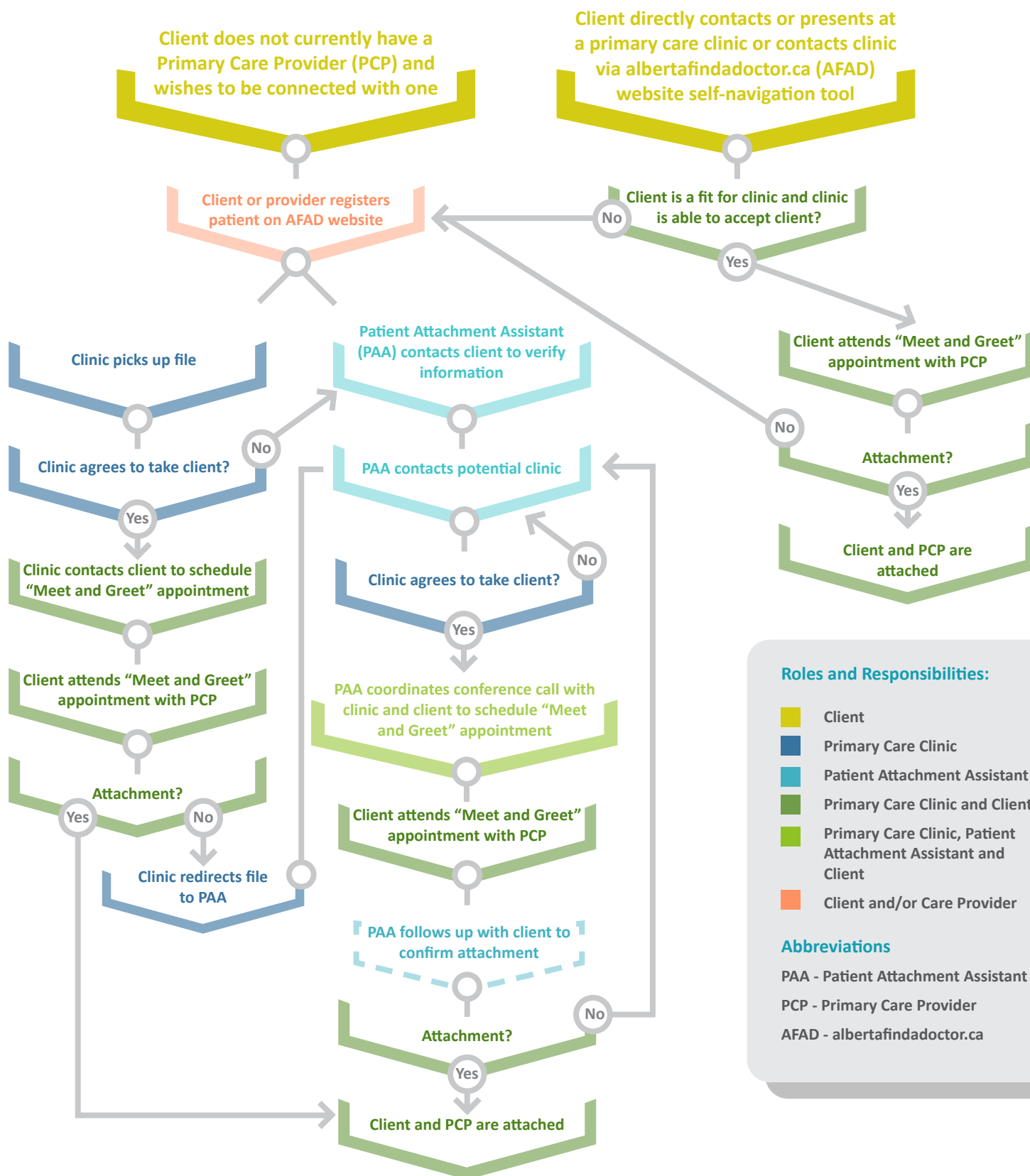


Methamphetamine Client Transitions to Primary Care Attachment Protocol



www.pcnconnectmd.com/clinical-referral-pathways/

Methamphetamine Client Transitions to Primary Care Attachment Protocol



Methamphetamine Client Transitions to Primary Care Attachment Protocol

PROCESS	DETAILS	WHERE/WHO IS INVOLVED?	SUPPORTING RESOURCES OR TRAINING
<p>Client does not currently have a Primary Care Provider (PCP) and wishes to be connected with one</p> <p>OR</p> <p>Client directly contacts or presents at clinic or contacts clinic via Alberta Find A Doctor (AFAD) website self-navigation tool</p>	<ul style="list-style-type: none"> • If a client does not have a Primary Care Provider (family doctor, nurse practitioner, or or physician's assistant), they can connect to one using the albertafindadoctor.ca website. • A client may also ask their care provider at a hospital or detoxification/recovery centre for help connecting to a PCP. • On the AFAD website, the client can use the self-navigation tool to identify a clinic of interest and contact the clinic themselves. • Alternatively, clients can select "Help Me Find A Doctor" on the website for Primary Care Network (PCN) assistance in finding a PCP. • In some cases, the client may present in person at the clinic inquiring if the clinic/PCP are currently accepting new clients. 	<ul style="list-style-type: none"> • Primary Care Clinic • Hospital • Detoxification/Recovery Centre • Other Community Organization <p>» Client</p> <p>» Clinician or Care Provider</p>	<ul style="list-style-type: none"> • Alberta Find a Doctor website: <p>Self-Navigation Map - https://albertafindadoctor.ca/find-a-doc/map</p> <p>Help Me Find a Doctor Registry - https://albertafindadoctor.ca/find-a-doc/help-me-find-a-doctor</p>
<p>Client or Care Provider registers client on AFAD website</p>	<ul style="list-style-type: none"> • At times, clients may require assistance with the registration process and support should be offered if requested. • If a clinician or care provider is registering a client who does not have any way of being contacted, contact information can be provided for the clinician or care provider on the client's behalf. • Training sessions are available through AFAD, though not required, for primary care clinicians or staff who are interested in learning to use the AFAD Registration Portal. 	<ul style="list-style-type: none"> • Primary Care Clinic • AFAD Website • Detoxification/Recovery Centre • Hospital • Other Community Organization <p>» Client</p> <p>» Clinician or Care Provider</p>	<ul style="list-style-type: none"> • Appendix A - FAQs: The Importance of Primary Care and the Patient's Medical Home for Clients with Methamphetamine Concerns • For training or support on the AFAD website please email PAhelp@espcn.ca • Alberta Find a Doctor website: <p>Self-Navigation Map - https://albertafindadoctor.ca/find-a-doc/map</p> <p>Help Me Find a Doctor Registry - https://albertafindadoctor.ca/find-a-doc/help-me-find-a-doctor</p>
<p>Clinic picks up file</p> <p>OR</p> <p>Patient Attachment Assistant (PAA) contacts client to verify information</p>	<ul style="list-style-type: none"> • Using the AFAD Registration Portal, a clinic can pick up the registration directly. - If the clinic agrees to take the client, they will contact the client to schedule a "Meet and Greet" appointment. - If a PAA coordinates attachment, they will contact the client for further information prior to contacting potential clinics. 	<ul style="list-style-type: none"> • AFAD Registration Portal • Primary Care Network • Primary Care Clinic <p>» Primary Care Clinic Staff</p> <p>» Patient Attachment Assistant</p> <p>» Client</p>	

PROCESS

Client is a fit for clinic and clinic is able to accept client? (if client presents directly at clinic)

OR

Clinic agrees to take client? (if client registers through AFAD website)

Client attends “Meet and Greet” appointment with PCP

DETAILS

- If the client is a fit for the clinic and the clinic is able to accept the client, the clinic staff will schedule a “Meet and Greet” appointment between the client and PCP.
- If the client is not a fit for the clinic and/or the clinic is not able to accept the client, the client should be offered assistance to find a PCP. This can be facilitated through the AFAD website, through the self-navigation or registration options.
- Upon identifying a potential clinic for attachment, the PAA will coordinate a conference call with the clinic and client to schedule a “Meet and Greet” appointment.
- If the client is registered through the AFAD website and the clinic is not able to take the client, the clinic can redirect the file back to the PAA and the PAA will explore alternate clinics/PCPs who are currently accepting clients.
- If a clinic cannot get a hold of a client, the file can be returned to the system for the PAA to coordinate.

- Consider providing clients the option of in person, virtual, or telephone appointments when appropriate. Clients may be experiencing barriers with transportation, finances, or internet/telephone access and providing appointment options may increase their ability to attend.
- If clients are experiencing barriers to care, consider involving team members such as a Social Worker, Behaviour Health Consultant, or Mental Health Navigator to provide support to clients to address these concerns. Resources may vary based on your Primary Care Network.
- Should a client miss their “Meet and Greet” appointment, it is recommended to follow-up with them prior to instituting any no show fees or other punitive measures. These measures can inadvertently increase barriers for clients or discourage them from seeking care.

WHERE/WHO IS INVOLVED?

- Primary Care Network
- Primary Care Clinic
 - » Primary Care Clinic Staff
 - » Patient Attachment Assistant
 - » Client

- Primary Care Clinic
 - » Client
 - » Primary Care Provider

SUPPORTING RESOURCES OR TRAINING

Provider Resources:

- Appendix B - Quick Reference Guide for Assessment and Management of Clients with Methamphetamine Concerns
- Appendix C - Changing How We Talk About Substance Use (Government of Canada)
- Appendix D - Team Based Care for Clients with Methamphetamine Concerns
- Community Resource List <https://edmonton.cmha.ca/211-resource-lists/>
- Caring for Clients with Methamphetamine Concerns – Methamphetamine Client Transitions to Primary Care Project ([My Learning Link](#) and [PHC Learning Portal](#))

Client Resources:

- Appendix E - Meth Check: Ultra Brief Intervention Tool
- Meth Check: ‘Ways to Stay Safe’ Booklet (Insight) <https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckBooklet.pdf>
- Meth Check: Harm Reduction Wallet Cards (Insight) <https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckHarmReductionCards.pdf>
- Community Resource List <https://edmonton.cmha.ca/211-resource-lists/>
- Meth Check: Factsheet for Families (Insight) <https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckFactsheetforFamilies.pdf>

PROCESS	DETAILS	WHERE/WHO IS INVOLVED?	SUPPORTING RESOURCES OR TRAINING
PAA follows up with client to confirm attachment (if connected via PAA originally and client has consented)	<ul style="list-style-type: none"> If attachment is confirmed, the PAA closes the client's file. If the "Meet and Greet" appointment did not result in attachment, the PAA will explore alternate clinics/PCPs who are currently accepting new clients. 	<ul style="list-style-type: none"> AFAD Registration Portal Primary Care Network <ul style="list-style-type: none"> Client Patient Attachment Assistant 	
Client and PCP are attached	<ul style="list-style-type: none"> The client and PCP are considered attached based on the clinic's requirements for attachment. 	<ul style="list-style-type: none"> Primary Care Clinic <ul style="list-style-type: none"> Client Primary Care Provider 	<p>Provider Resources:</p> <ul style="list-style-type: none"> Appendix B - Quick Reference Guide for Assessment and Management of Clients with Methamphetamine Concerns Appendix C - Changing How We Talk About Substance Use (Government of Canada) Appendix D - Team Based Care for Clients with Methamphetamine Concerns Community Resource List https://edmonton.cmha.ca/211-resource-lists/ Caring for Clients with Methamphetamine Concerns – Methamphetamine Client Transitions to Primary Care Project (My Learning Link and PHC Learning Portal) <p>Client Resources:</p> <ul style="list-style-type: none"> Appendix E - Meth Check: Ultra Brief Intervention Tool Meth Check: 'Ways to Stay Safe' Booklet (Insight) https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckBooklet.pdf Meth Check: Harm Reduction Wallet Cards (Insight) https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckHarmReductionCards.pdf Community Resource List https://edmonton.cmha.ca/211-resource-lists/ Meth Check: Factsheet for Families (Insight) https://www.pcnconnectmd.com/wp-content/uploads/2021/03/MethCheckFactsheetforFamilies.pdf Family and Caregiver Resources (British Columbia Centre on Substance Use) https://www.bccsu.ca/family-and-caregiver-resources/



APPENDIX A

FAQS

The Importance of Primary Care and the Patient's Medical Home for Clients with Methamphetamine Concerns

For clients who are connected to a family physician/nurse practitioner/physician's assistant.

Q: What is the benefit of my primary care provider knowing that I am using methamphetamines? How can they help me?

A: Sharing your methamphetamine concerns with your primary care provider is important. Using methamphetamine repeatedly can cause sleep disruptions; worsen mood and memory; and cause skin, dental, or heart issues. It can cause psychosis in severe instances. Your family primary care provider can work with you to recommend different treatments, resources, and strategies based on your specific goals.

Whether or not you are ready to stop using methamphetamine your primary care provider can also work with you to discuss harm reduction practices that can help you stay safe while you are using methamphetamine. Your primary care provider can also connect you to a team of other health professionals including nurses and mental health providers. This team can help you with things like finding housing, obtaining ID, or applying for income support; or address issues like anxiety, grief or trauma. These team members may be located within the same clinic that you see your primary care provider in or they may be located at a Primary Care Network (PCN) office.

Q: Will my primary care provider report my drug use to the authorities?

A: Your health information is confidential unless there is immediate or severe risk to yourself or others. These situations are complex and there are often other things that can be explored prior to involving the authorities. It is important to note that tests like urine drug screens are only ordered for medical purposes and cannot be released to the authorities or used for legal purposes without your knowledge or written consent.

Q: Can my primary care provider restrict my medications because I use methamphetamine?

A: Your primary care provider will not restrict your medications just because you use methamphetamine. There are some medications that are unsafe, or have dangerous side effects when used at the same time as methamphetamine. Your primary care provider can work with you to explore the safest medication options. They can also work with a pharmacist who can help you to manage your medications and answer any questions.

For clients who are not connected to a family physician/nurse practitioner/physician's assistant.

Q: Why do I need family physician/nurse practitioner / physician's assistant? What is the benefit of having a primary care provider in the community?

A: A family physician/nurse practitioner/physician's assistant, or "primary care provider" is someone you see regularly for your healthcare needs. They support both your physical and mental health. You can build an ongoing, trusting relationship with them and share difficult or complex concerns, such as your methamphetamine use, in a safe and non-judgemental environment. Having a regular primary care provider helps you get the best healthcare possible for your unique situation.

Q: What is a Primary Care Network?

A: Primary Care Network, or PCN, is an organization that supports primary care providers with a team of other health care professionals, like nurses or mental health providers. For example, your primary care provider may connect you with a mental health provider at the PCN who can provide support with things like finding housing, obtaining ID, or applying for income support. These team members may be located within the same clinic that you see your primary care provider in or they may be located at a PCN office.

Q: What is a Patient's Medical Home?

A: Your primary care provider and their team of health care professionals work together to create a Patient's Medical Home, or PMH. This is a place where you can feel the most comfortable to discuss your personal and family health concerns. When you are "attached" to primary care provider's Patient's Medical Home it means that you will see them for your regular medical care. A Patient's Medical Home does not mean that you cannot access healthcare elsewhere in emergency situations but any follow up would occur with your primary care provider.

Q: I don't have a primary care provider. How do I find one?

A: You can find a primary care provider through the Alberta Find A Doctor website: (albertafindadoctor.ca). You can type in a place that is easy for you to get to and select "accepting new patients" to find a primary care provider in the area. You can also select gender and language preferences if you wish. You can then call the clinic, or clinics, to schedule a "Meet and Greet" appointment. You can also use the "Help Me Find a Doctor" tool on the website if you would like help. Fill out your information and someone will contact you to help you find a primary care provider.

APPENDIX B

QUICK REFERENCE GUIDE FOR ASSESSMENT AND MANAGEMENT OF CLIENTS WITH METHAMPHETAMINE CONCERNS

METHAMPHETAMINE

Methamphetamine is a strong stimulant that can be smoked, injected, snorted or swallowed. Some common slang terms for it include 'ice', 'speed' or 'pint'. Methamphetamine causes the brain to release a huge amount of certain chemical messengers, which make people feel alert, confident, social and generally great. They are also responsible for the "flight or fight" response. The problem is that there are only so many of these messengers stored at any one time. Over time, neurotransmitters become depleted; leading to poor concentration, low mood, lethargy and fatigue, sleep disturbances and lack of motivation.

SHORT-TERM EFFECTS:

During Intoxication: sense of well-being or euphoria, energetic, extremely confident, sense of heightened awareness, talkative, fidgety, and dilated pupils.

At Higher Doses: tremors, anxiety, sweating, palpitations (racing heart), dizziness, irritability, confusion, teeth grinding, jaw clenching, increased respiration, auditory, visual or tactile illusions, paranoia and panic state, loss of behavioral control, or aggression.

LONG-TERM EFFECTS:

Weight loss, dehydration, extreme mood swings, depression, suicidal feelings, anxiety, paranoia, psychotic symptoms, cognitive changes including memory loss, difficulty concentrating, impaired decision-making abilities, dental decay, skin infections, and increased cardiac and stroke risk.

TREATMENT:

The evidence for pharmaceutical therapies to supplement methamphetamine addiction treatment is not strong enough, nor consistent enough to be introduced as a standard of practice.

- Benzodiazepines or atypical antipsychotics, such as olanzapine, are useful in the short term for reducing acute psychotic symptoms and agitation associated with methamphetamine use. There is a risk of dependence and misuse associated with benzodiazepines so they should be used cautiously.
- There is currently no strong evidence to support medications specific to cravings or withdrawal symptoms for clients with methamphetamine concerns. Treatment is highly individualized and tailored to the client's symptoms.
- The evidence for psychosocial and behavioral interventions for methamphetamine addiction treatment is mixed though contingency management combined with cognitive behaviour therapy may help with abstinence.

ADAPTED FROM:

Jenner, L. & Lee, N. (2008). *Treatment Approaches for Users of Methamphetamine: A practical guide for frontline workers*. Australian Government Department of Health & Ageing, Canberra.

WITH EXCERPTS FROM:

Alberta Health Services. (2019). *Managing Methamphetamine Use*. Edmonton, AB: Author.

REDUCING RISKS AND HARMS:

Ask what clients already know and what they would like to know so harm reduction advice can be tailored, appropriate, and engaging.

Clients may be encouraged to:

- Drink plenty of water and eat a balanced diet.
- Brush and floss teeth regularly and chew sugar free gum, encourage clients to follow-up regularly with their dentist.
- Get adequate rest – encourage regular users to have regular non-using days each week or plan a 'crash' period when they can rest and sleep undisturbed for several days to 'come down'.
- Be clear about individual signs and symptoms of psychosis. If psychotic symptoms are experienced, take a total break from using and seek professional help from the person's Primary Care Provider, local emergency department, or local mental health service.
 - Call on friends or family who are stable supports in the person's life.
 - Plan for the week ahead and brainstorm alternatives to using.
 - Avoid driving when intoxicated or 'coming down'.
 - Provide clients with a Naloxone Kit. Clients may be using multiple substances or their methamphetamine may unknowingly contain opioids. If your practice area does not have Naloxone Kits available, clients can obtain one for no charge at their local pharmacy.

INTOXICATION:

Remember that an intoxicated person has impaired judgment and will probably view the interaction differently than you do.

What to look for:

- Rapid, pressured speech or dissociated speech
- Repetitive movements
- Clenched jaw, teeth grinding (bruxism)
- Suspiciousness or paranoia
- Anger, irritability, hostility
- Restlessness, agitation, pacing
- Impulsivity or recklessness
- Sweatiness
- Large (dilated) pupils

RESPONDING TO INTOXICATION:

- Attempt to steer an intoxicated person to an area that is less stimulating while ensuring the client and practitioner both have an easily accessible exit.
- Maintain a calm, non-judgmental, respectful approach.
- Listen and respond as promptly as possible to needs or requests. Do not argue with the person and try not use "no" language. If you cannot provide what they are asking for, be clear about what you can provide (e.g. I hear what you are saying, so let me see what I can do to help).
- Allow the person more personal space than usual.
- Use clear communication (short sentences, repetition, and ask for clarification if needed).

WITHDRAWAL:

Many methamphetamine users will experience what is referred to as a 'crash' or a brief recovery period when they stop using, which might last for a few days up to a few weeks and is likely to include prolonged sleep, increased appetite, some irritability and a general sense of feeling flat, anxious or out of sorts.

Clients may experience:

- A range of feelings from general dysphoria to significant clinical depression, anhedonia
- Mood swings, anxiety
- Irritability or anger, agitation
- Aches and pains
- Sleep disturbance, lethargy, exhaustion, insomnia
- Poor concentration and memory
- Cravings to use methamphetamine

RESPONDING TO WITHDRAWAL:

- Tell the person what to expect, including probable time course and common symptoms.
- Determine what was and was not helpful during any previous withdrawals.
- Recommend adequate diet, rest and fluid intake and prepare by having a supply of nutritious food/drink.
- Schedule follow up visits to assess mood, sleep, and any other symptoms and support the client to create a relapse prevention plan.
- Identify key social supports and educate the family/carers about withdrawal and what to expect.
- Refer to an addiction medicine specialist or psychiatrist, especially if symptoms extend past 1-2 weeks, and recommend ongoing interventions such as counselling to prevent relapse.

OVERDOSE:

What to look for:

- Hot, flushed, sweating
- Severe headache
- Chest pain
- Unsteady walking
- Muscle rigidity, tremors, spasms, fierce jerking movements, seizures
- Severe agitation or panic
- Difficulty breathing
- Altered mental state (e.g. confusion, disorientation)

RESPONDING TO AN OVERDOSE:

- Call 911
- Apply basic first aid principles while waiting for emergency care to arrive

PSYCHOSIS

Psychosis can be fleeting and last for hours, days or a couple of weeks. For a small number of clients it can be chronic. Consultation with an addiction medicine specialist or psychiatrist may be helpful to determine the best approach to care.

What to look for:

- Suspiciousness, hyper vigilance (constantly checking for threats)
- Erratic behaviour (often related to overvalued or paranoid ideas, e.g. arguing with bystanders for no apparent reason, talking or shouting in response to "voices")
- Delusions (e.g. believing others have malicious intentions, or they are under surveillance)
- Hallucinations (e.g. hearing voices, feeling of bugs crawling under the skin, etc.)
- Illogical, disconnected or incoherent speech

RESPONDING TO PSYCHOSIS:

- Choose only one worker who will communicate with the person. Have another staff member present to observe or step in only if required (have a code word to call for assistance from the communicator to the observer).
- Check for a history of violence or aggression.
- Attempt to steer the person to an area that is less stimulating while ensuring both you and the client have an easily accessible exit.
- Mirror body language signals from the person (e.g. sit with a person who is seated, walk with a person who is pacing, etc.) to show empathy.
- Monitor and use appropriate eye contact and always appear confident.
- Use a consistently even tone of voice, even if the person's tone becomes hostile or aggressive.
- Use the person's name if known, or the communicator should introduce themselves by name.
- Carefully call the person's attention to their immediate environment (e.g. "You're in the hospital and you are completely safe now").
- Use careful, open ended questioning to determine the cause of the behaviour or the person's needs and communicate your willingness to help.
- Do not agree with or support the unusual beliefs, simply say "I can see that you're scared, how can I help you?".
- Try not to use 'no' language, which may prompt further agitation, rather use statements like "This is what I can do for you".

RESOURCES

METHAMPHETAMINE/SUBSTANCE USE

Resources and Training:

- Management of Substance Use in Acute Care Settings in Alberta: Guidance Document – Canadian Research Initiative in Substance Misuse <https://crismprairies.ca/management-of-substance-use-in-acute-care-settings-in-alberta-guidance-document/>
- Concurrent Disorders Playlist – Alberta Health Services <https://www.albertahealthservices.ca/info/page14397.aspx>
- Addiction Care and Treatment Online Certificate – British Columbia Centre for Substance Use <https://www.bccsu.ca/about-the-addiction-care-and-treatment-online-certificate/>
- Caring for Clients with Methamphetamine Concerns – Methamphetamine Client Transitions to Primary Care Project ([My Learning Link](#) and [PHC Learning Portal](#))

TRAUMA INFORMED CARE

Resources and Training:

- Trauma Informed Care – Canadian Centre on Substance Use and Addiction <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Trauma-informed-Care-Toolkit-2014-en.pdf>
- Developmental Pathways of Addiction and Mental Health – Understanding ACEs and Being Trauma Informed – Alberta Health Services ([My Learning Link](#) and [PHC Learning Portal](#))
- Brain Story Certification – Alberta Family Wellness Initiative <https://www.albertafamilywellness.org/training>

MOTIVATIONAL INTERVIEWING

Resources and Training:

- Motivational Interviewing Techniques – Facilitating behavior change in the general practice setting – McGill University https://www.mcgill.ca/familymed/files/familymed/motivational_counseling.pdf
- Developmental Pathways of Addiction and Mental Health – Motivational Interviewing and Stages of Change – Alberta Health Services ([My Learning Link](#) and [PHC Learning Portal](#))

CULTURALLY APPROPRIATE CARE

Resources and Training:

- Multicultural Mental Health Resource Centre <https://multiculturalmentalhealth.ca/training/>
- Developmental Pathways of Addiction and Mental Health – Infusing Culture and Equity – Alberta Health Services ([My Learning Link](#) and [PHC Learning Portal](#))

HARM REDUCTION

Resources and Training:

- Harm Reduction Guidelines – BC Centre for Disease Control <http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction>
- Harm Reduction and Recovery in Primary Care – Alberta Health Services https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS_Website/modules/phc-opioid-response-initiative/story_html5.html
- Harm Reduction: Making a Difference in Practice – Alberta Health Services https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS_Website/modules/amh/amh-harm-reduction-difference-practice/story_html5.html

CHANGING HOW WE TALK ABOUT SUBSTANCE USE*

The language we use has a direct and profound impact on those around us. The negative impacts of stigma can be reduced by changing the language we use about substance use.

TWO KEY PRINCIPLES INCLUDE:

- Using neutral, medically accurate terminology when describing substance use
- Using “people-first” language, that focuses first on the individual or individuals, not the action (e.g. “people who use drugs”)

It is also important to make sure that the language we use to talk about substance use is respectful and compassionate.

TOPIC	INSTEAD OF	USE
People who use drugs	Addicts Junkies Users Drug abusers Recreational drug user	People who use drugs People with a substance use disorder People with lived/living experience People who occasionally use drugs
People who have used drugs	Former drug addict Referring to a person as being “clean”	People who have used drugs People with lived/living experience People in recovery
Drug use	Substance/drug abuse Substance/drug misuse	Substance/drug use Substance use disorder/opioid use disorder Problematic [drug] use [Drug] dependence

* This document was created in discussion with people with lived and living experience, through existing research and documentation from other organizations trying to address stigma. This is not an exhaustive list. Furthermore, as a result of the evolving discussion around the best language to use to accurately discuss substance use, this list will likely be revised.

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APPENDIX D

TEAM BASED CARE FOR CLIENTS WITH METHAMPHETAMINE CONCERNS

Clients with methamphetamine concerns often have complex needs that can fall outside the realm of medical treatment. Various primary care team members can support the client's mental health, socioeconomic, lifestyle, and pharmaceutical care. A team based care approach can help more effectively address client's needs.

Membership with a Primary Care Network (PCN) allows clients to access multiple providers within a medical home. As each PCN may offer different programs and services, it is important to connect with your PCN representative to inquire about which providers your clinic has available for client care.

Position	Role	How they can support clients with methamphetamine concerns
Physician/Nurse Practitioner/Physician's Assistant (Primary Care Provider)	<ul style="list-style-type: none"> Provides diagnosis, treatment, and ongoing care of illnesses and medical conditions. Addresses all health needs and develops a plan that may involve further testing; specialist referral; and medication; therapy; and diet or lifestyle changes. 	<ul style="list-style-type: none"> Screening for substance use concerns. Counselling and education on harm reduction techniques. Referral to other roles within the PCN or specialists as required.
Behavioural Health Consultant (BHC) * Some BHCs may also be Registered Social Workers	<ul style="list-style-type: none"> Works with clients and health care teams to support individuals who are experiencing mental health or addiction concerns, life stress, motivational issues, or other concerns. Provides brief interventions and can provide support with emotional or behavioral issues such as anger, anxiety, depression, stress, and bereavement. 	<ul style="list-style-type: none"> Develop plans to reduce or abstain from substances and assist with other lifestyle changes.
Social Worker	<ul style="list-style-type: none"> Provides guidance, information, advocacy, help, counseling, and support when applying for and accessing a range of services relating to various socioeconomic needs. 	<ul style="list-style-type: none"> Provide support with applying for financial and/or health benefits. Provide information on food hampers and community meals. Support with finding emergency shelter or short term/permanent housing. Provide information on where to apply for jobs and job placements. Provide information on abuse, domestic violence and safety planning if client is a victim of abuse. Provide informational resources on common legal issues. Provide information on recreation programs, events and services.

Position	Role	How they can support clients with methamphetamine concerns
Mental Health Clinician/ Psychologist	<ul style="list-style-type: none"> Collaborates with the client, primary care provider, and other members of the primary care team to provide assessment, education, and interventions resulting in improved wellbeing and self-management of medical, behavioral, and psychosocial needs. 	<ul style="list-style-type: none"> Deliver evidence-based interventions to clients with emotional and behavioral challenges such as, depression, panic disorder, generalized anxiety disorder, and chronic pain.
Mental Health Navigator *some Mental Health Navigators may also provide BHC support to clinics and/or may be Social Workers	<ul style="list-style-type: none"> Ensures coordinated service, quality care, and access to appropriate resources for clients through communication with the client's primary care provider and partnerships with community agencies. 	<ul style="list-style-type: none"> Screen clients for needs and match them with the appropriate service within the mental health portfolio. Provide advice to primary care providers for urgent referrals into tertiary mental health care when necessary.
Medical Office Assistants (MOAs)	<ul style="list-style-type: none"> Provides support to primary care providers and other healthcare professionals through a variety of clerical and administrative tasks. 	<ul style="list-style-type: none"> Create a welcoming and non-judgemental environment for clients. Provide support with arranging subsequent bookings with the primary care provider and team.
Referral Coordinator	<ul style="list-style-type: none"> Assists in ensuring that clients move through the system as seamlessly as possible from both within and outside the PCN. 	<ul style="list-style-type: none"> Develop linkages with various community health resources to support clients requiring treatment and referral.
Nurse	<ul style="list-style-type: none"> Works with clients and their primary care provider to improve and manage health issues. Provides care coordination with other clinicians and individualized support for many health concerns. 	<ul style="list-style-type: none"> Provide specialized care in many areas such as chronic disease management, injections, wound care, foot care, anticoagulation monitoring, low-risk obstetrics, and blood pressure monitoring.
Dietitian	<ul style="list-style-type: none"> Provides nutritional counselling, support, and education, taking in to account a client's health and goals and tailors a care plan specific to each client to help them achieve a healthy diet and lifestyle. 	<ul style="list-style-type: none"> Support concerns such as weight management, diabetes, high cholesterol, emotional eating, and other related issues.
Exercise Specialist	<ul style="list-style-type: none"> Provides support to clients who want to make active living and exercise lifestyle changes to help manage underlying conditions and improve their quality of life. 	<ul style="list-style-type: none"> Assess fitness level through interviews and physical testing and identify any barriers to exercising. Work with clients to develop a realistic and attainable exercise plan to help them improve their health and provide follow-up as needed.
Pharmacist	<ul style="list-style-type: none"> Works with clients, their primary care provider, and other health care providers to help clients better understand their medication. Provides ongoing medication monitoring and follow-up for clients and can communicate any issues or concerns with the clients' primary care provider. 	<ul style="list-style-type: none"> Provide comprehensive medication reviews, consultation, tobacco reduction and cessation counselling, and expert advice for concerns such as chronic pain and chronic disease management.



METH CHECK



The purpose of Meth Check is to provide you with some useful information and practical tips around methamphetamine. It should only take about 10-15 minutes to complete.

WORKER'S NOTES
This tool is designed to help guide a conversation with someone who uses methamphetamine. It is not intended to replace a full clinical assessment. Please consider all risk, safety, consent and confidentiality issues before commencing. If now is not a good time, this resource can be taken away and used at a later date. A guide to using this tool can be found at www.insight-qld.edu.au

NAME: _____

DATE: _____

START HERE!

1 A BIT ABOUT METH

DID YOU KNOW...

- ☐ Meth is a powerful stimulant drug.
- ☐ It can make you feel good and increases your alertness and energy.
- ☐ It works by causing a huge release of 'dopamine', the brain's pleasure chemical.
- ☐ It is known by many different names – speed, ice, crystal, shand, tina, fast, goey, whizz.
- ☐ Powdered speed used to be amphetamine, but these days it almost always is methamphetamine.

WHAT TYPE OF METH DO YOU USE?



These are all the same drug – methamphetamine – only the form and purity is different.*

TOP TIP

- The higher the purity the less you need.
- Purity can change from batch to batch.
- All use carries risk.

2

HOW OFTEN HAVE YOU USED METH IN THE PAST 12 MONTHS?

- ☐ Weekly
- ☐ Monthly
- ☐ Less than once per month

DID YOU KNOW...

The number of people who seek treatment for methamphetamine use at mental health and addiction clinics has increased by almost 9 times in the past 5 years!**

TOP TIP

- The more frequently you use meth, the more problems you can experience.
- If you find yourself using meth every week, you might be 'dependent' on meth.

GO TO 3

3

WHAT ARE THE GOOD BITS ABOUT USING METH?

e.g. Having fun / excitement, coping with stress, to help stay awake.

WHAT ARE THE NOT-SO-GOOD BITS?

e.g. Sleep problems, feeling scattered, getting ripped off, fights, relationship bust-ups, money problems, hassles with work / study, getting busted, losing licence.

It's good to know the reasons why you use meth. It affects where, when, how much and how often you use it.

DO YOU KNOW HOW MUCH YOU SPEND ON METH?

You may need a calculator for this section:

Per week \$ _____ enter a dollar amount

Per month \$ _____ multiply the weekly number by 4

Per year \$ _____ multiply the monthly number by 12 (to equal 52 weeks)

After buying meth, do you find that you have enough money left over for daily expenses? e.g. food, rent, transport, bills (please circle)

Always Mostly Sometimes Rarely Never

ON A SCALE FROM 1-10, HOW WORRIED ARE YOU ABOUT YOUR USE?

1 2 3 4 5 6 7 8 9 10
Not at all worried Very worried

HOW IMPORTANT IS IT FOR YOU TO MAKE CHANGES TO YOUR USE?

1 2 3 4 5 6 7 8 9 10
Not important Very important

Why did you give these scores?
What would it take for your score to go up or down?

Turn the page over for more information

* There are also prescription medications which contain amphetamine or amphetamine-like substances (e.g. Ritalin, 'De'amphetamine').

** Alberta Health Services, (2020). Methamphetamine Dashboard. Alberta Health Services. Calgary, AB.

6 TIPS TO STAY SAFE

Would you try any of these strategies below? (or maybe you do them already?)

WOULD YOU...

	YES	MAYBE	NO
Set limits on how much you will use?			
If using a new batch, try a little bit first and wait before having more?			
Use around people you trust in a safe place?			
If injecting, use sterile equipment?			
Be safe sex ready? (condoms and lube)			

Before using meth - plan ahead.

EAT

Eat at least one meal per day and preferably eat healthy (e.g. fruit, smoothies, cereal + milk, soup, pasta).

DRINK

Drink water and stay hydrated. Limit how much alcohol you consume.

SLEEP

Know when it's time to take a break from using. If you can't sleep, try to have some downtime.

DON'T MIX

Be aware of taking alcohol, opiates and benzodiazepines (e.g. Valium / sleeping pills) to help you sleep. There is a risk of overdose from these drugs once the meth wears off.

DON'T DRIVE

Meth can make you feel like you're driving safer than you really are. Roadside drug testing can detect meth in your saliva.

ARE YOU A PARENT?

Meth use can affect your children and others around you. Ensure your children remain safe and supervised at all times... Be prepared for the come-down.

ARE YOU PREGNANT?

Using meth during pregnancy carries increased risk including miscarriage and birth defects. Talk to a medical professional for advice.

ATTEND YOUR HEAD

Some people who use meth can experience anxiety, low mood or feel 'scattered'. Another effect of meth can be strange or paranoid thoughts or hallucinations (often referred to as psychosis). If this happens to you, it could be a side-effect of the drug and lack of sleep. Try and stay calm and find a safe place to chill. Drink water. Try to sleep. Make sure someone stays with you. If these symptoms don't go away, you may need to seek professional help.

Do you smoke cannabis?

Be careful. Cannabis can increase feelings of anxiety or paranoia or make psychosis worse.

TOO MUCH METH?

Signs of a meth overdose include:

- Severe headache
- Chest pain
- Vomiting
- Overheating
- Extreme agitation

Seek assistance immediately by calling 911 and ask for 'AMBULANCE'. If someone is unconscious and breathing, turn them on their side in the recovery position.



If they are not breathing, perform CPR if you are able to and wait with them until help arrives.

Don't confuse sleep with loss of consciousness. If someone cannot be woken up, it is likely they are unconscious.

7 THINKING ABOUT CUTTING BACK OR QUITTING?

Most people successfully quit or cut back their use of meth all by themselves. Many find it easier with the support of family, friends and/or health professionals. There is more than one way of changing – everyone is different and it's important to think about what works for you.

CAN YOU THINK OF SOME PRACTICAL THINGS YOU CAN DO TO HELP YOU CUT BACK OR QUIT?

HERE ARE SOME OTHER TIPS...

- **REASONS** – Write down why you want to quit or cut down. This could include money, saving a relationship, health benefits, etc.
- **SUPPORT** – Make sure you have as much support as possible. Try thinking of people who can support you.
- **CUES** – Avoid things that will make you feel like using such as places, people and stressful situations. This is especially important in the beginning.
- **CUT TIES** – Throw out anything you associate with using (e.g. pipes, injecting equipment) and cut connections to people associated with meth if possible (e.g. delete phone numbers).
- **CRAWINGS** – Be prepared. These are uncomfortable but they will pass.
- **Delay making a decision** on whether or not to use for 5 minutes or up to half an hour, or longer.
- **Distract yourself** e.g. phone a friend, go for a walk, listen to music.
- **Deep breathing** or other relaxation techniques can help you stay calm.

WHAT TO EXPECT

You can sometimes feel worse before you feel better. You may feel flat, anxious, irritable or have trouble sleeping. Or you could find it more of a challenge to get motivated or organised. These are normal responses to quitting and are signs that your body is readjusting from using the drug. They will improve over time.

Is there someone you can trust - like a family member, friend or worker - who you can talk to about your meth use?

MY PLAN FROM HERE IS...

Your local service contact is:

REMEMBER:

- Help is available.
- If you are trying to quit, sometimes it can take a few attempts. Learn from any slip-ups and keep going.
- People can make successful changes around their meth use.

WHERE TO GO FOR MORE HELP...
Call The Addiction and Mental Health Helpline for free, confidential, 24/7 access to support.
1-866-332-2322

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