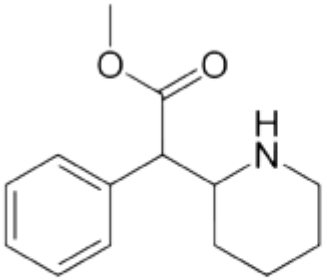
EFFECTIVELY SUPPORTING PEOPLE WHO USE METHAMPHETAMINE

FACILITATED BY SANDA KAZAZIC

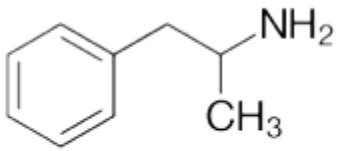
WHAT IS METHAMPHETAMINE?

Belongs to a class of stimulants that speed up body's central nervous system

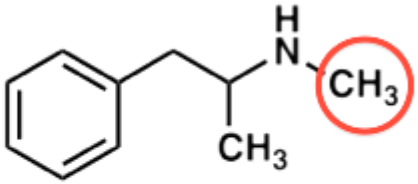
More specifically, belongs to a family of substances called amphetamines



Ritalin
(Methylphenidate)



Adderall
(Amphetamine)



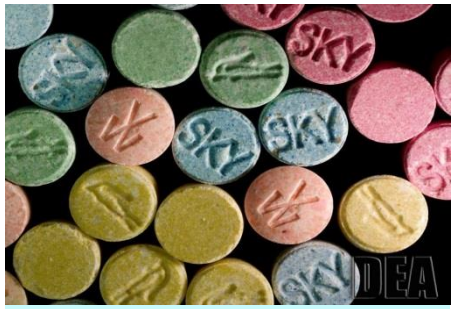
Methamphetamine
(Crystal meth)

FORMS OF METHAMPHETAMINE

Base

Powder

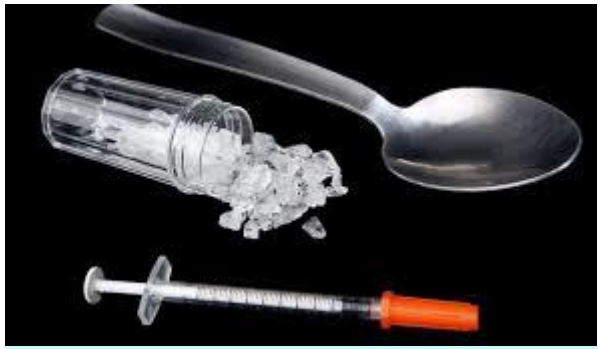
“Ice”



Tablet

Desoxyn (Legal in US)

TAKING METHAMPHETAMINE



Injection

“Smoking”

Snorting

Swallowing

Also “Parachuting,” “Booty Bumping,” “Plugging,” …

METHAMPHETAMINE: MYTHS AND FACTS

TAKING METHAMPHETAMINE MAKES IT IMPOSSIBLE TO SLEEP.

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TRUE *… ish!*

Methamphetamine affects serotonin levels, and creates a large release of the neurotransmitter when taken.

Serotonin also promotes wakefulness, and therefore can keep people who use methamphetamines feeling awake for long periods of time.

TAKING METHAMPHETAMINE CAUSES EXTREME AGGRESSION.

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FALSE

Taken acutely, methamphetamine in-itself does not create feelings of aggression.

With higher doses over a short period of time, the lack of sleep coupled with the intense and often jumping focus can result can cause people to see or hear things that others can't, or to have feelings of paranoia.

In essence, people become aggressive because they are experiencing feelings of paranoia and fear.

Upper / Downer / Hallucinogen;
Strength, Purity, Cost.

Drug

Psychological state
Physical Size & Health;
Reason(s) for Use;
Financial Situation;
Housing Situation;
Tolerance.

Set
(Person)

Physical Location;
Who Else is There;
Social Norms;
Cultural Norms.

Setting
(Place/Context)

METHAMPHETAMINE: SHORT-TERM EFFECTS

Physiological

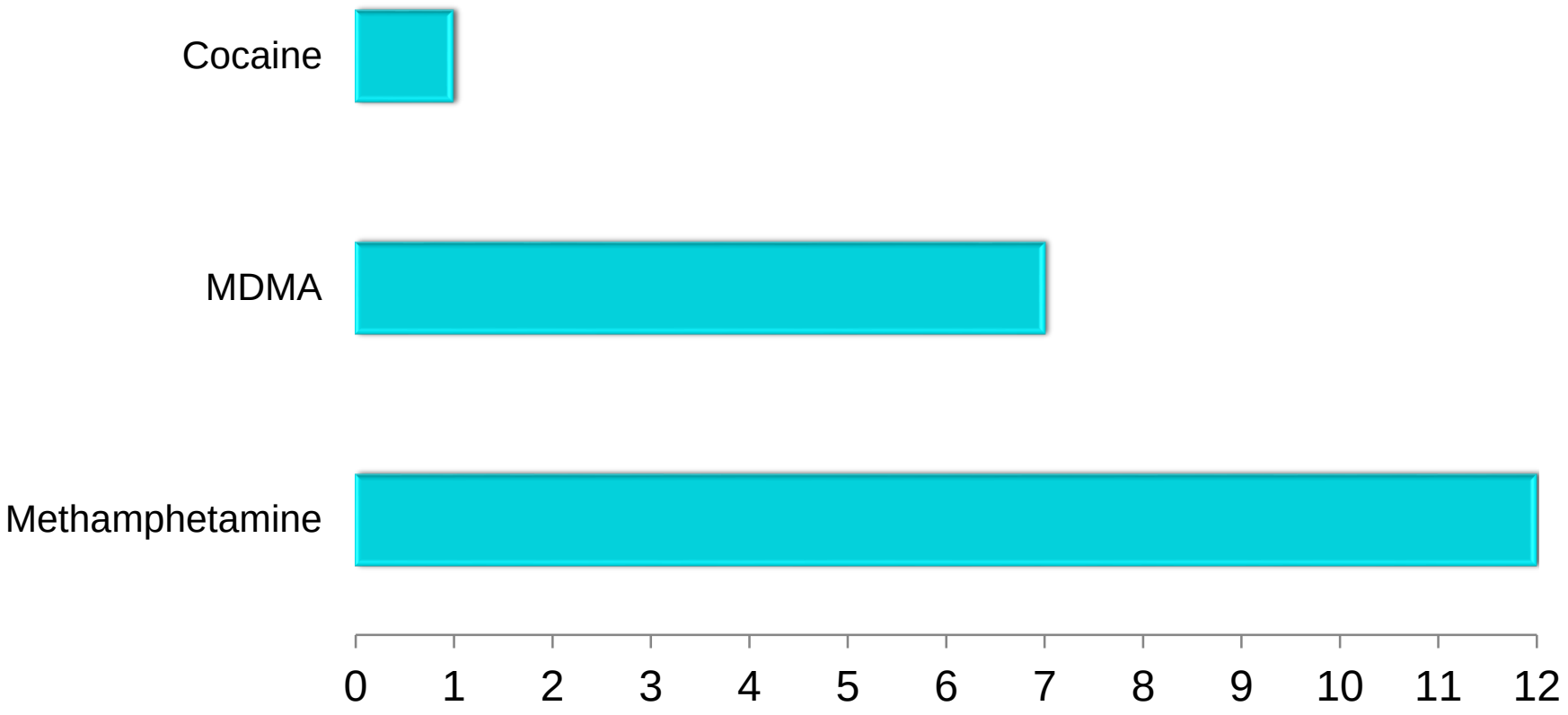
- **“Fight or flight” response**
- **Increased heart rate and blood pressure;**
- **Hyperthermia or increased core temperature;**
- **Increased alertness and awareness;**
- **Decrease in appetite and thirst;**
- **Decreased ability to sleep;**
- **Decrease in pain;**
- **Dry mouth;**
- **Enlarged pupils;**
- **Jaw-grinding (Bruxism).**

METHAMPHETAMINE: SHORT-TERM EFFECTS

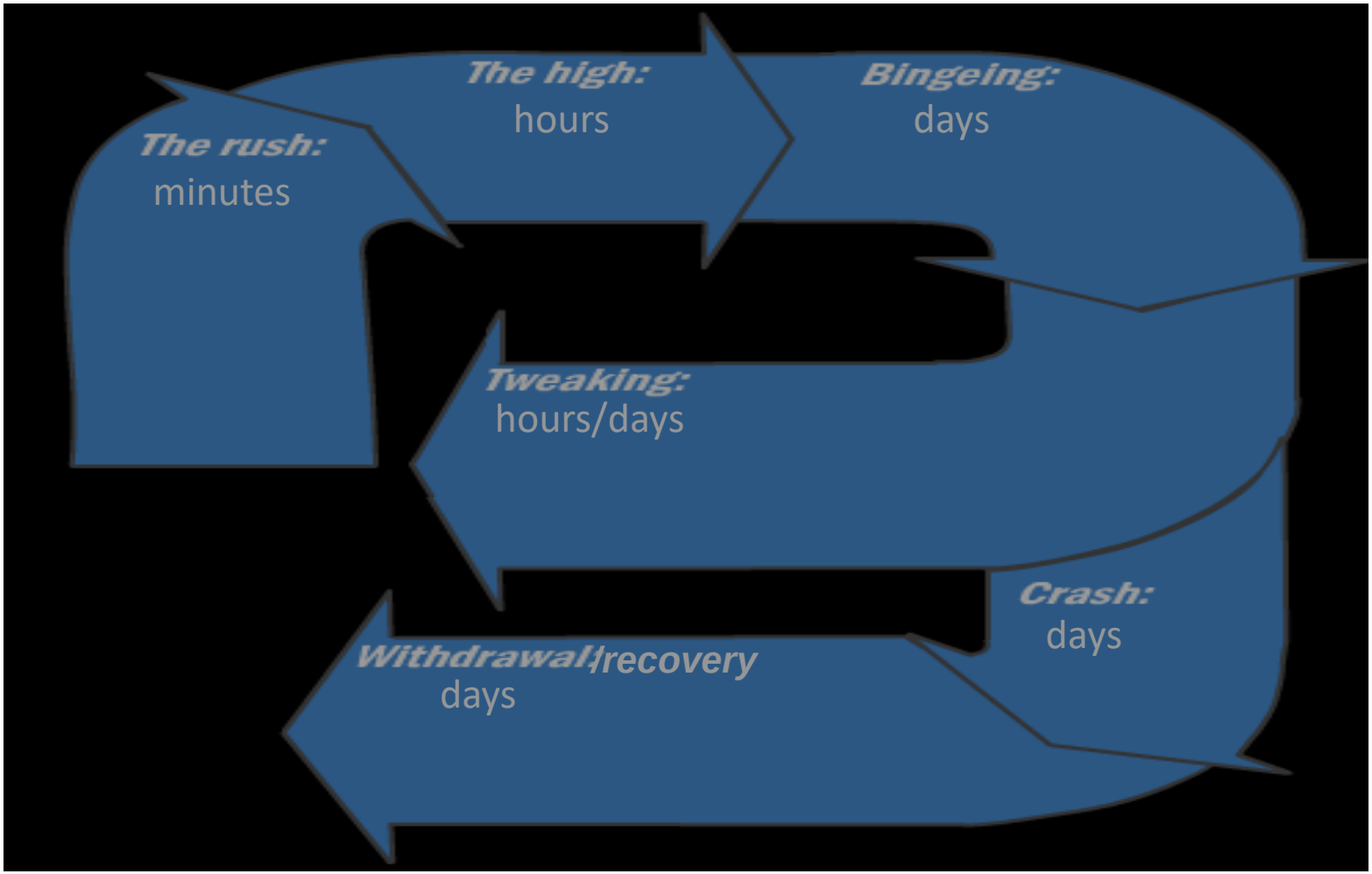
Psychological / Behavioral

- **Increased wakefulness and energy;**
- **Alertness and mental focus;**
- **Decreased depression;**
- **Decreased inhibitions;**
- **Increased confidence;**
- **Increased libido/sexual confidence.**

HALF-LIFE OF SELECT STIMULANTS (HOURS)



BINGE & CRASH CYCLE



PROLONGED USE OF METHAMPHETAMINE

- **Restlessness and agitation;**
- **Jerky movements and/or tremors;**
- **Jaw-clenching or teeth-grinding (bruxism);**
- **Sweating and overheating;**
- **Rapid speech and topic-jumping;**
- **Irritability or hostility (often out of character);**
- **Impulsivity, or erratic behaviour, or recklessness;**
- **Anxiety;**
- **Frantic and compulsive behaviour;**
- **Looping thoughts;**
- **Suspiciousness and feelings of paranoia or unusual beliefs;**
- **Feelings of crawling flesh (formication);**
- **Seeing or hearing things that others cannot.**

CRASHING & WITHDRAWAL

Withdrawal can occur when use is stopped abruptly, resulting in:

- **Fatigue, and long, disturbed periods of sleep;**
- **Irritability;**
- **Intense hunger;**
- **Moderate to severe depression.**

SHORT-TERM RISKS OF METHAMPHETAMINE

- **Dehydration;**
- **Heat stroke – which can lead to multiple organ failure and death;**
- **Stroke or heart attack – particularly if mixing drugs, and especially different stimulants, and which can lead to death;**
- **Doing something that you may regret, since meth lowers inhibitions and increases confidence;**
- **Infection – as with any drug, sharing equipment creates the opportunity for infection to be spread. As well, folks who engage in unprotected sex are obviously at higher risk of acquiring an STI;**
- **Missing medication doses, or other important appointments, school, or work, since meth does affect sleep and thus can throw off a person's sense of time;**
- **Decreasing the effectiveness of Antiretroviral (HIV) medications;**
- **Psychosis.**

LONGER-TERM RISKS OF METHAMPHETAMINE

- **Depression;**
- **Strain to the organs – and particularly the heart;**
- **Weight loss;**
- **Skin lesions – people on meth may pick their skin;**
- **Unhealthy gums and teeth, if oral hygiene is not maintained.**

SUBACUTE PSYCHOSIS

- **Methamphetamine users may present with a range of low grade psychotic symptoms that are often difficult to pinpoint. These may include:**
- **Sleep disturbance**
- **Mood swings, increased agitation**
- **Suspiciousness, guardedness, hypervigilance**
- **Odd or Overvalued ideas**
- **Illusions or misinterpreting environment**
- **Erratic behaviour**

ACUTE PSYCHOSIS

- **Active phase psychosis can increase risk of harm for individual and others. Symptoms to be alert for include:**
- **Delusions, fixed false beliefs**
- **Hallucinations, of all five senses**
- **Bizarre or uncontrolled behaviour**
- **Illogical, disconnected or incoherent speech**
- **Extreme, irrational and rapid mood swings**

GROWING POPULARITY ON THE STREET?

What do you think are some of the systemic and personal factors that make meth attractive to folks who are street-involved?

Comparatively low-cost and available

Counteract opioids/downers

Used to stay awake

BASIC PRINCIPLES OF WORKING WITH PEOPLE WHO USE METHAMPHETAMINE

1. Understanding at a systems level.
2. Understanding at an interpersonal level.
3. Acknowledging biases.

PREVENTING CRISIS

INDIVIDUAL PRACTICES

1. PRACTICE SELF-AWARENESS

Be aware when your interactions with a participant are more about meeting your need than theirs.

If this is the case, tap out or tap in a

co-worker with more capacity in the moment to assist a participant.

2. PRACTICE PATIENCE

Working with people who use meth requires a lot of patience: listen to them, maintain a calm, non-judgmental, and respectful approach

Although being supportive of someone who is using meth can take time, it is still less time than it would take if an incident occurred – especially the time required to rebuild a damaged relationship with a participant put on a service restriction.

3. FOLLOW THEIR LEAD

We can’t assume what a participant needs in the moment.

Listen to them, take their lead, and provide support accordingly.

Ask for clarification if you’re unsure about what is said or what is needed. Don’t ask too many questions, though – a participant using meth may have a low tolerance for intensive questioning.

4. AVOID SAYING “NO”

“No” can shut a person down or escalate a situation.

Find alternatives instead!

5. REDUCE FEAR

Remember again that using meth can make people feel fear or suspicion, and that this may present as aggression.

However, fear is really someone who is feeling vulnerable – so address their fear, not their aggression.

6. WALK PEOPLE THROUGH EXPERIENCES

If someone has shared with you in the past what they perceive is happening to them when they use methamphetamine, you can share back with them common patterns and what to expect.

7. BE AWARE OF BODY LANGUAGE

Communicate verbally to the participant in short, clear sentences your actions, and why you are doing them.

Move slowly, and mirror the body language of a participant.

8. GIVE PEOPLE SPACE

Give people more personal space than usual.

Try to eliminate environmental stimuli as much as possible.

Make sure that they have easy access to an exit so that they don’t feel trapped.

WHAT NOT TO DO

Do not argue with the person and do not use 'no' messages. (If you cannot provide what they are asking for, be clear about what you can provide.)

Do not take the person's behaviour or any criticisms personally!!!!

Avoid too little/too much eye contact

Do not undertake a lengthy interview or try to counsel the person

- If the person has presented for assessment or counselling, inform them that you cannot continue if they are intoxicated and agree to make a future appointment
- Provide a written reminder of appointment

PREVENTING CRISIS

MEETING PARTICIPANTS' NEEDS

HYPERTHERMIA (OVERHEATING)

What could you offer to someone who is feeling overheated?

WAKEFULNESS

AFTER A CRISIS

MAINTAINING SUPPORT

PRESERVING PEOPLE'S DIGNITY

- **Having an episode in front of others can be embarrassing, and remember – methamphetamine does not impair memory!**
- **Punitive vs safety driven decisions about access to services?!**
- **Importance of an *honest* debrief**

SERVICE RESTRICTIONS: BEST PRACTICES

Sometimes a service restriction is necessary, although we should only use them if no other option is available.

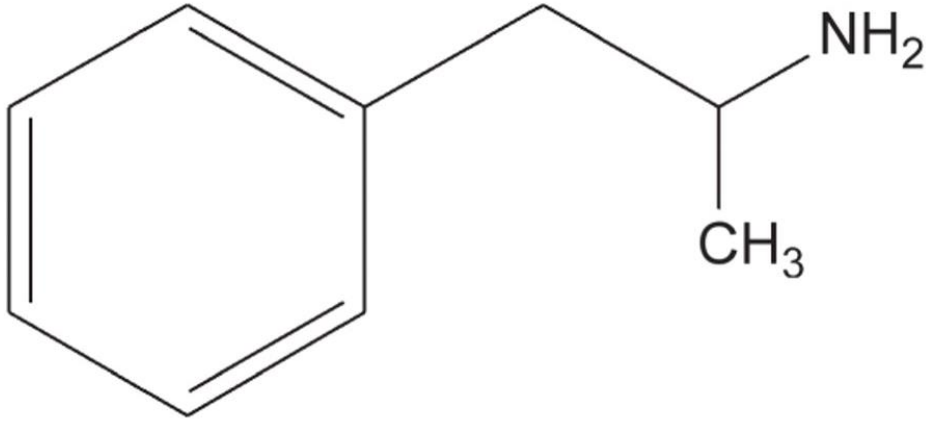
DO

- **Involve the person facing a restriction in a conversation about it.**
- **Demonstrate concern for their well-being**

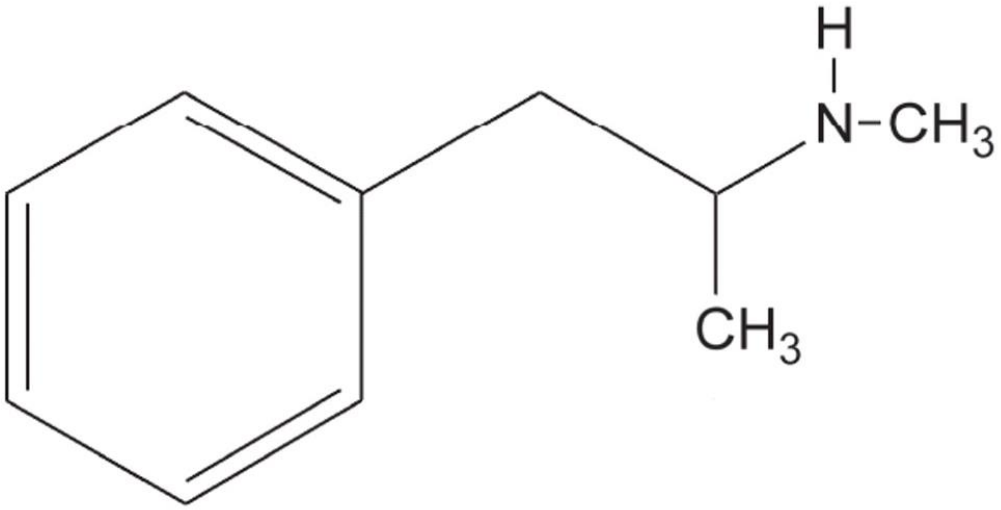
DON'T

- **Be unnecessarily punitive!**
- **Deny all services or isolate the person.**

d-Amphetamine *(Adderall)*



Methamphetamine *(Desoxyn)*



REPLACEMENT THERAPY

- **Dextroamphetamine**
- **St. Stephen's Drop-in Clinic**
- **Dr. Sara Davidson, Fredericton,NB**
- **In combination with community supports!!!**

CASE STUDY

A young man enters your space. He is carrying large sticks and waving them around. He is reporting that he feels that he is being followed by multiple people in Toronto. He reports that he would like to take a nuclear bomb and blow up Toronto so that he doesn't have to deal with people.

When asked to surrender the sticks, he complies; however the man becomes increasingly agitated and suspicious about workers in your space. He has difficulty concentrating. He is pacing a lot in the space, and accuses workers of being undercover police. His voice is increasing in volume and is disturbing others in the space.

He is unfamiliar to the team on shift. When asked questions, he reports that he has nowhere else to go because he is restricted everywhere. He becomes fixated on the idea that you are going to kick him out.

QUESTIONS TO THINK ABOUT …

1. What do you know about methamphetamine in relation to the person's behaviours and actions?
2. What do you need to know to respond to this person?
3. What resources in the space would be useful for de-escalation?
4. What might you do?
5. Is our approach trauma informed, harm reduction based?
6. Personal reactiveness/biases

THANK YOU!

CONTACT INFO

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