



Australian Indigenous
Alcohol and Other Drugs
Knowledge Centre

08/03/2017

Today's webinar:

**What workers and organisations can do to support
clients and communities in relation to crystal
methamphetamine**

An Australian Indigenous Alcohol and Other Drugs Knowledge Centre webinar

Guest Presenters: Professor Ann Roche and Mr Allan Trifonoff

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Crystal methamphetamine: What workers & organisations can do to support clients & communities

Professor Ann Roche, Allan Trifonoff

Australian Indigenous AOD Knowledge Centre
Webinar

Wednesday 8 March 2017



NCETA
*Australia's National Research Centre
on AOD Workforce Development*



Current Concerns

1. Increased demand on organisations & workers.
2. Clients presenting with erratic & unpredictable behaviour.
3. Services rethinking their approaches.
4. Increased threats to worker safety.
5. Family disruptions and concerns about children's wellbeing.
6. The impact on workers whose family members are using crystal methamphetamine.

Webinar Overview

Part 1: About Methamphetamine

1. Different forms
2. Effects of crystal methamphetamine
3. Patterns and prevalence
4. Treatment Options



Webinar Overview

Part 2: Supporting clients and communities

1. Service reorientation and tailoring environments
2. Communicating effectively
3. Examples of harm reduction strategies
4. Staying safe - Preventing and managing critical incidents
5. Working with / supporting families
6. Worker wellbeing

Methamphetamine

3 main forms:

- base
- powder (speed)
- **crystal (ice)**




Effects of Crystal Methamphetamine Use

1. Initial euphoria & increased alertness / energy / enhanced mood
2. Physical presentations may include:
 - Sleeplessness
 - Lack of food / hydration
3. Cognitive damage may include:
 - Poor verbal memory
 - Poor concentration
 - Unable to manage emotions / moods
 - Increased reactivity / paranoia
 - Agitation
 - Mental health issues (most commonly anxiety & depression – psychosis may occur but less likely).

Rapid Changes (2010-2013)

Future increases in levels of use & associated problems likely



1. Price – decreased ↓
2. Purity – increased ↑
3. Form – changed from speed to crystal ‘ice’
4. Mode of admin - changed from powder to smoking 
5. Frequency of use ↑
6. Most ice now imported from Asia/China – not produced locally.

Methamphetamine Users

Methamphetamine (Ice) Users

60%	25%	15%
Occasional Users <Monthly	Regular Users Monthly	Frequent Users Weekly
<p>Not dependent May experience sleep, mood problems (anxiety/depression)</p> <p>Secondary prevention</p>	<p>Mild/severe MH problem – ('Jittery', followed by a 'crash' e.g., Mon/Tue) 25% have psychotic symptoms 80% have depression symptoms</p> <p>Brief Intervention Address potential cardiovascular risk</p>	<p>Likely dependent</p> <p>Treatment recommended</p>
<p>Employed In relationship Acute problems</p>	<p>Address basic needs (3Fs): 1. Food 2. Fluids 3. Forty winks</p>	<p>Out-patient counselling Most don't need/do well in Resi Rehab. Better for severe chronic problems</p>

Patterns and Prevalence (1)

- Aboriginal people 1.6 times more likely to use meth/amphetamine than non Aboriginal people (NSDHS 2013).
- Higher prevalence in:
 - Aboriginal populations vs non Aboriginal populations (last 12 mths 5% vs 2%; lifetime use 15% vs 7%).
 - Some jurisdictions (e.g., WA).
 - Rural populations (150% higher) (Roche and McEntee, 2016). Opposite with Aboriginal pop (higher in metro centres).

Patterns and Prevalence (2)

- Most users are NOT dependent.
- Aboriginal users are younger.
- Younger Aboriginal clients entering AOD specialist treatment for crystal methamphetamine.
- Increased risk taking behaviours, especially sexual behaviour = increased STI presentations.



Methamphetamine: Treatment Options

Contrary to popular thinking-
methamphetamine treatment works.

BUT:

- Relapse is very high
- Often long delays getting into treatment

Treatment Options

1. Harm reduction
2. Early/brief intervention & Motivational Interviewing
3. Specialist AOD treatment (**CBT**, CM, ACT, Resi Rehab)
4. Post treatment follow-up crucial
5. Family support
6. Community involvement

No pharmacotherapy (yet)

Key Points to Keep in Mind

1. Understanding why people are attracted to using crystal methamphetamine.
2. Most people using crystal methamphetamine are not dependent but may still get into trouble.
3. Lapses & relapses among dependent users are common.
4. Detoxification / withdrawal is just the beginning.
5. Don't always need clinical detoxification.
6. Family & other support networks are important to both workers and clients.

Part 2

Supporting clients and communities

1. Service reorientation and tailoring environments
2. Communicating effectively
3. Examples of harm reduction strategies
4. Staying safe - Preventing and managing critical incidents
5. Working with / supporting families
6. Worker wellbeing



Options for providing help and support.

Sometimes the service environments aren't quite right.....

What Stops Indigenous People with Ice Problems from Getting Help?

- Do not see their use as a problem.
- Try to manage their drug problems themselves.
- Believe that treatment is ineffective.
- Believe that services can't meet their needs or are not culturally appropriate.
- Not attracted to services primarily established for other drug users (e.g., alcohol and opioids).
- Feel stigmatised.

Stigma

- Stigma associated with AOD use is a major reason why people don't get help.
- Stigma can also negatively impact workers.
- Organisations need to be aware of the impact of 'stigma by association' on their workforce & implement measures to address this by highlighting:
 - Stories of client recovery & achievement
 - The valuable role played by workers.

Cognitive Effects of Use & Implications for Services

Person presenting to your service may:

- Forget appointments
- Not finish tasks
- Have difficulty concentrating / paying attention
- Not consider the consequences of their actions
- Feel invincible & do things they would not normally do
- Be impulsive or unable to stop problematic behavior
- Have sudden outbursts & violent episodes.

Tailoring / Re-Orienting Services

1. Shorter, more frequent appointments
2. Flexible format / approach
3. Assertive client follow up and appointment reminders
4. Repeat important information - use visual and written materials / instructions
5. Provide reminders and memory aids for homework
6. Reduce environmental features that can distract clients.

Responding to Someone Experiencing Withdrawal

1. The 3 Fs: Food – Fluids – Forty winks
2. Person may be impulsive, irritable, & experience extreme mood swings
3. Don't panic or react in a challenging manner
4. Keep partners & family informed of the withdrawal process and what to expect
5. Be aware of & respond to self-harming activities
6. Strategies to prepare for & pre-empt relapse.

Tailoring Services to Respond to Acute Intoxication

- The person's judgement may be impaired and they may not see the situation the same way.
- Use calming, de-escalating strategies.
- People are more likely to respond in a positive way to workers that they don't see as aggressive, threatening or confrontational.
- Use the person's name (if known) or try to establish rapport.
- Provide comfortable seating & uncluttered environment.
- Avoid furnishings that could be used as a weapon.

Effective Communication - Challenges

Most workers have good generic communication skills.

Someone using crystal methamphetamine can be challenging.

Effective Communication - Strategies

Key Principles:

1. Stay calm
2. Maintain a peaceful environment
3. Reduce the chances that the person will become angry or hostile
4. Promote a positive, helpful interaction.

Examples:

1. Keep your voice low and controlled
2. Use short sentences, repetition & seek clarification
3. Use a calm, non-judgmental, respectful approach
4. Avoid direct eye contact.

Harm Reduction Strategies

1. Basic health care advice & strategies
2. Adequate nutrition / fluid intake / sleep
3. Not driving while affected by crystal methamphetamine
4. Not using in dangerous places (e.g., near a busy road)
5. Advice about safer use: injecting / bingeing / mixing drugs / overdosing
6. Peer education
7. Other harm reduction approaches (e.g., needle and syringe programs)
8. Brief interventions.

Staying Safe

People who use crystal methamphetamine are not generally aggressive.

- Some people may become agitated. This may lead to aggressive behaviour.
- Worker wellbeing & safety is a priority.
- Preventing & responding to crystal methamphetamine-related critical incidents similar to other critical incidents.

Examples of De-Escalation Strategies

- Acknowledge any grievances & be willing to help.
- Ask open-ended questions.
- Avoid direct eye contact (can be perceived as threatening)
- Show concern through non-verbal & verbal responses.
- Negotiate realistic options.
- If your organisation has a safe / quiet room, take the person there (ensure you have a safe exit).
- Reassure them that uncomfortable feelings will pass.

What if De-Escalation Does Not Work?

1. Implement your organisation's policies and procedures.
This may include calling security and / or police
2. After calling the police ensure that all workers and bystanders leave & don't re-enter until police arrive
3. The sight of a police / security uniform may escalate the situation, so prepare everyone involved for this.

Strategies for Working with Families

1. Listen, reassure
2. Provide relevant, specific & targeted information:
 - a. About crystal methamphetamine & its effects / crash / withdrawal symptoms
 - b. Effects on mood, concentration, decision-making, dependence & psychosis.
3. Lapse & relapse
4. Explain the range of treatment options available
5. Harm reduction & early intervention strategies
6. Help families to make a safety plan & reinforce communication strategies if violence / safety is an issue.

Worker Wellbeing Strategies

1. Organisations can support workers by:
 - Encouraging workers to share stories about their work, especially successes
 - Making worker wellbeing a priority:
 - Adequate debriefing
 - Quality clinical supervision
 - Professional peer support
 - Recognising and utilising Indigenous ways of working e.g., holistic approaches to health, commitment to community
 - Facilitating work with families and communities
2. Workers can support each other by looking out for colleagues

Summary

1. Workers are well-skilled to respond to people using crystal methamphetamine
2. Services / programs may need to be tailored / reoriented
3. Use effective communication strategies
4. Stay safe
5. Apply harm reduction & early intervention strategies
6. Work with / support families
7. Support worker wellbeing & enhance their confidence that treatment works.

Key Take Home Message

Existing intervention strategies and treatment options work.

Workers' existing skills and knowledge are effective in supporting people using crystal methamphetamine.

Ice: Training for Frontline Workers

nceta.androgogic.com.au

nceta.flinders.edu.au



- The most comprehensive free repository of information, training resources & materials on crystal methamphetamine that you can get anywhere.
- Significant uptake – approx. 9,000 people have registered since its launch in January 2016.

NCETA's Resources

Methamphetamine: Effects & Responses

Ann M Roche

There is increasing concern about the use of methamphetamine in Australia. In particular, growing attention has focused on the use of the crystalline form of methamphetamine known as 'ice'.

There is currently a lack of understanding about who uses methamphetamine, whether more people are using now than in the past, and what risks and harms are associated with use.

This paper details current patterns of methamphetamine use, changes in frequency and mode of use, emergent effects and negative consequences, and prevention options.

Who uses methamphetamine?

A diverse range of people use methamphetamine, with different demographic profiles. It is used by different patterns of use and levels of dependence.

Infrequent users (less than 100g)

- Less frequent users of methamphetamine
- Less frequent users of methamphetamine
- Less frequent users of methamphetamine

Frequent users (more than 100g)

- Frequent users of methamphetamine
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What is methamphetamine?

Methamphetamine belongs to the 'stimulant' class of drugs, which also includes amphetamine, ecstasy, and cocaine. These drugs stimulate the brain and central nervous system, resulting in increased alertness and physical activity.

There are three main forms of methamphetamine: powder (speed), base, and crystal. Of particular concern is the crystalline form of methamphetamine, known as 'ice' (also known as crystal meth, meth, crystal, shabu, baba, d-meth, tina, glass, or shard) is the most potent form of methamphetamine, and is usually smoked or injected.

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Between 2010 and 2013, preference for ice increased significantly, and use is now the preferred form of methamphetamine for most users. This increase in preference has also been an increase in the preference for smoking as the main mode of administration.

Since 2010 the price of ice in Australia has decreased, while average purity has increased.

Methamphetamine use in Australia

Ann Roche, Alice McEntee, Jane Fischer, & Victoria Kostadinov

There is growing concern about methamphetamine use in Australia.

This document provides an overview of current patterns and trends in methamphetamine use and associated harms in Australia, with a particular focus on ice.

For more information and resources visit the NCETA website: <http://nceta.flinders.edu.au/>

National Centre for Education and Training on Addiction (NCETA), Flinders University

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The same proportion of Australians use methamphetamine, however, the frequency, form, and method of use are changing.

Time Period	Proportion
Last 12 months	7%
Last 6 months	2%
Last week	0.6%

Source: Australian Institute of Health and Welfare (AIHW), 2013 National Drug Strategy Household Survey (NCETA secondary analysis, 2015).

'Ice' and the workplace

Ken Didd & Ann Roche

There is increasing concern about methamphetamine use in the community and among workers.

This document provides information on methamphetamine use and its implications for workplaces. For more information and resources visit the NCETA website at: <http://nceta.flinders.edu.au/>

National Centre for Education and Training on Addiction (NCETA), Flinders University

1. What is ice? Is it any different from other drugs?

'Ice' is crystal methamphetamine, a form of methamphetamine that is known as crystal meth, powder (speed), base, and crystal. It is usually smoked or injected. It is more potent and more addictive than other forms of methamphetamine.

Ice and other forms of methamphetamine belong to the 'stimulant' class of drugs, which also includes amphetamine, ecstasy, and cocaine. These drugs stimulate the brain and central nervous system, resulting in increased alertness and physical activity.

Other classes of illicit drugs include:

- Depressants (which slow brain and nervous system activity, resulting in relaxation and feelings of calmness) and
- Stimulants (which interfere with the brain and central nervous system to distort perceptions of reality).

Ice is considered to be the most potent form of methamphetamine and the 'top' product from it in most states, than other types of methamphetamine (such as powder or base).

Ice can result in an intense 'rush' (especially when smoked or injected). The effect can last between four and twelve hours.

2. Why do people use ice?

Methamphetamine use (including ice) increases levels of arousal, alertness, and energy. It increases energy, focus, and productivity. It is used to increase energy and productivity. It is used to increase energy and productivity.

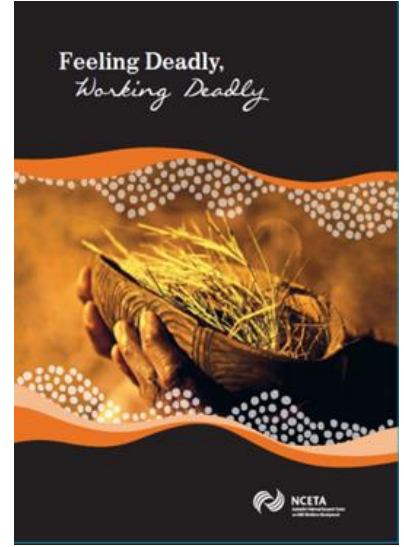
Some people use methamphetamine to increase energy and productivity. It is used to increase energy and productivity. It is used to increase energy and productivity.

3. What are the risks?

Ice use is associated with a range of physical and mental health risks. In the short-term, ice (and other forms of methamphetamine) use can result in elevated heart rate, hypertension and constricted blood vessels.

Long-term use can result in increased risk of stroke, heart failure, liver disease, and constricted blood vessels, and poor dental health.

Regular use can also have negative effects on patterns and daily cycles resulting in poor physical health.



Plus: New Aboriginal ice use resource under development. Available 2017.

Thank you

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