



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

SAFER USE OF METHAMPHETAMINES

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GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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OBJECTIVES

1. Overview of methamphetamines
2. Identify risks of methamphetamine use
3. Review harm reduction
4. Apply harm reduction principles to methamphetamine use
5. Discuss resources for clinicians and patients

BACKGROUND: METHAMPHETAMINE

WHAT: a potent synthetic stimulant similar to amphetamine

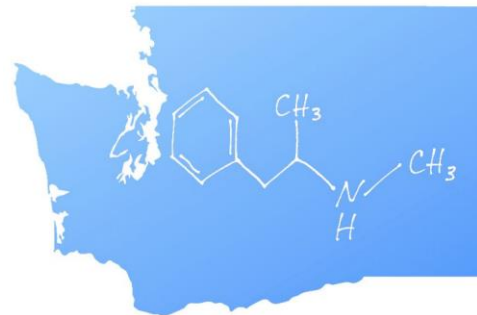
- Street Names: Meth, Crystal, Crank, Ice, Glass, Speed, Chalk, Blue

HOW: can be smoked, snorted, injected, taken orally or rectally

- “Binge & crash” or “Runs”

WHO/WHERE:

- US: 5% lifetime use; 0.6% within the past year; 0.4% use disorder



BACKGROUND: METHAMPHETAMINE

- ...WHY?

“Human beings who use methamphetamine are, first and foremost, human beings ... they’re using them for practical reasons.”

— Caleb Banta-Green, MSW, MPH, PhD
Alcohol and Drug Abuse Institute
University of Washington

SHORT TERM EFFECTS OF METH

INTOXICATION

- “rush”
- euphoria
- wakefulness
- appetite loss
- hyperactivity, agitation
- ^libido, ^sexual activity
- ^HR, ^RR, ^BP, ^Temp
- MI, CVA, overdose, death

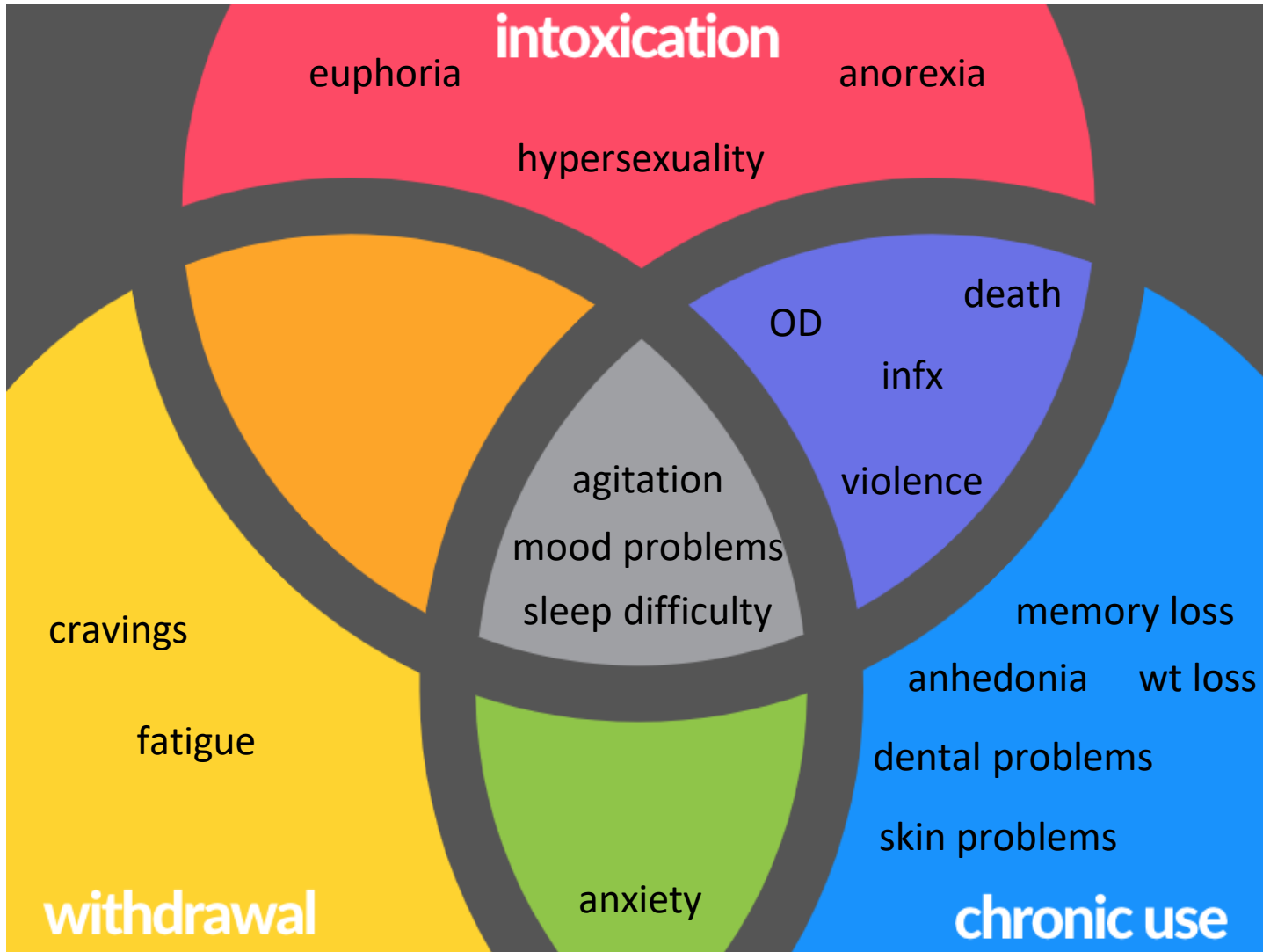
WITHDRAWAL

- fatigue
- anxiety
- depression, SI
- cravings

LONG TERM EFFECTS OF METH

- ^ infection risks
- extreme weight loss
- dental disease
- sores due to skin picking
- sleep problems
- memory loss
- behavior changes
- chronic mood sx, anxiety, psychosis
- inability to experience pleasure from normal activities

METHAMPHETAMINES ARE RISKY!



TREATMENT FOR METH USE DISORDER

- Behavioral therapies
- Contingency management
- Pharmacologic support
- Treatment of co-occurring disorders
- Harm reduction

WHAT IS HARM REDUCTION?

- “A humanitarian approach that aims to reduce harms resulting from health related behaviors such as substance abuse.”
- Goals:
 - Decrease negative consequences
 - Increase QoL

HARM REDUCTION FOR METH USE

- Limited evidence base
- Expert opinion
- Common sense!

HARM REDUCTION FOR METH USE

- Prevent overdoses
 - Start slow
 - Less is more
 - Test the supply
 - Avoid mixing drugs
 - Carry Narcan
 - Change the route

HARM REDUCTION FOR METH USE

- Injection safety
 - Use clean needles
 - Don't share equipment with others
 - Veins not arteries
 - Use peripheral veins if possible
 - Rotate injection sites
 - Recognize infections and seek treatment early

HARM REDUCTION FOR METH USE

- Minimize injuries/assaults
 - Use in a safe environment
 - Use around safe people
 - Do not drive/bike when using

HARM REDUCTION FOR METH USE

- Safer Sex
 - STI's testing q3 months
 - Disclose/ask about STI/HIV status
 - Consider PrEP
 - Decide who to have sex with before getting high
 - Use barrier contraception
 - Use plenty of lubrication
 - Avoid using w/poppers, MDMA, Viagra, etc

HARM REDUCTION FOR METH USE

- Attend to bodily needs
 - Stay hydrated
 - Eat regular meals & snacks
 - Take breaks
 - Practice good oral care
 - Seek routine medical & dental care
 - Take needed medications

CLINICAL SCENARIO:

- Mr. M., a 21y s/d/e white male, presents to primary care for a pre-work physical. Along with routine labs, you (the provider) order a UDS which comes back positive for methamphetamine, although he did not disclose any drug use to you...
- *How should you proceed?*

QUESTION:

- A. pretend like it never happened and don't say anything to Mr. M.
- B. ask the lab to repeat the test for confirmation
- C. call Mr. M. and tell him you know he is using meth
- D. call Mr. M. to discuss his test results, including the +UDS; review patient confidentiality, and ask if he has any concerns about substance use

CLINICAL SCENARIO, CONTINUED:

- On the phone, Mr. M. discloses that he sometimes takes meth pills on the weekends when partying with friends but denies being addicted and does not want to stop using.
- *How should you proceed?*

QUESTION:

- A. tell the patient to stop using meth because it kills people
- B. ask the patient what other drugs he uses
- C. prescribe the patient a Narcan kit
- D. require a weekly UDS for the patient to remain in your care
- E. transfer care to another provider

CLINICAL SCENARIO, CONTINUED:

- Mr. M returns to clinic 6mo later with pain, warmth, redness and swelling around the elbow, which he says is where he has recently started injecting meth since it gives him a faster, stronger high. He denies having any concerns about his meth use at this time.
- *After treating the infection — how should you proceed?*

QUESTION:

- A. tell the patient that the first step to getting better is admitting that he is an addict
- B. refer the patient to an addiction psychiatrist because this is not your problem
- C. ask the patient if he has access to and uses clean needles every time he injects
- D. offer testing for Hep B/C, HIV, gonorrhea, chlamydia, syphilis
- E. order UDS to screen for other substances

CLINICAL SCENARIO #2

- Mrs. C is a 41yo m/d/e F who was referred to psychiatry clinic for fatigue, anxiety and depression. Upon interview the patient reveals that she has been smoking methamphetamine daily for the past 5 years. She states that she started using it for the high and to “get things done” but lately she needs it just to feel normal.
- *How should you counsel this patient?*

QUESTION

- A. suggest quitting cold turkey; she'll feel much better if she just stops using
- B. tell her to avoid switching to IV use
- C. tell her the risks of driving while high
- D. tell her not to have sex when she is high
- E. tell her that meth can be laced with fentanyl, which puts her at increased risk of OD and death

CONCLUSIONS

- Meth use is associated w/significant risk of harm
- The single best way to eliminate harms is to stop using; however this is not everyone's goal
- Harm reduction strategies can improve quality of life and decrease negative outcomes
- HR for meth use includes: OD prevention, injection safety, safer sex, attending to basic human needs

Recovery, as defined by SAMHSA:

“a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

HARM REDUCTION RESOURCES

King County Harm Reduction Resources:

<https://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/drug-use-harm-reduction.aspx>

People's Harm Reduction Alliance:

ORDER HR SUPPLIES HERE:

<https://docs.google.com/forms/d/e/1FAIpQLSeK5UN4iNoRXmmpK8FVqggABVFKDF4k-xEjsJgJljR0IAvDCg/viewform?gxids=7628>

ORDER DRUG TEST KITS HERE: <https://dancesafe.org/shop/>

Project Neon (Seattle): <https://seattlecounseling.org/project-neon/>

North American Syringe Exchange Network: <https://nasen.org/>

Harm Reduction Resources for Providers:

<https://www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/providers/harm-reduction.aspx>

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QUESTIONS/DISCUSSION




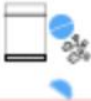
FENTANYL WARNING 


FENTANYL FOUND LOCALLY IN FAKE PILLS

- Fentanyl may be in your drugs—in pills, powder & heroin.
- You can't smell or taste fentanyl.
- Fentanyl can put you at greater risk for overdose and death.


HOW TO AVOID OVERDOSE

 **DO NOT USE ALONE.**

 **START WITH A TESTER SHOT.**
Fentanyl is a potent drug about 100 times more powerful than other opioids.

 **WATCH AND WAIT BEFORE THE NEXT PERSON USES.**

 **HAVE NALOXONE READY.**
You can get Naloxone at the Needle Exchange or visit stopoverdose.org for more locations

 **AN OPIOID OVERDOSE IS A MEDICAL EMERGENCY. CALL 911 RIGHT AWAY.**
Don't worry, the Good Samaritan Law protects you and the person overdosing.

TREATMENT WORKS. CALL THE RECOVERY HELPLINE
866.789.1511 or visit stopoverdose.org