

## New Guidance for the Treatment of Opioid Use Disorder (OUD) in the ER

Many of our family members suffering with substance use disorders (SUDs) end up looking for care of one sort or another in their local hospital emergency department. They could arrive there seeking help with their SUD. They could have complications from using. They might be high and behaving in a disruptive or dangerous public fashion and arrive in the care of the police. Or worst of all, they arrive in extremis, having overdosed.

Our loved ones do not always receive the care they need. In the past doctors have had very little training in treating SUDs. This is changing now, but it will take time. Many emergency doctors feel that SUDs are out of their field of expertise. These attitudes are changing and just recently the Canadian Association of Emergency Physicians (CAEP) released the [CAEP Position Statement on Emergency Department Management of OUD](#). It clearly sets out guidelines for assessment and treatment of OUD, including starting medications for the treatment of OUD.

The Position Statement outlines the expected ideal treatment of patients with OUD in the ER. In particular **your loved one should be offered opioid agonist therapy**, drugs that substitute for the opioids the patient is addicted to. These drugs are life savers; they allow the patient to live a normal life rather than one centred around obtaining drugs to avoid withdrawal. The safest and easiest to use is Suboxone.

In Ontario, most communities have access to a local Rapid Access Addiction Medicine (RAAM) clinic. The ER doctor can start an OUD patient on Suboxone and refer them to the local RAAM clinic for follow up.



[Dr. Barbara Watts](#)