Physician Substance Abusers Spur Tx Research

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SAN DIEGO — Drug abuse treatment has a fairly dismal success rate among most groups, with one notable exception: physicians.

Now, a group of experts wants to find out what it is about doctors or the assistance they receive that is so helpful so that the lessons learned can be applied to treatment for others.

"It's easy to say that physicians are different from other addicts, but our [theoretical] model is that this is a biological disease," said Dr. Robert L. DuPont at a presentation made by this group of experts at the annual conference of the American Society of Addiction Medicine.

The trigger for this study effort was an article published in the Journal of the American Medical Association last year. The article reported on a study that looked at relapse in 292 physicians in Washington state who had successfully gone through drug or alcohol treatment and were involved in a physician monitoring program.

The aim of the study was to see whether it was true that physicians who abused opiates—especially anesthesiologists—relapsed more often than did physicians who abused primarily other drugs or alcohol.

The study found that opiate abusers did not relapse more frequently, except when they also had a coexisting psychiatric disorder. But the relevant part of the study for the expert group was that only 25% of the physicians had any relapse, said Dr. DuPont, a former director of the National Institute on Drug Abuse who is now in private practice in Rockville, Md.

In contrast, it is estimated that most nonphysicians receive treatment for relapse in the first year after initial treatment. Some reports suggest physician success rates may be even higher than 70%-75%, the experts said.

The experts expect that one of the obvious reasons that physicians tend to do well is because they have a lot of "recovery capital," that is, they are educated and have a lot to lose. Another probable reason is that their families tend to be strongly involved in the process.

But it is also true that physicians tend to get enrolled in physician health monitoring programs that last a long time, insist on complete abstinence, conduct drug testing, and do not ignore early warning signs of an impending relapse, such as when the individual begins to opt out of continued counseling or attendance at Alcoholics Anonymous meetings.

The length of the programs may be almost as important as the fact that they can be punitive, because studies suggest that recovery from drug addiction and alcoholism is not really stable for 5 years, said William White, a senior research consultant with Chestnut Health Systems, Bloomington, Ill.

Treatment for the general population tends to be done on an "ER model," with the active phase of treatment being only a few months or less, Mr. White said. Some of the experts suggested that major problems in the alcohol/drug abuse treatment industry are being illuminated.

Eighty percent of drug/alcohol treatment programs in this country receive almost all their recompense from the government, and get less than 12% of their revenues from private insurance. Government funding "has taken market forces out of the field," said A. Thomas McLellan, Ph.D., a professor in the department of psychiatry at the University of Pennsylvania, and director of the Treatment Research Institute, Philadelphia.

He sees many problems in the field, including the fact that most programs have nothing to offer but group therapy and do not take an evidence-based approach. "If this was another industry, things would change," he said.

In a survey of 175 programs, 12% closed over a 13-month period, Dr. McLellan said. Moreover, counselor turnover in all of the programs was roughly 50% a year, and many of the directors—17% of whom had no college education—had less than 1 year on the job. Fifty-four percent of the programs had no physician on staff.

The expert group has received a $100,000 grant from the Robert Wood Johnson Foundation, funds it has been spending to get organized and obtain information from the state physician health programs about how they manage their recovering doctors.

"What we're after right now is evidence" of what is done and how it works, Dr. DuPont said. "We are optimistic that this effort is going to be helpful." ■

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