Primary care provider access and healthcare avoidance: A cross-sectional survey of clients of a supervised consumption site in Vancouver, Canada

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Background

Engaging in primary care in a timely manner improves health outcomes. People who use drugs (PWUD) have higher healthcare utilisation, disease burden, and mortality compared to the general population, yet face barriers to engagement in healthcare. Many PWUD anticipate or have experienced drug-use stigma in healthcare, which, regardless of where it was experienced, may decrease all healthcare engagement thus contributing to high unmet needs for mental and physical healthcare. Designing and providing contextually appropriate health services that could reduce healthcare needs and improve health outcomes for PWUD requires better understandings of their healthcare engagement and experiences. High amongst the known criteria for preferred services for PWUD is care without judgment or stigma. Therefore in this study we aimed:

to examine PWUD's access to a primary care provider (PCP), healthcare avoidance, and to estimate the association of drug-use stigma and healthcare avoidance in a sample of clients of a supervised consumption site in Vancouver, Canada.

Methods

Study design: The Health Connect study, launched in January 2024 at the Hope to Health Research and Innovation Centre, includes a healthcare engagement component. We designed a baseline survey to collect the data on socio-demographics, healthcare engagement and avoidance, and patterns of drug use analysed in this study.

Data collection: From January 2024 we invited supervised consumption site clients to complete an interviewer-administered survey. We reached our target of 300 participants in November.

Analysis: Our analytic sample excluded one duplicated observation, for a total of 299. We stratified participants by access to a primary care provider (PCP), healthcare avoidance, and experience of drug-use stigma in healthcare. We used logistic regression to model the relationship between drug-use stigma in healthcare and healthcare avoidance, adjusting for potential confounding.

Results

Table 1. Participants stratified by access to a primary care provider

Participant characteristics N = 294		Access to a PCP N = 222 (74%)	No access to a PCP N = 72 (26%)	P-value
Age	Median (Q1, Q3)	**41 (35, 50)**	**39 (34, 43)**	**0.012**
Gender				
	Man	127 (57)	39 (54)	0.553
	Woman	86 (39)	28 (39)	
	Non-binary or other answer	9 (4)	5 (7)	
Sexual orientation				
	Straight	170 (77)	52 (72)	0.322
	Gay, lesbian, queer, or asexual	39 (18)	12 (17)	
	Any other answer	13 (6)	8 (11)	
Housing stability (prior 6 months)				
	Unstable	**103 (46)**	**56 (81)**	**< 0.001**
	Stable	**114 (51)**	**13 (19)**	

Table 2. Participants stratified by healthcare avoidance

Participant characteristics N = 290		Healthcare avoidance N = 107 (36%)	No healthcare avoidance N = 183 (64%)	P-value
Age	Median (Q1, Q3)	40 (35, 47)	41 (34, 49)	0.790
Gender				
	Man	65 (61)	98 (54)	0.217
	Woman	36 (34)	79 (43)	
	Non-binary or any other answer	6 (6)	6 (3)	
Sexual orientation				
	Straight	81 (76)	139 (76)	0.414
	Gay, lesbian, queer, or asexual	21 (20)	29 (16)	
	Any other answer	5 (5)	15 (8)	
Housing stability				
	Unstable	64 (60)	93 (51)	0.084
	Stable	40 (37)	85 (46)	

Results, continued

Table 3. Participants stratified by drug-use stigma in healthcare

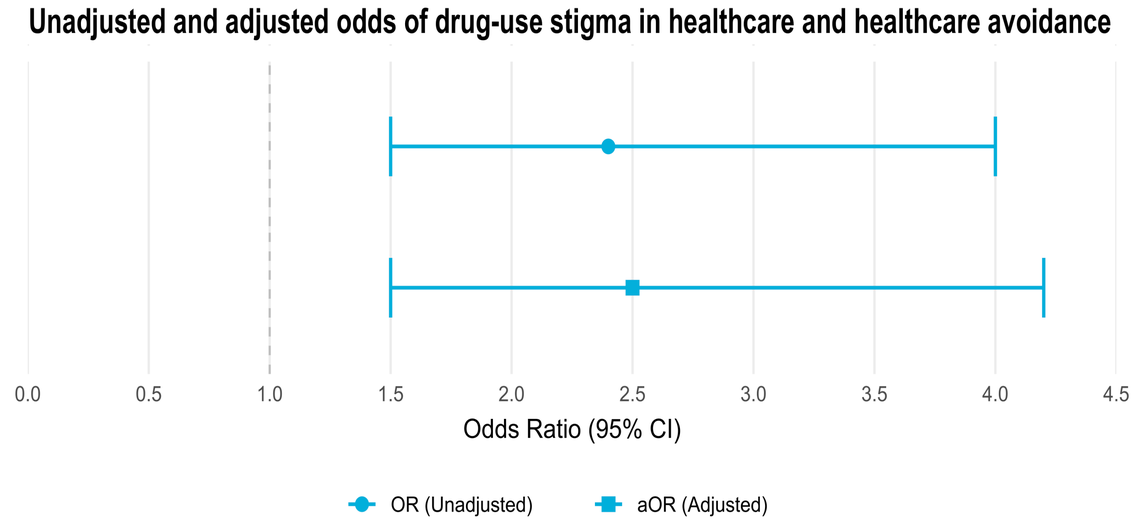
Healthcare characteristic N = 295	Drug-use stigma in healthcare N = 135 (45%)	No drug-use stigma in healthcare N = 160 (55%)
Access to a primary care provider	96 (71)	124 (78)
Utilised primary care (prior 3 months)*	**76 (56)**	**65 (41)**
Utilised emergency care (prior 3 months)	62 (46)	63 (39)
*Days since last visit to primary care** Median, (Q1, Q3)	**14 (7, 61)**	**14 (3, 30)**
Avoided any healthcare (12 months)*	**62 (48)**	**43 (27)**
Avoided emergency care (12 months)*	**37 (27)**	**23 (14)**

Note: * indicates significant difference at p<0.05

Key points:

- People with access to a PCP were more likely to have no exposure to unstable housing, and were slightly older.
- We found no difference in access to a PCP or healthcare avoidance by gender or sexual orientation.
- Age and housing stability were not associated with healthcare avoidance.
- People who experienced drug-use stigma in healthcare had both recent healthcare use and high healthcare avoidance.

Unadjusted and adjusted odds of drug-use stigma in healthcare and healthcare avoidance



Abbreviations: OR = odds ratio; aOR = adjusted odds ratio; CI = confidence interval

Experiencing drug-use stigma in healthcare was associated with avoidance of healthcare, without being associated with access to a primary care provider.

Conclusion

This cohort of supervised consumption site clients had both high healthcare avoidance and high healthcare utilization. Experiencing drug-use stigma in healthcare more than doubled the odds of avoidance, but many participants who had recently avoided healthcare at least once had also accessed healthcare within the same period of time. More primary-care services contextualised for people who use drugs that reduce stigmatisation and other barriers may decrease healthcare avoidance in the long term.

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