

THE REST OF YOUR LIFE

Overcoming Addiction: Three Physicians' Stories

When Dr. Michael W. Sullivan started taking hydrocodone to cope with the pressures of his 100-plus hours a week ob.gyn. residency in Cincinnati in 1996, he knew he was hooked.

"It was love at first sight," he recalled. "That euphoria—there was absolutely nothing like it."

By the time he joined an ob.gyn. practice in Wisconsin a few years later, he was hoarding hydrocodone samples brought in by drug representatives and popping 20-25 pills a day, mostly after work. "Now it's much more difficult to get those samples, but at that time, I could get thousands of them at a time," he said. "It was very discreet, and it was cheap."

As a married father with four children, his chief concerns became keeping supplied with hydrocodone—he started ordering from pharmacy supply houses because drug reps were cutting back on dispensing samples—and making sure his family didn't find out about his habit.

In 1999, Dr. Sullivan and his family moved to Omaha, Neb., where he joined a small practice.

By this time, his hydrocodone use had escalated to 30-40 pills a day, and he had started using at work.

He tried to quit by not refilling orders for the drug he placed with pharmacy supply houses. "My way of trying to con myself into quitting was thinking, 'I'll just get through this 1,000 and then I'll stop. This is my last bottle.' So I'd get to the end of that bottle and [tell myself], 'I'll just get one more.'"

Well aware that an order placed to a pharmacy supply house would take days to reach him, he started writing fictitious prescriptions at local pharmacies to get him over the hump until his shipment arrived. He'd pick up the prescriptions in person, but they'd be in someone else's name.

He did this 60-70 times and even devised a system on his Palm Pilot to track the fictitious names he used to make sure he didn't go back to the same pharmacy more than once every 6 months.

His scheme backfired in October 2000 when a pharmacist said she would fill the prescription only if Dr. Sullivan brought in a photo ID of the person whose name appeared on the order.

"I left and I never came back," Dr. Sullivan said. "The next day in my office I got a call from that pharmacist. She said, 'I think someone stole your prescription pad and is using your prescriptions. There was a guy in here who just didn't look quite right. I think he was falsifying prescriptions, and I saw him in here 6 months ago and he did the same thing.'"

The next day, a state trooper showed up at Dr. Sullivan's office and asked for a photo of him to match against the image

on the drugstore security camera.

They had their man.

Within 2 weeks, Dr. Sullivan entered a month-long program at a drug treatment facility in Hazelton, Minn.

"The humility that I learned in those 30 days was the most remarkable thing. My definition of myself is not that I'm a physician; it's that I'm a person and I happen to practice medicine. And I'm an addict." He called drug withdrawal "one of the most hellacious parts" of treatment. "Even though [I've been clean] for 5 years, that still burns in my mind. That was a torture to go through."



Before getting caught, Dr. Michael W. Sullivan, pictured with his family, took 30-40 hydrocodone pills each day.

"The hardest part was telling my wife what was going on. In the mixture of being angry and scared, there was relief. Someone knew about it, and I was going to get help."

In January 2002, the Nebraska Health and Human Services System's state medical board sentenced Dr. Sullivan to a 9-

month license suspension, 5 years of license probation, 100 hours of community service, monthly meetings with a licensee assistance program counselor, and five 12-step meetings a week.

"In my case, I go to Alcoholics Anonymous," he said. "The people in the 12-step group are what keep me sober."

He added that the prevalence of substance abuse among physicians is as high as that seen in the general population.

"There are at least 15% of us in medicine who are using [alcohol or drugs]," he said. "These physicians have to find someone in confidence to tell what is going on, someone who they positively trust [and] who will know how to help them. A lot of times, they'll be able to find that out through Narcotics Anonymous or Alcoholics Anonymous. There are health care professionals in all of those groups. Eventually, you have to lose the pride and ego and become humble."

He also advised troubled physicians to contact their state physician health program. These programs exist in all 50 states; most are members of the Federation of State Physician Health Programs. Staffed by physicians and other professionals, these programs provide confidential support for colleagues who suffer from stress, substance abuse disorders, or other psychiatric illnesses.

Dr. Sullivan, now 50 years old, describes his current relationship with his wife and children as good. They "know that I go to AA meetings, they know my friends, and they know that [my friends] are all addicts and alcoholics," he said. ■

By Doug Brunk, San Diego Bureau

Alcohol, Drugs, And a Residency

I am a juvenile-onset drug addict. As a kid who grew up in Detroit in the 1940s, I had a great deal of difficulty learning and remembering things. When I was 12 years old, a pharmacist dispensed some ben-



BY LARRY S. SCHLESINGER, M.D.

zedrine for me and told me that it would help me study.

Back then, benzedrine was passed out like water. But I had a second problem in addition to the learning disability. I was also a drug addict

and didn't know it until I started using benzedrine as often as I could from age 12 on.

People with my disease are able to suspend their natural inbred addiction when they have a mission. My mission was to get through medical school. I didn't drink or take any chemicals for 4 years.

Ultimately, I got accepted into a plastic surgery residency program at Stanford. I was on lots of speed and lots of wine. After 2 years of residency there, it became evident that I couldn't continue taking benzedrine and continue plastic surgery, so I did what any good drug addict would do: I quit plastic surgery.

I took a year off and was accepted into a residency program at the University of Oklahoma. I realized I could no longer use benzedrine and finish my residency, so I gave it up and switched to meprobamate, an old tranquilizer from the 1950s. I also drank inordinate amounts of burgundy and finished my residency.

I moved to Maui, Hawaii, in July 1980 and continued to drink burgundy and take meprobamate until 1983, when I checked myself into Scripps Memorial Hospital in La Jolla, Calif., for chemical addiction treatment. It was one of the best experiences I've had in my life.

Within a month, I got the message that I had a disease. I was practicing my disease and I couldn't practice it anymore. It was the end of that era for me. I haven't drunk or taken any drugs since that time.

DR. SCHLESINGER, 63, is a plastic surgeon with offices on three islands in Hawaii. He is also chairman of the Hawaii Medical Association's Committee for Physicians' Health and has personally helped more than 25 physicians in their own addiction recovery.

My Stress-Induced Drug Problem

In the mid-1980s, I was under a lot of stress from a divorce and trying to build a busy medical practice.

Back then, it was not uncommon for drug company reps to come in and leave 100 bottles of Xanax in the office.

I started taking 3-4 mg a day, sometimes more. It didn't faze me unless I missed a dose. If I did, I would go through a kind of withdrawal.



BY STEVEN H. FARBER, M.D.

Taking Xanax brought me temporary peace of mind and the ability to deal with stress on an artificial level.

It got to the point where I needed more and more. I couldn't leave home without a bottle.

The drug started to interfere with my thought processes, my capacity to remember to answer pages in a timely fashion, and my ability to be in top shape both physically and mentally so

I could deal with patients' problems.

I used Xanax for more than 2 years before some very understanding fellow physicians and other colleagues noticed that something wasn't quite right. They sat me down and talked to me.

Because of their intervention, I sought help from a local church, from a counselor, and from friends who were members of a 12-step program.

There are at least two factors that predispose physicians to some form of substance abuse. One is their relatively easy access to drugs. The other is a sense of isolation that's easy to fall into.

We need to seek healthful outlets for stress, such as getting regular exercise, eating properly, trying to get a decent amount of sleep, and seeking help both spiritually and from our family.

DR. FARBER, 54, is a cardiologist who practices in the Woodlands, Tex. He is also the author of "Behind the White Coat: Intimate Reflections on Being a Doctor in Today's World" (White Coat Publishers, 2002). A Web site related to the book (www.behindthewhitecoat.com) contains an online forum for physicians.