An introduction to discussing MAT and substance abuse in the ED

Start with the easy cases
1. Look for patients who obviously want help for chemical dependency issues, and are asking for help:
   a. Patients who present with obvious intoxication
   b. Patients who present with overdose
   c. Patients whose family members bring them to receive treatment for chemical dependency issues
   d. Patients who admit to misusing, overusing, or being dependent on a substance
2. Reassure them that they’re not in the ED to be judged or criticized - they are there to get help, and that you want to be able to help them.
3. Ask them what their goals and/or expectations are. You can let them know that you may not be able to provide all of the services that they want, but will do your best.
4. Work with social workers and/or case managers to assist you with referrals.
5. Admit patients who are sick or in severe withdrawal.
6. Get resources available (in printed or online form) that are easy to give patients.

The harder cases
1. Patients who clearly have chemical dependency issues, but may not be interested in help:
   a. Intoxicated patients who deny a problem when they sober up
   b. Patients who overdose, but deny having a problem or wanting help
   c. Patients whose families express concern, but the patient himself/herself denies a problem
   d. Patients who have signs of deteriorating health from drug use – such liver injury from alcohol, track marks, paranoia from stimulants, etc. – but deny there is a problem
2. Reassure them that you’re concerned about their health and safety.
3. Reassure them that, if they have a chemical dependency problem, you’re not there to judge or criticize them – but are concerned about their health and safety.
4. Let them know that you’re concerned that some of their behaviors could be causing a significant risk to their health.
   a. For example: “I am noticing that you have a lot of skin infections. I think that some of your use of needles could be making this worse” or “Your blood tests show that you have some damage to your liver. This might be from how much alcohol you are drinking”
5. Let them know that if they are interested in talking about these issues, you can talk with them, but they don’t have to if they don’t want to.

6. Let them know that you can also give them information about treatment or help for chemical dependency issues - that they can review whenever they’re ready.

7. If you are developing a good rapport, you can ask them about barriers to treatment:
   a. Do you ever get sick when you’re not using/drinking?
   b. Have you ever considered getting help?

8. If patients begin to express an interest in help, you can approach the conversation as above, for patients who are interested in help.

9. If patients are not interested in help, let them know that you respect their decision, but are hoping they would be willing to do a few minor things to improve their health and safety, as well as the health and safety of their friends that they may be using with:
   a. Referrals to needle exchanges for clean needles
   b. Ask them to accept a prescription for naloxone
   c. Offer them, again, information about treatment – to review if they change their mind or want to share with a friend or family member
   d. Remind them that they can return to the ED at any time, if they are sick or interested in help or treatment

**Specific techniques or scripted phrases that can be helpful**

1. Motivational interviewing
   a. A technique for counseling that involves helping the patient to come to the conclusion himself/herself that a positive change would benefit them
   b. Ask them about their goals/desires
      i. Getting a job, finishing college, re-uniting with family, etc.
   c. Ask them about how their substance use affects their ability to achieve those goals
   d. Help them to focus on how changing their behavior in a positive way can improve their quality of life/achieve their goals

2. Expressing empathy/building trust
   a. “I am really concerned about your health, and am glad you came to the ER today”
   b. “I am sorry that you are having to go through this right now. Please know that you’re not here to be judged or criticized...you’re here to get help”
   c. “This seems really tough for you to have to go through”

3. Bringing up the issue of chemical dependency
   a. “I know you’re going through a lot right now. Do you think your drinking/drug use might be making things worse?”
b. “I am really concerned about you. You were really intoxicated/had overdosed when you first came into the ER. I am worried that your drinking/drug use could put you in danger”

c. “I am really concerned about all of the pills that you’re taking...as there could be a dangerous interaction between them that could make you really sick”

4. Eliciting interest in treatment
   a. “We’ve talked about how some of what you’ve been doing with drugs/alcohol could be causing a problem for you...would you be interested in talking about it?”
   b. “It sounds like your drug/alcohol use isn’t helping your situation, and might even be making things worse...have you ever considered changing how much you are using/drinking?”
   c. “I am really concerned about your drinking/drug use, given what we’ve talked about...have you ever thought you might need some help?”

5. Setting the stage for discussing treatment
   a. “When people are interested in getting help for drinking/drug use, they often have ideas or expectations about the best way to receive it. Do you have any thoughts on what sort of services you might need?”
   b. “You told me that you want ‘detox’. ‘Detox’ is a term that includes a number of different treatments or services. Do you have a specific idea of what sort of treatment you would be interested in?”
   c. “There are many different types of treatment for alcohol or drug abuse. I don’t have access to all the types of treatment here in the ER, but will do my best to get you the help that you want/need.”
   d. “Sometimes, when people stop using drugs or alcohol, they feel bad...or can get sick. Have you ever felt this way? We can use medications that will make it so you don’t feel sick when you stop using heroin/alcohol/cocaine/etc.”