



Substance Use and Addictions Prevention (SUAP) Grant: People with Lived or Living Experience Using Substances 2021 Survey Summary Report

Background: The Leeds, Grenville and Lanark District Health Unit (Health Unit) successfully obtained a Health Canada Grant related to Substance Use and Addictions Prevention (SUAP). The goal of the grant project is to decrease community stigma and discrimination towards people who use substances, and improve navigation of local resources and access to services by people who use substances.

As part of the project's data collection, the survey was promoted through several different channels; health unit website, social media, radio interviews, direct community partner memo and ask to share with their networks, and word of mouth. In-person interviews were promoted to harm reduction clients and through word of mouth using a variety of networks accessible to the Health Unit. The Health Unit launched an electronic survey using the online survey software CheckMarket. Participants were able to complete the survey online independently or during an interview with Community Support Navigators working in the Harm Reduction Program. The interview data was then added to the online survey data collection tool by Community Support Navigators. An honorarium of twenty five dollars, in the form of gift cards, was provided to interview participants.

The survey was intended to assist with gaining a better understanding of the experiences of current and past substance users and their family and friends in accessing services in Leeds, Grenville and Lanark. The survey was both voluntary and anonymous. The information provided by participants will be used to advise and guide meaningful changes to service delivery in LGL. The survey/interview did not require participants to include any personal information. Quotes pulled from the survey/interview data will be used in education and training resources that will be provided to the service providers to highlight relevant themes.

The survey results are summarized below.

Results: This anonymous and voluntary electronic survey was launched in January of 2021 and closed in December 2021. A combined total of 149 survey responses were submitted via the online survey software, directly from participants, and via the interviews conducted by Community Support Navigators. The open-ended comments have been reported by survey question with the comments presented in decreasing order of response frequency. As the survey distribution pool cannot be determined, a response rate for the survey cannot be calculated; therefore, caution should be used when interpreting these results as they may not be generalizable to population represented.

Substance Use and Addictions Prevention (SUAP) Survey Executive Summary

People with lived or living experience
January to December 2021



Total Responses = 149

Self Reported Demographics/Respondent Breakdown



Gender: Female (54%) & Male (43%)

Race/Ethnicity: Caucasian (white) (92%)

Income Source: Social Assistance (54%), Employment (26%), or Other Social Benefits (11%)

Top Three Reported Substances Used



- 1) Cocaine
- 2) Alcohol
- 3) Methamphetamines

Top Three Reported Methods Used:

- 1) Smoking/Vaping
- 2) Orally
- 3) Injection

Most Frequently Reported Services Accessed in Leeds, Grenville & Lanark



Services listed in decreasing order of response frequency

- Withdrawal Management Services
- Hospitals
- Mental Health Services
- Addiction Services
- Social Services

Can you tell us how those experiences went?



Many reported positive experiences accessing services and expressed gratitude

Some had positive experiences but unsatisfying outcomes (i.e. going on long wait-list)

Some reported negative experiences, with hospital systems interactions most frequently cited.



Did you encounter any barriers or problems when trying to access those services?

Most reported no barriers to accessing services

Those that experienced barriers reported:

- Challenges with hospital service and/or interactions
- Hours of operation too limited
- Wait times
- Familiarity with Police Services



Would you try to access these services again?

The response was overwhelmingly yes

In particular, many expressed willingness to access withdrawal management services



What was it that made it a positive experience?

- A non-judgemental approach
- Making an effort to make them comfortable
- The provision of supplies and medical help when needed
- Having a connection/rapport
- Friendliness
- Understanding
- Empathy



If there's anything you could change surrounding the experiences you've had accessing addictions and mental health services in LGL what would it be?

- More services in general - no specifics provided
- More mental health supports and/or access to consistent service providers
- Quicker mental health access
- More addictions related services
- Housing and income supports
- Less judgemental hospital services
- Increase use of a harm reduction approach and less judgement and/or bias
- Extended hours of operation

Recommendations: The survey results will be reviewed and taken into consideration for planning Phase 2 of the SUAP grant project that will be exploring the experiences of both front-line workers and the organizations providing services.

Respectfully submitted by, Julie Bolton, RN, BNSc., Foundational Standard Coordinator

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Demographics

The majority of respondents self-reported as female (54%) followed by male (43%) (figure 1). The vast majority reported they were Caucasian (92%) (figure 2). The primary reported source of income for participants was social assistance (54%) such as, Ontario Works or Ontario Disability Support Program (ODSP). That was followed by employment (26%) and employment insurance (EI), child tax credit, Canada Pension Plan (CPP), or Old Age Benefit (11%) (figure 3).

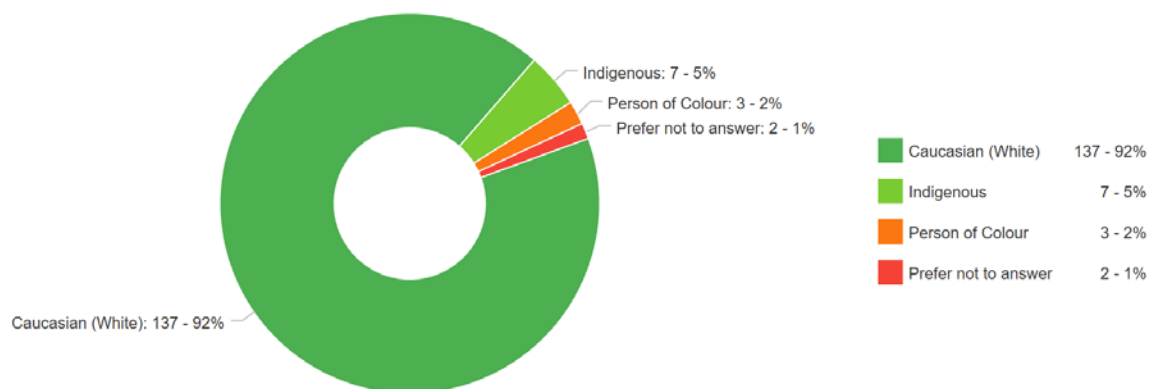
Respondents were asked to list their choice of substances. The three most reported substances were cocaine, alcohol, and methamphetamines (figure 4). The preferred methods of use were inhalations (smoking/vaping), orally (swallowing/eating/drinking) and injection (IV/intramuscular) (figure 5).

Figure 1 - Sex/Gender:









N 149

Figure 2 - Race/Ethnicity:



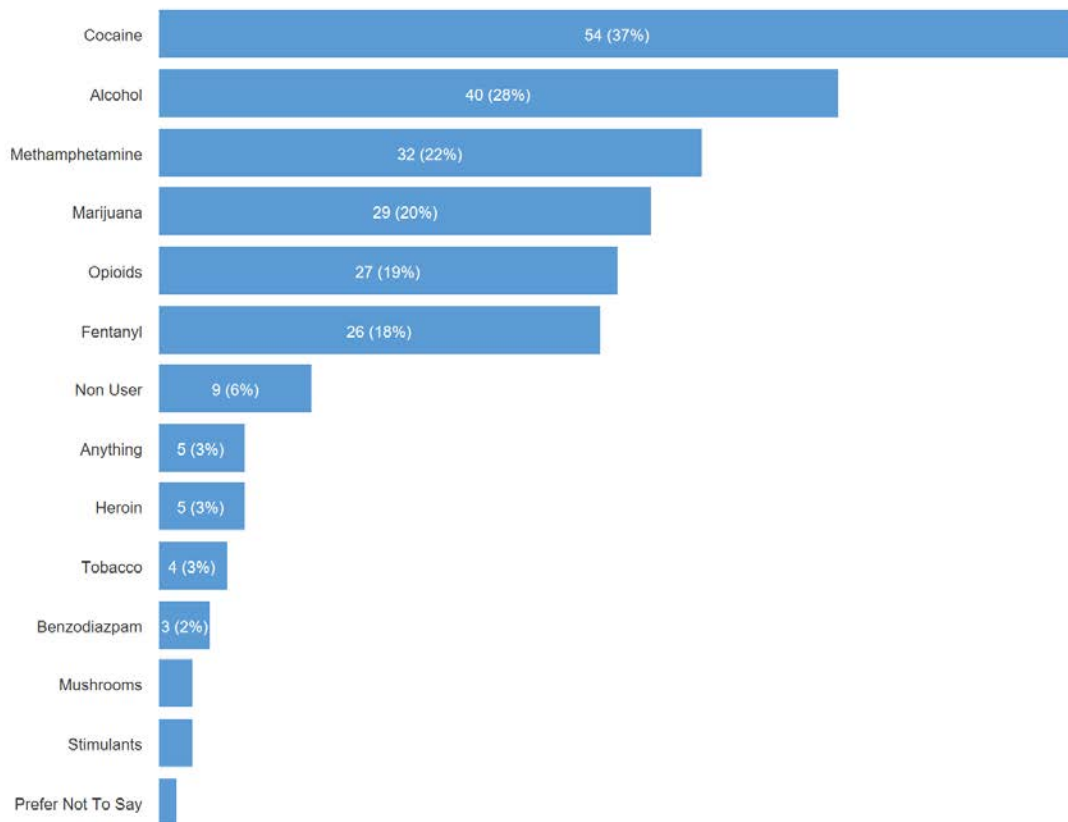
N 149

Figure 3 - Income Source:

	Count	% of responses	%
Social Assistance (ex. Ontario Works, ODSP etc.)	81		54%
Employed	38		26%
EI benefits/Child Tax Credit/ CPP/ Old Age Benefit	17		11%
No Source of Income	5		3%
Self Employed	4		3%
Prefer not to answer	4		3%

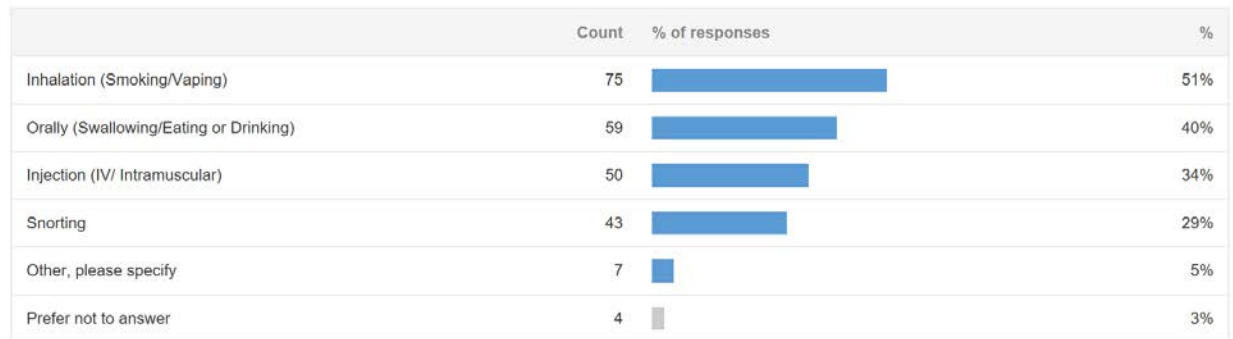
N 149

Figure 4 - Substance of Choice (ex. Alcohol, Fentanyl, Cocaine etc.):



N 145

Figure 5 - Preferred Method of Use:
Select all that apply



N 146

A total of seven “other” responses were provided. Of those, two wrote that they smoked substances and one used IV/mainline substances. The remaining four responses were off topic and are not listed in the report.

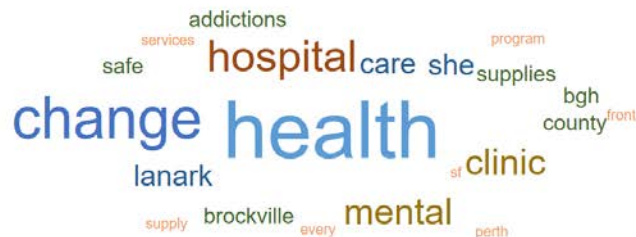
Service Access/Experiences:

What services you have accessed or tried to access in LGL? (n=139)

Please be as specific as possible (ex. The Health Unit, Carleton Place Hospital etc.)

Respondents were asked what services they have accessed, or tried to access in Leeds, Grenville and Lanark. The majority of respondents reported that they have accessed withdrawal management services, Hospitals across the tri-county, with Leeds and Grenville hospitals being most frequently mentioned, followed by broadly mentioned mental health, addictions, and Health Unit services with some mentioning the harm reduction program provided by the Health Unit at various Health Unit sites.

The following word cloud illustrates the top words that were mentioned a minimum of 10 times in the 139 responses submitted for this question. The larger the word in the image the more frequently it was mentioned.



N 139

The following services were also mentioned in decreasing order, ODSP, rehabilitation services, family doctor services, no services at all, Tri-CAS, Children's Aid Society (CAS), food banks, methadone specific treatments, police, homeless services, Salvation Army, broad community health services, Dentists, faith services, Open Doors, Royal Ottawa hospital, and finally some reported being unsure of what services they accessed.

Experiences were overall positive however sometimes services lacked the depth of knowledge to assist.

They were very professional

I feel they were all worthwhile I enjoyed the majority of the interactions that I experienced.

They were satisfactory, could have been more useful for the housing dept [sic].

In regards to my interactions with the various staff the experiences were always positive however the results of the meetings were sometimes disappointing for example housing which has yet to result in my finding housing.

Great, the both were pleasant and had my best interests at heart [sic].

[Withdrawal management services] changed my life.

Mental health + Addictions - really good friendly/understanding. police - treated w/respect [social services] – [staff first name] was very good, excellent worker. [staff first name] was very good. Overall very good experiences. [social services]-good [sic].

Can you tell us how those experiences went? (n=131) Participants provided detailed feedback on how their experiences went with the services they have accessed in LGL. Many respondents spoke of their positive or good experiences accessing service. Some expressed gratitude and reported having a positive experience with the support provided by some agencies, in particular, withdrawal management services. Some reported that though the interaction and/or support were positive, the outcomes of the interactions did not always meet their needs; noting that they required additional resources (i.e. housing support) or that the wait times for services needed created a challenge. Others reported that wait times in general for services was a challenge. Conversely, some respondents spoke of having a negative experience with accessing services. The most frequently mentioned poor experiences was interactions with the hospital system. It was noted by many that they felt judged when seeking care and were treated poorly when care providers were advised that they were a current or former substance

user. Though some noted that when they presented at different hospitals in the tri-county area they were treated differently resulting in a positive experience.

It can always be better. It can be so much worse. Yes, there can be improvements in hospitals and certain places that understand not everyone on methadone is a statistic. There needs to be less judgement.

All experiences (have had many) were terrible (most) staff were very ignorant, treated me poorly and as less than a person. Been denied care because of being a drug user.

[Leeds & Grenville Area Hospital] very rude, very insulting- they overlooked the problem I was there for every time accused me off just drug seeking. [Lanark Area Hospital] ...1st visit same thing but 2nd trip the doctor was accepting and treated me like gold! [sic]

It was not a good experience, the hospital staff judge me, I feel low and dirty [sic]

Many expressed a need to have service providers be less judgemental and more welcoming to clients. Though many reported having a positive experience accessing services and found them helpful, some noted that they had a hard time connecting with services providers and mental health providers specifically. Some respondents reported that the strategies and/or treatment options were not well aligned to the client's current needs.

Therapy at the mental health center was great, drop in's made it easy

*Was treated very poorly. Felt as though they wanted me out of there quickly [sic].
Kept talking about me right in front of me instead of to me.*

*It's hard to connect with the staff. They aren't very welcoming. They don't really help
with specific strategies and solutions. They just smile and nod and suggest I go to a
meeting, or try meditation. Why would I go to an AA meeting if I don't have an
alcohol problem? and why did I waste my time and gas money for you to tell me to
go meditate? [sic]*

*Not well Couldn't understand the counselor because of a thick accent Found
counselor judgemental Stopped attending after 2nd visit [sic]*

*My daughter didn't connect well with her psychiatrist and she lost confidence in him.
She asked her doctor to refer her to another psychiatrist.*

A small number of respondents reported that service providers could benefit from increased health education related to LGBTQ and Indigenous health care needs to better support client needs.

The following word cloud illustrated the top words that were mentioned a minimum of 10 times in the 131 responses submitted for this question, “can you tell us how those experiences went?”. The larger the word in the image the more frequently it was mentioned



N 131

Did you encounter any barriers or problems when trying to access those services? (n=129)

Participants were asked if they encountered any barriers or problems when trying to access the services they listed as having accessed in the past. It was commonly reported that they did not encounter barriers or problems to accessing services.

<i>No not really small wait time</i>	<i>No, not at all. It was fast and pleasant. I accessed all of these without ID and had no problem at all.</i>
<i>Not at all, very accommodating</i>	<i>Request was well received and counselling was supportive</i>

For those that reported experiencing barriers or problems when accessing services, the types of barriers encountered varied. Many spoke of problems accessing services at LGL hospitals. Some noted that they were treated badly and/or not fully assessed after substance use disclosure. A small number of respondents reported interactions with police were a problem for them due to familiarity with the police services either directly or due to family history/familiarity and this negatively impacted their interactions.

Did not receive the level of care I should have, was accused of drug seeking for my pain.

[Lanark Police Service]- would be unable to access services as reputation of last name affects interactions with officers.

Service provider's hours of operation along with wait times were mentioned. It was reported by some that daytime only hours of operation made it difficult for some to access services. Others reported that prolonged wait times for services can be a barrier. It was also cited that some struggled with getting return calls or follow up to messages left with service providers. It was noted by some that access to housing and/rooms was challenging. A small number reported that lack of transportation presented a barrier for them.

Hours are difficult for working people. Ideally they'd operate more like a physio clinic etc. 7-5 and 7-7 a few days a week. Staggered lunches for staff would allow clients to access service on their lunch hours. Having to take time off work is a huge deterrent to accessing services. Access is also poor. Having to wait weeks for an appt is not acceptable. Client leads have to be such that one can be seen in a reasonable amount of time (less than one week). Three weeks later the moment (and motivation) has long passed. Quick, urgent access would be helpful (a few 15 minute slots daily?)[sic]

No call backs, extremely long waitlist, services needed were unavailable.

... Housing 3 year waiting list or more. When you're homeless that's a long time.

Other than transportation a few times not many barriers

The impacts of agency closure due to the COVID19 pandemic posed a barrier to services for some. It was noted that closing some in-person services made access difficult as virtual sessions were not always an option. Some noted that closures of some agencies over time, not related to COVID19, were also a barrier and/or problem.

Covid hot [sic] and I didn't have access to in person meetings.

No other than AA/NA. With Covid it's all closed.

Would you try to access these services again? (n=129)

When asked if respondents would try to access these services again the response was overwhelmingly yes. In particular, participants expressed willingness to access withdrawal management services.

I absolutely would. The services the [withdrawal management services] has created and are now offering are essential to the community, especially to have naloxone kits available everywhere.

Yes 100%

Though the majority reported a willingness to access services in the future, some reported that they would do so only if absolutely necessary or with some reluctance.

If I had to I'd try but wouldn't want to [sic]

Of the few respondents who reported unwillingness to access service in the future, some specifically mentioned agencies. They included hospitals, mental health and addictions services.

Can you tell us about any positive experiences that you've had with any available services? (n=121)

What was it that made it a positive experience for you?

Most respondents reported that they have had a positive experience with available services and some went on to share more details. Many mentioned that they have had a positive experience with withdrawal management services. Appreciation for the staff at withdrawal management services, as well as, a non-judgemental approach, efforts to make them comfortable, the provision of supplies and medical help when needed were mentioned.

Am a client at [withdrawal management services]. They're amazing. Treat me with respect and dignity. Bend over backwards to meet any needs I have and always make sure I'm well fed.

In addition to services at withdrawal management services, respondents cited that they have had positive experiences with mental health services; general health care providers, victim services, and addictions support services. Making a connection and having a rapport with service providers was cited as being key to their positive, helpful interactions. These services were reported to have been provided without judgement, coming from a place of understanding, sympathy and empathy and also with friendliness.

The therapists at the mental health center were amazing, even after one session you get so much out of it. There was no one to provide counselling the first time we went in and some boss guy came just to meet us and comfort us.

Good rapport with counselor, comfortable Helped [sic] make some positive changes. Supportive place to unpack thoughts and feelings is necessary and valued.

Mental Health has been absolutely fabulous

I liked that victim service took it upon them to keep in touch and always try to give more info to help with any need.

*Having a GP made a huge difference. You have to wait in line so many times and he was great at finding the right support. I see a physiologist by phone from [outside LGL area]!
Sharing resources and leveraging outside help is way better than the health district boundaries*

Staff friendliness goes a long way. Feeling like they are about you as a person rather than a number is good also

Some expressed appreciation for other support services that have been helpful. Providers included, dentists, social service providers who have been consistently working with respondents over time, youth services, as well as, police and probation services that showed understanding.

Dentist let me get to know them better before service

While most respondents reported having had a positive experience that they were willing to share, a few reported that they have not had any positive experiences and didn't have anything to share.

The following word cloud illustrates the top words that were mentioned a minimum of five times in the 129 responses submitted for this question. The larger the word in the image the more frequently it was mentioned.



N 121

If there's anything you could change surrounding the experiences you've had accessing addictions and mental health services in LGL what would it be? (n=119)

When asked if there was anything that they could change surrounding the experiences they've had when accessing addictions and mental health services in LGL, most said that they needed more services and/or more access to services. Mental health services and/or supports were frequently mentioned as being needed. It was noted by some, that there is a need to see a consistent service provider for mental health support to help in relationship building and providing consistency in treatment. In addition to consistency requests, having quicker access, overall reduced wait times, and at times immediate access to mental health services when needed was cited. A small number reported the need to have walk-in or phone services for mental health assistance.

I would like to book with the same counsellor...

Help when I was ready to accept it, not waiting 3 weeks to speak to someone. Counselor who 'met me where I was' pushing me in what path she wanted with no other option.

Make referral processes easy and improve communication. Have ongoing counselling available for people with addictions (not single session or different counsellor every session).

I wish a lot of these services could be call or walk-in and connect; like no matter who picks up the phone or greets me in the lobby, they are who can help me instead of taking a message or needing to register and come back, etc.

The waiting time. Six months to see even a counselor is (in my opinion is quite ridiculous).

Yes: emergency mental health. - the [hospital department] like a holding cell until someone can come. We need to double down. Waiting for these services is contradictory to offering them. In addition to mental health support services, many referred to a need to additional addiction treatment services

Additionally, many respondents spoke of the need for more addictions related services. Some reported the need for more treatment options, addictions counsellors, detox options, support for those using methadone with long-term solutions for moving forward with methadone treatments, as well as, treatment support for those who are still using substances. It was also mentioned that there is a need for a harm reduction approach to be applied more frequently.

*Easier accessibility, trained
addictions counsellors*

*We need a Detox center here and more services
to help addiction*

*That more agencies would
take a harm reduction
approach*

*Shouldn't have to be completely abstinent to
access services anywhere*

*Stop assuming substance users are any different than the ones who have stopped using
them.*

I am aware that you have many clients and you can't probably spend the time needed with all of them but every now and then the clients deserve to be singled out for attention and their needs addressed in a meaningful way. Some may never change and may seem hopeless but it is up to your agency to try your best. Without such singular attempts many will just go on like a dairy herd coming in to be milked every day, i.e. get their methadone.

Many reported that there was nothing they would change surrounding their experience accessing addictions or mental health services in LGL.

At the moment, nothing

The need for less judgemental services by LGL hospitals was mentioned. Some cited Health Care workers and/or other service providers in general, along with those in the hospital setting specifically, need more education related to providing services to those who use and/or have used substances in the past. Lastly, judgement by [social service], in particular the opinion that fathers are judged differently than mothers, was noted by a respondent.

*Staff at [Leeds & Grenville Hospital]
need to be polite and treat everyone
equally and with respect.
[Mental health support] and the hospital
need to be okay with people who use
drugs ... Shouldn't treat us as less than -
but they do.*

*That ALL Health care workers
become educated on substances
and why some people use them,
and to stop being so judgmental.*

General statements were also made by some reporting the need for less judgmental or biased service overall while not referring to which services specifically.

Longer hours at [withdrawal management services] on weekends.

Later hours to better accommodate school and work schedules.

It was mentioned that there needs to be more support and/or increases in, housing, homeless supports, temporary shelters and funding for services in general. It was also noted that more income support in general is needed.

More support and funding for them to continue to help all who are suffering.

More places for rehab and city needs more permanent shelter services.

Housing for low-income/recovering addicts. Personal funding for recovering addicts because individual without a home and stable income. No recovering addict is going to stay clean when their day-to-day basic needs aren't being able to be met.

I would not change anything other than increasing the amount of homelessness benefits.

Would love to see some sort of shelter put in place here 24/7 for men and women both.

A small number of responses were provided related to the following items. Some noted that services need to provide support for those who have experienced trauma, racism, as well as, respect for Indigenous culture when providing service and ensure gender and/or LGBTQ inclusivity. It was also mentioned that some respondents need privacy at service sites, especially in common waiting rooms and there is a need to be considerate of use of client's last names in those waiting rooms. A small number of respondents reported a need for service changes when in jail, specifically, more treatment of health issues while incarcerated.

Management positions at most organizations need more trauma- informed training and also training on racism and gender-informed training. Most are 'old school' and usually the cause for negative culture and bias towards addiction and mental health. It rolls downhill.

All good but would prefer last name not used in common areas.

Recommendations:

Respondents have provided detailed feedback about their lived or living experience with substance use as part of the Substance Use and Addictions Prevention (SUAP) Health Canada Grant Project.

It is recommended that:

- The survey results be reviewed and taken into consideration for planning Phase 2 of the project that will be exploring the experiences of both front-line service providers as well as, organizations providing services to people impacted by substance use.

Respectfully submitted by,

Julie Bolton, RN, BNSc

Foundational Standard Coordinator

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Please contact:

Julie Bolton, RN, BNSc. Foundational Standard Coordinator, Leeds, Grenville & Lanark District Health Unit

Appendix – Survey Questions

SUAP People With Lived or Living Experience 2021

Background: As part of a grant through Health Canada, the Health Unit is trying to gain a better understanding of the experience of accessing services in LGL by people who have or are using substances as well as their family and friends. The information provided by the community will be reviewed and will be used to advise and guide meaningful changes to service delivery in LGL. The survey/ interview does not require any personal information to be provided. Indirect quotes may be pulled from the survey/ interview to be used in education and training provided to services agencies.

Introduction: Thank you for agreeing to participate. Participating in this survey is voluntary – you can skip any questions or stop participating at any time; however, if you exit the survey after selecting any of the responses your responses up until that point will be recorded and cannot be withdrawn. Your decision to participate will not affect any future service from this or any other agency in Leeds, Grenville and Lanark. This survey does not collect any self-identifying information. The information shared, in accordance with the Health Unit's record retention guidelines, will be kept by the Leeds, Grenville and Lanark District Health Unit for a minimum of 8 years. The information shared will be summarized into a final report that will be shared with both our community partners and the general public. The information shared will be used to develop a service provider training in order to improve the experience of accessing services in Leeds, Grenville and Lanark.

If you have any questions about this survey or data collection please contact, Jennifer Adams, the Harm Reduction Coordinator at the Health Unit, 613-345-5685 or 1-800-660-585

Demographics: Please self-identify to answer the following questions.

- ☐ Male
- ☐ Female
- ☐ Non binary
- ☐ Trans
- ☐ Prefer not to answer

Race/Ethnicity:

- ☐ Caucasian (White)
- ☐ Indigenous
- ☐ Person of Colour
- ☐ Prefer not to answer

Income Source:

- ☐ Social Assistance (ex. Ontario Works, ODSP etc.)
- ☐ EI benefits/Child Tax Credit/ CPP/ Old Age Benefit
- ☐ Self Employed
- ☐ Employed
- ☐ No Source of Income
- ☐ Prefer not to answer

Substance of Choice (ex. Alcohol, Fentanyl, Cocaine etc.): Please list
[TEXT BOX]

Preferred Method of Use

Select all that apply

- ☐ Orally (Swallowing/Eating or Drinking)
- ☐ Inhalation (Smoking/Vaping)
- ☐ Injection (IV/ Intramuscular)
- ☐ Snorting
- ☐ Other, please specify: [TEXT BOX]
- ☐ Prefer not to answer

What services you have accessed or tried to access in LGL? Please be as specific as possible (ex. The Health Unit, Carleton Place Hospital etc.)

(Text box character limit 2000)

[TEXT BOX]

Can you tell us how those experiences went? (Text box character limit 2000)

[TEXT BOX]

Did you encounter any barriers or problems when trying to access those services? (Text box character limit 2000)

[TEXT BOX]

Would you try to access these services again? (Text box character limit 2000)

[TEXT BOX]

Can you tell us about any positive experiences that you've had with any available services? What was it that made it a positive experience for you? (Text box character limit 2000)

[TEXT BOX]

If there's anything you could change surrounding the experiences you've had accessing addictions and mental health services in LGL what would it be? (Text box character limit 2000)

[TEXT BOX]

Your responses have been registered! Thank you for taking the time to complete the survey, your input is valuable to us.