Treatment satisfaction among a sample of people who regularly inject drugs in Australia, 2019-2022

Antonia Karlsson, Cate King, Amy Peacock and Rachel Sutherland
This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney
For further information: a.karlsson@unsw.edu.au

Introduction

Treatment satisfaction has been associated with better outcomes in substance use disorder treatment (1) and has been shown to be a key factor in retaining patients in programs for their drug use (2), which in turn facilitates better treatment outcomes (3). The aim of this bulletin is to present current treatment engagement and the level of satisfaction of current drug treatment (excluding those who were currently undergoing multiple treatments), amongst sentinel samples of people who regularly inject drugs in Australia, between 2019-2022.

Methods

Data were collected as part of the Illicit Drug Reporting System (IDRS). Annual interviews were conducted with people residing in capital city areas of Australia who injected drugs on a monthly or more frequent basis and were aged 18 or older.

Data obtained from the national IDRS sample was collected between 2019 and 2022. These interviews were conducted predominately via face-to-face surveys as well as telephone surveys where COVID-19 restrictions applied. Please refer to the IDRS Background and Methods (4) document for further details.

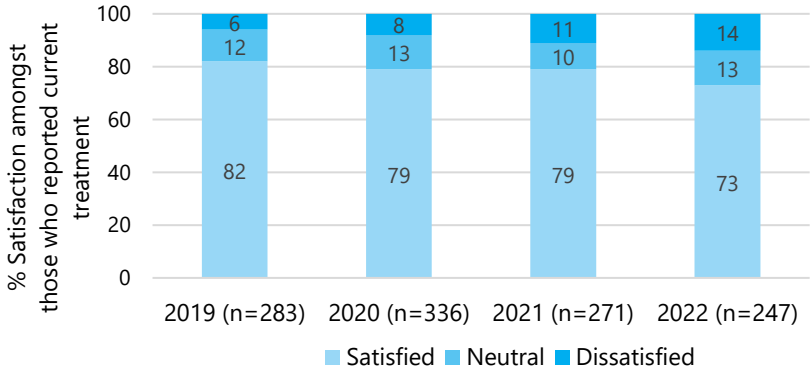
Results

Amongst those who were currently receiving drug treatment in the national IDRS sample and commented between 2019 and 2022 (n=1137):

78% (n=891) reported feeling satisfied

12% (n=136) reported feeling neutral

10% (n=110) reported feeling dissatisfied



Last update: 14 February 2023

The majority of participants reported feeling 'satisfied' with their current drug treatment (78% across 2019-2022 combined; see Appendix 1 for jurisdictional breakdown). There has, however, been a slight decline in treatment satisfaction over time (82% in 2019 vs 73% in 2022), which appears to have been largely driven by a decline in satisfaction among those currently receiving methadone treatment. Satisfaction across other treatment types has fluctuated over time (see Table 1 and Appendix 2).

Table 1. Treatment satisfaction by drug treatment type per year, among those who reported current treatment, IDRS, 2019-2022

	2019	2020	2021	2022
Methadone	**n=179**	**n=227**	**n=185**	**n=178**
Satisfied	82	82	78	70
Neutral	11	12	10	15
Dissatisfied	7	7	11	15
Buprenorphine	**n=9**	**n=12**	**n=11**	**n=10**
Satisfied	78	67	91	80
Neutral	n≤5	n≤5	n≤5	n≤5
Dissatisfied	0	n≤5	0	n≤5
Buprenorphine-naloxone	**n=57**	**n=49**	**n=33**	**n=33**
Satisfied	84	74	82	88
Neutral	14	14	n≤5	n≤5
Dissatisfied	n≤5	12	n≤5	n≤5
Drug counselling	**n=22**	**n=33**	**n=32**	**n=23**
Satisfied	77	82	84	70
Neutral	n≤5	n≤5	n≤5	n≤5
Dissatisfied	n≤5	n≤5	n≤5	26

Note. Other treatment types not presented due to small numbers: refer to Table 2 for further information regarding treatment satisfaction for treatment type for the years 2019-2022 combined. Data are suppressed in the table where n≤5 responded to the item. Participants who nominated being in multiple treatments (n=176) were excluded from analyses.

Discussion

Treatment satisfaction among our sample was generally high, although there does appear to have been a slight increase in the proportion of participants reporting that they were dissatisfied with their current treatment over time. Whilst the IDRS does not investigate reasons for treatment dis/satisfaction, previous research has found this can be influenced by several factors, including dosing spaces, waiting areas and staff shortages (5). Future studies would benefit from examining this in further detail, including whether changes introduced during the COVID-19 pandemic (e.g., increased telehealth; reduced operating hours; flexible dosing schedules) have impacted treatment satisfaction.

References

1. Kuusisto K, Lintonen T. Factors predicting satisfaction in outpatient substance abuse treatment: a prospective follow-up study. Substance Abuse Treatment Prevention Policy 15 35 (2020). https://doi.org/10.1186/s13011-020-00275-5
2. Eddie D, Hoffman L, Vilsaint C, Abry A, Bergman B, Hoeppner B, Weinstein C & Kelly J. Lived experience in new models of care for substance use disorder: a systematic review of peer recovery support services and recovery coaching. Frontiers in Psychology. 10 (2019). Available from: https://www.frontiersin.org/articles/10.3389/fpsyg.2019.01052/full

3. Dearing LR, Barrick C, Dermen HK, Walitzer SK. Indicators of client engagement: influences on alcohol treatment satisfaction and outcomes. Psychology of Addictive Behaviors, 2005. 19(1), 71-78. Available from: https://doi.org/10.1037/0893-164X.19.1.71
4. Sutherland R, Uporova J, King C, Jones F, Karlsson A, Gibbs D, Price O, Bruno R, Dietze P, Lenton S, Daly C, Thomas N, Juckel J, Agramunt S, Wilson Y, Que Noy W, Wilson J, Degenhardt L, Farrell M & Peacock A. Illicit Drug Reporting System (IDRS) Interviews 2022: Background and Methods. Sydney, National Drug and Alcohol Research Centre, UNSW Sydney.
5. Aziz Z, Chong NJ. A satisfaction survey of opioid-dependent patients with methadone maintenance treatment. Journal of Substance Abuse Treatment. 53:47-51. Available from: https://doi.org/10.1016/j.jsat.2014.12.008

Funding and Copyright

Funded by the Australian Government Department of Health and Aged Care under the Drug and Alcohol Program

Recommended Citation

Karlsson A, King C, Peacock A & Sutherland R. Treatment satisfaction among a sample of people who regularly inject drugs in Australia, 2019-2022. Drug Trends Bulletin Series. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2023. Available from: 10.26190/n4my-rj28

Acknowledgements

- The participants who were interviewed for the IDRS in the present and in previous years.
- The agencies that assisted with recruitment and interviewing.
- The IDRS is funded by the Australian Government of Health and Aged Care under the Drug and Alcohol Program.

Participating Researchers and Research Centres

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Olivia Price, Cate King, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

Appendix 1. Overall treatment satisfaction by jurisdiction, among those who reported current treatment, IDRS, 2019-2022

	National (N=1137)	NSW (N=237)	ACT (N=175)	VIC (N=249)	TAS (N=102)	SA (N=80)	WA (N=126)	QLD (N=138)
Satisfied	78% n=891	75% n=177	78% n=137	76% n=188	80% n=82	83% n=66	83% n=105	79% n=109
Neutral	12% n=136	14% n=32	13% n=22	14% n=35	9% n=9	9% n=7	11% n=14	12% n=16
Dissatisfied	10% n=110	12% n=28	9% n=16	10% n=26	11% n=11	9% n=7	6% n=7	9% n=13

Note: Complete case analysis used. Data are suppressed in the table where n≤5 responded to the item. Due to the small sample recruited in the NT, particularly in 2022 (n=22), data from the NT are not presented in this table.

Appendix 2. Treatment satisfaction by treatment type, 2019-2022

	% (n) OAT (n=989)		
	Satisfied	**Neutral**	**Dissatisfied**
Methadone	78 (n=602)	12 (n=91)	10 (n=76)
Buprenorphine	79 (n=33)	17 (n=7)	n≤5
Buprenorphine-naloxone	81 (n=140)	13 (n=23)	5 (n=9)
Buprenorphine depot	100 (n=6)	0	0
	Treatment other than OAT (n=148)		
Naltrexone	n≤5	0	n≤5
Detoxification	n≤5	n≤5	0
Rehabilitation/Therapeutic community	69 (n=9)	n≤5	n≤5
Narcotics Anonymous	n≤5	n≤5	n≤5
Drug counselling	79 (n=87)	7 (n=8)	14 (n=15)
Other treatment	n≤5	n≤5	n≤5

Note. Data are suppressed in the table where n≤5 responded to the item. Participants who nominated being in multiple treatments (n=176) were excluded from analyses.