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Supporting frontline workers with key information & resources about crystal methamphetamine

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About NCETA

- One of 3 national research centres focussing on alcohol and other drugs (AOD)
- Works as catalyst for change in the AOD field by enhancing capacity of workers & organisations to reduce AOD related harm
- Located in Adelaide at Flinders University
- Funded by Department of Health & Flinders University

Overview

Today's webinar will provide you with information about:

- How crystal methamphetamine affects people and communities
- Worker safety and preventing, managing and recovering from crystal-methamphetamine-related critical incidents
- The impacts of using crystal methamphetamine with alcohol and other drugs
- Communicating with and supporting people who use crystal methamphetamine
- Prevention and intervention strategies for crystal methamphetamine use
- Organisational responses to the use of crystal methamphetamine.

Key message

Existing intervention strategies and treatment options work.

Workers' existing skills and knowledge are effective in responding to people using crystal methamphetamine ('Ice').



Things to keep in Mind

1. Understanding why people are attracted to using crystal methamphetamine.
2. Most people using crystal methamphetamine are not dependent but may still get into trouble.
3. Lapses & relapses among dependent users are common.
4. Withdrawal is just the beginning.
5. Clinically managed withdrawal is not always necessary.
6. Family & other support networks are important to both workers and clients.

Shameless Plug: Ice: Training for Frontline Workers

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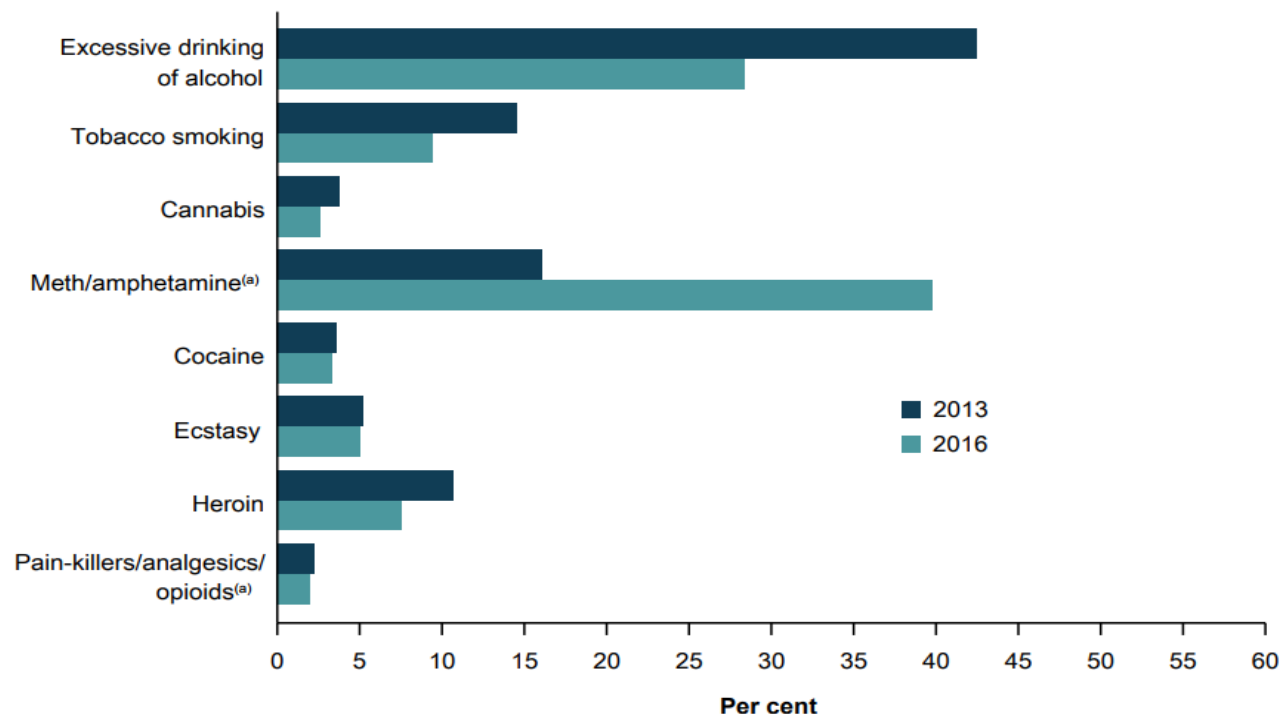
(or just google “Ice: Training for frontline workers”)



About the Online Training

- Contains 7 Modules and 30 Topics:
 - Module 1: About Ice
 - Module 2: Effects of Ice
 - Module 3: Communicating with Ice Users
 - Module 4: Ice Users and Critical Incidents
 - Module 5: Interventions
 - Module 6: Prevention
 - Module 7: Organisational Responses to Ice
- Free, open access online training resource
- Uses a flexible & independent learning approach
- Has been structured so learners can work through individual Modules or Topics
- Reinforces workers' existing skills and knowledge.

Drugs of most concern for Australians aged ≥ 14 years (NDSHS 2017)



(a) For non-medical purposes.

What is methamphetamine?

- Belongs to the 'stimulant' class of drugs, which includes amphetamine, ecstasy, & cocaine
- Stimulates the brain & central nervous system (especially dopamine system):
 - Increased alertness / euphoria / energy / enhanced mood
 - Anxiety/panic/agitation/hallucinations/aggression/violence
- Three main forms:
 - Powder (speed)
 - Base
 - **Crystal (Ice)**



Not really a new drug (1893)...



Where does crystal methamphetamine come from?

Clandestine laboratory production

Local & overseas



If you encounter a clandestine laboratory

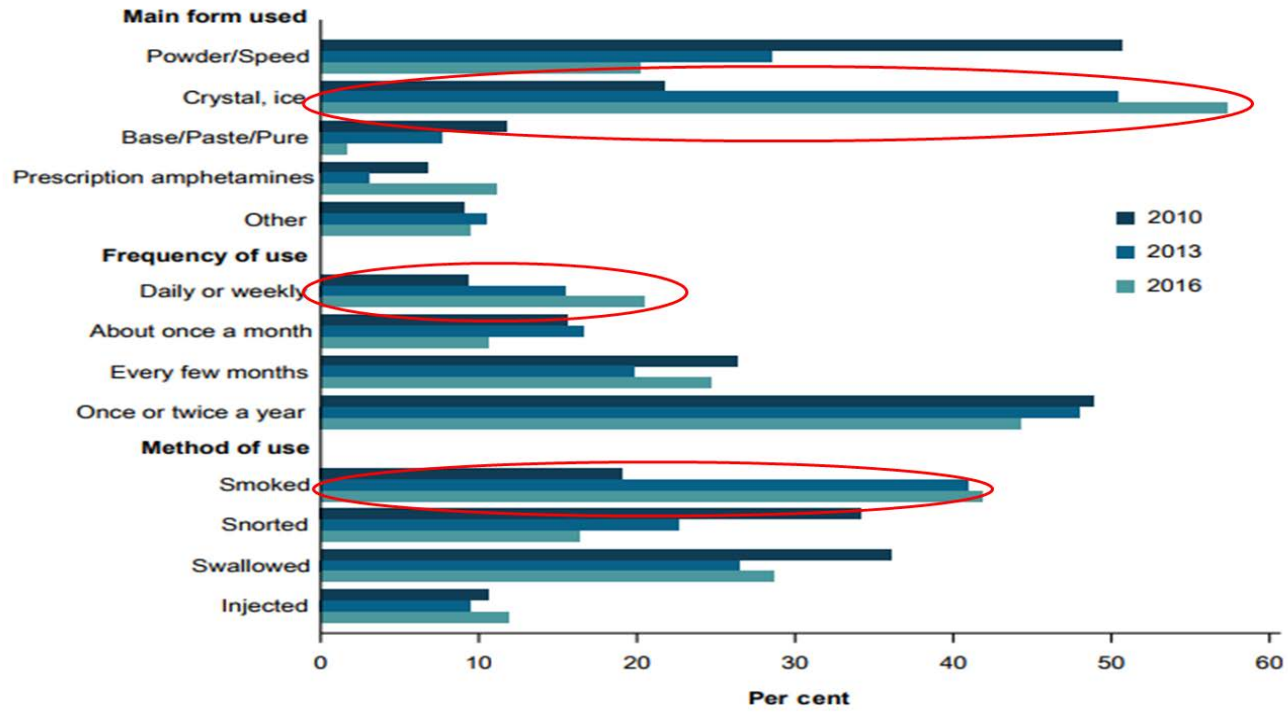
1. Never touch items you see inside premises suspected of being a clandestine laboratory (“clan lab”).
2. If you are already inside or near a clan lab, leave immediately and contact police.

Get out

Stay out

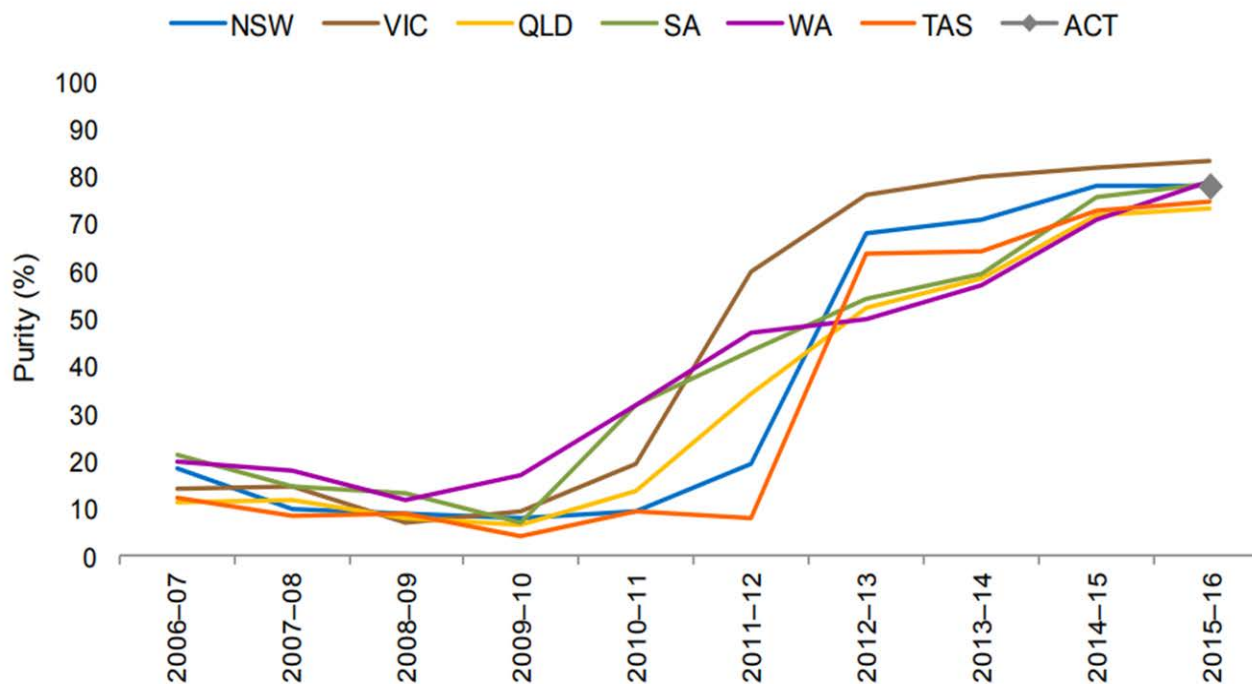
Call the police

Recent methamphetamine use by type, frequency& method 2010-2016



Source: AIHW (2017). National Drug Strategy Household Survey 2016: Detailed findings.

Purity of methamphetamine seizures in Australia: 2006-07 to 2015-16



Source: ACIC (2017)

Key issues / changes

- Predominantly used in crystalline form (Ice): Much more potent
- Now predominantly smoked (more rapid absorption)
- Increased frequency of use by people who using the drug
(Generally leads to more problems such as dependence)
- 5 fold increase in purity over the past 10 years
- Probably not a massive increase in the prevalence of use.

Effects on the brain

- Stimulates the brain & central nervous system
- Increases levels of dopamine, serotonin & norepinephrine
- Dopamine involved in reward, motivation, pleasure & motor function
- Increase in dopamine causes the user to experience a strong sense of euphoria, confidence & a high level of energy (why people use it)
- Results in people who use it wanting to take it again so they can re-experience these effects
- With repeated use, crystal methylamphetamine can reduce dopamine production and damage dopamine receptors in the brain.

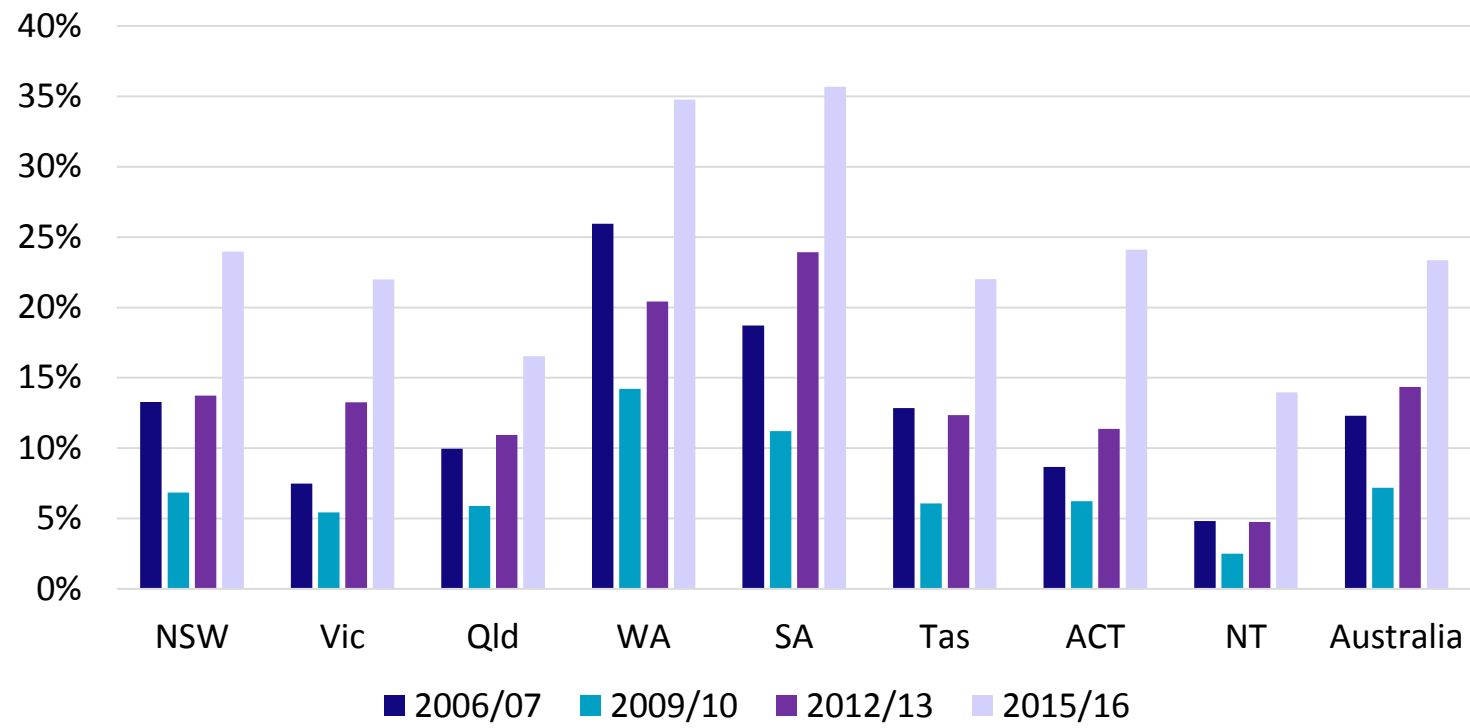
Serious side effects

- Increasing evidence of longer-term adverse cardiovascular effects
- Rapid / irregular heart rate
- Heart attack
- Stroke
- Death

High level Ice intoxication is a medical emergency

Treatment: Amphetamines

Proportion of treatment episodes for amphetamines by jurisdiction over time



Source: Australian Institute of Health and Welfare (AIHW).
Alcohol and Other Drug Treatment Services in Australia 2015/16

Using crystal methamphetamine with other AOD

People use crystal methamphetamine in combination with other drugs:

- To sleep better
- To reduce anxiety during “come down”
- To experience the pleasurable effects of some drug combinations
- May be dependent on several drugs
- May be taking prescribed medication for physical or mental health issues.



Combining crystal methamphetamine with other drugs (1)

1. Alcohol = increased risks of accidents & alcohol poisoning; increased blood pressure; extra stress on heart & liver.
2. Tobacco = increased risk of nicotine-related issues e.g., lung / heart disease, cancer.
3. Cannabis = increased risk of paranoia & psychosis especially for people with existing mental health issues
4. Other psychostimulants (e.g., ecstasy, cocaine) = increased risk of heart attack, stroke, psychosis.

Combining crystal methamphetamine with other drugs (2)

5. Opioids = reduced effects of opioids & increased risk of overdose by taking more opioids
6. GHB = excessive strain on the heart
7. Prescribed medication:
 - a) Anti-depressants = high blood pressure; serotonin toxicity
 - b) Anti-psychotics = relapse of psychotic symptoms; increased risk of seizures
 - c) Benzodiazepines = reduced effectiveness; increased risk of accident / injury
 - d) Blood pressure medication = reduced effectiveness
 - e) HIV medication = increased risk of potential overdose.

Crystal methamphetamine use & critical incidents

People who use crystal methamphetamine are not generally aggressive.

Some may become agitated & this may lead to aggressive behaviour. In these instances, worker wellbeing & safety is a priority.

Skills & knowledge required to prevent & respond to crystal methamphetamine-related critical incidents are very similar to those needed for other critical incidents.

Many workers have generic skills that are applicable to dealing with people affected by crystal methamphetamine.

Critical incidents - Which clients are most at risk?

Those who:

1. Have been aggressive or violent in the past
2. Are dealing with multiple issues e.g., financial, relationships, physical health, mental health, housing, legal etc.
3. Are intoxicated / withdrawing / 'crashing'

Young men are statistically more likely to be involved in critical incidents than other groups.

Strategies to enhance worker safety (1)

Organisations should have training, policies & procedures in place to assist staff:

1. Prioritise their own safety & the safety of others
2. Recognise the signs of impending aggression or violence
3. Intervene early to reduce aggression or violence
4. By providing debriefing & ongoing support following a critical incident.

Strategies to enhance worker safety (2)

ISOLATE

CONTAIN

EVACUATE

Communicating with & supporting people who use crystal methamphetamine

Key Tip: when communicating with an intoxicated person use positive & supportive language

Most workers have good generic communication skills.

Someone using crystal methamphetamine can be challenging.

To communicate effectively with people who use crystal methamphetamine it is important to know how it can:

1. Affect their thinking
2. Impact them when they are intoxicated and when they are sober

Avoid using stigmatising and discriminatory language.

Examples of communication strategies

1. Use calming, de-escalating strategies:
 - a) Stay calm
 - b) Maintain a peaceful environment
 - c) Reduce the chances that the person will become angry or hostile
2. Promote a positive, helpful interaction
3. Use clear communication – short sentences, repetition & seek clarification
4. Repeat important information or use written instructions; reminders; memory aids; assertive follow-up.

Prevention strategies for crystal methamphetamine use

Prevention programs can prevent or delay the onset of crystal methamphetamine use.

Delaying onset of use can reduce both short-term harms & a range of problems later in life.

Effective prevention programs cover a range of activities including:

- Community-wide approaches aimed at preventing uptake e.g., mass media campaigns promoting the health benefits of not using crystal methamphetamine; using workplaces as an early intervention setting
- Focusing on high-risk groups that are vulnerable to crystal methamphetamine use e.g., peer education, assessment & brief interventions
- Targeted approaches aimed at those who are currently using &/or experiencing problems e.g., counselling, withdrawal services.

Examples of intervention strategies (1)

Brief interventions – FRAMES:

1. Feedback on the risks of use
2. Responsibility for change is with the client
3. Advice is provided by the clinician
4. Menu of self-help or treatment options is offered
5. Empathetic & non-judgmental style
6. Self-efficacy (confidence) of the client is improved.

Assessments – can help the client identify & clarify their own goals & improve engagement

Examples of intervention strategies (2)

Counselling & cognitive behavioural approaches:

- Cognitive Behavioural Therapy (CBT)
- Motivational Interviewing (MI)
- Stages of Change

Withdrawal management:

- Can be lengthy
- Need to ensure the person has supports & is looking after themselves

Relapse prevention & management:

- Relapse is common
- Identify & manage high-risk situations
- Deal with cravings
- Develop a relapse prevention plan

Workforce development approach

1. Comprehensive, multifaceted approach to assist workers, organisations & sectors to better prevent & respond to crystal methamphetamine problems.
2. Adopts a systems focus targeting work conditions, organisational / systems factors & worker needs.
3. Includes but is not limited to:
 - a) Recruitment
 - b) Retention
 - c) Worker wellbeing
 - d) Mentoring
 - e) Clinical supervision
 - f) Education & training

Organisational responses to support workers (1)

Workplace supports include both social / emotional & instrumental supports

1. Social / emotional support focuses on meeting workers' needs to feel valued / cared for / respected / liked:
 - a) Supportive supervision
 - b) Praise, encouragement, caring, respect
 - c) Recognising & rewarding good work
 - d) Involving workers in decision-making
2. Instrumental support provides practical assistance to workers about their roles, responsibilities & tasks:
 - a) Good job conditions (physical safety, job security, career paths)
 - b) Addressing role ambiguity & workloads
 - c) Access to high quality resources & equipment
 - d) Constructive feedback
 - e) Covering staff absences.

Organisational responses to support workers (2)

3. Clinical supervision – workplace support mechanism to help workers address the need of clients with complex presentations & challenging behaviours:
 - a) Needs to be regular & appropriate to the workforce
 - b) Can occur on-site or off-site
 - c) Helps improve client outcomes, achieve compliance with best practice & enhances staff wellbeing.

4. Mentoring – formal (developing structured program) & informal (rely on natural rapport between mentor & protégé):
 - a) Mentor encourages the protégé to find solutions themselves
 - b) Protégé draws on mentor's experience to achieve goals

Stigma & discrimination

- People using crystal methamphetamine may experience stigma & discrimination which create barriers to effective communication & engagement with treatment services.
- Stigma also attaches to workers (aka stigma by association):
 - Can undermine their ability to offer support & care
 - May act as an impediment to attracting & retaining workers.
- Organisational strategies to overcome stigma by association include:
 - Highlighting stories of client recovery & achievement
 - Reinforcing the valuable role of workers in responding to people using crystal methamphetamine

Another Shameless Plug Ice: Training for Frontline Workers

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Summary

1. Existing intervention strategies & treatment are effective e.g., brief interventions, assessments, CBT, Motivational Interviewing, Stages of Change
2. Workers' existing skills & knowledge are effective in responding to people using crystal methamphetamine
3. Use positive & supportive language & avoid stigma & discrimination
4. Organisational supports for workers include:
 - a) Social / emotional / instrumental supports
 - b) Clinical supervision
 - c) Mentoring

Contact NCETA

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