

“WE COME TO YOU”: CO-LOCATING COUNSELLING WITH KIRKETON ROAD CENTRE (KRC) SOUTH - A PRIMARY NEEDLE AND SYRINGE PROGRAM (NSP) IN SYDNEY’S SOUTHERN REGION

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Background:

Stigma and discrimination from the broader community and from health care providers exacerbates mental health issues for people who inject drugs (PWID) and leads to further isolation and deterioration of symptoms. Counselling services are typically based in traditional primary healthcare settings which PWID may choose not to access and therefore their mental health needs often go unmet.

Description of model of care/intervention:

KRC South is a stand-alone primary NSP program which implemented an onsite counselling service for clients who may not usually access counselling. Preliminary consultation was undertaken to assess need and interest in providing counselling services onsite. Support was overwhelming. NSP staff promoted the service to walk-in and outreach clients. NSP staff managed appointments for counselling sessions, originally on a fortnightly basis. The low-threshold service has few barriers and provides easy access to counselling for alcohol and other drug (AOD) problems, trauma, and mental health issues.

Effectiveness:

From inception (May 2020) to March 2022, 34 clients (mean age 45 years, 65% male, 15% Aboriginal and Torres Strait Islander) accessed counselling and case management. All clients reported mental health issues (i.e., depression, anxiety, interpersonal issues) and contact with the justice system (i.e. offending) was common (85%). The main drugs used were heroin (56%) and methamphetamine (24%). Due to established trust with NSP staff, clients who may have previously foregone counselling were more open to being referred to a counsellor for support. Due to demand, the availability of on-site counselling was increased from fortnightly to weekly.

Conclusion and next steps:

The need for this kind of integrated service within a harm reduction setting clearly exists for PWID. We plan to expand the counselling service to clients on Opioid Agonist Treatment (OAT) in the community who may not otherwise attend primary care services and who have no case management/counselling in place.

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