



Reducing harms of methamphetamine in primary care and syringe services programs

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Zoom Webinar Logistics

- Only panelists and hosts can share video and audio.
- Please enter your comments and questions in the chat and Q&A.
- Be respectful and curious.
- Webinar is being recorded and will be shared here by tomorrow: <https://adai.uw.edu/cedeer/focus-on-meth/>



Focus on Meth 2025-Be part of the conversation

January 23, *Latest Overdose Trends and Reasons for ED Visits*, Dr. Lauren Whiteside and Dr. Caleb Banta-Green. Recording available.

February 26, 12-1

- [*Harm Reduction at SSPs and in Primary Care*](#), Christina Muller-Shinn, Mason County Department of Health and Dr. Sarah Leyde, UW Harborview

March

- **March 12, 12-1 PT:** *What's in the Meth? Results from the WA Community Drug Checking Network*
- **March 27, 1-2 PT:** *Syphilis, HIV, hepatitis C, and other infectious diseases*. Dr. Tim Menza, UW, and Melissa Cross, Blue Mountain Heart to Heart

April 17, 11-12 PT: *Meth Use among Men who have Sex with Men*, Peter Cleary, Project NEON, and Mike Barry, UW Epidemiology PhD candidate.

June 12: *Methamphetamine Symposium*

Coming Soon!

State Opioid Response TA Team will host webinars focused on clinical care for people who use methamphetamine.

<https://adai.uw.edu/cedeer/focus-on-meth/>



Presenters

- Dr. Sarah Leyde, UW Harborview
- Christina Muller-Shinn, Mason County Public Health and Human Services

Definition

Harm reduction is **a set of practical strategies** and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also **a movement for social justice** built on a belief in, and respect for, the rights of people who use drugs.

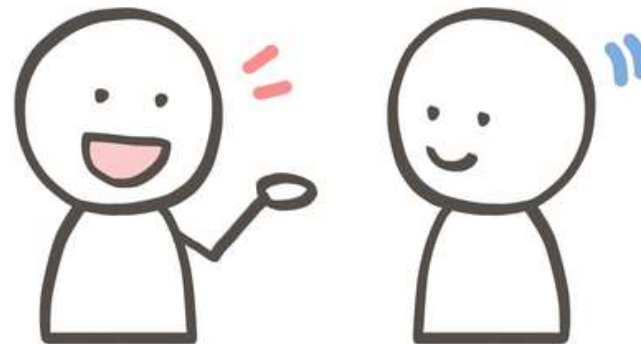
-National Harm Reduction Coalition

What **words** come to mind when you think about the experience of treating patients with methamphetamine use disorder in primary care?



People who use methamphetamine WANT to talk with their primary care providers about harm reduction

- Patients & clinicians found discussion of protective behavioral strategies acceptable and feasible
- Clinicians wanted more resources and training

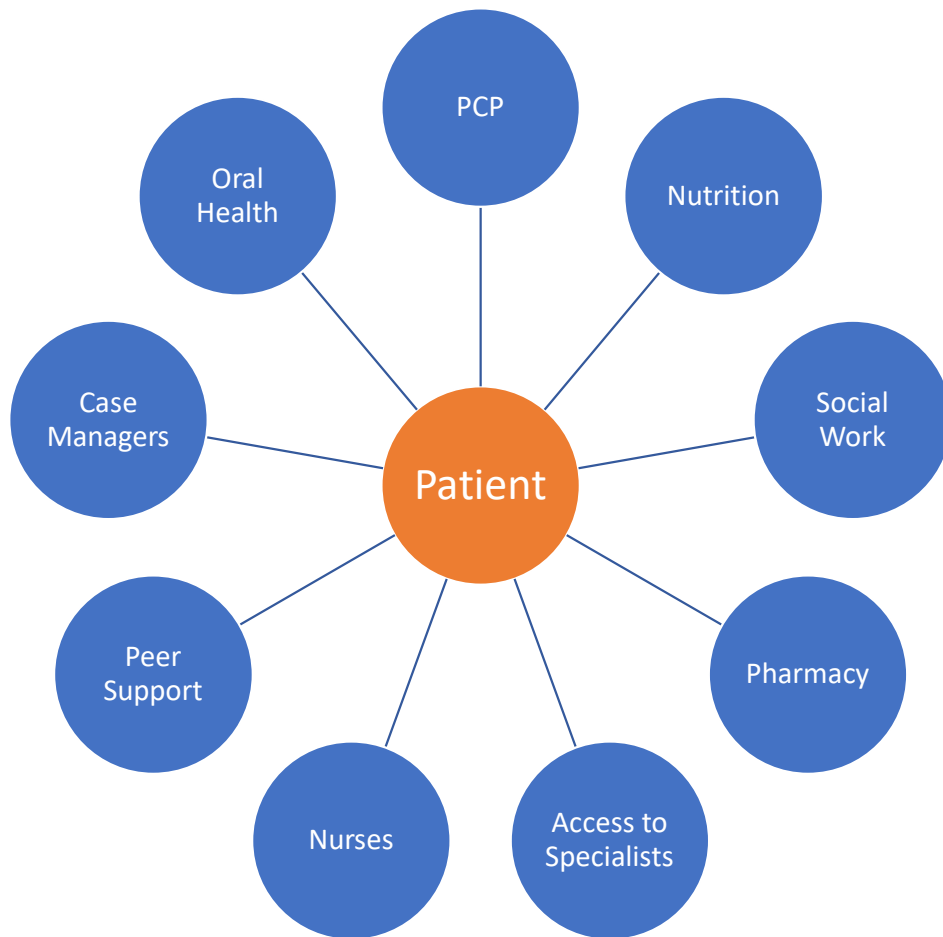


Blanchard et al, "Patient and Clinician Perspectives on Protective Behavioral Strategies for Primary Care Patients Who use Opioids and/or Stimulants", In Press at Journal of General Internal Medicine

“Don’t tell them to stop. Obviously, we know what we’re doing. We do know what the effects are and the consequences. I think they should think more about what they can do...”
-primary care patient

Blanchard et al, "Patient and Clinician Perspectives on Protective Behavioral Strategies for Primary Care Patients Who use Opioids and/or Stimulants", In Press at Journal of General Internal Medicine

We already have a lot to offer in primary care!



About 20% of SSP participants have asked for a medical or dental referral, slightly more than for behavioral health referrals (SUD, mental health).

-Substance Use Mobile Outreach of Mason County, data from 5-year report 2018-2023

And we can do more...

Staying healthy: tips from people who use meth

- Eat before and while you're high, even if you don't feel hungry. Coffee and energy drinks aren't food.
- Drink plenty of water. I set my phone alarm to remind me.
- Take any medications you're prescribed, especially if you have some for heart problems or high blood pressure.
- Be with people who know you and can tell if you need help.
- Use in a place where you feel safe.
- Don't stay high for too long. Get some sleep.
- Meth lasts a long time in your body. If you feel close to your limit, don't use more.



"Before you take that first hit, have your food and water ready, know what you're going to do when you're high, how you will keep yourself safe, how and where you're gonna crash."

Harm reduction advice
(Stop Overdose flyers
avail on ADAI website)



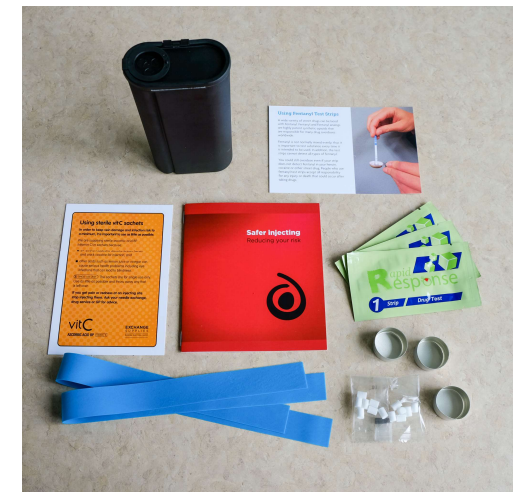
Naloxone for opioid overdose



Fentanyl Test Strips



Safer smoking kits



Safer injection kits

Engaging patients who use methamphetamine

- 1) Greet warmly
- 2) Ensure comfort
- 3) Address their needs first
- 4) Ask permission



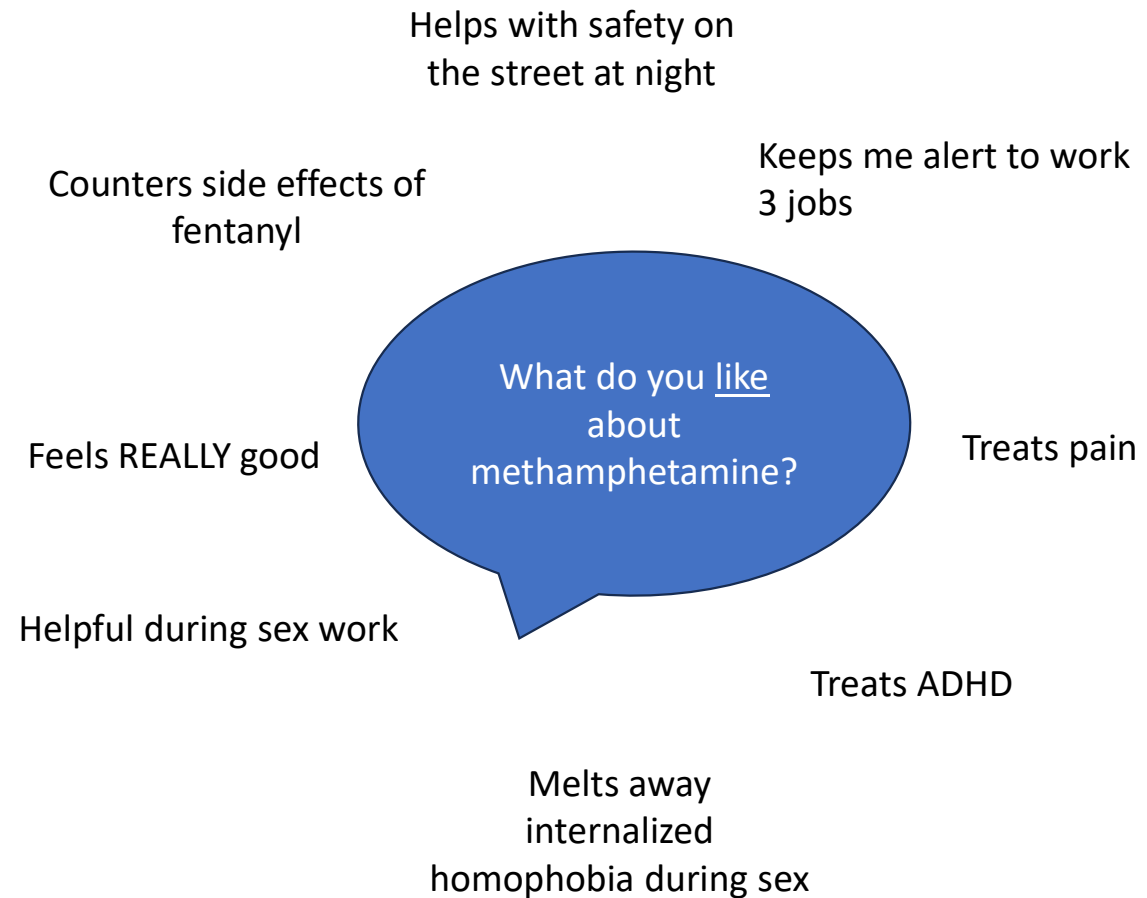
“Just be honest and truthful and
show that you care”

-primary care patient

Blanchard et al, "Patient and Clinician Perspectives on Protective Behavioral Strategies for Primary Care Patients Who use Opioids and/or Stimulants", In Press at Journal of General Internal Medicine

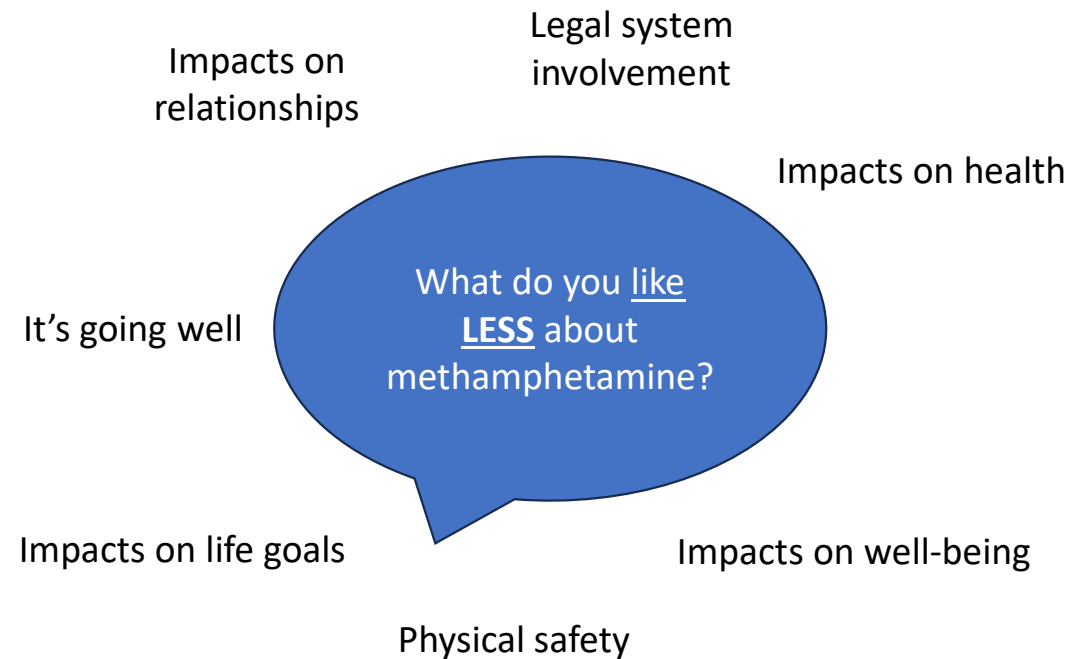
Taking a history

- **Acknowledge the pros**
- Acknowledge the cons
- Learn about their use & goals



Taking a history

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- **Acknowledge the cons**
- Learn about their use & goals



Taking a history

- Acknowledge the pros
- Acknowledge the cons
- **Learn about their use & goals**

What would you like to see happen with your meth use in the future?

What health problems, if any, is methamphetamine causing for you?

What happens when your body gets too much meth? (overamping)

How do you usually use meth? When is the last time you injected?

What do you do to use methamphetamine as safely as you can?

Tell me more about your methamphetamine use...

What other drugs do you use?

Health Impacts of Methamphetamine

Cardiovascular

- Hypertension
- Pulmonary hypertension
- Heart failure
- Arrhythmias
- Atherosclerosis
- Myocardial infarction
- Aortic dissection
- Stroke

Neuropsychiatric

- Psychosis
- Parkinson's
- Cognitive Dysfunction
- Impulsivity → Suicide, Accidents
- Hyperthermia

Oral Health

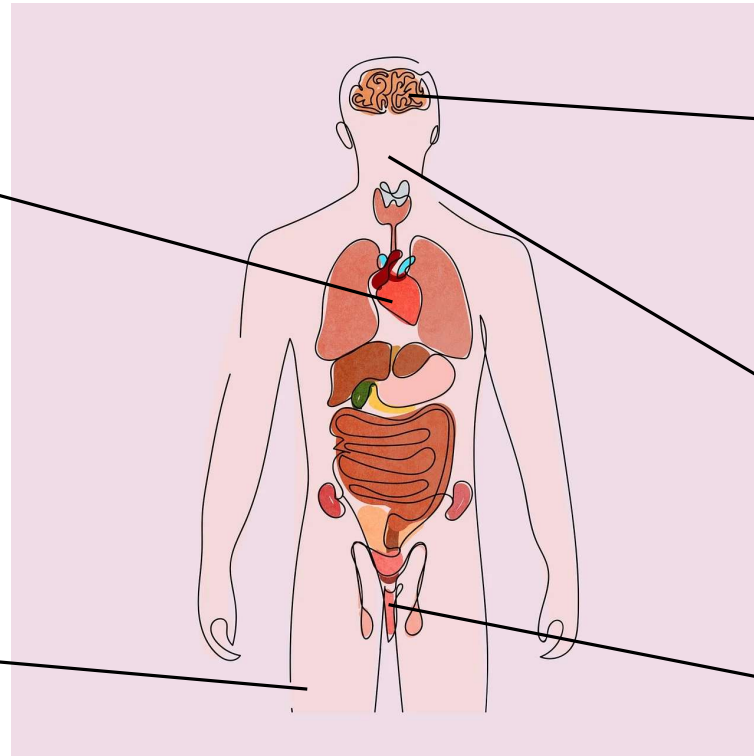
- Dry Mouth
- Cavities/decay
- Grinding

Sexual Health

- STI/HIV acquisition

Skin, Muscles

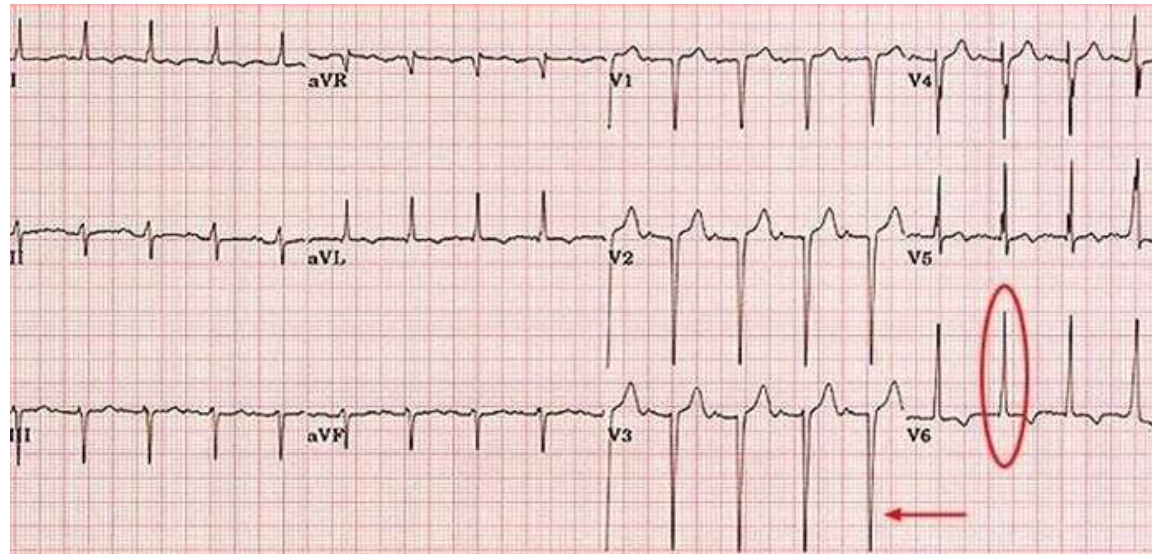
- Delusional Parasitosis
- Pruritis, prurigo nodularis
- Skin & Soft Tissue Infections
- Muscle breakdown leading to kidney failure



OVERAMPING: The experience of using too much methamphetamine;
Does not always lead to life-threatening toxicity like opioid overdose.

Workup to OFFER...

- Blood pressure, heart rate
- Physical exam
 - Oral
 - Cardiovascular/Pulm
 - Derm
 - Neuropsych
- Testing
 - Nutritional: CBC, CMP
 - ID: Hep B&C, HIV, Syphilis, G/C
 - CV: EKG, Lipids, A1C, BNP → echo
 - Overamping: BMP, CK



Preventing and treating life-threatening chronic toxicities

	Prevention	Treatment
Cardiovascular Toxicity	<ul style="list-style-type: none"> • Exercise/Diet • Address smoking • Statin* • Low dose aspirin if indicated 	<p>Heart failure: Standard guideline-directed medical therapy (beta blockers are ok!!)</p> <p>Hypertension: Standard treatment</p>
Neuropsychiatric Toxicity	<ul style="list-style-type: none"> • Exercise • Sleep • Statin* • <i>N-acetylcysteine?</i> 	<p>2nd generation antipsychotics for chronic psychiatric symptoms</p> <p>Low-dose olanzapine packs for self-treatment of acute agitation</p>

***Statins:** *If indicated for primary or secondary prevention.*

Expert opinion: *Consider stimulant use when conceptualizing CV risk and have a low threshold to Rx.*

Adapted from: CIAO - Opioids and Stimulants: A Guide for Healthcare Providers
Olanzapine packs: Coffin et al, Int J Drug Policy, 2024

Promoting Sexual Health

– More to Come in Future Webinars!!!

- Have condoms and lube available
- Test & Treat
 - HIV, Hep B/C, Syphilis, G/C
 - Swab at all sites of sexual contact
- Hepatitis & HPV vaccines
- PrEP
- Doxy-PEP
- Support for people with minoritized sexual orientations or gender identities (Peer Seattle)



Promoting Skin Health

Connect to wound care and harm reduction organizations!!!

Delusional Parasitosis, Picking

- Validating the distress, exploring meth's role
- Antipsychotics
- Occupying hands another way

Pruritis → Prurigo Nodularis

- Emollients
- PN: steroids (under occlusion, intralesional), derm

Skin & Soft Tissue Infections

- Antibiotics (topical, oral)
- Incision & Drainage

Foot Issues

- Especially if unhoused or w/ other comorbidities

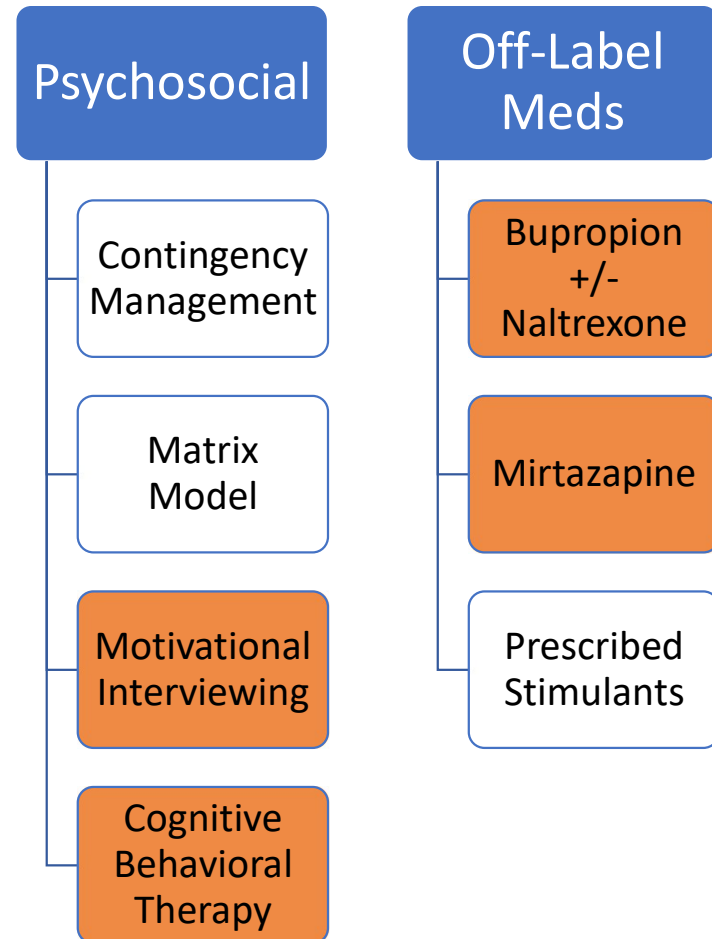
Promoting Oral Health

- **Christina has many pearls to share!**
- Know SOMETHING about oral care
- There may be a role for antibiotics while arranging for dental care
- Clinicians can consider fluoride varnish



How can we support people who want to cut down or discontinue?

*Some methamphetamine use disorder treatments can be offered in the **primary care setting***



MAKING IT HAPPEN

Be flexible!

(appt timing, non-traditional settings)

Find supports

(family, peers support, case management)

Simplify med regimen to daily dosing

Help w/ system navigation & transportation

Write patient instructions down

Develop a network of specialists who get it

Leverage community organizations

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-National Harm Reduction Coalition

Embedding Stimulant User Health Strategies into SSP Programming

There are many opportunities, big and small, to implement meth/stimulant-specific strategies and activities.

The 2023 WA SSP survey showed that 97% of participants used meth in the last 7 days.

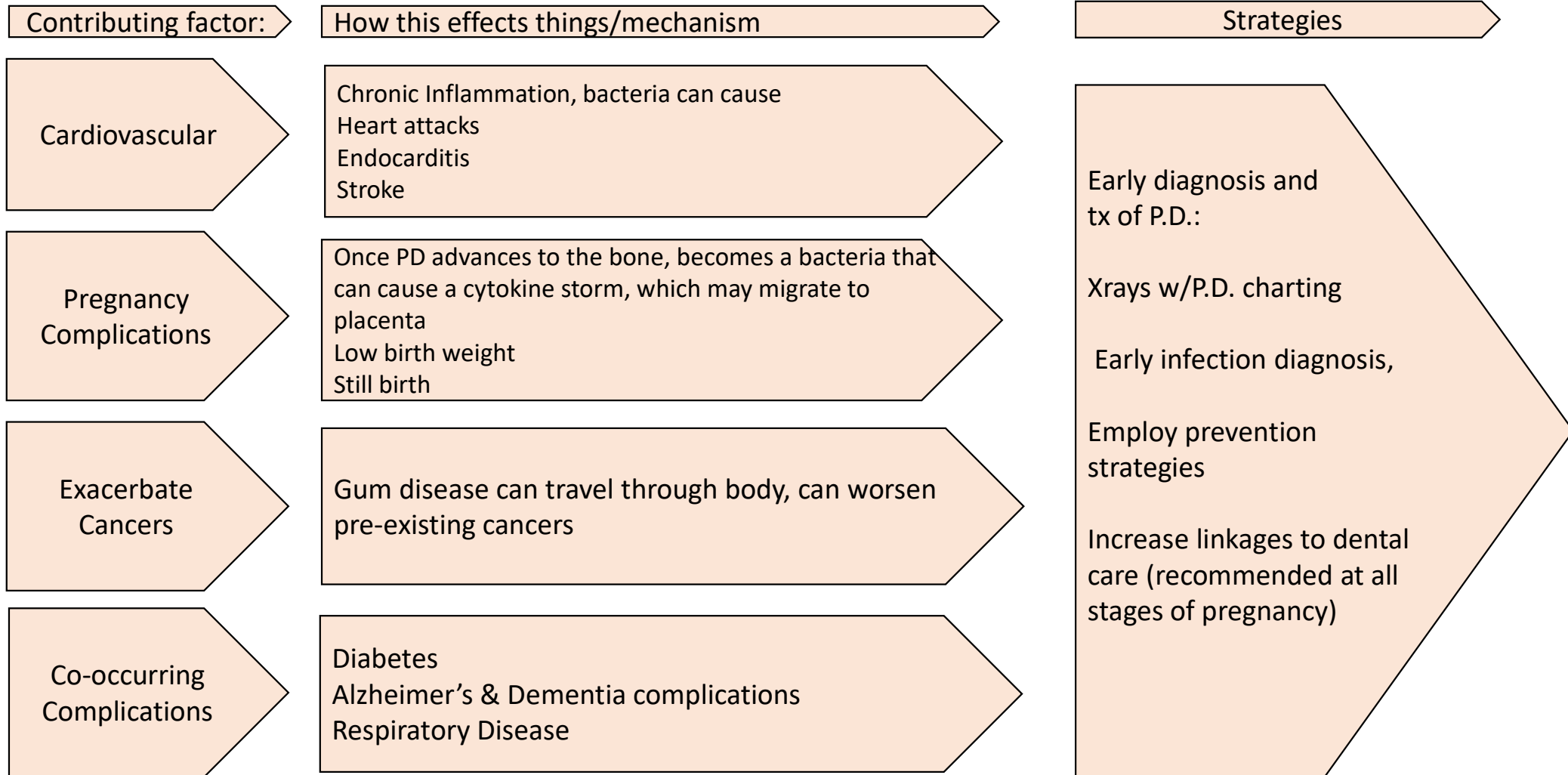
72% had used 7 days out of the last 7 days.



Stimulant Use, Oral Health and Dental Issues

Contributing factor	Mechanism	Harm Reduction Strategies
Severe Xerostomia/Dry Mouth	Sympathomimetic stimulant=decreased saliva production Lack of saliva prevents neutralizing acids, washing away bacteria= cavities form rapidly	Saliva substitutes/mouthwash Mouth sprays throughout day Sugar free mints, gum with xylitol* Electrolyte supplements
Acidic Nature of Meth Vapors (smoking and snorting)	Meth vapors Ph 3-5: cavities form below the pH 5 mark Demineralization of enamel (vul. to decay) Increased sensitivity and brittleness	Rinse mouth with mouthwash or baking soda/water mix after smoking to neutralize acids Quarterly fluoride treatments
Vasoconstriction, Nutrient Deficiencies	Reduced tissue healing More susceptible to bacterial infections HSV1 exacerbation=more acute spread Dehydration	High protein and calorie foods (eat before using) Water, electrolyte supplements Softly brushing gums=increased blood flow
Associated Common Behaviors	Frequent snacking-demineralization and erosion of enamel Bruxism-wears down enamel, fractures teeth Poor dental hygiene=rapid decay, gum infections Lack of access to dental care	Wait 30 minutes+ btwn smoking sessions Wear mouthguard, chew toy, sugar free gum Increase dental hygiene (wait after smoking) Linkages to care: x-rays, fluoride tx

Effects of Untreated Periodontal Disease



Overramping: Prevention Education and Response Strategies

“We almost always do a shot [of meth] before we have sex, so our bodies get scary hot; it’ll make body temperature go up real quick.

So, I keep the stuff you give me by the bed, and I’ll take an instant cold pack and use it against my face and body for 15 minutes; really helps me cool down. I never would have thought of it on my own!”

“I’ve been spreading the word about overramping on meth. People say, “Oh my god, I didn’t know that could happen!

Especially someone like me, who’s been using meth for forty years.”

-K

Educate on:
Prevalence
Identification
Response

De-escalation
techniques
Crisis response

Offer:
Instant cold packs
Water, electrolyte
packets, food
Self regulation skills

It's important to engage PWUM on opioid overdose symptoms and response and offer naloxone.

Sometimes, cross-contamination happens, and someone may experience an opioid overdose without any knowledge or intention of using an opioid.

This can be an overdose risk if they did not intend to ingest opioids; many people who only use stimulants do not have a tolerance for opioids.

WA State drug checking data suggest that meth is rarely contaminated with fentanyl (1.6% of 739 samples tested at state drug checking sites).

Supporting Concurrent Body System Issues and Co-morbidities



“The protein shakes, I drink when I’m not eating, cause I know it’ll help take care of my body.”

-K

Nutrition, wound care, pain, and energy levels are inter-related.

Prevent hyper- and hypothermia
Support whole body health
Protections from severe weather

Level: Free

Education! Conversation! Motivational Interviewing!



Responding to Non-Emergency
Anxiety and mental discomfort are common while overamping. While these steps won't always take away these uncomfortable feelings, it can help manage the discomfort as the drug wears off with time.

Overall comfort

- **Cool down:** Ice packs or a cool towel under armpits and knees; use a fan
- This can be really helpful to prevent overheating
- **Hydration:** Drink some water or sports drink like gatorade
 - Avoid drinks with caffeine that can increase intensity of the drug
 - Drink water with electrolytes if you can (Gatorade, etc.); alternatives are salty foods or a small amount of salt mixed in to your water (all will help your body systems stay balanced and replenish nutrients)
 - **Rest:** Take a nap, close your eyes, or simply lay/sit down somewhere comfy.
 - **Shower:** A cool or warm shower can help bring some physical and mental relief.
- **Change environment:** move to a more comfortable place or take a walk
- **Breathing or meditation exercises**
- **Physical contact:** massage yourself or ask someone else.
- **Eat some food.** The easier to eat the better.

You don't have to sit through your discomfort. Some might help you better than others at different times but it's worth trying.

Supplements

- L-Theanine: help reduce anxiety in some people
- Magnesium: help reduce jaw clenching and muscle tension
 - Try using magnesium glycinate or gluconate since they are less harsh on your stomach than other types of magnesium.



Intentionally engage PWUD, their loved ones, and people who work with them on harm reduction strategies for overamping, oral health, and other chronic health conditions related to chronic meth use.

Level: Relatively Cheap, Relatively Easy-ish

Stimulant User Health Specific Supplies



Instant cold packs
Nutritional support: soft snacks,
Wound care supplies
Nutrition and tissue-healing support
Rinse w/ mouth wash/baking soda mix to
neutralize acids
Safer smoking supplies and pipe covers
Lip balm/Vaseline
Mints/gum/spray (mindful of xylitol),
nutrition shakes,
multi vitamins,
soft snacks that are high in protein and low
in sugar
Compression socks?

Early ID of heart failure

Infectious disease testing and
treatment, HSV maintenance
medication

Connect w/ programs that offer
medication management

In-field regular diagnostic care,
fluoride tx

Wound care, ample supplies



Level: Relatively Cheap, May Not Be That Easy

Injection Alternatives Safer Use Supplies

What are safer smoking supplies?

Drug smoking supplies distributed by harm reduction programs typically include glass stems and pipes used to inhale smoke or vapors, plastic mouth pieces to prevent lip burns, and items to insert or hold the drug in place such as screens, wire, and wooden push sticks. Some drugs are smoked directly from pieces of foil. Many programs also distribute alcohol wipes to clean hands and pipes and lip balm to prevent cracking; both items reduce the risk of HIV and hepatitis C.

Smoking supplies distributed by harm reduction programs are clean and safer than improvised items like aluminum cans, plastic tubes, steel wool, and light bulbs that can break easily or release toxic fumes.



Figure 1. Common safer smoking supplies.

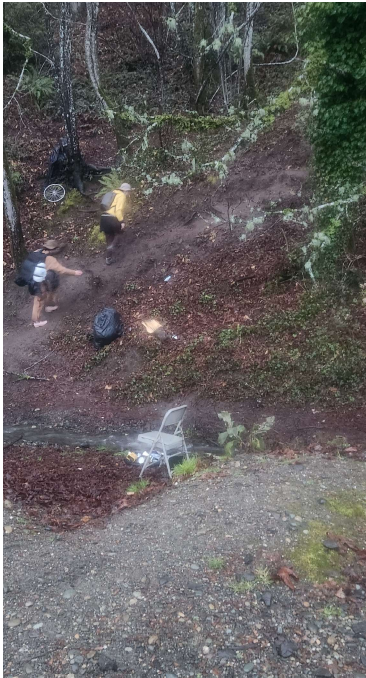
The Tacoma Needle Exchange launched a pilot project to distribute smoking supplies at one of their sites in December 2020. In one year, 1,146 unique individuals received services at that site, of whom 742 (64%) were new participants, many coming to the site for the first time specifically to access smoking equipment.⁴ Over the year, participants received safer smoking supplies in 94% (3,237) of the 3,979 total encounters at the site, which demonstrates the high demand for safer smoking supplies.

Level: Relatively Cheap, Relatively Easy-ish Leveraging Partnerships to Expand Services



Level: Big Impact, System –level Change

Adapt program structures



What agencies already do street or encampment outreach?
What program's style work well with yours?



Is there a street med, or residency program you can partner with for early diagnostics of heart failure, infection, and quarterly fluoride treatments



Seek out funding for creative solutions and employ emerging strategies



Thank you!!! And Q & A

Huge thank you to our wonderful speakers!!!

And please put your questions in the chat or Q & A

Resources

- [WA State methamphetamine overdose death data](#)
- [Methamphetamine Overdose/Overamping](#)
- [What is Stimulant Use Disorder?](#)
- [Overview of Treatment for Stimulant Use Disorder](#)
- [Results from the 2023 WA State Syringe Services Program Health Survey](#)
- [Perspectives of People Who Use Methamphetamine on Reducing or Stopping Their Use](#), qualitative interviews from 2021
- [WA State Community Drug Checking Network data on methamphetamine](#)