

Initiation of addiction treatment and access to services: Young adults' accounts of their help-seeking experiences

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*Trajectoires addictives et trajectoires de services :
les personnes toxicomanes au carrefour de réseaux de
prise en charge.*



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CSAM  SMCA
Canadian Society of Addiction Medicine
La société médicale canadienne sur l'addiction



Conflicts of interest

I have no conflict of interest to disclose.

Learning objectives

Specific needs and difficulties of young adults during initiation of addiction treatment

Roles of personal, environmental and institutional factors on access to substance abuse treatment

Initial context

Substance use & emerging adulthood

- High substance misuse (SM) prevalence in emerging adults (15-24 yo) in Canada
- Significant period of human development
- Vulnerability to the consequences of SM

Younger users are different from older users in their healthcare access

- Less utilization of primary care, Less compliance to SM treatment
- Face greater challenges initiating and staying engaged in care
- Particular needs, specific difficulties?

Research objective

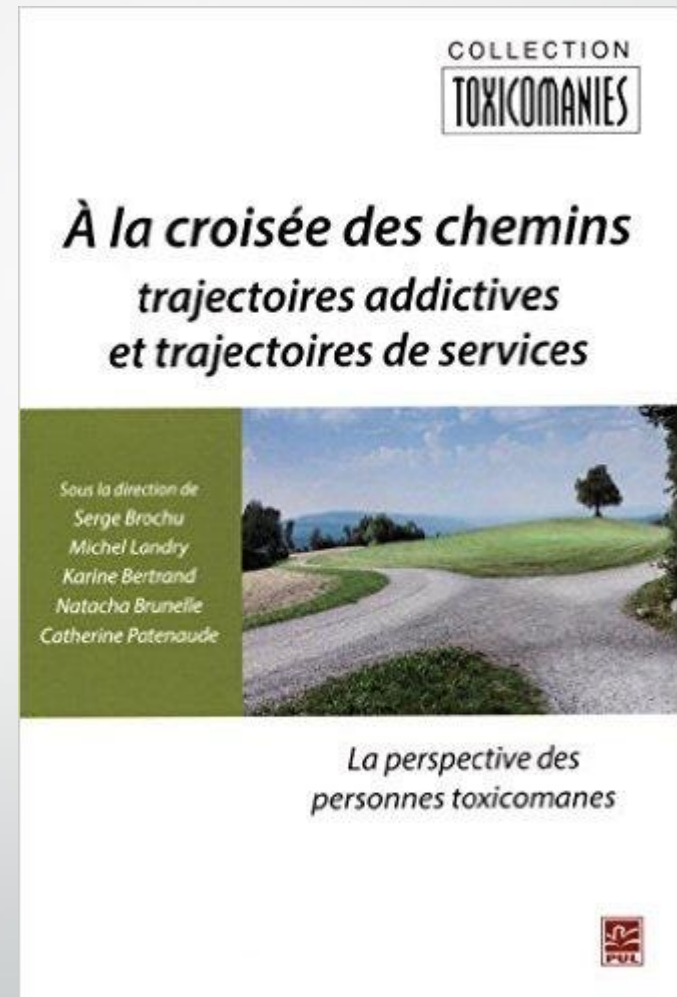
Exploring the process of addiction treatment initiation of young adults with problematic alcohol or drug use

- Considering the very own users' perspectives

Study framework

The current study is part of a broader research program ...

- Supported by the Community-University Research Alliance Program of the Social Sciences and Humanities Research Council of Canada
- Studying links between addiction trajectories and service use trajectories from the users' points of view
- Approved by the Human Health Research Ethics Committee of the Sherbrooke University Hospital and the Addiction Research Ethics Committee



Sample

35 participants aged 18 to 30



with SM detected in Montreal (48.6%);
Mauricie-Centre-du-Quebec (51.4%)



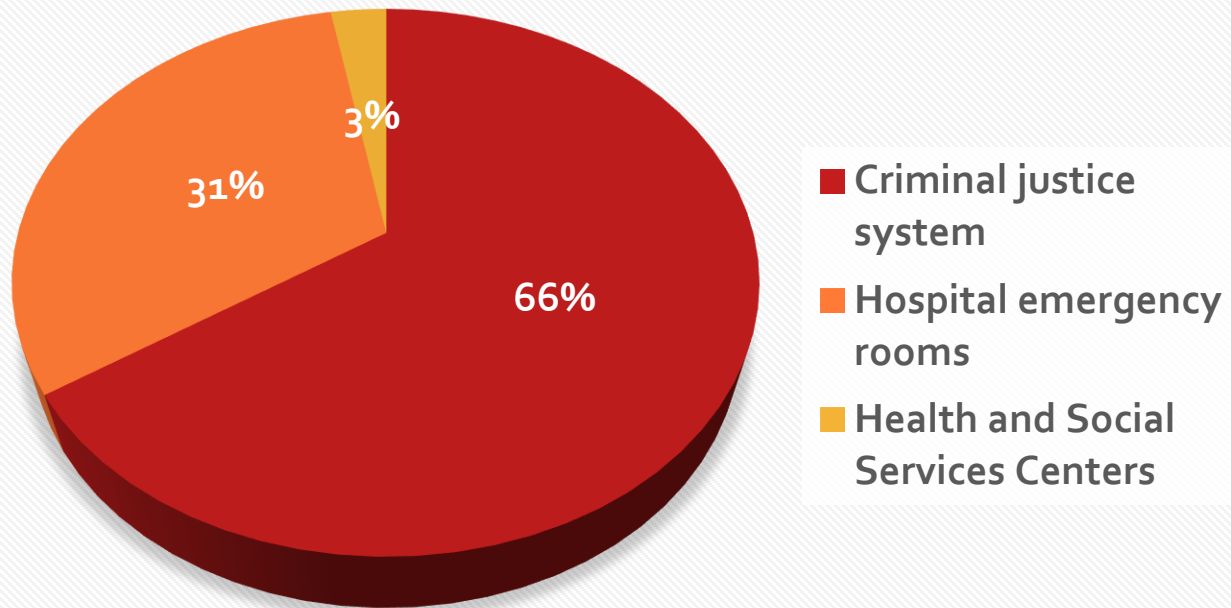
24.68 years (3.44); 74.3% male; 65.7%
single; 71.4% without children



31.4% of the sample with one or less
consultation among specialized services
during the last five years

Sample

Entry points



Material

Semi-structured
research
individual
interviews

- 1.5 hours
- themes related to addiction trajectories and participants' service utilization

DEBA-
Alcool/Drogues
questionnaire

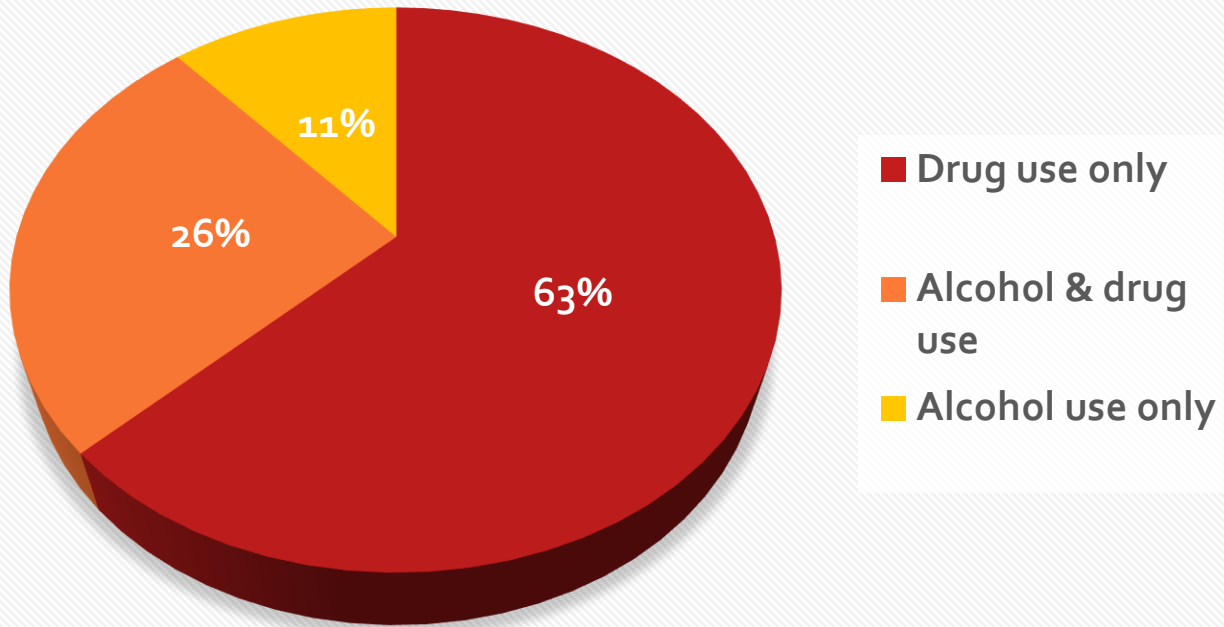
- Tremblay, Rouillard, and Sirois (2004)
- Description of alcohol and drug use

Homemade
questionnaire on
substance
treatment
services use

- Fleury, Perreault, Bertrand, and Brunelle (2009)

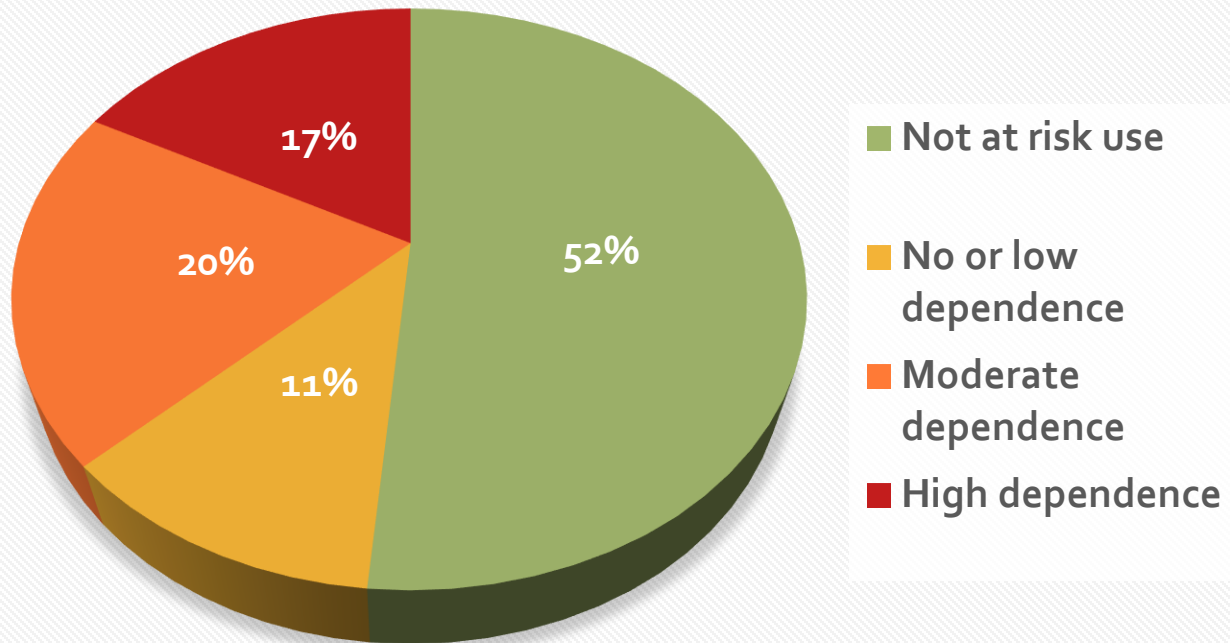
Sample

Alcohol/drug associated use



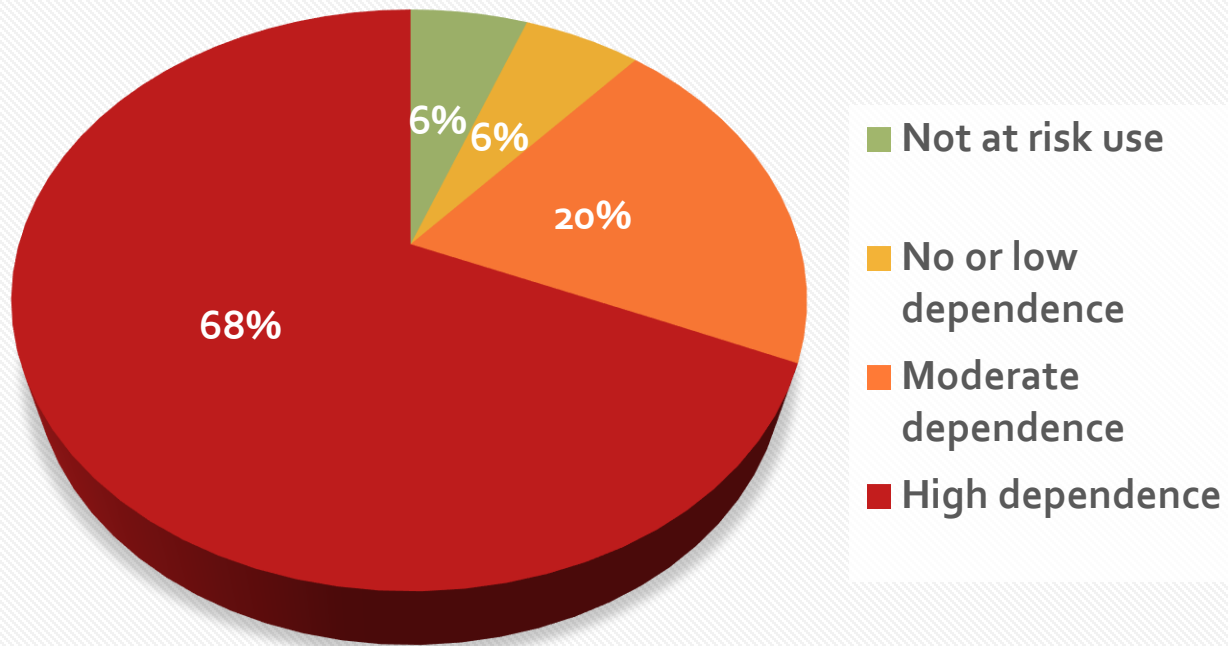
Sample

Alcohol use (DEBA)



Sample

Drug use (DEBA)



Procedure

Screening

- SM detection at one of the entry points

Referral

- Referred to specialized structures & informed about study

Contact

- Appropriate information & consent form

T₁

- Interview & questionnaires administration
- CAN\$25 as financial compensation

T₂

- One year later, 27 patients were met a second time
- Exploration of substances & services uses changes

Analyses

Qualitative study

- Descriptive phenomenological perspective (Giorgi, 2005)

Thematic content analysis of T₁&T₂ interviews

Emerging themes on participants' experiences and interpretations of elements that influenced their initiation of SM treatment

Personal elements linked to treatment initiation

Personal motivation & expectations

- **Feeling exhausted** as an outcome of SM effects
- **A life-threatening event**
- **Prove** to themselves and others that they are able to reduce their SM problems
 - *« I want to show that I can do it, that I can finish something. I never finished anything because I was high [...]. If I manage to get sober, I'll be able to succeed at other things when I'm sober [...]. » (Ginette)*
- Feeling « **out of control** » because of SM effects

Personal elements linked to treatment initiation

Consumption & ability to control

- **Lack of perception/denial** of SM; **lack of self-confidence** in their capacity to change
- **Prioritizing the advantages** of using
- Being **over confident** on the fact they could stop on their own
- Seeking outside help = **admitting they are sick, weak**
 - *« Going for help, it's like a form of weakness. [...] It's really rooted in my head that no matter what I do, if I need help to do it, it's because I'm not good enough to do it on my own. » (Céline)*

Role of relatives and others in treatment initiation

Influences of immediate family

- They can **initiate** the care process & **present / impose** it on the user, who may accept to please them, to redeem or to ease family tensions
- **Guilt** toward family, lover, children may justify request for help
 - *« At the same time, you know that even if it's not your decision, you know that your family, my mother, my sister, they really do love me [...]. Really, I was starting to see the problem and to think of myself, of my family. »*
(Jocelyn)
- Useful **sources of information and support**

Role of relatives and others in treatment initiation

Influences of friends and other people

- **Being around other users** makes it difficult to stop consumption, seek help, prevent relapses
- They can **support**, be **catalysts** in treatment initiation
- **Fear that colleagues** would know about the SM
 - « *Working in psychiatry, I could have had very good doctors, very good psychiatrists at Hospital H [...]. But of course, it made me a bit uncomfortable. If you get fired from Hospital H because of substance use, it doesn't look too good on your resume.* » (Bob)

Impact of the health and criminal justice systems on initiation of SM treatment

Health & criminal justice professionals

- **Probation officers can guide and provide significant support**
 - *« Just the fact she calls me and leaves me a message ... She didn't say « I'm gonna call the police! ». But « Call me. Your mother called me ... ». It proves that even though it's my probation officer, someone take care of me [...]. » (Jocelyn)*
- **Positive perception of family doctors** helps in acknowledging problems, with referral **BUT negative contacts with health professionals** adversely affect the desire to seek help

Impact of the health and criminal justice systems on initiation of SM treatment

Access to SM treatment facilities & interventions

- **Frustrating waiting times**, with time-consuming referrals and evaluations
- **Lack of information** about facilities or treatments available
- **Limited effects of costs**
- **Past experiences of treatment** can **negatively or positively** influence the decision to initiate treatment again
 - *« I've seen a lot of social workers, psychologists, psychiatrists in my life and honestly, it has never really done much. I'm a bit disillusioned with all that. » (Angele)*
- **Repeated experiences** can help with awareness of the SM

Discussion

Young adults ...

- Frequently struggle being conscious about SM
- Or, are convinced they can deal with SM on their own
- « feeling of invincibility » and/or
- « fear of (self-)stigma »

Discussion

When young users identify need for care

...

- Acceptability of treatment remains an issue
- What will others think about them?

Discussion

BUT it is not only about personal factors...

Environmental & institutional factors need to be taken into account

- Pressure versus support of others = nuanced role

Specific situation of users involved in criminal justice system

Accessibility & affordability of treatment remain important for young users

Recommendations

For instance...

Tools reinforcing self-control, self-reliance, self-efficacy & pre-interventions to help before admission

- Highly personalized interventions improving mental health literacy to reduce stigma associated with SM & help-seeking behavior

- Closer involvement of key actors (family, friends, family doctor, lawyer, PO)

- Cross-training among professionals helping individuals with SM

A final word

One personal, environmental or institutional factor may ...

- Act as barrier for some persons, and as facilitator for others
- Impact the process of care at different moments

Thank you for your attention

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