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Doctors learn to see addiction as a disease

Medical schools work to establish speciality in treating substance abuse

By DOUGLAS QUENQUA New York Times

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There is an age-old debate over alcoholism: Is the problem in the sufferer's head -- something that can be overcome through willpower, spirituality or talk therapy, perhaps -- or is it a physical disease, one that needs continuing medical treatment in much the same way as, say, diabetes or epilepsy?

Increasingly, the medical establishment is putting its weight behind the latter diagnosis. In the latest evidence, 10 medical schools, including the University at Buffalo School of Medicine, have introduced the first accredited residency programs in addiction medicine, where doctors who have completed medical school and a primary residency will study the relationship between addiction and brain chemistry.

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"This is a first step toward bringing recognition, respectability and rigor to addiction medicine," said David Withers, who oversees the new residency program at the Marworth Alcohol and Chemical Dependency Treatment Center in Waverly, Pa.

The goal of the residency programs, which started July 1 with 20 students at the various schools, is to establish addiction medicine as a standard specialty along the lines of pediatrics or dermatology. The residents will treat patients with a variety of addictions -- to alcohol, drugs, prescription medicines, nicotine and more -- and study the brain chemistry involved, as well as the role of heredity.

"In the past, the specialty was very much targeted toward psychiatrists," said [Nora D. Volkow](#), the neuroscientist in charge of the [National Institute on Drug Abuse](#). She called the lack of substance-abuse education among general practitioners "a very serious problem."

Other schools offering the one-year residency include St. Luke's-[Roosevelt Hospital](#) in New York, the University of Maryland Medical System and [Boston University Medical Center](#). Some, like Marworth, have been offering programs in addiction medicine for years, just without accreditation.

The new accreditation comes courtesy of the [American Board of Addiction Medicine](#), or ABAM, which was founded in 2007 to help promote the medical treatment of addiction. The group aims to get the program accredited by the [Accreditation Council for Graduate Medical Education](#), a step that requires, among other things, establishing the program at a minimum of 20 schools. But it would mean that the addictions specialty would qualify as a "primary" residency, one that a newly minted doctor could take right out of school.

Richard Blondell, the chairman of the training committee at the ABAM, said the group expected to accredit an additional 10-15 schools this year.

The rethinking of addiction as a medical disease rather than a strictly psychological one began about 15 years ago, when researchers discovered through high-resonance imaging that drug addiction resulted in actual physical changes to the brain.

Armed with that understanding, "the management of folks with addiction becomes very much like the management of other chronic diseases, such as asthma, hypertension or diabetes," said Dr. [Daniel Alford](#), who oversees the program at Boston University Medical Center.

Central to the understanding of addiction as a physical ailment is the belief that treatment must be continuing in order to avoid relapse. Just as no one expects a diabetes patient to be cured after six weeks of diet and insulin management, Alford said, it is unrealistic to expect most drug addicts to be cured after 28 days in a detoxification facility.

Increasing interest in addiction medicine is a handful of promising new pharmaceuticals, most notably buprenorphine -- sold under brand names like Suboxone -- which has proved to ease withdrawal symptoms in heroin addicts and subsequently block cravings, though it causes side effects of its own. Other drugs for treating opioid or alcohol dependence have shown promise, as well.

Few addiction medicine specialists advocate a path to recovery that depends solely on pharmacology, however. "The more we learn about the treatment of addiction, the more we realize that one size does not fit all," said [Petros Levounis](#), who is in charge of the residency at the [Addiction Institute of New York](#) at St. Luke's-Roosevelt Hospital.




Equally maligned is the idea that psychiatry or 12-step programs are adequate for curing a disease with physical roots in the brain. Many people who abuse drugs or alcohol do not have psychiatric problems, Alford noted, being quick to add, "I think there's absolutely a role for addiction psychiatrists."

While each school has developed its own curriculum, the basic competencies each seeks to impart are the same. Residents will learn to recognize and diagnose substance abuse, conduct brief interventions that spell out the treatment options, and prescribe medications to help with withdrawal and recovery. The doctors will also be expected to understand the legal and practical implications of substance abuse.

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