

MONASH MEDICINE NURSING & HEALTH SCIENCES

Methamphetamine and Mental Health

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MA use and Mental Health

Overview

- Epidemiology
- Depression, anxiety and suicide
- ADHD
- Approaches to care
 - harm reduction
 - treatment and support



Australia is high on ice, eclipsing 24 other countries

30 June 2022

Australia has the highest reported methamphetamine (ice) use per capita in the world, according to the latest data on illicit drug consumption released today.

The Australian Criminal Intelligence Commission (ACIC) report, which identifies patterns of drug use through wastewater monitoring, reveals that the powerful stimulant dominated the domestic market in the latter part of 2O21, along with cocaine, MDMA and MDA.

However, heroin and cannabis use dropped between August and December 2021 according to the report authors from the University of South Australia and University of Queensland.

Taking wastewater samples from 56 regional and metropolitan sites across Australia, covering a population of 13 million people, the report compares drug consumption between different states and territories over a specific period. It also includes updated data from 129 cities in Europe, Asia and Oceania.

Australia had the highest methamphetamine consumption per capita compared with 24 other countries.



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PRINT

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Samples were taken in December 2021 and February 2022.

How often do people use methamphetamines, including ice?

According to the 2019 National Drug Strategy Household Survey, of those who had used methamphetamines (including ice) in the past 12 months:







1 in 75 people have used methamphetamine in the past year

	National Drug Strategy Household Su	urvey 2019
Characteristic	Drug/Behaviour	Unit
Remoteness	12. Illicit drug use - Meth/amphetamines	Crude per cent

How to interpret these results:

1.4% of people living in remote and very remote areas had used meth/amphetamines (for non-medical purposes) in the previous 12 months. However, of all the people who had used meth/amphetamines (for non-medical purposes) in the previous 12 months, 2.5% of them were people living in remote and very remote areas.

Proportion who used meth/amphetamines recently by geographical remoteness (2019)

Breakdown of geographical remoteness

people who used meth/amphetamines recently (2019)



Only show trends where 2019 is significantly different to: No comparison





	National Drug Strategy Hous	sehold Survey 2019
Characteristic	Drug/Behaviour	Unit

Psychological distress

12. Illicit drug use - Meth/amphetamines Crude per cent

How to interpret these results:

3.6% of people experiencing high or very high psychological distress had used meth/amphetamines (for non-medical purposes) in the previous 12 months. However, of all the people who had used meth/amphetamines (for non-medical purposes) in the previous 12 months, 36% of them were people experiencing high or very high psychological distress.



Only show trends where 2019 is significantly different to: No comparison





Meth/amphetamines

Snapshot of meth/amphetamines use in 2019

Among people aged 1	4 and over:	Among people who used meth/amphetamines:			
Lifetime use	5.8% (1.2 million)	Average age of first use (years)	22 (mean) 20 (median)		
Recent use (last 12 months)	1.3% (300,000)	Age group most likely to use (% recent use)	20–29 (2.4%)		
Change since 2016	~Lifetime use (6.3%) ~Recent use (1.4%)	Median age of people who use meth/amphetamines (years)	32		
Change since 2001	↓ Lifetime use (8.9%)	Used weekly or more often	16.9%		
	↓ Recent use (3.4%)	Main form used	Crystal/ice (50%)		
Offered/	4.4%	P	owder/speed (19.9%)		
Opportunity to use		Diagnosed or treated for a ment	al illness 31%		
III Idst 12 months		High or very high psychological distress			

People diagnosed or treated for mental illness(a), by illicit drug use status, people aged 18 or older, 2013 and 2016 (%)



(a) Includes depression, anxiety disorder, schizophrenia, bipolar disorder, an eating disorder and other forms of psychosis.

(b) Used at least 1 of 16 illicit drugs in the previous 12 months in 2016; the number of illicit drugs used has changed over time.

(2016 NDSHS; AIHW)



Depression, Anxiety, and Suicidality

the result of overexertion. For physical tiredness, rest is the only cure. But there is also psychogenic tiredness—the result of overworry, of monotonous routine, or frustrating circumstance. The two types of tiredness are often confused.

You will find that 'Benzedrine' Sulfate can relieve psychogenic tiredness. Benzedrine's dramatic mood effect revitalizes the patient and restores optimism, cheerfulness and a sense of well-being. **BENZEDRINE* SULFATE**

Smith, Kline & French Laboratories, Philadelphia *T.M. Reg. U.S. Pat. Off. for racemic amphetamine sulfate, S.K.F.







Contents lists available at ScienceDirect

EClinicalMedicine



Research Paper

Mental health outcomes associated with the use of amphetamines: A systematic review and meta-analysis

Rebecca McKetin^{a,*}, Janni Leung^{a,b}, Emily Stockings^a, Yan Huo^b, James Foulds^c, Julia M. Lappin^{a,d}, Craig Cumming^e, Shalini Arunogiri^{f,g}, Jesse T. Young^{e,h,i,j}, Grant Sara^{k,l}, Michael Farrell^a, Louisa Degenhardt^a







Fig. 1. PRISMA flowchart,

Summary of results

• Any use of amphetamines was associated with higher odds of depression (**OR 1.6**, 95%CI 1.1-2.2; AOR 1.3, 95%CI 1.2-1.4)

and suicidality (OR 4.4, 95%CI 2.4-8.2; AOR 1.7, 95%CI 1.0-2.9)

- Amphetamine use disorder was associated with higher odds of suicidality (**OR 2.3,** 95% CI 1.8-2.9; AOR 1.5, 95%CI 1.3-1.8)
- Not enough studies for anxiety outcomes

 no data for 'any use' and anxiety; only three studies with data on
 'use disorder' and anxiety- which showed no significant association



Summary of results

Table 2

Summary of the pooled unadjusted and adjusted odds ratios for the relationship between the use of amphetamines and mental health outcomes.

	Unadjusted effect OR (95% CI)	Level	N	Refs	n	I ²	Quality (%)	Adjusted effect OR (95% Cl)	Level	N	Refs	n	I ²	Quality (%)
Any use vs. r	no use of amphetamin	ies ^a												
Psychosis	2.0 (1.3 - 3.3)**	C	7	[26-28,34-36,105]	3436	80***	77	5.3 (3.4 - 8.3) *** ^{D, O, P}	С	1	[105]	1064 ^b	NA	82
Violence	2.2 (1.2 - 4.1)*	С	10	[45,48-54,106,107]	30,084	95***	56	1.4 (0.8 - 2.4) ^{D, O, P}	С	6	[49-52,56,106]	26,289	25	58
Suicidality	4.4 (2.4 - 8.2)***	D	7	[59,62-66,108]	19,703	84***	56	1.7 (1.0 - 2.9)* ^{D, O, P}	E	4	[59,64,108,109]	7066	77**	74
Depression	1.6 (1.1 - 2.2)*	В	7	[71,72,74,75,77,102,104]	19,526	80***	81	1.3 (1.2 – 1.4)*** D, O, P	С	6	71,73,74,76,103,104	2684	0	87
Amphetamin	e use disorder vs. no	ampheta	amine	disorder										
Psychosis	3.0 (1.9 - 4.8)***	В	13	[27,30-33,37-44]	81,316	90***	75	2.4 (1.6 - 3.5)*** ^{D, O, P}	E	4	[27,30,32,42]	7648	35	88
Violence	6.2 (3.1 - 12.3)**	С	1	[46]	52	NA	43	-	-	0	-	-	-	-
Suicidality	2.3 (1.8 - 2.9) ^A ***	E	7	[38,58,60,67-70]	23,302	57*	57	1.5 (1.3- 1.8)*** D, O, P	E	4	[38,58,60,70]	21,753	0	62
Depression	1.2 (0.5 - 2.7)	D	6	[37,38,78-81]	3584	87***	77	2.8 (0.6 - 11.8) ^D	D	1	[81]	1874 ^c	NA	100
Anxiety	0.6 (0.2 - 1.8)	E	3	[37,38,79]	1200	66	69	-	-	0	-	-	-	-

Level of evidence.

A, Experimental or controlled evidence supports this finding.

B, Supported by evidence from cohorts, representative, population-based.

C, Supported by evidence from cohorts of drug users.

D, Supported by evidence from cross-sectional studies, representative population-based, or case-control studies.

E, Evidence supporting this finding based on cross-sectional associations among samples of drug users.

Evidence effect persisted after adjustment for demographics (D), other substance use (O) and premorbid risk (P).

* p < 0.05.

** *p* < 0.01.

*** p < 0.001. Number of studies (N), number of participants (n), not applicable (NA), no data available (-), I² Heterogeneity i-squared.

^a Data not available to conduct the meta-analysis on anxiety for any use of amphetamines vs. no use of amphetamines.

^b Repeated observations based on 278 participants.

^c 1874 twin pairs.



Any use / Mental Health



Fig. 2. Forest plots of unadjusted associations between any use of amphetamines and mental health outcomes.

Use Disorder/ Mental Health

Fig. 3. Forest plots of unadjusted associations between an amphetamine use disorder and mental health outcomes.

Suicide

THE OFFICIAL JOURNAL OF THE AMERICAN ASSOCIATION OF SUICIDOLOGY

328

Suicide and Life-Threatening Behavior 49(1) February 2019 © 2018 The American Association of Suicidology DOI: 10.1111/sltb.12442

Completed Suicide Among Methamphetamine Users: A National Study

Shane Darke, PhD, Sharlene Kaye, PhD, Johan Duflou, MMedPath (Forens), and Julia Lappin, PhD, MRCPsych

- In people using MA
 - 18.2% of all Australian MA-related deaths (2009-15)
 - 77% male
 - 1/4 prev attempts; 12.3% history of psychosis

Mortality & morbidity

- Rapid increase in number of MA-related deaths 4x in past 7 years
- Most commonly toxicity (accidental)
- Suicide & accidents comprised >1/2 deaths
- Coronary disease, stroke, kidney and liver disease also contribute

07 October 2021

MEDICINE AND HEALTH

Diving deeper to measure the toll of 'ice' on mental health

Research

Correlates of anxiety and depression in a community cohort of people who smoke methamphetamine

Zoe Duncan¹⁽ⁱ⁾, Rebecca Kippen¹, Keith Sutton^{1,2}, Bernadette Ward^{1,2}, Paul A Agius^{2,3}, Brendan Quinn^{2,3}⁽ⁱ⁾ and Paul Dietze^{2,3,4}

Australian & New Zealand Journal of Psychiatry 2022, Vol. 56(8) 964–973 DOI: 10.1177/00048674211048152

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Depression and Anxiety

Data from the VMAX Study

- 725 participants, smoking methamphetamine, metro + regional Victoria
- Baseline interview in a cohort study
 questionnaires: PHQ-9 and GAD-7

Results

• More than half (60%) had moderate to severe anxiety and/or depression

VMAX study: Quinn et al, 2020

Results (Duncan et al 2022)

Table 2. Percentage distribution of PHQ-9 (depression) and GAD-7 (anxiety) scores, n = 725.

		GAD-7					
		None to mild anxiety (score 0–9) %	Moderate to severe anxiety (score 10–21) %	Total %			
PHQ-9 None to mild depression (score 0–9) %	40.8	8.3	49.I				
	Moderate to severe depression (score 10–27) %	13.2	37.7	50.9			
	Total %	54.0	46.0	100.0			

GAD: Generalized Anxiety Disorder; PHQ: Patient Health Questionnaire. Shaded cells represent 'Moderate to severe depression and/or anxiety'.

Results (Duncan et al 2022)

Anxiety and depression

- Were any other factors correlated with anxiety and/or depression?
 - Self-reported poor health, methamphetamine dependence, and employment status
- Any gender differences?
 - Females more likely to have higher odds of moderate-severe anxiety compared to males
 - \circ $\;$ No difference for moderate-severe depression

1 Characteristics of participants with major depression or substance-induced depression

			Diagnostic group	
	Total sample (N = 400)	No depression (n = 66)	Substance-induced depression (n = 176)	Major depression (n = 158)
Demographics				
Female sex (%)	26	20	19	35*
Median age (years)	31	33	30	31
Unemployed (%)	81	85	82	77
Born outside Australia (%)	14	12	18	9
History of incarceration (%)	39	35	44	34
Married (%)	17	14	16	19
Drug use history				
Median age at first methamphetamine use (years)	17	18	16 [†]	17
Median years of methamphetamine use	11	11	11	11
Severe methamphetamine dependence [‡] (%)	31	17	34*	34*
High polydrug use [§] (%)	64	52	66*	67*
Short Form 12				
Mental health disability (%)	84	52	87 [¶]	93 [¶]
Physical health disability (%)	23	21	24	22

*P < 0.05 compared with the no-depression group. †P < 0.01 compared with the no-depression group. ‡Above the median of six symptoms of dependence. § Five or more drug classes used in the previous year. ¶P < 0.001 compared with the no-depression group.

Major depression among methamphetamine users entering drug treatment programs

Rebecca McKetin, Daniel I Lubman, Nicole M Lee, Joanne E Ross and Tim N Slade

88% met criteria for depression

	Substance-induced depression (<i>n</i> = 176)	Major depression (n = 158)
Periods of feeling sad, empty or depressed	79%	94%*
Loss of interest	97%	96%
Appetite change	96%	95%
Sleep disturbances	98%	97%
Slowness or restlessness	78%	79%
Fatigue or loss of energy	89%	94%
Feeling worthless or guilty	90%	80%†
Trouble concentrating	100%	100%
Suicidal ideation	61%	73% [†]
* $P < 0.001$, $† P < 0.01$ for difference between groups.		•

2 Comparison of symptoms for major depression and substance-induced depression

(McKetin et al., MJA, 2011)

Depression and anxiety

Take home messages

- Commonly co-morbid
 - Predate use
 - Concurrent with use
 - Persist in early recovery

• How do you tell the difference? Can you? Does it matter?

Soon We'll All Be Brilliant

LONDON. Saturday. The effects of benzedrine, a new drug which gives confidence and increases initiative and promptitude in making decisions, is described in the "British Medical Journal."

"Medical men who have taken the drug have found it of value in such tasks as lecturing and examinations," states the article.

"It also helps to semove mental fatigue and aids in a convincing and fluent speech."

The danger of addiction is stressed.

Soon We'll All Be Brilliant

MA use and ADHD

MA use and cognition

Cognitive deficits in individuals with methamphetamine use disorder: A meta-analysis

Stéphane Potvin^{a,b,*}, Julie Pelletier^b, Stéphanie Grot^a, Catherine Hébert^a, Alasdair M. Barr^{c,d}, Tania Lecomte^{a,e}

> THE AMERICAN JOURNAL OF DRUG AND ALCOHOL ABUSE 2021, VOL. 47, NO. 3, 383-392 https://doi.org/10.1080/00952990.2020.1869243

Check for updates

ORIGINAL ARTICLE

Lack of longitudinal changes in cognition in individuals with methamphetamine use disorder during the first 6 weeks after commencing treatment

Rebecca E. Fitzpatrick^a, Alex H. Robinson (1)^a, Adam J. Rubenis^{ab}, Dan I. Lubman (1)^{bc}, and Antonio Verdejo-Garcia^{ab}

"School of Psychological Sciences and Turner Institute for Brain and Mental Health, Monash University, Clayton, Australia; ^bTurning Point, Eastern Health, Monash University, Fitzroy, Australia; Eastern Health Clinical School, Monash University, Fitzroy, Australia

OPEN ACCESS

Edited by: Thiago Wendt Viola. Pontifical Catholic University of Rio Grande do Sul, Brazil

James R. Gooden 1.2.3.4**, Vanessa Petersen 1*, Georgia L. Bolt 1*, Ashlee Curtis 5*, Victoria Manning^{1,4†}, Catherine A. Cox¹, Dan I. Lubman^{1,4†} and Shalini Arunogiri^{1,4†}

ORIGINAL RESEARCH published: 14 February 2022 doi: 10.3389/fpsvt.2022.795400

MA use and cognition

Cognition is affected, is impaired during withdrawal, and gradually improves

 Some types of thinking and memory, decision-making functions are impaired in people who use MA regularly – executive function, verbal learning and memory, reward processing/ imulsivity, social cognition

is it the MA use specifically? Could it be current comorbidities, or premorbid conditions, including disadvantage, education, trauma etc.?

- Regardless- these problems are often present at treatment entry
- And in early (e.g. 6 weeks) recovery, some functions remain impaired- e.g. executive function, impulsivity

- So how does this affect how we assess for, diagnose and treat ADHD?
 - Stimulant treatment improves cognition in everyone (someday... we'll all be brilliant)
 - In active use/ early recovery, MA withdrawal is associated with cognitive impairments- which stimulant medications may ameliorate (whether or not there is underlying ADHD)
 - Assessing ADHD after a period of (prolonged? Maybe 2 months?) abstinence may be helpful
 - Treating ADHD requires the presence of objective and specific markers of improvement and benefit (*especially functional outcomes, e.g. work, engagement in activity/ social connection*) beyond improvement in cognition or perceived cognition alone

Debate

Assessment of attention-deficit hyperactivity disorder in people with substance use disorder: Another case of what gets measured gets done

Jesse T Young^{1,2,3,4}, Mark A Bellgrove⁵ and Shalini Arunogiri^{6,7}

ANZJP

Australian & New Zealand Journal of Psychiatry 2021, Vol. 55(8) 744–746 DOI: 10.1177/00048674211009607

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Debate

Don't put the cart before the horse: Response to Young et al. 'assessment of ADHD in people with substance use disorder'

Australian & New Zealand Journal of Psychiatry 2021, Vol. 55(8) 747–749 DOI: 10.1177/00048674211013094

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James A Foulds¹ and Giles Newton-Howes²

Things we can all agree on

Complex relationship

- Children with ADHD have higher odds of developing a substance use disorder later in life
 - ADHD doubles the risk of SUD
 - Approximately 1 in 4 people with SUD have co-occurring ADHD
- ADHD often complicates the clinical profile and treatment of substance use disorder
 - ADHD associated with increased complexity and chronicity of SUD
 - Decreases SUD treatment efficacy and retention
 - Increases likelihood of criminal justice contact, reduced quality of life, suicidal behavior, premature mortality

Points of controversy

Key Review

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2017, Vol. 51(9) 876-885 DOI: 10.1177/0004867417714878

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Managing attention deficit hyperactivity disorder in adults using illicit psychostimulants: A systematic review

Jon Cook^{1,2}, Martyn Lloyd-Jones^{3,4}, Shalini Arunogiri^{5,6},

Edward Ogden^{3,7,8} and Yvonne Bonomo^{3,9}

\$SAGE

Can we reliably diagnose ADHD in the context of active SUD? (esp. MA use disorder?)

- Some say yes (Van Emmerik- Van Oortmerssen et al, 2017)
- Some say no (Foulds and Newton-Howes, 2019)
- Is standard ADHD treatment as effective in the context of active SUD? (esp. MA use disorder?)
 - May not be- may require higher doses than usual (tolerance) Few studies, high dropouts, subjective outcomes

Is pharmacological treatment of ADHD associated with risk in the context of active SUD?

- Risks in relation to misuse, diversion (these risks can be mitigated)
- **Risks** in relation to toxicity, psychosis

Diagnosing ADHD + MA use disorder- complexities and challenges

- Symptom overlap makes this challenging, time/ resource intensive, and requires expertise
 - All of which make this virtually impossible in current public services, and extremely hard to access even in private
 - Lack of continuity of care episodic/brief management (esp. in AOD)
 - Lack of workforce capacity- no/few addiction psychiatrists in public sector, limited training/ knowledge
 - Lack of resourcing
- To screen or not to screen?
 - Identify burden- advocate for resourcing
 - False positives- including symptoms better explained by other comorbidities, e.g. trauma *(Sibley et al., 2018)*

Ongoing challenges

"as a result, clinicians are often reluctant to undertake diagnostic assessment because they are unable to provide realistic and accessible treatment recommendations.... This can place clinicians in a role of conflict, whereby they are asked to investigate the presence of a condition which they are illequipped to manage effectively" (Young, Bellgrove and Arunogiri 2021)

@JulietYoung

Approach to assessment and treatment

- Depression and anxiety symptoms are really common (in active use, and in early recovery)
 - No good evidence for what works best
 - Standard approaches are likely to be effective, esp. when integrated with treatment for MA use and/or harm reduction
 - Individualised and holistic treatment is likely to be better than an antidepressant-only approach
 - Sleep. Diet. Exercise.
 - Social connection
 - Peer support
 - Trauma-informed treatment

The importance of sleep

LETTER TO THE EDITOR

SLEEPJ, 2021, 1-2

doi: 10.1093/sleep/zsab052 Advance Access Publication Date: 10 March 2021 Letter to the Editor

SLEEPJ, 2021, 1–12

doi: 10.1093/sleep/zsab001 Advance Access Publication Date: 6 January 2021 Review

Methamphetamine addiction: do biological rhythms matter, and could they play a role in treatment?

Rowan P. Ogeil^{1,2,*,•}, Shalini Arunogiri^{1,3,•} and Jasmin Grigg^{1,2}

Review

Methamphetamine and sleep impairments: neurobehavioral correlates and molecular mechanisms

Monika Vrajová¹, Romana Šlamberová², Cyril Hoschl^{1,3} and Saak V. Ovsepian^{1,3,*}

¹Department of Experimental Neurobiology, National Institute of Mental Health, Klecany, Czech Republic, ²Department of Physiology, Third Faculty of Medicine, Charles University, Prague, Czech Republic, ³Department of Psychiatry and Medical Psychology, Third Faculty of Medicine, Charles University, Klecany, Czech Republic ^{*}Corresponding author. Monika Vrajová, Department of Experimental Neurobiology, National Institute of Mental Health. Topolová 748; 250 67 Klecany, Czech Republic. Email: nika.vraj@gmail.com. Saak V. Ovsepian, Department of Experimental Neurobiology, National Institute of Mental Health. Topolová 748; 250 67 Klecany, Czech Republic. Email: saak.ovsepian@nudz.cz.

¹Turning Point, Eastern Health, Melbourne, Australia, ²Eastern Health Clinical School and Monash Addiction Research Centre Monash University, Melbourne, Australia and ³Monash Alfred Psychiatry Research Centre (MAPrc), Central Clinical School, Monash University, Melbourne, Australia

*Corresponding author. Rowan P. Ogeil, 110 Church St, Richmond, VIC 3121, Australia. Email: rowan.ogeil@monash.edu.

- Circadian and ultradian rhythm dysfunction
- Phase resetting
- Light therapy
- Melatonin; agomelatine

Psychological Treatment Approaches

- Some integrated treatment approaches exist for depression, anxiety and MA use disorder
 - cognitive behavioural therapy (even brief therapy)
 - acceptance and commitment therapy
 - mindfulness based relapse prevention

ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

🔂 Full Access

Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction

Amanda Baker 減, Nicole K. Lee, Melissa Claire, Terry J. Lewin, Tanya Grant, Sonja Pohlman, John B. Saunders, Frances Kay-Lambkin, Paul Constable, Linda Jenner, Vaughan J. Carr

First published: 12 October 2005 | https://doi.org/10.1111/j.1360-0443.2005.01002.x | Citations: 128

Mindfulness (2017) 8:126–135 DOI 10.1007/s12671-016-0586-9

ORIGINAL PAPER

Mindfulness-Based Relapse Prevention for Stimulant Dependent Adults: A Pilot Randomized Clinical Trial

Suzette Glasner¹ · Larissa J. Mooney¹ · Alfonso Ang¹ · Hélène Chokron Garneau¹ · Emily Hartwell¹ · Mary-Lynn Brecht¹ · Richard A. Rawson¹

Treatment approaches

Medications trialled for MA use disorder that may have some effect on depression and anxiety

- Mirtazapine
- Bupropion

JAMA Psychiatry | Original Investigation

Effects of Mirtazapine for Methamphetamine Use Disorder Among Cisgender Men and Transgender Women Who Have Sex With Men A Placebo-Controlled Randomized Clinical Trial

Phillip O. Coffin, MD, MIA; Glenn-Milo Santos, PhD, MPH; Jaclyn Hern, MPH; Eric Vittinghoff, PhD; John E. Walker, MSN; Tim Matheson, PhD, MS; Deirdre Santos, RN, MSN; Grant Colfax, MD; Steven L. Batki, MD

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Bupropion and Naltrexone in Methamphetamine Use Disorder

M.H. Trivedi, R. Walker, W. Ling, A. dela Cruz, G. Sharma, T. Carmody, U.E. Ghitza, A. Wahle, M. Kim, K. Shores-Wilson, S. Sparenborg, P. Coffin, J. Schmitz, K. Wiest, G. Bart, S.C. Sonne, S. Wakhlu, A.J. Rush, E.V. Nunes, and S. Shoptaw

Harm reduction

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Centre for alcohol and other drug

Workshops Webinars eLearning Toolkits Resources Guidelines News Meet the team

Harm Reduction for Methamphetamine - Prompt Cards

A series of prompt cards to assist a worker to provide harm reduction advice to people who use methamphetamine.

Treatment guidelines

Methamphetamine Treatment Guidelines

Turning Point has released the 2nd edition of the Methamphetamine Treatment Guidelines – a resource developed to support health professionals in the clinical management of methamphetamine use disorder.

Download

2019 Methamphetamine Treatment Guidelines

C Turning Point

In this article

Overview

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Guidelines on the management of Co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings SECOND EDITION Christina Marel Katherine L Mills Rosemary Kingston Kevin Gournay Mark Deady Frances Kay-Lambkin Amanda Baker Maree Teesson Australian Government Department of Health

Clinical Trials

Identify Engage Impact Policy & Engagement PhD Scholarships Our Research Teams

NDARC

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National Drug &

Alcohol Research Centre

Q

Ready2Change - Methamphetamine Trial

National Drug & Alcohol Research Centre Medicine

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The Tina Trial

The Tina Trial is a clinical trial designed to see whether mirtazapine, an antidepressant medication, can help people reduce their use of methamphetamine (ice, crystal meth). Two previous small trials in the USA found that mirtazapine helped people to reduce their methamphetamine use and improved their mood. We want to find out whether mirtazapine can be used in routine clinical care in Australia.

The trial has been funded by the Medical Research Future Fund and is being conducted by researchers and clinicians across Australia and in the USA. Further information about the team can be found here. The information below is for people interested in participating in the trial and their friends and family.

Quick Links

- Latest News
- Contact Us
- P HDR Scholarships
- Find a Supervisor
- Book at NDARC
- Support Us
- Fact Sheets

Welcome to BreakThrough

Misinformation in the media and public discourse about drug use and addiction creates stigma and shame for people who use drugs and their families, making it more difficult to seek help.

Thank you for listening!

Shalini.Arunogiri@monash.edu

🥑 @SArunogiri

