

Stimulant Use Disorder

Quick reference for Community Health Workers

Overview & Definition¹

Stimulants are substances that speed up the central nervous system (CNS) by flooding the brain with dopamine. Common types include: methamphetamine, cocaine, and prescription stimulants (e.g., Adderall®, Ritalin®).

How people get stimulants into their body: swallowing, placing under tongue or in cheek, smoking, snorting, injecting, inserting rectally/vaginally.

Health Implications

Intense dopamine surge → powerful pleasurable reinforcement after use. Makes previous pleasurable interactions and activities less pleasurable because they don't have the same type of intense reward.

Immediate/Short-term: Feelings of euphoria and alertness. May experience insomnia and engage in risky behaviors.

Long-term: cognitive decline, oral health concerns, depression, psychosis, cardiovascular problems.

State

Key Indicators

Intoxication

Dilated pupils, rapid speech, restlessness, elevated heart rate/blood pressure, chest pain

Withdrawal

Extreme fatigue, depressive mood, increased appetite, vivid dreams

Overamping/overdosing

Severe agitation/paranoia, overheating or excessive sweating, hypertension (high blood pressure), panic or extreme anxiety, psychosis, tremors, irritability, seizures or stroke like symptoms.²
Call 911 right away.

Harm Reduction Strategies^{2,3}

- ▶ **Do not use alone:** stagger use with a trusted person.
- ▶ **Test:** drugs for fentanyl; carry naloxone in case of fentanyl contamination.
- ▶ **Hydrate, nourish, rest:** supports recovery between episodes.
- ▶ **Stay cool & monitor overheating:** high body temperature can intensify stimulant related death risk, particularly on hot days.² Hydrate, find shade, use cool cloths or ice packs, and move to fresh air. Stay nearby until help arrives.
- ▶ **Safer routes & supplies:** rotate injection sites or switch to smoking; obtain sterile syringes and pipes via syringe-service programs.

Treatment & Recovery

- ▶ **No FDA-approved medications** currently available (Rawson, 2023).
- ▶ **Evidence-based therapies:**
 - Contingency Management – incentives for negative drug screens⁴
 - Motivational Interviewing – client-centered counseling to resolve ambivalence⁵
- ▶ **Levels of care:** outpatient/intensive outpatient, residential, therapeutic communities, peer led recovery housing.
- ▶ **Referral pathway:** CHW/Rs can dial **OARLine 1-888-688-4222** or **2-1-1** to locate stimulant-use treatment; follow up within 48 hours to confirm linkage.

References

1. National Institute on Drug Abuse. *Methamphetamine Research Report*. National Institute on Drug Abuse website. Published December 2024. Accessed May 15, 2025. <https://nida.nih.gov/research-topics/methamphetamine>
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3. Sonoran Prevention Works. *Overdose Prevention, Recognition, and Response Training Slides*. Sonoran Prevention Works; 2019. Accessed May 15, 2025. <https://spwaz.org/wp-content/uploads/2019/07/SPW-Presentation-OverdosePrevention.pdf>
4. Rawson RA, et al. Implementing an evidence-based prize contingency management program. *J Subst Abuse Treat*. 2023;151:209079. doi:10.1016/j.josat.2023.209079.
5. Schwenker R, Dietrich CE, Hirpa S, et al. Motivational interviewing for substance use reduction. *Cochrane Database Syst Rev*. 2023;12(12):CD008063. Published 2023 Dec 12. doi:10.1002/14651858.CD008063.pub3

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. The University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

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Medical disclaimer: The information on this resource is designed for educational purposes only. The information does not substitute, nor does it replace the advice of a medical professional, including diagnosis or treatment. Always seek guidance from a qualified health professional with questions you may have regarding a medical condition. Naloxone can and should be administered if you think someone is overdosing.