



## The Next Drug Epidemic?

America has suffered from one drug epidemic after another since the Civil War. In the 1800s a morphine epidemic plagued the country. In the 1900s a cocaine epidemic led to the criminalization of cocaine through the passage of the Dangerous Drug Act in 1920. In the 1930s through the late 1940s America experienced a heroin epidemic. Amphetamines became the drug of choice in the 1950s, and in the 1960s, widespread use of LSD led to President Nixon's "War on Drugs" and the classification of LSD as a Schedule 1 drug.

In the 1970s the heroin epidemic once again returned due in part to Vietnam War soldiers who were using the drug while fighting overseas. The use of crack cocaine significantly increased to epidemic levels in the 1980s and ecstasy was the party drug of the 1990s.

The opioid epidemic began in the early 2000s and continues along with a prescription drug epidemic to this day. And of course, throughout all of these drug epidemics, alcohol and cigarettes have been and

remain the nation's continuing addictions.

The history of drug use and drug epidemics in America leads one to believe that unfortunately, there will be another drug epidemic when the opioid epidemic finally comes to an end. The question is, what will be the next drug that results in drug overdose deaths at epidemic levels? History has shown that worldwide, stimulant epidemics typically follow opioid epidemics.

## Methamphetamine

Over the past ten years, there has been a substantial increase in the use of the stimulant drug methamphetamine, and meth-associated deaths. Methamphetamine deaths increased five-fold from 2012 to 2018, and these overdose deaths have continued to increase due to the COVID-19 pandemic. In fact, death from methamphetamine use has surpassed deaths from heroin and prescription opioids (but not fentanyl) in recent years. This steep rise in methamphetamine overdoses foreshadows a new methamphetamine epidemic following the opioid epidemic. Currently, of all illicit drugs available, meth poses the greatest threat of a new epidemic to the United States.

## Addiction and Health Concerns

Super labs in Mexico are producing methamphetamine that is 95% pure and highly addictive. Because of the extreme addictive nature of this new meth, use of the drug has once again become a major healthcare concern.

In addition to the potential for overdose death, methamphetamine use leads to serious health problems. Meth is toxic to the brain and body, and can cause short-term psychiatric symptoms like anxiety, disrupted speech patterns, hyper-irritability, and aggression. Chronic use can lead to meth-induced psychosis, hallucinations, delusions, and paranoia. Long-term use can cause damage to the heart, lungs, and kidneys. Injecting the drug can increase the chances of contracting Hep C and HIV.

## Communities and Businesses

Methamphetamine use also damages communities and businesses. Meth is often cooked in homes and commercial properties using readily available products and its manufacture creates significant problems and hazards including explosions, toxic waste, and child neglect and abuse.

Methamphetamine in the community results in an increase in crime in such areas as burglaries, theft (especially identity theft), physical and/or domestic violence, and even murder.

In the workplace, meth use leads to excessive absenteeism, increased illness rates, more accidents, and reduced productivity. These problems result in higher healthcare costs and increases in workers' comp insurance premiums.

A study on the economic impact of methamphetamine use found that meth-addicted workers cost each business almost \$47,500 per year.

Methamphetamine also has the potential to increase workplace violence. Workplace violence may be verbal or physical, but it is more likely to be physical with a methamphetamine user.

## Dealing with the Crisis

As with all other drug epidemics, combating the methamphetamine problem will require a multi-faceted strategy that includes law enforcement, substance abuse prevention, and harm reduction. Individuals, communities, and businesses will have to join together to address the problem on multiple fronts.

The coming methamphetamine crisis also underscores the need for more diverse treatments for meth overdose and use disorders be developed, especially medication assisted treatments like naltrexone and bupropion, which are not yet FDA approved for methamphetamine addiction.



Talk to your kids. Talking about the dangers of substance use and showing disapproval of such behavior are key factors in preventing drug and alcohol use.  
[www.LiveDrugFree.org](http://www.LiveDrugFree.org)

# Supervisor Newsletter

The following is a press release issued by the U.S. Department of Justice on April 5, 2022:

## **Justice Department Issues Guidance for People with Opioid Use Disorder under the Americans with Disabilities Act**

The Department of Justice announced today that it has published guidance on how the Americans with Disabilities Act (ADA) protects people with opioid use disorder (OUD) who are in treatment or recovery, including those who take medication to treat their OUD. The publication, "The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery," is intended to help people with OUD who are in treatment or recovery understand their rights under federal law and to provide guidance to entities covered by the ADA about how to comply with the law.

"The opioid epidemic continues to pose an extraordinary challenge to communities across our country, and the COVID-19 pandemic has exacerbated this crisis," said Assistant Attorney General Kristen Clarke of the Justice Department's Civil Rights

Division. "People who have stopped illegally using drugs should not face discrimination when accessing evidence-based treatment or continuing on their path of recovery. The Justice Department is committed to using federal civil rights laws such as the ADA to safeguard people with opioid use disorder from facing discriminatory barriers as they move forward with their lives."

The guidance document explains how the ADA protects people with OUD who are in treatment or recovery from discrimination in a number of settings, including employment, healthcare and participation in state or local government services and programs. The publication is part of the department's comprehensive response to the opioid crisis, which promotes prevention, enforcement, and treatment.

The Civil Rights Division, together with U.S. Attorneys' offices, has been working to remove discriminatory barriers to recovery for individuals who have completed, or are participating in, treatment for OUD. Through outreach, technical assistance, and enforcement under the ADA, the Civil Rights Division seeks to ensure that those in treatment and recovery can successfully participate in their communities and the workforce. For example:

- On March 25, the department issued a letter finding that the Indiana State Board of Nursing violated the ADA by denying a nurse the opportunity to participate in a substance use disorder rehabilitation program because she takes medication for OUD. The program is required for the individual to reinstate her nursing license.
- On March 24, the department entered into a Settlement Agreement with the Massachusetts Trial Court to resolve allegations that its drug court violated the ADA by discriminating against individuals with OUD.
- On March 17, the department entered into a Settlement Agreement with Ready to Work, a Colorado-based employment, residential, and social services program for individuals experiencing homelessness, resolving allegations that the program denied admission to an individual because she takes medication for OUD.
- On Feb. 24, the department filed a lawsuit against the Unified Judicial System of Pennsylvania, alleging that it prohibits or otherwise limits participants in its court supervision programs from using medication to treat OUD.

For more information on the Civil Rights Division, please visit [www.justice.gov/crt](http://www.justice.gov/crt). For more information on the ADA, please call

the department's toll-free ADA Information Line at 800-514-0301 (TDD 800-514-0383) or visit [www.ada.gov](http://www.ada.gov). Individuals who believe that they may have been victims of disability discrimination may file a complaint at [www.ada.gov/complaint](http://www.ada.gov/complaint).

### **Advice for Supervisors and Employers**

Supervisors must be aware that recovering and recovered substance abusers are considered disabled under the law and may request accommodations as required by the ADA and comparable state laws. For more information on this topic, please refer to the May 2022 Supervisor Training Newsletter.

Companies can of course continue to conduct drug testing for illegal drug use, but individuals who are legally using medication prescribed for opioid use disorder should not be terminated or denied employment unless the use of the medication renders them unable to safely or effectively perform the job, or otherwise disqualifies them under another federal law.

Employers should consult with a labor law attorney before taking negative employment action against an employee or job applicant who is in treatment or recovery from opioid use disorder. The Drugs Don't Work attorney—Jonathan Martin with Constangy, Brooks, Smith and Prophete LLP—is available to answer Drugs Don't Work members' legal questions. He can be reached at: (478) 621-2407.