

Stimulant Use Disorder

SHARED DECISION-MAKING

CLINICIAN'S TOOLKIT

What is Shared Decision-Making?

Shared decision-making (SDM) involves a collaborative discussion between the patient and clinician about treatment options, advantages and disadvantages, and helps to identify the optimal treatment based on patient-specific needs and goals. Several trials have demonstrated the importance of SDM in treatment decisions. A systematic review of 25 trials including 8729 patients with substance use disorder found that nearly half of patients preferred SDM for selection of treatment goals compared to individual patient or provider selection of treatment goals. Patients that were matched to their preferred treatment had improved substance use outcomes compared to those who were unmatched to their preferred treatment. Practicing SDM for selecting a treatment approach for stimulant use disorders can help your patient choose the optimal treatment and may lead to improved outcomes. A patient-specific stimulant use disorder tool can be used with this guide to facilitate the SDM process and selection of a treatment approach.

Stimulant Use Disorders

Stimulant use disorders contribute to substantial morbidity and mortality. Stimulants include cocaine, methamphetamines, prescription stimulants, and other psychostimulants. Individuals with stimulant use may also be using other substances. Illicit fentanyl may be in illicit stimulants. Increasingly common now, fentanyl is being used with cocaine or methamphetamine for “speedballing” or “goofballing.” If a patient has both stimulant and opioid use disorders, then your treatment plan will involve medication for opioid use disorder and treatments described here.

> 4.5 Million
with Stimulant Use Disorder

Over 4.5 million adults had past-year stimulant use disorder (methamphetamine, cocaine, and prescription stimulants) based on the 2021 National Survey on Drug Use and Health led by SAMHSA.

1 in 5
in treatment

Only 20% of individuals with stimulant use disorder received treatment in the past year based on SAMHSA's 2021 National Survey on Drug Use and Health.

> 80,000
Overdose Deaths

Over 80,000 individuals died from opioid overdoses in 2021 per the CDC's National Center for Health Statistics. Over half of these overdoses also involved stimulants.

There are currently no FDA-approved medications for stimulant use disorder. Some clinicians may use certain medications “off-label” for the treatment of stimulant use disorder but those are described elsewhere. Here, the various effective therapies for stimulant use disorder are described. Accessibility of these therapies will vary regionally and across clinical settings.

Shared Decision-Making Steps

STEP 1: Assess medical, psychiatric, and substance use history.

Assess patient's medical and psychiatric history including:

- Stimulant and other substance use history; last use
- Stimulant withdrawal symptoms (if any)
- Current treatment preference and reasons for this
- Experience with previous treatment (i.e., medications, outpatient therapy, inpatient, etc.)

STEP 2: Provide education on treatments and review +/- of each.

Review treatment options available in your clinical setting or community resources that you can direct the patient to for outside treatment. Discuss advantages and disadvantages of different approaches and address any patient concerns.

STEP 3: Address individual considerations and encourage deliberation on options.

Evaluate the patient's needs, treatment goals, and circumstances (stability, adherence to treatment, support system). Consider the feasibility of treatments given limitations in your practice setting and what is available in the community.

STEP 4: Finalize treatment plan/next steps.

Collaboratively decide on a treatment plan. Review overdose prevention and harm reduction principles (safer smoking kits, needle exchange, naloxone kits given the risk of illicit fentanyl in stimulant supply). Provide prescription for Narcan® and for other medications (if part of treatment plan).

THERAPY OPTIONS

	Motivational Enhancement Therapy	Cognitive Behavioral Therapy	Contingency Management	Community Reinforcement Approach
Description	Counseling approach that aims to enhance patient's motivation to change substance use by resolving ambivalence and strengthening their commitment to making positive changes	Focuses on identifying and modifying maladaptive thought patterns, emotions, and behaviors associated with substance use, promoting relapse prevention and recovery	Behavioral therapy approach that utilizes positive reinforcement, such as rewards or incentives, to encourage abstinence from substances and promote adherence to treatment goals	Focuses on reshaping the patient's environment, building healthy social support systems, and providing positive alternatives to substance use
Potential Advantages (+)	<p>(+) Helps to engage patients and explore their substance use, motivation, and treatment goals</p> <p>(+) This approach can be integrated into other therapeutic approaches</p>	<p>(+) Structured approach (both for patients and providers) to identify and challenge negative thought patterns and develop coping strategies around patient's substance use</p> <p>(+) Some patients do well with structure and exercises outside of therapy sessions</p>	<p>(+) Provides a systematic way for providers to reinforce positive behaviors and motivate patients to reduce substance use</p> <p>(+) Structured and provides clear guidelines in treatment and rewards/incentives</p>	<p>(+) Addresses various aspects of a patient's life and if effectively implemented, can establish a positive social context favorable to their substance use treatment goals</p> <p>(+) Flexibility in adapting approach to each patient's unique circumstances and preferences</p>
Potential Disadvantages (-)	<p>(-) Requires some level of skill and training for providers</p> <p>(-) Not as structured as other therapies (albeit, can be integrated into other approach)</p>	<p>(-) Requires some level of skill and training for providers</p> <p>(-) Time-intensive and involves regular sessions and "homework" assignments which can be challenging for some patients for various reasons (i.e., psychosocial stressors, lack of housing, etc.)</p>	<p>(-) Resource-intensive and is not widely implemented or available despite being highly effective treatment</p> <p>(-) Does not explore psychological aspects of substance use; however, other approaches can be integrated with contingency management</p>	<p>(-) Time-intensive and often requires additional therapeutic supports (i.e., social services, vocational training, etc.)</p> <p>(-) Patient may not have external supports or psychosocial circumstances that can be readily involved in treatment without additional resources</p>

Acknowledgements

DISCLOSURES: Funding for this initiative was made possible by grant no. 6H79T1081968 and cooperative agreement no. 1H79T1085588 from Substance Abuse Mental Health Services Administration (SAMHSA). The views expressed in these materials do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the United States Government.

References

- Friedrichs A, Spies M, Härter M, Buchholz A. Patient Preferences and Shared Decision Making in the Treatment of Substance Use Disorders: A Systematic Review of the Literature. *PLoS One*. 2016 Jan 5;11(1):e0145817.
- Friedmann PD, Hendrickson JC, Gerstein DR, Zhang Z. The effect of matching comprehensive services to patients' needs on drug use improvement in addiction treatment. *Addiction*. 2004 Aug;99(8):962-72.
- Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
- Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. *National Center for Health Statistics*. 2023.

Additional Resources



To find substance use treatment for your patient:
SAMHSA's Treatment Locator
<https://findtreatment.gov/>



For overdose prevention education and training with naloxone (Narcan®) to reverse an opioid overdose:
<https://learning.drugfree.org/courses/opioid-overdose-prevention-basics/>



Providers
Clinical Support
System