Infectious Disease Docs Face New Challenges Amid Opioid Crisis

These specialists may need to include the treatment of addiction among their responsibilities.

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As the opioid crisis continues to affect millions of people across the United States, infectious disease (ID) specialists may need to venture beyond treating infections like hepatitis C virus (HCV), HIV and endocarditis and begin treating the underlying addiction of many of their patients, Infectious Disease News reports.

The Department of Health and Human Services (HHS) reports that in 2016, 11.5 million Americans misused prescription opioids. That year, 2.1 million people reported trying opioids for the first time and an additional 2.1 million reported symptoms of an opioid use disorder.

Meanwhile, physicians in small towns and cities are reporting major upticks in cases of infectious diseases such as HIV, hepatitis C and endocarditis (an infection of the heart chambers and valves) due to injection drug use. As a result, ID specialists may need to address substance use disorders among their patients.

In recent years, according to the Centers for Disease Control and Prevention (CDC), heroin use in the United States has increased by more than 60 percent and currently one in ten HIV diagnoses in this country are among people who inject drugs. The agency also estimated that around 34,000 new cases of HCV were diagnosed in 2015, with the largest increases among young people who use injection drugs in nonurban areas. The number of hospitalizations from injection-related endocarditis among patients 15 to 34 years old also rose from 27.1 percent to 42 percent between 2000 and 2013. What's more, people who inject drugs are at a substantially increased risk for invasive pneumococcal diseases, including meningitis, bacteremia and invasive pneumonia, as well as abscesses—all of which ID specialists treat.

In fact, the opioid crisis has become so severe that some experts are calling for ID physicians to include treating patients' underlying addiction among their usual responsibilities.

However, doing so would require a major expansion in ID specialists' duties. The report suggests expanding outreach and harm reduction efforts in rural and suburban areas. Advocates are also calling for ID specialists to encourage their local government officials to adopt and maintain syringe exchange programs. ID specialists can also take a federally approved eight-hour training

course to become qualified to administer medication-assisted-treatment drugs such as buprenorphine to their patients.

At the end of the day, advocates say addressing the underlying problem of addiction is key to ending the epidemic.

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