

BOOK FEATURE

Addiction Is A Disease

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We have to see addiction for the disease it really is. Since addiction is a disease, we need to move away from criminalizing people with the disease. Instead, as with all diseases, including cancer and heart disease, we have to move toward preventing and treating addiction.

It is gratifying to see that there is more interest now in treating the disease of addiction than there used to be. I'm obviously in favor of treating the disease, but ideally, we'd be able to prevent addiction in the first place. Along with all of its other benefits, preventing addiction would reduce deaths due to overdoses.

There are several steps that our politicians should immediately take to curb the problems of addiction and overdoses deaths. Here are three immediate ways to address the nation's opioid crisis.

Make agonist therapy (suboxone and methadone) available to all addicts regardless of their ability

to pay.

Too many people with the disease cannot afford treatment even if treatment is available. We must remember that many people with addictions have few or no resources, so it is not sufficient to just announce that buprenorphine or methadone treatment is available. It also has to be affordable. Once we make agonist therapy available to all addicts, it can begin to help people who, for the moment, are beyond help.

Mandate that payers provide minimum benefits for people in pain.

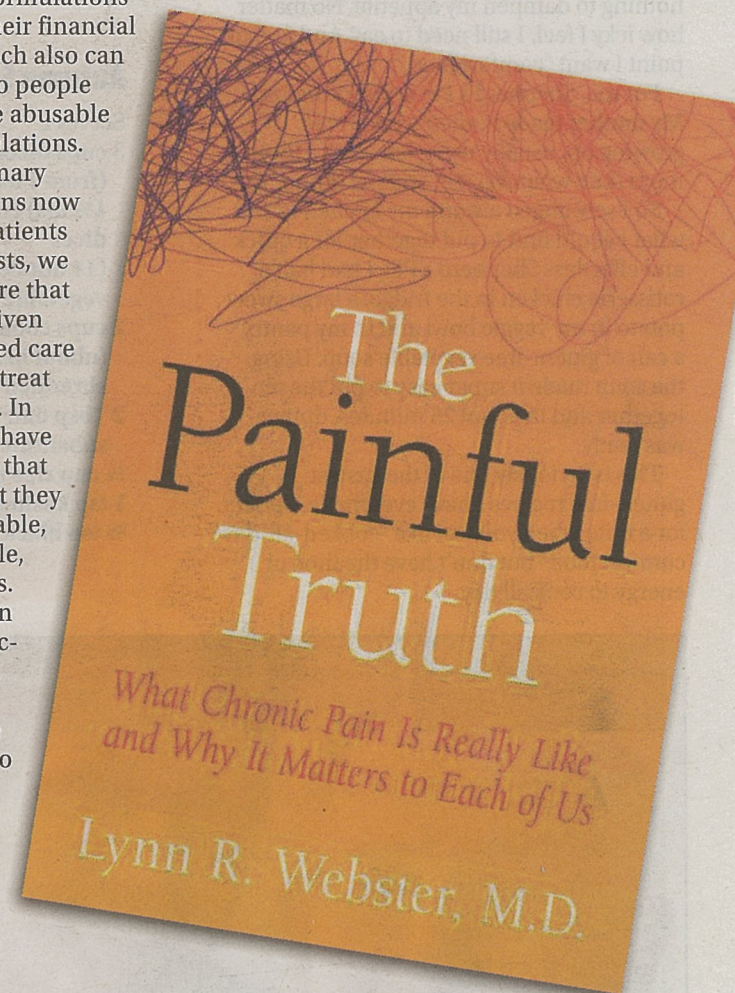
Opioids are often prescribed because payers deny patients access to most alternative therapies. Giving people with pain access to cognitive therapy and non-pharmacologic treatments may decrease the exposure to opioids or, at least, allow opioids to be more quickly tapered if they are needed during the acute phase of pain. This could reduce the risk of progression of initial exposure to the disease of addiction.

Mandate that payers earmark abuse deterrent opioid formulations as preferred opioids for the treatment of pain, and that abuse deterrent opioid formulations are no more expensive for patients than non-abuse deterrent formulations.

That way, people in pain who lack resources won't be incentivized to take riskier formulations because of their financial situation which also can be diverted to people seeking more abusable opioid formulations.

Just as primary care physicians now refer heart patients to cardiologists, we need to ensure that addicts are given the specialized care they need to treat their disease. In addition, we have to make sure that the treatment they need is available, and affordable, for all addicts. And, if we can prevent addiction before it begins, that would be the ideal scenario for solving the opioids crisis and ending the overdose epidemic.

Dr. Lynn R. Webster, MD, is the past president of the American Academy of Pain Medicine, vice president of scientific affairs at PRA Health Sciences, and author of *The Painful Truth*, and producer of a TV documentary by the same name. Visit www.thepainfultruthbook.com for more information.



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Stress And Illness Lecture October 26

As part of a wellness initiative that focuses on highlighting and reducing the negative effects of stress, Winthrop-University Hospital will offer a free seminar, "Stress & Illness: Exploring the Mind-Body Connection" on Wednesday, Oct. 26, at 7 p.m. The program will be held in the Winthrop Research and Academic Center, 101 Mineola Blvd., at the corner of Second Street in Mineola, Room G-018.

Limited parking is available

at the center. Additional parking is available at the commuter lot on the corner of First St. and Third Ave., which is free after 6 p.m. Parking is also available across the street from the center in the garage behind the 120 Mineola Blvd. building. Guests may enter the parking garage from First Street; parking is free after 6 p.m. Admission is free, but seating is limited and reservations are required. To register, call 516-663-8300.