

# **A Practical View of Long-term Effects and Recovery Outcomes for Individuals with Methamphetamine Abuse and Dependence.**

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Sponsored by Willingway and Summit BHC

# Introductions

Who am I?

Who are You?



# Training Objectives

- ▶ Examine the diagnostic criteria for Substance Use Disorder, and how these manifest in the methamphetamine user
- ▶ Explore how typical process addictions (i.e. sex, gambling, and hoarding) are common with these individuals
- ▶ Discuss other common substances that are often used with methamphetamine to enhance or regulate the experience
- ▶ Review some of the components of effective treatment for these individuals



# What do you know about Meth?

- ▶ Meth is a neurotoxin and can damage dopamine and serotonin neurons
- ▶ It often contains other toxins
- ▶ Raises blood pressure, heart rate, breathing, and body temperature and leads to severe dental issues.
- ▶ Decreases appetite and the desire for sleep
- ▶ *Meth is different from and more dangerous than other stimulants because a larger percentage of the drug remains unchanged in the body. This allows the drug to be present in the brain longer, extending the stimulant effects.*

**So WHY would anyone want to use it?**

# Perceived Benefits

- ▶ Increased attention/focus
- ▶ Decreased fatigue
- ▶ Decrease appetite
- ▶ Feelings of power and control
- ▶ Sense of well-being and euphoria
- ▶ Increased sexual desire



**Nothing** is a problem you can't handle!

# How Do These Individuals Present?

- ▶ Employment issues
- ▶ Financial issues
- ▶ Housing problems
- ▶ Legal issues
- ▶ Relationship problems
- ▶ Physical health issues
- ▶ Sleep deprived
- ▶ Mood disorders and other mental health issues that may or may not be a subset of the addiction.

# Substance Use Disorder (DSM V)

- ▶ Taking the substance in larger amounts or for longer than you're meant to.
- ▶ Wanting to cut down or stop using the substance but not managing to.
- ▶ Spending a lot of time getting, using, or recovering from use of the substance.
- ▶ Craving and urges to use the substance.
- ▶ Not managing to do what you should at work, home, or school because of substance use.
- ▶ Continuing to use, even when it causes problems in relationships.
- ▶ Giving up important social, occupational, or recreational activities because of substance use
- ▶ Using substances again and again, even when it puts you in danger.
- ▶ Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
- ▶ Needing more of the substance to the effects that you want (tolerance).
- ▶ Development of withdrawal symptoms, which can be relieved by taking more of the substance

# Compulsive Behavior or Process Addiction

- ▶ Common Process Addictions:
  - ▶ Sex
  - ▶ Shopping
  - ▶ Gambling
  - ▶ Eating
  - ▶ Internet

***BUT**... is the problem behavior freestanding or does it occur as a component of the Methamphetamine use?*



# It's Never Just The Meth!

## How to Keep it Balanced - “*Kinda*”

### ▶ What are they dealing with?

- ❖ Depression
- ❖ Anxiety
- ❖ Pain
- ❖ Sleep
- ❖ Lack of focus (ADD ??)
- ❖ Sexual issues or how to enhance the experience
- ❖ The time between binges (if that even exists)

# We Treat People!!!



# Robert - *Background Information*

- ▶ 50 year old, single, gay, male
- ▶ Living in New York City in an apartment with a roommate who was also in recovery.
- ▶ College graduate, employed in a professional job
- ▶ History of two long term relationships (5 and 10 years of living together)
- ▶ History of Depression with SI and a plan, but no attempts
- ▶ Family history of alcoholism/addiction
- ▶ Supportive middle class family & friends
- ▶ Blackout drinker in high school
- ▶ Stopped drinking in 1992 but then drug use escalated
- ▶ Longest period off meth was 8 years prior to “relapse” in 2008.

# Robert - *Continued*

## Entered treatment at Willingway in January 2009

- ▶ Relapsed on Marijuana in Sept 2008
- ▶ Progressed to IV Meth in 7 days
- ▶ Other substances used - GHB, Marijuana, Alcohol, Cocaine, Crack.
- ▶ Had been receiving treatment for depression/anxiety, ADD, & difficulty sleeping
- ▶ Prescribed Adderall, Effexor, Wellbutrin, & Ambien
- ▶ Had been living a “double life”

# Robert - *Course of Treatment*

- ▶ Inpatient Treatment for 6 Weeks
  - ▶ Individual/group Counseling
  - ▶ Family involvement.
  - ▶ Family program with older brother and sister-in-law.
  - ▶ Taken off all prescribed meds to establish a baseline
  - ▶ Terminated from employment due to performance while in treatment
  - ▶ Lost housing while in treatment
  
- ▶ Extended Treatment including outpatient for 16 months