

Rationale for Addiction Medicine Training in Medical Schools

Igor Koutsenok, MD
Professor of Psychiatry,
University of California San Diego
Vice-President, International Consortium of Universities on Drug Demand Reduction -
ICUDDR

Is Drug Demand Reduction Worth It?

Annual Costs of Substance Use and Related Problems:

\$440 Billion

Annual Costs of Iraq and Afghan Wars Combined:

\$180-\$250 Billion

Average "Treatment / No Treatment" Cost Ratio

**1 \$ Invested in Treatment Saves
\$6.5-7**

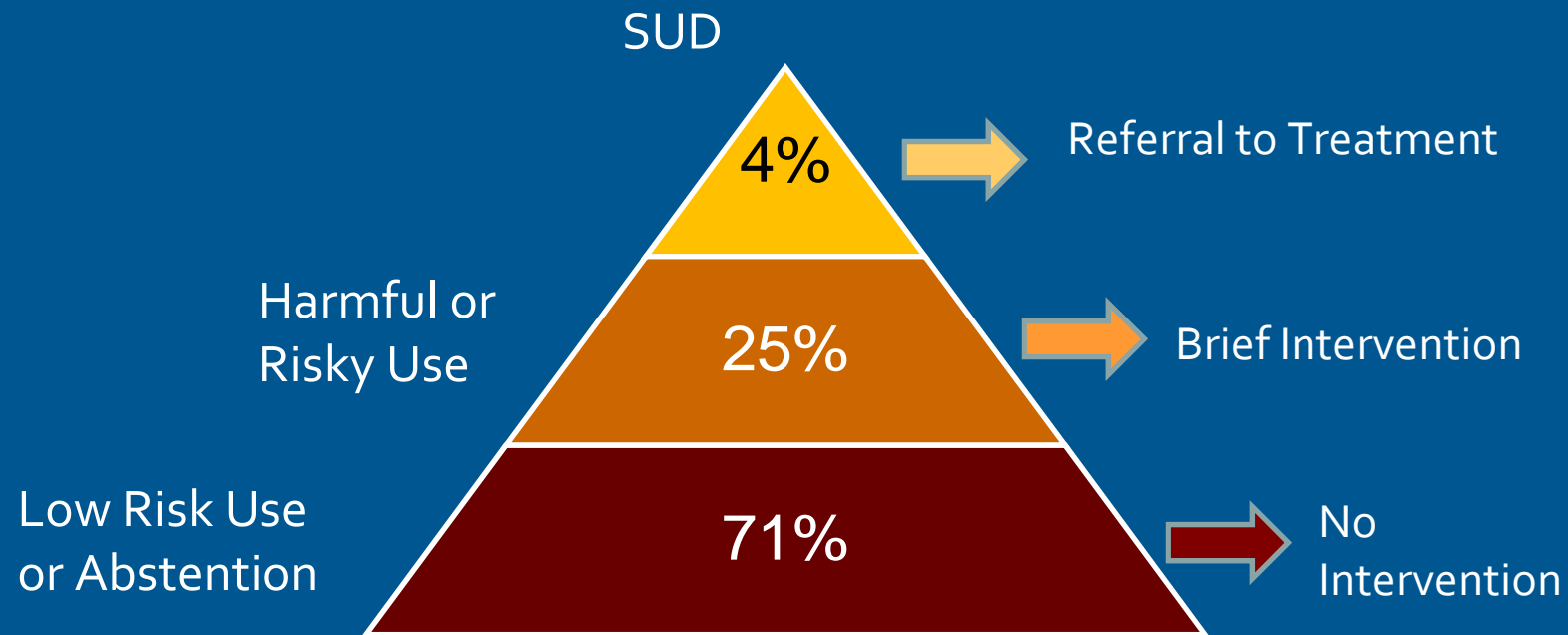
Some troubling findings

- More than 50% of patients reported that their primary care physician did not address their substance use.
- More than 40% of patients stated that their physician missed the diagnosis of a SUD
- Only 25% of patients were involved in the decision to seek treatment.
- Less than 20% of primary care physicians considered themselves “very prepared to identify alcohol or drug dependence.”
- This contrasts with more than 80% feeling very comfortable diagnosing hypertension and diabetes.

Knowledge, Attitude, and Clinical Practice

- Deficits in knowledge and clinical skills among physicians-in-training are compounded by negative attitudes toward SUDs
- The lack of adequate curriculum, exposure to end-stage addiction, and lack of faculty expertise may contribute to negative attitudes.
- Residents often fail to appropriately screen for or diagnose alcohol and other substance use disorders in their clinic and hospitalized patients
- Many studies have consistently demonstrated a need for improvement in resident training.

Rationale for training



Summary findings of substance abuse training programs for physicians

- Brief, skills-based curricula can improve physician knowledge, attitudes, and practices
- Combined interactive, experiential, and didactic curricula are preferable to didactics alone
- Expert faculty in addiction are needed to serve as role models and provide support
- Feedback to trainees should be integrated into training programs
- Reinforcement of training improves outcomes

Primary Care Context

- Takes advantage of the “teachable moment”
- Patients aren’t seeking treatment but screening opens door for awareness & education
- Focus on addressing low/moderate risk usage as a preventative approach before severe SUD is developed

Trained Primary Care Physicians Will Find That...

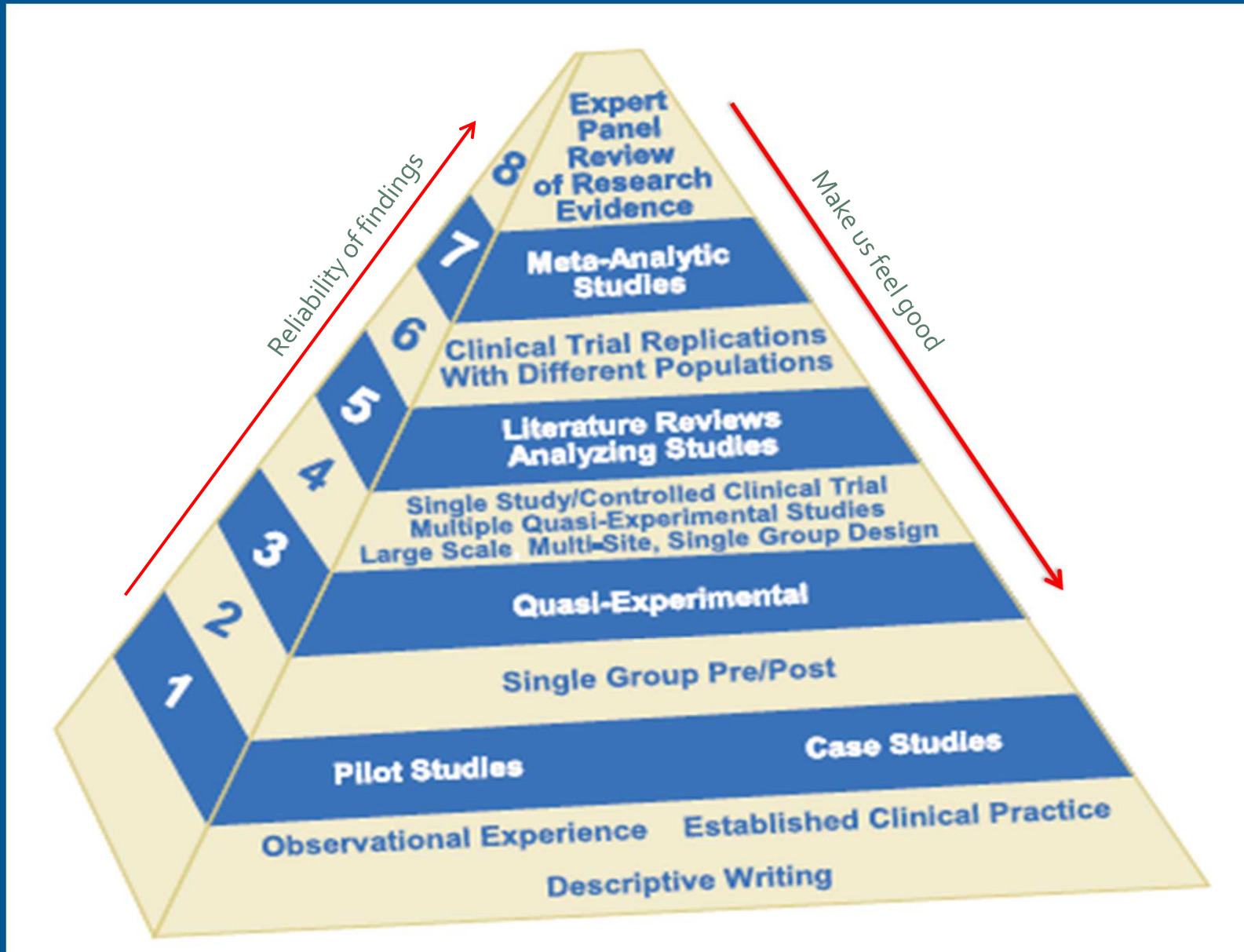
- Approximately 25% of all patients will screen positive for some level of substance use or abuse
- Of those, the approximately 70% will be “at-risk” *drinkers*
- Most will be open to addressing their substance abuse problems (if discussed in a non-judgmental manner)



Typical barriers

- Curricular time
- Coordination of efforts among departments
- Addition treatment sites in which to provide relevant clinical experiences
- Interested or qualified faculty or faculty time to develop integrated curricula.

Evidence – Based Treatment



If you have more questions...

ikoutzenok@ucsd.edu