

A PARTICIPATORY ACTION RESEARCH PROJECT TO ADDRESS BARRIERS TO EMERGENCY MEDICAL CARE AMONG PEOPLE WHO USE DRUGS IN ONTARIO, CANADA

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Background:

People who use drugs (PWUD) report negative experiences in emergency departments (EDs), contributing to poor health outcomes and reluctance to seek medical care. We aimed to study and address barriers to emergency healthcare for PWUD.

Approach:

We adopted a participatory action research approach in which PWUD co-led study design, implementation, and knowledge translation. Team members with lived experience were trained to conduct surveys and qualitative interviews with 40 PWUD about recent experiences across four EDs in Ontario, Canada. We concurrently interviewed 40 health care professionals at these EDs about their experiences, practices, and training needs.

Analysis:

PWUD reported poor care experiences at EDs, which they characterized as discriminatory and dehumanizing. Patients were commonly identified and labelled as drug users during the triage process, through self-report or assumptions based on appearance and behaviour. This labelling—which staff described documenting in triage notes and medical records—was perceived by PWUD to result in de-prioritization of their medical concerns and stigmatizing treatment. Particularly in smaller/rural communities, PWUD expressed that once labelled, this stigmatized identity persisted into future presentations at the ED. PWUD in larger communities had more ED options, which helped in managing drug use disclosure. While disclosing drug use could be medically important, disclosure could lead to diagnostic overshadowing, withholding of pain medications, and dismissal of medical concerns. For racialized and/or women-identifying PWUD, being identified as a drug user was seen to have more harmful and further-reaching consequences (e.g., police and child welfare involvement). Staff reported limited formal training and resources to support them in providing appropriate care to PWUD (e.g., pain/withdrawal management).

Conclusion:

Our findings underscore the need for institutional changes and training to reduce stigma towards PWUD in EDs. Trauma-informed training should be paired with strategies to address triage, charting, and pain/withdrawal management practices that can perpetuate care inequities.

Disclosure of Interest Statement:

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