Methamphetamine Assessment and Analysis Report

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ICH is a nonprofit consulting organization that provides participatory evaluation, applied research, assessment, planning, and technical assistance. ICH helps healthcare institutions, government agencies, and community-based organizations improve their services and maximize program impact.

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EXECUTIVE SUMMARY

Substance use prevention coordinators at public health departments in Medford, Somerville, Cambridge and Framingham recognized the use of methamphetamines (meth) and other stimulants as a rising but poorly understood challenge in their communities. Indeed, increases in meth seizures have been observed across Massachusetts, and opioid overdoses that include stimulants have increased. These agencies, with the support from interns at local universities, led a qualitative assessment of meth use, conducting key stakeholder interviews and focus groups with 43 individuals from 13 municipalities in the Greater Boston area; and engaged the Institute for Community Health (ICH) to analyze and report on findings. This assessment aims to better understand the current state of meth use in their communities, identify gaps in existing services, and issue recommendations for how public health agencies, healthcare institutions, substance use treatment services, and other social service providers may address meth use and its impacts before it escalates.

Interview and focus group data indicated that meth use has increased over the past few years. Interviewees expressed that meth use is more prevalent among men who have sex with men, people experiencing homelessness, people with opioid use disorder, and people with pre-existing mental health issues; and that people with meth use disorders (MUD) often experience stigma even within treatment systems. Key informants also described a variety of impacts of meth use on individuals, including physical challenges, as well as mental health effects, such as meth-induced paranoia and psychosis that can lead to, or exacerbate, mental health conditions. On the community level, interviewees observed increased interaction between people with MUD and law enforcement or first responders; as well as an uptick of patients experiencing meth use-related crises in local hospital emergency departments (EDs).

The assessment also yielded insights from key informants into gaps in various sectors - such as a lack of mental healthcare, housing, and services for people experiencing homelessness - that may lead people to turn to meth use instead. They also identified gaps in the systemic response to the needs of those with MUD, such as existing harm reduction services, substance use treatment services, and medical healthcare institutions. Key informants also issued recommendations for addressing

these sector-level gaps in order to address motivators for meth use and better care for the health and recovery needs of people with MUD.

Finally, this assessment identifies five crosscutting recommended responses for public health agencies and other stakeholders to consider in efforts to curb meth use and mitigate its impacts.

- Address factors that contribute to meth use by providing greater access to mental health services; expanding homeless services; and providing affordable, supportive housing for people experiencing homelessness.
- Expand access to substance use disorder treatment programs, and incorporate treatment options for meth and stimulant use disorders by issuing more comprehensive treatment guidance, facilitating access to detox services for individuals using meth and/or stimulants, and expanding availability of evidence-based treatments.
- Integrate services to address meth use and its impacts and facilitate greater collaboration and knowledge sharing among sectors affected by meth use.
- Educate professionals and the public around meth use in order to provide better care for meth-induced physical and mental health effects, facilitate early/bystander intervention, and to reduce stigma.
- Facilitate more appropriate responses to meth use-related emergencies. This may involve having mental health clinicians on site with first responders and law enforcement; connecting people with MUD to services and support; and establishing other settings, such as sobering centers, for individuals to receive support as an alternative to hospital EDs.

INTRODUCTION

Background and objectives

Substance use prevention coordinators at public health departments in Medford, Somerville, Cambridge, and Framingham recognized the use of methamphetamines (meth) and other stimulants as a rising but poorly understood challenge in their communities. Indeed, increases in meth seizures have been observed across Massachusetts, and opioid overdoses that include stimulants have increased. In 2021, these agencies engaged in a qualitative assessment of meth use, conducting key stakeholder interviews and focus groups in order to better understand the current state of meth use in their communities, as well as readiness of public health agencies, healthcare institutions, substance use treatment services, and other social service providers to address meth use and its impacts before it escalates.

This report summarizes what was learned through the assessment. It begins by describing the characteristics of meth use and who uses methamphetamine, and then details the impacts of meth use on individual health, communities, and on law enforcement, first responders, and healthcare systems. These characteristics and impacts of meth provide a background understanding of what meth use in these communities looks like currently. The next section then focuses on the existing needs of people who use meth and current gaps in addressing meth use and its impacts in various sectors, including behavioral healthcare, housing and homelessness services, harm reduction services, substance use treatment services, and medical healthcare. In this section, existing needs and gaps are presented by sector, together with recommendations identified by interviewees to address them. Please note that the report primarily refers to meth usage and people who use meth. However, when interviewees referred to stimulants more broadly, the report reflects their language.

The report concludes with recommendations for public health agencies and policy makers to consider. The results of the assessment indicate the importance of addressing root causes of meth use by expanding mental health services and access to housing for people who use meth and experience homelessness; expanding existing and create new prevention and treatment services to include a focus on people who use meth and stimulants; providing education on meth use and its

effects to relevant professionals and the public; and facilitating more appropriate responses to meth-use related emergencies.

Methods

Table 1. Interviewees by community

Community	# Interviewees
Boston	7 (17%)
Cambridge	8 (19%)
Chelsea	2 (4%)
East Boston	1 (2%)
Malden	1 (2%)
Medford	1 (2%)
Melrose	2 (4%)
MetroWest	3 (7%)
Revere	1 (2%)
Somerville	9 (21%)
Stoneham	1 (2%)
Stoneham/Wakefield	1 (2%)
Winthrop	1 (2%)
State of Massachusetts	3 (7%)
Unknown/Greater Boston	2 (4%)

Substance use prevention coordinators in Medford, Somerville, Cambridge, and Framingham, with support from public health interns from local universities, conducted 35 one-on-one interviews, 2 group interviews, and 2 focus groups with 43 key informants across the Boston area. Characteristics of interviewees, including their community, and their sector are summarized in tables 1 and 2.

Interviewees were asked to comment on the following domains from their individual perspectives: assessment of the current state of meth use in the region; how data on meth use is currently collected; and readiness and resources needed to address meth use.

Table 2. Interviewees by sector

Sector	# Interviewees
Harm reduction services	3 (7%)
Healthcare	15 (35%)
Homelessness services	3 (7%)
Person with lived experience using meth	4 (9%)
Police	9 (21%)
Public health professional	1 (2%)
Recovery services	3 (7%)
Recovery services/person with lived experience	1 (2%)
Research	1 (2%)
Drug treatment services	3 (7%)

Interviews were transcribed and coded by students and staff at public health agencies. The Institute for Community Health (ICH) was engaged once interviews had been coded to assist with additional data management tasks and analysis of transcripts using Dedoose software, in collaboration with agency staff members. ICH identified key themes from interviewee data and reported on high-level findings.

CURRENT STATE OF METH USE IN OUR REGION

To better understand meth use in and around Medford, Somerville, Cambridge and Framingham, interviewees were asked to give their perspectives on meth use prevalence, motivators, methods of use, as well as the state of the meth supply. Overall, interviewees felt that while meth use may be more infrequent than other substances, it has been increasing over the past few years, and many are very concerned about its potential continued growth. It is important to note that data collection regarding meth use is sparse. Police and Emergency Medical Services report having difficulty collecting data on the use of meth and meth-related overdoses due to two issues 1.) suspected meth use could also be anything from cardiac issues or psychosis and 2.) there is no guidance on data collection practices. Interviewees noted that the variety of motivators that lead people to meth use are often shaped by their unique experiences. The main populations using meth – men

who have sex with men, people experiencing homelessness, people with opioid use disorder, and people with pre-existing mental health issues – have different motivations for use. Additionally, interviewees noted that meth seems to be increasingly available and a cheaper alternative to other drugs. Interviewees noted that the people with MUD who they interact with are shifting towards more chronic use, and many are changing their route of administration from from sniffing or smoking to injection use.

Prevalence of meth use

Interviewees reported an increase in meth use in the last few years, specifically noting an uptick between 2017 and 2019. Some felt there was a leveling off in use at the beginning of the pandemic, but there has been a rise in usage in the last 9 months. Interviewees also noted that meth use seemed to be particularly high in certain communities. This includes men who have sex with men, which interviewees said seemed similar to what they knew about in other parts of the country. It also includes individuals experiencing homelessness, particularly women, who are using meth to stay awake at night as a safety precaution. There has been an increase in meth usage in the homeless community, particularly in Somerville, Cambridge and Boston. There has also been an increase of meth use among people who predominantly use opioids and cocaine, who are now using meth as an alternative to or in conjunction with their primary drug.

> *"I think the substance use world is catching on to the fact that meth is becoming a bigger problem, and I think the police are catching onto it in hospitals and things like that. I know we are, just in the past two years of me doing street outreach work, I've now realized how much meth use has grown in the Somerville/Cambridge/Boston area. So, the more we're learning, I think the more we're figuring out that we need to start doing more for it."* - Shelter services program manager

Meth use motivators

Interviewees identified a number of motivating factors that they observe as contributing factors to someone developing a MUD. For many, the motivators are not mutually exclusive and are multiple in nature. Motivators for meth use included for use in chemsex, often among men who have sex with men, or to stay awake for safety reasons, particularly among people experiencing homelessness and women. With respect to people experiencing homelessness, several interviewees highlighted that the mental strain of homelessness can lead to meth use, other drug

use, and overdose risk. Meth is also used as a form of self-medication among people with depression or other mental health issues. Among people whose primary substance of use is not meth, meth is sometimes used as an alternative to, or in mixture with opioids, either deliberately or because they are not aware what other drugs are cut into their meth. For people who use stimulants, meth is often cheaper than cocaine.

> *"So, if you're sleeping outside, you want to stay up and be vigilant. If you are a woman and like crashing [at a] dude's house who you don't really trust, maybe you'll smoke to stay up but still have a comfortable place to be. To me, homelessness, and stimulant [use] goes hand in hand. Because people like to be safe.* - Harm reduction and overdose prevention program manager

Meth supply and economy

When discussing the supply of meth, interviewees talked more broadly about the supply of amphetamines. They noted that the current amphetamine supply is coming from illegally produced meth or counterfeit medications that may contain meth as well as the diversion of legally prescribed amphetamines, such as Adderall. Additionally, some interviewees noted that amphetamines, meth in particular, are cheaper and more available than opioids and cocaine. Thus, they see some people who use opioids and cocaine switch to cheaper drugs, such as meth, when it's hard to find their primary drug. In addition to meth being cheaper, the high lasts longer--when injected, a single dose of meth can cause a high that lasts for 12 to 16 hours. It can also seem like a safer option, as the increase in fentanyl in the opioid supply makes fatally overdosing a concern.

Meth use behaviors

Interviewees indicated that they're seeing a shift among the people they work with from acute to chronic meth use. Meth is often smoked, sniffed, or injected, but people with chronic meth often switch to injection, as the high is significantly longer. People who use may maintain their high for several days in a row. Meth is also often used in combination with other drugs, such as fentanyl or other opioids. In some instances, people are using meth in conjunction with opiates in order to modulate the experience or are occasionally switching to meth for a change or when opiates are not available to them.

IMPACTS OF METH USE

Interviewees were asked about the impact that meth has on people who use it, in addition to the broader community. In this section, we highlight the health and social challenges that people who use meth experience, as well as how meth use impacts the broader community.

Health and social impacts on people who use meth

People who use meth on a chronic basis experience a number of health and social challenges. People who use meth also experience stigma, which can compound these issues, as noted in the drug treatment section of this report. Chronic meth use can create and worsen mental health and physical health issues. It also can lead to increased risk of overdose and interactions with law enforcement.

Mental Health

One of the major themes brought up during the interviews and focus groups was the impact that meth use can have on the person's mental health. Interviewees noted that meth use, especially chronic use, could put the person into a state of psychosis. When someone was in a meth-induced psychosis they might hallucinate, feel intense paranoia and might become aggressive. According to a 2014 meta-analysis, 40% of people who use meth experience an episode of paranoia. Further, mental health issues may linger after an individual has stopped their meth use, and they are in need of further psychiatric care. Another complicating factor is that when individuals with pre-existing mental health issues start using meth, their symptoms and frequency can become worse.

A physician who was interviewed contributed:

> "I also think that paranoia and methamphetamine induced psychosis is very common, and not very well understood…but I don't think people are aware of how serious the psychosis issues are, and there's less an understanding that once you develop psychosis once, you're much more likely to have that occur again, so I see a lot of that in the emergency department."

Physical Health

Similar to mental health, a major theme mentioned by many interviewees was the negative effects that meth has on one's physical health. Individuals with chronic or severe MUD may have a variety of physical health care issues, some of which may be chronic and in need of long-term care even if they stop using meth. Many discussed how meth could cause severe tooth decay and a number of skin issues. Some of the skin issues may be caused by itching brought on by the feeling of one's "skin crawling" that can accompany meth use. Other skin issues can be the result of injection drug use, such as abscesses. Skin sores are also known to form. Injection drug use can also lead to HIV exposure. Additionally, others noted that when meth is used during sexual activities, it could lead to increased risk taking, which increases the person who uses meths likelihood of contracting STIs, including HIV. Meth use and overdoses can have severe impacts on one's organs and various bodily systems, including the cardiovascular and respiratory system. Potential health issues that people who use meth may face include strokes, organ damage, heart attacks, and endocarditis. Some health impacts such as organ damage or issues with blood pressure that result from chronic meth use can lead to chronic health care issues. Meth use can also cause sleeplessness, dehydration, loss of appetite and weight loss. A physician who works in the Emergency Department in the area said:

> " [Meth] just has really serious, sort of, mental health and physical consequences like dehydration, lack of sleep, psychosis, which ends up bringing them into our sort of emergency department services ."

Overdose

Preventing opioid overdose deaths has been a primary focus for communities with first responders administering, and harm reductionists distributing naloxone as a primary strategy. Overdoses that include meth or where meth is the only factor are much more complicated. Interviewees referred to overdoses in one of two ways. First, they noted that there is an increase in the amount of overdose deaths where opioids and a stimulant, including meth, are present. Second, they described what happens when someone experiences a meth-related overdose. An acute meth overdose can be fatal by triggering seizures, heart attacks, or stopping the heartbeat altogether. Additionally, a meth overdose may have psychological effects, such as entering into a state of psychosis, paranoia and possibly experiencing hallucinations.

A local harm reduction specialist discusses overdoses from meth which they refer to as "Tina" in the following quote:

> "If we are looking at the population that was already using opioids or uses opioids currently, it's leading to a lot more overdoses, because what's happening is that you're not just using meth and then doing dope right after. You're using meth and then you're going on a run for days. At minimum, most people are using Tina at least two days in a row, often times more. With that, their tolerance is going down because they're not continually using opioids, and unfortunately, most of our supply is fentanyl in Massachusetts. They're overdosing a lot quicker. So they might think their tolerance is a lot higher, they're using the doses that they used the day before they used Tina, and now they're going out. Narcan is also increasingly hard to find. It's in pharmacies, but these people aren't going into pharmacies and asking for it. So, that's one of the most serious consequences."

Social Stigma

Many interviewees mentioned that people are "afraid to seek help" because of the stigma surrounding meth use, citing their experiences with hospital staff and other "authorities." Some interviewees also mentioned that people who use meth tend to experience increased stigma while seeking treatment - especially compared to how a person with alcohol use disorder is treated. As a specialist in the field, an addiction nurse educator referred to this discrimination and stigma in their interview.

> *"Case in point, there's data that has been published about your risk to commit a crime and what kind of crime you'd commit based on the number of days you've used meth. That doesn't exist for opioids, it doesn't exist for alcohol. It's because we perceive people who use meth as violent criminals and perverted, and that's not true. And so I think, until we dispel some of that stigma, even our traditional recovery programs"*

Several interviewees also noted that even researchers and federal drug treatment administrations stigmatize meth use. As one addiction nurse educator noted:

> *"If you go to the SAMHSA website and you look under meth resources right now, the only thing you will find is a video of a monster beating up a man taking his teeth and sucking out his soul. That's it. That's what the national organization that's supposed to guide people on how to treat people with substance use disorders thinks is appropriate. And so I can't expect that the*

community health centers are going to know better because the federal government doesn't know any better."

Community impacts of individual meth use

While interviewees' offered much insight into the effects of meth use on individuals, they also reflected on the social, institutional and community-wide impacts of use.

Friends & Family Supports

While the most significant impacts of meth use were observed at the individual level, a key community impact that emerged was the experiences of the family and close contacts of a person who uses meth, especially when the individual is in a state of psychosis. As one individual with lived experience describes:

> "From my experience, to friends or family or people in my support network about my experience, it was just so hard for them to grasp where I was coming from and how to be in space with me and kind of talk me down."

First responders

Another theme mentioned by interviewees is that people who use meth may be more likely to interact with first responders (EMS, police, fire, etc.) due to public misunderstandings about the experience of using meth. This could include exhibiting symptoms like psychosis or erratic behavior and someone subsequently calling 911, not knowing if the individual is under the influence and/or a threat to self or others. Without proper education of the effects of meth use, one interviewee said, community members, including first responders, may perpetuate stigma further and escalate an interaction unintentionally.

In relation, first responder interviewees noted how stressful this could be, with some having felt unsafe when interacting with someone who is experiencing a meth-related psychosis. A police department staff commented:

> "So the concept of de-escalating a mental health crisis is way more at the forefront of your average police officer than it was 20 years ago. It's not easy to negotiate with somebody who's experiencing psychosis from methamphetamine, you know, never mind that they have a propensity for being excited or anxious…It's a hard talk down."

An individual with lived experience further explained their discomfort during these police interactions, and spoke to a need for a dual response.

> " I think it would definitely make sense to…have people who understand what that [individual] is going through and having peer to peer support."

Hospital emergency departments

Many key informants noted the rise of people experiencing mental and physical health problems related to meth/stimulant use in local emergency departments (EDs). Interviewees noted that police and other first responders often take people who use meth to the ED if they are experiencing meth-related crises. When taken to the ED for meth-related mental health or physical health concerns, people who use meth can be highly agitated, and the brightly lit, "hectic" environment in the ED can further agitate feelings of fear, paranoia, or psychosis as side effects of meth use. Several also commented that agitated patients are management intensive and put a strain on ED staff and resources.

EXISTING GAPS AND RECOMMENDATIONS BY SECTOR

Interviewees were asked to elaborate on existing gaps that exist in treatment and social support systems for people who use meth; and to provide recommendations for better addressing meth use and its impacts. The following gaps and recommendations emerged directly from interviewees around sectors related to root causes and factors motivating meth use, including behavioral health and housing and homelessness services; as well as sectors that treat and address the effects of meth use: harm reduction services, drug treatment services, and medical healthcare.

Mental health care

Existing gaps

People who use meth often have pre-existing mental health conditions and/or experience mental health effects of meth use but encounter difficulties accessing mental health care.

Some interviewees mentioned difficulty finding outpatient counseling services or placements in residential treatment programs for patients. Mental health problems among people experiencing homelessness have also been exacerbated by

COVID-19 due to decreased access to services and mental health support, which has created a higher demand for mental health care. Other interviewees noted that the shift to telehealth during COVID-19 has made therapy and counseling less accessible for those without smartphones or computers; though others commented, telehealth has actually made connecting with hard-to-reach patients easier by removing in-person barriers.

> *"There's no counselors available. Everybody seems to be booked up or not taking new patients or not taking meth [users]...same thing with Psychiatry [or] Intensive outpatient program [or] partial hospitalization programs. It's really hard to get into an inpatient residential treatment program, too."* - Medical social worker

The experience of homelessness puts a strain on mental health that can exacerbate unaddressed conditions and/or lead people to use drugs as a way of coping. Interviewees specifically cited the stresses of not having a stable place to stay, and of having to be looking out for safety concerns. Additionally, some key informants noted that people who use meth who have unaddressed mental health conditions and are experiencing homelessness may increase their drug consumption and be at a higher overdose risk.

Recommendations

Fund and expand access to low-barrier mental health care settings, such as community health centers, and include behavioral health care providers in harm reduction services and provide accessible mental health care to people who are experiencing homelessness or were recently unhoused.

Housing and homelessness services

Existing gaps

People who use meth and are experiencing homelessness need housing but face a lack of affordable and supportive housing options. Housing was framed by several interviewees as an essential step in providing the stability and safety that people who experience homelessness and use drugs need in order to successfully engage in recovery, and to mitigate the mental health impacts of homelessness that can lead to drug use. However, many others noted a shortage of affordable and supportive housing, and difficulty getting people who experience homelessness and use drugs into existing housing programs.

Community-based organizations that run homeless outreach programs and services do not have sufficient resources and staff. The current amount of people experiencing homelessness exceeds the resources of existing programs. This gap makes addressing and mitigating homelessness more difficult.

"We will always need more funding, will always need more staff, we're always understaffed in our organization, especially this population. Active users, people out on the street - they're not an easy population to be handling or supporting. It can be very tiring, and it's a lot of consistency in showing up every single week, and so we need dedicated people that are there doing it all the time." - Shelter services program manager

Homeless shelters are often under-resourced and difficult to access. Interviewees mentioned a shortage of beds in homeless shelters, funding cuts to the shelter system, and shelter closures. Additionally, COVID restrictions and rules preventing people who are under the influence from accessing shelter services, were noted as barriers to accessing shelters.

Recommendations

Support and fund homeless services and shelters. Given the higher demand, it's important to adequately fund homeless services and shelters. These services include overdose prevention and harm reduction education programs as well as access to safe stimulant-related supplies, particularly for inhalation, for people who use drugs (PWUD), especially those experiencing homelessness; outreach efforts; expanded numbers of shelters and shelter beds; and case management services.

Expand access to housing for people who use meth and are experiencing homelessness. Getting people who use meth housing was noted as a key recommendation. However, it was also emphasized that housing should include supports and services to better support treatment and recovery from substance use so that they are able to keep their housing. Several key informants further recommended "harm reduction housing," where people could use substances without the risk of losing their housing

"Yeah, so the resource that would make my job easiest would be the ability to refer to supportive housing and to rapidly link someone to supportive housing. Our patients sit on housing lists for years to decades. And to leverage supportive housing as a crisis stabilization service I think would be incredibly powerful." - Substance use disorder treatment program director

and re-entering cycles of homelessness and substance use.

Supportive housing was cited as particularly important by several interviewees as a way to mitigate the risks of isolation that meth and other PWUD might experience while transitioning into housing, which can lead to increased overdose risk and death, as one harm reduction specialist and program leader noted:

> *"Imagine someone who passes away and overdoses in their apartment but doesn't have access to any support system and there's nobody they can check in on or let know...So that really just lends further into this isolation problem. And that, really for people that are housed and have housing can have somewhere to stay, a lot of times the isolation ends up being the worst part out of anything."*

Harm reduction services

Existing gaps:

The safety risks of meth and stimulant use can be difficult to manage. Interviewees often cited the excited or agitated behaviors of people who use meth as potential risks to a person's personal safety. These behaviors are often management intensive, can cause public disturbances, and can lead to intervention by law enforcement, resulting in incarceration. People who use meth can also experience psychosis or other physical and mental health effects that can escalate to crises that need emergency response. Citing these risks, interviewees cited a need for, and lack of, safe and monitored places, such as sobering centers or overdose prevention sites, where people who use meth could go to receive support and safely experience their high before side effects escalate.

"People who use heroin generally want to sit and chill when they use, which isn't so much the case with meth. We're going to have to figure out and be a standard bearer of like... we need a room where people can bounce off the walls a little bit, where we can still safely monitor them." - Community advocate/person in recovery

There is a lack of meth-appropriate harm reduction supplies, services and trained staff. A strong theme that emerged among interviewees was that people who use meth have unique risks associated with their use. Therefore, they need to have tailored and targeted harm reduction services. Currently, many existing harm reduction services target people who use opioids and are not always accessible or relevant for people who use meth. For example, most syringe services programs are geared towards people who use opioids, since many inject their drugs. While meth may be smoked or sniffed, it is also often injected, however this group of people who inject drugs are not the main intended audience of many syringe service programs. Additionally, the staff who work at these programs receive training on opioids and people who use opioids, and often do not have sufficient knowledge on the risks and physical health effects of stimulant use.

"We actually transformed our harm reduction curriculum. I think it was 3 years ago now. We started including resources for meth, discussing how to use meth, how meth should be mixed, what kind of cooker you should use for meth, what kind of syringes you should be using with meth... there had to be a lot of harm reduction supply changes... We got [funding for] meth pipes as part of HIV prevention, and that was really needed. Stems as well, which are the mouthpieces that go on the end of the pipes. So, changes to the information being given has to be made, because ... there were so many people, like I said, that were unprepared for this, and we realized very quickly that our patients need to be prepared." - Harm reduction specialist and program leader

There are few meth-related early intervention services and public education. Interviewees expressed concern about the current lack of early intervention services for people who may have just started using meth. They also noted the need for public education around meth and stimulant use, similar to existing campaigns on opioid use (i.e., Narcan/overdose prevention training). This lack of education may prevent people who use meth from accessing resources or supports until they experience an overdose or other crisis where first responders are called to assist.

Recommendations:

Establish sobering centers and overdose prevention sites for people who use meth to rest and access resources. Interviewees made recommendations for services to mitigate potential personal and public safety risks associated with meth and substance use more broadly. These included the establishment of safe, monitored spaces, like sobering centers and overdose prevention sites. These would allow trained staff to provide support and supervision to help mitigate the risk of

fatal overdose or address other physical and mental health effects of drug use before they escalate or require an emergency response. A quiet and calming setting was recommended for people who use meth and stimulants to relax and ride out their highs over more hectic settings where they may be referred to by emergency services, such as hospital EDs. Interviewees noted it is also important that staff in these spaces have the training and knowledge to help people who use drugs access treatment resources and other supports.

Provide meth-specific materials and training for staff in existing harm reduction programs. Some existing harm reduction programs have also started to address harm reduction for people who use meth by providing training on meth use for staff, and providing supplies geared towards people who use meth such as unused pipes, as well as stems and mouthpieces for pipes to support safer consumption through smoking rather than injection and to mitigate the spread of infectious diseases. Further, some programs have also started to include medical care at harm reduction sites as a way to connect people who use drugs to treatment and address physical health effects of meth use. Interviewees recommended expanding these resources.

Cultivate trust and safety in harm reduction work. Outreach and harm reduction workers interviewed specifically named the importance of creating open and non-judgmental environments with people who use drugs while providing services. This provides a space for people to be honest about their drug use behaviors and creates opportunities to discuss harm reduction strategies and treatment/recovery options.

Drug treatment services

Existing gaps:

Treatment and recovery options for meth and other stimulant use disorders are limited, and there are few places that people who use meth can go to get help. Individuals who use meth have unique treatment needs. Existing drug treatment programs are often tailored to individuals who use opioids or alcohol, which do not always fit for people who use meth. For example, while opioid treatment programs may use medications for opioid use disorder (MOUD), there are currently no widely used biomedical interventions therapies for meth. Further, there are only a few meth-specific recovery programs or resources available locally.

Accessing detox programs is challenging for individuals who use meth. One reason is that meth detox isn't covered by many programs and/or insurers that do not consider it medically necessary. Some interviewees even mentioned that people who use meth would have to present with another substance, such as opioids or alcohol, in their systems in order to be admitted to detox. Several also mentioned that people with opioid or alcohol use disorders are prioritized for admittance to treatment over people who use meth, as the latter's drug use doesn't meet the criteria of medical necessity.

> *"For my role, it's a little bit harder because I can't send someone to detox for meth… there are no detoxes for it. So, somebody could come in that kind of messed up, used meth, kind of scared themselves from using meth and wants to stop and wants to go to treatment, and a detox doesn't accept someone for meth use. That definitely is hard. Obviously, I never want to tell someone I can't help them, but I really can't."* - Hospital-based substance use disorder social worker

Additionally, as one interviewee noted, detoxes are not always the best fit for someone who is experiencing psychosis and has a meth use disorder:

> *"I'm seeing the detoxes being disrupted because to admit someone who's psychotic at two in the morning for methamphetamine and alcohol co-occurring use disorder, they can be really hard to manage on an inpatient unit, especially with nurses who are not used to it. So, I think it's not just disrupting their version of care, it's disrupting other models of care we've traditionally used to take care of people."*

People who use meth encounter stigma while seeking treatment. Some interviewees mentioned that people with MUD experience more stigma compared to someone with an alcohol use disorder; and a few others highlighted that people of color, women, and the LGBTQ community face additional stigma and barriers to access meth and other drug use treatment services.

Federal guidance on meth use disorder treatment is limited. Several interviewees mentioned that the SAMHSA doesn't have a

> *"I think there's two places that we've found so far that are willing to take people, but it feels like a taboo subject because it's up and coming, and people don't know a lot about meth use and treatment. So, my counterpart and I have been trying to locate different treatment locations that are [easier] to work with. Again, we've only identified one or two, and most days it depends on who's working at the desk."* - Social worker in police department clinical support unit

lot of resources or programs for people who use stimulants, which the interviewees attributed to stigma to people who use meth.

Contingency management is a promising but largely unavailable treatment option for people who use meth and stimulants. Contingency management is an evidence-based treatment which provides incentives, or positive reinforcements, for strengths-based behaviors as part of a patient's recovery process. Several interviewees noted this as a promising treatment for meth and stimulant use disorder, but few programs in the area offer this treatment, and there are barriers preventing clinicians from offering rewards and incentives to patients for participating in care. One physician summarized difficulties accessing contingency management and evidence-based treatments for patients:

> *"When I see these patients in clinics who are motivated and trying to stop their methamphetamine use, I don't have a lot of tools to offer them. We don't have contingency management programs in Boston or in the greater Boston area, which is one of the most effective and evidence-based behavioral health interventions. There are some limited pharmacotherapies, but it's not nearly effective enough or doesn't compare to the resources we have for opioid use disorder. It's frustrating as a clinician too because I don't have resources to offer those folks other than sort of a lot of motivation and frequent follow up."*

People who use meth and other stimulants often end up seeking treatment in the mental health system rather than substance use treatment system. According to a few interviewees, people who use stimulants are more likely to be engaged with mental health care rather than the drug treatment system. One reason they gave was due to mental health effects of meth use and/or pre-existing mental health issues that are made worse by meth use. Additionally, they noted that people who use meth may face fewer gaps and barriers in accessing mental health care compared to accessing treatment for their meth use.

Recommendations

24/7 access to treatment and recovery services. Access to treatment and recovery services should be available outside of normal business hours. This is to better accommodate people who use meth who may be awake or experiencing crises outside of normal business hours. An example would be a 24-hour sobering center.

Provide social and psychological support that are specific to people who use meth's experiences. Support groups were mentioned by some interviewees with

lived experience as people who use meth as helpful sources of compassion and connection during the recovery process. One interviewee in particular noted support groups for people who use meth who had experienced psychosis; and another recommended a 24/7 meth community support group. A couple of interviewees also recommended that support services should also create safe spaces for vulnerable groups and identities. Finally, some others suggested drug-free social clubs like running or hiking clubs, and access to peer and recovery counselors. As noted by one public health researcher:

> *"I think having groups or other sources of support that are specifically for sexual minority individuals can be really helpful. And I think adding other stigmatized identities to that, because you know, when you think about identity in safe spaces, intersectionality is really important. I think if there are groups available or who serve sexual minority men of color, for example, it might be even more palatable to individuals grappling with this challenge. Or sexual minority men who identify as Latinx… I think that would be really valuable."*

Expanded access to evidence-based drug treatment for meth. Interviewees said that existing services need to be expanded to better serve people who use meth and stimulants. Additionally, new meth-specific programs need to be established and developed to meet their treatment needs. Addressing barriers like insurance coverage of treatment for people who use meth was also of importance to the interviewees. Treatment should be designed for the unique behavioral health needs of someone with a stimulant use disorder, such as contingency management.

Medical health care

Existing gaps:

People who use meth's mental health and substance use treatment needs are not adequately addressed during ED visits. Some interviewees reported that behavioral health needs of people who use meth who present to the ED are not adequately addressed during their visits, as they are often discharged once their physical health concerns have been addressed. One interviewee also noted that when clinicians conduct a mental health evaluation with someone experiencing a drug-induced psychosis, the patient may leave after the substance wears off; and another mentioned long ED wait times have caused patients to leave before receiving any care.

Some healthcare providers find it challenging to address behavioral health and substance use treatment needs during emergency or inpatient hospital care, and struggle to connect people who use drugs to follow-up care and treatment. A few interviewees who work in hospital settings mentioned it is hard to refer people who use meth who are hospitalized to mental health care, treatment, or follow-up outpatient care. They noted that often these patients are discharged once they have gotten adequate rest after their high was completed, and once physical health problems are addressed. Others noted that discharges, as well as the need for long periods of rest after being high on meth, make it difficult to establish therapeutic relationships with patients needed to provide mental health or substance use treatment and support during inpatient stays or beyond. Further, keeping up with homeless or transient patients is difficult in providing follow-up care and treatment. Overall, they saw this as a lost opportunity to connect people who use drugs to needed treatment and support.

> *"I would say just with the way people present and how acute they typically are, just their presentation and then trying to find treatment which is usually impossible. So, we usually either admit them if they're really psychotic, once they come down and they're better to discharge them with no treatment. You know, they just go back and come back later."*
> -Hospital-based substance use disorder social worker

Recommendations:

Fund and expand access to low-barrier medical care settings, such as community health centers, harm reduction services, to address health effects of meth use before emergency or inpatient care is needed.

Educate health care providers on meth and stimulant use. Given the complexity of care needed by people who use meth, health care providers should be educated on the needs of people who use meth to better help link them to additional support services.

Data Collection

Existing gaps:

There are no clear and consistent community data collection methods to understand the frequency and related consequences associated with meth use. First responders report no clear guidance or method to capture data on the

frequency of meth use. Data is collected when meth is specifically mentioned by the patient or someone on scene. In addition, the behavior could be signs of other stimulant use such as other amphetamines like cocaine. Current data mining practices when meth is suspected is using keywords like overdose, behavioral emergency, psychiatric emergency, and occasionally some types of seizures. While seizures are certainly an indication for many other medical conditions they are also seen in patients who have overdosed on meth and there is no other identifiable confirmation of why they're seizing. These keyword searches are not accurate or consistent across Police Departments or Emergency Medical Services and the encounter is labeled as suspicious because they do not have toxicology reports to confirm. This highlights the need for an integrated approach to understanding the meth use in our communities. This gap is delaying the need for the treatment system to respond appropriately. Changes in treatment practices to support individuals who use stimulants will continue to be delayed if clear and present data is not available. Therefore the recovery support systems in local communities are left with no options to support people who use meth as they seek help navigating treatment and/or mental health care.

"I haven't seen a lot of public health data on stimulant use in general, including cocaine. I think that we're just not as good at capturing that data, it seems, or it's not a priority. So I don't think we actually have a good grasp of how big a problem it is. And maybe I just haven't seen it, maybe it's not being collected, I'm not sure. But I think that in order to get money to increase resources to address something, we need to know how big of a problem it is."-*Researcher*

Recommendations:

Establish state-wide data collection standards and local distribution efforts for meth use, meth-related overdoses, and other stimulant use. State and local epidemiologists need to collaborate with first responders, hospitals, and stimulant use disorder professionals to identify consistent and sustainable data collection methods that can be readily implemented. In addition to these efforts, state-owned data, such as death records or toxicology reports, need to be made accessible for local data collection and surveillance efforts.

CONCLUSION: OVERALL LEARNINGS AND RECOMMENDED RESPONSES

1.) Address factors that contribute to meth use

Efforts to mitigate meth use should address factors that contribute to, or motivate, meth use, such as mental health and homelessness. Interviewees in this assessment highlighted the co-occurrence of mental health conditions that might motivate meth use. Others also attributed the mental health and personal safety impacts of homelessness as motivators for meth use and other substance use. Mental health services, particularly for people experiencing homelessness and other vulnerable groups, should be expanded and better resourced to provide treatment for pre-existing conditions that might lead people to use meth and conditions that occur because of meth use. Meanwhile, the funding and expansion of homeless services may support greater access to mental health services, substance use treatment, and other essential social supports. Finally, expanding supply of, and access to, affordable, supportive housing for people experiencing homelessness can potentially mitigate the negative effects of homelessness, including meth and other drug use, and provide safety and stability needed to engage in recovery.

> *"One of the things I think would be the most impactful would be expanded access to supportive housing. By supportive housing I mean housing where people can use substances. So, where they're not afraid of losing their housing if they're injecting drugs, smoking drugs, or using drugs. Housing really becomes a huge driver or cycles that become difficult to break where people are using meth to stay safe outside and then experience consequences which make it more difficult to get into housing, then they have to use meth again to stay safe the next night."* - Substance use treatment program director

2.) Expand and incorporate meth and stimulant use treatment into existing treatment and recovery services

Key informants across this assessment indicated that they felt the overall focus of existing

> *"I think about how we want to try to insert methamphetamine into the opioid epidemic that currently exists in this state, and I don't know if that's the way to go. I think meth users have their own ways of operating and using the drug, and we need to be aware of that, and it's not just inserting meth into an already existing protocol and policy."* - Person with lived experience as a meth user

substance use treatment and recovery systems in Massachusetts is on substances other than meth. What is more, many people who use meth may also engage in polysubstance use, and may need additional treatment and recovery services.

Additionally, available treatment resources do not meet the current need. Substance use treatment services should be funded and expanded to support the needs of people who use drugs more broadly and should incorporate treatment and services that are more geared towards people who use meth and stimulants. This might involve expanding availability of evidence-based treatments for meth and stimulant use, changing policies around detox eligibility for people who use meth, providing more centralized guidelines for meth and stimulant disorder treatment, and creating people who use meth-specific social and psychological supports.

3.) Integrate services to address meth use and its impacts

The factors that motivate meth use and the varied impacts of the drug on individuals and society touch many sectors and institutions, from mental health care, hospital EDs, law enforcement, to housing and homelessness services providers. Several interviewees noted that integration between these institutions is lacking, and that data sharing between sectors is lacking and inconsistent. They recommended that sectors should share feedback, knowledge, and data as this would better help each individual sector address meth use and impacts from their line of work.

> *"I think one of the things that would be really wonderful and one of the things we worked on with other committees is having...nonprofits, police, fire, everyone to engage together. For example, it was last summer [police and homelessness outreach workers] went to one of the community neighborhoods and had an open dialogue... I think that's something that needs to happen is that we are fighting the same thing but see it differently and sometimes don't understand it in ways that we need to listen to. We need to talk about it and organize it, instead of trying to push it underneath the bed."* Homelessness services outreach coordinator

4.) Educate professionals and the public about meth use

Healthcare providers, police officers, harm reduction workers, and first responders often lack understanding of the effects of meth use and other stimulant use disorders. Specifically, it is difficult to discern and address potentially co-occurring mental health diagnoses in addition to meth-induced paranoia and psychosis. Additionally, first responders, emergency room staff, and even substance use

treatment providers may find it challenging to determine if a psychotic episode is drug-induced or not. Several interviewees also specifically mentioned that more awareness is needed around distinguishing whether someone is experiencing psychosis from drug-induced or mental health reasons. Interviewees also widely noted that the public also lacks understanding of the effects and risks of meth use, which may contribute to feelings of stigma and fear towards people who use drugs.

Training and education on meth use risks, impacts, and related symptoms for professionals who interact with people who use meth may help them to better identify symptoms and appropriate follow-up care and treatment. Meanwhile, public education and early intervention programs can be oriented towards increasing understanding of meth use and mitigating stigma.

"I've heard EMS and police officers saying that they don't understand the situation. Is it a mental health issue like a psychotic manic episode that somebody's schizophrenic or bipolar or is it a drug-related psychotic episode, and that can be hard to distinguish between the two?" - Outreach coordinator at substance use treatment program

5.) Facilitate more appropriate responses to meth use-related emergencies

When responding to meth-use related emergencies, first responders and law enforcement often do not have adequate knowledge or resources to provide appropriate follow-up care for people who use meth. As mentioned, these professionals may not be able to discern between a mental-health related crisis unrelated to drug use, and the presentation of meth-induced psychosis. Several key informants with a background in law enforcement also noted that people who use meth in crisis are often taken to local hospital EDs, which are often not appropriate settings for addressing acute crises or connecting people who use drugs with needed treatment or services.

"When we arrest someone or when we have the option of arresting someone, an officer may say... we're not going to arrest you, we're going to refer to [a case manager] so they can get you services. So, I imagine that if there were that kind of increase [in meth use], our [case manager] would probably have a specific path for people struggling with that in particular, and we'd kind of revamp the referrals and be more proactive about connecting people to those resources." - Crime analyst at local police department

Interviewees also discussed the role that law enforcement plays in responding to meth-related emergencies in two different ways. First, they noted that interactions with police trained to respond to people who use drugs can serve as an entry point to services and treatment. However, interactions with police may also lead to incarceration, which cuts people off from needed services. Which of these two experiences people who use meth have is influenced by local law enforcement policies towards people who use meth. Several interviewees noted that historically the war on drugs has emphasized criminalization and incarceration when it came to people using meth. Some interviewees noted that police departments still take this approach. Others disagreed and saw a change in how law enforcement, particularly in Cambridge and Somerville, approached people who use meth by connecting them to counseling and other services.

In addition to training and education on meth use and de-escalation and its impacts for law enforcement and first responders, some interviewees recommended having mental health clinicians on site with first responders when there is a meth-use related emergency. Trained mental health clinicians may be better able to make distinctions between mental health symptoms and meth-induced symptoms and can help identify more appropriate follow-up care options. Local law enforcement agencies should also more widely adopt the approach of expanding available resources and capacity to connect people who use meth to treatment and services in their encounters.

> *"When [a first responder] gets the call their skin crawls because they have no idea what they are walking into. And that's where we may need to add clinicians on board with first response, a mental health clinician or someone other than a police officer that could [de-escalate] or train to [de-escalate] the situation."* - Addiction recovery resource specialist

Finally, public health officials should consider expanding alternative crisis management settings, like a sobering center or restoration center, that could provide more appropriate care and connection to services than local hospital EDs. Interviewees frequently mentioned establishing sobering centers as one potential option for providing a safe, quiet, and monitored environment for people who use meth to go to when experiencing a crisis.