COMMUNITY REPORT

DALHOUSIE UNIVERSITY

Accessing government-funded drug treatment programs in Atlantic Canada: The perspectives of families of people who use substances, community-based organization staff, and treatment program directors/physicians

Findings from Phases 2 and 3 of the Atlantic Community Addictions Treatment (COAST) Study

Background

Government-funded drug treatment programs can help reduce the risks of health and social harms experienced by people who use substances (PWUS). There is some research on what is helpful, and not helpful, when trying to access and stay in treatment based on the experiences of PWUS. However, we also need to understand other perspectives (e.g. family of PWUS) as these perspectives may help improve programs. Our community-based research helps to highlight these other perspectives.

Key Objectives

- To learn what is helpful and what is not helpful (from various perspectives) when PWUS are accessing and staying in drug treatment programs in Atlantic Canada.
- To identify necessary changes to improve access to and retention in drug treatment programs in Atlantic Canada.

Who Did We Talk To?

- **Family members of people who use substances** (n=15) [Phase 2]
- **Community-based organization (CBO) staff** (i.e. harm reduction and AIDS service organizations) (n=16) [Phase 2]
- **Directors and physicians of government-funded treatment programs** (n=14) [Phase 3]

Note: PWUS (n=55) were interviewed in Phase 1.

What Drug Treatment Programs Did We Ask About?

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

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

Image Source: Digital Health Canada

Key Findings

Some key findings are presented below. Quotes from interviews are presented by perspective and participant number.

Findings are organized in the following three sections:

1. What is helpful (or not helpful) for PWUS when trying to access or stay in treatment
2. Program changes during COVID-19
3. Needed changes to help with access and retention in programs

1. What is Helpful (or Not Helpful) for PWUS When Accessing and Staying in Treatment

Perspectives of Family Members and Community-Based Organization (CBO) Staff

Examples of what is **helpful**....

- Rapid access to treatment
- Supportive staff
- Wrap-around supports when in treatment (e.g. access to social worker)
- Help from family and CBO staff (e.g. help with transportation to treatment)

"If one of our [CBO] clients told us they wanted to go to detox but they couldn't get there, one of us would drive them or we'd put them in a cab or whatever the case is."
(CBO Staff, P4)

Examples of what is **not helpful**....

- Wait times and confusing intake processes
- Judgemental attitudes from some treatment program staff

"It's a lot about stigma. A lot of our clients [when they're seeking treatment] aren't always treated with respect and dignity. And that's pretty sad because they don't seek help because of that. They are afraid to be discriminated and afraid to be judged again when they go back to seek for help."
(CBO Staff, P3)

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Perspectives of Directors and Physicians

Examples of what is **helpful**....

- Quick access and centralized intake
- Treatment programs with wraparound services (e.g. social workers to help with paperwork)
- Individualized approach to treatment

"You need to make a connection. You need to sit down with them, even if they've been here ten times, it doesn't make a difference....have a conversation with them. Maybe they need something to eat... "
(Director/Physician, P6)

Examples of what is **not helpful**....

- Long wait times
- Needing a phone to access treatment
- Disconnect between mental health services and addiction services
- Travel to treatment programs

"And we've had in the province [PWUS who] have to come off OAT solely for the reason that they cannot find a viable solution in getting to the pharmacy to get their prescription and get their dose. So it's been a challenge."
(Director/Physician, P2)

2. Some Program Changes Due to COVID-19

Directors and physicians of treatment programs were interviewed near the beginning of COVID-19. They shared that there were some program changes due to COVID-19, such as:

- Availability of virtual appointments
- OAT medication delivery
- Less frequent urinalysis testing
- Quicker or greater access to 'carries' (i.e. take home OAT)

These changes were helpful for some PWUS when accessing and staying in treatment (e.g. moving to virtual appointments was helpful for some PWUS):

"But I think with COVID, we have been forced to be creative. And a lot of the virtual and telehealth options are now a possibility for those individuals [who previously had to travel hours to a pharmacy]."
(Director/Physician, P3)

And not helpful for other PWUS:

"There was a loss of contact with the clinic for some folks who were not available by phone or couldn't afford a phone or didn't have any minutes on their phone. "
(Director/Physician, P4).

3. Needed Changes To Help With Accessing and Staying in Treatment

Family members, CBO staff and physicians and directors recommended changes that could help with accessing and staying in treatment programs. Some key needed changes include:

- Eliminate wait times
- Support transportation to treatment
- Better linkages between addiction and mental health services
- More programs to ensure they are located near where PWUS live
- More resources for treatment programs

"It would be nice to have something [treatment program] to access 24 hours a day, 7 days a week."
(Director/Physician, P1)

Implications

Changes to policies and procedures are urgently needed to ensure Atlantic Canadians have access to the services they need and deserve. Some required policies and practices include:

1. Ongoing Training of Treatment Staff

- To support non-judgmental and individualized supports across all treatment programs.

2. Increased Resources

- To guarantee quick access to treatment as well as availability of wrap-around supports at all time and regardless of where PWUS live.

3. Robust Linkages Between Mental Health and Addiction Services

- To break down silos between mental health and addiction to create access to services when needed.

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Study Details

Recruitment

- Family members and CBO staff were recruited through community-based harm reduction and AIDS services organizations across seven sites in Atlantic Canada.
- Physicians and directors of treatment programs were recruited by contacting government-funded treatment programs.

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

Summary of Participant Sociodemographics

Family Members (n=15)

- Most identified as women (n=12, 80%) and white (n=15, 100%)
- Most lived in an urban area (n=12, 80%)

CBO Staff (n=16)

- Most identified as women (n=15, 94%)
- Most lived in an urban area (n=14, 87.5%)
- Over half had worked at their organization for 2 to 5 years (n=9, 56%)

Physicians/Directors (n=14)

- Most identified as women (n=12, 86%) and white (n=14, 100%)
- Over half lived in an urban area (n=9, 64%)
- Many had worked in their role for 1 to 4 years (n=6, 43%)

Data Collection

- Semi-structured telephone interviews were conducted with family members and CBO staff in 2020, and physicians and directors in 2021.
- 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 an honorarium to thank them for their participation.

For more information about additional study findings, please click the following links:

Phase 1 (Interviews with people who use substances)

- Community Report (English)
- Community Report (French)
- Full Paper

Phase 2 (Interviews with families and CBO staff)

- Full Paper

Phase 3 (Interviews with directors and physicians)

- Full Paper

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In memoriam - Dr. Margaret Dechman (2020)

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