Today we will share highlights from our Methamphetamine Use in Iowa Report, and draw on your expertise to consider new pathways for prevention, treatment, and recovery in Iowa!
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Data to Action

At PSC we work to amplify the voices of people with lived experience and support data informed decision making to improve the lives of everyday Iowans.

Public Science Collaborative

Methamphetamine Use in Iowa Report

A report provided to the Iowa Department of Public Health Substance Use Bureau with support from the Centers for Disease Control Data to Action grant

Focus groups with 30 people with lived experience

Qualitative interviews with people who use methamphetamine (PWUM)

Conversations with housing providers, community leaders, criminal justice, community action groups and others

Focus groups with 25 treatment center providers

Workshops with treatment providers and prevention experts like you!

Statistical analysis of eight high-value substance use data sets
Today’s focus

Review Key Findings
Overview of methamphetamine use rates & the reasons people with lived experience say they start (and restart) using.

Design Thinking Facilitation
Human centered design approach to developing solutions across the entire continuum of care, from prevention to treatment and recovery, that honor the people we work with and build on YOUR expertise.

Review of key findings
Methamphetamine use in Iowa is historically high, rising, and increasing at a faster rate than in the region and nation as a whole.

Methamphetamine is cheaper, more pure, and more prevalent than at any point in our lifetimes.
Increasing Methamphetamine Use: Iowa, Region, & Nation

There have been two distinct methamphetamine outbreaks since 2000.

1. The SW to the NE, nationally and in Iowa.
2. Rural to urban places.
3. Very low SES to working & middle class.
4. White to minority populations.

Increasing Overdose Mortality

More people are dying from methamphetamine use now than in the past.

People with lived experience describe methamphetamine as more addictive now than it was five years ago.

Polysubstance use is also rising.
Driving Use: Mental, Physical, & Emotional Pain

Trauma can be a powerful motivation for use, as people attempt to cope and navigate difficult times.

Treatment providers estimated that 90-95% of their methamphetamine clients have a history of trauma.

“It numbs you. Physical pain, mental pain, emotional pain... I think all of us have been through something that has messed with us, and we use that to numb.” – PWUM
Driving Use: Productivity

Some PWUM report using methamphetamine to meet the high demands of their jobs, parenting, and other social expectations.

“I just felt like meth helped me be a supermom. Instead of avoiding the child, I was like “let’s get the shoes shined up, let’s get things done, let’s do the dishes.” - PWUM

“I get up every day. We have a routine. My house is clean. I’m clean. My kids are clean. My kids are happy. We go places. We do stuff.” - PWUM

Driving Use: Pleasure and Party

Methamphetamine is widely used to heighten feelings of pleasure and allow a person to participate in energetic activities, such as partying or having sex, for a longer period of time.

“I think, when you’re high on meth..., when it comes to risky sex, you just feel that you’re untouchable and it’s not going to happen to you, and so you’re not going to take precautions.” -PWUM
Driving Use: Body Image and Self Esteem

Many of the women we spoke with talked about methamphetamine as a miracle drug for weight loss that helped them look nice and meet societal expectations of feminine beauty.

For many men, it made them feel strong, capable, and able to meet societal expectations about masculinity.

“You think everything looks better when you’re on meth. Everything, every person ever—even yourself in the mirror. Cuz I was always, I’ve never felt so beautiful in my life, but according to everybody else, I didn’t look that great. [laughs] But I really thought that I did, and I had a false sense of confidence about that.” -PWUM

How might we develop solutions that...

• Prevent intergenerational transmission of methamphetamine use among families
• Stop methamphetamine use from spreading into new populations
• Develop culturally responsive/sensitive prevention services
• Engage the systems of care (medical, criminal justice, and mental/behavioral health providers) in stigma reduction efforts
• Provide targeted neighborhood level prevention services (Methamphetamine Vulnerability Index)
Intergenerational Use: A Risk for Methamphetamine Use Initiation

Most who reported early initiation of methamphetamine (<18), indicated that the family context was where first use began. Methamphetamine was also reported as common among older family members, including parents, aunts, uncles, and grandparents.

“I started like I said because my dad was cooking it and I’ll pretty much everybody close to me was doing it. My mom, my dad, my boyfriend, my best friend, everybody. Meth causes like a flood of endorphins and a rush of dopamine. So, I have a lot of, like a lot of depression and stuff. And so, it was just like I was addicted after the first time. Anything that gave me a little bit of happiness or made me feel happy I definitely wanted more of that, more of that feeling.” - PWUM

Rising and High Methamphetamine Use among Pregnant People Seeking Treatment

Pregnant women seeking treatment report higher rates of methamphetamine use than ever before, outpacing all non-pregnant others.
Rising and High Methamphetamine Use among Pregnant People Seeking Treatment

2 in 3
Pregnant people entering treatment in 2020 report methamphetamine use

Source: Treatment Episode Dataset, Iowa Admission Files (2020)

How might we develop solutions that...

Topic #1
Prevent Intergenerational transmission of methamphetamine use among families?
Methamphetamine use reported by:
• Fewer young adults (<26)
• More middle age adults (26-49)

Changing Age Demographics of PWUM

Source: National Survey of Drug Use and Health, 2015-2019

With Slight Increases in 2020 for 12th graders

National rates of methamphetamine use among high school seniors is low, but doubled between 2019 and 2020.

What might this mean for Iowa?
Race and Ethnicity among PWUM Entering Treatment

Among people entering treatment since 2000, the rate of methamphetamine use is increasing among all racial and ethnic groups, including Native American, Black, Asian, and Hispanic peoples. Use among Native American peoples has tripled during this time.

Note: Beginning in 2006, an additional racial category was added to incorporate individuals with multiple or other race identities.
Source: Treatment Episode Data Set (Admissions), 2000-2018

How might we develop solutions that...

Topic #2
Stop methamphetamine use from spreading into new populations
Cultural diversity in Iowa

• Iowa is becoming more diverse & methamphetamine use is reaching more diverse audiences
• There is a need to develop programming and interventions that are attuned to urban/rural culture, culture embedded in social classes, religious and secular programmatic needs, and ethnic and racial culture distinctions.
• Let’s move beyond one-size-fits-all programming.

How might we develop solutions that...

Topic #3
Develop culturally responsive/sensitive prevention services?
Stigma: A Risk for Methamphetamine Re-Initiation

Participants reported receiving lower quality of care from physicians after revealing a methamphetamine history, this was confirmed by numerous treatment providers. As a result, women shared they would not seek regular physicals, birth control, or well child visits. Men also shared stories of disturbing run-ins with law enforcement.

“I am watched like a hawk on it [mental health medication] and I get why they do that, and I understand now why they do that, but not every person who’s addicted to methamphetamine is going to misuse drugs, stimulants if they need them. And that’s where you know, that I don’t know how to say it, but you know just because I’m a drug addict and a meth addict you know, that’s where I don’t always get the medications I need for my mental health.” - PWUM

“A lot of patients that go to the doctor and they get that stigma placed on ’em immediately because they maybe haven’t had a physical in so many years and then they disclose their use because you’re supposed to to get care properly. But then you get treated differently because subconsciously that person who is assessing you might have some, I guess, uh, biases or predispositions about what, or who a person is based off of that. It’s similar to the other story where you can’t get a certain medication because you have a history but that medication is what’s going to help keep you sober, so…” - PWUM

How might we develop solutions that...

Topic #4
Engage the systems of care (medical, criminal justice, and mental/behavioral health providers) in stigma reduction efforts?
The Public Science Collaborative has developed online data tools to support neighborhood-level methamphetamine prevention interventions.

**OUR GOAL:**
Get resources to the people and places in greatest need.

### Predicting Methamphetamine Risk in Iowa

**Methamphetamine Vulnerability Index**

How might we develop solutions that...

**Topic #5**
Provide targeted neighborhood level prevention services, such as the Methamphetamine Vulnerability Index?
Be the Change Breakout Discussions

Design Thinking

- Discover
- Define
- Develop
- Deliver

Double Diamond Methodology

- General problem
- Specific problem
- Ideation
- Prototype

Research Insights
The goal of this workshop is to use Design Thinking methods to develop, evaluate, and communicate prevention strategies for individuals, families, and communities facing rising methamphetamine use. To do this, we start with personas that reflect the lived experience of people who use methamphetamine.

Determine that the thing can and shall be done, and then we shall find the way.

Melissa
Age: 30
Race/ethnicity: White/Latina

Pain Points
- Pending fines & financial insecurity due to lack of job
- Fear of again losing custody of her children
- Unmanaged depression and anxiety linked to past abuse and trauma
- Unstable housing and a lack of family or social support network

What does Melissa need?
- Economic independence and security
- Stable housing and a nonfamilial network of support
- A non-substance-based strategy to be the kind of mom and worker she wants to be
- Comprehensive mental health care and family therapy

When Melissa lost her housing a year ago because of the landlord’s inability to pay his mortgage. She had no one to turn to: her family of origin disowned her when she accused her uncle of sexual abuse as a step in processing her continuing PTSD from the experience. Without stable housing, Melissa lost her job and eventually, custody of her two children. Melissa was determined to get her children back, at any cost, and took two jobs that required her to work sixteen hour days. The long days, as well as her past trauma, were made more bearable when a co-worker gave her methamphetamine. Eventually, Melissa regained custody of her children, and her methamphetamine use increased: she found that using methamphetamine made her a more productive mom and worker. Though she has tried to stop her use over the past year, she is exhausted from keeping up with all the demands of single-motherhood and providing financially for her family. Additionally, she recently lost her housing again when a neighbor told her landlord she suspected Melissa of using methamphetamine. Melissa and her children are presently living with a former coworker, who also uses methamphetamine. Melissa feels stuck, but is determined to provide her children with love, material needs, and a happy childhood.
Bill and Sam
Age: 40/45
Race/Ethnicity: White

Pain Points
- Social stigma and isolation from others in their small, conservative town
- Past homelessness and poor housing
- Depression from situational isolation and untreated medical needs, including ADHD
- Past trauma of losing parents and abusive relationships
- Poor and demanding employment that takes away from quality family time

What do Bill and Sam need?
- Opportunities for socialization and social support
- Accessible quality housing
- Wraparound mental health services that address past, present, and future issues
- Opportunities for fulfilling employment and a work-life balance

Bill and Sam live together in a poorly-maintained rental house in a small town in Southern Iowa. They are grateful for the house, even with its flaws: when they first became a couple, they lived “on the streets” for a year, panhandling at a variety of corners in larger cities around the state. Both lost a parent in childhood and struggle with untreated depression and trauma. Ultimately, they moved into a “drug house” where their methamphetamine use peaked. When Bill went to jail for theft, and Sam became pregnant with their daughter, they both sought residential treatment. They have—with a few lapses on Bill’s part—maintained a substance-free lifestyle. To remove themselves from the social network of friends who were substance users, Bill and Sam moved to their current town because rents were relatively affordable. Bill got a job at the local meatpacking plant. Hours are long and conditions are tough; Bill works with many people who use substances and wants to spend more time with his family. Sam feels isolated in this town because she stays home to raise their daughter; this exacerbates her clinical depression and ADHD. Bill and Sam are proud of their recoveries, but need connections to community resources, people, and institutions.

Maria
Age: 32
Race/Ethnicity: White

Pain Points
- Childhood marked by family substance use, residential instability, sexual abuse
- History of eating disorders and body dysmorphic disorder
- Fear of losing children
- Volatile housing situation

What does Maria need?
- A support system that will help cope with intergenerational substance use
- A mechanism to cope with mental health and traumatic events to avoid relapse
- A program to help overcome financial insecurities and better job opportunities
- A program that supports and educates youth (and prevent substance use)

Maria lives in rural Iowa and is currently pregnant with her second child. Maria grew up in a family situation marked by residential instability, substance use, and sexual abuse. Additionally, Maria experienced several eating disorders as a teenager. She wanted to move out of her abusive household, but as a high school student, didn’t have the means to pay for her own place. Instead, Maria intentionally got pregnant with her first child, and escaped her family by moving in with her partner and his mother. After her baby was born, Maria struggled to lose weight. A friend told her to try methamphetamine to stop cravings for food, and Maria starting using. The weight came off, but between caring for her child and dealing with her methamphetamine use, Maria also found it hard to hold down a job and help her partner and his mother with the bills. Her partner’s mother has threatened to kick her out of the home and call child protective services, but hasn’t yet done so. Maria just became pregnant with her second child. This has contributed to anxiety and depression about weight gain, as well as fights with her partner; Maria wants to stop using, but doesn’t know where to turn for support.
Brainstorm solutions
Collectively generate ideas to improve prevention efforts to better support individuals, families, and communities dealing with methamphetamine use

Identify impactful and feasible solutions
Narrow down to your best ideas keeping in mind the needs of Melissa, Bill, Sam, and Maria

Develop a targeted solution
Develop one prevention strategy to respond to methamphetamine use and communicate your ideas to others

Step One: Brainstorm Solutions

Brainstorm: How might we develop solutions that develop culturally responsive/sensitive prevention services?

Miro Tip: Double-click the yellow square to start typing. The font size will adjust itself.
Miro Tip: Consider prevention, treatment, and recovery related solutions.
Step Two: Identify Impactful and Feasible Solutions

Step Three: Select and Report on Your Best Idea
Time to join your team!

You will be given a Zoom prompt to choose a breakout room to join. Have fun!

Reminders

- A copy of the presentation & recording
- Links or copies of additional resources
- Your attendance/CEU certificate

Following the presentation you will receive:

Please allow up to two weeks to receive materials

Contact Clare Grace with any questions
clare.jones@idph.iowa.gov
Wrapping up

Thank you for being here today!

We appreciate you sharing ideas on how to improve prevention efforts to better support individuals and families with histories of methamphetamine use.

If you have any questions about the workshop or the project results, please reach out to Julie Hibben (hibben.julie@idph.iowa.gov), Cass Dorius (cdorius@iastate.edu), or Shawn Dorius (sdorius@iastate.edu).