



Illicit stimulant use among patients receiving injectable opioid agonist treatment:

A qualitative grounded theory study

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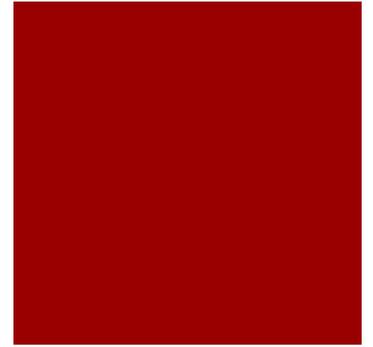
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Disclosure Statement

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



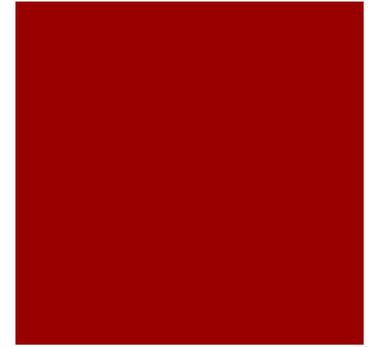
Background

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

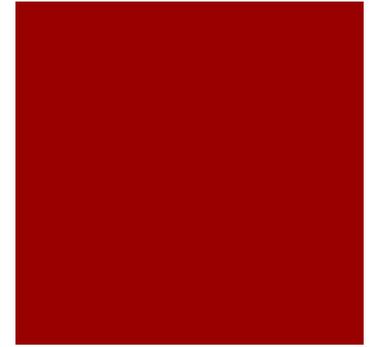


Illicit Stimulant use in iOAT

- 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



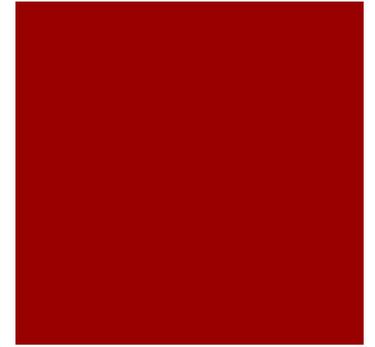
Rationale



- 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

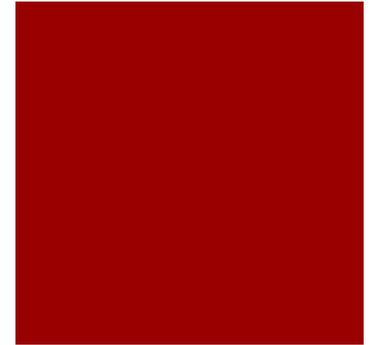
Research Question

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

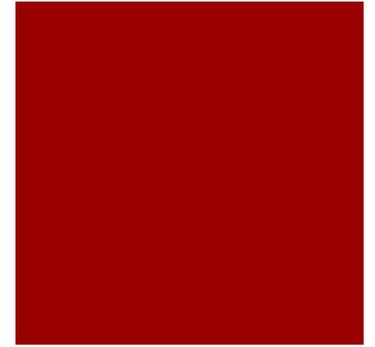


Methods

- 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

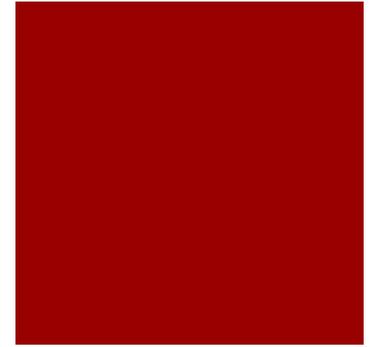


Distancing from the street environment

Taking control of stimulant use

Mobilizing supports

Distancing from the street environment



Gaining access to a stable opioid:

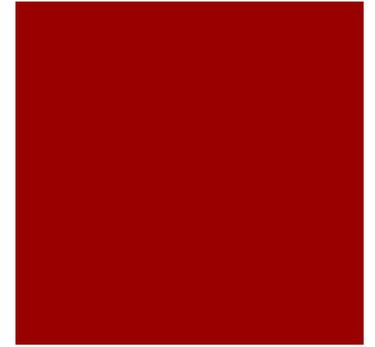
- Feeling safe, reducing worry, leaving behind the daily hustle

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.”

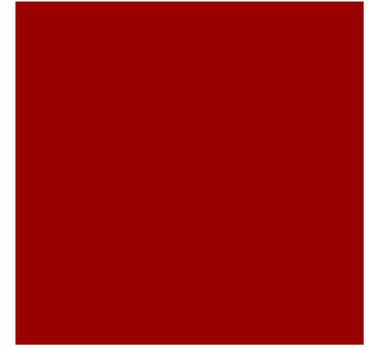
-48 year old non-Indigenous man



“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!

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