

# Training in Drug Abuse in a Family Medicine Residency

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There is a great need for medical education in the area of drug abuse. As early as 1972 both public and private members of the medical community called for the development of comprehensive drug and alcohol education for medical students as well as medical residents.<sup>1-3</sup> In the past there was a reluctance to include drug abuse training in medical education because of lack of involvement with and negative attitudes toward the drug abuser by the medical community.<sup>4</sup>

Poor training and attitudes on the part of physicians toward drug abusers has had serious results. The care given to drug-dependent persons by physicians untrained in drug abuse is often fragmented and of low quality.<sup>5</sup> Hospitals may refuse to admit or treat drug-dependent persons, and private physicians are reluctant to participate in their treatment. Often the diagnosis of drug dependency is missed, avoided, or delayed until the problem has reached an advanced stage. Treatment is often hampered by physician pessimism, low expectation for the drug abuser, and lack of knowledge of the subject. Appropriate referrals are often not made as a result of poor physician attitudes and lack of knowledge of community resources.

With the growing problem of drugs in society and the inability of the health care system to accommodate the drug abuser, curricula, teaching materials, and evaluation methods suitable for medical education in substance abuse are becoming available. In a survey of medical schools nationwide, however, it was found that both faculty

and students consider current drug abuse education inadequate. A median number of 16.5 hours was allotted to drug abuse education over the course of four years, with the majority of instruction given in psychiatry, pharmacology, and medicine; 35 percent of the medical schools offered elective courses in drug abuse, as did 20 percent of the outpatient clerkships, of which 12 percent included community-based programs.<sup>6</sup>

In residency training, fewer than 10 percent of the family practice residency programs offered any training in drug abuse. This low figure indicates the urgent need for this kind of training program, for the improvement of health care delivery for the drug abuser depends on the reeducation of physicians on the verge of starting a practice. E. Mansell Pattison, in a recent conference on drug and alcohol abuse education, noted that "the real challenge for us in medical education is how to introduce alcohol and drug abuse education into the *residency* portion of medical education"<sup>7</sup> (emphasis in original).

## Teaching Program

In response to this expressed need, the Department of Family Medicine at the State University of New York at Stony Brook and the Suffolk County Drug Abuse Authority developed an experiential and didactic experience for family medicine residents. The program is directed at providing knowledge and skills and at altering attitudes regarding the drug abuser. The program has been in effect since July 1980 and is a requirement in three affiliated residency programs. Approximately 16 residents have participated in the program.

The goals of residency training in drug abuse treatment are to (1) educate family practice resi-

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dents in the nature and scope of the drug abuse problem, (2) provide didactic and clinical training in the identification and management of drug abusers, (3) enable the resident to do physical and psychosocial evaluations of drug abusers and diagnose drug abuse, and (4) provide family practice residents with first-hand knowledge and experience in a county drug abuse facility and affiliated programs and encourage the use of services available in the community.

The drug abuse training program is conducted at the Hauppauge Screening and Detoxification Clinic. The clinic serves all of Suffolk County, Long Island, and is available to any patient who is abusing or is dependent upon any drug or substance. Most patients seen at the clinic, however, are opioid abusers. The major functions of the clinic are to (1) screen clients for an appropriate modality of treatment (2) detoxify patients at the clinic and (3) place patients who qualify into outpatient counseling, therapeutic communities or methadone maintenance programs. The diverse functions of the Hauppauge Screening and Detoxification Clinic program make it a desirable site for residency training.

Activities at the clinic take advantage of its many types of patients and treatment modalities. Residents are assigned to the rotation for a total of 32 hours over the course of one month. A series of didactic seminars introduce the resident to the goals of the drug abuse program as well as its procedures in screening, detoxification, charting, and program administration. Formal presentations on addiction, pharmacology, tolerance, behavioral patterns and psychosocial lifestyles, intake interviewing, examination procedures, treatment strategies, differential diagnosis, and side effects of commonly used drugs are an important part of the didactic preparation. Residents also observe the operations and procedures involved in pharmacy, examination and treatment, and counseling.

Cases are assigned to the resident, who under the supervision of a staff physician is responsible for conducting a physical examination, writing a detoxification order, and formulating a treatment plan for each patient, all of which are followed by discussions with a staff physician and counselor. At the end of the rotation, residents under the supervision of a staff physician are given the assignment of primary physician for all scheduled intakes in a given session.

## Evaluation

Residents in the program are evaluated on the accomplishment of objectives during their assignment as primary physician. Supervising physicians complete a two-page evaluation protocol on each resident's knowledge and skills. Examination of supervisors' evaluations reveal that family medicine residents exhibit a great deal of concern, compassion, and skill in dealing with the medical and psychosocial aspects of drug abuse and are capable of providing for routine care of drug abusers in this setting. Residents also evaluate the effectiveness of the program, skills that were taught, attitudes that were changed, and suggestions for improvement of the program.

Sixteen residents rotated through Hauppauge Screening and Detoxification Clinic this year. Residents felt that the experience at the drug abuse clinic was unique and that a considerable amount was learned about evaluation and detoxification. They also reported that they were more comfortable and confident in dealing with drug abusers and better understood the abuser's needs. In addition, they reported better knowledge of community support and available resources. Many reported a greater willingness to participate in the treatment of abusers in the future.

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