

# ADDICTION PROFESSIONAL

Issue Date: Online Exclusive, Posted On: 12/28/2009  
Online Exclusive

Medication misuse among medical professionals  
*Drug treatment and social support are necessary components of a recovery plan*  
by Gerald-Mark Breen



Drug use in the workforce, especially prescription drug use and alcohol-related consumption and behavior, has led to major public concern, interpersonal breakdowns between employees, criminal and termination-deserving conduct by employees, and work-related accidents across nearly all industries.<sup>1</sup> Medical professionals, particularly those who have licensed Drug Enforcement Administration (DEA) privileges to prescribe psychotropic drugs ranging from opiates to barbiturates to stimulants to anti-anxiety and antidepressant medications, in increasing numbers are developing a hazardous dependence upon these medications to maintain themselves and their practices throughout the day.<sup>2,3</sup>

The widely publicized death of Michael Jackson, and the investigation into the prescription drugs he was using that by many accounts led to his untimely demise, ultimately created interest among researchers to identify the most commonly abused prescription drug(s) taken by medical professionals.<sup>4</sup> Although it is difficult to pinpoint the most commonly used prescription medication in the entire population of health care professionals, the prescription sedative propofol (also used by Michael Jackson) has recently been declared a drug increasingly abused by veteran medical professionals, including doctors and nurses. Those professionals who work in settings where the drug is readily available are more likely to obtain it illicitly. Recent trends show that propofol abuse among doctors and nurses has risen by 500 percent in the past decade. In cases where reckless abuse of propofol occurs among medical professionals, approximately 30 percent of these cases result in a fatal overdose.<sup>4</sup>

A disturbingly high number of addiction cases, particularly to prescription opiates, exist among MDs and DOs who have DEA numbers to prescribe controlled substances. This is particularly true in specialties where the use of such substances is common in treatment (e.g., pain management, anesthesiology).<sup>2,5,6</sup> For anesthesiologists in particular, in a specialty largely comparable to pain management practice, one to two percent of anesthesiologist residents are categorical substance abusers.<sup>7</sup> In light of the fact that the medications anesthesiologists administer are some of the most powerful intravenous drugs available, substance abuse in this medical specialty represents a monumentally dangerous problem.

Brian Fingerson, an executive of the Professionals Recovery Network (an organization that disseminates research-based information on professionals with addictions), generally concurs with prevailing statistical estimates of substance abuse among health professionals, placing the number between 12 and 16 percent.<sup>4</sup> Prescription opioid addiction among health professionals has been referred to as an "occupational hazard of the practice of medicine,"<sup>2</sup> a workforce-related issue that clearly requires close attention by the American Medical Association (AMA), the DEA and the community of behavioral health professionals.

### **Comprehensive care**

Because of the unique and specialized education, background and practice orientation of medical professionals who diagnostically suffer from substance use disorders, these individuals frequently require specialized, extended addiction care. If the addictive drug of choice is present in the workplace, especially in the case of pain management physicians, reentry planning after initial addiction treatment should take into account the possibility of relapse by the health professional in the early phase of the recovery process.<sup>2</sup>

Managing addiction to opioids and increasing the chances of recovery success among medical professionals requires an approach to addiction medicine and therapy that is relatively new and that has evidence-based legitimacy.<sup>3</sup> The medication naltrexone, an opioid antagonist, in combination with an adjunctive medication (i.e., buprenorphine), is oftentimes a mandatory approach toward treatment of these addictions in medical professionals.<sup>8</sup> Naltrexone usage has been a routine method of treatment of anesthesiologists who suffer from opioid addiction.<sup>2</sup>

Furthermore, buprenorphine treatment (brand names Suboxone or Subutex) might serve as a suitable and oftentimes effective treatment option for some medical professionals who are opioid-dependent.<sup>3</sup> However, given the comprehensive regulations associated with use of this "partial agonist" medication, a strictly monitored recovery plan would need to be

pursued, and would serve as only one component to the recovery protocol for medical professionals addicted to medications such as morphine and oxycodone.<sup>8</sup>

### Support system

A key component to efficacious treatment, aside from the use of addiction medicine, is a robust and tightly connected social support system that includes (potentially) spouses/significant others, colleagues and recommended health professionals who can closely and routinely observe the addiction treatment. Moreover, in the event that the medical professional has already been placed under regulatory scrutiny, such a treatment method might require the sanction of the respective state government and would grant this authority control to require the medical professional to report use, progress and recovery status to this authoritative body.

When medical professionals become legal prescribers who themselves suffer from prescription drug abuse, the difficulty in seeking help and attaining recovery might terrify and perhaps deter these professionals from even wanting to take the steps necessary to receive help. However, as the public represents the patients receiving care from these physicians, these professionals' optimal "fit-for-work" condition, including abstinence from abused substances, is highly desired and needed.

Gerald-Mark Breen is a finishing PhD student, teaching associate, and graduate research associate in the Department of Public Affairs at the University of Central Florida. His research interests include health services administration, emergency management, and public affairs/administration. His e-mail address is [ggreen@mail.ucf.edu](mailto:ggreen@mail.ucf.edu).

### References

1. Breen GM, Matusitz J. An updated examination of the effects of illegal drug use in the workplace. *J Human Behav Soc Enviro* 2009;19:434-47.
2. Center for Substance Abuse Treatment. Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Treatment Improvement Protocol (TIP) Series 40. Rockville, MD.: Substance Abuse and Mental Health Services Administration; 2004.
3. Simojoki K, Vormaa H, Alho H. A retrospective evaluation of patients switched from buprenorphine (Subutex) to the buprenorphine/naloxone combination (Suboxone). *Subst Abuse Treat Prev Policy* 2008;3:16-25.
4. Fingerson B. Chemical Dependency Among Health Care Professionals. Salt Lake City: The University of Utah Press; 2009.
5. Angres DH, Talbott GD, Bettinardi-Angres K. Healing the Healer: The Addicted Physician. Madison, Conn.: Psychosocial Press; 1998.
6. Talbott GD, Gallegos KV, Wilson PO, et al. The Medical Association of Georgia's Impaired Physicians Program: review of the first 1,000 physicians: analysis of specialty. *JAMA* 1987 Jun;257:2927-30.
7. Fitzsimons MG, Baker KH, Lowenstein E, et al. Random drug testing to reduce the incidence of addiction in anesthesia residents: preliminary results from one program. *Anesth Analg* 2008;107:630-5.
8. Clark HW. Office-based practice and opioid-use disorders. *N Engl J Med* 2003;349:928-30.