

# 23<sup>rd</sup> Annual Immersion Trainings in Addiction Medicine

funded by the National Institute on Drug Abuse (NIDA R25DA013582)





# History of Immersion Training

- Began in **2002**, funded by the National Institute on Drug Abuse (NIDA) to train generalist educators to teach addiction medicine
- Chief Residents (CR) +/- Faculty Mentors (FM)
  - CRIT: 23 years (2002-2024): **512 CRs, 159 FMs** from **247** programs (**38** states)
- Junior Faculty (JF) → CARE Faculty Scholars (CFS)
  - **JFIT:** 6 years (2017-2022): **43 faculty** from **35** programs (**21** states)
  - CFS: 2 years (2023-2024): **22 faculty** from **20** programs (**15** states)
- Fellows (ID, GI, Pain, Adolescent, GIM, Addiction Medicine, Nephrology)
  - FIT: 13 years (2012-2024): 97 fellows from 57 institutions (22 states)
- International Participants: Argentina, Brazil, Bulgaria, Canada, Georgia, Iraq, Myanmar/Burma, Russia, Spain, Switzerland, Tanzania, Vietnam



#### 2024 Attendees



#### **CRIT: 21** *incoming* Chief Residents ("CRITers")

- 17 Internal Medicine, 1 Family Medicine, 1 Pediatrics, 2 Family Medicine & Psychiatry
- 16 programs (2 new) from 13 states



6 Faculty Mentors ("Mentors") attending with their CR



#### **CFS: 12 Faculty Scholars ("Scholars")**

- 6 Internal Medicine, 2 Family Medicine, 2 Family Medicine/Geriatrics, 1 Addiction Psychiatry, 1 Psychiatry
- 12 institutions from 7 states and Tanzania



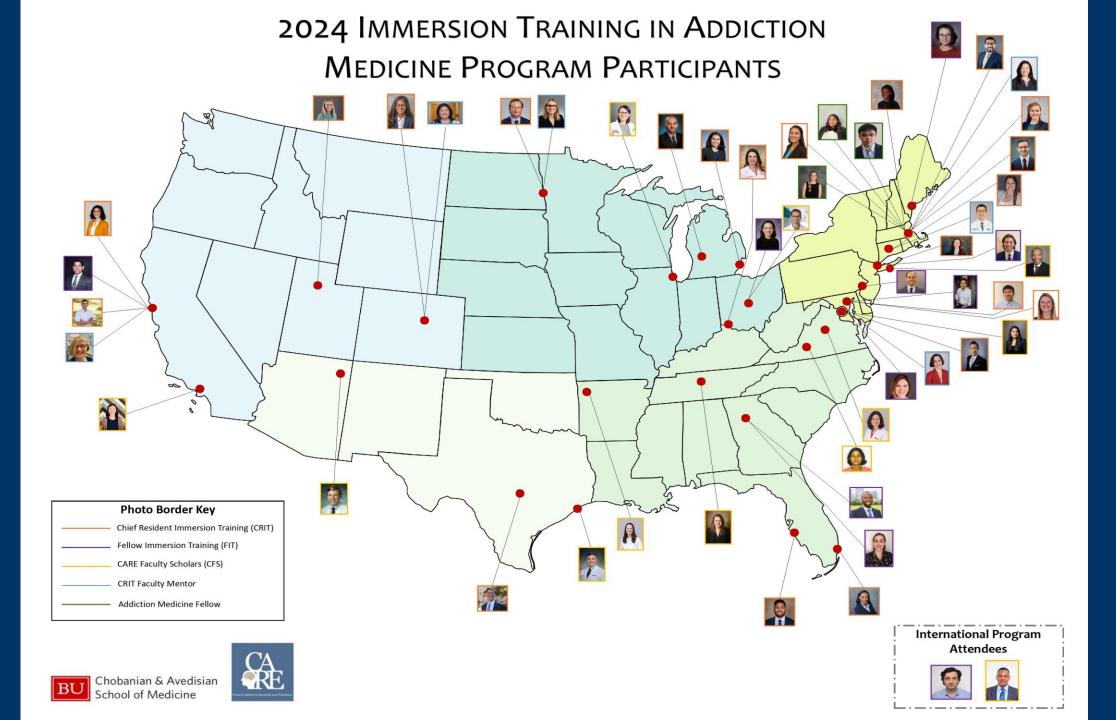
#### FIT: 10 Fellows ("FITers")

- 2 Adolescent Medicine, 5 Infectious Diseases, 1 Preventive Medicine, 1 Public Health/Health Policy, 1 Transplant Hepatology
- 9 institutions from 8 states and Georgia



**Special Attendees:** 3 Addiction Medicine fellows





# What you said you plan to do after the training...

- Develop longitudinal addiction medicine curriculum (e.g., didactics and clinical experiences)
- Build robust EHR-based workflow tools, decision support for management of SUD
- Develop academic half-day including outpt diagnosis and management of AUD,
   patients in recovery, health equity and bias component of addiction medicine
- Update ambulatory curriculum to include more consistent, recurrent practice with SU screening and intervention, create a living reference for residents
- Develop case-based learning experiences, simulation exercises, and interdisciplinary workshops covering the spectrum of care in addiction medicine
- Incorporate addiction-specific considerations to pre-existing sex and reproductive health lectures

## Examples of your proposed research project topics...

- Explore and compare pleasurable and rewarding experiences that are not substance use among younger adults and older adults receiving outpt medication treatment for OUD
- Characterize the patients who re-link to care to restart ART and determine their short-term outcomes in VS and primary care provider (PCP) appointment attendance
- Food insecurity and nutrition access in people who use substances
- Adapt existing evidence-based peer-support models to address HCV treatment and support among people who use drug networks thru a community-engaged approach
- Characterize relationships between racism, discrimination and meth use among Black gay, bisexual, and other men who have sex with men
- Describe the current landscape of inpatient SUD management across pediatric institutions

# **Program Highlights**

- Large group sessions (core content)
- Small group sessions
  - **CRIT:** skills practice sessions, **Substance Use Teaching Project (SUTP)** mentoring, CRIT-specific content
  - **CFS:** skills practice sessions, **Addiction Medicine Enhancement Project (AMEP)** mentoring and presentations, CFS-specific content
  - FIT: Project Development Plan/Analytic Plan (PDP/AP) mentoring and workshop presentations, panels, FIT-specific content
- Mutual help meetings
- Naloxone Training Session and Harm Reduction Van
- Discussions with guests with living experience



## The Manual and Schedule

#### **Binder/ Manual**

- Schedule
- Didactic session cover pages, references
- All groupings ("tracks"):
  - **CRIT** SUTP mentoring groups | small group sessions
  - **CFS** Small group sessions
  - **FIT** Project Development Plan and Analytic Plan workshop, 1:1 groups
- Faculty bios and email addresses
- Participant information and email addresses
- and much, much more....

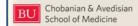
2024 Immersion Training in Addiction Medicine Programs

Manual



Chief Resident Immersion Training (CRIT) Fellow Immersion Training (FIT) CARE Faculty Scholars (CFS)

Supported by the National Institute on Drug Abuse (NIDA R25DA013582)

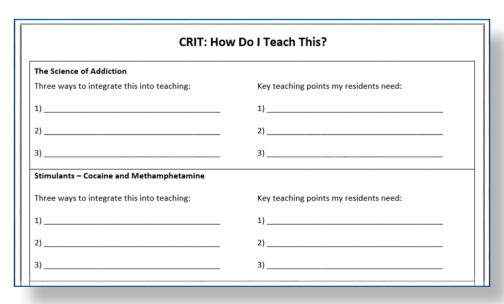


Legend					
Dark Blue		Chi	Chief Resident (CR)		
Blue		Fac	Faculty Mentor (FM)		
Green		Fel	Fellow (FIT) attendees		
Orange		CA	CARE Faculty Scholars (CFS) attendees		
6:45 – 8:15 AM	(90)		Working Breakfast: Breakout Sessions Tupper Manor Breakfast buffet opens at 6:45 AM		
	(75)		CR & FM Breakout Tupper Manor  7:00 – 8:15 AM: SUTP Discussion		
	(60)		FIT Breakout Tupper Manor, Garden Room 7:00 - 8:00 AM: PDP/AP One-on-One B		
	(75)		CFS Breakout Tupper Manor, Library > 7:00 - 8:15 AM: Evaluating Your Curriculum		
8:15 – 8:20 AM	(5)		Transition to Auditorium		
8:20 – 8:25 AM	(5)		Morning Announcements Auditorium		

# Additional thoughts...

- The content is targeted at the generalist learner, not the addiction specialist
- Think about how the content is being taught and how you might teach it





• Most of the faculty are here during the entire program...come up to us in between sessions with your questions, thoughts....etc.



#### **General Announcements**

- Please wear your name tag at all sessions
- Each session will start on time
- Know your breakout groups
- COVID-19 related issues...
  - Masks are optional
  - If you are not feeling well, please do not attend in-person sessions
- PowerPoints and reference articles are on OneDrive (please notify program staff if you do not have access)







# Free CME and MOC (for ABIM or ABP)

**Counts towards new DEA requirement** (Medication Access and Training Expansion (MATE) Act) that all DEA registered practitioners complete a one-time 8h training on the management of patients with SUD prior to renewing their DEA registration

- Can find the form on OneDrive
- Email your completed form to Ilana Hardesty at <a href="mailto:hardesty@bu.edu">hardesty@bu.edu</a>
- see CME section in Manual for further information









# **Evaluations and Surveys**

Daily evaluations emailed at the end of each day via REDCap



- Pre- and post-knowledge test
  - Pre-test (completed) and Post-test will be completed at the end of Wednesday
- **Surveys:** All attendees will be asked to complete brief surveys throughout the year. *See evaluation page in the Manual for further information*
- Our goal is a 100% response rate on evaluations and surveys



#### Richard Saitz, MD, MPH Achievement Award

Professor of Medicine & Public Health, international leader in the field of addiction. His research improved how patients with substance use problems are treated in medical settings. He demanded clarity on what evidence could support, and what it did not.



- A Chief Resident participant (CRITter) will be awarded the annual "Richard Saitz, MD, MPH CARE Program Achievement Award" based on their Substance Use Teaching Project (SUTP) quality (breadth, promotion of evidence-based care, and impact) and degree of completion at 10 months post-CRIT
- The CRIT Program Course Directors will select the recipient of the award based on the chief resident's responses to SUTP specific questions on the CRIT program 10-month survey
- The awardee will receive a plaque commemorating the award and the awardees program
  director and department chair will receive a letter notification of the honor

# **Using Non-Stigmatizing Language**

Say this	Instead of this
Person with a SUD, person with addiction, person who uses drugs, person who injects drugs	Addict, junkie, abuser, pill-popper, drug seeker
Treatment, Medication for addiction treatment (MAT), Medication for opioid use disorder (MOUD)	Replacement therapy
Urine drug test consistent with active drug use	Dirty or clean urine, dirty

"We do not make recommendations regarding what terms people with disorders should use. Some patients...find benefit to calling themselves an alcoholic or an addict. Changing the language in clinical communication ... will ultimately lead to wider use of accurate nonstigmatizing terms"

Richard Saitz, MD, MPH

# Some Important Organizations (Acronyms)



#### **NIDA** (National Institute on Drug Abuse)

 Supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention research on drug use and addiction



#### NIAAA (National Institute on Alcohol Abuse and Alcoholism)

 Supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems

# Some Important Organizations (Acronyms)



# **SAMHSA** (Substance Abuse and Mental Health Services Administration)

 A branch of the U.S. Department of Health and Human Services charged with improving the quality and availability of prevention, treatment, and rehabilitative services for substance use and mental illnesses



#### **ONDCP** (Office of National Drug Control Policy)

• Establishes policies, priorities, and objectives to eradicate illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences

#### Trends: some Sources of Data



#### **National Survey on Drug Use and Health (NSDUH)**

 Annual since 1971, SAMHSA survey on use of illicit drugs, alcohol, and tobacco in the US civilian, noninstitutionalized population aged >12 years. The 2022 NSDUH used multimode data collection, in which 71,369 respondents completed the survey in person or via the web



#### Monitoring the Future (MTF)

Annual since 1975, NIDA funded survey of 8th, 10th, and 12th graders measuring drug, alcohol, and cigarette use by the University of Michigan. More than 11,800 students from 112 public and private schools across the US participated in the survey

# Efforts to address racial and ethnic equity

 Consistent with the NIH and NIDA's efforts to end structural racism, the CARE program works each year to update the curricula so that they better address the racial and ethnic inequities in substance use care and improve recruitment across its programs to be more inclusive of racial and ethnic groups underrepresented in medicine

• The curriculum includes discussions on racial and ethnic disparities within each substance-specific didactic, as well as a plenary focused on the history of racism, substance use policy and substance use care



# **CRIT/CFS** Core **Faculty**



**Dan Alford** 



**Jeffrey Samet** 



**Angela Jackson** 



**Hallie Rozansky** 



**Miriam Komaromy** 



**Ricardo Cruz** 



**Alyssa Peterkin** 





Amy Fitzpatrick Marielle Baldwin



**Lindsay Demers** 

# FIT Core Faculty



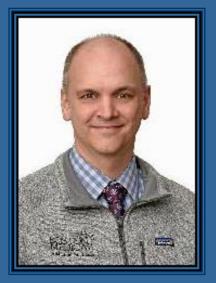
**Alex Walley** 



**Deanna Wilson** 



Sarah Bagley



**Karsten Lunze** 

# **Keynote Address**

#### Iván D. Montoya, MD, MPH

Director of the Division of Therapeutics and Medical Consequences

National Institute on Drug Abuse (NIDA)





# **Program Participants**

#### Please state your....



- Name
- Position (chief resident, faculty mentor, CARE faculty scholar, fellow, special attendee)
- Specialty
- Institution and State
- and 1 thing you like to do outside of work
- All in 15 seconds or less...

