METHAMPHETAMINE PLAN IMPLEMENTATION REPORT

APRIL 2023

THE WHITE HOUSE
EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY

Part I: Introduction

On March 14, 2022, President Biden signed into law the Methamphetamine Response Act of 2021, which formally designated methamphetamine as an evolving and emerging drug threat under *The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018* (P.L. 115-271, dated October 24, 2018). After such a designation, the Office of National Drug Control Policy (ONDCP) is required to produce a response plan. In consultation with other National Drug Control Program Agencies (NDCPAs), ONDCP developed the *Plan to Address Methamphetamine Supply, Use and Consequences*, which was published on May 5, 2022[1].

The SUPPORT Act, in addition to requiring a specific response plan, also mandates that ONDCP provide implementation guidance. This guidance was issued by memorandum from Dr. Gupta to NDCPAs on July 21, 2022. The NDCPAs, in turn, were required to produce implementation reports and submit them to ONDCP in September 2022. These agency reports were utilized to produce this implementation report and update, which is also required by the SUPPORT Act, and must be submitted to Congress.

The report that follows provides an updated assessment of the methamphetamine threat (part II); an assessment of progress made by the Biden-Harris Administration in implementing the report (part III); and a brief conclusion (part IV).

Part II: The Challenge Posed by Methamphetamine

Today's drug supply is highly complex, evolving, and lethal. Consuming multiple substances has consistently been commonplace among people who use drugs and people with substance use disorders. In fact, toxicology reports on individuals who suffer a fatal overdose involving methamphetamine also typically reveal involvement of synthetic opioids such as illicit fentanyl as well. The data are still emerging on when and how this polysubstance use occurs, but the fact is that there is no mistaking the fact that the toxicity of today's drug supply is driving overdose deaths in multiple drug types, including methamphetamine.

The United States faces a crisis due to the rise of methamphetamine-related overdoses. The Centers for Disease Control and Prevention (CDC) estimates about 33,800 methamphetamine-related fatal overdoses involving drugs in the methamphetamine category in the 12-month rolling total ending in October 2022. This statistic reflects a significant increase over the past several years (see Figure 1 below). In 2016, fatal overdoses involving the methamphetamine category were just under 6,000. When methamphetamine emerged as a drug of concern near the turn of this century, overdose deaths involving the methamphetamine category averaged less than 2,000 per year.

[1] ONDCP-Plan-to-Address-Methamphetamine-Supply-Use-and-Consequences.pdf (whitehouse.gov)).

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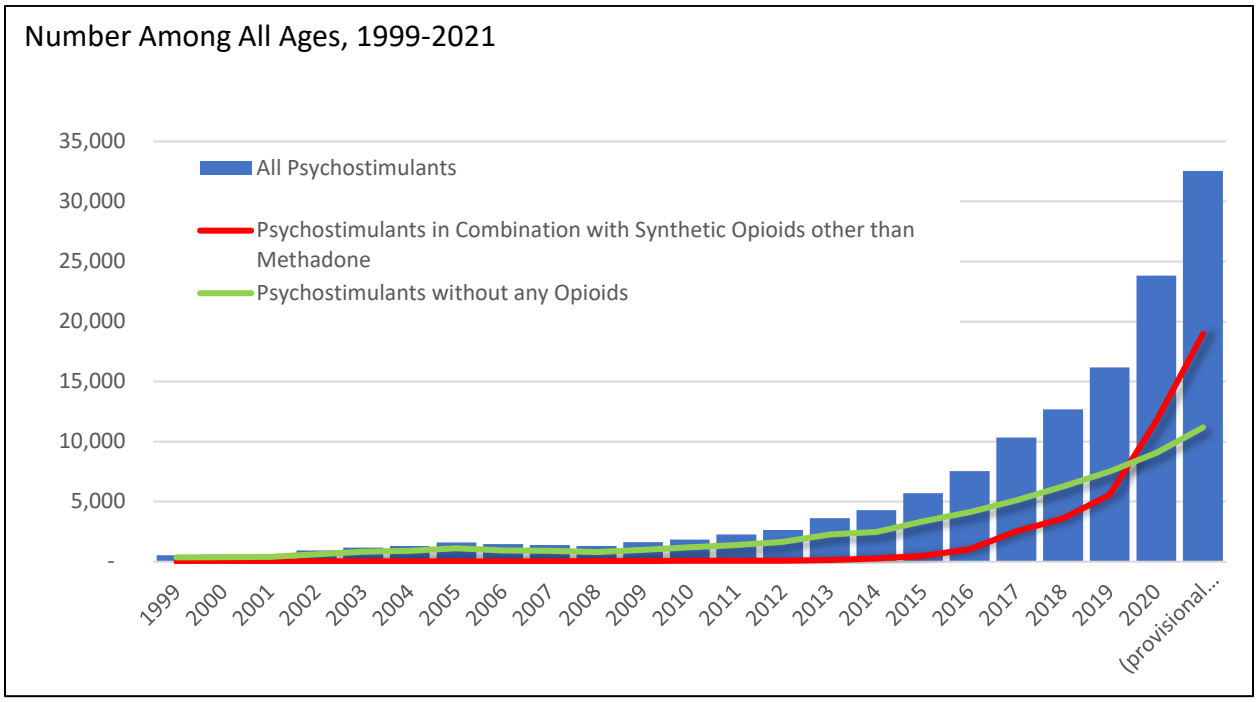
According to toxicological reporting, more than 60 percent of persons whose cause of death involved methamphetamine use were also found with synthetic opioids in their bodies. Further, it is common for some persons to intentionally combine[2] substances. Some people use methamphetamine to counter the sedative effects of opioids. This type of polydrug use, especially considering the potential for street drugs to contain potent fentanyl analogues or other additives, increases the risk of an overdose or other harms. A 2022 analysis concluded that "public health studies show that co-use of methamphetamine and opioids is growing rapidly across the United States[3]."

Figure 1

National Overdose Deaths Involving Psychostimulants* alone and by Opioid Involvement



*Data are for psychostimulants with abuse potential (MCD-10 T43.6), a class dominated by methamphetamine (>90%). CDC. [CDC WONDER Online Database]. Accessed August 23, 2022. http://wonder.cdc.gov/mcd-icd10.html.

Another reason for the significant increase in methamphetamine-involved overdose deaths is the ready availability of the supply. Indeed, the supply of methamphetamine in the United States,

[2] Duhart Clarke SE, Kral AH, Zibbell JE. Consuming illicit opioids during a drug overdose epidemic: Illicit fentanyls, drug discernment, and the radical transformation of the illicit opioid market. Int J Drug Policy. 2022 Jan;99:103467. doi: 10.1016/j.drugpo.2021.103467. Epub 2021 Oct 15. PMID: 34662847; PMCID: PMC8755588.

[3] Montero, Fernando, Philippe Bourgois, and Joseph Friedman. "Potency-Enhancing Synthetics in the Drug Overdose Epidemic: Xylazine ("Tranq"), Fentanyl, Methamphetamine, and the Displacement of Heroin in Philadelphia and Tijuana." Journal of Illicit Economies and Development 4.2 (2022).

produced primarily in Mexico, has increased [4]. At the same time, according to the Drug Enforcement Administration's (DEA) 2020 National Drug Threat Assessment, the price of methamphetamine remains low compared to other commonly misused drugs, even as the potency of methamphetamine has increased to 97.5 percent according to 2019 data[5].

Although methamphetamine was, earlier this century, seen primarily as a public health challenge for western states, consumption has now spread widely throughout the United States. According to DEA "…methamphetamine has become more prevalent in areas that historically were not major markets for the drug, particularly the Northeast[6]."

The Administration's Methamphetamine Plan calls on every federal agency with a role in drug policy to intensify their focus on this threat (though no new resources were made available with the passage of the methamphetamine-related legislation). More focused work is required across all aspects of the problem, including international supply reduction, border interdiction, domestic law enforcement, prevention, treatment, recovery, and harm reduction. Research is also an important part of the Methamphetamine Plan due to the urgent need to develop effective medications for overdose, withdrawal and to treat methamphetamine use disorders, as well as to improve the uptake of existing evidence-based behavioral interventions, including contingency management. This behavioral intervention is defined in the academic literature as: "the process by which positive behaviors (such as negative urine drug screens, attendance at medical appointments) are rewarded and negative behaviors result in consequences[7]."

As shown in the next part of this report, considerable efforts are underway by the Biden-Harris Administration to accelerate policy, program, and research responses to this ongoing public health threat. Although there is much more work to be done, important efforts have already been made in addressing this challenge.

[4] Justin C. Strickland, Jennifer R. Havens, William W. Stoops, A nationally representative analysis of "twin epidemics": Rising rates of methamphetamine use among persons who use opioids, Drug and Alcohol Dependence, Volume 204, 2019, 107592, ISSN 0376-8716,m https://doi.org/10.1016/j.drugalcdep.2019.107592.
[5] https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment_WEB.pdf
[6] Ibid.
[7] Turner, S., Nader, M. & Lurie, E. A contingency management approach for treatment of methamphetamine use disorder and human immunodeficiency virus antiretroviral treatment adherence in pregnancy to prevent mother-to-child transmission: a case report. J Med Case Reports 16, 165 (2022). https://doi.org/10.1186/s13256-022-03391-x

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Part III: Methamphetamine Plan Actions Progress Update

This section consists of an update on progress in implementing action items from the Methamphetamine Plan. As in the original Methamphetamine Plan, the action items are broken down in the following categories: Supply Reduction and Trafficking, Data and Research, Prevention, Harm Reduction, Training and Education, and Treatment.

SUPPLY REDUCTION AND TRAFFICKING

1. **Continue to work with law enforcement task forces nationwide and internationally to increase focus on methamphetamine trafficking and establish additional task forces as deemed necessary.**

   Departments and Agencies: Department of Justice (DOJ)/Drug Enforcement Administration (DEA), Organized Crime Drug Enforcement Task Forces (OCDETF), Department of Homeland Security (DHS)/Immigration and Customs Enforcement (ICE)/Homeland Security Investigations (HSI)/Border Enforcement Security Task Forces (BEST), Department of the Interior (DOI)/Bureau of Indian Affairs (BIA), ONDCP/High Intensity Drug Trafficking Areas (HIDTA), and United States Postal Service (USPS)/U.S. Postal Inspection Service (USPIS).

Progress Update:

Both the Sinaloa Cartel and the Jalisco New Generation Cartel (CJNG) have networks that stretch across the world. Both cartels purchase the vast majority of their precursor chemicals—the essential ingredients used to manufacture synthetic drugs—from chemical production companies located in China. DEA, DHS, HIDTA, and OCDETF support task forces that include a focus on combating methamphetamine trafficking, distribution, disrupting, and dismantling the entire supply chain of both methamphetamine precursor chemicals and the finished product.

DEA is coordinating all of its global operations to accomplish a critically-important objective: defeating the Sinaloa Cartel and CJNG. DEA has created two cross-agency counter-threat teams that focus exclusively on defeating these two cartels. These teams will lead DEA's global efforts to defeat the two cartels by mapping, analyzing, and targeting their entire networks. Rather than focusing operational resources solely on the leaders of the Sinaloa and Jalisco Cartels, DEA is using targeting teams to map their entire networks and carry out operations against the critical links in the organizations that are essential to their operations. DEA has identified cartel members, associates, and facilitators operating in over 40 countries.

DEA is simultaneously targeting the local drug trafficking organizations that are harming our communities through Operation Overdrive. Operation Overdrive uses a data-driven,

intelligence-led approach to identify and dismantle criminal drug networks operating in locations with the highest rates of violence and drug poisoning deaths. In each of these locations, DEA is working with local and state law enforcement officials to conduct threat assessments identifying the criminal networks and the connections to the Sinaloa Cartel and CJNG that are driving the most harm. Once identified, DEA works with state, local, and federal law enforcement and prosecutorial partners to pursue investigations and prosecutions that will reduce drug related violence and drug poisonings. DEA has 92 offices in 69 countries, and maintains a robust relationship with foreign partners around the world. DEA works closely with law enforcement partners in these host countries and in other countries to support counter-methamphetamine efforts and to target methamphetamine traffickers.

ICE/HSI employs a task force model by capitalizing on its close partnerships with federal, state, local, tribal and international law enforcement as a force multiplier to combat the smuggling of methamphetamine through U.S. borders and points of entry. ICE/HSI supports 84 BESTs (Border Enforcement Security Task Forces), an increase of 13.5% since FY 2020. ICE/HSI also participates in OCDETF and has 11 operational Transnational Criminal Investigative Units and 2 international task forces.

The USPIS has created a Southwest Border Initiative (SWBI) to combat the influx of illicit synthetic opioids and methamphetamine that are smuggled across the US/Mexico border then placed in the domestic mail system to be distributed within the US. The need for the SWBI can be attributed directly to the dramatic increase in Mexican drug cartel interaction with Chinese chemical companies.

2. Continue federal oversight of pill press and tableting equipment importation, sales, and illicit use in the United States.

Departments and Agencies: DOJ/DEA, ONDCP, Department of State (DOS).

Progress Update:

DEA has statutory authority to regulate imports, exports, and domestic distributions of tableting machines (machines). Anyone who imports, exports, or distributes a machine must: (1) keep a record of the transaction; (2) report the transaction to DEA; and, (3) identify each party to the transaction. DEA reviews all DEA Form 452s to ensure that the required information on the Form 452 is provided and to determine whether any follow up or further investigation is necessary.

To further advance international control of pill presses and tableting equipment, DOS is developing a project with the International Narcotics Control Board (INCB) to enhance efforts to provide global guidance material on preventing the trade in drug manufacturing equipment, such as pill presses, for illicit drug production. These efforts related to controlling the importation and illicit use of pill presses have a direct impact on methamphetamine supply disruption.

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3. **Continue to engage with Mexico to prioritize a considerable reduction in methamphetamine production. Continue to work with China, India, and other countries to add a list of methamphetamine precursors to the existing list of controlled products.**

   Departments and Agencies: DOJ/DEA, Department of Health and Human Services (HHS), ONDCP, DOS.

Progress Update:

DEA's Diversion Division regularly works with State's Bureau of International Organization Affairs (IO) and the Bureau of International Narcotics and Law Enforcement Affairs (INL) and the INCB to recommend placing international controls on new precursor chemicals within the framework of the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. DEA, in partnership with Mexico's Financial Intelligence Unit (UIF), requests OFAC sanctions on companies with links to transnational criminal organizations (TCOs) trafficking precursors and chemicals of interest.

4. **Continue to support: education and ongoing training of foreign law enforcement, regulatory, customs, and military partners on precursor chemical regulations and existing laws.**

   Departments and Agencies: DHS/Customs and Border Protection (CBP), Coast Guard, Department of Defense (DoD)/Air Force, Navy, DOJ/DEA, OCDETF, ONDCP, DOS.

Progress Update

DEA's International Training Clandestine Laboratory and Precursor Chemicals Teams provides training to overseas counterparts on precursor chemicals and regulations. These teams train up to 800 law enforcement, regulatory, and government officials each year. The courses provide training on drugs production processes, chemical toxicology, diversion, audit techniques, emerging drug trends, illicit laboratories, and decontamination. Such training includes but is not exclusively focused on methamphetamine supply.

Through diplomatic and foreign assistance programs, DOS works to ensure that our law enforcement partners around the world have access to up-to-date information on criminal conduct and trends (including information related to methamphetamine use). The Department supports the INCB's Precursor Control Program, which enables real-time intelligence sharing and international law enforcement cooperation to prevent the diversion and illicit manufacturing of precursor chemicals and support transnational investigations. The Department also funds the INCB's Global Rapid Interdiction of Dangerous Substances Program, or GRIDS, which supports the real-time exchange of intelligence on shipments or trafficking of new psychoactive substances.

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DATA AND RESEARCH

5. **Work through an existing Executive Office of the President data-related working group to prioritize data necessary to further our methamphetamine demand and supply objectives.**

   Departments and Agencies: ONDCP, HHS.

Progress Update

ONDCP's Data interagency working group has been increasingly active over the past year, addressing demand and supply data needs on a variety of drugs, including stimulants such as methamphetamine. HHS has formed a workgroup, within the Behavioral Health Coordinating Council, to develop solutions to address barriers to the implementation of evidence-based contingency management for stimulants and other substance use disorders. This working group works in a collaborative fashion with ONDCP.

6. **Support research to further understand the correlation between cessation of methamphetamine use and the reversibility of short and long-term negative health and social effects.**

   Departments and Agencies: HHS/National Institutes of Health (NIH).

Progress Update

Research is underway to assess whether a structured exercise program added to behavioral therapy can repair brain circuity and improve cognitive function in patients with methamphetamine use disorder (5R01DA045162). Although previous research has implicated hemorrhagic stroke and cardiac conditions as a cause of fatal methamphetamine overdose, that research predated co-use of fentanyl; the short- and long-term effects of combined methamphetamine and fentanyl use on specific organ systems is largely unknown. Therefore, another active project is focused on determining common underlying causes of death in people who died at least in part from methamphetamine use in the context of the current drug supply. (1R01DA056449).

7. **Support Tribal research/evaluation grants to adapt evidence-based primary prevention curricula with cultural specificity and a focus on methamphetamine use prevention.**

   Departments and Agencies: DOJ/Office of Justice Programs (OJP), HHS/Indian Health Service (IHS), NIH, Substance Abuse and Mental Health Services Administration (SAMHSA).

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Progress Update

Currently, the IHS Community Opioid Intervention Pilot Project (COIPP) and the Substance Abuse Prevention, Treatment, and Aftercare (SAPTA) provide federal grants to tribes, tribal organizations, and urban Indian organizations to reduce the use of illicit substances among American Indian and Alaska Native (AI/AN) populations. As part of the NIH HEAL Initiative®, NIH is seeking to address disproportionately high rates of AI/AN overdose deaths, primarily from fentanyl and methamphetamine, by incorporating Tribal input through the Tribal Consultation process to inform tribal development of culturally relevant, evidence-based intervention strategies. For more information see https://dpcpsi.nih.gov/thro/tribal-consultations/nih-heal-initiative.

SAMHSA, working with Tribes, the Indian Health Service, and the National Indian Health Board, developed the first collaborative National Tribal Behavioral Health Agenda (TBHA). A component of the TBHA is the American Indian and Alaska Native Cultural Wisdom Declaration (CWD), which elevates the importance of tribal identities, culture, spiritual beliefs, and practices for improving well-being.

The Tribal Opioid Response (TOR) Grant program addresses the overdose crisis in Tribal Communities. The TOR program supports the full continuum of prevention, harm reduction, treatment, and recovery support services for stimulant misuse and use disorders, including for cocaine and methamphetamine. This grant program supports the CWD and the inclusion of ancestral cultural knowledge, wisdom, ceremony, and practices of American Indian and Alaska Native Tribes into the grant application. Tribal entities are also encouraged to incorporate TBHA foundational elements, priorities, and strategies as appropriate.

The Tribal Behavioral Health Grant, also known as Native Connections, aims to prevent suicide and substance misuse, reduce the impact of trauma, and promote mental health among American Indians and Alaska Native youth through the age of 24 years. Native Connections is intended to reduce the impact of mental and substance use disorders, foster culturally responsive models that reduce and respond to the impact of trauma in American Indian and Alaska Native Communities and allow these communities to facilitate collaboration among agencies to support youth as they transition into adulthood. This program also supports the CWD and encourages applicants to incorporate the TBHA foundational elements into their program.

PREVENTION

8. Expand access to evidence-based primary prevention interventions in schools within counties, including among Tribal Nations and Tribal officials.

Departments and Agencies: DOI/BIA, DOJ/OJP, Department of Education (ED), Department of Agriculture (USDA), HHS/CDC, CMS, IHS, NIH, SAMHSA.

Progress Update

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Under the NIH HEAL Initiative®, NIDA-funded investigators are developing a video game intervention to provide high-risk adolescents with knowledge and coping skills to avoid substance misuse. The game will be tested in ten school health centers, and the investigators will work with the national School-Based Health Alliance to develop strategies for implementation across diverse schools (4UH3DA050251). Other researchers are evaluating a web and smartphone-based curriculum adapted from an evidence-based substance misuse prevention program called Keepin' It REAL, and redesigned specifically to help student athletes resist substance misuse (1R44DA051243). While these activities are not solely focused on methamphetamine use, increasing skills to avoid substance use is highly relevant to methamphetamine use prevention.

SAMHSA's Substance Use Prevention, Treatment, and Recovery Services Block Grant supports primary prevention activities across the nation through a 20 percent set-aside. In addition, the State and Tribal Opioid Response grants each support evidence-based prevention activities related to opioid and stimulant use (especially methamphetamine use). SAMHSA's Strategic Prevention Framework-Partnerships for Success grant helps reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services. The recipient of the grant identifies prevention priorities in their communities and develop and implement strategies to prevent the misuse of substances and promote mental health and well-being among youth and adults.

The IHS currently works with its grantees to expand access to evidence-based primary prevention interventions while also improving care coordination (e.g., expanding behavioral health care services using culturally appropriate evidence-based and practice-based models to address these issues). The Department of Education's National Center on Safe and Supportive Learning Environments provides information and resources for stakeholders to help support schools and educators in maintaining safe, supportive, and drug-free learning environments, which includes some resources on methamphetamine.

The Comprehensive Addiction and Recovery Act (CARA) Community Based Coalition Enhancement of Grants to Address Local Drug Crises Grants (CARA Local Drug Crises Grants) program is aimed at current or former Drug-Free Communities Support Program grant recipients to prevent and reduce the use of opioids or methamphetamines and the misuse of prescription medications among youth ages 12-18 in communities throughout the United States. Each CARA grantee receives up to $50,000 per year for up to five years. The CARA program was created by the Comprehensive Addiction and Recovery Act (P.L. 114-198). It is funded and directed by ONDCP in partnership with the HHS, CDC, National Center for Injury Prevention and Control for the day-to-day management of the program.

HARM REDUCTION

9. Develop a pilot harm reduction program for the at-risk group men who have sex with men (MSM) who use methamphetamine.

Departments and Agencies: HHS/NIH.

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Progress Update

NIDA funded a small clinical trial in which mirtazapine was added to counseling services to reduce methamphetamine use and sexual risk in men who have sex with men and transgender women (PMID: 31825466). Other current research is evaluating whether voucher-based contingency management can improve PrEP adherence and reduce HIV risk among MSM who use stimulants (5R01DA051848 and NCT04899024; 5R01DA05185 and NCT04523519).

10. Develop an awareness effort directed to people who use methamphetamine about the dangers of fentanyl-contaminated supplies and potential overdoses.

Departments and Agencies: HHS/CDC.

Progress Update

CDC's Stop Overdose campaign (see https://www.cdc.gov/stopoverdose/index.html) has four complementary educational campaigns about fentanyl, polysubstance drug use, naloxone, and stigma reduction. The campaigns provide information about the prevalence and dangers of fentanyl, the risks and consequences of mixing drugs, the life-saving power of naloxone, and the importance of reducing stigma around drug use. The Fentanyl Facts campaign provides information about illicitly manufactured fentanyl, dangers of fentanyl, and fentanyl's role in overdoses in the United States. Given the polysubstance use often seen involving methamphetamine, the approach of these activities directly addresses polysubstance use.

The CDC Stimulant Guide website provides answers to emerging questions about stimulants in the context of the drug overdose epidemic. The guide answers common questions about stimulants, stimulant use, stimulant overdose, and stimulant overdose prevention strategies developed by harm reduction experts. This FAQ is intended to assist people who may interact with people who use stimulants or have interest in understanding issues related to stimulants in their communities. While clinicians, first responders, and others who serve people who use stimulants may review this information, it is not meant to guide practice.

11. Encourage widescale distribution of naloxone to regions affected by illicit methamphetamine use, which may be contaminated with fentanyl.

Departments and Agencies: DOJ/OJP, HHS/CDC, IHS, NIH, SAMHSA, Health Resources and Services Administration (HRSA).

Progress Update

This objective focuses directly on polysubstance use involving methamphetamine and opioids, the latter of which may be responsive to naloxone administration should an overdose occur. CDC's Overdose Data to Action (OD2A) supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform

prevention and response efforts. OD2A jurisdictions translate overdose data into action through expanding access to naloxone, targeted naloxone distribution, and training. Effective approaches include community distribution, co-prescription of naloxone, and equipping first responders. The Naloxone Access and Availability Working Group within the Behavioral Health Coordinating Council's Overdose Prevention Subcommittee is working to address current challenges to maximizing the life-saving impact of naloxone, ultimately aiming to expand access and availability. Current actions being taken to expand naloxone distribution include: supplying the federal workforce; negotiating a bulk purchasing agreement on behalf of states; federal procurement of naloxone products for individual distribution; facilitating the approval of prescription and nonprescription naloxone products new and expanded funding efforts including two new OD2A programs for states (OD2A-S) and (OD2A: LOCAL).

HRSA has worked to expand access to naloxone through updating policies and the expansion of eligibility for Federal Tort Claims Act coverage. New guidance was released, making it easier for community health centers to broadly distribute naloxone in their communities through community events and other offsite settings.

OJP continues to highlight naloxone as an allowable use of grant funds, where possible and supported by statute, and a key evidence-based practice to reduce overdose morbidity and mortality. For example, increasing access to naloxone is one of the main areas of focus under OJP's largest substance-use prevention, intervention, and recovery grant and TTA program – the Comprehensive, Opioid, Stimulant, and Substance Use Program (COSSUP).

Currently, IHS is working with its Heroin, Opioids, and Pain Efforts (HOPE) Committee members to develop and distribute naloxone to the 12 IHS Service Areas through the National Supply Service Center. The IHS is assessing methods of distributing naloxone to affected and impacted regions, especially areas with high concentrations of methamphetamine use.

SAMHSA's updated Minority AIDS Initiative: High Risk Populations (TI-22-004) grant program also includes the purchase of naloxone as an allowable expense. Through the State Opioid Response (SOR) grant program, SAMHSA, in coordination with federal and state association partners, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and Association of State and Territorial Health Officials (ASTHO), are working with states and territories on strengthening and implementing Naloxone Saturation Plans to ensure naloxone gets to individuals and communities most impacted by overdose.

12. Support research to develop an antidote, reversal agent or better means of managing methamphetamine overdose or toxicity.

Departments and Agencies: HHS/FDA, NIH.

Progress Update

FDA has contracts with America's Poison Centers (APC) and the American College of Medical Toxicology (ACMT) that provide data on patients with suspected methamphetamine overdoses either through exposure calls to a poison center or by presenting to healthcare facilities. These networks include subject matter experts who review and evaluate the best therapeutic

approaches. With funding from NIDA, a biotech firm developed a monoclonal antibody that can trap methamphetamine in the blood and reduce its entry into the brain (5U01DA051078). This potential therapy has received fast track designation from FDA, and is being tested for safety and efficacy in people with methamphetamine use disorder, including in a NIDA-supported phase II trial involving patients admitted for methamphetamine overdose (NCT04715230).

NIDA-funded preclinical studies are assessing the safety and efficacy of a small-molecule sequestrant that would act like a sponge to trap both methamphetamine (5U01DA053054) and fentanyl (2R44DA052957) and clear them from the body. Other projects focus on women with methamphetamine use disorder, who are more likely than male patients to experience depression. Based on the finding that this depression is associated with lower levels of the energy-storing molecule creatine in the brain, one study is examining whether supplemental dietary creatine can repair methamphetamine-induced neurotoxicity, improve depression and anxiety, and restore cognitive deficits in women who use methamphetamine (R01DA043248; NCT02192931).

13. Build capacity in Syringe Service Programs for drug testing of illicit drugs, including methamphetamine; increase distribution of fentanyl test strips where not prohibited by law.

Departments and Agencies: HHS/CDC, SAMHSA.

Progress Update

According to NIDA's assessment of available research, drug checking technologies like fentanyl test strips (FTS) appear to be an effective addition to current overdose prevention efforts when included with other evidence-based strategies to prevent opioid overdose and related harm[8], but additional research is needed. Studies have found that FTS are acceptable and a desired harm reduction tool among people who use illicit drugs (even those using stimulants[9]), and when offered, approximately 80 percent of people used it to test their drugs prior to consumption. Positive test results led some participants to reduce the dosage consumed, use more slowly, use it with someone else, or keep naloxone nearby[10,11].

[8] Goldman, J.E., Waye, K.M., Periera, K.A. et al. Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: a qualitative study. Harm Reduct J 16, 3 (2019). https://doi.org/10.1186/s12954-018-0276-0.

[9] Reed MK, Roth AM, Tabb LP, Groves AK, Lankenau SE. "I probably got a minute": Perceptions of fentanyl test strip use among people who use stimulants. Int J Drug Policy. 2021 Jun;92:103147. doi: 10.1016/j.drugpo.2021.103147. Epub 2021 Feb 12. PMID: 33583679; PMCID: PMC8217094.

[10] Goldman et al, 2019.

11 Nicholas C. Peiper, Sarah Duhart Clarke, Louise B. Vincent, Dan Ciccarone, Alex H. Kral, Jon E. Zibbell, Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States, International Journal of Drug Policy, Volume 63, 2019, Pages 122-128, ISSN 0955-3959, https://doi.org/10.1016/j.drugpo.2018.08.007.

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On April 7, 2021, HHS announced that federal funding may now be used in jurisdictions where not prohibited by law to purchase FTS in an effort to help curb the dramatic spike in drug overdose deaths largely driven by the use of strong synthetic opioids (which are often found in use along with methamphetamine). OD2A jurisdictions focus on equipping harm reduction efforts with FTS to prevent overdose. These efforts include purchasing FTS for dissemination to individuals at risk of overdose and their family and friends by peer navigators, syringe services staff, case managers, first responders, medical staff, community health workers, and clergy. Jurisdictions also leverage FTS in innovative surveillance efforts, such as rapidly collecting information on drug overdoses or drug use patterns using fentanyl test strips in areas experiencing sharp increases in nonfatal and fatal drug overdoses.

In 2022, the NIH HEAL® Initiative launched a program of research focused on harm reduction approaches to reduce overdose deaths. This program will establish a national network of research projects that aim to study and improve the effectiveness, implementation, and impact of existing and new harm reduction policies and practices.

The National Harm Reduction Technical Assistance Center (NHRTAC) was established by CDC, and expanded in collaboration with SAMHSA, to ensure comprehensive support of the integration of harm reduction strategies and principles across diverse community settings and within a treatment framework. This program provides free technical assistance to harm reduction programs, including syringe services programs, programs providing treatment for substance use disorder (SUD) as well as prevention and recovery programs, and other organizations and individuals providing or planning to provide harm reductions services to their community.

Multiple SAMHSA grant programs across the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT) support harm reduction activities, including the purchase and distribution of FTS for hard-to-reach populations. SAMHSA also established a new Harm Reduction Grant Program in FY 2022 targeting harm reduction organizations funded under the American Rescue Plan Act. Program activities may include the distribution of safer smoking supplies (excluding purchase of any unallowable supplies such as pipes), which expand engagement opportunities for people who smoke methamphetamine and at risk for overdose. As incidence of xylazine and novel chemicals increases, SAMHSA is tracking promising practices such as mass spectrometry testing, which are more sophisticated and sensitive than fentanyl test strips and can also detect the presence of non-opioid threats, such as xylazine.

TRAINING AND EDUCATION

14. Update current Crisis Intervention Teams (CIT) and De-escalation Training for Law Enforcement to include identifying and addressing people experiencing acute methamphetamine intoxication.

Departments and Agencies: DOJ/Bureau of Justice Assistance (BJA), DOJ/Office of Community Oriented Policing Services (COPS), HHS/NIH.

Progress Update

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In 2023 OJP plans to release its Crisis Response and Intervention Team (CRIT)[12] Curriculum, which is designed to assist state and local law enforcement, and tribal entities with effective crisis intervention programming. This CRIT Curriculum, along with additional funding available in FY2023 for implementation, will provide new opportunities for de-escalation training and support jurisdictions working to improve interactions between law enforcement and individuals with substance use disorders (including methamphetamine), mental health disorders, and individuals with intellectual disabilities.

15. Broaden current opioid/overdose training curricula for bystanders, people who use drugs, and professionals who interface with people who use drugs.

Departments and Agencies: DOJ/OJP, HHS/CDC, IHS, NIH, SAMHSA.

Progress Update

OJP has developed training and technical assistance materials for the field that focus on educating and increasing awareness of effective responses for justice system professionals. Examples include: Applying Lessons Learned to the "New" Methamphetamine Crisis (Published February 2022), and Local Justice System Responses to Methamphetamine (Presented February 2022). CDC has equipped funded jurisdictions with technical assistance related to assisting individuals and peers in recognizing signs of methamphetamine use and appropriate bystander, public safety, and emergency responses.

Several of SAMHSA's grant programs provide support to train Combating Overdose through Community-Level Intervention (COCLI). This program, a collaborative between CDC and ONDCP, and equips first responders to recognize and address the opioid epidemic through community-based efforts. These efforts support innovative approaches to help the regions and populations within the United States that suffer from the highest rates of fatal and non-fatal drug overdoses with naloxone, including those related to opioids that often complicate overdoses involving methamphetamine. Here are a few examples of this innovative work:

- **Cambridge Health Alliance —Training Frontline Service Providers to Prevent Stimulant-Involved Overdoses in Massachusetts:** In late 2020, a few local public health departments in Middlesex County embarked on a qualitative research project to ask, "What is the current stimulant misuse situation in our communities, and what should be done to address it?" The local frontline service providers they interviewed overwhelmingly requested more education about stimulant use. To address this need, the Cambridge Public Health Department proposed creating training for public safety and other frontline providers to bridge this knowledge gap and help them better support the populations they serve. The curriculum, created by subject matter experts and taught by frontline staff, will increase staff's knowledge of best practices for working with people who use stimulants and increase their capacity and confidence in working with this population. This will lead to improved outcomes for people who use stimulants, including decreased rates of overdose and other mental and physical consequences of stimulant use.

[12] CRIT Toolkit | Academic Training (informedpoliceresponses.com)

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- **Oklahoma State University Center for Health Sciences – National Center for Wellness and Recovery's (NCWR) Opioid & Psychostimulant Project:** The National Center for Wellness and Recovery (NCWR) Opioid & Psychostimulant Project will strengthen and expand substance use/opioid use disorder (SUD/OUD) prevention, treatment, and recovery services for populations in three rural Oklahoma counties: Mayes, McIntosh, and Muskogee. The Project will provide SUD/OUD education to the public and providers, as well as direct staff support to individuals who misuse opioids and methamphetamines in order to increase their ability to remain engaged in treatment and recovery services. The NCWR will work with existing community-based SUD prevention coalitions in the three counties, which represent members from all sectors of the community.

- **Philadelphia Fire Department – Improving Treatment Acceptance Rates Among Opioid Overdose Survivors:** The Philadelphia Fire Department's opioid response unit known as AR-2, an innovative unit, pairs EMS providers with social service case managers in responding to overdoses in Kensington, the epicenter of the city's opioid crisis. AR-2 uses a marked Fire Department SUV to respond to overdoses and then supplements the response with AR-2A, a retrofitted recreational vehicle that functions as a mobile office and waiting room for overdose survivors who have asked to be placed in treatment for substance use disorder. The EMTs and equipment requested in this proposal will enable the Fire Department to fully staff AR-2A during the same hours as AR-2. Currently, AR-2A is not always deployed due to short staffing and lack of equipment, which hampers the ability to place clients in treatment, access HIPAA-protected information, and keep detailed records of interactions.

16. Develop an Extension for Community Healthcare Outcomes (ECHO) model training for providers who care for people with psychostimulant-related cardiac conditions.

Departments and Agencies: DOJ/OJP, Department of Transportation (DOT)/National Highway Traffic Safety Administration (NHTSA), HHS, HRSA, IHS, NIH, SAMHSA, Department of Veterans Affairs (VA)/Veterans Health Administration (VHA).

Progress Update

VA convened a workgroup of subject matter experts in substance use disorder treatment, primary care medicine, and cardiology that created a four-part Extension for Community Healthcare Outcomes (ECHO) series of webinars on the care for people with psychostimulant-related cardiac conditions. The four-part series covers the following topics: (1) an introduction to stimulant-related cardiac conditions (that introduced a clinical case the care of which will be the common theme of each of the four webinars in the series), (2) a focus on evidence-based treatment of stimulant use disorder, (3) a focus on evidence-based treatment of stimulant-related cardiac conditions, and (4) an interdisciplinary team collaborative wrap-up. The webinars offer continuing education units from the following accrediting bodies: Joint Accreditation for

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Interprofessional Continuing Education (JA IPCE), Accreditation Council for Continuing Medical Education (ACCME, including Nurse Practitioners (ACCME-NP)), American Nurses Credentialing Center (ANCC), National Board of Certified Counselors (NBCC), Association for Clinical Pastoral Education (ACPE), American Psychological Association (APA), Association of Social Work Boards (ASWB), and the New York State Education Department (NYSED, including Social Workers (NYSED-SW)). Each of the four webinars are being presented twice to accommodate any scheduling challenges among attendees. Furthermore, the webinars are being recorded and made available to those colleagues who are unable to attend the real-time presentations. The first of the four webinars in this ECHO series was convened on February 13, 2023 with the encore presentation on February 14, 2023. The second of the four webinars in this ECHO series was convened on March 20, 2023 with an encore presentation on March 21, 2023. More than 300 VA colleagues attended at least one session of the first webinar in the series and more than 500 VA colleagues attended at least one session of the second webinar in the series. The remaining two webinars in this ECHO series will be convened in May and June of 2023.

VA colleagues also have implemented a Contingency Management (CM) program to reinforce attendance at primary care appointments among Veterans with stimulant-induced cardiomyopathy. Other VA colleagues piloted an attendance-based contingency management program for Veterans experiencing homelessness with stimulant-associated cardiomyopathy within primary care to help decrease Emergency Department (ED) utilization, encourage Primary Care engagement, and start guideline-directed heart failure treatment regimens to improve health outcomes in this vulnerable population. This work will be presented at the upcoming meeting of the Northwest Regional Society of General Internal Medicine. In addition, colleagues in VA have been investigating methamphetamine-associated cardiomyopathy with plans to expand this work to other methamphetamine-associated cardiac conditions. Lessons learned from the projects and any empirical evidence from additional planned work using CM among patients with stimulant-associated cardiac conditions will be disseminated through subsequent ECHO training opportunities.

NHTSA provides support, such as staff expertise and existing data, for the completion of this action item and shares information developed under this action item with first responder contacts maintained by NHTSA.

TREATMENT

17. Support work of ONDCP led working group to address barriers that prevent successful implementation of contingency management, including issues related to reimbursement, authority, digital therapeutics, grant funding limits, and legal liability and fraud.

Departments and Agencies: DoD, HHS, ONDCP, VA, DOJ, Department of the Treasury/Internal Revenue Service (IRS).

Progress Update

CMS recently approved a contingency management pilot for California's Medicaid program through section 1115 demonstration authority and is considering requests from other states to

cover contingency management. Representatives from the Treasury Department's Office of Tax Policy and the IRS Office of Chief Counsel have participated in several calls with the ONDCP-led working group to discuss tax issues related to the implementation of contingency management treatment in various contexts. These tax issues primarily relate to whether any aspect of the treatment results in gross income to the recipient of the treatment for federal income tax purposes. As noted above, HHS has formed a workgroup, within the Behavioral Health Coordinating Council, to work on evidence-based contingency management.

In 2022, VA was invited to join ONDCP's IWG on CM. VA participated in IWG meetings that convened in late January and early June of 2022. At the inaugural meeting in January, VA conducted a presentation on the rationale, methods, and evidence supporting CM. In March, April, and September of 2022, VA provided consultation to HHS regarding VA's approach to CM implementation. In December 2022, ONDCP also consulted with VA about VA's CM implementation. VA will continue to actively engage with ONDCP, HHS, and other Federal partners on the successful implementation of CM. The knowledge gained from the previous and ongoing research and clinical pilots, which use CM to promote recovery among Veterans with stimulant-associated cardiomyopathy, can be shared with federal partners and more broadly through publications in the peer-reviewed empirical literature.

18. Design administrative and staff training on use of incentive uses in office-based and specialty treatment programs.

Departments and Agencies: HHS/NIH, HHS/SAMHSA.

Progress Update

NIDA supports research that helps to inform the implementation of contingency management and its adaptability in various clinical settings serving patients who use methamphetamine or have a methamphetamine use disorder. NIDA will continue to work to provide accurate technical guidance on evidence-based practices in contingency management to substance use service providers. Through its Improving Delivery of Healthcare Services for Polysubstance Use Program, the NIH HEAL® Initiative supports research assessing contingency management approaches for the treatment of polysubstance use.

19. Develop a blueprint of responses for people with amphetamine-type stimulant use disorder, including individuals with polysubstance use, and evaluation plans to measure the impact on overdose outcomes.

Departments and Agencies: DOJ/BOP, OJP, HHS/CDC, HRSA, IHS, NIH, SAMHSA, VA/VHA.

Progress Update

HRSA administers the Rural Communities Opioid Response Program-Psychostimulant Support (RCORP-PS). Since Fiscal Year (FY) 2021, HRSA has awarded 44 rural, community-based grants totaling $22 million ($7.5 million/15 grants awarded in FY 2021; $14.5 million/29 grants awarded in FY 2022) through RCORP-PS. RCORP-PS award recipients implement a set of core

prevention, treatment, and recovery activities aimed at strengthening access to services for individuals who misuse psychostimulants.

NIH continues to support research to help inform guidelines for treating people with amphetamine-type stimulant use disorders. While there are no FDA-approved medications for people with methamphetamine use disorder, NIH supports efforts to develop and test pharmacological, molecular, and neuro-modulatory therapies for this population. Ongoing studies are exploring transcranial magnetic stimulation and repurposing drugs approved for other disorders. The NIDA Clinical Trials Network recently investigated treating methamphetamine use disorder with naltrexone and bupropion, an antidepressant with stimulant effects. This study found that 6 weeks of this combined treatment helped patients reduce their methamphetamine use and cravings (Trivedi, et al. 2021). Through the NIH HEAL® Initiative, a clinical trial through the NIDA Clinical Trials Network will test the use of injectable extended-release buprenorphine to treat methamphetamine use disorder among individuals with opioid misuse.

SAMHSA continues to provide communities, clinicians, policy makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings, including methamphetamine use. SAMHSA published The Treatment of Stimulant Use Disorders in June 2020, which supports health care providers, systems, and communities seeking to treat stimulant use disorder. The guide discusses effective practices to treat stimulant use disorders, clinical challenges associated with these disorders, and implementation strategies that can be used to address those challenges. SAMHSA also updated Treatment Improvement Protocol 33: Treatment for Stimulant Use Disorders in 2021, which reviews what is currently known about treating the medical, psychiatric, and SUD-related problems associated with the use of cocaine and methamphetamine and the misuse of prescribed stimulants.

CDC identified a need for educational and training resources to support healthcare personnel in facilitating a patient-centered approach for treating SUDs and to increase naloxone co-prescribing. CDC coordinated with addiction medicine experts to develop an Addiction Medicine Toolkit. The toolkit features a primer that provides an overview of SUDs including the role of care coordination. A customizable checklist was designed for healthcare personnel to build a personalized reference document to help treat patients including prescribing naloxone to patients at risk for an overdose involving opioid medications, heroin, or other drugs (e.g., cocaine, methamphetamine) mixed or laced with fentanyl. The toolkit also includes conversation starters, patient case scenarios, and training modules. Additionally, CDC developed similar resources to promote naloxone dispensing.

20. Support research, provide technical assistance, and develop a reimbursement method for promising therapies like the "Families Actively Improving Relationships (FAIR) Program" to decrease use of methamphetamine by child welfare-involved pregnant people and mothers.

Departments and Agencies: HHS/Administration for Children and Families (ACF), CMS, NIH, SAMHSA.

Progress Update

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Developed with funding from NIH and ACF, the Families Actively Improving Relationships (FAIR) program is an evidence-based intensive outpatient treatment program for parents with an opioid or methamphetamine use disorder who are involved in the child welfare system (Saldana, et al., 2021). Through the NIH HEAL® Initiative, a NIDA-funded study will adapt and implement FAIR as a prevention program; specifically, the study will test whether FAIR can prevent opioid or methamphetamine use disorder among young parents, aged 16 to 30, who have been referred to the Oregon Department of Human Services for opioid or methamphetamine use (4UH3DA050193-02).

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Part IV: Conclusion

As the preceding sections of this Methamphetamine Plan Implementation Report indicate, work is underway within the federal government to address the wide range of methamphetamine related challenges to the United States, but the threat remains daunting. As with other aspects of drug policy, a significant portion of the domestic response is dependent on how states utilize federal grant dollars. This is particularly true regarding the State Opioid Response and the Substance Use Prevention, Treatment and Recovery Services Block Grants (formerly called the Substance Abuse Prevention and Treatment programs).

Taken overall, the activities described here are a robust portfolio of work ranging from prevention to treatment to research and beyond. Preliminary evidence indicates that these activities may have had the collective impact of starting to flatten rates of methamphetamine-related fatal overdoses. This may reflect the gradual stabilizing of the concerning trend of rapid increases in methamphetamine-related fatal overdoses stretching back in time for several years.

The United States continues to face a serious challenge with regard to methamphetamine. Further drug enforcement efforts are needed in the interior of the United States, on our borders, and internationally to restrict the manufacturing and trafficking of methamphetamine and the critical precursor chemicals required for its production. Domestically, more work is necessary at every level of government, and by non-governmental and private sector partners, to develop effective pharmacological treatments for methamphetamine use disorder, and to connect people who use methamphetamine to existing evidence-based treatments and measures that will improve the health and safety of those not yet ready to enter treatment. ONDCP and the many federal agencies working to implement the *Plan to Address Methamphetamine Supply, Use and Consequences*, are committed to continuing this important work in earnest.