

PSYCHIATRISTS'
**SUPPORT
SERVICE**

Information guide
for psychiatrists

On drug
and alcohol
problems

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This information guide is intended for psychiatrists who have a personal substance misuse problem which may be in the form of problematic binge drinking and risky misuse not amounting to addiction. The information can be used as a guide only and is not a substitute for medical or other specialist advice. If you need further advice and support, please contact the Psychiatrists' Support Service or one of the organisations listed at the end of this guide.

Introduction

If you are considering whether you have a problem with drugs or alcohol, then you are not alone. Because the profession has a raised prevalence of problems, there are many resources that have been developed to meet its particular needs.

The difficulties and barriers to seeking help have meant that doctors often present late in the course of addiction. One aim of this information guide is to encourage earlier identification and remedial action. The barriers to treatment are being removed and there are new resources available for help with drug and alcohol problems.

A useful resource with information on alcohol use is the Drinkwise website (<http://drinkwise.susu.org>). You may also find it helpful to keep a diary of your drink and drug use and jot down the aspects of your use which are becoming a risk or problem for whatever reason. There are lots of links and helpful information at the Alcohol Concern website (www.alcoholconcern.org.uk).

There are many reasons why doctors are prone to developing problems with alcohol or drugs. These include cultural norms at medical school and beyond, easy access to substances and vulnerabilities such as stress and mental illness. Drug dependence often begins with emotional distress or physical pain and may be entirely based on prescription or over-the-counter substances. Other drug or multiple substance use may be illicit or illegal drug use. Fear of disclosure and a need for confidentiality is a very real issue.

The Department of Health, the Royal College of General Practitioners and the Royal College of Psychiatrists are working to increase the availability of confidential help to doctors experiencing problems including substance use. The Practitioner Health Programme (www.php.nhs.uk) was launched in London in 2008. The service provides early access and confidential treatment for doctors with health concerns and addiction problems. Although the face-to-face consultation service is in the London area, the programme's website contains information about a confidential phone line and a wealth of helpful links to other resources.

What we know about addiction: good news first

TREATMENT AND PREVENTION

Once in treatment the outlook for the addicted doctor is excellent. Doctors are usually motivated to return to work. This motivation and the fear of sanctions are key factors to good outcomes, as are supervision and monitoring. The figures in North America suggest that 80–90% of doctors in treatment do well over 1–5 years (Galanter *et al*, 1990; Bohigan *et al*, 1996).

Thus, it is important to register with a general practitioner (GP). This should be someone you can trust and who can help to address 'lifestyle' issues such as heavy drinking in the aftermath of a divorce or other stressful life event. Hurried corridor consultations should be avoided and you should not prescribe for yourself.

YOU MAY BE ONE OF MANY

There have been no large-scale studies investigating the prevalence of addiction among doctors in the UK. In 1998, a British Medical Association Working Group report estimated that as many as 'one doctor in fifteen may be affected by drug or alcohol problems at some point during their careers' and the consensus of the report was that these doctors were mainly male, beyond the mid-point in their careers and more likely to be in general than in hospital practice (British Medical Association, 1998). More than 10 years on, younger doctors and medical students, increasingly female, are exposed to a wider range of recreational psychoactive drugs, which are frequently combined with heavy alcohol consumption. This occurs against a background of culturally sanctioned heavy drinking and substance use. There is little organisational protection against this changing tide of social behaviour.

Studies from North America suggest that the prevalence of alcohol problems in doctors may be no higher than in the population as a whole, and the rate of illicit drug use may be lower. However, high rates of prescription drug use have been recognised, mainly opiates and benzodiazepines, in the context of self-medication for stress. Privileged access to drugs, the ability to self-prescribe, a stressful working environment, overwork and a lack of sleep are some of the occupational risk factors for developing a drug or alcohol problem. Addiction problems span all specialties and grades of seniority, although some studies have suggested that

anaesthetists and family doctors may be at greater risk. Psychiatrists and doctors in emergency medicine have been reported as having the highest rate of multiple drug use (Myers & Weiss, 1987; Hughes *et al*, 1992). There is also real concern that doctors who misuse substances continue to practise.

Risk factors for addiction in doctors

Addiction problems in doctors usually occur in the context of a number of difficulties including anxiety, depression, psychological difficulties, stress at work, family stress, bereavement, an injury or accident at work, pain or a non-specific drift into drinking (Brooke *et al*, 1993).

The relationship between perceived stress at work and substance misuse appears to be mediated by individual psychological vulnerability factors. Difficulties in childhood can affect perceived stress in adults and this has been shown to hold true for junior doctors (Brewin *et al*, 1992; Firth-Cozens, 1992).

Psychological risk factors include goal-directed and perfectionist traits, poor self-esteem, undue sensitivity, difficulty confiding in others and a low tolerance for frustration. Anxiety and depression are frequent antecedents to alcohol and drug problems in all age groups, and suicide is an ever-present risk. Women doctors with alcohol problems often have a family history of addiction, have been high achievers at medical school, have undetected depression and are at a high risk of suicide (Bissell & Skorina, 1987).

CLUES

Often the first clue that a doctor has developed an addiction problem is a subtle change in personality and/or the development of mood swings or anxiety. Time is taken off work and outputs become less efficient and reliable. There is often 'explaining away' of out-of-character behaviour. Close medical colleagues may express concern, but at that stage there may be no clear evidence of anything untoward. As the drinking or drug use becomes entrenched, other colleagues will begin to notice signs, such as the breath smelling of alcohol first thing in the morning. If concerns about the doctor's behaviour are followed up, it may emerge that they have begun to isolate themselves. There may be physical changes, such as arriving late at work appearing less well and less smart than usual. Other associated behaviours include drink-driving charges, frequent changes of address, multiple locum posts and practice outside the UK.

Might this be you?

If you recognise yourself as having problems around alcohol or drugs, do take time to consider your needs and to seek advice from someone you trust, one of the confidential helplines listed in this information guide, recommended websites, your GP, or call the Psychiatrists' Support Service.

You may also be able to start a process of regulating your use and addressing linked problems. Keep a diary of what you use. If it is a prescribed drug, discuss this with your prescribing doctor and devise a careful reduction plan. If the substance is obtained through other routes, consider setting gradual limitations.

Importantly, reflect on whether past attempts at reduction have proved too difficult to succeed for whatever reason. This will almost certainly mean a need for professional help. If all that seems overwhelming, seek help quickly, describing your pessimistic thoughts; they may be a result of the depressant effects of the substances and the stress of coping with the addiction itself, and are likely to respond well to treatment. The resources listed here provide a range of starting points to finding the help needed.

References

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Resources

Alcoholics Anonymous

www.alcoholics-anonymous.org.uk

BMA Counselling Service

08459 200 169

BMA Doctors for Doctors

www.bma.org.uk/doctors_health/index.jsp

Tel: 08459 200 169

British Doctors and Dentists Group

www.bddg.org

British Doctors and Dentists Families Group

www.bddgfamilies.org.uk

Cocaine Anonymous

www.cauk.org.uk

Doctors Support Network

www.dsn.org.uk

International Doctors in Alcoholics Anonymous

www.idaa.org

Medical Council on Alcohol

www.m-c-a.org.uk

Practitioner Health Programme

www.php.nhs.uk

Psychiatrists' Support Service

www.rcpsych.ac.uk/pss

Tel: 0207 245 0412

Email: psychiatristssupportservice@rcpsych.ac.uk

Sick Doctors Trust

www.sick-doctors-trust.co.uk