Amphetamines Type Substances

Bill Robertson
Health Service Manager
Stimulant Treatment Program
ATCA 2013
Objective

• To disseminate some learning’s from the Stimulant Treatment Programs that maybe applied in practice to Therapeutic Community Settings
Conclusions of Outpatient Counselling

- Reduced amphetamine use
- Improved mental health after treatment
- Best suited to clients who have had no previous D&A Treatment
- Conversely less suited to older amphetamine users with previous amphetamine histories and those with co-morbid heroin use
- Not as effective in reducing polydrug use, HIV risk behaviours and crime
### Outcomes: 3 & 6 months

<table>
<thead>
<tr>
<th></th>
<th>Baseline (N =148)</th>
<th>3 months (N =127)</th>
<th>6 months (N =121)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Methamphetamine use</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past month use (%)</td>
<td>80</td>
<td>54***</td>
<td>54***</td>
</tr>
<tr>
<td>Dependent (%)</td>
<td>76</td>
<td>46***</td>
<td>40***</td>
</tr>
<tr>
<td>SDS score (median)</td>
<td>8</td>
<td>3***</td>
<td>2***</td>
</tr>
<tr>
<td>Days of use (median)</td>
<td>6</td>
<td>1***</td>
<td>1***</td>
</tr>
<tr>
<td>Polydrug use (mean)</td>
<td>2.4</td>
<td>2.1*</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Health and social outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychotic symptoms (%)</td>
<td>27</td>
<td>15*</td>
<td>15*</td>
</tr>
<tr>
<td>Hostility (%)</td>
<td>42</td>
<td>25*</td>
<td>22*</td>
</tr>
<tr>
<td>Crime (%)</td>
<td>30</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>Sex (%)</td>
<td>73</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td>Unprotected casual sex (%)</td>
<td>22</td>
<td>15</td>
<td>26</td>
</tr>
<tr>
<td>Injected (%)</td>
<td>52</td>
<td>40**</td>
<td>43**</td>
</tr>
<tr>
<td>Injected with used needle (%)</td>
<td>8</td>
<td>4</td>
<td>2†</td>
</tr>
</tbody>
</table>

McKetin et al. Treatment outcomes for methamphetamine users receiving outpatient counselling from the Stimulant Treatment Program in Australia. *Drug and Alcohol Review* (January 2013), 32, 80–87
### Demographics

Table 1a. Characteristics of participants by site

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Site</th>
<th>P value</th>
<th>Total sample (N = 148)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HNE (n = 85)</td>
<td>SV (n = 63)</td>
<td></td>
</tr>
<tr>
<td>Age (median)</td>
<td>32</td>
<td>35</td>
<td>0.008</td>
</tr>
<tr>
<td>Years of school (median)</td>
<td>10</td>
<td>12</td>
<td>&lt; 0.000</td>
</tr>
<tr>
<td>Female (%)</td>
<td>33</td>
<td>19</td>
<td>0.060</td>
</tr>
<tr>
<td>GLBT (%)</td>
<td>16</td>
<td>36</td>
<td>0.005</td>
</tr>
<tr>
<td>Unemployed (%)</td>
<td>71</td>
<td>48</td>
<td>0.005</td>
</tr>
<tr>
<td>Born outside Australia (%)</td>
<td>2</td>
<td>32</td>
<td>&lt; 0.000</td>
</tr>
<tr>
<td>Non-English speaking background (%)</td>
<td>0</td>
<td>19</td>
<td>&lt; 0.000</td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander (%)</td>
<td>7</td>
<td>3</td>
<td>0.312</td>
</tr>
</tbody>
</table>

McKetin et al. Treatment outcomes for methamphetamine users receiving outpatient counselling from the Stimulant Treatment Program in Australia

*Drug and Alcohol Review (January 2013), 32, 80–87*
Table 1a. Characteristics of participants by site

<table>
<thead>
<tr>
<th>Health and social status (%)</th>
<th>HNE (n = 85)</th>
<th>SV (n = 63)</th>
<th>P value</th>
<th>Total sample (N = 148)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotic symptom</td>
<td>31</td>
<td>22</td>
<td>0.257</td>
<td>27</td>
</tr>
<tr>
<td>Hostility</td>
<td>45</td>
<td>38</td>
<td>0.420</td>
<td>42</td>
</tr>
<tr>
<td>Crime</td>
<td>41</td>
<td>16</td>
<td>0.001</td>
<td>30</td>
</tr>
<tr>
<td>Sex</td>
<td>75</td>
<td>69</td>
<td>0.424</td>
<td>73</td>
</tr>
<tr>
<td>Unprotected casual sex</td>
<td>22</td>
<td>23</td>
<td>0.974</td>
<td>22</td>
</tr>
<tr>
<td>Unprotected MSM</td>
<td>2</td>
<td>17</td>
<td>0.001</td>
<td>9</td>
</tr>
<tr>
<td>Injected</td>
<td>65</td>
<td>35</td>
<td>&lt; 0.000</td>
<td>52</td>
</tr>
<tr>
<td>Injected with used needle</td>
<td>9</td>
<td>5</td>
<td>0.501</td>
<td>8</td>
</tr>
</tbody>
</table>
Learning’s from Clinical Perspective

• To be confident & competent in discussing sexual risk behaviours, intimacy and the association between sexual activity and amphetamine use in heterosexual, LGBT, MSM populations

• Initial fears in relation to a difficult client group were unfounded in relation to aggressive incidents

• To be competent in performing Mental State Exam
• Client group with wide Socio Economic Status which provided interesting clinical pictures
• Anecdotal evidence suggests to be aware of cyclical depression for months after cessation – 3 and 6 months – lapse and relapse trigger
• Protracted Anhedonia (inability to experience pleasure)
Retention in treatment

RETENTION IN TREATMENT
Kaplan-Meier survival estimate

Proportion in treatment

Time in treatment (weeks)

<13 weeks
Inform client of what might occur during withdrawal process
More effective client/clinician interaction

Vignette 1 - Ron

Managing more effectively
Debrief client/clinician interaction

Vignette 7 - Ron
Debrief and management

from GO to WHOA
Substitution therapy
Dexamphetamine substitution therapy

- Strict criteria
- Referred by clinician to Addiction Medicine
- Referral by Addiction Medicine staff specialist to Psychiatrist for full assessment for suitability
- Psychiatric review 6 monthly
- Monthly medical review
- Weekly reviews under stabilisation including UDS
Outcomes

- Small sample of clients in our clinic
- Improved quality of life
- Reduced illicit drug use
- Improved relationships’
- Improved organisational skills
- Improved health/mental health
- 2 clients over the period withdrawn from substitution treatment due to exacerbation of mental health symptomology
The Gazelle

Karen Sherlock and Julie Humphreys
Counsellors

Stimulant Treatment Program
Presenting history

• Jane, a 42 year old woman referred by PSP (ACON), first completed intake and partial assessment in May 08

• Reason for attending - “to work out what I want” “I’ve lost everything”

• Next attended June 08, barefoot, scratched and bruised, frightened her solicitor was going to take her to James Fletcher Hospital “I ran like a gazelle”
Substance Use History (2008)

- Amphetamines: ICE daily, IV 1.5 points per shot, 4 shots per day, commenced use age 40, current pattern 6 months
- Cannabis: daily, 2 joints, commenced use age 40, current pattern 6 months
- Heroin, occasional, 1/12, “I will use whatever everyone else is”
- Previous Tx – 2 weeks in Northside clinic 2007, did not like NA component
Physical and Mental health

• Back pain – broken tailbone following assault by an ex-partner
• Borderline Personality diagnosis (prior to drug use)
• Major depressive disorder
• Self harming behaviour
• Hepatitis C
Psychosocial history

- Was married to a solicitor with 6 children, in treatment with private psychiatrist for BPD
- Commenced substance abuse aged 40 (2005) with husband who was cannabis dependent
- Became dependent on cannabis, relationship disintegrated within 2 years
Psychosocial History

- Daily IV Ice use commenced in 2007 after relationship ceased
- Also became dependent on heroin in 2009
- Worked as a street-based sex worker (PSP worker ACON)
- Squatting with friends
Initial Treatment

• Commenced Suboxone (July 2009)
• Shared care plan with ACON and Sex Worker’s Outreach Project
• Supported to obtain secure accommodation with Housing NSW late 2009
• Referral to Centre for Psychotherapy accepted Feb 2010 – did not commence due to subsequent incarceration
Initial Treatment

- Dexamphetamine application Feb 2010, however Jane incarcerated for 3 months as she did not comply with her weekend detention
- Commenced dexamphetamine July 2010 following lapse upon release from gaol to ICE use and street-based sex work
Treatment since May 2012

- Acceptance and commitment therapy – focus on diffusion of painful emotions, unhelpful thoughts
- Values work
- Strength-based approach
Drug Use Outcomes

- 12 months since last reported use of illicit amphetamines
- Reduced from 80mg to 20mg dexamphetamine since October 2012
- Commenced NRT August 12, reduced to 2 cigarettes daily (as part of cannabis mix)
- Completed withdrawal from cannabis (2 grams daily) Feb 13
- Stable on 16mg suboxone
Treatment Outcomes

- Disclosed hoarding problem May 2011
- Requested assistance with this Oct 2012
- Referral accepted by Hoarding Team Feb 13
- Reported improvements since Oct; garage sales, cleaned off bed, lounge, coffee table, kitchen bench
- Declined hoarding referral March 13
Treatment outcomes

- Moved from street-based to private sex work
- Improved relationship with parents, children
- Improved emotional self-regulation
- Maintained stable accommodation
- Improved physical health, weight gain
- Reduced chaos –
  - Attending appointments regularly, on time
  - Advising when need to reschedule