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Treating crystal methamphetamine use in general practice doesn't necessarily mean managing violent or psychotic patients.

## Submission to Ice Taskforce

RACGP Specific Interests' Addiction Medicine network made a submission to the Federal Government's National Ice Taskforce in 2015, outlining a number of recommendations to tackle this problem in general practice. The recommendations included:

- investing in more education and training for screening, detection, assessment and implementation of brief interventions
- better elucidated referral pathways
- building on the RACGP's *SNAP guide* (smoking, nutrition, alcohol, physical activity) to include information on drugs
- consider supporting treatment of methamphetamine use in general practice with specific Medicare item numbers.

Visit [www.racgp.org.au/yourracgp/news/reports/20150608ice](http://www.racgp.org.au/yourracgp/news/reports/20150608ice) to access the submission and [www.racgp.org.au/yourracgp/faculties/specific-interests/endorsed-networks](http://www.racgp.org.au/yourracgp/faculties/specific-interests/endorsed-networks) to learn more about RACGP Specific Interests' Addiction Medicine network.

# Ice in general practice

Helping patients improve their health through lifestyle changes lies at the core of general practice. Whether it's stopping smoking, increasing exercise, improving diet and nutrition or any other factors, it is evident that GPs have the skills and relationships necessary to provide patients with the best care.

In the case of working with people who are experiencing drug and alcohol issues, however, the situation is often less clear.

Whether due to factors such as social stigma, concerns over affecting the doctor–patient relationship, or inaccurate patient perceptions/stereotypes, GPs can be unsure of how to provide the most appropriate assistance to this population. This can be particularly true in the case of treating people for crystal methamphetamine – ice – use.

According to Dr Hester Wilson, a GP and addiction medicine specialist, some of this reluctance stems from a misconception about the type of patient who is likely to present with issues of methamphetamine use.

'What you have seen with the public health advertisements is often the psychotic person who has to be brought in by police and sedated,' she told *Good Practice*.

'So if a GP sees the portrayal on TV of the methamphetamine user as this drug-crazed person with sores all over their skin who has destroyed their family and everything in their life, they may think to themselves, "I don't think I want to see these people in my practice".

'In general, I think it's a mistake to portray [methamphetamine use] as one stereotype because there are many spectrums of use and many ways that people present.'

While Dr Wilson agrees that general practice is not the best place to treat violent or psychotic patients, in her experience these are not the types of methamphetamine users who are likely to present to their GP.

'It may be that in general practice you are seeing the person after they have had their presentation to the emergency department and have been treated for the really severe mental health issues,' she said. 'So you see someone after their initial presentation and they are coming back to you as a GP for follow-up.'

Such a misconception of patient presentations means that not only are some disinclined to treat people who use methamphetamines, but they are also less likely to recognise the people who fall into that wide spectrum of use – people who use methamphetamines but who don't appear to have an obvious problem, and who likely don't believe they have a problem at all.

'That's one of the interesting things about methamphetamines: the people using them are not the same group as perhaps other drug and alcohol settings, people who are alcohol-dependent or opioid-dependent, for example,' Dr Wilson said.

'Methamphetamine users are a slightly different group. They are more likely to be employed, they may not use that often and they don't think, "I will go and see the drug and alcohol service". They prefer to manage it themselves.

'We don't always recognise the people who are coming to harm from methamphetamine use because they don't look like the really extreme case of the person who has been brought into the emergency department, taken down by the police and who is really unwell.'

'The people who are presenting in general practice, and I suspect we are missing, are those who are not the dedicated, dependent user. But people don't have to be dependent in order to have toxicity.'

According to recent estimates, there were as many as 268,000 regular methamphetamine users in Australian in 2013–14.<sup>1</sup> Part of the concern in terms of the effects of methamphetamines is the access to its more pure 'crystal' form and more frequent use of the drug, which can lead to greater levels of risk. It is estimated that, in Victoria, methamphetamine purity rose from approximately 20% in 2010–11 to more than 75% in 2012–13.<sup>2</sup>

'That is one of the concerns with methamphetamines; crystal meth is much more pure than the older speed-based forms and it is relatively cheap,' Dr Wilson said. 'It's much more pure, a much stronger form, so as a result you are more likely to have toxic effects.'



Dr Hester Wilson's approach to patients with methamphetamine use is similar to any other lifestyle factor.

'So you could have the user who only does ice occasionally, but it's more pure so it has toxic effects and they are really at risk.'

#### Presentations

According to Dr Michael Aufgang, a GP and Chair of RACGP Specific Interests' Addiction Medicine network, primary healthcare professionals and patients can benefit from acknowledging the fact many people have

potentially used drugs and making questions about it a routine aspect of practice.

'Drug and alcohol history is becoming more and more necessary outside of the simple smoking and alcohol history because a lot of our patients are using recreational drugs to a large extent,' he told *Good Practice*. 'It should be part of a non-judgemental, routine questionnaire, so you actually have a baseline of what your patient does.'

In the case of people using methamphetamines, Dr Aufgang agrees that GPs are in a good position to offer the appropriate care.

'A patient with an ice addiction is somebody who needs a good relationship with their treating practitioner,' he said. 'GPs often have a relationship with their patients, so patients trust them when they come in with a problem.'

'If they can't be honest with their GP, who will they ever be honest with?'

While this type of questioning and history-taking is a more direct way to ascertain experiences with drugs and alcohol, many will always be reluctant to disclose such information to a healthcare professional, regardless of the closeness of their relationship. >>



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>> In this case, GPs may need to be aware of potential symptoms or cautionary signs.

'A common theme for patients with drug and alcohol issues is that they don't actually present with, "I have a problem with methamphetamines",' Dr Wilson said. 'They are much more likely to present with relationship problems, or mental health issues, engaging in high-risk sexual activities, depression, anxiety, and other complications from their use.'

'[Drug use] is often not the presenting complaint so you need to dig through the actual presenting complaint and ask about it.'

### Clinical pathways

In the same way presentations of methamphetamine use differ from other drug and alcohol issues, its treatment in general practice represents a different challenge for GPs.

'There is no orthodox treatment out there for amphetamine abuse,' Dr Aufgang said. 'What you are really left with is dealing with all of the other issues and helping the patient gain insight into their condition.'

'Whether it's anxiety, depression, other mental illness, personality disorder, or whatever has led them into ice, it's a matter of getting them to understand that.'

Research has found that brief interventions following screening, detection and assessment can have positive impacts on people who use methamphetamines.<sup>3</sup>

'The approach [to treatment in general practice] has to be a psychological one,' Dr Wilson said. 'It may be as simple as a brief intervention. Giving information and assisting the person to think about how they might do things differently, to actually getting

them to see a psychologist or counsellor who has specific skills in helping people to change their views.'

Dr Aufgang acknowledges the fact these methods can potentially add to a GP's workload, but sees such treatment and the skills it requires as vital to general practice.

'We need to think about our attitude [towards methamphetamine use], the tolerance and acceptance that goes around it; we need to think about upskilling; and we need to think about digging deeper into the skills that we already have and applying them,' he said.

'These patients need a little bit more skill and a little bit more time, and that gives you a slightly increased level of difficulty. But we have got to do that if we are going to have an impact.'

**“GPs don't always recognise the people who come to harm from methamphetamine use because they don't look like the extreme cases”**

Dr Wilson agrees and believes treatment for methamphetamine use falls squarely into general practice's approach to other lifestyle issues.

'It would be my sense that the majority of people [experiencing issues of methamphetamine use] can be managed in a general practice setting,' she said. 'It's part of a motivational interviewing approach, a supporting approach, giving information and following up.'

GPs' opinions carry a lot of weight with patients and discussing these issues can go a long way towards starting them down the path of recovery.

'It is not uncommon for me to have had a conversation with someone who is taking some risky drugs and having some problems with it. After I do a little bit of education around what's happening for them and I see them for a consultation, say, two years later, they will tell me, "I thought about what you said and what it was doing to me and I stopped",' Dr Wilson said.

'We can take it back to first principles. GPs actually do this kind of work all the time, working with our patients to change behaviour.'

'It's really being willing to engage with that individual to assist them in changing that behaviour, like we would do with other lifestyle factors.'

### References

1. Degenhardt L, Larney S, Chan G, et al. Estimating the number of regular and dependent methamphetamine users in Australia, 2002–2014. Available at [www.mja.com.au/journal/2016/204/4/estimating-number-regular-and-dependent-methamphetamine-users-australia-2002-2014](http://www.mja.com.au/journal/2016/204/4/estimating-number-regular-and-dependent-methamphetamine-users-australia-2002-2014) [Accessed 2 March 2016].
2. Westmore T, Van Vught J, Thomson N, Griffiths P, Ryan J. Impacts of methamphetamine in Victoria: A community assessment. Pennington Institute Report: Melbourne, Australia.
3. Kaner EF, Dickinson HO, Beyer F, et al. The effectiveness of brief alcohol interventions in primary care settings: a systematic review. *Drug Alcohol Rev* 2009;28(3):301–23.



Dr Michael Aufgang feels questions about drug use should be part of 'non-judgemental routine' questions in general practice.

## Drug and alcohol resources for GPs

- **Australian Capital Territory**  
ACT Health – <http://health.act.gov.au/health-services/a-z-health-information/alcohol-and-other-drug-services>
- **New South Wales**  
St Vincent's Hospital – <https://svhs.org.au/home/our-services/list-of-services/alcohol-and-drug-service>
- **Northern Territory**  
Northern Territory Department of Health – [www.health.nt.gov.au/alcohol\\_and\\_other\\_drugs](http://www.health.nt.gov.au/alcohol_and_other_drugs)
- **Queensland**  
Queensland Health drugs – [www.health.qld.gov.au/public-health/topics/atod/default.asp](http://www.health.qld.gov.au/public-health/topics/atod/default.asp)
- **South Australia**  
SA Health – [www.dassa.sa.gov.au/site/page.cfm](http://www.dassa.sa.gov.au/site/page.cfm)
- **Tasmania**  
Department of Health and Human Services – [www.dhhs.tas.gov.au/mentalhealth/alcohol\\_and\\_drug](http://www.dhhs.tas.gov.au/mentalhealth/alcohol_and_drug)
- **Victoria**  
Department of Health and Human Services – <http://drugsandalcohol.dhs.vic.gov.au/index.htm>
- **Western Australia**  
Drug and Alcohol office – [www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au)