

Substance Use and the Medical Professional

APRIL 2018

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Substance Use Disorders

SUD is a primary, *chronic disease of brain* reward, motivation, memory and related circuitry.

Dysfunction in these circuits leads to characteristic *biological, psychological, social and spiritual* manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Objectives

- ❑ Gain an understanding of SUD & its prevalence in the medical professional population
- ❑ Understand MPHP & its program operations
- ❑ Gain an understanding of MPHP's relationship with the licensing boards
- ❑ Consider alternatives treatments & supports

Substance Use Patterns General Population

Approximately 45% of us know someone with a substance use problem

Males had a higher tendency to be users of illicit drugs, but females more likely to abuse prescription medications.

- ❖ U.S. is the world's largest consumer of painkillers.
- ❖ The U.S. uses 71% of the world's oxycodone, and 99% of the world's hydrocodone or Vicodin.

Medical Professions & SUD

The Lifetime prevalence of physicians who develop a SUD during their careers is unknown: the range is 5-15%. Best estimate is about 8%

- ❑ ununsupervised use of benzodiazepines & opioids among physicians is high—10-15%
- ❑ alcohol remains a drug of choice for the majority of physicians. Up to 18% of 2nd year medical students met criteria for alcohol abuse
- ❑ heavy drinking decreases with age in the general population, but increases with age in physicians

Medical Professionals Health Program

The MPHP assists medical professionals in developing strategies for treatment, helping them return to successful professional careers.

MPHP does not make diagnoses or provide treatment.

MPHP clinical staff & committee members act as advocates for their impaired colleagues, providing compassionate, comprehensive & confidential assistance.

Why so many Medical Professionals?

- ❖ Place very high level of importance on work
- ❖ See people at their most vulnerable.
- ❖ High Stress, busy practices
- ❖ Keeping access to drug of choice may provide an incentive to stay on the job
- ❖ Other losses occur before the SUD interferes with the job.
- ❖ Families, partners, & friends are more likely to be impacted by SUD long before it is noticed at work & they are more likely to be reluctant to confront them.

Medical Professionals Health Program

Who can make a referral?

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| ❖ Self | ❖ Employer |
| ❖ Friends & family | ❖ Board or licensing agency |
| ❖ Colleague or practice partner | ❖ Anonymous concerned individuals |

Benefits of voluntary self-referral to MPHP

- If earlier in their illness, treatment likely will be more effective, faster
- Licensing board is not directly involved in the case mgt
- If a complaint about a participant is made to the Board, the Board & the MPHP can advocate for the participant
- MPHP usually identifies relapse early and can work with treatment providers earlier in the relapse process
- This type of monitoring across the country has the best track record for successful recovery from SUD (EBP)

Medical Professionals Health Program

What happens after referral?

1. Participants willing to come in & meet with us.
2. Initial intake interview, screening & initial contract development.
3. Comprehensive psychological evaluation, preferably a 5-Axis diagnosis with recommendations.
4. Determination of treatment needs and/or eligibility includes a return interview, review of recommendations & treatment options. If no determination of a need for monitoring, the case is closed.

Why be in the program?

- ❑ The programs have great outcome data— 75-85% favorable at 10 years
- ❑ Demonstrate to employers that you are safe to practice
- ❑ Establish a record to get back a suspended license
- ❑ Required by a Board as a condition of licensure

Medical Professionals Health Program

What does monitoring entail?

MPHP generally offers a 5 yr monitoring contract

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| ▪ Monthly Self Reports | ▪ Medication reports |
| ▪ AA & Caduceus (or approved alternative such as SMART recovery) self-help group attendance | ▪ Daily call-ins for selections |
| ▪ Worksite monitor reports | ▪ Random toxicology testing |
| ▪ Treatment provider reports – (service providers) | |

Online resources

Al-Anon and Alateen (www.al-anon.alateen.org)

Alcoholics Anonymous (www.aa.org)

American Society of Addiction Medicine
(www.asam.org)

International Doctors in AA (www.idaa.org)

National Institute on drug Abuse
(www.nida.nih.gov)

Medical Professionals Health Program

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