

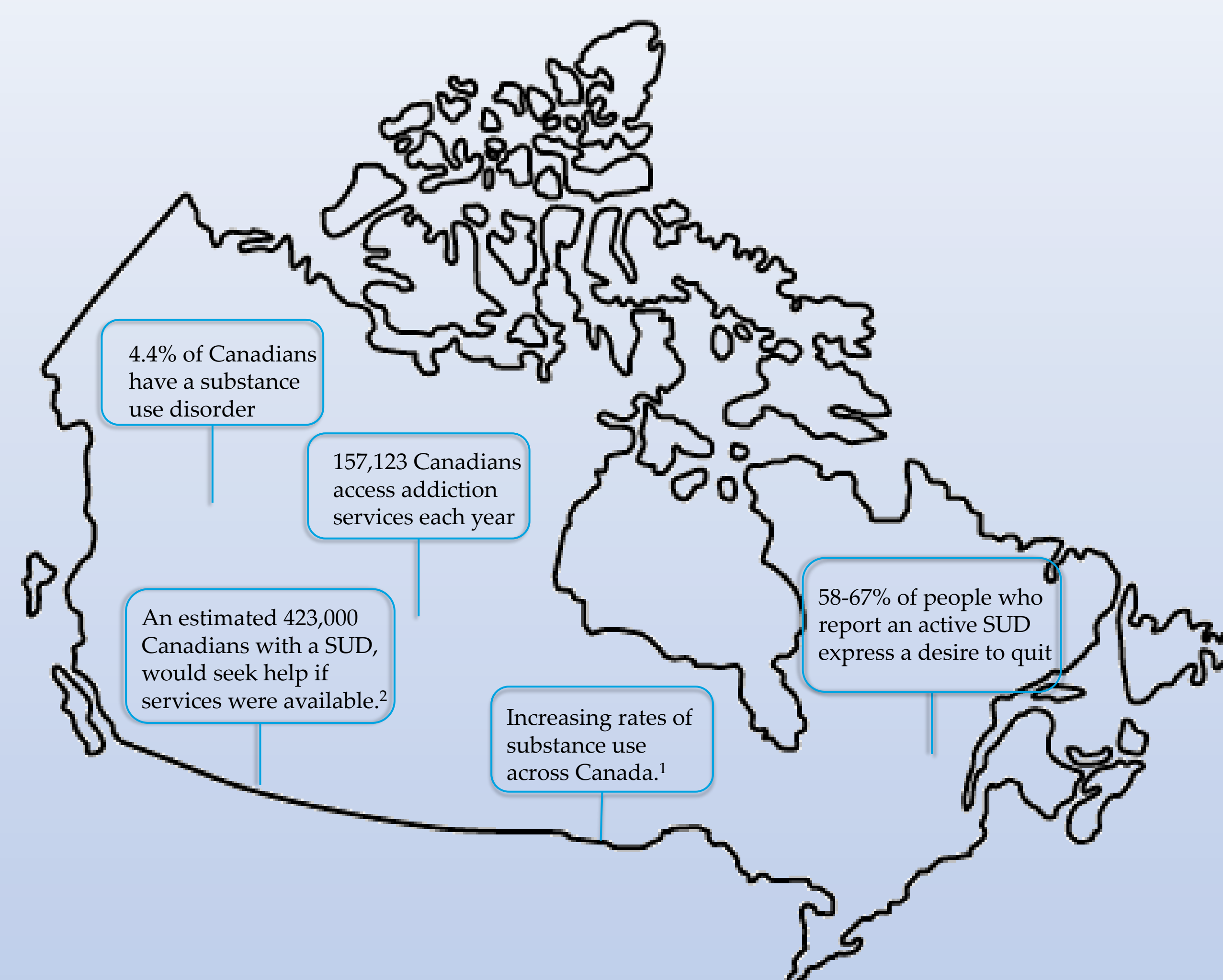
# Navigating Systemic and Personal Hurdles: Using a Safety Seeking Lens to Explore Primary Care Based Addiction Medicine



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## Introduction



Poor availability of services, treatment wait times, continuity of care, and difficulty navigating the health care system all prevent patients from seeking care.<sup>2,3</sup>

It is clear that primary care clinics play an important role in filling the care gap.<sup>5</sup> New interventions such as rapid access addiction medicine (RAAM) clinics are attempting to address some of these barriers.

There is a need for qualitative research that can assess the provision of addiction treatment through in-depth interviews.<sup>6</sup> This study sought to utilize a safety seeking lens to understand the perspectives and experiences of people who use drugs, in order to better align services with need. A secondary objective was to inform an evaluation of primary care-based addiction medicine services.

Safety Seeking Lens: An evidence based approach that has demonstrated meeting the patient where they are at, providing flexible treatment goals, and prioritizing patient's perceived feelings of safety, leads to better outcomes in treating trauma and addiction.<sup>7,8</sup>

## RAAM Clinics

Are low-barrier access points to addiction care created in Ontario and Manitoba, that integrate addiction treatment provided by emergency departments, withdrawal services and primary care physicians. RAAM clinics aim to increase access and capacity to evidence based addiction treatment such as opioid agonist therapy, as well as to improve the transition of addiction care to primary care.<sup>9</sup> A preliminary analysis of a RAAM clinic in Ontario demonstrated cost-effectiveness with \$71,000 in cost savings in a 3-month period.<sup>10</sup> A recent study also demonstrated an 80% reduction in emergency department visits for alcohol use disorder amongst a cohort of patients referred to a RAAM clinic.<sup>11</sup>

## Materials and Methods

**Type:** Qualitative study with in-person interviews.

**Recruitment:** Purposive sampling from RAAM clinic and local detoxification facilities.

**Inclusion Criteria:** 18 years or older, accessed RAAM, willing to sign informed consent

**Interviews:** Semi-structured, utilizing open-ended questions. Questions developed with interdisciplinary team, including a patient advocate with lived experience. Theme saturation reached at N=18.

**Analysis:** Open coding based on grounded theory approach along with a framework analysis method. Coding completed by two independent researchers.

Table 1. Participant Characteristics (N=18)

Characteristics	Number of participants
<b>Sex</b>	
Male	8
Female	10
<b>Age</b>	
18-29	7
30-49	8
50-69	3
<b>Primary Substance Use*</b>	
Alcohol	7
Opiates	6
Stimulants (Meth or Crack)	6
<b>Homeless</b>	7
<b>Care Status</b>	
Waiting for treatment	6
In treatment	8
Completed treatment	4
<b>Care Seeking History</b>	
First time	6
Detox visits	0-7 times
Long term treatment	4
Reported overdosing	0-25 times
Mental health status	Reports of PTSD, depression, anxiety

\* Total =19 one person reported two types of substance as primary drug used.

## Themes

### Theme 1: Do or Die

"I needed help and without RAAM clinic I wouldn't be here today and without RAAM clinic I'd probably be having a funeral so, in other words RAAM saved my life." –George

### Theme 2: Uninformed and Unsure

"I was mad because I tried so hard and then finally I heard about RAAM and then it was so easy, I got turned down by so many people and then once I heard about RAAM it was easy. It was wonderful but at the same time I was mad in those two days I didn't know anything about it. I felt like I just damaged myself more for no reason." –David

### Theme 3: Easing the Burden of Stigma and Fear

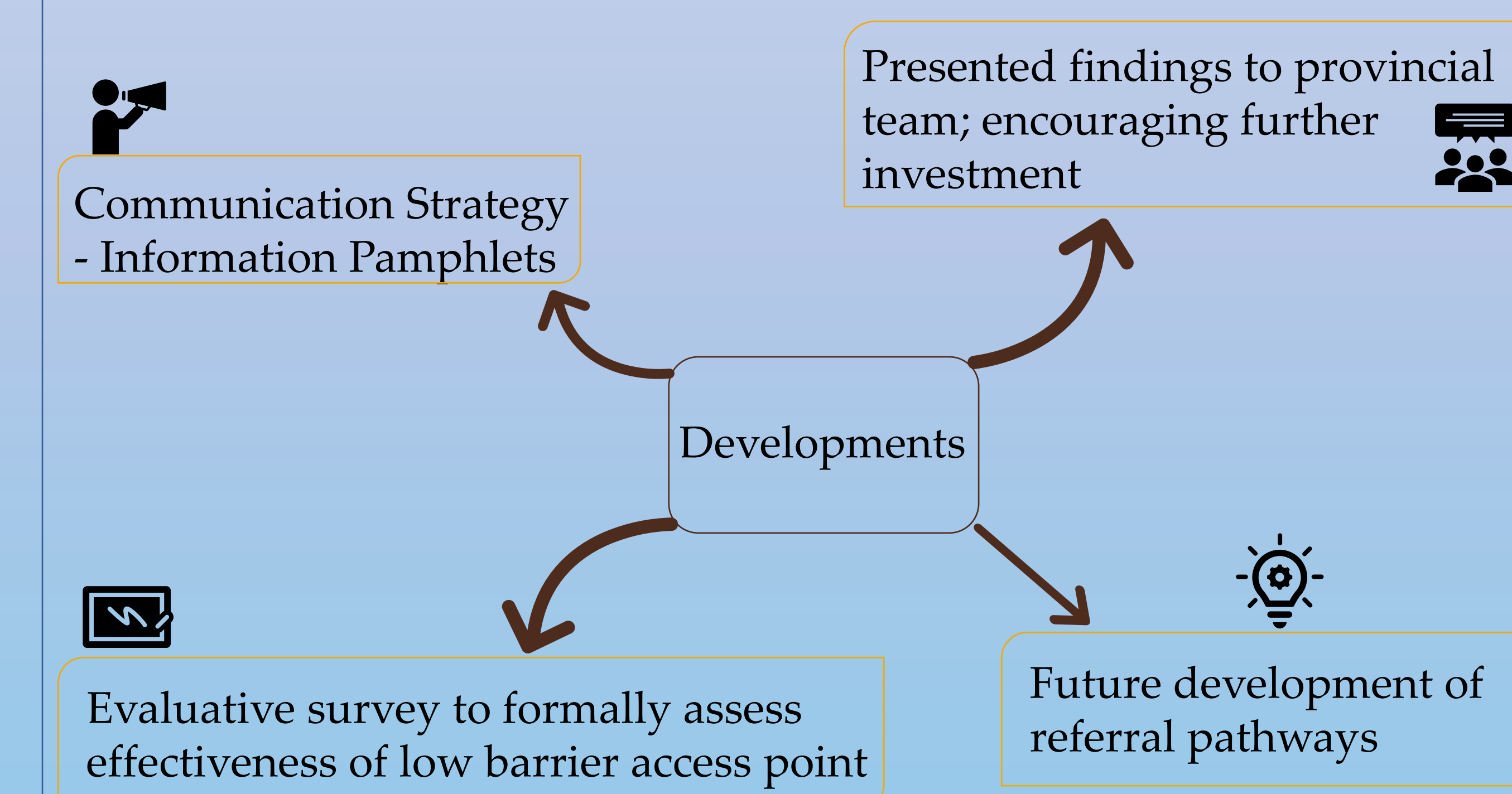
"I don't even know what to say to them but I'm scared that some people are going to think that I'm like- see it on me that I'm an addict and then they're going to judge me or they're not going to help me or... they don't care "she's just an addict, she's just a junkie" so even if we offer her help... it's not going to work. (The stigma) has a big effect." –Fiona

### Theme 4: Finding a System that Works

"I felt relieved being here because I knew I was going to get help. I didn't feel judged, that's something I like too, I didn't feel anything like that." -Rachel

## Conclusions

1. Patients require **more information**. It takes a large leap of faith to come in to ask for help, having easily accessible information throughout all points of the care encounter is essential. Lack of information and uncertainty is a clear barrier to care.
2. The importance of a **non-judgemental**, friendly environment cannot be understated. Many participants expressed that they had not been treated "like a human being" or with any respect for many years. A friendly greeting at the door, and an appropriate open understanding from staff is an important part of building a relationship to increase likelihood of continuity of care. This will also influence perception of future care experiences, even at other care facilities.<sup>12</sup>
3. Emergency departments are not meeting the needs of study participants. Many feel judged and worthless when seen in the ED. This is supported by studies demonstrating the lack of time, resources, and expertise surrounding substance use disorder among ED staff leads to poorer care for people who use drugs.<sup>13,14</sup>
4. More **mental health support** is needed. Substance use disorder does not exist in a silo, there is often concomitant trauma or mental illness, that must also be treated for improvement to occur.



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