

Outcomes for clients in opioid treatment programs (otp) who use amphetamine type substances (ats): results from a retrospective analysis of routinely-collected clinical data

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Introduction and Aims:

ATS use while on OTP is associated with earlier treatment dropout, more frequent heroin use and poorer psychological health. However, to what extent ATS use at the beginning of treatment affects change in treatment outcomes over time has yet to be examined.

Design and Methods:

Routinely-collected clinical outcomes data from OTPs in six local health districts between 2016-2019 ($N=920$) was extracted from electronic medical records and analysed, using longitudinal mixed-effects regressions to test whether frequency of ATS use at treatment commencement was associated with different rates of change in substance use, health, and wellbeing.

Key Findings:

Clients who use ATS frequently (≥ 13 days in the past 28) at treatment entry were also using opioids (estimate=2.3 days per 28-day period, 95%CI: 1.1, 3.5) and cannabis (estimate=2.3, CI: 0.8, 3.8) on significantly more days and had poorer psychological health (estimate=-1.0 on 0-10 response scale, CI: -1.6, -0.3) and quality of life (estimate=-0.5, CI: -0.8, -0.2) than clients who used no ATS. However, their use of these substances reduced and psychological health and quality of life improved over the first year of treatment, until, at 12 months, levels of these variables were not significantly different than those with no ATS use at start of treatment.

Discussions and Conclusions:

Although OTP clients who are using ATS at the start of treatment tend to have more concurrent substance use and poorer psychological health and quality of life, providing they remain in treatment, their prognosis is similar to those who used no ATS at treatment entry.

Implications for Translational Research

Findings suggest OTP leads to improvements across multiple important clinical outcomes, not just heroin use and that there may be value in taking extra steps to encourage retention

among ATS-using OTP clients. These findings were obtained from real-world clients and hence could be translated rapidly into practice.

Disclosure of Interest Statement:

Two of the investigators (KJS and NE) work for the National Centre for Clinical Research on Emerging Drugs (NCCRED), the organisation funding the study. Investigators AD and NL sit on the board of NCCRED and investigators AS and MF are employees of the National Drug and Alcohol Research Centre (NDARC, UNSW) which is a member of the NCCRED consortium group. NL has received funding from Camurus and Indivior for unrelated research.

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