



IOWA STATE  
UNIVERSITY



## Methamphetamine Use in Iowa Prevention Response Workshop March 4, 2022



Protecting and Improving  
the Health of Iowans



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Contact Clare Grace with  
any questions  
[clare.jones@idph.iowa.gov](mailto:clare.jones@idph.iowa.gov)

A little housekeeping

## Meet the PSC Team



Dr. Cass Dorius



Dr. Shawn Dorius



Dr. Elizabeth Talbert



Arielle True-Funk



Kelsey Van Selous



Rachael Voas



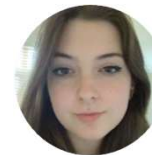
Masoud Nosrati



Matthew Voss



Lillian Kahris



Savannah Hulse



Pema Zellmann



James Heibert



Tim Potter



Darien Bahe



Ben Litterer



Rory Long



Sharhonda Chea

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## Our Public Health Partners

**Iowa  
Department of  
Public Health,  
Bureau of  
Substance  
Abuse**

**Julie Hibben, Project Lead  
Pat McGovern  
Cathy Lillehoj  
Liz Sweet**

**Centers for Disease  
Control and  
Prevention, Overdose  
Data to Action**

This project was supported by the Iowa Department of Public Health, Bureau of Substance Abuse (IDPH) via a subaward from the Centers for Disease Control (CDC) and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$326,956 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, IDPH, CDC/HHS, or the U.S. Government.

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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.

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**Translating Research into Action: A Multi-Method Approach for Informing Substance Use Policy and Practice**

By Cassandra Davies, Shana Dornan, Heather Rosen, Elizabeth Robey, Elizabeth Tabor, Ashley Van Natta, and Denise Baker

January 2020

**Methamphetamine Use in Iowa Executive Summary**  
September 2021

**Overview**

Methamphetamine use in Iowa is historically high, rising, and increasing at a faster rate than in other states. Over the past decade, methamphetamine has become the most common drug used by people with lived experience, and from young adults. Methamphetamine use is increasing among pregnant and postpartum women, including expecting mothers. Homelessness among people who use methamphetamine is more common now than it was in the past, and is higher in Iowa than regionally or nationally. Methamphetamine represents a growing share of all chemicals identified in Iowa drug seizures, more than doubling from 21% in 2011 to 44% in 2019. Most seriously, overdose mortality attributed to methamphetamine use in Iowa has risen. *Read more on page 3.*

**Availability, Purity, Potency, and Price**

People with lived experience describe methamphetamine use more than it was five years ago. It is widely available in Iowa, and drug enforcement people with lived experience describe easy access to high-purity and high-potency drugs. These and histories of methamphetamine use report the use is more addictive and more likely to cause psychosis with methamphetamine purchased prior to 2015, confirm dangerous changes to the chemical composition of the drug. Today, methamphetamine use is the past decade, and non-intravenous use has become more common. Methamphetamine in Iowa comes in many forms, including pills, lumps, liquid (aqueous), and capsules. This makes consumption easier and also less stigmatizing and more socially acceptable as methamphetamine production moved from local to transnational drug cartels nearly a decade ago. Its use is more common among people with lived experience, and around use were reduced on issues such as use during pregnancy, using with young children present, and appropriateness of taking methamphetamine with drugs. *Read more on page 22.*

**Rising Polysubstance Use**

More than 8 in 10 people who seek treatment for methamphetamine use report using a combination of other drugs, including alcohol, cannabis, cocaine, or opioids. This polysubstance use is a distinct trend from recent reports of people unintentionally purchasing methamphetamine has been used with fentanyl, heroin, bath salts, or other drugs. In focus groups and interviews, the intentionally combine methamphetamine with other substances indicate they use drugs to manage the effects of methamphetamine use, combat withdrawal, or produce a stronger high. Polysubstance use and treatment providers reflect on whether these and other harm reduction strategies to minimize psychosis and paranoia are appropriate, safe, and effective for people with lived experience. *Read more on page 26.*

**Making it through: Overcoming Adversity with RESILIENCE!**  
Wednesday, November 3, 2021  
9 a.m. to 4 p.m.  
Registration and resource fair from 8 a.m. to 8:50 a.m.  
Midwest Countersurfing Training Center at Camp Dodge, Johnston, IA

**KEYNOTE SPEAKER**  
Laura Stark, Founder and CEO of Johnny's Ambassadors

On November 3, 2021, Laura Stark will be the keynote speaker at the Midwest Countersurfing Training Center at Camp Dodge. Laura is a woman with lived experience who has overcome adversity and is now a successful entrepreneur. She will be sharing her story and the lessons she has learned from her journey.

## 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

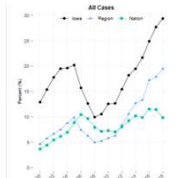


Focus groups with 25  
treatment center providers



Qualitative interviews with  
people who use  
methamphetamine (PWUM)  
Conversations with housing  
providers, community leaders,  
criminal justice, community action  
groups and others

Statistical analysis of eight  
high-value substance use data  
sets



Workshops with treatment  
providers and prevention  
experts like you!

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## Today's focus

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### 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 of 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

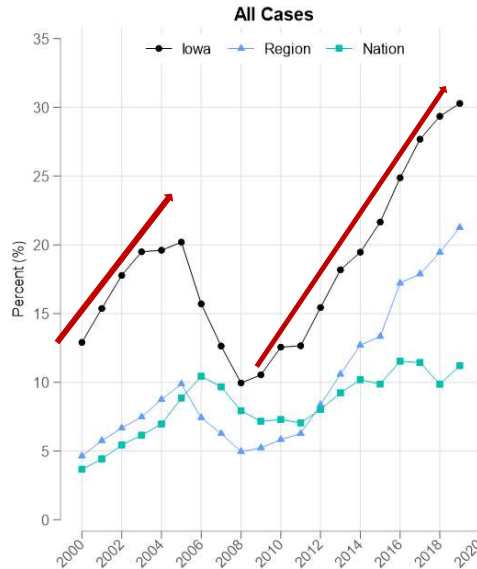
Methamphetamine use in Iowa is historically high, rising, and increasing at a faster rate than in the region and nation as a whole.

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.



Methamphetamine is spreading from:

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.

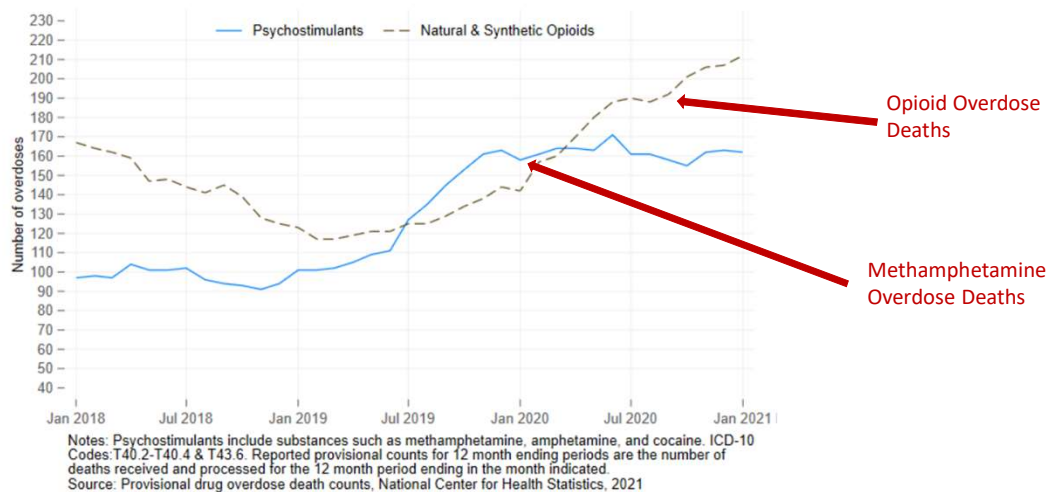
## Increasing Overdose Mortality

Twelve Month Provisional Count of Overdose Death Counts in Iowa, January 2018-January 2021

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.





## Four main drivers of use

- Coping with pain/trauma
- Energy and productivity
- Party and pleasure
- Body image and self esteem

## 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*

5 breakout topics



## 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)

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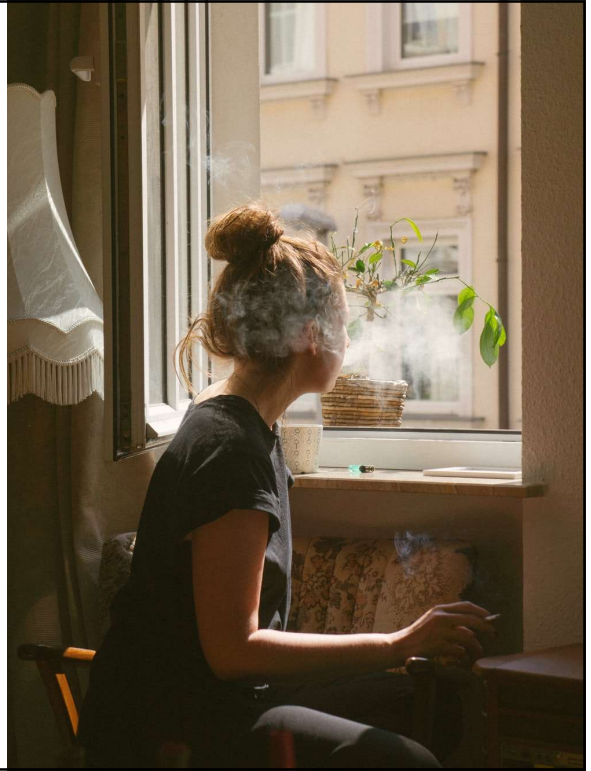
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## Intergenerational Use: A Risk for Methamphetamine Use Initiation

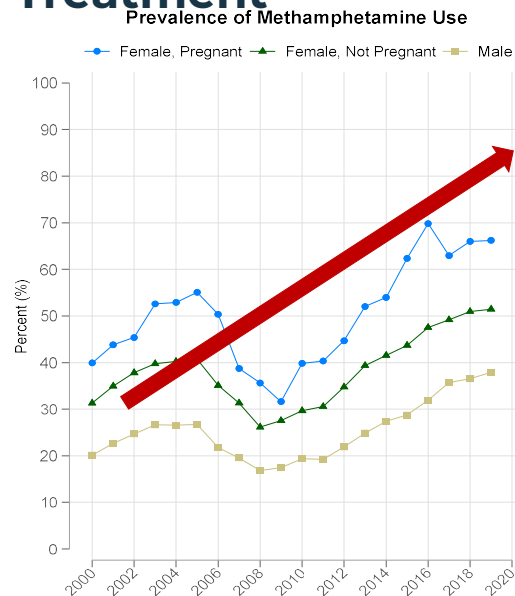
Most who reported early initiation of methamphetamine (<18), indicated that the family context was where first use began. Methamphetamine was also reported as common among older family members, including parents, aunts, uncles, and grandparents.

*"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)

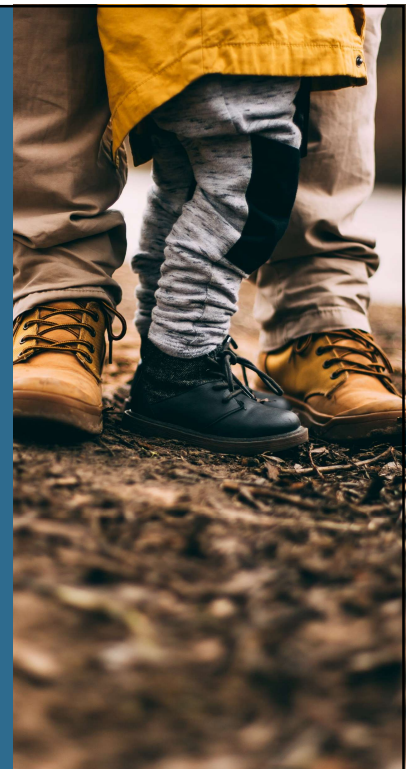
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How might  
we develop  
solutions  
that...

### Topic #1

Prevent  
Intergenerational  
transmission of  
methamphetamine  
use among families?



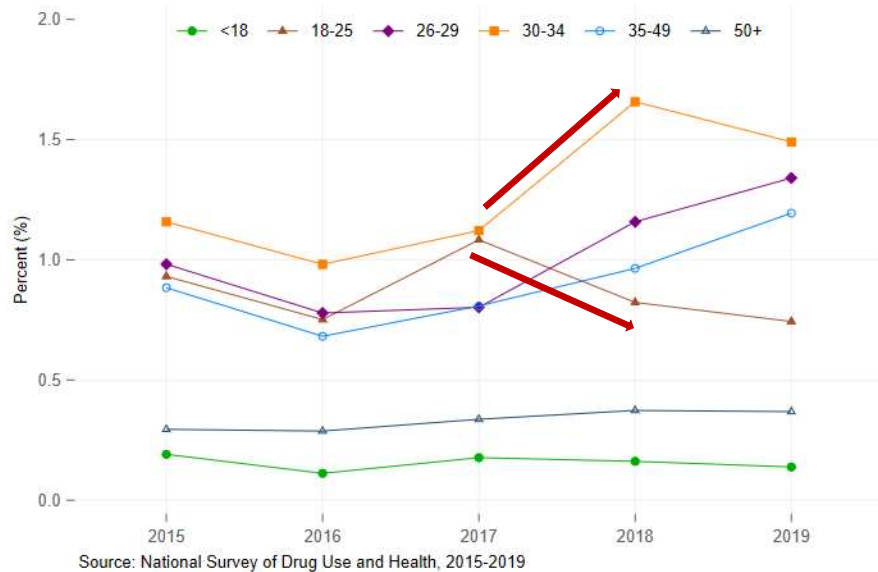
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## Changing Age Demographics of PWUM

Methamphetamine use reported by:

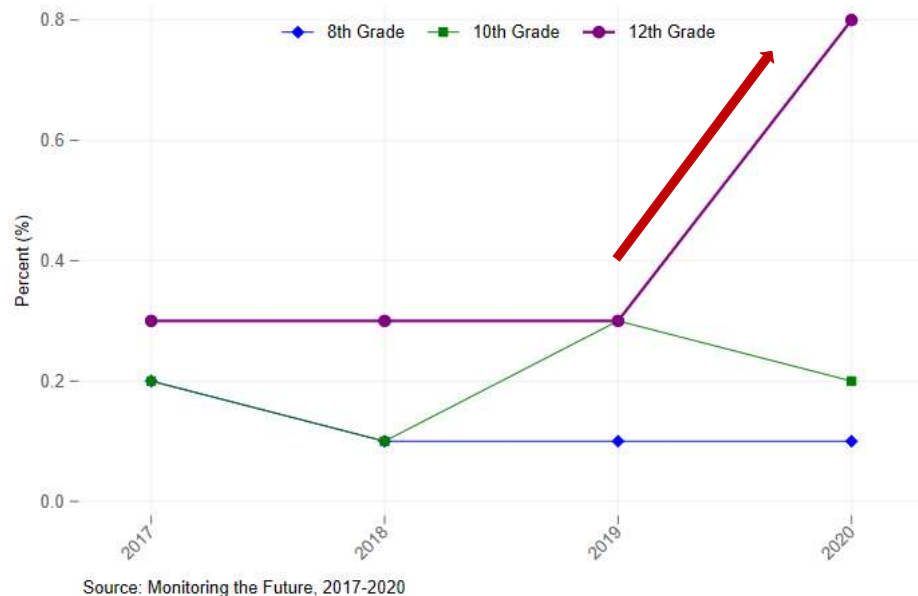
- Fewer young adults (<26)
- More middle age adults (26-49)



## With Slight Increases in 2020 for 12<sup>th</sup> graders

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

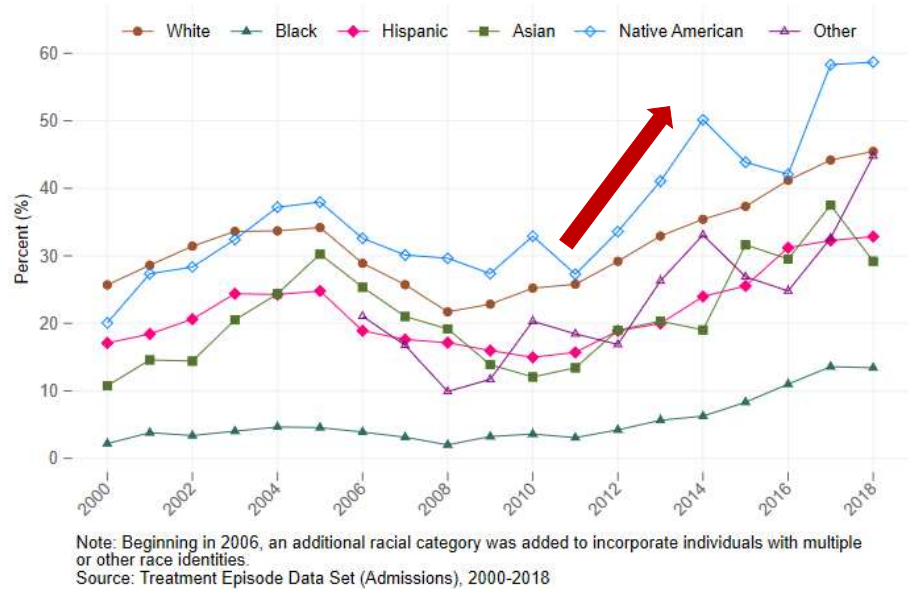
What might this mean for Iowa?



## 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.

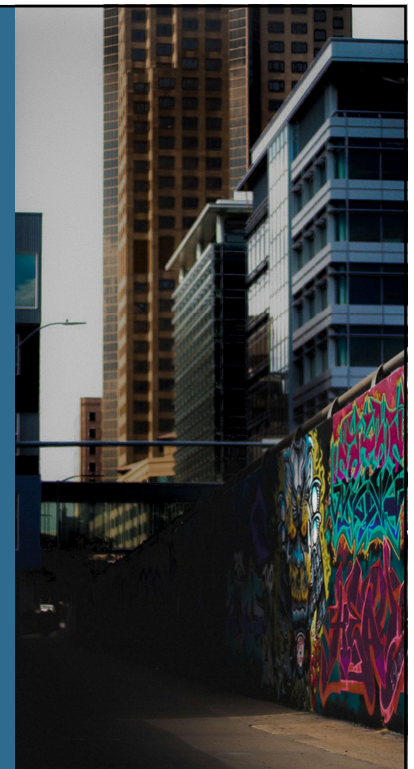
Use among Native American peoples has tripled during this time.



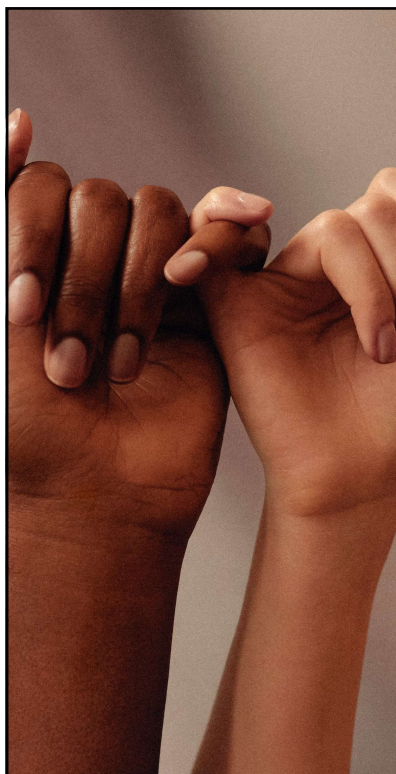
How might we develop solutions that...

### 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.

## Culture specific prevention efforts

How might we develop solutions that...

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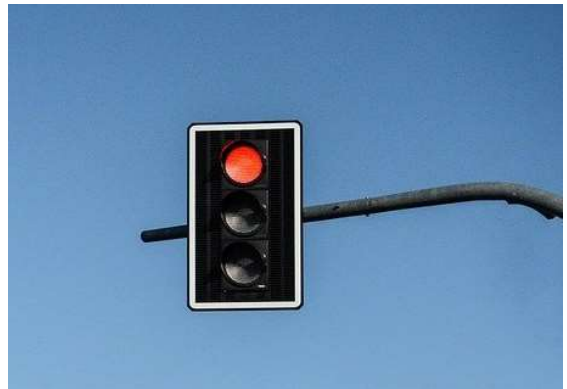
### Topic #3

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...

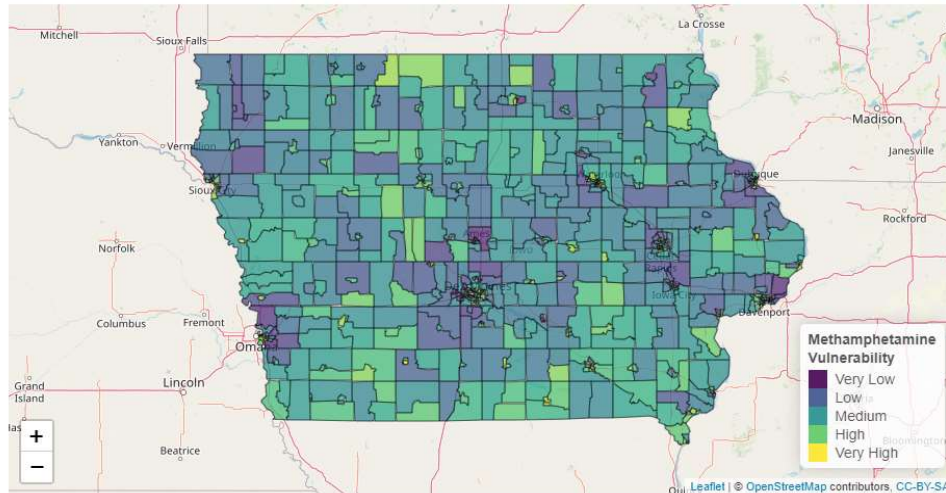
### Topic #4

Engage the systems of care (medical, criminal justice, and mental/behavioral health providers) in stigma reduction efforts?



# Predicting Methamphetamine Risk in Iowa

Methamphetamine Vulnerability Index



**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.*

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How might we develop solutions that...

## Topic #5

Provide targeted neighborhood level prevention services, such as the Methamphetamine Vulnerability Index?

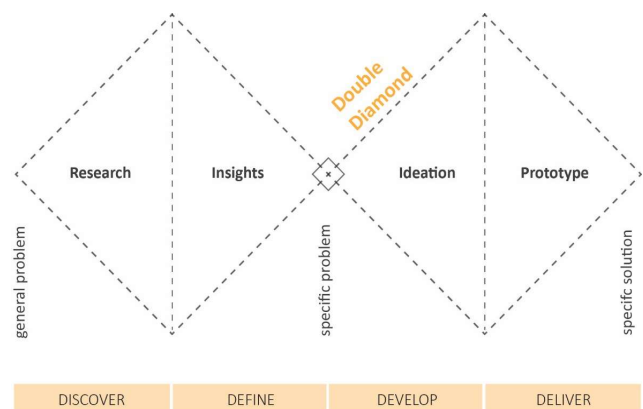


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## Design Thinking







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

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.

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## 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 started 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.

You are  
the  
experts!



#### 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

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## 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.  
**PRO TIP:** Consider prevention, treatment, and recovery related solutions.



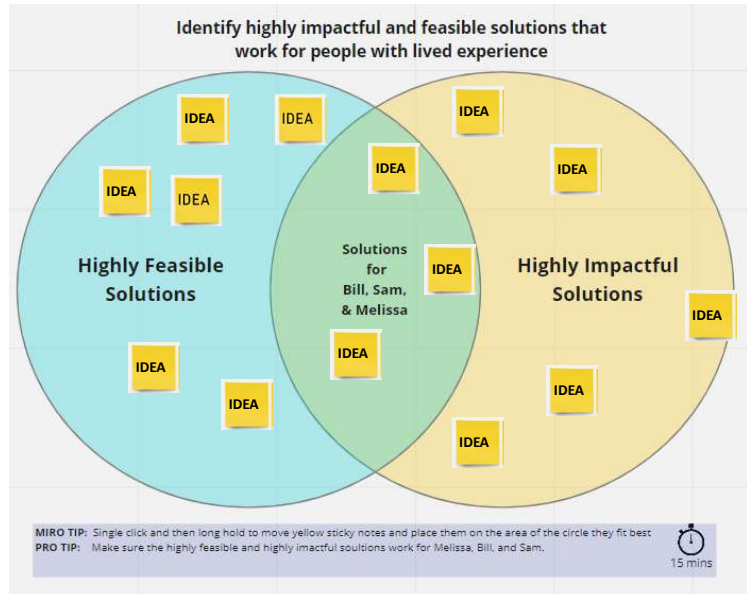
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## Step Two: Identify Impactful and Feasible Solutions



## Step Three: Select and Report on Your Best Idea

Develop a Targeted Solution: How might we develop solutions that reduce methamphetamine use among pregnant people in Iowa?

1. Title  
What is the title of your strategy, program, or policy solution?

2. How does the program, policy, or strategy work?  
Describe how your idea/program/policy/strategy works in 2-3 sentences.

Public Science Collaborative, Iowa State University

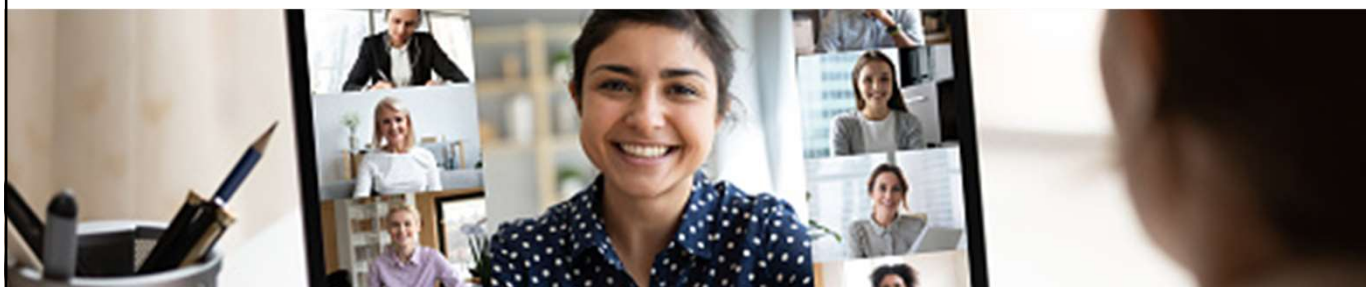
Breakout Group 1  
Methamphetamine Response Workshop, November 17, 2021

**MIRO TIP:** One person can work in each box at a time. Divide responsibilities to fill out squares among your team.

**PRO TIP:** Use simple, 'dinner-table' language that is easy for non-experts to understand. Consider this your 'elevator pitch' where you share big picture ideas that prompt your audience to want to hear more.

15 mins





## Time to join your team!

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

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## Reminders

Following the  
presentation you will  
receive:

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

Please allow up to two  
weeks to receive materials

Contact Clare Grace with  
any questions  
[clare.jones@idph.iowa.gov](mailto:clare.jones@idph.iowa.gov)

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## 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](mailto:hibben.julie@idph.iowa.gov)), Cass Dorius

([cdorius@iastate.edu](mailto:cdorius@iastate.edu)), or Shawn Dorius ([sdorius@iastate.edu](mailto:sdorius@iastate.edu))

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