

STIMULANT USE DISORDER GUIDELINES: HARM REDUCTION AND STIMULANT USE WEBINAR

Presented by SID Puri, MD., B.A., M.A





ASAM

American Society *of*
Addiction Medicine

AAAP

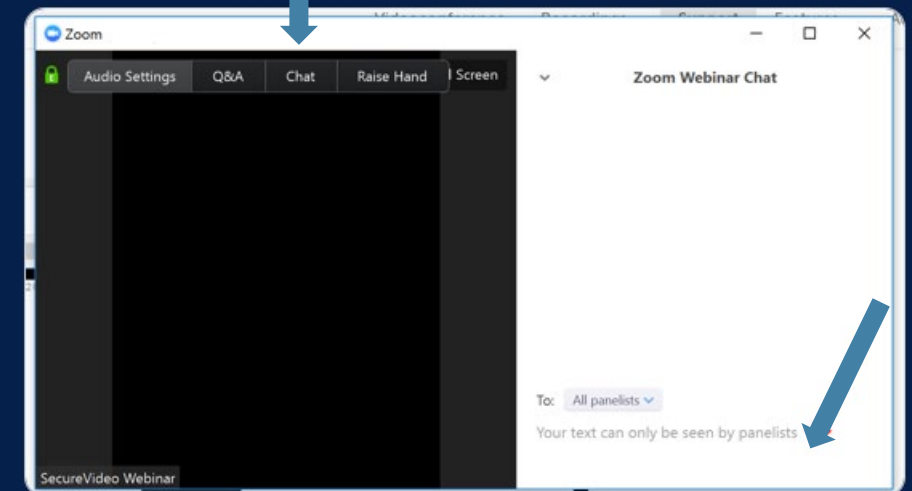
American Academy of
Addiction Psychiatry

Announcements

How to Participate

1. **Attendee Audio:** Your mics are automatically set to mute.
2. **Questions or Comments:** There will be time to ask questions at different points during the webinar. When prompted by the panelists, use the Raise Hand feature to ask to be unmuted. You can also type questions into the chat box.
3. **Technical Issues?** Use the chat box feature to submit questions to faculty.

Submit questions and comments.





Ground Rules

Take time to understand cases; participate actively.

Embrace diverse experiences: Assume positive intentions of co-participants.

Monitor your participation: Be accountable for your involvement.

Seek clarification respectfully: Ask questions when perspective differs.



FACULTY



Sid Puri, MD., B.A., M.A

Associate Medical Director of Prevention.

Dr. Sid Puri is an adult, child/adolescent, and addiction psychiatrist. He graduated from UC Davis School of Medicine. He completed his post graduate training at the UCLA Semel Institute in adult psychiatry, addiction psychiatry, and child/adolescent psychiatry, where he served as chief fellow.

He's currently the associate medical director of prevention at the Los Angeles County Department of Public Health, Bureau of Substance Abuse Prevention and Control (SAPC). He holds a BA and MA from UCLA in Art History and was a Fulbright Scholar to India.

No financial conflicts of interests



Webinar Learning Objectives

- 01** | Discuss recommended actions for individuals who have tested positive on stimulant screening assessments.
- 02** | Recognize ASAM guideline's recommendations regarding stimulant use prevention and harm reduction.
- 03** | Identify strategies to reduce harms related to risky stimulant use.
- 04** | Apply knowledge of stimulant use prevention and harm reduction using a case scenario.



Agenda



Screening



**Prevention, Early Intervention
and, Harm Reduction**



**Opioid Overdose Prevention &
Reversal**



**Safer Sexual Practices and
Integrated Health Strategies**



Case Illustration



SCREENING



Screening

- Gathering information about an individual's substance use and related risks using validated screening instruments that include the use of stimulants.
 - Examples:
 - NIDA (National Institute of Drug Abuse) Quick Screen.
 - ASSIST (Alcohol, Smoking, and Substance Abuse Involvement Screening Test.)
 - TAPS (Tobacco, Alcohol, Prescription Medication, and Other Substance Use Tool.)
- United States Preventive Services Task Force (USPSTF) recommends screening at clinically appropriate intervals.
- Screening **does not** involve drug testing without a conversation with the patient.
- Positive Screens:
 - Can indicate the need for counseling or other interventions to prevent misuse of psychostimulants.
 - They are **not** intended to guide self-assessment, diagnosis, or treatment decision-making.

NIDA Quick Screen

NIDA Quick Screen Question:		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<u>In the past year</u> , how often have you used the following?						
Alcohol						
<ul style="list-style-type: none"> For men, 5 or more drinks a day For women, 4 or more drinks a day 						
Tobacco Products						
Prescription Drugs for Non-Medical Reasons						
Illegal Drugs						

- If the patient says “**NO**” for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If the patient says “**Yes**” to **one or more days of heavy drinking**, *patient is an at-risk drinker*. Please see NIAAA website “How to Help Patients Who Drink Too Much: A Clinical Approach” http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm, for information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders
- If patient says “**Yes**” to **use of tobacco**: *Any current tobacco use places a patient at risk. Advise all tobacco users to quit.* For more information on smoking cessation, please see “Helping Smokers Quit: A Guide for Clinicians” <http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>

ASSIST Screener

Question 1

In your life, which of the following substances have you <u>ever used</u> ?	No	Yes
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
b. Cocaine (coke, crack, etc.)	0	3
c. Prescription stimulants just for the feeling, more than prescribed, or that were not prescribed for you. (Ritalin, Adderall, diet pills, etc.)	0	3
d. Methamphetamine (meth, crystal, speed, ecstasy, molly, etc.)	0	3
e. Inhalants (nitrous, glue, paint thinner, poppers, whippets, etc.)	0	3
f. Sedatives just for the feeling, more than prescribed, or that were not prescribed for you. (sleeping pills, Valium, Xanax, tranquilizers, benzos, etc.)	0	3
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3
h. Street opioids (heroin, opium, etc.)	0	3
i. Prescription opioids just for the feeling, more than prescribed, or that were not prescribed for you. (Fentanyl, Oxycodone, OxyContin, Percocet, Vicodin, methadone, Buprenorphine, etc.)	0	3
j. Any other drugs to get high. Specify:	0	3

Patients who answer “no” to all questions, or who do not provide any answers, are done. Patients who answer “yes” to any question should proceed to Question 2.

- The first component (TAPS-1) is a 5-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs.
- If an individual screens positive on TAPS-1 (i.e., reports other than “never”), the tool will automatically begin the second component (TAPS-2), which consists of brief substance-specific assessment questions (TAPS-2) to arrive at a risk level for that substance.

NIDA Clinical Trials Network
The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 1

Web Version: 2.0; 4.00; 09-19-17

General Instructions:

The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. Question 2 should be answered only by males and Question 3 only by females. Each of the four multiple-choice items has five possible responses to choose from. Check the box to select your answer.

Segment:

Visit number:

1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?
 Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never
2. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by males).
 Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never
3. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females).
 Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never
4. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?
 Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never
5. In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)
 Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never



PREVENTION, EARLY INTERVENTION & HARM REDUCTION

Early Interventions

- Employing motivational interviewing to understand:
 - The context of stimulant use (e.g., chemsex (“Party and Play”)/PNP), weight loss, academic or work performance, staying awake, etc.)
 - The patients’ own concerns and goals around their stimulant use.
- Developing ways to discuss minimizing consequences of use.
 - Harm reduction principles to suggest safer alternatives and safer use practices.
- Monitoring scheduled medication prescriptions through the State Prescription Drug Monitoring Programs (PDMP)
 - Provide benefits in patient safety and indicate the need for patient education and/or treatment interventions.



Prevention

- Primary prevention:
 - Increasing education and awareness of risk factors for StUD
 - Limiting access to stimulants
- Secondary prevention:
 - Identify patients who use stimulants in nonmedical ways and intervene to prevent escalation to StUD.
- Tertiary prevention:
 - Reduce the harm associated with nonmedical stimulant use



Prevention

- Essential First Step:
 - Brief interventions are a necessary initial step for providing harm reduction education and treatment for stimulant use.
- Impactful Outcomes:
 - Although direct evidence is lacking, brief interventions contribute to reducing harms from stimulant use, increasing readiness to change, and boosting motivation for treatment if that is the patients' goal.
- Strong Evidence for Education:
 - Pairing education with harm reduction practices shows robust evidence for positive outcomes.



Poll Question 1

Time Allocated: 1 minute

Goals of early interventions for stimulant use include all of the following *EXCEPT*:

- A. Reduce risks associated with use
- B. Provide psychoeducation
- C. Increase motivation for change
- D. Emphasize the need for abstinence





Harm Reduction

- **Goal: To Reduce ANY Risk. Examples include:**
 - Wearing a helmet or a seatbelt.
 - Arranging for another driver after having too much to drink.
 - Taking medications for diabetes, high blood pressure, or high cholesterol.
- **In the case of substance use, harm reduction:**
 - Reduces overdose.
 - Prevents the spread of communicable diseases.
 - Offers people the resources they need/want including food/water, housing, medical, substance use treatment, and mental health services.
 - “Meets people where they are.”

Harm Reduction



What it provides:

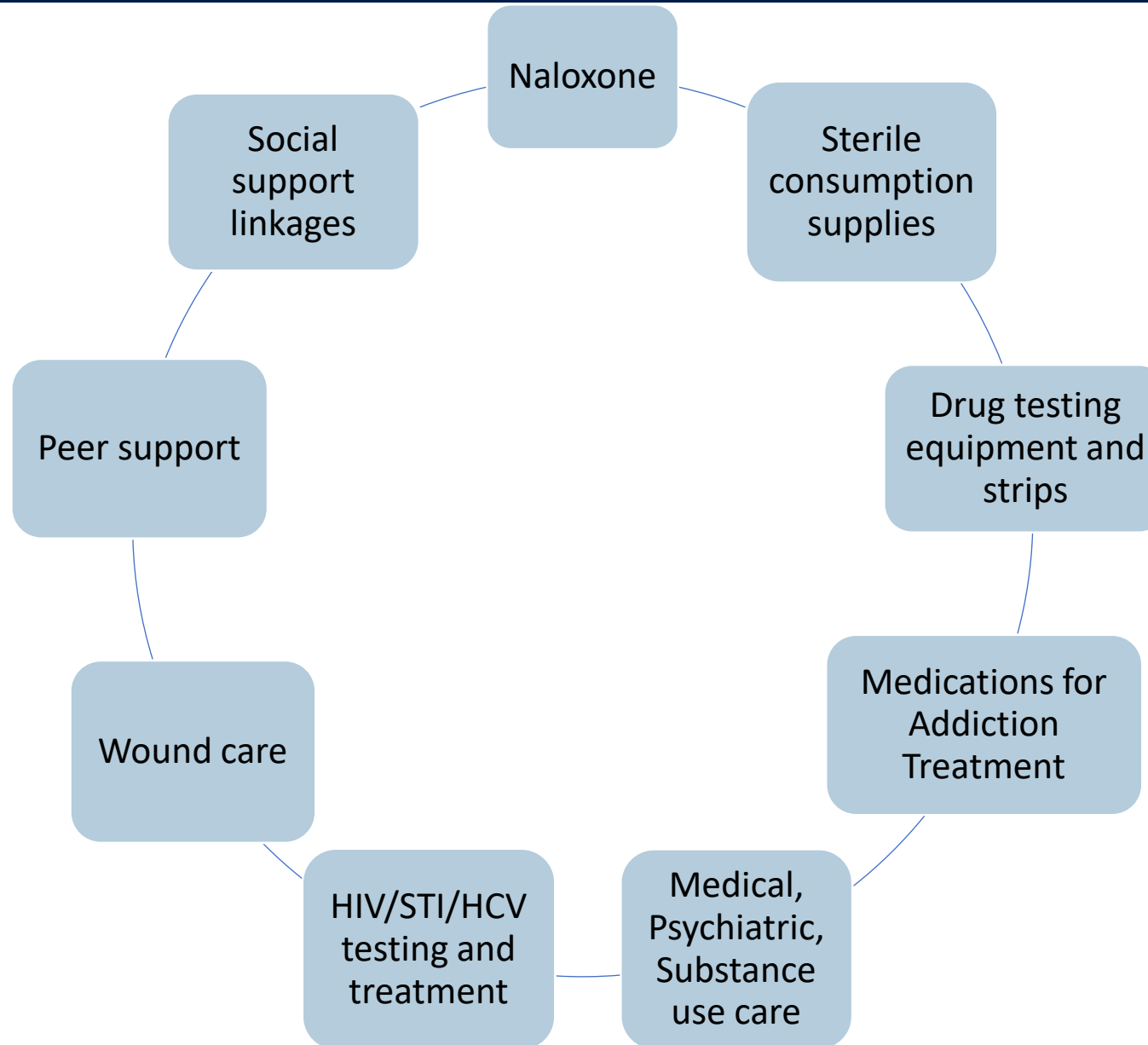
- A set of evidence-based practical non-coercive and voluntary strategies that “meet people where they are.”
- A focus on improving the health and well-being of people who use drugs (PWUD) and reducing the negative consequences of substance use.
- A focus on health that does not require abstinence.
- An ability to foster relationships with PWUDs.
- A respect for autonomy for PWUD to make their own decisions around their drug use.



What it does not:

- Create an “enabling” system for people to continue using substances.
- Provide a forced entry into treatment or forced reduction in substance use.
- Increase public disorder and threaten community safety .
- Take away resources from healthcare and treatment services.

Harm Reduction Principles





Evidence for Harm Reduction

- 30 years of harm reduction practices in the United States have shown it is effective in:
 - Reducing Overdose deaths
 - Reducing blood-borne infections
 - Is safe and cost effective
 - **Lifetime cost of medical care for each new HIV infection is over \$400,000.**
 - The equivalent amount of money spent on harm reduction programs prevents at least 30 new HIV infections.



Evidence for Harm Reduction

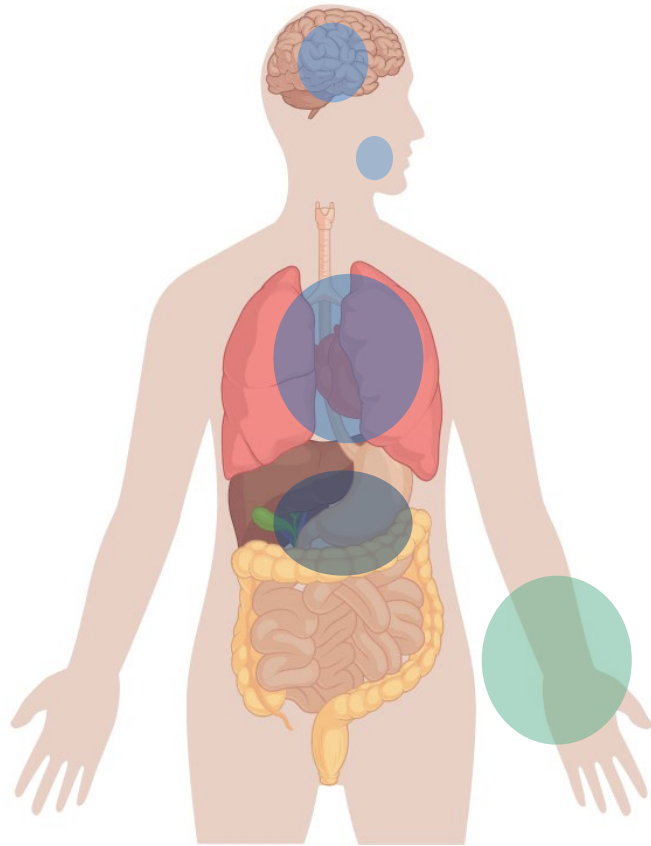
- Compared to people who never accessed harm reduction services, people using harm reduction services are:
 - **5 x more likely to participate in drug treatment**
 - **3 x more likely to reduce or stop injecting**
 - Helping patients use more safely by shifting away from higher risk modes of use
 - Ex/ injecting → smoking
 - Increasing access to smoking supplies, especially with people moving away from injection to smoking because of fentanyl



Harm Reduction and StUD

- Offer psychoeducation on the effects of non-prescription stimulant use
- Offer harm reduction education on:
 - Overdose prevention and reversal
 - Safer sexual practices
 - Oral health
 - Nutrition
- Tailor harm reduction education to the patient's patterns of substance use
 - Safer stimulant use practices
 - Refer to relevant local harm reduction services

Psychoeducation on Stimulant Intoxication



- Alertness, euphoria, increased energy, dilated pupils, insomnia, irritability, confusion, psychosis
- Rapid speech, dry mouth
- Increased heart rate, blood pressure, breathing rates
- Decreased appetite, increased sexual arousal
- Sweating, increased body temperature, tremor/shakiness

Psychoeducation on Crashing from Stimulants



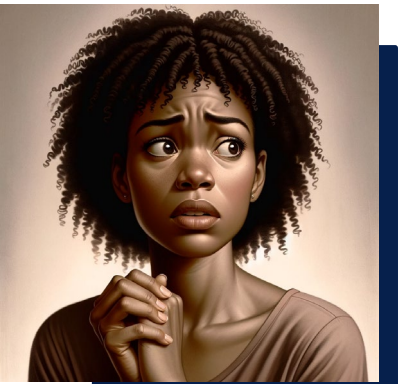
Hunger



Irritability



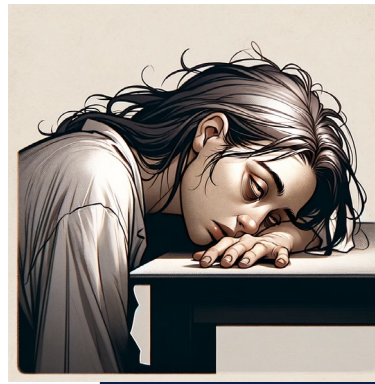
Daytime



Anxiety



Lack of
Concentration

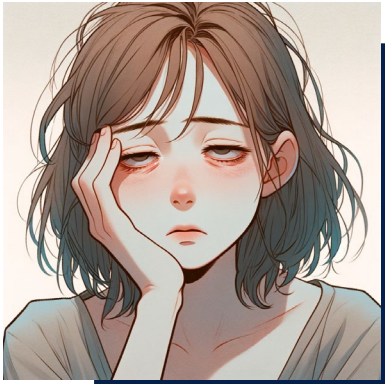


Fatigue

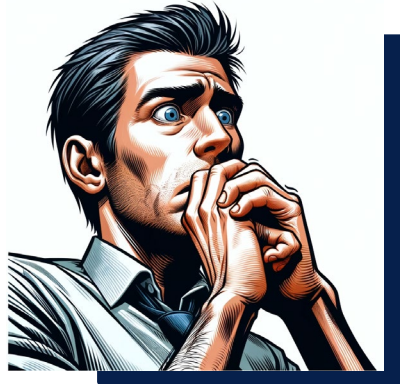
Encourage:

- Sleep
- Nutrition
- Development of organizational skills:
 - Asking for help to be reminded to take medications, make appointments, pay rent, etc.

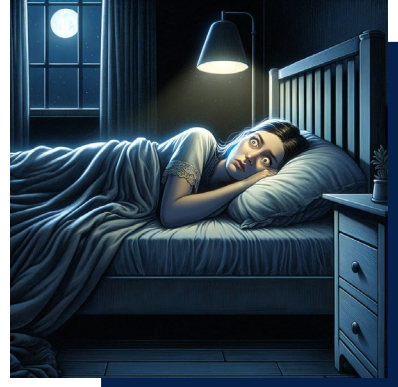
Psychoeducation on Crashing from Stimulants



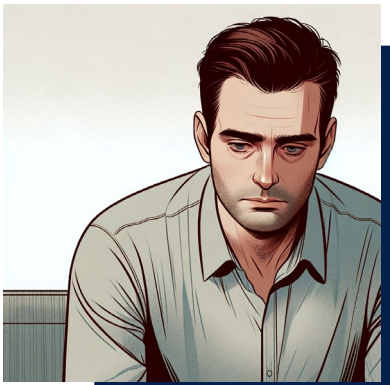
Lethargy/
Sleepiness



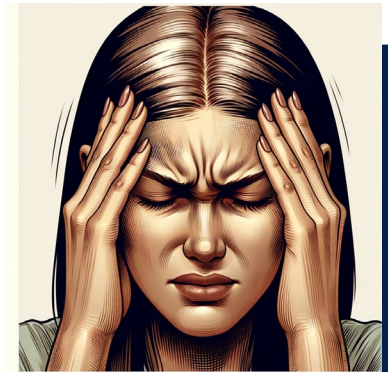
Anxiety



Insomnia



Low mood,
dysphoria



Headache

Encourage:

- Using coping skills that might bring them some pleasure:
 - Listening to music
 - Drawing/working on a project
 - Doing something physical outside
- Sleep
- Nutrition
- Following up with primary care providers

Psychoeducation on Stimulant Overdose

“Overramping”

Feels like:

- Your heart is pumping fast
- You're short of breath
- Your body is hot, sweaty and shaky
- You have chest pain
- You can't talk, can't walk

Looks like:

- Fast pulse or no pulse
- Fast or no breathing
- Hot and sweaty skin
- Confusion
- Hallucinations
- Unconscious
- Can't talk, can't walk
- Vomiting
- Seizures

Responding to Overamping

- Stimulant Overamping
 - Distinguish between medical assistance and support/rest.
- Overheating Response
 - Ice packs, mist, fan techniques, hydration, and cool clothes.
- Stroke Response
 - Recognize sudden symptoms; call 911 immediately.
- Seizure Response
 - Create a safe environment; avoid restraining; call 911 if necessary.
- Heart Attack/Cardiac Arrest
 - Recognize symptoms; call 911; start CPR if trained.
- Calling 911
 - Know your rights; focus on symptoms; ensure a safe environment.

Poll Question 2

Time Allocated: 1 minute

Which of these strategies is recommended to encourage individuals crashing from stimulant use?

- A. Avoid any physical activity
- B. Engaging in activities such as listening to music or drawing
- C. Increase stimulant use to counteract the crash
- D. Avoid sleep until after the crash



OPIOID OVERDOSE PREVENTION & REVERSAL

Counterfeit Pills and Powders Containing Fentanyl

7 out of **10** pills

With Fentanyl contain a potentially

Lethal Dose



Opioid Overdose Prevention and Reversal

Prescribe or Distribute Overdose Reversal Medications:

- Clinicians should prescribe or provide overdose reversal medications, such as naloxone, to patients who use stimulants from nonmedical sources or engage in social settings where substance use may occur.

Refer to Community Locations for Medication Access:

- Clinicians should refer patients to locations in the community, such as pharmacies, where they can obtain overdose reversal medications, emphasizing the importance of accessibility and preparedness.



Opioid Overdose Reversal Medications

Naloxone:

- Intranasal spray: Administered through the nasal passage.
 - The FDA has approved Narcan (4mg) and ReVive (3mg) over-the-counter (OTC) naloxone nasal spray in March 2023, price ranges between \$45-50 for 1 box.
- Auto-injector: A device that automatically injects naloxone into the muscle.
- Intramuscular injection: Administered directly into the muscle.
- Intravenous injection: Administered directly into the vein.
- Intramuscular auto-injector: A combination of auto-injection and intramuscular administration.

Nalmefene:

- Intravenous injection: Administered directly into the vein.



Understanding Naloxone

Limitations

- No effect on someone who does not have opioids in their system.
 - This does not mean fentanyl might not be present. When in doubt, administer naloxone!
- Recommended approach - 1 to 2 standardized doses of 4 mg intranasal naloxone or 0.4 mg/1 mL intramuscular naloxone. There remains the potential need for additional doses.

Temporary

- Lasts for approximately 30-90 minutes and should take effect within 2 minutes.
 - Be prepared to administer multiple doses.

Safety

- Cannot be misused and does not cause dependency.
- Any age can use naloxone
- The most common side effect being precipitated withdrawal.



Overdose Prevention: Drug Testing



Recognition of Drug Checking for Safety Enhancement: Drug checking is gaining recognition as a crucial practice aimed at improving safety and reducing risks linked to substance use.

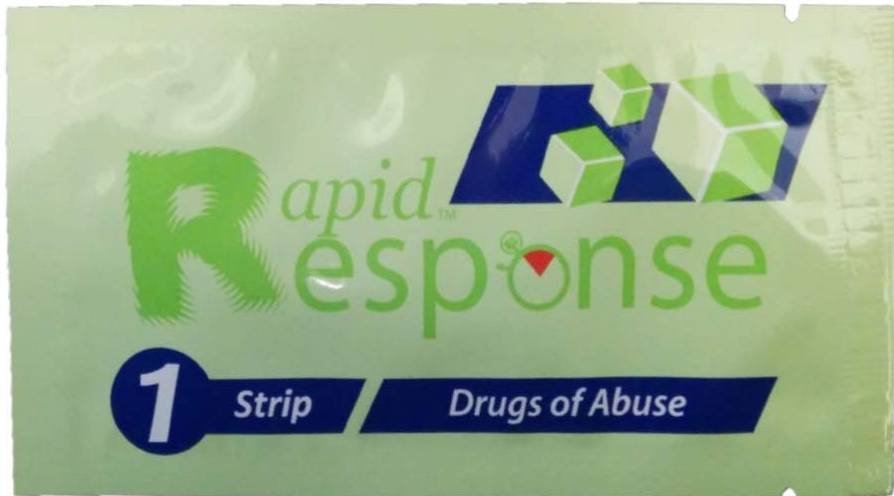


Patient-Centric Comprehensive Drug Checking: Encourage patients to engage in comprehensive drug checking, incorporating tools such as fentanyl and xylazine test strips each time they acquire a new batch of stimulants from nonmedical sources.



Empowerment Through Technique Review: Empower patients by educating them on the proper technique for using fentanyl and xylazine test strips, emphasizing compliance with state laws governing such practices.

Drug Testing: Fentanyl Test Strips (FTS)



1 RED LINE = **POSITIVE** FOR FENTANYL



2 RED LINES = **NEGATIVE** FOR FENTANYL



HOLD THIS END

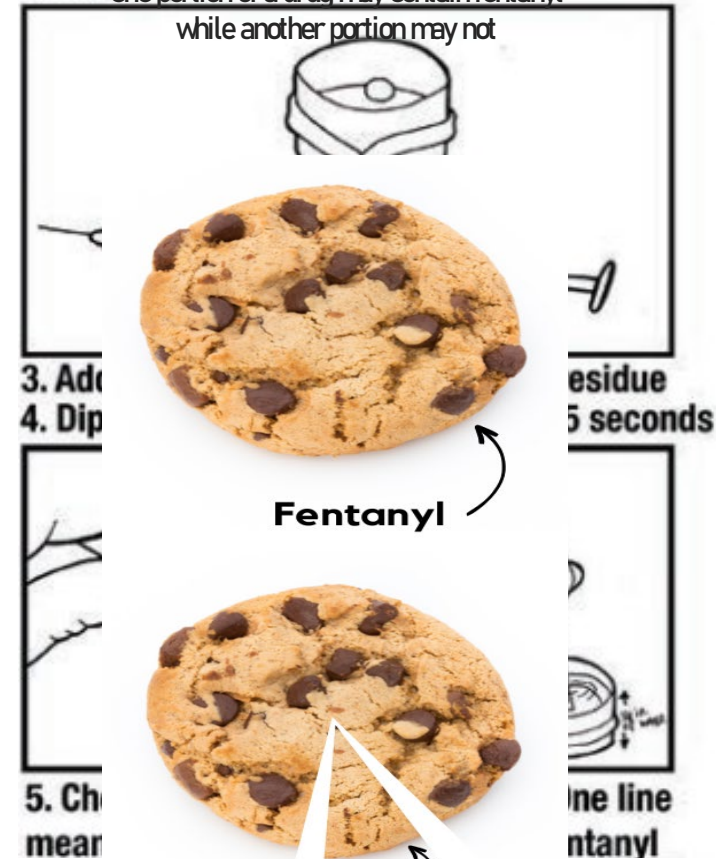
Capillary action pulls the liquid up the strip into the test area.

DO NOT INSERT ABOVE THIS LINE

Chocolate Chip Cookie Effect

1. Prepare drugs in a fresh, clean cooker
2. Set prepared drugs aside:

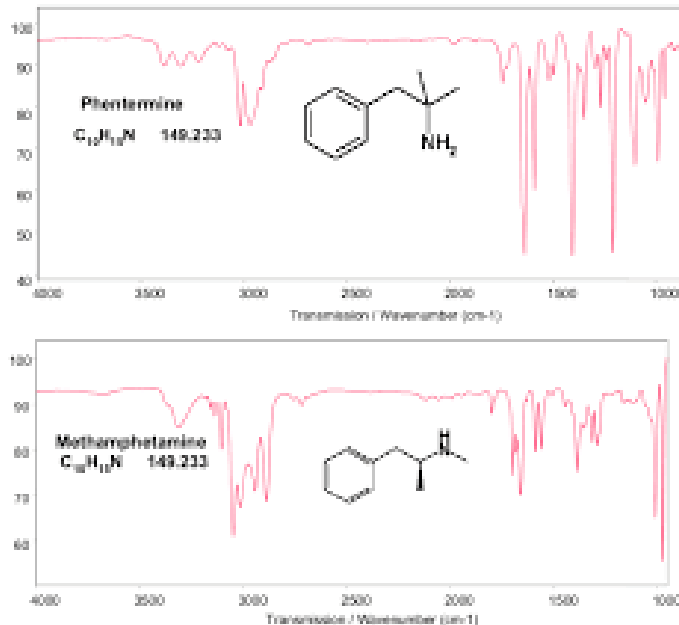
One portion of a drug may contain fentanyl while another portion may not



Drug Testing Equipment

Fourier-transform infrared spectroscopy (FTIR):

- Can assess contaminants and verify the main component of the sample.
- High specificity, it has been shown to have lower sensitivity for detecting fentanyl compared to fentanyl test strips.



Summarizing Risk Factors for Overdose



Using Alone



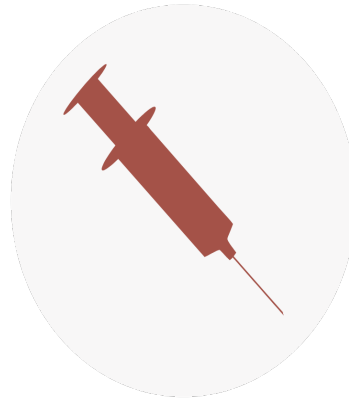
Tolerance



Drug Quality



Multiple Substances



Mode of Use



Age/Health

Overdose Prevention: Never Use Alone



NATIONAL OVERDOSE PREVENTION
LIFELINE

Meeting people where they are, on the other end of the line, one human connection at a time. No judgment. No stigma. Just love!

Brave

Overdose Detection / Brave App

The Brave App

Overdose Detection for People Who Use Drugs

Download on the App Store

GET IT ON Google Play

How does it work?

Here for you 24/7

Instructions

Rescue plan



SAFER SEXUAL PRACTICES & INTEGRATED HEALTH STRATEGIES



Safer Sexual Practices: HIV Risk

Offer HIV PrEP (Pre-Exposure Prophylaxis) to patients who use stimulants and are at increased risk for HIV, including those who:

- Engage in risky sexual behaviors:
 - Multiple partners
 - Inconsistent use of condoms and lubrication
 - Access PEP (post exposure prophylaxis) regularly
- Inject drugs
- PrEP has not been shown to increase risky sexual or injection behaviors



Safer Sexual Practices: STI Testing

- Offering or refer for STI testing at least **every 3 to 6 months** or more frequently depending on the individual patient's risk.
- Consider offering a referral to a local psychosocial sex education program or harm reduction program that addresses risky sexual behavior for additional or continuing harm reduction interventions.
- Always provide condoms and lubrication or advice about where to obtain them.



Safer Sexual Practices

- Inquire about contraceptive practices and related needs to help patients avoid unintended pregnancies.
- Ensure people of childbearing age receive a pregnancy test.
- Stimulants tend to dry mucous membranes and decrease sensitivity, increasing the chances of longer and more intense sex.
 - Encourage using plenty of lubricant. This is especially true for PWUD (people who use drugs) who make use of stimulants to facilitate and improve sexual activity, including commercial sex workers, and men who use stimulants during chemsex.

Oral Health

- People who use stimulants are at high risk of dental complications—such as poor dentition, caries, and abscesses—and poor oral health is associated with subsequent malnutrition
- **Encourage regular dental care**
 - Suggest:
 - Drinking water to keep your mouth moist and reduce cracks and blisters.
 - Moisten your lips with your own lip balm.
 - Chew gum to keep your mouth moist and reduce clenching.
 - Brush your teeth when possible or use mouthwash.
 - If smoking, avoid infection by using your own mouthpiece or pipe and not sharing it.



Nutrition

People who use stimulants often experience appetite suppression and go for long periods without appropriate nutrition.

- High risk for nutritional deficits such as malnutrition, cachexia, and sequelae of specific vitamin deficiencies.

Inquire about diet, nutrition, and food security.

- How much are they eating before they use stimulants? Encourage eating and drinking prior to using stimulants.
- Assist with linking them to food services in the area if they do not have access to food.



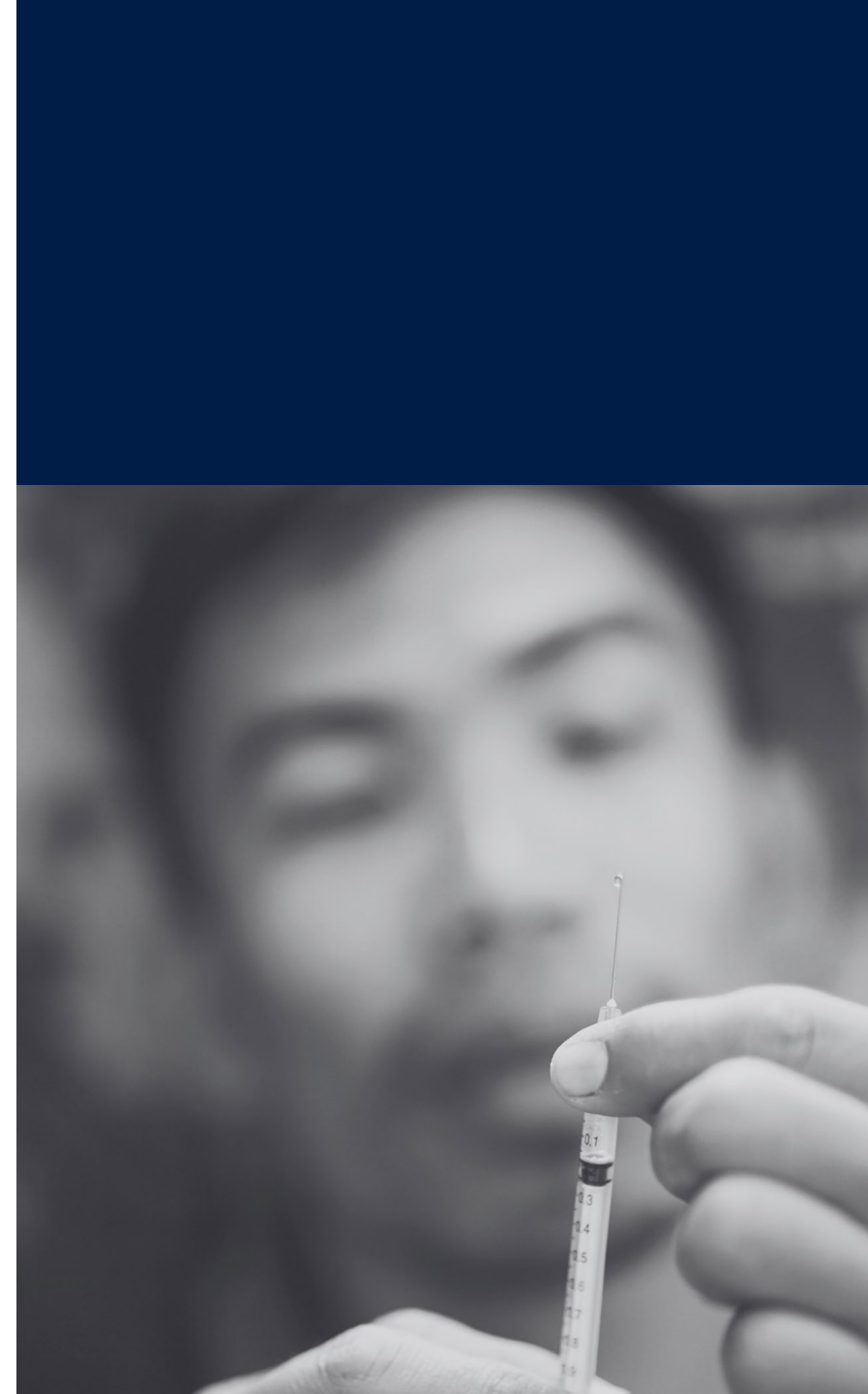
Safer Use Practices: Smoking

- Smoking:
 - Smoke in a safe place with people that you trust
 - Do not share a mouthpiece to avoid infection and mouth burns.
 - Drink water to keep your mouth moist and reduce cracks and blisters
 - Moisten your lips with lube or lip balm
 - Chew gum to keep your mouth moist and healthier
 - Pipe will be very hot once used – handle it with care



Safer Use Practices: Injecting

- Never share a syringe, cooker, or cotton.
- Use a new syringe with every injection—if this isn't possible, bleach your syringe.
- Rotate veins. Use a different vein as often as you can because acid can damage veins.
- Clean your injection spot with soap and water or an alcohol wipe before injecting.
- Use ascorbic acid or citric acid to breakdown a stimulant to avoid infections.
 - Lemon juice or vinegar can carry a fungus, which can cause heart disease and eyesight loss.
 - Ascorbic (citric) acid, also known as Vitamin C powder, reduces the risks of abscesses and infection but can also damage veins.



Safer Use Practices: General Recommendations

- Start with a low dose and go slow. You can always add more, but you can't take it back.
- Choose a safer method of use: Try smoking or snorting instead of injecting.
- Avoid sharing needles and equipment
- Avoid mixing stimulants with alcohol and other drugs. It can increase your risk of overdose and other health issues.
- Take breaks, and plan time to sleep and rest.
- Drink water to prevent dehydration.
- Try to plan a healthy meal each day.
- Know how long it lasts: So, you know when it's safe for you to drive or operate machinery.



Safer Use Practices: Overdose Prevention Sites



Safe, supervised facilities where individuals can consume pre-obtained substances under the supervision of trained staff, including medical personnel and people with lived experience.



Immediate Emergency Response: Equipped with trained personnel who promptly address overdoses, providing life-saving interventions such as naloxone and oxygen. Effective at reducing drug-use morbidity and mortality.



Harm Reduction Services: Offer a range of harm reduction services, including access to sterile equipment, educational resources, and support for safer use practices.



Non-Judgmental Support: Promote a compassionate approach, fostering a safe environment where individuals can seek assistance without fear of legal repercussions, promoting overall community health.



Legality: Not federally permissible currently, but there are a small number operating throughout the US.

Safer Use Practices: Syringe Service Program (SSPs)

- Offer to link patients using stimulants to local SSP organizations.
- Peer-led teams that provide harm reduction services to people who use drugs through storefront, mobile-based, or foot-based outreach.
- Programs often cater to low-income, uninsured populations, including people experiencing homelessness.
- Provide harm reduction services in the community:
 - Access to sterile equipment
 - Access to naloxone
 - Access to peer support, counseling, housing, legal, and MAT referrals





Case Presentation:

Mr. X





Case Presentation: Mr. X

- Mr. X is a 34-year-old Cisgender man with a history of hypertension (HTN) and diabetes mellitus (DM), for which he is receiving ongoing care at your primary care clinic.
- Over the past year, despite being on HCTZ and Metformin, his blood pressure has shown an upward trend from 132/81 to 144/92 mmHg.
- Additionally, his weight has decreased from 184 lbs to 168 lbs.

Poll Question 3

Time Allocated: 1 minute

Which of following investigations would you order for Mr. X? Check all that apply.

- PHQ-9 Screener
- TAPS Screener
- CBC/CMP Lab
- AST/ALT Lab
- HgA1C Lab
- UDS (with consent)
- Physical exam
- PDMP review
- Pregnancy Test
- CT Scan

Poll Question 4

Time Allocated: 1 minute

What would be important to capture in an interview with Mr. X? Check all that apply.

- What is the frequency and amount of use of nonprescribed stimulants?
- When does he use them?
- Are there any other substances he's using (particularly opioids, benzos/alcohol, or other depressants)?
- Does he have a history of StUD?
- Does he have a history of overdoses or hospitalizations?
- Who is his current support system?
- What were you hoping to have happen when you used nonprescribed stimulants?



Case Presentation: Mr. X

- Motivational Interviewing around his goals: “I want to lose weight and keep it off for once.”
 - **Open-ended Questions:**
 - How has using non-prescribed stimulants been helpful? How has it resulted in any negative consequences?
 - **Affirmations:**
 - He shares: “I have struggled with weight loss in the past and had been able to eat healthier and exercise more.”
 - You have been able to make substantial changes in your life before.
 - **Reflections:**
 - He shares: “I’ve tried to quit using stimulants so many times and I always relapse.”
 - You are persistent, even in the face of discouragement. This change must be important to you.
 - **Summarizing:**
 - Gathering information that he has shared that summarizes and focuses on the change talk that he has used.



Interventions: Mr. X

- **Whole Person Care**
 - Referral to dietician
 - Referral to mental health services to consider:
 - Psychotherapy
 - Medication for depression
- **Harm Reduction Supplies and Recommendations**
 - Naloxone
 - Fentanyl Test Strips
 - Encouraging him not to use alone
 - NeverUseAlone Hotline: **800-484-3731**
 - BRAVE App
- **Follow-up in 1 month**

Q&A

10 MINUTES FOR QUESTIONS



HOW TO CLAIM CE

In 3 easy steps...

1. Visit the course registration page.
2. Click on the contents tab.
3. Complete:
 - CE Quiz
 - Evaluation
 - Credit and Certificate

The screenshot displays the ASAMeLearning website interface. At the top, there is a navigation bar with links for Home, ASAM Home, My Dashboard, FAQs, Upcoming Courses, Library, and Cart (0 items). A search bar is located on the right side. The main content area features a course titled "ASAM/AAAP Management of Stimulant Use Disorder Webinar Series #1: Stimulant Use Prevention and Harm Reduction - Wednesday, February 7, 2024". The course has a 5-star rating and includes a live web event. A green arrow points to the "Contents (4)" tab in the course navigation menu. The course details section shows the title, date, and time of the live webinar.

ASAMeLearning

Home ASAM Home My Dashboard FAQs Upcoming Courses Library Cart (0 items)

Search eLearning

eLearning > ASAM/AAAP Management of Stimulant Use Disorder Webinar Series #1: Stimulant Use Prevention and Harm Reduction - Wednesday, February 7, 2024

ASAM/AAAP Management of Stimulant Use Disorder Webinar Series #1: Stimulant Use Prevention and Harm Reduction - Wednesday, February 7, 2024

REGISTER

Already registered? Log in now.

LOGIN / CREATE ACCOUNT

Explore Courses

- Alcohol Use Disorder Courses
- Annual Conference
- ASAM Criteria Courses
- Board Exam Study Tool
- DEA Education Requirement
- Fundamentals Curriculum
- Motivational Interviewing Curriculum
- Pain & Addiction Curriculum

Overview Registration Instructions Presenter(s) Credits & Disclosures **Contents (4)**

The ASAM/AAAP Management of Stimulant Use Disorder Webinar Series #1: Stimulant Use Prevention and Harm Reduction

Wednesday, February 7, 2024 | 12:00pm - 1:00pm ET

Live Webinar

Overview

This 1-hour, live webinar will summarize recommendations on stimulant use prevention and harm reduction from ASAM/AAAP



UPCOMING EVENTS

THE ASAM/AAAP STIMULANT USE DISORDERS GUIDELINES

- ❑ The ASAM/AAAP Stimulant Use Disorders Guidelines Webinar
Harm Reduction and Stimulant Use
Siddarth Puri, MD, FASAM
Wednesday, February 7th
12 PM EST
- ❑ The ASAM/AAAP Stimulant Use Disorders Guidelines Webinar
Management of Stimulant Intoxication and
Timothy Wiegand, MD, FACMT, FAACT, DFASAM
Wednesday, February 21st
3 PM EST
- ❑ The ASAM/AAAP Stimulant Use Disorders Guidelines Webinar
Behavioral Treatments for Stimulant Use Disorder
Brian Hurley, MD, MBA., FAPA, DFASAM
Wednesday, March 6th
12 PM EST
- ❑ The ASAM/AAAP Stimulant Use Disorders Guidelines Webinar
Medication Management for Stimulant Use Disorder
Larissa Mooney, MD, DFAPA, FASAM
Wednesday, March 20th
3 PM EST





ASAM American Society *of*
Addiction Medicine

CONTACT:

ASAM EMAIL: EDUCATION@ASAM.ORG

ASAM TELEPHONE: 301.656.3920



ASAM American Society *of*
Addiction Medicine

THANK YOU.

References

- ASSIST screening tool. (n.d.). SBIRT Oregon. <https://www.sbirtoregon.org/>
- Farnham, P. G., Gopalappa, C., Sansom, S. L., Hutchinson, A. B., Brooks, J. T., Weidle, P. J., Marconi, V. C., & Rimland, D. (2013). Updates of lifetime Costs of Care and Quality-of-Life Estimates for HIV-Infected Persons in the United States. *Journal of Acquired Immune Deficiency Syndromes*, 64(2), 183–189. <https://doi.org/10.1097/qai.0b013e3182973966>
- Hagan, H., McGough, J. P., Thiede, H., Hopkins, S., Duchin, J., & Alexander, E. R. (2000). Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *Journal of substance abuse treatment*, 19(3), 247-252.
- Hoge, A. (2021, June 29). Safer Crack Injection – LANCASTER HARM REDUCTION PROJECT. LANCASTER HARM REDUCTION PROJECT. <https://lancasterharmreduction.com/drug-use-education/safer-crack-injection>
- <https://spectra-analysis.com/wp-content/uploads/2019/06/AppNote030-ForensicAnalysisDrugs-1.pdf> . (n.d.).

References

- Hoge, A. (2021, June 29). Safer Crack Injection – LANCASTER HARM REDUCTION PROJECT. LANCASTER HARM REDUCTION PROJECT. <https://lancasterharmreduction.com/drug-use-education/safer-crack-injection>
- Ronan, M. V., & Herzig, S. J. (2016). Hospitalizations related to opioid abuse/dependence and associated serious infections increased sharply, 2002–12. *Health Affairs*, 35(5), 832-837.
- Stimulant Use Disorder Guideline. (n.d.). Default. <https://www.asam.org/quality-care/clinical-guidelines/stimulant-use-disorders>
- Syringe Services Programs (SSPs) FAQs | CDC. (n.d.-c). <https://www.cdc.gov/ssp/syringe-services-programs-faq.html>
- Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool. (n.d.). <https://nida.nih.gov/taps2/>

