



UNDERSTANDING THE NEEDS OF PEOPLE WHO USE STIMULANTS

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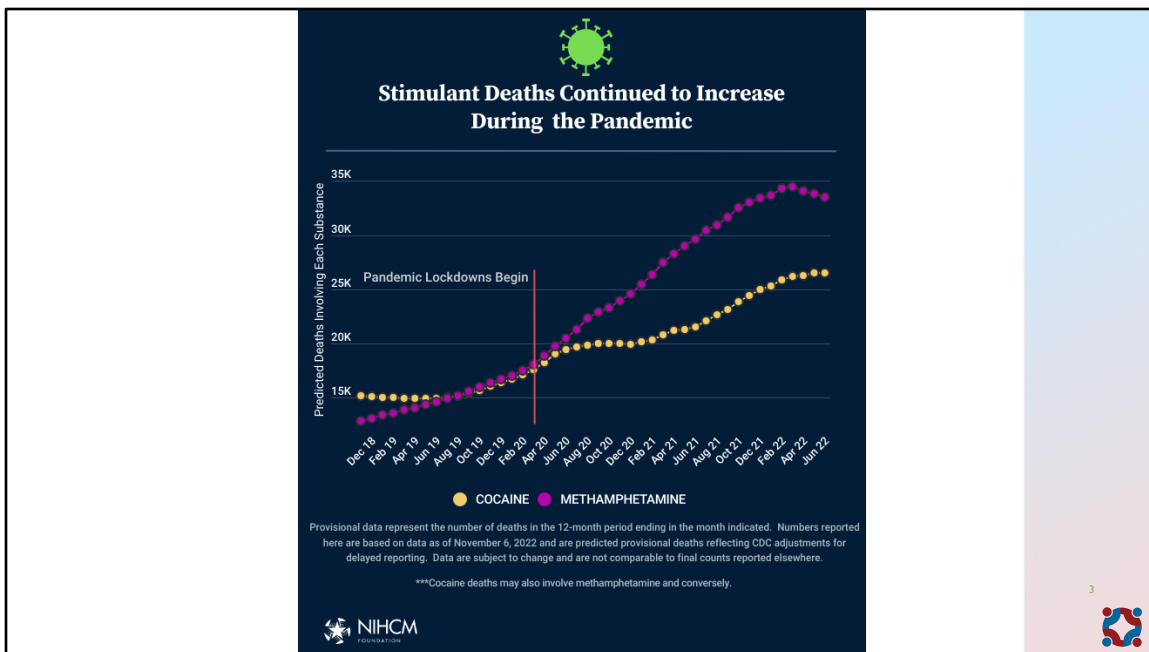
WHAT IS HAPPENING WITH STIMULANT INVOLVED DEATH ACROSS THE USA?

- **Charting the Stimulant Overdose Crisis & the Influence of Fentanyl**

- Published on: November 17, 2022.
- <https://nihcm.org/publications/stimulant-drug-overdose-deaths-2022-update>
- 68% of stimulant death involve an opioid.

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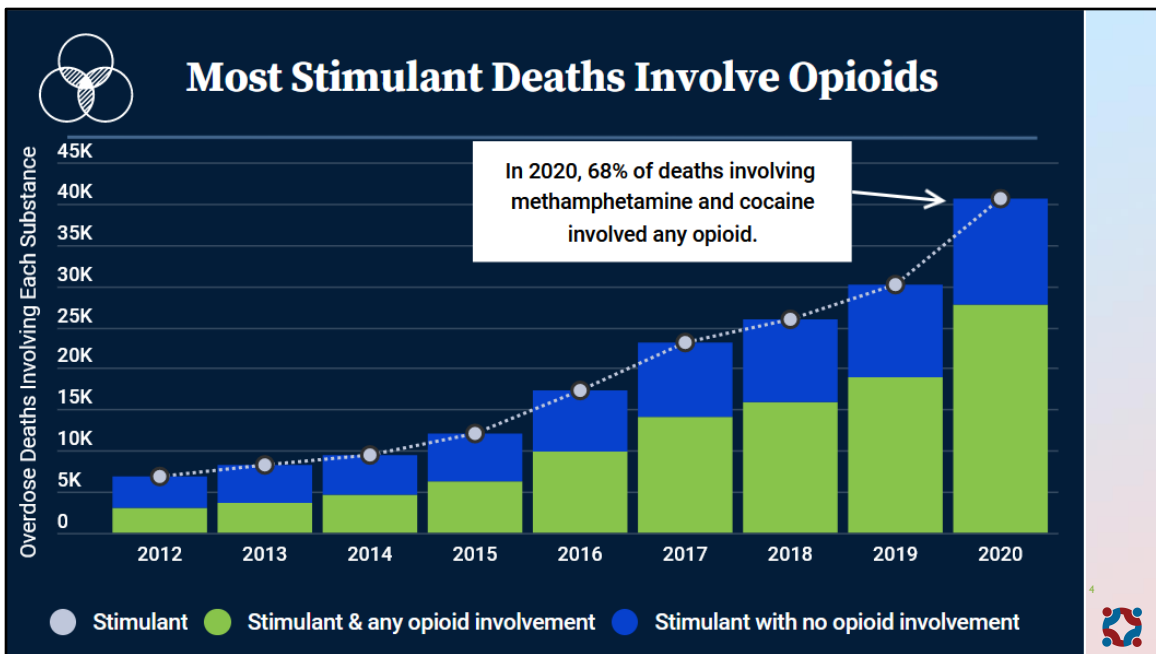




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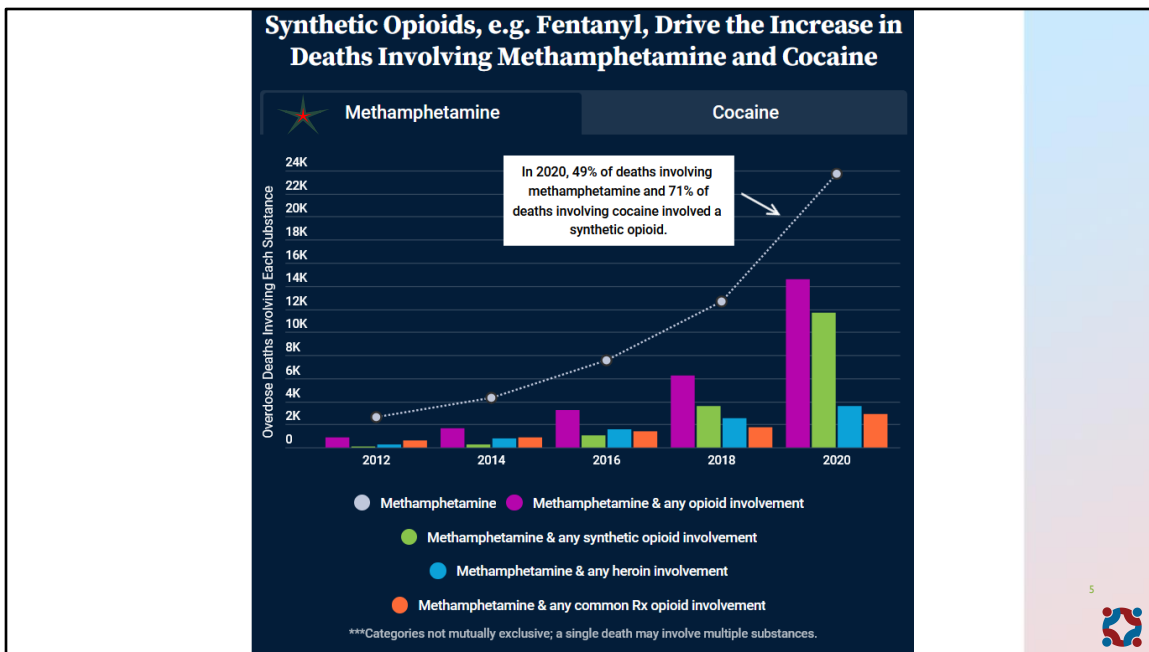
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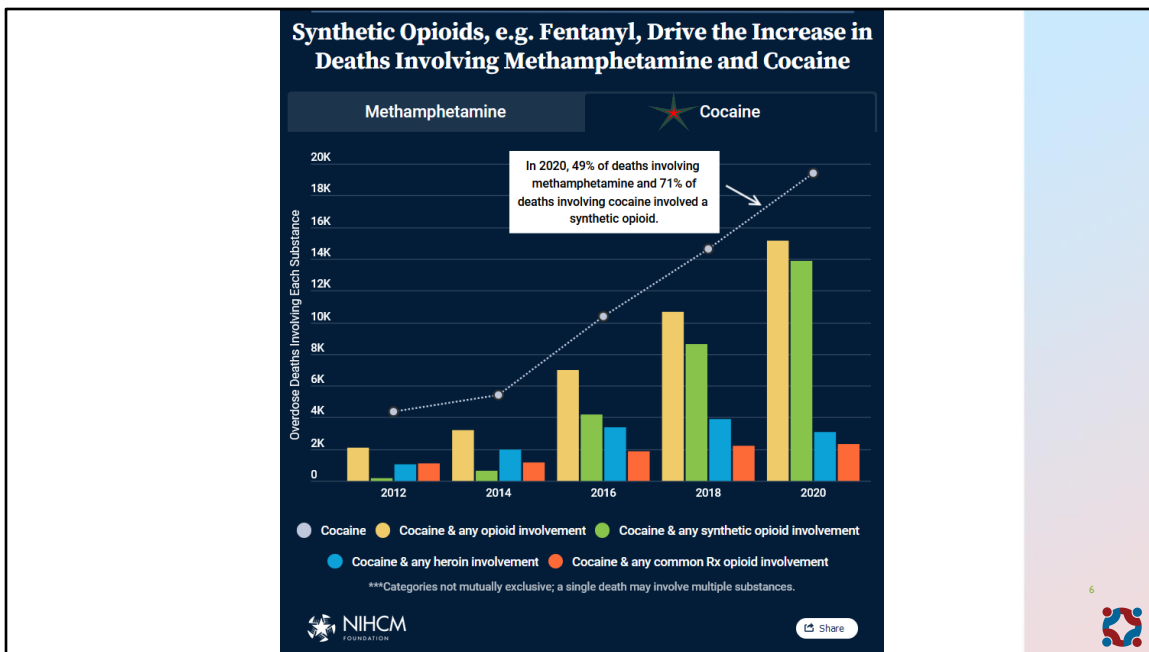
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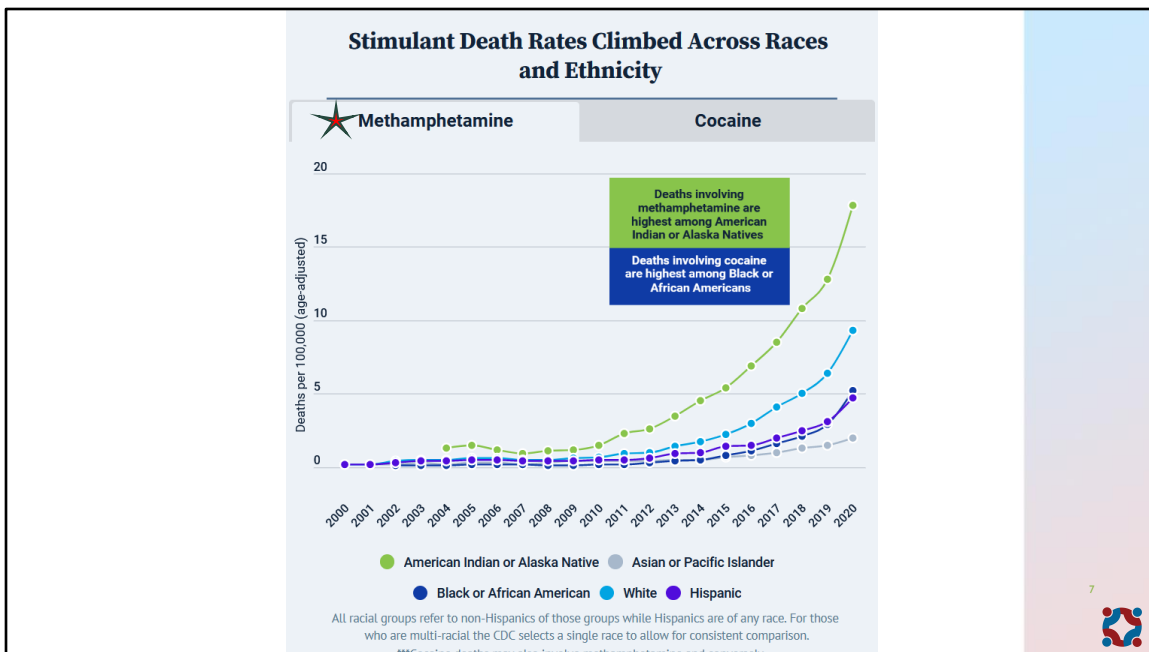
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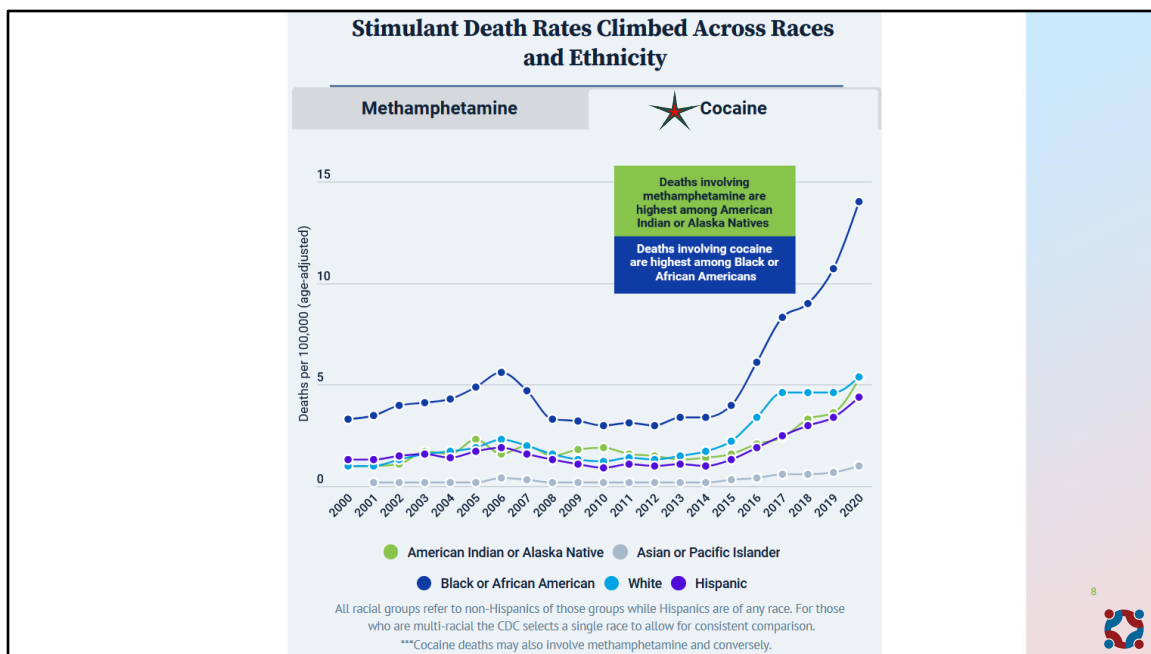
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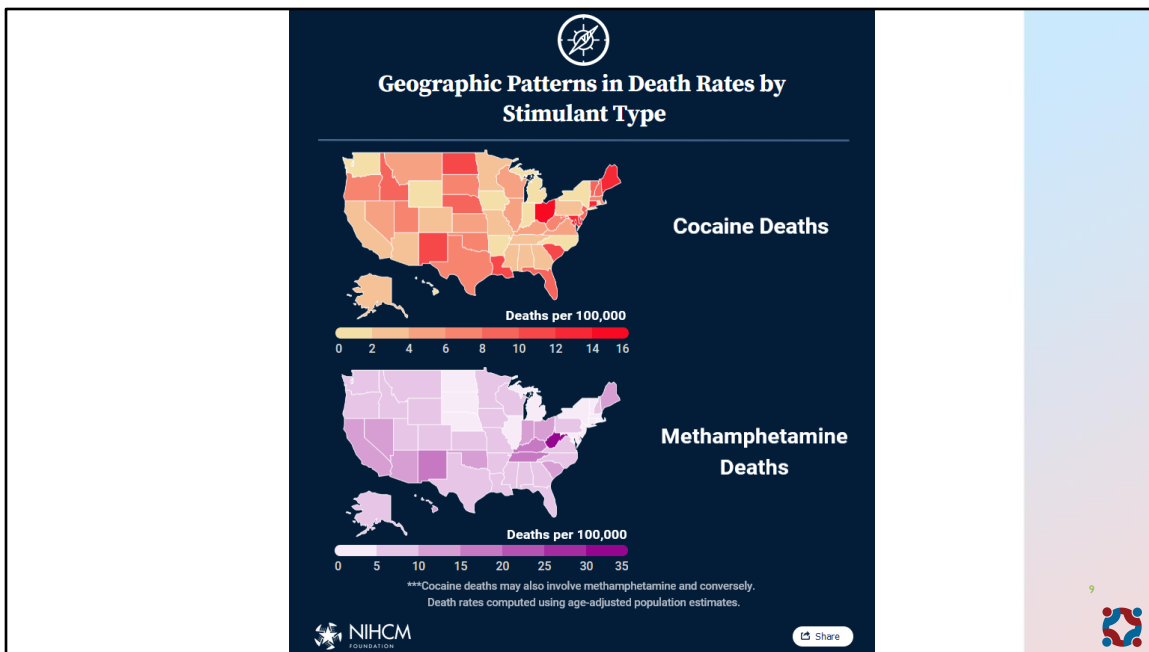
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NOTES ON THE 4TH WAVE (STIMULANT INVOLVED DEATHS)

- While deaths involving stimulants alone have slightly increased, there is also data to suggest that the utmost increase in stimulant involved deaths is related to mixing them with opioids or using them after one another
 - **9 out of 10 nationally**
- How stimulant involved deaths happen with opioids :
 - **Intentional** - combining drugs: speedballs/goofballs
 - **Intentional** - To counteract impacts of opioid related withdrawal and opioid depression after opioid use
 - **Unintentional** - consumption of opioids (especially fentanyl) in meth/cocaine/crack/etc., but this happens less frequently than the media portrays

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NYC Health Epi Data Brief: Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2018. August 2019, No. 116

Nolan ML et al.: Increased Presence of Fentanyl in Cocaine-Involved Fatal Overdoses: Implications for Prevention. J Urban Health 96(1):49-54, 2019

Table. Percentage of Law Enforcement Seizures of Heroin, Cocaine, and Methamphetamine With Fentanyl or Carfentanil by Seizure Weight, Ohio, 2014-2017^a

Drug	Seizures, No. (% With Fentanyl or Carfentanil)			
	2014	2015	2016	2017
Heroin				
All seizures	7715 (3.4)	9151 (9.0)	7809 (25.0)	5242 (48.6)
All seizures with weight	5869 (3.3)	6778 (9.0)	6028 (25.4)	4500 (49.8)
By seizure weight, g ^b				
≤1	4654 (3.5)	5236 (9.9)	4767 (27.5)	3576 (52.0)
>1 but ≤30	1132 (2.4)	1412 (6.0)	1141 (18.0)	835 (44.7)
>30 ^c	83 (3.6)	130 (3.9)	120 (9.2)	89 (11.2)
Cocaine, with no heroin present				
All seizures	4898 (0.7)	5599 (1.7)	7102 (4.9)	6863 (11.3)
All seizures with weight	3727 (0.3)	3955 (0.4)	5197 (2.1)	5397 (5.9)
By seizure weight, g ^b				
≤1	2568 (0.5)	2545 (0.6)	3419 (2.7)	3611 (7.1)
>1 but ≤30	1071 (0.0)	1274 (0.0)	1607 (0.9)	1623 (3.8)
>30 ^d	88 (0.0)	136 (0.0)	171 (0.6)	163 (0.0)
Methamphetamine, with no heroin present				
All seizures	2517 (0.2)	3576 (0.5)	5519 (1.6)	9345 (2.9)
All seizures with weight	1610 (0.1)	2292 (0.0)	4127 (0.4)	7764 (1.2)
By seizure weight, g ^b				
≤1	1070 (0.1)	1534 (0.0)	2901 (0.5)	5364 (1.5)
>1 but ≤30	393 (0.0)	539 (0.0)	1031 (0.1)	2208 (0.8)
>30 ^e	147 (0.0)	219 (0.0)	195 (0.0)	192 (0.0)

OHIO DRUG SEIZURE DATA

ASSOCIATION OF
LAW ENFORCEMENT
SEIZURES OF
HEROIN, FENTANYL,
AND CARFENTANIL
WITH OPIOID
OVERDOSE DEATHS

IN OHIO, 2014-2017

JON E. ZIBBELL,
PHD, JAMA

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https://jamanetwork.com/journals/jamanetworkopen/articlepdf/2754249/zibbell_2019_Id_190025.pdf

METH USE AFTER CONSUMING OPIOIDS

“Heroin’s my drug of choice. These days the meth I do is mainly to counteract the sedation of fentanyl.”
(male, 36)

“Fentanyl is so strong that if I were just doing it by itself, I couldn’t get my head out of my lap. I don’t want to be just zonked out so I use meth.”
(male, 47)

- Fentanyl Overdose Response and Community Engagement (FORCE), *Duhart Clarke, Kral, & Zibbell, 2020, IJDP*

WHY DO PEOPLE USE STIMULANTS?

Personal Coping

- Pleasure
- Drug dependence
- Trauma history
- Pain management
- Mental health
- Sleep
- Fitting in
- Love
- Money
- Criminal record
- Hunger
- Employment stress

Law Enforcement Issues

- Criminal record
- Leaving jail/prison
- Local law enforcement practice

Barriers to Treatment

- Lack of access to methadone/buprenorphine
- Lack of access to contingency management
- Lack of health insurance
- Criminal record
- Money for treatment (transportation, cost of program, job loss, housing loss)
- Childcare
- Love

Societal/Institutional Disparities/Discrimination

- Racism
- LGBTQI
- Housing
- Culture
- Exposure to drug use practices
- Supply issues around drugs
- Cost of drugs (legal and illegal)

WHY DON'T PEOPLE GO TO TREATMENT

- Cost
- Loss of labor (your job)
- Loss of housing
- Stigma/shame
- Transportation barriers
- Lack of childcare options
- Lack of access to healthcare coverage
- Loss of partner/family relationships
- Lack of treatment options that provide for chronic pain management strategies
- Personal or a friend's negative experience or negative perception of treatment
- Lack of medications for opioid use disorder (MOUD) options
- Lack of information that treatment exists/Knowledge of sites
- **Lack of treatment options for people who use stimulants**
- Criminal history or pending criminal charges
- Ambivalence/lack of confidence about change
- Untreated mental health/trauma issues
- Gender/racial/cultural bias
 - Lack of services to female populations
 - Lack of services to trans populations
 - Lack of appropriate language services
 - Lack of culturally competent services/providers
 - Lack of LGBTQI-specialized services
- Hours of treatment service conflict with obligations
- Law enforcement/criminal justice practices that discount treatment diversion or treatment referral after incarceration
- Geographical access barriers
- Extended waiting lists for services



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ADDRESSING THE NEEDS OF PEOPLE WHO USE PSY-STIMS

- CDC Strategy Document
- Naloxone Access Programs
- Syringe Service Programs
- Drug Checking
- Overamping Prevention and Response
- Polysubstance Overdose with Opioids & Psychostimulants Prevention and Response
- Not Using Alone
- Safety Planning
- "Nothing About Us Without Us"

Evidence-Based Strategies for Preventing Opioid Overdose: *What's Working in the United States*

An introduction for public health, law enforcement,
local organizations, and others striving to serve their community

Authors:

Jennifer J. Carroll, PhD, MPH; Traci C. Green, PhD, MSc;
and Rita K. Noonan, PhD



2018

CDC
RECOMMENDATIONS
FOR PREVENTING
OPIOID OVERDOSE

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<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

MEANINGFUL ENGAGEMENT

Hold anti-stigma trainings with directly impacted people for staff/coalitions/specific organizations

Talk to directly impacted people about how they would like to be involved

Involve in program development and evaluation

Hire and maintain employment of directly impacted people

- Address hiring policies
- Address employment policies
- Make space for people to have supportive meetings (harm reduction works/recovery) and time to dose (methadone/bupe)
- Staff, Consultants, Peers
- Board

Hold accommodating meetings

- Invite them to the consortium, value their voice
- Be flexible about meeting times, location, agenda, and level of participation
- Prepare new attendees with training and a supportive contact
- Learn from people who use drugs how to make the meeting more inclusive
- Acknowledge gaps in your own experience and address any discomfort or unfamiliarity openly and respectfully
- Be aware that directly impacted people may not want to attend if EMS, law enforcement and hospital staff are present
- Invite more than one person
- Let people know if medical providers or first responders will be present

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<https://www.hivlawandpolicy.org/sites/default/files/Meaningful%20Involvement%20of%20People%20Who%20Use%20Drugs%2C%20AIDS%20United.pdf>

SUMMARY

- Opioid and stimulant-involved mortality are increasing in the United States
- Organizations/Providers need to create overdose prevention plans for people who use opioids, stimulants and those who intentionally and unintentionally consume multiple substances
- We must strive to reduce and end discrimination and stigma against people who use drugs
- We must strive for serving all people who use drugs
- We need to do more to connect people who use drugs to supportive care
- We need to keep people alive as they work on positive change
 - Providing harm reduction services and addressing the social and economic deterrents of health is key to positive change



QUESTIONS/
COMMENTS?

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CONTACT
INFORMATION

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NOT USING ALONE/MAKING AN OD PREVENTION PLAN

BUILD A SAFETY PLAN

Know your drug.

- Understand the risks. Know the effects of the drug. Know the signs of overdose.
- Understand the risks of the drug. Know the signs of overdose.
- Understand the risks of the drug. Know the signs of overdose.

Take care.

- Take care when you use. Don't use alone. Don't use in a car. Don't use in a bathroom. Don't use in a room with a door that locks.
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Manage your use.

- Manage your use. Don't use more than you need. Don't use more often than you need. Don't use more than you can handle.
- Manage your use. Don't use more than you need. Don't use more often than you need. Don't use more than you can handle.

Use one drug at a time.

- Use one drug at a time. Don't mix drugs. Don't mix drugs with alcohol. Don't mix drugs with other drugs.
- Use one drug at a time. Don't mix drugs. Don't mix drugs with alcohol. Don't mix drugs with other drugs.

Helpful resources.

- Find a safe space. Find a safe space. Find a safe space.
- Find a safe space. Find a safe space. Find a safe space.

<https://www.health.ny.gov/publications/9895.pdf>



NOT USING ALONE/MAKING AN OD PREVENTION PLAN

- Know the facts about overdose
- Carry naloxone
- Have someone who will look out for the person using
 - In person, phone, webcam, text
 - Drug-use Safety Monitoring Resources
 - Never Use Alone Resource (800)-484-3731
 - BeSafe Resource: <https://www.besafe.community/>
- Test one's drugs
- Manage one's use
- Know one's local resources
- Ideally use in a place that one feels safe (environment matters)
- Educate people who use drugs on overdose and the drugs that they may intentionally and unintentionally consume
- Protect oneself from HIV, hepatitis and Covid-19
- Tester shots and slow shots
- Change consumption method
- Take turns with a partner when consuming substances

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Photo Source: NCHRC

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