BEAT Meth: delivering data-driven and accessible methamphetamine treatment

Scott Simpson, MD, MPH
Alia Al-Tayyib, PhD
Katherine Camfield, MD, MPH
Deborah Rinehart, PhD
Ryan Loh, PhD
Anthony Reedy, MPH
Chelsea Wolf, MD

BEATMeth

DENVER HEALTH™
est. 1860
FOR LIFE'S JOURNEY

ASAM Annual Conference, April 15, 2023

Disclosure Information (Required)

- Scott Simpson, MD MPH
  - Royalties from Taylor & Francis unrelated to current content
- Katherine Camfield, MD MPH
  - No disclosures
- Alia Al-Tayyib, PhD
  - No disclosures
- Deborah Rinehart, PhD
  - No disclosures

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Agenda

- 0-20: The BEAT Meth approach to treating methamphetamine-induced psychotic disorder in health systems (Simpson)
- 20-40: What is methamphetamine-induced psychotic disorder? Results from an expert panel (Camfield)
- 40-60: Patient experiences in ED and perspectives on treatment. Results from a qualitative study (Rinehart)
- 60-75: Testing a new treatment paradigm: The BEAT Meth RCT (Al-Tayyib)

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Learning Objectives

- Understand barriers to effective, equitable treatment for methamphetamine addiction
- Describe diagnostic criteria for methamphetamine-induced psychotic disorder
- Describe patient's perspectives on barriers to entering treatment for methamphetamine addiction
- Apply the above findings in patient case scenarios

The BEAT Meth Approach to Treating Methamphetamine-Induced Psychotic Disorder in Health Systems

BEATMeth

Scott Simpson, MD, MPH

scott.Simpson@dhha.org

DENVER HEALTH™
est. 1860
FOR LIFE'S JOURNEY

ASAM Annual Conference, April 15, 2023

Drug Overdose Deaths in Colorado

1200
1000
800
600
400
200
0

2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

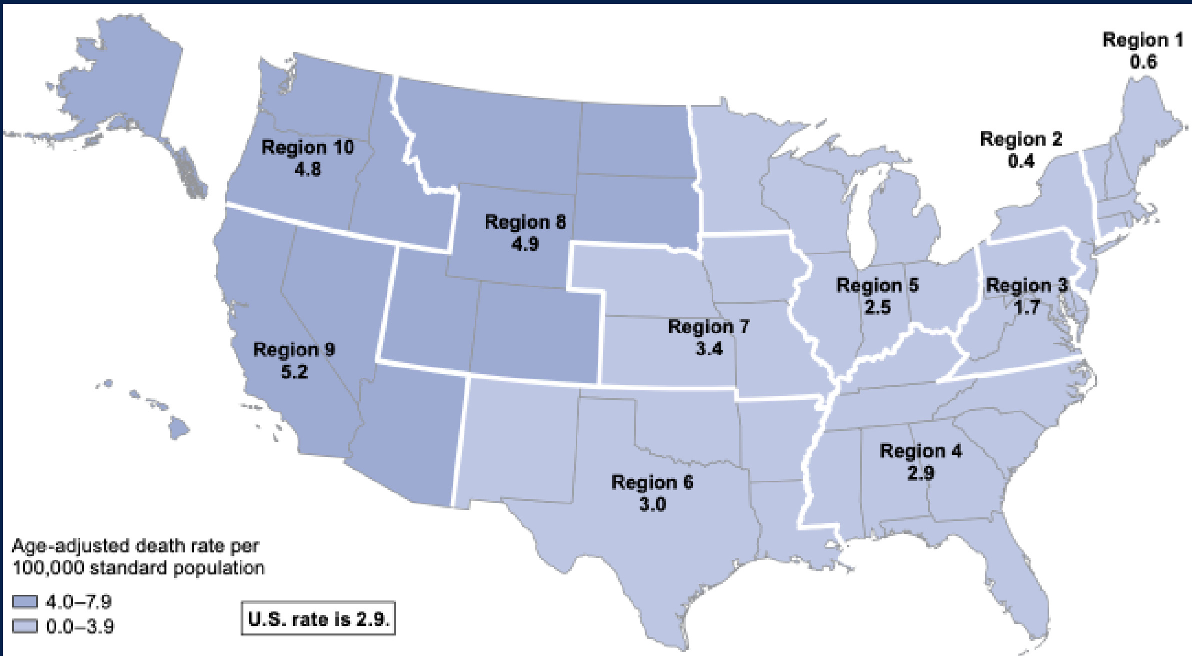
2436 methamphetamine deaths since 2016

Opioid analgesic — Methamphetamine — Heroin — Cocaine

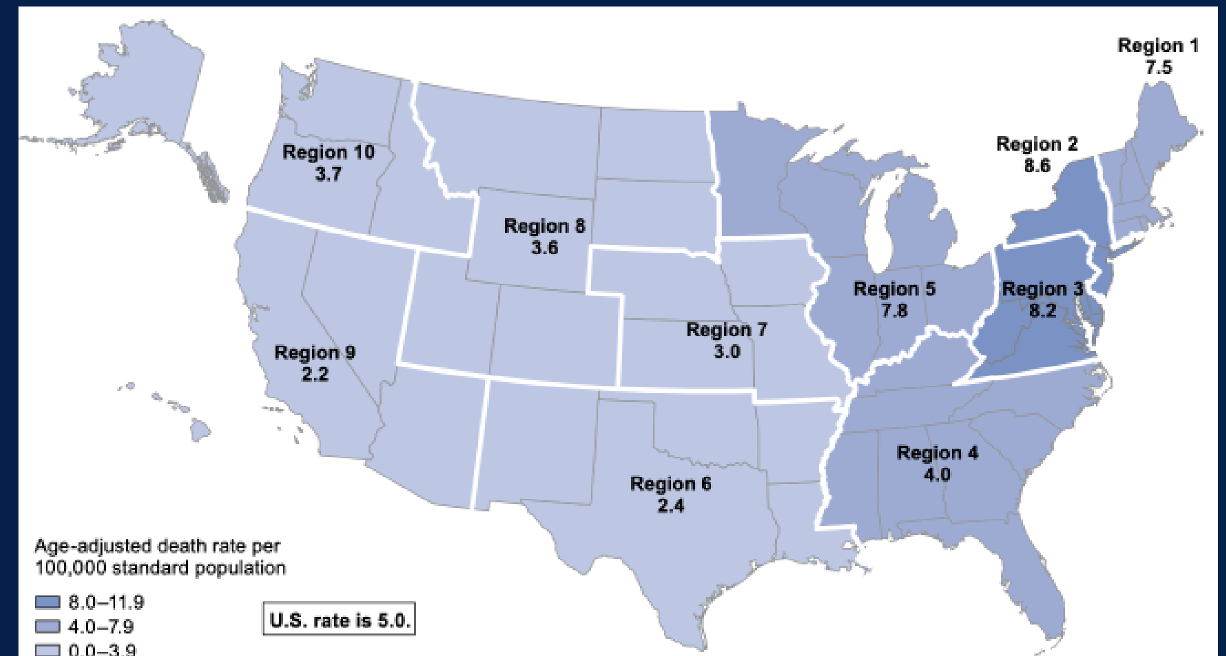
CO Dept of Public Health & Environment; Colorado Health institute

A Western Epidemic

Meth-involved Overdose Deaths



Heroin-involved Overdose Deaths



Hedegaard 2019 (32501207)

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Case

A 30 year-old male is brought in by police after he was found causing a disruption in a grocery store: he was yelling at customers and throwing items off the shelves. Because he was disorganized and “manic,” police brought him to the ED.

In the ED, you see the patient has about 6 similar prior ED visits related to methamphetamine use. He receives midazolam and olanzapine, then sleeps for 12 hours. Upon awaking, he states he does not recall the events precipitating his visit. He is homeless, “so people cannot find me.” He denies suicidal or violent ideation.

Case

What is your recommended disposition?

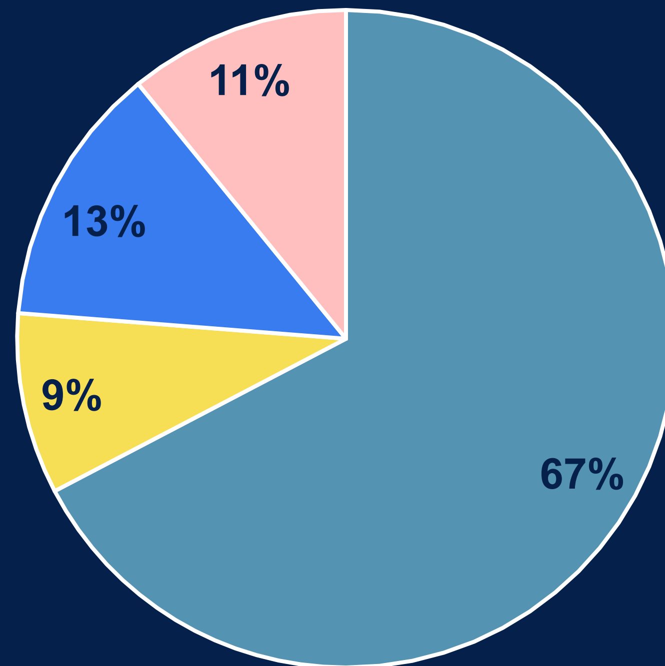
A. Admission to inpatient psychiatry
B. Admission to inpatient medicine
C. Admission to withdrawal management (eg, ASAM level 3.2)
D. Discharge

Anything that might change you mind?

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

The Usual

Disposition after Methamphetamine-related ED visit



ED Departure Transferred Admitted Other

SAMHSA: DAWN and Methamphetamine (Dec 2020)

ED Suboxone/Methadone Inductions

Number of inductions

Follow-up rate

885 inductions

68% follow-up

Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22

0 5 10 15 20 25 30 35 40

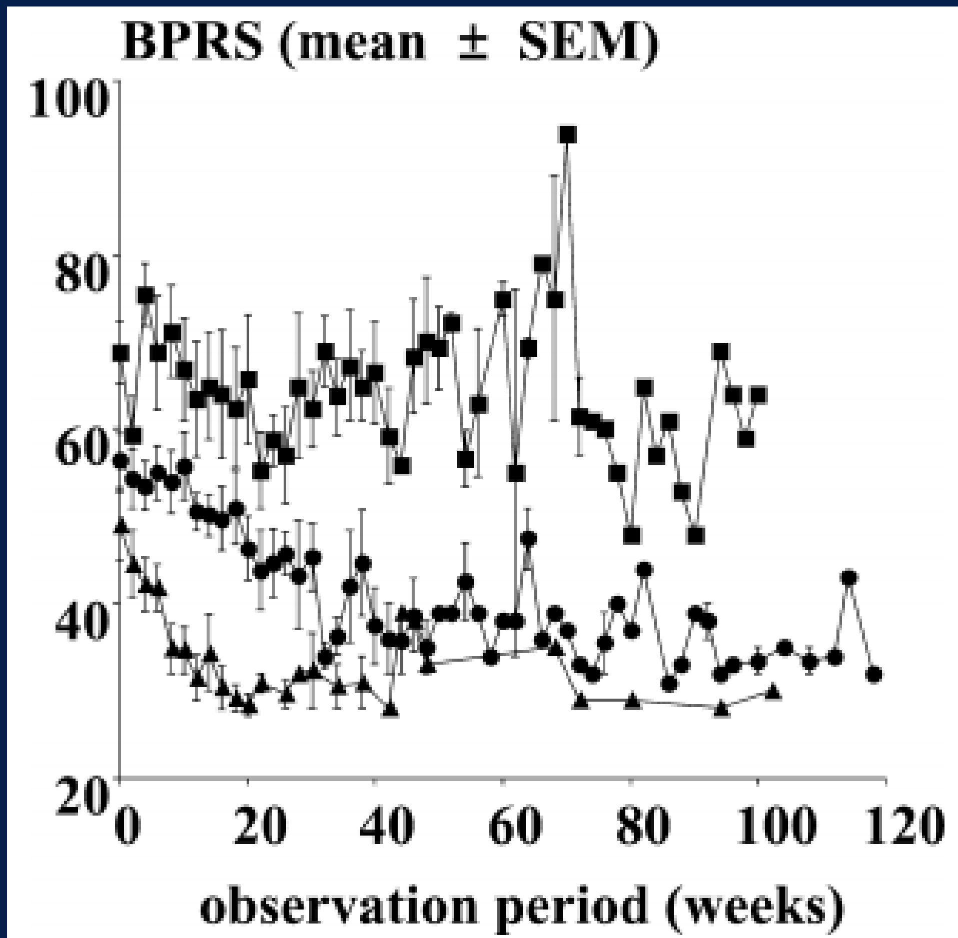
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Suboxone inductions | Methadone inductions | Follow_up

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

Meth Psychosis and Epidemiology

Psychosis After Sobriety



- Psychosis in 40% of methamphetamine users
- High rates of persistent psychosis after use: 10-30% after 6 months
- Many patients diagnosed with schizophrenia

Glasner-Edwards 2014 (25373627); Akiyama 2006 (17105910); Grelotti 2010 (20068123)

Pilot: Beginning Early and Assertive Treatment for Methamphetamine Psychosis

Goal	*Implementation*
Early recognition and disposition planning	Decision on disposition by hour 6 of ED visit
Early treatment	• Antipsychotic • Long-acting benzodiazepine • As needed benzodiazepine ~~• Urine acidification~~ • Double meal portions • Monitored detoxification
Enhanced recovery environment	Anticipate 48-72 hour stay
Improved connection to follow-up care	• Dedicated addiction counseling visit • Collaboration with Crystal Meth Anonymous • Enrollment in contingency management

Simpson 2022 (35802766)

BEAT Meth Pilot Outcomes

	BEAT Meth (n=111)	ED Discharge (n=275)
7d ED Return	~14%	~18%
30d ED Return	~28%	~37%
Outpatient Addiction Treatment in 30d	~32%	~11%

Simpson 2022 (35802766)

Barriers

- Vague & Inconsistent Diagnosis Use
- Lack of MIP Definition
- Community Partners
- Challenging Patient Presentation
- Patient Follow-Up

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

BEATMeth

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

Aim 1: Evaluate and optimize the treatment pathway for patients presenting to the ED with methamphetamine use disorder.

- Develop standard work
- Build community partnerships
- Improve likelihood of patients entering treatment
- Create sustainable clinical workflows

Aim 2: Evaluate a linkage-to-care intervention to engage and retain patients in treatment.

- Test a new case management intervention versus usual care in a randomized clinical trial with 182 subjects

Aim 3: Develop a methamphetamine use disorder continuum of care model to measure progression of patients with methamphetamine use disorder.

- Create a framework to monitor the prevalence of methamphetamine use disorder
- Monitor patients' progress in treatment
- Direct resources to at-risk populations

ASAM

Lean Process Meetings

Dec '21
- Lean fundamentals training—including for community partners

Jan '22
- Current state
- Stakeholder engagement

Feb '22
- Standard work
- Communication strategies

Mar '22
- Epic build
- Considering barriers to access

Apr '22
- Reviewed challenges of identifying patients
- Expand protocol to additional services

May '22
- **Side events: outpatient services and CARES**
- New outpatient protocol

Sep '22
- New system for identifying patients
- Implementation of pathway in different hospital areas

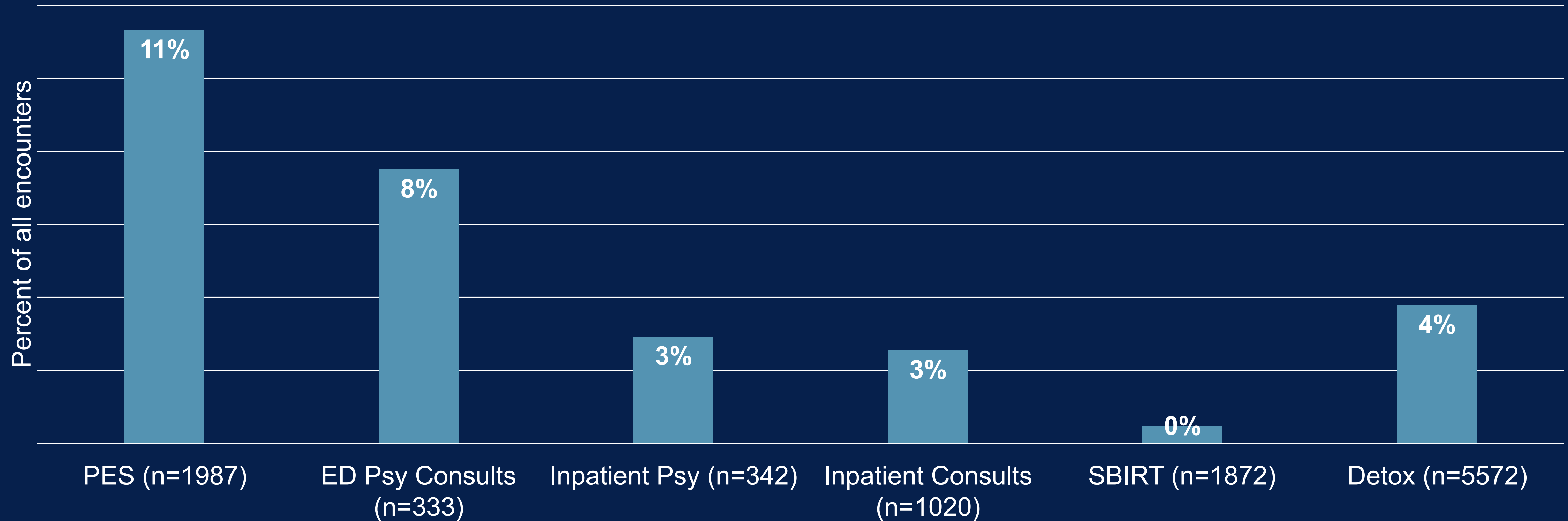
AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

BEAT Meth Current State Process

Changes made during our work in GREEN

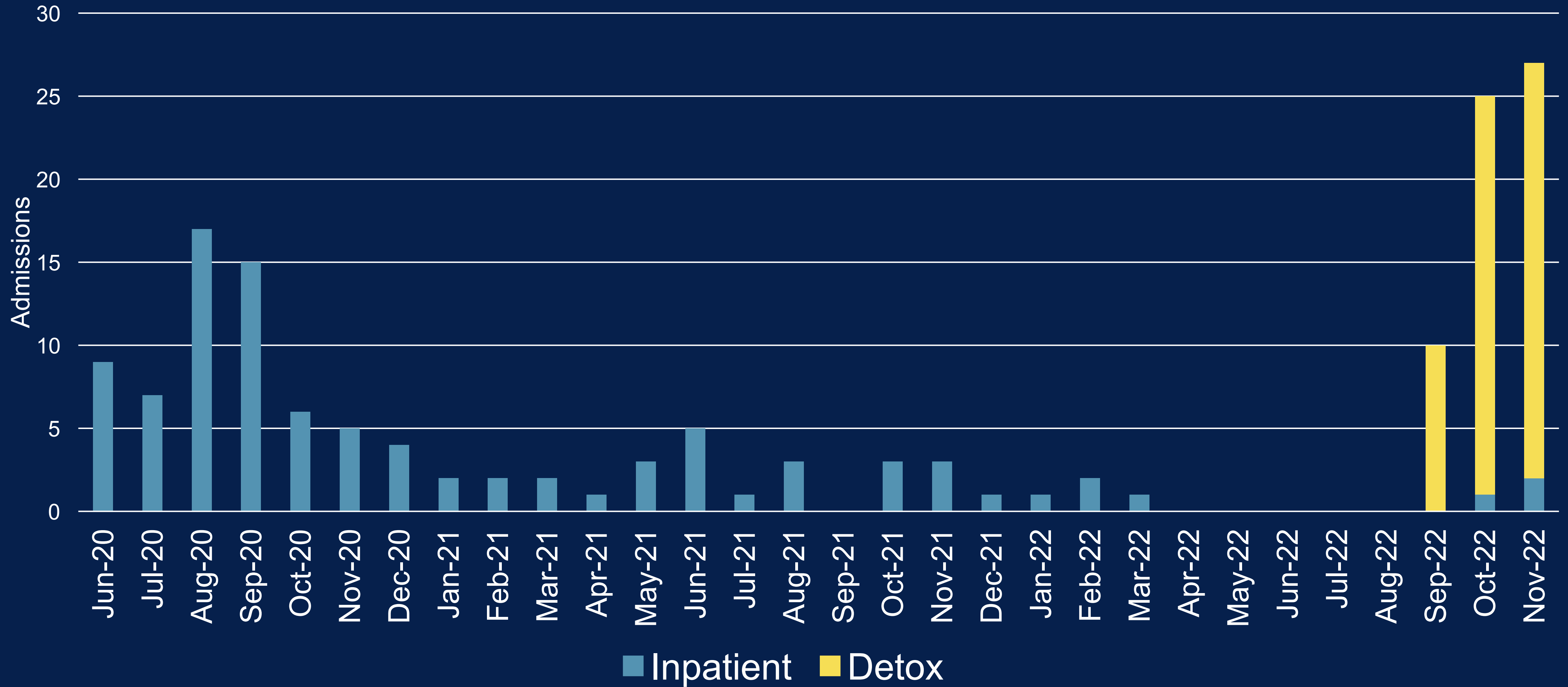
Patient arrives in ED
Patient triaged by med ED to ensure no acute issues are going on
Patient has primary Psychiatric complaint
Yes
(QuickScreen) PES Charge Nurse Notified By phone that there is a patient in the ED
PES charge nurse goes to ED for the triage of patient (short version of full eval)
Substance use history questions
Standard screening
Patient screens needing MHH
N
PES Charge Nurse Discusses resources and assistance for patient
Standard screening
Connects follow-up call through Rocky Mountain Crisis Partners
Patient discharged
Y
Patient brought to PES
(Initial Psych Eval) Triage takes place with Nurse Evaluator. Complete H&P, med Hx and SUD
Opportunity to get data or track patients
Urine and drug screens
Attending and Nurse Evaluator discuss case and pathway of care (may be Meth Protocol)
Attending sees patient and confirms treatment plan
Standard screening
Meth Protocol appropriate?
N
Patient put on other treatment path
Pt referred to OBHS?
Y
Request inpatient or CARES bed
Standard screening
Patient stays?
SW for patients staying in PES
Stay in PES
N
OBHS?
N
Patient Follow-up in outpatient not OBHS
Y
Referral to OBHS
OBHS places patient on group orientation list for Mon or Wed
Did patient show at orientation?
Y
Client choice for timely appointment (within 1 week)
Patient gets intake appointment
N
OBHS outreach to PT.
To CARES
Y
Patient "continues" on Meth Pathway using standard communication method from PES to Floor
May be referred to OBHS
N
RN substance screen
SBIRT Screen
Standard screening
Doesn't catch everyone
Patient psychotic?
N
Connect to community resources
Opportunity to improve follow-up
YES
Patient actively using methamphetamine
YES
Med issue resolved?
N
Patient goes to inpatient medical floor
Need additional care
Referral to consult service
Standard screening
N
Patient put on other treatment path (not meth)
YES
Persisting Psychiatric Symptoms
YES
PES brief Assessment (screen for MHH)
Standard screening
NO
No additional care
Discharge per med ED
Opportunity to improve follow-up
Presents/ intakes at CARES
Standard screening
Triage
Detox
Standard screening
Meth protocol for withdrawal management
Patient discharged
Options for TX
TRT
TRT Capacity?

Is Methamphetamine Likely Present?



AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

BEAT Meth Protocol Encounters



AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Easier Treatment Entry

- Weds @ Noon
- Individual intakes are Tues and Thursday

Next Steps

- Electronic referrals
- Staff training

WANT TO STOP USING METH?

Come to Pavilion K on the main DH campus, any Wednesday at noon. Check in at the desk.

We can help. Learn about treatment and get started right away. No waiting. We offer

- **Contingency management—win money**
- **Addiction, mental health, and medical treatment**

DH providers: If able, it is helpful (but not necessary) to send an Epic message Wendi Hoag to alert OBHS of referral

BEATMeth

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

BEAT Meth
Access
LeanAcademy@dhha.org
DHguest
MesaVerde
DENVER HEALTH
BLAKE

Final Takeaways/Summary

- Methamphetamine addiction is treatable.
- Provider awareness is a significant barrier.
- Evidence-based treatment needs to be accessible.
- Scaling up is hard.

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Case

An 18-year-old homeless woman presents to the ED with suicidal ideation. She describes that “people are chasing her” and “I’m hearing voices” that make her want to die. She is accompanied by a female friend who states the patient used methamphetamine about 6 hours ago.

The patient receives a dose of risperidone and clonazepam, her symptoms improve, and she engages in crisis and discharge planning. She is disinterested in substance treatment, “I don’t use methamphetamine.” She asks about seeing someone for birth control.

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Case

You decide the patient is able to discharge. Which of these interventions are indicated? (Pick any that you feel apt.)

A. A short-term course of risperidone
B. Referral to a primary care provider, because you think she is most likely to follow-up there
C. Referral to a specialized addiction treatment program
D. Referral to withdrawal management

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Questions/Comments?

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

BEATMeth

References

- Glasner-Edwards S, Mooney LJ. Methamphetamine psychosis: epidemiology and management. *CNS Drugs*. 2014;28(12):1115-1126.
- Grelotti DJ, Kanayama G, Pope HG Jr. Remission of persistent methamphetamine-induced psychosis after electroconvulsive therapy: presentation of a case and review of the literature. *Am J Psychiatry*. 2010;167(1):17-23.
- Hedegaard, H., Bastian, B. A., Trinidad, J. P., Spencer, M. R., & Warner, M. (2019). Regional Differences in the Drugs Most Frequently Involved in Drug Overdose Deaths: United States, 2017. *National vital statistics reports : from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, 68*(12), 1–16.
- Akiyama K. Longitudinal clinical course following pharmacological treatment of methamphetamine psychosis which persists after long-term abstinence. *Ann N Y Acad Sci*. 2006;1074:125-134.
- Simpson SA, Wolf C, Loh RM, Camfield K, Rylander M. Evaluation of the BEAT Meth Intervention for Emergency Department Patients with Methamphetamine Psychosis. *J Addict Med*. 2023;17(1):67-73.

What is methamphetamine-induced psychotic disorder?
Results from an expert panel

Katherine Camfield, MD, MPH

Katherine.camfield@dhha.org

BEATMeth

DENVER HEALTH™
est. 1860
FOR LIFE'S JOURNEY

ASAM Annual Conference, April 15, 2023

Learning Objectives

- Understand how the Delphi Method can be used to develop an expert diagnostic consensus
- Define the diagnosis of methamphetamine-induced psychotic disorder

Challenges in MIP Diagnosis

- "..the severity of psychotic symptoms, including the negative ones observed in MA psychosis and schizophrenia are almost the same."
- "...no differences in positive psychotic symptoms between the two groups."
- 38% of inpatients diagnosed with MIP were diagnosed with schizophrenia within 7 years
- Treatments are very different!

Srisurapanont 2011 (21277930); Medhus 2013 (23036490); Kittirattanapaiboon 2010 (20636664)

Existing Definitions for MIP

- DSM-5
  - Symptoms are not “substantially in excess of what would be expected”
  - psychotic symptoms do not “persist for at least one month after the cessation of intoxication or acute withdrawal”
  - Do not occur during delirium
- ICD-10
  - “Schizophrenia is a disorder that is characterized by at least one psychotic symptom..that last[s] for more than a month, and is not related to drug intoxication or withdrawal”
- Other Authors
  - “A MA-induced psychotic disorder is diagnosed when the observed psychotic symptoms exceed the known and expected effects of intoxication or withdrawal from MA.”

(Glasner-Edwards 2014 25373627)

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

The Value of a Diagnosis

Reliable identification

Public Health Surveillance

Treatment Planning

Policy Making

Risk/benefit analysis

Therapeutic Intervention

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Our Goal

- How do you diagnose methamphetamine-induced psychosis (MIP)?
  - When do you diagnose MIP instead of methamphetamine intoxication?
  - When do you diagnose MIP instead of a primary psychotic disorder?
  - What diagnostic criteria might be used to define MIP
  - Describe characteristics of MIP vs. alternative diagnoses
    - Time frame since last use? Quality of symptoms? Prior treatment history? Response to prior treatment? Concurrent diagnoses?
- Product: Produce Specific criteria, or at least guidance to inform diagnostic criteria

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

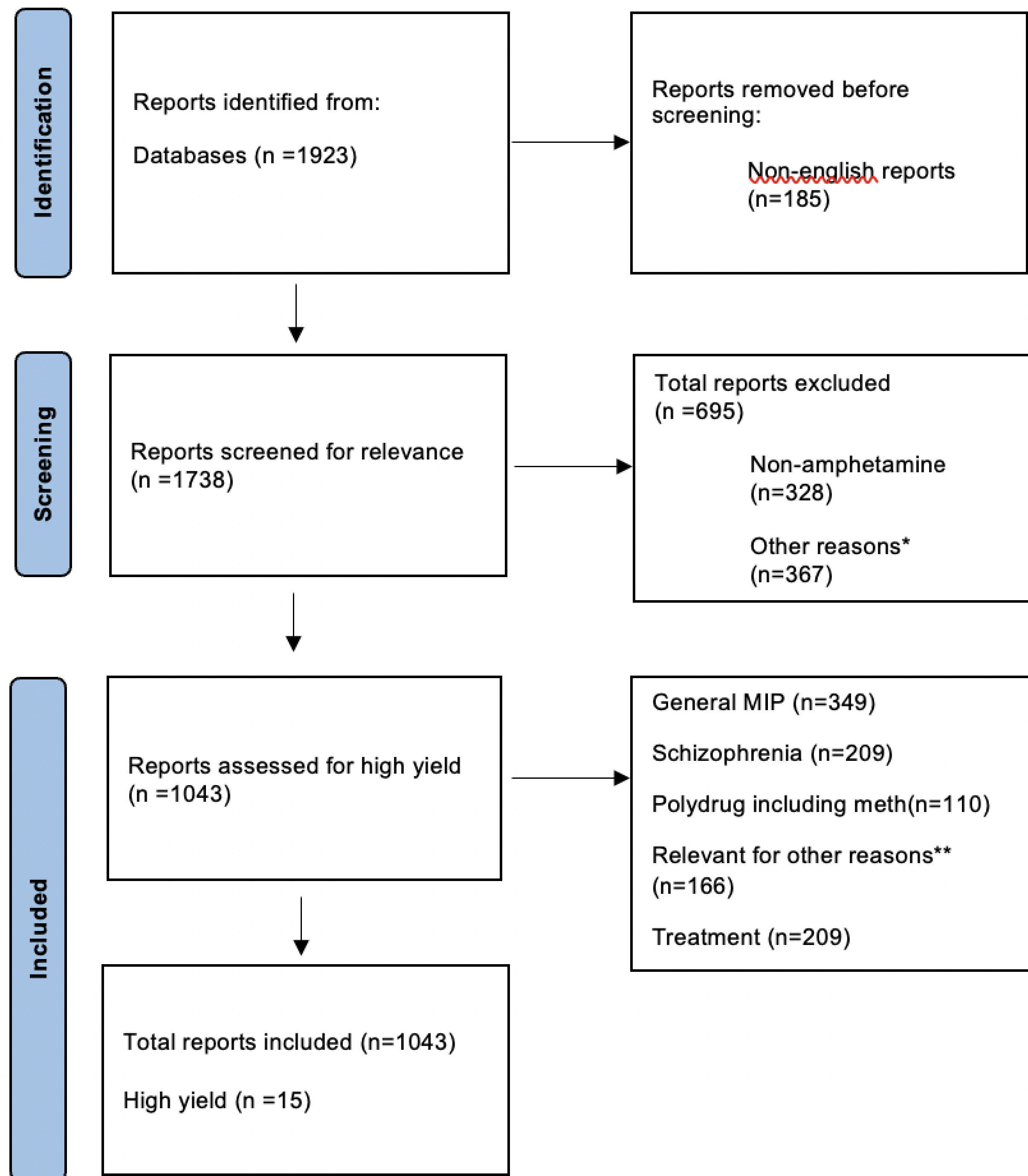
Delphi Method

- Iterative feedback to develop consensus
- Standing monthly meetings for 3-4 months
- Communication between meetings
- Literature search and resources will be made available to the group
- A priori consensus defined as $\geq$ 80% of respondents in agreement

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Literature Review

Articles organized and saved in Zotero for group access



Panelist Inclusion Criteria

- At least 5 years of experience working with patients who are using methamphetamine and still seeing at least 3pts/wk
- Board certification in relevant specialty
- Review of CV and application by the leadership team, who will rate participants by consensus per *Colton 2004* as 1="Not useful," 2="Moderately useful," or "3=Very useful"
  - Participants scoring 3 are included
  - Participants scoring 2 are considered if their inclusion would add experiential diversity to the panel (after accepting 3's)

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Timeline

Orientation	• September 1, 2022
Round 1 Survey	
Round 1 Meeting	• October 11, 2022
Round 2 Survey	
Round 2 Meeting	• November 15, 2022
Round 3 Survey	
Round 3 Meeting	• January 12, 2023 (final meeting)

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Round 1

Survey

- Thoughts on timing since last use
- How do you apply the diagnosis when patient also intoxicated?
- Sxs more suggestive of MIP?
- Considerations on patient history
- Considerations on comorbid psychiatric diagnoses

Meeting

- Morning and Evening meetings
- Group check-in and feedback
- Discussion of results
  - Themes within responses
  - Larger questions based on themes
- Suggestions for criteria

American Society of Addiction Medicine
Founded 1954
ASAM

Round 2

Survey

- Reasons developing MIP diagnosis is important (Likert scale)
- Hours since last use patient is still intoxicated with meth?
- Acute vs. Chronic MIP
- Voting on specific symptoms

Meeting

- Morning and evening meeting
- Group check-in and feedback
- Review of survey results
- Initial proposal of criteria based on these results
- Discussion

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Round 3

Survey

- Panelists have the opportunity to vote and/or comment on the following:
  - Specific criteria deduced from prior surveys and meetings
  - Priorities for next steps
  - Feedback on this consensus process

Meeting

- Single meeting time
- Final diagnostic criteria presented!
  - Acute and Persistent Meth-Induced Psychotic Disorder (next slide)
- Review of Demographics and future priorities
- Future involvement

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Acute Methamphetamine-Induced Psychotic Disorder (AMIPD)

Acute MIPD is a clinical presentation of psychosis that emerges shortly after methamphetamine use

A. There is evidence of recent methamphetamine use based on one of the following:
   1. Report by patient or informant of recent methamphetamine use
   2. Positive toxicology test
   3. Clinical presentation of methamphetamine intoxication or withdrawal

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

AMIPD Continued

B. The presence of any of the following psychotic symptoms:
   1) Persecutory or paranoid delusions
   2) Auditory hallucinations
   3) Visual hallucinations
   4) Parasitosis, including with tactile hallucinations
   5) Tactile hallucinations, without parasitosis

C. The psychotic symptoms cause clinically significant distress, impairment, or dangerousness

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Persisting Methamphetamine-Induced Psychotic Disorder (PMIPD

Persisting MIPD is a presentation of psychosis due to methamphetamine use in which psychosis persists beyond the initial period of intoxication or withdrawal. Persisting MIPD should be considered whenever a patient with psychosis has a history of methamphetamine use.

A. The patient has a history of methamphetamine use.
B. The onset of symptoms occurred during a period of methamphetamine use and persists after the patient has stopped using.
C. The psychotic symptoms cause clinically significant distress or impairment.

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

PMIPD continued

D. Two timeframes describe the course of the disorder:

1) **Subacute PMIPD** describes symptoms persisting after the period of acute intoxication or withdrawal until one month of abstinence from methamphetamine. Psychotic symptoms likely to indicate subacute PMIPD:

   i. Persecutory or paranoid delusions
   ii. Auditory hallucinations
   iii. Visual hallucinations
   iv. Parasitosis, including with tactile hallucinations
   v. Tactile hallucinations, without parasitosis

2) **Chronic PMIPD** describes symptoms persisting after one month of sobriety from methamphetamine. No specific psychotic symptoms differentiate PMIPD from those of primary psychotic disorders.

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Priorities for Next Steps

	High or Very High Priority
Studying the likelihood of progression from Acute MIPD to Persisting MIPD	86%
Describing the validity of the proposed diagnoses	77%
Identifying the best medication treatments for MIPD	77%
Describing psychometric reliability of the proposed diagnoses	73%
Defining the time range of acute versus persisting disorder	59%
Identifying the best psychotherapeutic treatments for MIPD	55%
Describing biological predictors of MIPD	41%
Describing psychological predictors of MIPD	36%
Describing social predictors of MIPD	32%

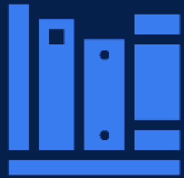
AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Group Feedback

	Agree	Strongly Agree
It was easy to communicate with other panelists	50%	50%
It was easy to Communicate with panel leaders	23%	73%
I was able to get process questions answered to my satisfaction	27%	68%
The literature review was accessible	27%	68%
I reviewed scientific literature related to this panel	41%	55%
Online materials (eg, slide decks) were accessible	32%	50%
The online web meetings were accessible.	23%	48%
I felt my opinion was respected in this process	27%	73%
I feel that I contributed to the work and product of the group	36%	59%

ASAM

What’s Next?



Publication

Dissemination

Multi-site collaborations?

Use of MIPD screening items

Application of treatment protocols

Validation of diagnosis

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Questions/Comments?

Katherine.camfield@dhha.org

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

BEATMeth

References

1. Srisurapanont, Manit, et al. “Comparisons of Methamphetamine Psychotic and Schizophrenic Symptoms: A Differential Item Functioning Analysis.” *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, vol. 35, no. 4, 2011, pp. 959–964., https://doi.org/10.1016/j.pnpbp.2011.01.014.
2. Medhus, Sigrid, et al. “A Comparison of Symptoms and Drug Use between Patients with Methamphetamine Associated Psychoses and Patients Diagnosed with Schizophrenia in Two Acute Psychiatric Wards.” *Psychiatry Research*, vol. 206, no. 1, 2013, pp. 17–21., https://doi.org/10.1016/j.psychres.2012.09.023.
3. KITTIRATTANAPAIBOON, PHUNNAPA, et al. “Long-Term Outcomes in Methamphetamine Psychosis Patients after First Hospitalisation.” *Drug and Alcohol Review*, vol. 29, no. 4, 2010, pp. 456–461., https://doi.org/10.1111/j.1465-3362.2010.00196.x.
4. Glasner-Edwards, Suzette, and Larissa J. Mooney. “Methamphetamine Psychosis: Epidemiology and Management.” *CNS Drugs*, vol. 28, no. 12, 2014, pp. 1115–1126., https://doi.org/10.1007/s40263-014-0209-8.
5. Colton, Sharon. “The Web-Based Delphi Research Technique as a Method for Content Validation in HRD and Adult Education Research.” 2004, pp. 183–189.

Patient experiences in ED and perspectives on treatment.
Results from a qualitative study

Deborah Rinehart, PhD

deborah.Rinehart@dhha.org

BEATMeth

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

Learning Objectives

- Describe patient's ED experiences and perspectives on entering treatment for methamphetamine addiction
- Apply these perspectives in designing care interventions

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Formative Interviews

Individual qualitative interviews were conducted with patients with methamphetamine use disorder (MUD) to:

1. Learn more about individual's experiences with methamphetamine use, treatment, and experiences in emergency settings
2. Inform focus and logistics of the study care navigation intervention
3. Identify survey constructs of importance to this population

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Methods

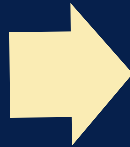
Recruitment

Purposeful sampling to recruit patients with MUD

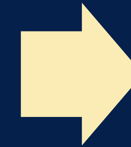
Recruitment (July – Nov 2022) EHR to identify patients

1st Recruitment Phase

EHR data and study flyers in specialty treatment clinic.



Iterative review of data



2nd Recruitment Phase

Narrow focus on recruiting patients from PES and withdrawal management services with MIP flag.

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Recruitment

2-week recruitment protocol

Final eligibility: current/former use of methamphetamines; English-speaking; willing to discuss MUD and treatment experiences

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Interview Guide

One-time semi-structured qualitative interview – approximately 1 hour

Interview Guide:

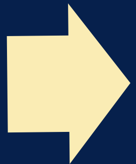
- ED experience – particular to methamphetamine use
- Methamphetamine-induced psychosis (MIP) experience (2nd recruitment phase)
- History of substance use
- Substance treatment experience
- Treatment desires
- Intervention – services preferences following ED

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

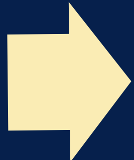
Analysis

Rapid Assessment Process (Beebe, 2001)

- Iterative team approach
  - Met regularly to identify themes and topic saturation
- Audio-recorded interviews
- Interview summary



Interview Matrix



Thematic matrix

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Thematic Matrix

ED Experience/CARES | MIP | History of Use | Treatment | Social networks | Treatment Desire | Intervention Design

major themes

minor themes

Highlight in manuscript.

Please do not erase! thanks, Debbie, Aiden, Karina

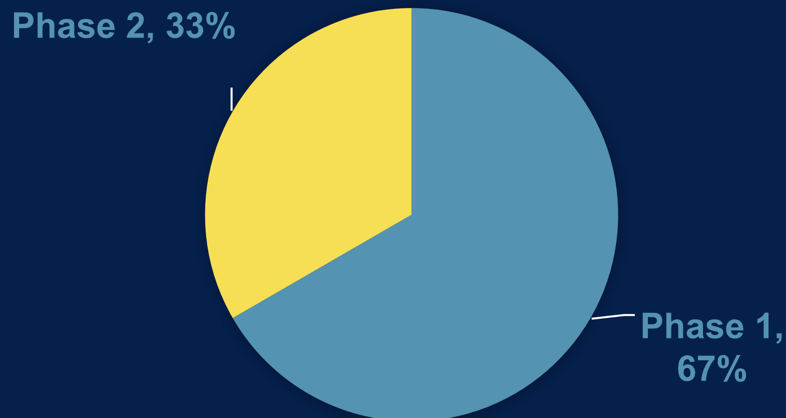
AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

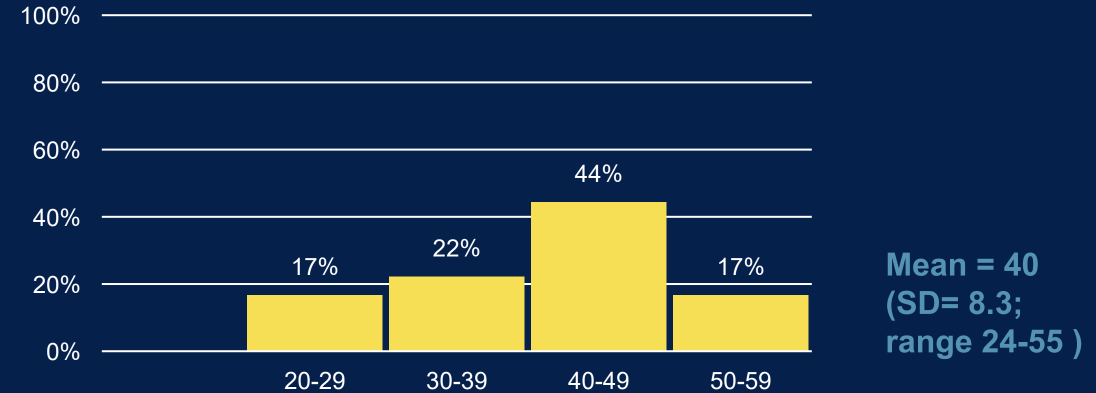
Results

Sample

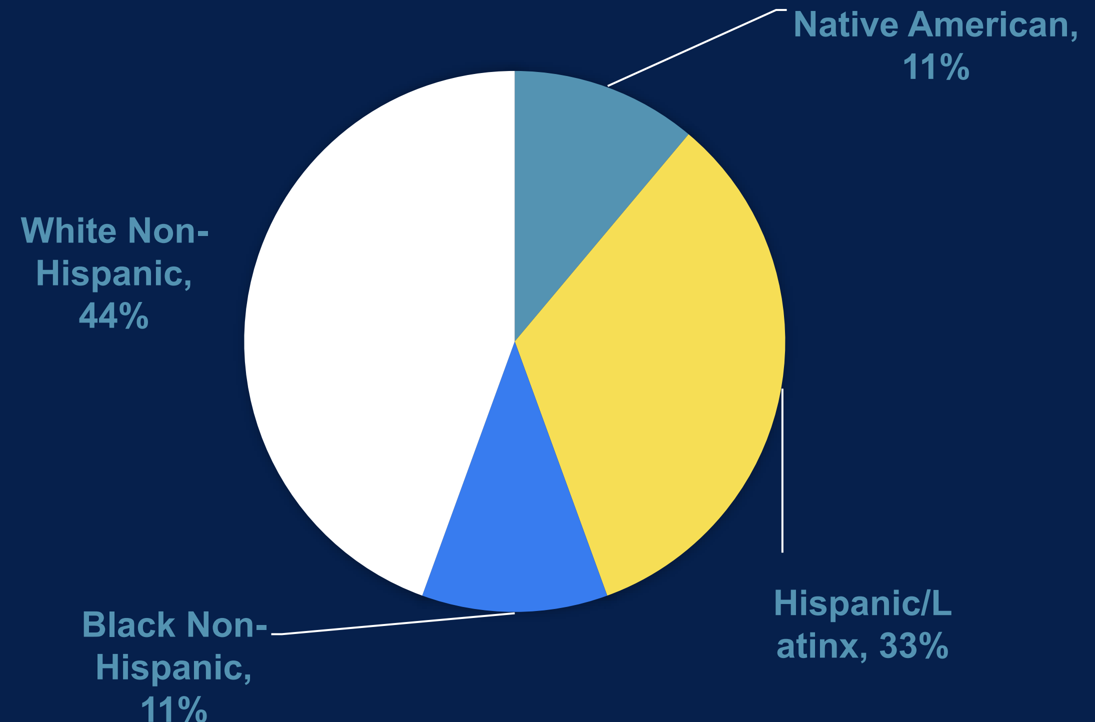
N = 18

- 61% male
- 39% no steady place to live
- 72% homeless last year
- 28% currently on probation/parole



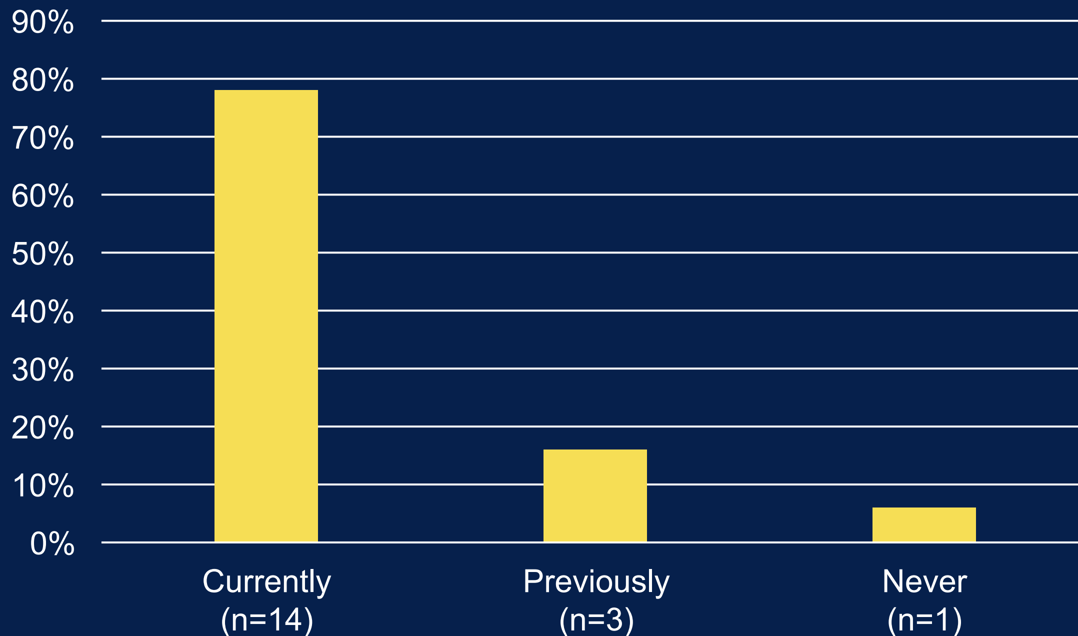


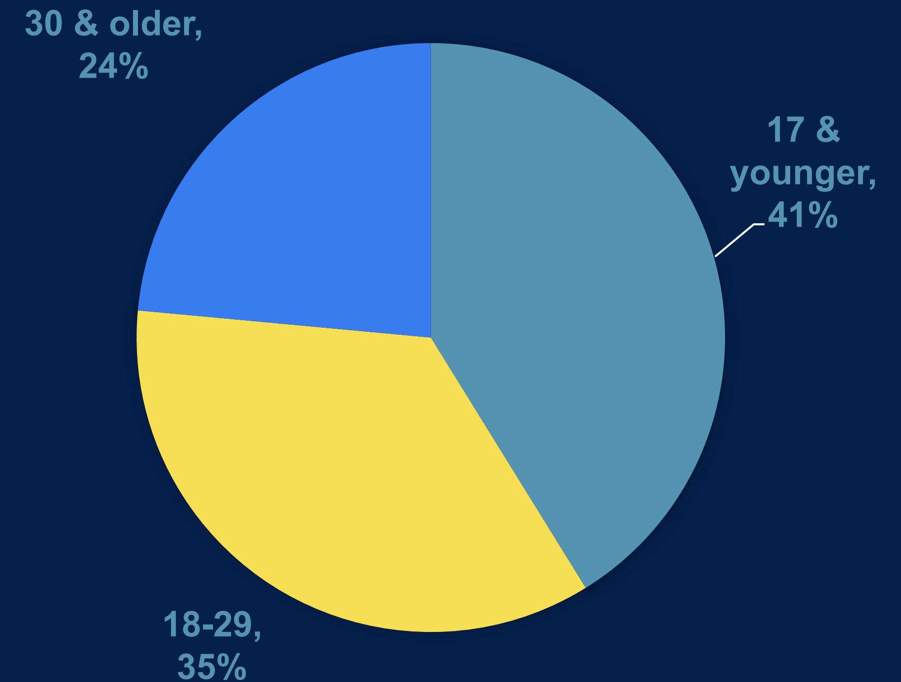
Mean = 40
(SD= 8.3;
range 24-55)



Substance Use and Treatment History

- Substance use initiation: 9-42 years of age
- 94% ever in substance use treatment





ASAM

Past Treatment Experiences

- Overall helpful: therapy, supportive/caring staff and resources
- Being with others who are struggling
- Lack support when get out of treatment
- Mixed experiences with peer groups
- Past barriers in retention
  - MOUD - low dose/restarts, how it makes you feel, wait times
  - Housing instability
  - Right level of treatment, length too short (payment)
  - Transportation
  - Lack of counselor time and connection

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

“They have the joy to help people. You can feel it in their spirit when you talk to them. You can feel it when you tell them what’s going on with you. You know it’s not just a job. They really are dedicated to helping people, keeping people sober, and helping them stay sober.”

Interviewee #9, female

“The therapeutic value of one addict helping another is unmatched”

“I’m a little leery about peer support, because we are all one step away from relapsing”

Interviewee #2, male

ED Experience

N= 6 had acute care visit related to meth use

Stigma due to substance use

- Treated poorly
- Health concerns minimized
- Lack of compassion/human connection

Perceived lack of information and communication

- Leads to feeling unsafe
- Exacerbates confusion

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

“When you say it’s alcohol or meth… they instinctively act like you’re a criminal.”

Interviewee #17, male

“We don’t have time for tweakers right now, we have people with real problems.”

Interviewee #2, male

"Tough to go into a building with a bunch of professionals, authoritative figures, especially with paranoia, stress and anxiety that comes with use…bad stigma attached with that kind of use [meth] so kind of treated me shitty, talking down to me, not caring about my needs."

Interviewee #1, male

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Methamphetamine Induced Psychosis (MIP)

Lack of understanding of MIP

- Not clear if someone can overdose on methamphetamines
- Symptoms can be result of substance use as well as lack of sleep, food and underlying mental health

Complicates treatment for mental health

- Symptoms not taken seriously
- Not remembering visit
- Extreme fear/paranoia
- "Shadow people"

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

"It went a really, really long time before me getting treatment because I did not realize I was in psychosis."

Interviewee #5, female

Treatment Desire

Understand motivation to seek treatment

- Individuals must be ready for treatment to be effective
- Provide resources regardless of readiness

Motivators for treatment entry

- Gain control over their life again – rebuild
- Housing instability
- Family (especially children)
- Exhausted with lifestyle – lost everything

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

"Just letting them know that it's out there when they're in the ED… letting people know the resources are out there. Giving them resources, even if they throw it away, it would always be helpful to have something to call in a moment of desperation."

Interviewee #2, male

"Being on the streets was one of the worst experiences that I have ever experienced, and that is what made me decide to get sober."

Interviewee #12, male

Recommendations for Intervention Design

Compassion and understanding from staff

- Less judgement
- Trauma-informed care principles

Address mental health and reasons for use

- Mental health not prioritized for those who use meth
- Need a more formalized MH assessment/treatment for MUD

Improve information channels

- Provide information through out the visit using different formats
- Provide information in context and have a conversation

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

"If you plant that seed, it'll grow. It might not be an overnight, same day thing, but over time they might say 'oh, maybe I do need some treatment. I keep showing up here.'"

Interviewee #10, male

Recommendations for Study Enrollment

- Approach patient before discharge but when they are "clear headed"
- After discharge: need to vary methods to find patient – letter, email, text

Enrollment in the overall study

- Warm hand off with linkage navigator
- Consistent engagement schedule
- If ready for treatment, connect as soon as possible
- Linkage across multiple areas is important – goal is recovery but need to meet patient where they are

Engagement with intervention

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Recommendations for Treatment Entry/Retention

Proactive connections from care navigator

- ➢ Endorsed contingency management approach
- ➢ Support with barriers (transportation, duration to wait for entry, know where to get help, cost of treatment)
- ➢ Activate support networks, recovery maintenance channels, tools for healthy lifestyles

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

"I've been homeless and jobless so many times and that does not stop me from wanting to get help. If you make it horrible [treatment experience] that is what will stop me from getting help."

Interviewee #7, male

Qualities of Study Linkage Navigator

- Genuine, compassionate, understanding, non-judgmental
- Not solely focused on abstinence
- Combination of peer and professional – ideal combination for most participants
- Support with barriers (transportation, duration to wait for entry, know where to enter)
- Potentially same gender (trauma history)

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

“Sometimes getting advice from people who have never, ever used, it’s almost not relevant to us. You don’t know… it might make you pay attention a little bit more [to a peer navigator] than working with someone who has never been through it.”

Interviewee #3, female

Limitations/Strengths

- In depth information and context
- Individuals in various stage of recovery
- Provided insight into experiences in acute care settings
- Small sample from one site

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Final Takeaways/Summary

- Stigma
- Confusion and need for more explanation
- In person enrollment/warm hand off (paranoia hard to find post-discharge)
- At various stages of change for quitting/treatment – know someone is there

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

"I get a seat at the table. I can make my own decisions. I don't have probation officers making my decisions. I don't have to chase the dope man down. I don't have to resort to nefarious acts to get money… I get to choose how I live, as opposed to letting my addiction choose how I live"

Interviewee #2, male

Questions/Comments?

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

BEATMeth

References

- Beebe J. *Rapid Assessment Process: An Introduction*. AltaMira Press; 2001.

Testing a new treatment paradigm: the BEAT Meth RCT

Alia Al-Tayyib, PhD

alia.altayyib@dhha.org

BEATMeth

DENVER HEALTH™
est. 1860
FOR LIFE'S JOURNEY

ASAM Annual Conference, April 15, 2023

Learning Objectives

- Describe the overall goal of BEAT Meth
- Describe goal of randomized controlled trial
- Understand barriers to treatment entry

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

BEATMeth

Beginning Early and Assertive Treatment for Methamphetamine Use Disorder

Goal is to develop standard work to identify, stabilize, and connect patients to treatment

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

BEATMeth

Beginning Early and Assertive Treatment for Methamphetamine Use Disorder (BEAT Meth)

A comprehensive systems-level secondary prevention strategy to prevent stimulant related overdoses (CDC R01 CE003363-01)

Overall goal: Evaluate the effectiveness of a secondary prevention strategy implemented at a systems-level to prevent stimulant related overdoses

Aim 1: Evaluate and optimize the treatment pathway for patients presenting to the ED with methamphetamine use disorder

- Develop standard work
- Build community partnerships
- Monitor fidelity
- Improve likelihood of patients entering treatment
- Create sustainable clinical workflows

Aim 2: Evaluate a linkage-to-care intervention to engage and retain patients in treatment

- Apply lessons from our current case management intervention for opioid use disorder and incorporate input from qualitative interviews
- Test a linkage-to-care intervention versus usual care in a randomized clinical trial (N=182)

Aim 3: Develop a methamphetamine use disorder continuum of care model to measure progression of patients with methamphetamine use disorder

- Create a framework to monitor the prevalence of methamphetamine use disorder
- Monitor patients' progress in treatment
- Direct resources to at-risk populations

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

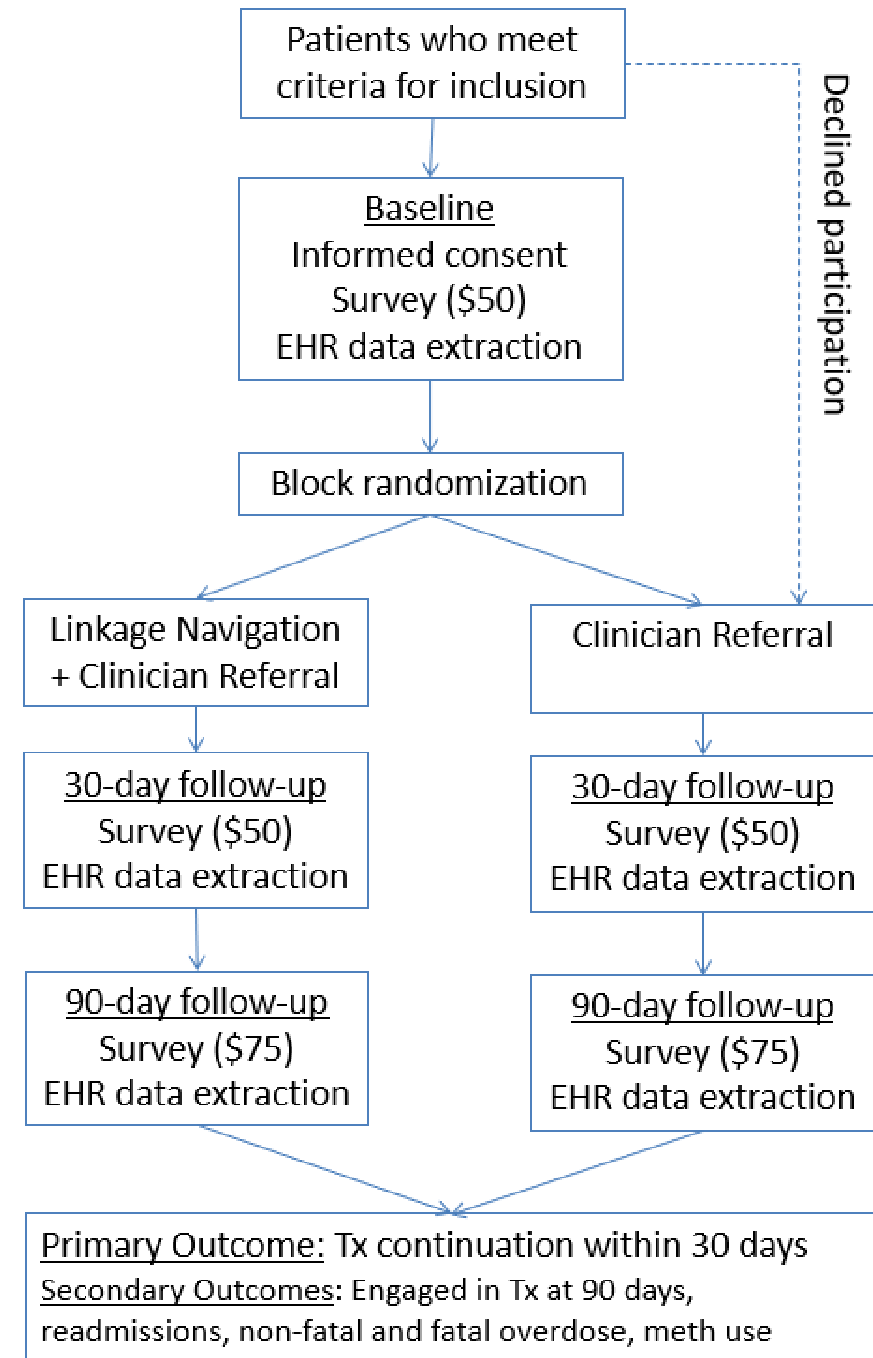
Linkage-to-care

- Referral to treatment is a critical, yet often overlooked, component of clinical care
- Often neglected due to the amount of time and effort involved in making effective referral
- Complicated when patients have multiple barriers to treatment entry

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Study Design

- Randomized controlled trial to assess acceptability, feasibility, and initial effectiveness of linkage navigation intervention
- Patients randomized with intervention (n=91) or usual care (n=91)
- Initial recruitment at CARES (Denver Health's withdrawal management services)



Eligibility

- Inclusion criteria:
  - 18 years of age or older
  - had a methamphetamine-related encounter at Denver Health
- Exclusion criteria:
  - under the age of 18
  - unable to provide informed consent
  - currently under residential involuntary psychiatric or substance treatment order
  - received any type of substance use treatment in the past 90 days

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Intervention

- Dedicated Care Navigator
- Client-driven intake
- Trauma-informed and strengths-based approach
- Assesses significance of need in multiple domains
  - transportation, housing, insurance, legal, vital records, primary care, peer support, safety
- Incorporates elements of contingency management
  - Wheel spins and rewards for meeting with Care Navigator

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

Outcomes

- Primary outcome: continuation in treatment as defined as attendance at an outpatient addiction treatment appointment within 30 days of BEAT Meth discharge
- Secondary outcomes: treatment at 90 days, non-fatal overdose, fatal overdose, readmission, methamphetamine use, treatment readiness
- Community outcomes: police encounters, incarceration, paramedic trips

Final Takeaways

- Identifying effective strategies for helping patients enter and stay in treatment is essential.
- Addressing barriers to treatment entry is key.
- Recruitment is challenging.

AMERICAN SOCIETY OF ADDICTION MEDICINE
FOUNDED 1954
ASAM

Questions/Comments?

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

BEATMeth