A Paradigm Shift: Incorporating Youth Prevention in Addiction Medicine

By Kevin B. Kunz, MD, MPH

The directors of the American Board of Addiction Medicine have endorsed a paradigm shift: to include youth prevention and early intervention as a core competency of addiction medicine physicians.

Physicians across all medical fields understand the importance of disease prevention and early detection. We perform comprehensive histories and physicals, check blood pressure, measure glucose and cholesterol, and much more. We offer an array of interventions to keep patients well and treat illness early, seeking to avoid irreversible consequences of advanced disease.

Most of us who practice addiction medicine spend much of our clinical time in treating the consequences of risky drug use and addiction. Patients often present with advanced medical, cognitive, behavioral and social consequences that we must address in addition to their primary addiction. Physicians who are not addiction specialists also devote much time to treating the complications of addiction. In fact, can you imagine what the average waiting room, emergency department or hospital unit would look like if persons who ever used nicotine or other drugs, or ever had an alcohol problem were excluded? Hospitals would close, there would be no doctor shortages anywhere, morbidity and mortality statistics would be turned upside down, and the landscape of America’s public and social health would be transformed.

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Incorporating Youth Prevention in Addiction Medicine

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While this may not be possible, the field of addiction medicine has a new opportunity, uncovered by science and epidemiology, which can significantly lessen the prevalence and impact of risky drug use and addiction by focusing on prevention in youth. Most addiction physicians already know that youth is the vulnerable time for initiating the chronic disease of addiction.

The science has exploded, showing that the developing brain, up to young adulthood, is sensitive to the effects of nicotine, alcohol and other drugs. Current epidemiology is consistent with the findings of biomedical research, showing that 90% or more of addicted adults began drug use between 12 and 21 years of age. It is also clear that if drug use can be avoided in youth, the incidence of addiction and all its sequelae can be sharply reduced in the adult population. Attention to prevention in this age group must be an essential focus of addiction medicine.

To actualize this focus, ABAM has set in motion several initiatives beyond emphasizing prevention in educational and fellowship training objectives. With funding assistance from the Conrad N. Hilton Foundation (see page 4), our National Center for Physician Training in Addiction Medicine (see page 12) is promoting youth prevention and SBIRT (screening, brief intervention, referral to treatment) in addiction medicine fellowship programs, networking and collaborating with other medical specialties to promote SBIRT in residency training for physicians, developing modules for training all physicians, and collating a library of available SBIRT modules.

Dr. Hoover Adger, ABAM director and adolescent medicine specialist recently said the focus on youth prevention, “will bring a sea change to addiction medicine and all of medicine.” ABAM diplomates will be at the forefront of this effort. □

Dr. Kunz is Executive Vice President of ABAM and The ABAM Foundation.

ABAM Certification Examination:
Setting Standards and Remaining Relevant

By Michael Weaver, MD, FASAM

The ABAM Certification Examination has undergone a number of changes over the past few exam cycles. Most have focused on updating the blueprint that determines content covered by the exam to make it more closely aligned with core content in the curriculum being used in addiction medicine fellowship programs.

ABAM exam content is broken down by topic areas within the Core Curriculum for Addiction Medicine, by classes of substances abused, and by medical specialty. After the exam was taken in December 2012, the content underwent testing with the help of the National Board of Medical Examiners (NBME) to set a new passing standard for the exam, including both certification and recertification, now known as Maintenance of Certification. In 2013 a content-based standard-setting study of the 2012 exam was undertaken. Twelve addiction medicine content experts from a cross-section of backgrounds and specialties met with NBME staff to help evaluate the passing standard for the exam. This process helped to establish consensus for expected performance on the ABAM exam, helping determine the pass/fail rate for the exam each cycle.

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Message from the President

I am thrilled to assume the role of President of ABAM and The ABAM Foundation. As a member of the ABAM board from the very beginning, and having had the privilege of a front row seat for the birth of our new specialty, I have been amazed at the growth of our field and the commitment of our diplomats to improving the health of individuals with or at risk for addiction.

The need for qualified addiction medicine experts has never been greater. ABAM and ABAM diplomats like you are addressing this need through clinical practice, health system improvements, and advancing the workforce and field of addiction medicine. It is broadly accepted that medicine, health care and society must begin a new era in the prevention and treatment of addiction.

America’s endemic and re-occurring epidemics of alcohol, nicotine and other drug problems will not abate until medicine and health care embrace the core scientific understanding of addiction as a preventable and treatable disease. The emergence of addiction medicine as a specialized field of medical practice, with a qualified and credentialed workforce of physicians from across all medical specialties, is essential for an enduring solution. Adding to the mandate to advance our field is the current epidemic of illness and death caused by medications that are prescribed by physicians themselves.

ABAM diplomats, by virtue of their certification, credentials and maintenance of certification are the experts that patients, families and others look to for direction and care. Caring for patients across diverse venues, diplomats are also available to assist their medical and other professional team members.

Prevention is an important focus of addiction medicine. As you will read elsewhere in this newsletter, the ABAM directors have endorsed inclusion of prevention activities as a core element of our field. We are compelled to save our children and to lessen the prevalence of addiction in all age groups. Prevention, screening and early intervention are public health principles that diplomats are uniquely positioned to practice in the vulnerable adolescent and youth cohorts.

Our sister organization, The ABAM Foundation, recently received an award to partially fund the new National Center for Physician Training in Addiction Medicine. One objective of the Center is a focus on addiction physician training in prevention and to diffuse prevention knowledge and skills to primary care and other physicians. (Please see articles on pages 4 and 12.)

I should also note that the ABAM directors are engaged in moving our specialty into recognition by the American Board of Medical Specialties. Formal inclusion within the “family of medicine” is necessary if we are to meet the national need to address addiction. We are continuing a positive dialogue with our colleagues in other specialties and are confident that there is growing acceptance that addiction medicine has come of age.

ABAM diplomats like you are infused with an extraordinary passion and commitment. This was recently demonstrated with a 91% enrollment rate in the ABAM MOC Program, one of the highest rates of any medical board.

Thank you for your commitment to addiction medicine!

Patrick G. O’Connor, MD, MPH, FACP

"The emergence of addiction medicine as a specialized field of medical practice is essential for an enduring solution."

— Dr. Patrick G. O’Connor

President of ABAM and The ABAM Foundation, Dr. O’Connor serves as Professor of Medicine and Chief of the Section of Internal Medicine, Yale University School of Medicine.
Generous Gift From Conrad N. Hilton Foundation Enables ABAM Foundation to Establish National Center for Physician Training

By Dennis Tartaglia

A generous three-year, $2 million grant from the Conrad N. Hilton Foundation to The ABAM Foundation has enabled the Foundation to establish The National Center for Physician Training in Addiction Medicine. The purpose of the new Center is to expand the education and training of physicians in addiction medicine, with a special emphasis on prevention and screening, brief intervention and referral to treatment (SBIRT), particularly for adolescents and young adults. The Center is directed by Richard Blondell, MD, Professor of Family Medicine at the University at Buffalo School of Medicine and Biomedical Sciences.

“Our objective is to create systemic change in medical education, medical practice and health care, in order to provide evidence-based addiction prevention and treatment to adolescents and others who need it,” said Dr. Blondell. “We are grateful to the Conrad N. Hilton Foundation for helping us establish this Center in order to better work toward this objective.”

“We’re pleased to partner with The ABAM Foundation to create the National Center for Physician Training in Addiction Medicine,” said Steven M. Hilton, President, Chairman and CEO of the Conrad N. Hilton Foundation. “The ABAM Foundation’s expertise in establishing programs that train and grow the addiction medicine workforce will help the Center to promote the transformation of our nation’s medical education and health care systems. This systemic change is necessary to help those in urgent need of substance abuse prevention and treatment services, especially adolescents and young adults.”

The first long-term goal of the Center is to assure that primary care physicians are trained in addiction medicine and early intervention in adolescent substance abuse. The Center’s second goal is to help make prevention, brief intervention and treatment of substance use, abuse and addiction, and of these disorders’ medical and psychiatric consequences, available at all points of entry to the health care system. These include physicians’ offices, community clinics, school and college health centers, emergency rooms, trauma centers, hospitals and other health care centers.

Dennis Tartaglia is editor of ABAM Diplomate News.
ABAM and The ABAM Foundation to Offer Sessions at ASAM Med-Sci Conference

By Christopher Weirs, MPA

This year marks the 5th consecutive year that ABAM and The ABAM Foundation will present on a combination of panels, workshops, and component sessions at the American Society of Addiction Medicine’s (ASAM) annual Medical Scientific (Med-Sci) Conference. The conference kicks off April 10th and runs through April 14th in Orlando, FL. Our sessions are designed to provide a unique interactive opportunity for participants to learn more about becoming board certified in addiction medicine, complete their Maintenance of Certification requirements on site, and learn how The ABAM Foundation is working toward achieving systemic change through development of addiction medicine fellowships.

These five sessions offer an opportunity for all attendees to interact with scholars and professionals working in the field of addiction medicine:

**Thursday, April 10, 2014**

1. American Board of Addiction Medicine Diplomate Web Portal: Completing ABAM MOC Requirements
2. ABAM Maintenance of Certification (MOC) Part IV: Addiction Medicine Practice Performance Assessment

**Friday, April 11, 2014**

3. Achieving Systemic Change through Development of Addiction Medicine Fellowships

Expansion of accredited fellowship programs is crucial for achieving addiction medicine’s promise of integrating addiction prevention and care within mainstream health care. Perceived barriers to fellowship development include limited institutional support, insufficient funding for training stipends, and lack of prior experience in implementing and administering a graduate medical education program. This workshop will address these and related issues as it takes participants through the process of launching an accredited fellowship program in addiction medicine. The session is designed for: 1) physicians interested in starting an addiction medicine fellowship at their local hospital or medical school; 2) physicians interested in teaching in a fellowship; and 3) physicians, residents or students interested in training in an addiction medicine fellowship.

**Saturday, April 12, 2014**

4. ABAM Certification 101

Credentialing Committee members and ABAM staff will review the nuts and bolts of the certification process, review the application in detail and respond to questions from participants.

**Sunday, April 13, 2014**

5. Lifelong Learning: Review of Articles for ABAM MOC Part 2

This workshop will feature a discussion and review of journal articles selected for Part II of ABAM’s Maintenance of Certification Program, as well as describe ways to determine the relevance of a research or review article, discuss the latest research findings in addiction medicine and how this impacts patient care, as well as walking diplomates through completing their Maintenance of Certification requirements for Part II.

To learn more about the component sessions or any of the workshops, visit: [http://www.asam.org/education/annual-medical-scientific-conference](http://www.asam.org/education/annual-medical-scientific-conference)

Mr. Weirs is Director of Operations for ABAM and The ABAM Foundation.
The Role of Child/Adolescent Health Practitioners in Addiction Medicine

By Hoover Adger, Jr., MD, MPH, MBA

Increasingly, we are recognizing that addiction is a disease that often begins during adolescence or even in childhood. Just as we have begun to conceptualize tobacco use and secondhand smoke exposure as a pediatric disease, if we can begin to visualize addiction as a developmental or pediatric disease that has the potential to escalate in adulthood we can understand that health practitioners who see children, adolescents, young adults and families are in an ideal position to intervene at key points early in the evolution of this important health problem by providing prevention, early intervention, referral and/or treatment services. Certainly, those who are providing care to this population have recognized this.

For example, the Committee on Substance Abuse of the American Academy of Pediatrics recommends that pediatricians include substance abuse in their anticipatory guidance to all children and adolescents. The committee recommends that pediatricians be knowledgeable about the prevalence, patterns, cultural differences, and health consequences of substance use in their community; incorporate substance use prevention into anticipatory guidance at routine and episodic office visits; be aware of the manifesting signs and symptoms of substance use, the association with other risk behaviors, and be able to screen for and evaluate the nature and extent of substance use among patients and their families. Moreover, the guidelines reiterate that practitioners should be aware of community services for evaluation, referral, and treatment of substance use disorders; and be available to provide aftercare for adolescent patients completing substance use treatment programs and assist in their reintegration into the community.

Health risk appraisal and preventive counseling throughout childhood, preadolescence, adolescence, and young adulthood is a well-established principle in primary care. During regularly scheduled health maintenance visits, there are well-established tenets of health education, screening for health morbidities, and anticipatory guidance. In addition, these visits represent multiple opportunities for screening, early identification, and intervention for children and adolescents affected by substance related problems, including children and adolescents affected by parental alcohol and other drug use disorders.

Alcohol and other drug use should be included as a primary consideration when evaluating behavioral, family or psychosocial problems, as well as conditions that might be related to substance use. The identification and assessment of high-risk behaviors and predisposing risk factors are key aspects in the early recognition of alcohol and other drug related problems. Physicians should assess risk by reviewing risk factors and behaviors with children and youth and their parents as a routine part of the pediatric and adolescent visit.

Discussions about prevention of alcohol and other drug use related problems including prescription misuse should begin with the prenatal visit by focusing on the responsibility of parents, parental lifestyle, and effects of parental alcohol or other drug use on the fetus, infant, child and adolescent. Parents serve as important role models for their children. Children’s attitudes and beliefs regarding alcohol and drugs develop early in life, often by age 7 or 8. Parents need to be aware that their attitudes and beliefs can strongly influence and play a major role in shaping their child’s behavior. Hence, it is important for the health provider to explore the attitude of the family toward alcohol and illicit drug use and provide basic education appropriate to the age and development of the child.

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Anticipatory guidance about alcohol/drug use should begin early in childhood when family standards and values are being assimilated. Well-child visits during the early school years provide many opportunities to discuss alcohol and other drugs. Pediatricians and other primary care practitioners should routinely include an assessment of alcohol and substance misuse risk factors (including a family history of alcoholism and addiction) in the medical history.

Physicians can initiate or enhance the dialogue between children and their parents by asking if alcohol/drug use is being discussed in school, inquiring about the specifics of what is being taught, and assessing if the child understands the messages that are being delivered. It is important to ask if alcohol/drug use is discussed among friends, whether alcohol and other drugs of abuse are present in the child’s environment, about their perceptions of why some people use alcohol and drugs and whether or not this use is harmful.

In addition to providing anticipatory guidance, the primary care provider can play an active role in general prevention programs directed at children and adolescents. Pediatricians, adolescent medicine specialists, family practitioners and others can act as important advocates for appropriate community and school-based prevention approaches and in educating patients and parents, ensuring that local programs are culturally relevant and appropriate for the various communities and populations they serve.

**Routine Screening, Brief Intervention and Referral to Treatment**

All child/adolescent health practitioners should screen and perform an initial evaluation of their patient’s use of alcohol and/or other drugs and determine indications for further assessment and intervention. They should also screen for alcohol and drug related problems in the family. A primary task of initial screening and evaluation is to determine if the use of alcohol and other mood altering substances is associated with identifiable consequences and if such use is causing behavioral impairment. Information gathered should help determine if there is a need for further assessment or exploration of additional problems. Physicians need to keep in mind that screening is an important and time-efficient first step in identifying the existence of a problem, but that if a problem is identified, it does not mean that physicians, all by themselves, have to “fix it.” Help is available. While it is broadly endorsed that primary care providers caring for children and adolescents should routinely screen for substance related concerns both in the pediatric patient and in the family, it is also recommended that they be knowledgeable about all aspects of screening, brief intervention and referral to treatment. An important link in this important continuum of care will be linking pediatricians, family practitioners and other primary care providers with addiction prevention and treatment professionals to assist in the evaluation and care of patients and families to help this to become a new reality and the new norm for best practices.

As discussed elsewhere in this publication, the directors of the American Board of Addiction Medicine have endorsed a paradigm shift to include youth prevention and early intervention as a core competency of addiction medicine physicians. This paradigm shift—including the establishment of ABAM’s National Center for Physician Training in Addiction Medicine, which has a major focus on youth prevention—gives me great hope that we will see a significant reduction in addiction and its consequences in the coming years.

*Hoover Adger, Jr., MD, MPH, is Professor of Pediatrics and Director of Adolescent Medicine at the Johns Hopkins Hospital. He is a current member of the National Association for Children of Alcoholics Board of Directors and a member of the ABAM and ABAM Foundation Board of Directors.*
Dr. Max Schneider: Tribute to “Leading Light” in Addiction Medicine

By Dennis Tartaglia

One of the leaders of our field—Max A. Schneider, MD, FASAM—recently announced his retirement. A past President of the American Society of Addiction Medicine and past Chair of the National Council on Alcoholism and Drug Dependence, Dr. Schneider helped make the field what it is today.

Dr. Schneider served as President of ASAM in the mid- to late-1980s, and oversaw a period of rapid growth. During his tenure, membership exploded to nearly 2800, the ASAM certification process (which formed the foundation of ABAM’s certification examination) was implemented for the first time, and he established many new committees such as AIDS, budget and finance, trauma, and others.

Dr. Schneider, an Orange County, California internist and addiction medicine physician, served in many additional leadership positions, including membership on the Drug and Alcohol Advisory Committee of the U.S. Food and Drug Administration. He served as Director of Education at the Positive Action Center at Chapman Medical Center (Orange County, CA) and as Clinical Professor at the University of California at Irvine School of Medicine.

According to a biography on WebMD, Dr. Schneider has “produced 10 films and five booklets on addiction; authored over 60 papers; and lectured in 49 states, three Canadian provinces, and six countries.” He is the recipient of many awards, most recently the Gary Nye Award, given to him in 2013 by the California Medical Association. In 1995 he was named Doctor of the Year by the Orange County Medical Association and was presented the Golden Apple Award for outstanding teaching by the 1995 graduating class of the UC, Irvine School of Medicine.

ABAM offers its sincerest thanks to one of the “founding fathers” of modern addiction medicine.

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The Changing Face of Addiction Medicine

The demographics of addiction medicine are changing. As illustrated in these tables, our profession is becoming younger and more female. The center columns indicate percentages of all diplomates at the time of our December 2012 certification examination, while the righthand columns represent all new diplomates in 2013.

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New Diplomate Dr. Anne Pylkas Cites Rewards of Addiction Medicine, Emphasizes Importance of Certification

By Dennis Tartaglia

“We need to come together and say we are a major subspecialty, and that one needs specialized training to do this work,” says Anne Pylkas, MD. “Having the ABAM Certification Examination shows this to the world. It gives us legitimacy.”

Dr. Pylkas took the ABAM Certification Examination in December 2012, the last time it was offered. (The next examination is November 15, 2014; the application process is now open.)

It was while she was completing her internal medicine residency at Minneapolis’ Hennepin County Medical Center, a safety net hospital, that Dr. Pylkas decided to go into addiction medicine. “All too often I saw the secondary effects of addiction such as liver disease and alcohol or drug-related trauma,” she says. “I wanted to be able to address the root causes.”

After her residency she continued to work at the medical center, and treated patients in a methadone clinic and private addiction-focused practice. She also worked in a primary care clinic, devoting herself to treating a mostly indigent, dual-diagnosed population. Dr. Pylkas was mentored in her study of addiction medicine by two of the field’s leaders—Dr. Gavin Bart and Dr. Charles Reznikoff.

She was recently hired into a newly created position at the Minnesota Department of Human Services. There, she hopes to make a significant, statewide impact. She will work with six state-run addiction treatment centers, most of them inpatient and focused on those with serious psychiatric illnesses as well as substance use disorders. Her practice will focus on integrating medication-based addiction treatment into these patients’ therapeutic regimen.

“This is the most rewarding work I can do,” says Dr. Pylkas. “Patients and their families are truly grateful for the help that you give them.”

Setting Standards and Remaining Relevant

Continued from page 2

The final passing score for each ABAM exam is determined by the ABAM Examination Committee shortly after the exam is taken during each cycle. In addition, a study was undertaken of exam item relevance to evaluate content and investigate the degree to which it is considered relevant to continuing competence as an addiction medicine specialist. The same 12 addiction medicine content experts evaluated the exam as a whole and found it to have relevance to recertification. The ratings of the different medical specialties represented by ABAM and the classes of substances of abuse included in the content of the exam were found to be evenly distributed and relevant for the purpose of maintenance of certification.

These evaluations ensure that the exam is truly relevant for addiction medicine as currently practiced.

Dr. Weaver is Chair of the ABAM Examination Committee and Professor and Medical Director of the Center for Neurobehavioral Research on Addictions, The University of Texas Health Science Center at Houston.

“Most changes to the ABAM Certification Examination have made it more closely aligned with core content in the curriculum of addiction medicine fellowship programs.”

– Dr. Michael Weaver
Maintenance of Certification Update

By Lia Bennett, MPH

ABAM is committed to helping diplomats distinguish themselves amongst their peers, and participation in ABAM’s Maintenance of Certification (MOC) Program assures that diplomats are committed to and engaged in continuous lifelong learning. The ABAM MOC Committee is chaired by ABAM President-Elect Dr. Robert Sokol, and has carefully designed the program to be one that offers flexibility and accommodation to diplomats.

New: The ABAM Diplomate Web Portal

It has been a busy and productive year for the ABAM Maintenance of Certification Department! In August 2013, ABAM cultivated many new and exciting updates to the MOC program, including the launch of the new diplomate web portal. More than 2,500 of our diplomates have successfully logged in to the portal and 91% have completed their 2013 MOC Program requirements.

Reminder: Part II: Lifelong Learning and Self-Assessment Requirements

ABAM encourages all diplomats enrolled in the MOC Program to begin completing their Part II requirements, which are due by December 15, 2014. The requirements include:

A. 24 credits of Self-Assessment credits. This is achieved by selecting 24 from a pool of 48 ABAM selected journal articles relevant to the practice of addiction medicine.

B. 26 AMA PRA Category 1 credits™.
   • Earn 13 CME credits from ABAM-approved educational activities.
   • Earn 13 CME credits from any addiction-related educational activity approved for PRA category 1 AMA credit.

ABAM encourages medical societies and other health care organizations that offer AMA PRA Category 1 credits™ in the topic area of addiction medicine to submit applications so that their activities may be considered by ABAM to fulfill the CME requirements for the MOC Program. Please contact ABAM to receive a copy of this application.

TIPS for Successful Self-Assessment Exam Outcomes

Self-Assessment activities allow ABAM diplomates to identify relevant knowledge gaps in their clinical practice, and to pinpoint other areas that warrant improvement or growth. Taken from feedback received from diplomates, ABAM encourages diplomates to utilize the journal articles and Self-Assessment Modules (SAMs) as an “open book test.” Here are tips to help improve successful SAM exam scores:

1. Chose a relevant article. Be sure to carefully read and familiarize yourself with the article content.
2. Print out the article and use it as a reference when taking the SAM exam.
3. Read each question carefully in order to understand what is expected.
4. Aim for concise answers that are based on evidence provided by the article.

Ms. Bennett is ABAM’s Maintenance of Certification Director.
ABAM Foundation Adds New Fellowship Programs

By Andrew Danzo, BA

With accredited addiction medicine fellowships now operating on both coasts and a number of locales in between, as well as two Canadian provinces, The ABAM Foundation is gearing up for continued expansion.

Four new fellowships in Colorado, Illinois, Ohio and Washington have been accredited effective July 2014, bringing the total to 23 programs in 15 states and two provinces. Fellowships now exist in all U.S. Census regions: the Northeast and Midwest each have seven, while the South has three and the West has four.

The number of approved training slots per fellowship ranges from one to six, and the programs are accredited to turn out up to 50 new addiction medicine physicians a year.

“Congratulations to the ABAM diplomates who worked to bring accredited addiction medicine training to their institutions,” said ABAM Foundation Executive Vice President Kevin B. Kunz, MD, MPH. “The field of addiction medicine is on target to reach 50 fellowships by 2020. Fellowships are necessary to train future addiction medicine leaders and to be the core repository and generator of the knowledge, skills and standards needed to advance the prevention and care of addiction.”

The four new fellowships are:

• The University of Colorado Addiction Medicine Fellowship, which is based in the Center for Dependency, Addiction and Rehabilitation (CeDAR) at University of Colorado Hospital in Aurora. The Program Director is Patricia A. Pade, MD, an Assistant Professor in the Department of Family Medicine.

• The Summa Addiction Medicine Fellowship, which is sponsored by the Summa Health System and based at St. Thomas Hospital in Akron, Ohio. The Program Director is Nicole Ballerini, DO, the Associate Medical Director for Addiction Medicine at St. Thomas Hospital.

• The Swedish Medical Center Addiction Medicine Fellowship, which is sponsored by Swedish Medical Center in Seattle and affiliated with the University of Washington School of Medicine. The Program Director is James Walsh, MD, who is Medical Director of the Addiction Recovery Service at Swedish.

• The Hines / Loyola Addiction Medicine Fellowship, which is sponsored by Loyola University Medical Center and based at the Edward Hines Jr. VA Hospital in Hines, Illinois. The Program Director is Christina Girgis, MD, who is an Associate Professor of Psychiatry and Associate Training Director of the Psychiatry Residency Program at Loyola.

The ABAM Foundation is accepting applications from programs seeking accreditation on an ongoing basis. For information and materials, please visit www.abamfoundation.org and contact The ABAM Foundation accreditation office at AddictionMedicine@buffalo.edu (phone 716-816-7243).

Likewise, physicians interested in addiction medicine can find information on the accredited fellowships at www.abamfoundation.org.

In addition to providing technical assistance for fellowship development, The ABAM Foundation (with funding from the Conrad N. Hilton Foundation) is holding biannual retreats for program directors, faculty and fellows to learn about recent developments and exchange ideas. Plans for the fall 2014 retreat include sessions with key officials from the National Institutes of Health.

Conrad N. Hilton Foundation funding is also supporting the new Next Generation Award for Adolescent Substance Use Prevention, which provides six $25,000 awards per year for tailored training in adolescent prevention and early intervention.

Mr. Danzo is Coordinator at The ABAM Foundation National Center for Physician Training in Addiction Medicine.

“ABAM Foundation fellowship programs now exist in all U.S. Census regions.”

– Mr. Andrew Danzo
The Significance of the National Center for Physician Training in Addiction Medicine

By Richard D. Blondell, MD

The creation of the National Center for Physician Training in Addiction Medicine (NCPTAM) represents a significant development in the evolution of the discipline of addiction medicine. The goal of this center is to facilitate the development of addiction medicine fellowship programs that will produce a sustainable workforce of physicians with special expertise in addiction medicine to meet the growing needs of the public.

For years, there have been fellowship programs for physicians electing to receive additional training in addiction medicine; however, these programs were independent, not coordinated with each other and followed no national standard. A sub-specialty of addiction psychiatry also exists, with its own fellowship programs, but these fellowships are only available to fully trained psychiatrists. Physicians who have received their primary training in another medical or surgical discipline do not now have a pathway to complete training in addiction medicine in an Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship program and are not able to become certified by a medical board recognized by the American Board of Medical Specialties (ABMS). NCPTAM is now coordinating a new national effort to develop fellowships in addiction medicine based on national standards that are consistent with requirements of ABMS and ACGME. The efforts of NCPTAM will lead to the creation of a new recognized medical sub-specialty of addiction medicine.

The addiction medicine specialists trained through NCPTAM-facilitated fellowship programs will not only provide medical care for patients with alcoholism and drug addiction, but they will also be trained to be educators of medical students, nurses, nurse practitioners, physician assistants, other physicians and the general public. This, in turn, will change medical care in North America by making evidence-based addiction care and education more widely available.

Some of these experts will also work as scientists who will conduct research to advance the discipline. This will lead to an expansion of the focus of addiction medicine beyond treatment to include early identification and the prevention of addiction disorders, a major emphasis of the NCPTAM. In particular, these efforts will focus on the care of patients in the 15 to 25-year-old age group since this is the age where addiction starts, often to remain untreated for years. As you will read elsewhere in this newsletter, this work is made possible due to a generous $2 million grant from the Conrad N. Hilton Foundation.

We are now on a clear path toward meeting our ultimate objective: to create systemic change in medical education, medical practice and health care, in order to provide evidence-based addiction prevention and treatment to adolescents and others who need it.

Dr. Blondell is Director of the National Center for Physician Training in Addiction Medicine. A member of the ABAM/ABAM Foundation Board of Directors, he is Professor of Family Medicine at the University at Buffalo School of Medicine and Biomedical Sciences.