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# Family Practice Forum

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## Treatment of Chemical Dependency in Family Practice

Kevin Sherin, MD  
Oak Lawn, Illinois

Family practice as a discipline is well equipped to focus on the problems of substance abuse. A number of recent articles have alluded to the potential role for family practice in this growing health problem.<sup>1-4</sup> A number of family practice residencies now include a substance abuse rotation as a required component of the curriculum.<sup>1,4,5</sup> Indeed, the American Academy of Family Physicians has advocated this role for family practice in a recent policy statement.<sup>6</sup> Granted that substance abuse is a growing health epidemic and that family practice has a role to play in dealing with it, what should the family practice approach to this problem be, and how is this approach unique?

### Comprehensive Care

The comprehensive nature of the family practice approach to health care delivery is the key to its unique ability to treat problems of chemical dependency. Unfortunately, these problems are no respecters of age or person. The primary drug problem in adolescents is alcohol abuse, and geriatric patients once suspected to have dementia may turn out to have problems of chemical dependency.<sup>7</sup> The same principles applied to substance abuse in adolescents can be equally valid in treating the older patient. The family physician

cares for all age groups in which these problems may present.

The families cared for in family practice may provide clues to problems of chemical dependency, either directly or indirectly. A woman may openly approach her physician about her husband's drinking problem. More often, more subtle clues may prompt an inquiry leading to a hidden chemical dependency problem in another family member, eg, accidents, depression, missed appointments, hyperactive children, and so on.<sup>2</sup> Provided permission to discuss findings is granted, the family may be a checkpoint for the family physician's suspicions about a patient. In this instance the family care emphasis provides the physician with useful clues to recognizing early chemical dependency and potent levers for later intervention.

Another facet making the family physician's role unique in dealing with chemical dependency is the emphasis on behavioral science during training. The interviewing skills stressed during the residency lend themselves, if correctly applied, to recognition and intervention in cases of substance abuse. Understanding family dynamics can increase the physician's sensitivity to such problems and help direct intervention. The family physician is well equipped to distinguish other mental illness or behavioral disorders (eg, manic depression, adolescent adjustment reaction) from chemical dependency, and the emphasis on a continuing physician-patient relationship and relationship with the whole family may be the key to negotiating a resistant patient into treatment.

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From the Alcohol Rehabilitation Unit, Christ Hospital, Oak Lawn, and the Department of Family Practice, Rush Medical College, Rush University, Chicago, Illinois. Requests for reprints should be addressed to Dr. Kevin Sherin, Alcohol Rehabilitation Unit, Christ Hospital, 4440 West 95th Street, Oak Lawn, IL 60453.

## Role in Prevention

Family practice is strengthened in its preventive role through its emphasis on health promotion and treatment of at-risk hosts.<sup>8</sup> Family physicians are in a good position to prevent many problems of chemical dependency. Those at high risk (such as children of alcoholics<sup>9</sup>) can be identified and strategies to prevent their using dependency as a coping mechanism can be developed (primary prevention). Early-stage chemical dependency may be noted, for example, by using standard screening tests,<sup>10</sup> and intervention can be instituted before the dependency reaches less treatable stages (secondary prevention). Finally, the community medicine experience of most residency programs allows for patient education on these issues by physicians in training.

## Integration with Medical Skills

As a comprehensive health care delivery person, the family physician is also well equipped to integrate the above skills with traditional medical management. Clues found on physical examination, such as an enlarged liver, high blood pressure, or needle "tracks," can be used for corroborative evidence in confronting patients. Similarly, laboratory findings can be addressed in the same discussion. With in-depth background information, the family physician is well equipped to decide whether inpatient or outpatient detoxification is indicated. Most medical complications of chemical dependency are well within the scope of the family physician. Indeed, one third of the physicians engaged in the professional treatment of alcoholics are family physicians.<sup>11</sup>

## Implications for Training

A rotation through a chemical dependency unit is already required in a number of residency programs.<sup>1,4,5</sup> Such a rotation is recommended because it facilitates other objectives of the family practice curriculum (eg, learning interviewing skills, appreciating the team concept of health care, understanding family dynamics, learning pharmacology, learning aspects of gastroenterology and neurology, dealing with denial, learning preventive and psychiatric skills, and managing

detoxification). Furthermore, the principles used in managing chemical dependency can be generalized to other addictive disorders.

The main thrust of the educational experience should be early identification, intervention, and continuity of care for the patients and their families. Efforts should be made to integrate cognitive, attitudinal, and behavioral measures and interventions into the curriculum. Providing a positive hands-on experience with management and follow-up of recovering patients is most desirable and has been shown to affect later physician behavior in this regard.

An apparent gap, however, still exists in the training of family practice residents in this area. A recent study<sup>12</sup> showed that substance-abuse training ranks 17th behind training for other mental health disorders. Unfortunately, substance abuse remains a prevalent health problem, the primary public health problem, and the third leading cause of death in the United States; yet it is perhaps the most neglected health problem in medicine. Family medicine has an obligation to lead the way in this effort. Family practice residency programs must institute required curricula in substance abuse.

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