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Identifying and Managing Substance Abuse in the Emergency Department

Almost half of all emergency department (ED) visits in the United States are due to a substance use disorder (SUD).¹ It has been reported that patients who visit the ED have a greater risk of prescription drug overdose death, especially those with benzodiazepine prescriptions.² Due to the high accessibility of EDs across the country, EDs could provide an environment to identify and manage those who are at-risk for substance abuse, thereby preventing future overdoses and potential deaths. Pharmacists can play a critical role in the ED, assisting in the management of SUD patients using their vast knowledge of medications, including the opioid antagonists: naloxone and naltrexone. This paper explores various screening strategies that can be used to identify high-risk patients, highlighting pharmacist-led interventions being implemented in many EDs to manage substance abuse and maximize patient health outcomes.

The Institute for Safe Medication Practice List includes opioids as high-alert medications needing increased monitoring in health-systems.³ Therefore, patients who are taking these medications must be identified and prioritized upon admission in order to be properly managed. Various screening methods are used in hospitals to identify SUD patients including urine drug panels and assessing public records for past convictions related to illicit drug use.³ Other methods involve Electronic Health Record (EHR) integration to flag patient profiles that might benefit from interventions arising from the use of high-alert medications.⁴ Conducting research to analyze the efficacy of

different screening tools used in the ED highlights the importance of this first step upon admission for patients at risk for abusing substances. Another tool implemented across various sites includes the Drug Abuse Screening Test (DAST) which consists of 10 questions to be answered by the patient to determine the suggested action needed; whether it be to simply monitor or intensively assess the patient.¹ Despite the effective tools previously mentioned, the National Institute of Drug Abuse (NIDA) Quick Screen Single Use Question is a superior screening method, as it is nearly 100% accurate at identifying SUD.¹ By identifying these patients, healthcare professionals have a better opportunity to properly educate patients on the use and misuse of these high-alert medications including central nervous system depressants, stimulants, and opioid pain relievers.

Upon identifying patients at risk for SUD in the ED, those who present with a history of overdose and/or SUD, prescribed with benzodiazepines and opioids, or prescribed greater than 50 morphine milligram equivalents should be prioritized to receive education and prescription naloxone.² Pharmacist-led interventions in the ED are critical for increasing awareness of the abuse potential of different drug classes to both patients and other healthcare professionals. A recent study⁴ demonstrated that in ED readmissions were reduced when naloxone was prescribed along with opioid medications.⁴ Despite the positive outcomes of distributing naloxone, physician resistance has reduced the number of patients given take-home naloxone in the ED.⁴ Therefore, the development of educational programs on SUD is needed in health-systems to inform other healthcare professionals about the value of opioid antagonists for treatment of opioid overdoses. Another study focused on developing a survey to

assess both pharmacists and patients' willingness to engage in various opioid interventions.⁵ Pharmacists and patients mostly favored pharmacist-led counseling and using Prescription Drug Monitoring Plans (PDMPs) before distributing controlled substances. Cobaugh et al.³ focused on pharmacy interventions, such as implementing standardized doses for certain procedures, formulary restrictions, creating educational materials for the institution, and restricting the quantities of opioids for acute pain treatment to show the various opportunities for pharmacists to be involved.³ Winstanley et al.,⁶ developed a student pharmacist and pharmacist led intervention to provide educational brochures and counseling on opioid safety, storage, disposal, side effects, overdose prevention and treatment, as well as naloxone administration to patients who qualified for this program. Most of the patients who participated stated that the information improved their understanding of side effects relating to opioids and 59% preferred the format of viewing brochures along with counseling instead of just counseling.⁶ In the midst of a fast-paced ED, pharmacists play a crucial role in leading interventions to help improve patient outcomes by developing interventions to prevent SUD and overdose deaths.

Due to the prevalence of patients presenting with SUD in the ED, it is imperative to successfully identify and manage substance abuse in this setting by implementing pharmacist-led protocols that have the potential to reduce the high rate of mortality seen across the country from SUD and reduce readmissions. Further research is needed to assess effectiveness of newly implemented protocols, possibly expanding them to cover challenging patients such as those in unstable living arrangements.

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