopping their methamphetamine use, and what services might help them improve their health and quality of life. The interviews revealed that most participants saw...

W UNIVERSITY of WASHINGTON

June 2023

Unmet Needs, Complex Motivations, and Ideal Care for People Using Fentanyl in Washington State: A Qualitative Study



Teresa Winstead, PhD, MA; Alison Newman, MPH; Everett Maroon, MPH; Caleb Banta-Green, PhD, MPH, MSW

Key Findings

- In our interviews (n=30) with people who use fentanyl at four Washington State (WA) syringe services programs (SSPs), participants discussed the rapid change in the drug supply from heroin to fentanyl and how this affected their substance use.

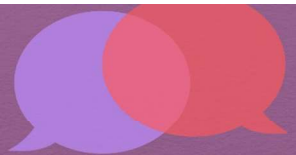
- 2023 SSP survey and 2024 permanent supportive housing resident & staff surveys online





Implications for Care

- **Shared decision making** with ongoing engagement/navigation may provide foundation for long term, caring *relationship*
- Ongoing drop-in access to comprehensive services over an *extended* period of time is an emerging model of care
- Harm reduction + treatment + health care *available*
- **Gather's low barrier bupe program:**
 - Focused on engagement that leads to retention
 - Care navigators make reminder calls and follow up calls when someone misses an appointment
 - Daily attendance isn't perfect, but ongoing engagement rates are very high

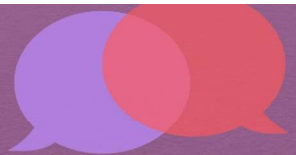


Implications for Care

- **Heart health and primary care** are very important, which can be challenging for marginalized people in the midst of meth use
- When trying to get care, you may not present how you want. May need a space to just chill out, before talking with staff
- Harm reduction as an entry point and ongoing services are critical given the diverse pathways to health and recovery

At Gather...someone may come in with a purpose but unable to express needs clearly due to overamping or fatigue.

Help the client first to feel comfortable enough (chair, water, food) so then they can gather thoughts and express their needs.

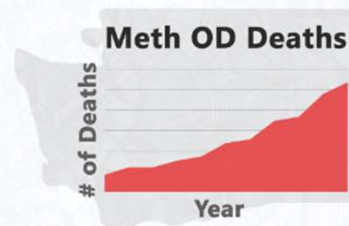


Conclusion

- **How and why people use meth differs in many ways from opioids.**
Our services need to match these differences
- **Initial care services and access points may look different** at the community level
- **There can be challenges integrating** harm reduction, treatment and healthcare
 - Local communities need to figure out how to best work on this
- **A broad array of people** working in different types of care settings is needed...
 - Health care, SUD treatment, harm reduction, housing...**That's you!**

Resource Spotlight

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.



Want help to cut down your meth use?

Call the [Washington Recovery Help Line](https://www.washingtonrecoveryhelp.org) at 1.866.789.1511



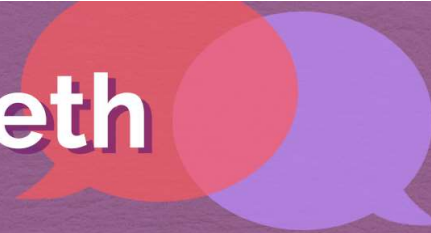
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AND RESEARCH



stopoverdose.org/basics/methamphetamine-overdose-overamping

Focus on Meth

Be part of the conversation.



No Single Path: Personal stories on meth use, harm reduction and recovery

August Oliver, Catholic Community Services of Western WA

Jeremy Russell, Peer Seattle

Moderator: Alison Newman, *UW ADAI CEDEER*



Resource Spotlight



Focus on Meth

Be part of the conversation.

adai.uw.edu/cedeer/focus-on-meth

Webinars, research, resources

- Overdose & ED visits
- Harm reduction
- Drug checking in WA
- Infectious disease
- Meth use among MSM

Stimulant Health Matters Series WA SOR TA

Part 1: Mental health

Part 2: Wound care & skin health

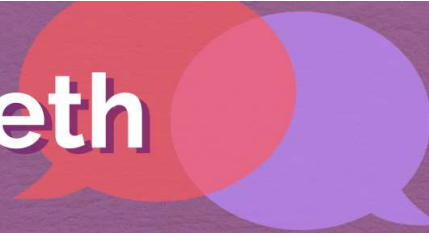
Upcoming:

Part 3: Heart health & monitoring
June 16, 2025, 12-1pm



Focus on Meth

Be part of the conversation.



Harm Reduction Pro Tips!

Sam Carroll, Spokane Regional Health District
Christina Muller-Shinn, Mason County Public Health
Peter Cleary, Project NEON
Moderator: Susan Kingston, UW ADAI



Resource Spotlight

What's New in Harm Reduction Research: Methamphetamine
Research papers & reports

adai.uw.edu/hrr-202502

Methamphetamine: Practical Strategies for Harm Reduction and Client Engagement
Recorded webinar & slides

tinyurl.com/MethWebinar2021-1

**what's new
in harm
reduction research**



Methamphetamine

Practical Strategies for Harm Reduction and
Client Engagement

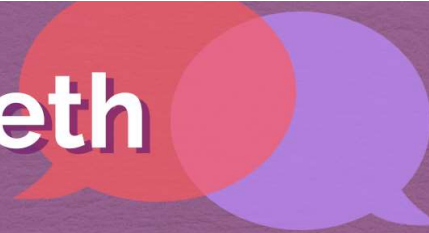
Peter Cleary, Susan Kington, & Alison Newman
January 19, 2021

ADAI



Focus on Meth

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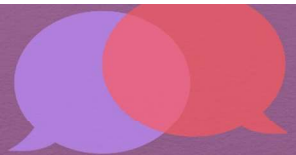


Treatment Medications for Stimulant Use Disorder

Jonathan Buchholz, MD

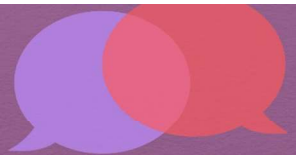
Director, Addiction Consultation Service, VA Puget Sound

Assistant Professor and Director, Addiction Psychiatry Fellowship, UW Psychiatry



Disclosures

Honorarium – “*Opioid Use Disorder in Veterans: An Expert’s Experience Prioritizing Medication for Treatment.*” AMSUS Annual Meeting. March 3rd, 2025. National Harbor, Maryland.
Indivior Pharmaceuticals



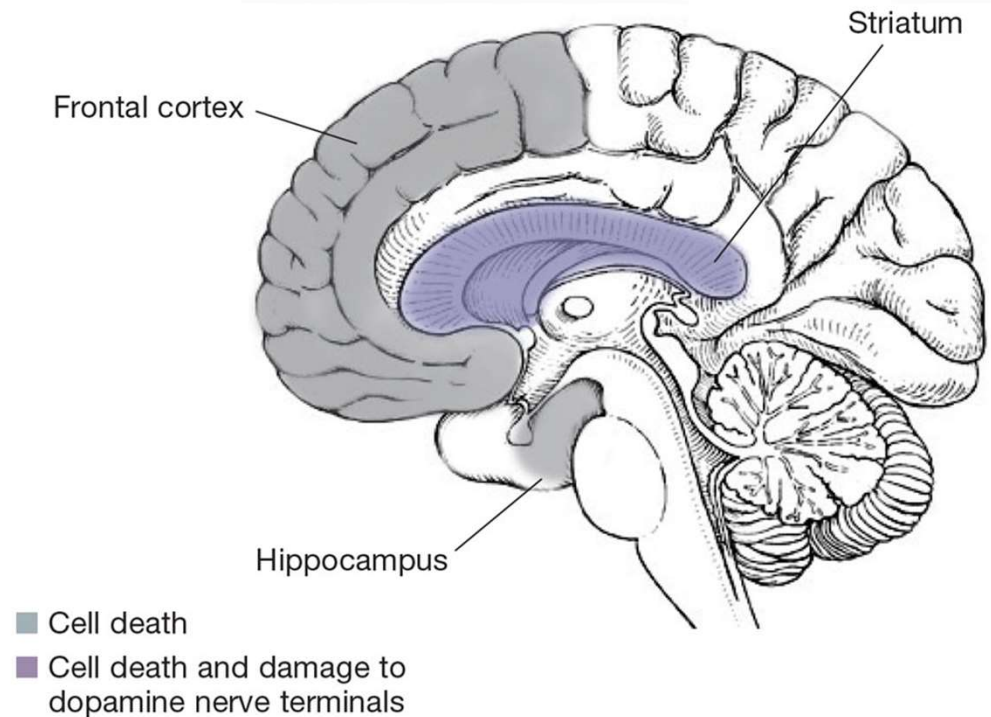
Objectives

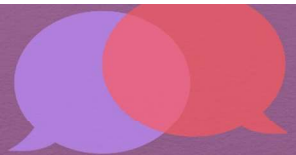
Review medications for methamphetamine use disorder

- Systematic reviews/Meta analyses
- Individual medications with promise

Methamphetamine Neurotoxicity

- Meth → ROS → neuron damage
- Less damage on 5-HT system
- Dose-dependent destruction of striatal dopamine nerve terminals
- Behavior changes partially reversible with time





Medications

- No FDA-approved medications
- Medications with evidence:
 - Psychostimulants
 - Naltrexone
 - Mirtazapine
 - Bupropion +Naltrexone

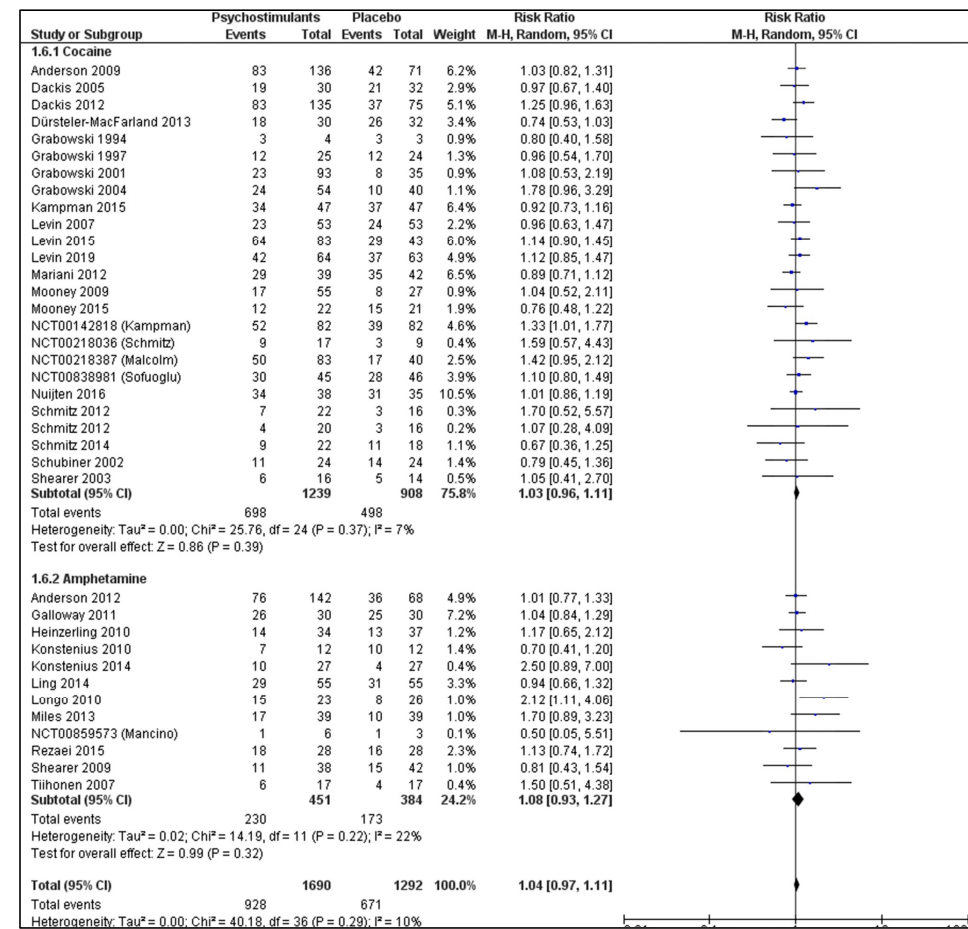
Dozens of medications with a variety of mechanisms have been studied:

Aripiprazole, baclofen, bupropion, buspirone, citicoline, creatine, dextro-amphetamine, dextro-methamphetamine, gabapentin, ibudilast, methylphenidate, mirtazapine, modafinil, N-acetyl cysteine, naltrexone, ondansetron, perindopril, pexacerfont, prazosin, sertraline, risperidone, rivastigmine, topiramate, varenicline, vigabatrin, vortioextine

Medications

Psychostimulants for stimulant use disorder (cocaine, methamphetamine)

- Systematic review and Meta Analysis -Tardelli et. al. 2020
- 38 trials included, 2889 patients, Randomized, double-blind, placebo controlled, parallel-design for cocaine and amphetamine UD
- Engagement not improved





Medications

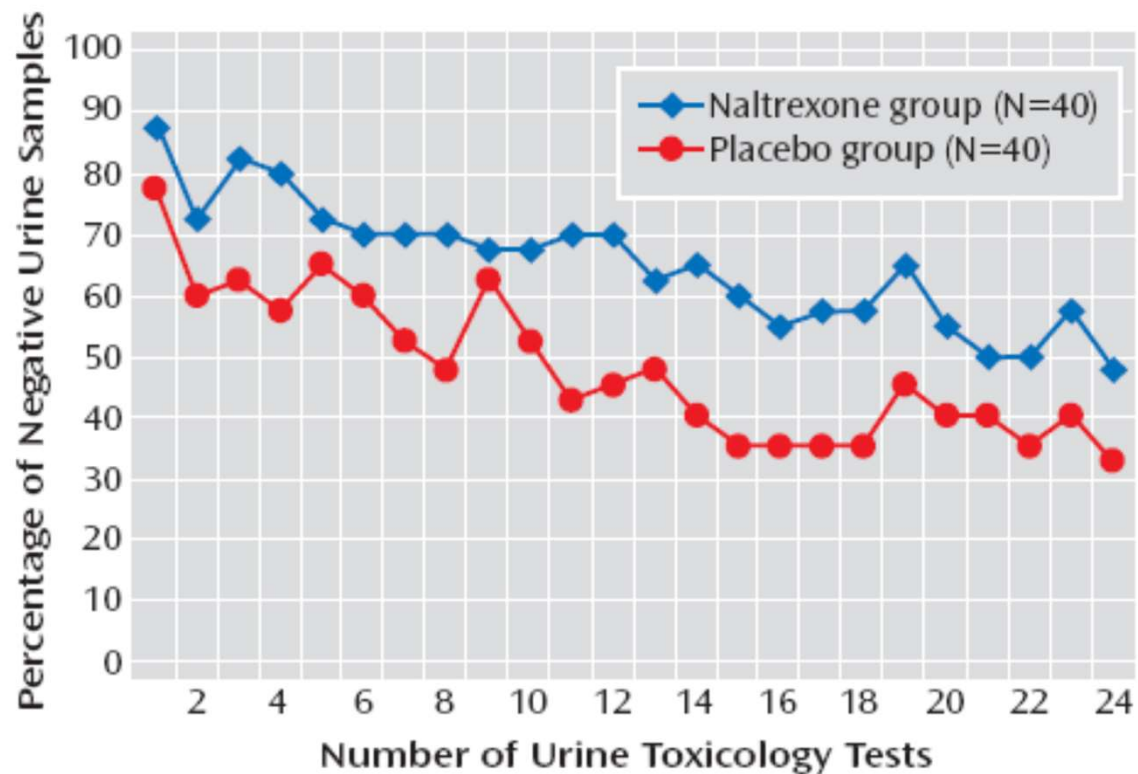
Psychostimulants for amphetamine-like stimulants

- Sharafi et al. Addiction. 2024. Systematic review and Meta Analysis
- Removed modafinil and bupropion from analyses
- Ten RCTs (n = 561 participants)

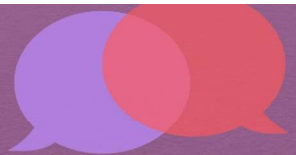
Results:

- No robust differences on initial comparisons.
- Subgroup analysis
 - High dose methylphenidate >162mg superior to lower dose methylphenidate or dextroamphetamine
 - # of UAs positive for amphetamines
 - Engagement in treatment
- ADHD co-occurrence in positive studies
 - Gen. max dosing for ADHD alone is 108mg (methylphenidate) and 50mg (dextroamphetamine)

Naltrexone for Methamphetamine



Jayaram-Lindstrom et al, Am Journal of Psychiatry, 2008



Mirtazapine for Methamphetamine

Colfax et al 2011

- Mirtazapine 30mg led to small but significant reduction in positive weekly urine samples (from 73% to 44%) over 12 weeks.

Coffin 2020

- Mirtazapine 30mg led to small but significant reduction in positive weekly urines at 24 and 36 weeks

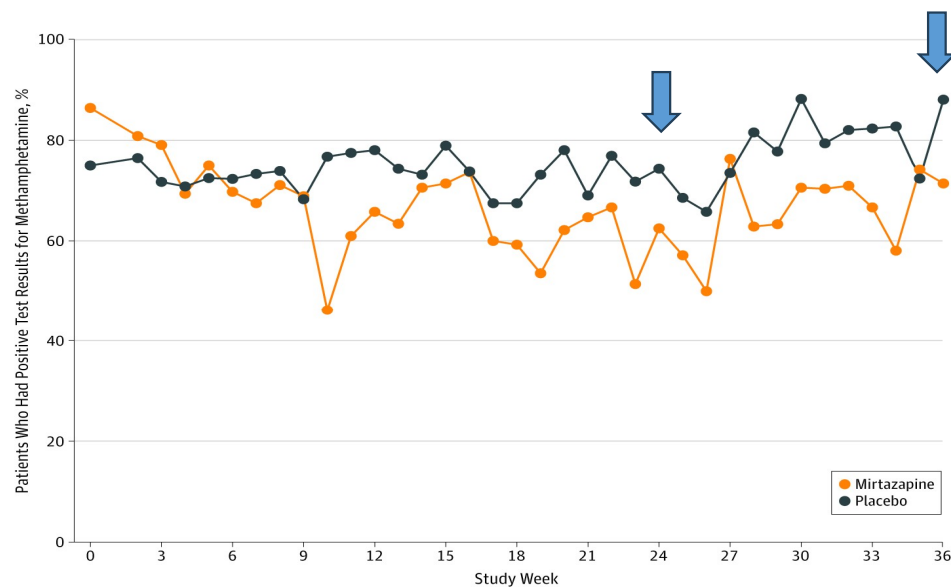
Mirtazapine for Methamphetamine



From: **Effects of Mirtazapine for Methamphetamine Use Disorder Among Cisgender Men and Transgender Women Who Have Sex With Men: A Placebo-Controlled Randomized Clinical Trial**

JAMA Psychiatry. 2020;77(3):246-255. doi:10.1001/jamapsychiatry.2019.3655

Figure legend:
Proportion of participants
with positive urine test
results for meth during
follow-up, by arm



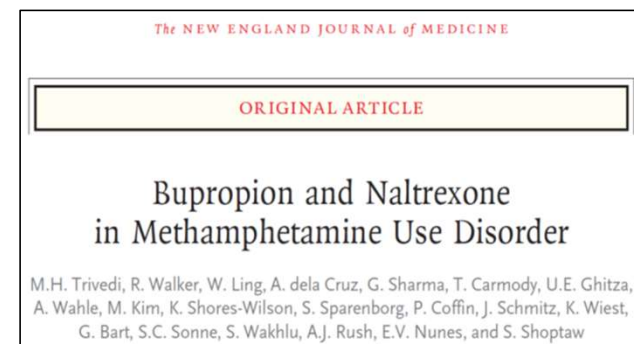
Date of download: 6/5/2025

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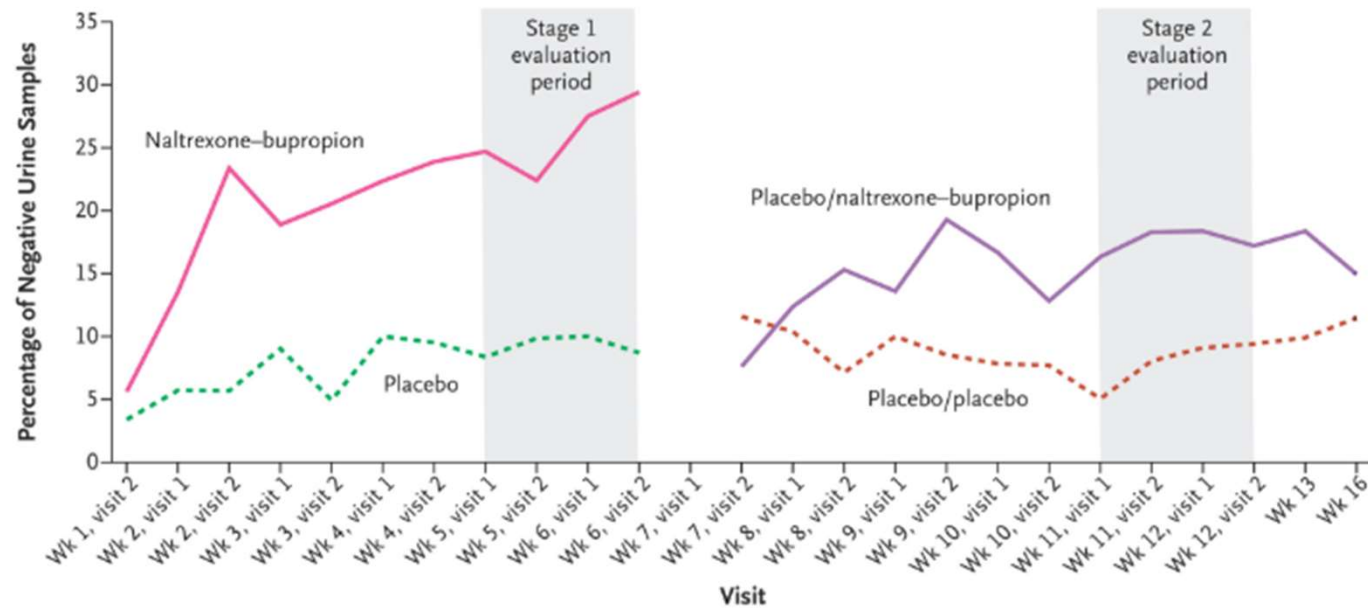
Bupropion and Naltrexone for Methamphetamine

- **12-week study**, 403 participants, randomized, double-blind trial, sequential parallel comparison design.
- **13.6% of the group receiving 380mg naltrexone-XR plus 450mg bupropion-XR** versus 2.5% of the placebo group had at least three methamphetamine-negative urine samples out of four samples at the end of the 6-week trial (an overall treatment effect of 11.1 percentage points).
- The number needed to treat for one patient to have a response under the assumptions in this trial is 9.
- **Adverse events** included gastrointestinal disorders, tremor, malaise, hyperhidrosis, and anorexia. Serious adverse events occurred in 8 of 223 participants (3.6%) who received naltrexone–bupropion during the trial.



Bupropion and Naltrexone for Methamphetamine

B Methamphetamine-Negative Urine Samples



No. of Urine Samples Obtained at Each Visit

	Stage 1											Stage 2										
Naltrexone-bupropion	89	96	77	90	73	85	67	81	67	80	68											
Placebo	265	280	229	266	223	260	210	239	203	240	207											
Placebo/naltrexone-bupropion												92	97	85	103	83	96	78	98	82	98	93
Placebo/placebo												95	106	84	100	82	102	91	99	87	99	85

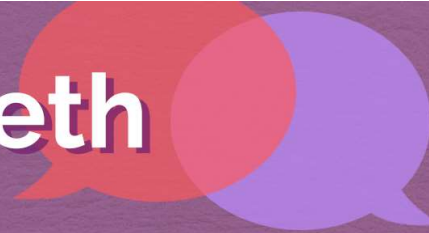


Publications

1. Tardelli VS, Bisaga A, Arcadepani FB, Gerra G, Levin FR, Fidalgo TM. **Prescription psychostimulants for the treatment of stimulant use disorder: a systematic review and meta-analysis.** Psychopharmacology (Berl). 2020 Aug;237(8):2233-2255. doi: 10.1007/s00213-020-05563-3. Epub 2020 Jun 29. PMID: 32601988.
2. Sharafi H, Bakouni H, McAnulty C, Drouin S, Coronado-Montoya S, Bahremand A, Bach P, Ezard N, Le Foll B, Schütz CG, Siefried KJ, Tardelli VS, Ziegler D, Jutras-Aswad D. **Prescription psychostimulants for the treatment of amphetamine-type stimulant use disorder: A systematic review and meta-analysis of randomized placebo-controlled trials.** Addiction. 2024 Feb;119(2):211-224. doi: 10.1111/add.16347. Epub 2023 Oct 25. PMID: 37880829
3. Coffin PO, Santos GM, Hern J, Vittinghoff E, Walker JE, Matheson T, Santos D, Colfax G, Batki SL. **Effects of Mirtazapine for Methamphetamine Use Disorder Among Cisgender Men and Transgender Women Who Have Sex With Men: A Placebo-Controlled Randomized Clinical Trial.** JAMA Psychiatry. 2020 Mar 1;77(3):246-255. doi: 10.1001/jamapsychiatry.2019.3655. PMID: 31825466; PMCID: PMC6990973.
4. Colfax GN, Santos GM, Das M, Santos DM, Matheson T, Gasper J, Shoptaw S, Vittinghoff E. **Mirtazapine to reduce methamphetamine use: a randomized controlled trial.** Arch Gen Psychiatry. 2011 Nov;68(11):1168-75. doi: 10.1001/archgenpsychiatry.2011.124. PMID: 22065532; PMCID: PMC3437988.
5. Trivedi MH, Walker R, Ling W, Dela Cruz A, Sharma G, Carmody T, Ghitza UE, Wahle A, Kim M, Shores-Wilson K, Sparenborg S, Coffin P, Schmitz J, Wiest K, Bart G, Sonne SC, Wakhlu S, Rush AJ, Nunes EV, Shoptaw S. **Bupropion and Naltrexone in Methamphetamine Use Disorder.** N Engl J Med. 2021 Jan 14;384(2):140-153. doi: 10.1056/NEJMoa2020214. PMID: 33497547; PMCID: PMC8111570.

Focus on Meth

Be part of the conversation.



Contingency Management in Non-Treatment Settings

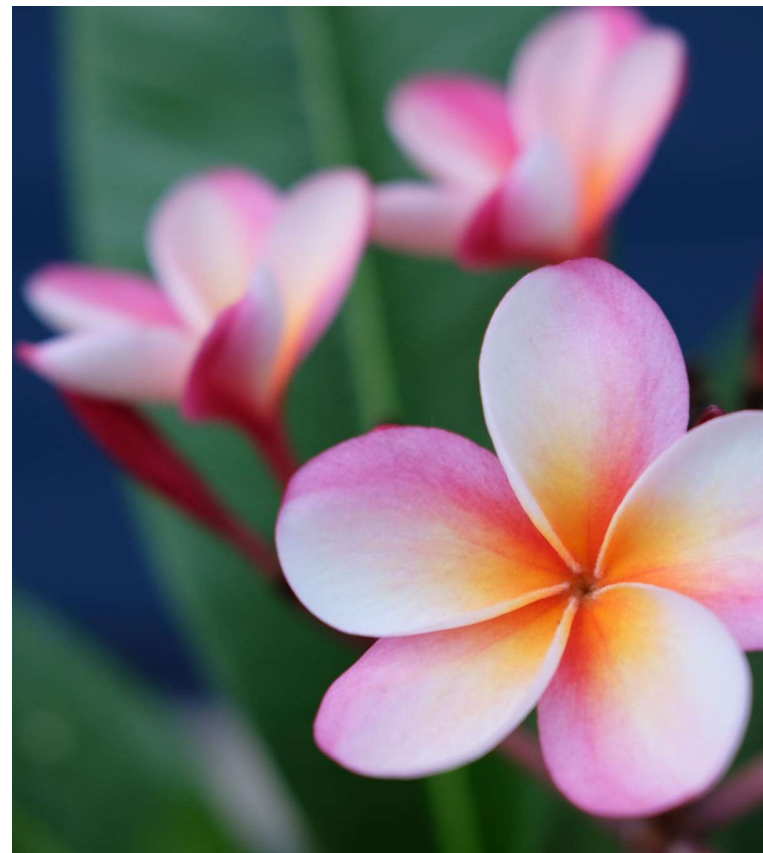
Challenges, Successes, and Pro Tips!

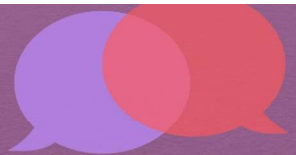


Our Panel

- **Liz Fraser, MSW**
Blue Mountain Heart to Heart
bluemountainheart2heart.wordpress.com
- **Kevin Alvarado**
Lead Peer Support Specialist, Plymouth Housing
plymouthhousing.org
- **Kate Palmer**
CM Technical Assistance Provider, Plymouth

Moderator: **Sara Parent, ND**
Assistant Professor, WSU
prismcollab.org

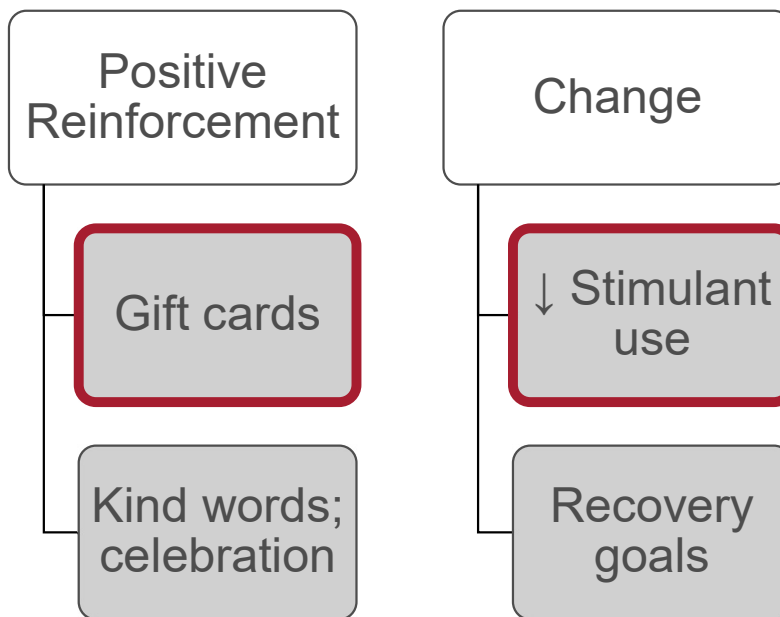


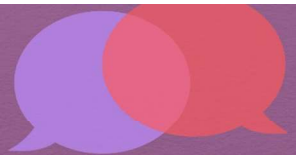


What is Contingency Management?

Contingency Management

A behavioral therapy that uses positive reinforcement to encourage behavior change.





HCA-Funded CM in Washington

- Olympic Peninsula Health Services - Port Angeles
- Plymouth Housing – Seattle
- Ideal Option - Everett
- Klickitat Valley Health - Goldendale
- Comprehensive Healthcare- Yakima
- Family Health Centers- Omak
- Providence - Kettle Falls
- Providence - Colville
- MultiCare Rockwood - Spokane
- Newport Health Center – Newport

Email: HCASupportedCM@hca.wa.gov





Two CM Protocols

	Plymouth – Permanent Supportive Housing	Blue Mountain Heart to Heart – Harm Reduction/Recovery Support
WHO we're trying to help?	People who use stimulants	People who use stimulants
WHAT is the focus behavior?	Stimulant-negative urine drug tests (UDT)	Stimulant-negative urine tests (UDT)
WHICH type of reward?	Vouchers traded for gift cards or prizes	Gift cards
HOW MUCH of a reward?	\$530 max possible	\$288 max possible
HOW OFTEN are people rewarded?	Twice weekly	Twice weekly
WHEN do people get rewards?	Immediately after UDT, can opt to bank	Immediately after UDT, can opt to bank
HOW LONG does it last?	12 weeks, can be repeated until annual cap	8 weeks, can be repeated twice per year



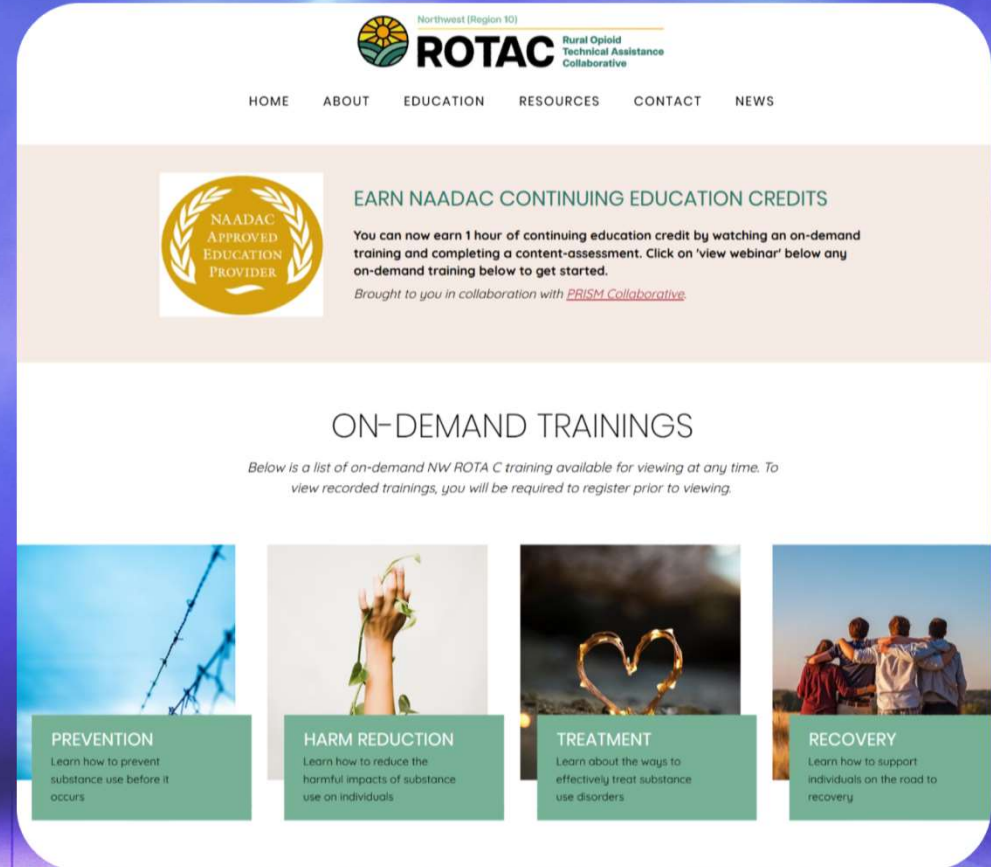
Panel Discussion



Resource Spotlight

nwrotac.org

Contingency Management in the Wild: Rural Substance Use Provider Experiences with Evidence-based Practice Targeting Stimulant Use



The screenshot shows the NWROTAC website. At the top is the logo for Northwest (Region 10) ROTAC Rural Opioid Technical Assistance Collaborative. Below the logo is a navigation menu with links: HOME, ABOUT, EDUCATION, RESOURCES, CONTACT, and NEWS. The main content area features a gold circular seal on the left that reads "NAADAC APPROVED EDUCATION PROVIDER". To the right of the seal is a section titled "EARN NAADAC CONTINUING EDUCATION CREDITS" which states: "You can now earn 1 hour of continuing education credit by watching an on-demand training and completing a content-assessment. Click on 'view webinar' below any on-demand training below to get started." Below this text is a link: "Brought to you in collaboration with [PRISM Collaborative](#)". Further down is a section titled "ON-DEMAND TRAININGS" with the text: "Below is a list of on-demand NW ROTAC training available for viewing at any time. To view recorded trainings, you will be required to register prior to viewing." Below this text are four training cards, each with a background image and a green footer box containing the title and description:

- PREVENTION**: Learn how to prevent substance use before it occurs. (Background image: barbed wire against a blue sky)
- HARM REDUCTION**: Learn how to reduce the harmful impacts of substance use on individuals. (Background image: a hand holding a small green plant)
- TREATMENT**: Learn about the ways to effectively treat substance use disorders. (Background image: a heart shape made of barbed wire)
- RECOVERY**: Learn how to support individuals on the road to recovery. (Background image: three people sitting on a bench outdoors)

Resource Spotlight

Stimulants and Health

Support for people who use cocaine and methamphetamine

People use stimulants for many reasons

Ask yourself:

- What do I like about using stimulants?
- Is there anything I want to change?
- How can I feel healthier?

Understanding why you use can help you decide if you want to reduce or stop.

There are always things that you can do to protect your health.

Health effects of stimulants

Stimulants used in high doses over time can harm the heart and brain.

Stimulants tighten blood vessels and cause inflammation. This can lead to high blood pressure and heart disease.

Stimulants increase dopamine in the brain, which can cause hallucinations, mood changes and trouble thinking.

Safer use tips

There are ways to be safer, even if you do not want to change how often or how much you use:

-  Try to get sleep or set aside time to rest.
-  Drink plenty of water.
-  Eat before and while you're using, even if you don't feel hungry.
-  Consider changing how you use, like smoking instead of injecting.
-  Avoid sharing smoking or injecting supplies.
-  Be with people who know you and will help you if needed.
-  Use in a place where you feel safe.
-  Carry naloxone and test your drugs.

How can you and your health care provider support your health?

- ☐ Treat high blood pressure to prevent heart disease and stroke.
- ☐ Care for your teeth and oral health.
- ☐ Treat wounds or other skin concerns.
- ☐ Screen for and treat STIs, HIV, hepatitis B and hepatitis C.
- ☐ Consider pre- and post-exposure medicine to prevent HIV and STIs.
- ☐ Consider birth control and pregnancy testing if pregnancy is possible.
- ☐ Stay up to date on vaccinations.
- ☐ Treat other substance use and mental health concerns.

Reducing stimulant use

Cutting back on stimulants can be hard, but there are options to help you feel better and help you reduce your use.

Medications

Talk to your provider about medications that may help you feel better and may help you cut back on your use.

Contingency management

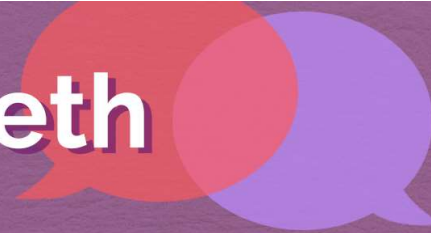
Some programs provide rewards to people when they reduce or stop using stimulants. Some people are able to stop using this way, many others can cut back.

Updated May 2025 | Adapted from <https://www.ciaosf.org>

learnabouttreatment.org/treatment/treatment-for-stimulant-use-disorder

Focus on Meth

Be part of the conversation.



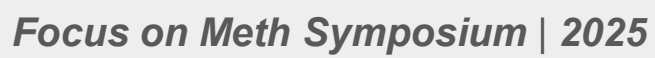
Whole Person Health Care with People Who Use Meth

Sarah Leyde, MD, UW Medicine/Harborview

Mark Duncan, MD, UW Medicine

LeiLani Dawn, UW ADAI

Moderator: Maureen Oscadal, UW ADAI





Thank You



***Thank you for
joining us today!***

***Please take our post-event survey
to help shape future events:***
<https://www.surveymonkey.com/r/FoM25>