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Title

Implementing a Peer-Led, Low-Barrier Opioid Treatment Clinic in Longueuil Using a Photovoice Method

Priority 1 (Research Category)

Participatory research

Presenters

Andree-Anne Paré-Plante, MD, CCFP, MSc, CCFP (AM), Laurence Fortin, Charlotte Payette-Toupin, Christine Loignon, PhD, Catherine Langlois

Abstract

Context: Longueuil, an urban area in Quebec, Canada is underserved with opioid use disorder (OUD) treatment facilities, especially with the most marginalized groups. Objective: Explore the needs and expectations of marginalized patients with OUD in clinics.

Study Design and Analysis: The study used a photovoice method. 13 participants were recruited. There were 4 meetings: the 1st to present the project and elaborate the research question. The 2nd meeting was to take pictures with the peer expert. The 3rd and 4th meetings were to present and discuss the pictures with the research team. Discussions were recorded and transcribed. A thematic analysis was performed with the transcripts by research team. A member-checking meeting was held afterwards with a few of the participants and other peers opioid users.

Setting: The study took place in the basement of the clinic in addiction treatment, in Longueuil, Québec. At the time of the study, the organization had not started its activities. It is now open since October 2022. For the 1st, 3rd and 4th meeting, the meeting room was arranged in circle with food and beverages. The 2nd meeting was the session to take pictures and participants were walking around the neighborhood.

Population Studied: Participants were adults who: 1- spoke French or English, 2- met the criteria for OUD, 3- had the profile of the users of the clinic and were marginalized. Intervention/Instrument: A clinic in addiction treatment for OUD with a low-barrier of access to care for marginalized patients.

Main Outcome Measures: Participants discussed their pictures and spoke about barriers of access to care, experiences with care, specific needs with OUD treatment, the stress of the opioid crisis and overdoses crisis, and other subjects that came around the discussion of their pictures.

Results: The main themes that emerged from the discussions sessions were : 1- the importance of having a roof (or a place to stay), 2- Outreach as a way of accessing the services, 3- the One-stop shop

model with integrated primary care and psychosocial services, 4- Accompaniment by peers or professionals and 5- Community approach in the services. Conclusions: Engaging under-served, marginalized communities in health research is an efficient way to address health inequities between population groups in Canada. The clinic already implemented some of the recommendations addressed by the participants. Future steps in the study will evaluate this implementation.