NCCRED

Symposium 2021

Improving Outcomes: Interventions, Networks & Pharmacotherapies

19 November 2021

Improving Outcomes: Interventions, Networks & Pharmacotherapies

11:00am	**Opening** **Dr Ingrid van Beek** Chair, National Centre for Clinical Research on Emerging Drugs (NCCRED), Conjoint Professor, Kirby Institute, University of New South Wales (UNSW), Hon Research Associate, South Eastern Sydney Local Health District (SESLHD)
	Acknowledgement of country **Mr Jimmy Perry** Aboriginal Drug and Alcohol Council (SA) Aboriginal Corporation, Project Officer, Makin Tracks Project, Intake Officer, Footsteps, Road to Recovery
	Welcome **Department of Health Representative**
	Introduction **Prof. Nadine Ezard** Director, NCCRED, Clinical Director, Alcohol and Drug Service, St Vincent's Hospital Sydney (SVHS)
	International Guest Presenter
11:15am	**Combination Treatments for Stimulant Use Disorders: A Promising New Direction** **Prof. Madhukar H. Trivedi** Founding Director, Centre for Depression Research and Clinical Care, Professor of Psychiatry, UT Southwestern Medical Centre at Dallas
SESSION 1	**PHARMACOTHERAPY - treatment of methamphetamine dependence** **Chair: Prof Robert Ali**
11:30am	**Pharmacological treatment for methamphetamine withdrawal: a systematic review and meta-analysis** **Mr Liam Acheson** PhD Candidate, National Drug and Alcohol Research Centre (NDARC), UNSW, Research Officer, Alcohol and Drug Service, SVHS
11:40am	**The future of pharmacotherapy for methamphetamine use disorder in Australia – the pilot studies and future work: Rapid fire session**
	The OLAM Trial **Dr Krista Siefried** Clinical Research Lead & Deputy Director, NCCRED, Senior Research Associate, NDARC, UNSW and SVHS Centre for Applied Medical Research (SVHS AMR) and Alcohol and Drug Service
	The TINA Trial **A/Prof Rebecca McKetin** Associate Professor, NDARC, UNSW
	The Psi-MA Trial **Dr Jonathan Brett** Clinical Pharmacology Unit, SVHS, Centre for Big Data Research in Health, UNSW
	The MASKOT Trial & The CALM Trial **A/Prof Gillinder Bedi** Orygen, Centre for Youth Mental Health, The University of Melbourne
	Rapid fire discussion panel & Q&A

BREAK 12:05-12:15pm

SESSION 2	NETWORKS – communication & information sharing Chair: Dr. Suzi Hudson
12:20pm	**Co-design of clinical alerts as part of a drug early warning network in Victoria, Australia** **Dr Monica Barratt** Vice Chancellor's Senior Research Fellow, Social and Global Studies Centre, RMIT University **& Ms Rita Brien** Research & Education Officer | Workforce Development, Turning Point (Eastern Health Clinical School), Eastern Health Statewide Services
12:30pm	**Early findings from novel methods of surveillance for novel synthetic opioids and other psychoactive substances within Supervised Injecting Facilities** **A/Prof. Suzanne Nielsen** Deputy Director, Monash Addiction Research Centre, NHMRC CDF Fellow, Eastern Health Clinical School, Faculty of Medicine, Monash University
12:40pm	**Towards an Australian Prompt Response Network for Emerging Drugs** **Ms Penny Hill** Prompt Response Network Lead, Emerging Drugs Research Fellow, NCCRED
BREAK 12:55-1:15pm	

SESSION 3	INTERVENTIONS – treatment & harm-reduction Chair: Mr Jack Nagle
1:20pm	**SMART Family and Friends: feasibility and preliminary efficacy of an intervention for family members impacted by methamphetamine** **A/Prof. Peter Kelly** Deputy Head of School (Research), School of Psychology, Director, Centre for Health Psychology Practice and Research (CHPPR), School of Psychology, University of Wollongong
1:30pm	**Goal Management Training for People with Methamphetamine Use Disorder in Residential Treatment** **Prof. Antonio Verdejo-Garcia** Deputy Lead, Addiction and Mental Health Program, Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University
1:40pm	**Methamphetamine and mutual support: An update on findings from a mixed methods exploration of SMART Recovery participants' characteristics and opportunities for enhanced referral pathways** **Dr Alison Beck** Trial Coordinator, Clinical Psychologist, School of Psychology, University of Wollongong
1:50pm	**Feasibility and efficacy of the S-check app to change help seeking behaviour of people who use methamphetamine** **Ms Florence Bascombe** Knowledge Translation Lead, NCCRED
Close and Thankyou **Nadine Ezard**	

International Guest Presenter

Dr. Madhukar Trivedi

Madhukar Trivedi, M.D., is a Professor of Psychiatry, Chief of the Division of Mood Disorders, and founding Director of the Center for Depression Research and Clinical Care at UT Southwestern Medical Center, where he holds the Betty Ho Hay Distinguished Chair in Mental Health and the Julie K. Hersh Chair for Depression Research and Clinical Care. Certified by the American Board of Psychiatry and Neurology, Dr. Trivedi focuses on developing and validating biosignatures of depression. He also conducts research on pharmacological, psychosocial, and nonpharmacological treatments for depression. He has been a principal investigator on numerous translational research projects and clinical trials. He serves on the editorial board of CNS Spectrums, Clinical Medicine: Psychiatry, Journal of Clinical Psychiatry, Journal of Affective Disorders, Psychiatric Annals and Asian Journal of Psychiatry.

Dr. Trivedi currently serves as Deputy Editor of the American Journal of Psychiatry and as president of the American Society of Clinical Psychopharmacology (ASCP). He is a member of numerous other organizations, including the American College of Neuropsychopharmacology, American College of Psychiatrists, American Medical Association, American Psychiatric Association, Dallas County Medical Society, Society of Biological Psychiatry, Texas Medical Association, and the Texas Society of Psychiatric Physicians. Named a Texas Monthly Super Doctor multiple times, he has received numerous accolades, including the Gerald L. Klerman Award from the National Depressive and Manic-Depressive Association Scientific Advisory Board, the Psychiatric Excellence Award from the Texas Society of Psychiatric Physicians, the Gerald Klerman Senior Investigator Award, the American Psychiatric Association Award for Research, and the Mood Disorders Research Award from the American College of Psychiatrists. Dr. Trivedi was listed by Thomson Reuters' World's Most Influential Scientific Minds as one of the nation's most highly cited researchers in psychiatry every year since 2014.

Session 1: PHARMACOTHERAPY - treatment of methamphetamine dependence

Session Chair: Professor Robert Ali

Pharmacological treatment for methamphetamine withdrawal: a systematic review and meta-analysis

Authors
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Introduction
Cessation or reduction of regular methamphetamine (MA) use may result in a characteristic withdrawal syndrome. Few studies have investigated treatments specifically for methamphetamine withdrawal. This systematic review aims to assess the effectiveness of pharmacotherapy of methamphetamine withdrawal.

Method
MEDLINE (1966-2020), CINAHL (1982-2020), PsychINFO (1806-2020) and EMBASE (1947-2020) were systematically searched, with two reviewers independently evaluating studies for inclusion, and extracting data. The Relative Risk and Weighted Mean Difference were used to meta-analyse dichotomous and continuous data with 95% Confidence Intervals.

Results
Nine randomised controlled trials of 6 medications (n=242 participants) met inclusion criteria, however only 6 trials of 4 medications (n=186) could be meta-analysed. Two studies of amineptine reported reduced discontinuation rates when compared to placebo (RR 0.22, 95%CI 0.07-0.72, p=0.01), but no difference in MA craving (p=0.62) or withdrawal symptoms (p=0.39). Two studies of mirtazapine found no benefit over placebo on discontinuation (p=0.92) or MA withdrawal symptoms (p=0.63), however one older study reported mirtazapine may reduce hyper-arousal and anxiety related to withdrawal. One study of modafinil did not find benefit over placebo in any measure. One study of amantadine found no difference in retention compared with placebo.

Conclusion
There is insufficient evidence to suggest any medication is effective for the treatment of amphetamine withdrawal. However, due to the small sample sizes and missing data in the reports limiting meta-analyses, there is insufficient evidence to draw strong conclusions. Further, larger trials of pharmacotherapies for methamphetamine withdrawal are required.

Disclosure of Interest Statement
The authors declare that they have no relevant competing interests.

Rapid fire session:

The future of pharmacotherapy for methamphetamine use disorder in Australia – the pilot studies and future work

Presentation 1 – the OLAM Trial

Author
SIEFRIED K J[1,2,3]

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Design and Methods
An open-label, single-arm trial (n=15) of a tapering dose of lisdexamfetamine for acute methamphetamine withdrawal: 250mg Day 1 reducing by 50mg daily, until 50mg on Day 5, alongside treatment as usual in an inpatient withdrawal unit. Primary outcomes are safety and feasibility.

Results
OLAM has commenced recruitment and currently enrolled 10 participants.

Presentation 2 – The TINA Trial

Author
McKETIN R[1]

[1] The National Drug and Alcohol Research Centre, The University of New South Wales, Sydney, Australia

Design and Methods
A Phase III double-blind placebo-controlled randomised trial (N = 340) of mirtazapine (30mg/day for 12 weeks) for MUD in routine clinical practice. The primary outcome is days of methamphetamine use. Other outcomes include abstinence, depression, insomnia, safety, and tolerability.

Results
TINA has been funded by an MRFF grant and will commence recruitment in 2022.

Presentation 3 – The Psi-MA Trial

Author
BRETT J [1,2]

[1] Clinical Pharmacology Unit, St Vincent's Hospital Sydney, Australia, [2] Centre for Big Data Research in Health, The University of New South Wales, Sydney, Australia

Design and Methods
An open-label, single-arm trial (n=15) of 25mg psilocybin (single dose) facilitated psychotherapy for MUD consisting of: 3 preparatory psychotherapy sessions, a psilocybin dosing day and up to 3 post-psilocybin integration psychotherapy sessions. Primary outcomes are safety, tolerability and feasibility.

Results
PSiMA is supported by an NCCRED Clinical Research Scholarship and will commence recruitment in 2022.

Presentation 4 – The MASKOT Trial & The CALM Trial

Author
BEDI G [1,2]

[1] Orygen, Melbourne, Australia; [2] Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia

Design and Methods
The MASKOT trial: An open-label investigation of two sub-cutaneous doses of ketamine (initial dose 0.6 mg/kg) separated by 1 week. Primary endpoints are safety (assessed by change in past month use of ketamine from baseline to week 6 and liver function tests at week 2) and tolerability (number of participants withdrawing from the study due to adverse medication effects).

The CALM trial: An open-label trial of the non-intoxicating cannabinoid cannabidiol (CBD; 800-1000 mg/day) for 8 weeks. Primary endpoints are safety (liver function tests at weeks 4 and 8) and tolerability (number of participants withdrawing from the study due to adverse medication effects).

Results
MASKOT is supported by an NCCRED clinical research fellowship and seed funding grant and is currently open to recruitment.

CALM is supported by an NCCRED Clinical Research seed funding grant and will commence recruitment in 2022.

Discussion and Conclusions
There will be a Discussion panel following these presentations. Studies evaluating pharmacotherapies for MAUD address an ongoing public health priority in Australia. We will discuss these and other NCCRED funded clinical trials addressing MAUD: mOXY and LiMA. There will be an opportunity for a live question and answer event.

Implications for Practice or Policy
There are no approved pharmacotherapies for MAUD. Studies to evaluate new, novel, or repurposed pharmacotherapy candidates could provide future options to enhance clinical practice.

Implications for Translational Research
Collaborative clinical research can enhance the likelihood for larger studies, and translation of research results into clinical practice. This presentation outlines a collaborative approach to working together to generate translational outcomes.

Disclosure of Interest Statement
The OLAM, Psi-MA, MASKOT and CALM trials are funded by NCCRED; NCCRED receives funding from the Australian Department of Health. The TiNA trial is funded by the Australian MRFF. The authors have no other relevant interests to declare.

Session 2 – NETWORKS – communication & information sharing

Session Chair – Dr. Suzi Hudson

Co-design of clinical alerts as part of a drug early warning network in Victoria, Australia

Authors
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Introduction/Issues
Illicit drug markets are unpredictable with new substances emerging and established drugs varying in quality and potency. Clinical alerts about drug market changes may help to support health professionals prevent and respond to unexpected adverse drug events in the community. We present our findings about co-designing clinical drug alerts for use within a drug early warning system in Victoria.

Method/Approach
An iterative mixed-methods co-design framework established the need and relevance of clinical alerts and informed the design of prototypes for optimising translation of available drug market information into clinical practice. Professionals working across alcohol and other drugs and urgent care settings participated in a scoping survey (n=186) and five co-design workshops (n=32).

Key Findings
Intelligence about drug market changes was considered clinically important, yet most participants reported insufficient access to timely information. Participants considered themselves conduits for sharing information with a range of clinical and consumer audiences. To maximise engagement and impact, alerts must be attention-grabbing with obvious severity indicators; available on multiple platforms; and published in printable and electronic formats with varying levels of detail to satisfy requirements of diverse groups with wide-ranging expertise and information needs. Concise but comprehensive messaging must avoid unintended consequences and include contextual information about substances of concern, credible evidence of potential risk or harm, and appropriate clinical management and practical harm reduction advice.

Discussion/Conclusions
Three prototypes (SMS prompt, summary flier, and detailed PDF) were developed for dissemination across multiple platforms (email, SMS, website) to reach busy professionals across a range of settings. Despite many challenges, prototypes were deemed accessible and appropriate to inform clinical practice and provide practical harm reduction education beyond the immediate clinical setting.

Implications for Practice
Alert design requires careful planning, and messaging must be framed to avoid unintended consequences and maintain credibility with all potential stakeholders.

Disclosure of Interest Statement
The authors declare that they have no relevant competing interests.

The Early findings from novel methods of surveillance for novel synthetic opioids and other psychoactive substances within Supervised Injecting Facilities

Authors
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Introduction
Australia is yet to see consistent signals of fentanyl-contaminated heroin, despite widespread emergence in other countries. This study tested novel methods to monitor for fentanyl and novel psychoactive substances (NPS).

Method
Clients from two medically supervised injecting facilities contributed: (1) urine screens with BTNX Rapid Response™ fentanyl test strips (FTS) paired with surveys, (2)
drug checking with FTS and laboratory confirmation, (3) injecting equipment associated with opioid overdoses for laboratory analysis.

Results
(1) Of the 861 FTS conducted on urine, 17 tested positive for fentanyl. Eight (all from Melbourne) were not explained by self-reported pharmaceutical fentanyl use. Confirmatory laboratory analysis was conducted on six, with four deemed to be false positives, and two confirmed fentanyl presence. (2) Drug checking with FTS (n=40) showed four positive FTS results. Two were laboratory tested and classified as false positives. (3) Equipment testing following 37 overdoses found compounds consistent with heroin/heroin manufacturing in all samples. Fentanyl and other NPS were not identified in any samples following overdose.

Conclusion
This study demonstrates the feasibility of quick onsite testing for fentanyl with FTS. However, the high false positive rate emphasizes the need for confirmation of positive tests through advanced analytical techniques, and the need to better understand drivers of false positives, such as test interpretation and adulterants. The role for the routine use of FTS is unclear within the current low-fentanyl context. However, this research can inform the development of a rapid response should signals of increased fentanyl prevalence in the Australian heroin market emerge.

Disclosure of Interest Statement
This research is funded by the Commonwealth of Australia via research grant from the National Centre for Clinical Research on Emerging Drugs. SN is the recipients of a National Health and Medical Research Council (NHMRC) Research Fellowship (#1163961).

SN and TL have received unrelated untied educational grants from Seqirus to investigate prescription opioid related harms. SN is a named investigator on a research grant from Indivior on a long-acting injectable buprenorphine implementation study.

Towards an Australian Prompt Response Network for Emerging Drugs

Author
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Introduction/Issues

There is significant delay in detecting and responding to increased health problems related to emerging drugs in Australia. Recent recommendations from coronial inquests and parliamentary inquiry reports have highlighted this lack of capacity, making urgent the development of operational information exchange mechanisms which involve various stakeholders and provides timely notification and communication of events related to emerging drugs of potential clinical and public health relevance.

Method/Approach

The National Centre for Clinical Research on Emerging Drugs (NCCRED) was established to engage stakeholders in a coordinated response. NCCRED, collaborating with key sector stakeholders, has undertaken extensive stakeholder mapping processes, and local and national consultations to identify the range of systems established nationally and internationally, drawing features from these to propose a national system suitable for the Australian context - the Prompt Response Network (PRN). The PRN is currently in its 'Network Activation' phase, following extensive stakeholder consultation and development, strategy development, and design and architecture phases.

Key Findings

The extensive stakeholder mapping process highlighted the strengths and limitations of local systems, and where the national PRN could support, enable, and coordinate existing and establishing systems whilst working alongside and respecting the work already occurring through local and national projects. Through working with lead participants, including people who use drugs, the PRN will enable flexible participant and information exchange between existing networks. Rapid communication and response protocols that define outcomes and actions for topics of interest have been developed. The PRN will also identify and disseminate the information and knowledge needed to support timely decision making through a program of activities and supporting technology.

Discussion/Conclusions

Through the iterative process employed to establish the PRN and associated online platform, the diversity and quantity of participants in the PRN will grow, leading to further rapid communication of evidence-based data to inform policy and practice, whilst supporting harm reduction focused public health messaging to the public.

Disclosure of Interest Statement

The authors declare that they have no relevant competing interests.

Session 3 – INTERVENTIONS – treatment & harm-reduction

Session Chair – Mr Jack Nagle

SMART Family and Friends: feasibility and preliminary efficacy of an intervention for family members impacted by methamphetamine.

Authors
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Introduction and Aims
The SMART Family and Friends program was developed by SMART Recovery Australia to support family members impacted by a loved one's substance use. The aim of the current study was to examine the feasibility and preliminary efficacy of the intervention for family members impacted by methamphetamine.

Design and Methods
SMART Family and Friends is an 8-module, strengths based, mutual aid group program developed by SMART Recovery Australia. The program is based on SMART's (Self-Management and Recovery Training) 4-point program and the Stress-Strain-Coping-Support Model of Addiction and Family. The project is being conducted as a pre-post feasibility study that examines the implementation of five SMART Family and Friends groups. Follow-up assessments are collected at 1-week and 1-month following group completion. The primary outcome will be study feasibility (i.e. recruitment and participation rates, fidelity, satisfaction and follow-up rates). The secondary outcome will be preliminary efficacy (i.e. stress, strain, coping, and social support).

Key Findings
As a result of COVID-19 safety requirements, the study has been conducted within an online environment. To date 4 groups have been delivered, with the final group due for completion at the end of October 2021. To date, 85% of participants are impacted by the methamphetamine use of a family of friend. Average number of sessions completed is 6.2. There is also high fidelity in the group delivery.

Discussions and Conclusions
This study is currently being finalised. Early results suggest that it is feasible to deliver the groups and that participants report positive experiences with attendance.

Disclosure of Interest Statement
No disclosure of interest to declare.

Goal Management Training for People with Methamphetamine Use Disorder in Residential Treatment

Authors
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Introduction and Aims
We have developed a modified version of Goal Management Training (henceforth GMT+) by using a co-design process to cater the needs of people with methamphetamine use disorder. We aimed to determine whether GMT+ is feasible/acceptable in the context of residential treatment for methamphetamine use disorder, and benefits executive functions, compared to Control (neuroscience-based psychoeducation).

Method
We used a cluster-randomised crossover single-blind design (ACTRN12621000172808). Two pre-determined sequences of GMT+ and Control were randomly applied to participating treatment settings (Odyssey House, Windana and Arrow Health). Eligibility criteria were primary diagnosis of methamphetamine use disorder (MINI Interview) and starting treatment in the designated settings. The target sample size was set between 32-48 participants (16-24 in each condition). Both GMT+ and Control interventions were delivered weekly over four weeks. The primary outcomes were: (1) tolerability indicated by proportion of participants withdrawing after consent; (2) executive functioning indicated by the Behavior Rating Inventory of Executive Function, analysed at interventions completion using intention-to-treat. Process measures included within-session engagement indicated by the Group Session Rating Scale (range 0-40).

Results
We have completed 17 participants enrolled in GMT+ and 10 in Control; no participants have withdrawn after consent. Within-session engagement (Group Session Rating Scale) was 36.9 for GMT+ and 36 for Control. Primary outcomes will be analysed upon interventions completion (December 2021).

Discussions and Conclusions
Interim findings suggest that both GMT+ and Control can be feasibly implemented as adjunct interventions for methamphetamine use disorder in the context of mainstream residential treatment services. Both approaches are well tolerated and positively appraised by end-users.

Implications for Practice or Policy
None as yet.

Implications for Translational Research
Researchers and treatment centres staff collaboratively developed the research protocol to enable trial feasibility. Interim findings suggest that novel cognitive remediation interventions can be ecologically integrated within therapeutic community treatment settings.

Disclosure of Interest Statement:
AVG has received funding from Servier for consultancy work and Elsevier for editorial work. DL has provided consultancy advice to Lundbeck and Indivior, and has received travel support and speaker honoraria from Camurus, Indivior, Janssen, Lundbeck, Shire, and Servier. These organisations do not stand to benefit from this project. DL has been an investigator on an untied education grant from Sequirus, as well as an investigator-led grant from Camurus, both unrelated to the current work. No pharmaceutical grants were received in the development of this study.

Methamphetamine and mutual support: An update on findings from a mixed methods exploration of SMART Recovery participants' characteristics and opportunities for enhanced referral pathways.

Authors
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Introduction and Aims
Mutual support groups (e.g. SMART Recovery) are an important source of support for people experiencing addictive behaviours. Little is known about the use of mutual support groups by people who use methamphetamine, or the factors that may influence group cohesion.

Design and Methods
This study uses post-group data reported by SMART Recovery facilitators in Australia between 2018 and 2020. Group cohesion was indexed by facilitator ratings of The Group Entitativity measure (GEM-GP). Participant characteristics (gender, age, new or returning participant, voluntary or mandated attendance) and group location (major city vs. regional/remote vs. online) were used to (a) compare methamphetamine and non-methamphetamine related attendances; and (b) explore relationships with group cohesion in groups where the majority attended for methamphetamine.

Key Findings
Methamphetamine was the second most common reason for attending SMART Recovery groups (n=4929; 22.2% service occasions). Methamphetamine-related service occasions were more likely amongst men, people aged <45 years, returning attendees and regional/rural groups (all $p<.05$). GEM-GP scores were high (signaling strong cohesion), and did not significantly differ according to proportion of participants attending for methamphetamine ($F(1,2)=0.482$, $p=.618$). Group cohesion increased with larger group size, proportion of women and proportion of younger people ($F(4, 504)=11.058$, $p<.001$)).

Discussions and Conclusions
This study improves current understanding of service utilisation by people who use methamphetamine. SMART Recovery groups offer an avenue for supporting a diverse range of people who use methamphetamine, outside the formal treatment system. This provides an important foundation for improving community support options for people who use methamphetamine.

Disclosure of Interest Statement
No disclosure of interest to declare.

Feasibility and efficacy of the S-check app to change help seeking behaviour of people who use methamphetamine

Authors
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Introduction and Aims
Interventions are required that address not only methamphetamine (MA) related harms, but also long treatment delays and low treatment coverage. This study sought to determine whether a self-administered smartphone-based intervention, the S-Check Application ("App"), can motivate behavioural change and help seeking amongst people who use MA; and determine factors associated with app engagement.

Method/Approach
Randomised, 28-day wait-list controlled trial, with follow-up to Day 56. Consenting adults residing in Australia who reported using MA at least once in the last month were eligible to download the App free-of-charge from Android/iOS App stores. Those randomised to the intervention arm were able to use the S-Check App immediately whilst those in the control arm were wait-listed for 28 days before gaining access to the App. Actual and anticipated help-seeking were measured by the Actual and General Help Seeking Questionnaires (AHSQ, GHSQ). A logistic regression model was used to compare the odds of actual help seeking at Day 28 between the intervention and control arms and association between app use and use of MA.

Key Findings
We recruited 259 participants, 84 to Day 28 (33 intervention, 51 control) 43 to Day 56 (21 intervention, 22 control). Compared to waitlist controls, almost twice the proportion of participants in the intervention group sought professional help by Day 28 (46% vs 24%, p=0.04). For those not seeking help at Baseline each minute using the App increased the likelihood of seeking professional help by Day 28 by 8% (ratio=1.08, p=0.04). There was an association between increased app use and decreased MA use over the 28 days (coeff. -0.04, p=0.02 [intervention group]).

Discussions and Conclusions
The S-Check App is a feasible, low resource, self-administered intervention for adults in Australia who use MA. Using supportive self-monitoring, the App assists people who use MA to identify problem use and promotes treatment seeking.

Disclosure of Interest Statement
This study was funded by a NSW Health Early Intervention and Innovation Fund Grant, number A280560.

In partnership with

Funded By