Methamphetamine
Use Among Aboriginal & Torres Strait Islander People¹:

Intervention Options for Workers

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There is increasing concern about methamphetamine use in Australia and particularly its impact on Aboriginal and Torres Strait Islander people and communities.

What is methamphetamine?
Methamphetamine is a stimulant like amphetamine, ecstasy, and cocaine. These drugs stimulate the brain and central nervous system, resulting in increased alertness, energy and responsiveness.

What is ice?²
There are 3 main forms of methamphetamine: powder (speed); base; crystal (known as ‘ice’). Ice is the form most commonly used. It is usually smoked and sometimes injected.

Use among Aboriginal people
Crystal methamphetamine use is approximately 2-4 times higher among Aboriginal than non-Aboriginal people⁴,⁵. Users tend to be younger than non-Aboriginal people⁶ which has important implications for prevention and treatment.

Why people use methamphetamine
- Sense of euphoria (the ‘high’)
- Enhanced sexual experiences and intimacy
- Increased energy
- Fun / pleasure
- Shared experience (to fit in, feel part of a group, e.g. when clubbing or going to festivals)
- Easy to consume
- To escape reality
- To manage mental health issues
- Boredom.

Past trauma and disadvantage increase the likelihood of Aboriginal and Torres Strait Islander people using alcohol and other drugs including crystal methamphetamine.

¹. The terms Aboriginal and Torres Strait Islander, Aboriginal and Indigenous are used interchangeably.
². For more information see the Australian Indigenous AOD Knowledge Centre Facts About Ice information sheet
³. Also known as crystal meth, meth, crystal, shabu, batu, d-meth, tina, glass, or shard.
⁵. GOANNA Survey of Young Aboriginal and Torres Strait Islander People 2011-2013.
Associated health, social and emotional wellbeing problems

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
<th>Social and Emotional</th>
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<tbody>
<tr>
<td>Cardiovascular problems (e.g., increased heart rate and blood pressure), lung and kidney problems, strokes, seizures, loss of appetite, headaches &amp; dizziness</td>
<td>Panic attacks, aggression, irritability and mood swings, anxiety, psychosis, poor risks assessment judgement</td>
<td>Relationship problems with family, friends and community, increased risk of criminal justice system involvement</td>
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Poly-drug use
- Is very common
- Mostly includes alcohol
- Often involves other stimulants (cocaine, ecstasy): increasing risk of psychosis, anxiety, panic attacks, heart problems and serotonin syndrome
- Sometimes involves depressants (alcohol, cannabis): possible effects include heart problems, dehydration, overheating, kidney failure, respiratory infections.

Patterns and problems
About 20% of people who use methamphetamine are dependent.
Most people who use methamphetamine are not dependent (see below).
Patterns of use occur along a continuum with different types of potential effects.
Infrequent use can quickly escalate to more frequent use and dependence.

<table>
<thead>
<tr>
<th>Patterns</th>
<th>Infrequent use</th>
<th>Frequently intoxicated but not dependent</th>
<th>Dependent on crystal methamphetamine</th>
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<tbody>
<tr>
<td>Effects</td>
<td>Mood swings</td>
<td>Family / relationships problems</td>
<td>Impaired control over use</td>
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<td></td>
<td>Erratic behaviour</td>
<td>Employment issues</td>
<td>Problems cutting down or stopping despite ongoing physical, psychological or social harms</td>
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<td></td>
<td>Sleep problems</td>
<td>Mental health issues</td>
<td>Relapse is common</td>
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<td></td>
<td>Loss of appetite</td>
<td>Aggression (towards self / others)</td>
<td>Long-term recovery period is needed</td>
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<td>Increased risk-taking</td>
<td>Crime</td>
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7. For more information about the physical, psychological and social and emotional wellbeing impacts go to the Cracks in the Ice website: https://cracksintheice.org.au/how-does-ice-work.
8. Particularly when associated with tobacco smoking – tobacco smoking rates while declining are nevertheless disproportionately high among Aboriginal and Torres Strait Islander people.
People using methamphetamine often don’t eat, drink or sleep for several days. This alone can cause problems, separate to the effects of the drug. To minimise such problems, encourage:

- Lots of sleep
- Eating nutritional food
- Drinking plenty of water
- Avoiding lights and stimulation and try to keep them calm and safe.

**Yarning about methamphetamine**

When working with young Aboriginal and Torres Strait Islander people about methamphetamine-related issues, take a ‘yarning’ approach rather than asking direct questions.

This is particularly useful not only to discuss methamphetamine but also other related matters e.g., alcohol or other drug use, sexual behaviour or contact with police and the criminal justice system.

A helpful resource is the *Yarning about Ice* tool. It utilises a strengths and wellbeing approach and includes a screening tool.

Consider using a talking circle. Talking circles are a great way to bring people together to create a safe and positive environment by:

- Encouraging people to speak freely and to share their views and experiences
- Relying on both spoken and unspoken language with members showing respect and trust by listening to one another
- Providing an opportunity for people to talk, laugh, and make decisions in a non-threatening and positive environment.

Talking Stones are an example of a tool that can facilitate talking circles. A Talking Stone is used to allow people to speak freely and share their thoughts.

When a Talking Stone is held with a sense of faith and belief it empowers a person to focus and attract positive thoughts.

The Talking Stone in the image was developed for NCETA. It was designed by Irene Allan, a Tanganekald Elder who has been painting and programing Healing Stones for over two decades.

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Intervention options

People who are dependent can and do recover. A range of effective interventions are available. Appropriate intervention depends on: what the person wants, what they’ve tried before, their level of dependence, amount of methamphetamine used, their health social and emotional wellbeing and available resources. For people with less severe problems, support from non-AOD specialist services (e.g., community-controlled health services, GPs, clinics and hospitals) may be helpful. Heavy prolonged use, and more severe problems, may require more intensive intervention.

Harm Reduction
Address intoxication risks and ‘come down’ effects and strategies to prevent harm. Encourage strategies for: cutting back, using with safe and trusted people, using clean needles. Provide education / information about safe sex options, risk of sexually transmitted infections and diseases and pregnancy

Assessment

Brief Interventions
Provision of education and information including factsheets https://www.menzies.edu.au/Resources/?research-area%5b%5d=Mental+Health+and+wellbeing
5A’s brief intervention for tobacco cessation but can be adapted for methamphetamine-related interventions https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation/the-5as-structure

Counselling

Self-help Programs / Support Networks
Alcoholics Anonymous, Narcotics Anonymous and other supportive community groups.

Withdrawal Management
Refer to GP, withdrawal management service or hospital.

Rehabilitation
Residential rehabilitation, day rehabilitation programs, therapeutic communities are available.

Relapse Prevention and Management
Develop relapse prevention and management plans with clients to access help as needed and help them engage in meaningful activities.

10. Needle sharing increases the risk of diseases e.g., Hepatitis B and C. Discuss with clients the risks of sharing needles, how to access to clean needles / syringes and encourage regular health screening.
11. The nature of addiction means that people relapse, this is part of the recovery process.
When providing treatment for methamphetamine:

1. Involve immediate and extended family members (while respecting the client’s privacy)
2. Recognise traditional healing role, where culturally accepted and requested
3. Ensure all educational and harm reduction materials are culturally appropriate, and at an appropriate reading level
4. Involve culturally appropriate assessments, including seeking information from the client, their family, and other service providers
5. Include liaison with other services that can provide appropriate support and follow-up.

AODconnect is an app developed by the Australian Indigenous Alcohol and Other Drug Knowledge Centre. It is a national directory of AOD treatment services for Aboriginal and Torres Strait Islander peoples: https://aodknowledgecentre.ecu.edu.au/key-resources/publications/?id=29960 [Available for download from iTunes and Google Play Store].

**Worker wellbeing**

When working with people using crystal methamphetamine you may experience:

- Heavy work demands
- Poorly defined roles and boundaries with clients and community
- Role stigmatisation and racism
- Lack of cultural understanding and support from non-aboriginal colleagues
- Isolation when working in remote areas.

To prevent and address worker stress and burnout:

- Organisations can provide extra support, mentoring, training and role clarity
- Individuals can monitor work/life balance, set realistic expectations, enjoy successes.

NCETA’s **Feeling Deadly, Working Deadly** resource provides more information about worker wellbeing.

*(free hard copies are available or can be downloaded from www.nceta.flinders.edu.au)*

NCETA’s online **Ice: Training for Frontline Workers** is a free and comprehensive resource for frontline workers who want to enhance their crystal methamphetamine skills and knowledge. Includes a customised topic Working with Aboriginal and Torres Strait Islander People. *(available from https://nceta.androgogic.com.au/)*

12. More than 150 Aboriginal Community Controlled Health Organisations across Australia provide primary care, prevention, early intervention and comprehensive health services for Aboriginal people.
References


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Contact Us

For more information about NCETA's methamphetamine research, visit or contact:

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Flinders University acknowledges the ongoing sovereignty of Aboriginal and Torres Strait Islander communities. We respect and recognise the long-held philosophies, knowledges, research, strengths and contributions of Aboriginal and Torres Strait Islander communities in this country.