

Abstract 403:

How positive relationships with primary healthcare providers can facilitate access to addiction treatment programs

Mathias, H., Jackson, L., MacIsaac, C., and Atlantic COAST Study team

ISAM-CSAM Scientific Conference 2020

Friday November 13, 2020

Conflicts of Interest

We have no conflicts of interest to declare.

Atlantic COAST Study Team

The Atlantic COAST Study team is comprised of over 20 researchers and community knowledge users from across Canada, including:

Researchers:

Lois Jackson, Dalhousie University (Nominated PI)
Jane Buxton, British Columbia Centre for Disease Control
Margaret Dechman, Cape Breton University
Anik Dubé, Université de Moncton
Jacqueline Gahagan, Dalhousie University
Niki Kiepek, Dalhousie University
Lynne Leonard, University of Ottawa
Jo-Ann MacDonald, University of Prince Edward Island
Fiona Martin, Dalhousie University
Jen Smith, Eastern Health Authority (NL)
Carol Strike, University of Toronto

Knowledge Users:

Cindy MacIsaac, Direction 180 (Nominated Principal Knowledge User)
Diane Bailey, Mainline Needle Exchange
Christine Porter, Ally Centre of Cape Breton
Julie Dingwell, Avenue B Harm Reduction
Brittany Jakubiec, PEERS Alliance
Natasha Touesnard, Canadian Association of People who Use Drugs (CAPUD)
Debby Warren, Ensemble
Gerard Yetman, AIDS Committee of Newfoundland and Labrador

We also acknowledge team member and knowledge user, Amanda Diggins (AIDS New Brunswick).

For more information, visit our website: www.dal.ca/atlanticcoast

Gap in Knowledge



- People who use substances may experience health and social risks.
- Being able to access and stay in addiction treatment programs may help reduce risks.
- Little is known about how policies and practices of treatment programs may act as barriers or facilitators of access.
 - Little information about the role of primary healthcare providers.

Key Objective

Overall Aim

To explore and understand key policies and practices of publicly-funded addiction treatment programs which act as barriers and/or facilitators for people who use substances in Atlantic Canada when accessing/staying in/leaving addiction treatment programs.

This presentation focuses on the role of primary healthcare providers as **facilitators of access** to publicly-funded addiction treatment programs from the perspective of people who use substances.

Setting: Atlantic Canada

- Group of four Canadian provinces.
- Population of ~2.3 million
- Estimates of between 10,600 and 13,400 people who use substances (Jacka et al., 2020).
- Highly rural and economically disadvantaged provinces
 - Geographic and economic inequities to accessing health care services.
- Poor access to primary health care in the region
 - Physician shortages
 - Long wait times



Source: Government of Canada

Methods

- Face-to-face semi-structured interviews (2019)
- 55 people who use substances
- Recruited through community-based harm reduction organizations
- Eligible to participate if they...
 - used substances (e.g. crack cocaine, injection drugs),
 - were 19 years of age or older,
 - lived in Atlantic Canada, and
 - accessed or tried to access addiction treatment programs in the past two years.
- \$20 CAD honorarium
- Data management – ATLAS.ti software
- Data analysis - grounded theory techniques
- Institutional research ethics obtained from 8 universities



Source: George Washington University

Theme 1 – Being Accepted and Being Heard

- Many participants reported having a primary healthcare provider
 - Long-standing family doctor
 - Positive trusting relationship
 - Open communication
- **Facilitated access to treatment**
 - “We were talking about going on methadone or suboxone for a while. And he - my doctor - suggested Kadian to me. I had never heard of it before. Didn’t know anything about it... he got me on it and I got on easy.” (6-SJ-4)
- **Facilitated adjustments to treatment**
 - “He listens to everything I have to say. He’s excellent. He doesn’t turn his head if you ask him to switch. If I ask him, say I need to get off methadone and get on Suboxone, he’s like “No problem, let’s give it a try.” (3-P-1).



Source: Lynda

Theme 2 – Advocacy



Source: World Hepatitis Alliance

- Participants reported advocacy from primary healthcare providers
 - Facilitated access to specialized addiction treatment programs
 - Facilitated retention or return to treatment

“I finally just broke down and went to my family doctor and told her all this. ‘I’m in third year university and in between classes I’m going to the bathroom and injecting Dilaudid in my arm. Can you please help me?’ So, she said well just because, you know, there was a huge waitlist at the time and I guess because I had achieved something by getting into third year university, she went to my methadone doctor and they had been on friendly terms and basically I got in and, yeah.” (3-P-3)

Theme 3 – Integrating Addiction Treatment into Practice

- Many participants spoke about accessing **office-based OAT**.
 - Integrated in primary healthcare
 - Facilitated access to treatment

“For the longest time [detox centre outside of town] was the only place you could get methadone. And then some of the general practitioners got their methadone prescribing license. My doctor was one of the first ones so I got on with him.” (3-P-3)



Source: CBC



Implications/Conclusions

- Existing literature often portrays negative relationships between primary healthcare providers and people who use substances (Rozani et al., 2009; van Boekel et al., 2013).
- Our findings highlight positive examples of patient-provider relationships and the apparent role of these relationships in facilitating access.
 - Long-standing relationships
 - Example of 'patient-centered' care
 - People who use substances are treated respectfully in a supportive and non-judgmental manner
- Moving forward, there is a need for...
 - Increased linkages between primary healthcare providers and people who use substances (if they want one)
 - More primary care physicians, earlier linkages, attention on therapeutic alliance/relationship
 - Primary health care 'champions'
 - Greater emphasis on patient-centered care



Acknowledgements

- Thank you to the 55 people who use substances who gave their time to participate in this study, and the graduate students and peer research assistants who have worked on this study.
- Funding body: Canadian Institutes of Health Research HIV/AIDS Community-Based Research Operating Grant (CBR-156918).

Questions?

Contact Holly Mathias, Research Coordinator:
coast@dal.ca

www.dal.ca/atlanticcoast

