

The Perils of Investigating Suspicions of Substance Abuse.

Vaughan Laurenson

Christchurch Hospital, Christchurch, New Zealand

The standard approach to investigating suspicions of substance abuse starts with notification to an appropriate senior colleague. This presentation addresses the problem of what the senior colleague does next, a problem I faced as a new Clinical Director 20 years ago. Since then I have been involved with a number of a cases of suspected or actual substance abuse.

The protocols look straight forward. First gather evidence and only when you are sure you have the evidence that drugs are being diverted should you proceed to an intervention. Subsequent management must be organized before the intervention. However there are many problems associated with implementing these protocols. I will discuss some of those I have encountered in the last 20 years.

The natural history of the illness is such that there is often there is no suspicion until the addiction is well advanced. Once suspicion is raised there are a number of practical issues that impede investigation in our institution including, the size of the department, the policies for issuing controlled drugs, access to records, the time for investigation and intervention, and the alleged abusers knowing who is likely to be investigating them. The problems facing the investigator have been compounded recently by the abuse of Propofol in part because of its availability, and the difficulty detecting it.

Dealing with allegations that are subsequently proven to be false and managerial attitudes to this problem are often very challenging. There are significant potential collegial, disciplinary, and legal risks involved. However, there is a public expectation that we will control our own professional standards and failure to report and act appropriately can lead to risk of significant medical-legal censure.