

Strategies for Responding to People Who Use Stimulants and Overramping in the OTP Setting

May 6th, 2:30-3:30 PM



Presenters



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Learning Outcomes

- 1** Identify at least 2 unique needs for patients in the OTP who also use stimulants.
 - 2** Identify 3 physical and 2 psychological symptoms of overamping.
 - 3** Recall the AGRO+ pneumonic and how to implement it in the OTP setting.
 - 4** Recognize at least 2 strategies to improve the OTP experience for individuals with stimulant use disorders.
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Funders



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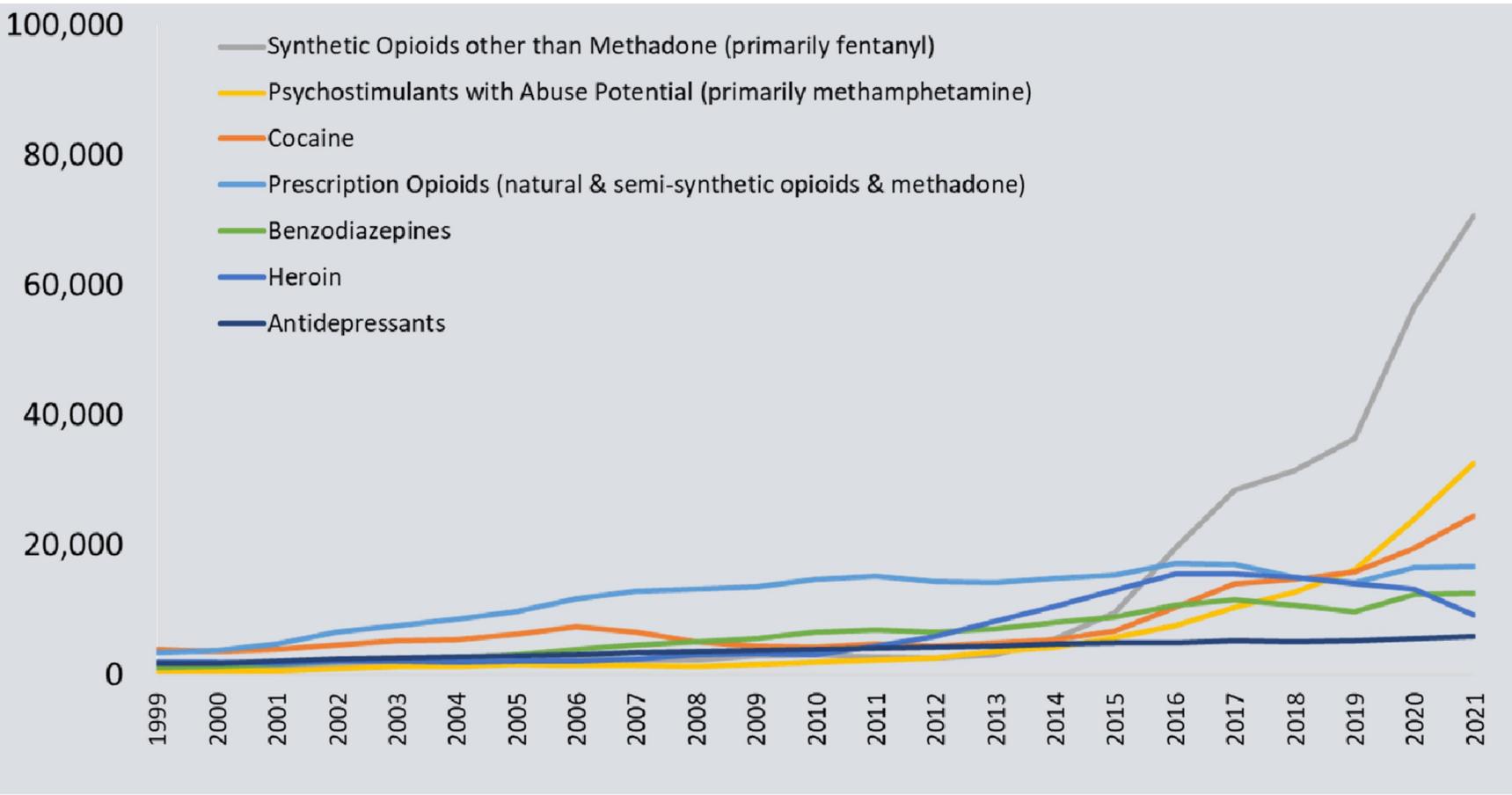
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Psychostimulant Review



Polysubstance is the norm

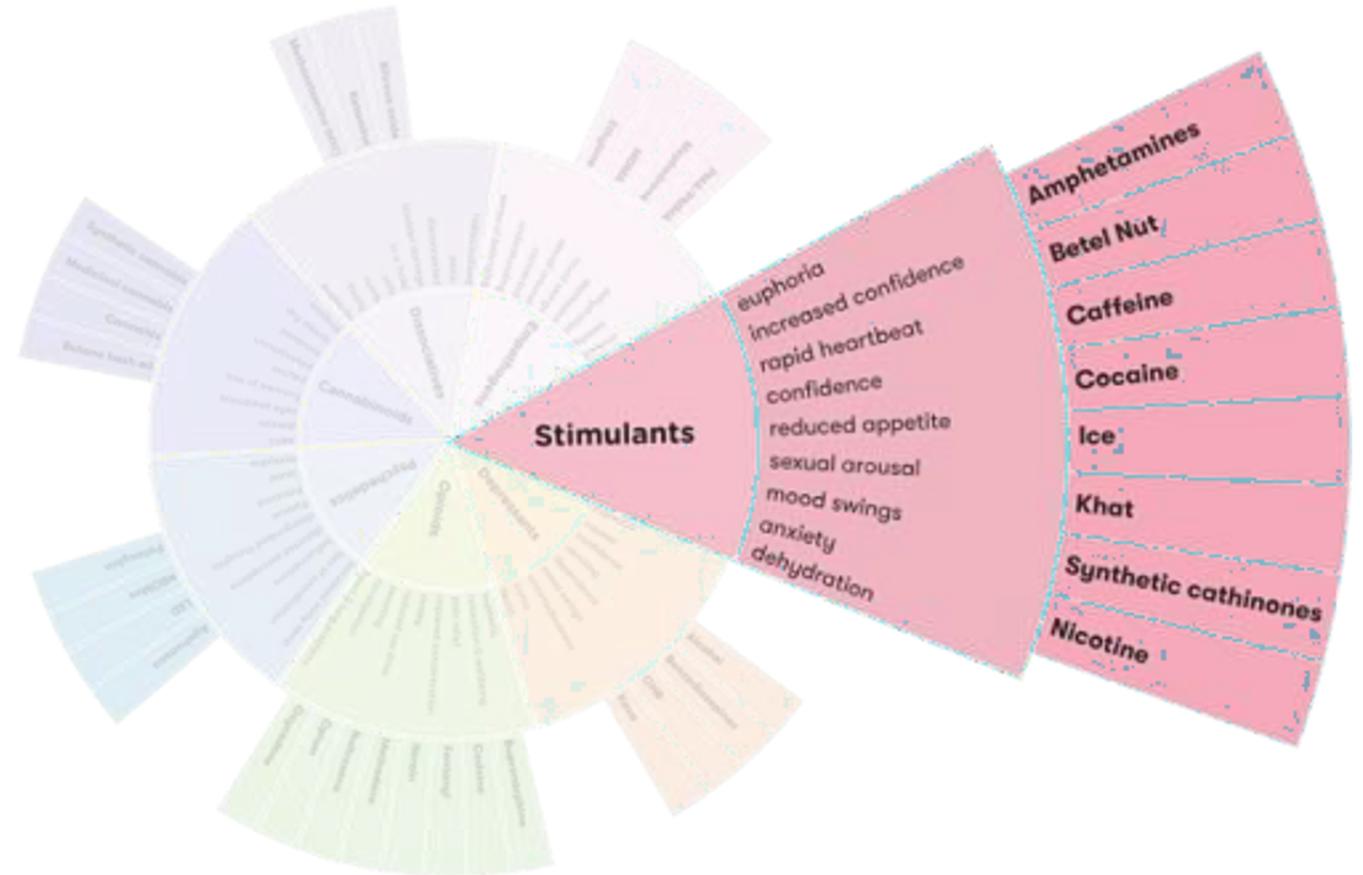


Key findings:

- Overdose deaths involving cocaine and meth are on the rise.
- Polysubstance use is common.

What Are Psychostimulants?

- Substances that are colloquially called “uppers”
- May be legal or illicit.
- Many different routes of use including ingestion, insufflation, injection, inhaled, and intrarectal/vaginal.
- Stimulant use may cause severe medical complications including acute kidney injury and cardiovascular complications.



Stigma

The image features a large, solid blue shape on the left side, which tapers towards the right. On the right side, there is a smaller, solid blue circle. At the bottom right, there is a white circle with a blue outline, partially overlapping the large blue shape. The background is white.

Stimulants, Stigma, and Society

Dayton Daily News

TRUSTED SINCE 1898

Meth in the Miami Valley: Users are violent, paranoid, psychotic

npr NPR in Kansas City

NBC NEWS

'Meth-gators': Tennessee police warn flushing drugs could create hyper-aggressive alligators

'Meth-gators': Tennessee police warn flushing drugs could create hyper-aggressive alligators

"Folks ... please don't flush your drugs m'kay," the Loretto Police Department wrote in a Facebook post.

'Superhuman Strength:' When Drugs Shorten The Fuse, An Argument Can Turn Deadly

These Are The Faces Of Meth - Before And After Usage

One Woman – 120 months of Methamphetamine Use.....Any Questions?



The photos you see here are all of the same woman. She was approximately 30 years old at the time the Jan '89 photograph was taken. These are the Department Of Justice photos taken at the time of arrest. She is now deceased.



Thanks to Don Hankins. For providing this original image.

The Washington Post

Crack Babies: The Worst Threat Is Mom Herself



CRACK COCAINE: A CHALLENGE FOR PREVENTION

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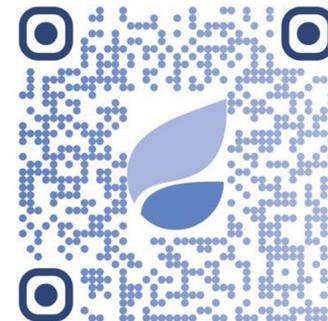
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Examples of Preferred Language

 Say this...	 Instead of this...
<ul style="list-style-type: none"> • Person with a substance use disorder • Person with addiction • Person who uses drugs 	<ul style="list-style-type: none"> • Addict, junkie, crackhead, tweaker, abuser, pill-popper
<ul style="list-style-type: none"> • Risky or unhealthy alcohol or drug use 	<ul style="list-style-type: none"> • Abuse
<ul style="list-style-type: none"> • Medication for addiction treatment (MAT) • Treatment 	<ul style="list-style-type: none"> • Medication-assisted treatment (MAT), replacement therapy
<ul style="list-style-type: none"> • Negative or positive urine toxicology, expected vs unexpected results, in active use 	<ul style="list-style-type: none"> • Dirty or clean urine
<ul style="list-style-type: none"> • Neonatal Abstinence Syndrome (NAS) • Newborn with Substance Exposure 	<ul style="list-style-type: none"> • Addicted baby • Crack baby
<ul style="list-style-type: none"> • Person living with HIV 	<ul style="list-style-type: none"> • Poz, “has the bug”, “full blown” AIDS
<ul style="list-style-type: none"> • Altered perception of reality 	<ul style="list-style-type: none"> • Delusional, nuts, crazy, tweaking
<ul style="list-style-type: none"> • Protective behaviors, trauma response 	<ul style="list-style-type: none"> • Violent, aggressive, monsters, tweaking

Visit the Grayken TTA [website](#) to take the “Words Matter” pledge or download a copy in English and



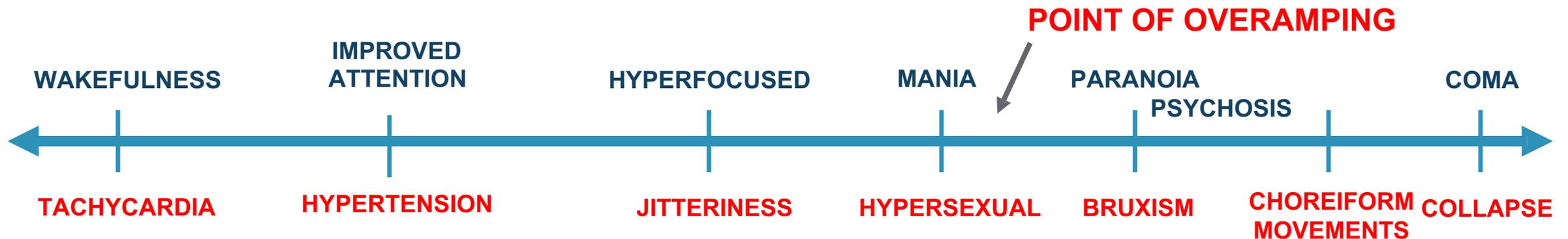


Defining Overramping

What is it and what is the scope of the problem?

Defining Overramping

- Overramping starts **after/during** euphoria due to use for an extended period of time or a dose that exceeds the level of desired euphoria
- Agitation, confusion, and psychosis occur



Signs of Overamping

Physiological

- Headache
- Nausea/vomiting
- Bruxism
- Choreiform movements
- Xerostomia
- Hypertension
- Hyperthermia
- Tachycardia
- Angina
- Insomnia
- Seizure
- Circulatory collapse



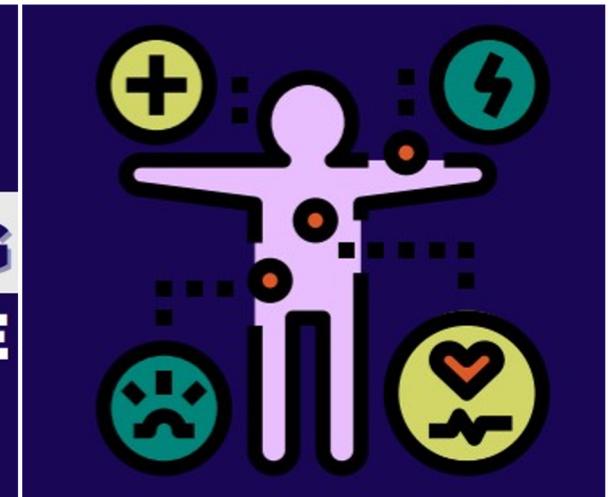
Psychological

- Paranoia
- Altered perceptions of reality
- Persecutory perceptions of the world
- Restlessness
- Trauma-response
- Psychosis
- Protective behaviors
 - Hypervigilance, panic, anxiety, fear, agitation, defensive posturing, increase sensory awareness
- Hallucinations
 - Auditory, visual, tactile



Recognizing Overramping

- Overramping is the psychostimulant equivalent of an overdose.
 - Can be characterized by both physical and psychological symptoms.
 - Emergency situation with potential life-threatening complications.
 - More unpredictable than opioid overdose.



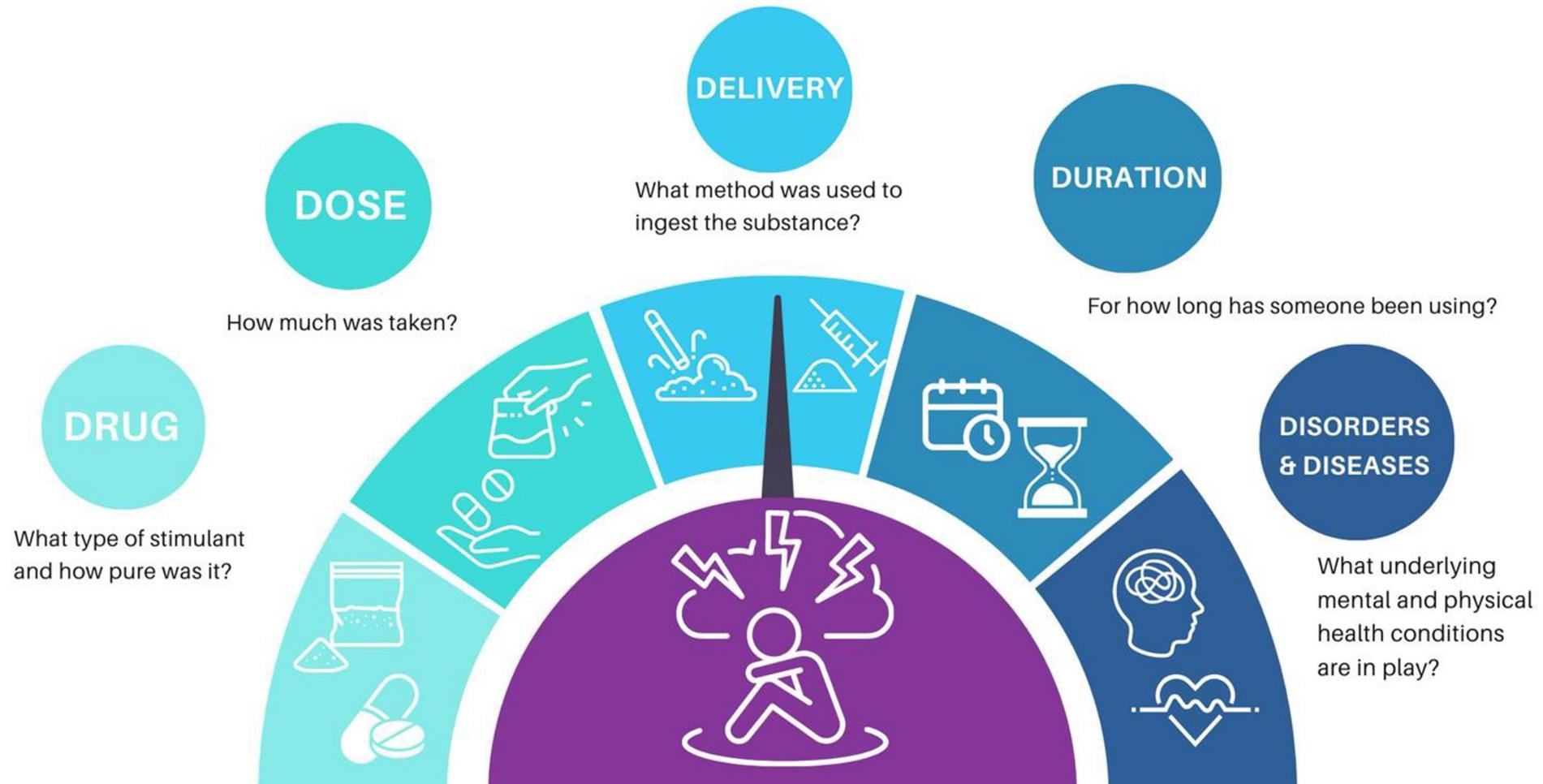
(Harding et al., 2022)
(Harm Reduction Coalition, 2023)
(Substance Abuse and Mental Health Services Administration, 2021)
(Alves et al., 2024)



Risk factors & prevention

Risk factors for overamping

THE 5 D'S OF OVERAMPING



Basic Prevention

- Preventing incidents of overramping should target modifiable risk factors.
- Restoration of normal life functions including eating and sleeping can help to extend durations of time without use.
- Providing water to drink and to wash, may help extend time without use and hydrate the person to prevent worsening medical complications from use.

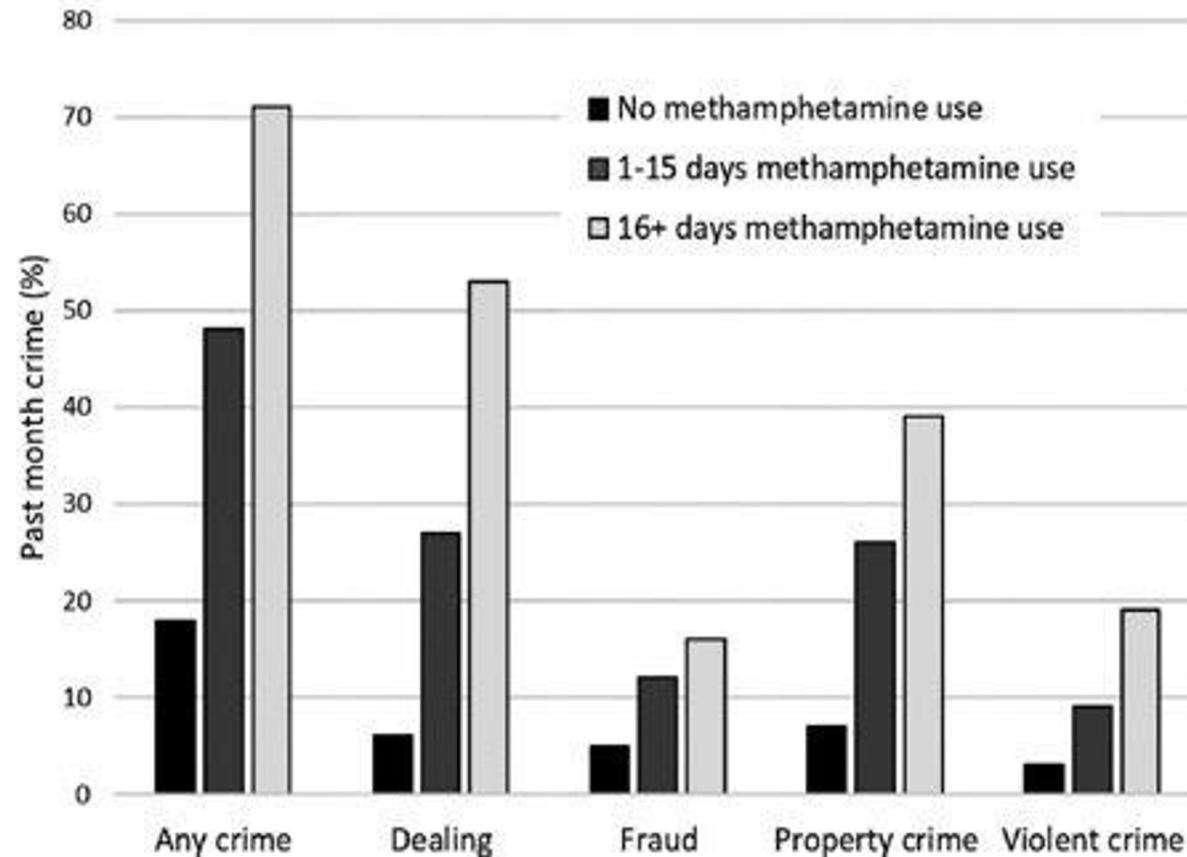


Reducing Criminal-Legal Involvement

Reduction in number of concurrent using days may reduce the risk for interaction with the criminal-legal system.

R. McKeeth, et al.

Drug and Alcohol Dependence 216 (2020) 108262



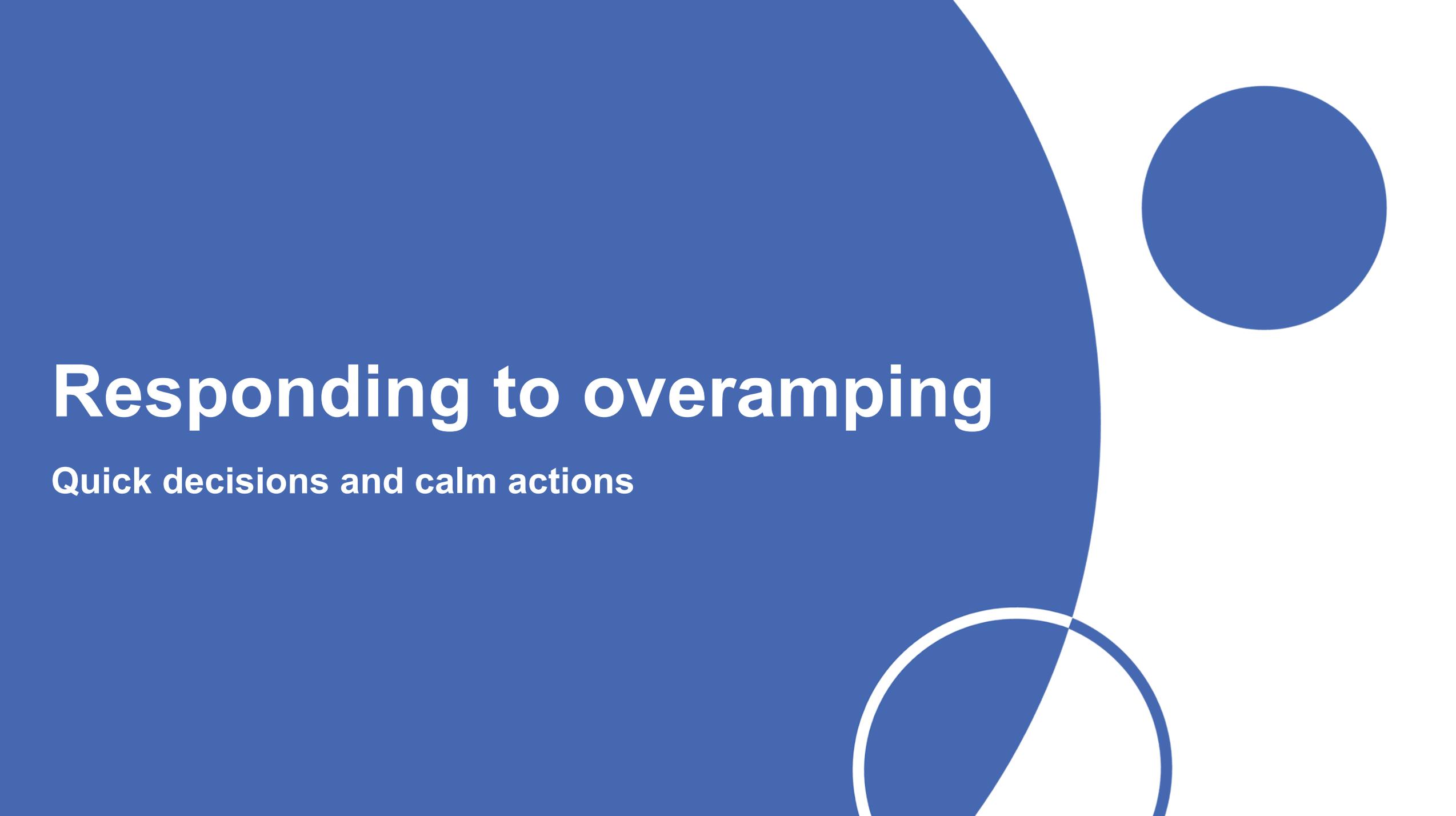
Changing Delivery Models



Smoke Works
Harm Reduction Tools for Safer Smoking



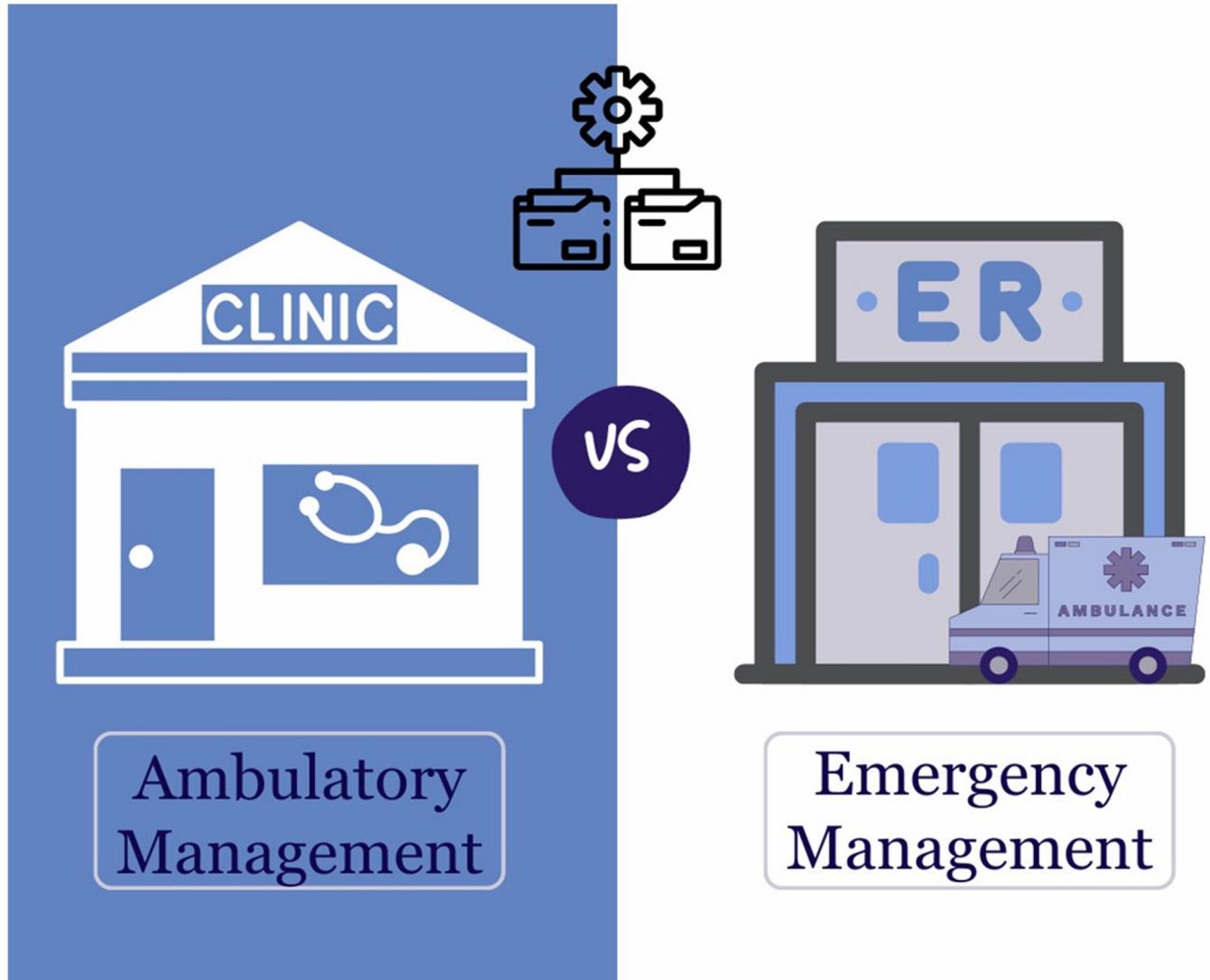
<https://smokeworksboston.wordpress.com/>



Responding to overamping

Quick decisions and calm actions

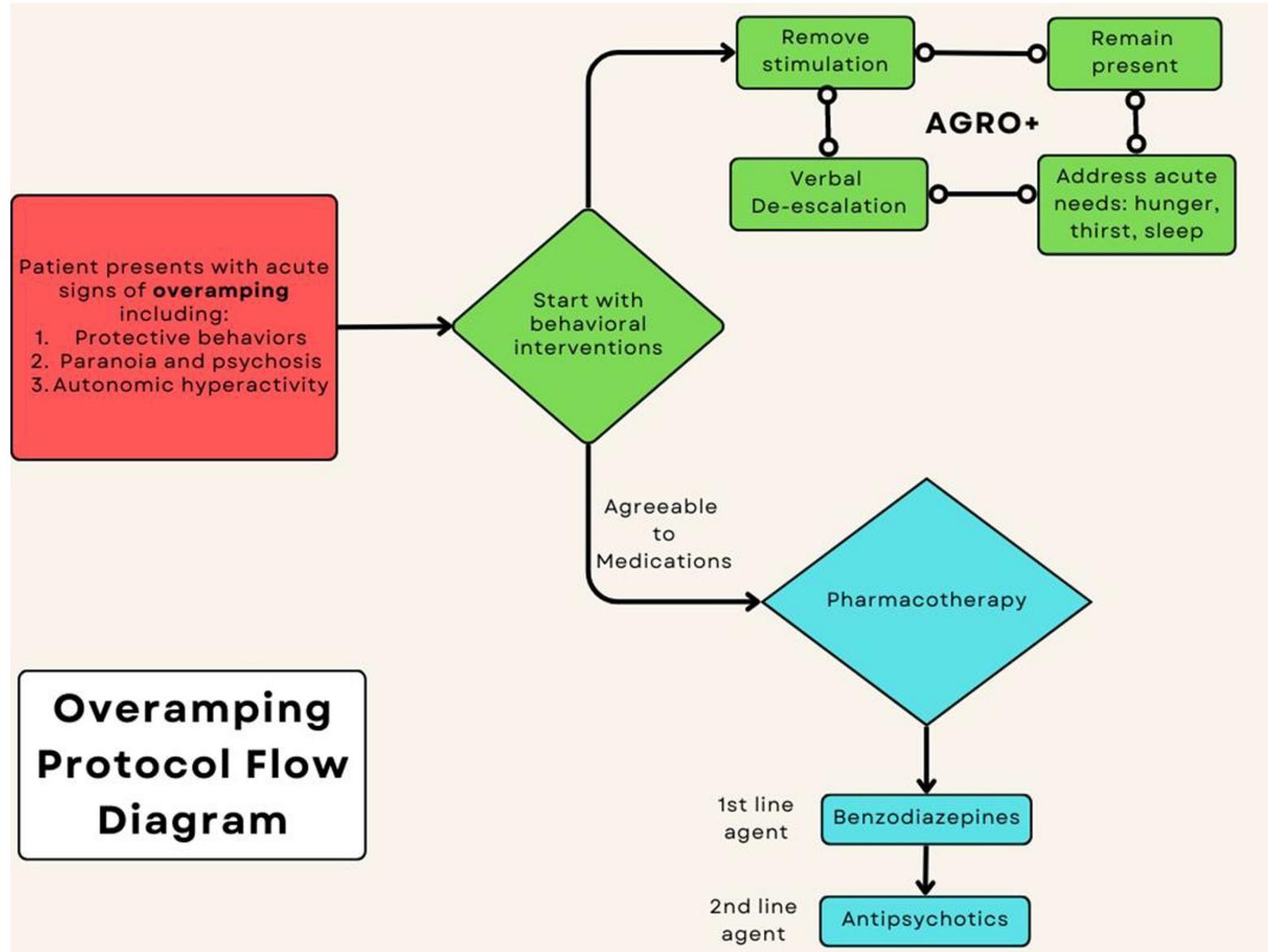
Making a decision



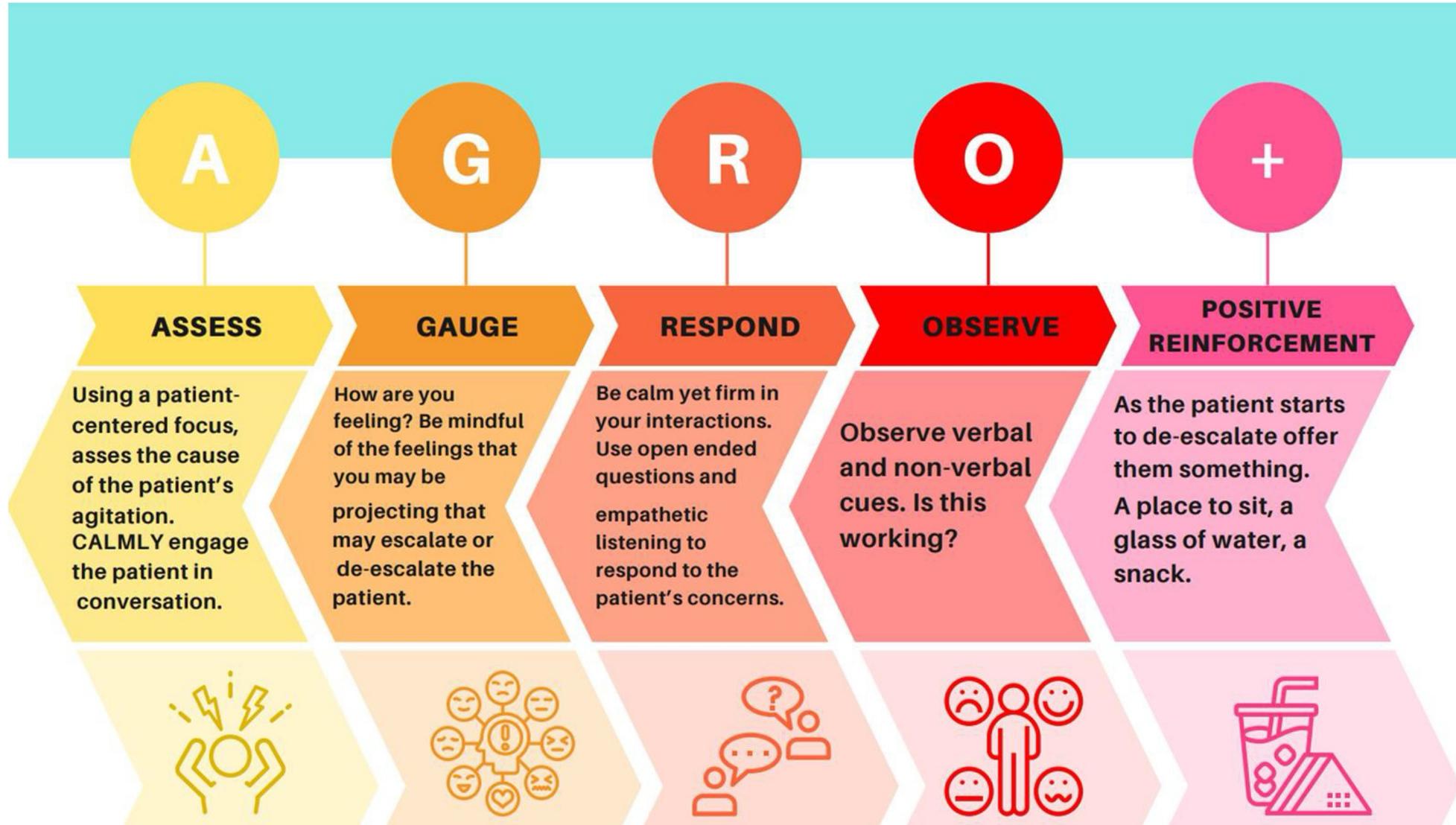
Red Flags for ER:

- EKG changes and/or unstable angina
- Uncontrollable hyperthermia (greater than 102F)
- Arrhythmia
- Refractory choreiform movements
- Hypertensive crisis with symptoms
- Seizure
- Syncope
- Respiratory distress

Ambulatory management of overramping

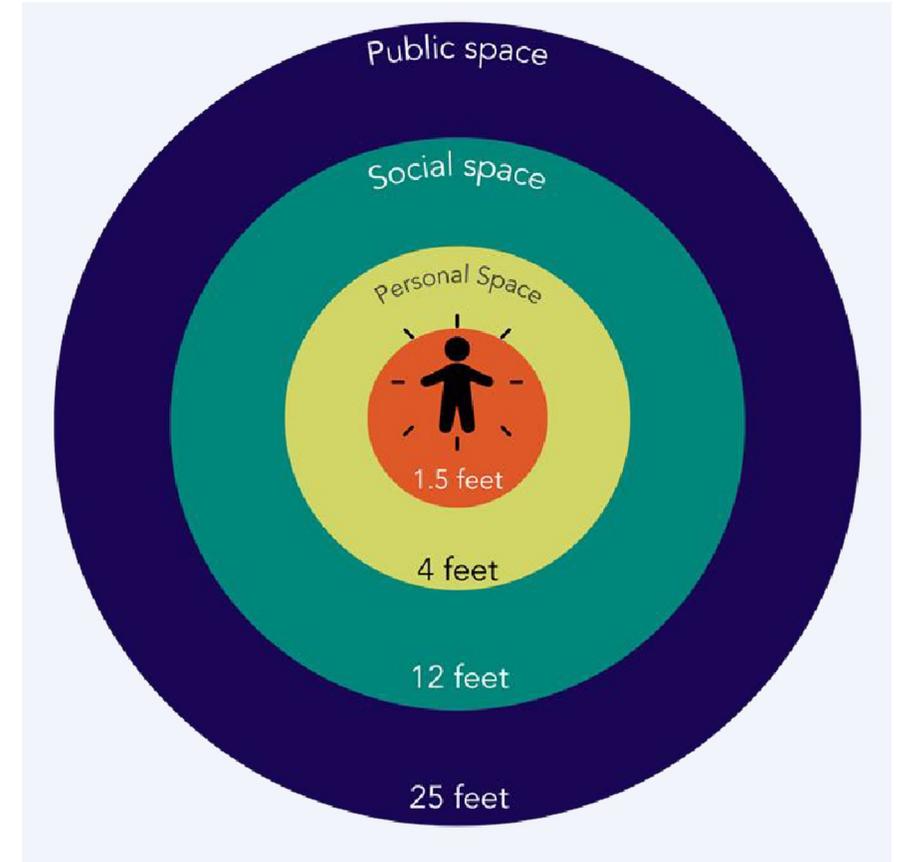


Behavioral de-escalation



Behavioral de-escalation

- Ensure your own safety- access to exit, safe distance, never approach a patient with a weapon.
- Avoid cornering the person, prolonged eye contact, and sudden threatening gestures.
- Minimize stimulation and distractions
- Maintain composure—remember it isn't personal!



Pharmacological intervention

AMBULATORY MEDICATION PROTOCOL PSYCHOSTIMULANT OVERAMPING

	Drug	Dose	Route	Monitoring
First Line Benzodiazepines	Lorazepam	0.5mg-1mg, repeat in 30-60min	PO	Monitor vital signs and for decreased agitation. If sleeping check q60min.
Second Line Antipsychotics	Olanzapine	5-10mg repeat in 120min	PO or IM	Monitor for vital signs and for decreased agitation. Assess for extrapyramidal symptoms.

Protective Behaviors



What Are Protective Behaviors?

- Protective behaviors are ways in which people act instinctually for self-preservation.
- Altered persecutory perceptions of reality force patients to go into survival mode.
- Acts of aggression, violence, or hypervigilance often occur in the setting of patients fearing for their lives.

Hunger, love, pain, fear are some of those inner forces which rule the individual's instinct for self preservation.

(Albert Einstein)

Physiological symptoms:

- Hyperthermia
- Hypertension
- Tachycardia
- Headaches

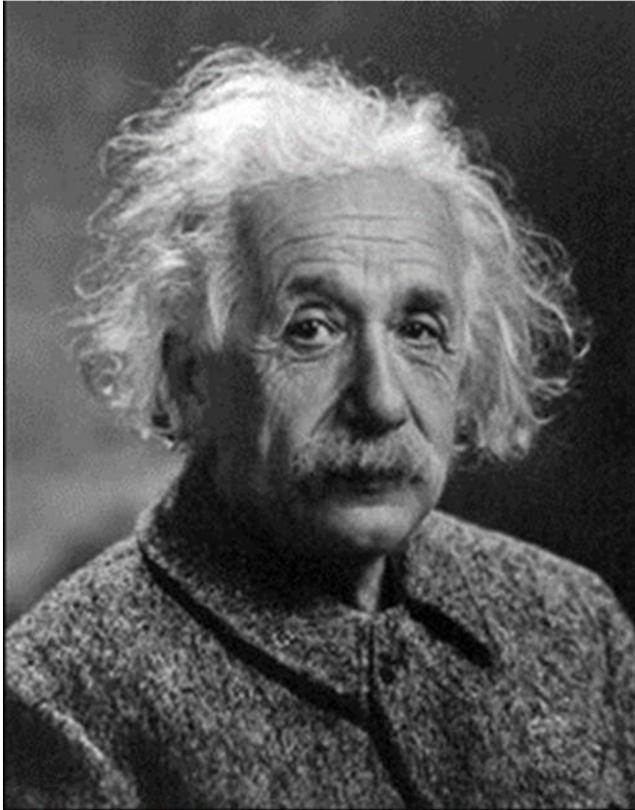


Psychiatric symptoms:

- Paranoia
- Hallucinations

Check out our video Responding to protective behaviors?
<https://www.youtube.com/watch?v=daxlHPGWhUE&t=2s>

Understanding Protective Behaviors



Hunger, love, pain, fear are some of those inner forces which rule the individual's instinct for self preservation.

(Albert Einstein)

The background features a large, solid blue shape on the left side, which tapers towards the right. On the right side, there is a smaller, solid blue circle. At the bottom right, there is a white circle with a blue outline, partially overlapping the large blue shape. The overall design is minimalist and modern.

What about psychosis?

Will it persist?

Psychosis Management

Recurrent episodes of psychosis

- Patients who have experienced psychosis related to overamping are at risk for recurrent episodes of psychosis with continued use.
- May consider treatment with PRN antipsychotic medications.
 - Olanzapine, haloperidol, risperidone

Persistent episode of psychosis

- Patients who have experienced psychosis (particularly tactile hallucinations) are at risk for persistent psychosis that may be overt or subclinical.
- May consider treatment with daily PO or a long-acting injectable antipsychotic.
 - Paliperidone, aripiprazole, haloperidol

Evaluating persistent psychosis

Consider using a validated screening tool quantitatively.

Key things to evaluate:

- How bothersome are the persistent symptoms to the patient?
- Has the patient trialed an effective agent in the past?
- Do the symptoms persist in the absence of stimulant use?

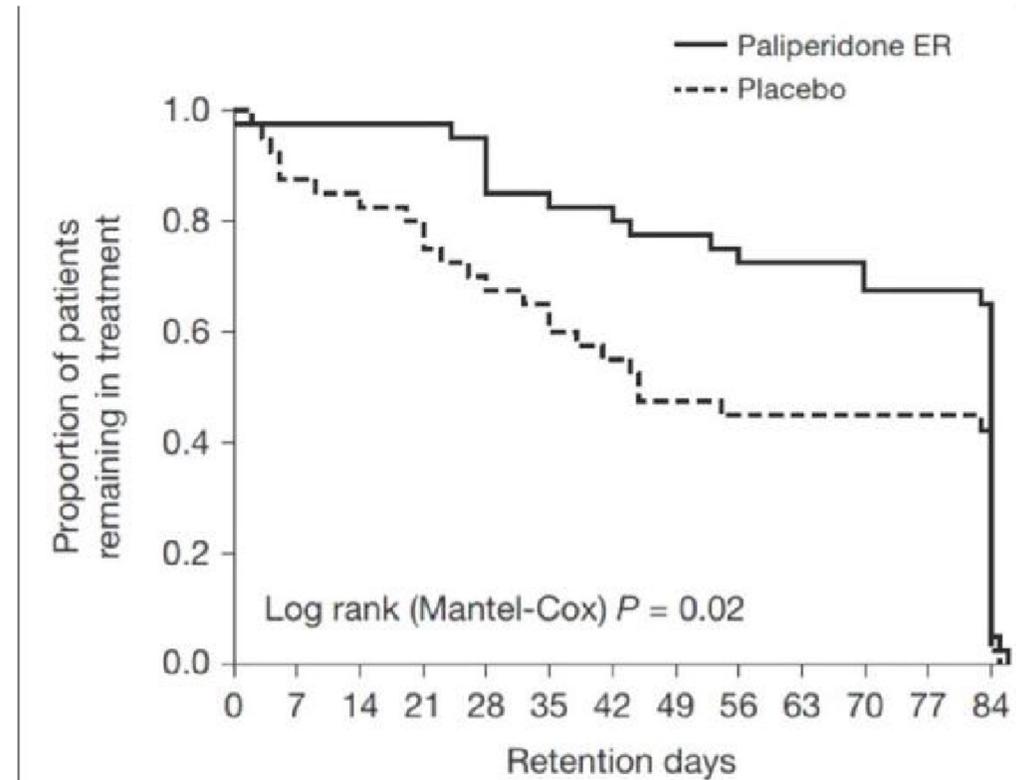
The 16-item Version of the Prodromal Questionnaire (PQ-16)

			If TRUE: how much distress did you experience?			
			None	Mild	Moderate	Severe
1.	I feel uninterested in the things I used to enjoy.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2.	I often seem to live through events exactly as they happened before (déjà vu).	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3.	I sometimes smell or taste things that other people can't smell or taste.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4.	I often hear unusual sounds like banging, clicking, hissing, clapping or ringing in my ears.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5.	I have been confused at times whether something I experienced was real or imaginary.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6.	When I look at a person, or look at myself in a mirror, I have seen the face change right before my eyes.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7.	I get extremely anxious when meeting people for the first time ^{LAB}	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8.	I have seen things that other people apparently can't see.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9.	My thoughts are sometimes so strong that I can almost hear them.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10.	I sometimes see special meanings in advertisements, shop windows, or in the way things are arranged around me.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11.	Sometimes I have felt that I'm not in control of my own ideas or thoughts.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12.	Sometimes I feel suddenly distracted by distant sounds that I am not normally aware of.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13.	I have heard things other people can't hear like voices of people whispering or talking.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14.	I often feel that others have it in for me.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15.	I have had the sense that some person or force is around me, even though I could not see anyone.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16.	I feel that parts of my body have changed in some way, or that parts of my body are working differently than before.	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(Levey et al., 2018)

The case for Long-Acting Injectable Antipsychotics (LAIAs)

- LAIAs have mild-modest evidence related to reduction of methamphetamine use.
- Studied LAIAs (aripiprazole and paliperidone) both demonstrated statistically significant reduction in psychotic symptoms.
- LAIAs have the most robust evidence related to retention in treatment for people with StUD.



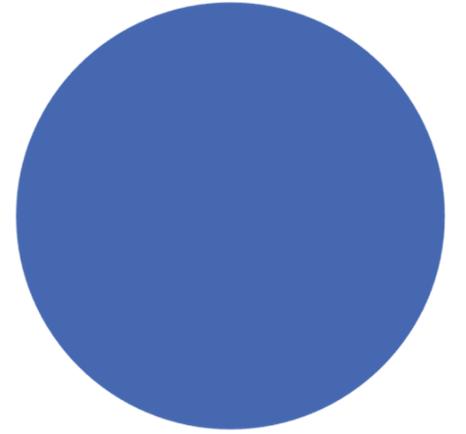
ER = extended release.

Key

Takeaways

- Stimulant use disorders are on the rise in the United States.
- Episodes of overamping may be both physiological and psychological emergencies.
- Evidence-based pharmacological and behavioral health interventions exist to treat people with stimulant use disorders.
- Reducing negative health outcomes from stimulant use involves educating patients about harm reduction and treatment for stimulant use disorder.
- People DO recover!

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Overramping in the OTP Setting



Overamping in the OTP setting

- Drug culture—the shared beliefs, values, norms, and practices that a group of people learn and share, shaping their way of life
 - OTP patients and culture. A significant % of OTP patients share drug culture—meaning polysubstance use
 - OTP patients access methadone for opioid use disorder, but often struggle with significant medical and psychiatric co-morbidities
 - OTP's are uniquely positioned to screen and identify co-morbidities.
 - OTP's main objective is clinical stability
 - OTP's should provide a safe and confidential environment which allows for patients to achieve recovery
- 

Overramping in the OTP setting.

- The OTP care team must work towards providing a safe environment
- Overramping and stimulant use. Both dose dependent and drug dependent
- OTP multidisciplinary team routinely aware of patients who struggle
- Patients may confide with any part of the clinical team, and often find refuge knowing there is a relative safe place to divulge aspects of their drug culture
- Importance of setting limits. OTP's are primarily tasked with the maintenance of opioid dependence in order to achieve clinical stability



Overramping in the OTP setting

- Beware of staff splitting and patient demands - A cohesive team with shared experiences can provide for a stable clinical environment.
 - Examples of setting limits - Patients often know what they need and will try and persuade.
 - Warm referrals
 - Hub and spoke model. OTP/Medication-Assisted Treatment (MAT) identifies and refers to community health centers, housing assistance, recovery coaching, detox, etc.
 - START (Stimulant treatment and Recovery Team)—analogous to the final rule effect on OTP's. Shared decision making leads to better overall care
- 

Overramping in the OTP setting.

- START clinic is modeled to provide a safe setting for patients with stimulant use disorder. Contingency management, attention to medications that may decrease stimulant use and or address an underlying condition may relate to ongoing stimulant use (ADHD), life skills—teaching a non drug culture life, HARM REDUCTION.
- Patients understand abstinence is the ultimate goal, but also are supported in knowing this is not the only goal.



NL 31 y.o. single mom

- Presented to outpatient services 8/2024 following prolonged relapse (1 year).
- Initial psychiatric evaluation noted patients cc “I have a substance use disorder, bipolar, anxiety, depression, and insomnia, I want to get back on meds”
- Opioid dependence (age of first use 18 Percocet following trauma “I was jumped”, led to intravenous drug use; previously use of both buprenorphine and methadone—for maintenance)
- Cocaine dependence—smoked 2 grams per day. Reports paranoia, mood swings, irritable, sad, fearful something bad will happen to her 3 daughters (10, 12, 15).
Tenuous living situation on and off with her mother

NL 31 y.o single mom

- Historical meds resumed (suboxone, Vistaril, sertraline, topiramate) 8/24—never returned to outpatient
 - Presented to OTP 11/8/24 seeking methadone. Initial dose of 50 mg, with order to increased based on residual opioid cravings.
 - Presented to ATS (detox) 1 weeks later, methadone dose 60 mg continued, along with clonidine, hydroxyzine, sertraline, topiramate
 - 1 month ATS/CSS methadone dose 70 mg, topiramate 50 mg bid
 - Enrolled in START clinic 12/20, meds continued
 - Initial drug screen –few days following IPE + norfentanyl, cocaine, buprenorphine, marijuana
 - Follow up drug screens (after ATS/CSS + methadone, + marijuana; evidence of cocaine relapse 3 months later 3/25).
 - Appears to have stopped outpatient meds by February 2025; methadone dose up to 110
- 

NL 31 y.o. single mom

- Remains engaged with START clinic
- Admits to cocaine relapse after stopping medications
- Zoloft, Vistaril, clonidine, methadone, and Topamax resumed

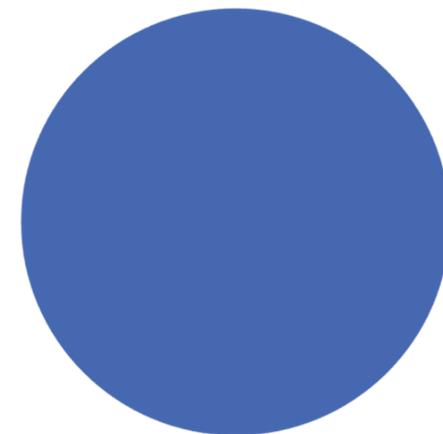
BM 41 y.o. married father of 2

- Presented to START clinic with intentions to stop using cocaine
 - Snorts episodic, last use 2 weeks prior to intake
 - Historical dx of major depressive d/o, generalized anxiety d/o, Attention deficit hyperactivity drug overdose
 - Previous medication trails Wellbutrin/Prozac/Trintellix, propranolol, lexapro, Vyvanse
 - Initial IPE (intrusive negative thoughts, low energy, irritability, lack of motivation, hypersensitivity to sound/touch)
 - Topiramate initiated 50 mg bid, discontinued due to pneumonia 3 days into treatment
 - Lexapro and vyvanse resumed following consultation with BMC START
- 

BM 41 y.o. married father of 2

- Lexapro 20 mg qd, Vyvanse 30 mg qd have alleviated his symptoms;
- Remains cocaine free.

Resources



Virtual Drop-in Office Hours

Monthly opportunities to ask your addiction-related questions



To learn more and join an upcoming session, [click here](#) or scan QR code!

General Office Hours:

2nd Thursday of each month from 5 – 6pm EST

Stimulant-Focused Office Hours:

3rd Thursday of each month from 5– 6pm EST



Hosted by BMC Grayken TTA Clinical Educators



Open to all clinical providers and staff supporting those with substance use



Harm Reduction Short Videos

we're excited to announce our new

HARM REDUCTION SHORT VIDEO SERIES



The new Harm Reduction Educational Series is a collection of **15 short videos** now available as part of our virtual harm reduction toolkit developed to equip healthcare professionals and community partners with **practical harm reduction skills to better support patients who use substances**. Topics covered include **safer smoking**, **injecting**, **sniffing**, **booty bumping**, and **overdose prevention and reversal**.



[Click here](#) or scan
QR code to watch!



More from Grayken Center for Addiction TTA

A free education, support and capacity building resource on best practices for caring for patients with substance use disorder



Register for free [live](#) and [recorded](#) trainings



Access free [resources](#)



[Join our mailing list](#) to stay in touch and informed about our offerings!

Thank you!

Questions?



Upcoming Sessions: 3:30-4:30PM

Please click the link in the chat for the session you wish to attend!

Providing Culturally Responsive Services to BIPOC Populations	<u>ZOOM LINK</u>
Innovative Strategies for Patient Centered Care: Supporting Wellness	<u>ZOOM LINK</u>

