

FROM THE EDITORS' DESK

JGIM Embraces Your Work on Substance UseCarol K. Bates, MD^{1,2}¹Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA; ²Office for Faculty Affairs, Harvard Medical School, Boston, MA, USA.

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My state (Massachusetts) is grappling with an epidemic of opiate use disorder. In 2013–2014, more than 25% of all deaths in residents aged 18–24 were related to opioids, with a fatal overdose rate more than twice the national average.¹ HBO aired a heart-wrenching documentary describing the epidemic in Cape Cod, a place commonly thought of as an idyllic spot for a vacation rather than a hotbed of opiate use.²

Massachusetts has done important work to help those with opiate use disorder. Boston-based Healthcare for the Homeless has pioneered best practice in delivering care on the streets³; many of their clients have mental health problems including substance use. Death rates from overdose decreased in our state in communities where naloxone was made more readily available through opioid overdose education and community naloxone distribution (OEND).⁴

The Massachusetts Medical Society voted to support the opening of supervised injection facilities (SIFs) as a strategy to reduce overdose deaths.⁵ We are one of several states debating authorizing legislation to go beyond the existing harm reduction strategy of needle exchange.

Despite those successes, we have a long way to go. In this issue's new *JGIM* category of Concise Research Reports, my state's medical students report that they are not learning enough about substance use disorder treatment.⁶

Mulvaney-Day and colleagues guide us on the performance characteristics of a number of screening tools for mental health disorders.⁷ Of course, identification of substance use disorder is only the first step, and documentation of counseling in the absence of a real impact upon patients, as described by Berger and colleagues, is not sufficient to improve outcomes.⁸ Yu and colleagues describe forearm and lower leg fracture as a potential gateway to opiate dependence.⁹ Shi and colleagues describe an alarming increase in cannabis use disorder in pregnant women.¹⁰ Williams and colleagues describe a variety of barriers to successful treatment of alcohol use disorder.¹¹

The bottom line is that generalists are on the front lines in identifying and caring for patients with substance use in

inpatient and outpatient settings. It is therefore not surprising that the collection of important work that appears in this issue came together without direct solicitation, but rather in response to the problems we face in our communities as citizens and care providers. *JGIM* looks forward to continuing to publish important new information from many sources to guide education, identification, and treatment, so that we are all better prepared to confront this epidemic.

Conflict of Interest: None.

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