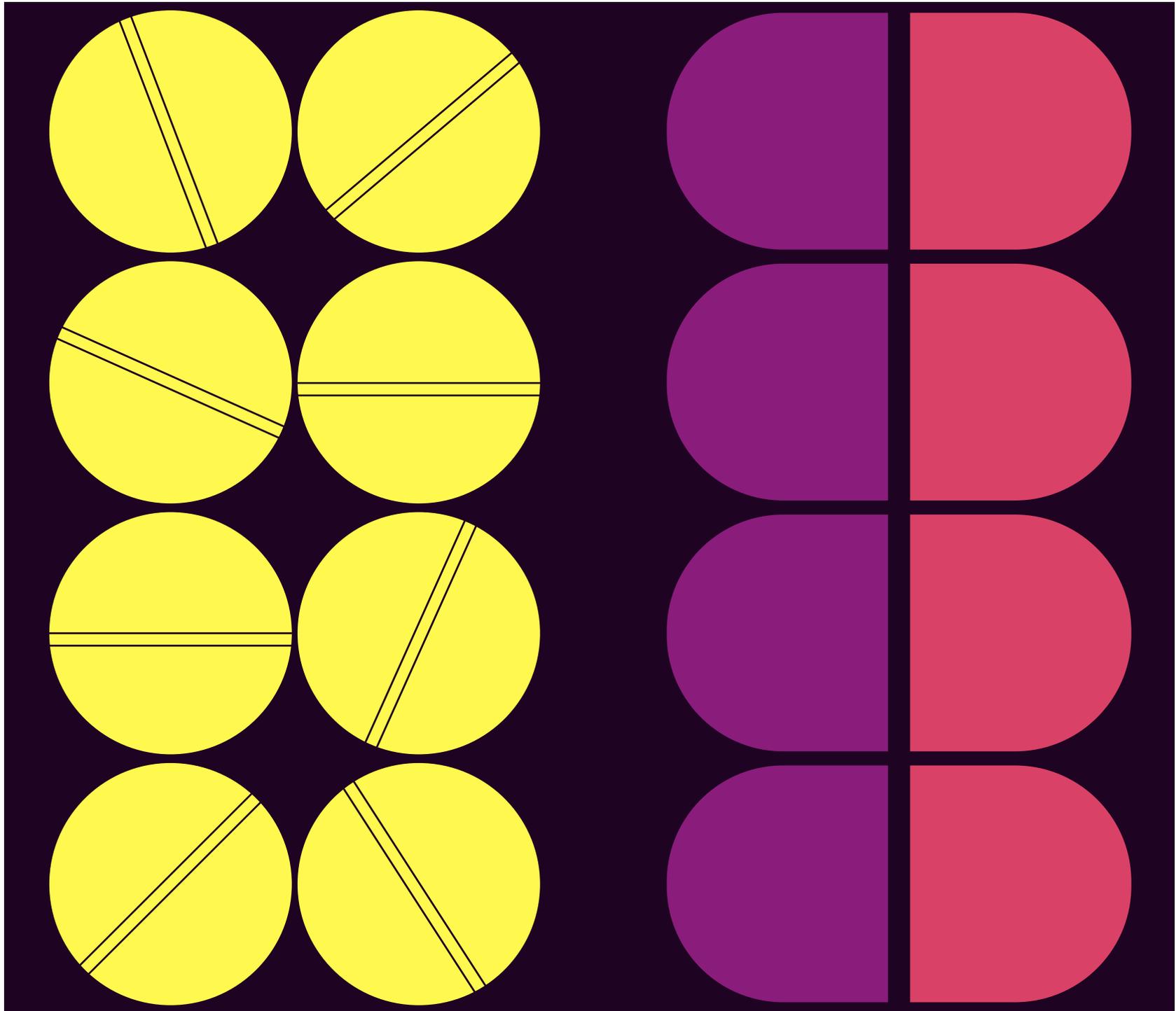


Stimulant Use Disorder

TOOLKIT



MICHIGAN OPIOID COLLABORATIVE

Background

Stimulants include cocaine, methamphetamine, other prescribed psychostimulants like methylphenidate and other amphetamines and MDMA. According to the CDC, cocaine was involved in 1 in 5 overdose deaths in 2017. During the same year, psychostimulant-involved overdose deaths increased by 37% involving more than 10,000 Americans. Stimulants can lead to death due to cardiovascular effects.

Data has indicated the stimulant supply in many areas of the country may be contaminated with synthetic opioids (like fentanyl) and other products or people may often co-use stimulants with opioids, leading to increased risk of overdose death. Thus, it is key to discuss risks of overdose with people who are using stimulants.

Screening

There are multiple screening tools for assessing for substance misuse and risky use, including stimulants, like the [NIDA quick screen](#), [CAGE-AID](#), or longer screening tools like the [ASSIST V3.0](#) or [DAST-10](#).

Diagnosis

Not everyone who uses stimulants has an addiction to stimulants or has a stimulant use disorder, the formal term used now as described in the DSM-5, the diagnostic manual for mental and behavioral disorders. DSM-5 uses the term **substance use disorder** (which has replaced the terms 'abuse' or 'dependence') as one diagnostic category ranging from mild (2-3 criteria), moderate (4-5 criteria), to severe (6 or more criteria). An individual must meet at least 2 of the following 11 DSM-V criteria in the last 12 months to be diagnosed with stimulant use disorder.

1. Use in larger amounts or over a longer period than intended
2. A persistent desire or unsuccessful efforts to cut down or control use
3. A great deal of time is spent in activities necessary to obtain the stimulant, use the stimulant, or recover from its effects
4. Craving, or strong desire to use
5. Recurrent stimulant use resulting in a failure to fulfill major role obligations at work, school, or home
6. Continued stimulant use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the stimulant
7. Important social, occupational, or recreational activities are given up or reduced because of use
8. Recurrent use in situations in which it is physically hazardous
9. Stimulant use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the stimulant
10. Tolerance*
11. Withdrawal*

*Not counted towards diagnosis if individual is taking stimulant medication under appropriate supervision

Withdrawal Management

Patients in acute withdrawal may present with **hypersomnolence, hyperphagia, strong cravings and depression. Post-acute withdrawal symptoms of dysphoria, lethargy, and anhedonia** may persist for several weeks.

Evidence-Based Treatment Options

Evidence-based psychosocial interventions

- Contingency management, cognitive-behavioral therapy, motivational interviewing, and the Matrix model are evidence-based treatments for stimulant use disorders, with the evidence being strongest for contingency management.
- Exercise has been shown to improve quality of life measures like depression symptom scores or cravings in individuals with methamphetamine use disorder.
- Motivational interviewing (MI) can be used during brief encounters by a wide variety of practitioners.
- A review of the evidence for each psychosocial intervention can be found in Chapter 2 of SAMHSA's Treatment of Stimulant Use Disorder guide.
- In addition to treatment for stimulant use disorder, it is important to consider prevention of overdose in people who are using stimulants. Please consider recommending/prescribing naloxone and providing other [overdose prevention resources](#). In addition, should also consider providing general information and resources to help [people reduce impacts and harms of stimulant use](#).

Evidence-based medication treatment

There are currently no FDA approved medications to treat stimulant use disorders; multiple medications have yielded positive results in clinical trials:

- [Pharmacology for cocaine use disorder— a systemic review and meta-analysis](#)
- [Pharmacological Treatment of Methamphetamine/amphetamine dependence: A systemic review](#)

Additional Resources

- [CDC Polysubstance](#)
- [SAMHSA Treatment of Stimulant Use Disorders](#)
- [Yale Medicine Stimulant Use Disorder fact sheet](#)
- [Motivational Interviewing resources](#)
- [MOC webinar on methamphetamine](#)
- [MOC webinar on motivational interviewing](#)