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# PSYCHOSTIMULANT CHECK-UP TRAINING KIT

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Response Booklet

Drug and Alcohol Services South Australia

Updated: 2019



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## Response Booklet

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Matthew Smout, Sonia Krasnikow and Rinaldo Minniti

The Amphetamine Treatment Project. Funded through the South Australian Government's Response to the 2002 Drug Summit

### Members of the Amphetamine Treatment Project:

- I Dr Marie Longo, Senior Research Officer
- I Dr Matthew Smout, Senior Clinical Psychologist
- I Ms Sonia Krasnikow, Clinical Psychologist
- I Dr Wendy Wickes, Senior Medical Officer
- I Ms Amanda Mitchell, Community Health/Research Nurse
- I Ms Sharon Cahill, Community Health/Research Nurse
- I Dr Paul Williamson, Manager, Pharmacotherapies Research Unit
- I Professor Jason White, Director, Pharmacotherapies Research Unit

This resource has been created to assist clinicians to administer a brief intervention to psychostimulant users.

The Psychostimulant Check-Up Training kit comprises four parts – the Clinician Manual, Response Booklet, Check-Up Summary Form and Demonstration DVD. These tools are complementary and designed to be used in conjunction rather than independently.



# PSYCHOSTIMULANT CHECK-UP

Date: ...../...../.....

Casenote Number: .....  
 Surname: .....  
 Given Names: .....  
 DOB: ..... Sex: .....

## 1) Recent Drug Use Patterns (last 3 months)

Drug used	Frequency of use	Quantity usually used per occasion	Last used	Route of administration
<b>Psychostimulants</b>				
MDMA ('ecstasy')				Oral Other ____
Methamphetamine – powder				Oral Snort I/V Other _____
Methamphetamine – wax, paste, base				Oral Snort I/V Other _____
Methamphetamine – crystal, ice				Oral Snort I/V Smoke Other ____
Cocaine				Oral Snort I/V Smoke Other ____
<b>Other</b>				
Alcohol				Oral
Tobacco				Smoked
Cannabis				Smoked Oral
LSD/acid				Oral Other ____
Magic mushrooms				Oral Other ____
Benzodiazepines				Oral Other ____
Heroin				I/V Smoke ____
Morphine				Oral I/V Smoke Other _____
GHB ('fantasy')				Oral Other ____
Ketamine				Oral Other ____
Inhalants				Sniff Other ____
Other				
Other				

## 2) Wanted and Unwanted effects of Psychostimulants

### (a) Wanted effects

‘People who use psychostimulants say they use these drugs to get various effects such as improved work performance, more fun socialising, improved sexual performance and to ‘feel normal’. What sort of effects do you look for when using the drug?’

I

I

I

I

I

### (b) Unwanted effects

‘People who use psychostimulants also say they experience unwanted effects such as aggression, moodiness and paranoia. What effects do you not like about the drug?’

I

I

I

I

I

### (c) The come down

‘What happens to you when you come down (withdraw)?’

**Look for:**

> Irritability

> Depression

> Mood swings

> Disturbed sleep

> Agitation

> Paranoid ideation

> Appetite changes

> Psychosis

> Vivid dreams

I

I

I

I

I

## 3) Sleep

### (a) ‘What is your sleep like when you use drugs?’

**Look for:**

> Onset insomnia

> Maintenance insomnia

> Early morning wakings

> Night terrors

> Restless sleep

> Tired on awakening

I

I

I

I

I

**(b) 'What is your sleep like when you're not on drugs?'****Look for:**

- > Excessive sleep
- > Daytime sleepiness
- > Night terrors
- > Vivid dreams
- > Restless sleep
- > Tired on awakening

I \_\_\_\_\_

I \_\_\_\_\_

I \_\_\_\_\_

I \_\_\_\_\_

I \_\_\_\_\_

**Prompt:**

- > Do you have problems getting to sleep?  
If so what keeps you awake (for example, thoughts)?
- > Do you wake during the night?  
If so what wakes you up? (for example, nightmares/night terrors)
- > Do you have difficulty waking up in the morning?
- > Are you a restless sleeper?
- > Do you sweat during the night?
- > Are you easily awakened?

**4) Appetite****(a) 'What is your appetite like when you use drugs?'****Look for:**

- > Loss of appetite
- > Erratic eating
- > Difficulty keeping  
food down

I \_\_\_\_\_

I \_\_\_\_\_

I \_\_\_\_\_

I \_\_\_\_\_

I \_\_\_\_\_

**(b) 'What is your appetite like when not on drugs?'****Look for:**

- > Excessive  
appetite
- > Erratic eating
- > Bingeing
- > Craving particular  
foods

I \_\_\_\_\_

I \_\_\_\_\_

I \_\_\_\_\_

I \_\_\_\_\_

I \_\_\_\_\_

**Prompt:**

- > Do you find you get hungry at odd times?
- > Do you find that you eat less than you feel you should?

## 5) Thinking

‘What is your thinking generally like?’

**Look for:**

- > Concentration
- > Work performance
- > Attention span
- > Short term memory
- > Racing thoughts
- > Paranoid thinking
- > Thought disorder
- > Hallucinations

I

I

I

I

I

**Prompt:**

- > Have you noticed you forget things easily?
- > Have you noticed that you have difficulty focusing/concentrating on things?
- > Do you get easily distracted?
- > Do you have thoughts that people are talking about you?
- > Have you seen or heard things that were not real?
- > Do you have racing thoughts? (your thoughts jumping from one thing to another)
- > Do you have thoughts that people are following you, are talking about you or want to harm you?
- > Do you find that your mind is foggy?

**If clients show signs or symptoms of psychosis/paranoia or are a risk to themselves or others they should be referred to a medical officer immediately.**

## 6) Mood

(a) ‘What are your moods generally like when on drugs?’

**Look for:**

- > Elated mood
- > Feeling more motivated
- > Uncharacteristic aggression
- > Anxiety
- > Autonomic arousal
- > Restlessness
- > Risk to self/others
- > Self-confidence

I

I

I

I

I

I

(b) ‘What are your moods generally like when not on drugs?’

**Look for:**

- > Feeling less motivated
- > Depression
- > Labile moods
- > Uncharacteristic aggression
- > Restlessness
- > Risk to self or others
- > Irritability

I

I

I

I

I

**Prompt:**

- > Do your moods swing quickly? Do you feel flat most of the time? Sad? Miserable?
- > Do you get very depressed at times? If so how long does the depression last for?
- > Do you have difficulty finishing things you start?
- > Do you easily get irritable? Annoyed? Agitated? Do you get easily frustrated?
- > Do you feel panicky at times? If so, how long do you feel panicky for?
- > Do you get anxious? What are you aware of when you feel anxious? (e.g., increased heart rate, profuse sweating, negative thoughts)
- > Do you find you are less motivated to do things? Do you get restless and/or fidgety?
- > Have you had thoughts of suicide or harming yourself in any way? Have you attempted suicide?

## 7) Day to day functioning

‘On a day to day basis what is life like for you?’

**Look for:**

- > Losing friends
- > Social withdrawal
- > Drug using people becoming boring
- > Friends all use drugs
- > Alienation from family
- > Strained relationships
- > Work/study attendance
- > Work/study performance
- > Financial status
- > Parenting impaired
- > Legal trouble

I

I

I

I

I

**Prompt:**

- > What proportion of your friends are drug users?
- > Do you have close friends you see often?
- > Do you avoid people, even friends?
- > Have you lost friends because you use drugs?
- > What is the relationship with your family like?
- > If in a relationship, has your drug use caused problems with your partner?
- > Would you have problems socializing if you stopped using drugs?
- > Do you have financial problems because of your drug use?
- > Do you find that you have little purpose or direction in life?
- > Have you lost work due to your drug use?
- > If working, do you lose days from work due to psychostimulant use?

## 8) Enjoyment

‘Is there enough enjoyment in your life?’

**Look for:**

- > Anhedonia
- > Lack of motivation
- > Drugs as sole form of enjoyment

I

I

I

I

I

**Prompt:**

- > Can you still enjoy activities you enjoyed in the past?
- > Do you easily lose interest in things you usually enjoy?
- > Can you enjoy yourself without using psychostimulants?
- > Do you get excited about things?

## 9) Physical health

‘What is your general health like?’

<b>Look for:</b>	I
> Scabs on face	_____
> Dental problems	I
> Weight fluctuations	_____
> Frequent illness	I
> Fatigue	_____
> Stomach pains	I
> Headaches	_____
> Complications from route of administration	I
	_____

**Prompt:**

- > Do you pick at your skin?
- > Do you often have headaches?
- > Have you noticed your heart beating faster than usual when not using?
- > Have you lost weight or does your weight fluctuate?
- > Do you often feel nauseous?
- > Do you grind your teeth?
- > Do you wring your hands when talking?
- > (if injects) How are your veins? (if smokes) Have you had bronchitis often?
- > (if snorts) How are your sinuses? (if orally) Have you had many mouth ulcers?

## 10) Risk Behaviours

‘Have you involved yourself in behaviours that may have put your health or wellbeing in danger?’

<b>Look for:</b>	I
> Unprotected sex	_____
> Sharing drug equipment	I
> Driving under the influence of drugs	_____
> Crime	I
> Prostitution	_____
	I
	_____

**Prompt:**

- > Have you had unprotected sex while on psychostimulants?
- > Have you used unclean injecting equipment?
- > Have you driven under the influence of psychostimulants?
- > Have you been involved in crime to obtain money to buy psychostimulants?
- > Do you spend a lot of time gambling?



# Feedback: Summarise

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**It is important you do not immediately attribute any problems indicated by questioning to the effects of the drug.**

**Based on your overall impression of the previous discussion, offer one of the following three summaries:**

**[A] The cost of the negative consequences appears to outweigh the benefits of the positive consequences.**

‘Psychostimulants can cause many problems, short and long-term, such as...

**(list common problems of use – see DASSA information sheet for examples).**

The picture you have given me of your psychostimulant use and its effects suggests you may be experiencing some of these problems. However, these may be due to other things – do you feel there may be other reasons why you have (the problems the client has mentioned)?’

**(a) If client attributes problems to psychostimulant use:**

‘Some people make changes to their psychostimulant use without professional help and others find it easier with a counsellor, and sometimes certain medications can be helpful. Are you interested in hearing more about these options?’

**(b) Otherwise:**

‘It sounds like you’re not sure exactly how much these problems are due to your use of psychostimulants. Would you be willing to consider taking a break from psychostimulants for a trial period to see whether you notice any improvement in these areas?’

*If yes: read (a) above or similar*

**[B] The benefits of the positive consequences appear to outweigh the cost of the negative consequences.**

‘It appears you do not have any serious problems with your psychostimulant use at the moment. However you may want to consider problems that could arise if you continue using psychostimulants. Would you be willing to hear some information about these problems?’

**[C] High Ambivalence: The benefits of the positive consequences seem to balance the cost of the negative consequences.**

‘It appears your psychostimulant use may be causing you problems in the areas of (list problems). However, you have suggested that there are some good things about using, such as (list perceived benefits). So it appears you may be a bit undecided or unsure about what to do about your use. This is a normal situation for most people in your position. Maybe talking to a counsellor can help you decide what to do. The counsellor will not try and convince you what to do. Rather, you can learn strategies to help you make the decision’.

# Outcome

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## **If clients are NOT concerned...**

- I Invite them to return for another Check-Up or seek treatment at any time they feel appropriate.
- I Invite them to take a check-up summary form.
- I Invite them to take booklet of information regarding the possible short and long term effects of their drug use and/or a self help booklet.

## **If clients ARE concerned...**

- I Give them a list of treatment options with contact details.
- I If they request a treatment option endeavour to make an appointment for them.
- I Provide them with any written information they may be willing to take.

# Treatment Options In South Australia

<p><b>Information Fact Sheets</b></p> <ul style="list-style-type: none"> <li>• What are Amphetamines (DASSA)</li> <li>• What is Cocaine (DASSA)</li> <li>• What is Ecstasy (DASSA)</li> </ul> <p>All available at:</p> <p><a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/drugs/illicit+drug+publications+and+resources">https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/drugs/illicit+drug+publications+and+resources</a></p> <p>OR navigate the SA Health website:</p> <p>SA Health &gt; Conditions &gt; Harmful drug use &gt; Illicit Drug Publications and Resources</p>	<p><b>Medication</b></p> <p>For withdrawal symptoms: There are currently no empirically supported medications for the treatment of methamphetamine withdrawal. Some people find the short-term use of benzodiazepines, or olanzapine can relieve some of the symptoms of withdrawal.</p> <p>See:</p> <p><a href="https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/substance+misuse+and+dependence/substance+withdrawal+management/amphetamine+withdrawal+management">https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/substance+misuse+and+dependence/substance+withdrawal+management/amphetamine+withdrawal+management</a></p> <p>OR Search the : SA Health &gt; amphetamine</p>
<p><b>Self-Help Book</b></p> <ul style="list-style-type: none"> <li>• Getting through amphetamine withdrawal (Turning Point)</li> </ul> <p><a href="https://www.counsellingonline.org.au/sites/default/files/inline-files/Amphetamine_wdl.pdf">https://www.counsellingonline.org.au/sites/default/files/inline-files/Amphetamine_wdl.pdf</a></p>	<p><b>Therapeutic Communities/residential rehabilitation programmes</b></p> <p>Contact the Alcohol and Drug Information Service (ADIS):</p> <ul style="list-style-type: none"> <li>• <b>1300 13 1340</b> (8.30am to 10.00pm every day).</li> <li>• Interstate callers can contact ADIS on (08) 7087 1743.</li> </ul>
<p><b>Counselling/support/more service information</b></p> <ul style="list-style-type: none"> <li>• Contact the <b>Alcohol and Drug Information Service (ADIS)</b> on 1300 13 1340 available 8:30am to 10:00pm for information, counselling or referral to the nearest DASSA or non-government clinic.</li> <li>• For all other alcohol and other drug treatment and support services in South Australia visit <a href="http://www.knowyouroptions.sa.gov.au">Know Your Options (www.knowyouroptions.sa.gov.au)</a>.</li> </ul>	<p><b>Detoxification</b></p> <ul style="list-style-type: none"> <li>• DASSA Withdrawal Services, Glenside: Contact ADIS on 1300 131 340</li> </ul>

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