Exploring trauma rates in people seeking opioid dependence treatment in a community setting

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Introduction: People receiving opioid dependence treatment (ODT) often have complex health and social needs, with high rates of trauma and post-traumatic stress disorder (PTSD). In Victoria, ODT is delivered predominantly through primary care, while access to affordable trauma-focused mental health care is limited. Understanding trauma-related needs is therefore critical to informing how ODT services can better support this population.

Method: Participants (n=100) were recruited from a not-for-profit community health service in Victoria, as part of a larger project examining trauma-related needs among people receiving ODT. Face-to-face interviews assessed demographics, substance use, treatment history, and physical and mental health needs. Past 30-day PTSD and complex PTSD (C-PTSD) symptoms were assessed using the International Trauma Questionnaire. Findings were compared with participant data (n=102) from the Second Review of the Melbourne Supervised Injecting Room (MSIR).

Results:
Participants (55.5% male) had a mean age of 49.2 years (SD=8.3). There were high rates of recent housing problems/homelessness (33.0%), chronic medical conditions (59.0%), and multiple experiences with prison, remand, or youth detention (54.0%), with 95.0% receiving government benefits. Almost all (95.0%) reported a traumatic life event, most commonly family violence/abuse. Compared to MSIR clients, a significantly greater proportion reported symptoms consistent with 30-day PTSD (45.0% vs 29.4%; p=0.02), while a comparable proportion reported symptoms consistent with C-PTSD (25.0% vs 24.5%, p=0.93).

Discussions and Conclusions: ODT clients attending a community health service demonstrated significant socioeconomic disadvantage and mental and physical health needs, including high rates of current PTSD symptoms.

Implications on communities, practice, policy and/or First Nations communities:
Community-based ODT services are supporting clients with levels of complexity comparable to specialist harm reduction services designed for populations with multiple and complex needs. Rather than conceptualising trauma-related mental health care as an adjunct to ODT, integrated models may better address the needs of this population.

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