



Centers to Weave Addiction Treatment Into Medical Education

Bridget M. Kuehn

DESPITE THE HUGE IMPACT OF substance abuse and addiction on health, few medical students and residents in the United States receive enough training in the diagnosis and treatment of these disorders. But the National Institute on Drug Abuse (NIDA), in collaboration with the American Medical Association, hopes that the establishment of four new Centers of Excellence for Physician Information will help improve the substance abuse training medical students and residents receive at US medical schools.

The initiative, launched in January, is targeted specifically at students and residents in primary care specialties. Primary care physicians often provide substance abuse screening and treatment first.

Several schools and consortiums across the country have been chosen to lead the effort: Creighton University School of Medicine, in Omaha, Neb; the University of Pennsylvania School of Medicine in collaboration with Drexel University College of Medicine, both in Philadelphia; the University of North Dakota School of Medicine and Health Sciences, in Grand Forks; and the Boston-based Massachusetts Consortium of Medical Schools, including the University of Massachusetts Medical School, Tufts University School of Medicine, Boston University School of Medicine, and Harvard Medical School/Cambridge Health Alliance. The centers will identify gaps in physicians' knowledge about substance abuse and develop educational materials and resources to close those gaps.

Many students and residents in primary care specialties do not have sufficient training in screening for substance abuse, evaluating patients with these disorders, and treating patients with substance abuse problems, said

NIDA director Nora D. Volkow, MD, in an interview. Untreated substance abuse can have serious health outcomes for patients who have both substance abuse problems and other diseases. For example, marijuana or cocaine use may affect the prognosis of patients with asthma, Volkow said.

Additionally, patients may become dependent on or addicted to some widely used prescription medications, such as opioid analgesics used to treat severe pain, stimulants used to treat attention-deficit/hyperactivity disorder or narcolepsy, or benzodiazepines used to treat sleep disorders or as muscle relaxants. Volkow said it is important for physicians to be able to identify patients who may be more vulnerable to abuse of or addiction to these drugs because of a history of drug abuse, to recognize patients who may be developing an addiction to medication, and to alert patients to these potential risks.

Placing a greater emphasis on addiction and substance abuse in the medical school curriculum also makes sense from a population health perspective, said Barbara Schindler, MD, co-principal investigator for the Pennsylvania-based center and vice dean for education and academic affairs for Drexel University College of Medicine. Although as much as 25% of

US health care dollars is spent treating sequelae of addiction—smoking-related illnesses in smokers, cirrhosis or pancreatitis in alcoholics, and endocarditis and sexually transmitted diseases in those who use illicit drugs intravenously—less than 1% of health care dollars is spent on providing direct treatment for substance abuse, she said.

“We want to help people to understand how big a problem this is going to be in their practice, how underdiagnosed it is because most physicians are not comfortable asking the questions,” she said.

Along with giving students a background in the etiology of substance abuse, such as its frequent comorbidity with mental illness, many of the programs will emphasize developing patient interviewing skills. Because patients may be reluctant to discuss substance abuse, it is critical for a physician to have the skills to develop a rapport with patients to draw out sensitive information, said Charles Christian, MD, ScM, co-principal investigator for the North Dakota center. Students and residents also will learn to assess when they have the skills and resources to treat a patient with a substance abuse problem, and when and how to refer the patient. □



Developing skills for interviewing patients will be emphasized at several medical schools working to improve addiction treatment training for physicians. Many will ask students to practice using electronic patient simulators like those pictured here.