

# Medical Student Brief Motivational Interviewing for Substance Use in the Emergency Department

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# Medical Student Brief Motivational Interviewing for Substance Use in the Emergency Department

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## OBJECTIVE

We set out to determine the feasibility of medical students performing a substance use intervention program in the Emergency Department (ED) setting.

## METHODS

A convenience sample of ED patients at two hospitals (a level one trauma center with an annual census of 70,000 visits/yr. and a community hospital with an annual census of 60,000/yr.) was given a standard triage screening for substance use disorder by medical students. Over a six week summer immersion experience, four medical students utilized motivational interviewing skills, taught by their medical school curriculum, to administer a structured survey assessing demographics and use patterns. This was followed by a brief intervention and referral to appropriate treatment for identified subjects. To be eligible to participate, subjects had to be 18 years or older, have capacity to answer survey questions and participate in the program interventions, not be critically ill, and admit to unhealthy substance use. These included: tobacco products, alcohol beverages (at risk usage as defined by NIAAA), street drugs (heroin, cocaine, etc.), and/or addictive prescription drugs (e.g. benzodiazepines, opioids, in which the patient reported they needed help waking up after using the

prescription medication). Available resources were provided based on the type of substance(s) patients were using. Patients at risk for opiate overdose were offered a naloxone kit and standardized on-line training (getnaloxonenow.org) was provided to their accompanying family member and/or friend. Subject outcomes were assessed through a phone follow-up survey between approximately six weeks–four months later.

## RESULTS

Fourteen hundred and forty-three patients (1,132 at the trauma center and 311 at the community hospital) were screened. Of those, 118 met inclusion criteria and were given a brief intervention by one of the medical students. The average age of subjects who received an intervention was 46.9 years old. The majority, 102 subjects, identified as white. The distribution of subjects was nearly equal between those who identified as male, 61 subjects, or female, 57 subjects.

Ninety-four subjects acknowledged that they were currently smoking cigarettes or pipes. At phone follow-up 19 (20%) reported attempting to quit and ten (10.6%) had quit. Ten subjects disclosed ever having overdosed or needing help

waking up after using heroin, opiates or prescription narcotics. Five of the ten had family or friends present that were willing and received training in naloxone administration – no kits were reported having been used at phone follow-up. Three of the ten were not using the ‘at risk’ substance at follow-up.

Thirty-three subjects were identified as having an ‘at risk’ alcohol pattern. At phone follow-up, 11 (33.3%) were abstaining completely from alcohol use and an additional 12 (36.4%) reported a decrease in alcohol daily consumption (measured in drinks per day).

Warm hand-off success for street drugs, and/or ‘at risk’ alcohol use was 13.6% for those who received an intervention.

## CONCLUSION

It is feasible for medical students to perform a substance use intervention in the ED setting. Medical student contributions as a part of the team response to this public health crisis have opportunity for further discussion and research.

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