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A time of vulnerability: People who use substances' emotional lives and substance use when unable to access or stay in addiction treatment

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The presenting author has no conflicts of interest to declare.

For more information on the study, please visit: www.dal.ca/atlanticcoast or email Lois Jackson, NPI (Lois.Jackson@dal.ca) or Holly Mathias, Research Coordinator (coast@dal.ca)

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Background

- People who use substances (e.g. inject drugs, smoke crack cocaine) face many health risks, including the risk of contracting HIV and HCV.
- Having access to addiction treatment programs helps reduce these risks by reducing frequency of substance use.
- Little is known about people who use substances' experiences during periods of time when they want to access treatment but face barriers to access or retention.

Purpose

- To understand people who substances' emotional lives, as well as their substance use, during times when they wanted treatment but were met with barriers to access.
- This is part of a three-phase study. These results are from Phase 1 of the study which focuses on the perspectives of people who use substances who wanted to access or had accessed publicly-funded addiction treatment programs.

Methods

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

Key Findings

- A total of 55 individuals were interviewed. The majority identified as male (60%) and Caucasian (86%).
- Individuals seeking treatment reported being vulnerable during periods of time when they were faced with barriers to treatment (e.g. long wait times) or could not stay in a program due to program policies/practices (e.g. zero tolerance for substance use).
- Many individuals seeking treatment indicated they experienced poor emotional health including feelings of frustration, anger or shame during these times.
- These emotions were often tied to continued or increased substance use, and a couple of individuals indicated that they contracted HIV or HCV during such times.
- Examples of participants' experiences can be found below.

Example #1 (Detox)

Barrier: Long wait times (Waited 1.5 years to get into a detox program)

Feelings: "Not great", "trying to keep my spirits up"

Impact on substance use: Increased frequency of use

"It was do whatever I could get my hands on. I lost my best friend to opiates in the time that I was waiting. And I probably would've died if I didn't end up in the program." (NL#13)

Example #2 (Detox)

Barrier: Long wait times; needed to call for intake but did not have a phone

Feelings: "Discouraged, anxious, hopeless, frustrated, angry, upset. A whole bunch of emotions all in one I guess."

Impact on substance use: Increased frequency of unsafe substance use

"I did a 5 year federal prison stint because I was at rock bottom and all I wanted to do was get clean. I ended up using more and trying to kill myself because I couldn't get into the detox unit. Right now, I'm battling blood work right now, where I may be HIV positive thanks to drug use." (NS#4)

Example #3 (Opioid Agonist Treatment)

Barrier: Rural pharmacy was closed on the weekend and the individual could not access methadone for several days.

Feelings: "Sick", "uncomfortable", "really upset", "It made me feel like shit"

Impact on substance use: Returned to using substances and reportedly engaging in unsafe sexual practices to obtain substances

"It's just like you get to that point where you just don't care. It's not that you don't care, it's just that you'll do anything to get what you need. Or what you think you need. And you lose sight of who you really are." (PEI #1)

Example #4 (Opioid Agonist Treatment)

Barrier: Too many steps to get onto methadone program (e.g. had to complete multiple urine and blood tests over 3 weeks)

Feelings: "Sick", "shitty", "anxious"

Impact on substance use: Using more frequently and reported some unsafe drug using practices; became homeless; contracted hepatitis C during this time

"I started begging on the street for money for food, but spent it all on drugs. It felt like bad karma" (NB #10)

Conclusions

- This research draws attention to the experiences of individuals seeking addiction treatment but who were unable to access/stay in treatment, and suggests that that some individuals may experience poor emotional health and be at increased health risks during such times.
 - Targeting these key time periods with appropriate services, and reducing wait times, may be key to reducing risks (e.g. harms associated with substance use, risks of HIV/HCV) and improving the overall emotional and physical health of people who use substances.



Image 1. Community Research Partners

For more information:

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