RACGP's Recreational Drug Use Webinar, 21 July 2021

Parties, Pills and Problems - RACGP AOD GP Education Program - Advanced Skills Training webinar

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CPD Points: 3

About this session

According to the Alcohol and Drug Foundation, "People use drugs for many reasons; to relax, for enjoyment, to be part of a group, out of curiosity, as a coping mechanism or to minimise physical and/or psychological pain and trauma." This webinar will explore the most commonly used recreational substances, including party drugs and psychoactive substances and ways for GPs to support patients. This webinar will also talk about recreational drug use with patients and their families. Panelists will also discuss strategies to provide whole of person care to patients, including assessment and harm minimisation techniques, and also look at a range of ways GPs can support patients who identify as lesbian, gay, bisexual, transsexual, queer or intersex.

Presenter team

- Dr Paul Grinzi (FRACGP, MMed, MBBS, BMedSci, DipDerm), RACGP Medical Educator.
- Dr Matthew Frei (MBBS, FAChAM), Clinical Director, Turning Point and Eastern Alcohol and Drug Services, Eastern Health, Melbourne, Victoria.
- Dr Chris Davis (BSc MBChB DCH DFSRH MRCGP FRACGP), Director, East Sydney Doctors and Clean Slate Clinic, Darlinghurst, New South Wales.
- Joël Murray, Manager Program Delivery (Community Health), ACON.
- Alice Pierce, DanceWize NSW Specialist, NUAA.
- Dr Simon-Slota Kan (MBBS, MPH, FRACGP, FAFPHM), RACGP Medical Educator.
- Dr Shani Macaulay (MBBS, FRACGP), RACGP Medical Educator.

Learning outcomes

1. Identify the effects and potential harms of the most commonly used recreational drugs
2. Discuss recreational drug use with patients, including ways to provide harm minimisation advice
3. Implement strategies to provide whole of person care to patients using recreational drugs, including those who identify as LGBTQI

Definitions and context of recreational drugs use and if they are useful

- "Drugs that people take intermittently to enhance dancing and socialising" and "Settings that they're used in and the way that they're used" - Dr Matthew Frei
- "Context of use, rather than a specific drug being classified as a party drug, so recreational use might be a patient use of contextual, so it's about where I'm using the drug and how I'm using the drug with." - Joël Murray
- "Safe drug use or mild drugs. When you hear people use the terms recreational or party, you think of the good things about the use. I guess I would always be wary about thinking that recreational use or using party drugs is necessarily always safe." - Dr Chris Davis
- Does substance matter? Yes, it matters – there is lot of difference in both the drug and how it is used eg injecting or sexualised drug use. It comes down to honest conversation with patient.
- What are the substances used/sold in a dance party context? Typically, they are MDMA, ecstasy, GHB, amphetamines, ketamine, psychedelics.
- The easiest way to find out what a drug does is ask the patient.
- It is important not to stigmatise party drugs as this leads to problems including aspects of the discussion, when labelled "party".

Importance of avoiding stigmatising, pigeonholing, problematising reported drug use (if not an issue for patient), through maintaining a patient centered approach, resisting the righting reflex, remove assumptions.

- When gathering patient history, where do GPs go wrong from a patients' perspective? Off-putting things - language and pigeonholing. Building rapport and linking if possible, to the presenting complaint or whole person approach before bringing it up.
- Emphasise a non-judgmental approach - patients do know their bodies. Be sincere, not drawing every issue back to patients' drug use but addressing the presenting complaint.
- Motivational interviewing often can lead to the GP expressing the righting reflex “trying to make things right” - needs to be resisted and avoided where it is not useful for the patient and rapport.

Impacts of COVID on drug scene - use, accessibility and quality.

- Accessibility and reliability are the key reasons that drive users to the various drugs.
- Cocaine - post covid we have seen cocaine take over from psychedelics.
- The quality of ice (crystal methamaphetamine) went down during covid, which helped people stop or change their drug use.
- Impacts of Jobkeeper income support and life stability on drug use – some people changed their drug use in response with access to income support - not in fight or flight, can make rational decisions. Saw a change/regression when job keeper income support stopped.
- Price of some drugs increased during covid. Increase in GHB (gamma hydroxybutyrate) use – as it is easy to make. Methamphetamines often come from offshore (expensive, poor quality, hard to get) some people switched to using GHB instead. Note they have quite different effects a stimulant (methamphetamine) versus a depressant GHB.

PnP descriptions/definition. Ask your patient if you don’t know – engaging them and their “expertise” increases knowledge for the GP and builds rapport

- "Party and play" (PnP) or “sexualised drug use” are the terms used in Australia (chemsex is localised to London, UK).
- It needs to be acknowledged that it's not just gay or bisexual men that may undertake sexualised drug use.
- People use drugs during sex to lower their inhibitions, feel more comfortable and to explore sexual fantasies. unlike alcohol, drugs like meth amphetamines increase dopamine or adrenaline, so longer sex sessions, therefore other safer sex practices come into play - condoms, lube, staying hydrated and nourished with food, rest – i.e. harm minimisation practices.

Language matters, how to make your practice a safe place for recreational drug users, LGBTIQ etc. to consult GP about health

- Language matters and being aware of how you're talking to patient, including being non-judgmental and person centered.
- Use visual triggers in clinics to start conversations. For example, posters around the clinic - "talk to me about your drug use" - passive, optimistic, friendly.
- Providing harm minimisation knowledge is important, and to know what each drugs does and their risks.
- There is high knowledge of harm minimisation in gender diverse and sexuality communities, including cultures of care in the dance party scene and private spaces that you can draw upon from your patients.
- Harm minimisation really needs to be individualised. Treat the patient as the expert and ask them.

Drugs and violence

- Consent is a tricky issue; someone legally can't consent once intoxicated. Negotiation of consent may not always be clear. GHB can cause person to fall unconscious - therefore sexual assault can take place. Significant number of incidents are being reported.
- Patients often don't disclose because of the nature of what they are doing, secret that goes untold, causes long term mental health harm.
- Drivers of sexual assault are similar to the underlying drivers of harm experienced by women and children - rigid stereotypes, unquestioned sexual expectations, power imbalance and misogyny.
- Difficulties with a successful systematic response to sexual assault in this context include - how the police treat victims, confusion of perpetrators versus victims if the same gender, other things such as legal name and gender may be different to what's expressed by the person. Services that should support victims respond negatively or underwhelmingly which leads to the non-disclosure of sexual assaults.

Resources and links

- https://www.nuaa.org.au/language-matters
- https://www.racgp.org.au/download/documents/AFP/2010/August/201008frei_partydrugs.pdf
- https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/national-guide/chapter-4-the-health-of-young-people/illicit-drug-use
- https://www.racgp.org.au/download/Documents/AFP/2013/July/201307li.pdf
- https://www.racgp.org.au/education/professional-development/online-learning/resources-and-webinar-series/clinical-support-resources/the-5a%E2%80%99s-framework
- https://www.racgp.org.au/afpbackissues/2004/200409/20040901khong.pdf
- https://www.racgp.org.au/afpbackissues/2004/200407/20040703sim.pdf
- Drugs can be classified in many ways. The Drug Wheel is a classification model that groups different types of drugs based on the effect they have on the body. https://adf.org.au/insights/drug-wheel/
- Review touchbase and understand some of the common drugs that maybe use in the LGBTIQ community noting the unique considerations with mixing (polypharmacy), interactions with hormones, interaction with HIV medication. https://touchbase.org.au/alcohol-and-drugs
- Review https://touchbase.org.au/sexual-health/sex-and-drugs noting the consideration with respect to harm minimization in relation to harm minimization, consent and STIs with respect to AOD use.
- If you have LGBTIQ patient base in which understating chemsex risks and harm minimisation approaches is important, consider doing the eLearning module. below. https://qnada.org.au/wp-content/uploads/eLearning/Chemsex/story_html5.html click resume or restart to commence the module
- If your patients want to understand more on how to manage harm minimisation with chem sex consider directing to this resource. https://pivotpoint.org.au/party-and-play/