

NATIONAL LEADERSHIP FORUM ON ICE

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REHABILITATION - TREATMENT AND OTHER SUPPORT RESPONSES – FAMILIES, COMMUNITY, COURTS, CORRECTIONS – EXISTING MEASURES AND RECOMMENDATIONS TO STRENGTHEN

SCOPE

Rehabilitation, in this context, is used as a broad term to describe the process of assisting individuals with ice related problems to regain maximum self-sufficiency and ability to function in the community. A range of agencies therefore plays a role in this process which includes health, corrections, social services and the courts.

BACKGROUND

Use of ice, the more potent form of methamphetamine, is linked to a range of health and social impacts.

As much of the available information relating to rehabilitation, in particular treatment, does not separate ice users from methamphetamine users, this paper will refer broadly to methamphetamine use, identifying ice use where possible.

ACUTE CARE MANAGEMENT RESPONSE

Problematic use and dependency bring along a range of problems that require treatment and support for those individuals and their families who choose to contact health services and for those that require involuntary management.

Ice use can have broad ranging implications for users' health (Lineberry and Bostwick, 2006, Maxwell, 2006).

Ice is a purer and therefore more potent form of methamphetamine that is more addictive than other forms of the drug. Users will experience a stronger high for longer. The chemical nature of the drug means that it modifies individual's behaviour and has the potential to fundamentally change brain chemistry. For this reason methamphetamine users are seen as some of the more difficult patients to provide treatment for (Hunt et al, 2006).

Dependent and problematic methamphetamine users frequently suffer from poor physical and mental health (McKetin et al, 2005a).

Mental health impairment experienced by users can range from mood and behavioural disturbance to psychosis. A study in Sydney showed that the rate

of psychosis observed in methamphetamine users was 11 times that seen in the general population (McKetin et al., 2005a). One in five regular users had experienced clinically significant psychosis in the past year, including symptoms of paranoia, hallucinations, delusions, anxiety and compulsive behaviour.

Acute comorbid presentations present specific issues for health services, in particular ambulance and emergency department staff. The emergence of more potent forms of crystal methamphetamine has been associated with an increase in psychotic behaviour among methamphetamine users in Australia (Topp, et al, 2002). For this reason methamphetamine users can come into contact with mental health, emergency or law enforcement services.

Current health interventions can be categorised as either pharmacologic (ie. medication to assist with withdrawal, sedation and ongoing substitution therapy) or psychosocial (ie. therapy style interventions).

Pharmacologic Interventions:

- **Withdrawal Management.** Existing withdrawal management services operate within the framework of matching treatment to the expressed needs of the drug user. There is a lack of clear protocols for appropriate withdrawal management of methamphetamine users. There are differing opinions among medical practitioners as to the most appropriate withdrawal management regimens for individuals presenting with methamphetamine dependence. Available research does not support one medication to be more effective than any other (Grabowski et al, 2004). Medications provided for withdrawal management are generally aimed at alleviating cravings, minimising withdrawal symptoms and treating negative affect.

Further research is being conducted into identifying the methamphetamine withdrawal syndrome and appropriate methamphetamine withdrawal management regimens. A multi-agency trial of mirtazapine, a medication that helps promote sleep and alleviate depression has been conducted between Western Australia and NSW. The clinical trial examined the efficacy of mirtazapine in withdrawal management used in conjunction with psychosocial intervention. Due to low recruitment numbers, it was difficult to see a significant difference between mirtazapine and placebo groups. A final analysis of the data, however, is yet to be completed.

- **Sedation.** Ambulances, specialised psychiatric emergency care facilities, and Emergency Departments come into contact with methamphetamine users experiencing psychosis. Sedation can be used for behavioural management as appropriate.
- **Pharmacotherapies.** Pharmacotherapy may be suitable for users who demonstrate the greatest burden of drug related harm indicated by characteristics such as:

- a history of long term problematic methamphetamine use;
- major adverse consequences from their drug use such as health, social and legal problems;
- previous attempts at decreasing methamphetamine use;
- compatibility with diagnostic criteria for dependence.

There have been a number of studies investigating the efficacy of various pharmacological interventions in the treatment of methamphetamine users. There is little evidential support for one treatment in favour of another.

Two examples of pharmacotherapy treatment include:

- Modafinil, a wake-promoting agent that possesses some stimulant properties without euphoric effects and reduces withdrawal effects. Due to its chemical composition, Modafinil has demonstrated some positive responses in both cocaine and amphetamine dependent patients with limited potential for misuse.
- Dexamphetamine, an amphetamine agonist. This means that it shares pharmacological mechanisms of action with the misused amphetamine and produces some effects in common with the misused drug. It appears that dexamphetamine may produce positive treatment outcomes for patients with very specific presentations and drug use history (Shearer et al, 2002).

There are currently a number of trials under way in Australia to determine the utility of modafinil and dexamphetamine as pharmacotherapy treatment for methamphetamine use. Results from International trials indicate that pharmacotherapy treatment is most effective when used in conjunction with psychosocial interventions (Mattick and Darke, 1995).

Psychosocial Interventions:

Psychosocial approaches for users of methamphetamines are offered in the context of residential treatment, day program rehabilitation, therapeutic communities and outpatient interventions such as counselling,

The provision of psychosocial treatment needs to be available not only for substance users but also support for families and concerned others of those using methamphetamines. It is important that health care workers are able to assess the needs of the client and provide appropriate intervention and referral, particularly in the situation where there is a drug-using parent.

- **Residential Rehabilitation.** Although there are no rehabilitation centres targeting methamphetamine use specifically in NSW, most residential facilities will accept clients using ice. According to the 2004 National Minimum Data Set, 15% of those seeking treatment for amphetamine use accessed residential rehabilitation services. NSW is building the Non-Government sector workforce and will explore the appropriateness of

developing specialised residential services and/or day-programs for people seeking longer-term rehabilitation programs.

- **Cognitive Behavioural Therapy (CBT).** CBT has been found to be effective in reducing amphetamine use (Baker et al., 2001) however a stepped-care approach is recommended. Such an approach would involve the provision of a structured assessment, self-help material, and regular monitoring of amphetamine use and related harms. Baker et al (2005) suggests that regular methamphetamine users presenting to treatment could be offered two sessions of CBT, while people with greater levels of psychological harm may best be offered four sessions of CBT for methamphetamine use from the outset, with further treatment depending on their response.
- **Contingency Management.** Contingency management is a treatment approach where patients receive incentives upon achieving a therapeutic goal. US findings have indicated that contingency management in the treatment of methamphetamines has a positive association with abstinence post-treatment (Roll et al., 2006).
- **Targeted Outpatient Programs.** The Langton Centre in South East Sydney has developed an outpatient amphetamine treatment program that engages combination therapy including CBT, narrative therapy, pharmacologic interventions and assertive follow-up. This program has been tailored to suit client needs and to deliver a service that addressed all of a patient's needs in the one location. This style of therapy was used in the multi-agency mirtazapine trial between NSW and WA.
- **Self-help Groups.** A range of self-help groups are available to methamphetamine users. In NSW, the Self Management And Recovery Training is a self-help approach to drug treatment that utilises the principles of cognitive behavioural therapy and groups are offered specifically for users of methamphetamines.
- **Brief Intervention.** Non-specialist health services may also come into contact with ice. This includes General Practitioners and Needle and Syringe Programs.

Pregnancy

Ice has also been linked to problems with foetal development and babies born dependent on the drug need specialised responses (OTIS, 2005). Foetal methamphetamine exposure is associated with cardiac abnormalities and growth retardation though evidence regarding the impact of use on neonatal and early childhood psychological outcomes is limited.

There is little evidence for best practice in the pharmacologic and psychosocial treatment of pregnant methamphetamine users.

JUSTICE SYSTEM RESPONSE

Courts can play a role in rehabilitation where offenders can be diverted from the criminal justice system to drug education, assessment and/or treatment.

Diversion programs aim to provide an opportunity for drug users to get support to address their drug problem and break the drug-crime cycle. Often diversion programs are designed to respond to offenders broader needs by offering or linking the offender to education, life skills training, parenting skills, and other social supports and networks.

Drug Courts also been established in Australia which are specialist courts that deal with offenders who are dependent on drugs. They emerged as a result of concerns that the ability of traditional criminal justice approaches to provide long-term solutions to the cycle of drug use and crime. Drug Courts aim to assist drug-dependent offenders to overcome both their drug dependence and their criminal offending.

REHABILITATION IN THE CORRECTIONS CONTEXT

Most people in prisons and other custodial settings, including police custody and juvenile detention, have a history of drug and/or alcohol abuse. McKetin et al, (2005) have reported findings that methamphetamine users had high levels of criminal activity

- 45% had committed an offence in the past month;
- 26% had been arrested in the past year;
- One third had served a prison sentence in their lifetime;
- methamphetamine users who committed crime were likely to be using methamphetamine frequently, taking high purity forms of base and ice, to be using a range of other drugs including heroin and to be younger users with a history of antisocial behaviour prior to the onset of their drug use;
- 12% had committed a violent crime in the past year;
- one third of users who had committed violent crime were under the influence of methamphetamine the last time they committed a violent crime. Methamphetamine was reported to make the person feel more alert, confident and aggressive while committing the violent crime;
- methamphetamine users who reported committing violent crime were more likely to have a predisposition towards anti-social behaviour and to use alcohol.

The 2004 Drug Use Monitoring in Australia study found that approximately 17% - 44% of detainees in police cells nationally reported use of methamphetamine in the previous 30 days (Schultze, Mouzos,& Makkai 2005).

People in prison often experience a high level of drug problems. The NSW Inmate Health Survey of 2003 found that 71.3 percent of female and 67 percent of male inmates had used illicit drugs regularly in the twelve months before entering prison. Over 80 percent of the inmates surveyed admitted to

having used illicit drugs at some time. The 2003 Victorian Prisoner Health study found that of those surveyed, 13 percent of women and 14 percent of men said they had injected drugs while in prison.

Among offenders surveyed in 2003 amphetamines were used by 36.2 percent of offenders in the 6 months prior to coming into custody. 31.3 percent had used amphetamines in the month prior to coming into custody with 12 percent reporting daily use.

Offenders were less likely to link amphetamine use to their most serious offence (25.3 percent) than alcohol (45 percent) heroin (39 percent) or cannabis (29 percent). Amphetamines were most commonly linked to Order, Property and Other offences. Only 10 percent related violent offences to amphetamine use. Rural and regional offenders were more likely to nominate alcohol and amphetamines than metropolitan offenders who were more likely to say that their offending was related to heroin use (Kevin 2005).

Arrests for offences related to amphetamine type stimulants, including amphetamine, methamphetamine and ecstasy, increased nationally from 4 percent of all drug related arrests in 1995 to 13 percent of all drug related arrests in 2005. There was no parallel increase in other drug related arrests.

In NSW, amphetamine type stimulants related arrests went from 18/100,000 in 1995 to 46/100,000 in 2005. Most of the increase occurred between 1996 and 2001. There was a significant decrease in the rate of amphetamine type stimulants related arrests in 2002 followed by a slower increase between 2002 and 2005 (Mcketin, McLaren, Riddell, Robins 2006).

Staff in police cells, reception centres and corrections officers are most likely to encounter methamphetamine intoxicated offenders, however, inmates who use methamphetamine in custody may also present management difficulties as a result of intoxication.

There are other problems associated with Hepatitis B and C as well as HIV due to the high propensity to share needles (Douglas et al, 1989). The 2003 Victorian Prisoner Health study found that 10% of women and 11% of men said that they had shared needles while in prison. A 2000 Sister's Inside study in Queensland found that one syringe could be by up to eight different women.

In all jurisdictions, drug detector dogs and urinalysis programs are in operation to reduce the supply of drugs in prisons.

Corrections are responsible for providing drug programs for inmates in the custodial system. By default, prisons are often the biggest rehabilitation centres in Australia as often, incarceration is an opportunity for drug users to 'dry out'. This can include drug assessment, treatment planning, withdrawal management, longer-term pharmacotherapies treatment programs and group counselling and life style education. In order to utilise the opportunity to

rehabilitate the offenders, correctional staff require training in drug and alcohol harm prevention and minimisation appropriate to their job role and level of responsibility.

Most states and territories also provide harm reduction education in prisons, including peer education.

Juvenile Offenders

There are a number of risk factors that predispose young people to committing crime and include substance use (Weatherburn & Lind, 2001; Prichard & Payne, 2005a; Prichard & Payne 2005b).

According to the *Drug Use Careers of Juvenile Offenders Study*, drug use among juvenile detainees tends to be higher. Juvenile detainees also tend to start using drugs and alcohol at an earlier age and use a wider range of drugs than youths in the general population (Prichard & Payne 2005b). The majority of juvenile offences committed are minor and many have a long criminal history comprising of less serious offences (Prichard & Payne 2005b).

'Buying drugs' was cited as the second most prevalent offence ever committed (75%). Furthermore, the pattern of moving from a single offence to regularly offending (termed 'escalation'), was most common in juveniles who had bought illegal drugs (89%). Third to alcohol and cannabis, amphetamine type substances were the most commonly used drug by the juvenile detainees. Seventy percent (70%) of youth reported that they were under the influence of substances at the time of committing an offence.

- **Mentoring.** Mentoring has been used in the crime prevention context, targeting young people already involved in the criminal justice system or at-risk of engaging in criminal activity (AIC, 2006). Mentoring seeks to address risk factors associated with negative outcomes such as low achievement at school, anti-social peers and lack of neighbourhood attachment (AIC, 2006). Mentoring programs should:
 - Engage trained and competent mentors;
 - Provide needs-based activities for the young person;
 - Involve all parties in forming the relationship including caregivers; and
 - Take into account historical, social and cultural factors that may affect mentoring relationships. (AIC, 2006).

SOCIAL SERVICES – SUPPORT TO CHILDREN AND FAMILIES

McKetin et. al, (2005) have reported that some of the problems experienced by methamphetamine users include:

- social isolation;
- relationship breakdowns;
- financial problems.

Parental substance abuse poses particular challenges for community service agencies. Children living in environments where methamphetamines are used or manufactured have also been shown to have specific needs. Risks to children include:

- where one or both parents use or abuse methamphetamine;
- where a mother uses methamphetamine while pregnant;
- methamphetamine is manufactured in or around the home;
- one or both parents are involved in trafficking.

While there are specific health risks to individuals passively absorbing, ingesting or inhaling methamphetamines (Lineberry and Bostwick, 2006), children living with parents and carers who have problematic ice use are also at risk of abuse and neglect (Haight et al., 2006).

Anecdotally, child welfare and family safety issues arising from parental use of methamphetamine are increasing.

While there has been no research in Australia into links between methamphetamine use and family violence, American research has also found that a high proportion of methamphetamine related violence is occurring in domestic settings (Drug Enforcement Administration, 1996).

INTERFACE OF SERVICE PROVIDERS

The Alcohol and Other Drug Treatment Services - National Minimum Data Set indicates that in 2004/05 approximately 11% or 14,780 closed treatment episodes were for amphetamine use (including methamphetamines) and the majority of these episodes were for assessment only (Australian Institute of Health and Welfare, 2004-05 AODTS-NMDS).

Nationally, the number of methamphetamine-related inpatient hospital admissions increased from 155 per million persons in 2003/04 to 181 per million persons in 2002/03 (Stafford et al., 2006).

According to the NSW Minimum Data Set, 16.2 per cent of those seeking treatment for amphetamine use accessed residential rehabilitation services.

Whilst methamphetamine presentations to Emergency Departments have remained consistent between 2003/04 and 2005/06 (Baker et al, 2005), presentations have anecdotally been more acute. Management of acute toxicity is resource intensive and requires clear protocol and management guidelines for all those involved in the care of the patient.

The NSW Ambulance Service has indicated that there has been an overall increase in acute presentations of substance toxicity or intoxication. This is supported by the National Drug Strategy study of the Sydney methamphetamine market (NDLERF Monograph Series No. 13).

Acute comorbid presentations have a significant impact on frontline services and workers from the law enforcement and health sectors are experiencing a range of difficulties associated with managing methamphetamine affected people (Nicholas and Shoobridge, 2005).

One of the difficulties that arise is that Police are often involved in managing methamphetamine affected individuals where violent behaviour is involved.

Issues associated with managing difficult drug related behaviours are often more significant in rural and remote areas where services are more limited than in urban areas.

Discussions with Government agencies in NSW have indicated that systems are required to safely transport patients to appropriate treatment points and where possible without police intervention so as to avoid further escalation of the situation.

LINKS TO OTHER ACTIVITIES OR STRATEGIES

The following examples provide a snapshot of existing activities. Although these examples are predominately New South Wales based, it is acknowledged that a range of similar initiatives is in place in other jurisdictions.

Stimulant Treatment Program

The NSW Stimulant Treatment Program (STP) trial commenced operation on 30 November 2006. Two sites have been selected for the initial stages of the trial. The program provides a range of services to stimulant users within a stepped care framework. Patients are provided with comprehensive assessment followed by a range of psychosocial and pharmacologic treatment interventions. Access to the program is through referral from other services and self-presentation. There will be a direct link between Psychiatric Emergency Care Centre (PECC) and the STP providing a patent model for health service integration.

As distinct to the WA/NSW trial looking at mirtazapine as a medication for withdrawal management, this trial of a stand-alone clinic is the first of its kind in Australia. Ongoing monitoring and support of the program will provide evidence of the utility of a stepped care model in the treatment of methamphetamine dependence. If evaluated as successful, the trial could be expanded to other jurisdictions.

Managing acute presentations

A Medical Restraint Device Trial has recently commenced in 21 locations around NSW in response to the need for a device to transport aggressive patients. The Trial includes:

- training in dealing with aggressive behaviour as a pre-requisite for staff involved in the trial;
- the development of standard operating procedures regarding restraint techniques and use of the restraint device; and
- testing of a restraint device, including its practicality, integrity and strength and impact on patients.

Three separate statewide guidelines covering restraint, seclusion and transport of behaviourally disturbed patients will also be finalised in 2007.

National guidelines for police were developed with funding by the Australian Government in 2004 to assist with the management of people suffering from acute psychostimulant toxicity. These guidelines have been adapted in some jurisdictions to suit local procedures and protocols.

Aggression Management Training has also been provided in public health services in NSW.

Incident Management

Incident management is an important component of the NSW Patient Safety and Clinical Quality Program. A statewide incident management system for Area Health Services was introduced by NSW Health in 2004.

This **incident management system** is supported by a statewide electronic incident system called the Incident Information Management System (IIMS). This system is implemented under a policy framework that guides the notification, prioritisation, investigation, analysis, action and feedback of health care incidents.

All serious incidents are reported to the NSW Department of Health via a Reportable Incident Brief and are investigated in detail using a Root Cause Analysis.

In addition, a new emergency response MoU between Health, Police and the Ambulance Service will include the following mechanisms to better deal with adverse events:

- **new guidelines** to provide a common way for Police and Health to identify risk and determine the need for agency assistance in events where a person is thought to be suffering from a mental illness or disorder.
- a **standardised process for review** of adverse events that cannot be resolved locally.

In 2004 NSW Health formalised a system of *Alerts* to ensure prompt responses to emerging trends in psychostimulant drug use. The *Alerts* are issued by NSW Health to inform Area Health Services and Hospital Emergency Department staff of new and emerging trends in illicit drugs.

Alerts provide information on the chemical structure and composition of these drugs and the effects of the substance on users. *Alerts* also include information on the typical clinical presentation and appropriate treatments, and provide any data on prevalence of use in the community.

Drugs in pregnancy

National Clinical Guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn have been developed under the auspices of the Ministerial Council on Drug Strategy (MCDS) to support health workers care for newborn babies and pregnant women with a drug or alcohol problem.

Continuation of the rural integrated care trial on the NSW North Coast, which provides intensive case management of drug-dependent women, linking them to drug treatment, housing, employment, child protection, financial advice and parenting services.

Workforce development

NSW has implemented a train-the-trainer program for frontline workers to better equip them in the treatment of psychostimulants including methamphetamines. Participants of this training have been able to form a network within which further training can be implemented at a local level on an as-needed basis.

From November 2006, the Commonwealth has introduced new Medicare items for psychological treatment by registered psychologists. Mental health issues have both a causal and consequential association with methamphetamine use. Accessing services such as private psychologists may improve the treatment of the mental health concerns often associated with drug use.

Targeting workplace drug use

Illicit drug problems within the workplace have an impact on workplace safety and productivity. Within some industries this is becoming more problematic. Whilst data indicates that risky alcohol use is the predominant drug of concern for workplace safety, the use of methamphetamines within the hospitality and road transport industry (Williamson, 2006) is an issue that requires attention.

NSW has convened a taskforce to combat the use of amphetamines in the road transport industry. This taskforce will be dealt with in another forum. Tackling this problem requires cross-government collaboration and the development of industry based prevention and treatment initiatives.

Ambulance Service

The National Drug Strategy *Management of Patients with Psychostimulant Toxicity: Guidelines for Ambulance Service* provides a framework for ambulance services to respond safely to acute psychostimulant presentations. Broad dissemination of this document with an implementation plan including referral pathways and training to assist frontline workers would strengthen the management and treatment of patients with acute presentation.

Emergency Departments

The National Drug Strategy *Management of Patients with Psychostimulant Toxicity: Guidelines for Emergency Departments* provides a clear set of guidelines for acute presentations. Broad dissemination of this document and appropriate training would assist ED staff to have consistent and comprehensive protocols for patient management. Implementation of such protocols can be strengthened through clear referral pathways between appropriate agencies to reduce access block and improve appropriate treatment responses.

Specialist care centres

Psychiatric Emergency Care Centres have been established as part of the NSW Mental Health Emergency Care (MHEC) program. The MHEC program aims to provide for people presenting to hospital emergency departments with acute mental illness or disorder and at risk of behavioural disturbance and/or

substance abuse comorbidity. The Centres are functionally integrated into the mainstream emergency departments service. They provide an opportunity for mental health triage, assessment and behavioural management within the emergency departments for up to 48 hours.

The successful operation of the MHEC and PECC program relies on integration with the broader health system to enable continuity of care and appropriate referral. Operational guidelines include role delineation for service providers including police and ambulance.

Compulsory Drug Treatment

The NSW Government's new Compulsory Drug Treatment Correctional Centre was launched on 23 August 2006. The Centre, which is the first of its kind in Australia, provides a new rigorous judicial supervision and treatment option. The program allows courts to send entrenched drug offenders to a correctional facility focused on drug treatment and rehabilitation.

Diversion

NSW has a range of diversion programs for illicit drug offenders. An example of a local NSW initiative is the Magistrates Early Referral Into Treatment program (MERIT). MERIT is a court based, pre-plea diversion program under which arrested defendants with illicit drug use problems may be bailed to undertake treatment and rehabilitation. Hearings and final sentencing are deferred while the defendant completes the program. The successful operation of this program is dependent on the availability of treatment facilities. Promotion of these specific services to those involved in the implementation of diversion programs is essential to effective referral processes.

NSW MERIT data indicates an increase over the past four years of referral to the program of people using methamphetamines. In 2003/04, 14 methamphetamine users were referred to the program with 10 of them accepted. In 2005/06 54 methamphetamine users were referred to MERIT.

NSW also has two specialist drug courts for adult and young offenders.

The Illicit Drug Diversion Initiative is a national initiative that provides a framework for programs to encourage offenders who use drugs the opportunity to undertake treatment and/or education to help them stop using drugs and committing further crimes.

Corrections

A resource entitled "Psychostimulants Information for Corrections Officers" has been developed as part of a national project to provide guidelines and information regarding psychostimulants to front line workers from a range of areas. The resources for Corrections Officers include posters and desk pads. These resources will be widely distributed to all frontline staff and education about psychostimulants will be included in regional training programs.

The need to ensure that offenders with methamphetamine problems and dependence are referred to appropriate treatment programs. The NSW Department of Corrections offers a range of CBT based programs addressing drug use and offending behaviour including SMART Recovery, the Drug and Alcohol Addictions Program and associated Relapse Prevention Program, and the Criminal Conduct and Substance Abuse Treatment Program. These programs are all suitable for treatment of methamphetamine users.

Services and supports for young people

The new Nepean Drug and Alcohol Service commenced operations in Western Sydney in July 2005. This new service provides health and welfare support to young people between 12 to 20 years who have a substance abuse problem.

Services to Families and Children

The *Getting it Together* program operates in 12 locations across NSW and has assisted more than 10,600 young people at risk of drug use. The program targets vulnerable young people between the ages of 12 and 18 whose drug and or alcohol use is problematic and who are homeless or at risk of becoming homeless. It provides case management for young people and brokerage to purchase additional services for example emergency accommodation.

Over the two years from January 2004 to December 2005:

- 39% of young people were reported as reducing their drug and/or alcohol use by the time they exited the program;
- 69% were reported as seeking help to reduce and/or cease their drugs; and/or alcohol risk taking behaviour;
- 26% were reported to have reconciled with their families;
- 69% were in more stable accommodation.

There is currently a trial underway of case management support for parents with drug using adolescent children providing support to families in Blacktown and the Central Coast.

A Families and Carers Training Resource has been developed for frontline drug and alcohol workers who work with families affected by drug issues. The Kit contains practical and relevant information for workers who are not drug and alcohol specialists. A culturally appropriate resource is currently under development for Aboriginal families and carers.

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