Stimulant Safety

Getting Amped Up to Reduce Harms When Using Stimulants

OVERVIEW

This resource provides an overview of stimulants and aims to educate individuals and organizations that provide services to people who use methamphetamine and other stimulants. This resource offers education on the reasons people take stimulants, including the potential positive aspects to use and potential risks of use; how to minimize harm, reduce stigma around stimulants, and support peoples' positive experiences. It discusses the intersection of stimulant use and sexual safety; tips for accessing supplies and materials to include in safer drug use kits for people who use stimulants; how to recognize the signs and symptoms of overamping and how to respond to save a life. Effective interventions for stimulant use, including promising new practices from the field, as well as, damaging myths and stigmas from other people who use drugs and from healthcare providers are also discussed.

This document provides references and resources for more information about the topics discussed so that readers can gain a deeper understanding, if desired. Please contact NASTAD's Drug User Health Team at DrugUserHealthTA@nastad.org with questions about this resource or to request training or technical assistance on how to support people who use stimulants, or how to begin addressing the stigmas and the stigmatizing messaging that has its roots in "the war on drugs."

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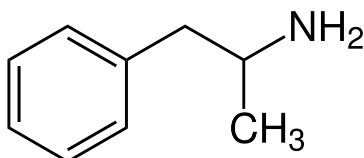
What are Stimulants?

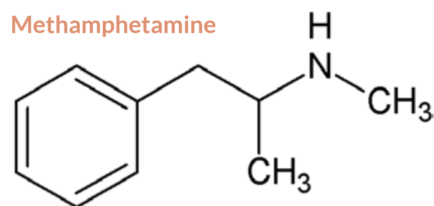
Stimulants and other amphetamines are chemical substances ("uppers") that activate the central nervous system, broadly producing effects including euphoria, alertness, increased focus, and increased heart rate. A number of substances fall under this broad categorization, including illicit and prescription amphetamines as well as crack/cocaine. The following guide will focus on these substances and label all under the umbrella term stimulants.

Synthetic prescription amphetamines and methamphetamine ("meth") are chemical substances and stimulant drugs – or "uppers." Both are available by prescription – meth under the label Desoxyn, and amphetamine most notably as Adderall, Ritalin, and Vyvanse -- and indicated for conditions such as ADHD and narcolepsy. Street methamphetamine comes in the form of a crystalline white powder, as translucent crystals are often clear or yellowish in color, or in pill form. Pure methamphetamine base is an oil. These substances act upon the central nervous system and raise levels of dopamine and norepinephrine in the brain.

Amphetamine



Methamphetamine



While not the exact same substance amphetamine, and meth are both chemically and structurally related, acting upon the central nervous system, with meth being more potent and its effects lasting longer.

Cocaine is extracted from the leaves of a species of coca plant cultivated in South America, it has been traditionally chewed by Indigenous communities in the region for its mild stimulant and appetite reduction effects from ancient times to the present day. Prior to the advent of modern anesthesia, cocaine was used for its numbing properties and was widely available in the early 1900s to treat a variety of illnesses. In the United States today, cocaine is primarily consumed in powder form, which can be either swallowed, snorted, or injected. Cocaine base, freebase, or "crack," comes in the form of small whitish rocks, and is primarily smoked. Crack and cocaine are nearly identical chemically and produce similar effects. Crack is processed using water and sodium bicarbonate (literally baking soda), and its onset and duration of action are shorter than for powder cocaine.

Stigma and Stimulants

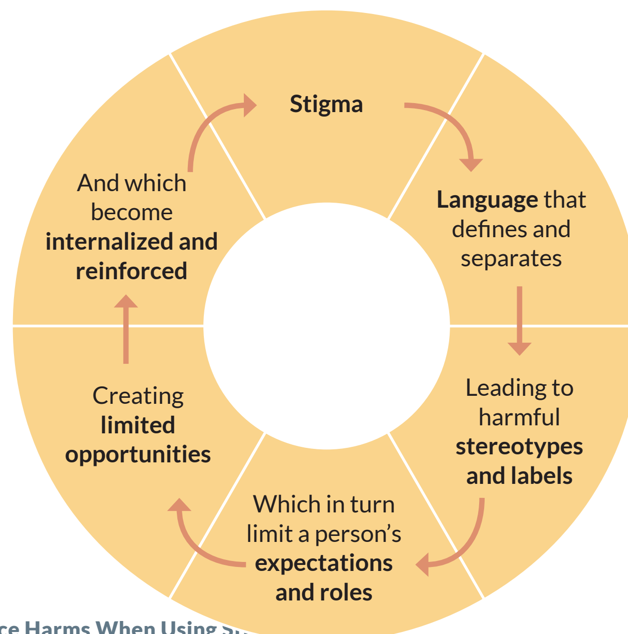
"Many of the myths that we believe about drugs are more damaging than the drugs themselves. They have led to countless preventable drug-related deaths and disproportionately high incarceration rates among Black Americans, and they have prevented us from exploring new treatments and healthier, more humane policies." – Dr. Carl Hart

AMONG PEOPLE WHO TAKE STIMULANTS

People who use stimulants, particularly crack, and meth, are highly stigmatized, not only by the drug user community and healthcare workers but from public health messaging itself. Some of the considerations regarding stigma for people using stimulants are:

- Historical Stigma
  - Racism & Classism: Crack & Poor Black Communities
  - Classism: Meth & Poor White Communities
  - Medical/Dental discrimination: Meth / Adderall / Ritalin
  - Xenophobia: Anti-Immigrant Racism, Nationalism
- Sensationalizing erratic behaviors and effects of prolonged side effects put forth by news media, social media, government, and law enforcement
- Lack of treatment options, or effective evidenced-based medication to treat dependence
- Lack of buy-in into the behavioral intervention at managing, reducing, or stopping a person's stimulant use, which includes using contingency management
- Lack of buy-in into other effective supports, including exercise and/or cognitive behavioral therapy to manage, reduce, or stop use.
- Stigma within families and networks of social support: Many family members cut people off, perpetuating potential imperfect decision-making / exacerbating harm / increasing isolation
- Difficult and often impossible to navigate "gatekeeping" for those seeking diagnoses and treatment for ADHD from Drs.

These sources of stigma feed into the cycle of drug-related stigma:



Breaking the cycle of drug-related stigma is essential in providing quality services and care to people who use stimulants.

Stigma, combined with the criminalization of stimulants, **limits opportunities** for people who use them in a number of concrete and extremely consequential ways, including:

- Healthcare and Social Services
- Housing
- Finances
- Driving Licensure
- Incarceration
- Discrimination against People with Criminal Histories / Records
- Employment
- Welfare Restrictions
- Education
- Local, National, and International Travel
- Safe Environments
- Connection with Faith Communities, Family, Friends, and Loved Ones

Internalized stigma furthers negative outcomes for those who use stimulants, via:

- Increased Depression
- Avoidant Coping
- Social Avoidance
- Spiritual Avoidance
- Decreased Persistence in Accessing Mental Health Services and Other Supports
- Decreased Hope and Self-Esteem
- Worsening Psychiatric Symptoms

COUNTERING STIGMA AMONG PEOPLE WHO USE STIMULANTS

Countering stimulants stigma is a big part of our work as service providers! Here are some suggestions for practical steps you can take to reduce stigma in your communities:

- Use Person-first, Non-stigmatizing Language. Consider using and/or sharing the following guides:
    - Person-first language / Substance Use Disorder — JCOIN, October 2019
    - Justice-involved Folks — Vera Institute of Justice
- Treat stimulant use as a public health issue and take criminalization out of the picture, as Nora Volkow of NIDA recommends.
- Advocate for national, state, and local level decriminalization of possession and sales of drugs, paraphernalia, condoms, and safer sex materials, calling 911 at overdoses or assaults of sex workers, full decriminalization of sex work, and/or drug legalization and regulation.
- Incorporate stimulant services into programming *(We'll talk more about this later in the guide!)*
- Empower people who use drugs & sex workers (particularly survival sex workers) to advocate for reform; provide multiple venues for tiers of involvement and bring advocacy opportunities to people in their home communities and spaces
    - Organize in your community to challenge harmful legislation and support evidenced-based legislation locally or at the state level
    - Host advocacy training in communities most hard-hit by criminalization
    - Actively train city council, county commissioners, legislators, and congresspeople on SUD/ behavioral health (BH), the pitfalls of criminalization, and the benefits of a public health-centered model
- Host educational sessions and forums for traditionally supportive and unsupportive communities

- Train first responders in anti-stigma and SUD/BH, the pitfalls of criminalization, and the benefits of a public health-centered model
- Hold space in consortium meetings, places of leadership, and decision-making bodies specifically for directly impacted people. Consider utilizing these resources by AIDS United on *Meaningful Inclusion of People with HIV/AIDS (MIPA)*
- Involve directly impacted people in the design and evaluation of stimulant use disorder-focused programming
- Engage local media around improving their language when reporting on substance use. Consider utilizing Health In Justice Action Lab's resource, *Changing the Narrative* media style guide

Why Do We Take Stimulants?

People take stimulants for a variety of reasons, including joy, enhanced focus & alertness, personal coping and enhancement, law enforcement and criminalization issues, barriers to treatment, and societal & institutional disparities & discrimination. Some of the reasons that people take stimulants fall into the following categories: personal enhancement/executive functioning, survival, use due to the stress of criminalization, barriers to accessing appropriate care and treatment, use due to structural disparities, and/or use due to discrimination such as racism and homophobia. Below are a few examples of each category; we'll discuss potential benefits of use later in this guide.

PERSONAL ENHANCEMENT

- Enhanced Pleasure/Creativity
- Social & Spiritual & Environmental Connection
- Weight Loss
- Love/Sexual Health
- Work Enhancement
- Relationship Enhancement

PERSONAL SURVIVAL

- Drug Dependence
- Trauma History
- Emotional Pain Management
- Mental Health Management
- Financial Management
- Work Enhancement
- Sleep

CRIMINALIZATION ISSUES

- Criminal Record and Related Stress Regarding Employment/Housing/ Education/Family Discrimination
- Stress/Legal Issues of Leaving Jail/Prison
- Stress/Legal Issues Caused by Probation, Parole and Pretrial Release
- Inability of People Doing Survival Sex and Sex Work to Report Assault

ACCESS TO CARE / TREATMENT ISSUES

- Stigma by Treatment Staff
- Lack of Access to Treatment that is Effective for Stimulant Use Disorder
- Lack of Nationwide Access to Contingency Management
- Lack of Broadband to Access Telehealth Based Programs
- Lack of Health Insurance
- Cost of Treatment (Transportation, Cost of Program, Job Loss, Housing Loss)
- Lack of Childcare
- Lack of Animal Caretaking

STRUCTURAL DISPARITIES

- Housing Instability or Homelessness
- Intergenerational Drug Use
- Drug Supply Issues
- Cost of Drugs (legal and illegal)

DISCRIMINATION

- Racism
- Sexism
- Homophobia
- Transphobia
- Xenophobia
- Classism

Possible Benefits and Risks of Use

As with any drug use, depending on a multitude of factors such as dose, experience, environment, people or animals present, physical, and emotional health, legality, and route of administration; the experience of use cannot be categorized as wholly positive or negative. The lists below reflect potential positive (including those reported by people who use stimulants) and potential negative outcomes of stimulant use.

POTENTIAL POSITIVE ASPECTS TO USE

EXECUTIVE FUNCTION

- Increased concentration
- Ability to stay awake
- Increased focus
- Ability to multitask more efficiently (consider: working multiple jobs, lack of child or elder care)
- Increased endurance/stamina
- Increased ability to excel at sport
- Increased ability to be present for family and friends
- Increased sense of self-efficacy
- Increased creativity
- Increased motivation

ENVIRONMENT / SAFETY

- Protection from theft/assault
- Increased connection to the environment
- Enhanced agility/dexterity, including defending oneself
- Decreased need for sleep during phases of time where one may be in danger or need to be present to work long hours to ensure self-efficacy
- Decreased appetite during times of food insecurity

PROFESSIONAL / EDUCATIONAL

- Long haul trucking / long driving ability
- Enhanced sports functioning
- Ability to navigate overnight shift work/ sex work
- Ability to work multiple jobs, including as a result of criminalization
- Enhanced ability to deal with mundane work
- Enhanced educational and/or professional functioning, increased educational and/or professional opportunity

POTENTIAL RISKS OF USE

PHYSICAL

- Overamping risk - physical symptoms (this will be discussed in more detail later in this toolkit)
  - Damage to nerves and organs
  - Seizures
  - Heart attack
  - Stroke
  - Hyperthermia
  - Dehydration
  - Increased temperature, blood pressure, and heart rate, potentially leading to hyperthermia
- Overamping risk - mental symptoms (we will discuss this in more detail later in this toolkit)
  - Anxiety, panic, paranoia, hallucinations, agitation
- Overdose risk, especially when combined with opioids, given polysubstance use
- Hyperfocus, potentially leading to neglect of regular health needs such as drinking water, eating regularly, brushing teeth, taking regular medication, etc. Hyperfocus may also impact relationships with one's social network.
- Insomnia
- Lack of interest in eating, potentially leading to malnutrition
- Malnutrition, also potentially leading to dental damage
- Teeth grinding, potentially leading to dental damage
- Impaired memory and cognition
- Fainting

SMOKING – PHYSICAL RISKS

- Burns to mouth
- Cuts to mouth and back of the throat if using chore boy
- Potential for HIV/viral hepatitis/STI transmission, given mouth wounds/open sores
- Potential for viral hepatitis transmission, if sharing equipment and lacking sterile supplies

SNORTING – PHYSICAL RISKS

- Damage to the nasal cavity
- Potential for viral hepatitis transmission, if sharing equipment and lacking sterile supplies

INJECTION – PHYSICAL RISKS

- HIV/viral hepatitis transmission, if sharing equipment and lacking sterile supplies
- Endocarditis (heart infection) or Osteomyelitis (bone infection)
- Increased health risks due to more frequent injections, particularly cocaine injection
- Damage to soft tissue, potentially leading to chronic, non-healing wounds

BOOTY BUMPING / BOOFING – PHYSICAL RISKS

- Potential damage to the anal cavity/ sphincter from not diluting
- Increased risk for STI if not using condoms/lube
- Sores, cracked skin around the anus (microtears) from prolonged or continuous penetration

PSYCHOLOGICAL

- Overamping risk - psychological symptoms (more below)
  - Anxiety, panic, paranoia, hallucinations, agitation
- Mood disorders/disturbances
- May trigger psychosis, potentially via sleep deprivation, lack of dreaming
- Uncontrolled hyperfocus / losing time
- Fixating on past trauma/anxiety/ depression, and other sources of dread
- Paranoia

SOCIAL

- Lowered inhibitions, including sexual (consider: risk of STIs, pregnancy, distress from sexual events)
- Risk taking
- Neglect of daily responsibilities, potentially due to hyperfocus
- Application of negative stereotypes by others, potentially leading to discrimination (by family, healthcare providers, housing, employment, etc.)
  - Avoidance of social interaction due to negative stereotypes or discrimination
  - Social awkwardness due to hyperfocus, which can isolate people from their loved ones and peers
  - Resisting help
  - Internalized stigma
- Consequences of criminalization, using illicit stimulants (ie: involvement with child protective services, criminal-legal system, loss of employment, loss of housing, loss of transportation, loss of relationships, loss of licensure, loss of telecommunication, etc.)

Harm Minimization and Support of Positive Experiences

Humans throughout history have used stimulants and have had sexual events during their consumption. It is important that if people consume stimulants that providers and loved ones support them in having safer consumption events and safer sexual experiences if they do so during their drug consumption event. There are a number of aspects to safety to consider, including environment, sexual safety, drug consumption safety, stimulant overamping, and polysubstance poisoning/opioid overdose.

SAFE ENVIRONMENTS

In order for people to consume stimulants more safely and have healthy sexual events, they will need a safe environment to consume them. Ideally people will consume in safe settings, with people they feel safe with, and without fear of criminal penalty. The United States has historically criminalized people who use stimulants illicitly, so if one consumes them in a place that criminalizes their use, it may create a massive stressor on the person and put them at risk of criminalization. It is also important that the environment be supportive of the person's spirituality. Some people may choose to consume them as a way of connecting to other people, the land, things they love and the dead, but may also use them due to feelings of "moral loss" or being cast out of a spiritual community, religion and/or religious gathering. If the person is isolated, this increases the chances of overamping and polysubstance overdose events involving stimulants. Place of consumption also has a big impact on the person. It is important that the person be able to consume in a venue that is safe from criminalization, people who may do them harm, people who cause stress, loud noises, visual distraction, and animals that cause them stress.

Having sexual events during stimulant use is normal and it is vital that providers and the community support people's health and dignity when they do so. Some jurisdictions have made doing so criminalized through anti sex work laws, as well as criminalizing safety tools such as condoms in the United States and other countries, making safer sexual events more difficult.

SAFER SEXUAL PRACTICE

- Pre-insert reality condom (also known as the female condom) in the anus (remove the inner ring if used in the anus) or vagina (keep the inner ring if used for vaginal sex) before use. This way you can decrease some stress around condom negotiation and offer some form of protection in case the person becomes too inebriated during stimulant consumption to remember to use a condom.
- Use and have access to lube
- Use and have access to dental dams for oral sex
- Before having a sexual event and using stimulants, make sure to have a safe and adequate source of condoms and lube.
- Set up agreements with sexual partners in advance before using any drugs and especially alcohol
- Have a friend look out for you and check in on you
- Don't let your sexual partner block your exit. Know where your exits are and keep your eye on them just in case.
- Have rules for sexual events and stick with them
- If engaging in sex work, know your legal rights and local supports

USE OF MOBILE TECHNOLOGY

- Use mobile technology to support safer encounters for people who do sex work. If you don't have someone to look out for you, consider using safer sex work apps for sex workers like: Gfendr, Pink, Rendevu, and others.

DRUG CONSUMPTION AND SEXUAL EVENTS

- It is ideal that individuals don't mix substances if a sexual event is being anticipated. Ideally don't take other drugs when you use stimulants. Alcohol, as a whole, is one of the most dangerous drugs for sexual events, so it is best to avoid its use or use only in moderation, if possible.
- Make sure to prepare your own drugs and check your drugs with drug-checking strips and ideally mass spectrometry. It is vital that one does not use other people's drugs, if possible, to increase one's safety.

VIOLENCE

- Work to create safe environments to aid in decreasing incidents of violence
- Physical violence and abusive relationships may happen. It is important to know your local DV resources, counseling services, and the state's law. Due to COVID-19, some behavioral health service providers may have changed their hours, become overloaded with service requests, or have gone out of business.
- If one is afraid to access local DV supports, access national or state resources. The Rape, Abuse, & Incest National Network (RAINN) has a national telephone hotline, an online chat hotline, search functions for local support, and a specialized hotline for the Department of Defense community. https://www.rainn.org/get-help
- Build a positive circle of supports
- Try not to wear clothes that will slow you down if you need to run.
- Communities should prioritize making behavioral health supports available to community members impacted by sexual violence that are anonymous if the person requests and not discriminate against age, race, gender, or immigration status.

Drug Consumption Safety

In order to use safer, and for the person using to have a more positive event, it is best to have someone with naloxone and experience responding to overamping events to look out for you in case of a polysubstance overdose and/or an overamping event. There are several supports around doing this. One can have in-person supports on site, such as a friend, loved one, or associate watching over you to make sure you are ok while you use; using with a group of others, whereby people take turns using and watching out for each other; or using telehealth supports and mobile technology.

IN-PERSON SUPPORT

To use safer, with this method, one would have someone watch over the individual using, in case of an opioid-related overdose and/or overamping event. If this person uses, they would not use at the exact same time as the person consuming stimulants.

SAFER DRUG USE CIRCLES

People who use stimulants often use in groups. These groups should form overdose/overamping prevention and response plans to support each other in case of an opioid overdose or overamping event.

TELEHEALTH SUPPORT DURING CONSUMPTION

Phone/Mobile - Some groups will offer operators to watch over people virtually or on the phone while they use. This is a good option for people who do not have access to safer drug use circles or a person to watch over them while they use. All people are asked for with this option is their name, location, and their phone number. The phone operator will stay on the line with the person while they have their using event. If the caller becomes unresponsive during the call, the operator will notify emergency services of a person who is unresponsive at the provided location.

Never Use Alone

MOBILE TECHNOLOGY APPS FOR PHONES

Canary (for iPhone only) - Via the App Store, "Canary is an overdose prevention app that monitors for a user's inactivity after activation. In the event that a user stops moving and fails to respond to prompts by Canary, the app issues an alert to others. The app can be reset at any time by simply moving or turning it off by closing its interface. Canary emulates other hardwired safety devices that create alerts based on a person's inactivity —things such as a personal motion sensors used by firefighters, miners, and law enforcement officers."

BeSafe (iPhone and Android) – BeSafe is an app designed by people who use drugs. BeSafe honors people's expertise, autonomy, and dignity as a caller by ensuring you have total control over when, how, or if a supporter they have pre-identified sends help. Some people want their supporter to call 911 after they become unresponsive, while other people may request to provide a personal emergency contact (family member, roommate, friend, neighbor), instead of calling emergency services.

OPTIONS FOR ACCESSING FENTANYL TEST STRIPS (FTS) AND OTHER DRUG CHECKING SERVICES

People who consume drugs need to make sure they know what they are using, which can be extremely difficult without access to safe supply in the United States. Fentanyl test strips are increasingly well known, but there are also test strips for benzos, cocaine, methamphetamine, and other drugs. Fentanyl test strips can tell you if you have fentanyl or not in the drug you may consume. They cannot tell you though how much fentanyl there is in the drug one is planning to consume. They also test for multiple fentanyl compounds, but not all fentanyl compounds. Compared to what is featured in a lot of media reports, fentanyl is not often present in the stimulant supply. According to Ohio's drug seizure data for example, fentanyl is rarely found in the illicit meth supply (under 3%). People who use fentanyl often use meth between fentanyl use events to help them manage the withdrawal from taking fentanyl. It should also be of note, that testing meth samples for fentanyl without enough water can lead to incorrect results, leading to some misconceptions of the amount of fentanyl in the meth supply in the US, which is actually quite low according to drug seizure data. Other issues such as reusing a contaminated cooker may lead to multiple false positives.

Some places have also started to test drug residue samples in drug baggies and/or through a process called mass spectrometry. States such as North Carolina, Illinois, California, New York, and Massachusetts have started various forms of drug checking with mass spectrometry; such programs benefit people who use drugs by letting them know what they are actually taking and can alert them if their drug sample has been cut with Xylazine or other harmful cutting agents.

Access FTS via Direct Purchasing:

- DanceSafe
- BTNX
- Amazon/Online retailers

Access FTS via Service Providers:

- SSPs and Drug User Health Hubs
- Select Health Departments
- Select peer/recovery coach-based post-overdose response programs
- Select FQHCs or MOUD providers
- Select Recovery Support Service Providers
- Syringe Services Programs
- First Aid Collectives
- Drug Take Back Days that Collect Unused Syringes *(organizational access only)*
- Donations from military, public and private hospitals of expired products *(organizational access only)*
- Direct Relief medical supply donations *(organizational access only)*
  - An excellent source for naloxone syringes, alcohol pads, and some other key supplies.
- ReStores sometimes acquire bulk syringe supplies for art and home improvement projects. If syringes are unused and still in a package, they can still be used to inject.
- Bodegas
- Pawn shops

OPTIONS FOR ACCESSING SYRINGES AND OTHER INJECTION SUPPLIES

Pharmacies can be a great venue to acquire syringes, however, there are some complications that may become barriers to access including:

- Stigma
- State law
- Prescriptions- some pharmacies will only sell syringes to people with a prescription, but they still may deny some folks with such.
- Pharmacist discretion - some pharmacies will leave it up to a pharmacist's discretion. It is common that one pharmacist or pharmacist tech will universally sell, while someone else at the same store will not. This also sets up issues of potential racial or other bias in syringes sales.
- ID requirement - some pharmacies will take down information about people from a state-issued ID. This causes a potential barrier.

Mail order options:

- NEXT Distro
- State SSPs
- Manufacturers
- Amazon
- Medical supply sellers

OPTIONS FOR ACCESSING SMOKING SUPPLIES

Pipes and Bubbles:

- SSPs/Drug user health hubs
- Secondhand art supply stores
- Pawn shops
- ReStores
- Secondhand shops
- Glass shops
- Bodegas
- Places supporting individually sold glass rose/flower holders such as gas stations by the cashier stand

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Chore:

- SSPs/Drug user health hubs
- Grocery shops
- Secondhand art supply stores

Mouthpieces:

- SSPs/Drug user health hubs
- Bike shops (rubber bike tubes make great homemade pipe tips)
- Car supply shops (spark plug covers make super mouth pieces)
- Online
    - Amazon – search for "spark plug covers"

OPTIONS FOR ACCESSING SNORTING SUPPLIES

- Drug user health hubs
- Selective SSPs
- Secondhand art supply stores
- ReStores
- Secondhand shops
- Pawn shops
- Smoking Access Programs
  - Smoke Works
- Glass shops
- Compounding pharmacy supply stores
- Amazon/online sellers
- Grocery / dollar store

Safer Drug Use Kit Materials

For programs creating safer use kits for participants, consider including the following supplies for smoking, snorting, and injection kits:

SAFER SMOKING USE KIT MATERIALS

MOUTH HEALTH SUPPLIES

Mouthpiece: A mouthpiece prevents one's mouth from getting accidentally cut or burnt, helping to prevent infections and viral hepatitis. The porcelain piece of a spark plugs or piece of bicycle tube fits nicely onto a smoking device.

Rubber Bands: If one does not have access to a mouthpiece, a person can wrap several rubber bands around the end of the pipe to serve the same function as a mouthpiece. However, rubber bands may melt and snap after use, so replace them frequently if this is what one only has access to.

Alcohol Wipes: Use these to clean mouthpieces and pipes, especially if one is potentially going to share equipment.

Lip Balm: to hydrate and prevent cracked lips, a potential source for infectious disease transmission

GENERAL SUPPLIES

Lighter / matches

Triple Antibiotic Ointment: If one gets a cut on one's body due to getting cut by a pipe, brillo, etc., apply to the sores. Do not use for burns.

Antiseptic Towelettes: Always wash your hands before smoking. If you do not have access to water and soap, use antiseptic towelettes to clean off your hands.

Steel or Copper Filters (Choy/Brio/Chore Boy): Use this as a filter in the pipe. After repeated heating, steel and copper filters become brittle and may break apart, which in turn can be inhaled/ingested and may cause cuts on one's mouth, trachea, stomach, and/or oropharynx (back of throat). This can lead to infection and exposure to diseases, especially during condomless oral sex. It is important for people who smoke drugs to regularly change out their steel and cooper filters.

Screens: One-inch screens may be used as a filter in a straight pipe/stem used to ingest crack cocaine at the end of a glass pipe. These are constructed. These are better than copper and metal wool, since they last longer and don't break apart as easily.

Push Sticks: Wooden chopsticks are a great option to use as push sticks, in order to place the screen within a stem pipe.

Pipe with chore boy
Source: Hadley Gustafson,
https://hadleygustafson.com

Foil Sheets: Uncoated aluminum foil can be used to smoke from or to create a DIY stem. Some companies make this foil specifically for use by people who use drugs. An overview of how to use foil can be found in this YouTube video from Exchange Supplies.

Vitamin C & E: Vitamin C helps lessen fatigue and crashing. Vitamin E will help cuts, sores and burns heal.

Safer Sex Supplies: Lubed condoms for vaginal and anal sex, unlubed for oral sex, as well as dental dams for people on demand. It is good to pre-make some kits with the reality condom (internal condom) or have some on demand for people making the requests. These condoms are polyurethane and can also be pre-inserted in the vagina or anal cavity up to 8 hours ahead of a sexual event, protecting the person who is having a sexual event from having to worry about condom negotiation. Also include extra lubricant with each kit.

Know Your Rights Sheet: All pre-made harm reduction kits should go over the legal rights of carrying the smoking risk reduction supplies, as well as how to discuss having the supplies if one were to have a law enforcement encounter. Some states have decriminalized or partially decriminalized supplies, while others criminalize their possession.

Drug Checking Test Strips: People who smoke drugs need to make sure they know what they are using. Fentanyl test strips are increasingly well known, but there are also test strips for cocaine and methamphetamine.

Safer Smoking Resource Guide: People who smoke drugs need accurate health information on how to consume their drug of choice. Public health groups should provide tip sheets on safer consumption, along with referral sheets.

Referral Sheet: All smoking kits should include local resources that can help people who smoke drugs. These should include MOUD access, contingency management programs, behavioral health programs, harm reduction programs, peer support, legal support, housing support, food support, safety net resources, local mass spectrometry, and other important services.

SAFER SNORTING USE KIT MATERIALS

Short Straws: Provide in multiple colors (post-it notes are an alternative), so individuals can use and identify their own straw to avoid sharing.

Plastic Razor Blade: It is good practice to avoid providing metal blades for those who struggle with self-harm and people who may be inebriated and accidentally cut themselves. It is also good practice to use plastic razor blades to avoid accidental cuts to staff/peers/volunteers putting the kits together.

Plastic Card: Plain plastic cards can be used as a surface for drug preparation and/or to divide drugs for consumption.

Small Plastic Spoon: Small plastic spoons, which technically may be sold as makeup spatula applicators, can be used to measure the dosage of the substance to be consumed.

Saline or Sterile Water Ampoules: It is good practice for people who snort drugs to engage in nasal rinsing; people can do so before and after a drug-snorting event.

Vitamin E Oil or Lotion: If someone accidentally damages their nasal passage during a drug snorting event, this can be applied to the nasal passage to encourage healing.

Drug Checking : People who snort drugs need to make sure they know what they are using.

- Test Strips: Fentanyl test strips are increasingly well known and used across the US, but there are also test strips for benzos, cocaine, methamphetamine, and other drugs.
- Mass Spectrometry: Some programs across the United States, such as North Carolina, Massachusetts, California, and Illinois now have mass spectrometers, such as the MX908, which can tell PWUD what is in the drugs they are taking, such as fentanyl, stimulants, and other substances like xylazine.

Image: Safer Smoking Kit Example from the People's Harm Reduction Alliance

Safer Sex Supplies: Lubed condoms for vaginal and anal sex, unlubed for oral sex, as well as dental dams for people on demand. It is good to pre-make some kits with the reality condom (internal condom) or have some on demand for people making the requests. These condoms are polyurethane and can also be pre-inserted in the vagina or anal cavity up to 8 hours ahead of a sexual event, protecting the person who is having a sexual event from having to worry about condom negotiation. Also include extra lubricant with each kit.

Referral Sheet: All snorting kits should include local resources that can help people who snort drugs. These should include MOUD access, contingency management programs, behavioral health programs, harm reduction programs, peer support, legal supports, etc.

Know Your Rights Sheet: All pre-made harm reduction kits should go over the legal rights of carrying the snorting risk reduction supplies, as well as how to discuss having the supplies if one were to have a law enforcement encounter. Some states have decriminalized or partially decriminalized supplies, while others criminalize their possession.

Safer Snorting Resource Guide: People who snort drugs need accurate health information on how to consume their drug of choice. Public health groups should provide tip sheets on safer consumption, along with referral sheets.

MATERIALS USED FOR INJECTION

Sterile Needles and Syringes: People who inject drugs will need access to multiple size injection instruments. People injecting speedballs, goofballs, meth, and cocaine mostly desire 27–31-gauge syringes, while people muscling a drug will require a larger gauge with more length. Syringe access programs should provide a variety of options for people looking to access their program services.

Tourniquets: Tourniquets should be provided to assist with locating a vein and help increase vein visibility.

MATERIALS USED FOR DRUG PREPARATION

Cookers: Aluminum bottle caps are used to prep the drug (dissolving, heating, etc.).

Cotton Pellets and Filters: Cotton pellets and filters are placed into the cooker and placed between the needle tip and the drug one has prepared to filter out larger particles/impurities.

Lighters: Can be used to help heat and dissolve drugs during preparation if opiates are being mixed in. Stims alone are very water soluble.

Sterile Water Ampoules: People without access to sterile water at the place they inject, should be offered sterile water ampoules so they have access to sterile water to mix with the drug they plan to consume.

Alcohol Wipes: These are used to clean the skin area one plans to have as the injection site. Wipe in just one direction to clean and avoid spreading bacteria around the site. Let the area dry in the air, do not blow on the site to avoid bacteria and droplets from inside the mouth.

Vitamin C, Ascorbic Acid, or Citric Acid Packets: This may be used to help dissolve brown heroin and crack.

GENERAL MATERIALS

Fit Pack / Individual Pocket-sized Biohazard Bin for safe disposal of used materials.

Referral Sheet: All injection kits should include local resources that can help people who inject drugs. These should include MOUD access, contingency management programs, behavioral health programs, harm reduction programs, peer support, legal support, housing, mass spectrometry, etc. One page showing the different injection angles and proper placement of the bevel. Include information about after-injection site care (pressure to reduce bruising, not lifting anything heavy for 30-60 minutes after injection to allow the vein to close properly.) A 'zine-style folded single page should be able to fit all of this.

Drug Checking Test Strips: People who snort Inject drugs need to make sure they know what they are using. Fentanyl test strips are increasingly well known and used across the U.S., but there are also test strips for cocaine, methamphetamine, benzos, and other drugs. People who smoke may also check in with their local SSP to see if they offer mass spectrometry to let them know what is in the drugs they are taking. There are currently such programs in Massachusetts, North Carolina, Illinois, California, and some other states.

Safer Sex Supplies: Lubed condoms (Both latex and non-latex) for vaginal and anal sex, unlubed for oral sex, as well as dental dams for people on demand. It is good to pre-make some kits with the reality condom (internal condom) or have some on demand for people making the requests. These condoms are polyurethane and can also be pre-inserted in the vagina or anal

cavity up to 8 hours ahead of a sexual event, protecting the person who is having a sexual event from having to worry about condom negotiation. Also include extra lubricant with each kit.

Know Your Rights Sheet: All pre-made harm reduction kits should go over the legal rights of carrying the injection risk reduction supplies, as well as how to discuss having the supplies if one were to have a law enforcement encounter. Some states have decriminalized or partially decriminalized supplies, while others criminalize their possession.

Safer Injection Resource Guide: People who inject drugs need accurate health information on how to consume their drug of choice. Public health groups should provide tip sheets on safer consumption, along with referral sheets.

Safer Injection Kit from Ryan Pfeiffer / Metroland file photo

Overamping

"Overamping" is the term used to identify an unplanned negative event compromising one's physical or mental health, in association with using stimulants, like amphetamines or cocaine, but it's a little more complicated than something like an opioid overdose because it is less predictably related to dose and may take into effect setting and pre-existing conditions like poor cardiovascular health. It can manifest physically, psychologically, or as a combination of the two and lead to severe outcomes such as stroke. There is no hard line indicating overamping – what one might consider overamping others may experience as simply part of the high and may find enjoyable. This is one reason the word "overdose" is not used when describing the experience; it is not necessarily dose dependent.

Risks for overamping can include compromised health status (especially cardiovascular), sleep deprivation, inadequate food and/or water, using in new or uncomfortable environments or with new people you're not comfortable with, drug mixing, and/or too much or too high of a dose.

SYMPTOMS OF OVERAMPING CAN INCLUDE:

PHYSICAL SYMPTOMS

- Hypertension (elevated blood pressure)
- Chest pain or a tightening in the chest
- Fast heart rate, racing pulse
- Heart attack
- Stroke
- High temperature/sweating profusely, often with chills
- Seizure
- Nausea and/or vomiting
- Falling asleep/passing out (but still breathing)
- Limb jerking or rigidity
- Feeling paralyzed while awake
- Irregular breathing or shortness of breath
- Convulsions
- Severe headache
- Teeth grinding
- Insomnia or decreased need for sleep
- Tremors

PSYCHOLOGICAL SYMPTOMS

- Extreme anxiety
- Panic
- Extreme paranoia
- Hallucinations
- Extreme agitation
- Increased aggressiveness
- Restlessness or irritability
- Hypervigilance (being super aware of your environment, sounds, people, etc.)
- Enhanced sensory awareness
- Suspiciousness

Responding to Overamping

There are a number of ways to respond to overamping, depending on the symptoms someone is displaying. Steps for responding to overamping are listed below. It is important to note that there are many reasons people may be hesitant to call emergency response. In advance of an event like overamping, it may help to review your state's 911 Good Samaritan law and know your rights in the event of having to call 911.

- First, determine whether medical assistance is needed, or simply support and rest.
- Overheating – or hyperthermia – is potentially fatal. It can be helped outside a medical setting, however if someone's temperature has reached 104 degrees, it is important to call 911. Also, call 911 if the person is unconscious, or showing signs of confusion. These signs indicate a medical emergency; hyperthermia can be deadly.
- Call 911 if you think the person is experiencing a stroke, which is a blocked blood vessel or artery in the brain, or a broken blood vessel leaking into the brain. Symptoms will onset quickly, and include:
  - Sudden numbness or weakness of the face, arm, or leg (especially on one side of the body)
  - Sudden confusion, trouble speaking, or understanding speech
  - Sudden trouble seeing in one or both eyes
  - Sudden trouble walking, dizziness, loss of balance, or coordination
  - Sudden severe headache with no known cause
- If the person is experiencing a heart attack, call 911 if:
  - They become unresponsive, experience troubled breathing, extreme chest pain, nausea, dizziness, profuse sweating, pain radiating down the arm, and fast or slow heart rate.
  - Perform CPR if you've been trained.
- If the person is experiencing a seizure, call 911 if:
  - It is their first seizure, which can be hard to diagnose if one does not know the person's medical history.
  - The seizure lasts for more than 5 minutes
  - The person has one seizure right after another
  - The person appears to be injured
  - The person does not regain consciousness
  - The person's color remains poor
  - The person does not start breathing within one minute after the seizure has stopped (Start CPR if trained)

If professional medical assistance is *not* needed, there are a number of ways to support people who are overamping:

- For Overheating – try to get the person to slow down if agitated, and try to cool them down using ice packs, putting them in a cool bath (with their head supported so they don't drown), or misting and fanning. Help them drink water or a sports drink with electrolytes. Open a window if it's cooler outdoors / for fresh air. Use cool, wet clothes or paper towels under their armpits, on the backs of their knees, or on their forehead. Never leave someone in a bath or shower unattended. People can drown with minimal amounts of water present.
- For Psychological Symptoms – others have tried the following strategies. Try whatever may calm and cool you down, and share those strategies with others:
  - Drink water or a sports drink; eat some food
  - Try to sleep or meditate

- Switch how you're using, i.e., sometimes if you're injecting, switching to smoking can help
- Change your environment or the people you're with
- Take a non-street acquired benzo (small dose)
- Do breathing or meditation exercises
- Create physical contact, like massaging yourself or having someone else do it for you
- Go walking
- Take a warm shower
- Get some fresh air

STIMULANT-INVOLVED OVERDOSES WITH OPIOIDS

If people are using stimulants along with other drugs, particularly opioids, it is important to consider overdose prevention strategies, such as:

- Knowing your supply and seller
- Drug checking
  - **Fentanyl Test Strips –** Test strips are also available for other drugs, such as cocaine
  - **Mass Spectrometer –** Some harm reduction agencies in CA, IL, MA, and NC have access to this technology at some locations for drug checking that can inform you of all the substances in the drug one acquires. This process is not available in most states, but is more common internationally, such as in Uruguay, New Zealand, Spain, Portugal, Colombia, and Mexico.
- Not using alone, or having someone trusted check in on you
- Starting low, going slow
- Learning how to administer the opioid overdose reversal drug naloxone, carrying it with you, and showing others you are with where to find it and how to use it

OVERAMPING REFERENCES AND FURTHER READING

- Mainline – Speed Limits: Harm Reduction for People Who Use Stimulants
- SexNTina – What is Tina?
- StopOverdose.org – Overamping Guide
- Harm Reduction Coalition – Recognizing Stimulant Overamping
- Harm Reduction Coalition – Stimulant Overamping Basics

Social Determinants of Health and Stimulant Use

RACE AND SOCIOECONOMIC STATUS

Race and socioeconomic (SES) status are two factors correlated with methamphetamine and cocaine/crack use. Compared to White users, African Americans are much more likely to use crack, equally likely to use powder cocaine, and much less likely to use methamphetamine. However, when controlling for socioeconomic status, African Americans were not at risk for crack use; crack use is associated with lower *SES* than powder cocaine, signaling the role of poverty in patterns of use. Still, African Americans experience the highest risk for cocaine-related overdose. It is important to consider the intersectionality of identity though, as African American men who have sex with men have seen high and increasing rates of methamphetamine use. Drug use among Asian Americans/Pacific Islanders is woefully

understudied, however one study found that nonmedical stimulant use among Native Hawaiians and Pacific Islanders is as likely as it is among White Americans, and among stimulant users, Asian American rates of stimulant use disorder mirrors those of White Americans. American Indians and Alaska Natives have high rates of methamphetamine use and are at greatest risk for meth-related overdose death.

Further, the experience of race and racial discrimination can impact substance use. For example, "among [Latinx] men, [substance use disorder (SUD)] was increased for those reporting low, moderate, and high levels of unfair treatment compared to those reporting no unfair treatment and patterns were similar for racial/ethnic discrimination. Among women, only those reporting high levels of unfair treatment were at increased risk of lifetime SUD and no associations were observed between racial/ethnic discrimination and lifetime SUD."

GENDER

Gender is also a key factor, as, when "compared to men, women face different risks and contexts of drug use. Women experience more stigma, are at a greater risk of exposure to violence, are more under the influence of their partners in their drug use patterns and sexual behaviors, are more defined by their parental role, and are more likely to engage in sex work, thus increasing the risk of exposure to blood-borne infections." Further, women appear to consume more meth than men, transition more quickly from recreational use to dependence, and tend to be much younger than their male counterparts. One study also found that women, compared to men, were more likely to report psychiatric symptoms of meth use. Further, women also report weight loss as a major benefit to use. Tailored interventions and a whole-person focus are critical to develop for women who use stimulants, taking into account reproductive health, partner dynamics, body image, sex work, and/or childcare.

There is limited data surrounding the use of stimulants by transgender individuals. Research indicates that substance use is common among young transwomen. A San Francisco study found among a sample of transgender women that 20.1% used meth and 13.4% used crack, with a higher likelihood of testing positive for HIV with any meth use, meth use before or during anal sex, and at least weekly meth use. Gender dysphoria, or feelings of discomfort or distress which may affect people whose gender identity is different from the sex assigned at birth or sex-related physical traits, has been significantly associated with illicit drug use among transgender women in particular. Interventions related to meth and crack/cocaine use among transgender communities should take into account the experiences of gender dysphoria, violence, and other trauma, and gender-based discrimination, as well as unemployment, sex work, spirituality, connection, and homelessness. For example, greater severity of meth use and duration of unstable housing is associated with homophobic and transphobic victimization.

SEXUALITY

Research demonstrates that queer communities are more likely to use illicit substances and experience related harms than their heterosexual counterparts. Inadequate housing increases the odds of using crack generally, but these effects are more pronounced among queer individuals. Higher rates of nonmedical prescription stimulant use are also seen among queer communities. High rates of meth use have also been found among men who have sex with men, with 74% indicating lifetime use; in this sample, meth use was higher among African American men, bucking the patterns of use found among heterosexuals. Findings also demonstrate that meth use is higher among those utilizing social networking or online systems to meet sexual

partners. Interventions aimed at queer communities should take into account patterns of use, queer-affirming messaging, experiences of discrimination, homelessness, and trauma.

CHEMSEX / SEXUALIZED DRUG USE

Some persons experience euphoria, increased confidence, and an increased sex drive from stimulant use. While not everyone will experience an increased libido on stimulants, there are some who prefer to have sex while using. Those involved in "party and play" queer communities also experience a normalization of use during sex, and social reinforcement can be a strong influence in continued use. As queer folks navigate the complex stigma surrounding their identity in the U.S., the confidence and euphoria of stimulants, particularly if used in trusted community, may also serve a gender- and sexuality-affirming role.

There are drug use-related risks and sexual risks to be considered regarding chemsex, including stigma of having (or being perceived as having) multiple sex partners, HIV transmission in particular, and blurred lines of consent as use and sex progress. Re-empowerment, particularly as it relates to consent, is critical; some of the recommendations by people who use stimulants include the legalization of and/or decriminalization of drugs (making it easier to report sexual assault) and sex work and reduce stigma related to both, education around consent and drug use, taking time out from chemsex, support groups, utilizing digital tools and smartphone apps for education/service information dissemination, peer-based support, and "one-stop shop" comprehensive service centers.

Additionally, queer and transgender participants may also be students, experiencing homelessness, work in various roles within the sex industry, or have shift work with long hours. Considerations regarding work and homelessness should also consider queer cultures and communities as they are, of course, not mutually exclusive.

PARENTING

Two issues are relevant here: (1) parenting children who take stimulant drugs, as well as (2) parenting while using stimulants and other drugs. Parents of children who take stimulant drugs, including those with ADHD for example, may experience higher levels of stress than other parents and experience less sleep; this may lead them to seek various forms of relief to assist with relaxing, being alert, catching up with sleep and being a present parent. Assistance with specific parenting strategies may be beneficial, as well as stress reduction strategies, parent and other support groups, coping skill development, access to school supports, access to affordable childcare that specializes in working with children with ADHD, and access to behavioral health supports. Stimulant properties of euphoria/contentment, increased energy and alertness, and decreased need for sleep may be attractive to especially stressed parents. With the advent of COVID-19 and its variants, additional stressors have been placed on this group. Behavioral health services are increasingly unavailable due to increased demand, a lack of service providers in some areas, existing providers being at capacity for accepting new patients. This can all result in long waitlists, frequent changes in service hours or reducing hours of operation, and/or providers closing down. A lack of access to services may lead some to increase drug consumption to seek relief and make it through the day. One parent in the Southeastern United States' states, *"My child with ADHD and other mental health conditions is on a multi-year wait list for an assessment and services in multiple states. It is negatively impacting them to not get proper care. Their social and behavioral health has been negatively impacted and it stresses my child and I out. We need relief."*

Drug treatment that includes the utilization of contingency management, motivational interviewing, exercise, cognitive behavioral therapy (CBT), community reinforcement approach (CRA), and/or medications like methadone and buprenorphine, may not make accommodations for those with children, people under 18 years old who need services, and women who may be reluctant to seek treatment for fear of losing custody. For parents who use drugs, brainstorming harm reduction strategies related to parenting and parental stress is critical; while priorities may shift, drug use does not inherently indicate problematic parenting, and actually may make some more present and supportive to their children's development. Strategies utilized by parents who use drugs include timing of use, choice of drug, timing/arranging different sleep patterns, arranging secondary care, keeping drug-using equipment away from children, and locking up one's medicine and drugs in prescription lock boxes in a secured location, particularly injection, snorting and smoking equipment. There is significant stigma related to parenting and drug use, so affirming the right and ability of people who use drugs to parent is incredibly important. When considering working through parenting issues, those related to substance use, in general, tend to be related to inconsistency, inefficiency, harsh and punitive behavior, and working through the ultimate fear of losing one's children who give many parents meaning and self-worth.

TRAUMA

Our approaches to primary prevention, harm reduction, treatment, recovery, and behavioral health for people who use stimulants should all be trauma informed. "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."

"Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented." ACEs are common among those who use stimulants, with greater ACE exposure related to earlier onset of use and there is a significant relationship between the number of ACEs experienced and stimulants use/stimulants use disorder. Addressing trauma and discussing different coping strategies can be important points of intervention.

EMPLOYMENT

For some, stimulant use may enhance one's ability to work, for example, those involved in computer work, long-haul trucking, swing or late-night shift work, or sex work. Many Americans also work multiple full-time jobs and/or part time jobs in order to make ends meet for themselves and their loved ones. Working multiple jobs and working over 40 hours is exhausting, leading some to use stimulants to make it through the workday and staying awake to get to/from job sites. For others, unemployment may be a risk factor in itself; nonmedical use of stimulants has been correlated with unemployment, as well as greater likelihood of use for those not employed full time.

HISTORY AND IMPACT OF STIGMA

There is a significant amount of stigma associated with stimulants, in particular with meth and crack use, as well as the interplay of an individual's racial and gender identities and sexual orientation. Countering and working to undo societal, as well as internalized stigmas related to drug use and identity is important work for harm reduction. Stigma can also drive agencies' policies and procedures, as well as local, state, national, and international law leading to discrimination against people who use/d stimulants and other drugs. This can impact people's access to health services, access to medication, access to contingency management, access to family members and loved ones, housing, employment, welfare, driving ability, and other access to transit, insurance, education, etc.

LANGUAGE BARRIERS

Providing primary prevention, harm reduction, treatment, recovery, and behavioral health advertising, services, and education in multiple languages is important in reaching those with limited English proficiency. For example, a Maricopa County, AZ study found that undocumented immigrants had a higher likelihood of using powder cocaine than U.S. citizens, and another describes flourishing crack usage among day laborers in New Orleans. Drug use, particularly methamphetamine use but also crack, can be found in farmworker communities, here highlighting the intersection of language and employment. For those with limited English proficiency or limited literacy, whether foreign-born or not, consider increasing the usage of symbols in programmatic materials, such as images, pictograms, flash cards, etc. which may be more nimbly adapted to population changes than translation.

Understanding which immigrant communities live locally, as well as the context of their immigration and lives in the U.S., particularly their employment, is necessary to provide comprehensive harm reduction services that are culturally and linguistically appropriate. For example, stimulant use may assist those with labor-intensive jobs working long hours, such as farm workers. Language barriers present another difficulty in finding and accessing appropriate treatment options. As one study found, even in Los Angeles that "despite the growing presence of Latinos in L.A. County in 2010, constrained access to services in Spanish was found in geographic locations highly represented by Latinos."

PET SERVICES

Few, if any, treatment and housing options make accommodations for pets or provide pet services, representing a significant barrier for those with animals from seeking supportive care, treatment, and housing. Providing or facilitating pet services like food access, vaccinations, short- and long- term housing, and other care demonstrates an integrated more comprehensive approach to serving those who use stimulants.

SEX WORK

Sex work may support one's drug use – stimulant use may be an acceptable strategy to increase charges for the longer provision of services, and/or could present issues if a client believes providing drugs is adequate payment for services rendered. Sex work in and of itself is highly stigmatized, and more so with the rise of crack use in the 1980s and 90s leading to the "crack whore" trope. This stigma can be damaging to health, independent of the effects of sex work, and has been correlated with involvement in sex work independent of prior use. Higher levels of crack use were found among sex workers in studies in Baltimore and New York City,

among others., Further, experiences of violence, including workplace violence, have been independently associated with the initiation of meth injection. Meth use has also been linked to experiences of intimate partner violence and childhood trauma.

When working with communities engaged in sex work, including men, and transgender or nonbinary individuals, it is critical to take a trauma-informed, intersectional approach, and consider addressing the experiences of violence especially. One example is collecting stories of violence or theft and descriptions of buyers to collate into a “bad date sheet” that can be shared with people who do sex work to alert others in the industry of potential threats to their community.

It is important to keep in mind that men also engage in sex work and provide appropriate tools and support, such as utilizing Hook and Harm Reduction Coalition’s Safer Sex Work Handbook: A Guide to Keeping Penises Safe and Sexy in the Industry. Likewise, consider gender identity when constructing services. Globally the Trans and gender non-conforming (TGNC) populations are disproportionately vulnerable to economic hardship; 24-75% of transgender women have engaged in sex work in their lifetimes and are forty-nine times more likely to be living with HIV. There is also a higher prevalence of drug use among these communities with one study estimating a 30% prevalence of cocaine use compared to the general population at 1.4%. and sex work-specific services are essential components of stimulant services.

HOUSING

Housing instability and being unhoused have been mentioned numerous times in this section. Unstable housing has been identified as a key risk factor for mortality among people who inject drugs, independent of factors such as HIV status and drug use patterns. Securing stable housing and supporting housing first options for people who use stimulants is a critical intervention especially among those who are HIV-positive to achieve an undetectable viral load.

TREATMENT AVAILABILITY AND RESTRICTIONS

Unfortunately, to date there are no medications for treatment for stimulant use disorder equivalent to buprenorphine or methadone for opioid use disorder approved by the FDA. Treatment options remain limited in general, and there may be a dearth of treatment options, particularly in rural areas. When treatment options for substance use disorder are available, many restrict the use of prescribed stimulants as well, such as those treating ADHD, presenting another barrier to entry. Evidence-based treatment, including cognitive behavioral therapy or contingency management, may be unavailable in a lot of jurisdictions, have long wait lists, or be cost-prohibitive for marginalized people who use drugs, presenting significant challenges for linkage to care, though there recently has been a rise in access to mobile apps to access contingency management.

Our Language, Effective Interventions, and Promising/Damaging Practices from the Field

LANGUAGE REGARDING DRUG USE

In this section, we will discuss effective interventions and promising (and damaging) practices from the field. First, a bit on language. Language shapes our understanding of ourselves and the world around us; some language can be empowering, and other terminology serves to perpetuate stigma. Please reference the following guides for more information on language relating to substance use disorder, justice-involved persons, and media outreach and reporting.

National Institute on Drug Addiction Resource:

- Words Matter: Terms to Use and Avoid When Talking about Addiction
- Your Words Matter: Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder

Vera Institute of Justice Resource:

- Words Matter: Don't Call People Felons, Convicts, or Inmates

Changing the Narrative | Health in Justice Action Lab:

- Overdose Crisis Reporting Style Guide

OVERVIEW OF EFFECTIVE INTERVENTIONS

The following guides / literature reviews provide overviews of effective interventions related to stimulant use:

- **Mainline: "Speed Limits – Harm reduction for people who use stimulants"**

  Created in 2018, this excellent online tool, composed by Mainline out of the Netherlands, is a comparative study on existing evidence and case studies on harm reduction for stimulants. It compiles a literature review on types of stimulants, discusses routes of administration, and harm reduction strategies. This tool also goes over international case studies of programs geared towards helping people who use stimulants.

  Speed Limits: Harm Reduction for People Who Use Stimulants

- **United Nations Office on Drugs and Crime: "HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs, Technical Guide"**

  This publication, which was created in 2019, provides guidance on implementing HIV and viral hepatitis prevention programs for people who use stimulants and who are at risk of contracting these diseases or who are at risk of overdose.

  HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs: Technical Guide

Promising Practices from the Field

PREVENTION

Regarding prevention, we look upstream here at improving conditions related to social and economic determinants of health, which can improve outcomes related to substance use and a whole host of other health conditions.

ADDRESSING SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH

Programs may consider implementing policies and programming addressing systemic racism, mass incarceration and its collateral consequences, workforce and leadership development, employment access and stability, non-discriminatory housing access and housing in temperature-tolerant/climate-resilient conditions, food insecurity, reuniting families and loved ones, transportation, access to broadband and mobile telecommunications, and access to childcare.

For more information on social determinants of health, see the resource from the U.S. Department of Health and Human Services, Social Determinants of Health - Healthy People 2030 | health.gov and as the social determinants of health relate to overdose, see the academic article, Opioid Crisis: No Easy Fix to Its Social and Economic Determinants by Dasgupta, Beletsky and Ciccarone.

ACES PROGRAMMING

Improving conditions related to adverse childhood experiences and/or adverse community environments is also impactful substance use prevention work. Adverse Childhood Experiences, or ACES, are a specified set of childhood experiences: abuse (physical, emotional, and sexual), neglect (physical and emotional), and household disfunction (mental illness/family member dying by suicide, mother treated violently, divorce/separation, incarcerated household member, and substance use disorder). ACEs are linked to substance use problems in adulthood, and a higher number of

ACEs leads to greater risk for poor outcomes. For more information on ACEs, risk and protective factors, and prevention, see the CDC site on Adverse Childhood Experiences.

A second and complimentary conceptualization of ACEs takes into account Adverse Community Environments: witnessing violence, living in foster care, being bullied, experiencing racism or discrimination, and feeling unsafe in your neighborhood. This pair of ACEs helps to provide a framework for prevention. In a Philadelphia survey, 40% of respondents had experienced *four or more* of these expanded ACE criteria. For more information on Adverse Community Experiences, prevention, and resilience, see this report by The Prevention Institute.

HARM REDUCTION

For more information about harm reduction interventions for stimulant use, please see the previous section on harm minimization. Options for stimulant harm reduction include:

- Smoking and Snorting Supplies Distribution Programs
- Syringe Services Programs
- Safer Sex Supplies Distribution and Programming
- Naloxone Distribution
- Drug Testing/Checking Services (including all test strips and mass spectrometry access) and Supply Distribution
- Safe Consumption/Overdose Prevention Sites
- Safe Supply Provision
- Overdose/Overamping Prevention and Harm Reduction Planning
- Housing First
- Job Training, Employment Programs That Don't Discriminate Against PWUD and People with Criminal Records, and Related Supports
- Being able to provide such things as bottled water, protein bars/drinks, sport drinks, and oral hygiene supplies to participants can reduce so many of the harmful physical short and long terms 'damage' associated with stimulant use. Where possible, a safe, ''disco-nap' area for unhoused participants to use can reduce so much of the damage that leads to 'psychoses associated with prolonged stimulant use.
- For more information on harm reduction-oriented stimulant support in the context of COVID-19, please see the following resource from Vital Strategies and partners: COVID-19, Stimulants Use, and Harm Reduction

TREATMENT

MEDICATIONS FOR POLYSUBSTANCE USE AND STIMULANT DEPENDANCE

A lot of people who use stimulants may also be dependent on opioids. Providing access to medications for opioid use disorder (MOUD) helps people reduce or stop their dependence on street opioids and reduces their chances of an overdose in the future. MOUD can take a variety of forms including methadone, buprenorphine, and vivitrol. What works for someone may not work for another. There are no medications approved by the FDA for use of stimulant dependence, though some medications are used off label to assist people manage their dependence with limited success. A list and guide to their use can be found here.

CONTINGENCY MANAGEMENT (CM)

Contingency management is a behavioral therapy, based on motivating behavior change with enjoyable outcomes instead of punishment. This is done by providing incentives and reinforced motivation to encourage healthy behavior change. Some of the incentives/reinforcers may be cash or some other goods of value (gas cards, clothing, gym memberships, groceries, etc.) being given in exchange for being connected to services, positive behavior change, and/or urine toxicology changes, etc. CM has been researched for several decades and is shown to be the most effective intervention to decrease stimulant dependence. CM can also be used effectively

via virtual platforms and through mobile apps, in conjunction with other supports to improve outcomes, which is especially vital during the era of COVID-19 and to reach people who struggle with transportation, people experiencing stigma, and/or people in need of caretaking support for children or family members.

EXERCISE

Exercise and sport can help people who use stimulants with health-related issues that may have been negatively impacted by their use or their treatment. It can help with a multitude of items, including energy, mood, quality of life, socialization, sleep, etc.

COGNITIVE BEHAVIORAL THERAPY (CBT)

CBT is a psycho-social intervention that focuses on improving behavioral health. CBT aims to work through and improve cognitive distortions and behaviors, enhance emotional regulation, and the development of personal coping strategies that earmark problems the individual may be experiencing. 'Meeting people where THEY are at,' is an essential key to working with each person in creating positive change to problems and trauma and thus assist them to manage, reduce, or stop their dependence on drugs – if that is what they are seeking. Peer-reviewed meta-analysis shows that CBT reduces PWUD's substance use.

RECOVERY

"There are so many pathways of recovery. We ought to celebrate them all and help people find what works for them. My sustained freedom from chaotic substance relationships and mental health distress is achieved through **building connections, finding purpose, developing autonomy, improving wellness, experiencing joy, and sharing love**. No pathway holds a monopoly on these human experiences."

Donald McDonald, MSW, ICAADC
Person in Recovery
Technical Expert Lead, JBS International

There are as many different ways to achieve recovery from alcohol and drug use, as there are people using substances. What works for one, may not work for another. What is important though, is that people feel empowered to choose the recovery pathway that is right for them. Factors to consider, such as transportation, Wi-Fi/internet access, COVID-19, socio-economic status, culture, spiritual desire, behavioral health needs, type of substance use disorder, utilization of medications to treat SUD, and behavioral health all play a part in a tailored plan. It is also important to match people with non-stigmatizing support to help them achieve their personal recovery goals. Below is a list of several helpful recovery supports to provide people who use stimulants with the tools to help them achieve *their own* personalized recovery goals.

FAMILY REUNIFICATION SUPPORTS

Some people who use stimulants may have lost custody of children during their use or have strained family relationships (blood and/or chosen) that they wish to improve and heal. Providing advocacy, and support, and a 'roadmap' for people to rebuild and reconnect with loved ones can be a critical piece of recovery. This may be done through transformative justice or other routes, which lead to rebuilding, establishing and maintaining meaningful relationships that may be critical step on the path to long-term recovery.

LEGAL SUPPORTS

Due to the criminalization of unhoused people, drug use, and sex work, some people, especially BIPOC, TGNC and low-income populations, may face an undue burden of incarceration. It is vital that we help them clear up any legal histories to give more opportunities for housing, work, health services, relationships, employment, education, and self-worth to support recovery. This can be done through a variety of means, which will have different routes and potential paths in different states. Some options for programming include access to pro-bono legal support, legal support on managing probation and parole, access to clean slate clinics, record expungement, and access to transformative justice and restorative justice providers, etc. If legal issues surround someone, it keeps them stuck behind so many barriers to success.

RECOVERY GROUPS

Recovery groups that embrace multiple pathways to recovery and that do not discriminate against people who use medications to treat their substance use disorder can be beneficial and welcoming for folks. Some examples of recovery groups are provided below.

- **Self-Management And Recovery Training (SMART):** According to their website, “SMART is a global community of mutual-support groups. At SMART meetings, participants help one another resolve problems with any addiction (to drugs or alcohol or other activities such as gambling or over-eating). Participants find and develop the power within themselves to change and lead fulfilling and balanced lives guided by our science-based and sensible 4-Point Program.”
- **Medication Assisted Recovery Anonymous (MARA):** MARA is based off of the 12 steps model, but does not discriminate against medications for opioid use disorder. It also focuses less on morality and more on positive change.
- **White Bison:** White Bison provides culturally-based healing to Indigenous people. Advocates for Wellbriety, which to them means to not be dependent on illicit drug use and alcohol and to be well. Wellbriety teaches that one must find recovery from dependence on substances and recover from the potentially hurtful effects on the individuals, families, and whole communities. The “Well” part of Wellbriety is the inspiration to go on beyond recovery, committing to a life of wellness and healing every day.
- **REBEL Recovery:** Rebel provides support groups and peer support that are aimed at guiding people in or seeking recovery through the process of change leading to an increased quality of life.
- **Harm Reduction Works:** Harm Reduction Works has support groups for people who are still in active use looking for mutual aid, support, and positive change. This is a peer-led mutual aid support group that people who don’t fit into other spaces can go to. It is a safe place to talk about drug use and learn about harm reduction.
- **Embark Virtual Recovery Clubhouse:** Embark hosts Spanish language and various other live weekly online recovery meetings, which are friendly to those who take MOUD.

RECOVERY HOUSING

Recovery housing refers to a wide spectrum of housing models that build supportive communities where people can improve their physical, behavioral, and social well-being and develop skills, connections, and resources to sustain their recovery. A lot of people who have used stimulants will enter into recovery housing after engaging in outpatient treatment. Model programs should not discriminate against people’s criminal records, people’s behavioral health (including taking related medication), people’s gender identity vs. presentation, getting

supportive care for SUD (including accessing contingency management and MOUD), and provide non-exploitive employment and housing opportunities. In addition, they should provide long-term housing, legal assistance, life skills, family unification and support service, allow the legal adult use of tobacco products, and should offer options to participate in meaningful activity, exercise, and connect people to social outlets to fight loneliness and isolation (and help facilitate connection.)

ACCESS TO PEER SUPPORT WORKERS

Peer support workers are people who have who have lived experience with and have been successful in overcoming or effectively managing substance use disorder, behavioral health conditions, youth and adult justice involvement, unstable housing, and/or sex work. Some entities, when this pertains to recovery from substance use disorder, require people to have not used for several months to several years, where others look more for people who are currently directly impacted and let them identify if they want to help others through peer-based work that is focused on understanding, respect, empowerment, and liberation. Peers are also excellent in advocating for PWUD, connecting them to care, building up their self-efficacy, decreasing loneliness of directly impacted people, being there in times of crisis, and making sure people don't fall through the cracks. It is critical that peer support workers be paid a thriving wage.

EMPLOYMENT SUPPORTS

In order for people who use stimulants to be successful in gaining employment, they will need a stable income, so employment in the majority of circumstances is a necessity. If someone has a criminal record or faces stigma due to their SUD, it will be incredibly difficult for them to gain employment. Several elements are key to help people who use/d stimulants find employment, including assisting people in overcoming legal issues, creating a transportation plan, assisting with resume and interview coaching, identifying workplaces that are friendly to people with a history of SUD, finding employment options that work with people taking MOUD, getting behavioral health supports and attending contingency management, and identifying fair hiring (also known as ban the box) employers, such as Target, Home Depot, Koch Industries, Bed Bath and Beyond and others. Recognizing that this may start with such basic needs as correct identity documents is also important.

PEER SUPPORT WORKERS

Peer support workers can assist people who use stimulants with job placement and identification, resume development, interview clothes, work on practicing their interviews, identifying transportation to interviews and their job, interview coaching, managing stress and other needs.

FAIR HIRING POLICIES / "BAN THE BOX" POLICIES

Having a job reduces recidivism and people are less likely to commit crimes when they have stable, full-time employment. In order to achieve this, some areas have instituted *fair hiring policies*, also known as *ban the box*, which refer to the "box" in many employment applications that asks whether the applicant has pending charges, been convicted of a crime or been incarcerated. Fair hiring policies remove these questions from the application and may remove these until the conditional job offer or move them to the first interview so the hiring team can *first* get an opportunity to learn about the candidate's experience, skills, and personality as they relate to the position to be filled. Once the employer is prepared to offer the applicant a job or they are a finalist for the open position, a criminal background check may be initiated. The

applicant would be able to make sure the charges are accurate and explain the nature of the crime, how long ago it was committed, when incarceration or justice-involvement ended, and discuss successful rehabilitation efforts, certifications, and in-place supports if applicable. This helps create a formal legal process to eliminate employment discrimination against people with criminal involvement. In Durham, NC for example, after setting up fair hiring policies, only 3% of applicants with criminal records were eventually rejected from employment due to their criminal record.

FEDERAL BONDING PROGRAM

The Federal Bonding Program (FBP), established by the U.S. Department of Labor in 1966, assists people with substance use disorder and a history of justice involvement in finding meaningful employment by providing a Fidelity Bond. A Fidelity Bond is a business insurance policy of the Travelers Casualty and Surety Company of America that insures an employer with no out-of-pocket expenses against employee misconduct, such as theft, forgery, misappropriation, embezzlement, etc. for the first six months of employment. FBP encourages employers to hire people looking for work who are qualified, but who employers may not normally hire due to a criminal record or personal background. FBP allows employers to hire employees without as much risk and allows people who use stimulants, especially those with a criminal record, to find work more easily. Those seeking bond services or work with participating employers can call 1-877-US2-JOBS (1-877-872-5627) toll-free for assistance. Alternatively, you can find your local American Job Center or the directory of State Bonding Coordinators online.

WORKPLACE POLICIES

Employers can build supportive work environments for PWUD by adopting the following policies, procedures, and benefits:

- Committing to not discriminate against people with criminal records and justice involvement by adopting a Fair Hiring Policy
- Allowing for the hosting of harm reduction, support, and recovery groups on site
- Giving employees flexible schedules to get their MOUD, contingency management, and behavioral health supports
- Providing adequate sick & vacation time
- Providing adequate parental leave policies, and/or access to low-cost and free childcare on-site or nearby
- Allowing employees to take time off to go to short- and long-term behavioral health & substance use disorder treatment
- Paying employees while they lobby at general assemblies to promote equity, inclusion, and support behavioral health and substance use disorder services
- Giving people paid time off to go vote to support people who support equity and inclusion, as well as substance use disorder and behavioral health programming
- Giving people paid time to thoroughly read the employee manual, and provide a venue to anonymously suggest improvements
- Counting people's justice involvement, drug use, and sex work experience as work years. For example, if someone had justice involvement for 10 years, one would count that as 10 years work experience.

- Giving employees paid time off to attend expungement clinics, access legal supports, get peer support, etc.
- Providing employees comprehensive health, dental, and vision benefits
- Setting up an advisory council of employees with SUD & BH and their allies to review workplace policies that impact them with the human resources team.

Cross-Cutting Services: Grief and Directly Impacted Leadership

Regardless of whether you are pursuing prevention, harm reduction, treatment, or recovery services, the following are some cross-cutting services/modalities to consider.

GRIEF SUPPORT

From April 2020-April 2021, overdose mortality reached an unprecedented 100,000 deaths nationwide. With this pace of loss, staff, volunteers, and participants are likely in need of support surrounding grief. See below for several resources to help begin strategizing around grief support.

- Coping with Overdose Fatalities: Tools for Public Health Workers | Commonwealth of Massachusetts Department of Public Health
- When Grief Comes to Work: Managing Grief and Loss in the Workplace (A Handbook for Managers and Supervisors) | The AIDS Bereavement and Resiliency Program of Ontario
- Grief Recovery After Substance Passing (GRASP) is a community of support and healing for people impacted by a substance passing, with chapters nationwide.

SERVICES LED BY DIRECTLY IMPACTED PEOPLE

In order to best serve the most impacted people, programs should strive to be led by such. Increasingly, programs are being led by people who are BIPOC, queer, women, PWUD, sex workers, and those who are justice-involved. Prioritizing hiring and adequately paying directly impacted people in harm reduction programs for stimulant users is critical.

Some examples of such programs include:

- Transgender Resource Center of New Mexico
- Sex Workers Outreach Project
- Forward Justice

NON-FIXED SITE ENGAGEMENT AND NEW TECHNOLOGIES

MOBILE UNITS

Many people who use stimulants may not be able to access services at a fixed site, thus it is good for programs to consider bringing services to them in areas they reside via a mobile unit. Mobile units may be outreach on a bicycle, car, motorbike, minivan, or larger mobile unit such as a refurbished motorhome These are just a few examples of mobile services from outreach to medication for opioid use disorder.

- The Emma Goldman Youth Homelessness Outreach Project *(Pacific Northwest)*
- Trystereo *(New Orleans, LA)*
- Bridges' MATT's Van *(New Haven, Connecticut)*

TELEHEALTH SUPPORT

Telehealth may be a good option to provide supportive care when trying to reach isolated people, due to COVID-19 waves, rural environments, service deserts, stigmatizing and/or non-culturally sensitive providers, or language barriers. People may now access services through telehealth and telemedicine. Never Use Alone, SMART Recovery and many new behavioral health providers now provide this route. Some examples of these services include:

- Never Use Alone Hotline
- SMART Recovery Online Meetings
- Contingency Management App Dynamicare Health provides people seeking contingency management with a digital care program, delivered through a smartphone app. Their App connects people with a Recovery Coach and incentives for behavior change.
- Virtual / Telephone Recovery Supports - The Connecticut Community for Addiction Recovery offers a weekly telephone check-in for those seeking support, encouragement, information, and accountability in their recovery; however they define it.
- Safer Use Phone Lines (see examples in previous section on harm minimization)
- Safer Use Apps (see examples in previous section on harm minimization)
- Project Echo needs to be enhanced for Prescribers Invested/Engaged in Stimulant Treatment - The ECHO model uses a hub-and-spoke knowledge-sharing approach where subject matter experts lead virtual sessions, featuring presentations and discussion of participant case studies, to assist in the development of community level providers, and to gain the expertise required to provide needed and essential services. ECHO has been used to support MOUD and HCV treatment throughout the U.S. and should be used as a model to treat stimulant dependence. This is especially vital in underserved BIPOC communities and rural spaces.
- Area Health Education Centers - Enhancing continuing education opportunities for SUD and BH professionals through continuing education credits are available through area health education centers (AHEC)

DAMAGING PRACTICES FROM THE FIELD

CRIMINALIZATION

"People with substance use disorders need treatment, not punishment, and drug use disorders should be approached with a demand for high-quality care and with compassion for those affected. With a will to achieve racial equity in delivering compassionate treatment and the ability to use science to guide us toward more equitable models of addressing addiction, I believe such a goal is achievable."

Nora Volkow, Addiction Should Be Treated, Not Penalized, Health Affairs Blog, April 27, 2021

There is a robust collection of literature on the wide-ranging impacts of criminalization on people who use drugs and the "collateral consequences" of being justice involved and/or having a criminal record. In the United States, the BIPOC population has disproportionately been targeted by criminalization, even though BIPOC communities do not use at higher rates than the White population, leading to massive inequalities in their representation in justice involved populations. There are many targets for criminalization that can undermine the health and wellness goals of marginalized people who use drugs, including criminalization of: survival sex work (both providing and obtaining services, as well as the criminalization of carrying condoms); personal drug consumption and subsistence selling; drug paraphernalia (including syringes, cookers, pipes, bubbles, and snorting straws), safer sex materials, and drug checking technology; and harm reduction services themselves. We also see in various parts of the country the criminalization of harm reduction best practices even if services are technically allowable, such as outlawing needs-based syringe access and/or naloxone distribution. Drug prohibition also limits our potential therapeutic responses; despite there being no pharmacological treatments currently approved by the FDA for the treatment of stimulant use disorder, and the promise shown by psychedelics in their treatment, legal barriers exist to utilizing such strategies.

Additionally, travel is yet another crucial aspect of life disrupted by criminalization. If someone is criminalized and loses their ability to travel, it unleashes a stream of unintended and intended consequences. From the ability to access a safe supply, legal supports, treatment, kinship, friendships, work, housing, and activities to gain meaning (spiritual and other meaningful activity, socializing, therapy, etc.), through transportation to places that build self-worth. People in rural, suburban, and urban areas without adequate transit (most of America) are presupposed to suffer when access to transportation is taken away.

Further, continued drug criminalization in the era of fentanyl means people who use drugs only have access to an unpredictable, and therefore unsafe, supply. Regardless of the best harm reduction available, without a safe supply, there will continue to be significant preventable overdose mortality. Prohibitions to providing such a regulated, safer supply keeps people who use drugs needlessly at risk of premature death. Some countries, such as Switzerland, the Netherlands, Spain, Germany, Canada, and the UK, have successfully set up such programs.

ANTI-KICKBACK RULES IMPACTING CONTINGENCY MANAGEMENT (CM)

According to a March 2020 Health Affairs blog piece, *"It is unlawful to provide contingency management to patients who are enrolled in health plans or programs that are funded by federal or state dollars. Under federal laws, incentives can be considered kickbacks or inducements when they exceed monetary values that are considered nominal. The Centers for Medicare and Medicaid Services (CMS) imposes annual limits on incentives to a maximum monetary value of $75. States also have laws limiting contingency management; for example, health insurance plans funded through Washington State impose annual limits on incentives of monetary value of $100. Importantly, these laws are intended to prevent fraud, waste, and abuse and provide a mechanism to penalize providers that try to induce patients to access services (for example, unnecessary use) or direct patients toward a specific treatment program or health insurance plan."*

Meta analysis have proven that the bigger the incentive that one is offered leads correlates to better impacts and people participating in the programs have better results. CM providers that are limited by the $75 threshold will find that is hard to work with that amount to set up people in CM programs for success.

Programs can apply for an advisory opinion to get an exemption to the anti-kickback rule via the Office of the Inspector General. Nationally, groups are advocating for changes to these limits – ASAM recently published one such letter looking to create changes for the benefits of people who use stimulants. Recent rulings though have offered hope for positive change. DynamiCare, a mobile app offering CM recently received a ruling in 2022 allowing for up to $599 in incentives. This ruling impacts DynamiCare only, but it is a positive signal.

Treatment Issues - Damaging Practices from the Field

ABSTINENCE-BASED TREATMENT AND HOUSING

Under an abstinence-based model, participants may not be allowed to be in possession of a number of medications, which may include naloxone, medications for behavioral health disorders, and controlled and non-controlled substances prescribed to treat substance use disorder or prevent overdose (buprenorphine, naloxone), as examples. Not having access to medications required for wellness subverts the goals of recovery, and disallowing naloxone and MOUD, BH medication, and any medication that someone takes to assist to manage their stimulant use on-site, puts participants at greater risk of fatal overdose in the case of a resumption of use. Some people seeking treatment may prefer and benefit from an abstinence-based treatment site, but no one should be discriminated against for wanting MOUD, to carry naloxone, or desiring to take their BH medications.

DISCRIMINATORY BARRIERS TO TREATMENT MEDICATION ACCESS

HEALTH INSURANCE

Under certain conditions, people may not qualify for insurance (income, immigrations status, etc.), or only qualify for Medicaid, which many mental health and substance use disorder providers do not accept, due to the low reimbursement rate and paperwork burden. The only alternatives are not engaging in care or paying out of pocket for medications to treat opioid and/or stimulant disorder and/or behavioral health care. These medications are often quite costly and have the potential to bankrupt quickly, leading people to make wrenching decisions on paying rent, child support, court/legal fees, car payments, etc., over their personal wellbeing.

ACCESS TO MOUD OPTIONS

Racially discriminatory practices have resulted in Black patients being less likely to be prescribed buprenorphine and other key medications. A lot of providers also do not accept insurance and purely rely on self-pay, leading to intentional and unintentional discrimination against people of lower incomes and the BIPOC community.

FACILITY PRACTICES: ANTI-PARENT

The majority of behavioral health and SUD service offices do not have licensed childcare facilities on site, prohibiting parents from being able to access services, be limited in the services they can get, or risk "non-compliance," due to having to prioritize their child over potential mandatory meetings and groups.

FACILITY PRACTICES: LAW ENFORCEMENT INVOLVEMENT

Many practices will employ an off-duty law enforcement officer as security staff to patrol the premises or waiting rooms. Those who have had a negative encounter with a law enforcement officer, particularly the BIPOC community, are then disincentivized to seek out care at such a site, in order to avoid reliving their previous trauma.

FACILITY PRACTICES: LACK OF DIVERSITY

Many practices across the United States have universally white staff, despite treating substance use disorders and behavioral health conditions that impact everyone. Offices in majority communities of color are often run by staff that do not reflect the people they serve or who do not speak languages other than English. Many of these sites also market their programs to White populations outside of their service location site, rather than providing care within their community from a place of cultural humility and competency.

FACILITY PRACTICES: HOURS OF OPERATION

Many practices across the U.S. do not take into account typical working hours. Those who work early service industry hours, standard schedules (i.e., 8:00am-5:00pm), or night shifts which require daytime sleep, encounter barriers to accessing services during traditional office hours. More sites need to strive to offer early and late access.

DISCRIMINATION AGAINST JUSTICE-INVOLVED PERSONS

Most SUD service providers will not take calls from people who are incarcerated and seeking care upon release. Drug courts, probation, and parole may ban people from taking medications for SUD or accessing contingency management programs. Those mandated to sober living or recovery housing may be prohibited from accessing contingency management or medications for behavioral health and substance use disorder as well.

- **Improper Referrals -** A lot of people who use stimulants are referred to services where they receive no treatment specific to their needs. They need access to cognitive behavioral therapy, contingency management, behavioral health care and other key services, which most venues do not provide.
- **Forced Treatment -** Several studies and meta-analysis exist on forced treatment hypothesizing that it is problematic, especially when it comes to human rights abuses and potential increase in associated suicides, however mixed results have been found and require more research, and these studies were mostly conducted before the large scale rise of fentanyl in the US drug supply. From a harm reduction perspective, forced treatment fails to honor the autonomy of people who use drugs, and particularly when forcing an abstinence-based model, has the potential to be quite dangerous. CDC's report, *Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States*, identifies arrest and incarceration and compulsory treatment among interventions shown to have detrimental effects on individuals at risk.

"Treatment for drug use disorders should be based on universal ethical healthcare standards – including respect for human rights and the patient's dignity. This includes responding to the right to enjoy the highest attainable standard of health and well-being and avoiding any form of discrimination and/or stigmatization. Individuals with drug use disorders should, to the extent that they have the capacity to do so, make treatment decisions, including when to start and stop treatment, and its nature. Treatment should not be forced or against the will and autonomy of the patient. The patient's consent should be obtained before any treatment intervention. There is a need to maintain accurate and up-to-date clinical records and guarantee the confidentiality of treatment records. It is critical to avoid circumventing health records in registering patients entering treatment. Punitive, humiliating, or degrading interventions (such as beatings, chaining, withholding of treatment and food, etc.) should never be used. A strict code of ethics for staff should apply. Staff should refrain from advocating personal beliefs and should not use humiliating or degrading practices. The individual with a drug use disorder should be recognized as a person with a health problem who deserves treatment similar to that delivered to patients with other psychiatric or medical problems."

- International Standards for the Treatment of Drug Use Disorders 2020, United Nations Office of Drugs and Crime and World Health Organization

Stigmatizing Practices from the Field

Unfortunately, the medical field is still rife with stigma against people who use stimulants and have a lack of understanding regarding how to navigate the shifting behavior related to stimulant use in particular, which may often be reflected in providers' language. There are also a number of potential policies or practices in place, in hospitals in particular, which do not facilitate success in treating people who use stimulants including:

- Policies and procedures that don't allow for people to visit people who use stimulants or other drugs at the hospital
- Stigmatizing language from medical providers and/or emergency services professionals
- Medical providers not respecting HIPPA and loudly talking about people's drug consumption and behavioral health to their peers
- Requiring people with substance use disorders to wait hours for care, which can lead them to go into severe withdrawal
- Calling law enforcement on people with substance use disorders who overdose/overamp
- Calling child protective services on people with substance use disorders, without any indication of abuse or neglect
- People who use stimulants may also be overmedicated by medical staff with Haldol, benzos, and Benadryl
- Delaying or being denied access to MOUD while they are under medical care
- Providers only offering Narcotics Anonymous or vivitrol as treatments for substance use disorder. People should be informed and offered multiple pathways to recovery and all forms of MOUD. One size does not fit all.
- Not offering appropriate discharge planning, including connections to social workers for case management; not offering contingency management as an option; and/or not referring to SSPs, safer smoking access programs, safer snorting access programs, and/or drug user health hubs.
- Medical professionals not receiving training on how to work with people who use stimulants or have a substance use disorder