



Methamphetamine Use Disorder

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PollEverywhere

- ▶ Purpose
- ▶ Instructions

SUDs

- ▶ Chronic, relapsing nature
- ▶ Can inspire cynicism, frustration, resignation
- ▶ Polysubstance increasing
- ▶ Psychological, physiologic addiction
- ▶ Brain disease plus

Names

Meth

Speed

Chalk

Ice

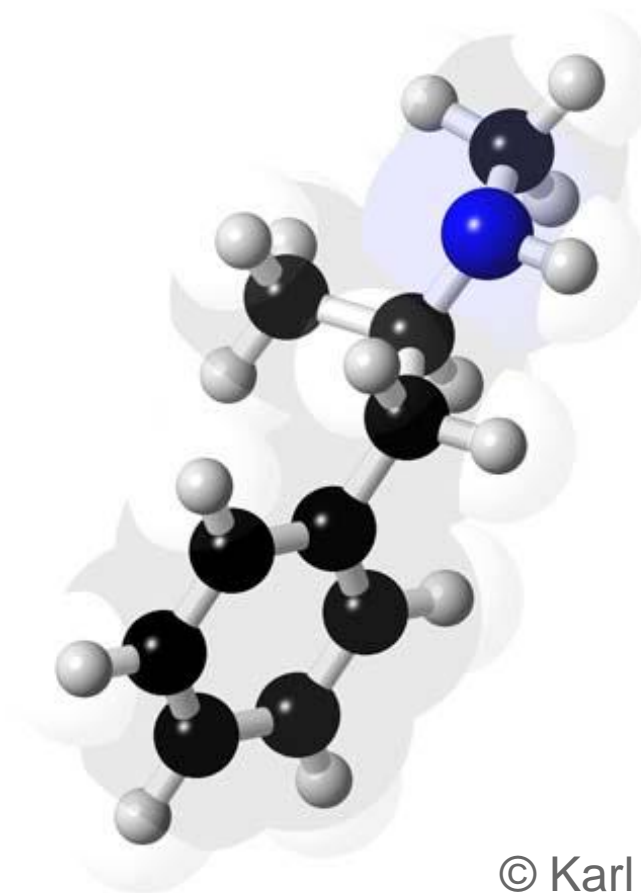
Glass

Crank

Crystal

Stove top

- ▶ Synthetic
- ▶ Psychostimulant
- ▶ Usu smoked, snorted

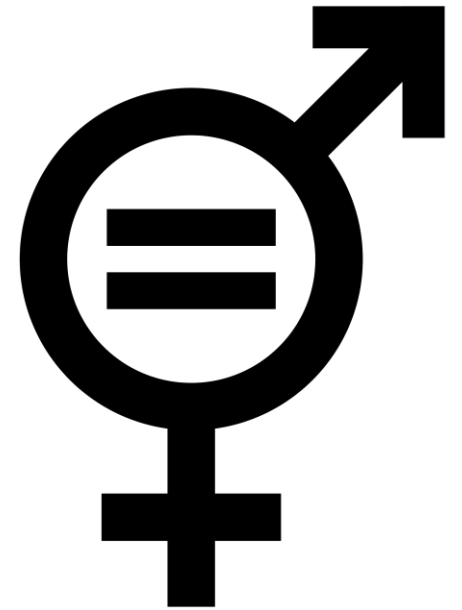


History

- ▶ 1877- amphetamine, Berlin Germany, Lazar Edeleanu
- ▶ 1919- methamphetamine, Japan, Akira Ogata
- ▶ WWII- combat fatigue
- ▶ 1950s- used to treat multiple conditions

Epidemiology

- ▶ Geographic variation
- ▶ Fastest-rising drug of abuse worldwide
- ▶ Early 2000s epidemic, West/Midwest
- ▶ mid-2000s: Decreased prevalence



Combat Methamphetamine Epidemic Act of 2005



Meth in Indian Country

- ▶ “Native Americans now experience the highest meth usage rates of any ethnic group in the nation.”
 - ▶ NCAI 11/2006
- ▶ AI have methamphetamine abuse rates nearly 3x higher than whites.
 - ▶ 2006 Bureau of Indian Affairs report
- ▶ Meth abuse* rates have reached 30% on some rural Indian reservations

Data

- ▶ Data paucity (reservations/urban areas)
 - ▶ IHS doesn't publish/track meth use
- ▶ Little research on effectiveness of traditional healing practices
- ▶ Gaps: age groups, ethnic gloss
- ▶ Opp: One Sky Center

Data Sources

- ▶ *school-based surveillance with adolescents
- ▶ small research studies
- ▶ small surveys by tribal councils

AI/NA Youth

- ▶ Higher rates of meth use
- ▶ Differences likely greater
- ▶ Multi-drug users, 90%-90%

Tribal Susceptibility

- ▶ National Native American Law Enforcement Association [NNALEA], 2006:
 1. “the correlation between meth and alcoholism, where members of drug-smuggling cartels identify alcohol addicts as a primary consumer base targeted for meth distribution, and where the ethnic group with one of the highest alcohol addicts include Native Americans
 2. the financial conditions of most tribal communities that force people inclined to utilize illicit drugs to use the ‘cheaper’ drugs, thereby making meth the drug of choice in tribal communities
 3. the geography of tribal reservations makes tribal lands an easy target for drugs being smuggled in across the U.S. borders with Canada and Mexico
 4. jurisdictional issues exist that confront tribes and do not confront non-Tribal communities, such as Public Law 280, and outdated tribal codes wherein [the production, sale, or use of] meth is not specifically identified as a crime.”

Jurisdictional Loopholes

- ▶ 1800s Congressional law gave federal government jurisdiction on Indian reservations for major crimes- didn't specify drugs
- ▶ 1978 Oliphant v. Suquamish Indian Tribe Supreme Court case: tribal police has no criminal jurisdiction over non-American Indians
- ▶ 1953-2010 Public Law 280 California was required to assume criminal jurisdiction on all Indian reservations
- ▶ 2010 The Tribal Law and Order Act

Limitations

July 2003



Quiet crisis: federal funding
and unmet needs in Indian
Country

United States Commission on
Civil Rights

Law Enforcement

- ▶ Underresourced
- ▶ Reservations are large with often difficult terrain
- ▶ Officers cover large areas
- ▶ 90% of tribal police forces surveyed say they need additional drug-investigation training.
 - ▶ Bureau of Indian Affairs Office of Law Enforcement Services
- ▶ The Indian Civil Rights Act limits tribal courts to imposing one-year sentences and/or fines up to \$5,000

Mechanism

Increased synaptic MA

Video

PK+

- ▶ Liver metabolism
- ▶ Kidney excretion
- ▶ Crosses BBB
- ▶ Increases BBB permeability
- ▶ Smoked or injected, enters the brain in seconds
- ▶ Snorted or taken by mouth, produces effects later but last longer

Clinical Manifestations/Symptoms

- ▶ Intoxication vs. Withdrawal
- ▶ Euphoria, confidence, hyperactivity, rapid speech/thought process
- ▶ Increased energy, alertness, decreased need for sleep/insomnia
- ▶ Heightened sexual desire/improved (at first) function
- ▶ Decreased appetite, weight loss
- ▶ Mood changes: irritability/aggression, anxiety/panic
- ▶ Stereotyped movements of mouth, face, extremities
- ▶ SNS activation/Adrenergic hyperactivity- hyperreflexia, tachycardia, diaphoresis, pupil dilation (light-responsive)
- ▶ Also- hyperpyrexia, HTN, vasospastic events (stroke/MI)
- ▶ ?cognitive changes

“Meth mouth”

TOOTH DECAY, DISCOLORED,
BROKEN

DRUG USE

dry mouth

clenching and grinding of
teeth

POOR ORAL HYGIENE

Related Psychosis

- ▶ Suspiciousness/Paranoia
- ▶ Hallucinations
- ▶ Delusions
- ▶ usu w/o delirium
- ▶ Overdose psychosis: “spun, tweaking”
- ▶ Post-intoxication depression (mild- lethargy; 3-6 months if chronic user)

Disorder

- ▶ DSM-IV TR = methamphetamine abuse/dependence
- ▶ DSM-5 = amphetamine-type substance (stimulant) use disorder
 - ▶ problematic pattern use leading to clinically significant impairment or distress

DSM-5 criteria

- ▶ Taken in larger amounts or over a longer period than was intended
 - ▶ Persistent desire or unsuccessful efforts to cut down or control use
 - ▶ A great deal of time is spent in activities necessary to obtain, use, or recover from its effects
 - ▶ Craving, or a strong desire or urge to use
 - ▶ Recurrent use resulting in a failure to fulfill major role obligations at work, school, or home
 - ▶ Continued despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of
 - ▶ Important social, occupational, or recreational activities are given up or reduced because of use
 - ▶ Recurrent use in situations in which it is physically hazardous
 - ▶ Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by it
- (
- ▶ Tolerance
 - ▶ Withdrawal

Health Associations/Consequences

- ▶ High co-morbid rates of psychiatric disorders
 - ▶ Dx during sobriety
 - ▶ Obtain collateral
 - ▶ Timeline of sxs/previous episodes
- ▶ STIs
- ▶ Increased risk of early mortality

Community Impacts

- ▶ 40 to 50% of violent crime cases investigated by FBI (IC) involve meth
- ▶ Larceny/theft, burglary, sexual assault, sex trafficking, elder abuse
- ▶ Child neglect
 - ▶ California Indian Legal Services estimated almost ALL cases of children removed from home had at least one parent using meth
 - ▶ Many cases of prenatal exposure

Production



The advertisement features a top-down view of the LEGO Superlab Playset, a detailed laboratory environment. The set includes a central circular workstation with a grey base and a black arm, a control panel with a grid of buttons, a gas cylinder, and a sink. To the left, there is a red cabinet and a shelving unit with various grey and white components. To the right, a 'DANGER' sign is visible above a doorway leading to another lab area with more equipment. Below the main image, the text 'Superlab Playset' is displayed in a stylized font, with 'S' and 'P' in green boxes. Three minifigures are shown: a 'Chemistry Enthusiast' in a yellow lab coat, a 'Chicken Enthusiast' in a yellow shirt and tie, and a 'World's Best Grandpa' in a dark jacket. A fourth minifigure, a red robot head, is shown in a circular frame with a red arrow, labeled 'IT'S A BLAST!'. The text 'Available now at: CITIZEN BRICK.COM' is at the bottom.

Superlab
Playset

Bummed out that your favorite show is going off the air? Well soothe yourself with the Citizen Brick Superlab Playset.

Who knows what fun you'll cook up with this deluxe set, chock full of realistic details, and three exclusive minifigs!

Available now at:

CITIZEN BRICK.COM

Chemistry Enthusiast Chicken Enthusiast World's Best Grandpa

IT'S A BLAST!

TDHE Impact

- ▶ Depletes housing stock
- ▶ Cost
 - ▶ Cleanup
 - ▶ Eviction

Tribal Housing Responses

- ▶ Institution of policies/procedures/protocols
 - ▶ Testing
 - ▶ Cleanup manuals
 - ▶ Use prohibition on land or by tenants away
 - ▶ Enforcing lease agreements- eviction
- ▶ Banishment/Disenrollment
 - ▶ Separation from supports/other benefits
 - ▶ Purpose? Efficacy?
 - ▶ Individual vs community

Explore

- ▶ Sociocultural context of use (peer group, location)
- ▶ History of Use (age started, periods of sobriety)
- ▶ Trauma hx (personal +)

Pharmacotherapy

- ▶ No FDA-approved medications
- ▶ Controlled trials don't show efficacy
- ▶ Most meds studied for cocaine

Off-label

- ▶ Reduce +/- reinforcement from drug use
- ▶ Reduce subjective pre-disposing state
- ▶ No aversive therapies

Acute Treatment

- ▶ Options
 - ▶ AP if intoxication psychosis
 - ▶ BZD for acute agitation in detox
- ▶ B- or mixed α/β -blockers can exacerbate stimulant-induced CV toxicity
- ▶ w/d not life-threatening

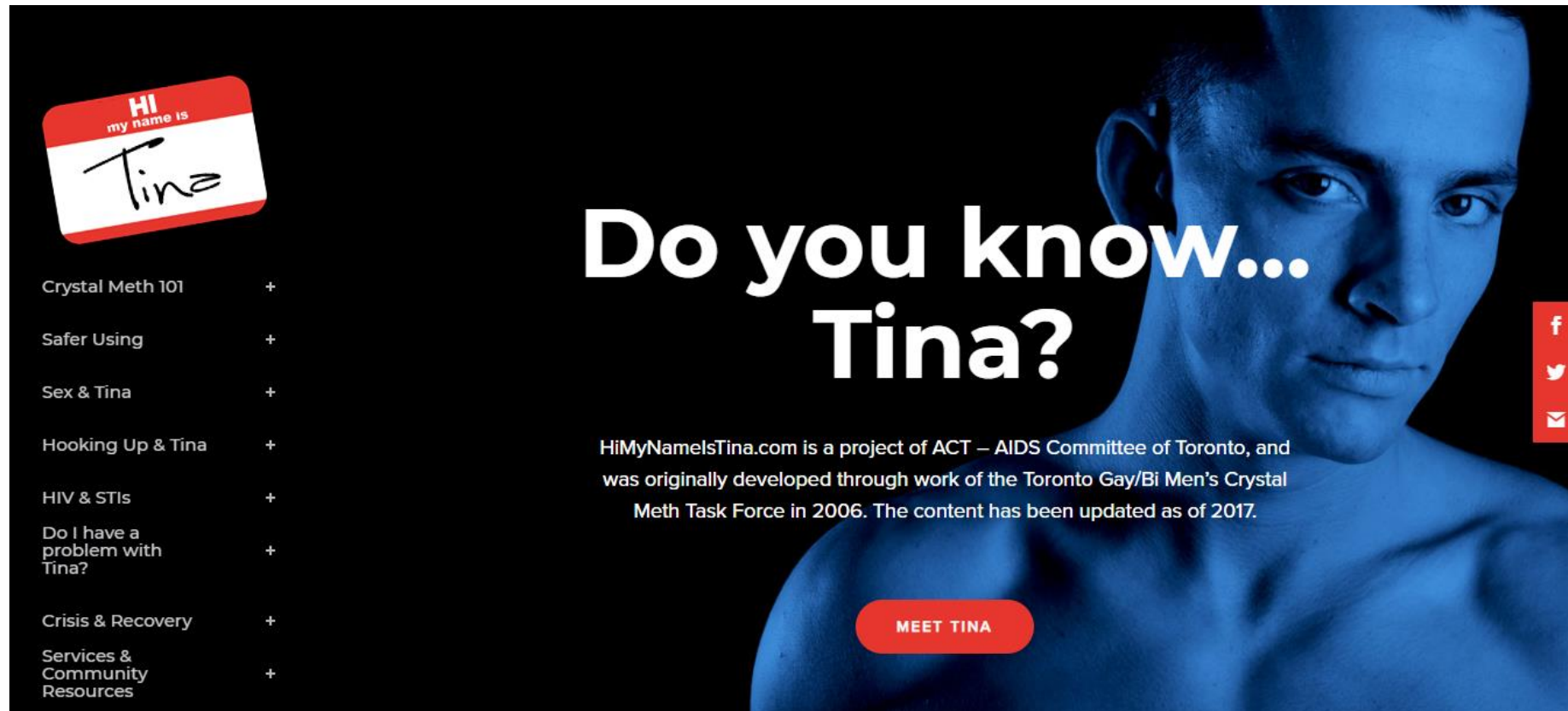
Treatment Barriers

- ▶ Addiction treatment usually outsourced
 - ▶ Inaccessible
 - ▶ lack of culturally appropriate healing approaches
- ▶ Funding
- ▶ Limited after-care, community-based ongoing options
- ▶ Lack of safe sober housing

Treatment Considerations

- ▶ Transportation
- ▶ Childcare
- ▶ ?Prevention- identify malnutrition & school absenteeism

Harm Reduction



Hi
my name is
Tina

- Crystal Meth 101 +
- Safer Using +
- Sex & Tina +
- Hooking Up & Tina +
- HIV & STIs +
- Do I have a problem with Tina? +
- Crisis & Recovery +
- Services & Community Resources +

Do you know... Tina?

HiMyNameIsTina.com is a project of ACT – AIDS Committee of Toronto, and was originally developed through work of the Toronto Gay/Bi Men's Crystal Meth Task Force in 2006. The content has been updated as of 2017.

[MEET TINA](#)

[f](#)
[t](#)
[e](#)

Contingency Management

- ▶ Rewarded behavior (abstinence) more likely to be repeated
- ▶ Benefits fade when (+) reinforcement removed

Motivational Interviewing

- ▶ Approach, way of being
- ▶ Patient-centered
- ▶ Explore ambivalence

- ▶ Principles
 - ▶ Express empathy
 - ▶ Develop discrepancy
 - ▶ Roll with resistance
 - ▶ Support self-efficacy

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Quotes

A pink quotation mark icon consisting of two double quotes.

Social Impact & Hope