

## TRUST AND SERVICE ENGAGEMENT AMONG PEOPLE WHO INJECT DRUGS POST-RELEASE

**Authors:** Lafferty L<sup>1,2</sup>, Schroeder S<sup>3,4</sup>, Marshall A<sup>1,2</sup>, Drysdale K<sup>1</sup>, Higgs P<sup>3,5</sup>, Stoove M<sup>3,4</sup>, Baldry E<sup>6</sup>, Dietze P<sup>3,4,7</sup>, Treloar C<sup>1</sup>

### Affiliations:

<sup>1</sup>Centre for Social Research in Health, UNSW Sydney

<sup>2</sup>The Kirby Institute, UNSW Sydney

<sup>3</sup>Behaviours and Health Risks, Burnet Institute

<sup>4</sup>Department of Epidemiology and Preventive Medicine, Monash University

<sup>5</sup>Department of Public Health, La Trobe University

<sup>6</sup>Division of Equity, Diversity and Inclusion, UNSW Sydney

<sup>7</sup>National Drug Research Institute, Curtin University

### ABSTRACT

**Background:** People who inject drugs are more vulnerable to systemic discrimination than those experiencing acute health or social needs who are not injecting drug users. Compounding histories of incarceration further marginalises people most in need of health and social services, making it difficult for them to address their health and welfare and navigate a sustainable pathway back into the community. Drawing on Hall's five components of trust, this analysis seeks to understand trust in service providers from the perspective of people who inject drugs during the prison post-release period and how trust fosters (or inhibits) effective service engagement.

**Methods:** Between September 2018 and May 2020, interviews were completed with 48 adults (33 men, 15 women) recruited from SuperMIX (a longitudinal cohort study in Victoria, Australia). Data relating to service engagement were coded against the five components of trust: fidelity, competence, confidence, honesty, and global trust.

**Results:** Depictions of trust were consistently portrayed within the context of negative experiences, while trusting provider relationships and interactions were rarely described. Most participants recounted a stark absence of fidelity (that is, pursuing a patient's best interests), with some participants detailing circumstances in which their vulnerability was purposefully, almost strategically, exploited. These encounters nearly always had the consequence of impeding the participant's positive progression in the post-release integration period.

**Conclusion:** There is an urgent need to prioritise the client in health and social service delivery in the post-release transition-to-community period and recognise the importance of trust in delivering effective services to people in marginalised circumstances.

### Disclosure of Interest Statement:

LL, SS, KD, AM, EB, and PD have nothing to declare. CT has received speaker fees from Gilead and Abbvie. PH has received investigator-initiated research funding from Gilead Sciences and Abbvie Pharmaceuticals for research not connected to this work. MS is a recipient of a NHMRC Senior Research Fellowship (Commonwealth Government) and has received investigator-initiated funding from Gilead Sciences, AbbVie and Bristol Myers Squibb for research unrelated to this work.