

Ice addiction treatment ‘hit and miss’

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Treating ice addiction can be a ‘hit and miss’ process because psychiatrists and other health professionals don’t have a clear model of care to follow, says a leading addiction psychiatrist.

A survey of over 1000 people commissioned by addiction treatment clinic The Cabin Sydney shows 70% believe people addicted to ice require rehabilitation rather than jail.

A further 37% believed the cost of rehabilitation of ice addicts is lower than jail time.

But Melbourne addiction psychiatrist Professor Dan Lubman says there is no clinical guidance on the best treatment pathway for patients with ice addiction.

“If you present with a lump in your breast or chest pain and you go to your GP...you can almost be guaranteed what the model of care you will be, what you will be provided and who will be providing it. There’s nothing like it in alcohol and drugs,” he says.

He says a lack of proper funding for addiction services, poor organisation and difficulty navigating different services within the health system may be hampering ideal treatment for ice addicts.

“There is a general mistrust that the system doesn’t really work. There’s a feeling that families got to invest time and money. It’s hit and miss,” says Prof Lubman.

Many people disillusioned with the system end up seeking help from private addiction clinics, but this is no panacea.

“I see a lot of people after families who have invested in rehab inside this country and outside this country and they are still using ice. They’ve invested all this money and it’s sold to them as a cure. And the person is still struggling with addiction. There is no easy fix here,” says Prof Lubman.

He stresses private providers do have a place, but they need to provide evidence for their various treatment approaches.

Meanwhile, the public system does a good enough job for most patients, contrary to claims of long waiting lists, he adds.

Dr Cameron Brown (PhD), clinical director at The Cabin Sydney, agrees there needs to be a clear model of care for treating ice addiction.

But this should be achieved by a multidisciplinary approach flexible to the patient’s needs, he says.

“It can be a stepwise idea where a client at high risk of relapse is referred to a supportive network while engaging with a psychologist specialising in addiction,” says Dr Brown.