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Substance Use Disorders and Addiction in Physicians: a Dutch Physician Health Programme

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Introduction

Substance use disorders and behavioural addictions are treatable diseases that can happen to anyone, physicians included. These disorders not only affect the health of the individual in question, but in the case of healthcare professionals they can also have a potential impact on their professional image and on patient safety [1]. An American study showed that substance use disorders are more prevalent among physicians than the general population, affecting 1 in 7 physicians (15.3%) compared to 1 in 8 (12.6%) members of the general population [2]. Healthcare professionals are more likely to misuse alcohol and prescription drugs such as sedatives and opiates than the general population [3]. Risk factors for addiction in physicians include high levels of stress and responsibility at work, a disrupted lifestyle due to inconsistent working hours and easy access to prescription drugs [4].

Against this background, the Royal Dutch Medical Association (RDMA) took the first steps in 2011 to set up a counseling service for physicians (and those around them) who are affected by substance use disorders and addiction. Alongside this counseling service, the RDMA committed to raising awareness of physicians with substance use disorders and addiction in healthcare since 2019. The Dutch Physician Health Programme (PHP) is called ABS-physicians in the Netherlands. The 'ABS' abbreviation in ABS-physicians stands for abstinence from addictive substances.

The Dutch Physician Health Programme (PHP) currently has two tasks:

1. A counseling service for physicians that provides confidential help, advice, guidance and/or monitoring to physicians who are affected by substance use disorders and addiction and to those around them.
2. Raising awareness within the healthcare sector about substance use disorders and behavioural addiction, which are treatable diseases. Informing and motivating physicians and those in their professional environment to act upon this, to ensure a healthy and safe working and learning environment, where substance use and addiction can be openly discussed. A special tool kit has been developed to achieve this.

Physician Health Programme: counseling service

The RDMA set up the physicians counseling service in 2011 to help physicians who are affected by substance use disorders or addiction and those around them. The team, consisting of psychiatrists, addiction doctors, psychologists and social workers, is specialised in supporting physicians, who are affected by substance use disorders or addiction.

Help and advice

Known barriers that prevent physicians from seeking help include; embarrassment, wanting to stay in control and concerns about privacy [5]. Some physicians also feel a great deal of responsibility towards their patients or colleagues, which prevents them from seeking help. These factors contribute towards denial, downplaying matters and delaying seeking help, creating an additional risk to the physician's own health, patient safety and quality of care.

The PHP is an accessible service that provides physicians and those around them with (anonymous) help, advice, guidance and/or monitoring. The special phone number is available on working days, between 9 a.m. and 8 p.m. Callers can speak directly to an expert in addiction care. This expert listens without judgement and provides advice. The expert helps to answer

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important questions such as 'Do I have an addiction?', 'What steps can I take to address this?' and 'Where can I receive appropriate and confidential treatment?' Physicians calling on their own behalf are always invited to attend a personal consultation, preferably accompanied by someone close to them.

Family, friends, and colleagues can also contact the PHP for advice. For instance, regarding the suspicions or doubts whether an individual is experiencing substance use disorder or addiction. Or how to raise the topic of substance use disorder or addiction to allow it to be discussed, and about potential ways to address the topic with the physicians in question. Finally, physicians' employers can call the PHP for advice on next steps that can or must be taken to limit risks to patient safety and to help their employee. The PHP therefore acts as a confidential support and counselling service, not a point of contact to report a physician, for those in the environment of the physician in question.

Support towards and during treatment

Physicians often have difficulties in seeking help, and becoming a patient themselves. Obtaining help in the conventional way, for instance by visiting a colleague physician, does not always live up to expectations. Moreover, treating a colleague physician requires special skills on the part of the treating doctor [6]. The PHP refers physicians to practitioners who specialise in addiction medicine and are experienced in treating physicians. As in the US PHPs, the Dutch PHP does not carry out the treatment itself, but rather refer physicians to an appropriate setting [7]. However, the PHP does provide support during the treatment, to accept the role of being a patient and to direct physicians towards monitoring. It is not always necessary for physicians to go on sick leave during treatment.

Monitoring during the return to work

Following successful treatment, the PHP can support physicians in a safe and successful resumption of work by providing a special five-year monitoring programme. During the monitoring programme, participating physicians are supported by individuals in their immediate environment and remain in close contact with their case manager of the PHP. A colleague acts as a workplace buddy, while someone close to them acts as a personal buddy. The occupational physician assesses the physician's ability to work and the physician contacts his GP or addiction doctor when needed, self-doctoring is not permitted within the programme. Finally, the programme also includes participation in a self-help group.

In addition, the physician will undergo random abstinence testing. This involves the random collection of urine, sputum, or hair samples. The frequency of laboratory testing decreases over the years, but can be scaled up temporarily if needed in the event of a potential or actual relapse. Tests are tailored to the physician's situation as much as possible to ensure minimum disruption to their professional or personal life without losing the effect of randomisation.

There are two reasons for physicians to take part in the monitoring programme. The first is a greater likelihood of personal recovery with this programme, than with conventional treatment alone. The programme is based on the PHP's conducted in the US and Canada. These initiatives are effective: 79% of physicians continue to work after following a five-year monitoring programme and still have their substance use under control after this period.

A second reason for taking part is the physicians' need for support in resumption to work. Physicians who have undergone treatment often find it very difficult to return to their workplace. They need to learn to handle work-related risk factors differently. Risk factors, such as high levels of stress and responsibility and varying working hours are inherent to the medical profession. It is therefore important to learn how to deal with them differently, in order to minimise the risk of relapse and to obtain rapid and appropriate help if relapse occurs. Moreover, by taking part in the programme physicians demonstrate to themselves, their colleagues and employers that they are doing everything they can, to work safely [9].

Physician Health Programme: raising awareness

The experience gained by the support service since 2011 shows that individuals in a physician's immediate environment can play a vital role in identifying substance use disorders and addiction, and allowing the topic to be discussed. This has been confirmed by RDMA research, which shows that getting a colleague to open up about substance use is not easy. Almost all physicians (95%) indicated that they would take action upon a substance use presumption in a colleague. Of the 29% who ever had this presumption, 65% took actual action while 35% took no action [10]. To increase the percentage of physicians who actually take action, the RDMA launched an awareness project in 2019 that involved the development of a campaign and a tool kit designed to stimulate and facilitate a dialogue on substance use disorders and addiction with a colleague.

Campaign

The RDMA has developed a special awareness campaign on substance use disorders and addiction, to encourage physicians to engage with and talk about this topic. The campaign is themed around thought-provoking questions and facts, see Box 1. These questions and facts prompt physicians to raise the topic of substance use disorders and addiction with their colleagues or net-

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work, and to emphasise the urgent need for these discussions. The questions can also be used during peer support sessions or education programmes. Charts, roll-up banners, ads and online banners featuring the questions and facts are available.

Box 1. *Questions and facts used in the campaign*

Examples of questions	Examples of facts
Would you send a text message saying 'get well soon' to a colleague who has an addiction? Treat addiction as a disease	Out of every ten physicians, seven are in favour of workplace rules on substance use and addiction. Treat addiction as a disease
What do you prescribe yourself? There is also an options menu for coping	About 80% of physicians want to learn how to act on a presumption of substance use or addiction in a colleague. Talking about addiction must be approached with care
Substance use and addiction: do you recognise the signs? Talking about addiction is complex	

Box 2. *The four pillars of the policy plan*

1. Standards and rules. The organisation describes the applicable standards and rules regarding substance use before and during work and regarding addiction. The rules are designed to avoid a reduced level of performance by employees as a result of substance use or addiction.
2. Provision of information, training and education. This section focuses on raising awareness of the risks of substance use disorders and addiction and preventing or reducing these risks.
3. Possibilities of help. This section describes what an organisation can offer in terms of assistance and support to employees affected by substance use disorders and addiction. The basic principle is that addiction is a disease and is treated as such. It is important that employees are aware of this underlying principle and feel able to seek help and treatment where needed.
4. Measures. This section deals with enforcement and the measures that may be taken, for instance if an individual is under the influence at work or drops out of a treatment programme for no reason.

Box 3. *Declaration of intent text*

We endeavour to ensure that:
- Substance use disorders and behavioural addiction are a top priority for our organisation and our employees
- Substance use disorders and behavioural addictions are treated as diseases
- After receiving treatment, healthcare professionals with substance use disorders or a behavioural addiction can safely return to work through a monitoring programme
- Policy or a procedure aimed at substance use and addiction is developed and implemented

Tool kit

With the PHP tool kit, RDMA supports healthcare organisations and private practitioners in creating a healthy and safe working and learning environment, where addiction is treated as a disease, and substance use disorders and addiction are open to discussion. The tool kit contains tools and tips for both organisations and individual physicians.

For organisations: developing policy and signing a declaration of intent

Substance use disorders and addiction impact on an individual's performance and health, and do not mix well with work. In the case of healthcare professionals, this can lead not only to sickness and absenteeism, but also risks to patient safety and quality of care. Research shows that 20–25% of accidents at work are alcohol-related [11]. The annual productivity loss due to alcohol use in the Netherlands is an estimated 1.3 billion euros [12].

It is essential for organisations to develop policy to safeguard employees, patient safety and quality of healthcare. Organisations can opt on the harm reduction model or the prevention model. The harm reduction model focuses only on setting standards, rules and measures. The prevention model, which is preferred, is also aimed at preventing substance use disorders and addiction and policy aimed at offering help and support to those affected, as well as during their rehabilitation. Most important is, that the policy is aimed at helping employees affected by substance use disorders and addiction and keeping them in work. See Box 2.

The tool kit provides a policy plan for organisations entitled Working in healthcare: substance use and addiction. This format can be used as guide for formulating and implementing policy or optimising existing policy. In addition, there is an instruction manual and a communication plan. The instruction manual explains how organisations can use the format to develop their

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own policy. The communication plan can be used to inform all individuals within the organisation.

The RDMA has also drawn up a declaration of intent. By signing the declaration of intent, organisations declare their commitment to a healthy and safe working and learning environment, where addiction is treated as a disease, and where substance use disorders and addiction can be openly discussed, see Box 3.

For physicians: increasing knowledge, opening up a dialogue and becoming an ambassador

For physicians affected by substance use disorders and addiction it is often not easy to seek help and to become a patient themselves. This is often due to feeling ashamed and the stigma of addiction. Colleagues can take an important role in identifying potential problems at an early stage. The accredited teaching module allows physicians to increase their knowledge of substance use disorders and addiction, see Box 4. Physicians, including those still in training, can also follow the e-learning component of the teaching module separately.

To accompany the teaching module, the PHP has produced an animation and an information card with tips on how to enter the dialogue when presuming substance use in a colleague. Choice of language is very important when raising this topic with a colleague. There is a difference between opening up a dialogue or engaging in conversation, and confronting an individual about their behaviour. Opening up a dialogue and engaging in conversation in an early stage of concern creates an opportunity to express concerns to a colleague in a setting between equals – without judgement – which is vital in the case of a disease such as addiction, see the 10 tips in Box 5. In certain situations a direct confrontation with the behaviour is necessary, it is important to take in account the underlying disease, especially for the help and the measures.

Box 4. *Content of the teaching module*

1. **E-learning component on 'Addiction in physicians – how to identify substance use disorders and addiction' (aimed at knowledge).** Research carried out by the RDMA shows that physicians struggle to recognise the early signs of substance use disorders and addiction [13]. Physicians also want guidelines on how to open a dialogue with a colleague they are concerned about and what action they can take if patient safety is at risk. To improve physicians' knowledge, the teaching module starts with an e-learning component on recognising substance use disorders and addiction.
2. **Preparatory homework assignment (aimed at self-insight).** Prior self-reflection is essential if physicians want to discuss substance use disorders and addiction: knowing your own assumptions and ideas on this topic enables you to start a supportive dialogue in a better way when presuming substance use in a colleague. This is why the homework assignment also looks at the coping strategies of physicians themselves. Carrying out the preparatory homework assignment helps physicians to develop greater self-insight.
3. **Group session (aimed at communication skills).** In order to discuss substance use disorders and addiction, in addition to knowledge and self-insight physicians also need to rehearse the conversation. Physicians receive training in how to talk to patients. If a physician wants to open a dialogue with a colleague, physicians need to use their communication skills in a different way. Research carried out by the RDMA shows that physicians wish training in this area in order to actually engage with a colleague [14].

Box 5. *Summary of the 10 tips for opening a dialogue on substance use and addiction when you are concerned about a colleague*

Preparing the conversation

1. Ensure you prepare properly for the conversation with your colleague.
2. Arrange a quiet location at a quiet time of day with sufficient time at hand.
3. You should be aware of the fact that in many cases a colleague will need multiple signals from his environment or conversations before he recognises that he needs help and/or seeks help.

The conversation

4. Start the conversation by saying that you are concerned about your colleague and/or patient safety.
5. Talk to your colleague about situations and behaviours you have observed, without judgement or subjective input.
6. Give your colleague the opportunity to respond and express their emotions.
7. Remain aware of your own emotions and non-verbal communication.
8. Be prepared for two scenarios: your colleague denies the problem or your colleague acknowledges the problem.

Concluding the conversation

9. Discuss how you are going to record your agreements confidential and provide this to each other.
10. Close the conversation as you started, by saying that you are concerned about your colleague and/or patient safety.

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Box 6. *Summary of an ambassador's duties*

What does an ambassador do?

- You will be working within your organisation and professional or scientific association to promote the discussion of substance use disorders and addiction.
- You will be encouraging and motivating colleagues to be aware of and pay attention to substance use disorders and addiction in healthcare professionals.
- You will be encouraging cooperation at all levels of the organisation on this topic.
- You will function as an expert on this topic within your organisation and professional or scientific association.
- You will inform your colleagues about the PHP (the support service and the tool kit).
- Your name and profession will be listed at www.abs-artsen.nl/toolkit if you agree.

Finally, the PHP has created a network of ambassadors. This network comprises physicians and other healthcare professionals who are committed to ensuring a healthy and safe working and learning environment where addiction is treated as a disease, see Box 6.

Conclusion

The past decade major steps have been taken in making substance use disorders and addiction in physicians in the Netherlands a topic. Although substance use disorders and addiction in physicians formerly was a taboo, the topic is now discussed more openly and receives greater attention in the community of physicians. This article describes how the RDMA has achieved this through their PHP the past decade.

Since the launch of the counselling service in 2011, more than 400 physicians and individuals in their environment have contacted the PHP for confidential help, advice, guidance and/or monitoring. Over the years the number of people contacting the PHP has gradually increased, and the PHP currently receives calls from around 60 individuals every year.

Significant progress has also been made in raising awareness:

- The website of the support service and tool kit is viewed by around 250 visitors every week.
- Over 30 healthcare organisations signed the declaration of intent in 2020, making substance use disorders and addiction part of their agenda.
- Nearly 300 physicians followed the e-learning module in the first six months after release.
- There are 60 ambassadors who actively work for the PHP within their organisation and who use the tool kit for this purpose.
- Four other professional groups (dentists, pharmacists, psychologists and physician assistants) are investigating into how they can set up a programme like the RDMA PHP for their own members.

The success of the Dutch PHP is mainly due to the combination of offering help with the counselling service and investing in raising awareness with the tool kit. Both components are essential and have a mutually reinforcing effect.

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