

Stimulant Use: Harm Reduction, Treatment, and Future Directions

Conference Report

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In September 2017, the Drug Policy Alliance organized a conference in Los Angeles in partnership with over a dozen organizations titled “Stimulant Use: Harm Reduction, Treatment, and Future Directions.” The conference aimed to bring much-needed attention to a large class of drugs that has received inconsistent attention from the media, harm reduction and treatment communities, researchers, and policymakers alike. Los Angeles was chosen for this conference due to its sustained and high prevalence of use of stimulants both historically and currently.

Over the course of the day, more than 20 scholars, activists, service providers, and people who use stimulants spoke on four panels to discuss relevant topics before an audience of almost 200 people. A list of speakers and a program of the day is located at drugpolicy.org/about-us/departments-and-state-offices/office-academic-engagement.

The conference provided an opportunity for attendees to learn about trends in use, the populations most impacted by stimulant use, the risks associated with stimulant use, current harm reduction and treatment best practices, as well as areas for future research and policy advocacy.

What are stimulants and who uses them?

Stimulants are a category of drugs that stimulate or activate the central nervous system and are commonly referred to as “uppers.” A number of drugs fall into this category, including crack and powder cocaine, methamphetamine, caffeine, and prescription stimulants such as Adderall and Vyvanse.

In 2015, almost 4.3 million Americans over the age of 12 used a stimulant drug illegally in the past month. Cocaine was the most commonly used, followed by the non-medical use of prescription stimulants. It is estimated that two million of these individuals met criteria for a stimulant use disorder in the past year.¹ Globally, there are 35 million people who used stimulant drugs in the past year, with amphetamines (including methamphetamine) being the most commonly used.²

People who use stimulants (PWUS) comprise a diverse cross-section of the population, including a broad range of ages, various racial and ethnic groups, gender and sexual minority populations, all socioeconomic classes, and those residing in rural and urban areas.

Given that the conference was held in Los Angeles, there was a focus on the impact of stimulant use (particularly methamphetamine) on public health in California and Los Angeles County.¹

¹ For more information about the public health impact of methamphetamine in Los Angeles, refer to the Medical Director’s Brief on Methamphetamine Misuse/Abuse and Consequences: <http://publichealth.lacounty.gov/sapc/MDU/MDBrief/MethamphetamineBriefFinal.pdf>

In the County, methamphetamine is the second most common drug for which people seek treatment and, since 2011, it has been associated with the most emergency department visits compared to other classes of drugs. Similarly, methamphetamine was the most commonly seized drug in LA County by the Drug Enforcement Agency (DEA) in 2015. The high availability of methamphetamine has been associated with a significant drop in price in recent years, which can impact consumption patterns and accordingly poses public health concerns.

Why do people use stimulants?

Panelists discussed a variety of motivations for stimulant use beyond recreation, many of which are functional and/or adaptive. Motivations for use can vary from person to person and can include increased energy, euphoria, wakefulness, focus and attention, performance-enhancement, productivity, increased confidence, self-medication, increased sexual desire and longevity, pleasure, social acceptance, stigma suppression or management, decreased inhibition, weight loss, and appetite suppression.

Motivations for and benefits of use can be overlooked when the emphasis is solely on harms and negative consequences, especially from drug treatment and primary care providers and policymakers. Understanding these motivations is important for informing harm reduction strategies to reduce risk and maximize benefit for those who intend to continue using stimulants. Understanding motivations for use can also support effective treatment and recovery planning for those working toward abstinence.

Stimulant Use and Sex

The conference provided space for discussion about the multiple ways stimulants are closely linked to sex and sexuality. Stimulant use can also contribute to sexual behaviors that place PWUS at risk for injury, HIV, and other sexually transmitted infections (STIs). Stimulant use for sexual enhancement and longevity is particularly common for many individuals including, but not limited to, those participating in marathon sex, survival sex, and/or sex work.³ Confidence and disinhibition were identified as factors that make stimulant use appealing for those who may have physical insecurities. Among men who have sex with men (MSM) and transwomen, the confidence and disinhibition attributed to stimulant use may help to mitigate feelings of internalized homophobia and/or transphobia which can negatively impact sexual experiences.

Theories of Problematic Use and Addiction

Panelists held a diverse range of views on why people may begin to use stimulants problematically, ranging from biological and medical conceptions, to psychological theories, to more macro/societal perspectives. Conversations about the roots of addiction also informed the panelists' approaches to treatment for people with stimulant use disorder.

- **Dislocation Theory of Addiction:** A quote from author Johann Hari was offered early on in the day: "The opposite of addiction is not sobriety; the opposite of addiction is social connection."⁴ This characterizes the perspective that addiction is a response to social

isolation and summarizes Dr. Bruce Alexander's Dislocation Theory of Addiction.⁵ According to this theory, human beings are innately social creatures who need connection for well-being, but our modern society has served to disconnect us from one another in a manner that makes individuals vulnerable to addiction as a form of coping. Panelists who worked with marginalized and homeless PWUS spoke to how this theory justifies the need for supervised consumption sites (SCS)² to engage people in care and reduce isolation as well as why housing supports can help build valuable community connection. Panelists from Canada used the theory to explain why rates of addiction are so high among indigenous populations who have suffered genocide, displacement, and generations of suffering as a result of colonization.

- **Self-Medication Hypothesis:** Several panelists also made mention of the Self-Medication Hypothesis of addiction,⁶ which suggests that some people become addicted to drugs as a result of repeatedly using them to quell underlying mental health problems or to cope with psychological stress. Eventually, this pattern of use becomes problematic itself and can end up creating even more harm. The work of Dr. Gabor Mate⁷ is largely aligned with this perspective, in which he goes so far as to say that addiction is an attempt to self-medicate pain and trauma.
- **Behavioral Theories:** Some panelists spoke of positive reinforcement as increasing the likelihood that someone might continue to use stimulants and other drugs. In the case of stimulant drugs, the euphoric and energizing high can be quite desirable to users in and of itself, and when combined with social environments where others are engaging in the same behavior, could further encourage use. Methamphetamine use among MSM, for instance, is often viewed as a part of the 'party and play' culture wherein social factors may normalize use. Among college students, taking prescription stimulants for academic performance enhancement may be encouraged during finals. The social reinforcement of stimulant use as a norm can be powerful, in addition to the reinforcing feelings of the high itself.
- **Biological:** Panelists discussed that for some PWUS, cravings for stimulants and experiences of withdrawal can be a driver for ongoing use. This physiological component to heavy or problematic use may make the use of medications for substitution or treatment helpful for some individuals. As well, there is growing recognition of the contributions of neuroscience to sustaining the biological motivations for repeatedly using stimulants over a long period.

² Supervised consumption sites (SCS) are spaces supervised by healthcare professionals or other trained staff where drug users can consume pre-obtained drugs.

What are some special considerations for subpopulations who use stimulants?

Several populations received attention during the first panel and over the course of the day, including homeless individuals, MSM, transwomen, college students and young adults, heterosexual women, people who inject drugs, people on methadone maintenance treatment, and sex workers. Each of these different populations of PWUS have unique needs for prevention, outreach, and engagement, harm reduction, and treatment.

- **Social Determinants:** Homeless, unstably housed, and low-income PWUS have numerous unmet basic physical needs, such as housing, nutrition, and healthcare, which must be integrated into any holistic approach for prevention, harm reduction, or treatment. Stimulant and other drug use, which is often adaptive or a coping mechanism for such circumstances, is unlikely to change without these needs being met first or concurrently. Panelists discussed how stimulant use can be adaptive when people need to stay up all night to ensure their own safety on the streets; how appetite suppression associated with stimulants can be helpful when facing food insecurity or the need to sustain a low weight; and how stimulants can help mask or manage some symptoms of untreated health problems.
- **Greater Sensitivity to Gender Identity and Sexuality:** Societal transphobia, homophobia, and heterosexism negatively affect MSM and transwomen so that they face disproportionate barriers to healthcare, treatment, job opportunities, housing, and other supports. In addition, many face stigmatization and isolation from families. Services and policies aimed at PWUS must be attuned to the role of transphobia, homophobia, and heterosexism in perpetuating problematic or high-risk use among MSM and transwomen, as well as the intersectional impact of race and class.
- **Social Norms Influence Use:** Social expectations, pressures, and positive reinforcement were identified as important factors that contribute to ongoing stimulant use among various subpopulations. For instance, the discussion of prescription stimulant use among college students and young adults examined how some view prescription drugs as safer and exempt from stigma associated with illicit drugs. In addition, use for performance enhancement is normalized among many students and many feel pressured to share prescriptions with others.

Other population needs that were not addressed at the conference but also deserve attention are individuals working in certain industries such as the oil production, construction, factories, and trucking, where workers have long shifts during irregular hours and stimulant use can be a way to stay alert and productive on little sleep. In addition, lesbians, trans-men, and gender non-binary populations should be included in stimulant harm reduction, treatment, and research because of their unique risk factors and needs. Homeless and unstably housed youth are also a high-risk population due to lack of support and vulnerability.

What are the risks associated with using stimulants?

Researchers, clinicians, and PWUS have documented a number of risks associated with stimulant use. Panelists discussed the risks most commonly incurred by PWUS.

- **Physical and Cardiovascular Effects:** Heavy or problematic use of stimulants has been associated with acute or chronic cardiovascular problems such as elevated heart rate, blood pressure, chest pain, and heart attack. It has also been linked to risk of stroke, increased body temperature, mental health problems (such as hallucinations, paranoia, and anxiety), weight loss, and sleep deprivation.
- **Over-amping:** The term “over-amping” is widely used to describe the variety of negative or uncomfortable physical and psychological effects one may experience when they have taken stimulant drugs. This can include paranoia, increased heart rate, discomfort, violence, anxiety, sweating and other experiences.³ The term “over-amping” is preferred over “overdose” given that it is a better representation of feeling too stimulated.
- **Risky Injection Practices:** People who inject stimulants are at risk for blood-borne infections such as HIV and Hepatitis C due to sharing syringes and equipment. They are also at risk for wounds and bacterial infections if proper precautions are not taken during every injection and if injection sites are not properly cared for.
- **Sexually Transmitted Infections:** Problematic stimulant use has been associated with unprotected or high-risk sexual activity. Data from LA County in 2015 found that people who used methamphetamine were diagnosed with STIs twice as often as people who reported no methamphetamine use. Compared to non-methamphetamine users, people who used methamphetamine had three times as many chlamydia diagnoses, over twice as many gonorrhea diagnoses, and three times as many syphilis diagnoses. Data from California’s Department of Public Health Sexually Transmitted Diseases Control Branch found that although syphilis is predominantly diagnosed among MSM, they are seeing a dramatic increase among women. Methamphetamine use among pregnant women has contributed to an increase in the rate of congenital syphilis among babies.

³ For more information, read the Harm Reduction Coalition’s over-amping resource page: <http://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/what-is-overamping/>

What harm reduction interventions are effective at reducing the risks of stimulant use?

Given the potential harms associated with the use of stimulants, services to reduce health risks are paramount to ensuring the safety of those who use them. Panelists consistently highlighted harm reduction strategies and interventions for stimulant use in the United States and abroad.

- **Safer Equipment:** Safer smoking equipment is central to engaging PWUS, whether they use methamphetamine or crack cocaine.⁸ Safer pipe and smoking supply distribution can be an important part of harm reduction and Hepatitis C prevention. People who inject stimulants need sterile syringes and injecting equipment, although they may need different services from those typically provided by syringe programs to individuals who inject opioids, given the different frequency of injection of these classes of drugs (e.g., injection drug use for stimulants can be periodic instead of consistent intervals such as the case with opioids). As such, PWUS often feel that syringe access program staff and clients are biased to the needs of heroin/opioid injections and so PWUS may elect not to use these vital services.

Switching from injecting methamphetamine to smoking is a form of harm reduction and people may be interested in this option. A panelist spoke about how clients at his agency were open to this option after getting access to safer smoking equipment. Safer snorting information and equipment should also be provided to PWUS to reduce the risks of this practice and/or so that people could consider snorting as a harm reduction option, especially if they frequently inject.

- **Resources, Support, and Education:** Hydration and food are very important for PWUS who may experience elevated body temperature, sweating, and reduced appetite. It is important to educate PWUS on strategies to stay safer and healthier while using. Supporting individuals who are feeling anxious or confused can also help reduce these feelings, as well as reduce the likelihood of violence. Given the close relationship between stimulant use and sexual behavior, it is important to discuss sexual risk reduction strategies with PWUS in a manner that is accessible and realistic to their circumstances, including Pre-Exposure Prophylaxis (PrEP). The provision of education and information, however, should center the role of pleasure and not shame or stigmatize people for their choices.
- **Supervised Consumption Sites:** While most of the discussion regarding supervised consumption sites (SCS) has centered on injection heroin use, panelists discussed how SCS could have an important role to play in keeping marginalized PWUS out of harm's way if they prefer to smoke or snort their drugs. PWUS can be targets for policing and victimization while under the influence or using drugs outside, while SCS can provide users with a safe environment.⁹ This could mean the development of supervised smoking spaces or more inclusive SCS for diverse routes of administration.

Which treatment modalities show promise in addressing stimulant use disorders?

Not enough attention has been given to whether traditional treatment approaches attend to the unique needs of PWUS. The third panel of the conference discussed the types of treatments that are indicated for PWUS and areas for future research.

- **Contingency Management:** Several panelists mentioned contingency management as an evidence-based treatment that has proven to be highly effective at reducing problematic stimulant use and its harms.¹⁰ It is grounded in the behavioral principles of positive reinforcement to encourage reduced use by giving participants gift cards and other desirable items for producing negative drug screens. In addition, these treatment programs provide social support for participants to discuss the changes in their lives.

Panelists presented research on its efficacy, showing that it can help to engage PWUS into care while increasing their feelings of self-efficacy and promoting change. A provider from a contingency management program for MSM spoke about how it is implemented on the ground and how their staff incorporates the approach within a larger harm reduction framework which is accepting and non-shaming.

- **Medication-Assisted Treatment:** Given the role of the dopamine reinforcement system in the development of addiction, panelists discussed how medication-assisted treatment (MAT)⁴ could be a promising approach to managing cravings and reducing high-risk use. Systematic reviews on the use of psychostimulants for cocaine use¹¹ or amphetamine use¹² have not conclusively determined their efficacy, largely due to sampling and methodological issues, as well as disparate outcome measures.

Panelists noted that some doctors are willing to prescribe and monitor off-label use of various medications such as Adderall, Provigil, or mirtazapine if clients are motivated and interested in MAT. Two MAT studies were presented at the conference, both of which target special high-risk populations and measure harm reduction outcomes rather than abstinence alone.

- A presentation¹³ on prescribed mirtazapine for MSM with methamphetamine use disorders suggested that it has promise as a complement to substance use counseling to reduce high-risk sexual practices with this population.
- Another presentation described the development of a trial in which Adderall will be prescribed to people enrolled in methadone maintenance treatment who have co-occurring cocaine use disorders. The aim of the study will be to explore whether this reduces overdose risk, cocaine use, and HIV risk behaviors among this population.

⁴ A speaker on cannabis substitution treatment was unable to attend the conference due to an emergency, but there is international research that suggests that many PWUS find cannabis substitution beneficial.

- **Harm Reduction Therapy:** The clinical social workers who spoke at the conference discussed how a harm reduction approach to therapy other than an abstinence-only approach can allow clients to explore their substance use goals – whether it be safer use, reduced use, or abstinence. The need for treatment for co-occurring mental health disorders was also discussed.

What challenges must be addressed to improve care for people who use stimulants?

For all the research that has been conducted on harm reduction, there are still sizable gaps in knowledge on the best practices with regards to stimulants. Many of these gaps exist due to stigma and a lack of nuance in understanding the diversity of people who use stimulants. The final panel of the conference was comprised of people who currently use or formerly used stimulants to discuss barriers and challenges to developing better services and treatments for people who use stimulants.

- **Uniquely Stigmatized and Marginalized Population:** Many of the behaviors associated with people under the influence of crack cocaine or methamphetamine, including rapid speech, sexuality, violence, agitation, jitteriness, and skin-picking, amplify the stigma associated with them. These behaviors make them visible targets of further judgment and scorn, by the public at large and the police, but also by people who use other drugs. Harm reduction providers discussed the challenges of creating integrated and accepting spaces for PWUS, given that so many of these agencies were designed with harm reduction for opioid use in mind. Several panelists shared stories that they faced attitudinal barriers among clients about making their spaces more inclusive of PWUS.
- **Opioid-Centered Programs:** “Our harm reduction playbook was built around opioids.”⁵ Harm reduction for stimulant use overlaps with harm reduction for other classes of drugs, particularly for homeless and marginalized PWUS who need stable housing and other necessities and supports. Harm reduction needs are also distinct in several ways, however.¹⁴
¹⁵ ¹⁶ Agency spaces should be inclusive so that PWUS can feel comfortable moving around, burning off extra energy, and accessing other services. Most harm reduction spaces currently accustomed to more mellow clients who use opioids should encourage all users to feel welcome in the space. Staff need training on how to identify over-amping among PWUS, to de-escalate clients who are over-amping, and to recognize when it may be time to call 911.

⁵ Shilo Jama, Executive Director of the People’s Harm Reduction Alliance.

- **Stimulant Drugs are Widely Used, Yet People Who Use Them are Often Mischaracterized:** Media stories have historically sensationalized images of PWUS, which perpetuate myths grounded in racism, classism, and sexism. Low-income and minority PWUS are frequently portrayed as violent, uncaring, irresponsible, dangerous, unmotivated, and a burden on society. In contrast, powder cocaine is often depicted as a drug predominantly used recreationally by white and high-income people, often those with power and privilege.

Despite prevalent use of this class of drug, PWUS have not received the same type of compassion as those who use opioids, particularly during the current opioid overdose crisis. PWUS are depicted as less worthy of assistance and more in need of supervision and control – whether through the criminal justice system, social services, child and family services, or others. PWUS who do not fit these stereotypical images are often rendered invisible so that the public underestimates the use of these classes of drugs within their own communities, neighborhoods, and families. Lastly, these images misrepresent the effects of these widely used drugs, which are generally associated with few harms by most who use them socially or recreationally.

- **Polysubstance Use Can Increase Risks:** While there are individuals who predominantly use stimulant drugs or identify a stimulant as their drug of choice, a large number of PWUS frequently use other classes of drugs concurrently and sometimes in a risky manner. Given the prevalence of polysubstance use, there is a less clear-cut distinction between who is and is not a “stimulant user,” and this has implications for prevention, education, harm reduction, and treatment.

Understanding motivations for polysubstance use can help to better target harm reduction messaging for users who may be at risk for unintended harms such as overdose. Panelists described “cocktailing” or “speed-balling” (practices in which individuals injecting stimulants along with depressants or opioids) for two major reasons, either to offset negative effects or to enhance positive effects. Panelists discussed practices which involved the co-use of stimulants with depressants or opioids to mitigate the possible negative feelings of over-amping⁶ or hyperarousal from stimulant use. Panelists discussed co-use as a way to make effects of both classes of drugs last longer, for an extra rush, and to delay the onset of withdrawal symptoms.

- **Adulterated Drug Supply:** Given fentanyl adulteration in many regional heroin supplies, as well as in cocaine and methamphetamine supplies, PWUS may be at increased risk of unintentional overdose and poisoning. At the same time, PWUS are independent individuals and may be looking for the fentanyl + stimulant experience. Especially in this setting, PWUS should have ready access to naloxone and drug-checking strips, given the prevalence of polysubstance use and fentanyl adulteration.

- **Limited Research:** Panelists unanimously expressed that there was still a dearth of research on evidence-based treatments and harm reduction approaches for stimulant use, in contrast to those which have been explored for opioids and alcohol. In addition, PWUS are a tremendous source of knowledge and expertise who have not been meaningfully engaged in research, treatment, harm reduction, and advocacy.
- **Criminalization Creates and Perpetuates Harms:** Crackdowns on one classification of drug can lead people to switch drugs rather than eliminating/reducing underlying demand. Criminalization of people in possession of drugs can create more barriers to help and support, both while incarcerated and upon release. This is also true on college campuses where students who use drugs risk expulsion, rather than receiving support while staying enrolled in their education. Criminalization of drug possession combined with criminalization of sex work also puts sex workers who use drugs at risk when they cannot call for help.¹⁷

Criminalization also contributes to the adulteration of illegal drugs due to lack of regulation or quality control. Panelists from variety of locales discussed their work drug-checking⁷ stimulants such as crack cocaine and methamphetamine because PWUS, particularly street stimulants, have been reporting adverse effects. The most notable adulterants on the west coast include “bath salts” (synthetic cathinones) and, more recently, fentanyl.⁸ As a result, harm reduction organizations are educating their participants about safer use, the need for drug-checking, and opioid overdose reversal.

Recommendations for harm reduction, social service, medical, and treatment providers

Improve the Quality and Efficacy of Services for People Who Use Stimulants

- Increase the accuracy, availability, and accessibility of up-to-date trainings and information for people who serve PWUS.
- Challenge stigmatizing attitudes and beliefs about people who use drugs in general, and people who use stimulants in particular.
- Integrate harm reduction principles^{18 19} into treatment settings, including:
 - Treating all clients with dignity and respect;
 - Lowering thresholds for access to services;
 - Engaging clients at various stages of change;
 - Exploring motivations for use rather than harms alone;
 - Educating clients on safer practices and distributing sterile equipment;
 - Discussing over-amping and overdose risks;

⁷ Drug checking is not to be confused with drug testing. Drug checking is the practice of testing samples of one’s illicit drug for its composition in order to determine which substances are actually present. Drug-checking techniques can vary in precision and scope.

⁸ Fentanyl drug test strips were discussed in the conference. For more information about fentanyl test strips, check here: <https://dancesafe.org/product/fentanyl-test-strips-pack-of-10/>

- Monitor for seeking out and using fentanyl mixed with stimulant drugs;
- Respecting the knowledge and expertise that clients bring to treatment;
- Collaborating with clients on mutually-agreed upon goals; and
- Arranging for basic supports such as housing, food, and social connections.
- Integrate evidence-based practices into treatment settings, such as the use of Motivational Interviewing and Contingency Management.
- Include the voices of PWUS at all levels of organizations so that they are part of decision-making processes and can inform service provision and delivery.
- Discuss the possibilities of MAT with clients and explore off-label prescriptions if clients are motivated to reduce use.
- Consider ways to make services more accessible to PWUS, particularly those who are hard-to-reach or live in rural places. This can include travel vouchers, more mobile services, and relocating to more centralized locations where people congregate (e.g. bath houses, clubs, etc.).
- Ensure that communities of color and poor communities have equitable access to services, interventions, and funding.

Recommendations for Researchers

Expand Research Base for Stimulant-Specific Harm Reduction and Treatment Approaches

- Replicate MAT trials with representative samples and allow for harm reduction outcomes (reduced use and other risk behaviors) to determine efficacy.
- Conduct research on the best practices for harm reduction with PWUS based on innovative models currently used in the field.
- Engage PWUS in participatory research studies about intervention development and efficacy.
- Conduct research on interventions targeted for PWUS with representative samples over longer time periods (e.g. college students, people who inject drugs, sex workers, etc.).
- Explore the barriers to engaging in harm reduction practices among PWUS and identify novel solutions to these challenges.
- Identify the most common adulterants found in stimulant drugs and develop rapid, affordable, and accurate testing techniques.

Expand Knowledge of People Who Use Stimulants

- Explore how recreational and functional stimulant users develop harm reduction strategies to mitigate risks.
Target underrepresented populations for research on stimulant use, including transmen, lesbians, non-binary people, workers (including sex workers), rural populations, indigenous people, and others.

Explore How Drug Policies Have Impacted People Who Use Stimulants

- Study the harms/benefits of current policies, including data on harms caused by criminalization and prohibition.
- Explore policy models which have benefited PWUS in other countries and characteristics of implementation which could be replicated.

Recommendations for Policymakers

Implement a Public Health Approach to Drug Use

- Formulate policies that contextualize drug use and recognize the need to address underlying social determinants of health as well as motivations for use.
- Expand and fund harm reduction and treatment initiatives across the continuum of care, redirecting funding from abstinence-only treatment programs towards ones that embrace a wide variety of treatment goals.
- Consider and evaluate novel policy models for addressing stimulant use, including medicalization and regulating the market.
- Expand drug checking initiatives so that public health personnel and people who use drugs know the chemical composition of street-purchased stimulants.
- End drug testing, especially for vital services such as social services, housing, and shelter which can help to meet the basic needs of PWUS.
- Expand funding for greater research on stimulant-specific harm reduction and treatment approaches.

End Drug Prohibition and the Criminalization of People Who Use Drugs

- Consider successful models of decriminalization (e.g. Portugal's decriminalization of all drugs).
- Support legislation to legalize marijuana or expand medical marijuana as a substitution treatment for other substance use disorders.
- Redirect funds and resources from policing and drug prosecutions towards diversion programs, treatment, and harm reduction services.
- Consider early release for PWUS convicted of non-violent crimes.
- Acknowledge and repair the harm that has been done to communities of color and poor communities targeted by criminalization and over-policing of PWUS.

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