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