

## Background

- Canada is currently experiencing an opioid crisis which has placed a spotlight on the need to have access to timely drug addiction treatment programs such as detoxification or opioid assisted treatment (OAT).
- There is a need to understand potential barriers and facilitators to access and retention in addiction treatment programs to ensure people who use substances can utilize such services when needed.

## Purpose

- Phase 1 - To understand the experiences of people who use substances (PWUS) in accessing publicly-funded addiction treatment programs in Atlantic Canada.



Image 1. Map of the four Atlantic Canadian provinces (New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island)

## Key Objective – Phase 1

- To understand, from the perspective of PWUS, how the policies and practices of addiction treatment programs act as barriers or facilitators to access and retention. [Focus of this poster]
- To understand how PWUS' experiences when accessing/staying in a program influence their drug-using practices.

## Methods

- A qualitative community-based research study.
- Voluntary, confidential, one-on-one interviews were conducted from Jan-April 2019 with 55 PWUS living in the four Atlantic provinces.
- PWUS were recruited through community-based harm reduction organizations.
- Interviews focused on experiences of addiction treatment programs in the last two years when trying to get in, trying to stay in and/or leaving drug addiction treatment.
- PWUS provided informed consent. An honorarium was provided.
- Data were coded and analyzed for key themes. ATLAS.ti (qualitative software program) assisted with data management.

## Key Sociodemographic Characteristics

- Of the 55 PWUS who were interviewed...
  - 33 (60%) self-identified as men
  - 47 (85.5%) identified as Caucasian
  - 35 (63.7%) were between the ages of 19 and 30 years old
  - 27 (49%) did not have enough income to meet their daily needs (e.g. food, housing)
  - 45 (81.8%) lived in a city

## Results

- On average, PWUS had spent about 14 years using substances.

- PWUS reported numerous **barriers** to access and retention in treatment:

- Requiring PWUS to call every day to get into detox

Participant 11, NS

"It's just so frustrating, especially if you're living on the street or in a shelter. You don't have a phone for communication. How do you call a detox program every day? Or how do you leave a message for someone to call you back if you don't have a number to call back to?"

- Fear of losing children when entering treatment

Participant 10, NL

"Because I had my kids at the time. I knew if I went into detox, Child Youth and Family Services would have kicked in. So I just coped with it for a year." [Gender-related barrier]

- Some PWUS pointed to a **few key facilitators** to access and retention in treatment:

- Caring staff members

Participant 7, PEI

"It's been great. Definitely staff wise there's a huge difference from the treatment centre and transition. Staff is like 110%. Just very motivated to change your life."

- Fast-tracking onto methadone for pregnant women and their partners

Participant 15, NB

"No, it actually was easy and the only reason it was easy was because she was pregnant. And that was the only reason. Had she not been pregnant ... there were people telling me horror stories. So just by luck she was pregnant and that's a priority situation. So they get her in and as soon as she got out I started mine. And then we were both on methadone within two weeks." [Gender-related facilitator]

## Conclusions

- Facilitators to access and retention need to be highlighted to promote their integration into all programs.
- Many of the barriers experienced by PWUS are due to a disconnect between the policies and practices of the programs and the lived experiences of PWUS (e.g. housing and income instability, limited social supports).
- In order to improve access and retention, practices and policies must fit with the everyday lives of PWUS. This will require hearing the voices of PWUS, and understanding the current challenges they face in accessing and staying in treatment.
- There is also a need to understand and address gender-related barriers to treatment. Research specifically focused on gender-related barriers would help to improve our understanding of the barriers particularly for women.



Image 2. Community Research Partners

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