



Methamphetamine

Response Strategies
Indian Health Service

Kathleen Masis M.D.
Tribal Summit on Methamphetamine
Coeur D'Alene
October 12, 2005

Public Health Response to Methamphetamine

Indian Health Service Report to
Attorney General's Advisory
Subcommittee on Native American
Issues, Tribal Summit on Meth
Coeur D'Alene
October 12, 2005

"Methamphetamine has become an epidemic in our Indian Country," said Jan Morley, assistant U.S. attorney...

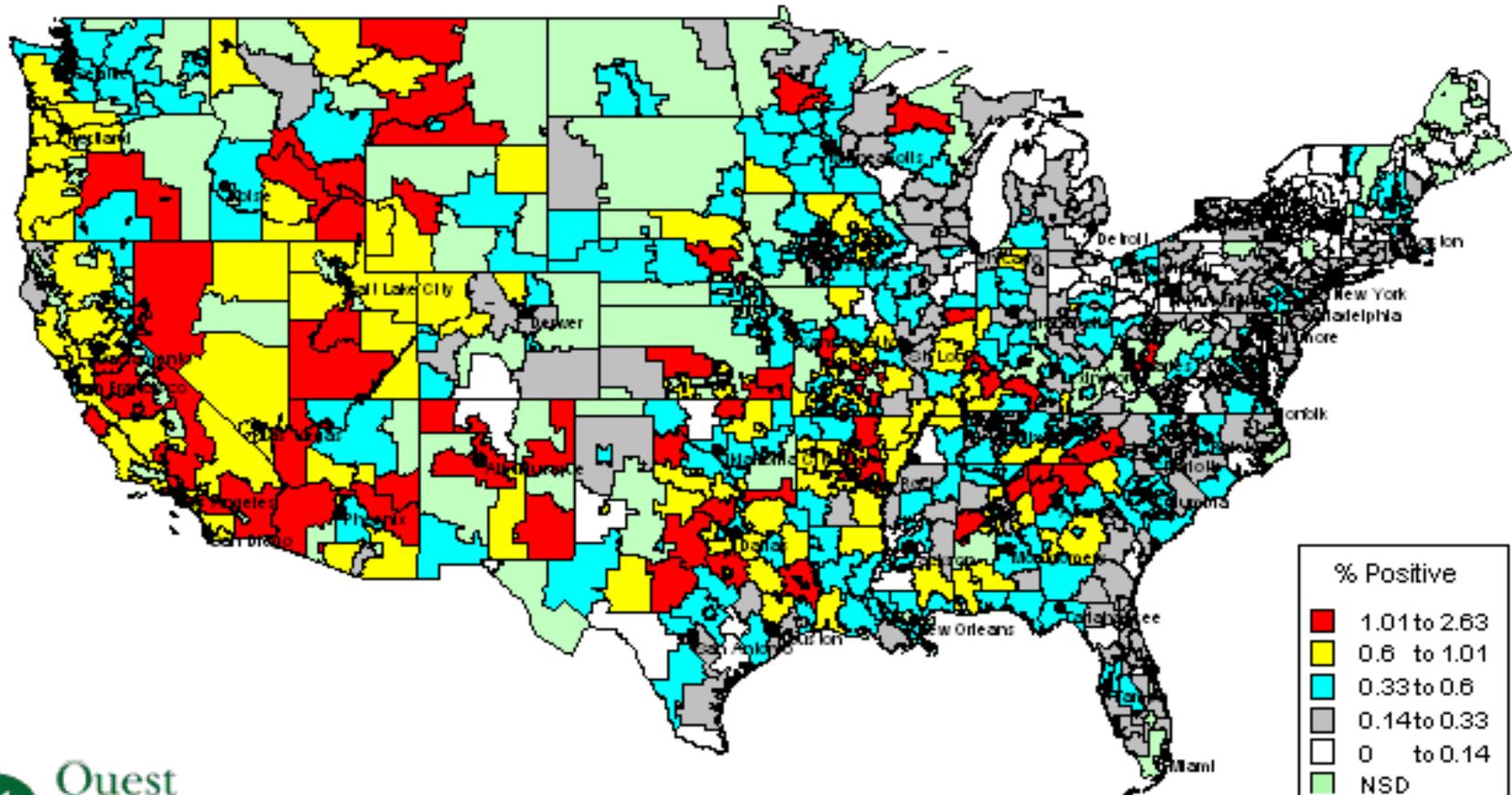


"We're losing our children to this drug war, and we need to take our children back."

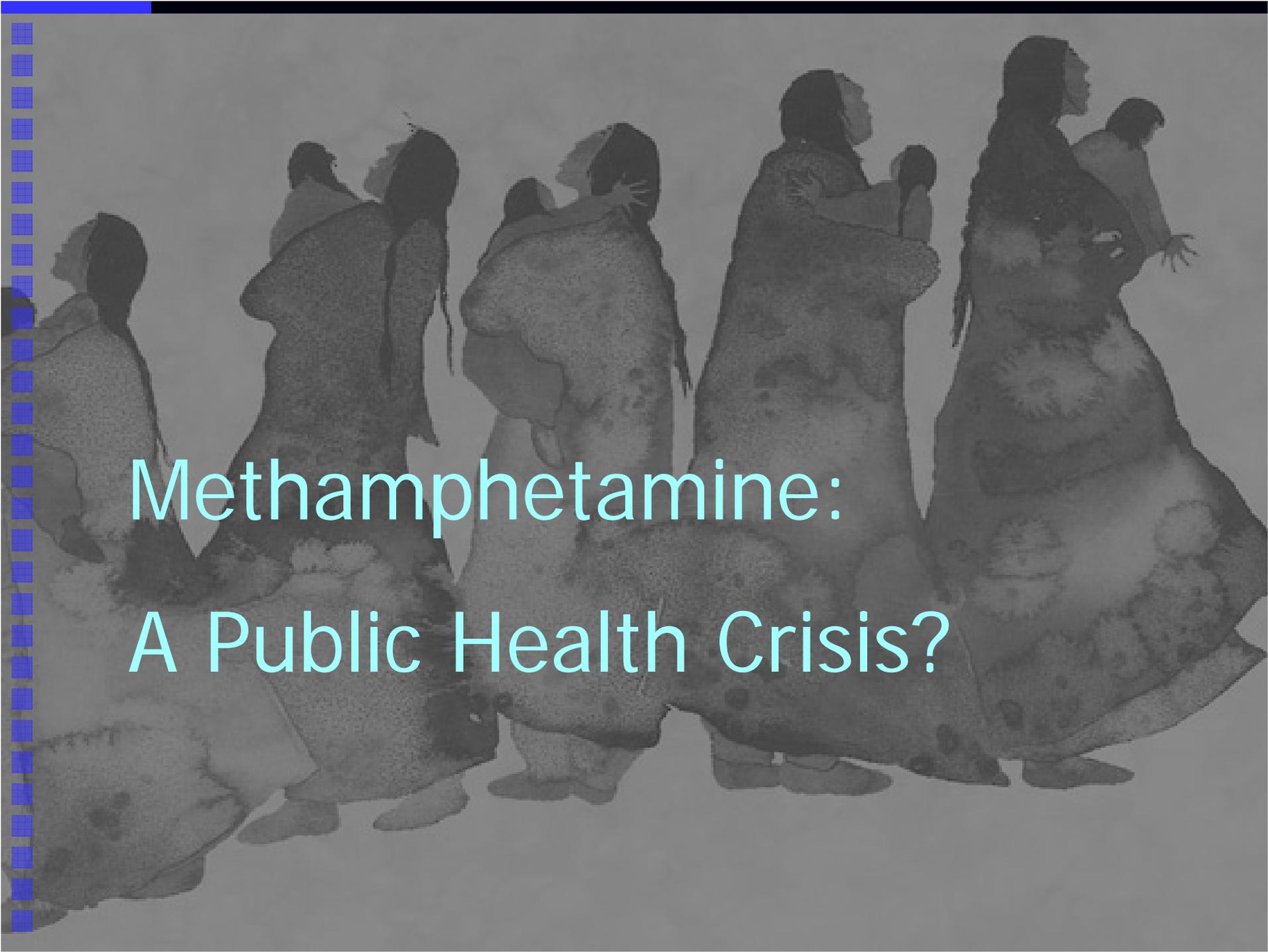
Associated Press, Walker MN, August 2003

Amphetamines Positivity by 3-Digit Zipcode

January - December 2004



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Methamphetamine: A Public Health Crisis?

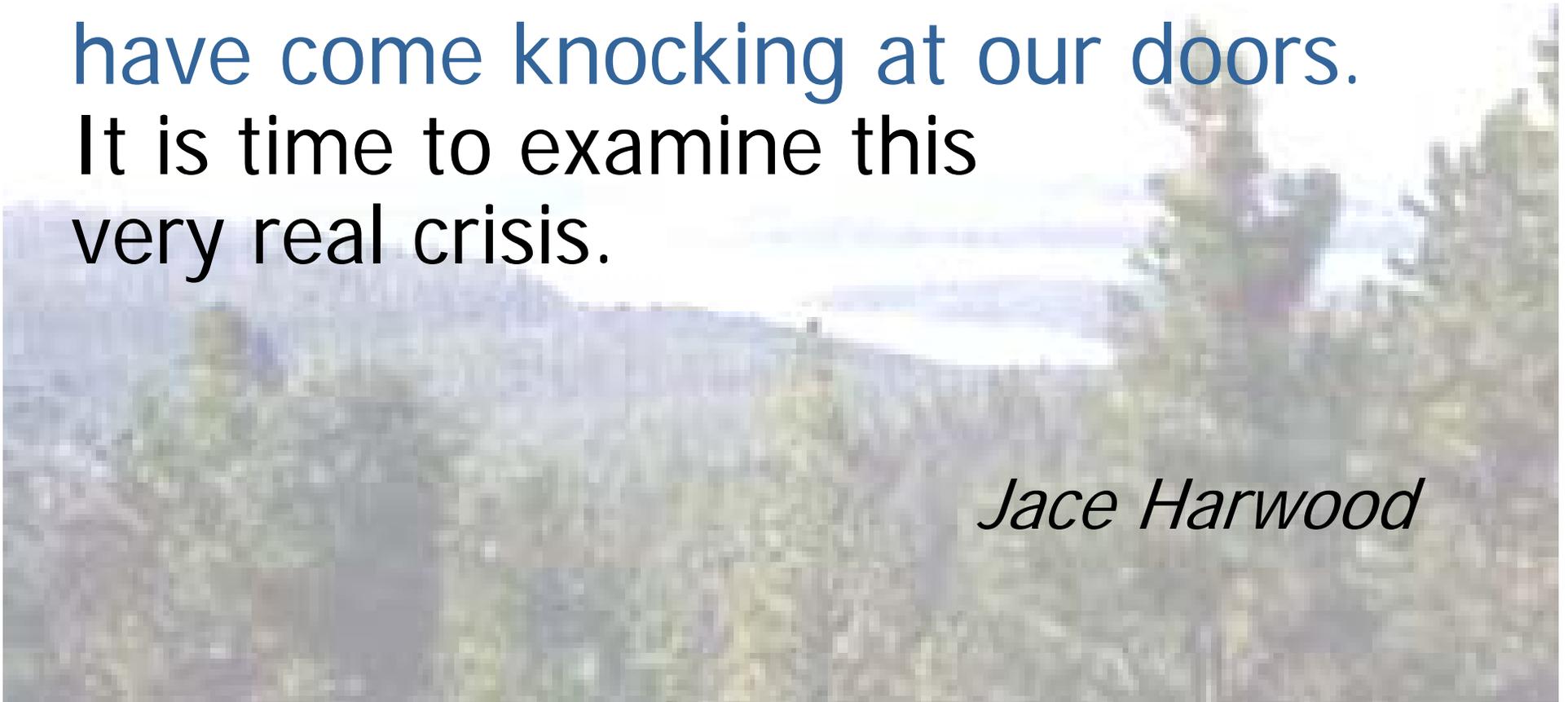
A hush spreads over this land.

Like that moment before a storm hits,
the people seem to not notice that a
deadly epidemic has come to their town.

The echoes of an unseen violence
have come knocking at our doors.

It is time to examine this
very real crisis.

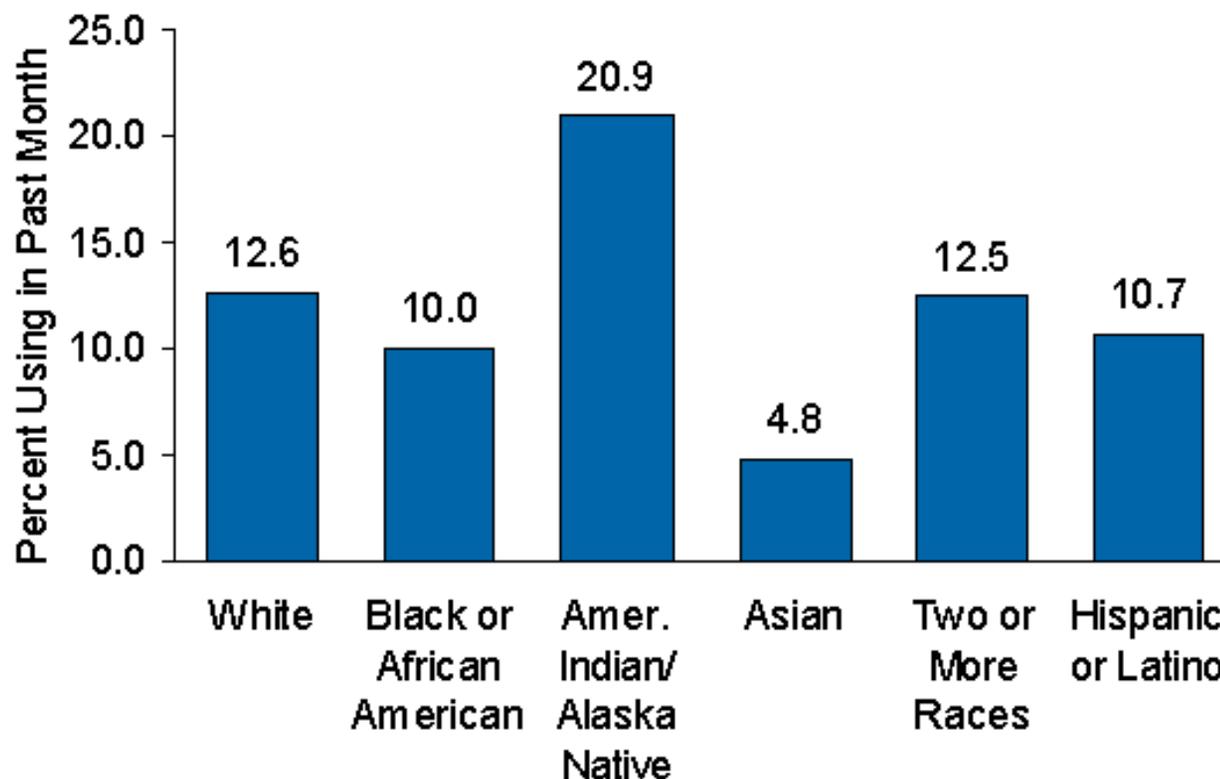
Jace Harwood



Myths:

- People never get off meth.
- Detox takes 1-3 mo. so you can't start treatment until after that
- Meth is a drug; therefore the substance abuse program should take care of it
- Meth is illegal; therefore law enforcement should take care of it.

Methamphetamine: Epidemiology



Past Month Illicit Drug Use among Youths Aged 12 to 17, by Race/Ethnicity: 2002

Why is meth so devastating?

- Cheap, readily available
- Stimulates, gives intense pleasure
- Meth damages the user's brain
- Paranoid, delusional thoughts
- Depression when stop using
- Craving overwhelmingly powerful
- Brain healing takes up to 2 years
- We are not familiar with treating it

Costs in Past 5 years

- Medical and Behavioral Health Visits for amphetamine-related problem: 58,000
- Cost estimate: \$11,071,589

Indian Health Service

Behavioral Health Dept

August 22, 2005

Need for Response



- America likes things bigger, faster, cheaper.
- Meth fits this criteria as it will be a larger problem if left unacknowledged than all other substance abuse issues.

Andrew Iron Shell

Health Problems from Meth

- Acute: trauma
- psychosis
- overdose
- vascular (stroke, MI)
- suicidal behavior
- pregnancy complications
- IDU complications

Health Problems, con't:

- Chronic: Dental
- Mental Health --psychosis
- depression
- Rehab post stroke

Behavioral/Social Problems

- Substance abusers with chronic mental illness
- Child abuse
- Child neglect
- Drug-exposed children
- Family violence
- Diversion of prescription meds

Behavioral/Social con't:

- Suicide and the survivors
- Opioid abuse/dependence
- Indiscriminate anonymous sex
- Workplace violence

Communicable Diseases: Sexual and Injection transmitted

- Chlamydia
- Syphilis
- Hepatitis C
- Hepatitis B (Cascade Cty, MT 1999)
- HIV

Recovery from Methamphetamine

- Individual
- Family
- Community

IHS/Tribal/Urban Health Care:

We specialize in Primary Care



Methamphetamine requires Primary, Secondary, and Tertiary Care Responses

We have to do better what we already do well.

We have to stretch to address the multitude of problems from meth use.

Meth recovery is not possible without teamwork.

Primary Care's Role with Meth

- Screening and early intervention
- Assessment and stabilization in E.D.
- Test and treat sexually transmitted diseases
- Immunize
- Identify at risk children
- Educate ourselves and our patients
- Join the community response team

Challenges to I/T/U Clinics

- Increase in patients presenting with psychosis
- Increase in incarcerated population
- Increase in complicated pregnancies
- Drug Diversion
- Pharmacy Break-ins
- Threats and violence in the workplace

Public Health Nursing

- Increasing numbers of contacts to STD
- Younger and younger STD patients
- Child abuse/neglect reporting
- Home visits: unsafe?
- Who takes care of individuals in jails?

Behavioral Health

I/T/U system is outpatient

Demand for services increased

Patients have co-occurring addiction and
mental health disorders

Crisis orientation

Lack of secure inpatient beds

Frequent suicide attempts

Tribal/Urban Addiction Services

- Meth clients have different needs
- “Alcohol counselors” not comfortable with clients who have mental illness
- Counselor pool is aging
- Young people not entering the field
- Clients with co-occurring disorders slip through the cracks

Administration/Leadership Issues

- Workplace safety
- Employees and our family members using
- Staff burnout
- Patients with need for higher level of care (e.g. psych hospitalization)
- Pharmacy costs increasing

Indian Health Response

IHS Director's three initiatives address:

Chronic Disease

Behavioral Health

Health Promotion/Disease Prevention

Director's Initiatives 2005

System-Wide Effort

- Change approach from crisis orientation to ongoing behavioral health promotion
- Seek new and sustainable resources: multiple funding sources
- Maximize current program effectiveness: collaborations, data-driven models
- Technology and clinically sound behavioral approaches integrated with traditions and healing practices of the community.

Director's Initiatives, 2005

Components to Response

Primary Care and Emergency Depts.	Co-occurring Mental Health and Addiction Treatment	Community Focus: Leadership, Culture and Traditions	Drug Task Forces
Environmental Health	Drug-Exposed Children, CPS	Interdiction, Corrections, Drug Court	Health Education

Teamwork is vital

Train doctors, nurses, CD counselors, mental health	Develop, implement protocols	Specialist Consults: Addictions, Psychiatric	Emergency assessment and stabilization
Train CPS, SW's, Law Enforce., Corrections, Judicial	Case managers for chronic mentally ill	Safety in the workplace	Public information campaigns

If drug court wasn't already invented, it would have to be for Meth addicts. (Richard Rawson)



Community Networks Response

- Well-formulated continuum of care based on availability of local services
- Example: Project First Aid for Addiction, Miami, Florida
- 3-evening education series
- Teaches nature of addiction and how friends and family members can intervene with addict

J. Hall, P. Broderick

NIDA Research Monograph #115

Choctaw Nation Chi Hullo Li

- Tribal residential treatment program
- Talihina, OK
- Specializes in culturally-based , multi-disciplinary treatment
- For women and their children
- Designed for unique aspects of methamphetamine addiction
- SAMHSA/CSAT funded

Cherokee Nation Multi-Disciplinary Meth Task Force

- Prevention
- Education
- Treatment
- Two full-time, one ½ time counselors
- Community coalition building
- Started in 2005

Suicide Prevention

- SAMHSA and Indian Health Service
- One Sky Center, Portland
- White Bison, Colorado Springs
- Indian Health National Suicide Prevention Network
- Methamphetamine is major contributor to current suicides

Treatment Manual for Native Americans

- Matrix Institute, L.A.
- Friendship House, San Francisco
- Native American Meth Treatment
- Adapted from Matrix Model for Treatment of Stimulant Abuse
- Currently in development
- Funded by CSAT, SAMHSA

“We’re treating the complications:
what about the addiction?
Do people ever get off meth?”

“Be prepared to intervene for patients who are willing to change their behavior.”

Paul Strange, M.D.
US Preventive Task Force

Medical Specialty Access

- Real-time Addiction Medicine consults now available from Phoenix Indian Medical Center
- CDC STD Program sponsors training in Emergency Assessment and Stabilization
- Pediatric, OB, Psychiatric specialists available for phone consults

Addiction Medicine Services

- IHS Chief Consultant in Addiction Medicine available to make site-visits, review and make recommendations for chemical dependency treatment programs anywhere in the country
- Technical Assistance to Tribal and Urban Programs

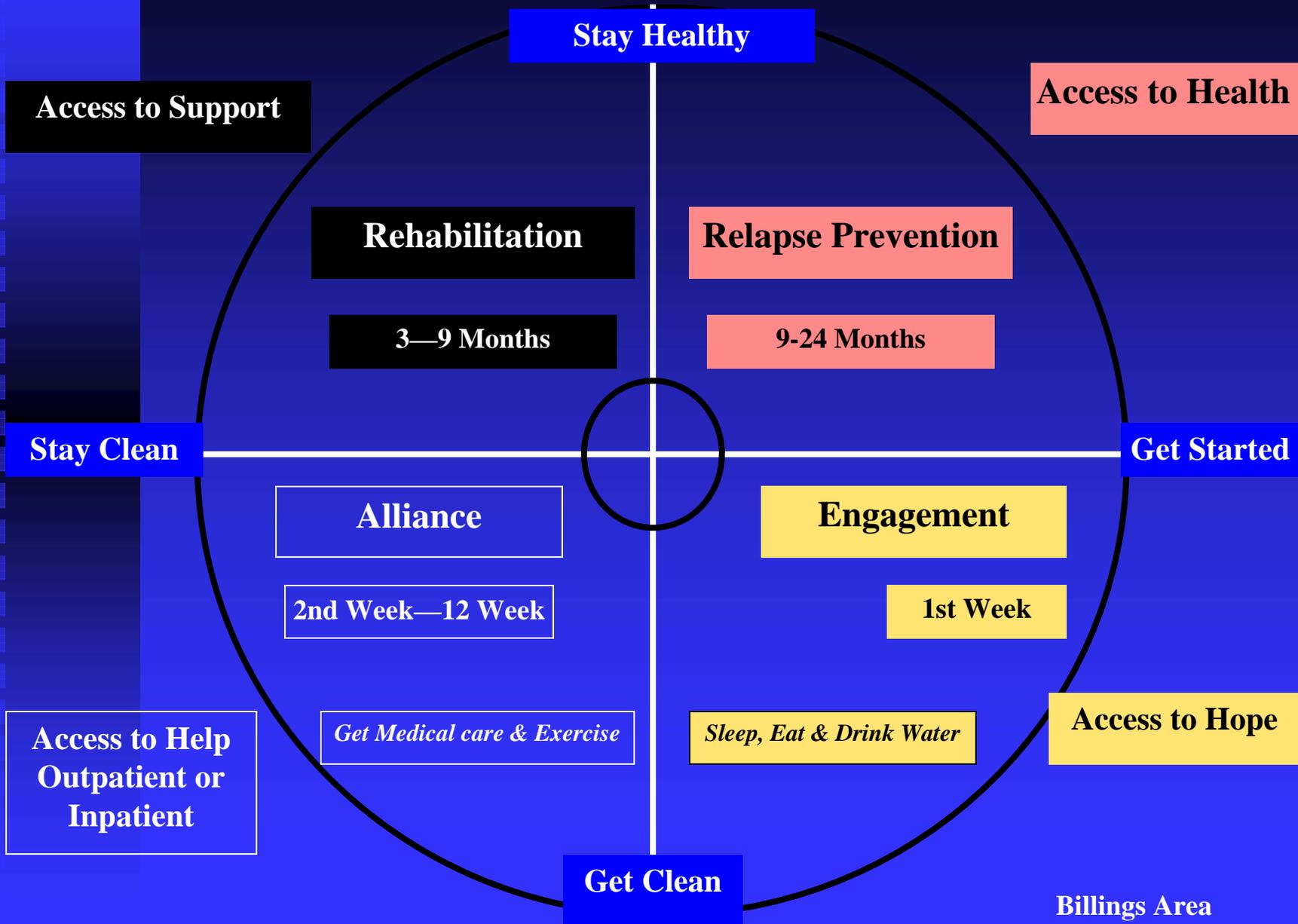
Guide to Recovery from Meth

Four Steps

1. Get started
2. Get clean
3. Stay clean
4. Stay healthy

Guide to Recovery from Meth

Draft



Step One: Get Started

What do I need to know in order to help a friend or loved one start to get off meth?

Starting to get off meth

- Methamphetamine is poisonous to the brain
- Getting off meth can be started at home, in the hospital, in a treatment center, in jail, as long as meth isn't around
- It's safer if someone who cares about you is with you when you stop using
- People don't always have to have medication to stop using meth

Brain damage and Brain healing

- Meth poisons the brain
- Meth takes away your ability to feel “OK”
- It takes about 2 years to heal the brain
- The healing starts as soon as the use stops

Withdrawal symptoms

- Feeling sad, depressed, and/or suicidal
- Extremely tired and sleepy
- Stimulant cravings
- Hard to concentrate
- Anxiety
- No energy
- Don't care about anything (apathy)

The brain has to heal!

- People who use meth have abnormal brain scans
- People who use meth lose the ability to feel good without meth
- Meth affects the part of the brain that enables us to feel OK
- When you stop using meth, you don't feel "better" right away.

What helps in Step One

Keep as far away from meth as you can.

Don't be around people who use.

Tell someone you trust that you are going to stop using.

Ask them to take you to for help if you become suicidal, if you are hallucinating, or if you can't eat and sleep.

Broken Brain?

- You need to rest the brain, give it good nutrition, and sometimes medication.

Tweaking

- Tweaking is a behavior that is a direct result of meth brain damage.
- It usually improves and goes away after use is stopped.
- It's hard to tell a former user from a current user because it takes time for the brain to heal.

When is medical care needed?

- Can't eat or drink
- Seeing things/hearing voices/paranoid
- Awful anxiety
- Feels like killing his/herself
- Scaring other people/violent

Don't take unnecessary risks

- Paranoid delusions can cause people to commit violent acts
- Calling police may save a life
- Could prevent the addict from spending his/her life in jail for a violent crime
- Be prepared; talk about this with someone you trust

Hope: a strong medicine

Studies show that up to 30% of meth users can be clean and sober a year following treatment that is specific for meth.

UCLA Integrated Substance
Abuse Programs

Step 2: Get clean

- After the first week or two, you feel better
- Step 2 is all about not using meth.
- Craving is the enemy.

Getting Clean: What do I do now?

- 2 weeks to 3 months off meth
- You need structure
- Schedule your days
- Get medical care
- Get dental care
- Get inpatient or outpatient addiction treatment.

Drug Courts

- Drug Court wants the person to stop using.
- Urine drug screens need to be “clean.”
- A drug screen will be ordered 12 hours after leaving jail, and many more.
- If it is “clean,” then the person can stay out of jail.
- When it is “dirty,” they go back to jail.

DEA

Craving: the brain wants to feel better

- Meth has taught the user's brain that the only way to feel OK is to use meth!
- It's like a broken leg telling the football player that the only way to feel better is to get out there and play ball.
- No wonder we have trouble understanding the meth user. It doesn't make sense.

Craving: “drug hunger”

- If you were starving, and you knew where you could get some food----that’s what craving feels like
- Getting clean from meth means learning how to stay away from the drug and people who use it

Getting clean: get rid of reminders of meth

- Clean up your environment

Are there any drugs around?

Any paraphenalia? (light bulbs,
needles)

Ask a non-using friend or family
member to help you collect and throw these
away.

CSAT, 1999

Getting clean:

Stay away from users

- Stay away from your using friends/dealers.
- Get rid of their phone numbers.
- Maybe you need to get rid of your cell phone.
- Avoid high-risk areas: neighborhoods, houses, bars, anywhere you used to get or use drugs.

CSAT, 1999

Getting clean: Going to treatment

Step 2 is a good time to start addiction treatment.

Craving is very powerful and you need all the help you can get.

You don't want to have to do this all over again, do you?

Triggers:

You need a plan

- Triggers are reminders of using meth.
- They can lead to craving, and use.
- Triggers can be internal or external.
- You need a plan to deal with triggers.
- Plan how to avoid them
- Plan what to do if you start thinking about using.

CSAT, 1999

Withdrawal symptoms can come back

- You may have had withdrawal symptoms, which went away
- They can come back weeks or months later
- This is delayed stimulant withdrawal
- It is normal
- People can get through this
- It helps to be in a recovery (treatment) program

Meth and Depression

People who use methamphetamine may become depressed when they stop.

Depression feels like fatigue, apathy, sadness, and hopelessness.

What helps depression?

- Exercise
- Non-using friendships
- Spiritual support/practices
- Cultural activities
- Knowing that you can get through this
- Knowing that people believe in you
- Medication for depression may be needed

Step 3: Stay Clean

- 3-9 months off of meth
- Some days are better than others
- Craving is less
- Risk of relapse still high
- Stay away from meth and meth users

Step 3: Avoiding Relapse

- Don't use alcohol or other drugs
- Don't go back with drug-using friends
- Don't go back to drug-using sex
- Watch out for triggers
- HALT
- “Get a (positive) life!”

from Havassy et al., 1993

Boredom: a trigger to use

- Boredom can result in craving.
- The community can help by organizing clean/sober activities.
- Exercise
- Sweat lodge
- 12 Step or other recovery groups
- Helping others

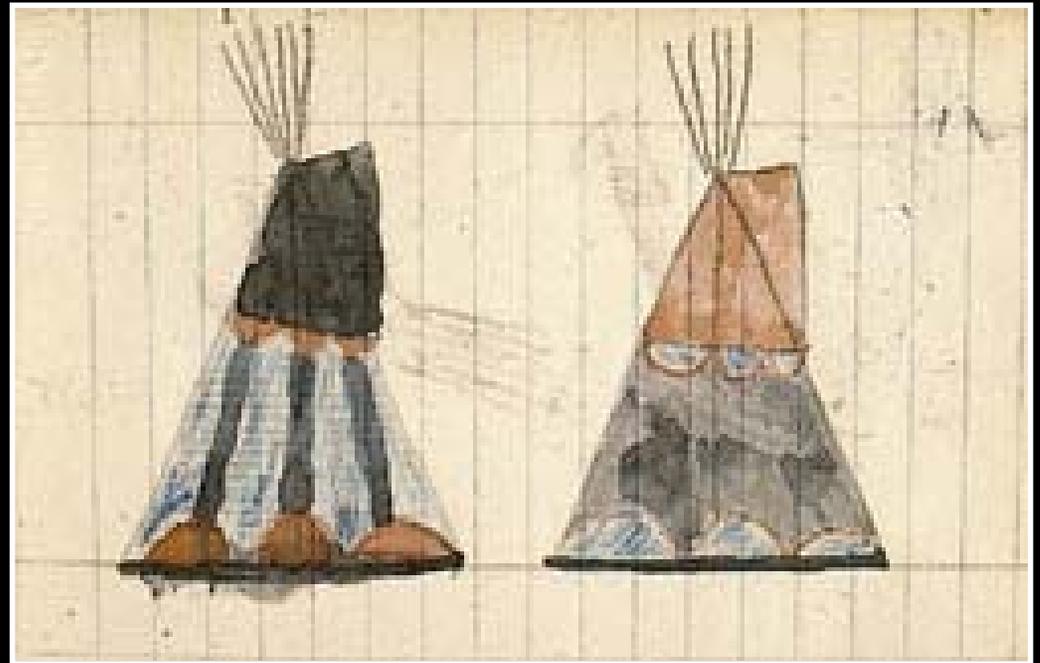
Step 4: Stay Healthy

- It takes up to two years for the brain to heal from meth
- Holistic wellness
 - Physical
 - Mental
 - Social
 - Spiritual wellness

Summary

- Methamphetamine is toxic to the brain
- The sooner you get off it the better
- Brain healing starts when use stops
- Healing can take up to two years
- Medication may be needed
- Addiction treatment helps
- Family/community support is crucial.

Meth use is
Deadly to
Children and
Other
Living things.



Fort Peck Tribal Health Dept



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- MT DPHHS, Addictive Disorders

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