“YOU SAY THE WRONG THING AND THEY CALL SECURITY” – HEALTHCARE PROVIDER AND PATIENT PERSPECTIVES ON HOSPITAL SURVEILLANCE AND DISCIPLINARY PRACTICES IN ONTARIO, CANADA

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Background

Over a decade into Canada’s drug toxicity crisis, emergency departments (EDs) remain under-researched sites of contact for people who use drugs (PWUD). While harm reduction has reshaped community responses, less is known about how substance use is managed within hospitals. Drawing on the care–control continuum and health surveillance scholarship, we examined how risk and institutional authority are mobilized in ED care for PWUD.

Approach

In 2024, we interviewed n=51 PWUD and n=42 healthcare providers across four Ontario-based hospitals. We thematically analyzed data, exploring security involvement, involuntary holds, seclusion, and surveillance practices.

Analysis

Across sites, substance use history structured how patients were triaged, spatially grouped, monitored, and managed. Providers described responding to perceived unpredictability through zoning practices, security watches, violence assessment tools, and ‘code white’ activation, framing escalation as a matter of safety. Patients described ED environments shaped by suspicion: security at first contact, monitoring in waiting rooms and bathrooms, searches of belongings, Form 1 assessments, and even chemical or physical restraints. Police presence was common and experienced as intimidating. While providers framed these measures as necessary risk management within resource-constrained systems, patients experienced them as stigmatizing, racialized, and punitive. Across both groups, surveillance and restraint were normalized components of ED workflow, reflecting a shift from therapeutic engagement to custodial containment when substance use was perceived to heighten risk.

Conclusion

EDs function as hybrid medical–carceral spaces where care and control coexist under the language of safety and risk. In the fentanyl era, these dynamics remain entrenched and are experienced by many patients as stigmatizing and punitive. Attendees will gain an empirically grounded understanding of how surveillance logics organize ED responses to substance use, shaping mistrust, escalation, and patient–provider conflict. Greater scrutiny of hospital surveillance and involuntary practices is needed to reduce harm and improve equitable access to care.

Disclosure of Interest Statement:

The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

I have no COI to declare.