Addiction Medicine: Current Status of Certification, Maintenance of Certification, Training, and Practice

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Abstract Addiction medicine (ADM) is an emerging medical field. It will soon be recognized by the American Board of Medical Specialties as a multispecialty subspecialty, sponsored by the American Board of Preventive Medicine. Certification and maintenance of certification in ADM are available currently through the American Board of Addiction Medicine (ABAM). There is an urgent need for trained and certified ADM physicians to serve the needs of patients and society. Thirty-seven addiction medicine fellowships of 12 months duration are now available, and their number is increasing. Physicians specializing in medical toxicology have educational, training, and practice overlap with addiction medicine. Medical toxicology physicians usually meet ADM examination eligibility requirements, based on clinical practice experience and continuing medical education activities. Those with fellowship training or in a fellowship bring training experience which has commonalities to ADM fellowship training, and therefore are particularly prepared for examination and practice in ADM. There are opportunities for partnerships in training, practice, and leadership between addiction medicine and medical toxicology.

Keywords Addiction medicine · Medical toxicology · Board certification · Alcohol dependence · Drug dependence

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Introduction

The medical and social impacts of unhealthy substance use and addiction are preventable and remediable public health burdens that can be addressed and attenuated by a sufficient workforce of educated, trained, and certified addiction medicine physicians. The availability of a certification examination, maintenance of certification program, and graduate medical education training fellowships are critical to the long-term success of the field.

Introducing Addiction Medicine to the House of Medicine

Within the house of medicine, physicians are frequently expert at treating the “complications” of addiction to alcohol and drugs, but not in the treatment or prevention of the spectrum of substance use disorders. Patients with drug- and alcohol-related diseases, like trauma and malignancy, have access to the best care in the world. Unfortunately, there is little access to the treatment and prevention of addiction, the primary disease process. Limited involvement of the medical community in the prevention and treatment of risky substance use and addiction has prevented the rapid clinical uptake of advances in the science of addiction [1].

In presenting the case for a defined specialty of addiction medicine, there are several approaches that seem most useful, and the leading ones are the science base and the availability for evidenced-based interventions. There are several factors that contribute to the pathogenesis of addiction, including biology, the environment, and the drug itself. Second, there are neurotransmitter systems that affect our hedonic tone. Researchers have cloned at least 50 of the receptors for drugs of addiction in the brain, and identified single nucleotide

polymorphisms that create susceptibility to addiction. In the presence of a drug that mimics or modifies neurotransmission, the brain will develop and continue as if the reward effect stemmed from an endogenous neurotransmitter. Risky substance use and addiction are pediatric diseases. The earlier a patient begins using a drug, the more likely she/he will become addicted to it [2]. The tendency towards addiction is at its highest before full brain development which occurs by the mid-twenties [3]. Third, physicians tend to separate substance use disorders by individual drug, but really these individual agents are all faces of the same problem. That problem may be addiction as we know it, or “risky use” of drugs that alter or modulate baseline hedonic tone. Looking at the American population across all drugs, there is a continuum of use. Approximately 16 % of Americans are currently addicted to some agent, and there is another 32 % that are risky users. A risky user may accidentally overdose or crash into a school bus full of children; there is no evidence that risky use is any safer than dependent use. In our population then, nearly 48 % have some risk associated with substance use, due to susceptibility to drug-induced illness, risky drug use, or dependence. Fourth, the medical toll of addiction is incredible. Many illnesses and injury stem from addiction; trauma and orthopedics would see a dramatic drop in volume if addiction were to suddenly stop. Over 30 % of motor vehicle collisions are alcohol- and/or drug-related [4]. Multiple malignancies and chronic illnesses (e.g., cirrhosis, COPD) are rooted in addiction. Fifth, the social toll of addiction is another determinant of health [1]. More than 80 % of prisoners are incarcerated for alcohol or drug offenses, were intoxicated at the time of their offense, committed the offense to get money to support their addiction, or had a history of alcohol abuse or dependence and/or illegal drug use [5]. Sixth, alcohol and drug problems are factors in 70 % of child abuse and neglect cases [6]. Finally, more than half a trillion dollars are spent each year on addiction-related illnesses; addiction costs more than diabetes and cancer combined [4, 7–10].

Despite these arguments, patients and families are unable to rapidly identify and access expert physicians when they confront a drug or alcohol problem. As such, addiction medicine must become a fully fledged subspecialty of medicine.

What Is Addiction Medicine?

Addiction medicine involves prevention and screening, diagnosis and treatment, and training and education. Addiction medicine is a multidisciplinary field that spans clinical practice and research environments—from outpatient community or in-hospital settings, basic sciences and epidemiology research, administration, faculty activities, or advocacy. Overall, addiction medicine providers are defined by professionalism, patience, and compassion. Very few physicians practice

addiction medicine full time, but many physicians incorporate addiction medicine into their primary practice to optimize care for patients and families and to improve health and social outcomes [1].

Addiction medicine is distinct from addiction psychiatry. Addiction psychiatry is a subspecialty focusing on substance use issues and psychiatric co-occurring disorders in populations that typically present to psychiatric and mental health settings. In contrast, addiction medicine is a subspecialty that focuses on substance use issues and co-occurring medical disorders within general medical settings, and across many specialties.

The Certification Exam and Maintenance of Certification

The addiction medicine certification exam is offered by the American Board of Addiction Medicine (ABAM) and co-administered by the National Board of Medical Examiners. The pass rates are in the 85–90 % range, similar to pass rates for other subspecialty exams. For the 2014 exam, the pass rate was 87 %. Eligibility for the exam includes an active unrestricted license; completion of a primary residency in any field; 1920 hours of experience over the previous 5 years in the clinical care of patients, or in teaching, research, administration, or the prevention of, as well as the treatment of, individuals who are at risk for or have substance use disorders; and, 50 addiction-related AMA PRA category 1 CME credits within the previous 2 years. Physicians completing 12 or more months at one of the 27 ADM fellowships accredited by the ABAM Foundation do not need to submit CME hours or practice hours in the field. Addiction medicine fellowship graduates score about 8 % higher than other examinees on the exam [11].

Recent cohorts of physicians taking the exam indicate a trend towards examinees who are earlier in their careers. Breakthroughs in the science of addiction, new treatments, and the overwhelming connection of substance use with health and social problems are likely to be motivating factors for these physicians. There is also a broadening of medical specialties involved with addiction treatment; physicians from virtually every medical specialty have taken the exam. Currently, there are over 3000 ABAM-certified ABAM diplomates. Seventy-five percent hold a current ABMS primary board, 10 % have Canadian credentials, and an additional 10 % are osteopathic physicians with AOA certification. The top fields represented are family medicine, internal medicine, and psychiatry; while pediatrics, obstetrics/gynecology, and emergency medicine contribute smaller numbers of diplomates, their numbers are increasing. Departments and divisions of addiction medicine are necessarily multidisciplinary, with examples including substance use issues impacting

women's health, the epidemic of neonatal abstinence syndrome, and pediatric and adolescent medicine prevention practices [11].

Addiction medicine has found a home in the specialty of preventive medicine and public health. The American Board of Preventive Medicine (ABPM) has applied for ABMS recognition of addiction medicine as a multispecialty subspecialty of preventive medicine. Preventive medicine is a perfect partner for addiction medicine. Unhealthy substance use and addiction are preventable; effective treatment and prevention will lessen the immense medical, public health, and social burdens imposed by substance use disorders.

There are currently 37 one-year addiction medicine fellowship programs. There is an optional second year for research or for more advanced clinical work. All fellowships are affiliated with ACGME programs, although not yet ACGME-accredited. There were 56 slots available for the 2014–2015 year. Ideally, the fellowship opportunities will expand to meet the need for trained ADM physicians. Within 5 years of ABMS recognition of addiction medicine, completion of an ACGME-accredited fellowship will be required in order to become certified in ADM.

Addiction Medicine and Medical Toxicology

Medical toxicology is a medical subspecialty focusing on the diagnosis, management, and prevention of poisoning [12]. There is a natural overlap between addiction medicine and medical toxicology that spans their core content, clinical applications, and patient populations. Several medical toxicologists have already attained Board Certification in Addiction Medicine, and many toxicologists have incorporated addiction medicine into their practices [13]. ABAM has recognized that medical toxicology fellowship training includes adequate content and clinical exposure, and fellowship-trained medical toxicologists are thus able to sit for the addiction certification exam based on their training. Leaders in both fields are exploring relationships that take advantage of this common ground in both training and practice. Opportunities for medical toxicologists in addiction medicine are described elsewhere in these proceedings.

Conclusion

Addiction medicine is emerging as a robust subspecialty within medical practice, soon to be recognized by the American

Board of Medical Specialties. Physicians across medicine may provide added benefit to their patients and communities through expertise in this field. Physicians sub-specializing in medical toxicology have training and practice that overlap with those of ADM, and are natural candidates for certification and faculty and leadership positions in the field.

Compliance with Ethical Standards

Sources of Funding None

Conflicts of Interest The author declares that there are no competing interests.

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