



Abbotsford
Substance Use
System Access
Journey Mapping
Project

Preliminary Findings Report

Abbotsford City Council Meeting
September 10, 2024





**Long story short,
toxic drug supply,
not enough beds,
hard to access
treatment because
it's just so long and
drawn out and where
do we go from here?**

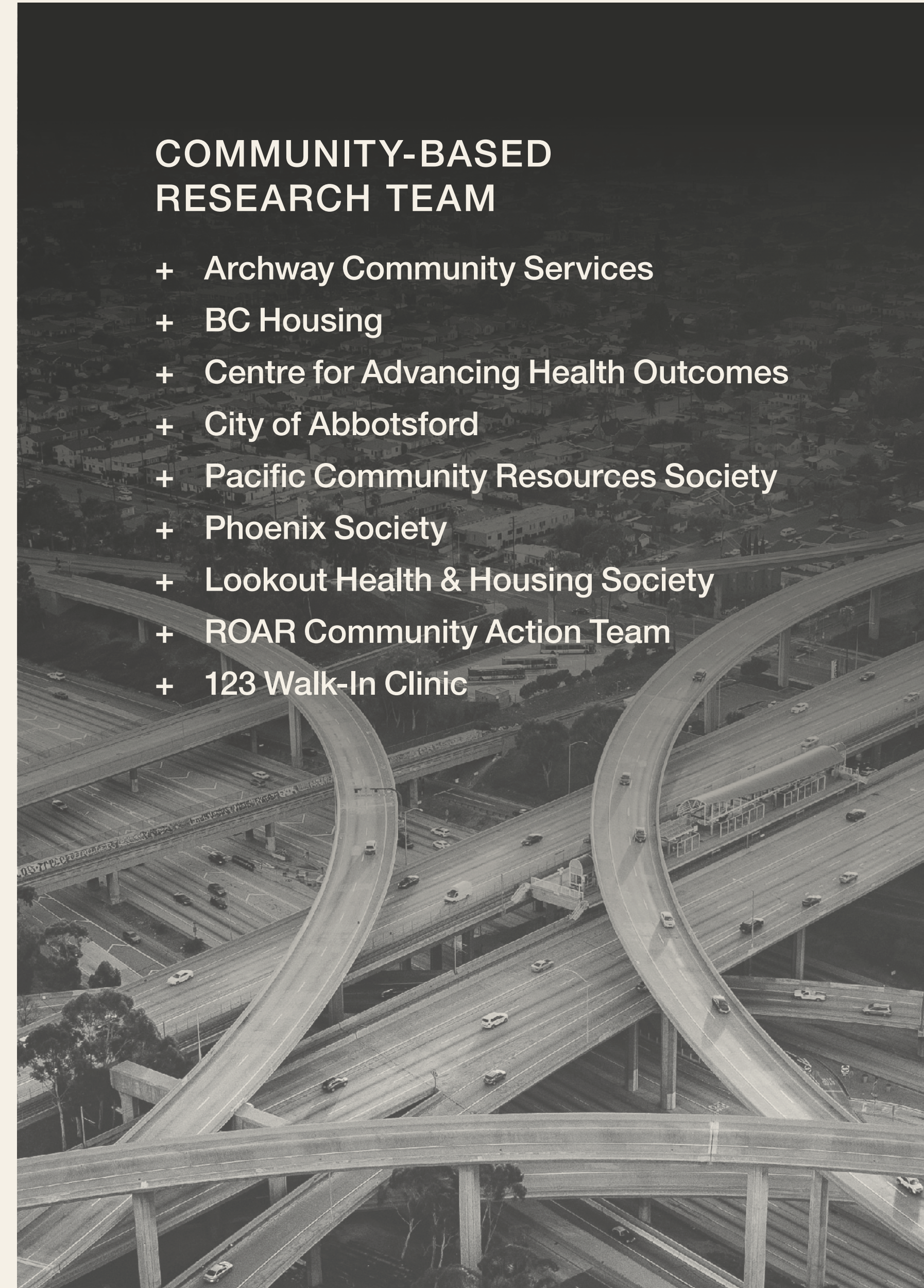
— interview participant



Project Background

At the behest of the City of Abbotsford, this research was conducted by the Centre for Advancing Health Outcomes in partnership with local stakeholders. The purpose of the Abbotsford Substance Use System Access Journey Mapping project (AJM) was to identify barriers and facilitators to accessing substance use services (SUS) in Abbotsford, with a particular focus on the experiences of unhoused individuals through the lens of frontline workers.

The collaborative AJM project team formed in November 2023 and included locally-based representatives from 9 organizations.



COMMUNITY-BASED RESEARCH TEAM

- + Archway Community Services
- + BC Housing
- + Centre for Advancing Health Outcomes
- + City of Abbotsford
- + Pacific Community Resources Society
- + Phoenix Society
- + Lookout Health & Housing Society
- + ROAR Community Action Team
- + 123 Walk-In Clinic



Methods

Focus Groups
Semi-structured Interviews
Participant Observation



Ontological Framework of Journey
Thematic Findings



Case Studies for Collaborative Journey Mapping

We used a Community-based Participatory Action (CBPAR) approach, where the community is involved in every stage of the research process and the focus is on responding to findings.

We chose qualitative tools because these offer evidence-based methods that support the improvement of systems of care serving populations experiencing inequities, as qualitative tools provide a deeper, experiential sense that can be missed in quantitative approaches.*

Frontline workers were chosen as the most appropriate study population for multiple reasons, primarily because they were most likely the ones accessing SUS on behalf of clients living precariously.

* See Preliminary Findings report, pp 10–12





Methods



The following research questions guided our activities:

- + How do professional service providers experience accessing SUS on the behalf of their clients?
- + What barriers and facilitators to accessing services do service providers most routinely experience?
- + What resources do they use when accessing services on others' behalf?
- + How do these experiences, barriers, facilitators, and resources influence substance use service access for their clients?

Rather than focusing a journey mapping lens on one particular service, these questions were intended to generate insight into the experiential journeys of individuals accessing SUS in a broader systemic approach.



Results — Participants

49 participants

27 semi-structured interviews

4 focus groups

4 days of field observation

PARTICIPANTS CAME FROM 25 DIFFERENT AGENCIES AND ORGANIZATIONS:

- + Abbotsford Community Hub Centre
- + Abbotsford Drug War Survivors
- + Abbotsford-Matsqui Impact Society
- + Abbotsford Police Department
- + Archway Community Services
- + BC Housing
- + BC Corrections
- + Cedar Outreach Society
- + Connective Support Society
- + Corrections Canada
- + Cyrus Centre
- + Fraser Valley Aboriginal Friendship Centres Association
- + Ground Zero Ministries
- + Kinghaven Peardonville House Society
- + Lookout Health & Housing Society
- + Ministry of Children & Family Development
- + Mountainside Harm Reduction Society
- + Pacific Community Resources Society
- + Phoenix Society
- + Ryse Supportive Services
- + Salvation Army
- + SARA for Women
- + Sparrow Community Care Society
- + Unlocking the Gates
- + 123 Walk-In Clinic

02.2024 – 07.2024

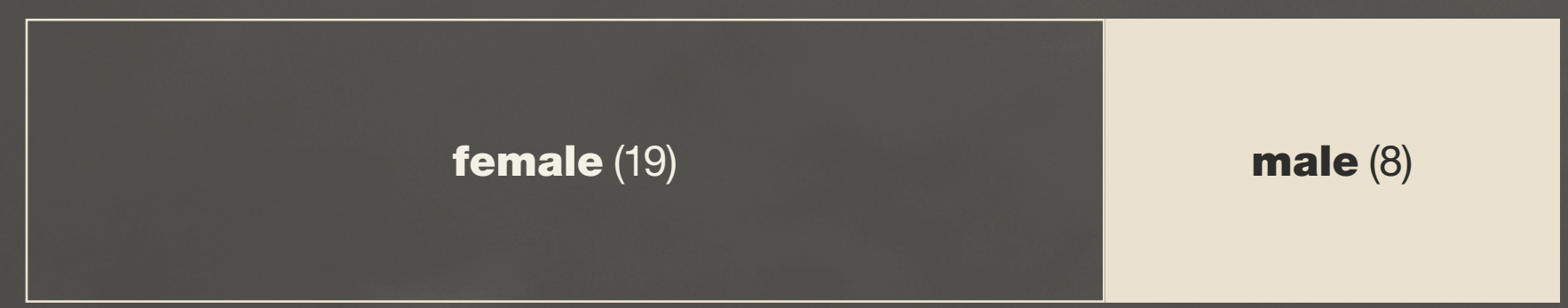


Results — Participants

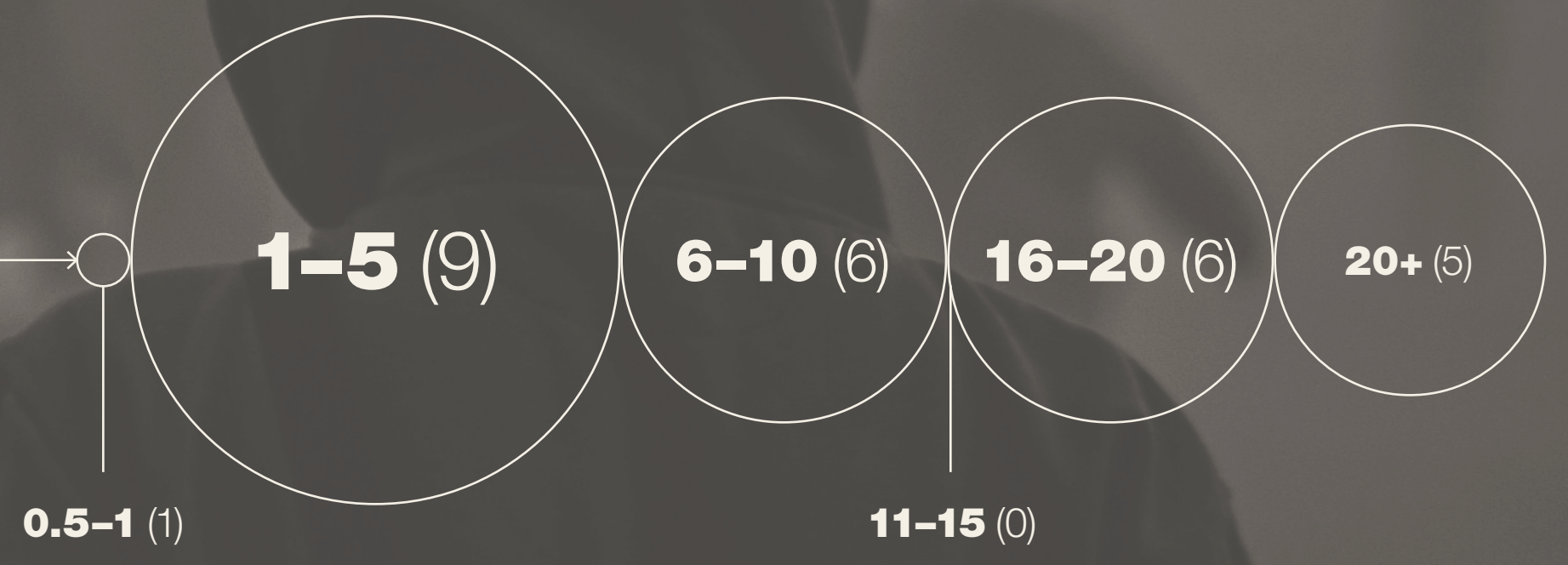
PARTICIPATION BY AGE (YEARS)



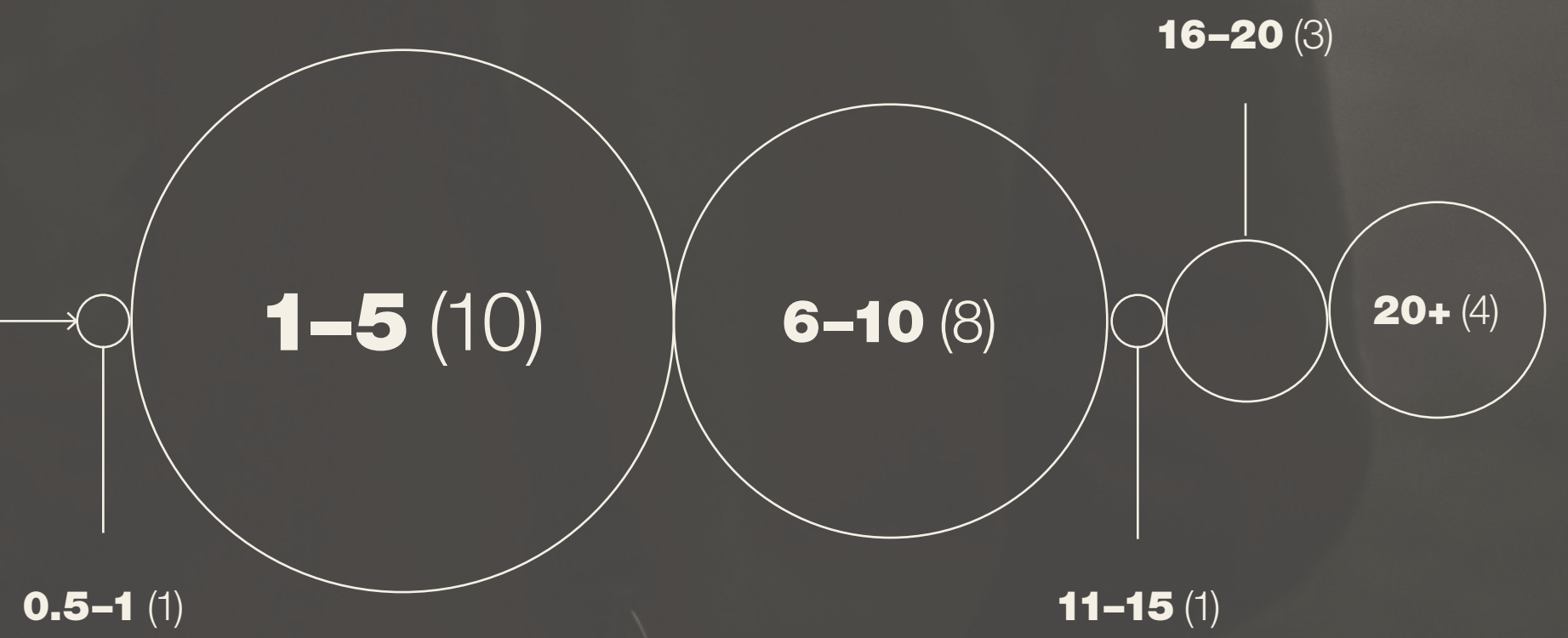
PARTICIPATION BY GENDER



TIME IN SOCIAL SERVICE (YEARS)



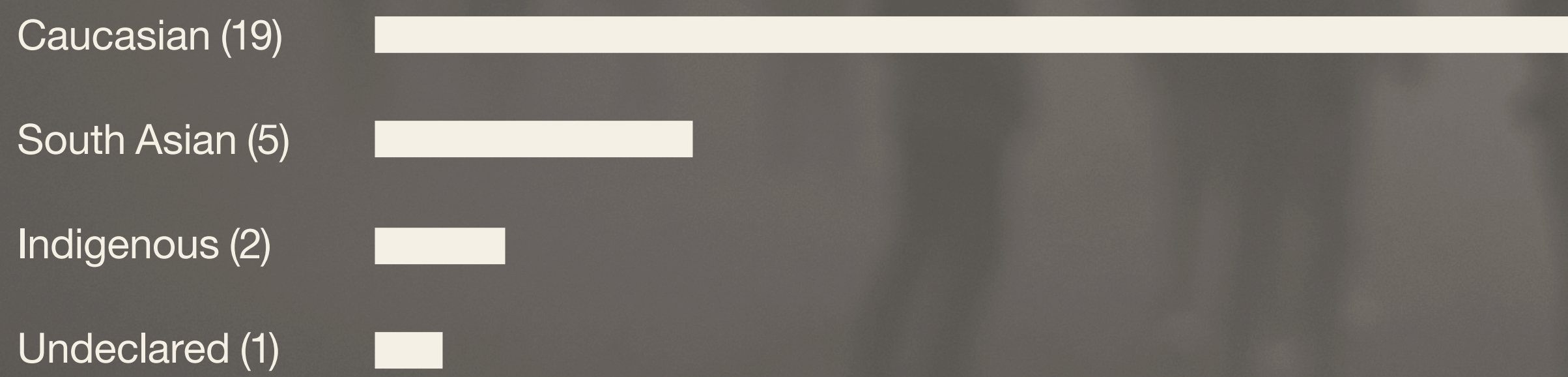
TIME IN CURRENT ROLE (YEARS)





Results — Participants

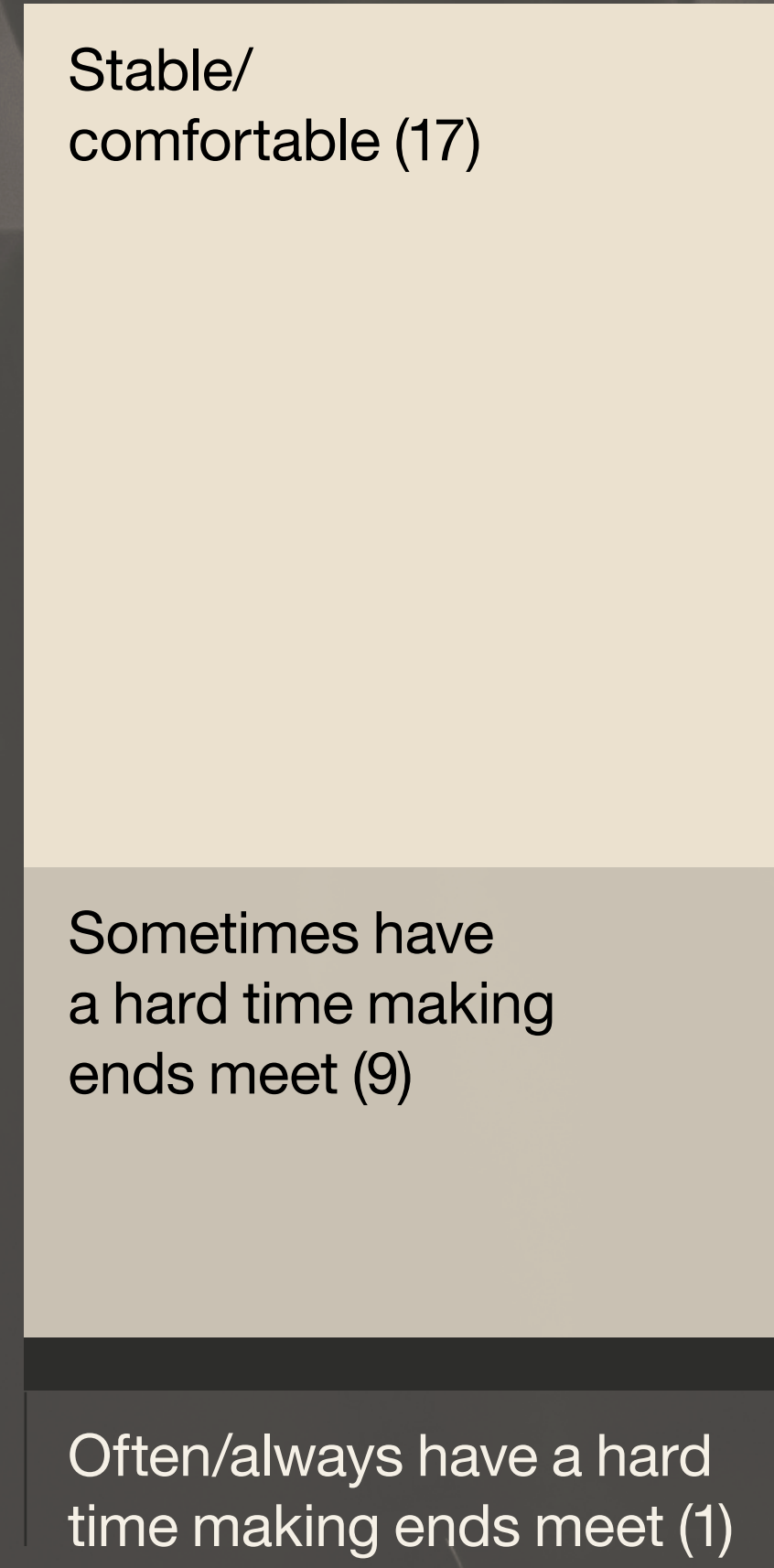
PARTICIPATION BY ETHNICITY



PARTICIPATION BY TOWN OF RESIDENCE

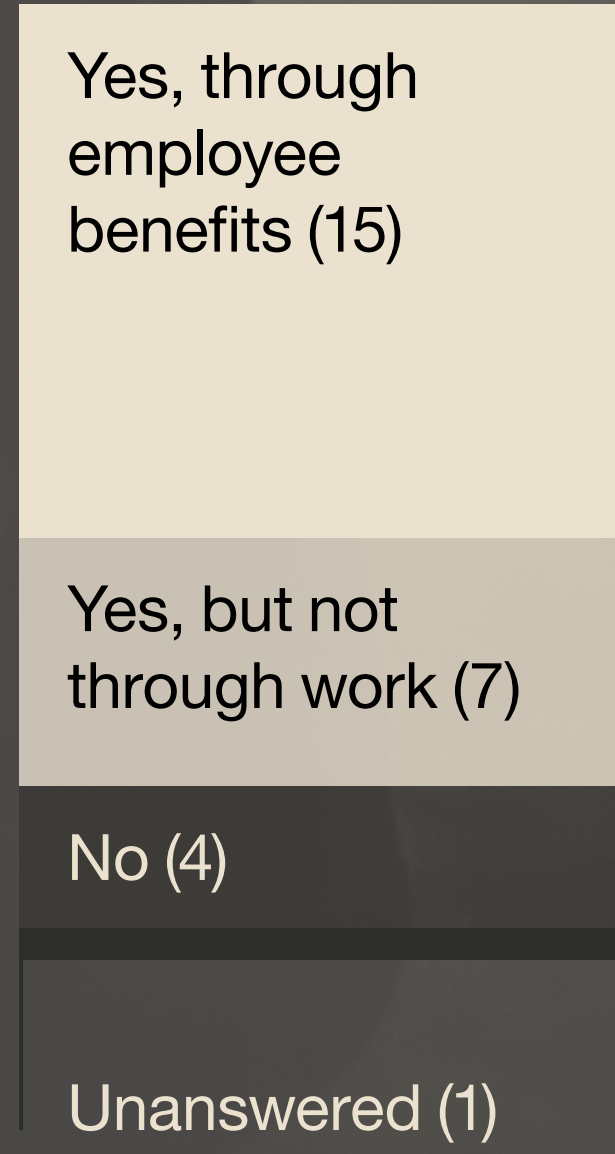


PARTICIPATION BY FINANCIAL SITUATION



AFFORDABLE SUPPORT ACCESS:

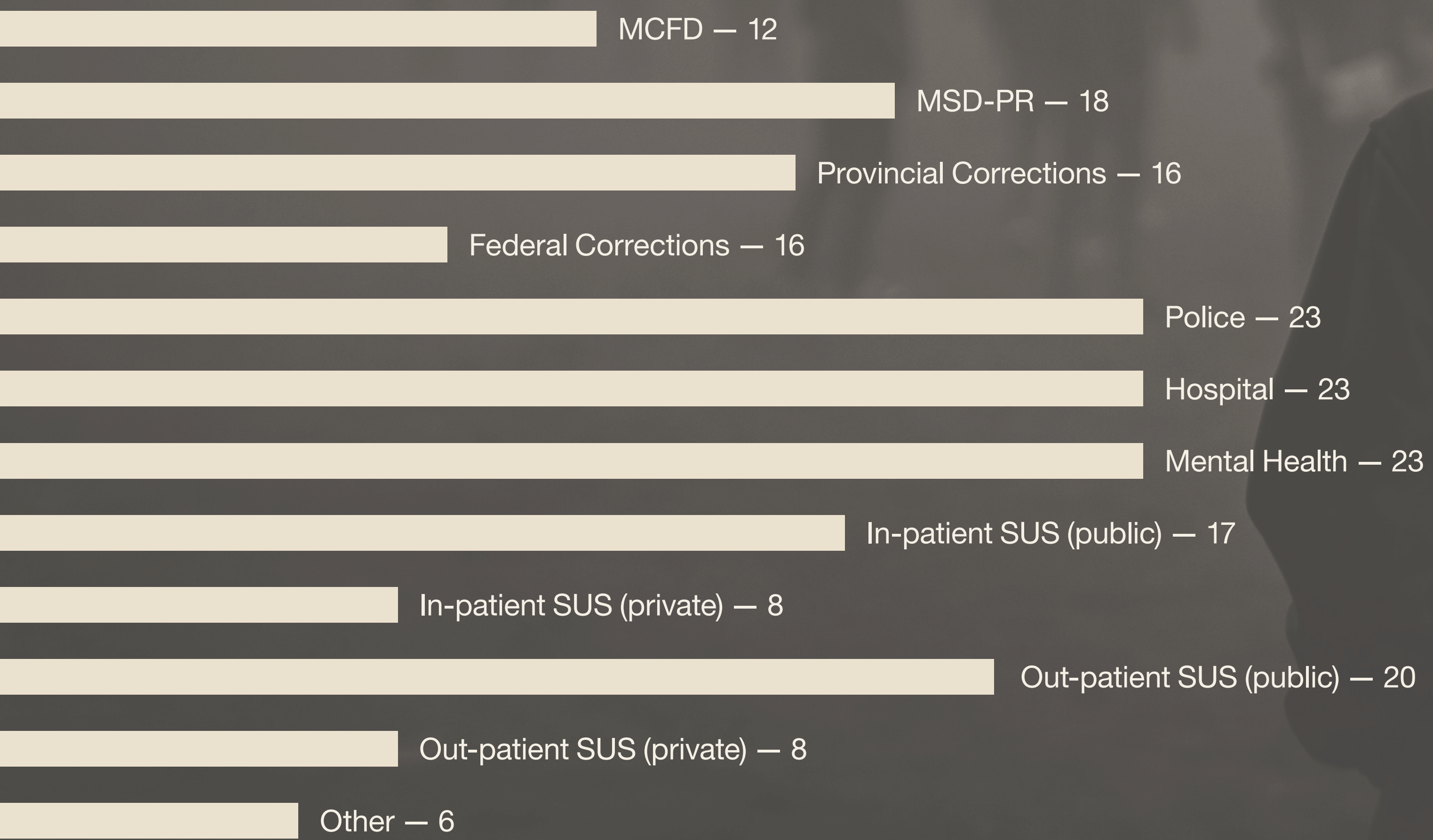
"Do you have access to mental and emotional support that you can afford?"





Results — Participants

SYSTEMS ACCESSED IN ROLE



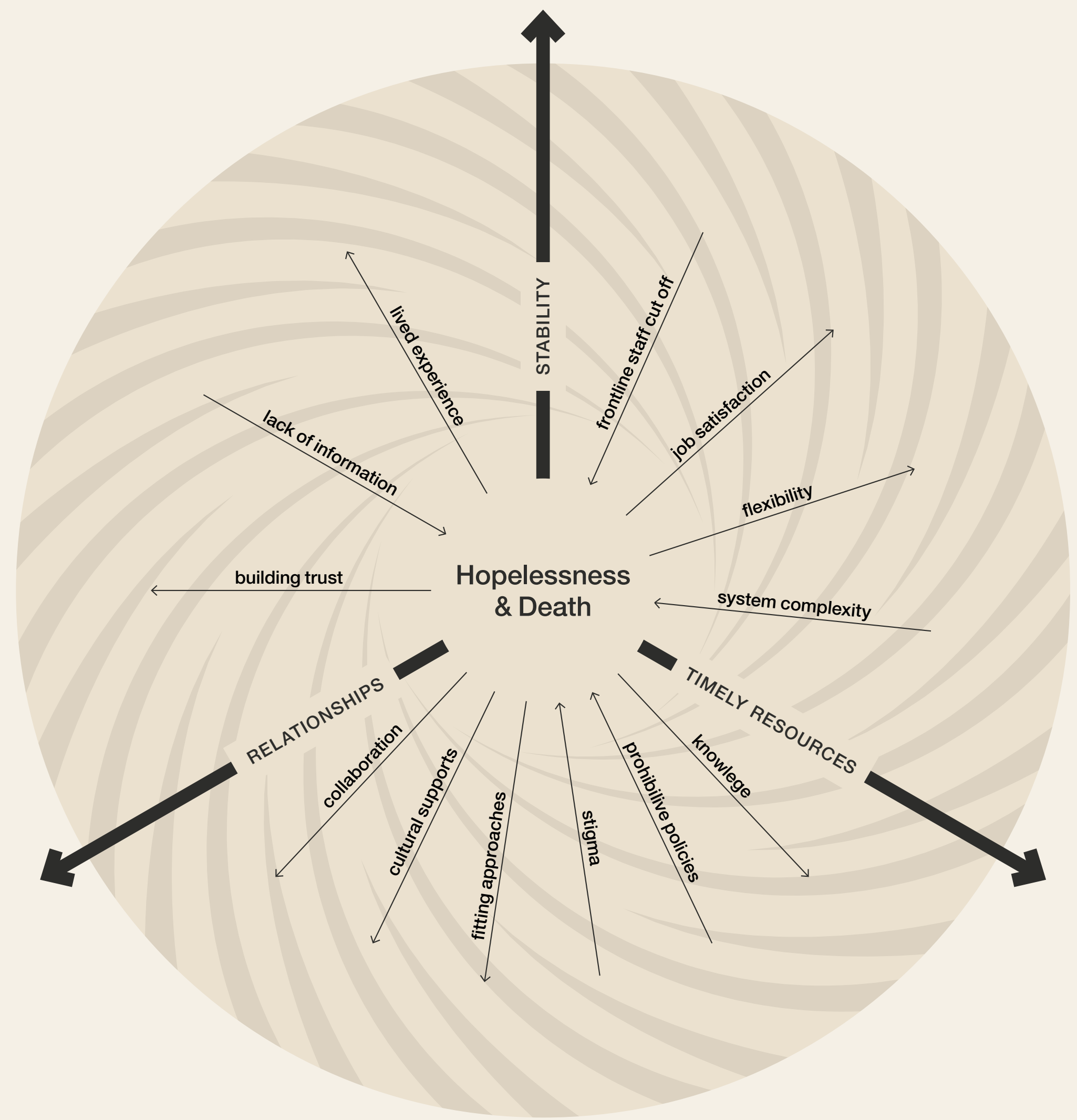
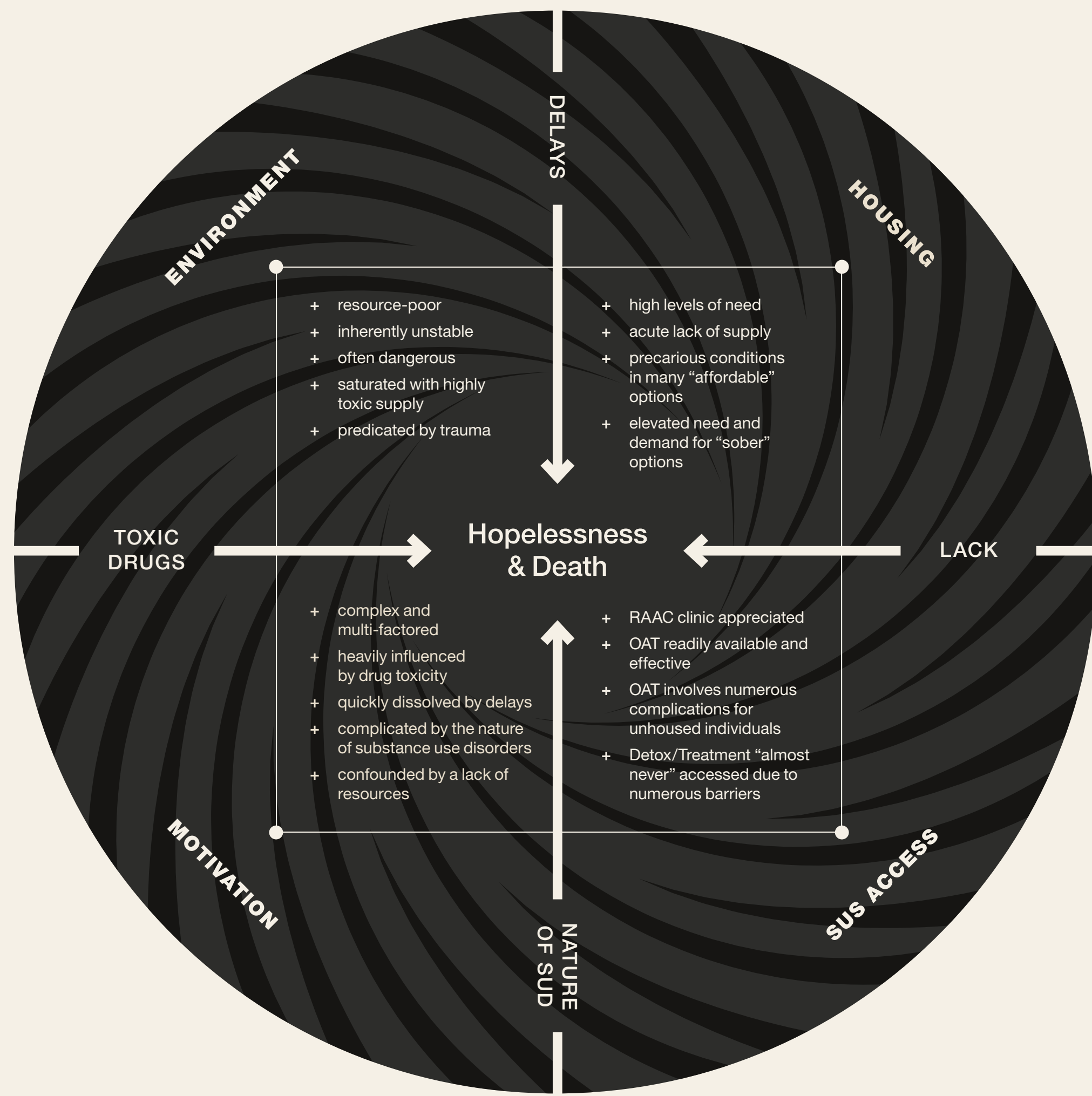
Counselling	4	Outreach	18
Criminal Justice	7	Peer	8
Government	6	Shelter	9
Health	10	Treatment	2
Housing	15		

Results — Ontological Framework

The “ontological framework” functions as a visual schematic demonstrating the relations between concepts and categories in SUS system access, capturing key components of the journey, relationships between these components, and implicit rules that govern reality.*

* See Preliminary Findings report, pg 16



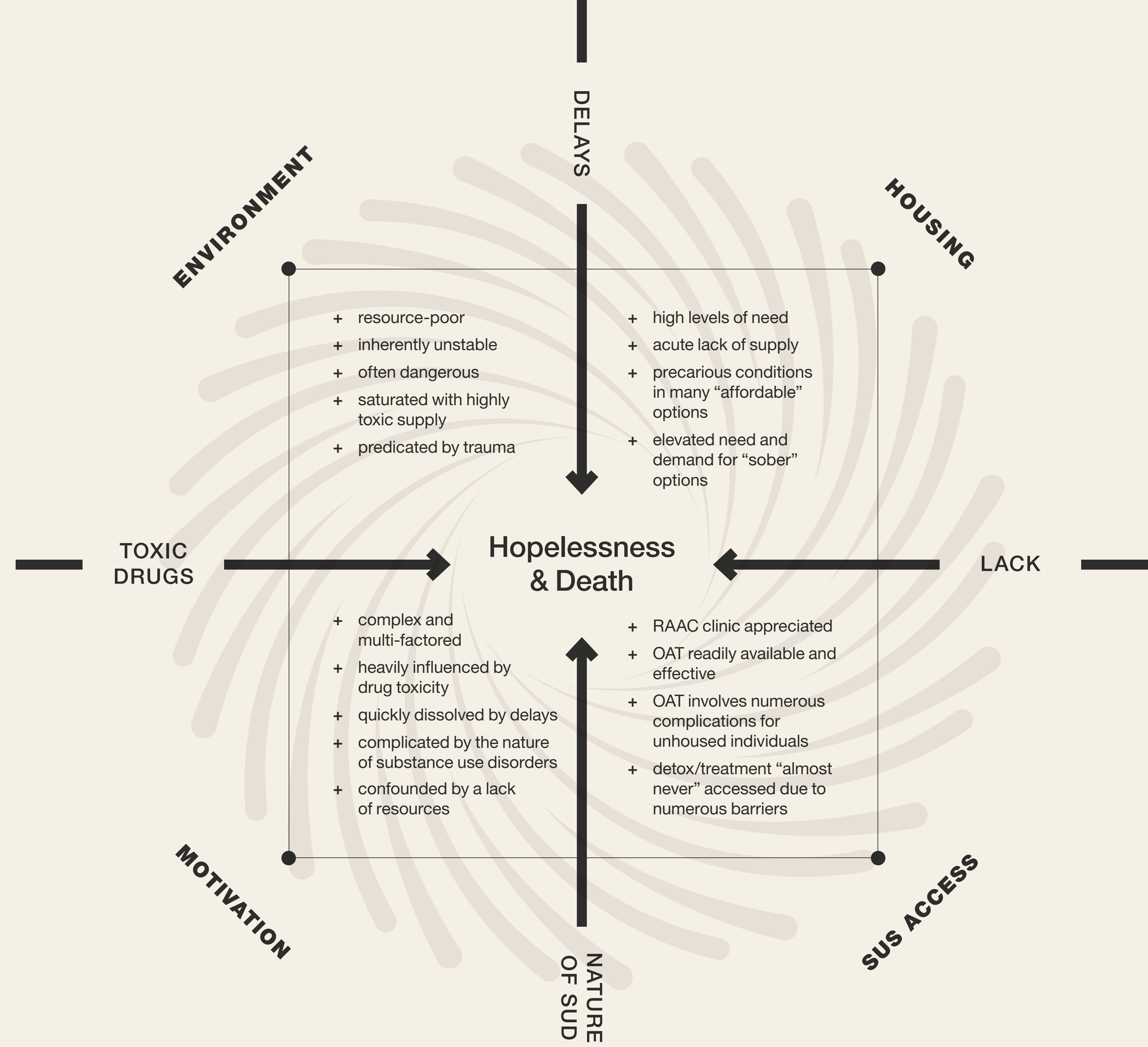




Results – Ontological Framework

As frontline workers described client journeys accessing SUS to reduce or eliminate their use, four main components emerged that have a major influence on clients’ journeys: environment, motivation, substance use access and availability, and housing.

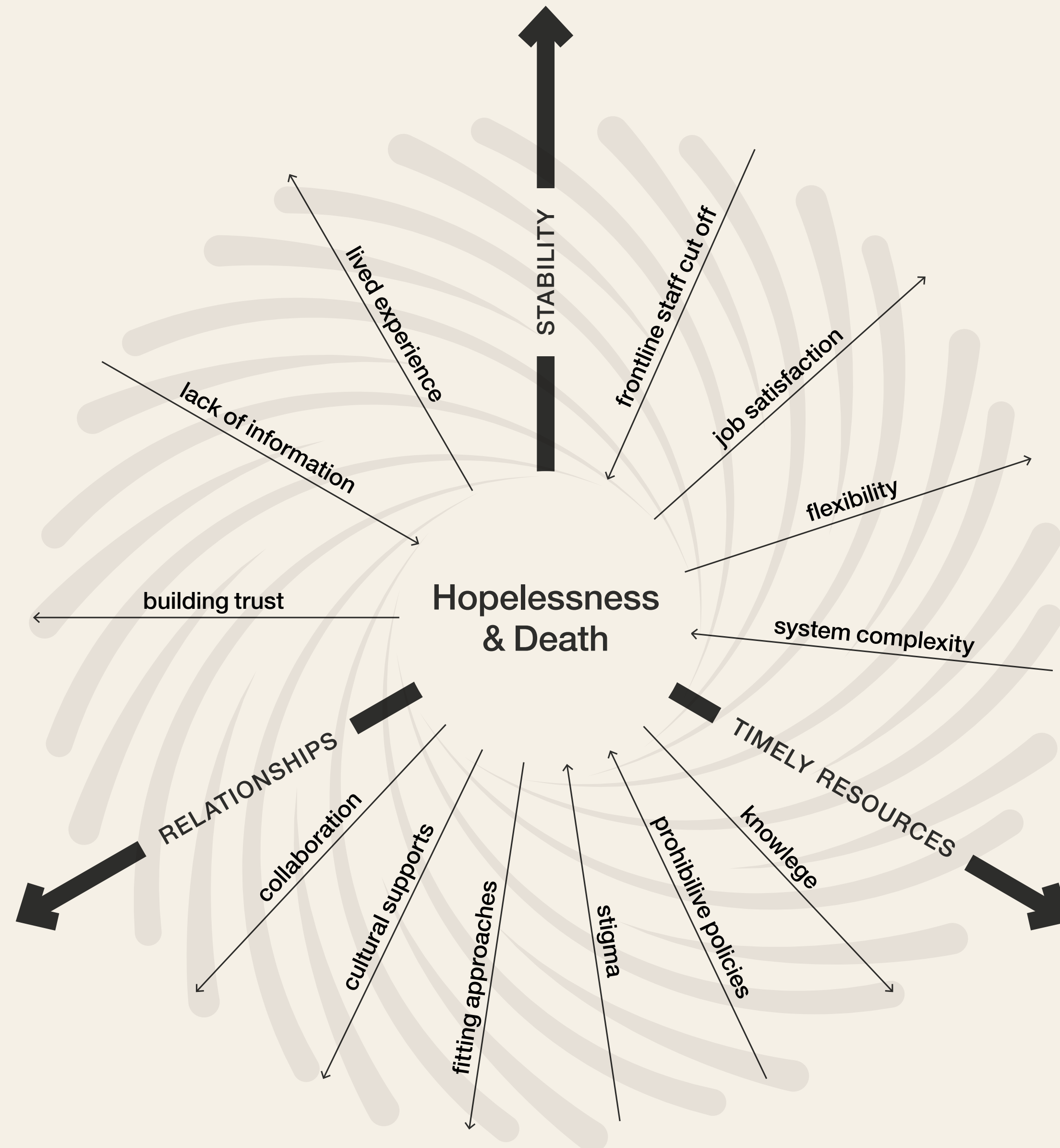
The main reported barriers within these four components were drug toxicity, lack of resources, the nature of substance use disorders, and delays in service provision.





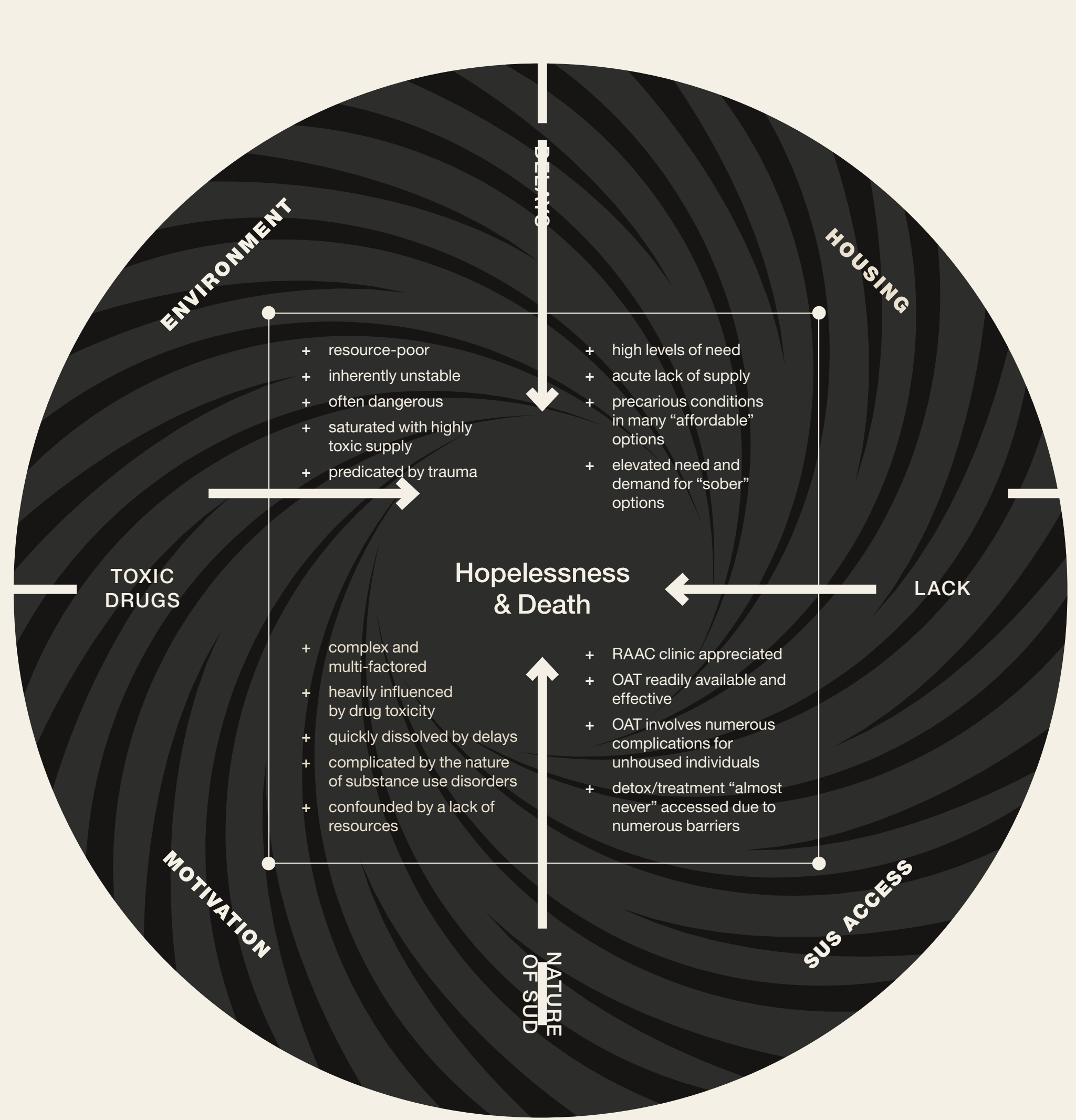
Results – Ontological Framework

Three main facilitating factors provided the most significant “pull” out of the vortex (i.e., meeting client goals): **relationships** (both the frontline worker with their client and the relationships and collaboration between frontline workers); **timely resources**, which are generally not available at major points of client demand; **stability**, which counteracts the most significant barriers presenting in the journey.





These components and competing barriers and facilitators can inform any subsequent collaborative journey mapping.





Results — Access Point Barriers

This section describes the most commonly reported barriers situated at access points to SUS services, particularly detox and treatment. Frontline workers expressed an understanding of reasons why some of these barriers might be in place; nevertheless, they maintained that the lack of flexibility in these policies and practices severely hampered their ability to meet their clients' expressed needs.

BARRIER 01

Delays

If someone wants to get clean you treat it like an emergency. In some of these instances you've got to strike while the iron is hot so to speak. You can't let it cool off. If we're working with somebody anything could happen. — interview participant

BARRIER 02

Dovetailing treatment/detox

I understand they want someone to have the bed lined up, but it's definitely a barrier for somebody who doesn't have a phone and who can, yes, who can barely even survive, doesn't even know where they're going to eat for supper. — interview participant

BARRIER 03

Unrealistic resource requirements

I've called SUSAT, but they always want the client to call them. Not all of them have a phone, right, so again, and they don't have a fixed address, so how is SUSAT even going to follow up with them? — interview participant

BARRIER 04

Referral restrictions

Creekside—you'd call up, you knew that worker by name, you call the next day, that person got in. But then it became centralized, and just kind of, you got lost in that process. Now we're seeing more people falling through the cracks and dying. — interview participant

BARRIER 05

Drug of choice limitations for detox

Most folks who are living unstably housed, or who are in a chaotic relationship with substances, they aren't even accessing the same substance every day. — focus group participant

BARRIER 06

Complications with OAT

I'm finding, like, a lot of people that actually want to go to recovery, or want to go to detox, they don't want to have to take an opiate replacement. Like, that's not a choice that they have anymore. And that's unfortunate. — interview participant

Results — Themes



Thematic analysis brings “meaning making” to the data; themes dive more deeply into the descriptive content and address “So what?” questions. The themes depicted below describe the most salient relationships between the main components in the ontological framework and the various barriers and facilitators of successful engagement with SUS that these components present.

Results — Themes

THEME 01

“I just don’t understand why there isn’t more”: Severe disproportionality in supply and demand

Frontline workers heavily, and many times urgently, reported the need and client demand for detox, treatment, and housing that was not facilitated by the current supply.



Treatment, housing. I’d say those are the top two. — interview participant

If I could pick them up and take them to detox and drop them off, they would go right now. It’s just so difficult to even get into detox. — interview participant

They’re in a shelter and it’s like, there’s drugs everywhere. [...] Stable housing, lack of stable housing is a huge, huge cause. — interview participant



Results — Themes

THEME 02

“Something other than a wing and a prayer”: Detriment of delays and windows of opportunity

Frontline workers reported that for their clients, who are resource-poor and living in precarious environments, delays have a deleterious impact on service access, primarily because of the impact on service access; many felt that the system lacked a necessary emergency response.



*It's hard because people are dying. I have clients who have died before they went to treatment while they were actively waiting.
— focus group participant*

When you have that short window when that person is ready to change and then you can't provide anything for them, they fall aside and they're back on the street again. — focus group participant

*By just the strength of some of the substances that are on the street right now, inpatient withdrawal management is necessary for a lot of people.
— interview participant*

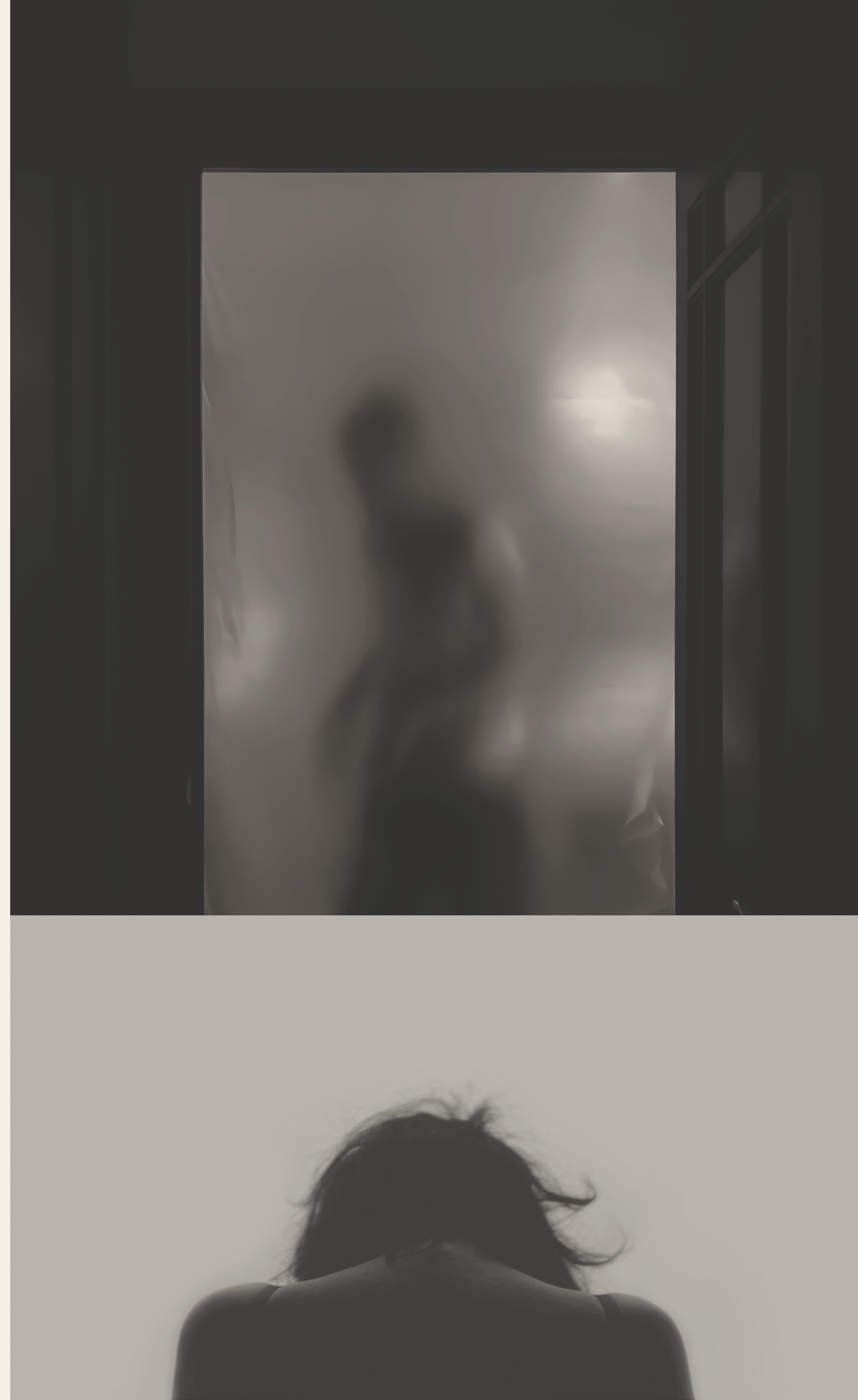


Results — Themes

THEME 03

“Open my eyes, use, blur”: Toxicity of supply as a major confounding factor

The toxicity of the illicit supply of drugs was depicted in the data as a major confounding factor; it complicated and impeded service access and added multiple severe health impacts.



It's why everybody looks like a zombie. It's really, really bad. It's not good. — focus group participant

I've seen people over the course of a few years lose 40 IQ points. They're almost like children now. — interview participant

It shouldn't even be a question. If somebody wants to go it should just be like, basically like the Emergency Room. If you want to go, you just go and get in. It shouldn't even be a second thought. — interview participant



Results — Themes

THEME 04

“You can’t get off street drugs on the street”: Need for stabilization

Frontline workers reported that in recent years, they “never,” “almost never,” or “rarely if ever” successfully assisted someone to reduce or eliminate illicit substance use while that person was on the street.

You need to get people out of the cycle. But you can’t do that if they’re living outside.
— focus group participant

If you’re going to go spend the night in camps, and you’ve been given a little bit of Suboxone, and your friend has fentanyl, you’re likely going to use the fentanyl. — focus group participant

What is the point of someone going to detox, not having any housing, or not having any supports set up after the fact, and then just putting them right back where they started, it’s not effective. Like, it’s not going to work, obviously. — focus group participant



Results — Themes

THEME 05

“You build a human connection”:

Relationships are a key but under-utilized asset

Participants reported their relationships—both with colleagues and clients—as their most necessary asset, yet policies and practices do not appear to leverage these relationships.



*Trust is a huge thing.
— focus group
participant*

Accepting that somebody cares about them despite that they're living in a tent with lice and physical disabilities and mental health. I think that's a big one for clients. That I'm worth it. Learning to trust at least one person so they can anchor to get to the next step. — interview participant

We have no idea what the plan is, so we can't help. — focus group participant



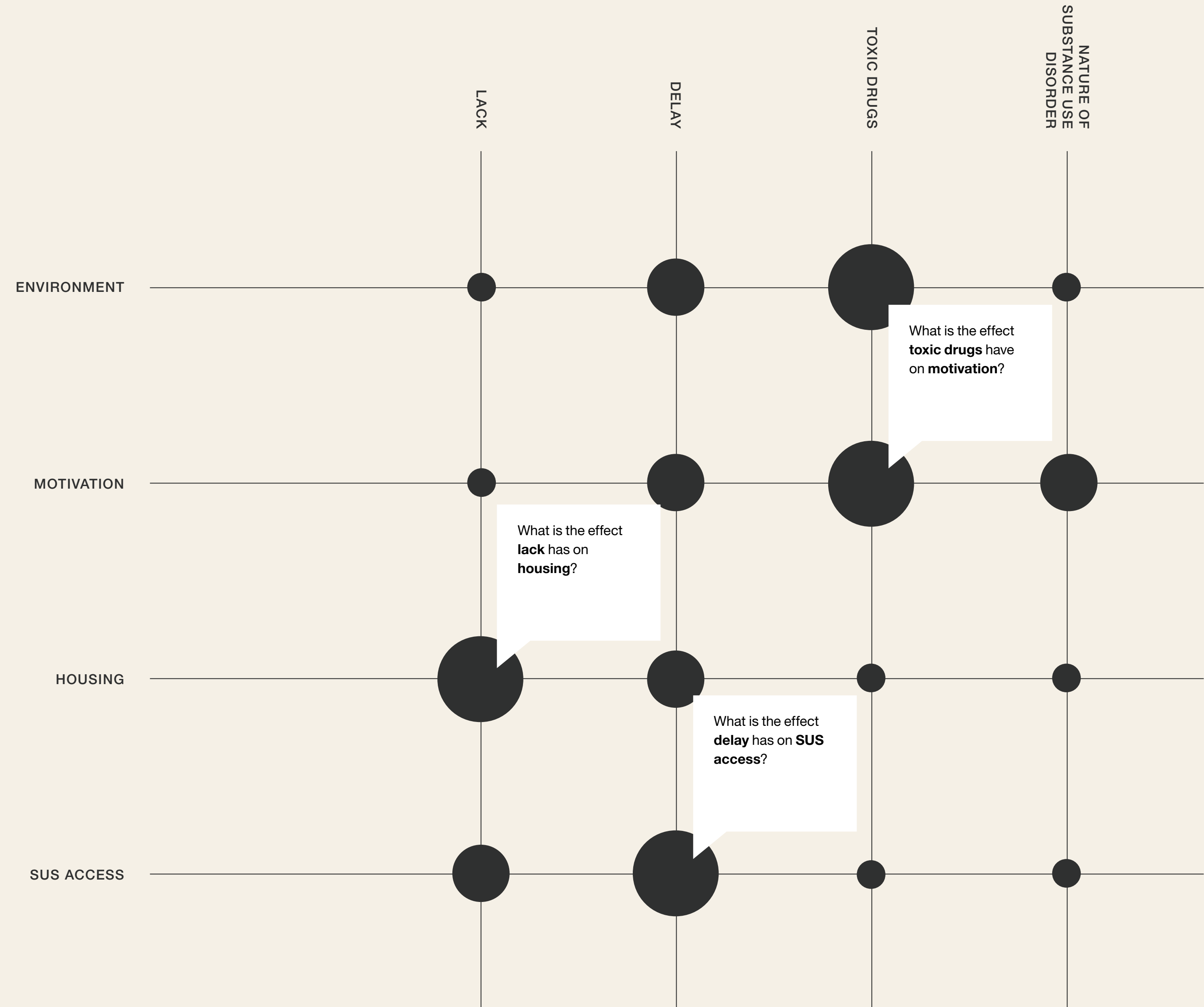


Next Steps

This report presents some preliminary findings from the data analysis. The most important next step would be engaging in collaborative journey mapping with key stakeholders.

- + **Further engage key community stakeholders**
- + **Engage system stakeholders**
- + **Share findings with the public**
- + **Leverage Abbotsford ACCESS**

Multiple knowledge translation tools and methods could be employed in pursuing these next steps.





**“You are an emergency.
I trust you.”**

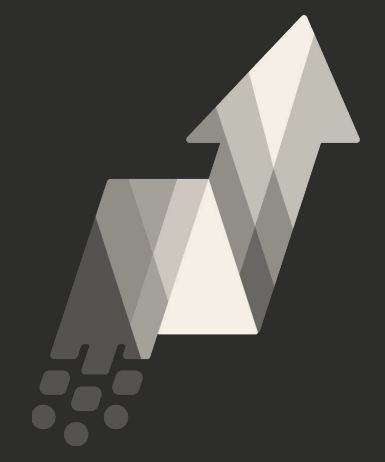
— peer interview participant





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