

Challenges in providing services to people who use drugs: Insights from emergency department and shelter staff in Atlantic Canada

RESEARCH SUMMARY

PROJECT TIMELINE:
2010—2014

PROJECT LOCATION:
Atlantic Canada



Introduction

- The following are key findings from a qualitative study seeking to understand, from the perspective of emergency department and shelter staff, some of the challenges in providing services to **people who use drugs** (PWUD).
- The research was developed in collaboration with people working in community, university, and health care sectors.
- We define ‘drug use’ as the use of any drug (legal or illegal) in ways other than as medically directed.



Why is this study important?

We know from some earlier studies that in Atlantic Canada many of the most marginalized PWUD face difficulties in accessing the services of emergency departments and shelters or feel their needs are not being met when accessing such services. However, we know relatively little from the perspective of shelter and emergency department staff about the challenges faced in providing services to PWUD. This study aims to fill this gap.



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How the research was conducted

- Select **emergency departments and shelters** (in both urban and non-urban areas) across Atlantic Canada assisted with recruitment.
- **Interviews** were conducted with **57 emergency department and shelter staff**.
- Ethics approval was obtained from the relevant ethics review boards, and each participant provided voluntary informed consent.

KEY FINDINGS:

Please note: There is a great deal of variability across the emergency departments and shelters in terms of size, staff complement, and specific work place practices and policies. Therefore, not all of the challenges noted apply to each emergency department or shelter.

1. Emergency Departments

Key challenges identified among emergency department (ED) staff:

- The ED is **focused on acute care** (i.e., fixing problems quickly). Some people who use drugs go to the ED for **non-emergency issues**, often related to chronic health issues (e.g., addictions and/or mental illness). These issues are sometimes challenging for ED staff to address, as they often require significant time.
- There is a **lack of space** within some emergency departments for **confidential conversations** making it challenging to talk to people about sensitive issues.
- In some emergency departments there are **few staff** with appropriate **addictions/mental health training**, and/or they are not always available during overnight shifts.

... I find that we don't have time for mental health patients or someone seeking addiction services. If they come in and they're under the influence [of drugs], we have to deal with the [urgent] medical problems of the influence first.

[Emergency department staff]

KEY FINDINGS:

1. Emergency Departments (*continued*)...

Key challenges identified among emergency department (ED) staff:

- At times, people who use drugs (PWUD) spend **many hours in the emergency department** for various reasons such as waiting for a referral to other services (e.g., psychiatry). Wait times in emergency departments are a common problem for many individuals, not just PWUD.
- **Safety** for both patients and staff was a concern raised by some staff. **Tensions can arise** from certain situations and interactions such as:
 - ⇒ The fast-paced and hectic nature of an ED;
 - ⇒ A disconnect **between the services** ED staff feel they should provide, and those services **PWUD expect** (e.g., refilling of an opioid prescription); and,
 - ⇒ The frequency of return visits to the ED by some PWUD.

...[sometimes] we hold them [PWUD] overnight to be seen by psychiatry in the morning... And so those people are basically just in emerg taking up emerg seats, waiting to be seen.

[Emergency department staff]

2. Shelters

Key challenges identified among shelter staff:

Please note, shelter policies vary in terms of who can stay (e.g., in some shelters there is a policy of no admittance if actively using or under the influence of drugs).

- Shelters house individuals who often have **multiple needs beyond the mandate of housing** (e.g., legal, addiction or mental health needs). There can be challenges related to the **time it takes to respond** to multiple needs (e.g., referrals to external services).
- Ensuring the **safety and well-being** of everyone in the shelter can be challenging:
 - ⇒ For example, if a resident is known to be actively using, it can act as a *trigger* to use drugs for others in recovery.
- **Existing resources** within some shelters **are limited**:
 - ⇒ For example, too few resources for needed addictions/mental health training.

But training for dealing with persons with complex needs whether its mental health, addictions, those types of training...it's not really out there. And for a lot of our staff that's very challenging.

[Shelter staff]

3. Community

Key challenges within the community identified by some staff in emergency departments and shelters:

- **Few housing options** for people who are actively using drugs exist, especially if they are unable to stay in a shelter due to safety reasons, or if the shelter is full. They often end up in a 'drunk tank' (police station) or emergency department for the night to keep them safe and warm.
- The most marginalized people who use drugs often have **limited access to social and primary health care services** (e.g., family physicians).
- In some places, there are **limited drug treatment spaces available** (i.e., methadone and detoxification), and/or challenges in accessing these services (e.g., wait lists, cumbersome admission criteria).



Based on the findings, changes are needed to service provision for people who use drugs (PWUD).

The research team **recommends the following for moving forward**, recognizing that some changes will vary from community to community given community resources, etc.

- **Changes within emergency departments and shelters include:**

- ⇒ Emergency department and shelter staff with addictions/mental health expertise available 24/7. To help ensure this, policies are needed requiring competencies in addiction/mental health training. Integrating competencies into health and social service curricula in colleges and universities would be of great value.
- ⇒ A support person with experiential knowledge to support PWUD who are waiting in the emergency department.
- ⇒ Adequate staffing resources for shelters to allow appropriate services for PWUD.

- **Changes within the wider community include:**

- ⇒ Better access to methadone and detox programs in all communities.
- ⇒ Improved access to primary health care for PWUD.
- ⇒ Long-term, supportive, stable housing for PWUD.

- **A wider community change worth considering:**

- ⇒ An integrated, collaborative health and social services care network for PWUD with services such as wound care, needle exchange, medical treatment, food, social supports, etc.



...we need some sort of supportive housing program so that people, whether it be due to alcohol or drug issues or mental health issues, that there is an opportunity for them to...get housing and then supports for them to maintain that housing. And that's seriously lacking....

[Shelter staff]

We would like to thank all study participants for giving of their time to take part in this study.

Photo credit: "Stepping stones" by Kevin Bacher

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For more detailed information about the *Harm Reduction
Within Mainstream Services (HaRMS)* study please see:

- Lois Jackson, Susan McWilliam, Fiona Martin, Julie Dingwell, Margaret Dykeman, Jacqueline Gahagan, & Jeff Karabanow. (2014) *Key challenges in providing services to people who use drugs: The perspectives of people working in emergency departments and shelters in Atlantic Canada. Drugs: Education, Prevention and Policy*, Vol. 21, No. 3: 244–253.
- <http://www.med.mun.ca/Airn2012/Research.aspx>

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