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Hunter New England
Local Health District

Ten Years in the Life of a Stimulant Treatment Program

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Purpose of Overview

- Experience of the Stimulant Treatment Program
 - What can assist
 - Improve treatment access and outcomes
- Media interest and high levels of community concern
 - Pressure on health and community to respond
 - Risk of increased marginalisation and stigmatisation

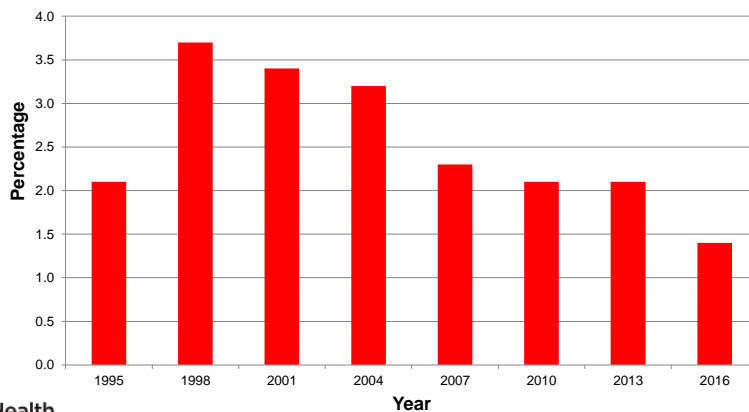
Stimulant Treatment Program (STP)

- Established in 2006
- Assessment, case management and counselling
- Support for carers
- Consultation and training
- Limited pharmacotherapy

Recent Methamphetamine Use

Source: Australian Institute of Health and Welfare (AIHW). 2016 National Drug Strategy Household Survey

People aged 14 years or older with recent use of meth/amphetamines



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5

Methamphetamine Use in Australia

- Trending downwards
- Increase in crystal methamphetamine use
- Decline in powder use
- Increase in proportion of people with dependence
- Increase in health-related harms



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6

STP Demographics

- 25% increase in referrals since 2011
- Age
 - Most 35-50 years
- Sex
 - 39.7% female
- Priority populations
 - Pregnant women 8%
 - Aboriginal Torres Strait Islander 14.5%
 - Youth (under 25) 17%



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Client Complexity

- Triage
 - High prioritised - 28%
 - Medium – 50%
 - Lower complexity – 22%
- Risk factors

– Mental health	- Suicidality
– Physical health	- Priority population
– Suicidality	
– Primary carer of children	



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Safety 2006-2017

- Adverse clinical incidents are rare
- Patient verbal aggression rare (9 in 11 years)
- No physical aggression
- Aggression preventable
- **Relationship between methamphetamine and aggression is not so straightforward**

Counselling works: STP 2013 Evaluation

- 96% - good to excellent changes in their life
- At 6 months – reduced:
 - Past month methamphetamine use (79% to 55%)
 - Psychotic symptoms
 - Disability associated with poor mental health
 - Hostility
- 75% of participants identified the stimulant specific treatment service as extremely important

Implications for Treatment

- Highly marginalised and unwell client group
- Clinician approach foundation
- Building engagement
 - Empathic, non-judgemental
 - Collaborative
 - Trauma-informed
- Successful treatment

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