

BARRIERS TO STIMULANT TREATMENT ACCESS FOR WOMEN WHO USE METHAMPHETAMINE IN INNER SYDNEY: A QUALITATIVE STUDY

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Introduction and Aims: Methamphetamine (MA) use disorders are a growing health concern in Australia; prevalence of methamphetamine dependence is one of the highest in the world, however the gap between gender differences in use is closing^{1,2}. Female MA presentations to ED have been recorded at St Vincent's Hospital, Sydney at 33%³. While specialist services have been established targeting stimulant users, female participation in the Stimulant Treatment Program (STP) remains under-represented (25%)⁴. We undertook a qualitative study to explore barriers to service enrollment at Sydney STP for women who self-report weekly MA use and are not in treatment for MA use.

Design and Methods: Participants were recruited via poster advertising at five local health centres and women's refuges. Demographic information was collected via a standard questionnaire. Semi-structured interviews of approximately 30 minutes were audio-recorded and transcribed verbatim. They explored experiences, attitudes, perceptions and beliefs about drug use and treatment services. Recruitment continued until saturation had been reached. The data were analysed thematically with the aid of NVivo©

Findings: Participants identified their MA use as problematic, and rationalised use as a response to relationship trauma and intimate partner violence. Four themes emerged around barriers to treatment seeking: limited agency, social isolation, fear of harm, and stigma. Participant suggested delivery changes including women-only drop-in appointments and availability of women health workers to promote accessibility.

Discussions and Conclusions: Contrary to a dominant belief in the treatment community that women's childcare responsibilities are the primary barrier to treatment, creating a safe environment was emerged as a key to targeted engagement strategies for women. Fear of isolation may be addressed by hospitable waiting rooms which allow for the attendance of support persons and the provision of peer support workers. These measures may also mitigate potential stigma associated with attending drug services; further research is required.

Disclosure of Interest Statement: This study was internally funded. There are no conflicts of interest to declare