METHAMPHETAMINES

But actually, recovery in individuals and systems

Jordan Hansen, Ma, LADC
Not everything that counts can be counted, and not everything that can be counted counts.

Albert Einstein
Without data, you’re just another person with an opinion

- W. Edwards Deming
Methamphetamines

National Forensic Laboratory Information System, DEA
Methamphetamine reports, by State, 2010¹

Reports per State
- 17,000–61,407
- 10,000–16,999
- 5,000–9,999
- 2,500–4,999
- 2–2,499
- No Data

Methamphetamine reports, by State, 2017¹

Reports per State
- 17,000–61,407
- 10,000–16,999
- 5,000–9,999
- 2,500–4,999
- 2–2,499
- No Data

¹ Includes drugs submitted to State and local laboratories during the calendar year that were analyzed within three months of the reporting period.
# Methamphetamines

## Table 1

<table>
<thead>
<tr>
<th>Drug</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>2,018</td>
<td>19.98%</td>
</tr>
<tr>
<td>Caffeine</td>
<td>1,526</td>
<td>15.11%</td>
</tr>
<tr>
<td>Narcotic analgesics</td>
<td>1,290</td>
<td>12.77%</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>540</td>
<td>5.35%</td>
</tr>
<tr>
<td>Synthetic cathinones</td>
<td>939</td>
<td>9.30%</td>
</tr>
<tr>
<td>N-Ethylpentyline</td>
<td>669</td>
<td>6.62%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>889</td>
<td>8.80%</td>
</tr>
<tr>
<td>Cannabis/THC</td>
<td>541</td>
<td>5.36%</td>
</tr>
<tr>
<td>Phenethylamines</td>
<td>408</td>
<td>4.04%</td>
</tr>
<tr>
<td>MDMA</td>
<td>174</td>
<td>1.72%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>198</td>
<td>1.96%</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>134</td>
<td>1.33%</td>
</tr>
<tr>
<td>Synthetic cannabinoids</td>
<td>40</td>
<td>0.40%</td>
</tr>
<tr>
<td>FUB-AMB</td>
<td>19</td>
<td>0.19%</td>
</tr>
<tr>
<td>Other</td>
<td>2,250</td>
<td>22.28%</td>
</tr>
<tr>
<td><strong>Total Drug Reports</strong></td>
<td>10,099</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Note: Drugs listed in subrows represent subcategories of the drugs in the main rows. Therefore, their subtotals are already included in the subtotals of the drugs in the main rows.

**MDMA** = 3,4-Methylenedioxymethamphetamine

**FUB-AMB** = Methyl 2-((1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate
Figure 16  Psychostimulants with abuse potential overdose deaths in the United States, 2001–2016

- Psychostimulants with Abuse Potential
- Psychostimulants with Abuse Potential and Any Opioid
- Psychostimulants with Abuse Potential and Other Synthetic Narcotics

National Forensic Laboratory Information System, DEA
Fentanyl

Figure 3 Fentanyl reports in NFLIS, by State, 2001

Reports per State
- 100 or More
- 50–99
- 20–49
- 1–19
- 0
- No Data
Fentanyl

Figure 4 Fentanyl reports in NFLIS, by State, 2015

Reports per State
- 100 or More
- 50–99
- 20–49
- 1–19
- 0
- No Data
Fentanyl

**Map 10.** Percentage change in carfentanil reports in NFLIS-Drug in the United States by State: 2016–2017

- **Percentage Change**
  - >1,000
  - 500.01–1,000.00
  - 100.01–500.00
  - 0.01–100.00
  - < 0.00
  - No Reports for at Least One Year
The curious paradox is that when I accept myself just as I am, then I can change.

Carl Rogers
Odysseus, sirens and the process of change
Taking Care of the Caregiver

IT’S NOT HARD WORK THAT BURNS PEOPLE OUT, BUT RATHER THE FEELING THAT THEIR WORK DOESN’T MATTER.
A Systems Approach
“Sorry, no water. We're just a support group.”
WHAT WE DO.

RECOVERY-ORIENTED SYSTEMS OF CARE
WHAT WE DO.

COMMUNITY

ORGANIZATION

PROGRAM
MYTH:
You must "hit bottom" before entering recovery
Comprehensive Response

- Treatment Engagement – cohesion is possible between varying treatment models
My clients don’t hit bottom; they live on the bottom. If we wait for them to hit bottom, they will die. The obstacle to their engagement in treatment is not an absence of pain; it is an absence of hope.

Outreach Worker
(Quoted in White, Woll, and Webber 2003)
DEFINING RECOVERY

- Authenticity
- Emotional competence
- Healthy Relationships
- Right sizing of ego and spirituality
- Attention to neuroadaptation

A list of characteristics that are endorsed by > 90% of a group of 9,341 responders in long term recovery who said that these "Elements" belonged in a definition of recovery. Lee Ann Kaskutas, DrPH, et. al.

Hazelden Betty Ford Foundation
The prevailing narrative tells us…

- Medication-Assisted therapy and the 12 Steps cannot co-exist
- Harm-reduction and abstinence-based approaches are mutually exclusive
The prevailing wisdom tells us...

- Medication-assisted therapy and the 12 Steps cannot co-exist
- Harm-reduction and abstinence-based are mutually exclusive
The narrative...
“At the last trustee meeting (of AA) that we (Vincent Dole and Bill Wilson) both attended, he (Bill Wilson) spoke to me of his deep concern for the alcoholics who are not reached by AA, and for those who enter and drop out and never return. Always the good shepherd, he was thinking about the many lost sheep who are lost in the dark world of alcoholism. He suggested that in my future research I should look for an analogue of methadone, a medication that would relieve the alcoholic’s sometimes irresistible craving and enable him to progress in AA toward social and emotional recovery, following the Twelve Steps.”

- Vincent Dole
Our approach

- Culture
- Theoretical underpinning of all services

Medical Services
- HIV/Hep C Endocarditis
- Psychiatry and stabilization
- Primary Care/Dental

Therapies/Case management
- Substance Use Disorders
- Mental health issues
- TIC

Peer-support
- AA/NA
- SMART
- Refuge
- Others
A Recovery-oriented system of care (ROSC)*

Person-centered
- Inclusive of family and other ally involvement
- Individualized and comprehensive services across the lifespan
- Services anchored in the community
- Continuity of care
- Partnership-consultant relationships
- Strengths-based
- Culturally responsive

Organizational Culture
Recovery-Oriented System of Care

Responsiveness to personal belief systems
- Commitment to peer recovery support services
- Inclusion of the voices and the experiences of recovering individuals and their families
- Integrated services
- System-wide education and training
- Ongoing monitoring and outreach
- Outcomes driven
- Research based
- Adequately and flexibly financed

*Definition from the Centre for Substance Abuse Treatment (CSAT, 2009)
Guided by ROSC principles

• Blending of evidence-based, empirically-supported science with the lived experience of recovering people and families
• Driven by data, focused on outcomes
• Incorporates systems, partners, and participants in a mobilization effort
• Culturally-specific, strengths-based
• Flexible and innovative solutions leveraging the best of science and wisdom
PROGRAM SNAPSHOT:
Emory/Grady low-threshold clinic

- Implementation Assistance for combined ED induction and wraparound BH programming
- Assistance with workflow and workforce considerations
- Policy and procedural development
- Implementation support on a clinical and administration level
- Development of strategic plan for implementation and system integration
PROGRAM SNAPSHOT:
Kenton County Detention Center

- Training and consultation to develop and implement treatment and MAT program in 90-day, jail-based program
- Twelve-month follow-up with wraparound services
- Treatment connected with local providers and prescribers
- Includes Vivitrol and buprenorphine
- Utilizes several evidence-based curricula
Program Snapshot:
CommUnityCare Austin, TX FQHC

- Training and consultation to develop and implement treatment in a 24-site FQHC
- Virtual follow-up with specific focus on SBIRT and motivational interviewing
- Assistance with workflows, staffing, billing, and clinical implementation
- Systems integration effort using reliable, valid tool Behavioral Health Integration in Medical Centers (BHIMC)
Mission
We are a force of healing and hope for individuals, families and communities affected by addiction to alcohol and other drugs.

Vision
Together, we will overcome addiction.

Values
RESPECT: Treat every person with compassion, dignity and respect
SCIENCE: Treat addiction as a family disease using evidence based practices that address the mind, body and spirit
RECOVERY: Commit to the Twelve Step principles including abstinence-based recovery
LEADERSHIP
Innovate and demonstrate the courage to change
GROWTH: Pursue personal and professional growth in ourselves and others
SERVICE: Be of Service
TEACHING: Be the leader in education, advocacy and dissemination of addiction knowledge