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Practicing Physicians Can Combat Addiction and Promote Lifelong Recovery

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Many practicing physicians think of alcohol and other drug (AOD) dependence as hopeless, at least in part because of past frustrations in dealing with these patients. The good news is that today, there is growing evidence of long-term recovery from addiction and the significant role physicians can play in helping initiate and sustain such recoveries. The authors have each worked in the addiction treatment arena for more than 40 years. We offer the following seven prescriptions on how physicians can help their patients resolve AOD-related problems. In all of medicine, there are few outcomes as dramatic and as gratifying to both physicians and patients as recovery from addiction.

1. Routinely Screen: Ask all of your patients about their use of alcohol and other drugs. Start with these two questions: 1) In the past 12 months, have you consumed more than 5 drinks in a day, and 2) In the past 12 months, have you used any illegal drugs or used any prescription drugs in ways not intended by your physician? A “yes” to either question requires detailed follow-up. A “no” to both deserves a pat on the back! When a patient’s alcohol or drug use poses a risk for problem development, the physician can help the patient set goals related to the limitation or cessation of AOD use and schedule a follow-up visit to monitor progress toward these goals. Brief encouragement by physicians with the expectation of positive progress has been shown to be a significant patient motivator. Physicians can educate their patient about factors that are associated with increased risk for development of severe and prolonged AOD problems, e.g., a family history of AOD problems, early age of onset of AOD use, unusually high AOD tolerance, traumatic stress, or a co-occurring psychiatric illness.

2) Link to Specialized Help: For those patients who are not able to stop their alcohol and/or drug use once problems have been identified, the physician can explore with the patient options for specialized assistance. These options could include a combination of participation in addiction recovery support groups such as Alcoholics Anonymous or Narcotics Anonymous, referral to a specialized addiction treatment program, and prescribing medication (e.g., naltrexone) that can reduce cravings and bolster early efforts at sobriety. Refer family members to Al

Anon, the 12-step program for those who care about people addicted to alcohol and other drugs. This linkage process is most successful when physicians or their assistants can assertively connect the patient to a particular group, program, or person for additional help.

3) Support and Monitor: For patients with Substance Use Disorders (SUDs), provide encouragement, your expectation of positive outcomes from their efforts, and then regularly monitor their progress toward sustained abstinence from alcohol and drug use and their active participation in addiction treatment and recovery mutual aid meetings. Ongoing monitoring and support (with scheduled follow-up appointments) bolster motivation for the recovery process, provide opportunities to educate the patient about the physical and emotional process of recovery, and if and when needed, provide opportunities for early re-intervention.

4) Demonstrate Knowledge of Recovery Process: Review some of the key literature of recovery mutual aid societies and attend a few open 12-step meetings so that you can credibly and convincingly convey knowledge and support of these programs to your patients. For patients who are in one of the 12-step fellowships, ask about issues known to enhance long-term recovery outcomes, e.g., have a home group, frequently attend meetings, regularly read program literature, have and use a sponsor, and sponsor newcomers to the program. Encourage and support patients' efforts, praise their progress, and offer guidance on obstacles they encounter in the recovery process. For patients who object to 12-step programs, a regularly updated listing of all of the secular and religious alternatives to 12-step programs can be located at www.facesandvoicesofrecovery.org.

5) Educate Patients about Recovery: Use the word "recovery" in talking with your patients with SUDs. Convey to them that recovery is more than abstinence from alcohol and other drug use. Recovery includes improving one's overall physical and emotional health and living a better, fuller, and more honest life. Encourage your patients with SUDs to learn from their struggles and share their experience, strength, and hope with others who might benefit from their experience.

6) Conduct Recovery Checkups: For patients who are in long-term stable recovery, integrate questions related to their recovery maintenance activities into annual exams. Continue to offer praise and encouragement for their recovery support activities and note any emotional crises (death, divorce, job loss, retirement, onset of other illnesses) that could pose a threat to recovery stability. Be especially vigilant about the prescription of controlled substances to patients in recovery because these medicines can precipitate a relapse.

7) Capitalize on Crises: For patients who continue to struggle with severe and prolonged substance use disorders, continue to treat their AOD-related medical disorders while consistently communicating the connection between these

disorders and their AOD use. Capitalize on medical crises as motivational opportunities for recovery initiation. The co-founders of Alcoholics Anonymous (one a physician) experienced multiple detoxifications and failed sobriety experiments before they each faced a crisis that led to stable, lifelong recovery and to their work helping thousands—and now millions—of others suffering from this same problem.

Modern science has confirmed the powerful, positive role physicians can play in the initiation and maintenance of long-term recovery from substance use disorders. The seven steps outlined in this article are key steps through which that potential can be achieved.

A bonus for the physician: there are no more grateful or more rewarding patients than those in addiction recovery. Playing a central role in patients' recovery from addiction is one of the most inspiring and fulfilling experiences a physician can have. We know because we see this modern miracle in our own practices every day.

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