

# Challenges to accessing drug addiction treatment: The perspectives of people who use substances living in Atlantic Canada

Jackson, L. <sup>1</sup>; MacIsaac, C.<sup>2</sup>; Mathias, H.<sup>1</sup>, Atlantic COAST team members\*\*  
<sup>1</sup>School of Health and Human Performance, Dalhousie University <sup>2</sup>Direction 180, Halifax, NS

## Background

- Canada is currently experiencing an opioid crisis which has emphasized the need for timely access to drug addiction treatment programs such as detoxification or opioid agonist treatment (OAT).
- Access to addiction treatment may help reduce or eliminate substance use which helps to reduce the risk of HIV and HCV.
- There is a need to understand potential barriers and facilitators to access and retention in addiction treatment programs in Atlantic Canada to ensure people who use substances can access such services when needed.

## Purpose

- To understand the experiences of individuals in accessing publicly-funded addiction treatment programs in Atlantic Canada.
- This study has three phases. These results are from Phase 1 of the study which focuses on the perspectives of those seeking treatment or in treatment.



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

## Key Objective – Phase 1

- To understand how the policies and practices of addiction treatment programs act as barriers and/or facilitators to access and retention.
- To understand how experiences when accessing/in a program influence individuals' drug-using practices.

## Methods

- A qualitative community-based research study.
- Voluntary, confidential, one-on-one interviews were conducted from Jan-April 2019 with 55 individuals seeking treatment or in treatment living in the four Atlantic provinces
- Participants provided informed consent. An honorarium was provided.
- Participants were recruited through community-based harm reduction organizations (see Image 2 for logos).
- Interviews focused on experiences of participants in the last two years when trying to get in, trying to stay in and/or leaving addiction treatment programs.
- Data were coded and analyzed for key themes using ATLAS.ti (qualitative software program).

## Key Findings

- Of the 55 participants who were interviewed, the majority identified as male (60%), Caucasian (85.5%) and were between the ages of 19 and 30 years old (64%). Almost half (49%) did not have enough income to meet their daily needs (e.g. food, housing) and most (82%) lived in a city.
- Participants reported numerous challenges to accessing addiction treatment programs. These challenges exist at three points in time: trying to get into treatment, when in treatment, and leaving treatment.
- In many instances, these challenges are because of practices and policies that do not “fit” with the socioeconomic reality of individuals' lives.
- Some examples of these challenges from the perspectives of individuals seeking or in treatment are displayed below.

	Getting into Treatment	Staying in Treatment	Leaving Treatment
<b>Detoxification programs</b>	<ul style="list-style-type: none"> <li>- Participants indicated that some programs required individuals to call for intake, but many people did not have their own phone.</li> </ul> <p><i>“You have to call and then they’re trying to call you. I don’t have a phone. Most people who are at that point don’t have a phone, ya know?”</i> (NS #5)</p>	<ul style="list-style-type: none"> <li>- Some participants indicated that they were required to stop smoking cigarettes when they were in an inpatient program, which discouraged some from completing treatment.</li> </ul> <p><i>“The main problem I have with it down there is.... I mean a lot of people would say... is no smoking. Yep, that is a problem. You’re trying to quit everything else, you don’t want to quit that too.”</i> (NL #1)</p>	<ul style="list-style-type: none"> <li>- Some participants indicated that some programs did not provide support once they left treatment. Many individuals reported using substances after treatment because of this lack of support.</li> </ul> <p><i>“I just had 60 days in [detox] and I was doing great... And now I’m at this motel. There’s nothing to do out there but drugs. So how are you going to say no?”</i> (PEI #5)</p>
<b>Opioid Agonist Treatment (e.g. methadone, Suboxone)</b>	<ul style="list-style-type: none"> <li>- Some individuals experienced a long wait time to get into a program, which made it difficult for them to stay away from substances and stay interested in treatment.</li> </ul> <p><i>“I had to wait about two weeks because they needed to do ECG tests and stuff.... And it was hard for me because they expected me to stay clean. I couldn’t obviously.”</i> (NB #15)</p>	<ul style="list-style-type: none"> <li>- Some individuals were required to attend their clinic or pharmacy every day for their medication, which could be difficult without reliable transportation.</li> </ul> <p><i>“A big snowstorm happened and I couldn’t get down there. I got cut off of it because I missed it. There were no buses running in town”</i> (NL #11)</p>	<ul style="list-style-type: none"> <li>- Some individuals who were tapering their medication, reported that tapering was a slow process which could be expensive without drug coverage.</li> </ul> <p><i>“They taper you down a mg every month, which means I would have to pay for that, and I didn’t even have the money for that.”</i> (NS #4)</p>

## Conclusions

- Individuals seeking or in treatment indicated a number of challenges to access to and retention in publicly-funded addiction treatment programs. Many challenges are due to a disconnect between the policies and practices of the programs and the lived experiences of these individuals.
- This research highlights the need to understand the perspectives of individuals who are seeking or in treatment of what does not work for them in terms of access to and retention in addiction treatment, and to modify programs accordingly. Having appropriate practices and policies within treatment programs is critical to ensuring access and retention to addiction treatment programs and reducing transmission of HIV and HCV.



Image 2. Community Research Partners



## 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).

## For more information:

Dr. Lois Jackson, Nominated PI  
[Lois.Jackson@dal.ca](mailto:Lois.Jackson@dal.ca)

Holly Mathias, Research Coordinator  
[coast@dal.ca](mailto:coast@dal.ca) or [www.dal.ca/atlanticoast](http://www.dal.ca/atlanticoast)