



Increase in Meth Overdoses Nationwide

Methamphetamine use is increasing as a major cause of overdose deaths in America. Over the past 8 years, the number of deaths linked to methamphetamine has increased by more than 180%.

The Centers for Disease Control (CDC) in Atlanta reports that of the more than 96,000 Americans who died from drug overdoses during the past year, 20% of those fatalities involved methamphetamine.

According to the National Institute on Drug Abuse, meth-related deaths almost tripled in the 5-year period leading up to the COVID19 pandemic and have steadily increased since then. Data shows that people reporting frequent methamphetamine use (100 days or more per year) rose by 66% between 2015 and 2019, and people reporting the use of methamphetamine and cocaine together increased by 60% during this period.

Meth has changed in chemical structure from what it was ten years ago making it much more dangerous and resulting in not only more overdose deaths, but also increasing severe mental illness and homelessness problems. In Los Angeles for example, homelessness more than doubled over the past 10 years, and experts there say it is clearly due to an increase in meth addiction.

Meth and Mental Illness

Methamphetamine is a neurotoxin that causes steep deteriorations in mental health with symptoms of violence, paranoia, isolation, memory loss, and hallucinations. Many meth addicts develop schizophrenia and bipolar disorder. Methamphetamine has also become even more problematic and deadly because users are mixing the drug with fentanyl, and it is well known that meth and opioid drugs interact in particularly toxic ways.

Law enforcement is reporting that meth users exhibit severe mental illness behaviors much more often than individuals who use crack cocaine or heroin. Researchers believe that meth may be causing long-term schizophrenia that lasts even after a person has stopped using the drug.

NIDA reports that "Methamphetamine use has also been linked to HIV transmission, as infectious diseases can spread by sharing injection equipment and through heightened unprotected sexual activity that is often associated with methamphetamine use. Previous studies have reported high rates of methamphetamine use among men who have sex with men, who also face higher rates of HIV transmission. This study found that the prevalence of methamphetamine injection was the highest among homosexual men. Moreover, methamphetamine use disorder without injection more than doubled among homosexual or bisexual men. It also more than tripled among

heterosexual women and lesbian or bisexual women, and more than doubled among heterosexual men, further emphasizing the expansion of use across different groups.”

Communities of color are experiencing the worst of the mental health impact and highest number of meth overdose deaths. Black Americans along with American Indians and Alaska Natives saw a tenfold increase in methamphetamine use since 2015. In some of these areas, it is even more difficult now for the truly mentally ill to get help, because treatment facilities are filled with people who are on meth.

Easily and Readily Available and Affordable

Methamphetamine, unlike plant-based drugs like marijuana, cocaine, and heroin, is a synthetic drug that can be made anywhere, quickly and cheaply.

Years ago, methamphetamine was made from ephedrine, the active ingredient in over-the-counter Sudafed. But as cities and counties nationwide cracked down on the sale of Sudafed, regulations made it more difficult to produce meth in that way and dealers turned to the “P2P method.” P2P meth is made in “super labs” using caustic chemicals that can be readily obtained.

This easy availability of chemicals needed to produce meth substantially lowered the price and has contributed greatly to the methamphetamine problem in our country. P2P meth is also much more addictive and does more

damage to the brain than ephedrine-based meth.

Fast Path to Addiction & No Treatment Available

Some people start out using meth socially, at very low levels, but then quickly progress to suffering from toxic delirium and ultimately to overdosing on the drug. As a result of this quick progression, Methamphetamine is now the leading cause of drug-related deaths in some states.

One reason the meth crisis is so severe, is that there are currently no medications available to treat methamphetamine use disorder. After many years of effort, scientists have not found an equivalent of methadone or Suboxone to help stop meth cravings.

Another reason is that the opioid epidemic in the U.S. has so overshadowed the meth problem that it is invisible to most Americans. The majority of the limited funding available for drug prevention and treatment programs is currently being focused on the opioid epidemic.

We must find a way to increase funding for meth prevention programs and make methamphetamine treatment and behavioral interventions more readily available in America. Programs like drug free workplace programs that make information and education available to help people understand what certain drugs can do to them, and how to stop using drugs, are also now more important than ever.



Evidence-informed information about the harmful nature of alcohol, tobacco, and other drugs should be given to patients during routine medical examinations.
www.LiveDrugFree.org

Supervisor Newsletter

Why do Some Employees Abuse Drugs and/or Alcohol?

There are many reasons that individuals engage in substance abuse. But before we address those reasons, let's consider why it should matter to supervisors.

According to the Substance Abuse Mental Health Services Administration (SAMHSA), drug and alcohol addiction costs American businesses \$81 billion annually. This loss to the bottom line comes in the form of absenteeism, accidents, increased healthcare costs, and lost productivity.

The National Council on Alcoholism and Drug Dependence (NCADD) reports that more than 70% of drug users in the U.S. are employed. While many of these drug users may be "high functioning" drug addicts or alcoholics, that does not mean they are healthy and operating at their full potential. Substance abuse is a serious safety and productivity issue in the workplace.

People use drugs and alcohol for a number of reasons. When casual drug/alcohol users are asked why they choose to engage in substance use, 85% say it is because they enjoy the effect. The remainder say they drink and/or use drugs for recreation, relaxation, and to socialize.

But for more serious drinkers and drug users, the reasons can be

much deeper. Many are attempting to avoid physical or psychological pain. Some individuals use substances to relieve extreme stress or overcome boredom. Seeking excitement or out of a need to be rebellious are other reasons people choose to engage in substance *abuse*.

How much is too much? What differentiates use from abuse? For children and young adults whose brains are still developing, any alcohol or drug use is too much. For adults, the answer is more challenging and involves individual choice, their personal family history of addiction, and how they manage their lifestyle and goals. It is important for supervisors to understand that only a qualified mental health professional or addiction specialist can make an accurate diagnosis of a Substance Use Disorder (SUD).

Drug and alcohol abuse are complex mental health problems that are influenced by many factors. But one thing is sure; no one begins using drugs or alcohol to feel worse. The problem of course is that many people are predisposed to addiction, and once a person develops an SUD, stopping use can be extremely difficult.

A person who uses substances to cope with particular situations or consumes heavy amounts of drugs or alcohol over a short period of time (could be hours, days, or weeks), is at risk of becoming dependent on substance use. When an individual feels the need to keep taking drugs or drinking

just to feel "normal" or to avoid uncomfortable withdrawal symptoms, professional help is often needed to be able to stop using.

People who are in recovery from drug or alcohol addiction are subject to relapse if they encounter a "triggering event." A trigger is anything that makes an individual experience an urge to go back to substance abuse. Triggers can be a place, person, thing, smell, feeling, picture, or memory that reminds one of getting high. An individual in recovery who returns to work might be triggered to relapse by being around coworkers he or she used to drink or use drugs with.

Contributing Factors

In addition to the myriad of personal reasons employees may have for using drugs and alcohol, there can be external factors that increase the risk of substance abuse at work. In the same way that an employee's substance abuse can adversely impact the workplace, the work environment can affect how and why a person uses substances.

Certain situations can increase the likelihood of alcohol and drug use by employees. The following are examples of contributing factors to substance abuse at work:

Individuals who perform work that is boring, and/or isolating are more prone to substance abuse. Jobs that are not interesting or challenging create monotony that can lead to drinking and drug use as a means of escape.

Employees who lack control over work conditions and are subjected to

harassment or verbal and physical bullying are more likely to use drugs and alcohol. Feeling alienated at work can lead to mental and emotional distress that surfaces in the form of addictive behavior.

On the opposite end of the spectrum is when a culture of acceptance and submission exists in the workplace. Typically, male-dominated occupations are more prone to encouraging drinking and drug use. Research has found that predominantly male-controlled industries often create heavy drinking cultures where employees drink to build unity and are expected to show conformity. For example: construction, mining, excavation, installation, maintenance, and repair companies all experience higher than average substance abuse problems.

Easy access to alcohol or drugs at work also increases the rate of use. When it is no problem to bring drugs and alcohol in to work, to drink at one's desk or workstation and to get drunk or high during breaks, substance abuse significantly increases.

The level of supervision on the job can also affect drug and alcohol misuse. Workers with little or no supervision are more likely to drink at work than highly supervised workers. Supervisors who are actively engaged in promoting a safe workplace and protecting workers have lower rates of substance abuse within their divisions. This is why it is so important for supervisors to understand and enforce drug free workplace policies and support the company's drug free workplace program.