

Principles of Addiction Medicine

Physician Education Toolkit

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Physicians in all specialties will have patients with substance use disorders.

It is imperative doctors know how to help counsel patients on treatment options and provide compassionate, judgement free care.



Why should physicians care about addiction medicine?

In 2021, 46.3 million people in the United States met the DSM-5 criteria for substance use disorder. That makes up 16.5% of the population

24 million
people were
classified as
having a drug use
disorder.



29.5 million
people were
classified as
having an alcohol
use disorder.

Only 6% of those with a use disorder sought treatment.

Whether the lack of treatment was based on fear of stigma, lack of health insurance, lack of education on resources, or personal choice, the United States healthcare system is failing many millions of Americans struggling with addiction.

What is addiction?

American Society of Addiction Medicine:

“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.”



American Psychiatric Association:

“Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences.”



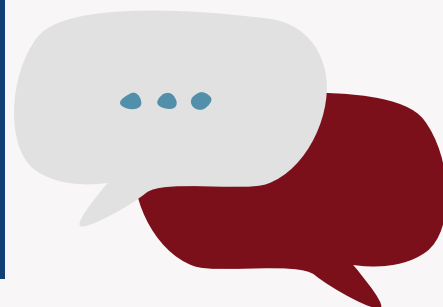
Myth	Fact
Addiction is due to personal shortcomings.	Addiction is complex disease with numerous behavioral, psychological, environmental and biological factors.
If someone has the willpower, they should be able to stop.	Substance use can change the chemistry of the brain making it difficult for people to stop using a substance their body depends on.
People with addiction are bad people I would not be friends with.	People from all backgrounds can develop addiction just like any other disease. It is not a reflection of their character.

Learn more about the disease model of addiction from SAMHSA:

[YouTube Video](#)
[Resource Guide](#)

“I don’t make a difference
in every patient,
but I make a difference every day”
- Chris Meyer, DO
Addiction Medicine Specialist

Language Matters



Best Practices to Avoid Stigma

1. Promote the disease model of addiction
2. Use first-person language
3. Avoid assumptions based on stereotypes
4. Avoid jokes and stigmatizing language

✗ They are an addict.

✓ They are a person with an alcohol use disorder.

✗ He is addicted to narcotics.

✓ He has a substance use disorder.

**"THERE ARE MANY WAYS TO
CONTRIBUTE TO A MORE
ACCEPTING SOCIETY, BUT IT
STARTS WITH BOTTOM-UP
PROCESSES LIKE LANGUAGE
CHOICES IN DAY-TO-DAY
CONVERSATIONS"**

**READ MORE FROM THIS STUDY
[HERE](#)**

Zwick, J., Appleseth, H. & Arndt, S. Stigma: how it affects the substance use disorder patient. Subst Abuse Treat Prev Policy 15, 50 (2020). <https://doi.org/10.1186/s13011-020-00288-0>



Christopher Meyer, DO and
Berkeley Franz, PhD discuss the
language of addiction and how to
decrease bias in medicine in the
video below.

[Watch Here](#)

Treatment Principles

1

First, a physician must **build a trusting relationship** with their patient. By taking a nonjudgemental history about drug and alcohol use, a productive conversation can begin. Explore how to take a substance use history [here](#).

2

Learn about **your patient**. Have they tried to quit before? What have they tried? What resources do they have such as insurance, transportation, family support? Explain that failed attempts to quit does not reflect poorly on them.

3

Explore treatment options in an **individualized** manner. Options include behavioral therapies, medications, rehabilitation centers, etc.

Behavioral Therapies	Individual, family, or group counseling	Can develop skills to resist drug use, explore motivation to change, problem-solving, etc Peer support groups are one of the most effective modalities.
<u>Medications</u>	Can be individualized by access and cost	Can help decrease cravings and allow for harm reduction. Mechanism of action of each type of medication should be reviewed with the patient.
	Alcohol Use Disorder	Acamprosate, disulfiram, naltrexone
	Opioid Use Disorder	Methadone, buprenorphine , naltrexone
	Nicotine Use Disorders	Nicotine replacement (patches, gum, etc.) or medication (bupropion or varenicline)



Ian Gilson, MD and Ben Thompson, MD discuss their approach to SUD treatment and why they are buprenorphine prescribers. Watch [Here!](#)

Buprenorphine Updates

“Treating addiction is the role of every physician.”

Ben Thompson, MD

We need more physicians to educate themselves on prescribing principles so more patients can get life saving OUD treatment.

Thanks to the work of advocates across the country, a barrier to substance use treatment known as the X-Waiver has been removed.

This separate waiver was required to dispense buprenorphine for opioid use disorder treatment.

With the announcement on January 12th any clinician with a current DEA registration that includes Schedule III authority can prescribe buprenorphine for opioid use disorder.

Per the U.S. Drug Enforcement Administration:

“On December 29, 2022, the Consolidated Appropriations Act of 2023 enacted a new one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners on the treatment and management of patients with opioid or other substance use disorders.”

Information on DEA registration and renewal can be found [here](#).

Health Disparities in Prescribing:

"Black patients were 70% less likely to receive a prescription for buprenorphine at their visit when controlling for payment method, sex, and age."



Colleen Lane, MD and Brian Hurley, MD discuss the current state of medications for OUD in this [CME eligible panel](#).

[Buprenorphine Quick Start Guide PDF](#)

Avoiding Burnout



Like any chronic illness, working with patients who have substance use disorder can be a frustrating task for any healthcare worker.

We must remind ourselves that negative behaviors are due to the drugs and not due to the patient themselves. They are deserving of compassionate care and quality treatment.

1) Before each encounter, take a deep breath.

Diaphragmatic breathing can increase parasympathetic activation leading to relaxation. This can allow you to clear your mind and body to start the encounter with an open mind.

2) Reflect on your present emotions and triggers that led you to that state.

When do you feel most emotionally exhausted? When do you feel most refreshed?

3) Write down positive events at the end of each day.

Create a habit of finding a positive lesson after each stressful encounter.

Did you communicate well with your team? Did a patient share a vulnerable health concern with you?

4) Develop mindfulness strategies that work for you.

Do not give up doing things you enjoy. Exercise, read a book, or take a nap. Whatever helps refill your cup at the end of the day.



This video interview with Julie Swartz, MD discusses the role of the EM physician and how to avoid burnout when caring for patients with SUD.

“ Opportunities exist for EM providers to improve care by screening, initiating treatment, and directly linking patients to ongoing treatment.”

Julie Swartz, MD
Emergency Medicine Physician

When you feel frustrated at a patient, direct that energy into advocacy to create a better system that supports prevention and access to treatment.

What can you do?



Watch an [interview](#) with Aqsa Malik, MD, a resident in addiction psychiatry

Attending Physicians:

- 1) Set a positive example by promoting the disease model of addiction
- 2) Have discussions with colleagues about poor patient interactions
- 3) Educate yourself on buprenorphine prescribing
- 4) Reflect on your language and attitude

Residents:

- 1) Explore addiction medicine resources in your community
- 2) Educate yourself on buprenorphine prescribing and DEA licensing requirements
- 3) Set a positive example for medical students and other doctors

Medical Students:

- 1) Learn about the available treatments for SUD
- 2) Practice taking compassionate histories from patients with SUD
- 3) Listen to your patients and present to using neutral language

Your Team:

- 1) Communicate with your social work team
- 2) Discuss with your staff the importance of making everyone feel welcomed in your office
- 3) Learn about local programs such as AA or other support groups

Your words matter.

What physicians write in the medical record can follow a patient to every appointment. Using words like "addict" or "drug-seeking" can impact how other physicians interact with the patient.

Avoid stigmatizing language in your charting.

"Attention to the language used in medical records may help to promote patient-centered care and to reduce healthcare disparities for stigmatized populations."

SUD in Pregnant Patients

- Recent data suggests that women make up 40% of people with a substance use disorder.
- Between 2005 and 2014, 20.2% of pregnant women reported drinking alcohol.

How to aid in harm reduction and recovery:

- Pregnant women should be screened for substance use disorder. Make sure to provide a safe space for disclosures and remind them you are not here to punish them.
- Provide patient education on the risks of alcohol, smoking, and drug use. Offer options for treatment and support.

"Motivational interviewing and brief intervention rather than a judgmental or punitive approach are more likely to produce positive behavioral change."

Learn about reducing polysubstance use in pregnancy [here](#).

Co-Occurring Mental Illness

In adults age 18-25, 13.5% had both a substance use and mental health disorder in 2021

When discussing substance use, explore the reason a patient may have started using that substance.

Screen for co-occurring mental health disorders in all patients.

Marginalized Groups

- Targeted enforcement of drug laws has led to a disparity in sentencing among racial groups in the United States.
- Physicians should explain to patients that substance use questions are asked to all patients.
- "For Black and Latinx groups in the US, 90% and 92%, respectively, diagnosed with a SUD did not receive addiction treatment."
- Learn more:
- [Dr. Helena Hansen on opioid use, addiction and race.](#)
- [Racial Inequities in Treatments of Addictive Disorders](#)

Physician Addiction Resources

15% of physicians suffer from a substance use disorder.

Warning Signs:

- Isolating from patients, colleagues, supervisors
- Decline in work performance
- Missing work, arriving late
- Drinking heavily at work functions
- Irritable, defensive
- Physical symptoms: fatigue, dizziness, tremors, dilated pupils
- Smelling like alcohol
- Writing inappropriate prescriptions



Christopher Meyer, DO shares his recovery story and Dave Kapaska, DO discusses his experience with impaired colleagues in this [video interview](#).

We must talk to our colleagues if we have suspicion for a use disorder.

With proper help, they can receive treatment without license removal.

We must speak up for the safety of our patients.

Learn more below:

[Duty to Report](#)

[Deciding When to Refer](#)

Healthcare Professionals & Substance Abuse



Over 100K

healthcare workers abuse illicit drugs each year

1 in 10

healthcare professionals fall into drug or alcohol abuse at some point in their lives

Source: Substance Abuse and Mental Health Services Administration

Physicians who think they have an issue with alcohol or drugs can seek assistance through Physician Health Programs (PHPs)

By reporting and receiving treatment, most physicians can return to practice after completion of the program.

Learn more below:

[PHPs](#)

[Physician Use Disorders](#)

**YOU ARE
NOT ALONE**

