

Stimulant Use Disorder (SUD) is a condition where a person misuses stimulant drugs or medications to the point that it has negative effects on their life. Stimulants include illegal drugs like cocaine and methamphetamine (meth), as well as legal prescription drugs like Adderall. These substances can be taken orally, snorted, smoked, or injected. The vast majority of people who use or misuse stimulants do not develop SUD. People with SUD have difficulty controlling their stimulant use. They may continue to use these substances even though they have negative effects on their health, relationships, and functioning. They may experience legal and financial problems and difficulty finding pleasure in other activities.¹

There were an estimated 3.5 million Americans over the age of 12 living with a SUD² and there were 40,643 stimulant-related overdose deaths in the United States in 2020 for a rate of 12.6 deaths per 100,000 persons.³

Racial Disparities

In the United States, stimulant overdose deaths disproportionately impacted both Black Americans and American Indian/Alaska Native (AI/AN) Americans. Black Americans died as a result of stimulant-related overdoses at a rate of 17.4 (per 100k), while AI/ANs died at a rate of 14.0. White Americans died at a rate of 12.8.³

Sex/Gender Disparities

Males are significantly more likely to die as a result of stimulant-related overdose than females in the U.S., dying at a rate of 18.1 (per 100k) compared to a rate of just 7.1. This disparity is true across every race demographic group but is most pronounced in Black Americans, where Black males died at a rate of 27.4 compared to Black females who died at a rate of just 8.8—a 102.8% difference.

Males accounted for 72.1% of all stimulant-related overdose deaths

Income Disparities

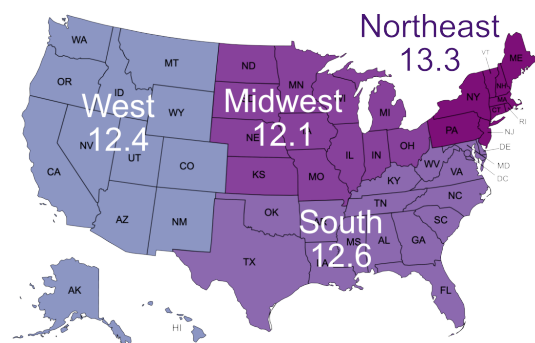
Little research has been conducted on the link between income and SUD, though some research has been conducted on the links between Social Determinants of Health and methamphetamine use. Those at highest risk for lifetime meth had an education level of a high school diploma or less, had an income of \$20,000/year or less, and were located in small metropolitan or non-metropolitan areas. White males aged 26 and older are most at risk of developing lifetime methamphetamine use.⁴

Treatments and Treatment Disparities

There are currently no FDA-approved medications to treat SUD. Current treatment methods include a combination of Counseling and Cognitive Behavioral Therapy.

Regional Disparities

The highest rate of stimulant-related overdose deaths in the U.S. was in the Northeast, with a rate of 13.3 (compared to the national rate of 12.6). The Midwest had the lowest rate of stimulant-related overdose deaths, with a rate of 12.1.



This does not, however, tell the entire story: of the ten states with the highest rates of stimulant-related overdose deaths, five—West Virginia (44.0), Kentucky (21.5), District of Columbia (20.7), Tennessee (20.6), and Delaware (20.4)—are located in the Southern region. West Virginia has the highest rate of stimulant-related overdose deaths in the U.S.

When death rates are separated into cocaine-related and methamphetamine-related overdose deaths, the majority of cocaine-related overdose deaths occur in the Northeast, with just 3 of the ten states with the highest rates of overdose deaths lying outside the region, with the District of Columbia having the highest rate of cocaine-related deaths, with a rate of 19.6 (per 100k). For methamphetamine-related deaths, West Virginia has the highest rate of overdose deaths in the nation, with a rate of 38.4 (per 100k). The next-highest rate is 18.2 in neighboring Kentucky.

References

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