



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.  
EL PASO

Office of Faculty Affairs  
*Wellness Program*

# Stress Substance Use and Impairment

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PLFSOM



Texas Tech Physicians.  
of EL PASO

# Learning Objectives

- Discuss how all health care professionals are affected by substance use disorders.
- Discuss the epidemiology and natural course of the disease of addiction.
- Identify warning signs and symptoms of an impaired colleague.
- Support colleagues returning to work after rehabilitation.



# Impairment

## What is impairment?

“Any physical or mental condition that detrimentally affects, or is likely to affect, a physician’s capacity to practice medicine”.

Kahn NB Jr, 1992  
Levey RE, 2001

## What is an impaired Physician or HCP?

A physician who is “unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol.” (AMA)

This applies to Physician Assistants, surgical assistants, and acupuncturists as well.

## Illness vs. Impairment

The diagnosis of an illness does not necessarily equate with impairment.

2011 Federation of State Medical Boards (FSMB),  
—Policy on Physician Impairment

# Why is it important to talk about it?



## Impairment leads to:

- Disruptive behavior
- May diminish productivity
- Lead to medical errors
- Compromise patient safety

# What are the leading causes of impairment?

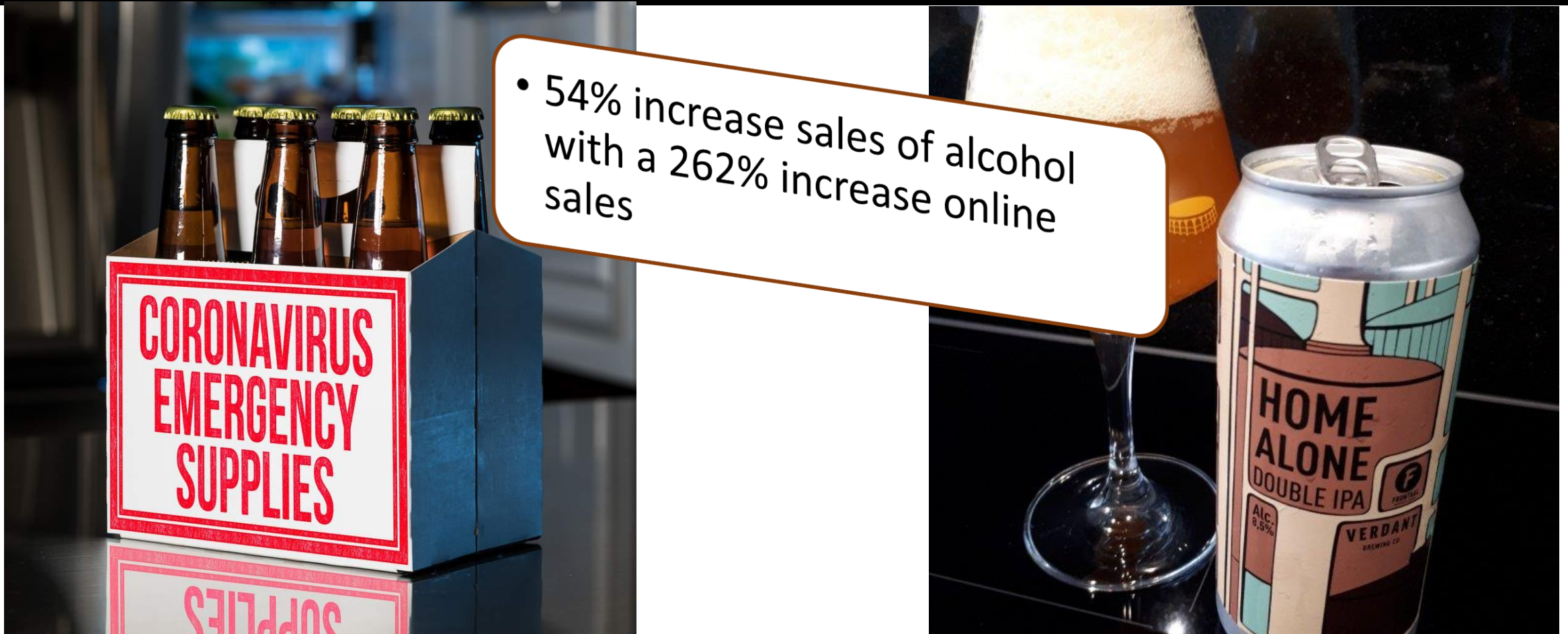


- Substance abuse
- Mental illness
- Burnout
- General medical conditions
- Stress
- Disruptive behavior





# Increased Stress can Lead to Increased Substance Use (CDC, 2020)

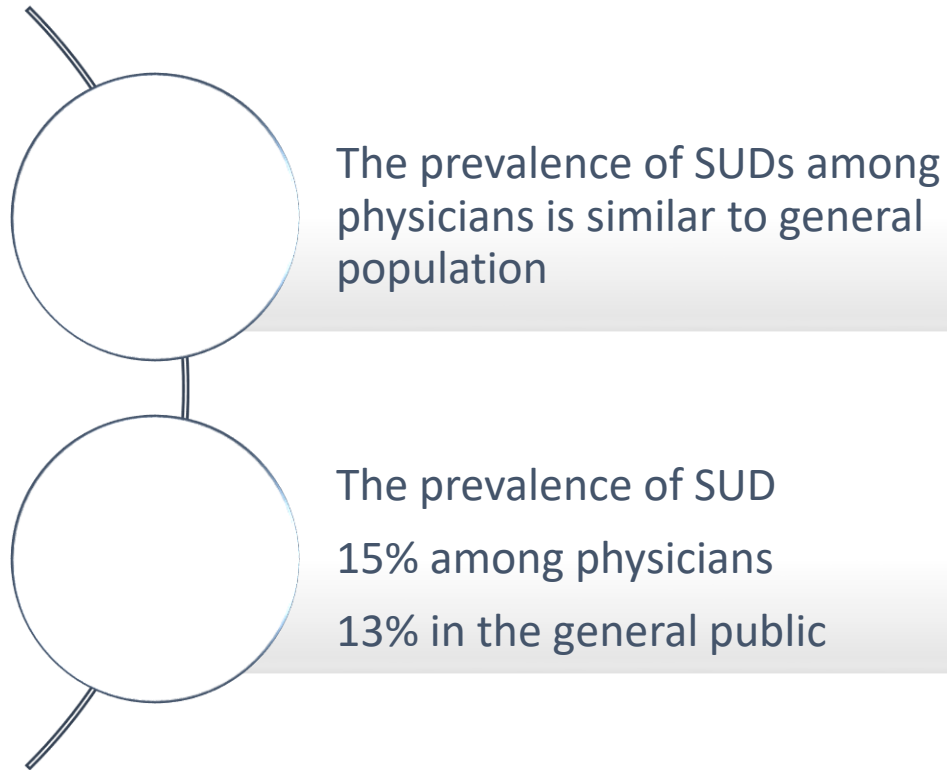


The Nielsen Company. Rebalancing the 'COVID-19 Effect' on alcohol sales. Published May 7, 2020. Accessed August 27, 2020.

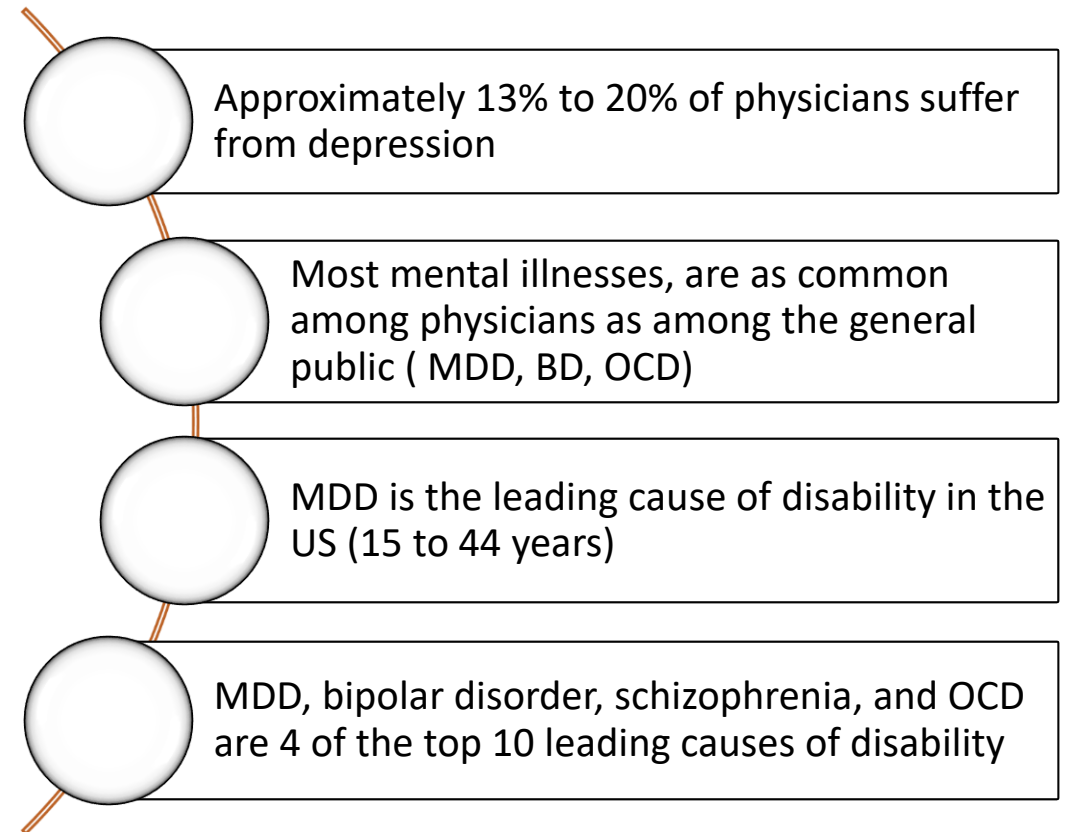
World Health Organization. Alcohol does not protect against COVID-19; access should be restricted during lockdown. Published April 14, 2020.

# Leading Causes of Physician Impairment

## Substance abuse

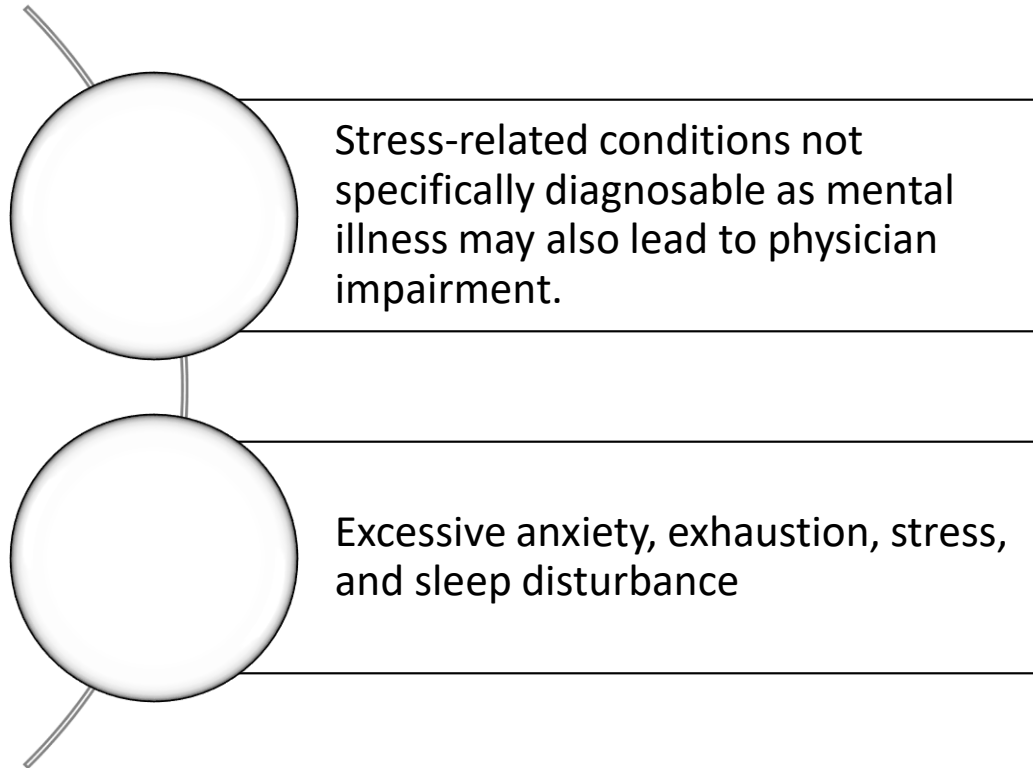


## Mental illness

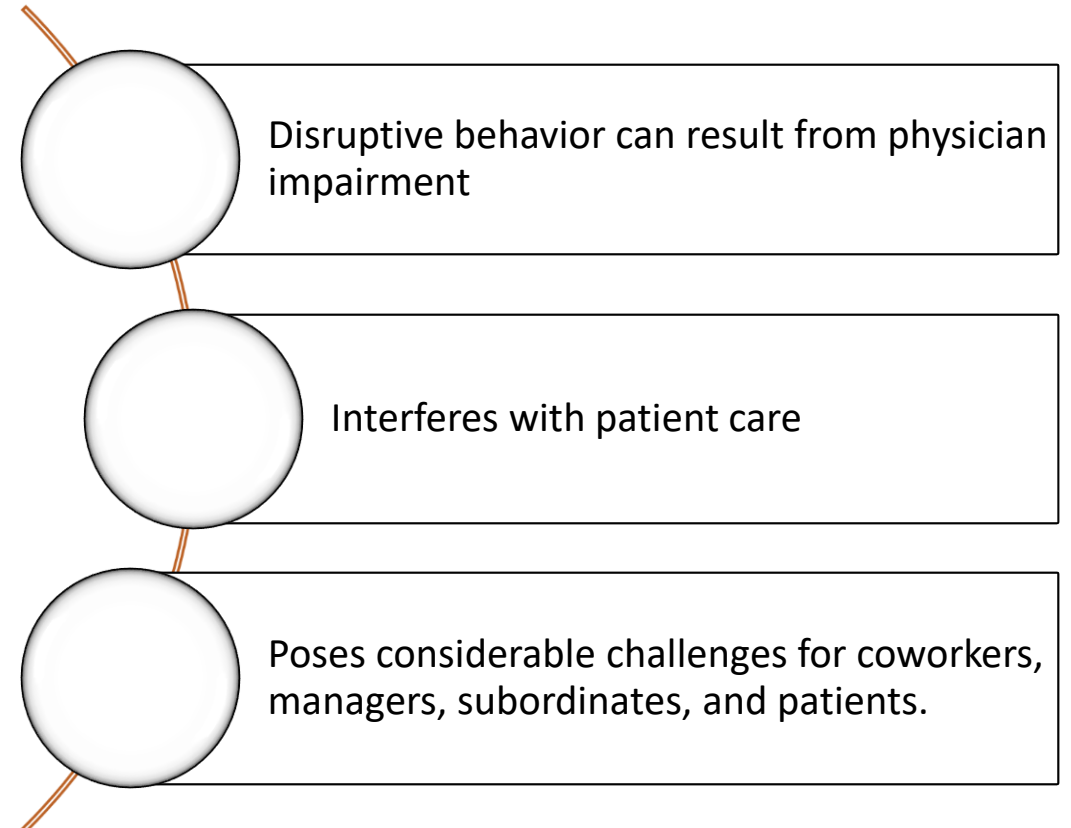


# Leading Causes of Physician Impairment

## Stress



## Disruptive Behavior





# Leading causes of Physician Impairment

## Burnout

Psychological three dimensional syndrome featuring:

- Emotional exhaustion
- Depersonalization
- Detachment
- Reduced sense of personal accomplishment

In response to prolonged occupational stress



# What is the Definition of Addiction?

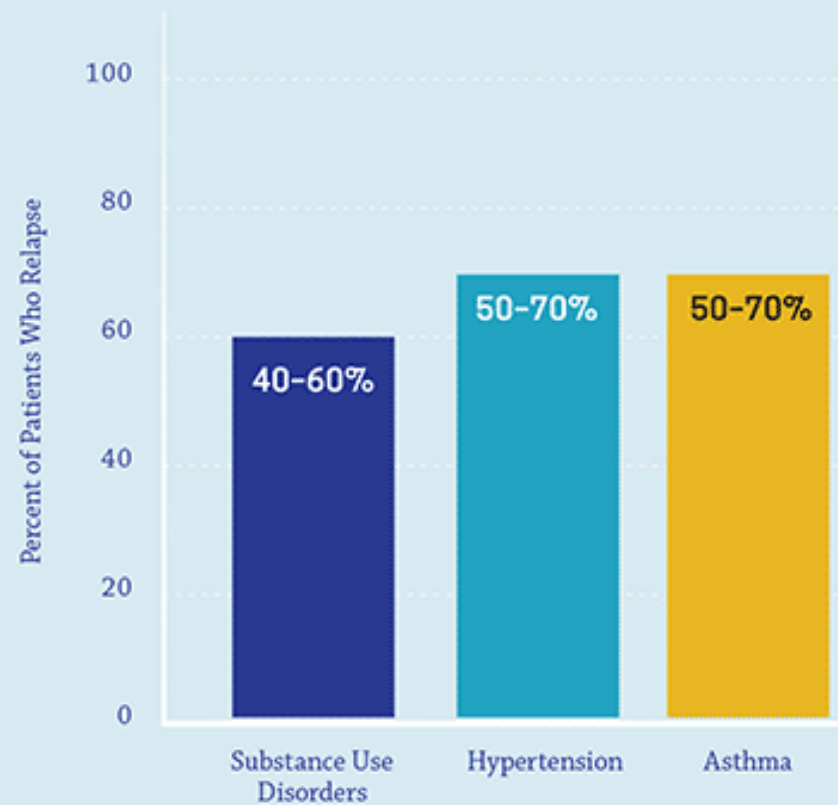
Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

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.

### Comparison of Relapse Rates Between Substance Use Disorders and Other Chronic Illnesses



Source: JAMA, 284:1689-1695, 2000.

Relapse rates for people treated for substance use disorders are compared with those for people treated for high blood pressure and asthma. Relapse is common and similar across these illnesses. Therefore, substance use disorders should be treated...



# Substance Use Disorder (SUD) in Physicians

SUD among physicians can expose both physicians and their patients to significant risk.

HCP are not exempt from drug use.

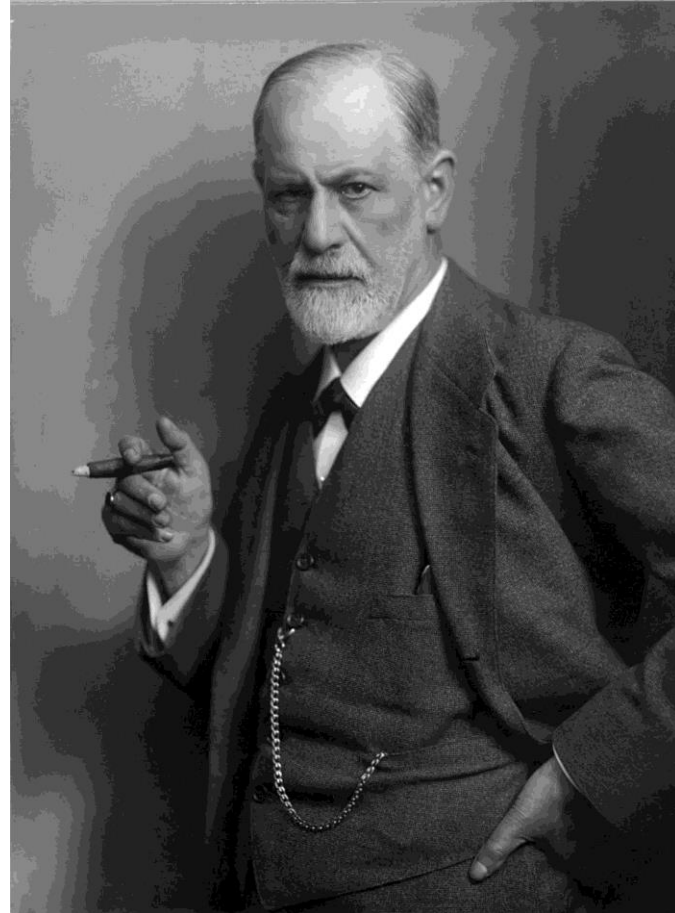
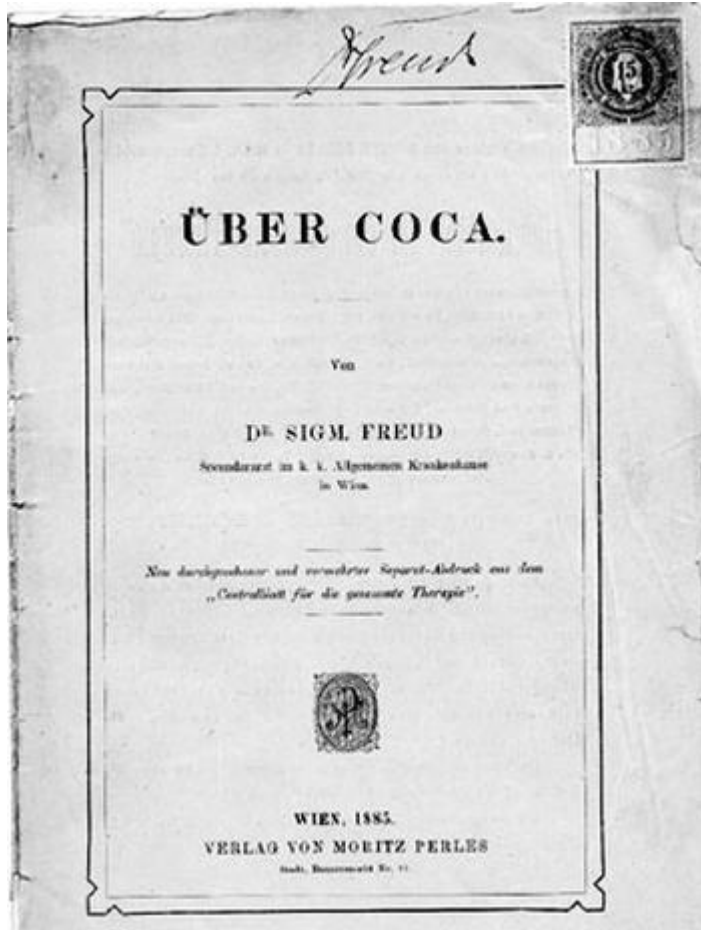
physicians abuse prescription drugs at higher rates.

Alcohol is the most frequently abused substance

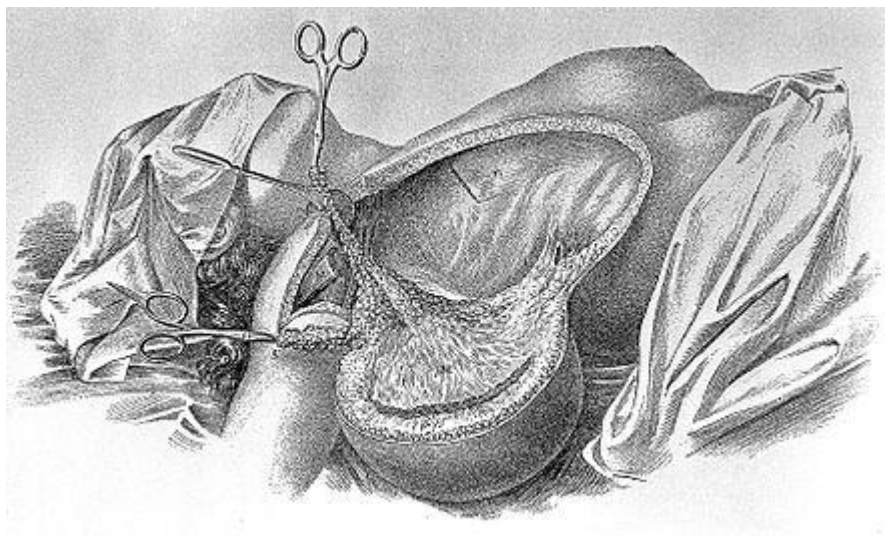
Prescription opioids are second

Higher rates of prescription drug misuse

Frequently self-prescribed or obtained from professional access

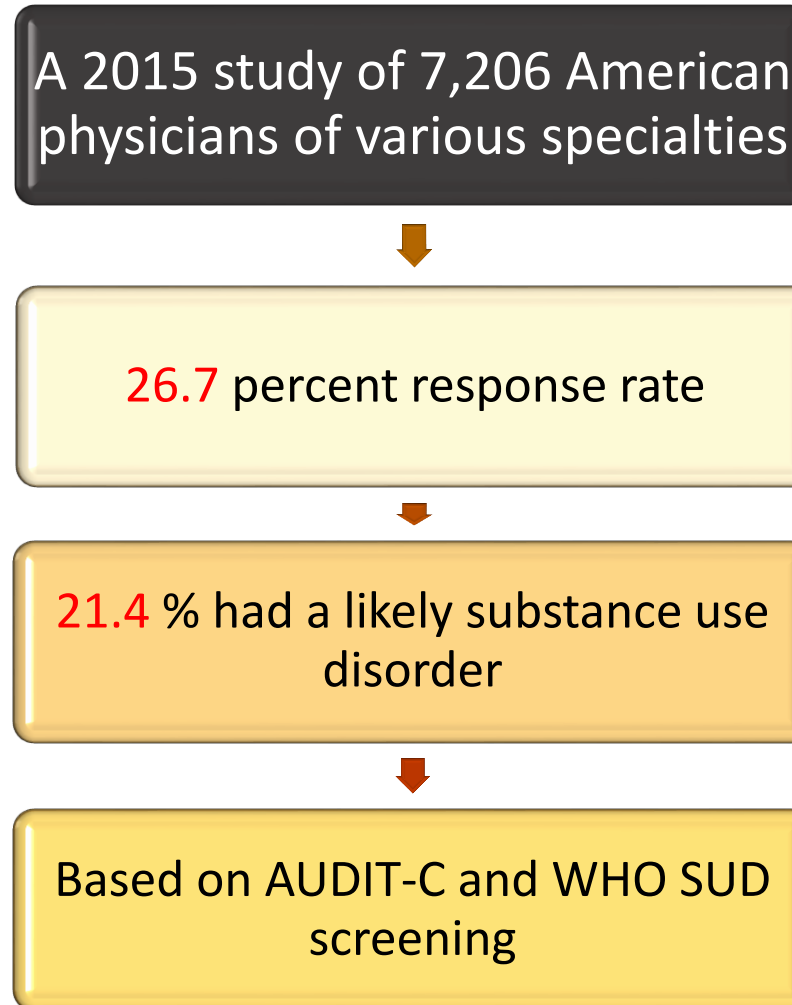
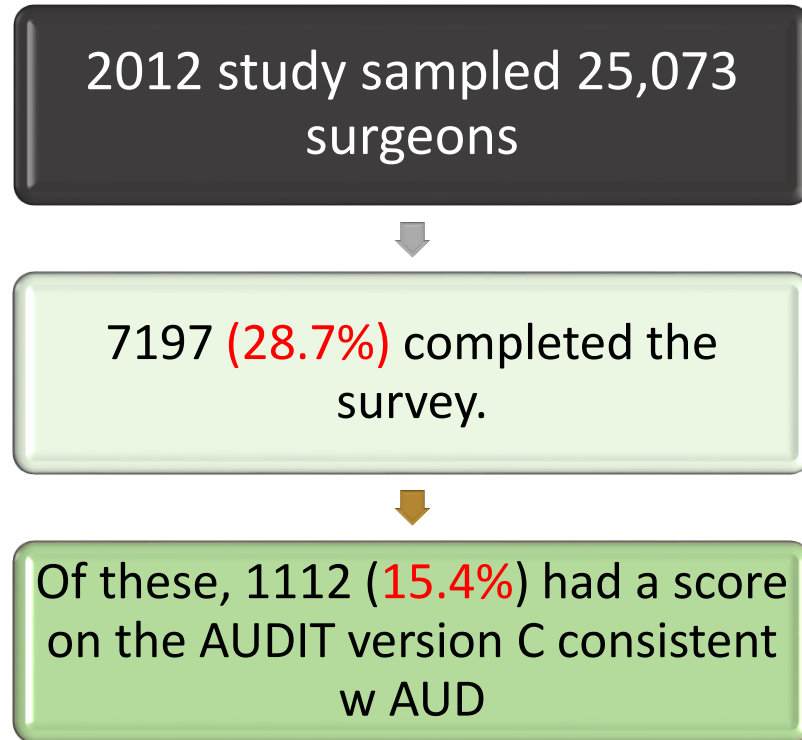






Similarly it is believed that cocaine played a role in William Halsted's career

# SUD in Physicians



# Risk factors for physicians

- Pharmacological optimism and knowledge
- Reliance on intellectual abilities
- Strong will
- Love of challenges
- Instrumental use of drugs
- Denial



# Substance Use Disorder (SUD) in Nurses

10% of the RN work force may be dependent on drugs or alcohol (ANA)

6% has problems serious enough to interfere with their ability to practice (Ponech, 2000).

6%–8% of nurses use alcohol or drugs to the extent that professional judgment is impaired (Daprix, 2003).



# Substance Use Disorder (SUD) in Dentists

Alcohol is the drug of choice for 37% of dentists with substance abuse problems

31% use prescription drugs (opiates)

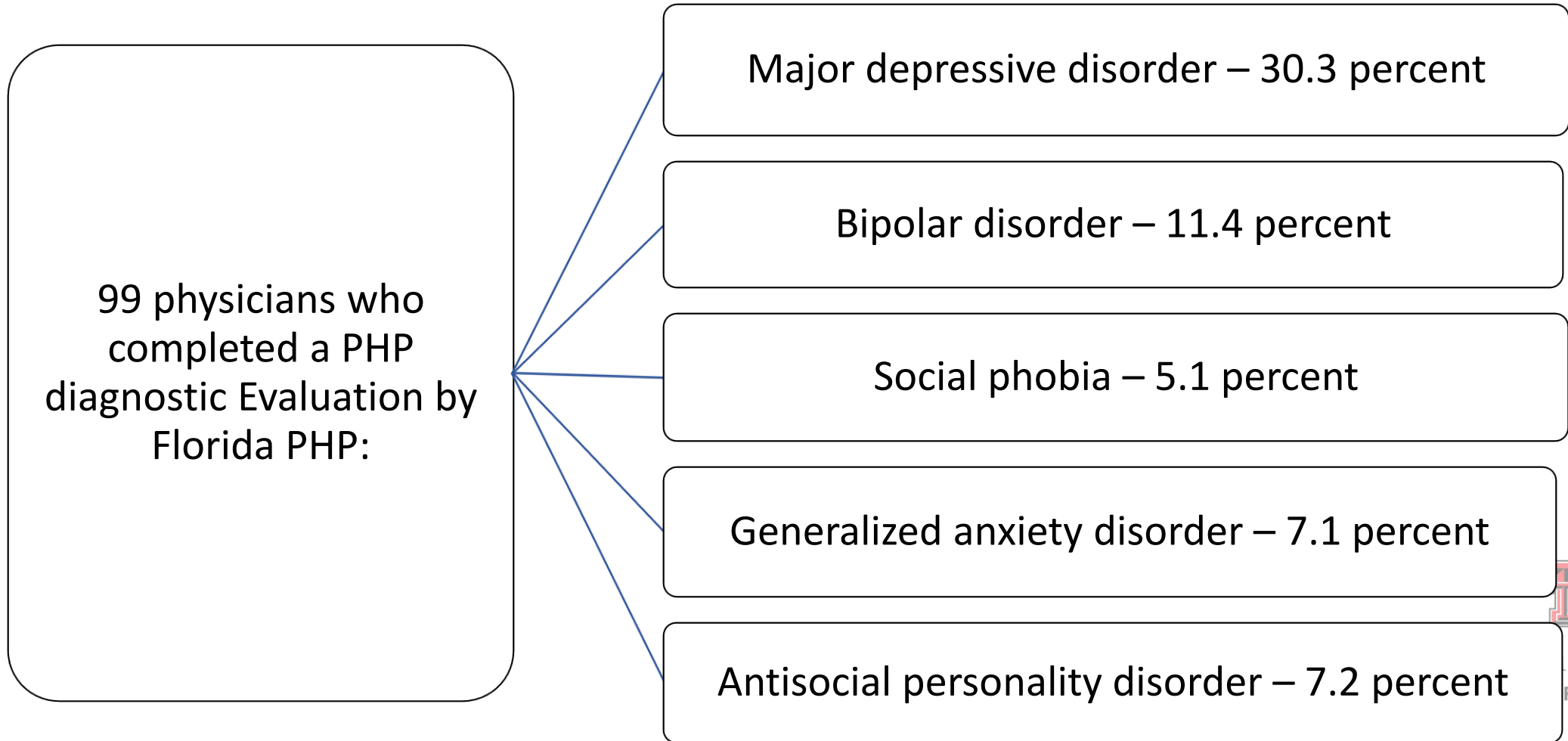
10% use street drugs, and 5% use nitrous oxide





# SUD and Mental Health (MH) Comorbidity

The prevalence of co-occurring mental disorders in physicians with an SUD is high (25 to 75 %)



# WHAT IS CONSIDERED A "DRINK"?

## U.S. STANDARD DRINK SIZES



12 OUNCES  
OF 5% ABV  
BEER



8 OUNCES  
OF 7% ABV  
MALT LIQUOR



5 OUNCES  
OF 12% ABV  
WINE



1.5 OUNCES  
OF 40% ABV  
(80-PROOF)  
DISTILLED SPIRITS  
OR LIQUOR  
(Examples: gin, rum,  
vodka, whiskey)



## Low-risk drinking limits

## MEN

## WOMEN

On any  
single  
**DAY**

No more than  
**4**   
drinks on any **day**

No more than  
**3**   
drinks on any **day**

**\*\* AND \*\***

**\*\* AND \*\***

Per  
**WEEK**

No more than  
**14**   
drinks per **week**

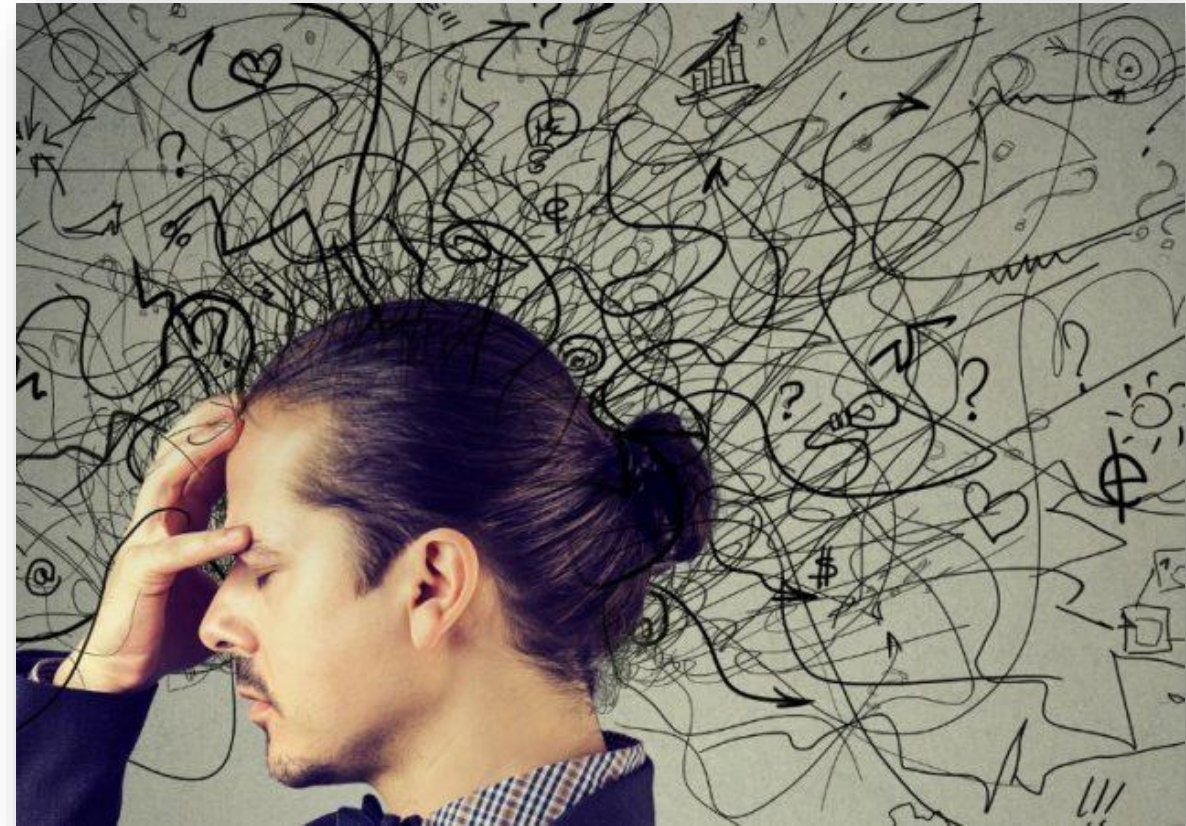
No more than  
**7**   
drinks per **week**

*To stay low risk, keep within BOTH the single-day AND weekly limits.*



# Early Signs

- Chaotic lifestyle
- Financial problems
- Negative thoughts and attitudes
- Increased sensitivity, irritability
- Somatic complaints, illness, and fatigue; “medical” problems
- Withdrawal from friends and family
- Family tension, conflict, infidelity
- Less care in grooming
- Declining reliability
- Change of work habits, including more time at work



# Later Signs

- Angry outbursts at work
- Patient and staff complaints
- Professional withdrawal, deterioration of collegial relationships
- Cancelled clinics and increased absenteeism
- Deterioration of clinical skills and record keeping
- Inappropriate drug handling and diversion
- Alcohol on the breath at work
- Charges of driving under the influence or other offenses
- Family violence, separation, and divorce





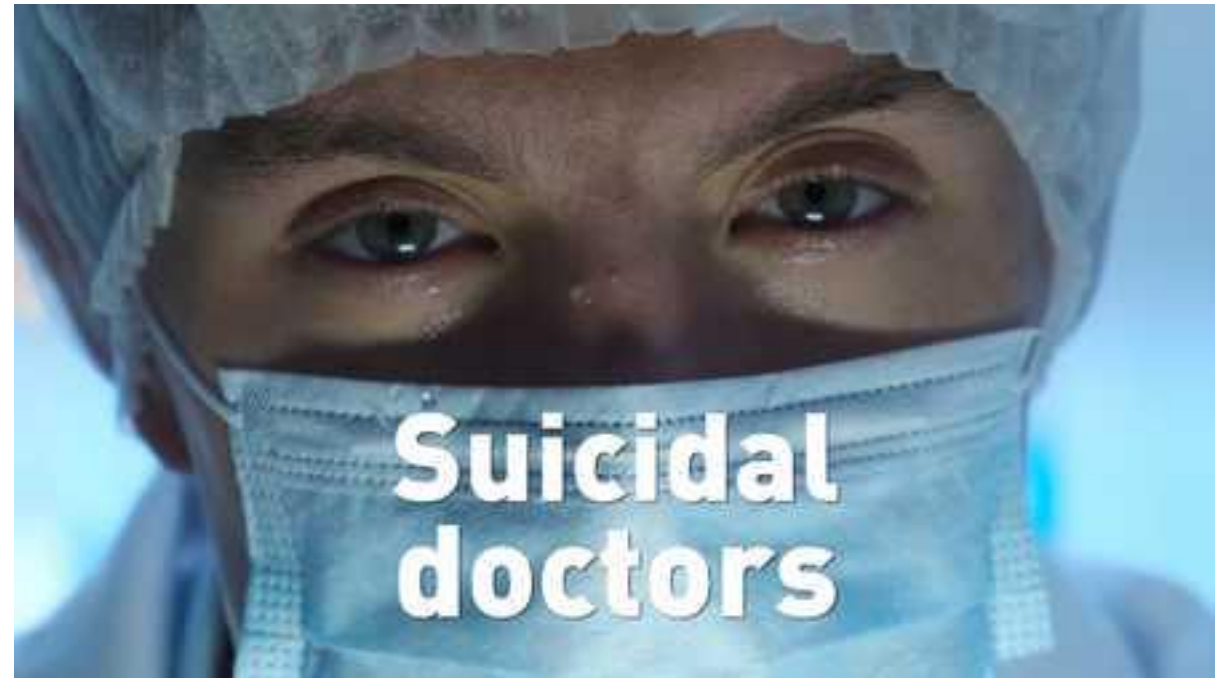
# End Stage Signs

- Intoxication at work
- Appearance of chronic illness
- Therapeutic error or mishap
- Extreme personal isolation
- Quitting medicine
- Suicidal gesture
- Suicide



# Risk Factors For Suicide

- Presence of depressive or bipolar disorder
- Presence of substance use disorder
- role conflicts and career dissatisfaction
- Recent losses
- Chronic pain or physical illness

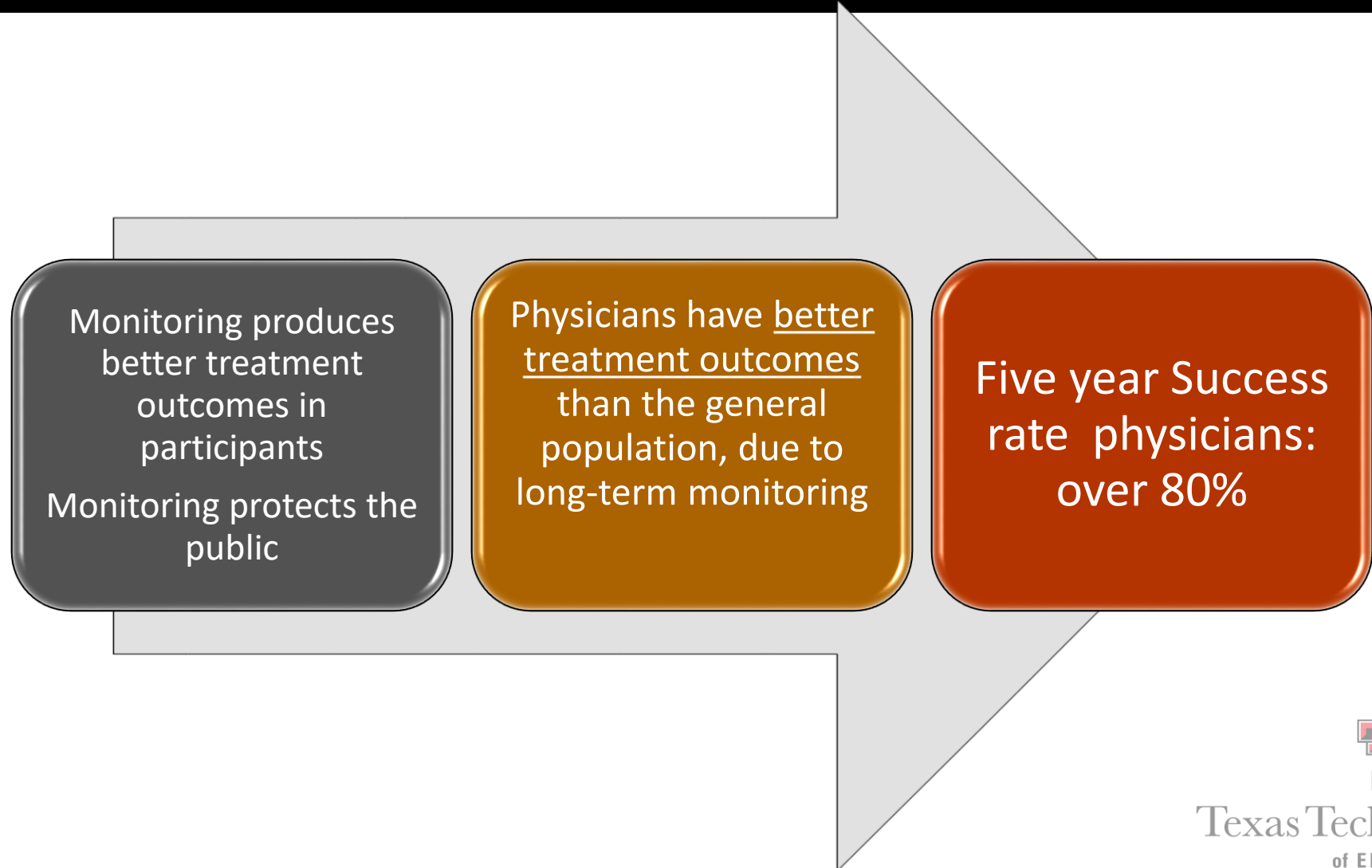


# Principles of Directive Interventions: FRAMER

F	Gather all of the <b>FACTS</b>
R	Determine your <b>RESPONSIBILITY</b> for Reporting; consult confidentially with medical and legal experts
A	Bring in <b>ANOTHER PERSON</b>
M	Begin the meeting with a <b>MONOLOGUE</b> in which you present the facts and summarize your responsibility
E	Insist on comprehensive <b>EVALUATION</b> . Refrain from giving a diagnosis
R	Insist on a <b>REPORT BACK</b> and signed release allowing all parties to freely communicate

*Source.* Adapted with permission from Physician Health Services. A modified version is also available on the Massachusetts Medical Society Web site: [www.physicianhealth.org](http://www.physicianhealth.org).

# Monitoring is Effective



# Texas Physician Health Program

## Monitoring

- Treatment agreement
- Random urine, blood, breath, saliva, hair, and/or nail testing.
- Compliance with scheduled aftercare activities such as 12 step groups and scheduled appointments with participant's treatment providers.

It is a supportive but firm process meant to improve treatment outcomes for participants and it is a supportive but firm process meant to improve treatment outcomes for participants and to protect the citizens of Texas.

It is never punishing, condescending, or demeaning to the participants.



# Physician Well-Being Committee, TTUHSC El Paso

915-215-4153

PWBCELP@TTUHSC.EDU



**David Briones, MD, DLFAPA  
Chair**



**S. Claudia Didia, MD  
Member**



**Stormy Monks, Ph.D., MPH  
Member**



**Radosveta Wells, MD  
Member**



# IMPAIRMENT POLICY (2014)

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- ❑ The Physician Well Being Committee (PWBC) is a medical peer review committee as defined in the Texas Medical Practice Act, Article 4495b, V.A.C.S., or as may be amended.
  - ❑ Its charge is to assist physicians, house staff, and medical students who have:
    - physical impairments
    - mental and emotional difficulties, or
    - **chemical or substance abuse problems** that may affect clinical skill and judgment.
  - ❑ This policy applies to all part-time and full-time physician faculty, house staff members (resident physicians), and medical students at TTUHSC El Paso.
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# PURPOSE

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- To provide a means to recognize and address impairment in a fair, confidential, and effective manner.
  - To preserve the practitioner's and/or learners dignity.
  - To protect the patient's right to safe and effective health care.
  - To refer, if needed, to the appropriate treatment for recovery.
  - To provide support and monitor progress.
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# REFERRAL

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**Self Referral:** optimally the physician, house staff or student is encouraged to self-report, including early in the process (depression/anxiety issues) before impairment.

**Supervisors** have an obligation to refer faculty/students that have a potential impairment that needs assessment.

**Employees & Student:** It is the responsibility of all TTUHSC-EI Paso employee and students to contemporaneously report observations of impairment.

**The PWBC** may refer the individual to the appropriate therapeutic treatment services and define expectations for completion of rehabilitation activities.

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THANK YOU FOR  
ATTENDING

**NEXT WELLNESS SESSION**

❖ Faculty Wellness Matters – Dec 10



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