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Research Paper

"We don't want him worrying about how he will pay to save his life": Using medical crowdfunding to explore lived experiences with addiction services in Canada

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ABSTRACT

Background: The opiate crisis in Canada, among other causes, has led to increased demand and wait times for addiction-related services. One response to this situation has been for Canadians to seek crowdfunding support for services outside of the public system. However, little is known about how large this practice is, what addiction-related services Canadians seek, and what the implications of this practice are.

Methods: We searched the crowdfunding platforms GoFundMe and YouCaring using keywords related to addiction. This search identified 129 crowdfunding campaigns by Canadian residents seeking addiction-related services. The authors recorded information from the campaigns and conducted a thematic analysis of their narrative content.

Results: These campaigns requested $12,722,527 and were pledged $204,848 (1.6%). Thematic analysis revealed four core elements discussed in the pursuit of addiction-related crowdfunding: 1) affording treatment, including at private and/or perceived higher quality facilities; 2) surviving treatment by seeking living expenses during and before treatment; 3) life after treatment by addressing needs following receiving treatment for addiction; and 4) publicizing treatment where recipients often struggled with the need to reveal personal details as part of their campaigns.

Conclusion: These findings confirm discussion in the academic and policy literature on Canadians seeking addiction-related services that wait times for public services are a significant issue for many. However, these findings also show that the costs of living expenses before and during treatment, as well as restarting lives following treatment, also create struggles for Canadians. These findings confirm and expand concerns in the literature on medical crowdfunding, where this practice is thought to raise issues around the equitable distribution of resources and the loss of personal privacy. While crowdfunding for addictionrelated services has helped some Canadians, the money raised was vastly less than that requested, came at a cost to personal privacy, and raises equity issues.

Introduction

As with the rest of North America, Canada is currently experiencing an opioid overdose crisis. Almost 4000 people lost their lives to an opioid overdose in 2017 and overdoses involving fentanyl or fentanyl analogues contributed to 72% of opioid-related overdoses in 2017, rising from 55% in the previous year (Government of Canada, 2018). To combat this opioid overdose epidemic, many national strategies have encouraged the continuation and expansion of harm-reduction approaches, such as supervised injection sites (Morin, Eibl, Franklyn, & Marsh, 2017). For example, Vancouver's INSITE was North America's first legal supervised injection site. INSITE not only presented a safe and supervised space for people who inject drugs, but also provided referrals to addiction treatment services and links to community health centers (Wood, Tyndall, Montaner, & Kerr, 2006). Despite such initiatives, the gap from referral to rehabilitation is still too wide. For example, a recent news article documented the frustrations of an Ontario man who struggled to progress from supervised injection site to drug addiction treatment. His district in Ottawa only has 26 publicly funded withdrawal management, or detox, beds available. After weeks of making phone calls to addiction treatment centers with no availability, he expects the worst: "My worst fear now is getting denied… I'll probably die" (Pfeffer, 2017).

The opioid crisis in Canada has exacerbated and highlighted the

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struggles that Canadians face in accessing addiction-related services. Canadians often face considerable wait times when seeking to access specialized health care services, including mental health and addictions care. While there currently is no national database of wait time information for publicly funded mental health and addictions treatment, some estimates show that Canadians in critical need for care can expect to wait anywhere from one week to two months, varying by province (Canadian Institute for Health Information, 2012). Canadian news media has extensively reported the tragedies that occur when those in desperate need of addictions treatment are turned away. For example, one mother who lost her son in 2015 to a fentanyl overdose explained that people with an addiction are often most vulnerable to overdose during the long waiting time for treatment (Hamilton, 2017). This example, and many others like it, highlight the need for timely access to care and the public perception that this access is lacking in Canada.

In response to this national emergency various mental health organizations have drafted action plans to reform how mental health and addictions should be managed. The Mental Health Commission of Canada (2016) released a six-year Framework for Action in which one of the core pillars specifically addressed the challenges for Canadians unable to access services for mental health and addictions. One prominent target of this framework is the often long waits for publicly funded mental health and addiction services. These wait times can result from many system and community-level barriers such as a difficulty in obtaining a referral to a psychiatrist and geographic location (Canadian Institute for Health Information, 2012). Individual-level barriers to accessing mental health and addiction services include experiencing stigma and discrimination and having a negative previous experience with mental health care (Canadian Institute for Health Information, 2012). In addition to addressing the wait times for mental health and addictions treatment, the Canadian Centre on Substance Abuse (2013) suggested that a way to improve the quality of addiction and substance use treatment is to incorporate people with lived experiences in the process of planning and evaluating addiction services and policies. As substance use and addictions often coexist with other mental health problems, the Canadian Federation of Medical Students (2018) recommended integrative treatment options to increase access to mental health care for hard to reach populations.

While health organizations continue to strategize the most efficient methods to reduce wait times and increase access to mental health and addictions treatment, one unexpected platform has emerged and presented itself as assisting in bridging this gap and bringing Canadians closer to healthcare services. Defined as using online social networks to raise money for both direct and indirect medical expenses (Snyder, Crooks, Mathers, & Chow-White, 2017), medical crowdfunding has increasingly been used to address the perceived shortfalls of the Canadian health care system. While many health organizations use social media to raise awareness and donations for a specific illness, medical crowdfunding has given individuals a platform on which to directly appeal for help from their social networks, including for care related to addiction treatment.

Crowdfunding has achieved viral visibility in Canada: for example, a recent GoFundMe campaign for a Canadian college hockey team involved in a tragic car accident received donations totaling over $15,000,000 in 3 months (Mattern, 2018). However, crowdfunding for individual medical expenses presents a unique set of concerns. One concern that has been explored is the notion that in pursuit of public funding on a competitive platform, individuals may feel inclined, or pressured, to reveal personal details about their medical history in order to present an enticing campaign to potential donors (Snyder, 2016). This proves to be problematic, as individuals who in other circumstances would have preferred to maintain their privacy might now feel forced to sacrifice it in order to fund their medical expenses. Medical crowdfunding donations are also influenced by the campaigner's age, the size of their social network, and the stigma surrounding their illness, which raises concerns around equitable access to health care (Snyder, 2016). For persons with stigmatized conditions like addiction, therefore, it is unclear how successful their public appeals for donations will be. Moreover, similar to the constant conflicts between Canada's private and public health care sectors, crowdfunding for medical expenses violates the idea that access to health care should be based on the needs of all Canadians and not on their ability to afford care. While these concerns have been explored, what is not known is how medical crowdfunding is used to address the gaps specific to substance use. The aim of this paper is to understand the lived experiences of Canadians who have used crowdfunding as a platform to finance addiction-related treatment and to use these experiences as a new approach to identify current gaps in addiction treatment.

Methods

In May 2018, the two most popular crowdfunding sites for health-related needs were searched for campaigns related to financing addiction-related services. An initial search term of "addiction" was used on the internal search engine of GoFundMe. The inclusion criteria for selected campaigns were that the campaigner must reside in Canada and be seeking funds for a need relating to addiction treatment. In order to obtain a comprehensive scope of these perceived gaps, the inclusion criteria was purposely broad so that a wide variety of campaigns could be captured. The inclusion criteria also eliminated campaigns funding on behalf of addiction treatment organizations or charities.

After removing campaigns that did not match our inclusion criteria, this search produced 97 relevant campaigns. In order to yield more results, the researchers tested a total of 18 search terms including variations of addiction, addict, rehabilitation and substance use. Names of drugs were also used as search terms including fentanyl, cocaine, heroin, and crystal meth. These search terms were also expanded to an additional crowdfunding site, YouCaring, which brought the total to 129 campaigns matching our inclusion criteria.

Text from campaigns matching the inclusion criteria were copied and stored into a shared online spreadsheet amongst the authors. In the spreadsheet, the narrative data from each campaign was placed into multiple categories including location, funding amount requested, funding amount received, form of addiction, and purpose of funding. The authors independently analyzed the campaign narratives for similarities and outliers amongst funding purposes and forms of addiction. Qualitative data analysis occurred through discussion among the authors to identify and agree upon emerging themes amongst campaigns pertaining to medical crowdfunding and addiction treatment in Canada. These key themes were compared with existing literature on both medical crowdfunding and addiction treatment strategies in Canada to identify where the campaigns either supported what had already been discussed or presented new knowledge and areas of interest.

Findings

Overview

129 campaigns were analyzed from two leading crowdfunding websites, GoFundMe and YouCaring. The campaigns originated in nine Canadian provinces and in both rural and urban locations. Ontario, British Columbia, and Alberta were the source of the majority (81%) of crowdfunding campaigns per province at 42 (33%), 34 (26%), and 28 (22%) respectively. The campaigns sought funding related to various forms of addiction, of which the most common were drug and alcohol addiction. Less frequently occurring addictions included food, smoking, gambling, sex, and hoarding. The collected campaigns covered a time span of 3 years, with campaign creation dates ranging from March 2, 2015 to May 4, 2018. All of the campaigns analyzed were still active at the time of data collection. The total funding requested from all 129 campaigns was $12,722,527 and $204,848 (1.6%) was pledged to these

campaigns. Thematic analysis of the campaigns revealed four core elements discussed in the pursuit of addiction crowdfunding: affording treatment, surviving treatment, life after treatment, and publicizing treatment.

Affording treatment

66% of requested funding was allocated directly towards treatment services for addiction. Campaigners repeatedly justified this need based on the high cost of private addiction rehabilitation and treatment centers, with some facing fees up to $65,000. In some cases, the desire to place a loved one in a private facility was based on the perceived quality of this care: "Recently his amazing friends pulled some strings and got him into one of the BEST rehab facilities in the country! …We don't want him worrying about how he will pay to save his life. The program costs $20,000 and that is where we need your help" (Campaign #17). Many campaigns mentioned seeking rehabilitation in a different province or another country, typically the United States. Justifications for this search included frustration with local treatment center wait times, dissatisfaction with the quality of local care, or simply the lack of any relevant resources or care options nearby. Frustration and shock with long wait times for treatment were common motifs amongst campaigns seeking out-of-province care: "Did you know that the waiting list for an [Ontario Health Insurance Plan] bed in a quality center like Homewood is approximately five years? That alone feels hopeless. This girl wants and needs help NOW!" (Campaign #65). One campaign candidly captured the tradeoff between long wait times and expensive private care: "The only way to get him back to being [himself] is to get him into treatment as soon as possible, which he himself wants, but means jumping the public wait list. $20,000 is the amount needed to save my brother's life" (Campaign #42). After spending years in what they saw as the revolving door of public health care, some campaigns acknowledged their switch from public to private care out of desperation for any sign of progress and positive change: "I've been struggling with addiction for many years, and have tried many different outpatient treatment options and six separate inpatient programs. I'm tired. Tired of losing friends; tired of not having a life" (Campaign #60). Other campaigns rationalized their desire for out of country care with meeting their specific treatment center requests: "Our access to adequate, faith-based non-addiction based treatment centers in Canada is virtually non-existent" (Campaign #15).

As a result of this perceived lack of timely and effective addiction treatment options, many campaigns expressed their disappointment with the Canadian government and health care system. Campaigns noted that "our government doesn't feel the need to assist with addiction treatment" (Campaign #26), and "our country is lacking in resources for those desperately wanting out of the clutches of addiction" (Campaign #43). Expanding further, one campaign specified that "our system takes too long to get someone help… It doesn't assist with mental issues and basically is outdated with no guarantees of working" (Campaign #58). Crowdfunding campaigns frequently attributed these shortcomings of Canada's health care system to their need to crowdfund expenses for private addiction treatment and rehabilitation.

Surviving treatment

Along with direct addiction treatment costs, 18% of campaign funding requests were for living expenses indirectly relating to treatment for addiction. These campaigns emphasized that the heavy costs of treatment and rehabilitation required compromising on other daily living expenses, including for housing, food, clothing and utility charges: "It's unfortunate but we are struggling with keeping food in the fridge. I don't know how one could consider paying the rent, bills and debts, and be able to afford a recovery program at a good rehab" (Campaign #6). Other campaigns highlighted that these indirect costs apply to not only the person with an addiction but also extended to their families: "As the addiction sets in it begins to take over not just the individual's life but the lives of everyone it touches…we began to feel the real pressure of what addiction does to parents and loved ones" (Campaign #25). For example, parents who have a child with an addiction would request money to offset the cost of leaving their jobs and homes to relocate their family to the province of their child's treatment center: "To be honest when we turned our lives upside down and relocated to a town where we had no friends, no jobs and no idea of what the future would hold, we did it solely for Taylor! To save Taylor's life and to give her a second chance" (Campaign #26). Parents also described the complex and compounding expenses when caring for a child with an addiction. For example, "While there are some treatment programs available… that is just one small part of a much bigger picture. There are costs for professional therapists, for healthy activities, for transportation, for education options… And then there are the indirect costs associated to [my wife] and I losing time at work for appointments and court and just generally managing this and being there for her and our other two children" (Campaign #25). Living expenses for family members were also relevant in campaigns where the person with an addiction was receiving long-term residential care and therefore would not be able to provide an income to support their spouse or children. One campaign described the difficulty in a person with an addiction accepting their need for treatment but also worrying for the well being of her family while away: "[She] is a mom and our friend. She needs financial support right now to help her maintain a home for the kids while she goes through detox for addiction… Right now she needs to focus on recovery so she can get her kids back home, return to work and get her life back" (Campaign #28). These campaigns display the struggles of financially surviving the indirect expenses of treatment for addiction and how addressing these expenses complicate receiving effective addiction treatment.

Life after treatment

Distinct from both direct and indirect addiction treatment expenses, 16% of campaign funding requests illustrated the diverse needs of individuals after they have recovered from addiction. Often following a descriptive account of the challenges of overcoming addiction, these requests covered the needs of an individual in order to progress into the next chapter of their life. For example, one campaigner documented his need for continued support: "making the decision to get help and go to treatment, these are the first steps to a better, more fulfilling life, but it is my understanding that after the treatment programs or rehab facility you are in or leaving, you are expected to venture out and figure the rest out for yourself" (Campaign #62). Some campaigns asked for funds for living assistance while they secured new employment after rehabilitation, while other campaigns requested funding to cover the cost of alternative pain relief medications that would not flare a relapse in opioid addiction. Similarly, others asked for funds for dental care in order to treat the damage caused by an addiction to crystal methamphetamine: "I'm reaching out in hopes that I can get my teeth fixed so that I won't have to look at my teeth in the mirror everyday and be constantly reminded of my mistakes. I'm sick of being called a meth head because of my teeth" (Campaign #55). These various requests underscore the reality that life after addiction treatment still requires individuals to navigate through sensitive and specific needs.

Others who had experienced, either themselves or through a loved one, the internal mechanisms of addiction rehabilitation and treatment sought funding due to a desire to change these mechanisms. Using the money raised to create different forms of addiction treatment, these campaigns are written from the perspective of individuals who have noticed systemic obstacles in accessing treatment for addictions. As one campaigner put it, "My brother died while he was on a waitlist to see an addictions specialist. I've watched my parents spend weeks if not months trying to convince [him] to commit himself to a rehab facility, only to find out there were no beds available once he decided he would

go… I can tell you that the Canadian health care system failed my family" (Campaign #70). Some campaigns recognized the shortage of sober living facilities for people recovering from addictions and are allocating their funds to the construction of recovery homes: "Addiction is only 15% of the problem, the other 85% is re-learning how to live again in a clean and healthy environment, some even for the first time" (Campaign #7). Other campaigns creatively addressed the lack of follow-up treatment and difficulties in long-term sobriety maintenance by producing free online videos to promote the continuity of care. These campaigns collectively showcase individuals who chose to use their unique experiences with addiction to promote large-scale changes in addiction treatment and rehabilitation.

Publicizing treatment

A recurring theme amongst crowdfunding campaigns written by the person with an addiction – that is, by the intended recipient rather than a third party - is their expression of embarrassment and hesitation towards using crowdfunding as a platform for addiction treatment. One such campaigner wrote: "initially the idea of asking of help for endorsing my recovery made me uncomfortable and I am embarrassed that I have found myself so far into my addiction" (Campaign #18). While some campaigns were concerned that publicly broadcasting their stigmatized condition would embarrass themselves, one campaign specifically highlighted the reservations of a family member: "my mom said that starting a GoFundMe for this was not appropriate. I think she doesn't want me to do this because it will embarrass her and she is not thinking of how her asking me not to do this will make me feel ashamed of my mental illness" (Campaign #40). Similar to these feelings of hesitation, some campaigners also felt that it was necessary, although uncomfortable, to share intimate details of their mental health journey and personal medical information in order to obtain funding. For example, one individual described her struggle: "I'm going to do my best to open up here for you all, so you can see I'm worth investing in, but I can't do it all at once…I'm sorry if I haven't been completely transparent yet. It's really hard" (Campaign #47). This campaign outlines the common perception that one must compromise on privacy in order to present a captivating crowdfunding campaign.

53% of the total crowdfunding campaigns were written by someone other than the intended recipient, such as a family member (36%), friend (8%) or other unspecified individual (9%), as identified through the language used in the campaigns. Although some of these campaigns mentioned that they had changed the name of the person with an addiction in order to "protect their identity" (Campaign #44), or that the individual "wishes to remain nameless" (Campaign #94), many did not mention whether the person with an addiction had consented to the creation of an addiction crowdfunding campaign. In one case where consent was discussed, the parents of a child with an addiction described the need to adjust further campaign updates as a result of their daughter withdrawing her consent for sharing her personal information. The parents then removed some of her personal photos and did not include her name in future campaign updates. However, the parents also acknowledged that these few changes were "as far as [they are] willing to go" because they "need to maintain a balance between [their daughter's] right to privacy and her still very desperate need for support and help" (Campaign #25). This example displays how complications relating to consent and the right to privacy can arise when the crowdfunding campaigner is different than the recipient.

Discussion and conclusion

The four major themes identified from the campaigns were affording treatment, surviving treatment, life after treatment, and publicizing treatment. In the first theme, affording treatment, campaigns mentioned the financial struggles brought on by having to pay for private care due to the long wait times at publicly funded addiction rehabilitation centers. The second theme, surviving treatment, discussed the funding needed to afford the living expenses, care for relatives, travel expenses, and other indirect costs that accumulate while in addiction rehabilitation. Campaigns describing life after treatment, the third theme, focused on the diverse and continuing needs of an individual after exiting rehabilitation, such as living expenses while securing new employment, dental treatment and other medical expenses, and the desire to create their own form of addiction treatment services in order to help others. Campaigns also discussed concerns with publicizing treatment when using medical crowdfunding as a platform to finance addiction treatment.

The issue of long wait times for publicly funded addiction treatment services, including in Canada, is well known and has been explored at great length in the academic literature (Canadian Institute for Health Information, 2012). This issue was also frequently discussed in the medical crowdfunding campaigns examined, as many of the campaigners cited long wait times for publicly funded addiction treatment programs as their motivation for seeking treatment at private facilities. These private facilities, although providing a faster admittance for desperate patients, also come with a heavy out-of-pocket price tag. This problem has been researched by mental health organizations in Canada and solutions to address long wait times for health care services have mainly been met with conversations and policies proposing to improve the delivery of publicly funded addiction treatment services (Mental Health Commission of Canada, 2016). While this is an important step in ensuring that Canadians dealing with addictions have timely access to mental health and addictions care, the other crowdfunding campaigns analyzed reveal that framing Canada's problem with mental health and addictions care as just an issue of long wait times greatly oversimplifies the problem and overshadows other areas for improvement.

In addition to the low quantity of publicly funded addiction treatment services, campaigners also described concerns with the quality of public addiction treatment. Some campaigners previously utilized public treatment options for their addictions but felt they provided no benefit, and this negative experience led to their decision to switch to private options for their perceived better quality. Other campaigners mentioned the lack of variety in publicly funded addiction treatment options. Campaigners felt that the publicly funded options seemed to adopt a one-size fits all approach to treatment, and these options neglected their diverse, individualized needs. Therefore, campaigners saw it necessary to seek funding for private care facilities to receive better quality of care and individualized treatment options. Examples of these individualized treatment needs include treatments that use religious elements, non-12-step based options, treatments that incorporate naturopathic and alternative medicine solutions to addiction, and treatments that simultaneously address underlying mental health issues related to addiction, such as post-traumatic stress disorder. These campaigns therefore highlight that the switch from public to private addiction treatment is not simply a result of the long wait times in the public sphere, but out of the lack of relevant tailored, individualized options. As such, publicly funded addiction treatment options may need to become more diverse to reflect the diverse needs of people with an addiction.

Campaigners also used crowdfunding sites to raise money for various non-medical needs. The most common of these needs were living expenses, which applied to both the individual with an addiction and their family. Crowdfunding for living expenses were seen in campaigns of individuals not just currently struggling with addiction, but also after having received treatment. Many campaigners found the transition from addiction treatment back to their daily life to be difficult, especially in securing employment and housing. Campaigners acknowledged that the government housing and assisted living options available were not strictly sober living environments, and therefore were not the ideal living situations to maintain their new sobriety. In these situations individuals felt overwhelmed with the task of juggling their sobriety, locating adequate housing, securing employment, and affording their

basic living expenses. Turning to crowdfunding to alleviate some of these costs, these campaigns underscore the lack of community and social support systems in place to aid in the recovery process throughout the life course of addiction. These campaigns further emphasize that the way in which the Canadian health care system manages addiction services should not be diluted to a conversation on demand outstripping supply resulting in just long wait times for services, but rather, neglecting to recognize and address the diverse and lasting needs of people with addictions throughout their recovery process.

To address the above concerns relating to current addiction treatment services, people are increasingly turning to medical crowdfunding to make addiction treatment expenses more affordable. The existing medical crowdfunding literature has already investigated some of the extensive unintended consequences that arise with using this platform, specifically concerns about privacy (Snyder, 2016). Privacy is of concern with any crowdfunding campaign; however, it is especially relevant when the cause of campaign is as stigmatized as addiction. Some campaigners recognized this issue by choosing to remain nameless to protect the identity of the person with an addiction. However, most campaigns used names, photos, and full descriptions of the person with an addiction, with some even noticing that the presence of these personal descriptors is central to creating a compelling campaign for potential donors to invest in. Relatedly, the stigmatized nature of addiction may have contributed to the very low rate of funding received by these campaigners – only 1.6% of the amount requested.

Crowdfunding for addiction-related care also raises distinctive concerns around consent, as oftentimes it is not the person with an addiction who is sacrificing their privacy, but rather, their friend or family member who has created the campaign on their behalf. While campaigns created by someone other than the intended funding recipient may indicate that they are creating the crowdfunding campaign on behalf of the person with an addiction, what is not always obvious is whether the person with an addiction has given their full consent to their personal information being used on the platform. Furthermore, some campaigns that were created by a family member or friend of the intended recipient specifically stated that the individual with an addiction was unaware of the importance of seeking treatment for their addiction, and was therefore completely unaware of the creation of the crowdfunding campaign. Circumstances like these can be problematic because they overshadow the importance of consent with the need to provide help to individuals who are struggling with addiction and may not recognize its severity. Consent is also complicated by medical crowdfunding when the person with an addiction withdraws their consent for certain personal elements to the campaign, such as their name and personal photos. In the case of a minor who withdrew her consent for her name and photos to be used, the hesitancy of her parents to comply with her request showcases how medical crowdfunding complicates consent as an ongoing process, making it difficult for individuals to change their mind once their personal information is already exposed to the public.

The current literature on medical crowdfunding also raises concern for equitable access to care (Snyder, 2016). This issue is well illustrated by the very low rate of funding received in these campaigns, justifying the concern that stigmatized conditions are less likely to succeed in reaching their crowdfunding goals. Medical crowdfunding also contributes to socioeconomic stratification because it rewards some, usually those with expansive social media networks, with the opportunity to afford medical services and expenses that others cannot, instead of addressing the larger determinants of why these health care resources are scarce or inadequate to begin with. While this concern with medical crowdfunding is evident in the addiction crowdfunding campaigns examined, some also used crowdfunding as a platform to promote positive large-scale change. Instead of campaigning for individual needs, many campaigns were from people who previously struggled with addiction, or their family members, who were eager to use their experiences to benefit others in their situation. Many of the campaigns analyzed were written from the perspective of people who experienced firsthand the gaps in addiction services and strategized ways in which addiction services can be delivered more efficiently. These campaigns included fundraising for the creation of sober living houses, the building of mental health community centers, and the creation of social media videos that can help people recovering from addiction maintain their sobriety and prevent relapse. These creative solutions by people with lived experiences in addiction help to widely address the upstream causes of addiction crowdfunding. These campaigns show that crowdfunding provides a way for people with lived experience to give valuable insight into the large-scale ways in which the delivery of addiction health care services can be improved.

The examination of addiction-related crowdfunding campaigns confirmed the burden of long wait times for addiction treatment and rehabilitation while also providing insight into various other gaps in Canada's delivery of mental health and addictions care, such as the perceived lack of quality and variety in treatment options and the need for social support systems to assist in addiction recovery throughout the life course. The crowdfunding campaigns also supported previous literature on medical crowdfunding, raising concerns for equity and privacy, but also emphasized the distinctive concern of compromised consent. While some campaigns were focused solely on individual need, the fact that many were fundraising for the implementation of new treatment and community sober housing options reveals that crowdfunding can be used not only to recognize gaps but also help to fill them. As this study demonstrates, examining medical crowdfunding campaigns is a useful tool that can be adopted by other countries across various health needs to gain insight into patient experiences and their perceived gaps in health care systems.

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Declarations of interest

None.

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