



Northwest (HHS Region 10)

ATTC

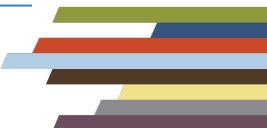
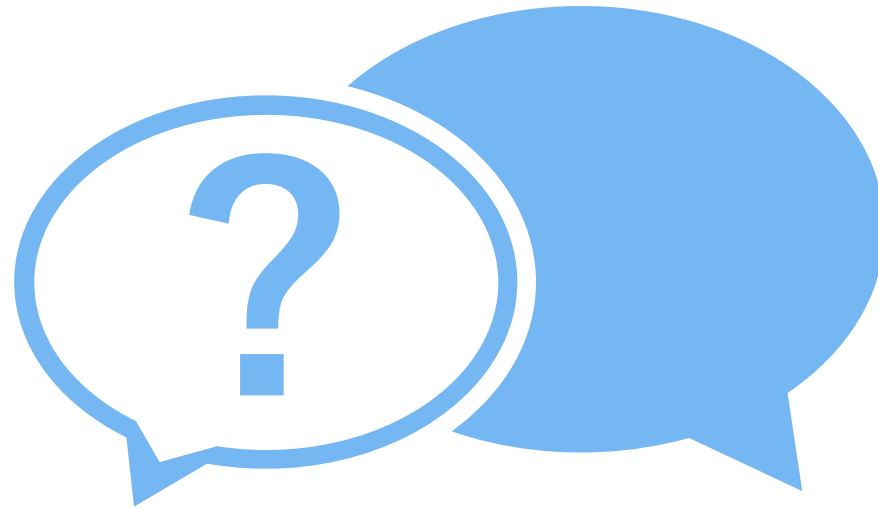
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Thank you for joining us! The webinar will begin shortly.

Northwest ATTC presents:
**Medical Complications of Methamphetamine Use:
Strategies for Prevention, Harm Reduction, and Treatment**

- **Participants are automatically muted during this presentation**
- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at: <http://attcnetwork.org/northwest>

Questions? Please type them in the chat box!



Surveys

Look for our surveys in your inbox!

We greatly appreciate your feedback! Every survey we receive helps us improve and continue offering our programs.

It only takes **1 minute** to complete!



Certificates of Attendance are available for live viewers!



Viewing Groups:

Please send each individual's **name** and **email address** to northwest@attcnetwork.org within 1 business day.

Your certificate will be emailed within a week to the address you registered with.

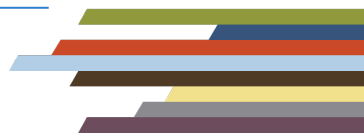


Today's Presenter



Sarah Leyde, MD

Sarah Leyde, MD, is a board-certified internist and addiction medicine physician. She completed medical school at the University of Washington School of Medicine, followed by an Internal Medicine residency and an Addiction Medicine fellowship at the University of California, San Francisco. She is currently an Assistant Professor at the University of Washington and the Associate Program Director for the University of Washington Addiction Medicine Fellowship. In addition to providing clinical care and medical education, she leads quality improvement and research projects focused on enhancing primary care and cardiovascular health for people who use methamphetamine.



**Medical Complications of
Methamphetamine Use:
Strategies for Prevention, Harm
Reduction, and Treatment**

Sarah Leyde, MD

Tribal Land Acknowledgement

In applying a lens of cultural humility to issues of diversity, equity, and inclusion, Northwest ATTC offers this land acknowledgement for today's event.

Our work intends to reach the addiction workforce in HHS Region 10: Alaska, Idaho, Oregon, and Washington. This area rests on traditional territories of many indigenous nations, including tribal groups with whom the United States signed treaties prior to the granting of statehoods.

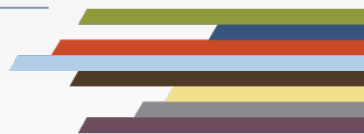
Please join us in support of efforts to affirm tribal sovereignty and in displaying respect and gratitude for our indigenous neighbors.



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Learning Objectives

1

Recognize the differences between methamphetamine overamping and opioid overdose

2

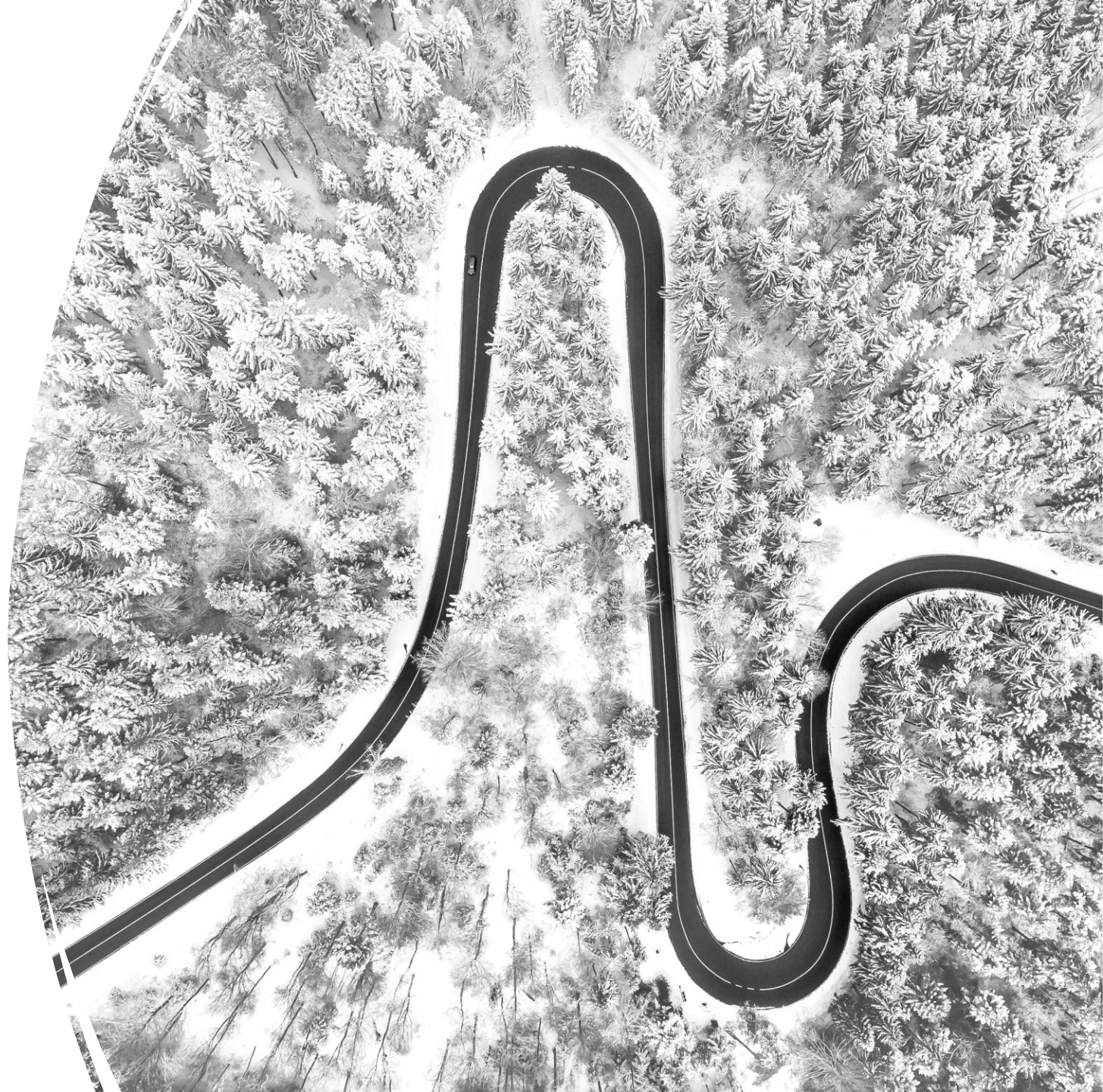
Identify common medical complications of methamphetamine use and review prevention, harm reduction and treatment strategies

3

Review case studies of programs who are successfully caring for individuals who use methamphetamine

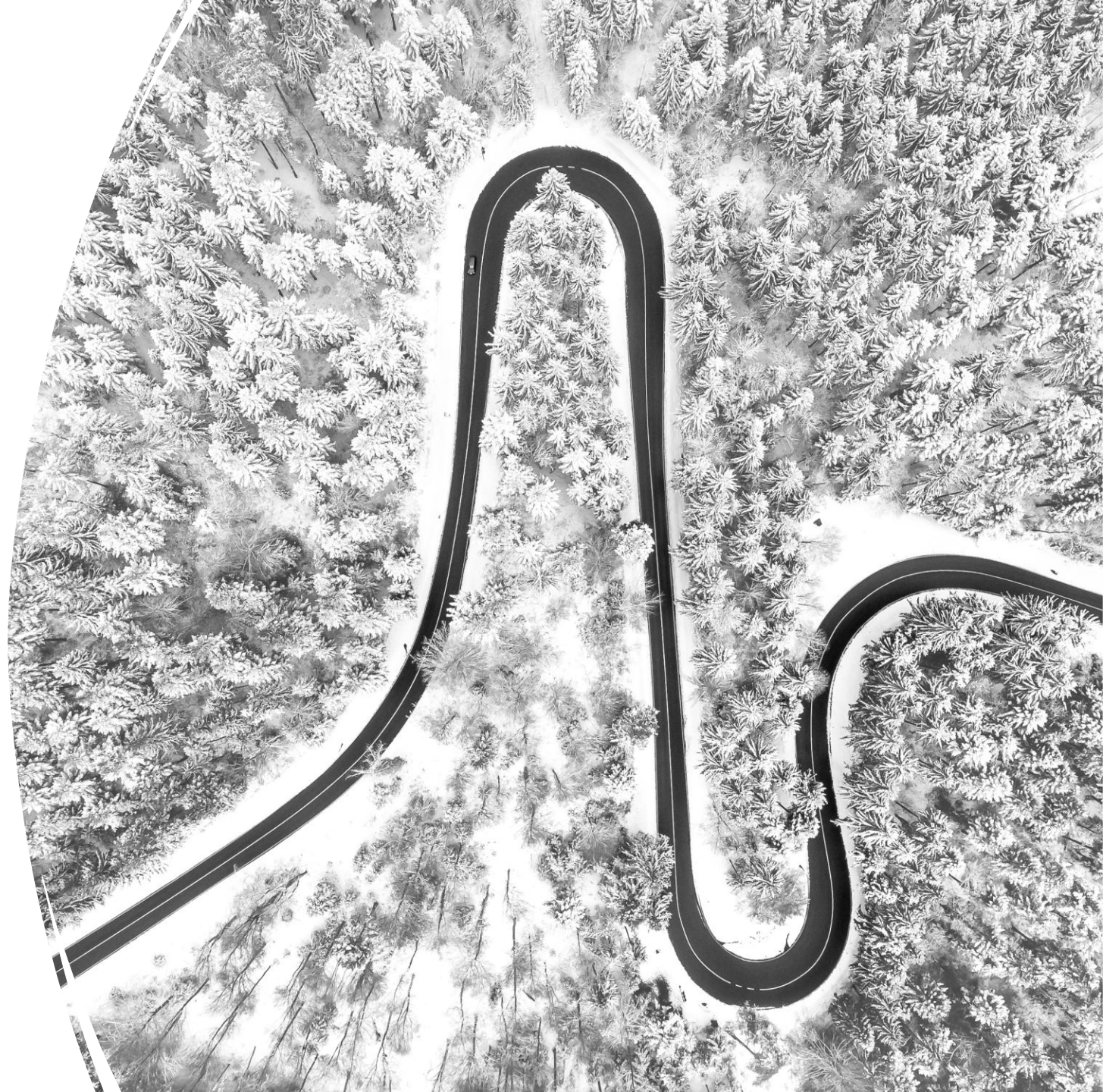
Roadmap:

1. Positionality (“Disclaimers”)
2. Overramping
3. Medical complication of methamphetamine use
4. How to work the medical system for your clients / case studies



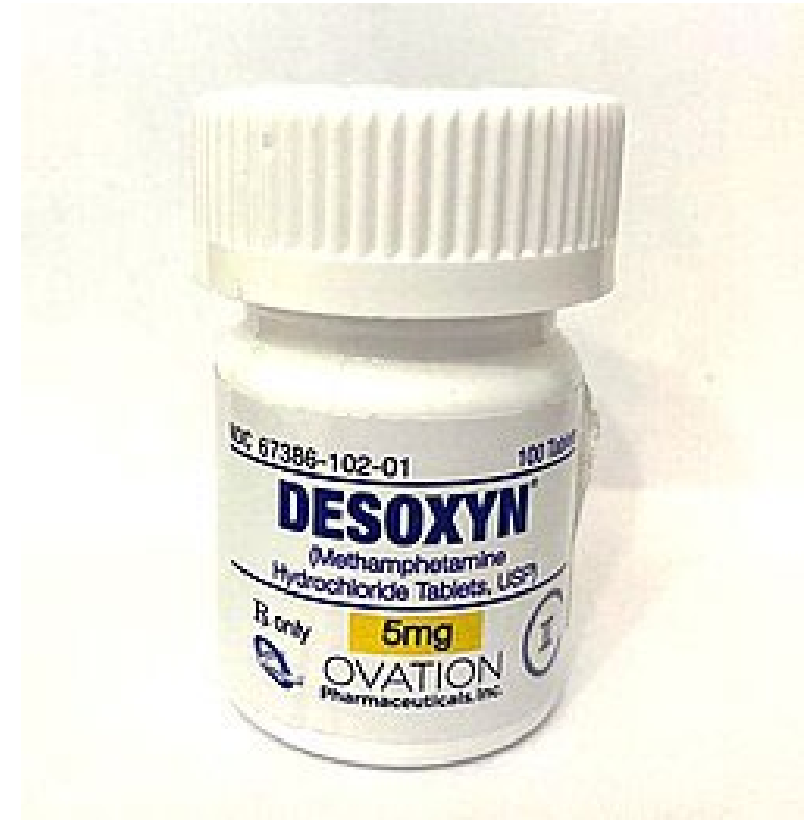
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1. **Positionality (“Disclaimers”)**
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Disclaimers!

1. I'm a primary care doctor
2. I'm a harm reductionist
3. I don't think methamphetamine is a bad molecule



Any provider (NP, PA, MD) with a DEA license can prescribe methamphetamine. The FDA-approved indications are ADHD and short-term treatment of obesity when other treatments have not been successful.

(Rarely prescribed: 1,800 prescriptions in 2023)

What actually harms people who use methamphetamine...

“The dose makes
the poison”

Unreliable drug
supply

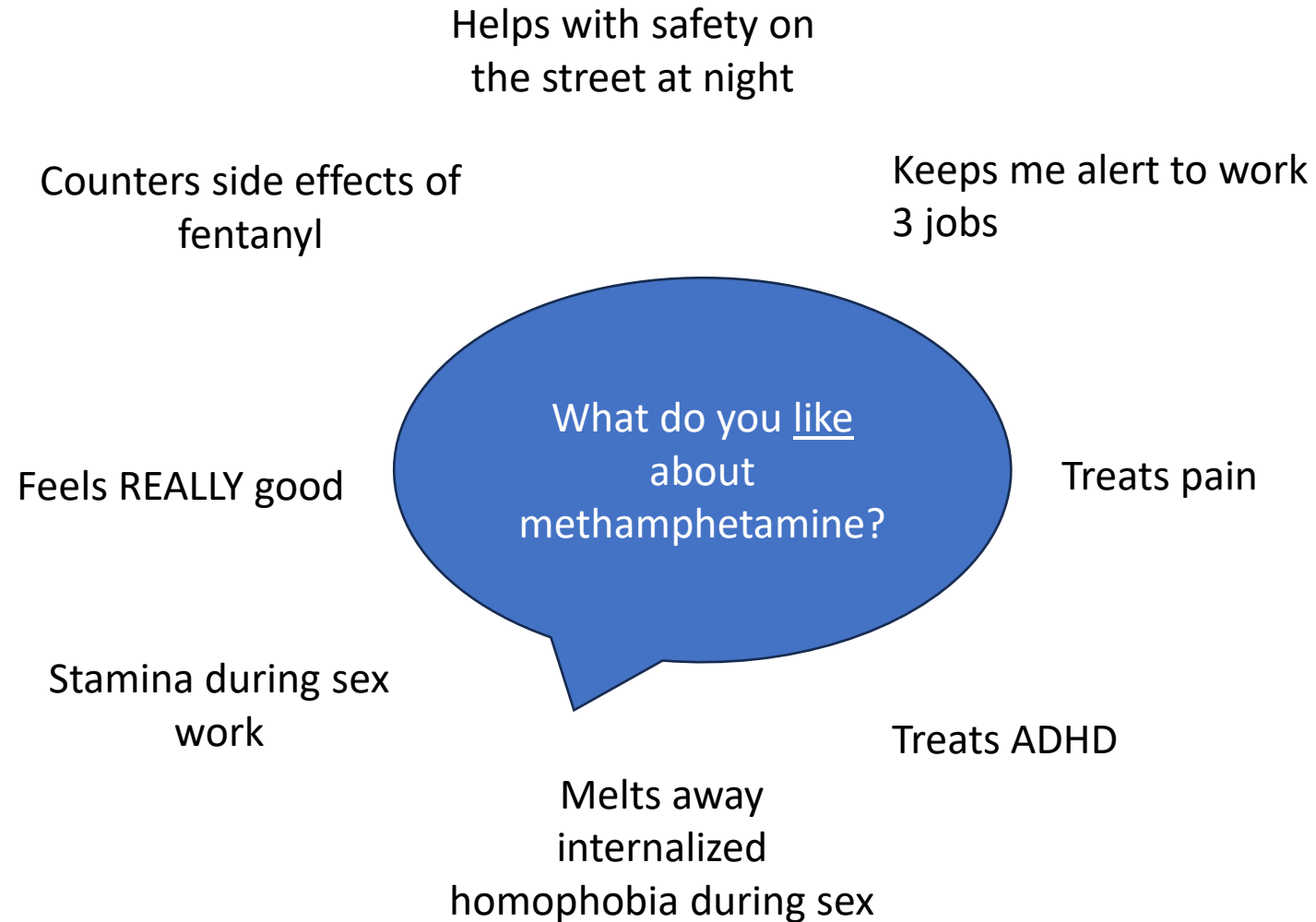
Drug policy / The
War on Drugs

Poverty

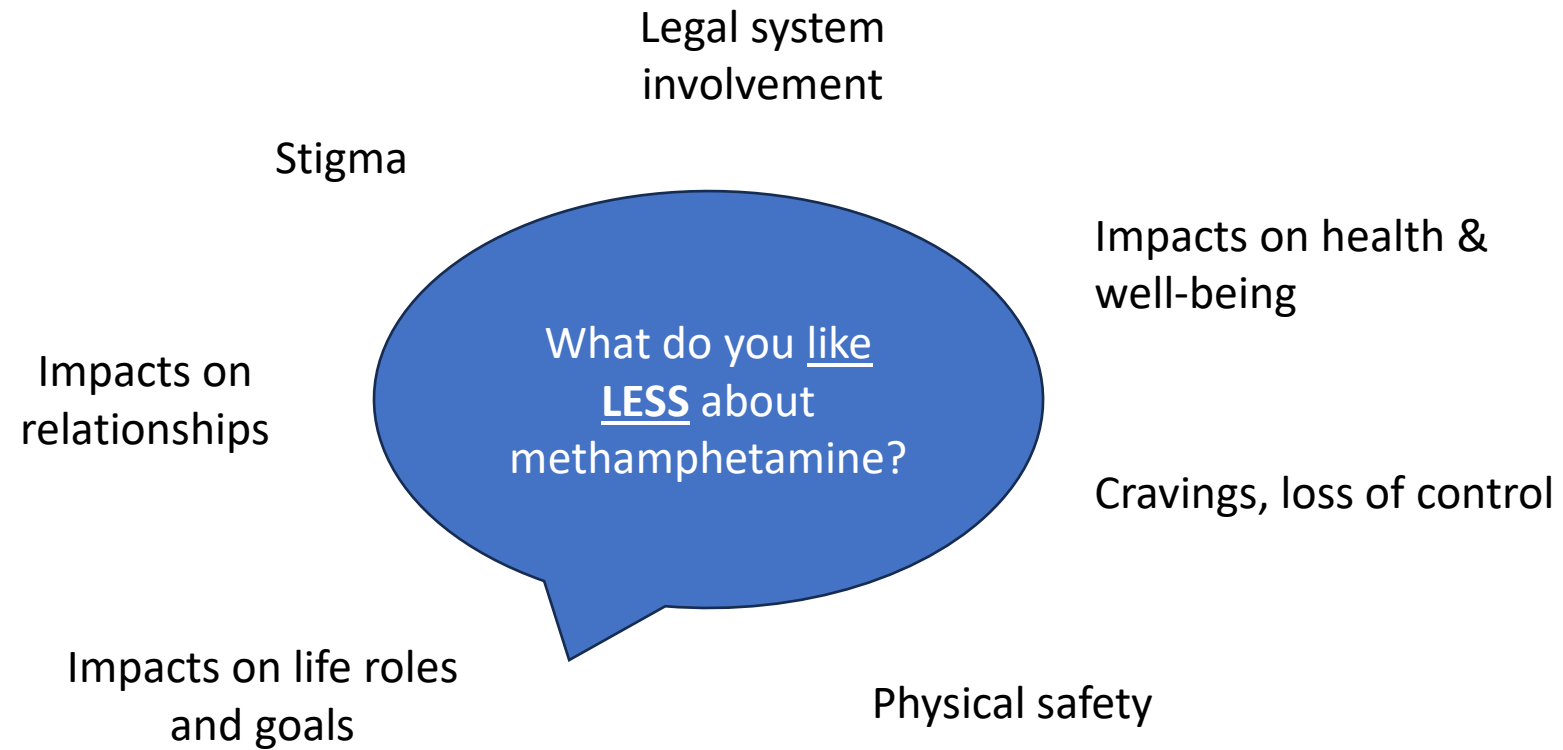
Stigma

The factors that
led people to use
stimulants in the
first place

People derive benefit from methamphetamine...



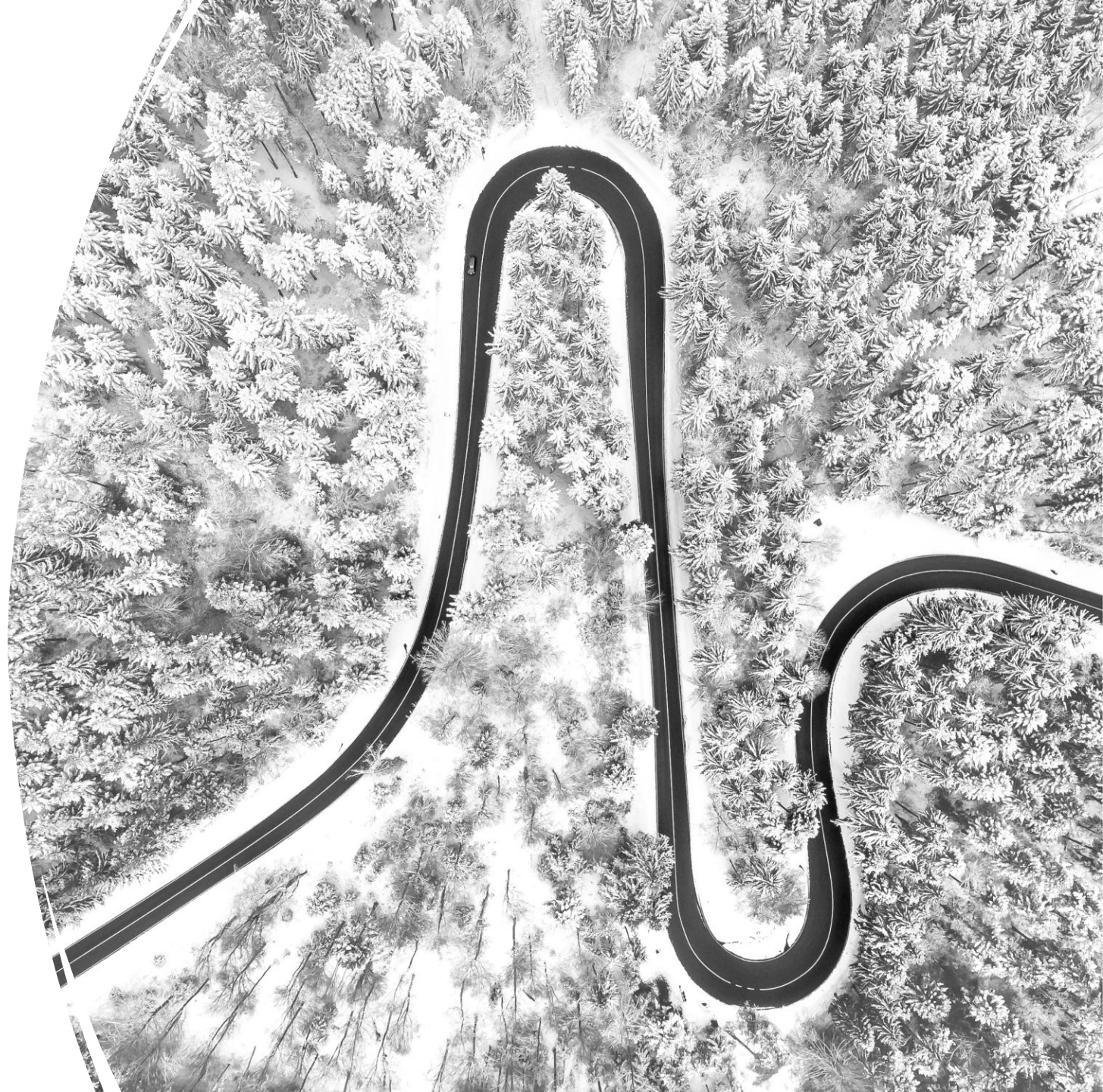
AND there can be significant downsides...



Approximately 50% of individuals who use methamphetamine meet criteria for stimulant use disorder

Roadmap:

1. Positionality (“Disclaimers”)
2. **Overramping**
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Methamphetamine “Overamping”

Negative effects of methamphetamine intoxication

Opioid “Overdose”	Methamphetamine “Overamping”
Well-defined: 1) Respiratory depression 2) Decreased consciousness	Less well-defined: - Occurring on a spectrum ranging from mild to severe - Anxiety, palpitations, chest pain, hyperthermia, paranoia, psychosis, seizures, heart attack, stroke

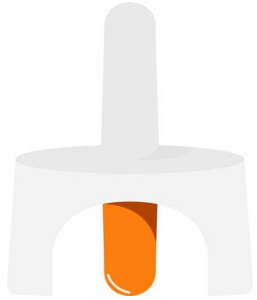
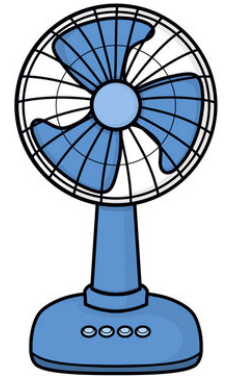
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Often life threatening	More rarely life threatening Many deaths due to CHRONIC development of cardiovascular disease rather than ACUTE methamphetamine use

Methamphetamine “Overamping”

Negative effects of methamphetamine intoxication



Naloxone

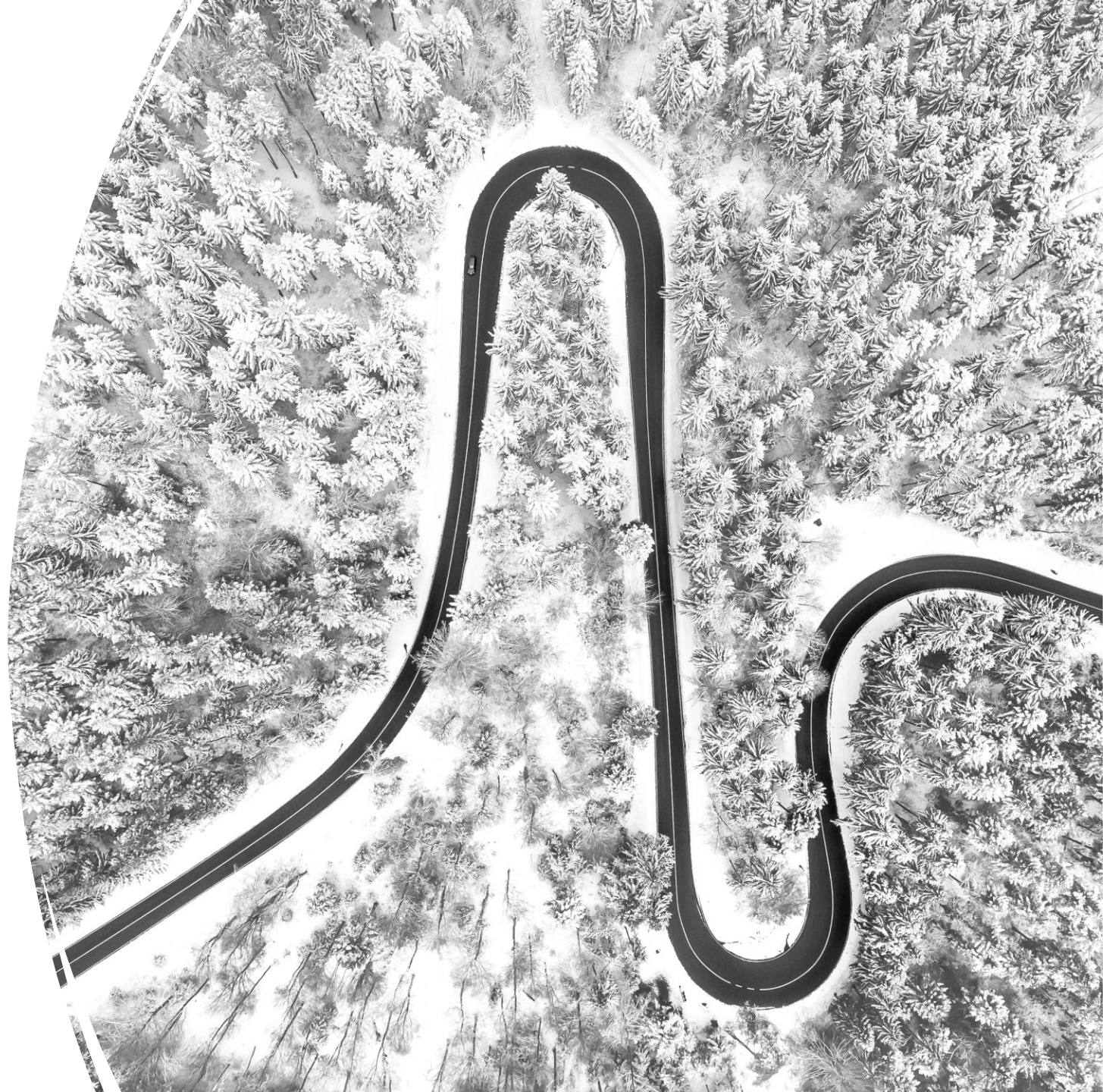


Methadone or Buprenorphine

Opioid “Overdose”	Methamphetamine “Overamping”
<p>Well-defined:</p> <ol style="list-style-type: none"> 1) Respiratory depression 2) Decreased consciousness 	<p>Less well-defined:</p> <ul style="list-style-type: none"> - Occurring on a spectrum ranging from mild to severe - Anxiety, palpitations, chest pain, hyperthermia, paranoia, psychosis, seizures, heart attack, stroke
Often life threatening	<p>More rarely life threatening</p> <p>Many deaths due to CHRONIC development of cardiovascular disease rather than ACUTE methamphetamine use</p>
Closely linked to dose, tolerance	Contributing factors: lack of sleep, malnourishment, dehydration, extreme weather, chronic health conditions

Roadmap:

1. Positionality (“Disclaimers”)
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4. How to work the medical system for your clients / case studies



Health Impacts of Non-Prescribed Methamphetamine

Cardiovascular

- High blood pressure
- Pulmonary hypertension
- Heart failure
- Abnormal heart rhythms
- Heart attack
- Aortic dissection (tear)
- Stroke

Neuropsychiatric

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

Oral

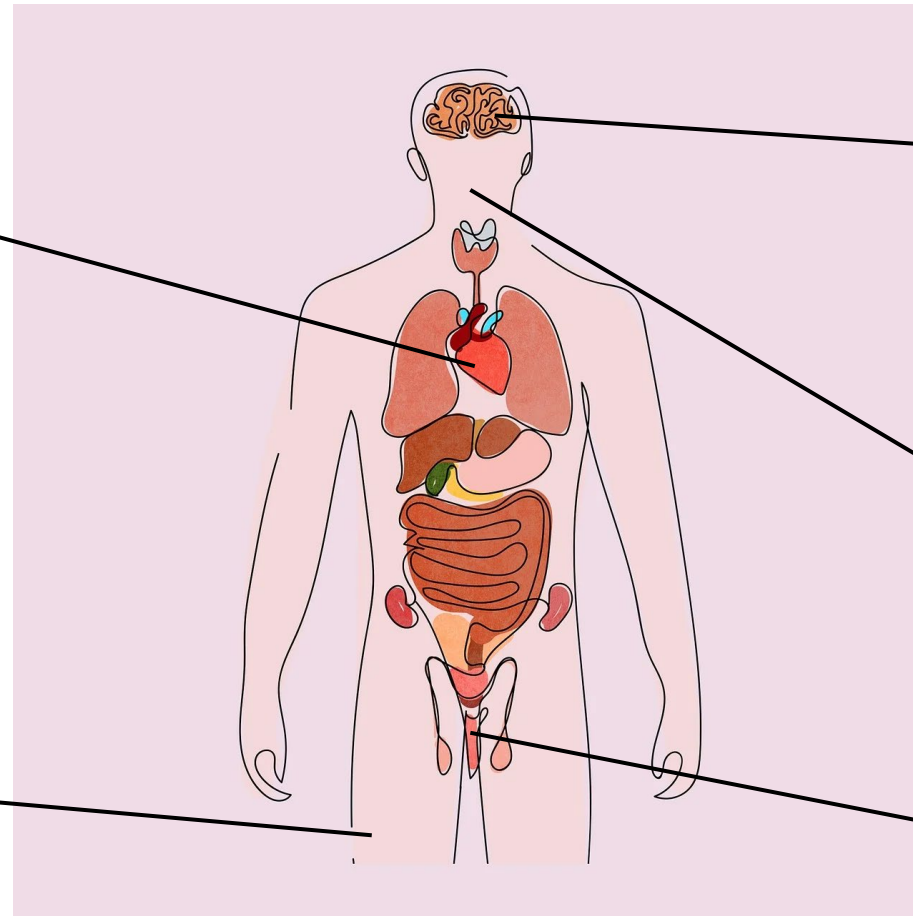
- Dry Mouth
- Cavities/decay
- Grinding

Skin, Muscles

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

Sexual health/Infectious Disease

- STIs
- Bloodborne infection



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

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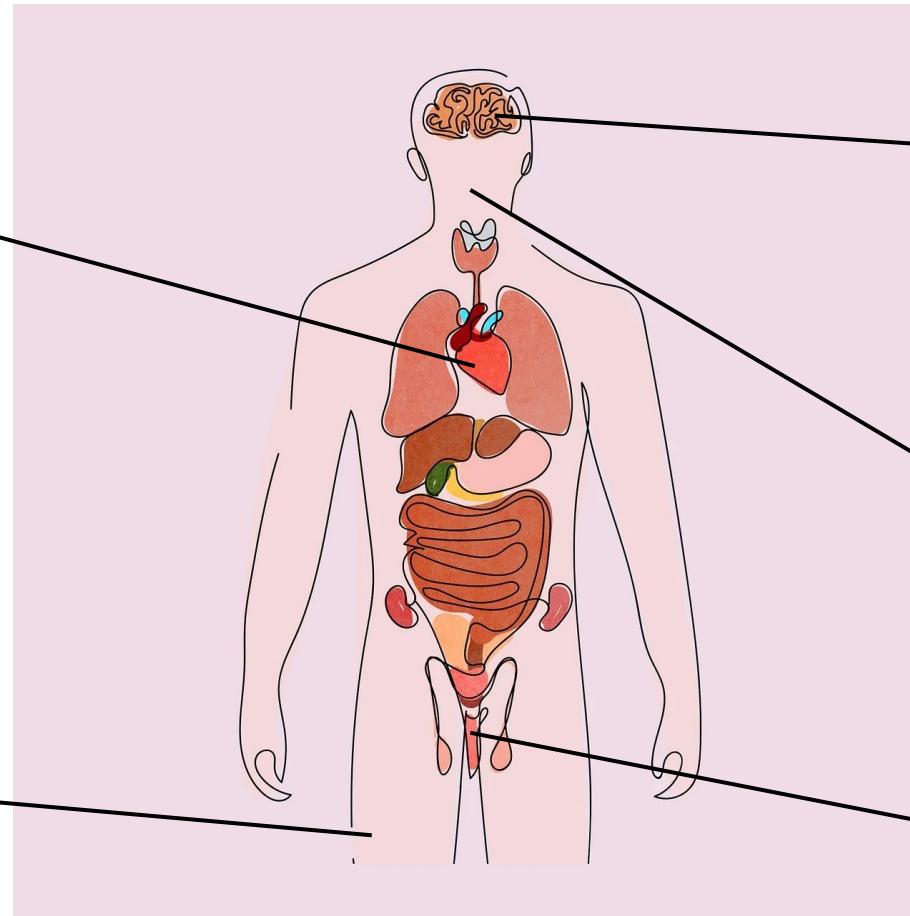
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Case 1:

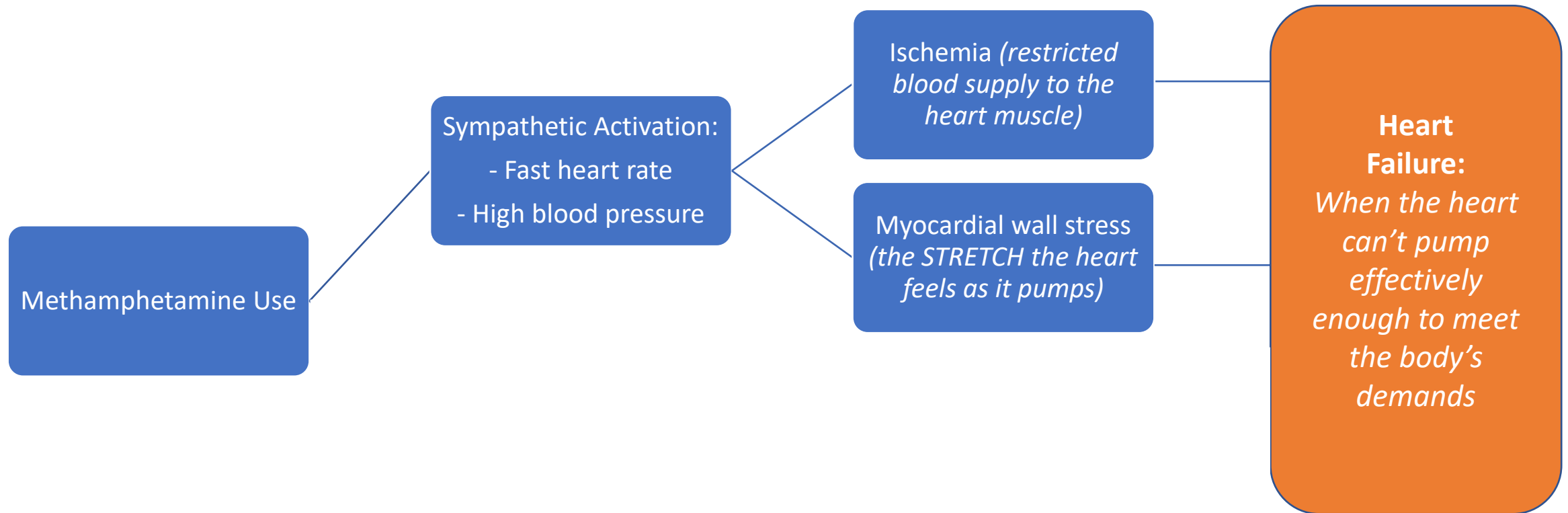
Bill is a 35-year-old individual who engages with your harm reduction organization for support and supplies for safer methamphetamine and fentanyl use. They mention to you that they've been feeling poorly over the last few months with **swelling in their legs** and **difficulty breathing**.



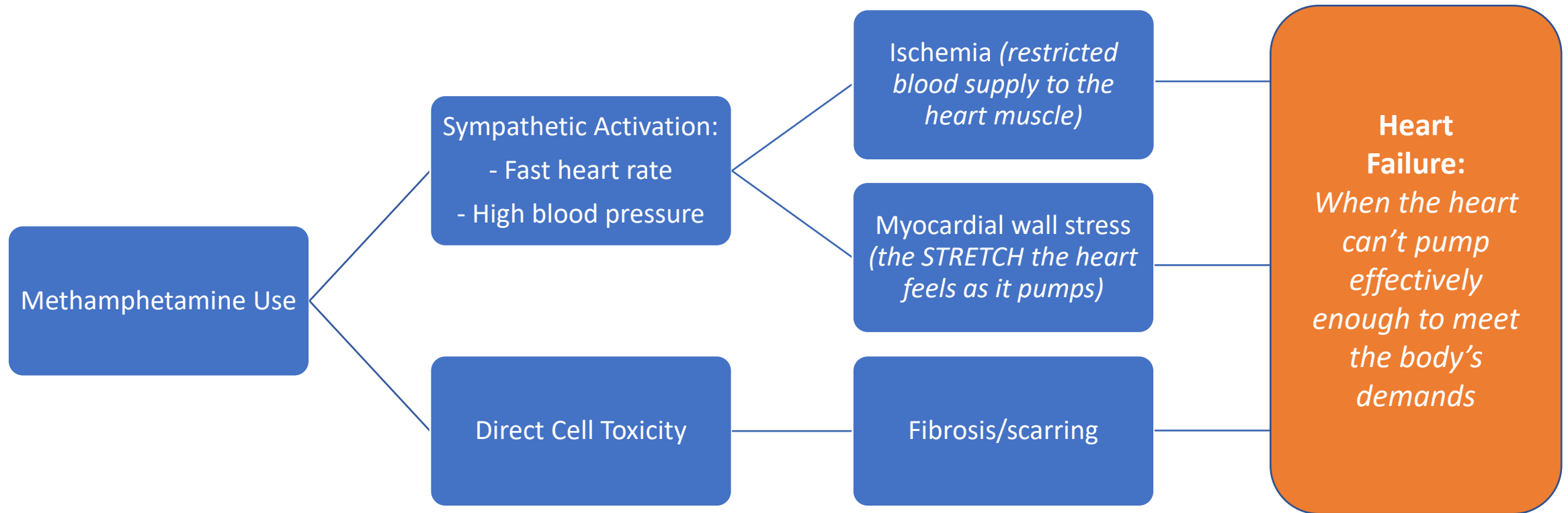
Case 1:

You accompany Bill to urgent care. The provider is concerned about **heart failure** and the diagnosis is confirmed with blood work and a heart ultrasound (“echo”). After a brief hospitalization he is discharged with instructions to take 4 new medications daily, told to stop using methamphetamine, and follow up with a cardiologist.

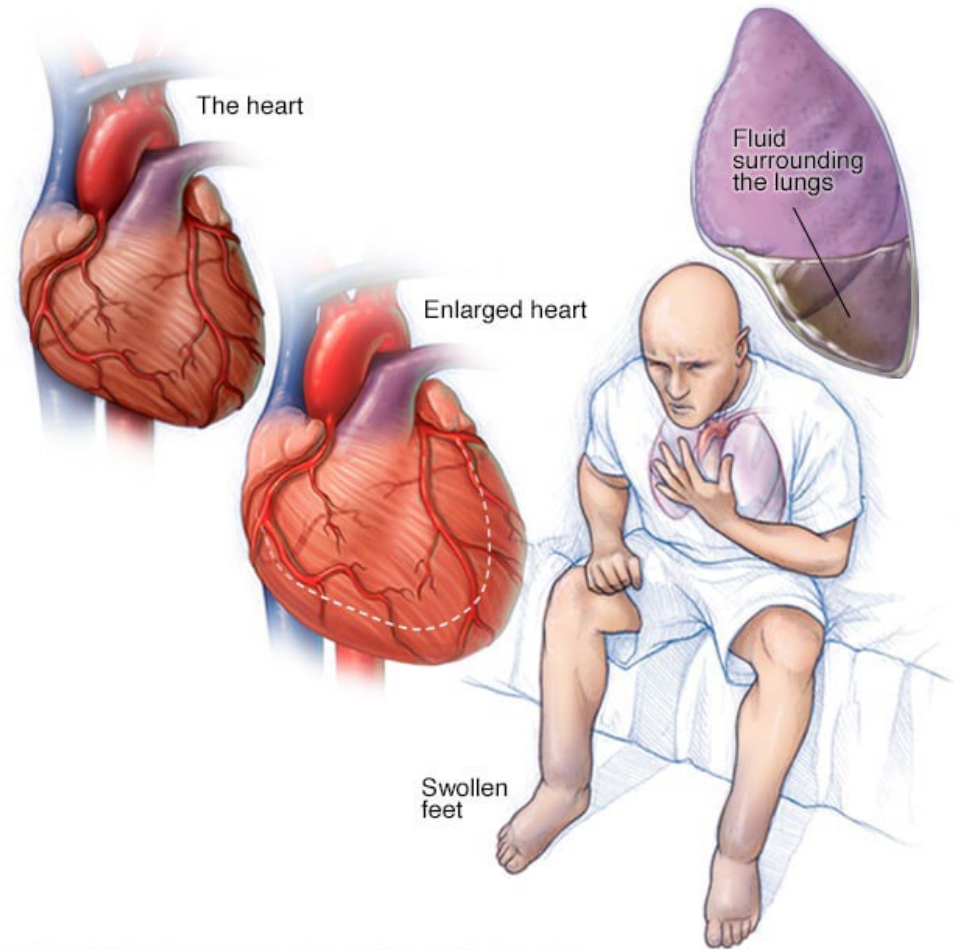
Methamphetamine Use → Heart Failure



Methamphetamine Use → Heart Failure



Methamphetamine-Associated Heart Failure



How can we promote cardiovascular health among people who use methamphetamine?

Prevention	Detection	Treatment

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Prevention	Detection	Treatment
<ul style="list-style-type: none">• Exercise/Diet• Address smoking• Statin if indicated*• Low dose aspirin if indicated• Decrease or discontinue methamphetamine use		

****Statins:** If indicated for primary or secondary prevention*
***Expert opinion:** Consider stimulant use when conceptualizing risk and have a low threshold to prescribe. Consider atorvastatin which has good blood/brain barrier penetration.*

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**Statins: If indicated for primary or secondary prevention*
Expert opinion:
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Case 1, cont.

Bill comes back to your harm reduction organization a week later seeking your advice. “They treated me like shit in the hospital” he tells you. He describes experiencing stigma related to his substance use. He feels scared about the diagnosis of heart failure and doesn’t understand what it really means. He worries he will die soon. He picked up the meds from the pharmacy but hasn’t remembered to take them regularly and he can feel the swelling and shortness of breath starting to come back. His methamphetamine use continues, unchanged.

Health Impacts of Non-Prescribed Methamphetamine

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Neuropsychiatric

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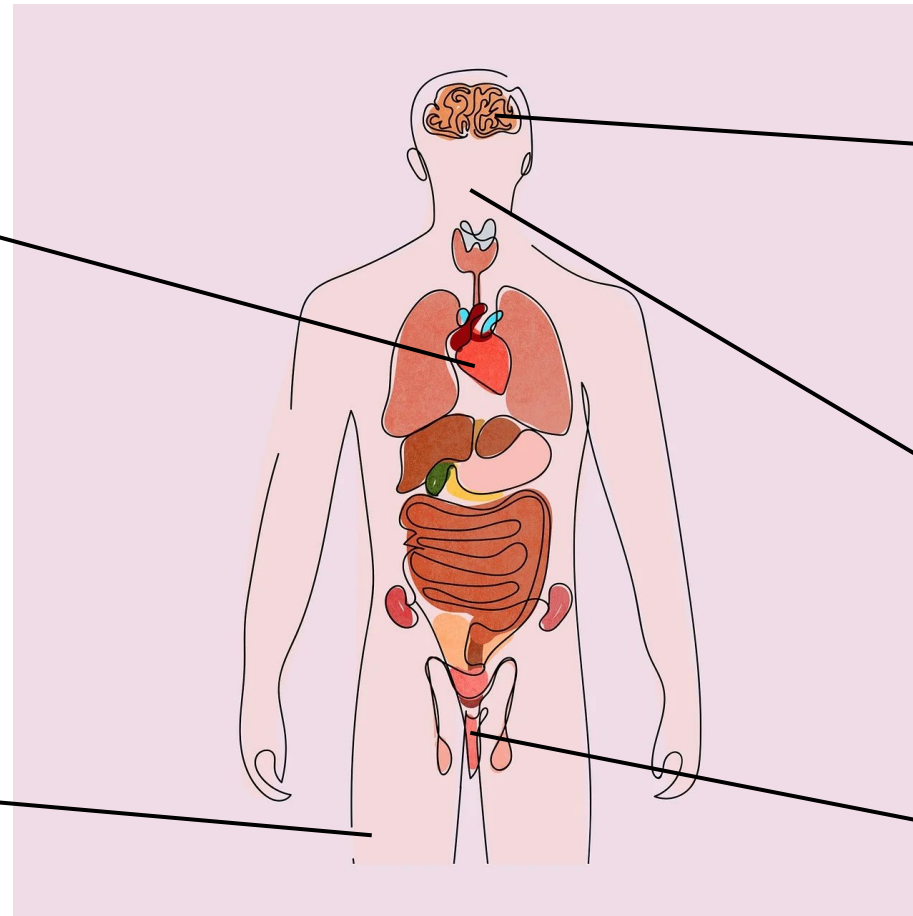
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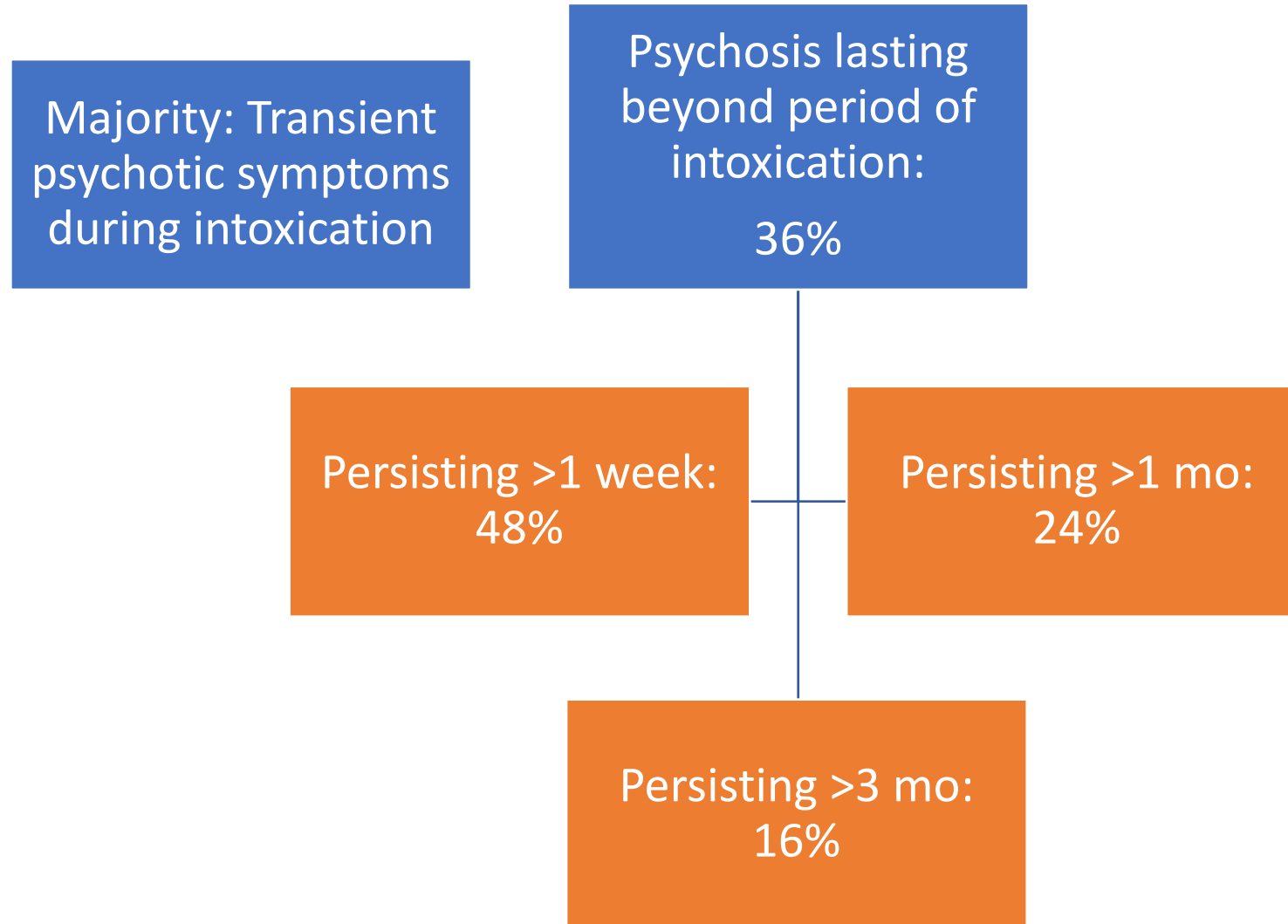


Case 2:

Tracy is a 48-year-old individual frequently admitted to psychiatric emergency services with erratic behavior, visual hallucinations, and persecutory delusions during periods of methamphetamine intoxication. After 24 hours in the emergency department her symptoms clear. In the past she has declined daily PO and LAI antipsychotic medications saying, “most of the time I’m fine.”



Methamphetamine-associated psychosis



Olanzapine assist packs (olanzapine 5mg #4) given to patients upon discharge from the psychiatric emergency department for methamphetamine-associated psychosis was associated with **decreased psychiatric emergency visits** at 2 and 6 months

Table 2. Generalized estimating equation models of psychiatric emergency service visits before and after methamphetamine assist pack receipt. (N = 92).

Time before and after receipt of Methamphetamine Assist Pack	Incidence Rate Ratio of Psychiatric Emergency Service visits	95 % Confidence Interval	p-value
2 months	0.68	0.61 to 0.76	<0.001
6 months	0.87	0.81 to 0.93	<0.001
12 months	0.96	0.90 to 1.03	0.30

How can we promote neuropsychiatric health among people who use methamphetamine?

Prevention/Harm Reduction	Detection	Treatment

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

How can we promote neuropsychiatric health among people who use methamphetamine?

Prevention/Harm Reduction	Detection	Treatment
<ul style="list-style-type: none">• SLEEP• Exercise• Decrease or discontinue methamphetamine use• Avoid cannabis, cocaine• <i>Statins*?</i>		

**Statins: Associated with neuroprotection from methamphetamine in animal studies. Atorvastatin has good blood/brain barrier penetration.*

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**Statins: Associated with neuroprotection from methamphetamine in animal studies. Atorvastatin has good blood/brain barrier penetration.*



Case 2:

Tracy accepts a prescription for as-needed olanzapine and has no further psychiatric admissions. Tracy follows up with her primary care doctor for ongoing prescriptions and enrolls in a SUD treatment program.



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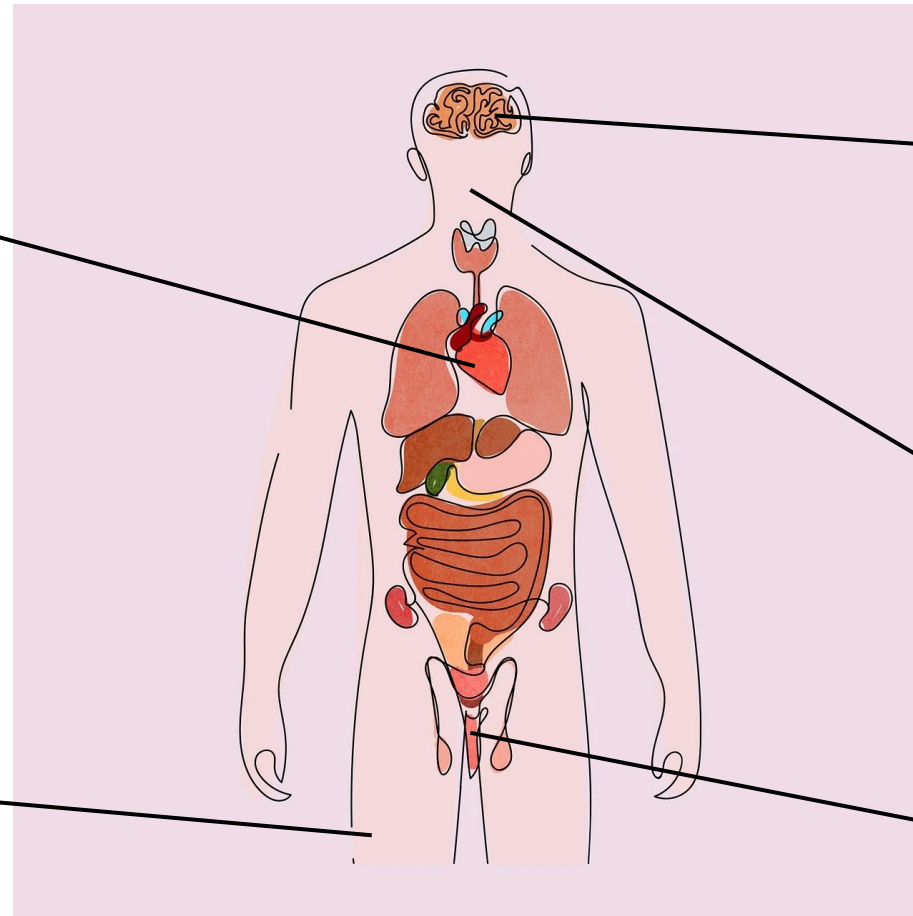
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Sexual health/Infectious Disease

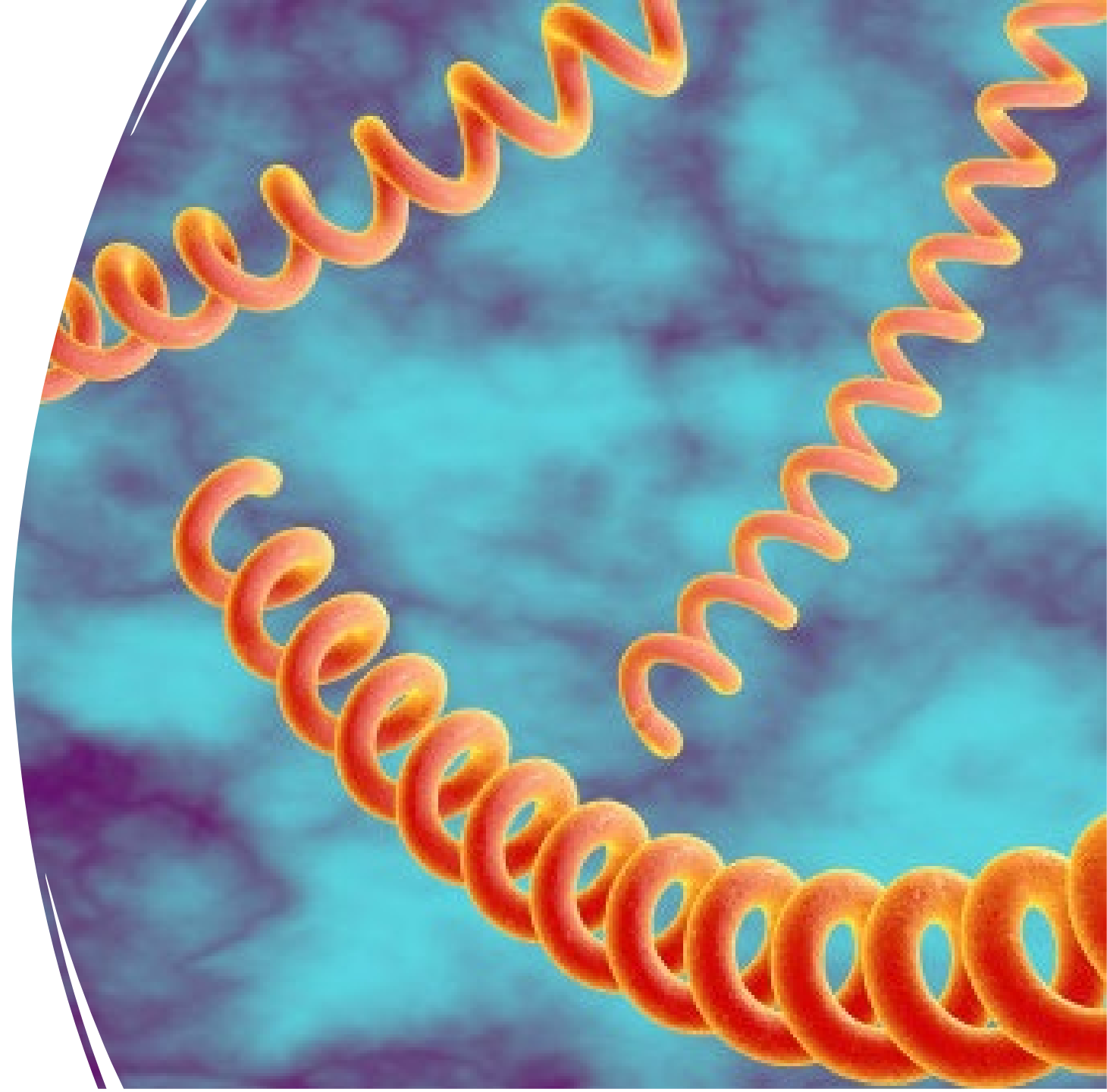
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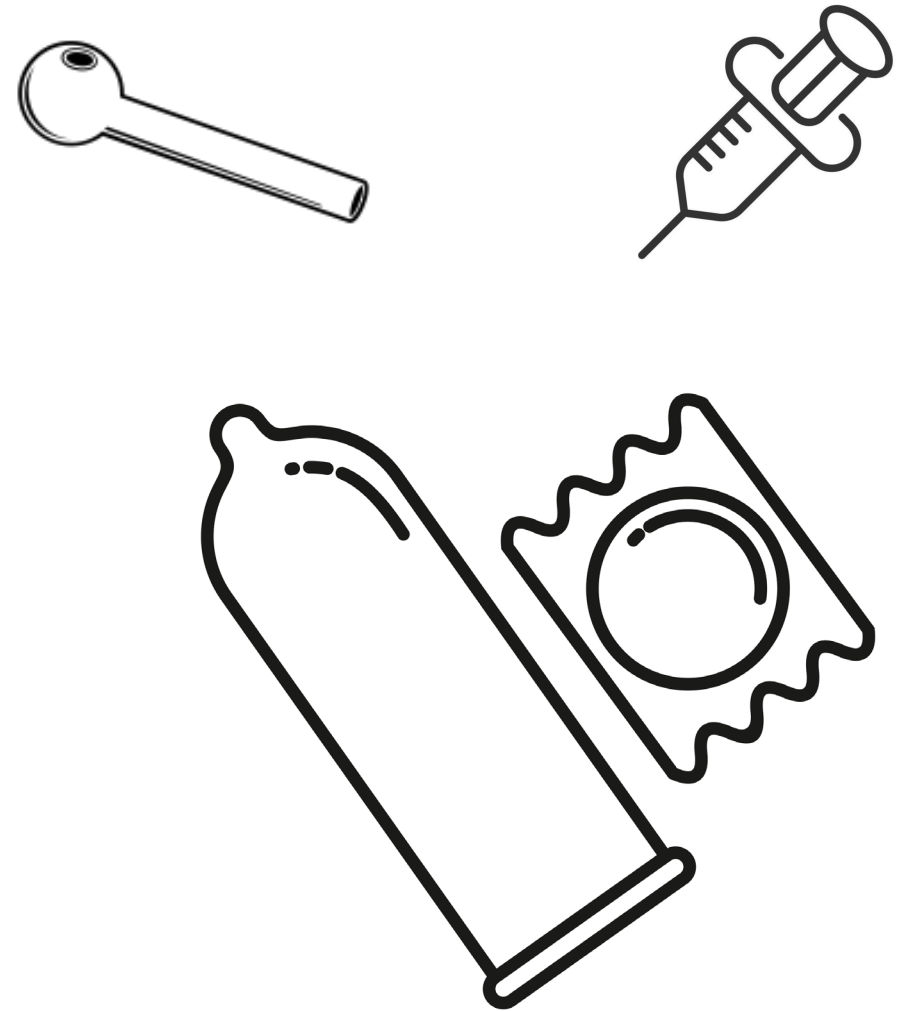
Case 3:

Cass is a 19-year-old individual who is gender fluid (assigned male sex at birth) who uses methamphetamine before sex work. They typically smoke but sometimes inject. Cass begins experiencing painful urination and goes to an urgent care where they are diagnosed and treated for chlamydia. They also test positive for syphilis and hepatitis C.



Infectious disease associated with methamphetamine use

- HIV
- Hepatitis B
- Hepatitis C
- Endocarditis (heart valve infection)
- Syphilis
- Gonorrhea
- Chlamydia
- Trichomonas



How can we promote sexual health and diagnose and treat infectious disease among people who use methamphetamine?

Prevention/Harm Reduction	Detection	Treatment

How can we promote sexual health and diagnose and treat infectious disease among people who use methamphetamine?

Prevention/Harm Reduction	Detection	Treatment
<ul style="list-style-type: none">• Switch to safer routes of use (oral > rectal > smoking > injection)• Safer injection drug use• Avoid sharing pipes• Condoms & lube• Vaccines: Hep A/B/C, HPV• PrEP for HIV prevention• Doxy-PEP for STI prevention		

How can we promote sexual health and diagnose and treat infectious disease among people who use methamphetamine?

Prevention/Harm Reduction	Detection	Treatment
<ul style="list-style-type: none">• Switch to safer routes of use (oral > rectal > smoking > injection)• Safer injection drug use• Avoid sharing pipes• Condoms & lube• Vaccines: Hep A/B/C, HPV• PrEP for HIV prevention• Doxy-PEP for STI prevention	<p>Regular testing for:</p> <ul style="list-style-type: none">-HIV-Syphilis-Hepatitis B/C-Gonorrhea/Chlamydia-Trichomonas <p>Swab/test at all sites of sexual activity!</p>	

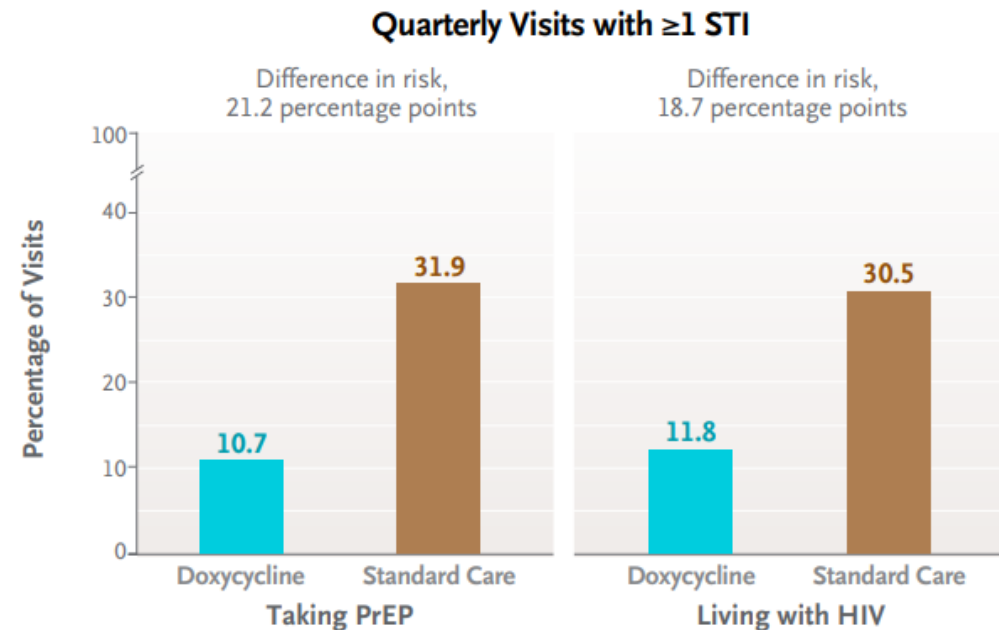
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Doxy-PEP

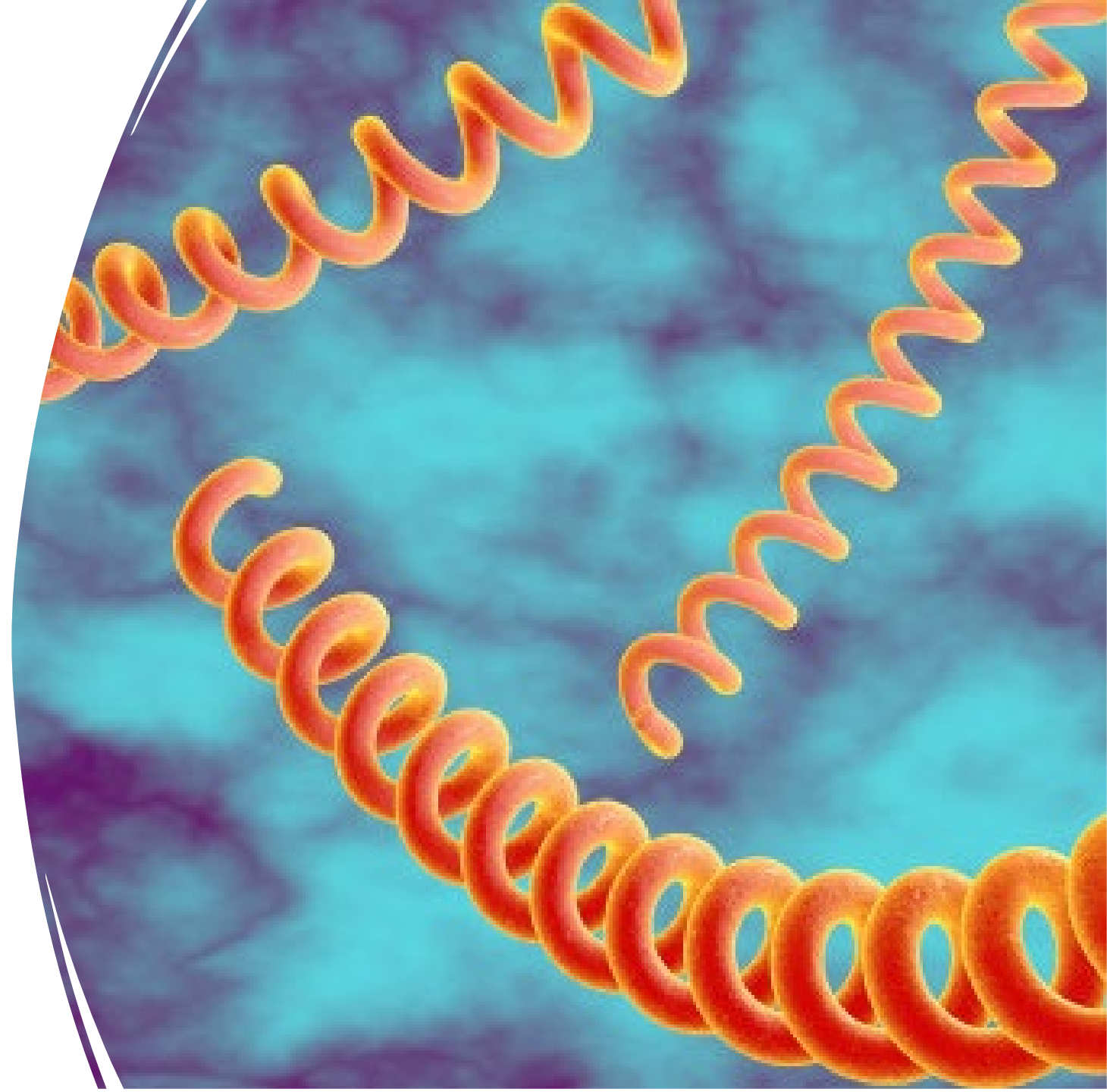
Post-exposure prophylaxis with doxycycline

- Randomized trial of 501 people
 - *Cisgender MSM or transgender women either living with HIV with STI in the last year OR on PrEP*
- Treatment group: 200mg of doxycycline within 72 hours of condomless sex
- Control group: standard care
- **Doxy-PEP reduced the incidence of bacterial STIs (gonorrhea, chlamydia, syphilis) by two thirds.**



Case 3:

Cass sees their primary care provider who ensures they are up to date on vaccinations, treats their syphilis and hepatitis C, and starts PrEP and Doxy-PEP with STI testing every 3 months. They are also connected with a local harm reduction org specializing in LGBTQ+ health.



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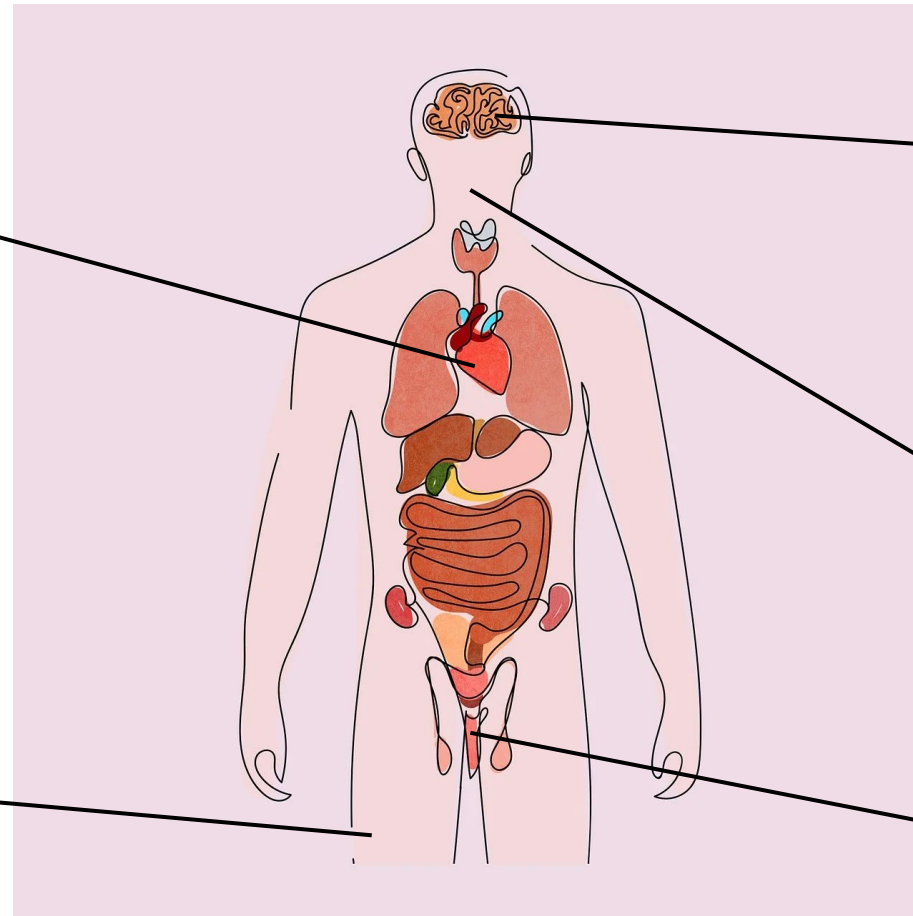
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Parasitosis leading to picking

Delusional

- **Validate the distress**
- **Explore the role of methamphetamine**
- **Occupy hands in another way**
- **Antipsychotic medication**

Scabies

- Permethrin, ivermectin, environmental control

Bed Bugs

- Environmental control



Pruritis (itching) → Prurigo Nodularis

- Emollients
 - Vaseline/petroleum
 - Mineral oil
 - Coconut oil
- Steroids for prurigo nodularis
 - Topical
 - Intralesional
 - Consider dermatology referral



Skin and Soft Tissue Infections

Cellulitis

- Antibiotics

Abscess

- Incision & Drainage



Chronic lower extremity wounds

- Often related to history of lower extremity injection drug use leading to venous damage
- Compounded by poor nutrition, substance use interfering with wound healing
- Approach:
 - Regular wound care
 - Address swelling (compression, leg elevation)
 - Adequate nutrition (protein, vitamins)
 - Address substance use



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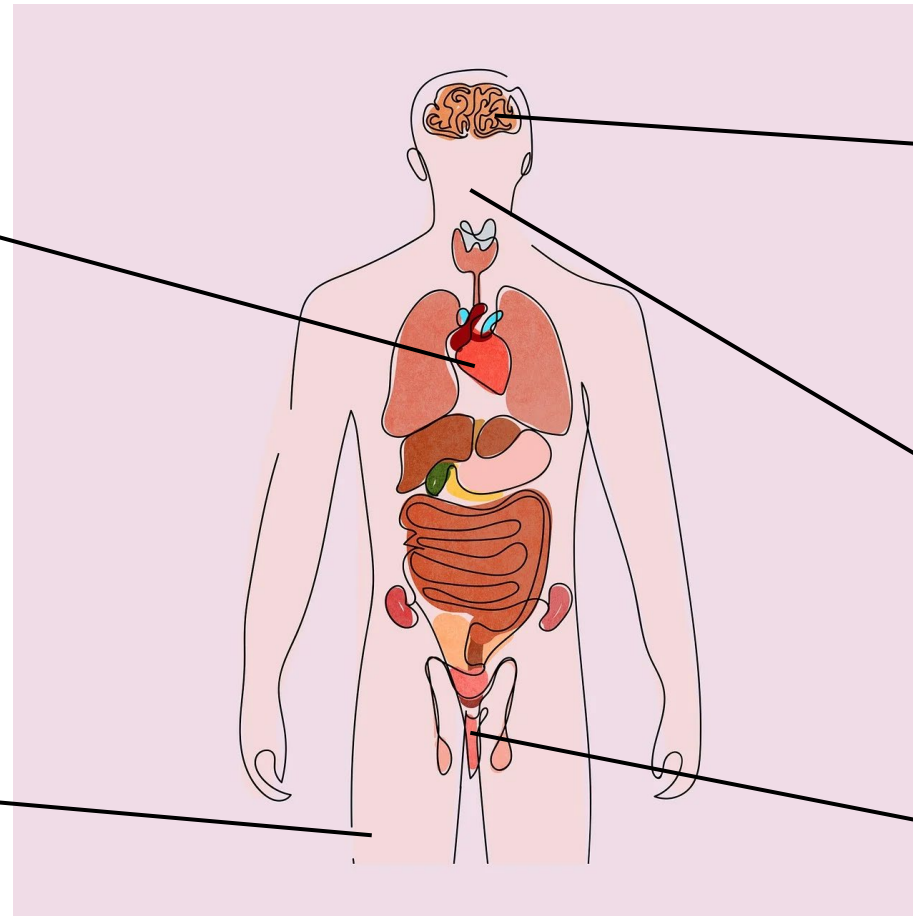
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Promoting oral health among people who use methamphetamine

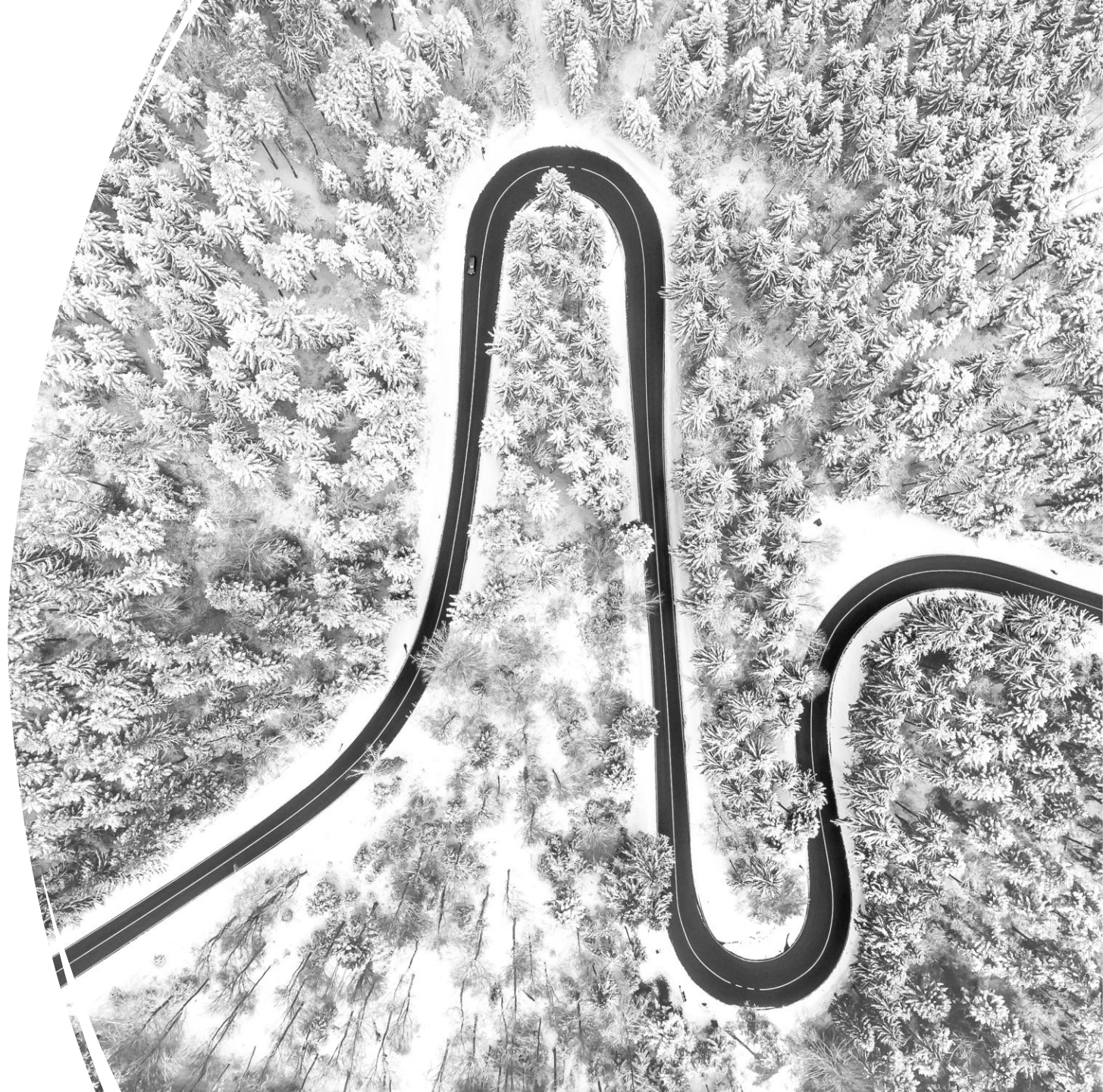


How to promote health:

- Brush twice a day BUT avoid brushing teeth immediately before/after smoking
- Baking soda rinses after smoking
- Xylitol gum, dry mouth washes (Biotene)
- Mouth guards
- Prescription toothpaste (higher fluoride)
- Quarterly fluoride treatments
- Regular dental hygiene, dental care

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4. **How to work the medical system for your clients / case studies**



“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

What can we do

(without additional funding, within the confines of our healthcare system) to improve medical care for people who use methamphetamine?

MAKING IT HAPPEN

(in our dysfunctional health care system...)

Be flexible!

(appt timing, non-traditional settings)

Find supports

(family, peers support, case management)

Simplify med regimen to daily dosing, consider bubble packs

Help w/ system navigation & transportation

Write patient instructions down

Develop a network of medical providers who get it

Leverage community organizations

Bubble Packs



MAKING IT HAPPEN

(in our dysfunctional health care system...)

Be flexible!

(appt timing, non-traditional settings)

Find supports

(family, peers support, case management)

Simplify med regimen to daily dosing, consider bubble packs

Help w/ system navigation & transportation

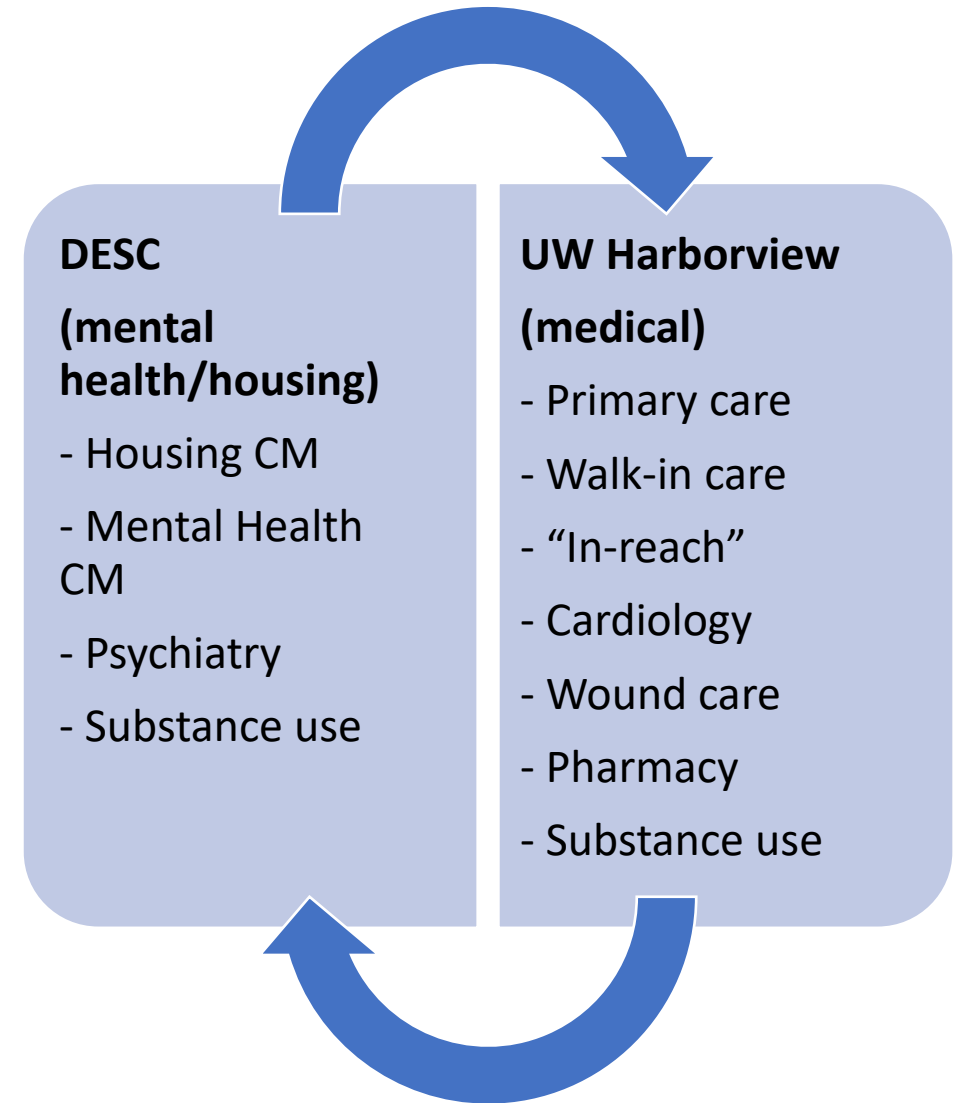
Write patient instructions down

Develop a network of medical providers who get it

Leverage community organizations

If you were given money and time and the directive to design a medical clinic or healthcare system for people who use methamphetamine what would it look like?

Case Study #1: Hobson Clinic / Hobson Place in Seattle, WA



Harm reduction at Hobson Clinic

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)



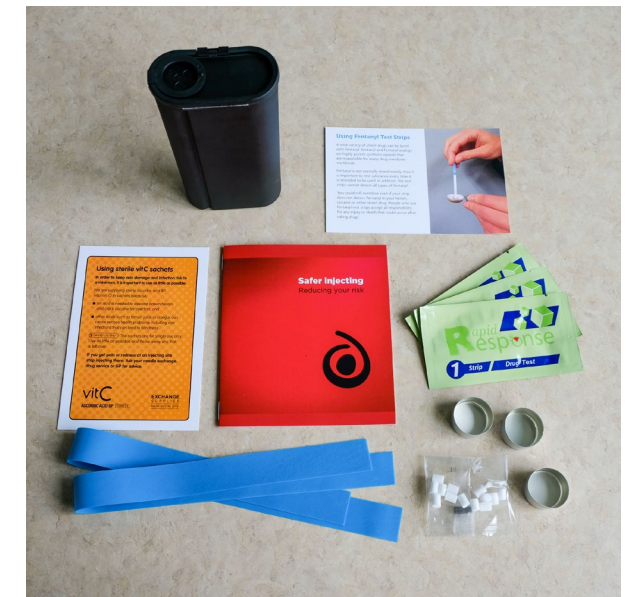
Naloxone for opioid overdose



Fentanyl Test Strips



Safer smoking kits



Safer injection kits

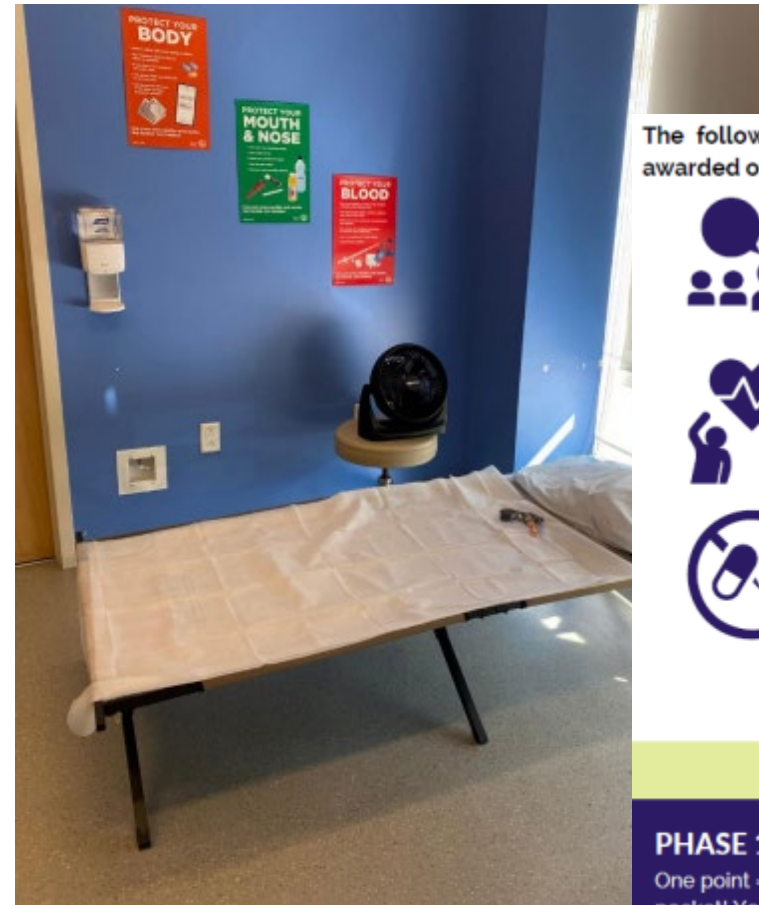
Case Study #2: Community Heart Failure Program at Harborview Medical Center

- Founded by Jaimie Pechan NP and Kate Smith RN
 - Now includes physicians, pharmacist, additional nurses, SW
- Outreach heart failure care in the community (shelters, libraries, street, etc.)
- Emphasis on harm reduction and lowering barriers to care



Case Study #3: START clinic at Boston Medical Center Family Medicine Clinic

- Low-barrier primary care
- Harm reduction
- Contingency management
 - Engagement
 - Exercise
 - Urine toxicology results
- De-escalation/cool down space
- Partnership with a sober gym



The following activities are worth 5 points each and are awarded on a weekly basis.



Engagement.

Meeting with START providers and/or attending groups.



Exercise

Engaging in physical activity groups at the Phoenix Gym or exercising outside of the gym! Modified exercise plans can be created.



Stimulant-Free

Completing a urine toxicology screen (UTS) free of stimulant substances. Being stimulant-free is not a requirement at START, but is rewarded!



How will I be rewarded?

PHASE 1 (Weeks 1 -4)

One point - one dollar in your pocket! You will be given a ClinCard, which is a prepaid debit card. Money will be added to the ClinCard within 48 hours.

PHASE 2 (Weeks 5 -12)

For every 25 points you earn, you will be automatically entered into a raffle to win patient supplies. Supplies vary on weekly basis.

Case Study #4: Heart Plus at UCSF

- Cardiology/Addiction co-management clinic for patients with stimulant-associated heart failure
- 12 weeks of contingency management
- Associated with 53% decrease in acute care utilization
- Associated with five-fold increase in engagement in outpatient cardiology care
- All participants reported decreased substance use



"This program helped me to start trusting in hospitals more and trusting in doctors more because...they used to use people like me like guinea pigs."
- Heart Plus Participant

“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

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

-primary care patient

Thank you!
sleyde@uw.edu

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