

Physicians and Substance Use

WELLToolkit 

Version 1.0: Updated June 2020

Agenda

- Epidemiology of physician substance use
- Outcomes from treatment
- Signs and symptoms
- How to access help

burnout

fatigue

depression

suicide

substance
use

risk for
violence

Learning Objectives

burnout

fatigue

depression

suicide

substance
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risk for
violence

1. Be aware of the signs and symptoms of a substance use disorder in physicians
2. Have increased confidence in knowing how to support a colleague who you suspect may be struggling with substance use disorders
3. Understand the consequences of seeking help voluntarily versus being reported for a substance use problem

Physicians are not immune

Among physicians, there is a lifetime prevalence of substance use disorders of **10% to 12%** which is very similar to the general population rate.

(Flaherty & Richman, 1993; SAMHSA, 2006)

Consequences of unaddressed physician burnout



Physicians' Health Program (PHP): 30 Years of Ch

One doctor's story of
opioid addiction from
the Pennsylvania
Medical Society
([3 minute video](#))

Prevalence of Substance Use Disorders (SUDs) in American Physicians

National study of SUDs in a large sample of U.S. physicians from all specialty disciplines using the AMA Physician Masterfile.

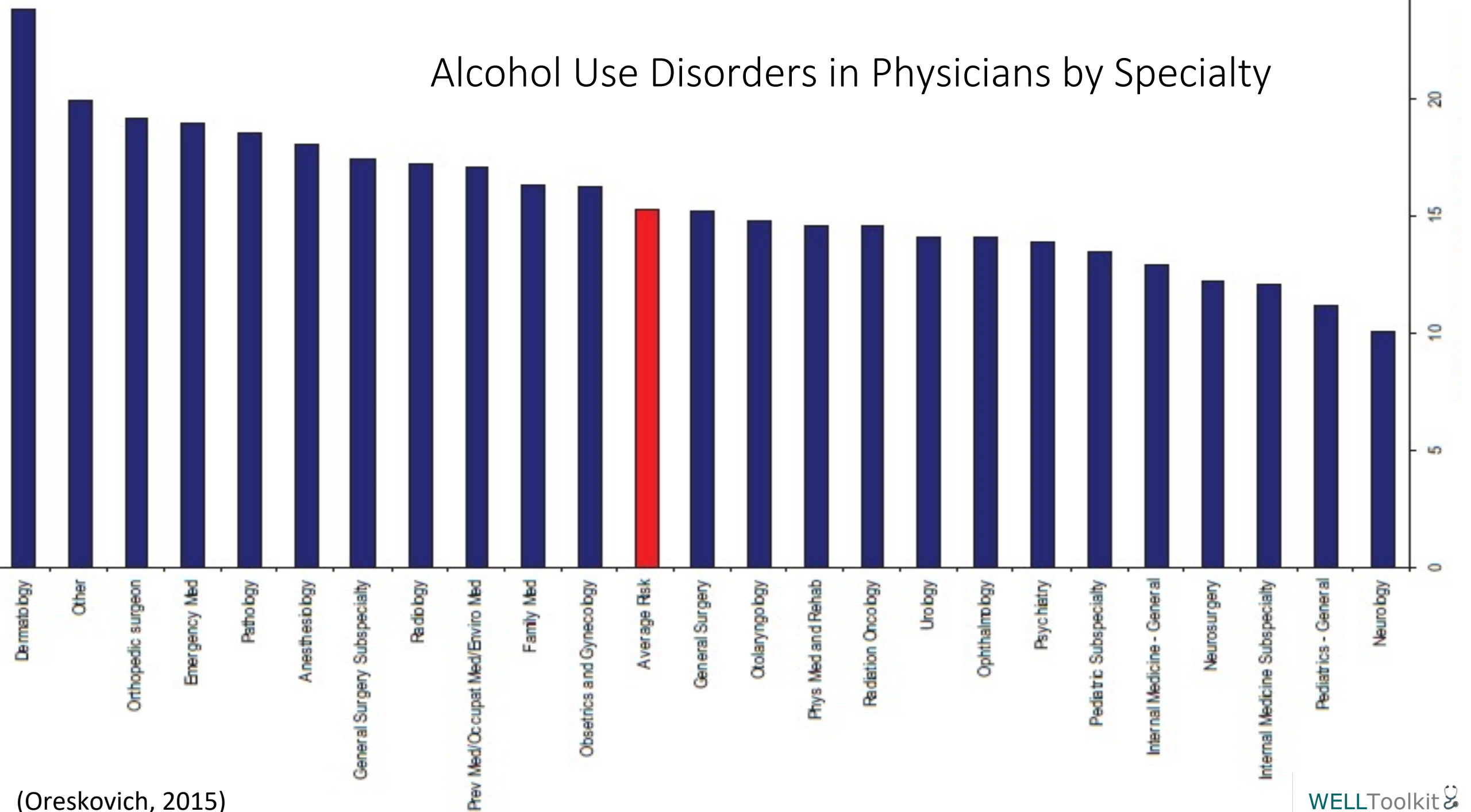
Of 27,276 the physicians who received the survey, 7,288 (26.7% response rate) completed the survey :

12.9% of male physicians met diagnostic criteria for *alcohol* abuse or dependence

21.4% of female physicians met diagnostic criteria for *alcohol* abuse or dependence

Self-report of prescription drug abuse and use of illicit drugs was rare in this study

Alcohol Use Disorders in Physicians by Specialty




(Oreskovich, 2015)

Factors independently associated with alcohol use disorders in physicians

- **Age** (OR = .985; $p < .0001$)
- **Hours worked** (OR = .994; $p = .0094$)
- **Male gender** (OR = .597; $p < .0001$)
- **Being married** (OR 1.296; $p = .0424$) **or partnered** (OR 1.989; $p = .0003$)
- **Having children** (OR .745; $p = .0049$)

(Oreskovich, 2015)



Other outcomes associated with Alcohol Use Disorders in Physicians

- burnout ($p < .0001$)
- depression ($p < .0001$)
- suicidal ideation ($p = .0004$)
- lower quality of life ($p < .0001$)
- lower career satisfaction ($p = .0036$)
- recent medical errors ($p = .0011$)


(Oreskovich, 2015)

Physician Views Regarding State Physician Health Programs (PHP)

- 2010 survey of physicians referred to a state PHP for substance use-related problems
- N=80 physicians (85% male)



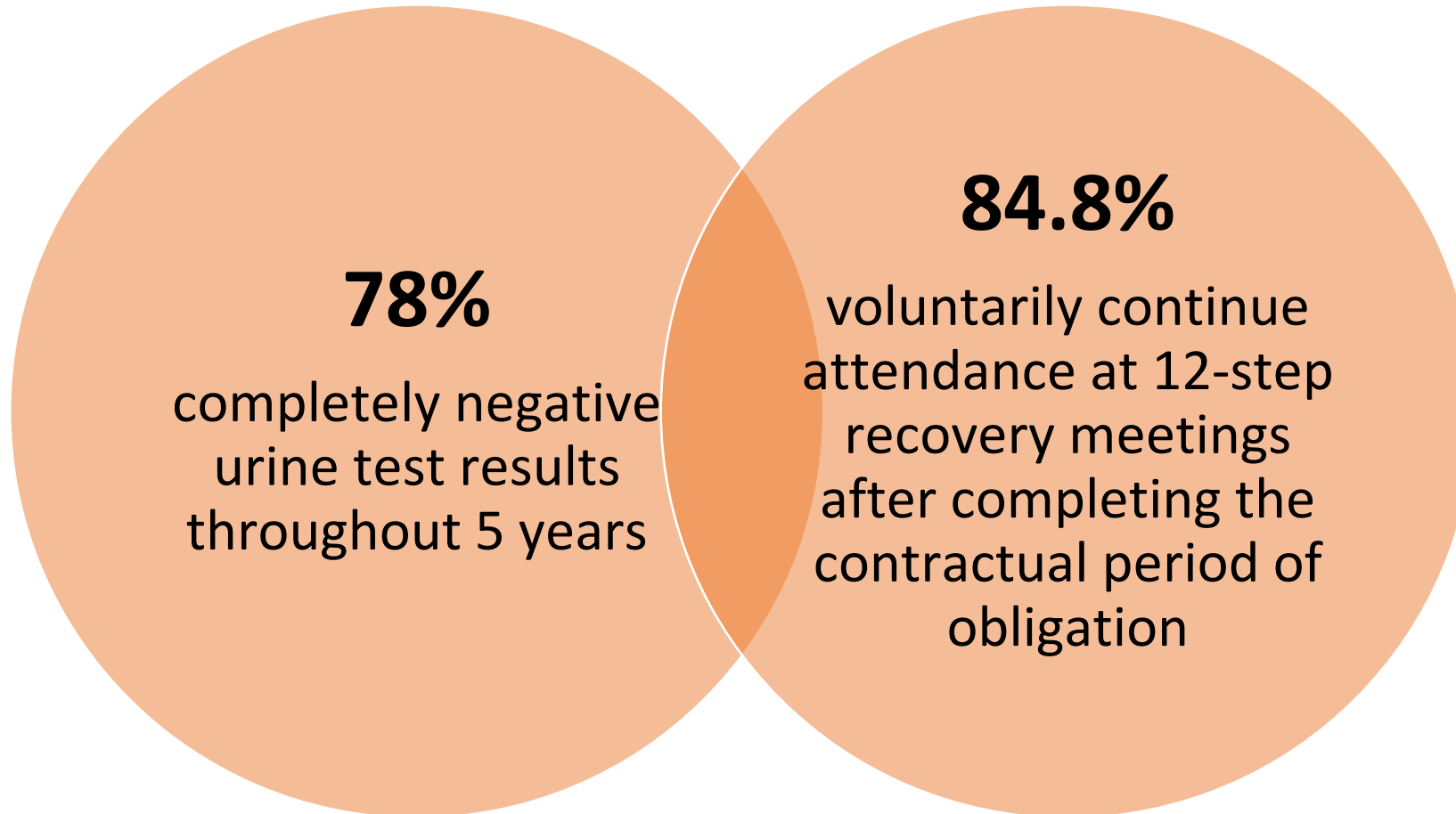
(Lisa J Merlo, William M Greene. Physician Views Regarding Substance Use-Related Participation in a State Physician Health Program. Am J Addict 2010;00:1–5)



The realities of physicians participating in Substance Use Treatment

- The majority of participants were mandated into participation
- Significant time commitment
- Significant financial investment
- Complexity of the treatment
(e.g. feelings of vulnerability and shame, difficulty accepting the patient role, group therapy dynamics, etc.)

Real Hope with Real Outcomes



Physicians who completed treatment through a PHP showed five-year abstinence rates exceeding 70%**

**Of note, these rates are impressively high success rate compared to the general population who have relapse rates of 40% to 60% following treatment

The
surprising
outcomes of
the PHP
study

The overwhelming majority of physicians (78.4%) reported **satisfaction** with their participation in the PHP!

And 92.5% indicated that they would **recommend** it to others.

Physician Satisfaction with Substance Use Disorder Treatment



- Helpfulness of monitoring and accountability
- Advocacy and professional assistance (for continued employment, licensure security, managing legal issues)
- Restoring healthy relationships
- Fellowship and social support of professional peers

“The onus cannot fall only on impaired physicians to heal themselves—physician colleagues and supervisors need to reach out to them.”

Early warning signs of substance use disorder

- Missed work
- Unusual personal struggles
- Unprofessional behavior
- Social isolation or withdrawal
- Changes in physical appearance or grooming
- Signs of anxiety and/or depression



If you think you may have a problem, ask yourself, am I...

- Spending less time on activities that were once important
- Using more alcohol or drugs than intended
- Having strong desire to drink or use drugs
- Unsuccessfully attempting to stop using drugs or alcohol
- Experiencing problems that are caused or worsened by drugs or alcohol
- Continuing to drink or use drugs despite experiencing problems
- Experiencing a change in tolerance
- Using substances in dangerous situations (such as while driving a vehicle)
- Failing to fulfill obligations at home, work, or school
- Experiencing withdrawal symptoms when substance use is cut down or stopped
- Spending a great deal of time getting, using, or recovering from the effects of substances

Changing our mindset

70% of adults who use illegal drugs are employed full-time, but only 10% receive help!

- Substance use disorder is recognized by the American Medical Association (AMA) as a disease.
- We need to be mindful that individuals with substance use disorders have a medical condition that requires treatment.



Look for OBVIOUS

- Odor of alcohol or marijuana
- Bloodshot eyes
- Voice changes
- Impaired coordination
- Out-of-character or
- Unacceptable behavior
- Slurred Speech

Screening questions for substance use disorders

- Does your substance use continue despite negative consequences?
- Does your substance use increase to meet the demands of an increased tolerance?
- Does your substance use cause conflict with loved ones?
- Does your substance use interfere with responsibilities at work, school or home?
- Does your substance use continue despite medical concerns?

If you answered “yes” to any of these questions – it’s time to seek help.



More than 90% of physicians who go through substance use treatment are practicing at 5 years.

“Since **prognosis for recovery of physicians from chemical dependency is exceptionally high**, organizational approaches for the early identification ...in physicians followed by intervention and treatment where indicated should be strongly supported.”

(Oreskovich, 2015)

Thank you!

For more information:

<https://www.utoledo.edu/med/wellness/residents/>

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