

BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE

Networking researchers, educators & care providers

“Access to their Own Drugs”

Navigating the drawbacks and benefits of injectable opioid agonist treatment in Vancouver, BC

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Background

- There have been over **30 843 overdose deaths in Canada** since a public health emergency was declared (2016)¹
- There has been increased attention in scaling up opioid substitution treatment options including; “heroin assisted treatment” “supervised injectable heroin” or “**injectable opioid agonist treatment (iOAT)**”²
- iOAT involves the **daily medically supervised self-injection** of Hydromorphone or Diacetylmorphine in a **highly structured clinic settings**³

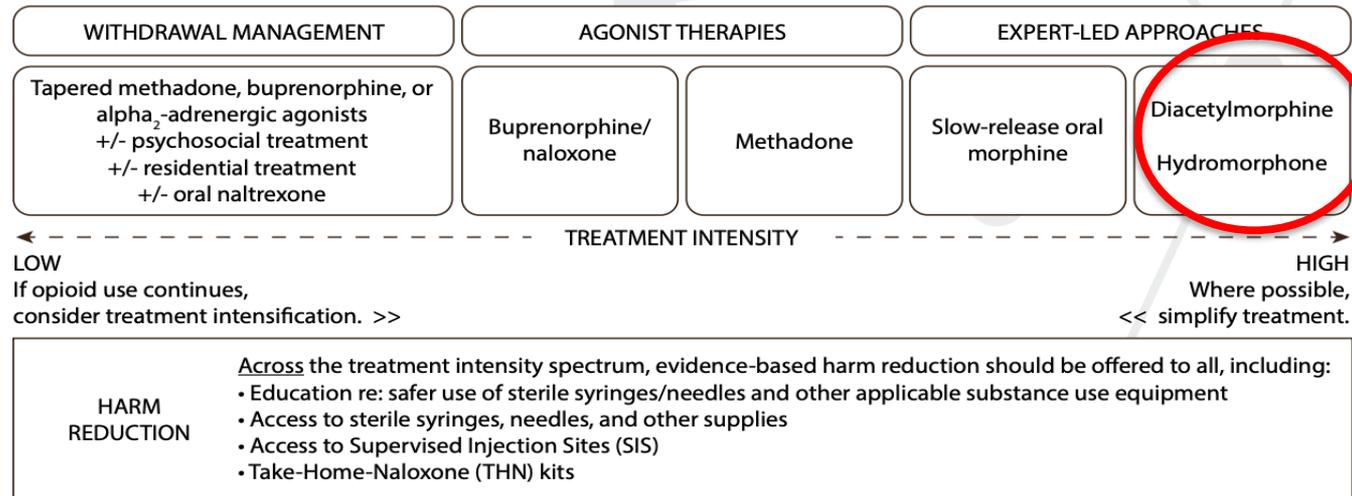
¹ Government of Canada (2022). Retrieved online: <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>

²Eydt, E., Glegg, S., Sutherland, C., Meador, K., Trew, M., Perreault, M., Goyer, M.-È., le Foll, B., Turnbull, J., & Fairbairn, N. (2021). Service delivery models for injectable opioid agonist treatment in Canada: 2 sequential environmental scans. *CMAJ Open*, 9(1), E115.

³Fairbairn, N., Ross, J., Trew, M., Meador, K., Turnbull, J., MacDonald, S., Oviedo-Joekes, E., le Foll, B., Goyer, M.-È., & Perreault, M. (2019). Injectable opioid agonist treatment for opioid use disorder: a national clinical guideline. *CMAJ*, 191(38), E1049–E1056.

iOAT in the Continuum of Care

Figure 1: Continuum of Care



BC Centre on Substance Use (2021) Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder.
https://www.bccsu.ca/wp-content/uploads/2021/07/BC_iOAT_Guideline.pdf

Methods



* COVID interrupted remaining 23 follow up interviews.

Analysis Aim

How do people navigate iOAT within the context of an ongoing drug poisoning crisis?



Graffiti in Vancouver 2022 “Legally regulate all drugs” “Stop the Dying”

Navigating treatment policies: daily witnessed dose administration

- Daily witnessed dose administration is challenging to follow.
- Ability to negotiate intensive treatment was limited by risks of the toxic drug supply, the risks involved in accessing illicit drugs, and a lack of alternative options.

*For me it's [daily witnessed doses] just a pain in the ass, because I have to go there and what I should be getting is just, "Here's the drugs take them as you need them". But that's not what happens. It is, however, **infinitely better than not having any drugs.***

Navigating treatment policies: finding a suitable dose

- Finding suitable dosage of HDM/DAM was an ongoing process for clients
- Achieving a suitable dose was an ongoing process impacted by;
 - *Missed dose policies*
 - *Social factors (e.g., housing instability)*
 - *Toxic drug supply impacted medication effectiveness.*
 - *Medication formulation (hydromorphone vs. diacetylmorphine)*
 - *Personal goals*

I've tried to limit boosting my dose. I mean it's all is oh, "do want to do more?" And it's fine but it [tolerance] just keeps growing and growing being on it, just so...I'm trying to limit that. I think there's a maximum but I don't want to go to that, you know.

'David's' experience navigating iOAT



Condo development sign on Hasting Street with "Prescribe Addicts Heroin Now" written on the bottom.



Tree in Chinatown close to clinic where 'David' slept one night.

Benefits: Access to other services and support

*They all teamed up together and everybody kept their ears open [for housing]. I can't say enough good about that program and those people up there. They all love me, man. Birthday cake and sang me happy birthday and I balled my eyes out. **Everyday they are there for me. Not just the pain shot, but the counselling of another human being empathizing with you, money can't buy that.***

- Some iOAT programs offer other supports that was seen as beneficial including;
 - *Employment opportunities*
 - *Housing support*
 - *Primary care services*
- Increased opportunities for relationship building with trusted health care providers

iOAT in the continuum of care

- Not everyone can de-intensify treatment
- “Feeling stuck” on treatment
- Hard to move beyond intensive form of medical subjecthood.

Interviewer: Have you talked to your doctor about switching?

Respondent: Yeah, I've... I have for pretty much since I got down here asking what my other options were. **Pretty much nothing. Either switch straight over to methadone, which I don't want to be on either.**

Like it's kind of a last resort, **only resort** basically.

Implications

- Programs **address and respond** to social factors in participants everyday lives was beneficial.
- Participants valued **agency and flexibility**, they wanted choice in the type of medication and method of administration, and the option to have carries (take home doses).
- Provide increased access to **diacetylmorphine** and **better integrate** iOAT into the spectrum of treatment and safer supply options.

This study took place on stolen lands of the Coast Salish, Musqueam and Tsleil-Waututh Nations.

Thank you to the iOAT clients who generously participated this study and shared their experiences with us. Many thanks to the members of the iOAT Community Advisory Board who contributed to this study and analysis. Thank you to the numerous staff at all of the iOAT programs for helping to implement this study and their feedback and input.

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