Barriers to the effective treatment of injecting drug users

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Aims of the project

- To explore the barriers to engaging with treatment for IDUs in the UK
- Funded by Department of Health as part of the ROUTES programme directed by Professor Susanne MacGregor
- Views presented are those of the authors and should not be attributed to the Department of Health

Detailed research questions

- Nature and extent of barriers
- Which specific barriers prevent IDUs accessing treatments
- Do barriers differ between sub-groups, or service types
- What are the costs to society of IDUs not being in treatment
- What may be the costs of not removing barriers to treatment

Methodology

- 75 injectors recruited from 3 locations in West Yorkshire – medium sized town, small town and a rural area – through needle exchange schemes with additional snowball sampling
- Qualitative interviews using semi-structured schedule and analysed thematically using MAXqda
- Economic data collected on service use and health status

Previous research

- Reviewing the literature revealed 2,537 potential articles – 57 identified which included some data on the problems encountered by IDUs in accessing services
- Majority were American (45) and based on quantitative methodology (37)

Barriers relating to drug users' characteristics

- Gender
- Family and relationship issues
- Financial disincentives
- Nature and severity of drug use – time needed to obtain drugs/chaotic lifestyles and challenges of rigid service provision

Treatment expectations

- Not treatment seeking – in control, enjoying drug use, no problems
- Shame and guilt about drug use (gender and ethnic group) or anxiety about treatment
- Thought treatment not appropriate for their problems – crack cocaine, or treatment would be abstinent based and symptomatic relief not necessary

Barriers relating to service provision and delivery

- Much of the international literature relates to absolute lack of service or costs of provision
- Specific groups identified in some UK research – e.g. homeless drug users in rural areas
- Red tape or waiting times
- Staffing issues

Sample methodology

- Recruited from three needle exchange programmes, only those injected in previous 7 days and aged 18+ eligible
- Interviews conducted between Jan and May 2006.
- Qualitative data took about an hour; economic data 15 minutes to collect

Participants by age and gender

Age	Male	Females
21 or under	0	3
22-26	5	5
27-31	16	7
32-36	19	5
37-41	10	1
42-46	1	2
47 or over	0	1
Total	51	24

Other characteristics

- 88% (66) white British
- 79% injected within the previous 24 hours
- Majority (64%, 48) primarily heroin injectors, 20% primarily stimulant injectors and further 16% were polydrug users

Main problems identified

- Waiting both for appointments "anything can happen in that six weeks" (Interview 65, Male 30 years) and in agencies, courts, pharmacy etc – fear of violence and experiencing withdrawal symptoms
- Appointment times – injectors lives are busy; difficult to manage clashes between different agencies being treated differently "if he can get his scripts, normal scripts like that, why can't I get my script" (Interview 59, Male 38 years)

Main problems

- Bureaucracy – need to jump through hoops, being caught between agencies, being frustrated and confused because procedures did not follow logically or fairly – sometimes receiving conflicting advice. Little evidence that urine testing prevented IDUs accessing treatment but some felt some lack of understanding

" what people need to understand is, it's not easy .. He's failed them tests doesn't mean that he doesn't wanna get off it. It means that he's finding it f*****g hard, .. really, really hard" (Interview 5, Male 24 years)

Main problems

- Shame and negative attitudes “my doctors turned me away ..they had been seeing me since I were born ..said it was a self-inflicted illness ..” (Interview 62, female 20 years). Drug users treated differently than others and assumed all the same not individuals
- Rules – Some rules accepted and seen as important but others disliked or caused confusion. Some mainly in residential services seen as a barrier – no smoking, no communication with families, no sexual relationships.

Main problems

- Travel – not always sufficient time to travel between appointments or lack of public transport, mobility problems
- Expense
- Confidentiality (particularly in small towns)
- Encountering other drug users and dealers
- Limited awareness of services
- Ineligibility; not wanting to stop using drugs; disliking treatment, fear and anxiety

Problem by type of users

- Unlike previous research we did not find particularly strong barriers to being female or from a BME group.
- Parenting problems mentioned by both males and females
- Stimulant users reported many barriers mainly related to perceived lack of support and that side-effects of stimulants could hamper help seeking

Specific problems by type of user

- Homeless, mental health and physical health problems
- Those in paid employment found it difficult with lack of flexibility of service times
- Criminal justice system seen to have both disadvantages and advantages

Problem by tier of service

- Tier 1 – opening hours of pharmacies; negative staff attitudes, morning appointments, some negative attitudes to psychiatric services
- Tier 2 – positive attitudes to NES, were interested in information and drop-in services.
- Tier 3 and 4 – lack of knowledge about services. Some confusion why there was waiting times in the community but not people accessing through criminal justice. Few had experience or were contemplating tier 4 services
- But note often problems with particular services not others

Economic data – quality of life

	Mean EQ-5D score
General population	0.93
Whole sample	**0.64**
UKCBTMM trial	0.73
Sample – large city	0.65
medium	0.67
small town	0.61

Service Utilisation – Items covered

- Health care costs
- Addiction services
- Social services
- Crime costs
- In previous 6 months

Total cost per IDU

Health care	£931 (3,739)	6.4%
Addiction services	£693 (1,773)	11.7%
Social services	£166 (364)	2.8%
Crime	£4,145 (13,144)	69.8%
Total	£5,936 (13,612)	

Costs in context

- Costly individuals but somewhat lower costs than baseline costs in treatment samples – but note large standard deviations on estimates
  - £9,389 – UKCBTMM
  - £6,791 – HepC negative IDU sample
- May be because not able to access services
- Some variations across sites

Cost per person by type of area

	Large city	Small	Medium
Health	1,419	734	559
Addiction	719	436	891
Crime	3,867	6,914	2,018
Social	294	86	95
TOTAL	6,299	8,170	3,563

Preliminary investigation of costs

- Injectors in small rural areas less likely to have had access to addiction services and had higher crime costs. This is in addition to having lowest health scores
- Crack users had lower health service costs but higher crime, social care and addiction service costs, heroin users had lower total social costs than non heroin users – lower crime costs and higher addiction services and health service costs
- Drug users with some employment significantly higher addiction treatment costs

Preliminary Conclusions

- Many issues not costly to solve – more information on services, inflexible appointment times, ensuring
- Research suggest that many improvements to existing service reflect evidence and best practice guidelines – e.g. confidentiality, better trained staff, less judgemental attitudes, explaining issues, co-ordination across agencies
- Some require investment -