



# Perspectives of people who use methamphetamine on reducing or stopping their use

Sierra Teadt, MPH (c), Alison Newman, MPH



# Zoom logistics

- Zoom webinar
  - Participants can't share their video or audio
  - Enter questions into Q & A or chat

Webinar will be recorded and posted here:

<https://adai.uw.edu/perspectives-meth-use/>

And here:

<https://stopoverdose.org/section/webinars/>



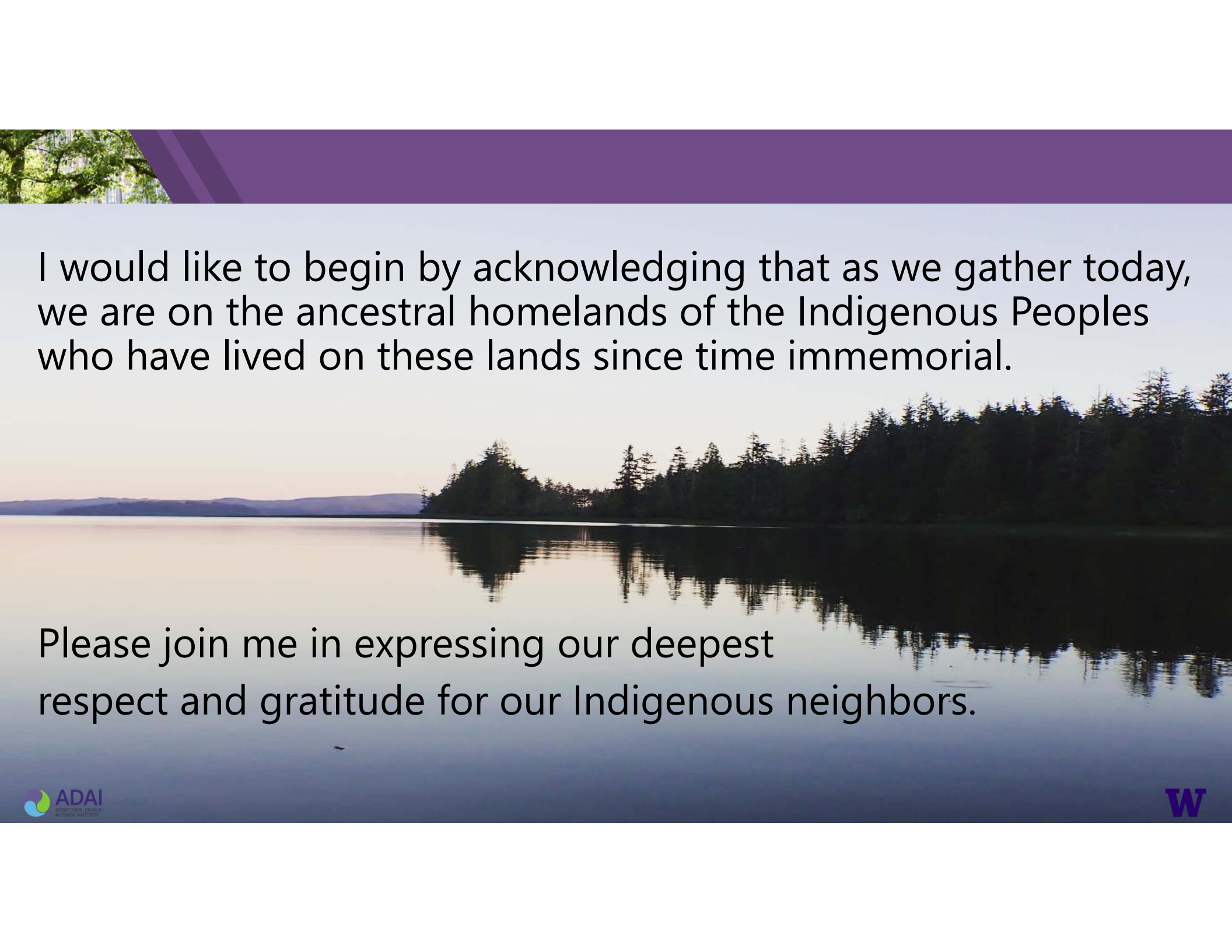
# Presenters

- Sierra Teadt, MPH (c)
  - UW School of Public Health Student
  
- Alison Newman, MPH
  - Continuing Education Specialist, ADAI



# Agenda

- Background and introduction
- Methods
- Demographics
- **Themes**
- Recommendations



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.



# Thank you

- Thank you to everyone who participated in this project, especially interview participants who shared so much about their lives and experiences.
- Thank you to Blue Mountain Heart to Heart and the Spokane Regional Health District for being wonderful partners and making this possible.
- Thank you to my ADAI colleagues who worked with us on this project.
- Funding for this came from WA Health Care Authority, Division of Behavioral Health and Recovery.



# Background

Data and methods

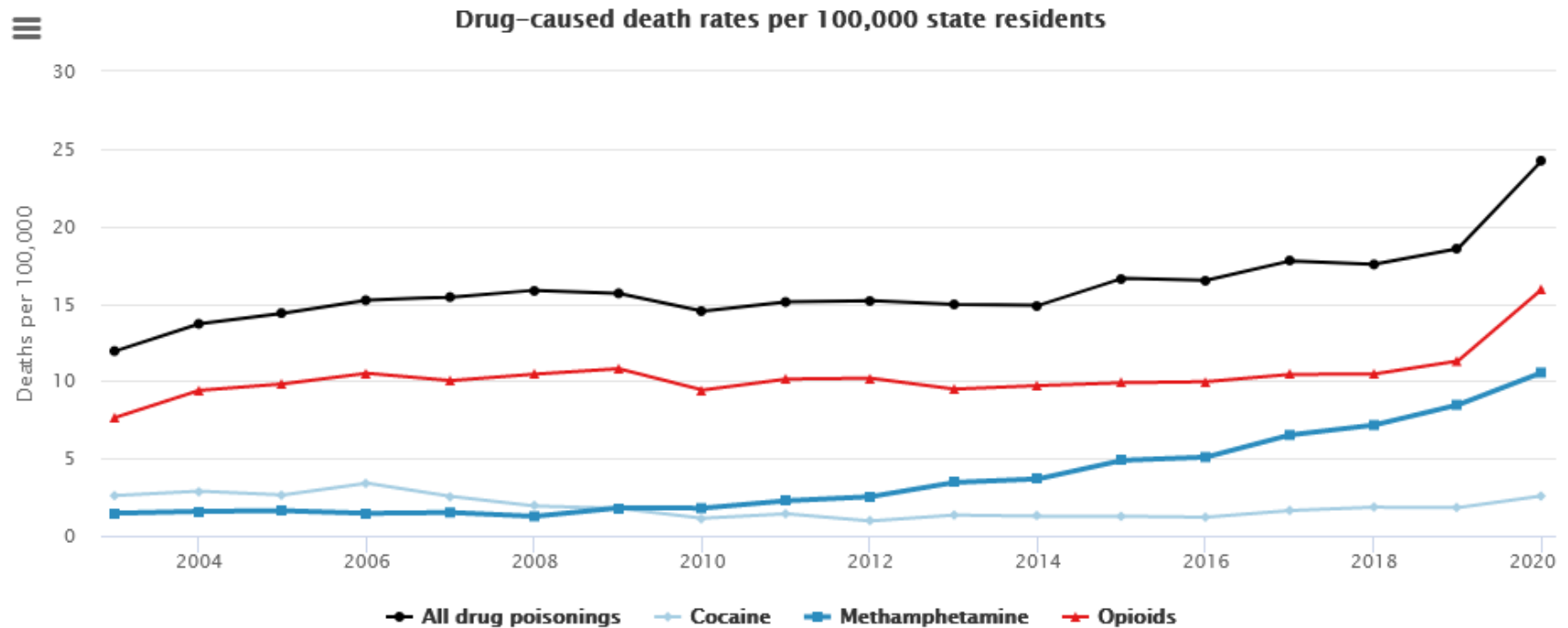
# Where to find the report

- Full 12-page report
- One-page summary for SSP clients
- Interactive Prezi online presentation
- Coming soon: link to this webinar recording
- <https://adai.uw.edu/perspectives-meth-use/>



# Background

## Deaths involving methamphetamine versus cocaine and all opioids

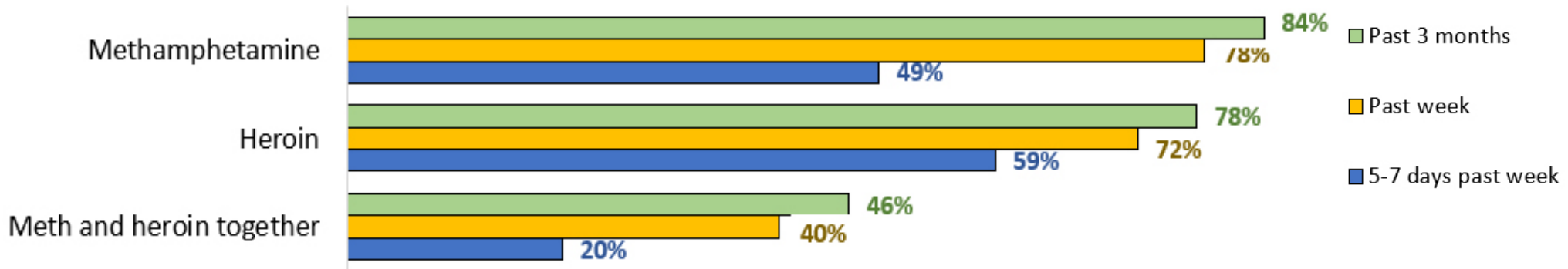


Analysis by UW ADAI. For data sources, see text or [adai.uw.edu/WAdata](http://adai.uw.edu/WAdata)

Data sources: Washington State Department of Health (deaths), state Office of Financial Management (population). 2020 death data are preliminary.

# WA SSP Survey 2019

Drugs used in different time frames *n=1,269*



- Survey of 1,269 syringe services participants throughout WA State.
- High prevalence of methamphetamine use, both alone and in combination with heroin.




## 2018 Qualitative Interviews

Interviews with 24 people. Asked about motivations for using methamphetamine.

Themes that emerged were:

- Function
- To cope with heroin withdrawal
- Availability

*"Well, right now meth is like really cheap and it's just everywhere . . . And if people get a little too high on heroin they have to freaking try and wake themselves up a little bit so they can get done what they need to get done."*

- 
- 2017 and 2019 surveys, participants were asked
    - “How interested are you in reducing or stopping your stimulant use?” with the response options of very, somewhat, not sure, or not interested.



# Methods, demographics



## Goal of interviews

- Better understand people's level of interest in reducing or stopping methamphetamine use.
- Learn more about what services would help people achieve their substance use goals and improve health and quality of life.



## Methods

- 27 semi-structured interviews with people at WA SSPs.
- Interviews were 15-30 minutes, and participants received a \$25 grocery gift card.
- Included people over 18 who'd used methamphetamine in the past week, recruited by SSP staff.
- Conducted interviews over Zoom.
- Recorded, then transcribed using HIPAA compliant transcription.
- Analyzed using Dedoose, combination of inductive and deductive.

# Who did we talk to?

- Interviews were spread across three sites:
  - 19 in Spokane, 5 in Clarkston, and 3 in Kennewick.
- Demographics roughly mirror those of the larger 2019 SSP report.

Age			Race/Ethnicity		
18-29	7	26%	White	20	74%
30-39	8	30%	American Indian	3	11%
40-49	10	37%	Latino	1	3%
50-59	2	7%	Multi-racial	3	12%
Gender			Housing status*		
Male	17	63%	Unhoused	16	59%
Female	10	37%	Housed	8	30%
*Self-disclosed during interviews			Unknown	3	11%

**Table 1. Demographics of participants, n=27**



# Substance use

*Table 2. Patterns of substance use, n=27*

Length of meth use			Other drugs currently using		
11+ years	15	56%	Heroin	16	59%
6-10 years	7	26%	Marijuana	9	33%
1-5 years	5	18%	Alcohol	5	18%
<1 year	0	0%			
Frequency of meth use			Mode of use		
Daily	21	78%	Injection only	11	41%
Several times a week	4	15%	Injection and smoking	11	41%
Once a week	2	7%	Smoking only	5	18%



# Interview themes

Interest in reducing/stopping, supports that would help, key services

## *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.

## Slide 19

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**ST0** I can also change these slides so the screenshot is fullscreen so they're easier to read! I wasn't sure if we needed the ADAI logo to be shown in all of the slides

Sierra Teadt, 2021-10-22T22:01:55.281

**AN1** This looks good this way.

Alison Newman, 2021-10-26T17:46:55.597

## *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.

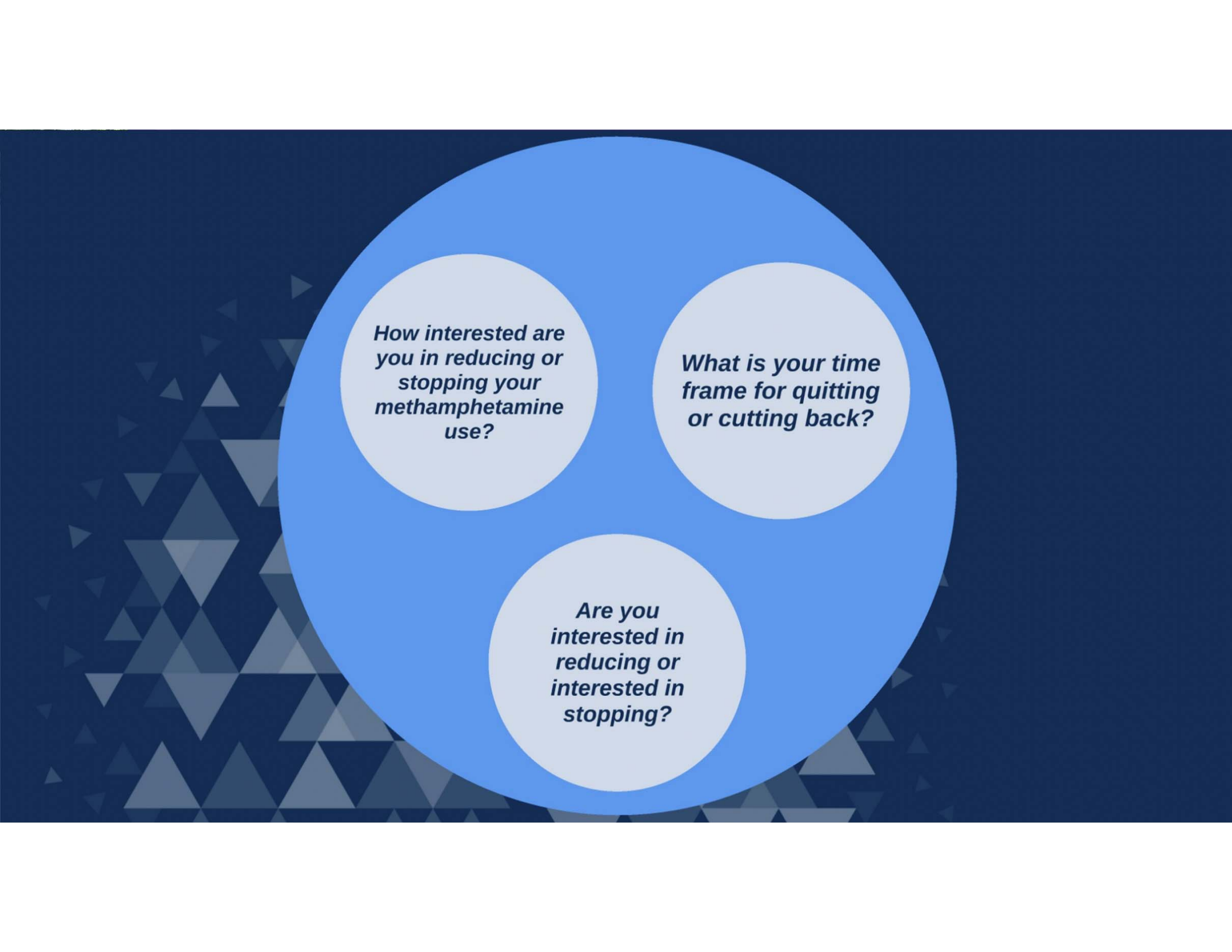
*"Well, because the job that I work at is really high energy, I use it-- I don't really feel the effects of it. I use it as a tool to help with my energy level."*

*"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.”*



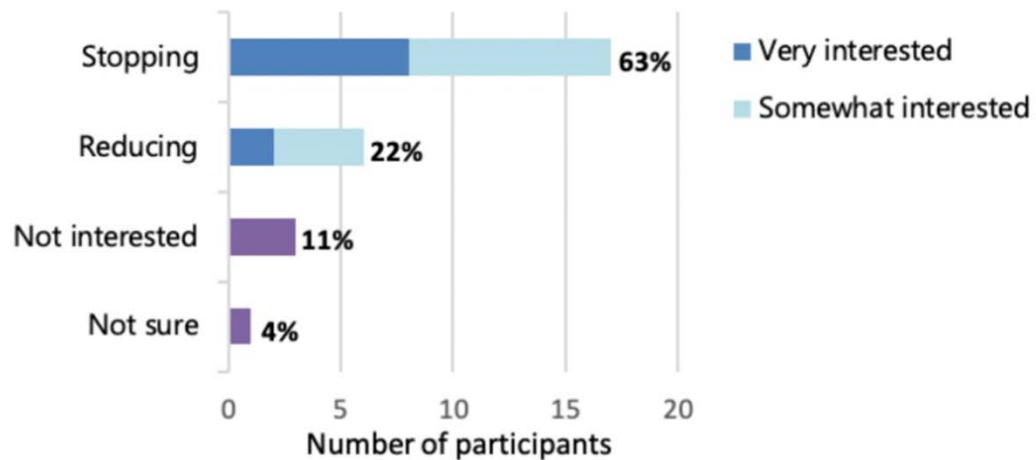
*How interested are you in reducing or stopping your methamphetamine use?*

*What is your time frame for quitting or cutting back?*

*Are you interested in reducing or interested in stopping?*



## *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.

## ***What is your time frame?***

- Few participants were ready to reduce or quit immediately
- Most participants were ready to reduce or quit within a few months to a year or longer
- Some participants were not sure how long it would take them to reduce or quit
- Many participants were already trying to reduce or taper their use

**Balanced  
Nutrition**

**Exercise**

***What have you tried in  
the past to cut back or  
stay healthy?***

Most respondents had strategies to stay healthy. They were aware of potential health consequences of using methamphetamine, and took steps to reduce harms when possible.

**Hydration**

**Safe  
Injection  
Practices**

## Slide 26

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**ANO** This may be a section that we just mention in brief. It's interesting, but we may not have time to go in depth here.

Alison Newman, 2021-10-26T17:57:43.058

**STO 0** Sounds good!

Sierra Teadt, 2021-11-02T14:43:55.605

*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*

## **Family & Relationships**

*“Like I said, I mean, I don't have my son right now, and I want my son. And yeah, I want to be a better father and be a role model. Yeah, and I can't be a role model if I'm using meth.”*

## ***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."*

## **Mental Health**

*“Because it makes me go goofy, like thinking weird things, like makes me think I-- paranoia. Seeing things in the nighttime, things that probably aren't there, but my mind fills in the blanks... I'm getting detached from everything, yeah, just in my life, my former life. Getting detached from it, and pretty soon I won't have it to go back to, I guess.”*



## ***Physical Health***

*“Well, I'm not getting any younger. And the older that I get, I could just feel-- I could feel that I'm wearing down. And I'm pretty sure that methamphetamine speeds up that process...”*

**Medications**

**Relationships**

## ***Facilitators & What Helps***

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

**Substance Use Services**

**Employment**

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

**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?”*

## ***Housing***

Housing was one of the most important facilitators identified.

*“Probably an apartment would be the easiest one, and housing. I have a culinary degree and I've been a chef for many years. But it's kind of hard to get into a restaurant job and say, “Hey, I'm a chef, but I'm homeless. I can't shower.”*

## ***Purposeful Activities***

Many participants shared that purposeful activities would help provide an alternative to continued methamphetamine use and help distract them from urges to use.

*“See, I’ve always thought finding new hobbies and new-- it could be a new skill or a new passion, probably helps a lot in getting rid of addiction...”*

## ***Employment***

Participants shared that employment in particular would help them gain access to other helpful resources like housing and other basic needs.

*“I’m pretty proud of my work, so I’d show up without being high and just tough it out until I got off, which would help me cut back for those hours of being at my work. It could be a start.”*



## ***Medications***

Some respondents shared that medications for mental health issues or opioid use disorder have been or would be helpful.

*“I was on methadone for a while...It was so helpful. If I was still on methadone, I would still be clean today.”*

## ***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***

***Individual Level  
Barriers***

***Lack of  
Basic  
Needs***

***Personal  
Issues***

## **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?”*

## ***Personal Issues:***

Fear of failure, lack of motivation, not ready to quit

*“It's nothing anybody can do for me...There's no treatment, no person, no nobody that can help you. You have to do it for yourself. And if you're not willing to do that, then probably you're not going to stop. I mean, that's just the reality of it.”*

***Community Level  
Barriers***

***Availability  
of Meth***

***Judgment  
& Stigma***

## ***Availability of Methamphetamine***

*“I can't go a block without seeing a drug dealer...they all hang out at all the homeless spots because they know that's where everybody's going to buy drugs at.”*

## **Judgment & Stigma**

*"I wish that, I don't know, I wish there was more outpatient, I guess, that are more accepting. I don't know. I just feel like people are really judgmental and a lot of the resources that we do have... I feel really judged and belittled when I'm there, and I don't like it at all. Because then, that just makes me irritated, and it just makes me want to go use even more just because it's stupid."*



***Difficult to  
Receive  
Diagnoses***

***Availability  
of Services***

***Service Level  
Barriers***

***Quality of  
Services***

***Accessibility  
of Services***

## ***Availability of Services***

*“Here in \_\_\_\_\_ there's no treatment facilities for recovery or anything. So if you want to quit, you have to go out of town and go through detox. And most drug addicts don't have any means of getting places...”*

## ***Accessibility of Services***

*"I'm trying to get back into methadone again, and it's so fricking hard to get into. It's just hard to get into because I have grandkids. You have to be up-- you have to be up by a certain time. You have to get a babysitter. It's just a pain in the butt."*

*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*

## ***Contingency Management***

Many of the services that people wanted were not related to substance use treatment, except for contingency management.

Participants called contingency management, "cool," "slick," and "sweet."

## ***Other Services***

Participants identified other services that would be helpful, especially if they were co-located for easier access, such as:

- Transportation
- Dental care
- Childcare
- Hotline for people who use meth to receive advice and support
- Nutrition supports
- Peer counselors
- Space where people who use meth can "hang out" and find other activities

## *Cross-Cutting Themes*

Several themes were interwoven throughout all of the interviews. These showed up in every other topic area:

- Family and relationships
- Housing and stability
- Stigma and acceptance



## Limitations

- Interviewed people at SSP, may not be representative of all people who use meth.
- Large majority were unhoused, most were white, and had been using meth for a decade or more.


Further research could look at preferences among other communities.





## 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.

# 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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