

Self-reported met and unmet care needs of people with problematic use of drugs in Belgium

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Background

- People with problematic use of drugs (PWPUD) have multiple and complex needs: medical, psychological, and social.
- In particular, there is a high prevalence of mental comorbidity in PWPUD: from 38 to 71% (Fernández-Miranda et al., 2022; Han et al., 2017; Kingston, Marel, & Mills, 2017).
- However, different types of needs are usually cared for in separate services.
- Additional burden in terms of :



Access to services



Recovery



Unmet needs

Objective and research questions

« What are the met and unmet care needs of PWPUD? »

- Identify the most reported met and unmet care needs
- Identify profiles of individuals with shared patterns of needs
- Identify the characteristics associated with these profiles



Method

Context

National research project on the integration of MH and SU sectors (Belgian Science Policy Office, Belspo)

Setting

- Different service types to increase profile diversity
 - Generic mental health and specialized addiction
 - Inpatient and outpatient
- Across the three Belgian regions

Target population

- + 18 years old
- With problematic substance use (alcohol, drugs, medicines)

Data collection

- Self-reported questionnaire including validated scales



Method

Measurements

- Care needs: CANSAS-P scale assessing 23 life domains (Trauer, Tobias & Slade, 2008)

Are you able to look after your home?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, but I receive help/support
<input type="checkbox"/>	Yes

- Practices of substance use: Treatment Demand Indicator (TDI), monitoring tool for alcohol/drug-related treatment demand (problematic substances, frequency of use and route of administration) (Antoine, De Ridder, Plettinckx, Blanckaert, & Gremeaux, 2016).



Method

- **Service utilization:** contacts with the following services within the last 12 months (Client Service Receipt Inventory) (Chisholm et al., 2000)
 - GP
 - Mental health services (psychologist, psychiatrist, mental health centre, day centre)
 - Specialized addiction services
 - Emergency services
 - Social services
 - Home care services
 - Self-help services
 - Hospitalization for physical health problems
 - Hospitalization for mental health/substance use problems
- **Social integration:** SLX index including 4 dimensions (housing situation, living situation, employment status, friendship status) (Priebe et al., 2018)
- **Psychological well-being:** WHO-5 score (Topp et al., 2015)



Method

Analysis

Latent Class Analysis

Identify similar care need profiles

Identify characteristics associated with these profiles



Socio-demographics



Social integration



Psychological well-being



Service use



Substance use practices



Results

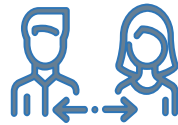
Sample description

Service type	Total (n = 562)
Inpatient	57.5%
Outpatient	42.5%
Generic MH	53.3%
Addiction	46.7%

Results

Socio-demographics

- Men (72%)
- Dutch-speaking (56%)
- Mean age of 42 years old
- No employment income (86%)
- Secondary education level (51%)



Service use

- GP (81%)
- Generic MH services (79%)
- Hospitalization for MH/addiction problem (65%)



Substance use profile

- Most problematic substances:
 - Alcohol (53%)
 - Cocaine (17%)
 - Cannabis (12%)
- Multiple substance use (44%)
- At least 4 times a week (49%)



Social integration

2.8/6 (poor)

Results

On average, 8 reported needs and 4 reported unmet needs

Highest reported unmet needs

- Intimate relationships (40%)
 - Daytime activities (31%)
 - Physical health (29%)
 - Company (28%)
- Sexual expression (27%)



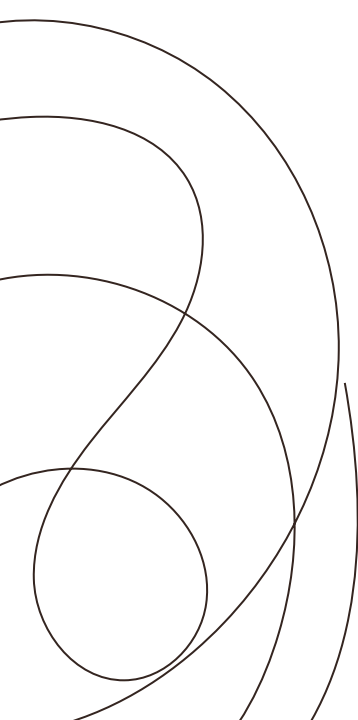
Highest reported met needs

- Psychological distress (44%)
- Psychiatric symptoms (41%)
 - Money (35%)
 - Alcohol (34%)
 - Drugs (29%)

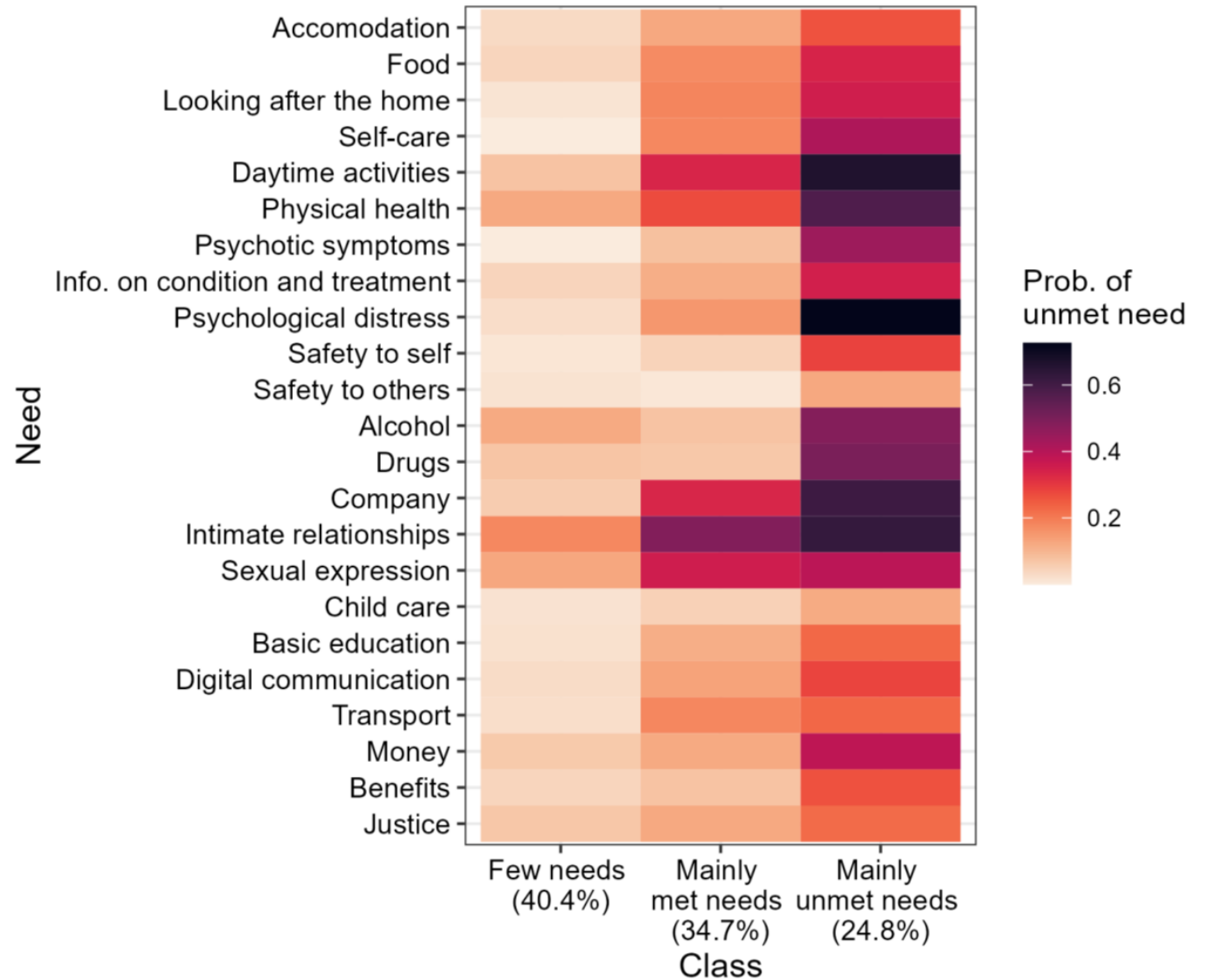
Results

Three-class model

- $BIC^a = 18\ 151$
- Entropy = 0.81



^a Bayesian Information Criterion



Results

Main significant predictors of class membership

Characteristics	Class « mainly met needs »		Class « many unmet needs »	
	OR	95% CI	OR	95% CI
Sex, women (ref = men)	2.765*	[1.14-6.71]	0.923	[0.34-2.54]
SIX index	0.759*	[0.58-0.99]	0.756*	[0.58-0.98]
Well-being score	0.805***	[0.74-0.87]	0.681***	[0.61-0.76]
Contact with social services (ref = no)	2.545*	[1.15-5.65]	0.704	[0.29-1.69]
Contact with homecare services (ref = no)	3.683**	[1.54-8.83]	0.747	[0.25-2.25]
Multiple substance use (ref = no)	2.249	[0.87-5.81]	3.87**	[1.43-10.46]

Table 1: Influence of users' characteristics on class membership probability (n = 417, ref = Class with « few needs »)

Legend : * = p<0.05 | ** = p<0.01 | *** = p<0.001

Results are controlled for other variables: age, educational level, contacts with other service types, main problematic substance.

Discussion

Main results

- Interpersonnal relationships as the most reported unmet needs
- Vulnerability factors associated with many unmet needs:
 - Poor social integration
 - Multiple substance use



Discussion

Interpretation of findings

- Access to care services is associated with users' consumption profile and social integration.
- PWPUD suffer from social isolation, and interpersonal relationships seem to be insufficiently considered.
- PWPUD should be better supported in developing meaningful relationships, a key dimension of personal recovery.



Thank you for your attention

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