



What works when dealing with Alcohol and Methamphetamine Users

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A Few Stats: Methamphetamine

(Source: National Drug Strategy Household Survey 2016)

- 6.3% of Australians >14 years of age have tried meth in their life-time
- National 12-month prevalence has ↓ from 2.1% to 1.4%. WA prevalence has ↓ from 3.8% to 2.7% (2013 vs 2016)
- Country WA: 20% using drugs, 29% drinking at unsafe levels



Stats: Methamphetamine - contd.

(Source: National Drug Strategy Household Survey 2016)

- **MI on the increase:** In 2016, 42% of those who had used meth/amphetamine reported MI, compared to 29% in 2013
- 27% had been treated for a MI, compared to 21% in 2013
- Those unemployed – 3 times more likely to have used meth in last 12 months
- Same-sex and bi-sexual individuals – 6 times more likely to have used meth



A Few Stats: Alcohol

(Source: National Drug Strategy Household Survey 2016)

Comparison with 2013

- Daily drinking in those 14+: ↓5.9% vs 6.5%
- Decline in drinking in excess of lifetime risks guidelines (18.2 vs 17.1%)
- Single occasion risky drinking – stable (26%)
- 1 in 7 had 11+ std drinks once in the past 12 months. 1 in 14 – 11+ std drinks at least once monthly; mostly young people



What works for Alcohol and Methamphetamine Dependence?

- Assessment: Ask the Question
- ASSIST v3.1: Alcohol, Smoking and Substance Involvement Screening Test (devised for primary health settings, but can be used in any setting)
- 8 questions for a set of substances – Tobacco, Alcohol, Cannabis, ATS, Hallucinogens, Opioids, Sedatives, Other
- Q1. Life-time Q2. Past 3 months



ASSIST ver 3.1 contd.

- Q3. Strong desire or urge to use?
- Q4. Health, Social, Legal or Financial problems?
- Q5. Failed to do what was normally expected of you?
- Q6. Friends/Relatives have expressed concern?
- Q7. Tried to cut down but failed?
- Q8. Ever used any drug by IV route?
- Intervention: Threshold to receive Brief Intervention higher for alcohol
- **PROVIDE A SUBSTANCE USE BOOKLET – GO THROUGH IT – BRIEF INTERVENTIONS – PROVIDE APPROPRIATE FACT SHEETS**



Clinical interventions

Provide the appropriate level of intervention

- **low**
 - minimal interventions, general health information
- **moderate**
 - Provide 'substance use booklet' and 'fact sheets'
 - Brief interventions as outlined in the booklet
 - Consider referral to specialist agency
- **high**
 - As above
 - **PLUS** make assisted referral to appropriate specialist agency



Services provided by a drug and alcohol service

- assessment and referral
- counselling, case management and support
- opiate and alcohol pharmacotherapy
- outpatient withdrawal services including home-based withdrawal management through Drug and Alcohol Withdrawal Network (DAWN)
- medical reviews
- clinical psychology



Services provided by a drug and alcohol service

- group programs
- support to families and significant others
- shared care with other services
- diversion programs for people referred by police and the courts
- outreach counselling services
- support for local communities through prevention and community development activities





Clinic/Hospital visit versus a drug and alcohol service

- D&A Service - Targeted response by someone who may be motivated to change – contemplative, determination or action stage of change (Prochaska and Di Clemente)
- Clinic or hospital visit - Opportunistic intervention exploring issues related to presentation, use of substances, brief intervention, discuss opportunity to change.



Drug and Alcohol options for clients

Acknowledgement: CR

- No Support
- Counselling and Brief Intervention
- Group support (Self-help: AA, SMART recovery)
- Sobering up service (Bridge House)
- Drug and Alcohol Withdrawal Network (DAWN)
- Inpatient medical withdrawal (Next Step)
- Residential rehabilitation (Palmerston, Cyrenian, Harry Hunters, Serenity Lodge)
- Telephone support



Brief Interventions

Brief Intervention: 1 – 4 sessions

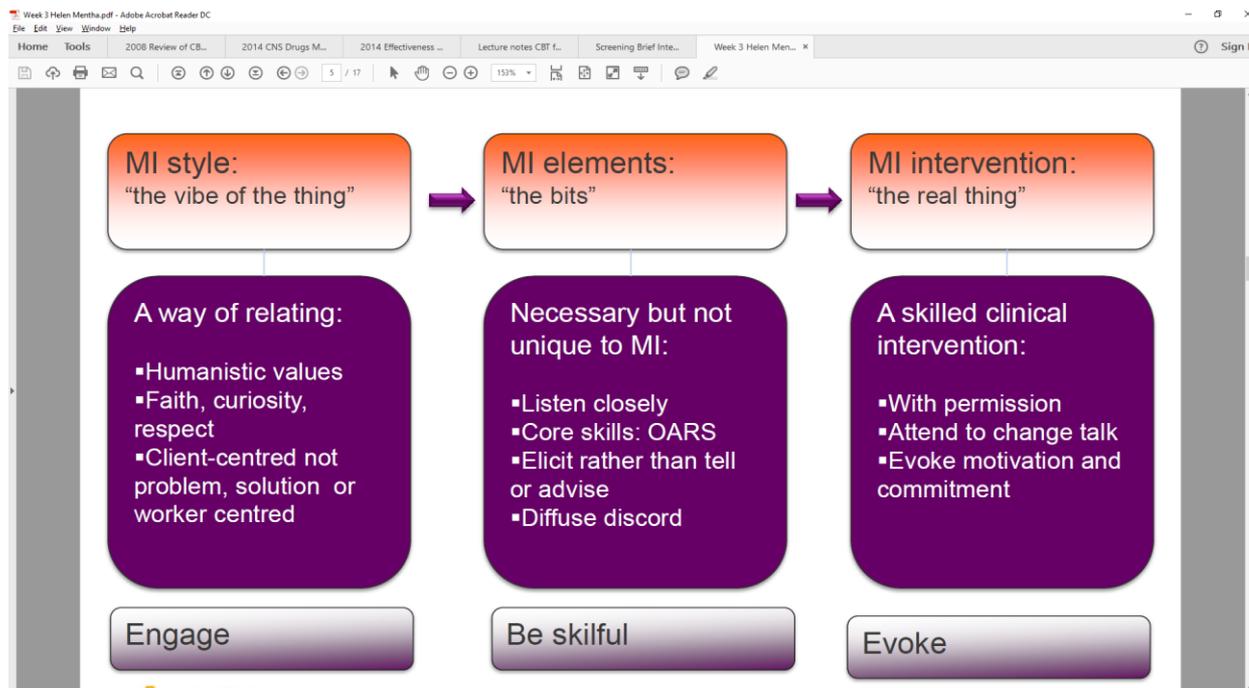
Time limited structural interventions directed towards a specific goal

6 components have been identified: FRAMES

- Feedback: highlighting aspects of the patient's behaviour
- Responsibility - Personal
- Advice
- Menu of options
- Empathic counselling style
- Support Self-efficacy



Motivational Interviewing contd.



OARS: Open Questions, Affirmations, Reflective Listening, Summarizing



Goal Setting and Relapse Prevention

“Shift the patient's relevant skills and goals from that of an illicit/alcohol using lifestyle to that of a more normative lifestyle”





Alcohol Dependence – What actually works?

Brief Interventions

Motivational Enhancement Therapy

Community Reinforcement Approaches

Self change manuals

Behavioural Self control training

Social Skills Training

Pharmacotherapy for mild to moderate dependence





Alcohol Use Disorders - Interventions

- Drug and Alcohol Self-help Guide: MHC
- Motivational Interviewing:
- Social Skills Training: a psychologist/ occupational therapist
- **Community Reinforcement Approaches:**
 - Functional Analysis of drinking patterns
 - Eliminate positive reinforcements for drinking
 - Enhance positive reinforcements for sobriety
 - Incentives rather than punishments
 - Involve significant others
 - Positive, energetic, optimistic, supportive, enthusiastic therapeutic style
- Anxiety management, problem solving, social skills, job skills, assertiveness, self-confidence



Pharmacotherapy for Alcohol Dependence

- Disulfiram
- Naltrexone
- Naltrexone ER – not available in Australia
- Nalmefene
- Acamprosate
- Baclofen
- Topiramate
- Novel Pharmacological agents





Alcohol Use Disorders and Depression

Key Message

- Anti-depressant therapy is unlikely to be of benefit if Alcohol Use Disorder is not addressed
- Shift in emphasis of management





Methamphetamine USE Disorder – What can we do?

Foster Hope, Engage clients – Especially those who are early in their addiction journey – Use Motivational Interviewing principles

Important to intervene early in Methamphetamine Use Disorder – increased cognitive, behavioural problems, psychosis – secondary to increased purity?

Increase Psychological Intervention and Group Programs – Brief Interventions, CBT, Develop Individualized Action Plan, Relapse Prevention Plan, Try Cognitive Remediation, Reward non-drug activities

ED Presentations and Admitted patients – Opportunity for Change – Brief Period of Active Intervention and Follow up





What Works? New methods, Innovation

- <https://www.abc.net.au/news/2018-04-18/a-regional-wa-town-is-fighting-back-against-the/9673490>
- *'We are at war with those people who feel that they have the right to destroy other people's lives'*
- *'For everything that was wrong in my life that I could tick off, it was all down to this one thing and it was meth' – recovered meth user*
- *'I don't believe people are addicted to a substance, I believe they are addicted to escaping current reality or a past trauma'*
- Importance of peer support – controversies
- Meth Helpline: 1 800874878



What Works?

- 3 pillars of the National Drug Strategy:
Demand reduction, Supply reduction, Harm reduction
- 360 Edge
- Dr Nicole Lee: <https://theconversation.com/profiles/nicole-lee-81635>
- <https://360edge.com.au/>
- <https://360edge.com.au/assets/uploads/2017/01/What-works-in-meth-treatment.pdf>
- <https://www.360edge.com.au/assets/uploads/2017/01/360-training-flyer-std-200517.pdf>



New methods, Innovation

- <https://www.abc.net.au/news/2019-05-07/meth-users-could-be-locked-up-in-response-to-wa-drug-crisis/11086960>
- 'I think the question of involuntary admission has to be based on decision making ability rather than frustration by carers and health workers that the person won't stop. Some of the involuntary treatment options are too open to moral objections to drug use...If they are capable of making the decision to stop but choose not to they should not be involuntarily admitted.' (Dr Nicole Lee – personal communication)



What Works? New methods, Innovation

- <https://www.abc.net.au/news/2018-05-26/australia-first-ice-treatment-delivering-promising-results/9787058> : Matrix Program
- <http://matrixprogram.com.au/the-matrix-program/>
- originally developed in response to the cocaine epidemic of the 1980s in LA
- 16-week multicomponent incl. group CBT, group family education, group social support, individual counselling, weekly urine testing – Outpatient Program



Pharmacotherapy for Methamphetamine Use disorder

No evidence for sustained positive outcomes

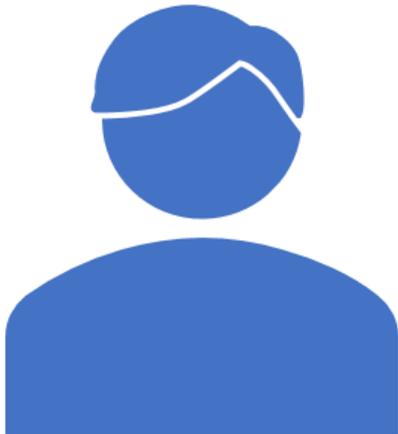
Methylphenidate, modafinil, dexamphetamine

Mirtazapine, Gabapentin, Baclofen

No single medication has demonstrated a broad and strong effect in the MA-dependent population



Natural Recovery



- **Motivations for methamphetamine cessation among young people in northern Thailand**

Danielle German et al. *Addiction* (2006), 101, 1143–1152

- Shaped by recognition of negative impact on self and others; influence of family, peers, partners and community stigma; perceptions on cessation and drug treatment; external facilitators and situational barriers such as extensive peer pressure and drug availability.

- **Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy**

Kelly et al. (2017) *Drug and Alcohol Dependence* 181 (2017) 162–169, Harvard Medical School, MGH, RECOVERY RESOURCE CENTRE

- “Did you used to have a problem with drugs or alcohol, but no longer do?”
- Probability sample of 39,809. 63.4% responded ‘Yes’.
- Conclusion: ‘Tens of millions of Americans have successfully resolved an AOD problem using a variety of traditional and non-traditional means





References

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