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Reorienting opiate use prevention and recovery from individual to community responsibility: Client reflections from a social-ecological perspective

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Background

- In Canada, the rate of opiate use, opiate use disorder (OUD), and associated mortality and morbidity are higher among Indigenous peoples [1]
- The legacy of colonization—the loss of culture, identity, and language and the culminating intergenerational trauma is associated with increased vulnerability to opiate use [2]
- Indigenous clients on medications for opiate use disorders (MOUD) face distinct barriers to treatment and recovery, including lack of culturally appropriate interventions and support, stigma and a biocentric model of MOUD that privileges abstinence over harm reduction [4].
- Approximately 70% of clients drop out of treatment in the first year [5]
- Subsequently, more than 70% drop out of OST therapy treatment within the first year [6]

Methods

- This exploratory qualitative study aimed to explore the experiences of clients enrolled in an OUD treatment clinic at a western Canadian clinic.
- Semi structured interview guide were used to guide the interview process.
- The social-ecological model informed data analysis to answer the following composite question
 - What individual, family, and community risk factors contributed to opiate use initiation and led to the development of OUD, treatment initiation, attrition and re-enrollment?
- Four themes were identified that provide insights into clients' perceptions of risks for opiate use and development of OUD and experiences seeking care for the disorder.

Results

a) **Risk for opiate use and opiate use disorder development**

- Adverse childhood events, living with families that actively use substances
- Easy access to opiates- from family and friends

b) **Factors sustaining opiate use**

- Close proximity to those that are using substances
- Cravings and as a maladaptation to pain and trauma.

c) **Factors that led to seeking treatment for OUD**

- Personal factors: Tired of feeling dope sick, finances needed to sustain substance use, becoming pregnant, wanting to improve family relationships

d) **Causes of OUD treatment failure**

- Personal factors: Missing appointments to the OUD clinic, lack of social support
- Health setting factors: continuous substance use/restrictive clinic policy lack of financial support,

e) **Re-enrollment to OST therapy**

- Personal factors: Family support, desired stability – emotionally, financially and socially

Discussion

- Personal, family and community factors increase risk for opiate use among Indigenous people
- These factors also affect their ability to seek and remain on treatment
- To mitigate opiate use risk and promote recovery for Indigenous clients on MOUD there is a need to;
 - Reorient health care services to be more trauma informed
 - Emphasise harm reduction in MOUD program as opposed to adherence and compliance
 - Invest in upstream interventions to address social determinants of health
 - Reorient health services to include the individual, family and community