

Building the Addiction Medicine Workforce by Increasing Fellowships: An Opportunity for all Medical Specialties

**American College of Academic Addiction Medicine
American Academy of Addiction Psychiatry
Office of National Drug Control Policy**

In the midst of the COVID-19 pandemic when people around the world are urged to stay at home, individuals suffering from substance use disorder (SUD) continue to experience other life and death emergencies. They present with overdose, sepsis from abscesses or infections; they have seizures from withdrawal, and psychosis and suicide attempts from active use of drugs. There is not a hospital in America or a medical specialty that is not touched by patients who suffer from SUD.

Patients admitted to a hospital will receive state of the art medical care by primary care doctors, hospitalists, intensivists, surgeons, cardiologists, psychiatrists, and infectious disease physicians. But will anyone address the underlying disease of addiction? A patient with a heart attack will receive a cardiology consult. A patient with addiction warrants a specialty consultation in a similar way.

We need your help with that vision by bringing addiction fellowships to your specialty, to your hospitals and to your communities. Addiction medicine fellows will build and increase addiction medicine services for both inpatients and outpatients. According to the National Survey on Drug Use and Health, of the over 21 million Americans with a substance use disorder in 2018, only 11% received treatment, known as the “treatment gap” in our country.¹ Dr. Kevin Kunz, Executive Vice President of the American College of Academic Addiction Medicine (ACAAM), notes that there are only 2,600 physicians who are certified in the multi-specialty subspecialty of addiction medicine at the level required by the American Board of Medical Specialties, and there are only about half of the needed number of Accreditation Council of Graduate Medical Education accredited addiction medicine fellowships (there are 76 currently).

ACAAM asserts that a sufficient workforce of trained and certified addiction physicians is needed to address our Nation’s chronic medical and public health problem of SUD, and estimates that a workforce of 9,500 physicians is needed. Dr. Karen Drexler, Medical Director of the American Academy of Addiction Psychiatry (AAAP), states that there are 54 ACGME-accredited Addiction Psychiatry fellowship programs and 1,202 currently board certified addiction psychiatrists in the work force. In comparison to the 21 million SUD sufferers, there are over 660,000 Americans who have kidney failure disease, and they are supported by 8,000 nephrologists through 148 fellowships.^{2,3}

Investing in addiction medicine and addiction psychiatry pays off. America spends \$521 billion dollars on costs related to SUD⁴. According to Miller and Hendrie, for each \$1 spent on addiction treatment, we

¹ National Survey on Drug Use and Health, 2018

² National Institute of Health, National Institute of Diabetes and Digestive and Kidney Diseases
<https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease>

³ Centers for Disease Control and Prevention. Counts of Nephrologists in the US by Year.
<https://nccd.cdc.gov/CKD/detail.aspx?Qnum=Q238>

⁴ National Institute on Drug Abuse: Trends and Statistics. <https://www.drugabuse.gov/related-topics/trends-statistics>. *Note:* The overall cost of illicit drugs includes the misuse of prescription drugs; however, the exact estimate for this category is not stated in the 2011 report. A separate analysis of 2007 data estimated US costs of prescription opioid misuse at \$55.7 billion. The most recent estimate of prescription opioid misuse, based on 2013 data, updated this cost to \$78.5 billion, an increase of more than \$20 billion per year compared to six years ago. Taken together, with the growing misuse of opioids and related health consequences, the cost estimates for illicit drug use in the US are likely to have risen substantially since the last available estimate in 2007. These are the primary sources:

could save \$7⁵. Furthermore, for each \$1 spent on prevention, we could save \$18.⁶ The savings and medical care benefits cross the medical and health system continuum. There is a role for addiction physicians in the primary care specialties, and in psychiatry, emergency medicine, surgery, pediatrics, obstetrics and gynecology, orthopedics, and all medical specialties.

This year, the Trump Administration is investing more than \$20 million to support addiction medicine and addiction psychiatry fellowship programs across the country, a first for the Federal government. This grant program, which is administered by the Health Resources and Services Administration (HRSA), expands the number of addiction specialists joining the ranks of their physician peers with the expertise to prevent, diagnose and treat SUD. Upon graduation, this cadre of qualified practitioners is eligible to receive additional financial support through HRSA's National Health Service Corps SUD Loan Repayment Program when they serve in health professional shortage areas. In this way, the Administration is expanding this desperately needed specialty and ensuring care reaches communities where it is needed most.

We urge every medical specialty to advertise the opportunity for addiction medicine and addiction psychiatry fellowships, and to encourage institutions to start their own addiction fellowships.

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- U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014. www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf (PDF, 38MB)
 - Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual Healthcare Spending Attributable to Cigarette Smoking: An Update. *American Journal of Preventive Medicine* 2014;48(3):326–33 [accessed 2017 Feb 28].
 - Centers for Disease Control and Prevention. Excessive Drinking is Draining the U.S. Economy. <https://www.cdc.gov/features/costsofdrinking/> Updated January 2016. Accessed April 21, 2017.
 - National Drug Intelligence Center. National Drug Threat Assessment. Washington, DC: United States Department of Justice; 2011. www.justice.gov/archive/ndic/pubs44/44849/44849p.pdf (PDF, 8MB)
 - Birnbaum, HG. et al. Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States. *Pain Medicine* 2011; 12: 657-667.
 - Florence, CS et al. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013; *Medical Care*. Volume 54, Number 10, October 2016.

⁵ Miller, T. and Hendrie, D. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.

⁶ Miller, T. and Hendrie, D. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.