

# Substance Use-Related Emergencies: Evidence-Based Practices for the ED



Implementing evidence-based substance use disorder (SUD) practices in the Emergency Department (ED) will improve health outcomes and reduce patient harm, while also adhering to federal law. According to the **Legal Action Center's 2021 Report**, these are the three evidence-based practices for SUD-related emergencies that EDs *must* adopt in order to meet federal requirements and provide quality care for patients with SUD:

**1 SUD SCREENING AND DIAGNOSIS**  
Screen and diagnose patients for SUD through a physical examination, review of medical and substance use history, and a tool that incorporates the Diagnostic and Statistical Manual's (DSM) eleven criteria for SUD.

**2 OPIOID AGONIST MEDICATIONS**  
Where clinically appropriate, opioid agonist medications, such as buprenorphine and methadone, may help to treat withdrawal symptoms and cravings. Administration of these medications is safe and effective, and evidence shows it can also help open an opportunity for discussions around further treatment with the patient.

**3 FACILITATED REFERRAL TO TREATMENT**  
Connect patients with SUD to ongoing care through a facilitated referral and access to naloxone for patients using drugs that can include opioids.

## IS YOUR ED IN FEDERAL VIOLATION?

If your hospital's emergency department does not adopt evidence-based practices for patients with SUD, you could be violating federal laws.

**EMTALA**  
Emergency Medical  
Treatment and Labor Act

**ADA**  
Americans with  
Disabilities Act

**REHABILITATION  
ACT OF 1973**

Title VI of the  
**CIVIL RIGHTS  
ACT OF 1964**

Need help? Connect with us at [solutions@apprisshealth.com](mailto:solutions@apprisshealth.com)

### SOURCE:

Legal Action Center, "Emergency: Hospitals are Violating Federal Law by Denying Required Care for Substance Use Disorders in Emergency Departments." 2021