



ATTC

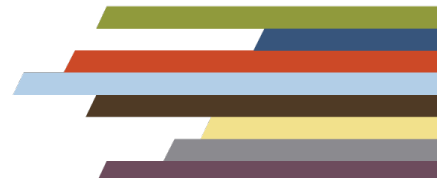
Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

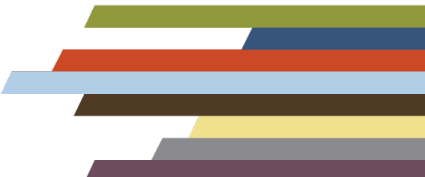
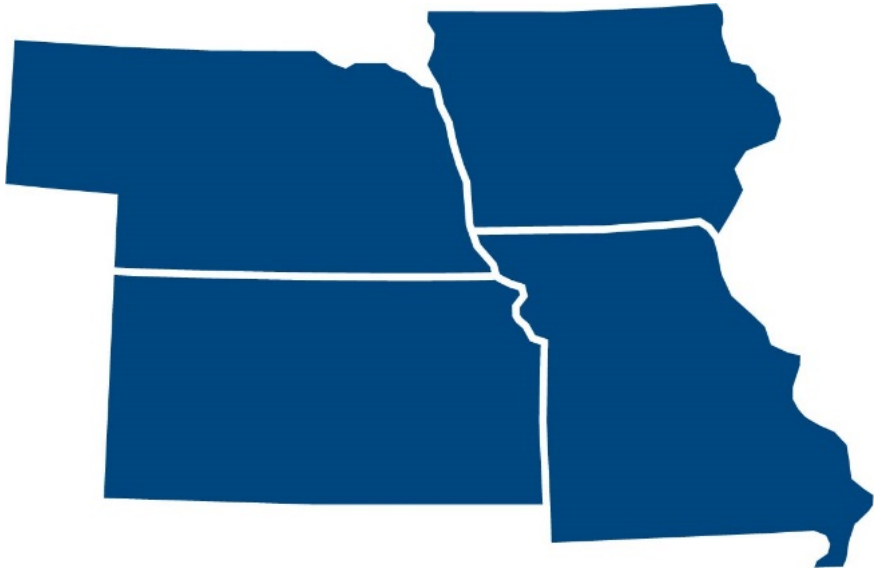
Introduction to Stimulant Harm Reduction

Panelist: Jeffrey Small, Lesley Weinstein, and Lisa Watson

Moderator: Erika Holliday

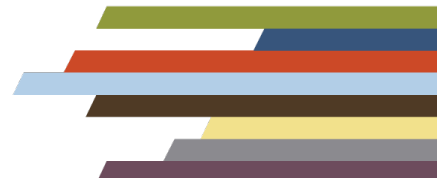


Mid-America ATTC



Mid-America Addiction Technology Transfer Center

- The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen*** the ***specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.
- Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.

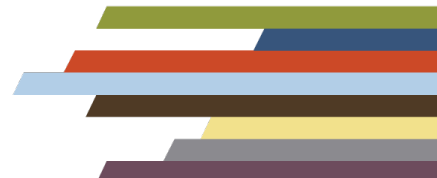


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Opioid Response Network (ORN)

Lisa Carter, MS, LPC, LCAC
Technology Transfer Specialist



**Opioid
Response
Network**



Working with Communities

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.



Working with Communities Cont.

- The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- *ORN* accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

- To ask questions or submit a technical assistance request:
 - Visit www.OpioidResponseNetwork.org
 - Email: orn@aaap.org
 - Call (401) 270-5900

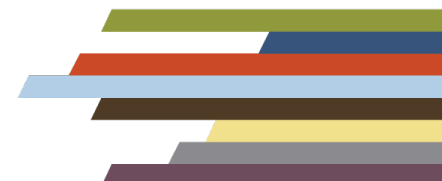


Substance Abuse and Mental Health Services Administration (SAMHSA)

- *Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*



Thanks to our Partners!!



Who are we?

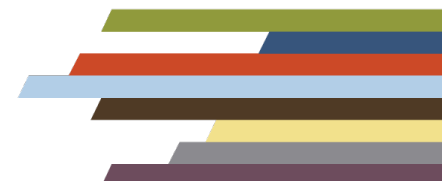
State Opioid Response (SOR):

- A state targeted approach to the prevention, treatment, and recovery from opioid and stimulant use disorders



OOEND Mission:

- Expand implementation of **Overdose and Overamping Education and Naloxone Distribution** (OEND) programs in settings where many are at high risk of experiencing or witnessing an overdose.



Positive Language Guidelines

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131-138.

The language used to describe concepts, communities, and human beings is of the utmost importance. Stigmatizing and negative language used to describe individuals who use substances, have a substance use disorder, or are in recovery can have an impact on their physical and mental health.

Please keep in mind there are many other potentially stigmatizing and stereotypical labels and language that we often use without regard. We ask that you always use your best judgement and person-first language.

What is Harm Reduction?

Any Positive Change

- * Reduces negative consequences, from managed use to abstinence
- * Meets people "where they're at"



Reality Based

- * Accepts, for better or worse, that drug use is part of our world.
- * Does not minimize real, tragic harms of illicit drug use



How It Works

- * Non-judgmental, non-coercive collaboration
- * Quality of life as standard for success, not necessarily cessation of use



Empowering

- * People who use drugs are primary agents of change
- * Gives people who use drugs a real voice in policies



Social Justice

- * Recognizes social inequalities increase harms
- * Works to abolish racialized drug policies and dismantle oppressive systems

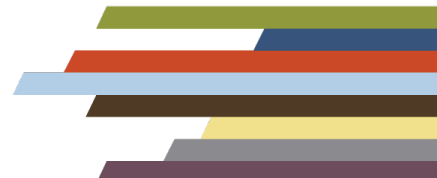


indianarecoveryalliance.org
indianarecoveryalliance@gmail.com



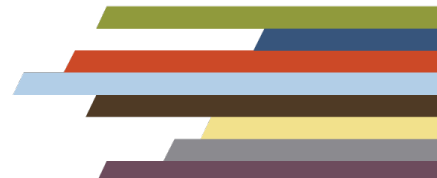
What are the benefits of harm reduction?

- Life Saving
- Cost saving
- Reduces stigma and increase access to health services
- Reduces the spread of infectious diseases
- Reduce sharing of substance use equipment
- Community safety
- Contamination prevention
- Increases referrals to support programs and health and social services

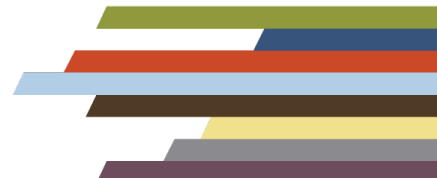


In this training, we will cover:

- Landscape of the problem
- What is overamping?
- Overamping Prevention
- Recognizing Stimulant Overamping
- Responding to Stimulant Overamping
- Calling 911 & Knowing Your Rights

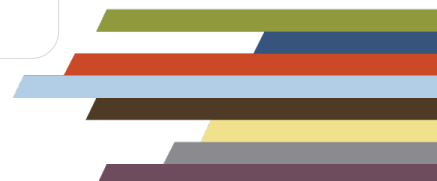
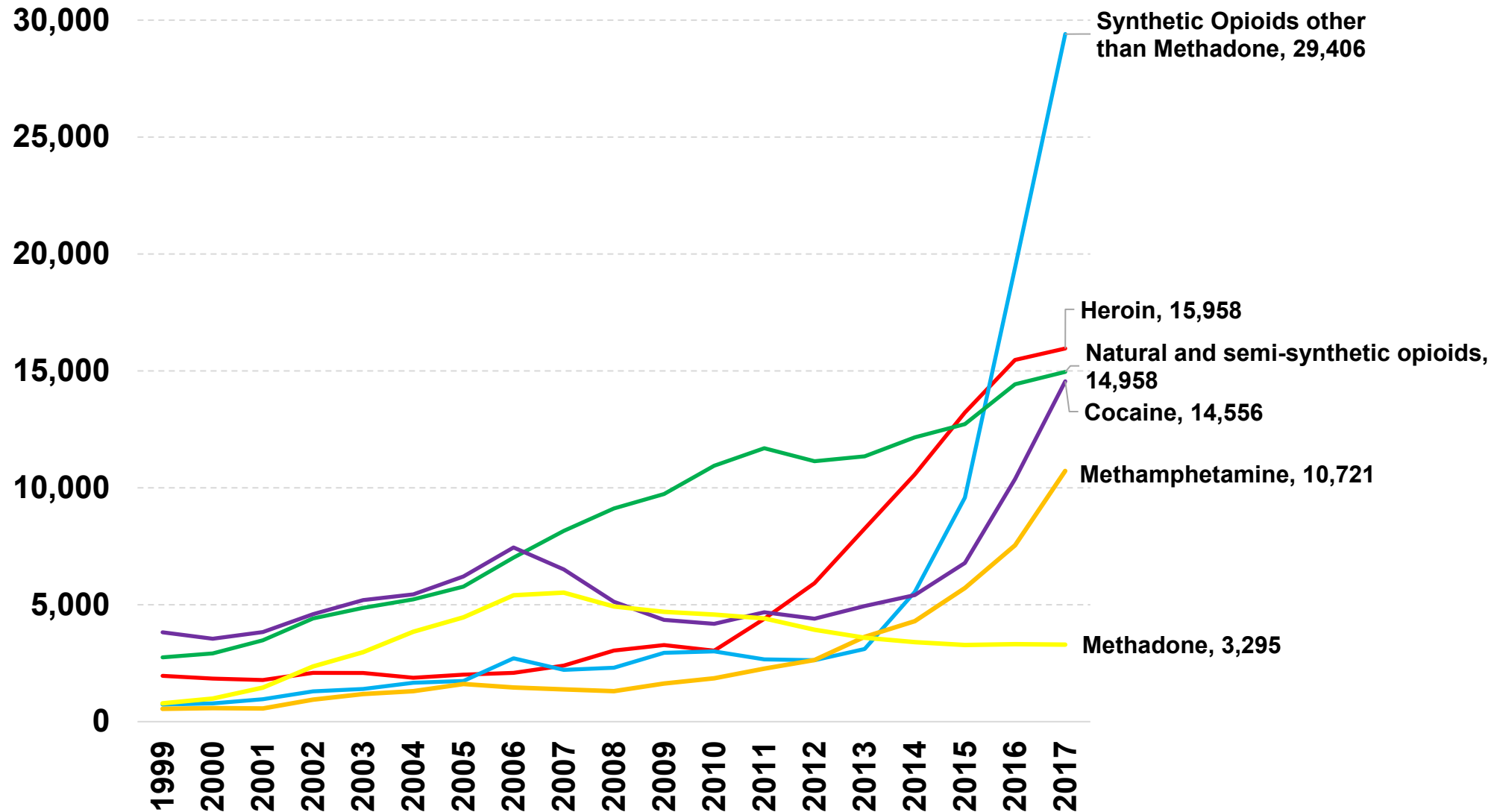


The Landscape

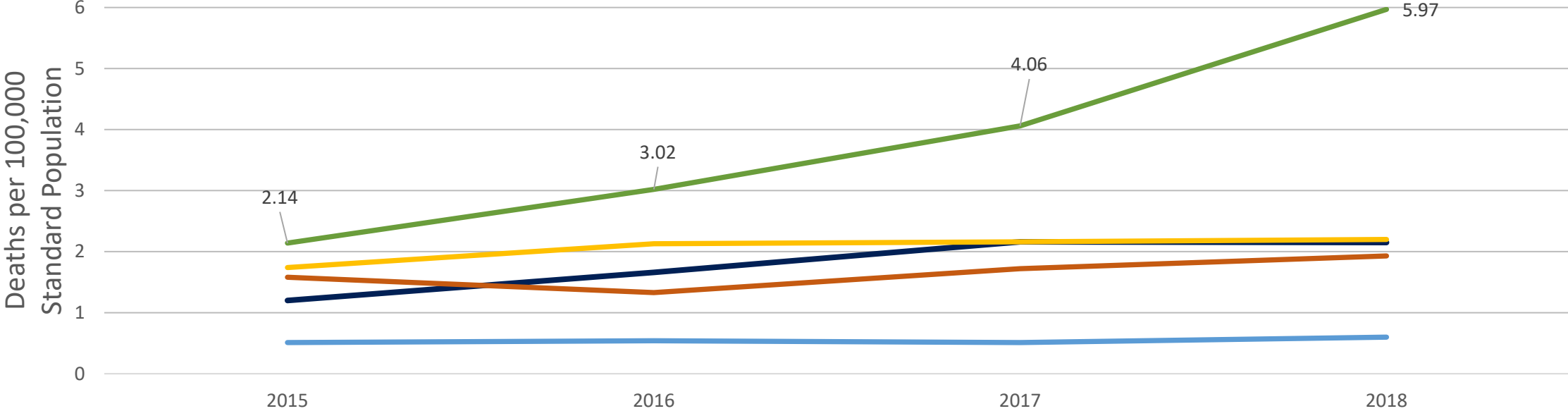


Drugs Involved Deaths in the United States, 1999 to 2017

*More than 72,000 Americans died from drug overdoses in 2017

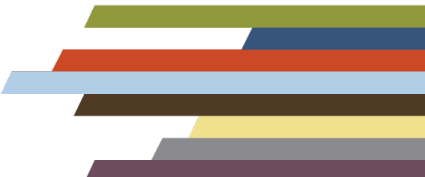


Missouri Non-Opioid 'Overdose' Deaths 2015-2018

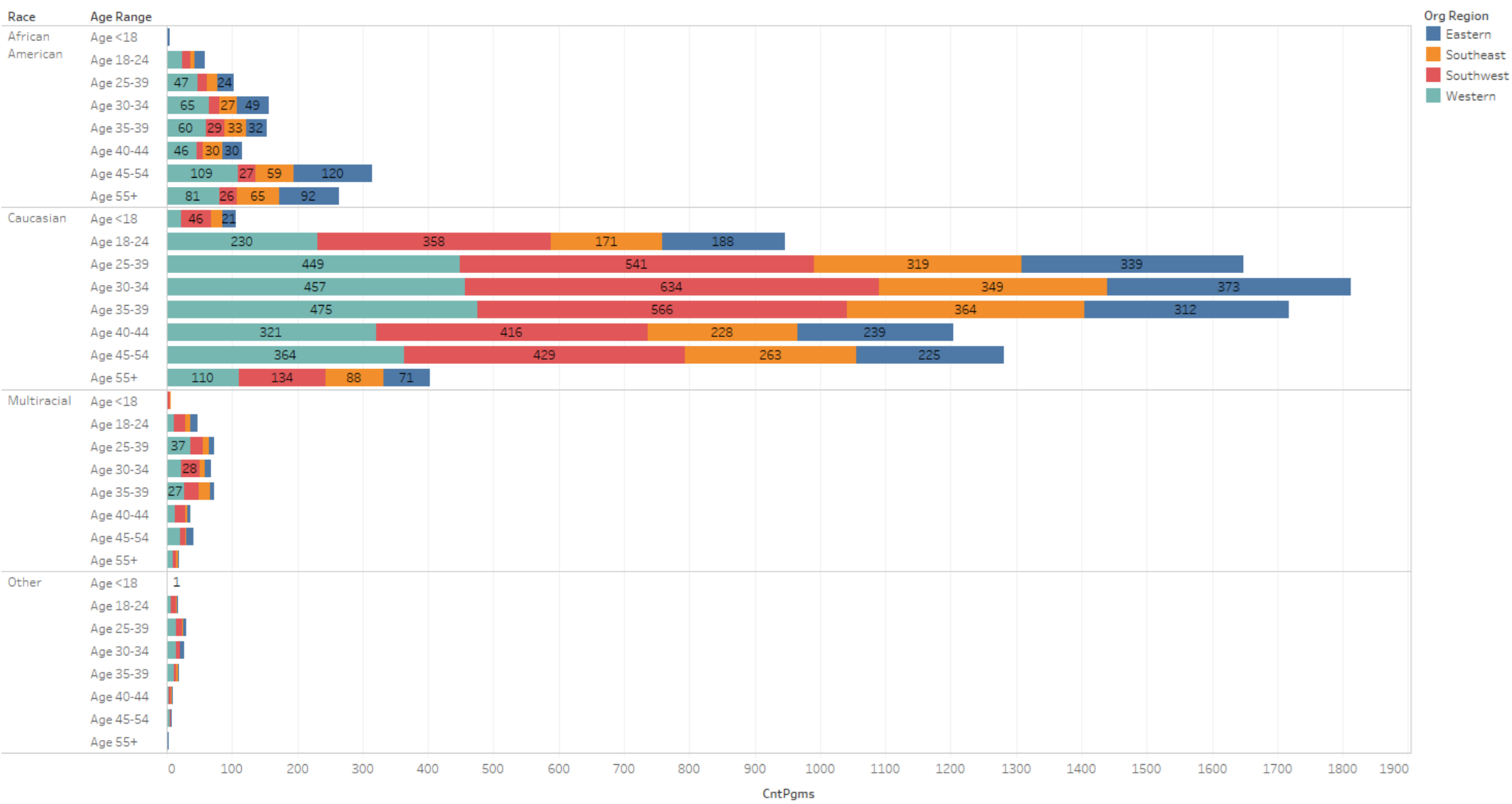


- Methamphetamine and Other Psychostimulant Overdose Deaths
- Cocaine Overdose Deaths
- Benzodiazepine Overdose Deaths
- Drug Overdose Deaths involving Alcohol Poisoning
- Alcohol Poisoning as Underlying Cause of Death Deaths

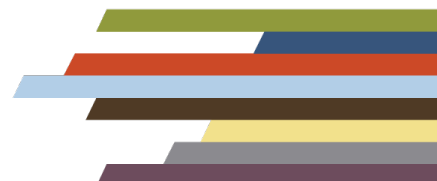
Methamphetamine and other psychostimulant deaths have been increasing steadily since 2015 while other non-opioid related overdose deaths remain relatively stable. In 2018, the death rate for methamphetamine and other psychostimulant was higher in Missouri than national rates. – MO DHSS⁴



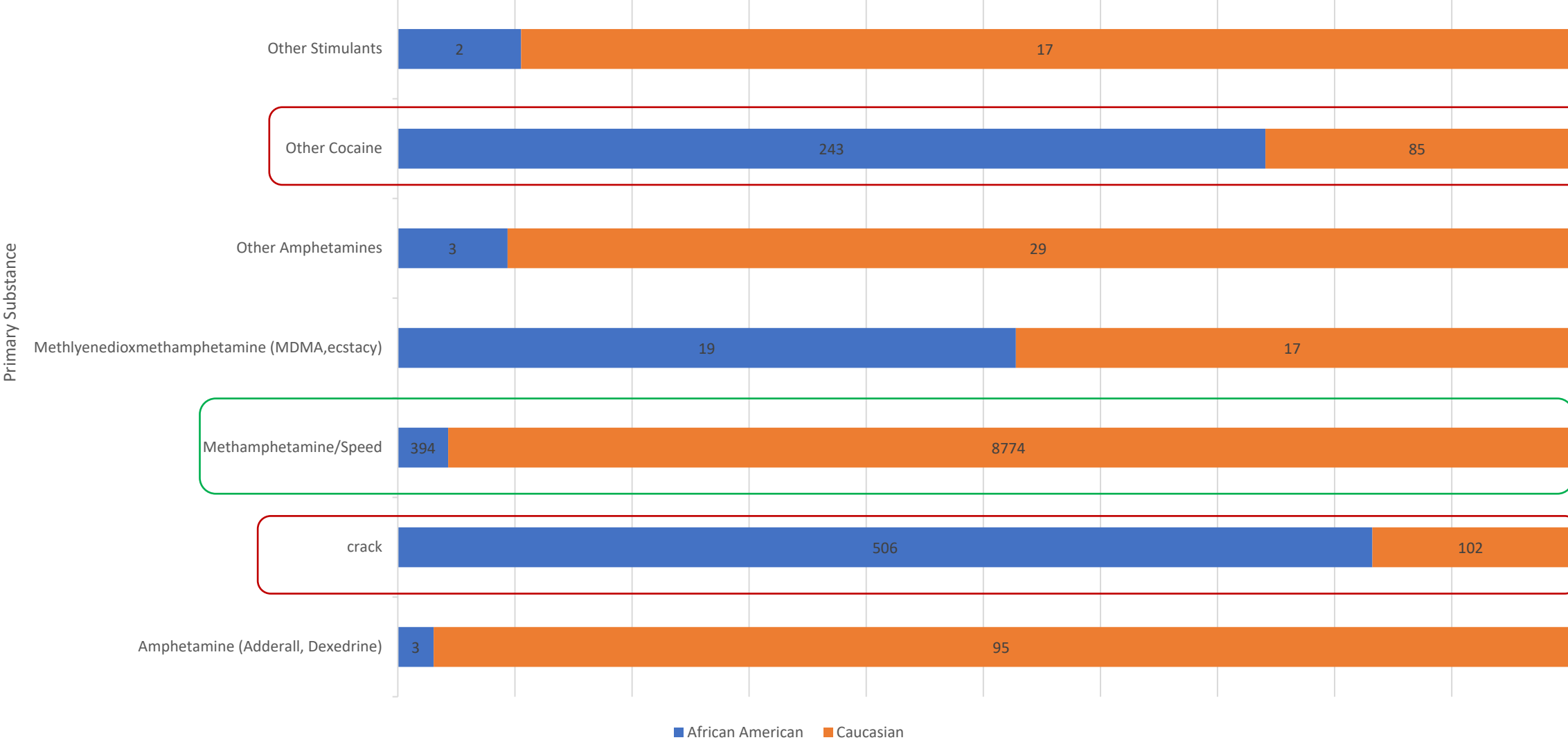
Program Counts for Stimulant Primary by Race and Age - FY 2020



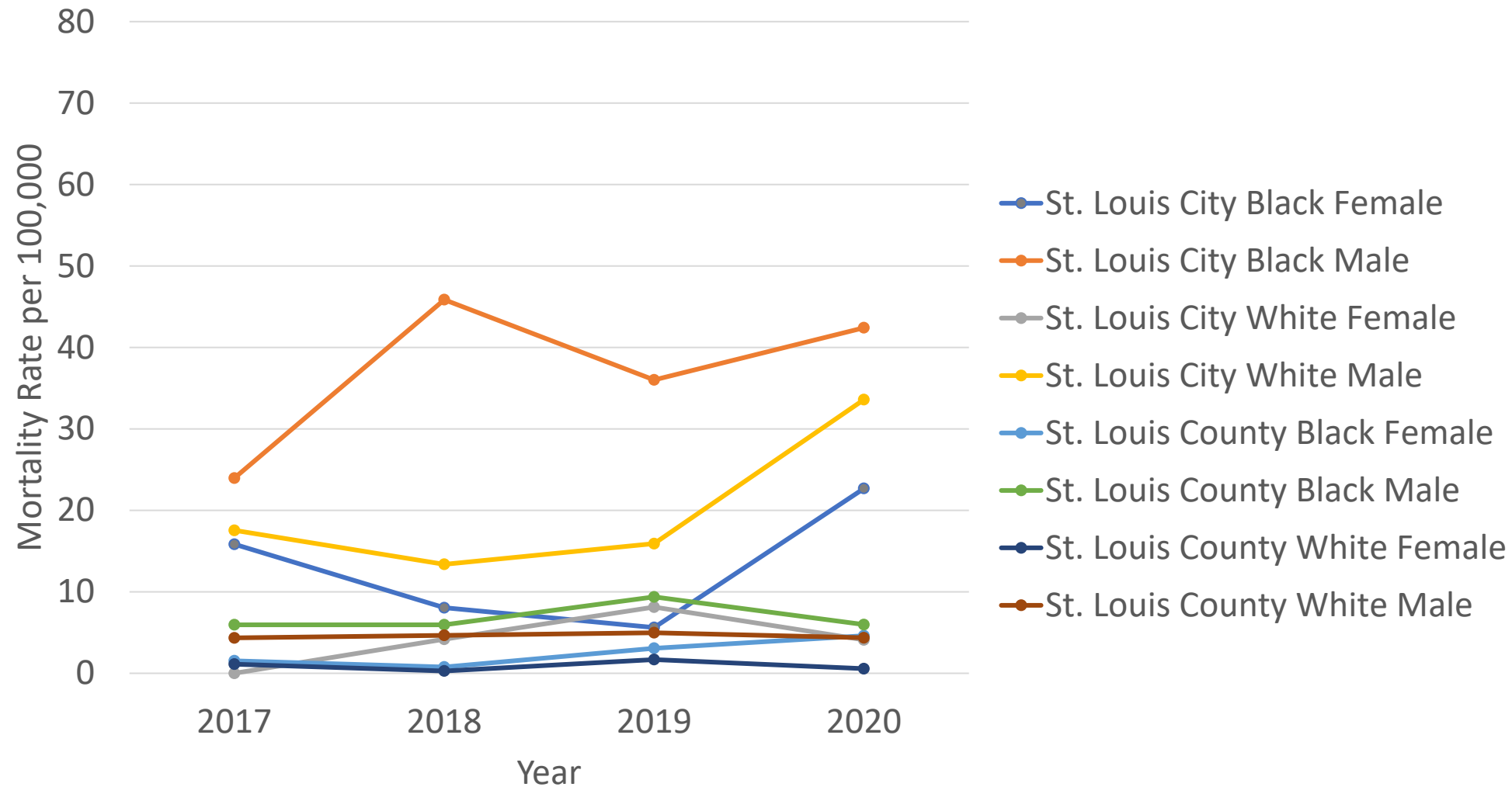
CntPgms for each Age Range broken down by Race. Color shows details about Org Region. The marks are labeled by CntPgms. The data is filtered on SOR Org, ProgramFromDate Year and Primary Substance Category. The SOR Org filter keeps SOR Provider. The ProgramFromDate Year filter keeps FY 2020. The Primary Substance Category filter keeps Stimulants.



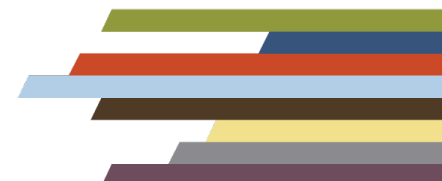
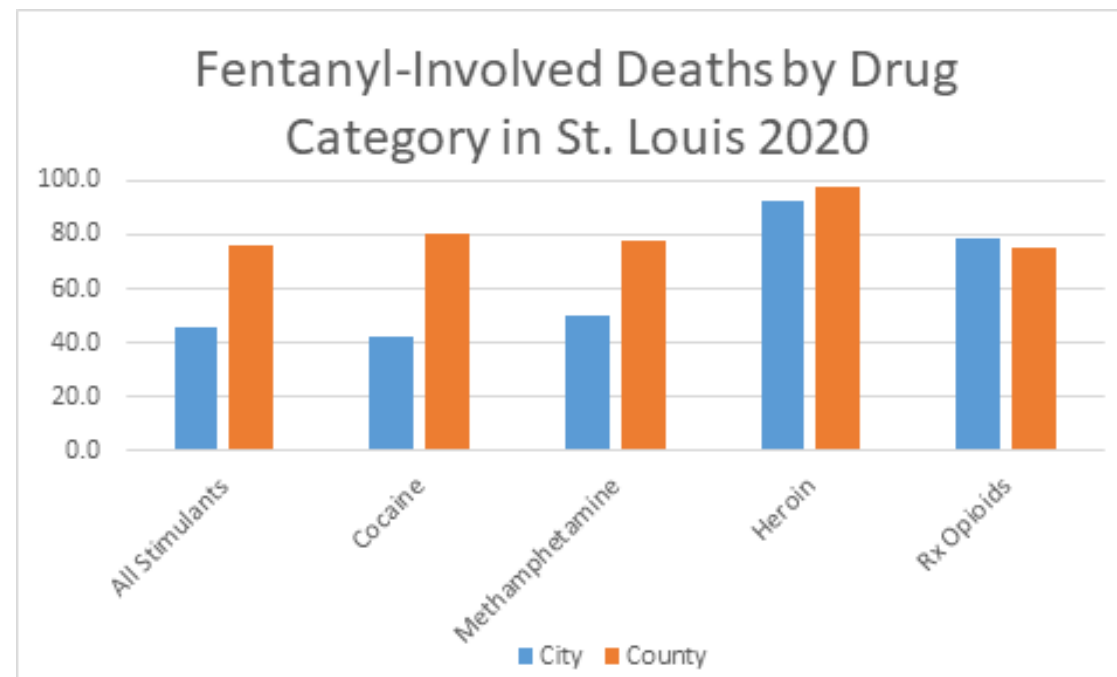
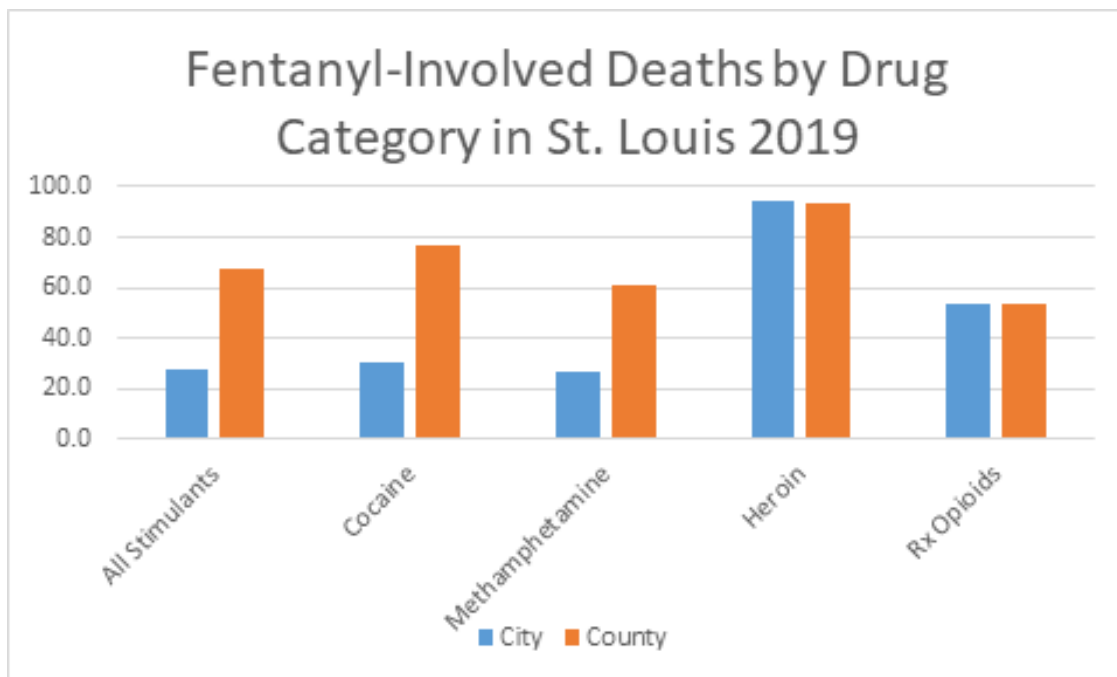
Race Comparison of Program Count by Primary Substance



Stimulants only (no opioids)

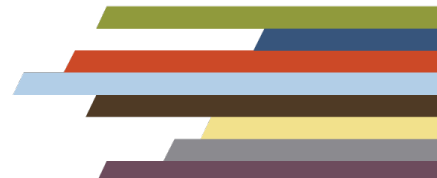


Fentanyl-Involved deaths in 2019 and 2020



Creating Token Economy

- Researched Token Economy
- Reviewed Target Behaviors we wanted to shape
- Reviewed Rewards
- Reviewed Reinforcement





What are stimulants?

Stimulant Examples

Prescriptions

- Amphetamine, Methamphetamine, Dextroamphetamine
 - Often used attention deficit disorders and diet aids
 - Adderall, Ritalin, Didrex

Illicit

- Methamphetamine
- Cocaine

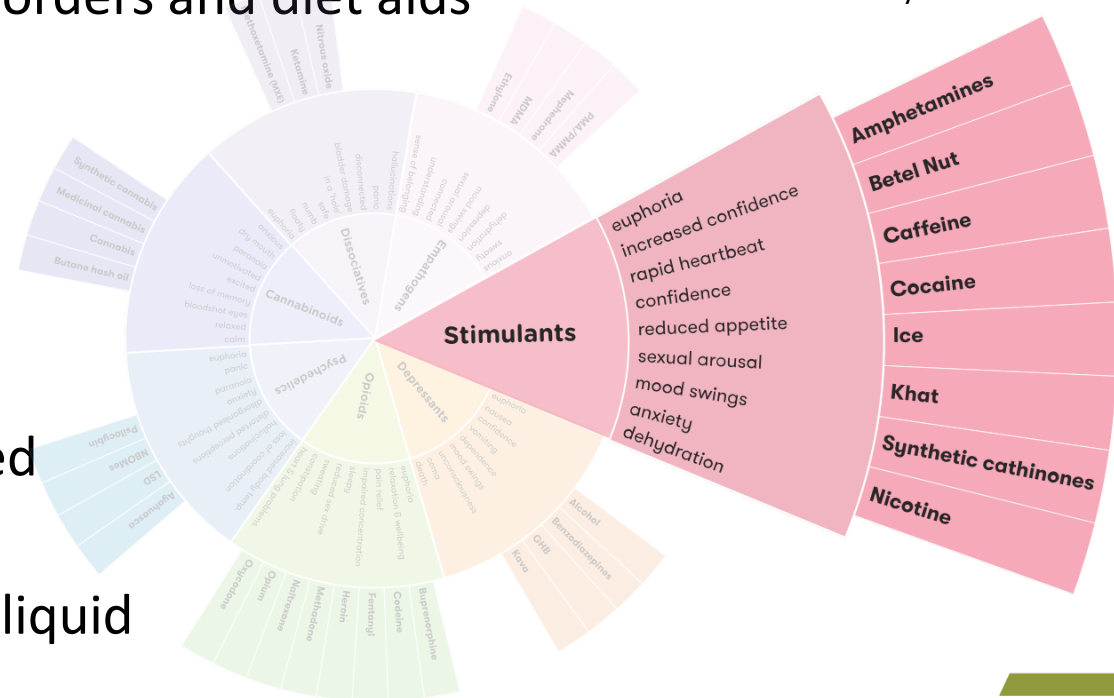
Common Names

- Coke, Snow, Crystal, Ice, Uppers, Speed

Common Forms

- Pills, Powder, Paste, Rocks, Injectable liquid

*Stimulants are a category of drugs that stimulate or activate the central nervous system and are commonly referred to as “uppers.”



Why are stimulants used

Recreational use

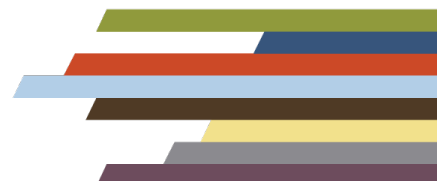
- Alter mental state, stay awake to use other substances

Functional use:

- Stay awake for shift work, safety concerns, weight management, confidence/reduce inhibition, focus or calming effect in some people with underlying psychiatric concerns (ADHD, etc.)

There are a diverse range of stimulant users-
including a broad range of ages, various racial and ethnic groups, gender and sexual minority populations, all socioeconomic classes, and those residing in rural and urban areas.

Central Nervous System (CNS) stimulants can increase energy, alertness, blood pressure, heart rate, and release dopamine.





Stimulant Overramping

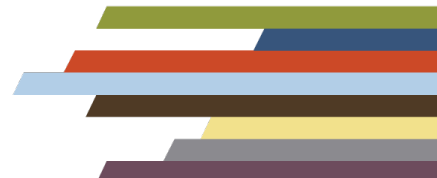


Overramping vs. Overdosing

“Overdose” doesn’t really describe what happens when a crystal meth or cocaine experience turns bad, so we call it **overramping**.

Overramping:

- Can be physical –body does not feel right
- Sometimes it is psychological, like paranoia, anxiety or psychosis
- Can be complicated: some may consider something overramping, while others consider it just part of the high



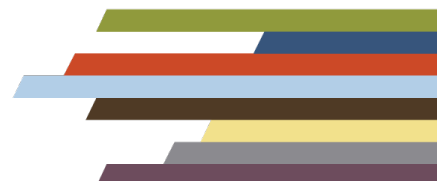
What Causes Overramping?

- Overramping can happen for a lot of different reasons. With speed or coke (unlike some drugs like heroin) it is much more unpredictable; overramping might happen regardless of how much or little you use, or how long you've been using.

Some things that may lead to overramping include:

- You've been up for too long (sleep deprivation).
- Your body is worn down from not eating or drinking enough water.
- You're in a weird or uncomfortable environment or with people that are sketching you out.
- You had "one hit too many."
- You mixed with other drugs that sent you into a bad place.

No matter what the reason, it can be dangerous and scary to feel overramped.



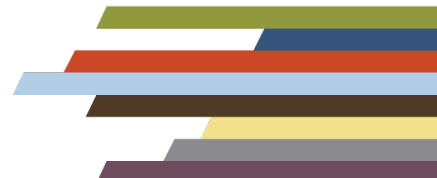
Overramping Prevention

- Overramping is not always about how much you do. The best prevention from complications from stimulants is a healthy body.
 - Regularly get checked out at a clinic you trust, where you can be honest about your drug use.
 - Get your heart, blood pressure, cholesterol, and circulation checked.
 - Take care of your body and take your medications

If you use drugs, you **matter.**
You are **valued.**
You **deserve help.**

NOMODEATHS.ORG

*Text **NOMO** to 65780 to learn where to get help for opioid use disorder.*





Recognizing Stimulant Overramping



Recognizing Stimulant Overamping

Physical symptoms of overamping:

Signs of a **medical emergency (immediate action required)**

- Cardiac arrest
- Seizure
- Stroke
- Overheating

Common signs of use (**be cautious**)

- Nausea and/or vomiting
- Falling asleep/passing out (but still breathing)
- Fast heart rate, racing pulse
- Hypertension (elevated blood pressure)
- Teeth grinding
- Insomnia or decreased need for sleep (how much lack of sleep is too much?)
- Irregular Shortness of breath (difficulty breathing)?
- Extreme Mood Swings

overamping

Physical and/or mental discomfort after using meth



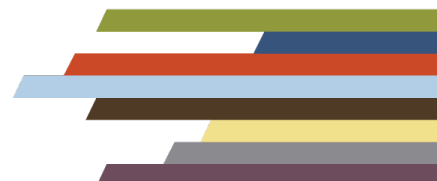
Recognizing Stimulant Overamping

Psychological symptoms of overamping, or “mental distress” could include:

- Extreme anxiety
- Panic
- Extreme paranoia
- Hallucinations
- Extreme agitation
- Increased aggressiveness
- Restlessness or irritability
- Hypervigilance (being super aware of your environment, sounds, people, etc.)
- Suspiciousness

***NOTE* symptoms can show from regular use and not always an indication of a medical emergency.**

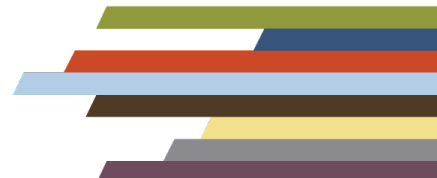
STAY CAUTIOUS



Responding to Stimulant Overamping

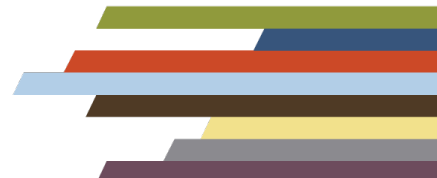
The following medical emergencies can happen in result of stimulant use, in the event of overamping remember

- Always call 911 for medical emergencies
- Always use Narcan (if available)



Recognizing Overheating

- **Dehydration:** nausea, vomiting, headaches, low blood pressure, fainting or dizziness, especially if the person stands suddenly.
- **Hyperthermia:** hot, dry skin is a typical sign. Skin may become red, hot, and/or dry, lips may swell.
- **Severe heat stroke:** person may become confused and hostile and may seem intoxicated. Heart rate and breathing will increase, Skin may become a pale or bluish skin color in advanced cases of heat stroke.

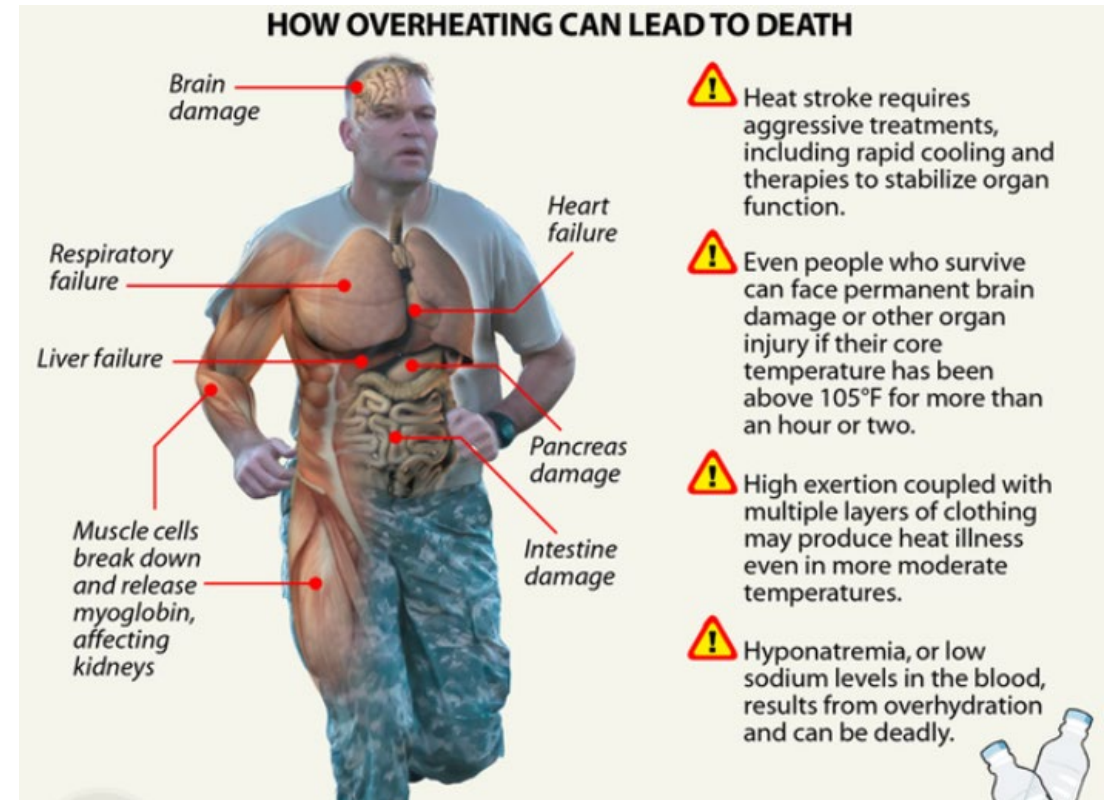


Responding to Overheating

Overheating and hyperthermia can be **deadly**. If you notice someone overheating, have them:

- slow down
- stop agitated movements
- cool down with ice packs, mist and fan techniques.
- drink water or a sports drink with electrolytes.
- place a cool, wet cloth under the armpits, on the back of the knees, and/or on the forehead.

Call 911



Recognizing a Stroke

Strokes are caused by a blood clot that blocks or plugs a blood vessel/artery in the brain OR a blood vessel in the brain that breaks and bleeds into the brain.

The symptoms of stroke are distinct and happen quickly:

- Sudden numbness or weakness of the face, arm, or leg (especially on one side of the body)
- Sudden confusion, trouble speaking or understanding speech
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headaches with no known cause

If you believe someone is having a stroke – if he or she suddenly loses the ability to speak, or move an arm or leg on one side, or experiences facial paralysis on one side– **get to a safe place and call 911 immediately!*

STROKE WARNING SIGNS AND SYMPTOMS



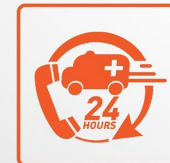
FACE DROOPING



ARM WEAKNESS



SPEECH DIFFICULTY



TIME TO CALL

Responding to Stroke

B.E. | F.A.S.T.

B



BALANCE

Did the person suddenly lose balance or coordination?

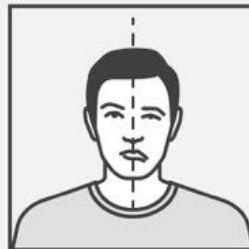
E



EYES

Does the person have sudden blurred or double vision, or loss of vision in one or both eyes?

F



FACE

Ask the person to smile.
Does one side of the face droop?

A



ARM

Ask the person to raise both arms.
Does one arm drift downward?

S



SPEECH

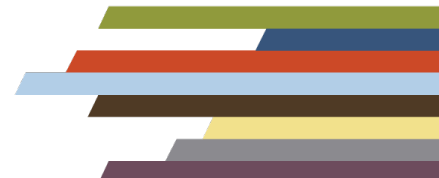
Ask the person to repeat a simple sentence.
Are the words slurred?
Can he/she repeat the sentence correctly?

T



TIME

If the person shows any of these symptoms, time is important.
Call 911 or get to the hospital fast.



Recognizing a Seizure

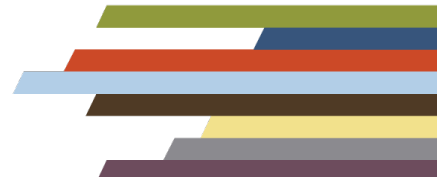
Abnormal or excessive electrical activity in the brain can cause a misfire and result in a seizure or convulsions.

Seizures fall into two general groups: general and partial.

- *Partial seizure affects small parts of the brain.*
- *General seizure affects the whole brain and can cause loss of consciousness and/or convulsions. This is the type that most people think of when the word "seizure" is mentioned.*

Some typical symptoms of general seizure are:

- Drooling or frothing at the mouth
- Grunting and snorting
- Tingling or twitching in one part of the body
- Loss of bladder or bowel control
- Sudden falling
- Loss of consciousness
- Temporary absence of breathing
- Entire body stiffening
- Uncontrollable muscle spasms with twitching and jerking limbs
- Head or eye deviation (fixed in one direction)
- Aura before the seizure- may be described as sudden fear or anxiety, a feeling of nausea, change in vision, dizziness, or an obnoxious smell (not as common with drug-related seizures)
- Skin color may be very red or bluish



Responding to Seizure

- Do not force anything into the person's mouth or between their teeth. You can harm yourself trying to put things in their mouth, and you can also break their teeth or cause other harms to the person seizing.
- Do not try to restrain the person: You cannot stop the seizure
- Remain calm, be a good observer. Speak calmly and softly to the person.
- Help the person into a lying position and put something soft under the head.
- Turn the person to one side (if possible) to allow saliva to drain from the mouth.
(If not possible during the seizure, do so once the seizure has stopped.)
- Remove glasses and loosen ties, collars and tight clothing.
- Protect the head and body by clearing the area of hard or sharp objects.

Seizure First Aid

How to help someone having a seizure

- 1** **STAY** with the person until they are awake and alert after the seizure.
✓ Time the seizure ✓ Remain **calm**
✓ Check for **medical ID**
- 2** Keep the person **SAFE**.
✓ Move or guide away from **harm**
- 3** Turn the person onto their **SIDE** if they are not awake and aware.
✓ Keep **airway clear**
✓ Loosen **tight clothes** around neck
✓ Put **something small and soft** under the head

Call 911 if...

- ▶ Seizure lasts longer than 5 minutes
- ▶ Person does not return to their usual state
- ▶ Person is injured, pregnant, or sick
- ▶ Repeated seizures
- ▶ First time seizure
- ▶ Difficulty breathing
- ▶ Seizure occurs in water

Do NOT

- ✗ Do **NOT** restrain.
- ✗ Do **NOT** put any objects in their mouth.
- ✓ **Rescue medicines can be given** if prescribed by a health care professional

Recognizing Heart Attack/Cardiac Arrest

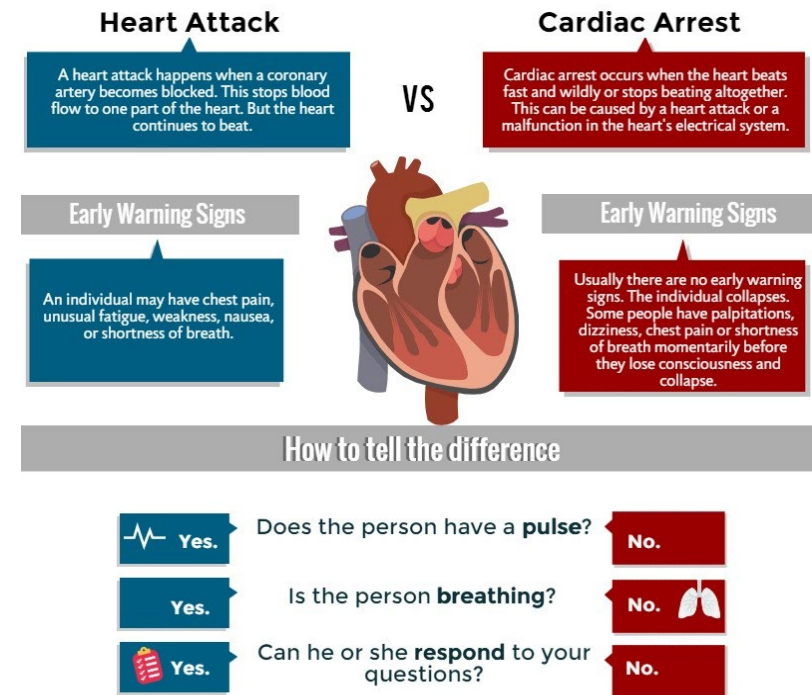
A heart attack related to drugs looks similar to a non drug-related attack. Keep an eye out for the same symptoms. May be tricky to know what is from the drugs and what may be the signs of a heart attack.

Things to look out for:

- Uncomfortable pressure, fullness, squeezing, or pain in the center of the chest. These symptoms can range from mild to severe, and they may come and go.
- Discomfort in other areas, such as the neck, arms, jaw, back and stomach.
- Shortness of breath, lightheadedness, nausea, unusual fatigue or breaking out in a cold sweat

*If the person has lost consciousness and you notice that they are not breathing, **call 911 and begin CPR if you are trained**. Time is very important with heart attacks, so help your buddy!

Know the difference between a Heart Attack & Cardiac Arrest



Responding to Heart Attack/Cardiac Arrest

Quick Action **SAVES LIVES**

1. Call 911



2. Immediately start CPR, hands only



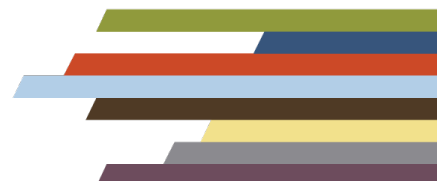
3. If available, use an automated external defibrillator (AED) to provide an electric shock to the heart, within minutes



► **SURVIVAL RATES COULD DOUBLE OR TRIPLE** if more people **TAKE ACTION AND KNOW** what to do when someone is in sudden cardiac arrest

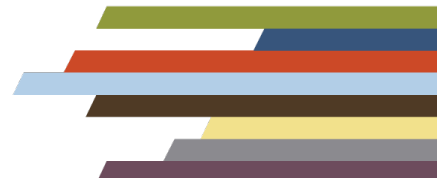


Sudden cardiac arrest claims **ONE LIFE EVERY 90 SECONDS**



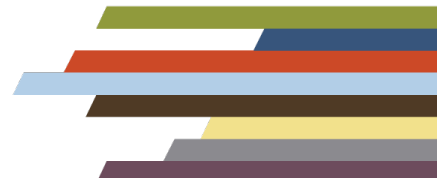
Psychiatric Concerns

- Safe, supportive environment vs. harm to self/others
- Person centered planning for emergencies
- De-escalation training
- Organizational preparedness



Other Safety Tips for PWUDs

- Safer injecting, smoking and snorting supplies
- Substance checking - fentanyl concerns
- Naloxone for all - co-use and/or likely to respond to an opiate poisoning
- Sexual health - pRep, condoms/lube, testing, consent.





Calling 911 & Knowing Your Rights

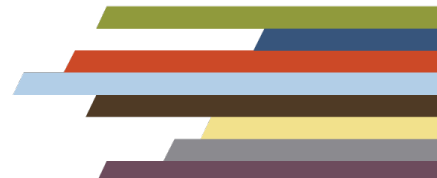


Calling 911

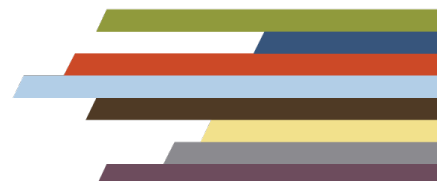
Calling 911 can be lifesaving; it can also be an unpleasant experience. Sometimes first responders, whether they are police, fire or EMS, can be great and other times they can be rude or cause harm. There are lots of legitimate fears about calling 911, like getting arrested, experiencing police violence, having neighbors or landlords know your business, potential loss of benefits or housing if drug use is disclosed — and on and on. People who use drugs face a lot of stigma, which increases reluctance to call for help.

The most important thing is to know your rights!

If you do call, make sure to put drugs and paraphernalia out of plain view, keep the area calm and quiet, and tell bystanders to leave or watch from a safe distance. Stick to the basics of what is physically happening to the person experiencing the emergency. Do not mention drugs or overdose, just stick to the symptoms that you see: Is the person breathing? Are they overheating? Are they awake? Then, give the dispatcher the address and hang up.



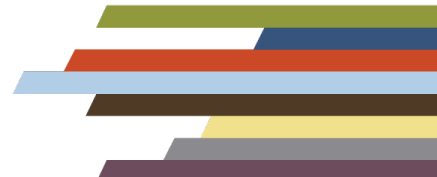
The main goal is passing Good Samaritan Laws in Missouri and other states to stop body dumping.



Missouri Good Samaritan Law

- RSMO 195.205) A person who, in good faith, seeks or obtains medical assistance for someone who is experiencing a drug or alcohol overdose or other medical emergency or a person experiencing a drug or alcohol overdose or other medical emergency who seeks medical assistance for himself or herself or is the subject of a good faith request shall not be:
 - Arrested
 - Charged
 - Prosecuted
 - Convicted
 - Have property subject to civil asset forfeiture

... if evidence was gained as a result of seeking or obtaining medical assistance.

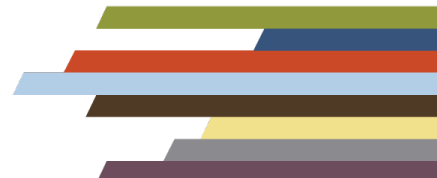


Missouri Good Samaritan Law Cont.

What does immunity cover?

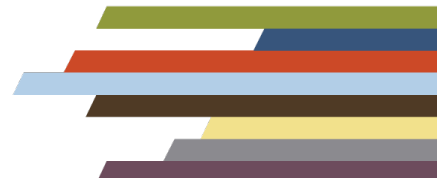
- *RSMO 579.015, 579.074, 579.078, 579.105*
 - Possession of a controlled substance or look-alike substance
 - Possession of paraphernalia
 - Keeping or maintaining a public nuisance
- *RSMO 311.310, 311.320, 311.325*
 - Alcohol sale to minor
 - Possession of an altered ID
 - Purchase or possession of alcohol by a minor
 - Violating a restraining order
 - Violating probation

This law does NOT protect from distributing controlled substances, drug manufacturing, or active warrants.



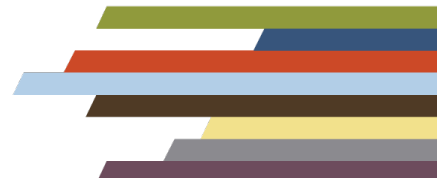
What can I do as a peer or clinician?

- Provide education about local trends.
- Provide education on the signs of Overdose or Overamping.
- Provide education and tools for proper hygiene, such as toothbrushes and toothpaste
- Assist in connecting to resources for items such as water, juice, and healthy food, particularly to those who are unhoused or impoverished.
- Assist in connecting to safe sex education and resources.



What can I do as a peer or clinician cont.

- Assist in connecting with mutual help groups that support harm reduction strategies.
- Assist in connecting and acquiring resources needed for harm reduction techniques.
- Talk about safe use strategies and the purpose of safe use strategies
- Talk about what to expect when changes in use patterns are made.
- Discussion about body image and the fear of gaining weight if you stop using, as some people, especially women, use stimulants as a form of weight control





Questions?

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