

Help beyond addiction

Clinics adding medical care to treatment for substance abuse



Dr. Christine Pace provides primary care services at a Dorchester methadone clinic where she works as a resident. (Suzanne Kreiter/Globe Staff)

By [Neena Satija](#)
Globe Correspondent /

Every Friday, Stephen rises early and drives from his Dorchester home to a little yellow wooden building alongside Interstate 93 for his methadone dose, a cherry-flavored liquid he picks up at a window in the lobby.

But unlike in most methadone clinics, now he can also seek other forms of treatment there - for high blood pressure, high cholesterol, and other common health problems. The clinic recently added a primary care doctor to its staff on Friday mornings, allowing Stephen, 42, to have his first regular doctor's appointment in 20 years.

"I feel like a human being again," said Stephen, who asked not to be identified by his last name to avoid the stigma that often comes with opiate addiction.

The Dorchester clinic is one of a small but growing number in New England trying to treat substance abusers for more than just addiction. And this integration of care is expected to become more common once the national health care law requires insurers to begin covering addiction treatment in 2014.

“I imagine this is going to pick up,” said Connie Peters, vice president of addiction services for the Association of Behavioral Health, which represents substance abuse centers across Massachusetts. “Providers are positioning themselves to prepare for health care reform.”

Thousands of Massachusetts residents like Stephen struggle with opiate addiction and live in fear of being stigmatized by friends, colleagues, and even their doctors—for those who can afford to see one at all. As a result, many addicts in detoxification programs still go without other medical care, even though they often suffer from problems such as psychiatric conditions, hepatitis, diabetes, and high blood pressure.

“Their lives are very complicated,” said Dr. Christine Pace, a resident at the Boston University School of Medicine who is the Dorchester clinic’s new primary care doctor. “They’re people who have been neglecting their health for years, so there’s a lot to do for them.”

About 30 of the 450 people served by the city-run clinic have signed up to see Pace during the past six months, many of them former sex workers with sexually transmitted and other diseases.

In Stephen’s case, said Pace, “he’s a pretty healthy guy.” Still, when he came to the methadone clinic two years ago - for an opiate addiction he says started after a doctor prescribed Oxycontin for back pain in 2004 - he was approaching 40 and experiencing the health issues that come with middle age. He came into his February appointment with high blood pressure and cholesterol.

Now, he is on medication for high cholesterol and takes another drug to help him quit smoking. He’s also exercising regularly, he says, by taking walks each morning in a park near his home.[Continued...](#)

“I would not have done any of these things if I had not had my primary care physician there,” Stephen said.

Spectrum Health Systems, which runs five opiate treatment centers in the state, found in a survey last year that more than a third of clients in its Worcester clinic were not getting any primary care. Now, that clinic is replacing its billing offices with a full-time primary care center.

The expanded center “captures the whole picture of the client rather than just one piece,” said Kristin Nolan, Spectrum’s director of outpatient services. Plus, she said, integrating care saves time: “You’re not playing phone tag with the primary care physician who’s way over at this hospital, and the psychiatrist who’s somewhere else.”

Similarly, in Fall River, the nonprofit addiction services provider SSTAR is building a community health center at St. Anne's Hospital that will offer methadone treatment.

The advent of buprenorphine, a relatively new form of medication for opiate addiction that primary care doctors can prescribe with special training, is also helping addicts get care for other medical problems. The Massachusetts Department of Public Health funds a program that integrates buprenorphine treatment with primary care in more than a dozen health centers across the state.

Dr. Alan Wartenberg, president-elect of the American Society of Addiction Medicine's Massachusetts chapter, said the clinics' new approach is intriguing, but challenging. Most doctors don't learn much about addiction during medical training, he said, so few would be willing to work in such settings.

"Arguably, addiction problems are either the number two or the number three public health problem in the United States," Wartenberg said. And yet, "physicians view opiate abusers as troublesome and helpless."

A new education program that Pace is a part of would help to change that. She is one of two doctors in the BU medical school's Addiction Medicine Residency Program, one of 10 inaugural programs across the country this year that offers specialized training in addiction to internal medicine residents. Until now, addiction treatment has been primarily handled by psychiatrists and other mental health professionals.

"In the future, we'll be more like the cardiologist or the diabetologist or the other specialists who pick up and consult and guide the general doctors," said Dr. Alex Walley, the Dorchester clinic's medical director and an assistant professor at BU.

Once Pace completes her residency, she hopes to be a primary care doctor with a focus on caring for addicted patients and to continue to improve the integration of addiction treatment with the rest of medical care.

Integrating methadone treatment with health care is particularly difficult because methadone is itself highly addictive and must be distributed in specially licensed clinics with tight security. New patients also must come in for dosing every day.

That can be difficult for people trying to get back on their feet and work during the day. Now that some of can see a doctor at the same place they get their methadone dose, "they're motivated, they keep their appointments, they show up," said Kathy Scanlan, a nurse who has worked at the Dorchester clinic since it operated from a trailer several years ago.

Stephen had the option to choose a doctor when he first entered the recovery program two years ago, but that doctor was too far away, he said.

“When I found out I could get a doctor right here in the program with me, it was great,” he said. “If [Pace] wasn’t there, I don’t think I would have done it.”

Pace said the pervasive myths about addicts - that they are lazy, that they cannot get better, and that all they want is a prescription for painkillers - turn many doctors off to treating them, whether for addiction or for other medical problems. But her experiences do not square with such attitudes.

She described her patients as “fired up” and “bubbling over” with enthusiasm to take care of their health.

“There’s almost nothing more inspiring to me than people in recovery,” she said. “This is, hands-down, the best five hours of my week.”

Neena Satija can be reached at nsatija@globe.com. ■

© Copyright 2011 Globe Newspaper Company.