



## **Alcoholism and Drug Dependency – Are we setting traps for ourselves?**

**Roland W. Gray, M.D.**

This month, the Physicians Health Program begins a series of articles highlighting the issues addressed by the program. Roland W. Gray, M.D., Medical Director of the program discusses the causes of alcohol and drug dependency this month and continues the series in August with a discussion of treatment, systemic changes, advocacy and support.

### **Are Physicians Different?**

Dr. Gray cites an 1898 article in the Journal of the American Medical Association which stated, “It is sad, but true, there are more cases of morphine-ism among physicians than among the population at large.” Although, it was thought for some time that the rate of alcoholism and drug addiction was higher in physicians than in the general population, recent studies have shown that this is not the case. However, it is well-documented that at some point in their careers, 20% of physicians will be impaired by alcohol or drugs.

Asked for specifics of drug dependency, Dr. Gray points to opiates as the primary drug of choice for physicians. “Hydrocodone remains the #1 drug of choice for most health professionals. Recently, the drug Tramadol has become the #1 drug of choice for physicians entering primary treatment for the first time. Tramadol has also been the cause of relapse in some physicians after a long period of sobriety,” he explained.

“What’s most worrying today is the age of physicians referred to the Physician’s Health Program,” said Dr. Gray. “We see physicians in trouble much earlier in their careers. The average age of our referrals is 41; just a few years ago, the average age was 55,” he continued. If we look deeper into this issue, we can clearly see some of the factors behind this disturbing trend.

## **Physician, Treat Thyself**

Dr. Gray believes that three primary factors create an environment that allows physicians to become dependent: access, unrealistic expectations and convenience.

“Physicians simply have easier access to narcotics than the average person. In this case, access creates opportunity, and unfortunately, opportunity often leads to addiction,” says Dr. Gray.

There is an old adage that the physician who treats himself has a fool for a patient. So why do we do it? Dr. Gray believes that physicians have a hard time asking others for help. He comments, “Our patients look to us for all the answers and sometimes we expect the same level of perfection from ourselves. It is tough for many of us to think we need help, much less ask for it.”

And then convenience plays a role also. It is not uncommon for physician addictions to begin with taking samples of controlled drugs left in the office. “We must recognize that self-diagnosis and treatment is one of the most dangerous functions we routinely perform,” Dr. Gray counsels.

## **Ask for Help**

Physicians can easily access the TMF Physicians Health Program by calling (615) 467-6411 or writing the TMF, 216 Centerview Drive, Suite 304, Nashville, TN, 37027. All communications to the program are strictly confidential.

*To make a tax deductible contribution to the Physicians Health Program, contact TMF Administrator Michael Todd at (615) 467-6411 or write to the Tennessee Medical Foundation, 216 Centerview Drive, Suite 304, Brentwood, TN 37027.*