UNDERSTANDING YOUR DIAGNOSIS

Stimulant Addiction

Also called Stimulant Use Disorder

Cocaine, meth, or prescription stimulants have taken hold. There is no pill for this yet, but treatment does work.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 60 US adults	Late teens to mid-20s	Yes - counseling works well	Millions of US adults

What this is

- This covers cocaine, methamphetamine, and misused prescription stimulants when the use stops being in your control.
- It is a health condition. Stimulants change how your brain's reward system works, and that change is real and physical.
- No medicine is approved yet, but counseling programs help many people stop, and that is not a second-best option.
- Many people start using for a reason: long shifts, low mood, weight, or focus. That reason deserves care too.

What it can look and feel like

- You use in binges over hours or days, then crash hard with heavy sleep, big hunger, and a flat, low mood.
- Cravings are intense and come roaring back around cash, certain music, certain people, or sexual situations.
- You have tried to stop and gotten a few days or a few weeks, and then something quietly pulled you back.
- Your thinking feels foggy. Memory, focus, and everyday decisions are harder than they used to be for you.
- You feel suspicious, on edge, or you hear or see things others do not, especially after a long run of use.
- Sleep, eating, teeth, and skin have all taken a hit, and you may pick at your skin or grind your teeth.
- Your heart races, your chest gets tight, or you overheat, and you find that you keep using anyway.

What is happening in your brain and body

- Stimulants flood your brain with dopamine, a reward chemical, far faster and harder than food or music ever could.
- Your brain adjusts by dialing its dopamine sensors down, so ordinary things stop feeling good for a while.
- That is why the crash brings low mood and no interest in anything. It usually lifts over **4 to 12 weeks**.
- Methamphetamine can damage nerve endings, and much of that heals slowly over a year or two of not using.
- Stimulants strain the heart and blood vessels, which is why chest pain and stroke can happen at a young age.

What can make it more likely

- Genes shape a good share of the risk, and a family history of addiction raises the odds for anyone at all.
- Untreated ADHD, depression, or bipolar disorder can make stimulants feel like a fix, so screening really matters.
- Trauma, long or overnight work shifts, and having no other support all push use upward over time.
- The younger you start, and the faster a drug hits your brain, the more likely use becomes a disorder.

What to expect

- The first month is the hardest. Sleep, appetite, and mood usually improve well before the cravings do.
- Cravings can grow rather than fade, sometimes peaking around week 6. Knowing that ahead of time helps a lot.
- Thinking clears slowly. Give your memory and focus **6 to 12 months** before you judge where you have landed.
- Many people do stop. Staying connected to treatment, week after week, is what makes the biggest difference.

What helps

Treatment works. Most people get better.

Talking therapies

- **Contingency management** gives small rewards for drug-free test results, and it is the strongest treatment we have.
- The **Matrix Model** is a structured **16-week** outpatient program built specifically for methamphetamine use.
- **Cognitive behavioral therapy** teaches you to spot cues, say no safely, and handle a slip without a spiral.
- The **community reinforcement approach** helps rebuild work, fun, and relationships that compete with using.
- **Motivational interviewing** works through what stimulants have been doing for you, with no judgment at all.

Medicines

- No medicine is FDA-approved for this yet, so counseling programs are the main treatment, not a backup plan.
- **Bupropion** with **naltrexone** helped some people with methamphetamine use in a large trial and may be worth a try.
- **Mirtazapine** taken at night has some evidence for methamphetamine use, and it can help your sleep along the way.
- If you have ADHD, bipolar disorder, or depression, treating those properly removes a big reason to use.
- Any medicine here is decided with your prescriber, who will choose it and adjust the dose together with you.

Everyday things that help

- Expect foggy thinking early on. Write things down, set alarms, and keep your plans short and very specific.
- Sleep and food come first. Eating three times a day steadies your mood more than most people expect it to.
- Carry **naloxone** and use fentanyl test strips. Street stimulants are often mixed with fentanyl these days.
- Ask about HIV prevention medicine and testing if sex and stimulant use tend to go together for you.
- SAMHSA's free helpline, **1-800-662-4357**, finds treatment near you, at any hour, at no cost to you.

Get help right away if

- Chest pain, trouble breathing, a very high fever, or a seizure means call 911 right away.
- If you feel watched or threatened, or you hear voices, get seen. This is treatable and it does settle.
- If you think about ending your life, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *Is there a contingency management or Matrix Model program near me?*
- *Could untreated ADHD or depression be part of why I keep using?*
- *What should I do about the crash in the first couple of weeks?*
- *Is my heart healthy right now, and what tests should I get?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.