

# “I Don’t Want Addicted Patients in Our Practice.”

## SCOPE of Pain Colleague to Colleague Podcast #18

Welcome back to the *SCOPE of Pain* Podcast Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine *SCOPE of Pain* program. We will now discuss dealing with lack of institutional support for office-based addiction treatment.

A neighbor asks if you’re able to treat his son’s opioid use disorder in your primary care practice. You are not. You then ask your medical director if you can start an office-based opioid addiction treatment program to start treating patients like your neighbor’s son. The medical director explains, “Absolutely no. We don’t want to treat these patients in our practice.”

How will you educate your medical director about the importance and benefits of offering medications, such as buprenorphine for the treatment of patients with opioid use disorder?

I would start by educating him about the current opioid morbidity and mortality crisis. From 1999 to 2017, almost 400,000 people have died from an opioid overdose, including prescription and illicit opioids. In 2017, more than 70,000 drug overdose deaths involved an opioid, which is six times higher than in 1999. And on average, 130 Americans die every single day from an opioid overdose.

Luckily, there are three life-saving medications available to treat patients with an opioid use disorder, including methadone, naltrexone, and buprenorphine. Starting in the 1960s, methadone was shown to be highly beneficial for treating patients with an opioid use disorder, but it can only be dispensed in a licensed opioid treatment program. Remember, it is illegal to prescribe methadone for the treatment of an opioid use disorder in an office-based practice.

Starting in the 1980s, naltrexone was approved for the treatment of opioid use disorder. It comes in both oral and injectable forms and can be prescribed for the treatment of opioid use disorder by any provider, in any practice setting. And finally, buprenorphine was approved for the treatment of opioid use disorder in 2002. It can only be prescribed by providers who have become qualified by completing an online or live training. Unfortunately, less than 10% of primary care providers in the U.S. have become qualified, which creates a large treatment gap for patients seeking treatment.

One reason for this lack of interest by primary care providers is a misconception that patients with an opioid use disorder are not satisfying to care for, but nothing could be further from the truth. To quote Dr. Audrey Provenzano in her article in *The New England Journal of Medicine*, “Providing some sense of normalcy for patients whose lives are roiled by overdose and estrangement is the most profound therapeutic intervention I’ve engaged in as a caregiver.”

How to use medications to treat opioid use disorders is addressed in the *SCOPE of Pain* program. You’re not alone in facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Podcasts will be added throughout the year.

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