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**Words Matter**

Say This	Not This
<ul style="list-style-type: none"> <li>◆ Substance use</li> <li>◆ Perceptual disturbances, altered perception of reality</li> <li>◆ Persecutory perceptions</li> <li>◆ Protective behaviors               <ul style="list-style-type: none"> <li>◆ Hypervigilance, agitation, anxiety, defensive posturing, darting eyes, pressured speech</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ Substance abuse</li> <li>◆ Nuts, crazy, making stuff up</li> <li>◆ Tweaking, cracked out</li> <li>◆ Violent, aggressive, monsters</li> </ul>

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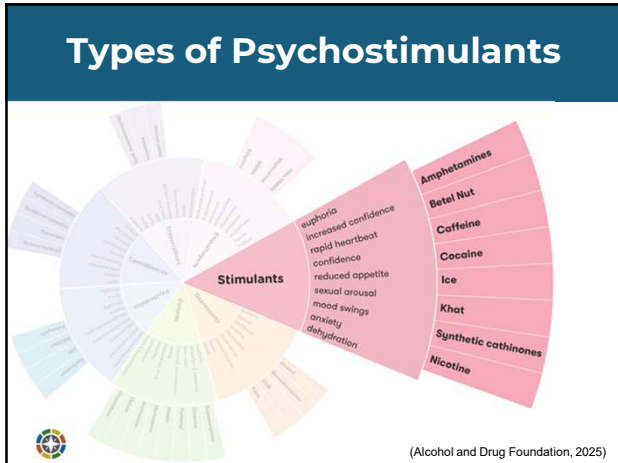
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## Psychostimulants

Commonly used stimulants are cocaine and methamphetamine. Other stimulants include khat, caffeine, MDMA, and prescription stimulants.

- ❖ **Routes of Use:** Intranasal, intravenous, inhaled, ingestion, and intrarectal/intravaginal.
- ❖ **Common risks:** dehydration, withdrawal/dependence, and excessive CNS activation.
- ❖ **Life threatening risks:** cardiovascular incident, hyperthermia, rhabdomyolysis, psychosis.

(Substance Abuse and Mental Health Services Administration, 2021)

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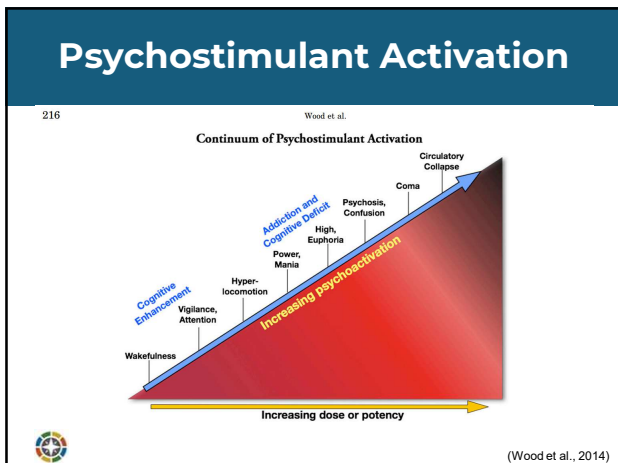
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## RECOGNIZING OVERAMPING

**Overamping is the psychostimulant equivalent of an overdose.**

- ◇ Characterized by both physiological and psychological symptoms.
- ◇ Emergency situation with potentially life-threatening complications.
- ◇ More unpredictable than an opioid overdose.
- ◇ Occurs along a spectrum and patients can experience varying levels of overamping.



(National Harm Reduction Coalition, 2020)

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## Physical Signs of Overamping

- Headache
- Nausea/Vomiting
- Bruxism
- Choreiform movements
- Dry mouth
- Hypertension
- Hyperthermia
- Tachycardia
- Chest pain
- Insomnia
- Seizure
- Shortness of breath
- Passing out, but still breathing



(National Harm Reduction Coalition, 2020)

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## Psychological Signs of Overamping

- Paranoia
- Altered perception of reality
- Persecutory perceptions of the world
- Restlessness
- Hallucinations  
Auditory, Visual, Tactile
- Trauma-response
- Psychosis
- Protective behaviors



(National Harm Reduction Coalition, 2020)

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## What are protective behaviors?

Protective behaviors are a constellation of behaviors a person may exhibit when they are experiencing overamping and a heightened state of fear/drive for survival.

- Hypervigilance
- Panic
- Anxiety
- Fear
- Agitation
- Increased sensory awareness
- Defensive posturing
- Guarding
- Restlessness

 (Alves et al., 2023) 16

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## Preventing Overamping

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## 5 D's of Overamping

- ❖ **Drug**- The type of stimulant and it's purity impact the response someone may have.
- ❖ **Dose**-The amount of substance consumed has a direct effect on the response.
- ❖ **Delivery**- How the substance is ingested contributes to the availability of the substance in the body.

 (Centers for Disease Control and Prevention, 2022)

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## 5 D's of Overamping

- ❖ **Duration**- Both the length of the binge and the overall exposure to the substance throughout the life course.
- ❖ **Disorders/Diseases**-Underlying psychiatric and medical conditions, particularly ones affecting cognition, can increase the risk for overamping.

(Centers for Disease Control and Prevention, 2022)

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## Basic Prevention

- ❖ Target modifiable risk factors
- ❖ Restoration of normal life functions can help extend durations of time without use.
- ❖ Provide water to drink, places for hygiene, and getting folks to take a break.

(Centers for Disease Control and Prevention, 2022; National Harm Reduction Coalition, 2020)

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## Reducing Criminal-Legal Involvement

A. McKetin, et al. Drug and Alcohol Dependence 216 (2020) 108262

Crime Category	No methamphetamine use	1-15 days methamphetamine use	16+ days methamphetamine use
Any crime	~18%	~48%	~70%
Dealing	~5%	~28%	~52%
Fraud	~5%	~12%	~15%
Property crime	~8%	~28%	~38%
Violent crime	~5%	~10%	~18%

(McKetin et al., 2020)

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## Responding to Overamping Events

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## Community Response to Overamping

- ❖ Assess the scene
- ❖ Assess the person
- ❖ Call 911
- ❖ Attempt to de-escalate the patient
- ❖ Stay with the person until help arrives
- ❖ Should the person become unresponsive, start CPR!

Know the Signs of Overdose  
**Save a Life**  
Call 9-1-1



Push hard in the center of the chest 100 to 120 times per minute.

(Centers for Disease Control and Prevention, 2022; National Harm Reduction Coalition, 2020)

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## A Cool-Down Space

- ❖ A cool-down space should minimize stimulation.
- ❖ Optimally cool-down spaces offer a place for people to sleep.
- ❖ Non-pharmacological interventions to reduce overamping symptoms could include:
  - Sunglasses
  - Ear plugs
  - Electrolyte water/freeze pops
  - Chewing gum
  - A fan for cooling



(Centers for Disease Control and Prevention, 2022; National Harm Reduction Coalition, 2020; Substance Abuse and Mental Health Services Administration, 2021)

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## Appropriate Staffing

Support for managing overamping situations may vary based on the acuity of overamping and the setting the person presents. Some staff might include:

- ◇ Nurses
- ◇ Physicians
- ◇ Prescribing providers
- ◇ Behavioral health providers
- ◇ Community health workers
- ◇ Peers
- ◇ Harm reduction providers



(Centers for Disease Control and Prevention, 2022; National Harm Reduction Coalition, 2020)

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## Behavioral De-escalation

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## De-Escalation

A	G	R	O	+
Assess	Gauge	Respond	Observe	Positive Reinforcement
Using a patient-centered focus, assess the cause of the patient's agitation. <b>CALMLY</b> engage the patient in conversation.	How are you feeling? Be mindful of the feelings that you may be projecting that may escalate or de-escalate the patient.	Be calm yet firm in your interactions. Use open ended questions and empathetic listening to respond to the patient's concerns.	Observe verbal and non-verbal cues. Is this working?	As the patient starts to de-escalate offer them something. A place to sit, a glass of water, a snack.

(Substance Abuse and Mental Health Services Administration, 2021) 27

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## Positive Reinforcers

- Positive reinforcers should be tangible things; cigarettes, food, and drinks work well.
- Snacks should be small and quickly consumed, with little wrapping or opening issues.
- Distraction/fidget toys may be helpful.
- Areas with enough space to walk or move may help folx with excessive energy.



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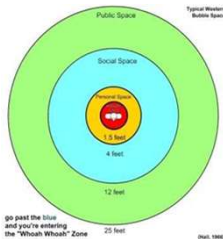
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## De-escalation

- Always be aware of your own safety.
- Never approach a patient with a weapon; speak from a safe distance.



(Australia & Department of Health and Ageing, 2009; Hall, 1990)

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## De-escalation

- Avoid prolonged eye contact.
- Avoid cornering or standing over the patient.
- Avoid sudden threatening gestures.
- Minimize stimulation and distractions.
- Use open-ended questions focused on the patient's safety and well-being.
- Have an exit point/discrete way to signal for assistance.



(Australia & Department of Health and Ageing, 2009; National Harm Reduction Coalition, 2020; Substance Abuse and Mental Health Services Administration, 2021)

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## Verbal De-escalation

- ❖ Actively listen and convey empathy.
- ❖ Validate concerns without endorsing the delusion
  - “This sounds very scary to feel like people are chasing you.”
  - “If I had bugs crawling out of my skin I would be very uncomfortable.”
- ❖ Assist in developing a short-term plan.
- ❖ Short-term plans should focus on safety and further develop rapport.

 (Centers for Disease Control and Prevention, 2022; National Harm Reduction Coalition, 2020; Substance Abuse and Mental Health Services Administration, 2021) 31

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## Medications

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## Medications to Address Overamping

- ❖ There is no antidote for overamping like there is for opioid overdoses.
- ❖ First line treatment for reduction in symptoms of overamping is benzodiazepines followed by antipsychotics as second line.
- ❖ Importantly, medications should focus on treating the acute distress and additional meds may be needed to treat the medical issue occurring.

 (Centers for Disease Control and Prevention, 2022; Substance Abuse and Mental Health Services Administration, 2021) 33

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## Take Home Points

- ❖ Psychostimulant overdose, also known as overamping, is on the rise in the United States.
- ❖ Treatment programs focusing on the care of people with StUD should be prepared to recognize and respond to episodes of overamping.
- ❖ Overamping can be variable in intensity and may be life threatening without intervention.



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