THE FAMILY PHYSICIAN'S ROLE IN ADDICTION RECOVERY

Patients say:

"I don't think my doctor knows much about addiction."

"My doctor is fed up with me."

" I don't talk to my doctor because he knows my whole family."

"I felt like I was being judged."

Patients say:

"My doctor is very supportive."

" My doctor doesn't seem to know much about addiction, but they called a specialist for advice. I liked that."

"My doctor and I have worked out a plan."

"I want my doctor to be involved in my care."

Physicians say:

"I feel that I'm out of my depth. I've run out of ideas."

"My patient has been lying to me. I don't think I'll be able to trust them now."

"This patient usually misses their appointments."

"I don't have the time to take on anything else."

Outline

- Definitions
- Tools
- Communication
- Relapse Prevention
- Recovery Supports
- Medication

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.

It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs.

Recovery From Mental Disorders and/or Substance Use Disorders

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

Trans Theoretical Model of Behavior Change

(Stages of Change)

CONTEMPLATION STAGE

PRECONTEMPLATION STAGE

PREPARATION STAGE

RELAPSE STAGE

ACTION STAGE

MAINTENANCE STAGE

Motivational Interviewing

Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

Spirit of Motivational interviewing

- Partnership
- Acceptance
- Compassion
- Evocation

Core Processes of Motivational Interviewing

- Open ended questions
- Affirmation
- Reflective listening
- Summarizing

Rolling with resistance:

"It's a dance rather than a wrestling match."

Language Matters:

Addict Person with substance use

disorder

Clean time
 Period of abstinence

Dirty urine
 Unexplained result

Drug abuse Substance use

Relapse Return to substance úse

"Compassion never gets old."

- Separate the person from the behavior.
- Remember trauma. Instead of asking "What's wrong with this person?" ask "What happened to them?"
- Remember shame.
- Remember addiction is a brain disease.

Relapse Prevention

- Stages of recovery: Abstinence Stage, Repair Stage, Maintenance Stage
- Addiction is a disorder of stress intolerance.
 Recovery involves developing increased stress tolerance. "Learning to become comfortable with being uncomfortable."
- Stresses: emotional, psychological, physical

Cravings and Triggers

People, Places, and Things

HALT, boredom, anger, family interactions

 Medications: naltrexone, acamprosate disulfiram(?), OAT - methadone, Buprenorphine/naloxone, SROM, iOAT



Cross Addictions and Concurrent Disorders

 Gambling, shopping, sex/pornography, internet, gaming

Eating disorders

Anxiety disorders, depression

Recovery Supports

• 12 Step: AA, NA, SA

 Non-12 Step: LifeRing, SMART Recovery, Buddhist Recovery Group, Caduceus Group

 Supports for families: Al-Anon, Nar-Anon, reading "Beyond Addiction"

Recovery Supports

• Island Health Services – AOT, RAS, RAAC

Umbrella

Recovery coaching, counselling

• CBT Skills Groups, Mindfulness groups

Relapse

May occur at any stage of recovery.

• Stressful life events: illness, grief and loss, divorce, job loss, retirement

Significant dates: holidays, birthdays, anniversaries

Responding to Relapse

- Quickly and with compassion
- As a learning opportunity

- Detox if necessary, ambulatory vs. inpatient
- Increase supports, intensify treatment

Summary

Addiction is a chronic disease.

• Family doctors can play an important role.

 Relapse is common and can be a learning opportunity.

Attitude and language are important.

Inquiry

- turn judgment into curiosity
- turn disagreement into shared exploration
- turn defensiveness into self-reflection
- turn assumptions into questions

Thank you

Post-acute Withdrawal Syndrome

 Begins after acute withdrawal and may last for up to two years.

 Symptoms include anxiety, sleep disturbance, mood fluctuations, irritability variations in concentration and energy level.