

# Identifying barriers of access and retention in opioid agonist treatment in British Columbia



BC Centre for Disease Control  
An agency of the Provincial Health Services Authority

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[Brittany.Graham@bccdc.ca](mailto:Brittany.Graham@bccdc.ca)

Kristi Papamihali, Alexis Crabtree,  
Mohammad Karamouzian, Margot Kuo,  
Sara Young, Jane Buxton

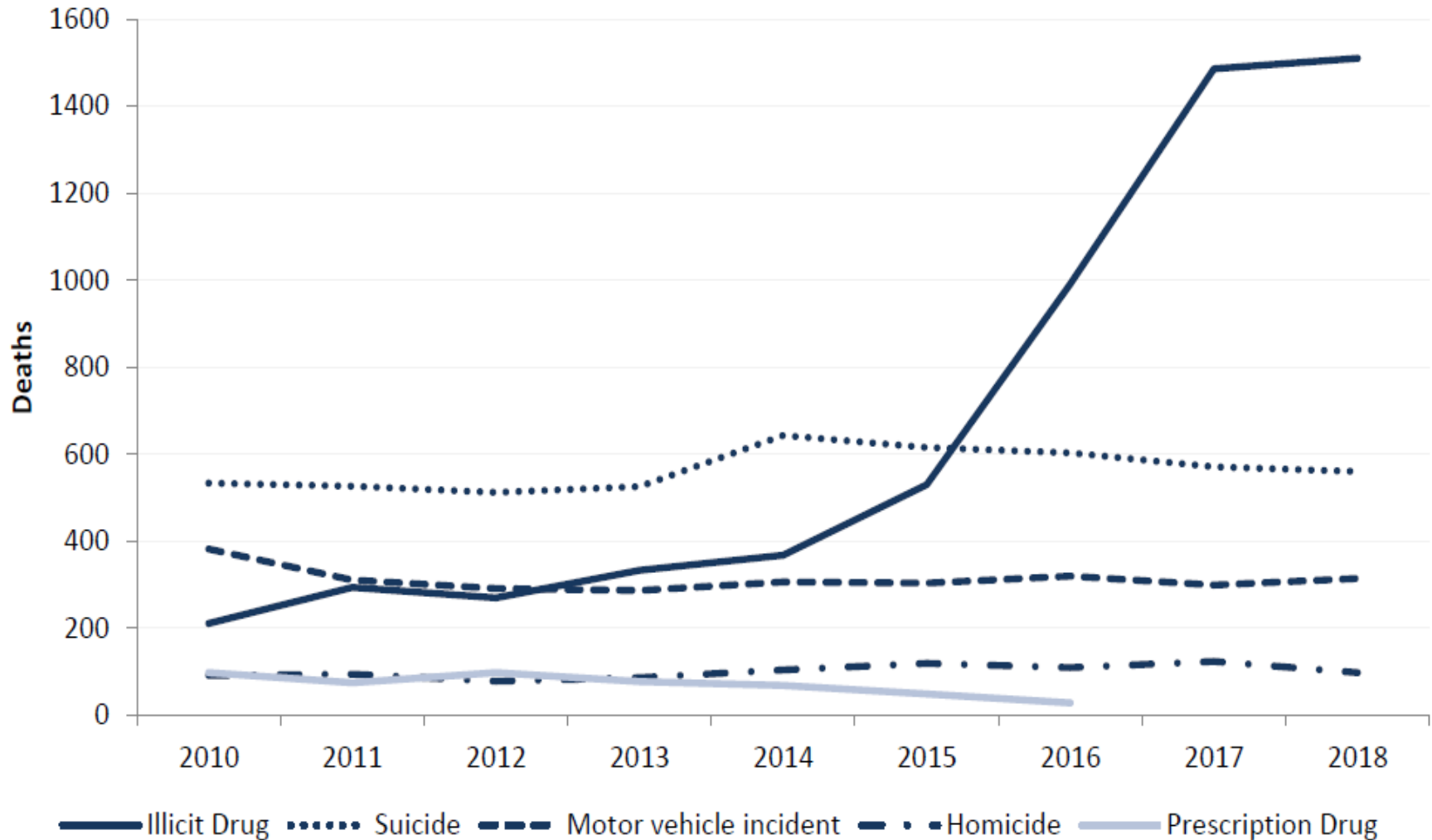
toward  
THE heart.com  
BCCDC HARM REDUCTION SERVICES

# Overview



- Opioid agonist treatment (OAT) in BC now
  - Evidence-based guidelines
  - Training program scale-up
  - Removal of prescribing restrictions
- OAT by the numbers
  - New clients
  - New prescribers
  - Access and retention?
- BC harm reduction distribution site client survey 2018
  - Reported use of OAT
  - Reported barriers to OAT initiation and retention
- Filling in the gaps for OAT provision

# Major causes of unnatural deaths

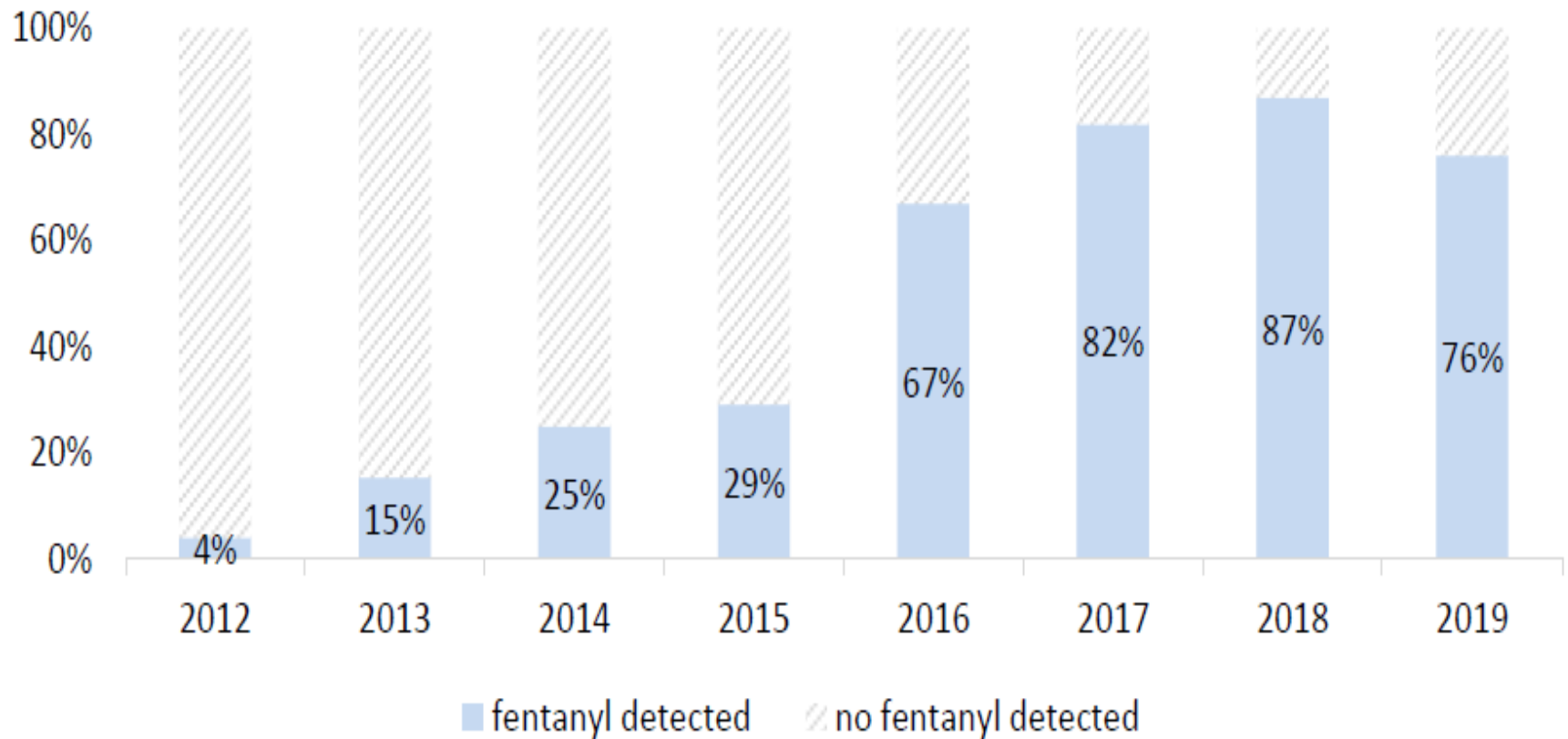


BCCS Mar 19, 2019

<https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>



# % of illicit drug OD deaths where fentanyl detected in BC



Health

 PRINT

# Provincial health officer declares public health emergency

Share



## News Release

Victoria  
Thursday, April 14, 2016 11:00 AM

## Media Contacts

**Kristy Anderson**  
Media Relations Manager  
Ministry of Health  
250 952-1887 (media line)

## ILLICIT DRUG OVERDOSE DEATHS IN BRITISH COLUMBIA



There were 474 apparent illicit drug overdose deaths in 2015, which is a 30% increase in deaths from 2014 (365 deaths). There were 76 deaths in Jan. 2016, which is the largest number of deaths in a single month for the examined period (Jan. 1, 2007 to Feb. 29, 2016).

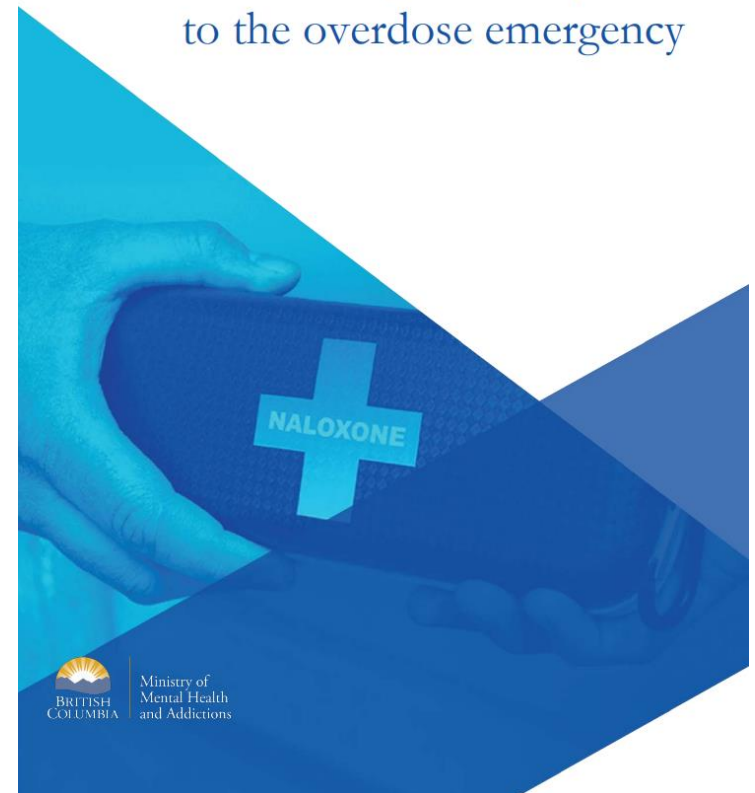
(flickr.com)



# Overdose emergency response in BC

- Ramp up of naloxone distribution and training
- Overdose Prevention Services/ Supervised Consumption Sites
- Public awareness campaigns
- Expansion of opioid agonist therapy (OAT)
- Drug checking services
- Key partnerships

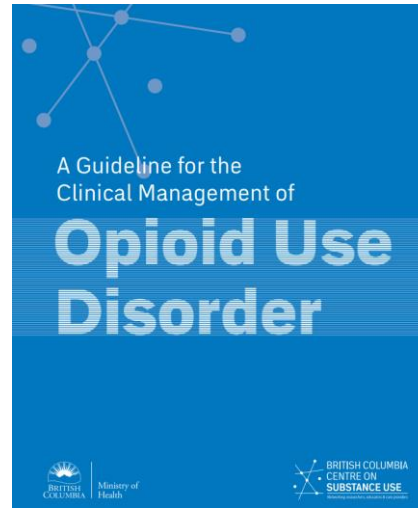
Escalating BC's response to the overdose emergency



Ministry of  
Mental Health  
and Addictions

# OAT scale up since 2016 in BC

- Evidence-based guidelines for treatment of opioid use disorder
  - Buprenorphine/naloxone (Suboxone™) as 1<sup>st</sup> line treatment
  - Injectable OAT
- ↑ primary care/pharmacist training programs
- Removal of prescribing restrictions



Accredited by UBC CPO  
CONTINUING PROFESSIONAL DEVELOPMENT  
FACULTY OF MEDICINE

BRITISH COLUMBIA  
CENTRE ON  
SUBSTANCE USE

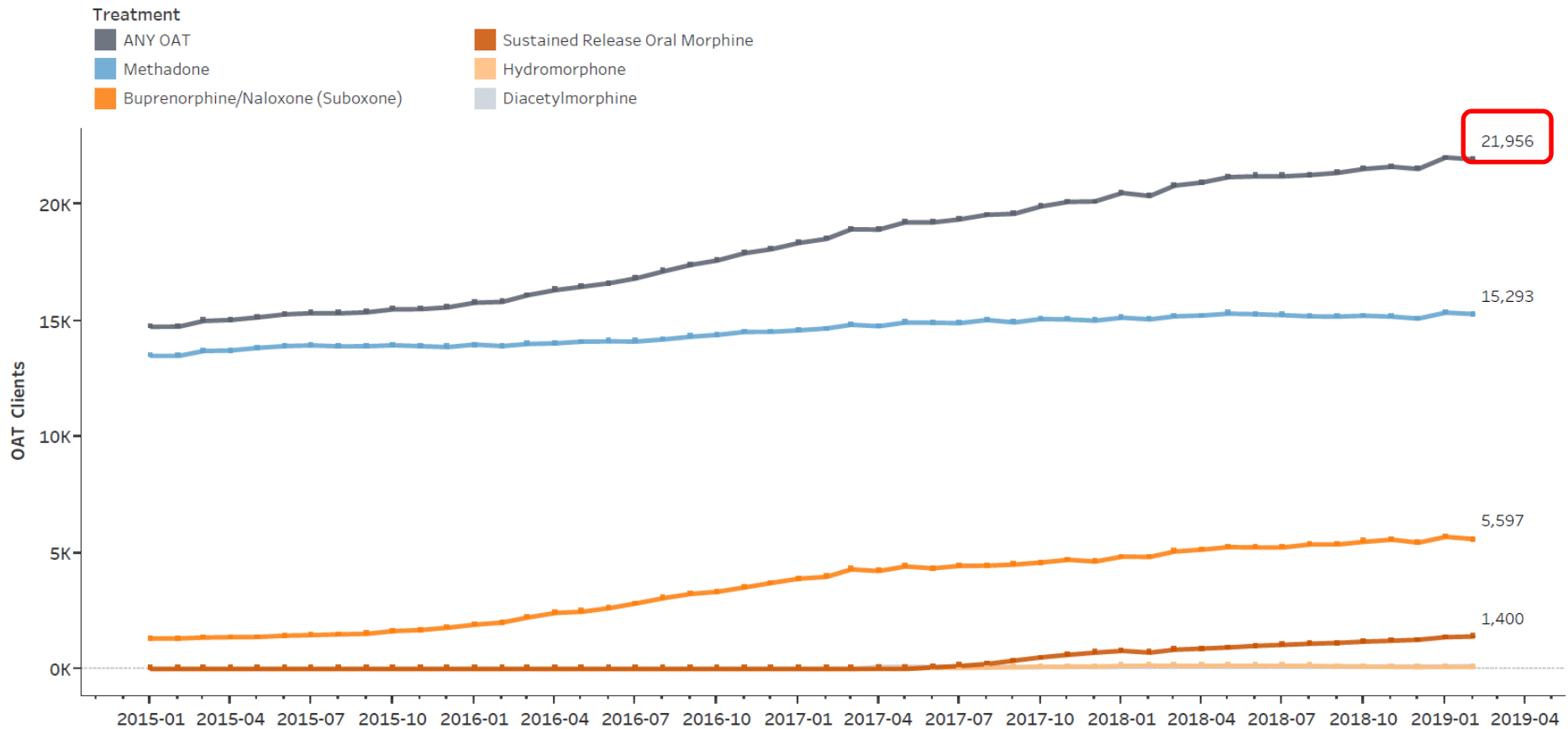
### Treating Substance Use Disorders in BC

Clinical Education on the Provincial Guidelines for Opioid Use Disorder

#### Our Reach Across BC

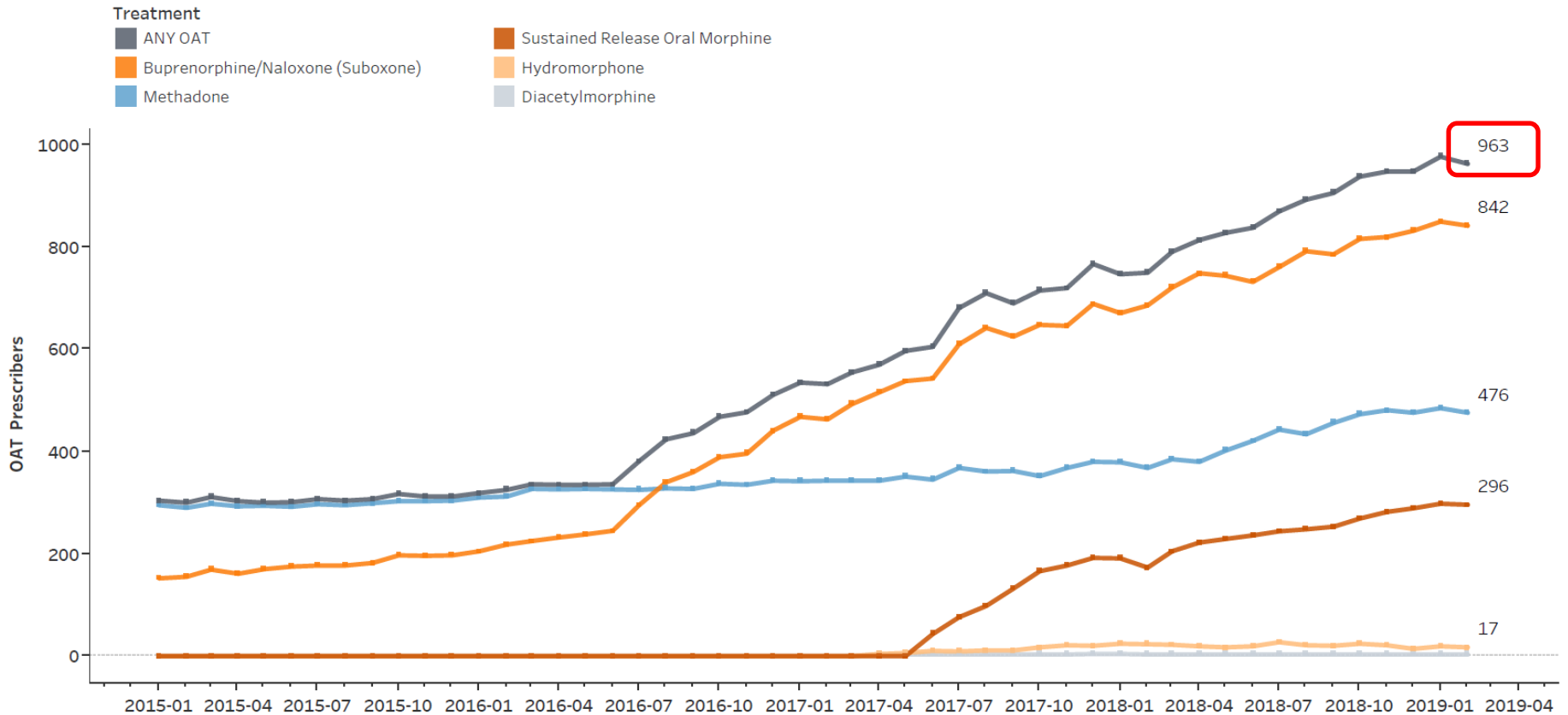
 <b>2555</b> clinicians	 <b>69</b> seminars	 <b>47</b> locations
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# Clients dispensed OAT in BC

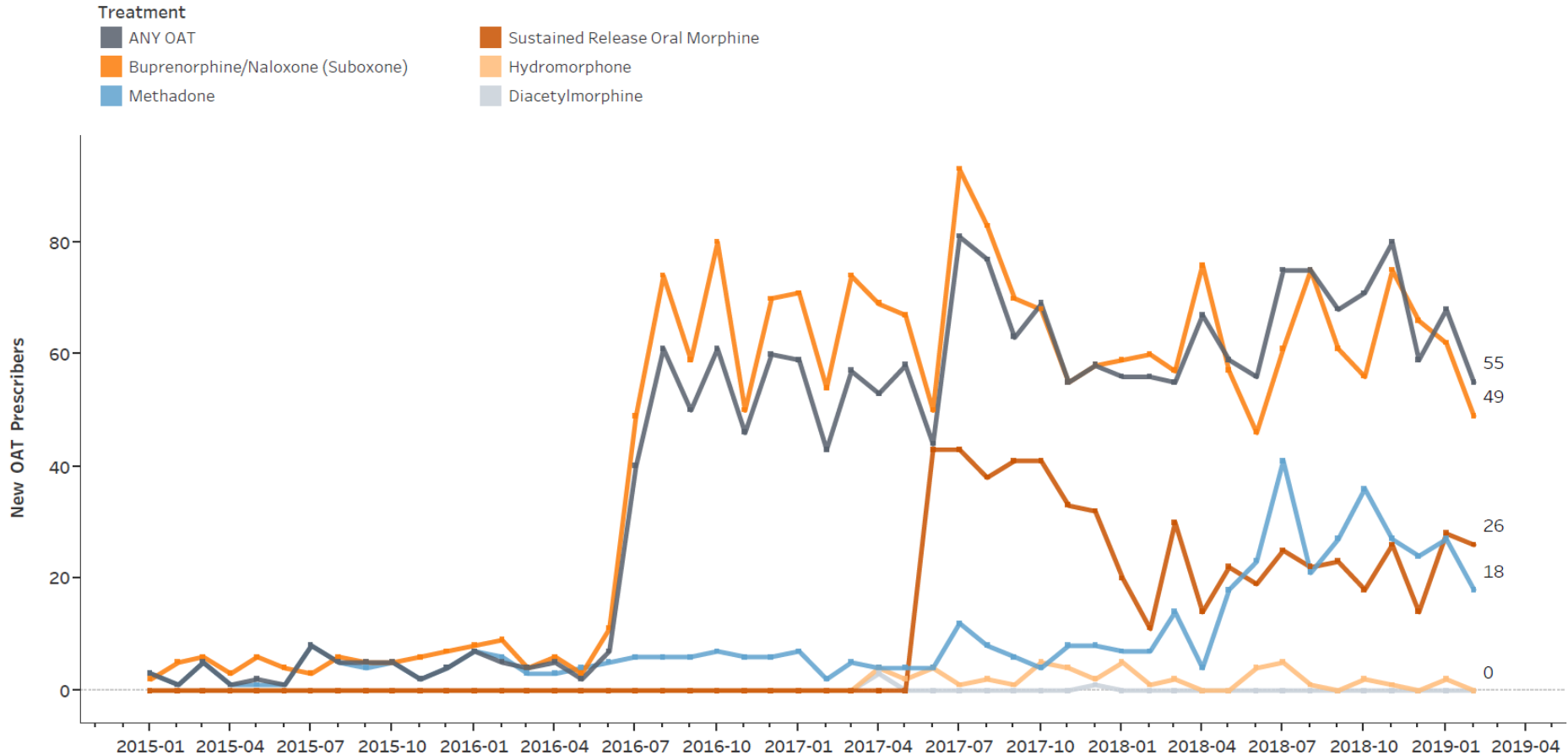




# OAT prescribers in BC



# New OAT prescribers in BC



# OAT retention?



Contents lists available at ScienceDirect

## Drug and Alcohol Dependence

journal homepage: [www.elsevier.com/locate/drugalcdep](http://www.elsevier.com/locate/drugalcdep)



Only 1/3 of participants retained in OAT in 2016

Full length article

Trends in engagement in the cascade of care for opioid use disorder, Vancouver, Canada, 2006–2016

M. Eugenia Socías<sup>a,b</sup>, Evan Wood<sup>a,b</sup>, Thomas Kerr<sup>a,b</sup>, Seonaid Nolan<sup>a,b</sup>, Kanna Hayashi<sup>a,c</sup>, Ekaterina Nosova<sup>a</sup>, Julio Montaner<sup>b,d</sup>, M.-J. Milloy<sup>a,b,\*</sup>

<sup>a</sup> British Columbia Centre on Substance Use, 400-1045 Howe Street, Vancouver, BC, V6Z 2A9, Canada

<sup>b</sup> Department of Medicine, University of British Columbia, 608-1081 Burrard Street, Vancouver, BC, V6Z 1Y6, Canada

<sup>c</sup> Faculty of Health Sciences, Simon Fraser University, Blusson Hall, 8888 University Drive, Burnaby, BC, V5A 1S6, Canada

<sup>d</sup> British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC, V6Z 1Y6, Canada



### ARTICLE INFO

**Keywords:**  
Cascade of care  
Opioid use disorder  
Opioid agonist therapy  
Quality indicators  
Addiction  
Methadone  
Buprenorphine/naloxone  
Performance metrics

### ABSTRACT

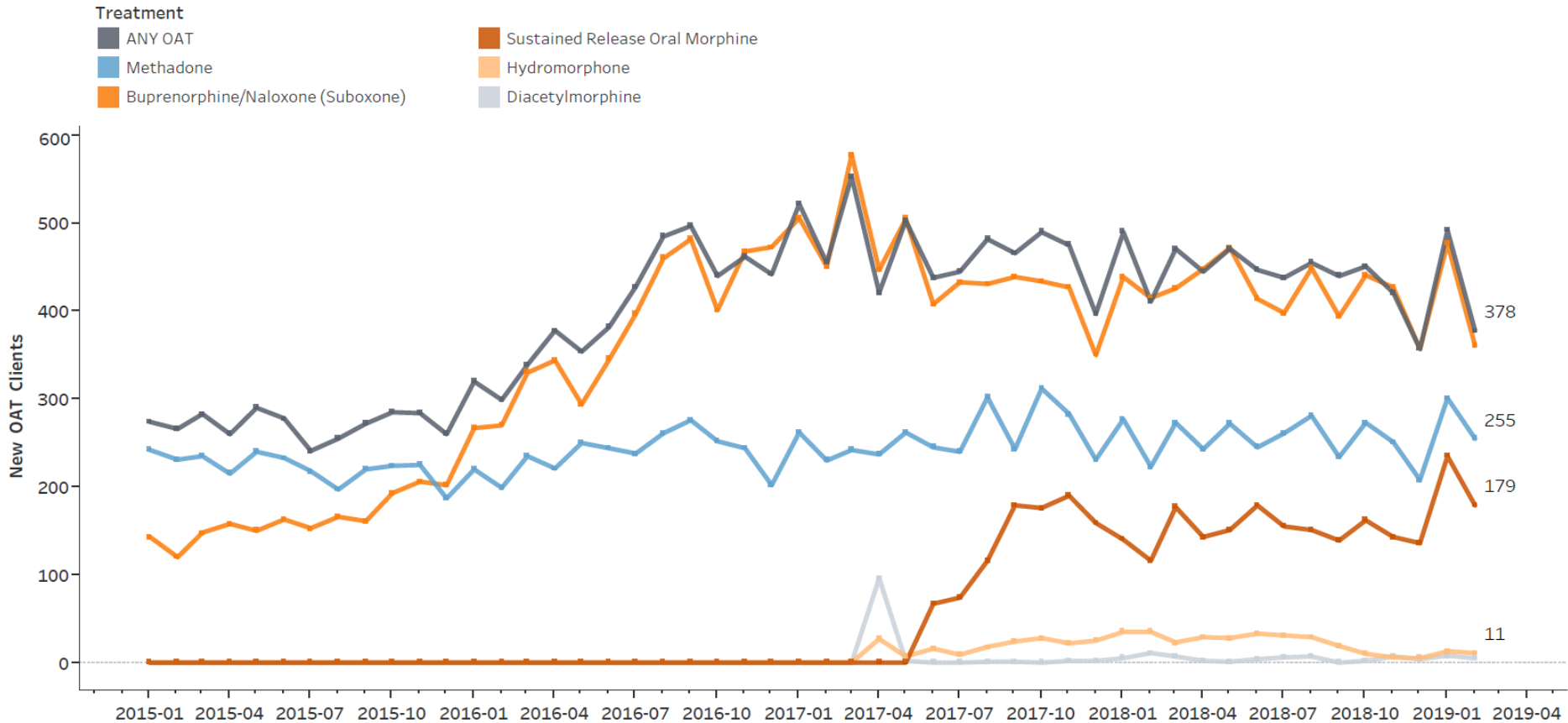
**Background:** A cascade of care framework has been proposed to identify and address implementation gaps in addiction medicine. Using this framework, we characterized temporal trends in engagement in care for opioid use disorder (OUD) in Vancouver, Canada.

**Methods:** Using data from two cohorts of people who use drugs, we assessed the yearly proportion of daily opioid users achieving four sequential stages of the OUD cascade of care [linkage to addiction care; linkage to opioid agonist treatment (OAT); retention in OAT; and stability] between 2006 and 2016. We evaluated temporal trends of cascade indicators, adjusting for socio-demographic characteristics, HIV/HCV status, substance use patterns, and social-structural exposures.

**Results:** We included 1615 daily opioid users. Between 2006 and 2016, we observed improvements in linkage to care (from 73.2% to 78.9%,  $p = < 0.001$ ), linkage to (from 69.2% to 70.6%,  $p = 0.011$ ) and retention in OAT (from 29.1% to 35.5%,  $p = < 0.001$ ), and stability (from 10.4% to 17.1%,  $p = < 0.001$ ). In adjusted analyses, later calendar year of observation was associated with increased odds of linkage to care (Adjusted Odds Ratio [AOR] = 1.02, 95% Confidence Interval [CI]: 1.01–1.04), retention in OAT (AOR 1.02, 95% CI: 1.01–1.04) and stability (AOR = 1.03, 95% CI: 1.01–1.05), but not with linkage to OAT (AOR 1.00, 95% CI: 0.98–1.01).

**Conclusions:** Temporal improvements in OUD cascade of care indicators were observed. However, only a third of participants were retained in OAT in 2016. These findings suggest the need for novel approaches to improve engagement in care for OUD to address the escalating opioid-related overdose crisis.

# Clients dispensed OAT for 1<sup>st</sup> time in BC



# OAT access and retention

- What are barriers to access for OAT?
- Why do people discontinue OAT?

# Harm Reduction Client Survey in BC

As part of a Substance Use and Addiction Program Grant for monitoring of illicit drug content

## Pilot survey & urinalysis project

- Building on BC annual survey 2012-15
- Partners: Montreal P. Leclerc; Edmonton E. Hyshka

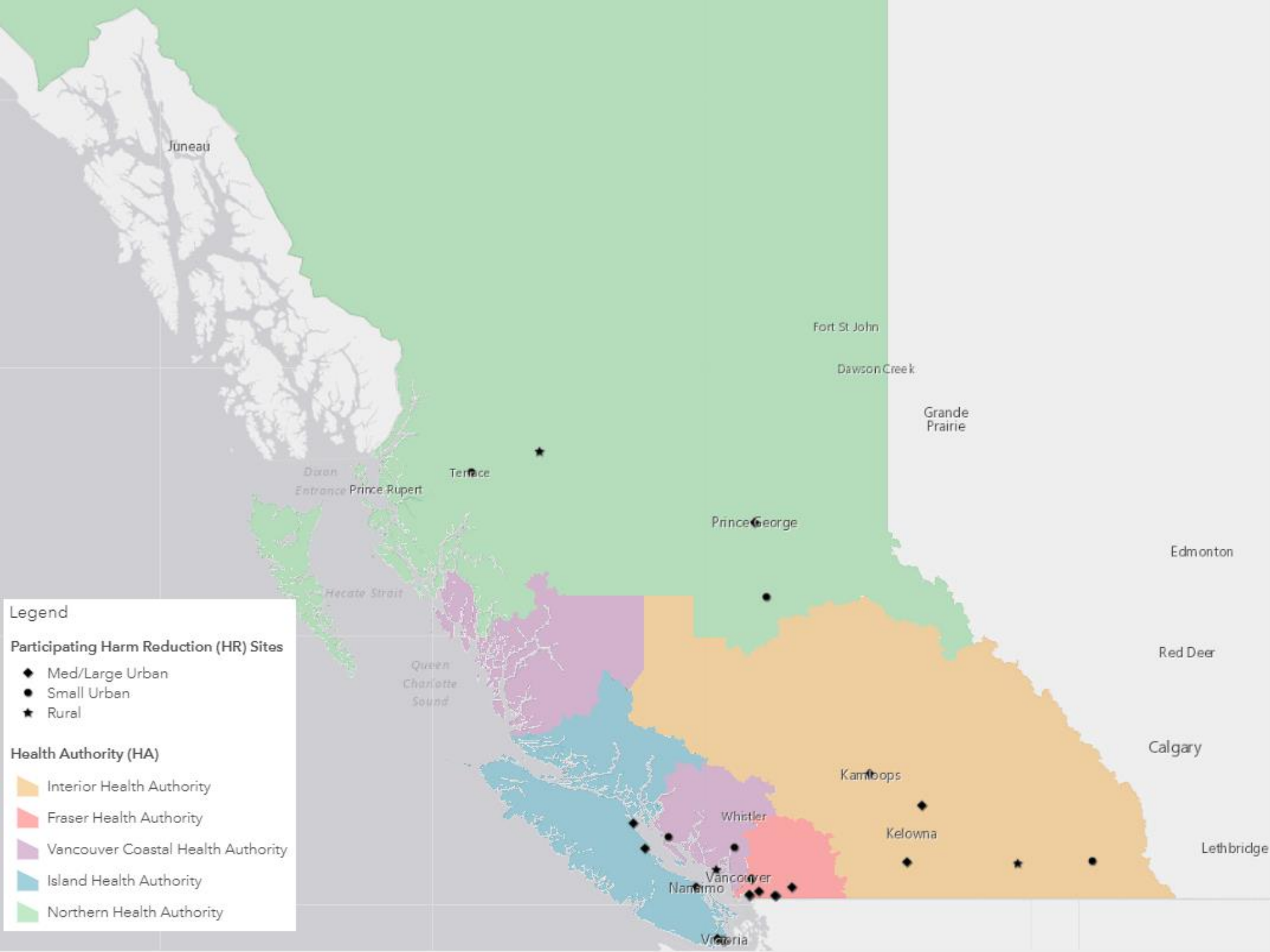
## BC in 2018 (May-Aug)

- 27 sites across the province \$5/participant
- Participants >18 years; survey \$5; urine \$5
- Vancouver purposefully under-surveyed



Health  
Canada





Juneau

Fort St John

Dawson Creek

Grande Prairie

Dixon Entrance Prince Rupert

Terrace

Prince George

Edmonton

Red Deer

Calgary

Lethbridge

Hecate Strait

Queen Charlotte Sound

Kamloops

Kelowna

Whistler

Nanaimo

Victoria

Vancouver

**Legend**

**Participating Harm Reduction (HR) Sites**

- ◆ Med/Large Urban
- Small Urban
- ★ Rural

**Health Authority (HA)**

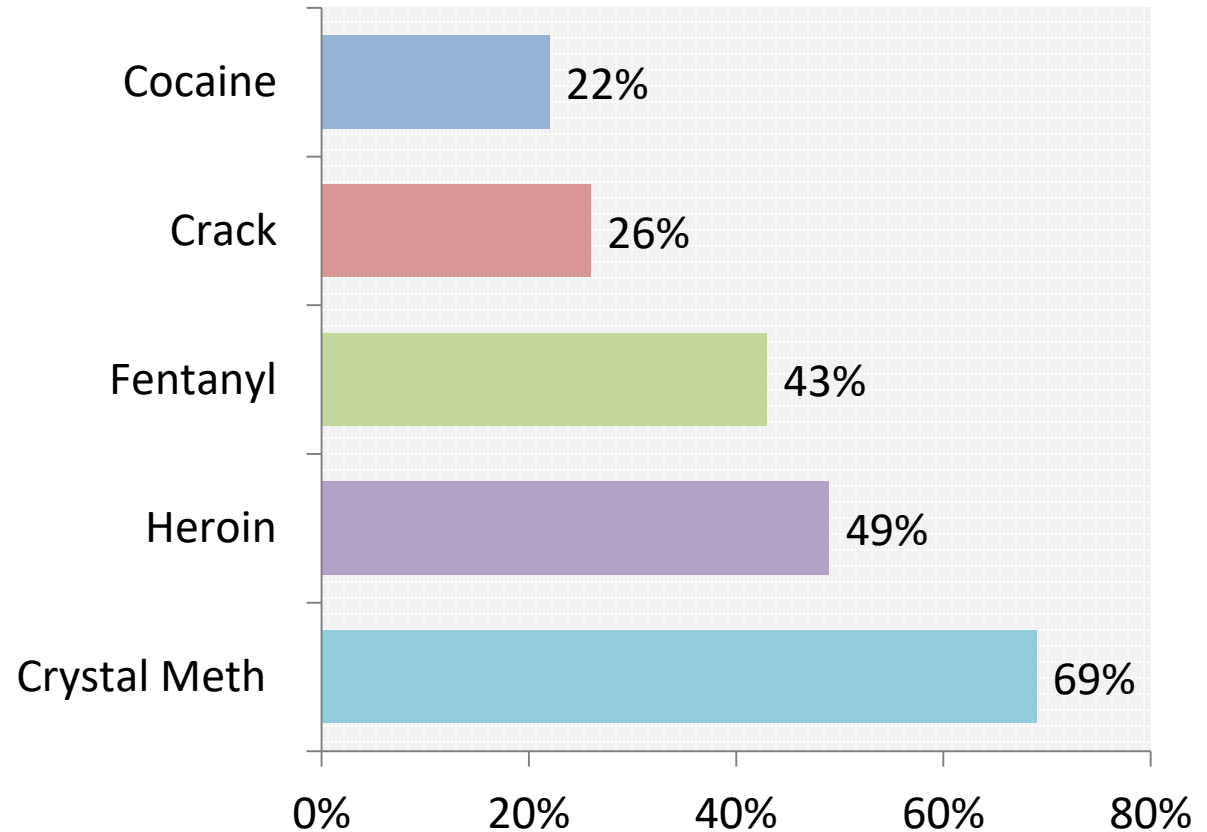
- Interior Health Authority
- Fraser Health Authority
- Vancouver Coastal Health Authority
- Island Health Authority
- Northern Health Authority

# Harm Reduction Client Survey in BC

## 486 Participants:

- 62% male
- 36% female
- 2% other genders

## Drugs reported used, past week

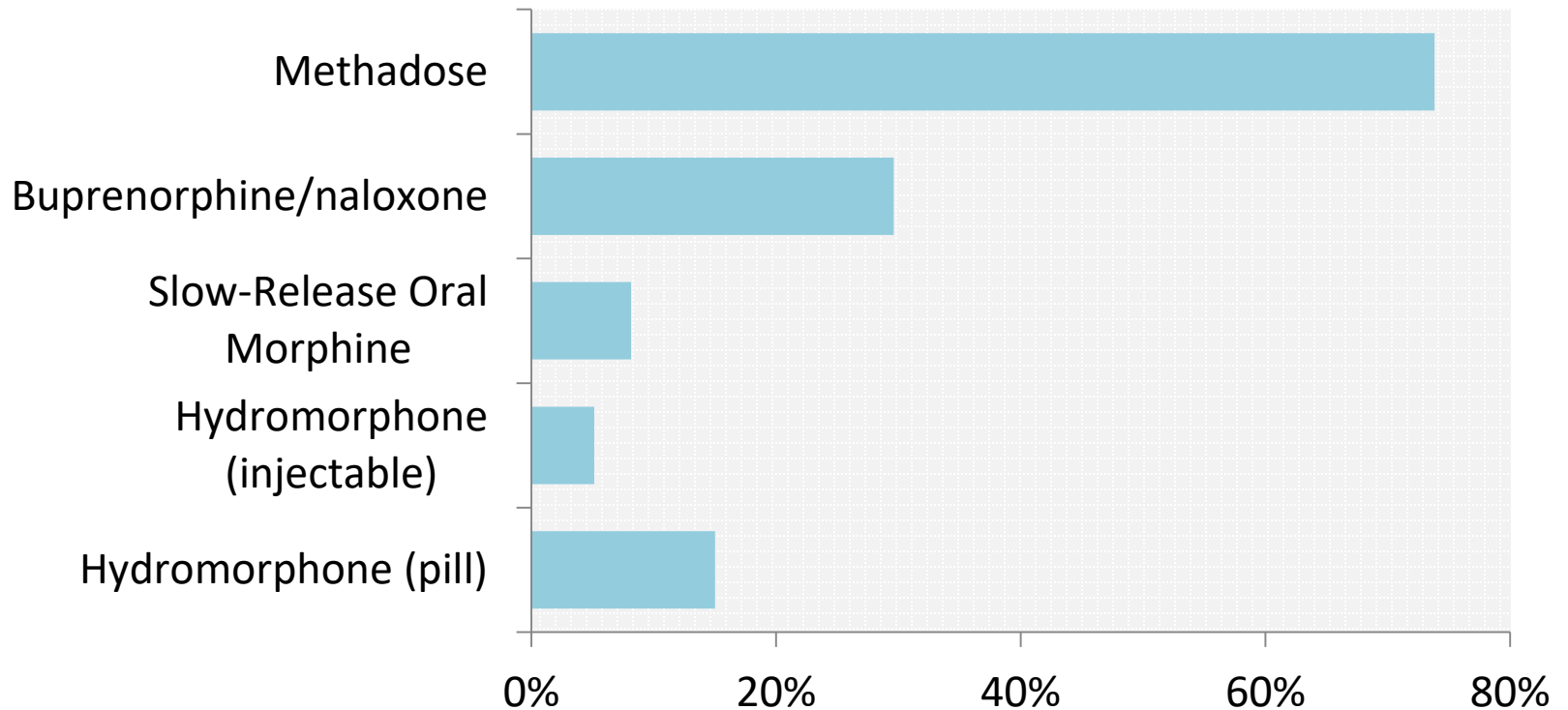


Health  
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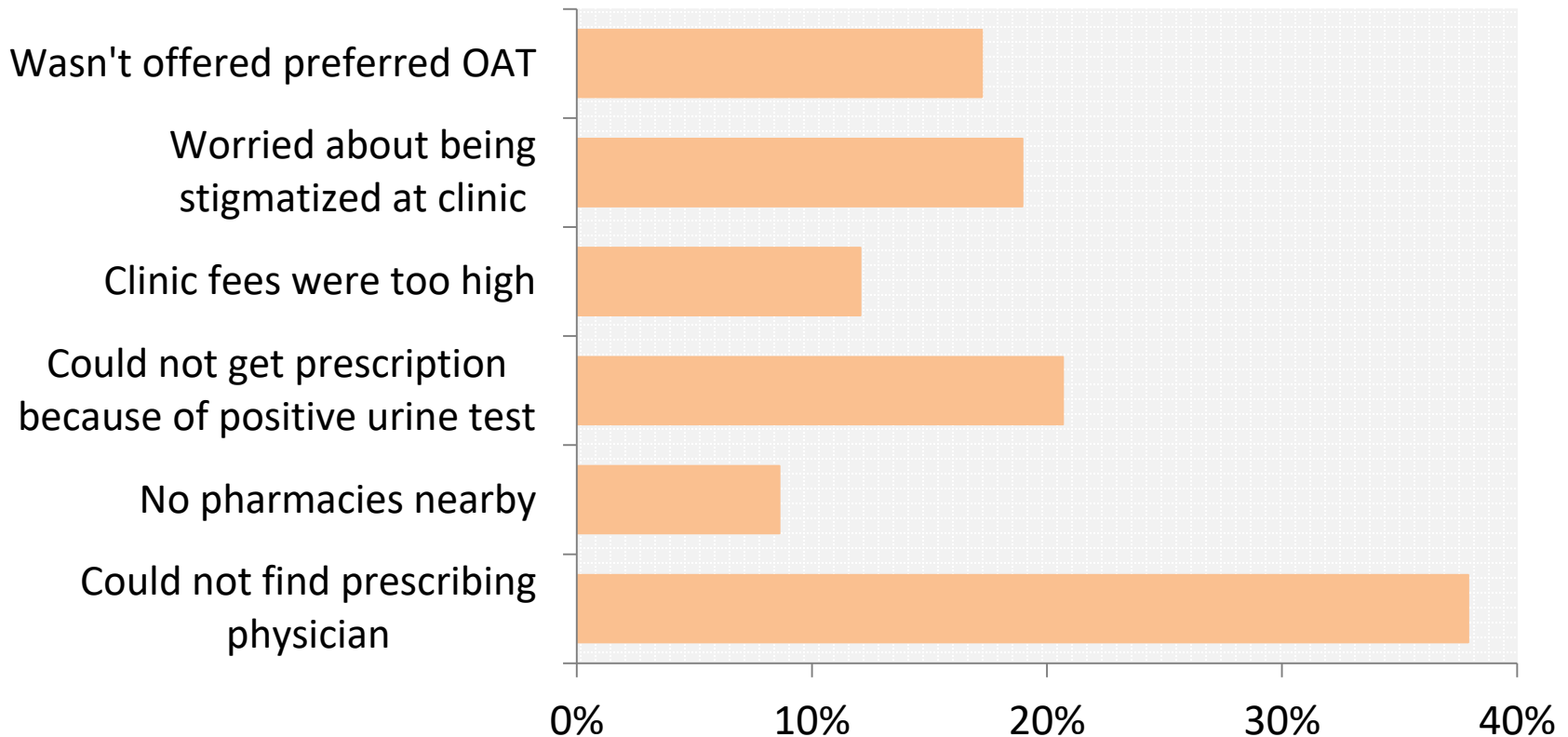
# Harm Reduction Client Survey in BC

233 of 486 participants (48%) reported taking any OAT in the past 6 months



# Harm Reduction Client Survey in BC

**Access to OAT:** 59 of 245 participants (24%) had experienced difficulties accessing OAT in past 6 months



# Harm Reduction Client Survey in BC

## Access to OAT:

Additional reasons reported included:

- Limited clinic/pharmacy hours
- Difficulties with transportation/travel
- Long waiting times
- Missed appointments

# Harm Reduction Client Survey in BC

**Discontinuation of OAT:** 96 participants reported discontinuing OAT in past 6 months.

## “Why did you discontinue OAT?”

- Free text
- 79 responses

# Harm Reduction Client Survey in BC

## “Why did you discontinue OAT?”

1. Difficulty meeting requirements and inconvenient
  - a. Missed doses, leading to dose reductions
  - b. Missed appointments/pick up times
  - c. Cut off by prescriber/failed urine test
  - d. Simpler to use street drugs
  - e. Too much time/energy consuming

# Harm Reduction Client Survey in BC

## Difficulty meeting requirements and inconvenient

*“if I missed even 1 day, I got cut off which **left me sick**”*

*“missed pharmacy hours which did not suit my lifestyle which led to a **drastically reduced dosage that was not effective** at all and ended up using a lot anyway”*

*“got kicked off methadose **because of dirty urine** on it for over a year, they said I show no clean time, not making an effort”*

*“started using again (**easier to use than go to a clinic**)”*

*“moved towns was getting suboxone on street. **too difficult to get at the time**”*

# Harm Reduction Client Survey in BC

## “Why did you discontinue OAT?”

2. Problems with prescription/medication
  - a. Pain not controlled/dose too low/ineffective
  - b. Felt sicker
  - c. Stopped after medication was changed

# Harm Reduction Client Survey in BC

## Problems with prescription/medication

*“does not agree with system. **makes me sicker**”*

*“It wasn’t **enough**”*

*“because it didn’t help my pain I was only getting methadose and **it doesn’t work on my pain**. I need my pills back so I don’t die- please”*



# Harm Reduction Client Survey in BC

## “Why did you discontinue OAT?”

### 3. Access

- a. Non-continuity of care (out of prison/jail)
- b. Transportation difficulties
- c. Cost
- d. Unable to find provider

# Harm Reduction Client Survey in BC

## Access

*“**Not by choice**, released from prison unable to access physician to prescribe”*

*“I was **arrested the same day my prescription ended** trying to get back on [Suboxone]”*

*“I could not get to the doctor due to **transportation and new community**”*

*“Couldn't pay for prescription; **waiting period to access free program**”*

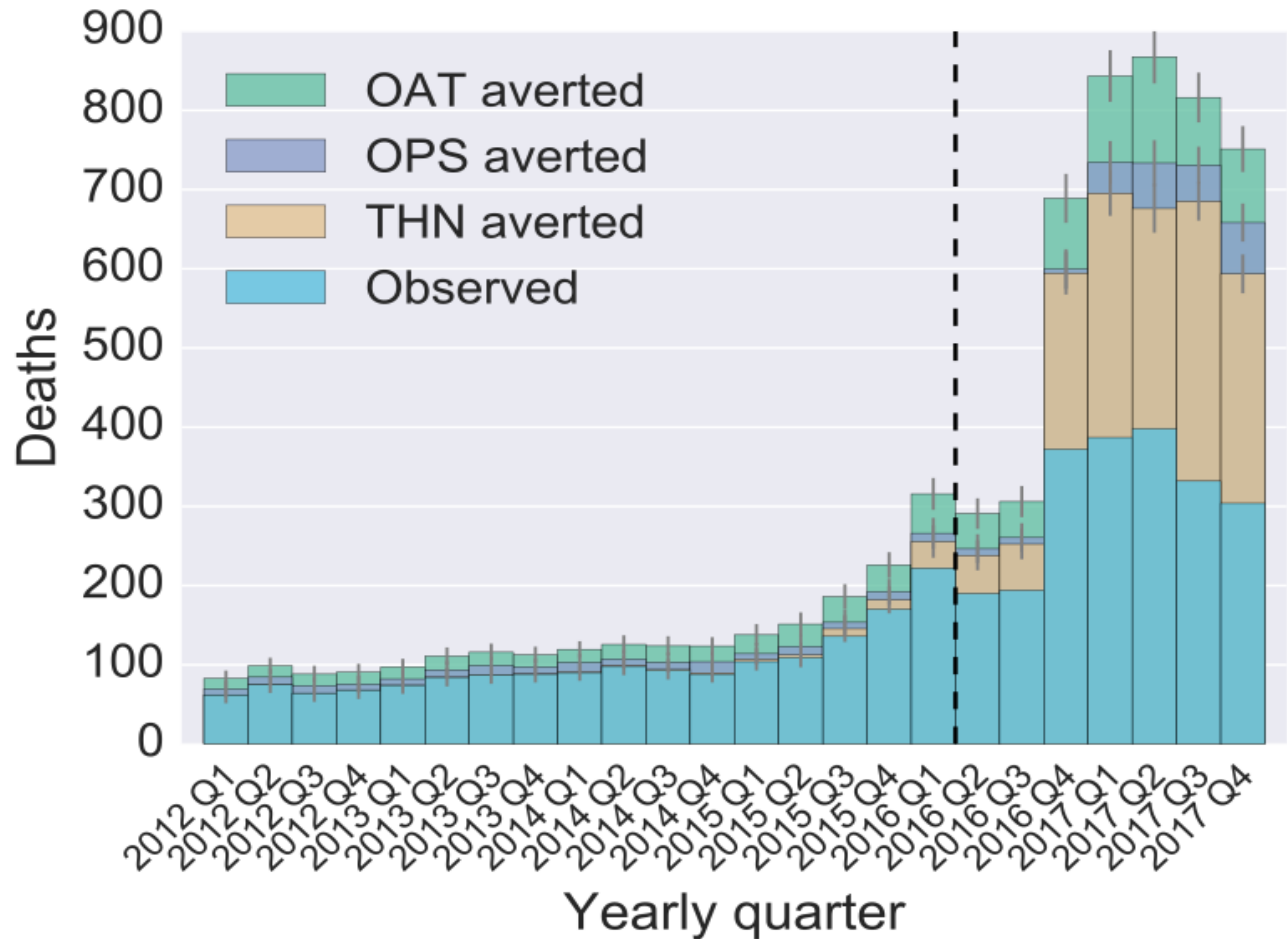
# Filling in the gaps for OAT provision

- Structural barriers and stigma towards people who use substances continue to limit OAT initiation and retention
- Client-informed, low-barrier, accessible options for treatment are necessary to meet people where they are at in their journey

# Drug overdose deaths averted, 2012-2017

Mathematical modelling that assessed impact of combined interventions of THN, OPS, and OAT on the number of opioid and fentanyl-related deaths averted in B.C.

- **600 deaths averted due to OAT**



Mike Irvine et al.  
(2018)



