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What's the story?

Supporting functional methamphetamine use strategies employed by regular methamphetamine users

Learning from affected communities

Three facilitated discussion groups were run with regular methamphetamine users to explore their personal experiences. Groups were held in Collingwood, Footscray and Braybrook and recruited from NSP attendees in those places.

Staff present took facilitator and scribe roles: “We want to learn from you.”

Three questions were put to each group for general discussion:

1. What are the harms?
2. How do you manage these harms?
3. What kind of support would you like from us as service providers, and more broadly?

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What are the perceived harms?

Harms identified – the usual suspects

Harms from use were readily identified by participants:

- Overdose
 - Vomiting
 - “Everything goes white”
 - Racing heart
- Paranoia and hallucinations – psychosis
- Anxiety
- Sleep deprivation
- Reduced immune system response
- “Picking”
- Memory loss and time displacement
- Dry mouth and teeth grinding
- Increased risk if pre-existing mental health issues

Harms identified – new stories

- Enormous variation in quality of product – a driver in harms:
 - Causing arguments when quality low
 - Risk of overdose when quality high
 - Cutting agents identified as increasing negative side effects – scattered thoughts, confusion, lethargy, “fried”
 - MSM – probably not causing these effects
 - N-isopropylbenzylamine – possible culprit?
- Violence being part of culture, rather than caused by methamphetamine use:
 - Macho street culture where prison time can be a status symbol
 - Stimulants being used to increase capacity for violence
 - Pervasive domestic violence, regardless of drugs used
 - Important to hold people (men) responsible for their violence

Harms identified – new stories

- Disclosing use of ice seen as a risk in itself
 - Difficult to recruit women for discussion groups – fear of exposure as user cited as reason in several instances. Particularly high risk for women who have children
 - Fear of judgement from others, particularly in poorer communities. Feel guilty/judged for spending money on non-essentials (internalised stigma). Can also be a driver of isolation
 - Fear of disclosure means young people miss out on valuable information from their parents
- Methamphetamine use seen as one of many factors impacting on life – work, family, housing, police.
 - Methamphetamine use sometimes framed as a way to manage other adverse life circumstances – mood enhancer, pain relief
- Impact of methamphetamine use identified as varying from person to person

Harms identified – new stories

- Identifying isolation and boredom as drivers of mental health harms when using ice:
 - “I try and always go out – do something social”
 - “When my neighbour tells me he hasn’t seen me for a few days, I know it’s time to pull up”
- Glass pipe/smoking as route of administration seen as both potentially harmful and helpful
 - Can lead to compulsive use
 - Less efficient than injecting – pipe use by dealers described as a driver of “cutting” by one participant
 - Can be used to assist identifying “cut” drugs
 - Some say qualitative effect of smoking more pleasurable and less unpleasant feelings than injecting

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How are perceived harms managed?

Responding to harms – safer using strategies already in place

From all workshops, participants identified safer using strategies such as:

- Not using alone
- Taking breaks between bouts
- Getting enough rest
- Eating and drinking
- Looking after oral hygiene
- Considering non-injecting routes of administration – smoking, swallowing
- Being wary of purity and dose size in terms of overdose risk
 - One participant took his pulse after a shot as a means of ascertaining strength

BUT very little explicit discussion of BBV transmission risk, outside of need to access new injecting equipment

Responding to harms – considering mental health

- Participants identified need to have meaningful activity while high
 - Time spent alone while high could “do your head in”
 - Even activities like online console gaming can be protective
- Self awareness seen as an important tool for managing long term stimulant use:
 - Be aware of impact on others while high – adjust behaviour accordingly
 - Have time out strategies in place for managing intense emotions such as anger
 - Being respectful towards self and others
- Cultivating meaningful relationships seen as important

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What support would help?

What support would help?

- Proper information about ice - addressing myths, up to date facts and statistics. “All the ads are bullshit. I just want to write ‘bullshit’ all over them”
- Testing kits
- Counsellors who understand the drug
- Peer support
- Low stimulus room available
- Information about drug interactions
- Better access to injecting equipment – dispensing machines as an option (this came up in the 2 western suburbs groups and highlights poorer access in this area compared to Inner Space)
- Pipe program – to engage people who don’t inject
- General education in respect for others and self
- Advocacy for drug law reform. “They have to legalise it – a legal place to sell it where there is no reason to <cut> it for your own benefit”
- Housing an over-arching issue for our client group

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Lessons

What did we learn?

- Like any drug, methamphetamine doesn't "cause" problems by itself, but is intertwined with complex personal and cultural stories
- People who regularly use methamphetamine already have strategies to make use safer and more sustainable
- There are voices not heard in this exercise – particularly women.
 - How do we hear these voices?
 - Women are already under-represented in service access
- The stigma and discrimination towards people who use methamphetamine is a significant driver of harms
 - Advocacy is required to address this and broader discrimination against people who use and inject drugs
- There is a need for detailed, neutral and factual information about methamphetamine
 - For new users
 - For workers/counsellors

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