

Key findings from repeat surveys of Canadian iOAT programs

Background

The CRISM **injectable opioid agonist treatment (iOAT) environmental scan** was conducted annually across Canada with the goals:

- 1) Mapping out iOAT programs across Canada;
- 2) Describing their services and clients; and
- 3) Identifying barriers, gaps and strengths from the point of view of service providers.

Methods

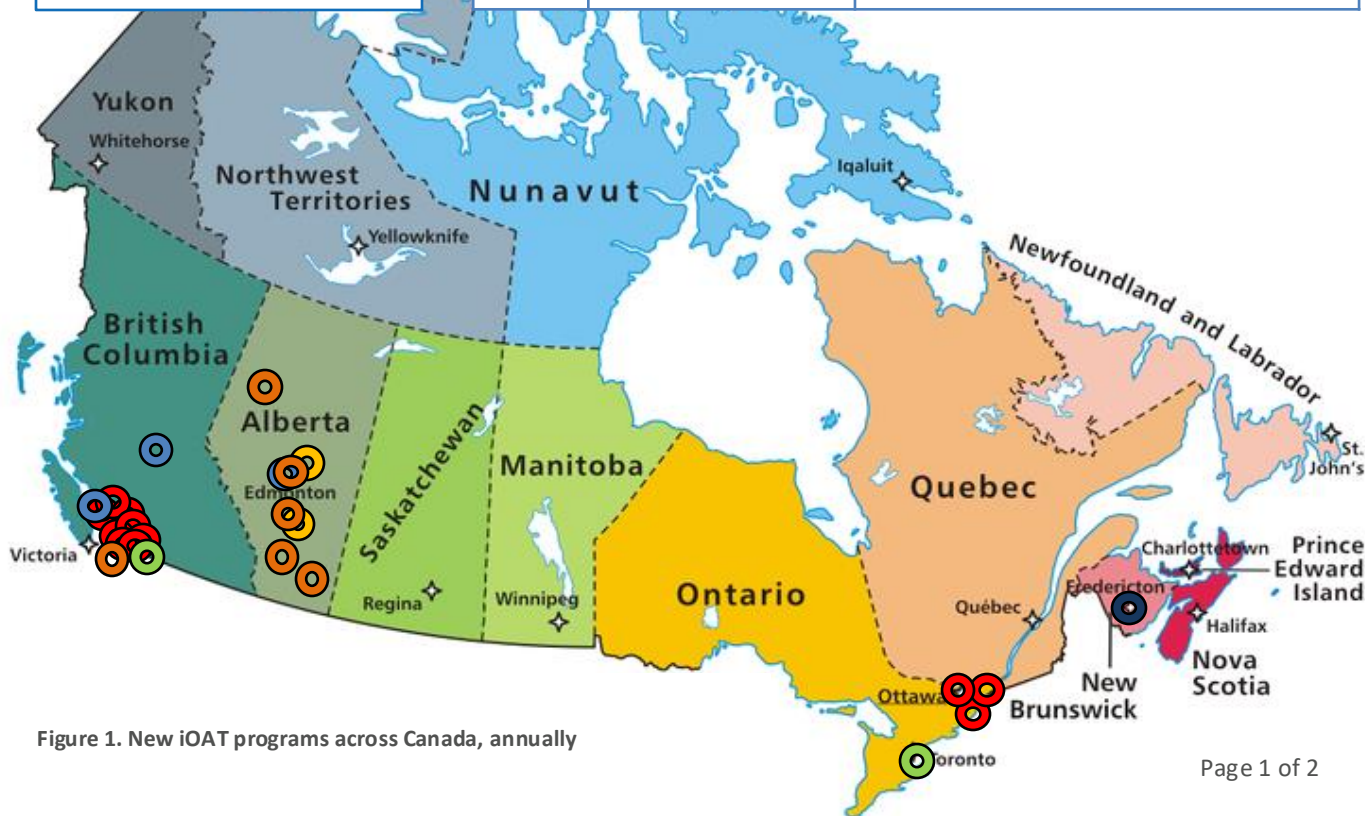
iOAT programs were found through the national CRISM research network and internet searches. Each program or site named a contact person to complete phone or email surveys at each scan date. Contacts checked to ensure findings were accurate. The first two e-scans were conducted in September 2018 and March 2019, with annual scans thereafter until March 2023.

Results

Number and Location of iOAT Programs

Legend	
	Scan 1 – Existing programs
	Scan 2 – New programs
	Scan 3 – New programs
	Scan 4 – New programs
	Scan 5 – New programs
	Scan 6 – New programs

Scan 1	September 1, 2018	11 programs
Scan 2	March 1, 2019	11 programs (2 new, 2 discontinued)
Scan 3	March 1, 2020	14 programs (3 new)
Scan 4	March 1, 2021	15 programs (1 new)
Scan 5	March 1, 2022	17 programs (2 new)
Scan 6	March 1, 2023	14 programs (1 new, 2 discontinued + Alberta programs reconfigured)



Clients

		2018	2019	2020	2021	2022	2023
Total # client starts		625	781	1041	1206	1247	1616
# active clients		250	270	401	297	366	374
# on waitlists		395+	499+	441+	260+	213+	224+
Active client age	Mean	46.5	43	45.8	40.5	41.6	41.5
	Range	21-69	21-69	17-70	18-71	19-76	22-72
Active client gender*	Men	73%	68%	68%	73%	75%	72%
	Women	27%	32%	32%	26%	23%	28%

Table 1. iOAT client demographics over time

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

*Individuals identifying as 'other' gender constituted 0-1% annually

2023 iOAT Service Delivery Models



Embedded/Integrated

iOAT offered in existing health, harm reduction or social services

10



Comprehensive/Dedicated iOAT clinic

Wrap-around care at health clinic only for iOAT clients e.g. clinic, hospice, housing

2



Hospital-based

iOAT given during hospital stay

1

Note: the pharmacy service model, in which iOAT is started at a health care clinic and continued at a community pharmacy, had been discontinued by the end of the scan years

iOAT Medications Given

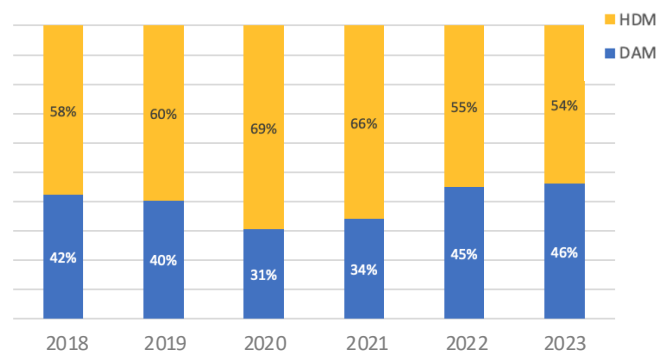


Figure 3. Proportion of iOAT clients receiving either medication option, annually

Contact

Please contact the evaluation team with any questions or concerns: ioatstudy@bccsu.ubc.ca

Changes to Services Over Time

- Renovations to increase space or capacity
- Quicker delivery of iOAT after prescription
- Expanded onsite services and offsite referrals
- Fewer doses per day = increased client flexibility
- Updated standards, protocols, system

Barriers

- Care processes**
 - High intensity treatment, rigid structure
- Access to medication**
 - Limited dosing/ medication options
 - Toxic street drug supply rendering treatment less effective
- 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
 - More sites offering peer support
- Care processes**
 - Simple intake process
 - Active client follow-up
- Access to services**
 - Strong community partners (e.g., pharmacy)
 - On-site services
- Staffing**
 - Strong communication, peer support workers, nurse training

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.