

Addiction Education News

Newsletter of the Coalition On Physician Education in Substance Use Disorders (COPE)

Volume 3, Numbers 3–4, Special Double Issue March/April 2015

In this issue:

- ★ **COPE News:** Region III medical educators meet with State, Federal officials in DC; Faculty from medical schools in Southeastern States to meet.
- ★ **Education News:** New AAMC publication explores investment of academic medicine in medical research; British study examines teaching about substance abuse in undergraduate medical education.
- ★ **Addiction News:**
DEA: Fentanyl-laced heroin responsible for surge in heroin overdose deaths; CDC: Study shows that harmful effects of second-hand smoke are more common in some population groups than in others; NY Times: A growing number of adults abuse ADHD medications to stay competitive in the workplace; SAMHSA: Almost one in ten full-time workers reports a recent substance use problem.
- ★ **Federal News:** AHRQ marks National Alcohol Awareness Month; FDA: Chantix can reduce alcohol tolerance; CDC: Adolescents' use of e-cigarettes triples in one year.
- ★ **People in the News:** ASAM awards recognize leadership in addiction research, education, policy..
- ★ **Resources:** NIAAA and SAMHSA publish brief guide to medications approved for the treatment of alcohol use disorders; CASA/Columbia slideset provides overview of addiction medicine topics relevant to primary care; PCSS-O offers online module on evidence-based teaching, more; NIDA, IRETA offer online course on prescription opioid abuse.
- ★ **In the Literature:** Feature: Australian study examines professional staff's attitudes toward patients with alcohol-related problems; more.
- ★ **Meetings and Training Events:** Conferences, training opportunities and other events of interest.
- ★ **About COPE:** Purpose and goals; subscribe to Addiction Education News; Board of Directors;

COPE News



Meeting host Jean Bennett, Ph.D. of SAMHSA Region III

Region III Medical Educators Meet with State, Federal Officials in DC

Medical school faculty and health officials from the Federal government and the States of Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia gathered at the Washington, DC, headquarters of the U.S. Department of Health and Human Services on February 27th for a second SAMHSA- COPE Region III meeting on medical education in substance use disorders. The meeting was hosted by Jean Bennett, R.N., M.S., Ph.D., Region III Administrator for the federal Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

SPECIAL PRESENTATIONS. The meeting featured presentations by medical educators, officials of Federal agencies, and representatives of private sector organizations. The first session included reports on related activities of the following private sector organizations: the Association of American Medical Colleges (delivered by AAMC Senior Director Dave Davis, M.D.); the American Academy of Addiction Psychiatry (by Executive Director Kathryn Cates-Wessel); the American Osteopathic Academy of Addiction Medicine (by Immediate Past President Margaret M. Kotz, D.O.); and the American Society of Addiction Medicine (by Executive Vice President Penny Mills, M.B.A.).

continued on page 2

Visit COPE on the web at www.cope-assn.org

These were followed by a preliminary report of the Region III curriculum survey results by Jenifer Van Deusen, M.Ed., Curriculum Director at the University of New England College of Osteopathic Medicine, and a presentation on introducing innovations in medical education, using SBIRT as an example, by Janice L. Pringle, Ph.D., Director of the Program Evaluation Research Unit at the University of Pittsburgh School of Pharmacy.

Finally, there were brief presentations by representatives of Federal agencies that have an interest in medical education in substance abuse, including the Office of National Drug Control Policy (represented by June S. Sivilli of the ONDCP Office of Demand Reduction); the Substance Abuse and Mental Health Services Administration (by Medical Officer Melinda Campopiano, M.D.); the Health Resources and Services Administration (by HRSA Region III Administrator Pamela Kania, M.S.); the National Institute on Alcohol Use and Alcoholism (by Erin Bryant of NIAAA's Communications and Public Liaison Branch); and the National Institute on Drug Abuse (by NIDA's Elisabeth Davis).

CONSENSUS REACHED. Meeting participants discussed strategies and priorities for enhancing medical school curricula and medical students' learning experiences with regard to the diagnosis and treatment of substance use disorders (SUDs) and related conditions. Although greater attention to SUDs has long been endorsed by both federal agencies and private sector organizations, the issue has taken on new urgency because of the Affordable Care Act and the Paul Wellstone Mental Health Parity Act. To achieve the full potential of the new laws, physicians-in-training will need to acquire the knowledge and skills to prevent, identify, and address substance use and related disorders in their patients. While this need is especially acute for physicians entering primary care, it is relevant to all medical students, regardless of their future specialty or the populations they will serve.

The group reached consensus that COPE and its partner organizations should give highest priority to three initiatives:

1. Identify a set of core competencies related to SUDs that should be mastered by all students during the medical school years.
2. Develop one or more model curricula that reflect the core competencies.
3. Design or collect teaching resources that support the model curricula (these could be online learning modules, webinars, printed works, and mentoring opportunities).

These priorities coincide with the efforts of several existing COPE working groups of medical school faculty and administrators, each of which is charged with an area of activity.

CORE COMPETENCIES. Group leader Jenifer Van Deusen, M.Ed., Curriculum Director at the University of New England College of Osteopathic Medicine, reported on efforts to identify core competencies related to substance use prevention, identification and management that every medical student should acquire. She added that, after considerable research, it appears that such a statement of core competencies for undergraduate medical education does not currently exist (although current LCME standards call for 4 hours of training on SUDs, they do not specify the content of that training).



COPE Board members Steve Wyatt, D.O., Margaret Kotz, D.O., and Mark Kraus, M.D. confer



Special presenter Jan Pringle, Ph.D.



Working in small groups, participants discussed strategies and priorities.

Ms. Van Deusen described COPE's approach to defining core competencies and explained that an early step will be to assess the knowledge and skill sets that constitute core competencies. To do so, she said, COPE is collecting and analyzing statements of core competencies developed for other disciplines or levels of medical education (such as residents and practicing physicians). She added that a final step will be pilot tests of the core competencies in U.S. medical schools. Those that prove useful in the tests will be offered for widespread adoption.

MODEL CURRICULA. COPE is using its medical school survey and other means to identify model curricula that correlate with the core competencies. The survey seeks participants' input regarding the challenges they face in teaching about substance use disorders, as well as approaches and resources they have found helpful and would recommend to others.

continued on page 3

To date, the survey has been administered in four HHS regions, encompassing States in New England, the Mid-Atlantic, the Midwest, and the Southeastern U.S. Responses have been received from more than 50 medical schools. COPE is sharing the preliminary results at its own Regional Medical Education Summits, at other groups' medical education meetings, and through the newsletter and website.

RESOURCE CENTER. Another group is working to create a carefully curated Resource Center by assembling, vetting, and organizing materials in a way that is most useful to the faculty who teach medical students. The work plan for this group includes

- Use the COPE curriculum survey and other sources of information to understand the resource needs of medical school faculty in multiple departments;
- Collect resources that are likely to meet those needs;
- Devise a method for curating the resources and for faculty to provide feedback on their usefulness in academic settings; and
- Organize the resources in an online Resource Center in a way that is user-friendly and easy to access and update.



Resources provided at the meeting

WEBSITE. Many of the foregoing presentations will be posted on the COPE website (go to www.cope-assn.org, then click on "COPE Meetings"). In addition, meeting participants suggested that COPE revise the website to allow participants in each of its Regional Summits to communicate and share information with each other.

The website also will be revised to incorporate progress reports on the high-priority initiatives described above. These changes are expected to be completed in mid-2015. Watch future issues of *Addiction Education News* for updates.

ACKNOWLEDGEMENTS

In addition to support from SAMHSA, the Region III Summit was made possible by generous assistance from the American Academy of Addiction Psychiatry (AAAP), the American Osteopathic Academy of Addiction Medicine (AOAAM), and the Connecticut Society of Addiction Medicine (CtSAM), as well as COPE's Board members and anonymous benefactors. The Summit was made successful by the expertise and enthusiasm of the participants. We thank them all.



*SAMHSA Region IV
Administrator Stephanie
McCladdie, M.P.A.*

Faculty from Medical Schools in Southeastern States to Meet

Faculty and administrators from 35 medical schools in the Southeastern U.S. (HHS Region IV) will meet with officials of State and Federal agencies in Charlotte, North Carolina, on May 8th, in a meeting co-sponsored by COPE and Region IV of the Substance and Mental Health Administration (SAMHSA). The meeting, which is designed to strengthen ties between leaders in medical education and in government, is part of a series of Regional Meetings SAMHSA and COPE are sponsoring around the U.S.

SAMHSA Region IV Administrator Stephanie McCladdie, M.P.A., will co-chair the gathering with COPE Board Chair David C. Lewis, M.D. Support for the meeting will be provided by the Carolinas HealthCare System. Meeting results will be reported in the May issue of *Addiction Education News*.

Education News

New AAMC Publication Explores Investment of Academic Medicine in Medical Research

Advances in medical research — which improve the health of Americans, spur innovation, and benefit the economy — have been possible because of investments by Federal, State, and local governments, industry, foundations, and academic institutions.

Given the declining level of Federal support and increasing budgetary pressures, funding for medical research is at risk. A new AAMC publication, *Academic Medicine Investment in Medical Research*, presents findings on the comprehensive investment in medical research across 46 medical schools surveyed. The findings demonstrate the substantial level of support for medical research from academic medicine, while illustrating the growing gap in financial investment that puts progress in medical research at risk.

Source: Association of American Medical Colleges, April 6, 2015. [www.aamc.org]

continued on page 4

Education News *(continued)*

British Study Examines Teaching About Substance Abuse in Undergraduate Medical Education

A study recently published in the journal *BMC Medical Education* is based on the principle that, with more than 12,000 hospital admissions in the U.K. each year resulting from substance misuse and abuse, issues surrounding substance abuse ought to be addressed early in medical education.

To assess how and to what degree such instruction is integrated into current undergraduate education, the study's authors conducted semi-structured interviews with 17 key members of staff responsible for all or part of the undergraduate medical curriculum. Subjects were asked to identify the methods used to teach about substance misuse.

Based on the interview results and using a previously devised toolkit, 19 curriculum coordinators then mapped the actual teaching sessions that addressed substance misuse learning objectives.

The study found that teaching about substance misuse was delivered primarily in psychiatry modules, although learning objectives also were found in other areas, such as primary care placements and problem-based learning. On average, 53 teaching sessions per medical school focused on biopsychosocial models of addiction, whereas only 23 sessions per medical school focused on professionalism, fitness to practice, and students' own health in relation to substance misuse.

Many sessions addressed specific learning objectives relating to the clinical features of substance dependence, but few addressed iatrogenic addiction.

Specifically, the number and average of substance misuse teaching sessions identified in the general medical curriculum were enumerated as follows:

Learning Outcomes Area	Total Number of Teaching Sessions	Average Number Per School
Biopsychosocial models of addiction	958	53
Professionalism and self-care	418	23
Clinical assessment of patients	942	52
Treatment interventions	921	51
Epidemiology, public health and society	578	32
Specific disease and specialty topics	846	47

The study's authors concluded that teaching about substance abuse occurs on an interdisciplinary basis and that such instruction frequently addresses the clinical, psychological and social effects of substance misuse, while emphasizing the biopsychosocial approach underlying clinical practice. However, they also determined that some topics are not frequently taught in the formal curriculum, and these need to be addressed as part of future changes to medical education.

Source: Carroll J, Goodair C, Chaytor A, Notley C, Ghodse H, Kopelman P. Substance misuse teaching in undergraduate medical education. *BMC Medical Education*. 2014;14:34.

Addiction News

DEA: Fentanyl-laced Heroin Responsible for Surge in Opioid Overdose Deaths

The U.S. Drug Enforcement Administration (DEA) has issued a nationwide alert in response to a surge in overdose deaths caused by heroin laced with fentanyl and fentanyl analogs.

Legitimally produced fentanyl is a Schedule II narcotic used as an analgesic and anesthetic. It is the most potent opioid available for use in medical treatment. When produced in illicit clandestine laboratories, such products are up to 100 times more potent than morphine and 30 to 50 times more potent than heroin, according to the DEA.

Fentanyl is potentially lethal, even at very low doses. Ingestion of doses as small as 0.25 mg can be fatal. Its euphoric effects are indistinguishable from those of morphine or heroin.

DEA has issued warnings to law enforcement and health care personnel that fentanyl can be absorbed through the skin. Accidental inhalation of airborne fentanyl powder also can occur.

Philadelphia health officials reported that at least 28 persons died in that city in March and April 2014 after using heroin laced with fentanyl. Earlier, law enforcement officials said heroin laced with fentanyl was suspected in at least 50 fatal overdoses in Pennsylvania, Maryland, and Michigan.

Seizures of illegal drugs containing fentanyl more than tripled between 2013 and 2014, according to the National Forensic Laboratory Information System (NFLIS), which collects data from local police department laboratories. In 2014, NFLIS recorded 3,344 seizures of fentanyl-laced heroin, up from 942 in 2013.

Source: Drug Enforcement Administration. *DEA Issues Nationwide Alert on Fentanyl as Threat to Health and Public Safety (Press release)*. Washington, DC: U.S. Department of Justice, March 18, 2015

continued on page 5

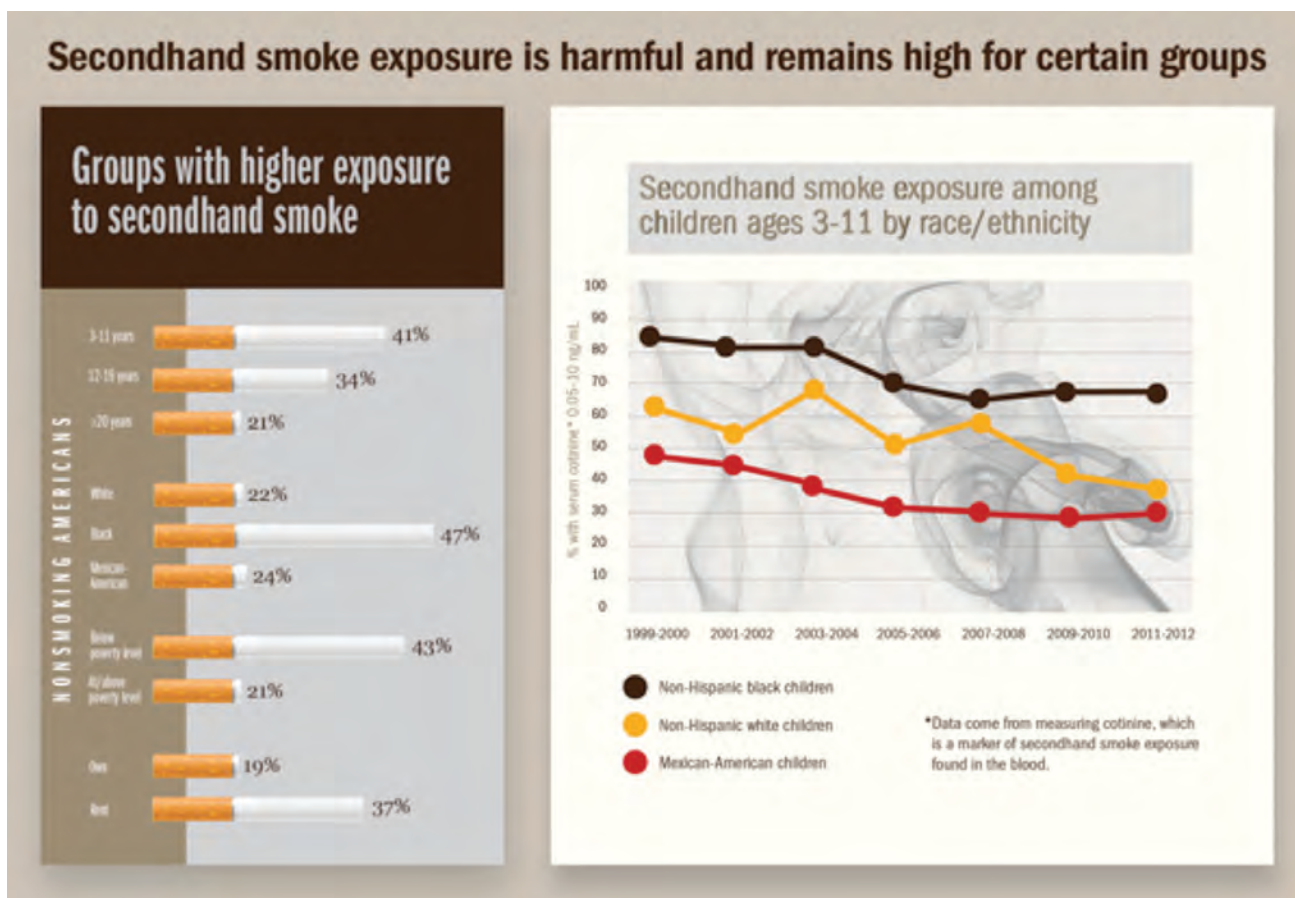
Addiction News (continued)

CDC: Study Shows That Harmful Effects of Exposure to Second-Hand Smoke are More Common in Some Population Groups Than in Others

Secondhand smoke (SHS) and the harmful chemicals it contains are known causes of Sudden Infant Death Syndrome, respiratory infections, ear infections, and asthma attacks in infants and children. They also are known causes of heart disease, stroke, and lung cancer in adult nonsmokers. Accordingly, the U.S. Surgeon General has concluded that there is no safe level of exposure to SHS, which contains over 7,000 chemicals including about 70 that can cause cancer. In infants and children, SHS is a known cause of Sudden Infant Death Syndrome, respiratory infections, ear infections, and asthma attacks. In adult nonsmokers, it is associated with elevated rates of heart disease, stroke, and lung cancer. Each year, exposure to SHS causes more than 41,000 deaths from lung cancer and heart disease among non-smoking adults and 400 deaths from Sudden Infant Death Syndrome, as well as about \$5.6 billion in lost productivity.

Although exposure to SHS in the U.S. dropped by half between 1999 to 2000 and 2011 to 2012, one in four nonsmokers — 58 million persons — still are exposed to SHS, according to a study reported in the CDC’s *Vital Signs*.

Using data from the National Health and Nutrition Examination Survey (NHANES), the study’s authors found that declines in exposure to SHS have been slower and exposure remains higher among children, Blacks, persons who live in poverty, and those who live in rental housing. It also found that two in every five U.S. children aged three to 11 years are exposed to SHS. (The study assessed exposure using cotinine, a marker of SHS found in the blood.) The study used rental status as a way of identifying persons who live in multi-unit housing, which is an environment where the issue of SHS exposure is of particular concern.



Source: National Health and Nutrition Examination Survey Data 1999–2012

The report credits the overall decline in SHS exposure to several factors. To date, 26 states, the District of Columbia, and almost 700 cities have passed comprehensive laws prohibiting smoking in worksites, restaurants, and bars. Such State and local laws currently cover almost half the U.S. population. In addition, a growing number of households have adopted voluntary smoke-free home rules, increasing from 43 percent in 1992–1993 to 83 percent in 2010–2011. Also, cigarette smoking has declined significantly in the last two decades and smoking around nonsmokers has become much less socially acceptable.

Source: CDC. Second-hand smoke: An unequal danger. *Vital Signs*, February 2015 [www.cdc.gov/vitalsigns/tobacco]

continued on page 6

Addiction News (continued)

SAMHSA: Almost One in Ten Full-Time Workers Reports a Recent Substance Abuse Problem

Substance use negatively affects U.S. industry through lost productivity, workplace accidents and injuries, employee absenteeism, low morale, and increased illness. While almost all companies are at risk of losing money because of employees' alcohol and drug use and related problems, research shows that the rate of substance use varies by occupation and industry.

The National Survey on Drug Use and Health (NSDUH) gathers information about substance use and dependence or abuse. NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Heavy alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a few hours of each other) on five or more days in the past 30 days. NSDUH also includes a series of questions to assess symptoms of dependence on or abuse of alcohol or illicit drugs during the preceding year.

A new report from NSDUH, based on surveys of more than 11,500 adults with full-time jobs, shows that, over the period 2008 to 2012, an annual average of 8.7 percent of full-time workers aged 18 to 64 used alcohol heavily in the preceding month, 8.6 percent used illicit drugs in the preceding month, and 9.5 percent were dependent on or abused alcohol or illicit drugs in the preceding year.

The highest rates of heavy alcohol use among full-time workers aged 18 to 64 were found in the mining (17.5 percent) and construction industries (16.5 percent). The highest rates of past month illicit drug use were found in the accommodations and food services industry (19.1 percent), while workers in the accommodations and food services industry (16.9 percent) had the highest rates of past year substance use disorder.

NY Times: A Growing Number of Adults Abuse ADHD Medications to Stay Competitive in the Workplace



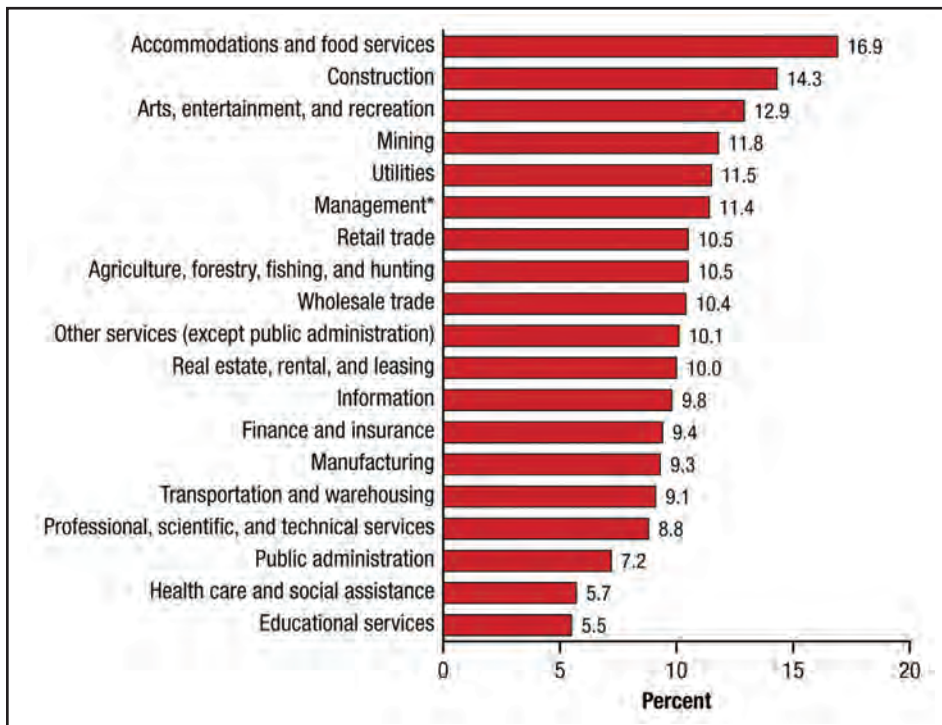
A growing number of workers in a wide variety of professions are abusing stimulants in an effort to stay competitive, according to a report in the *New York Times*.

Abuse of stimulants such as Adderall, Vyvanse and Concerta, which are approved by FDA for the treatment of attention deficit hyperactivity disorder (ADHD), is widely recognized as a problem among college students. Now, however, the Times reports growing misuse of these medications in the 25- to 45-year-old population. According to Express Scripts, the nation's largest prescription drug manager, use of ADHD medication has increased in recent years. About 2.6 million American adults received prescriptions for ADHD medications in 2012 — an increase of 53 percent over 2008. In particular, use among adults 26 to 34 almost doubled.

Some physicians and medical ethicists are concerned there is pressure in some workplaces to use stimulants in an attempt to become more productive. "Given the increase in rates of abuse [of ADHD medications] in college students over the last decade, it is essential that we understand the outcomes as they leave college and assume adult roles," commented Dr. Wilson Compton, Deputy Director of the National Institute on Drug Abuse.

Source: Schwarz A. Workers seeking productivity in a pill are abusing ADHD drugs. *New York Times*, April 18, 2015.

PAST YEAR SUBSTANCE USE DISORDER AMONG ADULTS AGED 18 TO 64 EMPLOYED FULL TIME, BY INDUSTRY CATEGORY: COMBINED 2008 THROUGH 2012



http://www.samhsa.gov/data/sites/default/files/report_1959/ShortReport-1959.pdf

This report is one of several designed to update SAMHSA's Analytic Series A-29, *Worker Substance Use and Workplace Policies and Programs*, published in 2007.

Source: Bush DM, Lipari RN. Substance use and substance use disorder, by industry. *The CGHSQ Report*. April 16, 2015. [http://www.samhsa.gov/data/sites/default/files/report_1959/ShortReport-1959.pdf]

Federal News



AHRQ Marks National Alcohol Awareness Month

Through its National Guideline Clearinghouse, the Agency for Healthcare Research and Quality (AHRQ) has published a list of guidance documents related to alcohol use disorders. Among the more recent guidelines available on the AHRQ website (<http://www.guideline.gov/browse/by-topic-detail.aspx?id=42368&ct=1>) are:

- U.S. Preventive Services Task Force. *Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: USPSTF Recommendation Statement*. 1989 (revised version published May 14, 2013). NGC:009843.
- Michigan Quality Improvement Consortium. *Adolescent Health Risk Behavior Assessment*. Sep 2012 (republished Sep 2013). NGC:009445.
- Michigan Quality Improvement Consortium. *Adult Preventive Services (Ages 18–49)*. Jul 2005 (revised version published Mar 2013). NGC:009928.
- Michigan Quality Improvement Consortium. *Adult Preventive Services (Ages 50–65+)*. Jul 2005 (revised version published Mar 2013). NGC:009929.
- Michigan Quality Improvement Consortium. *Screening, Diagnosis and Referral for Substance Use Disorders*. Aug 2003. (revised version published Aug 2013). NGC:010317.
- British Columbia Medical Services Commission. *Problem Drinking*. Apr 1, 2011. NGC:009465.
- National Collaborating Centre for Mental Health (Canada). *Alcohol-Use Disorders. Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence*. Feb 2011. NGC:008761.

These and other guidelines are available for download from the AHRQ website at no charge.

FDA: Chantix Can Reduce Alcohol Tolerance

Chantix (varenicline), a prescription medication for smoking cessation, can reduce tolerance for alcohol, the Food and Drug Administration (FDA) warned last month in a safety announcement (<http://1.usa.gov/1xd9GLH>). The announcement also noted that the agency has learned of rare reports of seizures among Chantix users. According to the announcement, warnings about these risks have been added to the drug's label.

The FDA announcement cautioned that "Until patients know how Chantix affects their ability to tolerate alcohol, they should decrease the amount of alcohol they drink" and "Patients who have a seizure while taking Chantix should stop the medicine and seek medical attention immediately."

Source: U.S. Food and Drug Administration. FDA Drug Safety Communication: FDA updates label for stop smoking drug Chantix (varenicline) to include potential alcohol interaction, rare risk of seizures, and studies of side effects on mood, behavior, or thinking. March 9, 2015 (<http://1.usa.gov/1xd9GLH>).

CDC: Adolescents' Use of E-Cigarettes Triples in One Year

Current e-cigarette use among middle and high school students tripled from 2013 to 2014, according to data published by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration's Center for Tobacco Products (CTP) in Morbidity and Mortality Weekly Report (MMWR).

Findings from the 2014 National Youth Tobacco Survey show that current e-cigarette use (use on at least one day in the preceding 30 days) among high school students increased from 4.5 percent in 2013 to 13.4 percent in 2014, representing a surge from approximately 660,000 to two million students. Among middle school students, current e-cigarette use more than tripled from 1.1 percent in 2013 to 3.9 percent in 2014 — an increase from approximately 120,000 to 450,000 students.

This is the first time since the survey started collecting data on e-cigarettes in 2011 that current e-cigarette use has surpassed current use of every other tobacco product overall, including conventional cigarettes. In the 2014 survey, e-cigarettes were the most used tobacco product by non-Hispanic whites, Hispanics, and non-Hispanic other race, while cigars were the most commonly used product among non-Hispanic blacks.

The increases in e-cigarette and hookah use offset declines in use of more traditional tobacco products such as cigarettes and cigars. There was no decline in overall tobacco use between 2011 and 2014. In 2014, overall rates of use of any tobacco product were 24.6 percent among high school students and 7.7 percent among middle school students.

"We want parents to know that nicotine is dangerous for kids at any age, whether it's an e-cigarette, hookah, cigarette or cigar," said CDC Director Tom Frieden, M.D., M.P.H. "Adolescence is a critical time for brain development. Nicotine exposure at a young age may cause lasting harm to brain development, promote addiction, and lead to sustained tobacco use."

Source: Centers for Disease Control and Prevention (CDC). E-cigarette use triples among middle and high school students in just one year. *MMWR*. 2015 Apr 16, 2015. (<http://www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html>)



People in the News

ASAM Awards Recognize Leadership in Addiction Research, Education, Policy

The American Society of Addiction Medicine recognized the accomplishments of an outstanding group of leaders during its 46th annual conference, April 24–26th in Austin, Texas.



Mark S. Gold, M.D., FASAM

MARK S. GOLD, M.D., FASAM, received the John P. McGovern Award and delivered an address titled “My Career in Translational Research: From Memory to Clonidine to Naltrexone to Cocaine to Dopamine to Smoking to Food Addiction...The Abridged Version.” Since the early 1970s, when Dr. Gold’s career in translational research began, his work has laid the foundation for others who followed in addiction research. Dr. Gold is the author of nearly 1,000 scientific articles, chapters, textbooks, and general audience books.



George F. Koob, Ph.D.

GEORGE F. KOOB, PH.D., received the R. Brinkley Smithers Distinguished Scientist Award. Dr. Koob is Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and outgoing editor of the *Journal of Addiction Medicine*.



H. Westley Clark, M.D., J.D., M.P.H.



Richard K. Ries, M.D., FAPA, FASAM



Paul H. Earley, M.D., FASAM

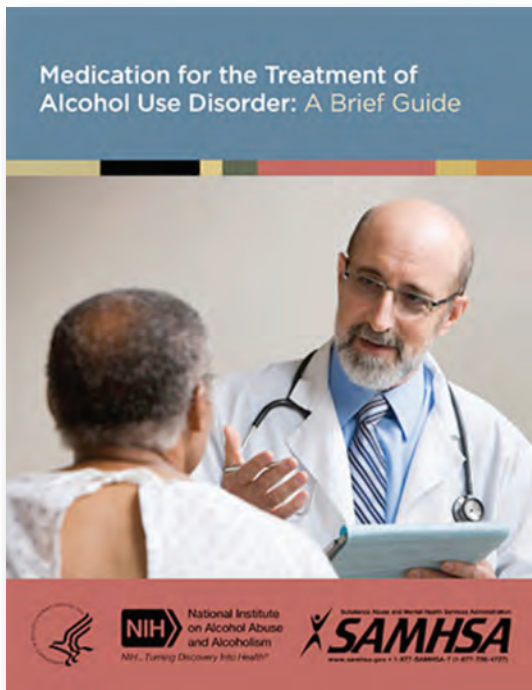
ASAM Annual Awards were presented to **H. WESTLEY CLARK, M.D., J.D., M.P.H.**, formerly Director of SAMHSA’s Center for Substance Abuse Treatment (CSAT); **RICHARD K. RIES, M.D., FAPA, FASAM**, lead Editor of ASAM’s textbook, *Principles of Addiction Medicine*, and **PAUL H. EARLEY, M.D., FASAM**, a well known educator and one of the developers of The ASAM Patient Placement Criteria.



Michael P. Botticelli

The ASAM Public Policy Award went to **MICHAEL P. BOTTICELLI**, Director of the White House Office of National Drug Control Policy. Mr. Botticelli has a long record of achievements in public policy, having served as Director of the Bureau of Substance Abuse Services at the Massachusetts Bureau of Public Health before joining ONDCP in 2012.

Resources



NIAAA and SAMHSA Publish Brief Guide to Medications Approved for the Treatment of Alcohol Use Disorders

SAMHSA has released a new guide for use by physicians and other health care professionals who are trying to select an appropriate medication for a patient with alcohol use disorder. *Medications for the Treatment of Alcohol Use Disorder: A Brief Guide* was created in partnership with the National Institute on Alcohol Abuse and Alcoholism. Development of the guide was overseen by a panel experts in research, clinical care, medical education, and public policy.

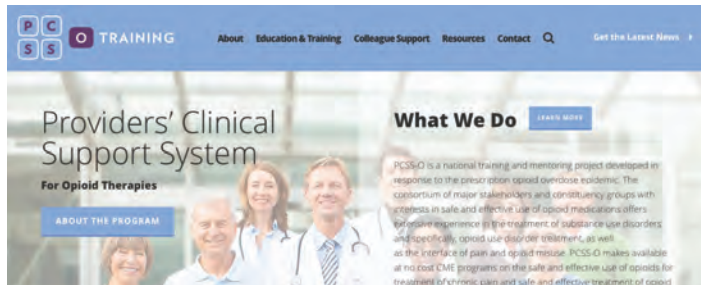
The guide summarizes the results of clinical trials on four medications approved by the Food and Drug Administration (FDA) for the treatment of alcohol use disorder and the prevention of relapse to alcohol use: disulfiram, oral naltrexone, extended-release injectable naltrexone, and acamprosate. For each of these medications, the Brief Guide addresses five key topics:

1. Screening patients for risky alcohol use;
2. Assessing the need for medication-assisted treatment;
3. Developing a treatment plan and selecting a medication based on the patient’s unique needs and circumstances;
4. Special considerations in treating a patient with co-occurring alcohol use and other disorders; and
5. Monitoring patient progress.

The Brief Guide can be ordered from SAMHSA at 1-877-726-4727 (Publication SMA15-4907) or downloaded at no cost from <http://store.samhsa.gov/shin/content/SMA15-4907/SMA15-4907.pdf>.

continued on page 9

Resources (continued)



PCSS-O Offers Online Module on Evidence-Based Teaching, More

A newly posted online learning module from the Providers' Clinical Support System for Opioid Therapies (PCSS-O) focuses on "Evidence-Based Teaching: How to Develop, Deliver, and Evaluate Effective Substance Use Curricula."

Presented by Jason M. Satterfield, Ph.D., Professor of Clinical Medicine at the University of California, San Francisco, the goals of the module are to maximize both educational effectiveness and efficiency. A stepwise curricular development model is described, along with evidence-based suggestions for instructional methods and assessment tools. Seminal models helpful in guiding and evaluating teaching are introduced (such as Bloom's Taxonomy and Miller's Pyramid), along with resources for further learning. An SBIRT curricular example is used to illustrate these teaching processes and tools. The module is available at no charge at www.PCSS-O.org.

An accompanying module on "Implementation of Evidence-Based Practice," also presented by Dr. Satterfield, describes common variables that influence the implementation or uptake of evidence-based practices. The module features the Consolidated Framework for Implementation Research (CFIR) to explain domains and procedures for assessing organizations and providers in order to best tailor local implementation plans, to illustrate implementation challenges, opportunities and solutions using an SBIRT implementation case study, and to draft a tailored implementation plan to promote evidence-based practices for opioids at home institutions or clinics.

Other newly posted modules from the PCSS-O include the following:

Managing Aberrant Drug-Related Behavior in Primary Care: A Systematic Review.

Charles E. Argoff, M.D., Professor of Neurology, Albany Medical College; Director, Comprehensive Pain Center, Albany Medical Center.

Description: Increased opioid prescribing, especially for the management of chronic noncancer pain, has been accompanied by an increase in opioid misuse and abuse (aberrant drug-related behaviors). Primary care providers are concerned about the risk of opioid misuse and abuse yet they are not necessarily confident regarding how to minimize the risk of such. This module reports the results of a systematic review completed to evaluate the evidence for often recommended risk reduction strategies to prevent aberrant drug-related behaviors.

Managing Patients with Pain, Psychiatric Co-Morbidity & Addiction.

John A. Renner, Jr., M.D., CAS, Professor of Psychiatry, Boston University School of Medicine, and Boston VA Medical Center.

Description: Co-Occurring psychiatric disorders are common in patients with chronic pain and greatly increase the likelihood for poor treatment outcome and the risk for dependence on opioid medications. Clinicians who treat chronic pain should therefore be alert for symptoms of depression, anxiety disorders, and posttraumatic stress disorder in these patients. This teaching module will present recommendations for the assessment and treatment of these complex but common clinical problems.

Pain Medication and Adolescents: Special Considerations.

Sharon Levy, M.D., M.P.H., Director, Adolescent Substance Abuse Program, Boston Children's Hospital, Harvard Medical School.

Description: This module reviews the epidemiology and motivations for misuse of opioid medications by adolescents and presents strategies for screening, assessing, and office-based treatment of adolescents with acute and chronic pain.

CASA/Columbia Slideset Provides Overview of Addiction Medicine Topics Relevant to Primary Care

A 2014 slideset developed by the Center for Alcohol and Substance Abuse at Columbia University (CASA/Columbia) provides a succinct overview of addiction medicine content that is relevant to the practice of primary care physicians and other providers. Topics identified include:

- Universal patient education
- Universal screening
- Diagnostic evaluation
- Brief intervention
- Comprehensive assessment
- Treatment planning
- Treatments for addiction
- Treatment planning

Within each topic area, slides present selected details, such as goals of therapy, psychosocial and pharmacologic therapies, and when and how to refer to an addiction specialist.

Supporting documents for the slideset include two CASA/Columbia reports: *Addiction Medicine: Closing the Gap Between Science and Practice* (573 pages; available at <http://www.casacolumbia.org/addiction-research/reports/addiction-medicine>) and *Overview of Addiction Medicine for Primary Care: Supplement* (30 pages; available at <http://bit.ly/1eQNfRS>).

Subject-matter experts who served as external reviewers for the slideset and related materials were Kevin Kunz, M.D., M.P.H., Frances Levin, M.D., David C. Lewis, M.D., Michael M. Miller, M.D., FASAM, and Charles P. O'Brien, M.D., Ph.D. Funding for the project was provided by The Joseph A. Califano, Jr. Institute for Applied Policy.

Source: Cohen M. *Overview of Addiction Medicine Relevant to Primary Care*. New York, NY: CASA/Columbia, 2014.

continued on page 10

Resources (continued)

Opioid Prescribing for Adults with Sickle Cell Disease.

Ward Hagar, M.D., Director, Adult Sickle Cell Center Children's Hospital & Research Center Oakland, California.

Description: Sickle cell patients have severe and recurrent pains as their major quality of life issue. The pains form unique pain syndromes that differ from other acute and chronic pain syndromes. Many providers, although recognizing the devastation of these pains, are understandably concerned about using opioids (often in high dosages.) Providers want to assure that they are helping the patients in both the short and long terms with their pains, pain plans, and pain control. This module "Opioid Prescribing for Adults with Sickle Cell Disease" will give providers solid foundations in the skills, knowledge, and attitudes that will allow health professionals to treat most patients with sickle cell pains, and how to identify and to approach the small percentage of more challenging pain patients.

Managing Pain in Patients with Addictive Disorders.

Seddon R. Savage, M.D., M.S., Medical Director, Chronic Pain and Recovery Center, Silver Hill Hospital, New Canaan, Connecticut, and Director, Dartmouth Center on Addiction Recovery and Education, Geisel School of Medicine at Dartmouth.

Description: From time to time over the course of a lifetime, most individuals, including those with addictive disorders, experience serious pain in association with accidents, injuries or surgeries; in association with cancer or other progressive illnesses; and/or in association with chronic, non-terminal illnesses. While diverse approaches to pain management may be effective in different contexts, opioids remain the most powerful pain relieving medications available and are often required for relief of serious pain; however their use may pose an elevated risk of harm for persons with addictive disorders. This module explores the complex nature of pain, describes its potential interfaces with addiction, and considers safe and effective approaches to the use of opioids when they are indicated in the treatment of pain in persons with addictive disorders.

Prescription Opioid Addiction and Chronic Pain in Older Adults.

Maria A. Sullivan, M.D., Ph.D., Associate Professor of Clinical Psychiatry, Division on Substance Abuse, Columbia University/New York State Psychiatric Institute.

Description: In the past two decades, efforts to more aggressively manage pain have resulted in sharp rises in the prescribing and misuse of high-potency opioids. Older adults represent an increasing proportion of the total U.S. population, and up to half of older individuals have a chronic pain disorder. Older patients carry specific risks for non-adherence to narcotic analgesics, including polypharmacy, cognitive and functional impairment, and attitudes toward pain and aging. This module provides clinicians with an overall plan for pain assessment, screening for comorbid psychiatric and substance use disorders, and implementing universal precautions for opioid prescribing. Tools for minimizing risk of opioid misuse are reviewed, including risk stratification, identifying aberrant behaviors, and monitoring urine toxicology. The advantages and disadvantages of buprenorphine and methadone for management of chronic pain are considered.

Note that the preceding online modules are not designated for AMA PRA Category 1 Credit.™ For a complete schedule of upcoming webinars, a list of all archived webinars and online modules, and to explore the mentoring program and other resources offered through the PCSS-O and PCSS-MAT, visit <http://www.pcss-o.org> or <http://www.pcssmat.org>.

The PCSS-O is a collaboration of the American Academy of Addiction Psychiatry (which is the lead organization), the American Psychiatric Association, the American Osteopathic Academy of Addiction Medicine, the American Society of Addiction Medicine and a number of other organizations, including COPE. Funding support for the PCSS is provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).



NIDA, IRETA Offer Online Course on Prescription Opioid Misuse

The National Institute on Drug Abuse (NIDA) and the Institute for Research, Education, and Training in Addictions (IRETA) have partnered to create a free online course titled "The Prevalence of Prescription Opioid Misuse: Doctor Shopping, Co-ingestion, and Exposure."

The goal of the course is to familiarize participants with clinically relevant findings from recent research on prescription opioid misuse and related behaviors. Course videos, informative graphics, and practice scenarios focus on two aspects of opioid misuse: the behavior pattern known as "doctor shopping" and the co-ingestion of opioids with other drugs by adolescents.

The course content introduces the most common varieties of prescription opioids, discusses why they are used and who uses them, and defines "doctor shopping." It also highlights rates of exposure to opioids among adolescents, describes risk factors for adolescent opioid misuse, and highlights the prevalence of co-ingestion of opioids and substances such as alcohol.

Continuing education units (CEUs) are available. The online course can be accessed free of charge at <http://ireta.org/prevalenceopioids/>.

In the Literature



Feature: Australian Study Examines Professional Staff's Attitudes Toward Patients with Alcohol-Related Problems

Because attitudes toward individuals presenting with alcohol-related issues are important in developing therapeutic relationships and applying alcohol-related interventions, this study was designed to assess staff attitudes toward such patients across a range of roles and departments.

For the study, investigators gathered data from 204 staff in the Southern Health and Social Care Trust in Northern Ireland. Regression models were used to predict attitudes, as measured by the Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ).

The sample group included physicians, nurses, allied health professionals and other staff who had face-to-face contact with patients and who worked in the emergency, medical, surgical, addiction or psychiatry departments.

Study results showed that staff working in the addiction and psychiatry departments had significantly higher levels of role adequacy compared with those in the emergency department. Staff in the addictions department also demonstrated higher levels of role legitimacy, motivation and role satisfaction than those in the emergency department. Physicians demonstrated higher levels of role adequacy and role legitimacy than did nursing staff.

From these results, investigators concluded that there are critical differences in staff attitudes toward patients presenting with alcohol-related issues in a range of hospital settings, and that training and working in a specialty setting have a significant positive influence on staff attitudes. This suggests that further training and support would positively enhance the attitudes of staff in a variety of professional roles and across a range of hospital settings in the management of patients presenting with alcohol-related difficulties.

Source: Iqbal N, McCambridge O, Edgar L, Young C, Shorter GW. Health-care professionals' attitudes across different hospital departments regarding alcohol-related presentations. *Drug Alcohol Rev.* [Published online Feb 19, 2015]

Academic Medicine

Berwick DM, Feeley D, Loehrer S. Change from the inside out: Health care leaders taking the helm (Viewpoint). *JAMA.* [Published online March 26, 2015]

Klimas J, Cullen W. Addressing a training gap through addiction research education for medical students (Letter to the Editor). *Subst Abuse.* 2015 Jan-Mar;36(1):3-5.

Roncero C, Rodríguez-Cintas L, Egido A, Barral C, Pérez-Pazos J, Collazos F, Grau-López L, Casas M. The influence of medical student gender and drug use on the detection of addiction in patients. *J Addict Dis.* 2014;33(4):277-288.

Addiction Medicine

Berman AH, Wennberg P, Sinadinovic K. Changes in mental and physical well-being among problematic alcohol and drug users in 12-month Internet-based intervention trials. *Psychol Addict Behav.* [Published online Feb 9, 2015]

Chapman C, Slade T, Hunt C, Teesson M. Delay to first treatment contact for alcohol use disorder. *Drug Alcohol Depend.* 2015 Feb 1;147:116-121

Lee JD, McDonald R, Grossman E, McNeely J, Laska E, Rotrosen J, Gourevitch M. Opioid treatment at release from jail using extended-release naltrexone: A pilot proof-of-concept randomized effectiveness trial. *Addiction.* [Published online April 5, 2015]

Levin FR, Mariani JJ, Specker S et al. Extended-release mixed amphetamine salts vs. placebo for comorbid adult attention-deficit/hyperactivity disorder and cocaine use disorder: A randomized clinical trial. *JAMA Psychiatry.* [Published online April 18, 2015]

Sigmon SC. The untapped potential of office-based buprenorphine treatment. *JAMA Psychiatry.* 2015;72(4):395.

Emergency Medicine

Vazirian M, Jerry JM, James J, Dale RM. Bath salts in the emergency department: A survey of emergency clinicians' experience with bath salts-intoxicated patients. *J Addict Med.* 2015 Mar-Apr;9(2):81-167.



In the Literature (continued)

Hepatology

Askgaard G, Grønbaek M, Kjaer MS, Tienneland A, Tolstrup JS. Alcohol drinking pattern and risk of alcoholic liver cirrhosis: A prospective cohort study. *J Hepatology*. May 2015 May;62(5):1061–1067.

Obstetrics

Maeda A, Bateman BT, Clancy CR, Creanga AA, Leffert LR. Opioid abuse and dependence during pregnancy: Temporal trends and obstetrical outcomes. *Anesthesiology*. 2014 Dec;121(6):1158-1165.

Martin CE, Longinaker N, Mark K, Chisolm MS, Terplan M. Recent trends in treatment admissions for marijuana use during pregnancy. *J Addict Med*. 2015 Mar-Apr;9(2):81-167.

Meyer MC, Johnston AM, Crocker AM, Heil SH. Methadone and buprenorphine for opioid dependence during pregnancy: A retrospective cohort study. *J Addict Med*. 2015 Mar-Apr;9(2):81-167.

Wright TE, Schuetter R, Tellei J, Sauvage L. Methamphetamines and pregnancy outcomes. *J Addict Med*. 2015 Mar-Apr;9(2):81-167.

Farquhar B, Mark K, Terplan M, Chisolm MS. Demystifying electronic cigarette use in pregnancy. *J Addict Med*. 2015 Mar-Apr;9(2):81-167.



Pain Medicine

Argyra E, Siafaka I, Moutzouri A, Papadopoulos V, Rekatsina M, Vadalouca A, Theodoraki K. How does an undergraduate pain course influence future physicians' awareness of chronic pain concepts? A comparative study. *Pain Med*. 2015 Feb;16(2):301-311.

Pediatrics

Boat TF. Improving lifetime health by promoting behavioral health in children (Viewpoint). *JAMA*. 2015 Apr 21;313(15):1509-1510.

Physician, Resident and Student Health and Effectiveness

Dyrbye LN, West CP, Satele D, Boone S, Sloan J, Shanafelt TD. A national study of medical students' attitudes toward self-prescribing and responsibility to report impaired colleagues. *Acad Med*. 2015 Apr;90(4):485-493.



Prescribing Practices and Prescription Drug Abuse

Olfson M, King M, Schoenbaum M. Benzodiazepine use in the United States. *JAMA Psychiatry*. 2015;72(2):136-142.

Saveland C1, Hawker L, Miedema B, Macdougall P. Abuse of family physicians by patients seeking controlled substances. *Can Fam Physician*. 2014 Feb;60(2):e131-136.

Scott IA, Hilmer SN, Reeve E et al. Reducing inappropriate polypharmacy: The process of deprescribing. *JAMA Intern Med*. [Published online March 23, 2015]

Primary Care

Lid TG, Nesvåg S, Meland E. When general practitioners talk about alcohol: Exploring facilitating and hampering factors for pragmatic case finding. *Scand J Public Health*. [Published online Jan 6, 2015]

Macleod J, Robertson R, Copeland L, McKenzie J, Elton R, Reid P. Cannabis, tobacco smoking, and lung function: A cross-sectional observational study in a general practice population. *Br J Gen Pract*. 2015 Feb;65(631):e89-95.

Pereira CA, Wen CL, Tavares H. Alcohol abuse management in primary care: An e-Learning course. *Telemed J E Health*. [Published online Jan 19, 2015]

Psychiatry

Stanciu CN, Penders TM. Mania after misuse of dextromethorphan: A case report and brief review of "Robotripping." *J Addict Med*. 2015 Mar-Apr;9(2):81-167.

Williams AR, Olfson M, Galanter M. Assessing and improving clinical insight among patients "in denial." *JAMA Psychiatry*. 2015;72(4):303.

Coming Events



June 5-7, 2015

New York Pain Society Annual Meeting and Scientific Sessions

Marriott Marquis Hotel
New York City

<http://www.nypainsociety.org/meetings-of-interest/2015-annual-meeting-and-scientific-sessions/>

June 26-27, 2015

Pearls for Practice: A Risk Management Course for All Providers

The 4th Annual MA Society of Addiction Medicine

Massachusetts Medical Society

860 Winter Street

Waltham, Massachusetts

<http://www.masam.org/>

October 4-6, 2015

Agency for Healthcare Research and Quality (AHRQ) Annual Research Conference

Crystal City, Virginia

<http://www.ahrq.gov>



October 23-25, 2015

Appalachian Addiction & Prescription Drug Abuse Conference

Embassy Suites

Charleston, West Virginia

http://www.wvsma.com/Portals/0/AppAddic_Schedule.pdf



November 5-7, 2015

Association for Medical Education and Research in Substance Abuse (AMERSA) 39th Annual National Conference: Integrating Policy and Research Into Teaching and Practice

The Fairmont Hotel Georgetown

Washington, DC

<http://www.amersa.org/>

(The Call for Abstracts and Workshops is open and available at www.amersa.org, with submissions due May 29th. Applications for Travel Awards are due May 15th.)



November 10-12, 2015

Association of American Medical Colleges (AAMC) Medical Education Meeting: Accelerating Learning. Fostering Connections

Baltimore, Maryland

<https://www.aamc.org/meetings/421328/2015>

medicaleducationmeeting.html

December 3-6, 2015

American Academy of Addiction Psychiatry (AAAP) 26th Annual Meeting & Symposium

Hyatt Regency Huntington Beach Resort and Spa

Huntington Beach, California

(Proposals for papers, posters, and workshop presentations will be accepted through June 1, 2015.)

For the online submission form, go to: <http://www.aaap.org/annual-meeting/>

About COPE



COPE — the Coalition on Physician Education in Substance Use Disorders, LLC — was formed in 2010 to sustain and enlarge on the accomplishments of a series of White House Conferences on Medical Education in Substance Abuse, sponsored in 2003, 2006, and 2009 by the Office of National Drug Control Policy in the Executive Office of the President. COPE is incorporated in the State of Connecticut as a 501(c)3 not-for-profit organization.

COPE's overarching goal is to support and assist medical school faculty in their efforts to teach medical students about the nature of alcohol, tobacco and other drug use disorders — ranging from problematic or risky use to addiction — and to ensure that medical students receive appropriate training in the skills they will need to prevent, screen for, diagnose and treat substance use disorders in their future patients, regardless of their medical specialty, practice type, or location.

Achieving this goal is important for many reasons. For example, educating all medical students about SUDs ensures that patients who are at risk for or experiencing problems with alcohol, tobacco or other drugs benefit from early identification and intervention, regardless of where they connect with the health care system (e.g., in routine visits to their primary care physician, during a consultation with a specialist, in a hospital emergency department, or while being treated for another medical or mental disorder.)

Teaching all medical students how to identify and care for patients with SUDs is both good public policy and a sound financial investment, because multiple studies have shown that early recognition of and intervention for alcohol, tobacco or other drug problems reduces overall health care costs and provides significant economic benefits to the individual and society.

In pursuit of this goal, COPE is developing a range of resources to assist faculty in teaching about substance use disorders, and is working with deans and curriculum designers to encourage them to expand the time and attention devoted to such teaching. In doing so, COPE does not endorse a "one size fits all" approach. Instead, through surveys and meetings, we ask medical school faculty and administrators what resources and models they need if they are to expand the attention given to alcohol, tobacco and other drug problems at their medical schools. Their responses are reflected throughout COPE's programs.

In all of its activities, COPE supports and complements the work of organizations whose goal is to prepare the next generation of addiction specialists, such as the American Board of Addiction Medicine (ABAM) and the American Psychiatric Association (APA), as well as addiction specialty organizations such as the American Academy of Addiction Psychiatry (AAAP), the American Academy of Osteopathic Addiction Medicine (AAOAM), the American Society of Addiction Medicine (ASAM) and the Association for Medical Education and Research in Substance Abuse (AMERSA). We do so by working toward the day when all medical students know how to seek consultation from, or refer a patient to, an addiction specialist whenever the patient would benefit from the specialized knowledge and skills such an expert can provide.

COPE's current activities include administration of a medical school survey, sponsorship of regional Medical Education Summits — which are designed to identify specific needs and respond to opportunities for enhancing teaching about SUDs in the undergraduate years — and development of an online resource center. COPE also produces this newsletter, which is distributed monthly to more than 3,600 readers, and maintains a website that offers information and resources relevant to the needs and interests of medical educators.

There is no fee to join COPE, and all of the resources developed by COPE are provided at no cost to the user. For more information, visit the COPE website at www.cope-assn.org or contact the COPE National Office.

Join COPE

To join COPE, register at the COPE website (www.cope-assn.org). There is no membership fee.

Receive *Addiction Education News* Every Month

To receive COPE's monthly newsletter, register at the COPE website (www.cope-assn.org), or email MedEdGroup@aol.com.

About COPE *(continued)*

Donate to COPE

Donations in support of COPE's Medical Education Summits and other educational activities are most welcome and, with the permission of the donor, will be acknowledged in *Addiction Education News* and other appropriate venues. Such donations are tax deductible to the full extent allowed by law. Contact the COPE National Office for further information.

The COPE Board of Directors

David C. Lewis, M.D., Chair, *Brown University School of Medicine*

Anton C. Bizzell, M.D., *Howard University School of Medicine*

Anthony Dekker, D.O., FAOAAM, FASAM, *Fort Belvoir Community Hospital, U.S. Army*

J. Harry Isaacson, M.D., *Cleveland Clinic Lerner College of Medicine*

Margaret M. Kotz, D.O., DFAPA, FASAM, *Case Western Reserve University School of Medicine*

Mark L. Kraus, M.D., FASAM, *Yale University School of Medicine*

John A. Renner, Jr., M.D., FAPA, *Boston University School of Medicine*

Norman Wetterau, M.D., FASAM, *Society of Teachers of Family Medicine*

Bonnie B. Wilford, M.S., *COPE Executive Vice President*

Stephen A. Wyatt, D.O., *University of North Carolina — Charlotte*

Contact the COPE National Office at

COPE

210 Marlboro Ave., Suite 31, PMB 287

Easton, MD 21601

Phone: 410-770-4866

Fax: 410-770-3505

Email: MedEdGroup@aol.com



Addiction Education News



Newsletter of the Coalition On Physician Education in Substance Use Disorders (COPE)

Subscribe to AEN

There is no charge to subscribe to COPE's e-newsletter. Simply provide the information requested below and return this form to the speaker or fax or mail it to the COPE National Office at the address shown below (and be assured that COPE does not share your information with any other group or organization).

Name _____

Email address _____

Phone _____

Mailing address _____

Medical school affiliation, if any _____

About COPE

COPE — *the Coalition On Physician Education in Substance Use Disorders* — was formed in 2010 and is incorporated in the State of Connecticut as a 501(c)(3) not-for-profit organization.

COPE's overarching goal is to support and assist medical school faculty in their efforts to teach medical students about the nature of alcohol, tobacco and other drug use disorders — ranging from problematic or risky use to addiction — and to ensure that medical students receive appropriate training in the skills they will need to prevent, screen for, diagnose and treat substance use disorders in their future patients, regardless of their medical specialty, practice type or location.

To join COPE, register at the COPE website (www.cope-assn.org). There is no fee to join COPE, and all of the resources developed by COPE are provided at no cost to the user.

Contact the COPE National Office at

COPE

210 Marlboro Ave., Suite 31, PMB 287

Easton, MD 21601

Phone: 410-770-4866

Fax: 410-770-3505

Email: MedEdGroup@aol.com (Attn: Subscriptions)