

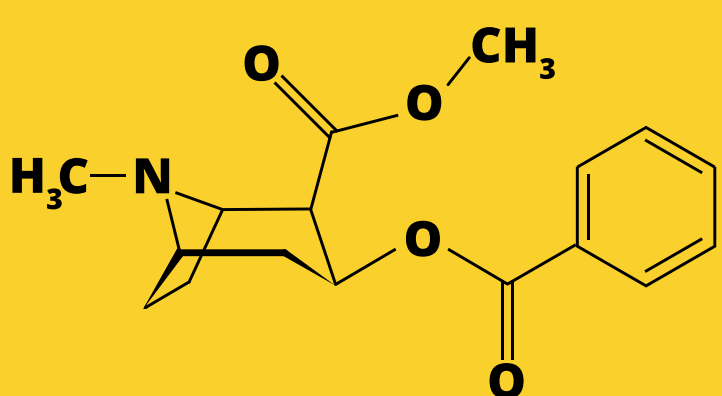
# STIMULANTS



## Resource toolkit for healthcare providers

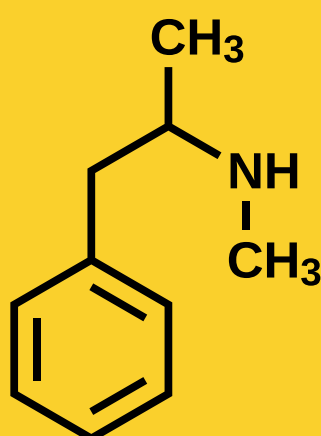
**Stimulants, aka “uppers,” are a class of drugs that increase central nervous system activity and levels of dopamine in the body.**

- Caffeine
- Nicotine
- Methamphetamine
- Cocaine / crack cocaine
- Amphetamines
- PCP



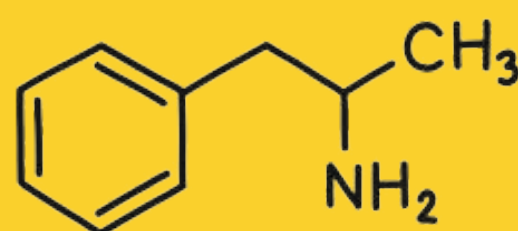
### COCAINE

aka blow, coke,  
snow, powder, soft



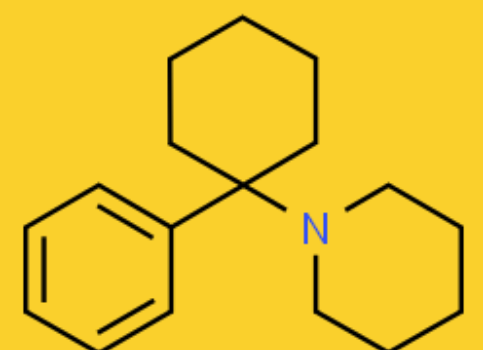
### METHAMPHETAMINE

aka meth, ice,  
crank, Tina, speed



### AMPHETAMINE

aka Adderall,  
addies, Ritalin,  
Vyvanse



### PHENCYCLINIDINE

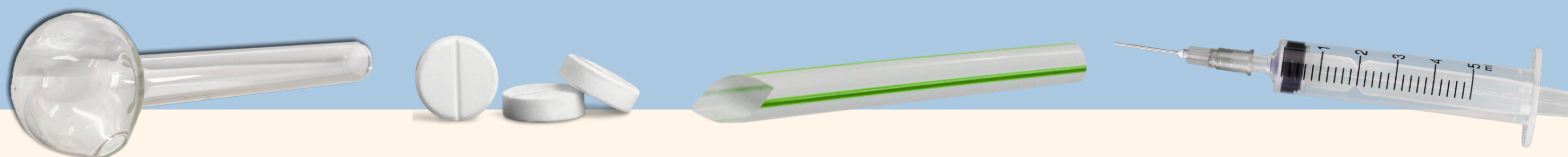
aka PCP, angel  
dust, dippers, wet

# WHY DO PEOPLE USE STIMULANTS?

- For fun
- To increase concentration, creativity and motivation
- To stay awake and alert
- To address their stimulant dependency
- To treat their ADHD or depression
- To keep working
- To suppress their appetite

# HOW ARE THEY USED?

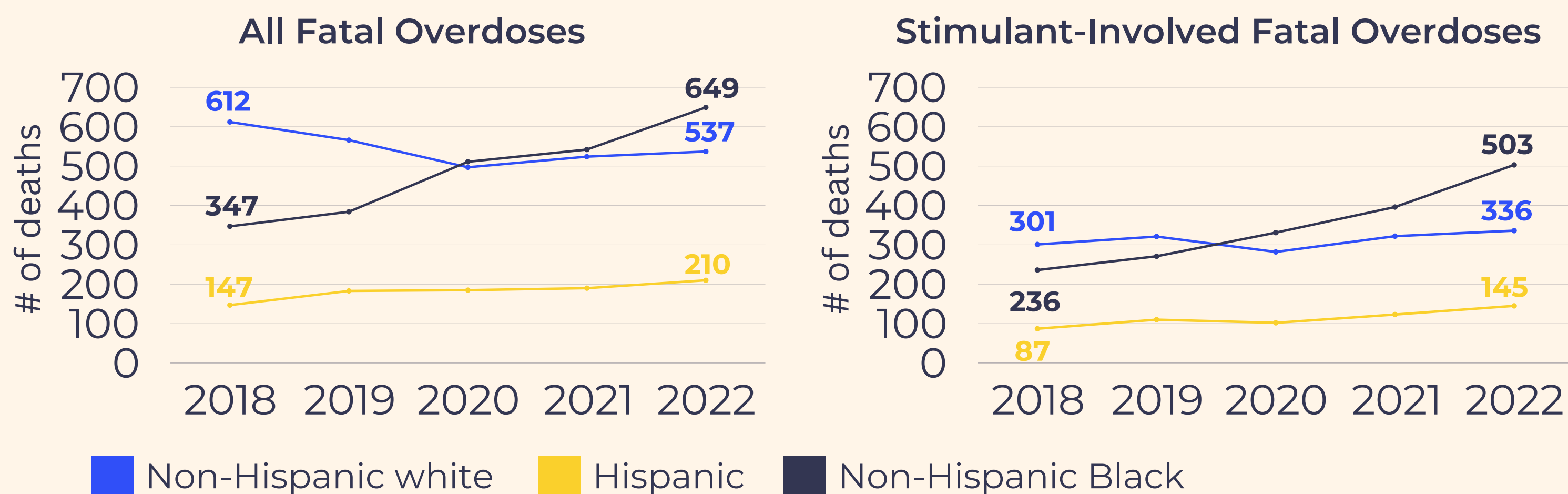
- Stimulants are sold and used in powdered, liquid, crystal, and solid forms.
- Stimulants are snorted, smoked, swallowed, used rectally (i.e. boofed), and injected subcutaneously, intra-muscularly, or intravenously.



# STIMULANT-INVOLVED FATALITIES IN PHILLY

**Stimulants are one part of a polysubstance overdose crisis with increasing racial disparities.**

- In 2022, **70% (n=996)** of fatal overdoses in the city **involved stimulants**.
- Deaths involving stimulants are contributing to rising overdose deaths, **particularly among Black Philadelphians**.



**Stimulant-involved fatal overdose by race/ethnicity, 2022**

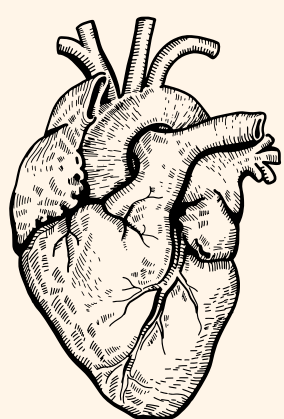


# WHAT CAN PROVIDERS DO?

## Prevent initiation of unhealthy stimulant use

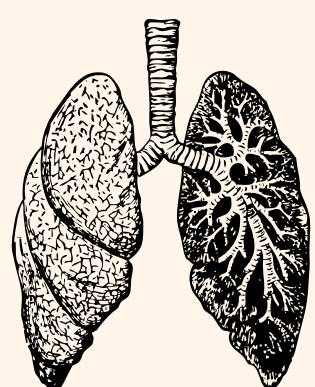
- Screen all patients for unhealthy substance use, and routinely screen patients prescribed psychostimulants. Screening tools include:
  - [SAMHSA TIP 31: Screening and Accessing Adolescents for Substance Use Disorders](#)
  - [NIDA Screening and Assessment Tools Chart](#)
  - [Screening for Unhealthy Drug Use in Primary Care in Adolescents and Adults, Including Pregnant Persons: Updated Systematic Review for the U.S. Preventive Services Task Force](#)
- Screen and diagnose Attention Deficit/Hyperactivity Disorder (ADHD). Early treatment of ADHD can lead to a two-fold decrease in unhealthy stimulant use. ([Wilens et al.](#))
- Use the [Prescription Drug Monitoring Program](#) to inform your patient-centered treatment plan. The PDMP should not be used punitively.

## Know the health risks associated with stimulant use & discuss them with patients



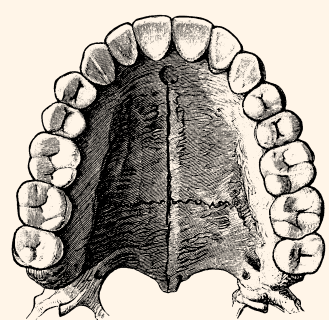
### cardiovascular & cerebrovascular

Stimulant use can cause vasoconstriction, vasospasm, increased heart rate, and elevated blood pressure. As a result, people who use stimulants are at greater risk for acute myocardial infarction, stroke, heart failure, arrhythmias, and sudden cardiac death, even among people without a history of heart disease.



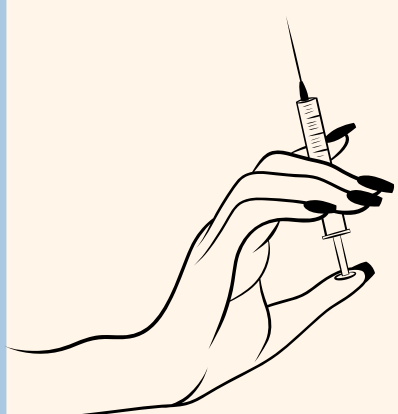
### pulmonary

Acute complications such as alveolar hemorrhage, pneumothorax, and pneumomediastinum have been associated with smoking and snorting stimulants. Chronic stimulant use has been associated with fibrotic lung disease and pulmonary vascular disease.



### oral

Smoking disrupts saliva production, which can contribute to tooth decay. People who smoke substances are at risk of burn injuries to their mouth.



### dermal

Injecting substances can cause skin and soft tissue injuries that lead to chronic wounds as well as local and systemic infections. Sharing of injection and smoking supplies is associated with the transmission of HIV, hepatitis C, and bacterial infections. Cocaine is often adulterated with levamisole, which can cause skin necrosis.



## Educate patients on strategies to reduce the health risks of stimulant use

- Always start the conversation with a compassionate approach that is:
  - person-centered
  - trauma-informed
  - non-judgmental
- The route of administration matters: snorting and smoking are less hazardous than injecting.
- Using clean, unshared works (i.e. needles, pipes, straws) and sanitizing skin before injection reduces the risk of infectious disease.
- Using a brass filter and a mouthpiece when smoking protects the mouth and lips from fumes and burns.
- Fentanyl and xylazine test strips are available to empower educated decisions when using illicit substances.
- Drug surveillance data is available to monitor the changing drug supply.
- Staying hydrated, nourished, and rested may prevent overamping when using stimulants.

### Universal precautions:

- ☐ Carry naloxone
- ☐ Test your drugs
- ☐ Start with low doses
- ☐ Go slowly
- ☐ Use with others

Learn more about reducing the risks of stimulant use [here](#).

## Promote reduction in use

Reduction in stimulant use is often more achievable than total abstinence. Reduced use improves health outcomes for people with stimulant use disorder and should be considered a valid, positive outcome for patients who use stimulants. ([Aminesmaeili et al.](#); [Coffin et al.](#)).

**PROMOTE  
SAFETY:  
DON'T LET PERFECT  
BE THE ENEMY  
OF GOOD.**

## Provide treatment options

### PHARMACOTHERAPEUTIC TREATMENT:

The [ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder](#) outlines the available off-label pharmacotherapeutic options for managing stimulant use disorder.

### NON-PHARMACOTHERAPEUTIC OPTIONS:

Contingency Management (CM) and Cognitive Behavioral Therapy (CBT) are effective, evidence-based treatments for stimulant use disorder that are currently underutilized.

([learn more about implementing CM here](#))

Be open, kind, and compassionate when talking to your patients about stimulant use.

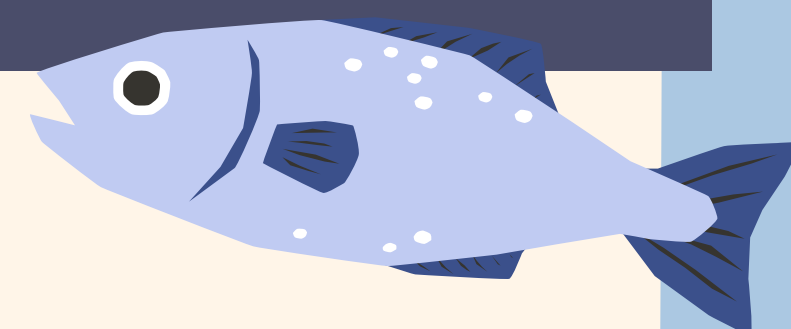


## Help patients prevent and navigate overamping

**OVERAMPING:** (aka “fishing out”) the term used to describe negative physical or symptoms of excessive stimulant use.

- Non-emergent symptoms:
  - Physical: uncontrollable movements
  - Psychiatric symptoms: Confusion, restlessness, hypervigilance, panic, hallucinations/delusions, paranoia, agitation, aggressiveness
- Emergent symptoms:
  - Stroke (e.g., slurred speech, facial drop)
  - Chest pain
  - Hyperthermia (body temperature  $\geq 104^{\circ}\text{F}$ ),
  - Seizures
  - Psychosis with concern for harm to self or others

Overamping is also known as “fishing out” because of the uncontrolled, jerking movements that often come with stimulant overuse.



**PREVENTION TIPS:** Try to sleep between uses, start with small doses, stay hydrated and nourished, change route of administration (overamping may occur more often with injection drug use compared to smoking or snorting).

**OVERAMPING SELF-MANAGEMENT** (for non-emergent symptoms): Take a break from using; Go to a safe, quiet, place to lay down; Try to drink water and eat food.

### OVERAMPING CLINICAL MANAGEMENT:

- Attempt non-pharmacological de-escalation methods:
  - Verbal comfort: listen to and affirm the patient’s experience.
  - Reduce environmental stimuli.
  - Do not leave the patient alone.
  - Avoid physical restraint.
  - Provide nutrition.
  - Correct electrolyte and fluid imbalances.
- Proceed to pharmacological interventions if patients experience persistent hypertension, hyperthermia, paranoia, and/or overt psychotic symptoms
  - Benzodiazepines (e.g., lorazepam)
  - Antipsychotics (e.g. olanzapine, aripiprazole)
  - Beta-blockers

**REST  
AREA** 

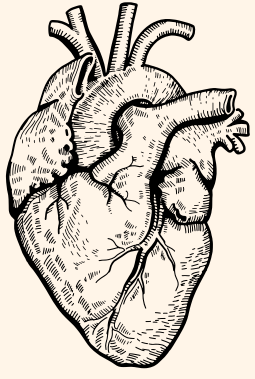
**Learn more about overamping [here](#). Learn more about in clinical frameworks for supporting people who use stimulants [here](#).**

**SHAME IS NOT AN EVIDENCE-BASED INTERVENTION. KINDNESS IS.**

Learn more about substance use and harm reduction at:  
**SUBSTANCEUSEPHILLY.COM**

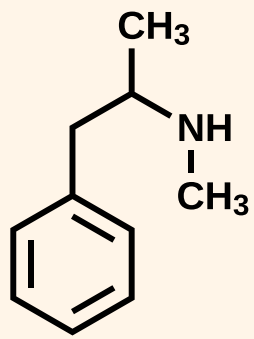
# RESOURCE LIBRARY

## Peer-reviewed articles



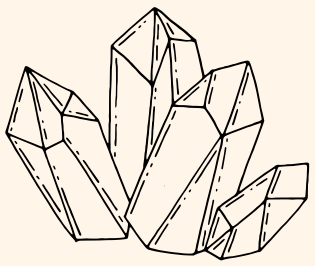
### cardiovascular risks

Cocaine, cardiomyopathy, and heart failure: a systematic review and meta-analysis (Arenas et al.)



### managing meth use in clinic

Methamphetamine Toxicities and Clinical Management (Coffin & Suen)



### use reduction as a clinical outcome

Reduced drug use as an alternative valid outcome in individuals with stimulant use disorders: Findings from 13 multisite randomized clinical trials (Aminesmaeili et al.)



### lived experiences of stimulant users

"It's called overamping": experiences of overdose among people who use methamphetamines (Harding et al.)

## Publically-available resources

ASAM/AAAP	<u>Stimulant Use Disorder Clinical Guidelines</u>
CDC	<u>Stimulant Guide</u>
CDC	<u>Polysubstance Use Facts</u>
SAMSHA	<u>TIP 33: Treatment for Stimulant Use Disorders</u>
NASTAD	<u>Stimulant Safety: Getting Amped Up to Reduce Harm While Using Stimulants*</u>
NEXT Distro	<u>Overamping: Stimulant Overdose</u>
Boston Medical Center	<u>Stimulant Treatment and Recovery Team Clinical Guidelines</u>
US DHHS	<u>Contingency Management for Substance Use Disorders</u>
PDPH SUPHR	<u>Cocaine Action Kit</u>
PA DOH	<u>Prescription Drug Monitoring Program</u>
NIDA	<u>Screening and Assessment Tools Chart</u>
Recovery Research Institute	<u>Addiction-ary*</u>
Jefferson	<u>Introduction to Harm Reduction Video Series*</u>

\*great resource for stigma reduction!