

Me? A substance abuser

2005 Writing Contest—Grand Prize winner

The author learned that being bright and accomplished are inadequate shields against the dark attractions of drugs and alcohol.

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Medical Economics

"I sentence you to 12 years in the federal penitentiary."

Those were the last words I ever expected to hear directed at me. After all, I was a fourth-year surgery resident, a wife, a runner, an avid mystery reader. I had graduated magna cum laude from college, finished in the top third of my med school class. So how did I get into this courtroom? Like this:

I started getting headaches during my third year of residency. I tried all of the OTC meds, I saw neurologists, I got CT scans and MRIs, and even tried biofeedback. Nothing worked until the magical day someone said, "Here, take one of my Percocets; they work really well for my headaches." Within 30 minutes of taking the pill, I was sure that I had found the answer to all of my problems. Little did I know, my problems were just beginning.

Developing an addiction one step at a time

I did know something about addictions. My father had joined AA when I was in my early 20s. I wanted to know more about his "disease," so I went to a summer conference on alcoholism during my first year of medical school. I had never realized the extent to which Dad's drinking affected our entire family, or that addiction has a genetic component. I also discovered that I had at least one troublesome sign myself—I had experienced alcohol-induced blackouts on a few occasions. Still, knowing that I was genetically predisposed toward alcoholism didn't worry me: I'd just be more careful about my drinking.

As for drugs, I was afraid of them. I'd tried marijuana once and hadn't liked its effects. Besides, I believed those ads that compared "your brain on drugs" to fried eggs. I wanted more than anything to be a doctor, and I knew that I'd need all my brain cells to achieve that goal. After the conference, I went back to med school and started an impaired-students committee. Pretty ironic, in retrospect.

My friend with the Percocet would share only so many. I had *daily* headaches, so what was I to do? I started writing prescriptions—for my husband, some friends, my sister, even my grandmother. Before I knew it, I was filling at least one prescription a week for narcotics. I knew I shouldn't be doing it, but Percocet was the only thing that worked for me. I didn't think about the consequences. I assumed I wouldn't get caught—or if I did, I'd just explain about my headaches.

About six months after I took the first pill, I was busted. I was in the call room taking a shower when the secretary of the surgery department paged me to let me know some men from the DEA were there to see me. I was so rattled I took three Percocet tablets before going down to meet them! It turned out that a pharmacist had turned me in for picking up prescriptions in other people's names. (At first, I was furious with that pharmacist; later, I thanked her for saving my life.)

I explained about my headaches and played dumb about the rules. I met with people from the recovering professionals program, signed the contracts they gave me, and agreed to frequent urine tests, convincing them

and myself that my problem was inappropriate management of headaches—not addiction. In court, the 50 or so felony charges against me were dropped. I was found guilty of two misdemeanors, and ordered to perform several hours of community service and pay a fine. After the hearing I went out with my sister and had a drink—a strawberry daiquiri with a double shot of tequila—to celebrate not going to jail. After all, I only had a problem with pills, not with alcohol.

The next morning I met with the medical board. I assumed that would go as well as my court date had. Boy, was I wrong. The board members kept asking me about denial, alcoholism, and addiction. I told them I knew all about substance abuse because of my dad. Needless to say, that wasn't the answer they wanted. I was given a temporary license and told if I didn't go to rehab within the next 30 days I'd never practice medicine again. I left for my first treatment center the following day.

The road to the bottom—and back again

I spent the next three years in and out of treatment centers. I lost my much-prized surgery residency after four and a half years. I lost my medical license—twice. I got divorced. The day I "resigned" from my residency one of the attendings shook his head and said, "You must either want to go to jail, or you're really an addict." I remember puzzling over what must be a repressed desire to experience jail—I couldn't fathom being an addict.

Eventually, I was arrested again and sentenced to the aforementioned 12 years in a federal pen. That sentence was suspended, but the felony charges stuck and I was under house arrest for a year.

I made the newspapers—twice. The first article focused on my fraudulent prescription writing, while describing me as "demure in a peach-and-white striped dress." After the second court case, I was strangely disappointed when there was nothing in the paper for two days. On the morning of the third day, I was having breakfast, casually looking through the paper, feeling safe. A headline caught my eye: "District Attorney Admits to Feeling Sorry for Convicted Felon." I was stunned to find that I was that convicted felon!

I wish I could say that after that conviction I got clean and sober and stayed that way. I can't. Recognizing my addiction for what it really was proved extremely difficult for me. Instead, I learned about desperation, failure, inadequacy, and fear. I became a master manipulator and liar—anything to allow me to keep getting my drugs. I persuaded others to give me urine samples, so I always tested negative. I switched from pills to alcohol when I lost my prescription-writing privileges. Although I may have initially started using narcotics to deal with headaches, the drugs had long since become a way of dealing with life. I couldn't imagine my life without them.

I'm not sure what enabled me to finally overcome the denial and start to recover. The episode that stands out in my mind occurred during the winter of 1995. It was a few days before Christmas, after I lost my license for the second time. I was supposed to go home for the holidays, but couldn't face my family. I called and told them I was drinking again. My parents offered to come get me, but I said No, so they left me alone. (I'll always be grateful to them for allowing me to reach bottom.)

I found myself truly powerless to stop drinking. As if trapped in a continuous loop, I'd drink until I passed out, get up the next morning, go to a 12-step meeting, and stop on the way home to buy more wine. After about five days of this, I woke up to what sounded like a really annoying radio DJ. But when I leaned over to turn off the radio, I realized that it wasn't on. I searched my condo for a radio or TV—anything making noises—and found nothing. I was having auditory hallucinations. My brain was finally failing. Now *that* scared me. I dressed quickly, jumped into the car, and drove to the house of a woman I had met in AA, to ask her for help. That was the beginning of the end.

My sobriety date is April 13, 1996. I had just been kicked out of the third treatment facility I'd been in since asking for help four months earlier. (Once again, I'd been caught drinking while in the treatment center.) I remember standing next to Wayside House in Delray Beach, FL, with nowhere to go. I had no job and no medical license, and I couldn't go home to my parents. I had broken my probation by drinking and leaving the state without permission, so there was the possibility of going to jail if I returned to North Carolina.

Something happened that day. I believe it to be a miracle because nothing else had ever deterred me from drinking and drugging my life away. My counselor suggested that I move into the Lighthouse Cottages, a local halfway house. So I put aside my dreams of being a doctor and focused on surviving a day at a time without drugs or alcohol.

For me, graduating from the Lighthouse six months later was as significant as graduating from college or med

school. I spent another three years working as a library assistant and staying active in 12-step programs. I came to understand that I was a substance abuser and always would be. The Professionals Resource Network (PRN) in Florida continued to monitor me throughout this time. They helped keep the possibility of a return to medicine alive.

I wouldn't change those years; those hard-earned lessons have proven invaluable for my personal and professional growth. I wouldn't have the strengths I have today if it weren't for those struggles and successes. With the encouragement of the PRN, I decided to try to return to medicine. Not only had I developed a new set of coping mechanisms and a stronger ability to empathize, I understood emotional pain and had learned how to walk through it. I knew what it was like to have a chronic illness. Surely these experiences could only make me a better physician.

Making the most of a rebuilt medical career

A counselor discouraged me from returning to surgery. Surgery hadn't caused my addiction, but the crazy hours and high adrenaline levels could put me back in a state where I might feel the need for chemical assistance. I still have moments of sadness knowing that I'll never be back in the operating room, humming to the music, tying off sutures, and just feeling the flow of the operation. But it's not worth risking a return to active addiction.

After much thought, I decided to enter family medicine. My physicians' recovery group included several FPs who were successfully juggling busy practices with recovery, and that was what I'd need to do. I applied to 32 residency programs and got a grand total of three interviews. Still, my first interview resulted in a job offer. An intern had unexpectedly quit a New Orleans program and they needed a replacement right away.

I cancelled my other two interviews, quit my library job, put my stuff in a moving van, and headed to Louisiana. I was to meet with the medical board on a Wednesday, prior to starting work the following Monday. I had letters of recommendation from several physicians as well as from the PRN and the residency director I would be working for, all in support of me getting a residency license. At the board meeting I was told, "Take your problem back to your own state. We don't want you here." I returned to Florida, very shaken. But the very next day the Medical University of South Carolina invited me to come for an interview. I was accepted into their family medicine residency program for 1999.

I finished that residency in 2002 and have been in private practice since then, although—appropriately—I've had to jump through a lot of hoops. It took several years to get my narcotic-writing privileges back, and I was only recently released from urine monitoring. Sometimes I can't believe that I'm a partner in a medical practice, that I'm happily married to a special man who's also a physician in recovery, and that we own a home on a beautiful barrier island off the South Carolina coast. I still vividly remember being three or four days sober, sitting in my bathtub at the Lighthouse, sobbing and wondering how I was going to make it another day without drinking.

And yet, I did. Today, 10 years later, I continue to rely on my past experiences to keep me sober and to help others—including my patients, fellow 12-step group members, and other physicians struggling with addictions. I'm not anonymous about my role as a recovering alcoholic physician. I believe that it's important for those of us recovering from this disease to be available to help others who are suffering and can't see a way out. So, I share my story pretty readily. I continue to be active in 12-step groups as well as in Caduceus, the local physicians' recovery program.

There's a saying in 12-step groups: Your worst defects can become your greatest assets. I certainly believe that to be true.

Where to go for help

No one can say for sure how many physicians have substance abuse problems. Reliable numbers are hard to come by, because nationwide studies of the subject are scarce and because physicians are better than most people at keeping addictive behavior hidden. Still, data indicate that while rates of alcoholism and illicit drug

abuse by doctors mirror those of the general population, physicians may be at increased risk for prescription drug abuse.

Caduceus, the recovery group that Kimberly Mallin attends, is a support program specifically devised for physicians and other healthcare professionals. Indeed, every state has a program to identify and treat doctors with drug, alcohol, and behavior problems, as well as mental disorders. These programs, most of which are run by medical societies or medical boards, promote early identification of serious problems, refer physicians for treatment, and help preserve their careers.

Physicians who are known to have a substance abuse problem might be required to attend a program by their medical board, either to regain a lost license or in lieu of disciplinary action. But most physicians who sign up for these programs are self-referred. Anonymity is preserved—unless a physician leaves a program without completing it, or program facilitators believe that the doctor might be putting patients at risk.

Most state rehabilitation programs are listed on the Federation of State Physician Health Programs' website. Go to www.fsphp.org, and click on State Programs. Or contact your state medical society for information about available programs.

—Gail Garfinkel Weiss
Senior Editor