



# Methamphetamine

## Practical Strategies for Harm Reduction and Client Engagement

Peter Cleary, Susan Kington, & Alison Newman

January 19, 2021

- Zoom webinar platform, not meeting.
  - Only hosts can share video and audio
- Enter questions into Q & A.
- Chat in chat box.
  
- This webinar will be recorded.



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.

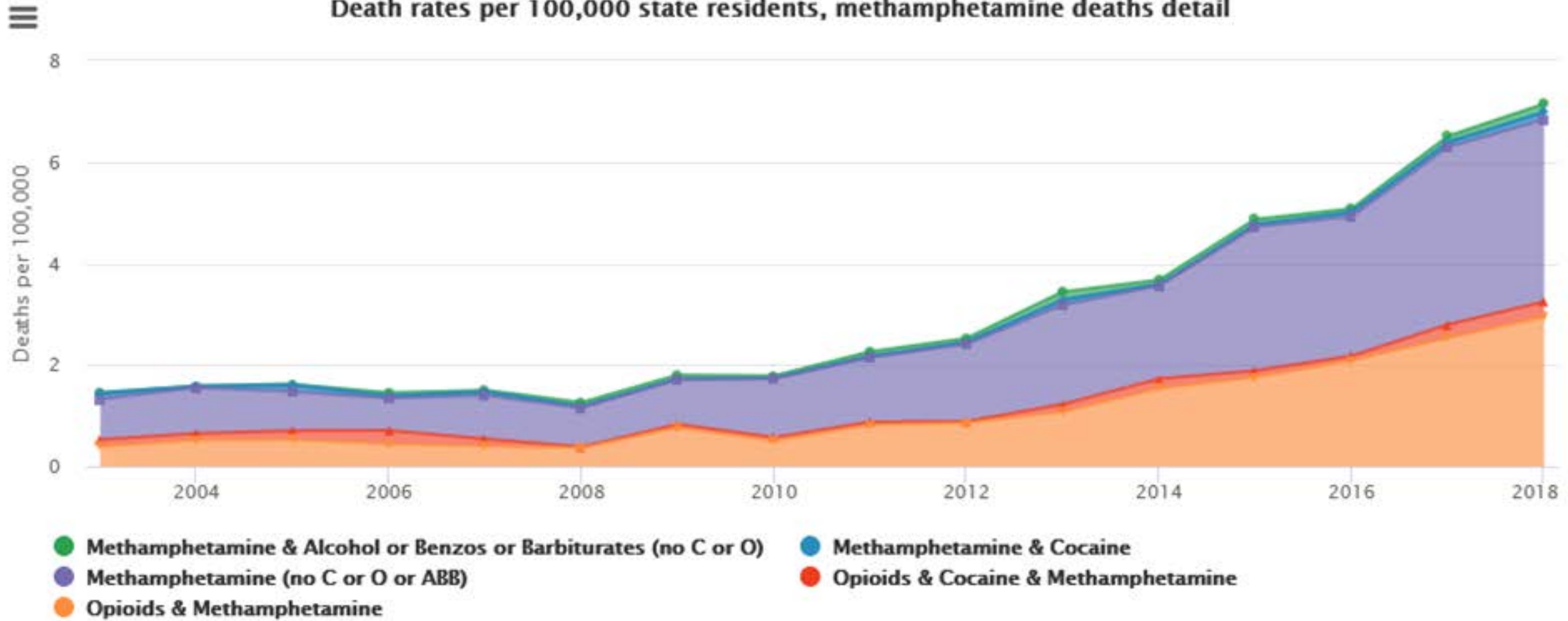
Please join me in expressing our deepest respect and gratitude for our Indigenous neighbors.

- Special thanks to Peter Cleary and Project NEON!
- Thank you to the people who shared their time and experiences with us so we could develop new and better health education materials for people who use methamphetamine.
- Thank you to our community partners who have informed this webinar and our work, and for the work you do!
- Thank you WA Health Care Authority Division of Behavioral Health and Recovery for funding this webinar and our work.

- 1-1:10**     *Introduction and data overview -Alison Newman*
- 1:10-1:30**   *Motivations for use, how to talk to someone using methamphetamine-Susan Kingston*
- 1:30-1:50**   *Harm reduction strategies, what works-Peter Cleary*
- 1:50-2**     *Questions and discussion*

# Mortality Data

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

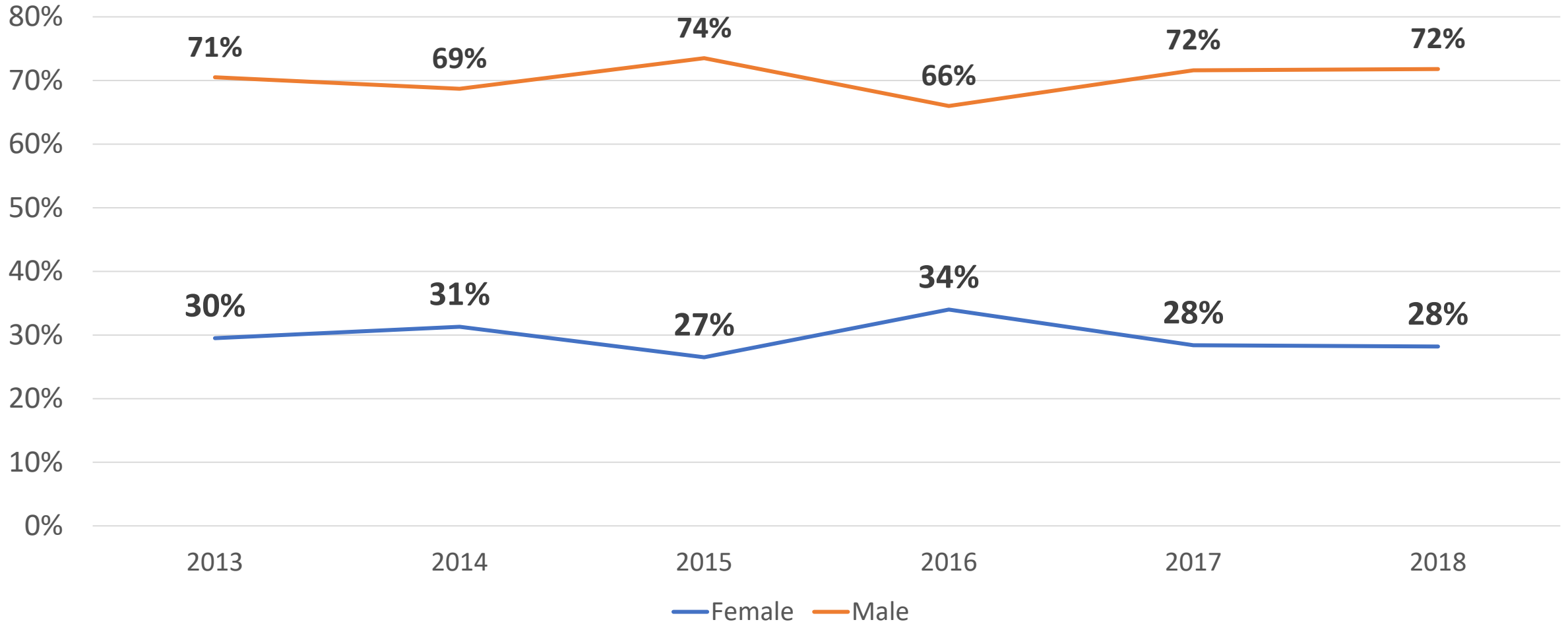


Analysis by UW ADAI. For data sources, see text or [adai.uw.edu/WAdata](http://adai.uw.edu/WAdata)

Data sources: Washington State Department of Health (deaths), state Office of Financial Management (population)



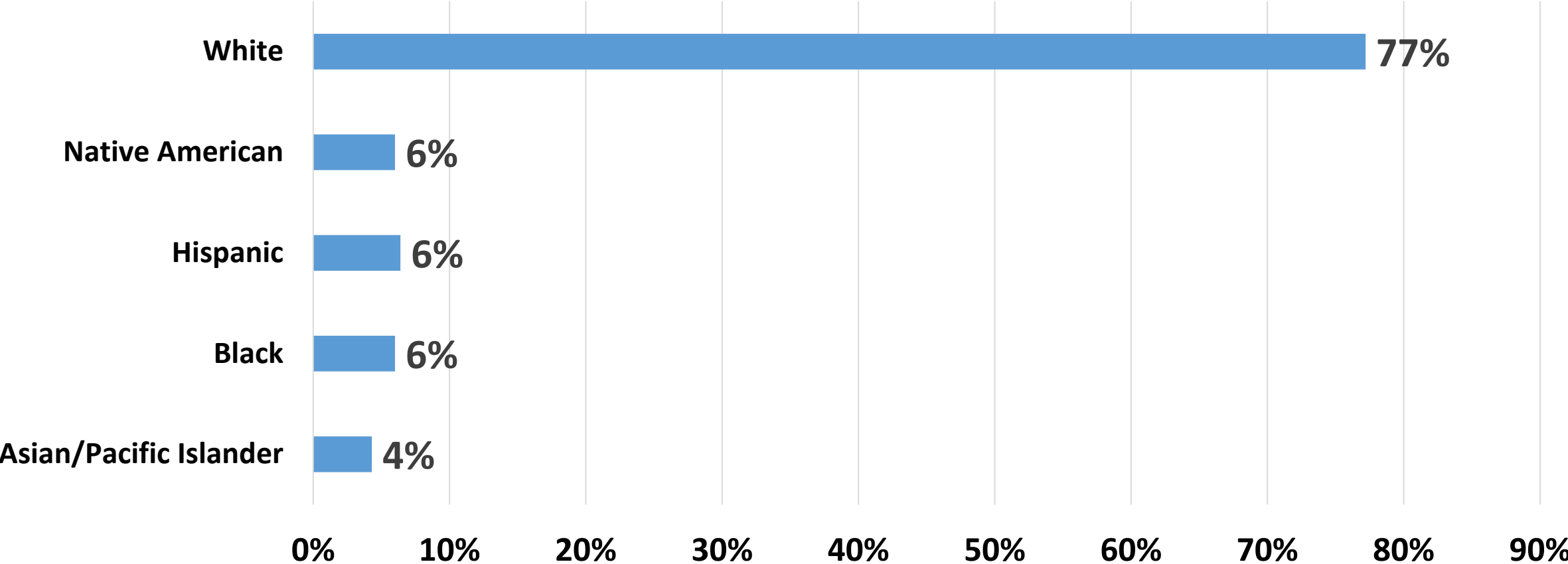
### Gender of methamphetamine-involved deaths: WA State 2013-2018



<https://adai.uw.edu/wadata/methamphetamine.htm>



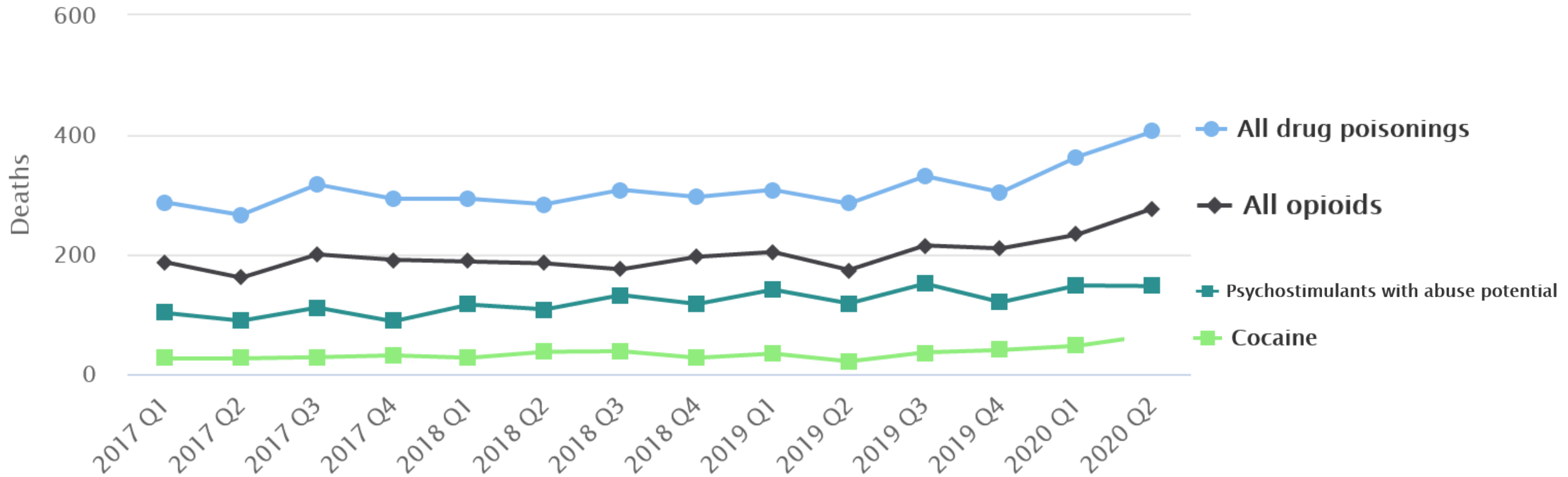
## Race/ethnicity of methamphetamine-involved deaths WA State 2018 (n=531)





# WA State- Drug Poisonings

Statewide drug poisonings by quarter



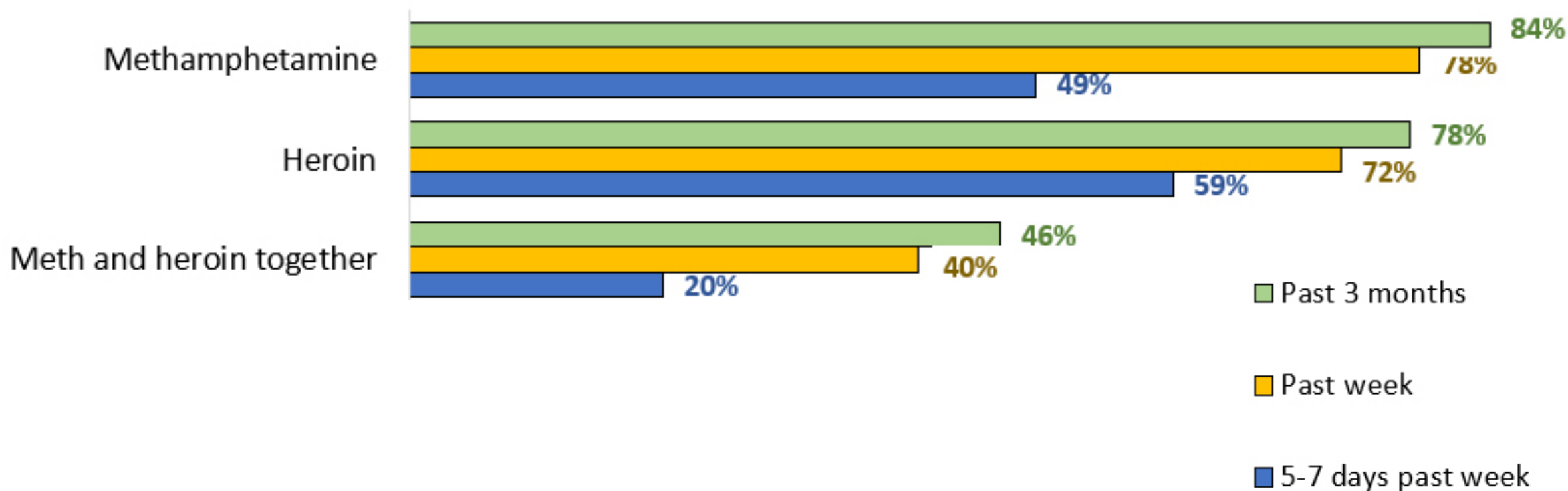
Data source: WA State Dept of Health, Data Visualization-ADAI  
[https://adai.uw.edu/wadata/emerging\\_deaths.htm](https://adai.uw.edu/wadata/emerging_deaths.htm)

“Psychostimulants” - >90% are methamphetamine

# Syringe Services Program Survey

## Washington State Syringe Exchange Survey, 2019

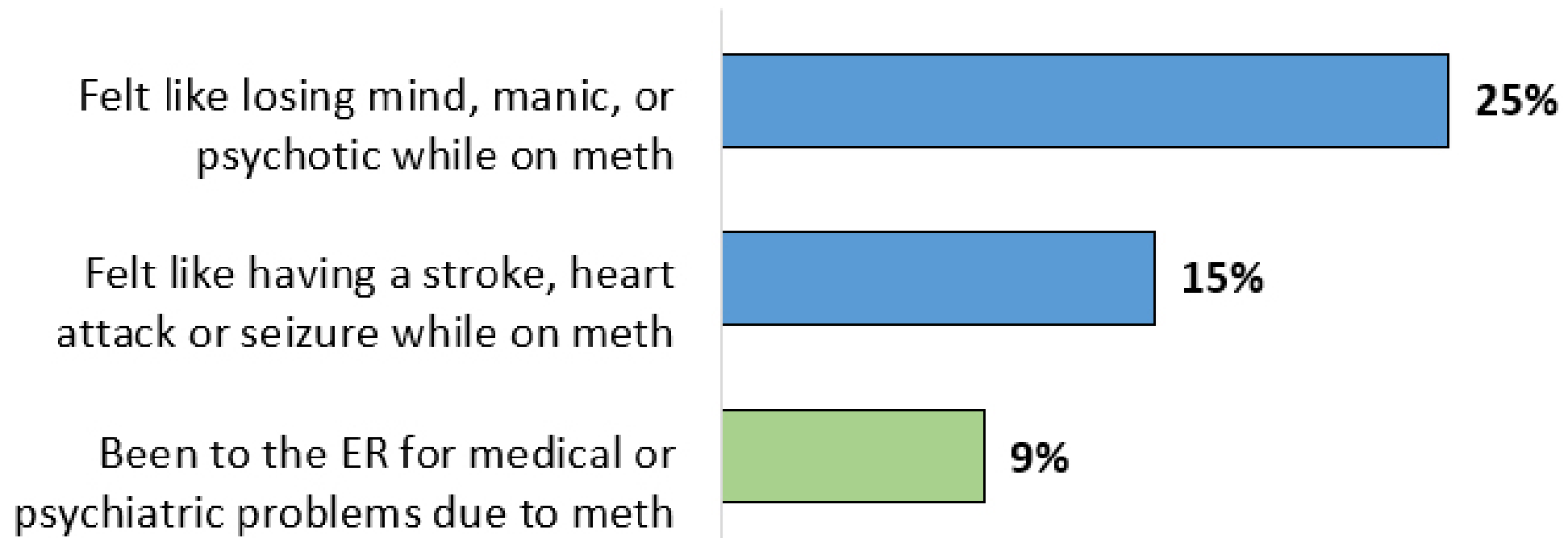
Drugs used in different time frames *n=1,269*



# Syringe Services Program Survey

## Acute consequences of methamphetamine use in past three months

among those who used any meth *n=1,089*



- 26 interviews with SSP participants in 2018. Perceptions around methamphetamine use:
- Meth can help people function:
  - “Just like a cup of coffee in the morning, make sure I get up and get active and get some sh\*t done.”
- Meth can help with 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.”

- Conducted informal conversations with people with past or present methamphetamine use about how to respond to stimulant “overdose” and appropriate language.
- Spoke with medical providers, harm reduction, EMS, and housing providers about appropriate response to meth overdose.
- Will be released later this week.



# Practical engagement strategies

Working more effectively with people who use methamphetamine

**Susan Kingston,**

**ADAI/UW**

January 19, 2021

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- How meth affects behavior
- Motivations and patterns of use
- Conversations that build connection and trust
  
- Watch for upcoming clinical webinars on:
  - Meth and mental health
  - Treatment modalities

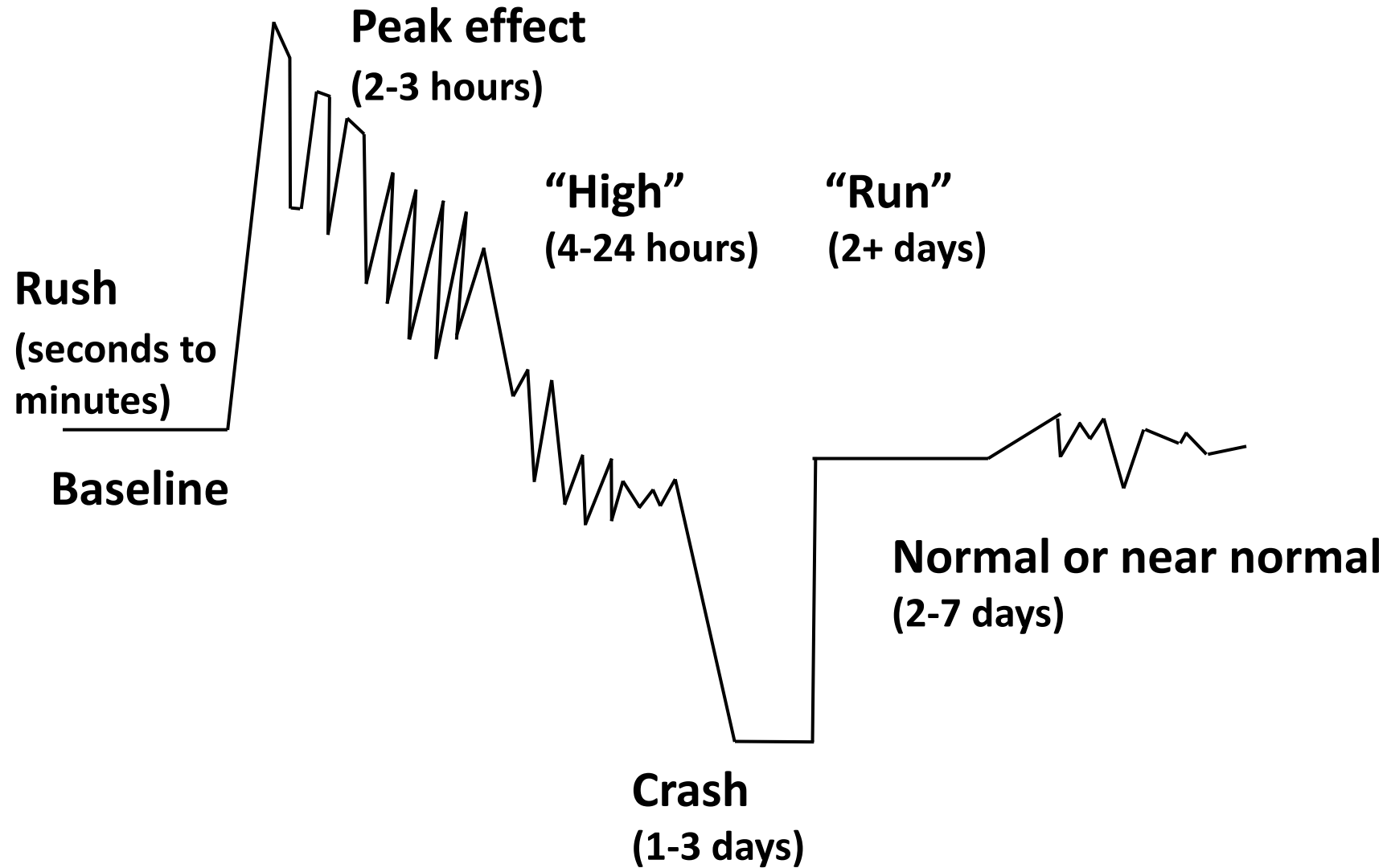
# What do I bring into this?

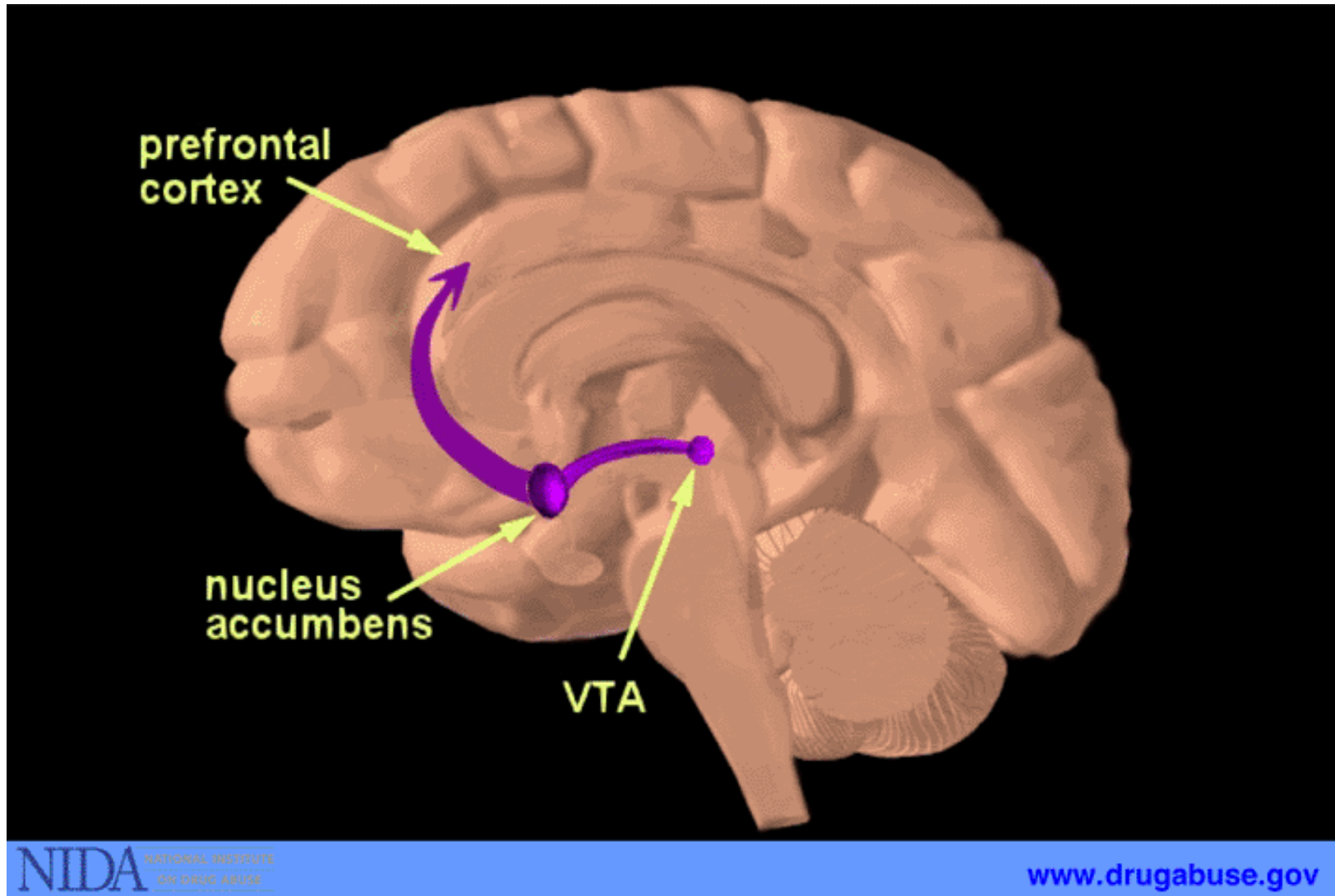
Before we can “meet the person where they’re at,” it helps to know where WE are at.

- What’s my comfort level working with meth use?
- What are my attitudes, biases about meth?
- What experiences or factors influence my beliefs?



# Meth use cycle





- Euphoria, confidence
- Energy/hyperactivity
- Pupils dilate, muscles tighten
- Veins constrict, ↑ heart rate
- No desire for food, water, sleep
- Hyperacute senses
- Compulsive, repetitive activity – “perseveration”
- Hypersexuality
- Aggressiveness
- Suspiciousness, paranoia, disturbance in perceptions
- Hallucinations (visual, auditory, tactile- “formication”)

- Intense fatigue, hunger, thirst
- Hypersomnia or insomnia
- Soreness, muscle ache
- Anhedonia
- Mood swings
- Craving
- Mental confusion, poor attention
- Inactivity, lack of energy
- In some, heightened paranoia and psychosis

# Adapting your service approach

To accommodate disrupted perception of time or inability to manage time:

- Drop-in hours, brief intakes, short waiting times
- Have flexible no-show policies
- Avoid mornings
- Multiple services available at one site/one time

# Adapting your service approach

To accommodate impaired cognitive functioning and shortened attention capacity:

- Fidget basket, water and snacks
- Lots of reminders
- Write everything down
- Keep action steps simple, concrete and within a very short time frame (e.g., *this week, today, when you get home*).
- Messages too focused on risk won't likely resonate.
- Don't assume that you can't talk with someone who's high. The coming down period can be challenging, but not impossible.
- Conversations can get tangential. Be prepared to kindly interrupt and redirect often. Focus on 1-2 topics only.

# Meth-induced paranoia

- Onset varies but presentation usually doesn't.
- Usually about persecution:
  - someone is out to get me or following me
  - someone has been in my home messing with my things
  - being watched by neighbors, police
  - other people playing "mind games"
- Decreases with abstinence but can resume with use.
- Often a sign of "reverse tolerance" (increased sensitivity to a drug even with same amount/frequency).

# When someone is struggling with paranoia

- Don't tell someone they are "just paranoid." Their experience is real and often frightening.
- Don't get caught up in trying to prove or disprove details.
- Distinguish between reality and their experience without denying the realness of their experience.
  - Instead of this: "I know you think you hear voices but they're not really there."
  - Try saying this: "I understand you hear voices. I do not hear them, but I know that you do."
- Ask what you might say or do to help them feel safer.
- Respectfully look past strange or embarrassing behavior (if it isn't harmful).



# Motivations for use

- Feel good or not feel bad
  - Curiosity
  - Boredom
  - Cope with problems
  - To fit in/feel part of a group or relationship
  - Work/study
  - Manage mood, stress, depression, ADD, anxiety
  - Ease discomfort of homelessness
- 
- Using meth has benefits that are important and valued.
  - Important to know what these benefits are for each person.
  - A motivation to use can be a disincentive to stop using.

# "Functionality" of meth use

- Unlike other drugs, meth is often used to perform specific, purposeful activities.
- *"I use meth to \_\_\_\_\_."*
  - *have sex*
  - *work longer*
  - *clean house*
  - *create art*
- Functionality can be reinforcing, although reality often diverges from belief.
- Important considerations in client's life dynamics, treatment motivation and relapse potential.

# Why talking to us can be hard

- We see drug use as the problem. They see drug use as a solution.
- Stigma and shame
- Trust and credibility
- Provider inexperience
- Profound brain changes

# Words and phrases to avoid

- Addict, drug user, drug abuser
- Tweaking/tweaker
- Psychotic/psycho/crazy
- Clean
- Dirty
- Chaos, mess
- Manipulative
- Failed treatment
- Noncompliant
- Denial
- No treatment for meth

Ask detailed, open-ended questions:

- Tell me about a typical day or episode of using.
- Tell me about the last time you got high.
- What good things do you get from using “x”?
- What are some not-so-good things about “x”?
- How has your use changed over time?
- What stresses do you have in your life?
- What strengths do you have to handle those?
- What’s going well in your life?
- What role does drug use play in your life?

**You have to match THEIR stage of change.  
Not get them to move to YOURS.**

- Don't start by asking "Are you interested in "treatment?"
- Interest in treatment is not the same as interest in quitting.
- Instead, start by exploring their interest in *changing their use* and THEN the strategy (or help they need) to achieve that change.
  - *"How interested are you in reducing or stopping your meth use right now? What help would you like to do that?"*

# Worries about not using

- Inability to continue activities previously enhanced by use
- Loss of the “benefits”
- Loss of friends and social connections
- Loss of sexual activity or virility
- Weight gain
- Depression and/or anxiety
- Loss of energy
- Boredom
- “Meth can’t be treated” (i.e., it’s hopeless)

# Reasons for quitting


- "It isn't fun anymore."
- "I'm out of control."
- Increasing, troubling paranoia
- Sexual shame
- Physical health concerns
- Police/court involvement



# Can people successfully quit meth? YES!

- Like any other drug, no single approach works for everyone.
- Many approaches help many people.
- Many people try many different approaches and/or need different approaches over time.
- Not everyone needs formal treatment. Many quit just fine on their own.
- Not wanting to go to “treatment” doesn’t mean denial. With behavior change, many of us start with the easiest option that requires the least sacrifice.
- Insights and willingness evolve.

**SPREAD A POSITIVE MESSAGE OF HOPE!**



**Please put your questions in the chat box and we'll answer them at the end.**



# Harm reduction messages

Peter Cleary, Project NEON



# Project NEON

**N**eedle and Sex **E**ducation **O**utreach **N**etwork is a harm reduction program.

## Mission

Helping individuals to make life enhancing decisions through non-judgmental sharing of information about the relationship between sexual behavior, substance use and diseases.



# Project NEON's History

- Public Health Seattle & King County created Project NEON in 1993.
- Seattle Counseling Service adopted NEON in 2003.
- 2008 brought a collaboration between NEON and Gay City Health to create Speed, Sex and Sanity.
- 2017 brought a change in funding and focus. Project NEON is currently funded by The Washington State Department of Health.
- Today Project NEON is focused on drug user health and help the most marginalized of our neighbors; trans, gender non-conforming and sex workers.



# What We Do

- Raise awareness about the links between substance use and HIV, hepatitis, sexually transmitted infections and other health concerns.
- Provide accurate and truthful information without judgment.
- Provide information on safer sex and injection practices.
- Distribute condoms.
- Provide clean injection equipment including on average 132,000 syringes per year.



# Methamphetamine

- Powerful stimulant
- Affects the central nervous system
- Euphoric



# Harm Reduction

- Evidence based
- It is a process not a box to check off
- Quitting isn't the primary goal
- There is no one size fits all





# Meth's Misconceptions & Myths

- People who use meth can't make informed decisions
- Meth users are destructive and full of rage
- They can't sleep
- Meth use will destroy their life
- Meth users can't make positive changes unless they quit first
- Nearly impossible to fatally overdose
- Leads to behavior that is inconsistent with core values and beliefs



# Trust is the key to successfully engage folks

- Listen to the person
- Treat them with the same respect and honesty as everyone else
- See and engage the whole person and not just the behavior
- Foster self-worth
- Understand that no one starts out where they are at now



# Questions?

# Contact information

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# ADAI data and report links

- [Washington State Opioid/Major Drug Interactive Data](#)
- [WA State Syringe Exchange Health Survey, 2019 Results](#)
- [“Treat us like individual human beings”: 2018 qualitative interviews with Washington State syringe exchange participants](#)
- [Methamphetamine in Washington: Summit summer 2019](#)