A systematic review and meta-analysis of barriers to accessing methamphetamine treatment

Craig Cumming1, Lakkhina Troeung1, Jesse Young1,2,3, Erin Kelty1, David Preen1

1Centre for Health Services Research, University of Western Australia, Crawley, WA, Australia
2University of Melbourne, Melbourne, Victoria, Australia
3National Drug Research Institute, Curtin University, Shenton Park, WA, Australia

Prevalence in Australia currently in 15-54 year olds1

• Regular Use: 2.09%, up from 0.74% in 2009-10
• Dependent Use: 1.24%, up from 0.47% in 2009-10

Issues associated with methamphetamine use

• Physical and mental illness (cardio-vascular2, psychosis3, STI and BBV4)
• Social issues (violence5, aggression/hostility3)
• Justice involvement6,7

Treatment for methamphetamine use is effective8,9

Question: What prevents regular or dependent users from accessing treatment?

**Review: Methods**

**Systematic search using terms:**
(barrier* OR obstacle* OR impediment*) (access*) (*amphetamine OR speed OR goey OR wizz OR whizz OR meth OR ice OR gear) (treatment OR support)

**Criteria:** original research; investigating barriers to meth treatment; in English

**Data extraction:** PRISMA¹ method; 2 authors

**Data synthesis:** Thematic content analysis; meta analysis (random-effects model² and I² statistic³)


**Review: Results**

974 records identified through database search, 21 additional using Google scholar

884 records after duplicates removed

855 records excluded for not meeting criteria after screening by abstract

29 full text of records assessed, 18 excluded for not focusing on barriers

11 studies included in systematic review

7 studies included in meta-analysis (reported either count or proportion of participants identifying particular barriers)

5 Countries: Australia (n=4); US (n=4); UK (n=1); China (n=1); South Africa (n=1)

Study methodologies: 6 quantitative; 3 qualitative; 2 mixed methods

Study participants: current or former meth users (n=9); service providers (n=1); or both (n=1)
Review and meta-analysis: Results

Review

Psychosocial Barriers (10 studies):
- Belief that treatment unnecessary (n=6)
- Stigma/embarrassment (n=5)
- Confidentiality concerns (n=3)
- Child custody concerns (n=3)
- No motivation to stop (n=3)
- Self-reliance (n=2)

Practical Barriers (8 studies):
- Affordability (n=6)
- Insufficient spaces (n=4)
- Waiting lists/times (n=4)

Other Barriers:
- Services not suited for meth (n=6)
- Negative staff attitudes (n=3)

Meta-analysis

Psychosocial Barriers (pooled proportion %)
- Embarrassment/stigma (60%, 95%CI 54-67%)
- Belief that treatment unnecessary (59%)
- Prefer withdrawing unassisted (55%)
- Privacy/confidentiality concerns (51%)

Studies included


Wallace, C. et al., 2009. Methamphetamine use, dependence and treatment access in rural and regional North Coast of New South Wales, Australia. Drug Alcohol Rev. 28, 593 –599.


Addressing the issues

Addressing stigma

- Psychosocial interventions are effective, eg acceptance and commitment therapy, counselling
- Media campaigns that are less stigmatising, must include information on treatment options

Addressing the belief that treatment unnecessary

- Education to raise awareness about when methamphetamine use may require treatment
- Important because lower pre-treatment meth use is associated with treatment success

Service design and delivery

- Polysubstance use is common, research needed on effective polysubstance interventions
- Co-morbid MH problems prevalent, greater AOD and MH service integration necessary