




HOMELESS & HOUSING RESOURCE CENTER

Methamphetamine and the Transition to Housing: Strategies to Support People to Thrive in Permanent Housing



April 20, 2022
3:00-4:30pm ET



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Disclaimer



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- All participant lines will be muted and the chat feature is disabled
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Panelists

- **Courtney Pladsen**, DNP, FNP-BC, RN, Director of Clinical & Quality Improvement National Health Care for the Homeless Council, Portland, Maine
- **Kate Gleason-Bachman**, MPH, BSN, RN, Clinical and Quality Improvement Manager, National Health Care for the Homeless Council, Philadelphia, Pennsylvania
- **Christopher Lee Thomas** (He/Him), A.A. C.R.S.S, Training and Education Manager, Sonoran Prevention Works, Phoenix, Arizona
- **Chloe Cekada** (She/Her), BA, Director of Freedom Place, Amistad, Portland, Maine
- **Jeffrey Jackson** (He/Him), MA, Assistant Director of Housing, Pathways to Housing PA, Philadelphia, Pennsylvania



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Research | Training & Technical Assistance | Policy & Advocacy | Consumer Voices

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Who We Are

- Since 1986, we have brought together thousands of [health care professionals](#), [medical respite care providers](#), [people with lived experience of homelessness](#), and advocates. Our 200+ Organizational Members include [Health Care for the Homeless](#) programs, respite programs, and housing and social service organizations across the country.

What We Do

- We work to improve homeless health care through [training and technical assistance](#), [researching](#) and sharing best practices, [advocating](#) for real solutions to end homelessness, and [uplifting voices](#) of people experiencing homelessness.

What You Can Do

- [Learn more about how you can help support our mission.](#)


GET INVOLVED

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Self-care

- These are difficult topics as they intersect with our personal and professional experiences.
- In this webinar we discuss substance use, harm reduction, and mental health. These topics may feel uncomfortable and what is discussed may be different than your personal beliefs and that is ok!
- Your personal journey is your own.



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Content

- Methamphetamine Basics
 - Methamphetamine Use in the United States
 - How Methamphetamine Is Used
- Drivers of Methamphetamine Use
 - Adverse Childhood Experiences
 - Depression
 - Survival Needs
 - The Impact of Methamphetamine on the Body, the Brain, and Behavior
- Housing Considerations for People Who Use Methamphetamine
 - Setting Expectations and Promoting Boundaries
- Treatment and Management Approaches for People Using Methamphetamine
 - Addressing Acute Symptoms of Methamphetamine Use
 - Treatment for Methamphetamine Use Disorder

Guide to Methamphetamine Use, Treatment, and Housing Considerations for People Experiencing Homelessness

APRIL 2022

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Conversation Framing

We are hearing across the country that our communities are struggling

1 Lack of low barrier, harm reduction-based housing

4 Rising evictions among PWUD, specifically those who use MA

2 Poisoned drug supply

5 Increased mental health distress

3 Lack of treatment options

6 Community scrutiny

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Methamphetamine Basics

Methamphetamine (MA) is a powerful central nervous system stimulant that people use to induce many different effects. MA increases the release of dopamine in the brain and, as such, acts as a potent antidepressant and causes high levels of euphoria, which can be a driver of addiction to this substance. In addition to euphoria, MA use causes the following:

- increased wakefulness and physical activity
- racing heart
- insomnia
- sweating
- talkativeness
- increased blood pressure and body temperature
- decreased appetite

It can also cause other symptoms, including anxiety, paranoia, hallucinations, and psychosis. It is a synthetic, easily dissolved, odorless, crystalline powder or crystal "rock" that can be ingested orally, smoked, inhaled/ snorted, or injected.

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Methamphetamine Use in the United States

- There was a 43 percent increase in reported MA use between 2015 and 2019, with 2 million Americans reporting MA use in 2019.
- Rates of methamphetamine use disorder (MAUD) also increased, as did polysubstance use with cocaine and opioids, reports of daily MA use, and reports of injecting MA (over other methods of use).

U.S. Overdose Deaths Involving Methamphetamine in People Ages 25 – 54*

Year	U.S. Average	Rate of People Under 25 (England)	Rate of People 25-54 (England)	Rate of People 55+ (England)
2011	1.1	0.7	1.2	0.7
2012	1.2	0.8	1.3	0.8
2013	1.3	0.9	1.4	0.9
2014	1.4	1.0	1.5	1.0
2015	1.5	1.1	1.6	1.1
2016	1.6	1.2	1.7	1.2
2017	1.7	1.3	1.8	1.3
2018	1.8	1.4	1.9	1.4

NIH National Institute on Drug Abuse drugabuse.gov

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Treatment for Methamphetamine Use Disorder

Philosophical Approach	Client Driven: "Treatment" should always be decided when and how by the individual and their goals	Harm Reduction Based: cessation of MA is not in conflict with harm reduction
Treatment Interventions	Psychosocial-based interventions: contingency management and the Community Reinforcement Approach are the most effective treatment options	Medications have demonstrated some positive results in reducing cravings, but the observed treatment effects have not been large, and no FDA-approved medications for the treatment of MAUD currently exist.

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Methamphetamine and Housing

Setting up for Success:

- Harm reduction approach
- Tenant as a partner in planning and problem solving
- Setting expectations and supporting boundaries
 - The lease in practice
 - Available supports
 - Identifying and communicating boundaries

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Challenges in Housing:

- Increased use
- Health concerns
- Unit take over/abandonment
- Community integration
- Property damage
- Overdose risk
- Conflict with neighbors or landlord
- Traffic in unit
- Frequent lock-outs

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Before Move-In

What will substance use look like?


- ✓ Any goals related to their use?
- ✓ Plan to use in unit, community, both?
- ✓ Who can use in the unit and how can they control this?
- ✓ Safety plan for overdose
- ✓ Safety plan for if they experience symptoms of over-amping

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Before Move-In: Additional Supports

- Identify how to call-in supports
- Assess baseline functional status
- Orient to the community and local resources
- Consider a lock box if lockouts are a concern
- Connect to primary care, behavioral health care, or substance use treatment
- Review boundaries, lease



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Safety Plans

Safer Use:

- Plan to use with others?
- Use of test dose/fentanyl test strips
- Availability of naloxone
- Sharps management
- Access to a phone

Plan for Over-amping:

- Identify potential supports
- What actions could help – e.g. hydration, food, change of scene
- What steps could make them/the unit feel safer?

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Prevention of Acute Symptoms

- Safety Plan** Create a safety plan at move-in that addresses substance use, including goals and self-management strategies, as well as potential supports in times of crisis.
- Communication** Explicitly name potential challenges related to MA use and housing; keep an open dialogue, especially if use and/or external stressors are increasing.
- Crisis Follow-up** Following any incident related to MA use (e.g., agitation, emergency room visit, or damage to the apartment), debrief with the tenant and plan for prevention/ management should symptoms recur

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Management of Acute Symptoms

- **Bring up the individual's safety plan** and prompt them to use self-management strategies and offer to communicate/link them with pre-identified supports.
- **Support nutrition and hydration needs:** people using MA over several days and in crisis have often not eaten or consumed liquids.
- **Assess for sleep:** help the person problem-solve how they might pause use and attempt to sleep or rest.
- **Facilitate reasonable measures to increase a sense of safety,** e.g., closing curtains, supporting the tenant in asking guests to leave, decreasing external stimuli (traffic in and out of unit, TV/ radio), or demonstrating that their door lock functions.

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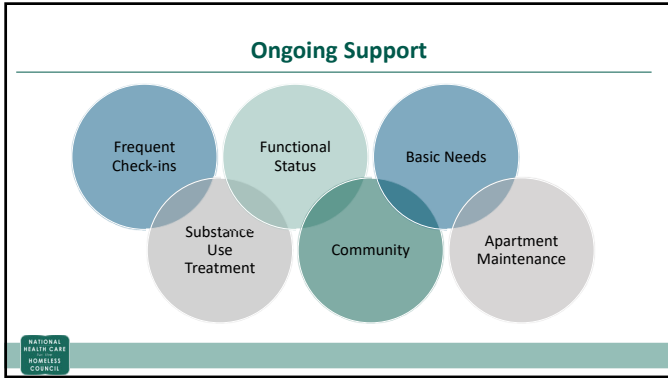
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Management of Acute Symptoms: Multidisciplinary Team Approach

Safety plan and phone access to team	Work with multidisciplinary team to meet specific needs
Coordinate with emergency services	Make a specific follow-up plan with client and team

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Panelists

- > **CHRISTOPHER LEE THOMAS** (HE/HIM), A.A, C.R.S.S
Training and Education Manager, Sonoran Prevention Works, Phoenix, Arizona
- > **CHLOE CEKADA** (SHE/THEY), BA
Resident Support of Freedom Place, Amistad, Portland, Maine
- > **KARI LOFGREN** (SHE/HER)
Advocate, Portland, Maine
- > **JEFFREY JACKSON** (HE/HIM), MA
Assistant Director of Housing, Pathways to Housing PA, Philadelphia, Pennsylvania

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Questions?

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Contact Us:

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