



# Position Statement

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## Patients with Substance Use Disorders and Addiction in the Emergency Care Setting

### Description

Substance use disorders contributing to abuse, addiction, and their related consequences pose a significant and escalating public health problem that impacts the emergency care setting. In its most recent published report, the Drug Abuse Warning Network (DAWN) estimated that 5.1 million drug-related emergency department (ED) visits occurred nationwide in 2011.<sup>15</sup> Reported cases involved substance abuse or misuse, adverse reactions to prescribed medications, accidental ingestions, and drug-related suicide attempts.<sup>15</sup> The use and abuse of psychoactive substances causes significant social and health-related problems for the individuals who use them, their families, and the community at large.<sup>1,2</sup>

Substance abuse as defined by the World Health Organization (WHO), refers to the harmful or hazardous use of psychoactive substances including alcohol and illicit drugs.<sup>1,2</sup> Nicotine, alcohol, and illicit or prescription drugs are abused singly or in combinations by approximately 16% of the U.S. population aged 12 and over.<sup>3</sup> In 2014, approximately 21.5 million Americans aged 12 and older (8.1%) were classified as having had a substance use disorder within the past year; 2.6 million had problems with both alcohol and drugs, 4.5 million with drugs but not alcohol, and 14.4 million with alcohol only.<sup>4</sup> Experimental and recreational use of inhalants, over the counter medicines, and club and designer drugs remains popular among our youth.<sup>5,6</sup> Cannabis is the most commonly used psychoactive substance, followed by amphetamine type stimulants, cocaine, and opioids.<sup>1,7</sup> Opioids are a class of drugs that includes the illicit drug heroin as well as licit prescription pain relievers such as oxycodone, hydrocodone, codeine, morphine, fentanyl, and others.<sup>8</sup>

Heroin has emerged as a less expensive and more readily available alternative to opioids,<sup>8</sup> and its use has spread beyond intercity limits into suburban and rural America.<sup>9-11</sup> A highly addictive drug, heroin exhibits euphoric ("rush"), anxiolytic, and analgesic effects on the central nervous system.<sup>12</sup> It is estimated that 23% of individuals who use heroin develop opioid addiction.<sup>8</sup> In 2014, an estimated 28,000 adolescents had used heroin within the past year, and 16,000 were current heroin users.<sup>8</sup> Heroin overdose deaths among women have tripled in recent years, rising from 0.4 per 100,000 in 2010 to 1.2 per 100,000 through 2013.<sup>8</sup> Illicit heroin is usually "cut" with other compounds that may include dangerous drugs or harmful substances.<sup>12</sup> Unaware of the actual strength of the drug or its true contents, heroin users are at risk of overdose or death.<sup>12</sup> Death from unintentional overdose now exceeds motor vehicular crashes as the leading cause of accidental death in the U.S. among individuals aged 25-64.<sup>13</sup> Deaths could be prevented if emergency medical assistance were summoned promptly by individuals at the scene of a suspected overdose.<sup>13</sup> To encourage early intervention and treatment for overdose, twenty states and the District of Columbia have enacted a Good Samaritan 911 Law, providing limited immunity from arrest or prosecution for minor drug law violations to individuals who summon help at the scene of an overdose.<sup>13</sup>

Prescription drug abuse, pain-related ED visits, and unintentional opioid deaths are on the rise.<sup>9,14-16</sup> Drug overdose, driven by opioid addiction, is the leading cause of accidental death in the U.S.,<sup>8,13</sup> with 18,893 overdose deaths related to prescription pain relievers in 2014.<sup>8</sup> In 2012, 259 million prescriptions were written for opioids.<sup>8</sup> In 2014, of the 21.5 million Americans aged 12 or older with a substance use disorder, 1.9 million cases involved prescription pain relievers.<sup>8</sup> Women are more likely to have chronic pain, be prescribed high dose pain relievers, and use them for a longer time.<sup>8</sup> Women may also become dependent more quickly than men.<sup>17</sup> ED personnel are challenged to distinguish legitimate pain from drug-seeking behavior and treat both without enabling dysfunctional behavior.<sup>18</sup>

The persistent use of psychoactive agents can lead to a syndrome of dependence known as addiction.<sup>1,2,7</sup> Addiction is characterized by the inability to control one's desire to take drugs despite their harmful effects.<sup>1,2,7</sup> Drug-seeking behavior comes to assume a higher priority than personal obligations; addicts develop an increased drug tolerance and may experience a state of physical withdrawal when they stop using.<sup>1,2,7</sup> Substance abuse and addiction pose negative consequences for individuals and society, with costs in terms of lost productivity, poor health, and increased crime that total



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over \$600 billion annually.<sup>7</sup> The destructive consequences of substance abuse and addiction may include disintegration of the family unit, loss of employment, failure in school, domestic violence, and child abuse.<sup>7</sup>

The U.S. Department of Health and Human Services, public health agencies, and lawmakers are united in raising awareness and aggressively addressing the rising epidemic of substance use disorders, abuse, and addiction in America.<sup>1,2,13,19,20,21</sup> U.S. Food and Drug Administration (FDA) leaders have called for a far-reaching action plan to reassess agency policies aimed at reversing the opioid epidemic while providing access to effective relief for patients in pain.<sup>20</sup> Long-anticipated guidelines were released by the Centers for Disease Control and Prevention (CDC) in March, 2016, calling for more stringent label warnings and responsible prescriptive practices for opioid painkillers.<sup>21,22</sup> These guidelines include advice to primary care providers, prescribers of nearly half of all opioid painkillers consumed in the U.S., to have honest conversations with patients about the risks and benefits of opioids and consider non-opioids as a first-line treatment choice.<sup>20</sup> CDC recommendations, not intended for providers treating cancer, palliative, and end-of-life patients, sparked controversy among some pain specialists and patient advocates.<sup>20</sup>

In response to the escalating opioid and heroin crisis, members of the 114<sup>th</sup> U.S. Congress are considering an array of legislative bills and appropriate funding to provide incentives and resources to augment access to treatment, enhance prevention and recovery programs, promote best prescriptive practices, and make naloxone, a life-saving reversal agent for opioid overdose, more available to law enforcement personnel and first responders.<sup>19</sup> In May 2016, over 100 ENA members met with national lawmakers in Washington, DC to provide emergency nursing expertise in support of the Comprehensive Addiction and Recovery Act of 2016 which was passed by congress and signed into law by President Barack Obama on July 22, 2016.<sup>34</sup> A concerted and robust response across all jurisdictions is necessary to manage and halt further escalation of this healthcare crisis.

## ENA Position

It is the position of the Emergency Nurses Association that:

1. Individuals accessing emergency care settings for treatment of substance use disorders, abuse, addiction, and related conditions have an impact on emergency care resources.
2. Emergency care settings provide crisis intervention and stabilizing treatment for the physical and psychological consequences of substance use disorders, abuse, and addiction, whereas long-term management and rehabilitation is best served by specialists and resources beyond the acute-care setting.
3. Emergency nurses deliver respectful and compassionate personalized care to individuals presenting with substance use disorders, abuse, addiction, and related problems according to jurisdictional and regulatory constraints and current standards of emergency nursing practice.
4. Emergency nurses participate in the development of emergency department management plans and prescriptive guidelines designed to address the immediate needs of patients with substance use disorders, abuse, and addiction and provide them with appropriate treatment.
5. As part of the emergency discharge planning phase, nurses educate individuals and their families affected by substance use disorders, abuse, and addiction regarding prevention, treatment options, and rehabilitation services currently available in the community.
6. Emergency nurses support and participate in research and continuing education, and monitor trends and treatment options for substance use disorders, abuse, and addiction.
7. Emergency nurses provide expert testimony and advocate for the passage of national healthcare reform.



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## Background

Addiction is a complex, relapsing, treatable disease affecting brain function and personal behavior.<sup>7,14,16</sup> Addiction affects parts of the brain affecting pleasure, reward and motivation, learning and memory, and impulse control.<sup>7</sup> The chronic physical and psychological symptoms of substance abuse are common presentations in the emergency care setting.<sup>23</sup> For a variety of reasons, individuals suffering from the effects of substance abuse and addiction access emergency care settings as their primary source of treatment. Certain life stages and circumstances create increased vulnerability to addiction and substance use<sup>24</sup> therefore it is important to consider that the long-term use of drugs and alcohol may be a coping mechanism for underlying physical, social, and psychological conditions that need attention.<sup>7</sup>

Emergency nurses are educated to effectively identify and assess individuals seeking treatment for intentional and non-intentional substance abuse, addiction, and related events. Using approved standards and reliable resources, emergency nurses deliver appropriate treatments, provide education, and advocate for patients and families in promoting wellness and prevention of continuing substance abuse. The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model is an evidence-based, adaptable tool that is recognized as effective in identifying and reducing unhealthy or potentially harmful patterns of alcohol, tobacco, and drug consumption.<sup>25,26</sup> ENA's Naloxone Education Toolkit (NET) designed for emergency nurses and providers, contains essential resources for patients and families about opioid overdose and includes information on the distribution and proper use of naloxone kits.

Bronsinski and Riddell cited research that demonstrated a correlation between alcohol use and suicidal behaviors in that ED visits related to suicide attempts can be associated with alcohol consumption in conjunction with other drugs.<sup>27</sup> The Joint Commission's 2016 Sentinel Event Alert Issue 56 advises health care providers, including emergency clinicians, to observe behavior, mental status, and presentation to identify and treat at-risk individuals with suicidal ideation and potential intent.<sup>27,28</sup> The alert provides screening, risk assessment, safety, treatment, discharge, and follow-up care recommendations that can be applied in the emergency care setting.<sup>27,28</sup> Methods used to screen ED patients at risk for suicide are not standardized, therefore screening components for suicidal ideation and whether the patient has a plan are left to institutional discretion.<sup>27</sup>

Emergency personnel have a moral and ethical obligation to actively listen and offer support and treatment options to individuals with real or potential substance abuse problems in a compassionate and nonjudgmental manner.<sup>14,16,18,23,27,29</sup> A respectful and effective "ask-tell-ask" communication technique between caregiver and patient runs as follows: Caregivers ask permission to broach the subject, tell the patient their concerns, and ask the patient what he or she thinks about the points raised.<sup>14,30</sup> Inviting the patient to participate in a meaningful, candid, and productive dialog displays compassion, provides hope, and engages the patient in an honest and thoughtful conversation about their personal struggles.<sup>14,30,31</sup> Emergency nurses provide education, support, and encouragement to empower patients to make choices, recognize the causes that led to their use of addictive substances, break the cycle of addiction, and take control of their disease.<sup>7,14,32</sup>

Departmental and individualized treatment plans addressing both overt and underlying conditions associated with substance use disorders, abuse, and addiction begin with a prescription drug monitoring program and adherence to responsible controlled substance prescribing guidelines.<sup>14,22,31</sup> Comprehensive departmental treatment plans include using a team of key individuals such as nurses, physicians, pain and addiction specialists, and support specialists.<sup>14</sup>

People often share their unused pain relievers, unaware of the dangers of nonmedical opioid use.<sup>8</sup> If dangerous substances are present in the household, nurses can advocate for patients and families by educating them on the safe storage and disposal of items that could be diverted or accidentally ingested.<sup>31,32</sup> Effective treatment and rehabilitation requires optimal discharge planning and patient education including referrals to specialists in substance use disorders, abuse, addiction, and pain with available community services.<sup>7,14,32</sup> These efforts are designed to assist the individual to stop using drugs, remain drug-free, and lead a productive life.<sup>7,12</sup>

Documentation of patient presentations, conversations, emergency care services provided, and referrals to specialists and community resources offering additional treatment options upon discharge, are vital components of the patient's confidential medical record.<sup>31-33</sup>



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