WELCOME TO THE CRACKS IN THE ICE WEBINAR SERIES

Australian Government
Department of Health

THE UNIVERSITY OF SYDNEY
Matilda Centre

Acknowledgement of Country

We would like to acknowledge and pay respects to the traditional owners of the land on which we meet: the Gadigal people of the Eora Nation. It is upon their ancestral lands that the University of Sydney is built.

As we share our own knowledge, teaching, learning and research practices within this University we also pay respect to the knowledge embedded forever within the Aboriginal Custodianship of Country.

The Matilda Centre is committed to embracing diversity and eliminating all forms of discrimination. The Matilda Centre welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

Housekeeping

1. One in a series of webinars. For more information on the series visit *Cracks in the Ice* (cracksintheice.org.au)

2. You are in **listen-only** mode

3. Please type your questions using the **Q&A button** on your dashboard.

4. This webinar is being recorded and will be made available on *Cracks in the Ice*, along with a handout of the slides.

cracksintheice.org.au

The use of technology in psychosocial treatment for methamphetamine use

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Australian Government
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Overview

1. Methamphetamine use and treatment access
2. Utility and clinical applications of technology-mediated interventions: telehealth, mHealth, computer-based interventions
3. Emerging approaches and directions for future research
4. Q&A

Methamphetamine use and treatment

What works	More evidence required
Cognitive Behavioural Therapy	Medication (methylphenidate)
Contingency Management	Matrix model
	Motivational enhancement therapy
	Residential rehabilitation
	Exercise
	Cognitive training
	rTMS/tDCS

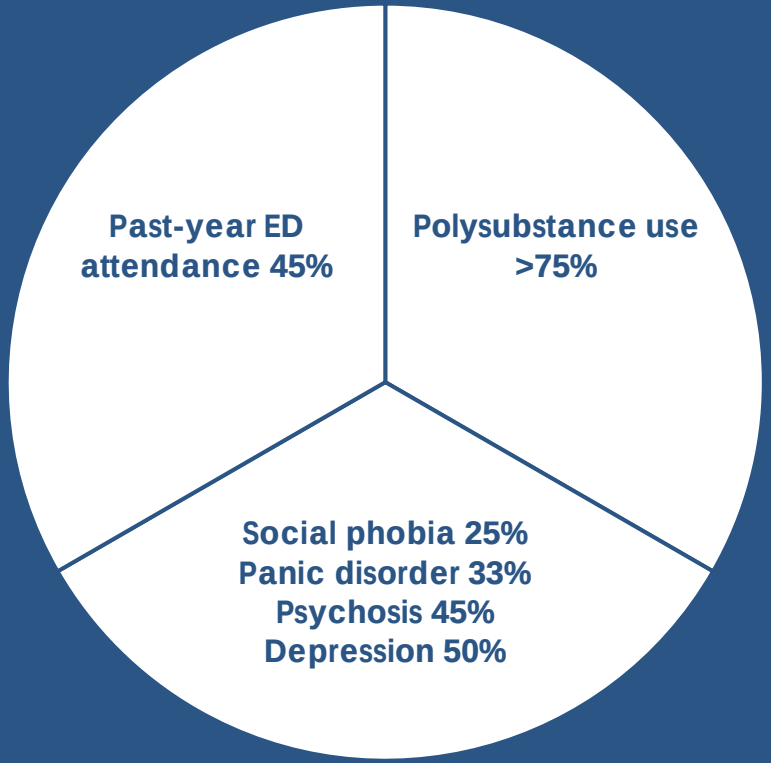
Asharani et al., 2020

Methamphetamine use and treatment

Attendance in MA treatment is variable:

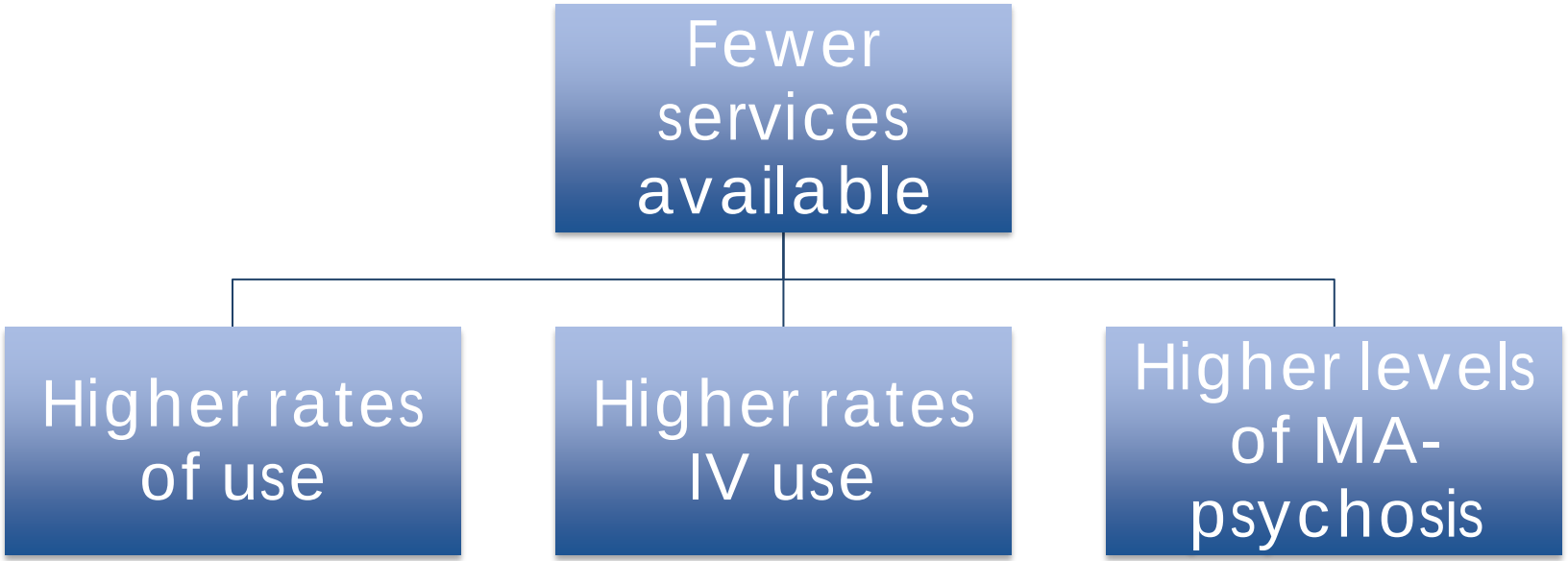
- 24-32% disengage before two sessions (Baker et al., 2001; Baker et al., 2005)
- 38-67% disengage before four sessions (Baker et al., 2005; Feeney et al., 2006)
- Clients with complex needs are less likely to engage (AIHW, 2020)

Psychosocial complexity



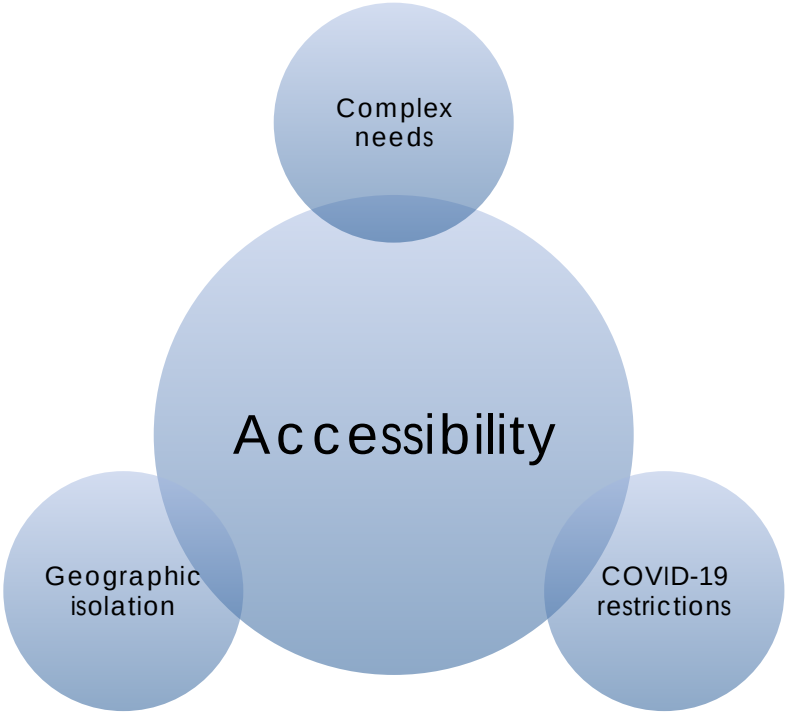
Lecomte et al., 2018; McKetin, Degenhardt et al., 2018; McKetin, Kothe et al., 2018; Rowe et al., 2018

Geographic disparity



ACIC, 2020; Grant et al., 2007; Priester et al., 2016

Benefits of technology



Telehealth

Two papers from one study of individuals in aftercare: (Karno et al., 2012; Farabee et al., 2013)

Improvements/higher effectiveness	No change
Self-reported substance use	Biological measure (UDS)
People actively using	
Non-directive counselling style (for clients resistant to authority)	

Telehealth

What might be useful:

- Adapting for complexity (checking stability of living arrangements, multiple ways to reach client or re-establish contact, more frequent discussion of risk and safety, awareness of crisis support in local area)
- Adapting counselling style – directiveness may be counter-productive
- Brief sessions with clear structure, outcomes, resources

Telehealth services currently available

- 20 subsidised sessions with a private psychologist (until at least 31 March)
  Australian Psychological Society website – aps.org.au

- Some government-funded drug and alcohol counselling services offer telehealth
  National Alcohol and Other Drug Hotline (1800 250 015)

- 'Turning Point' and 'Cracks in the Ice'- telehealth guides for clients

- Victoria only: Ready2Change (6 sessions)
  1800 ICE ADVICE (1800 423 238)

mHealth

Three studies of text-message interventions

- **Interactive texting alone:** decreases in self-reported use, increased length of time since last use. Recent injection reduced from 21% to 8%, permanently stopping increased from 13% to 49%. (Reback et al., 2012)
- **Interactive v automated v self-monitoring:** Days of use over past month reduced by 2-4 days at follow-up in all groups. (Reback et al., 2019)
- **Personalised text reminder:** Those receiving a personalised medication reminder reported fewer days of MA use in past month (14.4 days) compared to generic reminder group (22 days). Not statistically significant. (Moore et al., 2018)

mHealth

- Findings are inconclusive – automated and even self-monitoring texts may be as effective as interactive SMS treatment

Strengths

Low resource/intensity intervention

May reach those not in treatment

Reaching people ‘in the moment’

mHealth (cont.)

One study of smartphone app in addition to group therapy (Reback et al., 2018)

- Recording internal/external triggers, cravings, sexual encounters five times per day – comparing **app only, app and counsellor, control**
- Reductions in self-reported and biologically-verified MA use in all groups
- MA use reduction due to group therapy?
- Sample size? Design of app?

mHealth tools currently available

SMS and email

- CounsellingOnline offers online chat and email support
  https://www.counsellingonline.org.au/

- Australian Drug Foundation – 'text the effects'
  https://adf.org.au/resources/text-the-effects/

- Virtual Psychologist – free support for those in rural/remote regions
  https://www.virtualpsychologist.com.au/rural-remote/

mHealth tools currently available

Apps

- ‘Cracks in the ice’ app: Info about methamphetamine use and harm-reduction https://cracksintheice.org.au/cracks-in-the-ice-smartphone-app
- ‘S-check’ app: Methamphetamine info, self-monitoring of use/health concerns and referral to additional supports https://scheckapp.org.au/
- Many other apps available though evidence-base is sometimes questionable!

Desktop computer interventions

Two studies of desktop-optimised online apps

- Community-based: Three modules, based on MI and CBT – declines in use for intervention and control groups.
- Improvement in help-seeking and daily functioning for those who completed at least one module. (Tait et al., 2015)

- Outpatient/aftercare: Five-modules - relapse prevention, psychoeducation and self-monitoring (homework feedback provided by trained nurse); compared to self-monitoring alone.
- No difference in between groups on relapse risk or money spent on drugs at follow up. (Takano et al., 2020)

Desktop-based apps and tools

‘Breaking the Ice’ online app
https://cracksintheice.org.au/online-resources/breaking-the-ice

YourRoom online modules (methamphetamine)
https://yourroom.health.nsw.gov.au/a-z-of-drugs/Pages/methamphetamine.aspx

DrugAware online methamphetamine self-help tool
https://drugaware.com.au/meth-help-tool/self-help-strategies/

‘We Can Do This’ online app developed to support ATSI population
https://wecandothis.com.au/

CounsellingOnline includes an extensive self-help section (all substances)
https://www.counsellingonline.org.au/making-a-change

The big picture

- Technology-mediated interventions may be beneficial in specific circumstances (e.g., telehealth for those in active use, automated self-monitoring SMS and computer-based interventions may be helpful for those not in treatment)
- Much more research required!
- Given the unclear evidence base, it's important to use clinical judgement in determining whether an intervention will be helpful for a particular client

Emerging approaches and research

Studies currently recruiting in Australia

- Telehealth counselling for methamphetamine use ready2changestudy@turningpoint.org.au - online registration system coming soon
- S-check app – recruiting until 1st April 2021 https://scheckapp.org.au/ - svhs.scheckapptrial@svha.org.au

Technology in development

- Apps that facilitate medication adherence (Pasipanodya et al., 2020; Walker et al., 2019)
- Approach Bias Modification for methamphetamine (Manning et al., 2019)

Q & A

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