

## Seeing the Patient, Not the “Addict” by Tracy R. Frame, Emily Kohal, and Angela Clauson

The opioid crisis. We hear it on the news every single day. It is ravaging our country. Most have heard the statistics by now, but let's be reminded that EVERY day, more than 115 Americans are dying by overdosing on opioids.<sup>1</sup> This includes prescription opioids, heroin, and other synthetic opioids such as fentanyl and carfentanil, the new “elephant tranquilizer” that is being blamed for a record spike in drug overdoses in the Midwest.<sup>2</sup> Roughly 21 to 29% of patients prescribed opioid pain relievers for chronic pain misuse or abuse them, and about 80% of people who use heroin have misused prescription opioids prior to that.<sup>1</sup> This is a humbling, scary statistic, especially for pharmacists. How do we address this issue? What do we do when a patient brings an opioid prescription to us? Is it our responsibility to intervene if we believe there is misuse or abuse happening? If so, at what point should we intervene?

While working at an 80-bed addiction treatment facility for women, we have encountered many women being treated for opioid addiction. It is here that we are able to see the other side of the opioid crisis: the raw, unfiltered, hurting women who are in desperate need of a Savior. Each patient has a path that has led them to where they are now. The patients are not all the same, nor have they traveled the same path. We want to share two of their unique stories to show that patients with an addiction are more than just “addicts.” There are many amazing women in our facility, but we have chosen to write about those we have personally met along the way. The patient names have been changed to maintain confidentiality.

Our first patient is Bridget. She grew up in an addicted household with her mother, a daily heroin abuser. She never met her father. By the age of nine, Bridget's mother began selling Bridget for sex to older men to help feed her own heroin addiction. Bridget's mother gave her opioids so that she could continue these horrific acts and numb the feelings and the pain. By age sixteen, Bridget was physically and mentally dependent on opioids, was a high school dropout, and had her first baby (who had severe physical and mental disabilities) with a father she could not even remember. With no support system, no money, and in active addiction herself, Bridget soon found child services taking custody of her child. The burden of guilt Bridget felt regarding her child – coupled with years of mental and sexual abuse – created a downward spiral. She continued a lifestyle of prostitution and opioids in order to survive and maintain her growing addiction. By the time she was nineteen she gave birth to her second child. Bridget has no recollection of that delivery because she was under the influence of narcotics and stimulants. She did not go to a hospital, but instead gave birth to a baby boy in her apartment. After the baby was born, Bridget wrapped him up, put him in the crib, and left the apartment to get high. Tragically, the baby was later found dead by police. Bridget was then sentenced to prison for negligence leading to death of a child, all due to the horrific disease of addiction started by her very own mother. From an earthly perspective, Bridget truly never had a chance.

Another patient is Cara, a school teacher and active church member in her community. She grew up with a loving mother and father and a childhood she describes as “pretty close to perfect.” She is a mother to four children and a wife to a loving husband. After giving birth to her fourth child, Cara suffered from chronic lower back pain and anxiety. She went to her primary care physician who prescribed hydrocodone for the pain. With a new baby and three other small children to take care of, Cara was grateful for a quick fix. The hydrocodone worked wonders and Cara began to have increased energy as well as decreased

anxiety. After about a year, the lower back pain returned and Cara's doctor changed her medication therapy to oxycodone, a more potent narcotic. Cara instantly felt better, and her energy and feelings of happiness returned. Several years went by and Cara began to notice that when she didn't take her painkillers, she felt nervous, sweaty, tremulous and had unbearable aching pain that consumed her whole body. She described her condition as the “worst case of the flu.” Cara soon realized that she was addicted to opioids. Ashamed and embarrassed, she decided, “This is it, I quit.” However, quitting was not as easy as she anticipated. Cara attempted to stop multiple times, but she couldn't tolerate the withdrawal. A few times she made it through the withdrawal period, but when daily life stressors weighed heavily on her, she quickly picked up the one thing her brain required to enable her to function: the opioids. Because of her addiction and subsequent marriage problems, Cara's husband threatened to leave her and take their children. This prompted her to join our treatment program. It was here that she learned to re-program her brain. Through medication therapy, individual counseling, and 12-step meetings, Cara is now in recovery. She knows that she will always have an addiction and that her brain will always hold the memories of this life-destroying “cure all.” She is aware that she needs to treat her disease daily with medications and therapy. Cara is a survivor.

So, the question remains: When should we as pharmacists intervene?

We believe that one of the first steps we can take to address this epidemic is to stop calling people with addiction “addicts.” It has been recommended we no longer label patients with diabetes by calling them “diabetics” rather refer to them as a patient with diabetes. Similarly, we should stop labeling patients with an addiction, “addicts” and instead refer to them as a patient with an addiction or substance use disorder. It takes away their identity as a person. By labeling people this, we devalue them and allow stereotypes to guide our views of these patients. Many people think of “addicts” as those who are dishonest, neglect their children, family or friends, value drugs or alcohol more than anything else, and/or are violent and unwilling to change or get help. Rather, people with an addiction are often loving, caring, and compassionate. They are someone's daughter, wife, son, husband, or friend. They might be a person who loves chocolate and being in comfortable pajamas or being outside on a beautiful spring day. They are people who are loved by God just as much as He loves each of us. God desires a relationship with them, just as He does with us. John 3:16 (NIV) states, “For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life.” We know from the book of Romans that in God's eyes, we are all sinners; but Jesus died for all of us and loves us all the same. “For all have sinned and fall short of the glory of God.” (Romans 3:23, NIV); “But God demonstrates his own love for us in this: While we were still sinners, Christ died for us.” (Romans 5:8, NIV).

The second step we need to take is to understand that addiction is a disease, and should be treated as such.<sup>3</sup> It is not a matter of willpower or lack of character, moral obligation or ethics. When God created us, He made a pleasure reward system in the brain (the nucleus accumbens) using the hormone dopamine.<sup>4</sup> When this hormone is released, it helps us find desire and pleasure in the necessary acts of life, such as eating, drinking, and sexual intercourse. At normal levels, the pleasure center rewards our natural behavior.<sup>4</sup> Our brain remembers this pleasurable act and thus we repeat it. Without this complex system we could not survive as humans.

When a person uses drugs and/or alcohol, this reward system in the brain is overtaken.<sup>4</sup> These substances provide a shortcut to the reward system by creating an unnatural flood of dopamine in a matter of seconds. The incredible rush of dopamine causes a euphoria. Once the brain has been influenced by a drug such as opioids, stimulants (e.g., methamphetamine and cocaine), ecstasy, hallucinogens, alcohol, benzodiazepines, and/or nicotine, the brain will have changes in functioning and will forever store that memory and the euphoria which was created; and it will constantly crave that feeling again.<sup>3,4</sup> When exposed to drugs or alcohol, the brain essentially loses its willpower and the ability to make choices.<sup>3</sup> Over time, after the brain is exposed to these large surges of dopamine, the body's automatic reaction is to begin shutting off its own dopamine receptors and decreasing the amount of dopamine that our brain makes naturally. This is detrimental for individuals who use drugs, as they may experience the loss of pleasure in things they once enjoyed.<sup>4</sup> In addition to the physical symptoms that can occur (e.g., sweating, nausea, diarrhea, muscle aches and pains), patients with an addiction may also become fatigued and depressed when they stop using the substance. These symptoms can last years after stopping the drugs. Often medication therapy is needed to help balance these chemicals in the brain.<sup>4</sup>

Once we have changed how we refer to patients with an addiction as a patient with a substance use problem and have recognized that addiction is a disease, the next step is to empathize with our patients and realize the pain and struggles they are experiencing. The stories of Bridget and Cara are not isolated situations. Almost every patient that comes to our facility is suffering from some type of significant trauma or pain: emotional, physical, sexual and/or spiritual. Understanding the mechanism of addiction is vital in realizing that these patients often use substances to fill the void in their pleasure reward system and to numb their pain. Ultimately, because of The Fall and the consequences of sin, we all cope with pain and stress and heartaches on a daily basis. Although we all have daily struggles, an important factor to take into consideration is that many of us have learned how to positively cope and address our issues with appropriate and helpful coping mechanisms. Many of the patients we see at the facility have not learned these skills. As we reflect upon what Jesus would do if He encountered patients in these situations, it wouldn't be surprising to see Him at work, right in the center of their pain, healing them just as He did with the paralyzed, blind, bleeding, possessed and hurting. As pharmacists who follow Christ, we should do as Jesus would do and take care of those who are not able to take care of themselves.

Next, we should truly self-reflect on our biases and stereotypes of people with addiction. Do we look at them as we would any other patient, or do we see them as "just another addict that is here for only one thing?" Do we treat them the way we would treat other patients, or do we dismiss them and lie (or worse yet, have our technicians lie) to get them out of the pharmacy as quickly as possible? Do we look at ourselves and feel prideful because we "don't have this problem?" Do we become frustrated and annoyed? Do we become overwhelmed and discouraged? As stated in Psalm 139:23-24 (NIV), "Search me, God, and know my heart; test me and know my anxious thoughts. See if there is any offensive way in me, and lead me in the way everlasting." We must examine our hearts and do a true self-reflection of how we view these patients and our response to them. This can be a very difficult thing to do, but it is an integral step in understanding how we can best care for those with an addiction. If we have a negative attitude or bias against them, we may not be able to provide the best care because we are blinded by our disapproval of their choices. If we don't want to approach them or discuss their potential problem

because it makes us nervous, we may also miss an opportunity God has provided for us to help them.

Subsequently, by doing a true self-reflection and addressing whatever faults we see, we may truly be able to help these patients. When we are honest and show real compassion, we begin to gain the trust of a patient and form a relationship with them. We gain this trust by talking with them, listening to them, encouraging them and providing them with the best care possible. If a patient trusts you, they are more willing to listen to you and realize you truly care. This is not only part of our professional responsibility, but also our responsibility as Christians. Ultimately, we should care about their souls and where they will spend eternity. Each of our patients will die at some point and the frightening fact about addiction is how soon that could happen. Death by overdose is a tragic reality and a very real issue that can often be prevented. Many of these patients need a relationship with Jesus. We could be the beginning of a desire for the realness of God in their heart, just by forming a relationship with them and building their trust.

The last and perhaps most important step is to become an advocate for patients with an addiction. The opioid crisis is at an all-time high, and now is the time to take action to help save a patient. One of the single most pertinent things we must do is pray for our patients every single day. Pray with your Christian coworkers for the patients you will serve that day, specifically those who may be struggling with an addiction. Whether we're aware of it or not, many of us are servicing patients with an addiction and/or personally know someone who struggles with an addiction. Addiction has no boundaries and we have learned genetic risk factors account for almost half of the probability that someone will develop an addiction.<sup>3</sup> We must take our role seriously and ask about family history, especially in those patients who are filling an opioid prescription for the first time. We must realize that one major life event could spiral anyone into an addiction—a death in the family, an affair, the loss of a job, a mental illness diagnosis or any other stressor. Difficult life circumstances may be the catalyst for that first use of alcohol or drugs, which could quickly spiral out of control and cause devastating results.

We need to go out of our way to advocate for our patients by addressing their needs as best as we can and help them when they are ready and willing to make a change. What better way to share the gospel than to lend an ear and help a patient whom most pharmacists have written off? You can truly reach a patient by being present and willing to go into the "uncomfortable zone" by asking if they need help. Patients may be angry or upset when you address the issues that you have observed, but you may have planted a seed. Even if they do not acknowledge it at the time, you have made the impression that you care enough to enter into an unpleasant discussion because you sincerely want to help them. Many people with an addiction need that first person to encourage them to quit and provide help to find treatment. They need that first person who recognizes their problem and shows them they care. 1 John 3:17 (ESV) states, "But if anyone has the world's goods and sees his brother in need, yet closes his heart against him, how does God's love abide in him?" We are called by God to take care of those around us and to have compassion and understanding. As with a patient who has uncontrolled diabetes, we must love our patients and have empathy towards them, acknowledging their challenges. In addition, understanding the nature of addiction and discovering resources and programs in your local area is very helpful as you prepare to work with these patients, especially if they accept your offer to help them. There are many Christian addiction treatment programs available as well, which do not require patients to be a Christian, but ultimately teach

the Word of God. This can be hugely beneficial as patients with an addiction need spiritual healing just as much as they need physical and emotional healing.

We also must realize that relapse for those who are in recovery is a real issue. We need to support these relapsing patients and continue to show them love. We need to help hold them accountable and encourage their attendance at Narcotics Anonymous<sup>5</sup> or Alcoholics Anonymous<sup>6</sup> meetings. These 12-step programs provide wonderful fellowship and support for patients with an addiction. Patients can obtain a mentor or sponsor who will help them with struggles and issues that arise. As a pharmacist, we can help patients go online and find meetings in their area.

Our patients have souls and are in desperate need of God... after all, He is the only One who can heal them both physically and spiritually. They need to know that God will forgive them when they put their trust in His Son Jesus. They need us to show them that Jesus is the only way to the One, eternal God who loves them unconditionally. We can help them become survivors and conquerors of this world (and their addiction) by becoming a part of God's kingdom forever. God doesn't ask us to do this, He tells us to do this. In Matthew 25:40 (NIV), Jesus says, "The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.'" Let's make an impact in the opioid crisis and bring what is needed the most to these patients: Jesus Christ our Lord.

#### References:

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## How to Be a Faith Pharmer by Neil Gillette

We get it. We know the story of God sending His Son Jesus to die for our sins and raising Him from the dead. From the hymns of the Psalms to the accounts in the Gospels, it is no doubt that we as Christians have a duty to fulfill in this life. But the question is: What is that duty? What does it look like? How do we begin those works? For many of us, we tend to confuse the biblical definition of "duty" with our worldly definition of "duty" (e.g., the practice of being a pharmacist, physician, or

attorney). But the true definition of "duty" for a Christian is definitely not what most people think. There is a plethora of Bible verses that instruct us in what a believer's duty is, but I will only highlight a few. The two verses that come to my mind are Acts 22:15, NIV ("You will be his witness to all people of what you have seen and heard.") and 1 Timothy 4:12, NIV ("Don't let anyone look down on you because you are young, but set an example for the believers in speech, in conduct, in love, in

faith and in purity."). From these verses, we see that our duty is to spread God's Word and to be ambassadors of Christ, honoring our God at the end of the day. One way to do that is to incorporate our faith into our pharmacy practice. For a lot of people, this is hard to do. And that is why I felt the Holy Spirit tug at my heart to impart my knowledge and experience when I was given the opportunity to write about this. And so that is what I will do. I speak not as an authority but as a fellow