



Substance Abuse Among Healthcare Professionals, a Little Discussed Subject

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ABSTRACT

Healthcare workers are known to have an equal rate of alcohol and illegal drug use as the general public. However, healthcare workers are far more likely to abuse prescription medications. It is estimated that approximately 10% to 14% of all healthcare professionals will misuse drugs or alcohol at some time during their career. Higher rates of abuse have been seen more frequently with benzodiazepines and opioid narcotics. Any healthcare worker who has access to controlled substances is at risk for drug diversion and substance abuse.

Healthcare professionals (HCPs), like most people with substance use disorders, abuse drugs or alcohol to relieve stress and emotional or physical pain. In many cases, the abuse initially helps boost performance before gradually turning into dependence. Healthcare professionals are generally very intelligent individuals and for this reason, are very deceptive and skilled when hiding their abuse.

An alarming report on CBS highlights the problem of opioid addiction among HCPs. The report shows more than 44 million doses of legally prescribed opioids were stolen in 2018.

The practice of sharing medication with patients is called drug diversion, and it means that the patient, who needs the sedative or painkiller is not receiving a full dose. Drug diversion creates a serious medical crisis if patients are not getting the drugs they need. The consequences of diversion could include discomfort and pain for the patient, or even more serious consequences. Another major concern is the spread of disease with sharing contaminated syringes. Doctors and nurses abusing drugs intended for patients often inject the patient, then themselves, and then the patient again. In this way, the abuser can get away with taking some of the drug from the patient without anyone noticing.

Causes

- **Pharmaceutical invincibility:** Feeling immune to the addictive effects of drugs. HCPs typically use sophisticated methods of rationalisation and justification to continue their behaviour.
- **Accessibility and availability:** Addictive drugs are easily accessible to doctors as part of day-to-day practice.



Compounded by the ability to prescribe medications, some doctors may illegally self-prescribe for months or even years before drawing attention.

- Stresses and pressures of their professions make them susceptible to abusing drugs and other mood-altering substances.
- Professional enabling and denial. Although doctors have a professional duty to report colleagues who may be practicing while impaired, studies suggest that only a few will report. This type of professional “courtesy” supports addictive behaviours, increases the risk of self-harm, loss of license and harm to patients and prevents addicted doctors from receiving the help they need. As a result of the stigma attached to addicted doctors as well as the threat to their license and professional reputation, addiction is often in an advanced stage by the time they get treatment. The culture of silence may be perpetuated by family and co-workers of the addicted doctor, who fear

that confronting the doctor or arranging an intervention may negatively impact their own career and financial security.

- The educational demands of preparing for a medical career, which include many years of medical school and years of internship, coupled with long hours and pressure to compete, loneliness and isolation can make some individuals vulnerable to the temptation of self-medicating. In SA internships are normally in rural communities.
- Overworked: Being a doctor often requires long workdays and urgent trips to the hospital at all hours to deal with emergencies. In addition to being mentally and physically exhausting, working 60-plus hours per week can interfere with family, recreation and self-care and increase the risk of substance abuse.
- Patient care can be one of the most rewarding, and most difficult, parts of medical practice. Unexpected outcomes, failure to relieve pain, and treating patients that are exceptionally demanding, violent or noncompliant can be a source of anxiety and depression for doctors. Very few doctors receive adequate training to manage these stressful patient care issues.
- Chronic stress due to heavy patient loads and a lack of emotional support, can increase a doctor's risk of addiction. In surveys, most doctors deny using drugs or alcohol to self-medicate, though it would be understandable for doctors with a predisposition for addiction to use substances to relieve stress or manage emotions.
- They are also exposed to many of the same risk factors for addiction as people outside the medical profession such as genetic predisposition, childhood trauma, and the presence of anxiety, depression or other mental health issues.

Signs and symptoms

Work related: Absenteeism; missing appointments, falling asleep at meetings or being difficult to reach; making mistakes in record-keeping, patient care or other areas; volunteering for extra shifts; forgetfulness; patient complaints or lawsuits; spending extra time with those patients receiving mood-altering drugs; volunteering to give medications to patients; requesting peers to prescribe medications for them or family members.

Emotional: Numbness, apathy, depression or hopelessness, anxiety, unexplained mood swings; overwhelmed and fear.

Physical: Excessive sweating, dilated or pinpoint pupils, slurred speech, smell of alcohol on breath, recurring health problems, bloodshot and wary eyes, changes in diet, appearance or sleep, stumbling or uncoordinated movements, using long sleeves shirts in warm weather (to hide injection marks).

Social: Frequent conflicts with family, patients, staff or others; withdrawing from colleagues, friends or family; excessive drinking at social functions; legal problems, such as domestic complaints or driving under the influence; unusual or inappropriate behaviour.

Risks to patients

1. Distorted thinking resulting in careless and impaired judgement.



2. Unavailability – absenteeism – cancelled appointments.
3. Infection.
4. Supporting a drug friendly culture – dispensing addictive drugs – thinking it's okay.
5. Stealing drugs: administering lower dosages to patients; mixing patient medication with saline or replacing with ineffective drugs; patients operated on with insufficient anaesthetic.
6. Surgeons suspending operations to take their next fix.
7. Prescriptions written in other patients' names often with an incorrect diagnosis.
8. Loss of life and serious injury.

Risks to HCPs

1. Reputational risks: loss of business, employee respect, etc.
2. Termination of employment.
3. Suspension of license.
4. Serious illness or loss of life.
5. Family dysfunction and/or divorce.
6. Aiding and abetting substance abuse amongst patients.

However, the good news is that HCPs who have had successful treatment are more likely to recover than the general population.

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