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Addiction, The Song and Dance

Dr. Aaron Van Gaver, ND



Imagine the following scenarios:

- 1) A 32-year-old male patient presents to your office for an overall health assessment and divulges that he consumes 1-2 beer a night.
- 2) A 23-year-old female comes to you for general health advice, and tells you that she 'parties' the occasional weekend, using the drug ecstasy.
- 3) A 40-year-old male tells you he smokes marijuana every day, doesn't drink alcohol or use other "drugs" and comes to you because he wants to stay healthy.

As naturopathic doctors we treat a wide variety of patients with a broad spectrum of health concerns and – whether we are aware or not – our patients have a spectrum of issues, and addiction (whether it is to alcohol, tobacco, cocaine, sugar or TV) is often among them.

Regardless of the reason for their initial presentation, all of the scenarios listed above describe patients with a possible addiction, and as naturopathic doctors, many of us have patients who are facing this struggle. Many of us believe addicts are the vagrant "street beggars" who approach us on the street. We don't always think of our patients who have steady employment, a family and social network as having addiction issues. Defined as "...a persistent, compulsive dependence on a behavior or substance"¹ addiction is an individual's inability to stop using a substance or engaging in a behavior, even when the individual knows there are negative consequences to its continuance. Many times, drug or alcohol dependence is silent and unacknowledged for years'.¹ Addicts become good at lying to family, friends and co-workers; especially as an addiction progresses. The sense of shame that comes with addiction inevitably sets up an addict to lie to themselves and their loved ones;¹ in the end, however, the only people they end up deceiving are themselves.

Naturopathic doctors need to remain observant and be aware of some tell-tale signs that their patient may be struggling with a drug or alcohol addiction:¹

- Mood swings
- Red or glassy eyes
- Social withdrawal
- Changes in behaviour (quick to anger, apathy, missed appointments, irritability)
- Sniffles or runny nose (especially with cocaine abuse)
- Careless grooming
- Changes in sleep pattern
- Changes in schedule

It is important for naturopathic doctors not only to be aware of these outwards signs of addiction, but also to be prepared to discuss addiction with our patients despite the difficulty and discomfort it may cause. Certainly some individuals will have personal experience in dealing with a loved one's addiction; but if you as a practitioner haven't had much experience with addiction, it is important to get comfortable asking the hard questions. These are all factors to consider when addressing addiction with patients.

Let's return to the young female patient mentioned in the introduction. Before making a decision about the potential harm of her 'recreational' ecstasy use, there are many factors to consider. Some questions for the patient:

1. What are the patient's experiences with ecstasy?
2. What is the patient's recovery time? Does the patient's weekend spill over into the week? Has his/her work/career/school been affected?
3. What precautions is the patient taking? Is (s)he also drinking alcohol? Is (s)he hydrating well?
4. Does the patient know the risks of taking 'bad' ecstasy?
5. Is the patient partying with friends or solo?
6. Does the patient's partying lead into anything else that could be problematic, such as risky sexual behaviour?

If the patient's response to these questions showed their drug use was limited to a 24-hour period, twice a month, then the focus should be on educating her on the safety around using the drug. There have been a number of 'ecstasy'-related deaths during the past few years, and while some of those deaths might have been mitigated by proper hydration, there is no guarantee of the purity of an illicit substance. Therefore, the patient must be made aware of these additional associated risks.

It is important to have an open dialogue with our patients and approach the conversation in a way that does not impart judgment. This enables us to be able to have frank conversation with the patient in the future should she disclose that her behavior/habits have changed or that she has increased her frequency of use of the drug. This is true of any addiction and the same questions should be given careful consideration whenever we are faced with a patient that is struggling with addiction to other substances, including, for example, alcohol or prescription pills. As naturopathic physicians we must always be assessing the harm that a 'habit' is doing.

Let's try a different approach with this same patient. Consider how the patient would react if pushed to seek treatment for her drug use. One possible response could be that she might close off, and deny having a problem; because she feels judged, she might leave your office and not return.

In our first scenario, we create a relationship with our patient, educate her and make her feel she is included in the process. We let her know that we are listening to her, which enables us to gain her trust, helping ensure she will be open to talking in the future. If a practitioner can get a patient to articulate what they themselves need to do, as opposed to the practitioner dictating to them, the success rate for sobriety is higher.²

When using this questionnaire to assess a patient with a possible addiction to a substance other than alcohol, simply just substitute the word "drinking" for "substance use" when asking the questions. If your patient answers yes to **1** or more of these questions, further exploration is warranted.³

Often, our patients do think they have a problem and have questioned their use or behavior related to a substance before entering our office setting. The proper questioning from a caring professional may be all that is required for them to admit their concerns and disclose the problem. A valuable tool, the CAGE questionnaire, although specific for alcohol use, can be used as a guide for other addictions.³

C – Have you ever felt you needed to Cut down on your consumption?

A – Have people Annoyed you by criticizing your drinking?

G – Have you ever-felt bad or Guilty about your drinking?

E – Have you ever had a drink first thing in the morning ("Eye-opener") to calm our nerves? OR Have you ever had to use substances to Ease your withdrawal symptoms.

One of the most useful interviewing styles for assessing and helping our patients with addictions is motivational interviewing (MI). Motivational interviewing is a counseling style based on the following assumptions:²

- Ambivalence about substance use (and change) is normal and constitutes an important motivational obstacle in recovery.
- Ambivalence can be resolved by working with the patient's intrinsic motivations and values.
- The alliance between practitioner and patient is a collaborative partnership to which you each bring important expertise.
- An empathic, supportive, yet directive, counseling style provides conditions under which change can occur. (Direct argument and aggressive confrontation may tend to increase patient defensiveness and reduce the likelihood of behavioral change.

Thankfully, as NDs, we tend to spend more time with our patients than other practitioners. The relationship begins in the initial visit – this is the time you start to get the information and ascertain a patient's use of caffeine, tobacco, alcohol, marijuana, and other substances. Often their answers to these questions will be indicative of how truthful/open they are ready to be with their health care provider. Many times when we question the patient about their substance misuse, they will express a desire to quit and list all the positive reasons they should, but an 'ambivalence' is created and a patient can just as easily counter the reasons for quitting by producing all the reasons why they cannot or do not wish to quit.

Let's examine at how this often plays out.

A 40-year-old male patient who smokes marijuana daily is asked about his usage.

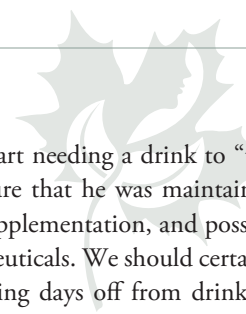
He responds "yes" when asked if he has ever thought about cutting down or quitting and provides the following reasons:

- Healthier to quit, will save money, will eat less junk food, home won't stink of smoke.

When asked why he hasn't yet quit if there are clear benefits to doing so, he replies:

- Helps me socialize and sleep, makes me happy and more pleasant to be around, cuts down on my alcohol consumption, doesn't cost THAT much.

Ambivalence is "the coexistence of opposing attitudes or feelings, such as love and hate, toward a substance."² It is like a teeter-totter, and all we hope for is that one-day our patient weighs the health benefit more than its social benefits – and if we can keep open communication, then when the opportunity arises we can



help create change in our patients.⁵ By encouraging our patients to vocalize what change can do for them (“**I can change** my habits, **I can quit** smoking pot”), the more likely they are to make that change.²

Some key principles of Motivational Interviewing that can be used as a guide to help direct patient visits are:²

1. Express empathy through reflective listening.
2. Develop discrepancy between patients’ goals or values and their current behavior.
3. Avoid argument and direct confrontation.
4. Adjust to client resistance rather than opposing it directly.
5. Support self-efficacy and optimism.

While all the principles above are useful, it is the author’s opinion that identifying the discrepancy between what our patient wants versus their present status can be most effective in eliciting change. A standard ‘MI’ question often asked first visit is “If you had a magic wand, and could change anything about your health right now – what would it be?”² I usually give a patient 3 wishes. This provides an opportunity for the patient to tell me where they would like to be so that we can work on a plan to change these habits using small, measurable goals.

Revisiting our 32-year-old male patient, we must assess whether his consumption of 1-2 beer per night is an alcohol dependency. In order to do this, some further questions should be considered:

1. Do you drink every day? And if so, are there days you drink less, and days you drink more?
2. Does your drinking affect your home life and/or work life?
3. Have any of your family members expressed concern about your drinking?
4. Have you ever felt the need to watch your alcohol intake?
5. Have you ever opened a bottle in the earlier part of the day (or upon waking)?
6. Have you ever felt the need to cut down?
7. What is your diet like? Do you exercise?

The above questions contain the CAGE questionnaire³ as well as some questions to give you an idea about whether his personal/professional life is being affected. If our 32-year-old patient went to the gym regularly, ate a healthy diet, didn’t miss work and truly enjoyed the social and relaxation aspect of his drinking, then we would probably educate him on recognizing the signs of when his habit becomes an addiction. Does he start missing work because he

is ‘hung over’ the next day? Does he start needing a drink to “take the edge off”? We would want to ensure that he was maintaining adequate nutrition through diet and supplementation, and possibly taking liver protecting herbs and nutraceuticals. We should certainly encourage reducing his intake and taking days off from drinking; but if he has been drinking for many years, then taking days off could be dangerous without medical detoxification. In fact, if our patient has never thought of his drinking as being an issue, and if it isn’t affecting him or others negatively, until he comes expressing a desire and need to eliminate alcohol, our role is to support him nutritionally and emotionally.

One of the biggest mistakes a clinician can make is confronting and attempting to force treatment on a patient. While there are certainly instances when this is necessary (i.e., suicidal patient, risky use), attempting to force someone into treatment, especially if they do not see themselves as having a problem, could not only not influence their behavior in a detrimental way, but could result in the termination of the therapeutic relationship altogether.

It is important for naturopathic physicians to consider what is our comfort level with respect to addictions. It is even more important that we understand our deficiencies in assessing and treating addiction, so that we can further educate ourselves in this area.

As a starting point for naturopathic doctors wishing to learn more about addictions, consider reviewing the websites of local Alcoholics Anonymous (AA www.aa.org) or Narcotics Anonymous (NA www.na.org) chapters. Al Anon (www.alanon.org) is an organization supporting friends and family of addicts. Smart Recovery (www.smartrecovery.org) is a non-religious/non-spiritual approach to understanding addiction recovery.

While it is not always clear whether a patient is struggling with addiction, a safe approach is always to use non-judgmental language with our patients. Without a doubt, patients grappling with addiction are more likely to open up to a physician who is compassionate and empathetic. It is important to be aware of how our responses might be interpreted when a patient tells us about their health and diet, as a patient might sense that you are being judgmental. And lastly, if you have any doubt in your ability to help your patient, then ask a colleague experienced in this area for guidance. You may also need to consider referring out to another professional. It all comes down to how you as a doctor feel about addiction.

Dr. Gabor Maté (www.drgabormate.com) has written an excellent book entitled, *In the Realm of Hungry Ghosts*, offering a unique view into the life of a doctor working with addictions in Vancouver’s downtown east side. I found the information he gave and the research he has done in this field, incredible. If you are at all uneasy with treating addiction, this is a good place to start your journey.

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About the Author

Dr. Aaron Van Gaver, ND works in Clinical Practice out of the Sinclair Wellness Centre (www.sinclairwellnesscentre.com) in downtown Vancouver. Practicing for 10 years, he has focused his practice in working with Mental Health issues such as Addiction and Depression, as well as Hormone Balancing. For the past 7 years, Dr. Van Gaver has held a faculty position at the Boucher Institute of Naturopathic Medicine, and currently teaches Hydrotherapy, and Pharmacology to 2nd and 3rd year students. Dr. Van Gaver currently offers a 10-day outpatient program for patients struggling with Addiction in the Vancouver area. This program consists of IV Amino Acid treatments, NADA Acupuncture, Counselling and Nutritional Support, and works best when done in conjunction with one of the many outpatient programs available in the Lower Mainland. For more additional information about these services, please check out www.draaronvangaver.com, or call 605.629.1120.

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