

# Treatment for Addiction Meets Barriers in the Doctor's Office

By **HOWARD MARKEL**

While progress has been made in combating alcoholism and drug addiction in the United States, the medical establishment is still failing in large numbers to diagnose the disease in their patients, several experts said at a recent conference.

"Although doctors and nurses have the best opportunity to intervene with alcoholics and substance abusers, our research indicates they are woefully inadequate of even diagnosing someone with this disease," said

Joseph Califano Jr., the chairman and president of Columbia University's National Center on Addiction and Substance Abuse.

At the conference sponsored by the Columbia center this month, policy makers and addiction specialists evaluated recent research on addiction, which affects 2 of 10 Americans at some point in life and costs billions of dollars for health care each year.

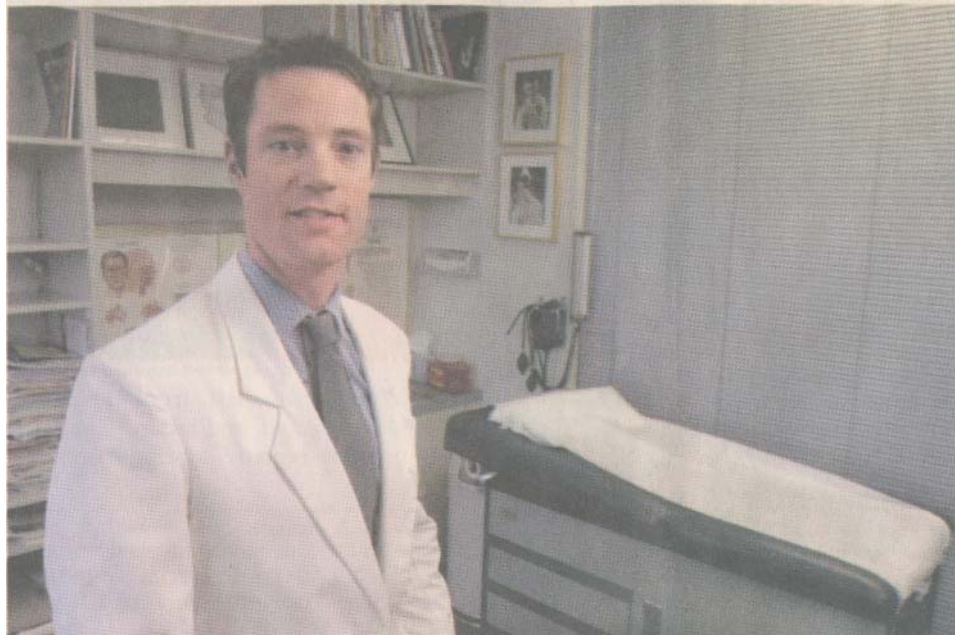
Surveys conducted by the center's researchers found that 9 of 10 primary care doctors fail to diagnose substance abuse in patients who display classic symptoms of the problem.

The researchers attributed these failures to insufficient training in the treatment of addiction, doctors' frustration with afflicted patients, the common perception among doctors that treatment for substance abuse does not work, and a poor rate of insurance reimbursement for such services.

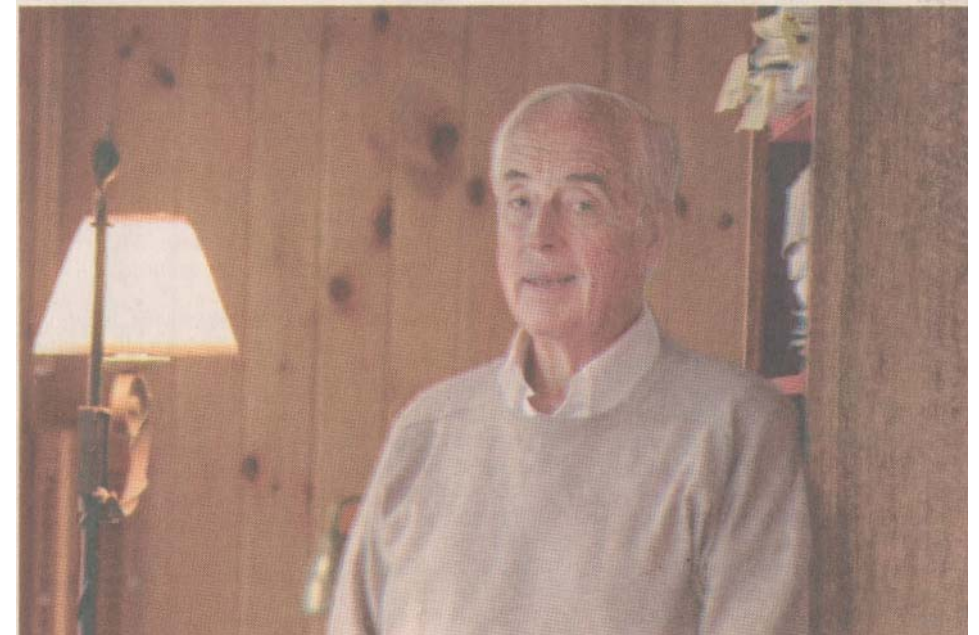
Public health policy makers at the Center on Addiction and Substance Abuse have made several recommendations to address these problems including increasing formal substance abuse training for medical students, residents and doctors so they can recognize the symptoms and understand the treatment tools; expanding coverage provided by Medicare, Medicaid, private insurers and managed care for treatment; and adding legal accountability for primary care doctors who fail to diagnose substance abuse or addiction and encourage their patients to seek help.

Dr. Catherine D. DeAngelis, editor in chief of The Journal of the American Medical Association and a pediatrician, said that "caring for patients with substance abuse is one of the most difficult things I have ever had to deal with as a doctor."

Dr. DeAngelis added: "But I am hardly alone. Doctors are trained to figure out a specific pathology and effective treatments



Michael Nagle for The New York Times



Rick Friedman for The New York Times

Dr. Christopher L. Barley, left, cites finances as a critical obstacle to treating substance abuse, while Dr. Stanley E. Gitlow says doctors need to hear what alcoholic go through.

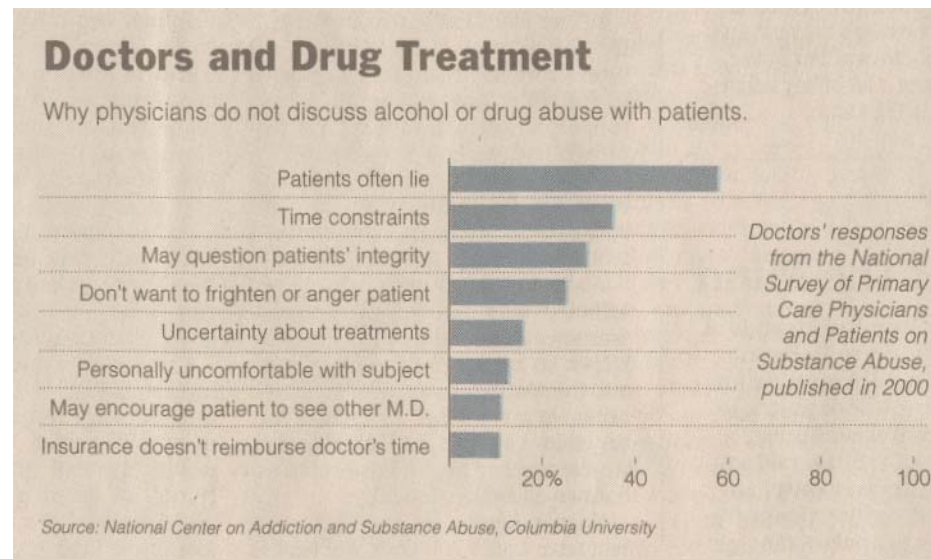
## Many doctors miss the diagnosis despite seeing classic symptoms, surveys have found.

for diseases. But when the ailment in question carries a substantial behavioral component, like substance abuse, physicians get frustrated and don't do as well."

Dr. June E. Osborn, president of the Josiah Macy Jr. Foundation, which is concerned with the education of doctors, agreed.

"Most doctors want to be helpful as well as knowing exactly what they are doing," Dr. Osborn said. "They are taught primarily about acute medical care. In clinical situations where they don't know exactly what they are doing, doctors tend to walk away and adopt an attitude of blaming the patient. But there is no place for blame in health care."

Doctors have a particularly hard time accepting that there are no easy cures for the chronic and often relapsing disease of



addiction, unlike surgical problems that can be corrected by an operation or infections that can be conquered by antibiotics.

"There never will be a magic bullet against addiction," said Dr. Alan Leshner, the executive director of the American As-

sociation for the Advancement of Science and the former director of the National Institute of Drug Abuse. "It's not going to happen."

"But we have treatments available that do work," Dr. Leshner added. "Doctors

need to learn how to match the treatment modality to a specific patient's needs just as they do for chronic diseases like diabetes or hypertension."

Surprisingly, scant formal training on addiction and substance abuse is available in American medical schools. Now, most of them offer only a few hours on these complex subjects and even less is offered during most residency or postgraduate programs.

Dr. Stanley E. Gitlow, an internist in Manhattan who has treated patients with substance abuse problems for over 50 years, suggested that doctors attend meetings of Alcoholics Anonymous or other treatment groups to hear what alcoholics and addicts go through and how they recover. "Doctors need to learn the natural history of this disease," Dr. Gitlow said.

"We must listen to patients," he added "If a doctor does not have the clinical picture of substance abuse and its treatment in his head, he won't be able to help."

Teaching medical students to remain current on certain issues and to work as team members with social workers and psychologists may help provide them with tools needed to treat diseases like addiction, said

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# In the Doctor's Office, Barriers to Treating Addiction

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Dr. Louis Sullivan, the president emeritus of Morehouse School of Medicine.

Dr. Osborn agreed that effective teamwork among doctors and other health professionals would go a long way in solving the problem. "We need to rebalance the heavy emphasis on facts that soon become obsolete with universal tools all doctors need. Students and residents are eager for this type of curriculum."

One approach involves having medical students sit in all-day treatment sessions with patients and addiction specialists over a week or more at the Betty Ford Center in Rancho Mirage, Calif., said John T. Schwarzlose, the president and chief executive of the center.

Still, another major obstacle to effective treatment is the presumption among many doctors and patients that it is a matter of personal responsibility rather than a bona fide disease with treatments that can work.

But scientists are steadily unlock

ing the critical biological secrets of addiction and the reasons that some people become addicted to specific substances but others do not.

And there is promising research to develop medications that may help addicts overcome their habits.

Dr. Steven Hyman, provost of Harvard and former director of the National Institute of Mental Health, said: "Choice is a complex issue. We know from scientific studies that the addicted person has constrained volition once the brain has been rewired by chronic drug use.

"These brain changes give the utmost priority to scoring drugs or getting a drink under many circumstances. That does not mean that the person has become a zombie."

One factor that may discourage doctors from learning about substance abuse, let alone tackling it in their clinics, has to do with reimbursement from insurers. Medicaid, Medicare and most private insurance or managed-care companies offer minimal coverage.

Dr. Christopher L. Barley, a physician in private practice in Manhat

tan, said the financial aspect was as critical as any other issue in discouraging doctors from treating addicted patients.

He said: "How can you maintain a practice, see the numbers of patients you need to see to earn a living, and successfully treat substance abuse problems? You can't."

When asked how the medical profession should approach the prob

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lem, Dr. Steven Schroeder, a professor of medicine at the University of California at San Francisco, said that "insurers and the health care system need to be more responsive to people with substance abuse problems by covering their treatment just as we cover asthma or hypertension."

"But the second problem to surmount is the mind-set of doctors themselves," Dr. Schroeder added. "They need to see substance abuse not as an either-or issue, but as a chronic illness. Doctors need to feel successful when they are keeping people with substance abuse problems out of trouble, even if it is only for a finite period of time."