NCCRED

Symposium 2022

Transforming healthcare responses to methamphetamine and emerging drugs

Monday 7 November 2022

PROGRAM:	Transforming healthcare responses to methamphetamine and emerging drugs
10:30am	**Opening** **Dr Ingrid van Beek AM** Chair, NCCRED
	Welcome to country **Ms Serena Williams** Ngunnawal - Wiradjuri Elder
	Welcome **Ms Belinda Roberts** Assistant Secretary, Population Health Division, Primary and Community Care Group, Alcohol, Tobacco and Other Drugs Branch, Australian Government Department of Health and Aged Care
	Introduction **Prof Nadine Ezard** Director, NCCRED & Clinical Director, AOD, St Vincent's Hospital Sydney
10:50am	**Global trends of stimulant use and stimulant use disorders - The need for effective and scalable treatments for stimulant use disorders** **Ms Anja Busse – International Guest Speaker** Programme Officer, Prevention, Treatment and Rehabilitation Section, United Nations Office on Drugs and Crime

SESSION 1	New directions in pharmacotherapies for methamphetamine use disorder **Session Chair: Mr Jack Nagle** Chief Executive Officer, Real Drug Talk Australia, NCCRED Working Group member
11:05am	Session introduction **Chair**
11:10am	✳mOXY- A pilot study of intranasal oxytocin for methamphetamine withdrawal in women **A/Prof Shalini Arunogiri** Clinical Director, Statewide Centre for Addiction and Mental Health, Turning Point NHMRC Emerging Leader Research Fellow, Monash University
11:20am	✳Candidate pharmacotherapies for methamphetamine use disorder in young people: ketamine and cannabidiol **A/Prof Gillinder Bedi** Principal Research Fellow, Centre for Youth Mental Health, University of Melbourne Head, Substance Use Research Orygen
11:30am	✚Psilocybin-facilitated treatment for methamphetamine dependence: A pilot study (Psi-MA) **Dr Elizabeth Knock** Clinical Psychologist, Senior Clinician Outpatient Services, Alcohol and Drug Service, St Vincent's Hospital Sydney NCCRED Clinical Research Scholar
11:40am	Lisdexamfetamine for MethAmphetamine use disorder: Baseline characteristics of the LiMA study sample **Dr Brendan Clifford** Clinical Research Coordinator, Alcohol & Drug Service, St Vincent's Hospital Sydney Adjunct Lecturer, National Drug & Alcohol Research Centre (NDARC), UNSW
11:50am	A randomised, double-blind, placebo-controlled trial of Lisdexamfetamine for the treatment of MethAmphetamine dependence (The LiMA trial) **Prof Nadine Ezard** Director, NCCRED Clinical Director, AOD, St Vincent's Hospital Sydney
12:00pm	Lisdexamfetamine for the treatment of acute methamphetamine withdrawal **Mr Liam Acheson** Research Officer, St Vincent's Hospital Sydney PhD candidate, NDARC, UNSW
12:10pm	Session wrap-up **Chair**
12:15pm	Break

✚ NCCRED Scholarship Recipients
✳ NCCRED Seed Funding Grant Recipient

Session 2	**Intervention research for methamphetamine use disorder** **Session Chair: Ms Annalee Stearne** Research Associate, National Drug Research Institute, NCCRED Board member
1:05pm	**Session introduction** **Chair**
1:10pm	✳**A systematic scoping review of contingency management for people who use methamphetamine** **A/Prof Rebecca McKetin** Associate professor, NDARC, UNSW
1:20pm	✳**Integrating contingency management for methamphetamine use into routine clinical care in Australia: Outcomes from in-depth interviews** **Dr Simon Clay** Postdoctoral Research Fellow, NDARC UNSW
1:30pm	✳**Feasibility and preliminary efficacy of cognitive remediation groups in a community outpatient setting for people who use methamphetamines** **Ms Joanne Lunn** Doctoral Candidate, University of Wollongong
1:40pm	✚**Beyond the ice: Differences in biopsychosocial risk factors and neuropsychological profiles among individuals with histories of alcohol or methamphetamine-polysubstance use** **Dr James Gooden** Senior Clinical Neuropsychologist, Turning Point NCCRED Clinical Research Scholar
1:50pm	✚ **Using participatory film-making to describe the implementation of an innovative web-app for Aboriginal and Torres Strait Islander People who use methamphetamine on Nauo and Barngarla Country** **Mr Jason Ramp** Shelter Worker, West Coast Youth and Community Support NCCRED Clinical Research Scholar
2:00pm	✳**Theta burst Transcranial Magnetic Stimulation (TMS) for methamphetamine use disorder – A feasibility study to inform the design of a multisite randomised control trial** **Dr Buddhima Lokuge** Staff Specialist Addiction Medicine, Drug and Alcohol Clinical Services, Hunter New England Local Health District Research Fellow and Conjoint Lecturer, University of Newcastle **Dr Tarun Yadav** Staff Specialist Psychiatrist, Drug and Alcohol Clinical Services, Hunter New England Local Health District Research Fellow and Conjoint Lecturer, University of Newcastle
2:10pm	**Strengthening first-line support for Australians who use drugs, their friends and families: A training needs analysis for AOD helplines for calls relating to methamphetamine and emerging drugs of concern** **Ms Florence Bascombe** Adjunct Lecturer, NCCRED
2:20pm	**Session wrap-up** **Chair**
2:25pm	**Break**

Session 3	Emerging drugs & harm reduction Session Chair: Ms Melanie Walker Chief Executive Officer, Australian Alcohol and other Drugs Council (AADC)
2:50pm	Session introduction **Chair**
2:55pm	*Impact of amphetamine type stimulant use on clinical outcomes in OTP clients **Dr Llewelyn Mills** Senior Research Associate, Specialty of Addiction Medicine, Central Clinical School, University of Sydney
3:05pm	*Use of wearable thermometers to reduce the risk of drug-related toxicity at music festivals: The COVID pivot **Mr Brennan Geiger** Research Officer, Edith Collins Centre (Translational Research in Alcohol Drugs and Toxicology) Royal Prince Alfred Hospital, Sydney Senior Project Officer, Network of Alcohol and other Drugs Agencies (NADA)
3:15pm	*Risk communication for people who use drugs: Awareness of, behavioural responses to, and preferences for, dissemination of drug alerts **A/Prof Amy Peacock** Program Lead, Drug Trends, Associate Professor, NDARC, UNSW
3:25pm	*Co-designing a fixed-site drug checking service at Sydney's Medically Supervised Injecting Centre (MSIC) **Dr Robert Page** Staff Specialist, Alcohol & Drug Service, St Vincent's Hospital Sydney
3:35pm	The GHB cultures practices and experiences study **Mr Jack Freestone** Alcohol and Other Drugs Research and Development ACON PhD candidate Kirby Institute, UNSW
3:45pm	Implementing an Australian national prompt response network for emerging drugs **Dr Penelope Hill** Prompt Response Network Lead & Emerging Drugs Research Fellow, NCCRED
3:55pm	Discussion and event wrap-up **Prof Nadine Ezard** Director, NCCRED Clinical Director, AOD, St Vincent's Hospital Sydney
4:00pm	In person networking event
6:00pm	Close

Foreword

The National Centre for Clinical Research on Emerging Drugs (NCCRED) was established by the Commonwealth Government in 2018 as part of the National Ice Action Strategy recognising the need for improved treatments for methamphetamine, as well as more prompt detection and response to emerging drug threats.

NCCRED aims to support clinicians to detect and respond to new drug health problems by developing innovative and evidence-based new treatments for drug dependence; building clinical research capacity in the Australian Alcohol and other Drug (AOD) workforce; and the rapid translation of research findings into practice.

The Centre was formed as a consortium comprising of the National Drug and Alcohol Research Centre (NDARC) UNSW, St Vincent's Health Australia (SVHA), the National Drug Research Institute (NDRI) and the National Centre for Education and Training on Addiction (NCETA).

- **Seed Funding Grants**

Non-commercial methamphetamine or emerging drugs of concern treatment research / clinical trials

Seed funding grants were established to support investigator-initiated clinical trials / treatment research.

The aim of the seed funding grants was to support research that would particularly investigate treatment options for substance use disorder due to methamphetamine or emerging drugs of concern.

Applicants from all clinical backgrounds, whether working in AOD or other healthcare sectors, were encouraged to apply.

- **NCCRED Clinical Research Scholarships**

NCCRED established the Clinical Research Scholarship program to provide Scholars with mentoring to pursue a research project through salary buy-back and research project funds.

NCCRED offered two concurrent scholarship rounds, the first round was open to clinicians working within the AOD sector, preferred candidates for this competitive scholarship round were practising AOD nurses and allied health clinicians. The second scholarship round was only open to Aboriginal or Torres Strait Islander peoples Applicants.

International Guest Presenter

Ms Anja Busse

Anja Busse is a Programme Officer at the Prevention, Treatment and Rehabilitation Section of United Nations Office on Drugs and Crime (UNODC), where she coordinates UNODC's global projects on treatment and care of drug use disorders, including the UNODC-WHO Programme on Drug Dependence Treatment and Care. This includes technical assistance to UN Member States in their efforts to improve accessibility and quality of services for people with drug use disorders in line with relevant international agreements. In the framework of the global projects, key documents such as the UNODC/WHO International Standards for the Treatment of Drug Use Disorders (2020) and related quality assurance tools, the UNODC/WHO handbook "Treatment and Care for People with drug use disorders in contact with the criminal justice system: Alternatives to conviction or punishment" (2019) or the UNODC Treatnet training materials on evidence-based drug use disorder treatment were developed.

Anja is a Psychology graduate (University of Berlin, Germany), holds a Master of Public Health (Medical School Hanover, Germany) and has been trained in Systemic Psychotherapy. She works with UNODC since 2005.

Session 1 - New directions in pharmacotherapies for methamphetamine use disorder

Session Chair: Mr Jack Nagle

mOXY: A pilot study of intranasal oxytocin for methamphetamine withdrawal in women

Authors
SHALINI ARUNOGIRI[1], TEMIKA MU[1], VICKY PHAN[1], NINA BAEYERTZ, GILLINDER BEDI[2], VICTORIA MANNING[1], REBECCA MCKETIN[3], DAN LUBMAN[1]

[1]Turning Point and Monash Addiction Research Centre, Eastern Health Clinical School, Monash University [2]ORYGEN Centre for Youth Mental Health, University of Melbourne [3]National Drug and Alcohol Research Centre, UNSW, Sydney

Introduction and Aims
Sub-optimal management of withdrawal symptoms contributes to early discharge from residential withdrawal, leaving people with methamphetamine use disorder vulnerable to relapse. There are currently no approved medications to support management of methamphetamine withdrawal. Oxytocin is thought to have potential impact on stress and reward systems and social processing, and preclinical evidence supports enhanced behavioural responses in females, compared to males. This pilot study aims to identify whether intranasal oxytocin increases treatment retention and withdrawal completion, reduces methamphetamine withdrawal severity, in adult women with methamphetamine use disorder. The study will also assess safety, acceptability and feasibility of this approach within an inpatient detox environment.

Design and Methods
This is an open-label exploratory pilot study of intranasal oxytocin, in 10 adult women aged 18-65years old with moderate to severe methamphetamine use disorder, attending a residential withdrawal unit. The study involves a 7-day administration of intranasal oxytocin, 24 IU twice daily (48 IU per day). The primary endpoint of the study is duration of residential withdrawal admission; secondary outcomes include withdrawal symptom severity, and relapse to methamphetamine use at 4-weeks post discharge.

Key Findings
This pilot study was significantly delayed due to challenges securing medication supply due to COVID-19 disruptions. Drug supply was secured in August 2022, and the study is currently recruiting participants

Discussion and Conclusions
The challenges of establishing small investigator-initiated pilot studies of investigational products in substance use disorder clinical trials will be explored. We will discuss potential mechanisms of action for oxytocin in withdrawal, and post-withdrawal and maintenance phases of methamphetamine use disorder.

Disclosure of Interest Statement
This study is supported by an NCCRED Seed Fund Grant. SA is supported by a NHMRC Investigator Grant. No other grants or pharmaceutical support was received in the development of this study.

Candidate pharmacotherapies for methamphetamine use disorder in young people: ketamine and cannabidiol

Authors
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Introduction
MethAmphetamine Use Disorder (MAUD) commonly has its onset in adolescence or early adulthood, conferring risk for developmental harms. There are no efficacious pharmacotherapies for MAUD. New treatment approaches are needed, particularly for young people – for whom intervention has the potential to be most impactful. In open-label studies, we are assessing the safety and tolerability of two candidate pharmacotherapies – subanaesthetic ketamine (the MASKOT study) and cannabidiol (the CALM study) in young people (15-25 years old) with MAUD seeking to reduce their methamphetamine use.

Methods
MASKOT participants (N=20) receive two subcutaneous ketamine doses (starting dose 0.75 mg/kg) separated by one week, with follow-up to week 6. Primary endpoints are safety (change from baseline in ketamine use) and tolerability (withdrawals due to adverse medication effects). CALM participants (N=12) receive 8 weeks of oral cannabinoid (target 1000 mg/day), with follow-up to week 12. Primary endpoints are safety (liver function at weeks 4 and 8) and tolerability (withdrawals due to adverse medication effects).

Results
Two MASKOT participants (2 F) have completed the protocol, with no changes in ketamine use after treatment, and no serious adverse events. Initiation of the CALM study has been delayed due to COVID-19 disruptions and, more recently, slow recruitment for the MASKOT trial. CALM recruitment is planned to start by the end of 2022.

Discussion
MASKOT and CALM will provide safety and tolerability data for ketamine and cannabidiol as candidate pharmacotherapies for MAUD in young people. Future research will need to address recruitment issues to ensure feasibility of larger studies.

Disclosure of Interest Statement
The authors do not have conflicts to declare. No pharmaceutical grants were received in the development of this study.

Psilocybin-facilitated treatment for methamphetamine dependence: A pilot study (Psi-MA)

Authors
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Introduction and Aims
Treatments for Methamphetamine use disorder (MAUD) demonstrate only modest effectiveness, leaving a requirement for novel, efficacious treatment approaches. Psilocybin assisted psychotherapy (PP) has shown promising initial results in treating a number of substance use disorders, but has not yet been trialled for MAUD. The study aims to determine if such treatment is safe and feasible for delivery within this population.

Design and Methods
Fifteen participants will be recruited from the Stimulant Treatment Program at St. Vincent's Hospital Sydney for this open-label, single-arm pilot study. Participants must be ≥ 25 years old, meet criteria for MAUD and consume methamphetamine less than 16 days per month. There are three preparatory psychotherapy sessions, one psilocybin 25mg oral dose day, and two integration psychotherapy sessions. The primary outcome of safety and feasibility will be measured through clinical observation, monitoring of vital signs and mental health and wellbeing at screening, during psychotherapy, throughout dose day and at all follow up points up to 3 months following psilocybin dosing. Measures include the Depression Anxiety and Stress Scale, Brief Psychiatric Rating Scale, suicidality screening, and measures of methamphetamine use. Semi-structured interviews will be completed pre and post PP.

Results
Recruitment will begin in October 2022. Protocol design and pre-screening will be discussed.

Discussions and Conclusions
The PsiMA study will add to research exploring the use of PP in treatment of substance use disorders and inform future directions and approach to PP research. If found to be safe, the PsiMA study protocol will form a model for further studies investigating the efficacy of PP in treating MAUD.

Disclosure of Interest Statement
This research is funded through the National Centre for Clinical Research on Emerging Drugs. EK was the recipient of a National Centre for Clinical Research on Emerging Drugs Clinical Research Scholarship 2020/21. No pharmaceutical grants were received in the development of this study.

Lisdexamfetamine for MethAmphetamine Use Disorder: Baseline characteristics of the LiMA study sample

Authors
BRENDAN CLIFFORD[1,2,3], ON BEHALF OF THE LIMA STUDY GROUP

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Introduction
The LIMA study was a randomised, controlled trial designed to test the effectiveness of lisdexamfetamine, a novel formulation and prodrug of dexamphetamine, for the treatment of methamphetamine (MA) use disorder.

Methods
The study was a randomised, double-blind fixed dosed placebo controlled fixed dose parallel design comparing a 12-week maintenance course of 250mg lisdexamfetamine daily to placebo. All participants were also offered a four-session program of cognitive behavioural therapy.

Key Findings
A total of 155 participants were randomised and had at least one dose of lisdexamfetamine or placebo. Age ranged from 20 to 68 years, with a mean age of 39 (standard deviation [sd]=9.3). The gender identity profile for the sample was 61% male (n=95), 38% female (n=59), with <1% having a non-binary or different identity. Aboriginal and/or Torres Strait Islander participants comprised 10% (n=15) of the sample. Participants had used MA a mean of 24 (sd=5) of the previous 28 days at baseline, with a mean severity of dependence score of 10 (sd=4). Mean age of first use was 22 years (range 11 – 55), with 49% (n=76) of the sample having ever injected. Nearly 20% (n=30) were in full-time employment, 46% (n=71) had Year 10 as the highest level of school achieved, and 10% (n=17) had experienced homelessness or had been at risk of eviction in the previous month.

Discussions and Conclusion
The LiMA study successfully enrolled a cohort with high levels of MA use and dependence. High levels of social need were also observed.

Disclosure of Interest Statement
The LiMA study was funded by NHMRC grant APP1109466, and received supplementary funding from NCCRED, St Vincent's Curran Foundation, SVHA Inclusive Health Program, and UNSW Medicine.

The LiMA study: safety and tolerability of lisdexamfetamine for methamphetamine dependence

Authors
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Introduction
The LIMA study was a double-blind fixed dosed placebo controlled fixed dose parallel design comparing a 12-week maintenance course of 250mg lisdexamfetamine daily to placebo for the treatment of methamphetamine (MA) use disorder. The dose of 250mg is higher than the dose currently approved for lisdexamfetamine, and so, in addition to effectiveness, the study also examined safety in this population.

Method
Participants were reviewed at least weekly for emerging adverse events, with serial ECGs at baseline, week 5, week 9 and week 13 (primary endpoint).

Key Findings
A total of 155 participants were enrolled into the trial and had at least one dose of the study medication. A total of 514 adverse events were reported, with 273 (53%) in the placebo group (n= 80), and 241(47%) in the lisdexamfetamine group (n=75). There were 9 serious adverse events (3 placebo, 6 lisdexamfetamine), and no suspected unexpected serious adverse events. There were 205 adverse events possibly or probably related to the study medication, with 94(45%) in the placebo group, and 111 (55%) in the lisdexamfetamine group. The most common adverse reports were headache, nausea and anxiety. There were two discontinuations due to pregnancy (1 placebo, 1 lisdexamfetamine) and three participants discontinued due to treatment emergent adverse events (1 placebo, 2 lisdexamfetamine).

Discussions and Conclusions
Oral lisdexamfetamine appears safe and well tolerated in this Australian population of people who use methamphetamine regularly and dependently with weekly or twice weekly supervision.

Disclosure of Interest Statement
The LiMA study was funded by NHMRC grant APP1109466, and received supplementary funding from NCCRED, St Vincent's Curran Foundation, SVHA Inclusive Health Program, and UNSW Medicine.

Lisdexamfetamine for the treatment of acute methamphetamine withdrawal

Authors
LIAM S ACHESON[1,2,3]

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Introduction
There are no effective pharmacological treatments for methamphetamine (MA) withdrawal. We aimed to determine safety and feasibility of a tapering dose of lisdexamfetamine for the treatment of acute methamphetamine (MA) withdrawal.

Design and Methods
We conducted an open-label, single-arm pilot study in an inpatient drug and alcohol withdrawal unit at St Vincent's Hospital, Sydney, Australia enrolling treatment-seeking adults diagnosed with MA use disorder. We investigated a tapering dose of oral lisdexamfetamine dimesylate commencing at 250mg once daily, reducing by 50mg per day to 50mg on Day 5. Measures were assessed daily (days 0-7) with 21-day follow-up. Safety was assessed by the number, type and severity of adverse events (AEs). Feasibility was measured by the time taken to enrol the sample. Retention was measured by the proportion to complete treatment. Other measures included the Treatment Satisfaction Questionnaire for Medication (TSQM) the Amphetamine Withdrawal Questionnaire and craving (100mm Visual Analogue Scale).

Results
We enrolled 10 people (n=9 male [90%], median age 37.1 years [IQR 31.7 to 41.9]). The trial was open for 126 days; enrolling one participant every 12.6 days. Eight of ten completed treatment (Day 5). Two participants left treatment early. There were no treatment-related serious adverse events (SAEs). Forty-seven AEs were recorded, 17 (36%) of which were potentially causally related, all graded as mild in severity. Acceptability of the study drug by TSQM was rated at 100% at treatment completion. Withdrawal severity and craving reduced through the admission (p=0.007).

Discussions and Conclusions
A tapering dose regimen of lisdexamfetamine was safe and feasible for the treatment of acute methamphetamine withdrawal in an inpatient setting.

Disclosure of Interest Statement
This study was funded by the National Centre for Clinical Research on Emerging Drugs (NCCRED). NCCRED is funded by the Australian government department of health. LSA is supported by NCCRED and an NDARC PhD Scholarship.

Session 2 - Intervention research for methamphetamine use disorder

Session Chair: Ms Annalee Stearne

A systematic scoping review of contingency management for people who use methamphetamine

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Aims

To characterise contingency management (CM) evaluated for people with substance use disorders, with a view to understanding its potential application to methamphetamine use in Australia.

Methods

A systematic search of three databases (Pubmed, Embase PsycINFO) was used to identify randomised controlled trials (RCTs) of contingency management conducted on people with substance use disorders, published from 1980 to September 2021. Currencies were converted to January 2022 $US.

Findings

We found 267 evaluated CM interventions, from 174 RCTs. Only 8 RCTs were on people who used methamphetamine (7 from the USA, 1 from Cambodia); these evaluated 16 interventions all of which targeted methamphetamine use, or stimulant use more broadly, using urine testing 2-3 times per week. 15 involved an escalating reinforcement schedule, starting at a median of $3.40, and increasing on a median of $1.78 for each consecutive stimulant free urine, this resetting with stimulant positive urines. 3 involved a prize-draw and 11 were voucher-based CM; only one provided cash. Of those that provided a cash equivalent, the median possible earnings were $1,118 (range $134 - $1,878), with the median earnt being $128 (range $44 - $329). All but 2 interventions included adjunctive support (usually standard care or other psychosocial support).

Conclusions

RCTs of CM for people who use methamphetamine use are almost exclusively from the USA and use conventional escalating reinforcement schedules that target abstinence from stimulant use. Any modification of these conventional CM schedules for use in Australia is likely to need additional evaluation.

Integrating contingency management for methamphetamine use into routine clinical care in Australia: Outcomes from in-depth interviews

Authors
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Introduction
Methamphetamine dependency can be challenging to treat, particularly in the absence of approved pharmacotherapies. Evidence shows contingency management is the most effective intervention available for methamphetamine use. Drawing from a set of interviews with people who use methamphetamine, this study explored the feasibility and acceptability of implementing contingency management as a treatment for methamphetamine use in Australia.

Method
30 semi-structured, open-ended interviews were conducted with people who had used methamphetamine at least weekly in the previous 6 months. Interviews were conducted through telephone or Zoom between May and August of this year (2022). Recordings were transcribed verbatim and then analysed using NVivo.

Key Findings
Participants showed a high level of interest and willingness to try contingency management as a treatment for methamphetamine dependency. Cash was the preferred reward type and conducting the drug tests remotely using a smart phone app was considered to be the easiest and most effective testing method. Virtually all participants were in favour of engaging with either a counsellor or peer-support worker in some capacity, and many stressed the need for adjunct community-based support and creating greater social interaction for those in treatment. Pharmacotherapy or other medical support was highlighted as a requirement to initiate abstinence.

Conclusion
A contingency management model adapted to help people initiate abstinence has the potential to be a popular treatment option in Australia for those seeking to better manage their methamphetamine use.

Disclosure of Interest Statement
This study was funded by the National Centre for Clinical Research on Emerging Drugs (NCCRED).

Feasibility and preliminary efficacy of cognitive remediation groups in a community outpatient setting for people who use methamphetamines.

Authors
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Introduction and Aims
Cognitive impairment is a significant risk factor for alcohol and other drug (AOD) treatment dropout. Our team have led the development of the AOD Cognitive Enhancement (ACE) Project. This is a world leading, multifaceted project developed for people with substance use disorder. It provides resources for AOD treatment staff to screen for and support clients with cognitive impairment. It includes cognitive remediation groups specifically developed for people attending AOD treatment. The aim of the proposed project is to examine the feasibility and preliminary effectiveness of the cognitive remediation groups for people accessing specialised methamphetamine treatment.

Design and Methods
Online cognitive remediation groups are being delivered to people attending the ISLHD Illawarra outpatient drug and alcohol services. The study is examining the feasibility of delivering the groups (i.e., referral rates, rates of program completion, participant satisfaction). It is also examining preliminary efficacy of the ACE Cognitive Remediation Groups. The BRIEF-A will be the primary measure of preliminary efficacy. This will be demonstrated by a clinically significant increase (effect size of .3) in BRIEF-A scores.

Results
Addressing the ongoing impacts of COVID-19, the study is being conducted via online groups. The first round of groups has now been completed and the second cognitive remediation group is currently underway.

Conclusions
Early results indicate that the content of the program is feasible for delivery in this population. However, there are challenges with regularly engaging participants in the online delivery of the group program.

Disclosure of Interest Statement
Not applicable.

Beyond the ice: Differences in biopsychosocial risk factors and neuropsychological profiles among individuals with histories of alcohol or methamphetamine-polysubstance use.

Authors
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Introduction and Aims
There is limited appreciation of the pre-existing and co-occurring risk factors for cognitive impairment in individuals with Methamphetamine-polysubstance use who present to clinical services. In contrast, the evidence for these risk factors in alcohol use is well-established. This study compared clinical and cognitive profiles between methamphetamine-polysubstance users reporting cognitive impairment and an alcohol-using group.

Design and Methods
A retrospective file audit was conducted of individuals presenting to an addiction neuropsychology service and reporting either heavy methamphetamine use for more than a year as part of a polysubstance use history, or having only used alcohol. Demographic, medical, psychiatric, and substance use histories, and neuropsychological assessment findings were extracted for between group comparisons.

Results
Cognitive functioning was reduced for both substance-using cohorts relative to population norms. Compared to the methamphetamine-polysubstance group, the alcohol group had significantly lower overall IQ, semantic verbal fluency, and psychomotor tracking speed. The methamphetamine-polysubstance group were significantly younger, had higher rates of offending, younger substance use onset, and more overdoses relative to the alcohol group. No significant differences in co-occurring neurodevelopmental, psychiatric or acquired brain injury diagnoses were observed while high rates of co-occurring psychiatric concerns were common.

Discussions and Conclusions
Although cognitive functioning was reduced across both cohorts, the alcohol group had a more global, distributed profile of cognitive impairments relative to methamphetamine-polysubstance users. Individuals in the Methamphetamine-polysubstance group presented with a higher risk of overall harm from substance use at a significantly younger age, which is a unique concern.

Implications for Practice or Policy
These findings highlight the importance of evaluating the wide variety of risk factors and clinical variables relevant to experiences of cognitive functioning in Methamphetamine-polysubstance users in order to address potential areas of unmet need with targeted treatment and intervention.

Disclosure of Interest Statement
This work was supported by a scholarship from the National Centre for Clinical Research in Emerging Drugs (NCCRED) awarded to JG and funded by the Commonwealth Department of Health (Australia). NCCRED had no role in the review, design, analysis, interpretation or preparation of any published works. No other conflicts of interest are declared.

Using participatory film-making to describe the implementation of an innovative web-app for Aboriginal and Torres Strait Islander People who use methamphetamine on Nauo and Barngarla Country

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Aims
The web-app 'Wadi Wanti: Leave the Ice Alone' (previously 'We Can Do This'), was developed as part of a larger project, Novel Interventions to address Methamphetamine use in Aboriginal and Torres Strait Islander Communities (NIMAC), which sought to produce new data to support health services to address methamphetamine related harm, and to support the development of community-led prevention and treatment interventions. Wada Wanti is a web-app developed to support people to reduce or stop using methamphetamine. The evaluation of the web-app indicated that it is most useful as a resource to use in a supported context, for example as an adjunct to counselling in a health, rehabilitation or community service.

Method / Approach
This project involves the production of a documentary film about a health service where the Wada Wanti web-app is being used, The Healing Circle in Port Lincoln, SA. Interviews conducted as part of the production of the documentary are being analysed thematically, alongside the audiovisual production. In this way, two types of data are being produced to explore and better understand how the app may be implemented in a real-world community setting.

Discussion / Conclusions
The documentary film created via this study will enable a deeper understanding of the barriers and facilitators of implementation of the web-app in a complex organisational and community environment. It will also provide evidence about the needs of services when attempting to integrate a new treatment approach into an established service model. Lastly, it will serve as a useful resource for the use of the app in a variety of organisational settings.

Disclosure of Interest Statement
This project was supported by a clinical research scholarship from the National Centre for Clinical Research in Emerging Drugs (NCCRED) awarded to JR and funded by the Commonwealth Department of Health (Australia).

Theta burst Transcranial Magnetic Stimulation (TMS) for Methamphetamine use disorder (TARTAN) – A feasibility study

Authors

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Introduction

This study examines the feasibility and preliminary efficacy of Transcranial Magnetic Stimulation (TMS) for moderate to severe methamphetamine (MA) use disorder in ambulatory settings.

Methods

Thirty patients will receive active TMS or sham (control) intervention. Treatment is intermittent TBS (iTBS) applied to the left Dorso Lateral Pre Frontal Cortex (DLPFC), then continuous TBS (cTBS) to the left Orbito Frontal Cortex (OFC). Participants are offered 12 treatments over 4 weeks. Controls receive non-active (sham) TMS mimicking active treatment. Participants can opt-in to weekly standardized CBT counselling, and a neuroimaging sub-study. Data is collected on feasibility, safety, patient experience, neuro-imaging, and preliminary efficacy (changes in substance use, cravings and cognition).

Results

Recruitment commenced February 2022 and the first participant started in May 2022. As of October 2022, the study received 32 referrals, 20 of these were pre-screened, nine consented to participate, seven commenced the trial. Six have completed treatment attending an average 10.2 sessions (range 6-12). Four joined the imaging sub-study. Participants attended 42% (10 of 24) of opt-in counselling. Nine adverse events were reported during 61 TMS sessions. These were minor or deemed unrelated to the intervention.

Discussions

Patients have largely adhered to, and tolerated the intervention, with monitoring of these ongoing. TMS certified Drug and Alcohol research staff were able to rapidly adopt study protocol and procedures. Referrals have occurred at the expected rate, however Covid and capacity constraints have meant delays to enrolment and study completion. The time to establish TMS capacity and protocols were greater than anticipated. Recruitment and data analysis is ongoing.

Disclosure of Interest Statement

Paul Fitzgerald has received equipment for research from MagVenture A/S, Nexstim, Neuronetics and Brainsway Ltd and funding for research from Neuronetics. He is a founder of Monarch Mental Health Group and Resonance Therapeutics.

Strengthening first-line support for Australians who use drugs, their friends and families: A training needs analysis for alcohol and other drug helplines for calls relating to methamphetamine and emerging drugs of concern

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Introduction and Aims
Fielding greater than 100,000 calls annually, Australia's alcohol and other drug telephone helplines occupy the first-line of the public health system by providing support and advice to people who use these drugs and their families or concerned others. We sought to identify training needs for these services, so that appropriate targeted resources can be developed.

Design and Methods
We distributed an anonymous, online, cross-sectional survey to helpline staff from New South Wales, Queensland, South Australia, Victoria and Western Australia. Based on the WHO Hennessy-Hicks training needs analysis tool, participants were asked: to rate on a 7-point likert scale the importance of a topic to their practice and how well they perform in relation to the topic; open-ended questions specifying their own self-perceived training needs; and demographic data.

Results
Of 50 participants, 29 completed the full survey (median age 49 [IQR: 30-57.5]; median time working in AOD sector 6 years [IQR: 1-20]). The results identified a need for: practical, priority-population specific (Culturally and linguistically diverse, Aboriginal and Torres Strait Islander) information for telephone-service providers relating to methamphetamine and emerging drugs of concern; a particular focus on families, friends and concerned others of people who use methamphetamine and emerging drugs; and readily accessible up-to-date information on new and emerging drugs and treatment of related disorders.

Discussions and Conclusions
This training needs analysis provides a structured approach to supporting the first-line alcohol and other drug counsellors to provide up-to-date and accurate information to assist Australians seeking information, support and advice.

Implications for Practice or Policy
AOD telephone helplines comprise a multi-disciplinary workforce providing frontline support to people with AOD specific queries. Provision of contemporary contextual training is important to ensure quality evidence-based care. Here we present the workforce needs identified by the providers themselves, to enable practice improvement.

Disclosure of Interest Statement
FB, KJS are employees of UNSW; NE, HS and BC are employees of St Vincent's Hospital Sydney; SC is an employee of the Western Australia Mental Health Commission; RL is an employee of Eastern Health; LS is an employee of DASSA; HW is an employee of Queensland Health; FB, KJS and NE work for NCCRED, and have no other interests to declare.

Session 3 - Emerging drugs & information sharing networks

Session Chair: Ms Melanie Walker

Impact of amphetamine type stimulant use on clinical outcomes in OTP clients

Authors

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Introduction and Aims

The Australian Treatment Outcomes Profile (ATOP) is embedded as a clinical review tool in NSW government Alcohol and Other Drugs (AOD) services' electronic clinical information systems (eCIS). This provides new opportunities to build on our understanding of the client population who use amphetamine type substances (ATS). The study aimed to investigate the relationship between ATS use and treatment outcomes in an opioid agonist treatment (OAT) population.

Design and Methods

N=2,008 client records extracted from N=6 Local Health Districts (LHDs). Mixed effects models for repeated measures regressions tested the rate of change in clinical outcomes by baseline frequency of ATS use.

Results

Clients reporting frequent ATS use at the start of treatment used more non-OAT opioids and cannabis than non-ATS users and reported poorer wellbeing. However, these differences were negligible after 12 months in treatment.

Discussion and Conclusions

Providing they stay in treatment, the prognosis at one year for clients who are using ATS at baseline is not significantly worse than for the clients who are not.

Disclosure of Interest Statement

Two of the investigators (KS and NE) work for the National Centre for Clinical Research into Emerging Drugs (NCCRED), the organisation funding the study. Investigators AD and NL sit on the board of NCCRED and investigators AS and MF are employees of the National Drug and Alcohol Research Centre (NDARC, UNSW) which is a member of the NCCRED consortium group. None of these investigators had a role in determining funding allocation to this study. NCCRED was funded by the Commonwealth Department of Health to support the provision of clinical treatment interventions to people experiencing problems related to their use of methamphetamine and other emerging drugs of concern. The funding for this project is from a seed-funding grant (unrestricted).

Use of wearable thermometers to reduce the risk of drug-related toxicity at music festivals: The COVID pivot

Authors
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Introduction
Drugs with sympathomimetic effects such as MDMA increase the risk of hyperthermia which can be life threatening. In Australia and internationally this has resulted in a number deaths in music festivals. We hypothesised that wearable thermometers to detect high body temperature could be part of a health strategy to reduce such risk in music festival participants that could be delivered with other health messages.

Approach / Design
Our study had two parts. The first phase was to evaluate the sensitivity and specificity in detecting a rise in body temperature of concern with placement of thermometers on various parts of the body. The second phase was to assess feasibility and acceptability of wearable thermometers music festivals participants along with other health messages.

Originally, we planned to test sensitivity and specificity in hospital inpatients and then to pilot further data in dance clubs. COVID restrictions did not allow that access to patients. In addition, other COVID related community restrictions caused significant delay for example the cancelling of music festivals.

Results
As a result of COVID we have had to change our design. Our first phase will be carried out in high intensity workout gym classes in the University of Sydney Gym. Data suggest about 30% of participants will generate a high temperature during exercise. Utilisation of a group with similar demographics to festival goers will allow sensitivity/specificity as well as acceptability and feasibility to be measured.

Disclosure of Interest Statement
The author is not aware of any conflicts of interest related to this project, as at time of writing.

Risk communication for people who use drugs: Awareness of, behavioural responses to, and preferences for, dissemination of drug alerts

Authors

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Aims

'Drug alerts' are public notices sharing urgent information about specific drugs carrying high risk of harm. In addition to increasing awareness of circulating substances, these alerts are intended to encourage greater uptake of harm reduction behaviours. However, little is known about whether these alerts reach their target audience, and if such efforts are associated with increased harm reduction behaviour among those who may use the identified substance. Further, there has not been rigorous assessment as to the preferences of people who use drugs in the dissemination of these alerts. Thus, the aims of this program of work were to assess awareness of, responses to, and preferences for communication of drug alerts among Australians who use drugs.

Methods

Four projects will be briefly overviewed: i) an online survey of Australians who use ecstasy randomised to receive a 'high-dose MDMA' alert with varied content description versus no alert; ii) interviews with people across all Australian capital cities who regularly use ecstasy and related drugs as part of the Ecstasy and Related Drugs Reporting System (EDRS); iii) as above but with people who regularly inject drugs across Australian capital cities as part of the Illicit Drug Reporting System (IDRS); and iv) an online survey of people who use drugs in Australia.

Results

Key findings from the first three projects and protocol for the fourth project will be overviewed.

Conclusions

Development and dissemination of drug alerts must be evidence-based, theory-driven and consumer-informed, and considerate of the potential impacts of such communication.

Disclosure of Interest Statement

This program of work is supported by funding from NCCRED and Australian Government Department of Health and Aged Care (the latter specifically for IDRS and EDRS). NDARC and NCCRED are supported by funding from the Australian Government Department of Health and Aged Care. AP has received untied educational grants from Seqirus and Mundipharma. RS has received untied educational grants from Seqirus. RB has received untied educational grants from Mundipharma and Indivior. Funding from these organisations has now ceased, funding was for work unrelated to this project, and the funding bodies had no role in study design, analysis and reporting. SL has served as an unpaid member of an Advisory Board for Mundipharma. PD discloses an investigator-driven research from Gilead sciences for work related to hepatitis C. He has served as an unpaid member of an Advisory Board for Mundipharma. No pharmaceutical grants were received for this study. NE and RP are employed by St Vincent's Hospital in the NSW Health public health service. AP and RS are supported by a National Health and Medical Research Council Investigator Fellowship.

Co-designing a fixed-site drug checking service at Sydney's Medically Supervised Injecting Centre (MSIC)

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Introduction / Issues
Drug checking services (DCS) allow people who may intend to use drugs to have substances tested and to access analysis results alongside targeted harm reduction advice. Use of DCS may allow individuals to avoid dangerous substances and to implement evidence-based harm reduction behaviours. Meaningful, equitable inclusion of service users in the design of a DCS can enhance the potential benefits and increase uptake.

Method / Approach
In the co-design of a fixed-site DCS pilot for Sydney's Medically Supervised Injecting Centre (MSIC), we interviewed members of MSIC's Consumer Advisory Group (CAG), which comprises MSIC clients with lived experience, knowledge and expertise to inform the development of the DCS.

Key Findings
Four CAG members were interviewed. Respondents agreed that a DCS could serve an important role in allowing tailoring of harm reduction advice and interventions; improving agency of service users; and facilitating dissemination of drug alerts to and between MSIC service users. All reported that appropriate compensation for participation would enhance recruitment. The amount of drug required for testing and the time taken to test and receive results were reported to be key factors in ensuring an acceptable service. Having CAG members involved at recruitment and results delivery stages was considered likely to improve recruitment and participant experience.

Discussions and Conclusions
Consumer involvement at all stages was considered vital to an acceptable and effective DCS. This input should ensure that the procedures and protocols are appropriately tailored to this location and population and optimise acceptability of the pilot service.

Disclosure of Interest Statement
RP received a seed funding grant from NCCRED for this project.

The GHB cultures practices and experiences study

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Introduction
GHB is used among some sexuality and gender diverse populations at elevated rates, however little qualitative research has explored GHB use among these populations with regards to diverse contexts, settings, practices, and experiences of use. In Australia, harms relating to GHB overdose appear to be increasing. Research outlining consumers' experiences of GHB-related pleasures and their strategies to reduce harms may inform GHB education and intervention responses.

Design and Methods
N = 31 participants reporting three or more occasions of GHB use within the previous 12 months were recruited via digital advertising and snowball methods. Semi-structured interviews were conducted, data were transcribed and analysed thematically in NVivo.

Key Findings
GHB was used to enhance socialising and sex in domestic, private, and commercial venues. Participants prioritised terminology of 'control' when describing their practices associated with GHB dosing, measuring, timing and peer moderation. Most participants reported personal experience of GHB overdose with loss of consciousness. Overdose was often managed without ambulance attendance. Strategies to ensure sexual consent in the context of sexualised GHB use were reported, however experiences of sexual violence or distress associated with GHB were also commonly narrated.

Discussions and Conclusions
Participants' near-ubiquitous experience of GHB overdose highlights ongoing education needs around GHB overdose prevention and overdose response. Positive strategies to facilitate sexual communication prior to and throughout GHB sex should be reflected in education initiatives. Education should promote affirmative and continuous consent and assist people who use GHB to recognise and respond to sexual violence if it occurs.

Implications for Translational Research
This study was devised, implemented and is now being translated via collaboration across a large multidisciplinary team of academics, clinicians, and community-based organisations. The study has been replicated among a sample of cisgender and heterosexual GHB consumers. The study team is also currently exploring translation interventions addressing GHB overdose prevention and response.

Disclosure of Interest Statement
This work was funded by NCCRED, NCCRED receives its funding from the Australian Department of Health; JF is support by an Australian Government Research Training Program Scholarship. The Kirby Institute is funded by the Australian Government Department of Health and KS NE work for NCCRED

Implementing an Australian national prompt response network for emerging drugs

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Background
Recommendations from coronial inquests and parliamentary inquiry reports have highlighted significant delays in detecting and responding to increased health problems related to emerging drugs in Australia. However, developing information exchange mechanisms that support both value propositions for the wide range of stakeholders across eight Australian jurisdictions involved, and their varied information sharing processes, system structures and policies, presents a significant challenge.

Description of Intervention
To address this, the National Centre for Clinical Research on Emerging Drugs (NCCRED) engaged existing jurisdictional networks, clinicians, toxicologists, policymakers and peer organisations to develop the Prompt Response Network (PRN). This collaborative, codesign process to understand what information can and should be shared and how.

Implementation
Specifically, we codesigned: an online community platform for informal, private and secure information-sharing between jurisdictional stakeholders; a national signal register that consolidates all public health, clinical and peer alerts and incident information in one location; and public-facing channels to share information to the community. Our codesign process mapped the strengths, limitations and gaps in local systems, and where a national PRN could support, enable, and network existing and emerging systems, acknowledging and complimenting the work already undertaken.

Conclusion and Next Steps
Codesign mapping helped manage the significant complexity involved, bringing together diverse stakeholders across multiple jurisdictions, and made the process tangible and visible. This enabled stakeholders to arrive at a shared understanding and cultivated the necessary trusted relationships with us and each other. Ultimately, this codesign process and mapping created shared ownership in delivering and enabling the final solution, as well as activating the PRN network's foundational membership. An update on the implementation of the components will be provided.

Disclosure of Interest Statement
The authors declare that they have no relevant competing interests. This work was funded by NCCRED, who receives their funding from the Commonwealth Department of Health and Aged Care.

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