

Thank you for your words of support, encouragement and quiet work behind the scenes as the entire peer assistance family moves forward with our life saving mission. We are TRULY a family, having a bond no one without this disease can fully appreciate. AND THAT'S A GOOD THING!!! (Thanks Martha). I'm going to share a brief history of the course of my disease so those of you who aren't "pickles" can get a brief glimpse into the living hell this disease is for everyone involved. For those of you who know my story, my apologies for telling it yet again!

I think incident with my nephew several years ago is a good example of why folks who don't have this disease or live with someone who does, have a hard time understanding the insanity it brings to everyone involved with the addict. My nephew, his Dad (my brother), my Dad and I bowled in a league together for many years. Joe asked me one night if I ever had the urge to use again. I had a solid 8 years of recovery by then, so when I said it would occasionally "pop up", he was really surprised. He said, "I don't understand how you could think about it after losing your career, your marriage marriage, pleading guilty to 8 counts of diversion, and almost dying. I told him that's great that he DOESN'T get it...because if he did, he would be sitting next to me at a support group meeting!

Speaking as a former CRNA who left clinical practice over 13 years ago as a result of this disease, I am so happy to see the support we have and continue to receive. Everything was in it's infancy when I began the journey down the road of recovery 18 years ago. Like almost all addicts, I fought long and hard to deny that I had this disease (it took me 5 years and a couple of relapses). I only entered treatment as a result of a toxicology screen after an accidental OD with sufentanil. They were working me up for a cardiac or neurological "problem" after my then 4 year old daughter found Daddy a "funny blue color". Thankfully the chief of our department, Charles Cook (a co-author of the Mass General Handbook back in the day) had a suspicion it might be an OD. As I was heading to the neuro lab I read through my chart, discovering the tox screen. All of the results were negative except opioids. As you can imagine, I was extremely frightened because I knew I was about to be discovered. After a sleepless night, I paged my best friend who was working nights in OB. When I told him I was addicted to sufentanil I knew he was going to read me the riot act and probably leave and never speak to me again. He was actually relieved! He thought I had cancer or HIV/AIDS because I had lost so much weight. With his support I told Dr. Cook the whole story and he made arrangements for a leave of absence so I could enter treatment. While they were extremely supportive, they clearly had no idea what to do before my OD. EVERYONE knew something was wrong...surgeons, anesthesia department, OR and PACU staff, L&D...everyone. Yet, no one intervened. They didn't know how. They were concerned about a backlash if they were wrong.

As time went on, I became angry and resentful because they didn't do anything when it was clear that I was gravely ill. During treatment I played the game, said and did the right things, but really didn't accept the fact that I had the disease of chemical dependence...that I was that "A" word...ADDICT! After 28 days of inpatient Rx, I returned to practice within a month. This was the recommendation of the director of the treatment program at the hospital where I was employed. My treatment team strongly recommended I not return for at least 6 months. One of the counselors told me to find another line of work or I would end up dead. The last thing I wanted to do was wait 6 months! Anesthesia was my life! It was also source for my drug of choice! This time I knew I could control my use. WRONG! The day the US began Operation Desert Storm I was allowed to resign. Again, it was a urine drug screen that showed I was in relapse mode. There were no controlled substances in the urine, but there also was no naltrexone.

I found another job within a couple of weeks and within a couple of months I was almost dead again. I resigned rather than get busted, but kept the narcotics key (nope...no one ever asked about it!). I would go the hospital at 2 or 3 am in order to get my drugs. This is someone who got drunk twice in his life. This was someone who had never used marijuana or any other illegal drugs. I had never abused prescription drugs until my spondylolisthesis progressed to the point of a semi urgent spinal fusion. The only brush I ever had with the law was traffic violations or an

auto accident. I was 37 years old and the last person you would ever expect to be "one of them". My sense of hopelessness was so profound that I drew up 5cc's of sufenta and mixed it with succinylcholine. As I was heading for the stall in the OB locker room, a resident came bursting through the door ranting and raving! He was kicking lockers and screaming about something that had happened earlier in the day. He just kept stepping between me and the stall!!! Finally, after about five minutes of all of this he suddenly stopped, apologized to me for acting like a maniac, and left. Finally!! But I had changed my mind about murdering the father of my children. Interestingly enough, when I asked the folks in OB who this red-headed clown was, no one knew who I was talking about. There was no red-headed OB/Gyn resident!!

I finally realized I needed to re-enter treatment, which I did the next day. I did another 28 days inpatient and 6 weeks intensive outpatient followed by a year of aftercare. I worked part time for a home care agency and provided seminars on OB anesthesia to nurses working in L&D. After 3 years I was offered a very, very part-time relief position for a small rural hospital. After 6 months they asked if I would cover the hospital for a month while the CRNA took a much needed vacation. I lived in his house and was about 60 miles away from my home. I didn't attend any support groups during this time my divorce was getting pretty ugly. I had at least 3 of the 5 HALTS (**Hungry, Angry, Lonely, Tired, Sick**) stressors associated with relapse...which is exactly what I did. I deteriorated so fast the nursing staff became alarmed. They contacted the CRNA (a recovering clinician) and he put together an intervention. The prosecutor wouldn't consider treatment in lieu of conviction. I pleaded no contest to all counts and the judge showed me mercy by giving me 3 years probation instead of 8 years, IF I kept my nose clean. I surrendered my license with no intention of ever seeking reinstatement. Prison and/or death were waiting for me if I returned to practice.

The reason for my long-winded message is to illustrate how the program the PAAC and SPAs are developing could have not only have saved my life, but may have saved my career as well.

How?

1) Early recognition of the signs and symptoms of substance abuse and chemical dependency might have led to an intervention and treatment much sooner. Research shows early treatment can prevent many of the significant alterations in the brain as a result of genetics and chronic exposure to increasing doses of mood altering chemicals. It's these changes that cause the obsessive thoughts about these chemicals, and the compulsory use even though life is collapsing around us. By ignoring my rapidly progressing signs and symptoms, treatment was delayed. This delay can lead to OD and death because the drugs of choice for anesthesia providers are fentanyl, sufentanil, and propofol. As we all know these drugs have a narrow therapeutic to overdose ratio, even on the hands of an experienced clinician.

2) Drug screens got me into treatment the first time. They detected an early sign of a pending relapse when there was no naltrexone or it's metabolites in the urine. Because there was no policy for dealing with relapse behaviors or the resuming of chemical use (reentering treatment or report to the board of nursing and possibly additional agencies), I was "let go" on an unsuspecting public and health care community. As a result my disease was able to progress. The more potent the substance of abuse, the faster the disease progresses, increasing the chance that treatment may not be as successful. This is even more likely to occur because insurance companies don't cover appropriate treatment programs...long term inpatient or residential treatment of at least 90 days. They are lucky to cover 1 - 2 weeks of detox and then outpatient treatment of 4 - 6 weeks.

3) A list of interventionists, addiction specialists, and treatment programs familiar with treating anesthesia providers would have shortened the time from discovery to removal from the clinical area, and entry into an evaluation/treatment program.

4) I had no return to practice contract. These contracts spell out when I can return, the number of hours I may work, the elimination of call time, how often I needed to attend support groups, random drug screens, and reports to my employer, treatment team, and state board of nursing or a designated monitoring agency.

OK...I've rambled on long enough. I hope this made sense and was helpful in showing how important the PAAC's mission is and will continue to be for our profession.

To contact this professional

Jack Stem

513-833-4584

jack@jackstem.com

apecs.jackstem.com