

# METHAMPHETAMINE PLAN IMPLEMENTATION REPORT

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THE WHITE HOUSE  
EXECUTIVE OFFICE OF THE PRESIDENT  
OFFICE OF NATIONAL DRUG CONTROL POLICY





## Preface from Dr. Gupta, Director

Methamphetamine is not a new drug of concern. It has been a challenge to Americans' health and safety for more than a quarter century. Nonetheless, there have been two critical changes in the illicit methamphetamine supply which have dramatically worsened the drug's impact. First, the drug cartels based in Mexico altered their manufacturing method to sharply increase the product's potency. Second, traffickers and dealers are increasingly adding fentanyl to the methamphetamine drug supply, making it more lethal. Unfortunately, people using drugs often unknowingly take multiple substances, and may be unaware of the potentially lethal fentanyl contamination. The result has been a shocking increase in methamphetamine-involved fatal overdoses.

When methamphetamine emerged as a significant challenge in the early 2000s, overdose deaths associated with the drug hovered around 1,000 annually. Today, overdose deaths of both methamphetamine by itself and methamphetamine adulterated or associated with fentanyl are over 37,000, according to the latest 12-month projected count. For this reason, President Biden signed into law legislation that formally designated methamphetamine as an emerging drug threat. The Office of National Drug Control Policy (ONDCP) published a methamphetamine-specific strategy in May 2022, and continues to work across government to intensify public health and public safety responses to this threat.

Methamphetamine-associated overdoses rank second nationally in terms of total fatal overdoses. In numerous states, methamphetamine is already the top threat. For many others, it is an increasing concern. For this reason, it is essential that every level of government to work with all sectors to focus on combating methamphetamine at home, and for border and international agencies to continue to prioritize disrupting the methamphetamine production supply chain abroad. This implementation report highlights the steps already being taken to address the threat and discusses what more needs to be done to reduce its tragic impact on Americans.

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## **Part I: Introduction**

On March 14, 2022, President Biden signed into law the Methamphetamine Response Act of 2021, which formally designated methamphetamine as an emerging drug threat under *The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018* (P.L. 115-271, dated October 24, 2018). After such a designation, ONDCP is required to produce a written, substance-specific response plan. In consultation with other National Drug Control Program Agencies (NDCPAs), ONDCP developed the *Plan to Address Methamphetamine Supply, Use and Consequences*, which was published on May 5, 2022.<sup>1</sup>

The Biden-Harris Administration's Methamphetamine Plan calls on every federal agency with a role in drug policy to intensify its focus on this threat (although no new resources were appropriated by Congress either before or since methamphetamine was designated an emerging threat). The Executive Branch has intensified efforts to address this challenge through international supply reduction, border interdiction, domestic law enforcement, and prevention, treatment, recovery, and harm reduction services.

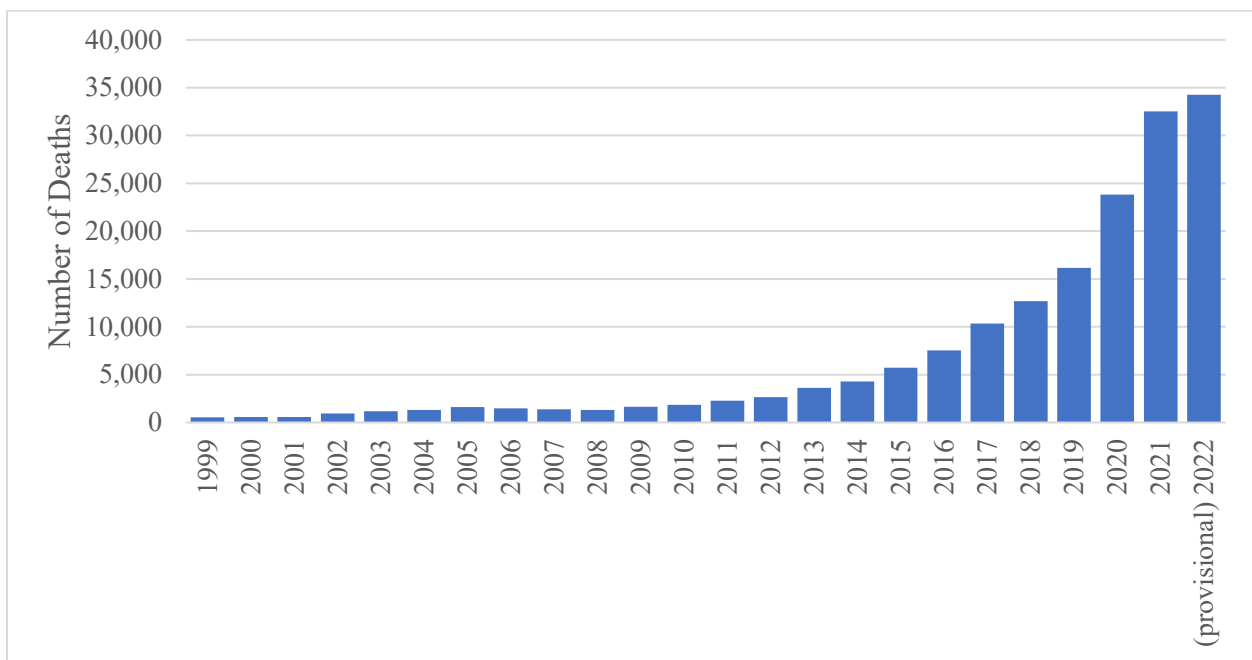
This following report provides an updated assessment of the methamphetamine threat (part II); a progress update on steps taken by the Biden-Harris Administration in implementing the report (part III); and a brief conclusion (part IV).



## Part II: The Challenge Posed by Methamphetamine

The United States faces a continuing overdose crisis in part due to the rise of methamphetamine-related overdoses. The Centers for Disease Control and Prevention (CDC) estimates about 37,021 fatal overdoses involving drugs in the methamphetamine category (psychostimulants other than cocaine, i.e., largely methamphetamine-involved drug overdose deaths) in the 12-month rolling total ending in October 2023. This statistic reflects a disturbing increase in historical trends, as the chart below highlights in assessing the full year results up to 2022 (with 34,265 provisional deaths estimated for all of calendar 2022).

**Figure 1: Methamphetamine\*-involved Drug Overdose Deaths in the United States, 1999 – 2022 (provisional)**



\*Data are for psychostimulants with abuse potential other than cocaine (MCD-10 T43.6), a class dominated by methamphetamine (>90 percent). CDC. [CDC WONDER Online Database]. Accessed March 26, 2024. <http://wonder.cdc.gov/med-icd10.html>.

Fatal overdoses involving methamphetamine were just under 6,000 in 2015. When methamphetamine emerged as a drug of concern near the turn of this century, overdose deaths involving the methamphetamine category averaged less than 1,000 per year.

Analyses conducted on methamphetamine-involved deaths in the years 2018-2022 show it disproportionately impacts American Indian and Alaskan Natives (AI/AN), who are the most severely affected racial demographic group, followed by Whites.<sup>2</sup> During this time period, the mortality rate was 39.6 per 100,000 for AI/AN males, and 17.5 per 100,000 for non-Hispanic White males. The mortality rate was 22.9 per 100,000 for AI/AN females, and for 7.3 per 100,000 for non-Hispanic White females.<sup>3</sup> One possible reason for the disparity may be relatively longer transit times for emergency medical services that these populations often



experience. In addition, there are additional socio-structural disadvantages/challenges that impact AI/AN populations.<sup>4,5</sup>

Treatment admissions increased sharply from 138,379 in 2010 to 201,021 in 2019,<sup>6</sup> before declining to 170,220 in 2021 during the COVID-19 pandemic. According to the 2021 Treatment Episodes Data Set, methamphetamine was the third highest primary substance of misuse (13.5 percent), after alcohol (35 percent) and heroin (20 percent).<sup>7</sup>

Findings from the 2022 National Survey on Drug Use and Health (NSDUH<sup>8</sup>) report suggests that an estimated 2.7 million people aged 12 or older reported using methamphetamine in the past year, including approximately 2.5 million adults aged 26 or older. In 2022, 1.8 million people aged 12 or older had a methamphetamine use disorder in the past year.<sup>9</sup>

In 2022, for the first time, the annual NSDUH key indicators report presents analyses concerning the severity of drug use disorders by drug type. It is noteworthy that of all persons with a substance use disorder (SUD), those with methamphetamine use disorder had the lowest proportions of people with mild use disorder (29.8 percent) and the highest percentage with moderate or severe use disorder (60.2 percent).<sup>10</sup> In contrast, for example, 56.1 percent of people with cannabis use disorder meet criteria for mild severity and only 44.9 percent meet criteria for a moderate or severe disorder. These relatively high severity levels for methamphetamine use disorder suggest a heavy symptom burden, and a significant need for treatment for this population.

In 2021, an estimated 98,000 people aged 12 or older initiated methamphetamine use—a number that increased to 176,000 in 2022.<sup>11</sup> Although these year-to-year differences are not statistically significant, watching them over time will likely reveal greater population-wide exposure and drug use disorder. Also in 2022, three in five individuals who initiated methamphetamine use were over 25 years old,<sup>12</sup> suggesting more prevention efforts are needed among adult age groups in addition to efforts aimed at children and adolescents.

Toxicological reports on those who have had a methamphetamine-involved fatal overdose show high rates of polydrug methamphetamine/fentanyl consumption for several years. A 2023 study reported a 50-fold increase in the methamphetamine mortality rate between 1999 and 2021, which was accompanied by an increasing proportion of deaths that also involved heroin or fentanyl, peaking at 61.2 percent in 2021.<sup>13</sup>

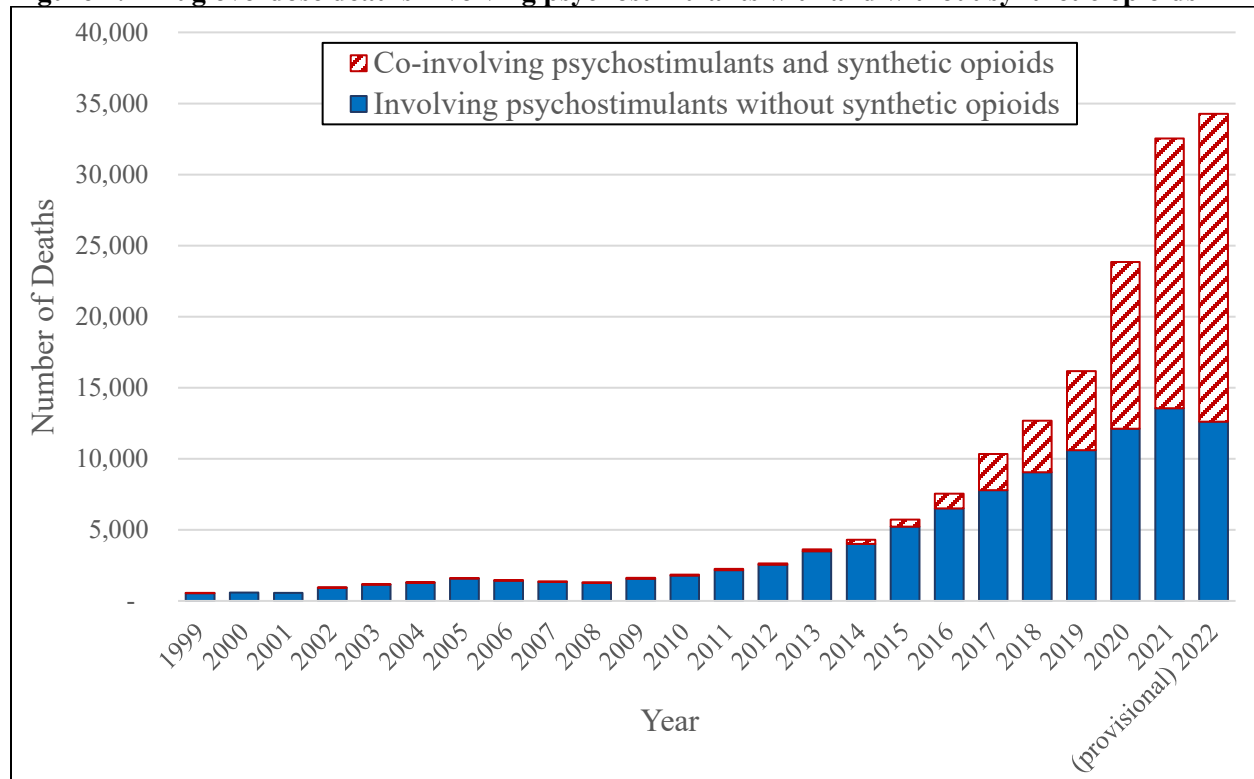
A 2018-2020 survey of people living in rural areas who use drugs indicated that 63 percent consumed both methamphetamine and opioids, while just 13 percent consumed methamphetamine alone.<sup>14</sup> Many co-users of methamphetamine and fentanyl are intentionally, not accidentally, consuming both substances. Nonetheless, significant unintentional illegal opioid use among people who use methamphetamine highlights the importance of drug testing, which can reduce the risk of accidental fentanyl consumption and potential overdose.

Some people co-use methamphetamine to counter the sedative effects of opioids. This type of polydrug use can increase the risk of an overdose or other harm. It increases the risk of fatal overdose because street drugs are increasingly contaminated with fentanyl. A 2022 analysis



concluded “public health studies show that co-use of methamphetamine and opioids is growing rapidly across the United States.”<sup>15</sup> (Figure 2).

**Figure 2: Drug overdose deaths involving psychostimulants with and without synthetic opioids**



This same analysis<sup>16</sup> concluded that new varieties of dangerous polysubstance use have emerged following the introduction of potent synthetic drugs, including fentanyl, xylazine, and methamphetamine, leading to the spread of infectious diseases (due to the rise in total injections) and sharp increases in fatal overdoses. Xylazine use is closely associated with increased skin infections as well. Regarding methamphetamine particularly, this study notes that methamphetamine appears to be out-competing crack and cocaine in many drug markets throughout the country.<sup>17</sup> Nitazenes, a potent synthetic opioid, are also a growing concern.<sup>18</sup>

A 2021 analysis found that a third of xylazine samples contained methamphetamine.<sup>19</sup> This was far less than the 96 percent of xylazine samples that contained fentanyl, but it is still troubling. Although this was a single study, methamphetamine consumers should be aware that they are at risk of unintentionally consuming both fentanyl and xylazine. Another reason for the significant increase in methamphetamine-involved overdose deaths is the supply’s ready availability, which has increased.<sup>20</sup> According to the Drug Enforcement Administration’s (DEA) 2020 National Drug Threat Assessment, the price of methamphetamine remains low compared to other commonly used drugs, even as its potency has increased to 97.5 percent, according to 2019 data.<sup>21</sup>

Earlier this century, methamphetamine was seen primarily as a public health challenge for western states; now the threat is nationwide. According to DEA, methamphetamine has become more prevalent in areas that in the past were not major markets for the drug, especially the



Northeast.<sup>22</sup> The research shows that some who use methamphetamine are impacted by trauma and homelessness, and that there is an association with violence in a portion of these individuals.<sup>23</sup>

The extremely low cost of methamphetamines is a major driver of its market dominance. DEA's Washington Division office reported in 2021 that as a result of its low price to manufacture and sell, along with its ease of distribution, methamphetamine use has significantly increased.<sup>24</sup> One study interviewed drug consumers and reported the average price of methamphetamine was perceived to be extremely low, approximately \$20-\$30 per gram.<sup>25</sup> An interviewee reported that one can get methamphetamine "for free from people all the time; it's not something they prize... It's easy to get and cheap to get."<sup>26</sup>

Considerable efforts are underway to accelerate policy, program, and research responses to this ongoing public health threat, detailed in the following section of the report.



## Part III: Methamphetamine Plan Actions Progress Update

This section consists of an update on progress in implementing action items from the Methamphetamine Plan. As in the original Methamphetamine Plan, action items are discussed in the following categories:

- Supply Reduction and Trafficking
- Data and Research
- Prevention
- Harm Reduction
- Training and Education
- Treatment

### **SUPPLY REDUCTION AND TRAFFICKING**

#### **Defeating and Dismantling Methamphetamine Traffickers (Drug Enforcement Administration (DEA))**

DEA leads a whole-of-government approach to combat the trafficking of methamphetamine. In FY 2023, DEA led 3,016 investigations and arrested 7,517 individuals related to the trafficking of methamphetamine and its precursors, with 276 cases and 572 arrests linked specifically to the Sinaloa and Jalisco Cartels. DEA cases also resulted in the seizure of 146,539 pounds of methamphetamine, including 3 million methamphetamine pills, and the dismantling of many methamphetamine conversion labs. DEA also announced several major cases targeting members of the Sinaloa and Jalisco Cartels for methamphetamine trafficking, including the Chapitos case, and the conviction and sentencing of Javier Algreto Vazquez and the arrest of his brother Carlos Algreto Vazquez, who together brokered enough methamphetamine precursor chemicals for the Jalisco Cartel to produce more than 700 million doses. Operation Last Mile also led to the arrest of 3,337 associates responsible for the last mile of distribution in our nation and the seizure of more than 91,000 pounds of methamphetamine.

#### **Combating Methamphetamine Smuggling (Homeland Security Investigations (HSI))**

HSI's multi-faceted approach to countering the smuggling of methamphetamine is centered on areas such as working with foreign partners to prevent methamphetamine from reaching the United States. Leveraging HSI-led Border Enforcement Security Task Force (BEST) teams and other critical partnerships with federal, state, local, Tribal, territorial, and foreign law enforcement, HSI investigates the individuals and networks conducting or facilitating illicit drug smuggling operations. In Fiscal Year (FY) 2023, HSI seized 148,996 pounds of methamphetamine, and expects these numbers to increase in FY 2024.

#### **Identifying Flow of Methamphetamine and its Precursors (United States Coast Guard (USCG))**

Through Regional Coordinating Mechanisms, USCG routinely shares intelligence; coordinates assets for coverage, patrols, and response; and leverages resources dedicated to identifying and interdicting the flow of suspected methamphetamine and precursors through ports across the





United States. USCG conducts additional operations within the United States to disrupt further distribution.

### **Supporting Port Security in Mexico (USCG)**

USCG, in collaboration with the Department of State, has been leading an effort with the Mexican Secretaria de Marina (SEMAR) on a tabletop exercise aimed at clarifying roles and responsibilities of Mexican port stakeholders, improving ports' physical infrastructure, strengthening intelligence structures, and further enhancing relationships between Mexican and United States government officials. This effort is designed to increase SEMAR's capacity to manage its new port security responsibilities and to better stop illicit shipments of fentanyl, methamphetamines, and precursor chemicals.

### **Drug Detection and Targeting (Customs and Border Protection (CBP))**

CBP continues to make significant investments and improvements in drug detection technology and targeting capabilities at all entry points to the United States. These new resources, along with enhanced information-sharing and partnerships, are critical components of CBP's ability to identify, interdict, and deter the entry of methamphetamine and other illicit drugs in all operational environments.

### **Joint Operations and Task Forces (CBP)**

CBP works extensively with federal, state, local, Tribal, territorial, and international partners in a whole-of-government approach to address drug trafficking and other transnational threats at ports of entry (POEs) and along the Southwest border, Northern border, and coastal approaches. Targeting, detection, and interdiction efforts are enhanced through special joint operations and task forces conducted under the auspices of multi-agency enforcement teams. These teams are composed of representatives from international and federal law enforcement agencies who work together with state, local, Tribal, and territorial agencies to target transnational criminal activity, including investigations involving national security and transnational organized crime.

### **Targeting Methamphetamine in the U.S. Mail (United States Postal Inspection Service (USPIS))**

USPIS continues to execute a data-driven strategy to target areas with a high level of illicit drug activity. As part of this strategy, USPIS created the Southwest Border Initiative to combat the influx of illicit synthetic opioids and methamphetamine smuggled across the United States/Mexico border and then placed in the domestic mail system. This was necessitated by the dramatic increase in interaction between drug cartels based in Mexico and the chemical companies based in the People's Republic of China which serve as their source of precursor supplies. USPIS reports that most methamphetamine seizures were mailed domestically, generally originating from Southwest border states. From FY 2020 to FY 2021, USPIS more than doubled the total weight of methamphetamine seized. From FY 2021 to FY 2022, there was a slight decrease in the weight of methamphetamine seized, which was offset by a dramatic increase in the weight of synthetic opioids seized.

### **Department of State's Department Funded Bilateral Partnerships (State)**

**Mexico:** State's Bureau of International, Narcotics and Law Enforcement (INL) funded the United Nation's Office of Drugs and Crime (UNODC) Container Control Program, which officially launched in September 2023 at Mexico's busiest commercial port in Manzanillo. This



two-year project will strengthen port security through training and technical support for Mexican Navy and Customs officials to help target and identify shipments of illicit goods, including precursor chemicals used in the manufacture of methamphetamine in Mexico.

**China:** During the November 2023 summit between President Biden and President Xi, the United States and the People’s Republic of China agreed to resume counternarcotics cooperation, including the establishment of a working group to support law enforcement action targeting the illicit trafficking of synthetic drug precursors and equipment used to manufacture illicit drugs.

**India:** In July 2023, the United States hosted the annual United States-India Counternarcotics Working Group, which included 75 participants from 17 United States departments and agencies, and 10 Indian government ministries. This meeting was heavily focused on synthetic drugs.

## **DATA AND RESEARCH**

### **SUDORS Dashboard (CDC)**

In 2022, CDC launched a public-facing dashboard displaying data from its State Unintentional Drug Overdose Reporting System (SUDORS). Participating jurisdictions provided data from death certificates and medical examiner/coroner reports, including scene findings, autopsy reports, and full postmortem toxicology findings. The dashboard includes information about rates of deaths per 100,000 population and percentages of overdose deaths that involved different drugs/drug classes, including methamphetamine.<sup>27</sup>

### **Overdose Data to Action (CDC)**

CDC’s Overdose to Action (OD2A)-State and OD2A: LOCAL programs fund 90 state, territorial, and local health departments to improve overdose data collection and prevention efforts. Jurisdictions funded under these programs carry out interventions to address the evolving epidemiology of the drug overdose crisis and close gaps in prevention activities. This includes overdose related to methamphetamine and stimulants, linkage to care across communities in a variety of settings, and as partnerships with public safety and first responders in order to link people to health and social services.

### **Research on the Health Impacts of Methamphetamine Use and Prevention and Treatments for Methamphetamine Use Disorder (National Institutes of Health [NIH]/National Institute on Drug Abuse (NIDA))**

NIDA-funded research includes examining the neuroinflammatory and neurotoxic impacts of methamphetamine in the brain. For example, one clinical trial examined the use of creatine in women to repair the effects of meth-induced neurochemical toxicity in the brain, decrease depression and anxiety, and restore cognitive deficits associated with methamphetamine toxicity. NIDA is also funding research on prevention and intervention approaches to address methamphetamine use and co-use with other substances; and treatments for methamphetamine use disorder and overdose (discussed below).

### **Emergency Medical Services (Department of Transportation (DOT))**

The National Highway Traffic System Administration (NHTSA) supports the National Emergency Medical Services Information System (NEMSIS), the national database that stores Emergency Medical Services (EMS) data from 54 states, territories, and the District of Columbia



as part of a comprehensive highway and traffic safety system. The national database includes 92 percent of all 911 EMS activations in the Nation, and has collected 53,642,350 EMS activations for calendar year 2023 to date (as of December 5, 2023) submitted by approximately 14,000 EMS agencies.

## **PREVENTION**

### **Comprehensive Addiction and Recovery Act (CARA) Local Drug Crisis Program (ONDCP/CDC)**

In partnership with ONDCP, CDC manages the day-to-day activities of the CARA Local Drug Crisis program. The grant program currently provides funding to current or formerly funded CDC Drug Free Communities Support Program (DFC) recipients to generate community-level reductions in local youth opioid, methamphetamine, and/or prescription medication misuse. One example of this work is the PACT Coalition for Drug Free Communities' Nevada Prevention Coalitions ACES Training Initiative (NSCP)—which represents all 17 counties in Nevada—planned, coordinated, and implemented a statewide Adverse Childhood Experiences (ACES) training to increase community awareness and understanding of ACES and its root causes and effects in Nevada. The training focused on looking at Nevada youth ACES data to determine causes and community-based solutions to reduce ACES. The training incorporated education on Protective and Compensatory Experiences for communities to increase resilience and protective factors for youth.

Overall, the DFC program goals are to:

- Establish and strengthen collaboration among communities, public and private non-profit agencies, and Federal, state, local and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth.
- Reduce substance use among youth and, over time, reduce substance use among adults by addressing the factors in a community that increase risk for substance use and promoting factors that minimize risk for substance use.
- Currently, 750 community coalitions across the country receive funding up to \$125,000 per year to strengthen collaboration among local partners and create an infrastructure that reduces youth substance use.
- The Drug-Free Communities Support Program FY 2024 Notice of Funding Opportunity is currently open until April 17, 2024.

### **Community Opioid Intervention Pilot Project (Indian Health Service (IHS))**

The IHS Community Opioid Intervention Pilot Project is a grant provided to Tribes, Tribal Organizations, and Urban Indian Organizations to reduce the prevalence of substance use and decrease the overall use of illicit substances, including methamphetamine, among AI/AN populations.

### **Research on Tailored Prevention Strategies for High-Risk Groups (NIH/NIDA)**

NIDA-funded research is identifying tailored prevention strategies for high-risk populations. For example, researchers are examining the effectiveness of the Families Actively Improving Relationships (FAIR) program in preventing child welfare-involved parents aged 16-30 from initiating opioid misuse and/or methamphetamine use. Study results can inform sustainability



plans, implementation and intervention costs related to the adoption of the FAIR program, and the potential broader scale-up of the FAIR program.

### **State Opioid Response (SOR) Grant (Substance Abuse and Mental Health Services Administration (SAMHSA))**

SOR grant funds are used to expand access to evidence-based primary prevention interventions in elementary, middle, and high schools across the country to address the consequences of opioid and stimulant misuse and as polysubstance use. This grant is a critical source for drug prevention in every state.

### **Tribal Opioid Response (TOR) Grant (SAMHSA)**

TOR grant funds are used to expand access to evidence-based prevention interventions in schools in Tribal communities including American Indian Life Skills, equine-assisted therapy, Gatherings of Native Americans, Project Venture, and Wellbriety groups. Many of the people served by the TOR grantees have been significantly affected by illicit methamphetamine use.

### **Building Safe and Supportive Schools (Department of Education (ED))**

Over the past year, ED's Office of Safe and Supportive Schools has provided drug prevention technical assistance to support stakeholders in developing safe, supportive, and drug-free learning environments. These efforts include:

- Six new webinars added to the Lessons from the Field<sup>28</sup> series focusing on student vaping, illicit fentanyl, student marijuana use, and prevention strategies to reduce the prevalence of LGBTQTI+ students using substances;
- The development of a new factsheet<sup>29</sup> to assist planning teams in K-12 schools, school districts, and institutions of higher education in integrating fentanyl and opioids, as well as other substances, into emergency planning efforts;
- The creation of a new Positive Behavioral Interventions and Supports webinar<sup>30</sup> that highlights ways to enhance implementation of substance use mitigation strategies, as well as a briefing paper on school-based screening for student substance use<sup>31</sup>;
- The promotion of *Growing Up Drug Free: A Parent's Guide to Substance Use Prevention* continues a guidebook developed and updated in partnership with the DEA that includes information on methamphetamine, among other substances. The guidebook is available in English<sup>32</sup> and Spanish<sup>33</sup>.

### **Prevention in Rural Areas (United States Department of Agriculture (USDA))**

The Distance Learning and Telemedicine Grant Program (DLT) helps rural communities acquire the technology and training necessary to connect educational and medical professionals with students, teachers, and patients in rural areas. Successful applicants have used DLT grants to support equipment, software, and facilities to conduct telehealth with patients, education with healthcare providers, specialized workforce training, and educational opportunities for students in remote areas. DLT projects may also support efforts to increase access to prevention interventions in educational settings, including interventions related to methamphetamine use. Additionally, the National Institute of Food and Agriculture's Rural Health and Safety Education Grant Program can fund community-based outreach education programs. Successful applicants have used RHSE grants to develop training programs that included substance use and overdose prevention content.



## **HARM REDUCTION**

### **Provision for the Purchase and Distribution of Fentanyl Test Strips (SAMHSA)**

Where permitted by law, Department of Health and Human Services (HHS) grants allow for the purchase and distribution of fentanyl test strips that can help identify when methamphetamine also contains fentanyl. A similar approach is used for xylazine test strips; xylazine is sometimes sold combined with methamphetamine.

### **Naloxone Distribution in Tribal Communities (IHS)**

The IHS has developed a Naloxone Safety Net Pilot Program for Indian/Tribal/Urban health centers to support local naloxone saturation efforts. The IHS has updated Agency policy to expand first-responder definitions to support access to naloxone, developed training videos and health promotion materials for community use, and created a Naloxone in Schools Toolkit with model policy and training for school staff, which is useful to people who use methamphetamine and who are seeking to avoid fentanyl. IHS has expanded its strategy to develop technical assistance for safe syringe service materials and created access to fentanyl test strips.

### **Polysubstance Misuse Use Risks Dedicated Website (CDC)**

CDC maintains a website to educate people who use drugs about the dangers of illicitly manufactured fentanyl, the risks and consequences of mixing drugs (including methamphetamine and stimulants), the lifesaving power of opioid overdose reversal medications, and the importance of reducing stigmatization of recovery and treatment services.<sup>34</sup>

## **TRAINING AND EDUCATION**

### **Addiction Technology Transfer Centers (ATTCs) (SAMHSA)**

SAMHSA-funded ATTCs undertook several activities to address the treatment of methamphetamine use. One ATTC provided a webinar titled, “How to Best Treat and Manage Methamphetamine Use.” A different ATTC adapted a series of resources related to empirically-supported behavioral treatments for people with stimulant use disorder. In early 2023, SAMHSA, in conjunction with the ATTC national coordinating office, hosted a convening of experts in contingency management (CM), an evidence-based treatment for stimulant use disorder, which resulted in a set of agreed-upon educational principles that promote evidence-based CM across multiple settings.

### **Considerations for Children and Families Affected by Methamphetamine Use (Administration for Children and Families (ACF))**

The National Center on Substance Abuse and Child Welfare is updating its Child Welfare Training Toolkit<sup>35</sup> Module 8: *Considerations for Children and Families Affected by Methamphetamine Use*. The updated module is designed as a training resource for child welfare and their partner agencies to enable them to:

- Recognize current methamphetamine terminology;
- Identify physical indicators of methamphetamine use, including long-term physical and psychological effects; and
- Develop an awareness of methamphetamine prevalence rates, including specific data trends.



### **Crystal Meth and HIV Webinar (Health Resources and Services Administration (HRSA))**

In FY 2022, HRSA awarded a grant to the National Association of Community Health Centers (NACHC) as part of its National Training and Technical Assistance Partners program. NACHC supports health centers to address their communities' unmet health needs. As part of the training series, *Tackling Substance Use in Health Centers*, NACHC hosted a webinar titled, "Tackling Substance Use in Health Centers: Crystal Meth and HIV," which examined crystal methamphetamine's effects on health center patients' physical, mental, and overall care needs.<sup>36</sup>

## **TREATMENT**

### **Report to Congress on Contingency Management for the Treatment of SUD (HHS)**

CM is an evidence-based psychosocial therapy for the treatment of stimulant use disorder, as well as a variety of other SUDs, that is supported by three decades of research. Despite CM's great potential and demonstrated effectiveness in improving the health and well-being of many people with SUD, this treatment remains underutilized. The HHS Workgroup on Implementation Strategies for Contingency Management prepared and transmitted a Report to Congress,<sup>37</sup> that discusses opportunities and considerations for entities overseeing CM implementation, including regulators at the federal, state, local, Tribal, and territorial levels; funders (e.g., grant making agencies, insurance companies); health care organizations; and health care providers.

### **Contingency Management in Medicaid Section 1115 Demonstrations (Centers for Medicare & Medicaid Services (CMS))**

As of February 2024, CMS has authorized coverage of CM as part of three states' section 1115 demonstrations – specifically California, Montana, and Washington State. CMS is working with other states that have expressed interest in testing CM's impact on outcomes for people with SUDs through section 1115 demonstrations.

### **Active NIDA Funding Opportunities Focused on Stimulant Use Disorder (NIH/NIDA)**

There are currently no Food and Drug Administration (FDA)-approved pharmacological or device-based treatments for stimulant use disorder. To help address this gap, NIDA has an active Notice of Funding Opportunity available to solicit more research on the development of medications to prevent and treat opioid and/or stimulant use disorder. Another active NIDA-funded opportunity is focused on supporting research to improve HIV prevention and care outcomes among people who use stimulants. NIDA also has active Small Business Innovation Research and Small Business Technology Transfer funding opportunities focused on developing FDA-regulated therapeutic and diagnostic solutions for patients affected by opioid and/or stimulant use disorder.

### **New Medications and Biologics for Methamphetamine Use Disorder (NIH/NIDA)**

NIDA is funding multiple studies that are developing and testing novel medications and biologic treatments for methamphetamine use disorder. These include grants to:

- A biotech company to prepare for a phase I trial of a novel compound (PPL-138, a naltrexone analogue and partial agonist at nociceptin and mu opioid receptors) to treat cocaine and methamphetamine use disorders.





- Another biotech company that developed a monoclonal antibody, IXT-m200, which can trap methamphetamine in the blood and reduce its entry into the brain. IXT-m200 received FDA breakthrough therapy designation and is now being tested for safety, including in a trial involving patients admitted to emergency care for methamphetamine overdose, with NIDA funding.
- Another study that is assessing the safety and efficacy of a small molecule sequestrant that would trap methamphetamine and clear it from the body.

### **Repurposed Medications for Treatment of Methamphetamine Use Disorder (NIH/NIDA)**

NIDA-funded researchers are determining the safety of mirtazapine, a mixed monoamine agonist/antagonist FDA-approved for treating depression, as a potential treatment for methamphetamine use disorder. A NIDA Clinical Trials Network study is testing the feasibility, safety, and efficacy of ketamine as a treatment for people with methamphetamine use disorder.

### **Research on CM Approaches for Methamphetamine Use Disorder Treatment (NIH/NIDA)**

NIDA is funding multiple studies on how to effectively implement CM approaches for methamphetamine in a variety of settings and patient populations. One NIDA-funded study is testing a patient-centered, community-based, peer-led CM intervention to decrease overdose and increase engagement in harm reduction and treatment for people who use methamphetamine. A NIDA-funded pilot study is investigating smartphone-based CM, facilitated by a patient navigator, to improve treatment linkage and retention for patients with opioid use disorder (OUD) and methamphetamine use who initiate buprenorphine in the hospital.

### **Research on Neuromodulation Therapies for Treatment of Methamphetamine Use (NIH/NIDA)**

Several NIDA-funded studies are examining the efficacy of neuromodulation therapies for the treatment of methamphetamine use disorder. One trial is investigating deep brain stimulation (DBS) targeting the nucleus accumbens for adults with severe treatment-refractory MUD. Another study, conducted through NIDA's Clinical Trials Network, is investigating transcranial magnetic stimulation vs. placebo for adults with methamphetamine use disorder or cocaine use disorder.

### **Research Examining the Impact of Fentanyl on Methamphetamine Use-Related Harm and Advancing Treatments for Polysubstance Use Disorders (e.g., Methamphetamine Use Disorder, Opioid Use Disorder) (NIH/NIDA)**

NIDA-funded researchers recently conducted an observational, retrospective cohort study and found that 70 percent of participants with long-acting buprenorphine injection and active methamphetamine use had reduced or ceased their methamphetamine use six months later.<sup>38</sup> Ongoing NIDA-supported research projects include assessing the role of corticostriatal circuitry in fentanyl and methamphetamine use, conducting a randomized, double-blind, placebo-controlled trial of monthly injectable buprenorphine for methamphetamine use disorder among people who co-use opioids, and testing the effectiveness of collaborative care for reducing polysubstance (e.g., methamphetamine, opioid) use in primary care settings.



### **Rural Communities Opioid Response Program (RCORP)–Psychostimulant Support Grant Program (HRSA)**

In FY 2021, HRSA made awards through the RCORP-Psychostimulant Support Program<sup>39</sup> to strengthen and expand prevention, treatment, and recovery services for individuals in rural areas who misuse psychostimulants (e.g., methamphetamines). The awards also aim to reduce stigma by recruiting and training interdisciplinary teams of SUD/ODD providers; enhancing discharge coordination for people in treatment, recovery, and/or leaving criminal justice systems; and expanding the peer workforce. HRSA awarded \$7.5 million to 15 grant recipients; each recipient receives \$500,000 over a three-year period of performance. In FY 2022, HRSA awarded an additional \$14.5 million to 29 additional grant recipients.

### **Extension for Community Healthcare Outcomes (ECHO) Training (Department of Veterans Affairs (VA))**

VA convened a workgroup of subject matter experts in SUD treatment, primary care medicine, and cardiology, that created a four-part ECHO series of webinars on the care for people with psychostimulant-related cardiac conditions. The webinars offered continuing education units for providers from medical disciplines, nursing, psychology, social work, and pastoral counseling. All four webinars in this ECHO series are now available to all VA providers.

### **Extension for Community Healthcare Outcomes (ECHO) training (IHS)**

IHS developed ECHO content to improve outpatient management of stimulant use disorder and cardiac complications and managing acute methamphetamine intoxication in the emergency department setting. Both sessions are hosted on the Indian Country ECHO site.

### **SOR Grant/ECHO Clinics (SAMHSA)**

Seventeen states reported that SOR funds have been used at ECHO clinics to improve the delivery of culturally-responsive, evidence-based treatment for opioid and stimulant use disorders.

### **Draft Guidance to Assist Sponsors in Developing Stimulant Use Disorder Treatments (FDA)**

FDA published new draft guidance to assist sponsors in developing treatments for stimulant use disorders.<sup>40</sup> This is part of FDA’s continued effort to encourage the development of novel therapies for treatment of stimulant use disorder.<sup>41</sup>

### **Clinical Practice Guidelines on the Management of Stimulant Use Disorder (CDC/NIDA)**

The American Society of Addiction Medicine and American Academy of Addiction Psychiatry developed a clinical practice guideline to be published as a supplement in the Journal of Addiction Medicine. CDC provided funding for this guideline, but was not directly involved in its drafting.

### **Utilizing Contingency Management to Reinforce Medical Appointment Attendance (VA)**

Following a pilot study on CM, the VA published “A Mixed-methods Evaluation of an Addiction/Cardiology Pilot Clinic with Contingency Management for Patients with Stimulant-associated Cardiomyopathy.”<sup>42</sup> The results of another CM pilot that aimed to decrease Emergency Department utilization of veterans experiencing homelessness, reviewed the evidence related to integrating CM into a diverse set of clinical practice settings. This included discussion of opioid treatment programs, primary care, peri-operative care, specialty care such as





hepatology/cardiology, and community settings. It also explored practical issues that arise during implementation (e.g., training, coaching, testing, documentation, sustainability).<sup>43</sup>

### **Methamphetamine Treatment in Federal Prisons (Bureau of Prisons (BOP))**

BOP maintains guidance for stimulant withdrawal management, continues to review clinical evidence and guidelines for the use of medications to treat stimulant use disorder, and is working to develop guidance for BOP healthcare providers over the coming year. Currently, the primary modality for treatment in BOP is cognitive behavioral therapy because of its proven effectiveness. This model of treatment focuses on challenging and changing unhealthy cognitive distortions and behaviors while developing effective coping strategies.

### **Non-Residential Treatment in Prison (BOP)**

The Non-Residential Drug Abuse Treatment Program (NRDAP) is designed to treat people who are incarcerated and experiencing self-reported SUDs. It is available in every BOP institution and conducted 90 to 120 minutes weekly for a minimum of 12 weeks and a maximum of 24 weeks. It is intended to meet the specific individualized treatment needs of participants, improve current functions, and address symptoms that may interfere with successful reentry. In FY 2023, 21,421 individuals participated in NRDAP.

### **Residential/Therapeutic Community Treatment Program in Prison (BOP)**

The Residential Drug Abuse Program (RDAP) is a comprehensive, intensive, individualized residential treatment program that consists of three components: a unit-based Modified Therapeutic Community model treatment program, follow-up services, and community treatment services. The unit-based component consists of 500 hours of face-to-face residential drug treatment. The participants live on the same unit and are provided half-day programming five days weekly. When not in active programming, participants are engaged in treatment activities as part of the Modified Therapeutic Community. In FY 2023, 12,429 individuals participated in RDAP.



## Part IV: Conclusion

While intensive work continues within the federal government and amongst its grantees to address methamphetamine-related challenges to the United States, their threat remains alarming. Many states face an increasing number of methamphetamine-related overdoses and other health and social consequences across health and social service systems emerging from chronic methamphetamine consumption.

Methamphetamine is a particularly serious threat when combined with the use of opioids and other substances. Polydrug and substance consumers face grave health and safety risks, highlighting the need for front-line public health and public safety officials to proactively offer access to prevention, treatment, harm reduction, and recovery services. More work is ongoing and urgently needed to develop effective pharmacological treatments for methamphetamine use disorder. States should expand their use of validated treatment for methamphetamine use disorder, especially CM, which may be funded with certain federal grant funds.

Disrupting the drug supply is also crucial. Continued drug enforcement and investigatory efforts are needed inside the United States, on our borders, at our POEs, and internationally to stop precursor chemical smuggling and methamphetamine manufacturing and to disrupt and dismantle drug trafficking organizations that threaten the United States.

Research is also an important part of the Administration's Methamphetamine Plan, due to the urgent need to develop effective medications to reverse overdose, treat withdrawal, and stimulant use disorders specific to methamphetamine, as well as to improve the uptake of existing evidence-based behavioral interventions, including CM, which is defined as "the process by which positive behaviors (such as negative urine drug screens, attendance at medical appointments) are rewarded and negative behaviors result in consequences."<sup>44</sup>

ONDCP and the many federal agencies working to implement the *Plan to Address Methamphetamine Supply, Use and Consequences* will continue to focus on this critical work. The Biden-Harris Administration appreciates Congress's continued interest and focus on this critical priority.



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