

Addiction and services trajectories: Substance users' perspectives

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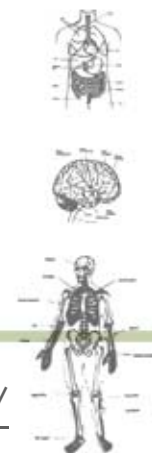
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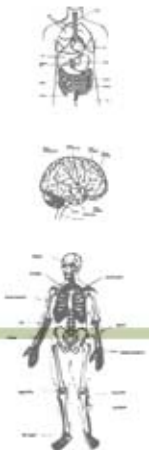
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Objective

- To describe and understand addiction and services trajectories from the points view of substance users

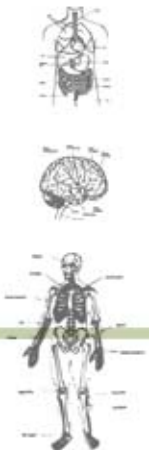




Method

- Qualitative study
 - Phenomenological perspective (Brunelle & al, 2015; Giorgi, 1997; Patenaude & Brunelle, 2014)
 - Trajectory approach (Roy & al, 2008; Brochu & Parent, 2005; Brunelle & Cousineau, 2005)
 - Longitudinal design
 - T1: After problematic substance use detection (n=127)
 - T2: 1 year follow-up (n=79)
- Sample: 79 (2 time measurement)
 - Recruitment: criminal court and emergency

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Method (2)

- Data collection
 - Semi-structured in-depth interviews
 - Addictive and services trajectories
 - Alcohol and drugs initiation and first time when substance use was perceived problematic
 - Substance use transitions
 - First use of addiction services
 - Significant services utilization along life course, including contacts with justice system (last 5 years: detailed exploration)
 - the life events related to substance use
 - *Services utilization questionnaire* (Fleury & al, 2009)

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Method (3)

- Analysis

- Thematic analysis (horizontal) (Paillé & Mucchielli, 2003)

- Services utilization experience

- Trajectory analysis (preliminary) (Roy et al., 2009; Brochu, Da Agra, Cousineau, 2002)

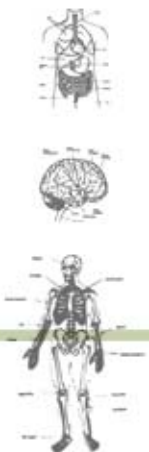
- Summaries of interviews

- Individual time lines for each participant with T1 and T2 interviews (n=79), completed with *Services utilization questionnaire*

- Life course substance use transitions, services utilization, life events

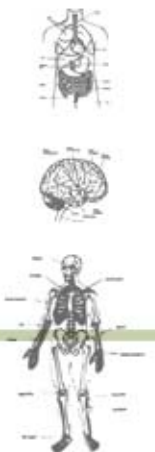
- Typologies of services trajectories

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RESULTS

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Sociodemographic characteristics	n (%)	
	T1	T2
Recruitment	127	79
Montreal	63 (49,6%)	41 (51,9%)
Mauricie-Centre-du-Quebec	64 (50,4%)	38 (48,1)
Entry recruitment	127	79
CLSC (primary health care)	12 (9,4%)	0 (0%)
Emergency	60 (47,2%)	40 (50,6%)
Criminal court	55 (43,3%)	39 (49,4)
Sex	127	79
Men	90 (70,9%)	58 (73,4%)
Women	37 (29,1%)	21 (26,6%)
Marital status	127	79
Married/law spouse	36 (28,8%)	23 (29,1%)
Separate/divorced/widower	19 (14,9%)	12 (15,2%)
Single	72 (56,7%)	44 (55,7%)



Sociodemographics characteristics (suite)	n (%)	
	T1	T2
Education	127	79
Primary/High school	103 (81,1%)	61 (77,1%)
College/University	24 (18,9%)	18 (22,8%)
Income	126	78
19 999\$ or less	75 (59,5%)	58 (74,4%)
20 000\$ to 39 999\$	34 (27,0%)	10 (12,8%)
40 000\$ or more	17 (13,5%)	10 (12,8%)
Having children (yes)	73 (57,4%)	44 (55,7%)
	Mean Age (S.D)	
	T1	T2
Total	38,4 (11,8)	39,2 (13,0)





Trajectory 1

Services trajectory characterized by
concomitant mental health problem

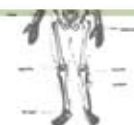
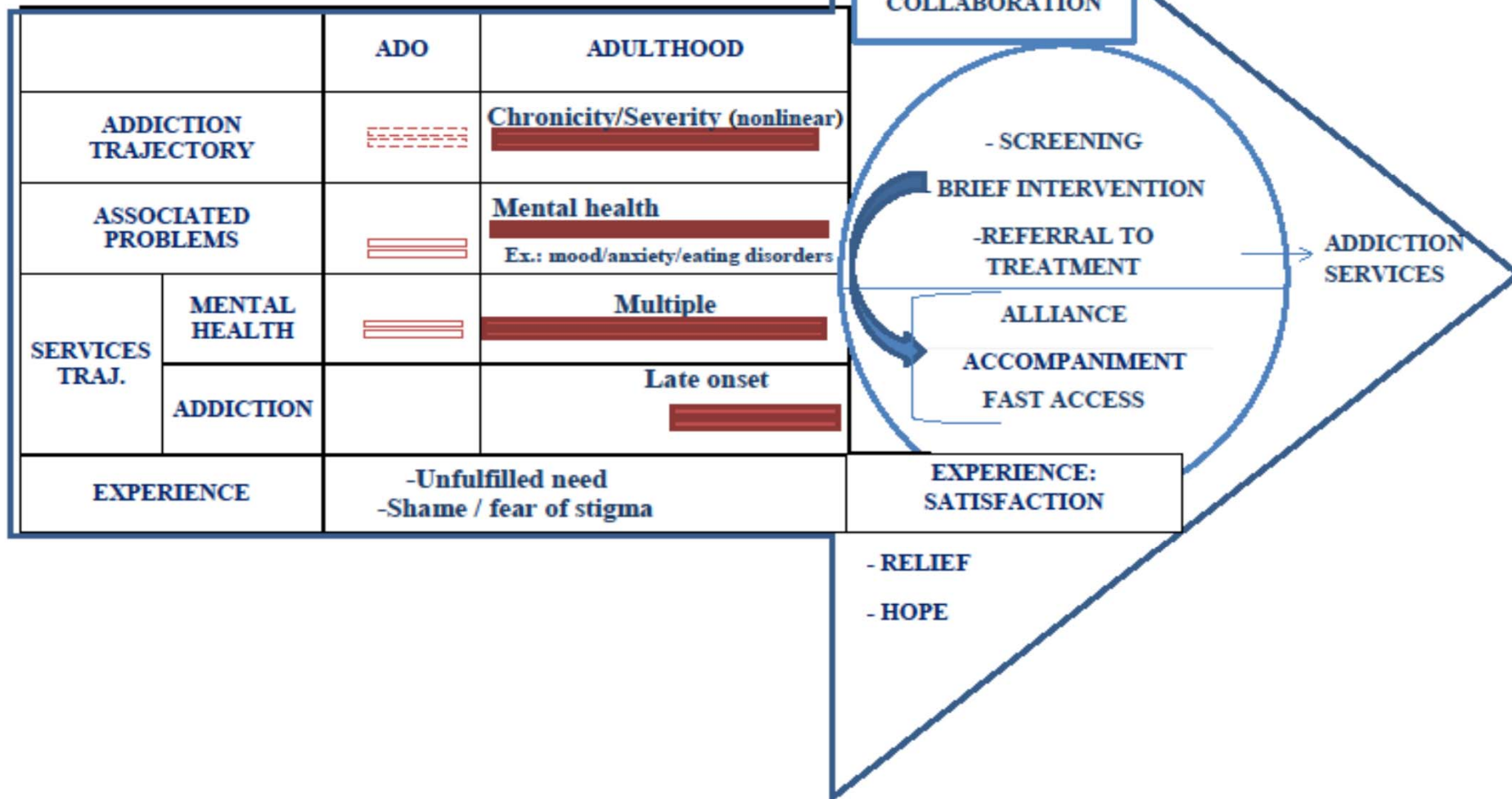


Trajectory 2:

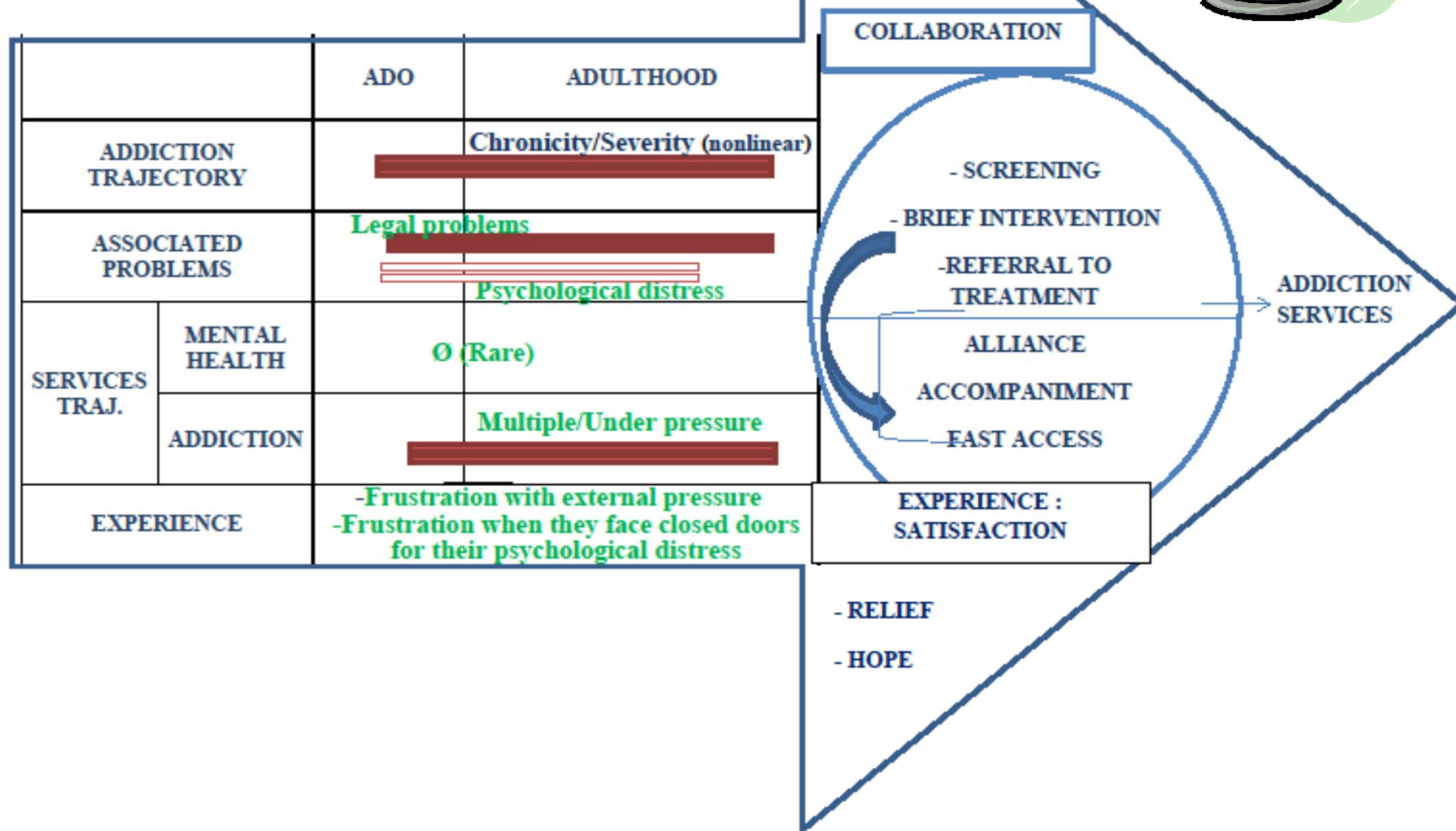
Services trajectory characterized by
concomitant legal problems



1- Services trajectory characterized by concomitant mental health problems



2- Services trajectory characterized by concomitant legal problems



1- Services trajectory characterized by concomitant mental health problems



When they saw me, sometimes after 3-4 beers, I become aggressive. They said: "I think she has a little problem with alcohol." So, when they told me I had another problem along with bipolar disorder, I said: "That's two mental diseases!" It was difficult to accept that for me because I was a really proud person (Alice, 61, emergency)

SERVICES
TRAJ.

ADDICTION

EXPERIENCE

**Shame/Fear of
stigma**

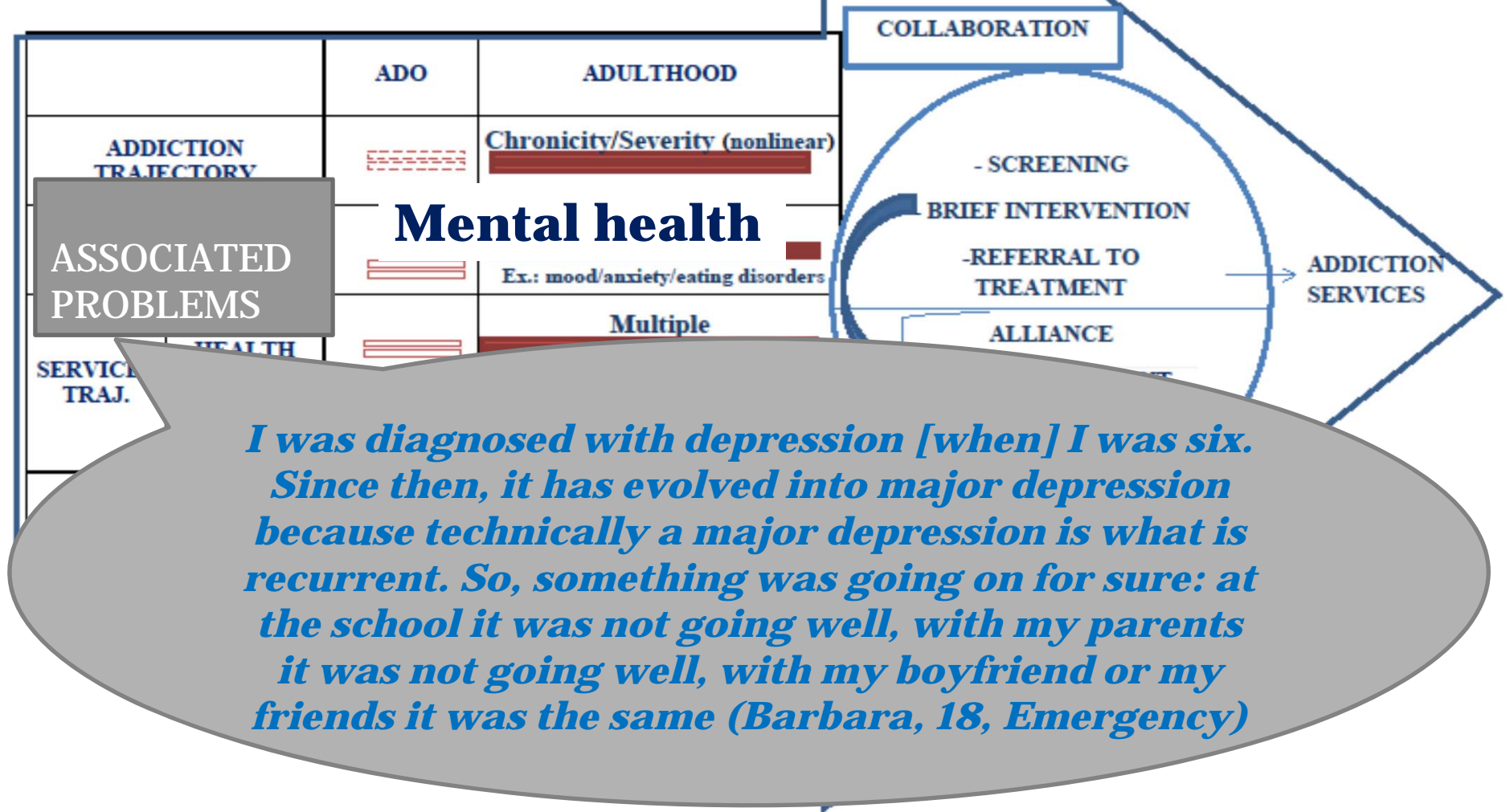
EXPERIENCE:
SATISFACTION

- RELIEF

- HOPE



1- Services trajectory characterized by concomitant mental health problems



1- Services trajectory characterized by concomitant mental health problems



I had a lot of follow-ups, I was still going at (Treatment Center D), (Hospital R), individual treatment, group treatment, the nutritionist, the psychiatrist, the meetings. All of that made a lot for me. Even if I've got a lot, I still asked for more. You know, the house was not clean enough, I wanted to return to school and I did not have a fulfilling job [...] All these things make me consume to calm myself down. (Bernadette, 31, emergency)



2- Services trajectory characterized by concomitant legal problems



Yeah, that's it [the social worker of the school who referred him to addiction treatment for the first time], it was my mother who had demanded it. Let's say that I was already aware that I had a problem, but I did not want to, I had no desire to get out of it. So, they tried, but there was nothing to do at this point (Donald, 32, criminal court).

**Frustration with external
pressure**

SATISFACTION

- RELIEF
- HOPE

2- Services trajectory characterized by concomitant legal problems



*Yes, I knew that it was the
paperwork, the paperwork up to
here. I was a little bit frustrated, so
I called the CLSC to have a
psychologist and 6 months later
they called me back, you know
(Christopher, 27, criminal court)*

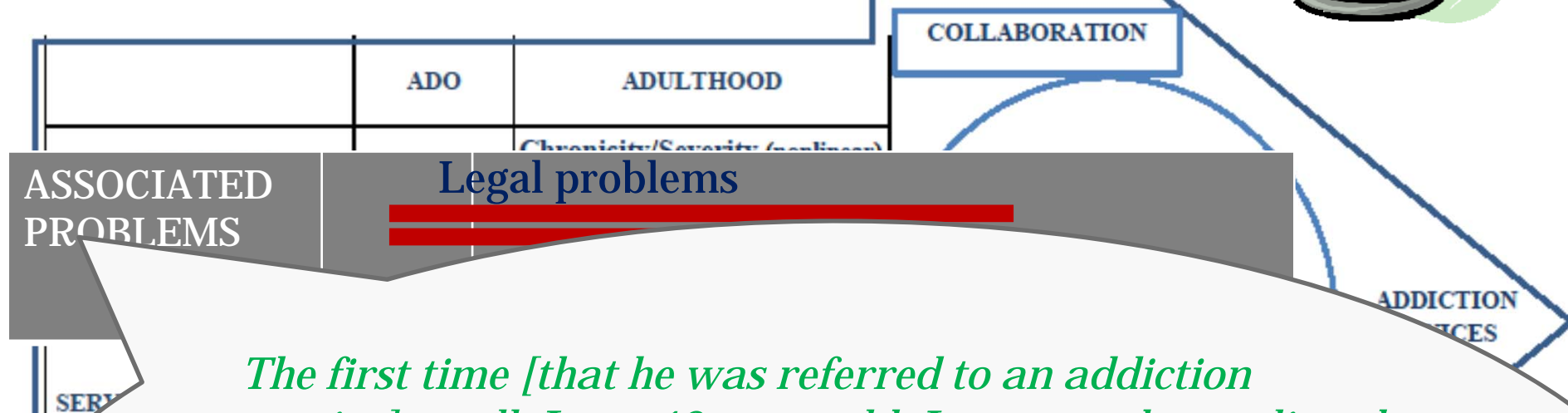
**Frustration when they face
closed doors for their
psychological distress**

ors

EXPERIENCE :
SATISFACTION

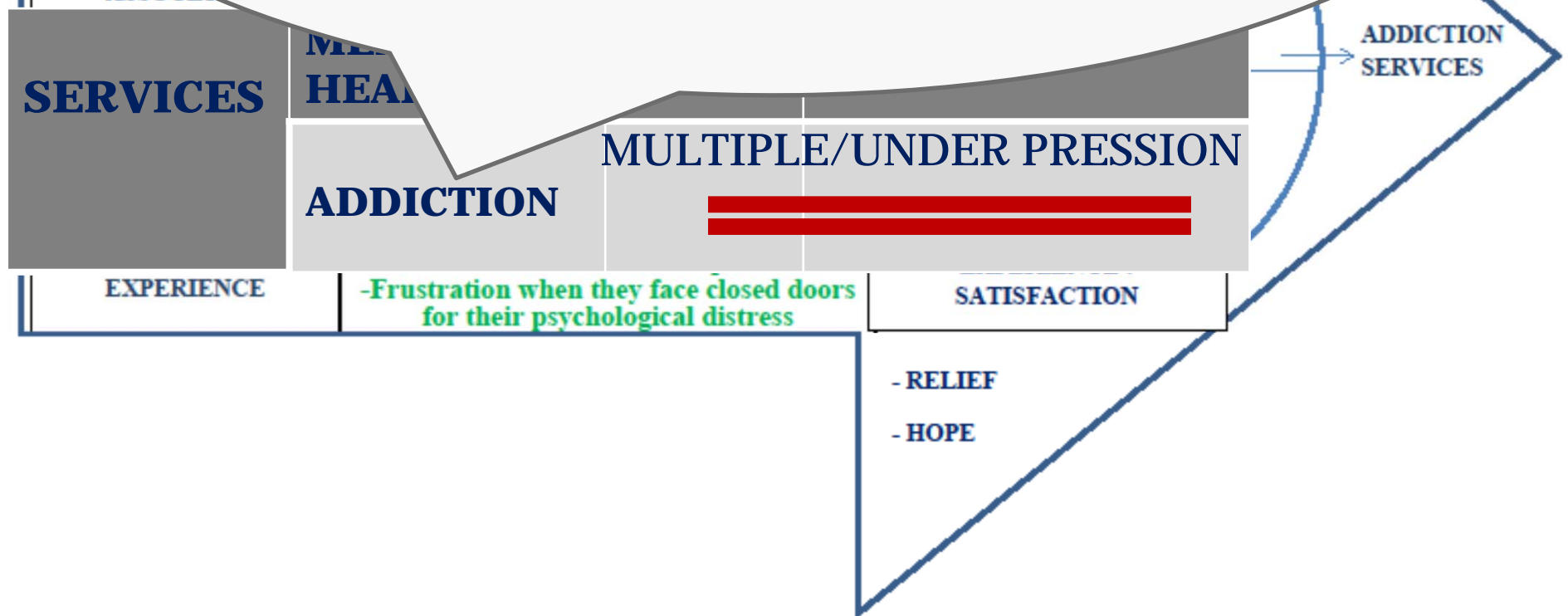
- RELIEF
- HOPE

2- Services trajectory characterized by concomitant legal problems



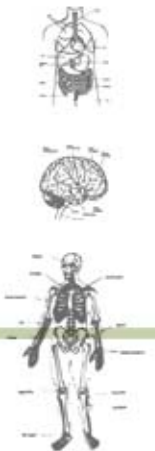
The first time [that he was referred to an addiction service]...well, I was 13 years old. I was caught stealing the radio of a car with people older than me. I was brought to a police station in (City 29). My mother was already fed up of me because I did not listen to her and I did a lot of bad things and she refused to pick at the police station. So, automatically the police referred me to child welfare . So I went to the reception center for a month, for the evaluation of my behavior and its level of severity (Boris, criminal court).

Basically, it is a question of will for sure. If you don't have it, even if you have the best professionals in the world the treatment does not work. Almost all the places I in which I was, (Treatment Centre A) or here (Treatment Centre D), they were fine. They work mostly in the behavior, which was fine. I would have preferred not going for treatment, but it was necessary. But basically it was something that I appreciated, I've grown up " (Alain, 23 ans, Cour)



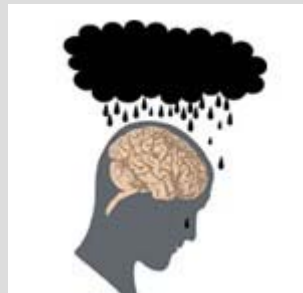
Collaboration: last detection episode

Trajectory 1 & 2: similar experience



When the judge accepted [I go to therapy], I was happy [...] I was relieved!
(Alphonse, 23, criminal court)

[...] I was impatient to do [therapy], to start it and to work on myself. When I went [to therapy], I cried of joy. I could not stop jumping: Hey I'm so glad! I'm in therapy!
(Andréanne, emergency).



COLLABORATION

- SCREENING

BRIEF INTERVENTION

- REFERRAL TO
TREATMENT

ALLIANCE

ACCOMPANIMENT
FAST ACCESS

**EXPERIENCE:
SATISFACTION**

- RELIEF

- HOPE



Discussion

- Concomitant mental health and legal problems are associated to multiple service utilization and chronicity
 - Lack of services integration contribute to this chronicity
 - Experiences: unfulfilled needs/Frustration with close doors
- Screening, Brief Intervention and Referral to treatment (SBIRT) (Babor et al., 2007):
 - relevant, can change services trajectory and contribute to satisfaction and treatment engagement for both typologies
- Trajectory 1 (mental health problems):
 - Stigma of addiction can delay addiction treatment entry
- Trajectory 2 (legal problems):
 - May stigma of the criminal status explain the delayed mental health treatment entry?

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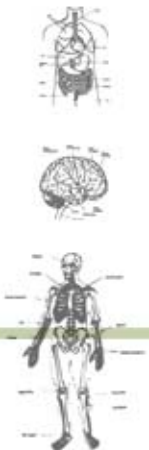


Figure 2. The « no wrong door » principle: based on a diversity of entry doors for addiction services (Bertrand et al., 2015)

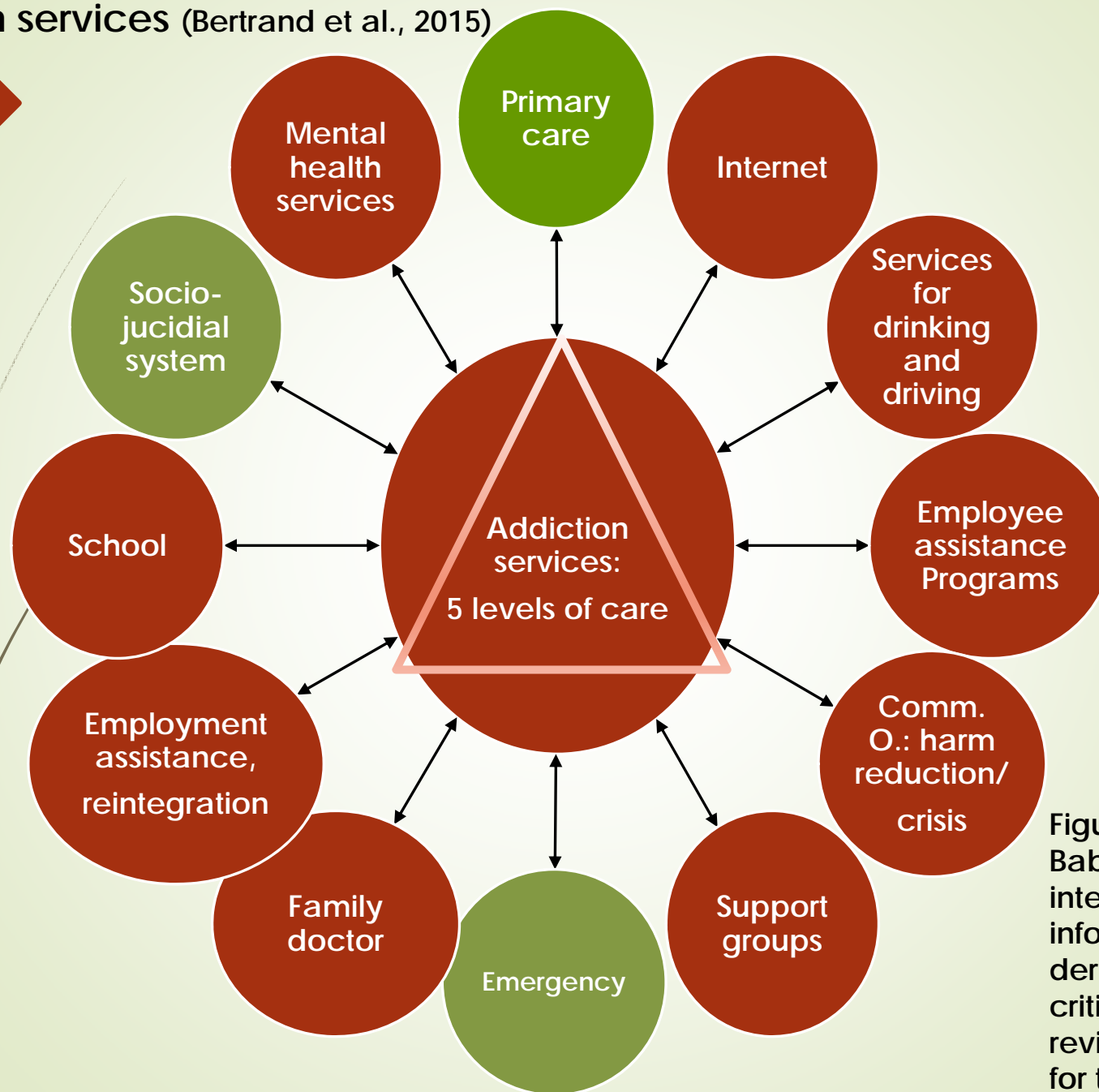
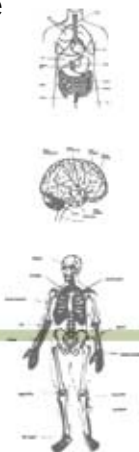


Figure inspired by Babor et al. (2008), integrating information derived from this critical literature review, prepared for the AIDQ



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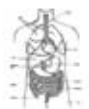
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