

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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Helping services respond better to methamphetamine issues

The National Methamphetamine Symposium:

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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

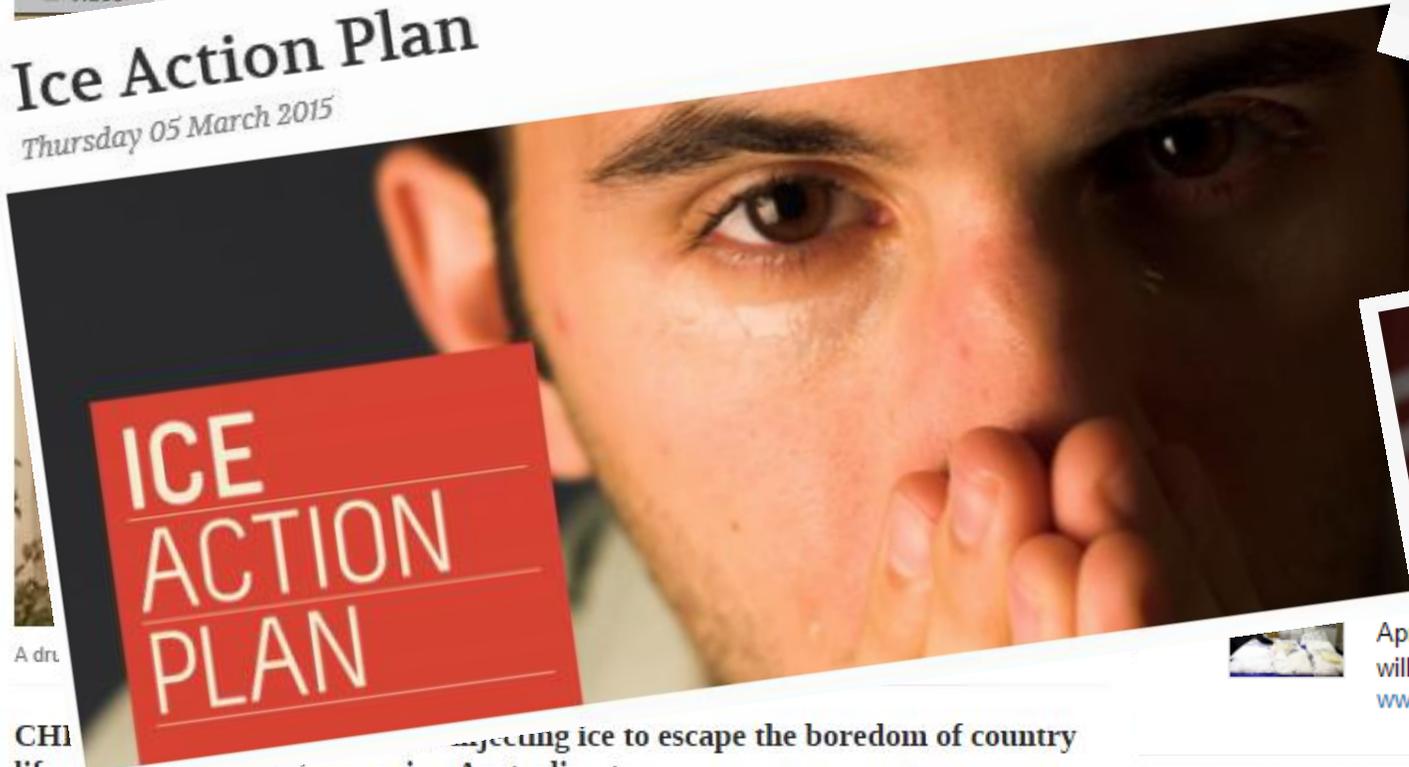
Incomplete and contradictory knowledge

Four Corners: Australian country towns in ice epidemic

This story was published: 7 MONTHS AGO | OCTOBER 20, 2014 1:35PM

Ice Action Plan

Thursday 05 March 2015



CH...
life a...
jecting ice to escape the boredom of country
problem is ravaging Australian towns.

264 Chris Hemsworth

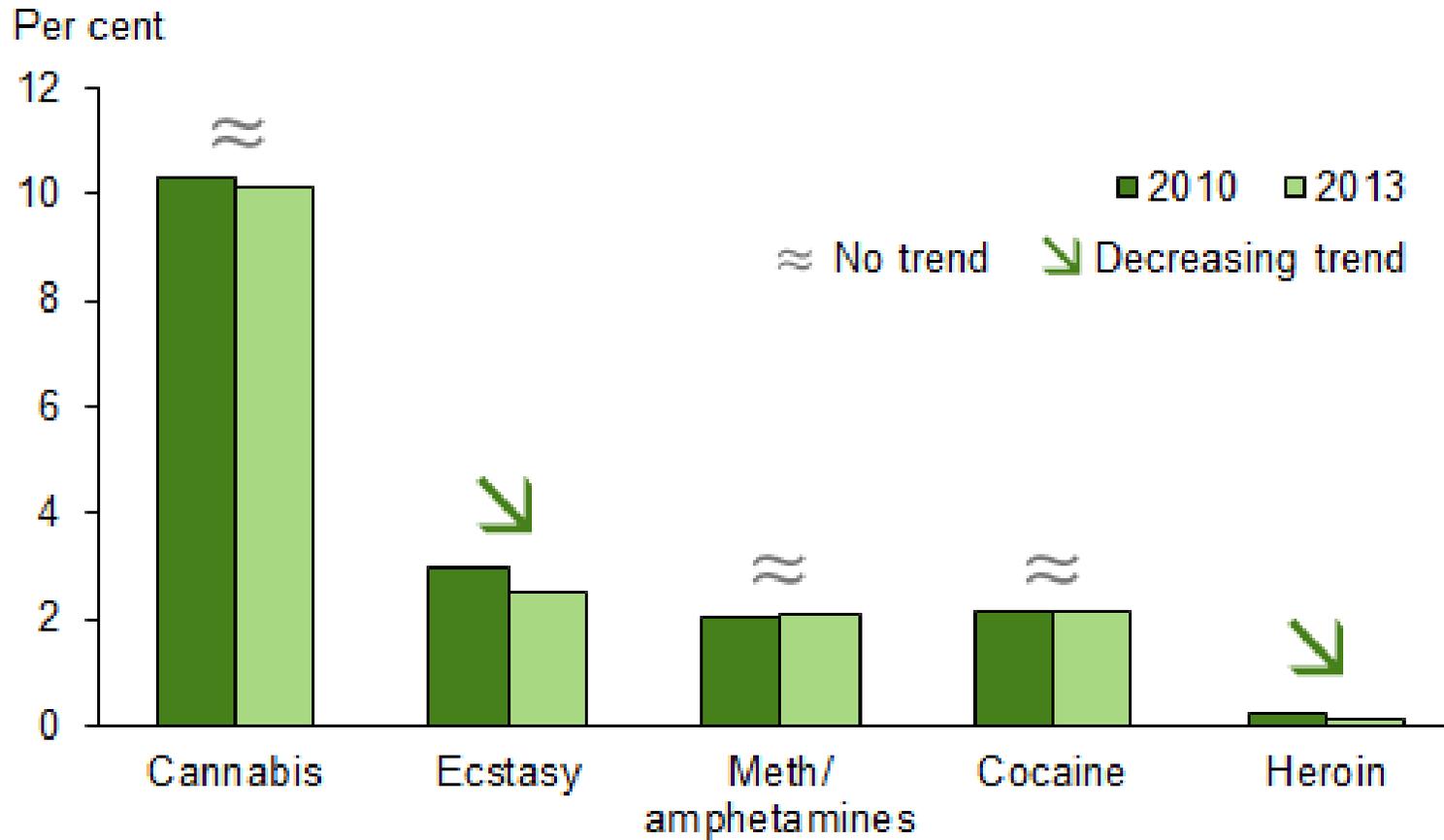


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National Household Drug Survey 2013



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

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.

Carson, D.S. and E.R. Taylor, *A growing methamphetamine dependence therapeutics graveyard*. *Addiction*, 2014. **109**(11): p. 1887-1888.

Pharmacotherapy barriers

Evidence of effectiveness

- **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)

The ICE therapeutics graveyard

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 ...



Cognitive/Behavioral Therapy-CBT

Motivational Interviewing-MI

Contingency Management-CM

12-Step Facilitation Therapy

Community Reinforcement Approach-CRA

Matrix Model of Outpatient Treatment

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.**

1905, Vida de D. Quijote y Sancho: *Según Miguel de Cervantes Saavedra: Explicada y Comentada por Miguel de Unamuno* Libreria de Fernando Fe, Madrid, Spain. *Essays and Soliloquies* by Miguel de Unamuno, Translated from the Spanish by J. E. Crawford Fritch, *The Helmet of Mambrino*, Alfred A. Knopf, New York, 1925.