

ADDICTED!

And, You're a Health Care Professional
WHAT TO DO NOW!



ADDICTED:

-OxyContin

-Percocet

-Demerol

-Vicodin

The Need for Treatment Exists

Are you, a friend or a loved one a health care professional who suffers from a substance abuse problem? At Recovery Connection, we are dedicated to helping people find the solution to addiction. Because of misinformation and fear, many health care professionals in need of alcohol and drug addiction treatment remain or outside the therapeutic environment. Instead they continue to live in the web of addiction with physical and emotional pain and addiction-related serious problems. This guide provides a brief overview of the issues facing the impaired health care professional and descriptions of the programs that exist to help the impaired health care professionals move into addiction treatment and recovery. We will also address colleague reluctance to intervene.

You can save your life, your family and your license, or the life and career of a colleague, but only if you reach out to get help. It is our hope that after reading these pages, you will make the most important decision in your life and enter a substance abuse treatment facility or in the case of a colleague, make a referral.

What is an impaired health care professional?

It is difficult for anyone to admit he or she has an alcohol and drug addiction problem. Most of us, health care professionals or not, are not prepared to deal with the harsh realities of addiction, even if we work with addicts on a daily basis. Despite being in the health care field, many health care professionals do not know what actions to take when they find themselves in trouble with drugs, alcohol or both.

The federal government, all states, counties, and cities have separate laws that provide or do not provide for family and medical leave as they pertain to employment.

Given the latest National Survey on Drug Use and Health statistics on the number of Americans abusing drugs and alcohol, it is reasonable to assume that many health care professionals will also fall victim to the disease of alcohol and drug addiction. Indeed, research indicates that many health care professionals do suffer from substance abuse. Denial, self-medicating, or occupational success can keep health care professionals from seeking help early.

Hiding the truth about substance abuse addiction takes great effort, as does maintaining an addiction to alcohol and drugs while trying to hold on to a job, friends, and to meet family obligations. Perhaps you are a high functioning alcoholic and to the outside world all seems well. But, you know the truth. Your life as an addict is quite different than it appears to be. Yet, you use the excuse of high functioning behavior to feed your denial. No one wants to be an addict, especially those who have worked hard to become a health care professional. Here you are, struggling with your own personal truth -- you are an addict and you need help.

The medical environment affords many alcohol and drug addicts with the impetus to continue to use despite the knowledge that what they are doing is wrong and dangerous to both their health and the health of their patients.

“Chemically dependent health care professionals still have a deep commitment to their work and feel strong ethical pressures to perform well on the job. In addition, the workplace is often the source of access to medications, and in the later stages of the disease they will work to

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protect this source.” (Source: Judith A. Pauwels et.al., “The Impaired health care professional”, BNET, from the Journal of Family Practice, Nov. 1989)

The reality of the situation is crystal clear. Not only do you need help if you are addicted to substances, but you are a danger to your patients. By picking up this guide, you have taken the first step. You have admitted to yourself something is wrong.

We will start the discussion by using the American Medical Association (AMA's) definition of an impaired physician:

Definition of an impaired health care professional

The AMA defines an **impaired physician** as one unable to fulfill professional or personal responsibilities because of psychiatric illness, alcoholism, or drug dependency.

A different definition used by the Center for Disease Control is applicable as well. Addiction is compulsive drug seeking and using, even in the face of terrible personal and social consequences. It is not the result of character flaws or moral failings but of profound changes in the brain's structure and function. Addiction is a chronic and complex, but treatable, brain disease.

(Source : <http://www.cdc.gov/odu/facts/PolicyFin.pdf>)

We can broaden the AMA definition to include the CDC statement which provides us with a more thorough definition for health care professionals. Thus, a health care professional who is unable to fulfill professional or personal responsibilities, who continues to use drugs or to drink despite serious negative consequences, is suffering from the disease of addiction.

A Statistical View of the Problem

An article in the Journal of Global Drug Policy stated that physicians who suffer from alcohol and drug abuse most often have the same profile as non-medical substance abusers: genetic predisposition, experimentation, social/psycho dynamics, environmental factors and a history of family addiction. Indeed, the article argued that studies on physician addiction found that three-fourths of physicians with alcohol and drug addiction problems had a family history of addiction. But the prognosis for impaired medical professionals is encouraging, as substance abuse treatment works.

“Physician addicts can have greater than 80% successful 5 year outcomes compared to most addiction treatment outcome studies...Positive prognoses were associated with affiliation with Alcoholics Anonymous/Narcotics Anonymous” in addition to intensive treatment that includes individual, group, family therapy and pharmacologic treatments when appropriate.

(source: “Physicians Impaired by Substance Abuse Disorders”, Kimberly B. Gold, Yale University School of Medicine, Scott A. Teitelbaum, University of Florida School of Medicine, <http://www.globaldrugpolicy.org/2/2/3.php>)

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The Texas Medical Association's study of physicians found the following impairments and percentage among the Texas health care professional community:

Types of impairments or conditions addressed by the TMA PHR Committee include:

Drug or Alcohol Dependence	73%
Disruptive Behavior	4%
Sexual Misconduct	4%
Depression/Mood Disorders	6%
Stress/Overwork	2%
Other Psychiatric Disorders	11%

Source:<http://www.tmlt.org/newscenter/features/physician-impairment.html>

And in another report examining the percentage of health care professionals abusing drugs can be seen in this 2006 chart:

Sample Drug Use among Health Care Professionals

Position	Current Illicit Use	Past Year Illicit Use	Current Heavy Drug Use
Medical Students	10% Marijuana		6%
Residents	10-14%		
Practicing Physicians, Dentists, Optometrists	8-14%	19.8%	
Nurses and Nursing Aids	5.5%	12.8%	2.8%
Pharmacists	10-18%		
Dental and Health Aids	4.0%	7.2%	3.5%
Clinical and Laboratory Technologists	4.3%	8.9%	2.2%

For clarification, only the medical students' category listed the illicit drug (source: TCHP Education Consortium, Twin Cities, Minnesota, 2006)

"The typical physician does not enter treatment until the 40's (5-10 years later in life than in the general population). At present, as many as 60-75,000 physicians in the U.S. are considered alcoholic or illicit drug dependent." (source: *ibid.*)

Professional Health Care Professional Recovery Programs

Our intention is to provide you with a general outline of health care recovery programs, signs of alcohol and drug addiction, barriers to help, substance abuse treatment and addiction treatment components and more. You can enter addiction treatment, stop addictive behaviors, restore your health and perhaps save your license. Recognized organizations exist within most states to help health care professionals like you to obtain recovery.

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These organizations provide life saving evaluations and addiction treatment but are often under utilized out of misinformation and fear. Organizations such as the Professional Recovery Network (PRN), Professional Assistance Programs (PAP), the Physician Health Program (PHP), and Intervention Project for Nurses (IPN) can help you regain control of your life and restore your health.

Sadly, the majority of licensure revocations are due to substance abuse that has gone untreated. The rate of successful ongoing recovery among health care professionals who have used the assistance programs is very high--higher than that of the general population. Not only have careers been saved, but the lives of the health care professional as well their family members have been improved.

Dangerous Mistaken Notions about PRN Programs

The PRN, PHP, and IPN programs are designed to help doctors of medicine, physician assistants, doctors of osteopathy, pharmacists, podiatrists, psychologists, dentists, chiropractors, clinical social workers, marriage/family therapists, mental health counselors, optometrists, and others in the health care arena. Some states offer separate programs for nurses. Usually, a referral is needed to enter these programs, though the referral can be a self referral.

Sometimes, and mistakenly so, in an attempt to protect employees, hospital administrators may not want the impaired employee to seek help through PRN. Their belief is that an employee will place his or her license in jeopardy. Yet, participation in an accredited recovery program through an organizations like PRN is confidential as long as the recommendations are followed. The state board of licensure is not notified about a colleague until and only if the recovery process is halted and use has again begun.

Specific compliance actions are mandatory to maintain confidentiality. These actions will be clearly delineated in the form of a contract which must be signed before alcohol and drug treatment begins. If the impaired health care professional does not live up to the agreement, action may be taken against him or her. Some of the ongoing requirements to maintain confidentiality can include monitoring, toxicology tests, psychotherapy, group therapy, 12 Step meetings for a specified period of time.

But, referrals and entrance into a professional recovery network program has nothing to do with the state board of licensing. It is therefore a benefit to receive alcohol and drug treatment through the PNR or like organization or seek addiction treatment in a quality (PRN approved) facility out of your area. We will discuss seeking addiction treatment away from home later in the guide.

Why Get Involved with the Impaired Health Care Professional

There may be anger or resentment toward the addicted health care professional by coworkers or there may be a sense of guilt or fear. There may be a tendency to deny the problem of a colleague or a reluctance to confront a professional friend. Perhaps there is fear about retaliation by the alcoholic or drug addict if you speak up or you may fear that the addict will loose his or her position if reported to one of the recovery programs.

Many in management and in the health care professions do not understand that the PAP programs for impaired health care professionals have been developed to protect everyone's privacy and licenses while endeavoring to save lives from addiction and to protect the public. You do yourself, your co-worker and patients a disservice by not reaching out a helping hand and by ignoring the painful truth about substance abuse addiction.

In an article written for the January, 2001 issue of the Western Journal of Medicine the author, Susan V. McCall, Director of Oregon Health Professionals Program, wrote:

Out of loyalty and respect, we think we owe our colleagues a chance to deal with their substance use on their own... Fear of damaging the professional standing of a colleague—particularly if not absolutely certain that conditions exists [that the colleague is drinking too much or stealing drugs from the hospital pharmacy or patients]—causes colleagues to rationalize behavior, minimize difficulties, and avoid confronting the addicted person.

It should be noted that reporting an impaired health care professional is a professional obligation to both the patient and the sick colleague. Reporting most often can be done anonymously, circumventing the fear of retaliation. (source: <http://www.ama-assn.org/amednews/2010/08/02/prsd0802.htm>, 10/11)

Another national study indicated that while the majority of physicians agreed with ethical standards set about reporting impaired medical professionals, researchers also found that physicians acceptance of standards and then acting upon those beliefs did not coincide. The duality between ethical beliefs and action was also demonstrated in another study.

In a 2010 AMA study, researchers found that of the medical professionals interviewed 64% believed they had an obligation to report an impaired colleague. Despite that number, a significantly smaller number of the same physicians were actually willing to refer a colleague for help. The reasons for not reporting a colleague ranged in order of importance from:

1. Someone else was dealing with the problem
2. It was fruitless to intervene
3. Fear of retribution

(It should be noted, that while many states do have excellent PHP programs that can be utilized without fear of loosing one's license, there may be a few states that require Board reporting. It is recommended that you research the availability of PRN, PHP, or PAP organizations in your state.

PRN programs are for the benefit of the greater community. There is an obvious cost benefit in maintaining the health and licenses of qualified health care professionals. The Tennessee Professional Assistance Program mission statement exemplifies that purpose:

"Boards who partner with TnPAP are mainly concerned in rehabilitating the practitioner, not in discipline simply for the sake of punishment. An advantage to reporting to TnPAP is early intervention. Every effort is made to retain the professional skills of the individual for the sake of the community and the profession while ensuring that public safety is not compromised."

The TnPAP goal to help employers and other health professionals overcome barriers to referring a colleague offered a list of the most common reasons for non action. Despite working in the

health care profession, many are unfamiliar with the realities of alcohol and drug addiction. The most common reasons for lack of action:

1. Lack of knowledge about substance abuse addiction
2. Lack of knowledge about the signs and symptoms of alcohol and drug addiction
3. Acceptance that substance abuse addiction exists among those in the health care professions
4. Lack of knowledge about the rules, regulations and ethical obligations of health care professionals
5. Fear of retaliation
6. Anxiety about causing the loss of another's license
7. Lack of knowledge about PRN, PAP, PHP programs (all states and professional health associations will have acronyms for the specific programs)

The TnPAP site also indicated commonly held beliefs that are also an impediment to helping an addicted colleague:

- The belief that chemically dependent people are only skid row street people. But most are functioning, working people. Chemical impairment is an equal opportunity disease that can indeed affect all people.
- That you as an employer can take care of problems yourself. You can counsel; you can help an employee who may have a problem and there is no need to refer or to contact other sources of help.

These widely held views, can doom the addict to a life of substance abuse addiction and self destruction. To provide you with the information necessary to help yourself or a colleague we have included a section of the signs and symptoms of addiction.

What are some Signs and Symptoms of Addiction?

Whether you work with addicts on a daily basis, or you work with patients in cardiology, dentistry, or podiatry, the symptoms of substance abuse addiction may not be obvious to you. Below is a list of symptoms compiled by the Department of Health and Human Services in Nebraska. These signs and symptoms can provide other health care professionals with insight into addictive behavior and alert them to questionable behavior. While the list below is fairly comprehensive, not everyone will demonstrate the same symptoms. Substance abuse addiction is a progressive disease and the signs and symptoms will vary depending upon the length of time the health care worker has been addicted to a substance, how much he or she has been using, his or her physical, mental and emotional state, etc.

Personal:

- Deteriorating personal hygiene
- Multiple physical complaints
- Accidents
- Personality and behavioral changes
- Many prescriptions for self and/or family

- Emotional or mental crises
- Lying

Home and Family:

- Behavior excused by family and friends
- Drinking or using activities are a priority
- Emotional outbursts or arguments
- Withdrawal from family and fragmentation of family
- Neglect of children
- Sexual problems
- Extramarital affairs
- Separation or divorce
- Unexplained absences from home

Medical/ Physical:

- Observable decline in physical health
- Atypical weight changes
- Face flushed or bloated
- Emergency-room treatments: overdose, cellulitis, gastrointestinal problems, systematic infections, unexplained injuries and auto accidents.
- Drug seeking behaviors such as frequent treatment for migraines or other pains or illness.
- Inability to focus
- Shakiness, tremors of hands
- Slurred speech
- Unsteady gait
- Runny nose
- Nausea, vomiting, diarrhea

There are combinations of other signs and symptoms that upon honest self reflection will further indicate a problem with substance abuse addiction. These include:

- Isolation from friends and family
- Isolation from professional organizations
- Short absences from work to get drugs or a drink
- Hypersensitivity during work, edgy or agitated easily

- Sloppy documentation
- Decreased productivity
- Increase in work absences or tardiness

Since many in the health care industry are ignorant about alcohol and drug abuse, we have included a succinct list of the most common substance abuse definitions.

Definitions Related to Substance Abuse:

Substance Use: A reasonable ingestion of a mood-altering chemical substance or drug, for a clearly defined beneficial purpose, that is regulated by that purpose

Substance Misuse: Inappropriate use of any substance, such as alcohol, a street drug or misuse of a prescription or over the counter drug

Substance Abuse: Unreasonable ingestion of a mood-altering substance that causes harm or injury to the abuser

Chemical Dependency: A compulsive or chronic need for, or an active addiction to alcohol or drugs

Enabling: The reactions or behaviors of family members, friends or co-workers that shield the chemically dependent person from the harmful consequences of their alcohol and/or drug use

Intervention: Helping a person, who is in denial about their addiction recognize their need for treatment

Treatment: Education, counseling and specialized groups and programs designed to overcome substance abuse and dependency and provide the tools to avoid relapse

Recovery: A voluntarily maintained lifestyle characterized by sobriety, personal health and growth supported by a network of other recovering individuals

Sobriety: Abstinence from alcohol and all other non-prescribed drugs

Relapse: A recurrence of the symptoms of dependency after a period of non use

(adopted from the chemical guide, Nebraska Department of Health and Human Services)

What to Do If You Need to Refer a Colleague?

There are several steps that can be taken to help a colleague and set up a substance abuse intervention. Despite your misgivings about referring yourself or a colleague, giving someone the opportunity to stop the progression of addiction is a gift.

The Tennessee PAP has created a list to help you determine when action is necessary. The list below is partial:

1. A employee has tested positive for drugs or alcohol
2. Colleagues have witnessed the medical professional intoxicated
3. The medical professional is visibly impaired (drugged or drunk)
4. There is a new pattern of forgetting, poor medical judgment, inability to function
5. Physical changes
6. Altered hygiene habits
7. Patients complain about not receiving medications when the impaired medical professional is on duty
8. Paper discrepancies about controlled substances
9. Increased absenteeism
10. Taking ever increasing number of breaks and spending longer periods of time in the bathroom
11. Failure to meet deadlines
12. Volunteering to take certain shifts, such as the night shift which have greater access to drugs

*Notes concerning dates, observations, which include what, when, how, and where should be kept so that specifics can be given when the referral is made unless it is a self referral.

- Different ways that a referral can be made
- By Board Order
- By DHP staff during process of investigation
- By colleague or peer
- By physician, therapist
- By treatment program
- By employer, hospital
- By attorney
- By family, significant other, friend
- By training program, school
- Self-referred

Most times, substance abuse rehab treatment through these PRN programs is free to the suffering addict (the alcoholic or drug addict) though the cost of treatment through an addiction treatment program is the responsibility of the patient or the patient's insurance company. There may be a slight charge during aftercare for items such as urine tests. But, most PHP, PRN, PAP, and IPN programs are structured like those in Florida which offers comprehensive addiction treatment and monitoring. "The Florida PRN has grown from a program designed for only physicians to one that covers the entire spectrum of health care workers. The success with health care workers has led to the institution of similar programs for attorneys and educators." Treatment works. These programs save lives.

There are programs for all classification of health care workers. But, some are specifically designed for specific groups such as physicians or nurses.

Impaired Nurses

It is estimated that nationally nearly 10% of nurses suffer from an alcohol and/or drug abuse problem. "Many nurses are adult children of alcoholics, and therefore, are prone to interact with other dependent people in ways that are considered enabling." Stress in the workplace, difficult work loads, double shifts, overtime, feelings of alienation and fatigue, and access to drugs contribute to substance abuse among nurses.

"In general, nurses who abuse substances often are well-liked and respected, bright and highly skilled, and ambitious and achievement-oriented". The type of drugs abused by nurses seems to have a correlation to the department in which the nurses are working. Nurses in the ICU and ER have reported prescription drug abuse, marijuana, cocaine and binge drinking. Nurses in oncology report prescription drug abuse. Some researchers believe that the constant exposure to death and dying combined with other stressors helps create an internal environment ripe for substance abuse addiction. (Source, Life and Health Library, Substance Abuse among nurses defining the issue, AORN Journal, 2005)

"Professionally, the stresses and demands of the nursing profession are great, including role strain in the changing nursing profession, disruptive life style from working different shifts, difficulty setting limits on the demands that others make of them [the nurses], and suppression of their feelings toward patients and toward other professionals. [These also contribute to the creation of an internal environment that can lead to addiction.] Easy access to addictive medications, coupled with a false sense that the nurse is somehow in control of his or her reactions to addictive drugs, leads to an increased risk of using such drugs routinely." (Source: Judith A. Pauwels et.al., "The impaired health care professional", BNET, from Journal of Family Practice, Nov. 1989)

Severe action against an addicted nurse does occur immediately. However, in most states, even if the nurse is Board mandated to treatment, he or she will be placed on a temporary suspension. The license will be placed on hold till completion of the program and all monitoring has been successfully completed.

Florida has one of the oldest and best health care profession programs for impaired nurses. Other states have separate programs for nurses as well. In Florida, the process of entering the IPN program can happen one of two ways:

1. Non-Board of Nursing-referred participants (those who agree to participate in the IPN program without FBON involvement)
2. Board of Nursing-referred or ordered participants. This type does result in the loss of confidentiality but the specifics of the referral are confidential.

Once participation has been completed, information on participation is held within the IPN system but the IPN program will not confirm or deny previous participation.

The IPN has clearly delineated the rights of IPN participants:

As an IPN participant you are entitled to certain rights. You have the right:

1. To be treated with dignity and respect.
2. To refuse participation in any or all components of the IPN; however, to do so may result in a formal report to the Department of Health/Florida Board of Nursing.
3. To know the name and title of any IPN staff member involved in your case at any time.
4. To know results of any assessments you undergo, drug testing

results, and alcohol and treatment recommendations.
5. To file a grievance if you feel your rights have been violated.

Ongoing evaluations are done and addiction treatment recommendations are made about resuming work. The criteria for resuming work involves the list below but is not limited to these

1. stability in recovery
2. Support network
3. Cognitive functioning
4. Judgment intact

There are also work criteria for those involved in anesthetics, for those who have access to controlled substances and for those in clinical practice. Work performance evaluations and progress evaluations are made on a regular schedule as well. Finally, there is an IPN case manager that will need to have regular communications with the recovering nurse.

To further support the nurse new in recovery, specific relapse prevention programs have been developed solely for nurses who have gone through the IPN program. These aftercare and relapse prevention programs are important to the continued success for all recovering persons whether healthcare professional or not.

Failure to comply with addiction treatment requirements and/or aftercare protocol and monitoring can lead to the revocation of one's license.

Board-mandated IPN participation that is a "stayed suspension" of the nursing license or CNA Certificate is considered discipline. This means the disciplinary action or the suspension of the license is on the nurses file; however, the suspension will be lifted (stayed) when the Board office is notified of active status by IPN.

Active status begins when the executed advocacy contract is received at IPN. The suspension will remain "stayed" as long as the IPN participant is compliant with all terms and conditions required by IPN.

At the time of IPN completion, the "stayed suspension" or other status will be removed from the license by the BON (Board of Nursing). However, the fact that discipline occurred by the Board will be part of the nurse's or CNA's permanent record at the BON and will be available to future nursing employers. That means that the fact of a disciplinary action was taken is part of the record but not the details of the disciplinary action.

Substance Abuse Treatment for Impaired Health Care Professionals

The sole purpose of alcohol and drug treatment is to help the impaired health professional halt the disease of addiction, learn about substance abuse addiction and underlying issues, develop skills for relapse prevention, regain health, develop an aftercare plan for health living and return to life as a sober and clean productive health care professional. A health care professional can voluntarily enter an addiction rehab center and then make a self report to the appropriate PRN organization. Once the self report as been made, the PRN will be

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responsible for the patient upon release from the alcohol and drug rehab center. Monitoring will commence with all the normal requirements.

In an article from JAMA, researchers found that health care professionals had a better chance of avoiding relapse if the completed primary alcohol and drug treatment was followed by "continuing group therapy and regular attendance at mutual help groups." (Source: Karen B. Domino et al. "Risk Factors for Relapse in Health Care Professionals...", JAMA March, 2005, Vol 293, No.12)

Thus, monitoring over a period of several years actually works to the benefit of the recovering drug addict or alcoholic.

Though it may seem harsh, a recent study in Wisconsin found that the threat of losing one's license was indeed a strong motivating force to follow substance abuse treatment through to completion. With time, patients experience a shift in perspective. The transition from having the loss of license hanging over the patient's head as the motivator slowly is replaced with a new understanding that alcohol and drug treatment, aftercare and recovery are not a punishment but a gift.

Treatment works. For those impaired health care professionals who participated in aftercare programs (outpatient treatment and/or individual counseling) that also included attendance at 12 Step meetings, were found to have had a higher rate of maintaining recovery. These figures are much higher than the rate of sobriety among the general population.

Each states PHP, PRN, IPN programs will have a list of approved drug and alcohol treatment facilities. However, the best scenario for obtaining treatment is to seek substance abuse treatment away from home at a residential alcohol and drug treatment facility.

Treatment Components

We have stated more than once that treatment works. Having made that statement, we need to explain that there is a significant difference between substance abuse treatment centers. This can not be emphasized enough. Alcohol and drug rehab programs are different based upon state licensing, philosophy, and staff credentials. These areas of differences determine the type of substance abuse treatment provided at the rehab:

1. Medical alcohol and drug detox on site for incoming patients
2. Treatment for specific addictions, such as opiate addiction
3. Alcohol and drug treatment programs based upon best practices
4. Medically based therapies and clinical therapies
5. 24 hour medical staff
6. Qualifications of medical and clinical staff such as certified addiction physicians, psychiatric nurses, therapists with Masters degrees, and other certified addiction staff
7. A developed relapse prevention program
8. Individual addiction treatment plans
9. Individual and professional group counseling (such as a physicians group)
10. Dual diagnosis education
11. Medication management
12. Nutritional counseling

13. Healthy living skills training (exercise)
14. 12 Step meetings
15. Confidentiality
16. Individualized aftercare plans

A multidisciplinary team of addiction certified health care professionals should be onsite 24 hours a day. With the presence onsite of a multidisciplinary team, crises that may occur can be quickly addressed and handled. Treatment plans can immediately be updated and changes made as needed.

On a side note, it is important to understand the down side of seeking to handle your own addiction with the help of your primary care physician. Turning to your doctor for help can be detrimental to your recovery. Unless the doctor is trained in addiction medicine, the proper diagnosis may be missed, and the physician may prescribe more addictive medication to help you relax or deal with your emotional upset.

PHP, PRN, IPN programs will have a list of approved treatment programs. To meet criteria for PHP, PRN, IPN programs, a substance abuse treatment facility must be able to comply with requirements for the monitoring component.

Benefits of Out of Area Treatment

Research has demonstrated time and again that receiving drug and alcohol treatment away from home provides that best environment for recovery. Generally the first reaction to the suggestion of seeking substance abuse treatment away from home is, "Oh, no. I can't leave my family. I can't leave my dog or cat. I can't"

But, in truth, all of the objections that health care professionals express are the same as those of other addicts and they are generally not founded in reality.

The work of halting the disease of addiction is demanding, challenging, but it can build renewed self esteem. Learning about the nature of addiction on the cycle of addiction, addressing underlying personal issues that are part of the addictive persona require one's total attention and energy. Residential treatment provides the alcoholic and drug addict with the opportunity to stay focused on his or her own life and recovery.

Residential treatment provides the alcoholic and drug addict with the opportunity to stay focused on his or her own life and recovery.

When addicts attend outpatient treatment, they are often exposed to the same triggers that caused them to use initially. They do not have the space or time to focus on themselves. Perhaps there is a problem with a child, a parent or a spouse. It is difficult, if not impossible to maintain focus on individual recovery while dealing with family problems. Passing places where you drank or used become constant triggers to pick up. Also outpatient programs rely upon

self-reporting. In early recovery, self-reporting is one of the least trust worthy methods of understanding an addicts state of being during early recovery.

The Value of Diversion Programs

In the past two decades, statistics have demonstrated the disastrous result of punishing health care professionals instead of offering them help. The end result was an alarming number of suicides. Furthermore, many of those in need of treatment did not receive the required services due to fear of treatment. Professional societies began diversion programs in an attempt to handle the crisis and find a solution to the problem.

The benefits have been three fold. According to Robert Holman Coombs, author of *Drug Impaired Professionals*:

1. After completing an addiction treatment program, there were improved relationships with patients, clients, colleagues, and families.
2. They could better diagnose and assist chemically dependent patients
3. They reach out to help others suffering from chemical dependency (p. 265)

Not everyone who enters the PRN programs will need to go to residential treatment. Indeed, some employers now offer work-site programs. Of course, many times the impaired professional needs to remove him or herself entirely from the environment that feeds the substance abuse addiction. The focus is upon the diversion from state boards and courts. A second benefit of diversion programs is the ability to be with those in your profession. The ability to speak openly about issues facing you at work without someone misunderstanding, gossiping about your behavior, or living in fear of retaliation if you speak of an error in judgment while you were compromised, is removed. This leaves you free to address your reality: alcohol and drug addiction.

The work required to get clean and sober is real. Alcohol and drug detox alone does not contribute to one's ability to stay clean and sober. Drug and alcohol detox is just the process through which the body is cleansed of drugs and toxins. After alcohol detox, the addict and alcoholic must learn about addiction, the triggers that set off cravings and how to handle them, handling stress, honestly confronting why and how the use began, relapse prevention and more.

Emotional and physical safety is crucial in order for the health care professional to develop a solid foundation for recovery. In his book, Coombs quotes several health care professionals that express the benefits of diversion programs:

"Meeting exclusively with peers has many advantages...Openness in discussion also becomes easier. 'Diversion is an extremely safe place where you can talk about anything because there are only doctors there, a physician said. 'It's a safe environment to tell about when you gave a patient the wrong medicine or made a mistake in a surgical procedure...'" (p268)

Being able to openly discuss secrets is a corner stone of recovery. What we hide hurts us. In the safety of a group of nurses, doctors, or health care workers, people learn they are not alone in their experiences, their fears, or their misdirected thinking process for example. The more one feels secure in the therapeutic environment the better the chances of building a strong foundation to maintain recovery back in one's daily life.

Without group therapy, individual and family counseling, and relapse prevention training, the likelihood of returning to drugs and alcohol is greatly increased.

Aftercare and Monitoring

Once you have completed the alcohol and drug treatment phase of the process, you will need to move into the monitoring phase. This phase will be individualized to the health care professional's needs as well but generally aftercare includes counseling, 12 Step meetings, and drug and alcohol testing. A specific work plan will be developed and implemented as well.

The monitoring plan coincides with the aftercare plan and needs to be followed closely. It is part of the contract that the health care professional signs at the outset of acceptance into a program and is crucial for maintaining one's license.

Regular phone and written reports are mandatory, as is attendance at 12 Step meetings, random urine and or saliva screenings, work evaluation forms, limits on practice, therapy and more. Each state's programs will have its own set of criteria for re-evaluation and successful release from the program.

There are specific groups that are designed to help health care professionals maintain recovery such as the Caduceus Group. Caduceus group started in 1973 in Georgia as part of the Impaired Physicians Program. The Caduceus group is comprised of recovering physicians that provides a bridge to AA and/or NA.

According to the Caduceus Group. They believe signs of recovery are exemplified by:

- *Willingness to talk about significant recovery issues
- *Apply the steps in your every day life
- *Actively working with a sponsor
- *Attending and participating in 12-step meetings on a regular basis
- *Fulfilling all aspects of your monitoring agreements
- *Willingness to be an advocate for your own health

Getting Help

The process may seem overwhelming initially, but it will be to everyone's benefit. Addiction treatment programs and aftercare plans help the recovering alcohol and drug addict and alcoholic build a foundation upon which to maintain long term recovery. Research has demonstrated over decades that addicts can be helped. Drug addiction and alcoholism does not have to claim another health care professional. Take the time to find your colleague help or do a self referral, you will be grateful you did.

Call your professional association for information about referrals. If you are seeking treatment help, call Recovery Connection for information about substance abuse treatment programs that are approved by PRNs and that offer specialty programs. Don't loose another day to your addiction, call 1-866-483-2753 now.

Additional Resources

International Doctors in Alcoholics Anonymous
<http://www.idaa.org>

Alcoholics Anonymous
<http://www.aa.org>

Narcotics Anonymous
<http://www.na.org>

Impaired Physicians in Training
Washington University, St. Louis, School of Medicine, Graduate Medical Education (GME)
Consortium

Nursing Related Links

The National Organization for Alternative Programs (NOAP)

The International Nurses Society on Addiction (INSA)

The American Association of Nurse Anesthetists (AANA)

The National Council of State Boards of Nursing (NCSBN)

American Nurses Association (ANA)

Nurses In Recovery (NIR)

ADDICTED!

AND, YOU' RE A HEALTH CARE PROFESSIONAL. WHAT TO DO NOW!

For more information about the general components of a health care professional recovery program look at:

Intervention Project for Nurses (IPN) FL
<http://www.ipnfl.org>

Chemical Dependency and Health Care Professionals Resource Guide
<http://www.hhs.state.ne.us/crl/chemguide.pdf>

Other organizations that can help:

Dentists
American Dental Association
211 E. Chicago Avenue
Chicago , IL 60611

Pharmacists
American Pharmaceutical Association
2215 Constitution Ave, N.W.
Washington D.C., 20037

Physicians
Department of Mental Health
American Medical Association
515 N. State Street
Chicago, IL 60610

American Society of Podiatric Medicine
www.aspmonline.net

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