

# Patient Experience in Emergency Departments (EDs) when Accessing Alcohol Use Disorder (AUD) Care

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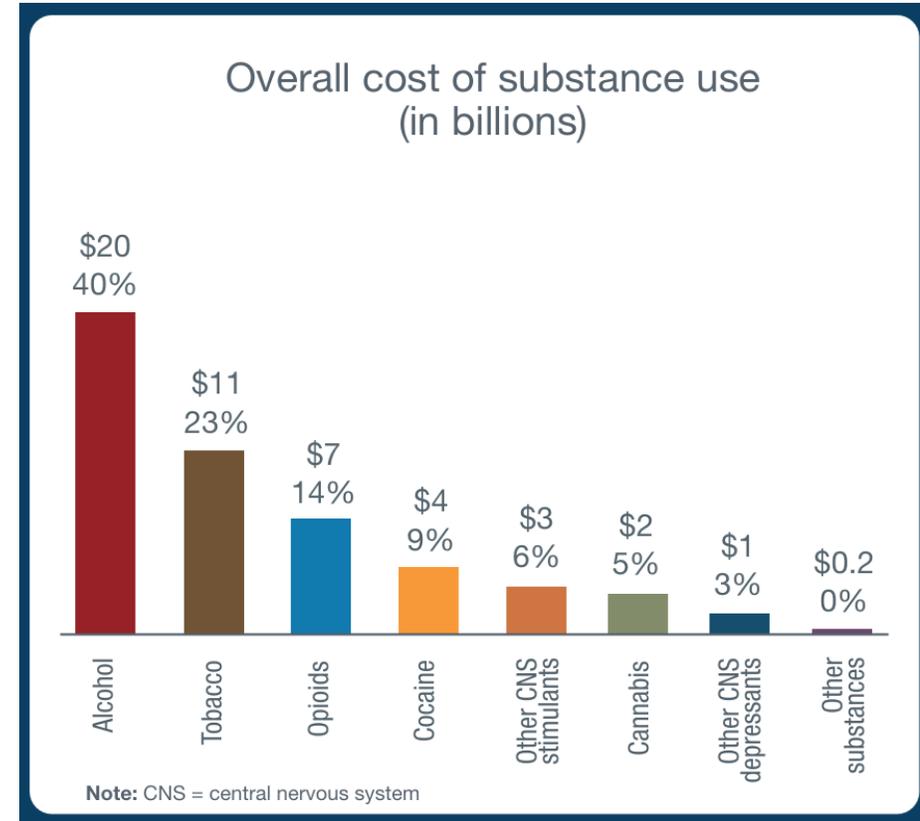
# Outline

- Background
- Literature review results
- Next steps
- Questions

Background

# Alcohol Use Disorder (AUD) is a treatable medical condition

- AUD affects 18% of Canadians, age 15 and older, over their lifetime. [Statistics Canada, 2012]
- Alcohol use cost Canada \$20 Billion in 2020, making it the highest amongst other substances. [Canadian Centre on Substance Use and Addiction, 2023]

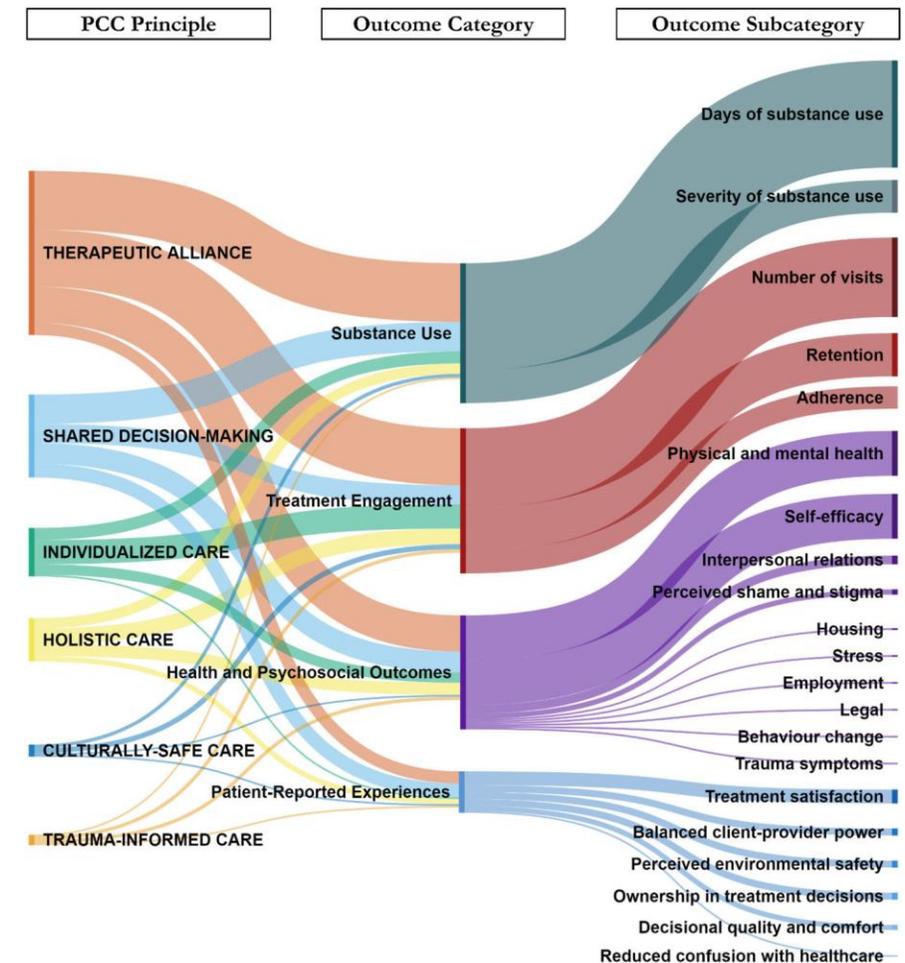


# Emergency Departments (EDs) are critical settings for AUD treatment and management

- Patients with AUD present frequently, and often *only*, to EDs for care.
- In Canada, the rates of ED visits attributable to alcohol increased 4.4 times more than the rates of overall ED visit rates in 2019. [Lee et al. 2023]
- Care providers in EDs are uniquely positioned to intervene and manage patients with/at risk for AUD.

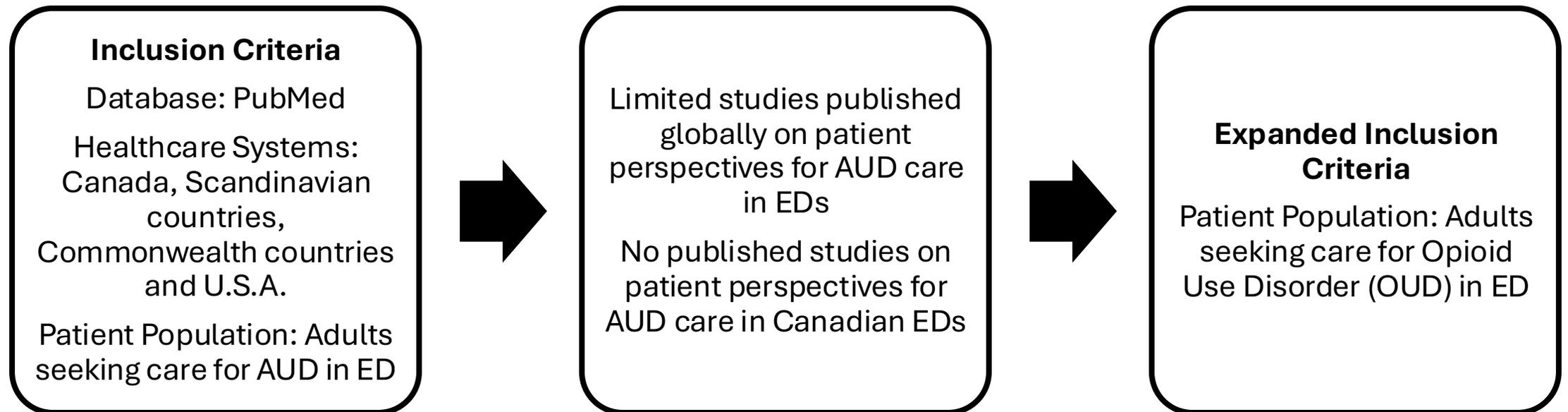
# Evaluating patient-reported experiences improves patient care

- Individuals with substance use disorders (SUD) face stigma which causes disengagement from services. [Rajab et al. 2023]
- Patient-centered care is an evidence-based practice to improve the quality of SUD treatment. [Bassuk et al. 2017]



Sankey Diagram of Directed content analysis of outcomes of patient-centered care principles

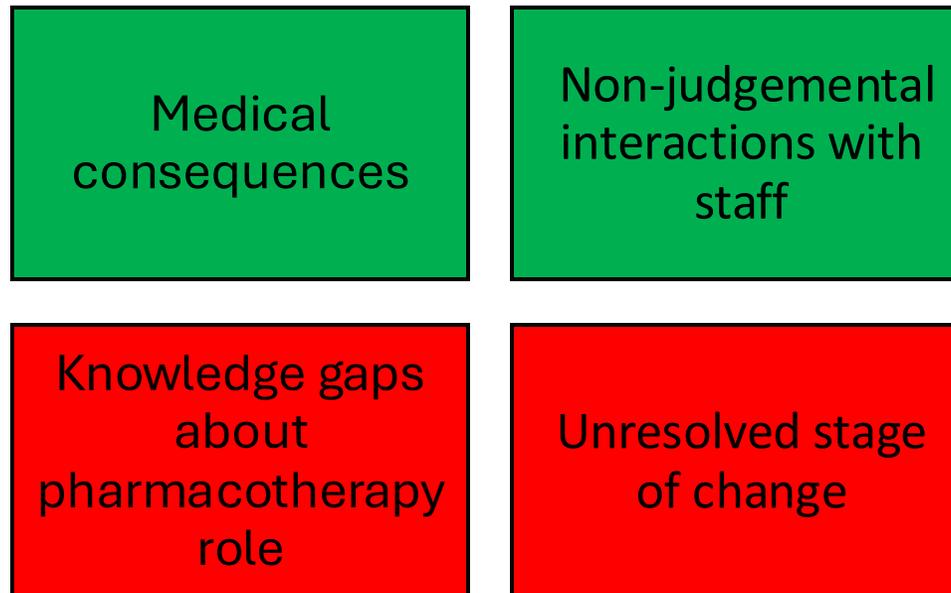
# Conduct a literature review to explore patient perspectives for AUD management in EDs



# Literature search results

# There is limited global literature on patient perspectives for AUD management in EDs

- Fosgren et al. 2024 - Patient perspectives on emergency department initiation of medication for alcohol use disorder.
  - Key results:



# There is limited global literature on patient perspectives for AUD management in EDs

- Covarrubias et al. 2025 - Evaluation of Barriers and Interventions for Emergency Department-Initiated Naltrexone for the Treatment of Alcohol Use Disorder.
  - Key results (Patients):

Discomfort and lack of familiarity in ED settings

Lack of knowledge about treatment options

Challenges in accessing follow up care

# Key Patient Preferences Themes when accessing OUD management services in EDs

## Experience with ED Staff

(+) Attentive, personalized, supportive care

(-) Stigma, dismissive language, poor pain/addiction knowledge

## Accessibility of Care

(+) 24-hour access, referrals, harm reduction supports

(-) Fragmented referrals, waitlists, social barriers

## Environment in EDs

(+) Staff stress and disorder acknowledged by patients

(-) Rushed care, chaos, lack of privacy

## Readiness to Initiate Treatment

(+) Immediate ED access, overdose or injury as catalyst

(-) Delays, poorly managed withdrawal

## Long Term Pharmacotherapy Acceptance

(+) Alignment with goals, flexibility, lived experience, family impact

(-) Prior negative treatment, low support, ED not seen as treatment site

## Participatory Care

(+) Active involvement in care decisions

(-) Exclusion from own care

## Patient Education/Awareness

(+) Knowledge of OUD treatment and harm reduction (-) Poor communication about overdose risk

## Willingness to decrease drug usage

(+) Fear of death, impact on loved ones

(-) Shame, lack of support, negative ED experiences

## Patient Initiated Discharge

(+) Interest in treatment

(-) Long waits, negative experiences, unmanaged withdrawal

# Next Steps

- Conduct a scoping review on patient perspectives regarding AUD care services by collaborating with a UBC librarian

# References

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