



California Consortium for Urban Indian Health
CCUIH Strengthening The Organizations That Strengthen Our Communities

LEARNING ABOUT STIMULANTS



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ABOUT CCUIH

The California Consortium for Urban Indian Health (CCUIH) is an alliance of ten Urban Indian Health Organizations that supports health promotion and access for American Indians living in cities throughout California.

CCUIH's mission is to facilitate shared development resources for our members and to raise public awareness in order to support a health and wellness network that meets the needs of American Indians living in urban communities.





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OUR MEMBERS



American Indian Health Services *Santa Barbara, CA*

Bakersfield American Indian Health Project *Bakersfield, CA*

Fresno American Indian Health Project *Fresno, CA*

Friendship House *San Francisco, CA*

Indian Health Center of Santa Clara Valley *San Jose, CA*

Native American Health Center *Oakland, San Francisco, Richmond, CA*

Native Directions Inc. *Manteca, CA*

Sacramento Native American Health Center *Sacramento, CA*

San Diego American Indian Health Center *San Diego, CA*

United American Indian Involvement *Los Angeles, CA*



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TRIBAL MAT PROJECT

AT A GLANCE

OUR PARTNERS

Our Tribal MAT Project is through DHCS, and in partnership with the California Rural Indian Health Board (CRIHB), UCLA, USC, Telewell Behavioral Medicine, and Kauffman & Associates, Inc. (KAI).

OUR METHODS AND SERVICES

Our Tribal MAT Project involves several components -- expanding MAT access, overdose prevention and naloxone access expansion, and support system development. We are also now expanding our work to better center stimulants!

TRIBAL MAT PROJECT

A CLOSER LOOK

CALIFORNIA INDIAN OPIOID SAFETY COALITION (CIOSC)

CCUIH co-hosts the CIOSC quarterly convergences, bringing partners, stakeholders, and programs from across California Tribal and Urban communities, serving as a learning community and professional networking resource.

CALIFORNIA INDIAN HARM REDUCTION WORK GROUP (CAIHR)

CCUIH is co-hosting a harm reduction workgroup to bring together our Native community members across California to learn about and discuss harm reduction from a cultural lens, network together, build programs, and develop shared principles.

TRIBAL MAT SUBCONTRACTORS

CCUIH also funds several of our partners through a series of subcontracted grants, including our Local Opioid Coalition (LOC) funding, our Tribal & Urban Indian Community-Defined Best Practices grant, and our Learning Community grant.

If interested in any of our programs, contact us at daniel@ccuih.org or leddy@ccuih.org

HARM REDUCTION

A FRAMEWORK FOR SUPPORT



Harm reduction is a practical health approach that seeks to **reduce negative consequences associated with drug use**. Harm reduction falls in line with many of our traditions of **community care**. Harm reduction is a framework of care that incorporates safer use and social justice by choosing to acknowledge and minimize the harmful effects of drugs rather than ignore or condemn them, and to confront the harms caused by systemic violence and historical impacts of colonization. Harm reduction calls for **non-judgmental services and wide variety of resources for people who use drugs, their loved ones, and extended community**.

*Inspired by First Nations Health Authority
and National Harm Reduction Coalition*

FOUR FIRES MODEL



"By focusing on community well-being and the restoration of various Indigenous knowledge systems, life ways, ceremonies, culture and governance structures, Indigenous peoples of many Nations and cultures can reduce the harm we experience in our lives." - NYSHN

**NATIVE YOUTH SEXUAL
HEALTH NETWORK (NYSHN)**

A Closer Look: Four Fires Principles

□ CULTURAL SAFETY

"Acknowledge the power differences that exist between service provider and client/patient. Allow and create spaces for Indigenous peoples to feel safe to be our whole selves when receiving care."

□ RECLAMATION

"Colonialism uprooted and distorted many structures and ways of life within our communities. Reclaiming cultural practices can strengthen us."

□ SELF-DETERMINATION

"Allow individuals, communities and Nations to decide specifically for ourselves what works best for us."

□ SOVEREIGNTY

"Principles like non-interference teach us to support and meet people where they're at."

CALIFORNIA

RESOURCES

Resources for people who use stimulants are often under-emphasized, and can lead to less opportunities for support, educational materials, and higher stigma associated with stimulants versus other drugs such as opioids.

HISTORICAL TRAUMA

All of this stigma is compounded by policies of cultural repression, historical trauma, & disproportionate enforcement of drug penalties for Black & Native communities.

POLICY & LAWS

For decades, California has been at the center of the **War on Drugs**, and drug policy reform alike. Most of legal history involved harsh penalties for drug possession, illegality of safe supply access, & fear.



INTRO TO DRUGS

TYPES OF DRUGS



WHAT ARE STIMULANTS?

Stimulants are a category of drugs that are defined by their effects on the person using them. Stimulants produce a variety of results including feelings of heightened alertness, euphoria, energy, and confidence.

Depressants

OPIOIDS

Heroin
Fentanyl
Morphine
Methadone
Percocet
Codeine

BENZODIAZAPINES

Valium Xanax
Ativan Clonazepam

SEDATIVE HYPNOTICS

Ambien GHB

ALCOHOL

Beer Wine Spirits

Cocaine (Crack/Powder)

Methamphetamines

Adderall

Ritalin

Caffeine

LSD

Mushrooms

PCP

Marijuana

MDMA*

Stimulants

Hallucinogens

Drugs 101: Stimulants & More

+ **Hallucinogens**

A category of substances that produce an altered state of consciousness, including psychedelics, disassociatives, and deliriants. Examples include LSD, ketamine, & more.

+ **Stimulants**

A category of substances that speed up the body's nervous system and provide euphoria, a "rush of energy", and restlessness. Includes meth, cocaine, and more.

+ **Depressants**

A wide range of substances often used for pain, slowing down the body's nervous system, giving a sense of relaxation and euphoria. Includes alcohol, opioids, and benzos.

+ **Opioids**

A subcategory of "depressants", opioids are a specific type of drug that activate the brains "opioid receptors". Includes heroin, prescription painkillers, fentanyl & more.

- + **"Meth"**
Methamphetamine
A drug that is typically sold in a glass-like form. *Meth, glass, ice, crystal/crys.*
- + **"Cocaine"**
Amphetamines
A variation of cocaine often meaning the powdered form. *Coke, blow, powder.*
- + **"Crack"**
Amphetamines
Another variation of cocaine, referring to the freebase form. *Rock, crack rock.*
- + **Prescription Pills**
Amphetamines
Includes Vyvanse, Adderall & Ritalin -- medications for ADHD & ADD. *Uppers, addies, amps*

Taking a Closer Look

Different stimulants impact the body in similar ways, even though there are technical differences. These are some of the most commonly used stimulants, which can sometimes be confused for one another.

"Meth"

Methamphetamine

A drug that is typically sold in a glass-like form or a white powder. Meth produces a longer-term affect compared to Cocaine, and is characterized by a sense of euphoria.

Meth affects the body by causing a rush of euphoria, a sense of clarity, and energy among other stimulant sensations.

The effects of Meth can last about 4-6 hours.

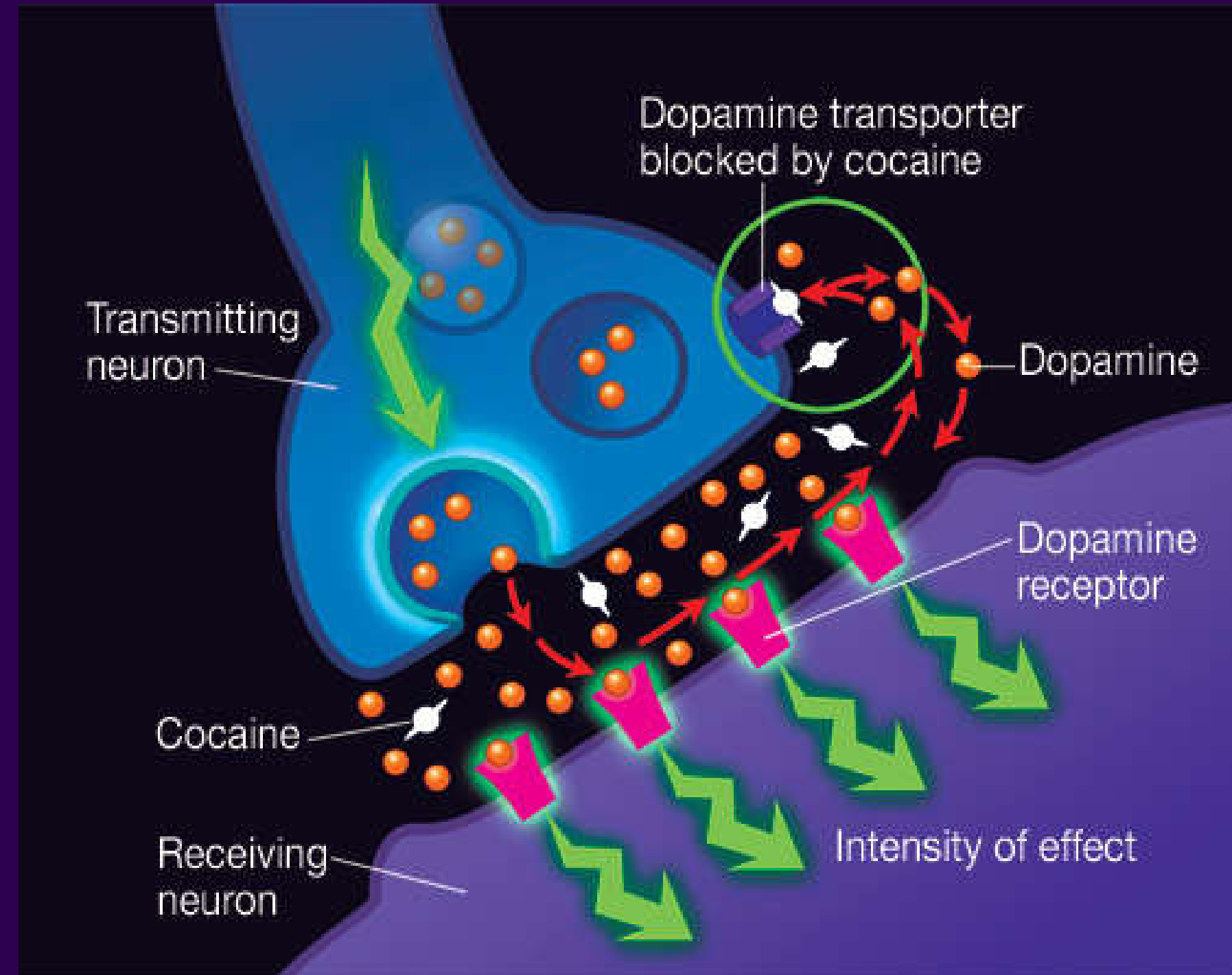


Cocaine/Crack

Amphetamine

Powder Cocaine and Crack Cocaine refer to the different variations of the same substance. They affect the body similarly, but are processed, packaged, and used differently. Powder Cocaine is in a fine white powder form, while Crack Cocaine is in a chunky rock-like form. They produce a rapid rush effect, with similar feelings to other stimulants: energy, invincibility, etc.

The effects of Powder Cocaine & Crack Cocaine typically last from 20-30 minutes.



Prescription Pills

Amphetamine Salts or

A series of prescribed stimulant pills which are typically used to treat ADD & ADHD. Each prescription pill can chemically be slightly different, but are often mixtures including amphetamines or methamphetamines.

Effects of these prescriptions include, increased alertness, attention, energy, blood pressure, heart rate and breathing rate.

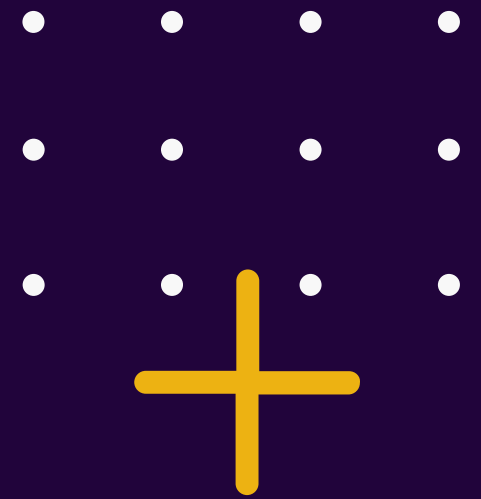
Prescription Stimulant effects typically last for about 5 hours, but can be longer or shorter depending on the medication and method of ingestion.



In Our Communities

The drug trade of stimulants impacts many of our Indigenous communities, especially with the trade of cocaine.

Traditionally, coca leaf is used ceremonially and spiritually by Indigenous communities in the Andes region. The 1900s drug trade exploited this medicine and removed the spiritual aspect of its traditional use to create a condensed cocaine. While the coca leaf is a traditional plant, synthetic cocaine products are much different spiritually and physically.



How Do They Work?

What do stimulants do in the body?

→ **Brain**

Stimulants in the brain tend to impact the brain's dopamine receptors by allowing them to rapidly build up dopamine

→ **Body**

Body receives rapid signals from the brain, meaning heart rate rapidly increases, sweating, body temperature heats up, restlessness, alert, insomnia, and low appetite

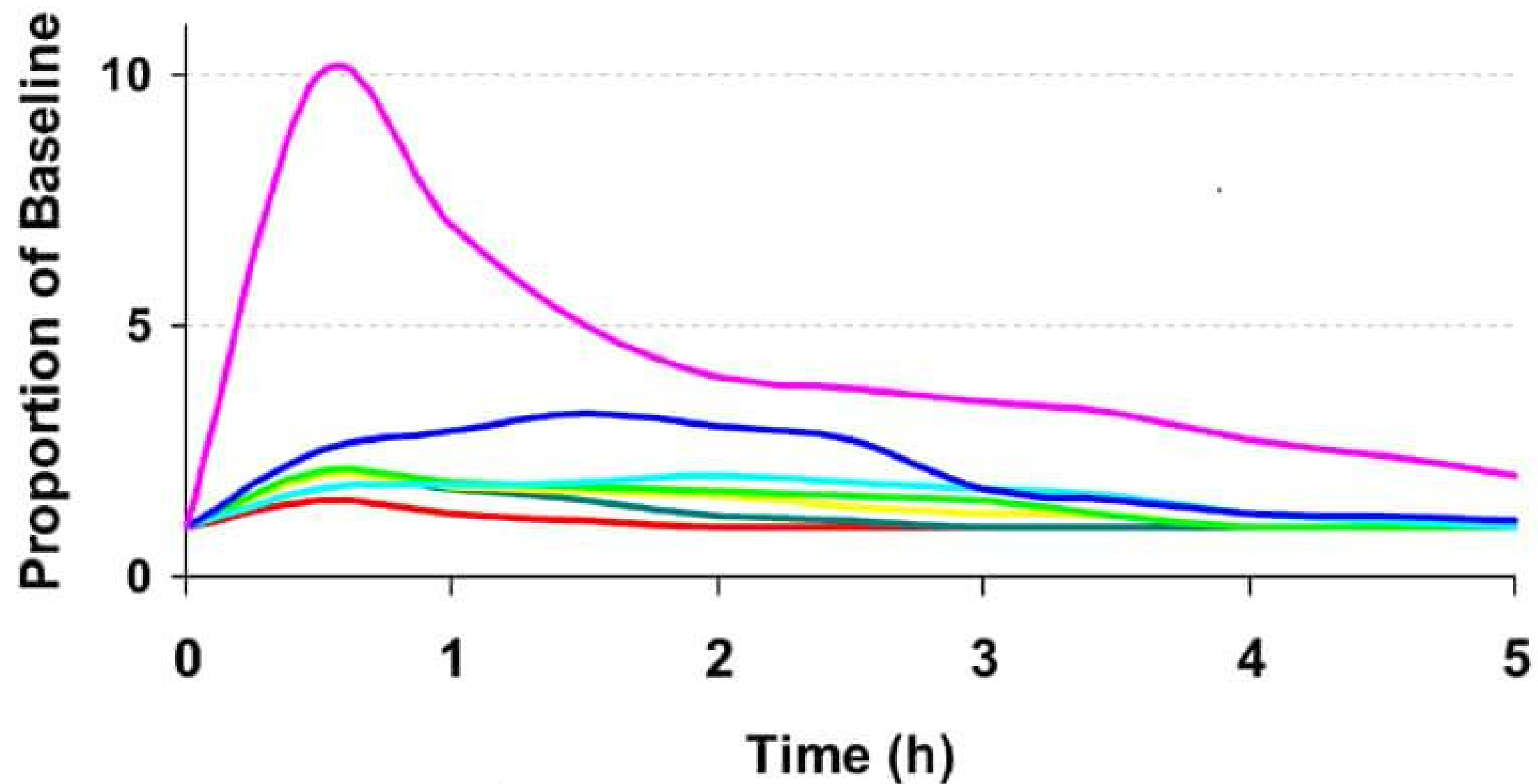
→ **Emotions**

Brain is flooded, leading to feelings of euphoria, agitation, irritability, and paranoia

How Do They Work?

What do stimulants do in the body?

Dopamine Release: Methamphetamine



Food Sex EtOH Nicotine Morphine Cocaine Methamphetamine

Chris Hurt. Reprinted with permission. Adapted from Rawson, R. FRONTLINE: The Meth Epidemic. 2006.

How Are They Used?

Inhalation

Smoking is one of the most common methods for many stimulants, which includes using a pipe: a "straight" pipe with copper pad is common for crack cocaine, and a "bubble" pipe is common for methamphetamines. Nasal inhalation is another common method of use, especially with powdered cocaine.

Injection

Injection is a common method of using stimulants, including injecting stimulants in veins, in muscles, or underneath skin (also called skin popping). Injection is often used for methamphetamines and cocaine.

Oral

Oral use is mainly for prescription stimulant pills such as Adderall, Ritalin, and Vyvanse. Oral can include "parachuting" which is crushing up a pill and wrapping it in tissue to have a more sudden onset.

Health Risks

Overview of risk factors and things to look out for in people struggling with stimulant use

+ **Body**

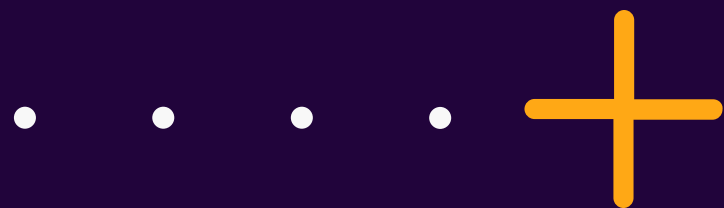
Some risks to the general body include contracting the Hepatitis C Virus; abscesses if injecting; “meth mouth”; high STI rates, and more. Heart damage from rapidly increasing blood pressure heart rate straining heart muscles and causing risk of cardiac arrest.

+ **Mind**

Stimulants can cause great agitation, paranoia, and can lead to psychosis. This can cause longterm harm to the mind, can trigger dormant mental health conditions like schizophrenia, and longterm use can cause mental health struggles related to addiction.

+ **Spirit**

Spiritually, shame and stigma associated with drug use, as well as not being able to access ceremony or community spaces, which can lead to spiritual trauma and associated pain.



Myths & Facts



"Stimulants make everyone psychotic..."

While they can cause psychosis and similar symptoms in some cases, people with enough food, water, sleep, & self care can safely use stimulants.



"Only certain people use stimulants..."

There are a lot of stereotypes about stimulant users, especially about race and class. People across all walks of life use stimulants, and many more don't!



"Everyone uses stimulants at parties..."

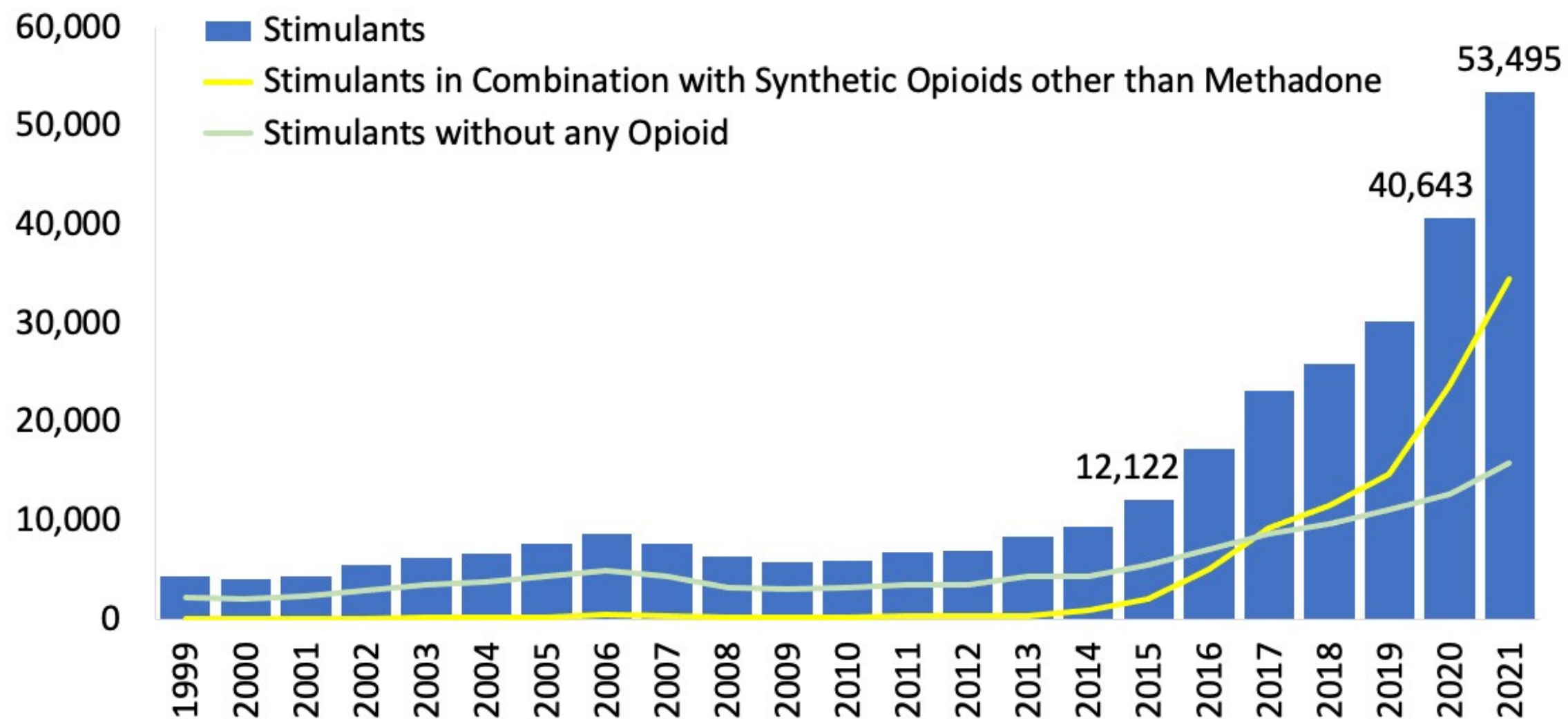
Many people safely party and socialize without using substances like stimulants.



Stimulant Overdose

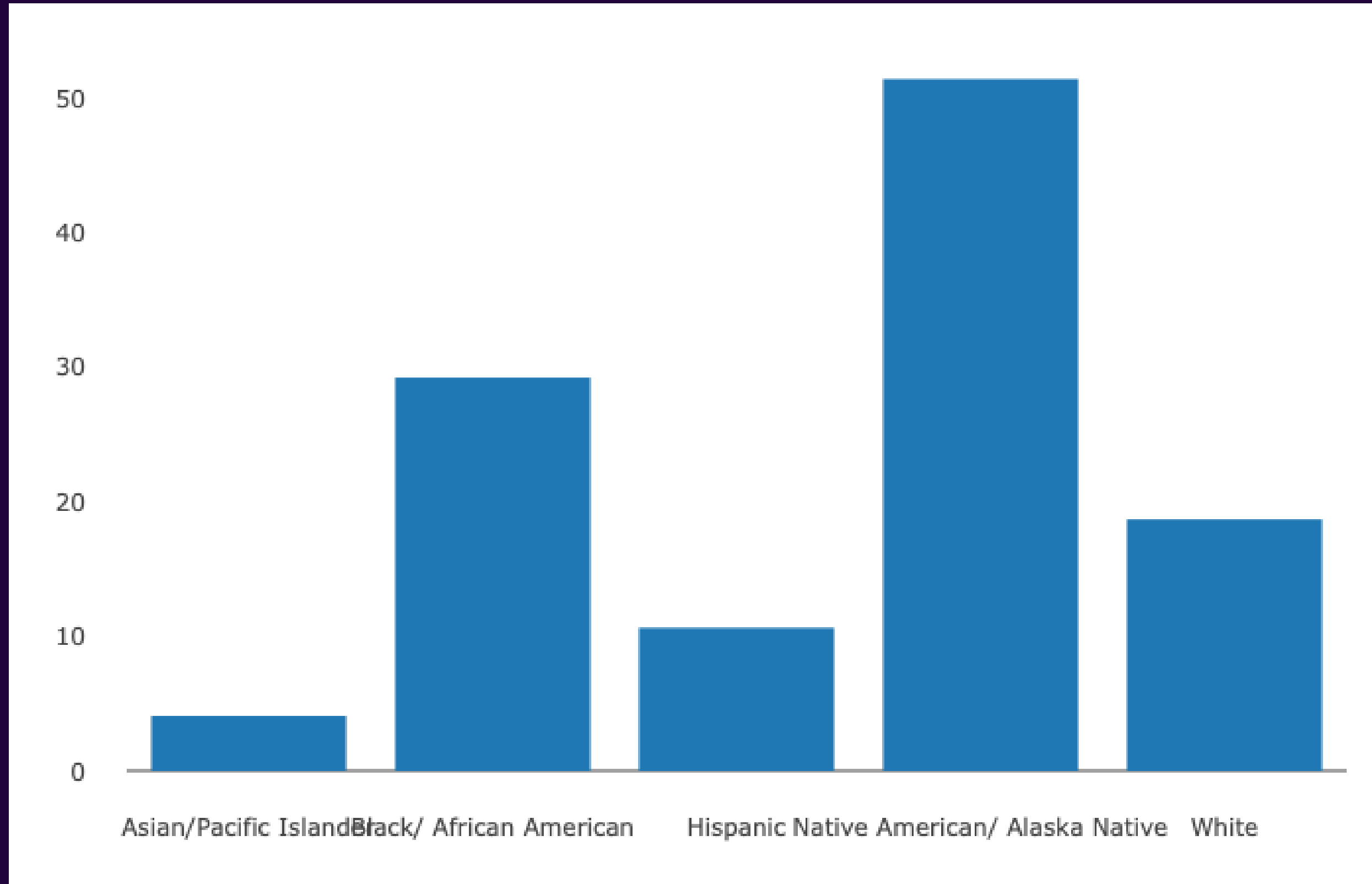
Stimulant Overdose: The Numbers

Figure 6. National Overdose Deaths Involving Stimulants (Cocaine and Psychostimulants*), by Opioid Involvement, Number Among All Ages, 1999-2021



Source: NIDA + CDC WONDER Statistics: Drug Overdose Death Rates (2023)

Stimulant Overdose: The Numbers



“Psychostimulants with abuse potential excluding cocaine (such as methamphetamine, MDMA, dextroamphetamine, levoamphetamine, or Ritalin). Deaths related to chronic use of drugs are excluded from this indicator.”

Source: California Overdose Surveillance Dashboard: Psychostimulants (2022)

Stimulant Overdose: Naloxone?

Naloxone is the overdose reversal medication used for all drugs within the opioid category. Stimulants are not opioids, so naloxone will not work on a stimulant overdose.

However, **if there are trace amounts** of the opioid fentanyl in the stimulant a person is using, it may be enough to cause an opioid overdose.

If someone has used stimulants but is showing signs of an opioid overdose, follow naloxone protocols!

Stimulants: Overdose or Not?

While overdamping has its own set of symptoms, what do stimulants look like for someone who is *not* overdosing?

A typical stimulant high may look like a burst of energy, restlessness, sex drive, euphoria, dilated (big) pupils, and social outgoingness.

There are a wide range of effects stimulants can have, which also depend on the substance and method of use/ingestion.

These are just examples!

Stimulant Overdose: Overamping

"Overamping" is a term used to describe when a person has used too many stimulants and is overdosing.

Stimulant overdose can look like delirium; break from reality; incoherent; ongoing insomnia; & heart emergencies.

There is a wide range of stimulant overdose symptoms, but if someone is very unlike themselves or is showing signs of a physical health emergency, it can be a sign of overamping!

Stimulant Overdose: Response

If the situation feels manageable at home and there is not a medical emergency happening:

- Calm and quiet environment with low lighting
- Gently introduce water and food
- Calmly explain what's happening
- Monitor for signs of cardiac issues or seizure
- If the person has a prescription for benzodiazepines (Xanax, Ativan, Alprazolam) or aspirin, administer now

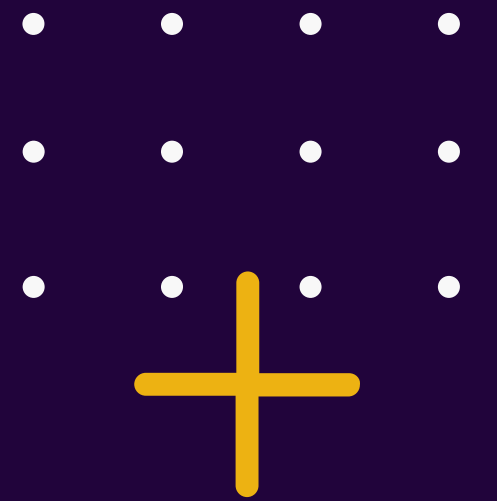
Stimulant Overdose: Emergency

A stimulant-related medical emergency can look like any of the following:

- Extreme agitation
- Threat of harm to self
- In & out of consciousness
- Chest pains
- Signs of stroke
- Heart rate/blood pressure dangerously increases

When calling an ambulance, briefly describe the *potential harm* **without mentioning the drugs themselves**: "I think my friend is having a heart attack/stroke/mental health emergency"

Treatment Options



There are many options for those with an unhealthy relationship to stimulants who would like to adjust their relationship. This is often called **Stimulant Use Disorder or StUD**.

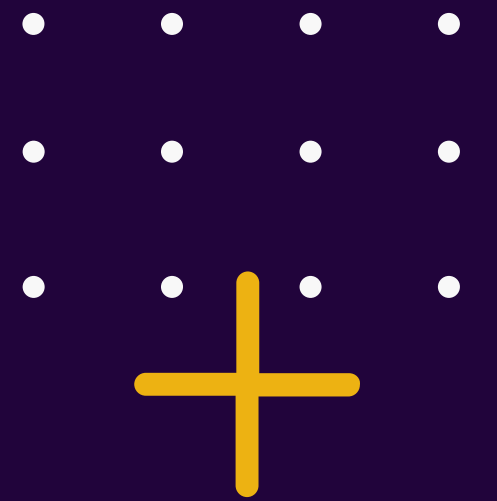
- In/Outpatient Detox
- Cognitive Behavioral Therapy
 - Intervention supporting individuals thoughts and emotions behind their actions
- Contingency Management
 - Use of incentives to positively reinforce actions
- Community-Based Recovery Groups
 - Talking circles or regularly scheduled meetings

What Can We Do?

Harm Reduction is a perspective that seeks to support the health (physical, emotional, and spiritual) of people who use drugs by providing resources, education, and community.

A Harm Reduction approach may include supporting loved ones who are or may be using stimulants:

- Providing education and safety
- Providing safer use supplies in community
 - Safer smoking (clean pipes) and choreboy
 - Safer injection (clean needles) and vitamin C packets
 - Safer inhalation (straws), related materials like small snacks, water bottles, lip balm/vaseline, mint gum, and safe place to sleep or be calm
- Having welcoming spaces & room in community



Safer Stimulant Use

Suggestions for Reducing Risks of Stimulants

Smoking Tips*

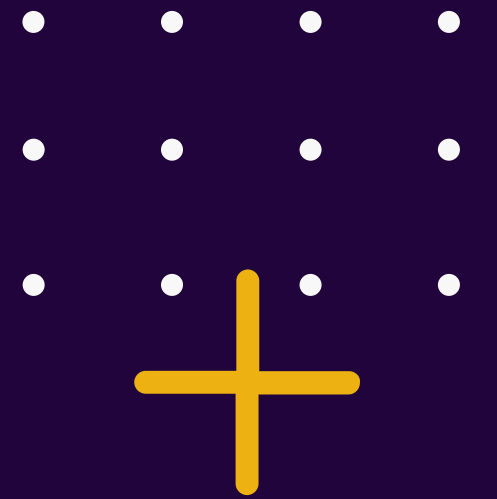
- Using choreboy/pipe screen
- Using rubber mouthpiece
- Not sharing glass pipes
- Clean off pipes with alcohol pads
- Oral hygiene + safe sex supplies

Overdose Prevention Tips

- Go slow, use low
- Avoid mixing substances
- Have an overdose plan & naloxone

neverusealone.com

* smoking
reduces your risk
of overdose and
abscess!





QUESTIONS?





THANK YOU!



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