Stress
Substance Use and Impairment

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PLFSOM
Learning Objectives

• Discuss how all health care professionals are affected by substance use disorders.
• Discuss the epidemiology and natural course of the disease of addiction.
• Identify warning signs and symptoms of an impaired colleague.
• Support colleagues returning to work after rehabilitation.
Impairment

What is impairment?

“Any physical or mental condition that detrimentally affects, or is likely to affect, a physician’s capacity to practice medicine”.

Kahn NB Jr, 1992
Levey RE, 2001

What is an impaired Physician or HCP?

A physician who is “unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol.” (AMA)

This applies to Physician Assistants, surgical assistants, and acupuncturists as well.

Illness vs. Impairment

The diagnosis of an illness does not necessarily equate with impairment.

2011 Federation of State Medical Boards (FSMB), —Policy on Physician Impairment
Why is it important to talk about it?

Impairment leads to:

- Disruptive behavior
- May diminish productivity
- Lead to medical errors
- Compromise patient safety
What are the leading causes of impairment?

- Substance abuse
- Mental illness
- Burnout
- General medical conditions
- Stress
- Disruptive behavior
Increased Stress can Lead to Increased Substance Use (CDC, 2020)

- 54% increase sales of alcohol with a 262% increase online sales

World Health Organization. Alcohol does not protect against COVID-19; access should be restricted during lockdown. Published April 14, 2020.
Leaving Causes of Physician Impairment

**Substance abuse**

The prevalence of SUDs among physicians is similar to the general population.

The prevalence of SUD among physicians:
- 15% among physicians
- 13% in the general public

**Mental illness**

Approximately 13% to 20% of physicians suffer from depression.

Most mental illnesses are common among physicians as among the general public (MDD, BD, OCD).

MDD is the leading cause of disability in the US (15 to 44 years).

MDD, bipolar disorder, schizophrenia, and OCD are 4 of the top 10 leading causes of disability.

Oreskovich, 2015
Brown, S.D., 2009
Leading Causes of Physician Impairment

Stress

- Stress-related conditions not specifically diagnosable as mental illness may also lead to physician impairment.

- Excessive anxiety, exhaustion, stress, and sleep disturbance

Disruptive Behavior

- Disruptive behavior can result from physician impairment

- Interferes with patient care

- Poses considerable challenges for coworkers, managers, subordinates, and patients.

Oreskovich, 2015
Brown, S.D., 2009
Burnout

Psychological three dimensional syndrome featuring:
• Emotional exhaustion
• Depersonalization
• Detachment
• Reduced sense of personal accomplishment

In response to prolonged occupational stress
What is the Definition of Addiction?

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.

People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.
Relapse rates for people treated for substance use disorders are compared with those for people treated for high blood pressure and asthma. Relapse is common and similar across these illnesses. Therefore, substance use disorders should be treated...
Substance Use Disorder (SUD) in Physicians

HCP are not exempt from drug use.

SUD among physicians can expose both physicians and their patients to significant risk.

Physicians abuse prescription drugs at higher rates.

Alcohol is the most frequently abused substance

Prescription opioids are second

Higher rates of prescription drug misuse

Frequently self-prescribed or obtained from professional access

Warner, 2020
ÜBER COCA.

Von

DR. SIGM. FREUD

Student in k. k. Ärzteakademie

in Wien.

Neu durchgesetzt und vermehrter Druck-Auszug aus dem „Centralblatt für die gesammte Psychologie“.

Wien, 1885.

VERLAG VON MORITZ PERLES

Wien, Muszonastr. 10.
Similarly it is believed that cocaine played a role in William Halsted’s career
SUD in Physicians

- 2012 study sampled 25,073 surgeons
  - 7197 (28.7%) completed the survey.
  - Of these, 1112 (15.4%) had a score on the AUDIT version C consistent with AUD

- A 2015 study of 7,206 American physicians of various specialties
  - 26.7 percent response rate
  - 21.4% had a likely substance use disorder
  - Based on AUDIT-C and WHO SUD screening

Risk factors for physicians

• Pharmacological optimism and knowledge
• Reliance on intellectual abilities
• Strong will
• Love of challenges
• Instrumental use of drugs
• Denial
Substance Use Disorder (SUD) in Nurses

10% of the RN work force may be dependent on drugs or alcohol (ANA)

6% has problems serious enough to interfere with their ability to practice (Ponech, 2000).

6%–8% of nurses use alcohol or drugs to the extent that professional judgment is impaired (Daprix, 2003).
Substance Use Disorder (SUD) in Dentists

- 31% use prescription drugs (opiates)
- 10% use street drugs, and 5% use nitrous oxide
- Alcohol is the drug of choice for 37% of dentists with substance abuse problems

DesRoches CM, JAMA 2010
The prevalence of co-occurring mental disorders in physicians with an SUD is high (25 to 75%).

99 physicians who completed a PHP diagnostic Evaluation by Florida PHP:

- Major depressive disorder – 30.3 percent
- Bipolar disorder – 11.4 percent
- Social phobia – 5.1 percent
- Generalized anxiety disorder – 7.1 percent
- Antisocial personality disorder – 7.2 percent
What is considered a “drink”?  

U.S. Standard Drink Sizes

- **12 OUNCES** of **5% abv** BEER
- **8 OUNCES** of **7% abv** MALT LIQUOR
- **5 OUNCES** of **12% abv** WINE
- **1.5 OUNCES** of 40% abv (80-proof) DISTILLED SPIRITS OR LIQUOR (Examples: gin, rum, vodka, whiskey)
<table>
<thead>
<tr>
<th>Low-risk drinking limits</th>
<th>MEN</th>
<th>WOMEN</th>
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<tr>
<td>On any single DAY</td>
<td>No more than <strong>4</strong> drinks on any <strong>day</strong></td>
<td>No more than <strong>3</strong> drinks on any <strong>day</strong></td>
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<td><strong>AND</strong></td>
<td><strong>AND</strong></td>
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<tr>
<td>Per WEEK</td>
<td>No more than <strong>14</strong> drinks per <strong>week</strong></td>
<td>No more than <strong>7</strong> drinks per <strong>week</strong></td>
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*To stay low risk, keep within BOTH the single-day AND weekly limits.*
Early Signs

- Chaotic lifestyle
- Financial problems
- Negative thoughts and attitudes
- Increased sensitivity, irritability
- Somatic complaints, illness, and fatigue; “medical” problems
- Withdrawal from friends and family
- Family tension, conflict, infidelity
- Less care in grooming
- Declining reliability
- Change of work habits, including more time at work
Later Signs

- Angry outbursts at work
- Patient and staff complaints
- Professional withdrawal, deterioration of collegial relationships
- Cancelled clinics and increased absenteeism
- Deterioration of clinical skills and record keeping
- Inappropriate drug handling and diversion
- Alcohol on the breath at work
- Charges of driving under the influence or other offenses
- Family violence, separation, and divorce
End Stage Signs

- Intoxication at work
- Appearance of chronic illness
- Therapeutic error or mishap
- Extreme personal isolation
- Quitting medicine
- Suicidal gesture
- Suicide
Risk Factors For Suicide

- Presence of depressive or bipolar disorder
- Presence of substance use disorder
- Role conflicts and career dissatisfaction
- Recent losses
- Chronic pain or physical illness

## Principles of Directive Interventions: FRAMER

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<th>F</th>
<th>Gather all of the <strong>FACTS</strong></th>
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<tr>
<td>R</td>
<td>Determine your <strong>RESPONSIBILITY</strong> for Reporting; consult confidentially with medical and legal experts</td>
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<td>A</td>
<td>Bring in <strong>ANOTHER PERSON</strong></td>
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<td>M</td>
<td>Begin the meeting with a <strong>MONOLOGUE</strong> in which you present the facts and summarize your responsibility</td>
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<td>E</td>
<td>Insist on comprehensive <strong>EVALUATION.</strong> Refrain from giving a diagnosis</td>
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<td>R</td>
<td>Insist on a <strong>REPORT BACK</strong> and signed release allowing all parties to freely communicate</td>
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*Source.* Adapted with permission from Physician Health Services. A modified version is also available on the Massachusetts Medical Society Web site: [www.physicianhealth.org](http://www.physicianhealth.org).
Monitoring is Effective

Monitoring produces better treatment outcomes in participants.
Monitoring protects the public.

Physicians have better treatment outcomes than the general population, due to long-term monitoring.

Five year Success rate physicians: over 80%
It is a supportive but firm process meant to improve treatment outcomes for participants and it is a supportive but firm process meant to improve treatment outcomes for participants and to protect the citizens of Texas. It is never punishing, condescending, or demeaning to the participants.

### Monitoring

- Treatment agreement
- Random urine, blood, breath, saliva, hair, and/or nail testing.
- Compliance with scheduled aftercare activities such as 12 step groups and scheduled appointments with participant’s treatment providers.
The Physician Well Being Committee (PWBC) is a medical peer review committee as defined in the Texas Medical Practice Act, Article 4495b, V.A.C.S., or as may be amended.

Its charge is to assist physicians, house staff, and medical students who have:

- physical impairments
- mental and emotional difficulties, or
- chemical or substance abuse problems that may affect clinical skill and judgment.

This policy applies to all part-time and full-time physician faculty, house staff members (resident physicians), and medical students at TTUHSC El Paso.
PURPOSE

- To provide a means to recognize and address impairment in a fair, confidential, and effective manner.
- To preserve the practitioner’s and/or learners dignity.
- To protect the patient’s right to safe and effective health care.
- To refer, if needed, to the appropriate treatment for recovery.
- To provide support and monitor progress.
**REFERRAL**

**Self Referral:** optimally the physician, house staff or student is encouraged to self-report, including early in the process (depression/anxiety issues) before impairment.

**Supervisors** have an obligation to refer faculty/students that have a potential impairment that needs assessment.

**Employees & Student:** It is the responsibility of all TTUHSC-El Paso employee and students to contemporaneously report observations of impairment.

**The PWBC** may refer the individual to the appropriate therapeutic treatment services and define expectations for completion of rehabilitation activities.
THANK YOU FOR ATTENDING

NEXT WELLNESS SESSION

Faculty Wellness Matters – Dec 10