

"Ideas for Treatment Improvement"

ADDICTION *Messenger*

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SERIES 23

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Methamphetamine - Part 3 Treatment Issues & Resources

*"Think like a wise man,
but communicate in the language of the people"*

~ William Butler Yeats (1865-1939) ~

Difficulties experienced by methamphetamine clients, with regard to cognitive functioning, makes attention to effective communication essential. The last issue of the Addiction Messenger described some ways of working with your client that can make communication difficulties less problematic. Issues that weren't addressed include Methamphetamine effects on children of your clients, adolescents, women, Hepatitis C and HIV.

Developmental Exposure

You may have questions about children of your methamphetamine clients, or a dependent pregnant woman, exposure to Methamphetamine. Children who live in and around the methamphetamine labs become exposed to the drug and its toxic precursors and byproducts. Approximately 80-90% of children in homes where a Methamphetamine lab is present test positive for exposure to the drug. They become exposed by having inhaled fumes during the manufacturing process, coming into direct contact with the drug, and through second-hand smoke.

Unfortunately, knowledge about the effects of Methamphetamine on the development of children exposed to the drug prenatally is limited. Some studies have shown increased rates of premature delivery; placental abruption; fetal growth retardation; and cardiac and brain abnormalities such as a smaller subcortical brain volumes, which can be associated with poorer performance on tests of attention and memory.

Knowledge about the effects of Methamphetamine use later in development is also incomplete. Because the brain continues to develop well into adolescence and even early adulthood, exposure to drugs of abuse during this time may have a significant impact on brain development and later behavior.

Women's Concerns

Women use Methamphetamine at a rate equal to men but their reasons for using vary from men's. Often, initial use involves being introduced to the drug by a boyfriend. Women then continue to use the drug to:

- Reduce fatigue,
- Perform multiple duties (employee, mother, wife, homemaker),
- Lose weight,

- Cope with abuse (current or in the past) and
- Enhance sexual activities.

Treatment issues that may need addressing with your female clients will involve:

- Concerns about welfare of her children,
- Inability to perform her various responsibilities,
- Weight gain,
- Possible emergence of abuse issues, and
- Anhedonia/depression.

Women often begin treatment with more severe psychosocial problems than men, but they also tend to benefit more from treatment. These outcomes may be a result of more intensive services being offered.

Women often make great gains with regard to the areas of family relationships and medical problems. "Family" is a powerful motivator for women in treatment. You may find that a client who "hits bottom" sees how drug abuse is hurting her family, and decides to enter treatment. They'll work hard in treatment to demonstrate improvement to help them maintain or regain custody of their children. Retention rates for both men and women are similar.

Methamphetamine and HIV & Hepatitis C

Methamphetamine is linked with HIV, Hepatitis C, and other sexually transmitted diseases. Its use increases the risk of contracting HIV through the use of contaminated equipment and engaging in risky sexual behaviors. High-risk sexual behavior under the effects of Methamphetamine and injection use puts the user, especially gay males, at a greater risk for infectious diseases. The Hepatitis C rate for injecting heterosexuals has been reported as approximately 50-60%.

Methamphetamine may also affect HIV disease progression. Some preliminary studies suggest that interactions between Methamphetamine and HIV may cause more severe consequences for Methamphetamine abusing, HIV-positive patients, such as increased neuronal damage and neuropsychological impairment.

Methamphetamine use is associated with:

- High rates of anal sex,
- Low rates of condom use,
- Multiple sex partners,
- Sex marathons, and
- Casual/anonymous sex.

The motivation for using Methamphetamine for HIV positive clients may include:

- Methamphetamine makes sex more pleasurable,
- Facilitates sexual experimentation,

- Helps to cope with HIV+ diagnosis,
- Provides a temporary escape from being HIV+, and
- Helps that person to manage their negative self-perceptions and social rejection associated with being HIV+.

What About Prometa?

Prometa, the outpatient treatment for Methamphetamine, cocaine, and alcohol dependence developed by Hythiam, Inc., has been reported on by the press recently. Many addiction professionals and treatment agencies are withholding judgment, and not signing up to become Prometa licensees, until the results of randomized controlled trials are released over the next couple of years.

The cost of this outpatient treatment is significant at approximately \$12,000 - \$15,000 per client. The treatment consists of four to five intravenous infusions, take-home vitamins, and a non-addictive medication to help with sleep.

Richard Rawson, referred to Prometa as "a procedure which has gone to the marketplace and is being aggressively marketed without double blind placebo controls or even any controls". Nora Volkow, Director of NIDA, commented that she could not endorse Prometa, when she answered questions at a House Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources hearing on Methamphetamine treatment on June 28, 2006.

Resources/Websites

Crystal Meth Anonymous

<http://www.crystalmeth.org>

Crystal Meth Anonymous (CMA) is a 12-step recovery group focused on methamphetamine addiction. This website provides information about CMA and how to locate meetings in your local area.

Matrix Institute

<http://www.matrixinstitute.org>

The Matrix Institute is a non-profit treatment provider and research center. This website provides information on the Matrix Model of Outpatient Stimulant Abuse Treatment, to include treatment service locations, research, local and national training events, and educational material.

Integrated Substance Abuse Programs

<http://www.uclaisap.org/>

The Integrated Substance Abuse Programs at the University of California, Los Angeles coordinates research, training, and treatment of substance abuse. Research articles, reports and training manuals specific to methamphetamine are available on this website.

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National Institute on Drug Abuse (NIDA)

<http://www.drugabuse.gov/>

NIDA provides a number of resources specific to methamphetamine abuse treatment, prevention and research such as, NIDA notes *Comparing Methamphetamine and Cocaine*, and *Facts about Methamphetamine* and a research report entitled, *Methamphetamine Abuse and Addiction*.

Pacific Southwest Addiction Technology Transfer Center

<http://www.psattc.org/home.html>

The Pacific Southwest has several resources available specific to methamphetamine treatment and research. See sample video clips from the *Methamphetamine 101: Etiology and Physiology of an Epidemic* and *Methamphetamine 102: Introduction to Evidence-Based Treatments* training videos.

Center for Substance Abuse Treatment (CSAT)

http://www.samhsa.gov/centers/csat2002/csat_frame.html

Provides links to Treatment Improvement Protocols (TIP) and other evidence-based treatment resources. The *TIP 33: Treatment for Stimulant Use Disorders* can be downloaded from this site and is an excellent resource for clinicians.

Drug Enforcement Administration (DEA)

<http://www.dea.gov/>

The DEA posts a number of valuable resources and data about the manufacture and distribution of methamphetamine.

Additional Online Publications and Websites

Publications:

Facts about Methamphetamine

<http://www.health.org:80/nongovpubs/aboutmeth/index.htm>

Methamphetamine Spread Creates Need for More Comprehensive Prevention Approaches

<http://www.health.org:80/newsroom/rep/19:htm>

Methamphetamine: A Growing Epidemic

<http://dreroc.simplenet.com/neabode/ravestuff/druginfo/meth/index.html>

Long Term Effects of Methamphetamine

http://www.kci.org/meth_info/sites/meth_facts2.htm

Methamphetamine FAQ (Frequently Asked Questions)

http://www.kci.org/meth_info/slang_names.htm

Psychological and Physical Problems of Meth

http://www.kci.org/meth_info/sites/meth_psycho.htm

Websites

Arrestee Drug Abuse Monitoring (ADAM)

<http://www.adam-nij.net/>

Methamphetamine Treatment Project

<http://www.methamphetamine.org>

Drug Abuse Warning Network

<http://dawninfo.samhsa.gov>

Next Issue:

“Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA: STEP)”

Source:

Alcoholism Drug Abuse Weekly: News for policy and program decision-makers. **Field Cautious about Prometa; clinical trial results awaited.** Vol. 18 Number 28, July 17, 2006.

Volkow, Nora D., M.D. Director, National Institute on Drug Abuse **Methamphetamine Abuse - Testimony before the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies - Committee on Appropriations.** April 21, 2005.

Resource Links, Volume 5 Issue 1, Winter 2006, **Special Issue - Methamphetamine: Debunking the Myth.** Northeast Addiction Technology Transfer Center (NEATTC).

Rawson, R., Huber, A., Brethen, P., Obert, J., Gulati, V., Shoptaw, S., & Ling, W. (2000) **Methamphetamine and Cocaine Users: Differences in Characteristics and Treatment Retention,** Journal of Psychactive Drugs, 32(2):223-238.

Rawson, RA., Gonzales, R., (2006) **Methamphetamine Abuse and Dependence: An Update,** Directions in Psychiatry, Vol. 26, Lesson 10.



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NAME _____

POST TEST Series 23

1. Which neurotransmitter is the “high” produced by Methamphetamine linked to?

- a. The release of dopamine
- b. The release of serotonin
- c. The release of norepinephrine
- d. a and b.

2.

Methamphetamine effects include increased energy, confidence, talkativeness, increased sex drive, decreased fatigue and depression, and usually last for 4-6 hours.

True or False

3.

Methamphetamine is also known as:

- a. Speed and Ice
- b. Crank and Yaba
- c. Gack and Tina
- d. All of the above.

4.

Name two ways in which methamphetamine toxicity can lead to health problems in the central nervous system.

1. _____

2. _____

5.

Similar to Oregon, methamphetamine generally found in Washington is Mexican, which is either manufactured locally or obtained from sources in Mexico, California, Arizona and other Southwest Border States

True or False

6.

Methamphetamine clients may have health problems such as:

- a. weight loss
- b. improvement in dental and skin problems
- c. sleep disorders
- d. “a” and “c”

7.

Physical effects of methamphetamine use, which clear up immediately after stopping use, include: tremors, weakness, dry mouth, cough, sinus infections, sweating, burned lips, sore nose, oily skin, headaches and diarrhea.

True or False

8.

Many of methamphetamine’s effects are long lasting but reversible with (fill in the blank): _____

9.

Methamphetamine toxicity can lead to health problems in the cardiovascular system such as:

- a. high triglycerides
- b. arrhythmic sudden death
- c. pulmonary obstruction
- d. none of the above

10.

Methamphetamine use is a major factor in the spread of HIV and hepatitis C virus.

True or False

Mail or FAX your completed test to NFATTC
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