



## Addiction Medicine: The Urgent Need for Trained Physicians Congressional Briefing, September 26, 2017 The Addiction Medicine Foundation

**Purpose.** To inform lawmakers and staff about the newly recognized field of addiction medicine (ADM) and its potential for improving health, reducing taxpayer costs and addressing the current opioid epidemic.

**Substance Misuse is the Nation's Largest and Most Costly Health Problem.** Forty million Americans age 12 and over (16%) have addiction involving nicotine, alcohol, controlled prescription and other drugs—more than those who have diabetes, cancer or heart disease. Another 80 million (32%) engage in substance use in ways that threaten health and safety.<sup>i</sup> According to the most recent published estimate involving all substances, one in four deaths in the U.S. is attributable to substance misuse and addiction and currently 91 Americans die of an opioid overdose every day.<sup>ii</sup> These conditions also contribute to more than 70 other conditions requiring medical care<sup>iii</sup> and to a wide range of social consequences,<sup>iv</sup> costing our nation more than \$700 billion each year.<sup>v</sup>

**Substance Misuse and Addiction are Preventable and Treatable Conditions.** Research has demonstrated that addiction is a complex brain disease,<sup>vi</sup> often chronic in nature.<sup>vii</sup> The experiences a person has in early childhood and adolescence, when the brain is still developing, can set the stage for future substance use and increase the risk of addiction. Importantly, these conditions can be prevented, and like other diseases, addiction can be effectively treated and managed through medical intervention, including pharmacological and behavioral therapies. Despite the prevalence of these conditions, the enormity of the consequences that result from them and the availability of effective solutions, screening and early intervention for substance misuse is rare, and 9 out of 10 people who meet criteria for addiction involving alcohol and drugs other than nicotine receive no treatment. Information is not even collected on those receiving treatment for addiction involving nicotine.<sup>viii</sup>

**Building the Workforce to Prevent Unhealthy Substance Use and Treat Addiction.** Physicians and other health care providers currently receive little education or training in substance use and its complications.<sup>ix</sup> Opportunities for educating physicians exist throughout the medical education continuum in medical school (4 yrs.), residency (3-5 yrs.), fellowship (1-3 yrs.), and continuing medical education (lifetime). Fellowship training (practice-based subspecialty preparation) can drive change across medicine. While the medical subspecialty of Addiction Psychiatry exists, it is open only to psychiatrists, while the need for addiction specialists exists across all medical fields. Addiction medicine fellowships are open to physicians from all specialties. These fellowships produce a cadre of highly trained physicians to:

- Provide the full continuum of care from prevention and early intervention to treatment and disease management in primary care, hospital, and other medical settings;
- Serve as faculty, training the next generation of physicians, influencing medical school and residency curriculum, training other health care providers in prevention and early intervention, and generating new knowledge through scholarship; and
- Become leaders and change agents to influence practice, health system modernization and policy.

**Recent Developments.** Addiction Medicine was formally recognized as the newest medical subspecialty (by the American Board of Medical Specialties) in March 2016. This opened the door for certification of physicians in many medical fields, and the integration of ADM within health care systems and institutions (similar to Geriatrics, Hospice & Palliative Medicine, Sports Medicine, etc.) The Accreditation Council for Graduate Medical Education (ACGME), which accredits all physician training after medical school, has recognized and will accredit physician training in ADM beginning in 2018. The Addiction Medicine Foundation (TAMF) has accredited 46 ADM Fellowship Training Programs that are now in operation and will assist in the transition to ACGME accreditation.

**Next Steps.** To meet the need for trained specialists, an estimated 125 fellowship programs are needed by 2025.<sup>x</sup> Similar to the way that the fields of Geriatrics and Hospice and Palliative Medicine were federally supported at their outset, similar support is needed to create and sustain ADM fellowship training programs. Expanding the ADM workforce can be expected to increase access to evidence-based preventive and treatment services across medicine, reducing the prevalence of substance misuse, averting and lessening new cases of addiction, and better managing chronic cases – all of which will improve health and reduce costs to taxpayers.

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<sup>i</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2012) *Addiction medicine: closing the gap between science and practice*. New York: Author. Chapter III. While more recent estimates exist for the prevalence of addiction or unhealthy use involving individual drugs, these (2010) are the latest *combined* estimates currently available. Addiction is also referred to as Substance Use Disorder (SUD) and defined as meeting diagnostic criteria for past year alcohol and/or other drug *abuse* or *dependence* (excluding nicotine) in accordance with the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV), and meeting criteria for past month nicotine *dependence* based on the Nicotine Dependence Syndrome Scale (NDSS). Unhealthy (or risky) substance use is defined as those who in the past 30 days have used tobacco products, exceeded the U.S. Dietary Guidelines for safe alcohol use, misused controlled prescription drugs, used illicit drugs, or engaged in some combination of these forms of substance use but did not meet clinical criteria for addiction. Since 30.6 percent of unhealthy substance users use more than one substance, and since among those with the disease of addiction 55.7 percent are unhealthy users of more than one other addictive substance and 17.3 percent have addiction involving multiple substances, it is important to use combined estimates. Trends in use of individual substances since 2010 (See SAMHSA's National Survey on Drug Use and Health) suggest that while there have been shifts in prevalence among individual substances (e.g., declines in nicotine use and increases in some illicit and prescription drug use) but that the overall combined estimates are unlikely to have declined.

<sup>ii</sup> NIDA. (2017, March 23). Health Consequences of Drug Misuse. Retrieved from <https://www.drugabuse.gov/related-topics/health-consequences-drug-misues-on-2017>, June 15.

<sup>iii</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2012) *Addiction medicine: closing the gap between science and practice*. New York: Author. Based on data from the U.S. Centers for Disease Control and Prevention.

<sup>iv</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2012) *Addiction medicine: closing the gap between science and practice*. New York: Author. These consequences include crime, lost productivity, child neglect and abuse, family dysfunction and developmental disabilities.

<sup>v</sup> <https://www.cdc.gov/drugoverdose/epidemic/index.html>

<sup>vi</sup> American Society of Addiction Medicine. *Public policy statement on treatment for alcohol and other drug addiction*. [Online]. Retrieved May 11, 2012 from <http://www.asam.org>; Hajela, R. & Miller, M. M. (2012). *Addiction is addiction: The development of the new ASAM definition*. Unpublished manuscript; Leshner, A. I. (1997). Addiction is a brain disease, and it matters. *Science*, 278(5335), 45-47; Leshner, A. I. (2001). Addiction is a brain disease. *Issues in Science and Technology*, 17(3), 75-80; Volkow, N. D. (2005). What do we know about drug addiction? *American Journal of Psychiatry*, 162(8), 1401-1402.

<sup>vii</sup> Erickson, C. K. (2007). *The science of addiction: From neurobiology to treatment*. New York: W.W. Norton; Hudson, N. L., & Mannino, D. M. (2010). Tobacco use: A chronic illness? *Journal of Community Health*, 35(5), 549-553; Lewis, D. C. (1991). Comparison of alcoholism and other medical diseases: An internist's view. *Psychiatric Annals*, 21(5), 256-265; McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *JAMA*, 284(13), 1689-1695; White, W. L. (2008). *Recovery management and recovery-oriented systems of care: Scientific rationale and promising practices*. Philadelphia, PA: Northeast Addiction Technology Transfer Center, Great Lakes Addiction Technology Transfer Center, Philadelphia Department of Behavioral Health/Mental Retardation Services.

<sup>viii</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2012) *Addiction medicine: closing the gap between science and practice*. New York: Author. Chapter VII; <https://www.samhsa.gov/newsroom/press-announcements/201509170900>.

<sup>ix</sup> The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2012) *Addiction medicine: closing the gap between science and practice*. New York: Author. Chapter IX.

<sup>x</sup> The American Board of Addiction Medicine Foundation. November 23, 2009. The Need for Addiction Medicine Physicians and for Addiction Medicine Residency Training; The Addiction Medicine Foundation. How Many Addiction Medicine Physicians Are Needed? Updated Estimate, July 6, 2017.