CHAPTER 9

Substance Use Disorders in the Pharmacy Professional

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INTRODUCTION

For pharmacists, physicians, and nurses, the demands of the healthcare setting coupled with increased access to potentially addicting medications present high risks for the development of a substance use disorder (SUD). It is estimated that approximately 12.5% of the U.S. population will experience alcohol use disorder (AUD, alcoholism) and about 2.5% will experience other SUDs (addiction) at some point in their lives. Studies with health professionals (HPs) have suggested this population is neither significantly less nor significantly more likely to experience such problems.[1,2]

The public has consistently ranked the pharmacy profession among the top most trusted professions.[3,4] Among HPs with clinical expertise, pharmacists are potentially the most accessible to the general public. Unfortunately, knowledge of SUD risk factors provides minimal protection to prevent the development of SUDs in pharmacists, student pharmacists, or pharmacy technicians. Pharmacy professionals who have developed an SUD pose a threat to public safety, their own health, and the reputation of the pharmacy profession.[5]

In 1982, the American Pharmacists Association (APhA) adopted and maintains a policy addressing substance-related pharmacist impairment. The American Association of Colleges of Pharmacy (AACP) released guidelines in 1988 for the development of such policies in pharmacy colleges. In 2009, AACP's president appointed a Substance Abuse and Pharmacy Education Special Committee. Nonetheless, SUDs remain a major problem among a minority of pharmacists.[6]

Although there is a paucity of information regarding SUD prevalence rates in pharmacy professionals, i.e., pharmacists, student pharmacists, and pharmacy technicians, it is estimated that approximately 1 in 10 pharmacy professionals will suffer from an SUD at some point during their career.[7-9] Remarkably, SUDs remain the most serious illnesses to afflict pharmacists in their first 15 years of practice.[10]

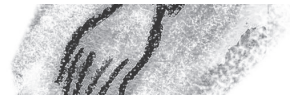
A question of central importance: *Can a pharmacy professional with an SUD successfully and safely return to a pharmacy work setting?* The answer to this question, in many cases, is yes. The following material in this chapter seeks to describe the issues surrounding SUDs in pharmacy professionals.

RISK OF SUDs IN HEALTH PROFESSIONALS

There are specific factors that place individuals in the general population at higher risk for SUDs. Understanding these factors is important for physicians and pharmacists both personally and professionally for effective patient management while prescribing and filling prescriptions for opioid medications.

PRACTICE POINT

Knowledge of the risk factors for SUDs aid in the identification of at-risk pharmacy professionals.



HPs are very similar to the general population in terms of SUD risk factors, yet there are some identified significant differences. For instance, HPs often prefer opioids over alcohol as their substance of choice.[11] This may occur in HPs—and is especially true for pharmacists—because of unprecedented access to prescription medications associated with SUDs such as opioids.[5,7] This level of access is noteworthy because it does, in fact, increase the potential to use substances associated with SUDs. It is not surprising to note that HPs tend to experiment with and become dependent on the drugs they work with most closely. For instance, anesthesiologists, and oncology unit nurses tend to gravitate toward injectable opioids, while pharmacists and dentists may prefer oral opioids.

The HPs' development of SUDs occurs somewhat differently for each discipline. Kenna reported that physicians, although professionally and legally barred from self-prescribing controlled substances, often resort to self-prescribing as part of their SUD development. Due to access to prescription drugs associated with SUDs, a significant number of pharmacists tend to self-medicate and self-titrate drug dosage, erroneously believing that their pharmacological knowledge of drug action and a permissive social practice environment promoting drug use is adequate to prevent their development of SUDs or be subjected to professional or legal consequences of their "little problem." Nursing professional and nursing student reports reveal higher rates of family history of SUDs than physicians, dentists, or pharmacists or the public in general. Finally, perhaps more so than any other group of HPs, the greatest threat to dentistry may be alcohol consumption, rather than controlled substance use.[7]

In two peer-reviewed studies examining the over-all success rates of HPs completing treatment programs specifically tailored for HPs and following through with HP monitoring programs, their success rates were 75% and 73.3%. Success in each of the studies was defined as abstinence from all potentially addicting substances after five years of monitoring.[12,13] Unfortunately, outcome data for pharmacy professionals are limited. In November 2013, a study was published in U.S. Pharmacist, which was