

# from GO to WHOA

## Psychostimulant Training Program for Health Professionals

### Background

The *from GO to WHOA* training package incorporates an interactive training session on psychostimulants. It was commissioned by the Australian Government Department of Health and Ageing and developed by Turning Point with substantial input from a number of specialist clinicians, researchers and educators from across Australia. The Department of Health & Ageing has recently funded the national dissemination of this resource to assist in increasing skills and knowledge on psychostimulants which will enhance the capacity of a range of workers to provide appropriate interventions to psychostimulant users.

### Project Aims

The aim of the project is to assist health professionals such as medical practitioners, nurses, mental health workers and alcohol and drug workers to manage and treat users of psychostimulants (speed, base, ice, MDMA, cocaine). A series of one-day courses are being delivered nationally. These will be coordinated by Turning Point but delivered by specialist staff from individual states and territories.

### Course Overview

|   |  |
|---|--|
| <p><b>Module 1 Introduction</b></p> <p>By the end of this module participants will be able to identify:</p> <ul style="list-style-type: none"> <li>• what psychostimulants are</li> <li>• concerns about psychostimulant use</li> <li>• why people take psychostimulants</li> <li>• how psychostimulants affect people</li> <li>• how psychostimulants are taken</li> <li>• frameworks for responding to psychostimulant use</li> </ul> | <p><b>Module 2 Pharmacology</b></p> <p>By the end of this module participants will be able to identify:</p> <ul style="list-style-type: none"> <li>• what psychostimulants are</li> <li>• influences on drug effects</li> <li>• common psychostimulant effects</li> <li>• common features of withdrawal</li> </ul>   |
| <p><b>Module 3 Epidemiology and risks</b></p> <p>By the end of this module participants will be able to identify:</p> <ul style="list-style-type: none"> <li>• the history of psychostimulant use</li> <li>• current prevalence of use</li> <li>• risks associated with psychostimulant use</li> </ul>  | <p><b>Module 4 Responding to psychostimulant use</b></p> <p>By the end of this module, participants will be able to identify:</p> <ul style="list-style-type: none"> <li>• effective ways to raise the issue of psychostimulant use</li> <li>• behavioural indicators of psychostimulant use</li> <li>• physical indicators of psychostimulant use</li> <li>• emergency response situations</li> <li>• appropriate strategies for the management of intoxication</li> <li>• mental health issues</li> <li>• strategies to manage agitated behaviour</li> <li>• strategies to reduce harm at various harm points</li> <li>• appropriate treatment strategies</li> </ul> |

### Enquiries

Registration information is provided overleaf. Further enquiries can be directed to Kieran Connolly on (03) 8413 8704 or [kieranc@turningpoint.org.au](mailto:kieranc@turningpoint.org.au) if required.



**Training course for health professionals**

Two one-day courses have been scheduled in your state or territory. A further course will be delivered later in the year. Please complete the following registration form and the pre registration quiz and forward to student administration as requested. The registration form will be used for general administration purposes. The pre registration quiz will help us to assess your understanding of underpinning issues in relation to alcohol and other drug issues, will determine the focus of the training day and will also allow us to group participants with similar backgrounds and understanding to assist with the delivery of the content.

| Dates& Location  | Trainers   | Please tick |
|--|--|-------------|
| Thu 9 <sup>th</sup> August<br>2007<br>9.00 to 5.00<br><br>Eric Reece Room<br>Glenorchy Civic<br>Centre<br>Cooper Street<br><br>Tel 6216 6300 | <p><b>Gail Friswell</b><br/>Gail is a Youth Support Worker at The Link Youth Health Service in Hobart and has been there for 7 months. She works with young people with co-existing drug and mental health issues through case management, counselling and education. Her background is in education, having worked for the Department of Education for 18 years.</p> <p><b>Elsje Steen</b><br/>Elsje joined the Alcohol and Drug Service seven years ago having a 30 year background of employment as a Commonwealth public servant, adult education officer, financial counsellor, employee assistance program counsellor, then AOD rehabilitation caseworker. Elsje works with both voluntary clients of the Service and police drug diversion participants. She has a Masters of Education (Counselling)</p> |             |
| Thu 16 <sup>th</sup> August<br>2007<br>9.00 to 5.00<br>The Den Training<br>Room<br>2 Midwood<br>Newtown                                      | <p><b>Katie Daly</b><br/>Katie has worked with the Alcohol and Drug Service for 2 years as a youth worker. Her primary role within the service involves offering counselling and support to young people with substance use issues.</p> <p><b>Anna Dimsey</b><br/>Anna is a psychologist who has been working with the Community Team of the Alcohol &amp; Drug Service for the past 2 years. Prior to this she has worked with the Forensic Mental Health Service at Risdon Prison and as a gambling counsellor. She also has experience working with children of parents with mental illness.</p>  |             |

Your place on the selected course will be confirmed in writing as soon as possible. If accepted on to the course, you will be forwarded a comprehensive participant workbook prior to the course commencing.

**Please print clearly**

**Name:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Organisation:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**How long have you been in this role?** \_\_\_\_\_

**How long have you worked in the health sector?** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Application quiz

**Purpose:** We are asking you to complete this application quiz for two reasons. Firstly we would like to get a sense of how much you know about general alcohol and drug issues and types of treatment responses. Secondly, we would like to find out what you already know about psychostimulants. We will use this information as part of a pre and post test evaluation and also to allocate students to groups with similar knowledge and skill levels where appropriate.

**Task:** Please record your name on the sheet, respond to the questions and forward to the provider of this training course.

Name: \_\_\_\_\_

| General alcohol and drug issues                                      |     |    |
|--|-----|----|
| Are you an Alcohol and Drug Worker?                                  | Yes | No |
| Do you have a good understanding of Harm Minimisation?               | Yes | No |
| Do you have a good understanding of basic communication skills?      | Yes | No |
| Do you have a good understanding of basic pharmacology               | Yes | No |
| Have you ever conducted a comprehensive alcohol and drug assessment? | Yes | No |
| Have you ever conducted a mental state assessment?                   | Yes | No |

Circle the correct answer. T= true, F= false, ?= don't know. Don't know answers are OK, if that is what is right for you.

| Psychostimulants        |  |  |       |
|-------------------------|--|--|-------|
| Knowledge and attitudes |  |  |       |
| 1                       | Most people will use psychostimulants of some kind at some time in their lives                 |  | T F ? |
| 2                       | Illicit psychostimulants are usually manufactured in backyard laboratories                     |  | T F ? |
| 3                       | Psychostimulants may be prescribed for overeating, sleep disorders and hyperactivity           |  | T F ? |
| 4                       | It is important to determine the chemical name of a psychostimulant                            |  | T F ? |
| 5                       | The effects of ecstasy are similar to those of psychostimulants                                |  | T F ? |
| 6                       | Psychostimulant users are primarily young male with a poly drug use history                    |  | T F ? |
| 7                       | Psychostimulant harms may arise from drug administration, intoxication and withdrawal          |  | T F ? |
| 8                       | Duration of psychostimulant effects are mainly related to the route of administration          |  | T F ? |
| 9                       | The psychostimulant crash/comedown is associated with characteristically with bizarre thoughts |  | T F ? |
| 10                      | Psychostimulants are not used heavily for periods longer than 10 – 14 days                     |  | T F ? |

PTO for remaining questions

Name: \_\_\_\_\_

| Problems of using    |  |  |   |   |   |
|----------------------|--|--|---|---|---|
| 11                   | Psychostimulant users seeing general practitioners are usually seeking depressant drugs        |  | T | F | ? |
| 12                   | In taking a history an equal emphasis should be given to all drugs used                        |  | T | F | ? |
| 13                   | Most psychostimulant users know that there are negative effects                                |  | T | F | ? |
| 14                   | Harms from psychostimulants mainly relate to injecting behaviour                               |  | T | F | ? |
| 15                   | Psychostimulant related mental state problems may be indistinguishable from schizophrenia      |  | T | F | ? |
| 16                   | Aggressive behaviour may be directly attributable to psychostimulant intoxication              |  | T | F | ? |
| 17                   | Confronting the intoxicated person with the effect of their behaviour on others is important   |  | T | F | ? |
| 18                   | Most regular psychostimulant users will have experienced mental state problems                 |  | T | F | ? |
| 19                   | Vulnerability to psychostimulant psychosis is mainly related to family psychiatric history     |  | T | F | ? |
| 20                   | Most toxic psychostimulant effects usually respond to cooling, hydration and reassurance.      |  | T | F | ? |
| Problems of stopping |  |  |   |   |   |
| 21                   | The psychostimulant withdrawal syndrome may last several months                                |  | T | F | ? |
| 22                   | Psychotic features may re-emerge during the withdrawal syndrome                                |  | T | F | ? |
| 23                   | Oversleeping, psychomotor retardation and suicidal ideas are the main withdrawal features      |  | T | F | ? |
| 24                   | Dose, duration of use and withdrawal history are the best predictors of withdrawal severity    |  | T | F | ? |
| 25                   | Psychostimulant withdrawal should generally be conducted in an in-patient setting              |  | T | F | ? |
| 26                   | Psychotropic medication over several months is usually required in withdrawal treatment        |  | T | F | ? |
| 27                   | Psychosocial treatments for prolonged withdrawal focus on managing cravings                    |  | T | F | ? |
| 28                   | Lapses back to psychostimulant use usually mean that heavy use of psychostimulants will follow |  | T | F | ? |

Scores: Correct \_\_\_\_\_ Incorrect \_\_\_\_\_ Don't know \_\_\_\_\_

**FAX ALL THREE PAGES TO STUDENT ADMINISTRATION  
OFFICER ON (03) 9417 7960**

Turning Point Alcohol and Drug Centre, Education and Training Services is committed to protecting and maintaining the privacy, accuracy and security of your personal and health information. Turning Point Alcohol and Drug Centre privacy policies and procedures support State and Federal privacy legislation.