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Dr. Skipper has devoted his career to assisting professionals in crisis. He has worked extensively with state regulatory boards in the United States and abroad and published over 100 articles regarding professional impairment. He was a principal investigator for the Blueprint Study, the largest outcome study of 904 physicians following treatment for substance use disorders. Dr. Skipper is currently the Medical Director of the Center for Professional Recovery in Malibu, California, where he has evaluated and treated over 800 health professionals from 22 states since 2011. He was Medical Director of the Alabama Physician Health Program for 12 years from 1999-2011 and the Medical Director of Hazelden Springbrook in Oregon from 1993-1999. Dr. Skipper was appointed by the Secretary of Health and Human Services to the National Advisory Council to the Substance Abuse and Mental Health Services Administration from 2002-2006. Dr. Skipper was the innovator and original researcher of ethylglucuronide (EtG) testing, an alcohol biomarker used widely today. He is a speaker regarding professional impairment, alcohol biomarkers and monitoring. He is the Medical Director and faculty for the PBI Medical Ethics and Professionalism Course, sponsored by the University of California, Irvine (a program for remedial training in ethics for disciplined licensees by regulatory boards in the United States).

Understanding Substance Use Disorders among Physicians

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American Society of Addiction Medicine (ASAM) Definition of Addiction*

Addiction is a treatable, chronic medical **disease** involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

*https://www.asam.org/Quality-Science/definition-of-addiction

Diagnostic Criteria for Substance Use **Disorders**

DSM 5 defines a spectrum:
2-3 (mild), 4-5 (mod), >6 (severe)

1. Using more or longer than planned
2. Unsuccessful attempts to cut down or quit
3. Wasting time pursuing use
4. Craving
5. Neglecting duties at home, work, school
6. Interfering with relationships
7. Giving up activities, exercise, meetings, friends, etc.
8. Dangerous use (e.g., DUI, legal risks, etc.)
9. Continuing use despite awareness of harm - psychologically or physically
10. Tolerance
11. Withdrawal

Prevalence Among Physicians

- **Physicians have mental health and substance use disorders (SUDs) at about the same rate as everyone else**
- A survey* of 27,276 physicians reported the overall **lifetime prevalence** of SUDs at 15.3%
- Other studies have reported 10-12% **lifetime prevalence**

- *Oreskovich MR, et al. The Prevalence of Substance Use Disorders in American Physicians. Am J of Add. 24:30-38, 2015
- Brewster JM. Prevalence of alcohol and other drug problems among physicians. JAMA 1986; 255: 1913-1920.
- Flaherty JA, Richman JA. Substance Use and Addiction Among Medical Students, Residents, and Physicians: Recent Advances in Addictive Disorders. Psychiatric Clinics of North America. 1993; 16: (1), 189-195.

Physicians and Substance Use Disorders

- Physicians struggling with SUDs are typically embarrassed, afraid and discouraged
- As with other forms of mental illness, denial is prominent
- They may wish for help but do not seek it because they are afraid of losing their careers
- They have usually attempted many times to quit or moderate their use by themselves, without specialized treatment and follow up care and monitoring

Physicians and Substance Use Disorders

(continued)

- Eventually symptoms become prominent enough that others begin to notice and become concerned
- Goal should be to intervene before symptoms become advanced and actual workplace impairment occurs

Substances Used by Physicians with Substance Use Disorders (n=904)

- Alcohol 49%
- Opioid 35%
- Stimulants 6%
- Sedative hypnotics 5%
- MJ 3%
- Other 2%

*McLellan AT, Skipper GE, Campbell M, DuPont RL. Five-year outcomes in a cohort study of physicians treated for substance use disorders in the United States. BMJ. 2008 Nov 4;a2038, doi:10.1136.a2038.

Illness v. Impairment

- It is important to distinguish illness from impairment.
- Illness, per se, does not constitute impairment.
- When functional impairment exists, it is often the result of advanced illness in need of treatment.
- Therefore, with appropriate treatment, the issue of impairment may be prevented or resolved while the diagnosis of illness may remain.

Candilis PJ, Kim DT, Snyder Sulmasy L, (2019) Physician Impairment and Rehabilitation: Reintegration into Medical Practice While Ensuring Patient Safety: A Position Paper from the American College of Physicians, *Ann Intern Med*. 170:871-9

Implications

- Substance use disorders can cause impairment – (more advanced on spectrum)
- Early intervention is essential for patient safety (early on spectrum)
- Early intervention increases patient safety and can preserve physicians' careers
- Medical Boards in the USA, including the Federation of State Medical Boards, encourage specialized programs for early intervention, evaluation, treatment, monitoring, etc.

FSMB 2020 Policy on Physician Illness and Impairment:
Towards a Model that Optimizes Patient Safety and Physician Health
https://www.fsmb.org/siteassets/advocacy/policies/policy-on-physician-impairment.pdf

Physician Health Programs

Federation of State Medical Boards defines a PHP:

- A PHP (Physician Health Program) is a confidential program of prevention, detection, intervention, rehabilitation and monitoring of licensees or those in training with potentially impairing conditions, approved and/or recognized by the state medical board. (FSMB 2020 policy statement)

Physician Health Programs are fully described in the 2020 Guidelines from the Federation of State Physician Health Programs.

https://www.fsmb.org/siteassets/advocacy/policies/policy-on-physician-impairment.pdf

Why is illegal and/or excessive substance use considered to be a violation of the Medical Practice Act?

- Unseemly – unethical – societal concern
- Addiction eventually causes impairment and can put patient safety at risk (spectrum)
- More than with other illnesses, physicians with substance use disorders typically resist diagnosis and/or treatment if they believe that entering treatment means losing their career

DUIs

DUIs are important case finding opportunities

DUI
General Population: DUI - Facts

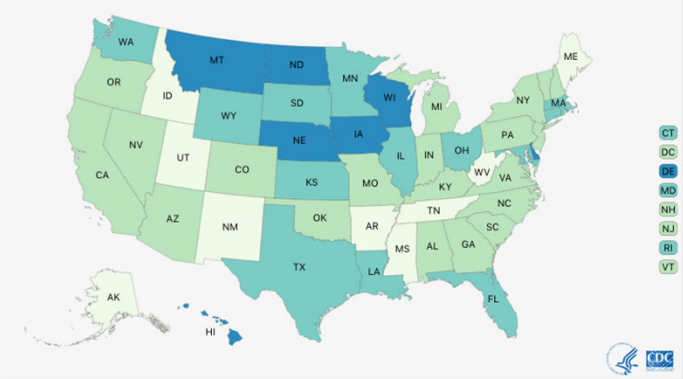
- In 2014
  - > 111 million self-reported episodes of alcohol impaired driving
    - CDC. Behavioral Risk Factor Surveillance System (BRFSS), 1993–2014. Available at https://www.cdc.gov/brfss
  - 1,017,080 drivers were arrested for DUI in the US
    - Federal Bureau of Investigation (FBI). Department of Justice (US). Crime in the United States 2016: Uniform Crime Reports. Washington (DC): FBI; 2017. Available at https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/tables/table-18
  - 10,497 people died in alcohol-impaired driving crashes, accounting for 28% of all traffic-related deaths in the US

DUI Summary re Risk

- Approximately 1 out of 100 episodes of driving under the influence results in arrest
- Approximately 1 out of 100 DUI arrests is associated with a fatality
- Therefore approximately 1 out of 10,000 episodes of driving under the influence results in a fatality

- 30% of DUIs are repeat offenders
- Level of BAC/BrAC at the time of arrest correlates roughly with likelihood of Alcohol Use Disorder diagnosis

Percent of Adults Who Report "Alcohol Impaired Driving" (in Past 30 Days)



California DUI Conviction Rates

- 2016 – 79% conviction rate after arrest for DUI (range among counties 41 – 92%)
- Counties with highest arrest rates have the lowest conviction rates
- Likely reasons for reducing to "wet" reckless conviction
  - Court crowding
  - Use of BrAC vs BAC
  - Timeliness
  - Prosecution Policies and Practices – funding
  - Drug-impaired driving – no scientifically-based impairment levels
  - Harsher sentencing guidelines lead to more plea bargains

CA DMV: An Evaluation of Factors Associated w/ Variation in DUI Conviction Rates among CA Counties 2011

DSM-5 changes in Diagnoses of First-time DUI/DWI Offenders

(Utilized the Triage Assessment for Addictive Disorders (TAAD)) – 658 DUI offenders

DSM-IV vs 5 with 1st time DUIs

- DSM IV
  - 83.3% met diagnosis of Alcohol Abuse
  - 16.7% met criteria for Alcohol Dependence
- DSM 5 – 54.1% fewer diagnoses
  - 27.4% Mild AUD
  - 9.7% Moderate AUD
  - 8.8% Severe AUD

Baley JW, Hoffman NG. The impact of the Proposed Changes for the DSM-5 on Diagnoses of First-time DUI/DWI Offenders. Substance Use and Misuse, 50:1747-1752, 2015

Physician DUI - Survey of States*

- 46 states and DC surveyed
- 29 responses
- Primary goal: To determine if there is uniformity of how DUIs are handled
- Result: Highly variable – Some states are aggressive, and a few seem almost unconcerned re 1st time DUIs

*Survey conducted in 2019 - unpublished

Recommendations re DUIs

- At least require a screening evaluation by an alcoholism expert for all physicians following first DUI arrest
- If concerns, then a comprehensive evaluation is appropriate
- Comprehensive evaluation on all repeat offenders
- If diagnosed with moderate or severe SUDs, then treatment and long-term monitoring are indicated

Effective Tools
Treatment and Monitoring

- Early intervention and evaluations are the most effective tools
- Treatment – specialized programs for professionals are important
- Monitoring – modern drug testing, worksite monitor, therapeutic groups, mutual support groups (e.g., Caduceus Groups), etc.

*Skipper, GE. *Treating the Chemically Dependent Health Professional*, *Journal of Addictive Diseases*, Vol 16(3) 1997, pg. 67-74
*McLellan AT, Skipper GE, Campbell M, DuPont RL. Five-year outcomes in a cohort study of physicians treated for substance use disorders in the United States. BMJ. 2008 Nov 4;a2038, doi:10.1136.a2038.

Effective Tools
Treatment and Monitoring
(continued)

- Monitoring under the physician's agreement with a PHP is for the purpose of reaching treatment goals and recovery
- Non-compliance results in appropriate action: further evaluation/treatment or increased monitoring requirements and lengthening of the period of monitoring
- Monitoring that is a part of the terms and conditions of probation is a legal process for a disciplinary purpose
- Probation can result in consequences including loss of specialty certification, difficulty getting a job, potential loss of one's profession, more stigma….

Early Termination of Probation?
Factors to Consider

- Addiction is a chronic illness, prone to recurrence
- **Physician Health Programs in the USA do not offer early termination of monitoring – rather they are supportive programs – providing careful monitoring – documenting treatment and recovery; many encourage and offer continued voluntary monitoring post required contract term**

Early Termination of Probation? Factors to Consider

For its decision about early termination of probation, the Medical Board may consider more elements than a Physician Health Program considers (e.g., other complaints, etc.)

The Medical Board may end the period of a physician's probation and the physician may be required or choose to continue the monitoring activities with the PHP or monitoring agency.

Termination of Monitoring

A comprehensive evaluation provides the information to indicate when a period of monitoring is safely ended in compliance with the required contract the physician has made with the monitoring agency or PHP

- Review of history and recovery activities
- Discussion re self-help group activity, relationship with sponsor, family, work associates
- Psychological testing
- Reports from physician, psychologist, psychiatrist, etc.
- Collateral interviews with spouse, work associates, monitor, sponsor, etc.
- Observation of participation in recovery groups with other physicians
- Discussion regarding recovery plans post probation

Components of a Comprehensive Evaluation (usually takes 3-4 days)

- Internal Medicine assessment – physical exam and labs
- Addiction Medicine assessment– w/ advanced drug testing
- Psychiatric assessment
- Psychological evaluation w/ personality testing
- Neuropsychological testing - screening
- Group participation assessment
- Interview all collateral sources
- Review all records
- Co-occurring disorder assessments: sex, pain, gambling, etc.

Characteristics of Appropriate Treatment

- Individualized treatment components
- Progress based duration of treatment (not time based)
- Goal oriented – recovery goals, co-occurring disorder stability, family system issues, etc.
- Mix of professional and non-professional therapy groups, self-help groups, education, family treatment, aftercare planning, etc.
- Aftercare and monitoring are essential to effectiveness

Recommendations to the Medical Board

- Refer all physicians for evaluation where the complaint includes possible SUDs - ASAP
- Utilize (and encourage development of) comprehensive evaluation programs in CA (or in other states) – and consider having physicians pay for their own evaluations
- Utilize a Physician Health Program for education, case finding, referral for evaluations, referral for treatment, monitoring agreements

Benefits of PHP

- Education, early intervention, prevention
- PHPs can act fast – because they are clinical – no due process required when the doctor cooperates
- Doctors cooperate with PHP because the PHP is confidential, compassionate, and eliminates the need for the legal process with medical board

Prevention Measure for Med Students and Residents

- Need improved curriculum regarding addiction in general and in professionals
- Encourage formation of departments or divisions of Addiction Medicine in teaching hospitals (w/ fellowships, faculty, etc.)
- One major role of the PHP should be to educate, including students, new residents, hospitals, etc.

Additional Information

Additional information is available in blogs and webinars on physician health
From https://www.centerforprofessionalrecovery.com/blog/

Topics of the blogs and webinars:

- Protecting patients and helping physicians – not mutually exclusive,
- Kratom use among physicians,
- Specificity of PEth,
- Early intervention,
- Relapse among physicians with SUDs,
- Top 8 mistakes made by PHPs and Wellbeing Committees,
- Does AA work,
- DUI – Doctors under the Influence Parts I and 2,
- Treatment programs designed for physicians

Questions?

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