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CASE 4

Combating the Opioid Crisis: Expanding Naloxone Kit Distribution to Niagara Health Emergency Departments

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INTRODUCTION

Canada has declared the national opioid crisis a public health emergency that “is a complex health and social issue that needs a response that is comprehensive, collaborative, compassionate, and evidence-based” (Government of Canada, 2018). Opioids—drugs that are used to treat pain—are a highly addictive class of substances available by prescription or by illegal purchase through the black market. In response to this, many provinces are formulating initiatives to combat the crisis. The province of Ontario wants to expand patient accessibility to life-saving harm reduction measures by distributing naloxone kits in hospital emergency departments. Naloxone is a life-saving overdose reversal drug already available at pharmacies and at some community organizations. In response to an increasing number of fatalities from the opioid crisis, the Government of Ontario is prioritizing strategies to address mental health and addictions, specifically targeting the deaths related to these highly habit-forming painkillers. Jessica Corso, a Patient Safety Specialist in the Quality, Patient Safety, and Risk Department at a regional hospital system, has been tasked with introducing this program to the emergency department frontline staff at the hospitals. She has already faced staff reluctance to and disapproval about its implementation. One frontline charge nurse referred to the harm reduction strategy of distributing naloxone kits as “enabling drug users”. Jessica quickly realized that there are serious misconceptions about harm reduction with regard to addictions, and that preconceived notions among hospital workers in the hospital social environment would need to be addressed before implementation took place. Jessica is faced with the task of introducing and explaining the idea of social determinants of health and health equity to health care workers, as it relates to harm reduction and the opioid crisis in this clinical setting. Since health and health care have primarily been viewed through a biomedical lens, hospital staff needed to embrace a more socio-ecological understanding of health if this new initiative were to be successful.

BACKGROUND

Hospital System

This case presents a fictional health system in a fictional region of Ontario to illustrate its intent. This particular hospital system consists of five hospital sites. It is possible that some of these sites will close and new ones will open in the coming years. These hospital sites serve approximately 500,000 residents across ten municipalities. In terms of education and income—two crucial metrics that indicate a population’s well-being—it is important to note that this hospital system serves a community in which 35% of the population have only obtained a high school diploma, and 20% of the population has not graduated from high school. Additionally, one in four families spends more than a third of their income on shelter costs.

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As a regional health care system, the five hospital sites provide a wide range of inpatient and outpatient services, including acute care, emergency and urgent care, and mental health and addictions care.

Opioid Crisis

Along with the United States and other countries, Canada has been grappling with the crisis of opioid addiction and opioid-related deaths for decades and has seen a spike in deaths from the epidemic in recent years. Canada had approximately 4,000 opioid-related deaths in 2017, with 92% of them being unintentional or accidental (Government of Canada, 2018a). From January to October of the same year, Ontario had 1,053 opioid-related deaths (Government of Ontario, 2018a). This represented a 52% increase from the same period in 2016, illustrating the growing concern and severity of the crisis (Government of Ontario, 2018a). The province has many initiatives planned as part of *Ontario's Strategy to Prevent Opioid Addiction and Overdose*, which includes the expansion of harm reduction strategies and education pertaining to this approach (Government of Ontario, 2018a):

In 2006, under Federal legislative authority, the notion of drug users as criminals was reinforced with policies implemented by the Conservative Party of Canada throughout its 10-year term, but specifically in October of 2007 with the release of a National Anti-Drug Strategy. This was a strategy that encouraged the condemnation and criminalization of drug use and drug users. Today, under a Liberal Government, the conversation has shifted slightly from condemning to supporting drug users, with recent initiatives such as support for the expansion of safe injection sites and the expansion of Naloxone as a lifesaving medication for opioid overdose. Conceivably, the social construction of individuals with substance use disorders have important implication for policy outcomes (Morin, Eibl, Franklyn, & Marsh, 2017).

Political and social climates can have a significant ability to sway public opinion on a multitude of topics, but more so on complex issues like addiction. It is important to note that more than 50% of people who have an opioid addiction or substance abuse issue also have mental health issues, further highlighting the complexity of the problem (Morin et al., 2017). Although mental health and addictions are rising health care priorities both federally and provincially, they continue to be highly stigmatized. This persistent stigma is arguably one of the main factors contributing to the ongoing crisis. A disconnect exists between the evidence showing the efficacy of harm reduction measures and public support for such initiatives. This illustrates that cultural and societal attitudes toward substance use, especially the attitudes of health care professionals, have the potential to hinder the introduction and use of evidence-based initiatives.

Regional Opioid Crisis

The region had a 250% increase in suspected overdoses from 2016 to 2017. The most commonly used opioid was the street drug fentanyl, a highly potent and synthetic opioid that puts users at a very high risk of overdose. The highest incidences of overdoses were in three of the ten municipalities. The 911 calls in these areas concerning overdoses were largely from disadvantaged neighbourhoods that have lower incomes and more households affected by housing vulnerabilities. Understanding the social and environmental factors that correlate with high rates of opioid use and overdoses could better inform equitable and appropriate services that are tailored specifically to the opioid users presenting at emergency departments. If the three hospital sites located in these areas distributed naloxone kits in their emergency departments, they could potentially have a tremendous impact on preventing opioid-related deaths.

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Jessica Corso: Patient Safety Specialist

Jessica Corso, a leader in the Quality, Patient Safety, and Risk department, has been charged with preparing the hospital system for the introduction of naloxone kits to its emergency departments. With 25 years of nursing experience and a Master of Public Health degree, she has a unique perspective for this role and understands both the clinical and broader socio-ecological perspectives of addiction. She empathizes with the overworked and stressed emergency department nursing staff, and understands their biomedical and clinical patient views when it comes to addictions and substance use. After completing her Master's degree in Public Health and working for several years in quality improvement in a hospital setting, she has a broader understanding of health, recognizing that this care is heavily influenced by social, environmental, and cultural factors. Her department focuses on quality improvement and how to continually enhance patient support. She recognizes that the provincial and national opioid crises do not just stem from negative personal choices and behaviours, but are rather fueled by many social determinants of health (Exhibit 1). She also understands that the stigma associated with substance use only hinders any potential progress in health outcomes. She is a strong supporter of applying harm reduction measures and embracing the concept of health equity. She understands that people's experiences and backgrounds can have profound impacts on resulting health disparities. Her goal is to shift the mentality of the frontline hospital workers for increased understanding and acceptance of patients with addictions and substance use disorders. Subsequently, they may recognize that these disorders correlate with mental health issues and many other social determinants of health.

Harm Reduction Programs

Although harm reduction approaches to the opioid crisis are evidence-informed, they remain a controversial topic. Harm reduction is the approach to addiction and substance use that seeks to minimize associated harms from overdoses, reduce the transmission of communicable diseases such as HIV, hepatitis B, and hepatitis C, and prevent other adverse health outcomes (Association of Ontario Health Centres, 2018). The goal of harm reduction is to diminish negative health impacts without requiring drug abstinence, since this expectation is not always an effective or realistic objective. Harm reduction initiatives specific to substance use include supervised consumption services, overdose prevention sites, needle exchange services, and naloxone kit distribution (Association of Ontario Health Centres, 2018). A range of individuals in society across North America have voiced concerns over this approach, suggesting that it enables drug use and does not address the root causes and problems of addiction. However, harm reduction approaches have been shown to reduce the harms associated with drug use; they are therefore likely to be applied more frequently in hospital settings. Additionally, harm reduction is a practice that reduces the stigma and social isolation associated with drug use that have historically only fueled negative health outcomes (Buchanan, 2004). The idea and logic of harm reduction has been embraced and applied in multiple areas of health care and across other sectors. Well-established harm reduction practices include the use of condoms to prevent sexually transmitted diseases, the use of seat belts to prevent driving injuries, and the use of speed limits to reduce potential car accidents.

Understanding Naloxone Kits

Naloxone, also known by its brand name Narcan®, is a medication that temporarily reverses the effects of an opioid overdose (Harm Reduction Coalition, n.d.). It is an 'opioid antagonist' (Exhibit 2) and acts to negate depression of the central nervous and respiratory systems to prevent life-threatening conditions such as respiratory arrest (Harm Reduction Coalition, n.d.). It was first made available to the public through pharmacies in June 2016. The Ministry of Health and Long-Term Care, the government body dedicated to health care in Ontario, has distributed 12,000 naloxone kits at 1,400 different locations across the province (Canadian Addiction Treatment Pharmacy, 2018). Naloxone is effective against prescribed opioids and illicit forms of

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the drug such as fentanyl, morphine, heroin, methadone, and oxycodone. It is available for use via injectable kits or nasal spray kits (Government of Ontario, 2018b).

Expanding Naloxone Kit Distribution to Emergency Departments

Publicly funded naloxone kits are currently available through three programs across the province. The Ontario Naloxone Program distributes kits through needle syringe and hepatitis C programs, the Ontario Naloxone Program for Pharmacies distributes them through participating pharmacies, and the Provincial Correctional Facilities Take Home Naloxone Program distributes them through participating provincial correction facilities (Ministry of Health and Long-Term Care, 2018). The Ministry of Health and Long-Term Care has recently stated that making naloxone kits available to patients in emergency departments is a hospital-based decision. In other words, each hospital organization across the province has the autonomy to decide whether to incorporate this public health measure. Hospitals are major partners in health care systems, being the largest providers of acute health care services. In 2017, emergency departments across Ontario received 7,658 visits related to opioid overdoses, a 72% increase from the 4,453 visits seen in the previous year (Government of Ontario, 2018a). Exhibit 3 (Public Health Ontario, 2018) shows the spike in opioid-related emergency department cases that have occurred in the region, illustrating an increased need for action in this area. The expansion of naloxone kit access to first responders such as paramedics, firefighters, and police officers is ongoing throughout the province. Increasing access to the kits is known to save lives and reduce the mortality associated with the addictive drugs (Eggertson, 2013). The hospital system, however, is experiencing reluctance from its staff members with regard to acknowledging the complexities of substance use and accepting addiction harm reduction measures.

THE CHALLENGE

Jessica is tasked with introducing a harm reduction program to a hospital emergency department whose staff are reluctant to adopt such initiatives. Morin et al. (2017) stated that “sadly, perhaps one of the largest barriers limiting our collective ability to address the opioid crisis in Ontario, Canada, is the lack of consensus of the extent of the problem and uncoordinated ideas of appropriate solutions”. Hospital staff are a crucial component of making these types of public health interventions successful. If frontline workers exhibit a lack of understanding or support for harm reduction measures, this has the potential to negatively affect patient access to targeted services. Unfortunately, Jessica is facing several challenges getting hospital employees to accept naloxone kits as a harm reduction measure and distribute them in an effective manner

CONCLUSION

The hospital organization has a highly clinical, biomedically focused environment. To effectively introduce naloxone kit distribution to the emergency department, Jessica is faced with the problem of having department health care workers look beyond this purely clinical and biomedical perspective so that they can better understand the complex nature of addictions. Having frontline workers in a hospital setting incorporate a more comprehensive understanding of the social determinants of health, and encouraging them to view addictions and mental health through a health equity lens is not an easy task. What approach should Jessica take? What theories and frameworks could she embrace to support her work and help shift the organizational mentality? How can she help staff to adopt a health equity lens when they are working with patients who have addictions and substance use disorders?

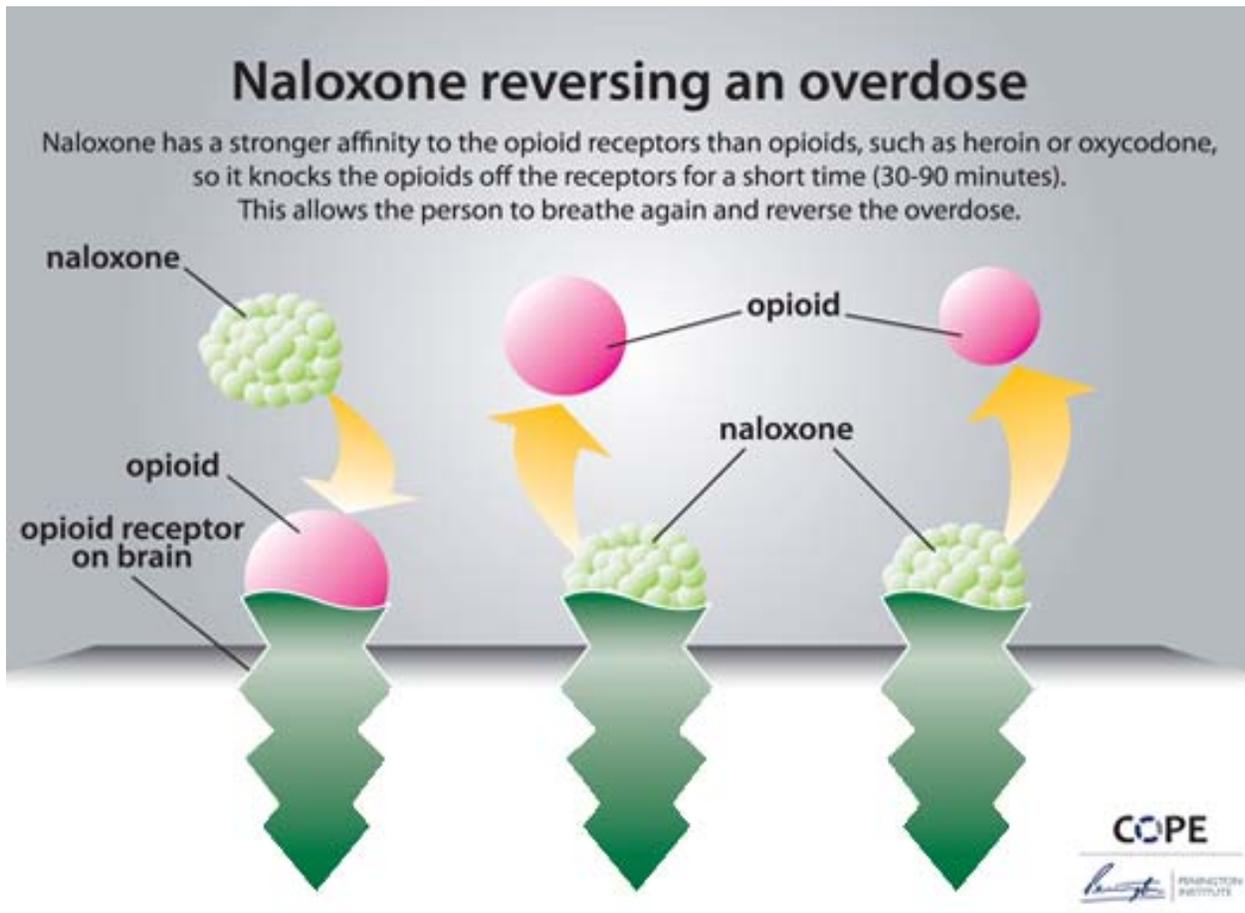
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EXHIBIT 1 Social Determinants of Health



Source: Ministry of Health and Long-Term Care, 2016.

EXHIBIT 2
How Naloxone Works



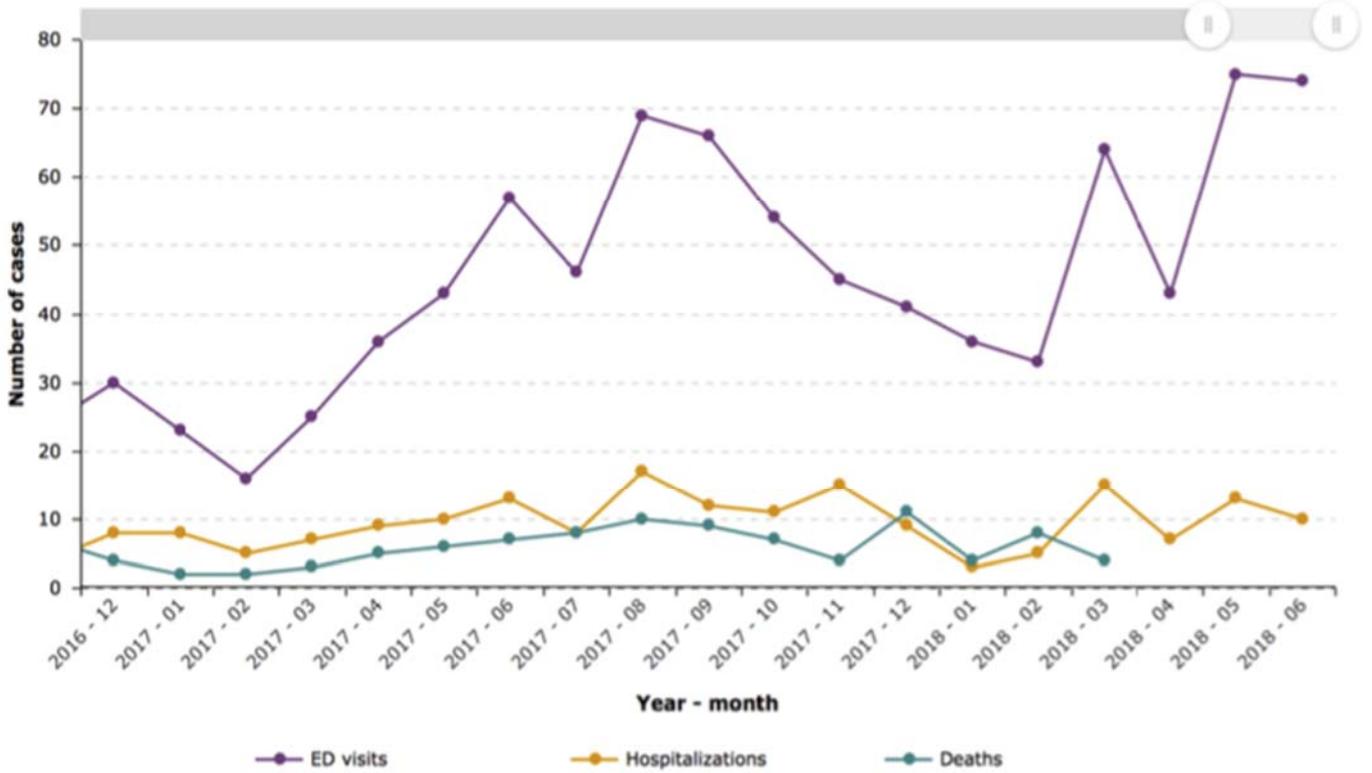
Source: Pennington Institute, 2015. Reproduced with permission from Pennington Institute.

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EXHIBIT 3
Regional Opioid-related Cases

Cases of opioid-related morbidity and mortality,

2003 - 01 - 2018 - 06



Source: Public Health Ontario, 2018.

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INSTRUCTOR GUIDANCE

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BACKGROUND

A regional hospital system is exploring the possibility of making naloxone kits accessible to patients in the emergency department of its hospital sites. The current hospital staff are reluctant to distribute these kits. The organization is trying to determine the best approach to guaranteeing program participation. The expansion of hospital access to naloxone kits is a direct response to the ongoing opioid crisis across Canada. Opioid-related deaths have spiked in recent years and various national and provincial initiatives are underway to reduce these deaths. Staff reluctance to distributing lifesaving naloxone kits in emergency departments stems from their lack of understanding and knowledge about the value and benefits of introducing these types of harm-reduction strategies. Unfortunately, many frontline health workers at the hospitals view the distribution of naloxone kits as “enabling drug users”. This stigmatization of patients who have opioid addictions is a complication that is making it much more challenging for Jessica Corso and the Quality, Patient Safety, and Risk Department to introduce this initiative. The problem they face is how to ensure that health workers understand the social constraints that exacerbate addictions and the value of naloxone kit distribution in combatting them. This fictional case focuses on the social determinants of health and health equity, and how best to educate hospital staff so that they gain an understanding of inequities as they relate to health care.

OBJECTIVES

1. Apply health behaviour theories and frameworks to address staff reluctance to implementing a public health intervention.
2. Develop an approach to implementing the social–ecological model of health and the idea of health equity into the health care setting of a hospital.
3. Discuss the roles and responsibilities of health care organizations and health care providers in recognizing the complexity of health care issues such as addictions and substance use.
4. Relate health equity to the case as it pertains to managing health services.

DISCUSSION QUESTIONS

1. How does the context and setting of the case influence our understanding of the problem being faced?
2. Who are the stakeholders in this case? What are their different perspectives?
3. How can organizational or behaviour theories and concepts be applied to this case?
4. What are some social determinants of health that could be at play with the ongoing opioid crisis?
5. How is this case related to health equity?

KEYWORDS

Addictions; emergency departments; harm reduction strategies; health care equity; naloxone; opioids