SIDEBAR

Lessons From One Physician's Experience With Substance Use Recovery

Stephen Loyd

July 8, 2004. Seeing that date sends chills down my spine. What I thought was the worst day of my life, the day my life ended, turned out to be the best day of my life—the day my life turned in a direction beyond anything I could have imagined.

I was a young physician finishing my chief resident year of training in Internal Medicine at East Tennessee State University in Johnson City, Tennessee, the city where I grew up. To say I was struggling back in 2001 would be a vast understatement. I was working 90-plus hours a week; I was depressed and anxious. My sleep was horrific, and I hated my life. I had a young wife, Karen, and two young children, Heath (7 years old) and Hayley (4 years old). In less than six months I would be realizing my dream of becoming a practicing academic physician, yet I could not have been in a worse headspace.

On the way home from work one day, I stopped at a traffic light in the middle of town. I was 10 minutes away from my house. For some reason, which I cannot recall, I opened the glove compartment of my truck. I saw some Norco (hydrocodone/acetaminophen) from my dentist. I did not need them, so I had thrown them in my glove compartment and had forgotten about them. I looked at them and had a conscious thought: "my patients love these things". Without a second thought, I broke one in half (2.5mg of hydrocodone) and threw it in my mouth. By the time I arrived at home, my world was so much better. No anxiety, no depression, not a worry in the world. I felt normal for the first time in years. Little did I know that I was on the path to taking 500mg of oxycodone a day and nearly losing everything I had worked for over the last 20-plus years.

My life continued on a three-year path to my bottom. I doctor-shopped. I stole pills out of people's medicine cabinets. I had surgery, which was completely unnecessary, all in order to get the thing I thought I would die without—pain pills. I went to bed half of the nights praying I wouldn't die and the other half praying I would. I had no idea my genetics and my childhood trauma (physical, sexual, and emotional abuse) put me at increasing risk of developing an addiction to the little pills that nearly took my life. I would do anything to get them. I thought I would die without them.

In mid-2004, I was using nearly 100 pain pills daily. My worst nightmare was going on vacation and leaving my supply. I needed 700 pills to get through a week. I somehow scraped up that exact amount and headed to the beach with my young family. I couldn't limit myself to 100 per day with such a big supply, and I ran out of pills on Thursday. I still had three more days and I knew I was going to be sick. I sat outside of a Rite-Aid Pharmacy in

Orange Beach, Alabama, with a loaded .45 handgun in my lap and considered robbing the pharmacy. I was a doctor. I was a professor of medicine and taught in a medical school. I was living my dream. How did I wind up here? I was baffled, but I did have what's called a "moment of clarity" and I knew I couldn't recover from an armed robbery. I was sick for three days. I made my family miserable and ruined my vacation for myself, my wife, and my kids. I can't ever get that week back.

On July 8, 2004, my dad intervened on me. He had suspected I was using pain pills and he worried I was going to die if he didn't say anything. I denied it at first but then I said, "Yes, Daddy, I am. And I am going to lose everything—my medical license, my house, my cars, my job, my wife, and my kids." He replied, "Steve, none of that stuff is going to do you any good if you are dead." It's been 20 years, and I still don't have a reply. We were both crying but I had a sense of great relief, like a drowning man being thrown a life vest. I had no idea what was going to happen. I was just so glad someone knew. My life was already getting better.

We googled "doctors with addiction" and learned of a group, the Tennessee Medical Foundation, that helps doctors struggling with addiction. I had never heard of them. I had no idea whether or not they were attached to my medical board, which could take my license. I didn't care. I was just glad someone could help me. We called them and they sent me to a local physician in recovery, Dr. Jack Woodside. He gave me my treatment options and was so kind and loving. He in no way made me feel "less than" and never told me my career was over. He told me I was going to be okay and that I had a chance to continue doing the job I loved. He treated me the opposite of how I see a lot of people treated today when they present for treatment of their addiction.

I chose a place in Nashville called The Center for Professional Excellence (CPE). My dad drove me there as I began to feel the horrors of opioid and benzodiazepine withdrawals. When I arrived, I met a guy named Chip Dodd. He told me I would need "detox". I had no idea what this meant but I was soon on my way to Vanderbilt University Psychiatric Hospital. My best friend, Darren Elrod, lived and worked in Nashville and he rode with me and loved me and told me he was there for me no matter what. I will love him forever for that moment.

I was admitted for "detox" and there were 23 others on my ward, almost all of them in their 20s—kids. I was 37. No one knew I was a doctor. Even in the midst of horrific withdrawals, I immediately began to see the two separate treatment systems for addiction in the United States—one for people with money and resources and one for "everyone else". I had assumed, wrongly, that everyone on my ward would leave "detox" and go to treatment. I soon realized they all had Medicaid and after four to five days they would be turned out back to the street and I would be the only one to get treatment for my addiction. Why? Because I was a doctor and I required too much money to replace. The others did not have the same value. I have never been able to get past this disparity in over 20 years—it's what drives me every day!

I often hear people say, "they (those with addiction) don't want recovery bad enough". To people who spew

this nonsense I say, "You don't have a clue what you are talking about!" I used to hear the other patients at night talk about symptoms they could come up with that would get them just one more day of detox. They were scared and knew what their chances were when they were forced out too soon. They wanted recovery as badly as I did. I just happened to have resources and they did not. I saw all of this in days one through five of my recovery, when I felt so bad that I could barely walk, when I was sweating through my clothes and freezing at the same time. My eyes opened to a world that I didn't know existed and I now had a HUGE problem…I could not UNSEE it!

More than 20 years later, those five days have become the foundation of my work. I went on to 90 days of high-quality treatment. I received world-class help for my physical and sexual abuse. I had the benefit of five years of aftercare and follow-up. I continue with my discharge plan 20 years later. The other patients on my detox ward were back on the street in less than five days. I never missed a paycheck in over three months. All of the other patients lost their jobs. In short, I was treated differently because I had resources and I was a doctor, yet most people scratch their heads and wonder why people don't recover at the same rates as doctors…really?

My life continues to improve. I have reached professional goals that I never dreamed possible. I put my kids through college and graduate school without them incurring debt. I gave my daughter away on her wedding day and was the best man at my son's wedding. I am still married to my wife, Karen, now at 34 years and counting. Best of all, I am now a grandfather to CeCe, who is 10 months old. It's not magic—proper assessment, proper treatment for underlying mental health issues, proper treatment for childhood trauma, stable social determinates of health, an education and good job as a way to provide for me and my family, an aftercare plan which built upon my treatment, and a support system which keeps me where I need to be.

I work today to advocate for and build a system of care for people suffering from addiction that meets people where they are, gives them support and treatment that's individualized for them, and is evidence-based to help them reach the goals they have for their lives. I advocate for a "no wrong door" approach, which ensures that no matter where you enter the system—doctor, therapist, family-referral, self-report, jail, hospital, etc.—you get the treatment that gives you the best chance at long-term recovery, even if you don't have M.D. after your name. We have lost at least two generations of young people. It's time we build a system that is effective, fair, and equitable and based solely on loving people unconditionally. NCMJ

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