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# 'ICE-CHOSIS' THE IMPACT ON COMMUNITY AND MANAGEMENT PRINCIPLES FOR COMMUNITIES

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ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH  
COMMITTEE

# About the Royal Australian and New Zealand College of Psychiatrists



- The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand
- The RANZCP now has over 5500 members, including over 1300 members who are training to qualify as psychiatrists.
- College website: [www.ranzcp.org](http://www.ranzcp.org)

- “Australia ...we’re in the middle of an ice epidemic ... or at the very least an epidemic of people saying there’s an ice epidemic”
  - Will Anderson – Gruen Transfer

# NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY 2013



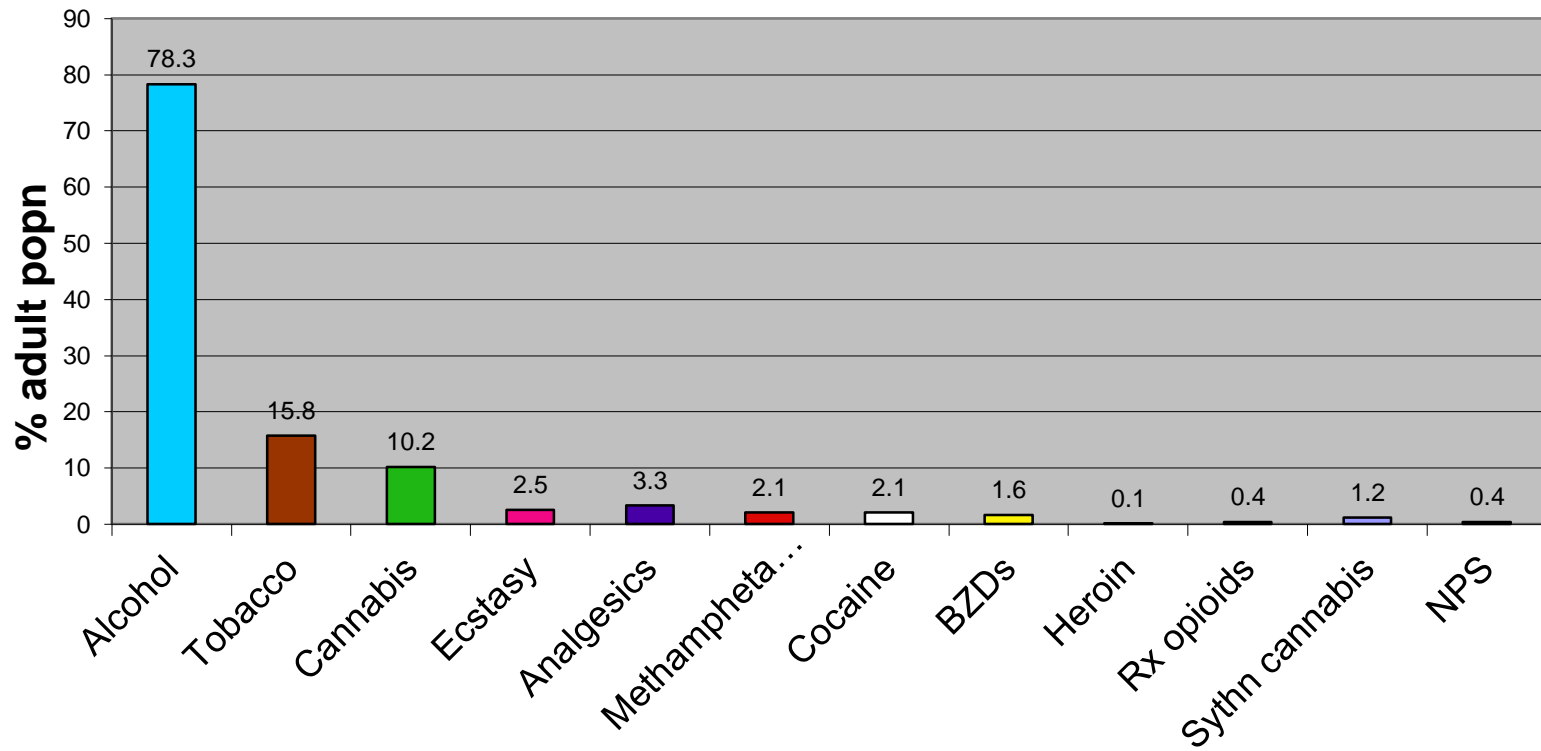
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- 40% at risk use
- Higher proportion in Aboriginal and Torres Strait Islander population
- Drug use (2010-2013)
  - Tobacco – decline
  - Alcohol – decline in harmful use
  - Illicit drugs – increase in pharmaceuticals
- Economic cost (2004-2005)
  - Tobacco \$31.5b
  - Alcohol \$15.3b
  - Illicit drugs \$8.2b
- Burden of disease (2010)
  - Tobacco 8.3%
  - Alcohol 2.7%
  - Illicit drugs 2.6%

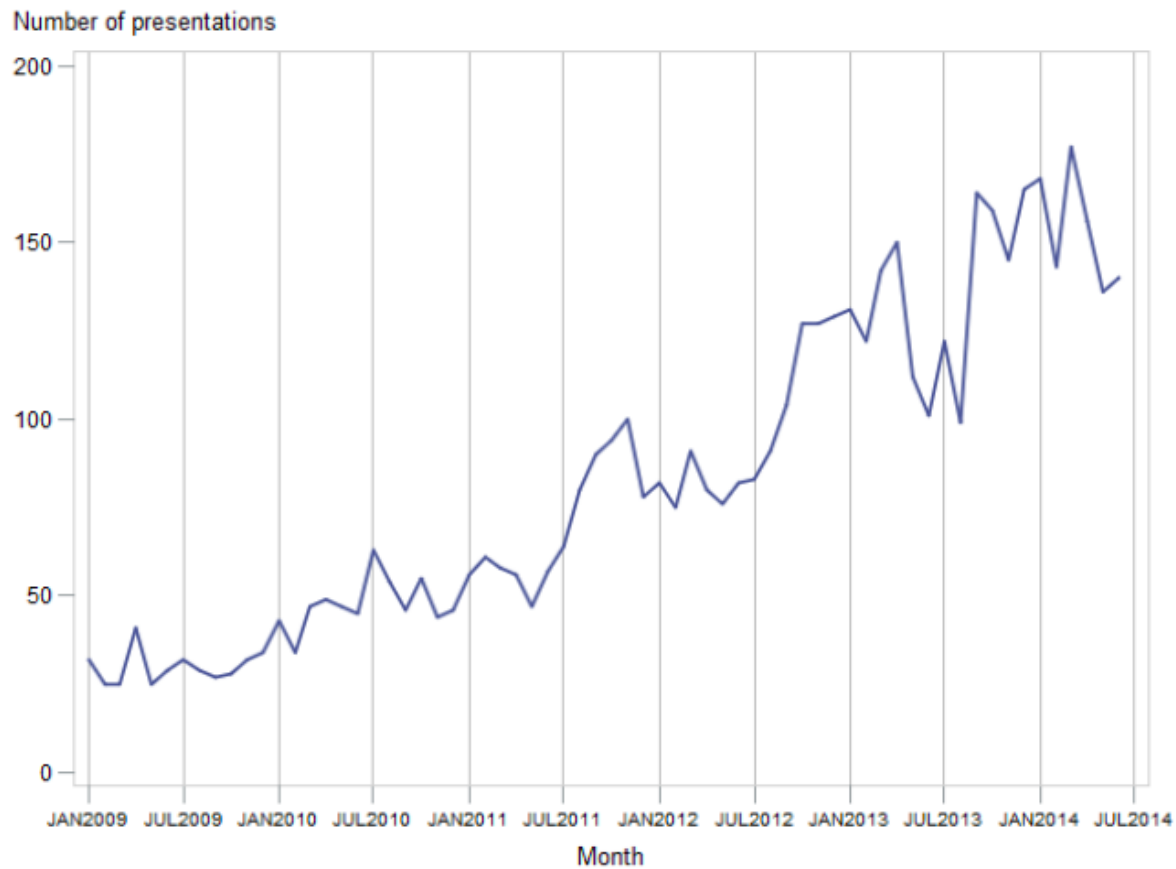


### Used in the previous 12



- Victim of substance related incident (2013)
  - Alcohol 26% (physical 4%)
  - Illicit drug 8.3% (physical 3.1%)
- Cannabis remains most common illicit drug used (10.2% past 12 m)
- Patterns of amphetamine use
  - Amphetamine use did not increase
  - Change in the main form used (2010-2013)
    - Powder from 51% to 29%
    - Crystal from 22% to 50%
  - Increase in frequency
    - Crystal from 12.5% to 25% at least weekly use
  - Use highest in Remote and Very Remote areas
  - Twice as likely to use as those in non-remote areas
  - Highest in WA (3.8%)

**Figure 1. Total monthly counts of methamphetamine-related Emergency Department presentations to metropolitan Sydney hospitals, January 2009 to June 2014**



Consultation with the Aboriginal Drug and Alcohol Leadership Network with AHW ... methamphetamine use is consistently raised as a major area of concern

In 2013-14 0.3% of all Aboriginal people in NSW >16yo experienced methamphetamine related hospitalisation ... compared to 0.04% of non-Aboriginal ... accounting for 15.6% of all patients with methamphetamine related hospitalisations



# RISK OF AGGRESSION



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- The relationship between methamphetamine and aggression is not straight forward and depends on many factors
  - Sex – men more violent than woman
  - Other substance use
  - Withdrawal
  - Personality
  - Not eating
  - Lack of sleep

- The individual
  - Greater vulnerability for recreational use to convert to problem or dependent use
  - Greater risk of violence
  - Poor health including psychiatric comorbidities
  - Unemployment and financial instability
  - Loss of social network
  - Stigma
  - Isolation and loneliness



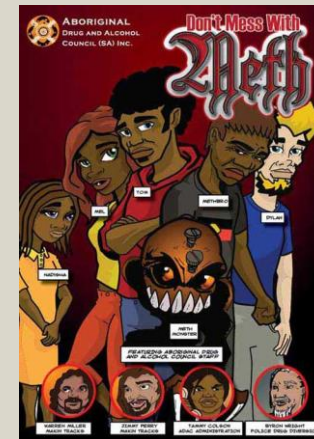
- Impact on families and communities (Lee et al 2014)
  - Ability to care for kids
    - Food, missing school, witnessing domestic violence, emotional neglect)
  - Risk of child removal
  - Burden on or estrangement from family
  - Shame of the individual and family
  - Anxiety of the family
  - Carer fatigue
  - Relocation and homelessness to access Ice, with subsequent increased violence due to conglomeration of people from different clans with historical unresolved conflicts

# PREVENTION

- Community leadership and strategies to reduce access

- Education

- Makin Tracks comics (ADAC)
- Schools
- GPs and remote health services
- Community level



- Addressing predisposing factors – eg. Employment and community activities to reduce use through boredom

# MANAGEMENT PRINCIPLES



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- Divert from justice system into treatment
- Strengths-based, capacity building, culturally relevant approaches
- Services supporting families and carers so that they can be 'families and carers' rather than 'treating agencies'
- Services supporting families and carers to minimise 'fatigue'
- Support but not stigmatise
- Address barriers

# ACCESS BARRIERS



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- Knowledge
- Personal fears and shame
- Fear of intervention from other services
- Dual diagnosis approach
- Lack of transport
- Preference for CCHS

# TREATMENT BARRIERS



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- Western treatment model ineffective—
  - Prof Conigrave: ‘we pluck one user out of a group, treat them, then plonk them straight back into the user group’
  - Need step-down facilities
  - Disconnect between detox and rehab services
  - Inadequate accessibility to address those seeking immediate support to ‘take a break’
  - Harm reduction focus may work better for this population than abstinence focus
  - Inadequacy of culturally based treatment plans
    - Culturally informed in understanding the underlying cause/reasons
    - Culturally informed interventions
    - Culturally informed replacement behaviours

- Education
  - Stages of change
    - Tailored family interventions re stage of change
  - Safety – physical, financial, legal
  - Enabling vs ‘detachment with love’
  - Open communication
    - problem orientated not person orientated
  - Taking care of yourself
    - ... including support groups and maintain friends