

# The Meth Epidemic

Meth (methamphetamine) is a synthetic stimulant drug that affects the central nervous system. It was developed from amphetamine—its parent drug and a less potent stimulant—in the early 20th Century, and comes in many forms: powder, crystal, and more recently a pill resembling ecstasy to appeal to new users. Methamphetamine is also sometimes available over the counter as a nasal decongestant and prescribed to treat narcolepsy and other sleep disorders. However, because of the risk of misuse, it's rarely prescribed and only in low doses.



In a 10-year period, deaths from stimulant use—primarily methamphetamine—increased by 255% to nearly 6,000 deaths in 2015. By 2019, methamphetamine-related deaths had surpassed 16,000.



The drug is most widely available in the midwestern and western regions of the U.S.

**1.6 million** people reported using meth in 2016. Today, the drug is the purest and cheapest that it's ever been, and more available than ever before.

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**23.3**  
years

Average age of new users

## Meth and Opioids

The opioid crisis in the U.S. has received much attention, but some public health experts feel that this epidemic has overshadowed alarming trends in methamphetamine use.

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 <p>Deaths from stimulant drugs like cocaine and methamphetamine have been rapidly increasing since 2009.</p>	 <p>Much of this increase is due to users combining the drug with opiates for a synergistic effect, but many drug combinations can have a toxic or lethal effect. As many as 90% of heroin users are also taking methamphetamine.</p>	 <p>Opioid users sometimes switch to methamphetamines when opiates are scarce, and to avoid opiates laced with the highly potent drug fentanyl. However, methamphetamine, heroin, cocaine and other illicit drugs can all be laced with fentanyl.</p>
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## Substance-Use Disorder & Mental Health

Many substance-use disorders arise from efforts to self-manage a mental illness. Studies have shown that as many as half of methamphetamine users who seek treatment also experience a mood and anxiety disorder. Mental health providers play a critical role in addressing the methamphetamine epidemic by helping to care for this population. The best strategy for addressing mental illness and SUD together is to integrate care for both.



 [More information on substance-use disorder and self-medication is available here](#)

## Who's Most at Risk?

An analysis of methamphetamine use between 2015 and 2018 found that men, people over the age of 26, and those with less than a college degree have a higher odds of being methamphetamine users.

Hispanic and Non-Hispanic whites had the greatest odds of being methamphetamine users, and non-Hispanic Black individuals had the lowest odds. Non-Hispanic Black populations experienced the sharpest increase in overdose deaths between 2011-2018, a concerning trend for a group with historically low methamphetamine use.

Others with elevated odds include people living in rural and small metro areas and those reporting past substance use, substance dependence, or severe mental illness.

Overdose deaths among non-Hispanic American Indians and Alaska Natives also increased over this period, quadrupling from 4.5 to 20.9 per 100,000 people.



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## What's the Solution?

Unfortunately, no FDA-approved medications like methadone and naloxone exist for the treatment of methamphetamine use disorder or reversal of methamphetamine overdoses. However, clinical trials testing the efficacy of some existing medications are ongoing. Other non-medication-related steps can still be taken to address the methamphetamine epidemic.

- **Expand treatment options** and prevent deaths. **Contingency management treatment** approaches rewards drug users for positive behaviors. Numerous clinical studies have proven this strategy to be effective, but insurers have been hesitant to support these programs. **Harm reduction programs** like syringe exchange services can prevent deaths by stopping the spread of infectious diseases through shared and contaminated equipment.
- **Prevent substance use disorders on all fronts.** The methamphetamine epidemic is closely linked with the opioid epidemic, and those with SUD may use multiple drugs at once. Programs like Promoting School-Community-University Partnerships to Enhance Resilience (PROSPER) have proven effective in preventing methamphetamine use and opioid misuse in younger populations.
- **Support high-risk communities:** address the high rates of methamphetamine overdose deaths among American Indian and Alaskan Native and non-Hispanic Black communities through accessible treatment, harm-reduction, and substance use prevention programs.

## Meth Use & Spread of HIV/AIDS and Other Infectious Diseases

In addition to overdose, another danger posed by methamphetamine use is the spread of HIV, hepatitis B and C, and other infectious diseases via shared needles and equipment. Methamphetamine is known to worsen the progression of HIV/AIDS.

