

Addressing Methamphetamine & Other Stimulant Use in RSAT Programs

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No. 2019-J2-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.



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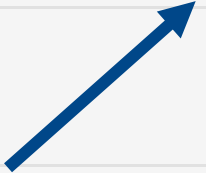
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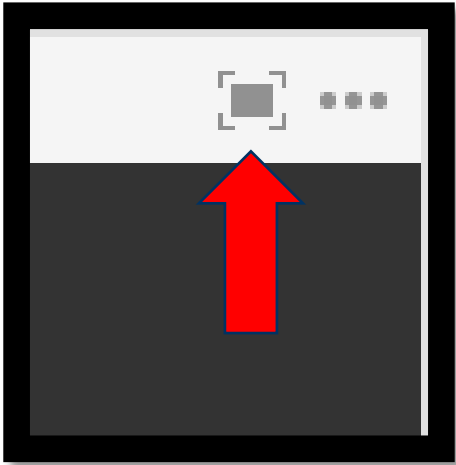


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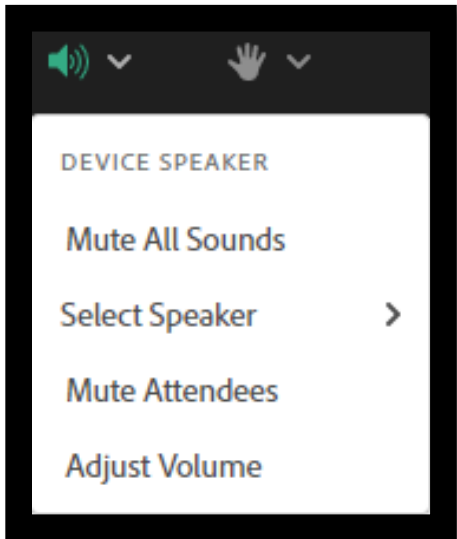
1. RSAT Manual 03.17.21



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Today's Speakers



Niki Miller, M.S., CPS

Senior Research Associate

Advocates for Human Potential (AHP), RSAT National Training and Technical Assistance Center

Learning Objectives

Participants will be able to:

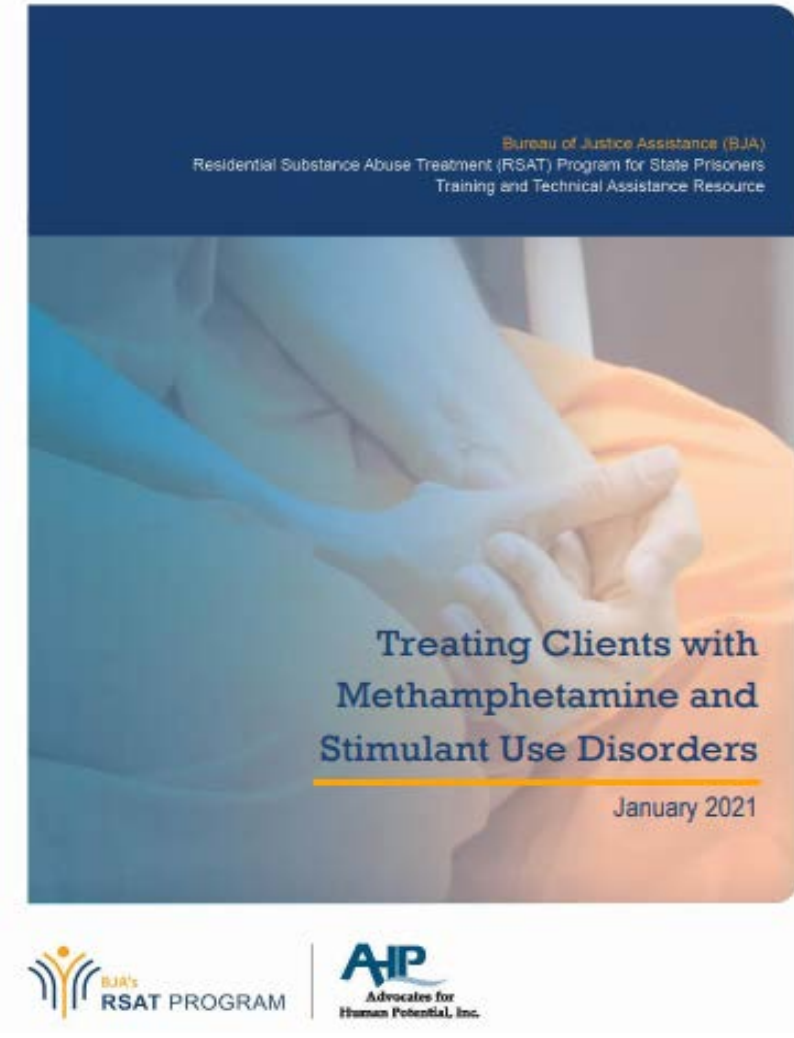
- Identify reasons RSAT clients with OUD may initiate meth or other stimulant use & approaches to mitigate associated risks;
- Explain the profound psychological & cognitive consequences of chronic meth use & accommodations RSAT programs can integrate;
- Locate manualized meth & other stimulant use evidence-based interventions, model correctional programs & best practice resources.



New RSAT Manual

Features include:

- Background on meth & stimulant use trends
- Impact on opioid use & overdose fatalities
- Meth/cocaine use among individuals w/ODUD
- Meth use: consequences & criminality
- Effects on cognition, behavior & learning
- Evidence-based interventions/best practices



Poll # 1: Meth and Cocaine Use

What are you seeing among RSAT clients?

- A. A lot of primary opioid users who are starting to use meth
- B. Clients who regularly use opioids & stimulants together for the effect
- C. More use of stimulants among clients receiving MAT for OUD
- D. More methamphetamine & other stimulant use disorders (StUDs)
- E. Predominately chronic meth users who are in need of treatment



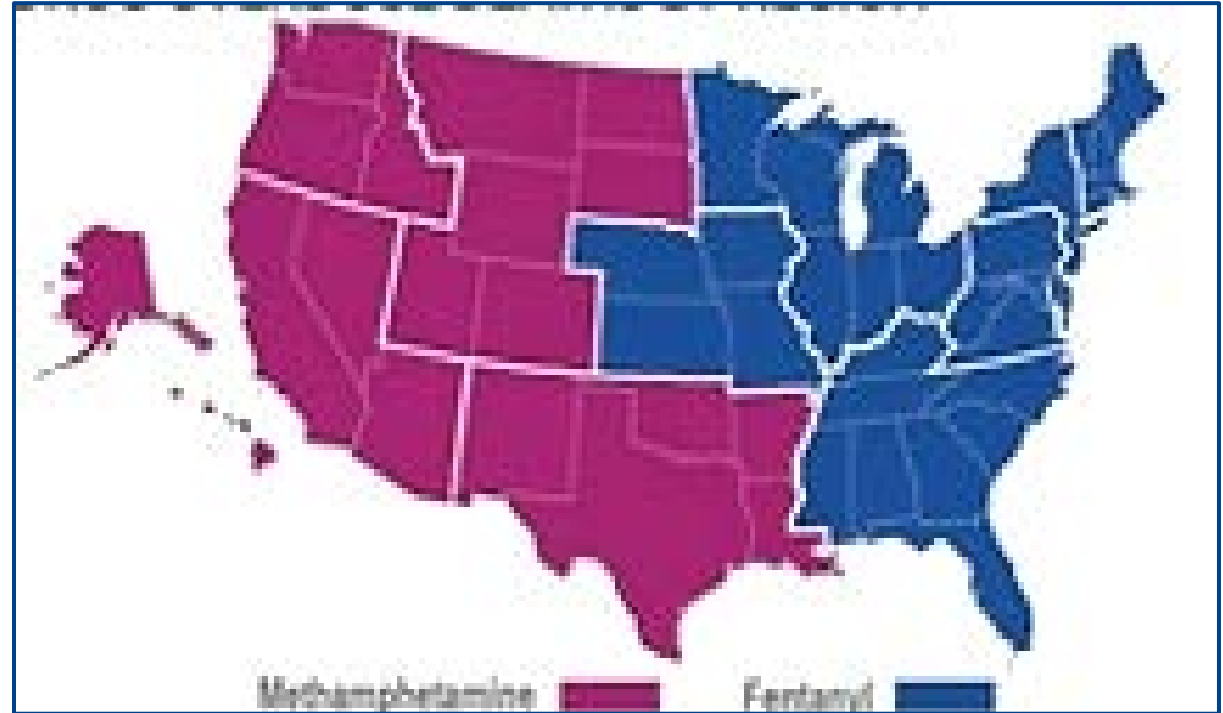
Meth=Methamphetamine

StUD=Stimulant Use Disorder

MUD=Meth Use Disorder

Background on Meth and Stimulant Use Trends

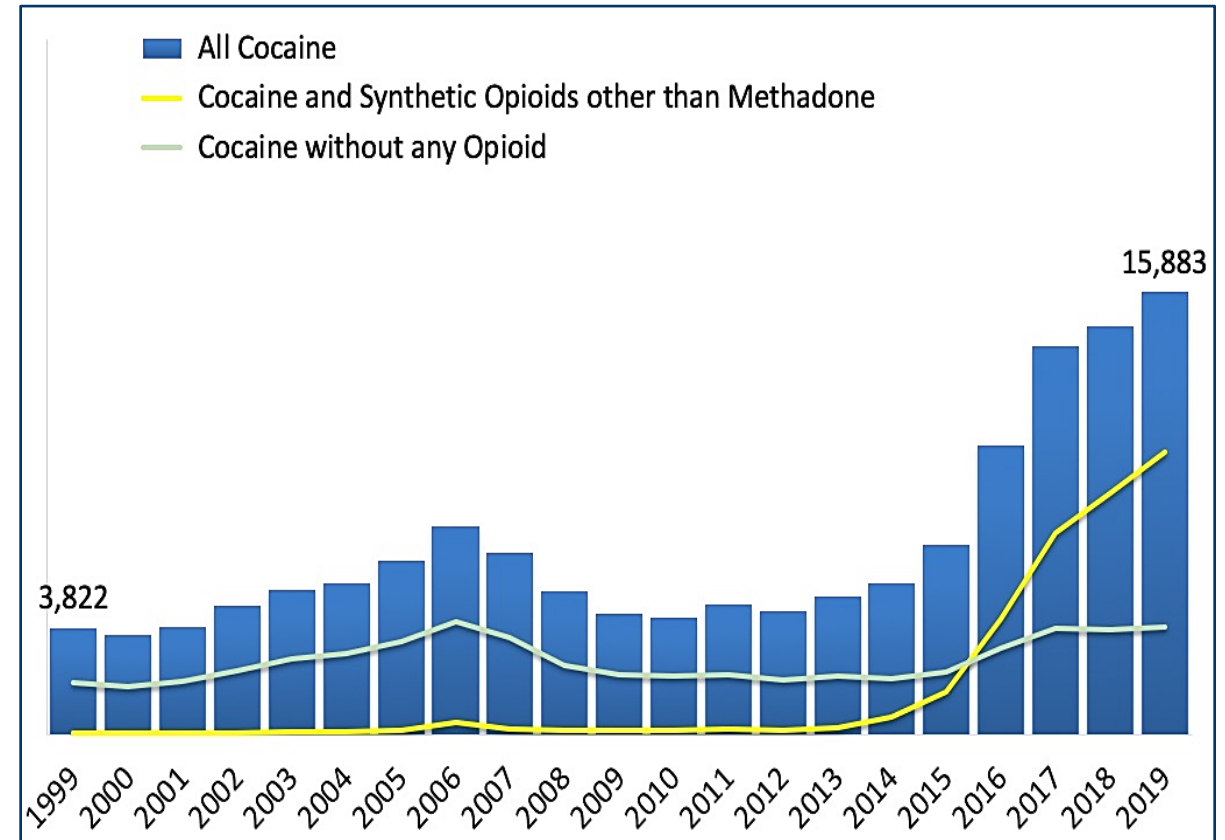
- Cocaine illegal since 1920; Rx for meth required since 1959
- In 2004, most predominate substances used by arrestees
- Meth: associated with non-drug related crime & violence
- Meth: only illicit drug used equally by men & women
- Cocaine /crack peak years 1984-1990
- Meth increases during 1990s, especially in western states, peaks around 2006
- Never went away; just decreased from peak & stabilized



Top drug in OD deaths by region (NCVS, 2017)

Rise in Cocaine-related Deaths Drive by Opioid Involvement

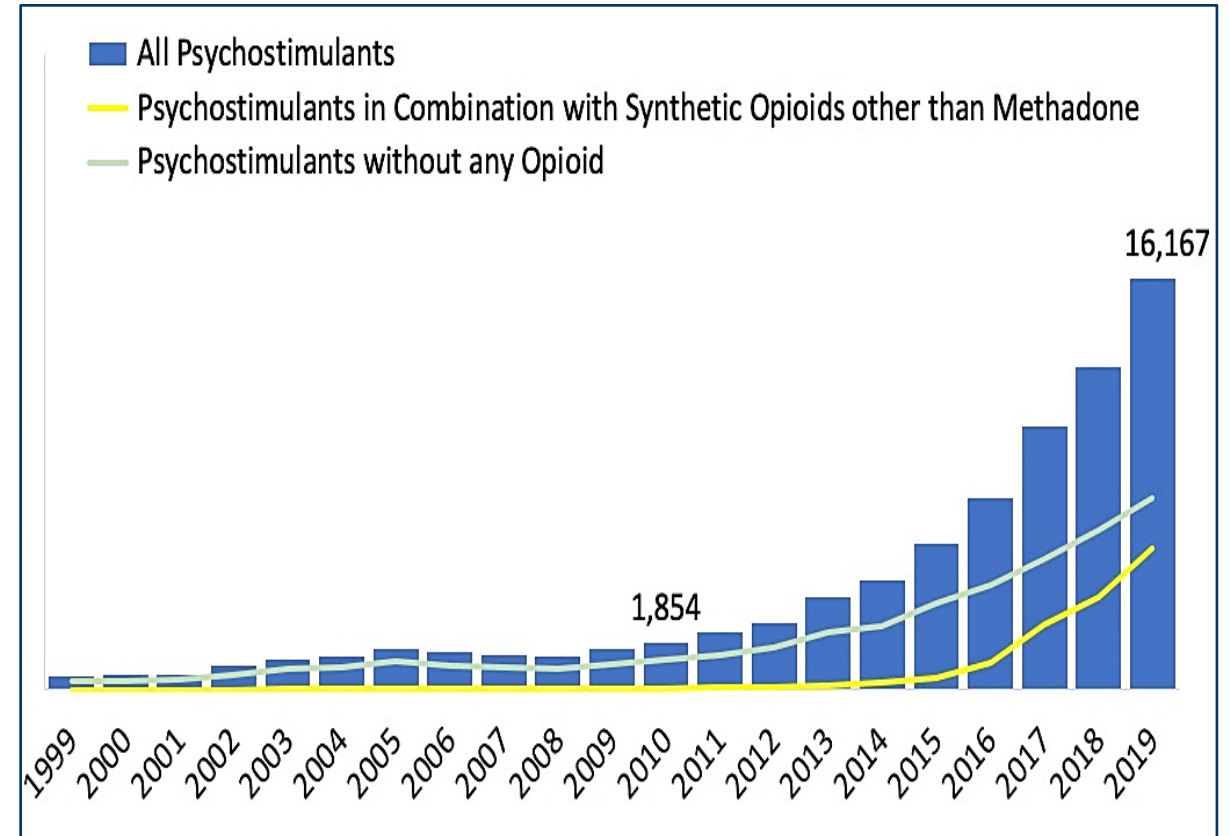
- Higher usage rates, less stigmatized
- Grown, harvested, processes
- 2015: Colombia bans arial spraying
- Supplies up—prices down
- Opioids involved in $\frac{3}{4}$ cocaine deaths
- Effects are quick & lethal if taken with fentanyl or other opioids



Cocaine overdose fatality trends & opioid involvement 1999-2019 (CDC, 2020)

The Worsening Meth Threat: Where, When and Why

- Combat Meth Act of 2005
- Cartels replace domestic labs
- Synthetic—potent, long-acting
- ↑ 2012 use, supply & deaths
- Half of deaths involve opioids
- Deaths from meth alone also increasing
- High use in west moving east



Psychostimulant overdose fatality trends & opioid involvement, 1999-2019
(CDC, 2020)

Variations on Use of Opioids with Meth or Cocaine

Importance of treating addiction & all it's manifestations

- Intentional concomitant use to produce effects of both drugs together
 - Speedball – IV
 - Goofball – IV, smoked
- Adulterated supplies of one or both drugs (intentional & unintentional use)
 - Meth inevitably laced with fentanyl in some areas
 - Adulterated cocaine drives rise in deaths in African American communities
- Use during withdrawal, attempts to stop using, or when in MAT
 - Belief: helps them through withdrawal
 - Belief: less harmful substitute or 'slip'

Tool: Reducing Risks of Stimulant & Other Drug Use

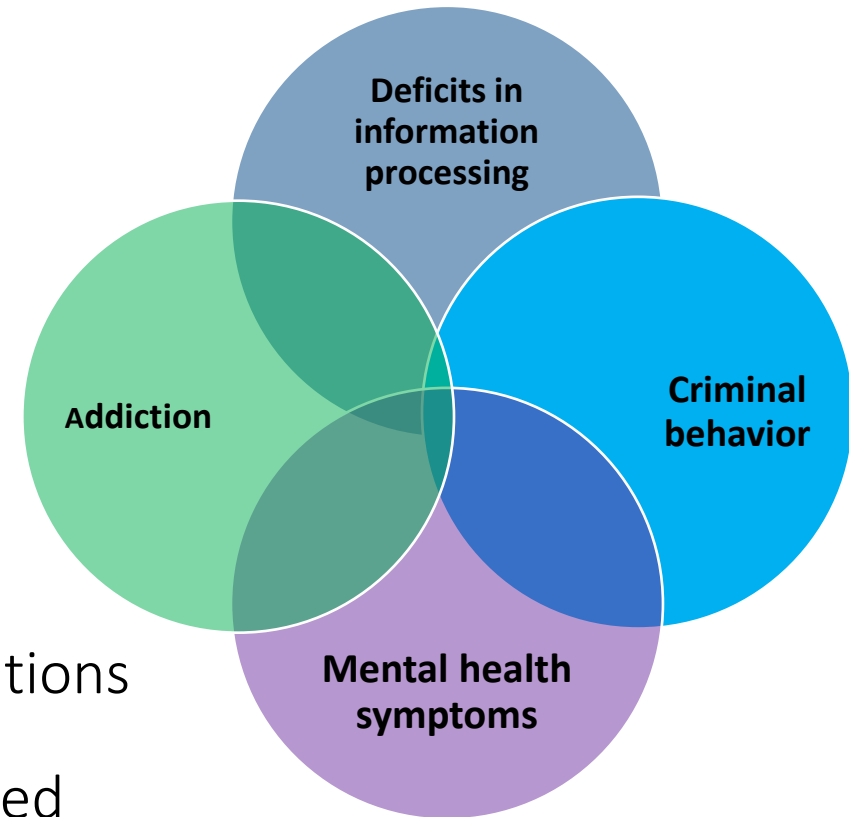
Seven-part client worksheet addresses:

1. Availability
2. Environmental cues
3. Unstructured time
4. Exposure
5. Health & wellness
6. Stress & depression
7. Untreated mental health disorder

Consequences of Chronic Meth Use and StUDs

Directly impact on ability to benefit from treatment

- Meth's neurotoxic properties & effects
- Impact on cognition, learning & behavior
- Withdrawal, duration of cognitive deficits
- Physiological effects & medical issues
- Complex role of psychiatric symptoms
- No overdose antidote; no FDA-approved medications
- Psychiatric medications may be helpful or required



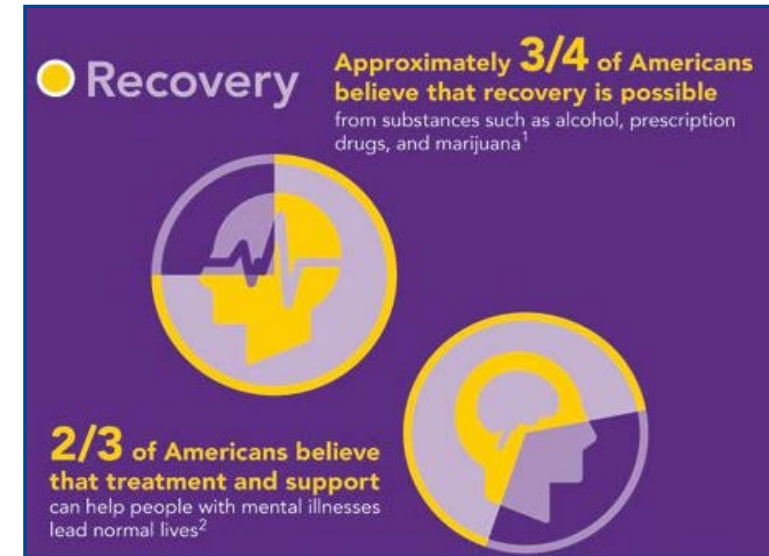
Psychiatric Symptoms & Mental Health Disorders

	Pre-existing/-disposing	During active use	During withdrawal	During treatment
Risk factors	Early age of initiation; "relief" of mood or attention disorders reinforces use	Methamphetamine-induced psychosis, with IV use, smoking, or binge use	Withdrawal severity can depend on delivery route and mental health status	Mental health issues can persist 6–14 months or may be permanent; repeated assessments may be necessary
Symptoms	ADHD, depression, history of trauma, personality or psychotic disorders	Hearing things, delusions of paranoia/persecution, mind reading, omnipotence, etc.	Depression, anhedonia, insomnia, anxiety, somatization, agitation	Symptoms of mood or psychotic disorder are common and can dissipate over time
Persistence/next steps	Once abstinent, mental health/neuropsychiatric assessments are in order	Dissipating in under a week; or assessment, sedation, or medications may be required	Usually resolves after 2 weeks; severe symptoms are associated with relapse	Typically, depressive symptoms or attention issues are likely to persist
Treatment	Treatment integrating assertive community reinforcement approaches	Risk of violence, may need to be stabilized on anti-psychotics to enter treatment	Social, medical, and psychological support required to retain clients	Integrated, long-term treatment; modified therapeutic communities, simplicity, repetition

Tips & Options for RSAT Programs

The **how** is as important as the **what**

- Visuals aids, mapping, poster, slogans rules in simple language
- Use white boards for reminders, group topics & key concepts
- Prepare brief opening/closing handouts
- Have clients read aloud as often as possible
- Assign TC jobs: morning & evening reminders, etc.
- Exercises with a partner-repeat responses to each other, etc.
- Break simple tasks & instructions down to single steps—reinforce completion of each
- Demonstrate high confidence in client capacity to recovery from MUD & StUDS



SAMHSA, 2020

Poll # 2: Experience & Level of Comfort

What statement best describes your RSAT program's capacity to treat MUD & StUD?

- A. Experienced: many meth/stimulant clients or have a specific program
- B. Shifting primary focus OUD to accommodate increases meth use
- C. Poly substance & concurrent opioid/stimulant use is biggest challenge
- D. Limited experience treating meth use & struggle to engage clients
- E. More tools, training & technical assistance would be welcome



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StUD=Stimulant Use Disorder

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Integrating Best Practices for Treatments of StUDS

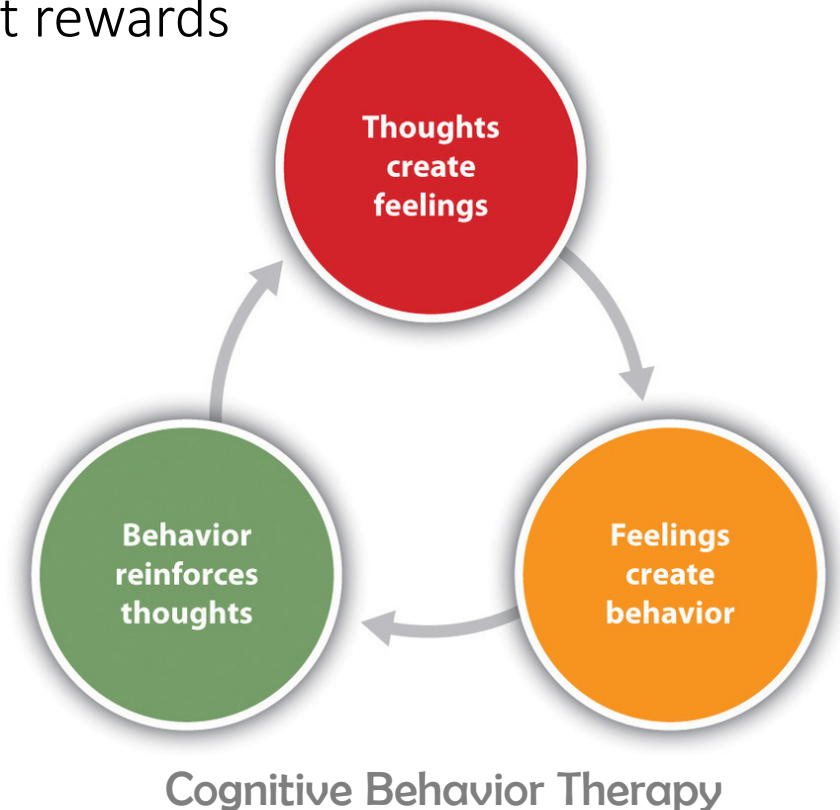
Good news! **RSAT programs** offer the essentials!

- Critical to retain meth users in long-term treatment
- Drug-free settings without triggers & cues are ideal
- Frequent, random drug screening essential
- Cognitive behavioral approaches are foundational
- Demonstrated successful in custody settings
- Accommodations & additions can be integrated
- Separate StUD treatment programs not necessary
- Studies show clients w/ MUD & StUD as likely to succeed

Cornerstones of Effective Treatment of MUDs & StUDs

Treatments for meth rooted in approaches used to treat cocaine use

- Contingency Management (CM) incentives, intermittent rewards
- Matrix Model (details to follow)
- CBT & CBI targeting substance use & criminality
- Psychoeducational & relapse prevention groups
- Community Reinforcement Approaches
- Involvement in 12-Step Programs
- Motivational Interviewing (MI)



Elements of the Matrix Model

Designed as 16-week outpatient program, adapted for long-term TCs

- **Early recovery skills** (time management, cognitive tools to manage cravings, importance of abstinence from other substance use)
- **Relapse prevention** (make & report on weekly commitments, relate topic of the day to their experience)
- **Family education** (conditioning, cue extinction, impact of use on brain functioning)
- **Social support group** (in final weeks to plan new pro-social activities & contacts)
- **Relapse analysis** (individual or group exercises to understanding what led to relapse)

Research, Promising Practices & Model Programs in Custody

- Meta-analysis- 50 studies, 12 cocaine /amphetamine addiction interventions: CM w/ community reinforcement approach most efficacious (De Crescenzo et al., 2018)
- Compared outcomes across 27 RTCs of interventions for cocaine/psychostimulants found CM increased retention & rates of abstinence (Knapp et al., 2009)
- Indiana DOC compared meth treatments: program based on OP model; modified TC; specialized TC for meth use. Both TCs improved substance use & criminal behavior
- 2005 Minnesota DOC report concluded: Research indicates meth users need a year or more to recover from cognitive damage & require more time-intensive treatments
- New research shows exercise sessions facilitated better executive functioning & significant reductions in meth cravings (Rawson et al., 2015; Wang et al., 2015, 2017)

Matrix Resources

[SAMHSA Matrix Manual Series](#)

- Matrix IOP for People with StUD: Counselor's Treatment Manual
- Matrix IOP for People with StUD: Client's Treatment Companion
- Matrix IOP Treatment for People with StUD: Client's Handbook
- Using Matrix with Women Clients: Matrix IOP Treatment for StUDs
- Matrix IOP for People with StUD: Counselor's Family Education Manual

[Matrix Institute \(CLARE | MATRIX\)](#) - Matrix Model training, treatment and research.

[Matrix Model for Criminal Justice Settings](#). (2014). Matrix Institute.

In-Custody Programs and CM Resources

- [Evaluation of Montana DOCs Residential Methamphetamine Treatment Programs](#)
- [Final Report to the MA Treatment Study Committee of the Nebraska Community Corrections Council](#)
- [Indiana DOC Clean Lifestyle is Freedom Forever Meth Treatment Program](#)
- [South Dakota Intensive Methamphetamine Treatment \(IMT\) Program: Technical Assistance Project Report](#)
- [Motivational Incentives \(CM\) Promoting Awareness of Motivational Incentives \(PAMI\)](#)
- [Motivational Incentives: Positive Reinforcers to Enhance Successful Treatment Outcomes](#) (self-guided, online course for behavioral health practitioners)

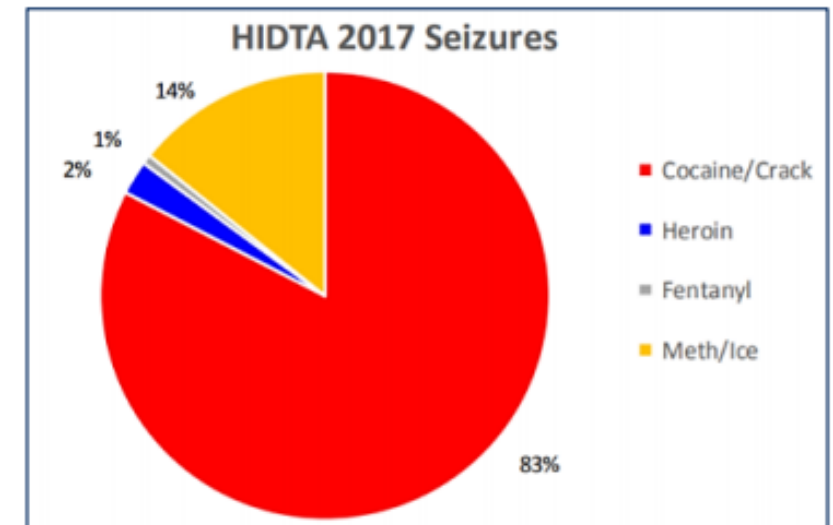
Final Thoughts...

We'd love to hear from RSAT programs for StUD treatment & spotlight your work !!!

DEA launched Operation Crystal Shield 2/20/2020 to direct enforcement resources focus on nine hub cities where large quantities of meth are trafficked for distribution across the country, accounting for more than 75% meth seized in 2019: Atlanta, Dallas, El Paso, Houston, Los Angeles, New Orleans, Phoenix, San Diego, and St. Louis. Be prepared for the yellow piece to grow to cover more than half the pie chart.

CDC provisional OD deaths: 12-months ending 5/30/2020

Highest number of fatalities ever recorded in a 12-month period (81,000 +). Overdose deaths involving cocaine increased by 26.5 %; deaths involving meth increased by 34.8 %, exceeding cocaine deaths



Questions?

Comments? Observations? Resources?



**Type in the chatbox, or
submit your question
through the Q&A Box!**

Thank you for all you do! Stay well, stay safe!

Thank You to Our Speaker



Niki Miller, M.S., CPS

Senior Research Associate

Advocates for Human Potential (AHP), RSAT National Training and Technical Assistance Center

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CERTIFICATE OF CONTINUING EDUCATION



1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



Pass 10-question quiz with 7 correct answers



Download certificate upon completion of the quiz

March 17, 2021 RSAT webinar CEH quiz link:

<https://survey.alchemer.com/s3/6249627/March-17-2021-RSAT-Webinar-CEH>.

CONTACT



<http://www.rsat-tta.com>



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