



# Illicit stimulant use among patients receiving injectable opioid agonist treatment:

A qualitative grounded theory study

**HEATHER PALIS**

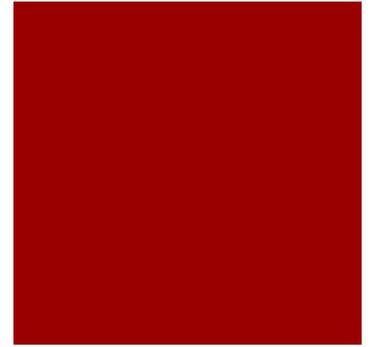
PhD Candidate, School of Population and Public Health

University of British Columbia

Vancouver, Canada

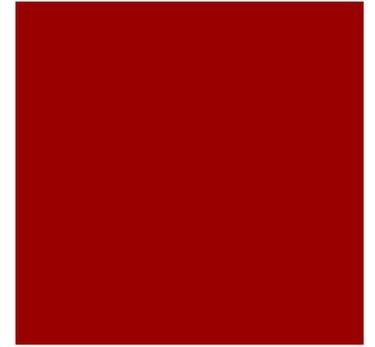
# Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.



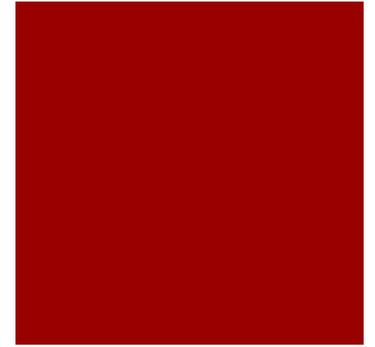
# Background

- Oral OAT: effective treatment for opioid use disorder
- Injectable OAT: evidence based alternative
  - diacetylmorphine (DAM: pharmaceutical grade heroin)
  - Hydromorphone (HDM: opioid analgesic)

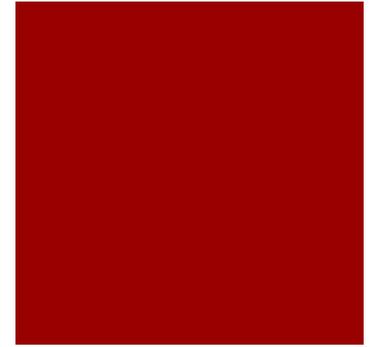


# Illicit Stimulant use in iOAT

- Modest to no declines in illicit stimulant use in iOAT care
- Stimulant use reported by ~60% of iOAT patients
- Stimulant use risks interference with outcomes like:
  - street heroin use
  - treatment engagement



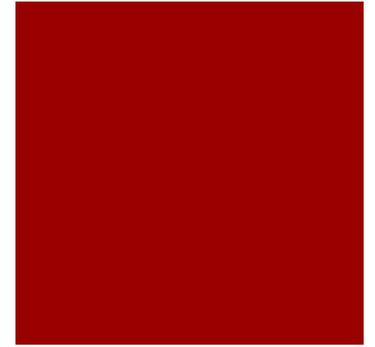
# Rationale



- In Europe:
  - Recent and ongoing testing of treatment supports for stimulant use disorder
- In Canada:
  - iOAT is expanding
  - opportunity to explore how we can better meet needs of patients with stimulant use disorder

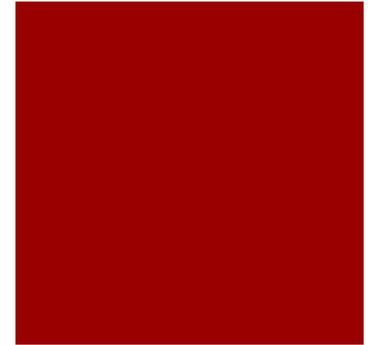
# Research Question

- What are the processes by which iOAT patients engage in the use of illicit stimulants?

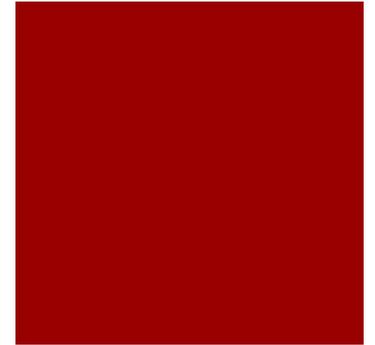


# Methods

- Qualitative one on one interviews (n=31)
- Participants recruited from RUTH cohort study
  - Crosstown Clinic iOAT patients
- Grounded theory approach:
  - 1) Allows for broad open research question
  - 2) Direction of study informed by participant narratives



# Results



**Distancing from the street environment**

**Taking control of stimulant use**

**Mobilizing supports**

# Distancing from the street environment



## **Gaining access to a stable opioid:**

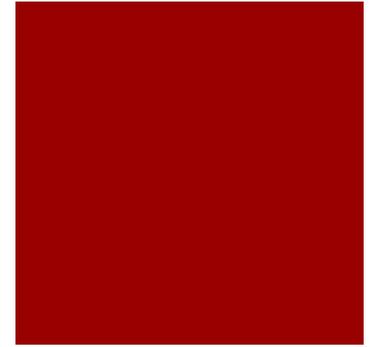
- Feeling safe, reducing worry, leaving behind the daily hustle

## **Becoming connected to care:**

- Finding acceptance, developing a caring community, accessing comprehensive services

## **Identifying broader personal goals:**

- Wanting something more, losing interest in daily stimulant use



*“It [iOAT] took me away from the trenches of the street right. I was always a hustler I was always down there, my life was buying dope to sell it to get more dope. Now that I don’t have to do that for the down [heroin] it sort of rubs off on the other drugs too right.”*

(63-year old non-Indigenous man)

# Taking control of use

## Engaging in meaningful activities:

- Finding opportunities for contribution, “purpose” or “enjoyment”

## Strategizing to regulate use:

- Creating rules around timing, frequency, volume of use, negotiating associated costs and consequences



*“Before if I had money I would spend it. Now we go shopping at Costco, we go shopping for whatever we need. You know and leave money there for if we need it. I still get cravings [for crack cocaine] and I just try to do different things to try to get my mind off it. I go swimming, rollerblading, just going for a walk, I watch TV, or write. Whatever I feel like doing at the time... It is more control, more control over what I am doing.”*

*-45 year old non-Indigenous woman*

# Mobilizing supports

## **Building social support:**

- seeking network with shared goals, desiring social connection

## **Desiring a Safe Stimulant (Pharmaceutical Prescribed):**

- replacing current street source, reducing craving, cutting down on use, getting an effect (e.g. energy)



*“Well what it does do for me, is it cuts down my speed use and it makes me have energy. I feel a lot more in tune, because I am not doing it so much. I haven’t cut down the daily use, I have cut down on how much I have been doing a day right. So they do work good.”*

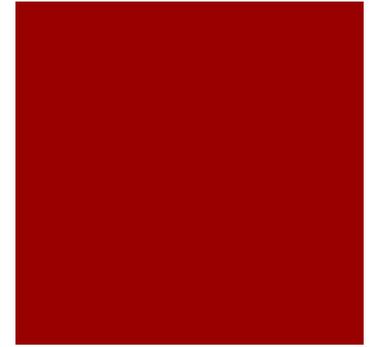
*-48 year old non-Indigenous man*



*“It is just so mild compared to the stimulant I am looking for, It doesn’t compare to methamphetamine. It’s not like in my mind a viable substitute... I wish that it would have worked.”*

*-37 year old Indigenous man*

# Discussion

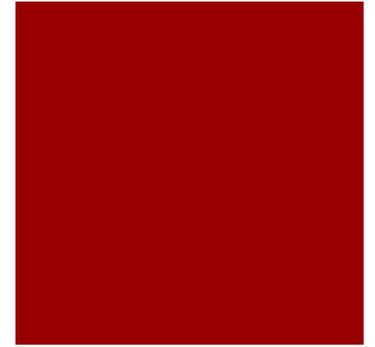


- iOAT serves as a point of connection to the health care system
- Patients hold competencies and skills in the management of their stimulant use
- iOAT serves as platform for additional services to be integrated
  - Prescribed dexamfetamine shows promise in some patients
- Services should be patient directed, recognizing expertise patients hold

# Acknowledgements

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Thank you!

Contact: [hpalis@cheos.ubc.ca](mailto:hpalis@cheos.ubc.ca)