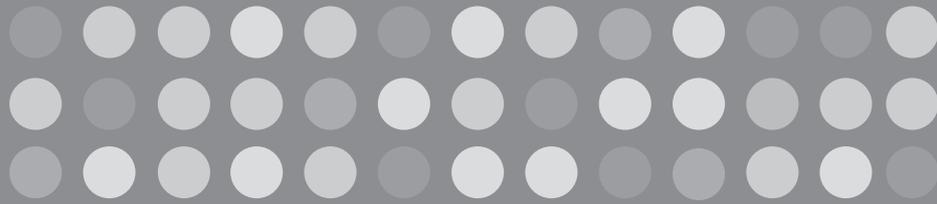


PROGRAM AT A GLANCE

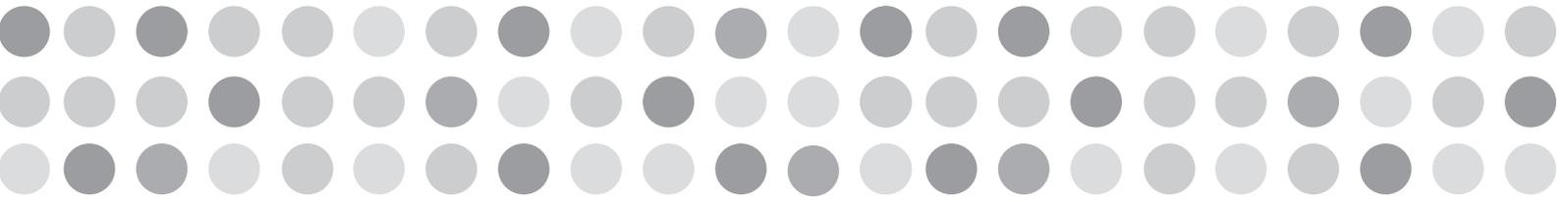


TUESDAY 14 OCTOBER 2014

	OLYMPIC ROOM A	OLYMPIC ROOM B	JIM STYNES ROOM A	JIM STYNES ROOM B
9:00am	Opening Plenary			
10:30am	Morning Tea			
11:00am	From Faces to Phases			
12:30pm	Lunch			
1:30pm	From the General to the Specific	Stories from Aboriginal and Torres Strait Islander Communities	It's All in the Telling	Talking about Naloxone
3:00pm	Afternoon Tea			
3:30pm	Building Community Action	Enhancing Treatment Efficacy	Deepening Understanding of Substance Use	
5:00pm	End			

WEDNESDAY 15 OCTOBER 2014

	OLYMPIC ROOM A	OLYMPIC ROOM B	JIM STYNES ROOM A	JIM STYNES ROOM B
9:30am	Plenary: What would you do if...?			
11:00am	Morning Tea			
11:30am	Focus on Youth and Families	Focus on New Synthetics	Focus on PIEDS and Access to NSP	
1:00pm	Lunch			
2:00pm	Re-visioning Service Delivery	Frontline Management of Methamphetamine Intoxication	Treatment as Prevention for Hepatitis C	Workshop: Who's driving my car?
3:30pm	Closing Plenary			
5:00pm	End			



Penington Institute extends a warm thank you to the members of the Conference Advisory Committee.

Committee Chair:

Mr John Ryan
Chief Executive Officer
Penington Institute

Committee Members:

Professor Steve Allsop
Director
National Drug Research Institute

Ms Wendy Anderson
Programs Manager
Hepatitis Australia

Ms Helene Delany
Manager
*Alcohol and Other Drugs Policy Unit
ACT Health*

Dr Malcolm Dobbin
Senior Medical Advisor
(Alcohol & Drugs)
*Mental Health & Drugs Division,
Department of Health Victoria*

Professor Michael Farrell
Director
*National Drug and Alcohol
Research Centre*

Dr Matthew Frei
Clinical Head, South Eastern Alcohol
& Drug Services
*Head of Clinical Services, Turning Point
Alcohol & Drug Centre and Eastern
Health Alcohol & Drug Services*

Mr. Stan Goma
Manager, Professional Services
*The Pharmacy Guild of Australia –
Victoria*

Mr Robert Kemp
Manager NSPMU
Harm Reduction Unit, Queensland Health

Associate Professor Nicholas
Lintzeris Director
Drug and Alcohol Services, SESLHD
*Chief Addiction Medicine Specialist,
Mental Health, Drug and Alcohol Office
(NSW Health)*

Dr. Sarah Maclean
Senior Researcher
*Onemda VicHealth Koori Health Unit
Centre for Health and Society*

Mr Geoff Manu
General Manager
*Queensland Injectors Health Network
(QulHN)*

Ms Heather Pickard
CEO
Self-Help Addiction Resource Centre

Magistrate Jelena Popovic
Deputy Chief Magistrate
Victoria

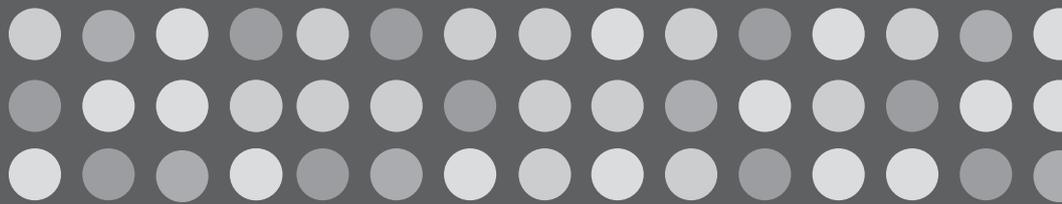
Mr Scott Wilson
Director
Aboriginal Drug and Alcohol Council (SA)

Sponsor

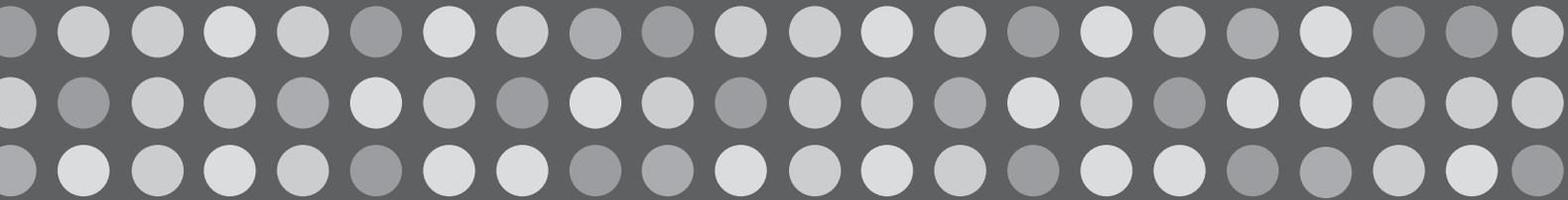


FULL PROGRAM

TUESDAY
14 OCTOBER 2014



8:00 am	Registration	
9:00 am Olympic Room A	OPENING PLENARY Chair: Mr John Ryan (CEO, Pennington Institute) Speakers: Mr Richard Keane <i>Personal Perspective</i> Professor Steve Allsop (National Drug Research Institute) <i>Prevention and public health responses to amphetamine type stimulant related harms</i> Mr Paul Dessauer (Western Australia Substance Use Association) <i>Switch to "Street View"</i>	page 9
10:30 am	Morning Tea	
11:00 am Olympic Room A	FROM FACES TO PHASES How and why are methamphetamines a problem? From molecules to the internet and social media, this session weaves lessons from the past to inform responses for the future. Chair: Mr Paul Smith (Deputy Secretary, Mental Health & Drugs Division, Department of Health Victoria) Speakers: Dr Shaun Greene (Austin Health) <i>Novel psychoactive substances: the rise of the new amphetamines</i> Dr Rebecca McKetin (Australian National University) <i>After more than a decade of "ice" use in Australia why are we still (not) panicking?</i> Professor Dan Lubman (Turning Point) <i>Methamphetamine impacts and outcomes: clinical responses</i> Emeritus Professor Stan van Hooft (Deakin University) <i>Hope</i> Message from the Hon. Mary Wooldridge, Victorian Minister for Mental Health, Community Services, Disability Services and Reform.	page 10
12:30 pm	Lunch	
1:30 pm Olympic Room A	FROM THE GENERAL TO THE SPECIFIC Apart from much publicised associations with violence and destruction, are there specific harms associated with methamphetamines? This session delves into the impact of methamphetamine use among various groups, and suggests targeted alternatives to the ice panic. Chair: Magistrate Tony Parsons (Dandenong Drug Court) Speakers: Dr Beng Eu (Pahran Market Clinic) <i>The ASK HIM study – association between known recent HIV diagnoses in MSM and methamphetamine use</i> Ms Melanie Kiehne (Caraniche) and Ms Ashlee Curtis (Caraniche) <i>A snapshot of methamphetamine users in prison-based drug treatment</i> Ms Theresa Lynch (Royal Women's Hospital) <i>The risks associated with amphetamine use in pregnancy and the effects on the infant</i>	page 12



1:30 pm

Olympic Room B

STORIES FROM ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

page 13

This session describes the establishment of the Koorie Youth Reference Group and its work in guiding community action on ice and its impact on families and communities.

Facilitator:

Mr DeJoel Upkett (Telkaya Coordinator, Ngwala Willumbong Cooperative)

Speakers:

Mr Andrew Jackomos (Commissioner for Aboriginal Children and Young People)

Session Introduction

Mr Greg Kennedy (Koori Youth Council | Koori Youth Reference Working Group)

Youth perspectives on the devastating impact of ice in Aboriginal communities

Mr Craig Holloway (VACCHO)

Healthy Spirits, Healthy Community: Helping build our members response to Alcohol and Other Drugs within their community

Ms Bronwyn Mongta (Koorie Youth Reference Working Group)

Impact of ice on community

1:30 pm

Jim Stynes Room A

IT'S ALL IN THE TELLING

page 14

Exploring the juxtapositions and contradictions between methamphetamine narratives, this session critically examines what has been said about ice and what else can be said.

Chair:

Mr Andrew Fraser

Speakers:

Professor David Moore (National Drug Research Institute)

Treading carefully as researchers and policy makers: The case of methamphetamine

Dr Brendan Quinn (Burnet Institute)

Challenging the notion of an 'ice epidemic' in Victoria with drug trend monitoring data

Mr Andy Sinclair (Cohealth) and **Mr Joe Fallon** (Cohealth)

Supporting functional methamphetamine use strategies employed by regular methamphetamine users

1:30 pm

Jim Stynes Room B

TALKING ABOUT NALOXONE

page 16

Programs across Australia are increasing access to naloxone so community members can prevent and reverse opioid overdoses. This session discusses lessons learnt in the implementation and strategies for scaling up.

Facilitator:

Ms Wendy Dodd (Senior Manager, Workforce & Industry Development, Penington Institute)

Speakers:

Mr Sione Crawford (CAHMA, Canberra Alliance for Harm Minimisation and Advocacy)

Mr Paul Dessauer (Western Australia Substance Use Association)

Associate Professor Nick Lintzeris (South East Sydney Local Health District)

Ms Belinda McNair (Penington Institute)

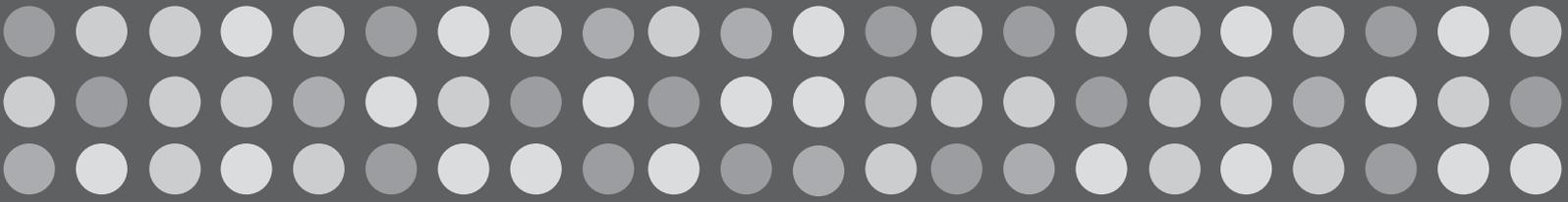
Ms Grace Oh (Drug and Alcohol Office, WA)

Ms Lorraine Scorsone (Drug and Alcohol Services, South Australia)

Mr Philip Tayler (South East Sydney Local Health District)

3:00 pm

Afternoon Tea



3:30 pm **BUILDING COMMUNITY ACTION** **page 18**

Olympic Room A This session showcases various efforts to raise awareness and mobilise communities to meet methamphetamine challenges.

Chair:

Inspector Jamie Templeton (Community Engagement, Western Region, Victoria Police)

Speakers:

Ms Wendy Dodd (Penington Institute) and **Mr Crios O'Mahony** (Penington Institute)
"What the ..?" - Responsive engagement with community

Mr Paul Kelly (Committee for Geelong), **Mr David Stewart** (Reaching Your Pinnacle) and **Senior Sergeant Tony Francis** (Victoria Police)

Ms Michelle Withers (Northern Mallee Community Partnership)
Project Ice Mildura

Ms Bronwyn Briggs (Aboriginal Health and Medical Research Council)
Knowledge is Key

3:30 pm **ENHANCING TREATMENT EFFICACY** **page 20**

Olympic Room B This session highlights developments in both pharmacological and psychosocial treatments for methamphetamines.

Chair:

Associate Professor Nicholas Lintzeris (Director, Drug and Alcohol Services SESLHD)

Speakers:

Associate Professor Adrian Dunlop (Hunter New England Local Health District)
What do we know about dexamphetamine in the treatment of methamphetamine dependence? 8 years of the NSW Stimulant Treatment Program, Newcastle and Sydney

Associate Professor Nadine Ezard (St. Vincent's Hospital Sydney)
Lisdexamfetamine: could it be safe to treat ice dependence? A study protocol

Mr Paul van Houts (Townsville Mackay Medicare Local)
Blending: Blending specific counselling methods to provide an enhanced, empowering motivation for change

3:30 pm **DEEPENING UNDERSTANDING OF SUBSTANCE USE** **page 22**

Jim Stynes Room A This session explores the underlying factors that may motivate substance use.

Chair:

Mr David Voon (Project Manager, Penington Institute)

Speakers:

Dr Paul Quigley (Capital and Coast DHB)
Fitness, is it worth dying for?

Ms Kay Stanton (Darebin Community Health)
The modern day steroid user

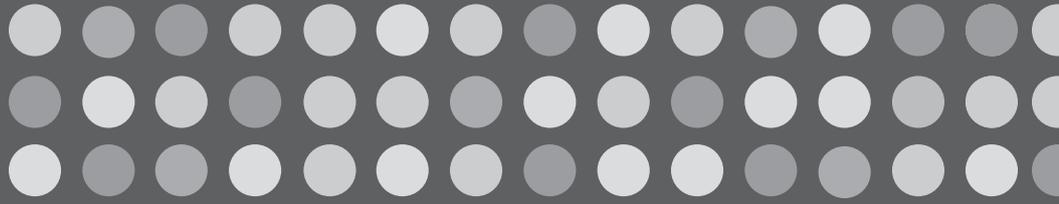
Ms Kathryn Daley (RMIT University)
Young men's substance abuse: The function of machismo and masculinity

Mr James Dale (Victorian AIDS Council)
The Lived Experience of Gay Men who use ice

5:00 pm **End**

FULL PROGRAM

WEDNESDAY
15 OCTOBER 2014



8:30 am

Registration

9:30 am

PLENARY: WHAT WOULD YOU DO IF...?

page 24

Olympic Room A

Through the use of case vignettes, this panel discussion explores various responses to methamphetamines.

Facilitator:

Professor Steve Allsop (Director, National Drug Research Institute)

Speakers:

Mr Laurence Alvis (UnitingCare ReGen)

Ms Jacqui Brown (Monash Health)

Mr Alan Eade (Ambulance Victoria)

Dr Shaun Greene (Austin Health)

Dr Stefan Gruenert (Odyssey House Victoria)

Detective Inspector Phil Harrison (Victoria Police)

Associate Professor Ruth Vine (Melbourne Health)

We welcome Jack and Anne who will provide their personal perspectives on ice and its impact

11:00 am

Morning Tea

11:30 am

FOCUS ON YOUTH AND FAMILIES

page 26

Olympic Room A

This session highlights the needs of children and young people, and how services might work to address them

Sponsored by
Commission for
Children and
Young People

Speakers:

Mr Bernie Geary OAM (Commissioner for Children and Young People, Commission for Children and Young People)
Session Introduction

Dr Menka Tsantefski (University of Melbourne) **and Ms Anne Tidyman** (Odyssey House Victoria)
"It sets you up for life": Mirror Families at Odyssey House Victoria

Mr Dominic Ennis (YSAS)

We know what works - let's get on with putting it into practice

Ms Melinda Grady (Barwon Youth) **and Mr Mark Dekker** (Barwon Youth)
Barwon Collaborative Care Model



11:30 am

Olympic
Room B

FOCUS ON NEW SYNTHETICS

page 28

This session explores the emergence of and the harms associated with new synthetic drugs.

Chair:

Dr Anthony Bartone (President, Australian Medical Association Victoria)

Speakers:

Dr Shaun Greene (Austin Health)

Novel psychoactive substances: An overview of cannabinoid receptor agonists

Dr Paul Quigley (Capital and Coast DHB)

WTF? Was that all about!

Ms Katherine Pike (Crime and Corruption Commission Queensland)
and Ms Marie Zitney (Crime and Corruption Commission Queensland)

New and emerging psychoactive substances market in Queensland

Dr. David Caldicott (Calvary Hospital ACT)

The Return to Terra Nullius – Charting Responses to the Novel Psychotropic Substance Market

11:30 am

Jim Stynes
Room A

FOCUS ON PIEDS AND ACCESS TO NSP

page 30

Should PIEDs users have access to free equipment at NSPs? This session will start off with two speakers presenting their views on the topic. Audience will be invited to share their views in a facilitated discussion.

Moderator:

Mr Francis Leach (Sports Broadcaster)

Speakers:

Dr Ingrid van Beek AM (Kirketon Road Centre)

Mr Robert Kemp (Queensland Health)

1:00 pm

Lunch

2:00 pm

Olympic
Room A

RE-VISIONING SERVICE DELIVERY

page 31

This session explores the development of new services and adaptation of ongoing services in response to methamphetamines

Chair:

Dr Stefan Gruenert (CEO, Odyssey House Victoria)

Speakers:

Associate Professor Nadine Ezard (St. Vincent's Hospital Sydney)

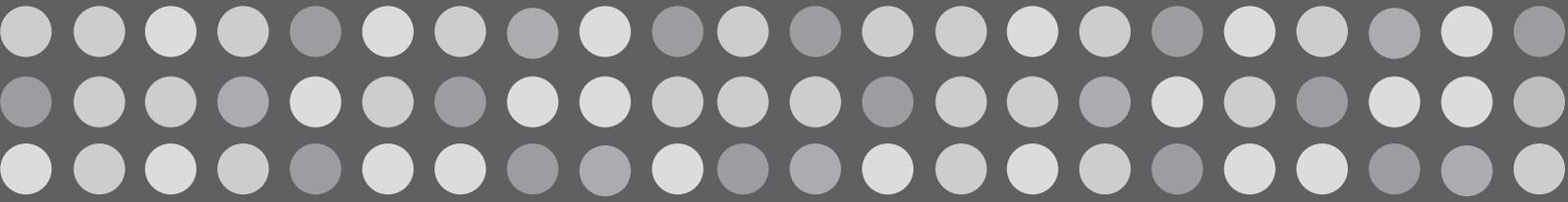
S-Check: the stimulant check up clinic, a novel brief intervention

Ms Rose McCrohan (UnitingCare ReGen) **and Mr Sam Mastro** (UnitingCare ReGen)

Engaging (and retaining) people who use methamphetamines in treatment and education services

Mr Kris Drew (Anglicare)

Young People, Families & Methamphetamine - Learning from Crack Cocaine and Amphetamine Type Stimulants



2:00 pm **FRONTLINE MANAGEMENT OF METHAMPHETAMINE INTOXICATION** **page 33**
Olympic Room B This session explores guidelines and protocols for the management of methamphetamine intoxication

Chair:

Ms Larissa Strong (Director, Justice Health)

Speakers:

Dr Zeff Koutsogiannis (Austin Health)

Treatment of Acute Amphetamine Toxicity

Dr Kah-Seong Loke (Nexus Dual Diagnosis Service)

Amphetamine Intoxication & Withdrawal - Management Guidelines for Acute Hospital Settings

Mr Sean Swift (Peninsula Health)

Chilling down: Managing clients intoxicated on ice at the NSP interface

2:00 pm **TREATMENT AS PREVENTION FOR HEPATITIS C** **page 34**
Jim Stynes Room A This session canvasses issues related to the availability of new hepatitis C antiretrovirals which have been shown to be 90-95% effective in removing the virus. To what extent can it be used to reduce the prevalence of hepatitis C in the community?

Chair:

Mr Stan Goma (Manager, Professional Services, Pharmacy Guild of Australia – Victoria)

Speakers:

Dr Ingrid van Beek AM (Kirketon Road Centre)

Future Challenges: Treatment as Prevention for Hepatitis C

Professor Michael Levy (ACT Health)

Treatment is prevention: Don't under-estimate the importance of prevention as the key to treatment

Professor Tony Butler (Kirby Institute, University of NSW)

Hepatitis C treatment in prison – barriers and opportunities

Dr Joseph Doyle (Centre for Population Health, Burnet Institute)

Hepatitis C treatment and prevention in people who inject drugs using a community based model of care

2:00 pm **WORKSHOP: WHO'S DRIVING MY CAR** **page 36**
Jim Stynes Room B Are you a Merc or a Beamer? A Jeep or Ford Fiesta? Holden Sedan or Wagon? This thought-provoking session lead by young Aboriginal leader, Mr. Alfred Walker, explores what drives us and the values that influence our motivations, opinions, passions, morals, decisions and purpose.

Discussant and facilitator:

Mr Alfred Walker

3:30 pm **CLOSING PLENARY** **page 37**

Chair:

Emeritus Professor David Penington AC (Patron, Penington Institute)

Speakers:

Mr Scott Wilson (Aboriginal Drugs and Alcohol Council)

On Justice Reinvestment

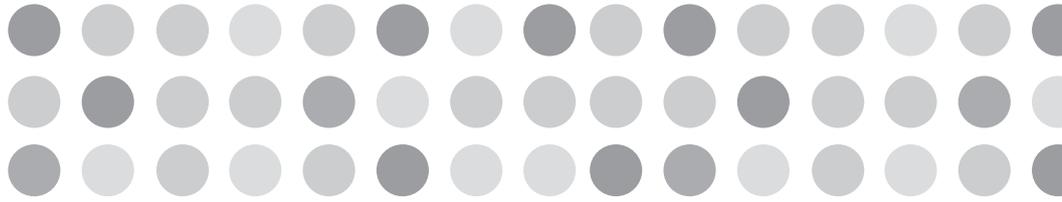
Emeritus Professor David Penington AC (Patron, Penington Institute)

Reflections on the Future

5:00 pm **End**

SESSION DETAILS

TUESDAY
14 OCTOBER 2014



OPENING PLENARY

14 October @9:00am
Olympic Room A

Mr Richard Keane
Personal perspective

Professor Steve Allsop (Director, National Drug Research Institute)
Prevention and public health responses to amphetamine type stimulant related harms

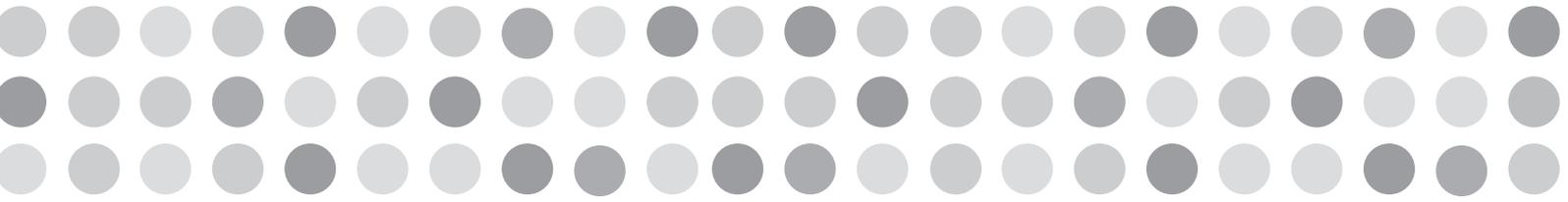
Abstract

Diverse responses have been developed to prevent and respond to amphetamine-type stimulant (ATS) related harm. These have ranged from law enforcement strategies that claim to have public health relevance through production disruption and supply reduction, to community education campaigns, and harm reduction and treatment programs for people affected by ATS related harm. This presentation will examine the role of prevention and other public health approaches to drug problems in general and specifically in relation to ATS related harm.

Mr Paul Dessauer (Outreach Coordinator, Western Australia Substance Use Association)
Switch to "Street View"

Abstract

We all use Maps to find our way, but sometimes to clearly understand where you have been and where you are going you must switch to "Street View". This presentation reviews the changing face of drug use in Australia over the last quarter-century to offer a "street-level" perspective on current and emerging trends. It examines the potential for drug policy and media to impact negatively or positively on the incidence of drug-related harm. It stresses the importance of monitoring and research to inform evidence-based practice; of ongoing evaluation of outcomes of policy and practice; and of the need for timely and adaptive responses in an increasingly dynamic and unpredictable landscape.



FROM FACES TO PHASES

14 October @11:00am

Olympic Room A

Dr Shaun Greene (Medical Director, Victorian Poisons Information Centre, Austin Health)
Novel psychoactive substances: the rise of the new amphetamines

Abstract

The past 10 years has seen an explosion in the development, rediscovery and use of old and new psychoactive substances. This phenomena has occurred predominately in Europe and North America, however Australia has also observed a significant increase in new psychoactive substance use. Members of the amphetamine family of stimulants have been used recreationally and occupationally for the past century, and are associated with significant acute and chronic adverse health effects. New structures have often led to increased potency, producing more extreme undesirable effects and significant harm. Development and recreational use of new amphetamines has been greatly aided by the rise of the Internet and global trade. In many countries legislation has been introduced in an attempt to limit harm associated with new psychoactive substances, but has not always been clearly successful. The rise of cathinone or "bath salt" used in the United Kingdom in the late 2000s, provides an example of the influence that legislation, social media and market forces can play in shaping drug use and associated harm within a society. This presentation will provide:

- An overview of the history of amphetamine discovery and use in the last century
- An understanding of old and new amphetamine structures and mechanisms of action
- A review of the most common new amphetamines being used in Australia

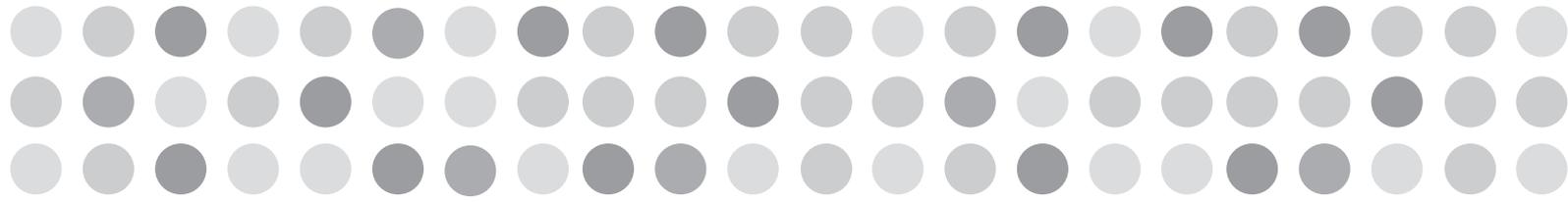
Using the mephedrone epidemic seen in the UK in the late 2000s as an example, an understanding of how the influence of legislation, the internet/social media and market forces can combine in shaping drug use and associated harm within a society.

Dr Rebecca McKetin (Fellow, Centre for Research on Ageing, Health and Wellbeing, Australian National University)

After more than a decade of "ice" use in Australia why are we still (not) panicking?

Abstract

After more than a decade of crystalline methamphetamine (aka "ice") use in Australia, befitted with media frenzies warning of the "alarming spread of deadly drug ice" (Herald Sun, Sept 3, 2014), three parliamentary enquires and a "National Leadership Forum on Ice", we are still clambering for a way to respond to the impact of ice – or threat thereof – on our services and on our community. This talk is a reflection on the events that have shaped our response to the emergence of ice in Australia. It hopes to provide insight into why we are still panicking about the "ice epidemic" and how we might move forward to develop a more sustainable response to this situation in the future.



Professor Dan Lubman (Director, Turning Point)

Methamphetamine impacts and outcomes: clinical responses

Abstract

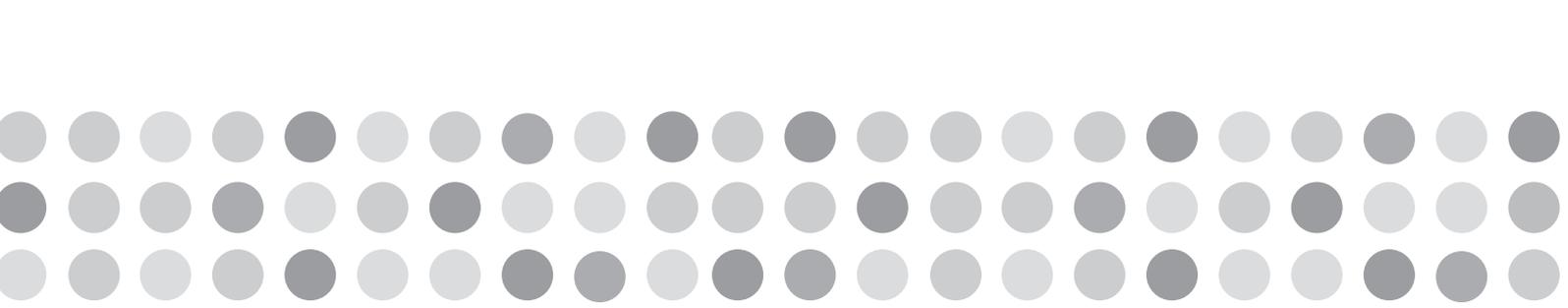
Frequent methamphetamine use has significant impacts on both mental and physical health. This includes greater risk for depression, psychosis and aggression, as well as elevated risk of sexually transmitted diseases (including HIV) as well as cerebrovascular events (such as stroke). Such public health concerns highlight the importance of early detection and intervention efforts; however help-seeking rates are low, with limited evidence-based treatments available that specifically target psychostimulant users. This presentation will discuss recent findings related to harms, treatment approaches and outcomes within an Australian context.

Emeritus Professor Stan van Hoof (Deakin University)

Hope

Abstract

Hope is a central component of the existential make-up of all well-adjusted individuals. The failure of hope leads to boredom and anomie - conditions that make individuals vulnerable to addictive behaviours. This presentation will explain - from a philosophical perspective - what hope is and how essential it is to a well-lived life.



FROM THE GENERAL TO THE SPECIFIC

14 October @1:30pm
Olympic Room A

Dr Beng Eu (Director, Prahran Market Clinic)

The ASK HIM study – association between known recent HIV diagnoses in MSM and methamphetamine use

Abstract

New HIV infections have been at the highest levels in Australia for many years. Primary Care doctors have noticed an increase in newly HIV diagnosed men who have sex with men (MSM) who were also using ice. We embarked on a study to see if this association could be demonstrated. Results of the ASK HIM study will be presented which shows a clear association between recent HIV infections in MSM and methamphetamine use. The presentation will also include discussion about the increased prevalence of ice use in this group, risk factors and the possibility of exploring effective harm reduction strategies targeted at reducing risk for HIV infection in this group.

Ms Melanie Kiehne (Research and Projects Coordinator, Caraniche)

A snapshot of methamphetamine users in prison-based drug treatment

Co-Presenter

Ms Ashlee Curtis (PhD. Candidate, Deakin University | Research Officer, Caraniche)

Abstract

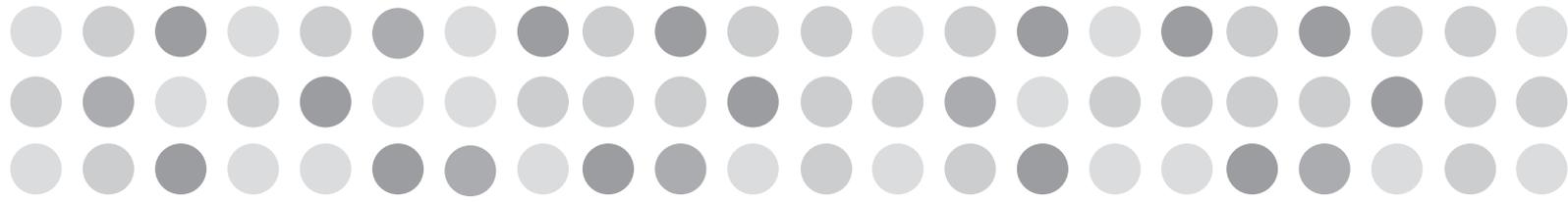
Data will be presented that demonstrates a dramatic increase in the number of Victorian prisoners reporting problematic methamphetamine use. Methamphetamine now replaces heroin as the most significant drug of use for incarcerated male offenders in Victoria, according to data from offenders in prison-based AOD treatment. The presentation will discuss the impact of a rise in ice use among incarcerated offenders, including a look at the drug/crime relationship, mental health, and implications for forensic drug treatment.

Ms Theresa Lynch (Manager, Women's Alcohol and Drug Service, Royal Women's Hospital)

The risks associated with amphetamine use in pregnancy and the effects on the infant

Abstract

The Women's Alcohol and Drug Service (WADS) is one great example of innovation in health and commitment to the well-being of the most poor and disadvantaged women in Victoria. WADS is the only state-wide drug and alcohol service providing specialist clinical services and professional support in the care of pregnant women with complex substance use and alcohol dependence. This presentation will detail the risks associated with amphetamine use in pregnancy and the effects on infants. Although relatively little research has been undertaken about the use of amphetamines in pregnancy it is not considered safe to use in pregnancy. However, evidence also suggests that women who stop using amphetamines in the first trimester will have fewer complications. It is subsequently important that active work be undertaken to link pregnant women early into antenatal care. This is particularly important because pregnancy can also be a real window of opportunity for psychodynamic and behavioural change for women. This presentation will also outline the trends associated with amphetamine use in the WADS Clinic and provide information on assessment and clinical care.



STORIES FROM ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

14 October @1:30pm
Olympic Room B

Mr Andrew Jackomos (Commissioner for Aboriginal Children and Young People, Commission for Children and Young People)
Session Introduction

Mr Greg Kennedy (State Coordinator of the Koori Youth Council, Koori Youth Council | Koori Youth Reference Working Group)

Youth perspectives on the devastating impact of ice in Aboriginal communities

Abstract

An insight into the experiences, impact and views on ice use/abuse of young Kooris in Victoria

Mr Craig Holloway (Senior Team Leader, Workforce Development Unit, VACCHO)

Healthy Spirits, Healthy Community: Helping build our members response to Alcohol and Other Drugs within their community

Abstract

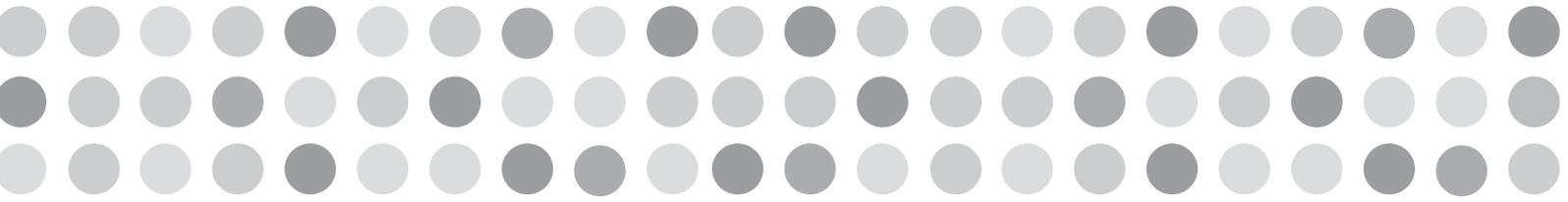
A discussion of the range of Victorian Aboriginal resources that have been developed by VACCHO in partnership with other organisations, and on the innovative training that has been rolled out throughout Victoria.

Ms Bronwyn Mongta (Koori Youth Reference Working Group)

Impact of ice on community

Abstract

An insight into the experience, impact and views on ice use/abuse of young Kooris in Victoria.



IT'S ALL IN THE TELLING

14 October @1:30pm

Jim Stynes Room A

Professor David Moore (Program Leader, Ethnographic Program, National Drug Research Institute)
Treading carefully as researchers and policy makers: The case of methamphetamine

Abstract

In recent decades, methamphetamine use has provoked intense concern in many parts of the world. This concern has prompted much policy activity as well as extensive research on patterns of methamphetamine use; the relationships between methamphetamine use and dependence, psychosis and violence; and methamphetamine's effects on the brain. Although no doubt motivated by genuine concern, some of this research has been confused and insufficiently rigorous in its treatment of key issues such as causation, and has forgotten some key lessons of recent history. Policy developed out of a genuine desire to reduce harm and suffering has frequently been forced to rely on thin research resources to justify specific responses. Research bears a profound responsibility to treat its subjects of investigation with rigour and precision, and policy must take great care when making claims about the adequacy and extent of research findings. An ethical approach to the complex issues involved in methamphetamine use requires that research understandings and policy responses are carefully considered for their unintended effects on, and capacity to undermine the interests of, people who consume methamphetamine. It also requires that the desire to overstate, simplify or rely on unexamined popular conceptions of drug use to shape policy and research design, analysis and communication be avoided wherever possible. To do otherwise is to risk contributing to a public discourse on methamphetamine use that may help to inadvertently produce the very harm and suffering research and policy are intended to reduce.

Dr Brendan Quinn (Research Officer, Centre for Population Health, Burnet Institute)
Challenging the notion of an 'ice epidemic' in Victoria with drug trend monitoring data

Abstract

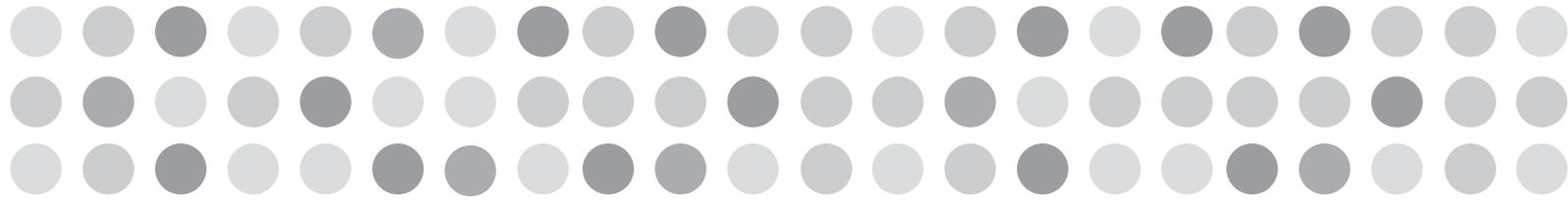
Background: We triangulated three data sources to investigate whether evidence of increased methamphetamine-related harms was driven by an actual increase in prevalence of methamphetamine (speed powder/ice/crystal) use in Melbourne.

Method: We analysed three cross-sectional, annual drug monitoring systems in Melbourne: the Big Day Out (BDO) surveys young people attending a music festival; the Ecstasy and Related Drugs Reporting System (EDRS) targets regular psychostimulant users; and, the Illicit Drug Reporting System (IDRS) interviews people who inject drugs. Trends in prevalence were assessed using Chi2 test for trend. Trends in methamphetamine use frequency were assessed using Poisson regression.

Results: The percentages of project participants reporting 'recent' methamphetamine use were: 8% among BDO attendees (n/N=825/9582); 75% among EDRS participants (n/N=452/601); and 65% among IDRS participants (n/N=587/898). Among BDO participants, a non-linear decrease over time was observed in the percentage reporting recent methamphetamine use. EDRS and IDRS data showed no significant change in prevalence of use; however, among EDRS participants, an increase in frequency of use was observed between 2008 and 2014 ($p < 0.01$).

Discussion: Methamphetamine use prevalence among the three serial cross-sectional samples remained stable from 2008-2013/14. Importantly, evidence of increasing use frequency may explain some trends in rising harms. These findings are supported by the 2013 National Drug Strategy Household Survey results.

Conclusions: Research that accurately characterises methamphetamine use will allow efforts to focus on effectively preventing methamphetamine-related harms. These samples were not representative of the general population and did not provide indications of methamphetamine use among rural/regional populations.



Mr Andy Sinclair (Team Leader, NSP and Education, Health Works, Cohealth)

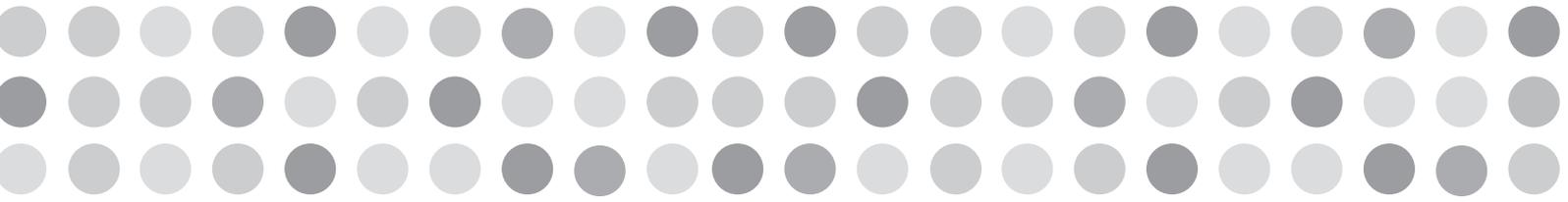
Supporting functional methamphetamine use strategies employed by regular methamphetamine users

Co-Presenter

Mr Joe Fallon (RN and Psychiatric Nurse Team Leader, Primary Care Team, InnerSpace, Cohealth)

Abstract

A significant number of people accessing Specialist AOD Primary Health Services (SAPHS) in Melbourne's North and West are regular methamphetamine users. For example, a snapshot survey conducted by Health Works in Footscray and Braybrook in March 2014 had just over a quarter of respondents indicating methamphetamine use in the last week. A focus group was conducted in Footscray with Health Works' service users in October 2013 to inform a submission made to the Inquiry into Amphetamine use by the Drug Law, Drug and Crime Prevention Committee of the Victorian Parliament. Discussion in this focus group indicated some frustration that much of the sector response to methamphetamine use was focused on issues that users themselves had not experienced and that there is little consultation regarding actual harms present in their lived experience. Responding to this feedback, it was decided to explore how services might better respond to ongoing methamphetamine use by their clients within a harm reduction framework. Facilitated discussion groups were conducted in Collingwood, Braybrook and Footscray in September 2014 to investigate how regular methamphetamine users identify and respond to harms arising from their methamphetamine use. This presentation will discuss the outcomes from these groups and implications for service delivery.



TALKING ABOUT NALOXONE

14 October @1:30pm

Jim Stynes Room B

Mr Sione Crawford (Manager, CAHMA Canberra Alliance for Harm Minimisation and Advocacy)

Sione is currently manager of CAHMA, the Canberra drug user organisation. He has been there since the start of the year and prior to that worked for nearly ten years at NUAA, the NSW Users & AIDS Association.

Mr Paul Dessauer (Outreach Coordinator, Western Australia Substance Use Association)

Paul has worked for 14 years at WASUA, a not-for-profit NGO that provides peer-education, harm reduction, health, and drug treatment services for people who use illicit drugs. Paul coordinates WASUA's team of outreach workers, Overdose Prevention and Peer-Naloxone programs, and WASUA's Aboriginal Community Engagement team. He provides consultancy and training to other agencies and guest-lectures to several universities, and (in collaboration with a colleague from WASUA) delivers the Drug and Alcohol program for patients of the State Psychiatric Hospital. Paul has worked as a Drug and Alcohol Officer for the State-wide Indigenous Mental Health Service, and as an educator/consultant for the Transnational Institute (in China and Myanmar) and for the Burnett McFarlane Institute. In 2002 Paul was awarded an Alcohol and Drug Council of Australia (ADCA) Australia Day Medal.

Associate Professor Nicholas Lintzeris (Director, Drug & Alcohol Services, South East Sydney Local Health District)

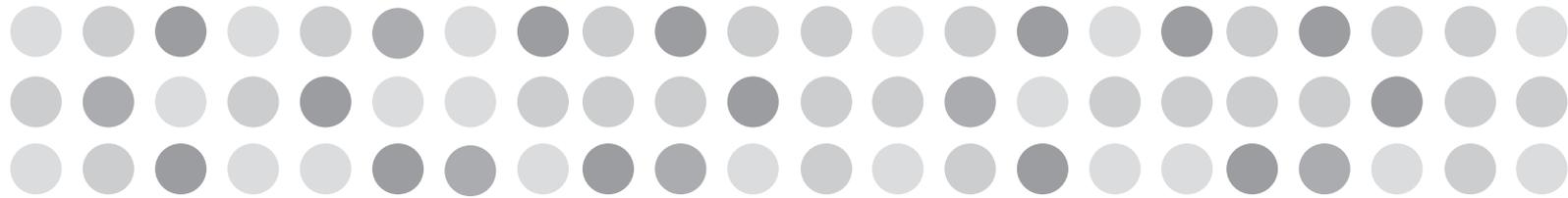
Nicholas Lintzeris has worked in the drug and alcohol sector for over 20 years in clinical and research roles.

Ms Belinda McNair (Project Lead, Pennington Institute)

Belinda has worked within the Alcohol and Other Drug (AOD) harm reduction and treatment sector for over nearly 20 years in various roles. Belinda is currently the Project Lead for Community Overdose Prevention and Education (COPE) Initiative at Pennington Institute. Prior to this, she worked at the Salvation Army, Territorial AOD Unit, the Department of Health, and the City of Melbourne (CoM). She was a Needle and Syringe Program (NSP) worker and then a Community Health/Development Worker at Western Region Health Centre (WRHC) where she was part of a team of three that established Health Works, the first of five primary health services for people who inject drugs set up in Melbourne's drug "hot spots" in 2000.

Ms Grace Oh (Senior Workforce Development Officer, Drug and Alcohol Office, WA)

Grace Oh is a Senior Workforce Development Officer for the Drug and Alcohol Office of Western Australia, delivering Drug and Alcohol Training across the AOD sector and manages Peer Education Projects; Needle and Syringe Program training, Overdose Prevention and Management (OPAM) and the WA Peer Naloxone Project. Grace has a background in Addiction Studies, HIV education and support and Needle and Syringe Exchange Programs and has strong commitment to empowering consumers to build their skills and knowledge to reduce the impacts of BBV transmission and overdose in the community.

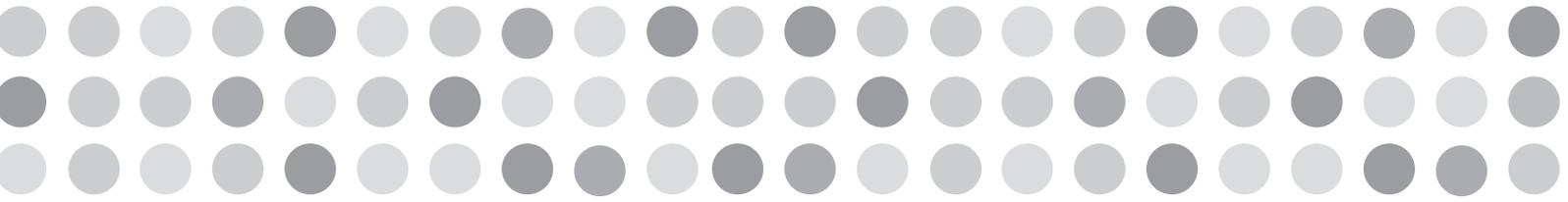


Mr Philip Tayler (Manager, Frontline Services Unit, South East Sydney Local Health District)

Phil is employed at the Kirketon Road Centre (KRC) as manager of its Needle & Syringe Program and outreach services. Phil was initially employed to coordinate KRC's 'Prevention of transition to injecting' project. Phil previously worked in the UK developing service delivery for victims and perpetrators of domestic violence who also have co-existing AOD issues.

Ms Lorraine Scorsonelli (Senior Project Officer, Harm Reduction, Drug and Alcohol Services South Australia (DASSA, SA Health))

Lorraine Scorsonelli is a Senior Project Officer at Drug and Alcohol Services South Australia, SA Health. Lorraine has over 10 years' experience in project management and evaluation across health and community care portfolios including needle and syringe programs, police, Cabinet office and non-government organisation alcohol and other drug treatment services. Her current role provides strategic advice to plan and deliver programs to minimise drug-related harm among vulnerable population groups.



BUILDING COMMUNITY ACTION

14 October @3:30pm

Olympic Room A

Ms Wendy Dodd (Senior Manager, Workforce and Industry Development, Penington Institute)

"What the ..?" - Responsive engagement with community

Co-Presenter

Mr Crios O'Mahony (Team Lead, Penington Institute)

Abstract

From late 2012, Penington Institute (then Anex) began receiving reports from frontline health workers about increasing presentations of clients featuring methamphetamine use. Consequently, it conducted a community situational assessment to determine the extent of its impact on individuals, families, services and communities. Findings from the assessment indicate that there are significant challenges arising from crystal methamphetamine (ice) use, particularly in regional and rural Victoria. Growing concern among families and communities, as well as increasing strain on health and other response systems such as corrections, ambulance and police, are just some problems ice raises. This presentation describes findings from the community situational assessment and the subsequent activities Penington Institute developed to support workforce and local community responses. Lessons from these activities will be described to assist with circumnavigating concern, alarm and panic.

Mr Paul Kelly (Director, Paul Kelly Creative | Committee for Geelong)

Our Town's ICE FIGHT

Co-Presenters

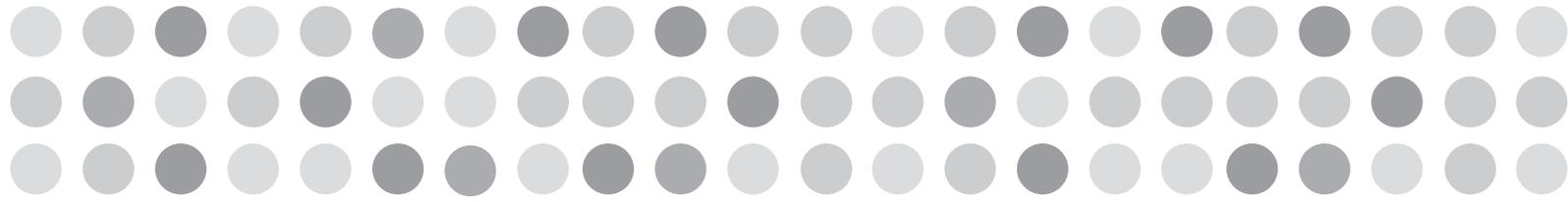
Mr David Stewart (Principal, Reaching Your Pinnacle)

Mr Tony Francis (Senior Sergeant, Victoria Police)

Abstract

Our town's ice fight journey: How and why did I get involved?

My feelings and concerns towards ice has developed over time through talking with friends, colleagues and having experienced first hand the effects of ice through a close friends battle with the ice addiction. I have learnt more about ice, the way it is made, the way it grabs hold of you, how accessible it is and the devastating affect it is having on our community and good people and families. What is obvious to me is that if leaders within a community do not do something and wait for government agencies to act it will be too late. I was looking to do something about tackling ice and voiced my concern to the members of the 'Committee for Geelong'. The Committee for Geelong is made up of 200 business leaders within the Geelong Region. This coincided with Superintendent Daryl CLIFTON from Victoria Police requesting the community to come and assist police and other government agencies in battling the emerging ice issue in Geelong. From this, a collective community approach was developed and this is producing some exciting projects that will make a difference to our community. This is about action and not talkfests. The collective community approach has developed 'OUR TOWN'S ICE FIGHT' which is concentrating on three key areas being 'Youth, Sport, and Workplaces' in the prevention and awareness space.



Ms Michelle Withers (Executive Officer, Northern Mallee Community Partnership, Mildura)
Project Ice Mildura

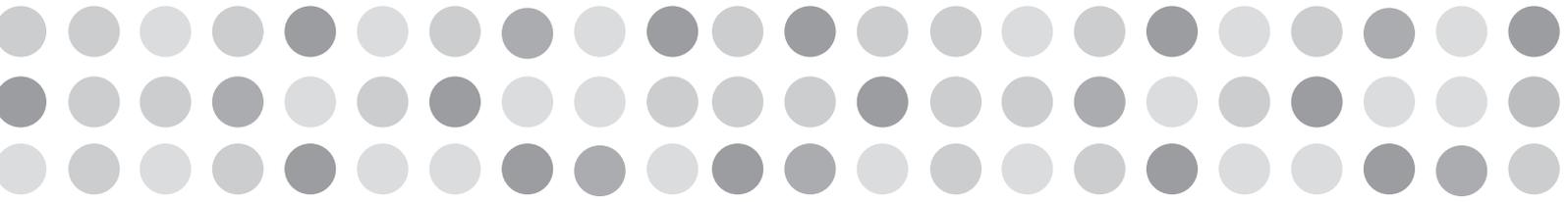
Abstract

Project Ice is a co-operative campaign by a consortium of community, health, welfare and enforcement organisations established in 2013 as a result of concerns ice, or crystal methamphetamine, had rapidly become a dominant drug problem in the Mildura community.

Ms Bronwyn Briggs (Harm Minimisation Project Officer, Aboriginal Health and Medical Research Council)
Knowledge is Key

Abstract

This presentation is about issues we all agree are urgent and important, and is about an insiders view both on injecting drug use and Aboriginal knowledge of what works in communities. I believe this knowledge is key in addressing the epidemic of injecting drug use in Aboriginal Communities through out NSW. Most health care professionals would know how important accurate and up-to-date information is to address any issue. Local Aboriginal knowledge of what is occurring in communities is even more important in this context because the voice of Aboriginal injecting drug users is so rarely heard. Injecting drug use among Aboriginal people is higher than the non Aboriginal population, and Aboriginal people who are part of the community should be engaged to be part of the solution.



ENHANCING TREATMENT EFFICACY

14 October @3:30pm
Olympic Room B

Associate Professor Adrian Dunlop (Area Director and Senior Staff Specialist, Drug and Alcohol Clinical Services, Hunter New England Local Health District)
What do we know about dexamphetamine in the treatment of methamphetamine dependence? 8 years of the NSW Stimulant Treatment Program, Newcastle and Sydney

Abstract

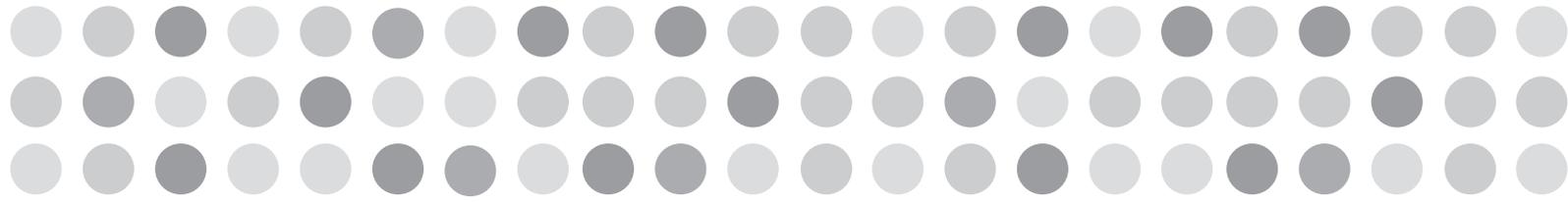
There are currently no approved medications for the treatment of methamphetamine use disorders. Agonists - much like nicotine replacement therapy for smoking or opioid substitution therapy - are the most promising candidates. We present here our experience of dexamphetamine prescription as part of a stepped care stimulant treatment program at two pilot projects in NSW that commenced in 2006: Hunter New England, Newcastle; and St Vincent's Hospital, Sydney, Australia. Following a trial of structured psychosocial support, those meeting inclusion criteria may be offered dexamphetamine pharmacotherapy. Up to 80mg is dispensed on a daily basis to enrolled participants. The aim of the program is to improve: physical and mental health and wellbeing; social functioning and relationships; criminal and legal problems; and engagement in the community. Routine clinical data suggest improvements along four domains (health and wellbeing, social functioning, legal problems, and community engagement) for the majority of participants; the vast majority also reported decreased or ceased methamphetamine use. Experience suggests that this treatment is feasible as a harm reduction intervention, and when combined with psychosocial support is useful in attracting and maintaining severely dependent psychostimulant users.

Associate Professor Nadine Ezard (Clinical Director, Alcohol and Drug Service, St. Vincent's Hospital Sydney)

Lisdexamfetamine: could it be safe to treat ice dependence? A study protocol

Abstract

Methamphetamine use disorders are a growing public health problem in Australia. There are no proven medications to treat methamphetamine dependence. Dexamphetamine shows promise as a treatment, but experience shows it is limited by rapid onset and short duration of action and need for daily supervised dispensing. Lisdexamfetamine is a so-called "prodrug" of dexamphetamine; it is converted to dexamphetamine in the red blood cells. This means it has a slower onset of action (even when injected) and longer duration of action than dexamphetamine. It has lower drug-liking effects, so and might have less positive reinforcing effects than dexamphetamine. Lisdexamfetamine may offer some advantages for the treatment of methamphetamine dependence. Newly licenced in Australia for the treatment of Attention Deficit Hyperactivity Disorder (ADHD), it has not been studied among people who are dependent on methamphetamine. Because doses needed for the treatment of methamphetamine dependence are likely to be higher than those required for ADHD, its safety at higher doses among people who are methamphetamine dependent needs to be established. We will present our protocol for a small 20-person 14-week dose-finding study at Newcastle, Hunter New England and Sydney, St Vincent's Hospital among those seeking treatment for methamphetamine dependence. Doses will range from 100 to 250mg/d. The study will also provide preliminary data on cravings, withdrawal, participant rating of dose adequacy, and methamphetamine and other substance use and related risks. This will be the first trial to investigate the safety and efficacy of lisdexamfetamine at these doses for the treatment of methamphetamine dependence.

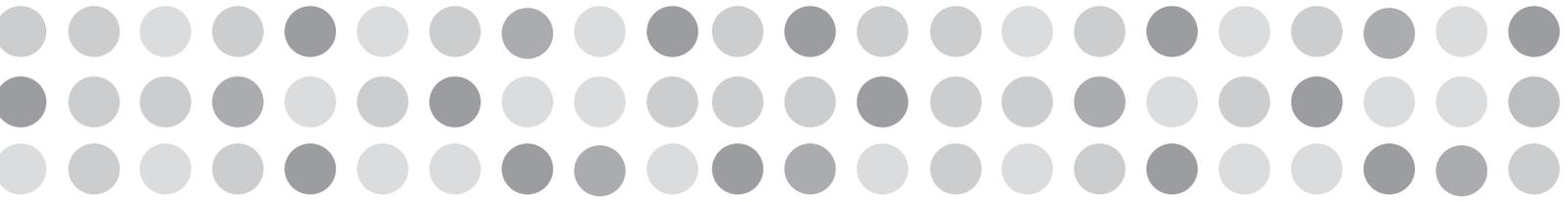


Mr Paul van Houts (Clinical Nurse Consultant, Primary Mental Health Care,
Townsville Mackay Medicare Local)

*Blending: Blending specific counselling methods to provide an enhanced, empowering
motivation for change*

Abstract

As a mental health nurse I used Motivational Interviewing for general behavioural change. I felt that the approach needed more bite. Having Choice Theory Reality Therapy Certification I found that this approach blended with Motivational Interviewing was an enhancement I was looking for. Not only that I started to blend strategies of Acceptance and Commitment Therapy when I received that training. This presentation is an overview of this blended approach which I hope inspires others to enhance their approach.



DEEPENING UNDERSTANDING OF SUBSTANCE USE

14 October @3:30pm
Jim Stynes Room A

Dr Paul Quigley (Emergency Medical Specialist, Capital and Coast DHB)
Fitness, is it worth dying for?

Abstract

A recent New Zealand coronial enquiry established a link between performance enhancing drugs and anabolic steroids with sudden cardiac death. This presentation is a summary of the evidence available highlighting the risk that young athletes are taking especially when combining catabolic weight loss products with anabolic steroids. It will also discuss how often the user is unaware that the risk includes sudden death. It will review the impact of on-line advertising and the pseudo-science of the fitness world. The conclusion will include recommendations on guides for consumer safety and harm reduction.

Ms Kay Stanton (Steroid Educator, NSP/Steroid Education Program Darebin Community Health)
The modern day steroid user

Abstract

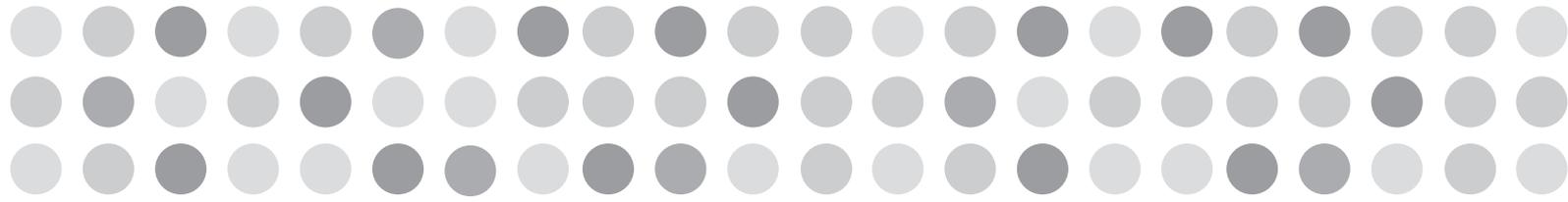
Performance Enhancing Drugs (PED) encompasses a variety of substances including but not limited to steroids, peptides HGH, IGF and insulin. Their use is not solely for sports performance but also for body image and some professions. This presentation is designed to look at the various PEDS used, the side effects associated with use and also the proliferation of their use. The community generally associates use with Body Building and elite sport but the typical user is anyone looking to improve how they look; unfortunately many of these people have little or no knowledge of side effects and are ignorant of issues with blood borne viruses. The program provides advice and education on how to stay safe. It also provides information on fake products that can lead to serious medical issues and the issues associated with injecting PEDS.

Ms Kathryn Daley (Lecturer, RMIT University)

Young men's substance abuse: The function of machismo and masculinity

Abstract

Research on young people in AOD treatment has highlighted the considerable gender differences (Kutin et al 2014; Daley & Kutin 2013). Young men's pathways into problematic substance use have more diversity than women's. Drawing from life-history interviews with 35 young men across Victoria, I explain how a close examination of the biographies of young men in AOD treatment shows that the role of 'masculinity' is fundamental to understanding their substance abuse. These young men have high levels of past trauma and their responses to this trauma are constrained by the dominant form of masculinity in their lives. This masculinity defines being a 'man' as being a provider and being 'tough'. However, often these young men could not achieve the main goals of this construction of 'masculinity': having a job and working hard to demonstrate the potential to be a good provider. The inability to achieve a 'respectable' place in the labour force meant they were attracted to the 'wrong crowd' who celebrated 'machismo'. The value system tied to machismo emphasises toughness, criminality and excessive AOD use. A social rule against expressing painful or sensitive emotions saw these emotions internalised. This often led to outbursts of anger or very heavy substance use as was a way of escaping these emotions. These young men were not 'bad'; they were trying to manage emotional pain in a world telling them that real men do not feel pain, and where drugs were an accepted and encouraged social practice that provide an 'emotional anaesthetic'.



Mr James Dale (Team Leader AOD Services, Victorian AIDS Council)

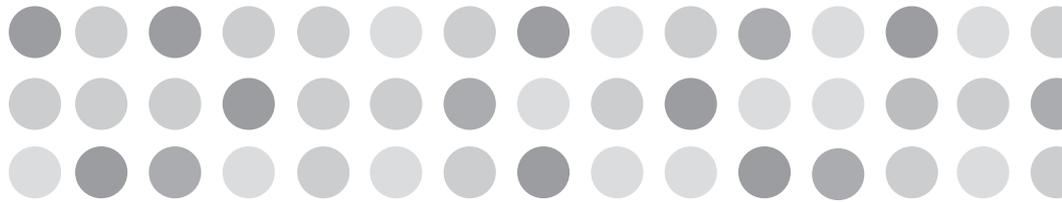
The Lived Experience of Gay Men who use ice

Abstract

This presentation aims to illuminate the distinguishing aspects related to the lived experience of gay men and men who have sex with men (MSM) who use ice. Ice use in this community is noted for its close relationship to sex and sexual risk-taking, geo-location based apps, and HIV and other STIs. In addition, this presentation will explore other contributing factors underlying ice use in gay men and MSM, including internalised homophobia and minority stress. The presentation will examine these issues through a fusion of client narratives in order to illustrate the complexities and challenges of working with gay men and MSM who use ice.

SESSION DETAILS

WEDNESDAY
15 OCTOBER 2014



MORNING PLENARY WHAT WOULD YOU DO IF...?

15 October @9:30am
Olympic Room A

Jack is a young person in recovery from his ice use.
Anne is a mother affected by her son's ice use.

Mr. Laurence Alvis (CEO, UnitingCare ReGen)

Laurence has been the Chief Executive Officer of UnitingCare ReGen since 2005. He began his career in community services in the early 1980's, working for another UnitingCare agency in Broadmeadows, where he set up the financial counselling service. He then moved to the City of (Broadmeadows) Hume where in a career of 19 years, he worked in various community services management roles. His roles there included Manager of Aged Services and Health and Manager of Community Services, where he had oversight of 600+ staff and services that operated from over 90 locations throughout the municipality. Laurence has a strong commitment to social justice principals and providing accessible services to those who need them most. Laurence is the treasurer of the peak body VAADA (Victorian Alcohol and Drug Association)

Ms Jacqui Brown (Dual Diagnosis Clinician and Psychologist, Southern Dual Diagnosis Service, Monash Health)

Jacqui is a psychologist with 15 years' experience in clinical and management roles across harm reduction, primary health, forensic AOD services and care coordination programs for extremely complex clients. From 2011-2013 she worked in Cambodia, developing services for methamphetamine users. Her current role with the Southern Dual Diagnosis Service involves capacity building for the AOD and mental health service sectors.

Mr Alan Eade (Intensive Care Paramedic, Ambulance Victoria)

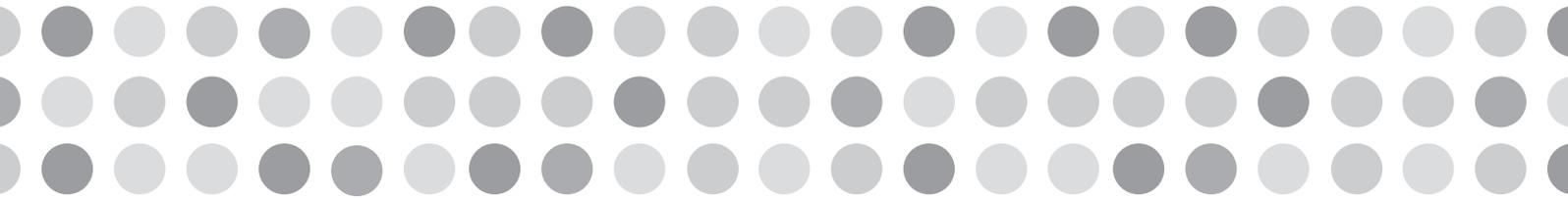
Alan Eade is an Intensive Care Paramedic with Ambulance Victoria based in Melbourne. He has a keen interest in substance use across all forms and the provision of the best clinical care during substance use emergencies.

Dr Shaun Greene (Medical Director, Victorian Poisons Information Centre, Austin Health)

Shaun is an emergency physician and clinical toxicologist based at the Austin Hospital. He is currently the medical director of the Victorian Poisons Information Centre. He trained as a clinical toxicologist in the recreational drug rich environment of central London. His interests include new psychoactive substances and pharmaceutical opioid misuse.

Dr Stefan Gruenert (CEO, Odyssey House Victoria)

Dr. Stefan Gruenert is a psychologist with more than 14 years of experience in the AOD sector. He is currently the CEO of Odyssey House Victoria where he oversees a number of intensive treatment, training, and research programs. Stefan is a Board Director of VAADA and ADCA, and a member of the Victorian Community Services Reform Council.



Detective Inspector Phil Harrison (Drug Task Force-Organised Crime Division, Victoria Police)

Phil has been with Victoria Police for 27 years in operational, investigative and corporate roles. In his current position he leads the Drug Task Force which specialises in the investigation and disruption of those involved in the distribution of large commercial quantities of illicit drugs including transnational crime syndicates. In 2002 he coordinated the Victoria Police response to the Inquiry into Amphetamine and Party Use and gave evidence before the Parliamentary Committee.

Associate Professor Ruth Vine (Executive director, NorthWestern Mental Health, Melbourne Health)

Associate Professor Ruth Vine is the Executive Director, NorthWestern Mental Health (NWMH) which is based at The Royal Melbourne Hospital. She previously worked as the Director of Clinical Services for the Inner West Area Mental Health service and worked at the Department of Health as the Chief Psychiatrist for Victoria from 2009 to 2012 and was Director of Mental Health from 2003 to 2008. Ruth has also worked as a consultant psychiatrist in Forensic mental health, in a Community Health setting and in an advisory role with the Australian Government. She holds both medical and law degrees, and has contributed to the development of legislation and policy in areas including mental health, disability, and the management of mentally ill offenders.

FOCUS ON YOUTH AND FAMILIES

15 October @11:30am

Olympic Room A

*This Session is Sponsored by the
Commission for Children and Young People.*



Mr. Bernie Geary OAM (Principal Commissioner, Commission for Children and Young People)
Session Introduction

Dr Menka Tsantefski (Lecturer, University of Melbourne)
"It sets you up for life": Mirror Families at Odyssey House Victoria

Co-Presenter

Ms Anne Tidyman (Senior Case Manager, Kids in Focus, Odyssey House Victoria)

Abstract

Social networks are implicated in the development and continuation of substance use and in recovery. There is general consensus that the social networks of substance-users are largely comprised of individuals who either use or condone substance use. Typically, clients in treatment are advised to relinquish these relationships; however, without a viable and meaningful alternative, they tend to remain within existing networks. Social networks also play a critical role in family wellbeing by buffering the effects of parenting stress. Children in families where there is parental substance-dependence are at increased risk of maltreatment, particularly in sole-parent households, most of which are headed by mothers. Although there is a significant correlation between the health and wellbeing of parents and their children, very little research has been directed to the development or evaluation of strategies to strengthen parents' social networks or to improve the level or type of support available to them and/or their children. Most research on substance-dependent mothers focuses on access to treatment: the loneliness and social isolation frequently experienced during recovery are rarely addressed. This presentation reports the findings from the Mirror Families pilot program at Odyssey House Victoria, an innovation in practice introduced in response to the need for long-term support for families. The program aim was to assist socially-isolated women create an enduring social network focused on the needs of their children while contributing to the evidence-base on network intervention with families affected by parental substance-dependence.

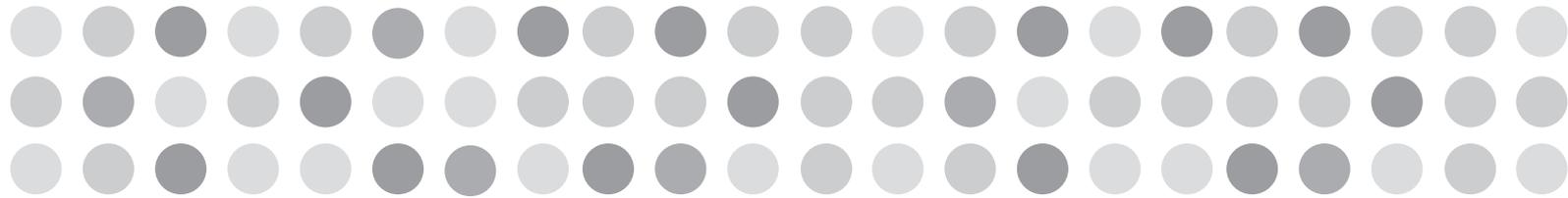
Mr Dominic Ennis (Manager, Youth Drug and Alcohol Advice, YSAS)
We know what works - let's get on with putting it into practice

Abstract

In the past 25 years clear principles and approaches have emerged as the basis of effective Youth specific AOD treatment and early intervention. Using a combination of evidence derived from research and practice wisdom, these principles can be applied to create the conditions that best enable young people and those involved in their care to resolve problems related to methamphetamine use.

This presentation will cover:

- Findings on the needs and characteristics of young people using ATS in Youth AOD services
- A summary of the evidence on effective service responses
- Examples of effective practice generated by the Youth AOD sector in response to increases in young people seeking help for methamphetamine related problems
- Practical ideas for creating a comprehensive youth AOD service system capable of addressing methamphetamine related problems



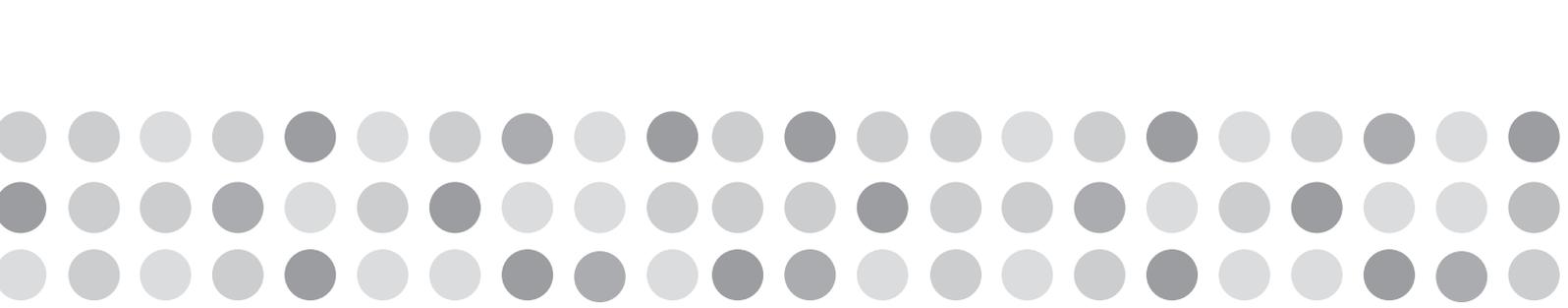
Ms Melinda Grady (Senior Forensic Clinician/Practice Development worker
(Capacity building), Barwon Youth)
Barwon Collaborative Care Model

Co-Presenter

Mr Mark Dekker (AOD Youth Outreach, Barwon Youth)

Abstract

The Barwon and surrounding region has risen to the challenge of increased complex presentations through a collaborative care model between a generalist youth organisation and a youth area mental health services. The increase of complexity associated with methamphetamine and substance misuse sits within this space. The collaborative model ensures seamless referral pathways, effective communication and collaboration between workers, shared crisis and care management, secondary consultation and triage support, sharing of professional development and training resources, and evidence based responses to manage difficult and challenging behaviours. This presentation outlines the strategic mechanisms which generate a culture where leaders, workers, and clinicians focus on similarities in practice rather than differences, hence demonstrating a commitment to build capacity across youth community services. This dynamic relationship between several service providers in the Barwon region supports workers and clinicians to determine a defined collaborative care model that can best meet the needs of our most complex young people.



FOCUS ON NEW SYNTHETICS

15 October @11:30am

Olympic Room B

Dr Shaun Greene (Medical Director, Victorian Poisons Information Centre, Austin Health)

Novel psychoactive substances: An overview of cannabinoid receptor agonists

Abstract

The past decade has seen an explosion in the recreational use of new psychoactive substances; many of these are from the family of cannabinoid receptor agonists (CRAs). In the 1980s and 1990s in an attempt to harness the medicinal properties of cannabis, hundreds of synthetic CRAs were produced. In the past 10 years, with the help of the World Wide Web synthetic CRAs have gained popularity as recreational drugs. Although often perceived as a safe alternative to cannabis, synthetic CRAs have a high degree of structural heterogeneity compared to naturally occurring CRAs such as tetrahydrocannabinol (THC). Synthetic CRAs are therefore unlikely to exert effects solely on cannabinoid receptors within the body. This is reflected in the significant toxicity observed across multiple organ systems following exposure to synthetic CRAs. Neurological, cardiovascular, metabolic and renal toxicity have all been observed. Internationally there have been a number of 'outbreaks' of toxicity associated with particular synthetic CRAs, including one in Victoria. Current urine drug screens do not detect synthetic CRAs. Treatment of toxicity is primarily supportive. Synthetic CRAs appear to have significantly greater potential to cause harm to human health compared to naturally occurring CRAs. Harm reduction strategies in Australia have thus far predominantly involved changes to legislation.

Dr Paul Quigley (Emergency Medical Specialist, Capital and Coast DHB)

WTF? Was that all about!

Abstract

A brief summary of the recent experience in New Zealand of legalised Synthetic Cannabis. This presentation will review the clinical picture seen in relation to emergency presentations from synthetic cannabis and other "legal highs". It will also explore the role of Emergency Departments in informing on drug related harms and the use of the Adverse Drug Reaction process in relation to "legal highs". It will conclude outlining two common complications of synthetic cannabis use namely hyper-emesis syndrome and withdrawal. It will also include a summary of the process of forming the Class D legislation and how it currently stands in New Zealand.

Ms Katherine Pike (Intelligence Analyst, Crime and Corruption Commission Queensland)

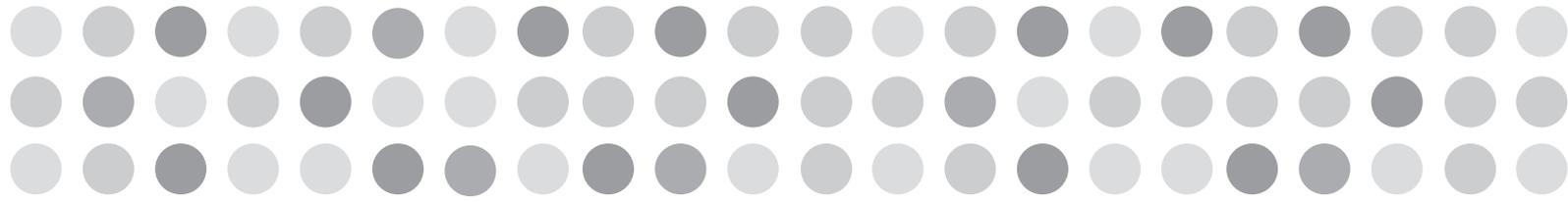
New and emerging psychoactive substances market in Queensland

Co-Presenter

Ms Marie Zitney (Senior Intelligence Analyst, Crime and Corruption Commission Queensland)

Abstract

The Crime and Corruption Commission (CCC) regularly undertakes intelligence assessments of emerging and high risk illicit drug markets in Queensland. The CCC recently assessed the new psychoactive substances (NPS) market and found that the popularity and availability of these substances has increased over the past three years, particularly in the central and northern areas of the state. We also identified that the marketing of NPS is frequently inaccurate and deceptive - for example, describing NPS as safe or legal, or presenting NPS as traditional illicit drugs. Notably, we found these substances are being aggressively marketed to young people by using strategies such as logos and patterns drawn from popular culture. There is also evidence that some NPS suppliers are targeting remote areas in Queensland



and vulnerable groups in these locations - including young children and Indigenous communities. We assessed that organised crime involvement in this market is increasing and is likely to continue to increase over the next two to three years as demand for these substances grows. This presentation provides a snapshot of our assessment of the NPS market in Queensland, highlighting the prevalence of these substances in certain areas of Queensland, the deceptive and concerning marketing strategies that are being used by suppliers, and the potential for greater involvement of organised crime.

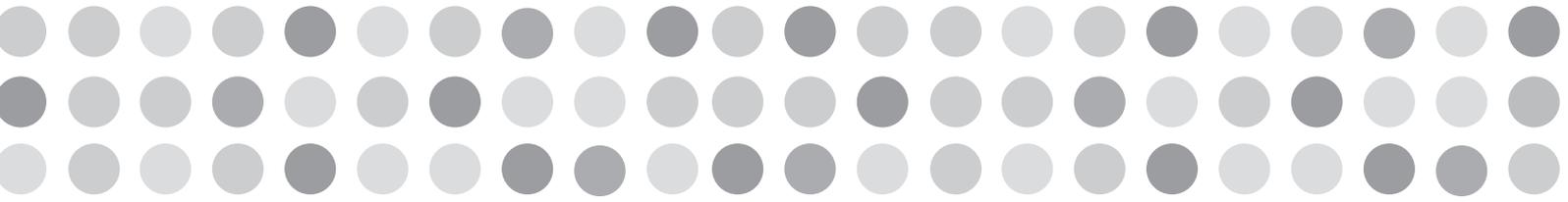
Note: The term 'new psychoactive substances' refers to the increasing range of substances designed to mimic the effects of traditional illicit drugs.

Dr David Caldicott (Consultant Emergency Physician, JMO Supervisor, Emergency Department, Calvary Hospital ACT)

The Return to Terra Nullius – Charting Responses to the Novel Psychotropic Substance Market

Abstract

In the last decade, cumbersome traditional drug markets have been overtaken, at least in profile, by the nimble novel psychotropic substances (NPS). Although an entirely predictable response to the staid tactics of interdiction, has our rate of response kept pace with their rate of evolution? In our presentation, we examine the highs and lows of the global response to this new market, and what lessons might be learned for the Australian environment. We elucidate the priorities in approaching the market from an evidence-based perspective, and discuss some of the initiatives that have evolved in very different evolutionary conditions. Finally, we speculate as to how the effects that these drugs- and how we have responded to them- might be changing how we deal with the concept of 'recreational drugs' forever.



FOCUS ON PIEDS AND ACCESS TO NSP

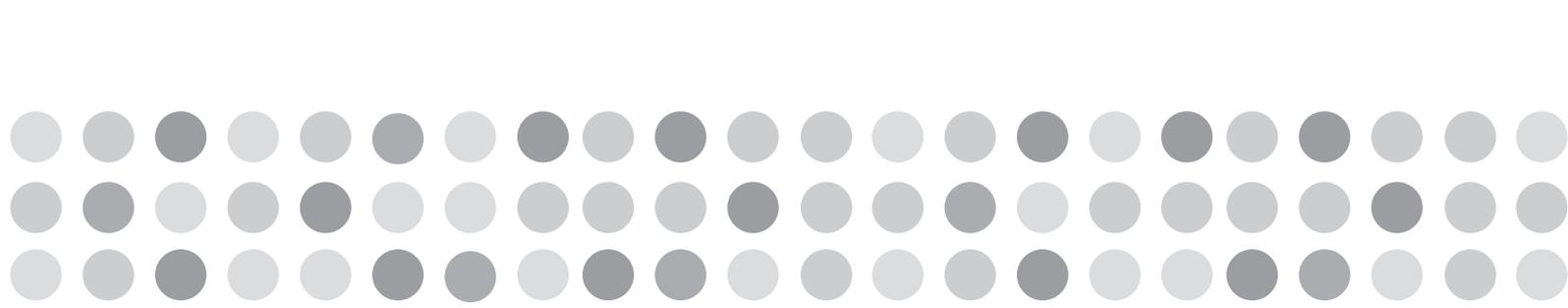
15 October @11:30am
Jim Stynes Room A

Dr Ingrid van Beek AM (Director, Kirketon Road Centre)

Ingrid van Beek is a public health and addiction medicine physician who has been the Director of the Kirketon Road Centre (KRC), in Sydney's Kings Cross for the past 25 years. KRC's integrated primary health care service is recognised as a best practice model in the prevention, treatment and care of transmissible infections among vulnerable populations in urban settings. Ingrid was also the founding Medical Director of Australia's first Medically Supervised Injecting Centre from 2000 until 2008. Her work at the sharp end of harm reduction was recognised in 2010 when she was awarded Membership of the Order of Australia (AM).

Mr Robert Kemp (Manager, Needle and Syringe Program Management Unit, Queensland Health)

Robert Kemp has been the Manager of the Queensland Needle and Syringe Program (QNSP) since September 2000 and since the beginning of 2013, Principal Policy Advisor for Viral Hepatitis within the Communicable Diseases Unit of the Queensland Department of Health. As manager of QNSP, Robert has been involved in a range of initiatives intended to strengthen the program including: development of the network of Primary Needle and Syringe Programs; introduction of Needle Dispensing Machines; implementation of the Queensland Minimum Data Set for Needle and Syringe Programs as well as taking an active role in exploratory research regarding Injection Related Injury and Disease (IRID) among people who inject drugs, natural histories of illicit drug use and patterns of injecting drug among people of ATSI background.



RE-VISIONING SERVICE DELIVERY

15 October @2:00pm
Olympic Room A

Associate Professor Nadine Ezard (Clinical director, Alcohol and Drug Service, St. Vincent's Hospital Sydney)

S-Check: the stimulant check up clinic, a novel brief intervention

Abstract

Australia has one of the highest rates of stimulant use in the world. In particular, problems due to the use of crystalline methamphetamine use (ice) are increasing in many parts of Australia. The majority of recent ice is recreational and intermittent, risking mental and physical health problems, social problems, sexual and injecting risk behaviours and dependence. Despite reporting problems associated with use, most users do not seek professional help. In New South Wales, stimulant use is prevalent among some groups who are treatment naive and who may not otherwise attend services for drug treatment, including members of the gay, lesbian, bisexual, and transgender communities.

In 2013, St Vincent's Hospital, Sydney, established a low-threshold early Stimulant Check-up intervention, the S-Check, to provide a means for recreational and occasional stimulant users to bridge the gap between treatment and no treatment. We present our experience of the preliminary phase of this intervention. Through interagency and inter-sectoral collaboration, a social marketing campaign introduces 'Stimulant Check-ups' into the language and mindset of people who use stimulants and their associates. Brief person-to-person interventions, based on bio-psycho-social assessment, are followed by referral as indicated.

Ms Rose McCrohan (Manager, Residential Withdrawal, UnitingCare ReGen)

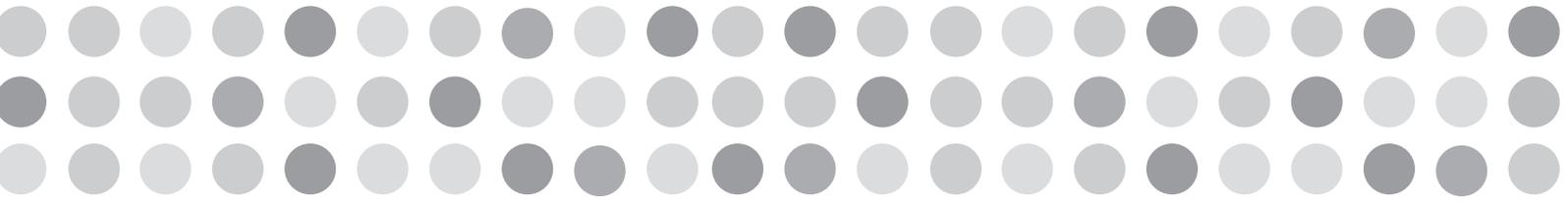
Engaging (and retaining) people who use methamphetamines in treatment and education services

Co-Presenter

Mr Sam Mastro (Education and Training Officer, UnitingCare ReGen)

Abstract

Engaging people who use methamphetamines (and other stimulants) is an ongoing challenge for providers of alcohol and other drug (AOD) treatment and education programs. Treatment and court diversion systems that have traditionally focused on depressant use, and common perceptions of acute mental health and violence concerns amongst people who use methamphetamines have been significant barriers to the development of appropriate treatment and education responses by AOD and other community service providers. There is clear evidence of increasing consumer demand for appropriate treatment services and expectations from drug diversion systems for a targeted referral option for people committing methamphetamines-related offences. To help remedy this situation, UnitingCare ReGen (ReGen) has undertaken a series of clinical practice audits to inform the development of accessible and targeted interventions for people who use methamphetamines. This has led to the development of a new 'Step up. Step down' model for the management of methamphetamine withdrawal, including key changes to the operation of ReGen's residential and non-residential withdrawal services. ReGen has also established the Methamphetamines Personal Education Program (MPEP) as a targeted drug diversion program and adapted the content and delivery of its forensic Torque non-residential rehabilitation program to cater for a higher proportion of consumers with a history of methamphetamines dependence. ReGen's experience has demonstrated that relatively minor (evidence based) changes to established treatment services can produce significant improvements in the engagement and retention of people who use methamphetamines.

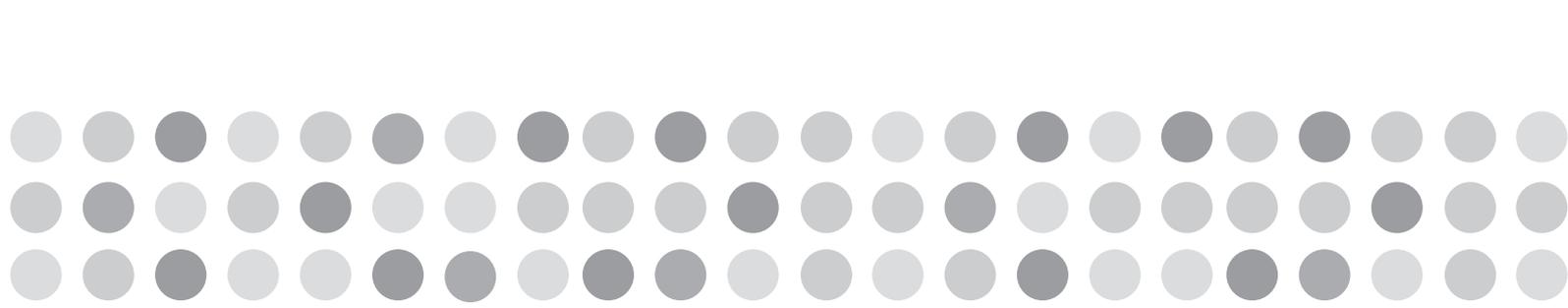


Mr Kris Drew (AOD Team Leader, Anglicare)

Young People, Families & Methamphetamine - Learning from Crack Cocaine and Amphetamine Type Stimulants

Abstract

Young people using methamphetamine in Victoria and around the world are a significant social, health and economic concern. There are some valuable insights that working with users of crack cocaine and other amphetamine type stimulants (ATS) offer us with regards to dealing with the variety of issues and complexity that can arise in combination with the use of methamphetamine.



FRONTLINE MANAGEMENT OF METHAMPHETAMINE INTOXICATION

15 October @2:00pm
Olympic Room B

Dr Zeff Koutsogiannis (Emergency Physician and Clinical Toxicologist, Victorian Poisons Information Centre, Austin Health)

Treatment of Acute Amphetamine Toxicity

Abstract

Until recently methamphetamine, amphetamine and MDMA have been the predominant amphetamines responsible for producing clinical toxicity requiring treatment in Australian Emergency Departments (EDs). The development and Internet based distribution of multiple new recreational synthetic amphetamine derivatives has led to individuals presenting unwell to EDs with a history of exposure to an amphetamine clinical staff may be unfamiliar with. Fortunately new recreational synthetic amphetamines share similar structural characteristics to the more traditional amphetamines. Therefore the spectrum of clinical toxicity and treatment interventions are similar. Knowledge of the structure of the substance often enables prediction of predominant clinical effects. Supportive care and titrated benzodiazepines are the first line treatment of seizures, agitation, hyperthermia and hypertension. Specific interventions include anti-hypertensive agents, peripherally acting receptor antagonists and centrally acting pharmaceuticals designed to negate specific receptor effects. Deaths occurring in the pre-hospital environment are often a consequence of amphetamine induced behavioral change. Hyperthermia, cardiovascular and neurological toxicity and metabolic derangements can be life-threatening and require early detection and management in the ED.

Dr Kah-Seong Loke (Consultant Psychiatrist, Nexus Dual Diagnosis Service)

Amphetamine Intoxication & Withdrawal - Management Guidelines for Acute Hospital Settings

Abstract

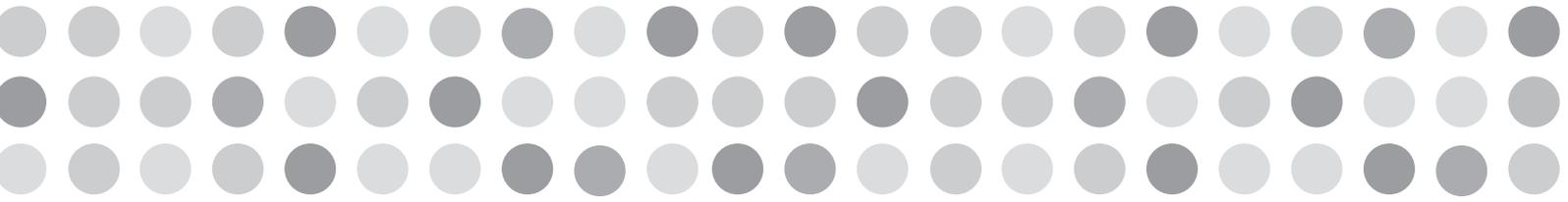
Amphetamine intoxication is becoming an increasingly prevalent problem in emergency departments and psychiatric inpatient units in Victoria. Some of these presentations are associated with acute arousal with agitation and aggression, which pose a risk to treating staff as well as the patients themselves. A literature search was conducted on various protocols to manage acute presentations of amphetamine intoxication in acute medical settings. An abbreviated protocol for managing medical complications, acute arousal and withdrawal was designed for use in psychiatric inpatient units and emergency department settings for quick reference by medical and nursing staff. The draft of the protocol and its evidence base will be presented.

Mr Sean Swift (Team Leader, SHARPS NSP, Peninsula Health)

Chilling down: Managing clients intoxicated on ice at the NSP interface

Abstract

Needle and Syringe Programs (NSPs) are a frontline interface with injecting drug users – one of the broadest in the health service system with this population group. As drug use patterns change, it is unsurprising that we come into contact with people who use these drugs. Clients intoxicated on ice present differently to those who are using heroin, and therefore require different management strategies to minimise harm. This presentation will describe the characteristics of ice intoxication in the NSP setting and how we manage and respond to clients. Delegates will learn about strategies that can be put in place for the management of methamphetamine intoxication in a non-clinical setting.



TREATMENT AS PREVENTION FOR HEPATITIS C

15 October @2:00pm

Jim Stynes Room A

Dr Ingrid van Beek AM (Director, Kirketon Road Centre)

Future Challenges: Treatment as Prevention for Hepatitis C

Abstract

The hepatitis C (HCV) sector has much to learn from the successful public advocacy of the HIV sector. Given the ongoing annual incidence of new HCV infection with its high burden of disease and increasing mortality rate in Australia, we can but hope that policy makers will support a national campaign to also 'eliminate' HCV in the foreseeable future. New, more effective treatments with the potential to actually 'cure' HCV may have an important role to play in attaining such an ambitious end goal. But alas, such treatments remain out of reach for the time being mostly due to their prohibitive cost. While representations are afoot to overcome this barrier to reaching the population treatment coverage levels needed to also achieve secondary prevention benefits, this is not the only impediment. Just as people who inject drugs have consistently had less access to HIV treatments globally despite their relative affordability, current HCV treatment systems are also unlikely to accommodate this affected population. Meanwhile evidence based primary HCV prevention strategies of which the needle syringe program is the cornerstone, remain under-funded and still highly dependent in their delivery on the politics of the day. It would be hoped that the promise of arguably more politically palatable biomedical HCV prevention approach, does not further delay the ramping up of what we already know works.

Professor Michael Levy (Director, Corrections Health, ACT Health)

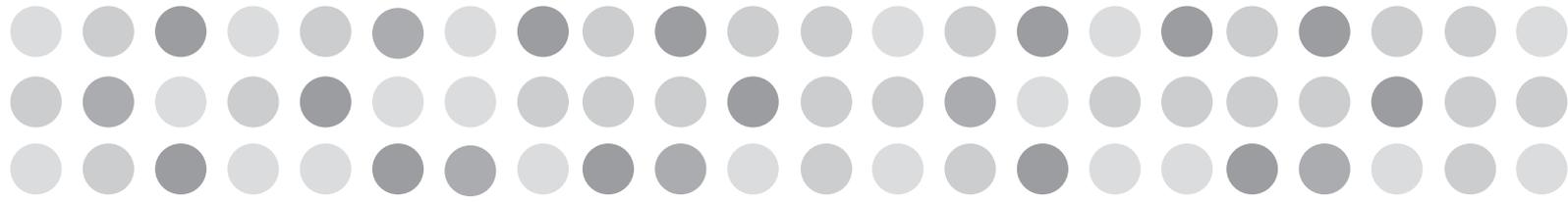
Treatment is prevention: Don't under-estimate the importance of prevention as the key to treatment

Abstract

The 4th National Hepatitis C Strategy directly links control of infection in Australian prisons to 'new treatments'. Untested, but no doubting the Commonwealth to resolve these unpleasant truths:

- There are 23,000 prisoners in Australia, and growing;
- 25 – 30% of Australian prisoners are infected with hepatitis C and 'ready for treatment'; and
- Each course of treatment will be between \$50,000 and \$80,000 – and that is just the drug costs.
- No specific time-frame for implementation (by 2017?) has been set forward, but the potential cost over the life of the 4th strategy is staggering – nearly \$300,000,000.
- No consideration of the ethics of such a strategy; no consideration of other health needs of other prisoners; and, no consideration of the risks of re-infection from those not yet treated, or new detainees entering prison infected.

Eliminating hepatitis C is so important for Australia. Time to consider options before we get taken for a bumpy ride!



Professor Tony Butler (Program Head, Justice Health Research, Kirby Institute, University of NSW)

Hepatitis C treatment in prison – barriers and opportunities

Abstract

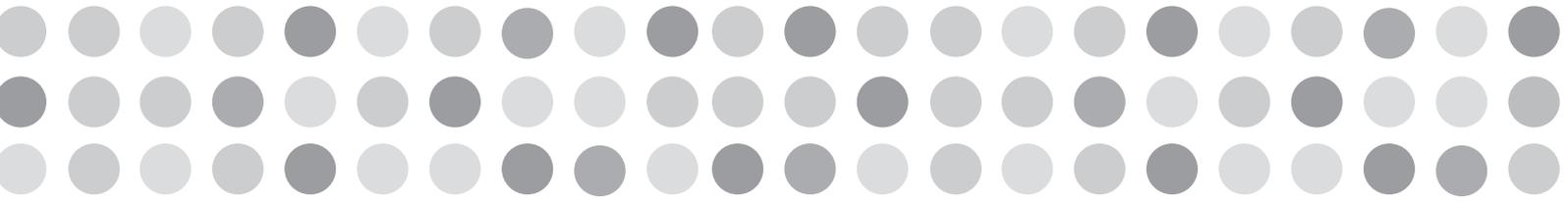
In 2010, an estimated 230,000 Australians had chronic hepatitis C with people who inject drugs (PWID) accounting for the majority of new (90%) and existing (80%) infections. Transmission of hepatitis C is predominantly blood-to-blood and accordingly PWID are at the core of the epidemic. Approximately half of the 30,000 people held in Australian prisons report injecting drug use, one fifth test positive for hepatitis C antibodies, and high incidence rates (32 per 100 person years) of hepatitis C have been documented. This has led to speculation that the prison setting represents 'ideal' environment in which to implement hepatitis C prevention and treatment initiatives. Despite the high rate of hepatitis C infection, few Australia prisoners (<1%) report receiving treatment whilst in prison. The reasons for this are unclear but it is known that many individual, organisational and societal level barriers exist. The advent of the new, interferon free, treatment regimens is likely to overcome some of these barriers leading to speculation that prisons should be a focus for hepatitis C treatment initiatives. One such initiative that has gained prominence in the HIV field is 'test and treat' which involves testing and treating sufficient numbers to reduce the pool of infection and prevent further transmission. This presentation will focus on both quantitative and qualitative findings relevant to prison hepatitis C treatment from two surveys - the National Prison Entrants Bloodborne Virus Survey, and the Hepatitis C, Prison and Treatment Opportunities Survey (HePATO).

Dr Joseph Doyle (Infectious diseases physician and NHMRC postgraduate research scholar, Centre for Population Health, Burnet Institute)

Hepatitis C treatment and prevention in people who inject drugs using a community based model of care

Abstract

The advent of highly effective direct acting antiviral agent drugs (DAAs) for hepatitis C provides us with a unique opportunity to increase the number of people accessing hepatitis C treatment. Modelling suggests that treating people who inject drugs (PWID) can reduce hepatitis C transmission reducing its incidence and prevalence in the community. This paper explores the impact of the PWID injecting network on hepatitis C transmission, and the effectiveness of treating PWID with DAAs, using a networks based approach. It will provide an overview of the TAP Study, a world first study examining the efficacy hepatitis C treatment and prevention in PWID, using a community based social network approach due to commence in Melbourne in October 2014.



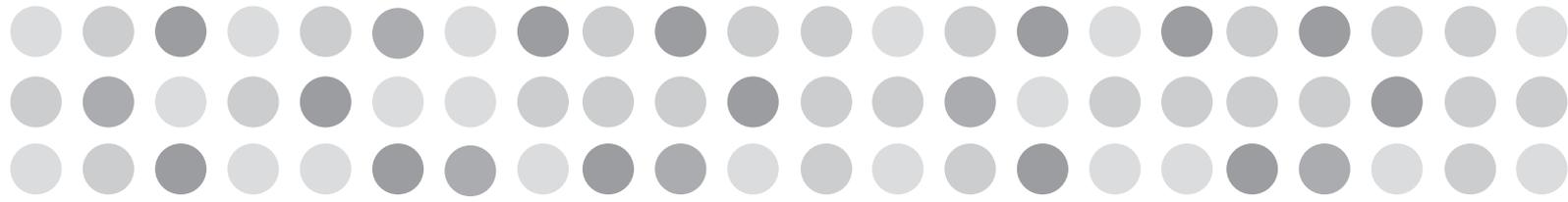
**WORKSHOP:
WHO'S DRIVING MY CAR?**

15 October @2:00pm
Jim Stynes Room B

Mr Alfred Walker

My name is Alfie Walker, and I am a 29 year old, Wiradjuri man and young Aboriginal leader within my community. In 2013, I was chosen to represent Australia as a Youth Ambassador to the United Nations in New York for the new initiative of the World Indigenous Network.

Within models of leadership, there are key elements which constantly get overlooked. We tend to focus a lot of our presentations of leadership on the process, principles, or 'Method' of making a 'leadership pie'; however we tend to forget the basics...the 'ingredients'. Without the ingredients, we are only left with an idea that is useless. I believe the same idea is true if we look at leadership in the principle of a 'car'. We can aim to be the fastest, brightest, powerful, efficient, colourful, affordable, classy, stylish, luxurious, performance enhanced, attractive, popular, exotic, classic, collectable, practical car/leader on the market and focus on our performance as a car, however, the one principle that still remains, is that all of these elements of a car cannot be tested, used or driven without a driver. Without a driver, the car is useless and serves no purpose. As a leader, I have found that the most important thing to do is to determine, what 'drives' our leadership and life. In other words, what are the key values that influence and drive our leadership? It is important as a leader to identify values that influence our motivations, opinions, passions, morals, decisions and purpose. All influential leaders have a story behind what drives their purpose. This has assisted in shaping and identifying the elements of leadership and life, where they place value.



CLOSING PLENARY

15 October @3:30pm
Olympic Room A

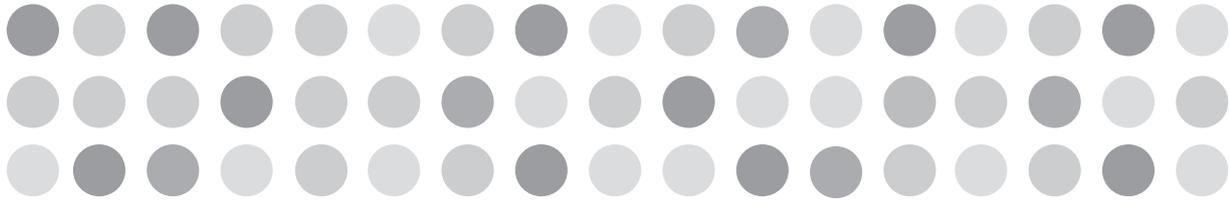
Mr Scott Wilson (Director, Aboriginal Drugs and Alcohol Council)
On Justice Reinvestment

Mr Scott Wilson is Director of ADAC, the Aboriginal Drug and Alcohol Council (South Australia). His other leadership roles include being Deputy Chair of both the National Indigenous Drug and Alcohol Committee and the Alcohol Education Rehabilitation Foundation. Scott's personal and professional experience in substance misuse has made him a valued member of nearly every major governmental and non-governmental committee in Australia for more than 20 years. He is a Director of Penington Institute.

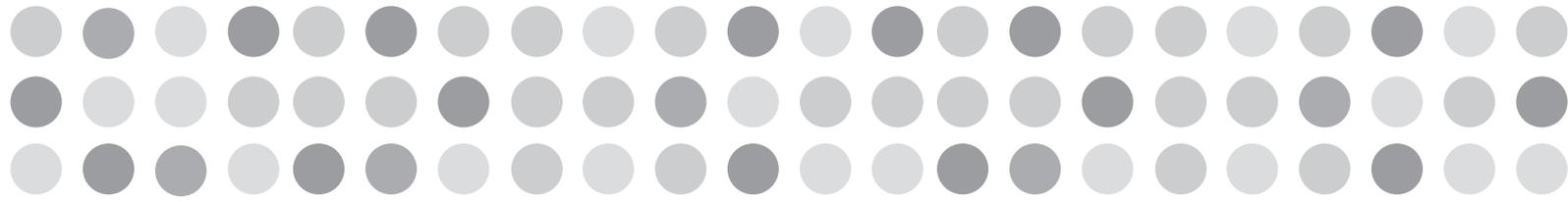
Emeritus Professor David Penington AC (Patron, Penington Institute)
Reflections on the Future

One of Australia's leading public intellectuals and health experts, Emeritus Professor David Penington AC has courageously advocated for sensible drug policy in his roles as former chairman of the National AIDS Task Force, the Victorian Premier's Drug Advisory Council, and the Victorian Government's Drug Policy Expert Committee. His unstinting efforts over many years helped to make Australia a world leader in HIV/AIDS public health strategies and in combating the HIV/AIDS epidemic. Professor Penington's other leadership roles have in the past included: Professor of Medicine, Dean and Vice Chancellor at the University of Melbourne; chairman of Cochlear Ltd, Bio21 Australia Ltd, the Bio21 Institute, and Bionic Vision Australia; and former president of Museum Victoria. He is also patron of Penington Institute, which was named in his honour.

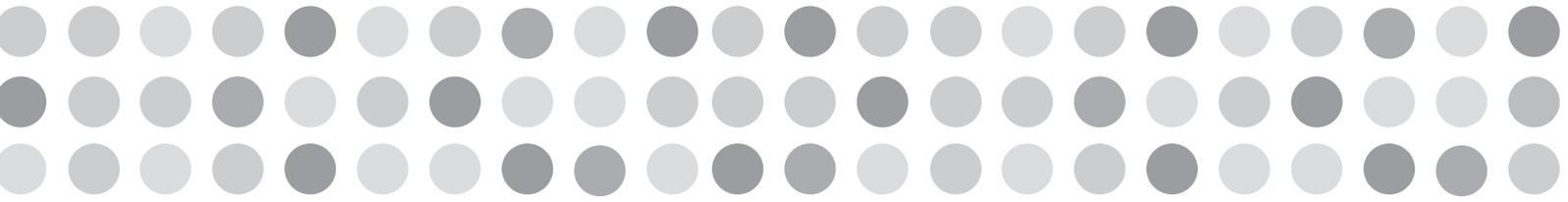
NOTES



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