The National Methamphetamine Symposium
Making Research Work in Practice
12 May 2015 | Arts Centre, Melbourne

Helping services respond better to methamphetamine issues

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The National Methamphetamine Symposium:

Making Research Work In Practice
ICE is a ‘wicked’ problem: difficult to solve because of

- Incomplete or contradictory knowledge,
- The number of people and opinions involved,
- The large economic burden
- The interconnected nature of these problems with other problems
Incomplete and contradictory knowledge

Four Corners: Australian country towns in ice epidemic

This story was published: 7 MONTHS AGO | OCTOBER 20, 2014 | 1:56AM

Ice Action Plan
Thursday 05 March 2015

ICE ACTION PLAN
National Household Drug Survey 2013

No change in number of people using amphetamines

ICE went from 23% to 50% of amphetamine use

Percentage using daily doubled

How should we respond?

Supply Reduction

- Law enforcement issue

Demand Reduction

- Education
- Can we drug proof our children?

Harm minimisation

- Education
- Support
- Needle exchange

Treatment

- Do we have the human resources?
- Do we know what to do?
Could we use the media?

Watch You Tube Clip https://www.youtube.com/watch?v=3L01ap6RE4c
### Barriers to treatment

#### Absence of problem
- I haven't got a problem; No one has told me I have a problem; I can handle it myself

#### Negative social support
- I will lose my friends; They will think badly of me; My family will be embarrassed

#### Fear of treatment
- Previous bad experience; afraid of treatment; Afraid of the people I might see

#### Privacy concerns
- I don’t talk in groups; I hate being asked personal questions

#### Time conflict
- I have things to do; Doesn’t fit my schedule

#### Poor treatment availability
- Too far away; I don’t know where to go; I couldn’t get there

#### Access difficulty
- Waiting lists; Too many steps

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Many people think that “Treatment does not work”

Treatment needs appear daunting

- Very high rates of psychiatric symptoms
  - Psychosis
  - Depression
  - Cognitive dysfunction
  - Physical illness
- Severe withdrawal syndromes
- No simple treatment
- High drop out-rate
- Poor medication compliance

There is no denying that methamphetamine users represent one of the most difficult-to-treat patient groups in all fields of medicine.

Pharmacotherapy barriers

- **Antidepressants**
  - Mirtazapine (off label)
  - Bupropion (subsidised for smoking cessation)
- **Cognitive stimulants**
  - Dexamphetamine (would you get a permit?)
  - Modafanil (subsidised for narcolepsy)
- **Anti-craving**
  - Naltrexone (subsidised for alcohol)
  - Baclofen (off-label)

No evidence of effectiveness

- SSRI’s
  - Sertraline
  - Fluoxetine
  - Paroxetine
- Serotonin antagonist
  - Ondansetron
- GABAergic agents
  - Gabapentin
  - Topiramate
- Atypical antipsychotics
  - Aripiprazole

Full recovery is a challenge but it is possible …

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<thead>
<tr>
<th>Therapeutic Approach</th>
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<tr>
<td>Cognitive/Behavioral Therapy-CBT</td>
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<td>Motivational Interviewing-MI</td>
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<td>Contingency Management-CM</td>
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<td>12-Step Facilitation Therapy</td>
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<td>Community Reinforcement Approach-CRA</td>
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<td>Matrix Model of Outpatient Treatment</td>
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Do our systems need to change?

Current systems evolved for short term management of alcohol and opiate addiction
- Patients physically unwell but cooperative
- Modified to deal with cannabis
- Short term detoxification and crisis intervention

Do protocols need to change for amphetamines?
- Longer detoxification
- Dealing with psychosis
- Dealing with anger and violence

Do we have capacity for long term support?
- Counselling
- Pharmacotherapy
- Housing
- Employment
- Families
The problem of ICE is a wicked problem with complex and incomplete answers. We are here because we want to try…

And who knows what is absurd and what is not? And even if it were! **Only he who attempts the absurd is capable of achieving the impossible.**