

Understanding pathways to amphetamine type stimulant use over the life course: the mixed- methods European ATTUNE study

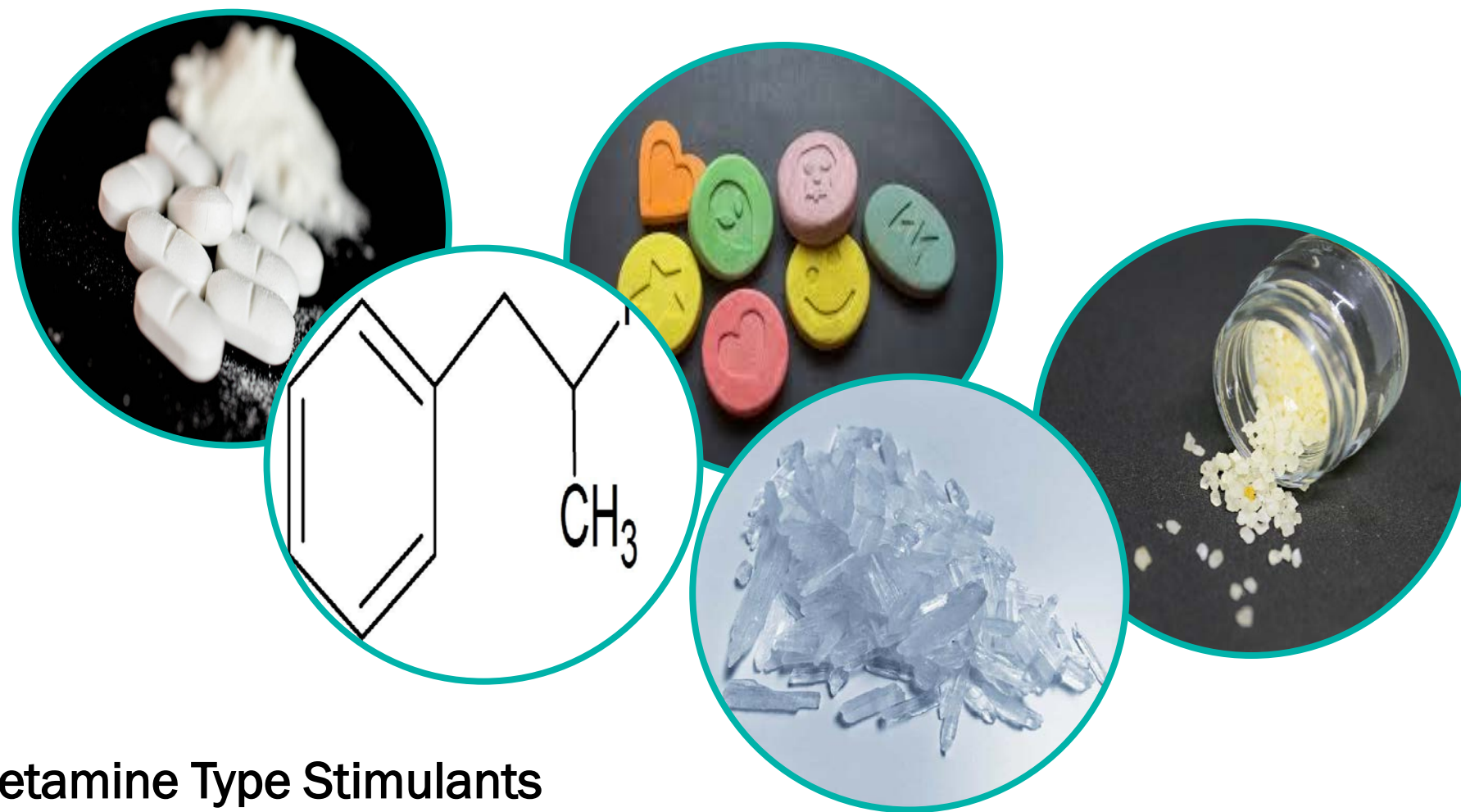
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Understanding pathways to amphetamine type stimulant use



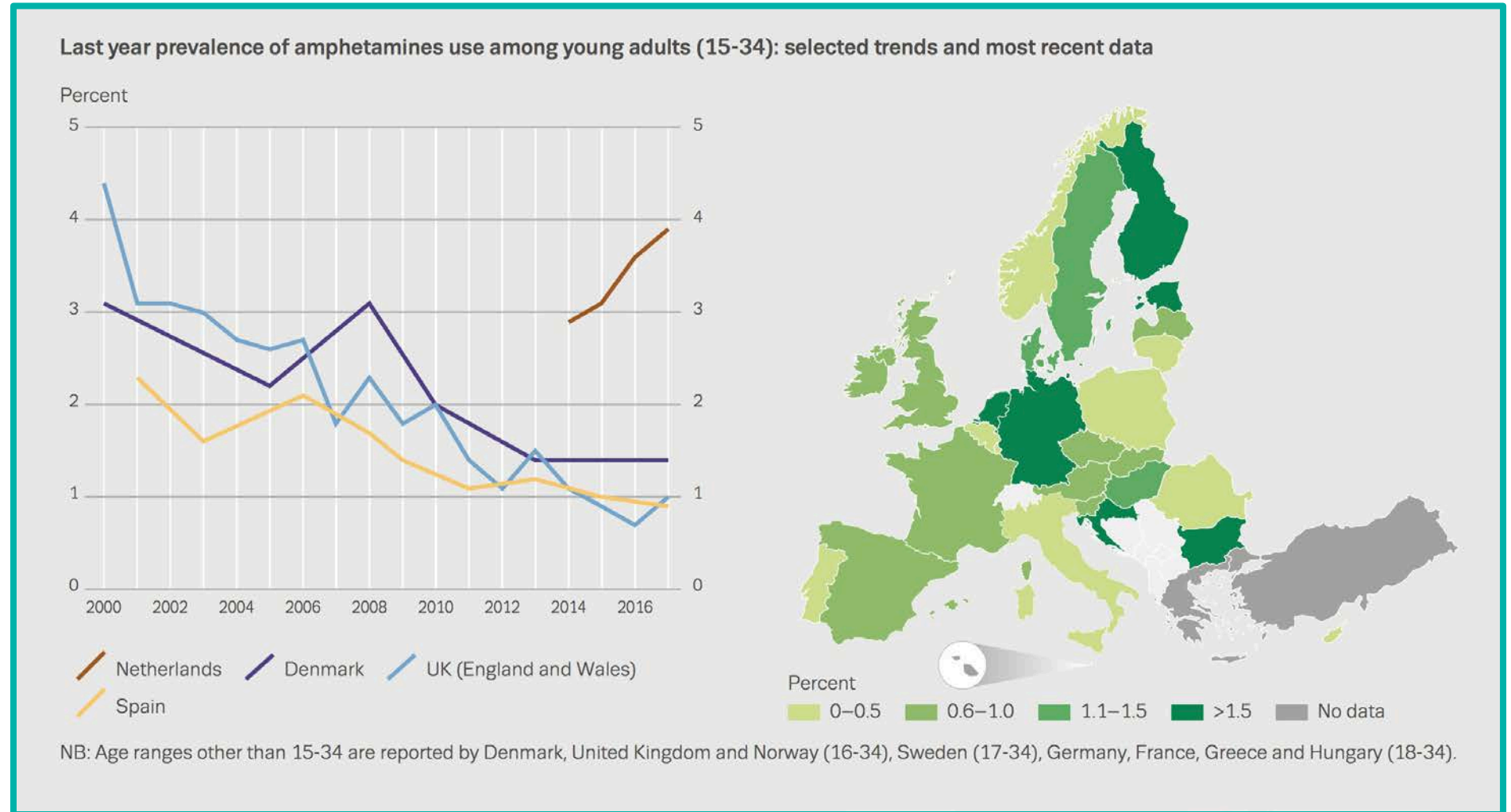
Amphetamine Type Stimulants

Understanding pathways to amphetamine type stimulant use

Prevalence of amphetamine use across Europe*

Source: European Monitoring Centre for Drugs and Drug Addiction: Statistical Bulletin 2019

*excluding MDMA/Ecstasy



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What we know...and what we don't...

Health impacts:

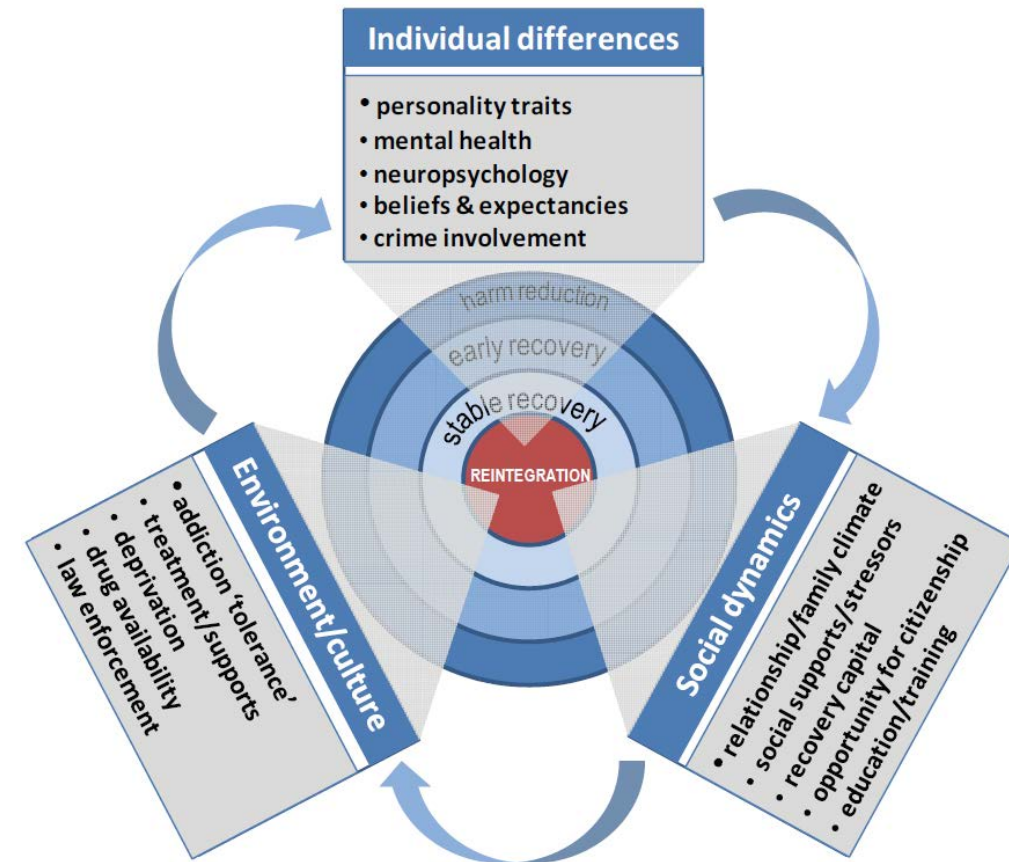
- Mental health (depression, ATS-induced psychosis, suicidal ideation)
- Increased risk of HIV and other STIs

Social impacts:

- On users themselves (stigma and discrimination)
- On wider community (public amenity and safety)

But:

- Lack of effective prevention and treatment options
- Limited understanding of prevalence, natural history & risk factors of ATS use



Understanding pathways to amphetamine type stimulant use

Qualitative review and synthesis of factors shaping ATS trajectories

ADDITION
REVIEW

Which individual, social and environmental influences shape key phases in the amphetamine type stimulant use trajectory? A systematic narrative review and thematic synthesis of the qualitative literature

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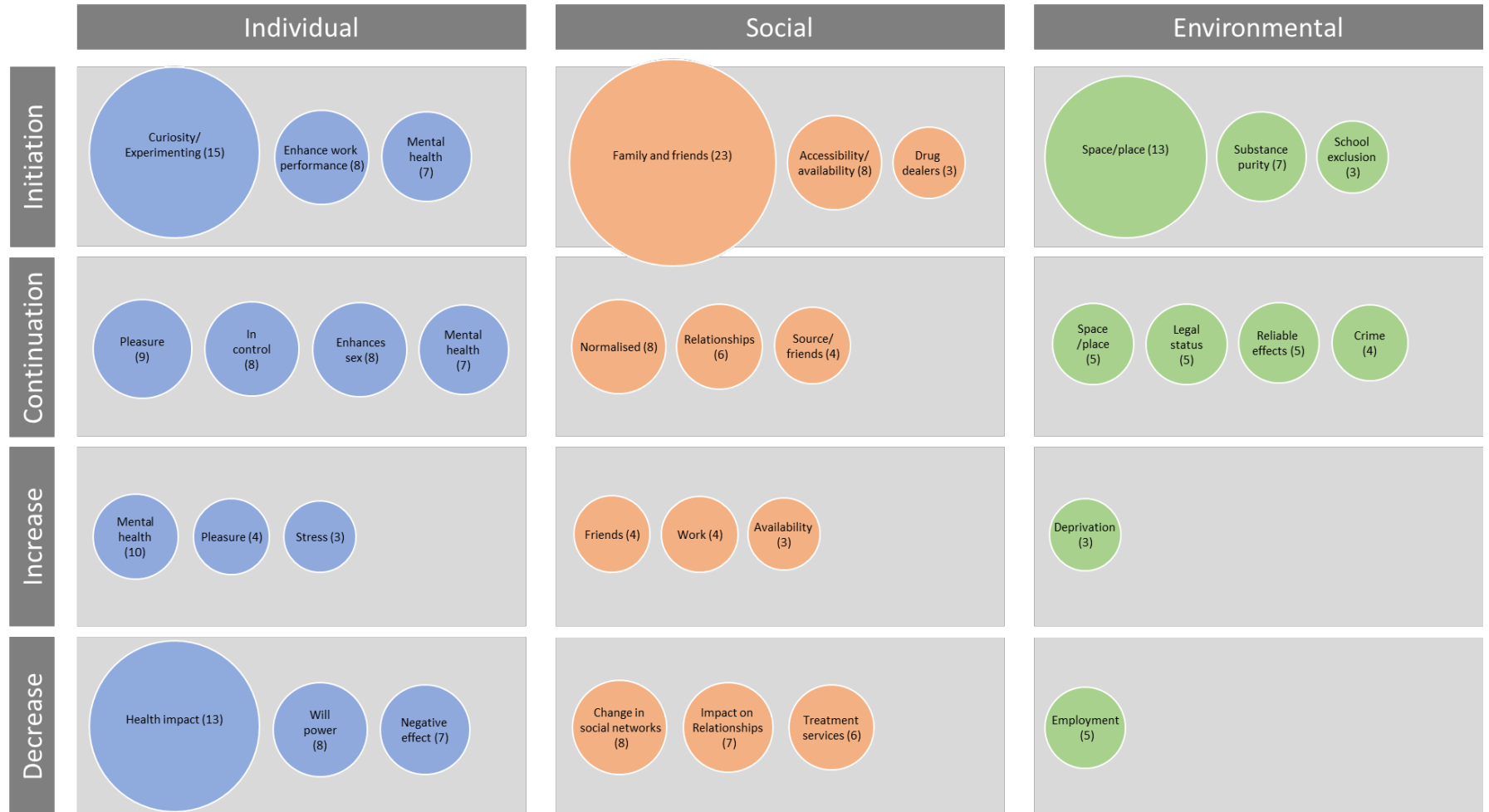
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ABSTRACT

Background and aims: There is limited evidence on what shapes amphetamine type stimulant (ATS) use trajectories. This systematic narrative review and qualitative synthesis aimed to identify individual, social and environmental influences shaping key phases in the ATS use trajectory: initiation, continuation, increase (relapse and decrease/abstinence). **Methods:** MEDLINE, PsycINFO, EMBASE, and PROQUEST (social science peer-reviewed) were searched from 2000 to 2016. Studies using qualitative designs were eligible for inclusion. Extracted data were analysed according to four key phases within drug pathways, and then cross-analysed for individual, social and environmental influences. **Results:** Forty-five papers based on 39 unique studies were included, reporting the views of 1679 ATS users. Participants were aged 14–58 years, from varied socio-economic and demographic groups, and located in North America, Europe, Australasia and South East Asia. Research on initiation included tobacco performance at work and in sexual relationships, provided a series of social 'bedrooms' and independent stress. Social reasons moderate continued use, combined with the challenge of managing withdrawal effects in long-term users. Increased tolerance and/or experiencing accessible events contributed to an increase in use. Reasons for decrease included increased awareness of the negative health impacts of long-term use, disconnecting from social networks or relationships and financial instability. **Conclusions:** Amphetamine type stimulant users are a highly diverse population, and their drug use careers are shaped by a complex dynamic of individual, social and environmental factors. Tailored, joined-up interventions are needed to address users' overlapping economic, health and social care needs in order to support long-term abstinence.

Keywords: Amphetamine-related disorders; amphetamine type stimulants; drug use trajectory; life course; qualitative synthesis; systematic review.

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Submitted 20 March 2019; revised version accepted 6 June 2019; final version accepted 24 August 2019



Study aim

To examine which individual, social, and environmental factors shape different pathways and trajectories of ATS consumption.



Agenda

Research findings

- **I was taking it just to get through my day”**: Exploring users and non-users’ perspectives on ATS use over the life-course - *Hayley Alderson and Liam Spencer*
- **Amphetamine Type Stimulant use in the North East: Results from a cross-sectional survey of 389 ATS users and non-users** - *Hayley Alderson and Liam Spencer*
- **Including the multiply-excluded in research** - *Mark Adley, People’s Kitchen*

Discussion groups

- What have you found unexpected/surprising about these findings?
- What needs to change/improve about current policy and practice?
- What are the priorities for future research in this area?

Study Team

Newcastle University: Professor Eileen Kaner (co-PI); Dr Amy O'Donnell (co-PI); Liam Spencer; Dr Ellen Lynch; Dr Ruth McGovern; Dr Hayley Alderson; Professor Eilish Gilvarry; Dr Melissa Girling; Janice Armstrong.

Northumbria University: Dr Michelle Addison (former Project Manager); Dr William McGovern

Steering Group: John Liddell (Public Health England - Chair); Rachel Conner & Andrea Duncan (Department of Health & Social Care); Maria Chisholm (NIHR Central Commissioning Facility); Chris Strachan (Service User); Prof. Harry Sumnall (Liverpool John Moores University); Prof. Simon Thomas (Newcastle University); Nitin Shuklar (Office of the Police and Crime Commissioner for Northumbria)

Plus: Mark Adley (Peoples' Kitchen); Jahnese Hamilton (NIHR Portfolio Research Delivery Team); Dr Neeti Sud (NTW NHS Foundation Trust); all the many other organisations and individuals who supported recruitment; our many participants.

Acknowledgements

ATTUNE is a collaborative project supported by the European Research Area Network on Illicit Drugs (ERANID). This presentation is based on independent research commissioned and funded in England by the National Institute for Health Research (NIHR) Policy Research Programme (project ref. PR-ST-0416-10001); in Germany by the Federal Ministry of Health (project ref. ZMVI1-2516DSM222); in Czech Republic by the Government Council for Drug Policy Coordination; in Poland by the National Bureau for Drug Prevention and in the Netherlands by ZonMw. The views expressed in this article are those of the authors and not necessarily those of the national funding agencies or ERANID.



The Maria
Grzegorzewska
University (APS).



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Semi-structured interviews

Key messages from the UK

Dr Hayley Alderson and Liam Spencer



Sampling strategy for qualitative interviews

Group 1: Dependent user - current ATS dependency; used ATS at least on 10 days in the past 12 months.

Group 2: Remitted user - past ATS dependency; not used in the past 12 months.

Group 3: Frequent, non-dependent stimulant user – non-dependent, current frequent ATS use.

Group 4: Formerly frequent ex-user - intensive non-dependent ATS use, no use in past 12 months.

Group 5: Non-frequent stimulant user –current ATS use; less than 10 days in past 12 months.

Group 6: Non stimulant exposed user - never used but have been exposed to ATS consumption.

Inclusion criteria: Aged 18+ ; first ATS consumption/exposure min. 5 years prior to interview; based in participating region (UK = Northern England)

UK Participant characteristics

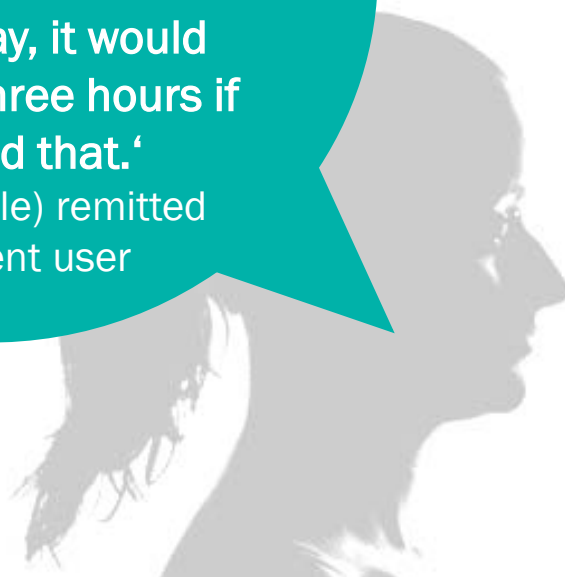
	Total (n)	Male (n)	Female (n)	Age m (range)	Self-reported arrests	Age first substance use (n=lowest decile) (m)	IMD
Group 1: Dependent	12	6	6	37.17 (21-52)	12	13.7	7
Group 2: Remitted, dependent	14	8	6	35.36 (23-62)	12	10.3	6
Group 3: Frequent, non-dependent	9	5	4	32.56 (19-50)	2	11.2	6
Group 4: Remitted, frequent non-dependent	13	5	8	30.85 (23-42)	5	12.9	7
Group 5: Infrequent	11	6	5	26.55 (20-40)	6	13.3	8
Group 6: Exposed, non-user	11	3	8	30.4 (21-45)	2	14	4
Total	70	33	37	32.21 (19-62)	39 (55%)	12.6	38

Initiation

- Motivation: Hedonistic, Functional, Self-medicating
- ATS using social networks and repeat exposure
- Means (capital) and opportunity (place, access, availability)




Initiation



‘I could do things ten times as quickly...so, say, I had the cleaning and the dinners to do and all the washing and the ironing, that would take me a full day, it would take about three hours if I had had that.’

ATS05 (female) remitted dependent user



‘I loved just the feelings I was getting, just everything, the lovey-dovey buzz’

ATS18 (male) dependent user

Increase

- Trying to regain positive effects
- Neglect other responsibilities
- Health complications
- Relapse: detox, imprisonment, child removal, pregnancy
- Drug dealing – gendered dynamic (DV)
- Fewer non-users in network





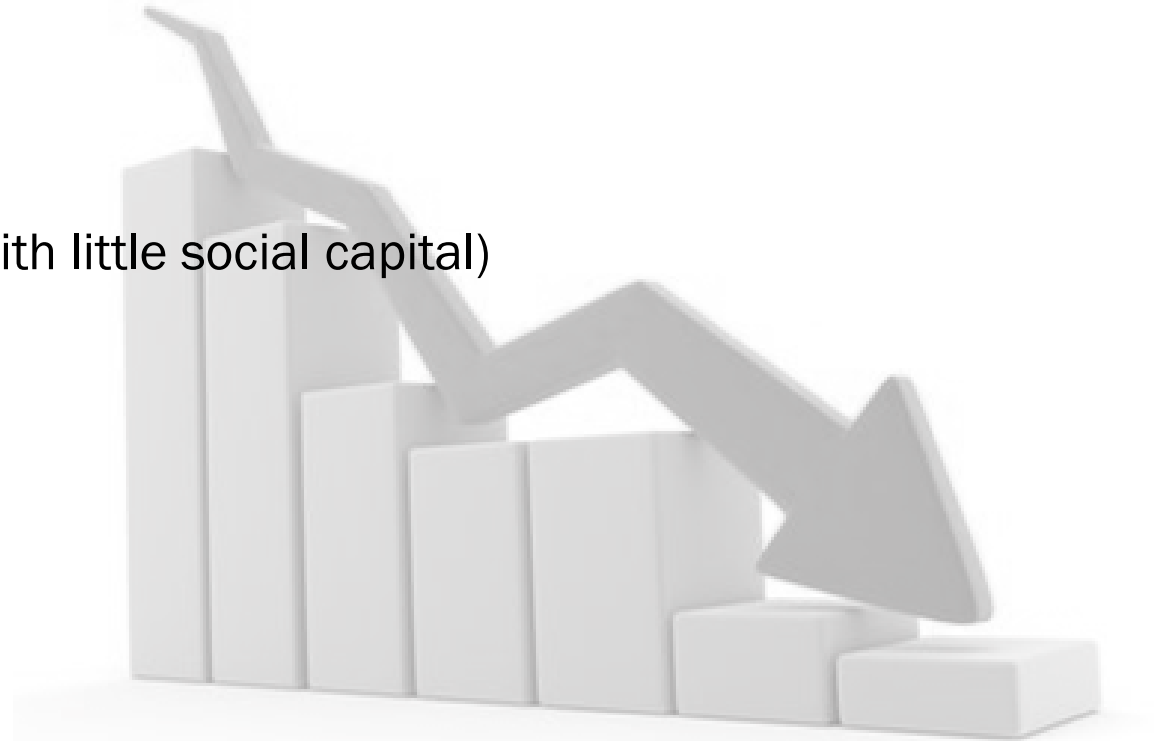
'I think people get too addicted to drugs and they don't realise when to stop, because that's what happened to me'


ATS05 (female) remitted
dependent user

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Decrease


- Functional/self-medicating use → sharper transitions → pivotal life event
- Hedonistic use → declined more gradually → ‘maturing-out’
- Supporting factors:
 - Finding ‘structure’, health-promoting activities
 - Changing social networks (difficult for those with little social capital)
- Complicating factors:
 - Co-occurring stressors
 - Access to treatment





‘Some people just don’t care. They say, “Try this out” and it doesn’t even work. What’s the point of doing it if it doesn’t work? [What does work for you, at the moment?] Just being on my own.’

ATS10 (female) dependent user

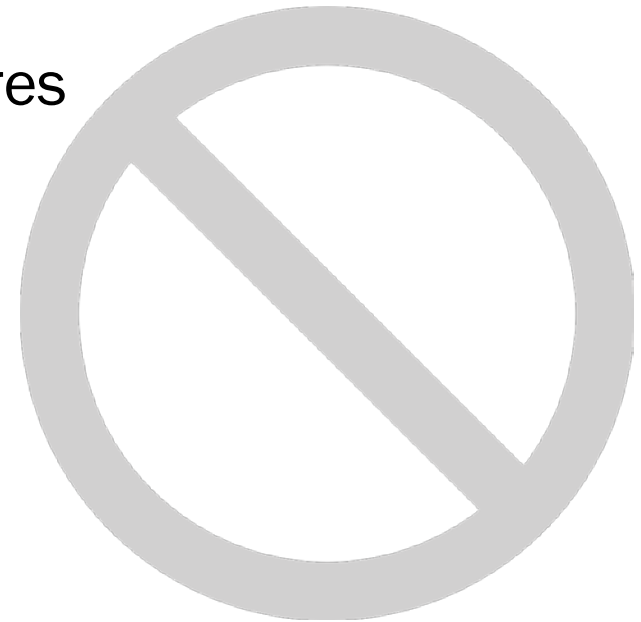



‘I’d rather have done it and got it out of the way and now I know. Now I know what my aims are and what my goals are’

ATS25 (male) non-frequent user

Non-Use


- Fear of effects and wanting to stay in control
- Stable socio-economic context
- Wider non-using network
- Influence of parental and educational authority figures





**'I just found
it incredibly
scary'**

ATS49 (female)
non-user



**"I wouldn't ever want to
be like that, sort of out
of control of
themselves and not
really having an
awareness of what they
looked like'**

ATS42 (female) non-user



Qualitative summary:

- Hedonism
- Hidden populations
- Heavy end consumption
- Mental Health

Implications for policy and practice:

- Difficult to identify problematic ATS use in standard treatment
- Opportunities for partner agencies to identify and address problematic use.



Survey questionnaire

UK emerging descriptive findings

Dr Hayley Alderson and Liam Spencer



Sampling strategy for survey recruitment

	Definition
Group A	Current frequent users
	Current non-frequent users
Group B	Former frequent users
	Former non-frequent users
Group C	Exposed non-users

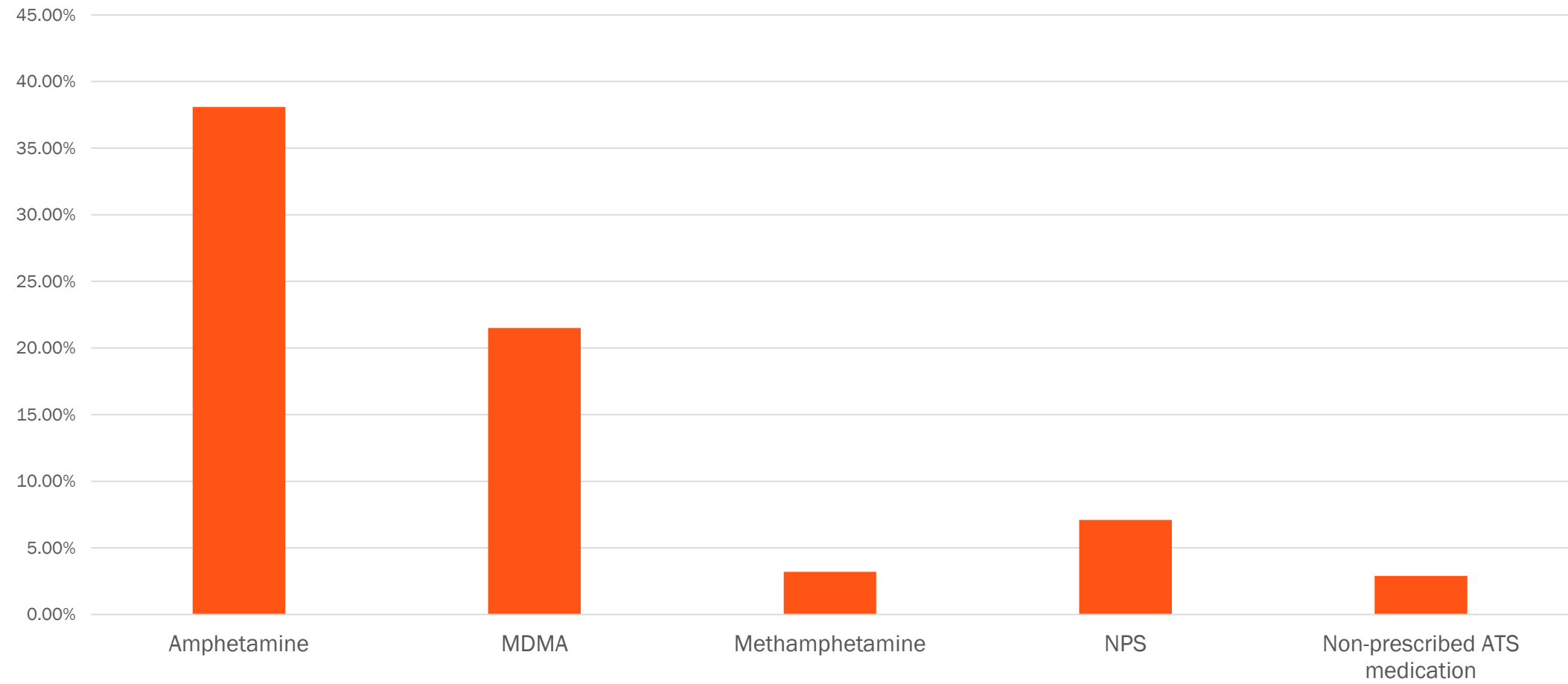


Inclusion criteria: Aged 18+ ; first ATS consumption/exposure min. 5 years prior to interview; based in participating region

UK participant characteristics

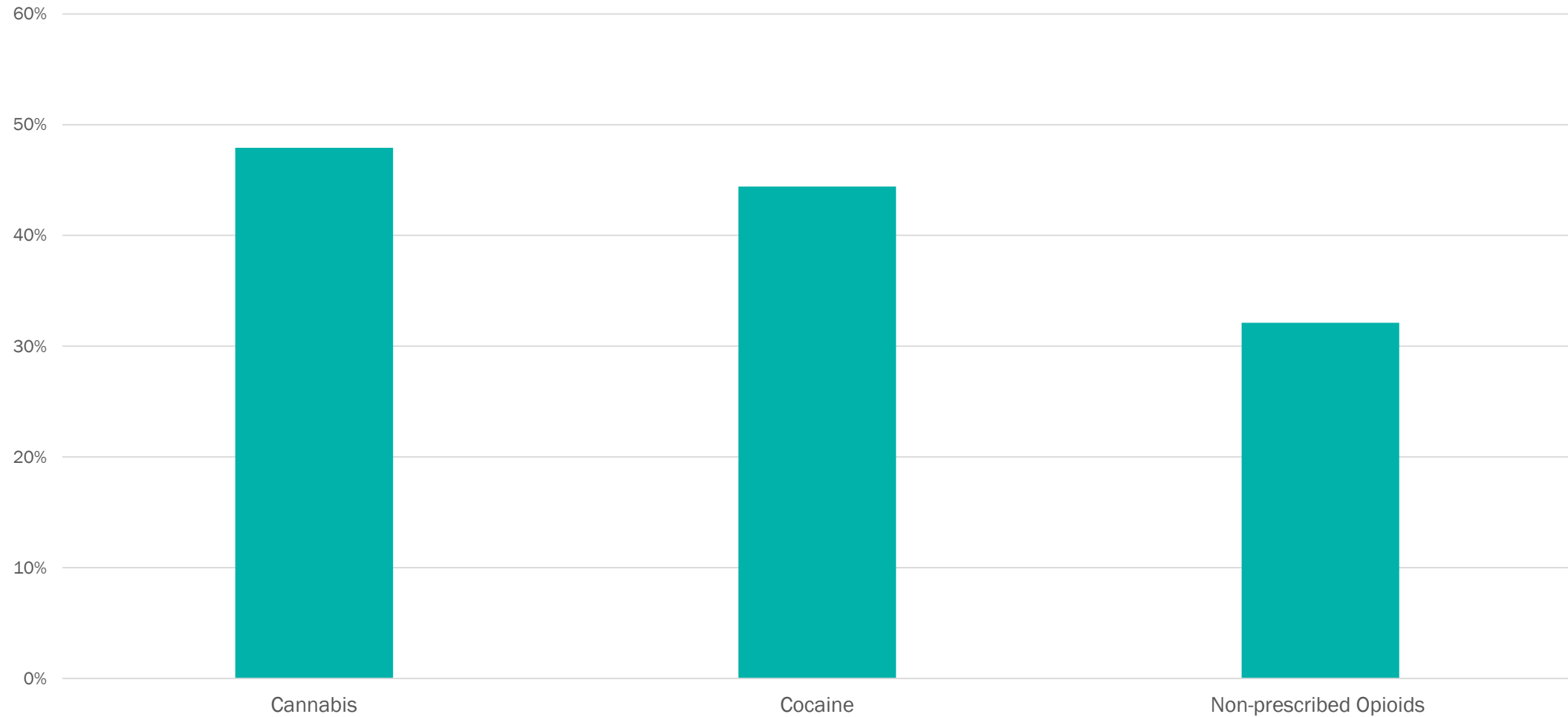
	Current frequent users	Current non-frequent users	Former frequent users	Former non-frequent users	Non-users	Total
Count (N)	96	41	127	47	78	389
Gender male (%)	61.5	63.4	55.1	38.3	38.5	52.2
Current age (Mean, SD)	36.03 (9.1)	35.45 (11.4)	39.13 (9.2)	38.27 (7.8)	39.59 (12.8)	37.86 (10.2) [Range: 18 to 68]
Age of ATS initiation (Mean, SD)	15.74 (4.4)	17.63 (5.1)	17.87 (5.0)	18.13 (3.9)	20.63 (8.3) [First Exposure]	17.17 (4.8)
ATS dependency (%)	68.8	31.7	51.2	14.9	-	48.6
Ever injected ATS (%)	47.9	29.3	18.9	12.8	-	28.3
Ever in drug treatment (%)	83.3	61.0	67.7	53.2	17.9	59.1

Types of ATS used: past 12 months

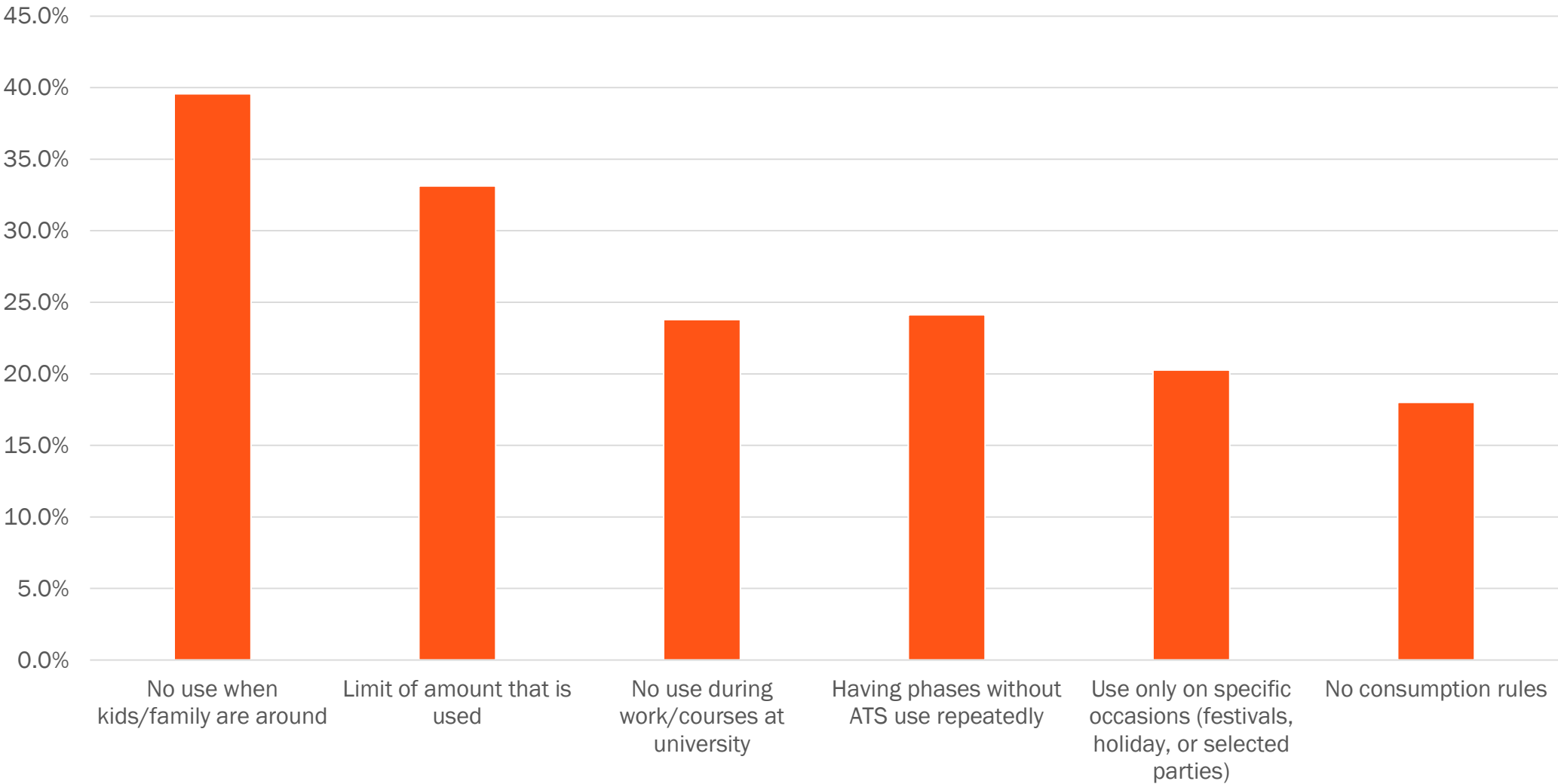


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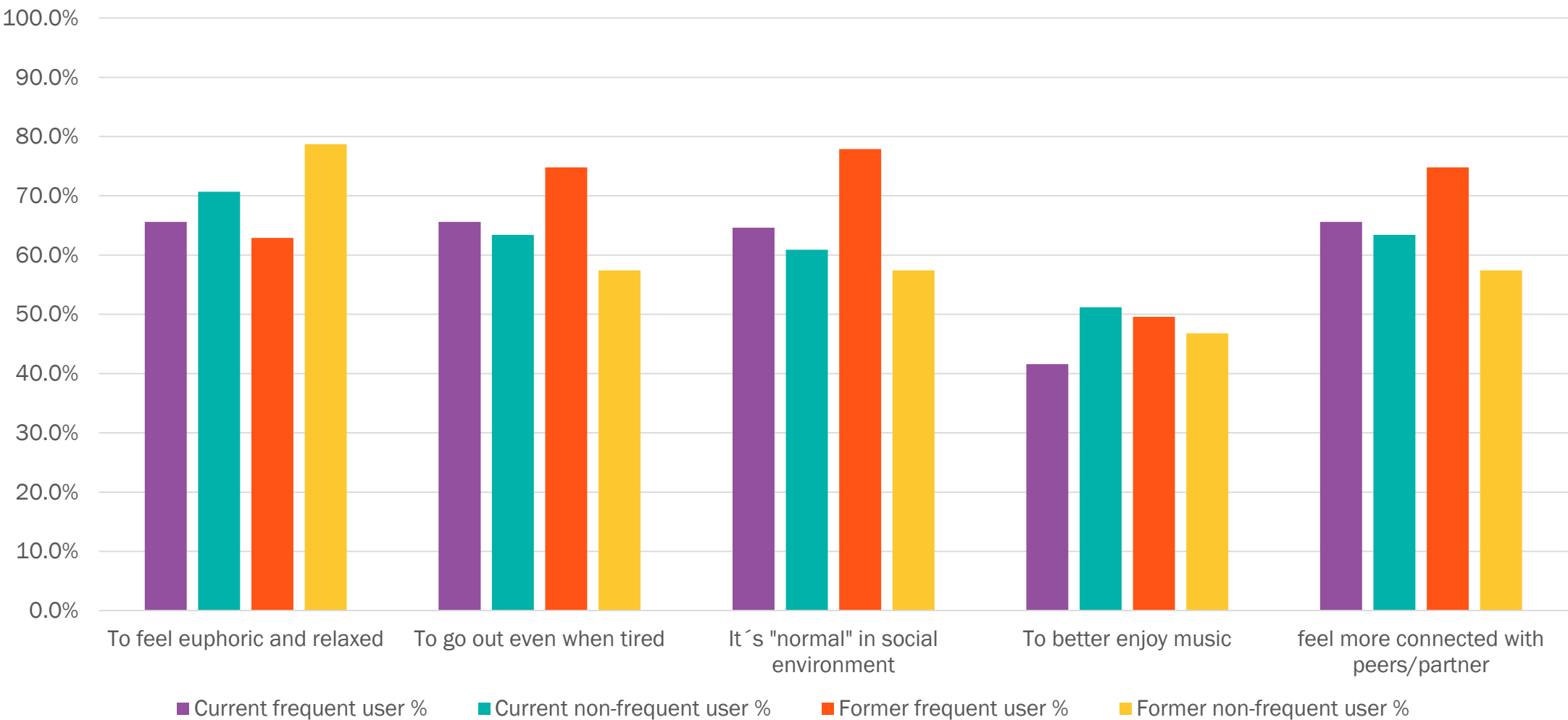
Other drugs: past 12 months



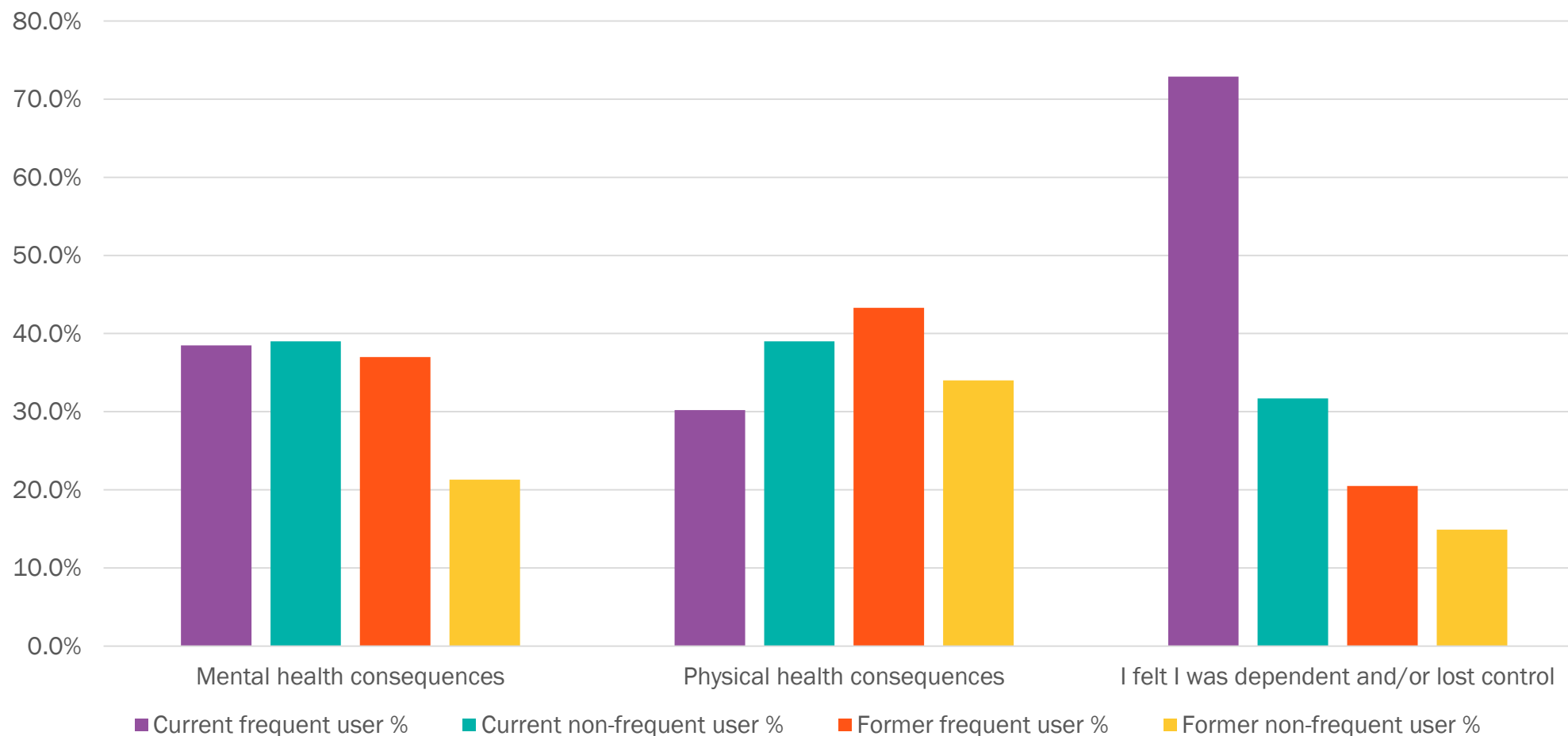
Personal consumption rules



Frequently reported reasons motivating ATS consumption



Frequently reported reasons for reduction in ATS consumption



Some initial thoughts...

Heterogeneity:

- In types of ATS substances
- In motivations to use ATS
- In ATS user socio-demographics

However:

- Self-medicating for mental ill-health common
- Lack of support services / interventions




Questions?

Dr Amy O'Donnell, Dr Hayley Alderson,
Liam Spencer

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 www.eranid.eu/projects/attune/

 [@AttuneNcl](https://twitter.com/AttuneNcl)

From Newcastle. **For the world.**

Including the multiply excluded in research

Mark Adley | Harm Reduction manager, People's Kitchen | mark.adley@peopleskitchen.co.uk

“Homeless people who use drugs and alcohol have been described as one of the most marginalised groups in society”
Neale and Stevenson (2015:476)

“It is imperative that all types of health and medical research employ strategies to increase the representation of socially disadvantaged groups” *Bonevski et al (2014:23)*

“Engaging underrepresented groups in outcome research is a public health priority for reducing health and healthcare disparities” *Erves et al (2017:472)*



Bonevski, B., Randell, M., Paul, C., Chapman, K., Twyman, L., Bryant, J., Brozek, I. and Hughes, C. (2014). *Reaching the hard-to-reach: a systematic review of strategies for improving health and medical research with socially disadvantaged groups*. BMC Medical Research Methodology, 14(1):42.

Erves, J.C., Mayo-Gamble, T.L., Malin-Fair, A., Boyer, A., Joosten, Y., Vaughn, Y.C., Sherden, L., Luther, P., Miller, S. and Wilkins, C.H. (2017). *Needs, priorities, and recommendations for engaging underrepresented populations in clinical research: a community perspective*. Journal of Community Health, 42(3):472-480.

Neale, J. and Stevenson, C. (2015). *Social and recovery capital amongst homeless hostel residents who use drugs and alcohol*. International Journal of Drug Policy, 26(5):475-483.

Coffee Break

14:45 – 15:15

Discussion groups

- What have you found unexpected/surprising about these findings?
- What needs to change/improve about current policy and practice?
- What are the priorities for future research in this area?

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