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RAP

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Substance Abuse: Risk Factors and Good News about Treatment Success

What was once an occasional vice can become a habit, and then an addiction. Are doctors more at risk for substance abuse problems? And when they require treatment, what's proving successful?

"The first thing people may not know is that the rate of addiction for physicians is the same as in the general population," says Keith Humphreys, Ph.D. He is a professor and the section director for Mental Health Policy in the Department of Psychiatry and Behavioral Sciences at Stanford University. Clinically-trained, he conducts addiction treatment research and consults on cases when physicians or nurses are dealing

with drug and alcohol problems.

"The main reason for substance abuse by physicians isn't work stress," Humphreys says. "There are plenty of occupations with high work stress. What doctors do have is access to drugs that is far greater than in any other profession. That becomes the high risk factor."

Culture, Environment Influence Choices

The culture of medical schools varies by school, says Humphreys. "Some med schools have a culture of heavy drinking, for example, or heavy use of pharmaceuticals for non-medical reasons. This might be benzos (benzodiazepines) before boards or comps, or amphetamines to stay up all night. Or there's experimentation with a variety of other drugs going on. When substance abuse is the norm in an environment, we see those who are susceptible to addiction continuing to abuse while others 'mature out' of it."

Habits that began during the undergraduate years or earlier may be difficult for some people to break. "These are the doctors we see who continue those habits all the way

If you find yourself questioning whether you might need extra help to overcome a habit or addiction of any kind, you have a caring and confidential resource available 24/7: your Resident Assistance Program. Equipped to help you resolve a wide range of challenging, stressful and overwhelming personal and work related issues, RAP professionals will listen to your concerns.

Contact RAP: 813-870-3344

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through residency and then when they become practicing physicians," says Humphreys.

Self-Help or Treatment?

Self-help may work for some individuals, Humphreys notes. "Many people are able to shed a substance abuse problem on their own, without treatment or a 12-step program, particularly if it's on the lower end of the severity scale. Most people who used to abuse alcohol or drugs did it without help. At the same time, many people do need that help. Nobody wants to admit they have a drinking or drug problem, and the natural bias is to underestimate how severe the problem is."

"Physicians, as a group, have harder time admitting they need help," Humphreys

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"Habits are at first cobwebs, then cables."

- Spanish Proverb

Treatment: More Accessible, Flexible and Affordable

“There’s a saying in our profession, ‘You can’t treat a patient who isn’t here,’” says John Harden, LCSW, principal of BoardPREP, which offers personalized treatment for individuals with substance use or co-occurring disorders. “Here” doesn’t necessarily mean an inpatient stay anymore. Many people may be candidates for treatment that is primarily outpatient-based.

“One of the barriers for those seeking treatment is access, which includes being affordable and locally available,” says Harden. “This comes into play for medical residents. While they may have a great health care plan, if they enter a traditional inpatient treatment, there’s a significant cost and they may be out of work for 90 days or longer. Not only is the treatment expensive, it’s highly disruptive to a resident’s career and program. They may think, ‘I can’t take that much time or I’ll lose my residency spot.’ The good news is that you’re starting to see more innovative options in the Tampa Bay area that make treatment more accessible, flexible and affordable.”

When discussing treatment options — your Resident Assistance Program is a good place to start — ask if there is an option to do intensive day treatment as an alternative to inpatient. “Unless someone is medically or behaviorally unstable, this may be possible,” says Harden. “And of the physicians we see come for evaluation, 95% are medically stable and behaviorally compliant, so long-term inpatient care is rarely warranted.”

Your Resident Assistance Program

The RAP newsletter is provided as a benefit to medical residents at the USF Health Morsani College of Medicine and their dependents.

We welcome your comments on newsletter topics, however, we cannot provide RAP services by email.

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Substance Abuse—Risks and Treatment

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continues. “There’s a greater sense of invulnerability. There’s also a culture that makes it even more difficult for them to admit they are vulnerable and don’t know what to do. And, they’re more likely to overestimate when they can conquer an abuse problem on their own.”

Barriers to Seeking Help

Fear of consequences — formal and informal — along with the possibility of losing their license keeps many doctors from seeking help. There’s also a certain amount of denial, by doctors and their colleagues, when there is a problem.

Some physicians will make excuses for one of their colleagues who exhibits certain behaviors that would be quickly censured in another workplace setting. Yet a drug or alcohol problem usually becomes apparent when a doctor starts to have difficulty fulfilling his or her personal and professional responsibilities.

“You might see it in someone who used to be a dedicated parent, but now they don’t seem to know what’s going on with their kids, for example,” says Humphreys. “In the case of dependency, there may be physical signs. Their hands may shake. They may show up sweaty or unstable in the morning. They start having erratic or secretive behavior. They start giving lots of excuses. For a doctor, it’s easy to do this for a very long time. It can be hard for others to detect, because no one wants to believe a colleague has a problem.

Treatment Can Be Highly Successful

The encouraging news for doctors who do get help is that treatment can be highly successful.

Some of the most relevant research work done on physician health programs and the success of treatment is by Robert DuPont.¹ Research with a sample of 904 physicians admitted to PHPs looked at abstinence-based programs that used random tests to identify any return to substance use. DuPont’s project validated the effectiveness of quality treatment along with sophisticated monitoring. Seventy-eight percent of participants had no positive test for either alcohol or drugs over the 5-year period of intensive monitoring. At post-treatment follow-up, 72% of the physicians were continuing to practice medicine. “DuPont’s work gives us a lot of optimism for PHPs,” says Humphreys. “Recovery is a real thing, and people make it all the time — including physicians.”

¹ Setting the standard for recovery: Physicians' Health Programs Robert L. DuPont, (M.D.), A. Thomas McLellan, (Ph.D.), William L. White, (M.A.), Lisa J. Merlo, (Ph.D.), Mark S. Gold, (M.D.) http://www.csam-asam.org/sites/default/files/pdf/misc/JSAT_2009_DuPont.pdf

Resources

BoardPREP (Personalized Recovery & Education Process) <http://www.boardpreptampa.com/>

Rethinking Substance Abuse: What the Science Shows, and What We Should Do about It by William R. Miller and Kathleen M. Carroll; The Guilford Press; 2010)