

SCREENING FOR HUMAN TRAFFICKING AND CONCOMITANT SUBSTANCE USE IN THE EMERGENCY DEPARTMENT - MISSED OPPORTUNITIES FOR ENHANCED INTERDISCIPLINARY COLLABORATION

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Background:

Human trafficking (HT) is a global public health epidemic and empirical research documents that substance use in HT is pervasive. Traffickers use controlled substances to coerce, control, and manipulate victims while victims use drugs to cope with the day-to-day physical and psychological effects of being trafficked and survive. This puts victims at a heightened risk for infectious diseases, hepatitis C, and other harms that can occur from drug use (including addiction, psychiatric comorbidities, and sexually transmitted infections). Notwithstanding the well-acknowledged nexus between substance use disorder and human trafficking in both human trafficking and substance use disorder research, little research has been dedicated to improving the screening and detection of HT victims and concomitant drug use in the emergency department (ED).

Methods:

A survey was distributed to ED physicians, nursing staff, triage personnel, appropriate specialist physicians involved in the care of such patients (e.g. psychiatrists), and allied health professionals including social workers and crisis care coordinators working in Edmundston, New Brunswick – a city considered a possible North American HT epicenter uniquely situated at the intersection of Northeastern United States (Maine) and the Canadian provinces of Quebec and New Brunswick.

Results:

Preliminary results show that there is a significant need for better screening practices, beginning at the patient's initial encounter with the healthcare system (at triage in the ED). Concomitant drug use was identified as a potential confounding factor that limits HT detection. Similarly, unilateral focus on HT often leads to inadequate management of simultaneous drug use and their consequences. Furthermore, a paucity of a clearly established framework for the referral and follow-up of such patients leads to missed opportunities for addressing the myriad of physical and mental health sequelae of HT and concomitant substance use.

Conclusion:

This study highlights the importance of better detection of HT victims presenting to the ED with concomitant substance use. Public health efforts should focus on developing clear guidelines as well as a defined infrastructure for detection as well as inpatient and outpatient management of such patients.

Disclosure of Interest Statement:

The authors have no conflict of interest to disclose.