



# **The National Methamphetamine Symposium**

**This resource is part of NCETA's  
methamphetamine resource package developed for  
the National Methamphetamine Symposium,  
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**This resource and other methamphetamine  
related materials are accessible from  
NCETA's website:**

**[www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)**



# *Quickfix*

**IDENTIFY & INTERVENE IN PSYCHOSTIMULANT  
USE IN PRIMARY HEALTH CARE**

**Drug and Alcohol Services South Australia**

## ACKNOWLEDGEMENTS

*QUICKFIX*: Identify & Intervene in Psychostimulant Use in Primary Health Care

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The Amphetamine Treatment Project

Funded through the South Australian Government's Response to the 2002 Drug Summit

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## BACKGROUND

In the decade prior to 2002 there were a number of indications in Australia that the use of psychostimulants such as methamphetamine and MDMA was increasing, and appeared to be concentrated in younger populations. These drugs can cause a range of medical, psychological and social problems even when use is occasional, and problems are not always easily detected in the early stages. In response to community concerns about this trend, the 2002 Premier's Drug Summit funded the Amphetamine Treatment Project within Drug and Alcohol Services South Australia (DASSA) to establish evidence-based treatment services for psychostimulant users.

Research has shown that the majority of psychostimulant users, especially younger users, do not access specialist treatment services, and that most are unaware such services exist. They may also be reluctant to attend specialist services, and would be more likely to initially seek help within the primary health care system. Primary health care workers are in a unique position as their services are accessed by a broad cross-section of the community, who are likely to attend for reasons that are not directly related to their drug use. A brief intervention was therefore developed to enable workers to identify psychostimulant users in their practice and provide appropriate information and assistance.

This intervention was trialled in 2007 with 17 General Practitioners (GPs) across the Adelaide Metropolitan area, with feedback from participants indicating that the project increased their ability to detect methamphetamine users, their awareness of problematic psychostimulant-related symptomatology and harm, and their confidence in referring to specialist services.

There are three levels to *Quickfix*:

**Level I SCREENING..... (performed by GP)**

There is a set of easily identifiable signs and symptoms (Depression, Insomnia, Psychotic symptoms and Scabs, forming the acronym DIPS) that may suggest a patient is using psychostimulants. Become familiar with these as cues to screen for use of these drugs during routine examination.

**Level II BRIEF-CHECK..... (performed by GP)**

Completing a questionnaire or interview is often enough to affect whether a person decides to keep using, cut down or quit. The *brief-check* contains an 11-item check-list of potential consequences associated with use such as sleep and appetite difficulties, and problems with work and relationships. This list can be completed in two minutes, with simple directions provided for each of the two possible responses to the check-list.

**Level III FULL-CHECK..... (provision of the Full-Check is optional; GPs may prefer to refer patients to alternative drug treatment services)**

Patients who remain undecided at the end of the *brief-check* can be booked into this 20-minute structured interview. Participants in this interview have been shown to significantly reduce their methamphetamine use when reassessed after three months. It can be completed by any primary health care professional or counsellor.

## LEVEL I: SCREENING

(See signs/symptoms card: acronym 'DIPS')

**MOST AT RISK:** Patients aged less than 35 years

### SIGNS

May be currently affected by psychostimulants if...

- Appears impatient: impulsively interrupts or answers your questions before you have finished asking them.
- Speech rate faster than average, frequently off topic, circumlocutory.
- Twitches or tics in eyes.
- Appears cautious, wary. Carefully examines surroundings.

May be withdrawing from psychostimulants if...

- Appears tired, yawning.

May be experiencing consequences of chronic use if...

- Underweight or lost weight since last exam.
- Skin in poor condition (for example, severe acne, sores/scabs from picking).

### SYMPTOMS

- Sleep difficulties: Complains of fluctuating between having problems falling asleep and sleeping too much. Requests medication for sleep.
- Depression: especially low energy, loss of pleasure, loss of interest in activities.
- Irritability: problems with uncharacteristic aggression or anger toward others.
- Eating too much or too little, especially a “binge and bust” cycle.

### FURTHER INVESTIGATION [Optional]

- Q1) “In the last two weeks, have you had problems with sleeping too much as well as not being able to get to sleep?” (*sleep disturbance*)
- Q2) “Have there been any days in the last two weeks when you had no appetite but still had the energy to do everything you needed to that day?” (*anorexia*)
- Q3) “In the last two weeks, how many times have you had to borrow money?” (*financial difficulties*)
- Q4) “If one of the people you live with were here now, how would they describe your mood over the last two weeks?” (*irritable/aggressive/depressed*)
- Q5) “Are you worried that people are out to get you?” (*paranoia*)

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## IF 2 OR MORE SIGNS OR SYMPTOMS ASK:

*“Many people in Australia use drugs like ‘meth’, ‘ecstasy’, ‘pills’ or ‘speed’.*

*May I ask if this is true for you?”*

If “YES”, GO TO LEVEL II.

## LEVEL II: BRIEF-CHECK

*(See brief-check card)*

*“In the past month, have any of the following happened to you in relation to your psychostimulant use?”...*

	<input type="checkbox"/>	<input type="checkbox"/>

IF “YES” TO ANY OF THE ABOVE:

*“It appears you are experiencing at least some of the problems that can be caused by psychostimulant use. How concerned are you about these effects?”*

### If patient is concerned:

- Inform the patient of a range of treatment options – including symptomatic medication, counselling and detoxification services (see page 7).
- Invite the patient to complete a *Full-Check* → Level III

### If patient is not concerned:

- Ask whether the patient would like any further information about short or long-term effects (including withdrawal), or a self-help booklet.

IF “NO” TO ALL ABOVE:

*“It appears you do not believe you have any serious problems with your psychostimulant use at this stage, however you may want to consider problems that can arise with continued use. Would you like some information about these possible problems?”*

- Ask whether the patient would like any further information about short or long-term effects (including withdrawal), or a self-help booklet.

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### LEVEL III: FULL-CHECK

Structuring statement:

*“We have \_\_\_\_\_ minutes today. The purpose of this check-up is to help you think about your present situation and consider what, if anything, you might want to do. I’m not going to be changing you – I couldn’t even if I wanted to. Instead, I’ll be asking you a series of questions and feeding back your responses to make sure we’re clear about what you’ve been experiencing. At the end of the check-up, it is up to you to decide if you have any problems with your psychostimulant use. If you decide that you have some problems and you would like some help, I can give you information about the kinds of treatments available. How does that sound?”*

#### 1) Brief Inventory of current drug use

*“What drugs have you used in the past month?”*

Drug	Usual frequency of use	Usual quantity used	Last Used	Route of administration
Alcohol				
Ecstasy				
Cannabis				
Tobacco				
Other				
Other				
Other				

*\* To screen for drug use other than psychostimulants, use the ASSIST (see Resources for General Practitioners on page 7)*

#### 2) Wanted effects

*“Currently, what sort of effects do you look for when using psychostimulants?”*

*(Tick below if mentioned or list in “other”)*

Increased energy	Stay awake
Help with daily activities / motivation	Enhance sex
High or rush	Reduce appetite/weight
Increased confidence/self-esteem	Stop craving :
Forget problems	Other :
Feel happy / elevate mood	Other :

#### 3) Sleep

- a) “What is your sleep like on psychostimulants?”
- b) “What is your sleep like when you are not on psychostimulants?”

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### 4) Appetite

- a) “What is your appetite like when you are on psychostimulants?”
- b) “What is your appetite like when you are not on psychostimulants?”

### 5) Mood

- a) “What are your moods like when you are on psychostimulants?”
- b) “What are your moods like when you are not on psychostimulants?”

### 6) Daily functioning

#### [Friendships]

- a) “What are your friendships like when you are on psychostimulants?”
- b) “What are your friendships like when you are not on psychostimulants?”
- c) “How many of your friends use the type and amount of psychostimulants you are using?”

#### [Family]

- a) “What is your relationship with your family when you have been using psychostimulants?”
- b) “What is your relationship with your family when you have not been using psychostimulants?”

#### [Finances]

- a) “What is your financial situation like when you have been using psychostimulants?”
- b) “At the moment, do you have debts because of your psychostimulant use?”
- c) “At the moment, are you having to borrow money on a regular basis?”

#### [Work/study]

- a) “Has your attendance/performance at work/school been affected by psychostimulant use?”

### 7) Thinking

- a) “How is your concentration and memory when you have not been taking psychostimulants?”
- b) “How is your concentration and memory when you have been taking psychostimulants?”
- c) “Since you’ve been taking psychostimulants, have you noticed any changes in your thinking? Such as times where you feel paranoid, times where your thoughts feel like they’re racing, or times where you have had hallucinations?”

### 8) General Health

- a) “What is your general health like when you have not been taking psychostimulants?”
- b) “What is your general health like when you have been taking psychostimulants?”

### 9) Risk-taking

- a) “When you have been using psychostimulants, have you taken risks you would not take if you were straight?”

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(Tick below if mentioned or list in "other")

Driven under the influence	Provoked fights
Shared drug equipment	Prostitution
Unprotected sex	Other :
Crime	Other :

### 10) Dependence

- "Since you started taking psychostimulants, have you noticed any increases in the amount you have taken or how often you have taken the stimulants?"
- "Since you started taking psychostimulants, have you noticed the same amount having less effect on you?"
- "Since you started taking psychostimulants, has there been any change in how often you have the urge to use, or in the strength of the urge?"
- "Since you started taking psychostimulants, is getting hold of them, using them or recovering from their effects taking up more of your time?"

## REFLECTIVE SUMMARY

Based on your overall impression of the previous discussion, offer one of the following three summaries:

**[A] The cost of the negative consequences appears to outweigh the benefits of the positive consequences.**

*"Psychostimulants can cause many problems, short and long-term, such as...(list common problems of use – see DASSA information sheet for examples). The picture you have given me of your psychostimulant use and its effects suggests you may be experiencing some of these problems. However, these may be due to other things – do you feel there may be other reasons why you have (the problems the individual has mentioned)?"*

If patient attributes problems to psychostimulant use, then:

**Inform patient of treatment options for related problems**

Otherwise:

*"It sounds like you're not sure exactly how much these problems are due to your psychostimulant use. Would you be willing to consider taking a break for a trial period to see whether you notice any improvement in these areas?"*

If YES:

*"Some people make changes to their psychostimulant use without professional help and others find it easier with a counsellor, and sometimes certain medications can be helpful. Are you interested in hearing more about these options?"*

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**[B] The benefits of the positive consequences appear to outweigh the cost of the negative consequences.**

*“It appears you do not have any serious problems with your psychostimulant use at the moment. However you may want to consider problems that can arise with continued use. Would you like some information about these possible problems?”*

**[C] The benefits of the positive consequences seem to balance the cost of the negative consequences.**

*“It appears your psychostimulant use may be causing you problems in the areas of (list problems). However, you have suggested that there are some good things about use such as (list perceived benefits). So it appears you may be a bit undecided or unsure about what to do about your use. This is a normal situation for most people in your position. Maybe talking to a counsellor can help you decide what to do. The counsellor will not try and convince you what to do. Rather, you can learn strategies to help you make the decision”.*

## TREATMENT OPTIONS

<p><b>Information Booklets</b></p> <ul style="list-style-type: none"> <li>■ Amphetamines (DASSA)</li> <li>■ Cocaine (DASSA)</li> <li>■ MDMA (DASSA)</li> <li>■ Getting through amphetamine withdrawal (Turning Point)</li> </ul>	<p><b>Medication</b></p> <p>For withdrawal symptoms: There are currently no empirically supported medications for the treatment of methamphetamine withdrawal. Some people find the <i>short-term</i> use of benzodiazepines and pericyazine can relieve some of the symptoms of withdrawal.</p>
<p><b>Self-Help Book</b></p> <ul style="list-style-type: none"> <li>■ A User’s guide to Speed (NDARC)</li> <li>■ Getting through amphetamine withdrawal (Turning Point)</li> </ul>	<p><b>Therapeutic Communities</b></p> <ul style="list-style-type: none"> <li>■ Woolshed (DASSA) Strathalbyn. PH: 8536 6002</li> <li>■ Kuitpo Community (Wesley Uniting) Hope Forest. PH: 8556 7320</li> </ul>
<p><b>Counselling/Support</b></p> <ul style="list-style-type: none"> <li>■ Contact the Alcohol and Drug Information Service (ADIS) on 1300 13 1340 for 24-hour information, counselling or for referral to the nearest DASSA or non-government clinic.</li> <li>■ Warrondi Transitional Support Program (Salvation Army): 146 Gilbert St Adelaide. PH: 8212 1215</li> </ul>	<p><b>Detoxification</b></p> <ul style="list-style-type: none"> <li>■ Non-injecting drug users: Alcohol Unit (DASSA) 90-92 Fourth Ave Joslin. PH: 8363 8600 (reception) or 8363 8611 (inpatients)</li> <li>■ Injecting drug users: Warinilla Clinic (DASSA) 92 Osmond Tce Norwood. PH: 8130 7500</li> </ul>

### RESOURCES FOR GENERAL PRACTITIONERS

- Alcohol and Drug Information Service (ADIS) PH: 1300 13 13 40
- *Management of patients with psychostimulant problems: Guidelines for General Practitioners.* Jenner, L., Baker, A., Whyte, I., & Carr, V. (2004). Canberra: Australian Government Department of Health and Aging.  
Available free online at [http://www.nationaldrugstrategy.gov.au/pdf/psychostimnts\\_gp.htm](http://www.nationaldrugstrategy.gov.au/pdf/psychostimnts_gp.htm)
- *Alcohol and Other Drugs: A Handbook for Health Professionals.* National Centre for Education and Training on Addiction (NCETA) Consortium. (2004). Canberra: Australian Government Department of Health and Aging.  
Available free online at <http://www.aodgp.gov.au/druginfo/amphetamines.htm>
- *The ASSIST Project - Alcohol, Smoking and Substance Involvement Screening Test*  
Available free online at [http://www.who.int/substance\\_abuse/activities/assist/en/index.html](http://www.who.int/substance_abuse/activities/assist/en/index.html)

## DECISION TREE

### FOR MANAGING PSYCHOSTIMULANT-RELATED PROBLEMS PRESENTING IN GENERAL PRACTICE

#### PATIENT PRESENTATION

- Aged 12-35
- Impatient
- Rapid speech
- Eye twitches
- Wary
- Poor skin
- Sleep difficulties
- Depression
- Irritability
- Psychotic symptoms
- Fluctuating appetite, eating or underweight

#### SCREENING

↓ Yes

“In the past month, did you take any drugs more than once to get high, feel better or change your

#### BRIEF CHECK

→ Yes to any

→ No problems

Are they concerned?

↓

Yes

Are they withdrawing?

↓

Yes

Do they want or need detoxification?

↓

Yes

Referral to Warinilla. Ph: 8130 7500

← Yes

Do they want or need *inpatient* detoxification?

↓

No

Give information about methamphetamine withdrawal

← No

Do they want medication assistance?

↓

Yes

Referral to Warinilla. Ph: 8130 7500

← Yes

Willing to attend outpatient detoxication?

↓

No

Symptomatic medication as needed (<= 10 days benzodiazepine for agitation/anxiety; antiemetics; NSAIDs)

Do they want information about effects?

↓

Yes or No

Do they want information on harm, reduction or quitting?

↓

Do they want counselling / psychotherapy?

↓

Willing to complete full check-up

↓

→ Yes

Provide DASSA booklet on psychostimulants.

→ Yes

Provide *User's Guide to Speed*

→ Yes

Referral to DASSA clinician or to private psychologist or psychiatrist

→ Yes

Administer *Full-Check* or refer to clinician to administer



## Drug and Alcohol Services South Australia