

Amphetamines: good practice in prevention

Free interactive seminar and forum held from 10.00 am to 12.30 pm on Tuesday 7 October 2008, William Angliss Conference Centre, William Angliss Institute of TAFE, Level 5, 555 La Trobe Street, Melbourne.

Prevention and early intervention of methamphetamine-related harm

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This presentation was an overview of the issues paper, "Prevention and early intervention of methamphetamine-related harm", Nicole co-authored with Amy Pennay, Research Fellow, Turning Point Alcohol & Drug Centre, published by the DrugInfo Clearinghouse in September 2008.

Methamphetamine is a synthetic, stimulant drug, primarily seen in Australia as crystal methamphetamine (most potent form), base and speed. Speed is the most commonly used form, and is the least potent of the three.

Of the English-speaking countries, Australia has the highest rate of methamphetamine use. This is probably because we are in close proximity to Asia, where most methamphetamine is produced.

Methamphetamine users

Statistics show that:

- › the typical user is young (20–29 years old)
- › low-grade speed is most commonly used
- › there is a high rate of polydrug use among non-dependent users
- › although there is a high rate of methamphetamine

use among injecting drug users, there is a low rate of injecting among methamphetamine users

- › only about 11 per cent of recent users are dependent.

Effects of methamphetamine

Low level use	Intoxication
› increased heart rate and blood pressure	› sweaty, clammy skin
› reduced appetite	› dilated pupils
› feelings of happiness and confidence	› agitation, irritability
› reduced fatigue	› restlessness
› increased vigilance	› talkativeness
› alertness	› shortness of breath
› omnipotence	› headaches
	› palpitations

Acute risks of methamphetamine

High dose	Any dose
› acute behavioural disturbances	› unknown content
› "crash" (hangover)	› unsafe sex
› neurotoxicity	› overheating and dehydration
	› blood borne virus transmission (injecting)

Effects of long term use

Poor physical health	Poor mental health
<ul style="list-style-type: none">› sleep problems› weight loss and nutrition› palpitations and chest pains› tremors› skin problems	<ul style="list-style-type: none">› agitation and aggression› low motivation› depression and anxiety› paranoia and hallucinations

Prevention

Primary prevention

Primary prevention is aimed at reducing the likelihood of uptake of the drug. There is little evidence to support its effectiveness on the uptake of methamphetamine; however, this is an area needing further research.

Secondary prevention

Assists two groups of methamphetamine users:

- › the majority of users, who are young, non-dependent, polydrug users who need harm reduction interventions to reduce their chances of transition to regular or injecting use.
- › a smaller number of dependent, injecting drug users who inject regularly and need harm reduction interventions in the form of information and clean injecting equipment.

Tertiary interventions

Tertiary interventions are aimed at reducing use and harms in people who are already dependent. The three key areas are:

- › engagement and retention
- › clinical pathways to effective treatment – better coordination between services
- › brief interventions.

Stepped care models

This is an approach to intervention that offers the least intensive option that is likely to be effective first, and can be used at treatment or systems level.

At treatment level this could involve:

1. screening and assessment
2. brief ATS (amphetamine-type stimulant) intervention
3. brief mental health intervention (eg. PsyCheck)
4. referral to a mental health professional.

At a systems level this could involve:

1. a visit to a general practitioner who might do a brief intervention
2. referral to an alcohol and other drug (AOD) setting, where the previous steps might be followed

3. referral to a mental health service.

Online interventions

These are a less confronting alternative for individuals who don't consider themselves to be drug dependent. They are also available 24/7 so that people can seek counselling or information at times that are more relevant to them. Counselling Online (www.counsellingonline.org.au) is one example of this type of intervention, and online information and self help sites are another.

Options for families

Families can be a positive source of support, but the nature of amphetamines can mean that families need additional support for themselves to deal with the associated aggression and acting out.

Victorian amphetamine type substances strategy

Irene Tomaszewski

Manager Mental Health and Drug Policy, Department of Human Services, Victoria

Usage and treatment patterns

Results from the National Drug Strategy Household Survey, showed that:

- › methamphetamine/amphetamine was used by 2.3 per cent of the population, with a reduction between 2004 and 2007
- › in 2004, methamphetamine/amphetamine was the least frequently used of the drugs surveyed
- › the majority of users were males aged between 20 and 29 years
- › crystal methamphetamine-related ambulance attendances showed a peak in June 2006
- › there has been an increase in individuals presenting for treatment, where their primary drug is amphetamine, with a slight dip in the past 12 months which coincides with a reported decline in use.

We know that there are a wide range of users, including occasional users, shift workers, hospitality workers and professional drivers. These people are reluctant to seek treatment as they don't wish to be in traditional drug treatment settings.

Process for development of the strategy

In 2000 the Premier announced an amphetamine type stimulants (ATS) strategy and a simultaneous methamphetamine campaign.

More information

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Campaign initiatives included:

- › the “Ice. It’s a dirty drug” campaign targeted at nightclubs and venues where the drug might be used
- › a parents’ information brochure
- › training in using the treatment guidelines, for alcohol and other drug (AOD) workers
- › training for Family Drug Helpline and the Drug Information Line on up-to-date information on ice.

The ATS strategy began with a taskforce convened in March 2007, and a consultation workshop followed by a discussion paper that received 23 submissions in response. This led to the development of five priority areas.

Priority areas

1. Prevention and early intervention

Issues and findings included the need to target specific groups such as young people and specific occupations, with the possible use of the internet, collaboration with stakeholders and efforts to reduce the risk of transmission of blood borne viruses.

Current initiatives include the drinking water guidelines and dance party guidelines.

Suggested actions include:

- › awareness campaigns targeted to at-risk groups
- › strengthening prevention and early intervention strategies between a range of services, while building better referral arrangements
- › raising awareness in the nightclub industry of the best ways to reduce drug-related harms
- › promoting screening for mental health problems in the AOD sector
- › designing an internet-based self assessment and self help tool.

2. Treatment

Issues and findings included concerns about under-utilisation of treatment, identification of the best treatment models, complex problems faced in treatment, how to engage families and ensure the safety and wellbeing of children.

Current initiatives include research into substitution pharmacotherapies and support for families and children.

Suggested actions include increasing the provision of brief interventions and promoting the use of the methamphetamine dependence and treatment guidelines.

3. Workforce development

Issues and findings included increasing workforce development in the AOD sector to enable staff to respond to new and emerging drug users.

Current initiatives include national guidelines for general practitioners, police, emergency departments and ambulance services, and needle and syringe education.

Suggested actions include increasing the capacity of primary care workers to provide brief interventions and AOD workers to deliver cognitive behavioural therapies.

4. Justice and law enforcement

Issues and findings included supply reduction strategies specific to ATS in the National ATS Strategy, and the coordinated and integrated approach to drug issues promoted in the National Drug Strategy: Australia’s integrated framework 2004–2009.

Current initiatives include the Victoria Police illicit drug strategy 2007–2011 and Victoria’s road safety strategy *arrive alive 2008–2017*.

Suggested actions include increasing awareness of the dangers of drug driving.

5. New knowledge collection and dissemination

Issues and findings included concern about the need for community information and research into treatment options.

Current initiatives include DrugInfo Clearinghouse, parenting programs, helplines, drug trend monitoring and other ATS research.

Suggested actions included the development of a website providing information for parents, strengthening the evidence base regarding prevention and treatment responses

Early intervention and prevention need a combined response, using a range of initiatives, and should be well targeted.

Developing best practice for treatment of methamphetamine users in Melbourne

Helen Sweeting

Addiction Specialist (FACHAM), Access Point, Turning Point Alcohol & Drug Centre, Victoria

Epidemiology

Methamphetamine:

- › use is relatively stable
- › use predominantly affects young males from 20–29 years of age
- › is most commonly used as speed
- › is named as the drug of choice by 21 per cent of injecting drug users

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- › is used daily by five per cent of injecting drug users
- › users are largely outside of the treatment services
- › users presenting to tertiary centres are slowly increasing in number, presenting with delirium, psychosis and trauma, significant levels of violence and aggression, with 40 per cent requiring admission.

Access Point aims to alleviate these demands on tertiary intervention centres.

What is Access Point?

Access Point is a pilot clinic, funded through the Attorney General's department, to provide a multidisciplinary service targeted at stimulant users who are not in treatment. They will accept referrals from individuals, primary health care, tertiary centres and alcohol and other drug agencies.

Role of Access Point

- › Dedicated secondary prevention service, which aims to bring people into treatment, and use a brief intervention model based on PsyCheck.
- › Harm reduction.
- › Education.
- › Treatment of mental illness and comorbid substance problems.
- › Prevention of high cost hospital presentations.

Referral pathways

Staff provide internal and external referrals following triage. Services available within the clinic include assessment, psychological interventions, acute medical care of dependence and mental health symptoms.

Within the service clients may also be referred to the Amphetamine Depression study or the inpatient Modafinil trial.

Most referrals are received from Directline, others from general practitioners and treatment services.

Client overview

- › Most present because of personal distress such as relationship problems, financial hardship or employment difficulties.
- › Most clients are males around the age of 30 years.
- › There has been an increase in the number of clients who have not previously been in drug treatment.
- › There has been an increase in the number of smokers rather than injectors.
- › Most clients are dependent users.
- › Many clients take part in associated risk behaviours such as sex work.
- › Mental health symptoms include paranoid ideation, perceptual disturbance, mood disturbance and anxiety.

Future developments

- › Extending hours to reduce barriers to treatment

- › Introducing group and family therapies
- › Improving links with tertiary services such as emergency departments and mental health facilities
- › Continuing with evaluation
- › Continuing research into pharmacotherapy as a treatment option
- › Improving links with non-English speaking and Indigenous Australian groups.

RaveSafe: Peer education and amphetamine

Purple Hazelwood

Coordinator, RaveSafe, VIVAIDS, Victoria

RaveSafe is funded by the Victorian Department of Human Services, and operates through VIVAIDS, the Victorian drug user organisation in Australia. Workers attend dance parties and festivals to provide a "chill-out" space and information on safer drug use, safer sex and hearing protection.

Strategies

RaveSafe aims to reduce the harms associated with party drug use by attending dance parties, working with promoters and the government to influence policy and practice, and educating relevant members of the community.

Activities

Peer educators provide fruit, earplugs, condoms and lube, handouts, referrals, needle and syringe exchange, assistance with mild drug effects, crisis intervention, mediation, peer support and drug information.

Party drugs

A vast majority of RaveSafe clients use MDMA or ATS, but there are many other drugs in use including GHB, ketamine, alcohol, cannabis and LSD.

There is wide polydrug use, with a cocktail of amphetamine and GHB being very popular.

Dance party attendees

The mean age of dance party attendees is 25 years, 58 per cent are male, 55 per cent are tertiary qualified, 84 per cent are employed or studying and 6 per cent have had a legal issue.

Attending a dance party is very expensive, and attendees may pay around \$300–500 for all party-related expenses.

Party packs

RaveSave distributes "party packs" to individuals at dance parties. These include an information pamphlet, lollipop, two condoms and lube.

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Key messages

Know your mind, know your body, know your chemical and know your limits.

- › If you have sex, make sure it is safe.
- › Eat early in the day before partying, and eat the following day.
- › Stay well hydrated: 500ml per hour when you are dancing or 250ml if chilling.

Issues faced by RaveSafe

Alcohol

- › Alcohol is the biggest problem, causing most of the aggression and anger seen.
- › Dehydration, drugs and alcohol are a lethal combination.

Sniffer dogs

This method of detection does not seem to actually discourage people from using drugs, it has just caused people to change the way they take drugs for example, taking them before the event or leaving the venue to re-dose.

Feedback about RaveSafe

The response from partygoers has been very positive because the service is relevant, helpful and not at all judgemental.

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