

Complex Vulnerabilities as a barrier to treatment
for illicit drug users with
high prevalence mental health comorbidities

Carla Treloar

Martin Holt

- Drug treatment retention increased:
 - ancillary life issues and complex needs addressed

- Complexity
 - physical and mental health problems
 - family and workplace disruptions
 - breakdown of personal relationships
 - financial hardship
 - criminal sentences
 - stigmatisation

- limit re-entry to formal economies
- perpetuate ongoing marginalisation of drug users

Research into complex lives

- Few studies of complex lives focus on:
 - entry into, experience of, or retention in drug treatment
- Typically, adopt and replicate epi categories of risk
 - independent factors in predicting/explaining health outcomes
- Misses the interplay between complex issues
 - how individuals initiate and manage their lives
- Experience of drug treatment users central
 - voice of consumer often missing

Focus of this project

- Common mental health problems
 - depression, anxiety
 - Often overlooked if not require obvious need for immediate treatment
4. What kinds of CV reported, how connected?
6. How cope with the challenges of CV, how negotiate systems and agencies?

- Qualitative interviews
- 3 metro and 1 regional area (3 states), Australia
- Peer recruitment, advertising in drug treatment services

- 18 years or above
- History of illicit opiate or stimulant use
- Formal drug treatment in last 2 years
- Clinical diagnosis of mood or affective disorder in last 2 years

Participants

- 77 participants
- 95% depression
- 29% anxiety
- 51% males
- 88% Govt benefits as income
- 18% born outside Australia
- 16% ATSI

- Limited by presenting in linear fashion
- Deeply embedded in participants' lives
- Interconnected with extensive history of drug & mental health problems
- Longstanding or unlikely to be quickly resolved
- Extraordinary number of competing demands
- Complicating potential for progress in drug or mental health treatment
- Progress vulnerable to increases in stress or pressure in any area of their lives
 - which could in turn trigger a sequence of related problems or crises
 - compound or domino effect

‘[I was] trying to keep on top of everything and then I had a bit of a breakdown – my Dad died, I got kicked off the methadone program and I broke up with my wife and moved away from my kids and what else happened, I got kicked off the dole’ (Charlie, 52 yrs old)

- Majority in relatively stable accommodation
 - Minority - boarding houses, hostels or refuges (n=8, 10%)
 - 2 participants (3%) were homeless

 - Stability and quality of accommodation
 - ability to participate in drug treatment
 - manage their mental health
 - address other challenges in their lives
- ‘I think now too, now that we’ve got a place to live and it’s ours, that’s made a hell of a lot of difference to [my son’s] attitude too, because we’re stable now...Being unstable is a very hard thing to cope with, especially for young kids..’ (Carly, 43 yrs old)

Housing - quality

- coping with the poor environment in which public housing was often located
- ‘...it’s just drug city over there [the public housing area where I live], like if you went [there] you’d see what I mean. Like we’ve got a brick, a rock thrown through our window two o’clock the other morning. Now this is like a recurring thing, or knocking on the door ‘do you wanna buy this [drugs], do you wanna buy?’ We just want to get away from it before [our child] starts kindergarten.’ (Martha, 35 yrs old)

Criminal justice issues

- The legacy of a criminal record

‘unfortunately with my criminal record... it’s hard to get a job cleaning toilets’ (Leanne, 40 yrs old).

- Notion of rehabilitation or having a spent conviction not available

- drug treatment – further labelled as “junkies” or criminals:

‘...if [the conviction has] been for drug use that carries through right the whole way, you know just because you have made a stupid decision or it was for whatever reason you’re listed forever. You can’t live it down and it’s like you’ve got a label on your forehead, and even if you clean yourself up, try to get on with things you have still got people kicking you in the guts’ (Suzanne, 40 yrs old)

- Common
- Helplessness, frustration want paid employment to end poverty but
 - constrains of drug treatment (eg dosing)
 - criminal record
 - mental health impact
 - inter-relatedness of factors:

'in some ways there's no way that you can sort of help but get depressed, you know like um... [I] go for my methadone, y'know, haven't always got money so you jump on the train, that's a \$200 fine, and that doesn't go away. You don't see it until you want to get your [driver's] licence and then all of a sudden there's all these \$200 fines there and stuff that have added up and if you, you want to get your licence there's um, that's all gotta be gotten out of the road first... the State does a really good job of keeping you poor... by making it very difficult [to get] off the ground floor of your life' (Tom, 48 yrs old)

Debt & Mental Health & Debt

- Mental health affecting ability to organise financial support:

‘I didn’t end up applying for Centrelink [government welfare agency] coz I thought I was going to die, so I thought, ‘who cares? What does – it doesn’t matter about being paid.’ So then there was a whole year, nearly a whole year without being paid at all so I got out with no money, all these debts and ah, I mean I’ve got a mortgage ah yeah, so yeah, everything was getting to me. I just wanted it to stop’ (Carl, 32 yrs old)

Seeking help

- Difficulties in finding assistance for complex vulnerabilities, especially at times of crisis
- Suggested that people expected drug users to be able to cope with (or even expect) homelessness and penury:

‘I was homeless, my son and I were living in squats and everything last year and it was “Oh, well, you’ll survive, I’m sure. You’re a tough one. Off you go, you’ll be right. Do you want to go and up your [methadone] dose a bit?”’ (Carly, 43 yrs old)

Seeking help - yourself

- Many tried to seek help for complex issues
- Lack of guidance on how to navigate many agencies
- Rely on their ingenuity and perseverance and informal networks

‘...there are avenues there [for assistance] – but it’s not stuff that’s told to you. It’s stuff you have to find out for yourself through panic and asking everybody “What the fuck am I going to do?”’ (Francis, 38 yrs old)

‘...people hear things, word of mouth and that’s the only way things are spread in this town. You know, someone will find a good doctor or good something and that’s how you will find out or, y’know, you might know someone who’s good at counselling’ (Veronica, 39 yrs old)

Seeking help - risks

- Tension between the need for assistance
 - possibility of greater scrutiny by the police, debt recovery agencies or child welfare authorities
 - Privacy and confidentiality (inconsistently maintained by treatment services)

‘...a lot of staff at [the methadone] clinic have taken it upon themselves to um, I don’t know, be a moral conscience for a lot of people about children in this town. So therefore you’ve got a lot of people who’d like to talk to someone and get help, y’know through their case workers, [but] y’know they give a dirty urine and [the Department of Community Services] is informed, y’know like that doesn’t make people feel safe, if you feel like your children are gonna be taken away. (Veronica, 39 yrs old)

‘...even if there was support for people who were um, users, ex-users whatever, in the workforce, I would never access it because there’s no such thing as confidentiality in those things.’ (Fred, 40 yrs old)

Seeking help – case workers

- Generally reported more positive experiences in gaining access to support:

‘I don’t have too much to do with Centrelink, I have a lot more to do with [my support worker]... I will call her and she deals with Centrelink on my behalf which makes it better for like everybody.’
(Nick, 34 yrs old)

‘the clinic can help you out with support letters and referrals and they’ve got all the paperwork there and they’re really good for that... they were the ones who got my housing for me last time. And yeah it was good, it only took six weeks and I had a unit, so yeah. It’s good to have that.’ (Ruth, 28 yrs old)

- Aspects of their lives that adversely affected their ability to engage and remain in treatment:
 - poor housing conditions, restricted income and debt and having a criminal record
- Learnt to negotiate, often with little support from treatment services
- Difficult to broker access to support services on their own
- Little faith that they would not be discriminated against as illicit drug users when they did access additional services

Recommendations

- Broadening access to low threshold services that provide a range of advocacy and support
- Need for partnerships between policy makers, mental health services and alcohol and other drug services to ensure a holistic approach to treatment delivery including linkages with other relevant services such as housing and employment
 - Use of advocates
- Promoting a 'no wrong door' policy addresses the widely acknowledged problem of service users 'falling through the cracks', and reflects recommendations from the Australian Senate (Select Committee on Mental Health, 2006).

Comment – resilience

- Findings highlight resilience service users may deploy to manage complex issues when also experiencing symptoms of anxiety and depression
- Clinicians can encourage clients' strengths and skills to pursue better outcomes
- However, service users should not be expected to cope without assistance

Comment – social determinants

- Understanding health inequalities as related to indicators of social and economic class
 - often used to discuss origins of drug use
- Perpetuation of health inequalities as a result of drug use
- Social, legal and political structures stigmatise & criminalise people with drug treatment needs
 - creates poverty and dependence on welfare
 - poor quality housing in unhealthy environments
 - impact on children of people dependent on illicit drugs and with mental health problems

- Studies of drug treatment would benefit from adopting a more integrated and sophisticated understanding of the lives of service users and the challenges they face.
- The ability of individuals to enter, remain and be successful in drug treatment can be affected by factors well beyond those under their immediate control.
- Addressing these complex and ancillary needs is vital to improve treatment effectiveness and the lives of those coping with co-occurring drug and mental health problems.

- Treloar C, Holt M. Complex vulnerabilities as barriers to treatment for illicit drug users with high prevalence mental health comorbidities. *Mental Health and Substance Use: Dual diagnosis*. In press 2007.
- Project –partnership
 - NCHSR
 - AIVL
 - NCHSR
- Funded by Australian Department of Health and Ageing