



The rise in methamphetamine use

“We know what works, let’s get on with doing it!”

Overview

- Needs and characteristics of young people who use meth in Youth AOD treatment services
- Specific treatment needs based on pharmacology of meth
- What do Youth AOD treatment traditions offer?
- How well placed is Youth AOD sector to respond?
- A new service example.

General population

- Most users of meth don't use large amounts (Lee, 2014)
- Most meth users don't access services (10-15%) (Lee, 2014)
- In general population, meth is not a commonly used drug by young people under 20 (Lee, 2014)
- Suggestions that increased problems with meth are more to do with more ice and increased purity rather than necessarily more use of meth in population.

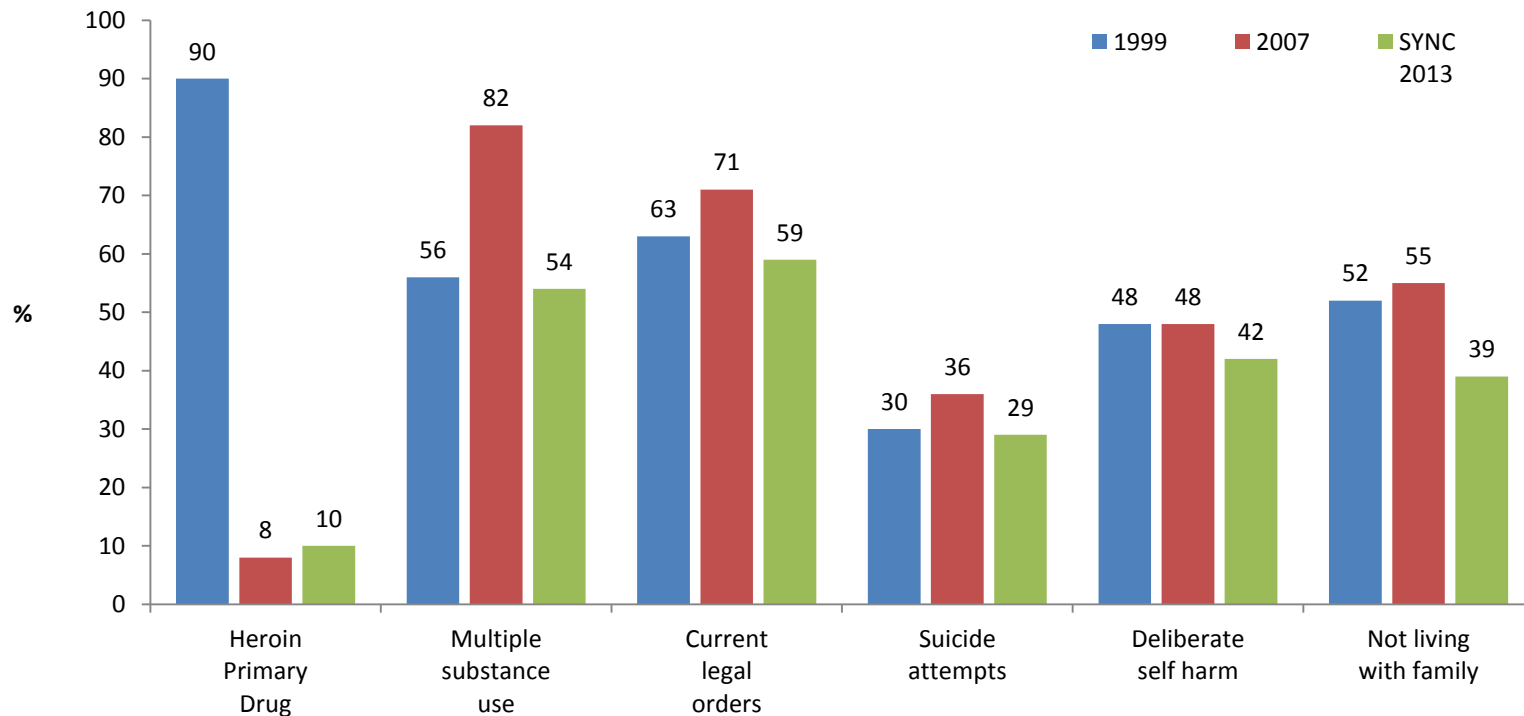
What about ice/meth use amongst an already vulnerable population?

Links between problematic substance use and vulnerability

- Problematic substance use has a stronger correlation with disadvantage than it does with drug use (Drug use in itself is not a very strong predictor of problematic use)
- The transition from recreational use to problematic use is progressive and not clearly demarcated and is almost always exacerbated by the loss of major structures in young people's lives.

(Room, 2005).

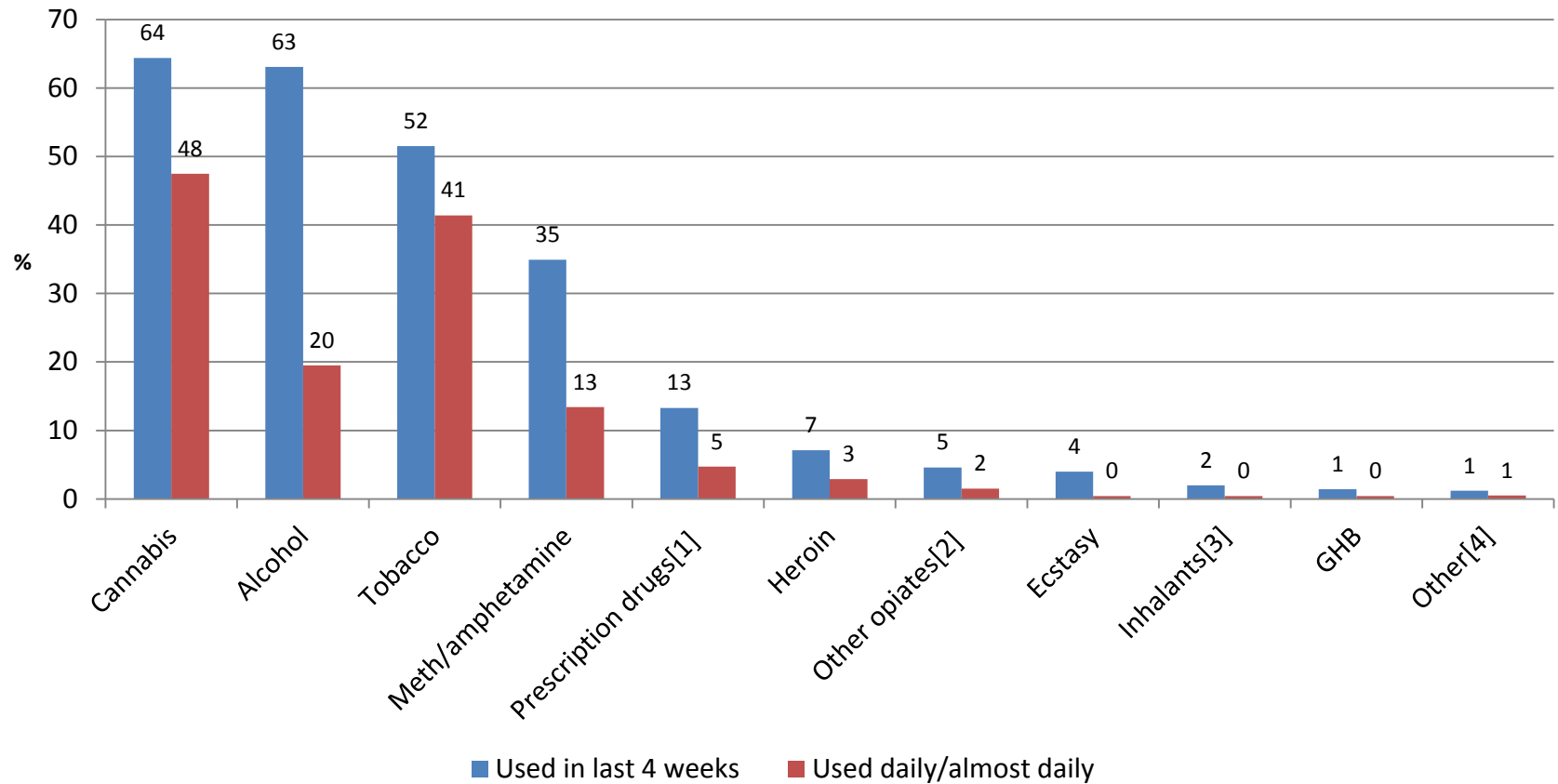
A three year comparison



WHATEVER THE QUESTION, YO DAA CAN HELP



2013 Census



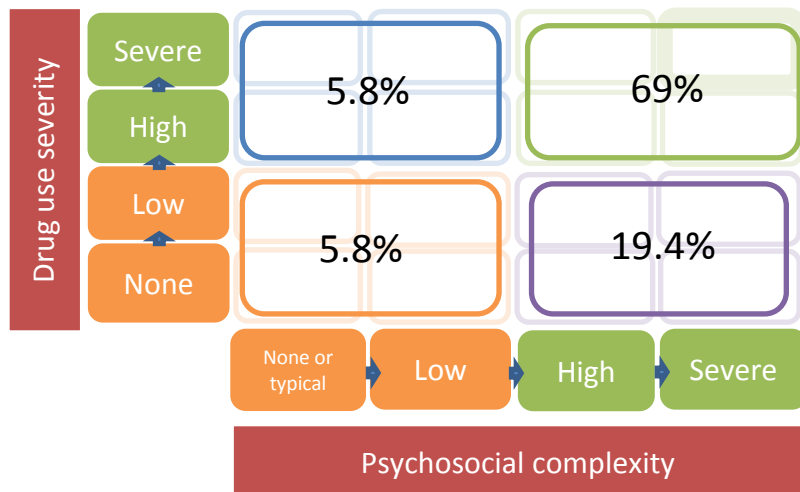
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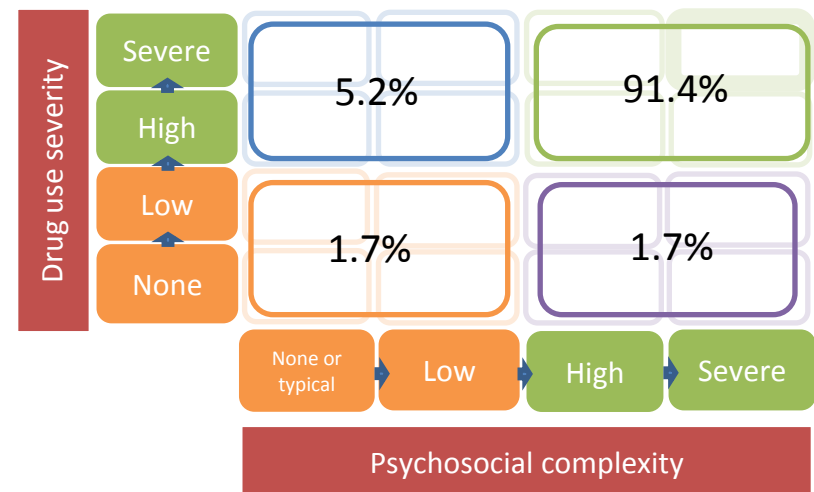
Census

Drug use severity and psychosocial complexity

All clients N= 1000

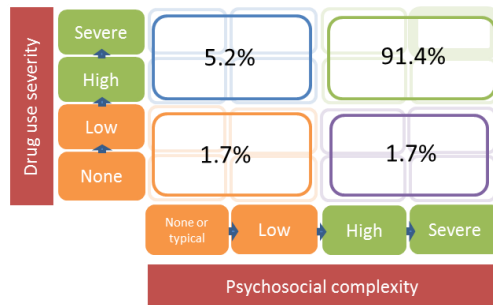


Clients have used methamphetamine N=349



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Needs and characteristics of this group



- Frequent and heavy use of meth and other alcohol or drugs
- Harmful and risky use patterns including IV
- Use of several drugs
- Youth justice/child protection involvement
- Experience of abuse and neglect
- Disconnection from school/employment, family
- Housing problems
- Mental health concerns

Addressing problems of this group

- AOD problems and other issues need to be addressed simultaneously
- Young people need the appropriate structures and supports.
- Support needs to be intensive at times, of sufficient duration and flexibility.

Youth AOD service system

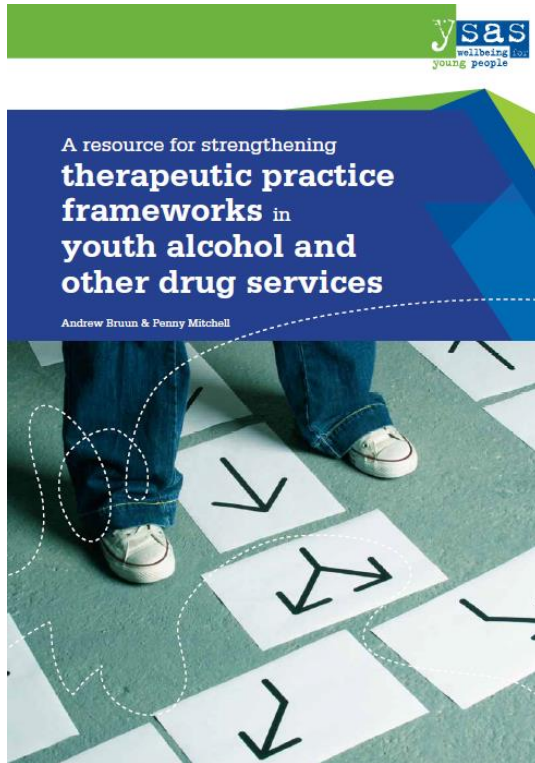
Should be well placed to respond

- Structures
- Modalities
- Flexible models of intake and assessment
- A focus on positive development and trajectories.
- Resilience based
- Individual + Environmental support
- Characteristics of effective service (a focus on the how)

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Evidence based characteristics



- Client centred & holistic
- Relationship based
- Accessible & continuous
- Multidimensional & collaborative
- Responsive and proactive
- Ecological and systemic
- Developmentally appropriate
- Strength based and solution focused
- Experiential and participatory

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Specific meth/ice related implications

- Strong cravings for a longer period
- Higher risk of lapses and relapse
- Difficulty maintaining motivation

implications continued

Cognitive difficulties

- Getting to appointments (memory and planning)
- Completing tasks (focus and planning)
- Taking on new info (attention and memory)
- Thinking about consequences (planning and decision making)
- Goal setting and working towards a goal (planning)
- Switching from one topic to another (flexible thinking)
- Unexpected outbursts (emotional regulation)

(Lee, 2014)

What to do about it

EFFECT	APPROACH
Long withdrawal	<ul style="list-style-type: none">• Flexibility of length of stay
Long recovery time Higher risk of relapse	<ul style="list-style-type: none">• Programs, services and workers must be well placed to support over time.• Emphasis on engagement and retention• Relationship based- A young person not using should not mean the end of treatment
Variable motivation	<ul style="list-style-type: none">• Focus on engagement and retention• Motivational interviewing
Missed appointments and no shows	<ul style="list-style-type: none">• Assertive follow-up• Flexibility• Outreach modalities

WHATEVER THE QUESTION, YODAA CAN HELP

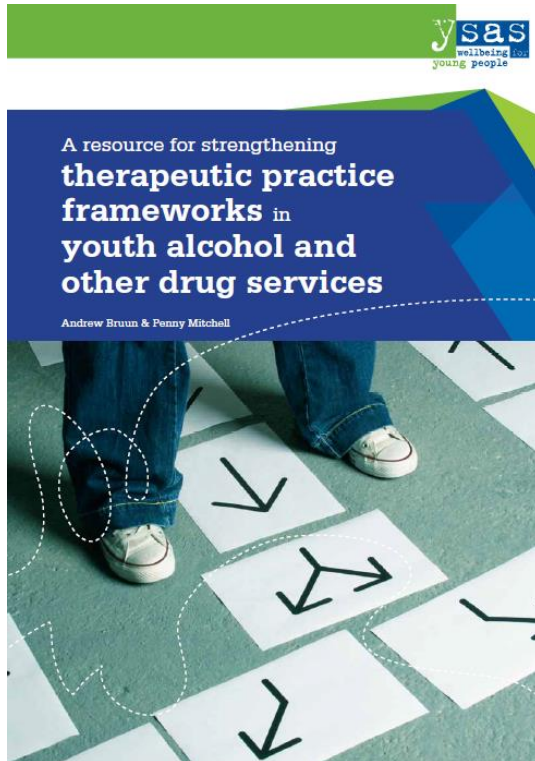


What to do about it

... continued

EFFECT	APPROACH
Other cognitive difficulties	<ul style="list-style-type: none">• Less talk based/cognitive therapies• More behavioural strategies including incentives and rewards• Interventions and support in real time (real world settings), not requiring reflection at a later date.• Community reinforcement approaches (and contingency management)• Shorter but more frequent appointments• Structural responses and activity planning such as eating well, sleeping, daily activities

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A case example

How does and info advice and referral service incorporate these characteristics?



The screenshot shows the YoDAA website homepage. At the top, there is a dark navigation bar with links for 'About Us' and 'Contact Us' on the left, and the phone number '1800 458 685' and '24 hour free YoDAA line' on the right. The main content area features a large, colorful logo consisting of a purple square with a pink and blue speech bubble shape around it. Below the logo, the text 'YoDAA' is written in a large, bold, black font, with 'YOUTH DRUGS + ALCOHOL ADVICE' in a smaller, purple font to its right. A paragraph of text below the logo reads: 'YoDAA is Victoria's Youth Drug and Alcohol Advice service. Whether you are a young person, or someone concerned, YoDAA provides the simplest way to access the information and support that you need.' At the bottom of the page, there are four dark blue rounded rectangular buttons with white text: 'WORKERS', 'YOUNG PEOPLE', 'FAMILIES + CARERS', and 'SCHOOLS'.

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How does and info advice and referral service incorporate these characteristics?

- Need a model that includes capacity for follow up and when necessary assertive call back and follow up (with permission)
- A model that aims to do whatever it takes to get the caller to the next step.
- 36% contacts regarding ice or meth
- 27% calls require follow-up
- 9 subsequent contacts and over 9 hours work in one case of 15 year old Young woman!

Contact

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[@YoDAA_workers](https://twitter.com/YoDAA_workers)

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