

A Cross-Sectional Study to Identify Baseline Data and Referral Rates to Addiction Medicine Services in Patients Who Present with Substance Abuse

Category: Poster Presentation (in person)

Abstract Body

Opioid substitution therapy (OST) has gained recognition as an one of the leading approaches in the management of opioid use disorders and mitigate related harms. As such, it is of growing importance to understand what goes into making the clinical decision of which patient gets referred to addiction medicine. Therefore, a retrospective chart review was conducted to determine the baseline incidence of patients presenting with opioid substance use disorder and the frequency of referral to addiction services. This study was conducted through visits occurring at a small local community hospital in Southern Ontario. Out of 32 participants, there was a total of 511 ED visits resulting in 70 admissions to an inpatient unit, and within these 70 admissions, only 18.5% (13 total) received a referral to addiction medicine services. Results also showed that when referral to addiction medicine services occurred, proper substitution therapies were often initiated for patients prior to discharge from hospital (10 out of 13 total). The results demonstrate the need for improved facilitation between family/internal medicine physicians and addiction medicine services, along with further education on the benefits of these referrals to ensure proper treatment of patients with ongoing substance abuse disorders, and innovative ideas on how to provide similar levels of service and access to beneficial OST for patients visiting ED but not requiring admission. We must better understand how to educate physicians and allied health individuals caring for these patients, to ensure they understand where addiction medicine could assist this patient in caring for their substance use disorder. Without the connection between these inpatient physicians and addiction medicine services, we are seeing significantly higher return rates for these patients to the emergency department for SUD related illnesses, and we must develop interventions to fix the gap within the inpatient setting to provide this patient with potential options for assisting with their issues related to opioid SUD. We are now continuing this research with a larger database of patients to better understand for those that are admitted to units such as psychiatry, who are most often referred relatively quickly to inpatient addiction medicine services, what is their longterm outcome following outpatient addiction services post-discharge status.

Key Words

- Caring in Crisis

- Opioids/Opiates
- Prevention/Harm Reduction
- Substance Use Disorder (general)
- Treatment Models/Programs

Learning Objective # 1

Understand the need for further education to all attending physicians and residents regarding the benefit of inpatient addiction services, and where they may fit in to the care of patients admitted to various units throughout the hospital, to prevent return visits and admissions for reasons relating to opioid substance abuse disorders.

Learning Objective # 2

Understand the need to address lack of community supports preventing patients from following up with outpatient community services once discharged and after being consulted with inpatient addiction services.

Reference # 1

Dasgupta, N., Beletsky, L., & Ciccarone, D. (2018). Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *American Journal of Public Health*, 108(2), 182. <https://doi.org/10.2105/AJPH.2017.304187>

Reference # 2

Fleury, M. J., Cao, Z., Grenier, G., & Huynh, C. (2022). Predictors of Frequent Emergency Department Use and Hospitalization among Patients with Substance-Related Disorders Recruited in Addiction Treatment Centers. *International Journal of Environmental Research and Public Health*, 19(11). <https://doi.org/10.3390/IJERPH19116607>

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