Brian Fingerson Biography

- President of Kentucky Professionals Recovery Network (KYPRN)
- Administer addictions recovery programs for multiple licensing boards in Kentucky
- >44 years pharmacy practice with > 31 years working primarily with HCP with addictions
Disclosure

• Brian Fingerson, BS Pharm, RPh, FAPhA, declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.
2016 Surgeon General’s Report

- 22.5 million reported use of an illegal drug in prior year
- 12.5 million reported misusing Rx pain relievers in past year
- 66.7 million reported binge drinking in past month
- 27.1 million current users of illicit drugs or misused Rx drugs
2016 Surgeon General’s Report

• Roughly 1 in 7 people in the United States (14.6% of the population) are expected to develop a Substance Use Disorder (SUD) at some point in their lives

• In 2015, SUD affected almost 8% of the adolescent and adult population – this is similar to the number of people who suffer from diabetes

• An estimated $400 billion annually in crime, health, and lost productivity
Why should a workplace look at substance abuse issues?

• The fact that some people use substances e.g. alcohol or illicit drugs, or that some people misuse Rx drugs isn’t new. The awareness that the abuse of substances may affect the workplace just as the workplace may affect substance abuse is, however, increasing in acceptance. Many aspects of the workplace today require alertness and quick reflexes. An impairment to these qualities can cause serious accidents, and interfere with the accuracy and efficiency of work.
Other ways substance abuse can cause problems at work include:

- After-effects of substance use (hangover, withdrawal) affecting job performance
- Absenteeism, illness, and/or reduced productivity
- Preoccupation with obtaining and using substances while at work, interfering with attention and concentration
- Illegal activities at work including selling illicit drugs to other employees
- Psychological or stress-related effects due to use by others
In general, effects of various substances:

• Alcohol – impaired judgement, slowed reflexes, impaired motor function, sleepiness/drowsiness
• Cannabis – distorted sense of time, impaired memory, impaired coordination
• Depressants – inattention, slowed reflexes, depression, impaired balance, drowsiness
• Hallucinogens – inattention, sensory illusions, hallucinations, disorientation, psychosis
In general, effects of various substances:

- Inhalants – Intoxication similar to alcohol, dizziness, headache
- Nicotine – initial stimulant, later depressant effects
- Opioids – loss of interest, nodding, Hep C, HIV
- Stimulants – elevated mood, overactivity, tension/anxiety, rapid heartbeat, constriction of blood vessels
Are there elements of work that may contribute to abuse of substances?

- High stress
- Low job satisfaction
- Long hours or irregular shifts
- Fatigue
- Repetitious duties
- Isolation
- Easy access to substances
- Remote or irregular supervision
- Periods of inactivity or boredom
DSM V: Diagnosis of Addictive Diseases

1. Tolerance
2. Withdrawal

**Loss of Control:**

3. Recurrent use resulting in failure to fulfill obligations
4. Recurrent use in physically hazardous situations
5. Continued use despite social or interpersonal problems
6. Used more and longer than planned
7. Unsuccessful attempts to quit or control use
8. Excessive time spent obtaining, using, or recovering from use

Moderate: 2-3 criteria positive
Severe: 4 or more criteria positive

9. Important social, occupational, ... activities given up
10. Continued use despite having physical or psychological problems
11. Craving or a strong desire or urge to use a specific substance
Impairment signs/symptoms in the workplace:

• Changes in the manner in which patients or colleagues are treated
• Deterioration of personal appearance and hygiene
• Loss of interest in work, or....
• “Super” whatever
Workplace continued:

- Poor record keeping
- Problems with concentration
- Treatment errors or whatever
- Absenteeism or tardiness, esp. on day following days off
- Pattern of frequent job changes
Workplace continued:

- Paranoia
- Frequent trips to the bathroom
- Mood swings
- Periods of unemployment
Snitching?

Never Snitch On Friends
To whom do I turn for help?

• Do you call the professional’s licensing Board?
• Board balances regulation with compassion
• Is it a bad person in need of punishment or an ill person in need of care?
Professions “ruled” by KRS e.g. KRS 313.130(d)

• A licensee shall be guilty of “unprofessional conduct” if the licensee:

• Prescribes, procures, dispenses, administers, mixes, or otherwise prepares a legend drug, including a controlled substance:
OR

• Commits an act relating to the practice of dentistry that creates a danger to the public, patients, or employees of the licensee, whether or not the act constitutes a crime.
BY

• A) Other than in the course of professional practice of the dentist
• B) In inappropriate amounts or quantities not in the best interest of the patient, or
• C) To himself if the drug is listed in Schedule I, II, III, or IV of KRS Chapter 218A.
OR...

• Such physical or mental disability, or other condition, that continued practice would be dangerous to patients or the public.
• Plus things that don’t necessarily relate to our topics of conversation today.
But...What if I...?

• What can or will happen to you if you violate any of these laws?
• Dental Law Enforcement Committee triage of complaint
The Board may reprimand or place on probation, or may revoke, suspend, refuse to renew, or refuse to issue a license to any dentist for any of the following causes:

- Addiction to a drug habit
- Chronic or persistent alcoholism
2012 KY House Bill 1

• Reporting of Criminal Actions:
County and Commonwealth Attorneys shall report felony charges against a licensed person to the Attorney General and applicable licensing Board within 3 business days if the indictment relates to manufacture of, trafficking in, prescribing, dispensing, or possession of a controlled substance.
KRS 313.021 Impaired dentist or dental hygienist

WBC

• May establish via contract or other arrangements a well-being committee
• May expend any funds it deems necessary to provide operational expenses
• Information is privileged and confidential
• Records and proceedings privileged and confidential
Referral by:

- Board
- Self
- Colleague or employer
- Family
- Intervention
- ***anonymous
Do they have to reach this level?
Why do they ask for help?

• Liver
• Lover
• Livelihood
• Law
Then what happens?
Evaluation

• Comprehensive Professional Evaluation.
• Results of evaluations will determine to a large extent what type of treatment. It may be AA/NA, IOP, Long-term residential or other or a combination
Yes...Rehab does work!
• There must be something the matter with him because he would not be acting as he does unless there was. Therefore he is acting as he is because there is something the matter with him.
Denial continued:

- He does not think there is anything the matter with him because one of the things that is the matter with him is that he does not think that there is anything the matter with him.
- Therefore we have to help him realize that, the fact that he does not think there is anything the matter with him is one of the things that is the matter with him.
DENIAL — not just a river in Egypt*

Yes – it has been said before!

• Don’t
• Even
• Know
• I
• Am
• Lying
Goals of Addiction Therapy:

• Reduction or elimination of denial
• Increased self care
• Treatment of medical and psychiatric problems
• Treatment of co-morbid family
• Education to protect himself or herself from substance use disorders
The continuing care and monitoring contract components:

- Continuing care therapy
- Mutual help group attendance e.g. 12-step meetings, Caduceus, 90 in 90
- Analysis of urine, blood, hair, nails
- Practice monitoring by peers or others e.g. the Board
Contract components continued:

- Additional continuing care assignments
- Protocols for legitimate medical problems – who is MD; can take meds, but all (with a few exceptions) must be cleared through the monitoring program – medication management
- Contingencies that will occur should a patient return to substance abuse - violation
Contract components continued:

• Where do they live and work
• Names of those who can/will support the HCP in ongoing recovery – “the network” – professional conferences or meetings
• 5 year length minimum, there are exceptions
We may:

- Caution about number of hours worked
- Approved practice sites
- May change practice specialty
- May have practice “monitor”
- No DEA or limited DEA privileges
Peer Support Services

• Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience.
• In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery.
Recovery Support

• Recovery support is provided through treatment, services, and community-based programs by behavioral health care providers, peer providers, family members, friends and social networks, the faith community, and people with experience in recovery.

• Because recovery is a highly individualized process, recovery services and supports must be flexible.
Recovery Support Services

• Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives in communities of their choice.
Mutual Aid Types/Groups

- 12-Step e.g. Alcoholics Anonymous or Narcotics Anonymous
- Celebrate Recovery
- Rational Recovery
- Caduceus meetings
- Recovery Coaches
Conclusion

• Substance abuse by HCP is a condition that has become increasingly recognized over the past 30+ years. We’ve worked hard to develop treatment protocols and support programs.
Treatment does work!

- The vast majority of HCP who successfully complete treatment and participate in aftercare monitoring CAN and DO successfully return to practice.
- HIRE THE RECOVERING PROFESSIONAL
“The alcoholic is like a tornado roaring through the lives of others.” page 82
From the book: “Alcoholics Anonymous”
Page 82 also says: “Hearts are broken.” Our goal is: Recovery

From the book: “Alcoholics Anonymous”
We would like to return to this:

- Successful practice
Questions???

• Brian Fingerson, RPh, Inc, - KY Professionals Recovery Network – KYPRN, 202 Bellemeade Road, Louisville, KY 40222, O/H: 502-749-8385
  • kyprn@att.net
  • www.kyprn.com
Providers’ Clinical Support System for Opioid Therapies (PCSS-O) Training

• PCSS-O is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with: Addiction Technology Transfer Center (ATTC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (IntNSA), and Southeast Consortium for Substance Abuse Training (SECSAT).

• For more information visit: www.pcss-o.org

• For questions, email: pcss-o@aaap.org

• Visit us on Twitter: @PCSSProjects

• Funding for this initiative was made possible (in part) by Providers’ Clinical Support System for Opioid Therapies (grant no. 1H79TI025595) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
ADA Contact Information

Alison Bramhall, MPH
Email: BramhallA@ada.org
Phone: 312-440-2622