

OBJECTIVES

- Discuss signs and symptoms associated with Substance Use Disorders (SUD) in healthcare professionals, and describe how to assist colleagues who may have a SUD or other issues impacting their health and well being.
- Raise awareness to the issues of professional and personal stress, burnout, and impairment.
- Review State Medical Board of Ohio's One Bite Rule and its importance to licensees.
- Review services available through the Ohio Physicians Health Program.

Ohio Physicians Health Program

Evaluation Survey

Please check ☒ your responses below:

1. GENDER: ☐ Female
 ☐ Male

2. AGE: ☐ 21-24
 ☐ 25-44
 ☐ 45-64
 ☐ 65 +

3. RACE: ☐ American Indian/Alaska Native
 ☐ Asian
 ☐ African-American
 ☐ Native Hawaiian/Other Pacific Islander
 ☐ Caucasian/White
 ☐ Multiple Race
 ☐ Other
 ☐ Unknown

4. ETHNICITY: ☐ Not Hispanic Or Latino
 ☐ Hispanic Or Latino

5. Speaker was knowledgeable of the topic? ☐ YES ☐ NO

6. Speaker communicated clearly and effectively? ☐ YES ☐ NO

7. Presentation provided new information? ☐ YES ☐ NO

8. I will apply the information presented in my profession? ☐ YES ☐ NO

COMMENTS:

Please complete your survey!

OPHP MISSION STATEMENT

“To facilitate the health and wellness of healthcare professionals in order to enhance patient care and safety.”

OPHP FUNCTIONS

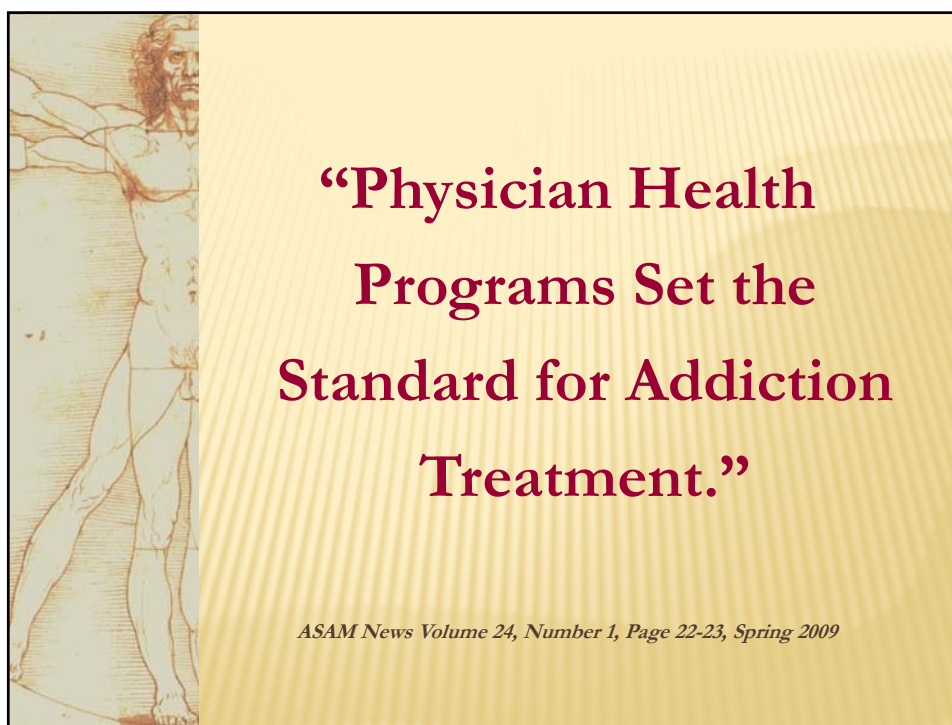
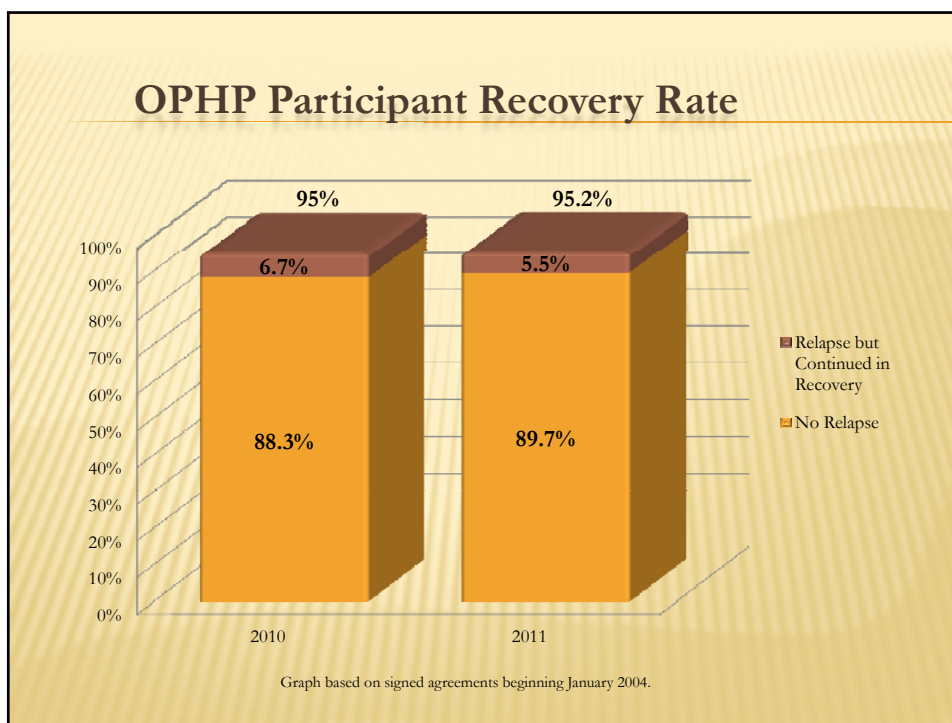
- *Assess for significant problems.*
- *Refer for an evaluation at State Medical Board of Ohio approved treatment provider.*
- *Monitor the healthcare professional for five years.*
- *Advocate*

OPHP STRUCTURE

- **OPHP is a 501(c)3 not-for-profit organization that relies on grants and donations.**
- **Not affiliated with the State Medical Board of Ohio.**

HOW CAN OPHP HELP?

- **Education**
- **Identification**
- **Intervention**
- **Referral**
- **Advocacy**
- **Re-entry**



IMPAIRED PHYSICIAN

AMA definition:

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

The Sick Physician: Impairment by Psychiatric Disorders, Including Alcoholism and drug Dependence, JAMA Feb 5, 1973, Vol 223, No 6

PHYSICIAN IMPAIRMENT

- Substance Abuse
- Stress, Burnout
- Depression
- Disruptive Behavior
- Senility

**Substance Abuse is the
most common reason a
physician is brought to
our attention.**

PHYSICIANS WITH CHEMICAL DEPENDENCY

Most Frequent Drugs of Abuse:

- | | |
|---------------------|-----|
| 1. Alcohol | 50% |
| 2. Opioids | 36% |
| 3. Stimulants | 8% |
| 4. Other substances | 6% |

**50% of physicians reported abuse
of multiple substances.**

Mayo Clinic, July 2009; 84(7): pp 625-631.

OPHP PARTICIPANTS WITH CHEMICAL DEPENDENCY

Most Frequent Drugs of Abuse:

- | | |
|---------------------|-------|
| 1. Alcohol | 43.8% |
| 2. Opioids | 30.8% |
| 3. Benzodiazepine | 7.5% |
| 4. Cocaine | 5.5% |
| 5. Marijuana | 5.0% |
| 6. Other substances | 7.5% |

25% of physicians report abuse of multiple substances.

OPHP Clients as of December 31, 2011.

PHYSICIANS WITH CHEMICAL DEPENDENCY

Generally Speaking

The first place the effects of substance abuse show up is at Home.

The last place the effects of substance abuse show up is at Work.

WARNING SIGNS OF ALCOHOL/DRUG ABUSE

In the Home:

- Behavior changes
- Deterioration in appearance and hygiene
- Red eyes
- Isolation
- Hiding alcohol or drugs around the house
- Lying about use / minimizing
- Drinking or sick in the mornings
- Blackouts or memory lapses
- Divorce /separation

WARNING SIGNS OF ALCOHOL/DRUG ABUSE

In the Hospital:

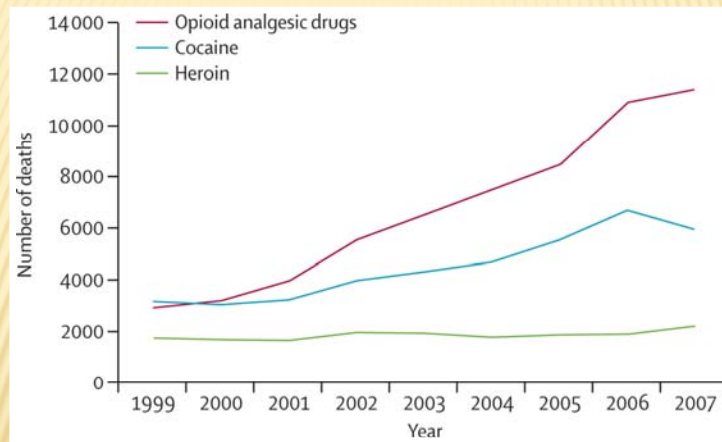
- Making rounds late – inappropriate behavior
- Decrease in quality of performance
- Behavior changes
- Unavailability for emergencies
- Attending emergency patients while under the influence
- Frequently late for surgeries, meetings, appointments
- Deterioration in appearance and dress

**Opioid Analgesics are the #1
cause of unintentional drug
overdose deaths. The
female overdose rate has
tripled since 2000.**

CDC, July 2010

**There has been a 10-fold
increase in the medical
use of opioids in the past
20 years.**

CDC, July 2010



CDC, July 2010

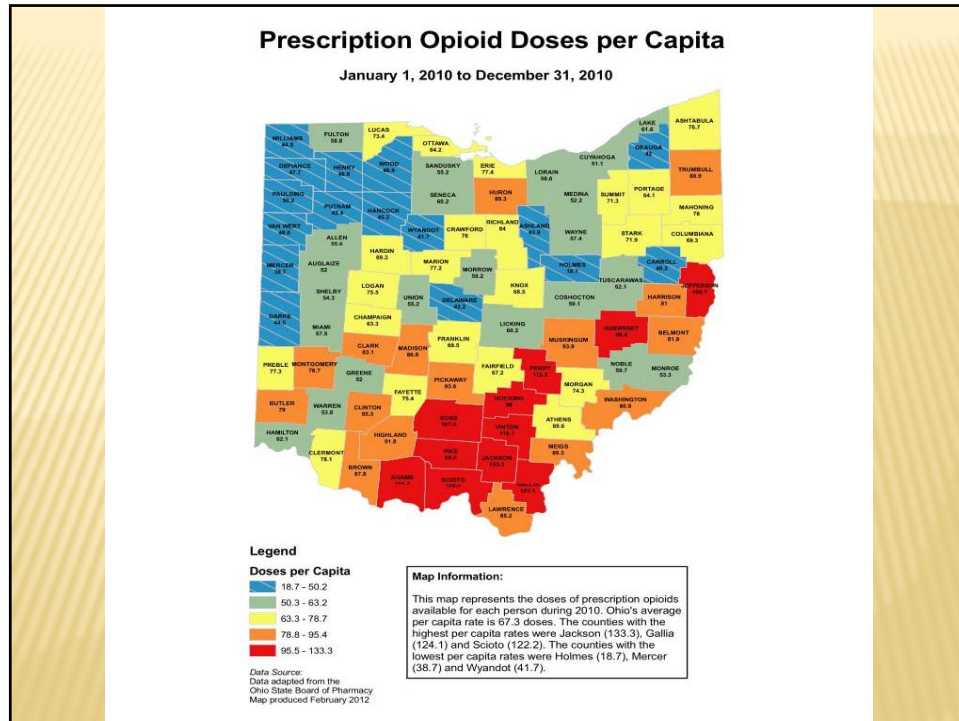
OPIATE HEADLINES

Ohio tallied a record number of accidental drug-overdose deaths in 2010, with Franklin County registering the highest single-county total.

Columbus Dispatch, March 9, 2012

Across Ohio, prescription painkillers remain readily available, either through prescriptions or dealers, with increased supplies seen in Athens and Columbus.

Columbus Dispatch, October 5, 2011



Is it okay for
healthcare
professionals to drink
or use drugs socially
(or normally)?

WHAT IS NORMAL DRINKING?

NORMAL DRINKING? NONE!

**“45% of US adults do not drink any
alcohol at all.” – USDA**

<http://www.health.gov/DIETARYGUIDELINES/dga2005/document/html/chapter9.htm>

Religious Teetotalers:

- Latter Day Saints
- Hinduism
- Buddhism
- Islam
- Seventh Day Adventist

NORMAL DRINKING:

The USDA *Dietary Guidelines* define **moderate** drinking as no more than one drink a day for women and no more than two drinks a day for men.

<http://www.health.gov/DIETARYGUIDELINES/dga2005/document/html/chapter9.htm>

ONE STANDARD DRINK:

8 oz. Beer



4 oz. Wine



1.5 oz. Liquor (80 proof)



HEAVY DRINKING:

For men, heavy drinking is typically defined as consuming an average of more than 2 drinks per day. For women, heavy drinking is typically defined as consuming an average of more than 1 drink per day.

Resource: Center for Disease Control and Prevention:
<http://www.cdc.gov/alcohol/faqs.htm>

CASE STUDY 1

- 55 yr old Physician in Cleveland charged with DUI
- OPHP referred him to a State Medical Board of Ohio approved assessment provider.
- Physician admitted to drinking on a daily basis for approximately 2 years, with increased tolerance.
- Referred to treatment at State Medical Board of Ohio approved treatment provider.
- Completed all recommendations of treatment facility including 5 year contract with OPHP.
- Result: Doctor in recovery and no Board Action!

CASE STUDY 2

- Physician in Southern Ohio in private practice felt she had a problem with Alcohol. Being pro-active, self-referred to her community treatment center.
- Completed all recommendations of treatment facility including Intensive Outpatient therapy, and became very active in her AA community.
- Disgruntled former employee reported to SMBO.
- Board investigated and physician readily admitted hx.
- Result after 2+ years in recovery: license suspension, Consent Agreement, and order to 28 day treatment!

“ONE BITE” RULE



**State Medical Board of
Ohio Approved
Treatment Providers**

**Current list available at
SMBO website:
www.med.ohio.gov**

“ONE BITE” RULE

6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

- select one -

For Question #6: **You may answer "NO" to this question** if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning any of the above questions can be directed to the Board office at (614)466-3934.

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DISRUPTIVE BEHAVIOR

A style of interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care.

Federation of State Medical Boards, Policy on Physician Impairment, April 2011

DISRUPTIVE BEHAVIOR

- **80% of disruptive behaviors were reported in surgeons, surgical subspecialties, or medical subspecialties.**
- **Often the beginnings of disruptive behavior was seen in medical students / residents.**

DISRUPTIVE BEHAVIOR

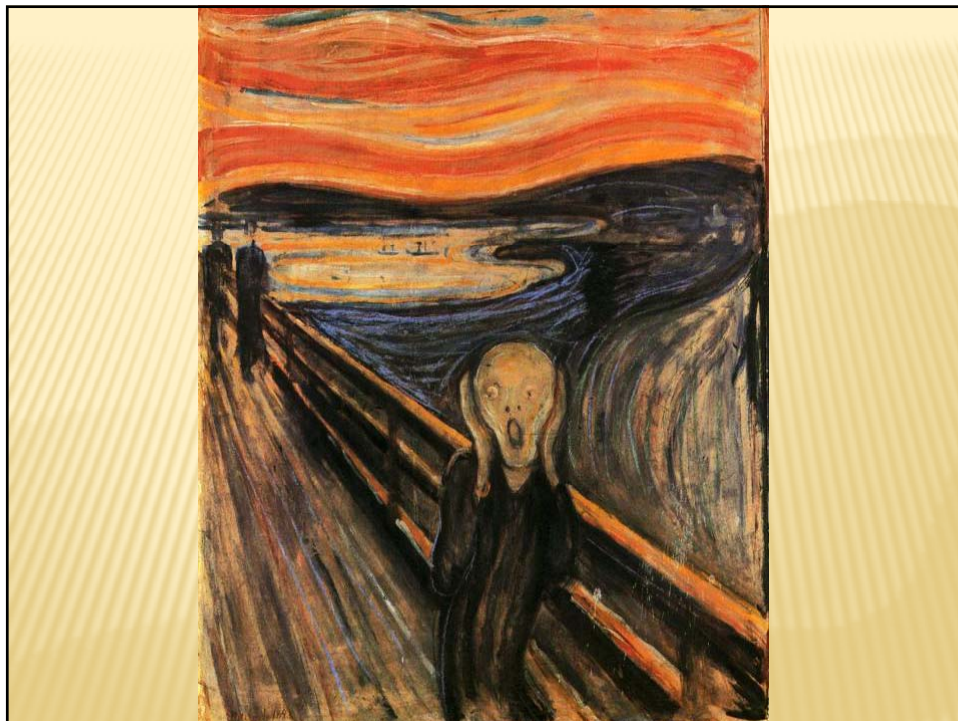
**The term is a description,
NOT a diagnosis.**

Federation of State Medical Boards, Policy on Physician Impairment, April 2011

DISRUPTIVE BEHAVIOR

Underlying problems seen in disruptive physicians:

- 1. Substance Abuse**
- 2. Psychiatric Disorders**
- 3. Burn Out**



STRESS MANAGEMENT

1. **Time with family & friends**
2. **Unconditional support from spouse /partner**
3. **Exercise**
4. **Spiritual life**
5. **Hobbies**
6. **Acceptance – (no control)**

BURNOUT

1. **Emotional Exhaustion**
2. **Depersonalization (cynical, less compassionate)**
3. **Low sense of professional accomplishment, purpose, and job satisfaction**

<http://www.physicianspractice.com/work-life-balance/content/article/1462168/1890872>

BURNOUT

Physician At Risk For:

1. **Substance Use Issues**
2. **Depression**
3. **Suicidal Ideation/ Suicidal Plan**
4. **Malpractice Claims**

DEPRESSION

1. **27% – 30% clinical depression rates among interns.**
2. **19.5% clinical depression reported among female physicians.**
3. **www.DoctorsWithDepression.org**

www.medscape.com/viewarticle/410643_2

SUICIDE

**Physicians commit suicide at a rate
of 28 - 40 per 100,000.**

**This means that they are more than
twice as likely as the general
population to kill themselves.
(12.3 per 100,000)**

www.medscape.com/viewarticle/410643_2

SUICIDE

**Suicide rates for female
physicians are
approximately four times
that of women in the
general population.**

www.medscape.com/viewarticle/410643_2

SUICIDE

- Highest Risk Occupation for suicide is Medical Doctors according to Denmark study.
- Physicians have higher rates of completion to attempts which may result from greater knowledge of lethality of drugs and easy access to means.

Agerbo et al., Psych Med, 2007

Nordentoft M, Laegeforeningens Forlag Kobenhavn 2007, pp. 22



What should you do if you are experiencing stress, burnout, or depression, or are abusing drugs or alcohol?


Call the Ohio Physicians

Health Program

614.841.9690

CONFIDENTIAL

RESOURCE



What should you do if you think a colleague is abusing drugs or alcohol?

Call the Ohio Physicians Health Program
614.841.9690
CONFIDENTIAL
RESOURCE

Ohio Physicians Health Program

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