CRISM National iOAT Environmental Scan

2018 – 2021 RESULTS

Key findings from repeat surveys of Canadian iOAT programs

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
Networking researchers, educators & care providers

Background

The CRISM **injectable opioid agonist treatment (iOAT)** project aims to identify best practices for the delivery of iOAT as an evidence-based option within the range of care approaches for people with opioid use disorder.

The goals of this environmental scan were to:
1) Map out the iOAT programs in place across Canada; 2) Describe their services and clients; and 3) Identify current barriers, gaps and strengths from the point of view of service providers.

Methods

iOAT programs were found through the national CRISM research network and internet searches. Each program named a contact person to complete phone or email surveys at each scan date. Contacts checked to ensure findings were accurate.

Importance of the Environmental Scan

These findings can inform the set-up and delivery of current and future iOAT programs, and allow for nation-wide monitoring of changes in iOAT access across Canada.

Results

Number and Location of iOAT Programs

Scan 1: September 1, 2018	11 programs
Scan 2: March 1, 2019 *2 new + 2 on hold	11 programs*
Scan 3: March 1, 2020 3 new	14 programs
Scan 4: March 1, 2021 *2 new + 1 on hold	15 programs

Clients

Scan Year		2018	2019	2020	2021
Total # client starts		625	781	1041	1206
# active clients		250	330	341	297
# on waitlists		395+	499+	441+	260+
Active client age	Mean	47	43	46	41
	Range	21-69	21-69	17-70	18-71
Active client gender	Male	73%	68%	68%	73%
	Female	27%	32%	32%	26%
	Non-binary	<1%	0%	<1%	<1%

Note: Starts = # clients who had iOAT for 1st time
Active = # who had iOAT within 7 days of scan date

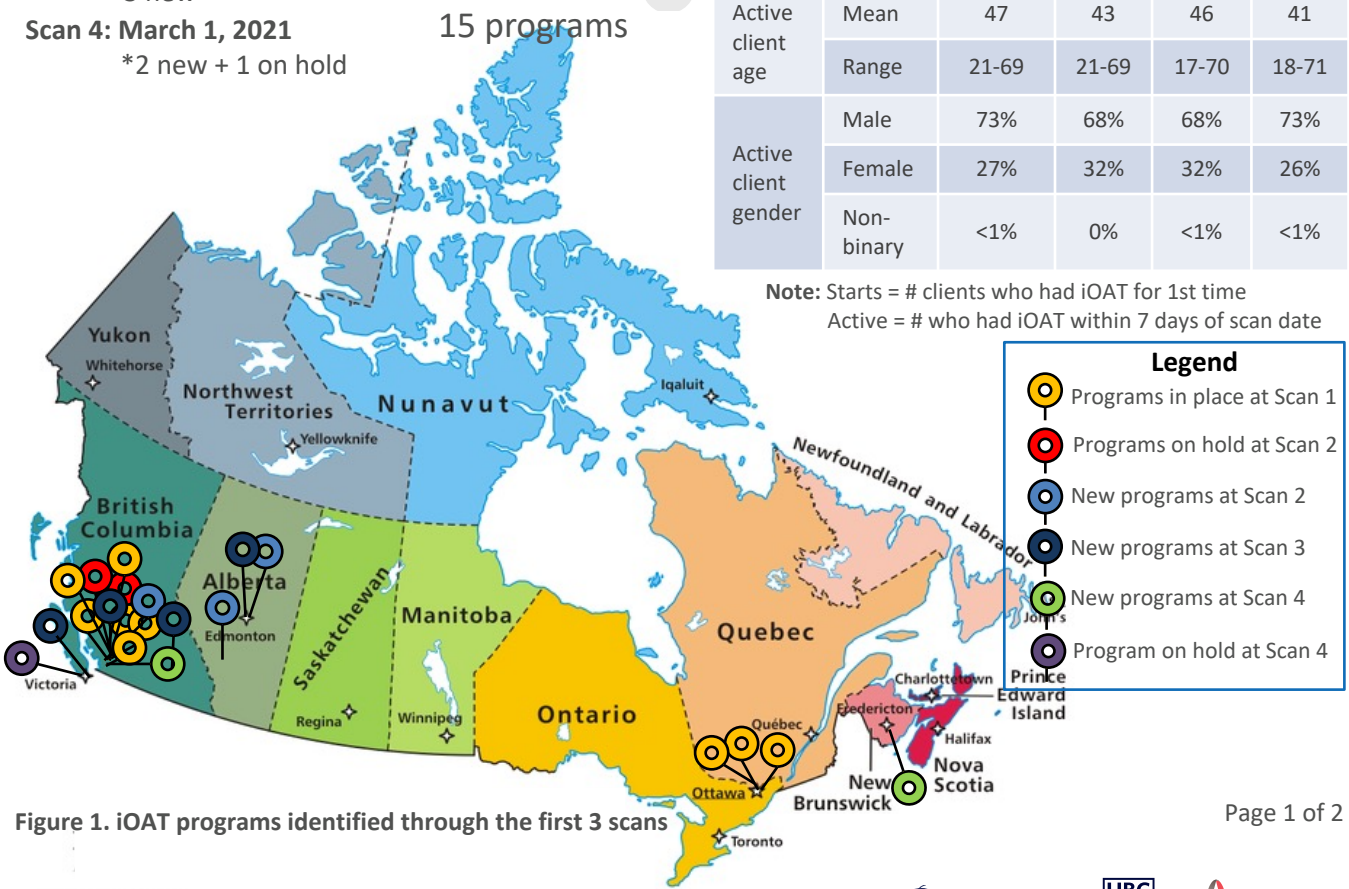

Figure 1. iOAT programs identified through the first 3 scans

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE · CRISM-ICRAS · PROVIDENCE HEALTH CARE Research Institute · Providence HEALTH CARE How you want to be treated. · UBC · STPAUL'S FOUNDATION

CRISM National iOAT Environmental Scan

2018 – 2021 RESULTS

Key findings from repeat surveys of Canadian iOAT programs

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
Networking researchers, educators & care providers

Timing of iOAT Program Implementation

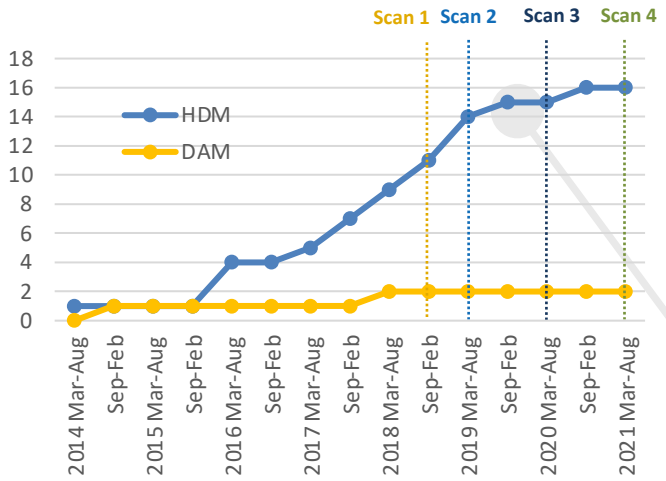

Figure 2. iOAT programs in place over time, by medication

Note: HDM=hydromorphone; DAM=diacetylmorphine (clinical trial only until last quarter of 2018)

iOAT Medications Given

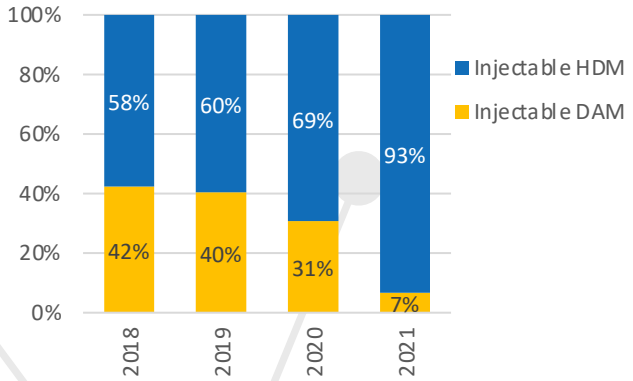

Figure 3. Proportion of iOAT clients receiving each medication option, by scan period

2021 iOAT Service Delivery Models

	# set up
Embedded/Integrated iOAT offered in existing health, harm reduction or social services e.g. clinic, OPS, hospice, housing	12* *1 discontinued
Comprehensive/Dedicated iOAT clinic Wrap-around care at health clinic only for iOAT clients	3
Hospital-based iOAT given during hospital stay (new iOAT starts, and ongoing care for active community iOAT clients)	2
Pharmacy-based iOAT started at health care clinic, continued at community pharmacy	2* *discontinued

Barriers

Care processes
- Low minority group use
- High intensity treatment, rigid structure

Access to medication
- No DAM or brand product
- Low dosage strength

Access to services
- Limits to funding, opening hours, staff coverage, capacity & physical space
- Limited access to wrap-around supports

Client factors
- Lack of stable housing
- Concurrent stimulant use (iOAT contraindicated)
- Stigma against clients & treatment

Enablers

Care approach
- Low barrier, housing-first, evidence-based, client-centered, harm reduction
- Flexible dosing schedule
- Foster relationships among clients & with staff
- Collaborative multi-disciplinary teams

Care processes
- Simple intake process
- Active client follow-up

Access to services
- Strong community partners (e.g., pharmacy)
- On-site health & social services

Staffing
- Strong communication, peer support workers, nurse training

Changes to Services Over Time

- Renovations to increase space or capacity
- Quicker delivery of iOAT after prescription
- On-site hepatitis C & HIV care, counselling
- Fewer doses per day; no group allocation
- Program consolidation
- Updated standards, protocols, systems

Next Steps

- Follow-up scans each March for the next 2 years.
- In-depth interviews with providers to inform implementation strategies for the successful scale-up of iOAT to reach underserved regions.

Contact

Please contact the evaluation team with any queries or for a copy of the published article: ioatstudy@bccsu.ubc.ca

Acknowledgements

Our sincere thanks to all participants. We respectfully acknowledge that this work was hosted on the ancestral and unceded traditional territory of the Coast Salish Peoples.

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE · CRISM-ICRAS · PROVIDENCE HEALTH CARE Research Institute · Providence HEALTH CARE How you want to be treated. · UBC · STPAUL'S FOUNDATION