A Review of Public Safety, Public Health, and Harm Reduction Resources on Stimulants: 2021 ORS Cornerstone Report*

Overview

Seizures of stimulant drugs and stimulant-related deaths are on the rise.[1,2] From 2013 to 2019, rates of overdose deaths involving cocaine and other stimulants with abuse potential increased 206% and 317%, respectively.[3] To safely and effectively address the needs of people who use stimulants, public safety, public health, and harm reduction need access to comprehensive, non-stigmatizing information.
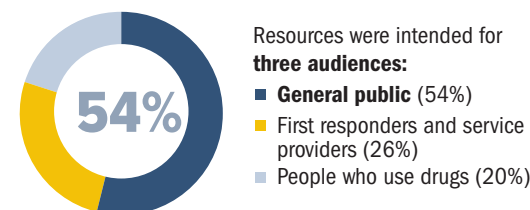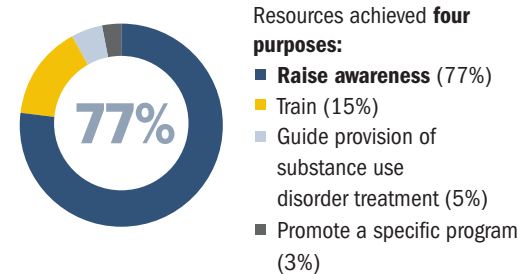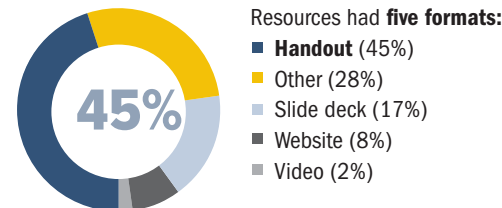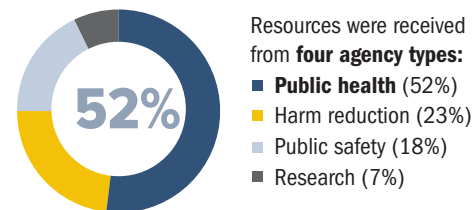
This project reviewed 376 resources on stimulants used by 169 public health, public safety, and harm reduction agencies in the 39 U.S. states and territories. Resources in any format used internally by agencies or available in the public domain that reference stimulant drugs were included. The review aimed to:

1. Understand the scope of available information

2. Identify useful resources for wider dissemination and resource gaps to be addressed

3. Identify language that can be stigmatizing or otherwise harmful

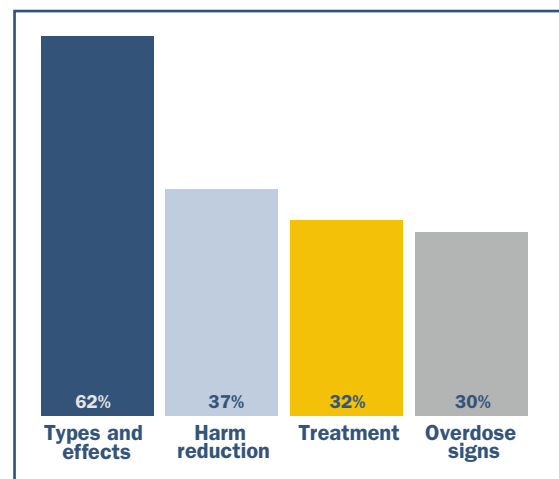4. Make recommendations for developing, disseminating, and using comprehensive, non-stigmatizing resources

Resource Gaps Identified by This Review:

FOR ALL AUDIENCES:	FOR PEOPLE WHO USE DRUGS:
• Brief videos for websites and other social media to increase accessibility • Training on identifying and responding to overdose • Resources that promote specific programs for people who use drugs	• Resources that provide information on stimulant use disorder and treatment • Online resources

FOR THE GENERAL PUBLIC:	FOR SERVICE PROVIDERS:
• Resources that increase awareness of harm reduction	• Resources that guide the provision of stimulant use disorder treatment • Resources that guide health departments in stimulant-involved overdose prevention and response

*The full report is available here. In this brief, we highlight key findings. This brief is available in Spanish.

SCOPE OF AVAILABLE INFORMATION:

52%

Resources were received from **four agency types:**
- **Public health** (52%)
- Harm reduction (23%)
- Public safety (18%)
- Research (7%)

45%

Resources had **five formats:**
- **Handout** (45%)
- Other (28%)
- Slide deck (17%)
- Website (8%)
- Video (2%)

77%

Resources achieved **four purposes:**
- **Raise awareness** (77%)
- Train (15%)
- Guide provision of substance use disorder treatment (5%)
- Promote a specific program (3%)

54%

Resources were intended for **three audiences:**
- **General public** (54%)
- First responders and service providers (26%)
- People who use drugs (20%)

Resources covered information across four topics of public health significance:

Types and effects	Harm reduction	Treatment	Overdose signs
62%	37%	32%	30%

Stigma and Other Harms

Stimulant use can be harmful to health and well-being. While the precise effects are mediated by many factors, such as drug content, route of administration, the individual, and the context in which drug content, route of administration, stimulant use at any dose level can lead to psychological, cardiovascular, respiratory, neurological, gastrointestinal, and muscular problems as well as overdose.[4] Chronic high-dose use can lead to stimulant use disorder and other potentially more serious complications.[4]

It is important to effectively communicate possible harms associated with stimulant use to all audiences. When communicating this information, it is also important to avoid language that is stigmatizing or exaggerates or misrepresents the harm because this can undermine efforts to help people stay healthy and safe. Examples of such language identified by this review are shown below:

EXAMPLES:	WHY THIS CAN BE HARMFUL:	WHAT TO SAY INSTEAD:*
People who use meth only "care about the drug and getting more of it."	This message obscures the many priorities and concerns that define an individual's experience and fails to recognize their capacity to make rational decisions,[5] practice harm reduction,[6-8] and seek treatment.[4]	While stimulant use can be dangerous, there are options for avoiding or minimizing harm.[6-8]
"Once someone is addicted to meth the only way out is usually death."	This message can generate hopelessness among individuals with stimulant use disorder and discourage them from using harm reduction or treatment strategies. It can lead others to assume that treatment and recovery are impossible.	While there are no FDA-approved medications for the treatment of stimulant use disorder, other evidence-based treatments are available.[4]
"Meth hooks people faster than almost any other drug."	While methamphetamine is addictive, this message can lead people who use this drug who do not identify with this experience to disregard other important health information or distrust the authorities that disseminate this message.	Like other drugs, methamphetamine use can lead to addiction, risk of overdose, or other health consequences. Treatment and harm reduction strategies are available.

* These alternatives are included for illustrative purposes only. All messages should be developed and tested with local audiences before being circulated.

RECOMMENDATIONS

1 **Critically** evaluate what resources your agency is currently using to address stimulants. Revise or remove resources from circulation that include stigmatizing or misleading information.

2 **Develop** new resources that address gaps identified by this project or relevant to your jurisdiction.

3 When developing new resources on stimulants, **follow** these best practices:

- Work with a health communications specialist.

- Identify your audience and gear materials to them. Include representatives of that audience in the development and testing of resources.

- Use person-first language or language chosen by the intended audience.

- Include only straightforward information in resources and avoid sensationalizing.

- Include resources or actionable information specific to the intended audience.

[1] National Emerging Threats Initiative. Emerging Threats Report 2018: Status and Factors Affecting the United States. High Intensity Drug Trafficking Areas. Accessed June 2, 2022. https://beforeitstoolate.maryland.gov/wp-content/uploads/sites/34/2018/09/HIDTA-National-Emerging-Threats-Report-2018-Public.pdf

[2] Kariisa M, Scholl L, Wilson N, Seth P, Hoots B. Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential — United States, 2003–2017. MMWR Morb Mortal Wkly Rep. 2019;68(17):388-395.

[3] Mattson C, Tanz L, Quinn K, Kariisa M, Patel P, Davis N. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morb Mortal Wkly Rep. 2021;70(6):202-207.

[4] Substance Abuse and Mental Health Services Administration. Treatment of Stimulant Use Disorders. Substance Abuse and Mental Health Services Administration, National Mental Health and Substance Use Policy Laboratory. 2021; PEP21-02-01-004. Accessed June 2, 2022. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-02-01-004.pdf

[5] Kirkpatrick M, Gunderson E, Johanson C, Levin F, Foltin R, Hart C. Comparison of Intranasal Methamphetamine and D-amphetamine Self-administration by Humans. Addiction. 2012;107(4):783-791.

[6] Carroll JJ, Green TC, Noonan RK. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. 2018:1-35. Accessed April 13, 2022. http://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

[7] Shannon K, Rusch M, Morgan R, Oleson M, Kerr T, Tyndall MW. HIV and HCV Prevalence and Gender-specific Risk Profiles of Crack Cocaine Smokers and Dual Users of Injection Drugs. Subst Use Misuse. 2008;43(3-4):521-34.

[8] Drug Policy Alliance. What are Harm Reduction Strategies for Meth Use? Drug Policy Alliance. Published 2021. Accessed June 2, 2022. https://drugpolicy.org/drug-facts/harm-reduction-meth.

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OVERDOSE RESPONSE STRATEGY
Public Health/Public Safety Partnership