



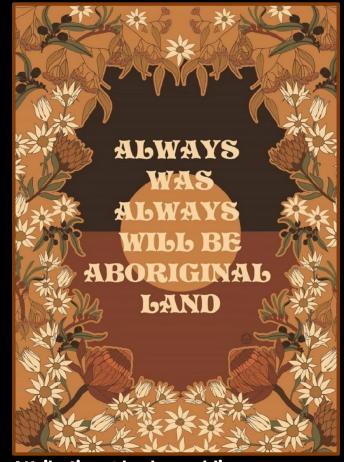
Disclaimers & Acknowledgements

 Work discussed today is supported by a NCCRED Seed Funding (Round 3) Grant

- Presenting our work on behalf of our investigator group
 & our research team
 - S. Arunogiri, S. Catchlove, E. Bove, L. van Heerden, T. Grainger, V. Manning, G. Bedi, R. McKetin, D. Lubman







Attribution @harleyanddj

The work I am presenting was conducted on the lands of the **Wurundjeri people of the Kulin** nation.

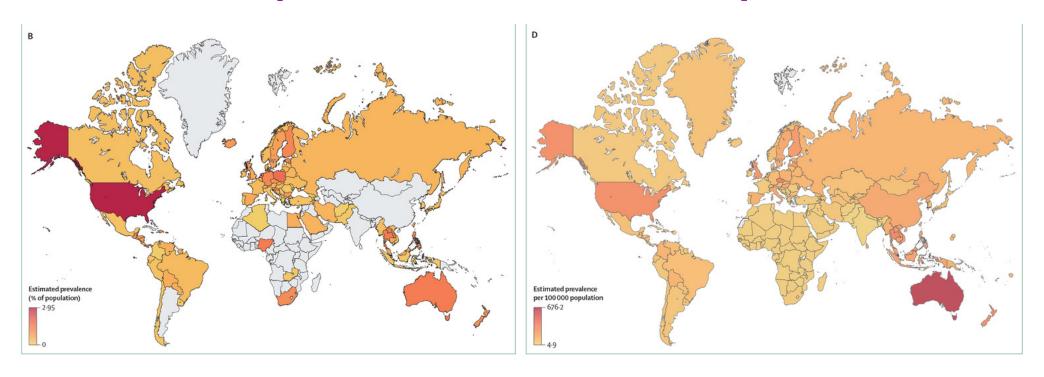
I wish to acknowledge them as the Traditional Owners, and to pay my respects to their Elders, past and present, and to extend that respect to **Aboriginal and Torres Strait** Islander peoples here today.

This land was never ceded.

Methamphetamine Use Disorder



Methamphetamine use internationally



Prevalence of use

Prevalence of dependence (age-standardized)







Methamphetamine use in Australia

The estimated **social costs** of methamphetamine use in 2013-14 was **over \$5 billion**.[8]

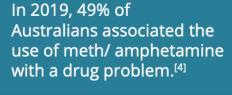


The death rate involving meth/ amphetamine was 4 times higher in 2018 than 1999.[1]

Methamphetamine accounted for 7.5% of all drug-related hospitalisations in 2021–22 (10,100 hospitalisations), down from 8.2% (12,400) in 2020–21. [9]



2019 national wastewater data analysis indicates that methamphetamine remains the highest consumed illicit drug monitored by the program.[3]





Amphetamines were the 2nd most common principal drug of concern (24% of treatment episodes)

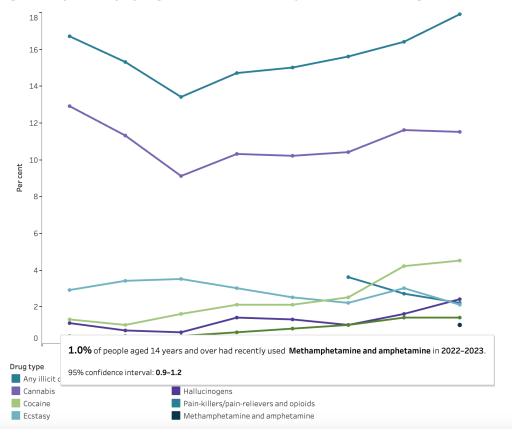






Methamphetamine past 12 month use in Australia

Figure 1: Proportion of people aged 14 and over who recently used selected illicit drugs, 2001 to 2022–2023







Methamphetamine use in Australia

Table 1: Summary of methamphetamine and amphetamine use among people aged 14 and over in 2022–2023

Lifetime use	7.5% (1.6 million people)
Recent use ¹	1.0% (200,000 people)
Opportunity to use in the last 12 months ²	3.8%
Age group most likely to use	20–29 and 40–49 (1.7%)
Average age of first use	22.2 years

Table 2: Summary of methamphetamine and amphetamine use among people who had used it in the previous 12 months in 2022-2023

Used monthly or more often	37%
Main form used	Crystal/ice: 43%
Diagnosed or treated for a mental health condition	44%
High and Very high psychological distress	44%







Women with MAUD

Why focus on this?

- Clinically important sex differences
 - Methamphetamine pharmacokinetics
 - Drug-induced behavioural changes
 - Cognitive processing
 - Structural brain changes
 - Effects on neurotransmitter systems
 - Telescoping phenomenon
- More consistent behavioural effects
- Paucity of research despite increased treatment-seeking





Why oxytocin?

- Naturally occurring neuropeptide
- Associated with trust, sexual arousal and relationship-building
- Syntocinon- IV in labour/delivery
- Research into impacts on social cognition and social behaviour





for addiction? Oxytocin & Substance Use Disorder

Background

- The love hormone, a new treatment Modulates the hypothalamic-pituitary-adrenal (HPA) axis, reducing the secretion of cortisol- stress response
- OT modulates neuro-behavioural effects of alcohol and other drugs
- OT interaction with stress + addiction circuitry, neurotransmitter systems
- Administering OT -> reduction in self-administration; withdrawal symptoms; cue-reactivity and cue- and stress- induced craving
- Promotion of social bonding and trust

So, OT as a treatment for addiction?







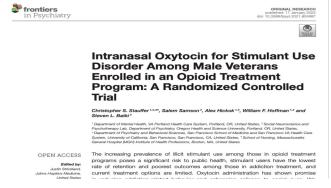
Oxytocin & Stimulant/ MA Use Disorde

Stimulant Use Disorder in opioid treatment setting – RCT, Male veterans in an opioid treatment program

- Increased treatment attendance
- No effect on craving

MA use disorder – RCT, MSM group

- Enhancing efficacy of psychosocial therapies
- Enhancing group bonding



Trials

STUDY PROTOCOL

Oxytocin-enhanced motivational interviewing group therapy for methamphetamine use disorder in men who have sex with men: study protocol for a randomized controlled trial

Christopher S. Stauffer^{1*}, Jenna M. Moschetto², Scott M. McKernan³, Elaine Hsiang⁴, Brian Borsari¹ and







mOXY: An open label pilot study of intranasal oxytocin for methamphetamine withdrawal in women

- 7-day residential inpatient withdrawal admission at Wellington House in Box Hill, Victoria
- Self-administration of oxytocin intranasally twice per day
- Questionnaires completed daily but otherwise withdrawal admission was as per standard of care







Aims

Primary objective:

To assess feasibility of the protocol

Secondary objectives:

- Length of stay up to 7 days in the inpatient unit
- Withdrawal symptom severity
- Relapse rates
- Treatment engagement at 1-month post discharge
- Safety and tolerability of intranasal oxytocin







Eligibility

Inclusion:

- Adult females (aged ≥18 to ≤65 years)
- DSM-5 criteria for moderate to severe MAUD
- Able to comply with study protocol
- Able to provide informed consent to participate

Exclusion:

- Non-English speaking
- Lactating, pregnant, or not willing to use contraception
- Other SUDs (excl. nicotine, cannabis)
- Unstable medical conditions
- Current participation in another trial









Methodology

- Pre-screen telephone interview
- Screening assessment:
 - Written informed consent
 - Full eligibility assessment with trial physician
 - Comp assessment
- Baseline assessment:
 - Battery of surveys and computer tasks
 - Within 2 weeks of admission
- 7-day residential admission to WH
- 1-month follow-up assessment
 - Battery of surveys and computer tasks



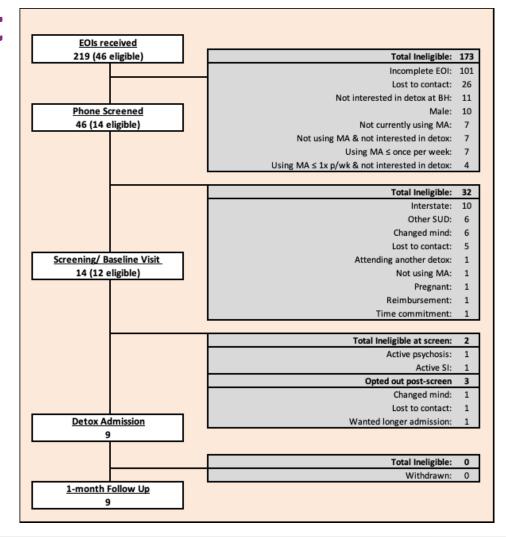
mOXY Protocol Paper







Recruitment









Demographics

Enrolled participant demographics (n=9)			
Age	Mean +/- SD	37.7 +/- 7.4	
	Min - Max	29-52	
Education (%)	< Year 10	33	
	High School	11	
	Trade/Tech/Vocational Training	33	
	University Degree	22	
Employment	Casual	11.1	
	Full Time	44.4	
	Self-employed	22.2	
	Unemployed	22.2	
Children (%)	Yes	44.4	
	No	55.5	
Living Arrangement (%)	Living with friends	11.1	
	Living with family	66.7	
	Living alone	22.2	
Methamphetamine Use	Mean +/- SD (days use/28)	25.4 +/- 2.8	
25.4 +/- 2.8	Min - Max (years)	3-20	
Previous Treatment (%)	Yes	55.5	
Other Drug Use (%)	Yes	33.3	







Results **Feasibility**

Primary Objective

- Pilot data indicates that the protocol was feasible
- 14 screening visits completed, 3 opted out post-screen, 9 received study drug = 82% screen-to-drug administration
- Screen fail to drug administration ratio > 20%
- 100% of participants completed 1-month follow-up







Results Length of stay (LoS)

Secondary Outcome

- Mean LoS in inpatient admission = 5.44 ± 1.33 days
- 5/9 (55.6%) engaged in their post-discharge plan

- MAUD have high rates of unplanned discharge:
 - Average of 5.5 days at TP
 - Median 5 days in MATES sample (n = 112)



Evaluating the impact of community-based treatment options on methamphetamine use: findings from the Methamphetamine Treatment Evaluation Study (MATES)

Rebecca McKetin^{1,2}, Jake M. Najman³, Amanda L. Baker⁴, Dan I. Lubman⁵, Sharon Dawe⁶, Robert Ali⁷, Nicole K. Lee^{8,9}, Richard P. Mattick² & Abdullah Mamun³

Centre for Research on Ageing, Health and Wellbeing, The Australian National University Cusherns, Australia¹, National Drug and Autorial Research Centre. University of New South Walles, Sydney, Australia², Queensland Acctorial and Drug Research and Education Centre, University of Queensland, Resistance, Australia², Tening Point Actorial and Drug Centre. Eastern Health and Monatory (Hebbourne, Australia², School of Psychology, Griffic University, Hebbourne, Australia², School of Psychology, Griffic University, Relatione, Australia², University of Adelaide, Adelaide, Australia², The National Centre for Education and Training on Addiction, Finles University, Relation, Australia², University of Adelaide, Australia², The National Centre for Education and Training on Addiction, Finles University, Adelaide, Australia² and National Drug Research Institute, Curric University, Perth Australia², Austr

ABSTRAC

Aims To evaluate the impact of community-based drug treatment on methamphetamine use using inverse probability of treatment-weighted (IPTW) estimators to derive treatment effects. Design A longitudinal prospective cohort







Results **Relapse Rates**

Secondary outcome

Mean days of use at:

- BL: 25.4 days out of last 28
- F/U: 19.33 days out of last 28
- 7/9 relapsed = 77.78%;
- 5 no change,
- 2 abstinent, and
- 2 reduced use (4.5 days less on average)







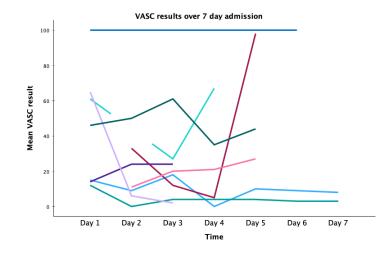
Results Withdrawal Symptoms and Craving

Secondary Outcomes

Amphetamine Withdrawal Questionnaire (AWQ): median 20.5, mean 21.91 (SD 8.89, range 8-40) over the admission dates, indicating moderate withdrawal

Visual Analogue Scale Craving (VASC):

median 20.5, mean 34.57 (SD 34.74, range 0-100)









Safety & Tolerability

Secondary Outcome

AEs and SAEs

- No SAEs reported
- 19 AEs reported: 15 mild, 1 moderate, 3 severe

Headache, body aches, back & abdominal pain most common (5/9 participants)

- Further investigation into abdominal pain (2/5 participants)
- 3/9 participants did not report any AEs

	Cour
Other	
Blood on tissue on blowing nose	
Constipation	
Diplopia	
Dysdiadochokinesis	
Feeling faint w/o loss of consciousness	
Feeling foggy/shaky/drained	
Infected facial piercing (lip)	
Light-headed/dizziness	
Pins & needs and numbness of right foot	
Pain	
Abdominal cramping w/o menses	
Body aches	
Headache	
Period/abdominal cramps	
Right lumbar back pain	
Psycological	
Bad dreams	
Depressed mood	
Night terror	
Sleep paralysis	
Grand Total	1







Next steps Treatments for MAUD

- Oxytocin is a safe a feasible treatment for MAUD
- Novel inpatient withdrawal treatments
 - Lisdexamfetamine OLAM study recruiting soon

Thanks for your attention!





BARRIERS TO TREATMENT



STIGMA BAROMETER



LOWER SOCIOECONOMIC NON-CAUCASIAN SEX WORKER MOTHER

STIGMA BAROMETER



EMPLOYED
WHITE
MIDDLE-CLASS
CHILD-FREE

LOWER SOCIOECONOMIC NON-CAUCASIAN SEX WORKER MOTHER

STIGMA BAROMETER



METH
HEROIN
INJECTING



NBC NEWS

Psilocybin use is on the rise as public perception changes, report shows

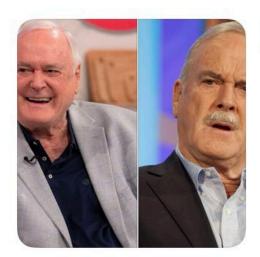
1w ago · Kaitlin Sullivan



BUSINESS INSIDER

Journeymen Collective guides CEOs in luxury psychedelic mushroom trips

≰News+



Daily **Mail**

John Cleese reveals he 'took LSD aged 65' to know 'what is was all about'

1d ago



THE TIMES THE SUNDAY TIMES

Patrick Cox: rehab and psychedelics saved my life



(3rish Examiner

Oliver Davis: Ireland may be in the midst of a psychedelic renaissance

2w ago

■News+



■ N©OSATODAY Q

Home > News

News

Named, shamed and pictured

28/07/2020









PHIL JARRATT asks why some drink-drivers are photographically shamed in the media and not others.

But what is relatively new is the new and selective level of shaming employed by some digital news platforms through "borrowing" photos from social media accounts so they can shame by sight. In this, the selection process seems to be more related to youth and attractiveness than to the severity of the crime. Put it this way: if you're a middle-aged businessman who blew a biggie, it seems you're less likely to see your wrinkled prune on display than, say, a wild young thing or a young mum behaving badly. And, of course, if you don't have a social media profile, there will most likely be no photo for the media to "borrow".

STIGMA FRO M HEALTH PROFESSIONALS

AJGP

 $\equiv Q$

Volume 50, Issue 7, July 2021

Qualitative
understandings of
access to primary care
services for consumers
who use
methamphetamine

Bernadette Ward Riki Lane Brendan Quinn Grant Russell



Professional stigma towards clients with methamphetamine use disorder – a qualitative study

Ali Makki a,CONTACT, Carolyn Day b, Betty B Chaar c



pulled her over Credit: Facebook

Her defence lawyer, Andrew Main, told the court that it was Jones' day off and her autistic son was sick with a migraine.

He said she would now resign from her job as she couldn't "face the shame".



Children murdered in SA went hungry as slain mother put ice habit ahead of her family

Stacey Lee

Updated 2 June 2016



Two children murdered north of Adelaide this week were often left to go hungry while their mother spent all of her money on her daily ice habit, secret documents reveal.

Steady NERVES

HELLO! MARY WHAT TIME WILL -SAY WHAT'S THAT NOISE **HOW CAN YOU STAND IT?**

OH! THATS THE CHILDREN PLAYING -SINCE I HAVE BEEN TAKING NERVINE NOTHING BOTHERS ME

When you are restless, sleepless, nervous, try

Dr. Miles Nervine Your money back if it fails to relieve you. At your drug store. Small package

25 cents. Large package \$1.00.

DR. MILES' NERVINE

LIQUID AND EFFERVESCENT TABLETS





ONE SIZE DOES NOT FIT ALL

Of women with addiction issues: 74% reported sexual abuse, 52% reported physical abuse, 72% reported emotional abuse

DR STEPHANIE COVINGTON

43% of Australian women have experienced mental illness at some time, with more women than men experiencing symptoms in the previous twelve-month period

ASSOCIATE PROFESSOR MARIA DUGGAN 'INVESTING IN WOMEN'S MENTAL HEALTH"