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FROM THE EDITOR

Stemming the Tide of Addictions

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While completing my residency at Jacobi Hospital in the Bronx, New York, early on in my career, I first experienced the devastation of the disease of addiction on people, families, and communities. Despite its prevalence, I was surprised that those in our profession were ill equipped, overwhelmed, or unwilling to address the underlying problem that can be associated with so many other diseases. We focus on the treatment of the endocarditis but not the intravenous drug use, and the management of the cirrhosis but not the alcohol dependence. The continued stigma associated with addictions continues to permeate in our screening and treatment programs as well as local, regional, and national policies. That has allowed the problem of addiction, that I encountered as a resident, to continue unabated and not fully benefit from the many innovations that have been realized in other areas of medicine. Intensified by the introduction of addressing pain as the fifth vital sign to the false claims of pharmaceutical companies that patients were unlikely to become addicted to long-acting opioids, we now face a true epidemic. How do we deal with epidemics? We find the cases, treat the disease and its secondary manifestations, and prevent it. February's *Forum* highlights some of the work SGIM and its members have done to address this issue.

As a profession, our failure to address addictions goes back to our medical school education and training. Prior to this century, medical schools mostly covered addictions as a single lecture in behavioral health or psychiatry core courses taken in the second year with little opportunity of exposure to it in the third or fourth year unless one chose an elective. Therefore, by the time I encountered my patients with comorbid addictions and the associated medical consequences as a resident I was already in over my head. The effect of addictions on my patients, regardless of socioeconomic status, veteran status, gender, or race was something that I have continued to encounter throughout my career, and even today. This month's *Forum* highlights the culture change work of Kapoor, et al, who describe a collaborative effort between healthcare providers and innovative medical educators to introduce and then disseminate an addictions curriculum from undergraduate to graduate and continuing medical education while implementing a screening, brief intervention and referral to treatment program (SBIRT). Similarly, Drs. O'Glasser and Englander provide a thoughtful piece challenging the fields of peri-operative and addiction medicine to combine forces when dealing with the epidemic.

Since my Jacobi days, we have developed SBIRT programs, improved and added to the armamentarium for medical assisted treatments (MAT), and have a proven, easily delivered method for the community to reduce the deaths from overdose using easily administered Naloxone. Yet, the widespread implementation of these treatments and programs are stymied by ignorance at many levels. O'Glasser and O'Glasser, in a special Flashback 40 article, recall SGIM's commitment in October 1999 to support the use of MAT when communities were opposed to it for uninformed reasons.

SGIM and its members have been fighting this issue since the early days of the Society. Given the role that generalists play in ambulatory and inpatient clinical care, education and health delivery research it's logical that we will play an integral part in reducing the impact of this current epidemic. *SGIM*