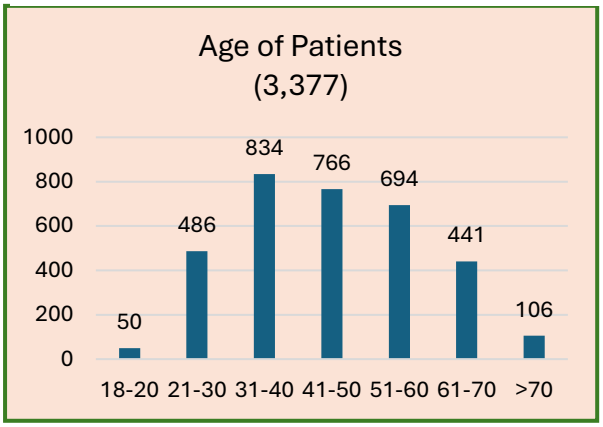
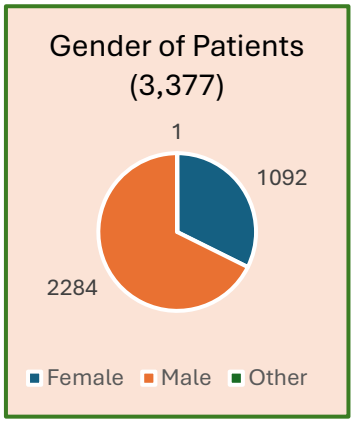
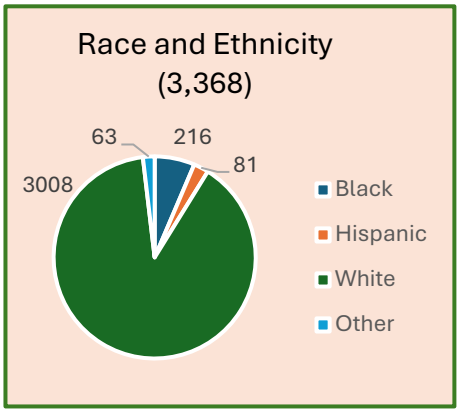
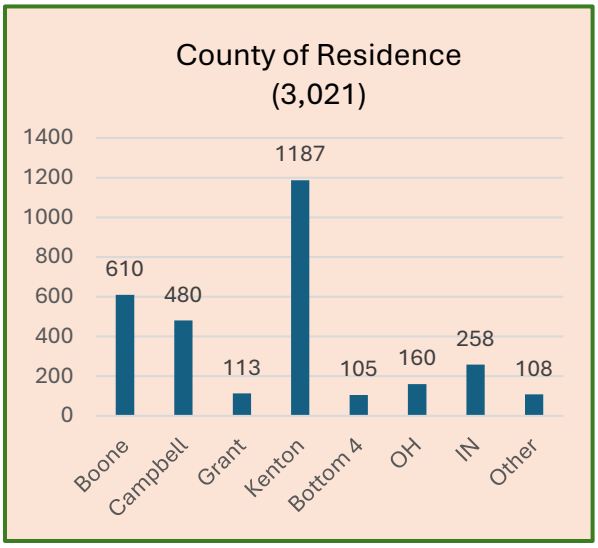
2025 Jan-September RN Liaisons ED Data/Project CARES – N=3,377

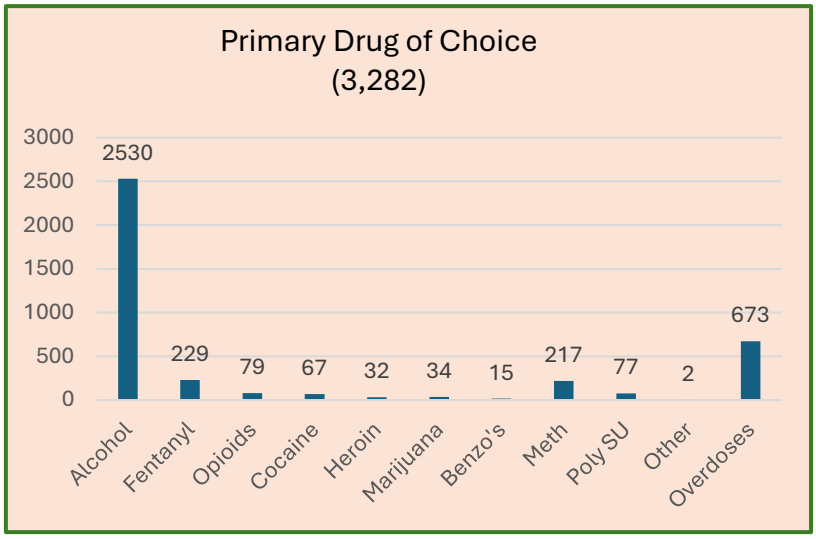
Data missing on some patients in most categories

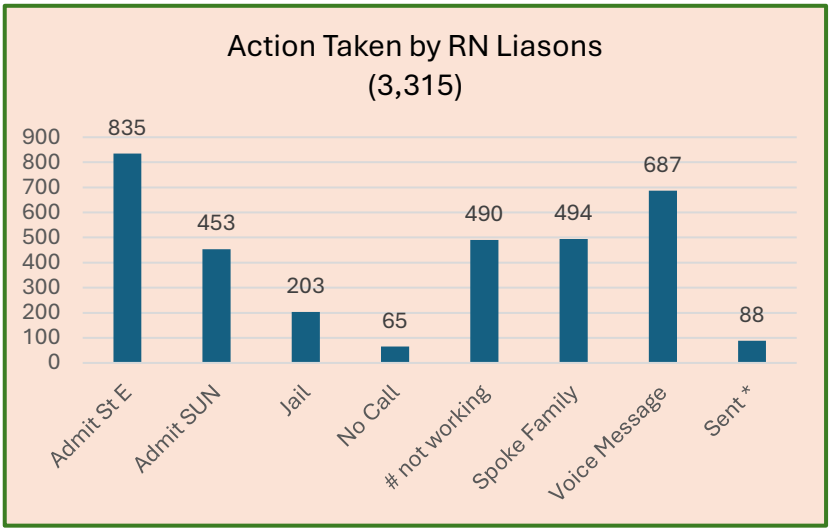


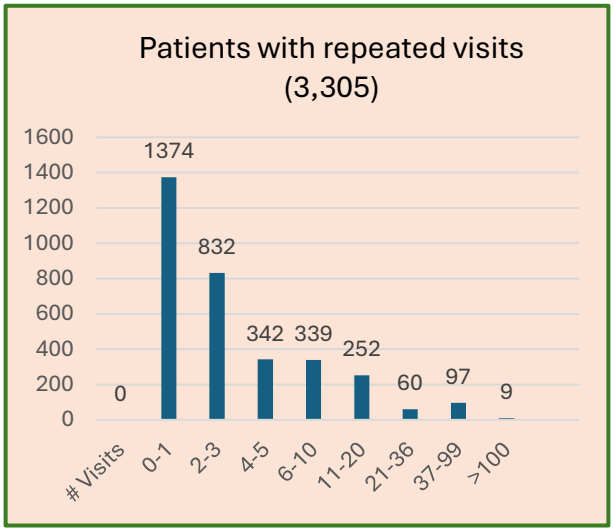












Key Takeaways: Alcohol as the Primary Driver of Hospital Use

- **Alcohol remains the leading cause of substance-related hospital visits.**
  - It accounts for more admissions than opioids or methamphetamine combined.
  - Nationally, alcohol use disorders (AUDs) contribute to more emergency department (ED) visits than all other drugs of misuse. [https://www.samhsa.gov/data/sites/default/files/reports/rpt44498/DAWN-TargetReport-Alcohol-508.pdf]
  - Among alcohol-related ED visits, 80% are alcohol only, with about 20% as polysubstance use.
- **High chronicity and repeat utilization.**
  - Over **1,000 patients had more than five visits** in the past two years, demonstrating chronic intoxication, injury or poisoning, withdrawal, or related health diseases such as chronic liver.
  - **Nine patients had over 100 visits**, suggesting severe, recurring crises often linked to mental health comorbidity and social instability (unhoused).
  - Liver disease, gastrointestinal bleeding, pancreatitis, cardiomyopathy, and injury-related admissions are common secondary effects.
- **Severe co-morbidity with mental health conditions.**
  - **Over 50%** of patients with substance use disorders (SUDs) also have a diagnosed mental health disorder—most commonly depression, anxiety, or PTSD.
  - Alcohol is frequently used as self-medication for these conditions, reinforcing a cycle of dependence and relapse.
- **Hospital dependence as a symptom of system gaps.**
  - Frequent readmissions reflect missed opportunities for coordinated care, detox follow-up, and access to recovery services.
  - A lack of integrated behavioral health and social support (housing, transportation, peer recovery) contributes to revolving-door hospital use.
- **Youth exposure and early intervention concern.**
  - Of **673 total overdoses**, **83 were minors**, underscoring the early onset of risky substance use behaviors and the need for prevention in schools and primary care.
- **Connection to inpatient behavioral health care.**
  - **39% of these patients** required admission to **St. Elizabeth** or **SUN Behavioral Health**, reflecting both the acuity of crisis and the need for long-term stabilization options.
- **Economic and system burden.**
  - Alcohol-related readmissions increase healthcare costs significantly due to frequent ED use, detox stabilization, and medical management of chronic conditions.
  - Nationally, alcohol use disorders account for **over $249 billion annually** in societal costs, with healthcare representing nearly **15%** of that total. [https://www.ahrq.gov/research/findings/nhqrdr/index.html.]
- **Clinical implication:**
  - Alcohol use disorder is a **chronic, relapsing medical condition**, not a one-time event.
  - Effective treatment requires **integrated care models** combining medication-assisted therapy (naltrexone, acamprosate), behavioral health services, and recovery supports.
  - Project CAREs demonstrates the importance of early positive connection with patients, accurate diagnosis, and assistance in navigating a pathway to better health and quality of life.