

SUBSTANCE ABUSE AMONG MEDICAL PROFESSIONALS: TIME FOR A REALITY CHECK

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Vanderbilt University Surgical Grand Rounds
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LET'S GO DRINK



till we can't feel feelings anymore!

Family Guy



MSU... not U of M



M
GO BLOW!

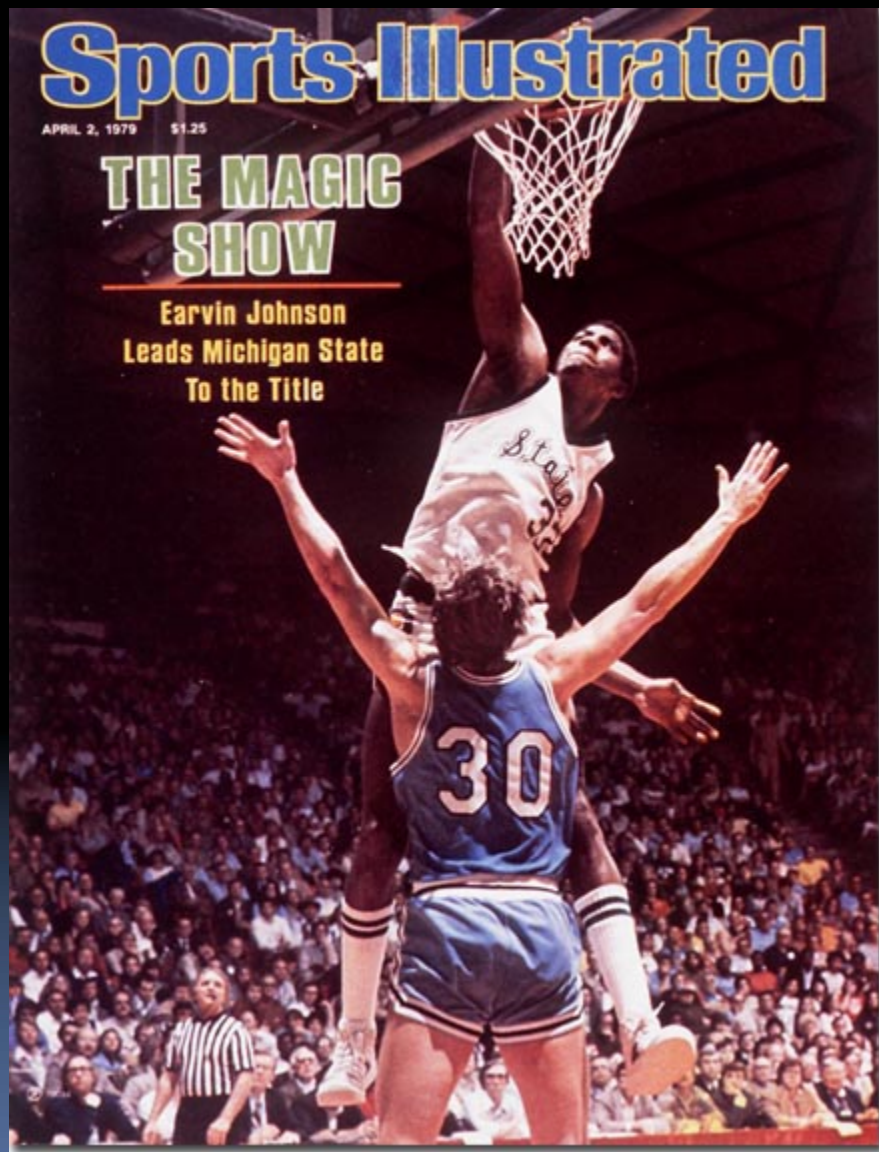


Sports Illustrated

APRIL 2, 1979 \$1.25

THE MAGIC SHOW

Earvin Johnson
Leads Michigan State
To the Title





Credentials



"Michigan State University will no longer be considered for our annual list of party schools because we feel it is unfair to include professionals on a list of amateurs." –Playboy Magazine

SPARTY ON



Other disclosures

- My name is Mickey... and I'm an alcoholic.



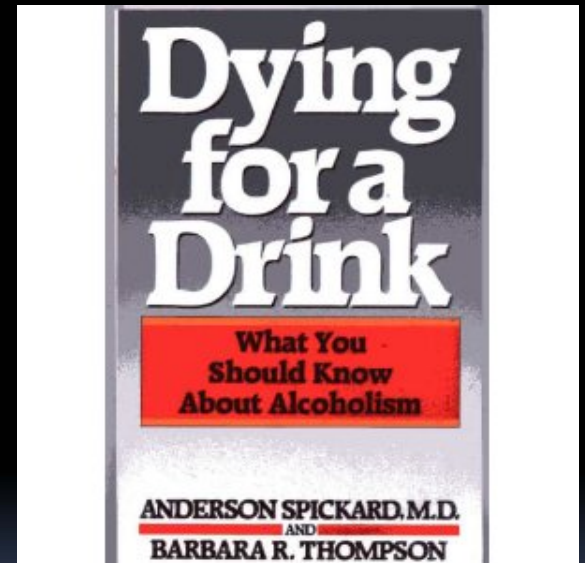
Anderson Spickard, M.D.

- Professor of Medicine Emeritus at Vanderbilt Medical Center
- Past medical director of The Center for Professional Health (CPH)
- In June 2003, he was awarded the Chancellor's Chair in Medicine for his contributions to research, and addiction related to physician wellness
- His book, Dying for a Drink: What You and Your Family Should Know about Alcoholism, has been translated into seven languages and Braille



Anderson Spickard, M.D.

- One of the first to explore the topic of alcoholism in the medical professional
- More than 40 years of experience in active treatment of patients with substance abuse problems



Goals

- Describe the prevalence of substance abuse among medical professionals
- Identify the risk factors associated with abuse and signs and symptoms associated with the disease
- Present the resources available to the health professional who may be struggling with substance abuse



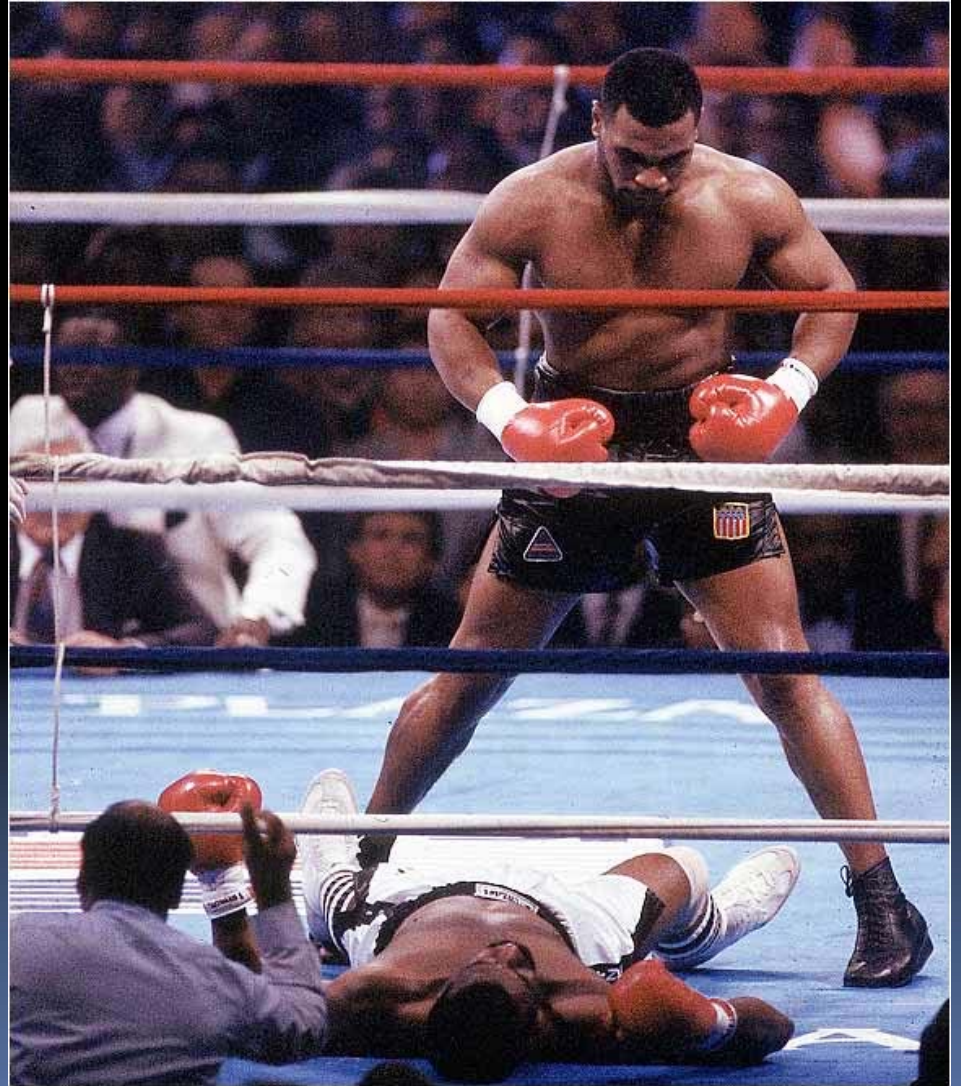
Time for a reality check...

- Addiction was not thought of as a disease, but a problem of will power, and a defect of character... a sin
- Dirty little secret (shame is a powerful force)
- We're surgeons
- Let's talk about it...



In the beginning...

- June 27, 1988

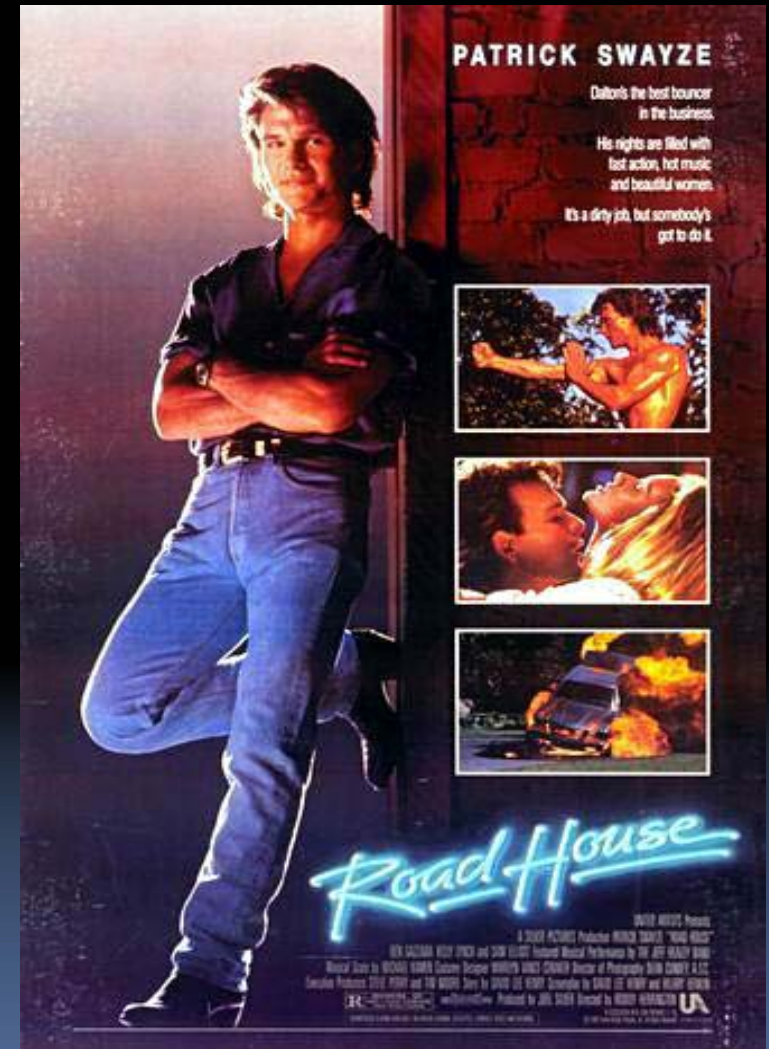


In the beginning...

- High School = Binge drinking



College



Celebration



Depression



Hope for the future



College...

- I had my first withdrawal seizure when I was a sophomore in college



Medical School...

- “Can you not drink today?”



Hitting bottom

- That day happened to be St. Patrick's day...



Hitting bottom

- “Dad, I can’t stop drinking and I need help”



Time for a reality check...

October 7, 2010 The New York Times

Medical Student Distress and the Risk of Doctor Suicide

By PAULINE W. CHEN, M.D.

“Evidence further suggests that drug abuse and alcoholism, possibly under circumstances of heightened stress or depression, are often associated with the suicides of physicians.”



Time for a reality check...

- In the general population, according to autopsy studies and other evidence, 25-50% percent of all persons who commit suicide are drunk or under the influence of drugs at the time of their deaths.
- Physicians at increased risk...
 - Male physicians risk of suicide 40% greater than the general public
 - Female physicians - 130% greater



Stats

- The cost = 1 trillion dollars
- Alcohol and drug related problems extend across all barriers of class, age, and race, and the affluent are as likely to become addicts as the poor.
- 50% of trauma cases are related to alcohol, drugs or both
- According to the CDC, alcohol is the third leading cause of preventable death in the U.S.



Stats

- Substance abuse: 7-14% of the adult population \approx 25 million people
- Physicians have a higher rate of abuse of opiates and benzodiazepines
- Although a very treatable disease, only 25% will receive any kind of treatment in their lifetime



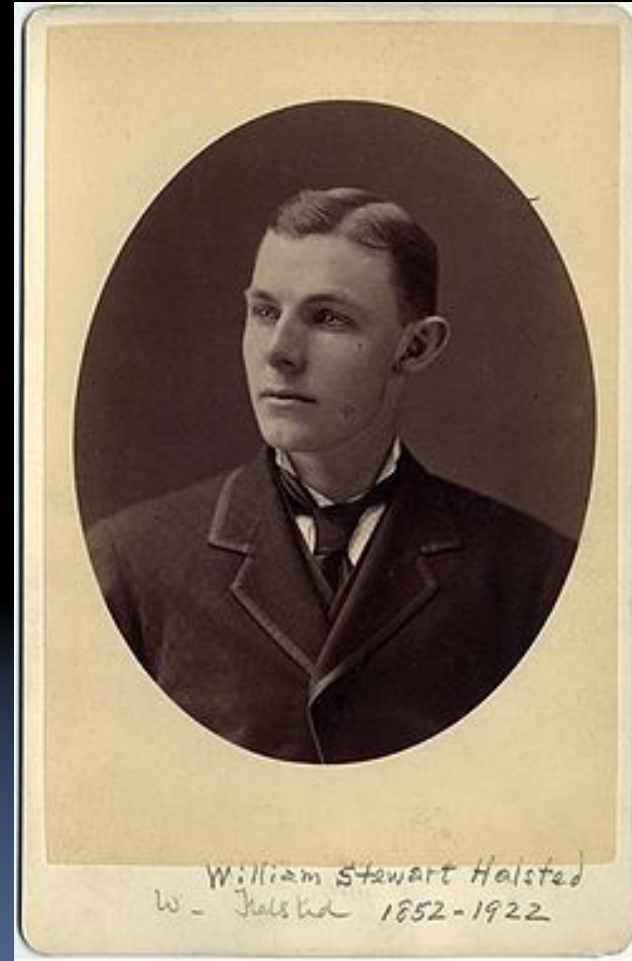
Incidence

- Female physicians have a higher frequency of alcoholism than women in the general population
- Drug abuse is also related to specialty, being particularly prevalent among psychiatrists, anesthesiologists, and emergency physicians



William S. Halstead = cocaine addict

From "The Inner History of Johns Hopkins Hospital"... *The proneness to seclusion, the slight peculiarities amounting to eccentricities at times... were the only outward traces of the daily battle through which this brave fellow lived for years.*



Diagnosis

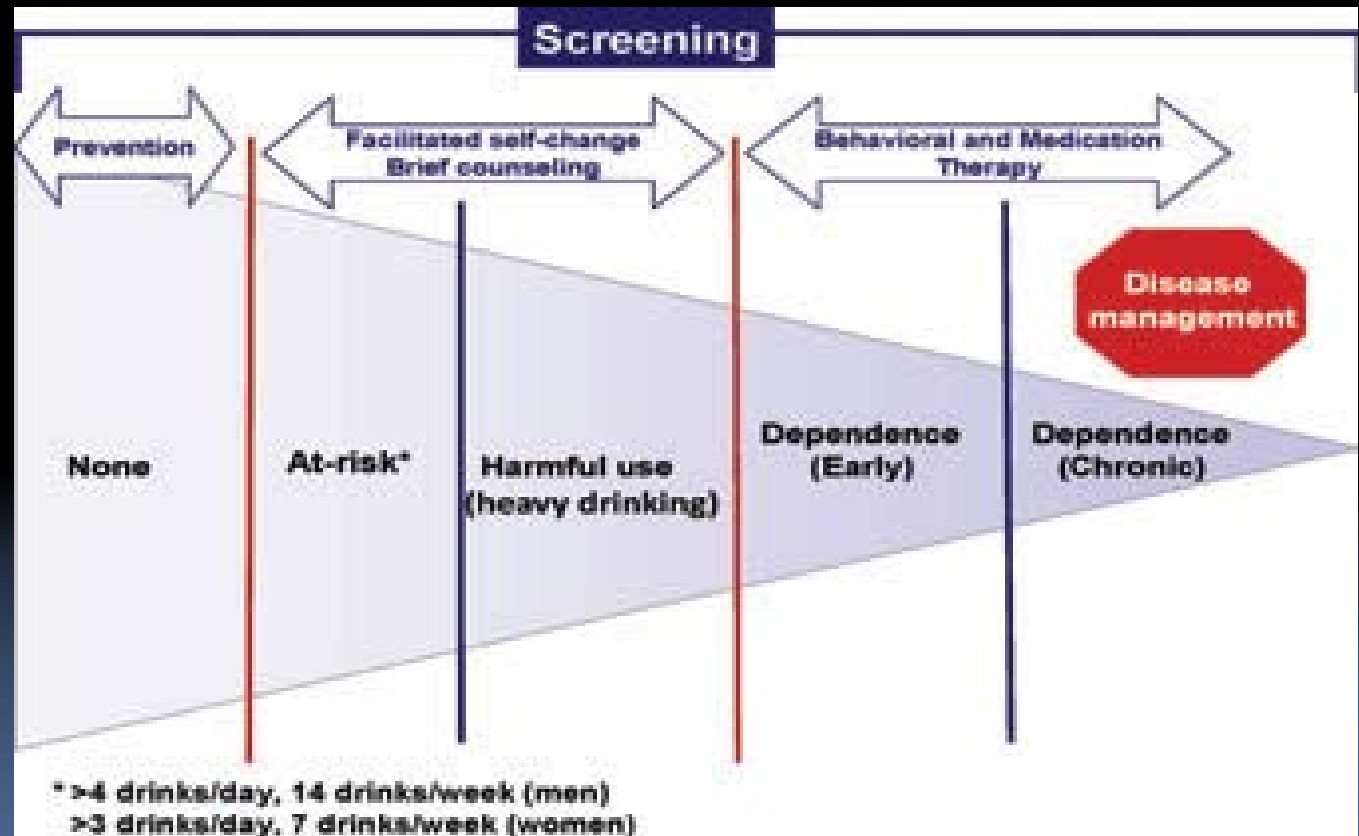
CAGE: A DIAGNOSTIC TEST FOR ALCOHOL ADDICTION

1. Have you ever felt the need to Cut down on your drinking?
2. Have you ever been Annoyed by criticism of your drinking?
3. Have you ever felt Guilty about your drinking?
4. Have you ever had an Eye-opener first thing in the morning?



Terminology

Abuse
Addiction/
Dependence



Diagnosis

- DSM-IV criteria (one or more of the following symptoms that develop during a 12 month period)
 - Failure to fulfill work or school obligations
 - Use in physically dangerous situation like driving or operating machinery
 - Use that results in legal problems
 - Continued use despite adverse consequences
- And... three of the following symptoms
 - Tolerance
 - Withdrawal
 - Use for a longer period of time or greater amount than originally intended
 - Failure to discontinue use
 - Excessive amounts of time obtaining the drug of abuse or recovering from it's use
 - Abandoning important social or professional activities
 - Continued use despite negative social or personal consequences



Who is at high risk?

- Positive family history
 - GABA receptor and/or serotonin transport????
 - collectively, family, twin and adoption studies revealed a heritability of alcoholism of over 50%
 - Relatives of alcoholics have a four times greater risk of alcohol dependence
- Crises
- Trauma



Signs of abuse and dependence

- Marital strife
- Personality changes, mood swings
- Changes in sleep patterns, fatigue
- Poor physical condition and appearance
- Deterioration in clinical performance
(unexplained absence, conflicts with staff, a change in charting or rounding practices, incorrect orders, and heavy drinking at hospital functions)



Reporting

- An ethical and legal dilemma...
- EARLY referral is key... the earlier the diagnosis the better the prognosis



5 myths of addiction

- The alcoholic must want help before he can get it.
- The alcoholic must hit rock bottom before she can get help.
- The alcoholic will quit drinking on his own.
- The alcoholic has a right to drink, and no one has the right to interfere.
- Efforts to help the alcoholic might make her drinking worse.



Treatment

- The ACGME and The Joint Commission on Accreditation of Healthcare Organizations have mandated that training programs and hospitals establish processes and programs designed to detect, intervene, treat, and rehabilitate the impaired physician that are separate from the medical staff disciplinary process



Treatment

- Detox
- Medical and psychiatric evaluation
- Rehabilitation
- Maintenance



Relapse

- Relapse 15-20% within 1-2 years
- Risk factors for relapse
 - Failure to accept the disease concept
 - Continued denial
 - Decrease in 12 step meeting attendance
 - Cross-addiction to more than one chemical
 - Dual diagnosis
 - IV narcotics
 - Life stressors



Alcoholics Anonymous

- History: 2 dudes in 1935



Alcoholics Anonymous

- Positive correlation between AA attendance and a good outcome
- Long-term follow up studies have reported that individuals with sustained AA participation had higher rates of abstinence on 8-10 year follow up, relative to those who never attended AA or those who discontinued AA attendance



- **The Twelve Steps of Alcoholics Anonymous**

- 1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
- 2. Came to believe that a Power greater than ourselves could restore us to sanity.
- 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
- 4. Made a searching and fearless moral inventory of ourselves.
- 5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- 6. Were entirely ready to have God remove all these defects of character.
- 7. Humbly asked Him to remove our shortcomings.
- 8. Made a list of all persons we had harmed, and became willing to make amends to them all.
- 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
- 10. Continued to take personal inventory and when we were wrong promptly admitted it.
- 11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
- 12. Having had a spiritual awakening as the result of the Steps, we tried to carry this message to alcoholics, and to practice these principles in all of our affairs.



Prevention

- Education is key...
- U.S. Federal Government Higher Education Act of 1965 required medical schools to establish policies and programs that address substance abuse among their students.



Prevention

- Ann Intern Med. 2011 Jan 4;154(1):56-9.
 - **Integrating addiction medicine into graduate medical education in primary care: the time has come.**
 - [O'Connor PG](#), [Nyquist JG](#), [McLellan AT](#).
 - Yale University School of Medicine, New Haven, Connecticut
-
- “Despite the high prevalence of substance use and its consequences, physicians often do not recognize these conditions and, as a result, provide inadequate patient care. At the center of this failure is insufficient training for physicians about substance use disorders.”



Prevention

- Integrating addiction medicine into graduate medical education in primary care: the time has come.
- [O'Connor PG](#), [Nyquist JG](#), [McLellan AT](#).
- 5 recommendations...
 - 1) integrating substance abuse competencies into training
 - 2) assigning substance abuse teaching the same priority as teaching about other chronic diseases
 - 3) enhancing faculty development
 - 4) creating addiction medicine divisions or programs in academic medical centers
 - 5) making substance abuse screening and management routine care in new models of primary care practice



Families

- Access spiritual resources
 - ▣ “...alcoholism and drug addiction are among the most profoundly spiritual of all the problems I deal with as a physician. While reducing addiction to its spiritual dimension is one-sided and ineffective, ignoring or underestimating its spiritual roots is equally dangerous.”
- Get Educated
- Find a support group
 - ▣ Al-Anon, Alateen, Alakid, and ACOA (adult children of alcoholics)



There can be a happy ending...

- The prognosis is great...
 - Physicians are late to seek treatment because of denial, independence, and a strong sense of professional invincibility, however, once they get going...
 - Recovery rates are higher in physicians than other groups (70-90%)
 - 75-85% return to work
 - Intensive inpatient therapy, and post-treatment monitoring shown to have the greatest success



Rev 21:5

“...Behold, I make all things new.”

As for me...

Let back in to medical school

Sobriety date: February 14, 2000

(the hopeless romantic)

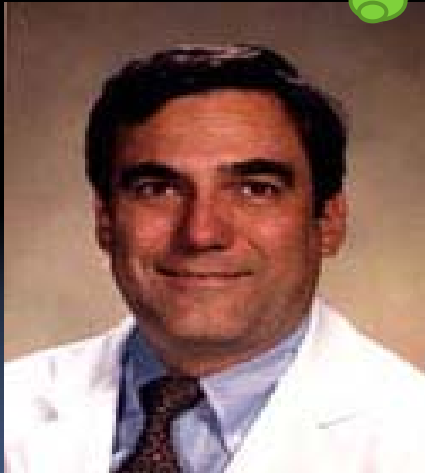


Married Kristin Joy - August 7, 2004

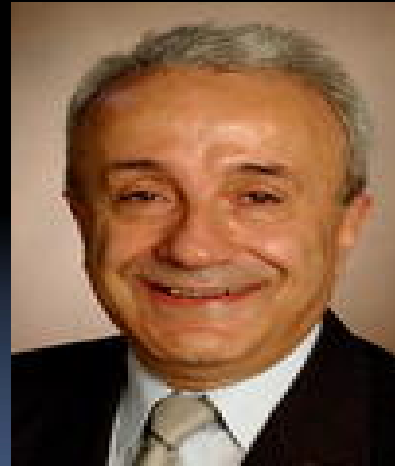


There can be a happy ending...

Check this
dude out...

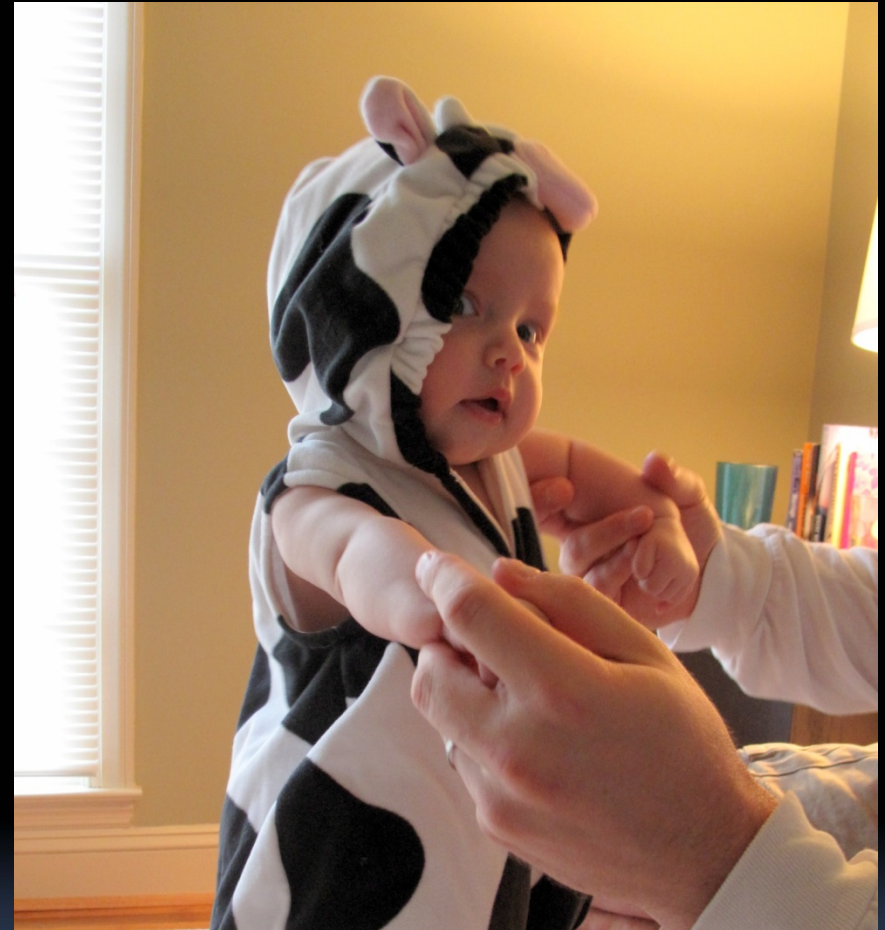


OMG!



Kharis Prentiss Ott

Born August 2, 2010



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