

Manitoba Take Home Naloxone Program

Understanding Stimulants

This information is intended for Take Home Naloxone distribution site staff and others who serve people who use stimulants. This information is intended to raise awareness; it is not to guide clinical practice.

What are stimulants?

Stimulants are drugs that increase alertness, speed up heart rate, and produce effects of increased confidence, energy, and euphoria. People use stimulant drugs for many reasons, including to stay awake, alert, productive, and self-assured.

Examples include methamphetamine (ice, jib), cocaine or crack, and ecstasy (MDMA), caffeine, and some medications used to treat ADHD like Adderall, Ritalin, or Concerta. Stimulant drugs can be short acting (e.g. 15 to 30 minutes) or long acting (e.g. 12 hours or more).

- Stimulants can be taken by any route (injection, smoked, inhaled, etc.) and overdose or toxicity can occur from any route of consumption.
- Large doses of these drugs can result in anxiety, panic, seizures, headaches, stomach cramps, aggression and paranoia, and life-threatening outcomes like heart attack, stroke, or hyperthermia (overheating).
- Unlike opioids, there is no medication to reverse a stimulant toxicity.

Both opioid and stimulant related harms have been on rise across North America over the last decade.

Stimulant related harms in Manitoba

Stimulant toxicity deaths

- The rate of **stimulant toxicity deaths** in Manitoba is above the Canadian national average and was the highest among the Canadian provinces in 2024. Both stimulant and opioid related deaths have been on the rise in Manitoba since 2019, however, stimulant drugs are implicated in more deaths than opioids. While it is common for multiple types of drugs to be present in a drug-related death, the nature of stimulant toxicity and opioid toxicity are distinct.

Stimulant related emergency room presentations

- Alcohol accounts for more than half of all **substance related emergency room presentations** in Manitoba. Cocaine and other stimulant drugs are implicated in about twice as many emergency department visits as opioids and other depressant drugs.

Substance related hospital admissions

- Alcohol accounts for approximately half of all **substance related hospital admissions** in Manitoba, followed by cocaine and other stimulants which account for approximately **one third** of these admissions. Opioids and other depressant drugs account for approximately 15 per cent of substance related hospital admissions.

For more information see:

- Manitoba Substance Related Harms Surveillance Report <https://manitoba.ca/mh/srh-public-report.html>
- Health Canada Opioid and Stimulant-Related Harms in Canada Report <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/maps.html>

Providing support to prevent or reduce the risk of stimulant toxicity

Raise awareness about the risks of stimulants and how to reduce and respond to them

- Briefly discuss stimulant toxicity during take home naloxone training or other harm reduction supply distribution.
- Consider passive messaging (posters, pamphlets, stickers) with harm reduction supplies or in service spaces. For example, see posters <https://www.gov.mb.ca/health/publichealth/naloxone.html#posters>
- Learn about how to support, assess, de-escalate, and respond to a person experiencing signs of stimulant toxicity or intoxication.
- Use principles of harm reduction, person-centred care, violence and trauma informed care, and cultural safety in the services you provide.

Share prevention messages with people who use drugs

- **Don't use drugs alone:** Have someone with you that you trust, so you can both keep each other safe, including monitoring for signs of a bad reaction and calling for help if an emergency occurs. Stimulants may make you feel anxious so having someone you can trust/feel safe with can help.
- **Eat and drink before using:** Stimulants can reduce your appetite, cause your body to overheat or become dehydrated, so try to eat before you use and keep water with you. Take care of your overall health.
- **Avoid mixing substances:** The more substances a person takes (or is affected by) at a time, the more chance there is of something going wrong.
- **Start small and go slow:** Start with a test dose, especially with a new batch of drugs, start off using a small amount and wait a while before using more.
- **Get your drugs tested:** There are anonymous drug checking services in Manitoba where you can get your drugs tested for what is in them.
- **Get some sleep every day:** Stimulants, and especially crystal meth can keep a person awake and suppress appetite for days. If your body starts feeling tired, it may be time to rest and take a break. Sleep deprivation contributes to mental health and psychotic symptoms.
- **Understand the signs of stimulant toxicity** and know how to respond.
- **Carry naloxone:** People who use stimulants may be exposed to opioids by choice or through contaminated stimulant products. As a result, Naloxone kits are still recommended for people who use

non-prescribed stimulant drugs like methamphetamine, cocaine, crack, or diverted pharmaceutical stimulants. Naloxone use is recommended if an apparent opioid-related outcome (decreased consciousness or respiration rate) occurs after stimulant use. Find a distribution site near you [Naloxone Finder – Take Home Program | Health | Province of Manitoba](#)

- **Be mindful of the environment:** Stimulant related over-heating may be a greater risk when the **weather is hot**, especially if you are experiencing unstable housing or sleeping rough.

Help is available: Unlike opioid dependence that can be treated with opioid agonist therapy, there is not strong evidence supporting maintenance or replacement drug therapy for stimulant drugs. However, there are other treatments and supports available, including for people coming off stimulant drugs. [Manitoba Addictions Helpline](#) at <http://mbaddictionhelp.ca/> call or text 1-855-662-6605

What are the signs of stimulant toxicity?

The term “stimulant toxicity” is used in this document when referring to the specific effects of stimulant drugs on the body that can lead to life-threatening conditions. Unlike opioid toxicity, **a person experiencing stimulant toxicity often remains conscious**. The term “overamping” is sometimes used to describe the symptoms of stimulant intoxication or toxicity.

Physical signs of stimulant toxicity may include:

- Hot, flushed or sweaty skin
- Headaches
- Chest pain
- Unsteadiness
- Rigid muscles, tremors/spasms, clenched jaw
- Nausea and vomiting
- Uncontrolled movements or seizures
- Difficulty breathing
- Hypertension (high blood pressure)
- Racing heart rate

Psychological signs of stimulant toxicity may include:

- Psychotic symptoms in individuals with no prior mental illness
- Severe agitation or panic
- Altered mental state, such as confusion, delirium, or disorientation
- Paranoia, anxiety, hallucinations, or psychosis

Life-threatening stimulant toxicity: stimulant toxicity that has become life threatening usually includes:

- Hypertension (very high blood pressure, may experience sudden severe headache)
- Tachycardia (racing heart rate)
- Hyperthermia (body temperature rapidly rises)
- Toxic delirium
- Severe uncontrolled seizures

The symptoms of hyperthermia, heart attack, stroke, and severe seizures can be distinct. Some common signs of a medical emergency related to stimulant toxicity are listed below. This is not an exhaustive list. If you are not sure, call 911.

Call 911 immediately if the following symptoms are present

Hyperthermia When the body temperature reaches about 40 C/104 F If the person is unconscious or showing signs of confusion	Heart Attack Uncomfortable pressure, fullness, squeezing, or pain in the center of the chest. These symptoms can range from mild to severe, and they may come and go. Discomfort in other areas, such as the neck, arms, jaw, back and stomach. Shortness of breath, light-headedness, nausea, unusual fatigue or breaking out in a cold sweat.	Stroke Sudden loss of ability to speak, or move an arm or leg on one side One-sided facial paralysis Sudden loss of coordination Sudden and severe headache Sudden blurred vision or slurred speech	Seizures The seizure lasts for more than 5 minutes The person has one seizure right after another The person appears to be injured The person does not regain consciousness This is a first-time seizure The person's color or condition remains poor The person has difficulty breathing after a seizure
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Supporting a person experiencing overamping or stimulant toxicity

While awaiting emergency service to arrive, or if it is not an emergency – you can support the person:

- Monitor the person carefully and stay with them until help arrives
- Offer rest, reassurance, meditation or breathing exercises to support the person
- De-escalate the situation, by creating a safe place for observation and monitoring of the person in crisis and reducing external stimulation (e.g., excessive noises and touching) to promote calm and recovery
- Cool and rehydrate the person to help prevent overheating. Provide water, a sports drink, or a cool washcloth.
- Symptoms of stimulant intoxication and withdrawal should be managed using supportive care. There are no targeted medications approved for treating stimulant withdrawal.
- If an opioid overdose is suspected due to stimulants contaminated with opioids (e.g., **the person is unconscious and not responding**), follow the steps for responding to an apparent opioid toxicity <https://www.gov.mb.ca/health/publichealth/docs/how-respond-opioid-toxicity.pdf>

Mental health symptoms related to stimulant use

There are mental health conditions that can arise from stimulant use that can require urgent medical attention. These symptoms can arise from sleep deprivation related to stimulant use, and from the stimulants themselves. It can be difficult to determine what kind of mental health symptoms are serious, and what kind of help is available. Some of the psychological symptoms can include:

- Auditory and visual hallucination
- Unpredictability, which may manifest as hostility and violence, as a stress response
- Delusions of persecution
- Agitation and anxiety
- Compulsive thoughts

A person experiencing psychotic symptoms can be at risk for immediate harms:

- People experiencing psychosis are often in fear and can be at risk of harm by retreating or withdrawing into an unsafe situation (including exposure to extreme conditions such as cold or heat)
- Delusions of persecution can lead to harming others in self-protection
- Self-harm or suicidal ideas
- Aggression that leads to assault and violence

Recognizing and responding to mental health issues

If a person is at risk of immediate harm or harming others due to their mental health state, call 911 or take them to an emergency room.

If the situation is not an emergency, but the person has signs of a **mental health disorder** (defined as a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life¹)

- They should see a health care provider for assessment such as family doctor, walk-in clinic, or Urgent Care centre (Winnipeg).
- It is always best if the person experiencing the mental health symptoms is willing to be seen by a physician for an examination.

If the person is not willing to be seen by a physician and the symptoms are serious enough, there is a legal option to have the person involuntarily admitted for assessment. A family or friend can go to a Justice of the Peace to apply for an order to have the person undergo an involuntary medical exam. For more information see [Province of Manitoba | Mental Health and Addictions](#)

- A crisis response team can provide advice by phone, or sometimes home/community visit. Crisis response centres can often provide information and direction even if care is not immediately available.
 - Check Shared Health Manitoba [Mental Health Resource Finder - Shared Health](#)
- There are several Indigenous-led crisis response services that are an additional culturally appropriate option for Indigenous peoples and communities
 - [Mobile Crisis Response Team * Manitoba Keewatinowi Okimakanak](#)
 - [Mobile Crisis Response Team and Mental Wellness - Southern Chiefs' Organization Inc.](#)

¹ Manitoba Mental Health Act <https://web2.gov.mb.ca/laws/statutes/ccsm/pdf.php?cap=m110>

- See Winnipeg Regional Health Authority Indigenous Health [indigenous-health-cultural-healing-supports.pdf](#)
- 911 or police non-emergency can provide advice and direction
- Call or click [2-1-1](#)
 - 211 is a free, confidential, 24/7 service that provides information and referrals to social, health, and government services across Manitoba

Additional References and Resources

Clinical Resources

BC Centre on Substance Use (2024). Managing Acute Stimulant Intoxication and Withdrawal. Accessible at: <https://www.bccsu.ca/wp-content/uploads/2024/10/BCCSU-Acute-Care-Resources-Managing-Intoxication-Withdrawal.pdf>

Drug and Alcohol Services South Australia: Cracks in the Ice Program

- Drug and Alcohol Services South Australia (2017). Acute Presentations Related to Methamphetamine Use: Clinical Guideline for Adults and Adolescents. Available at: <https://cracksintheice.org.au/health-professionals/guidelines-for-health-professionals/acute-presentations-related-to-methamphetamine-use-clinical-guideline-for-adults-and-adolesce>
- Do and don'ts of managing a person who is experiencing psychosis <https://cracksintheice.org.au/quick-tips/managing-a-client-with-symptoms-of-psychosis>
- Staying Safe: Methamphetamine and Overdose [staying-safe-methamphetamine-and-overdose-v6](#)
- What is methamphetamine <https://cracksintheice.org.au/what-is-ice>

General Stimulant Resources and Information

National Harm Reduction Coalition. Stimulant Overamping Basics: Training Guide. Accessible at: <https://harmreduction.org/issues/overdose-prevention/overview/stimulant-overamping-basics/responding-to-stimulant-overamping/>

International Overdose Awareness Day. Stimulant Drugs: Signs of overdose and how to respond. Accessible at: <https://www.overdoseday.com/news/stimulant-drugs-signs-of-overdose-and-how-to-respond/>

Centers for Disease Control and Prevention. A Stimulant Guide: Answers to Emerging Questions about Stimulants in the Context of the Overdose Epidemic in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2022. Accessible at: <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/CDC-Stimulant-Guide.pdf>

Toronto Central Neighbourhood House. Crystal Meth Project. Available at: <https://tngcommunityto.org/Programs-Services/Programs/Peer-Programs/Crystal-Meth-Project?cat=8722>

Toward the Heart: Signs of Opioid and Stimulant Overdose. Available at: <https://orders.catie.ca/uploads/products/pdfs/ATI-70214.pdf>

Riverside University health System - Next Distro. Overamping Fact Sheet. Available at: <https://www.ruhealth.org/sites/default/files/PH/roda/docs/Overamping%20Stimulant%20Overdose.pdf>



City of Winnipeg, Public Safety – Substance Use <https://www.winnipeg.ca/services-programs/emergency-public-safety/injury-illness-prevention/substance-use?form=MG0AV3>

College of Physicians and Surgeons of Manitoba. [Substance Use Addictions Community Resources.pdf](#)

Mental Health Resources

Government of Manitoba, Housing Addictions and Homelessness [Province of Manitoba | Mental Health and Addictions](#)

Shared Health Manitoba, Mental Health Resource Finder <https://sharedhealthmb.ca/services/mental-health/mental-health-and-wellness-resource-finder/>

Shared Health Manitoba, Crisis Services and Help Lines <https://sharedhealthmb.ca/services/mental-health/crisis-services-help-lines/>

Winnipeg Regional Health Authority, Indigenous Health, Indigenous Cultural Healing and Mental Health Supports [indigenous-health-cultural-healing-supports.pdf](#)

Manitoba Keewatinowi Okimakanak Crisis Response Team [Mobile Crisis Response Team * Manitoba Keewatinowi Okimakanak](#)

Southern Chiefs Organization Inc. Mobile Crisis Response Team [Mobile Crisis Response Team and Mental Wellness - Southern Chiefs' Organization Inc.](#)

General Substances Services

Manitoba Addictions Agencies Network at <http://mbaddictionhelp.ca/> call or text 1-855-662-6605

Shared Health Manitoba Rapid Access to Addictions Medicine (RAAM) Clinics <https://sharedhealthmb.ca/services/mental-health/mha-services/raam-clinic/>

Manitoba Take Home Naloxone Program <https://www.gov.mb.ca/health/publichealth/naloxone.html>

Take Home Naloxone Finder <https://www.manitoba.ca/health/publichealth/naloxone-finder.html>

Winnipeg Regional Health Authority, Street Connections website <https://streetconnections.ca/>

Street Connections (WRHA) Find a service (such as harm reduction supplies, drug checking services, supervised consumption services) [Home – Street Connections](#)