



Recognising & Responding to Amphetamine Intoxication/Toxicity and Opioid Overdose

Workforce Development Mental Health Commission

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Acknowledgement of Traditional Custodians of the land

We would like to acknowledge the Traditional Custodians of the land on which this training takes place, and pay our respects to Elders past, present and future


Background

- Increasing requests since 2010 for training on methamphetamine related issues
- Opioid overdose rates also steadily increasing
- Limited Australian based audio-visual/print resources that addressed methamphetamine intoxication/toxicity and none that included opioid overdose, in the same resource
- Initially 4 opioid/methamphetamine clips
- Opportunity arose to expand the resource to 6 clips
- Scenarios largely informed by consumer feedback
- The new Recognise and Respond package (R&R) includes the following...


The R&R USB package

1. Trainers Guide
2. Trainer PowerPoints
3. Audio-visual clips (opioid and amphetamine)
4. Harm reduction tip sheets for workers
5. Fold out z-cards for clients
6. Naloxone brief education tool

Recognising and Responding to Amphetamine Intoxication/Toxicity & Opioid Overdose
A guide for first responders




Brief Education Tool



Recognising and responding to opioid overdose

What are amphetamines?

Amphetamines are a type of stimulant; they increase the activity of the CNS and affect some neurotransmitters in the brain (norepinephrine, serotonin and dopamine).



CN(C)Cc1ccc(C)cc1
Methamphetamine

CN(C)Cc1ccc(C)cc1
Amphetamine

Opioids

Harm Reduction Tip Sheet for Workers - Opioids

This tip sheet is designed to support workers to provide harm reduction information to people who use opioids. Harms can relate to the drug's effects, mode of administration or method of use, situations in which people use opioids, or the pattern of use. Ideally, these different harms should be discussed with the person who is using opioids.

The safest way to avoid drug-related harms is to not use at all, but for people who choose to use, the following harm reduction information and strategies may be helpful^{1, 2}.

- Mixing drugs (poly-drug use):** Mixing opioids with other central nervous system depressants such as alcohol, other opioids or benzodiazepines increases the risk of overdose³. This is due to potentiation, which means that the combined use of drugs can produce a greater effect.
- The source of reduced tolerance:** Restricted access to opioids in settings such as residential rehabilitation, detoxification, detention and imprisonment, as well as medical treatments such as painkillers, can reduce a person's tolerance to heroin and other opioids⁴. This can occur within a few days of not using. Reduced tolerance puts a person at high risk of an accidental overdose. Encourage the person to consider using smaller amounts to reduce the risk of overdose.
- Variable purity and content of illicit opioids:** Illicit opioids are manufactured illegally without any controls on the quality or strength of the drug. Consequently, the purity of illicit opioids can vary greatly. The risk of overdose can increase if a person uses heroin or other opioids that are stronger or purer than they are used to. The risk of overdose can be high when illicit opioids are mixed with other opioids (e.g. heroin) to increase the strength of the illicit opioids⁵.
- Decreasing the amount used:** As tolerance develops the dose of heroin required to produce a 'high' may approach a dose which causes respiratory depression and death, with little difference between the two doses. Therefore people who use heroin daily may have an increased risk of overdose due to the larger amount of the drug required to produce the desired effect. Using a smaller amount of the drug decreases the risk of overdose.

Footnote 1: Benoit, A., Coles, J. and Blair, R. (2012) Preventing opioid overdoses in Europe: A critical assessment of harm and prevention measures from expert clinicians. *International Journal on Drug and Alcohol Research*.

Footnote 2: European Monitoring Centre for Drugs and Drug Addiction. (2015). *Partnerships to shape: Preventing overdose deaths in Europe*.

Footnote 3: De Wit, F. et al. (2014). Mixed agonist drug ratios: what evidence base? Implications for a new management algorithm. *PLoS ONE*, 9(11): e114548.

Footnote 4: De Wit, F. et al. (2015). Heroin tolerance, recovery and evidence-based intervention. *Journal of Addictive Medicine*, 9(1): 52-62. <http://dx.doi.org/10.1097/JAM.0000000000000027>

Footnote 5: International Union of Pure and Applied Chemistry. (2012). *Nomenclature of Organic Chemistry: IUPAC Pure and Applied Chemistry*. Retrieved from <http://dx.doi.org/10.1002/9783527308705.ch040>



Amphetamines

Harm Reduction Tip Sheet for Workers - Amphetamines

This tip sheet is designed to support workers provide harm reduction information to people who use amphetamines. Harms can relate to the drug's effects, route of administration or method of use, situations in which people use amphetamine, or to the pattern of use. Ideally these different harms should be discussed with the person who is using amphetamine.

The safest way to avoid drug-related harms is to not use at all, but for people who choose to use, the following harm reduction strategies may be helpful^{1, 2}.

- Good nutrition:** People may not eat well whilst using amphetamine. Eating fresh, healthy food such as fruit, vegetables and fish, which are high in vitamins and other nutrients, can assist to maintain physical health.
- Plenty of rest and sleep:** People using amphetamine may not sleep well, or sleep at all. Inadequate sleep can impact severely on mental and physical health. Encourage the person to sleep daily or at least every second day. If this is not possible, encourage them to rest in a darkened room for a few hours each day.
- Adequate hydration:** When using amphetamine, people can become dehydrated. Encourage maintenance of water intake, especially if using ecstasy and dancing in a hot environment. Encourage the person to take regular small sips of water, about 200 mL per hour, or if dancing or very active drink 300-400 mL of water per hour. However, drinking too much water can lead to hyponatremia (low sodium levels in blood) and can be fatal if left untreated. Caffeine-based drinks and energy drinks should be avoided as they can increase blood pressure and therefore increase the risk of stroke and heart attack. Drinking alcohol will cause further dehydration.
- Looking after personal hygiene:** Regular showering and changing into clean clothes can assist a person to feel physically and psychologically better.
- Good dental hygiene:** People may forget to brush their teeth or drink adequate amounts of water when using amphetamine. Mucous membranes can dry out due to decreased saliva production (especially when smoking). Poor dental hygiene can increase the risk of infection, tooth decay and loss. Encourage the person to brush their teeth using toothpaste and plenty of water at least daily. Chewing gum can help to produce saliva which can assist in reducing dental problems.
- Antidotes:** People who have been using amphetamine can often feel flat or 'pissed' after they stop using. This can last for several days, and if the person has been using for months or years at increasing amounts this can last longer. This is a normal reaction to an imbalance in levels of the neurotransmitter dopamine, caused

Footnote 1: Smith, S. and Stone, V. (2011). A Short Review of the Harm Reduction Response to Amphetamine: An Update. *London: The National Drug Research Institute*.

Footnote 2: Smith, S. (2015). *August: Meet the 2015 'Red Pill Hero'*. <http://www.drugwitness.com.au/redpill/2015/>



R&R resource package

- The package has been designed for '*frontline workers*' who regularly come in contact with clients who are experiencing issues related to methamphetamine intoxication/toxicity or opioid overdose.
 - Frontline workers include: AOD workers, MH professionals, hospital staff, police, justice workers, child protection workers, rangers, community service workers etc...
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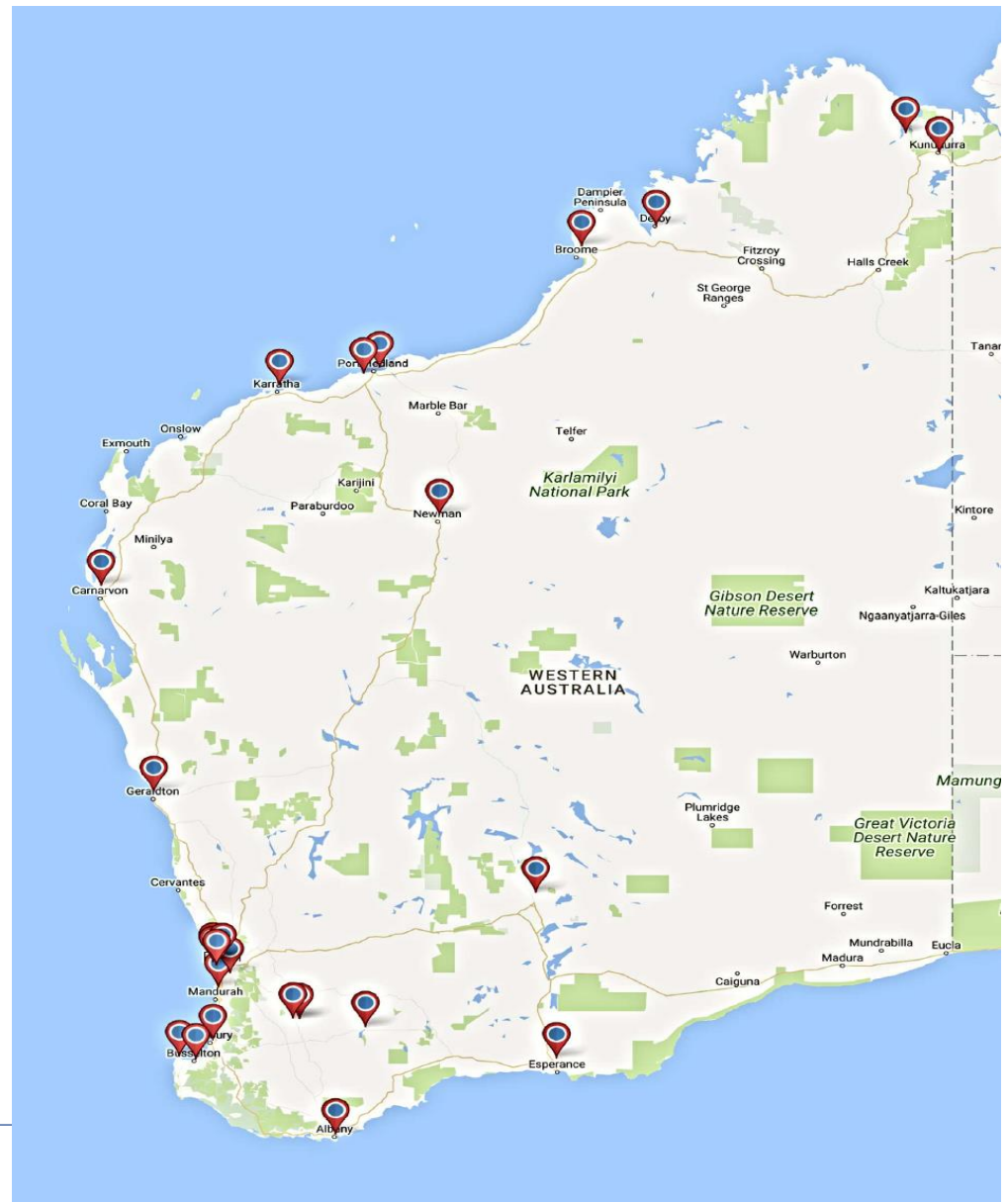
Recognise & Respond Training across WA in 2017/18

Over 1200 frontline workers
trained (since Aug 2016)

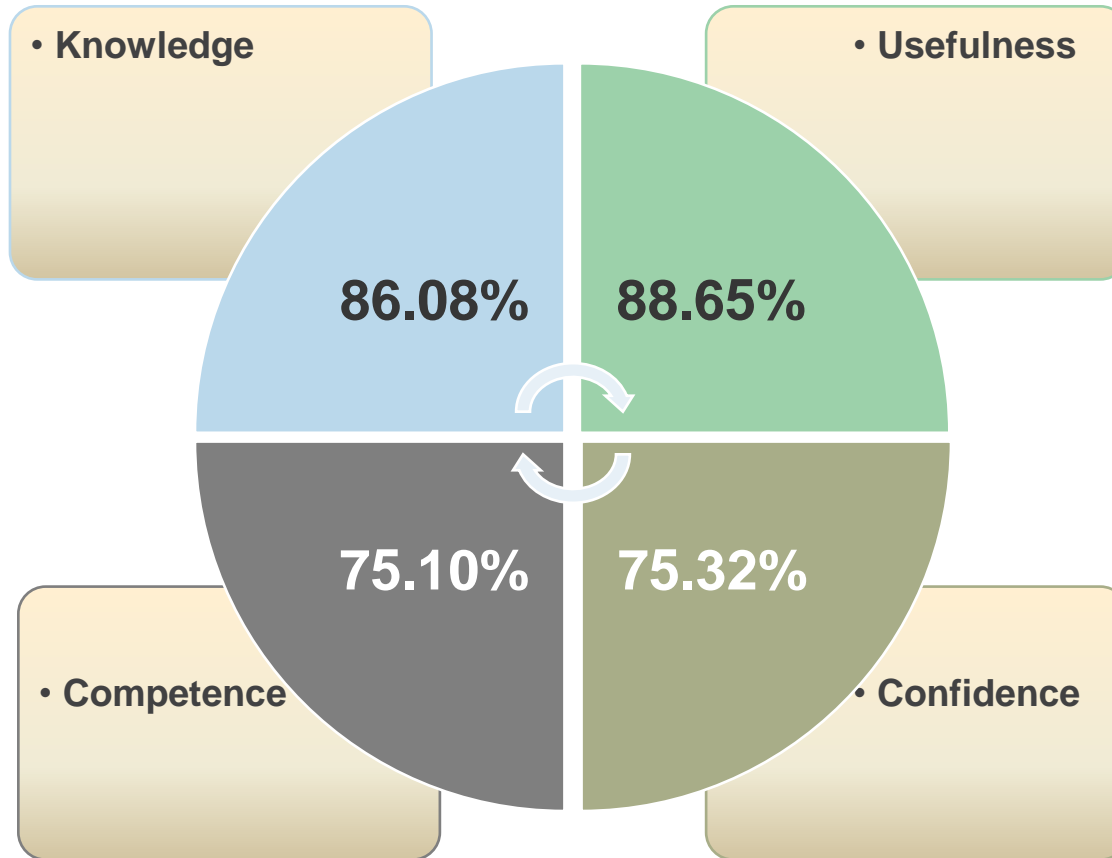
21 regional centres

63 training events

- Kununurra, Wyndham,
Derby, Broome
- Geraldton, Karratha,
Carnarvon, Port Hedland,
South Hedland, Newman
- Albany, Bunbury,
Busselton, Dunsborough
- Kalgoorlie, Esperance,
Lake Grace, Southern
Cross
- Northam, Narrogin, Perth



R&R evaluation stats 2017/18



Recognise and Respond A/V Clips

- 6 audio-visual clips comprised of 5 methamphetamine scenarios and 1 opioid montage clip (45 minutes of footage total)
- Aboriginal Alcohol and Other Drug Programs were consulted to ensure cultural security of the resource
- Aim is to show realistic depictions of methamphetamine/opioid issues and best practice responses from a frontline worker perspective
- The clips are supported by a trainers guide that 'unpacks' and offers harm reduction strategies for each scenario

Trailer



Thank you

Questions?

For more information about the new R&R package, please email AOD.Training@mhc.wa.gov.au
