DRUG AND ALCOHOL PROBLEMS

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- If you are wondering whether you have a problem with drugs or alcohol, remember you are not alone. The medical profession has an increased prevalence of these types of problems and as a result a lot of resources have been developed to provide support.

In the past, the barriers to seeking help have meant that doctors often presented late in the course of addiction. Therefore, 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.

There are many reasons why doctors are prone to developing problems with alcohol or drugs. These include cultural norms at medical school, 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 PSS website contains a list of organisations that provide help for doctors struggling with addiction). The NHS Practitioner Health Programme was launched in 2008 and provides early access and confidential treatment for doctors in England who experience health concerns and addiction problems. Although the **face-to-face consultation** service is in the London area, the programme's website (http://php.nhs.uk/) contains information about a confidential telephone line and a referral form for doctors outside of London.

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 to 5 years.

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. 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, however, in 1998, a British Medical Association working group report estimated that as many as '1 doctor in 15' may be affected by drug or alcohol problems at some point during their careers.

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 practice than in hospital practice. Nearly 20 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.

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. 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.

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.

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.

Clues

- Often the first clue that a doctor has developed an addiction problem is a subtle change in personality and/or the appearance of mood swings or anxiety.

Time may be 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 **there may be no clear evidence of anything untoward**. There may be physical changes, such as arriving late at work appearing less well and less smart than usual. Other associated behaviours include frequent changes of address, multiple locum posts and practice outside the UK.

Might this be you?

- If you recognise yourself as having problems associated with alcohol or drugs, do take time to consider your needs and to seek advice from someone you trust, one of the confidential helplines and recommended websites listed in our resource booklet, 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. The resources listed on our website provide a range of starting points to finding the help needed.

Resources

A useful resource with information on alcohol use is a 'Drink wise' leaflet produced by the Alcohol Learning Centre, available to download from their website (www.alcohollearningcentre.org.uk/Topics/Latest/Drink-Wise-North-West-Leaflet/). There is also information and many helpful links at the Alcohol Concern website.

Please refer to our resource booklet for further information on support services.

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Notes