



By the end of today's workshop..

Understand
patterns of
substance use and
dependence
(capacity / consent)

Overview of
crystal
methamphetamine
or "ice"

Managing
intoxication and
associated
behaviours

© Copyright Image 2018

What are "psychoactive drugs"?

Any substance that affects the way the mind works – or how we...

Think

Act

Feel



Types of substances and their effects

Depressants

Slow down the
central nervous
system

(e.g. alcohol,
heroin, Valium)

Stimulants

Speed up the
central nervous
system

(e.g. caffeine,
methamphetamine)

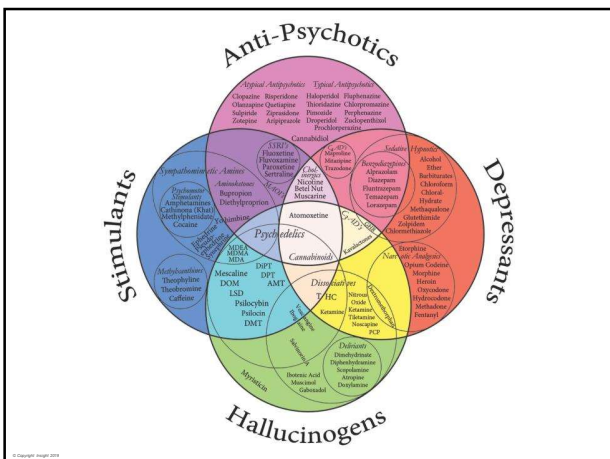
Hallucinogens

Distort senses,
mood and
thought

(e.g. LSD, magic
mushrooms)

Ecstasy

Cannabis / some Inhalants



Zinberg, N. (1984) *Drug, Set and Setting: A Social Base of Controlled Drug Use*. New Haven; Yale University Press.

Different Effects

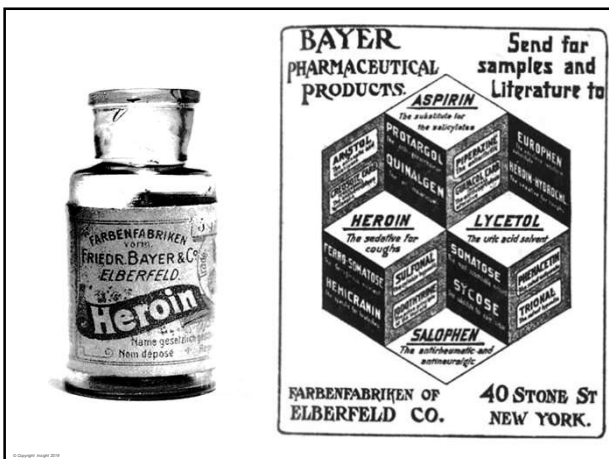
The same drug used by the same person, at the same dose, may cause completely different effects, especially when used in different environments.

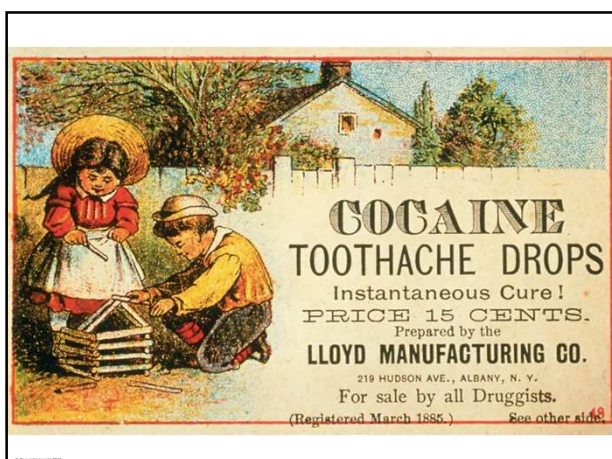
There are a number of factors that may influence the actual effects of psychoactive drugs:

- type of drug
- amount of drug taken
- dose / concentration / potency
- duration of use
- frequency of use
- route of administration
- concurrent use of other drugs
- individual characteristics e.g. age
- gender, weight, health, genetics etc
- mood
- tolerance
- previous drug experience
- expectations of effect
- suggestibility of the subject
- activities of the user
- place
- presence of other people

Drugs have not always been illegal

For the most part, substance use has been part and parcel of normal society





Substance Use in Australia



"Pituri" - Duboisia hopwoodii



Just because a substance is legal, does not make it safe

- Alcohol causes the most harms and is the biggest cost to families and communities across Australia.
- Prescription painkillers are the leading cause of drug overdose deaths in the country.
- Tobacco kills approximately 50% of people who smoke.

Why do people use substances?



Because they work!



Manage pain?



To fit in / belong?



Manage depression?



Being impulsive?



Manage anxiety?



To have fun?



To feel numb?



Cultural, religious, spiritual?

Why do people use substances?

Reduce pain	Raise energy	Socialise	Relax	Increase libido
Go to sleep	To belong	Raise mood	Recover	Stay awake
Increase awareness	To dance (better)	Raise self esteem	To experience the effect	Chill out
Slow down	Drive further	Talk freely	The rush	Be creative
Out of body experience	Reduce withdrawals	Reduce medication side effects	To Lower inhibitions	Increase appetite
Become More intimate	To Lower stress	To laugh	Stop nausea	Dependence
Aphrodisiac	To forget	Get stoned	Be cool	To remember

Key point

- It is critical to understanding the purpose - or function - of the substance use in someone's life before it can be addressed.
- The substance use is likely to have some positive or 'protective' qualities about it, even though it might also come with a range of negative health and social and legal consequences...

Spectrum of Substance Use



- Not linear
- Applicable to each individual substance
- Harm can occur at all levels

No one ever sets out to get a drug problem...

However some people who use substances can find it very hard to stop...

What is dependence?

Substance dependence is a chronic relapsing condition.

If someone is...

- Spending a great deal of time getting, using, or recovering from the effects of a substance;
- Using a substance in greater amounts, or for longer than originally planned;
- Continuing to use a substance despite experiencing problems, or are;
- Needing a lot more of the substance to feel the same effects...

It is a sign that the person is 'dependent' upon that substance.

Let's learn a little more about methamphetamine..

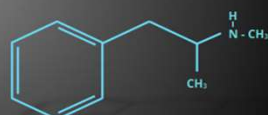
METHAMPHETAMINE a brief overview



Amphetamine Type Stimulants

As you can see **amphetamine** and **methamphetamine** have a very similar chemical structure.

Together they are part of a group of chemicals called '**amphetamine type stimulants**'. This group also includes substances such as MDMA (ecstasy), pseudoephedrine and methylphenidate (Ritalin).



Forms of Methamphetamine

Speed is like beer



Base is like wine



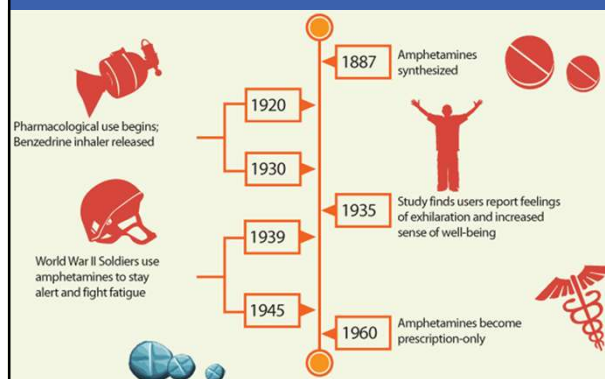
Ice is like spirits

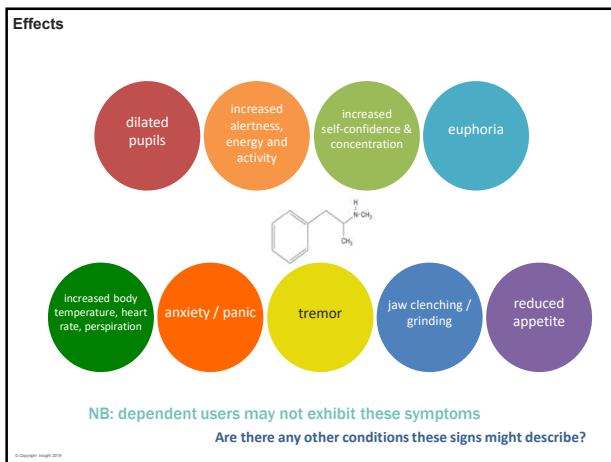
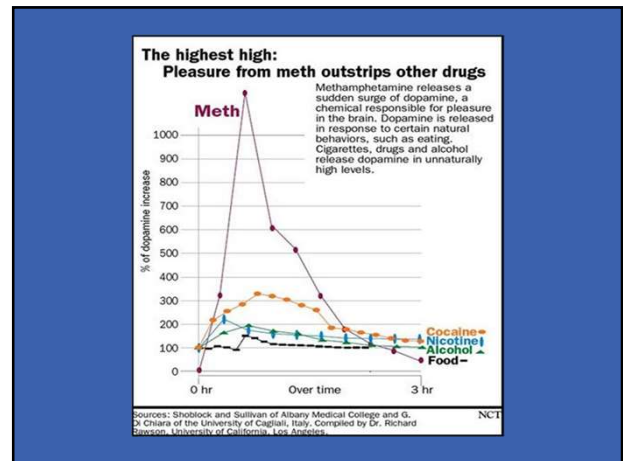
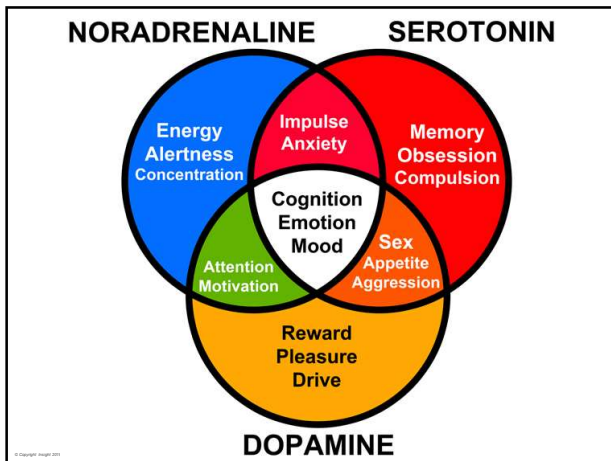


Prescription Amphetamines



History of Methamphetamine





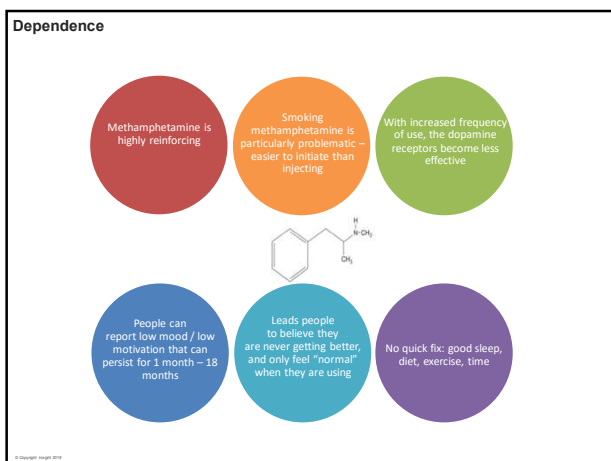
Methamphetamine Half-Life

Varies slightly with route of administration

- Smoked: 10.7 hours
- Intravenous: 11.4 hours
- Intranasal: 10.7 hours

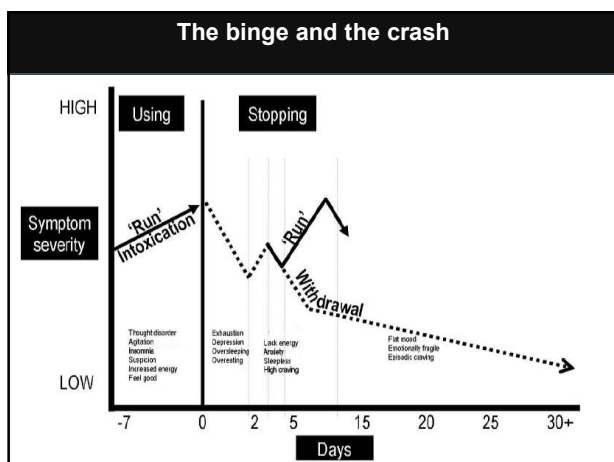
Can be detected in urine drug screen up to 72 hours post administration, but this varies depending on a number of individual factors

Harris, D., Boxenbaum, H., Everhart, T., Sequeira, G., Mendelson, J., Jones, R., (2003) "The bioavailability of intranasal and smoked methamphetamine" (Clin Pharmacol Ther 2003;74:475-86.)



Dependence

- There is no physical dependence / withdrawal
- However there is a significant dependence syndrome
- Some occupational groups don't have time to "come down"

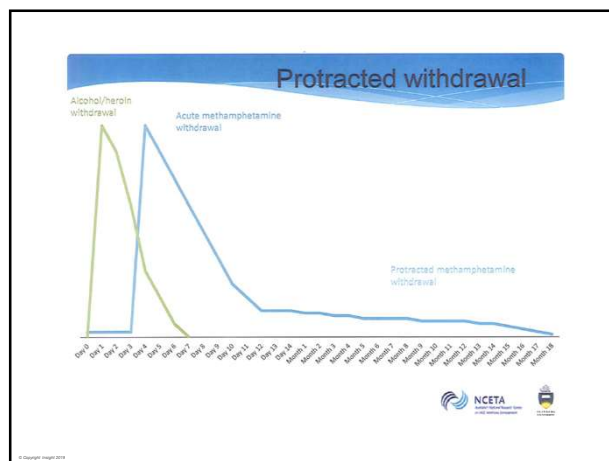


Patterns of use, capacity and consent

Intoxication VS Impairment

Long Term Effects of Use

- Malnutrition
- Dental problems
- Menstrual problems
- Depression chronic sleep problems
- Tremor
- Problems from injecting (e.g., collapsed veins, BBV)
- **Poor cognitive function**



Dual Diagnosis

Most dependent users will be experiencing one or more of the following mental health complications:

- High rates of depression (up to 80%)
- High rates of suicidality (up to 25%)
- Anxiety
- Disregulation
- Psychosis

Approach this as 'the norm' – not the exception.

Because crystal methamphetamine is associated with increased harms, treatment is likely to be more complex and longer in duration.

(Amanda Baker)

Methamphetamine Intoxication

Effects increase as dose increases

- Panic / Anxiety
- Paranoia/Hypervigilance
- Hallucinations
- Delusions
- Thought disorder

Almost 25% of regular methamphetamine users will experience a symptom of psychosis in a given year.

insight

Managing intoxication?

Managing Intoxication

When experiencing intoxication the focus is on balancing client care with risk management.

The goal is to reduce the distress experienced by the individual and the risk posed to self and others.

Managing Aggressive or Agitated Behaviour

- Do:**
- Remain with the person, but remove people and possible weapons from an area
 - Minimise stimulation
 - Utilise de-escalation techniques, remain calm, do not raise your voice, minimise direct eye contact adopt a non threatening posture.
 - Promote sense of safety explain what is happening
 - Validate experience
 - Convey empathy and a sense of concern
 - Listen to the person
 - Keep explanations or options simple
 - Call for support if needed

Managing Aggressive or Agitated Behaviour

- Avoid:**
- Confrontation
 - Lengthy discussion
 - Disagreeing or arguing
 - Taking their behaviour or comments personally
 - Physical contact (not always possible)
 - Quick sudden movements
 - Too much eye contact
 - Insincerity, smiling or joking

Treatment



There are currently no pharmacotherapies that are widely available for methamphetamine use.



Some research has indicated there could be benefits from amphetamine substitution or methylphenidate (Ritalin) but this is still very early days.



Standard treatment approaches are Motivational Interviewing, CBT, sleep, food, exercise, time.

Elkashaf, A., Vocco, F., Hanson, G., White, J., Wickes, W., Tiihonen, J. (2008) "Pharmacotherapy of methamphetamine addiction: An update" Substance Abuse 29 (3) pp31-49

Brain Recovery Takes Time

- Cognitive impairment can continue for up to six months after ceasing use.
- Memory, abstraction and perceptual motor skills may still be affected one year later.
- New learning, information processing speed and problem-solving skills may take years to recover.



Flexible Approach

Any treatments applied need to take into consideration potential problems with:

- memory
- activity planning
- thinking through consequences
- goal-setting
- flexible thinking

Adaptations of Routine Interventions

- More frequent, shorter appointments
- More written material to review in their time
- Keep instructions simple
- Consider doing / showing rather than telling
- Reminders and more assertive follow-up for scheduled and missed appointments
- High relapse rate among methamphetamine users, so additional support and extra patience may be required

Questions?

Comments?



What is alcohol and drug treatment?



Alcohol and drug treatment

- ! There are a range of different services available.
- ! Different things work for different people. *Not everybody needs rehab!*
- ! People must be willing to access alcohol and drug treatment services in Queensland.
- ! There are no involuntary programs available

What is treatment?

AOD COUNSELLING:
During counselling, people are encouraged to talk about their substance use and other issues such as their health, relationships, behaviours and lifestyle.

DETOX / WITHDRAWAL:
Where a person is supervised while their body comes off a drug. It can be "in-patient" or "out-patient", depending on how risky it is.



REHABILITATION SERVICES: Rehabs provide a stable, longer term environment for people after they have detoxed. It can be either be residential or non-residential (i.e. 'day programs').

PEER SUPPORT GROUPS:
Voluntary self-help groups for people wanting help to address their substance use or maintain abstinence. (e.g. AA, NA and Smart Recovery). Can also include Elders for Aboriginal and Torres Strait Islanders.

Unfortunately the availability of these services varies across Queensland

**The longer the treatment
the better the outcomes**

Language and stigma

Stigmatising

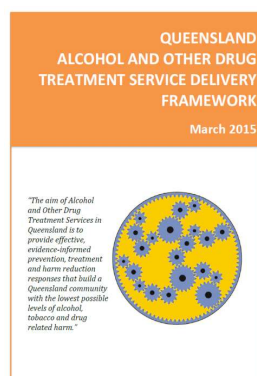
- Drug abuse
- Drug addict
- Drug misuse

Value Neutral

- People who use meth / substances
- Drug dependent
- Problematic substance use

Impact of Stigma and Discrimination

- Reinforces a person's negative self-image
- Strengthens the person's feelings of hopelessness or powerlessness
- Discourages a person's attempts to seek treatment
- Blocks a healthy therapeutic alliance
- Inhibits early problem recognition and diagnosis
- Limits a person's choice and options



Questions? Comments?



Where can I go for information / resources?

- Insight: www.insight.qld.edu.au
- Dovetail – www.dovetail.org.au
- ADF: www.adf.org.au/drug-facts
- Australian Indigenous Health/InfoNet- www.healthinfonet.ecu.edu.au



**adis, support for people
in Queensland with alcohol and
other drug concerns**

**We're here
to help**


- 24 hours, 7 days free and confidential
- Experienced and skilled counsellors
- Support and treatment referral
- For you, family, friends and health professionals

adis.health.qld.gov.au | 1800 177 833
(free call)

adis RAJIT
RESEARCH
AND POLICY
SUPPORT



Thank You!



insight
Centre for alcohol and other drug
training and workforce development