

Quick Reference Guide for Assessment and Management of Methamphetamine Users

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Methamphetamine is a strong stimulant that comes in various forms such as *'ice'* (a potent crystal that can be smoked or injected), *base* (an oily powder/paste that can be injected), *powder* ('speed' or 'louie' that can be injected or snorted into the nasal passage), and *tablets* that are usually swallowed.

Methamphetamine causes the brain to release a huge amount of certain chemical messengers, which make people feel alert, confident, social and generally great. Some of these messengers help us to respond to threats by preparing us to either fight or run away, so they increase energy, keep us awake, stop hunger and raise blood pressure and heart rate.

The problem is that there are only so many of these messengers stored at any one time. Think of a glass full of 'happy' messengers, so when people have been using methamphetamine for a while, the glass empties and no matter how much methamphetamine they use, they just can't get the 'rush' they want and will still feel awful. There are just too few messengers left to tell the brain how to feel good. It's like overdrawing a bank account—no matter how many times you go back to the bank, the balance is still zero until a deposit is made. Over time, neurotransmitters become depleted, leading to poor concentration, low mood, lethargy and fatigue, sleep disturbances and lack of motivation.

Short-term Effects:

- **During Intoxication:** sense of well-being or euphoria, alert, energetic, wakeful, extremely confident, sense of heightened awareness, talkative, fidgety or restless, and large (dilated) pupils.
- **At Higher Doses:** tremors, anxiety, sweating, palpitations (racing heart), dizziness, tension, irritability, confusion, teeth grinding, jaw clenching, increased respiration (breathing), auditory (hearing), visual or tactile (touch) illusions, paranoia and panic state, loss of behavioral control, or aggression
- **In Overdose:** chest pain and shortness of breath, severe headache, tremors, hot and cold flushes, dangerously increased body temperature, muscle spasms, brain hemorrhage, heart attack or seizures (fits).

Long-term Effects:

Weight loss, dehydration, extreme mood swings, depression, suicidal feelings, anxiety, paranoia, psychotic symptoms, cognitive (thinking) changes including memory loss, difficulty concentrating and impaired decision-making abilities.

Intoxication:

Remember that an intoxicated person has impaired judgment and will probably see the interaction differently than you do.

What to Look for:

- Rapid or pressured speech (fast, loud and difficult to interrupt speech), or jumping from one topic to another
- Restlessness, agitation, pacing
- Repetitive movements
- Impulsivity or recklessness
- Clenched jaw, teeth grinding (bruxism)
- Sweatiness
- Suspiciousness or paranoia
- Large (dilated) pupils
- Anger, irritability, hostility, particularly if it is out of character

Responding to Intoxication:

DO:

- Attempt to steer intoxicated person to an area that is less stimulating while ensuring the client and worker both have an easily accessible exit
- Maintain a calm, nonjudgmental, respectful approach
- Listen and respond as promptly as possible to needs or requests (ex. I hear what you are saying, so let me see what I can do to help)
- Allow the person more personal space than usual
- Use clear communication (short sentences, repetition, and ask for clarification if needed)
- Move around with the intoxicated person to continue communication if necessary

DO NOT:

- Argue with the person or use 'no' messages. If you cannot provide what they are asking for, be clear about what you can provide
- Take the person's behavior or criticisms personally
- Ask a lot of questions
- Undertake a lengthy interview or try to counsel the person

Withdrawal:

Many methamphetamine users will experience what is referred to as a 'crash' or a brief recovery period when they stop using, which might last for a few days and is likely to include prolonged sleep, increased appetite, some irritability and a general sense of feeling flat, anxious or out of sorts.

Dependent methamphetamine users may experience the full-blown withdrawal syndrome when they stop using, the course of which depends on the person's severity of methamphetamine dependence.

What to Look For:

- Range of feelings from general dysphoria to significant, clinical depression
- Mood swings
- Inability to experience pleasure
- Decreased energy
- Irritability or anger
- Agitation or anxiety
- Aches and pains
- Sleep disturbance, lethargy, exhaustion, insomnia
- Poor concentration and memory
- Cravings to use methamphetamine

Responding to Withdrawal:

- Tell the person what to expect, including probable time course, common symptoms particularly agitation, irritability, anger, depression, cravings and possible consequences such as impact on relationships or other social factors
- Determine what was and was not helpful during any previous withdrawals
- Identify dependence on other drugs and offer appropriate interventions
- Recommend adequate diet, rest and fluid intake, and prepare by having a supply of nutritious food/drink, taking leave from work, limiting visitors, etc.
- Encourage the person to monitor him/herself for symptoms of depression and, if symptoms persist, become severe, or thoughts of self harm occur, advise the person to seek urgent medical attention
- Explain how cravings occur develop and early intervention and relapse prevention plan to help manage cravings
- Identify key social supports and educate the family/carers about withdrawal and what to expect
- Provide written materials as the person may have difficulty with recall and concentration
- Refer to a medical practitioner if the person experiences sleep disturbances or insomnia for more than a week or two, or if they have ongoing feelings of anxiety, agitation or restlessness which is increasing the likelihood of relapse
- Encourage seeking further support if symptoms are severe and persist beyond a week or two
- Recommend ongoing interventions such as counselling to prevent relapse

Overdose:

What to Look For:

- Hot, flushed or very sweaty skin
- Severe headache
- Chest pain
- Unsteady walking
- Muscle rigidity, tremors, spasms, fierce jerking movements, seizures
- Severe agitation or panic
- Difficulty breathing
- Altered mental state (ex. Confusion, disorientation)

First Aid:

- Call 911 and request an ambulance immediately
- Move the person to a quiet, safe room away from bystanders, noise, excessive light, heat and other stimulation
- Remove constrictive or hot clothing; apply icepacks to neck, underarms, and groin; or thoroughly wet a towel with cold water and place over the person's body to reduce temperature
- If unconscious, place him/her on the side with the upper leg bent at the knee to support the body and tilt the chin upward slightly to maintain a clear airway
- If muscle spasms or seizures occur, remove anything from the immediate environment that might pose risk of injury
- Stay with the person until the ambulance arrives and give reassurance that he/she will be attended to as soon as possible
- **Do not leave the person alone**

Reducing Risks and Harms:

- Ask what clients already know and what they would like to know so harm reduction advice can be tailored, appropriate, and engaging
- Drink plenty of water
- Eat a balanced diet
- Drink milk
- Get adequate rest – encourage regular users to have regular non-using days each week or plan a 'crash' period when they can rest and sleep undisturbed for several days to 'come down'
- Be clear about individual signs and symptoms of psychosis. If psychotic symptoms are experienced, take a total break from using and seek professional help for the person's GP, local emergency department, or local mental health service
- Call on friends or family who are stable supports in the person's life
- Brush and floss teeth regularly and chew sugar free gum
- Plan for the week ahead and brainstorm alternatives to using
- Avoid driving when intoxicated or 'coming down'

Pregnancy and Fetal Development:

- The most important thing for a pregnant woman is to have regular, supportive antenatal care which improves outcomes for both the mother and the baby.
- Encourage pregnant clients to talk to other mothers
- If the mother declines antenatal support and workers are concerned, consider the role of child protective services
- Use will affect organ development during the early weeks of pregnancy (ex. Cleft pallet, heart defects, etc.)
- Fetus will not receive oxygen and nutrients essential for normal growth and development (ex. Risk of premature birth, low birth weight, etc.)
- Significant risk for methamphetamine withdrawal after birth
- Reduced quantity of breast milk
- Infants may experience a range of drug-induced behavioral problems (ex. Irritability, agitation, etc.) if mother is breast feeding

Schizophrenia vs Psychosis:

Psychosis can be fleeting and last for hours, days or a couple of weeks. Schizophrenia is a disorder that is characterized by at least one prominent psychotic symptom that lasts for more than a month and is not related to drug intoxication or withdrawal.

Impending (Subacute) Psychosis Symptoms:

- Suspiciousness, guardedness, hyper vigilance (constantly checking for threats in an exaggerated way)
- Overvalued ideas (ordinary events have special significance or are more meaningful than usual or odd)
- Illusions or misinterpreting the environment (ex. a shadow might seem like a person walking into a room, or fleeting low-level hallucinations)
- Erratic behaviour (often related to overvalued or paranoid ideas, ex. Arguing with bystanders for no apparent reason)

Acute Psychosis Symptoms:

- Delusions (ex. believing others have malicious intentions, or they are under surveillance)
- Hallucinations (ex. hearing voices or sounds, feeling of bugs crawling under the skin, etc.)
- Erratic or uncontrolled behaviour (ex. talking or shouting in response to 'voices', barricading a room, etc.)
- Illogical, disconnected or incoherent speech
- Extreme or rapid mood swings that are unpredictable, irrational or erratic

First Steps in Response:

- Quickly scan for location of exits, bystanders and potentially dangerous objects to assess immediate risks and decide upon the most suitable approach (ex. Leave and call for assistance or respond carefully)
- Move bystanders from the immediate environment to avoid risk of injury or escalation of the situation
- Stay close to an exit and remove yourself from any room that may contain dangerous implements or weapons
- Try to reduce noise, human traffic or other stimulation within the person's immediate environment
- Try to determine if the person has recently used methamphetamine either by direct questioning or by asking companions or family
- Observe for any physical signs of overdose and respond promptly
- If psychosis is severe, call 911. Remain calm & ensure everyone's safety until the ambulance arrives

Communication:

- Choose only one worker who will communicate with the person and feels confident to do so as multiple communicators increase stress, confusion, and escalate the situation
- Other workers should be on stand-by to provide a team approach.
- Another staff member should be present to observe or step in only if required (have a code word to call for assistance from the communicator to the observer). Observer should attempt to determine if the client has a known history or aggression/violence and be prepared to call for immediate assistance if required
- Allow the person as much personal space as possible
- Communicator should be standing with arms by sides with palms out, make no sudden movements and approach slowly from the front so as not to startle person
- Communicator should mirror body language signals from the person (ex. sit with a person who is seated, walk with a person who is pacing, etc.) to show empathy and ensure the worker's appearance is neither threatening or vulnerable
- Communicator should monitor and use appropriate eye contact
- Use a consistently even tone of voice, even if the person's tone becomes hostile or aggressive
- Use the person's name if known, or the communicator should introduce them-self by name
- Carefully call the person's attention to their immediate environment (ex. You're in WMH and you are completely safe now)
- Offer a glass of water, as this can often help calm the person
- Use careful, open ended questioning to determine the cause of the behaviour or the person's needs and communicate your willingness to help
- Listen attentively and respectfully
- Ask the person if he/she would like a minute or two to think and respond--consider stepping back to reduce the stimulus while still actively managing the situation
- Always appear confident

Do Not:

- Laugh or argue with the person's unusual beliefs, even if they are wrong or make no sense
- Agree with or support the unusual beliefs, simply say 'I can see that you're scared, how can I help you?'
- Allow the person to block the exit from the room, and do not block their exit
- Use 'no' language, which may prompt a hostile outburst, rather use statements like 'This is what I can do for you'

Possible Interactions with Methamphetamine:

Alcohol

- Possible depressed heart and breathing functions
- Increased risk of alcohol poisoning
- Stop the feeling of intoxication, however blood alcohol levels will still be high
- Increased risk of accidents due to feeling sober and in control
- Increased burden on the liver

Antidepressants

- Dangerously high blood pressure
- Increased blood levels of methamphetamine
- Serotonin toxicity (overheating, seizures, heart attack, stroke, kidney failure)
- Not to be used within the same two week period

Antipsychotic Medications

- Reduced effectiveness of medication
- Increased risk of seizures
- Relapse of psychotic symptoms

Opiates

- Increased risk of opiate overdose

Benzodiazepines

- Increased risk of dependence
- Increased risk of accident or injury
- Reduced effectiveness of medication
- Risk of vein damage (if injecting methamphetamine), infections, and heart problems

Psychostimulants (Ecstasy, Cocaine)

- Increased risk of heart attack and stroke
- Increased risk of psychosis

Tobacco

- Increase in tobacco use
- Increased risk of lung and heart disease
- Increased risk of cancer

Blood Pressure Medications

- Reduced effectiveness of medication
- Increased blood pressure

Cannabis

- Worsening of psychotic symptoms

HIV Medications

- Increased risk of methamphetamine overdose