As Congress Focuses on Opioids, It Overlooks Meth and Other Drugs

Methamphetamine overdose deaths have skyrocketed in an epicenter of the opioid crisis.

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As recently as 5 years ago, much of Congress was either unaware of or untroubled by the opioid epidemic that was impacting their constituencies, and the amount of time they devoted to opioid misuse was woefully insufficient for the scale of crisis at hand. Today, that imbalance has certainly been righted, with Congress engaging in a flurry of legislative action to try and address the crisis. However, while the current opioid crisis has assumed the mantel of a genuine public health emergency in the eyes of legislators, eliciting calls for compassion and care that are unprecedented in the history of the War on Drugs, some localities are concerned that methamphetamine use is not getting the attention it deserves.

According to the Substance Abuse and Mental Health Service Administration's (SAMHSA) National Survey on Drug Use and Health, approximately 667,000 people aged 12 or older were current users of methamphetamine in 2016 and, between 2010 and 2014, there was a nearly 270% increase in drug overdose deaths involving methamphetamine. In some parts of the U.S., treatment providers are seeing rises in methamphetamine use that are equal to or greater than that of heroin.

For some providers of mental health and substance use disorder treatments, like Vancouver Lifeline Connections in Southwest Washington state, heroin has been replaced by stimulants like methamphetamine as the fastest growing drug of abuse that they see.

"(Meth) has always been here, but in some of our programs we're seeing an upswing in its use," said Lifeline Connections CEO Jared Sanford. "I think there's a fair amount of heroin and opiate overdose education going on… My perception is there may be folks saying, 'I don't want to do heroin anymore, because I don't know what's in it.' They think meth is safer — that they can't die from using it, which is wrong."

In West Virginia—a state that has widely been recognized of the epicenter if the opioid epidemic in the U.S.—methamphetamine overdose deaths have skyrocketed in recent years, increasing by more than 500% between 2014 and 2017. Of these overdose deaths, about half have also involved fentanyl, the extremely potent synthetic opioid that has been responsible for a large percent of the recent spike in drug overdose death.

These overdose deaths involving combinations of fentanyl, methamphetamine and other drugs serve to illustrate the tremendous role that polydrug use plays in the drug overdose deaths in general and the opioid-related deaths in particular. Right now, many lawmakers are so laser-focused on ending the opioid epidemic that they are missing the forest for the trees and failing to address rapidly growing levels of misuse of other substances, both in conjunction with and separate from opioids.

“With 115 Americans dying each day, we have to focus on the opioid crisis,” Rep. Mimi Walters (R-CA) remarked when defending her bill (H.R. 5797) to temporarily lift the ban on allowing Medicaid dollars to be used for inpatient opioid treatment in certain facilities, but not for other types of substance use disorder treatment. The House Energy and Commerce Committee advanced Rep. Walters’ bill last week, but only after criticism from a number of Democrats.

“I’m troubled that this bill would expand treatment only to people with opioid use disorder as opposed to those with other substance use disorders like alcohol, crack-cocaine, methamphetamine,” said Rep. Jan Schakowsky (D-IL). “This bill is not only blind to the reality faced by people suffering from substance use disorder, but it’s also discriminatory.”

AIDS United continues to advocate for resources that address substance (not just opioid) use disorders, for those who are ready and interested in treatment, and harm reduction for people actively using.

AIDS United strongly endorses Sen. Warren and Rep. Cummings CARE Act of 2018, for, among other things, its recognition and inclusion of community-based harm reduction programs as a core component of our nation’s collective response to the opioid crisis and its inclusion of services that address all kinds of substance use disorders.

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