



Jenni Parsons

Heaven, earth, hell

Treating patients with substance disorders in general practice can seem like tough work. Think 'substance abuse' and many of us may have automatic word associations such as manipulation, disruption, risk, danger and illegality. It sometimes may seem easy to blame the victim and to forget that addiction is a genuine health problem, and a very serious one at that.

In a prospective open cohort study of patients presenting to a primary care facility in Edinburgh between 1980 and 2007 with a history of intravenous drug use, 655 were followed to determine the duration of injecting drug use and overall survival.¹ The authors found that 277 participants achieved long term cessation of drug use and 288 (over 40%) had died. The median duration from first injection to death was 24 years for participants who had contracted HIV, and 41 years for those who had not. Given that the mean age at first injection was just under 20 years, a median life expectancy reduced to between 44 and 61 years is sobering. Add to this the long list of adverse medical and social outcomes including the risk of blood borne virus infection, mental health problems, prostitution, crime, poverty and family and relationship breakdown, it is impossible to see substance abuse as anything but one of the worst health problems affecting our society.

While thinking about this issue of *Australian Family Physician*, I watched the 2006 film, 'Candy', which chronicles the lives of a young couple (Candy and Dan) through their trajectory of injecting drug use. The film is in three acts: Heaven, Earth and Hell. In the 'Heaven' phase Dan and Candy are new lovers: young, carefree and creative, they see their drug use as exciting, adventurous and enhancing their relationship and their creativity. Prophetically, their older charismatic drug using friend tells Dan, 'When

you can stop... you don't want to. When you want to stop... you find you can't.' However, soon they come down to 'Earth', needing more and more money to feed their habit, living in poverty and hocking their goods. Ultimately Candy turns to prostitution and Dan to petty crime. When they realise that Candy is pregnant, they try to quit 'cold turkey'. 'Hell' turns out to be the mid trimester loss of their baby, grief, deterioration of their relationship, psychosis, and the death of a friend from overdose. The poignancy of the film is underscored by the fact that its star, Heath Ledger, ultimately lost his life to a prescription drug overdose.

While as doctors we tend to see people with addiction in the 'earth' or 'hell' phase it is worth remembering they are ordinary people who perhaps were seeking heaven, or escape from another hell, in their drug use. Manipulative behaviour needs to be viewed as a symptom of addiction. As doctors we need to not be naïve, recognise manipulative behaviour when we see it, and set appropriate limits. But we also need to avoid condemning the behaviour as resulting from a character flaw or weakness. Patients do not ask for addiction, or deserve addiction, any more than patients deserve depression, anxiety, diabetes, heart disease, cancer or stroke. These conditions are all the result of an amalgam of genetics, environment, poor choices, unhelpful behaviours, and often, merely chance. Like any difficult area of medicine patients with addiction will test us: they will not take our advice, they will not always tell us the truth, they will behave in ways that worsen their health, they will sometimes try to manipulate us, they will get sick and, despite our best efforts, some will die.

The positive to come out of the Edinburgh study was that opiate substitution programs, while not reducing the length of time to long term drug cessation, significantly reduced mortality, and this reduction was cumulative with a 13%

reduction in mortality for each year of treatment.¹ The AIHW National Opioid Pharmacotherapy Statistics annual data collection report of 2009, revealed that as at 30 June 2009 there were 43 445 pharmacotherapy clients in Australia, an increase of about 2000 over 2008.² The number of prescribers has decreased slightly from about 1400 in 2008 to 1350 in 2009, and low prescriber numbers limit the availability of this evidence based treatment. In his article on opiate substitution pharmacotherapy in this issue of *Australian Family Physician*, Matthew Frei³ discusses a comprehensive team approach to managing a small cohort of opioid dependent patients within a practice to minimise difficulties and maximise outcomes for both patient and treating doctor. Hopefully this will inspire some general practitioners to undertake appropriate prescriber training.

The focus articles in this issue of *AFP* outline many of the problems, for sufferer and treating doctor alike, associated with substance abuse and addiction. The main message is the need to adopt an empathic nonjudgmental attitude. Harm minimisation strategies, behaviour change interventions such as motivational interviewing, and engagement in opioid substitution programs may well then flow on to improve health and decrease the risk of mortality in those affected by addiction.

References

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3. Frei M. Opioid dependence: management in general practice. *Aust Fam Physician* 2010;39:548–52.

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