#### Information for Your Clinician

 1. How ready are you to reduce your stimulant use? (0 is not ready at all, 10 is very ready)

 0[]
 1[]
 2[]
 3[]
 4[]
 5[]
 6[]
 7[]
 8[]
 9[]
 10[]

2. What is your treatment goal (i.e., abstinence, cutting down, harm-reduction focus)?

3. What are your main reasons to reduce your stimulant use (if applicable)?

4. What hesitation(s) do you have about starting treatment (if any)?

5. Which substance use treatments have you tried in the past (if applicable)?

6. What did you like or dislike about those treatments (if applicable)?

7. Have you been prescribed any of these medications (check all that apply)?
[] bupropion (Wellbutrin®) [] naltrexone pill [] Vivitrol® monthly injection
[] ADHD medications (names of medication(s):
[] mirtazapine (Remeron®) [] topiramate (Topamax®)

8. What is your average daily stimulant use?

Type of stimulant(s):\_\_\_\_\_\_Average amount per day:\_\_\_\_\_ Route: [ ] smoking [ ] snorting [ ] injecting [ ] taking pills

#### 9. Any other substance use (check all that apply)?

[]tobacco/nicotine []alcohol []benzodiazepines (i.e., Xanax®, Klonopin®) []cannabis []heroin []fentanyl []prescription painkillers []hallucinogens []PCP []other

	YOUR TREATMENT INCLUD [] Therapy (specify type): [] Medication (name of medication [] Needle exchange program infor [] Safer smoking kit [] Fentanyl test strips [] Naloxone (Narcan®) kit			
<u>بخ</u> ر	TREATMENT GOAL	FOR NE		
<u> </u>	FOLLOW-UP APPC			
	Location: You should have a prescripti and family if possible) on ho non-prescribed stimulants.	on or kit for n		
	ADDITIONAL RESO	OURCES:		
	MORE INFO ON HARM REDUCTION SERVICES:	0   		

DISCLOSURES: Funding for this initiative was made possible by grant no. 6H79TIO81968 and cooperative agreement no. 1H79TIO85588 from Substance Abuse Mental Health Services Administration (SAMHSA). The views expressed in these materials do not nec-essarily 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.

### Your Treatment Plan

### DES (check all that apply):

on(s)):\_\_\_ rmation

### EXT VISIT (if applicable):

Г:

Time

naloxone (Narcan®) and be trained (with friends an opioid overdose because fentanyl may be in

# Struggling with stimulant use?

# Talk to your provider today.

FIND SUBSTANCE USE TREATMENT NEAR YOU:





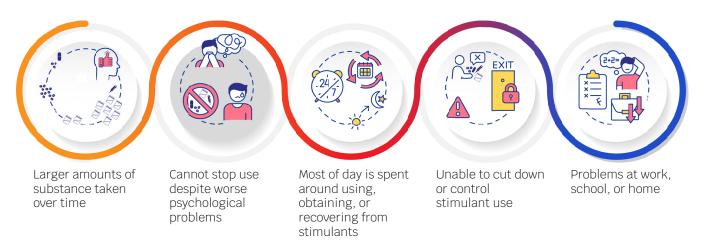
Providers Clinical Support System





# What is stimulant use disorder?

Stimulant use disorder means using a drug like cocaine ("coke"), methamphetamine ("meth", "tina"), or prescription stimulants in a way that causes problems. This can affect relationships, school, work, health, or other areas. Some people may want to stop stimulants or use less.



# Stimulants and Your Health

Stimulants can cause, or worsen, medical and psychological problems including:

- Heart problems
- Stroke
- Seizures

- Depression
- Anxietv
- High blood pressure Manic or hyperactive episodes
  - Psychoses (paranoia, hearing voices)

Stimulants may also contain **fentanyl**, a different drug (powerful opioid) that can be deadly even in small amounts. Ask your provider for a naloxone (Narcan®) rescue kit (reverses an opioid overdose) if you do not have one.

# Stimulant Use Disorder Treatment

- Currently, there are NO FDA-approve medications for treating stimulant use dis order.
- · However, some studies show promise ar some medications may help reduce use Ask your provider about your options.
- There are behavioral therapies that have proven to be helpful in treating StUD.
- Your treatment options may vary based of where you are getting treatment. Ask you provider what options you have in you area.
- For example, some providers may only have experience in motivational enhancement therapy or cognitive behavioral therap Contingency Management therapy require resources through a program typically ar is less available across treatment setting Ask your clinician or potential treaters what they have experience in for substance us disorder therapies.



ed is-	THERAPY TYPE	Motivational Enhancement Therapy	Cognitive Behavioral Therapy (CBT)	Contingency Management (CM)	Community Reinforcement Approach
ind se. ave	DESCRIPTION	Explores your substance use, motivations for change, and helps you achieve your treat- ment goals	Explores how thoughts, feel- ings, and behaviors are con- nected to substance use and helps you develop skills and coping strategies	Earn rewards for meeting treatment goals around sub- stance use, which helps to reinforce these changes	Focuses on increasing moti- vation to quit substance use by improving overall quality of life through positive so- cial connections, meaningful activities, and healthy coping strategies
	WHERE TO FIND	Individual therapy in outpatient or inpatient settings	Individual therapy in outpa- tient or inpatient settings; can be available in group therapy settings	Very few clinical settings offer this therapy currently	Individual
ave ent py. res and gs. hat use	TIMELINE OF THERAPY	Varies; depends on each patient	Varies; generally at least 6-12 months	Generally shorter term therapy (< 1 year)	Recommended for at least 6 months
	POTENTIAL ADVANTAGES	<ul> <li>Can help resolve am- bivalence about making changes</li> <li>Generally, more providers have some training in this therapy</li> </ul>	<ul> <li>Structured and you will develop skills to navigate your substance use</li> <li>Generally, more providers have some training in this therapy</li> </ul>	<ul> <li>Potential for rapid prog- ress in reducing substance use due to the clear re- ward system</li> </ul>	Can help build supportive social network that pro- motes positive change and reduce social isolation
	POTENTIAL DISADVANTAGES	<ul> <li>Less structured than some therapies (i.e., CBT or CM)</li> <li>Requires a skilled provider</li> </ul>	<ul> <li>Some individuals may not want structured therapy and prefer open-ended approach</li> <li>Need to actively partici- pate and practice outside of therapy sessions</li> </ul>	<ul> <li>Not a widely available treatment yet</li> <li>Must maintain motivation for treatment once re- wards are no longer avail- able</li> <li>Generally, it does not ex- plore psychological issues underlying use</li> </ul>	<ul> <li>Sometimes it is not easy to find positive social sup- ports to participate in this therapy (i.e., substance use disorders commonly negatively impact an indi- vidual's relationships)</li> </ul>