COMMUNITY REPORT

DALHOUSIE UNIVERSITY

Accessing government-funded drug treatment programs in Atlantic Canada: The experiences of people who use substances

Findings from Phase 1 of the Atlantic COAST Study*

Background

Many people who use substances (e.g., inject drugs) want to access government-funded drug treatment programs. These programs are important because they help reduce risks of HIV, Hepatitis C infection, opioid-related non-fatal events and deaths.

All people who use substances have a right to access drug treatment programs.

Key Study Goal and Rationale

- The study goal was to gain an understanding of how people who use substances experience program practices and policies when accessing government-funded drug treatment programs in Atlantic Canada.
- Understanding experiences of drug treatment programs is important because little is known about how practices and policies of such programs may act as facilitators and/or barriers to access.

What Drug Treatment Programs Did We Ask About?

We asked about two types of government-funded programs in Atlantic Canada.

- **Detoxification/withdrawal management programs** (including short and longer term inpatient treatment)
- **Opioid Agonist Treatment (OAT)** e.g., methadone, buprenorphine-naloxone (also known as Suboxone®), slow-release oral morphine (also known as Kadian®)

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

Image Source: Digital Health Canada

Highlights of a Few Key Findings

A few key findings from interviews with people who use substances are presented below. Quotes are labeled by interview site (Sites A-G).

Accessing and Staying in Treatment: Highlights of a Few Key Facilitators

- Quick and easy intake process
- Programs located close to where people who use substances live
- Confidential spaces within pharmacies to access OAT
- 'Low threshold' OAT (e.g., programs that do not impose abstinence rules)
- Supportive and non-judgmental staff

"Getting on methadone is pretty easy. They really don't turn anybody down. You just have to do the urine, see the doctor."
(Quote from Participant #5, Site B)

"The staff down there [detox program] are just unbelievable..."
(Quote from Participant #2, Site F)

"Absolutely helpful and they were very easy to deal with and not judgmental or mean or anything of that nature."
(Quote from Participant #12, Site F)

Accessing and Staying in Treatment: Highlights of a Few Key Barriers

- Needing a phone to call to access a program
- Wait times
- Lack of program availability in local community
- Stigmatizing attitudes and behaviours from some staff and community members
- Limited pharmacy hours for OAT access in some places
- Program policies which do not recognize clients' specific needs (e.g., no smoking policy in a context where people need to smoke cigarettes)

"You have to call [for detox] 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?"
(Quote from Participant #5, Site A)

"You go in [to detox] to try to get off one drug and they take smoking away from you down there. And there was a lot of people only stayed two days, three days, that's it... because they couldn't have their cigarette."
(Quote from Participant #1, Site F)

Please note that experiences of facilitators and barriers varied across programs and over time. Although we asked about participants' experiences in the previous two years, some spoke about experiences beyond this timeframe.
(See Page 2 for more information on recruitment and data collection).

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Conclusions and Implications

Participants in this study identified various facilitators and barriers to access and retention in drug treatment programs. Some barriers and facilitators may vary over time depending on a variety of factors such as how much government funding is provided to a program. Nevertheless, our research suggests the need for:

1. Client-Centered Practices and Policies Across All Programs

- A few examples of what needs to be in place in all programs include:
  - Quick, easy intake to treatment at the time that people who use substances seek treatment (e.g., immediate access without requiring a 'call back').
  - Compassionate, non-judgmental, confidential services and supports at all times.

2. More Programs and Increased Hours of Operation

- A few examples include:
  - More drug treatment programs (both detox and OAT) in local communities, including low threshold OAT.
  - Locating OAT dispensaries/pharmacies close to where people live, and expanding hours of operation in places where they are currently limited.

In order to ensure changes necessary for barrier-free access to treatment for all people who use substances, full government and public support is needed. Recognizing substance use as a health issue, decriminalizing substance use, and ensuring a safer supply of drugs are critical steps to supporting the health of people who use substances.

Study Details

Recruitment

- Participants were recruited through community-based harm reduction/AIDS service organizations across seven sites in Atlantic Canada.
- People were eligible to participate if they:
  - **Had accessed or had tried to access a government-funded drug treatment program in Atlantic Canada within two years of the interview**
  - **Were 19 years of age or older**
  - **Could complete the interview in English**

Institutional research ethics board approvals were obtained prior to collecting data.

Data Collection

- Semi-structured face-to-face interviews were conducted with people who use substances in 2019.
- Verbal informed consent was obtained prior to the interviews.
- Interviews were either audio recorded with participants' permission or notes were taken by hand.
- Participants received a small cash honorarium to thank them for their participation.

Summary of Participant Sociodemographics

- 55 people were interviewed:
  - Most self-identified as white (85.5%); 14.5% identified with diverse racial groups (i.e., Indigenous, Black, 'other').
  - Most self-identified as men (58.2%) and 41.8% self-identified as women. Not all self-identified as cisgender (i.e., people whose gender identity aligns with the sex they were assigned at birth).
  - Most lived in a city (80.0%).
  - Almost half reported not having enough income to meet their daily needs in the previous two years (49.1%). The other half either had enough income to meet their daily needs or were unsure.

* Atlantic **CO**mmunity **A**ddiction**S** **T**reatment (COAST) Study

This report is based on Phase 1 of a three phase study. For more information on Phases 2 and 3, please visit our website: www.dal.ca/atlanticcoast

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In memoriam - Dr. Margaret Dechman (2020)

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