

Management of stimulant use

Amphetamine type stimulants or ATS (including methamphetamine forms, “speed”, cocaine, MDMA/ecstasy and pharmaceutical dexamphetamine and methylphenidate) are often used in an intermittent pattern of “runs” followed by a “crash” on cessation. Stimulant users may present to acute services with psychiatric or medical complications of stimulant use, or to general practitioners asking for support with withdrawal symptoms.

1. ASSESSMENT

Management of stimulant use requires initial assessment including:

- Pattern and setting of use, other drug use history
- Route of administration: oral, intranasal, injection or smoked
- Physical examination including signs of injecting and cardiovascular system
- Mental state examination
- Urine drug screen may be helpful in documenting other drug use

2. MANAGEMENT OF ATS USE

2.1 Withdrawal management

Medical management of ATS withdrawal is usually symptomatic. Features such as anxiety and agitation that may occur during early detoxification may be managed with anxiolytics or antipsychotics. Comorbid benzodiazepine abuse is common in ATS users and of these medications should be brief and monitored closely e.g. up to 20mg diazepam daily for 3-4 days.

The use of SSRI antidepressants for the management of ATS use is not well supported by evidence, although comorbid depression or other mental illness may need to be addressed in ATS users as with other substance use disorders.

2.2 Acute methamphetamine and other ATS intoxication

ATS intoxication may present as psychotic states characterised by suspiciousness, anxiety, paranoia and in some cases agitation and aggression. Rarely, ATS intoxication may be associated with acute medical complications such as a serotonergic syndrome, cardiovascular or cerebrovascular events.

2.2 Post withdrawal care

Key components of managing ATS use problems include strategies to enhance remission, reduce harm from substance use and care of comorbid mental health problems.

Useful information produced by Drug & Alcohol Services South Australia - *Guidelines for the medical management of patients with methamphetamine-induced psychosis* -

http://www.dassa.sa.gov.au/webdata/resources/files/Psychosis_guidelines.pdf

Further information for patients is available locally (contact DirectLine on 1800 888 236) or check websites such as information from the Better Health Channel on the Victoria Drug Service directory -

<http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Amphetamines?open>

On-line counselling for patients is available at: www.counsellingonline.org.au

This information is a general guide for the management of ATS withdrawal. Consultation with a specialist service (e.g. DACAS) is recommended for advice about patients using multiple drugs or with serious medical or psychiatric conditions. The drug doses given are a guide only and should be adjusted to suit individuals.

For clinical consultation around the management of an alcohol or drug problem, ring DACAS on **1800 812 804**. Refer your patients to DirectLine on **1800 888 236** for telephone counselling, support and referral information.