



A Facilitator's Guide To Using NCETA's Online Ice Training Resource in Face-to-Face Training

(A companion document to NCETA's online ice training resource)

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Flinders University**

As At 21/12/16

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About NCETA

NCETA is based at Flinders University in South Australia and is an internationally recognised research and training centre that works as a catalyst for change in the alcohol and other drug (AOD) field. NCETA's areas of expertise include training needs analyses, the provision of training and other workforce development approaches. We have developed training curricula, programs and resources, and provided training programs, to cater for the needs of: specialist AOD workers; frontline health and welfare workers; Indigenous workers; community groups; mental health workers; police officers; and employers and employee groups. The Centre focuses on supporting evidence-based change and specialises in change management processes, setting standards for the development of training curriculum content and delivery modes, building consensus models and making complex and disparate information readily accessible to workers and organisations.

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BACKGROUND

In 2015, NCETA was commissioned by the Victorian Department of Health and Human Services to develop an online ice training resource for frontline workers including those from the health and welfare, education, criminal justice and transport sectors. The online training resource was launched in January 2016. Since its launch, approximately 8,000 workers have registered to use it.

In addition to online training, the Victorian Department of Health and Human Services considered it important to also provide frontline workers with the option of face-to-face training.

This Facilitator's Guide is a companion document to NCETA's online [Ice: Training for Frontline Workers](#). It has been designed to assist trainers delivering face-to-face training to use the online resource as an additional aid or learning tool.

[Ice: Training for Frontline Workers](#) is an open access educational resource and is available free of charge. There is no time limit on its availability and/or the time period in which the content may be accessed.

At the time of writing, the online training resource comprised 7 modules and 28 topics and covered the following broad range of issues:

- 1. Information about crystal methamphetamine and its use and harms*
- 2. How crystal methamphetamine use affects people and communities*
- 3. Communicating with and supporting people who use crystal methamphetamine*
- 4. Worker safety and preventing, managing and recovering from crystal methamphetamine-related critical incidents*
- 5. An overview of the key interventions to assist people experiencing difficulties with their crystal methamphetamine use*
- 6. Prevention models and harm reduction strategies*
- 7. Organisational responses to crystal methamphetamine.*

Each module contains between 2-8 topics. Learners can work through all the modules, just one, or any number of individual topics. Each module is designed for adult, independent and individual learners to work through at their own pace. It allows them to focus on issues of particular relevance to them and their circumstances. Further detail about the content of the modules and topics is provided in Appendix 1.

In 2016, NCETA was requested by the Victorian Department of Health and Human Services to expand the online training resource to include 11 additional customised topics to address the professional development needs of specific workforces:

- Police-specific issues*
- Recovery-focused care*
- Working in potentially risky environments (including clients' homes or isolated settings)*
- Working with children and families where crystal methamphetamine is a problem*
- Early / brief interventions in primary health care settings*
- Hospital Emergency Department Responses*
- Ambulance-specific issues*
- Occupational Health and Safety Guidance*
- Withdrawal management strategies for General Practitioners*
- Aboriginal and Torres Strait Islander Peoples*
- Culturally and linguistically diverse peoples*

These topics will be available on a rolling basis from 2017.

Definitional Note

Crystal methamphetamine (also known as ice) is a particularly pure and potent form of methamphetamine.

Throughout the online training resource and this Guide, the terms crystal methamphetamine and ice are used interchangeably.

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INTRODUCTION

About the Facilitator's Guide

This Facilitator's Guide has been developed to assist trainers to utilise components of the online resource [Ice: Training for Frontline Workers](#) in face-to-face training sessions. It can also be used by trainers to integrate components of the online training resource into existing accredited training programs.

The Guide is divided into the following sections:

- Section 1: Information about preparing and delivering training
- Section 2: A brief overview of the online [Ice: Training for Frontline Workers](#)
- Section 3: Examples of two training plans, one each for:
 - Workers with a clinical role
 - Generalist workers e.g. non-alcohol and other drug (AOD) workers

There is a set of Appendices which contain details about each of the 7 Modules from the online training resource and include information about:

- Learning goals and objectives
- Intended audience
- Summary of key points
- Quizzes
- Further learnings
- Resources and references.

The Appendices include:

- Appendix 1: A detailed overview of the online training (by modules and topics) including practical tips for facilitators planning to deliver the training face-to-face
- Appendix 2: Links to all of the videos from the online training
- Appendix 3: Descriptions of each of the cases studies from the online training
- Appendix 4: Links to all of the further learning resources and the topics that they relate to from the online training
- Appendix 5: A list of all of the references from the online training (including publication links where available).

The Appendices are intended to assist face-to-face trainers navigate their way through the online training resource and to select modules, topics, videos, case studies, further learning resources and references that are most appropriate to them and their audiences.

INTRODUCTION

The Guide is not intended to be prescriptive and we encourage people using this Guide to adapt the online training resource in a manner that best suits their existing training programs and the needs of their target audiences.

Using the Online Training in Face-to-Face Sessions

Why deliver the Online Training face-to-face?

The content in the online training can be used as resource for trainers in face-to-face sessions. It identifies content, issues, educational strategies, and approaches to addressing crystal methamphetamine-related issues that trainers can use and adopt within their own training programs.

Face-to-face training provides opportunities for people to come together to discuss ideas, share stories and experiences, and learn from each other. This approach also provides more opportunities to build trust, rapport, and communication between the participants and the facilitator. Face-to-face training can also take advantage of visual aids and group activities for experiential learning, and can facilitate on-going support and mentoring.

Using the online training resource in face-to-face training can therefore be highly effective in raising participants' self-efficacy in dealing with crystal methamphetamine-affected individuals, and reducing the stigma associated with crystal methamphetamine use.

Who should deliver face-to-face training?

This Guide assumes that trainers have a comprehensive understanding of AOD- (and specifically methamphetamine-) related issues, and can use this knowledge to guide participants through the training content and activities.

It is recommended that trainers also have some experience, and ideally qualifications, in delivering training and facilitating discussions and group activities.

This Guide has been designed primarily for face-to-face training and integration into existing training programs. It utilises the online training resource content and is not intended for use by individuals undertaking the online training as independent learners.

ONLINE TRAINING: INTENDED AUDIENCES & OBJECTIVES

ONLINE TRAINING: INTENDED AUDIENCES & OBJECTIVES

Who is the Online Training for?

The online training was designed for a wide range of workers who, as part of their job, come into contact with people who are affected by crystal methamphetamine. This includes workers from:

- Alcohol and other drug (AOD) services
- Mental health
- Primary health care
- Community health
- Criminal justice
- Education
- Emergency services
- Hospitals
- Local government
- Problem gambling services
- Transport
- Other human services (e.g., child protection, family violence, housing)

Therefore, participants can range from experienced frontline AOD workers seeking to enhance their skills in dealing with individuals affected by crystal methamphetamine, to generalist workers with little or no AOD-related knowledge.

No pre-requisites are required to undertake the online training, and it can be modified to suit both experienced and new learners.

What are the objectives of the Online Training?

[Ice: Training for Frontline Workers](#) aims to assist workers to develop the knowledge and confidence to:

- Understand the effects of crystal methamphetamine and identify users
- Ensure their own and others' safety
- Respond effectively to people who are crystal methamphetamine-affected.

Different people will use the online training for different purposes. Some frontline workers will be seeking to improve their skills in treating crystal methamphetamine-affected patients in clinical settings. Others may simply want to better understand crystal methamphetamine and how it affects people. The online training is designed to flexibly accommodate a wide range of needs and interests.

The online training can also be used by trainers and educational institutions to:

1. Use in face-to-face training sessions to address the specific professional development needs of various workforces.
2. Enhance or complement their existing training programs.

ONLINE TRAINING: INTENDED AUDIENCES & OBJECTIVES

The Victorian Department of Health and Human Services has also funded half day face-to-face training sessions to complement the online training and to build workers' knowledge and skills to respond safely and effectively to people affected by crystal methamphetamine.

Important: Some content within the online training resource may raise difficult or upsetting issues for some participants. It is essential that trainers are aware of this and are equipped to respond sensitively and appropriately.

THE GUIDE

1. PREPARING AND DELIVERING TRAINING

Before you start

Before using this Guide it is recommended that you familiarise yourself with the whole online training resource. This will help you identify which parts of the online training are most relevant to your training needs. The resource can be accessed online here: [Ice: Training for Frontline Workers](#).

Principles of adult learning

Training should be conducted according to the principles of adult learning theory. This theory is based on the following five assumptions about how adults learn and their attitudes towards, and motivations for, learning:

1. Adults are independent and self-directing
2. They have accumulated much experience, which is a rich resource for learning
3. They value learning that integrates with the demands of their everyday life
4. They are more interested in problem-centred than subject-centred approaches
5. They are more motivated to learn by internal than external drives.

Building on this, there are several things to keep in mind when designing a course for adult learners:

- Explain *why* particular things are being taught
- Consider the context and setting in which the participants work
- Focus on issues and concepts that will be directly relevant to the participants
- Use relevant, interactive, and self-directed learning activities
- Take into account the different backgrounds and knowledge levels of participants.

More broadly, it is important to create a welcoming, safe, and non-judgemental learning environment. Remember that some of the issues raised may be sensitive or upsetting for some participants, and need to be handled with care.

Designing your training

It is up to you to determine the aims and learning outcomes, content, duration, and schedule for the training. In order to do so, it is recommended that you first undertake the online training yourself. If you don't have time to do this, you can use the brief overview of the modules and topics on pages 8-10, or the detailed overview in Appendix 1*, to choose which issues to cover in your training. To help you, two example training plans for clinical and generalist audiences are presented on pages 11-15.

All modules and topics in the online training resource can be used independently of each other. There are no modules or topics which must be undertaken as prerequisites for other

* Please note that Appendix 1 does not include the educational content of each topic. To access the content, view the online training at www.ice.vic.gov.au/icetraining, or request a Word version from NCETA.

THE GUIDE: PREPARING AND DELIVERING THE TRAINING

modules / topics. However, for learners who have a limited understanding of crystal methamphetamine, it may be beneficial to cover some or all of the material contained in Modules 1 and 2 before moving on to the later ones.

You should choose to use a combination of modules and topics that are most relevant to your learners' needs. Each topic also includes additional materials which may be useful training resources for your learners, including:

- Videos (see Appendix 2)
- Case studies (see Appendix 3)
- Further learning activities (see Appendix 4)
- References (see Appendix 5).

You can mix-and-match content and resources from the online training to best suit your target audience and desired learning outcomes.

Where possible, it is useful to add local/relevant data and examples that are applicable to your target audience. A helpful resource for finding Australian data about methamphetamine and other drug use is NCETA's National Alcohol and Drug Knowledgebase (NADK) <http://nadk.flinders.edu.au/>.

It is also important to consider the size and composition of the training group when designing your content. For example, an information session may be more appropriate for very large groups, while smaller groups allow for more interactive learning with greater scope for customisation.

Please note that many of the activities that are contained within the online training modules and topics were developed for use with in-service training contexts. Consequently, they may need adaptation for use in pre-vocational training contexts.

Venue and resource requirements

It is important to consider the logistics of running face-to-face training. This includes:

- Food: If possible, providing light refreshments (e.g. tea, coffee, juice, water) and snacks (e.g., fruit, biscuits) can help to create a positive learning environment and encourage participants to attend.
- Nametags: Providing nametags for participants and facilitator helps everyone to get know each other and promotes discussion.
- Handouts and materials: Before you deliver the training, make sure you have prepared and printed everything you need for each session. It is also a good idea to have a few spares, just in case.
- Equipment: Check that the venue has everything you need and that all technical equipment is working on the day of the training. Examples of things you may need include:
 - Computer (with Internet access)
 - Projector

THE GUIDE: PREPARING AND DELIVERING THE TRAINING

- Desks/chairs
- Whiteboard (and markers)
- Butcher's paper (and markers)

- Make sure everything is set up and ready to go before the participants arrive. For example:
 - Chairs and desks are arranged appropriately
 - Handouts and nametags are set out and easily accessible
 - Check the temperature, lighting, and noise level in the room.

- It is important to be very familiar with the course structure and material you are going to present.

After the training

After each training session, it is a good idea to reflect on the most successful/popular aspects of the program, and think about how to improve future courses. You may also want to distribute evaluation surveys to get feedback from participants.

If you want, you can ask participants to complete a survey about relevant knowledge/opinions both before and after the training, to assess any change. There are also numerous quizzes and other assessment materials (e.g. case studies; reflections) throughout the online training modules which can be used to gauge the training's impact.

For more information about learning activities and resources in the online training modules, see the Appendices.

2. OVERVIEW OF THE ONLINE TRAINING RESOURCE

MODULE 1: ABOUT ICE		
Topic		Content
1.1.	About ice and other forms of methamphetamine	<ul style="list-style-type: none"> • What crystal methamphetamine is and what class of drugs it belongs to • The different forms of methamphetamine • The history of methamphetamine • How methamphetamine is produced and supplied.
1.2.	Patterns of ice and other forms of methamphetamine use in Australia	<ul style="list-style-type: none"> • Patterns of methamphetamine and crystal methamphetamine use in Australia • Characteristics of people who use crystal methamphetamine • Trends over time • Crystal methamphetamine-related harms.
1.3.	How methamphetamine / ice affects users	<p>How crystal methamphetamine affects people in relation to:</p> <ul style="list-style-type: none"> • Intoxication • Cognitive (thinking) impairment • Crash and withdrawal • Dependence.
1.4.	Methamphetamine: Legal issues	<ul style="list-style-type: none"> • The range of Victorian offences associated with methamphetamine • Trends in methamphetamine offence data • Information about clandestine drug laboratories.

MODULE 2: EFFECTS OF ICE		
Topic		Content
2.1.	Ice intoxication	<ul style="list-style-type: none"> • Signs, symptoms and behaviours associated with different levels of crystal methamphetamine intoxication • The impacts of: <ul style="list-style-type: none"> ○ Crystal methamphetamine-related sleep deprivation ○ Hunger ○ Dehydration ○ Risky behaviours ○ Psychosis.
2.2.	Ice withdrawal and long term effects	<ul style="list-style-type: none"> • The major signs, symptoms and behaviours commonly seen with crystal methamphetamine comedown and withdrawal and their likely duration. • The harms that people using crystal methamphetamine may experience after longer periods of use.
2.3.	Using ice with alcohol and other drugs	The impacts of combining crystal methamphetamine with alcohol and a range of other drugs which affect the brain.

MODULE 3: COMMUNICATING WITH ICE USERS

Topic		Content
3.1.	Communicating and engaging with ice users	<ul style="list-style-type: none"> • How to identify crystal methamphetamine intoxication • How to assess, communicate and engage with intoxicated people.
3.2.	Assessing and managing self-harm and suicide with ice users	<ul style="list-style-type: none"> • How to carry out first aid level self-harm risk assessments for people affected by crystal methamphetamine • How to respond to people threatening self-harm.
3.3.	Basic mental health responses for ice users	<p>The characteristics of mental health first aid for individuals affected by crystal methamphetamine and experiencing conditions such as:</p> <ul style="list-style-type: none"> • Depression • Self-harming behaviour • Anxiety and panic • Psychosis.

MODULE 4: ICE USERS AND CRITICAL INCIDENTS

Topic		Content
4.1.	Critical incidents involving ice users	How to assess, prioritise and manage workplace risks to prevent and prepare for critical incidents.
4.2.	Managing critical incidents	How to intervene early and better manage critical incidents involving people affected by crystal methamphetamine.
4.3.	Recovery, review, resumption	How individuals and agencies that respond to critical incidents (involving people affected by crystal methamphetamine) can recover and resume normal service delivery.

MODULE 5: INTERVENTIONS

Topic		Content
5.1.	Overview of interventions	A brief overview of a range of interventions available for people with crystal methamphetamine-related problems.
5.2.	Brief interventions	Information on brief interventions for people with crystal methamphetamine-related problems.
5.3.	Assessment	How to assess people with crystal methamphetamine-related problems.
5.4.	Counselling and cognitive behavioural approaches	The counselling and behavioural approaches that can be used with people with crystal methamphetamine-related problems.
5.5.	Withdrawal management	Crystal methamphetamine “crash” and withdrawal processes and how users can be helped through this.
5.6.	Relapse prevention and management	Approaches to work with clients to prevent and manage relapse.
5.7.	Groups with specific needs	<p>The intervention needs of specific groups of people who use crystal methamphetamine who are:</p> <ul style="list-style-type: none"> • Pregnant or breast feeding • Younger • Aboriginal or Torres Strait Islanders • From culturally and linguistically diverse backgrounds • Injecting drug users.
5.8.	Supporting / working with families and carers	Strategies to educate, support and enhance the safety of families adversely affected by a member’s crystal methamphetamine use.

MODULE 6: PREVENTION		
Topic		Content
6.1.	Ice prevention models and strategies	The primary, secondary and tertiary prevention strategies applicable to crystal methamphetamine-related harms.
6.2	Harm reduction strategies	The range of approaches that can be used to assist a person using crystal methamphetamine to reduce the associated harms.

MODULE 7: ORGANISATIONAL RESPONSES		
Topic		Content
7.1.	Systems redesign	A range of systems redesign strategies to provide better services to people using crystal methamphetamine.
7.2	Organisational change	Tools and strategies for implementing organisational changes in service provision to people using crystal methamphetamine.
7.3	Workforce development	Workforce development approaches to enhance the capacities of workers, teams and organisations to respond to crystal methamphetamine.
7.4	Stress, compassion fatigue and burnout	Organisational strategies for improving worker wellbeing and job satisfaction in responding to people using crystal methamphetamine.
7.5	Workplace and worker support	Organisational strategies e.g., clinical supervision to support workers to respond to people with crystal methamphetamine-related problems.

3. EXAMPLE TRAINING PLANS

Below are two example training plans, one each for:

- Workers with a clinical role
- Generalist workers e.g., non-AOD workers who are not familiar with crystal methamphetamine or other drugs.

These two example training plans include suggested key themes and learning objectives. You can use them as a starting point when designing your training. They can be modified by adding or removing modules/topics as necessary. Otherwise, feel free to create a fully customised training plan from scratch!

THE GUIDE: EXAMPLE TRAINING PLANS

Clinical focus

The modules and topics selected below have particular relevance to a clinical audience, who already have a basic understanding of crystal methamphetamine- and other drug-related issues. This example training plan doesn't provide any background information about crystal methamphetamine. Instead, it focusses on working with clients who use crystal methamphetamine in a clinical context.

Training for clinical participants should highlight the many similarities between working with clients who use methamphetamine (including ice) and those who use other drugs. It should aim to build participants' self-efficacy and role legitimacy in dealing with clients who use crystal methamphetamine.

MODULE	TOPIC	KEY LEARNING OUTCOMES	KEY THEMES
1	1.3. How methamphetamine/ice affects users	Understand how crystal methamphetamine affects people in relation to: <ul style="list-style-type: none"> • Intoxication • Cognitive impairment • Crash and withdrawal • Dependence. 	<ul style="list-style-type: none"> • Signs, symptoms, and consequences of crystal methamphetamine use. • Implications for treatment.
2	2.1. Ice intoxication	<ul style="list-style-type: none"> • Describe the signs, symptoms and behaviours associated with different levels of crystal methamphetamine intoxication • Understand the impacts of: <ul style="list-style-type: none"> ○ Crystal methamphetamine-related sleep deprivation ○ Hunger ○ Dehydration ○ Risky behaviours ○ Psychosis. 	
	2.2. Ice withdrawal and long term effects	Understand crystal methamphetamine comedown and withdrawal, including: <ul style="list-style-type: none"> • Signs and symptoms • Behaviours • Harms. 	

THE GUIDE: EXAMPLE TRAINING PLANS

	2.3. Using ice with alcohol and other drugs	Understand the impacts and implications of combining crystal methamphetamine use with alcohol and other drugs.	
3	3.1. Communicating and engaging with ice users	<ul style="list-style-type: none"> Identify ice intoxication Assess, communicate, and engage with intoxicated people. 	<ul style="list-style-type: none"> General guidelines for interacting with people using crystal methamphetamine. Addressing acute risks.
	3.2. Assessing and managing self-harm and suicide with ice users	<ul style="list-style-type: none"> Carry out first aid level self-harm risk assessments for people affected by crystal methamphetamine Respond to people threatening self-harm. 	
	3.3. Basic mental health responses for ice users	<p>Understand the characteristics of mental health first aid for individuals affected by crystal methamphetamine and experiencing conditions such as:</p> <ul style="list-style-type: none"> Depression Self-harming behaviour Anxiety and panic Psychosis. 	
5	5.2. Brief interventions	Understand the components of brief interventions for people with crystal methamphetamine-related problems.	<ul style="list-style-type: none"> Strategies for treating users of crystal methamphetamine in a clinical context. Similarities/differences to treating other clients. <p><i>Important: The techniques described in this section should only be used by trained professionals with a prior background in clinical practice.</i></p>
	5.3. Assessment	Describe how to assess people with crystal methamphetamine-related problems.	
	5.4. Counselling and cognitive behavioural approaches	Understand how to use counselling and behavioural approaches with people with crystal methamphetamine-related problems.	
	5.5. Withdrawal management	<ul style="list-style-type: none"> Understand crystal methamphetamine “crash” and withdrawal processes Describe how users can be helped through this. 	
	5.6. Relapse prevention and management	Know how to prevent and manage relapse.	
	5.7. Groups with specific needs	<p>Understand the intervention needs of specific groups of people who use crystal methamphetamine who are:</p> <ul style="list-style-type: none"> Pregnant or breast feeding Younger Aboriginal or Torres Strait Islanders From culturally and linguistically diverse backgrounds Injecting drug users. 	

THE GUIDE: EXAMPLE TRAINING PLANS

	5.8. Supporting/working with families and carers	Describe strategies to educate, support and enhance the safety of families adversely affected by crystal methamphetamine use.	
6	6.2. Harm reduction strategies	Understand the range of approaches that can be used to reduce the harms associated with crystal methamphetamine use.	
7	7.1. Systems redesign	Identify system redesign approaches that will help services respond more appropriately to the needs of people using crystal methamphetamine.	<ul style="list-style-type: none"> • Service delivery modifications to refocus from depressants to stimulants. • Organisational strategies reduce stigma and discrimination experienced by clients.
	7.2. Organisational change	Identify organisational change approaches to address the needs of people affected by crystal methamphetamine.	<ul style="list-style-type: none"> • Models / principles of organisational change and clinical redesign.
	7.3. Workforce development (WFD)	<ul style="list-style-type: none"> • Understand the role of WFD in supporting services to address crystal methamphetamine issues and needs of clients. • Identify select WFD approaches organisations can implement to enhance service provision. 	<ul style="list-style-type: none"> • Working conditions. • Organisational and systems factors. • Workers' needs (learning assessment, training).
	7.4. Stress, compassion fatigue and burnout	<ul style="list-style-type: none"> • Describe the types of pressures that workers who support people with crystal methamphetamine-related problems might experience. • Understand the differences between stress, compassion fatigue and burnout, their causes and impacts on organisations. 	<ul style="list-style-type: none"> • Organisational strategies for reducing stress, burnout and compassion fatigue • Organisational strategies for enhancing worker wellbeing.
	7.5. Workplace and worker support	Ensure the provision of clinical supervision, mentoring and other approaches to support frontline workers.	<ul style="list-style-type: none"> • Approaches to workplace support.

THE GUIDE: EXAMPLE TRAINING PLANS

Generalist focus

These modules and topics are more relevant for non-AOD workers, who aren't very familiar with crystal methamphetamine or other drugs. This example training plan focusses on explaining what crystal methamphetamine is and how it affects people, as well as dealing with individuals in non-clinical settings.

Training for generalist participants should emphasise that most crystal methamphetamine users are not dependent. The continuum of use (from non-problematic to dependent) can be a useful tool for this. It should also aim to debunk common myths regarding the ice "epidemic" and the characteristics of ice users.

MODULE	TOPIC	KEY LEARNING OUTCOMES	KEY THEMES
1	1.1. About ice and other forms of methamphetamine	<ul style="list-style-type: none"> Describe crystal methamphetamine Know what class of drug crystal methamphetamine belongs to Describe the different forms of methamphetamine and how they are produced and supplied Understand the history of methamphetamine. 	<ul style="list-style-type: none"> What is methamphetamine / crystal methamphetamine Patterns and consequences of use Common perceptions (e.g. everyone who uses crystal methamphetamine becomes addicted; it is used by a huge number of people) vs. facts. Importance of and implications for fighting stigma.
	1.2. Patterns of ice and other forms of methamphetamine use in Australia	<ul style="list-style-type: none"> Understand patterns in methamphetamine / crystal methamphetamine use Describe the characteristics of people who use crystal methamphetamine Understand the harms associated with crystal methamphetamine use. 	
	1.3. How methamphetamine/ice affects users	Understand how crystal methamphetamine affects people in relation to: <ul style="list-style-type: none"> Intoxication Cognitive impairment Crash and withdrawal Dependence. 	
	1.4. Methamphetamine: Legal issues	<ul style="list-style-type: none"> Understand the range of Victorian offences associated with methamphetamine Describe trends in methamphetamine offence data 	

THE GUIDE: EXAMPLE TRAINING PLANS

		<ul style="list-style-type: none"> • Know about clandestine drug laboratories. 	
2	2.1. Ice intoxication	<ul style="list-style-type: none"> • Describe the signs, symptoms and behaviours associated with different levels of crystal methamphetamine-related intoxication • Understand the impacts of: <ul style="list-style-type: none"> ○ Crystal methamphetamine-related sleep deprivation ○ Hunger ○ Dehydration ○ Risky behaviours ○ Psychosis. 	
	2.2. Ice withdrawal and long term effects	<p>Understand crystal methamphetamine comedown and withdrawal, including:</p> <ul style="list-style-type: none"> • Signs and symptoms • Behaviours • Harms. 	
	2.3. Using ice with alcohol and other drugs	<p>Understand the impacts and implications of combining crystal methamphetamine with alcohol and other drugs.</p>	
3	3.1. Communicating with ice users	<ul style="list-style-type: none"> • Identify crystal methamphetamine intoxication • Assess, communicate, and engage with intoxicated people. 	<ul style="list-style-type: none"> • Entry-level strategies for dealing with ice-affected individuals. <p><i>Important: Not all people affected by crystal methamphetamine are aggressive or violent. However, difficult and dangerous situations can arise. Only trained professionals should attempt to intervene in these cases.</i></p>
	3.2. Assessing and managing self-harm and suicide with ice users	<ul style="list-style-type: none"> • Carry out first aid level self-harm risk assessments for people affected by crystal methamphetamine • Respond to people threatening self-harm. 	
	3.3. Basic mental health responses for ice users	<p>Understand the characteristics of mental health first aid for individuals affected by crystal methamphetamine and experiencing conditions such as:</p> <ul style="list-style-type: none"> • Depression • Self-harming behaviour • Anxiety and panic • Psychosis. 	
6	6.1. Ice prevention models and strategies	<p>Describe the primary, secondary and tertiary prevention strategies applicable to crystal methamphetamine-related harms.</p>	<ul style="list-style-type: none"> • Non-clinical strategies that can be used by generalist workers (where safe and appropriate).

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	6.2. Harm reduction strategies	Understand the range of approaches that can be used to reduce the harms associated with crystal methamphetamine use.	
7	7.1. Systems redesign	Identify system redesign approaches that will help services respond more appropriately to the needs of people using crystal methamphetamine.	<ul style="list-style-type: none"> • Service delivery modifications to refocus from depressants to stimulants. • Organisational strategies to reduce stigma and discrimination experienced by clients.
	7.3. Workforce development	Identify workforce development (WFD) strategies that organisations can implement to assist them to respond more effectively to people who use crystal methamphetamine.	<ul style="list-style-type: none"> • Workplace conditions. • Organisational and systems factors. • Workers' needs (learning assessment, training).

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

APPENDICES

APPENDIX 1: DETAILED OVERVIEW OF THE ONLINE TRAINING RESOURCE

Each module and its component topics are presented in detail below, including information regarding:

- Learning goals and objectives
- Intended audience
- Summary of key points
- Quizzes
- Further learnings
- Resources and references.

Please note that this section does not include the educational content of each topic. To access the content, view the online training at [Ice: Training for Frontline Workers](#) or request a Word version from NCETA.

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

Module 1: About Ice

Learning Goals

After undertaking this module, learners will understand:

1. Current and historical trends and impacts of methamphetamine / ice use in Australia
2. How methamphetamine / ice use affects individuals
3. Legal issues concerning methamphetamine / ice.

This module contains 4 topics

This is a foundation module that contains topics that are intended to provide generic information to a wide range of frontline workers.

Topic 1.1: About Ice and Other Forms of Methamphetamine

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, education, emergency services, hospitals, housing, local government, mental health, primary health care, other human services (e.g., child protection, out-of-home care, family violence, family support etc.), problem gambling services, and transport.

Undertaking this topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this topic, learners will be able to:

1. Outline what crystal methamphetamine (ice) is and the class of drugs to which it belongs
2. Identify different forms of methamphetamine (e.g. powder, base and ice) and their street names
3. Describe the history of methamphetamine, its medical and non-medical uses, and the development of the illicit market
4. Describe how the illicit nature of crystal methamphetamine production can impact on safety
5. Discuss global production and use trends.

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

Summary of Key Points

- Crystal methamphetamine (ice) is a particularly pure and potent form of methamphetamine.
- Crystal methamphetamine is a stimulant, which means it stimulates the brain and central nervous system, resulting in increased alertness and physical activity.
- Other types of drugs include depressants (which slow down the brain and central nervous system) and hallucinogens (which distort the user's perception of reality).
- Amphetamine was first created in the 19th century and used for medicinal purposes. Crystal methamphetamine first emerged in the late 1980s and early 1990s.
- Crystal methamphetamine is made in clandestine laboratories, which can be extremely dangerous.
- Crystal methamphetamine is produced locally as well as imported from other countries.
- The purity of methamphetamine has steadily increased over the past decade and purity is usually around 80% to 90%.
- One 'point' (0.1g) of crystal methamphetamine costs \$100, while one kilogram costs up to \$220,000.

Activity 1 – What is crystal methamphetamine?

Look at the following sections in Topic 1.1 with the participants:

1.1.1 – What is ice?

1.1.1a – More about ice

1.1.2 – Drug categories: Stimulants; Depressants; Hallucinogens

Once you have reviewed the information, ask the participants to answer the following question:

Q1. *Psychoactive drugs are often grouped according to the effects they have on the nervous system. Is crystal methamphetamine (ice) a:*

- Depressant drug*
- Stimulant drug*
- Drug for sleeping problems*
- Hallucinogenic drug*

Correct Answer: *Crystal methamphetamine is a stimulant drug*

Activity 2 – History of methamphetamine

Look at the following sections in Topic 1.1. with the participants:

1.1.3 – Different forms of methamphetamine

1.1.4 – History of methamphetamine (includes a video on how amphetamines have been advertised in the past)

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

Either:

- If time permits or as a homework task for participants: watch the video presentation by Dovetail *Understanding Methamphetamine*. The duration of the video is 67:32 minutes.

OR

- Watch minutes 2:45-25:37 of the Dovetail video presentation *Understanding Methamphetamine*.

Please note: Some of the data presented in the video is a little old.

Ask the participants to consider:

1. *How do these trends compare with your previous understandings of crystal methamphetamine (ice) use in Australia?*
2. *What implications do they have for prevention / treatment?*

Activity 3 – Manufacturing, purity and cost of crystal methamphetamine

Look at the following sections in Topic 1.1 with the participants:

1.1.5 How is ice made? (includes a video looking at the inside of a clandestine laboratory).

Please note *Topic 1.4 Methamphetamine: Legal Issues* includes additional information about clandestine laboratories.

1.1.6 Where does ice come from?

1.1.7 How pure is methamphetamine?

1.1.8 How much does ice cost?

Once you have reviewed the information, ask the participants to answer the following question:

Q2. *Crystal methamphetamine is usually sold to users in lots of:*

- 1 gram
- 0.1 grams
- 2.5 grams
- \$100 bags regardless of weight

Correct Answer: *Crystal methamphetamine is usually sold to users in points, consisting of 0.1 gram. In Victoria, in 2014, this cost \$100.*

Then ask the following question:

Q3. *In 2013-14, the average purity of crystal methamphetamine seized in Victoria was:*

- 80%
- 42%
- 60%
- 20%

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

Correct Answer: In 2013-14, the average purity of crystal methamphetamine seized in Victoria was 80%

Activity 4 – Overview of Topic 1.1

Once you have reviewed the above information, either watch the following video during class time or assign it as a homework task for participants.

- Video presentation *Methamphetamine Use in Australia: What the data tells us about patterns of use* by Professor Ann Roche from the National Methamphetamine Symposium in May 2015. The video provides a summary of some of the issues covered in Topic 1.1. The duration of the video is 30:06

Or ask the participants to consider:

1. *How can you incorporate what you have learnt in Topic 1.1 into your work?*

Activity 5 – Further learning

Topic 1.1 can be complemented by suggesting that learners read the following document:

- *Methamphetamine: What you need to know about speed, ice, base and meth* by Rebecca McKetin and colleagues. The document provides a useful summary overview about ice and will help reinforce what participants have learnt.

References and resources

- Australian Crime Commission. (2015). [*The Australian methylamphetamine market: The national picture*](#). Canberra: ACC.
- Jenner, L., & Lee, N. (2008). [*Treatment approaches for users of methamphetamine: A practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing.
- Lloyd, B., Matthews, S., Gao, C. X., Heilbronn, C., & Beck, D. (2015). [*Trends in alcohol and drug related ambulance attendances in Victoria: 2013/14*](#). Fitzroy, Victoria: Turning Point.
- Roche, A., McEntee, A., Fischer, J., & Kostadinov, V. (2015). [*Methamphetamine use in Australia*](#). Adelaide: National Centre for Education and Training on Addiction (NCETA).
- Roxburgh, A., & Burns, L. (2015). [*Cocaine and methamphetamine related drug-induced deaths in Australia, 2011*](#). Sydney: National Drug and Alcohol Research Centre.

For further help:

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APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

Topic 1.2: Patterns of Ice and Other Forms of Methamphetamine Use in Australia

This topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, education, emergency services, hospitals, housing, local government, mental health, primary health care, other human services (e.g., child protection, out-of-home care, family violence, family support etc.), problem gambling services, and transport.

Undertaking this topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this topic, learners will be able to:

1. Describe trends in methamphetamine and crystal methamphetamine (ice) use
2. Describe the characteristics of people who use crystal methamphetamine and methods of use
3. Outline trends in crystal methamphetamine-related harms, including:
 - Drug treatment
 - Hospitalisations
 - Ambulance call-outs
 - Deaths.

Summary of Key Points

- Crystal methamphetamine is now the main form of methamphetamine used in Australia.
- Only a small proportion of Australians (around 1.4%) used crystal methamphetamine in the past year.
- Crystal methamphetamine has the same effects as other types of methamphetamine, but is very pure / potent, and is commonly smoked, so effects can be more intense.
- The proportion of people who use methamphetamine in Australia has been stable at around 2% since 2007.
- The proportion of methamphetamine users who use crystal methamphetamine increased to 50% in 2013 (up from 22% in 2010).
- The majority of people who use methamphetamine do so less than once per month.
- People who use crystal methamphetamine are more likely than users of other types of methamphetamine to use frequently.

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- Crystal methamphetamine use occurs along a spectrum. Different interventions are needed at different points on the spectrum.

Activity 1 – Profile of methamphetamine users in Australia

Look at the following sections of this topic with the participants:

1.2.1 – How many Australians use methamphetamine / ice

1.2.2 – Profile of ice users

Once you have reviewed the information, ask the participants to reflect on the following question:

1. *How does the profile of people who use crystal methamphetamine described in 1.2.2 compare with your perceptions and experiences?*

Activity 2 – Profile of methamphetamine users in Australia, continued

Look at the following sections of Topic 1.2 with the participants:

1.2.3 – Gender of Australian methamphetamine / ice users

1.2.4 – How often do people use methamphetamine / ice?

Once you have reviewed the information, ask the participants to reflect on the following:

As outlined previously, the majority of people who use methamphetamine / crystal methamphetamine do so less than once a month.

1. *Is this pattern of use consistent with your understanding of how frequently most people use methamphetamine or crystal methamphetamine?*
2. *How does this compare with media depictions of crystal methamphetamine use?*

Activity 3 – Form and method of methamphetamine use

Look at the following sections of Topic 1.2 with the participants:

1.2.5 – What form of methamphetamine is most commonly used?

1.2.6 – How do people usually use methamphetamine?

Once you have reviewed the information, ask the participants to answer the following questions:

Q1. *Which form of methamphetamine is most commonly used in Australia at present?*

- Base*
- Crystal methamphetamine and speed and used equally often*
- Speed*
- Crystal methamphetamine*

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

Correct Answer: Crystal methamphetamine is the form of methamphetamine that is most frequently used in Australia.

Q2. In 2013, what proportion of the Australian population aged 14 years and over reported using crystal methamphetamine in the last year?

- 7.3%
- 1.4%
- 2.2%
- 14%

Correct Answer: 1.4% of Australians aged 14 and over reported using crystal methamphetamine in the past year.

Q3. What is the most common way Australians use crystal methamphetamine?

- Injecting
- Smoking
- Swallowing
- Snorting

Correct Answer: The majority of crystal methamphetamine users in Australia report that they mainly smoke it.

Activity 4 – Harms associated with methamphetamine use

Look at the following sections of Topic 1.2 with the participants:

- 1.2.7 – Patterns of ice use
- 1.2.8 – Ice-related harms
- 1.2.9 – Ice-related ambulance attendances in Victoria
- 1.2.10 – Methamphetamine-related deaths in Australia

Once you have reviewed the information ask the participants to answer the following questions:

Q4. Ambulance attendances in Melbourne due to crystal methamphetamine (ice)...

- Now exceed tranquilliser-related call attendances
- Are on par with the number of alcohol-related attendances
- Have increased in recent years, but are still well below the numbers for most other drugs
- Are on par with analgesic-related attendances

Correct Answer: Crystal methamphetamine-related callouts have increased steadily in recent years but are still well below the numbers for most other drugs.

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Q5. *In 2011, the number of drug-related deaths involving methamphetamine in Australia was:*

- 742
- 101
- 21
- 54

Correct Answer: *In 2011 there were 101 deaths in Australia in which methamphetamine was mentioned on the Cause of Death Certificate.*

In 21 of these deaths, methamphetamine use was the underlying cause of death.

Activity 5 – Overview of Topic 1.2

Either watch the following videos during class time or assign it as a homework task for participants.

- Video presentation *Methamphetamine Use in Australia: What the data tells us about patterns of use* by Professor Ann Roche from the National Methamphetamine Symposium in May 2015. The video provides a summary of some of the issues covered in Topic 1.2. The duration of the video is 30:06.
- Video presentation *Understanding Methamphetamine* by Dovetail. The video provides a basic introduction to methamphetamine, its history, and patterns of use in Australia. The duration of the video is 47:15. Minutes 2:45-21:29 are most relevant.

Ask the participants to consider:

1. (Prof Ann Roche's presentation) *How has your understanding of people who use crystal methamphetamine and / or the prevalence of crystal methamphetamine use in Australia changed since you began topic 1.2?*
2. (Dovetail video) *While you watch the Dovetail video, write down some relevant key points to remember in your day-to-day work.*
3. *Ask the learners if they think that people recover from crystal methamphetamine dependence.*

Activity 6 – Further learning

Topic 1.2 can be complemented by having participants read the following documents:

- *Trends in methylamphetamine availability, use and treatment* developed by the Australian Institute of Health and Welfare
- *Methamphetamine use in Australia* developed by the National Centre for Education and Training on Addiction.

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

References and resources

- Australian Crime Commission. (2015). [*The Australian methylamphetamine market: The national picture*](#). Canberra: ACC.
- Jenner, L., & Lee, N. (2008). [*Treatment approaches for users of methamphetamine: A practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing.
- Lloyd, B., Matthews, S., Gao, C. X., Heilbronn, C., & Beck, D. (2015). [*Trends in alcohol and drug related ambulance attendances in Victoria: 2013/14*](#). Fitzroy, Victoria: Turning Point.
- Roche, A., McEntee, A., Fischer, J., & Kostadinov, V. (2015). [*Methamphetamine use in Australia*](#). Adelaide: National Centre for Education and Training on Addiction (NCETA).
- Roxburgh, A., & Burns, L. (2015). [*Cocaine and methamphetamine related drug-induced deaths in Australia, 2011*](#). Sydney: National Drug and Alcohol Research Centre.

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Topic 1.3: How Methamphetamine / Ice Affects Users

This topic is likely to be of most relevance to frontline workers from:

Criminal justice, primary health care, community health, other human services (e.g., child protection, out-of-home care, family violence, family support etc.), housing, local government, mental health, alcohol and other drugs, education, emergency services, hospitals, Aboriginal and Torres Strait Islander workforces, transport.

Undertaking this topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this topic, learners will be able to:

- Describe how crystal methamphetamine affects the body and brain
- Understand crystal methamphetamine intoxication
- Understand crystal methamphetamine dependence

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- Identify how people who use crystal methamphetamine are impacted in relation to:
 - Cognitive impairment
 - Crash and withdrawal
 - Dependence.

Summary of Key Points

- Methamphetamine use leads to increased levels of dopamine in the brain, resulting in feelings of euphoria, energy, and wellbeing.
- Prolonged use of crystal methamphetamine can damage dopamine receptors, so users no longer feel the same amount of pleasure when using or engaging in other activities.
- Long-term crystal methamphetamine use can result in a range of cognitive impairments.
- When people stop using crystal methamphetamine, they may experience a 'crash' or more serious withdrawal symptoms.
- The symptoms of withdrawal can be particularly intense for the first 2-3 weeks. However, it can take a long time for the person's body to adjust to not using crystal methamphetamine. This can be much longer than the time it takes to adjust to not using a range of other drugs.
- A small proportion of people who use crystal methamphetamine may become dependent or experience a stimulant use disorder, which can increase the risk of long-term harm.

Activity 1 – Case Study

Before looking at the Topic content, ask the participants to read the following case study. The case study looks at a young person switching from using speed to crystal methamphetamine. When reading through Topic 1.3, ask the participants to use the case study to think about the sort of information and support that they could provide about the effects of crystal methamphetamine.

Tony is an outgoing young man in his early twenties. He enjoys playing sport and partying with his friends on weekends. Tony has been using speed and ecstasy occasionally for the past 2-3 years.

He tells you that he has switched from using speed to crystal methamphetamine because "it gives you a quicker rush and better bang for your buck".

Tony reports that he had few problems when using speed, but with crystal methamphetamine he has experienced strong mood changes and sometimes gets very low after using.

A few weeks later, Tony comes back and tells you that he has stopped using crystal methamphetamine and thinks that he may have experienced a crystal methamphetamine "crash".

Tony asks for your advice about crystal methamphetamine.

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Work through the next sections of this Topic to help inform your understanding of what issues might be relevant to Tony.

Look at the following sections of Topic 1.3 with the participants:

- 1.3.1 – Effects of ice on the body (includes a video on how methamphetamine affects the brain)
- 1.3.1a – More about the effects of ice. Please note *Topic 2.1 Ice Intoxication* includes additional information about the effects of crystal methamphetamine.
- 1.3.2 – Ice and cognitive impairment. Please note *Topic 2.2 Ice Withdrawal and Long-Term Effects* includes additional information about cognitive impairment caused by longer-term crystal methamphetamine use.
- 1.3.3 – Ice ‘crash’ and withdrawal. Please note *Topic 2.2 Ice Withdrawal and Long-Term Effects* includes additional information about crystal methamphetamine withdrawal.
- 1.3.4 – Ice dependence and ice-related substance use disorders

Watch the video presentation Making Research Work in Practice by Professor Amanda Baker at the National Methamphetamine Symposium. The duration of the video is 28:51 minutes, or elect to watch minutes 1:40-16:2.2.

Ask the participants to write down their answers to the following questions and to discuss them in small groups or with the whole group:

Since switching to crystal methamphetamine, Tony has experienced mood swings. He has recently stopped using crystal methamphetamine and he describes his experience of a crystal methamphetamine ‘crash’.

1. *Having worked through Topic 1.3, what advice would you now give Tony?*
2. *What information would you give Tony about the differences between speed and crystal methamphetamine?*
3. *What information and advice would you give Tony about:*
 - *Potential physical effects of crystal methamphetamine on his body?*
 - *Impact of crystal methamphetamine use on his cognitive development?*
 - *Crystal methamphetamine ‘crash’ and withdrawal?*
 - *Emotional effects and mood regulation?*
 - *Long term harms of crystal methamphetamine use?*

Activity 2 – Effects of ice

Look at the following sections of Topic 1.3 with the participants:

- 1.3.1 – Effects of ice on the body (includes a video on how methamphetamine affects the brain)
- 1.3.1a – More about the effects of ice. Please note *Topic 2.1 Ice Intoxication* includes additional information about the effects of crystal methamphetamine.

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Either:

- If time permits or as a homework task for participants, watch the video presentation *Making Research Work in Practice* by Professor Amanda Baker at the National Methamphetamine Symposium. The duration of the video is 28:51 minutes.

OR

- Watch minutes 1:40-16:22 of Professor Baker's video presentation *Making Research Work in Practice*.

When watching the video:

- *Ask the learners to think about the physical and psychological effects of methamphetamine use.*
- *Also ask them to think back to any experience they may have had with people who are either intoxicated by or withdrawing from crystal methamphetamine. Does Professor Baker's presentation help explain the signs and behaviours that the person was showing?*

Once you have reviewed the information, ask the participants to answer the following question:

Q1. *List both the effects and side effects of crystal methamphetamine (ice) intoxication.*

Answer:

Common effects of crystal methamphetamine include:

- ***Increased alertness and activity***
- ***Feelings of euphoria***
- ***Increased sexual arousal***
- ***Increased confidence***
- ***Decreased appetite.***

Common side effects of crystal methamphetamine intoxication include:

- ***Anxiety***
- ***Paranoia***
- ***Restlessness***
- ***Sweating***
- ***Dilated pupils***
- ***Nausea.***

Serious side effects of crystal methamphetamine intoxication include:

- ***Rapid heart rate***
- ***Heart attack***
- ***Stroke***
- ***Death.***

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

Activity 3 – Ice and cognitive impairments

Look at the following section with the participants:

1.3.2 – Ice and cognitive impairment. Please note *Topic 2.2 Ice Withdrawal and Long-Term Effects* includes additional information about cognitive impairment caused by longer-term crystal methamphetamine use.

Q2. *Longer-term (and sometimes shorter-term) crystal methamphetamine use can lead to a number of serious cognitive (thinking) impairments. What are some of these impairments? How could these impact on a person's day to day activities?*

Answer:

Crystal methamphetamine-related cognitive impairments include:

- ***Reduced verbal memory***
- ***Slowed mental processing speed***
- ***Reduced skills involving planning, organising, remembering, prioritising, paying attention, getting started on tasks, and using information and experiences to solve problems***
- ***Disinhibition (leading to poor self-control)***
- ***Reduced ability to avoid distraction***
- ***Thinking about immediate desires rather than future negative consequences***
- ***Difficulty switching between different tasks.***

These crystal methamphetamine-related problems may result in the user:

- ***Forgetting appointments***
- ***Not starting or finishing tasks due to difficulties in focusing or planning***
- ***Having difficulties learning new information***
- ***Not considering the consequences of their actions***
- ***Feeling invincible and doing things they would not normally do***
- ***Being impulsive or not being able to stop problem behaviour***
- ***Having sudden outbursts and violent episodes.***

Activity 4 – Ice crash, withdrawal, dependence and associated substance use disorders

Look at the following sections of Topic 1.3 with the participants:

1.3.3 – Ice ‘crash’ and withdrawal. Please note *Topic 2.2 Ice Withdrawal and Long-Term Effects* includes additional information about crystal methamphetamine withdrawal.

1.3.4 – Ice dependence and ice-related substance use disorders

Once you have reviewed the information ask the participants to answer the following question:

Q3. *Which of the following are associated with crystal methamphetamine “crash” and withdrawal. Select all that apply.*

- Euphoria*
- Anxiety, nervousness, and depression*
- Being very active*

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- Being short tempered*
- Craving crystal methamphetamine*
- Exhaustion and lethargy*
- Paranoia*
- Excessive sleeping*
- Not wanting to eat or drink*
- Psychosis*

Correct Answer: The symptoms of crystal methamphetamine "crash" and withdrawal are:

- ***Anxiety, nervousness, and depression***
- ***Being short tempered***
- ***Craving crystal methamphetamine***
- ***Exhaustion and lethargy***
- ***Paranoia***
- ***Excessive sleeping***
- ***Psychosis.***

Activity 5 – Further learning

Topic 1.3 can be complemented by having participants complete the following activities:

- Watching the presentation by Dovetail, and in particular the discussion around the effects of methamphetamine (minutes 25:37-43:34)
- Reading the document *Methamphetamine: What you need to know about speed, ice, base and meth* developed by Dr Rebecca McKetin and colleagues
- Reading the document *Methamphetamine: Effects and responses* developed by Professor Ann Roche
- Reading the document *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.

Please note: Many of the recommended activities will apply to more than one topic or module. If learners have already completed the activities as part of a different module/topic, they don't have to do them again.

References and resources

- American Psychiatric Association (2013). [*Substance-related and addictive disorders.*](#)
- Hester, R. (2015). [*Neural and cognitive effects of methamphetamine and implications for treatment.*](#) Paper presented at The National Methamphetamine Symposium, Melbourne.
- Jenner, L., & Lee, N. (2008). [*Treatment approaches for users of methamphetamine: A practical guide for frontline workers.*](#) Canberra: Australian Government Department of Health and Ageing.

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

- McKetin, R., Lubman, D., Lee, N., Ross, J., & Slade, T. (2011). Major depression among methamphetamine users entering drug treatment programs. *Medical Journal of Australia*, 195(3), S51.

For further help:

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Topic 1.4: Methamphetamine: Legal Issues

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, transport.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

This topic focuses on legal aspects of methamphetamine in Victoria. It does not address national or international laws concerning methamphetamine, and is for information only and should not be relied upon as legal advice.

Other parts of the online training also address legal issues. *Topic 5.7 Groups with Specific Needs* addresses assessment and treatment orders under the Severe Substance Treatment Act (2010) and the Mental Health Act (2014).

Objectives

After completing this Topic, learners will be able to:

1. Outline the legal status of crystal methamphetamine (ice) and other forms of methamphetamine, and describe the range of offences in Victoria associated with:
 - Drug driving
 - Possession
 - Manufacture
 - Trafficking.
2. Outline Victorian trends in methamphetamine offence data

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3. Describe potential indicators of the presence of clandestine drug.

Summary of Key Points

- Methamphetamine and its derivatives are one of a number of drugs of dependence to which the Victorian Drugs, Poisons and Controlled Substances Act, 1981 applies.
- Victoria has a range of methamphetamine-related offences ranging from possession and use offences, up to offences related to trafficking in commercial quantities.
- Over the past 5 years there has been a 467% increase in methamphetamine dealing and trafficking offences, and a 2,426% increase in methamphetamine possession offences in Victoria.
- In Victoria, there is a range of offences concerning methamphetamine use and driving.
- In 2013-14, 114 clandestine laboratories were detected in Victoria, up from 31 in 2004-05. These are very dangerous and toxic.
- It's important to be aware of the signs and symptoms of clandestine laboratories, so you can avoid contamination and can call the police.

Activity 1 – Methamphetamine-related offences

Look at the following sections of Topic 1.4 with the participants:

1.4.1 – Methamphetamine and driving offences / crashes

1.4.2 – Victorian methamphetamine-related offences

1.4.3 – Trends in methamphetamine offences

Once you have reviewed the information ask the participants to answer the following question:

Q1. *Between April 2010 and March 2015 in Victoria, the number of methamphetamine possession offences:*

- Increased by 100%*
- Tripled*
- Increased by more than 2,400%*
- Increased by 10%*

Correct Answer: *Over this period of time the number of offences increased by more than 2,400%.*

Activity 2 – Clandestine drug laboratories

Look at the following sections of Topic 1.4 with the participants:

1.4.4 Clandestine drug laboratories (clan labs)

Once you have reviewed the information ask the participants to answer the following question:

Q2. What are some indicators of the presence of a clan lab?

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Correct Answer:

Potential indicators of premises being used as a clan lab include:

1. Suspicious alterations (e.g., improvised heating and cooling systems, extractor fans, pumps, or hoses and pipes near windows or doors)
2. Used materials (cold and flu tablet packets, gas or butane containers, coffee filters, pH and other test strips, chemical containers or chemical waste)
3. Unusual chemical smells
4. Laboratory glassware
5. Residents never putting their rubbish out
6. Little or no activity during the day but frequent traffic late at night or at odd hours
7. Windows blacked out, covered or reinforced
8. Unusual electrical work
9. Rented premises where residents are rarely there
10. A new tenant willing to pay rent months in advance using only cash or trying to avoid background checks.

Activity 3 – Further learning

Topic 1.4 can be complemented by having participants read the following documents:

- For more information about laws related to methamphetamine in Victoria, read Chapter 18 of Volume 2 of the *Final Report of the Inquiry Into The Supply and Use of Methamphetamines, Particularly Ice, In Victoria*.
- For more information about the manufacture, supply and distribution of methamphetamine in Victoria, read Part E of Volume 1 of the *Final Report of the Inquiry Into The Supply and Use of Methamphetamines, Particularly Ice, In Victoria*.

References and resources

- Australian Crime Commission. (2015). [*The Australian methylamphetamine market: The national picture*](#). Canberra: ACC.
- Hawkrigg, S., & Winterton, P. (2013). Children and clandestine drug laboratories: the unseen victims. *Medical Journal of Australia*, 199(11), 739.
- Parliament of Victoria, Law Reform Drugs and Crime Prevention Committee. (2014). [*Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria*](#). Melbourne: Parliament of Victoria.
- Queensland Police Service. (2012). [*Drugs Labs: Know the risks, see the signs, play your part*](#). Brisbane: Queensland Police Service.
- Victorian Crime Statistics Agency (2015). *Methamphetamine-related drug offences in Victoria, Australia between April 2010 - March 2015*. Melbourne: Victorian Crime Statistics Agency.

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- Victoria Police (2015). *Positive drug test results for injured drivers 2010- 2014*. Melbourne: Victoria Police.

For further help:

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Module 2: Effects of Ice

Learning Goals

After undertaking this module, learners will be better able to recognise the symptoms and behavioural manifestations of ice intoxication and withdrawal as well as understand the acute and longer-term health risks and effects.

This module contains 3 topics

This is a foundation module that contains topics that are intended to provide generic information to a wide range of frontline workers.

Topic 2.1: Ice Intoxication

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services, transport.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

1. Describe indicators of crystal methamphetamine intoxication
2. Describe the impact of crystal methamphetamine intoxication on sleep, eating, and hydration
3. Recognise risky behaviours associated with crystal methamphetamine intoxication
4. Describe indicators of crystal methamphetamine toxicity (overdose)
5. Recognise medical emergencies arising from crystal methamphetamine toxicity
6. Describe indicators of psychosis.

Summary of Key Points

- The effects of crystal methamphetamine depend upon a range of factors related to the drug, the individual and environmental factors.

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- Don't assume that particular behaviours are due to crystal methamphetamine intoxication, when they could be due to something else (e.g., head injury).
- The effects of crystal methamphetamine range from euphoria, confidence, wakefulness and high energy, though to paranoia, panic, loss of behavioural control and severe agitation or aggression.
- Crystal methamphetamine toxicity (overdose) is an emergency and urgent medical assistance is required.
- Sleep deprivation, dehydration, and hunger can stem from, and complicate, crystal methamphetamine intoxication and withdrawal.
- Crystal methamphetamine-related psychosis is most likely to occur after using large amounts of the drug. However, it can also occur at lower levels of use, particularly among people who are not used to its effects.
- Indicators of crystal methamphetamine psychosis can range from suspiciousness, guardedness and misinterpreting the environment, through to severe hallucinations and erratic, uncontrolled or bizarre behaviour.

Activity 1 – Case Study

Before looking at the Topic content, ask the participants to read the following case study. The case study examines crystal methamphetamine intoxication. When reading through Topic 2.1, ask the participants to use the case study to help them think about what to look for if they think a person who uses crystal methamphetamine may be intoxicated.

Angie is a 42 year old professional woman who regularly uses a range of drugs including crystal methamphetamine. She has always presented to your service as well dressed, communicative and in control of her life.

She has no known history of ongoing mental health issues and has never been to your service in an intoxicated manner.

One day recently, Angie came in looking dishevelled with bruising to her face. You are concerned but she is unable to tell you how she got the bruising on her face.

She tells you that she has been sweating a lot and hasn't eaten or drunk much for days.

Her behaviour is out of character and you notice that she has dilated pupils and appears to be restless and agitated. As you try to talk to her she jumps from topic to topic and becomes increasingly agitated.

Work through the following sections of this Topic with participants to help enhance their understanding of what issues might be relevant to Angie's situation.

2.1.1 – What factors influence the effects of ice?

2.1.2 – Recognising ice intoxication and toxicity

2.1.3 – Indicators of ice intoxication

Watch the video “Stimulant Overdoses”. The duration of the video is 2:05 minutes.

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2.1.4 – The effects of ice intoxication on sleep, eating, and hydration. Please note *Topic 3.2 Assessing and Managing Self-harm and Suicide with Ice Users* includes more information about how people may be affected by crystal methamphetamine.

2.1.5 – Ice-related psychosis

Watch the video *Ice Breaker*. The duration of the video is 51:45 minutes.

Having read Topic 2.3, ask the participants to write down their answers to the following questions and to discuss their responses in small groups or to the whole group:

Angie has been using a range of drugs including crystal methamphetamine. She reports that up until a few weeks ago she has always been in control of her situation and you have never seen her intoxicated. Recently she presents to you in a dishevelled state and is incoherent.

- *What do you think might be happening to Angie and what do you need to look for if you think she might be intoxicated?*
- *If you suspect that she might be intoxicated with crystal methamphetamine, what are some of the physical indicators that you would look for?*
- *Given her physical condition, what else might be happening to Angie?*
- *If you think that Angie might need medical help or if you think that this is a medical emergency:*
 - *What do you need to do?*
 - *Who do you call?*

Activity 2 – Factors that influence the effects of ice and recognising ice intoxication

Look at the following sections of Topic 2.1 with the participants:

2.1.1 – What factors influence the effects of ice?

2.1.2 – Recognising ice intoxication and toxicity

Once you have reviewed the information ask the participants to answer the following question:

Q1. *When you encounter a person who seems to be intoxicated with crystal methamphetamine, it is important not to assume that crystal methamphetamine is causing their behaviour. What other conditions can appear like crystal methamphetamine intoxication?*

Answer

Other conditions which can appear like crystal methamphetamine intoxication include:

- **Head injuries, stroke, severe infection, delirium or confusion**
- **Blood chemical imbalances**
- **Nutritional deficiencies**
- **High or low blood sugar levels**
- **Mental health disorders such as psychotic illness**
- **Anger, stress, fear or anxiety.**

Also, remember that a person may be intoxicated with crystal methamphetamine as well as experiencing these conditions.

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It is important to have the person medically assessed if there is any doubt about the cause of behaviours.

Activity 3 – Risks of ice intoxication

Look at the following sections of Topic 2.1 with the participants:

2.1.2 – Recognising ice intoxication and toxicity

2.1.3 – Indicators of ice intoxication

Watch the video “Stimulant Overdoses”. The duration of the video is 2:05 minutes.

Ask the participants to consider:

1. *What advice might you give to people who use crystal methamphetamine to help them avoid potential harms associated with intoxication and overdoses?*

Once you have reviewed the information ask the participants to answer the following question:

Q2. *It is very important to be able to recognise the signs of crystal methamphetamine toxicity / overdose because it is a medical emergency. What are the indicators of crystal methamphetamine toxicity / overdose? What would you do if you encountered someone with crystal methamphetamine toxicity?*

Answer:

Signs of crystal methamphetamine toxicity or overdose include:

- **Hot, flushed or very sweaty skin**
- **Severe headache**
- **Chest pain and / or difficulty breathing**
- **Unsteady walking, muscle rigidity, tremors, spasm, fierce jerking movements of the limbs**
- **Seizures**
- **Severe agitation or panic / altered mental state (e.g., confusion, disorientation).**

If you encounter a person experiencing crystal methamphetamine toxicity / overdose, arrange for them to get urgent medical assistance.

Activity 4 – Indicators of ice-related psychosis

Look at the following sections of Topic 2.1 with the participants:

2.1.4 – The effects of ice intoxication on sleep, eating, and hydration. Please note *Topic 3.2 Assessing and Managing Self-harm and Suicide with Ice Users* includes more information about how people may be affected by crystal methamphetamine.

2.1.5 – Ice-related psychosis

Once you have reviewed the information ask the participants to answer the following question:

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Q3. *What are the indicators associated with fully developed crystal methamphetamine-related psychosis?*

Answer:

People experiencing fully developed crystal methamphetamine-related psychosis can:

- **Have delusions such as feeling persecuted, believing that others have evil intentions or that they are under surveillance**
- **Have auditory, tactile or visual hallucinations**
- **Show erratic, uncontrolled or bizarre behaviour often in response to delusions or hallucinations (e.g., talking or shouting in response to "voices")**
- **Unnecessarily whisper, barricade a room, check doors, pull down blinds, make frantic phone calls, keep a weapon for protection**
- **Speak in an illogical, disconnected or incoherent way**
- **Experience extreme or rapid mood swings that are unpredictable, irrational or erratic.**

Activity 5 – The development of problems associated with ice use

Watch the video “Ice Breaker”. The duration of the video is 51:45 minutes.

Ask the participants to:

1. *Consider the rate at which problems can develop with crystal methamphetamine and the difficulty in resolving these problems.*
2. *Consider the range of experiences of the users and their families.*

Activity 6 - Further learning

Topic 2.1 can be complemented by having participants read the following documents:

- *Methamphetamine: What you need to know about speed, ice, base and meth* developed by Dr Rebecca McKetin and colleagues.
- *Methamphetamine: Effects and responses* developed by Professor Ann Roche.
- *Treatment Approaches for Users of Methamphetamine: A Practical Guide for Frontline Workers* developed by Linda Jenner and A/Professor Nicole Lee.

Please note: Many of the recommended activities will apply to more than one topic or module. If learners have already completed the activities as part of a different module/topic, they don't have to do them again.

References and resources

- Jenner, L., & Lee, N. (2008). [Treatment approaches for users of methamphetamine: A practical guide for frontline workers.](#) Canberra: Australian Government Department of Health and Ageing.

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For further help:

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Topic 2.2: Ice Withdrawal and Long Term Effects

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, education, emergency services, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

1. Outline the major indicators of:
 - i. The crystal methamphetamine comedown (i.e. the 'crash')
 - ii. Crystal methamphetamine withdrawal
2. Describe behaviours exhibited when people are coming off crystal methamphetamine
3. Recognise problems associated with longer periods of crystal methamphetamine use.

Summary of Key Points

- The severity of crystal methamphetamine withdrawal depends on patterns of use, other physical or mental health problems, and how and where the withdrawal takes place.
- Many people who use crystal methamphetamine regularly experience a 'crash' when they stop using and experience sleepiness, increased appetite, irritability and a general sense of feeling flat, anxious or 'out of sorts'.
- It can take up to some months until the person feels significantly better after they have stopped using crystal methamphetamine. This can be significantly longer than for other drugs. In the meantime the person may experience mood swings, decreased energy, irritability or anger, agitation, anxiety and sleep disturbances.

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- Longer-term crystal methamphetamine use has been associated with significant thinking impairments such as poor verbal memory, slowed mental processing speed and poor self-control.
- Level of impairment is not necessarily related to the level and duration of crystal methamphetamine use. These problems seem worse among older men and people with other health problems. The degree to which people can recover from this is not clear.
- Long-term use of crystal methamphetamine can also result in a wide range of other adverse effects.

Activity 1 – How ice affects the brain

Look at the following section of Topic 2.2 with the participants:

2.2.1 – Ice withdrawal indicators

Watch the video depicting how methamphetamine affects the brain. The duration of the video is 2:36 minutes.

Ask the participants:

1. *Does this information help you to understand the behaviour of people you have encountered who used crystal methamphetamine?*

Once you have reviewed the information, ask the participants to answer the following question:

Q1. Crystal methamphetamine withdrawal can last for up to:

- 24-48 hours
- 48-96 hours
- 5 days
- 2-3 weeks

Answer:

The peak of crystal methamphetamine withdrawal can last up to 2-3 weeks.

Activity 2 – Impacts of long-term ice use

Look at the following section of Topic 2.2 with the participants:

2.2.2 – What are the impacts of long-term ice use?

Once you have reviewed the information, ask the participants to answer the following question:

- Q2. *What are some of the problems that can occur with longer-term crystal methamphetamine use?***

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Answer:

Longer-term crystal methamphetamine use can be associated with:

- ***Weight loss, dehydration and kidney problems***
- ***Menstrual problems***
- ***Long-term sleeping problems***
- ***Extreme mood swings***
- ***Anxiety, paranoia, and psychotic symptoms including hallucinations and delusions***
- ***Thinking changes including memory loss and difficulty concentrating***
- ***Heart problems***
- ***Burst blood vessels in the brain(stroke, ruptured aneurysm, brain haemorrhage)***
- ***Compulsive skin picking and scratching***
- ***Poor oral health***
- ***Sexually transmitted diseases***
- ***Family and other relationship breakdown***
- ***Financial problems***
- ***Loss of employment***
- ***Legal problems***
- ***Crystal methamphetamine dependence.***

Activity 3 – Ice-related thinking impairments

Look at the following section of Topic 2.2 with the participants:

2.2.3 – How can thinking impairments impact ice users?

Once you have reviewed the information, ask the participants to reflect on the effects of thinking impairments outlined, then ask:

1. *What do you think are some of the practical implications of these effects?*
2. *Re-read the list of thinking impairments outlined in 2.2.3 and, for each dot point, identify what you could do to deal with these effects.*

Activity 4 – Differences in level of impairments from ice use

Look at the following section of Topic 2.2 with the participants:

2.2.4 – Does frequency and duration of use impact level of impairment?

Once you have reviewed the information, ask the participants to answer the following question:

Q3. *Crystal methamphetamine use seems to lead to cognitive (thinking) impairments among some people more than others, perhaps because of individual variations in responses to crystal methamphetamine toxicity. These impairments seem to be worse among (select all that apply):*

- Younger women*
- Older men*

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- Men
- People with other physical or mental problems

Answer: The people who seem to experience the most severe cognitive impairments associated with their crystal methamphetamine use are older people, men, and people with other mental or physical problems.

Activity 5 – Harms associated with methamphetamine use

Look at the following section of Topic 2.2 with the participants:

2.2.5 – What other problems may result from long-term ice use? Please note *Topic 5.7 Groups with Specific Needs* includes more information about injecting drug use risk and harm reduction strategies.

Ask the participants:

1. *Does this information help you to understand the harms associated with methamphetamine use?*

Activity 6 – Further learning

Topic 2.2 can be complemented by having participants undertake the following activities:

- Watching the presentation given by [Assoc. Prof Rob Hester](#) at the National Methamphetamine Symposium in May 2015. Rob's presentation discusses the neural and cognitive effects of methamphetamine use at a more detailed, technical level. While this talk may be slightly challenging for people who aren't familiar with neurological language and concepts, some very important points are raised, so please encourage learners to persevere!

References and resources

Jenner, L., & Lee, N. (2008). [Treatment approaches for users of methamphetamine: A practical guide for frontline workers](#). Canberra: Australian Government Department of Health and Ageing.

For further help:

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Topic 2.3: Using Ice with Alcohol and Other Drugs

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, education, emergency services, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services, transport.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to describe the indicators and risks of combining crystal methamphetamine use with other drugs, including:

- Alcohol
- Tobacco
- Cannabis
- Opioids
- GHB (gamma hydroxybutyrate)
- Other psychostimulants
- Antidepressants
- Anti-psychotics
- Benzodiazepines
- Blood pressure medication
- HIV medication.

Summary of Key Points

- It is very common for people who use crystal methamphetamine to also use a number of other drugs.
- Crystal methamphetamine can interact with a range of legal, illicit and prescribed drugs, and some of these combinations can be dangerous.
- It is important that people who use crystal methamphetamine are aware of the impact of combining it with other drugs, and that they inform their prescribers of their crystal methamphetamine use.

Activity 1 – Reasons for using ice in combination with other drugs

Look at the following sections of Topic 2.3 with the participants:

2.3.1 – Why do people use ice in combination with other drugs? Please note *Topic 5.1 Overview of Interventions* and *Topic 5.3 Assessment* includes more information about assessments for people who use crystal methamphetamine.

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2.3.2 – Reasons people use ice in combination with other drugs

Watch the video *Stimulant Overdoses* which outlines the risks associated with using drugs concurrently. The duration of the video is 2:05 minutes.

After watching the video, ask the participants:

1. *What advice might you give people who use crystal methamphetamine to help them avoid polydrug use and / or its potential harms?*

Activity 2 – Risks of using ice with alcohol or other drugs

Look at the following section of Topic 2.3 with the participants:

2.3.3 – What are the risks associated with using crystal methamphetamine with alcohol and other drugs?

Once you have reviewed the information, ask the participants to answer the following question:

Q1. *What are the risks associated with combining alcohol use with crystal methamphetamine use?*

Answer:

Using alcohol at the same time as crystal methamphetamine can increase blood pressure and put greater stress on the heart and liver.

It can also give users a false feeling of being sober and in control, when the user is actually intoxicated / impaired from alcohol.

This can increase the risk of accidents and alcohol poisoning.

Activity 3 – Risks of using ice with prescribed medicines

Look at the following section of Topic 2.3 with the participants:

2.3.4 – What are the risks associated with using ice in combination with prescribed medicines?

Once you have reviewed the information, ask the participants to answer the following question:

Q2. *What are the risks associated with combining anti-depressant with crystal methamphetamine use?*

Answer:

When crystal methamphetamine is used within the same two week period as antidepressants it can result in:

- ***Dangerously high blood pressure***
- ***Serotonin toxicity, leading to:***
 - ***overheating***
 - ***fits***
 - ***heart attack***
 - ***stroke***

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- *kidney failure.*

Activity 4 – Reducing risks for people who use ice

Look at the following sections of Topic 2.3 with the participants:

2.3.5 – What information should you provide to ice users to reduce their risk? Please note *Topic 6.2 Harm Reduction Strategies* includes more information about strategies to minimise associated harms.

2.3.6 – How can health and welfare workers reduce their clients' risk?

Once you have reviewed the information, ask the participants to answer the following question:

Q3. What questions could you ask people who use crystal methamphetamine, to assess their level of risk?

Activity 5 – Further learning

Topic 2.3 can be complemented by having participants read the following document:

- *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee. Chapter 7 is particularly relevant.

References and resources

- Jenner, L., & Lee, N. (2008). [*Treatment approaches for users of methamphetamine: A practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing.

For further help:

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Module 3: Communicating with Ice Users

Learning Goals

After undertaking this module, you will be better able to be able to more effectively:

1. Communicate with ice-affected people
2. Assess the risk of self-harm among ice-affected people
3. Provide basic mental health responses to ice-affected people.

This module contains 3 topics.

This is a foundation module that contains topics that are intended to provide generic information to a wide range of frontline workers.

Topic 3.1: Communicating and Engaging with Ice Users

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

1. Communicate effectively with people who use crystal methamphetamine
2. Better understand the perspectives of people who use crystal methamphetamine
3. Recognise and address stigma associated with crystal methamphetamine use
4. Identify crystal methamphetamine intoxication.

Summary of Key Points

- Signs of crystal methamphetamine intoxication vary according to the amount of crystal methamphetamine (and other drugs) taken and individual factors.
- It is important not to assume a person is intoxicated because they are displaying the key signs of crystal methamphetamine intoxication.

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- It is also important to get enough information from the person to determine if they are intoxicated and work out what can be done to help with their care at that time.
- There are a number of helpful approaches that can be used when communicating with a crystal methamphetamine-intoxicated person.

Activity 1 – Case study 1: Stigma and discrimination

Before looking at the Topic content, ask the participants to read the following case study. The case study examines the stigma and discrimination that may be experienced by people who use crystal methamphetamine. When reading through Topic 3.1, ask the participants to use the case study to think about how to recognise and deal with issues related to stigma.

Rochelle is in her mid-30s. She is in a long-term relationship with Amanda and works in a café as a barista. She has been using crystal methamphetamine for the past 4 years and is thinking about modifying her use as she is not sure that she is able to keep it in check.

She comes to your service for the first time. In your initial contact with her you find her aloof, diffident, uncomfortable and hard to make eye contact with.

Efforts to engage her in conversation are difficult and fairly unproductive. She generally seems 'out of sorts' and in a dark mood.

Your initial concern is that she may be aggressive and explosive, however, sensitive non-threatening and gentle conversation with her in a quiet environment results in her relaxing and starting to open up.

Further conversation reveals that Rochelle recently attended another service where she felt heavily stigmatised and treated as though she was a criminal and undeserving of any care and support. She was angry about her previous interaction with this other service provider.

Work through the following sections of Topic 3.1 with the learners to help inform their understanding of what issues they should to consider in communicating with Rochelle.

3.1.1 – Introduction. Please note *Topic 1.3 How Methamphetamine / Ice Affects Users* includes more information about how methamphetamine affects users.

3.1.2 – Stigma and discrimination

Watch the video about the impact of stigma on people who use illicit drugs. The duration of the video is 11:25 minutes.

3.1.3 – Interacting with longer-term ice users

3.1.4 – Implications for interacting with longer term ice users

3.1.5 – Signs of ice intoxication. Please note *Topic 2.1 Ice Intoxication* includes more information about the signs of crystal methamphetamine intoxication.

3.1.6 – Communication strategies with ice-intoxicated people

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

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Rochelle has come to your service for the first time. She has previously been to another service where she felt stigmatised. Having worked through Topic 3.1:

1. *What are the key issues that people who use crystal methamphetamine have to deal with in relation to stigma and discrimination?*
2. *What would you look for to identify crystal methamphetamine use among your service users / clients?*
3. *Does your service or organisation provide information about recognising indicators of crystal methamphetamine intoxication?*

Please note: *Topic 6.2 Harm Reduction Strategies* includes information about the use of peer educators to engage with people using crystal methamphetamine. *Topic 7.1 Systems Redesign* includes examples of strategies that organisations can use to reduce stigma and discrimination that people using crystal methamphetamine may experience.

Activity 2 – Case study 2: Keeping things calm

Before looking at the Topic content, ask the participants to read the following case study. The case study focusses on enhancing communication with someone who is intoxicated with crystal methamphetamine and reducing the risk of the situation escalating. When reading through Topic 3.1, ask the participants to use the case study to think about communication strategies when dealing with crystal methamphetamine-intoxicated people.

Roger is a young, fit and athletic bike-riding enthusiast. He works as refueller at one of the major airports. You have never seen him before and you are not sure why he is presenting. He has difficulty telling you why he is there. Roger seems disoriented and has been sitting on his own for quite some time. He startles very easily and seems restless and twitchy. You're concerned that he may be crystal methamphetamine intoxicated and that he may start to behave in an erratic and unpredictable manner. You subsequently establish that he is intoxicated on crystal methamphetamine.

Work through the following sections of Topic 3.1 with the learners, to help enhance their understanding of how to communicate with Roger.

3.1.1 – Introduction. Please note *Topic 1.3 How Methamphetamine / Ice Affects Users* includes more information about how methamphetamine affects users.

3.1.2 – Stigma and discrimination

Watch the video about the impact of stigma on people who use illicit drugs. The duration of the video is 11:25 minutes.

3.1.3 – Interacting with longer-term ice users

3.1.4 – Implications for interacting with longer term ice users

3.1.5 – Signs of ice intoxication. Please note *Topic 2.1 Ice Intoxication* includes more information about the signs of ice intoxication.

3.1.6 – Communication strategies with ice-intoxicated people

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

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Roger has come to your service for the first time. You're concerned about him and you think he might be intoxicated on crystal methamphetamine. Having worked through Topic 3.1:

- 1. What would you do to keep arousal levels low and ensure that he doesn't perceive the environment as threatening?*
- 2. What would you do to keep Roger calm and rested and to minimise the possibility of his agitation escalating?*
- 3. What are some helpful strategies that you can use to communicate with Roger?*

Activity 3 – Summary: Communicating with ice-intoxicated people

Look at the following sections of Topic 3.1 with the participants:

3.1.5 – Signs of ice intoxication. Please note *Topic 2.1 Ice Intoxication* includes more information about the signs of ice intoxication.

3.1.6 – Communication strategies with ice-intoxicated people

Once you have reviewed the information, ask the participants to answer the following questions:

Q1. *What strategies would you use to engage and communicate with a crystal methamphetamine-intoxicated person?*

Answer:

When trying to engage and communicate with a crystal methamphetamine-intoxicated person:

- **Remember your own safety at all times**
- **Steer the person to a quieter, less stimulating area with an exit that is accessible to you both**
- **Give them more personal space than usual and use their name (if known)**
- **Use a calm, non-judgmental, respectful approach**
- **Keep your voice low and controlled**
- **Listen and promptly respond to requests**
- **Use clear communication – short sentences and repetition**
- **Sit with a seated person and stand and walk with a person who is pacing**
- **Avoid movements or actions which may be perceived as threatening**
- **Avoid smiling too much**
- **Monitor eye contact: Too much appears threatening, too little implies indifference or untrustworthiness.**

Q2. *What approaches should you avoid when trying to engage and communicate with a crystal methamphetamine-intoxicated person?*

Answer:

When trying to engage and communicate with a crystal methamphetamine-intoxicated person, avoid:

- **Arguing, threatening or using "no" messages**

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- *Asking a lot of questions*
- *Approaching the person from behind (it could startle them)*
- *Allowing yourself to be blocked from the exit (stand near the exit if possible) or blocking the person's exit*
- *Making promises that cannot be kept*
- *Assuming that the person is going to become violent (this can lead you to become too defensive which can trigger aggression)*
- *Conducting long interviews or trying to counsel the person*
- *Taking the person's behaviour or any criticisms personally.*

Ask the participants to reflect on the times that they or a colleague have had to communicate / engage with a crystal methamphetamine-intoxicated person:

1. *How were those situations handled?*
2. *Do you think that the responses were consistent with good practice?*
3. *What would you now do differently after having commenced Topic 3.1?*
4. *Describe how you would handle such situations now and identify that you would do differently.*

Ask the participants to role-play communicating / engaging with a crystal methamphetamine-intoxicated person. Ensure group members provide feedback on how well the approach worked.

Activity 5 – Further learning

Topic 3.1 can be complemented by having participants read the following documents:

- *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee. Chapter 7 is particularly relevant.
- *Methamphetamine: Effects and responses* developed by Professor Ann Roche.
- *Responding to challenging situations related to the use of psychostimulants: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.

References and resources

- Jenner, L., & Lee, N. (2008). [*Treatment approaches for users of methamphetamine: A practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing
- Jenner, L., & Lee, N. (2009). [*Responding to challenging situations related to the use of psychostimulants: a practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing
- Jenner, L., Spain, D., Whyte, I., A, B., Carr, V. J., & J, C. (2006). [*Management of patients with psychostimulant toxicity: Guidelines for emergency departments*](#). Canberra: Australian Government Department of Health and Ageing
- Social Inclusion Action Group (2013). [*Reducing stigma related to alcohol and other drugs in Western Australia*](#). Perth: Social Inclusion Action Group.

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For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>.

Topic 3.2: Assessing and Managing Self-harm and Suicide with Ice Users

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, criminal justice, community health, emergency services, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

1. Carry out basic self-harm risk assessments for people affected by crystal methamphetamine use
2. Outline the risk and protective factors for self-harm
3. Describe how to respond to individuals threatening self-harm.

Summary of Key Points

- Crystal methamphetamine use can reduce inhibitions and increase the risk of suicide and harm to self or others.
- Rates of major depression and attempted suicide are higher among people who use crystal methamphetamine compared to the general population.
- Don't dismiss risk of a suicide / self-harm attempt, or delay assessment because a person is intoxicated.
- All crystal methamphetamine-intoxicated people who attempt suicide, or make suicidal threats, should be assessed for their immediate suicide risk while they are intoxicated and reassessed when they are sober.
- It is important to be aware of the risk factors and warning signs for suicide.
- Display empathy and take appropriate action when engaging with a person who uses crystal methamphetamine and is suicidal or self-harming. To keep them safe:
 - Assess their suicide risk and develop a safety plan with them

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- Identify key professional support services and encourage the person to get appropriate professional support.

Activity 1 – Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study looks at a person who uses crystal methamphetamine and who is engaging in self-harming behaviour. When reading through Topic 3.2, ask the participants to use the case study to think about how you might deal with someone who is self-harming.

Terry is a young chef aged in his 20s who comes into your service for the first time and tells you that he has been using crystal methamphetamine for the past six months. He has used various drugs, but now it's mostly just crystal methamphetamine.

Terry's crystal methamphetamine use has recently escalated and he has been using every day for the past 3 weeks.

He has not slept or eaten much during that time and says to you "I don't know who I am or what I am doing anymore". He is struggling at work and is in growing conflict with his boss and colleagues.

Terry tells you he is feeling overwhelmed and can't cope ... "I got so desperate last night that I tried to cut my wrists". In doing so, he used a blunt knife and only succeeded in making superficial cuts.

He shows you the cuts on his wrists and says "Next time I'll make sure I do the job properly".

Work through the following sections of Topic 3.2 to help inform learners' understanding of what issues might be relevant.

3.2.1 – Introduction. Please note *Topic 3.1 Communicating and Engaging with Ice Users* includes more information about specific communication strategies.

3.2.2 – How to assess and manage self-harm with ice users

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

Terry's use of crystal methamphetamine has recently escalated. He has tried to self-harm and talks about his feelings of desperation. Having worked through Topic 3.2:

1. *What are some of the common warning signs for Terry attempting further self-harm attempts?*
2. *What do you need to do you find out if Terry has tried this before?*
3. *What do you need to do to ensure that he remains safe?*
4. *Think about the issues that are relevant to Terry and what would you say to him? Think about other services that you can refer Terry to for more advice and support.*
5. *What key strategies would you use when engaging with Terry?*

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6. *What types of professional support are available to help you engage with Terry?*
7. *What should you NOT do when talking to Terry?*

Activity 2 – Assessing and managing self-harm with ice users

Look at the following sections of Topic 3.2 with the participants:

3.2.1 – Introduction. Please note *Topic 3.1 Communicating and Engaging with Ice Users* includes more information about specific communication strategies.

3.2.2 – How to assess and manage self-harm with ice users

Once you have reviewed the information, ask the participants to reflect on the following question:

1. *Have you or your colleagues ever used any of the ‘Don’t’ approaches listed in 3.2.2?*
2. *If so, think about why they might have been inappropriate, unsuccessful or potentially counter-productive.*
3. *How would you do things differently after studying 3.2.1-3.2.2?*

Now ask the participants to get into small groups and rehearse the following:

Role play appropriate words and phrases you might use if you were required to engage with a person at risk of self-harm. What would you say and do to help you to effectively manage the situation?

Activity 3 - Further learning

Topic 3.2 can be complemented by having participants read the following documents:

- Read the documents on suicide risk assessment developed by the Victorian Department of Health and Human Services. The fact sheets on *Rapid suicide assessment* and *Assessing suicide risks in intoxicated persons* are particularly relevant.
- The Victorian Department of Health and Human Services’ Mental Health Triage Service webpage: <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/service-quality/mental-health-triage-service>. The webpage includes contact details and guidelines for mental health triage in Victoria.

References and resources

- Darke, S., Kaye, S., McKetin, R., & Duflou, J. (2008). Major physical and psychological harms of methamphetamine use. *Drug and Alcohol Review*, 27(3), 253-262.
- Mental Health First Aid Australia. (2014). [*Suicidal thoughts and behaviours: First aid guidelines*](#) (Revised 2014). Melbourne: Mental Health First Aid Australia.
- Victorian Government Department of Health. (2010). [*Working with the suicidal person: Clinical practice guidelines for emergency departments and mental health*](#)

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[services](#). Melbourne: Mental Health, Drugs & Regions branch, Victorian Government Department of Health.

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Topic 3.3: Basic Mental Health Responses for Ice Users

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, emergency services, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to describe the characteristics of basic mental health responses for crystal methamphetamine-affected individuals experiencing conditions such as:

1. Depression
2. Self-harming behaviour
3. Anxiety and panic
4. Psychosis.

This information will NOT make learners into mental health experts and/or enable them to make diagnoses. Rather, it will enable learners to help crystal methamphetamine-affected people with mental health problems until professional help is received or the crisis is resolved.

Learners are advised to access the Victorian Department of Health and Human Services' Mental Health Triage Service webpage: <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/service-quality/mental-health-triage-service>. The webpage includes contact details and guidelines for mental health triage in Victoria.

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Summary of Key Points

Basic mental health responses when dealing with a person affected by crystal methamphetamine include:

- Remaining calm at all times
- Assessing if it is safe to leave the person alone
- Ensuring that you, the person, and others around you are safe from harm
- Trying to de-escalate the situation by:
 - Using a calm even speaking tone
 - Creating some space between you and the person
 - Adopting an open posture
- Calling for assistance if de-escalation does not work (see *Topic 4.2 Managing critical incidents* for more information)
- If the situation becomes unsafe call the police:
 - Tell them that you suspect the person is experiencing a crystal methamphetamine-related episode
 - Inform them if the person is armed.

Activity 1 – Ice and depression

Look at the following sections of Topic 3.3 with the participants:

3.3.1 – Basic responses for ice-affected people with mental health problems

3.3.2 – Depression

3.3.3 – Signs and symptoms of depression

3.3.4 – Supporting ice users with depression

Once you have reviewed the information ask the participants to answer the following question:

Q1. *What are some of the indications that a person may be depressed?*

Answer:

Indicators of depression include:

1. ***Not going out anymore or enjoying usual activities or getting things done at work-school***
2. ***Withdrawing from close family and friends***
3. ***Relying on alcohol and other drugs***
4. ***Being unable to concentrate***
5. ***Indecisive***
6. ***Irritable & frustrated***
7. ***Disappointed***
8. ***Lacking in confidence***
9. ***Overwhelmed***
10. ***Unhappy***
11. ***Guilty***
12. ***Feeling tired all the time***
13. ***Being sick and run down***

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14. *Having headaches and muscle pains and churning gut*
15. *Sleep problems*
16. *Loss or change of appetite*
17. *Significant weight loss or gain.*

Activity 2 – Ice and self-harm, including suicide

Look at the following sections of Topic 3.3 with the participants:

3.3.5 – When to get help. Please note *Topic 3.2 Assessing and Managing Self-harm with Ice-affected People* includes more information about how to help people at risk of self-harm.

3.3.6 – Self-harming behaviour: Suicidal thoughts and actions. Please note *Topic 3.2 Assessing and Managing Self-harm with Ice-affected People* and *Topic 4.2 Managing critical Incidents* includes more information about how to help people at risk of self-harm and how to de-escalate a critical incident.

3.3.7 – Indicators of suicide

3.3.8 – Communication strategies

3.3.9 – Effective communication

Once you have reviewed the information, ask the participants to answer the following question:

Q2. *What are some of the indications that a person may be suicidal?*

Answer:

Indications that a person may be suicidal include:

1. *Threatening to hurt or kill themselves*
2. *Trying to access pills, weapons or other means of self-harm*
3. *Talking or writing about death, dying or suicide*
4. *Hopelessness*
5. *Rage and anger*
6. *Engaging in reckless or risky activities*
7. *Feeling trapped*
8. *Increased crystal methamphetamine use*
9. *Withdrawing from friends, family or society*
10. *Anxiety, agitation, unable to sleep or sleeping all the time*
11. *Dramatic mood changes*
12. *No reason for living, no sense of purpose in life.*

Ask the participants to think about the words and phrases they might use if they were in a situation with someone expressing suicidal or self-harming thoughts and actions. In small groups:

Role-play how you might put this into action when communicating with someone exhibiting suicidal thoughts and actions. What would you say to manage the situation?

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Activity 3

Look at the following sections of Topic 3.3 with the participants:

3.3.10 – Support strategies. Please note *Topic 4.2 Managing critical incidents* includes more information about support strategies.

3.3.11 – Supporting yourself

3.3.12 – Non-suicidal self-harming behaviour. Please note *Topic 3.2 Assessing and Managing Self-harm with Ice-affected People* and *Topic 4.2 Managing critical Incidents* includes more information about how to help people at risk of self-harm and how to de-escalate a critical incident.

3.3.13 – Self-harm and suicide. Please note *Topic 3.2 Assessing and Managing Self-harm with Ice-affected People* and *Topic 4.2 Managing critical Incidents* includes more information about how to help people at risk of self-harm and how to de-escalate a critical incident.

3.3.14 – Anxiety and panic. Please note *Topic 2.1 Ice Intoxication* and *Topic 2.2. Withdrawal and Long-term Effects* includes more information about the signs and symptoms of ice intoxication, toxicity and overdose.

3.3.15 – Psychosis. Please note *Topic 2.1 Ice Intoxication* includes more information about crystal methamphetamine-related psychosis.

3.3.15 – Responding to psychosis. Please note *Topic 4.2 Managing critical incidents* includes more information about how to de-escalate a critical incident.

Q3. *What would you do to support someone who has used crystal methamphetamine and is experiencing anxiety and panic?*

Answer:

- ***Check out the possibility that the person may be having a heart attack. If this is a possibility, administer physical first aid and call an ambulance.***
- ***If you confirm that the person is having a panic / anxiety-related episode:***
 - ***Speak to them in a calm, reassuring manner***
 - ***Speak clearly and slowly***
 - ***Use short clear sentences***
 - ***Reassure them that the episode, while frightening, is not life threatening and that the symptoms will pass***
- ***Consider making a referral to a health/medical professional for further advice and guidance.***

Activity 4 – Further learning

Topic 3.3 can be complemented by having participants read the following document:

- *Mental Health First Aid Guidelines* developed by Mental Health First Aid Australia (various).

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

References and resources

- Baker, A. (2015). [Physical and psychological effects of methamphetamine use](#). Presentation, National Methamphetamine Symposium, Melbourne, 12 May.
- Clay, R.A. (2013). [Mental health first aid: A growing movement trains laypeople to spot mental health concerns. What does it mean for psychologists?](#) Monitor on Psychology, 44(7), 32.
- Darke, S., Kaye, S., Mcketin, R., & Duflou, J. (2008). Major physical and psychological harms of methamphetamine use. *Drug and Alcohol Review*, 27(3), 253-262.
- Degenhardt, L., & Hall, W. (2012) Extent of illicit drug use and dependence and their contribution to the global burden of disease. *The Lancet*, 379(9810), 55-70.
- Jenner, L., & Lee, N. (2008). [Treatment approaches for users of methamphetamine: A practical guide for frontline workers](#). Canberra: Australian Government Department of Health and Ageing.
- Mcketin, R., Lubman, D., Lee, N., Ross, J., & Slade, T. (2011). Major depression among methamphetamine users entering drug treatment programs. *Medical Journal of Australia*, 195(3), S51.

For further help:

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Module 4: Ice Users and Critical Incidents

Learning Goals

After undertaking this module, learners will be better able to prepare for, prevent, respond to and recover from, critical incidents involving ice-affected people.

This module contains 3 topics.

This is a foundation module that contains topics that are intended to provide generic information to a wide range of frontline workers.

Topic 4.1: Critical Incidents Involving Ice Users

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services, transport.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

1. Assess work environments for potential risks or critical incident triggers involving people affected by crystal methamphetamine, including those related to staff training and communication, work practices, and environmental and security factors
2. Assess and prioritise the risks
3. Implement risk prevention and control measures
4. Monitor and review responses to critical incidents.

Summary of Key Points

- Critical incident prevention and planning is vital for organisations responding to / dealing with people affected by crystal methamphetamine.
- Organisations need to have policies and other measures in place to prevent and respond to critical incidents.
- Frontline workers need to have the skills and knowledge to prevent and deal with these incidents.

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- A range of factors increase the risk of critical incidents occurring and it is important to identify and manage them appropriately. These include the risks related to people and environments.
- It is important to have a service resumption plan as part of the planning process for critical incidents.

Activity 1 – Workplace hazards

Look at the following sections in Topic 4.1 with the participants:

4.1.1 – Critical incidents: definition

4.1.2 – Occupation health and safety

4.1.3 – Hazard identification

4.1.4 – What are potential hazards?

Once you have reviewed the information, ask the participants to answer the following question:

Q1. *What are some of the hazards present in workplaces that could contribute to, or increase the severity of, a critical incident?*

Answer:

Workplace hazards could include:

- 1. Lack of a clear plan for preventing and responding to critical incidents**
- 2. Staff not trained to recognise and respond to critical incidents**
- 3. Poor, or lack of, communication between workers and clients**
- 4. Insufficient staffing levels / coverage**
- 5. Lengthy waiting times for service provision**
- 6. Building layout or design (e.g., poor lighting, unsecured access, limited exits, lack of duress alarms, isolated interview rooms)**
- 7. Crowded and noisy waiting rooms (e.g., TVs, radios, mobile phones)**
- 8. Furniture or fittings that can be thrown**
- 9. Lack of other security measures.**

Activity 2 – Critical incidents: Risk assessment

Look at the following sections in Topic 4.1 with the participants:

4.1.5 – Risk assessment. Please note *Topic 4.3 Recovery, Review, Resumption* includes more information about ongoing prevention, monitoring, and review.

4.1.6 – Critical incidents: triggers. Please note *Topic 2.1 Ice Intoxication* includes more information about crystal methamphetamine-related psychosis

4.1.7 – Identifying who is most at risk of involvement in a critical incident

Once you have reviewed the information, ask the participants to answer the following question:

Q2. *What are some of the characteristics of people who are most likely to be involved in critical incidents?*

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Answer:

People who are most likely to be involved in critical incidents are those who:

- 1. Are young men**
- 2. Are intoxicated with, or withdrawing from, crystal methamphetamine**
- 3. Have been aggressive or violent in the past**
- 4. Are dealing with multiple issues (e.g., financial, relationships, housing, legal)**
- 5. Respond in an exaggerated way to a real event in their life or a trigger in the environment**
- 6. Are fearful or paranoid**
- 7. Are experiencing crystal methamphetamine-related psychosis**
- 8. Have experienced a long wait for services or lack of communication from service providers**
- 9. Are angry and/or frustrated.**

Activity 3 – Critical incidents: Preparation

Look at the following sections in Topic 4.1 with the participants:

4.1.8 – Preparing for critical incidents

4.1.9 – Does your organisation have a Service Resumption Plan? Please note *Topic 4.3 Recovery, Review, Resumption* includes more information about implementing a Service Resumption Plan following a critical incident.

As part of a group activity, ask the participants to think about previous critical incidents involving people affected by crystal methamphetamine. Discuss whether they or their organisations were sufficiently prepared to respond to those incidents.

Ask the participants to complete one of the following homework tasks:

- 1. If you are a frontline worker, talk to your supervisor and manager about which of the risk prevention / control strategies described here could help your organisation to meet its obligations in this area.*
- 2. If you are a supervisor or manager, assess what risk prevention / control strategies your organisation has in place and identify what extra strategies could be implemented.*

Activity 4 – Further learning

Topic 4.1 can be complemented by having participants read the following documents:

- *Responding to challenging situations related to the use of psychostimulants: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.
- WorkSafe Victoria. (2005). *A Handbook for Workplace: Summary of the Occupational Health and Safety Act 2004*. WorkSafe Victoria: Melbourne.
- WorkSafe Victoria. (2007). *A Handbook for Workplaces: Controlling OHS Hazards and Risks*. WorkSafe Victoria: Melbourne.
- WorkSafe Victoria. (2015). *A Guide for Employers. Preventing and Responding to Work-Related Violence*. WorkSafe Victoria: Melbourne.

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References and resources

- Jenner, L., & Lee, N. (2009). Responding to challenging situations related to the use of psychostimulants: A practical guide for frontline workers. Canberra: Australian Government Department of Health and Ageing.
- National Health and Medical Research Council. (2002). When it's right in front of you: Assisting health care workers to manage the effects of violence in rural and remote Australia. Canberra: NHMRC.
- WorkSafe Victoria. (2007). A Handbook for Workplaces: Controlling OHS Hazards and Risks. WorkSafe Victoria: Melbourne.
- Additional information about policies and procedures for responding to critical incidents is available from:
 - Victoria Department of Health. (2014). Critical client incident management instruction Technical update 2014. Melbourne, Victoria: Victoria Department of Health.
 - Victoria Department of Health. (2011). Victorian health incident management policy. Melbourne, Victoria: Victoria Department of Health.
 - Victoria Department of Health (2014). Better responses, safer hospitals: Standards for Code Grey. Melbourne, Victoria: Victoria Department of Health.
 - WorkSafe Victoria [website](#).

For further help:

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Topic 4.2: Managing Critical Incidents

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services, transport.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

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Objectives

After completing this Topic, learners will have been provided with information about how to:

1. Identify signs of impending aggression or violence in people affected by crystal methamphetamine.
2. Implement de-escalation techniques to manage the risk of aggression or violence occurring
3. Implement de-escalation techniques to manage a person who has been using crystal methamphetamine.

Topic advice

Because there are many aspects to safely and effectively managing critical incidents, it is recommended that trainers work through this Topic **very slowly**.

Try and tackle only small parts of it at a time.

Allow the participants plenty of time to think, reflect, visualise, and rehearse potential situations and their responses.

Approaches to managing critical incidents will vary between workplaces.

If the participants work in a Victorian hospital setting, please also refer to the Department of Health and Human Services Code Grey policy and procedures.

It is very important that the participants **re-read** all of the sections on:

- Key signs of hostility / aggression
- People experiencing psychosis
- Critical incident response strategies
- De-escalation
- Communication strategies
- What if de-escalation does not work?

Summary of Key Points

- Organisations need to have policies, procedures, and workforce development measures in place to prevent and respond to critical incidents.
- Frontline workers need to be supported to develop the skills and knowledge to prevent and deal with these incidents.
- Most people experiencing crystal methamphetamine-related psychosis are not violent. However, psychosis may be an important trigger and it is important that workers are given the opportunity to develop skills in recognising and addressing psychosis.
- All relevant staff should be trained in using de-escalation approaches.

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Activity 1 – Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study examines a scenario involving an agitated / hostile person who attends your workplace. When reading through Topic 4.2, ask the participants to use the case study to think about what they might do in this type of situation.

Bryce is a mechanic in his late 40s who has been using crystal methamphetamine for a number of years. He is well known to your service for his drug use, relationship problems (including perpetrating domestic violence), and some mental health issues related to anxiety and impulse control.

He is generally cordial but can become impatient if he is kept waiting to see you or other workers. When he becomes impatient, Bryce tends to pace up and down and this makes him physically intimidating to both staff and other service users.

Bryce unexpectedly comes into your service and begins shouting at and behaving aggressively toward staff.

He demands to see his case worker urgently as he has been charged with assaulting his partner and wants to know what his case worker can do to help him.

Look at the following sections of Topic 4.2 with the participants to inform their understanding of what issues might be relevant to managing this situation.

4.2.1 – Managing critical incidents: General principles

4.2.2 – Key signs of hostility / aggression. Please note *Topic 2.1 Ice Intoxication* includes additional information about the signs of intoxication involving crystal methamphetamine or other drugs (e.g., alcohol).

4.2.3 – Psychosis. Please note *Topic 3.3 Basic Mental Health Responses for Ice Users* includes additional information on psychosis.

4.2.4 – De-escalation

4.2.5 – De-escalation strategies

4.2.6 – De-escalation: Communication strategies

4.2.7 – What if de-escalation does not work?

4.2.8 – Critical incident response approaches

4.2.9 – After critical incident response strategies. Please note *Topic 4.3 Recovery, Review, Resumption* includes more information about what you should do following a critical incident.

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

Bryce regularly attends your service. He has come into your workplace and started shouting at and verbally abusing staff. Having worked through Topic 4.2:

1. *What measures could be introduced to improve the safety of all involved?*

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2. *Think about the physical layout of your workplace and who is likely to be present (e.g., other staff, bystanders).*
3. *Think about what aspects of the workplace could:*
 - *Increase the risks of this behaviour occurring?*
 - *Help or hinder your responses to the aggressive person?*
4. *If you are called upon to try to calm the situation with Bryce, what factors would you consider in deciding whether or not to become involved?*
5. *If you do become involved, what are the key things that you need to do first?*
6. *What de-escalation strategies would you use to try to calm the situation and ensure that you and other staff remain safe at all times?*
7. *Who do you need to call for help?*
8. *What can your organisation do to better prepare for these situations?*

Once you have reviewed the information in the Topic, also ask the participants to reflect on the following questions:

Q1. *What are some of the key signs people exhibit when they are becoming increasing hostile and aggressive?*

Answer:

Some of the key signs that a person is becoming hostile or aggressive may include:

1. ***Being demanding, argumentative or shouting***
2. ***Agitation, restlessness, erratic movements, inability or unwillingness to sit or stand still***
3. ***Pacing, clenching fists, drumming fingers, repeatedly running hands through hair, tapping or banging on walls or furniture***
4. ***Tense, frustrated or angry facial expressions***
5. ***Extended eye contact that appears challenging***
6. ***Rapid mood changes***
7. ***Rapid breathing, muscle twitching, wide-eyed expression***
8. ***Expressing fear, anger or loss of control***
9. ***Verbal threats or gestures.***

Q2. *Assuming that you are not working in a role (such as policing) with the capacity to use force and physical restraint against violent and agitated people affected by crystal methamphetamine, under what circumstances should you NOT approach a violent and agitated person?*

Answer:

In the event of a critical incident involving a violent and agitated person affected by crystal methamphetamine, you should not approach the person if:

1. ***You do not feel confident or capable of managing the situation***
2. ***He / she is already hostile, unstable, fearful or very intoxicated***
3. ***He / she is in an enclosed room with limited exits***

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4. *He / she is threatening harm to harm you, other workers or bystanders*
5. *He / she has a weapon.*

Q3. *Which of the following strategies would you use to manage a situation involving a hostile and aggressive person affected by crystal methamphetamine?*

- Appointing one communicator*
- Giving the person a big hug*
- Moving bystanders away*
- Talking in a small cosy room*
- Approaching from behind*
- Not blocking exits*
- Scanning the immediate area*
- Adopting an open body posture*
- Appointing an observer*
- Removing personal hazards*

Correct Answer:

Strategies to manage the situation include:

- *Appointing one communicator*
- *Moving bystanders away*
- *Not blocking exits*
- *Scanning the immediate area*
- *Adopting an open body posture*
- *Appointing an observer*
- *Removing personal hazards.*

Q4. *List some of the inter-personal communication strategies you would use when communicating with a hostile / aggressive person affected by crystal methamphetamine.*

Answer:

When communicating with a hostile / aggressive person:

1. *Remain calm, appear confident and speak with an even volume and rate*
2. *Be concise and keep it simple -avoid jargon and "no" language*
3. *If possible use the person's name or try to establish rapport if unknown*
4. *Acknowledge any grievances and indicate a willingness to help without making promises that cannot be kept*
5. *Ask open-ended questions about their current anger or distress (e.g., Tell me what happened today? What can I do to help you right now?).*
6. *Show concern through non-verbal (e.g., nodding your head) and verbal (e.g., I understand how you feel... Tell me about that...) responses.*
7. *Ask if they would like some time to think before responding (e.g., I'll give you a minute or two to think about this, but I'll be right here).*

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Activity 2 – Escalating signs, communication strategies and de-escalation techniques

Ask the participants to re-read sections the following sections in Topic 4.2 in their own time and to download the [Quick Reference Chart](#) for responding to challenging situations, and review the content.

4.2.1 – Managing critical incidents: General principles

4.2.2 – Key signs of hostility / aggression. Please note *Topic 2.1 Ice Intoxication* includes additional information about the signs of intoxication involving crystal methamphetamine or other drugs (e.g., alcohol).

4.2.3 – Psychosis. Please note *Topic 3.3 Basic Mental Health Responses for Ice Users* includes additional information on psychosis.

Once they have re-read the sections and downloaded the chart, they should look at the sections of the chart dealing with:

1. Signs of escalating hostility and aggression
2. Appropriate communication strategies
3. De-escalation techniques.

During class time, ask the participants to visualise a potential critical incident situation they might find themselves in. Ask the participants:

1. *How would you respond during the critical incident, what would you do and say and what would you not do and say?*
2. *Role-play a range of different critical incident scenarios to practise these techniques. Provide each other with feedback about how effective the approach would be.*

Activity 3 – De-escalation

Look at the following sections in Topic 4.2 with the participants:

4.2.4 – De-escalation

4.2.5 – De-escalation strategies

4.2.6 – De-escalation: Communication strategies

4.2.7 – What if de-escalation does not work?

Once you have reviewed the information, ask the participants to talk to an experienced colleague, supervisor or mentor to test their skills in applying each of the 11 communication strategies during a critical incident.

Ask your colleague to play the role of an agitated and potentially violent person. Then, try to apply each of the 11 communication strategies. Get your colleague to assess and rate your ability in relation to each of them.

To fully develop these skills you will need to repeat this simulation exercise multiple times.

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Activity 4 – Critical incident response approaches

Look at the following section in Topic 4.2 with the participants:

4.2.8 – Critical incident response approaches

Once you have reviewed the information, ask the participants to re-read and memorise the “what to do” and “what not to do” approaches if a critical incident involves a person affected by crystal methamphetamine.

Quiz the participants on what approaches they should and should not use in a critical incident.

Activity 5 – After a critical incident

Look at the following section in Topic 4.2 with the participants:

4.2.9 – After critical incident response strategies. Please note *Topic 4.3 Recovery, Review, Resumption* includes more information about what you should do following a critical incident.

Once you have reviewed the information, ask the participants to think about a recent critical incident in their workplace

1. *Were the actions and responses consistent with the strategies outlined in 4.2.9?*
2. *What would you do differently after studying this section?*

Activity 5 – Further learning

Topic 4.2 can be complemented by having participants read the following documents:

- *Responding to challenging situations related to the use of psychostimulants: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.
- *Psychostimulants – Management of acute behavioural disturbances: Guidelines for police services* by Linda Jenner and colleagues.
- *Management of patients with psychostimulant toxicity: Guidelines for emergency departments* by Linda Jenner and colleagues.
- *Management of patients with psychostimulant toxicity: Guidelines for ambulance services* by Linda Jenner and colleagues.
- *Management of patients with acute severe behavioural disturbance in emergency departments* by NSW Health.

References and resources

- Lee, J. (2015). 'Ice-chosis' - *Staying safe while providing care in the community*. Paper presented at the Australian Indigenous Doctors' Association Conference 2015, Adelaide.

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- Jenner, L., & Lee, N. (2009). [*Responding to challenging situations related to the use of psychostimulants: A practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing.
- Richmond, J., Berlin, J., Fishkind, A., Holloman, G., Zeller, S., Wilson, M., Rifai, M., and Ng, A. (2012). Verbal de-escalation of the agitated patient: consensus statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine*, 13(1).

Additional information about policies and procedures for responding to critical incidents is available from:

- Department of Health. (2011). [*Victorian health incident management policy*](#). Melbourne, Victoria.
- Department of Human Services. (2014). [*Critical client incident management instruction: Technical update 2014*](#). Melbourne, Victoria.
- Victoria Department of Health (2014). [*Better responses, safer hospitals: Standards for Code Grey*](#). Melbourne, Victoria: Victoria Department of Health.

For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>.

Topic 4.3: Recovery, Review, Resumption

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, criminal justice, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services, transport.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

This Topic will help learners, within the context of their organisation's policies and procedures, to:

1. Ensure that physical, emotional, and psychological needs are met at the conclusion of a critical incident.
2. Support the implementation of their organisation's Service Resumption Plan.

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3. Support the implementation of alternative options if the service user cannot return to the service.

Summary of Key Points

- Everyone involved in critical incidents must have their physical, emotional and psychological needs met in a supportive environment. These needs may only become apparent sometime after the incident.
- After a critical incident, the agency / organisation's Service Resumption Plan should be implemented.
- A comprehensive review should be undertaken following all critical incidents.
- Where a service client has been involved in a critical incident, careful planning is required to determine whether the person can be allowed back into the service, or if re-entry needs to be refused.

Activity 1 – Recovery from critical incidents

Look at the following sections in Topic 4.3 with the participants:

4.3.1 – Recovering from ice-related critical incidents

4.3.2 – Immediately after the critical incident

4.3.3 – Implement your organisation's Service Resumption Plan. Please note *Topic 4.1 Critical Incidents Involving Ice Users* includes more information about Service Resumption Plans.

As a homework task for the participants, ask them to:

1. *Review whether their organisation has a Service Resumption Plan that must be implemented after a critical incident.*
2. *Find out whether there are clear policies and procedures about the implementation of the Service Resumption Plan.*
3. *Talk to a supervisor or manager about what the organisation can do to develop, implement, or enhance its Service Resumption Plan.*

Activity 2 – Review of critical incidents

Look at the following section in Topic 4.3 with the participants:

4.3.4 – Review - after the critical incidents. Please note *Topic 4.1 Critical Incidents Involving Ice Users* includes more information about the identification of incident hazards and strategies to reduce reoccurrence or severity of critical incidents.

As a homework task for the participants, ask them to:

1. *Examine whether their organisation conducts regular, timely, and comprehensive reviews after critical incidents.*
2. *Find out whether these reviews address the issues covered in 4.3.4, and if not, identify ways in which this could be improved and discuss these with their supervisor or manager.*

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Once you have reviewed the information in 4.3.4 ask the participants to answer the following question:

Q1. *What issues should be included in a post-critical incident review?*

Answer:

Post-critical incident reviews should address issues such as:

- **Incident triggers**
- **Effective and/or ineffective steps and if existing security measures were adequate**
- **Implementation of the response plan, any implementation barriers and if the plan was realistic and up to date**
- **Incident hazards and whether they were they identified beforehand**
- **Strategies to reduce reoccurrence or severity**
- **If workers recognised the signs of the impending incident and intervened appropriately**
- **If additional staff training and support is required and how it should be provided**
- **How the organisation's responses to future critical incidents could be improved.**

Activity 3 – Preparing for re-entry / return

Look at the following sections in Topic 4.3 with participants:

4.3.5 – Ongoing support for staff

4.3.6 – Preparing for a service user's return

4.3.7 – Service re-entry options

Once you have reviewed the information, ask the participants to reflect on the following:

Think about a time when a person who was previously involved in a critical incident sought re-entry / re-engagement to your service.

1. *How was this handled and was it consistent with the strategies discussed in section 4.3.7?*
2. *What would you now do differently after studying section 4.3.7?*

Look at the following section in Topic 4.3 with the participants:

4.3.8 – Refusing re-entry to a service user

Activity 4 - Further learning

Topic 4.3 can be complemented by having participants read the following document:

- *Responding to challenging situations related to the use of psychostimulants: A practical guide for frontline workers developed by Linda Jenner and A/Professor Nicole Lee.*

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References and resources

- Jenner, L., & Lee, N. (2009). [*Responding to challenging situations related to the use of psychostimulants: a practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing.
- Magistrates Court of Victoria (2015). [*Personal safety intervention orders*](#).
- Victoria Department of Health (2014). [*Better responses, safer hospitals: Standards for code grey*](#). Melbourne, Victoria: Victoria Department of Health.

For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>.

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Module 5: Interventions

Learning Goals

After undertaking this module, learners will be able to describe key interventions for people with crystal methamphetamine-related problems.

This module contains 8 topics.

This is a foundation module that contains topics that are intended to provide generic information to a wide range of frontline workers.

Topic 5.1: Overview of Interventions

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, criminal justice, community health, education, emergency services, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services, transport.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

- Outline the key interventions to assist people who use crystal methamphetamine, including:
 - Brief interventions
 - Assessment
 - Counselling and cognitive behavioural approaches (CBT)
 - Withdrawal management
 - Relapse prevention and management
- Describe the available treatment options for people with crystal methamphetamine problems.
- Describe the readiness to change model.
- Describe the needs of families and special needs groups.

Summary of Key Points

- Brief interventions can be effective in helping people with crystal methamphetamine-related problems.

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- An accurate client assessment allows practitioners to understand the nature, extent, and context of the client's crystal methamphetamine use, and highlight particular issues of concern that can be targeted during treatment.
- Current best practice for treating crystal methamphetamine-related problems involves cognitive behaviour therapy in combination with motivational interviewing.
- Supporting clients through crystal methamphetamine withdrawal can enhance treatment outcomes.
- Relapse is very common among people who use crystal methamphetamine and therefore relapse prevention and management are very important.
- Identifying how ready clients are to change is essential for developing appropriate treatment goals and strategies.
- No medications have been approved for treating for crystal methamphetamine dependence / withdrawal.
- There is a range of groups of people who use crystal methamphetamine who have particular needs.
- Families are often a great source of support and encouragement for individuals who use crystal methamphetamine, but need education, support and practical assistance to help them understand the issues and to improve their own wellbeing.

Activity 1 – Intervention types

Look at the following sections in Topic 5.1 with the participants:

5.1.1 – Intervention types. Please note *Topic 5.2 Brief Interventions*, *Topic 5.3 Assessment*, *Topic 5.4 Counselling and Cognitive Behavioural Approaches*, *Topic 5.5 Withdrawal Management* and *Topic 5.6 Relapse Prevention and Management* includes more detail on their respective intervention types.

5.1.2 – Readiness to change

Once you have reviewed the information, ask the participants to answer the following question:

Q1. *List the 6 stages of change with the intervention approaches which are suitable for each stage.*

Answer:

The 6 stages are:

1. ***Pre-contemplation (not considering change). Approaches for clients in the pre-contemplation stage include harm reduction and brief advice.***
2. ***Contemplation (considering change). Approaches for clients in the contemplation stage include motivational enhancement, education, and counselling.***
3. ***Preparation (made a firm commitment to change). Suitable approaches for clients in the preparation stage include structured counselling.***
4. ***Action (recently reduced or ceased use). Approaches for clients in the action stage include structured counselling.***
5. ***Maintenance (reduced or ceased use some time ago). Approaches for clients in the maintenance stage include structured counselling.***

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6. *Relapse (started to use again): Approaches for clients in the relapse stage include motivational approaches and skill building.*

Activity 2 – Intervention types (continued)

Look at the following sections in Topic 5.1 with the participants:

5.1.3 – Pharmacotherapy

5.1.4 – Groups with specific needs – an overview. Please note *Topic 5.7 Groups with Specific Needs* includes additional intervention strategies specific to these groups.

5.1.5 – Working with families – an overview. Please note *Topic 5.8 Supporting / Working with Families and Carers* includes additional information.

Once you have reviewed the information, ask the participants to answer the following question:

In what ways could the heavy crystal methamphetamine use of a family member impact on other family members and on the functioning of the family?

Activity 3 - Further learning

Topic 5.1 can be complemented by having participants do the following:

- Watching the presentations given by Assoc. Prof Nadine Ezard and Prof Amanda Baker at the National Methamphetamine Symposium in May 2015. These presentations also include a discussion of the effects of methamphetamine, which is relevant to Module 1.
 - During Nadine's presentation, they could think about the treatment-seeking behaviours of individuals who use crystal methamphetamine (discussed from minute 4:29-6:09), and their implications for successful interventions.
 - During Amanda's presentation, they could consider the implications for treatment discussed from minute 16:24 onward.
- Watching the *Insight* program about methamphetamine. In particular, focussing on the different perspectives about interventions discussed from minute 35:33-45:06. This program is relevant for all of Module 5, and also Module 2.
- Watching the Dovetail presentation, particularly minutes 43:34-1:06.36. This part of the presentation discusses treatment options for methamphetamine, and is relevant to all of Module 5.
- Reading the document *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.
- Reading the document *Methamphetamine dependence and treatment* developed by A/Professor Nicole Lee and colleagues.

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References and resources

- Karila, L., Weinstein, A., Aubin, H., Benyamina, A., Reynaud, M., & Batki, S. (2010). Pharmacological approaches to methamphetamine dependence: A focused review. *British Journal of Clinical Pharmacology*, 69(6), 578-592.
- Lee, N., Johns, L., Jenkinson, R., Johnston, J., Connolly, K., Hall, K., & Cash, R. (2007). [*Methamphetamine dependence and treatment*](#). Fitzroy: Victoria Turning Point Alcohol and Drug Centre Inc.
- Pennay, A., & Lee, N. (2011). Putting the call out for more research: the poor evidence base for treating methamphetamine withdrawal. *Drug and Alcohol Review*, 30(2), 216-222.

For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>.

Topic 5.2: Brief Interventions

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

- Understand what brief interventions are, where and when they can be used, and how effective they can be.
- Describe the main elements of brief interventions, including FRAMES and the five key steps:
 - Screening and assessment
 - Feedback and education
 - Provision of self-help materials
 - Harm reduction advice
 - Motivational interviewing / counselling.

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Remember, the aim of this module is not to make learners drug counsellors, but rather to give them an overview of the kind of interventions that can be used to help people experiencing difficulties with their crystal methamphetamine use.

Summary of Key Points

- Brief interventions have **6** common elements (known by the acronym **FRAMES**):
 - **Feedback** on the risks of crystal methamphetamine use
 - **Responsibility** on client to change
 - **Advice** from a clinician
 - **Menu** of self-help / treatment options
 - **Empathetic** and non-judgmental approach
 - **Self-efficacy** (confidence) of client improved.
- Brief intervention steps include:
 - Screening and assessment
 - Feedback and education
 - Provision of self-help materials
 - Harm reduction advice
 - Motivational interviewing / counselling.

Activity 1 – FRAMES

Look at the following section in Topic 5.2 with the participants:

5.2.1 – What are brief interventions?

Once you have reviewed the information, ask the participants to answer the following question:

Q1. What does the acronym FRAMES stand for?

Answer:

The acronym FRAMES refers to the six elements common to all brief interventions:

- **Feedback is given regarding the risks of use.**
- **Responsibility for change is placed with the client.**
- **Advice is provided by the clinician.**
- **Menu of self-help or treatment options is offered.**
- **Empathetic and non-judgmental style is used**
- **Self-efficacy (confidence) of the client is improved.**

Activity 2 – Brief intervention steps

Look at the following section in Topic 5.2 with the participants:

5.2.2 – Brief intervention steps. Please note *Topic 5.4 Counselling and Cognitive Behavioural Approaches* includes more information about motivational interviewing and counselling.

Once you have reviewed the information, ask the participants to answer the following question:

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Q2. *What are the 5 steps involved in brief interventions?*

Answer:

Brief interventions consist of a number of steps which can be implemented flexibly according to the needs of the individual client:

- 1. Screening and assessment**
- 2. Feedback and education**
- 3. Provision of self-help materials**
- 4. Harm reduction advice**
- 5. Motivational interviewing / counselling.**

Activity 3 – Effectiveness of brief intervention

Look at the following sections in Topic 5.2 with the participants:

5.2.3 – Where should brief interventions be used?

5.2.4 – How effective are brief interventions?

Once you have reviewed the information, ask the participants to reflect on the following:

Think about previous situations involving a person who has been using crystal methamphetamine and whether you used brief interventions.

- 1. Do you think that the interventions you used were consistent with good practice?*
- 2. Having studied 5.2.3-5.2.4, what do you think you would do differently from now on?*
- 3. If you have not utilised brief interventions in the past when dealing with a person who uses crystal methamphetamine, take a moment to consider how you might apply what you have learnt in the future.*

Activity 3 - Further learning

Topic 5.2 can be complemented by having participants do the following:

- Watching the *Insight* program about methamphetamine. In particular, thinking about the different perspectives about interventions discussed from minute 35:33-45:06. This program is relevant for all of Module 5, and also Module 2.
- Watching the Dovetail presentation, particularly minutes 39:40-46:04. This part of the presentation discusses treatment options for methamphetamine and is relevant to all of Module 5. It also reiterates the message of recovery and hope and that people are able to recover from using crystal methamphetamine.
- Read the document *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.
- Read the document *Methamphetamine dependence and treatment* developed by A/Professor Nicole Lee and colleagues.

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

References and resources

- [Australian Injecting & Illicit Drug Users' League \(AIVL\) website](#)
- Baker, A., Lee, N., & Jenner, L. (2004). [Models of intervention and care for psychostimulant users](#). Canberra: Australian Government Department of Health and Ageing.
- Bien, T., Miller, W., & Tonigan, J. (1993). Brief interventions for alcohol problems: A review. *Addiction*, 88(3), 315-335.
- [Harm Reduction Victoria Dancewise Program website](#)
- Humeniuk, R., Henry-Edwards, S., Ali, R., Poznyak, V., Monteiro, V., & Maristela G. (2010). [Brief intervention: The ASSIST-linked brief intervention for hazardous and harmful substance use](#). Geneva, Switzerland: World Health Organization.
- Jenner, L., & Lee, N. (2008). [Treatment approaches for users of methamphetamine: A practical guide for frontline workers](#). Canberra: Australian Government Department of Health and Ageing. Available at:
 - National Centre for Education and Training on Addiction. (2004). [Resource kit for GP trainers on illicit drug issues](#). Adelaide: National Centre for Education and Training on Addiction.
 - Pennay, A., & Lee, N. (2014). [Prevention and early intervention of methamphetamine-related harm](#). Prevention Research Quarterly. Melbourne: DrugInfo Clearinghouse.
 - Substance Abuse and Mental Health Services Administration. (1999). [Brief Interventions and brief therapies for substance abuse](#). Treatment Improvement Protocol (TIP) Series, No. 34. Rockville (MD): Center for Substance Abuse Treatment.

For further help:

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Topic 5.3: Assessment

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

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Objectives

After completing this Topic, learners will become familiar with the assessment process for:

- Current and past crystal methamphetamine and other drug use
- Dependence on crystal methamphetamine and other drugs
- Physical and psychological health
- Previous crystal methamphetamine withdrawal
- Social factors
- Trauma history
- Readiness to change.

Remember, the aim of this module is not to make learners drug counsellors, but rather to give them an overview of the kind of interventions that can be used to help people experiencing difficulties with their crystal methamphetamine use.

Summary of Key Points

- It is important to conduct a thorough assessment before a person who uses crystal methamphetamine enters treatment.
- Assessments help practitioners to:
 - Understand the nature, extent, and context of the person's crystal methamphetamine use
 - Highlight issues of concern that can be targeted during treatment.
- Assessments help clients to identify and clarify their own goals.
- A thorough assessment should include information about a client's:
 - Current and past crystal methamphetamine and other drug use
 - Dependence on each drug
 - Previous crystal methamphetamine withdrawal
 - Social factors
 - Trauma history
 - Readiness to change.

Activity 1 – Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study looks at the stages of change that people go through when deciding to change their crystal methamphetamine use. When reading through Topic 5.3, ask the participants to use the case study to think about the importance of conducting a thorough assessment and the different components that need to be addressed.

Sarah is a 37 year old legal officer who has been using crystal methamphetamine for the past three years. She has also regularly used cannabis and benzodiazepines. Sarah is also a heavy smoker and drinks at risky levels on weekends.

Recently Sarah has been experiencing some health-related issues (e.g. heart palpitations, high blood pressure and coughing fits) and has started to think about changing her patterns of crystal methamphetamine use.

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She tells you that this is the first time that she has seriously considered changing how much and how often she uses crystal methamphetamine. She says "I am not sure if I want to stop using crystal methamphetamine but I am thinking maybe I should cut down a bit".

Work through the following sections of Topic 5.3 with the participants.

5.3.1 – Why is assessment important?

5.3.2 – What does assessment involve?

5.3.3 – Assessment components?

5.3.4 – Readiness to change

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

Sarah is thinking about changing how much crystal methamphetamine she uses.

1. *Having worked through Topic 5.3, which of the six stages of change do you think Sarah is at?*
2. *What advice do you think is appropriate for Sarah at this time?*

Remember, even though there are six stages of change, not everyone will go through each stage consecutively. Importantly, some people may go back to an earlier stage or may skip some of the stages altogether.

Activity 2 – What is assessment and why is it important?

Look at the following sections of Topic 5.3 with the participants:

5.3.1 – Why is assessment important?

5.3.2 – What does assessment involve?

5.3.3 – Assessment components?

5.3.4 – Readiness to change

Once you have reviewed the information, ask the participants to answer the following question:

Q1. *What issues should be included when assessing someone who uses crystal methamphetamine?*

Answer:

The following areas should be included when assessing someone who uses crystal methamphetamine:

- **Current and past crystal methamphetamine and other drug use**
- **Dependence on each drug**
- **Physical and psychological health**
- **Previous crystal methamphetamine withdrawal**
- **Social factors**
- **Trauma history**

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- **Readiness to change.**

Ask the participants to complete the following homework task.

1. *Have a look at the assessment tools that are used in your workplace to see if there is anything that could be improved. If there is, explore with your supervisor or manager options for reviewing and updating existing assessment tools.*

Activity 3 - Further learning

Topic 5.3 can be complemented by having participants do the following:

- Watching the *Insight* program about methamphetamine. In particular, focussing on the different perspectives about interventions discussed from minute 35:33-45:06. This program is relevant for all of Module 5, and also Module 2.
- Watching the *Dovetail* presentation, particularly minutes 43:34-1:06.36. This part of the presentation discusses treatment options for methamphetamine, and is relevant to all of Module 5.
- Reading the document *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.
- Reading the document *Methamphetamine dependence and treatment* developed by A/Professor Nicole Lee and colleagues.

References and resources

- Jenner, L., & Lee, N. (2008). [*Treatment approaches for users of methamphetamine: A practical guide for frontline workers.*](#) Canberra: Australian Government Department of Health and Ageing.
- Tiet, Q., Leyva, Y., Moos, R., Frayne, S., Osterberg, L., & Smith, B. (2015). Screen of drug use: Diagnostic accuracy of a new brief tool for primary care. *JAMA Internal Medicine*, 175(8) 1371-1377.
- World Health Organisation (2010). [*Brief intervention: The ASSIST-linked brief intervention for hazardous and harmful substance use manual for use in primary care.*](#) Geneva: World Health Organisation.

For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>.

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Topic 5.4: Counselling and Cognitive Behavioural Approaches

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

- Outline approaches to counselling people who use crystal methamphetamine and their unique needs
- Understand the key concepts of cognitive behaviour therapy
- Understand the key concepts of motivational interviewing
- Understand the Stages of Change model
- Apply harm reduction strategies.

Remember, the aim of this module is not to make learners drug counsellors, but rather to give them an overview of the kind of interventions that can be used to help people experiencing difficulties with their crystal methamphetamine use.

Summary of Key Points

- Counselling should only be provided to a person who uses crystal methamphetamine by a trained practitioner and after withdrawal has subsided.
- Counselling people who use crystal methamphetamine is different to counselling other drug users, and requires:
 - More frequent, shorter sessions
 - Reminders
 - Memory aids
 - Assertive follow-up
 - Written instructions.
- People who use crystal methamphetamine should be counselled within a harm reduction framework.
- Current best practice uses cognitive behaviour therapy (CBT) in combination with motivational interviewing (MI).
- CBT emphasises problem solving and learning skills, and can be used to help clients reduce or stop using crystal methamphetamine.

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- MI can be used to help clients make decisions about their crystal methamphetamine use.
- Identifying a client's readiness to change is essential for developing appropriate treatment goals and strategies.

Activity 1 – Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study looks at counselling and cognitive behavioural approaches for people who use crystal methamphetamine. When reading through Topic 5.4, ask the participants to use the case study to think about what strategies they could use to assist them to engage with people who use crystal methamphetamine.

Jack is a 27 year old man who has been seen at your service a number of times in the last 12 months. He works as a fulltime bank clerk in a large financial institution. He is consistently pleasant and personable. He has been seeing you because he has grown concerned about his crystal methamphetamine use.

Jack has been using crystal methamphetamine on and off for the past 5-6 years. In the last year he found that it was starting to impact on his ability to function at work and to negatively affect some of his close relationships.

He is highly motivated to give up crystal methamphetamine use altogether but he is finding this difficult.

You have modified the sessions that you have with Jack to ensure that they are shorter and more frequent as he was having difficulty retaining the lessons and doing the CBT homework because of the cognitive impairment that he is experiencing. He also has difficulty remembering to turn up for appointments but is highly motivated when he attends.

Work through the following sections of Topic 5.3 with the participants to help inform their understanding of what issues might be relevant to Jack's situation.

5.4.1 – Counselling ice users

5.4.2 – Cognitive behaviour therapy (CBT)

5.4.3 – Motivational interviewing (MI)

5.4.4 – Readiness to change

5.4.5 – Harm reduction

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

Jack is highly motivated to stop using crystal methamphetamine but has difficulty remembering to keep appointments and to do his CBT homework tasks. Having worked through Topic 5.3

1. *What additional communication strategies would you use to help Jack maintain the changes he has made to his crystal methamphetamine use?*

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2. *What additional strategies would you use to help Jack stay motivated and to remember to keep appointments?*
3. *What are the advantages of using CBT in combination with Motivational Interviewing in working with Jack?*

Activity 2 – Counselling ice users

Look at the following section of Topic 5.4 with the participants:

5.4.1 – Counselling ice users

Once you have reviewed the information ask the participants to answer the following question:

Q1. *What are the key ways in which counselling people who use crystal methamphetamine differs from counselling people with other substance use problems?*

Answer:

Counselling people who use crystal methamphetamine is in many ways similar to counselling other people with substance use problems.

However, there are some important differences.

Crystal methamphetamine use can impair memory, self-regulation and the capacity to think through complex tasks.

As a result, counselling people who use crystal methamphetamine should involve:

1. ***More frequent but shorter sessions***
2. ***Reminders***
3. ***Memory aids***
4. ***Assertive follow-up***
5. ***Written instructions.***

In addition, recovering fully after stopping crystal methamphetamine use can take some months, which means that clients may need a longer-term therapeutic relationship.

Activity 3 – Cognitive Behavioural Therapy and MI

Look at the following sections of Topic 5.4 with the participants:

5.4.2 – Cognitive behaviour therapy (CBT)

5.4.3 – Motivational interviewing (MI)

Once you have reviewed the information, ask the participants to answer the following question:

Q2. *What are the four processes in an MI conversation?*

Answer:

The four overlapping processes underpinning MI are:

1. ***Engage: Settle into a comfortable conversation***

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2. **Focus:** Find a useful direction with the client
3. **Evoke:** Draw out the client's own reasons to change
4. **Plan:** Support clients to develop their own plan.

Activity 4 – Counselling and cognitive behavioural approaches

Look at the following sections of Topic 5.4 with the participants:

- 5.4.1 – Counselling ice users
- 5.4.2 – Cognitive behaviour therapy (CBT)
- 5.4.3 – Motivational interviewing (MI)
- 5.4.4 – Readiness to change

Once you have reviewed the information, ask the participants to reflect on the following:

Think about previous situations where you have used counselling and cognitive behavioural approaches when engaging with people who use crystal methamphetamine.

1. *Do you think those approaches were effective in encouraging the person to change their behaviour and reducing harm?*
2. *What would you do differently after studying this Topic?*

Activity 5 - Further learning

Topic 5.4 can be complemented by having participants do the following:

- For a basic introduction to CBT, watching the video by *Life Coaching and Counselling*. Ask them to think about how the general principles discussed could be applied to people who use crystal methamphetamine.
- Watching the *Insight program* about methamphetamine. In particular, focussing on the different perspectives about interventions discussed from minute 35:33-45:06. This program is relevant for all of Module 5, and also Module 2.
- Watching the *Dovetail* presentation, particularly minutes 43:34-1:06.36. This part of the presentation discusses treatment options for methamphetamine and is relevant to all of Module 5.
- Reading the document *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.
- Reading the document *Methamphetamine dependence and treatment* developed by A/Professor Nicole Lee and colleagues.
- Look at *Topic 6.2 Harm Reduction Strategies* for information about the role of peer educators and peer support groups to assist people using crystal methamphetamine. *Topic 7.1 Systems Redesign* provides further information about organisational strategies for the use of peer workers.

APPENDIX 1: DETAILED OVERVIEW OF ONLINE TRAINING RESOURCE

References and resources

- Baker, A., Lee, N., & Jenner, L. (2004). [*Models of intervention and care for psychostimulant users*](#). Canberra: Australian Government Department of Health and Ageing.
- Centre for Substance Abuse Treatment (1999). [*Enhancing motivation for change in substance abuse treatment*](#). Treatment Improvement Protocol (TIP) Series, No. 35. Rockville (MD): Substance Abuse and Mental Health Services Administration.
- Jenner, L., & Lee, N. (2008). [*Treatment approaches for users of methamphetamine: A practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing.
- Lee, N., Johns, L., Jenkinson, R., Johnston, J., Connolly, K., Hall, K., & Cash, R. (2007). [*Methamphetamine dependence and treatment*](#). Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.
- Marsh, A., Dale, A., & Willis, L. (2007). [*A counsellor's guide to working with alcohol and drug users*](#). Perth: Drug and Alcohol Office.
- Roche, A. (2015). [*Methamphetamine: effects & responses*](#). Adelaide: National Centre for Education and Training on Addiction (NCETA).
- World Health Organisation (2010). [*Brief intervention: The ASSIST-linked brief intervention for hazardous and harmful substance use manual for use in primary care*](#). Geneva: World Health Organisation.
- Visit [The Beck Institute](#) website.

For further help:

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Topic 5.5: Withdrawal Management

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

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Objectives

After completing this Topic, learners will be able to:

1. Describe the signs and symptoms of a crystal methamphetamine 'crash' and withdrawal processes
2. Identify the factors that can influence the severity of crystal methamphetamine withdrawal
3. Outline the strategies that can assist a person experiencing crystal methamphetamine withdrawal.

Remember, the aim of this module is not to make learners drug counsellors, but rather to give them an overview of the kind of interventions that can be used to help people experiencing difficulties with their crystal methamphetamine use.

Summary of Key Points

- The signs and symptoms of crystal methamphetamine withdrawal come in stages:
 1. Crash period usually lasts a few days - characterised by excessive sleepiness, depression and anxiety
 2. Strong cravings period usually lasts up to 10 weeks - characterised by fatigue, low physical and mental energy
 3. Sporadic cravings can last for several months or more than a year – the person may feel that their withdrawal is dragging on.
- Intensity of withdrawal can be influenced by the:
 - Duration of crystal methamphetamine use, amount used and purity
 - Age of the user
 - Physical and psychological health of the user
 - Method of withdrawal.
- Withdrawal from crystal methamphetamine can be lengthy and it is important that the user:
 - Attends treatment
 - Asks for help from family and friends to cope with the withdrawal process
 - Takes care of themselves, both mentally and physically
 - Takes each day at a time.

Activity 1 – Signs of, behaviours associated with, and factors that influence ice withdrawal

Look at the following sections of Topic 5.5 with the participants:

5.5.1 – Signs and behaviours associated with ice crash and withdrawal

5.5.2 – Factors that can influence the severity of ice withdrawal

Once you have reviewed the information, ask the participants to answer the following question:

Q. What are the common signs and behaviours associated with crystal methamphetamine crash and withdrawal? Select all that apply.

- Anxiety

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- Psychosis*
- Depression*
- Short temper*
- Nervousness*
- Paranoia*
- Suicidal thoughts*
- Lack of motivation*
- Exhaustion and lethargy*
- Excessive sleeping*
- Hunger*
- Thirst*
- Craving to reuse crystal methamphetamine*
- All of the above*

Answer:

The common signs and symptoms of crystal methamphetamine crash and withdrawal include all of the above.

Activity 2 – Strategies for ice withdrawal

Look at the following sections of Topic 5.5 with the participants:

5.5.3 – Strategies that can assist a person experiencing ice withdrawal. Please note *Topic 3.3 Basic Mental Health Responses for Ice Users* includes additional information.

5.5.4 – More strategies to assist a person experiencing ice withdrawal

Once you have reviewed the information, ask the participants to reflect on the following:

Think about the times when you have encountered a person withdrawing from crystal methamphetamine and the strategies that you used to assist that person.

How would you do things differently now after having studied this Topic?

Activity 3 - Further learning

Topic 5.5 can be complemented by having participants do the following:

- Watching the *Insight* program about methamphetamine. In particular, focussing on the different perspectives about interventions discussed from minute 35:33-45:06. This program is relevant for all of Module 5, and also Module 2.
- Watching the *Dovetail* presentation, particularly minutes 43:34-1:06.36. This part of the presentation discusses treatment options for methamphetamine, and is relevant to all of Module 5.

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- Reading the document *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.
- Reading the document *Methamphetamine dependence and treatment* developed by A/Professor Nicole Lee and colleagues.

References and resources

- Jenner, L., & Lee, N. (2008). [*Treatment approaches for users of methamphetamine: A practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing.

For further help:

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Topic 5.6: Relapse Prevention and Management

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to work with people who use crystal methamphetamine to:

1. Prevent, or reduce the frequency of, lapses into crystal methamphetamine use
2. Manage lapses to reduce the risk of them turning into relapses.

Remember, the aim of this module is not to make learners drug counsellors, but rather to give them an overview of the kind of interventions that can be used to help people experiencing difficulties with their crystal methamphetamine use.

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Summary of Key Points

- Relapsing into crystal methamphetamine use after stopping is very common.
- Relapse prevention aims to delay, reduce or eliminate a return to crystal methamphetamine use.
- A common approach to relapse prevention, developed by Marlatt & Gordon (1985), focuses on helping people who use crystal methamphetamine to cope with high-risk situations.
- Relapse prevention strategies include:
 - Identifying and managing high-risk situations
 - Dealing with crystal methamphetamine cravings
 - Developing a relapse prevention plan.
- Relapse management aims to stop a lapse or relapse getting out of hand and helps the person get back on track after they have started using crystal methamphetamine again.
- Relapse management strategies include helping the person to develop a lapse / relapse prevention management plan.

Activity 1 – Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study is about a person who is concerned about relapsing into crystal methamphetamine use. When reading through Topic 5.6, ask the participants to use the case study to think about the type of relapse prevention and management advice and guidance that could be provided to assist the counsellor.

Michael is a construction worker in his mid-50s who stopped using crystal methamphetamine 18 months ago. He was also a heavy user of alcohol, tobacco and cannabis.

Michael has been seeing a counsellor for the past 12 months for a range of issues including his drug use and depression. He recently got a new job as a fly-in fly-out worker. The new job is very demanding and physically tiring.

He confides to his counsellor that while he feels he has made a lot of progress, he is nevertheless scared that the demands of his new job may cause him to start using crystal methamphetamine again.

Michael also tells his counsellor that he has commenced a relationship with a work colleague and that he is keen for the relationship to develop further. He is concerned that the stress of wanting the relationship to succeed is also adding extra pressure on him to revert to using crystal methamphetamine.

Look at the following sections of Topic 5.6 with the participants:

5.6.1 – Introduction and key terms

5.6.2 – Model of relapse prevention

5.6.3 – Relapse prevention strategies

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5.6.4 – Managing high-risk situations

5.6.5 – About ice cravings

5.6.6 – Identifying thoughts associated with relapse

5.6.7 – Developing a relapse prevention plan

5.6.8 – About relapse management

5.6.8a – More about relapse management

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

Michael is worried about relapsing into crystal methamphetamine use.

1. *What are some of the key things that Michael's counsellor will need to talk to him about in relation to relapse?*
2. *How can Michael identify and manage high-risk relapse situations?*
3. *What are some of the strategies that would help Michael cope with high-risk situations?*
4. *What are some of the things Michael can do if he were to relapse into crystal methamphetamine use?*

Activity 2 – Relapse prevention and management

Look at the following sections of Topic 5.6 with the participants:

5.6.1 – Introduction and key terms

5.6.2 – Model of relapse prevention

Once you have reviewed the information, ask the participants to answer the following question:

Q1. *What is the difference between relapse prevention and relapse management, and a lapse and a relapse?*

Answer:

Relapse prevention *aims to delay, reduce or eliminate crystal methamphetamine use.*

Relapse management *aims to stop a lapse or relapse getting out of hand and to help the person get back on track once use has started again.*

A lapse *is a "slip", whereby a person initially achieves their goal (e.g., abstinence or reduced use) but then uses once, or more often than intended.*

If a person has an initial lapse, but instead of getting back on track with their crystal methamphetamine treatment goals, goes back to using at pre-treatment levels, this is a relapse.

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Activity 3 – Relapse prevention strategies

Look at the following sections of Topic 5.6 with the participants:

5.6.3 – Relapse prevention strategies

5.6.4 – Managing high-risk situations

Once you have reviewed the information, ask the participants to reflect on the following:

1. *Think about the words or phrases you might use when working with someone who is at high risk of relapsing into crystal methamphetamine use.*
2. *Discuss your ideas with the group (or with a colleague, mentor or supervisor outside of class).*
3. *Mentally rehearse how you would put this into action when dealing with someone who is at risk of relapse.*

Activity 4 – Relapse prevention plan

Look at the following sections of Topic 5.6 with the participants:

5.6.5 – About ice cravings

5.6.6 – Identifying thoughts associated with relapse

5.6.7 – Developing a relapse prevention plan

5.6.8 – About relapse management

5.6.8a – More about relapse management

Once you have reviewed the information, ask the participants to answer the following question:

Q1. *What are the key steps involved in developing a relapse prevention plan?*

Answer:

Key steps in developing a relapse prevention plan include:

1. *Writing down all the high-risk situations for crystal methamphetamine use*
2. *Working out how to reduce or avoid the high-risk situations*
3. *Working out how to deal with the unavoidable triggers (e.g., using ‘urge surfing’, relaxation, nominating a support person to call)*
4. *Practice the coping strategies*
5. *Help generate ideas: ‘What things will I do to help me stay off crystal methamphetamine?’*
6. *Record the final plan for the person to take home*
7. *Reminding the person to refer to the plan when cravings develop and act on it.*

Activity 5 - Further learning

Topic 5.6 can be complemented by having participants do the following:

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- Watching the *Insight* program about methamphetamine. In particular, focussing on the different perspectives about interventions discussed from minute 35:33-45:06. This program is relevant for all of Module 5, and also Module 2.
- Watching the *Meth Inside Out* videos about triggering and cravings. Focussing on how people who use crystal methamphetamine can best be supported to identify and avoid triggers, and to withstand cravings.
- Watching the *Dovetail presentation*, particularly minutes 39:40-46:04. This part of the presentation discusses treatment options for methamphetamine and is relevant to all of Module 5.
- Reading the document *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.
- Reading the document *Straight from the source* developed by the Association of Participating Service Users in Victoria. Pages 65-74 provide practical advice, guidance and examples of using peer workers and peer support groups.
- Reading the document *Methamphetamine dependence and treatment* developed by A/Professor Nicole Lee and colleagues.
- Reading *Relapse prevention and management* developed by Insight: Alcohol and other Drug Training Unit.

References and resources

- Baker, A., Kay-Lambkin, F., Lee, N., Claire, M., & Jenner, L. (2003). [*A brief cognitive behavioural intervention for regular amphetamine users*](#). Canberra: Australian Government Department of Health and Ageing.
- InSight: Alcohol and Other Drug Education and Training Unit. (2013). [*Relapse prevention and management*](#). Brisbane: Metro North Mental Health Alcohol and Drug Service.
- Marlatt, G.A. & Gordon, J.R. (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. New York: Guilford Press.
- McKetin, R., Najman, J., Baker, A., Lubman, D., Dawe, S., Ali, R., Lee, N., Mattick, R. & Mamun, A. (2012). [*Evaluating the impact of community-based treatment options on methamphetamine use: findings from the Methamphetamine Treatment Evaluation Study \(MATES\)*](#). *Addiction*, 107(11), 1998-2008.

For further help:

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Topic 5.7: Groups with Specific Needs

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to identify the particular needs of people who use crystal methamphetamine who are:

- Pregnant or breastfeeding
- Younger
- Aboriginal or Torres Strait Islanders
- From culturally and linguistically diverse backgrounds
- Injecting drug users
- Lesbian, gay, bisexual, transgender or intersex (LGBTI)
- In need of compulsory treatment
- Homeless.

Remember, the aim of this module is not to make learners drug counsellors, but rather to give them an overview of the kind of interventions that can be used to help people experiencing difficulties with their crystal methamphetamine use.

Summary of Key Points

- Treatment approaches for people who use crystal methamphetamine should always be tailored to the particular needs and circumstances of individual clients.
- Some groups of people who use crystal methamphetamine will have specific needs and will require a customised approach. These include:
 - Pregnant or breast feeding women – they require regular, supportive, specialised care
 - Young people - recruit and retain into treatment as early as possible
 - Aboriginal and Torres Strait Islanders - they require a holistic approach within a culturally supportive framework
 - People from culturally and linguistically diverse backgrounds -recognise cultural background, values, beliefs and expectations
 - Injecting drug users - utilise harm reduction strategies
 - Lesbian, Gay, Bisexual, Transgender & Intersex (LGBTI) – targeted interventions for different subgroups

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- People who need compulsory treatment - refer to relevant legislation
- People who are homeless - they require much more intensive and 'wraparound' interventions.
- Failure to take into account the unique needs of clients from these groups may result in poorer treatment outcomes.

Activity 1 – Groups with specific needs

Look at the following sections of Topic 5.7 with the participants:

5.7.1 – Working with ice users with specific needs

5.7.2 – When who are pregnant or breastfeeding

5.7.3 – Young people (aged under 18)

5.7.4 – Aboriginal and Torres Strait Islanders

Once you have reviewed the information ask the participants to read the following case scenario that looks at a young Aboriginal person who is using crystal methamphetamine. Use the case scenario to get the participants to think about the sort of culturally appropriate advice and support that could be provided to that person about the effects of crystal methamphetamine.

Ben is a 24 year old Aboriginal man from Hamilton in south-western Victoria who is studying accountancy at the RMIT campus in Hamilton.

He comes into your service and tells you that for the past nine months he and some of his friends have been using crystal methamphetamine in combination with alcohol up to four times a week. They see it as part of their routine social activity and they normally start partying on a Thursday night and continue through to Sunday morning.

Ben has been sharing a house with three university friends, all of whom are part of his social network and who are also using crystal methamphetamine.

Ben's family lives near Portland and they have been supporting him with his studies and accommodation in Hamilton. Until recently, Ben was going home to his family approximately every two weeks. However, his partying, combined with his increasing alcohol and other drug use, means that he goes home less often.

He tells you that his family is pressuring him to come home more often and that they are worried about his constant partying and the effect it is having on his studies.

Recently, two of his uncles were in Hamilton and saw Ben coming out intoxicated from one of the local nightspots. They offered to take him home but Ben got into an argument with them and they subsequently left and told his parents.

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

1. *What sort of advice can you give Ben about his crystal methamphetamine and alcohol use?*
2. *What are some of the cultural issues that you should consider when providing Ben with information and advice?*

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3. *If you think that it may be more appropriate to refer Ben to an Aboriginal worker / agency, what are some of the factors that are likely to influence your decision?*

Activity 2 – Aboriginal and Torres Strait Islanders

Look at the following section of Topic 5.7 with the participants:

5.7.4 – Aboriginal and Torres Strait Islanders

Watch the videos:

- *Healing from ice use in Victorian Aboriginal communities* by Onemda Koori Health Group.
- Ms Dina Saulo's presentation about the GOANNA survey at the National Methamphetamine Symposium in May 2015.

Once you have reviewed the information ask the participants to:

1. *Think about how your organisation can better meet the needs of Aboriginal and Torres Strait Islanders who use crystal methamphetamine.*

Activity 3 – People from culturally and linguistically diverse backgrounds

Look at the following section with the participants:

5.7.5 – People from culturally and linguistically diverse backgrounds

Once you have reviewed the information, ask the participants to reflect on the following:

Think about your own cultural background, values, beliefs and expectations, and how these issues shape your assumptions and perceptions while supporting clients through during the treatment process.

Activity 4 – Injecting drug users

Look at the following section with the participants:

5.7.4 – Injecting drug users

Once you have reviewed the information, ask the participants to reflect on the following:

Think about previous situations when you have worked with people who use crystal methamphetamine with specific needs such as injecting drug users.

1. *How were these situations handled?*
2. *Do you think that the responses and actions taken were consistent with the information in this Topic?*
3. *What would you now do differently after studying this Topic?*

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Activity 5 – Lesbian, gay, bisexual, transgender and intersex (LGBTI) clients

Look at the following section with the participants:

5.7.7 – Lesbian, gay, bisexual, transgender and intersex (LGBTI) clients. Please note *Topic 5.2 Brief Intervention* includes more information.

Once you have reviewed the information, ask the participants to read the following case study about a young gay man who uses crystal methamphetamine on weekends when he is partying with friends. Use the case scenario to encourage the participants to think about what sort of advice and strategies may help this person.

Jason is a 27 year old gay man who works as a financial adviser. He and his friends enjoy clubbing on weekends and they usually use crystal methamphetamine to increase their sexual performance and to party for longer.

Jason has never been worried about his crystal methamphetamine use, his partying or having unprotected sex while using crystal methamphetamine. It has never affected his work attendance or performance.

A friend who Jason regularly parties with has told him that he has started using crystal methamphetamine more frequently and wants to know if Jason would like to do the same.

This has caused Jason to think about what he should do and has approached you for advice.

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

1. *Think about the sort of questions you need to ask Jason before you can respond to him.*
2. *What sort of advice and information about crystal methamphetamine do you need to give to Jason? In doing so, think about what type of information he may be most responsive to.*
3. *What sort of information do you think Jason is most unlikely to respond to?*

Activity 5 – Additional groups with specific needs

Look at the following sections of Topic 5.7 with the participants:

5.7.7 – People who need compulsory treatment

5.7.8 – Homeless people

Ask the participants to write down their answers to the following question and to discuss in small groups or with the whole group.

In what ways does the client being homeless complicate the process of engaging in treatment for crystal methamphetamine problems?

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Activity 6 - Further learning

Topic 5.7 can be complemented by having participants do the following:

- Reading the document *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.

The following resources may be useful for those who work with groups with specific needs:

- [Australian Indigenous Alcohol and Other Drugs Knowledge Centre](#)
- [Drug and Alcohol Multicultural Education Centre](#)
- [Keeping in Touch: The Kit. Working with Alcohol and Other Drug Use. A resource for Primary and Secondary Schools](#)
- [Self Help Addiction Resource Centre \(SHARC\)](#).

References and resources

- Baker, A., Lee, N., & Jenner, L. (2004). [Models of intervention and care for psychostimulant users](#). Canberra: Australian Government Department of Health and Ageing.
- Chudiak, S., & Fewster, D. (ND). Melbourne City Mission: [Submission to the supply and use of methamphetamines, particularly Ice, in Victoria](#). Melbourne: Melbourne City Mission.
- DAMEC (2014). [Respect: Best practice approaches for working with culturally diverse clients in AOD treatment settings](#). Sydney: Drug and Alcohol Multicultural Education Centre.
- DrugInfo Clearinghouse Factsheet (2004). [Drug prevention work with Indigenous Australian clients and communities: How to ensure your services are culturally appropriate and sensitive](#). Melbourne: DrugInfo.
- Jenner, L., & Lee, N. (2008). [Treatment approaches for users of methamphetamine: A practical guide for front line workers](#). Australian Government Department of Health and Ageing: Canberra.
- Leonard, W., Dowsett, G., Slavin S., Mitchell, A. and Pitts, M. (2008) [Crystal Clear: The social determinants of gay men's use of crystal methamphetamine in Victoria](#). Monograph Series Number 67. Melbourne: La Trobe University, The Australian Research Centre in Sex, Health & Society.
- Lim, M. S. C., Cogger, S., Quinn, B., Hellard, M. E., & Dietze, P. M. (2015). ['Ice epidemic'? Trends in methamphetamine use from three Victorian surveillance systems](#). *Australian and New Zealand Journal of Public Health*, 39(2), 194-195.
- MacLean, S., Hengsen, R., Stephens, R., & Arabena, K. (2015). [Supporting the Mildura Aboriginal community's response to ice use](#). Melbourne: Onemda VicHealth Group, The University of Melbourne.
- MacLean, S., Harney, A., & Arabena, K. (2015). [Primary health-care responses to methamphetamine use in Australian Indigenous communities](#). *Australian Journal of Primary Health*. Published online 23 February 2015. doi:http://dx.doi.org/10.1071/PY14126.
- Pennay, A. & Lee, N. (2008). [Prevention and early intervention of methamphetamine-related harm](#). Prevention Research Quarterly. Melbourne: DrugInfo Clearinghouse.

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- [Self Help Addiction Resource Centre \(SHARC\)](#) website.
- VincentCare Victoria. (2013). VincentCare Victoria: [Submission to the supply and use of methamphetamines, particularly ice, in Victoria](#). Melbourne: VincentCare Victoria.

For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>.

Topic 5.8: Supporting / Working with Families and Carers

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, hospitals, housing, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care, problem gambling services.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

1. Better educate, support and enhance the safety of families and carers adversely affected by crystal methamphetamine use
2. Identify the needs of dependent children of adults with crystal methamphetamine-related problems.

Remember, the aim of this Module is not to make learners drug counsellors, but rather to give them an overview of the kind of interventions that can be used to help people experiencing difficulties with their crystal methamphetamine use.

Summary of Key Points

- Disruption to family and other relationships is common within the context of problematic crystal methamphetamine use.
- It may be difficult for family members and carers to understand why a person continues to use crystal methamphetamine and what they can do to help.
- Families and carers can nevertheless be a source of support and encouragement for people who use crystal methamphetamine.
- Many alcohol and other drug, health, and welfare workers already have the skills to engage and work with those who are close to people who use crystal methamphetamine.

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- Key strategies for working with families and carers include:
 - Listening and reassuring
 - Providing relevant, specific and targeted information
 - Explaining the range of treatment options available and the role of harm reduction
 - Exploring existing coping responses and social support options
 - Reminding family members and carers to look after themselves
 - Referring to community support and education groups.

Activity 1 – Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study is about a person who is looking for advice and support about how to deal with her son's crystal methamphetamine use. When reading through Topic 5.8, ask the participants to use the case study to think about what sort of advice and strategies may help this person.

Julie is concerned about her oldest son Brad, who has been using crystal methamphetamine for the past 6 months. Brad is 22 years old and dropped out of university more than a year ago. Since then he has had intermittent employment as a bar tender, waiter, and in nightclubs.

He has recently broken up with his girlfriend and the family only found out about his crystal methamphetamine use after the breakup.

Julie has come to you looking for help. She has become concerned about changes in Brad's behaviour over the past 6 months. She is distraught and does not know what to do.

Julie also has major safety concerns both for her son and the other family members due to his increasing anger and unpredictable outbursts. She says she doesn't recognise him anymore.

Work through the following sections of Topic 5.8 with participants to help inform their understanding about the strategies for working with, and helping, the families and carers of people who use crystal methamphetamine.

5.8.1 – The impact of ice on families and carers

5.8.2 – Working with families and carers

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

Julie is looking for advice and support on how to deal with her son's crystal methamphetamine use. Having read through Topic 5.8:

1. *What are some of the strategies that could be used to work with and support family members and carers such as Julie?*
2. *What impact is Brad's crystal methamphetamine use having on his family?*
3. *What type of advice, reassurance and support would you give Julie about how to deal with her son's crystal methamphetamine use?*

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4. *What can Julie and other family members do to keep themselves safe if they feel at risk?*

Activity 2 – Working with families and carers

Look at the following sections of Topic 5.8 with the participants:

5.8.1 – The impact of ice on families and carers

5.8.2 – Working with families and carers

Once you have reviewed the information, ask the participants to reflect on the following:
Think about situations when you have had to deal with the family of a person affected by crystal methamphetamine.

1. *How were those situations handled?*
2. *Do you think that the responses and actions reflect the information that you have just read?*
3. *What would you now do differently after studying this section?*

Also ask participants to answer the following question:

Q1. *What strategies would you use to work with families and carers of people who use crystal methamphetamine?*

Answer:

- ***Be open and respectful and anticipate some level of anxiety, conflict and shame.***
- ***Listen, reassure, explore***
- ***Provide relevant and specific information about crystal methamphetamine and its effects, withdrawal, treatment options and harm reduction***
- ***Explore coping responses and support options (pros & cons)***
- ***Remind them to look after themselves and not to put their own lives on hold***
- ***Encourage them to get support***
- ***Develop a safety plan if needed.***

Activity 3 – Further learning

Topic 5.8 can be complemented by having participants do the following:

- Reading the document *Treatment approaches for users of methamphetamine: A practical guide for frontline workers* developed by Linda Jenner and A/Professor Nicole Lee.
- Reading the document *Methamphetamine dependence and treatment* developed by A/Professor Nicole Lee and colleagues.

The following resources may be useful for those who work with families:

- [*Ice: Family and friends support guide*](#)
- [*Walking a Tightrope: Alcohol and other drug and violence: A guide for families*](#)
- [*Breakthrough: Ice education for families*](#)
- [*Self Help Addiction Resource Centre \(SHARC\) Family Drug Help*](#) website

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References and resources

- Battams, S., Roche, A., Duvnjak, A., Trifonoff, A., & Bywood, P. (2010). [*For kids' sake: Workforce development resources for family sensitive policy and practice in the alcohol and other drugs sector*](#). Adelaide: National Centre for Education and Training on Addiction.
- Gruenert, S., & Tsantesfki, M. (2012). [*Responding to the needs of children and parents in families experiencing alcohol and other drug problems*](#). Prevention Research Quarterly, Number 17.
- Jenner L and Lee N (2008). [*Treatment approaches for users of methamphetamine: A practical guide for frontline workers*](#). Canberra: Australian Government Department of Health and Ageing.
- NCETA & Family Drug Support (2014). [*Walking a Tightrope: Alcohol and other drug and violence: A guide for families*](#). Adelaide: National Centre for Education and Training on Addiction.
- Ross, P. (2015). [*The bondage of love: Issues for families*](#). Conference presentation. National Methamphetamine Symposium, Melbourne, 12 May.

For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>.

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Module 6: Prevention

Learning Goals

After undertaking this module, learners will be able to describe primary, secondary and tertiary ice prevention measures.

This module contains 2 topics.

This is a foundation module that contains topics that are intended to provide generic information to a wide range of frontline workers.

Topic 6.1: Ice Prevention Models and Strategies

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to describe the range of prevention strategies that can be applied to:

- Whole populations
- People already using crystal methamphetamine, or at high risk of using
- People with significant crystal methamphetamine-related problems.

Summary of Key Points

- Prevention programs can prevent or delay the onset of crystal methamphetamine use.
- Delaying the onset of crystal methamphetamine use can have a positive impact by reducing both short-term and long-term harms.
- Effective crystal methamphetamine-related prevention programs include:
 - Community-based programs that take a broad population approach and which are designed to prevent the uptake of crystal methamphetamine use
 - Strategies targeting high-risk groups that are vulnerable to crystal methamphetamine use
 - Strategies aimed at people who currently use crystal methamphetamine including those who are experiencing problems.

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Activity 1 – Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study is on prevention strategies aimed at the broader community, in this case, a secondary school setting. When reading through Topic 6.1, ask the participants to use the case study to think about the prevention strategies that you would use if you were in this situation.

You are a teacher working in a secondary school which has issues with students dropping out of school early. A recent survey of students at your school aged 14-16 years found that students did not feel connected to the school and the broader school community.

The School Board comprising school management and parents has been concerned about the high dropout rate. They have also recently been given a presentation that included evidence suggesting that crystal methamphetamine use is more likely to be prevalent among young people who do not complete secondary school.

You have been asked by the Principal to look at what strategies can be implemented to:

- *Prevent the likely early onset of crystal methamphetamine use amongst the students at your school*
- *Increase student retention rates for those aged 14-16 years*
- *Foster positive relationships between the students and the broader school community.*

Look at the following sections of Topic 6.1 with the participants:

6.1.1 – Introduction

6.1.2 – Prevention frameworks

6.1.3 – The primary, secondary and tertiary prevention framework

6.1.4 – Primary prevention

Watch the webinar developed by the National Drug Alcohol and Research Centre for a comprehensive overview of effective strategies that schools can implement and use.

6.1.5 – Secondary prevention

6.1.6 – Tertiary prevention

6.1.7 – The universal, selective and indicated prevention framework

6.1.8 – Prevention strategies aimed at the broader community

Watch Dr Ken Pidd's presentation from the National Methamphetamine Symposium for an overview of some of the ways in which the workplace can provide an ideal prevention setting.

Read NCETA's Ice and the Workplace brochure for more information.

6.1.9 – Relapse prevention. Please note *Topic 5.6 Relapse Prevention and Management* includes additional information.

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Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

This case study asks you to imagine yourself as a teacher working in a secondary school that has problems with low student retention rates. Having read through Topic 6.1:

- 1. What are some of the key things that you would do to help the students remain more connected to the school*
- 2. What are the key principles of effective school-based drug education that you may want to consider?*
- 3. What would you do to help prepare the students at your school to make the smooth transition from school to work?*

Activity 2 – Prevention strategies: A focus on crystal methamphetamine

Look at the following sections of Topic 6.1 with the participants:

6.1.1 – Introduction

6.1.2 – Prevention frameworks

6.1.3 – The primary, secondary and tertiary prevention framework

6.1.4 – Primary prevention

Watch the webinar developed by the National Drug Alcohol and Research Centre for a comprehensive overview of effective strategies that schools can implement and use.

Once you have reviewed the information, ask the participants to reflect on the following:

- 1. Think about the various crystal methamphetamine prevention strategies that have been implemented at the broader community level. List some examples of effective community level prevention strategies? Why do you think they work well?*
- 2. What are some examples of community level prevention strategies that have not worked so well? What do you think could have been done differently?*
- 3. Think about how you might be able to take the information that you have learnt and apply it your own workplace.*

Activity 2 – Secondary prevention

Look at the following section of Topic 6.1 with the participants:

6.1.5 – Secondary prevention

Once you have reviewed the information ask the participants to reflect on the following:

- 1. Think about the prevention strategies that work well for people who are at risk of using crystal methamphetamine, what are the key elements of effective prevention strategies?*
- 2. What additional things would you take into account when you are identifying suitable prevention strategies for vulnerable / at risk groups such as:*

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- a. *Fly-in fly-out (FIFO) workers*
 - b. *Young people*
 - c. *Homeless people?*
3. *Is this consistent with your previous understanding of effective prevention strategies for working with vulnerable people?*

Activity 3 – Tertiary prevention

Look at the following section of Topic 6.1 with the participants:

6.1.6 – Tertiary prevention

Once you have reviewed the information, ask the participants to reflect on the following:

Think about the types of prevention strategies that may be effective for people who have been using crystal methamphetamine for a long time and / or who are experiencing significant health, social, and individual harms.

1. *What are some of the basic responses that you can suggest to a person to help them maintain their health? What are some of the other things that you can do to help them stay free from harm?*
2. *How does this differ from your previous understanding of working with people who are using crystal methamphetamine and experiencing problems?*
3. *Discuss your thoughts and responses with the group.*

Activity 4 – Ice prevention models and strategies

Look at the following section of Topic 6.1 with the participants:

6.1.1 – Introduction

6.1.2 – Prevention frameworks

6.1.3 – The primary, secondary and tertiary prevention framework

6.1.4 – Primary prevention

Watch the webinar developed by the National Drug Alcohol and Research Centre for a comprehensive overview of effective strategies that schools can implement and use.

6.1.5 – Secondary prevention

6.1.6 – Tertiary prevention

6.1.7 – The universal, selective and indicated prevention framework

6.1.8 – Prevention strategies aimed at the broader community

Watch Dr Ken Pidd's presentation from the National Methamphetamine Symposium for an overview of some of the ways in which the workplace can provide an ideal prevention setting.

Read NCETA's Ice and the Workplace brochure for more information.

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6.1.9 – Relapse prevention. Please note *Topic 5.6 Relapse Prevention and Management* includes additional information.

Once you have reviewed the information, ask the participants to answer the following question:

Q1. *List the 5 examples of crystal methamphetamine prevention strategies that are aimed at the broader community?*

Answer:

- 1. Mass media campaigns**
- 2. Law enforcement**
- 3. School based drug education**
- 4. Addressing mental health problems**
- 5. The workplace.**

Activity 5 – Further learning

Topic 6.1 can be complemented by having participants do the following:

- Read NCETA's *Alcohol Education: What really works in schools?* for more information about the principles of effective school-based drug education.
- Watch the webinar developed by the National Drug Alcohol and Research Centre for a comprehensive overview of effective strategies that schools can implement and use.
- Watch Dr Ken Pidd's presentation from the National Methamphetamine Symposium for an overview of some of the ways in which the workplace can provide an ideal prevention setting.
- Read *Relapse prevention and management* developed by Insight: Alcohol and other Drug Training Unit for information about preventing and managing relapse.

References and resources

- Allsop, S. (2014). [*The role of prevention and public health strategies in responding to ATS use*](#). Conference presentation: 2014 Australian Drugs Conference. October 14 & 15, Melbourne.
- Loxley, W., Toumbourou, J., Stockwell, T., Haines, B., Scott, K., Godfrey, C., & Williams, J. (2004). [*The Prevention of substance use risk and harm in Australia: A review of the evidence*](#). Perth: The National Drug Research Institute and the Centre for Adolescent Health.
- Marlatt, G.A. & Gordon, J.R. (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. New York: Guilford Press.
- Springer, F., & Phillips, J. (2006) The IOM: A tool for Prevention Planning and Implementation. *Prevention Tactics* 8:13, 1-8.
- Stockwell, T., Gruenewald, P., Toumbourou, J., & Loxley, W. (2005). *Preventing harmful substance use: The evidence base for policy and practice*: John Wiley & Sons.
- World Health Organization. (ND). [*Harm reduction and brief interventions for ATS users*](#). World health Organization: Manila, Philippines.

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For further help:

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Topic 6.2: Harm Reduction Strategies

This Topic is likely to be of most relevance to frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

1. Define harm reduction.
2. Describe harm reduction strategies.

Summary of Key Points

- Harm reduction aims to reduce the adverse health, social and economic impacts of crystal methamphetamine use.
- Examples of effective harm reduction strategies include:
 - Brief interventions
 - Advice to injecting drug users
 - Peer education
 - Other harm reduction approaches (e.g., needle and syringe programs).
- Harm reduction strategies can be:
 - Applied to an individual, family and / or community context.
 - Utilised in a variety of primary health care and other settings.

Activity 1 – Case study

Look at the following section of Topic 6.2 with the participants:

6.2.1 – Introduction

Before looking at the subsequent Topic content, ask the participants to read the following case study. The case study is about an injecting crystal methamphetamine user who has come to you for advice. When reading through the rest of Topic 6.2, ask the participants to

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use the case study to think about the type of harm reduction advice that could be provided to assist this person.

Jenny is her early 30's. She has used speed and cannabis for a number of years, and has come into your service for the first time.

Jenny tells you that her drug use is a regular part of her social activities and that she almost always uses in the company of her friends.

Jenny and her friends swapped from using speed (in tablet form) to injecting crystal methamphetamine about 8 months ago. She mentions that they initially started smoking crystal methamphetamine but about 3 months ago they commenced injecting it. Jenny tells you that until that time she had never injected drugs.

She has heard that injecting is more dangerous than other forms of crystal methamphetamine use but does not know what those dangers are. Jenny asks your advice on whether this is true. She also wants to know more about the risks associated with injecting crystal methamphetamine.

Work through the following sections of Topic 6.2 to help inform the learners' understanding of what issues need to be considered in providing advice and guidance to Jenny.

6.2.2 – Harm reduction strategies for existing users

6.2.3 – Targeted media campaigns

6.2.4 – Brief Interventions. Please note *Topic 5.2 Brief Interventions* includes additional information.

6.2.5 – Advice to people who inject crystal methamphetamine

6.2.6 – Peer education

6.2.7 – Other harm reduction approaches. Please note *Topic 1.3. How Methamphetamine / Ice Affects Users* includes additional information.

6.2.8 – Strategies for ice users experiencing problems

Watch Associate Professor Nadine Ezard's presentation from the National Methamphetamine Symposium. Minutes 17:15-19:01 provide a concise overview of the effectiveness of brief interventions, what they involve and where they can be used.

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

Jenny uses drugs regularly and recently started injecting crystal methamphetamine in the company of her friends. She has presented to your service asking for advice and guidance on injecting drug use. Having read through Topic 6.2:

1. *Think about the type of harm reduction advice you would provide to Jenny.*
2. *Think about the additional questions that you need to ask Jenny to find out more about her injecting drug use (e.g., do Jenny and her friends know about needle and syringe exchange programs?)*
3. *What other type of information and advice would you give Jenny (e.g., about peer support programs, polydrug use, sharing needles?)*

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Activity 2 – Case study

Look at the following section with the participants:

6.2.1 – Introduction

Before looking at the subsequent Topic content, ask the participants to read the following case study. The case study examines harm reduction strategies for a person who is using crystal methamphetamine and is experiencing problems. When reading through the rest of Topic 6.2, ask the participants to use the case study to think about the type of harm reduction information and advice that could be provided to assist this person.

Steve is in his early 40s. He owns a successful plumbing business and works long hours. Steve uses crystal methamphetamine to help him remain alert and focussed. He has been married to Chloe for almost 20 years and they have two teenage children. Steve's income is used to support the business, pay the mortgage and school fees. Chloe works part-time and her wage is used to pay the food bills.

On weekends, Steve likes to relax by spending time with family and friends. He enjoys drinking spirits (usually scotch whiskey), and also occasionally uses cannabis. He usually only uses crystal methamphetamine during the week.

Steve comes to see you because he is starting to have financial problems with the business. He is falling behind in his mortgage payments due to his crystal methamphetamine, cannabis, and alcohol use, along with increasing financial demands from the children. A couple of his regular plumbing suppliers have also warned him that he needs to be more prompt with his payments to them otherwise they will have to renegotiate their payment terms with him.

Steve also tells you that he has become more irritable and angry towards Chloe and the children and is starting to turn up late for jobs or forgets to get quotes for work. He is worried that his crystal methamphetamine use combined with his drinking and cannabis use is starting to negatively affect his health, relationships, and financial situation.

Work through the following sections of Topic 6.2 with the participants to help enhance their understanding of what information and advice you are able to provide to Steve.

6.2.2 – Harm reduction strategies for existing users

6.2.3 – Targeted media campaigns

6.2.4 – Brief Interventions. Please note *Topic 5.2 Brief Interventions* includes additional information.

Watch Associate Professor Nadine Ezard's presentation from the National Methamphetamine Symposium. Minutes 17:15-19:01 provide a concise overview of the effectiveness of brief interventions, what they involve and where they can be used.

6.2.5 – Advice to people who inject crystal methamphetamine

6.2.6 – Peer education

6.2.7 – Other harm reduction approaches. Please note *Topic 1.3. How Methamphetamine / Ice Affects Users* includes additional information.

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6.2.8 – Strategies for ice users experiencing problems

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

Steve is a self-employed plumber who regularly uses crystal methamphetamine along with alcohol and cannabis. He has recently found that his alcohol and other drug use may be starting to affect his health, relationships and financial situation. Having read through Topic 6.2:

1. *Think about the various strategies that may be effective in reducing or containing the impact of long-term crystal methamphetamine use on Steve's life.*
2. *Think about how you can most effectively assist Steve including how you interact with him. To do this you will need to have a good understanding of the ways in which crystal methamphetamine can affect peoples' thinking and the impact of crystal methamphetamine in combination with alcohol and other drugs.*
3. *What information do you need to get a clearer picture of Steve's crystal methamphetamine use? For example, you may want to ask him about:*
 - a. *His current and past crystal methamphetamine and other drug use*
 - b. *His dependence on each drug*
 - c. *Physical and psychological health*
 - d. *Readiness to change.*
4. *In assessing Steve's situation how relevant do you think brief interventions are as a prevention strategy?*
5. *Think about how you might use brief interventions in working with Steve?*
6. *See Topic 5.2 Brief Interventions and Topic 2.3 Using Ice with Alcohol and Other Drugs for more information.*
7. *What other approaches may be useful in assisting Steve with his crystal methamphetamine and other drug use?*

Activity 3 – Brief interventions

Look at the following section of Topic 6.2 with the participants:

6.2.4 – Brief Interventions. Please note *Topic 5.2 Brief Interventions* includes additional information.

Watch Associate Professor Nadine Ezard's presentation from the National Methamphetamine Symposium. Minutes 17:15-19:01 provide a concise overview of the effectiveness of brief intervention, what they involve and where they can be used.

When watching the video, ask the participants to:

1. *Think about how you may use brief interventions in your work.*

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Activity 4 – Harm reduction strategies

Look at the following sections of Topic 6.2 with the participants:

6.2.2 – Harm reduction strategies for existing users

6.2.3 – Targeted media campaigns

6.2.4 – Brief Interventions. Please note *Topic 5.2 Brief Interventions* includes additional information.

Watch Associate Professor Nadine Ezard’s presentation from the National Methamphetamine Symposium. Minutes 17:15-19:01 provide a concise overview of the effectiveness of brief intervention, what they involve and where they can be used.

6.2.5 – Advice to people who inject crystal methamphetamine

6.2.6 – Peer education

6.2.7 – Other harm reduction approaches. Please note *Topic 1.3. How Methamphetamine / Ice Affects Users* includes additional information.

6.2.8 – Strategies for ice users experiencing problems

Once you have reviewed the information ask the participants to answer the following question:

Q1. *What harm reduction information can be provided to people who inject crystal methamphetamine?*

Answer:

People who inject crystal methamphetamine can be provided with information on:

- ***Crystal methamphetamine purity***
- ***The risks of polydrug use or certain types of drug combinations***
- ***Risks of unsafe sex***
- ***Risks of injecting (such as blood borne diseases)***
- ***Potential mental health problems***
- ***The availability and effectiveness of treatment.***

Activity 5 – Further learning

Topic 6.2 can be complemented by having participants do the following:

- Visiting the Anex website for information about programs and services that support people with problematic drug use.
- Visiting the Australian Injecting & Illicit Drug Users League website for more information about harm reduction strategies for preventing the transmission of blood borne viruses and the availability of needle and syringe programs.
- Watching the *How to avoid a stimulant overdose* video on dangerous drug combinations and overdose prevention.
- Visit the DanceWize website for information about peer education programs.

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References and resources

- Allsop, S. (2014). [*The role of prevention and public health strategies in responding to ATS use*](#). Conference presentation: 2014 Australian Drugs Conference. October 14 & 15, Melbourne.
- Loxley, W., Toumbourou, J., Stockwell, T., Haines, B., Scott, K., Godfrey, C., & Williams, J. (2004). [*The prevention of substance use risk and harm in Australia: A review of the evidence*](#). Perth: The National Drug Research Institute and the Centre for Adolescent Health.
- Marlatt, G.A. & Gordon, J.R. (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. New York: Guilford Press.
- Springer, F., & Phillips, J. (2006) The IOM: A tool for prevention planning and implementation. *Prevention Tactics* 8:13, 1-8.
- Stockwell, T., Gruenewald, P., Toumbourou, J., & Loxley, W. (2005). *Preventing harmful substance use: The evidence base for policy and practice*: John Wiley & Sons.
- World Health Organization. (ND). [*Harm reduction and brief interventions for ATS users*](#). World health Organization: Manila, Philippines.

For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>.

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Module 7: Organisational Responses to Ice

Learning Goals

After undertaking this module, learners will be able to describe

1. A range of organisational change, systems redesign, and workforce development strategies to enhance services for people affected by crystal methamphetamine
2. The difference between stress, compassion fatigue and burnout in workers
3. Organisational strategies to enhance worker wellbeing and provide workplace support.

This Module contains 5 topics.

This is a foundation Module that contains topics that are intended to provide generic information to a wide range of frontline workers, supervisors and managers.

Topic 7.1: Systems Redesign

This topic is likely to be of most relevance to frontline workers, supervisors and managers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to identify system redesign approaches that will:

- Help link people who use crystal methamphetamine to relevant services, including primary health care, specialist and non-specialist services
- Improve service entry and retention
- Help services respond more appropriately to the needs of people using crystal methamphetamine
- Create physical environments conducive to safe and effective treatment
- Outline strategies to reduce stigma and discrimination.

Summary of Key Points

- Organisations can adopt a range of strategies to:
 - Enhance the appropriateness and attractiveness of services
 - Make the physical environment of services more suitable for people with crystal methamphetamine-related problems

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- Improve client retention
- Reduce stigma and discrimination that clients may experience.
- Not all people who use crystal methamphetamine become violent, but organisations need to plan how to prevent, identify and respond to critical incidents should they occur.
- Many people with crystal methamphetamine-related problems experience stigma and discrimination and are reluctant to seek help. To attract clients into intervention services it is essential to reduce stigma.

Activity 1 – What can services and organisations do to address the needs of people with crystal methamphetamine problems?

Look at the following sections of Topic 7.1 with the participants:

7.1.1b - Introduction: Refocusing from depressants to stimulants

7.1.1c – Introduction: Service delivery modifications

7.1.1d – Introduction: Service redesign

7.1.1e – Introduction: Health and safety of workers

Once you have reviewed the information, ask the participants to reflect on the following:

Think about the service in which you work and consider as many features as possible that were not designed with stimulant drug users in mind.

Then think about those which may need to be changed to better suit the needs of crystal methamphetamine users.

What could be changed to improve the way your organisation interacts with, or provides services for, people with crystal methamphetamine problems?

Activity 2 – Case Study

Before moving onto the next sections of this Topic, ask the participants to read the following case study. The case study is about the manager of a drug treatment service. Both the manager and their staff have seen a substantial increase in clients presenting with methamphetamine-related problems and are concerned about the increased demand for services. When working through the next sections of Topic 7.1, ask the participants to use the case study to think about the types of organisational changes that could be implemented.

You manage an alcohol and other drug treatment service in an inner city suburb.

Over the past 12 months you have seen a substantial increase in clients presenting with methamphetamine-related problems. You and your staff are struggling to stay on top of this increase in demand for your services.

At your weekly case review session, staff reported that:

- *Reception staff were particularly worried about their safety and about the physical layout of the reception / waiting area*
- *Counselling staff were distressed that clients were failing to keep appointments and that when they attended, they had difficulty concentrating in sessions*

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- *Inpatient withdrawal staff were concerned that many clients with crystal methamphetamine-related issues were leaving after 2-3 days.*

Activity 3 – Strategies to attract people seeking help to your service

Look at the following section with the participants:

7.1.2 Attracting people to your service

Once you have reviewed the information ask the participants to write down some measures that their service/agency could implement to increase its ability to attract crystal methamphetamine users. Have them check their answers with the following:

There is a range of measures that can be introduced to make organisations more relevant and appealing to crystal methamphetamine clients. Organisations can:

1. *Provide a welcoming environment for people who use crystal methamphetamine*
2. *Where appropriate, promote the agency as having specialist skills and interest in crystal methamphetamine treatment*
3. *Engage the services and support of user groups, and promote peer support involvement*
4. *Ask clients what they would like to see the service provide or do differently*
5. *Promote the fact that intervention for crystal methamphetamine problems can be effective (e.g., by sharing stories of recovery)*
6. *Have appropriate assessment procedures in place to determine the level and type of client care required*
7. *Use a stepped care approach and work with clients to choose the type of interventions that best suit them (i.e., use more intensive approaches with people with more severe problems)*
8. *Ensure that specialist services for crystal methamphetamine clients are structured so that they don't encounter clients with other drug problems such as heroin or alcohol (e.g., having separate services, different opening times, physical barriers etc.). Research has found that combined services can act as a barrier to treatment entry for people with crystal methamphetamine problems (Kenny et al., 2011).*
9. *Provide multidisciplinary services to cater for comorbidities in-house and/or refer clients to other services that are better placed to address complex comorbidities.*

Activity 4 – Service review and audit

Before moving onto the next sections of this Topic, ask the participants to think about having a meeting with their key staff members to review their existing service provision. Discuss ways in which their organisation, and specific services within it, can be modified and improved to better address the needs of people with crystal methamphetamine problems. Ask them to also consider any occupational health and safety issues that may flow from this.

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Look at the following sections of Topic 7.1 with the participants:

7.1.3 – Modifying the physical environment

7.1.4 – The physical environment

Once you have reviewed the information, ask the participants to write down examples of changes that their services/agencies could make to their physical environments. Have them discuss their answers in small groups or to the whole group.

Activity 5 – Supporting people with cognitive impairment

Look at the following section of Topic 7.1 with the participants:

7.1.5 – Strategies to support people with cognitive impairment

Once you have reviewed the information, ask the participants to reflect on the following:

1. *What challenges do you think that the cognitive impairments commonly experienced by people using crystal methamphetamine might create for clients and workers in your service setting?*
2. *In what ways do you think you can better accommodate the needs of clients with cognitive impairment?*

Also ask the participants to do the following activity in small groups:

Write down some changes that your service could implement to accommodate the cognitive impairment experienced by some people who use methamphetamine.

Think about issues such as day-to-day interactions, interviewing, counselling approaches, appointment scheduling, follow-up mechanisms, and written communication concerning homework, instructions (e.g., from police or law enforcement), or taking medication.

Suggested strategies:

In clinical settings it could include:

- ***Having shorter, more frequent and flexible appointment arrangements***
- ***Using assertive client follow up and appointment reminders (e.g., by SMS or phone)***
- ***Using visual and written materials***
- ***Using memory aids about homework for clients***
- ***Reducing environmental features that can distract clients.***

In all interactions this could include:

- ***Speaking more slowly, quietly and calmly***
- ***Listening attentively***
- ***Avoiding excessive smiling (as this can be misinterpreted)***
- ***Using repetition***
- ***Discussing one issue at a time, giving limited clear instructions***
- ***Not making sudden movements or gestures***
- ***Not turning your back to the person***
- ***Not staring directly at them, but preferably sitting alongside them where you can be seen.***

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Activity 6 – Optimising environments

Look at the following section of Topic 7.1 with the participants:

7.1.6a – Optimising environments for people withdrawing from crystal methamphetamine

7.1.7 – Enhancing services for clients with physical and psychological comorbidities

7.1.8 – Staff safety and wellbeing

Review the key elements of the immediate withdrawal phase in Section 7.1.6b with the participants.

Ask the participants to write down their answers to the following questions and to discuss in small groups or to the whole group:

1. *What are some changes that your service could implement to make the physical environment more suitable for crystal methamphetamine users who are in withdrawal?*

Answer:

1. ***Ensure that inpatient withdrawal units are quiet and subdued so that people undergoing the "crash" phase of withdrawal can rest undisturbed for several days to catch up on lost sleep and cope with the "crash" phase***
2. ***Have sufficient appropriately qualified staff***
3. ***Ensure that nutritious food and adequate hydration is available***
4. ***Inform clients about the likelihood of mood problems during withdrawal and support them through this phase***
5. ***Exempt crystal methamphetamine clients who are undergoing structured residential withdrawal programs from group sessions and other activities during the "crash" phase***
6. ***Develop self-help materials to support crystal methamphetamine users undertaking withdrawal at home***
7. ***Have outreach staff available to support clients undertaking home-based withdrawal or those returning home after completing residential-based withdrawal***
8. ***Encourage development of longer-term therapeutic relationships between clients and staff***
9. ***Implement strategies to prepare for and pre-empt relapse.***

2. *What are some changes that your service could implement to better support people who use methamphetamine who have physical and/or psychological comorbidities?*

Answer:

1. ***Use multi-disciplinary and multi-team approaches***
2. ***Create stronger links with other organisations***
3. ***Ensure staff can manage the physical and mental health of clients***
4. ***Develop shared care plans with other organisations while ensuring that one clinician / agency has overall coordination responsibility***
5. ***Staff development activities to enhance understanding of potential comorbidities***

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6. *Ensure assessment protocols incorporate comorbidities*
7. *Strengthen interagency referral processes*
8. *Employ staff from diverse professional backgrounds*
9. *Co-locate services with other agencies and encouraging interagency placements*
10. *Encourage in-reach services in clients' homes*
11. *Enhance interagency, cross-sectoral and inter-professional education and training*
12. *Support staff to increase capacity through networking and resource sharing*
13. *Develop local maps of service referral pathways which facilitate a no wrong door approach to client care.*

Organisations can also contact the Victorian Dual Diagnosis Initiative (VDDI) on 03 9231 2083.

The VDDI is a cross-sector (Alcohol and Drug, Mental Health Community Support and Clinical Mental Health) initiative funded by the Victorian Department of Health & Human Services.

Activity 7 – Organisational strategies for reducing stigma and discrimination

Work through the following section of Topic 7.1 with the participants to help inform their understanding of the stigma and discrimination that clients may experience and what organisations can do to reduce stigma and discrimination:

7.1.9 – Stigma and discrimination encountered by clients using crystal methamphetamine

Watch the video *Breaking the Ice in our Community* about what organisations can do to reduce the stigma that is often associated with AOD use. The video is 2:53 minutes.

When working through this Topic also refer back to *Topic 3.1 Communicating and Engaging with Ice Users* which has more information about the impact of stigma and discrimination on people using crystal methamphetamine.

Please note that stigma and discrimination can also negatively impact workers. Refer participants to *Topic 7.3.6b Stigma by association* for information about the impact of stigma on workers providing services to people using crystal methamphetamine.

Ask the participants to work through the approaches that organisations can implement to reduce the stigma and discrimination which people using crystal methamphetamine may experience. Get them to write down their answers and to discuss in a large group setting.

Activity 8 – Further learning

Topic 7.1.9 can be complemented by having participants read the following documents:

- Association of Participating Service Users (2010). *Straight from the source*. Carnegie, Vic, APSU.
- Jürgens R (2008). "Nothing about us without us" — Greater, meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative, International edition. Toronto: Canadian HIV/AIDS Legal Network, International HIV/AIDS Alliance, Open Society Institute

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References and resources

- Association of Participating Service Users (2010). Straight from the source. Carnegie, Vic, APSU.
- Australian Injecting and Illicit Drug Users League, (2011) Why wouldn't I discriminate against all of them? A report on Stigma and Discrimination towards the Injecting Drug User Community. Canberra: AIVL.
- Islam, M., Day, C., & Conigrave, K. (2010). Harm reduction healthcare: From an alternative to the mainstream platform? *International Journal of Drug Policy*, 21(2), 131-133.
- Kenny, P., Harney, A., Lee, N., & Pennay, A. (2011). Treatment utilization and barriers to treatment: Results of a survey of dependent methamphetamine users. *Substance Abuse Treatment Prevention Policy*, 6(3), 1-7.
- Pennay, A., & Lee, N. (2009). Barriers to methamphetamine withdrawal treatment in Australia: Findings from a survey of AOD service providers. *Drug and Alcohol Review*, 28(6), 636-640.
- Roche, A., Duraisingam, V., Trifonoff, A., Battams, S., Freeman, T., Tovell, A., Weetra, D, Bates, N. (2013). Sharing stories: Indigenous alcohol and other drug workers' well-being, stress and burnout. *Drug and Alcohol Review*, 32(5), 527-535.
- Skinner, N., Feather, N., Freeman, T., & Roche, A. (2007). Stigma and Discrimination in Health-Care Provision to Drug Users: The Role of Values, Affect, and Deservingness Judgments. *Journal of Applied Social Psychology*, 37(1), 163-186.
- Social Inclusion Action Research Group (2013). Reducing Stigma and Discrimination Relating to Alcohol and other Drugs in Western Australia. Perth: Social Inclusion Action Research Group.
- WorkSafe Victoria (2008). A handbook for workplaces: Prevention and management of aggression in health services. Melbourne: WorkSafe Victoria.

For further help:

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Topic 7.2: Organisational change

This topic is likely to be of most relevance to supervisors, managers and frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them and what is required to acquire CPD points.

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Objectives

After completing this Topic, learners will be able to:

1. Outline processes involved in organisational change.

This Topic also provides some tools for implementing organisational changes. The focus is on how organisations can best operate and function to address the needs of people with crystal methamphetamine problems.

Summary of Key Points

- To better address the needs of people affected by crystal methamphetamine, agencies may need to change the way they operate.
- In doing so, relevant industrial consultation processes and occupational health and safety requirements must be adhered to.
- Traditionally, organisational change processes were seen as linear with a beginning, middle and end. Increasingly, change is seen as a continuous process of adaptation to changing environments and circumstances.
- The frameworks provided by Kotter (2015) and McGrath and colleagues (2008) can be very helpful in planning and implementing change.

Activity 1 – Managing organisational change

Look at the following sections in Topic 7.2 with the participants and download the PDF version of [Kotter's Model](#):

7.2.3 – Managing organisational change processes

7.2.4 – Kotter's model of organisational change

Once they have read the sections get the participants to watch the video on Kotter's 8-Step Change Model. The duration of the video is 2:20 minutes.

Using Kotter's model, download the [work sheet](#) to assist the participants learn more about each step in the model. Ask them to break up into small groups and, using the work sheet, identify what they would do at each step to implement changes in their organisations.

Activity 2 – Applying McGrath's model of organisational change in clinical settings

If participants come from / are based in clinical settings, work through the following section in Topic 7.2.:

7.2.4 – McGrath's Model

Look at each of the 8 principles that underpin clinical redesign and ask the participants, as part of a small group activity, to recount examples of when they were involved in a clinical redesign process and the extent to which it involved each of McGrath's 8 principles. Ask the participants to write down their answers and to share those with the other members of their small group.

Activity 3 – Further learning

Topic 7.2 can be complemented by having participants read the following documents:

- Kotter, J.P. (1996). *Leading change*. Boston: Harvard Business School Press.
- Kotter, J.P. (2015). *8 Steps to Accelerate Change in 2015*. Accessed 23 March 2016 at: <http://kotterinternational.com/ebook/Kotter-8-steps-ebook.pdf>.

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- McGrath, K., Bennett, D., Ben-Tovim, D., Boyages, S., Lyons, N., & O'Connell, T. (2008). Implementing and sustaining transformational change in health care: lessons learnt about clinical process redesign. *Medical Journal of Australia*, 188(6), S32.

References and resources

- Burnes, B. (1996). No such thing as... a "one best way" to manage organizational change. *Management decision*, 34(10), 11-18.
- Kenny, P., Harney, A., Lee, N., & Pennay, A. (2011). Treatment utilization and barriers to treatment: Results of a survey of dependent methamphetamine users. *Substance Abuse Treatment Prevention Policy*, 6(3), 1-7.
- Ready, D., (2016) 4 Things Successful Change Leaders do Well. *Harvard Business Review*. Accessed 29 March 2016 at: https://hbr.org/2016/01/4-things-successful-change-leaders-do-well?utm_source=twitter&utm_medium=social&utm_campaign=harvardbiz

For further help:

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Topic 7.3: Workforce Development (WFD)

This topic is likely to be of most relevance to supervisors, managers and frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

- Understand the role WFD can play in supporting services to address crystal methamphetamine issues and needs of clients
- Identify select WFD approaches organisations can implement to enhance service provision
- Identify ways to assess the learning needs of frontline workers, teams and organisations
- Identify characteristics of effective education and training programs.

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Topic Introduction

Several Topics in Module 7 address issues related to development of the workforce with a role in responding to people with crystal methamphetamine-related problems. For example:

- Topic 7.1 addresses ways organisations can be redesigned to enhance responses
- Topic 7.2 examines ways organisations can implement change
- Topic 7.4 addresses the risks of workforce stress, compassion fatigue and burnout
- Topic 7.5 examines organisational support for workers.

This Topic examines WFD approaches to enhance the service provision capacities of workers, teams and organisations. It focusses on select issues related to:

1. Workplace conditions
2. Organisational and systems factors
3. Workers' needs (e.g., learning assessment, training).

Summary of Key Points

- Workforce development is a comprehensive, multifaceted approach to assist workers, organisations and sectors to better prevent and respond to crystal methamphetamine problems.
- Workforce development should have a systems focus, targeting work conditions, organisational / system factors and worker needs.
- Workforce development includes but is not limited to recruitment, retention, worker wellbeing, mentoring, clinical supervision and education and training.
- It is important to assess the learning needs of individual frontline workers, their teams and the organisation as a whole.
- For education and training to be an effective WFD tool, organisations need to ensure that it:
 - Is evidence-based and extends workers' existing knowledge and skills
 - Reinforces workers' self-efficacy, role legitimacy and builds confidence
 - Is integrated with day-to-day practice
 - Is based on adult learning principles.

Activity 1 – Engaging workers in WFD

Look at the following sections in Topic 7.3 with the participants:

7.3.2 – Defining workforce development

7.3.3 – What is workforce development?

Once you have reviewed the information, ask the participants to think about the following:

To ensure that appropriate WFD strategies are in place to best suit the needs of your organisation, it's important to engage ALL workers in this process.

Then ask them to identify how they would engage ALL workers in their organisations to identify the WFD strategies that best suit their needs?

Strategies for engaging workers in WFD may include:

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- *Setting time aside at regular staff meetings to discuss workers' perspectives in regard to organisational WFD needs*
- *Raising it with individual workers during one-on-one meetings*
- *Exploring options with senior staff or those with specific areas of responsibility*
- *Running a workshop with the staff, perhaps including outside experts to guide discussion about priority WFD needs*
- *Tackling WFD as part of their organisation's strategic planning processes.*

Activity 2 - Staff retention challenges and responses

Look at the following sections of Topic 7.3 with the participants:

7.3.4 – Workforce development strategies

7.3.5 – Topic focus

7.3.6 – Working conditions

7.3.6a – Recruitment and retention

Once you have reviewed the information ask the participants to answer the following question:

Now that you have considered some of the challenges, what measures could be implemented to enhance recruitment and retention of workers providing services to people with crystal methamphetamine problems?

Answer:

Measures to enhance recruitment and retention include:

1. *Improving workers' conditions, remuneration, flexible working arrangements and career pathways*
2. *Comprehensive orientation, mentoring and clinical supervision programs and access to education and training*
3. *Management and leadership development programs focussing on responding to workforce needs and expectations*
4. *Enhanced job security via longer-term employment contracts / permanent positions*
5. *Reducing the stigma associated with working with this client group*
6. *Promoting this as a career of choice via marketing to universities and vocational education institutions*
7. *Improving career pathways for peer workers, professional development opportunities for volunteers and providing assistance for volunteers transitioning to paid roles*
8. *Increasing tertiary student placements in service-providing agencies to enhance exposure to this rewarding work*
9. *Increasing relevant teaching in undergraduate and postgraduate programs.*

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Activity 3 – ‘Stigma by association’

Look at the following section of Topic 7.3 with the participants:

7.3.6b – ‘Stigma by association’

When looking at this section also refer participants to Topic 3.1.2 – Stigma and discrimination, Topic 7.1.9 – Stigma and discrimination encountered by clients using crystal methamphetamine and Topic 7.4.1c – Introduction: Stigma.

Once you have reviewed the information, ask the participants to reflect on the following:

1. *As a manager or supervisor, take a moment to reflect on the organisation that you work for or one you are familiar with.*
2. *Do workers in your organisation experience 'stigma by association' when providing services to people experiencing crystal methamphetamine-related issues?*
3. *If so, what strategies could your organisation implement to prevent and address this?*

Activity 4 – Addressing the WFD needs of organisations, teams and workers

Look at the following sections of Topic 7.3 with the participants:

7.3.7 – Organisational and systems factors

7.3.8 – Workers' needs

7.3.8a – Learning needs assessments

7.3.8b – Conducting learning needs assessments

7.3.9 – Effective approaches to education and training

Once you have reviewed the information ask the participants to reflect on the following:

1. *Take a moment to reflect on the capacity of your organisation's workforce to deliver services to people with crystal methamphetamine-related problems.*
2. *What measures are in place to address the WFD needs of your organisation, teams and workers?*

Activity 5 – Further learning

Topic 7.3 can be complemented by having participants do the following:

- Reading the *National alcohol and other drug workforce development strategy 2015–2018* developed by NCETA on behalf of the Intergovernmental Committee on Drugs.
- Reading NCETA's *Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field* for more information about the principles and application of WFD.

References and resources

- Australian Government: Australian Public Service Commission. (2013). Workforce planning explained. Retrieved from <http://www.apsc.gov.au/publications-and-media/current-publications/workforce-planning-guide/workforce-planning-explained> on 16 January 2016.
- Baker, A., & Roche, A. (2002). Editorial: From training to work-force development: a large and important conceptual leap. *Drug and Alcohol Review*, 21(3), 205-207.

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- Cotten, A. (2007). Seven steps of effective workforce planning. Washington, DC: IBM Center for the Business of Government.
- Intergovernmental Committee on Drugs. (2014). National alcohol and other drug workforce development strategy 2015–2018. Canberra: IGCD.
- Knowles, M. (1984). *Andragogy in action: Applying modern principles of adult learning*. San Francisco: Jossey-Bass.
- Roche, A. (2002b). *Workforce development: Our national dilemma*. Adelaide: National Centre for Education and Training on Addiction, Flinders University.
- Roche, A. (2009). New horizons in AOD workforce development. *Drugs: Education, Prevention and Policy*, 16(3), 193-204.
- Roche, A. (2013). Looking to the future: The challenges ahead. *Of Substance*, 11(1), 17.
- Roche, A., & Pidd, K. (2010). *Alcohol and other drugs workforce development issues and imperatives: Setting the scene*. Adelaide: National Centre for Education and Training on Addiction, Flinders University.
- Roche, A., Pidd, K., & Freeman, T. (2009). Achieving professional practice change: From training to workforce development. *Drug and Alcohol Review*, 28(5), 550-557.
- Roche, A., Todd, C., & O'Connor, J. (2007). Clinical supervision in the alcohol and other drugs field: an imperative or an option? *Drug and Alcohol Review*, 26(3), 241-249.

For further help:

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Topic 7.4: Stress, compassion fatigue and burnout

This topic is likely to be of most relevance to supervisors, managers and frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them and what is required to acquire CPD points.

Objectives

After completing this Topic, learners will be able to:

- Describe the types of pressures that workers who support people with crystal methamphetamine-related problems might experience, and outcomes such as stress, compassion fatigue and burnout

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- Understand the differences between stress, compassion fatigue and burnout, their causes and impacts on organisations
- Highlight the importance of job satisfaction for workers who support clients with crystal methamphetamine-related problems
- Identify organisational strategies to enhance worker wellbeing and job satisfaction.

Summary of Key Points

- Supporting people with crystal methamphetamine problems can be a very rewarding experience. Sources of job satisfaction and reward for workers include:
 - The opportunity to help and work directly with people
 - Belief in the worth of their work in terms of making a contribution to society
 - Opportunity for personal and professional growth and development.
- Preventing stress, burnout and compassion fatigue among workers is an important priority for organisations.
- Stress, compassion fatigue and burnout result from an imbalance between the demands of the job and the resources workers have to meet those demands, and can result in:
 - Reduced job satisfaction
 - Lower job performance (quality and quantity of work)
 - Increased absenteeism and turnover
 - Reduced organisational commitment.
- Measures to reduce stress, burnout and compassion fatigue need to focus on broad system factors, the organisation itself and the needs of individual workers.
- Organisational strategies that can enhance worker job satisfaction include:
 - Providing workers with autonomy
 - Rewarding effective job performance
 - Supporting creativity and innovation.

Activity 1 – Case study

Before looking at the topic content, ask the participants to read the following case study. The case study is about the stresses and hazards that frontline workers face when working with clients with complex needs, including crystal methamphetamine use. When reading through Topic 7.4 ask the participants to use the case study to think about the types of strategies that the organisation could have used to reduce the workers' stress and enhance their wellbeing.

Marcia is one of several supervisors at a large, busy, inner city drug treatment centre. The centre is getting busier and busier, largely because of an influx of clients with crystal methamphetamine-related problems.

The increase in these clients has occurred on top of an already heavy client load.

Over the past year, Marcia has noticed a general decline in staff morale as well as increasingly high levels of staff absenteeism. Staff turnover is also high and Marcia knows several current staff are looking for other jobs.

In addition, several staff members have been involved in critical incidents with crystal methamphetamine-intoxicated clients, resulting in long-term absences on stress-related leave.

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Marcia has also noticed that the clinic's employee assistance program is increasingly being used by staff. Although she doesn't know the exact nature of the problems for which staff are seeking assistance, she suspects they are related to workplace issues.

Over the past year, there has also been an increase in client complaints about the quality of care they are receiving. None of these complaints were of a serious nature and mostly concerned staff being rude or inattentive towards clients.

Think about the issues at play in this workplace.

Activity 2 – Potential sources of pressure and stress on workers

Look at the following sections of Topic 7.4 with the participants:

7.4.1a – Introduction

7.4.1b – Introduction: Complex needs

7.4.1c – Introduction: Stigma

7.4.1d – Introduction: Comorbidity and relapse

7.4.1e – Introduction: Diverse clients

7.4.1f – Introduction: Demands on Indigenous workers

Once you have reviewed the information, ask the participants, in small group settings to:

1. *List the behaviours of people who use methamphetamine that may contribute to workers' stress*

Examples of behaviours of clients who use methamphetamine:

People affected by crystal methamphetamine may:

- ***Be hard to manage in clinical settings, and engage and retain in treatment***
- ***Feel helpless and unsure about the future***
- ***Not be aware of successful recovery stories***
- ***Be difficult to engage in group activities, disruptive and unsettling for other clients***
- ***Have complex comorbidities (e.g., depression and suicidal ideations are common and can be very stressful for workers)***
- ***Be stigmatised by other service providers and broader community which can affect workers' morale and self-efficacy***
- ***As a result of methamphetamine-related cognitive damage:***
 - ***forget appointments***
 - ***have difficulty concentrating***
 - ***forget to do their "homework"***
- ***Exhibit disruptive behaviours (e.g., not being able to sit still, walking about the room, scratching and wriggling uncontrollably, repeating irrelevant details, not attending to important issues, displaying agitated, intimidating and violent behaviour towards staff, or be extremely fatigued)***
- ***Have a long withdrawal period and high relapse rates.***

These characteristics of this client group can make the work of many service providers very demanding.

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2. List other factors that may contribute to work-related stress

Examples of other factors that can create challenges for crystal methamphetamine-related service provision include:

- **Adapting organisational and clinical approaches to provide services to people with stimulant, rather than depressant, drug problems**
- **Increased demand for crystal methamphetamine treatment without adequate resources**
- **Lack of approved pharmacological treatments for crystal methamphetamine problems**
- **Overloaded mental health services being unable to engage with people who have crystal methamphetamine issues.**

All of the above can increase the pressure and load on organisations and services, and may add to work-related stress experienced by workers.

However, there are important steps that can be taken to minimise these pressures and resultant stressors.

Activity 3 – Work-related stress

Look at the following section of Topic 7.4 with the participants:

7.4.2 – What is workplace stress, compassion fatigue, and burnout?

Once you have reviewed the information ask the participants to look at the following case study and to write down the stressors affecting the worker and identify some of the measures that the organisation and worker can implement to reduce that stress:

Debra is an experienced and highly capable emergency department (ED) nurse working full time at a Melbourne Hospital with a Major Trauma Centre. She has two young children aged 4 and 6, and works permanent night shifts so that she can pay the bills. She also shares the care of her children with her partner who works 9 to 5. Until recently, her mother-in-law also helped out a lot with the kids.

Night shifts are always very busy at the hospital, particularly Thursday, Friday and Saturday nights, which have a steady flow of alcohol and other drug-affected patients. Although alcohol-affected patients predominate, recently the ED has seen increased numbers of people affected by crystal methamphetamine. Although relatively few in number, people affected by crystal methamphetamine can be very difficult to manage as a result of their often reactive and erratic behaviours.

Over the past 12 months, Debra has been feeling increasingly tired, run down and overwhelmed. Recently her mother-in-law was diagnosed with a serious illness and is less able to help with the children during the day. As a result, Debra has fewer opportunities to sleep between shifts. She tried using sleeping pills, but they made her feel groggy when she was due to go to work.

Recently at work, four members of one family were brought in to the ED with major trauma following a high-speed car crash. One was declared dead on arrival, but the staff attempted to resuscitate the other three. Despite trying for nearly an hour they

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were unsuccessful. Debra, and the other staff involved, were understandably very upset by the incident.

Just as these staff were about to hold their resuscitation incident debriefing, a code black was announced, indicating that a very high-risk incident was occurring in the ED. A person had presented to the ED exhibiting signs of psychosis and was threatening staff with a long kitchen knife. The cause of the psychosis was unclear.

Debra felt completely unable to support her colleagues in responding to the code black. She felt overwhelmed and went into the staff change room sobbing and shaking.

Activity 4 – Identifying and addressing compassion fatigue

Look at the following section of Topic 7.4 with the participants:

7.4.3 What is compassion fatigue?

Once you have reviewed the information, ask the participants to answer the following question:

1. *How would you know if any of your workers / colleagues are experiencing compassion fatigue?*

Answer:

Symptoms of compassion fatigue may include:

- **Physical, mental or emotional exhaustion, or increased isolation, frustration or irritation resulting from working in caring professions**
- **Increasing difficulty maintaining professional boundaries**
- **Poor health or somatic symptoms (such as headaches)**
- **A negative attitude and diminished enjoyment of work involving helping people**
- **Relationship difficulties**
- **A sense of anxiety or dread or intrusive images or thoughts, particularly regarding work**
- **Feelings of hopelessness and decreased feelings of pleasure**
- **Difficulties sleeping (or experiencing nightmares).**

Also ask participants to answer the following questions and to discuss in small groups or the whole group:

Have you, or any of the workers for whom you have responsibility, ever experienced the signs and symptoms of compassion fatigue?

1. *What were the circumstances involved?*
2. *How was it addressed? Was there a satisfactory outcome?*
3. *What strategies do workplaces need to have in place to prevent and monitor the potential for compassion fatigue? What strategies need to be in place to address it if it does occur?*

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Activity 5 – Identifying and addressing burnout

Look at the following sections of Topic 7.4 with the participants:

7.4.4 – What is burnout?

7.4.5 – What's the difference between stress and burnout?

Once you have reviewed the information ask the participants to reflect on the following:

1. *Think about a time when you or a colleague experienced excessive workplace stress, compassion fatigue or even burnout associated with providing services to crystal methamphetamine clients or other client groups.*
2. *What were some of the contributors to this?*
3. *What was, or could be done by your organisation to address this, or preferably avert this possibility?*

Activity 6 – Balancing job demands and job resources

Look at the following section of Topic 7.4 with the participants:

7.4.6 – The imbalance between job demands and job resources

Once you have reviewed the information use the following [worksheet](#) and ask the participants to draw a set of scales which demonstrates the work-related resources available and the demands placed on them, or their staff. Then ask them:

- *Which way is your scale tipping?*
- *Is it in balance?*
- *Do you have resources in reserve to help you cope with additional demands?*
- *Do the demands outweigh the resources that are available to you?*

If so, what steps does the organisation need to take to decrease demands and increase resources for yourself and/or your colleagues?

Activity 7 – Stress, compassion fatigue and burnout

Look at the following section of Topic 7.4 with the participants:

7.4.7 – Work-, lifestyle- and personality-related contributors to stress, compassion fatigue and burnout

7.4.8 – Effects of stress, compassion fatigue and burnout

Once you have reviewed the information, ask the participants to answer the following question:

1. *What do you think are the major impacts of stress, compassion fatigue and burnout on workers' health and wellbeing, organisational functioning and client outcomes?*

Then look at the following sections of Topic 7.4 with the participants to find out more about the implications of stress, compassion fatigue and burnout for workers' health and wellbeing, organisational functioning, and client outcomes:

7.4.8a – Effects of stress, compassion fatigue and burnout

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Activity 8 – Preventing stress, burnout and compassion fatigue

Look at the following section of Topic 7.4 with the participants:

7.4.9 – Preventing stress, burnout and compassion fatigue

Once you have reviewed the information, ask the participants to:

Write down some measures that organisations can introduce to prevent stress, compassion fatigue and burnout among staff providing services to crystal methamphetamine clients.

Ask them to share their answers with the group.

Examples of organisational strategies to address stress, burnout and compassion fatigue include:

- 1. Ask someone external to the organisation to assess workplace stressors related to providing services to people experiencing problems with crystal methamphetamine***
- 2. Review work / job design and workloads.***
- 3. Ensure that job previews and orientation programs provide recruits with realistic expectations of job demands and the rewards associated with this type of work.***
- 4. Assess worker, team and organisation learning needs related to providing services to this group of people (See Topic 7.3.8a Learning needs assessments).***
- 5. Provide career development opportunities to enhance employees' skills in providing services to crystal methamphetamine affected people.***
- 6. Facilitate mentoring and clinical supervision by clinicians skilled in providing services to this client group.***
- 7. Train managers in: the challenges and complexities of this work; identifying workers experiencing difficulties; and appropriate responses.***
- 8. Provide recognition and rewards for both effort and effective job performance (financial and non-financial).***
- 9. Support workers to develop or enhance their own coping strategies.***
- 10. Ensure that workers are regularly exposed to treatment recovery success stories.***

Activity 9 – Job satisfaction

Look at the following section of Topic 7.4 with the participants:

7.4.10 – The importance of job satisfaction

Once you have reviewed the information, ask the participants to write down their answers to the following questions and to discuss their answers in small groups or the whole group:

Q1. What are the factors that enhance job satisfaction for all workers in providing services to people with crystal methamphetamine problems?

Answer:

- 1. Job characteristics (e.g., skill variety, task identity, task significance, autonomy and feedback)***
- 2. Clarity of job roles and responsibilities, with consistency (i.e., lack of conflict) between multiple job roles / responsibilities***
- 3. Workload and work life balance***
- 4. Support from colleagues, supervisors and the workplace***

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5. *Job conditions (e.g., salary)*
6. *Managing change well*
7. *Providing support to workers*
8. *Managing relationships.*

Q2. *What are factors that enhance job satisfaction for alcohol and drug workers in providing services to people with crystal methamphetamine problems?*

Answer:

Three factors which underpin job satisfaction among alcohol and drug workers responding to people with crystal methamphetamine problems are:

1. *Believing that they are providing an important service that:*
 - *helps people with problems make progress or resolve their difficulties*
 - *sees people overcome their lapses and relapses and recover*
 - *supports families*
 - *establishes long term relationships with clients, families and the community*
 - *shares stories of hope and recovery*
 - *prevents associated health or social problems*
 - *serves the needs of the community*
 - *keeps people out of the criminal justice system.*
2. *The ability to have input into intervention approaches and strategies*
3. *Support for skill enhancement and career development.*

Q3. *What can managers and supervisors do to enhance job satisfaction?*

Answer:

1. *Provide scope for role clarity and autonomy by:*
 - *ensuring workers are clear about their roles and providing them with the freedom to choose how to go about doing key tasks, including making decisions necessary for quality client care*
2. *Provide appropriate rewards for effort by:*
 - *rewarding good performance with recognition, praise, pay rises, promotions and positive performance appraisals*
3. *Seek workers' views by:*
 - *encouraging workers to express their opinions and ideas and taking these into consideration wherever possible*
4. *Work and workload redesign by:*
 - *ensuring that work is undertaken in an efficient manner and that workers are not overloaded.*

As a homework task for the participants, ask them to conduct a workshop or discussion group with staff at their workplace to seek out their views on factors that enhance their job satisfaction. Those discussions should specifically focus on their work with methamphetamine-affected clients.

Activity 10 – Further learning

Topic 7.4 can be complemented by having the participants to:

- Read the guidebook for employers [Preventing and managing work-related stress](#) developed Worksafe Victoria.

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- Read the document *Stress and Burnout: A Prevention Handbook for the Alcohol and Other Drugs Workforce* developed by NCETA's Dr Natalie Skinner and Professor Ann Roche.

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For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>

Topic 7.5: Workplace and worker support

This topic is likely to be of most relevance to supervisors, managers and frontline workers from:

Aboriginal and Torres Strait Islander workforces, alcohol and other drugs, community health, education, emergency services, hospitals, housing, local government, mental health, other human services (e.g., child protection, family support, family violence, out-of-home care etc.), primary health care.

Undertaking this Topic may entitle health and welfare professionals to earn self-directed learning Continuing Professional Development (CPD) points. Learners should contact their professional association to determine if this applies to them, and what is required to acquire CPD points.

Objectives

This Topic focusses on the responsibilities of organisations to ensure that frontline workers are adequately and appropriately supported when working with people experiencing crystal methamphetamine-related problems.

After completing this topic, learners will be able to ensure the provision of:

- Different kinds of workplace supports for frontline workers
- Clinical supervision and mentoring to enhance the responses of frontline workers.

While providing services to crystal methamphetamine clients can be very rewarding, this can also be taxing for individual workers and place additional demands on workers and services.

Recent increases in service demand for methamphetamine-related clients has put many services under pressure, stretched limited resources and created challenges for workers.

This Topic highlights a number of strategies that will assist organisations to support their workers to carry out this important role.

Summary of Key Points

- Workers addressing the needs of people with crystal methamphetamine-related problems may require additional workplace support as a result of their complex needs.
- Organisations are responsible for providing frontline workers with adequate and appropriate support.
- Organisations can use clinical supervision as a tool to develop the clinical skills of less experienced workers and minimise stress and burnout.

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- Supervisors / managers can use mentoring to build and sustain frontline workers' skills, knowledge and work practices, and facilitate work practice change.
- Workplace support strategies can be effective tools in facilitating frontline worker retention, optimise effectiveness and enhance wellbeing.

Activity 1 – Case study

Before looking at the topic content, ask the participants to read the following case study. The case study is about enhancing support for frontline workers providing services to clients with complex needs, including crystal methamphetamine use. When reading through Topic 7.5, ask the participants to use the case study to think about potential worker support strategies.

You are a supervisor at a drug treatment agency that is considering the implementation of clinical supervision and mentoring programs.

Adam is an alcohol and drug worker who has been employed by your organisation for 15 years. He is well-regarded by colleagues and clients alike, and has a reputation as a caring and empathic worker who always gives of his best to support clients. For most of his time with your agency, his caseload has comprised clients with alcohol and opioid-related problems.

Over the past 18 months, your service has attracted an increasing number of crystal methamphetamine clients. In that time, you have noticed a change in Adam's demeanour at work, particularly after he was involved in a critical incident with an aggressive crystal methamphetamine-affected client.

Adam now avoids counselling clients with crystal methamphetamine-related problems, preferring to deal with other clients instead. He has also become more withdrawn from his co-workers and his absenteeism has increased, particularly on days when your agency holds its specialist stimulant clinic service. You have recently received a complaint about Adam's behaviour from a crystal methamphetamine client who said that he was rude and dismissive.

Activity 2 – Workplace support

Look at the following sections of Topic 7.5 with the participants:

7.5.1a – Workplace support

7.5.1b – Workplace support. Please note *Topic 7.4 Stress, compassion fatigue and burnout* includes more information about strategies for enhancing worker wellbeing.

Once you have reviewed the information, ask the participants to answer the following questions:

Q1. *What can organisations, managers / supervisors and co-workers do to provide social / emotional support to workers involved with clients with crystal methamphetamine-related issues or problems?*

Answer:

- 1. Treating workers fairly (organisations, managers / supervisors):**
Workers need to be treated fairly, and remunerated appropriately. This can enhance worker wellbeing and reduce staff turnover.

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- 2. Recognising and rewarding good work and providing valued rewards (organisations, managers / supervisors):**
This may involve financial or non-financial rewards such as recognition for a job well done. Recognition and reward is especially important for workers providing services to people with crystal methamphetamine problems who may be more susceptible to stress, compassion fatigue and burnout.
- 3. Ensuring supportive supervision and facilitating organisational support (organisations, managers / supervisors):**
All workers need to feel supported by their supervisors and organisations. This may involve receiving clinical supervision from staff who are experienced in providing services to people with crystal methamphetamine problems, organisational recognition for good work, and adequate support following critical incidents.
- 4. Providing positive social interaction (managers / supervisors and co-workers):**
Positive social interaction can help reduce stress, compassion fatigue and burnout. Important strategies include encouraging regular informal staff get-togethers.
- 5. Involving workers in decision-making (managers / supervisors):**
This reinforces the extent to which workers' opinions are valued. It can also lead to innovative solutions to problems which stem from workers' first-hand experiences in providing services to crystal methamphetamine clients.

Q2. *What can organisations, managers / supervisors, and co-workers do to provide instrumental support to workers?*

Answer:

- 1. Ensure that workers have comfortable and safe working conditions, adequate remuneration, and access to high quality resources and equipment (organisations, managers / supervisors).** *This can improve worker recruitment and retention by enhancing their feeling of being valued.*
- 2. Avoid or address work overload (e.g., having caseloads that are too large), and role ambiguity or conflict (organisations, managers / supervisors).** *This can reduce the risk of stress, compassion fatigue and burnout among workers.*
- 3. Provide help and advice, fill in when others are absent, assist with heavy workloads, provide constructive feedback, give appreciation and recognition, and share duties and responsibilities (co-workers).**

Once the participants have shared their answers either in small groups or in a large group setting, ask them to reflect on the following:

Think back to a time when you, or a colleague, were in a situation where there was inadequate support available from your organisation, supervisors / managers, or co-workers.

- 1. What effect did this have?*
- 2. What could have been done?*
- 3. What would you do differently today?*

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Activity 3 – Clinical supervision

Look at the following sections with the participants:

7.5.2a – Clinical supervision

7.5.2b – What is clinical supervision?

7.5.2c – Clinical versus administrative / managerial supervision

7.5.2d – Establishing a clinical supervision program

Once you have the information, ask the participants to answer the following question:

Q1. *What are some of the ways that clinical supervision can help organisations to ensure the provision of quality services to crystal methamphetamine clients?*

Answer:

Clinical supervision has a range of benefits for clinicians and the organisation, and can help:

- ***Develop and maintain clinical skills and effective practice in supporting clients with crystal methamphetamine-related problems***
- ***Improve staff retention, support, and job satisfaction which can be important for workers dealing with crystal methamphetamine clients' challenging behaviours***
- ***Provide a forum to discuss clinical issues.***

Once the participants have shared their answers either in small groups or in a large group setting, ask them to reflect on the following:

Think about an organisation (your own or one you are familiar with) that provides services to clients with crystal methamphetamine-related problems.

Ask yourself the following questions:

1. *Is regular clinical supervision provided by the organisation?*
2. *If so:*
 - *Is the clinical supervision program adequate and successful?*
 - *Could it be improved and in what way?*
 - *What benefits does clinical supervision bring to that organisation?*
 - *How would the organisation be different without clinical supervision?*

Then ask the participants the following question:

Q2. *What is the difference between administrative/managerial and clinical supervision?*

Answer:

1. ***Administrative / managerial supervision is aimed at ensuring the worker is meeting organisational requirements and that they are functioning in accordance with organisational goals, expectations and standards.***
2. ***Clinical supervision, on the other hand, focusses on enhancing the clinical effectiveness of supervisees. It examines supervisees' work with clients and supports them to better meet the needs of people with crystal***

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methamphetamine-related problems. Clinical supervision is also an important tool to enhance therapeutic optimism.

Watch the video on clinical supervision in a hospital setting prepared by the University of Bedfordshire in the United Kingdom. Minutes 0-13 provide the rationale for, and the benefits of, clinical supervision. The remainder of the video provides two examples: the first is a one-on-one session: the other is an interdisciplinary group supervision session.

Ask the participants to write down their answers to the following questions and to discuss in small groups or with the whole group:

Having viewed the video, think about how the issues raised might apply to your workplace and how good quality clinical supervision can support workers who provide services to crystal methamphetamine clients:

- 1. If your organisation does not have a clinical supervision program, can you foresee any barriers to implementing one?*
- 2. What could you do to overcome these barriers?*

Activity 4 – Mentoring

Look at the following sections with the participants:

7.5.3a – Mentoring

7.5.3b – Mentoring: Enhancing methamphetamine-related services

7.5.3c – Formal and informal mentoring

7.5.3d – Formal mentoring

7.5.3e – Informal mentoring

Once you have reviewed the information, ask the participants to write down their answers to the following questions and to discuss in small groups or with the whole group:

Q1. *What are the benefits of successful mentoring programs?*

Q2. *Who are these programs suitable for?*

Answer:

Mentoring can help:

- 1. Build and sustain skills, knowledge and work practices related to supporting crystal methamphetamine clients***
- 2. Support work practice change (e.g., different skills may be needed to provide services to clients with crystal methamphetamine issues versus clients with alcohol or heroin problems)***
- 3. Help attract skilled and qualified workers and retain existing workers***
- 4. Link different professions and institutions, which is particularly important for crystal methamphetamine clients who may have complex needs and would benefit from an interdisciplinary or interagency approach***
- 5. Support and provide professional development for rural and remote workers providing services for crystal methamphetamine clients (especially e-mentoring).***

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Once the participants have shared their answers, ask them to reflect on the following:

Imagine you are developing a mentoring program to enhance the provision of services to crystal methamphetamine clients in your organisation:

1. *Would you primarily implement a formal or informal mentoring approach?*
2. *How could you encourage informal mentoring?*

Further learning

Topic 7.5 can be complemented by having participants:

- Visit [NCETA's workplace support webpage](#) for more information and resources about workplace support.
- Watch the [clinical supervision video](#) developed by NCETA that contains role plays of clinical supervision.
- Visit [NCETA's mentoring webpage](#)
- Read NCETA's *Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field*.

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- Todd, C. (2005). *Mentoring*. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard, & C. Todd (Eds.), *Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- Todd, C. & O'Connor, J. (2005). *Clinical Supervision*. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard, & C. Todd (Eds.), *Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.

For further help:

DirectLine is the statewide entry point to the Victorian public alcohol and other drug treatment system. It is a useful first point of contact for alcohol and other drug users, and health and human service providers, including general practitioners. DirectLine operates 24 hours a day, seven days a week. DirectLine can be accessed over the phone on 1800 888 236, or online at <http://directline.org.au/>

APPENDIX 2: VIDEOS

APPENDIX 2: VIDEOS

Below is a complete list of all the videos in the online training. You may want to pick the most relevant ones for inclusion in your training.

CONFERENCE PRESENTATIONS		
PRESENTER	TITLE	IN TOPIC...
Amanda Baker	<i>Physical and psychological effects of methamphetamine use</i>	1.2 3.3 5.1
Ann Roche	<i>Methamphetamine use in Australia: What the data tells us about patterns of use</i>	1.1 1.2
Dina Saulo	<i>Methamphetamine use in Aboriginal communities: What we know—What are the gaps?</i>	5.7
Dovetail	<i>Understanding Methamphetamine</i>	Module 1 Module 5
Ken Pidd	<i>Methamphetamine use in the workplace: Options for prevention and intervention</i>	6.1
Nadine Ezard	<i>Effective strategies to address methamphetamine problems in primary care, emergency departments and hospital settings</i>	5.1 6.2
Rob Hester	<i>Neural and cognitive effects of methamphetamine and implications for treatment</i>	1.2 2.2

EDUCATIONAL VIDEOS		
AUTHOR	TITLE	IN TOPIC...
Alcohol and Drug Foundation	<i>Breaking the Ice in our Community</i>	7.1
Life Coaching and Counselling	<i>Introduction to CBT</i>	5.4
Meth Inside Out	<i>Triggers</i>	5.6
Mind Tools	<i>Kotter's 8-Step Change Model</i>	7.2
NCETA	<i>Clinical supervision video</i>	7.5
Onemda Koori Health Group	<i>Healing from ice use in Victorian Aboriginal Communities</i>	5.7
SA Police	<i>Inside a clandestine laboratory</i>	1.1 1.3
University of Bedfordshire	<i>What is clinical supervision</i>	7.5

TV PROGRAMS		
AUTHOR	TITLE	IN TOPIC...
SBS Insight	<i>Icebreaker</i>	2.1 2.2 Module 5

APPENDIX 3: CASE STUDIES

APPENDIX 3: CASE STUDIES

Case studies are used throughout the online training resource to engage participants and encourage them to think deeply and apply their learning. A full list of all case studies in the online training resource is presented below, organised by module and topic.

Module 1: Topic 1.3

Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study looks at a young person switching from using speed to crystal methamphetamine. When reading through Topic 1.3, ask the participants to use the case study to think about the sort of information and support that they could provide about the effects of crystal methamphetamine.

Tony is an outgoing young man in his early twenties. He enjoys playing sport and partying with his friends on weekends. Tony has been using speed and ecstasy occasionally for the past 2-3 years.

He tells you that he has switched from using speed to crystal methamphetamine because "it gives you a quicker rush and better bang for your buck".

Tony reports that he had few problems when using speed, but with crystal methamphetamine he has experienced strong mood changes and sometimes gets very low after using.

A few weeks later, Tony comes back and tells you that he has stopped using crystal methamphetamine and thinks that he may have experienced a crystal methamphetamine "crash".

Tony asks for your advice about crystal methamphetamine.

Module 2: Topic 2.1

Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study examines crystal methamphetamine intoxication. When reading through Topic 2.1, ask the participants to use the case study to help them think about what to look for if they think a person who uses crystal methamphetamine may be intoxicated.

Angie is a 42 year old professional woman who regularly uses a range of drugs including crystal methamphetamine. She has always presented to your service as well dressed, communicative and in control of her life.

She has no known history of ongoing mental health issues and has never been to your service in an intoxicated manner.

One day recently, Angie came in looking dishevelled with bruising to her face. You are concerned but she is unable to tell you how she got the bruising on her face.

She tells you that she has been sweating a lot and hasn't eaten or drunk much for days.

APPENDIX 3: CASE STUDIES

Her behaviour is out of character and you notice that she has dilated pupils and appears to be restless and agitated. As you try to talk to her she jumps from topic to topic and becomes increasingly agitated.

Module 3: Topic 3.1

Case study (a)

Before looking at the Topic content, ask the participants to read the following case study. The case study examines the stigma and discrimination that may be experienced by people who use crystal methamphetamine. When reading through Topic 3.1, ask the participants to use the case study to think about how to recognise and deal with issues related to stigma.

Rochelle is in her mid-30s. She is in a long-term relationship with Amanda and works in a café as a barista. She has been using crystal methamphetamine for the past 4 years and is thinking about modifying her use as she is not sure that she is able to keep it in check.

She comes to your service for the first time. In your initial contact with her you find her aloof, diffident, uncomfortable and hard to make eye contact with.

Efforts to engage her in conversation are difficult and fairly unproductive. She generally seems 'out of sorts' and in a dark mood.

Your initial concern is that she may be aggressive and explosive, however, sensitive non-threatening and gentle conversation with her in a quiet environment results in her relaxing and starting to open up.

Further conversation reveals that Rochelle recently attended another service where she felt heavily stigmatised and treated as though she was a criminal and undeserving of any care and support. She was angry about her previous interaction with this other service provider.

Case study (b)

Before looking at the Topic content, ask the participants to read the following case study. The case study focusses on enhancing communication with someone who is intoxicated with crystal methamphetamine and reducing the risk of the situation escalating. When reading through Topic 3.1, ask the participants to use the case study to think about communication strategies when dealing with crystal methamphetamine-intoxicated people.

Roger is a young, fit and athletic bike-riding enthusiast. He works as refueller at one of the major airports. You have never seen him before and you are not sure why he is presenting. He has difficulty telling you why he is there. Roger seems disoriented and has been sitting on his own for quite some time. He startles very easily and seems restless and twitchy. You're concerned that he may be crystal methamphetamine intoxicated and that he may start to behave in an erratic and unpredictable manner. You subsequently establish that he is intoxicated on crystal methamphetamine.

APPENDIX 3: CASE STUDIES

Module 3: Topic 3.2

Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study looks at a person who uses crystal methamphetamine and who is engaging in self-harming behaviour. When reading through Topic 3.2, ask the participants to use the case study to think about how you might deal with someone who is self-harming.

Terry is a young chef aged in his 20s who comes into your service for the first time and tells you that he has been using crystal methamphetamine for the past six months. He has used various drugs, but now it's mostly just crystal methamphetamine.

Terry's crystal methamphetamine use has recently escalated and he has been using every day for the past 3 weeks.

He has not slept or eaten much during that time and says to you "I don't know who I am or what I am doing anymore". He is struggling at work and is in growing conflict with his boss and colleagues.

Terry tells you he is feeling overwhelmed and can't cope ... "I got so desperate last night that I tried to cut my wrists". In doing so, he used a blunt knife and only succeeded in making superficial cuts.

He shows you the cuts on his wrists and says "Next time I'll make sure I do the job properly".

Module 4: Topic 4.2

Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study examines a scenario involving an agitated / hostile person who attends your workplace. When reading through Topic 4.2, ask the participants to use the case study to think about what they might do in this type of situation.

Bryce is a mechanic in his late 40s who has been using crystal methamphetamine for a number of years. He is well known to your service for his drug use, relationship problems (including perpetrating domestic violence), and some mental health issues related to anxiety and impulse control.

He is generally cordial but can become impatient if he is kept waiting to see you or other workers. When he becomes impatient, Bryce tends to pace up and down and this makes him physically intimidating to both staff and other service users.

Bryce unexpectedly comes into your service and begins shouting at and behaving aggressively toward staff.

He demands to see his case worker urgently as he has been charged with assaulting his partner and wants to know what his case worker can do to help him.

APPENDIX 3: CASE STUDIES

Module 5: Topic 5.3

Case study

Before looking at the topic content, ask the participants to read the following case study. The case study looks at the stages of change that people go through when deciding to change their crystal methamphetamine use. When reading through Topic 5.3, ask the participants to use the case study to think about the importance of conducting a thorough assessment and the different components that need to be addressed.

Sarah is a 37 year old legal officer who has been using crystal methamphetamine for the past three years. She has also regularly used cannabis and benzodiazepines. Sarah is also a heavy smoker and drinks at risky levels on weekends.

Recently Sarah has been experiencing some health-related issues (e.g. heart palpitations, high blood pressure and coughing fits) and has started to think about changing her patterns of crystal methamphetamine use.

She tells you that this is the first time that she has seriously considered changing how much and how often she uses crystal methamphetamine. She says "I am not sure if I want to stop using crystal methamphetamine but I am thinking maybe I should cut down a bit".

Module 5: Topic 5.4

Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study looks at counselling and cognitive behavioural approaches for people who use crystal methamphetamine. When reading through Topic 5.4, ask the participants to use the case study to think about what strategies they could use to assist them to engage with people who use crystal methamphetamine.

Jack is a 27 year old man who has been seen at your service a number of times in the last 12 months. He works as a fulltime bank clerk in a large financial institution. He is consistently pleasant and personable. He has been seeing you because he has grown concerned about his crystal methamphetamine use.

Jack has been using crystal methamphetamine on and off for the past 5-6 years. In the last year he found that it was starting to impact on his ability to function at work and to negatively affect some of his close relationships.

He is highly motivated to give up crystal methamphetamine use altogether but he is finding this difficult.

You have modified the sessions that you have with Jack to ensure that they are shorter and more frequent as he was having difficulty retaining the lessons and doing the CBT homework because of the cognitive impairment that he is experiencing. He also has difficulty remembering to turn up for appointments but is highly motivated when he attends.

APPENDIX 3: CASE STUDIES

Module 5: Topic 5.6

Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study is about a person who is concerned about relapsing into crystal methamphetamine use. When reading through Topic 5.6, ask the participants to use the case study to think about the type of relapse prevention and management advice and guidance that could be provided to assist the counsellor.

Michael is a construction worker in his mid-50s who stopped using crystal methamphetamine 18 months ago. He was also a heavy user of alcohol, tobacco and cannabis.

Michael has been seeing a counsellor for the past 12 months for a range of issues including his drug use and depression. He recently got a new job as a fly-in fly-out worker. The new job is very demanding and physically tiring.

He confides to his counsellor that while he feels he has made a lot of progress, he is nevertheless scared that the demands of his new job may cause him to start using crystal methamphetamine again.

Michael also tells his counsellor that he has commenced a relationship with a work colleague and that he is keen for the relationship to develop further. He is concerned that the stress of wanting the relationship to succeed is also adding extra pressure on him to revert to using crystal methamphetamine.

Module 5: Topic 5.7

Case study (a)

Before looking at the Topic content, ask the participants to read the following case study. The case study looks at a young Aboriginal person who is using crystal methamphetamine. Use this case scenario to think about the sort of culturally appropriate advice and support that you would most likely provide to that person about the effects of crystal methamphetamine.

Ben is a 24 year old Aboriginal man from Hamilton in south-western Victoria who is studying accountancy at the RMIT campus in Hamilton.

He comes into your service and tells you that for the past nine months he and some of his friends have been using crystal methamphetamine in combination with alcohol up to four times a week. They see it as part of their routine social activity and they normally start partying on a Thursday night and continue through to Sunday morning.

Ben has been sharing a house with three university friends, all of whom are part of his social network and who are also using crystal methamphetamine.

Ben's family lives near Portland and they have been supporting him with his studies and accommodation in Hamilton. Until recently, Ben was going home to his family approximately every two weeks. However, his partying combined with his increasing alcohol and other drug use means that he goes home less often.

APPENDIX 3: CASE STUDIES

He tells you that his family is pressuring him to come home more often and that they are worried about his constant partying and the effect it is having on his studies. Recently, two of his uncles were in Hamilton and saw Ben coming out intoxicated from one of the local nightspots. They offered to take him home but Ben got into an argument with them and they subsequently left and told his parents.

Case study (b)

Before looking at the Topic content, ask the participants to read the following case study. The case study is about a young gay man who uses crystal methamphetamine on weekends when he is partying with his friends. Think about what sort of advice and strategies may help this person.

Jason is a 27 year old gay man who works as a financial adviser. He and his friends enjoy clubbing on weekends and they usually use crystal methamphetamine to increase their sexual performance and to party for longer periods of time.

Jason has never been worried about his crystal methamphetamine use, his partying or having unprotected sex while using crystal methamphetamine. It has never affected his work attendance or performance.

A friend who Jason regularly parties with has told him that he has started using crystal methamphetamine more frequently and wants to know if Jason would like to do the same. This has caused Jason to think about what he should do and has approached you for advice.

Module 5: Topic 5.8

Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study is about a person who is looking for advice and support about how to deal with her son's crystal methamphetamine use. When reading through Topic 5.8, ask the participants to use the case study to think about what sort of advice and strategies may help this person.

Julie is concerned about her oldest son Brad, who has been using crystal methamphetamine for the past 6 months. Brad is 22 years old and dropped out of university more than a year ago. Since then he has had intermittent employment as a bar tender, waiter, and in nightclubs.

He has recently broken up with his girlfriend and the family only found out about his crystal methamphetamine use after the breakup.

Julie has come to you looking for help. She has become concerned about changes in Brad's behaviour over the past 6 months. She is distraught and does not know what to do.

Julie also has major safety concerns both for her son and the other family members due to his increasing anger and unpredictable outbursts. She says she doesn't recognise him anymore.

APPENDIX 3: CASE STUDIES

Module 6: Topic 6.1

Case study

Before looking at the Topic content, ask the participants to read the following case study. The case study is on prevention strategies aimed at the broader community, in this case, a secondary school setting. When reading through Topic 6.1, ask the participants to use the case study to think about the prevention strategies that you would use if you were in this situation.

You are a teacher working in a secondary school which has issues with students dropping out of school early. A recent survey of students at your school aged 14-16 years found that students did not feel connected to the school and the broader school community.

The School Board comprising school management and parents has been concerned about the high dropout rate. They have also recently been given a presentation that included evidence suggesting that crystal methamphetamine use is more likely to be prevalent among young people who do not complete secondary school.

You have been asked by the Principal to look at what strategies can be implemented to:

- *Prevent the likely early onset of crystal methamphetamine use amongst the students at your school*
- *Increase student retention rates for those aged 14-16 years*
- *Foster positive relationships between the students and the broader school community.*

Module 6: Topic 6.2

Case study (a)

Look at the following section of Topic 6.2 with the participants:

6.2.1 – Introduction

Before looking at the subsequent Topic content, ask the participants to read the following case study. The case study is about an injecting crystal methamphetamine user who has come to you for advice. When reading through the rest of Topic 6.2, ask the participants to use the case study to think about the type of harm reduction advice that could be provided to assist this person.

Jenny is her early 30's. She has used speed and cannabis for a number of years, and has come into your service for the first time.

Jenny tells you that her drug use is a regular part of her social activities and that she almost always uses in the company of her friends.

Jenny and her friends swapped from using speed (in tablet form) to injecting crystal methamphetamine about 8 months ago. She mentions that they initially started smoking crystal methamphetamine but about 3 months ago they commenced injecting it. Jenny tells you that until that time she had never injected drugs.

She has heard that injecting is more dangerous than other forms of crystal methamphetamine use but does not know what those dangers are. Jenny asks your advice

APPENDIX 3: CASE STUDIES

on whether this is true. She also wants to know more about the risks associated with injecting crystal methamphetamine.

Case study (b)

Look at the following section with the participants:

6.2.1 – Introduction

Before looking at the subsequent Topic content, ask the participants to read the following case study. The case study examines harm reduction strategies for a person who is using crystal methamphetamine and is experiencing problems. When reading through the rest of Topic 6.2, ask the participants to use the case study to think about the type of harm reduction information and advice that could be provided to assist this person.

Steve is in his early 40s. He owns a successful plumbing business and works long hours. Steve uses crystal methamphetamine to help him remain alert and focussed. He has been married to Chloe for almost 20 years and they have two teenage children. Steve's income is used to support the business, pay the mortgage and school fees. Chloe works part-time and her wage is used to pay the food bills.

On weekends, Steve likes to relax by spending time with family and friends. He enjoys drinking spirits (usually scotch whiskey), and also occasionally uses cannabis. He usually only uses crystal methamphetamine during the week.

Steve comes to see you because he is starting to have financial problems with the business. He is falling behind in his mortgage payments due to his crystal methamphetamine, cannabis, and alcohol use, along with increasing financial demands from the children. A couple of his regular plumbing suppliers have also warned him that he needs to be more prompt with his payments to them otherwise they will have to renegotiate their payment terms with him.

Steve also tells you that he has become more irritable and angry towards Chloe and the children and is starting to turn up late for jobs or forgets to get quotes for work. He is worried that his crystal methamphetamine use combined with his drinking and cannabis use is starting to negatively affect his health, relationships, and financial situation.

Module 7: Topic 7.1

Case study

Before moving onto the next sections of this Topic, ask the participants to read the following case study. The case study is about the manager of a drug treatment service. Both the manager and their staff have seen a substantial increase in clients presenting with methamphetamine-related problems and are concerned about the increased demand for services. When working through the next sections of Topic 7.1, ask the participants to use the case study to think about the types of organisational changes that could be implemented.

You manage an alcohol and other drug treatment service in an inner city suburb.

APPENDIX 3: CASE STUDIES

Over the past 12 months you have seen a substantial increase in clients presenting with methamphetamine-related problems. You and your staff are struggling to stay on top of this increase in demand for your services.

At your weekly case review session, staff reported that:

- *Reception staff were particularly worried about their safety and about the physical layout of the reception / waiting area*
- *Counselling staff were distressed that clients were failing to keep appointments and that when they attended, they had difficulty concentrating in sessions*
- *Inpatient withdrawal staff were concerned that many clients with crystal methamphetamine-related issues were leaving after 2-3 days.*

Module 7: Topic 7.4

Case study

Once you have reviewed the information ask the participants to look at the following case study and to write down the stressors affecting the worker and identify some of the measures that the organisation and worker can implement to reduce that stress:

Debra is an experienced and highly capable emergency department (ED) nurse working full time at a Melbourne Hospital with a Major Trauma Centre. She has two young children aged 4 and 6, and works permanent night shifts so that she can pay the bills. She also shares the care of her children with her partner who works 9 to 5. Until recently, her mother-in-law also helped out a lot with the kids.

Night shifts are always very busy at the hospital, particularly Thursday, Friday and Saturday nights, which have a steady flow of alcohol and other drug-affected patients. Although alcohol-affected patients predominate, recently the ED has seen increased numbers of people affected by crystal methamphetamine. Although relatively few in number, people affected by crystal methamphetamine can be very difficult to manage as a result of their often reactive and erratic behaviours.

Over the past 12 months, Debra has been feeling increasingly tired, run down and overwhelmed. Recently her mother-in-law was diagnosed with a serious illness and is less able to help with the children during the day. As a result, Debra has fewer opportunities to sleep between shifts. She tried using sleeping pills, but they made her feel groggy when she was due to go to work.

Recently at work, four members of one family were brought in to the ED with major trauma following a high-speed car crash. One was declared dead on arrival, but the staff attempted to resuscitate the other three. Despite trying for nearly an hour they were unsuccessful. Debra, and the other staff involved, were understandably very upset by the incident.

Just as these staff were about to hold their resuscitation incident debriefing, a code black was announced, indicating that a very high-risk incident was occurring in the ED. A person had presented to the ED exhibiting signs of psychosis and was threatening staff with a long kitchen knife. The cause of the psychosis was unclear.

APPENDIX 3: CASE STUDIES

Debra felt completely unable to support her colleagues in responding to the code black. She felt overwhelmed and went into the staff change room sobbing and shaking.

Module 7: Topic 7.5

Case study

Before looking at the topic content, ask the participants to read the following case study. The case study is about enhancing support for frontline workers providing services to clients with complex needs, including crystal methamphetamine use. When reading through Topic 7.5, ask the participants to use the case study to think about potential worker support strategies.

You are a supervisor at a drug treatment agency that is considering the implementation of clinical supervision and mentoring programs.

Adam is an alcohol and drug worker who has been employed by your organisation for 15 years. He is well-regarded by colleagues and clients alike, and has a reputation as a caring and empathic worker who always gives of his best to support clients. For most of his time with your agency, his caseload has comprised clients with alcohol and opioid-related problems.

Over the past 18 months, your service has attracted an increasing number of crystal methamphetamine clients. In that time, you have noticed a change in Adam's demeanour at work, particularly after he was involved in a critical incident with an aggressive crystal methamphetamine-affected client.

Adam now avoids counselling clients with crystal methamphetamine-related problems, preferring to deal with other clients instead. He has also become more withdrawn from his co-workers and his absenteeism has increased, particularly on days when your agency holds its specialist stimulant clinic service. You have recently received a complaint about Adam's behaviour from a crystal methamphetamine client who said that he was rude and dismissive.

APPENDIX 4: FURTHER LEARNING RESOURCES

APPENDIX 4: FURTHER LEARNING RESOURCES

These resources provide useful information relevant to topic content. You may want to direct participants to particular resources, or incorporate them into your training.

WRITTEN RESOURCES	RELEVANT TO...
8 Steps to Accelerate Change in 2015 JP Kotter	Topic 7.2
A Guide for Employers. Preventing and Responding to Work-Related Violence WorkSafe Victoria	Topic 4.1
A Guidebook for Employers. Preventing and managing work-related stress WorkSafe Victoria	Topic 7.4
A Handbook for Workplaces: Controlling OHS Hazards and Risks WorkSafe Victoria	Topic 4.1
A Handbook for Workplaces: Summary of the Occupational Health and Safety Act 2004 WorkSafe Victoria	Topic 4.1
Alcohol Education: What Really Works in Schools? National Centre for Education and Training on Addiction	Topic 6.1
Final Report of the Inquiry Into The Supply and Use of Methamphetamines, Particularly Ice, In Victoria Parliament of Victoria	Topic 1.4
Ice: Family and Friends Support Guide Australian Drug Foundation	Topic 5.8
Management of Patients with Acute Severe Behavioural Disturbance in Emergency Departments NSW Health	Topic 4.2
Management of Patients with Psychostimulant Toxicity: Guidelines for Ambulance Services Linda Jenner et al.	Topic 4.2
Management of patients with Psychostimulant Toxicity: Guidelines for Emergency Departments Linda Jenner et al.	Topic 4.2
Mental Health First Aid Guidelines Mental Health First Aid Australia	Topic 3.3
Mentoring National Centre for Education and Training on Addiction	Topic 7.5
Methamphetamine Dependence and Treatment Nicole Lee et al.	Module 5
Methamphetamine: Effects and Responses National Centre for Education and Training on Addiction	Topic 1.3 Topic 2.1 Topic 3.1
Methamphetamine Use in Australia National Centre for Education and Training on Addiction	Topic 1.2
Methamphetamine: What You Need to Know About Speed, Ice, Base and Meth Rebecca McKetin et al.	Topic 1.1 Topic 1.3 Topic 2.1
National alcohol and other drug workforce development strategy 2015–2018 Intergovernmental Committee on Drugs	Topic 7.3
Psychostimulants - Management of Acute Behavioural Disturbances: Guidelines for Police Services Linda Jenner et al.	Topic 4.2
Stress and burnout: A prevention handbook for the alcohol and other drugs workforce Natalie Skinner and Ann Roche	Topic 7.4
Suicide Assessment fact sheets Victorian Department of Health and Human Services	Topic 3.2
Responding to Challenging Situations Related to the Use of Psychostimulants: A Practical Guide for Frontline Workers Linda Jenner and Nicole Lee.	Topic 3.1 Topics 4.1 – 4.3

APPENDIX 4: FURTHER LEARNING RESOURCES

Treatment Approaches for Users of Methamphetamine: A Practical Guide for Frontline Workers Linda Jenner and Nicole Lee	Topic 1.3 Topic 2.1 Topic 2.3 Topic 3.1 Module 5
Trends in Methylamphetamine Availability, Use and Treatment Australian Institute of Health and Welfare	Topic 1.2
Walking a Tightrope: Alcohol and other drug and violence: A guide for families National Centre for Education and Training on Addiction	Topic 5.8
Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field National Centre for Education and Training on Addiction	Topic 7.3 Topic 7.4 Topic 7.5
Workplace support National Centre for Education and Training on Addiction	Topic 7.5
VIDEOS	RELEVANT TO...
Alcohol and Drug Foundation Breaking the Ice in our Community	Topic 7.1
Insight program Ice Breaker	Topic 2.2 Topics 5.1 – 5.6
Life Coaching and Counselling video presentation	Topic 5.4
Meth Inside Out videos about triggering and cravings	Topic 5.6
Presentation given by Amanda Baker at the National Methamphetamine Symposium	Topic 5.1
Mind Tools Kotter's 8-Step Change Model	Topic 7.2
NCETA Clinical supervision video	Topic 7.5
Presentation given by Rob Hester at the National Methamphetamine Symposium	Topic 2.2
How to avoid a stimulant overdose video	Topic 6.2
Webinar by the National Drug Alcohol and Research Centre	Topic 6.1

WEBSITES	RELEVANT TO...
Anex	Topic 6.2
Australian Injecting & Illicit Drug Users League	Topic 6.2
DanceWize	Topic 6.2
Self Help Addiction Resource Centre (SHARC) Family Drug Help	Topic 5.8
WorkSafe Victoria	Topic 4.1 Topic 7.4

PROGRAMS	RELEVANT TO...
Breakthrough: Ice education for families Turning Point, SHARC, and the Bouverie Centre	Topic 5.8

APPENDIX 4: FURTHER LEARNING RESOURCES

Relapse Prevention and Management Insight: Alcohol and other Drug Training
Unit

Topic 5.6
Topic 6.1

APPENDIX 5: REFERENCES

APPENDIX 5: REFERENCES

Presented below is a full list of references cited in the online training topics. They may be useful for finding further information on a particular topic.

REFERENCE	CITED IN...
Allsop, S. (2014). <i>The role of prevention and public health strategies in responding to ATS use</i> . Conference presentation: 2014 Australian Drugs Conference. October 14 & 15, Melbourne.	Topic 6.1 - 6.2
American Psychiatric Association (2013). <i>Substance-related and addictive disorders</i> .	Topic 1.3
Association of Participating Service Users (2010). Straight from the source. Carnegie, Vic, APSU.	Topic 7.1
Australian Crime Commission. (2015). <i>The Australian methamphetamine market: The national picture</i> . Canberra: ACC.	Topic 1.1 - 1.4
Australian Government: <i>Australian Public Service Commission. (2013). Workforce planning explained</i> . Canberra: Australian Public Service	Topic 7.3
<i>Australian Injecting & Illicit Drug Users' League (AIVL) website</i>	Topic 5.2
Australian Injecting and Illicit Drug Users League, (2011) Why wouldn't I discriminate against all of them? A report on Stigma and Discrimination towards the Injecting Drug User Community. Canberra: AIVL.	Topic 7.1
Australasian Association of Supervision (2016) What is Supervision?	Topic 7.5
Baker, A. (2015). <i>Physical and psychological effects of methamphetamine use</i> . Presentation, National Methamphetamine Symposium, Melbourne, 12 May.	Topic 3.3
Baker, A., Kay-Lambkin, F., Lee, N., Claire, M., & Jenner, L. (2003). <i>A brief cognitive behavioural intervention for regular amphetamine users</i> . Canberra: Australian Government Department of Health and Ageing.	Topic 5.6
Baker, A., Lee, N., & Jenner, L. (2004). <i>Models of intervention and care for psychostimulant users</i> . Canberra: Australian Government Department of Health and Ageing.	Topic 5.2 Topic 5.4 Topic 5.7
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