

## **UC Irvine**

# **Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health**

### **Title**

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

### **Permalink**

<https://escholarship.org/uc/item/0496h4qq>

### **Journal**

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 26(1.1)

### **ISSN**

1936-900X

### **Authors**

Wilkerson, R. Gentry  
LaPietra, Alexis M.

### **Publication Date**

2025-01-20

### **DOI**

10.5811/westjem.41808

### **Copyright Information**

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

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

R. Gentry Wilkerson, MD\*  
Alexis M. LaPietra, DO†

\*University of Maryland School of Medicine, Department of Emergency Medicine,  
Baltimore, Maryland  
†RWJBarnabus Health, Division of Emergency Medicine, West Orange, New Jersey

Section Editor: Mark I. Langdorf, MD, MHPE

Submission history: Submitted October 24, 2024; Revision received October 24, 2024; Accepted October 24, 2024

Electronically published January 20, 2025

Full text available through open access at [http://escholarship.org/uc/uciem\\_cpem](http://escholarship.org/uc/uciem_cpem)

DOI: 10.5811/cpcem.41808

[West J Emerg Med. 2025;26(1.1)1–2.]

---

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)<sup>1</sup> 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  $\geq 12$  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  $\geq 12$ . 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.<sup>2</sup> Drug overdose deaths have steadily risen every year through 2022 when 107,941 deaths were reported.<sup>3</sup> This has largely been driven by opioids. In 2022, there were 82,136 opioid-related overdose deaths.<sup>4</sup>

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.<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup>

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.

---

*Address for Correspondence:* R. Gentry Wilkerson, MD, University of Maryland School of Medicine, Department of Emergency Medicine, 110 South Poca Street, 6th Floor, Suite 200, Baltimore, MD 21201. Email: [gwillkerson@som.umaryland.edu](mailto:gwillkerson@som.umaryland.edu).

**Conflicts of Interest:** By the WestJEM article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. Dr. Wilkerson received research funding from Regeneron Pharmaceuticals, Inc.; Lilly USA, LLC; BioAge Labs, Inc.; Roche Diagnostics; Global Blood Therapeutics, Inc.; Novartis Pharmaceuticals; Egetis Therapeutics AB; EndPoint Health, Inc.; Blade Therapeutics; Janssen R&D LLC; ProvePharma; CSL Behring; Beckton, Dickinson and Company; Pfizer Inc.; Greiner Bio-One North America, Inc.; and the National Foundation of Emergency Medicine (NFEM). He has received research funding from CoapTech, LLC through an NIH/NIDDK grant (R44DK115325). He has received research support in the form of equipment and supplies from Cepheid and Eldon Biologicals A/S. He is a paid consultant for NFEM. The authors disclosed no conflicts of interest.

**Copyright:** © 2025 Wilkerson et al. This is an open access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY 4.0) License. See: <http://creativecommons.org/licenses/by/4.0/>

## REFERENCES

1. Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>.
2. Esser MB, Sherk A, Liu Y, et al. Deaths from Excessive Alcohol Use — United States, 2016–2021. *Morb Mortal Wkly Rep.* 2024;73(8):154-61.
3. Spencer MR, Garnett MF, Miniño AM. 2024. Drug overdose deaths in the United States, 2002–2022. NCHS Data Brief, no 491. Hyattsville, MD: National Center for Health Statistics. Available at: <https://stacks.cdc.gov/view/cdc/135849>. Accessed September 24, 2024.
4. The HEALing Communities Study Consortium. Community-based cluster-randomized trial to reduce opioid overdose deaths. *N Engl J Med.* 2024;391:989-1001.
5. National Highway Traffic Safety Administration (NHTSA). Traffic Safety Facts 2020 Data: Alcohol-Impaired Driving (Report No DOT HS 813 294). Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration, National Center for Statistics and Analysis; April 2022. Available at: <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813294>. Accessed September 23, 2024.
6. D'Onofrio G, O'Connor PG, Pantalon MV, et al. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. *JAMA.* 2015;313(16):1636-44.
7. Monico LB, Oros M, Smith S, et al. One million screened: scaling up SBIRT and buprenorphine treatment in hospital emergency departments across Maryland. *Am J Emerg Medicine.* 2020;38(7):1466-9.
8. American College of Emergency Physicians Policy Statement, Naloxone Access and Utilization for Suspected Opioid Overdoses. Available at: <https://www.acep.org/siteassets/new-pdfs/policy-statements/naloxone-access-and-utilization-for-suspected-opioid-overdoses.pdf>. Accessed September 24, 2024.