

A DELICATE SUBJECT: Dealing with Dependency

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Who hasn't had it happen?

Mrs. Jones is in for the third time in three weeks for 200 Acetaminophen with codeine 1/8gr. Mr. Brown (that nice older man who lost his wife last winter) picks up his temazepam prescription and you smell alcohol on his breath again. Ms Harris wants to know if Otrivin spray comes in a larger than 30 ml size. How do you broach the subject of dependency? You know denial is part of addiction if you are right. How can you help the person - not just drive them up the street to the competition? A delicate subject with anyone.

For seniors especially, the so called golden years can hold a lot of disappointment. They bring losses of a spouse, friends, and careers. Daily contact with other people lessens, while chronic illness and normal bodily changes set the senior at risk for dangerous situations with alcohol and drugs. The aging body contains less water, and so concentrations of circulating and stored drugs change. Less leads to more sometimes, especially as the natural clearance systems of the circulation, liver and kidneys slow or are compromised by disease. Chronic pain can be physical or emotional in origin but quickly leads to escalating doses, tolerance, and a desperate search for relief - however brief. Even worse, the problems caused by alcohol or drug escalation are easily mistaken for other diagnoses: confusion, falls, forgetfulness, loss of appetite, weight loss, sleep disturbances, isolation, anxiety, depression,

poor hygiene, family conflict, and personal neglect. Sound familiar? It should. Let me quote the Addictions Foundation of Manitoba numbers of seniors and addiction. "A third of seniors coming to emergency have alcohol problems, often due to a reaction between alcohol and drugs. A quarter of older hospital patients are alcoholics. It's an emerging health crises ... yet there has been a failure to anticipate the crises..."

If we are to truly embrace Pharmaceutical Care for our patients, dealing with dependencies, timely referrals, and sensitive non-judgmental counseling skills must be learned. It's a delicate topic. Where do you start?

The Addictions Foundation of Manitoba has a free publication called "The Physicians' Handbook" that is a wonderful guide to chemical abuse and dependency questions, interview techniques, and referrals. The section on Patient Interview is particularly sensitive and practical for pharmacists. Here are some tips:

1. Demonstrate Non-Judgmental Acceptance

It is important that we remember that if our suspicions are correct, denial is an intrinsic component of addiction. Many patients already know at a base level they have a problem, but are hypersensitive to any moral judgment or emotional rejection. Practice avoiding the use of any stigmatized words such as Alcoholism or Addiction. Talk about events, behaviours,

interactions in non-judgmental terms of fact, not blame. Discuss events or facts - don't say "you did..." or "you were...". Be conscious of an even tone of voice and non-threatening body language. Above all else, respect perceived confidentiality violations by being outside of earshot of other staff, customers, or family.

2. Be Direct

If you need to ask questions, make sure they are factual and highly specific or you will get vague and evasive answers. For example, do not ask "Do you ever drink before you take your sleeping pill?" Try: "Did you take your sleeping pill last night? Did you happen to have a drink last night? Do you feel groggy this morning? Did you wake up soon after you fell asleep and couldn't go back to sleep?" That could be a drug interaction.

3. Be Persistent

If your advances do not yield specific answers but irrelevant anecdotes and general health or social information, repeat the question. Be sure it is phrased to require a specific yes or no about a fact or event that needs to be recognized and acknowledged.

4. Never Discuss Alibis

People with dependencies will often be highly creative about how everyone and everything caused an event other than their own behaviour. Do not argue or express personal evaluation of the validity of excuses or explanations. Establish facts and events only - or you will quickly be drawn into "enabling" by tacitly accepting that the patient's behaviour is under anyone's control but their own. Don't expect addicted people to be rational. This helps families to

accept their addicted member. Then focus on the consequences of the behaviour - not the value of the individual or the perceived causes of events. If outcomes of behaviour (whether therapeutic or social) can be shown to be undesirable to the person, then change may be considered.

5. Avoid Hostility

Any discussions involving dependencies are very threatening and uncomfortable for the patient as well as for you. Anger is the natural coping mechanism for defensiveness. Demonstrate empathy. Offer to help sincerely. If you sense the level of hostility is out of hand and rapport is being lost, allow the patient to escape without losing face. Never engage in a shouting match that ends, "I was just trying to help".

6. Terminate the Interview on a Positive Note

Since you truly want to retain the patient and be part of the recovery process, try to end the conversation on a conciliatory and non-threatening tone. Typically, focus on the event that the patient presented as the problem, or on an open invitation of support if the patient thought later on that the "drug or alcohol interaction problem" might have occurred after all. Let the patient know you appreciate their trust in selecting you as their pharmacist and feel a responsibility and respect in return. Let them know they hold the complete power to initiate the discussion at another time. Often you will get a very tearful and grateful phone call later.

7. Know Your Resources

Before you attempt to convince a patient that they may be experiencing side effects or problem life events due to

chemical or alcohol use, do you know where you can refer them in your community for help? You cannot actually personally supervise their withdrawal or recovery. Refer to experts for that. Check Al-Anon, Alateen, Y Neighbours, Seniors and Church Groups that operate in your community and find who to call and at what number to access them. For many patients, social isolation is the biggest factor contributing to inappropriate coping behaviour. If you facilitate support and involvement that removes the original problem, some addictive behaviour will spontaneously resolve if caught early enough. Early intervention is the very best preventative medicine a caring health professional can offer.

Ideally you might phone AFM (numbers listed in resources) to determine the resources closer to you. Many have "open" meetings that they would welcome your attending "in case" you want to refer someone. Some areas have "walk-ins" from 8:30 to 4:30. Some have group orientations periodically. In rural areas, meetings may not be so "open" but helping information will be freely given. Local offices have a wealth of free pamphlets and brochures (see end) that make excellent ice breakers to conversation. Often family will pick one up to give to a loved one or even to broach the subject of their concern to you as the family pharmaceutical resource specialist. If you are at a loss for resources you can always phone the Manitoba Pharmacists at Risk Committee at 992-2704. Our referral and resource experience may be just what you were looking for to help you embrace that aspect of Pharmaceutical Care that is: A Delicate Subject.

Free Resources Available

1. The Physicians' Handbook by A. Hynes and ED. Corner (AFM)
2. Directory of Manitoba Addictions Services and Programs 1996 (AFM)
3. Alcoholism Guidelines for Recognition Consultation and Referral (AFM)
4. Seniors: Alcohol and other drugs: What Makes Alcohol and Drug Use an Issue for Seniors (AFM)
5. Director of Services Sept 1994 (AFM)
6. Fast Facts on Alcohol 1995 Buckholz and Kaplan (AFM)
7. Seniors and Addiction The Challenge to Professionals (AFM)
8. Set the Good Years Free! Aging Without Addiction Series (AFM)
9. Concerned About A Senior Close to You? (AFM)
10. Alcohol and Life Long Health AFMI Manitoba Liquor Control Commission, and the Association of Canadian Distillers
11. Seniors and Addictions - An Alarming Trend (AFM)
12. Straight Talk - a guide for parents concerned about adolescent drug use
13. Gambling: Prevention and Recognition of Problem Gambling (Manitoba Problem Gambling Help line 1-800-463-1554)
14. AFM Phone Numbers: Winnipeg Region - 944-6200 Brandon - 729-3838 Thompson - 677-4541 Winnipeg Library/ Resource Centre - 944-6233

COMMUNICATION: Jan./Feb. 1998

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