Preface

Addiction Care Matters: A Practical Guide to Substance Use Disorder Prevention, Screening, and Treatment

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Editor

Earlier today I was asked by both a colleague and a health reporter how our hospital initiates medications, such as methadone and buprenorphine, for patients with opioid use disorder (OUD). A few months ago, I was asked by a different colleague how outpatient clinics provide extended-release naltrexone to individuals with alcohol use disorder and treatment options other than mutual support groups. A few months before that I was asked by a hospital administrator for a validated screening instrument to assess patients at risk for unhealthy alcohol use. I am an internist and addiction medicine specialist, so I expect to be asked questions about my specialty, and I enjoy sharing knowledge and seeing positive changes that benefit individuals with substance use disorders (SUD). What confuses me, though, is what took so long? Also, what happens when I am not around, or a health system doesn’t have a specialist in addiction? Many of the prevention strategies, treatments, and models of care for SUD are not new. Methadone, for example, has greater than 50 years of evidence demonstrating it reduces mortality and opioid use. If you asked the average health care professional how to initiate methadone for a hospitalized patient with OUD, many may not know, and most will likely question its inherent safety and legality. It is beyond time that our health care workforce be prepared and knowledgeable about the basics of SUD and addiction treatment.

SUDs remain major causes of preventable death worldwide; however, unlike other causes of preventable death like cardiovascular disease and diabetes, local and national resources are rarely mobilized in the same way to address SUD. In this issue of Medical Clinics of North America, many of the nation’s leading experts in the field...
of addiction medicine, addiction psychiatry, and public health describe how treatment of SUD is an essential component of general medical care, and the absence of prevention, screening, and treatment is a matter of social and racial inequity. This special issue of the *Medical Clinics of North America* can serve as a practical and accessible resource for the many health care professionals who want to live in a world where individuals with SUD receive the quality of care and treatment they need and deserve, and on par with other health conditions. This compilation will not be enough to make one an addiction medicine specialist, but it will provide a strong foundation for many of the key principles of addiction prevention, screening, and treatment.

This issue details the clinical areas that are important for the current and future generations of practicing health care professionals to know to treat individuals who may be living with SUD. One article is dedicated to understanding the basics of addiction and the history of addiction in the United States. Two articles discuss screening and prevention efforts, which are essential components of general medical practice that are generally overlooked. Each major SUD receives its own article. There are dedicated articles on racial disparities in addiction treatment, pain treatment for patients with OUD, infectious complications of injection drug use, harm reduction in health care settings, and addiction in women.

I care for hospitalized patients with SUDs, and each day I encounter individuals who have gone years without being asked about their substance use, evaluated for their substance use, or offered treatment for their SUD. Clinicians are continually making complex decisions for the care of their patients. In these situations, they must have the most basic information about the conditions that they treat—addiction treatment is no exception. SUDs and their treatment are relevant to all clinicians, and this important issue of *Medical Clinics of North America* hopes to address some of these learning gaps.

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