Women and Stimulants

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Meet Worsham El

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• Trained in Child-Parent Psychotherapy (CPP), Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Neurosequential Model of Therapeutics (NMT), and Affect Regulation Competency (ARC).
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## Learning Objectives

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Understanding Stimulant Use
Prevalence, Impact and Diagnosis
## Prevalence

Rise in the number of cocaine or other psychostimulant-related deaths have climbed sharply between 2007 and 2018, with over 50% involving comorbid opioid use.

Women are entering treatment for stimulant use disorders at a rate of almost 1:1 with men.

Women become dependent on stimulants more quickly than men.

Women report their most common reason for use of stimulants is for “increased energy”.

Between 2005-2015 amphetamine-related hospitalizations have more than tripled, from 55,447 to 206,180, including men and women.

In 2018, Simulant related deaths accounted for roughly 40% of overdose deaths in the USA, including men and women.

Gender specific concerns must be addressed for successful treatment engagement and outcomes. They include:

1. Pregnancy Outcomes
   • Long term health and development consequences (i.e., delayed motor development, poor language skills, cognitive and behavioral problems)
   • Infants often born premature and smaller than those born to mothers who were not using stimulants

2. Relationships
   • Demands and impact of use
   • Domestic violence

3. Experiences of Trauma
   • More likely to experience physical and/or sexual abuse
   • Higher rates of childhood abuse

Women in Treatment

Women seeking treatment for substances are:

- Younger
- Lower education levels
- Lower income
- Less likely to be employed, living alone or involved with the legal system
- More likely to be a housewife, married or living as married, have children living with them, have a partner using, have been introduced to substances by their partner, have employment and family or social problems, have health problems, have a family history of alcohol or other drug problems, and have a shorter period between the onset of substance use and treatment entry

Women relapse less frequently than men, are more motivated, and attend more treatment sessions.

(United Nations Office on Drugs and Crime, 2004)
Understanding Stimulants

Stimulants are a class of drugs that speed up the messages and body systems.

Includes caffeine, nicotine, amphetamines, methylphenidate, diet aids, methamphetamine, and cocaine.

Can come in the form of injectable liquids, tablets, capsules, powders, and small chunky clear crystals or a white or brownish crystal-like powder.

Also called: Uppers, beans, pep pills, speed, dexies, smart pills, black beauties, crank, ice.

(Source: Stimulants - Drug Fact Sheet, 2020 and Stimulants - Alcohol and Drug Foundation, n.d.)
Stimulant Administration and Risks

Simulants can be administered through smoking, snorting or injecting.

- Snorting: loss of smell, deviated septum, frequent nose bleeds, damage to nasal cavity
- Methamphetamine use: tooth decay and gum disease
- Smoking: lung and airway damages
- Injection or intravenous administration: higher risk for HIV, Hepatitis B and C and other blood borne pathogens due to shared tools

(Stimulants - Alcohol and Drug Foundation, n.d. and (SAMHSA, 2020)
Understanding the Effects

Are contingent on:
- Size, weight, and health
- Frequency of use
- If other drugs are taken around the same time
- The amount of stimulants or drugs taken
- Strength of the stimulants and other drugs

Increased danger when:
- Combined with alcohol or other drugs
- Driving or operating heavy machinery
- When judgment or motor coordination is required
- User is alone
- Comorbid mental health challenges exist
- Heart problems exist
Lower and Higher Dosages

Lower dosages can cause:
- Anxiety
- Euphoria
- Heightened feelings of wellbeing
- Increased heart rate
- Increased blood pressure
- Increased alertness
- Increased talkativeness
- Reduced appetite

Higher dosages can cause:
- Anxiety
- Tension
- Increased body temperature
- Nausea
- Tremor
- Seizures
- Coma
- Death

(Stimulants - Alcohol and Drug Foundation, 2022.)
Polydrug Use

Amphetamines and some antidepressants: elevated blood pressure possibly leading to irregulate heartbeat, heart failure, and stroke

Amphetamines and alcohol, cannabis, or benzodiazepines: body is in distress responding to the conflicting effects of each drug potentially leading to an overdose

Ice and speed or ecstasy: large strain on the heart and other parts of the body, possibly leading to stroke

Ice and alcohol, cannabis, or benzodiazepines: large strain on the body, more likely leading to an overdose; stimulant effects may mask effects of depressant drugs, increasing possible overdose

(SAMHSA, 2020)
Short-Term Impact of Stimulant Use

- Fatigue
- Depression
- Chronic insomnia
- Increased appetite
- Impaired memory
- Inability to feel pressure (anhedonia)
- Accelerated heart rate
- Mental health (i.e. hostility, psychosis, aggression)
- Elevated body temperatures

(SAMHSA, 2020)
Long-Term Impact of Stimulant Use

- Persistent hypertension
- Cardiovascular complications (i.e. valvular disease, stroke, increased risk for a heart attack)
- Altered brain structure
- Impaired cognitive, neurological, and emotional systems
- Mood fluctuations, anxiety, and depression
- Decreased attention
- Confusion

(SAMHSA, 2020)
Long-Term Impact of Stimulant Use

- Impaired memory
- Inhibited impulse control
- Reduced motor skills
- Weakened immune system
- Increased susceptibility and accelerated retroviral replication

(SAMHSA, 2020)
Community Impact of Stimulant Use

- Negative outcomes for children (i.e. neglect, abuse, removal from home, and use by children)
- Heightened crime in communities
- Costs associated with enforcement and incarceration
- Environmental damage (i.e. toxins from meth labs)
- Premature deaths (costs of 2.17 billion in 2015 due to amphetamine)
- Methamphetamine users are more likely to engage in domestic violence, commit property crimes than those misusing other drugs
- Powder cocaine, crack cocaine, and the related offenses accounted for more than 75% of all federally sentenced drug offenses

(SAMHSA, 2020)
Stimulant Use Disorder Criteria

Occurrence of two or more of the following within a 12-month period:

- Taking more simulants than intended
- Failing to cut down or control the use despite wanting to do so
- Spending excessive amounts of time in activities surrounding stimulant use
- Experiencing urges and cravings for stimulants
- Failing to meet the obligations of home, school or work
- Continuing to take stimulants, even if it has led to relationship or social problems
- Giving up or reducing important recreational, social or work-related activities because of stimulant use

(SAMHSA, 2020)
Stimulant Use Disorder Criteria

- Using stimulants in situations in which it is physically hazardous
- Continuing to use stimulants even if there is an awareness that it is causing or worsening a physical or psychological problem
- Experiencing an increase in tolerance to stimulants
- Having withdrawal symptoms when not taken
  - Mild: 2-3 symptoms
  - Moderate: 4-5 symptoms
  - Severe: 6 or more symptoms

(SAMHSA, 2020)
Stimulant Withdrawal Symptoms

May look like:
- Anxiousness
- Sadness
- Agitation
- Intense cravings

Overtime, may look like:
- Mental and physical exhaustion
- Insomnia
- Depressive symptoms (more long lasting with methamphetamine)
- Increase in symptoms lasting 96 hours to multiple weeks

(DeA Stimulants - Drug Fact Sheet, 2020)
Evidence-Based Practices
Stimulant Use Disorder
Evidence-Based Practices

Requires comprehensive and multi-pronged approaches

Evidence Overview based on extensive literature review and consultation with experts

Literature Review criteria:
- Clearly defined and replicable
- Address stimulant misuse as a primary outcome
- Are currently in use
- Provide evidence of effectiveness
- Have accessible resources or implementation and fidelity
- Specific design type (randomized or quasi-experimental)—controls variables
  - (epidemiological) or design analyzing what would have happened without the intervention

(SAMHSA, 2020)
Evidence Determined Causal Impact

Causal Impact is when there is a presence of evidence demonstrating that an intervention causes or is responsible for an outcome measured in the sample population.

- **Strong Evidence:** demonstrated by at least 2 randomized controlled trial, quasi-experimental designs, or epidemiological studies with a high or moderate rating

- **Moderate Evidence:** demonstrated by at least one randomized controlled trial, quasi-experimental designs, or epidemiological studies with a high or moderate rating

- **Emerging Evidence:** No study received a high or moderate rating due to a need for additional studies to determine a causal impact

(SAMHSA, 2020)
Outcome Overview

Four Evidence-based Practices:
1. Motivational Interviewing
2. Contingency Management
3. Community Reinforcement Approach
4. Cognitive Behavioral Therapy

Outcomes:
• Reduced use of stimulants
• Reduced risky behaviors while under the influence of stimulants
• Reduced mental health symptoms while under the influence of stimulants

(SAMHSA, 2020)
Outcome Overview

Services delivered by:

- Trained clinical staff
- Research staff
- Peers

Settings

- Walk in clinics
- Urban trauma centers
- Private or university run health clinics
- Community-based health clinics
- Computer based

(SAMHSA, 2020)
Goal: Overcome ambivalent feelings and insecurities to increase motivation to change behavior and reduce or stop stimulant use

Five underlying principles guiding the process of interaction with clients:

1. Express empathy through reflective listening
2. Identify discrepancies between a client’s goals or values and their current behavior
3. Avoid arguments and direct confrontations with a client
4. Adjust to a client’s resistance rather than opposing it directly
5. Support self efficacy and optimism

(SAMHSA, 2020)
Logistics of Motivational Interviewing

Typical settings
• Wide range of health care settings from primary healthcare clinics to general or specialized hospitals

Demographics
• Intended to be used across genders, race, ages, and ethnicities

Practitioner type
• Primary care and behavioral health professionals, peer providers, and criminal justice personnel
• Available training for clinicians, non-clinicians, peers and those with minimal or no training in counseling or therapy

(SAMHSA, 2020)
Motivational Interviewing Process

Intensity and duration of treatment
- No prescribed time period
- Can range from a single 15-minute session to multiple hour-long sessions
- No generalizable evidence about the length or number of sessions to reduce use

Outcomes
- Reductions in the numbers of days of stimulant use
- Reduction in the amount of stimulant used per day

(SAMHSA, 2020)
Contingency Management Overview

Goal is to use operant conditioning, or the reinforcement of desired behaviors with cash, prizes, or privileges. Incentivized behaviors may include:

1. Attendance at treatment sessions
2. Adherence to prescribed medications for other health conditions
3. Provision of stimulant-negative urine samples
4. Vouchers for redemption of retail goods and services
5. Opportunities to win a prize or cash payments

Structure may vary but two common approaches are used:

- Fishbowl method where the client draws a token from a fishbowl for a chance to win a prize
- Voucher based reinforcement therapy where vouchers are earned for desired behaviors with the levels of vouchers increasing according to an escalating schedule of reinforcement

(SAMHSA, 2020)
Logistics of Contingency Management

Typical Settings
- Wide range of healthcare settings, including computer or web-based

Demographics
- Across genders, ages, races, and ethnicities in individual and group settings

Practitioner type
- Variety of professionals such as primary care physicians, behavioral health professionals, criminal justice personnel
- Training or coursework in behavioral analysis is available to support intervention

(SAMHSA, 2020)
Contingency Management Process

Intensity and Duration

- No prescribed time period
- Often in combination with other therapies
- Often a 12-week schedule and use drug screenings 2-3 times a week

Outcomes

- Reductions in number of days of stimulant use, stimulant cravings, new stimulant use, and HIV risk behaviors

(SAMHSA, 2020)
Community Reinforcement Approach Overview

Goal is to identify the behaviors that reinforce stimulant use and make a substance free lifestyle more rewarding than one including drugs and alcohol.

Participants are encouraged to make substantial behavioral changes, engage in new recreational activities, and develop new social networks.

Commonly used in conjunction with Contingency Management.

Multiple elements:
1. Analyzing client’s substance use
2. Relationship counseling
3. Vocational guidance
4. Job skills training
5. Building social and drug refusal skills

(SAMHSA, 2020)
Logistics of Community Reinforcement Approach

Typical settings
- Inpatient, home visits and combination with incentives and vouchers
- Weekly appointments in outpatient settings
- Family training version option to enhance client engagement through a concerned significant other

Demographics
- Across ages, genders, races, and ethnicities in both individual and group settings
- Adolescent version involves immediate family

(SAMHSA, 2020)
Logistics of Community Reinforcement Approach

Practitioner Type

- Variety of professionals possessing strong fundamental counseling skills such as supportiveness, empathy and a caring attitude
- Primary care and behavioral health professionals as well as pharmacists
- Requires a directive, energetic, and engaging person
- Manual outlining procedure most often used is the “A Community Reinforcement Plus Vouchers Approach”

(SAMHSA, 2020)
Community Reinforcement Approach Process

Intensity and Duration

- The Community Reinforcement Plus Vouchers Approach manual recommends a 24-week treatment program, meeting once or twice per week and submitting 2-3 urine samples

Outcomes

- Reductions in cocaine abstinence
- Reduction in addiction severity
- Drug use (number of weeks used, frequency of use each week and amount of time spent each week

(SAMHSA, 2020)
Cognitive Behavioral Therapy Overview

Goal is to help client understand their current problems, challenges, and experiences in order to change their behaviors and patterns of thinking.

1. Short-term and goal oriented
2. Participant develops an accurate assessment of circumstances and emotions to guide development of realistic strategies
3. Addresses depressive cognitions and other distortions associated with depression, generalized anxiety disorder, and substance use disorders
4. Cognition evaluation in context of stimulant use:
   - Evaluates the faulty thinking patterns, behavior patterns, and negative feelings associated with use
   - Tailored to the needs of the client based on experiences with use and personal circumstances

(SAMHSA, 2020)
Logistics of Cognitive Behavioral Therapy

Settings:
• Wide range of health care settings from inpatient psychiatric rehabilitation to community outpatient programs, including online formats

Demographics
• Across genders, ages, races, and ethnicities

PR actioner types
• Variety of professionals trained in principles of CBT such as behavioral health professionals, primary care staff, and criminal justice personnel
• National Association of Cognitive Behavioral Therapists offers training for professionals and non-professionals

(SAMHSA, 2020)
Cognitive Behavioral Therapy Process

Intensity and duration

- Typically customized to needs of the individual
- Typically 5-10 months
- Typically 50 minutes
- Rarely in group format

Outcomes:

- Reductions in quantity of stimulants consumed per week
- Reductions in the frequency of stimulant uses per week
- Reduction in risky sexual behaviors

(SAMHSA, 2020)
Considerations

Potential Barriers to use of 4 EBPs may include: practice selection, funding, finance and program cost, program staffing, coordination of care, cultural adaptation of practice.

CM can be used in beginning stages and combined with other therapies such as the CRA.

CBT can be successful at any stage of recovery.

MI is helpful at the beginning of treatment and throughout.

(SAMHSA, 2020)
Academy of Cognitive and Behavioral Therapies is a group of mental health professionals practicing CBT. The website provides multiple resources for both administrators and clients, training, and certification for CBT administrators. It also offers assistance with program implementation.

Beck Institute offers training and certification for CBT administrators (i.e., professionals, educators, graduate students). The website includes online training courses, in-person workshops, newsletters, and other resources. It also offers assistance with program implementation and utilizing supervisors and consultants.

Center for Care Innovations Webinar on Contingency Management: Webinar: Contingency Management
**Resources**

*Chestnut Health Systems EBTx Center* offers training and certification for CRA and Adolescent CRA.

*Prism Collaboratives* provides information and training in the implementation of CM with clients.

*Motivational Interviewing Network of Trainers (MINT)* is an international organization affiliated with the developers of MI, Bill Miller and Steve Rollnick. The website has resources for MI trainings and upcoming events.
Substance Use in Women by the National Institute of Drug Abuse offers a summary of considerations for women in substance use treatment.

SAMHSA provides a summary of gender-specific treatment considerations in the Addressing the Specific Needs of Women publication.
Citations

