

# Drug treatment services and injecting drug users in Queensland

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Recent restructuring in the government AOD sector and changes to funding have raised concerns about the availability of appropriate AOD services in Queensland.

## Background

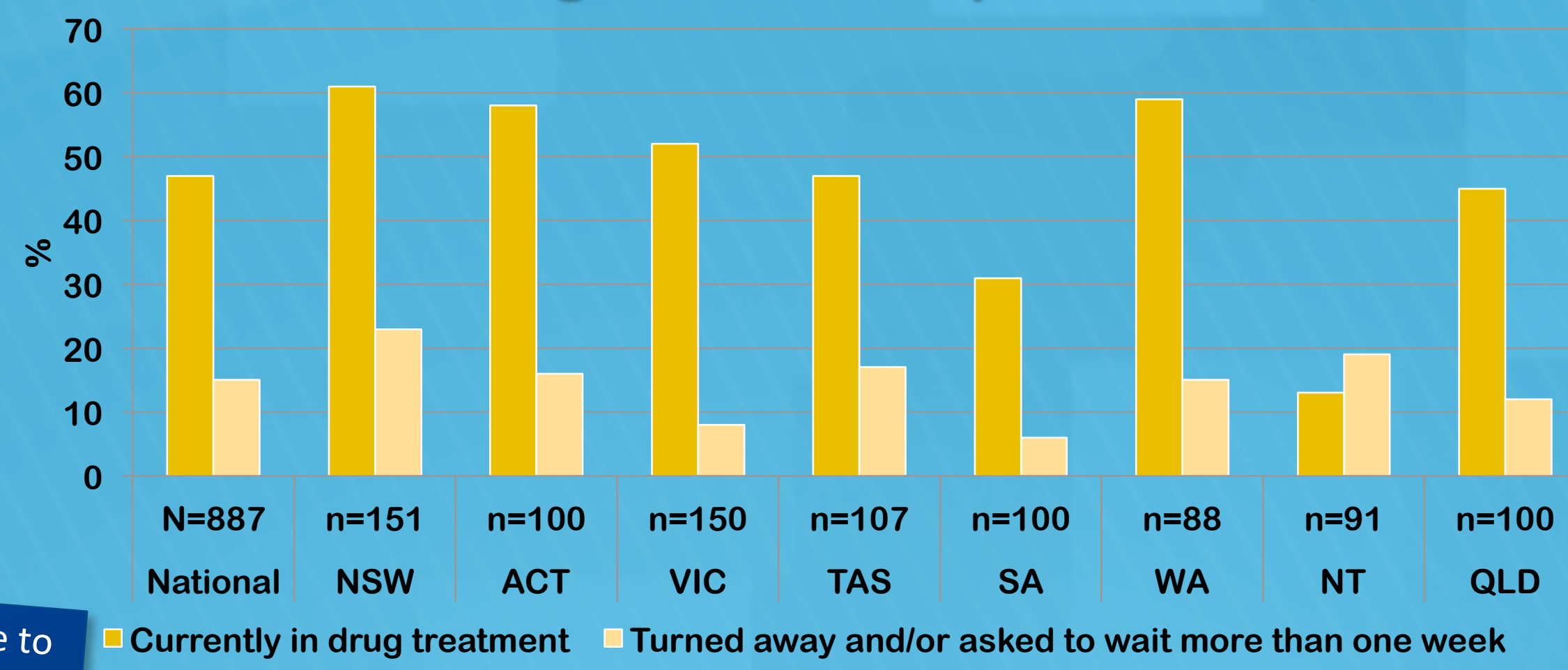
'Both detoxification with subsequent abstinence-oriented treatment and substitution maintenance treatment are essential components of an effective treatment system for people with opioid dependence.'

[1] WHO/UNODC/UNAIDS 2004: 8

'A range of appropriate, specialised services should be available to anyone with a drug-related problem, irrespective of personal history.'

[2] Ministerial Council on Drug Strategy 2011:10

## Current treatment and difficulty to access treatment among national sample of PWID, 2013



## Key Findings

- Aboriginal people who inject drugs were less likely to currently be in drug treatment
- There is unmet need for treatment amongst PWID in Queensland
- PWID believe access to treatment services has become more difficult in the last 12 months
- The top three services/people nominated as being of the most assistance to reduce or stop drug use were OST program, GP, and partner/family member.

High proportion of dependent use among people who inject drugs (PWID): 77% among recent opioid users, and 41% among recent stimulant users [3].

Drug dependence has severe health and social consequences to the individual as well as a wider impact on the community together with a substantial financial cost [4].

Benefits of treatment go beyond reduction in use and abstinence [5,6,7,8].

Types of treatment available include: brief interventions, assessment, case-work support, counselling, detoxification services, residential rehabilitation, and the administration of opioid pharmacotherapies.

However, these different treatment approaches may not be readily

available to those who would like to access them.

Difficulties include accurately assessing need for a health condition not easily identified because of the illicit nature of substance use; providing service coverage for PWID not living in inner city areas, for what is a relatively rare condition in the general population; and PWID's scepticism about the efficacy of treatment.

Common barriers to PWID accessing treatment in Australia have been identified as lack of available places, long waiting lists, and treatment entry requirements [9].

Negative effects of waiting lists are well documented, particularly the reduced chance of the PWID entering treatment [10,11].

## Current perceived access to drug treatment

	(n=53)	%
Very difficult	38	72
Difficult	25	47
Easy	30	57
Very easy	8	15

\* 'don't know' responses were excluded from this analysis.

## Change in perceived availability of drug treatment services in previous six months.

	(n=46)	%
More difficult	46	100
Stable	46	100
Easier	7	15
Fluctuates	2	4

\* 'don't know' responses were excluded from this analysis.

"The waiting lists are too long."

"The problem is getting into treatment."

## Method

- Data from Queensland sample (n = 100) of National Illicit Drug Reporting System survey in 2013.
- Participants were people over 16 years of age who regularly inject drugs.

## Results

### Current treatment by socio-demographic characteristics

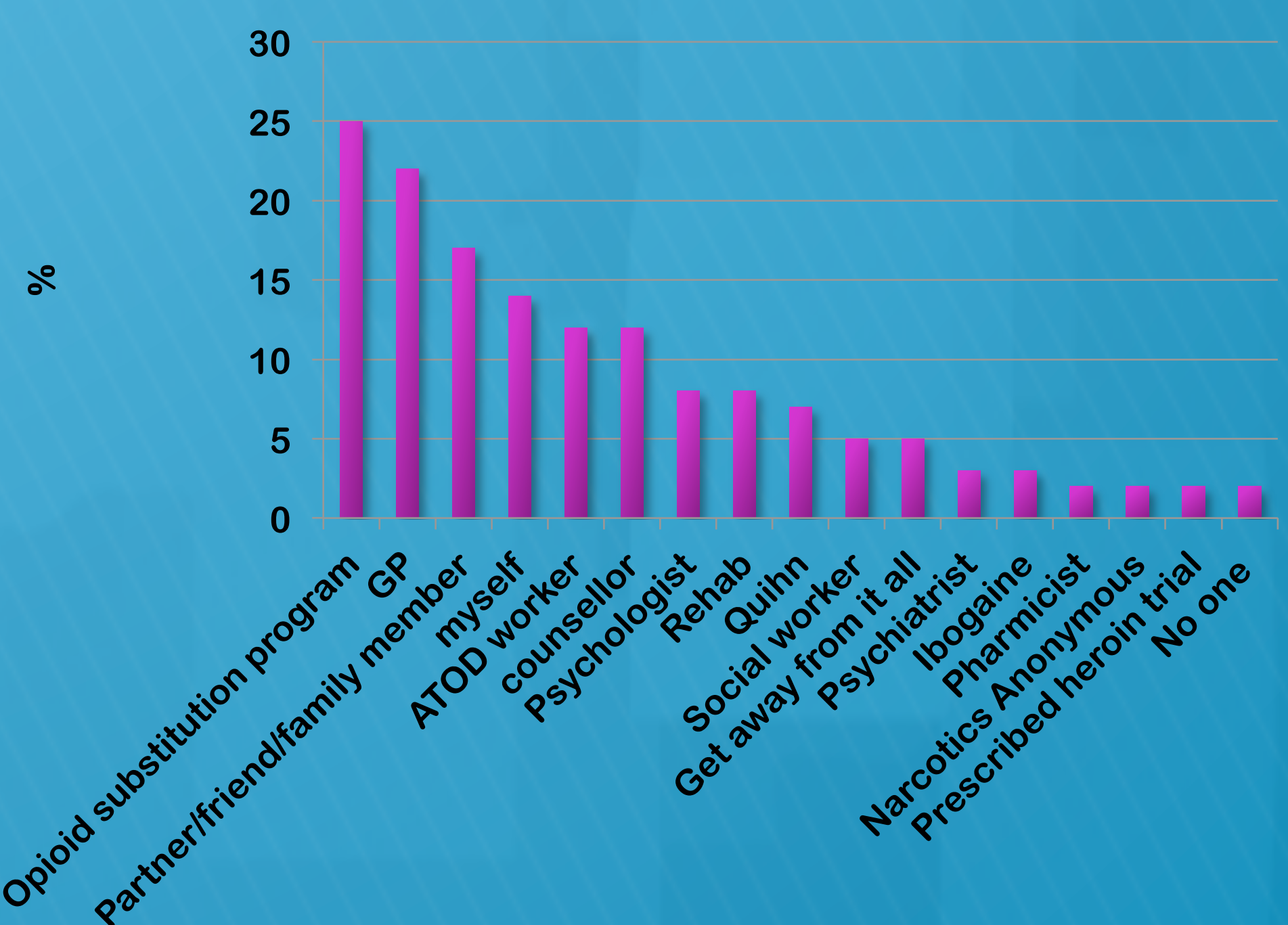
	Currently in treatment	Not in treatment
% Female (n=32)	44	56
% Male (n=68)	46	54
% Any crime (n=35)	40	60
% No crime (n=65)	48	52
% Aboriginal (n=15)	20*	80*
% Non-Aboriginal (n=85)	49	51
% Heterosexual (n=92)	47	53
% Non-heterosexual (n=8)	35	75
% 30 years or less	27	73
% More than 30 yrs	47	53

\*p<.05 chi-square test.

### Number of people participants know who tried but were unable to access treatment in the previous six months.

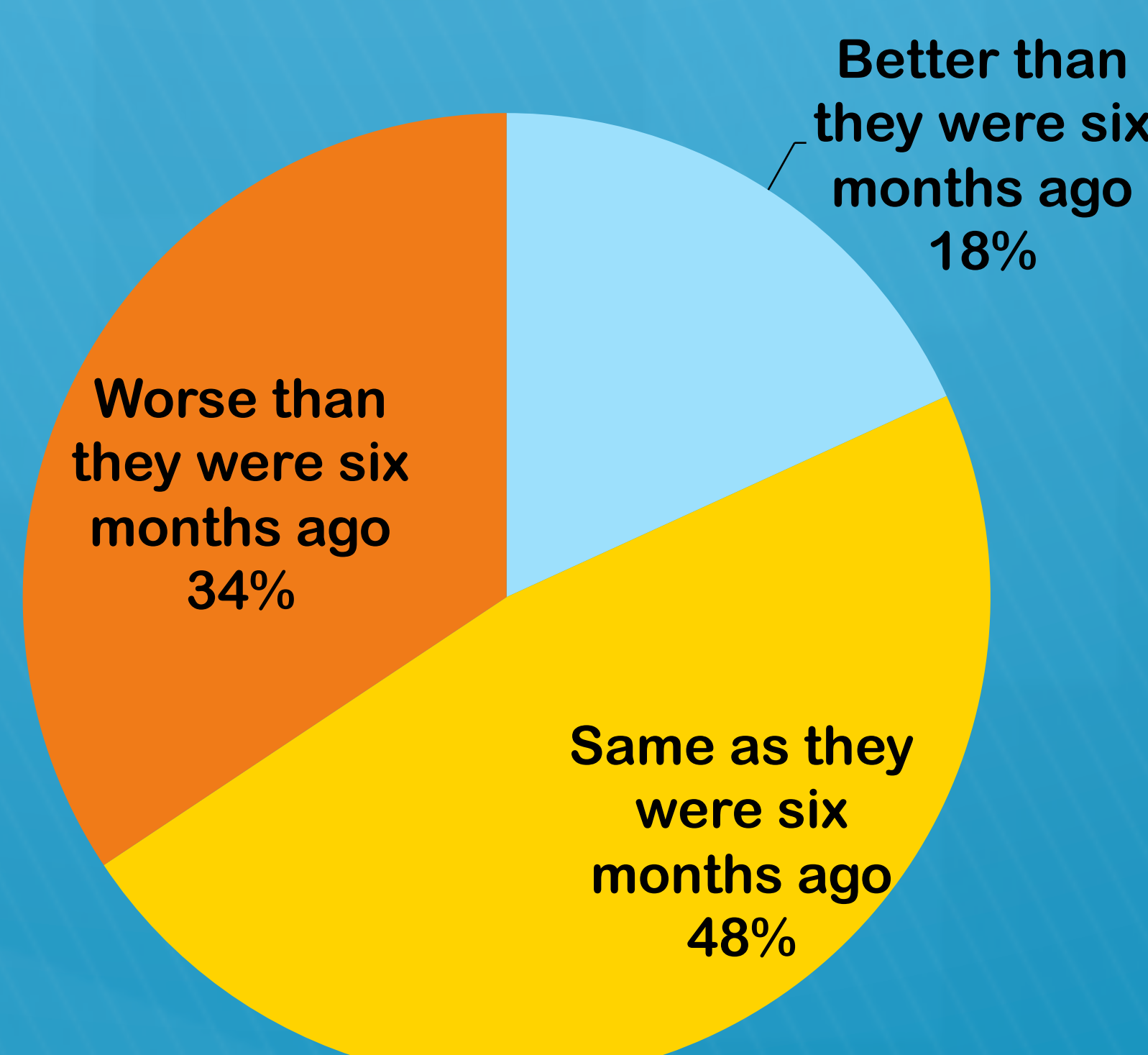
	(n=65)	%
No one	46	71
1 to 2 people	20	31
3 to 5 people	15	23
6 or more people	19	29

### PWID responses to who would most help to reduce or stop their drug use.



"It's harder and harder to get into rehab."

### Perceived change in quality of treatment services in last six months (n=38)



### Main type of current treatment

	(n=100)	%
Not in treatment	55	55
Methadone syrup	17	17
Suboxone (buprenorphine-naloxone)	15	15
Subutex (buprenorphine)	6	6
Drug counselling	3	3
Oxycodone	2	2
Narcotics Anonymous	1	1
Naltrexone implants	1	1
Valium	1	1

## Drug Dependency

The Dependency Scale is made up of 5 items, providing scores ranging from 0-15. A higher score corresponds to higher dependency.

Of those who had recently used an opioid and commented (n = 87), the median score was 7.0 (range 1-15), with 74% scoring five or above (the typical cut-off for the presence of opioid dependence).

Of those who had recently used a stimulant and commented (n = 53), the median score was 2.0 (range 0-12), with 36% scoring four or above (the typical cut-off for the presence of stimulant dependence).

## References

- [1] WHO/UNODC/UNAIDS (2004). Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention: position paper. Geneva: World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS.
- [2] Ministerial Council on Drug Strategy (2011) The National Drug Strategy 2010-2015: A framework for action on alcohol, tobacco and other drugs. Canberra: Commonwealth of Australia.
- [3] McIlwraith F, Hickey S, & R Alati (2013). Queensland Drug Trends 2012: Findings from the Illicit Drug Reporting System (IDRS). Australian Drug Trend Series No 99. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- [4] Collins DJ & HM Lapsley (2008). The cost of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Canberra: Department of Health and Ageing.
- [5] Mattick RP, Breen C, Kimber J, & M Davoli (2009). Methadone maintenance therapy versus no opioid replacement: a Cochrane Database of Systematic Reviews, Issue 3 Art treatment outcomes for persons on waiting lists. Am J Drug Alcohol Abuse 34(5):526-33.
- [6] Ritter A & JJ Chalmers (2009) Polygon: The Many Sides to the Australian Opioid Pharmacotherapy Maintenance System. Canberra: Australian National Council on Drugs.
- [7] Stotts AL, Doherty CL and TR Kosten (2009). Opioid Dependence Treatment: Options in Pharmacotherapy. Expert Opin Pharmacother 10(1):1727-40.
- [8] McKetin R, Dunlop AJ, Holland RM, Sutherland RA, Baker AL, Salmon AM & SL Hudson (2013). Treatment outcomes for methamphetamine users receiving outpatient counseling from the Stimulant Treatment Program in Australia. Drug and Alcohol Review 32: 80-87.
- [9] Digiusto E & C Treloar (2007). Equity of access to treatment and barriers to treatment for illicit drug use in Australia. Addiction, 102, 958-969.
- [10] Carr CJ, Xu J, Redko C, Lane DT, Rapp RC, Goris J & RG Carlson (2008). Individual and System Influences on Waiting Time for Substance Abuse Treatment. J Subst Abuse Treat 34 (2):192-201.
- [11] Chun J, Guaydich JR, Silber E, & A Gleghorn (2008). Drug therapy. Cochrane Database of Systematic Reviews, Issue 3 Art treatment outcomes for persons on waiting lists. Am J Drug Alcohol Abuse 34(5):526-33.