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Substance Use and Addiction Disorders : A Call for Increased Screening and Treatment in the Emergency Department

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We are very pleased to present the *Western Journal of Emergency Medicine* (WestJEM) Special Issue on Substance Use and Addiction Disorders. The emergency department (ED) is on the front line in the battle to combat the impact that drugs and alcohol have on the lives of individuals. Each of the articles included in this issue reflects the work and dedication that the authors have devoted to improving the care of patients with substance use and addiction disorders. It is our honor to promote these articles by compiling them under the single banner of a special issue.

According to the 2023 National Survey on Drug Use and Health (NSDUH)¹ released by the US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, there are an estimated 48.5 million individuals ≥ 12 years of age living with a substance use disorder. This is an astounding 17.1% of the population, or more than 1 in every 6 individuals. The NSDUH also found that alcohol use disorder impacts 10.2% of those ≥ 12 . The impact of these disorders leads to high healthcare resource utilization, poor health outcomes, and increased mortality. The average annual number of deaths attributable to excessive alcohol use reached 178,307 during 2020-2021.² Drug overdose deaths have steadily risen every year through 2022 when 107,941 deaths were reported.³ This has largely been driven by opioids. In 2022, there were 82,136 opioid-related overdose deaths.⁴

The ED bears witness to a multitude of other conditions that are directly related to substance use and addiction disorders. In 2020, there were 11,654 people in the US killed in motor vehicle collisions involving a driver under the influence of alcohol.⁵ Many more were injured and required care in our EDs. Chronic alcohol use leads to fibrosis and cirrhosis of the liver, which in turn leads to the

development of ascites and esophageal varices. Patients may present critically ill with spontaneous bacterial peritonitis or upper gastrointestinal bleeding. Patients who inject drugs are at risk for development of skin and soft tissue infections, endocarditis, spinal epidural abscesses, HIV, and hepatitis C.

Thanks to pioneers in emergency medicine, our specialty no longer waits for the complications to occur. Rather, we try to reduce the risk of harm related to drug and alcohol use and promote initiation of treatment. In the last decade, it has become common practice for emergency physicians to initiate treatment of opioid use disorder with buprenorphine thanks to the pivotal research showing better retention in treatment when it was initiated in the ED.⁶ Many EDs are now using peer recovery coaches and the SBIRT (Screening, Brief Intervention, and Referral to Treatment) process to identify patients with opioid addiction and either initiate treatment in the ED or have a rapid referral to treatment programs.⁷ In addition to initiating treatment with buprenorphine, EDs are distributing the opioid receptor antagonist, naloxone, to at-risk individuals. The American College of Emergency Physicians has supported increased access to this life-saving medication since 2015.⁸

Research is ongoing regarding how to best support patients with substance use and addiction disorders. We hope that this special issue contributes in some way to protecting the health and saving the lives of our patients.

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