Impact of Addiction on Society

• Over 26 million Americans are addicted (Alcohol &/or Drugs)
• 13% of avg. State budget
• Avg. State expenditure for prevention/treatment/research - .5 – 1.5%
• Yearly cost to US society – 400 – 500 billion
What Society Does....

- Interdict drugs
- Incarceration
- Research, Education, Treatment
- **Clean up the mess**
- Kaiser Permanente
  
  Spend $1 and save $7

What Society Doesn’t Do...

- Doesn’t value and support prevention, treatment and recovery
- Doesn’t train it’s health care community...
- Doesn’t accept that this is a Chronic Illness
- Doesn’t understand that detox is not treatment
- Doesn’t understand that incarceration is not preventive
- Doesn’t understand that interdiction is – by and large - a waste of resources
- **Doesn’t understand that it doesn’t understand!!!**
Criteria for Substance Abuse

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations
2. Recurrent substance use in situations in which it is physically hazardous
3. Recurrent substance-related legal issues
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

Substance Dependence

- Loss of control
- Use despite consequences
- A disease
Criteria for Substance Dependence

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring within a 12-month period:

(1) tolerance

(2) withdrawal

(3) the substance is often taken in larger amounts or over a longer period than was intended

(4) there is a persistent desire or unsuccessful efforts to cut down or control substance use

(5) a great deal of time is spent in activities necessary to obtain the substance, or recover from its effects

(6) important social, occupational, or recreational activities are given up or reduced because of substance use

(7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
Lying: “Time - Dose - Frequency”

A Conscious Process

Lying

“Time - Dose - Frequency”

Denial

Unconscious - is honestly unaware of effects drugs are having
Lying

Denial

Unconscious - is honestly unaware of effects drugs are having

Anger

Specific to General

Bargaining

Danger Point

“Time - Dose - Frequency”

“OF COURSE I DRINK A LOT. IF YOU WERE MARRIED TO YOU, YOU’D DRINK A LOT, TOO.”
My Doctor said "Only 1 glass of alcohol a day". I can live with that.
Lying
---
"Time - Dose - Frequency"

Denial
---
Unconscious - is honestly unaware of effects drugs are having

Anger
---
Specific to General

Bargaining
---
Danger Point

Depression
---
Tendency to Isolate - Often misdiagnosed by physicians as reason for drug use

"I used to drink to forget the past. Now I drink to forget the future."
Denial
  Unconscious - is honestly unaware of effects drugs are having

Anger
  Specific to General

Bargaining
  Danger Point

Depression
  Tendency to Isolate - Often misdiagnosed by physicians as reason for drug use

Acceptance
  Beginning of Recovery Process

The Reward Pathway and Addiction
Natural Rewards

- Food
- Water
- Sex
- Nurturing

Addiction

A state in which an organism engages in a compulsive behavior
- behavior is reinforcing (rewarding or pleasurable)
- loss of control in limiting intake
Pathophysiology
Drugs of Dependence

- All Effect The Brain Reward System
- Dopamine Pathway - Mesolimbic From The Ventral Tegmental Area (VTA) The To the Nucleus Accumbens
- VTA Part Of The Central Gray Area lining of Brainstem to the Fourth Ventricle

Neurotransmitters And Drugs Of Abuse

- Reinforcement- Mesolimbic (Nucleus Accumbens) Dopamine System Activated By All “Addictive Substances”
- Alcohol, Opiates, Cocaine, Amphetamines, Nicotine
- This Area In The Brain Responds Differently To Addictive Substances In Chemically Dependent Persons
When does it start?

“I went on spring break a boy and came back an alcoholic.”
Many Adolescents Report Prescription Drug Abuse

Data from the 2005 National Survey on Drug Use and Health showed that 8.2 percent of youth between the ages of 12 and 17 reported misusing at least one prescription drug in the prior year. Opioids were the most frequently misused class. Total sample size was 18,678.

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Percent of adolescent population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>6.8%</td>
</tr>
<tr>
<td>Stimulants</td>
<td>1.9%</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>1.9%</td>
</tr>
<tr>
<td>Sedatives</td>
<td>0.4%</td>
</tr>
</tbody>
</table>


Myths of Alcoholism/Addiction— ... Drive our Misguided Efforts

- A behavioral issue
- A moral issue
- An ethical issue
- A symptom of a psychiatric illness
- A choice
- A lack of willpower
- A “bad apple”
Addiction Vs Dependence

Addiction: A Disease

- The illness can be described.
- The course of the illness is predictable and progressive.
- The disease is primary - that is, it is not just a symptom of some other underlying disorder
- It is permanent.
- It is terminal. If left untreated, it results in insanity or premature death.
Drug Dependence is a treatable illness

How does it look?
BEHAVIORIAL INDICATORS OF IMPAIRMENT

- Irritability
- Irresponsibility
- Inaccessibility
- Inability
- Isolation
- Incidentals

IRRITABILITY

- MOOD SWINGS
- NEGATIVE ATTITUDE
- ARGUMENTATIVE
- INAPPROPRIATE ANGER
- OVERREACTION TO CRITICISM
EYES-THEIRS

• RED
• BLACK & BLUE
• YELLOW
• PUFFY
• GLASSY
• PUPILS
• NO CONTACT

EYES-YOURS

• DISHEVELED APPEARANCE
• TREMORS
• BRUISES
• NEEDLE TRACKS
• HEAVY DRINKING
  – AT STAFF FUNCTIONS
  – AT SOCIAL FUNCTIONS
• OFF-DUTY INTOXICATION
DENIAL!!!!!!

Not a river in Egypt!
Not a problem for just the addict!
“You’re a doctor 24 hours a day -
You can’t escape.”

- Debra Paul
Orlando Sentinel
November 9, 1986

“I don’t want my 13 month old son to grow up to be a doctor.”

- Debra Paul
Orlando Sentinel
November 9, 1986
“It wasn’t like he did it all the time - It wasn’t like every day - It was more for escape - like to sleep you know.”

- Debra Paul
Orlando Sentinel
November 9, 1986

“He could stop at anytime - He wanted to. And he would too.”

- Debra Paul
Orlando Sentinel
November 9, 1986
Debra Paul
Died at Age 27

Simple Office Tests
CAGE
MAST
AUDIT
TREATMENT

Key Ingredients Necessary to Effective Treatment

- No single method
- TX Available
- Attends multiple needs of the individual
- Assess needs and modify treatment
- Adequate time (3 mo.)
- Careful monitoring for use during TX
- Counseling – Individual & Group
- Appropriate Medications
- TX Co-occurring illness (Physical and Psych.)
- Detox is not treatment
- Does not need to be voluntary
- Can be long term process. Relapse is not failure.
Managed Cares Approach To Addiction Treatment:
Single Session Therapy

RELAPSE
Problem With Addictive Illness: RELAPSE!!!

• 3 Triggers for relapse:
  1) Stress
  2) Any mood altering substance
  3) Environmental Cues

The Issue: “Acute Care” view of a “Chronic Disease”

Relapse occurs with the other chronic illnesses!

Follow-up of A Chronic Illness

• Addictive Illness is a Chronic Illness – no matter how long the person has been doing well.
• F/U for Addictive Illness should be considered in the same way F/U for DM and HTN is considered!!!

• OUR PROBLEM: We want Addictive illness to be an ACUTE PROBLEM...
Is Relapse an Indication of Failure?

• Absolutely not; it is a part of the illness (but not a requirement)

The Impaired Medical Professional

Medical Professionals Health Program
Alarming facts

• 10-20% of medical professionals will develop a substance abuse disorder during their careers.
• Social stigma for medical professionals with an alcohol or drug abuse disorder is at least double that held for the general public with the same disorder.
• Alcohol is the drug of choice for most physicians.
• Anesthesiologists prefer potent IV opioids such as fentanyl and sufentanil.
• Nurses prefer fentanyl, morphine, percocet, and other easily diverted opioids.

Fact

• A medical professionals addiction is typically advanced before identification and intervention.
Why?

• The delay in diagnosis relates to the medical professional’s tendency to protect their workplace performance and image well beyond the time when their life outside work has deteriorated and become chaotic.

• Maintaining access to the drug of choice may be dependent upon being in that workplace, providing incentive to stay at work.

Fact

• Suicide rates are higher for medical professionals than the general population and suicide is a disproportionately high cause of mortality in physicians, particularly female physicians.
Why?

The challenge of keeping up appearances and presenting a strong, balanced mind set must be met in order to determine a medical professional’s success, production numbers, and to meet the expectations held of him/her by colleagues, patients, the physician’s family, and the general public.

Fact

• The level of importance that is placed on work by those in the health professions is often very high.

• As a result, social, financial and interpersonal decay often occur before the addiction interferes with the job.

• Families, partners, and friends are much more likely to have been impacted by the effects of addiction long before it is noticed at work.
Why?

- Denial
- Manipulation
- Dishonesty
- Fear

Possible signs of Alcohol Dependence

- Alcohol on breath
- Slurred speech
- Ataxia
- Erratic performance or decrement in performance
- Tremulousness
- “Out of control” behavior at social events
- Problems with law enforcement
- Hidden bottles/secret drinking
- Poor personal hygiene
Possible signs of Alcohol Dependence - 2

- Chronic tardiness
- Frequent hangovers
- Poor early morning performance
- Unexplained absences
- Frequently leaving the work place early
- Mood swings
- Irritability
- Sweating
- Isolation

Possible signs of Opiate Dependence

- Periods of agitation alternating with calm
- Dilated pupils
- Excessive sweating
- Frequent bathroom breaks
- Frequent unexplained absences from work
- Spending more hours at work than necessary
- Volunteering for extra call
- Volunteering to provide extra breaks or refusing breaks.
<table>
<thead>
<tr>
<th>Possible signs of Opiate Dependence - 2</th>
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<tbody>
<tr>
<td>• Volunteering to return waste drugs to pharmacy</td>
</tr>
<tr>
<td>• Rummaging through sharp containers</td>
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<tr>
<td>• Sloppy record keeping, or discrepancies between charted dose and actual dose administered</td>
</tr>
<tr>
<td>• Excessive narcotic use charted for patients</td>
</tr>
<tr>
<td>• Patients whose pain exceeds appropriate narcotic dose</td>
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Medical Professionals Health Program

<table>
<thead>
<tr>
<th>Common symptoms to substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Overreaction to criticism</td>
</tr>
<tr>
<td>• Inappropriate anger</td>
</tr>
<tr>
<td>• Frequent pager failure</td>
</tr>
<tr>
<td>• Manipulating schedule</td>
</tr>
<tr>
<td>• Hasty rounds/ odd hours for rounds</td>
</tr>
<tr>
<td>• Inappropriate or inaccurate orders</td>
</tr>
<tr>
<td>• Deviation from standard procedures</td>
</tr>
<tr>
<td>• Unwitnessed wasting</td>
</tr>
<tr>
<td>• Fatalistic comments</td>
</tr>
</tbody>
</table>

Medical Professionals Health Program
Physical manifestations

• Eyes:
  – Red, puffy, glassy, dead
  – Avoid contact
  – Constricted/dilated

• Smell:
  – Mouthwash
  – Mints
  – Excessive cologne

INTERVENTION

• Definition:

The initial confrontation with the suspected addict in an effort to coerce the individual to submit to a formal chemical/alcohol dependency evaluation by experts.
The Professionals Resource Network (PRN)

The Impaired Practitioner’s Program for the State of Florida

History

Pre-1979  → Suspension vs. Revocation
1979  → First contract in country between a PHP and DOH via FMA
         → Part time Medical Director
1985  → Full time Medical Director
       → Statutes created
       → IPN established – nurses only
       → PRN to work with all other Boards and Councils
History cont’d

1992 → Formalize working with psychiatric cases
1993 → HIV
1994 → Formalize working with physical impairments
1998 → Development of first UDS system for PHPs
1999 → Formal research relationship with UF

Foundation now set for quality assurance, validation, and progression

Organizational Overview

FMA

PRN Inc.

PRN

DOH

contract
Department of Health

Board of Medical Examiners

Chapter 458

Mission

To protect the citizens of Florida by identifying and, when indicated, intervene upon, have evaluated/treated, and monitor those practitioners who suffer from an impairing condition. Ultimately, if possible to rehabilitate those identified practitioners and assure their safety to practice their professions.
Definition of Impairment

When an individual is unable to perform his/her duties as required under their professional license and within their prospective specialty’s standard of care due to substance abuse/dependence, physical impairment, behavioral disturbance, psychiatric/psychological disorder, cognitive dysfunction and/or other medical condition.

When behavior is induced by disease, treating the disease changes the behavior.
Monitoring a health care worker is preventing harm to more than one person

1-800-888-8PRN
1-800-888-8776