

Treating Methamphetamine Dependence: Best Practices for Nevada

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Agreed!

Nevada needs to treat growing numbers of
meth affected people

Resources are limited

Untreated addiction has enormous costs



Best Practices

- The best studied and validated treatments
 - Scientific research and publications
- Get the most “bang for the buck”
- Most likely to give you the desired outcome
- “Evidence Based”= Science Based

Take Home #1

- Methamphetamine dependence is treatable
- Outcome studies show results comparable to other drugs of abuse

Why the “MA treatment doesn’t work” perceptions?

- Many of the geographic regions impacted by MA do not have extensive treatment systems for severe drug dependence.
- Medical and psychiatric aspects of MA dependence exceeds program capabilities.
- High rate of use by women, their treatment needs and the needs of their children can be daunting.
- Many staff report feeling unprepared to address many of the clinical challenges presented by these patients

Take Home #2

- There is no pill (or other medication) to treat methamphetamine addiction
 - Medications may be used to help with problems resulting from use

Take Home #3

- Behavioral Treatments are Best Practices

Behavioral Treatments

- Practical
 - “Here and Now”
- Effectiveness depends on “dose”
 - Frequency of sessions
 - Length of program
- Standardized
 - Manuals
 - Worksheets

Behavioral Treatments for Methamphetamine

- Matrix Model
- Cognitive Behavioral Therapy
- Contingency Management

Matrix Model

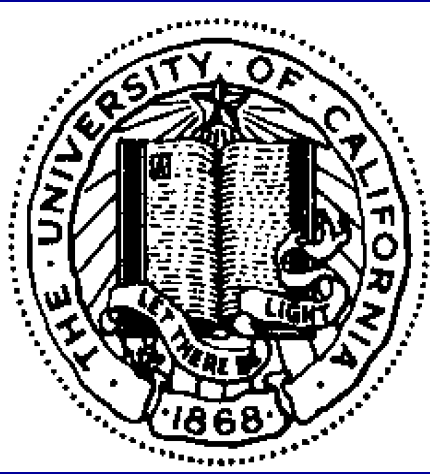
- Government funded research
- 7 sites evaluation
- 16 weeks followed by aftercare
- Intensive outpatient
- Integrates several approaches into one program
 - Cognitive behavioral
 - Urine monitoring
 - 12 Step encouraged

<http://www.matrixinstitute.org/>

Matrix Model

- Intensive Outpatient
 - 3-5 visits a week, fewer at end of program
- Random Screening
- Supportive approach
- Include family members
- Tailor program to individuals, communities

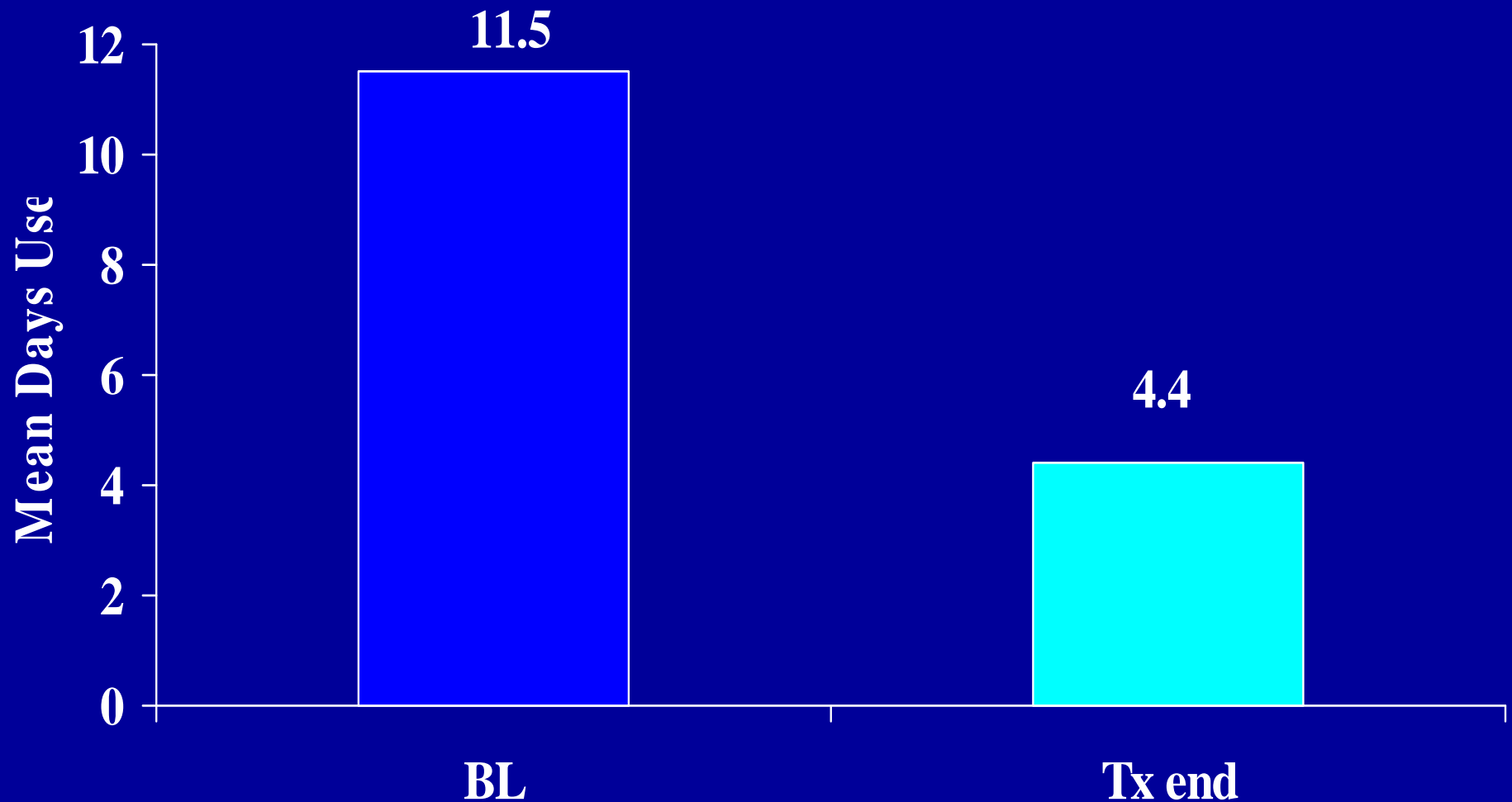




Changes from Baseline to Treatment-end Using Matrix Model

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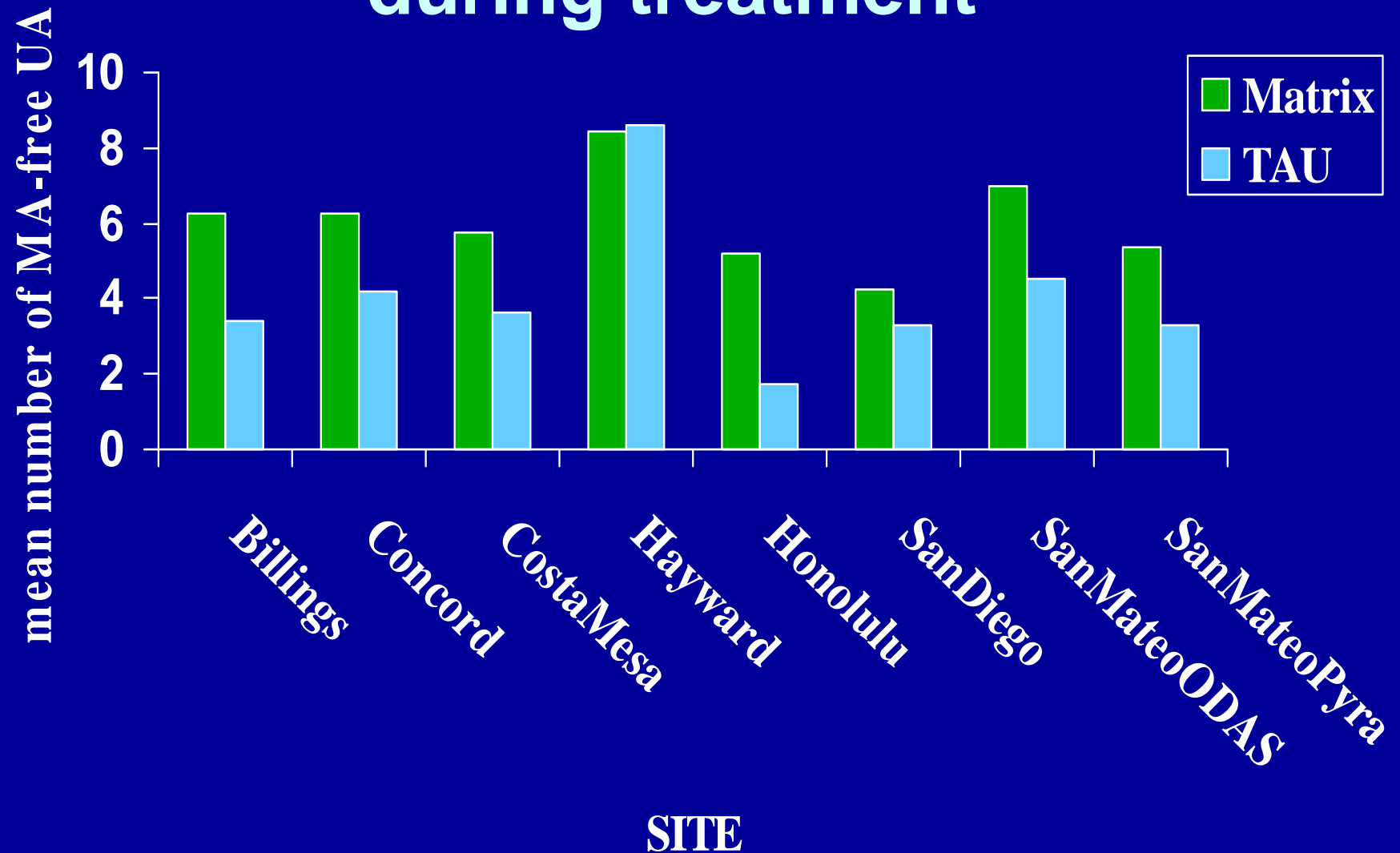
Days of Methamphetamine Use in Past 30 (ASI)



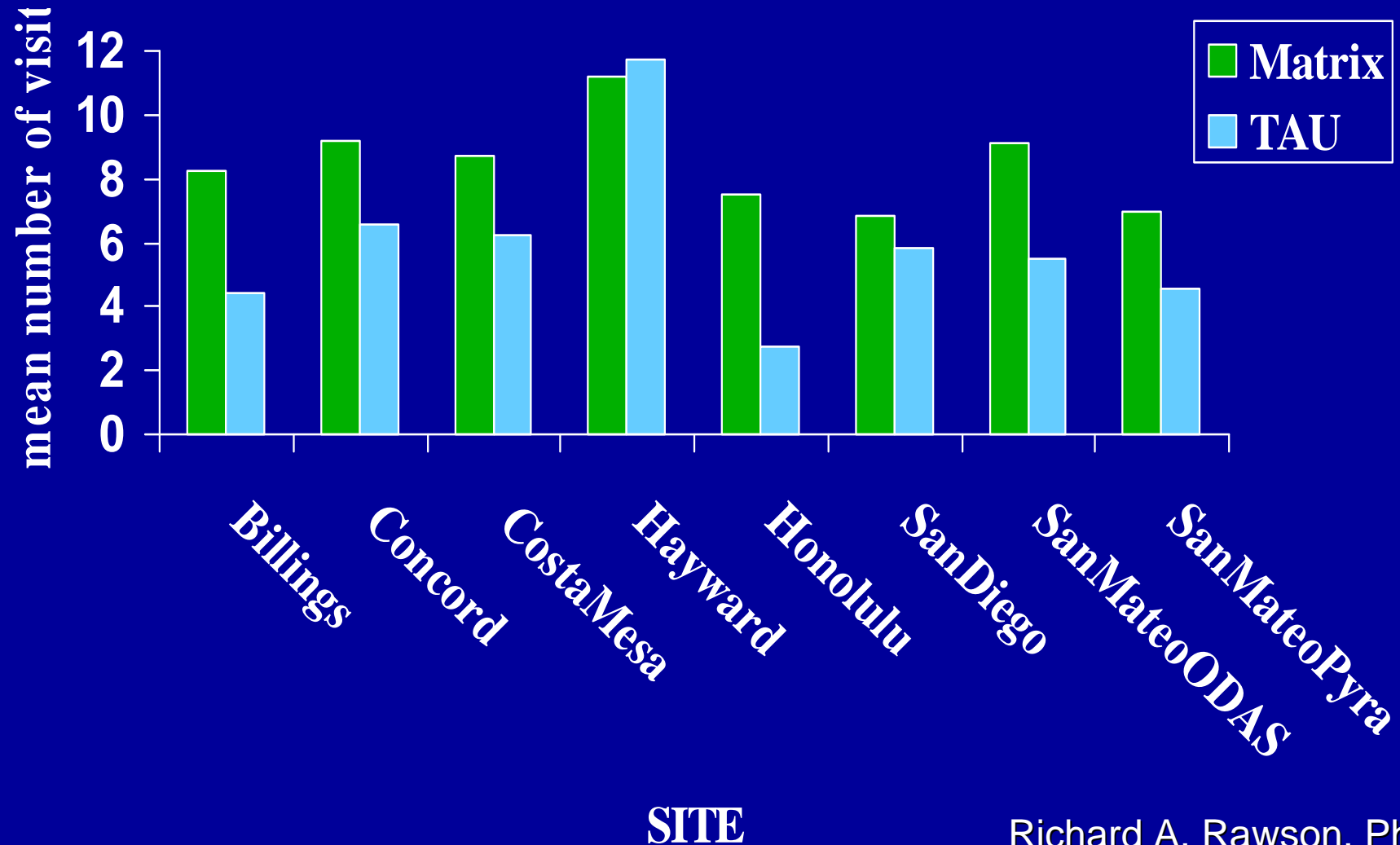
Possible is 0-30; $t_{\text{paired}}=20.90$; $p\text{-value}<0.000$ (highly sig.)

Richard A. Rawson,¹³ Ph.D

Mean Number of UA's that were MA-free during treatment



Mean Number of Weeks in Treatment



Richard A. Rawson, Ph.D

Research Conclusion

- Matrix Model does better than “Treatment as Usual”
- Matrix approach is Best Practice

Cognitive Behavioral

- Learn issues critical to addiction and relapse
 - Example: “What are the triggers (people place and things) for smoking meth? How can you avoid them?”
- Part of Matrix
- Individual or group

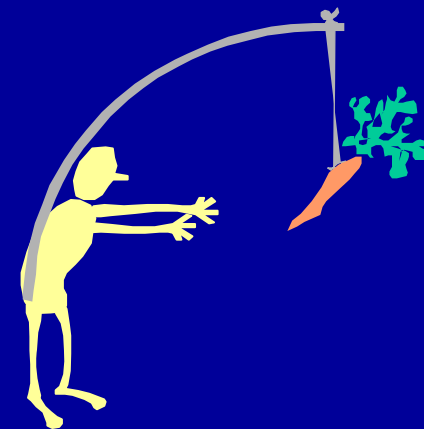
Contingency Management (CM)

- Basis for drug courts
 - Rapid and certain consequences for drug use
 - Success: removal of legal sanctions
- Also works in treatment settings
- Maximizes value of other treatments
- CM is Best Practice



Contingency Management

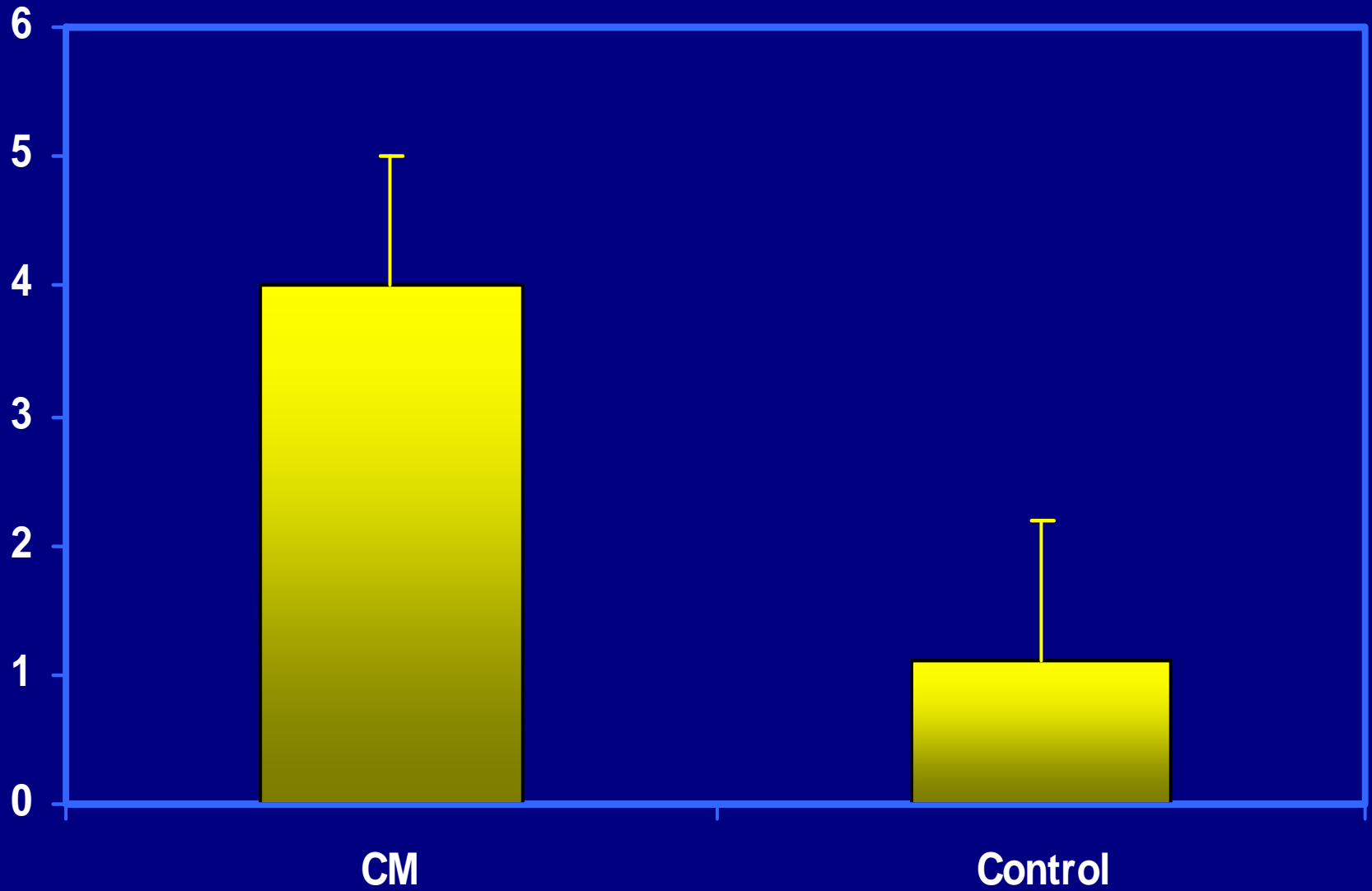
- Random urine screens
- Clean screens: reward
- Large multisite research trials
- Increases participation and decreases substance use
 - Alcohol, cocaine
 - Petrie, 2000; Higgins 1993



Incentive based treatment of methamphetamine dependence: Contingency Management

- **Rewards for clean UDS**
- **Rewards can be targeted to what is fun for that person**
- **Prize jars / Vouchers**
- **Reintroduce with natural rewards**
 - **Movie tickets**
 - **Music**
 - **Roll 2006, 2007**

Mean weeks of consecutive abstinence



Richard A. Rawson, Ph.D

12 Step Groups

- Crystal Meth Anonymous
- Narcotics Anonymous
- Alcoholics Anonymous
 - Fellowship
 - Spirituality
 - “12 step facilitation”

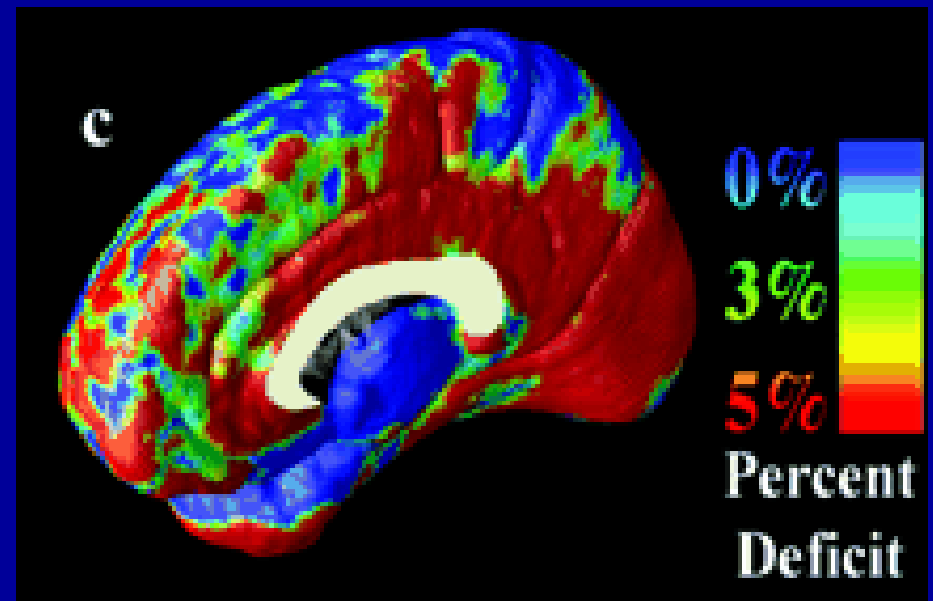


More Take Homes

- Some people will need brief inpatient treatment for acute mental health problems from meth use (suicidal, paranoid)
- After stabilization, they need intensive outpatient treatment

Special Cases

- Cognitively impaired
 - Cognitive function such as memory gets WORSE during first few months of abstinence (Simon, 2000)
 - Cognitive problems lead to drop out
 - Treatment can be tailored to address cognitive problems



Special Cases

- Mothers
 - Residential mother/ child programs



Special Cases

- Psychiatric
 - Psychosis and suicidality lead to drop out (treat!)
- Incarcerated
 - Incarceration is not treatment
 - Meth prisons in Montana

Resources

- <http://www.dphhs.mt.gov/amdd/chemicaldependency/services/methguidelines.pdf>
- <http://www.nida.nih.gov/Infofacts/methamphetamine.html>
- <http://www.matrixinstitute.org/>
- TIP #33
- CASAT (775) 784-6265
- Melissa Piasecki, MD (775) 784-4917

Questions and Discussion