

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

Working with Individuals who use Cocaine and Methamphetamine: Reordering Priorities

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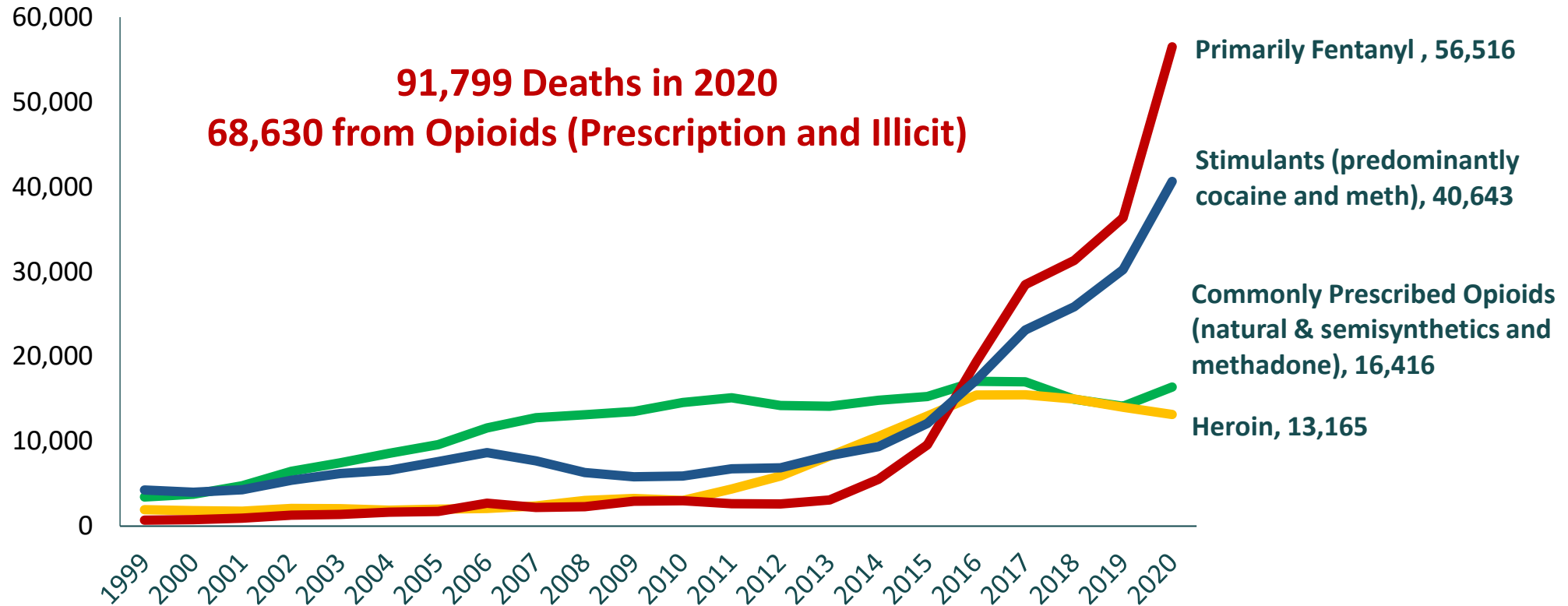


Takeaway Tips

- More people are dying of overdose on stimulants, second only to fentanyl.
- Meth use causes severe physical and psychiatric consequences, providing an opportunity that primary care providers can address.
- Retention in care and reducing harmful impacts of stimulant use are critical.

Evolution of Drivers of Overdose Deaths, All Ages

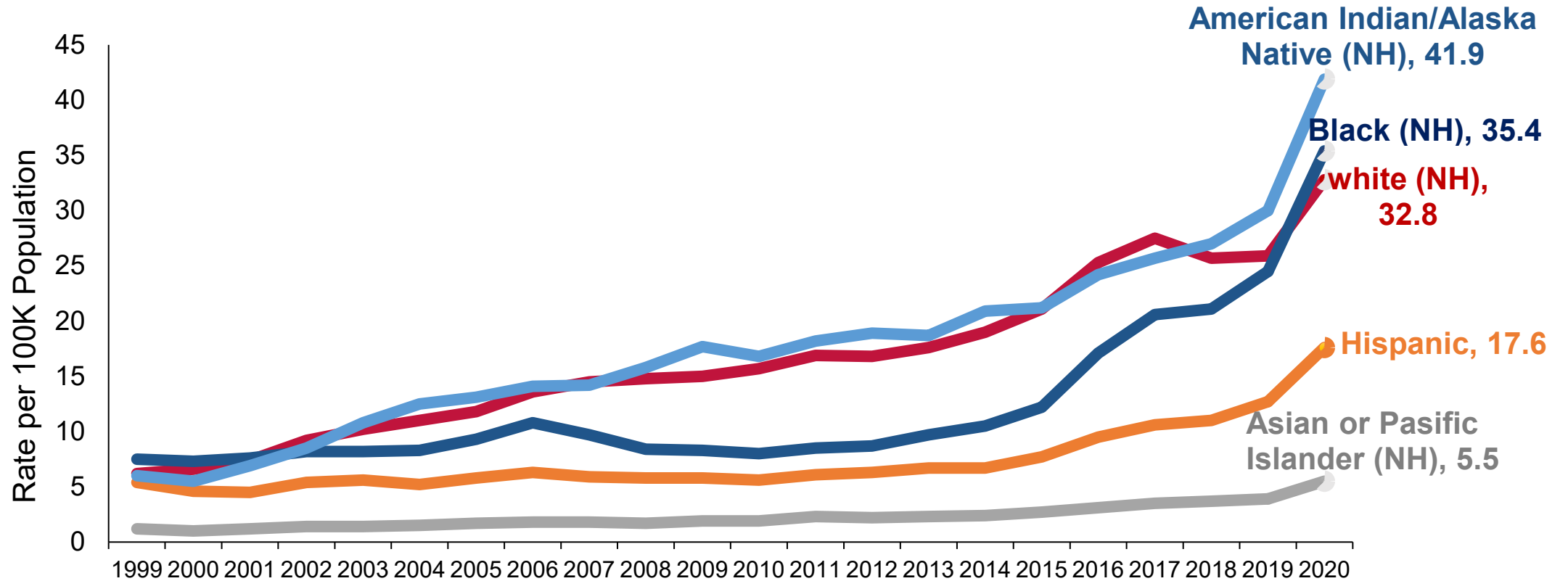
Analgesics → Heroin → Fentanyl → Stimulants



Source: The Multiple Cause of Death data are produced by the Division of Vital Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (US DHHS).

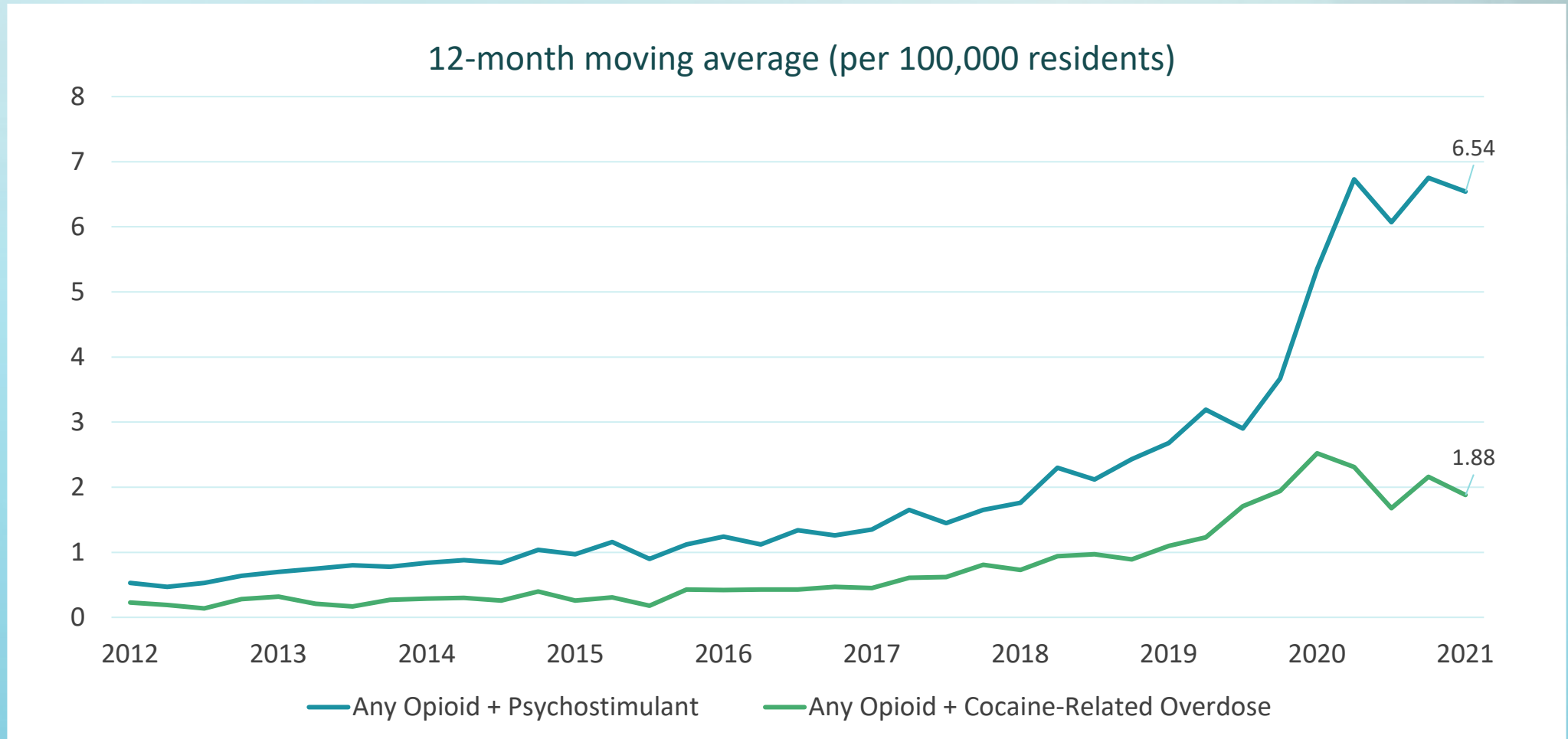


Drug Overdose Death Rates by Race/Ethnicity



NCHS, National Vital Statistics System. Estimates for 2020 are based on final data.

California Overdose Death Rates: Opioids + Stimulants



Drug Overdose Deaths* Continue to Increase in 2021

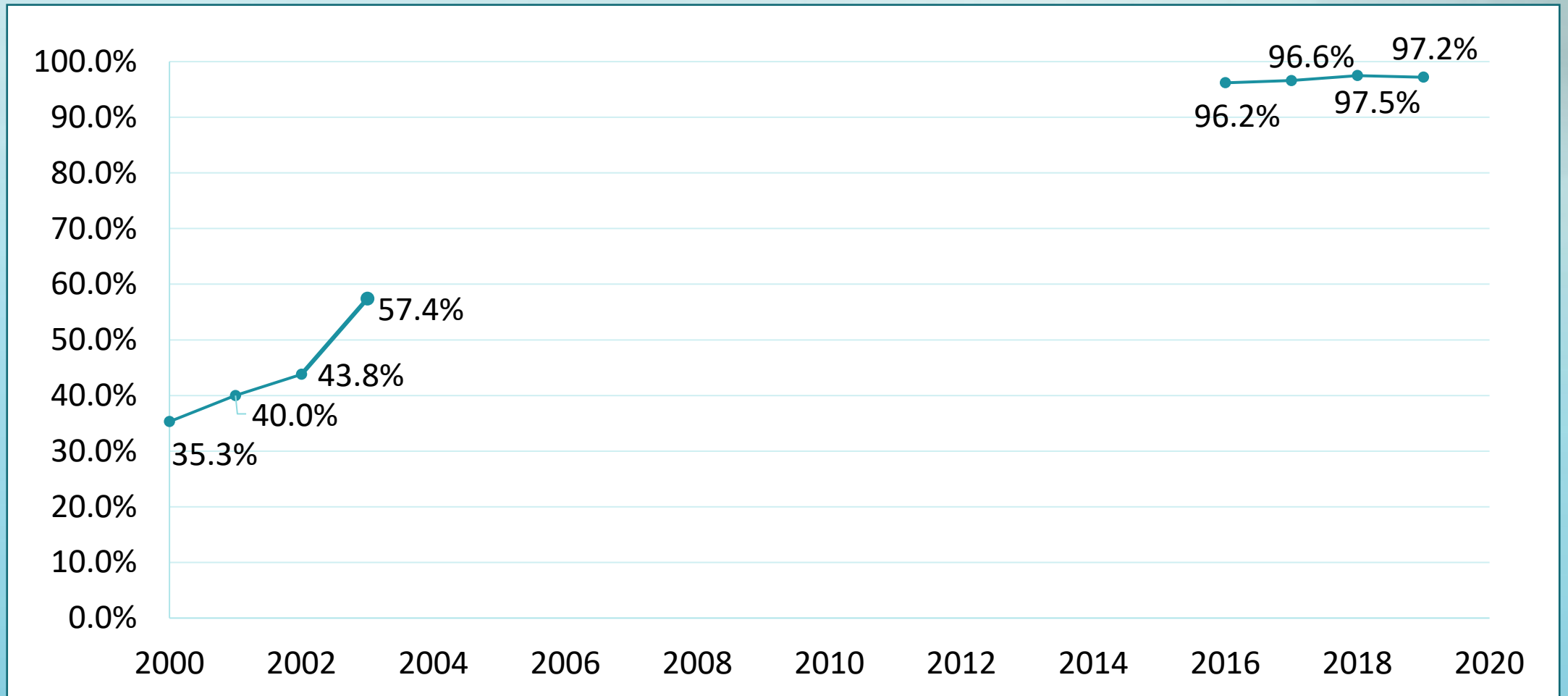
	ALL DRUGS	HEROIN	NAT & SEMI SYNTHETIC	METHADONE	SYNTHETIC OPIOIDS (mainly illicit fentanyl)	COCAINE	OTHER PSYCHO-STIMULANTS (mainly meth)
11/2020*	92,366	13,698	13,667	3,593	56,595	19,953	23,894
5/2021	101,075	11,633	13,909	3,802	64,871	21,235	28,890
11/2021*	106,854	9,504	13,643	3,619	70,420	23,908	32,476
Percent Change 11/20-11/21	15.7%	-30.6%	-0.2%	0.7%	24.4%	19.8%	<u>36.0%</u>

*NCHS Provisional drug-involved overdose death counts are PREDICTED VALUES, 12 months ending in select months.

Perris, CA: Largest domestic meth seizure 2200 pounds on 10/2/20



Methamphetamine Purity 2000-2003 and 2016-2019



Sources: The National Threat Assessment, 2005, National Drug Intelligence Center, U.S. Dept. of Justice
DEA Methamphetamine Profiling Program.
National Drug Threat Assessment, 2020. DEA Methamphetamine profiling program.

Medical Consequences of Stimulant Use

Neurologic and Psychiatric

Neurologic

- Stroke
- Seizures
- Chronic headaches
- Cerebral swelling and hemorrhage

Psychiatric Co-Morbidity

- Severe psychosis
- Depression
- Suicidal ideation



Medical Consequences of Stimulant Use

Cardiovascular Effects

- Hypertension
- Cardiac arrhythmias
- Shortness of breath
- Chest pains
- Tachycardia
- Pulmonary hypertension
- Cardiomyopathy
- Heart failure



Medical Consequences of Stimulant Use

Pulmonary Effects

- Pulmonary edema
- Dyspnea
- Bronchitis
- Pulmonary hypertension
- Hemoptysis
- Asthma exacerbation
- Pulmonary granuloma
- Tuberculosis



Paulus, M. P. and Stewart, J.L. ,
Neurobiology, Clinical Presentation and Treatment of
Methamphetamine Use Disorder:
A Review. JAMA Psychiatry, 77:959-966.
doi:10.1001/jamapsychiatry.2020.02462020

Clinical Challenges: Treating Individuals with Stimulant Use Disorder

- Overdose death/Lethality of currently available methamphetamine
- Limited understanding of stimulant addiction
- Ambivalence about need to stop use
- Impulsivity/Poor judgement
- Cognitive impairment and poor memory
- Anhedonia
- Numerous medical, psychiatric, dental concerns

Clinical Challenges

Treating Individuals with Stimulant Use Disorder

- Hypersexuality/hyposexuality
- Violence and psychosis
- Powerful Pavlovian trigger-craving response
- Elevated rates of psychiatric co-morbidity
- Very difficult to engage in treatment
- Very poor retention in treatment

Special Treatment Considerations

- People who use injectable drugs.
- People who use stimulants daily or in very high doses.
- Women (high rates of physical/sexual abuse).
- Homeless, chronically mentally ill and/or individuals with high levels of psychiatric symptoms at admission.
- Men who have sex with men (MSM).
- People who use stimulants who are under the age of 21.
- Individuals in medication treatment for OUD.

Interest in Reducing Methamphetamine and Opioid Use among Syringe Services Program Participants in Washington State

(McMahan et al, 2020 Drug and Alcohol Dependence)

- In a sample of 583 participants at a Washington State syringe exchange program (443 opioids; 140 methamphetamine), survey data were collected on their attitudes about stopping drug use.
- 82% of the individuals who reported opioids as their main drug expressed an interest in reducing/stopping opioid use
- 46% of individuals who reported methamphetamine as their main drug expressed an interest in reducing/stopping their meth use.

Dropout rates of in-person psychosocial substance abuse treatment: a systematic review and meta-analysis

(Lappan et al., Addiction, 2020)

- Meta-analysis of in-person psychosocial SUD treatment.
- Drop out rates in first 90 days of treatment
- 151 studies, with 26,243 participants.
- Results yielded overall average dropout rates, and predictors of dropout.

Substance Targeted and Dropout

Treatment Target	Dropout Rate
Heroin	25.1
Tobacco	25.5%
Alcohol	26.1%
Cocaine	48.7%
Methamphetamine	53.5%

Harm Reduction Strategies

- Information about medical and psychiatric effects of meth
- Overdose Education (fentanyl)
- Syringe Exchanges
- Naloxone (for opioid overdose)
- Use by non-injection routes of administration
- Avoid using Alone
- Injection “Tester doses”
- Injection “Taking turns”
- Fentanyl Test Strips





THANK YOU

Clinical Provider Quick Tips

-- Addressing Stimulant Use in Primary Care



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Check website often for more Quick Tips Videos and Resources:

www.uclaisap.org/clinicalproviderquicktips

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