

Methamphetamine

Use Among Aboriginal & Torres Strait Islander People¹:

Intervention Options for Workers

Ann Roche, Allan Trifonoff, Kirsten Ryan

There is increasing concern about methamphetamine use in Australia and particularly its impact on Aboriginal and Torres Strait Islander people and communities.

What is methamphetamine?

Methamphetamine is a stimulant like amphetamine, ecstasy, and cocaine. These drugs stimulate the brain and central nervous system, resulting in increased alertness, energy and responsiveness.

What is ice?²

There are 3 main forms of methamphetamine: powder (speed); base; crystal (known as 'ice')³. Ice is the form most commonly used. It is usually smoked and sometimes injected.

Use among Aboriginal people

Crystal methamphetamine use is approximately 2-4 times higher among Aboriginal than non-Aboriginal people^{4,5}. Users tend to be younger than non-Aboriginal people⁶ which has important implications for prevention and treatment.

Why people use methamphetamine

- Sense of euphoria (the 'high')
- Enhanced sexual experiences and intimacy
- Increased energy
- Fun / pleasure
- Shared experience (to fit in, feel part of a group, e.g. when clubbing or going to festivals)
- Easy to consume
- To escape reality
- To manage mental health issues
- Boredom.

Past trauma and disadvantage increase the likelihood of Aboriginal and Torres Strait Islander people using alcohol and other drugs including crystal methamphetamine.

1. The terms Aboriginal and Torres Strait Islander, Aboriginal and Indigenous are used interchangeably.

2. For more information see the Australian Indigenous AOD Knowledge Centre Facts About Ice information sheet

3. Also known as crystal meth, meth, crystal, shabu, batu, d-meth, tina, glass, or shard.

4. National Drug Strategy Household Survey, 2016.

5. GOANNA Survey of Young Aboriginal and Torres Strait Islander People 2011-2013.

6. Alcohol and Other Drug Treatment Services in Australia 2016-2017.

Associated health, social and emotional wellbeing problems⁷

Physical	Psychological	Social and Emotional
Cardiovascular problems (e.g., increased heart rate and blood pressure), lung ⁸ and kidney problems, strokes, seizures, loss of appetite, headaches & dizziness	Panic attacks, aggression, irritability and mood swings, anxiety, psychosis, poor risks assessment judgement	Relationship problems with family, friends and community, increased risk of criminal justice system involvement

Poly-drug use

- Is very common
- Mostly includes alcohol
- Often involves other stimulants (cocaine, ecstasy): increasing risk of psychosis, anxiety, panic attacks, heart problems and serotonin syndrome
- Sometimes involves depressants (alcohol, cannabis): possible effects include heart problems, dehydration, overheating, kidney failure, respiratory infections.

Patterns and problems

About 20% of people who use methamphetamine are dependent.

Most people who use methamphetamine are not dependent (see below).

Patterns of use occur along a continuum with different types of potential effects.

Infrequent use can quickly escalate to more frequent use and dependence.



Patterns	Infrequent use	Frequently intoxicated but not dependent	Dependent on crystal methamphetamine
Effects	Mood swings	Family / relationships problems	Impaired control over use
	Erratic behaviour	Employment issues	Problems cutting down or stopping despite ongoing physical, psychological or social harms
	Sleep problems	Mental health issues	Relapse is common
	Loss of appetite	Aggression (towards self / others)	Long-term recovery period is needed
	Increased risk-taking	Crime	

7. For more information about the physical, psychological and social and emotional wellbeing impacts go to the Cracks in the Ice website: <https://cracksintheice.org.au/how-does-ice-work>.

8. Particularly when associated with tobacco smoking – tobacco smoking rates while declining are nevertheless disproportionately high among Aboriginal and Torres Strait Islander people.

People using methamphetamine often don't eat, drink or sleep for several days. This alone can cause problems, separate to the effects of the drug. To minimise such problems, encourage:

- Lots of sleep
- Eating nutritional food
- Drinking plenty of water
- Avoiding lights and stimulation and try to keep them calm and safe.

Yarning about methamphetamine

When working with young Aboriginal and Torres Strait Islander people about methamphetamine-related issues, take a 'yarning' approach rather than asking direct questions.

This is particularly useful not only to discuss methamphetamine but also other related matters e.g., alcohol or other drug use, sexual behaviour or contact with police and the criminal justice system.

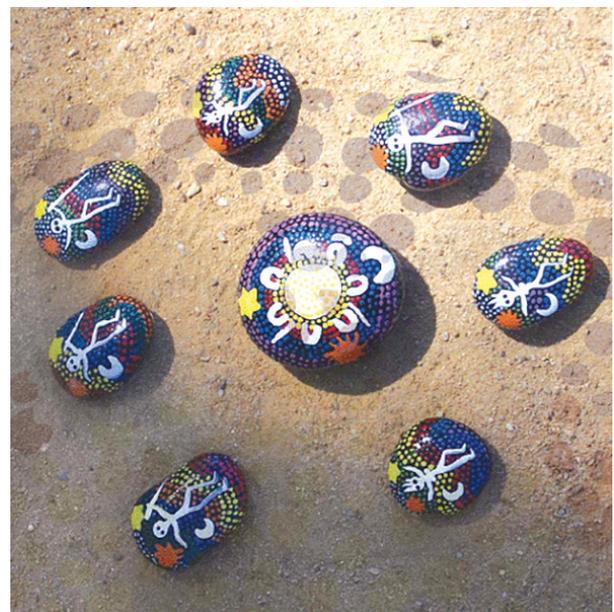
A helpful resource is the *Yarning about Ice* tool⁹. It utilises a strengths and wellbeing approach and includes a screening tool.

Consider using a talking circle. Talking circles are a great way to bring people together to create a safe and positive environment by:

- Encouraging people to speak freely and to share their views and experiences
- Relying on both spoken and unspoken language with members showing respect and trust by listening to one another
- Providing an opportunity for people to talk, laugh, and make decisions in a non-threatening and positive environment.

Talking Stones are an example of a tool that can facilitate talking circles. A Talking Stone is used to allow people to speak freely and share their thoughts.

When a Talking Stone is held with a sense of faith and belief it empowers a person to focus and attract positive thoughts.



▲ The Talking Stone in the image was developed for NCETA. It was designed by Irene Allan, a Tanganekald Elder who has been painting and programming Healing Stones for over two decades.

9. Copies of Yarning about Ice developed by the Remote AOD Workforce Program and the Menzies School of Health Research can be downloaded from the Remote AOD Workforce Program website: <http://www.remoteaod.com.au/sites/default/files/images/Yarning%20about%20Ice%202015.pdf>

Intervention options

People who are dependent can and do recover. A range of effective interventions are available. Appropriate intervention depends on: what the person wants, what they've tried before, their level of dependence, amount of methamphetamine used, their health social and emotional wellbeing and available resources. For people with less severe problems, support from non-AOD specialist services (e.g., community-controlled health services, GPs, clinics and hospitals) may be helpful. Heavy prolonged use, and more severe problems, may require more intensive intervention.

Harm Reduction

Address intoxication risks and 'come down' effects and strategies to prevent harm.

Encourage strategies for: cutting back, using with safe and trusted people, using clean needles¹⁰. Provide education / information about safe sex options, risk of sexually transmitted infections and diseases and pregnancy
<https://insight.qld.edu.au/shop/harm-reduction-for-methamphetamine-prompt-cards>

Assessment

Stages of Change <https://insight.qld.edu.au/shop/indigenous-stages-of-change-story>

Indigenous Risk Impact Screen (IRIS) <https://insight.qld.edu.au/shop/iris-screening-instrument-and-risk-card>

Handbook for Aboriginal Alcohol and Drug Work - Chapter 6: How to assess a client who uses stimulants https://ses.library.usyd.edu.au/bitstream/2123/8339/6/2012-handbook_online-version3.pdf

Brief Interventions

Provision of education and information including factsheets <https://www.menzies.edu.au/Resources/?research-area%5b%5d=Mental+Health+and+wellbeing>

5A's brief intervention for tobacco cessation but can be adapted for methamphetamine-related interventions
<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/supporting-smoking-cessation/the-5as-structure>

Meth Check <https://insight.qld.edu.au/shop/meth-check-brief-intervention-tool>

Counselling

Motivational Interviewing (MI), Cognitive Behaviour Therapy (CBT). See Handbook for Aboriginal Alcohol and Drug Work https://ses.library.usyd.edu.au/bitstream/2123/8339/6/2012-handbook_online-version3.pdf

Self-help Programs / Support Networks

Alcoholics Anonymous, Narcotics Anonymous and other supportive community groups.

Withdrawal Management

Refer to GP, withdrawal management service or hospital.

Rehabilitation

Residential rehabilitation, day rehabilitation programs, therapeutic communities are available.

Relapse Prevention and Management¹¹.

Develop relapse prevention and management plans with clients to access help as needed and help them engage in meaningful activities.

10. Needle sharing increases the risk of diseases e.g., Hepatitis B and C. Discuss with clients the risks of sharing needles, how to access to clean needles / syringes and encourage regular health screening.

11. The nature of addiction means that people relapse, this is part of the recovery process.

When providing treatment for methamphetamine:

1. Involve immediate and extended family members (while respecting the client's privacy)
2. Recognise traditional healing role, where culturally accepted and requested
3. Ensure all educational and harm reduction materials are culturally appropriate, and at an appropriate reading level
4. Involve culturally appropriate assessments, including seeking information from the client, their family, and other service providers
5. Include liaison with other services that can provide appropriate support and follow-up.

AODconnect is an app developed by the Australian Indigenous Alcohol and Other Drug Knowledge Centre. It is a national directory of AOD treatment services for Aboriginal and Torres Strait Islander peoples¹²: <https://aodknowledgecentre.ecu.edu.au/key-resources/publications/?id=29960> [Available for download from iTunes and Google Play Store].

Worker wellbeing

When working with people using crystal methamphetamine you may experience:

- Heavy work demands
- Poorly defined roles and boundaries with clients and community
- Role stigmatisation and racism
- Lack of cultural understanding and support from non-aboriginal colleagues
- Isolation when working in remote areas.

To prevent and address worker stress and burnout:

- Organisations can provide extra support, mentoring, training and role clarity
- Individuals can monitor work/life balance, set realistic expectations, enjoy successes.

NCETA's **Feeling Deadly, Working Deadly** resource provides more information about worker wellbeing.
(free hard copies are available or can be downloaded from www.nceta.flinders.edu.au)

NCETA's online **Ice: Training for Frontline Workers** is a free and comprehensive resource for frontline workers who want to enhance their crystal methamphetamine skills and knowledge. Includes a customised topic **Working with Aboriginal and Torres Strait Islander People**. (available from <https://nceta.androgogic.com.au/>)

12. More than 150 Aboriginal Community Controlled Health Organisations across Australia provide primary care, prevention, early intervention and comprehensive health services for Aboriginal people.

References

- Australian Bureau of Statistics (2016). National Aboriginal and Torres Strait Islander Survey, 2014-2015. Cat # 4714.0, Canberra.
- Australian Indigenous Alcohol and Other Drugs Knowledge Centre (2015). Facts About Ice. Perth, WA: Australian Indigenous HealthInfoNet.
- Australian Institute of Health and Welfare (2017). National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.
- Australian Institute of Health and Welfare 2018. Alcohol and other drug treatment services in Australia:2016-17. Drug Treatment series no. 31. Cat. no. HSE 207. Canberra: AIHW.
- Council of Australian Governments. (2015). National Ice Action Strategy: 2015. Canberra: Commonwealth of Australia.
- Lee, K., Freeburn, B., Ella, S., Miller, W., Perry, J., & Conigrave, K. (2012). Handbook for Aboriginal Alcohol and Drug Work. Sydney: University of Sydney.
- Positive Choices Poly Drug Use Fact Sheet accessed 19/02/2019 from <https://positivechoices.org.au/parents/polydrug-use-factsheet>
- Roche, A.M., Trifonoff, A., Nicholas, R., Steenson, T., Bates, N., & Thompson, M. (2013). Feeling Deadly: Working Deadly. A Resource kit for Aboriginal and Torres Strait Islander alcohol and other drug workers and their managers and supervisors. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, South Australia.
- Roche, A., Tovell, A., Weetra, D., Freeman, T., Bates, N., Trifonoff, A., and Steenson, T. (2010). Stories of Resilience: Indigenous Alcohol and Other Drug Workers' Wellbeing, Stress, and Burnout. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide SA.
- Ward, J., Bryant, J., Wand, H., Pitts, M., Smith, A., Delaney-Thiele, D., Worth, H., & Kaldor, J. (2014). Sexual health and relationships in young Aboriginal and Torres Strait Islander people: Results from the first national study assessing knowledge, risk practices and health service use in relation to sexually transmitted infections and blood borne viruses. Alice Springs: Baker IDI Heart & Diabetes Institute.

Flinders University acknowledges the ongoing sovereignty of Aboriginal and Torres Strait Islander communities. We respect and recognise the long-held philosophies, knowledges, research, strengths and contributions of Aboriginal and Torres Strait Islander communities in this country.

Contact Us

For more information about NCETA's methamphetamine research, visit or contact:

nceta.flinders.edu.au | nceta@flinders.edu.au | 08 8201 7535

