

Jackson, L. ¹; MacIsaac, C. ²; Mathias, H. ¹, Atlantic COAST team members**

¹School of Health and Human Performance, Dalhousie University, Halifax, NS; ²Direction 180, Halifax, NS

Background

- Drug addiction treatment programs play a critical role in the prevention of HIV and Hepatitis C because they reduce drug use, as well as the frequency of injection.
- Some people who use substances may experience **difficulties accessing** drug addiction treatment programs due to program policies and practices (e.g. long wait times). At the same time, some policies and practices may **facilitate access** and retention (e.g. supportive staff).
- Relatively little is known about access to drug addiction treatment programs in the Atlantic Canadian context.



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

Purpose

- The overall purpose of the study is to understand key issues related to **access and retention** in publicly-funded drug addiction treatment programs (specifically opioid agonist treatment (OAT) and detoxification programs).

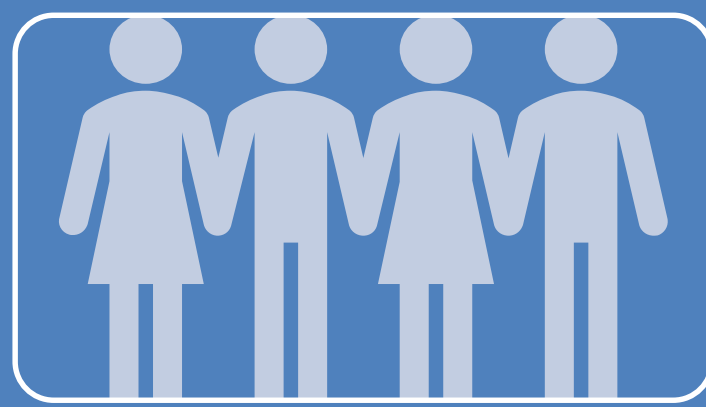
Specific Objectives

- To understand key **policies and practices** of publicly-funded drug addiction treatment programs which act as barriers and/or facilitators to access for people who use substances in Atlantic Canada.
- To understand **safer/unsafe drug use practices** among people who use substances in Atlantic Canada when accessing/staying in/leaving treatment.
- To **develop strategies**, in partnership with people who use substances and other key stakeholder, to help address policy/practice barriers, build on facilitators, and target HIV prevention to people who use substances.

Methods

- This study will include various perspectives on access to publicly-funded drug addiction treatment programs in **Atlantic Canada**. The various perspectives include those of people who use substances, family members/chosen family members of people who use substances, community-based harm reduction staff, and physicians and/or directors of publicly-funded drug addiction treatment programs.
- Semi-structured interviews will be conducted, transcribed, and analyzed for key themes.

Phase 1: People Who Use Substances (2018-19)



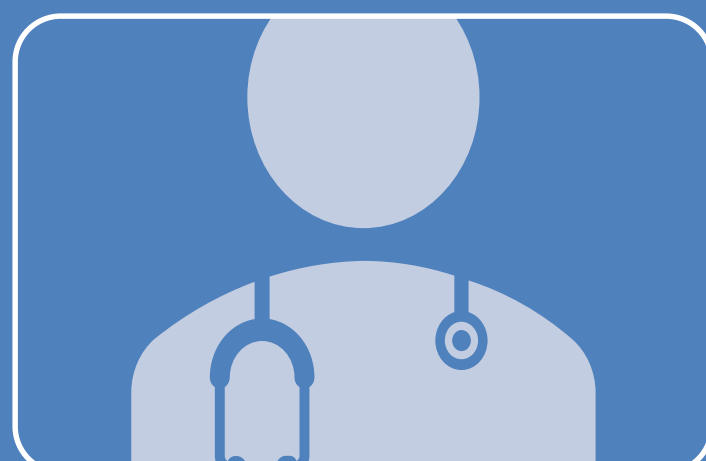
- 55 in-person semi-structured interviews with people who use substances were conducted.
- Interviews focused on the program level barriers and/or facilitators people who use substances experienced in the last two years when trying to get in, trying to stay in and/or leaving drug addiction treatment programs. Questions were also asked about the implications of access for drug use.

Phase 2: Family Members/Family of Choice of People Who Use Substances and Community Based Organization Staff (2019-20)



- Telephone interviews will be conducted with family members/chosen family members of people who use substances, and staff at community-based organizations providing harm reduction services. These interviews will begin in Winter 2019.
- Interviews will focus on how they perceive their family member's/client's experiences accessing drug addiction treatment programs.

Phase 3: Physicians/Directors of Addiction Treatment Programs (2020-21)



- Telephone interviews will be conducted with directors and/or physicians working at drug addiction treatment programs beginning in 2020.
- Interviews will focus on perceptions of key barriers and/or facilitators to access, as well as the rationale for policies/practices and potential challenges to changing/adding/modifying policies and practices.

Current Status of the Study

- Interviews with 55 people who use substances have been conducted and data analysis is ongoing.
- Interviews with family members/chosen family members, community-based organization staff, and physicians and/or directors of publicly-funded drug addiction treatment programs will take place from 2019-2021.

Key Learnings

- This multi-provincial, multi-site community-based research study provides a unique opportunity to engage with community groups and build capacity among community groups across provinces. There are, however, significant challenges in conducting this type of research given institutional requirements. Key challenges to date include:
 - Research requires review by multiple ethics boards (currently 8 on this project) with different processes and forms
 - Time commitments in working collaboratively with multiple community-based organizations across four provinces
- Community-based research can be valuable for both academic institutions and communities; however, it is essential that we address the burdens placed on researchers and community groups engaged in community-based research in order to support and encourage this work.

Study community partners



Contact

Dr. Lois Jackson (Nominated PI)
School of Health and Human Performance, Dalhousie University
Lois.Jackson@dal.ca

Holly Mathias (Study Coordinator)
School of Health and Human Performance, Dalhousie University
Holly.Mathias@dal.ca

Acknowledgements

We would like to acknowledge the work of our research assistants, Clare Heggie and Alicia Grant-Singh, and the study participants.

This project is funded by a CIHR HIV/AIDS CBR Operating Grant Award (CBR-156918).



*The Atlantic Community Addictions Treatment (COAST) Study is a three-phase multi-year community-based study. It is a collaboration between a number of academics and knowledge user from across Canada.

**Team members include Bailey, D. (Mainline Needle Exchange, NS), Buxton, J. (BC Centre of Disease Control, BC), Dechman, M. (Cape Breton University, NS), Dingwell, J. (Avenue B Harm Reduction, NB), Dubé, A. (Université de Moncton, NB), Gahagan, J. (Dalhousie University, NS), Kiepek, N. (Dalhousie University, NS), Leonard, L. (University of Ottawa, ON), MacDonald, J. (University of Prince Edward Island, PEI), Martin, F. (Dalhousie University, NS), McNutt, A. (Northern Healthy Connections Society, NS), Porter, C. (Ally Centre of Cape Breton, NS), Rieber, C. (PEERS Alliance, PEI), Smith, J. (Eastern Health, NL), Smith, M. (AIDS New Brunswick, NB), Strike, C. (University of Toronto, ON), Tousenard, N. (Halifax Area Network of Drug Using People (HANDUP), NS), Warren, D. (Ensemble, NB), Yetman, G. (AIDS Committee of Newfoundland and Labrador, NL)