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Brief Report: Access to Treatment for Opioid Use Disorders: Medical Student Preparation

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The current opioid epidemic requires new approaches to increasing access to treatment for patients with opioid use disorders and to improve availability of medication assisted treatment. We propose a model where medical students complete the necessary training to be eligible for the waiver to prescribe opioid medications to treat these disorders by the time of medical school graduation. This plan would increase the number of Drug Abuse Treatment Act of 2000 (DATA 2000) waivered physicians who could gain additional experience in treating substance use disorders during residency and provide the access to clinical care needed for individuals suffering with opioid use disorder. (Am J Addict 2017;XX:1–3)

Opioid use disorder and overdose deaths continue to be one of the major public health issues in the United States. In 2014 there were over 29,000 accidental overdose deaths with opioids, in the form of prescription opioid analgesics and heroin, being the major sources of morbidity and mortality. Treatment access for opioid use disorders continues to be a challenge, with states having far fewer physicians available and willing to provide medication assisted treatments such as buprenorphine products² and injectable naltrexone than needed for the affected population. Methadone is also an effective pharmacotherapy for opioid use disorder, but its utilization is often limited by the requirement that it be administered through programs that are strictly regulated at both the federal and state level.³

Currently, most physicians obtain a waiver to prescribe medications on Schedules III, IV or V specifically approved by the US Food and Drug Administration (FDA) for the treatment of opioid use disorders through a requirement outlined in DATA 2000 of at least 8 hours of training endorsed by one of several

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national stakeholder groups.4 However, while approximately 33,000 physicians have obtained this waiver, less than half offer this treatment to patients, although the reasons for this are likely multifaceted. Physicians may lack confidence to take on the challenges of patients with active opioid use disorder including co-occurring mental illness and/or other co-occurring substance use disorders (SUDs) and potentially, liability concerns with only 8 hours of training. Despite the availability of national training and mentoring programs such as the Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT, www.pcssmat.org) there may be a sense of a lack of a support system for providers to assist with patients having these greater needs. It is also possible that some physicians may simply decide upon exposure to training that this is not a practice in which they wish to engage which may be influenced by the unfortunate stigma that surrounds opioid use disorder. Whatever the reason(s), the reality is that Americans with opioid use disorders have great difficulty finding evidencebased, medication treatment for their disorder.

This situation requires that novel approaches be considered for management of opioid use disorders and we provide one such concept. DATA 2000 contains a clause that allows states to determine what training would qualify for a waiver to prescribe opioids for opioid use disorders in their jurisdictions. Specifically, the law states that one means of becoming a "qualifying physician" includes the requirement that "the physician has such other training or experience as the State medical licensing board (of the State in which the physician will provide maintenance or detoxification treatment) considers to demonstrate the ability of the physician to treat and manage opiate-dependent patients."

The Warren Alpert Medical School of Brown University has engaged in a partnership with the Rhode Island Department of Health to offer a comprehensive addiction medicine/psychiatry curriculum that is deemed by the Rhode Island Board of Medical Licensure and Discipline to qualify for the waiver

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necessary to prescribe approved opioids for the treatment of opioid use disorder. This curriculum has been developed to provide medical students with a comprehensive training experience on the spectrum of substance misuse and use disorders and includes a component specifically focusing on clinical use of buprenorphine for the treatment of opioid use disorder to address the additional requirements of a DATA waiver training. It spans the entire 4 years of medical school

with 3 hours of classroom didactics providing an overview of the assessment and treatment of substance use disorders; training on behavior change, screening, brief intervention and referral to treatment (SBIRT); and use of the opioid overdose antidote naloxone in years 1 and 2. In years 3 and 4, a case-based approach is taken for training on pain management including assessment and appropriate use of opioid and non-opioid alternatives and implementation of SBIRT (Table 1).

TABLE 1. Alpert Medical School, Brown University Substance Misuse Curriculum Outline

Pre-clerkship years (MS I and II)	Clerkship and clinical years (MS III and IV)
Doctoring I and II (Year I)	Family medicine clerkship
Introduction to behavioral change counseling (1 h)	All students must screen at least five patients for substance use disorders; those who screen positive will receive brief intervention and referral for treatment; students must document (2 h)
Substance use counseling/behavior change practice (2 h)	Completion of Family Medicine Computer Assisted Simulations for Educating Students (fmCASES) modules on chronic pain (1 h)
All students must screen at least five patients for substance abuse disorders; those who screen positive will receive brief intervention and referral for treatment; students must document (2 h)	
Integrated medical sciences (Year I)	Internal medicine clerkship
Lectures on substance use disorders and their treatment (3 h total including 1 h on opioids)	All students must screen at least five patients for substance use disorders; those who screen positive will receive brief intervention and referral for treatment; students must document (2 h)
Doctoring III and IV (Year 2)	Emergency medicine elective
All students must screen at least five patients for substance use disorders; those who screen positive will receive brief intervention and referral for treatment; students must document (2 h)	Training on SBIRT for all 4th year medical students, including simulation cases (Elective)
Interprofessional Education Workshop (Year I); four stations: Panel with individuals affected by substance use disorders and providers (1 h)	4th year OSCE case on SBIRT (4th year; all students) (0.5 h)
Standardized patient case to perform SBIRT in interprofessional education teams (1 h) Naloxone training (preceded by training on	
http://prescribetoprevent.org/; 1 h in person; 1 h online preparation)	
Case study; interprofessional development of care plan with consideration of diverse medical problems (HIV, hepatitis) and social challenges that impede medical care such as	
homelessness, stigma, and lack of social support (1 h)	
Clinical skills clerkship (Transition between Years II and III) Lecture on pain management/opioids and alternatives to opioids (1 h)	
Small group cases on pain management/opioids/opioid alternatives (1.5 h)	
Prior to 4th year Objective Structured Clinical Examination	
(OSCE): Lecture on medication assisted treatment: Clinical use of buprenorphine in the treatment of Opioid Use	

Disorder (1 h)

Patient simulations provide practical experience in the evaluation and management of substance-related conditions in the fourth year. Each year, students are required to use SBIRT skills to assess five patients for hazardous substance use. In year 4, a 1 hour lecture with a focus on clinical use of buprenorphine is presented. The total number of hours of training completed by all graduating medical students is 24 which is far in excess of the 8 hours required by DATA 2000. This course of study provides the necessary preparation for the graduating physician to qualify for a waiver in Rhode Island upon meeting the additional two requirements generally obtained in residency training of a full medical license and a DEA registration for prescribing controlled substances.

This mechanism for DATA waiver qualification applies only to physicians practicing in Rhode Island. However, the Rhode Island Department of Health will be reaching out to other states to encourage them to consider partnering with medical schools in their states to certify addiction medicine curricula that would qualify for a DATA waiver. States could then agree to provide reciprocity for medical students who have obtained similar training from a medical school in a different state. This would allow physicians to prescribe approved opioids to treat opioid use disorder in the state in which they undertake residency training and/or choose to practice following completion of residency. Similarly, states might also collaborate with nurse practitioner and physician assistant training programs to certify a curriculum that would lead to eligibility for a DATA waiver in their states now that Congress has passed legislation expanding the provider base for the prescribing of these medications.

Effectively addressing the opioid epidemic requires urgent action and novel thinking. Congress has given the tools in DATA 2000 and in the Comprehensive Addiction and Recovery Act⁵ legislation to rapidly increase the number of buprenorphine providers in the United States. We have described a novel approach to obtaining the DATA waiver for young physicians. Going forward, additional curriculum could

also be developed to complement this training if a significant period of time passes between completing the medical school curriculum and treating patients with opioid use disorder in practice. Making addiction medicine a standard part of medical school curriculum helps to normalize this area of practice and may contribute to reduction in stigma and increased likelihood that physicians will engage in the treatment of opioid use disorder. It is up to leadership in the medical professions to help to curb this epidemic through training that will result in large numbers of clinicians able and willing to provide care to their patients struggling with opioid use disorder.

Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper.

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