Substance Use Disorders and Addiction in the Emergency Care Setting

Description

According to the American Society of Addiction Medicine (ASDM; 2020, pg 7), substance use disorder (SUD), is described as a “cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use alcohol, nicotine, and/or other drugs despite significant related problems”. Despite extensive evidence of the devastation that substance abuse has on lives and livelihood, and the impact use, abuse, and addiction have on our emergency departments (ED); substance use continues to proliferate around the world (O’Donnell, et al., 2021). From May 2020 to April 2021, in the United States (U.S.) overdose deaths exceeded 100,000, with 64% coming from synthetic opioids such as illicitly manufactured fentanyl (O’Donnell, et al., 2021). There is a “substantial disconnect between real risks and public perception about the dangers of substance use and abuse.” (United Nations Office on Drugs and Crime [UNODC], 2021, pg 22). UNODC identifies that cannabis is the most abused product around the globe today. Adolescents from around the world perceive that the higher-potency cannabis available today is less harmful than earlier cannabis produced, despite evidence to the contrary (UNODC, 2021)

Pain, both acute and chronic, is the primary reason patients seek out care in EDs (Zelaya, et al., 2020). Medicare’s Hospital Readmission Reduction Program (HRRP) focuses interventions to reduce readmissions for people treated with medical conditions such as heart failure, pneumonia, and strokes but does not focus on SUD or substance-related ED visits, which have higher readmission rates. (Gardner, et al., 2022). Patients with co-occurring pain and SUD present special challenges and deserve dignified, holistic, and integrated multi-disciplinary approaches to treatment that include pharmacological and non-pharmacological care. (Turner, et al., 2022). There are still Alcohol Exclusion Laws (AELs) as part of insurance codes in the U.S. (Azagba, et al., 2021). These exclusion laws allow insurance companies to deny claims for injuries or illnesses related to alcohol or non-prescribed substances. Documentation of alcohol or substance use as contributing factors for ED visits in states with AELs is problematic. Thus, ED visits related to substance use, abuse, and addiction are under-estimated, creating barriers to understanding the full impact of SUD, abuse, and addiction on ED capacity. Despite such laws, there was an increase in ED costs for visits related to alcohol from $4.1 billion to $15.3 billion between 2006 and 2014 (White, et al., 2018).

According to UNODC (2021) 114 million jobs were lost in 2020 due to COVID-19, this created conditions that left people more susceptible to substance use and engaging in illicit cultivation of crops. During the coronavirus pandemic, there was a major disruption in health care services. Social isolation coupled with pre-existing mental health conditions, SUDs, and newfound financial hardships during stay-at-home orders reduced access to treatment, except in EDs (Holland, et al., 2021). Nurses are not immune
to the consequences of social isolation and are suffering from burnout, and job dissatisfaction mainly due
to short staffing (Lluch, et al., 2022). The pandemic has further reduced the nursing workforce, increasing
stress on those nurses who remain. Data from previous pandemics, particularly after quarantine, suggest
that healthcare workers might develop symptoms of post-traumatic stress disorder, depression, and
substance use disorders (Luurila, et al., 2022).
According to Fauteux (2022), there is the belief that nurses are just as likely as the public to abuse
substances as a coping mechanism. Past pandemics have shown that the need for additional substance use
interventions increases, thus noted in relation to COVID-19 (Kar et al., 2020). According to McKay et al.,
(2020) it appears that the COVID Stress Syndrome, through activation of the behavioral immune system
(BIS) and the unique sequence of stressors, places essential workers at high risk for alcohol and substance
use. According to Mumba, et al., (2019), nurses’ SUD occurs at the same level as the general population
which is estimated to range from 5%-20%. Nurses’ have an ethical obligation to report impairment of a
colleague at work and professional misconduct (ICN, 2021). According to the International Council of
Nurses (ICN) (2021), the fear of job loss and stigma with reporting has limited the ability to gain accurate
data of SUD amongst nurses. While state boards of nursing have alternatives-to-discipline (ATD)
programs, hospitals and nursing schools may not. Education for nursing leaders about the benefits of
rehabilitating nurse employees who find themselves dependent on substances could improve individual
health, demonstrate support for the larger nursing community, and improve staffing. (Trinkoff, et al.,
2022)

ENA Position

It is the position of the Emergency Nurses Association that:

1. Emergency care staff provide dignified, respectful, compassionate and personalized care to
   patients presenting with pain, regardless of SUD.

2. Emergency care settings provide crisis intervention and stabilizing treatments for the physical and
   psychological consequences of SUD.

3. Emergency nurses participate in the development of ED management plans and prescriptive
   guidelines designed to address the immediate needs of patients with SUD, to provide them with
   appropriate treatment and rehabilitation service referrals.

4. Healthcare facilities provide education to all employees regarding alcohol and illicit drug use,
   with established policies, procedures, and practices to promote safe, supportive, drug-free
   workplaces.

5. Emergency nurses realize that drug diversion for personal use is primarily a symptom of a serious
   and treatable disease, and not exclusively a crime.
6. Emergency nurses are aware of the risks associated with substance use, impaired practice, and drug diversion, and have the responsibility and means to report suspected or actual concerns.

7. Healthcare employers and nursing schools adopt alternative-to-discipline (ATD) approaches to treat nurses and nursing students with SUD with the stated goals of retention, rehabilitation, and entry or re-entry into safe professional practice.

Background

Many patients with SUD seek care in EDs for a variety of issues. ED visits can be a critical incident for patients, and an opportunity to provide education on the connection between substance use and potential health consequences (Schreffler et al., 2021). Emergency health care providers are uniquely poised to influence these patients, assisting them to initiate interventions and referral for continued treatment (Schreffler et al., 2021).

The post-COVID-19 economic crisis may increase the allure of illicit drug cultivation and production (UNODC, 2021). Mobility restriction measures disrupted not only healthcare services but also disrupted drug supply chains in 2020. According to UNODC (2021), by early 2021 the supply chain for drug trafficking appeared to rebound to prior COVID-19 levels. Alcohol is frequently found in combination with substance abuse deaths. Excessive alcohol use contributes to more than 140,000 deaths in the U.S. each year since 2015. According to the CDC (2022), early deaths from alcohol and substance abuse come from motor vehicle crashes, homicides, suicides, and poisonings. According to the World Health Organization (WHO, 2022), alcohol consumption is a causal factor in more than 200 diseases, injuries and other health conditions. Alcohol is associated with a risk of developing health problems such as mental and behavioral disorders, including alcohol dependence, major non-communicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases (WHO, 2022).

According to Smiley et al. (2020), nurses who lose a nursing position or leave the profession because of mental health issues or substance use, are at higher risk for suicide. Earlier or more complete treatment for mental illness may help prevent suicide in this population (Smiley et al. 2020). According to a study conducted by Jarrad et al. (2018), compassion fatigue (CF) can occur in nurses who are repeatedly exposed to vulnerable traumatic experiences through providing multidimensional care that can then lead to maladaptive behaviors, such as substance use. Nurses are frequently involved with patients at critical moments in time from trauma to end-of-life care. Nursing leaders should be acutely aware of the potential for substance use among nurses and help build organizational solutions to overcome compassion fatigue (Jarrad et al. 2018). According to the National Institute on Drug Abuse (2020), SUDs are treatable conditions. During education of health professionals if addiction was given the same emphasis as heart or
lung disease and our provision of care was directed in the same way, then stigma may be reduced and lives saved.

Alternative-to-discipline (ATD) programs for nurses with substance use disorder need to be improved and standardized. Some state licensing boards have used the ATD program in cases of drug diversion understanding that the behavior is often a symptom of an underlying SUD (Geuijen et al. 2021). Professional assistance programs (PAPs) exist in almost all states and may provide a pathway for licensed health care professionals who have diverted to return to practice during or after SUD treatment (Smiley et al. 2020). According to Geuijen, et al. (2021), PAPs have shown success rates, measured by abstinence and retention to work through follow-up, varying from 60% to 90%.

Resources


References


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