Emergency Department Diversion Pathway for 911 Patients with Opioid Use Disorder

Presented To:	Community and Emergency Services Committee
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Report Summary

This report provides information on a clinical diversion pathway to Withdrawal Management Services (WMS) in the downtown core for individuals with opioid use disorders after care provided by the City of Greater Sudbury paramedics. This new initiative is a collaboration between Paramedic Services and Health Sciences North Addictions Medicine Consult Services.

Relationship to the Strategic Plan, Health Impact Assessment and Community Energy & Emissions Plan (CEEP)

This report supports Council's strategic initiative to create a healthier community through integrated community programming to meet the needs of vulnerable populations and reduce emergency responses and hospital admissions.

This report refers to operational matters and has no direct connection to the Community Energy and Emissions Plan.

Financial Implications

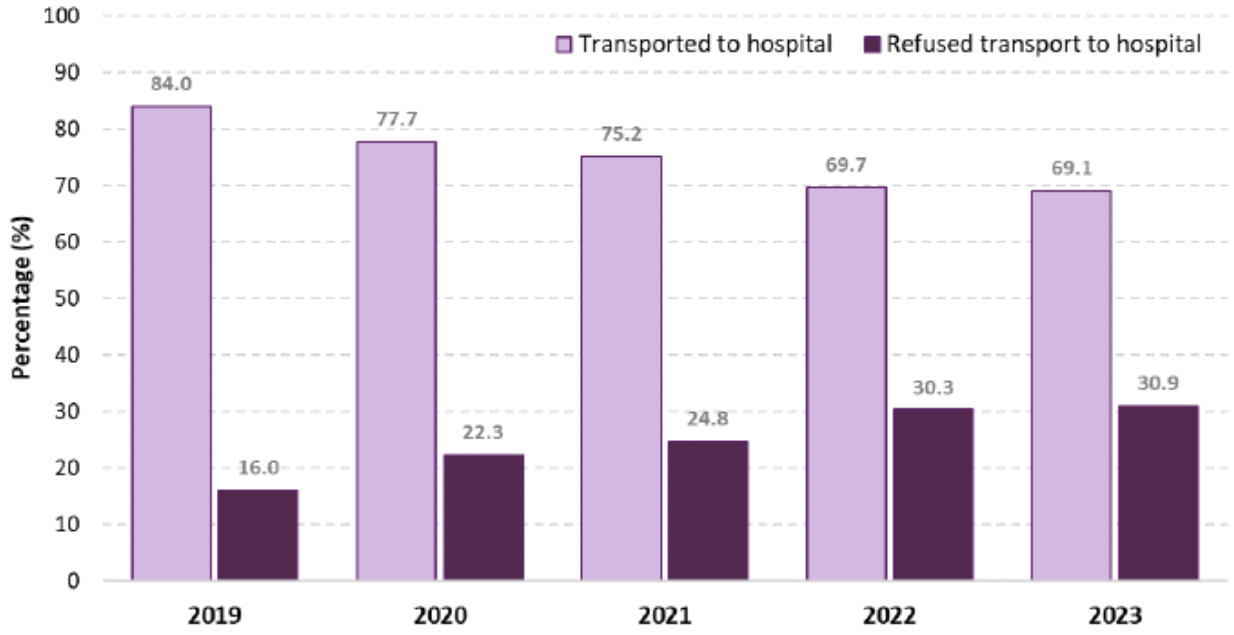
There are no financial implications associated with this report.

Background

The opioid and drug poisoning epidemic is a leading health crisis in Ontario. Opioid use disorder (OUD) presents a critical challenge to both patients and the healthcare system, demanding urgent attention from paramedics, the 911 system, and emergency departments. The current impact on the health system is profound, with primary issues of coordinated care and access to care as the primary factors. Paramedics often serve as the first point of contact in emergencies related to substance use, requiring swift and effective interventions. Many patients who experience a substance use medical emergency often do not want to be transported to an emergency department (ED) by paramedics and many do not require it. Linking patients to appropriate support systems, such as substance use programs and mental health services, will contribute to better outcomes, and increases in coordinated care and access.

A recent study out of the United States demonstrated that risk of death within a year of a non-fatal opioid overdose is acutely elevated, with this risk further elevated for those who decline paramedic services transport. According to the same study a total of 30% of patients who die from overdose have been shown to use emergency medical services in the year prior to their death. The increasing trend in overdose deaths, coupled with the large risk of overdose death among those with prior overdoses, highlights the need for innovations and treatment**.** The following chart highlights the increasing volume of patients who experience an opioid overdose who refuse transport to hospital. (Hern et al., 2022)

Figure 21. Percentage (%) of suspected opioid incidents attended by City of Greater Sudbury Emergency Medical Services (EMS) by whether or not the patient was transported to hospital, by year, 2019–2023 (year to date)

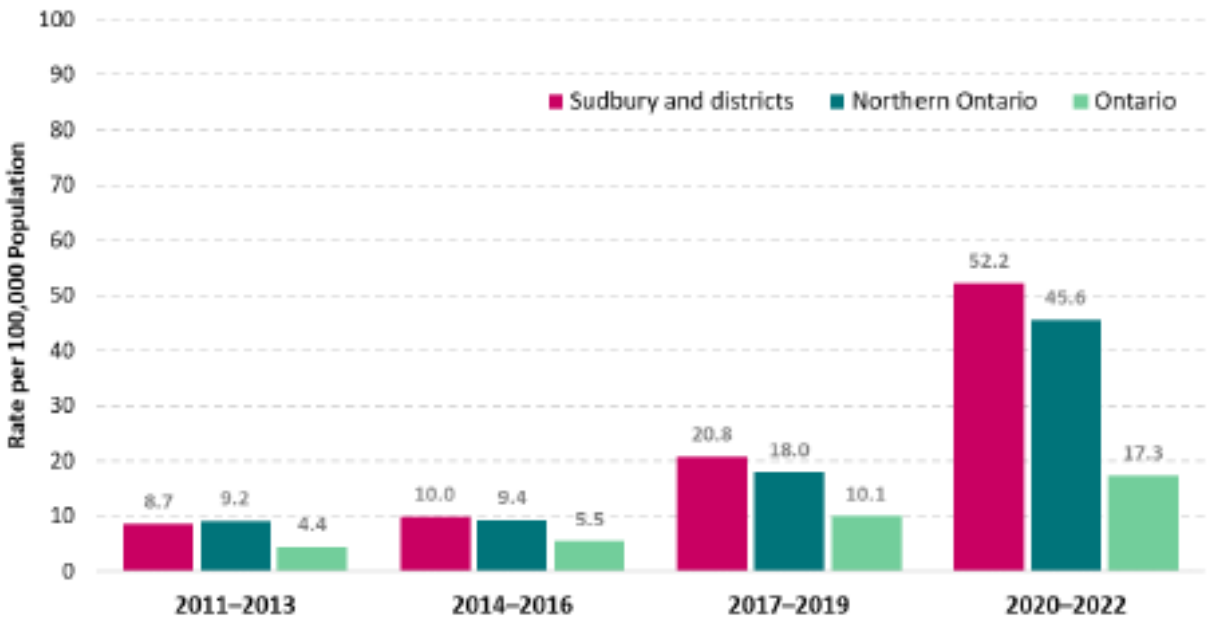


Data Source: City of Greater Sudbury Emergency Medical Services (2023)

Acknowledgements. (n.d.). Retrieved September 12, 2024, from https://www.phsd.ca/wp-content/uploads/2023/11/Environmental_Scan_Summary_of_Findings.pdf

The proportion of calls for suspected opioid related incidents in which the patient refused transport to the ED by paramedic services has doubled from 2019 to 2023. Refusals put the individuals at an elevated risk, validating the need for innovation and more treatment options.

Figure 4. Average annual crude rate of accidental opioid-related deaths by 3-year period, Sudbury and districts, Northern Ontario and Ontario, 2011–2022



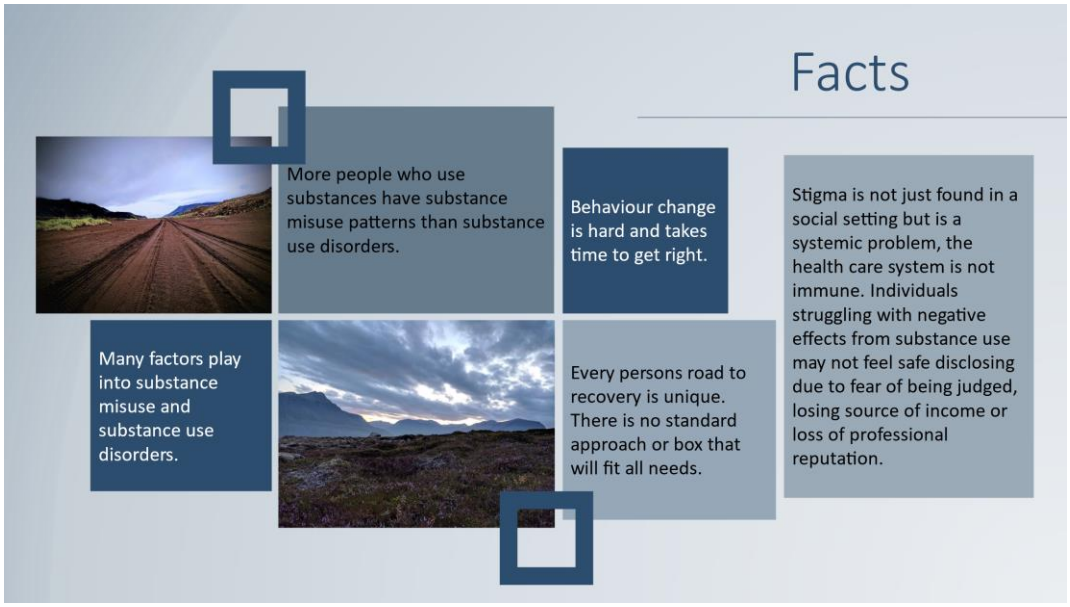
Data sources: Ontario Agency for Health Protection and Promotion (2023a) and Office of the Chief Coroner of Ontario (2023)

Acknowledgements. (n.d.). Retrieved September 12, 2024, from https://www.phsd.ca/wp-content/uploads/2023/11/Environmental_Scan_Summary_of_Findings.pdf

Opioid mortality disproportionately affected Northern Ontario. From 2020–2022 the rates in Sudbury and districts and Northern Ontario were both around five times as high as they were in the 2014–2016 time period, while the rate in Ontario overall was about three times as high.

Current State

Bystander and first responder naloxone programs have been successfully implemented as a key component of harm reduction from acute opioid toxicity. Currently, paramedics follow medical directives and administer naloxone to patients suffering from an opioid overdose or respond to an individual who has suffered an overdose and was given naloxone from a bystander. The only option for paramedics has been to transport the patient to the emergency department, or the individual can refuse transport. One of the consequences of liberal use of naloxone in the community is that paramedics frequently encounter patients with acute naloxone-precipitated opioid withdrawal. This is a very uncomfortable condition. Many of these patients are vulnerable and may not have a desire to discuss treatment and referral options and many will refuse transportation to the hospital. It is well known that the treatment for their withdrawal condition is opioids, and many will resort to the street supply immediately after naloxone reversal to treat their symptoms.



New Paramedic Opioid Overdose Treatment and Diversion Pathway

For select patients with naloxone-precipitated opioid withdrawal, Greater Sudbury paramedics will commence treating patients with Suboxone in the field and diverting patients away from the emergency department to Health Sciences North Withdrawal Management Services (WMS) for treatment. The creation of this diversion pathway is a result of a collaboration with Health Sciences North-Addictions Medicine Consult Services.

Suboxone is a medication used primarily to treat opioid dependence and addiction by reducing cravings and withdrawal symptoms while minimizing the potential for abuse and overdose. Patients feel better, are more comfortable, are more likely to seek follow-up care and are more amenable to discussions about their condition and available treatment options. One desired outcome would be that someone is more likely to accept transportation to an alternate treatment destination once withdrawal symptoms are effectively treated. There will be protection from acute opioid overdose in the short term and patients will be treated through a more patient centered approach.

Conclusion

It is the hope that by bringing patients to WMS that the care they receive is more patient centric, comfortable, and patients can be prescribed opiate agonist therapy (OAT) if they wish to stop using opioids. Additionally, paramedics will be trained to counsel individuals about opioid use and provide resources for opioid agonist treatment if Suboxone and transportation to withdrawal management services is refused.

Program success will be measured by the number of patients who qualify and accept Suboxone treatment and for those patients who accept long term treatment, remain in long term treatment. There are many success stories when individuals take Suboxone as part of their OAT program. Individuals are more likely to stay in treatment compared to those who receive counseling or detox alone. This long-term engagement is crucial for recovery.

It is expected that paramedics will be treating patients with Suboxone and accessing this new diversion pathway by the end of October, following the conclusion of all paramedic training.

Resources Cited

Hern, H. G., Lara, V., Goldstein, D., Kalmin, M., Kidane, S., Shoptaw, S. Herring, A. A. (2022). Prehospital Buprenorphine Treatment for Opioid Use Disorder by Paramedics: First Year Results of the EMS Buprenorphine Use Pilot. *Prehospital Emergency Care*, *27*(3), 334–342. https://doi.org/10.1080/10903127.2022.2061661

Acknowledgements. (n.d.). Retrieved September 12, 2024. https://www.phsd.ca/wp-content/uploads/2023/11/Environmental_Scan_Summary_of_Findings.pdf