

Methamphetamine and Opioids in Billings and Montana



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About Me



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Community-Wide Opioid and
Methamphetamine Response Initiative



Community-Wide Opioid and Methamphetamine Response Initiative

- Billings Metro VISTA Project (BMVP) founded in 2009 by the City of Billings Community Development Division
- Sponsored by Corporation for National and Community Service
- Focus on **capacity-building** to alleviate poverty
- Second year of a three-year project
- **Objectives:** Assessment, Education, Prevention, and Intervention through:
 - Outreach
 - Materials Development
 - Community Advisory Group
 - Fund Development



Characteristics of Opioids vs. Meth

Opioids

- Narcotics class, containing illicit drugs (heroin) and prescription drugs (painkillers)
- Painkillers – legally prescribed in many medical settings
 - OxyContin (oxycodone)
 - Hysingla (hydrocodone)
 - Percocet, Vicodin, codeine, fentanyl, morphine, methadone, opium, etc.
- Depressant – drowsiness, lethargy, decreased breathing
- “Dope sickness” – severe withdrawal due to cessation. Days to weeks of anxiety, agitation, pain

Methamphetamine

- Amphetamine class of drugs, many legal prescriptions for ADHD/insomnia (Adderall, Vyvanse, Ritalin, etc.)
- Stimulant – increased nervous system activity
 - Low - moderate strength/dose: decreased concentration/alertness, decreased appetite
 - High strength/dose (meth): powerful mood swings, paranoia, psychosis, aggression
- Withdrawal – extreme fatigue, sleepiness, and anxiety/depression lasting three to four weeks

State of Substance Use - Montana

- 10% of population has substance use disorder (SUD); 10% of those receive treatment
- Since 1980, drug offense rate ↑ 559% (especially meth)
 - Methamphetamine offenses ↑ 400% from 2010 – 2015
 - Heroin offenses ↑ 1557% from 2010 – 2015
- 31% of drug offenses were meth and 7% were narcotics
 - Meth has greatest impact on quality of life
- Opioids more associated with drug overdose deaths (42% in 2013 & 2014)
 - Opioids have greatest impact on lifespan

State of Substance Abuse - Billings

- Substance Abuse was ranked as the top issue in the community in the 2020 Yellowstone County Community Health Needs Assessment
- 53.8% of residents surveyed said they, or someone they know, has been negatively affected by substance abuse (72.9% for low income)
- From 2016-2017, hospital emergency rooms saw 567 opioid-related emergencies
- In 2017, drug violations ↑ 15%, with similar increases in property and violent crimes



Supply and Demand of Opioids & Meth

Supply of Opioids

- 80% of world's heroin made in Afghanistan; majority of heroin in the United States comes from Mexico (Eastern US) and Colombia (Western US)
- Fentanyl (50-100x stronger than heroin) manufactured mainly in China and trafficked via dark web from Mexico → US or straight to US
- Prescription opioids such as oxycodone and hydrocodone have been produced legally in US pharmaceutical labs since 1990's
- CDC released guidelines for medical providers on prescribing opioids in 2016 – heavily combated by “Big Pharma”
- High incentives from drug companies for doctors to prescribe opioids (“free samples” and sometimes \$100,000+ for speaking/consulting)

Supply of Methamphetamine

- Household meth labs → industrial “superlabs”
 - Higher quantity and purity
- Most meth in Montana manufactured in Mexico (Sinaloa Cartel)
- Trafficked from southern border to Canada via interstate, through Montana
 - Now staying in Montana, especially Billings, due to high demand
- One pound of meth: Bought in CA for \$2K-\$3K, sold in Billings for \$11K-\$14K
- Increased violent crime – cartel presence and meth side effects

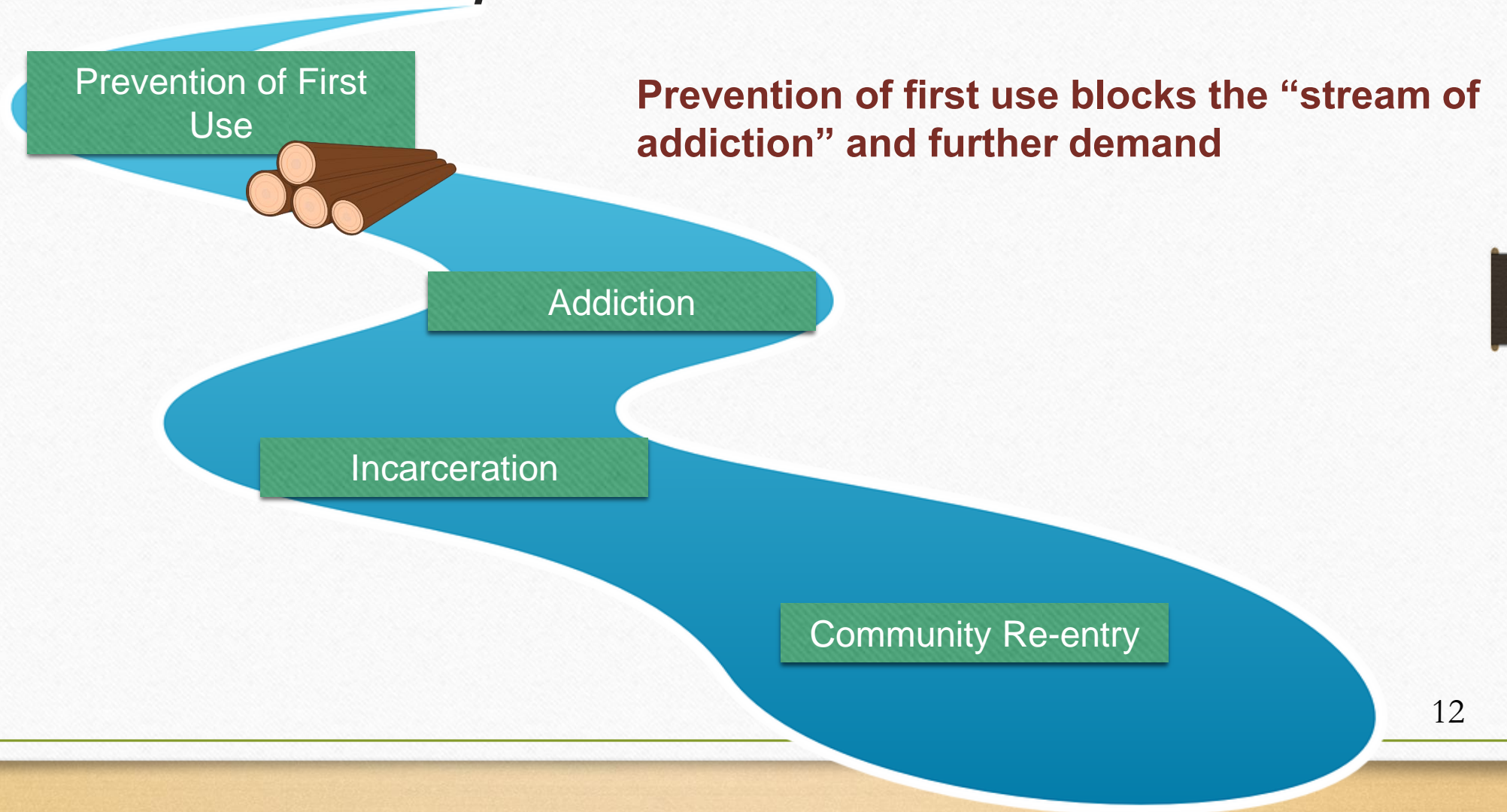
Limiting Supply of Opioids & Meth

- Eastern Montana Drug HIDTA (High-Intensity Drug Traffic Area) Task Force
 - BPD, Sheriff's Office, DEA, US Marshals, FBI, ATF, ICE, USPS
 - Traffic stops, household raids
- Project Safe Neighborhoods in Billings (federal initiative)
 - Increased prosecution of gangs/cartels
 - Heightened reinforcement of all felonies, especially violent, firearm-related crimes
- US Customs and Border Patrol
 - Increased number of agents at borders
 - Strategy to Combat Opioids – More detailed inspection of cargo ships & international mail
- Increased monitoring of opioid prescribing

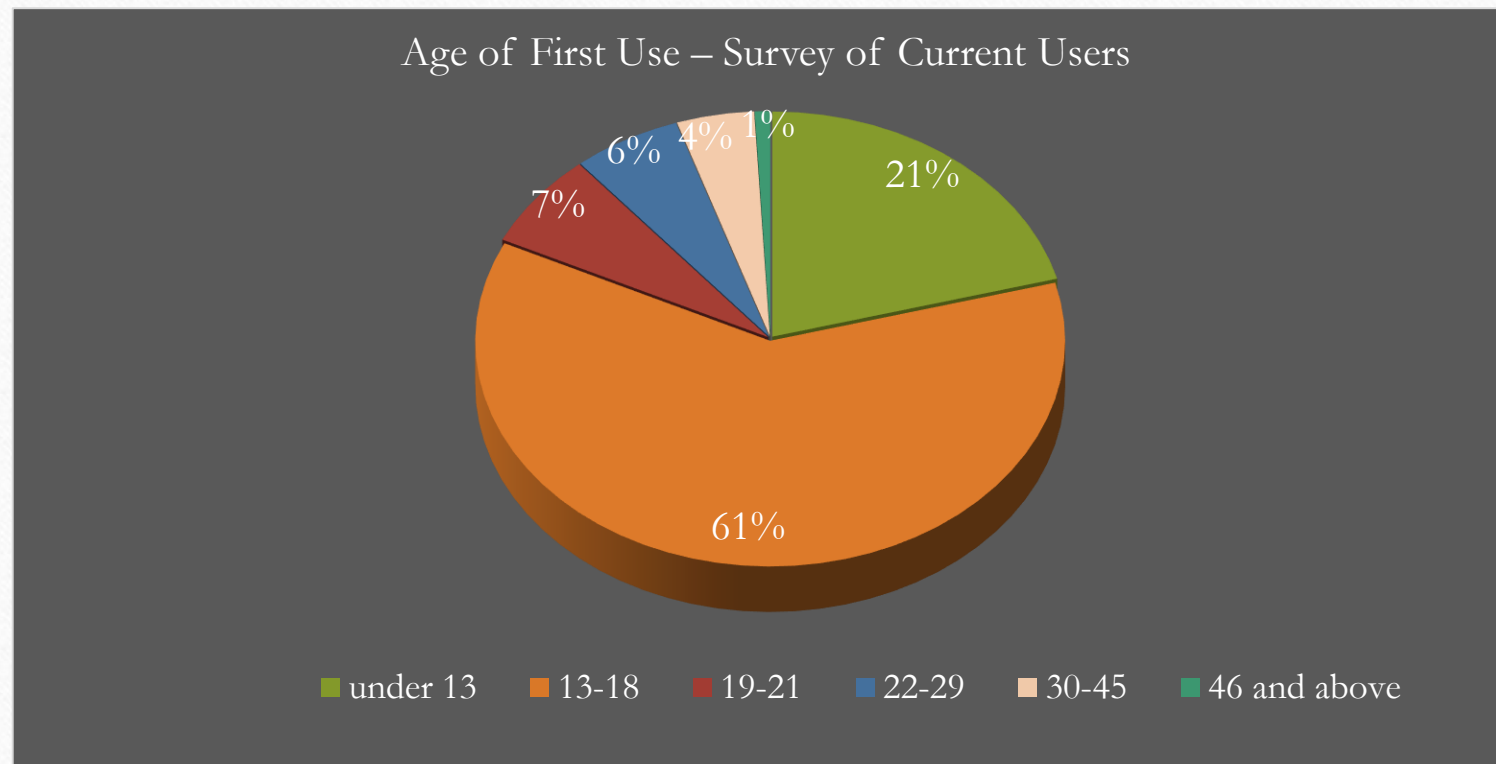
Demand for Opioids & Meth

- Illicit and legal drug manufacturers continue to produce because of high profits and demand
- How else to combat?
 - Reduce demand – **prevention!**
 - Use alternatives to legal opioids (find new, safe painkillers)
 - Education on substance abuse
 - Increase access to treatment
- Nothing will be an immediate fix – **gradual society-wide process**

Why Prevention?



Age of First Use in Billings





Factors of Prevention

- Target of prevention efforts is mainly youth
 - Universal: handle risk and protective factors of ALL kids in a large setting (schools, local communities)
 - Selective: focuses on at-risk youth
 - Indicated: targets already-using youth
- Risk factors for substance use addressed
 - Adverse childhood experiences (ACEs)
 - Use among parents or peers
 - Poor life skills for age
 - Low community attachment

Ways You Can Help

- If you are parent, be a consistent and positive role model for your children
 - ParentingMontana.org
- Advocate for prevention efforts and research
 - Work on prevention is being done at national level – SAMHSA
 - Vote for candidates that support tackling substance abuse, especially prevention
- Support local prevention-related organizations that serve Billings and all of Montana

Conclusion

- High rates of substance use disorder – need to target both the supply and demand sides
- Large size and reach of Billings' economy has made it an easy target for the drug trade
- Great steps are being taken to combat supply; more focus should be placed on **PREVENTION** in Montana to reduce the population's demand for substances

Questions?

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Sources

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