UnitingCare ReGen

Methamphetamine treatment: Building on successful strategies to enhance outcomes.

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1. Introduction

Methamphetamine is an amphetamine derivative and belongs to a class of drugs called psychostimulants. In crystalline form it is commonly known as "Ice". There is clear evidence that the use of methamphetamines in the Victorian community is on the rise as are the harms associated with heavy use. As is often the case when different or new drugs emerge in our community, the evidence of harms is anecdotal at first and followed by mounting evidence; ambulance call-outs begin to increase; police call-outs rise; and Emergency Department presentations increase. The emergence of methamphetamines has created challenges for frontline workers. This is mainly due to behaviours such as agitation and violence that can be associated with intoxication, particularly for those experiencing drug-induced psychotic symptoms such as paranoia. It is understandable that those involved in such scenarios, whether they are people experiencing harms, their families and friends or front-line workers, will experience emotions such as distress, fear or exasperation. What's obvious is that all the ingredients of a good media story are here. Reporting the negative consequences of this drug use is legitimate but less balanced accounts can give the impression of a 'pandemic'; or the perception that any use of the drug equates to dependence, psychosis and little chance of recovery. Of course, those who work with methamphetamine users know this not to be the case.

Most people who use methamphetamines will not go on to experience serious harms such as dependence. But care also needs to be taken to avoid harms associated with non-dependent use (eg. drug driving, drug possession charges, accidents, high-risk sexual behaviours, and harms associated with some modes of use such as injecting). In what is referred to as 'dependence potential' epidemiological data show that around 15-20% of methamphetamine users can become dependent on the drug. This typically means that after a long period of heavy use a person may experience physical problems (such as cardiovascular issues) and psychological symptoms (such as depression) when they reduce or cease their use. Most people experiencing milder dependence will self-manage, although sometimes with the assistance of telephone advice lines (Such as DirectLine), on-line resources (such as DrugInfo: methamphetamine resources) or education programs (See Appendix One for ReGen program details). They may also present for treatment from a primary health care service including their GP. Many such services have a long history of providing alcohol and drug treatment and are ideally placed to provide effective, non-stigmatised interventions for this client group and making judgments about when referral to specialist services may be more appropriate.

A smaller proportion of methamphetamine users experiencing serious dependence and associated problems will present for treatment at specialist alcohol and other drug or mental health services. This group may be experiencing transient or enduring mental health issues (such as anxiety, depression or psychotic symptoms/illness) that may have preceded or resulted from methamphetamine use. They may also experience a range of other serious physical or social problems (such as unemployment, gambling debt or homelessness).

2. Specialist treatment services

For many years the specialist alcohol and other drug treatment system that has been focused on treating problems associated with alcohol, heroin, cannabis and typically combinations of these drugs. Not surprisingly, as methamphetamine has emerged in recent years it has challenged the sector to adapt strategies to provide effective treatments. This process of adaptation has been slower than we would all have liked but in this case there are some good reasons. This includes a lack of research to inform clinical practice and a service system that is specified and resourced in a way that may need to be adjusted to cater better for this client group.

The most recent national survey of alcohol and drug treatment staff conducted by Pennay and Lee (2009) highlighted that there was a lack of confidence and a degree of pessimism about treating this client group. We argue that with some changes to the ways that services operate and ongoing support and training for treatment staff, optimism and confidence will quickly increase. The most important message is that the psychosocial treatment strategies that have been tried and tested over many years for different drug types are just as applicable, albeit with some adaptation, for this client group. That is, good treatment engagement for clients and their families and provision of evidence-based treatment, delivered by experienced clinicians and tailored to meet the needs and preferences of clients. It is also important to ensure seamless transition from withdrawal management, through to treatment (that addresses physical, psychological and social needs) and extending into a longer-term recovery phase.

3. The research on methamphetamines and treatment responses

There is a paucity of rigorous methamphetamine treatment research; however some interesting findings are now coming from neurological studies that can inform aspects of clinical practice. There is growing evidence that methamphetamines have significant impacts on brain functioning and these impacts can affect a persons' ability to seek and get into treatment, remain in treatment and deal with a range of withdrawal symptoms (anxiety, depression, craving, psychotic symptoms and other cognitive impairment such as poor memory or planning ability). These symptoms usually subside after the acute phase of withdrawal (first one to two weeks) or the sub-acute phase (two further weeks), but some cognitive impairment may continue for many months.

This research gives some guidance on how the drug effects can impact on treatment provision. Understanding the drug effects (eg. paranoia or cognitive deficits) can explain why methamphetamine users may appear to be disorganised or sometimes chaotic. They can be distractible and experience difficulty maintaining attention. Initially there is a need to develop good rapport and be more flexible and persistent if someone misses appointments or generally struggles to meet treatment requirements. The expectation should be that engagement to assist with withdrawal would often need to be over a longer period. Seamless transition to treatment and ongoing support is critically important for this client group. Performance in psycho-educational programs may also be affected by ongoing experience of withdrawal.

There has been some research in Australia and overseas on developing a medication to assist people through withdrawal or as a longer-term maintenance treatment option. While very effective medications now exist for the treatment of alcohol and heroin dependence, none yet exist for methamphetamine treatment. However there are treatment strategies that are tried and tested in the alcohol and other drug treatment field that can be utilised successfully with this client group. These include motivational enhancement strategies, cognitive behavioural therapies (adapted if necessary to address cognitive impairment), behavioural couple's therapies and contingency

approaches (eg. rewards and sanctions that can be applied by drug courts). There is also evidence that ongoing family or mutual help group support over the longer-term can improve treatment outcomes

4. The ReGen clinical experience

Presentations for treatment

The number of people presenting for treatment at ReGen with methamphetamine-related problems increased from 6% of total presentations in 2010 to 15% this year. These data are based on primary drug of choice. It is also noteworthy that 45% of people currently presenting to ReGen for treatment nominate methamphetamines as either their first or second drug of choice.

Adult residential withdrawal

As these numbers were increasing there was evidence that the treatment model was not serving this client group as well as it could be. An audit of methamphetamine withdrawal clinical practice in 2013 highlighted some areas for practice improvement and service structural change. Retention in the adult residential withdrawal unit was poor (48% completing the withdrawal) and proving to be an unsatisfactory experience for clients and staff. Other key findings were that the common practice of engaging clients in a low key, structured program that had been successful for clients using other drugs was sometimes met with hostility (especially in the first couple of 'crash' days). Another important finding was that at least half of the clients had experienced either no decrease or an increase in withdrawal symptoms when they were due for discharge (around 7 days). These findings, which were consistent with the available clinical research, resulted in a range of program changes that were supported by the Victorian Department of Health. Changes to the program structure and extending the duration of the withdrawal episode to up to ten days led to improvements in program retention and satisfaction.

Stepped-care trial

In further model enhancements ReGen designed a stepped care program for methamphetamine users that included a period of non-residential nursing support for clients prior to residential withdrawal admission and followed by a step-down period. This step-down period of around four weeks consists of support from the same non-residential withdrawal nurse. This stepped care program was initially a pilot and then further developed with an external evaluation built in.

Since formal commencement of the stepped care model on February 6th, 2014:

- A total of 97 methamphetamine users were assessed at ReGen between Feb 6th, and May 12th, 2014;
- 35 clients have been admitted to the residential withdrawal component of the program;
- 17 clients are engaged in the initial non-residential withdrawal support component and have an admission date for residential withdrawal;
- 28 clients have been assessed as suitable but have yet to formally commence; and
- 17 clients who had been assessed were referred to other services or chose not to engage in any aspect of the stepped care program.

In a further breakdown:

- 19 clients did not engage in the step-down component of the program because they were admitted directly to the residential withdrawal unit as part of a pre-arranged admission to a

rehabilitation service (such as Odyssey House or ReGen's Torque non-residential treatment program for offenders) or they had relapsed: and

- 9 clients have completed all aspects of the stepped care program and are being supported in the follow-up stage.

For those who were engaged, data is being collected at multiple points of the stepped care withdrawal process - as follows:

- Initial assessment measures (severity of dependence, mental health, quality of life measures);
- Non-residential withdrawal support (nursing notes but no specific data collection);
- Residential admission measures (amphetamine cessation symptoms rating, severity of withdrawal scale, mental health measures);
- During residential withdrawal measures (daily amphetamine cessation symptoms rating);
- Residential withdrawal discharge measures (repeated admission measures);
- Post residential (step down) withdrawal support measures (2 weekly measures of withdrawal severity and mental health issues); and
- 3 month post treatment follow-up (drug use, quality of life and service satisfaction measures).

This evaluation will provide comprehensive information about initial engagement in treatment; retention in treatment; progress through the stepped care model in terms of changes in methamphetamine use; severity of withdrawal; mental health changes; and quality of life changes. The three-month post treatment follow-up will give us outcome data and client satisfaction with the withdrawal management process and the quality of service provision generally. The trial will continue until November 2014 when the findings will be widely disseminated.

Aboriginal priority access

In another significant program change the treatment needs of Aboriginal clients (for methamphetamine and other drug use), were given priority. ReGen has recently provided priority assessment access, two dedicated withdrawal beds and additional support in collaboration with the Victorian Aboriginal Health Service.

Linking people from withdrawal into treatment

The research is clear that for those who have experienced any serious drug problems, withdrawing from the drug alone is not enough. Withdrawal is just the first step in a treatment and longer-term recovery process. Withdrawal management without further treatment and support frequently leads to relapse. For this reason we strongly encourage entry into a treatment program (eg. longer term counselling services, non-residential therapeutic programs such as ReGen's six week Torque program (see Appendix One), or residential therapeutic services such as Odyssey House). Post-treatment support from family or mutual support groups is also critically important.

ReGen is of the belief that the growing research evidence-base, the wealth of general clinical experience in the specialist service sector and growing methamphetamine clinical practice evidence in combination positions the sector well to provide high quality care. ReGen conducted an 'Innovations Seminar' (see Appendix One) in April of this year to share our experience and provide an update on the research evidence to increase the knowledge and confidence of colleagues to work with this growing client group.

5. The way forward

The message is a fairly simple one. When a new drug type emerges it causes community concern and challenges our existing prevention and treatment responses. In the absence of good quality information there is sometimes a tendency to overstate the extent and nature of the problem with uninformed commentary, including media sensationalism. This is not to say that some people are not experiencing serious problems with this drug and deserve to access effective treatment – that is clearly the case. Given the relative ease of producing the drug locally and the low cost to consumers, it would be reasonable to expect that use of the drug and associated harms are likely to continue to rise in coming years. In these circumstances what is usually required, regardless of the drug in questions is a methodical, timely and comprehensive response that might include the following elements:

- Well-crafted prevention messages (as an adjunct to other strategies);
- Support for frontline services providers (police, ambulance officers, Emergency Department staff) such as advice on strategies to decrease the likelihood of precipitating violent responses from intoxicated individuals;
- Support for families (face-to-face and online information, strategies and support);
- Training for primary care service staff to encourage and support them to provide early interventions;
- Further research on effective methamphetamine treatment (including evaluation of innovative practice);
- Development of clinical practice guidelines for methamphetamine treatment in different settings;
- Support for treatment services to provide better access and evidence-based programs to meet the needs of this client group; and
- Encouragement for more balanced media reporting.

ReGen's role is to continue to provide high quality clinical services that are informed by research evidence, delivered by experienced clinicians and tailored to meet the needs and preferences of our clients. When the research evidence is lacking we seek to develop, evaluate and disseminate innovative practice. We also believe that we have an important role to play in supporting families, other practitioners and policy makers at a time when we are just developing effective responses to this emerging drug issue.

6. Further reading

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7. Appendix One: ReGen activities designed to inform clients, families, practitioners and policy makers

In addition to clinical service provision, ReGen engages in a range of activities designed to inform key stakeholders about methamphetamine issues. These activities include:

The 2014 ReGen Innovation Seminar. This seminar was focused on methamphetamine treatment. Over 100 clinicians and policy makers attended (and many more followed the seminar on social media) to hear the latest research evidence and clinical practices to effectively manage methamphetamine withdrawal. The overall message was that although greater effort and new strategies were required to engage this group, treatments are effective. See - http://www.regen.org.au/iaod14

The ReGen Methamphetamine Personal Education Program. This 3-hour education program was designed as an early intervention for people who are experiencing methamphetamine-related problems or concerned family members. The emphasis is on developing strategies for change. It provides evidence-based advice on methamphetamine harms and provides strategies to reduce risks and support behaviour change. See - http://www.regen.org.au/education/client-courses/meth-education-program

ReGen Single Session Family Counselling. This service is integrated as part of routine service provision at ReGen. It is primarily designed for family members who have concerns about loved ones. Typically a one-hour treatment session provides targeted practical support and advice about self-care and the care of another family member. We have noticed that families can be extremely distressed about a methamphetamine user within the family and can be extremely grateful for the practical advice we can provide. See -http://www.regen.org.au/images/Programs/Single_Session.pdf

ReGen 'Torque' Program. This is a six-week non-residential alcohol and other drug rehabilitation program for people currently engaged in the justice system. The aim of the program is to help people develop coping skills and maintain motivation to cease or reduce their substance use. See http://www.regen.org.au/torque

ReGen submission to the Inquiry into Supply and Use of Methamphetamines (by the Law Reform, Drugs and Crime Prevention Committee of the Parliament of Victoria). ReGen prioritises the need to draw on clinical experience to provide evidence to such inquiries in the belief that it informs public debate and may contribute to evidence-informed policy change. See - http://www.regen.org.au/images/Inquiry_into_Supply_and_Use_of_Methamphetamines_September_2013_v1.0.docx