Methamphetamine use
An interdisciplinary case conference

December 4, 2009
2pm-4pm
Tuality Health Education Center
Welcome and introductions

Moderators

• Michelle R. Guyton, Ph.D. (SPP)
• Cathy Moonshine, Ph.D. (SPP)
• Laura Dimmler, Ph.D.(c) (MHA)
• Shawna Rohner, RDH, BS (DHS)
• Alicia Hendrix (DHS)

• Fraser Horn, OD, DAAO (OPT)
• Sean Roush, OTD, OTR/L (OT)
• Marianne Krupicka, RPh, PharmD (SOP)
• James Ferguson, PA-C (PA)
• John White, Ph.D., OTR./L (OT)
Today’s agenda

• Process description
• Background information on meth
• Case presentation
  – 3 rounds of information
  – Small group discussion
  – Larger group summary
What is methamphetamine?

- Central nervous system stimulant
- Similar in structure to amphetamine, dopamine
- Limited medical use
- Methods of administration
- Manufactured in homes, “superlabs”
Methamphetamine
Scope of the problem--national

• Meth used increased 24% 1993-2003
• 2005 criminal justice and health care cost of meth—$23 billion
• Third most prevalent substance of abuse (behind alcohol and marijuana)
• Meth users predominantly White, 18-25, 45% are female
Scope of the problem--Oregon

• Most widely abused drug currently
• More folks in OR seeking treatment for meth than any other state (per capita)
• Meth provided mostly by international superlabs, some clandestine labs
Methamphetamine Intoxication

- Development of a reversible syndrome due to recent ingestion of meth
- Significant behavioral or psychological changes due to meth’s effect on CNS during or shortly after use
Methamphetamine abuse

• Characterized by at least one of the following:
  – Recurrent use resulting in work, school, or domestic failures
  – Recurrent use in physically hazardous situations (driving, operating machinery while impaired)
  – Recurrent amphetamine use related legal problems
  – Continued use despite persistent social or inter-personal problems 2^0 amphetamine use
Methamphetamine Dependence

- 3 or more of the following
  - Tolerance
  - Withdrawal
  - Taken in larger amounts over time than intended
  - Unsuccessful attempts to quit
  - A lot of time spent procuring or recovering from meth
  - Social, occupational, or recreational activities reduced, given up for meth
  - Meth use continues despite physiological or psychological problems likely due to use of it
Case presentation

Round 1

• Patient has been referred to the CHP interdisciplinary clinic for assessment and treatment of methamphetamine use and associated problems
Case presentation
Round 1

- Discuss the following questions:
- How would you assess the patient?
- What are the patient’s clinical needs?
- How would you work with the other disciplines to prioritize the patient’s clinical needs?
- What treatment options are you considering?
- What are the financial concerns in her situation?
- What are the legal concerns?
What are the physiological and psychological factors associated with “meth mouth?”
More “meth mouth”
Case presentation
Round 2

Discuss the following questions:

• How do you proceed with the new physical health data?

• How do you respond to Leanne’s request for medication?
Case presentation
Round 3

Consider the following questions:

• How do you respond to what Leanne has divulged?

• What are the legal implications of this new data?

• How does this new information impact your current treatment plan?
Summary points

• Financial and systemic constraints
  – Lack of a “medical home” for care coordination
  – Difficulty without comprehensive health care delivery system
• “Who is the client?” in releasing information
• Physical impact of meth use
• Working with survivors of sexual assault
• Medication management and self-medication
• Pathways to recovery