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GUEST EDITORIAL

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Staring down the opioid epidemic

early 80 people die every day in America from an opioid overdose.¹ At the same time, sales of prescription painkillers have increased 4-fold since 1999.² My own medical assistant was given an unsolicited prescription for 40 oxycodone after a wisdom tooth extraction.

Meanwhile, about 80% of the country's 2 million opioid-dependent patients are not receiving the treatment they need. 3,4 In Vermont, for example, more than 500 patients are on waiting lists to receive buprenorphine (the partial opioid agonist used to treat opioid addiction)—a wait that for many of them will last for more than a year and may cost them their life. 5

Buprenorphine makes good sense. Fortunately, buprenorphine can reverse opioid cravings within minutes. Medication-assisted treatment with buprenorphine derivatives allows patients to lead normal, productive, and stable lives. Every dollar invested in treating opioid addiction saves society \$7 in drug-related crime and

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criminal justice costs.⁶ In addition, 50% to 80% of opioid-dependent patients remain opioid-free for 12 months while taking buprenorphine.⁷

• Steps we can take. As family physicians (FPs), we are frequently overwhelmed by regulatory concerns, overhead expenses, and providing meaningful use data to third-party payers. And

we sometimes take the easy route of simply prescribing or refilling scheduled drugs. Instead, we should educate ourselves and our patients about alternative therapeutic interventions for pain control and addiction.

To that end, I encourage all FPs to take the 8-hour online course provided by the American Society of Addiction Medicine to obtain a US Drug Enforcement Administration waiver for prescribing buprenorphine (available at: http://www.asam.org/education/live-online-cme/buprenorphine-course). It costs less than \$200 and successful completion of this CME program allows FPs to deliver office-based opioid dependency interventions as per the Drug Addiction Treatment Act of 2000.

Right now, monthly patient censuses indicate that there are about 3234 buprenorphine prescribers providing care for 245,016 opioid-dependent patients, and fewer than 20% of those prescribers are FPs.⁸ We need to change that. We have an opportunity to invest in the future of these high-risk patients. Let's not let them down.

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