

# The National Methamphetamine Symposium

*Making Research Work in Practice*

## Summary

**In response to growing concern and attention directed towards 'ice' use, the National Centre for Education and Training on Addiction (NCETA) hosted the National Methamphetamine Symposium: Making Research Work in Practice at the Arts Centre Melbourne on 12 May 2015.**

The Symposium was held to:

1. Examine changes in the way methamphetamine is used, particularly ice
2. Share advances in knowledge about methamphetamine at the policy and practice levels
3. Support the AOD treatment sector respond to methamphetamine-related issues.

The Symposium focused on the identification of current patterns and trends in use, and best practice interventions with a particular emphasis on prevention and early intervention with high risk groups. The importance of early identification and finding ways to assist people to receive treatment early before problems escalated was also a key theme of the Symposium.

NCETA provided participants with a USB that contained a compilation of current and best evidence resources, plus copies of the following two new resources produced by NCETA:

- *Methamphetamine use in Australia*, a brochure which provides an accurate overview of current patterns and trends in methamphetamine use and associated harms in Australia, with a particular focus on Ice. This publication was prepared using data from the latest National Drug Strategy Household Survey. Available for download from the NCETA website: <http://nceta.flinders.edu.au/files/4614/3130/6034/EN592.pdf>
- *'Ice' and the Workplace*, a brochure which provides information about methamphetamine use and its implications for workplaces. Available for download from the NCETA website: <http://nceta.flinders.edu.au/files/3014/3130/6035/EN593.pdf>.

The Symposium was attended by over 260 participants from a wide variety of alcohol and other drug professions, including frontline health (doctors, nurses, counsellors) and community workers, supervisors, service providers, and policy makers.

Feedback provided by attendees was extremely positive about the organisation of the Symposium, the quality of the presentations, and the relevance of the Symposium to their work environments.

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Participants commented favourably on the diversity of information and the logical sequence of its presentation, starting with patterns of use and trends through to implications for harm reduction, early intervention and treatment responses.

Presentations by Professor Amanda Baker and Associate Professors Rob Hester, Nicole Lee, and Nadine Ezard were reported to be especially valuable, and increased participants' knowledge about the neurological impact of methamphetamine, treatment efficacy and options available for frontline professionals.

**Professor Ann Roche** opened the Symposium with an overview of current patterns and trends of methamphetamine use in Australia and its implications for the health and community sectors. Recent analyses, undertaken by NCETA, of the 2013 National Drug Strategy Household Survey show that while the proportion of Australians who have used methamphetamine in past 12 months has remained relatively stable since 2007, the proportion of weekly users had significantly increased from 2010 to 2013. Frequent use increases risk of harm and dependence and treatment demand had increased 4-fold. A significant shift to smoking as the preferred mode of administration, greater purity, and low price were also noted as potential contributors to increased harm.

The importance of a greater emphasis on harm reduction and the need to focus more resources on harm reduction initiatives was the basis of **Professor Paul Dietze's** presentation. A range of harm reduction initiatives such as needle and syringe programs, primary care, de-escalation training and education and drug driving testing were highlighted as important strategies that can be used to address methamphetamine issues. At the same time, it was recognised that there is an ongoing need to address impediments to service access for both methamphetamine users and substance users in general.

From a user/peer perspective, the imperative to debunk pre-existing myths and to inform practice change was addressed. **Steph and Jane** from Harm Reduction Victoria highlighted the importance of tailored peer-led harm reduction education initiatives in reducing patterns of methamphetamine use, reducing stigma and discrimination, and encouraging users to seek treatment for their problematic use. Improving collaboration between health, community and emergency services was highlighted as an important strategy that warrants urgent attention.

Methamphetamine use in the workplace and the importance of utilising the workplace for prevention and intervention initiatives were the focus of **Dr Ken Pidd's** presentation. High risk industries such as wholesale, construction, mining, manufacturing and hospitality were identified as pertinent access points to large numbers of 'at risk' individuals, and for the implementation of onsite awareness raising, early intervention, and referral to counselling. The importance of using employment as a motivator for change was also highlighted.

**Professor Richard Murray** provided an update on the National Ice Taskforce (of which he is a member) and the development of the National Ice Action Strategy. This included an insight into the national whole-of-government approach being undertaken to address methamphetamine-related issues.

Methamphetamine use is associated with numerous physiological and psychological problems, including toxicity, cardiovascular and cerebrovascular complications, anxiety, depression, polydrug abuse, dependence, violent behaviours, cognitive deficits, and psychosis. **Professor Amanda Baker** examined these issues in detail to inform effective public health responses and focusing on a healthy lifestyles approach to problem prevention.

**Associate Professor Rob Hester** examined how methamphetamine use can impair cognitive behaviour and motor performance and how long term use can result in poor cognitive functioning in dependent users. Cognitive impairment is generally associated with poorer treatment outcomes. This has significant implications for the treatment of methamphetamine users and underscores the importance of supporting the provision of both short- and long-term treatment options.

Findings from the GOANNA survey of young (16-29yrs) Aboriginal and Torres Strait Islander people in Australia were reported by **Ms Dina Saulo**. This study found that methamphetamine use is a significant issue in Aboriginal communities. Survey respondents reported that 15% and 9% had ever used or had used methamphetamine in the last 12 months, respectively. Young Aboriginal people who use methamphetamine also have multiple risk factors for sexually transmitted infections and blood borne viruses. Recommendations for addressing these issues included adequate resourcing of Aboriginal Medical Services and improving worker confidence and competence.

It was noted by **Associate Professor Nadine Ezard** that stimulant use disorders, including methamphetamine use, are largely untreated with delays of up to 10 years from first use of methamphetamine to accessing treatment. Methamphetamine users are more likely to seek treatment if they engage in riskier use (e.g. injecting), have been diagnosed with anxiety or depression or are seeking support for other problems (e.g. mental health). Enhancing the primary care and hospital role in detection, early intervention and harm reduction was highlighted as one way to improve treatment access and outcomes.

**Associate Professor Nicole Lee** examined what works in treatment and reinforced that what AOD practitioners already do in their respective treatment settings is appropriate to address methamphetamine issues. Compared to alcohol and heroin withdrawal, acute methamphetamine withdrawal can be protracted. This has important implications for the provision of treatment. To date relapse prevention (cognitive behavioural therapy) and motivational interviewing show most evidence of effectiveness. Suggested practical strategies for frontline workers included flexible, shorter and more frequent appointments, memory aids and assertive follow-up.

Three concurrent workshops explored the following issues:

- Strategies for helping services respond better to methamphetamine issues. This workshop, facilitated by **Dr Ed Ogden**, heard from frontline workers and service providers who shared their practical experiences and provided examples of a range of successful initiatives and change strategies being implemented in the health and community sectors.
- Issues arising for families were addressed in a workshop facilitated by **Ms Paula Ross**. Participants shared a range of strategies for working with family members of methamphetamine users.
- The role of therapeutic communities in the treatment of methamphetamine users was examined by **Associate Professor Lynne Magor-Blatch**. The workshop explored how therapeutic communities can be used to improve treatment outcomes including quality of life and improvement in psychological wellbeing.

In closing, a panel discussion, facilitated by **Professor Ann Roche**, and comprising **Associate Professor Nicole Lee, Professor Amanda Baker, Dr Ed Ogden, Steph and Jane, Ms Paula Ross** and **Associate Professor Lynne Magor-Blatch** explored a range of key issues/questions raised by participants throughout the Symposium. It was acknowledged by the panel that there needs to be a coordinated approach to responding to methamphetamine-related concerns that focus on demand and

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harm reduction initiatives. There was universal support for the view that the current strong focus on supply reduction required a more balanced approach. The importance of empirically based evidence to inform strategies/responses was highlighted while noting that some of the best research/evidence currently available to address methamphetamine problems emanates from Australia. There was also a recognised need for a confident, competent and flexible workforce operating along the spectrum of care from primary care through to tertiary care.

In summary, the Symposium noted areas where patterns of use had changed, the risks associated with use, and the importance of understanding the cognitive and neurological changes involved and ensuring that treatment and other responses reflected this fundamentally important knowledge. Emphasis was placed on the range of effective and proven prevention and intervention strategies currently available. The AOD sector was encouraged to continue their excellent work in this area and apply the evidence-based practices in which they were well trained. The need for service redesign to accommodate longer term treatment and significant treatment demand was endorsed.

Speaker presentations can be downloaded from the NCETA website: <http://nceta.flinders.edu.au/nceta/events/methamphetamine-symposium/speakers/> as a PDF or as a video presentation via YouTube. Visit the NCETA website: <http://nceta.flinders.edu.au/> for more information.