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Abstract

Prescription drug abuse within the profession of pharmacy is a rising threat that must be addressed. While familiarity of drugs, work-related stress, family history and enabling may contribute to addiction disorders, chemical impairment by the pharmacist can pose serious risks to patient care. Help is available for the struggling pharmacist in the form of treatment facilities and support networks for recovery.

Background

Prescription drug abuse is more than a concern affecting the general public; it also is a growing threat within the community of health care professionals. It is estimated by the National Institute of Drug Abuse that approximately 8-12 percent of health care workers have substance abuse problems.¹ In Ohio over the past nine years, there have been investigations by the Ohio State Board of Pharmacy leading to the arrest of 851 health care professionals. Specifically, there has been an increasing trend in prescription drug abuse among pharmacists. It is thought that at one point or another within a pharmacist's career, approximately 11-15 percent will experience substance abuse. Many of the pharmacists abusing substances are often discovered by their state Board of Pharmacy. There are more than 11,000 pharmacists licensed by the state of Ohio as of 2009; over the past nine years, 160 of these pharmacists have been arrested in violation of criminal drug laws by law enforcement.

Abuse of medication is not limited to only pharmacists; it also includes future pharmacists. According to the Ohio State Board of Pharmacy, seven pharmacy interns have been arrested over the past nine years for violations of drug laws.

Risk Factors for Pharmacists

Though the immediate potential for substance abuse among pharmacists is often overlooked, the constant exposure to drugs may cause the pharmacist to underestimate the addiction potential hiding inside many prescription bottles. Although pharmacists are medication experts, they may not be fully aware of the risks associated with prescription drug abuse and addiction. Risk for prescription drug abuse increases dramatically when medication abuse potential becomes just another side-effect the pharmacist feels capable of managing. These pharmacists may feel knowledgeable enough to manage their own ailments without the aid of a physician and feel capable of resisting any abuse potential associated with treatment.² The suffering pharmacist spends the day within inches of the prescription treatments that will bring relief. Perhaps symptoms are not being managed by a prescribed dosage; increasing the dose could better control the disease. When the pharmacist knows the recommended dosage range and sees the drugs sitting within reach, he or she may incorrectly perceive a prescribing physician as an unnecessary barrier to care. What usually starts as a legitimate affliction managed by

a doctor may quickly spiral into a crippling addiction.

The high-stress work environment of the pharmacy profession may also contribute to substance abuse issues.³ A 2004 poll concluded that nearly 70 percent of pharmacists experienced job stress and work overload. Long hours and understaffing, combined with the physical stress of the job requirements, such as spending 10-12 hours on one's feet, can lead to leg, hip and back problems.⁴ Pharmacists strive for perfection in their work, which may lead to the skewed perception that a prescription drug may be the only way to perform to the high standards of their profession. Occasionally, pharmacists may feel resentment when dispensing controlled substances to patients suspected of prescription medication abuse and feel entitled to the same relief offered to their patients on a daily basis.

A pharmacist does not become addicted to drugs due to stress alone; other variables include family history or addictive personalities, which a pharmacist cannot control. Substance abuse and addiction tend to run in families. According to a 1998 study, the children of drug abusers are eight times more likely to become drug dependent themselves.⁵ Because genetic links to addictive tendencies can be complicated, the risk a pharmacist takes when deciding to take prescription drugs illegally for the first time is completely variable and may result in addiction after a few uses. Other personal risk factors for substance abuse include current heavy alcohol use (beginning before age 25), socializing with other substance abusers, and male gender.⁶

A Threat to Patient Safety

A pharmacist practicing while impaired can pose devastating risks to patient safety. The mind of an addict is acutely focused on when the next source of drugs will be obtained rather than executing the task at hand, i.e., patient care. Drug addiction can have a more direct effect by impairing the ability to think clearly and make accurate, professional judgments, a side effect of many addictive substances. When professional judgment is impaired, the risk for malpractice and compromised patient safety becomes significant. This regrettable outcome was realized in 2005 when a woman found her 80-year-old mother lying unconscious on the bathroom floor bleeding heavily from her orifices.⁷ It was later discovered that a pharmacist had incorrectly filled the patient's antidepressant prescription with an anticoagulant. Upon further investigation of the case, it was revealed that the dispensing pharmacist was impaired by substance abuse. The fact that the pharmacist's coworkers were aware of his addiction problem makes the case much more alarming.

Barriers to Treatment

As evidenced by the previous case, it may be difficult for pharmacy staff to report a colleague or superior when they suspect substance abuse. However, ignoring the problem or enabling the behavior only prolongs the time that the disease goes untreated. Several factors can serve as motivation for enabling to occur, as outlined in an article by Dave Marley, the former executive director of the North Carolina Pharmacist Recov-

ery Network Inc.⁸ The factor that is most likely to be at the forefront of that motivation is financial security. Many times, family, friends and co-workers will cover up an individual's impairment in order to avoid the threat of loss of job or financial repercussions. Seeking and getting help becomes especially hard in these individuals, as it becomes difficult for them to stop working in order to get treatment. Often, it is not until the board of pharmacy or another official agency becomes involved before an individual will check into a treatment center. Therefore, when signs of abuse are apparent, they should be reported, as it is in the best interest of the substance abuser to receive treatment sooner rather than later (table 1).

Table 1. Signs of Substance Addiction

Personality changes or mood swings	Changes in physical appearance (e.g., weight loss or poor hygiene)
Frequent absences from work	Showing signs of forgetfulness, irritability and tardiness
Volunteering to check in narcotics or do inventory on them	Decrease in work performance
Long or frequent disappearances from the work station	Excessive ordering of certain drugs
Increase in medication errors	Overreaction to criticism

Enabling is not the only barrier to those seeking treatment; fear of facing the consequences of an individual's drug use can also play a role.⁹ Such fears can include dismissal from one's job, the loss of one's professional license, and prosecution by government agencies as a result of using illicit substances. In some cases, arrangements can be made to manage these outcomes if a pharmacist admits that they have a problem and goes through the proper procedures to get help. There are a number of previously impaired pharmacists who, after undergoing proper treatment and recovery programs and settling legal concerns, have returned to the profession. The primary concerns should be preventing the individual with the substance abuse problem from practicing while impaired as well as offering rehabilitation services to that individual.

Rehabilitation and Treatment

Prescription drug addiction should be treated as a medical condition rather than the pharmacist's personal decision to abuse. Many states offer assistance to impaired pharmacists in the form of rehabilitation networks. For example, the state of Ohio offers the Pharmacist Rehabilitation Organization (PRO) as a recovery tool for pharmacists suffering from addiction.⁸ PRO was formed in 1984 in collaboration with the Ohio Pharmacists Association and the Ohio Society of Health-System Pharmacists. The goals of the non-profit organization include professional awareness of chemical dependency by the profession of pharmacy, coordination of successful interventions, direction of impaired pharmacists to proper treatment, and service as an advocate to the state board on behalf of the impaired pharmacist in appropriate situations. The organization sponsors monthly regional support meetings for pharmacists in recovery as well as workshops and events to increase aware-

ness for the cause. Regional volunteer contact information as well as treatment site options are available on the website. When a pharmacist contacts PRO in search of help, the first course of action is usually an assessment by an inpatient or outpatient treatment facility. Once an appropriate treatment regimen has been selected, the pharmacist will sign a PRO contract agreeing to treatment for a period of at least five years. For more information on the PRO and a list of contacts in Ohio, please visit www.ohiopro.org

Post Recovery

Joining a support group may aid in the pharmacist's recovery. Options for support groups include Alcoholics Anonymous (AA) or the very similar Narcotics Anonymous (NA).^{10,11} These groups consider addiction a progressive illness; the abuser lacks all manner of control over substance use. Those with this illness have a physical sensitivity and obsession with the consumption of alcohol. Concerns about being recognized at group meetings are diminished because members remain anonymous. Recovery programs follow a 12-step, lifelong program designed to teach the substance abuser methods to avoid alcohol or the temptation to consume it. Most importantly, it should be noted that many addicts initially deny that they have a problem; no one should have material forced upon them. The organizations also warn substance abusers that recovery is a lifelong process, and one meeting will *not* "cure" their disease. A recovering addict must constantly be aware of relapse risks. Some of these risks include not fully accepting one's addiction, untreated underlying psychiatric disorders, family issues, or failure to take a continuous, active role in recovery.¹² A wealth of information regarding direction to recovery programs, support for recovering pharmacists, and more information about the addiction and recovery process can be accessed online via the Pharmacists Recovery Network.¹³

Further Information

For pharmacists in search of further didactic instruction on the topic of drug abuse, the University of Utah offers an annual School on Alcoholism and Other Drug Dependencies, which was established in 1951 to educate both health care and non-health care personnel on the latest in alcohol and other drug dependencies.¹⁴ The aim of the school is to educate the students of the social and health concerns of chemical dependency. At this annual international conference, there are specialized courses offered for a wide variety of health care professionals, including pharmacists.¹⁵ The overall goal of the specific pharmacy course at the University of Utah is to educate pharmacists and students on how to create programs aimed at assisting dependent individuals in finding proper treatment, support ongoing recovery, and help in the process of re-entering the pharmacy profession or pharmacy education. The course is intended for people who work at every level of the pharmacy profession, from students or pharmacy technicians to state board of pharmacy officials and national pharmacy association executives.¹⁴

Conclusion

Due to the increase in prescription and alcohol abuse amongst pharmacists, there also should be an increase in awareness from the profession as a whole. The respective state boards are available as an enforcing body with a top priority to protect the *patient* not the pharmacist. The state boards have a responsibility to intervene if there is an impaired pharmacist by removing them from practice, assisting in rehabilitation

and providing the appropriate disciplinary actions. Many resources are available to assist recovering pharmacists on their journey back to sobriety; however, these programs are of no use unless the pharmacist, a coworker or a family member addresses the addiction problem. It is important to educate not only other pharmacists, but also other health care professionals and the general public about the dangers of prescription drug abuse. As pharmacists, we take an oath vowing to do what is best for our patients' safety and well-being; therefore, we have an obligation to ensure that quality, non-impaired pharmacists are serving our patients.

References

1. Ohio State Board of Pharmacy. pharmacy.ohio.gov/ Accessed 4/29/10.
2. Dabney D, Hollinger R. Illicit prescription drug use among pharmacists evidence of a paradox of familiarity. *Work and Occupations* 1999; 26:77-106.
3. Mott D, Doucette W, Gaither C, Pedersen C, Schommer J. Pharmacists' attitudes toward worklife: results from a national survey of pharmacists. *JAPhA* 2004;44:326-336.
4. Levy S. Beware the dark side of pharmacy life. *Drug Topics* 2002;13:33. Available at drugtopics.modernmedicine.com/drugtopics/Stories+from+2002/Beware-the-dark-side-of-pharmacy-life/ArticleStandard/Article/detail/116668.
5. Merikangas K, Stolar M, Stevens D, Goulet J, Preisig M, Fenton B, et al. Familial transmission of substance use disorders. *Arch Gen Psychiatry* 1998;55:973-79.
6. Pharmacist Rehabilitation Organization, Inc. Ohio Pharmacists Recovery Network. Updated: 2009 May 4. Accessed: 2010 May 4. Available at www.ohiopro.org.
7. Fink J. Potential legal issues surrounding an impaired pharmacist. *Pharmacy Times* 2005. Available at www.pharmacytimes.com/issue/pharmacy/2005/2005-05/2005-05-9540.
8. Marley, D. Enabling: when you can love someone to death! Available at www.usaprn.org/AArticle7.htm.
9. Terrie, Y. Lean on me: help for the impaired pharmacist. *Pharmacy Times* 2006. Available at www.pharmacytimes.com/issue/pharmacy/2006/2006-11/2006-11-6061.
10. NA World Services, Inc. Information about NA. 2008. Available at www.na.org/?ID=Home-basicinfo.
11. Alcoholics Anonymous World Services, Inc. 1992. Available at www.aa.org/pdf/products/p-23_aaasaresourceforhcp1.pdf.
12. Bell T. The truth about relapse. North Carolina PRN Newsletter 2005. Available at usaprn.org/A%20Article%209.htm.
13. Broussard C. Pharmacists Recovery Network. Updated: 29 Nov 2009 Available at www.usaprn.org.
14. American Pharmacists Association. University of Utah School on Alcoholism and Other Drug Dependencies. Available at www.pharmacist.com/Content/NavigationMenu2/Meetings/UniversityofUtahSchoolonAlcoholismandOtherDrugDependencies/default.htm.
15. University of Utah School of Medicine. University of Utah School on Alcoholism and Other Drug Dependencies. Available at medicine.utah.edu/uas/index.htm.