Welcome!
Addiction Treatment Starts Here: Stimulant Use Disorders Panel Discussion

Mute
Minimize Interruptions
Please make sure to mute yourself when you aren't speaking.

Chat
Go Ahead, Speak Up!
Use the Zoom chat to ask questions and participate in activities.

Naming
Add Your Organization
Represent your team and add your organization’s name to your name.

Tech Issues
Here to Help
Chat Jaclyn privately if are having issues and need tech assistance.

While we wait, please: rename yourself.
Addiction Treatment Starts Here: Learning Network Stimulant Use Disorders Webinar
I Agenda

1. Welcome & Introductions
2. Panel Discussion
3. Breakout Session
4. Prospective Topics
5. Next Steps & Closing
Welcome & Introductions
CCI Program Team

Meaghan Copeland
She/Her/Hers
Program Manager

Juliane Tomlin
She/Her/Hers
Sr. Program Manager

Michael Rothman
He/Him/His
Executive Director

Juan Carlos Piña
He/Him/His
Program Manager

Kristene Cristobal
She/Her/Hers
Program Consultant

Lydia Zemmali
She/Her/Hers
Program Coordinator
Coaches Team

Katie Bell, MSN, RB-BC, CARN
PHN

Ginny Eck
Substance Use Disorder Project Director
Wesley Health Centers

Dominique McDowell, BA RLPS SUDCII
Director of Addiction & Homeless Services,
Marin City Health and Wellness

Brian Hurley, MD
Addiction Psychiatrist
LA County Department of Public Health

Joe Sepulveda, MD
Chief of Psychiatry
Family Health Centers of San Diego
ATSH Cohort At a Glance

- Learning Network cohort includes 16 teams, representing 12 organizations.
- Teams are located across 9 different counties and include urban, suburban and rural sites.
- About two-thirds of organizations indicated that they have some patients receiving treatment for Stimulant Use Disorders (StUD). Five participants have limited information on this patient population.
ATSH Cohort At a Glance

- Bartz Altadonna Community Health Center
- Bay Area Community Health
- County of Santa Cruz Health Services Agency
- El Dorado Community Health Center
- Family Health Centers of San Diego
- Livingston Community Health
- Los Angeles Christian Health Center – Joshua House Clinic
- Los Angeles Department of Health Services
- Salud Para La Gente
- School Health Clinics of Santa Clara County
- Valley Health Associates
- West County Health Centers

- Harbor – UCLA Medical Center Adult Primary Care
- Harbor – UCLA Medical Center Family Medicine
- Hubert H. Humphrey Comprehensive Health Center
- LAC + USC Medical Center
- Martin Luther King Jr. Outpatient Center
Today’s Objectives:

1. Understand the prevalence, definitions, and identification of Stimulant Use Disorders.

2. Learn about behavioral approaches most effective for Stimulant Use Disorders.

3. Learn about the current evidence for medications for Stimulant Use Disorders.

4. Learn how to engage MAT clinical team in caring patients with Stimulant Use Disorders.
Chat Question

Type in the chat box:

Name a win for your MAT program that’s happened in the last 3 months.
Overview of Stimulant Use Disorders & Panel Discussion
Poll & Chat Question

1. How concerned are you about Stimulant Use Disorders in your patient population?

2. How important is treating Stimulant Use Disorders in your clinic?

3. How confident are you in treating Stimulant Use Disorders in your clinic?

4. How ready are you to treat Stimulant Use Disorders in your clinic?
Figure 6. National Drug Overdose Deaths Involving Psychostimulants with Abuse Potential (Primarily Methamphetamine)*, by Opioid Involvement Number Among All Ages, 1999-2019

Figure 7. National Drug Overdose Deaths Involving Cocaine*, by Opioid Involvement, Number Among All Ages, 1999-2019

*Among deaths with drug overdose as the underlying cause, the psychostimulants with abuse potential (primarily methamphetamine) category was determined by the T43.6 ICD-10 multiple cause-of-death code. Abbreviated to psychostimulants in the bar chart above.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.
Clinical Challenges with Stimulant Dependent Individuals

- Limited understanding of stimulant addiction
- Ambivalence about need to stop use
- Impulsivity/Poor judgement
- Cognitive impairment and poor memory
- Anhedonia
- Powerful Pavlovian trigger-craving response
- **Very poor retention in outpatient treatment**
- Elevated rates of psychiatric co-morbidity
Meta-Analysis Findings

Network meta-analysis was used to analyze 50 clinical studies (6,943 participants) on 12 different psychosocial interventions for cocaine and/or amphetamine addiction.

The combination of 2 different psychosocial interventions, namely **contingency management and community reinforcement approach**, was the most efficacious and most acceptable treatment both in the short and long term.

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https://doi.org/10.1371/journal.pmed.1002715
Contingency Management – a Definition

“Contingency management is a behavioral therapy which uses motivational incentives and tangible rewards to help a person become abstinent from drugs or alcohol. To encourage abstinence and behaviors which support healthy living, clients receive rewards when they obtain positive goals and make lifestyle changes within their day-to-day lives. Examples include drug-free urine specimens or consistent treatment attendance.” – Verteva Health
Contingency Management as treatment for Stimulant Use Disorder

- **Current Contingency Management for treating Stimulant Use Disorder** in primary care MAT or SUD programs involves a 12-week program where patient agrees to submit Urine Tox Screen (UTS) 2 times a week. If UTS is neg for stimulants – commonly methamphetamine and cocaine, then the patient can draw from a fishbowl which has a percentage of prizes.

- **Motivational Incentives** is another term and can be more broadly applied to treatment programs and care involving reward for behavior.

- It is important to not confuse **Motivational Incentives with a specific Contingency Management program for treating Stimulant Use Disorder.**
Considerations for implementation of Contingency Management for StUD in Primary Care settings

- CM pilot
- Funding the costs of a CM program
- Workflows
  - Managing the CM bi-weekly visits with additional care?
- Administration/Medical Leadership buy-in
- Contingency Management Champion
- Patient Selection
- Protocols/Rosters/Templates
Panel Discussion

Katie Bell, MSN, RB-BC, CARN, PHN

Danny Contreras, SUD III-CS
Health Services Manager
Santa Cruz County
Health Services Agency

Joe Sepulveda, MD, FAPA, FASAM
Chief of Psychiatry
Family Health Centers of San Diego
Breakout Session
Logistics

1. Participants will be randomly assigned to one group
2. CCI staff will facilitate a round robin
3. Each group will have one panelist to answer questions
4. Participants to share reflections on IdeaBoardz
Questions

1. What did you hear about Stimulant Use Disorders treatment that surprised you?

2. What is your biggest challenge with Stimulant Use Disorders?

3. What did you hear about today that you want to try implementing? What additional information or resources do you need?
Prospective Topics
Poll

Which **three** topics related to Opioid Use Disorders and your MAT program are you most interested in learning about in future learning sessions?
Next Steps
Advancing Behavioral Health Equity in Primary Care

Timeline: 20 months

Funding: Participants will receive a base grant of $75,000 (and up to $125,000)

Learn more: Tune in for our informational webinar on August 4, 2021

Application deadline: Tuesday, August 17th, 2021

Objectives - By the end of the program, participants will be able to:

- Identify, manage, and treat mental health conditions and substance use disorders.
- Identify and address patients’ unmet social needs (e.g., food insecurity) through consistent screening, tracking, and robust referral processes.
- Stratify their data to identify and understand where inequities are greatest.
- Take effective action to reduce barriers to care — specifically, racism, discrimination, stigma, and trauma — by actively embracing health equity practices.
- Sustain and spread their successes.
Upcoming Activities

1. Learning Network Newsletter - This week

2. ATSH Peer Forums Launch - September/October
   - more details coming soon!

3. Save the Dates!
   - Network Quarterly Webinar: 10/28/21 (12-1:30pm)
Stay Connected

**The Club**

Access program activities, reporting requirements, the resource library and more! Sign in or create an account here: [https://academy.careinnovations.org/]()

**Listserv**

The ATSH Listserv is a great place to stay connected, ask questions of your peers and share resources that may help other teams’ MAT programs.

Send an email to: [addiction-treatment-starts-here@googlegroups.com](mailto:addiction-treatment-starts-here@googlegroups.com)
**Poll**

1. On a scale of 1-5, please select the number that best represents your experience with today’s session.
   - 5 – Strongly Agree
   - 4 - Agree
   - 3 - Neutral
   - 2 - Disagree
   - 1 – Strongly Disagree

2. Please select the number that best represents your response to the statement: Today's session was a valuable use of my time.
   - 5 – Strongly Agree
   - 4 - Agree
   - 3 - Neutral
   - 2 - Disagree
   - 1 – Strongly Disagree

3. I can apply learnings from today’s webinar to my MAT work.
   - 5 – Strongly Agree
   - 4 - Agree
   - 3 - Neutral
   - 2 - Disagree
   - 1 – Strongly Disagree
Questions?

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Lydia Zemmali
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Thank you!
Resources

- Treatment of Stimulant Use Disorders, SAMHSA’s Evidence Based Resource Guide Series
- Addiction Technology Transfer Center Network (List of trainings)
- Stimulant Use Disorders Webinar Series Part 1: Strategies to Address Methamphetamine and Cocaine, Richard Rawson, PhD
- Contingency Management Resources - from ATSH Resource Library
- Stimulant Use Disorders Resources - from ATSH Resource Library