National Committee for Addiction Treatment

FACT SHEET NOVEMBER 2009

Credible and compassionate P addiction treatment: Sector ready to work with Government

New Zealand has the third highest reported methamphetamine (P) use in the world.[i]

The latest national household drug survey data indicates that 3.4% of the population (aged 15-45 years) uses P, equating to approximately 136,000 people. It is an increasing problem with devastating impacts on many individuals and families.[ii]

P is extremely addictive but the effects of intoxication can be even more of a problem.

- Self destructive and violent behaviour is of most concern.
- P users may suffer irreversible brain damage.
- P may exacerbate pre-existing mental health problems including tendencies to self-harm.[iii]
- P is often used in combination with other drugs such as alcohol, cannabis and psychostimulants.
- Approximately 3% become regular users.

Currently an estimated 24,000 people use alcohol and other drug (AOD) treatment services in New Zealand. Some others use counsellors or support groups. This is only a small fraction of the 160,000 people believed to have alcohol or drug problems.[iv]

More and better access to addiction treatment is a significant part of the Government's recently launched methamphetamine action plan. The treatment sector is strongly committed to help make better access a reality.

Increasing treatment resources will mean better assessment by health professionals which will increase the number of people seeking treatment. Help seeking is often tentative so the treatment sector must be ready and not miss valuable opportunities.

LOOKING FOR HELP

P users face significant barriers in seeking treatment; many arise from social stigma or from fear of legal consequences.

Up to 22% of frequent P users are likely to have sought help in the past six months but could not get access to it.[v]

P users wanting to self-manage their addictions with help from friends, family or their GP often do not get the specialised support they need.

> *"We will ensure more P addicts get the treatment they need to quit by providing more treatment capacity and better routes into treatment."*
>
> John Key, Prime Minister.

TREATMENT

Long term studies show addiction is a chronic relapsing disorder (it recurs over time). However, individuals ***can*** and ***do*** recover.

To be effective treatment must:

- be able to engage when the P user and families make first contact without referring to waiting lists,
- be sufficiently diverse and adaptable because P users come from all walks of life and have diverse and multiple needs,
- be holistic, addressing patients' health, psychological wellbeing, education and employment because treating P alone will not ultimately solve drug abuse problems,
- be broad-based, combining clinical and peer support which has been shown to have positive recovery outcomes,
- be available for all stages of problem P use because preventing people from becoming addicted is as vital as treating advanced addictions,
- be based on evidence about what really works,
- actively involve the addict and their family/community in treatment and recovery planning,
- involve a compassionate and engaging style of interacting by the professional,
- recognise patients' cultural context, in particular Māori/ Pacific values,
- address issues often imbedded with the 'P lifestyle' such as crime, and the manufacture and distribution of the drug.

Group-based interventions are recommended because they are more efficient to deliver and encourage participants to learn from others' experiences.

PRISONS

People referred for treatment through the justice system can do as well as people who attend voluntarily. NCAT supports the Government's call for increasing treatment as a sentencing option and the treatment sector must be developed and ready to respond.

Treatment interventions also need to be more available inside prison. Currently only six prisons have a drug treatment unit.

ASSESSMENT

Not all P users use the drug regularly. Not all will become addicted or need treatment.

Comprehensive assessment is essential for determining dependence levels and the most appropriate intervention. For many, counselling and support from their communities will help in their recovery. Users with severe addictions may need time in a residential therapeutic community.

Assessment should be an ongoing process that identifies problems as they emerge[vi] and outlines a clear path for continually meeting users' needs.

TREATMENT INTERVENTIONS

A number of medications are being trialled for managing P withdrawal or dependence. However, no standard pharmacotherapy has yet been isolated.

Some therapeutic models have been found effective in treating P dependence.

Cognitive behavioural therapy/CBT is based on the concept that emotions and behaviours result primarily from cognitive processes, and that humans can modify those processes to feel and behave differently. So far, CBT seems the best treatment for methamphetamine users[vii] and the most likely to minimise relapse.

Therapeutic community has also proven effective. The therapeutic community is usually made up of both clients and clinical staff who share responsibility for encouraging positive change and promoting self development.

HARM MINIMISATION

Approximately half of all methamphetamine users seeking treatment want to reduce their use rather than abstain completely.[viii]

Harm reduction involves working with people to develop realistic treatment goals that are not limited to drug use and it can be incorporated into other treatment interventions.

Significant gains are made when people stop injecting methamphetamines, disengage from crime, care better for their children or limit drug use so they can hold down a job.

For some users, trying to control P use rather than giving it up completely is unrealistic. The skillful clinician will be able to guide the user towards realistic goal setting.

WHAT IS NEEDED

A focus on health
Without ignoring criminal activity, we need to primarily focus on the health needs of people addicted to P. Treatment is more likely to lead to recovery and also costs less than jail.

Increased development of treatment options
We need a wide range of treatment approaches to meet the diverse needs of people addicted to P and we need more of them. P users who want to quit but have to to wait several weeks for residential care are missed opportunities and often continue using. The Government must not waiver from its commitment to increase the number of residential beds, and should find ways to provide even more if possible.

Stronger workforce
More people seeking treatment will require a bigger workforce. A range of well trained, credible and compassionate professionals is needed who can provide treatment across a wide range of cultures. This will include psychiatrists, nurses, social workers, GPs and peer support workers.

Courage and determination
People can and do overcome P addiction. More can be achieved if sustained and well-funded resources are available. The methamphetamine action plan is an excellent start and the AOD sector looks forward to working with the Government to build upon it.

For an annotated version of this position statement see www.ncat.org.nz/factsheet.html

i United Nations Office on Drugs and Crime, World Drug Report. Available from www.unodc.org/unodc/en/data-and-analysis/WDR-2009.html.
ii Wilkins, C. & Sweetsur, P, Trends in population drug use in New Zealand: Findings from national household surveying of drug use in 1998, 2001, 2003 and 2006. New Zealand Medical Journal 121, 61-71, 2008
iii Wilkins, C et al. The Socio-Economic Impact of Amphetamine Type Stimulants in New Zealand: Final Report, Centre for Social and Health Outcomes Research and Evaluation, Massey University, 2004.
iv Tackling Methamphetamine: an action plan, Department of the Prime Minister and Cabinet, Wellington, September 2009
v Ibid.
vi Addy et al., 2000.
vii Baker & Lee 2003, Baker et al. 2004
viii Shakeshaft et al. (2002)

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For more information contact info@ncat.org.nz or www.ncat.org.nz. For media enquiries contact NCAT's co-chairs: Chris Kalin on 027 277 0323 or Robert Steenhuisen on 021 954213.