



**Learnings from implementing a Consumer
Advisory Group for the
*Oral Lisdexamfetamine for the
treatment of Acute Methamphetamine
withdrawal Clinical Trial***

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Acknowledgement of Country

I acknowledge that I am on the Gadigal land of the Eora nation, and recognise the strength and resilience of those people, who maintain a continuing connection to the lands and waters in this region - a right and responsibility that was never ceded.

We also acknowledge the Traditional Owners and caretakers of the nations throughout Australia, and pay our respects to elders past and present, and the Aboriginal and Torres Strait Islander people here today.

Always was and always will be Aboriginal Land.

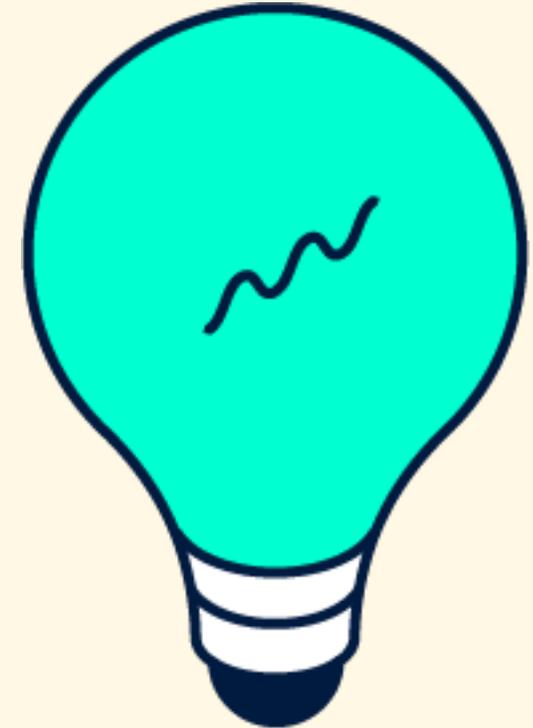
Acknowledgement of Lived Experience

I acknowledge the individual and collective expertise of folks with lived and/or living experience of drug use, and in this case, methamphetamine use. We recognise those who have been lost early and the impacts on their families, carers and communities.

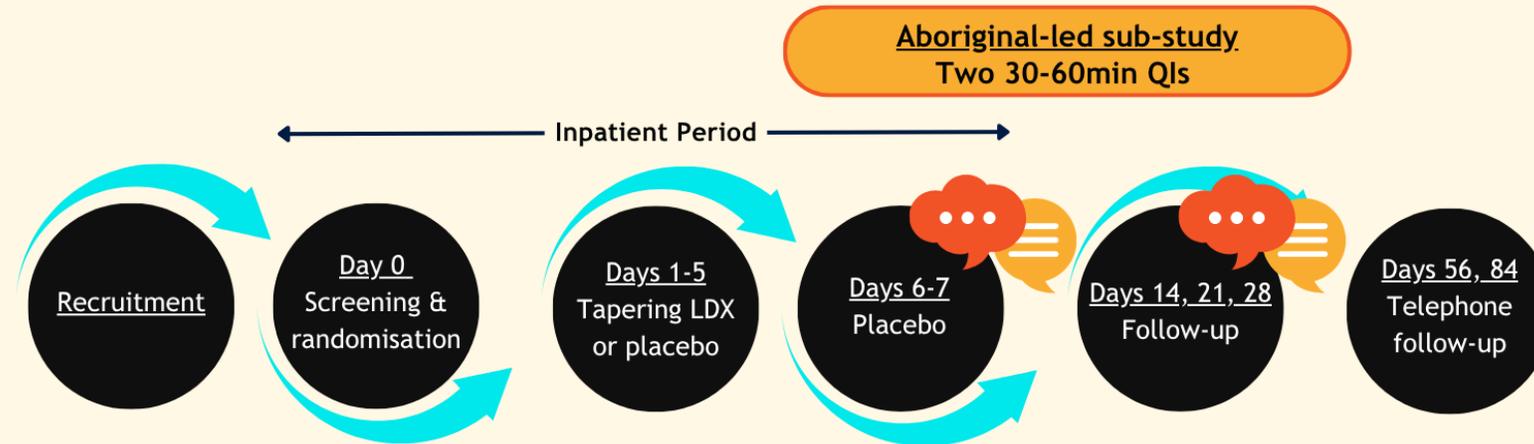
We recognise your vital contributions which continually guide and shape our research from a lived-living experience perspective.

The OLAM Trial - Rationale

- Australia has the highest prevalence of methamphetamine dependence (7x the global average)
- Dependence is characterised by withdrawal -> ineffective treatment of withdrawal symptoms -> higher rates of relapse
- There is no approved treatment for methamphetamine withdrawal
- Agonist-like approaches to treatment have been explored for other drugs of dependence (nicotine, cannabis, opioids)
- An in-patient pilot study (n=10) found that lisdexamfetamine was safe & feasible for reducing withdrawal severity over 7 days



The OLAM Trial - A brief note on study design



- **Double-blind, randomised controlled trial**

- Multi-centre, with sites in NSW, VIC, WA
- Tapering doses of lisdexamfetamine (LDX) vs. placebo
- 7-day in-patient admission, with telephone follow-up to day 84
- First Nations participants invited to do qualitative interviews to examine their specific experiences and cultural acceptability of the treatment

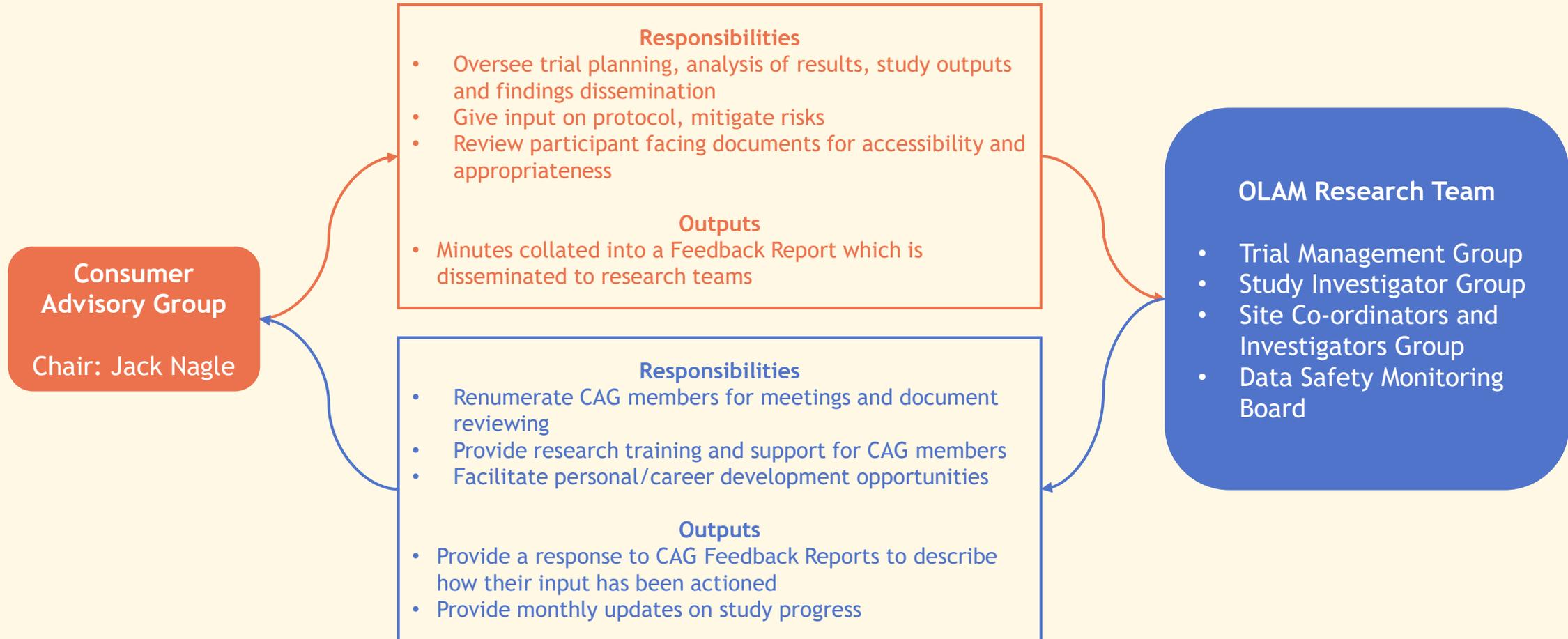
The Backbone of the CAG: Established Peer Partnerships



Three aligning priorities guide recruitment, CAG formation and implementation

1. Diverse representation of people with lived-living experience of methamphetamine-use
2. Transparency and accountability of research processes and operations
3. Flexible and ethical remuneration - direct bank payments

Consumer Advisory Group - Flow of accountability



Guiding principles for peer engagement in research

Partnership & Commitment

- Collaboration formed on a partnership with shared strategic priorities
- Ongoing commitment to mutual learning and continuous improvement

Respect & Safety

- Safety is key for peers
- PWUD are not guinea pigs
- Actively ensuring clinical research is acceptable to community

Responsiveness & Relevance

- Targeted research that is aligned with community priorities
- Engaging peers where they actually want to be engaged
- Diverse peer engagement, avoiding a one-size fits all approach

Structural Support & Resourcing

- Dedicated funding and resources
- Embedding structural support for peers engaged
- Knowledge generation from a formal evaluation to guide future engagement approaches



These principles will guide the formal evaluation of the CAG in collaboration with AIVL

Thank You!

- Our CAG Members
- OLAM Study Research Team
- Jess Doumany (AIVL)

& the consumers and researchers who generously gave us advice during the planning of this project!



Get in touch!

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NCCRED

National Centre for Clinical
Research on Emerging Drugs

