

A SYSTEMATIC REVIEW AND META-ANALYSIS OF BARRIERS TO ACCESSING METHAMPHETAMINE TREATMENT

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Introduction and Aims: A range of poor health, social and justice outcomes are associated with dependent methamphetamine use (1-3). Polysubstance use is also prevalent in methamphetamine users (4). Treatment programmes have effectively reduced or ceased methamphetamine use previously (5). However, a number of barriers may prevent these programmes from being widely adopted (6-8). This review aimed to identify and examine these barriers.

Design and Methods: Terms relevant to barriers to accessing methamphetamine treatment were systematically searched in leading bibliographical databases. Articles were screened by title, abstract and full-text. Eleven eligible studies (6-16) investigating barriers to accessing methamphetamine treatment were identified. Content analysis was implemented to identify barriers reported in each eligible study and themes across studies. Meta-analysis was used to pool the proportion of respondents endorsing various barriers across six studies with sufficient quantitative data, and a random effects model (17) was used to identify the most commonly reported barriers.

Results: Psychosocial/internal barriers were the most prevalent, reported in 8 of 11 studies. Meta-analysis showed that the four most prevalent barriers were: embarrassment or stigma (60%, 95%CI:54-67%); belief that treatment was not required (59%, 95%CI:54-65%); a preference to withdraw without assistance (55%, 95%CI:45-65); and concerns about privacy (51%, 95%CI:44-59%).

Discussions and Conclusions: The most common barriers to methamphetamine treatment are psychosocial/internal; services and treatment programmes tailored to overcome these barriers are warranted. Future research should evaluate the efficacy of treatment for polysubstance use involving methamphetamine and effective pharmacotherapies.

Implications for Practice or Policy: Psychosocial interventions addressing stigma/shame, such as acceptance and commitment therapy, should be considered to treat those with methamphetamine-related issues.

Implications for Translational Research: Consumer informed strategies to address the psychosocial/internal barriers identified are urgently needed to reduce methamphetamine-related harm in the community.

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