VCH COMMUNITY ENGAGEMENT

Making better decisions together with patients and families

Opioid Agonist Therapy

Community Engagement Summary Report

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Background

Private opioid agonist therapy (OAT) clinics are an integral part of the overall healthcare strategy around substance use services in BC. The Ministry of Health (the Ministry) wants to gain a better understanding of the access models and associated opportunities and challenges at private OAT clinics. In particular, the Ministry needs to better understand the service and financial model, and how they affect client access.

The Ministry is undertaking a series of engagements with owners of private clinics, physicians and nurse practitioners that prescribe OAT services, patients and families that use OAT services, and health authority leads in Mental Health and Substance Use programs to get their inputs for future policy initiatives. The goal is to ensure effective and equitable access to OAT services.

The Ministry is as well engaging with people who have experience with accessing OAT at private clinics. The Ministry wants to understand the impact of OAT clinic fees on patients/families and physicians/clinic owners.

How we engaged

Over five sessions, in late June and July, people who are currently accessing OAT clinics were invited to participate in focus groups to share their experiences with these clinics.

What we asked

1) Please tell us about your past or current experience with opioid agonist therapy treatment.
   a. Were there barriers to access? Financial barriers? Other barriers?

2) In the past have you paid fees privately to access treament?
   a. Have you received subsidies that covered these fees?
   b. If you paid fees was it clear if the fees were for opiod agonist therapy or other services?
   c. If you paid fees did it impact your experience with your treatment?
   d. Was it difficult to pay the fees?
   e. Was any alternative offered with regard to paying fees?

3) Besides medications received please share if you received any other servcies e.g physiotherapy, yoga, counselling that may have been available at the clinic you attended.
   a. If you participated in these other services how did they suport your treatment?

4) Are there any additional thoughts or comments related to your OAT experience that you wish to share?

KEY POINTS:

- **Access to OAT can be impacted by logistics; need for ID, SIN #, paperwork**
- **There is no consistency in the services provided between clinics either private or Health Authority run**
- **Location and time of operation is key to access for individuals**
- **Most people currently receive subsidy for their treatment**
- **Payment for clinic fees can impact ability to access services and impact recovery**
- **Opioid agonist therapy should be a stage in the recovery process but not go on indefinitely**
- **There is a need for education, for health care professionals and the public on addiction, to reduce stigma**

What we heard

Question 1 – Barriers

Cost

- cost is a barrier I am behind on fees by 4 months
- I pay enough for the methadone from the pharmacy without the additional dispensing fees
- Plan G can be accessed if Pharmacare does not kick in for methadone
- my monthly fee covers everything
- the $60 I pay is worth it they saved my life
- $65 comes off my cheque every month it is worth it
- it comes off my cheque but it is also added to my cheque so balances out
- the fees impact my access as I have to pay direct and am behind in my payments and this causes them to punish me and withhold care
- I definitely feel I receive punitive action by my clinic because I am not current on my fees
- when I have to pay the clinic fee, the methadone fee and dispensing fee it is costly
- paid clinic fees and then moved and not using services but could not get a refund
- the cost should be less for treatment
- Lifegate/Healthgate clinic - fully subsidized
- currently at a free clinic Surrey Clinic
- there should be no private clinics they should all be publicly funded
- Ministry of Social Development and Poverty Reduction was subsidizing but the clinic claimed that the top ups had to be paid for in cash. If the payments were overdue for 3 months no script would be given.
- No choices were given to get recovery treatment. The goal of the clinic was to keep people on methadone forever.
- Three years back, cut off from methadone because the patient was not on welfare. To stay on it, paid $11 per day to the clinic for 8 months. There was no social work support to help navigate the system around taxes, CRA, welfare, etc.
- there are financial barriers due to the new coverage
- Last year- started on Suboxone and switched to methadone because the sub-lingual taste was too much. Pharmacy- Shoppers was holding back methadone and demanding cash payment.
- I would never have been able to do it without family support to cover costs in the beginning before I received subsidy
- I used to be on old methadone with a carry script and then was put on daily script and had to pay daily dispensing fee of $12

Location, availability and other factors

- access to get to the clinic is challenging I only have 1 day to make it there on my day off they have limited hours and no weekends
- limited access to clinic with limited hours and no weekends hard for people who are trying to keep a job
- I sat in the office of my clinic (public) for 6 hours waiting and other clinics I have heard do not hold back service even if owed money
- good experience with Royal Oak clinic -good access at RO 45 minutes in and out, they work to ensure I can access when i need care
- Dockside is not welcoming and has poor access
- Connections is temporary and then they refer you on to a clinic
- my clinic is convenient to where I live this makes access easier
- if I miss an appointment they accommodate me to get another
- access can be impeded by the need for ID, SIN#, other info that is often difficult to produce
- I need my SIN# to direct bill for methadone and I didn't have it - huge barrier
- needing paperwork to access services or meds is huge barrier for people to get into treatment - need to make it easier
- it takes a lot of my time to manage my addiction and treatment

- need a boss that is understanding when I need to miss work
- having access to a clinic that is open evening is helpful - Quibble Creek
- I am seeing more flexibility in the times that services are offered
- There are later evening groups or appts.
- The waitlist in Merritt was very long. So had to travel to Kamloops and the doctor insisted on giving only daily doses of Suboxone due to fear of abuse
- Both clinics in Kamloops are downtown. People have to travel long distances from neighbouring communities. The clinic hours in publicly funded clinics are extremely limited.
- Not being able to access a carry script
- Time of day to receive script was very limited
- I was only offered a specific time and specific location only
- Being able to access a pharmacy during a time that works for my work schedule
- The Victoria Rapid Access Clinic is only open 3 hours a day; this is not enough
- Some clinics won't see walk-ins
- The STS clinic is open on weekends with a doctor on call
- Hard to get a bridging script over weekend or holiday
- Long waits deter a person from getting treatment
- I missed an appointment and the next time I went I was made to wait for several hours. I was told " I hope you learned your lesson"
- Trying to get a time for an appointment that fits with my work schedule is difficult
- Having a supportive boss is important and not always there when you are in treatment and have to get to various appointments
- Doctors will make you wait all day on purpose – like punishment if they don't like you or you missed an appointment
    - Clinics will book 3 or 4 people for the same time slot and then you have to wait even though you have an appt. time There is a difference between treatment for pain and for addiction; we need treatment focus for pain

Services available

- they offer a broad range of products; not just methadone
- RO saved my life; got the dose I needed and when I stated i wanted to change from methadone I was supported and offered Kadian
- RO helps with housing, they have a Primary care doctor
- Pacific Oak provides counselling support
- PO will provide a bridge scrip to carry me over
- Connections and Rapid Access will also provide bridging care as needed
- I have a MH diagnosis and I get support from RO
- counselling is provided and is voluntary to participate
- they offer other services; let me use the phone, have doctors that I can see
- they offer support by reminding me of my apt and pairing me with a buddy
- they really supported me through my head injury and needs related to my injury
- the pharmacy connected to the clinic delivers my meds
- I can see doctors, get my methadone

Safety

- there is drug dealing going on in front of my clinic (public)
- my dose was dropped drastically; the protocol was not followed by the doctor
- doctor is abusing power and dropping doses
- I was being drilled and asked so many questions when I wanted to begin treatment
- I was sedated without permission
- Police are not helpful in facilitating people getting into treatment
- I was pulled over and my care impounded when they learned I was on treatment
- Police park outside the Supervised Consumption Site and cause anxiety for clients

- There is a lack of confidentiality and privacy given to patients; waiting rooms are not set up to provide confidential interactions between clients and staff
- Urine tests are observed and this is very uncomfortable
- I was in jail and did not get my methadone for 3 days
- I moved from the clinic treatment to a recovery centre and could not get my script transferred so had days of no treatment; this is wrong and dangerous
- Once you are on OAT you cannot get prescriptions for any other medical concerns; you are cut off

Other comments

- I found my current clinic through my GP
- I was lucky to find a clinic that really helped me
- Why is it so difficult to get help to get off of methadone?
- I thought treatment would be a limited time frame not ongoing
- treatment is like a job having to get your methadone everyday
- methadone is a business for people who are unscrupulous
- consider the names of places to reduce stigma (I didn't; tell the taxi where I am going cause they judge me and ask me if I have money)
- some pharmacists are treating people badly
- The dosing of methadone is so gradual that patients cannot survive without additional street drugs. Additionally, missed doses for 3 days results in even lower dosing. It becomes a big challenge to stay off street drugs.
- People making these "clinical" standards are not drug users and don't understand the needs.
- Some clinics do not believe that patients want to get clean- they make fun of patients and treat them with cynicism.
- Patient's family physician does not support Suboxone treatment and refuses to prescribe.
- Waiting to get on treatment. I had to have blood work before I could begin and that took a whole week before methadone treatment began

Question 2 – Fees

- 94% of participants receive a subsidy that covers costs, in whole or in part, for clinic services
- Only 15% of participants were made aware of what their fees covered whether it was for opiod agonist therapy or other services
- 50% of participants found the stress of paying for clinic fees negatively impacts their lives
- 75% of participants stated that no alternative was offered to paying fees
- Of those that were offered alternatives the location was not easy to access
- Most participants were not aware of what other service's they could access from the clinics where they are receiving treatment
- "I was told if I was not able to pay I would still receive services"
- "I have to pay for every service, every treatment, it is not clearly stated what is included, hard to justify the cost, yes it is difficult to pay"
- "extended benefits cover the costs of clinic and treatment, i am on CPP so the amount goes on my cheque then comes off to go to the clinic costs, I go to a free clinic, my prescription fees are covered as I am on disability"
- Patients did not receive any significant refunds from Ministry of Social Development and Poverty Reduction
- One patient received a larger refund because he had receipts
- The class action settlement was very skewed-people who fought harder got more and others got nothing.
- Ministry of Social Development and Poverty Reduction forms are simply handed over to sign. There is no explanation.

- First Nations Health Authority forms are similarly handed over with no explanation.
- Told by a private clinic that if I did not pay up I would not get services
- I was so backlogged in debt; it took a long time to repay

Question 3 – Other services provided

- I was offered cannabis use for opioid reduction
- I receive GP services, admin support help with paperwork, awareness of resources available to me. counseling
- GP services, counselling, relationship support - Domestic violence, housing, journey support and navigation, phone, other meds (Tylenol samples)
- bought me a planner and pens to help keep me organized, GP services, reference letters, doctor notes for no charge
- Flat rate dispensing fee for a weeks' worth of daily scripts
- access to VCH/PHS Pender Clinic was not available to me as I was coming from a private clinic
- provided character references, general support
- social worker, GP, Psychiatry, resource access
- exercise program, access to a local gym
- psychiatry, references to specialists
- I get GP care, counselling, there is a full calendar of events that are on offer, I get referred if needed, the staff are friendly and compassionate
- I get transportation to the pharmacy if needed
- there is a direct connection through ownership of clinic, pharmacies and recovery homes - very corrupt
- I can access counselling both group and individual, GP services, detox, acupuncture, outpatient, courses/education, full calendar of event, offer alternative treatment services, social worker, great hub of services, all for no additional fees
- I get counselling, access to doctors or scripts
- Primary health care needs
- Counseling
- I have had support from social work
- Outreach workers
- Acupuncture
- Art therapy
- Cooking classes and support to prepare nutrition meal
- Free coffee
- Cannabis treatment
- Mindfulness
- Spiritual practices
- Smudging
- Lavender scenting of room and space
- Help with getting a birth certificate and covering the coasts

Other services that would be valuable

- Community based supports- delivery of drugs when not feeling well, some nurse who can visit patients if they need supervision to take the medicines.
- More education around side effects especially Suboxone. So many medical needs arise as a result of Suboxone.
- Some kind of support service to help with forms, ID's, housing, etc.
- Primary health issues should be addressed under one roof.
- Would like counselling especially trauma counselling
- Couples counselling
- Provide candy with methadone (makes it easier to take)
- Probiotics to have while on treatment- gut Health Shared Services BC peer support groups
- Doctors that are empathetic
- Help for single parents to continue to parent an remain connected to their children
- Peer counselling
- Someone to watch over and support me like a sponsor that has no judgement just there to help me; wrap around support
- Peer research work
- More places like or support for the Daily Dose Society
- Access to clean equipment (rigs)

- Needle exchange with longer hours
- A hospital and staff that are helpful and respectful; not judgemental
- Naloxone training for the community
- NARCAN nasal spray

Other comments

- takes a lot of energy to manage methadone treatment
- lack of government run clinics are an issue
- gov't run clinics should be like Royal Oak and Pacific Oak- ideal model
- clinics keep in the know about street drugs
- What is the protocol for getting people off of methadone? Why is there not a protocol? I don't want to be on methadone forever. What is the expected or best practice trajectory to get off of methadone? Can a protocol be put in place to get people off of methadone?
- Encourage people to keep asking to get off methadone, need the right doctor to help.
- it is so sad that there are so many people (corrupt) that are making money off of addiction
- the pharmacies get kickbacks and pay for unused scripts
- billing for urine tests are done by the recovery houses in collusion with the pharmacies - they receive a fee for this
- Mending Spirits - check this out for issues related to corruption
- need to look at the recovery trajectory
- when you are in that lifestyle you don't care and you need someone that treats you like a human being
- Vivitrol- approved in the U.S. but not here.
- Generic morphine doesn't work.
- IOAT is being implemented in a housing community in Kamloops.
- The stigma is so strong and affects all aspects of life
- Is there an alternative treatment to fentanyl use?
- Is old style methadone coming back? It should
- Need access to heroin as a treatment for heroin addiction
- We need a family based approach to recovery
- Support for withdrawal as part of the recovery process; not interminably being on methadone
- Parents who are addicts need support to parent and stay with their families
- Wide spectrum treatment for other drugs not just opioids
- We have an awesome system with lots of supports
- We are judged by others because we are addicts
- Doctors are overprescribing and creating addicts
- There is so much stigma still
- We need new treatments; the ones we have are not working
- It is great to see people using the outdoor sharps receptacles; I am seeing fewer needles on the ground

"I am an addict and will always be an addict but it does not define me"

"You can really tell if a clinic is doing their work for the right reason - to help people"

Who we heard from

At discussions held in Vancouver, Surrey, Kamloops, Victoria and Campbell River we have heard from 56 people who are currently seeking Opioid Agonist Therapy at a private or Health Authority run clinics.

"Without peer support I would not have made it"

"Why is there no protocol for getting people off methadone? I don't want to be on methadone forever."

"We are judged by others because we are addicts"

Summary and Recommendations

It was evident there were numerous barriers, to access of OAT, among the participants which were a result of inconsistencies in the subsidy coverage as well as the protocols between privately run and health authority run clinics. A consistent application of subsidy and an explanation of what is covered would help clarify for clients what they can expect when accessing services at an OAT clinic. The complexity of managing therapy can be daunting and clinics should be aware of this and support clients. Having mechanisms to help remind clients of appointments and facilitating access when needed is key to recovery treatment. Retribution for missed appointments should never be a practice. Focus on client centred recovery should be the practice with the goal of supporting clients to achieve their recovery goals. OAT should be a stage of recovery not an interminable stage. Peer support is a valuable and client centred aspect of recovery and should be available for all clients to support recovery. The trajectory of recovery seems to be missing a crucial phase that would support clients to transition from OAT to next stage of recovery which would not include OAT.

- Standardize subsidy to access services for all OAT clients
- Communicate to clients what services they can expect and are covered through the OAT clinics whether privately run or publicly run
- Provide a mechanism for clients to be reminded of appointments, accommodate clients when they need support and create a culture that supports clients to succeed in their therapy
- OAT clinics should set recovery goals with clients that are client centred and holistic. These goals should be confirmed and revisited every 6 months.
- Treatment goals for clients should consider their schedule, employment, family, health status, financial status, transportation needs, housing, nutrition needs and psychosocial needs.
- Peer support workers are an integral support for recovery and should be available to all clients regardless of whether they are accessing services through a privately run or publicly run clinic.
- When clients transition from street to treatment or clinic treatment to recovery house or are in jail there should be no lag time for the client to receive OAT. Transition should be seamless and consistent receipt of OAT should be in place.
- Provide support and treatment for clients to transition off of OAT when they request to
- Provide community based education to raise awareness of Opioid addiction and treatment in order to reduce stigma and increase community support.