Opioid Agonist Treatment Access in the qathet Region: Final Report

Findings from the qathet opioid study

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Executive Summary

Introduction

Rural and remote communities are disproportionately impacted by the ongoing overdose crisis, yet there is a lack of qualitative research on the experiences of people who use drugs (PWUD) in these settings. [1,2] This report shares findings from the qathet Opioid Agonist Treatment (OAT) study, a community-based research project conducted between 2022-2025. The project centered the voices of people with lived and living experience of substance use, as well as local healthcare providers. We also explored the use of the mobile application, the Sonara Health App, which is a virtual platform that is designed to help people on OAT manage their dosing from home.[3]

Methods

The researchers used a community-based, qualitative research design to gather data over the 3-year span. Over the first 2 years, the research team conducted qualitative semi-structured interviews with PWUD (n=32) in qathet. During year 1, we asked participants about their history of drug use and experience with OAT medications. Focus groups with healthcare workers and clinicians (n=15) were also conducted during year 1 of the study. In year 2, we followed up with the same 32 individuals to identify changes in drug use or OAT medication patterns. During this time, we also introduced the Sonara Health app. In the final year of the study, we conducted a brief survey with clinicians, pharmacists, and other healthcare providers. We concluded the study by hosting a World Café event with people with lived/living experience in the qathet region (n=35) to discuss findings and develop community-informed recommendations.

Results

The study revealed that PWUD in qathet face significant barriers to OAT, including difficult travel requirements, limited access, stigma, and a lack of treatment options that fit individual needs. Healthcare workers also echoed these concerns and noted broader systemic issues like workforce shortages and provider burnout. Facilitators of treatment included a supportive environment, pharmacy delivery services, and access to the fentanyl patch. Participants were supportive of the Sonara Health App, seeing it as a potential way to increase autonomy and reduce stigma; however, concerns were raised around phone and internet access. Community feedback from the World Café event confirmed study findings.

Recommendations and Conclusion

Based on the findings, specific recommendations include:

1. Pilot the Sonara Health App
2. Implement a client delegation policy
3. Expand OAT options
4. Implement contact-based anti-stigma interventions
5. Address healthcare workforce shortages

These findings are crucial to guide future decision-making for improving access and equity in rural and remote settings. We hope this research will inform local planning and ensure the voices of people with lived and living experience (PWLLE) are at the centre of changes to OAT policy and practice.

1.0 Introduction

There is limited research on the experiences of people who use drugs (PWUD) in smaller urban and rural areas, particularly in the Canadian context.[1] There is also a lack of qualitative research examining the rural-specific experiences of PWUD.[1] Meanwhile, rural and remote communities are disproportionately impacted by the ongoing overdose crisis and there is an urgent need to provide access to a variety of opioid agonist treatments, which are known to protect against overdose death.[2,4] Rural and remote communities face a number of unique factors that negatively affect health outcomes, including reduced accessibility, low availability of harm reduction initiatives, and general healthcare provider shortages.[5] PWUD in remote areas experience reduced accessibility for a number of reasons, many of which involve structural barriers including limited access to opioid agonist treatment (OAT), limited transportation options, and more.[5] The qathet region of British Columbia (B.C.), has a population of approximately 21,000 and spans over 5,000 square kilometres.[1] The region includes a mix of mainland communities, such as Powell River, Lund, Tla'amin Nation treaty lands, and several coastal islands with varying degrees of accessibility including Texada Island, Savary Island, and Lasqueti Island.[1]

This report shares findings from the qathet OAT study, a community-based research project conducted between 2022-2025. The purpose of this study was to better understand the challenges and benefits of accessing OAT in the qathet region. The findings of this research reflect the living and lived experience of PWUD and healthcare workers in the region.

A virtual application called Sonara Health was also introduced to understand the perspectives of using technology to potentially improve OAT access in rural settings. The Sonara Health app is a virtual platform that is designed to help people on OAT manage their dosing from home.[3] Patients record themselves taking their OAT dose by scanning a QR code on their tamper-aware medication bottles, which is then securely reviewed by their care team asynchronously, meaning patients can take their dose and upload the video at a later time.[3] This system allows patients to complete their doses from home, addresses potential diversion concerns via the tamper-aware system, and reduces the need for daily clinic visits and supporting increased access to take-home doses.[3]

1.1 Study objectives:

The objectives of this project were to:

1. Understand the barriers and facilitators to OAT access in qathet
2. Explore how OAT access can be improved across rural contexts
3. Understand initial perspectives on the Sonara Health App, a mobile tool that could improve OAT
4. Engage with community members through events like the World Café to interpret findings and guide future decision-making

2.0 Methods

A community-based, qualitative research design was used to gather data over the 3-year span. Over the first 2 years, the research team conducted qualitative semi-structured interviews with PWUD (n=32) in qathet. Most participants lived centrally in Powell River, with others in neighbouring communities and islands. Participants reported living in their own homes/apartments, some residing in supportive housing, and some were experiencing homelessness. During year 1, we asked participants about their history of drug use and experience with OAT medications. This included questions regarding how they were accessing it, and any changes they experience throughout their OAT medication history. In year 2, we followed up with the same 32 individuals to identify changes in drug use or OAT medication patterns. During this time, we also introduced the Sonara Health app to gather initial perspectives on the use of the app.

We also wanted to gain perspective on OAT access from the perspective of healthcare workers in the region. To achieve this, we conducted focus groups with healthcare workers and clinicians (n=15) in year 1 of the study. Additionally, in year 3, an open-ended survey was conducted with OAT providers (n=6) to gain an understanding on initial perspectives of using an app like Sonara Health to assist patients on OAT. During the final year of the study, a World Café event was conducted in the qathet to discuss findings with community members. Participants (n=35) came from across the region, including those living south of town and on Tla'amin treaty lands. The purpose of the event was to present the findings, seek feedback, offer interpretation of findings,

and inform future work in this area. The collective feedback from these sessions has shaped the recommendations in this report.

3.0 Study Findings

The following section presents key findings. Results are organized into themes including barriers to OAT access, facilitators to access, perspectives on the Sonara app, and insights from the World Café event.

3.1 Barriers to Accessing OAT

PWUD perspective

Participants identified several major challenges in accessing their OAT. One of the most common barriers was the need to travel to a clinic or pharmacy every day, sometimes multiple times per day. This amount of travel was extremely disruptive to daily routine and quality of life. While some participants benefited from having their medication delivered to a residence, such as to supportive housing, the pharmacy delivery schedule did not always align with their individual needs. Almost all participants reported that they did not have access to carries (take-home doses). Without carries, participants were required to visit a clinic or pharmacy daily, making access especially difficult for those who face housing instability or transportation barriers. Ultimately, this meant that many participants missed their daily doses.

Stigma was another barrier shared amongst participants. Participants described feeling judged when accessing OAT at community pharmacies. In a small-town setting, they noted everyone knows who is picking up OAT and felt that people judge OAT just as they do to PWUD in general. Additionally, participants reported that their OAT medication and dosing schedules were often not meeting their medical needs. Some described requiring higher doses to prevent withdrawal, while others felt that medications like the fentanyl patch would better support them; however, they were on long waitlists. Finally, many expressed feeling "stuck" on OAT, and compared accessing OAT to relying on the illegal drug market, and felt their autonomy was limited. The rigid structure of OAT left little room for personal choice or progression.

> *"...if you're working, it just can't be done. Because they don't send any home with you, so like when you're doing it every day, and you have to go to the pharmacist, or you have the pharmacist come here, it's just too hard, you know?"*

Healthcare worker perspective

Healthcare workers reiterated many of the same concerns raised by PWUD, highlighting the systemic barriers that limit access to OAT in qathet. A key issue was the overmedicalized nature of OAT, where users are required to attend many appointments in person and wait to be monitored, creating discomfort. Providers also emphasized the need for more safer supply options to better meet the needs of patients and also noted the lack of carries. Healthcare workers also described broader systemic gaps, including a shortage of services, service providers, and prescribers, which is limiting treatment availability. Together, these limitations contribute to provider burnout, and place strain on the healthcare system.

3.2 Facilitators to Accessing OAT

PWUD Perspective

Participants highlighted many factors that made it easier to access OAT in the region. Many noted the iOAT clinic as a supportive and comforting space that fostered a sense of community and reduced feelings of stigma. Similarly, the Overdose Prevention Site (OPS) was seen as a valuable resource, providing a safe space to use substances, along with giving participants the opportunity to work while on OAT.

Pharmacist deliveries were another key facilitator for some, with participants sharing that pharmacists make a strong effort and would even go out of their way to ensure medication was received. This sense of care from the pharmacist built trust and improved medication adherence. Finally, access to the fentanyl patch improved participants quality of life by helping to prevent withdrawal symptoms and allowed them to manage daily tasks more effectively.

> *"I don't want to keep spending all my money on down if I don't have to because I got all these damn patches. And I don't wake up sick anymore so that's the best thing."*

Healthcare Professionals' Perspective

Healthcare professionals identified several key facilitators to accessing OAT in qathet. The creation of the supportive housing unit made a major positive impact, which aided in addressing housing instability and the maintenance of consistent OAT access. Providers also described updates and improvements to the iOAT clinic, which helped transform the space into a more welcoming and client-centered space. Additionally, expanding OAT access to both Texada and the Tla'amin Health Centre improved treatment access to underserved communities across the qathet region.

3.3 Sonara App Feedback

PWUD Perspective

After learning how the Sonara Health App works, participants shared their thoughts on how it could affect their OAT access. First, participants noted that it could cut down on daily travel time, by letting people record their doses at home instead of having to travel to a clinic or pharmacy daily. Additionally, reduced feelings of stigma would be experienced, as it allows individuals to take medication in a private space. Participants believed these changes could improve overall quality of life, with an ability to keep regular work hours, ability to take part in more social or healthy activities, and the ability to find new housing outside of Powell River and still be able to access OAT. Finally, many participants felt the Sonara app would increase independence and personal control, allowing people to manage their own treatment rather than feeling tied to strict OAT schedules. Participants had no concerns about privacy when using the app, as long as the platform was secure. In fact, many felt that their current OAT experience already lacked privacy, as deliveries were often made in group settings, and pharmacy pickups were extremely public. There were also no major concerns about storing medications safely. Most participants felt confident they could find a solution for take-home supply storage, such as using a lock box or finding other safe arrangements.

Participants did highlight some key limitations to the app. A major perceived challenge is that many individuals are unable to keep a phone for long periods of time, due to a number of factors including theft or need to sell. Additionally, reliable internet access is not always available, especially for those living in remote or unstable housing. Despite these barriers, participants supported the idea of the Sonara Health app and felt it was a promising tool to improve autonomy in OAT access.

> *"You're not standing in a line-up asking for the drug in front of people. There is a lot of stigma around even OAT drugs, you know?"*

Healthcare Professionals' Perspective

Survey participants noted several potential benefits of the Sonara app, particularly for patients living in camps, rural areas, or with mobility issues. They reported that the video-based dose monitoring could provide reassurance around adherence without requiring in-person visits. Concerns were also raised around the app. Providers noted that some patients may struggle to keep a phone or face challenges with technology,

and there were also worries around the reduced opportunity for in-person clinical assessments. Clinicians reported that the app would most benefit those with stable housing, consistent treatment history, acute health issues, and a desire for work-life flexibility. While patients who are unhoused, have limited access to technology, or benefit from in-person support, may be less suited.

Most participants were comfortable with prescribing a one-week take-home supply using Sonara, and several made note that this could ease pharmacist delivery schedules. While clinicians did not anticipate major changes to their workload, they expected increased demands on pharmacists and clinic staff. To successfully implement Sonara in qathet or other rural areas, the participants emphasized a need for shifts in prescriber attitudes, more funding, regulatory approval from the College of Pharmacists, and improved housing stability to support treatment adherence.

3.4 World Café Insights

A World café event was hosted to share preliminary findings and gather feedback from people with lived and living experience (PWLLE) of OAT. Attendees (n=35) represented a wide range of experiences, all of which had experiences with OAT. Some were currently on OAT and not using other drugs, some were using both OAT and using other drugs, and some not currently on OAT and using other drugs. Participants confirmed many of the study's findings, particularly the ongoing difficulties in accessing OAT. There was continued anxiety and fear around missed doses, and barriers such as weekend access gaps, poor communication, limited delivery catchments, disabilities, and lack of transportation were all highlighted. Many described feelings of being "stuck" in the system, with limited say on their own treatment path. Emerging issues discussed included gaps in service for people in recovery, challenges with inconsistent OAT access, and capacity issues in the peer-2-peer (P2P) program, which currently only has one person to support the whole region. The closure of the local shelter created uncertainty and instability, especially for those living in encampments who reported difficulty receiving deliveries and increased stigma and isolation. Many described paying others to guard their camps just to attend appointments.

Participants also noted broader structural barriers, including the need for more healthcare workers, overburdened pharmacies, and the lack of choice in OAT delivery times and locations. Many agreed that the Sonara app could address some of

these issues, particularly in offering support to those in recovery from the unregulated supply, those who are employed, individuals in camps, and those outside of town. Finally, participants noted that changing policies and politicization of drug use were affecting their communities, such as decriminalization changes and changes in witnessed dosing. A call for greater public education and consistent access to OAT support is needed to improve health and well-being.

4.0 Recommendations

To address the barriers identified in this study, several recommendations are suggested to help improve OAT and other harm reduction supports in the qathet region and other rural and smaller communities across BC contending with similar issues.

4.1 Utilize the Sonara Health App

The use of health information technologies, such as the Sonara app, shows promise in improving OAT accessibility in geographically isolated areas. Digital tools, such as those that allow for remote dosing, video monitoring, and communication with healthcare professionals can reduce the need for daily clinic visits, increase autonomy, and improve treatment adherence. Other study findings suggest that investing in improving rural cell phone accessibility and other necessary telemedicine infrastructure could positively impact medication adherence.[6] The Sonara App should be piloted to support OAT delivery and monitoring. Its effectiveness should be evaluated and monitored, and adjustments should be made based on client and provider feedback.

4.2 Implementation of a Client Delegation Policy

For individuals who may not benefit from the Sonara app, a formal policy should be developed that allows people living in supportive housing or elsewhere to delegate someone they trust to pick up their OAT doses. For those in supportive housing, medications could be safely stored and dispensed by supportive housing staff and dispensed based on client needs and preference. To support this model, dedicated training to supportive housing staff would be provided to ensure safe handling and confidentiality requirements are met.

4.3 Expand OAT Options

Patients should be able to have a say in their treatment plan, and that includes choosing the OAT path that works best for them.

Improving local availability, reducing wait times, and offering more flexible models of care, such as the use of technology (i.e., Sonara Health), can significantly enhance treatment retention and health outcomes in rural settings.[7,8] The fentanyl patch should also be made more accessible for individuals who would benefit from this OAT medication.

4.4 Implement Contact-Based Anti-Stigma Interventions

Stigma and shame influence unsafe drug use practices by driving individuals to conceal their use from the public and may affect their ability to access life-saving services.[9] Contact-based anti-stigma interventions are recommended to address this. This method is built on the understanding that stigma is often rooted in fear and discomfort that occurs due to the lack of contact between the general public and PWUD.[1] Contact-based interventions are considered a best practice for stigma reduction, and has the potential to bring lived and living experience to the forefront of education campaigns.[1,10]

4.5 Address Healthcare Workforce Shortages

Increasing the number of healthcare workers is crucial to meet the growing demand for services in rural and remote settings. Recruitment strategies that incentivize and prioritize rural placements are key to addressing this gap.[11] Expanding the number of peer staff in the P2P program would also be beneficial to increase OAT access, including piloting peer delivery of OAT.[12]

5.0 Conclusions

In summary, this report highlights the experiences of accessing OAT from the perspective of PWLLE and healthcare professionals in the qathet region. Key barriers that were explored include the limited OAT service availability, presence of stigma, and the lack of autonomy in treatment paths. Facilitators mentioned include strong peer support, more flexibility in care models, and digital tools like the Sonara app. These findings are crucial to guide future decision-making for improving access and equity in rural and remote settings. We hope this research will inform local planning and ensure the voices of PWLLE are at the center of changes to OAT policy and practice.

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