Drug Abuse Among Doctors: Easy, Tempting, and Not Uncommon

Shelly Reese | January 29, 2014

Tomorrow -- Tomorrow, I Will Stop

That's what Marc Myer, a family practice physician in Minnesota, told himself each day as he stole prescription opiates from his patients to feed his addiction.

But for Dr. Myer and many physicians like him, "tomorrow" was a long time coming. For doctors addicted to prescription medications, recovery often begins with -- and depends upon -- intervention by their peers and coworkers.

A Long History of "Self-Medicating"

Physician drug abuse is not a new problem -- William Stewart Halsted, the father of American surgery, was addicted to cocaine -- but it's a persistent one. [1]

But whereas physicians are about as likely as the general public to abuse alcohol or illegal drugs, they're 5 times as likely to misuse prescription drugs, according to Lisa Merlo, PhD, a researcher at the University of Florida's Center for Addiction Research and Education. Given the epidemic of prescription addiction sweeping the nation, that's a grim statistic.

Most physicians who abuse prescription medications aren't seeking recreational thrills, says Merlo, whose research was published in the *Journal of Addiction Medicine* in October 2013. [2] She interviewed 55 physicians being monitored by their state physician health programs for problems relating to alcohol and drug abuse. Of those, 38 doctors (69%) abused prescription drugs. In describing their motivation, most said they turned to prescription drugs to relieve stress and physical or emotional pain. [1]

In Dr. Myer's case, he had been prescribed opiates after extraction of his wisdom teeth, but found himself resorting to them as a way of coping with undiagnosed depression during his residency. The drugs elevated his mood; they made him feel secure and "comfortable in my own skin," he says. "Rather than feeling tired and nauseous, I felt stimulated. Initially, it helped my performance."

Easy Access Makes Addiction More Likely

Physicians aren't unlike many other people who turn to painkillers, antidepressants, and other prescription drugs as a way of coping with pain and life struggles. What sets them apart, however, is their access to medicines. Given their prescribing privileges, networks of professional contacts, and proximity to hospital and clinic supplies, physicians have rare access to powerful, highly sought-after drugs.

That access can not only foment a problem, it can perpetuate it, says Marvin D. Seppala, MD, chief medical officer at Hazelden, which operates 11 addiction treatment centers in the United States. Access rapidly becomes an addict's top priority, he notes, and self-medicating physicians will do everything in their power to ensure it continues.

"They're often described as the best workers in the hospital," he says. "They'll overwork to compensate for other ways in which they may be falling short, and to protect their supply. They'll sign up for extra call and show up for rounds they don't have to do." Physicians are intelligent and skilled at hiding their addictions, he says. Few, no matter how desperate, seek help of their own accord.

Dr. Myer was a prime example. Before long, he was asking patients in his small-town Minnesota practice to bring their prescriptions with them to their appointments, ostensibly so that he could better track all of the medications they were taking. When they weren't paying attention, he'd skim pills from their bottles.

Within about 6 months, people became suspicious. Colleagues and pharmacists expressed concern, but when confronted, Dr. Myer flatly denied there was a problem. Because he continued to perform well, no one pressed the issue.

The Struggle to Recover

Devastating as addiction may be, there is help and hope.

Physicians who find themselves mired in addiction can seek confidential treatment, says Dr. Seppala. In addition to the Health Insurance Portability and Accountability Act (HIPAA), records for patients undergoing treatment for substance abuse are protected under Title 42 in the Code of Federal Regulations (42 CFR) – which, he says, affords even greater privacy protection. Consequently, physicians can seek professional treatment without disclosing their problem to colleagues or a medical board.

Both outpatient and inpatient treatment programs are available, with the latter generally lasting 1-3 months. Treatment usually includes group and individual psychotherapy, family and return-to-work evaluations, and lectures on addiction and recovery. After completing treatment, patients continue their recovery by participating in 12-step programs.

Doctors May Often Relapse

Although physicians can receive completely confidential care, Dr. Seppala and other experts strongly advise them to report themselves to the physician health program in their state. Physician health programs provide ongoing monitoring that often lasts 5 years, depending on the state and the individual.

Monitoring may include behavioral assessments, random urine testing, and workplace surveillance. That may sound like a deal-breaker to a physician who has long struggled to hide his or her addiction, but as recovery takes hold, they often recognize it as a critical step.

Dr. Seppala says chemically dependent physicians who don't participate in monitoring programs have a relapse rate similar to that of the general population, noting that nearly one half of adults who undergo substance abuse treatment relapse during the first year. Physicians who undergo treatment and participate in ongoing monitoring, however, have a far lower rate of relapse, with only 22% testing positive at any point during the 5-year monitoring period and 71% still licensed and employed after 5 years. [3]

Whether physicians seek treatment on their own or are directed to by colleagues or family members, recovery is fraught with challenges. For Dr. Myer, the journey began roughly 4 years after he began abusing pain medications, when the medical director and an administrator in his practice staged an intervention. By then, the addiction was so powerful and entrenched there was no denying it.

"I had been so afraid and so ashamed for so long that at that point, it was almost a relief to be confronted," says Dr. Myer, who sought treatment and reported himself to the state physician health program. Difficult years followed.

Although he focused on detoxifying his body during the month-long treatment program, Dr. Myer says he didn't fully grasp that he had to change other aspects of his life and learn new, healthy coping mechanisms. He relied on his intellectual strengths and medical training to help him, but those weren't the right tools to help him recover.

"In medical school, only a tiny portion of my experience focused on addiction, and that was about detoxification, stabilization, and treatment of liver disease. It was about the clinical implications of the disease." Recovery, he says, was a completely different story.

"As a physician, I had such a hard time relinquishing control of my own care. I'd always been able to do things on my own. I studied hard, I worked hard, and I succeeded. But I finally had to learn that I couldn't will myself into recovery."

After several relapses, Dr. Myer's medical license was suspended. Unable to practice medicine, he went into long-term treatment. Only then was he able to address his problems, learn new coping behaviors, and regain control of his life. In 2010, Dr. Myer got back his medical license, and today he directs Hazelden's Health Care Professionals Program in Center City, Minnesota, where he helps other healthcare providers navigate the path to recovery.

What if Your Colleague Is Abusing Drugs?

Whereas Dr. Myer's colleagues helped him address his problem and seek treatment, many clinicians are reticent to confront colleagues whom they suspect are impaired. In a survey published in *JAMA* in July 2010, 17% of nearly 1900 responding physicians reported having had direct personal knowledge of an impaired or incompetent physician in their hospital, group, or practice in the 3 preceding years. Of those, one third didn't report the individual. Those who kept silent said they believed someone else was taking care of the problem (19%), didn't think reporting the problem would make a difference (15%), feared retribution (12%), felt it wasn't their responsibility to report (10%), or worried that the physician would be excessively punished (9%). [4]

"We physicians have a sort of thinking in the back of our mind all the time of 'there but for the grace of God go I,'" explains Rebecca Hafner-Fogarty, MD, a primary care physician consultant with Physicians Wellness Services, a company that helps healthcare organizations manage behavioral and performance-related issues, and a member of the Minnesota Board of Medical Practice. "There's also a sense of wanting to respect a colleague's privacy. As more and more physicians become employees of big, often multistate, health systems, there's feeling that 'it's not my job' as an individual physician to report."

Failing to report an impaired colleague, or one who's suspected of being impaired, is neither an act of mercy nor a professional courtesy, Dr. Hafner-Fogarty notes. Physicians have both a legal and an ethical obligation to report colleagues they suspect to be impaired. Those who aren't reported are often left to practice until something happens that ruins their career -- a patient is injured, there's a criminal incident, there's an arrest for DUI -- or worse. In 2010, nearly 60% of drug overdose deaths (22,134) involved pharmaceutical drugs, according to the Centers for Disease Control and Prevention. [5]

Another reason that physicians don't report their colleagues, researcher Lisa Merlo says, is because medical schools fail to educate them about the disease of addiction. Most medical schools include only a lecture or two on addiction, she says. By contrast, the University of Florida requires all third-year students to complete a 2-week rotation in addiction medicine. "Every physician in the United States has to deliver a baby to graduate, but how many of them are ever going to deliver babies in practice?" she asks. "But every doctor is going to see addicted patients."

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