

Position Statement on Physician Health Programs in the Treatment of Addiction and Substance Use Disorders in Physicians

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

Data suggest that 10-12% of physicians develop a substance use disorder, and certain substance use disorders may actually be more common among physicians than in the general population.¹² In addition, physicians with substance use disorders may pose unique concerns to the public by virtue of their position as care providers. Unfortunately, compared with the general public, physicians with addictive disorders tend to enter treatment later in the course of their illness, and they may go to great lengths to conceal their illness on account of perceived negative professional consequences for seeking treatment.³

Encouragingly, data also suggest that relative to non-physicians, physicians may have higher rates of abstinence once engaged in formal substance use treatment programming (75% 5-year abstinence rates).⁴⁵ For many physicians, the entry point into substance use disorder treatment is a state-specific Physician Health Program (PHP). PHPs are peer-based monitoring, evaluation and treatment-referral centers that are often governed by state laws and administered by collaborations between state medical societies, malpractice carriers, and/or state medical boards. Notably, significant differences still exist between individual state PHPs in terms of referral processes, treatments offered, costs to physicians, second opinion processes, licensing board mandates and ongoing monitoring requirements.

¹ Oreskovich, MR, Kaups KL, Balch CM, Hanks JB, Satele D, Sloan J, Meredith C, Buhl A, Dyrbye LN, Shanafelt TD. Prevalence of alcohol use disorders among American surgeons. *Arch Surg*, 2012. 147(2): p. 168-74.

² Cottler LB, Ajinkya S, Merlo LJ, Nixon SJ, Ben Abdallah A, Gold MS. Lifetime psychiatric and substance use disorders

among impaired physicians in a physicians health program: comparison to a general treatment population: psychopathology of impaired physicians. *J Addic Med*. 2013 Mar-Apr;7[2]:108-12.

³ Hughes PH, Brandenburg N, Baldwin DC Jr, Storr CL, William KM, Anthony JC, Sheehan DV. Prevalence of substance use among US Physicians. *JAMA*, 1992. 267(17): p. 2333-9.

⁴ vi McLellan AT, Skipper GS, Campbell M, DuPont RI. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *BMJ* 2008;337:a2038.

⁵ Merlo LJ, Campbell MD, Skipper GE, Shea CL, DuPont RL. Outcomes for Physicians with opioid dependence treated without agonist pharmacotherapy in physician health programs. *J Subst Abuse Treat*. 2016 May;64:47-54.

APA Position:

The American Psychiatric Association (APA) recognizes that substance use disorders (SUDs) occur in physician populations and that these disorders can have significant impact on the physician themselves (increased risk of suicide, medical complications), their families and community, and the public. APA recognizes that physicians can benefit from access to evidence-based treatment for SUDs, including state-specific Physician Health Programs (PHP). APA commits to support and collaborate with physicians, communities, healthcare organizations, PHPs, and other relevant stakeholders in efforts to decrease stigma around SUDs by ensuring that physicians and allied healthcare providers are educated about the importance of understanding the unique risks and challenges posed by SUDs in physician populations. Furthermore, APA commits to supporting efforts to provide and standardize confidential, affordable, equitable access to evidence-based treatments for SUDs as provided through PHPs, as well as support efforts to further research the antecedents and prevention of, and the unique treatment needs of, physicians with SUDs. APA is committed to the goal of rehabilitation of physicians with SUDs in a non-disciplinary, non-discriminatory, peer-based therapeutic program environment, while also recognizing the importance of uncompromised patient care by physicians in PHPs who themselves have SUDs.

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