**Emily Brunner**

**Narrator**

**Samantha Aamot**

**Interviewer**

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Emily Brunner -**EB**

Samantha Aamot -**SA**

**SA:** First I’ll have you state your name and say that you give us permission to use this recording.

**EB:** My name is Emily Brunner and I give you permission to use this recording.

**SA:** Great, thanks. Do you want to talk a little bit about your childhood and where you grew up and your family?

**EB:** Sure. I grew up in Ridgefield, Connecticut which is a small town in Fairfield County, Connecticut. I also briefly lived in California--Palo Alto--and my father is a physicist and my mom is a choir teacher, but she didn’t go back to work until I was about nine, I think I was in third grade--no I was in middle school, but she was home for most of my childhood. She never drank or used anything and neither did my father, but we had a history. My grandfather on my mother’s side was an alcoholic and that was why she didn’t drink. I kind of knew that growing up.

**SA:** You were in California at this point?

**EM:** Both California and Connecticut. I just remember that being talked about very early on.

**SA:** And did you grow up having that idea for yourself?

**EM:** Yeah, I definitely remember at one point my grandma offered me a thousand dollars if I could get through college without drinking alcohol, but it wasn’t worth it. [laughs] She had watched how problematic that was for my grandpa. He ended up going to alcoholics anonymous and periods of sobriety, but then he would relapse.

**SA:** And this was your mom’s parents?

**EM:** My mom’s parents. And then my dad’s family all lived in Wisconsin and a lot of them drank heavily and they were often drunk when we saw them. It looked fun, but like my parents didn’t drink and they were also kind of awkward people and that seemed connected to me, I think. They were sort of embarrassing. I don’t know. I guess every kid thinks their parents are embarrassing, but I certainly did as well.

**SA:** Did you see your mom’s parents’ drinking affect your mom in any way that you remember?

**EM:** I think she was just very clear that we don’t drink because we have a history of alcoholism in our family. I think she probably puts a lot of characteristics of adult children of alcoholics, but I wasn’t terribly interested in much of that when I was younger. I just thought, You’re awkward and embarrassing.

**SA**: And it was because they didn’t drink.

**EM:** And it’s because they didn’t drink. Well, I mean I think I was pretty committed to the idea of not drinking when I was younger but maybe developed that later on. I certainly had a pact to like never drink.

**SA:** Did you have any siblings?

**EM:** I do, I have three younger siblings. I was the oldest of four. Two younger brothers and a younger sister.

**SA:** Do you want to talk a little about your high school years or deciding that you wanted to go into medicine?

**EM:** Sure. And I didn’t decide in high school. It’s actually kind of a funny story where I went to college because--so I was like an uber nerd with not a lot of friends. I had one very, very close--two very close friends who I am still very close with who were kind of like siblings because I wasn’t close with my siblings. We were one the debate team--one of them and me--and we went to a junior year debate meet and went to MIT to a frat house and I got super drunk there.

**SA:** And this is in high school?

**EM:** Yeah. It was a trip where we went to Boston [Massachusetts] for a weekend and my parents weren’t among the chaperones and we were all such good kids that they gave us the freedom to not have anyone check on us at night, and so we developed the plan to infiltrate a MIT frat party. My dad went to MIT. He was a grad student there, but I always thought MIT was a place that I could be cool basically because it was so nerdy. And so I tried to go there.

**SA:** What else happened at the party?

**EM:** I certainly don’t remember that much of it, but I kissed a boy, which was a thing I had never done before. I loved being drunk.

**SA:** Was it one of your first experiences with alcohol?

**EM:** It was definitely my first. Wait, no. It’s always hard for me to remember the details because it’s amazing the power of minimization. I had gotten drunk at a family Thanksgiving sort of sneaking sips of wine when I was thirteen. I remember dancing on a table. Then I actually took everyone else’s wine after they left the room. I also blacked out that night. I always loved to drink. When I would drink I would drink to blackout basically from the beginning.

**SA:** So beginning junior year did it start escalating or were these just a few instances?

**EM:** Just a few, discrete like--because I got in lots trouble after all of those things happened. In fact after the debate team thing happened I got kicked off the National Honor’s Society and had to do Saturday suspensions. I think it was only three or four instances. I also didn’t have access to it. I wasn’t really hanging out with the cool kids. That experience at MIT by the way I liked so much that I went there for college and drank many times.

**SA:** So you went to MIT knowing you wanted to go to medical school?

**EM:** I didn’t actually. I was interested in being an engineer.

**SA:** What changed?

**EB:** I hated engineering. [laughs] I sort of theoretically wanted to do it because not many women go into engineering, but I didn’t like it at all. I switched to environmental engineering as a major, I thought that was neat, a lot of it, but finding out that the practical job applications were sewage treatment plants was interesting to me. I think it was late junior year that I loved science and I loved talking to people and I wish there was something that combined those things and someone was like, “Idiot. That’s what being a doctor is.” So I decided to be pre-med at that point. So it was pretty late, but at MIT you were required to do an amount of sciences that fulfilled a lot of the prerequisites, so I had already done all that. I just added on some biology and then I took the MCAT and took organic chemistry my senior year, and actually I loved that.

I drank heavily during college, but when I decided to apply to med school I was able to sort of pull it together and stop for a while in that period.

**SA:** What year was that?

**EB:** Junior year of college. 2000. I graduated high school in ‘98.

**SA:** Do you remember every thinking you were drinking too much or wished you drank less in your college years, or was that just kind of normal for you?

**EB:** Yeah I certainly had a lot of negative experiences related to it and I stopped drinking for thirty days once just to prove that I didn’t have a problem. The thing that sort of perpetuated me thinking it was okay was that I continued to be able to pull it out for tests, and so I had a pretty high GPA and it wasn’t interfering with that aspect of things and that made it feel okay. However, I isolated a lot of people who I had been friends with. I definitely gravitated towards people who drank heavily and I blacked out a lot, but I liked it. I really liked it. There was a period of time where [unclear]. It’s amazing how potently biological that part was.

So, I eventually sort of got things together. I worked at an environmental engineering mechanical device company that was in the Boston area after graduating while I worked on getting into med school. I had a year between college and med school. During that period I did not drink or use very much. I should mention in college there was an experience I had where I took ecstasy a few times and I really loved that to the point where I remember thinking I’m going to use this until someone stops me. And that scared me so I stopped. I never used it after that again. After all of that stuff it wasn’t actually alcohol that got me into rehab, personally, it was opiates and benzos and those came a lot later.

I had a period where I had it fairly together. I would drink every one or two months always to excess. I had met my husband at this company I worked at. We were fairly serious fairly quickly and he would sort of drive me on those times. He drank heavily when we met, but actually just sort of stopped as he grew up in a normal way, but I continued to escalate. During med school it was always in a very, I don’t have class tomorrow so I can get drunk tonight. There was an element of responsibility, but it was always to the point of blacking out.

When I went to med school I was most interested in cardiology or something like that, but after rotating--

[pause in conversation]

I also like egotistically wanted to be a kind of doctor that was hard, but in rotating around I really, really liked family medicine. I felt it was a field where I could actually do the kind of medicine I pictured doctors doing when I was little and could answer questions for my family members. I really liked the variety of it. I have always really liked people’s interesting stories and family medicine has a lot of that.

While I was in med school I got a tumor and my experience of being diagnosed was I was on rotation and I was sleeping in the hospital two or three nights a week. Not really sleeping--not sleeping in the hospital two or three nights a week. [laughs] I found a stomach swelling and went to the doctor who said I needed to get an ultrasound and the ultrasound lady knew I was in med school and tipped it around so I could see and there was clearly a giant abnormality and I asked her what is was and she said, “You know, I don’t know. I need to get the radiologist right away.” And it scared the crap out of me even though it turned out to be--anyway so at that period of time I had to take a medical leave from medical school. I had to get a surgery and when I was getting the surgery I was consented to have all my ovaries and uterus taken out. At that time I had not really thought much about having a family or the future, but I really started to want one. I had also had sort of strong feelings that strong women don’t get married and at that point sort of changed my tune. I had been living with my now husband for a couple years. I don’t know, I hadn’t thought much about making a family. So that was really frightening. Then first doctor I talked to said, “I am going to give you this ativan. Take it as much as you want,” and I took a lot. I loved it. It was sort of pill alcohol.

**SA:** What year was that?

**EB:** 2006. I stayed on the ativan intermittently since that time until I went to rehab in 2009. So after that I got pregnant my first week of intern year at St. Louis. So sort of fastforward: decided to get married and have a family. We started trying--the plan was to have a baby during residency and it would probably take us a while to get pregnant because I only had one ovary and one fallopian tube; the others got taken out. It turned out that the tumor was benign, I forgot to mention that. I got PTSD around that time. It was frightening. I ended up getting pregnant in 2007--right at the same time as I started residency at the University of Michigan. It was really challenging to be pregnant and an intern. I really tried to not do anything differently than the other residents because they were sort of irritated with me because if I was out they would have to do more work. In fact one of them the first day of our residency tried to have us make a pact that none of us would get pregnant during intern year and I said, “I’m not making that pact.” It was uncomfortable.

I was really sad during that period of time. I had close friends in medical school and then I moved away. At that point I got married. I didn’t really bring up that my husband was Lebanese, but there were all kinds of sort of complications with his family because of that, but really they were wonderful people. But it was like sort of one more thing that was unknowable, and my response to things like that was always to use. I loved family medicine; it’s really hard and it’s hard to juggle everything and the training where I went. It was really physically and mentally challenging at that time to go through residency. I ended up on bedrest because I was trying to work too hard. I went twenty-one days without having a day off when I was about twenty weeks pregnant. I started having contractions. I ended up having a short cervix. I went on bedrest, and during that period of time I wasn’t drinking or using while I was pregnant, but I had this bottle of ativan that I would just count sometimes. That was a little weird. It was awful being on bedrest, and I sort of sunk into isolated depression because it wasn’t like the people at residency had time to visit me or anything, you know, so I was just kind of alone. I was at Michigan at this point and all of my family was in Connecticut.

I delivered then. It was a little bit of a scary delivery. That was in October--sorry, that was in March of 2008. I got a huge supply of oxycodone after delivering, which was kind of my first exposure to opioids, and I absolutely loved it. I was given like one hundred pills with a refill and then I called to get more refills. There was a comfort that the doctors were prescribing to me because I was a resident. At that point I had never heard anyone say addiction was an illness. I thought the way I drank was probably not right, but I really didn’t know what was wrong with me. I was trying all kinds of anti depressants, I had postpartum depression, and it was really just an awful period of time. I loved my daughter so much, I had never experienced anything like that, loving someone so much, and when I had to go back to work it really broke my heart and I didn’t want to, but I felt trapped. I talked to the residency director who was a douchebag and he basically said, “Well either come back or don’t come back, but there’s no way we can work out any kind of schedule,” which actually isn’t true, but they weren’t really willing to work with me.

Around that time I started drinking more and more. Well, so I sort of held it together because I ran out of--when I went back to work I didn’t have anymore oxycodone, I wasn’t using it, and I started going to this like secret residency doctor to help with mental health of residents, which is a nice resource to have but she was giving me a lot of ativan as was my primary doctor and they weren’t really cross-checking and I started using a lot of that and combining it with alcohol. I had some back pain which I think was pretty legitimate, and I also remember thinking, I know medicine and no one can tell me I *don’t* have back pain, and so I was doing physical therapy but also using oxycodone. At first it was prescribed and then I was just picking it up and taking it and just crossing all kinds of--I mean I descended into a person I didn’t recognize quite quickly. Got in trouble in October of 2009 in terms of--that’s when I went to rehab. That was a terrible period of time and I don’t want to go into too many details except that I became a person I didn’t recognize rapidly and ended up going to Talbot in Atlanta. For me I got sober largely through a twelve-step, AA based program in a place--Talbot treats doctors and pilots and is very expensive, so my parents had to get like an RV in order to send me to rehab. I will be forever grateful for them. So that was seven and a half years ago. I actually have not drank or used an illicit drug since that point. I was put on opiates once when I had a nose surgery, but I was under the care of an addiction medicine doctor who like--I went into a monitoring program, I still go to AA now, my recovery has been a really important part of my life. Actually, I am very grateful for the experience.

I will transition into talking more about the addiction medicine because that is how I became interested in it. I was like, What the hell this is a disease? No one--why didn’t someone tell me?

**SA:** Why didn’t I learn this in medical school?

**EB:** Yeah. I really had not--I had learned the side effects of liver disease from alcohol, but not that there was any hope for people stopping or that there are medications to treat alcohol.

**SA:** Or about prescription opioids.

**EB:** Right, well we were taught that they were safe. I went to med school during the period where it was like if you have pain we have to treat it. Pain is a vital sign. You can’t get addicted to opiates if you have real pain, which is wrong. I had always done well on tests and stuff, and had the ambition to be able to make some sort of impact in the field of medicine and became by far most interested in--also, I got really lucky because the doctor who sent me to treatment and evaluated me was probably the best addiction medicine doctor I’ve ever seen practice. His name is Pat Gibbons. He has passed away since, and I’m pretty sure he’s available regarding historic--he was like an amazing, wonderful mentor and doctor and I hated him at first because he held really high standards for how he would treat you. There were also a number of doctors in my area that were in recovery, had been sober a long time, and took me under their wing. I had an amazing sponsor who was a cardiothoracic surgeon who has been sober for twenty-three years, so she was like invaluable. Early sobriety--I was out of work for eight months, and when I went back it was with restrictions and I was on a monitoring program and had drug testing every one to two weeks and calling every day for three years. That structure--I wouldn’t have stayed sober without that. I wasn’t really interested in [unclear] and I wanted to keep my license. And I loved my daughter.

At first I was still mad at my husband for making me go to treatment. I was like obsessed with the idea that we needed to get divorced. He was like the most wonderful, amazing guy and kept our family together. I got to fall in love with him all over again in sobriety, as well as sort of expand the interest in addiction medicine. I did family medicine as a second year resident they made me repeat my second year, which was, you know, they should have, so I got to really thoroughly learn that, and then after that I started working at a clinic in Michigan as well at a place called Pain Recovery Solutions in Ibsoleny with two doctors, three doctors who were really excellent at doing addiction medicine and I was there one day a week. You could do an addiction medicine study specialty without doing a fellowship, and you still can, but that’s going to close now. I decided that that was going to be my goal and started doing that in 2012. I got boarded in 2014. That was around the time I wanted to have one addiction medicine job and moved to Minnesota to work at Hazelden. Also, I had met Bob Levy at conferences and we were friends and he worked there at that point too.

**SA:** So you got to Hazelden in…

**EB:** December of 2014. This whole period of time in 2012 to 2014 there was this escalating opioid use epidemic and a lot of talk about whether suboxone was just another drug replacing a drug and that was very controversial in doctors who were also in recovery. The CMO of Hazelden had decided that they were going to be both abstinence based twelve-step as well as using medication so it was kind of a big deal. I was excited to be able to come be a part of that and I wanted to be able to do studies on it and stuff. I was primarily at Hazelden treating opiate use disorder. Most of my patients were eighteen to twenty-six, and severe opiate use does have a huge amount of comorbidity, mental health issues, profoundly ill. I became struck by how much more effective suboxone was than vivitrol as well as than nothing. Suboxone is so much more effective than nothing. Than treatment alone. I developed a belief that treatment alone for opiate use addicts who are younger than twenty-six is inadequate. That’s my personal opinion. But it was hard to watch that happen. It’s hard to watch all the misinformation about suboxone go through the world. It is a medication that reduces the risk of relapse and death by fifty to seventy-five percent and is hugely effective and we do not employ it with the vast majority of patients. They’re dying. I’m tired of watching; it breaks my heart.

**SA:** What sorts of things struck you about how Dr. Levy and other doctors that talked about addiction when you were learning about them or went and saw them?

**EB:** It just was inspiring to me. I knew so many people from recovery who had been sort of shamed by their doctor. I think addicts have the world’s most fascinating stories. That was always something I liked about addiction medicine. It was probably **Herb Malinoff** and Pat Gibbons, these doctors in Michigan, who got me the most interested. I mean if you interviewed Herb Malinoff on the phone and he was okay with it, he’s like an amazing practitioner in Michigan. I just wanted to learn to do what they did. I would see it being handled in my primary care clinic in a horrible way.

**SA:** Do you have any examples that come to mind?

**EB:** I just remember in residency my last year spending an hour and a half with a patient who wanted oxycodone for back pain and ativan for anxiety, which weirdly were my two drugs of choice, and just recognizing that they were having a problem with it and trying to give them these tools of other ways to help with back pain like acupuncture and they were just so angry and like immediately went from complaining to about what a bad doctor I was. Luckily at that clinic they were like, “That’s exactly what you should do.” Around that time there was a doctor from Chelsea who had really high doctor Yelp scores who was selling--was cracked down on by the federal government for selling oxycodone. Anyway, it really struck me that the doctors I looked up who were getting one to two star reviews because they pissed people off because you really shouldn’t be doing what your patients want you to do, you should be doing what is in their best interest. Even though you should do it in a kind, loving way. That was what I really admired about those doctors was they were not mean or shaming or unkind or judgemental, just like, “Here’s what I can safely offer you,” and that’s what I wanted to learn how to do. Because you don’t really learn those skills about how to have difficult conversations with patients. But in a deliberate way you sort of end up learning as you go.

**SA:** When did you leave Hazelden?

**EB:** I left in 2016. It was not out of any kind of bad feelings in anyway. It was a wonderful place, but I missed the medical system and being able to get labs rapidly, see patients efficiently, see patients on Medicaid because they didn’t take Medicare or Medicaid, so it was a really different patient population. So I had met this doctor from Health East at the Minnesota Society of Addiction Medicine conference who said they needed new doctors and like a year later I contacted her and said, “Do you still need new doctors?” [laughter] “I kind of miss medicine.” Not that it wasn’t medical there, but it was like [unclear] a new clinic and it was primarily for seeing counselors. And I had three kids.

I really love what I do. I feel really blessed and proud and happy and it’s kind of not where I ever thought I would be. I had no plans to move to Minnesota, be an addiction medicine doctor, and have a lovely family, like objectively that was not the plan. It’s so much better than I would have guessed.

**SA:** That’s amazing. Do you still do family medicine with addiction medicine?

**EB:** I mostly do addiction medicine. I would like to do some family medicine again someday, but right now there’s such a vast, gaping need for addiction medicine doctors.

**SA:** Have you seen the field growing?

**EB**: I think more people have talked about it in a way that has minimized stigma, and it is certainly a great thing that there’s a formal, medical subspecialty board, but I think it’s a field that if the Medicaid expansion is taken away it will be decimated. So, I’m very worried about the safety of my patients.

**SA:** Do you want to talk a little bit more about what has been going on or what you see for the future or what your worries are?

**EB:** Sure. I think that it’s pretty scientifically established how you treat opiate use disorder. I don’t see that being implemented the way that it needs to be. I’ll just say I think making an opiate commission headed by Chris Christie is asinine. I think that we should just be expanding funding for treatment right now and finding in-house places for people to recover. One population that is very dear to my heart is mothers with addiction issues, and there’s no social supports for them, we’re not well networked between medical field, the healthcare field, even the research field, and the CD world, and the legal world. It’s all split up, and that kills people, and I hate that because it’s actually not that complicated to treat. We just have not had the resources to do it.

**SA:** You mentioned more focus on treatment. In your day to day is that what you wish there were more avenues to?

**EB:** Yeah, and to find an addiction medicine doctor in the Twin Cities is tough. We don’t take new ones at the clinic I’m at unless they go through the residential, so there’s really limited options to step in with an allocation [unclear]. A lot of them are cash only. There are some great doctors that are cash only because it is really hard to deal with the insurance companies. But it sucks. It puts up a huge barrier. Often the mental health comorbidities aren’t well managed. There’s still certainly a lot of pejorative stigma surrounding suboxone, language around not being clean if you’re on it, which I think kills people. If I’m prescribing someone a medication they are taking as prescribed then they are abstinent. I hate when people tell them that they’re not.

**SA:** That goes along with AA’s--

**EB:** Well, AA has a pretty clear--it’s really different now how they implement it. It’s pretty clearly delineated in there that, “We’re not doctors, we do not mean to interfere with physician treatment,” but there is sort of a historical stigma that has preceded--and actually when I was in residency I had to do a research project and I did mine on stigma across different levels of the healthcare field, and the trend was that you got more of it in med school and residency and people had less preconceived notions about addicts and we intensified those with exposure to people. You don’t really see--when I go to the doctor sometimes I say, “I’ve been sober for seven and a half years,” I tell it to them the first time I go, but there are a lot of people in sobriety who don’t. Doctors can be real idiots about treating it. I went to the ER six months ago for an ear infection and they offered me morphine. They didn’t ask me.

**SA:** And then it’s up to you to say no.

**EB:** And I was able to but, you know, there are probably days where that could have ruined my life.

**SA:** Or killed you.

**EB:** I think just because I got sober without suboxone doesn’t mean that’s the right thing for everybody. That was--first of all there was a period of time where lots of other people I went to treatment with are no longer sober or alive.

**SA:** We can go through a typical day you have in the clinic.

**EB:** I primarily now see outpatients with opioid use disorder. I would say one to two of them are in active relapse everyday, and so a lot of what I do is try to check for mental health, talk to them in a way that’s non judgemental and exhibits caring and--you know I get urine drug screens from everyone I see regardless of how long they’ve been sober because you just never know. I try to be a sort of safe point that they can access, but you know, one or two no shows, one or two people that are high on a day to day basis, and some of them are doing really well. It’s really rewarding. Again, I just really love what I do. It’s pretty cool. I use suboxone a fair amount. The majority of my patients are on it.

**SA:** Do you prescribe methadone at all?

**EB:** That’s only in specific clinics.

**SA:** Are you limited in prescribing suboxone?

**EB:** I have a limit of 275 patients and I don’t really see myself ever hitting 275 because it’s pretty unusual to see them any less than monthly. I think it is really stupid that there is a limit because fentanyl is so much more dangerous and has no limit and any doctor can prescribe it. If there’s one thing I could change and promote about addiction medicine changing it is getting more doctors to get a suboxone waiver and treat with it in primary care. I think if you’re going to limit something it should be [unclear] not suboxone because it is very safe if you use it as prescribed.

I think there is going to be a trend of a benzo epidemic and I see more and more people using meth and benzos. Meth is pretty frustrating to treat because there’s not a lot we can offer to help.

**SA:** Why do you say that?

**EB:** I have been seeing more and more patients using those things. For benzodiazepines there are pretty good *New York Times* articles showing that fourteen percent of people over the age of sixty-five use them on a daily basis. That’s not good. They aren’t really recommended for any long-term purpose, but they are used that way often by people who don’t understand the risks of doing that. It’s basically pill alcohol.

**SA:** Do you think a change in educating young doctors is what it is going to take to--

**EB:** I think that would be helpful. I don’t think that that’s going to happen. I think Bob Levy may be the sole zion of that. That was part of why I came to St. Joe’s to be able to-- and I still am connected to Hazelden in the sense that I work with them doing consulting to go do training to other health systems for how to treat opioid use disorder and implement the COR-12 program [Comprehensive Opioid Response with the Twelve Steps]. I am able to do some slight advocacy stuff.

**SA:** One last question and we can wrap up. Can you talk a little bit about being a woman in your field, and anything that goes along with that?

**EB:** Yeah, so addiction medicine has this definite old boy club with like long term AA men flavor. I started going in my first year of sobriety to this international doctors in AA conference that has addiction medicine as part of it. I go every year and actually bring my family. Whenever I go, even now, when I have been going for six years, everyone thinks my husband is the addict and approaches him. It’s just really--in all of medicine there is that feel of there is still a difference of a gender bias that occurs, but I think there have always been pretty amazing and now like Nora Volkow, who’s the coolest. She’s awesome.

So, I think there is a different experience of interacting with patients that can feel more physically frightening I think because a lot of them have also had violence towards women in the past and stuff. It’s certainly very possible to sort of move through that stuff. I had a lot of advice on that from my sponsor, so I saw it role modeled really well just sort of how to integrate. She was awesome.

Now I’m part of the executive council for the Minnesota Society of Addiction Medicine; Bob Levy does that, too. We’re trying to build more of a place for that to be a kernel of learning, but there’s not a lot of funding unfortunately.

**SA:** Thank you so much.

**EB:** Sure. It’s great you guys are focusing on this topic.