Guidelines for treating users of methamphetamine

AADAC
Alberta Alcohol and Drug Abuse Commission
An Agency of the Government of Alberta

AADAC©2004 ISBN 0-7785-3270-4

For over 50 years, AADAC has been providing a wide range of addictions services for Albertans. AADAC's treatment services are based on best practices and current research in the field of addictions. Not surprisingly, the research has found no magic treatment for methamphetamine problems. While there are differences between cocaine and methamphetamine, summarized in the chart below, the research does indicate that, generally speaking, the treatment of methamphetamine users is similar to that for treating other stimulant users (such as cocaine users).

Comparison Between Cocaine and Methamphetamine

COCAINE	METHAMPHETAMINE
• stimulant	• stimulant
• plant derived & difficult to attain	• man-made, easy to attain but dangerous to make
• effective by IV or snorting, crack can be smoked; but oral ingestion is not effective	• effective by IV, oral ingestion, snorting, smoking
• smoking produces a high for 20-30 minutes (t $^1/_2$ approximately 1 hour); rapid elimination	• smoking produces a high for 8-24 hours (t $^1/_2$ approximately 12 hours); slow elimination
• acts as a dopamine reuptake inhibitor	• increases the release of dopamine
• hallucinations are rare	• hallucinations are common
• expensive habit	• cheap
• brain damage not established	• brain damage occurs

Suggested Approach

1. Research has indicated that the three key features of successful treatment are (a) relationship with the counsellor, (b) disassociation from those with a drug-based lifestyle, and (c) attendance at support groups.
2. Engagement in the treatment process is important for most clients seeking help. For methamphetamine users, this is critical. This includes quick access to treatment services. They need to feel safe, comfortable in the treatment surroundings, listened to, and hopeful that the people and the process they are entering into will be of help to them.
3. Patience with this client group during the initial stages of treatment is very important. If they are just coming off methamphetamine, they will be extremely tired and appear to lack motivation. Resting, eating regularly and drinking fluids should be encouraged. These are all things that were neglected when they were using. Family members and others associated with the client should be made aware of these needs.
4. The early sessions for methamphetamine treatment need to focus on early recovery skills, such as acquiring abstinence and the skills necessary to stabilize their abstinence. An example is the identification of triggers and the development of strategies to address the triggers.
5. The length of treatment sessions should match the client's attention abilities. This might mean offering shorter sessions.
6. Sessions might need to be more frequent as the client may have difficulty retaining what they have learned over the course of many days. Two or three sessions per week should be considered until the client displays increased stability.
7. Treatment sessions should be structured. There should be a topic for each session so both counsellor and client know what to expect.
8. Motivational interviewing skills and relapse prevention approaches have proven to be of value in working with methamphetamine users.
9. Treatment may be offered in a structured group setting.
10. Repetition in the treatment of methamphetamine users is helpful because of their reduced attending and cognitive skills.
11. Some individuals experience extreme depression when they are abstinent following long-term use of methamphetamine. Suicide risk assessments should be conducted.

Potential for Violence in the Treatment Setting

Much of the research literature about methamphetamine users suggests they are susceptible to violent outbursts as a result of their drug use. This may occur when the individual is high, withdrawing from the drug, or even when the individual has been abstinent. They may become nervous, edgy, easily frustrated and angry or they might be experiencing amphetamine psychosis.

Strategies to Reduce the Risk of Violent Outbursts

- Keep the client in touch with reality by identifying yourself, using the client's name, and anticipating possible concerns.
- Tell the client the purpose of the interview, your agency's confidentiality policy and its limits, and how long the assessment process will take.
- Use motivational interviewing strategies to listen to the client, assess their readiness for change and engage them in the treatment process.
- Place the client in a quiet, subdued environment with only moderate stimuli. Ensure sufficient space so that the client does not feel confined. Have the door readily accessible to both the client and the interviewer, but do not let the client get between the interviewer and the door.
- Acknowledge agitation and the potential for escalation into violence by reassuring the client that you are aware of their distress. Ask clear simple questions, be patient with repetitive replies, and **remain nonconfrontational**. In addition, use a softer, quieter tone of voice, keep your hands in front of you so they are visible to the client and resist making sudden or jerky movements.
- Foster confidence by listening carefully, **remaining nonjudgmental**, and reinforcing any progress made.
- Reduce risk by removing objects from the room that could be used as weapons and discreetly ensuring that the client has no weapons.
- Treatment units should have an emergency plan in case a violent outburst does occur.
- If calming strategies do not reduce a client's edginess or irritability and the counsellor is feeling unsafe, the interview should be terminated in a supportive manner.

For more information, contact your local AADAC office, call 1-866-33AADAC, or visit our website at www.aadac.com.