



The **Research** Shop

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GETTING TO WITHDRAWAL MANAGEMENT SERVICES IN GUELPH-WELLINGTON

OCTOBER 2012

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Citation: Pindare, S. & Bergen, A. (2012). Getting to Withdrawal Management Services in Guelph-Wellington. Retrieved from <http://www.theresearchshop.ca/resources>

Summary of Report. This report is part of a multi-phase research program investigating the experiences of how people living in Guelph-Wellington get to withdrawal management services, with the intention of improving ease of access to these services. The current research examines barriers for people living in Guelph-Wellington, Ontario who want to get to withdrawal management services. The findings are the result of informational interviews conducted with service providers assisting clients who require withdrawal management services. Interview results suggest that distance, transportation, and communication between service providers are barriers constraining access to withdrawal management services. Moreover, examination of the number of clients served at the nearest withdrawal management centre by location of residence supports interview findings that distance may act as a barrier to accessing withdrawal management services. Overall, the research findings suggest that the issues of distance and transportation can create barriers that can limit access to withdrawal management services for people living in Guelph-Wellington.



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INTRODUCTION

RESEARCH GOALS

This report is part of a multi-phase research program investigating the experiences of how people living in Guelph-Wellington get to withdrawal management services, with the intention of improving ease of access to these services. This research is being carried out by the Research Shop at the University of Guelph, in collaboration with the Wellington-Guelph Drug Strategy.

BACKGROUND

Withdrawal management services are programs that assist with detoxification from alcohol and/or drugs. There is currently no withdrawal management center in Guelph-Wellington, Ontario, nor are any forms of mobile withdrawal management services provided to residents living in Guelph-Wellington. Therefore, people living in Guelph-Wellington who are seeking withdrawal management services must travel to a city centre that offers such services.

Options for Guelph-Wellington residents exist in Hamilton (e.g., [Hamilton Men's Withdrawal Management Service](#); [Womankind Addiction Service](#)), and Toronto (e.g., Toronto withdrawal management services system; multiple locations). However, the closest geographical option for Guelph-Wellington residents seeking non-medically supervised withdrawal management services is the [Grand River Hospital's Withdrawal Management Services](#), in Kitchener. The Grand River Hospital is part of the Waterloo-Wellington LHIN (i.e., Local Health Integration Network), and as such is the local option for Guelph-Wellington residents.

PREVIOUS RESEARCH

A first examination of the effects of distance on access to withdrawal management services conducted for the Wellington-Guelph Drug Strategy was a “rapid response” scan of grey and academic literatures that was performed in order to determine the effect of distance on access to addiction services ([LaMarre, 2011](#)). The report highlighted several studies showing that geographic proximity to treatment has an effect on both access to addictions treatment in general and outcomes of those treatments. The report further found that providing enabling services such as transportation might mitigate some effects of distance on treatment access and outcomes.

CURRENT RESEARCH

In this second phase of research, informational interviews with service providers were conducted to identify how people living in Guelph-Wellington get to withdrawal management services, as well as barriers to reaching those services. That is, within the local context of



Guelph-Wellington, how do clients get to withdrawal management services? What are the various pathways individuals can take to get connected with the right services at the right time?

In addition, the second phase of research examines data reported through [Connex Ontario Health Services Information](#) on residence location of clients ($n = 889$) accessing the Grand River Hospital for withdrawal management services in 2010-2011. These data were examined to provide a local context for LaMarre's (2011) finding that geographic proximity impacts access to addictions treatment services, and to determine how populations seeking withdrawal management services are served within the Waterloo Wellington LHIN.

METHODS

INFORMATIONAL INTERVIEWS

Information about various pathways and barriers for Guelph-Wellington residents trying to get to withdrawal management services was collected through short interviews with local service providers who help to facilitate access to withdrawal management services. Members of the Wellington Guelph Drug Strategy Committee put forward names of potential interview candidates who were believed to have the most experience working with individuals wanting to access withdrawal management services. Invitations for participation in the informational interviews were sent out through email. Of the eight service providers who were contacted, five participated in the research project. Two of these participants work at Wellington County Ontario Works (OW), and the remaining three work at Our Place Youth Centre, Homewood Health Centre's Community Addiction Services, and Stonehenge Therapeutic Community.

Interviews were aimed at gathering information about how people "did their job" in helping clients get to withdrawal management services. All interviewees were informed of the purpose of the research: investigating the accessibility of detox services for Guelph-Wellington residents, based on their experiences at their place of work, in order to improve service delivery and coordination. Interviewees were also informed that the information collected would be shared publicly, and that there was no guarantee of anonymity or confidentiality of information. As such, representatives from service providers involved in this research were free not to answer any question they did not feel comfortable answering.

Two respondents contributed to the project by participating in phone interviews, while three responded to questions via email. The phone interviews were approximately 25 to 30 minutes in length. An interview guide that consisted of five brief questions was used (see Appendix A). These questions were designed to seek answers that would identify barriers to accessing



withdrawal management for the population in Guelph. Questions focused particularly on transportation as a barrier, and on how other factors combine to increase the impact of this barrier.

NUMBER OF CLIENTS SERVED BY LOCATION OF RESIDENCE

Data were requested from Connex Ontario on the residence location of the 889 clients accessing the Grand River Hospital for withdrawal management services in 2010-2011. Connex Ontario “maintains an up-to-date and accurate database of detailed drug, alcohol, problem gambling, and mental health service information” and this database can be queried by planners and service providers seeking “access to quality health and human services information” (Connex Ontario, 2012).

Data on municipality size were retrieved from Statistics Canada’s website (www.statscan.gc.ca).

RESULTS/FINDINGS

INFORMATIONAL INTERVIEWS

Key Barriers

Appendix B provides a detailed table of the questions asked and responses received from the various service providers, categorized by organization/agency. Based on the informational interviews, the following factors were identified as key barriers to withdrawal management.

Distance and lack of transportation to withdrawal management centers.

All respondents identified distance and lack of transportation as an important barrier to accessing withdrawal management services. For example, a participant from the Stonehenge Therapeutic Community stated,

“Distance is a huge barrier. They [clients] have to go to farther places, these individuals are not clean, have to go on the bus, they may be accompanied by their friends, but they also may not be healthy, thus, some people will not access withdrawal management because it is not in the area.”

Another interview participant from Our Place Youth Centre stated,

“Transportation barriers exist, because if withdrawal management says they have a bed open tomorrow at 3:00 PM and you are on OW or Ontario Disability Support Program and have no money or cab fare and no one to get you there, you lose the bed. Also if you get to withdrawal management and you decide you don’t want to stay you have no way



home and you also have no way home upon release unless you have made arrangements with friends or outreach or OW.”

A participant from Ontario Works similarly stated that,

“Accessing the services in Kitchener is a barrier. People have to leave their home. It can be one more step where people may decide not to go, as it is far away from here, and a support system is not available close to home.”

These comments suggest that local service providers perceive distance as a barrier to getting to withdrawal management services.

Another barrier related to distance is the cost of transportation. Clients sometimes have to pay their own transportation costs, as transportation support, or funding to assist with transportation support, is not always available from an organization. As the participant from Homewood reported,

“I have even had clients pay for a cab to Kitchener themselves.”

In most cases, these clients do not have money to pay for their own transportation; therefore, they depend on assistance from family or friends. Of the organizations included in the study, Ontario Works was the only one that reported they could provide direct funding for client transportation (including return trips), as well as funding support to other organizations that provide assistance with accessing withdrawal management services.

Specifically, Ontario Works was providing funding support to clients accessing the withdrawal management services at the Grand River Hospital in Kitchener. There was no mention of funding support for clients accessing services in Hamilton and Toronto. With regards to assistance with transportation costs, a participant from Ontario Works stated that,

“We provide a taxi; if they are able to take bus we cover the bus fare. This is within the Life Skills¹ program and Addiction Service program that we offer.”

While the funding available from Ontario Works is certainly important, the funds only serve a very limited subset of the population. As a participant from Ontario Works stated,

¹ Ontario Works clients can access health-related transportation supports through their caseworkers. In addition, the Ontario Works office provides intensive case management support to individuals and families that are working on a plan to address issues related to addictions through the Life Skills program. Life Skills caseworkers offer ongoing supports to clients, including supports to access withdrawal management programs.



“The Ontario Works office only provides transportation supports for individuals and families in Guelph-Wellington that are in receipt of assistance.”

However, not all people living with low incomes are receiving social assistance. Thus, the Ontario Works transportation provided in Guelph-Wellington meets the needs of only a subset of the population for whom access to transportation is a perceived barrier to service.

Interviews further indicated that the existing funding is not sufficient for current needs. A participant from Ontario Works suggested that,

“If local medically supervised withdrawal management was available we would be able to use these already stretched transportation funds more efficiently”.

The Ontario Works respondent further clarified that,

“An effective and comprehensive solution to issues of program access concerning withdrawal management services will need to extend well beyond Ontario Works and include solutions accessible to all members of the community.”

Even for those who qualify for Ontario Works funded transportation to withdrawal management services, navigating the requirements of Ontario Works can be a barrier to accessing funding. For example, a respondent from Our Place Youth Centre stated that the steps needed to access the OW funding can be so arduous that some clients in need of withdrawal management services decide not to bother applying.

Lack of knowledge of available funding for transportation.

In order for both clients and service providers to take advantage of funding for transportation costs to access withdrawal management services, it is important that the availability of that funding is adequately promoted and understood by service providers. The results of this research suggest that some organizations were unaware of available funding for transportation costs. This lack of knowledge may pose a significant barrier for clients seeking to access withdrawal management services.

For example, a participant from the Stonehenge Therapeutic Community stated that,

“I did not know about the available funding until two months ago, when a client wanted to use this service.”

A participant from Ontario Works agreed it is essential for service providers and facilitators to be aware of the funding available to support transportation to withdrawal management services,

“Systematically through our service, some employees may not be aware of funding that should be available for people going to withdrawal management, but we are continually making people working at OW aware of it.”



In addition to a lack of awareness on the part of organizations, this participant also discussed how many clients wishing to access withdrawal management services were also uninformed about existing funding opportunities.

“Clients won’t know if it is something appropriate to ask us about, they don’t know that this is something we should support. They should know but don’t know that they should ask their worker for money to get [to withdrawal management services].”

It appears that understanding of current funding opportunities to mitigate distance and transportation barriers are not well understood by some service providers, and that the required steps to accessing funding for transportation can be difficult to navigate for both clients and service providers.

Wait times, service provider coordination and communication, and perceived stigma.

While barriers related to distance and transportation were most widely cited by interview participants, a number of other barriers were also identified by this research. Some respondents reported that waiting time can act as a significant barrier for people seeking to access withdrawal management services. A participant from Our Place Youth Centre stated that,

“When an addict decides he wants withdrawal management he/she wants it now. If they have to wait it is highly unlikely they will access us again for help. It is very frustrating for them.”

This finding fits with research showing that the effects of distance on treatment for addictions can be greater than a simple lack of transportation to and from a treatment facility (see LaMarre, 2011).

Interview results further suggest that unclear communication between service providers about treatment availability may hinder access to withdrawal management services. Several respondents reported a perceived lack of available beds at the Grand River Hospital’s Withdrawal Management Centre, which was cited as a potential barrier to accessing services. Although any assessment of service availability at withdrawal management destinations is beyond the scope of this research, this issue highlights the importance of communication about withdrawal management treatment availability between different service providers, especially as clients attempt to transition from social services to services provided by health care providers.

Similarly, the need for a prescription to access services can be a barrier for clients. A participant from the Stonehenge Therapeutic Community explained that,

“Clients that want to access withdrawal management services are required to have a script from a doctor, keep it safely and show it in order to be able to access the services. Standing in line to see a doctor when you are intoxicated and have no support is a barrier.”



Another difficulty for clients who need to navigate through multiple agencies to reach withdrawal management services relates to the overlap in availability of those services. A participant from Ontario Works explained that, although the withdrawal management services at the Grand River Hospital are open 24 hours a day every day, the traditional business hours of referring service providers can act as another barrier. Clients may have no other support to assist them with accessing withdrawal management outside of these limited work hours.

In addition to the structural barriers related to navigating between different service providers and potential limitations to immediate access, there can also be social barriers to seeking withdrawal management services. For example, the Our Place Youth Centre interviewee noted that the stigma attached to those with addiction problems may result in clients experiencing judgment from institutions and services where they may go to seek help, including from hospital staff, mental health workers, and other service providers.

Recommendations

The following recommendations are potential ways to reduce the barriers to accessing withdrawal management services identified by interview respondents:

- Create a local withdrawal management center in Guelph; a medical withdrawal management (i.e. one where a medical doctor is available) would be particularly beneficial. Mobile withdrawal management services would mitigate effects of distance for clients who live not just in Guelph, but in communities within Wellington County.
- Increase awareness among service providers regarding: (1) the different types of withdrawal management services available (e.g., medically supervised vs. non-medically supervised), (2) procedures for helping clients to access various types of withdrawal management services, and (3) funding opportunities to support transportation to withdrawal management services.
- Provide support to clients seeking to navigate between multiple service and health care providers to access withdrawal management services.
- Expand withdrawal management funding opportunities (e.g., transportation support) beyond Ontario Works and include options that are accessible to all members of the community.

ANALYSIS OF USE OF WITHDRAWAL MANAGEMENT SERVICES AT GRAND RIVER HOSPITAL BY LOCATION OF CLIENT RESIDENCE

The combined population of Guelph and Wellington County is 208,360, while the population of Waterloo Region is 507,096 (Statistics Canada, 2011 census data). In 2010-2011, 122 residents



of Guelph and Wellington County and 605 residents of Waterloo Region accessed withdrawal management services at the GRH (Connex Ontario, 2012; see Table 1). Thus, on a *per capita* basis, residents from Waterloo Region access withdrawal management services at GRH about twice as much (0.12%) as residents from Guelph and Wellington County (0.06%). Moreover, two times as many clients from outside of the Wellington Waterloo LHIN as from within Guelph-Wellington have accessed services at the GRH (see Table 1).

Table 1. Clients Accessing River Hospital for WMS in 2010-2011 by Region.

<i>Location of Client Residence</i>	<i>Number of clients</i>	<i>% of total WMS clients (n = 889)</i>
Guelph and Wellington County	122	13.7
Waterloo Region	605	68.1
Outside the Waterloo Wellington LHIN (i.e., in another LHIN)	206	23.2

These data provide a compelling case for further investigation of barriers to accessing withdrawal management services. More specifically, it suggests the need to explore further whether transportation may be a potential challenge for Ontario residents without a geographically proximal withdrawal management option. Broken down by city of residence, it appears that distance to withdrawal management services is not the sole factor influencing use, but may be a contributing factor (data by city of residence are shown in Table 2).

Table 2. Clients Accessing Grand River Hospital for WMS in 2010-2011 by City.

<i>Location of Client Residence</i>	<i>City Population (2011 Census)</i>	<i># Clients at Grand River WMS in 2011</i>	<i>% of City Population (based on 2011 Census)</i>	<i>% of Total WMS Clients (n = 889)</i>	<i>Distance from GRH to City Centre (km)</i>
Mount Forest	4,757	< 6	< 0.13%	< 0.67%	73.9
Harriston	1,981	< 6	< 0.30%	< 0.67%	71.5
Palmerston	2,599	0	0.00%	0.00%	66.8
Erin	10,770	< 6	< 0.06%	< 0.67%	55
Arthur	2,421	0	0.00%	0.00%	50.6
Drayton	1,880	0	0.00%	0.00%	42.4



Rockwood	3,869	< 6	< 0.16%	< 0.67%	39.4
Puslinch	7,029	< 6	< 0.09%	< 0.67%	37.7
Fergus	19,126	9	0.05%	1.01%	36.3
Guelph	121,668	99	0.08%	11.14%	26.5
Wellesley	2,976	< 6	< 0.20%	< 0.67%	24.8
New Hamburg	11,953	< 6	< 0.05%	< 0.67%	22.7
Ayr	4,380	7	0.16%	0.79%	21.6
Cambridge	126,748	163	0.13%	18.34%	20.6
Elmira	9,931	< 6	< 0.06%	< 0.67%	18.4
New Dundee	1,219	< 6	< 0.49%	< 0.67%	16.4
Maryhill	574	0	0.00%	0.00%	16.3
Heidelberg	409	0	0.00%	0.00%	14.1
Conestogo	1,316	< 6	< 0.46%	< 0.67%	11.5
St. Jacobs	1,891	0	0.00%	0.00%	11.1
Breslau	2,415	< 6	< 0.25%	< 0.67%	10.2
Bloomington	239	0	0.00%	0.00%	9.9
Kitchener	219,153	351	0.16%	39.48%	3.9
Waterloo	98,780	74	0.07%	8.32%	1.8
Other Cities	-	176	-	19.80%	-

For clients living above the median distance from city centre to withdrawal management services location (i.e., 22.5km), there is a strong inverse relationship between number of clients served (weighted as percentage of city population²) and distance from location of residence^{3,4}. That is, for those living more than 22.5km from the withdrawal management centre, as distance from location of client residence increases, fewer clients are served at the withdrawal management centre. For clients living below the median distance from city centre to withdrawal management services location, the relationship was not statistically significant^{5,6}. Although the

² City populations do not include those living in outlying rural areas.

³ Spearman's $r(3) = -.89, p = .04$ (two-tailed).

⁴ Bootstrapped resampling techniques to correct for potential violations of assumptions due to small sample size confirmed the relationship (95% CI [-.72 to -1.00]) for those living above the median distance.

⁵ Spearman's $r(6) = .05, p = .91$ (two-tailed)



reliability of these findings is strongly limited by small sample sizes, these results are suggestive that distance may be impacting the ability of some clients to get to withdrawal management services.

CONCLUSIONS

GENERAL CONCLUSIONS

Currently, there is no withdrawal management center in Guelph; therefore, people must travel to cities such as Kitchener, Hamilton and Toronto to access these services. For some people seeking withdrawal management services, the costs of transportation for accessing services at the Grand River Hospital's Withdrawal Management Centre are covered through funding from Ontario Works. However, this funding only serves a subset of the population of clients seeking withdrawal management services. Additionally, funding requirements and application procedures can be complex, and are not well understood by either service providers or clients. Thus, both distance and transportation serve as important barriers for clients who want to get to withdrawal management services

Additional barriers include difficulties navigating between different service agencies, concerns about wait times, service availability and capacity, and screening requirements. In addition, concerns about stigma related to addiction can act as a barrier to seeking treatment services.

Based on the information and recommendations provided by interview respondents, some barriers to accessing withdrawal management services could be reduced by creating a local withdrawal management center or mobile withdrawal management services within Guelph-Wellington.

Examination of location of residence of clients served at the nearest withdrawal management centre, (the Grand River Hospital in Kitchener), supports findings from service provider interviews that distance may be impacting the ability of some clients to get to withdrawal management services.

⁶ The difference between the two correlations ("near" and "far" location of residence) is statistically significant, $z = -1.78$, $p = .04$ (one-tailed).



- Overall, the research findings suggest that the issues of distance and transportation can create barriers that appear to limit access to withdrawal management services for people living in Guelph-Wellington.
- To mitigate the effects of distance on access to services, mobile withdrawal management solutions might be particularly useful, as they could assist clients seeking support not just in city centres, but also in outlying rural communities.
- Increased communication and cooperation between service providers, and increased awareness of withdrawal management options, both at the service provider and client level, could help support individuals as they navigate a complex system.

LIMITATIONS

A few limitations regarding the sample size ($n = 5$) of the informational interviews with service providers are addressed here. Targeted sampling was used to collect information from key service providers serving the Guelph area. The strategic sampling plan was aimed at acquiring the most productive sample in exploring barriers and their impact on getting to withdrawal management services. This sample of five cases does not represent all service providers. Instead, this research provides an investigation of barriers, challenges and opportunities in order to improve the ability of a vulnerable population to get to needed withdrawal management services.

Similarly, the findings based on analysis of Connex data are strongly limited by the small sample sizes. The analyses based on city population do not include clients living in outlying rural areas, and may not accurately represent the overall relationship between distance and use of withdrawal management services.

It should further be noted that these research projects together do not constitute a comprehensive needs assessment for withdrawal management services in Guelph-Wellington. However, they will provide a foundation for future research, and an impetus for further discussion and policy formation.

IMPLICATIONS AND FUTURE RESEARCH

The regional-level data and findings from informational interviews with service providers presented in this report suggest a need for further qualitative descriptive investigation to uncover locally salient supports and barriers for Guelph-Wellington residents trying to get to withdrawal management services.



In a third phase of research, service users (i.e., those seeking to detox from drugs or alcohol) will be interviewed about how they got to various withdrawal management services. This phase will involve data collection through Fall 2012.



REFERENCES

Connex Ontario (2012). *About us*. Retrieved from <http://www.connexontario.ca/Home/About>.

LaMarre, A. (2011). *Withdrawal management services and effects of distance*. Report available at: <http://www.theresearchshop.ca/resources>



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APPENDICES

APPENDIX A: INFORMATIONAL INTERVIEW SCRIPT

My name is [name] and I'm a graduate student intern at the Research Shop at the University of Guelph working with Raechelle Devereaux, Manager of the Wellington Guelph Drug Strategy. As described in Raechelle's email, I'm conducting a series of informational interviews on the accessibility of detox services for Guelph-Wellington residents.

We are looking for your expertise based on your experience [at organization X]. This work will be used to improve service delivery and coordination.

Like any interview, these questions mean sharing your expertise in a semi-public forum, and you are not expected to share any private information or opinions that you would not wish to be public.

1. Can you describe to me the various pathways that an individual coming to your organization may access detox services (Grand River Withdrawal Management)
2. What ways might your organization help individuals to attend detox? Are there specific transportation supports offered (i.e. funding for transportation, direct transportation etc.).
3. If your organization provides funding for transportation, or direct transportation, can you explain how this works? Is it available 24/7? Is return transportation provided?
4. Based on your experience [at organization X], do transportation barriers continue to exist despite (potential) existing support? Can you describe why? Again, based on your experience [at organization X], do you have any recommendations for how these might be mitigated?
5. Aside from transportation, can you describe some of the additional barriers that exist when clients you work with wish to access detox?



APPENDIX B: OVERVIEW OF QUESTIONS AND RESPONSES

Question	Organization	Response
Can you describe to me the various pathways that an individual coming to your organization may access withdrawal management services?	OW- participant 1	Withdrawal management center in Kitchener
	OW- participant 2	Withdrawal management center in Kitchener
	Our Place Youth Centre	Withdrawal management centers- service provider assist with searching
	Homewood	Support from family doctors
	Stonehenge Therapeutic Community	Withdrawal management services in Toronto and Hamilton
What ways might your organization help individuals to attend withdrawal management? Are there specific transportation supports offered (i.e. funding for transportation, direct transportation, etc.)?	OW- participant 1	Provide travel fare
	OW- participant 2	Provide travel fare
	Our Place Youth Centre	Provide travel fare when no other option
	Homewood	No financial support for transportation
	Stonehenge Therapeutic Community	Provide confirmation letter stating that the client requires withdrawal management No financial support
If your organization provides funding for transportation, or direct transportation, can you explain how this works? Is it available 24/7? Is return transportation provided?	OW- participant 1	Not available 24/7 Have to pre-plan withdrawal management Clients need to seek ambulance in emergency
	OW- participant 2	Provide return-trip funding Not available 24/7 Services also available to people with mental health issues
	Our Place Youth Centre	N/A
	Homewood	N/A
	Stonehenge Therapeutic Community	Outreach workers provide withdrawal management from health centers Lack of knowledge about available funding source by OW
Despite (potential)	OW- participant 1	Lack of awareness among workers- giving



<p>existing support, do transportation barriers continue to exist? Can you describe why? Do you have recommendations for how these might be mitigated?</p>		<p>incorrect information to clients Have to pre-plan</p>
	OW- participant 2	<p>Transportation is a barrier Limitations of working hours of referring service providers Distance to withdrawal management is a barrier Lack of awareness among workers about available funding for clients</p>
	Our Place Youth Centre	<p>Limitations due to funding Return-trip funding not readily available Transportation is a barrier</p>
	Homewood Stonehenge Therapeutic Community	<p>Transportation is a barrier Limited bed space No funding available if accessed withdrawal management recently</p>
<p>Aside from transportation, can you describe some of the additional barriers that exist when clients you work with wish to access withdrawal management?</p>	OW- participant 1	<p>Waiting time Have to pre-plan Distance is a barrier Medical withdrawal management not available in Kitchener</p>
	OW- participant 2	<p>Working hours Screened out if medically unfit Lack of awareness among clients about funding availability</p>
	Our Place Youth Centre	<p>Waiting time Stigma</p>
	Homewood Stonehenge Therapeutic Community	<p>Lack of bed space Need guidelines for family doctors on protocols for withdrawal management Have to save and present prescription Limited bed space Distance is a barrier</p>