Meadows Mental Health Policy Institute

Texas Substance Use Disorder Landscape Supplement: Methamphetamine Use

The Drug Enforcement Administration's (DEA) Field Divisions in Houston and Dallas have rated methamphetamine as the number one drug threat in Texas. The United States Congress passed laws to curtail the production of methamphetamine by limiting the ability to purchase pseudoephedrine-based cold medicine, a key ingredient in the manufacture of methamphetamine. However, the precursor to pseudoephedrine, phenyl-2-proponone (P2P), is now being used to make the drug. While P2P is illegal in the United States, it is legal in Mexico and Mexican-produced methamphetamine made from P2P accounts for 98% of the methamphetamine in the U.S. In addition, the P2P method produces a more potent methamphetamine, which results in more psychostimulant effects. ²

How Many Texans Use Methamphetamines?

- Four percent of people in poverty have used methamphetamine. In comparison, fewer than 3% of people in poverty have used heroin.
- The tables below compare rates of use in the general Texas population, by substance:

Substance Use and Substance Use Disorders in the Past Year – Youth Ages 12-17³

Substance	Substance Use		Substance Use Disorder – Mild		Substance Use Disorder – Moderate and Severe		
	Rate	Estimate	Rate	Estimate	Rate	Estimate	
Alcohol ⁴	10%	250,000	1.9%	45,000	1%	30,000	
All Illicit Drugs	N/A	N/A	1.7%	40,000	1.9%	45,000	
Marijuana	12%	290,000	N/A	N/A	N/A	N/A	
Cocaine	0.7%	15,000	N/A	N/A	N/A	N/A	
Heroin	0.05%	1,000	N/A	N/A	N/A	N/A	
Methamphetamine ⁵	0.4%	10,000	N/A	N/A	N/A	N/A	

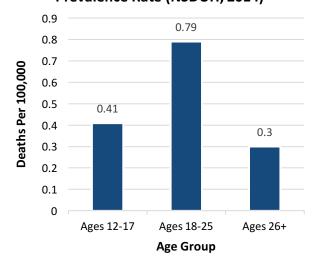


Substance Use and Substance Use Disorders in the Past Year – Adults Ages 18+6

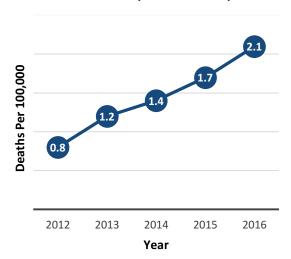
Substance	Substance Use		Substance Use Disorder – Mild		Substance Use Disorder – Moderate and Severe	
	Rate	Estimate	Rate	Estimate	Rate	Estimate
Alcohol ⁷	53%	10,600,000	4%	760,000	3%	650,000
All Illicit Drugs	N/A	N/A	0.6%	110,000	1.5%	300,000
Marijuana	10%	2,000,000	N/A	N/A	N/A	N/A
Cocaine	2%	300,000	N/A	N/A	N/A	N/A
Heroin	0.1%	25,000	N/A	N/A	N/A	N/A
Methamphetamine ⁸	0.4%	75,000	N/A	N/A	N/A	N/A

- In 2016, 577 Texans died from methamphetamine overdoses (note: number refined since the Substance Use Disorder Landscape released in early February 2018). In comparison, 1,375 Texans died from opioid-related overdoses in 2016.
- Between 2012 and 2016, the rate of methamphetamine-related deaths has nearly tripled, from 0.8 to 2.1 deaths per 100,000 people. This is a faster rate of increase than the increase in deaths from opioids over the same period.
- The following charts summarize prevalence rates associated with methamphetamine use and methamphetamine-related deaths:¹⁰

Methamphetamine Use, 12-Month Prevalence Rate (NSDUH, 2014)

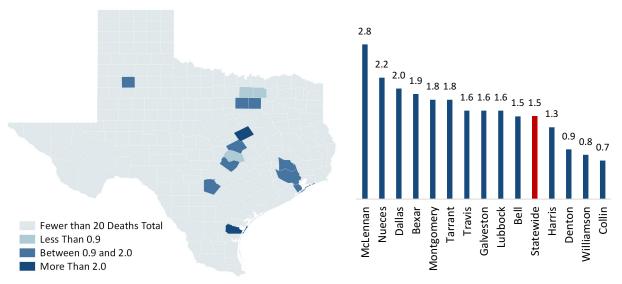


Texas Methamphetamine-Related Deaths (2012 to 2016)





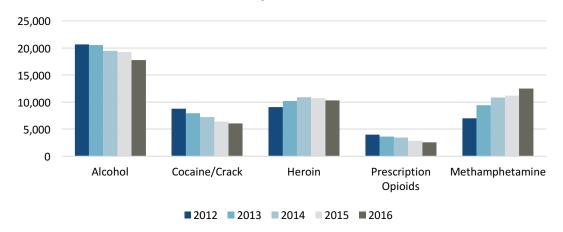
Age-Adjusted Deaths by County, Rate Per 100,000 (2012 to 2016)



Public System Treatment for Methamphetamine Use

Methamphetamine is increasing as the primary drug of choice among all individuals admitted to treatment funded through the HHSC contracted provider system. In calendar year (CY) 2012, methamphetamine accounted for 10% of all treatment admissions. By CY 2016, it had increased to 17% of all treatment admissions. The following chart and table provide a comparison of treatment admissions for methamphetamine compared to other primary drugs:¹¹

Treatment Admissions by Select Substances, 2012 - 2016





Texas Health and Human Services – 2016 Treatment Admissions by Primary Substance							
Primary Substance	2012	2013	2014	2015	2016		
Alcohol	28%	27%	25%	26%	24%		
Cocaine/Crack	12%	10%	9%	9%	8%		
Heroin	12%	13%	14%	14%	14%		
Prescription Opioids	5%	5%	5%	4%	3%		
Methamphetamine	10%	12%	14%	15%	17%		
All Other Drugs	33%	33%	33%	32%	34%		
Total Admissions	100%	100%	100%	100%	100%		

Best Practices for Methamphetamine Treatment

- The most well-studied approach for treating methamphetamine use disorder is called the **Matrix Model**, ¹² which involves a structured "matrix" of interventions that combines three best practice interventions: motivational enhancement, cognitive-behavioral skills training, and contingency management.
- Methamphetamine use disorders are **commonly associated with a variety of co-morbid psychiatric conditions**. These range from anxiety and mood disorders to psychosis, as well as cognitive impairment. Consequently, programs working with individuals with methamphetamine use disorders must be able to address these co-occurring needs.
- Note that, at present, there is no FDA-approved medication for methamphetamine
 use disorders (unlike medication-assisted treatment for alcohol and opioid use
 disorders), though many agents have been studied. Researchers in Texas at Baylor
 College of Medicine and elsewhere are working on various innovative approaches.



End Notes and Citations



¹ These laws include the Comprehensive Methamphetamine Control Act of 1996 (see https://www.gpo.gov/fdsys/pkg/FR-1997-02-10/pdf/97-3086.pdf) and the Combat Methamphetamine Epidemic Act of 2005 (part of the Patriot Act; see https://www.deadiversion.usdoj.gov/meth/cma2005_general_info.pdf).

² United States Drug Enforcement Agency. (2017, January). *Methamphetamine profiling program*.

³ Prevalence rates for Alcohol, "All Illicit Drugs," Marijuana, Cocaine, and Heroin obtained from 2014-2015 National Survey on Drug Use and Health: Model-Based Prevalence estimates (50 States and the District of Columbia). Prevalence rates were applied to Texas Demographic Center population estimates for 2015. For any use, the alcohol use rate is "past month" whereas other substances are "past year." For mild use, the rate is based off of NSDUH rates for substance abuse. For moderate to severe use, the rate is based off NSDUH rates for dependence.

⁴ For alcohol use only, estimates are for the past month, not past year.

⁵ National Survey of Drug Use and Health. (2014). Analysis ran using SDA 3.5: Tables. The percentage of people who used methamphetamine in the past year by age is based on MTHYR (Methamphetamine – Past Year Use) multiplied by CATAG2 (Age Categories). Prevalence rates were applied to Texas Demographic Center population estimates for 2015.

⁶ Prevalence rates for Alcohol, "All Illicit Drugs," Marijuana, Cocaine, and Heroin obtained from 2014-2015 National Survey on Drug Use and Health: Model-Based Prevalence estimates (50 States and the District of Columbia). Prevalence rates were applied to Texas Demographic Center population estimates for 2015. For any use, the alcohol use rate is "past month" whereas other substances are "past year." For mild use, the rate is based off NSDUH rates for substance abuse. For moderate to severe use, the rate is based off NSDUH rates for dependence.

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⁹ Centers for Disease Control and Prevention, National Center for Health Statistics. (2017, December). *About multiple cause of death 1999-2016*. Data are from the Multiple Cause of Death Files, 1999-2016, CDC WONDER Online Database, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved on February 21, 2018, from http://wonder.cdc.gov/mcd-icd10.html. Overdose deaths are classified using underlying cause-of-death ICD-10 codes: X40-44, X60-64, X85, and Y10-Y14. Methamphetamine-specific cause of deaths use the underlying cause of death codes and the substance-specific multiple-cause-of death code T43.6 (psychostimulants with abuse potential).

¹⁰ Counties reporting fewer than 20 deaths in the reported time period are not shown.

¹¹ Data obtained from: Maxwell, J. (2017). Substance abuse trends in Texas 2017: A report to the National Drug Early Warning System. Addiction Research Institute, Steve Hicks School of Social Work, The University of Texas at Austin. Retrieved from https://socialwork.utexas.edu/dl/ari/texas-drug-trends-2017.pdf

¹² Rawson, R.A., and McCann, M.J. (n.d.). *The Matrix Model of intensive outpatient treatment: A guideline developed for the Behavioral Health Recovery Management project*. Retrieved from https://www.matrixinstitute.org/wp-content/uploads/2014/03/Matrix_Model-Description-and-Outcomes-Research.pdf