Access to healthcare for people who have a history of injecting drugs living in rural Australia

Irene Roy

Alcohol and Other Drug Working Group, Burnet Institute

School of Public Health and Preventative Medicine, Monash University

Supervisors: A/Prof Peter Higgs, Dr Michael Curtis, Mr Dylan Vella-Horne

Burnet

MONASH University

Acknowledgment of Country

I'd like to begin by acknowledging that we are meeting on the traditional lands of the Ngunnawal people, who have been custodians of this land for thousands of years. I pay my respects to Elders past and present. We, as current and future practitioners, should continue to work towards closing the gap by reflecting on our knowledge, skills, attitudes, practising behaviours, and conscious and unconscious biases.

Background

1.4% of the population

aged 14 and over had injected a drug in their lifetime[1]

35% increase

in the rate of total burden of disease and injury attributable to illicit drug use between 2003 and 2018[2]

1. Health AIo, Welfare. AIHW;2024
2. Health AIo, Welfare. Australian Burden of Disease Study 2018: Interactive data on risk factor burden. Canberra: AIHW; 2018.

Background

“Geographic Cure”

Changing locations can break established patterns of behaviour and alter social network [3]

3. Dilkes-Frayne E, et al; 2017

Background

Health experiences of people who inject drugs in rural areas

- Issues with privacy when accessing treatment
- Stigma from the community
- Stigma from health practitioners, including pharmacists
- Financial and time burden to travel to access healthcare
- Uneven distribution/lack of healthcare services, including sterile injecting equipment

Research Question

What are the health experiences of people who inject drugs and have relocated to rural areas?

Methods

The Cohort - SuperMIX

- Established in 2008
- Longest and only current prospective cohort study of people with a history of injecting drugs.
- Over 1500 participants recruited in Victoria
- Annual interview with serology for blood- borne virus testing
- Studies natural history and trajectory of people who inject drugs, therefore, some participants may no longer inject drugs

Methods

Postcode rurality defined based on the Modified Monash Model

Qualitative

Interviews with 7 (6M 1F) participants both over the phone and face-to-face

- In depth semi-structured interviews up to 90 minutes
- Participants were reimbursed $40
- Audio recorded, transcribed and then coded for themes

Quantitative

Rural (n=16) Metropolitan (n=449) (Complete-case analysis)

- Outcome of interest: Access to a GP in past 12 months
- Descriptive statistics of both cohorts
- Multivariate Logistic Regressions

Results synthesised and discussed conjointly

Results

Quantitative Results

Drug Consumption Patterns

- Frequency of injecting per week was statistically significant, being lower in the rural cohort with a median of 0.5 compared to the metropolitan cohort 4.0.

Healthcare Access

- Rural participants had a **33%** greater adjusted odds of seeing a GP in the preceding 12 months
  - Not statistically significant

- Older age and being female was associated with greater odds of seeing a GP in the preceding 12 months.

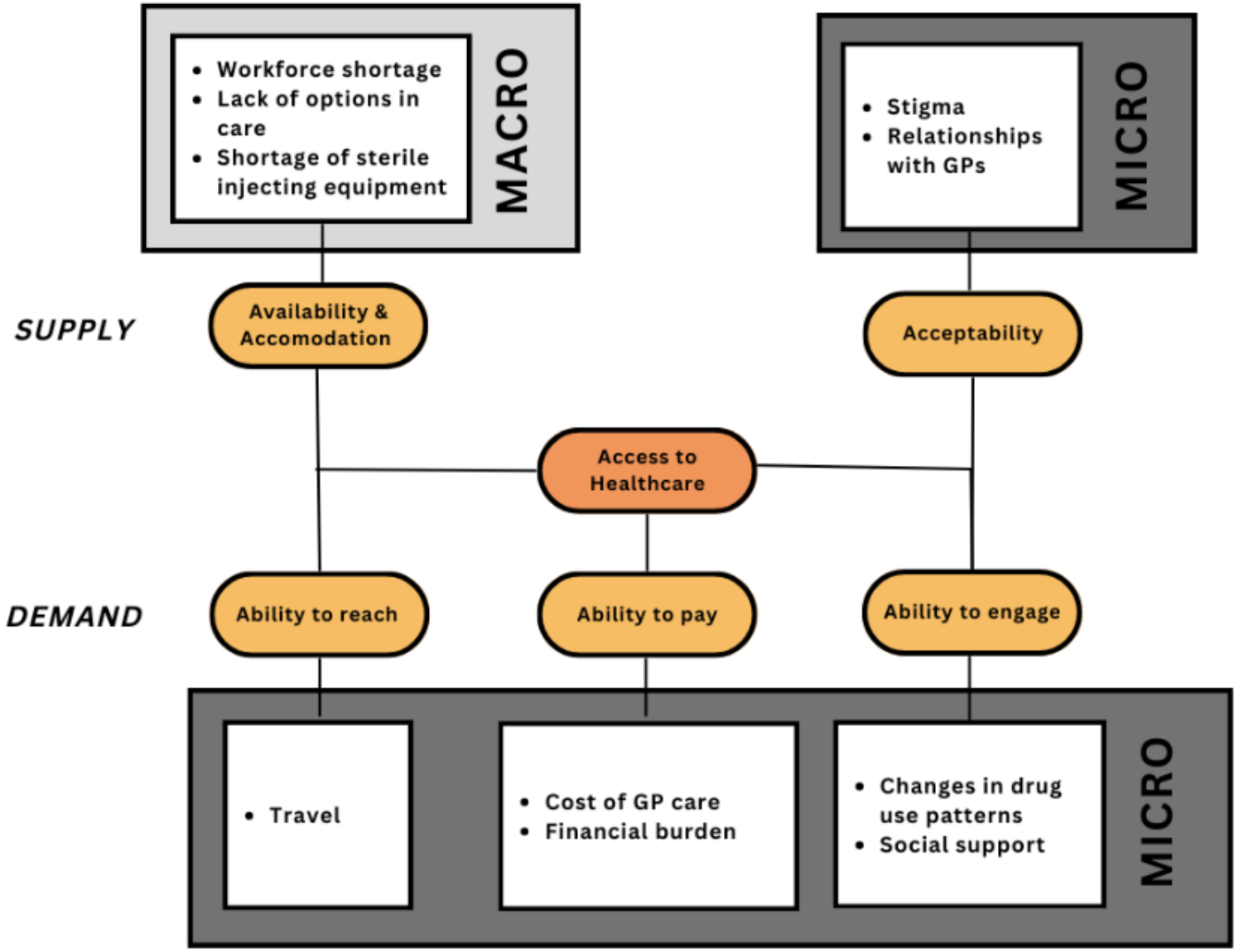
Qualitative Results: Drug Consumption Patterns

“I decided if I’m going to move away from Melbourne then I make sure I can stay clean.”

Spatio-temporal entanglements

Being in the country, being kind of separated from everything, gave me an opportunity to slow down, be accountable and responsible and be present to me which I’ve never done in 30 something years… “

Qualitative Results: Healthcare access



This led to:

- Heterogenous Experience
- Delaying healthcare, with health issues becoming emergencies
- Commute into Melbourne to receive ‘better’ healthcare
- Poor access to sterile injecting equipment led to reuse of their own needles and syringes

Conclusion

- Rural relocations, although not the main goal, provided geographical isolation from social circles that enabled drug use.
  - Drug use patterns were continued following relocation = ‘spatio-temporal entanglements’
- Participants would need to travel to metropolitan cities to access healthcare due to poor availability, accommodation and acceptability in their rural town
- We need to see if the interests of ‘doing a geographical’ and the needs to access appropriate healthcare may conflict – with one needing to break connections to the city and the other maintain access to the city
- Practitioners need to optimise these ‘spatio-temporal entanglements’ in treatment plans

Thank you

- Irene Roy
- Email: ireneroy67@gmail.com