

Associate Professor Rebecca McKetin
National Drug and Alcohol Research Centre, UNSW

Novel Interventions to Address Methamphetamine Use in Aboriginal and Torres Strait Islander Communities (NIMAC)

- Development of an online therapeutic tool -



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NIMAC

Novel Interventions to Address
Methamphetamine Use in
Aboriginal and Torres Strait Islander
Communities

www.nimac.org.au

NIMAC CHIEF INVESTIGATORS



JAMES WARD

CIA Associate Professor – SAHMRI



REBECCA MCKETIN

CIB Associate Professor – ANU



CARLA TRELOAR

CIC Professor – UNSW



KATHERINE CONIGRAVE

CID Professor – Royal Prince Alfred



HANDAN WAND

CII Doctor – The Kirby Institute



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CIJ Associate Professor – St Vincent's Hospital



ADRIAN DUNLOP

CIE Associate Professor – NSW Ministry of Health



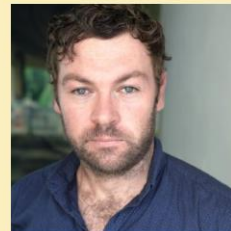
EDWARD WILKES

CIF Associate Professor, OA – NDRI, Curtin University



DENNIS GRAY

CIG Professor – NDRI, Curtin University



BRENDAN QUINN

CIH Doctor & Research Fellow – Australian Institute of Family Studies

NIMAC COORDINATORS AND PROJECT SUPPORT



RACHEL REILLY – SAHMRI, INFECTION & IMMUNITY/ABORIGINAL RESEARCH UNIT



FRIDA SVENSSON – SAHMRI, INFECTION & IMMUNITY/ABORIGINAL RESEARCH UNIT

Why ice? Why Aboriginal and Torres Strait Islander communities?

“The ice use itself is a major problem in our community, but it is the flow-on effects that affects the families. It affects the relationships, it affects employment, it affects the driving — it affects all of that. ...It is just rife through our community.”

Mr Sloan, Indigenous Advocate, Regional Information and Advocacy Council.
Shepparton, 25th February 2014.

Transcript from the **Inquiry into the supply and use of methamphetamines, particularly ‘ice’, in Victoria**

Limited information and support:

National Drug Strategy Household Survey (2013)

- meth use 1.6 x higher among Aboriginal and Torres Strait Islander Australians

GOANNA study by Ward et al.(n = 2,877 Aboriginal people 16-29 years)

- 9% used methamphetamine in the past year

No detailed data to guide responses

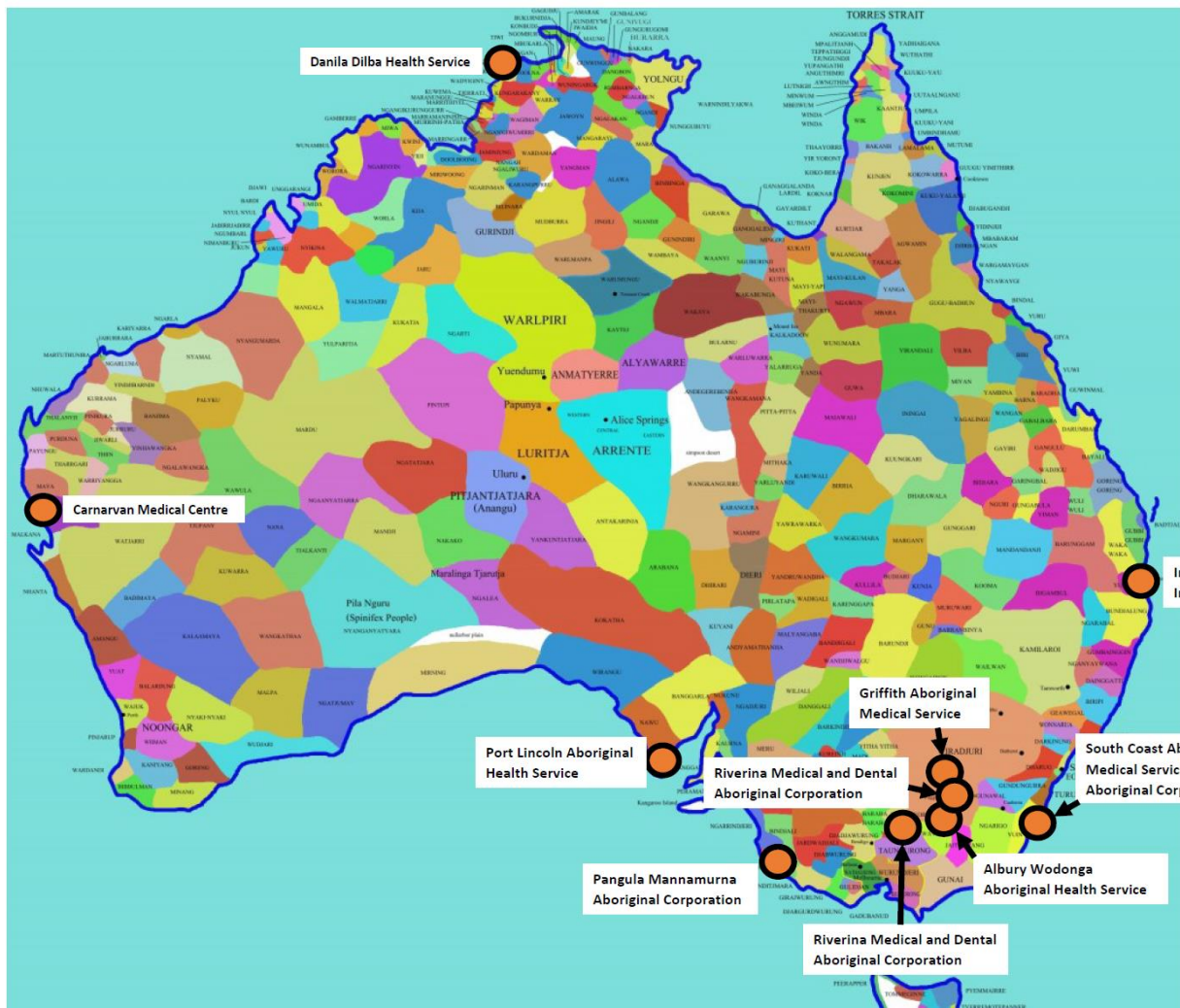
Recognised need to support Aboriginal Community Controlled Health Services to deal with the situation (see recommendation 22 of National Ice Taskforce)

Objective of NIMAC

The primary objective:

Provide an evidence base for reducing methamphetamine use and associated harms in Aboriginal and Torres Strait Islander communities.

Secondary objectives include increased knowledge about methamphetamine use in Aboriginal communities, and better support for users, their families and communities.



10 participating sites:

Aboriginal Community
Controlled Health
Services (ACCHS)

Indigenous Instyle
Beautiful Handpicked Aboriginal Art

<http://www.indigenousinstyle.com.au/australian-aboriginal-map/>

Components of NIMAC

1: Survey of 734 people who use methamphetamine from 10 study sites (59% Aboriginal &/or Torres Strait Islander)

2: Qualitative research with communities to document community concerns and the context

3: Community-led interventions: Develop, trial and evaluate community-led interventions aimed at addressing the harms associated with methamphetamine use in Aboriginal communities

4: Develop and trial web-based tool: Implement a randomised trial to provide evidence on the feasibility, acceptability and of a web- based therapeutic program for methamphetamine dependence in Aboriginal Community Controlled Health Services.

Components of NIMAC

*1: **Survey** of 734 people who use methamphetamine from 10 study sites (>50% Aboriginal or Torres Strait Islander)*

*2: **Qualitative research with communities** to document community concerns and the context*

*3: **Community-led interventions:** Develop, trial and evaluate community-led interventions aimed at addressing the harms associated with methamphetamine use in Aboriginal communities*

***4: Develop and trial web-based tool:** Implement a randomised trial to provide evidence on the feasibility, acceptability and of a web- based therapeutic program for methamphetamine dependence in Aboriginal Community Controlled Health Services.*

NIMAC

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Methamphetamine Use in

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THEME MEMBER

Assoc. Professor James Ward

Contact

Phone: 08 81284270

Mobile: 0439605227

Email: james.ward@sahmri.com

Biography

Career Summary: In 2007 James Ward was appointed as the Inaugural Program Head of the Aboriginal and Torres Strait Islander Health Program at the Kirby Institute until 2012. At this time he moved to Alice Springs to become Deputy Director of the Baker Institutes' Aboriginal Health Program. In 2014, he was appointed as the Head of Infectious Diseases Research Program- Aboriginal Health at the South Australian Health and Medical Research Institute, under the leadership of Prof Steve Wesseling. During the last five years he has progressed research in the areas of sexually transmissible infections (STIs), blood borne viruses (BBVs), vaccine preventable diseases and offender health. James is recognised as a



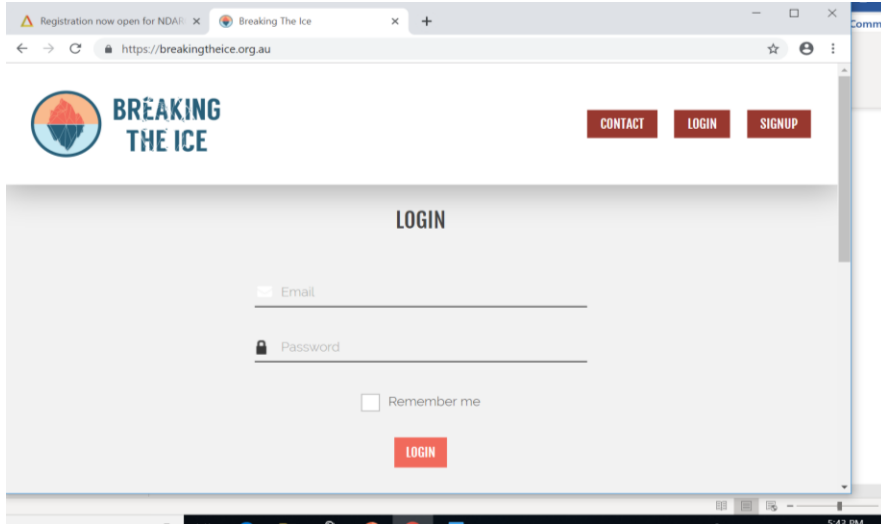
THEME MEMBER

Dr Rachel Reilly

Dr Rachel Reilly is a Health Psychologist who has worked in Aboriginal health research for the past 15 years, alongside clinical practice in a range of settings. At Wardliparingga Aboriginal Research Unit (SAHMRI) she has contributed to Aboriginal community-led projects seeking to improve health outcomes for Aboriginal people in cancer and cardiovascular disease, and she is now coordinating a large NHMRC-funded project led by A/Prof James Ward in the Infection and Immunity theme, seeking to develop novel interventions to address methamphetamine in Aboriginal communities.

Rachel is currently coordinator of the NIMAC project, to read more about the project click here: <http://nimac.org.au/>

Background work

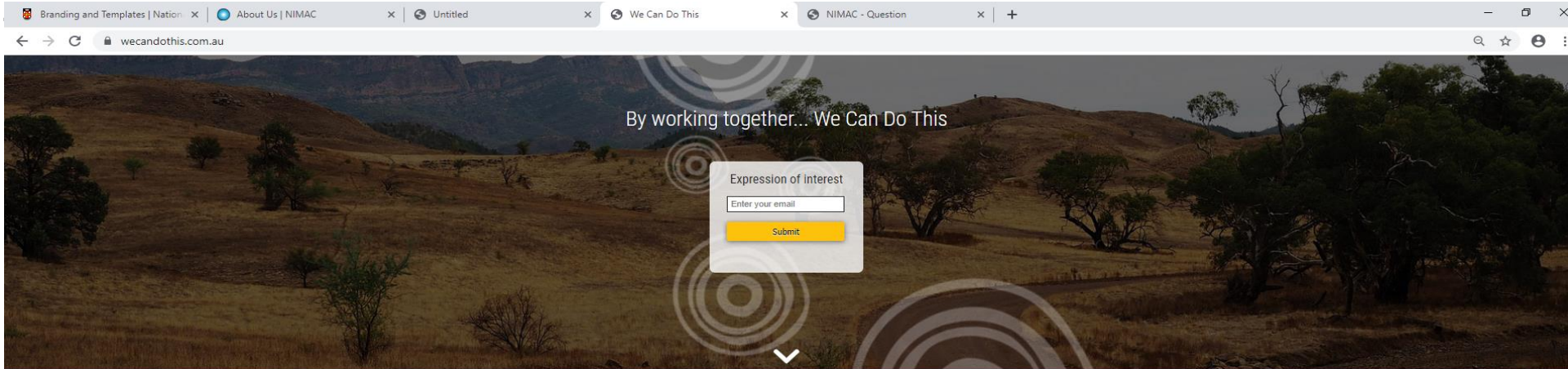


RCT found:

- Increased help-seeking
- Increased readiness to change
- No change in stimulant use

(Tait, McKetin, Kay-Lambkin et al. JMIR, 2015)

www.breakingtheice.org.au



<https://wecandothis.com.au/>

Modular format – flexible

We Can Do This

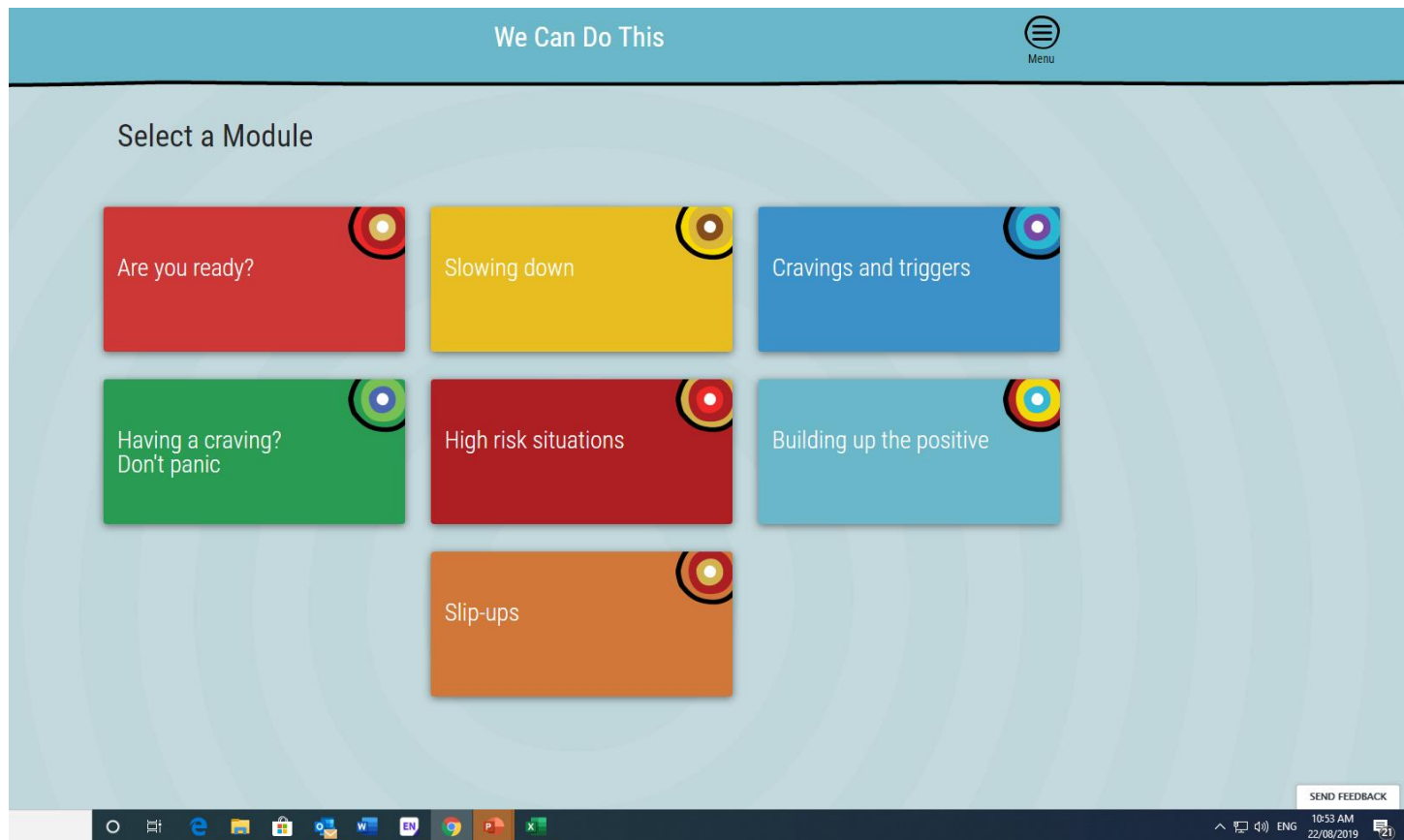
Menu

Select a Module

- Are you ready?
- Slowing down
- Cravings and triggers
- Having a craving? Don't panic
- High risk situations
- Building up the positive
- Slip-ups

SEND FEEDBACK

10:53 AM
22/08/2019



Weighing up good and bad things

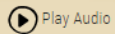


What are the good things
about using ice for you?



I feel more confident

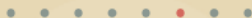
How true is this for you?



A little bit true for me



Next



Weighing up good and bad things



Good things about using ice







Here are your responses



Play Audio

Listed from 'most true' to 'not true' for you

- It feels good 
- I feel more confident 
- It makes troubles disappear for a while 
- All my friends are doing it 
- It helps me stay awake
- It makes me more social
- I make money from dealing
- I have great sex

Add you own here

Submit

Weighing up good and bad things



Home

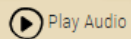
What are the bad things
about using ice for you?



Menu

Losing contact with friends and family

How true is this for you?

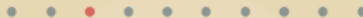


Play Audio

A little bit true for me



Next



Weighing up good and bad things



Weighing it up



Good and bad things about using ice



It looks like there are a few things you might miss about using ice, but mostly it's just causing you problems. Good on you for thinking about making a change.



Four narratives providing different perspectives:



Tanisha – Young woman mostly recreational use



Joshua – Employed full-time, doesn't think problem, but others disagree



Clinton – Long-term use but has now stopped using

Aunty Rosie – has nephews who use meth and reflect on community impact



All based on true stories collected from in-depth interviews. Narration by actors.

Tanisha's Story

For Tanisha, using ice felt really good, especially at first. Take a moment to think about the good things about using ice for you.



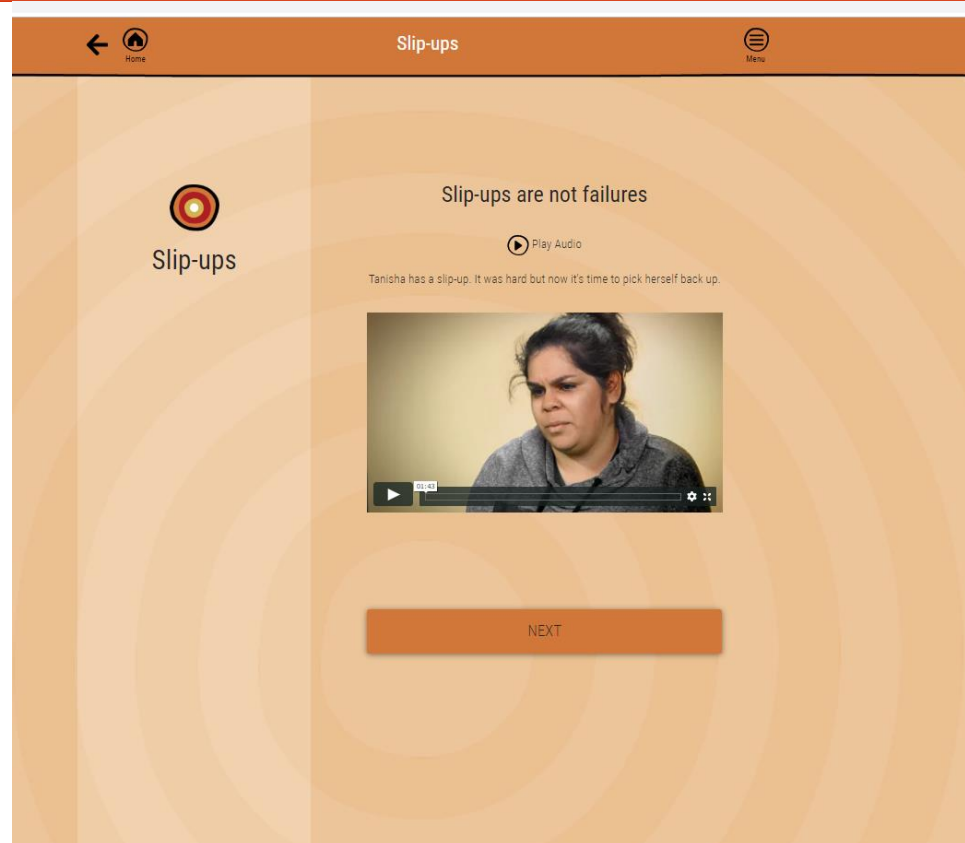
Next



<https://wecandothis.com.au/user-login>

<https://wecandothis.com.au/module-1a/step-2-tanisha-video>

Slip-ups are not failures



Randomised Controlled Trial

Protocol

A Web-Based Therapeutic Program (We Can Do This) for Reducing Methamphetamine Use and Increasing Help-Seeking Among Aboriginal and Torres Strait Islander People: Protocol for a Randomized Wait-List Controlled Trial

Rachel Reilly^{1,2}, BA (Hons), MClSci, DPsych[†]; Rebecca McKetin³, BSc (Hons), PhD; Handan Wand⁴, MSc, PhD; Julia Butt⁵, BSc (Hons), PhD; Matthew Smout⁵, PhD; Nadine Ezard^{6,7}, BA, MPH, MBBS, PhD; Katherine Conigrave^{8,9}, MBBS, PhD; Yvonne Clark¹⁰, BA, MA, PhD; Brendan Quinn¹¹, BA (Hons), PhD; Carla Treloar¹², BSc (Hons), PhD; Dennis Gray³, BA, MA, MPH, PhD; Adrian Dunlop^{13,14}, MBBS, PhD; Yvette Roe¹⁵, PhD; James Ward^{1,2}, PhD

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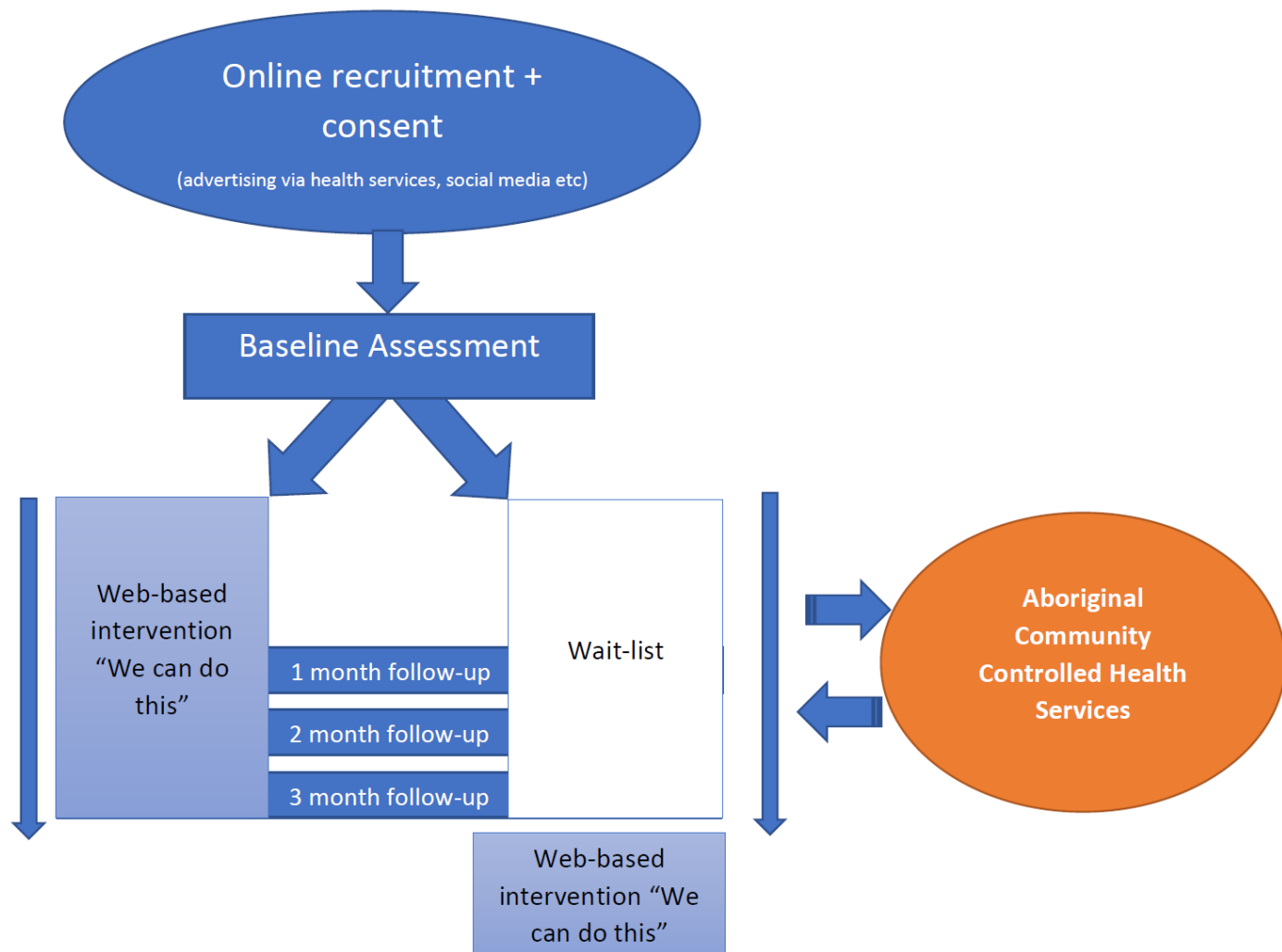
⁸Drug Health Services, Royal Prince Alfred Hospital, Camperdown, Australia

⁹Discipline of Addiction Medicine, University of Sydney, Camperdown, Australia

¹⁰Aboriginal Families Health Research Partnership, South Australian Health and Medical Research Institute, Adelaide, Australia

¹¹Australian Institute of Family Studies, Melbourne, Australia

¹²Centre for Social Research in Health, Social Policy Research Centre, University of New South Wales, Sydney, Australia



Outcomes

- Feasibility
- Methamphetamine use (days of use)
- Other health outcomes
 - Referral/contact with ACCHS
 - Other help-seeking
 - Readiness to change
 - Other substance use
 - Severity of dependence
 - Days out of role
 - Usability and acceptability

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