

# CLINICAL PROVIDER QUICK TIPS

ADDRESSING STIMULANT USE IN PRIMARY CARE SETTINGS

WHAT YOU NEED TO KNOW

CME AVAILABLE AT NO COST

**UCLA**

David Geffen School of Medicine

**Integrated Substance Abuse Programs**



Opioid and Stimulant Implementation Support  
Training and Technical Assistance

## Session Title

Clinical Recognition of Stimulant  
Use Disorder (StUD). . .  
. . .Including Methamphetamine

## Presenter

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### Takeaway Tips

- **STIGMA.** Appreciate that stimulant use is stigmatized, therefore, folks do not usually self-disclose.
- **SELF-MEDICATION.** Know the predictable primary conditions for which people who use stimulants are self-medicating.
- **SECONDARY CONDITIONS.** Recognize the predictable secondary health conditions.
- **YOU HAVE THE POWER.** Own the power of primary care! Your usual chart review plus nonjudgmental clinical interview allows for rapid clinical recognition of stimulant use. Recognition leads to treatment.

# Stigma

*Objective: Appreciate that stimulant use is stigmatized, therefore folks do not usually self-disclose.*

- Patients will not usually volunteer that they are using stimulants. **Why?**
- Stimulant use carries shame
  - Stigma, i.e., being ‘marked’
- Use screening tools when possible, such as:
  - *“How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical purposes?”*
- When screening tools are not utilized, use your clinical prowess!

# Self-Medication

*Objective: Know the predictable primary conditions for which people who use stimulants are self-medicating.*

**People using stimulants are self-medicating.  
Know the conditions they are medicating.**

- ADHD → **to focus**
- PTSD/Intrusive memories → **to escape**
- Depression/lack of motivation → **to feel better**
- Poverty/Multiple jobs (inc. migrant farm workers) → **to have more energy**
- Unhoused → **to feel safe** via feeling alert, warm, and connected to unhoused community
- MSM → **(initially) enhanced sexual performance, social inclusion**

# Self-Medication (cont.)

*Objective: Know the predictable primary conditions for which people who use stimulants are self-medicating.*

**Addiction is the result.**

Eventually, folks are treating the hole in the nervous system to prevent profound **withdrawal effects:**

- Psychosis
- Inability to get out of bed due to impressive anhedonia
- Hopeless
- Lethargy

# Secondary Conditions

*Objective: Recognize the predictable secondary health conditions.*

Simulant use, especially methamphetamine and cocaine use, causes other health and social problems.

## **Know the conditions it commonly causes.**

- Skin picking, scab, preoccupation with infestation
- Tachycardia
- Cardiomyopathy
- Psychosis
- Unexpected weight loss
- Unhoused
- Frequent ER Trips, hospitalizations, and interactions with law enforcement

# You Have The Power

*Objective: Own the power of primary care! Your usual **chart review** plus **nonjudgmental clinical interview** allows for rapid clinical recognition of stimulant use.*

**Recognition leads to treatment.**

**Primary care is about putting it all together.**

- Have a high index of clinical suspicion during chart review and visit.
  - **Prior notes** (ER follow ups, hospital follow ups, same day visits for skin conditions),
  - **Problem list** ('scabies,' hypertension, dyspnea, psychotic symptoms, anxiety),
  - **Medication list** (antidepressants, antipsychotics, controlled substances, antiHTNs),
  - **Vitals** (tachy, HTN, drop in wt),
  - **Physical examination** (poor dentition, skin lesions on extremities and face, pressured speech, agitation, elevated mood or energy level).
- Approach patient in nonjudgmental manner to invite self-disclosure.



THANK YOU

## Clinical Provider Quick Tips

-- Addressing Stimulant Use in Primary Care



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