

DEVELOPING AN ORGANISATIONAL RESPONSE TO METHAMPHETAMINE

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Introduction / Issues: In response to increasing demand for methamphetamine treatment from 2011 onwards, ReGen has undertaken a range of measures to increase organisational capacity to respond to the needs of individuals and family members affected by methamphetamine use.

Method / Approach: ReGen analysed service data, undertook a review of consumers' experience of residential methamphetamine withdrawal and treatment outcomes, established a 'Step-up. Step-down' model for methamphetamine withdrawal, developed the Torque non-residential rehabilitation program and developed the Family Methamphetamine First Aid program in collaboration with affected family members and people who use methamphetamine.

Key Findings: Adapting agency practice for managing methamphetamine withdrawal (and subsequent treatment) was found to reduce incidences of aggression and unplanned exit from withdrawal and produce improved treatment outcomes.

External evaluation data from the two-year Torque pilot indicate that completion of the program is associated with the following key clinical outcomes:

- Substantially reduced rates of AOD use at program completion (compared to pre-Torque use);
- Sustained reductions in the use of some drugs (particularly methamphetamines and heroin);
- Sustained, substantial reductions in reoffending; &
- Improvements in health and quality of life at program completion, with evidence of continued improvements post-program.

The Family Methamphetamine First Aid program is providing targeted, meaningful and practical support to affected family members.

Discussions and Conclusions: The combination of stepped-care withdrawal plus non-residential rehabilitation is emerging as an effective treatment pathway for this group, both in terms of duration and intensity. The success of these withdrawal and non-residential rehabilitation models (together with the Family Methamphetamine First Aid educational program) highlights opportunities for future service development.

Implications for Practice or Policy: ReGen's approach demonstrates the capacity for adaptations to established service models to achieve significant improvements in the effectiveness of treatment for methamphetamine dependence. While ReGen is delivering support programs for affected family members, there remains a clear need for the establishment of targeted counselling, aftercare and other complementary interventions.

Implications for Translational Research: The development of new methamphetamine treatment models needs to be accompanied by ongoing focus on workforce development, to ensure that Australian AOD treatment staff (and those in related service sectors) have the confidence and the capacity to work affectively with people affected by methamphetamine use.

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