EMPoweRx conference

A conference that is for us and by us

Taking Care of Your Family: Addiction and the EM Health Care Professional

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Disclosures and Disclaimers

- I do not have any specific conflicts of interest related to the material presented today

Objectives

- List risk factors for addiction in EM health care providers
- Describe signs of addiction in health care professionals

Let's Talk Language (pun intended…)

- Addiction vs. dependence

Are these meaningfully different terms for you?

Let's Talk Language (pun intended…)

- Addiction vs. dependence
  - **Addiction**
    - NIDA says: "compulsive drug seeking despite negative consequences"
  - **Dependence**
    - An *adaptive state*
    - Can be physical, psychological, or both
    - More of X substance is needed to achieve a desired effect

Are addiction and dependence the same thing?

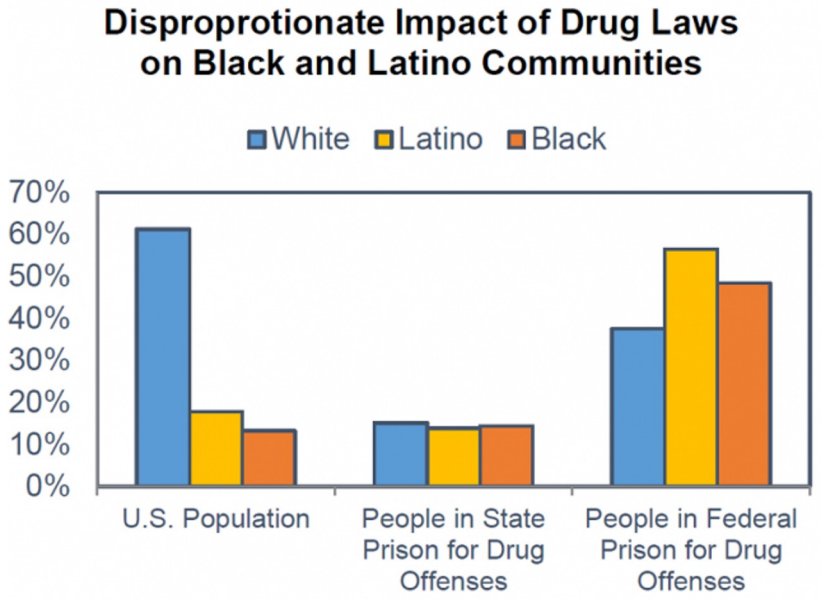
Substance	Can cause dependence?	Negative consequences from seeking substance?
Caffeine	Yes, physical	No
Cannabis	Yes, psychological	In some contexts
Fentanyl	Yes, physical	Yes
Alcohol	Yes, physical	In some contexts

What about the same substance, but different people?

The War on Drugs is Racist.

More than **80%** of drug arrests are for low-level possession, mostly of cannabis.

- Versus their white peers, Black people, Indigenous people, and people of color are far more likely to experience consequences for their drug use.
- There is no statistically significant difference in drug use rates between racial groups in the United States.



Sources: U.S. Census Bureau; Bureau of Justice Statistics

So?

- We tend to talk about drug use in a **moral context**. Good/bad, struggling/thriving. Morality is something **inherent** and **intrinsic**.
- But consequences are not equally applied! (An **extrinsic** issue.)
- And people in healthcare are often good at hiding substance use...

We also don’t have a plan in place. Not really.

- Our team did a scoping review of MOUD policies for healthcare professionals in recovery…

Review Article

Policies regarding use of medications for opioid use disorder in professional recovery programs: A scoping review

Kelley M. White , BS, Lucas G. Hill , PharmD, BCPS, BCACP, Joshua C. Perez , BS, Sorina B. Torrez , BSA, Claire M. Zagorski , MSc, LP & Lindsey J. Loera , PharmD

Pages 749-755 | Published online: 31 Jan 2022

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White KM, Hill LG, Perez JC, Torrez SB, Zagorski CM, Loera LJ. Policies regarding use of medications for opioid use disorder in professional recovery programs: A scoping review. Subst Abus. 2022;43(1):749-755..

Oof. 😬

regarding PHP policies related to its use or practice reentry could be identified. No articles reported specifically on practice reentry policies for pharmacists. *Conclusions:* This scoping review identified one article detailing explicit policies concerning MOUD use in the target professions. Implicit policies extrapolated from other articles found that naltrexone was the most commonly accepted form of MOUD, with methadone and buprenorphine being avoided due to dubious concerns of impairment. A unified, contemporary, comprehensive survey of current PHP policies and evaluation of actual treatment data to ascertain real-world practices is needed.

White KM, Hill LG, Perez JC, Torrez SB, Zagorski CM, Loera LJ. Policies regarding use of medications for opioid use disorder in professional recovery programs: A scoping review. Subst Abus. 2022;43(1):749-755..

Drug Use in Healthcare

- While drug use in general is about as common in healthcare as it is in the general population (~10-14%),
- There are three specialties noted for higher rates than the rest. Which do you think they are?

Flaherty, J. A., & Richman, J. A. (1993). Substance use and addiction among medical students, residents, and physicians. *The Psychiatric clinics of North America*, *16*(1), 189–197.

other specialties.

Several specialties were found to have preference for specific substances. Emergency Medicine had a greater than expected prevalence of illicit drug use (e.g., marijuana and/or cocaine). The cocaine-utilizing specialties were more likely to use marijuana and had a tendency to use more cocaine. Psychiatrists were more likely to have used benzodiazepines–a threefold excess in prevalence not approached by any other specialty. Family Practice and Obstetric/Gynecology physicians were more likely to use minor opiates and there was a suggestion that Anesthesiology, Emergency and chronic pain physicians were more likely to use major opiates.

In our initial report of data from this study, we found physicians were less

Why EM though?

Flaherty, J. A., & Richman, J. A. (1993). Substance use and addiction among medical students, residents, and physicians. *The Psychiatric clinics of North America*, *16*(1), 189–197.

Some Suggestions…

- Easy access to medications on-unit
- People who enjoy the rush of the ED are primed neurochemically for substance dependence
- Culture
- Moral injury

Flaherty, J. A., & Richman, J. A. (1993). Substance use and addiction among medical students, residents, and physicians. *The Psychiatric clinics of North America*, *16*(1), 189–197.

(An Unscientific) Poll…

- Who here has ever had to complete a mandatory module on wellness or burnout during your free time, OR you had to do so during work, and were then expected to stay late or otherwise make up your work?

Claire Zagorski, MSc, LP
@clairezagorski

People in healthcare!

Have you ever had to complete a mandatory module or other training on wellness and/or burnout on your own time, OR during work and then expected to stay late to get caught back up?

Yes - it's happened once	19.8%
Yes - happened 2+ times	**48.5%**
No	12.9%
Results	18.8%

101 votes · Final results

8:23 PM · May 4, 2023 · **1,453** Views

https://twitter.com/clairezagorski

What do we usually hear?

Solutions to burnout, stress, and exhaustion include:

- Exercise
- Eating well
- Meditation/mindfulness
- Journaling

https://www.healthline.com/health/mental-health/burnout-recovery

Wellness 🥰

- These aren’t bad suggestions
- But they aren’t adequate, either
- ***They individualize a collective problem***
- So why do we keep seeing them?

Two-Layered

- One: your **proximal colleagues** (PIC, charge RN, medical director, HR rep) don't have much power, so this is better than nothing *(this is true to varying degrees and is context-specific)*
  - Aka "this is better than nothing"
- Two: as long as the larger body of staff **believes that their stress is their problem**, it lets the larger institution off the hook

A reminder...

CVS buys primary care provider Oak Street for $10.6 billion

HOSPITALS

STAT+

FTC countersues HCA, Louisiana hospital system to stop acquisitions

By Bob Herman

HEALTHCARE

ER Doctors Call Private Equity Staffing Practices Illegal, Seek to Ban Them

BY: **BERNARD WOLFSON** - DECEMBER 27, 2022 6:00 AM

https://www.usatoday.com/story/money/2023/02/08/cvs-buys-oak-street-health/11210327002/
https://www.ftc.gov/news-events/news/press-releases/2023/04/ftc-sues-stop-potentially-illegal-integration-new-orleans-area-hospitals-over-failure-follow-federal-reporting-law
https://www.spartanburg.com/news/2022/12/er-doctors-call-private-equity-staffing-practices-illegal-and-seek-to-ban-them/

A reminder…

- Since ~ the 1980s, there has been a steady move toward **consolidation** of healthcare organizations and **profit maximizing** (versus outcome maximizing)
- Unfortunately, this is inherently **extractive**

Cutler, D. M., & Morton, F. S. (2013). Hospitals, market share, and consolidation. JAMA, 310(18), 1964-1970. DOI:10.1001/jama.2013.281675

You are not suffering from insufficient yoga. (Hypoyogosis?)

This is a structural issue.

Looking out for one another

- The emergency department is a **team**
- So let's start behaving collectively!
- **Working collectively is not only more effective, it's empowering and reminds you that you aren't alone.**
- This can be informal (e.g., employee councils) or formal…

The U word...

Penn Med residents and fellows vote to unionize, first housestaff union in Pennsylvania

By **Imran Siddiqui** and **Katie Bartlett** | 05/08/23 6:45pm

Credit: Anna Vazhaeparambil

Pharmacists Stage Walkout in Early Unionization Effort

Thousands of pharmacists are protesting low pay and increased workloads.

BY MIKE ELK DECEMBER 20, 2021

https://www.thedp.com/article/2023/05/penn-medicine-unionize-philadelphia-hospital-residents-fellows#:~:text=Residents%20and%20fellows%20at%20Penn,with%20a%20892%2D110%20vote.
https://prospect.org/labor/pharmacists-stage-walkout-in-early-unionization-effort/

Collective Bargaining

- Joining a union will look different for every workplace
- It may or may not make sense for you at this time, and that’s ok!
- Takes ”working together” and gives it teeth

Collective Bargaining

- This is already pretty common for EMS!
- Allows for traction to address, as a group, issues like workplace safety, patient safety, pay and benefits, contracts, and more
- Takes the individualized issues (hypoyogosis!) and demands collective attention

Things to know, unionized or not –

- It is unlawful for a workplace to prohibit employees from discussing wages with one another
- It is unlawful for your employer to retaliate against or punish you for talking about your wages with other employees
- Having these discussions helps uncover pay inequity based on race, gender, age, or other protected category

https://www.nlrb.gov/about-nlrb/rights-we-protect/your-rights/your-rights-to-discuss-wages

Things to know, unionized or not –

- The courts have consistently ruled that promises made in employee handbooks are legally binding
- You cannot be paid like a contractor while treated as an employee
  - Does your employer controls when/where/how you work, you're an employee, and entitled to employee benefits and protections

https://www.reuters.com/article/tagblogsfindlawcom2011-freeenterprise-32/are-employee-handbooks-enforceable-contracts-idUS318174145520110511
https://www.commpayhr.com/treating-independent-contractors-like-employees/

Hard on Institutions, Gentle on Individuals

- Taking care of yourself IS important
  - It's just been very well-described at this point!
- Major corporate healthcare is focused on profit more so than a healthy and happy workforce
- Even though substance use is more common in EM than other specialties, there aren't clear plans in place for helping folks back into the workforce
  - (this is going to reinforce NOT asking for help.)
- If nothing else, **know that stress, anxiety, depression, and addiction are not uncommon. They are a rational response to our broken healthcare system. You are not alone.**

Learning Assessment Question

Drug use rates among people in healthcare are **(higher/lower/about equal)** relative to what is seen in the general population?

Learning Assessment Question

Drug use rates among people in healthcare are (higher/lower/about equal) relative to what is seen in the general population?

Answer: **About equal**

Explanation
Per literature on this subject, rates appear roughly equal, at about 10-14% of the given population. However, more updated work needs to be done on this.

Learning Assessment Question

1. Which of the following is a lawful workplace practice, per the National Labor Relations Act?
    a. An employer prohibiting employees from discussing their wages with one another
    b. An employer retaliating against employees for discussing their wages with one another
    c. An employer denying employee benefits (e.g., PTO, insurance) to contracted workers
    d. All of these are lawful under the National Labor Relations Act

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Answer: **An employer denying employee benefits (e.g., PTO, insurance) to contracted workers**

Explanation: The National Labor Relations Act (NLRA) is a United States federal law that governs the rights of employees to collectively bargain and engage in other concerted activities for their mutual aid and protection. It also defines and regulates the actions of employers in relation to their employees. A, B, and D is prohibited by the Act. C. An employer denying employee benefits (e.g., PTO, insurance) to contracted workers: This practice can be lawful under the NLRA, as the Act primarily covers employees and not independent contractors. If the contracted workers are considered independent contractors and not employees, the NLRA does not protect them, and the employer may lawfully deny employee benefits to these workers.

Learning Assessment Question

1. Which of the following medical specialties is not among the top three for rates of substance use disorder among its ranks?

    a. emergency medicine

    b. anesthesiology

    c. orthopedic surgery

    d. psychiatry

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    a. emergency medicine

    b. anesthesiology

    c. orthopedic surgery

    d. psychiatry

Answer: **B. orthopedic surgery**

Explanation: The correct answer is orthopedic surgery, as it is not among the top three medical specialties with the highest rates of substance use disorder among its practitioners. Emergency medicine has a high rate of substance use disorder due to the high levels of stress and easy access to medications. Anesthesiologists also face high rates of substance use disorder because of the stressful nature of their work and their access to potent medications. While orthopedic surgery can be a demanding specialty, it does not have a rate of substance use disorder as high as emergency medicine, anesthesiology, or psychiatry. Therefore, it is the correct answer. Psychiatrists are among the top three specialties with high rates of substance use disorder. This may be due to the stress associated with dealing with patients who have mental health issues and the access to medications that can potentially be misused.

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