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# The value of a support group for medical professionals with substance use disorders

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## Abstract

**Objective:** The objective of this study was to explore how a support group in Victoria, Australia, that has been set up for doctors and medical students with substance use disorders is perceived by group members.

**Method:** Past and present participants were surveyed anonymously regarding their attitudes to the group and its role in their recovery.

**Results:** Respondents overwhelmingly valued the support group, seeing it as an integral and essential part of their recovery and on-going health.

**Conclusions:** It is recommended that such support groups for doctors who have substance use disorders be more widely available in jurisdictions other than Victoria.

**Keywords:** doctors, medical professionals, medical students, substance use disorders, support group

‘Caduceus’ is a peer-based support group for medical professionals who suffer from substance abuse issues. Most doctors who are case managed by the Victorian Doctors Health Program (VDHP) in Victoria, Australia, attend the Caduceus group as part of their recovery program. This paper explores the thoughts and attitudes of past and present Caduceus group participants about the role of ‘Caduceus’ in their recovery. The researchers were particularly interested in the perceived utility of the group, and whether participants found it beneficial to have a peer-based support group available only to those in the medical profession.

## Literature review

The VDHP was formed in 2001. It is the only full-time physician health program of its kind in Australia. Based on similar programs in North America and Europe, these programs have been established to provide a confidential, supportive service to health care practitioners, who can be reluctant to get help in the event of illness.<sup>1–7</sup> Studies have found that this may be attributable to a strong work identity where illness is equated with incompetence and a threat to self-esteem, or where society’s high regard for doctors leaves them thinking that they are immune to the normal range of human

conflicts, problems, vulnerabilities and illnesses.<sup>2,3,8</sup> Like physician health programs in other jurisdictions, a significant proportion of VDHP’s work is the care of doctors with substance use issues. The lifetime prevalence of substance abuse in Australian doctors has been estimated to be approximately 8%.<sup>8,9</sup> As with any population group with members that have substance use problems, the cause cannot be reduced to a single factor; anxiety, depression, personality problems, stress at work, family stress, long hours, time pressure and high expectations can all contribute to the development of substance use issues.<sup>2,8,9</sup> The denial or lack of insight inherent in any addiction problem, along with feelings of shame and vulnerability, all conspire against admitting needing help, thus leaving the doctor increasingly vulnerable and isolated.<sup>2,3,8</sup> Patterns of substance abuse, drug of choice and self-reporting vary between medical specialities.<sup>10</sup> For example, psychiatrists and psychiatric residents have been shown to abuse more benzodiazepines than emergency physicians and surgeons.<sup>11</sup>

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One of the aims of the physician health programs is to ensure that doctors with substance use issues comply with appropriate treatment, remain abstinent, and receive close monitoring so they can safely return to medical practice.<sup>2,4,6</sup> Given the potential public health and safety problems that can be caused by addiction among physicians, the care and supervision provided by these programs is imperative, with emphasis on the need for confidentiality, long-term supervision and the membership of self-help groups.<sup>2</sup> Research has shown that such a comprehensive approach to assisting doctors is associated with recovery rates of between 75–85%.<sup>4,7,12</sup> Furthermore, if impaired practitioners remain untreated, the community may be deprived of years of service of highly trained and experienced professionals.<sup>13</sup>

Central to VDHP's support of doctors with substance use disorders is a care contract lasting up to five years called the Case Management, Aftercare and Monitoring Program (CAMP) Agreement. The components of a CAMP agreement are tailored to the individual doctor's needs and may include referral to a General Practitioner (GP), referral to an addiction medicine specialist, psychiatrist, and/or psychologist, chemical monitoring (urine and hair testing), the appointment of a Work Place Supervisor and referral to a peer support group specifically for doctors with substance use issues.

As part of their case management at VDHP, the majority of the medical practitioners with substance use problems are referred to and participate in the Caduceus group. This is a facilitated support group, solely for medical practitioners, which meets weekly for 90 min in an inner city location. Due to a doctor's addiction being at its core an activity of secrecy and solitude, many report relief on discovering that they are not alone.<sup>2,3</sup>

## Method

Doctors suffering from substance abuse issues who were or had been on a CAMP agreement that included attendance at the Caduceus group anytime between July 2001 and June 2011 were invited to participate in this investigation.

A cover letter explained the purpose of the study and what participation entailed. Doctors were also informed of the possible benefits of the research, the approximate time it would take to complete the survey, and how the results would be used. They were also assured that the anonymous surveys were confidential, and that participation in the research was voluntary. It was requested that the surveys be returned to VDHP within four weeks (by end of July 2011). Formal ethics approval was not deemed necessary for this project as it was part of internal quality improvement processes. Furthermore, when medical students and doctors initially attend VDHP, they give 'consent to VDHP using my de-identified data for research purposes'.

The self-assessment survey consisted of two parts. The first section requested information regarding age, gender,

current area of work, source of initial referral to VDHP, any Medical Board involvement as a result of substance use, their substance(s) of choice, stage of their career that they had become aware they suffered from substance use issues and how long the participant had been attending the Caduceus group.

The second section comprised eight questions which required participants to comment on their experiences of the Caduceus group. Information was sought about how participants felt about being referred to the Caduceus group and how important it had been in their recovery.

Participants were asked to indicate from a list which of the following they felt the Caduceus group had provided for them: peer support, a safe and confidential place to share their personal story, coping strategies, a greater acceptance of suffering from a substance use disorder, the opportunity to meet others who have substance use issues, and a greater understanding of substance use.

Participants were also asked whether they had experienced a lapse or relapse during their time at the Caduceus group and, if so, how comfortable they were discussing such matters in the group, and the value of any such discussions. The researchers also wanted to know whether participants would recommend 'Caduceus' to other doctors with substance use issues, how beneficial they thought it was having a substance group solely for doctors, and whether they would continue to attend if not required to do so as part of their CAMP agreement. Participants were invited to contribute any other comments and suggestions about the Caduceus group.

The surveys were distributed either by hand at the Caduceus group, or by post. The correct and preferred postal address for each participant was checked prior to posting the survey. In total, 50 surveys were distributed (12 at 'Caduceus' and 38 via post). Participants could either place their anonymous responses into a collection box at the Caduceus group or return them by post.

## Results and discussion

Of the 50 surveys distributed, 32 were completed and returned.

Of the participants who had attended the Caduceus group between 2001–2011 who could not be contacted: nine were unable to be located, three had re-located overseas, and seven were deceased (four due to unrelated medical conditions and three due to substance-related problems).

### Survey section A

Males accounted for 29 (91%) of survey respondents and females three (9%). The age range was from 31–86 years with a mean and median age of 51.5 years and a modal age of 38 years.

**Table 1. Area of work at time of completion of survey**

<i>Area of work</i>	<i>n (%)</i>
Specialist	12 (38%)
GP	8 (25%)
Doctor in training	7 (22%)
Retired	3 (9%)
Non-medical work	2 (6%)
Medical student	0 (0%)

GP: General Practitioner

**Table 2. Stage of career when doctor became aware of substance use issues**

<i>Awareness of substance use issues relative to career stage</i>	<i>n (%)</i>
GP/specialist	18 (56%)
Doctor in training	6 (19%)
Medical student	5 (16%)
Intern/HMO	2 (6%)
Prior to medical course	1 (3%)

GP: General Practitioner

Two (6%) of the respondents had attended the Caduceus group 0–6 months; four (12%) for 6–12 months; two (6%) for 12–24 months; seven (22%) for 24–36 months; four (13%) for 36–48 months and 13 (41%) for 48 months or longer. Also, 17 (53%) reported having been involved with the Medical Practitioners Board of Victoria (MPBV), now the Australian Health Practitioner Regulation Agency (AHPRA) as a result of their substance use, and 15 (47%) reported no Board involvement.

The Caduceus participants' area of work or stage of career at the time of completion of this survey is indicated in Table 1. The stage of career at which participants became aware of their substance use problem is shown in Table 2. The majority of survey respondents are now established in their careers, being in general or specialist practice. Similarly, the majority of participants were specialists or general practitioners by the time it was recognized that they had substance use issues (see Table 2). Though Caduceus attendance is also open to medical students, no responses were received from current students. However, five respondents indicated that their substance use problems had begun during their student years (see Table 2).

Table 3 indicates how participants were initially referred to VDHP. Two respondents ticked more than one response. Only 29% of those attending the Caduceus group referred themselves to VDHP. Compared to total referrals to our

**Table 3. Source of referral to Victorian Doctors Health Program (VDHP)**

<i>Referral source</i>	<i>n (%)</i>
Self	10 (29%)
MPBV/AHPRA	7 (21%)
Treating doctor	6 (18%)
Practice manager/employer	4 (12%)
Family/friend	3 (9%)
Colleague	2 (6%)
Other	2 (6%)
Medical School	0 (0%)

MPBV/AHPRA: Medical Practitioners Board of Victoria, now the Australian Health Practitioner Regulation Agency

**Table 4. Substance(s) of choice**

<i>Substance</i>	<i>n (%)</i>
Alcohol	16 (50%)
Pethidine	13 (41%)
Opiates (e.g. heroin, codeine, oxycodone)	8 (25%)
Prescribed medication (e.g. benzodiazepines)	5 (16%)
Illicit drugs (e.g. amphetamines, cannabis)	4 (12%)

service, doctors with substance use problems are more likely to have been referred by or 'persuaded' to attend by colleagues, employers or treating doctors. There were seven doctors who had been referred to VDHP by the MPBV.

Fifty percent of doctors indicated that alcohol was the, or one of their, substance(s) of choice (see Table 4). Five respondents indicated they had problems with two substances, three with three substances, and one respondent had been abusing four substances.

### Survey section B

*Very apprehensive at first but then, realizing we all had the same problems, I felt relieved and free to talk of my experiences.*

On being asked about their initial feelings regarding referral to the Caduceus group, many participants described several emotions: 17 participants used expressions such as anxious, nervous, apprehensive or afraid, and 10 expressed relief and hope. In addition three admitted to feelings of shame or embarrassment and two described being highly enthusiastic. Six participants had a strong negative response to the initial referral, feeling angry and skeptical, very reluctant to participate,

that it was an onerous burden and that they were being asked to join a 'naughty doctors' group'.

When asked about the importance of the Caduceus group in the process of recovery, many felt that it was crucial or even the most important part of recovery.

*Saved my life, family and work.*

The therapeutic aspects of the group were valued in that it facilitated further self-understanding and provided opportunities to explore ways of dealing with stress other than resorting to substance use. The Caduceus group was perceived as supportive, safe, unique and non-judgmental. Other medical professionals were able to be role models towards recovery.

When asked whether they had a relapse during the time they attended 'Caduceus', 13 replied 'yes' and 19 replied 'no'.

*I felt uneasy, but was well supported by the group. I think I was more down on myself than the group was of me.*

Of those who replied 'yes', five felt comfortable to discuss their relapse, two were uneasy but felt comforted by the group, and two only discussed their relapse after being reported to the regulatory authority. Four respondents did not discuss their relapse with the rest of the group. However, from all but one of those who did discuss their relapse with the group, there was an overwhelming feeling that discussion with the group was very helpful.

When asked if they would recommend 'Caduceus' to other doctors or medical students, all but one replied 'yes', giving reasons such as: it being highly supportive; composed of like-minded professional people; being educational; offering practical help and coping strategies.

*It gives everyone an opportunity to share their experience in a safe environment and allows you to see how others are tackling their addiction, thus allowing you to develop your own recovery program and strategy.*

The one negative response was that the group was too male-dominated and there was a lack of discussion of female issues.

When asked how beneficial it was to have a substance use support group that is solely for the medical profession, 27 participants replied very important and five moderately important.

*Although an addict is an addict, I do believe that doctors share common unique issues and a place to meet together is vital.*

Reasons given for this included the support of peers, being able to address issues specific to work in the medical profession, and being able to address issues

more specific to how embarrassed and ashamed they felt in not being able to live up to expectations of being a 'pillar of society'. The group was also able to discuss the difficulties of being a 'doctor-patient'.

Social aspects of the group were important, especially the camaraderie that developed amongst members and the ability of the group to accept new members.

*Recovery is a lifelong management, and 'Caduceus' gives me a fantastic opportunity to maintain my recovery and help others do the same.*

Of the 23 participants who indicated that they would or do continue to attend the Caduceus group after it had ceased to be a part of their case management program, many expressed sentiments such as the ongoing need to 'vent', a continued need for ongoing support, and recognizing that addiction was a lifelong condition. Other themes in the responses were the ongoing need for social interaction, and that members still enjoyed the group and still found it useful. They also expressed a wish to see how other participants were faring. A couple thought that their continued attendance and contributions gave them a chance to help others and one thought that their continued attendance would provide a reminder of where they didn't want to return.

Of the seven who replied that they would not or did not continue to attend the Caduceus group after it was part of their case management, the reasons given were: the relative lack of older clean members; it being too far to travel; a feeling that they no longer needed it, and their own difficulties with mobility or travel.

Respondents also provided additional comments and suggestions about the Caduceus group. Some of these comments are quoted throughout this article. Here is another:

*It is vital that it continues. I have gone from the gutter bench to a position of respect thanks to this organization!*

Suggestions made about 'Caduceus' can be grouped into three main themes, as follows:

1. Administrative suggestions regarding the practicalities and logistics of meetings: with some participants wanting to pay more for attending and some wanting to change the time or location of meetings.
2. Expressions of how important it was that 'Caduceus' be independent from the professional regulatory body AHPRA, and that 'Caduceus' be exempt from mandatory reporting.
3. Broader political issues such as the need to undertake some economic modeling to prove the real worth of 'Caduceus' to 'bureaucrats', that 'Caduceus' must continue and that it should be a

national initiative available to medical professionals in all states of Australia.

This survey shows that the Caduceus group has an important role in recovery for those who attended. In no way do we advocate that that attendance at the Caduceus group (or a similar support group) be the sole aspect of recovery. The Caduceus group attendance is part of an integrated case management plan. Some of our participants also undertook 12-step programs and benefitted greatly from these. However, by being a group specific to doctors, 'Caduceus' filled a space that Alcoholics Anonymous or Narcotics Anonymous did not.

This is a small study and as such has limitations in extrapolating findings to a larger population. As this survey was anonymous, it is not possible to report on the demographics of the non-responders. However, the authors wondered that given the overwhelming positive nature of the responses, whether there was a response-bias, with those who did respond having a vested interest in keeping the group going. It is possible that non-responders were those who did not benefit from the group.

## Summary

While this paper presents only a small sample of 'voices' from doctors who have experienced substance use issues, their survey responses provide an insight into their perceptions, feelings and experiences of referral to and participation in a peer support group, and its impact on their recovery. From this investigation the following themes have emerged:

Participation in a group such as 'Caduceus' is a valuable part of recovery. It is highly valued by the participants and the group being specifically for, and restricted to, those in the medical profession is a major contributor to the group's utility.

This group is only available to medical professionals residing or working in Victoria, and it is the only such

group in Australia. The possibility of the establishment of similar peer support groups for doctors with substance use issues in other states needs to be explored.

## Disclosure

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

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