



# Mental and physical health and service access among people in Sydney who use illicit drugs, 2022

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This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney  
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## Introduction

Previous research shows certain populations such as people who inject drugs (PWID) experience poor physical health (e.g., chronic pain) (1). However, less is known about other chronic health conditions among this population, and little is known about the physical health of other populations of people who use drugs.

Further, mental health disorders and psychological distress, defined as 'non-specific psychological symptoms of stress, anxiety and depression' (2, 3), have been found to be elevated among samples of people who use drugs (4).

The aim of this bulletin is to examine health (mental and physical) and health service access among two samples of people who use illicit drugs: people who inject drugs, and people who use ecstasy and/or other illicit stimulants.

## Methods

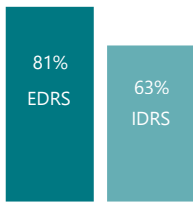
Data were collected as part of the 2022 Ecstasy and Related Drugs Reporting System (EDRS) and 2022 Illicit Drugs Reporting System (IDRS). The data obtained from the 2022 Sydney EDRS sample consisted of 100 interviews and 152 interviews for the 2022 Sydney IDRS sample. Please refer to the [EDRS Background and Methods](#) and [IDRS Background and Methods](#) documents for further details, and for information regarding the characteristics of both samples

The 2022 EDRS and IDRS questionnaire collected data on the physical and mental health of the participants and access to health services including questions on:

- Perceptions of their own general health;
- Diagnosis of chronic health conditions;
- Mental health conditions (including conditions not discussed with a health professional), access to a health professional for mental health problem(s), and receipt of prescription medicine for mental health problem(s) in the past six months;
- Psychological distress, assessed using the Kessler Psychological Distress Scale (score between 22 and 50 suggests high or very high distress);
- Access to health services for an alcohol or drug (AOD) related reason in the past six months;
- Access to health services for any reason in the past six months.

# Results

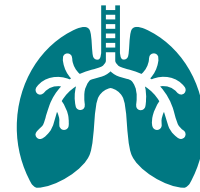
## General and physical health



81% of EDRS and 63% of IDRS participants reported their general health to be good, very good or excellent (see Figure 1).



26% of EDRS and 48% of IDRS participants reported a chronic health condition (see Table 1).



A chronic respiratory condition was the most commonly reported condition by both EDRS participants (22%) and IDRS participants (20%) (see Table 1).

## Mental health



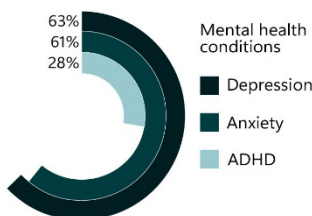
51% of EDRS and 38% of IDRS participants reported a mental health condition in the past 6 months (see Table 2).



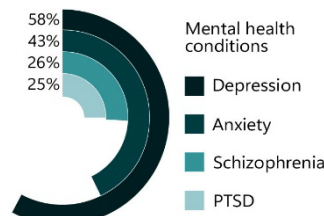
Two thirds (63% EDRS, 64% IDRS) of those who self-reported a mental health condition attended a health professional in the past 6 months.



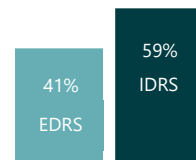
Of those who attended a health professional for a mental health condition, 63% of EDRS participants and 78% of IDRS participants were prescribed medication.



The most commonly reported mental health conditions amongst EDRS participants who reported a mental health condition were depression, anxiety and ADHD (see Table 2).



The most commonly reported mental health conditions amongst IDRS participants who reported a mental health condition were depression, anxiety, schizophrenia and PTSD.



41% of EDRS and 59% of IDRS participants reported high or very high distress K10 scores (see Table 2).

## Health service access



89% of EDRS and 87% of IDRS participants accessed a health service for any reason in the past 6 months (see Table 3).



19% of EDRS and 80% of IDRS participants accessed a health service for AOD support in the past 6 months (see Table 4).



Of those IDRS participants who had accessed a health service for AOD support in the past 6 months, Needle and Syringe Programs were accessed the most (83%) (see Table 4).

## Discussion

### General and physical health

The self-reported general health of IDRS participants was lower than reported by EDRS participants. Further, chronic health conditions were more common among IDRS participants, with IDRS participants also reporting a greater range of chronic health conditions, most commonly respiratory, cardiac and liver conditions.

### Mental health

Psychological distress was higher amongst IDRS participants than EDRS participants (59% and 41% respectively), however both were higher than has been reported in the general population (15.4% of Australians aged 16-85) (5). Conversely, more EDRS participants self-reported a mental health condition (51%, 38% of IDRS participants). Again, the percentage of participants reporting mental health problems in both samples were substantially higher than reported in the general population (21.4% of Australians aged 16-85 years in 2020-21) (5), although differences in time frames must be noted (i.e., IDRS/EDRS measures past six months; National Study of Mental Health and Wellbeing measures past year).

### Access to services

One in five EDRS participants reported accessing services for AOD support, however a much higher percentage reported utilising a range of health services for reasons not related to drug and alcohol use. The majority (80%) of the IDRS sample accessed health services for AOD related reasons, most commonly Needle and Syringe programs (NSP). This is likely a reflection of recruitment methods, with IDRS participants being predominantly recruited via these services. However, a range of other services were accessed for AOD support including GPs, emergency departments, drug and alcohol counsellors, psychologists, psychiatrists and inpatient hospital services. The finding that IDRS participants are accessing a range of services for AOD support highlight the importance of ensuring that mainstream health services are equipped to service the (often complex) needs of this population.

## References

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## Participating Researchers and Research Centres



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- Joanna Wilson, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute, Victoria;
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- Dr Jodie Grigg 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

Figure 1. Percentage of participants reporting perceptions of general health.

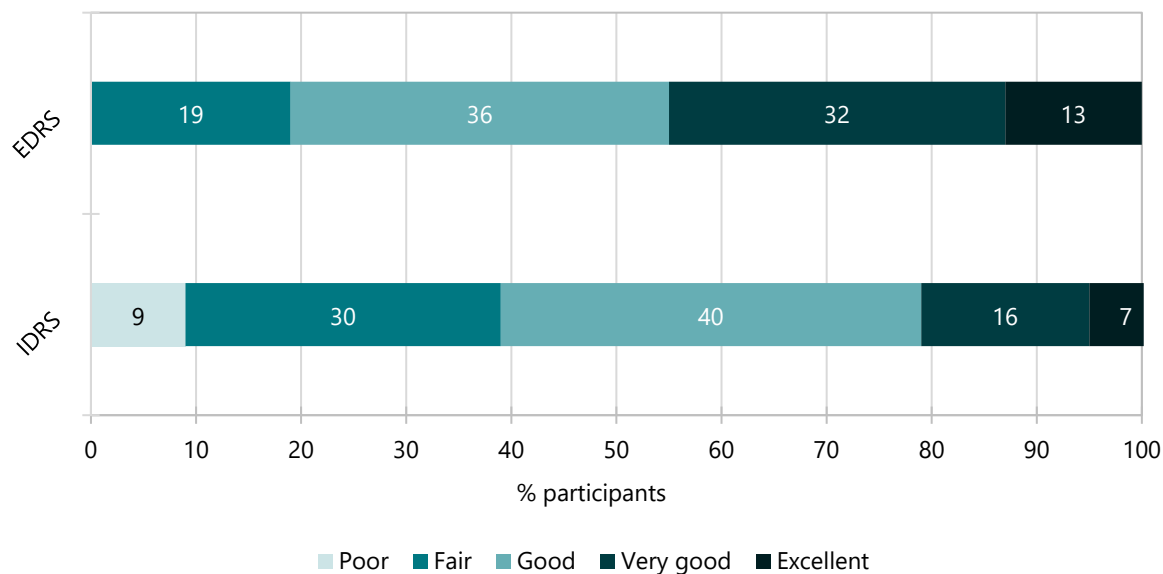


Table 1. Percentage of participants reporting a chronic health condition & most commonly reported conditions.

	Sydney, 2022	
	EDRS N=100	IDRS N=152
<b>Chronic health conditions</b>		
Any	26%	48%
Chronic respiratory condition (e.g., asthma, chronic bronchitis)	22%	20%
Chronic cardiac condition (e.g., high blood pressure, cardiovascular disease, heart rhythm issues)	-	16%
Chronic liver disease (e.g., cirrhosis)	-	10%
Diabetes	-	4%
Chronic kidney disease (e.g., loss of kidney function, requiring dialysis)	-	-
HIV infection	0%	-
Cancer	0%	7%
Cerebrovascular disease (e.g., Stroke)	0%	4%

Note. No data labels provided with small cell size (i.e., n≤5 but not 0).

**Table 2. Percentage of participants reporting a mental health condition & health service access.**

	Sydney, 2022	
	EDRS N=100	IDRS N=152
% reporting a high or very high distress score (Kessler Psychological Scale Assessment score of 22-50)	41%	59%
% self-reporting a mental health condition in the past 6 months	51%	38%
% attended a health professional for a mental health condition in the past 6 months ( <i>of those who self-reported a mental health problem during the past 6 months</i> )	n=51 63%	n=57 64%
% prescribed medication for a mental health condition in the past 6 months ( <i>of those who attended a health professional for a mental health condition during the past 6 months</i> )	n=32 63%	n=36 78%
<b>Mental health conditions of those who self-reported a mental health condition in the past 6 months</b>	<b>n=51</b>	<b>n=57</b>
Depression	63%	58%
Anxiety	61%	43%
PTSD	16%	25%
ADHD	28%	12%
Manic depression / bi-polar	-	19%
Phobias	-	-
Mania	-	0%
Panic disorder	-	-
Personality disorder	-	12%
Paranoia	-	-
OCD	0%	-
Schizophrenia	-	26%
Drug-induced psychosis	0%	-
Other psychosis	0%	-

Note. No data labels provided with small cell size (i.e., n≤5 but not 0).

**Table 3. Percentage of participants who accessed a health service for *any* reason (including AOD support) in the last 6 months & services accessed.**

	Sydney, 2022	
	EDRS N=100	IDRS N=152
% accessed a health service for any reason in the past 6 months	89%	87%
<b>Health services accessed for any reason in the past 6 months (<i>participants could select multiple services</i>)</b>	<b>N=89</b>	<b>N=132</b>
GP	84%	56%
Emergency department	17%	30%
Hospital admission (inpatient)	17%	23%
Medical tent (e.g., at a festival)	-	-
Drug and Alcohol counsellor	-	18%
Hospital as an outpatient	9%	10%

Specialist doctor (not including a psychiatrist)	26%	8%
Dentist	45%	22%
Ambulance attendance	-	12%
Other health professional (e.g., physiotherapist)	25%	8%
Psychiatrist	15%	15%
Psychologist	28%	17%
NSP	-	77%
Peer based harm reduction service	8%	5%
Other harm reduction service	-	6%

Note. No data labels provided with small cell size (i.e., n≤5 but not 0). Social services/legal aid not included to keep focus on health.

**Table 4. Percentage of participants who accessed a health service for AOD support in the last 6 months & services accessed**

	Sydney, 2022	
	EDRS N=100	IDRS N=152
% accessed a health service for AOD support in the past 6 months	19%	80%
<b>Health services accessed for AOD support in the past 6 months (participants could select multiple services)</b>	<b>N=19</b>	<b>N=122</b>
GP	42%	31%
Emergency department	-	20%
Hospital admission (inpatient)	-	11%
Medical tent (e.g., at a festival)	-	-
Drug and Alcohol counsellor	-	20%
Hospital as an outpatient	-	9%
Specialist doctor (not including a psychiatrist)	-	7%
Dentist	0%	8%
Ambulance attendance	-	9%
Other health professional (e.g., physiotherapist)	-	-
Psychiatrist	-	11%
Psychologist	42%	10%
NSP	-	83%
Peer based harm reduction service	32%	-
Other harm reduction service	-	7%

Note. No data labels provided with small cell size (i.e., n≤5 but not 0). Social services/legal aid not included to keep focus on health.