

Methamphetamine Assessment

The public health departments in the cities/towns of Medford, Somerville, Cambridge, and Framingham, in partnership with the Institute for Community Health (ICH), have completed an assessment of methamphetamine (meth) use through key stakeholder interviews and focus groups with 43 individuals from 13 municipalities in the Greater Boston area.

The following data supports and aligns with the mission and goals of the Committee on Methamphetamine Use.

“Create aggregate demographic and geographic profiles...identifying populations most vulnerable to use.”

Our assessment identified the following individuals as the most at risk for meth use:

- Men who have sex with men
- Individuals with an opioid use disorder
- Individuals with pre-existing mental health conditions
- Individuals, especially women, experiencing homelessness

“Examine the current availability of, and barriers to providing, harm reduction services and treatment to individuals with a stimulant use disorder.”

Our assessment showed that there are many gaps in the availability of harm reduction services and treatment services for meth use including stigma and lack of resources.

- Recommendations for addressing these barriers and expanding services include:
 - Fund and expand access to low-barrier medical care settings
 - Expand access to evidence-based drug treatment for meth use
 - Fund and establish 24/7 access to treatment and recovery services, including sobering centers and overdose prevention sites
 - Fund and establish social and psychological support that are specific to the experience of people who use meth, including support and social groups

“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.”

- Social Worker in Police Department Clinical Support Unit

“Examine existing efforts undertaken by healthcare providers and the existing body of research around best practices for treating individuals with a stimulant use disorders.”

Our assessment found the following existing gaps in research around best practices for treatment:

- 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
- Accessing detox programs is challenging for individuals who use meth
- There is stigma while seeking treatment
- Federal guidance on meth use disorder treatment is limited
- Contingency management is a promising but largely unavailable treatment option
- People who use meth and other stimulants often end up seeking treatment in the mental health system rather than substance use treatment system

“Examine existing efforts undertaken by service providers and the existing body of research around best practices for harm reduction efforts.”

Our assessment found the following existing gaps in research around best practices for harm reduction efforts:

- There is a lack of meth-appropriate harm reduction supplies, services and trained staff
- There are few meth-related early intervention services and public education
- The safety risks of meth and stimulant use can be difficult to manage

“Examine the intersections among stimulant use and sexual health, particularly among the LGBTQ community.”

Our assessment found that:

- Men who have sex with men are at an increased risk of using meth
- There is an additional stigma associated with seeking treatment for members of the LGBTQ community

“Examine the intersections between stimulant use and homelessness.”

Our assessment found that:

- There is a lack of affordable and supportive housing options
- There is a need to fund and support homeless services and shelters, especially for individuals who use meth and experience homelessness

“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

“Examine existing efforts undertaken by emergency medical service providers and law enforcement officials and the existing body of research on best practices for interacting with individuals with a stimulant use disorder.”

Our assessment suggests that:

- Individuals who use meth are likely to have many interactions with first responders
- First responders lack the proper training and/or education to manage calls related to meth use

“I’ve heard EMS and police officers saying that they don’t understand the situation. Is it a mental health concern...or is it drug-related psychosis? It can be hard to distinguish between the two.”

- Outreach Coordinator at Substance Use Treatment Program

Overall, recommendations for addressing meth use in the region include:

- Address factors that contribute to meth use
- Expand & incorporate meth and stimulant use treatment into existing treatment and recovery services
- Integrate services to address meth use and its impacts
- Educate professionals and the public about meth use
- Facilitate more appropriate responses to meth-related emergencies
- Establish state-wide data collection standards for meth use, meth-related overdoses, and other stimulant use



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