

# Office of National Drug Control Strategy Hosts Event Promoting the Addiction Medicine Workforce

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On June 25<sup>th</sup>, the Office of National Drug Control Policy (ONCDP), in partnership with the Assistant Secretary of Health and the American College of Academic Addiction Medicine (ACAAM), hosted “Building the Addiction Medicine Workforce: Giving Americans Access to the Care They Need.” This White House Event focused on building an addiction medicine physician workforce that can bring the necessary expertise to American families and communities.

Director of ONDCP, Jim Carroll, the Nation’s Drug Czar, opened the event with a brief overview of the Trump Administration’s leadership on the issue of addiction medicine and the significant accomplishments seen in this field since the President took Office. Director Carroll went on to elaborate that the top priority for ONDCP is “to save lives.” Admiral Brett Giroir, the Assistant Secretary of Health, emphasized the federal government has an “all hands on deck” in dealing with the drug crisis across all federal agencies. The nearly 100 professionals from across the country that participated in the addiction medicine event discussed addiction medicine with Dr. Nora Volkow, director of The National Institute on Drug Abuse (NIDA), Dr. George Koob, Director of The National Institute on Alcohol Abuse and Alcoholism (NIAAA), and Dr. George Sigounas, Director of Health Resources & Services Administration (HRSA). All speakers and participants emphasized the realization that addiction is a chronic, relapsing disease of the brain that can indeed be prevented and treated.

The primary focus of event was to address the workforce gap within the field of addiction medicine. Dr. Kevin Kunz, Executive Vice President of American College of Academic Addiction Medicine noted that of the 23.2 million Americans with a substance use disorder, only 10.7% receive treatment.<sup>1</sup> There are 2,416 U.S. physicians who are credentialed and practicing as addiction psychiatrists, a subspecialty of psychiatry, yet there are only 1,928 primary care and other non-psychiatrists certified in addiction medicine.<sup>2 3</sup> Projections indicate a need for 7,500 addiction medicine physicians to meet the workforce needed to address SUD across health care. The physician work force is built from one year fellowship training programs after physicians complete a residency program. There are 50 accredited Fellowships in Addiction Psychiatry and these have been available since 1992. Addiction Medicine was recognized as a unique field of practice by the American Board of Medical Specialties in 2016, and in 2018 the Accreditation Council of Graduate Medical Education began accreditation of Addiction Medicine fellowships that are open to physicians of various specialties. There are currently 52 addiction medicine

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<sup>1</sup> National Survey on Drug Use and Health, 2017

<sup>2</sup> American Board of Medical Specialties, Physician Board Certification Data  
<https://www.boardcertifieddocs.com/abms/static/home.htm>

<sup>3</sup> American Board of Prevention Medicine, Physician Lookup <https://certification.theabpm.org/physician-lookup>

fellowships with a goal of establishing over 125 needed to build and maintain an adequate workforce of 7,500 addiction medicine physicians. In comparison, there are about 660,000 Americans who have kidney disease and they are supported by 8,000 nephrologists.<sup>45</sup> The nephrologists train new physician specialists through 148 fellowships Nationwide.

The addiction medicine professionals also explored the financial impact of providing treatment to individuals suffering from a substance use disorder. Tami Mark and Gary Zarkin, from the non-profit research institute RTI International documented the compelling case that addiction medicine interventions not only save lives, but are also cost effective to insurers and health systems. America spends \$521 billion annually on substance use disorders, and for each \$1 spent on addiction treatment, we could save \$7. Furthermore, for each \$1 spend on prevention, we could save \$18.<sup>678</sup>

Addiction medicine services play an important role throughout the medical continuum. The group heard about the importance of an inpatient addiction medicine service by Dr. Alex Walley from Boston University School of Medicine, about primary care clinic services from Dr. Diana Coffa at the University of California San Francisco, about psychiatric services from Dr. Devang Ghandi from the University of Maryland, the emergency department by Dr. Jeanette Tetrault from Yale, obstetrics and gynecology services by Dr. Patricia Wright from Hawaii, and pediatric care by Dr. Sharon Levy from Boston's Children's Hospital.

It is critical that health systems create addiction medicine services within their institutions. Five health systems shared with successes and visions, including reports by Lynn Eschenbaucher from Ascension Health, Peter Hill from John Hopkins, Jeffrey Cully from the Veterans Administration, Bruce Deighton from HCA, and Bryan Mills from Community Health Network in Indiana.

“Building the Addiction Medicine Workforce: Giving Americans Access to the Care They Need” supported ONDCP’s life-saving mission by encouraging the promotion of a more robust addiction medicine workforce. As ONDCP’s Chief Medical Office, I argue that “In America, anyone who walks into a healthcare facility with a substance use disorder should be connected with an addiction specialist for treatment, just as a patient with a broken bone is given a referral to an orthopedic surgeon.” This White House Event demonstrated how the Administration’s

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<sup>4</sup> National Institute of Health, National Institute of Diabetes and Digestive and Kidney Diseases  
<https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease>

<sup>5</sup> Center of Disease Control and Prevention. Counts of Nephrologists in the US by Year.  
<https://nccd.cdc.gov/CKD/detail.aspx?Qnum=Q238>

<sup>6</sup> NIDA web site. [www.drugabuse.gov/related-topics/trends-statistics](http://www.drugabuse.gov/related-topics/trends-statistics)

<sup>7</sup> 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.

<sup>8</sup> Ettner SL, Huang D, Evans E, Ash DR, Hardy M, Jourabchi M, Hser YI. Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? Health Serv Res. 2006 Feb;41(1):192-213. Erratum in: Health Serv Res. 2006 Apr;41(2):613. PubMed PMID: 16430607; PubMed Central PMCID: PMC1681530

commitment to the people and families who struggle with addiction, coupled with the dedicated work of addiction medical professionals, presents a vision within reach.

For information on how your institution can start an addiction medicine fellowship, contact ACAAM at [www.acaam.org](http://www.acaam.org)