

## Clinical Tips: Tips for Working with Young People Using Methamphetamine

The following information has been summarised from the [YODAA website](#) which contains an interactive tool that can be used with clients to describe the impacts of methamphetamine or 'ice' on the brain. The site also contains other useful videos.

### 1. Consider extended periods of care

Supporting a young person to maintain changes should be part of every care plan.

### 2. Be creative

Varying motivation and capacity to plan ahead makes it more difficult to attend appointments. Relying on setting boundaries on missed appointments alone will likely further disengage young people using ice /meth. Consider strategies that promote engagement then back these with assertive follow up. Modalities such as outreach are particularly effective in engaging young people with motivation difficulties. Encouraging the involvement of an AOD worker to support attendance at appointments may also assist so it is important to engage young people around their interest on this kind of support.

### 3. Break It Up

There is potential that some young people may have difficulty with some cognitive processes, flexible thinking, attention and retaining information. The clinician should consider seeing the young person several times in one week for very brief periods rather than a long session every fortnight. When providing information, think about focusing on one or two ideas at a time and repeat those ideas to enhance understanding.

### 4. Eat, sleep, reassure

Young people who have been using meth for extended periods of time may experience an overall deterioration in physical and mental health. As with any drug, reassuring a young person that their health can improve is key. Referral to a headspace dietician, practice nurse or charitable aid agencies that provide meals may be of benefit.

### Ice (Crystal Methamphetamine) Withdrawal

The following are features of crystal methamphetamine withdrawal:

#### In first 2-3 days ('Crash')

- Exhaustion
- Increased sleep
- Depression

#### Following days or weeks

- Irritability & anxiety
- Cravings
- Mood swings
- Poor concentration
- Sleep disturbances
- Increased appetite
- Paranoid delusions and psychotic episodes

Withdrawal symptoms generally settle down after a week and will mostly disappear after a month, although prolonged post withdrawal syndromes can occur ongoing lowered mood and lethargy.

### Most young people do not require medication for stimulant withdrawal.

However, in some cases where there is severe agitation or aggression, quetiapine, (50mg daily PRN) may be given as a last resort. In this context, quetiapine is being utilised 'off label'. If large doses are required and/or symptoms are not settling, then a transfer to hospital for a comprehensive assessment and management is required.

Please note that there is a risk of diversion. Therefore, care should be taken when prescribing 'off label'. Risk mitigation strategies should be employed (i.e. do not provide for greater than 14 days, no repeats, review after 7 days, consider daily pick up from pharmacy / or other supervised dosing options).

## Harm Minimisation Strategies

Some common harm minimization strategies for ice and amphetamines are:

- Take breaks from using
- Eat well and regularly
- Try and get some sleep when at all possible
- If injecting, use [safe injecting practices](#)
- Drink water
- Plan for the comedown
- Mouth sores and infections are common among heavy ice users – be sure to brush and floss teeth regularly
- Don't use alone
- Have 'safe' people to call in case of feelings of paranoia or panic
- Call an ambulance if an overdose is suspected

## Safety assessment and response

Young people using methamphetamine can experience increased agitation, aggression, mood swings, and psychotic symptoms. Symptoms such as these can increase a young person's risk of harm to themselves and others. It is essential to note that risk is dynamic and can change quickly. Ongoing risk assessment and safety planning ([see Safety Planning and Risk](#)) is essential—considering risk of harm to self (including risk of over-dose, suicidality, self-harm, harm related to injecting), from others (vulnerability to violence, exploitation) and to others (violence, domestic violence, harm to an unborn child).