

Starting treatment in public drug and alcohol services in New South Wales (NSW): what can eMR tell us about amphetamine type stimulant (ATS) use?

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Introduction and Aims: Despite high prevalence of polydrug use, little is known about ATS use amongst people accessing public alcohol and other drug (AoD) treatment. We examined correlates of ATS use among entrants using information from eMR.

Design and Methods: Retrospective sample of N=13864 assessments from six NSW Local Health Districts (July 2016-June 2019). Data included the Australian Treatment Outcomes Profile and the NSW Minimum Data Set for AoD Treatment Services.

Uni- and multivariate regression analyses examined the association between ATS and other substance use, social conditions and wellbeing.

Results:

One-fifth (24%; n=3254) of entrants reported recent ATS use, with 35% (n=1145) using at least twice weekly. Among ATS users, 54% reported a different principal drug of concern (PDOC). Over the preceding month, 24% of ATS users reported work/study, 28% housing stress, 20% arrest and 19% experienced and/or perpetrated violence. Recent other substance use was common, largely cannabis (55%), alcohol (52%), heroin/opioids (excluding opioid agonist treatment; 27%) and benzodiazepines (26%).

Multinomial regression (N=9981 complete records, $\chi^2(df=32)=3175.96$, $p<0.001$) found greater frequency of ATS use was associated with a greater likelihood of arrest, any injecting, cannabis use, poorer quality of life and lower alcohol use.

Discussions and Conclusions:

ATS use was common and not all entrants seeking ATS treatment reported using recently. Entrants who used ATS reported some greater social harms and poorer wellbeing than those who did not. Intake and review processes should include discussion around other drug use, in addition to their PDOC.

Implications for Practice or Policy:

ATS use is common in clients accessing treatment programs targeting other drug classes. Service design should consider that many clients use a range of substances alongside their

PDOC. This study highlights the need for AoD services to assess and respond to a variety of substances in a client-centred approach.

Disclosure of Interest Statement:

Two of the investigators (KJS and NE) work for the National Centre for Clinical Research into 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.

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