

**Submission Id: 3025**

**Title**

*Unmet Health and Social Needs of People Who Use Methamphetamine*

**Priority 1 (Research Category)**

Social determinants and vulnerable populations

**Presenters**

Ginetta Salvalaggio, MD, MSc, CCFP (AM), Hauwa Bwala, MPH, Rebecca Saah, Brynn Kosteniuk, MSc, BA&Sc., vanessa gladue, Elaine Hyshka

**Abstract**

Context: Inadequate attention has been paid to methamphetamine use in Canada, despite its increasing prominence in overdose deaths. Primary care has pivoted to address the overdose epidemic; however, the focus has largely been on building capacity to address opioid use with few resources dedicated to address methamphetamine use. People who use methamphetamine (PWUM) may in turn not be able to rely on primary care teams, and instead rely on acute care facilities for help. Objective: 1) Characterize the health and social needs of acute care-seeking PWUM compared to people who do not report using methamphetamines (non-PWUM). 2) Test whether methamphetamine use is associated with structural or motivational barriers to care. Study Design: Secondary analysis comparing health and social need variables between PWUM and non-PWUM. PWUM contributed to the conception, design, and interpretation of the study. Dataset: Baseline survey data from a longitudinal quasi-experimental study of an urban hospital addiction medicine consult team intervention in Alberta, Canada. Survey items assessed sociodemographic and behavioural characteristics and health needs during the six-month period prior to the acute care encounter. Population studied: 285 patients seeking acute care services who reported illegal drug use within the past six months. Patients solely reporting tobacco, cannabis, alcohol, or prescribed use of medications were excluded from the dataset. Outcome Measures: Self-reported methamphetamine use within the six months prior to consultation. Results: PWUM report higher housing instability (66% vs 51%,  $p < 0.01$ ), higher addiction treatment attempts (79% vs 64%,  $p = 0.03$ ), higher HCV/HIV positivity (48% vs 29%,  $p < 0.01$ ), higher experience of overdose (35% vs 17%,  $p < 0.01$ ), and lower primary care attachment (54% vs 69%,  $p = 0.01$ ) than non-PWUM. Frequently cited barriers to care for PWUM include preferring to manage health concerns by themselves (25%), requesting help but not receiving any (21%), and being allowed only a limited amount of help (21%). Conclusions: Acute care-seeking PWUM report multiple unmet health and social needs that could be addressed in a primary care setting. Primary care teams should consider extant structural barriers to community-based care for PWUM and develop empathetic and welcoming spaces to address care needs, including addiction care, social care, harm reduction and infectious disease care within the patient centered medical home.