

Report to AAFP from Norman Wetterau MD May 31, 2008
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Substance abuse disorders are the number one cause of death if tobacco is included, or number 3 if tobacco is not included. Studies show that alcohol is the second in causing disease burden by those age 15 to 44, and alcohol is responsible for 41% of road traffic deaths and 29% of suicides. If drugs are included, the figures would be much higher. The risk of dying before age 85 is higher for those who consume 3 or more drinks a day than for those with hypertension or BMI over 25. It is only slightly less than for those with a glucose of over 200. Yet in a study of quality of care for alcohol dependence published in the NEJM, 2003: 348, pages 2635 to 45, it is shown that of 30 acute or chronic conditions Alcohol Dependence comes in last for quality of care given. My power point slides to back up these statements, show that it is far last, way below care of most other conditions.(Copy of slides follow this report)

I believe that there are four major developments in substance abuse, which are as significant as developments in any other area of medicine. One is negative and three are positive.

1. Negative development: For the past several years, deaths from drug overdoses have increased greatly. More people die from this annually than from gun shot wounds. CSAT has produced an educational program to help physicians prescribe opioids safely. AAFP members Dr. Robert Morrow and I were involved in the planning and preparation of this program, which will soon to be widely disseminated.

Positive developments;

1. Monthly alcohol and substance abuse by teens is down nearly 25 percent over the past 6 years except for prescription drug abuse, which is greatly increased.
2. Office based screening and brief interventions for alcohol and drug use by primary care physicians can cause dramatic reductions in drinking, hospitalizations, accidents and costs. NIAAA has produced excellent on line educational materials to help physicians do this. SAMSHA is offering ten large grants to residencies to incorporate this into residency programs.

3. Buprenorphine is available for treatment of opioid addiction. Use of this drug not only helps patients recover, but also reduces crime, social pathology and death from opioid overdoses. If a new antibiotic or cardiac drug had as dramatic an effect on reduction of symptoms or disease, it would be in the limelight of medical news and doctors would be trying to be the first to prescribe it. Due to the stigma attached to patients with addictions, family physicians have shown little interest in this drug, and education on this new treatment is not part of the AAFP's educational offerings.

A POSITIVE RESPONSE MADE BY AAFP

In 2004 the AAFP passed a resolution asking for more education in SA and working with government agencies to obtain assistance for this education:

RESOLVED, That the AAFP undertake specific efforts to increase the education of its members in the area of substance abuse, and be it further

RESOLVED, That the AAFP consider partnering with other medical organizations such as the American Society of Addiction Medicine Family Practice Committee and other organizations such as Join Together, National Institute of Drug Abuse (NIDA), Center of Substance Abuse Prevention (CSAP), and the National Institute of Alcoholism and Alcohol Abuse (NIAAA) to address this issue, and be it further

RESOLVED, That the AAFP consider substance abuse as an annual clinical focus in a future year.

THE BEST NEWS: THE GOVERNMENTAL AGENCIES HAVE RESPONDED.

1. The Center for Substance Abuse Treatment has produced a 3 hour program that is available free for primary care physicians called: Prescribing Opioids for Chronic Pain: Using Pearls to Avoid Pitfalls. In the fall it will be available on line
2. NIAAA has produced the booklet "Helping Patients who drink too much", plus a one hour web based program with taped patient

vignettes and interviews. www.niaaaa.nih.gov They are applying for AAFP prescribed credit and also trying to develop a practice improvement program around this subject.

3. National Institute of Drug Abuse (NIDA) has placed a section for primary care physicians on their website: www.nida.nih.gov Click on the section medical and health professionals on their home page. On the home page you can also click onto the publication section and order free materials for you and/or your patients.

4. Dr. Nora Volkov, director of NIDA and recent Emmy winner is willing to speak at an AAFP event such as the annual scientific assembly or at the leadership conference. Since substance abuse is such a large medical problem, and the largest effecting teens and young adults, I believe that we should accept her offer.

HOPEFULLY THE AAFP WILL ACCEPT WHAT THEY HAVE DONE FOR US IN RESPONSE TO OUR RESOLUTION AND REQUEST. WE ALSO NEED TO DO THIS FOR OUR PATIENTS. HOW CAN WE PUBLICIZE AND PROMOTE THESE EDUCATIONAL PROGRAMS?

Other issues:

1. AAFP Teen website. In the past your commission has agreed that this is a good idea. Much material can be obtained from other groups. NIDA will supply materials on substance abuse. It should also be fairly easy to obtain funding for this.

2. Family Practice Section of ASAM website. ASAM.org has a section on family practice and addiction. You do not have to be an ASAM member to access this portion of the site. Go to: www.asam.org and on the home page scroll down on resource link and you will come to family practice. This report, my reports to the ASAM board, plus other information, will be posted there. I would be glad to have AAFP material on addiction posted there also or a link to the AAFP website areas that deal with addictions, including tobacco.

3. ASAM will very likely pass a policy statement supporting the patient centered medical home. A copy of the proposed statement is attached.

ATTATCHMENTS;

1. Power points backing up statements made in the first paragraph of this report
2. ASAM statement supporting the patient centered medical home
3. Copy of CSAT program “Prescribing Opioids for Chronic Pain: Using Pearls to Avoid Pitfalls” Note AAFP member Dr. Morrow and I were very much involved in the planning of this course. NYSAFP field tested the course.

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