

Addiction to methamphetamine is treatable. People are often reluctant to disclose they use the highly stigmatized substance or seek help to stop using it. By having brief conversations with patients about methamphetamine use, providers can work to identify and reduce the harm and negative consequences that comes with its use. Increasing access to evidence-based treatment helps to catch use early to prevent negative physical, emotional and social consequences. With access to effective, evidence-based treatment, people can acquire tools and skills to prevent misuse.

Some people will stop using methamphetamine independently, but others may need intervention and treatment from a professional for methamphetamine use disorder. Recognizing that each person is unique and there is no “one size fits all” approach, this factsheet spotlights various behavioral health approaches, including harm reduction strategies.

## WHAT IS METHAMPHETAMINE?

Methamphetamine is a powerful, addictive stimulant that affects the central nervous system. Crystal methamphetamine is a form of the drug that looks like glass fragments or shiny, bluish-white rocks. Other common names for methamphetamine include blue, crystal, ice, meth, and speed.

## HOW DO PEOPLE USE METHAMPHETAMINE?

As with all addictive drugs, the potential for addiction is greater when it is delivered by methods that cause rapid increases in blood concentration. The desired effects are felt more quickly and with more intensity than with a moderated delivery mechanism.

People can take methamphetamine by:

- smoking
- swallowing (pill)
- snorting
- injecting the powder that has been dissolved in water/alcohol

Because the “high” both starts and fades quickly, people often take repeated doses in a “binge and crash” pattern. In some cases, people take methamphetamine in a form of bingeing known as a “run,” giving up food and sleep while continuing ingestion every few hours for up to several days.

Methamphetamine usage, whether casual or in the context of addiction, is highly stigmatized, which presents a barrier to seeking support or treatment. Many of the words we use unintentionally stigmatize and judge people. Using neutral language shifts the understanding that **the person is NOT the problem the substance use disorder is**. Adopting the use of neutral language demonstrates sensitivity and respect.

**This list offers alternative positive choices when talking about substance use.<sup>1</sup>**

<b>AVOID</b>	<b>USE INSTEAD</b>	<b>REASON</b>
<ul style="list-style-type: none"><li>• Addict</li><li>• Abuser</li><li>• Junkie</li></ul>	<ul style="list-style-type: none"><li>• A person who uses XYZ</li><li>• A person with a substance use disorder</li></ul>	Using first person language puts the person first, not their behavior. It values the person and shows you are not defining them based on their substance use.
<ul style="list-style-type: none"><li>• Clean</li><li>• Dirty</li></ul>	<ul style="list-style-type: none"><li>• Not currently using</li><li>• Currently using a substance</li></ul>	Clean and dirty are judgmental terms.
<ul style="list-style-type: none"><li>• Medication-Assisted Treatment (MAT)</li></ul>	<ul style="list-style-type: none"><li>• Medication for substance use disorder (i.e. alcohol, opioid) or addiction treatment</li></ul>	Medications are effective treatments for addiction – hence, the term “assisted” may undervalue the role of the medication. These categories are value-neutral and precise. When discussing a specific medication, refer to it by both its generic and brand names.

### **TRAUMA-INFORMED CARE WITH PEOPLE THAT USE METHAMPHETAMINE AND STIMULANTS**

According to SAMHSA (Substance Abuse and Mental Health Services Administration): *Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of traumatic symptoms and acknowledges the role that trauma has played in their lives.* Trauma-informed care embodies an understanding and belief that the individual (e.g., person with substance use disorder) has rights and is autonomous in their health care. Interpersonal violence, including sexual trauma, is common among people that misuse methamphetamine.

Trauma-informed care requires a multi-tiered systems approach. At the organizational level, it requires a commitment of resources to ensure that direct care providers have the skills, knowledge, and support needed to ensure that services are universally provided with compassion and understanding, regardless of direct knowledge of any trauma that may have impacted an individual and their behavioral choices. Trauma-informed care should be the standard of care for all patients.<sup>2</sup>

You should:

- Assume that everyone has experienced some kind of trauma and ask questions accordingly.
- Preface questions with the reason you are asking them.
- Ask for the bare minimum of what you need to know to carry forward with exceptional care.
- Don't ask for details related to a particular trauma.

### **WITHDRAWAL FROM METHAMPHETAMINE AND STIMULANTS**

The first step in recovering from the use of methamphetamine is the process of detoxification to purge the substance. How a person approaches this will depend on several factors such as:

- How much they have been using?
- How long they have been using?
- How they use?
- How dependent are they currently?

Some people may go through this withdrawal process at home if they have a safe and substance free place under the supervision of their doctor. Others, who are more highly dependent, need the support and services of an inpatient facility.

<sup>1</sup> *A Harm Reduction Toolkit*, National Harm Reduction Coalition, 2021.

<sup>2</sup> Presentation: Principles of Methamphetamine Use Disorder, Justin Alves, RN,ACRN, CARN, CNE and Kristin Wason, MSN, NP-C, CARN, Boston Medical, Grayken Center for Addiction, March 5, 2021.

There is no set time frame for the withdrawal process. It varies depending on the person. In general though, there are two major phases that a person goes through after stopping methamphetamine use. The first stage is the most intense and usually lasts about a day or two after the last use. The second stage is less intense, but lasts for an extended period of time. In some cases, people experience protracted withdrawal, which involves experiencing symptoms for a longer period of time than expected.

<b>ACUTE WITHDRAWAL</b> <b>0 - 10 Days</b>	<b>SUBACUTE WITHDRAWAL</b> <b>1- 21 Days</b>	<b>PROTRACTED WITHDRAWAL</b> <b>21 Days - 12 Months</b>
<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Depression</li> <li>• Irritability</li> <li>• Hallucinations</li> </ul>	<ul style="list-style-type: none"> <li>• Fatigue/Exhaustion</li> <li>• Depression</li> <li>• Mood Swings</li> <li>• Brain Fogginess</li> <li>• Disturbed Sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Anhedonia</li> <li>• Depression</li> <li>• Sexual Dysfunction</li> <li>• Decreased Libido</li> </ul>

### **TREATMENT FOR METHAMPHETAMINE USE DISORDER**

There are several evidence-based treatment models for methamphetamine use disorder.<sup>3</sup> There is strong evidence that these interventions cause or are responsible for the outcome measured in the study’s sample population.<sup>4</sup>

<b>EVIDENCE-BASED TREATMENT<sup>5</sup></b>	<b>DESCRIPTION OF TREATMENT</b>
<b>Trauma-Informed Care Seeking Safety</b>	A therapeutic model of treatment for co-occurring Post Traumatic Stress Disorder and Substance Use Disorder that emphasizes the need to be safe in order to explore and cope with trauma.
<b>Contingency Management Intervention</b>	<p>Contingency Management<sup>6</sup> uses motivational incentives and tangible rewards to help a person attain treatment goals, and has demonstrated to be the most effective therapy for stimulant use disorders. This addiction treatment method is based on motivation through rewards, prizes, privileges or cash. Participants receive incentives when they attend counseling sessions, appointments, and take prescribed medications. Unfortunately, this approach is not widely used, stemming in part from a policy limiting the monetary value of incentives allowable as part of treatment.</p> <p><i>Example: Motivational Incentives for Enhancing Drug Abuse Recovery (MIEDAR), is an incentive-based method for promoting cocaine and methamphetamine abstinence. MIEDAR has demonstrated efficacy as a treatment option among methamphetamine misusers through NIDA’s National Drug Abuse Clinical Trials Network.<sup>7</sup></i></p>

3 <https://drugpolicy.org/drug-facts/meth-use-disorder-treatment>

4 Evidence-based resource guide series, Treatment of Stimulant Use Disorders, SAMHSA

5 <https://drugpolicy.org/drug-facts/meth-use-disorder-treatment>

6 <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies/contingency-management-interventions-motivational-incentives>

7 <https://www.drugabuse.gov/publications/research-reports/methamphetamine/references>

<b>Cognitive Behavioral Therapy (CBT)</b>	This short-term, goal-oriented therapy focuses on shifting behaviors to stop unhealthy patterns. CBT therapy focuses on learning new and drug-free ways to cope with stress in life. Patients learn to recognize their own personal reactions to environmental or emotional cues, understand their current problem, stop the negative impulsive response, and practice healthy coping skills.
<b>The Matrix Model</b>	Over 16-weeks, the Matrix Model teaches participants about issues critical to addiction and relapse, builds confidence, and provides family and group counseling, a 12-step component, urine testing, and promotion of social support.
<b>Motivational Interviewing</b>	Motivational interviewing is a treatment approach that meets people where they are at and helps them to overcome ambivalent feelings about changing their behavior. It helps people explore their own reasons for change and to become motivated to make changes in their drug use.

There are currently no approved medications for treating methamphetamine use disorder, but new research by the National Institute on Drug Abuse Clinical Trials Network (NIDA CTN), National Institutes of Health offers hope.<sup>8</sup> The findings of a randomized-controlled trial testing the use of a combination of medications (injectable naltrexone [Vivitrol<sup>®</sup>], which is used to treat alcohol and opioid use disorders, and oral bupropion which is used to treat long-term depression and short-term tobacco treatment), supplemented with behavioral therapy, in adults with moderate or severe methamphetamine use holds promise. Participants in the treatment group reported fewer cravings and greater overall improvement in their lives, with no significant adverse effects associated with the treatment. Although long-term methamphetamine misuse can result in structural and neurochemical brain changes, these changes can be reversed in people who recover, underscoring the importance of pursuing new strategies for treatment.<sup>9</sup>

## HARM REDUCTION FOR METHAMPHETAMINE AND STIMULANT USE

### Strategies to reduce negative consequences of methamphetamine use:

GENERAL	SEX	INJECTION
<ul style="list-style-type: none"> <li>• Eat, drink water and get plenty of sleep before using</li> <li>• Use only with trusted friends</li> <li>• Avoid using alone</li> <li>• Avoid mixing with other substances</li> <li>• Buy from a trusted dealer</li> <li>• Test drugs before use</li> <li>• Have naloxone</li> </ul>	<ul style="list-style-type: none"> <li>• Use condoms, barrier contraception and lubricant</li> <li>• Regularly test for STIs</li> <li>• Decide on sexual partner(s) ahead of time</li> <li>• Avoid mixing drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Keep the injection area and equipment clean</li> <li>• Avoid sharing or reusing syringes</li> <li>• Use different sites to inject</li> <li>• Get to know the syringe services program in your area</li> </ul>

8 Trivedi, M. H., Walker, R., Ling, W., dela Cruz, A., Sharma, G., Carmody, T., Shoptaw, S. (2021). Bupropion and Naltrexone in Methamphetamine Use Disorder. *New England Journal of Medicine*, 384(2), 140-153. doi:10.1056/NEJMoa2020214

9 <https://www.nih.gov/news-events/news-releases/combo-treatment-methamphetamine-use-disorder-shows-promise-nih-study>

## RESOURCES FOR PEOPLE USING METHAMPHETAMINE AND STIMULANTS

Syringe Services Program	Contact information
HIV/HCV Resource Center: The Claremont Exchange Valley Regional Hospital, Claremont, NH	Phone: 603-448-8887 <a href="http://www.h2rc.org/syring-exchange">http://www.h2rc.org/syring-exchange</a>
Keene Serenity Center: GROW Syringe Services, Keene, NH	Phone: 603-903-4049 <a href="https://www.facebook.com/pg/GROWSSP/">https://www.facebook.com/pg/GROWSSP/</a>
MWV Supports Recovery, Conway, NH	Phone: 603-662-0668 <a href="https://www.mwvsupportsrecovery.org/">https://www.mwvsupportsrecovery.org/</a>
NH Harm Reduction Coalition: Hand Up Health Services Multiple locations on the Seacoast	Phone: 207-370-7187 <a href="http://nhhrc.org/handup/">http://nhhrc.org/handup/</a>
NH Harm Reduction Coalition: Queen City Exchange Multiple locations in Manchester area	Phone: 603-463-6241 <a href="http://nhhrc.org/queen-city-exchange/">http://nhhrc.org/queen-city-exchange/</a>
Revive Recovery Center (formerly SSA-NA) Multiple locations in Nashua area	Phone: 978-743-9636 <a href="http://www.reviverecovery.org/">http://www.reviverecovery.org/</a>
Bureau of Infectious Disease Control, <b>Phone:</b> 603-271-4496, <b>Email:</b> NHBIDC@dhhs.nh.gov	

## RESOURCES AND SUPPORT FOR PEOPLE USING METHAMPHETAMINE AND STIMULANTS

### RESOURCES AND SUPPORT

#### ***The Partnership @drugfreeNH***

[drugfreeNH.org](http://drugfreeNH.org): A safe place to gather and learn about local strategies and activities to prevent substance misuse.

#### ***Never Use Alone***

[Neverusealone.com](http://Neverusealone.com) or call 1-800-484-3731: To talk with a lifesaving point of contact while using substance, call Never Use Alone. No judgment, no shaming and no preaching.

#### ***The Doorway***

[thedorway.nh.gov](http://thedorway.nh.gov) or call 2-1-1 (or 1-866-444-4211): A statewide service that supports any NH resident, of any age, with a substance or alcohol concern or issue.

#### ***NH Alcohol and Drug Treatment Locator***

[nhtreatment.org](http://nhtreatment.org): A searchable database with treatment agencies and individual practitioners offering substance use disorder services.

#### ***2-1-1 NH***

[211NH.org](http://211NH.org): A comprehensive source of information about local resources and services to help you take care of yourself.



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