

OPIOID CRISIS

By Siva Sundaram



Imagine you're a primary care doctor seeing a patient one week after his first heart attack. You know the latest evidence, so you tell your patient about a cheap, safe medication that cuts his risk of dying from a second heart attack in half.

But there's a catch: You were never trained to prescribe this medication in medical school or residency. In fact, only one physician in your area has gone through the

required training and certification, and your patient might have to wait weeks for an intake with her.

If this happened to a heart attack survivor, it would be an abomination. If you replace "heart attack" with "opioid overdose," however, this experience is all too common.

Heart attacks and opioid overdoses are both acute exacerbations of common chronic medical illnesses. Yet while every medical student graduates with the preparation needed to treat heart disease, fewer than 6 percent of physicians in the U.S. are trained and certified to prescribe buprenorphine, a medication proven to halve the overdose death risk for patients with opioid addiction.

With 115 Americans dying each day from opioid overdoses, evidence-based treatment for opioid addiction needs to be a standard medical competency, not an optional supplement. How can we make sure that our generation of physicians is prepared to address the defining public health crisis of our time?

One provision in the massive opioid legislation package that Congress is about to pass may help. Once the law is implemented, if your medical school curriculum provides you adequate training, you will be able to apply for a waiver to prescribe buprenorphine as soon as you get your medical license, without needing to complete the standard 8-hour course.

But as things currently stand, most medical schools won't qualify: their curricula are

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simply too thin when it comes to addiction treatment.

As medical students—the future of American’s physician workforce—we have a unique role to play in changing the status quo. Our voice matters. We can call on our medical schools to give us the training to provide the care our patients need and deserve from us. We can even ask our government leaders to do their part.

Here in Massachusetts, we have been lucky to see our state government and our medical schools partner to establish medical education core competencies for substance use disorder prevention and management. But it took a coordinated student advocacy push across our four medical schools to bring together educators and government officials to set up our own state-level pathway to buprenorphine certification through medical school curricula. And it has been our responsibility as students to make sure that the training we actually receive matches up to the lofty promises of our schools’ written curriculum plans.

A future in which every single medical student in the U.S. graduates qualified to treat opioid use disorder with buprenorphine is achievable—with your help. Stay tuned in the coming weeks, as AMSA shares materials you can use to lobby your medical schools, legislators, and government officials to make addiction treatment the medical core competency that it should be.

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