

<b>Name</b>	Dhanya Nambiar
<b>Title</b>	Health service utilisation among people who inject drugs: the effects of demographics, substance use and health services
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<b>Summary</b>	<p>People who inject drugs (PWID) are at risk of harms including overdose, blood-borne virus infections, subcutaneous infections, neurological impairments, cardiovascular diseases and dental problems. They also experience social and economic disadvantage such as unemployment, homelessness and incarceration. All these factors contribute to the poor health and quality of life of many PWID.</p> <p>Australia’s universal health care system is intended to ensure equity in access to health care, including among disadvantaged groups and people with complex needs. PWID are often referred to as ‘heavy’ users of health services, but the extent and patterns of PWID service use, and how it relates to their needs, are poorly understood. Most health services research among PWID in Australia is based on samples recruited through drug treatment and/or needle and syringe programs (NSPs), which may not represent the wider PWID population.</p> <p>The aims of this research were to describe patterns of health service utilisation among PWID, identify barriers and enablers of use, and describe the relationships between health service use and health outcomes. The objectives were to provide evidence to inform health service delivery and improve the health and wellbeing of Australia’s PWID. The research was based largely on the ongoing Melbourne Injecting Drug User Cohort Study (MIX), which involves young, community-based PWID recruited between November 2008 and March 2010 from areas containing illicit drug markets and/or NSPs. Participants are interviewed annually, and provide Medicare card details allowing record linkage to emergency department (ED) presentations and hospital separations data.</p> <p>The research showed high rates of primary health care use among PWID despite many barriers to access, including low socioeconomic status and frequent injecting. Similarly, PWID had high rates of ED presentations and hospital separations compared to the general population, and mental health conditions were associated with frequent use of both services. Heavy methamphetamine and cannabis use were also associated with frequent use of EDs. Socioeconomic conditions such as</p>

	<p>poor nutrition, unstable housing and lack of social support were strongly associated with hospital separations.</p> <p>Cessation of injecting drug use was rare. PWID who had recently used benzodiazepines or had a history of incarceration were less likely to stop injecting. Mortality rates among PWID were high compared to age-matched populations, and people who reported recent contact with emergency services had increased mortality risk. Chronic disease and injecting-related harms were the main causes of death among PWID.</p> <p>Substance use and social disadvantage were key drivers of the morbidities we observed among PWID and their use of health services. PWID were found to be heavy users of health services, but at levels commensurate with their needs. The patterns of health service use observed in this research suggest opportunities exist to improve the mental and physical welling of PWID. Recommendations include improving coordination between emergency, tertiary and harm reduction services, destigmatising PWID as a population of ‘frequent flyers’ by educating health care providers about their health and social needs, and providing supportive housing. The findings should be incorporated into educational material and patient management practices at harm reduction and tertiary care services.</p>
<p><b>Publications</b></p>	<ul style="list-style-type: none"> <li>• Nambiar, D., Spelman, T., Stoove, M. and Dietze, P. 2017 Are people who inject drugs frequent users of Emergency Department services? A cohort study (2008 – 2013), <i>Substance Use and Misuse</i> 53 (Feb 2017); 457-65</li> <li>• Nambiar, D., Stoove, M. and Dietze, P. 2017 Frequent emergency department presentations among people who inject drugs: A record linkage study, <i>International Journal of Drug Policy</i> 44 (March 2017), 115 - 120.</li> <li>• Nambiar, D., Stoove, M., Hickman, M. and Dietze, P. 2017 A prospective cohort study of hospital separations among people who inject drugs in Australia: 2008–2013, <i>BMJ Open</i> (June 2017); 7:e014854.</li> <li>• Nambiar, D., Agius, P., Stoove, M., Hickman, M. and Dietze, P. 2015 Mortality in the Melbourne injecting drug user cohort study (MIX), <i>Harm Reduction Journal</i> (December 2015), 12:55.</li> <li>• Nambiar, D., Stoove, M., Agius, P. and Dietze, P. 2015. Cessation of injecting drug use: The effects of health service utilisation, drug use and demographic factors, <i>Drug Alcohol Depend</i> (September 2015), 154:208-13.</li> <li>• Nambiar, D., Weir, A., Aspinall E.J., Stoove M., Hutchinson S., Dietze P., Waugh L., Goldberg D.J. 2014. Mortality and cause of death in a cohort of people who had ever injected drugs in Glasgow: 1982 – 2012, <i>Drug Alcohol Depend</i> (February 2015), 147:215-21.</li> <li>• Nambiar, D., Stoove, M. and Dietze, P. 2014. A cross-sectional study describing factors associated with utilisation of GP services by a cohort of people who inject drugs, <i>BMC Health Serv Res</i> (July 2014), 14:308</li> <li>• Aspinall, E., Nambiar, D., Goldberg, D.J., Hickman, M., Weir, A.,</li> </ul>

	<p>Van Elzen, E., Palmateer, N., Doyle, J., Hellard, M.E., Hutchinson, S.J. 2014. Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis, <i>Int J Epidemiol</i> (February 2014), 43:1:235-48</p> <ul style="list-style-type: none"> <li>• Nambiar, D., Stoove, M. and Dietze, P. 2012. Factors associated with utilisation of GP services by a cohort of people who inject drugs, <i>Drug &amp; Alcohol Review</i> (November 2012), 31 (Suppl. 1):17</li> </ul>
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