Substance Use and Abuse in the Resident Physician

Faculty and Physician Wellness Committee
Sub-Committee on Mental Health and Substance Abuse

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“These are the duties of a physician: First... to heal his mind and to give help to himself before giving it to anyone else.”

~ Epitaph of an Athenian doctor, AD 2.

Agenda

1. Introductions
2. The SU problem and statistics
3. The progression of substance use disorders
4. Intervention, treatment, and recovery
5. Resources
6. Summary
The Problem

Those saved ....priceless!!!
SUD does NOT have to be career ending.
• **Burnout**: 30-60% MD are distressed and at burnout
  - MS & residents
  - ↑ Primary care (IM, FP, ER)

• **Mental Health Issues**:
  - 10% with mild depression
  - 27% with elevated anxiety

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Statistics

- **SUD\(^3,4\):**
  - Up to 15% will experience substance use\(^2\)

- **MDs suicide\(^4\):**
  - Rate is higher in MD compared to other professions & gen population
  - One physician per day
  - Grossly underestimated
  - Depression/bipolar & substance abuse = suicide risk

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• McGovern et al, 2008 - Characteristics of Physicians Presenting for Assessment at a Behavioral Health Center:
  – Active substance use disorders (52.8%),
  – Psychiatric disorders (29.6%),
  – Substance use disorders in remission (17.6%)
  – With SU Disorders:
    • primary drugs of choice – ETOH & opiates
    • > 50% with co-morbid psychiatric disorders (Axis I, II, or both)
    • Significant relationship, employment, and emotional problems in all groups
Statistics: Specialties at Risk

• 1991 study on residents by specialty:
  – FP
  – Anesthesiology
  – IM
  – Psychiatry
• 80% all specialties report ETOH use within 1 month
• 97% for all trainees across specialties used ETOH

Table 1

<table>
<thead>
<tr>
<th>Specialty</th>
<th>California Data</th>
<th>Georgia Data</th>
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<tbody>
<tr>
<td>Anesthesiology</td>
<td>40 (16.7%)</td>
<td>121 (12.1%)</td>
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<tr>
<td>Family practice</td>
<td>38 (15.9%)</td>
<td>257 (25.7%)</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>32 (13.4%)</td>
<td>137 (13.7%)</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>24 (10.0%)</td>
<td>64 (6.4%)</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>16 (6.7%)</td>
<td>48 (4.8%)</td>
</tr>
<tr>
<td>OB-GYN</td>
<td>13 (5.4%)</td>
<td>61 (6.1%)</td>
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<tr>
<td>Orthopedics</td>
<td>10 (4.2%)</td>
<td>31 (3.1%)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>7 (2.9%)</td>
<td>32 (3.2%)</td>
</tr>
<tr>
<td>Surgery</td>
<td>6 (2.5%)</td>
<td>77 (7.7%)</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>6 (2.5%)</td>
<td>16 (1.6%)</td>
</tr>
<tr>
<td>General practice</td>
<td>5 (2.1%)</td>
<td>**</td>
</tr>
<tr>
<td>Dermatology</td>
<td>4 (1.7%)</td>
<td>**</td>
</tr>
<tr>
<td>Radiology</td>
<td>4 (1.7%)</td>
<td>32 (3.2%)</td>
</tr>
<tr>
<td>Cardiology</td>
<td>3 (1.3%)</td>
<td>**</td>
</tr>
<tr>
<td>Ear, nose, and throat</td>
<td>2 (.8%)</td>
<td>17 (1.7%)</td>
</tr>
<tr>
<td>Pathology</td>
<td>2 (.8%)</td>
<td>16 (1.6%)</td>
</tr>
<tr>
<td>Urology</td>
<td>2 (.8%)</td>
<td>**</td>
</tr>
<tr>
<td>Plastic surgery</td>
<td>1 (.4%)</td>
<td>15 (1.5%)</td>
</tr>
<tr>
<td>Neurological surgery</td>
<td>—</td>
<td>13 (1.3%)</td>
</tr>
<tr>
<td>Thoracic surgery</td>
<td>—</td>
<td>12 (1.2%)</td>
</tr>
<tr>
<td>Other</td>
<td>24 (10.0%)</td>
<td>51 (5.1%)</td>
</tr>
</tbody>
</table>

Total participants 239 1,000

Substance Use vs. Abuse
Normal Use - ETOH

- Safe level:
  - < 4/event for males & < 14/week
  - < 3/event for females & < 7/week

- Standard drink:

http://www.cdc.gov/alcohol/faqs.htm#standDrink
ETOH Abuse

• Binge drinking (NIH)
  – a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08g/dL or 0.08% or more w/in 2 hrs.
  – For women, ≥4 drinks and for men, ≥5 drinks
  – Poses health and safety risks (car crashes and injuries; damage to liver and other organs)

• Heavy drinking:
  – For men, more than 2 drinks per day
  – For women, more than 1 drink per day

“What happens when you drink?”

Not does something bad happen every time you drink but every time something bad happens were you drinking?
• SBIRT
  – Screening
  – Brief Intervention
  – Referral to treatment

• Screening:
  – Every pt
  – Have you ever or do you currently use…[drug name]?
  – Observing colleagues
“Addiction doesn’t come heralded by a brass band, it sneaks up on you, and sometimes with extraordinary speed.”

~C. Everett Koop (former US Surgeon General), 2003
Progression of Substance Use Disorders

- At Risk
- Normal Use
- Abuse
- Intervention & Treatment

- Experimentation
- At Risk Use
- Dependence
- Recovery
Intervention, Treatment and Recovery
• O’Connor & Spickard, 1997:
  – Rehabilitation of the impaired physician with SUD is a serious concern of state medical societies
  – All 50 states - developed procedures to identify and bring to treatment physicians with SUD
  – Successful rehabilitation is a national priority
  – Comprehensive treatment and monitoring - successful with 75% to 85% returning to their professional position
Intervention, Treatment and Recovery

- Treatment programs effective
- Treatment centers – use group and peer support
- Careers can continue and MD can thrive
- 2008 study of 904 doctors
  - MDs entered PHPs in 16 states for alcohol or substance abuse
  - 72% successfully returned to the practice of medicine with unrestricted licensing and were abstinent at five-year follow-up.
  - 91% of those who completed the programs were able to continue practicing in some capacity.

http://www.ama-assn.org/amednews/2012/08/06/prca0806.htm
“Every physician is responsible for protecting patients from an impaired physician and for assisting an impaired colleague.”

~ACP Ethics Manual
Resources
Resources

- Vanderbilt:
  - PCP
  - FPWP, CPH, FPWC, VCAP & CPPA programs

http://healthandwellness.vanderbilt.edu/work-life/
Resources

- TN Medical Foundation (TMF) - PHP
- Treatment programs
- 12-Step Groups: (AA, NA)
- NIAAA – National Institute on Alcohol Abuse and Alcoholism
- SAMHSA - Substance Abuse and Mental Health Services Administration.
- National Drug and Alcohol Treatment Referral Routing Service at 1-800-662-HELP.
Questions