

Physicians and Treating Addiction in Patients

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### Abstract

More than twenty million people in the United States are estimated to have substance use disorders, and it is expected that the number will increase in the future. Physicians, especially general practitioners, play important roles in the treatment of substance use and other addiction disorders because they focus on overall health and well-being and see patients for extended periods throughout the lifetime. Stigma surrounding addiction patients suggests that addiction may be inadequately treated by physicians. Therefore, it is essential for society's health that addiction treatment is delivered effectively. The aim of this paper was to review the current literature to assess whether or not addiction is appropriately addressed by physicians, and if not, discuss the reasons behind why treatment may be lacking. This paper reviewed articles regarding physician education, physicians' perspectives about the opioid epidemic, as well as patients' perspectives about their experiences receiving treatment from physicians for addiction. Overall, this paper concluded that inadequate treatment for addiction by physicians may result from lack of priority surrounding the issue, improper education, and negative perceptions about addiction patients.

### Physicians and Treating Addiction in Patients

Addiction to tobacco, alcohol, and other drugs contributes to around 632,000 deaths annually in the United States alone (Hoffman, 2018). Substance abuse also costs the United States 600 billion dollars annually, and investing in treatment can lead to savings by reducing crime and theft (National Institute on Drug Abuse, 2019). While substance use disorders have different avenues of treatment, with many people involved in recovery, one of the first people to address the issue is the physician. Physicians are involved with patients who struggle with addiction in both primary care and hospital settings, even if the patient is not seeking direct addiction treatment from them. However, a recent New York Times article suggested that most doctors are ill-equipped to deal with the opioid epidemic, and that few medical schools even teach addiction medicine (Hoffman, 2018). Only twelve addiction medicine fellowships are board-certified (upholding optimal quality and meeting national standards), compared to 235 qualified programs for sports medicine (Hoffman, 2018). In addition, the content covered for addiction varies widely between different medical schools and mostly focuses on opioid addiction, instead of including tobacco, alcohol, and other illicit drugs (Hoffman, 2018). Inadequate response to health issues can result in substantial health, social, and economic burdens for both society and the healthcare system. Additionally, ineffective treatment of substance use disorders can affect health outcomes of comorbid diseases like chronic obstructive pulmonary disease, HIV, hepatitis, and chronic pain (Wood, Samet, & Volkow, 2013).

Given the state of the current opioid epidemic, it is believed that substance use disorders may persist and increase in the future. Therefore, it is important to treat substance use disorders appropriately and for physicians to be properly educated about addiction. This paper reviews the literature to determine if physicians address addiction treatment in medicine adequately by

examining the education of physicians and perspectives of both physicians and their patients. Current strategies and recommendations to address gaps in physician education about addiction will also be discussed.

### **Review of Literature**

To understand why there may be gaps in addiction treatment by physicians, it is important to understand how physicians are trained and whether gaps may exist as a result of improper education. Tong et al. (2017) aimed to assess how addiction medicine was instructed in family medicine residencies. Residency is a period after graduating medical school when physicians specialize, and family medicine is a field that provides comprehensive care for all ages and is typically referred to as primary care. Researchers added questions about addiction medicine curriculum in the Council of Academic Family Medicine Educational Research Alliance (CERA) survey which is given to family medicine residency directors biannually. A majority of the programs were community-based, with the highest proportion of programs serving communities of 150,000 to 499,999 people. Questions covered topics such as a description of the addiction medicine curriculum, barriers to implementing addiction training, current workforce for addiction care, and current training for addiction faculty.

Tong et al. (2017) found that only 28.6 percent of family medicine residencies had a required addiction medicine curriculum, and out of programs that do not have a required curriculum, only 12.3 percent offered an elective in addiction medicine as a supplement. Programs reported that the biggest hindrance to improving addiction medicine education was a lack of qualified addiction medicine faculty, and residency directors placed teaching addiction medicine as a “moderate priority” on their agendas. Although addiction medicine curriculum was uncommon and mostly not a requirement by the programs evaluated in this study, “90.5 percent

of program directors expected residents to be able to provide at least brief interventions” for substance use disorders (Tong et al., 2017). This study shows that a possible reason why physicians may treat addiction inadequately is because they are not taught the information properly during their training. There is a clear disconnect between how family residency programs teach and prioritize addiction medicine and the expected outcomes of physicians’ abilities to address substance use disorders. How physicians are educated about addiction medicine can also influence their perception of patients who cope with addiction and how they choose to treat the issue.

Primary care physicians may need training for opioid addiction in particular because of the growing opioid epidemic in the United States. From 1990 to 2010, sales of opioids quadrupled, and from 2002 to 2009, prescriptions of extended-release (drug released slowly over time) opioids increased by 146 percent (Manchikanti et al., 2012). Physicians can prescribe opioids for their patients and are critical to preventing over-prescription of opioids and identifying opioid use disorder (OUD) in their patients (Kennedy-Hendricks et al., 2017). Kennedy-Hendricks et al. (2017) surveyed primary care physicians across the United States to evaluate physicians’ beliefs and attitudes about the extent of responsibilities for both physician and patient, perception of opioid-addicted patients, effectiveness of treatment, and support for various policies. Physicians were selected by random sampling and were allowed to opt-in for the survey and received a financial incentive.

The researchers found that seventy-two percent of physicians ranked OUD as a “very or extremely serious problem”, but OUD was ranked as less important than chronic, physical illnesses such as obesity and heart disease. Researchers found that a physician’s beliefs about the cause of OUD differed based on whether they were a high-volume prescriber of opioids (prescribing more than twenty times a month) or a low-volume prescriber (prescribing less than twenty times a

month). Low-volume prescribers were significantly more likely to express that it was too easy to get prescriptions from multiple doctors, and that doctors kept patients on their medications for too long, compared to opinions of high-volume prescribers. Eighty-nine percent of overall respondents also believed that the burden of responsibility for OUD lies within the individual, and not a healthcare provider. In general, when asked about the population struggling with OUD, the majority of respondents (75-80 percent) expressed that they did not want someone with the addiction marrying into the family or working closely with them at their jobs. However, almost 70 percent of physicians believed that with appropriate treatment, people with addiction to prescription opioids may recover and go on to live productive lives. This study shows that primary care physicians generally have negative attitudes towards patients with OUD, which may affect how they treat patients with OUD and other substance use disorders. The physicians who were surveyed acknowledged that there are inadequacies in treatment of addiction, but these physicians believed that this issue is due to lack of policy or education about addiction and not necessarily the physicians themselves.

In addition to examining physicians' perspectives on addiction, it is also important to consider the perspective of patients who are undergoing addiction treatment. Press, Zornberg, Geller, Carrese, and Fingerhood (2016) evaluated the patient-provider relationship for patients with a history of an addiction disorder. They conducted a qualitative study using the semi structured interview where all interviews were recorded and coded appropriately. Patients were asked questions about the history of their addiction, their experiences with primary care providers (including physicians, physician assistants, and nurse practitioners), and any general thoughts about addiction treatment.

Researchers found that the most important concept patients wanted their providers to understand was that the experience of addiction was not “a person who’s made bad decisions” but rather “a person who’s emotionally wounded or spiritually wounded” (Press et al., 2016). Patients also wanted their providers to be knowledgeable about resources for recovery and to feel comfortable providing pain relief for patients who struggled with substance abuse. Other qualities patients thought their provider should express were empathy, a strong duty to treat, and a focus on overall health, and not just addiction. Finally, having a physician who was engaged in their care and addressed emotional damage caused by addiction were also factors that patients appreciated. Like Kennedy-Hendricks et al. (2017), Press et al. (2016) found that negative attitudes from physicians impaired treatment efficacy, but also found that negative beliefs about the patients themselves decreased the likelihood that they could obtain treatment and complete it successfully. This study illustrates that physicians can provide inadequate treatment by lacking knowledge about addiction, empathy for their patients, and desire for improved holistic health and wellbeing. These factors can be attributed to improper education about addiction and stigma surrounding addiction medicine, which may have adverse consequences for patients seeking treatment for addiction disorders.

### **Discussion**

The purpose of this review was to evaluate whether physicians adequately address the treatment of substance use disorders in their patients. In general, substance use disorders are treated by physicians, but not in ways that patients may receive or respond to best. Addiction is identified as a health malady by physicians, but there is a lack of urgency surrounding the issue especially when compared to other chronic, physical ailments. Improvements must be made in both physician

education and the physician-patient relationship in order to provide better treatment outcomes for patients with addiction and substance use disorders.

A limitation of all of these studies is that the sample population might not be representative of the entire population of primary care physicians and addiction patients. For the two studies that used survey methods, the response rates were 49.2 percent and 29 percent respectively, and for the patient perspective study, all eighteen patients came from the same clinic. These sampling methods may affect the generalizability of each study's results. For example, only eighteen patients were interviewed for the patient perspectives study, and all patients came from a mid-Atlantic, urban, medium-sized city. It is unknown from this study whether addiction treatment differs in rural areas or different parts of the United States. Finally, the study interviewing patients (Press et al. 2016) did not evaluate treatment outcomes, so it is unclear how strong of an impact the patient-provider relationship had on the patient's recovery.

However, the results of all of these studies can still provide insight to the magnitude of the problem of inadequate treatment of addiction. Kennedy-Hendricks et al. (2016) and Tong et al. (2017) both cite lack of addiction medicine faculty and education about addiction medicine as reasons for why addiction may be inadequately addressed by physicians. Hoffman writes in her New York Times article that, "[t]he stigma that attaches to patients also clings to doctors who treat them" (Hoffman, 2018). Negative stereotypes and attitudes towards addiction medicine may account for the reluctance to reform education about addiction. This mindset is one that desperately needs to be changed because it is estimated that "21.6 million people in the United States experience an addiction disorder", and treating addiction effectively will have significant economic, social and public health implications (Press et al., 2016). Rates of substance use

disorders will likely increase in the future, so resources and practical solutions must be found in a timely manner to prevent further waste of time and resources.

There are many healthcare professionals that are involved in treating addiction, such as psychologists, nurses, counselors, and mental health specialists. However, this review focused mainly on addiction treatment from primary care physicians. These general practitioners are in a unique position to provide care for patients with addiction because they care for patients throughout their lifetime and focus on holistic wellbeing. Strong physician-patient relationships are important for delivering effective healthcare because they affect the patient's experience. Patients who feel heard, respected, and cared for by their doctors will be more likely to adhere to treatment and believe that they can overcome their health problems. Many addicted patients also experience loss of friends or family, employment, or other social circles, and having a reliable, empathetic relationship with a physician in a vulnerable time may provide relief, security, and meaning for these patients. The results of the physician and patient perspective studies show that a reason why physicians may inadequately address treatment for addiction is by not addressing the emotional components of addiction. Stigma towards addiction patients can lead to a strained physician-patient relationship, and physicians may be less likely to show compassion and provide hope for patients who want to be understood and be perceived as normal. As the culture of medicine shifts from simply acknowledging the physical to examining the patient through a holistic lens, physicians will be better able to provide kind and compassionate care, which will improve treatment outcomes for patients with substance use disorders.

## References

- Hoffman, J. (2018, September 10). Most Doctors Are Ill-Equipped to Deal With the Opioid Epidemic. Few Medical Teach Addiction. *The New York Times*, p. D1.
- Kennedy-Hendricks, A., Busch, S. H., McGinty, E. E., Bachhuber, M. A., Niederdeppe, J., Gollust, S. E., ... Barry, C. L. (2016). Primary care physicians' perspectives on the prescription opioid epidemic. *Drug and Alcohol Dependence, 165*, 61-70. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4939126/>.
- Manchikanti, L., Helm 2<sup>nd</sup>, S., Fellows, B., Janata, J. W., Pampati, V., Grider, J. S., & Boswell, M. V. (2012). Opioid epidemic in the United States. *Pain Physician, 15*, 9-38. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22786464>.
- National Institute on Drug Abuse. (2019). Is drug addiction treatment worth its cost? Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>
- Press, K. R., Zornberg, G. Z., Geller, G., Carrese, J., & Fingerhood, M. I. (2016). What patients with addiction disorders need from their primary care physicians: A qualitative study. *Substance Abuse, 37*, 349-355. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26360503>.
- Tong, S., Sabo, R., Aycock, R., Prasad, R., Etz, R., Kuzel, A., & Krist, A. (2017). Assessment of Addiction Medicine Training in Family Medicine Residency Programs: A CERA Study. *Family Medicine, 49*, 537-543. Retrieved from <https://www.stfm.org/FamilyMedicine/Vol49Issue7/Tong537>.
- Wood, E., Samet, J. H., & Volkow, N.D. (2013). Physician Education in Addiction Medicine.

*The Journal of the American Medical Association*, 310, 1673-1674. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827345/>.