



Risk, recognition and resolution

Addiction in the healthcare professions and the special risks it presents

This article is based on a presentation given by Brian Fingerson, RPh at the 2013 FSBPT Annual Meeting.

Drug, gambling, sex, food or alcohol addiction can affect the ability to practice a profession in a manner that is appropriate.

One description of impairment of a healthcare professional is the inability or impending inability to practice according to accepted standards as a result of substance use, abuse or dependency. The term substance use disorder can be divided into substance abuse and dependence. Substance abuse results in adverse social and professional consequences. Addiction manifests as physiologic and behavioral systems related to a maladaptive pattern of substance use.

It is estimated that approximately 10% to 15% of all healthcare professionals will misuse drugs or alcohol some time during their career. Yet it's not addressed by dental, nursing or physical therapy schools, among others, with any degree of specificity.

People take drugs recreationally in the first place to feel good (sensation seeking) or to feel better (self-medication). A major reason people take a psychoactive drug is they like what it does to their brains.

Most students do not have a lot of money. But after a busy week at school, they go out and relax. The first question from the waitress is, "What do you want to drink?" Water is free. Soda is a couple of bucks. An alcoholic drink is \$5.

Do they stop to think about the cost? Probably not, because the very first time they had a drink, the midbrain said, "I feel better. Life is okay."

It doesn't matter what the drug is – alcohol, marijuana, heroin. The brain says, "I like what it did." Prolonged drug use changes the brain in fundamental and long-lasting ways and certain people are predisposed to addiction.

Young adults may be less likely to develop serious alcohol and other drug problems if the age of the first use is delayed beyond childhood or adolescence. In an Alcoholics Anonymous Grapevine e-poll, 93% of the roughly 18,000 respondents said they started drinking before age 18.

Addiction is a primary, chronic, neurobiological disease with genetic, psychosocial and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm and craving.

Craving ice cream is very different than craving a drug. Someone who craves a drug is someone walking back and forth at 3 a.m. saying, "Just one more time." It's a physical phenomenon that is hard to understand unless you experience it.

Fr. Vernon Johnson's definition of alcoholism, a chemical addiction, "is a disease, the very nature of which renders the victim incapable of recognizing the severity of the symptoms, the progression of the disease or of accepting any ordinary offers of help."

A diagnosis of addiction might involve having 3 of 7 of these items in the past 12 months:

- Tolerance
- Withdrawal
- Used more and longer than planned
- Unsuccessful attempts to quit or control use
- Excessive time spent obtaining, using or recovering from use
- Important activities given up
- Continued use despite adverse consequences such as a DUI

This diagnosis of addictive diseases uses this standard (moderate is 2-3 criteria positive; severe is 4 or more criteria positive)

- Tolerance
- Withdrawal
- Recurrent use resulting in failure to fulfill obligations
- Recurrent use in physically hazardous situations
- Continued use despite social or interpersonal problems
- Use more and longer than planned
- Unsuccessful attempts to quit or control use
- Excessive time spent obtaining, using or recovering from use
- Important social, occupational activities given up
- Continued use despite having physical or psychological problems
- Craving or a strong desire or urge to use a specific substance.

There is no information on whether anyone became a pharmacist, dentist or physical therapist for access to drugs, but the risk is there. The general public has a 10% risk of addiction, while healthcare professionals have a 12% to 16% chance of addiction. The increased risk may be due to better access to drugs, stress (can be a big trigger), knowledge (they believe they are armed against addiction) and family history; one parent addicted increases risk to 20-25%, two parents increases the risk to 30 to 50%.

A description of denial

Denial = Don't Even Know I Am Lying

According to "Knots" by R.D. Lang, "There must be something the matter with him because he would not be acting as he does unless there was. Therefore he is acting as he is because there is something the matter with him. He doesn't think there is anything the matter with him because one of the things that is the matter with him is that he does not think that there is anything the matter with him. Therefore, we have to help him realize that, the fact that he does not think there is anything the matter with him is one of the things that is the matter with him."

Signs of addiction include paranoia and irritability, depression, use of large quantities of alcohol (more than normal or more than others present) and blackouts (don't remember being at a party, etc). Once a person has had a blackout, he or she can never tell how much of the chemical it will take to put the person into the blackout again. You can never tell how long the blackout will last. Also, there is no connection between our value system and what we will do in a blackout.

Problems indicating addiction

These are some of the primary problems for someone who has become addicted:

- Slurred speech
- Frequent drunkenness
- Personal problems
- Parenting problems
- Sexual dysfunction or promiscuity
- Insomnia
- Having only friends who like to party
- Frequent promises to cut back
- Avoiding social functions unless altered
- Memory problems
- Mood swings
- Blaming of behavior on others
- Withdrawal into isolation
- Changes in the manner in which patients and colleagues are treated
- Deterioration of personal appearance and hygiene
- Loss of interest in work or believing they are a "super" pharmacist or "super" whatever
- Poor record keeping
- Problems with concentration
- Med errors
- Absenteeism or tardiness especially on a day following days off
- Pattern of frequent job changes
- Paranoia
- Frequent trips to the bathroom
- Periods of unemployment

Are you an alcoholic?

Answering these 12 questions may help you determine if you are an alcoholic:

- Have you ever decided to stop drinking for a week or so, but only lasted for a couple of days?
- Do you wish people would mind their own business about your drinking (“Stop telling me what to do.”)?
- Have you ever switched from one kind of drink to another in the hope that this would keep you from getting drunk?
- Have you had an eye-opener upon awakening during the past year?
- Do you envy people who can drink without getting into trouble?
- Have you had problems connected with drinking during the past year?
- Has your drinking caused trouble at home?
- Do you ever try to get extra drinks at a party because you do not get enough?
- Do you tell yourself you can stop drinking anytime you want to, even though you keep getting drunk when you don’t mean to?
- Have you missed days of work or school because of drinking?
- Do you have blackouts?
- Have you ever felt that your life would be better if you did not drink?

Here are two simple tests.

The CAGE test:

- Cut down: Have you felt you ought to cut down on your drinking or drug use?
- Annoyed: Have people annoyed you by criticizing your drinking or drug use?
- Guilty: Have you felt bad or guilty about your drinking or drug use?
- Eye Opener: Have you ever had a drink or used drugs first thing in the morning to steady your nerves, get rid of a hangover, or get the day started?

CRAFFT test (good for teens):

- Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- Do you ever use alcohol/drugs while you are by yourself, ALONE?
- Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- Do you ever FORGET things you did while you were using alcohol or drugs?
- Have you gotten into TROUBLE while you were using alcohol or drugs?

If there are two or more “yes answers,” you need to look at behaviors.

Three courses of action

There are three courses of action - sober up, get locked up or get covered up (die). The question to ask is, “Do they have to reach this level (locked up or covered up)?”

It is a deadly disease. They need to be able to turn to someone for help. They can call the licensing board which should balance regulation with compassion. The board should ask, “Is it a

bad person in need of punishment or an ill person in need of care?”

Why is this person asking for help? It could be liver, lover, livelihood or the law.

Options include calling the state’s recovery program or checking the licensing board website which may have information on whom to call. There can be referrals by the board, the person, a colleague, the employer or the family.

Kentucky uses addictions psychiatrists and sometimes a residential three to five-day assessment. The results of the evaluation will determine to a large extent what type of treatment is recommended.

The goals of addiction therapy are:

- Reduction or elimination of denial
- Increased self care
- Treatment of medical and psychiatric problems
- Treatment of co-morbid family
- Education to protect from substance abuse disease

Contracts are usually for five years and include sharing information with the employer if pertinent, limiting the number of hours worked, approving the practice site or type and attending an addiction class or course. There will be documentation of meetings and medications, monthly self-reports and urine drug screens.

The physical therapist may have a modification of practice type and/or practice monitoring by peers and others. Protocols are required for taking mood-altering drugs for a legitimate medical problem. And, of course, there are consequences should the person return to substance abuse. The vast majority of healthcare professionals who successfully complete treatment and participate in aftercare monitoring can and do successfully return to practice. Consider hiring recovering professionals.



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