Substance abuse is part of a disease process resulting in physician impairment, social and professional failure, unsafe medical practice, and, not uncommonly, death.

Anesthesiologists have at their disposal a variety of substances with strong abuse potential. These include but are not limited to alcohol, narcotics, benzodiazepines, barbiturates, ketamine, propofol, and inhaled anesthetics. Diagnosis is difficult because of its subtle presentation, insidious onset, and denial on the part of the practitioner and his colleagues. Since it is common (at least 2-16% of anesthesiologists), most anesthesiology departments must face this problem periodically. The purpose of this policy is to encourage continued awareness of this potentially devastating problem and to provide general guidelines for its prevention and management.

**Education**

Prevention is potentially the most effective means of addressing the problem of substance abuse. An important means by which we can prevent substance abuse is to assure education on the subject for all faculty, residents, and CRNAs. To that end, all members of the department will be provided at least two formal didactic seminars per year on the subject per year. The content will include but not be limited to pathophysiology, epidemiology, recognition, treatment, and reentry. The videos "Wearing Masks" and "Wearing Masks II" will be presented as part of these seminars. In addition, all incoming residents will receive a didactic seminar on Substance Abuse as part of their orientation process. All members of the department will receive a syllabus and be required to complete a written examination to demonstrate their core competency in this area.

**Monitoring**

The first level of monitoring is personal, rather than departmental. In accordance with the primary rule of beneficence governing the doctor-patient relationship, it is every physician's duty to assess his or her own competence continuously, to self-diagnose impairment of any kind, and to implement a resolution of that forthwith. Also, it is the responsibility of every departmental member to monitor each other for evidence of impairment. The members are strongly encouraged to report to the Chair, Program Director, or Departmental Well Being Officer if substance abuse is suspected in themselves or others. Currently we have no mandatory drug testing, but such testing may be implemented in selected circumstances if a problem is suspected.

**Management**

If substance abuse is suspected, the practitioner will be immediately removed from the clinical arena. Appropriate initial management and consultation will be provided by the department, with the Chair, Program Director, and Departmental Well Being Officer taking the lead roles. The subject will then be referred to appropriate outside treatment areas for evaluation, detoxification, medical management, and psychiatric treatment as indicated.

**Treatment and Reentry**

Treatment and reentry will be undertaken according to the individual situation. They will be coordinated with outside agencies by the Departmental Well Being Officer. Monitoring management of reentry will
be performed carefully according to the recommendations of the subjects' treating physicians and agencies as well as the judgment of the Departmental Well Being Officer, Chair, and Program Director.

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