

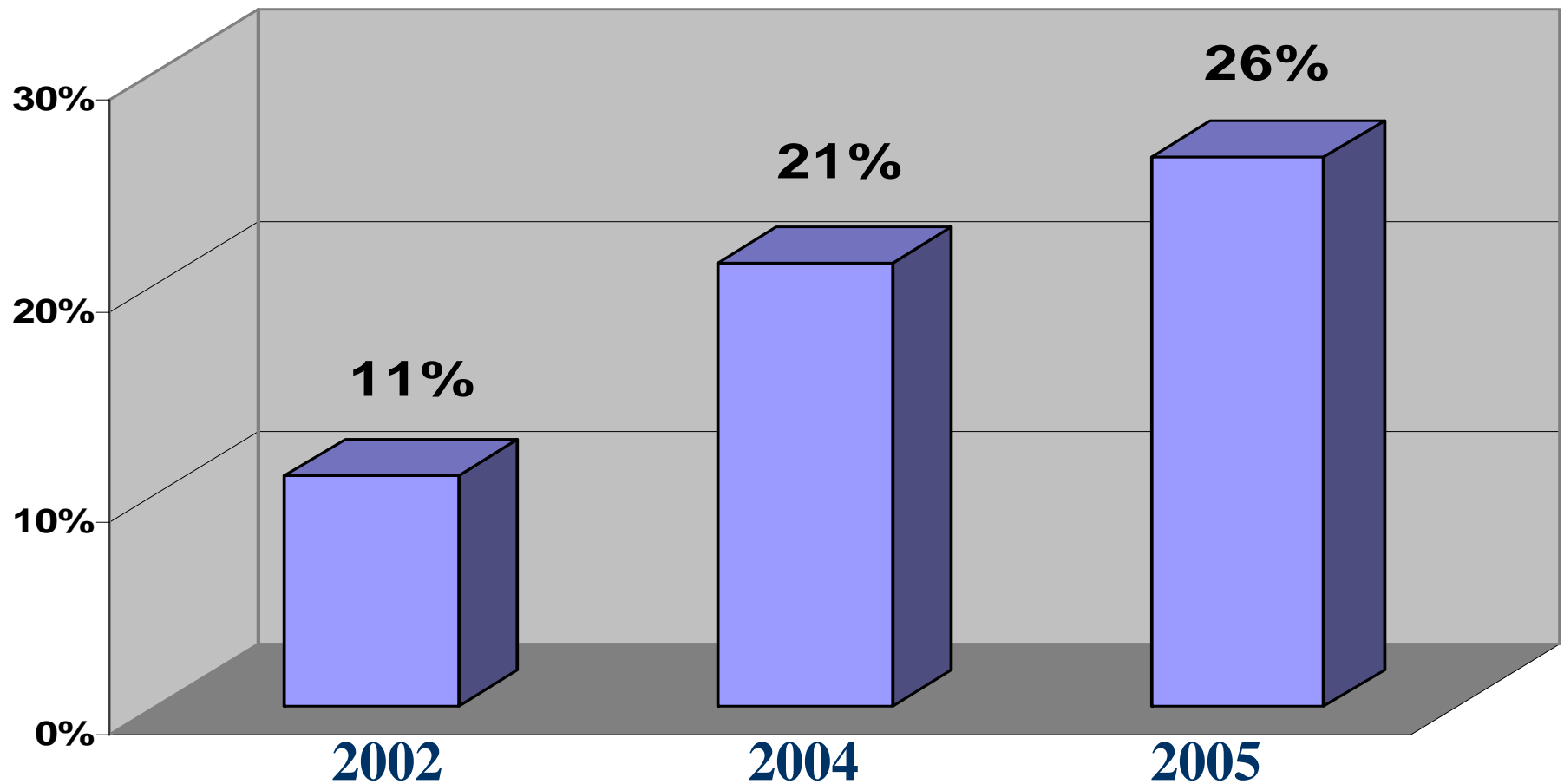


# Arizona Methamphetamine Treatment Centers of Excellence

*A Joint Initiative of the Arizona Department of Health Services, Division of Behavioral Health Services and the Pacific Southwest Addiction Technology Transfer Center*



# 3-Year Trends: ADHS Treatment Admissions for Methamphetamine

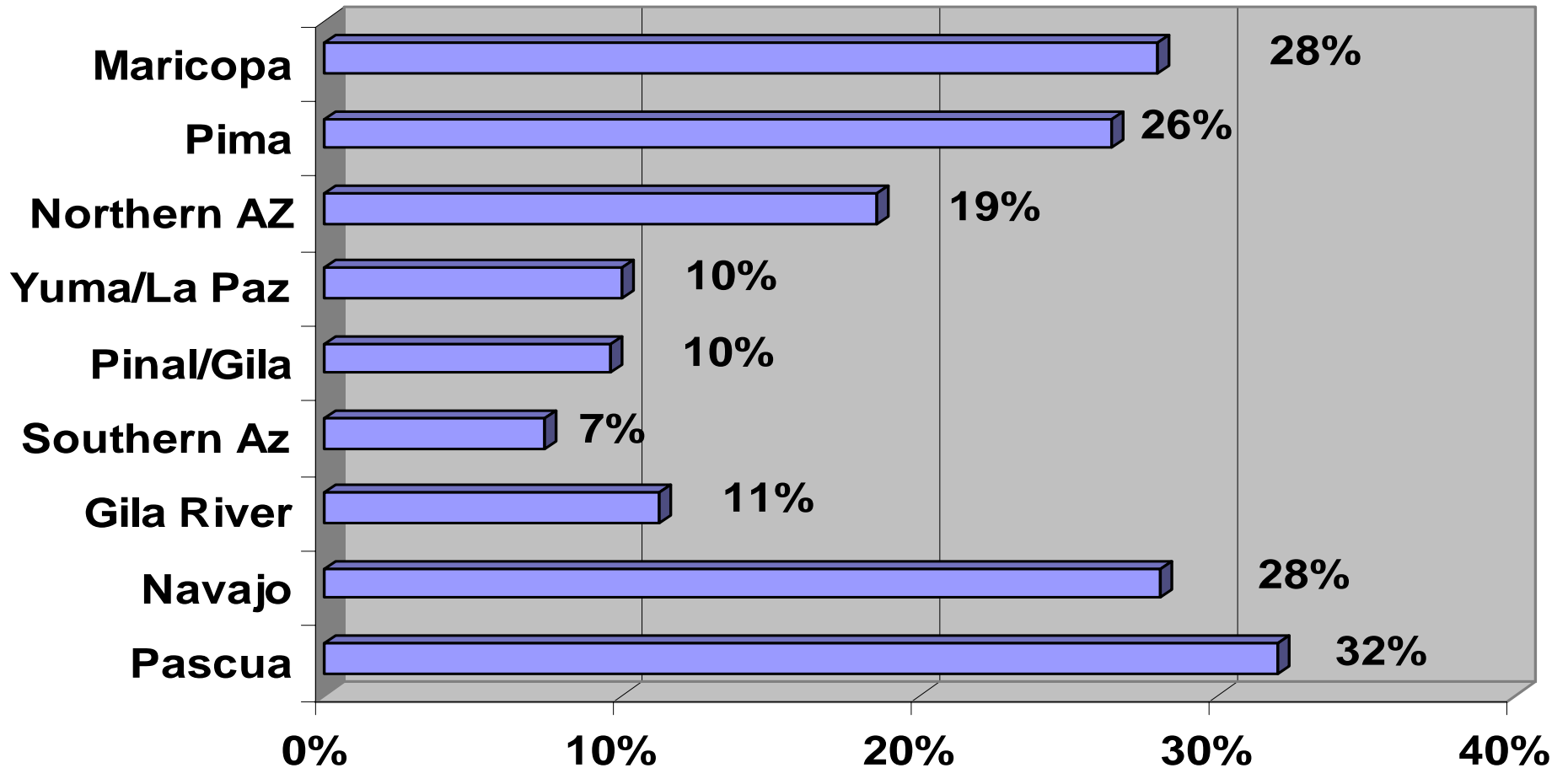


# Meth Treatment - 2005

- Second leading cause of admissions to substance abuse treatment in Arizona
  - > 15,000 people treated in 2005
- Highest rates among:
  - 18-24 year olds
  - Parents in CPS
  - Drug court
- Equal opportunity: rural, tribal and urban areas



# Statewide Meth Treatment - 2005



# Addressing Meth Treatment in Arizona

- Recognized we had a problem
- We knew treatment works & recovery is real
- We even knew treatment works & recovery is real in Arizona
- **Key Question:** What type of treatment works best for meth addiction?



# Treatment Implications

**Effective meth treatment requires more intensive, phase-specific support over a longer period of time:**

- **Stabilization: “Brief” residential (<10 days)**
- **Dose: High frequency over a period of 6-9 mos**
- **Retention: Aggressive engagement**
- **Monitoring: Therapeutic urinalysis**
- **Incentives: Rewards for attendance, clean UA**
- **Medications: Symptom relief (depression, lethargy, cravings, suicidal thoughts, insomnia)**

# Meth Centers for Excellence

- **Collaboration:**
  - Arizona Department of Health, Applied Behavioral Health Policy
- **Research national literature, National Institute on Drug Abuse**
  - Efficacious practices to treat stimulant abuse
- **Redirected funds - \$1.8M for FY 2006**



# Meth Centers - 2006

- **Phoenix:**
  - ValueOptions
  - Community Bridges
- **Tucson:**
  - CPSA
  - La Frontera
  - Compass
- **Gila River TRBHA**



# Recommendations for Methamphetamine Treatment Policy and Program Development

*Outpatient treatment can be effective for treating most individuals who abuse or are dependent upon methamphetamine*



# Treatment Approaches Found to Be Effective in Working with Clients with Stimulant Use Disorders

**Motivational Interviewing**

**Therapeutic Use of Urinalysis**

**Contingency Management (AKA motivational incentives)**

**Community Reinforcement Approach**

**Cognitive Behavioral Therapy**

**Matrix Model**



# Characteristics of Effective Methamphetamine Treatment Programming

Treatment should include 3-5 clinic visits per week for at least 90 days (with continuing care for another 9 months).

Use of Therapeutic Urinalysis

Techniques and clinic practices that improve treatment retention are critical.

Family involvement

Contingency management

Call backs for missed appointments

Court sanctions



# Evaluation Questions for the Arizona Methamphetamine Treatment Centers of Excellence Initiative

1. Do clients served by the Arizona Methamphetamine Treatment Centers of Excellence Initiative demonstrate reductions in their use of methamphetamine and other illicit substances and do they also demonstrate improvements in other indicators of recovery (e.g., employment, residential stability, reduced criminal behavior, etc.)?



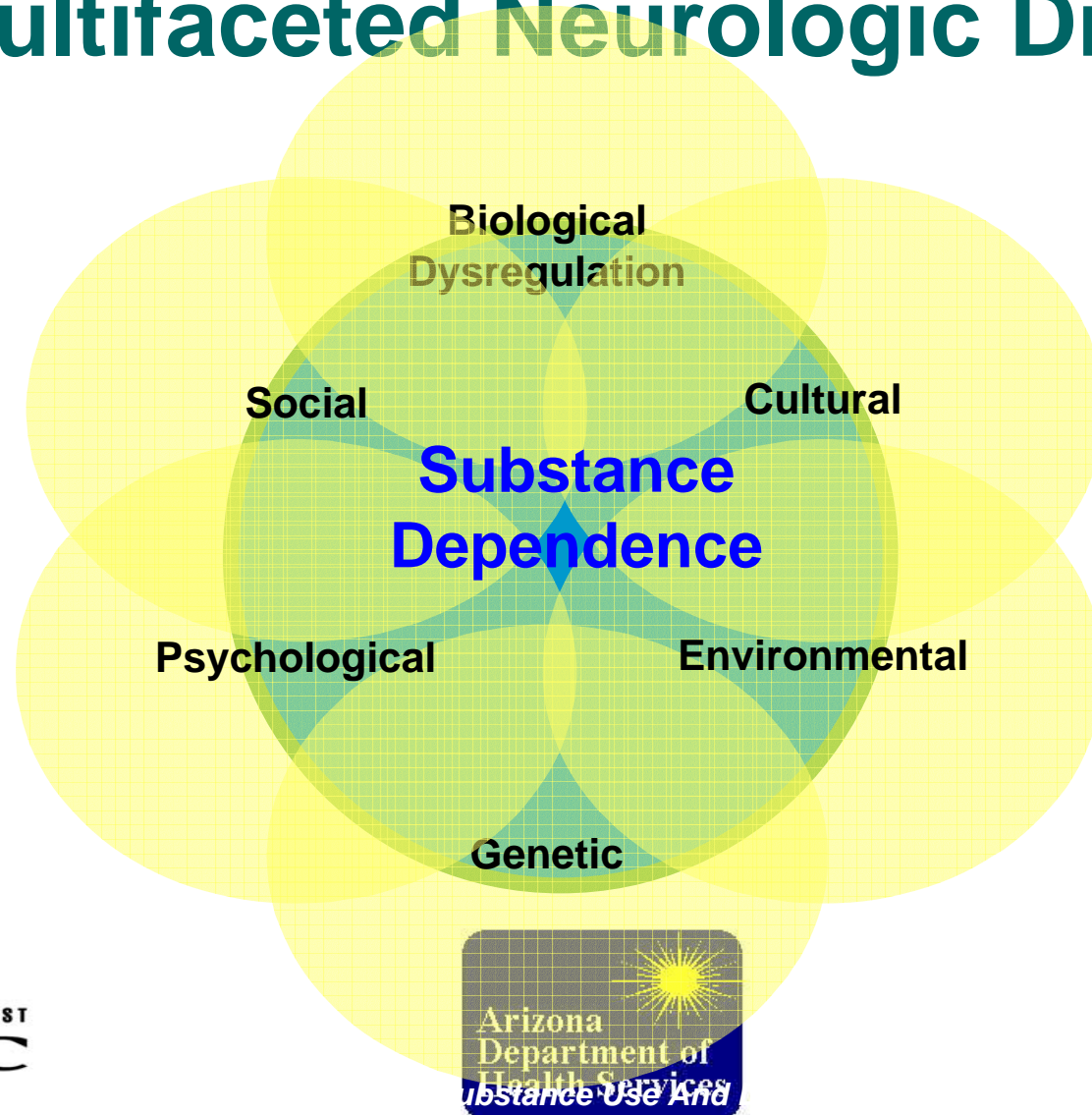
## Evaluation Questions for the Arizona Methamphetamine Treatment Centers of Excellence Initiative

2. To what extent are programs implemented as proposed and in a manner consistent with the core program elements of the initiative (CBT programming, use of frequent urinalysis and contingency management)?

## Evaluation Questions for the Arizona Methamphetamine Treatment Centers of Excellence Initiative

3. How has the implementation of the Arizona Methamphetamine Centers of Excellence affected the organizational climate and culture of the implementing agencies and the perceptions, attitudes, and knowledge of staff regarding the treatment of clients with methamphetamine use disorders?

# Substance Dependence A Multifaceted Neurologic Disorder



# Effects of Psychostimulants

Lower doses	Increased doses	Higher doses	Repeated Intoxication
Euphoria ↑ energy	Tremor Emotional lability	Intense anxiety Paranoia Hallucinations	Neuronal adaptation -Tolerance
↓ fatigue	Restlessness Irritability	Hypertension Tachycardia	- Sensitization (reverse tolerance)
↑ Mental acuity	Paranoia Panic  Repetitive stereotyped behavior	Hyperthermia Respiratory depression  Heart failure Seizures	- Resembles paranoid schizophrenia



# Summary of Psychostimulant Effects

## Primary Mechanism of Action

↑synaptic DA  
Also ↑ NE and 5-HT  
→ dysregulation of neurotransmission  
→ disruption in GABAergic transmission

## Tolerance and Withdrawal

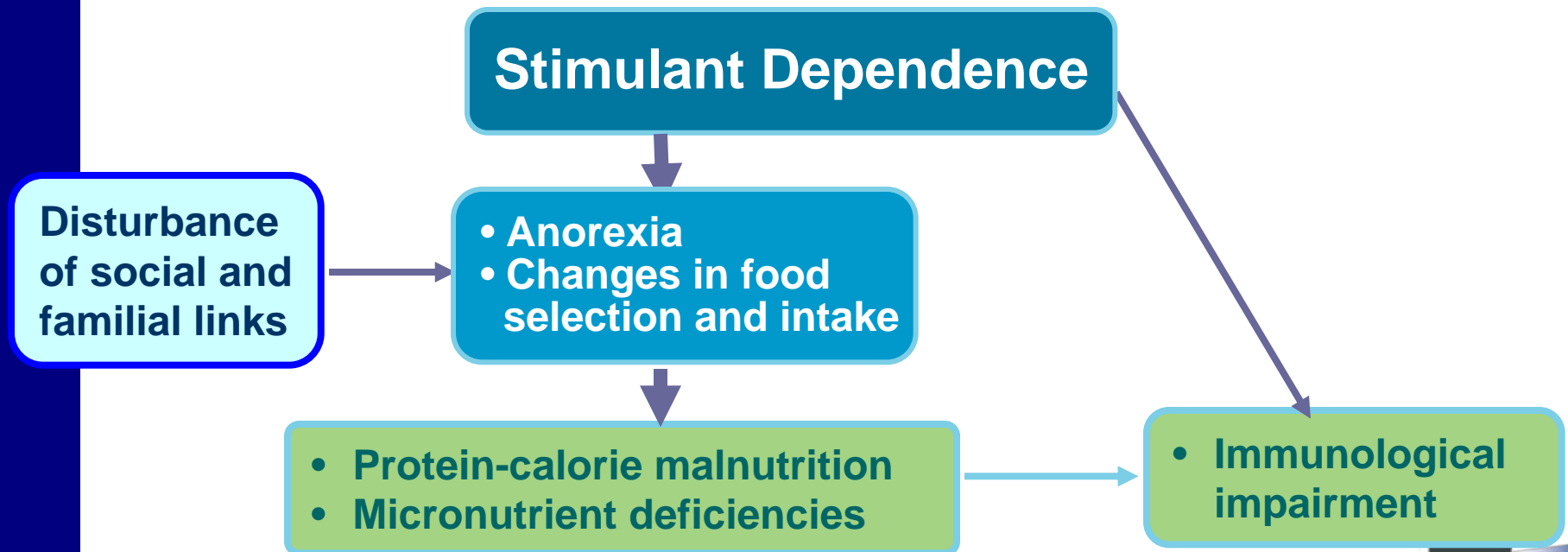
Sensitization (or reverse tolerance) can occur in cocaine dependence  
Tolerance develops to behavioral & physiologic effects of amphetamine  
Depression, anxiety, and psychosis-like symptoms occur in dependence and in withdrawal  
Withdrawal symptoms:

- Fatigue
- Depression
- Anxiety
- Intense craving

## Effects of Prolonged Use

Cognitive deficits  
Cortical abnormalities  
Impaired motor function  
↓ reaction times  
Sleep disturbances  
Anxiety  
↓ appetite  
Alterations in brain DA receptors  
Regional metabolic changes

# Pathophysiology Stimulant Dependence and Malnutrition



# Treatment Problems

- Post-Acute Withdrawal Syndrome
- Craving
- Anxiety
- Sleep Disruption
- Noncompliance with treatment plan
- Access to long-term psychosocial intervention
- Failure to avoid environmental triggers



**RELAPSE**

# Successful Management of Dependence

- Detoxification & Withdrawal
- More than management of symptoms
- Requires a whole-patient approach
  - Long term perspective, relapse prevention
  - Reduce and manage cravings
- Needs lifestyle changes
- Needs ongoing psychosocial intervention



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