

## **“Your ‘give a damn’ just really stops giving a damn”: Perspectives of people who use methamphetamine on reducing or stopping their use.**

# ADAI

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### **Key Themes**

- Most participants saw both benefit and harm from their methamphetamine use. Almost two-thirds had interest in stopping their methamphetamine use while others were interested in reducing their use or changing how they used methamphetamine.
- 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.

### **Introduction**

Since 2015 the University of Washington Addictions, Drug & Alcohol Institute (ADAI) has conducted the biennial *WA State Syringe Service Program Health Survey* across the state’s network of syringe service programs (SSPs) to better understand the substance use patterns, health care concerns, and service needs among SSP participants. In the [2017](#) and [2019](#) surveys, participants who used opioids or stimulants were asked “How interested are you in reducing or stopping your \_\_\_\_\_ use?” with the response options of *very, somewhat, not sure, or not interested*. Results in 2019 showed that 82% of people whose main drug was heroin were very or somewhat interested in reducing/stopping their opioid use while only 46% of people whose main drug was methamphetamine were very or somewhat interested in reducing/stopping that use.<sup>1</sup> In 2020 McMahan, et al analyzed the 2019 results to determine if demographics, substance use, and concern about anxiety or depression were associated with interest in reducing/stopping methamphetamine or opioid use.<sup>2</sup>

In June 2021, ADAI conducted qualitative interviews with SSP participants who use methamphetamine to further explore what “interest in reducing or stopping use” might fully mean to individuals. More specifically, we wanted to distinguish interest in *reducing* use from interest in *stopping* use and to explore the factors behind level of interest, especially the ambivalence among those who were only “somewhat” interested in either option.

### **Methods**

A semi-structured interview guide was developed and approved by the University of Washington Institutional Review Board. The key areas explored in the interviews included current drug use patterns, preferences and motivations for reducing or stopping methamphetamine use, facilitators and barriers to making those changes, and interest in specific services. Individuals were eligible to participate if they were 18 or older and had used methamphetamine in the past week.

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<sup>1</sup> <https://adai.uw.edu/wa-state-syringe-exchange-health-survey-2019-results/>

<sup>2</sup> McMahan VM, Kingston S, Newman A, Stekler JD, Glick SN, Banta-Green CJ. Interest in reducing methamphetamine and opioid use among syringe services program participants in Washington State. *Drug Alcohol Depend.* 2020 Nov 1;216:108243.

Virtual interviews were conducted with participants of the Spokane Regional Health District SSP in Spokane and the Blue Mountain Heart to Heart SSPs in Kennewick and Clarkston. SSP staff at these sites recruited potential interviewees on-site through convenience sampling of individuals who came into the SSP during regular operating hours. If participants volunteered for the 15-30 minute interview, SSP staff confirmed that they had used methamphetamine in the past week. SSP staff then set up interviewees in a private area with a computer and headphones where they met with the Seattle-based interviewers virtually via Zoom.

A study information sheet was reviewed with potential participants that described the goals of the interviews and that they would receive a \$25 grocery card. Participants were asked to consent to audio recording and to avoid sharing any personally identifiable information about themselves or others so recordings could later be transcribed for analysis.

Interview recordings were transcribed with a HIPAA-compliant transcription service, and transcripts were uploaded to Dedoose, an online qualitative research program. Interviewers then conducted thematic analysis to develop a coding framework; coding reliability and consistency were tested with Dedoose until sufficient between-coder agreement (80%) was reached. Codes were then synthesized and categorized into broader, cross-cutting themes and sub-themes.

## Findings

Twenty-seven people participated in the interviews across the three sites: 19 in Spokane, 5 in Clarkston, and 3 in Kennewick. The majority were below the age of 40, male, and white, mirroring the general participant demographics of the WA State SSP Health Survey (Table 1). Although interviewers did not ask about housing status, nearly all participants self-disclosed their housing status during the interview, with the majority living unhoused.

Table 1. Demographics of participants, n=27

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%

The interviews explored five main topics: 1) patterns and drivers of methamphetamine use, 2) interest in reducing or stopping that use, 3) factors that would facilitate changes in methamphetamine use, 4) barriers to changing methamphetamine use, and 5) interest in specific support services and resources.

### 1. Patterns and drivers of methamphetamine use

The majority of participants reported they had been using methamphetamine for several years and were currently using methamphetamine every day (Table 2). Over half of participants (59%) reported also currently using heroin<sup>3</sup>, with fewer also reporting current use of marijuana and/or alcohol. Despite the recent increases in fentanyl use, none of these respondents specifically mentioned fentanyl. Injection was predictably the most prevalent mode of methamphetamine use given recruitment at syringe service programs, with a notable proportion of participants also smoking methamphetamine.

<sup>3</sup> In 2018, ADAI conducted qualitative interviews with SSP participants to explore motivations for concurrent methamphetamine and heroin use. <https://adai.uw.edu/treat-us-like-human-beings-new-adai-report-features-interviews-with-syringe-exchange-participants/>

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%

Most participants specified at least one way that **methamphetamine played a beneficial role** in their lives, such as helping them to function in a job, avoid emotional pain, or manage difficult life circumstances like homelessness.

*"Well, because the job that I work 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...the pain of missing your kids. And I know it sounds harsh, but it numbs the pain. And if I didn't numb my pain, I'd be crying all the time."*

*"I'd rather get meth than weed because I have to stay up at night to make sure my stuff doesn't get stolen, I don't get drenched. And so it's kind of hard."*

Many others, especially those using both methamphetamine and heroin, described how they felt driven to keep using methamphetamine, even if they didn't want to, when the immediate physical and mental **discomfort of withdrawal** from either drug became too hard to endure.

*"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?...Actually, I get it from both, but mainly it's the heroin. But 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."*

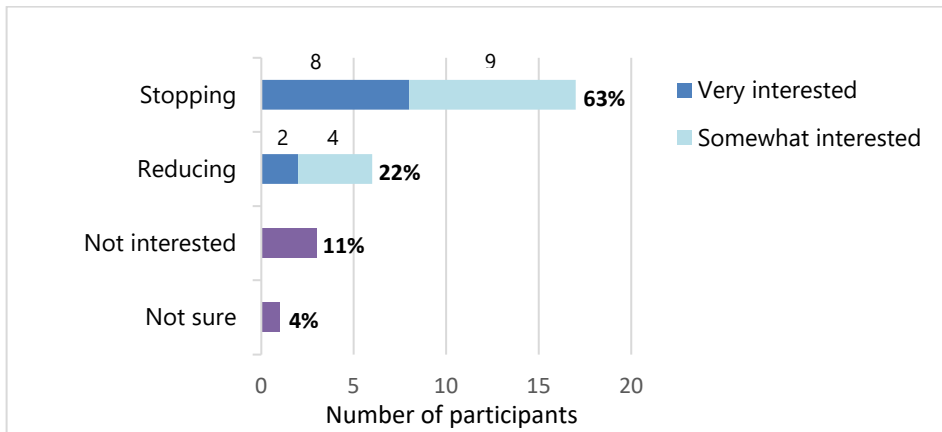
*"Well, I tried to just stop, but I was also stopping opiates, and I went through a bunch of withdrawals and then meth withdrawals. They put you down. You just want to sleep for weeks, and you don't even have energy to get up and try to get life back together...so you do some meth to get energy and go do it. I mean, you're just back at square one."*

## 2. Interest in reducing or stopping methamphetamine use

Participants were asked the same question from the WA State SSP Health Survey: "How interested are you in reducing or stopping your methamphetamine use?" and to specify if their interest was in reducing or stopping

use. Almost two-thirds (63%) had interest in **stopping** their use, with nearly equal numbers being either *very* or *somewhat* interested (Figure 1). In fact, 22 respondents shared that they had successfully quit or cut back their use in the past.

Figure 1. How interested are you in reducing or stopping your methamphetamine use? n=27



Nearly a quarter (22%) were interested in only **reducing** their methamphetamine use, largely because they didn't see their methamphetamine use as a significant problem or because tapering down felt more manageable. Many respondents indicated they were in the process of cutting down their use already and/or were using a tapering approach to ultimately quit methamphetamine.

*"Probably less frequently...Maybe just weekends or something like that, because during periods of time when I-- if I were to have a job, then just times when it's not going to affect my job."*

*"As weird as it sounds, it's not a big problem in my life, really. I mean it's probably not very helpful either. But a little bit...Probably reducing would be better."*

*"Instead of just going completely cold turkey and being deathly sick and just miserable for two weeks, I'm just slowly cutting back...I'm tapering myself off of it is what I'm doing, which has actually been working out really well because we were really high up there, and now we're not."*

Although a minority of participants (15%) said they were not interested in changing their methamphetamine use, several said they did want to change **how they used methamphetamine**, particularly shifting from injection to less risky or stigmatized routes of administration.

*"...cutting back on the injecting. Because it's so ugly. You walk around with track marks, sores, and-- people know, you know what I mean? They look at you and they know."*

### Ambivalence about changing use

While many participants may have initially indicated a specific change preference, these preferences quite often shifted during the interview. As conversations deepened, more ambivalence emerged, with many participants contradicting what they had said earlier about their level of interest. Ambivalence was clear even within single responses, as with this participant who initially said he only wanted to change from injecting to smoking but soon described himself reducing and ultimately stopping use altogether.

*"In the future, I'll stop shooting and just smoke it, not a lot, and probably couple times a week, weekend kind of warrior type of situation. But honestly, the way it's going, I mean, it's not fun for me anymore. I mean, I get high, but it's not enjoyable really. So if it stays like that even though I cut down, I'll probably just quit."*

This participant, who said he was not interested in changing his use, then said he was both managing his use and yet not in control of his use.

*"Not really interested. I have a pretty good handle on it. I'm not in control, of course, but I have a pretty good handle on it...so it's not really that big a deal."*

Almost all participants, whether they wanted to change their methamphetamine use or not, were aware of and used strategies to stay healthy while using methamphetamine such as balanced nutrition, hydration, exercise, and safe injection practices.

### Reasons for reducing or stopping use

About half of participants (48%) cited the importance of **family and relationships** as a primary reason, among many, for reducing or stopping their methamphetamine use.

*"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."*

An equal percentage of participants (48%) expressed a desire for a "**normal life**," one with structure and stability, that might enable them to achieve their own life goals.

*"...Been doing the homeless drug addict for the last 12 years. It's getting old... A job...and having your own place, your own apartment, and you get a job. It's mainly to be normal."*

*"I mean, I would like to have kind of a normal life, whatever normal is."*

*"I see myself, one, clean in a year, and two...just being a productive member of society... I want to live my life, and enjoy it, and actually be able to remember."*

Many participants were also motivated to reduce or stop their methamphetamine use due to the toll that use was taking on their **physical and mental 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..."*

*"If I stopped doing drugs, my teeth would stop falling out, and I wouldn't have a gross smile...And now, I'm missing a bunch of my teeth, and I hate, I hate smiling."*

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

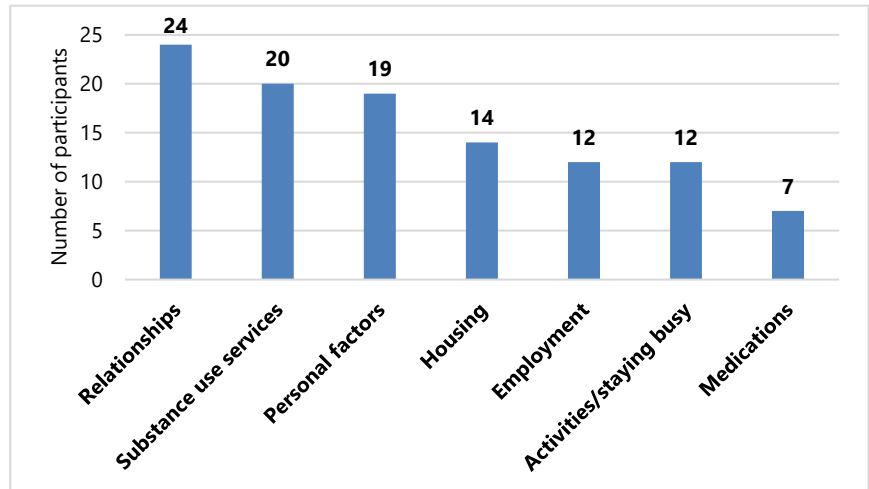
When asked, “What is the timeframe in which you see yourself reducing or stopping your use?” few said they were ready to make that change immediately. Rather, most participants could envision making these changes within a few months to a year or even longer. A few respondents were unsure about how long it would take them to reduce or quit.

### 3. Factors that would facilitate change

Participants were asked “What would help you reduce or stop your use and why?” As seen in Figure 2, participants identified a range of factors, services, or resources that have helped or would help them reduce or stop their methamphetamine use.

Nearly everyone mentioned that **relationships and social connections** with peers, friends, family members, and even pets played an important motivational and support role in helping them reduce or stop their methamphetamine use.

Figure 2. What would help you reduce or stop your methamphetamine use? n=27



The majority of participants identified a wide variety of **substance use services** that had been helpful in the past, ranging from support groups, case managers, and syringe service programs to substance use treatment including culturally specific treatment programs, detox centers, inpatient and outpatient treatment, and methadone programs. Many had used these in the past.

*“I did drug court, and they provided six months of-- well, there was treatment centers involved, which that did help. It was all mandatory because it was drug court. But they also provided \_\_\_\_ housing, and that was helpful because it got me in and gave me friends, and those friends got me introduced to NA [Narcotics Anonymous]. And they also gave me six months of housing or SNAP [food assistance] or whatever, and all that was really helpful...That kind of support in the early stages was helpful for sure.”*

*“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.”*

Most respondents (19) shared that a variety of **personal factors**, like internal drive, spirituality, staying positive, setting goals, and being held accountable also helped.

*“I want to say internal drive, I guess. There's just been times that I've just wanted it more than other times...So that internal drive has just been harder to find as I've gotten older or life just beats you down more. Just more disappointment, more unfulfilled expectations, and then you just kind of-- your 'give a damn' just really stops giving a damn after a while.”*

*“Lately, I've been trying to find some kind of way to motivate myself to get clean. But if the desire's not there, it's not going to work, so I'm trying to find that desire.”*

For about half of participants, **housing** was one of the most important facilitators to reducing or stopping their methamphetamine use, especially given that a majority of respondents were currently experiencing homelessness.

*"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."*

*"I want to be living somewhere safe. I want to not have to worry about...how I'm going to eat next, if I'm going to have a warm spot or if I am going to get rained on [the next?] day."*

Boredom was identified as a trigger for use among several respondents. Many shared that **purposeful activities** would provide an alternative to continued methamphetamine use, help distract them from urges to use, and help build relationships outside a network of only people who use drugs. **Employment** in particular would help 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."*

*"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..."*

*"I just needed something to do because it seemed like what triggered the whole going back to using was just, Oh, I was just bored, and it [meth]was here."*

Some respondents (7) shared that **medications for mental health issues or opioid use disorder** have either helped them in the past or would help them in the future to reduce or stop their methamphetamine use. In other words, these medications for non-methamphetamine conditions were seen as being helpful to address methamphetamine use.

*"When I was on Suboxone, I cut my [meth] use way down, way down. And that seemed to help. And they put me on Wellbutrin. That helped, too, because that gave me energy. And that seemed to-- I cut down to maybe once every few days. And I was pretty proud of myself. And then, for some reason, I just stopped taking Suboxone, and I'm right back to where I started it seems like."*

*"I need to get medicated for my ADHD [attention deficit hyperactivity disorder]. That would probably be a big help...because it's worked before. But then I moved, and so I never found another doctor to get my Adderall prescription again. So I kind of forgot about it."*

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

#### 4. Barriers to changing meth use

Most participants (89%) brought up at least one, if not multiple, barriers to reducing or stopping their methamphetamine that existed on a community, service, or individual level.

### Community-level barriers

Many participants shared that **judgement and stigma** in the community, especially among care providers, has made them unwilling to utilize certain programs or services that might otherwise be helpful.

*"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. Just the way they look at you, and the way they say things, or the tone in their voice, it just feels real judgy and really they're better than me because I'm an active addict and they're either not an addict but they were or they've never been an addict before. And so it's just like you're not any better than I am. And I don't like when people make me feel like that, or belittle me, or make me feel like I'm stupid, and I'm not."*

*"I'm not sure if it [primary health care] would help because I've gone to the doctor quite a few times here, and I've got a label, basically, next to my name that says I'm a drug addict. And I see that they don't usually give a f\_\_k what I want."*

*"I mean, the places downtown where you can go get a shower, and that helps you feel a little more clean. Going down there, you have to deal with the people who look down their nose at you, and that just makes you want to [inaudible] and go get even higher, you know what I mean? The whole judgmental thing is-- it really gets to you."*

Many participants shared that it was difficult to reduce or stop their methamphetamine use when it is so **widely available** in their communities and used in their social networks.

*"That's the only reason I can't cut back or stop, is because everyone I know and everything I know is around drugs. Yeah. I don't have any friends that don't do drugs, I think."*

*"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."*

*"...easier to get drugs on the street here than it is to find food out here when you're hungry."*

### Service-level barriers

Many participants discussed barriers related to the **availability, accessibility, and quality of substance use treatment services**. Some discussed how an overall lack of local treatment services and programs had made it difficult to receive the care they want, especially when combined with other barriers like inadequate transportation or childcare.

*"I was going to treatment briefly here...At the intake, they told me that I didn't really need it. They said, 'You're fine...We'll put you in relapse prevention, which is only one class a week. You come in on this day for like an hour and listen to everybody complain about their day. And then you go home.' And I felt low, underestimated... And I don't even think my counselor officially had his [certification]. It just made me mad that I was paying for it out of pocket and then not receiving..."*

*"Then when you're ready to get clean, usually, there's a wait to get into treatment. And so you got to quit on your own or continue to use, and then you're not ready once it is available...And it's like*



*a switch, like, 'Okay. I'm ready to go. I'm done with all this.' And you go to try and get into treatment or something, and, oh, all the treatment facilities are full. You got to wait three months. And by then, that switch is already back off. You're back in the game."*

*"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..."*

*"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."*

Additionally, a few participants expressed that their methamphetamine use has made it **difficult to receive a diagnosis or treatment for a co-occurring mental health issue**, such as anxiety and ADHD.

*"I have an anxiety disorder, so I mean, we're talking about meth right now, but because I'm on buprenorphine, I'm not allowed to have sedatives. And I have horrible anxiety attacks. And so that's going to be where I relapse the most probably, is going to be because a doctor won't look at the fact that I have a legitimate anxiety disorder problem and I have since I'm 25."*

*"The fact that I have ADHD out the ass and that if they want me-- if I'm going to get clean or they want to help me in any type of way, they'd put me back on Adderall. Because that was the only drug [inaudible] help me work, help me function."*

### Individual-level barriers

Some participants discussed how a **lack of basic needs**, such as food, transportation, childcare, and housing has been a major barrier when it comes to reducing or stopping their methamphetamine use.

*"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?"*

Some participants acknowledged that even if services were available, the real and final barrier lay within themselves. **Personal issues** such as fear of failure or lack of motivation or readiness were common.

*"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."*

*"Well, I know there's a lot of programs out there that help people but, yeah, I haven't tried yet...I just have to go out there and try to link up with them and stuff...Yeah. It's a struggle...Because when you're addicted to it, that's all you want, and it's what you chase every day."*

## 5. What services would help?

Respondents were read a list of programs and services and asked if they would be interested in each one. All respondents were interested in at least one service, and **most were interested in a broad range of services** (Table 3). Even participants who said they were not interested or unsure about reducing or stopping their use were, in fact, interested in several programs and services. The top services were housing and contingency management,<sup>4</sup> defined for participants as “a program that gives people money or other incentives for cutting back on their methamphetamine use.” Other services with high interest included help to navigate services, mental health counseling, cash assistance, and employment support.

Table 3. “Of these services, which would you like?”

	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

Even though 63% had interest in stopping their methamphetamine use, many of the services that people wanted were not related to substance use treatment, except for contingency management. In fact, the service with the least interest was inpatient treatment, although several participants felt inpatient treatment may be an important option for some people.

*“I’ve never had counseling. I think I should. I think that’ll probably help... Because I never really talk about anything that I go through or been through. It’s just all bottled up...And I think that’s a big reason why I use drugs too, is because of past events and things.”*

### Mixed views on outpatient treatment

Opinions were mixed, however, on outpatient treatment. Although half of respondents were interested in outpatient substance use disorder (SUD) treatment, many felt their decision to actually go to outpatient

<sup>4</sup> Contingency Management is a behavioral intervention shown to be effective in reducing stimulant use. More information can be found here: <https://adai.uw.edu/pubs/pdf/2021helpingpeople.pdf>.

treatment would depend on finding the “right fit” with treatment approach, personal experience of staff, or the mix of activities such as group or individual counseling.

*“I want more holistic services, more focusing on loving ourselves and learning about who we are instead of learning about who our other classmates are and their problems...Just learning about us, re-finding ourselves, because when we get-- a lot of people, when they get stuck in addiction, they lose their heart. Their soul is dark, and they aren't who-- people change on drugs. And if you stay that way for long enough and then you try and get sober, it's hard to find who you are without that drug.”*

*“I feel like it would be more helpful, someone who did meth and heroin, to have the next time because I think they'll relate more or they'd understand a little bit more.”*

Many described negative or unsatisfying experiences with outpatient SUD treatment in the past, especially if it had been court-mandated. Others had tried outpatient treatment during Covid but did not find a sense of connection in the “virtual-only” group sessions.

### Other services

Respondents identified other services that would be helpful, particularly if they were co-located for easier access. These services included transportation, dental care, childcare, a hotline for people who use methamphetamine to receive advice and support for mental and physical health, nutrition supports, peer counselors, and a space where people who use methamphetamine can “hang out” and find other activities.

## **Discussion**

### Cross-cutting themes

Several themes emerged repeatedly across interview domains: as reasons for both using and stopping methamphetamine use and as facilitators and/or barriers to changing use or utilizing services that would help.

### Family and relationships

Family was frequently identified as a motivator for why respondents wanted to cut back on their methamphetamine use. Regaining custody of children or reestablishing fractured family relationships was a strong motivator to stop using, yet the emotional pain of these losses led some to use methamphetamine more.

Positive relationships with family and friends, service providers, a recovery community, or people who did not use methamphetamine were seen as an essential foundation to supporting sustained behavior change and to overall quality of life. While individuals often had multiple practical needs, the need for social/emotional connection was seen as the one thing that “kept people going” even when drug use and life in general became overwhelming.

### Housing and stability... “a lifestyle of loss”

Housing was a prominent theme throughout the interviews and was one of the services most wanted by individuals regardless of their level of interest in reducing or stopping their methamphetamine use. Many individuals identified that a lack of stable, or any, housing was a reason they used methamphetamine, and sometimes a reason they couldn't access the services they needed, like substance use treatment.

*“Some people, their situation is so dire, and they're carrying everything on their back or they're moving their stuff from one place to another, and they don't have any safe place to even leave their belongings so they can go to detox or whatever...maybe all they have is a car or something and then they're afraid that's going to be gone when they come back, because it's a lifestyle of*

*loss, really. You spend a lot of time losing a lot of things and not feeling safe. And so having a safe home base is absolutely key."*

In general, participants often felt weary from managing the instability of life caused by substance use, homelessness, untreated mental health issues and/or financial lack. Many participants identified stability as a life goal and a reason they wanted to reduce or stop their methamphetamine use. Most had a vision of life without methamphetamine use, characterized by a steady routine of employment, meaningful activities, and reliable relationships.

### Stigma and acceptance

While none of the respondents specifically used the word "stigma," the experience of feeling disregarded, belittled, and discriminated against because of drug use was interwoven throughout people's interactions with friends or family, strangers, potential employers, and service providers. Several individuals felt stigma most acutely in emergency departments and SUD treatment settings, which discouraged them from returning to those places or from seeking any help at all.

Many respondents discussed the power of acceptance and how feeling "seen and cared about" was the key to their willingness to connect and establish relationships with employers, treatment providers, and health care or social service providers who did not judge their drug use or life choices.

### A continuum of needs

Participants identified many unmet basic life needs, many of which often drove continued drug use, perpetuated life instability, and made it difficult to access or get traction with support services. Most participants were interested in a range of support services to help meet these needs, but for many, getting help for their substance use directly was not necessarily their highest priority. In fact, *many felt that their methamphetamine use would naturally decrease or cease altogether once they could find solutions to housing, employment, or childcare needs.*

Mental health support was another area of considerable need. Many participants described feeling trapped between being denied mental health assessment or medications due to their active methamphetamine use while not feeling able to stop using methamphetamine without adequate mental health care. Beyond clinical mental health care, a number of participants simply wanted someone to talk with about their day-to-day stress, grief, or emotional pain. The need for both emotional support and meaningful relationships highlights the degree of isolation and loneliness felt by many in these interviews.

### Ambivalence and readiness for change

Of the 63% of participants who expressed interest in stopping their methamphetamine use, it is important to note that about half of those said they were only *somewhat interested* versus *very interested*. Participants clearly wrestled with opposing tensions related to their drug use: relying on the functional benefits of methamphetamine while struggling with its harms; trying to stay healthy while watching health problems worsen; wanting to make changes in their use yet fearing more failure and facing high barriers in accessing the services that would help.

Interest in change may not equate with actual "readiness" to change. The shifting balance between interest and readiness can impact one's sense of urgency, as past attempts to manage, reduce, or stop drug use can impact one's confidence of succeeding. Similarly, past experiences with support services, negative and positive, can also influence interest and willingness to re-engage with those services. Several participants said they wished they could stop using drugs but simply had given up hope in themselves and in "the system" that a better life was even possible.

## Recommendations

The results of these interviews add to current data that show many who use methamphetamine are indeed interested in reducing or stopping their use and in utilizing a variety of support services if they are designed and delivered appropriately. People who use methamphetamine have clear preferences and even innovative ideas for service models and are eager to share their perspectives when given genuine opportunities for input and involvement.

Programs and services may be more successful in engaging and supporting people who use methamphetamine if they:

- **Meaningfully involve these individuals** in the 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. Given the instability faced by many individuals, navigation support and direct linkage rather than simple referrals will increase the chances of utilization. Meeting basic needs can also build trust and encourage further engagement in healthcare, social services or substance use treatment.
- **Allow time** as people could not see stopping or reducing their use immediately, but perhaps in several or many months in the future.
- **Provide flexible, walk-in access** for individuals to engage in the moment when motivation, readiness, and life circumstances make that possible.
- **Emphasize acceptance, self-efficacy, and meaningful personal connections.**
- **Support incremental behavior change** and view continued methamphetamine use as an opportunity for further engagement rather than a criteria for exclusion or dismissal from services.
- **Train staff** on harm reduction and effective engagement strategies for methamphetamine. ADAI has several videos and materials here: <https://adai.uw.edu/methsummit/> and [Methamphetamine: Practical Strategies](#).

The ADAI webpage [www.learnabouttreatment.org/treatment/treatment-for-stimulant-use-disorder/](http://www.learnabouttreatment.org/treatment/treatment-for-stimulant-use-disorder/) provides further information about:

- What are stimulants?
- What is stimulant use disorder?
- What are the treatments for stimulant use disorder?
- Resources

## Limitations

It is important to note that most of the individuals interviewed had reported using methamphetamine for long periods of time; 82% reported using methamphetamine for at least six years. This group of participants was also predominantly white. It is possible that the experiences, insights, and preferences of people who are newer to methamphetamine use and/or from non-white communities may differ. Further study and analysis of these themes across more diverse groups of people and broader geographic areas, both urban and rural, will improve the design, delivery, and utilization of services to address methamphetamine use.

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