



HUNTER NEW ENGLAND
NSW  HEALTH

Our vision: Healthier communities, Excellence in healthcare

Our values: Teamwork, Honesty, Respect, Ethics, Excellence, Caring, Commitment, Courage

Preliminary results of the feasibility evaluation of NSW Stimulant Treatment Program (STP)

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Acknowledgements – STP Steering Committee

- Tarra Adam
- Dr Amanda Baker
- Dr Adrian Dunlop
- Dr Rebecca McKetin
- Bill Robertson
- Dr Bruce Tulloch

The Program - overview

- British evidence suggests that marketing targeted programs surrounding stimulant drugs has an effective reach
- Ideally set up as a shop front and not attached to other drug and alcohol services
- Stimulant users report seeking services that are specialised, separate and distinct
- Two funded arms to NSW program, St Vincent's Hospital , Darlinghurst and Newcastle NSW

The sites:

Similarities:

- Same structure of service provision
- Both identified as separate and distinct from other general drug and alcohol services
- Clearly stated specialised treatment for stimulant users

Difference:

- St Vincent's STP is attached to a drug and alcohol treatment service, hospital and Psychiatric Emergency Care Centre (PECC unit)
- Hunter has a shopfront style.

Client features Baseline Demographics

- (N= 214) Gender: Males= 68%, females= 32%
- Age Mean= 34.6yr 7.8yrs, Range= 20-58 yrs
- Employment Full-time= 26%, Part-time= 10%

Drug usage - baseline

- Main drug of concern Stimulants 100%
- Mode of use Inject 70%, Smoke 25%, Sniff or swallow 5%
- Years of usage Mean=18.3 yrs (6yrs)
- Frequency of drug-use Use every day= 25%, 1-2 days/week= 30%, 3+ days/week= 22%, Few times/mth= 23%
- Dependency 97% dependent (SDS ≥ 4)
- Prior treatment Nil= 45%, Counselling 30%, Detox 10%, Rehab 8%
- Other drugs used Cannabis 28%, Alcohol 20%, Tobacco 31%

- **History of mental illness**

Nil 23%, 1 problem= 21%, 2-3 MH problems= 48%

- **Current symptoms**

Depression= 82%, Hostility= 85%, Paranoia= 78%,
Psychosis= 46%

Other baseline demographics

- **Physical health**

Adverse health effects from Stimulant use= 90%

- **Crime**

Self reported in the past month= 42%

Outcomes- small follow-up sample

	Pre-treatment	3 months
	n=130	(n=18/61) (i.e. 21%)
Accessibility	45% no prior treatment	1-2 days waiting time to STP
Retention		Most STP clients attended 3 or 4 treatment sessions according to need.

Follow up Outcomes – small sample

- A significant reduction in amphetamine use on those followed up
- Relative reduction in crime
- Significant reduction in dependency

Follow up Outcomes – small sample

- Marked improvement in mental health
- Significant improvement in general health
- Initial findings consistent with Amanda Baker's that counselling can have a very positive effect on amphetamine use for some but not for all

What we have learnt at 6 months

- Diligence with follow-up could be improved through various mechanisms;
- Initial assessment is considerably protracted due to suspiciousness and paranoia;
- High levels of suspiciousness and paranoia can provide a significant barrier to treatment entry;
- Engagement and developing the therapeutic alliance early in treatment is therefore critical;

What we have learnt at 6 months (cont.)

- Referral by key agencies and word of mouth from service users are critical;
- STP has demonstrated its acceptability to the target population.
- As this is the first specialised treatment service for stimulants, users reporting that there has been an unmet need for them to enter treatment.
- 50% of clients have had no previous D&A interventions
- Big role for NSP's in referral options to Stimulant Treatment Programs
- Co-location with NSP could be beneficial for the potential clients

Further acknowledgements

- STP clinicians at both sites, St Vincent's & Hunter New England
- STP Steering Committee