The Stealth Drug Crisis: Rising Burden of Stimulant Use

Cocaine and methamphetamine use & deaths are on the upswing

Since 2015, population prevalence of past-year:
- Cocaine use up 12.0%
- Methamphetamine use up 6.6%

![Graph showing an increase in deaths involving cocaine and methamphetamine from 2000 to 2018.]

Many stimulants also involve opioids, especially synthetic opioids

Of all cocaine deaths in 2018:
- 72.8% any opioid
- 59.1% synthetic opioid
- 26.7% heroin
- 15.2% common Rx

Of all methamphetamine deaths in 2018:
- 49.5% any opioid
- 28.5% synthetic opioid
- 20.5% heroin
- 14.2% common Rx

Different geographic hot spots for cocaine vs. methamphetamine use & deaths

Cocaine use increases with level of urbanization

Methamphetamine use decreases with level of urbanization

High personal and societal toll of methamphetamine use

Methamphetamine second only to heroin as the greatest drug threat facing law enforcement agencies.

- 26% said it’s the drug most likely involved in violent crimes
- 32% said it’s the drug most likely involved in property crimes
- 30% said it’s the drug taking up most of their resources

Health system impacts of amphetamines

Long-term health risks of methamphetamine use:

- Addiction
- Cognitive impairment
- Psychiatric symptoms
- Cardiovascular damage
- Malnutrition
- Severe dental problems
- Higher risk of hepatitis, HIV/AIDS, Parkinson's disease

Current treatment options for methamphetamine use are more limited than for opioids

No approved medication to treat methamphetamine use but many new treatments are under investigation

Behavioral therapies are most effective

- Cognitive behavioral interventions
- Contingency management: tangible rewards for treatment and abstinence

Treatment system admissions

2007-2017 Natl. Change in Meth Primary Source Admissions per Capita

- Northeast
- Midwest
- South
- West

Some methamphetamine-related changes in brain structure and function may be reversed after a long period of abstinence.

View citations at www.nihcm.org