

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

**PROJECT TIMELINE:**  
2010—2014

**PROJECT LOCATION:**  
Atlantic Canada



## Introduction

- The following are key findings from a qualitative study seeking to understand some of the challenges in providing services to **people who use drugs** (PWUD).
- The challenges were explored from the perspective of emergency department and shelter staff.
- The research was developed in collaboration with people working in community, university, and health care sectors.
- For the purposes of this study 'drug use' was defined 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.



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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 below 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. This includes talking to PWUD about their drug use.
- In some emergency departments there are few staff with appropriate *addictions/mental health training*, and/or they are not always available when needed (e.g., during overnight shifts).

#### Participant quote:

*... 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) (as well as other patients) spend *many hours in the emergency department* for various reasons such as waiting for a referral to other services (e.g., psychiatry).
- *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).
  - ⇒ The frequency of return visits to the ED by some PWUD.

#### Participant quote:

*...[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 under the influence of drugs).

- Shelters house individuals who often have multiple needs beyond the mandate of housing such as legal, addiction or mental health needs. There can be challenges related to the *time it takes to respond* to these multiple needs including 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 those in recovery.
- *Existing resources* within some shelters are limited.
  - ⇒ For example, too few resources for needed addictions/mental health training.

#### Participant quote:

*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. Emergency Departments and Shelters

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

- There are relatively *few housing options* for people who are actively using drugs. PWUD sometimes 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 primary health care services* (e.g., family physicians).
- In some places, there are *limited methadone and/or detoxification spaces available*, and/or challenges in accessing these services (e.g., long wait lists, cumbersome admission criteria).



**Based on the study findings, the research team recommends the following. Some recommended changes will vary from community to community given community resources, etc.**

- **Recommended changes for emergency departments and shelters**

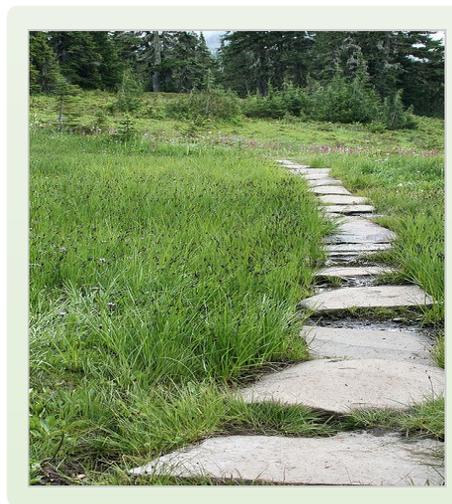
- ⇒ Have emergency department and shelter staff with addictions/mental health expertise available 24/7. To help ensure this, policies may be needed requiring competencies in addiction/mental health training. Integrating competencies into health and social service curricula in colleges and universities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

- **Additional recommended changes for programs and policies**

- ⇒ Provide better access to methadone and detoxification programs in all communities.
- ⇒ Provide improved access to primary health care for PWUD.
- ⇒ Provide long-term, supportive, stable housing for PWUD.

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

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



**Participant quote:**

*...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.
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