



AOD ECHO Network

Session 4

26/10/21

Didactic: Methamphetamines
Case presentation: Dr Sheree Hunt

This project is supported with funding from Wellbeing SA

Contributing partners:



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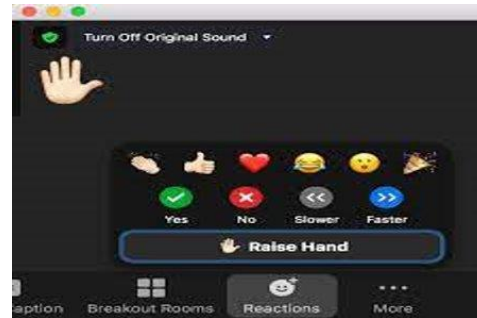
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AOD ECHO Network - Agenda

- Welcome and introductions
- Announcements
- Didactic presentation: Dr Sheree Hunt
 - Questions on the didactic
- Case presentation –
 - Clarifying questions for Dr Sheree Hunt
 - Recommendations
- Post-session evaluation survey

ECHO Etiquette

- Remain on 'Mute' except when speaking.
- Ask questions or make comment by raising your hand (in 'Reactions')



- Use 'Chat' if you wish to communicate with the ECHO Coordinator.
- Maintain confidentiality.

ECHO Project Presentation:

Methamphetamine: Assessment and Interventions

Methamphetamine- the consumer's perspective

- Reasons for using methamphetamine
- Context of use
- Smoking/IV/swallowing
- Withdrawal

Brief assessment/intervention

- Assessment forms part of brief intervention
 - Patients verbalising - can conceptualise/concretise, clarify & shift thinking
 - Opportunity to link substance use to its negative effects
 - Opportunity to ask some open-ended questions
- Formulation used (crystalline, [wax, paste, base], powder)
- Route of administration (IV, smoke, snort, oral)
- Frequency of use last 3 months (fortnightly or more?)
- Amount/dose or cost
 - 1 point = 0.1 gm (\$50)
 - 1 gm (\$300)
 - 8 ball (1/8th ounce = 3.5 gm) (\$800)

- **Wanted** effects – *“What sort of effects do you look for when using?”*
 - Euphoria/buzz, more fun socialising, improved work performance, enhances sex, reduces appetite, to ‘feel normal’, cope with stress/ depression/anxiety
- **Unwanted** effects – *“What effects do you not like about using?”*
 - Aggression, moodiness, paranoia, come down
- *“What happens when you **come down** / crash / withdraw?”*
 - Depression/flat, mood swings, irritability, disturbed sleep/dreams, psychosis, appetite changes, agitation, paranoid ideation
- *“What’s your **sleep** like when you’re using?”*
 - Onset and maintenance insomnia, restless sleep, early morning waking, night terrors, tired on waking
- *“What’s your **sleep** like when not on meth?”*
 - Excessive sleep, daytime sleepiness, night terrors, vivid dreams

- “What’s your *appetite* like when you’re using?”
 - Loss of appetite, erratic eating, difficulty keeping food down, poor food choices
- “What’s your *appetite* like when you’re not on meth?”
 - ↑ eating, bingeing, poor food choices, craving particular foods, erratic eating
- “What’s your *thinking* generally like?” (psychosis/paranoia)
 - Concentration, attention span, ST memory, racing thoughts, paranoid thinking, thought disorder, hallucinations, work performance
- “What’s your *mood* generally like when using?”
 - Elated, ↑ confidence, ↑ motivation, anxiety (emotional and somatic), restlessness, aggression, risk to self/others
- “What’s your *mood* generally like when not using?”
 - Depression, ↓ motivation, emotionally labile, aggression, irritability, risk to self/others

- *Daily Functioning: “On a day-to-day basis, what’s **life** like for you?”*
 - Losing friends, social withdrawal, only drug using friends, ‘others are boring’, family alienation, strained relationships, work performance/attendance, finances, parenting, legal
- *“Is there enough **enjoyment** in your life?”*
 - Anhedonia, loss of pleasure and interest, low motivation, drugs are sole form of enjoyment
- *“What’s your **physical health** like?”*
 - Facial scabs, weight fluctuation, dental problems, frequent illness, fatigue, stomach problems, headaches, complications from ROA
- *“Have you involved yourself in **behaviours** that may have put your health or well-being at **risk**?”*
 - Unprotected sex, sharing drug equipment, DUI, gambling, crime

- Feedback summary to client – wanted effects (good things) followed by unwanted/negative impacts as per assessment
- *“Are you concerned by how it’s impacting on your mood, sleep etc. and how it seems to be getting worse?”*
- Provide medical advice about reducing risk
- *“Is this in line with how you’d like your life to be?”*
- *“Who and what’s important to you right now?”*
- *“How else can I help you?”* (more info, return visit, referral etc.)

Methamphetamine and Vein Care

- Do not share injecting equipment including tourniquet, spoons and filters.
- Use new and sterile injecting equipment for each injection.
- Ensure good injecting technique: *may need to offer education.*
- Regular injecting >damaged/scarred veins> more blood in the injecting process> increased risk of BBV transmission.
- Stimulant effect>veins shrink or contract>harder to find the vein.

Vein care cont..

- **Vein blockage and collapse:** long term use, not rotating the site, blunt needles, removing needle too quickly, large volume, large bore needles, contaminated substances,
- **Check sites for :** ulcers, local infection, abscesses, phlebitis, cellulitis, bruising, scar tissue/trackmarks
- **IVDU:** Endocarditis, septicaemia, tetanus.

Vein care cont..

Sites:

- Arm: most common site, hidden with long sleeves
- Hands and fingers: fragile, remove rings, usually avoided due to high visibility.
- Feet: slower healing, fungal infections
- *Dangerous injecting sites:*
 - Neck > self injecting very difficult
 - Penis> no other available injecting site> high risk of infection
 - Groin/ femoral> risk of hitting an artery
- Clean Needle Program
 - Sterile equipment
 - Sharps container
 - Information/education
 - Referral pathway

Amphetamine Type Substances (ATS)

- CNS stimulants- cause an increase in dopamine, noradrenaline and serotonin.
- Many forms- meth, speed, MDMA, prescribed amphetamines. Most common is crystal meth (stronger, more pure, increased risk dependence). Can be ingested, snorted, inhaled, injected
- **Use declining:** – 1.3 % report recent use (vs 3.4% in 2001); lifetime “ever used” 5.8% vs 8.9% 2001
- **More are using ICE :**50% used crystal meth (vs 22% in 2010) powder decreased 51% 2010 to 20% 2019.
- **Using ICE use more often.** Daily use of Ice has doubled 12.4% in 2010 to 29% in 2021

STRONGER DRUG MORE OFTEN.....THEREFORE MORE HARMS.

Medical complications of ATS use

- Cardiac- hypertension (chronic and acute), Tachyarrhythmia's, QTc prolongation on ECG , ACS, Dissection, Cardiomyopathy, Right heart failure due to pulmonary hypertension, Sudden cardiac arrest, Bacterial endocarditis
- Respiratory- pulmonary hypertension, complications from smoking ATS
- Endocrine- Thyroid (both hypo and hyper).
- Neurological, renal
- Dental, skin
- Complications of injecting- sepsis, OM, SBE, abscesses, BBVs

Treatment of Methamphetamine WD

- No medication has demonstrated complete alleviation of WD however some have demonstrated usefulness relieving symptoms
- Short term **benzodiazepines** – diazepam 5-10 mg QID PRN 5-10 days ONLY
- Short term **antipsychotics** – olanzapine 2.5 – 5 mg BD PRN 5-10 days ONLY
- **Mirtazapine** - withdrawal-induced depression and possibly restoration of sleep wake cycle (*some benefit, although onset of action is delayed and relapse to use while taking antidepressants can result in hypertension or serotonin syndrome.*)
- **Modafinil** – NOT a replacement pharmacotherapy. Only if lethargy as trigger. Expensive. Off label. Can induce psychosis. Increases anxiety and agitation. 12 weeks and then... ?
- Greatest evidence base: Counselling and support