

Rejecting Silos, Embracing Compassion: Re-Imaging the Care of People who use Substances

Category: TED-Style Presentation

Abstract Body

As an emergency physician, I'm often asked about the patients that "stand out". But the stories that shaped my career are not the dramatic cases, but the routine ones.

When I began working in the ED, I noticed a concerning pattern: patients brought in by paramedics for alcohol intoxication, observed for several hours, and discharged back into the exact same circumstances.

Not surprisingly – we would see them return.

I noticed the way my colleagues would make stigmatizing comments and express frustration over repeated visits, rooted in an outdated conception of addiction as a moral failing.

But when we would hear that one of our frequent patients passed away from their alcohol use, I would see the sadness in my colleagues' eyes as they realized that we - in the ED - were the closest relationships in a vulnerable person's life.

It was clear my colleagues had real compassion for people with substance use disorders. Part of stigma is related to hopelessness - self-protection in the face of moral distress from not being able to help those in need.

This led me on a journey to improve care for people who use substances, through education and resources in the ED. When my colleagues had some hope to offer patients, the nature of their interactions changed – I now see them approach these patients with empathy and enthusiasm. They understand that we must take responsibility for these patients and see their chronic illness as our acute emergency.

Our ED experiences led us to create low-barrier, patient-centered models of care, including a rapid access addiction medicine (RAAM) clinic and an addiction consult service. Further, we integrated peer support workers in our ED to provide psychosocial and harm reduction support for our patients.

I am now taking this approach to a provincial scale in my new role as the Clinical Lead for Substance Use Disorders at Ontario Health's Mental Health and Addictions Centre of Excellence.

We are building integrated care pathways in the ED for, and with, people who use alcohol and opioids and are at high risk of morbidity and mortality. We are also creating a system that is responsive to the front-line experiences of both providers and people with lived experience, through a Provincial Advisory Table that guides and grounds our work.

That work is just beginning, but I believe this will be a transformative approach to create an accessible, high-quality, and integrated system of care for people who use substances in Ontario.

Key Words

- Alcohol
- Policy
- Stigma
- Substance Use Disorder (general)
- Treatment Models/Programs

Learning Objective # 1

To understand the importance of recognizing and treating substance use disorders in the Emergency Department.

Learning Objective # 2

To understand the how front-line experiences can and should inform health policy and the systemic care of people who use substances.

Reference # 1

Hulme J, Sheikh H, Xie E, Gatov E, Nagamuthu C, Kurdyak P. Mortality among patients with frequent emergency department use for alcohol-related reasons in Ontario: a population-based cohort study. *Canadian Medical Association Journal*. 2020 Nov 23;192(47):E1522-E1531.

Reference # 2

Wiercigroch, D., Sheikh, H. & Hulme, J. A rapid access to addiction medicine clinic facilitates treatment of substance use disorder and reduces substance use. *Subst Abuse Treat Prev Policy* 15, 4. 2020.

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