

Methamphetamine and Related Psychostimulant Use End-of-Grant Workshop Summary

OVERVIEW

While concerns about methamphetamine and related psychostimulant use in Canada have been growing, there is a lack of high-quality data on the scale of the issue and its impacts on health care and the health service system. Conducting research during the COVID-19 pandemic has been an enormous challenge, particularly given the disproportionate obstacles faced by people who use substances and the services that support them.

Under the *Canadian Drugs and Substances Strategy (CDSS)*, the *Canadian Institutes of Health Research (CIHR)* is responding to this need by supporting the creation and mobilization of new knowledge through the *Operating Grant: Methamphetamine and Related Psychostimulant Use*.

This funding opportunity was designed to address the relative lack of high-quality data on methamphetamine and related psychostimulant use in Canada. With a total investment of \$700,000, this funding supported research in diverse areas, including the effectiveness of treatment options, harm reduction strategies, sociocultural analysis of use, and epidemiology of methamphetamine use and associated disorders.

EVENT SUMMARY

On February 15, 2022, CIHR hosted a virtual end-of-grant Knowledge Exchange Workshop for projects funded through the *Methamphetamine and Related Psychostimulant Use funding opportunity*. Seven research teams were funded through this competition, and each team was required to include at least one *knowledge user* in their projects.

The seven projects that were discussed at this end-of-grant knowledge exchange workshop explored the prevalence, incidence and distribution of methamphetamine use in Canada, harm reduction interventions, care for individuals with methamphetamine-induced psychotic disorder, and the impact of the COVID-19 pandemic on methamphetamine use and people who use substances. Projects also considered sub-populations and the biological and social determinants of methamphetamine use-related harms.

The primary objectives of the workshop were to:

- share findings to inform ongoing and future development of policies, practices and programs associated with harm reduction, treatment and prevention for methamphetamine and related psychostimulant use harms;
- review and discuss advances in intervention-related evidence needs and remaining gaps in the evidence landscape on methamphetamine and related psychostimulant use in Canada; and
- support engagement among funded research teams and stakeholders to promote the uptake of evidence to support decision making, increase research impact and facilitate knowledge mobilization.

Knowledge shared at this workshop is facilitating evidence-informed decision making for substance use health policy and practice in Canada. Research findings were shared alongside a panel that included the perspectives and expertise of knowledge users and people with lived and living experience of substance use, providing a comprehensive view of the topic and enhancing the potential impact of the findings.

SELECTED RESEARCH FINDINGS AND PANEL CONSIDERATIONS

Prevalence, incidence and distribution of methamphetamine use in Canada

- There has **been a sharp rise in methamphetamine and related psychostimulant use in Canada**. The reasons for use and patterns of use are changing – future research needs to take this into consideration.
- **Polysubstance use is common**. Opioids and methamphetamines are frequently used together, with many individuals believing that methamphetamine will reduce their risk of opioid overdose. Substances frequently used with methamphetamine include cannabis and other stimulants (e.g., cocaine).
- There is a **need for more, and higher quality, research in Canada** to better understand the Canadian context of methamphetamine use.

Harm reduction interventions

- **Harm reduction is necessary and effective** to save lives and promote health and wellness among people who use substances. Supervised inhalation facilities are needed to meet the needs of people who smoke substances.
- **Harm reduction sites can provide an opportunity** to meet people where they are at – with early intervention to prevent harms such as psychosis – as well as connect people to peer support and other social services, including housing and primary health care.

Care for individuals with methamphetamine-induced psychotic disorder

- **Psychosis is common for individuals who use methamphetamine**. Early intervention is important to improve outcomes and prevent long-term disability, including chronic conditions such as schizophrenia. Treatment guidelines are needed to determine how to best support these patients.
- **Better integration of psychiatric and substance use health care is needed** to support individuals with methamphetamine-induced psychosis. Early and first episode psychosis clinics incorporate both mental health and substance use health care, and follow patients for consistent care.

Impact of the COVID-19 pandemic on methamphetamine use and people who use substances

- **The COVID-19 pandemic has impacted substance use patterns** and the ability to do research. Individuals report using substances alone more often. Outdoor supervised consumption sites remained open during the pandemic but were forced to operate at reduced capacity.

Sub-populations and the biological and social determinants of methamphetamine use-related harms

- **Social determinants of health must be considered** when treating individuals with substance use disorders. Access to primary care physicians, housing and other social services are urgently needed.

Treatment and access

- **Psychosocial treatments for methamphetamine use disorder have the strongest support**, particularly contingency management and cognitive behavioural therapy.

- **Promoting health is more cost-effective than treating illness.** It is more costly to support long-term disability and repeat hospitalizations for individuals with substance use disorders than to support evidence-informed interventions that prioritize health and wellness.
- **Access issues must be addressed.** Indigenous Peoples, particularly those on reserves and in remote communities, do not have access to substance use treatments. These communities experience stigma and suffer from an extreme lack of funding.
- **Stigma is a major barrier** for individuals that experience relapse. Safe supply programs have been established with opioids **that act as a bridge between harm reduction and treatment** to stabilize people so they can benefit from other therapies.

People with lived and living experience

- **People with lived and living experience of substance use should be at the centre** of research and in the development of interventions to ensure that outcomes and treatments are relevant and meet their needs.
- **Research on methamphetamine use should also integrate knowledge users**, including street clinicians, street psychiatrists, peer workers, etc., to ensure that outcomes are meaningful and acceptable to those using them.

FOR MORE INFORMATION

The *What We Heard Report* for the Methamphetamine and Related Psychostimulant Use: End-of-Grant Workshop can be found online at: <https://cihr-irsc.gc.ca/e/53099.html>.

The *Meeting Book* for this workshop is available to the public upon request. Requests can be directed to the CIHR Contact Centre: support-soutien@cihr-irsc.gc.ca.

More information on CIHR's research in substance use can be found online at: <https://cihr-irsc.gc.ca/e/50927.html>.

For more information on CIHR's Institute of Neurosciences, Mental Health and Addiction, visit: <https://cihr-irsc.gc.ca/e/8602.html> or email INMHA-INSMT@cihr-irsc.gc.ca.