She Died Alone
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She died alone.
Promised a better life, she was drawn back into the life she had left behind, a life that only promised death.

He knew she thought she was free, had flipped the script, and had chained her master.

“Lookin’ good girl. You kicked it. Now you got this whole thing in check, how ’bout a little taste...jus’ for old times. No strings. Know what I’m sayin’?” She saw his smile but could not hear the key for the lock jangling as it moved closer.

Who knows what crossed her mind—over-confidence? craving for old feelings? longing for relationships she’d swapped for sobriety? resignation?—as she made her choice.

Shortly after his heroin entered her body, her spirit departed. As she lay dying (Can we even begin to imagine the shock, the helplessness, the terror?), he evaporated into the thin air before her terminal breath slipped over her lips. Unlocking her chained master had unlocked her eternity. What she had meant to last a moment became the last thing she did forever.

In some circles it has become fashionable to consider drug dealers as nonviolent offenders, misguided businessmen who traffic a product deemed illegal by the government. Recovering drug addicts are intentional targets for dealers. Can an economically successful drug dealer build financial success without at least one dead person in that foundation?

Her death was not a lone occurrence. A growing number of people are killing themselves with opioids. There has been a nearly 300% increase in heroin deaths from 2010 to 2015. In the United States population in 2015, out of every 100,000 people nearly 10.5 died from opioids: about 4.8 from commonly prescribed opioids (natural and semisynthetic opioids, and methadone), nearly 4.1 from heroin, and approximately 3.1 from other synthetic opioids (eg, fentanyl, tramadol). Components exceed 10.5 since some deaths are from poly-substance abuse.

In 2015, 12.5 million people misused prescription opioids (2.1 million for the first time, 2 million with prescription opioid use disorder), 828,000 people used heroin (135,000 for the first time), and 33,091 people died from opioid overdose (15,281 attributed to commonly prescribed opioids, 9,580 attributed to synthetic opioids, and 12,989 attributed to heroin).

Physicians’ patients, family members, colleagues, and friends are part of those statistics. What is the role of an organization like STFM in this crisis?

STFM supports the development of family medicine teachers and scholars. In a clinical crisis like this, STFM must intentionally and strategically remain on the mission of “Advancing family medicine to improve health through a community of teachers and scholars.” Family physicians care deeply about things that impact patient outcomes at individual and community levels, eg, the current opioid crisis, social determinants of health, health equity, and pharmaceutical company influence on medical decision making.

In line with our vision to “become the indispensable academic home for every family medicine educator,” STFM works to transform health care through education. That education of medical students, residents, faculty, community preceptors, health care administrators and leaders, politicians, and patients
occurs in many ways, including through journals, conferences, other educational resources, and advocacy. *Family Medicine*, the official journal of STFM, has published many articles intended to enhance the evidence base supporting teaching about opioid therapy and addiction issues. Some examples of topics covered include: academic detailing to support naloxone use,8 prescriber decision support to reduce prescriber bias,9 examining factors related to prescription opioid misuse in a Medicaid cohort,10 chronic pain management teaching in family medicine clerkships,11 and experiences and beliefs related to buprenorphine prescribing in certain settings.12,13

A search of the STFM Resource Library—a shared, online collection of general educational resources and peer-reviewed manuscripts and conference presentations—resulted in 287 resources to support education across an array of opioid-related topics, ranging from pharmacology information about opioids, medication-assisted therapy to promote quitting and sobriety, safe and effective ways to prescribe and monitor opioid therapy, nonopioid therapy for pain management, tools to assess opioid abuse risk before and during patient use, and ways to manage opioid overdose and/or withdrawal.14 The Residency Curriculum Resource,15 a collaboration of STFM and Association of Family Medicine Residency Directors, is another resource that supports medical educators.

Advocacy is an important tool to help explore, promote, and advance approaches to help curtail the opioid epidemic. The STFM Board of Directors has a Decision Tree for Advocacy Requests for Action to: (1) keep us on task and aligned with our current strategic plan; and (2) provide guidance for those seeking organizational level advocacy. In order to support advocacy done by members in matters that fall inside and outside the scope of organizational advocacy, STFM offers a free Online Advocacy Course16,17 to train faculty, their learners, and anyone else who desires to engage in advocacy to improve health. STFM also supports the annual Family Medicine Advocacy Summit in Washington, DC18 sponsored by the American Academy of Family Physicians (AAFP), which also offers an AAFP Advocacy Toolkit.19

Toward the end of the 20th century, pain became the “5th vital sign”. Subjective pain relief was positioned as a patient “right”, patient satisfaction with pain management became part of how hospitals were evaluated on the quality of care they provided, and trainee concerns about “addicting people” were ameliorated with lectures that more aggressive prescribing of opioids was not likely to increase or unmask addiction. These were broad notions and ideas that seemed reasonable on the surface, but were built on a data-poor foundation. Easier access to legal and illegal drugs, financial gain tied to them, and a growing sense of hopelessness that seeks hope in substances were seeds planted together that have yielded a harvest of death and destroyed lives.

STFM develops and provides resources that support the efforts and work of teachers and scholars who train family physicians. We encourage all family physicians to contribute to combatting this massive opioid abuse problem by producing, implementing, and disseminating scholarly work (eg, advocacy, peer-reviewed publications and presentations) that effectively address educational, therapeutic, social, and political approaches to the opioid abuse crisis across the biopsychosocial spectrum.

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**References**


