

Women's Experiences in Injectable Opioid Agonist Treatment Programs in Vancouver, Canada



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I respectfully acknowledge that I live and work on the stolen lands of the Coast Salish, Musqueam and Tsleil-Waututh Nations.

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Overview

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Research Paper

Women's experiences in injectable opioid agonist treatment programs in Vancouver, Canada

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Background

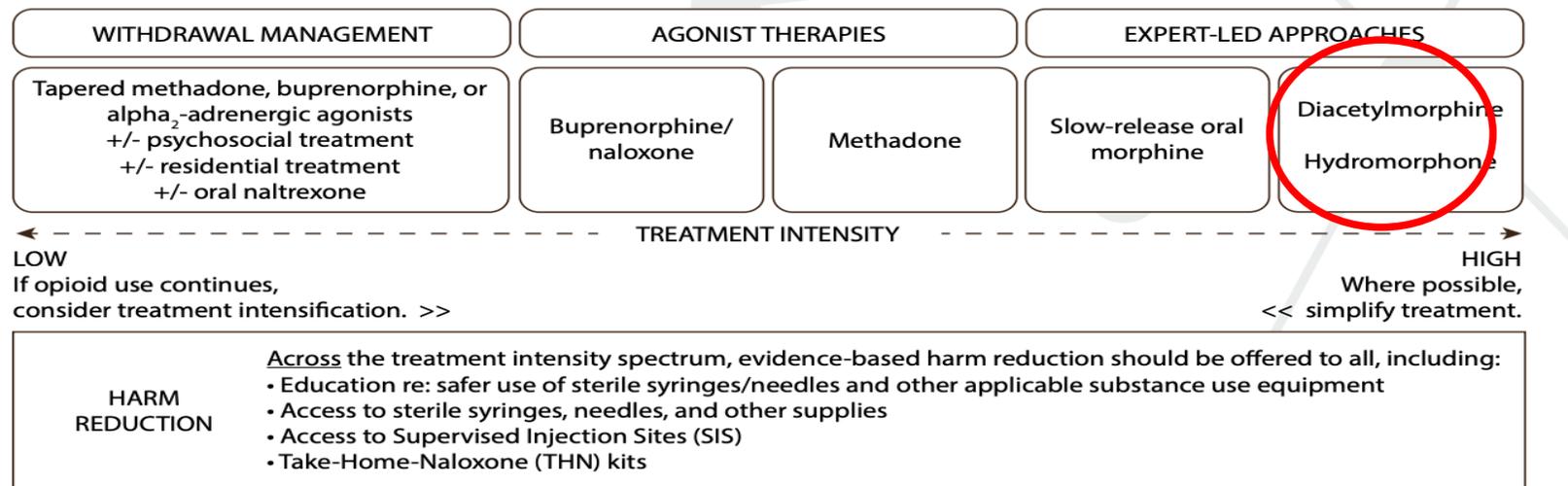
- Women's risk of **violence** and **drug-use related harms** has been amplified during the overdose crisis (Boyd et al. 2018, Mitra et al. 2020).
- **Equitable access** to a spectrum of opioid treatment, including **injectable opioid agonist treatment (iOAT)**, holds the potential to help mitigate risks associated with an increasingly toxic illicit drug supply for women.
- Women face barriers to drug treatment programs and are **under-served and under-prioritized** in the delivery of gender-attentive treatment services (Lyons et al., 2016, Martin & Walia, 2019).
- **Previous research** on iOAT has highlighted some differences in retention and treatment outcomes between men and women (Oviedo-Joekes et al. 2010). For instance better health for women in iOAT meant rebuilding relationships and better self care (Palis et al. 2017).

Objectives

- To identify how women's **social context** impacts their engagement with iOAT.
- To identify how **structural aspects** of program delivery impact women's engagement with iOAT.

What is iOAT?

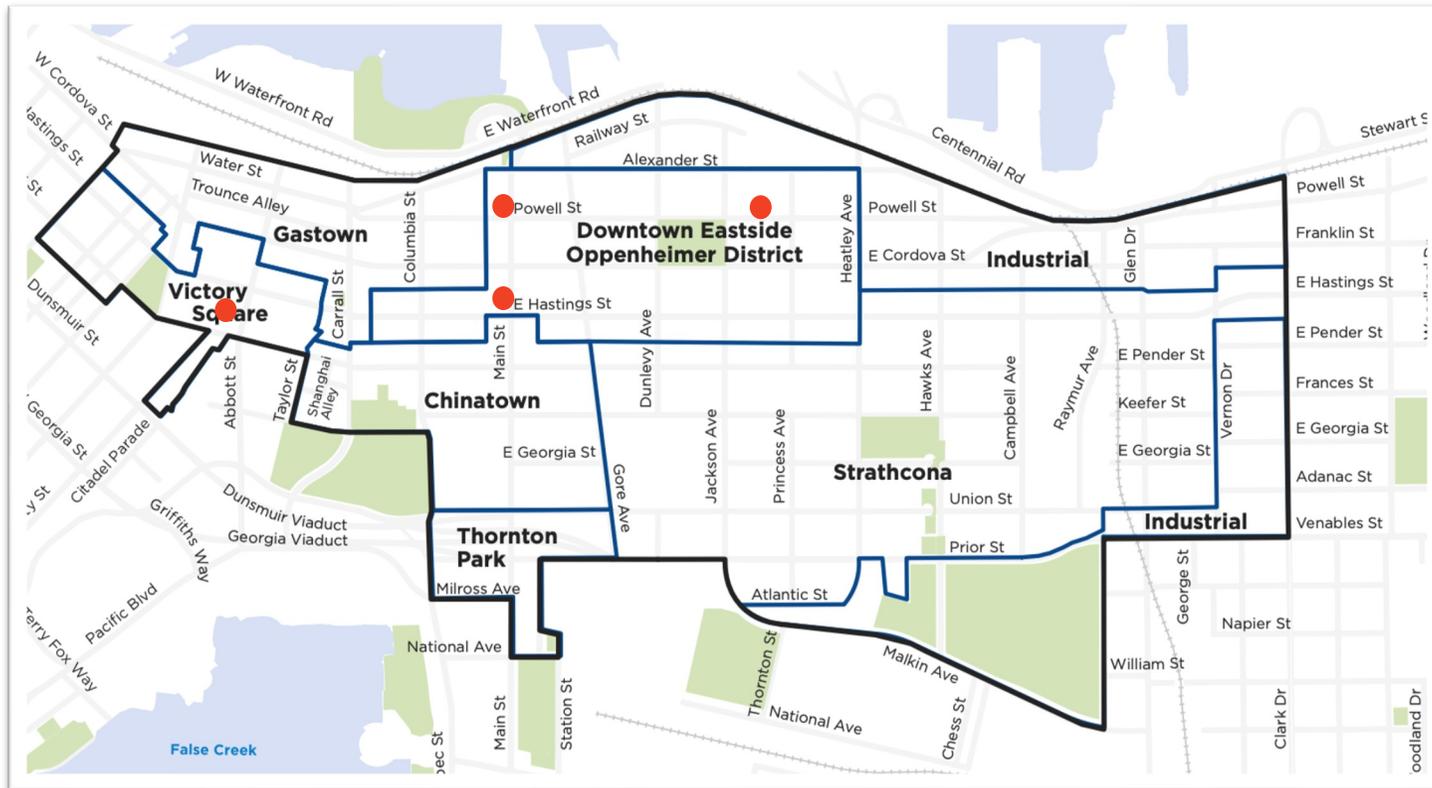
Figure 1: Continuum of Care



BC Centre on Substance Use (2017) Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder.

https://www.bccsu.ca/wp-content/uploads/2021/07/BC_iOAT_Guideline.pdf

Research Context: Study Sites



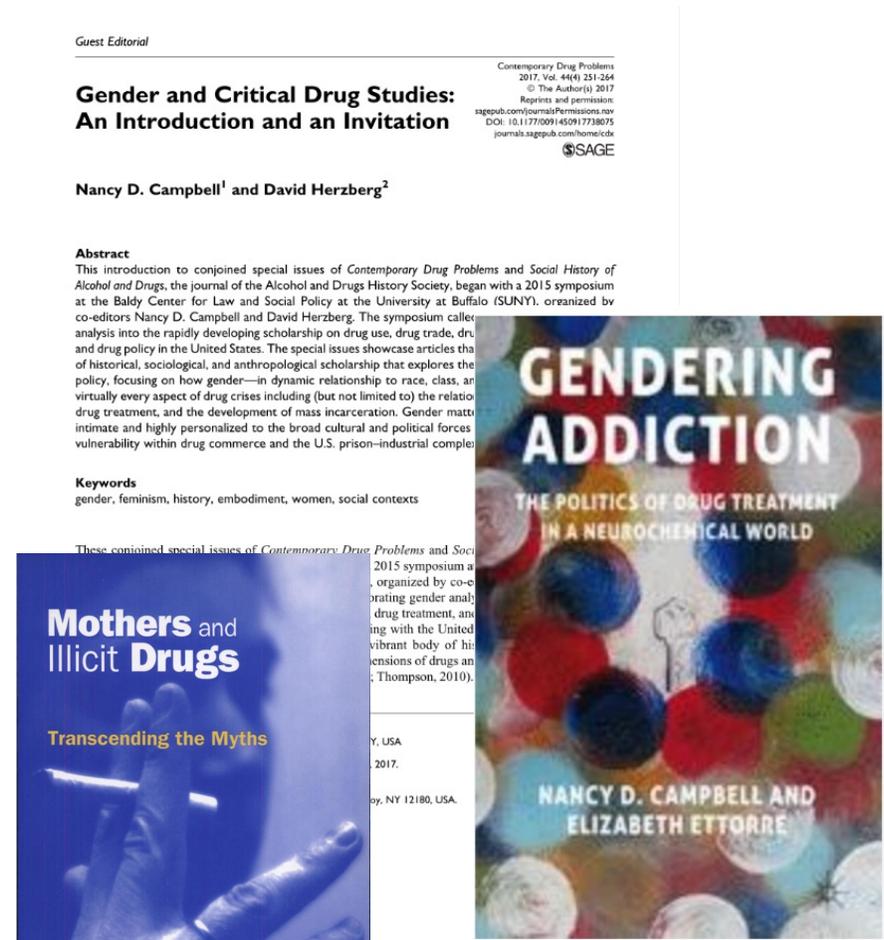
Vancouver Downtown Eastside Local Areas. Downtown Eastside Plan. City of Vancouver (2018).



Google maps image: Main and Hastings Street

Methodology: Critical Ethnography and Critical Drug and Gender Studies

- Sixteen women participated in in-depth qualitative interviews (5 follow up interviews).
 - 2018-2020*
- 50 hours of ethnographic observations.
- Follow up meetings with women who participated in interviews.



* COVID interrupted data collection for this study

Participant demographics

Age	
Mean	44
Range	22-58
Ethnicity	
Indigenous	10 (62.5%)
White	6 (37.5%)
Sexual Orientation	
Straight	14 (87.5%)
Gay	1 (6.3%)
Bisexual	1 (6.3%)
Housing	
Apartment	5 (31.25%)
Single Room Occupancy Hotel (Private)	1 (6.3%)
Single Room Occupancy Hotel (Public)	8 (50.0%)
Friends Place	1 (6.3%)
Unsheltered/Outside	1 (6.3%)
Income Generation Sources (30 days) *	
Full-time employment	1 (6.25%)
Part-time employment	5 (31.25%)
Drug Selling	3 (18.75%)
Sex Work	3 (18.75%)
Recycling	5 (31.25%)
Boosting	3 (18.75%)
Vending	3 (18.75%)
Panhandling	1 (6.25%)
Social Assistance	14 (87.50%)
Other: Support from family, ex-husband	3 (18.75%)

Study Findings: Personal Relationships and iOAT

- Enrolling women and their partners can encourage women's engagement in iOAT, but programs must **accommodate** these partnerships.

My ex-spouse and I have a no contact order now and we both go to the program. So, we had to work it with management, certain times for me to be able to go twice a day and certain times for him, so there's no running... we're not having to run in with each other and it was just, it was complicated at first, so I just chose to withdraw from the program for a couple of weeks.

Study Findings: Relationships with care providers

- Women built **positive relationships with care providers** and felt that iOAT was **safer** than other places (e.g., street, overdose prevention site).
- **Program operations** (e.g., lack of privacy, daily-witnessed dose administration) **could strain relationships** between care providers and women and **did not account for their social context** (e.g., housing, jobs, personal relationships).

*Rules have been a relaxed here [...] like just observing the surroundings of who they're dealing with, you know. It's just not so medical, so clinical. More, yeah, like friendlier, yeah. It's just more, you know, 'hi, **how's it going?**' and **you know, and engaged in people's lives and wanting to know. Not nosy, but wanting to know and giving a shit about what, you know, what's going on in people's lives.***

Supporting medication administration

“I know, I can’t believe that. That’s just like, I really didn’t expect them [nurses] to go so above and beyond, like they’ll teach me like how to do that, like and I mean they literally had to sit with me. [...] The nurse said I think you’d have a more comfortable way of like positioning your hands...”

*“I didn’t like IV’ing in front of other people, and that was a big thing, and there were discussions of your other medications, and the doctor wants to see you and are you going down this week, and it was just, like I just didn’t want my recovery and its falls and dips to be discussed every day and **not in any kind of privacy**”*

Findings: Agency and Control

- iOAT helped women gain more agency (e.g., more money, more control over drug use, better health).

*Yeah, I was seeing this guy for a while and I think I liked him because he was a dealer. I could get my stuff for free, so I was, you know, seeking out dealers as boyfriends to keep the costs down. So... a change would be from like I had a partner, and now I don't. [Laughs], and that is my change. [Laughs] Yeah, he was a dealer, so I was getting all my jib for free, so. And down too, if I wanted it, yeah. But he was... he was... he was horrible. **He was horrible and treated me bad, so yeah. Yeah, so I don't miss that, and I don't miss him.***

Findings: Agency and Control

- Program requirements made it **hard for women to live according to their terms** (e.g., employment, (re) connecting with their family and children) because **you could not take the medication home**.

*“Well, like it’s hard to move forward any further, **because we’re not allowed carries**. It’s really difficult to...you know, **it’s hard to visit anybody**. It’s hard to go anywhere. **Sometimes it’s even hard to get to work on time** because I always have to go to the clinic before I can go to work, and I can’t go to work sick. That would be pointless. And torture. **So yeah, so I’m kind of just stuck**. Until they get more clinics, or they’re more flexible on the dispensing of it, or whatever, **I’m just stuck with what I have.**”*

Limitations

- Specific to a particular context.
- COVID-19 limited follow up interviews and additional fieldwork.
- Targeted questions on mothering and motherhood no interview guide.
- Limited information on gender-diverse people.

Key message and recommendations

- **Gender responsive, diverse and low-threshold treatment are needed and include;** assistance with injection, enrolling partners, providing take home options, increasing privacy, and providing women's specific iOAT programs.
- iOAT programs need more **support** to build **strong relationships with women**, and to have the **flexibility to adapt operations** to meet women's diverse and changing social context and needs.
- Future programming should focus on how to foster women's **agency** in iOAT programs and provide support for **socio-structural** barriers they face.

Thank you for
your time!

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