

Access To Healthcare For People With A History of Injecting Drugs Living In Rural Areas: A Mixed Methods Study

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Background and aims: People who inject drugs living in rural areas face complex barriers to accessing healthcare and harm reduction services. However, much research on access has been conducted within urban populations. This research documents the experiences of people who have a history of injecting drugs living in rural areas and compares the proportion of their healthcare access compared to metropolitan counterparts.

Methods: Data was collected from SuperMIX and a mixed methods study design was adopted. Logistic regressions, adjusted for covariates, demonstrated the relationship between living in a rural area and use of a General Practitioner in the preceding twelve months. A subset of 10 participants were interviewed in-depth to further explore lived experience.

Results: A complete-case analysis identified 16 rural participants and 449 metropolitan participants. Adjusted logistic regressions reported a rural postcode was associated with 33% greater odds of seeing a GP in the preceding 12 months, however, this was not statistically significant (AOR = 1.33, 95%CI: 0.33-5.94). Older age (AOR = 1.03, 95%CI = 1.00-1.06) and being female (AOR = 1.68, 95%CI = 1.07- 2.63) were significant covariates associated with greater odds of access to a General Practitioner in the preceding 12 months. Qualitative data identified 6 overarching themes. These were availability, accommodation and acceptability of a healthcare service followed by a consumer's ability to reach, ability to pay and ability to engage with healthcare services.

Conclusions: While qualitative interviews shared clear barriers in accessing healthcare, this was not reflected in the quantitative data. Study limitations may contribute to this discordance. Regardless, it is evident that access to healthcare is impacted by multiple confounding factors in one's risk environment, making it a heterogeneous experience for rural residents. Secondly, rural relocation was associated with changes in drug use patterns and drove participants to focus on their health, reflected in both qualitative and quantitative data.

Disclosure of Interest Statement: Baseline data for the SuperMIX cohort data collection was funded by The Colonial Foundation Trust, with funding follow up by the National Health and Medical Research Council (NHMRC Grant #545891). Ethics approval was obtained from the Victorian Department of Health Human Research Ethics Committee (approval number: 28.13.17), the Australian Institute of Health and Welfare Ethics Committee (approval number: EO2013/3/48) and the Alfred Hospital Ethics Committee (Project 599/21 SuperMIX 2021).

While SuperMIX has separate ethics approval, the ethics approval for this specific project was obtained by the Monash University Human Research Ethics Committee for both qualitative (Project ID 37648) and quantitative (Project ID 37975) data.