



SUBSTANCE ABUSE IN INTENSIVE CARE

What is Substance Abuse Disorder?

Substance use disorder (SUD) is defined by the DSM-V for 10 separate classes of drugs, covering 11 potential problems associated with their use. The World Health Organisation describes substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. These can lead to a dependence syndrome characterised by (for example) a strong desire to take the substance, problems controlling its use, persisting despite harmful consequences, prioritisation of use above other obligations, increased tolerance, and a physical withdrawal state.¹

In both Australia and New Zealand, in line with other Western Countries, alcohol consumption is not only socially acceptable but a normal part of adult leisure time.² Substance use can be problematic without meeting the DSM Criteria for 'abuse' or 'dependence'.³ The point where alcohol use transitions from 'low risk' to 'harmful' are defined by the screening test used: One of the best screening tools for alcohol misuse is the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C). AUDIT-C is a three-item screening test which has been shown to be effective at detecting a full spectrum of potentially risky alcohol use, even in respondents who report drinking within daily or weekly 'safe' limits.⁴

Substance use, whilst less 'socially acceptable' than the use of alcohol is a problem which affects medical professionals across specialties, however, access to and familiarity with these drugs puts certain groups at higher risk⁵

How can I Spot SUD?

The ANZCA Welfare of Anaesthetists Group (WOAG) Guideline is a recommended resource for identifying the potential warning signs in the Operating environment; some of which are transferrable to the ICU setting. In addition to performance, record keeping and atypical behaviour (e.g. 'going missing', volunteering to obtain and administer narcotics within the ICU) there may be more subtle mood and behavioural signs both at home and at work⁶. The evolution of SUD is complex- the use may be grounded in the treatment of physical pain, psychiatric illness, and/or as a manifestation of risk-taking behaviour. In anaesthesia; an area with potential overlap with ICU practice, the first manifestation of SUD may be in either the accidental or deliberate overdose resulting in death.⁶ This is clearly devastating for family, colleagues, and departments.

¹ World Health Organisation: www.who.int/topics/substance_abuse/en/ Accessed Oct 24th 2017.

² Livingston M. A longitudinal Analysis of alcohol outlet density and assault. *Alcohol Clin Exp Res* 2008;32: 1074-1079. PMID: 18445114.

³ Oreskovich M, Shanafelt T, Dyrbye L *et al.* The Prevalence of Substance Use Disorders in American Physicians. *Am J Add* 2014;24: 30-38

⁴ Frank D, DeBenedetti A, Volk R, *et al.* Effectiveness of the AUDIT-C as a Screening Test for Alcohol Misuse in Three Race/Ethnic Groups. *J Gen Int Med.* 2008 Jun;23(6): 781-787. PMID: 2517893.

⁵ Association of Anaesthetists of Great Britain and Northern Ireland: Drug and Alcohol Abuse amongst Anaesthetists Guidance on Identification and Management. https://www.aagbi.org/sites/default/files/drug_and_alcohol_abuse_2011.pdf accessed November 2017.

⁶ ANZCA Welfare of Anaesthetists Special Interest Group (WOAG). Suspected or Proven Substance Abuse.

What should I do if I suspect SUD in a colleague?

The regulatory authorities on both sides of the Tasman provide information on a practitioner's responsibilities to the health and safety of the public if there are grounds to believe a doctor is working whilst under the influence of drugs or alcohol. In Australia, it is mandatory to notify [the] Australian Health Practitioner Regulation Agency (AHPRA) if you suspect someone has practiced under the influence of drugs or alcohol.⁷ Whilst being explicit on notification, and publishing their regimen of drug and alcohol screening of those who practice under supervision for SUD, there are limited resources for those seeking help and advice of what to do if they or a colleague are affected by SUD.

The Medical Council of New Zealand has published information on supporting doctors' health.⁸ They acknowledge that there are many barriers to doctors seeking help: For example, fear of confidentiality breaches, embarrassment, or fear of disciplinary action⁵. Some doctors recognise they have a problem and seek help, whilst others lack insight or are prevented by the fears outlined above.

If you suspect a colleague who you suspect is working whilst intoxicated it is essential to collate evidence in a confidential and sensitive manner, whilst maintaining the safety of the patients, by removing them from clinical contact. A doctor in this position is at a very high risk of self-harm, so ensuring access to a supervised detoxification facility and/support people are essential. A more detailed description of how this can work in practice is available in the ANZCA resource⁶.

Is that the end?

Experiencing a problem with SUD is not necessarily the end of a career in ICU.

Whilst the ICU trainee could be advised to reconsider their career choice, the specialist may well be able to return to work when deemed appropriate- with close supervision from both the department and the regulatory authority. It is likely that screening and monitoring will be put in place for an extended period, potentially for the duration of practice.

Summary:

The underlying message is that SUD is a real problem throughout society, and doctors are not immune. The dangers of SUD in ICU and anaesthesia are magnified as a result of the nature of the job and the access to drugs. The safety of patients and staff are paramount, and that a well-developed process is required locally to investigate and manage SUD, in conjunction with the appropriate regulatory authority. It isn't necessarily the end of a career, but will not get better by itself.

http://www.anzca.edu.au/documents/fa-wel-sig-rd-20-substance-abuse-2016_20161107.pdf accessed November 2017.

⁷ AHPRA Guidelines for Mandatory Notification. March 2014.

⁸ Medical Council of New Zealand: Supporting Doctors Health: <https://www.mcnz.org.nz/support-for-doctors/supporting-doctors-health/> Accessed Nov 16th 2017.