



Overview

Methamphetamine use in Iowa is historically high, rising, and increasing at a faster rate than the region or nation as a whole. Over the past decade, methamphetamine has penetrated new markets in Iowa. It is spreading from rural to urban places, from lower to higher education groups, and from younger to older ages. Methamphetamine use is increasing among Hispanic and Native American populations and also among women, including expecting mothers. Homelessness among people who use methamphetamine (PWUM) is more common now than it was in the past, and is higher in Iowa than regionally or nationally. Methamphetamine represents a growing share of all chemicals identified in Iowa drug seizure lab tests, more than doubling from 21% in 2011 to 44% in 2019. Most seriously, overdose mortality attributable to methamphetamine use in Iowa is on the rise. *Read more on page 5.*

"I think that meth is a lot more dangerous now...they've done a very good job of stopping the homegrown labs. But with that, the big super labs in Mexico and stuff are making it, and they're making [it] different, and I think it's more dangerous and more unpredictable than what it was when we were younger."

-Person with Lived Experience

Availability, Purity, Potency, and Price

People with lived experience describe methamphetamine as more addictive now than it was five years ago. The drug remains widely available in Iowa, and drug enforcement professionals and people with lived experience describe easy access, low prices, and high chemical purity and drug potency. Those with decades-long histories of methamphetamine use report the current drug profile is more addictive and more likely to cause psychosis compared with methamphetamine purchased prior to 2015. Lab seizure data confirm dangerous changes to the chemical composition of the drug. Risky, intravenous methamphetamine use has doubled over the past decade, and non-intravenous use has become easier and more discreet. Methamphetamine in Iowa comes in many forms, including pills, lollipops, liquid (vape-friendly), and smokable variants. This makes concealment easier and also likely gives it a less stigmatizing and more socially acceptable appearance. When methamphetamine production moved from local labs to transnational drug cartels nearly a decade ago, cultural norms around use were redefined on issues such as using while pregnant, using with young children present, and the appropriateness of lacing methamphetamine with other drugs. *Read more on page 22.*

Rising Polysubstance Use

More than 8 in 10 Iowans who seek treatment for methamphetamine report using a combination of drugs, most often mixing methamphetamine with alcohol, cannabis, cocaine, or opioids. This polysubstance use pattern is separate and distinct from recent reports of people unintentionally purchasing methamphetamine that has been cut with fentanyl, heroin, bath salts, or other drugs. In focus groups and interviews, people who intentionally combine methamphetamine with other substances indicate they use drug cocktails to mitigate the effects of methamphetamine use, combat withdrawal, or produce a stronger high. Harm reduction advocacy groups and treatment providers reflect on whether these and other harm reduction strategies to minimize psychosis and paranoia are appropriate, safe, and effective for people who use methamphetamine. *Read more on page 28.*

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PSC Executive Summary

Gendered Drivers of Use

Iowans who use methamphetamine describe a wide range of motivations depending on their lived experience, life stage, and gendered norms and expectations. **The four most commonly reported drivers of methamphetamine use in Iowa include: body image management, pleasure, productivity, and numbing of past traumas and physical pain.** Notably, men and women experience motivations for these key drivers in different ways. Further, treatment providers affirm that motivations for use are often gendered in nature, even if men and women describe using for similar reasons. Weight loss was cited as a motivation to use methamphetamine, but *only* among the women we spoke with, and there was nearly universal agreement that methamphetamine helps women to maintain or lose weight which results in improved self-esteem. However, the men we interviewed did not identify image management as a rationale for use, but rather describe how methamphetamine use negatively impacts their appearance and self-perception. Conversely, men and women alike describe using methamphetamine for pleasure, either seeking a high or for the purpose of having sex while under the influence. Similarly, men and women both report using methamphetamine to increase productivity or to numb the effects of physical pain and trauma. *Read more on page 36.*

The Impact of COVID-19

Despite the widespread societal impacts of COVID-19, the pandemic was only marginally referenced by the participants we interviewed. When directly asked about the impact of the pandemic on methamphetamine use and treatment, providers and people with lived experience shared both positive and negative changes in treatment approaches, drug supply, and overall use. Positive impacts include the ability to have family members participate in treatment sessions virtually and the additional time given for clients to detox and

prepare for treatment as a result of mandatory quarantining. Negative impacts include disruption of services and staffing shortages. There are mixed reports of methamphetamine supply shortages and price gouging depending on geography. Overall, providers note an increase in clients entering treatment for methamphetamine use during the pandemic and report anxiety about future rates increasing due to pandemic-related family traumas. *Read more on page 46.*

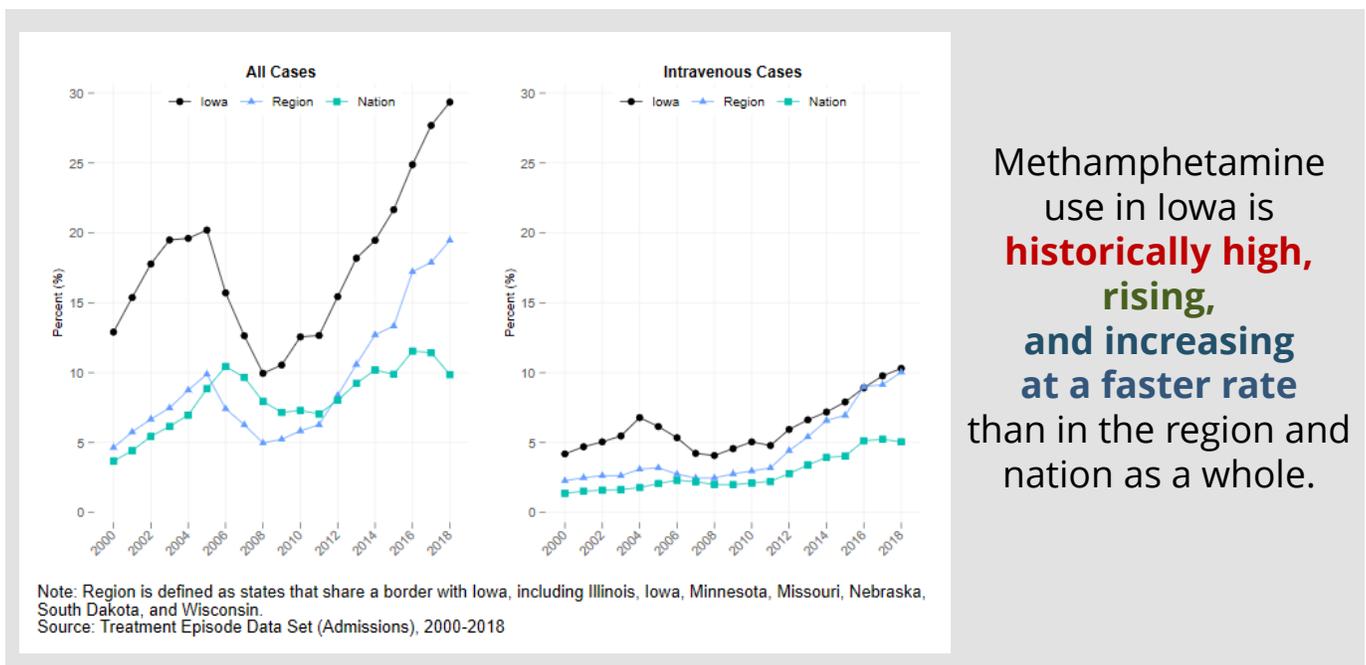


Table 1. Change in Methamphetamine Use Over Time in Iowa, Region, and Nation, 2000-2018

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PSC Executive Summary

Treatment Providers Respond to Methamphetamine Use in Iowa

Three facts drive our recommendation to support new prevention, treatment, and recovery options for people who use methamphetamine (PWUM). First, **over a third of Iowans who enter treatment report methamphetamine use**. Second, **the majority of these are diagnosed with co-occurring mental health and substance use disorders** (65%). And finally, our evaluation revealed that **treatment for PWUM is becoming more difficult to provide and less likely to produce sustained sobriety**. Our statistical analysis reveal declines in treatment completion in recent years and a ‘revolving-door’ of treatment episodes, which now average three or more treatment experiences for each PWUM. According to the treatment providers and substance use counselors we interviewed, the treatment needs for this population are high and people enter treatment having limited recovery capital, including loss of family or friend support, steady employment, personal possessions, medications, and stable housing. Much of this loss is attributable to harmful use. Treatment times are frequently cited as too short, as there is need for additional time for detox, to stabilize a client’s physical and mental health, to address co-occurring mental health disorders, and to prepare a client for discharge. Reported barriers to preparing a client for discharge include long waitlists, limited availability of mental health services, and lack of safe and affordable housing. *Read more on page 50.*

What Can Be Done?

The insights revealed in this report may lead readers to ask “What can be done?”. To identify targeted, relevant, and non-theoretical solutions, the Public Science Collaborative worked in the field with focus groups, communities, and individual interviews to collect actionable ideas. People who use methamphetamine and treatment providers alike provided recommendations for how to reduce methamphetamine use in Iowa. Emphasis was placed on the need for more early childhood **prevention** programming. There was also consensus that **treatment** should include longer stays that provide adequate time for detoxing and for addressing significant co-occurring mental health disorders. After substance use onset, suggestions centered on improving the effectiveness of incentive-based interventions, positive life skills training, and psychosocial and pharmacological interventions. Many providers and people with lived experience called for increased wraparound services to support

people’s ability to navigate the end of treatment. This included connecting people with housing, employment, and healthcare to prevent relapse and sustain **recovery**. There is also a crucial need for culturally responsive prevention, treatment, and recovery resources. Most consistently, people voiced a need to reduce stigma related to substance use, particularly in criminal justice and healthcare settings. Here in Iowa, that may mean expanding tailored prevention and treatment programs for specific geographic regions and populations.

The Public Science Collaborative has developed online data resources to support public health leaders in targeting methamphetamine prevention and treatment resources to the people and places in greatest need of support. Explore our methamphetamine vulnerability index online at: https://publicsciencecollaborative.shinyapps.io/methamphetamine_vulnerability/. *Read more on page 61.*

Data for this report include:

- 37 ninety-minute ethnographic interviews with people who use meth (PWUM)
- 30 focus group interviews with PWUM
- 25 focus group interviews with inpatient residential treatment center providers
- Informal discussions with community leaders, harm reduction advocacy groups, police chiefs, assisted housing providers, and medical professionals
- Treatment Episode Data Set- Admission and Discharge (TEDS), 2000-2018
- National Survey on Drug Use and Health data (NSDUH), 2015-2019
- National Forensic Laboratory Information System data (NFLIS), 2007-2019
- Monitoring the Future data (MTF), 2017-2020
- The United States Census American Community Survey data (ACS), 2015-2019
- Center for Disease Control WONDER Multiple Cause of Death data, 2014-2019
- National Health Statistics, Vital Statistics Registry data, 2014-2021
- The Iowa Public Health Tracking Portal, Sexually Transmitted Disease data (IDPH STD), 2011-2019