

Wisconsin Pharmacist Recovery Network

A resource for impaired pharmacy professionals

by Rhonda K. Leschisin, PharmD

There are a lot of drug problems among pharmacists.

Have you ever heard this comment from family or friends? Have you ever wondered if there is any truth to it? Alcohol and drug abuse problems among pharmacists may be more widespread than many of us realize. The purpose of this article is to inform readers about the magnitude of the drug and alcohol abuse problem and explain why it may be a problem among pharmacists. In addition, resources available for pharmacists who have abuse problems and how to appropriately access those resources will be discussed.

Health care professionals are considered among those at highest risk of all occupational categories for development of drug- and alcohol-dependency problems.¹ However, although pharmacists may be at an increased *risk* for abuse, the statistics do not actually reflect a significantly higher percentage. Approximately 10% of the general population has substance abuse problems.² According to research, approximately 10-15% of pharmacists have abuse problems with alcohol or other drugs.¹ From surveys and research done in the early 1990s, the National Institutes of Health reported the problem of substance abuse among health care providers, including alcohol or other drugs, to be about 8 to 12%, similar to the society as a whole.³ Whatever the exact percentage may be, there are nearly 6,000 pharmacists licensed in the state of Wisconsin.⁴ If 10% is an accurate estimate of the problem, there could potentially be 600 pharmacists in our state who have abuse or addiction problems with alcohol or other drugs.

A startling survey by the American

Pharmacists Association (APhA) in 1996 demonstrated that a considerable percentage of the pharmacists surveyed had illicitly used some form of a potentially addictive prescription drug (PAPD) without a valid prescription from a physician.⁵ The objective of the survey was to describe the temporal and descriptive aspects of pharmacists' decision-making processes when using drugs, and to determine the role that social factors play in those processes. APhA members who were licensed, practicing pharmacists and who had access to pharmaceuticals (researchers, professors, etc. were excluded) were sent a survey; of the 2,036 sent, 1,016 were completed and included in the analysis (50.2%). Although the survey asked about all types of drugs (including illicit), the analysis focused only on the following mind-altering and/or PAPDs: amphetamines, other stimulants, barbitu-

rates, benzodiazepines, narcotic and non-narcotic analgesics, inhalants, muscle relaxants, and antidepressants. Overall, 39.5% of pharmacists reported that they had illegally used one of the PAPDs listed. Of those pharmacists, 14.2% admitted to moderate use (five to 10 uses per lifetime), and 6% were considered high users (greater than 10 uses per lifetime).⁵

Pharmacists not only abuse prescription drugs, but also alcohol and other illicit drugs, such as marijuana and heroin. When it comes to alcohol abuse, pharmacists are probably not much different than the general population, of which approximately 7% are considered to be alcohol dependent.¹ However, even though studies reveal a similar prevalence of overall drug abuse compared to the general population, there is more prescription and less street drug use among pharmacists.⁶

Many factors contribute to the problem of drug abuse among pharmacists. Pharmacists are at higher risk of prescription drug abuse simply because of ease of access.^{1,3} The APhA survey revealed that pharmacy stock was the primary source of obtaining drugs for 61.4% of those who had abused a PAPD.⁵ In some cases, physical strain, such as standing all day can also contribute to prescription drug abuse. For example, a pharmacist may

Heartland Pharmacists Recovery Network

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The Heartland Pharmacists Recovery Network is an organization in the central United States that provides a support system to those pharmacists recovering from substance abuse problems. This recovery network was set up in the late 1980s by a group of midwestern pharmacists looking to have an annual meeting for recovering pharmacists similar to meetings that were starting in the other sections of the country, such as the Utah School on Alcoholism and Other Drug Dependencies.

The Heartland Network holds an annual meeting in a different state every year to give support and education to pharmacists located in this area. It provides an opportunity for recovering pharmacists and other interested groups to come together and exchange recovery and professional experiences, discuss issues relating to chemical dependency, attain some continuing education credits and enjoy each other's company. In addition, the meeting's atmosphere is good for new recovering pharmacists to network and gain insight from experienced colleagues about issues they are currently addressing in their lives.

The three-day weekend meeting is usually coordinated by the hosting state's pharmacy association and is open to all pharmacists [Wisconsin was host to the 2004 conference held in October in Lake Geneva]. Since its first annual meeting in Overland, Kansas in 1992, the Heartland Network has become an organization focused on fellowship, support and education for pharmacists. ●

seek narcotics for back problems.⁷ Stressful responsibilities at work also may contribute to the likelihood of abuse for any type of drug.^{1,2,7}

In addition, many pharmacists may not be well sensitized to the increased risk of abuse, and may have limited knowledge about drug dependency and addiction.¹ Pharmacists often possess a false sense of invincibility because of increased knowledge of drugs, their mechanism of action, and effects.¹ Pharmacists may believe that they are immune to the problem of abuse and that they can somehow circumvent addiction just because they have more knowledge about drugs.⁷ Nothing could be further from the truth. Knowledge is not immunity and does not reduce vulnerability.^{1,2,7}

Peer reinforcement and self-acceptance appear to be very powerful factors influencing pharmacists. The author of the APhA survey concluded that positive reinforcement from peers and increasing levels of one's own approval was more predictive of drug use than was formal education or training received from school or the workplace.⁵ Of those pharmacists who had indicated they had abused drugs, 64.1% said that they began using drugs after entering the workforce, and 23.6% first used drugs during college.⁵ The possibility that more education about abuse and addiction may not necessarily equate to lower levels of abuse is disheartening.

In 1982, APhA voiced support for the development of Pharmacist Recovery Networks (PRNs).⁸ The Wisconsin Pharmacist Recovery Network (WPRN) was created in 1985 in response to this effort. WPRN is a network of volunteer recovering pharmacists organized to provide early detection, intervention, aftercare support and education to pharmacists in the area of drug and alcohol dependency or physical impairment. The Network is designed to provide confidential assistance to the impaired pharmacist, intern, pharmacy student, and the family or significant others affected by the impairment. All inquiries are referred to a primary or regional contact within the network. The impaired pharmacist's acceptance and successful participation in the program will allow the network to advocate for the pharmacist.

WPRN is a voluntary program intended to serve as an adjunct to the Impaired Professional Procedure (IPP), a program within the Wisconsin Department of Regulation and Licensing. Although the goal is to protect the public from professionals who practice while impaired by alcohol or other drugs, IPP is also an opportunity for health care providers to seek treatment without losing professional credentials. IPP does not provide treatment, but monitors participants' progress in treatment with an approved treatment provider. IPP promotes early identification of chemically dependent profession-

als and encourages their rehabilitation.

A conservative estimate of the number of chemically dependent pharmacists in the United States is 10%; however, the number known to state PRN and boards is much lower.³ According to one of the co-founders of WPRN, about 20 pharmacists have attended at least one WPRN meeting in Madison, and there are about 35 who are on the contact list. A few employers and at least one concerned family member have contacted WPRN. There are also people who have contacted WPRN once, but have never called back. Some of them have entered IPP and may have chosen not to associate with other recovering pharmacists. The difference between WPRN and IPP is that WPRN is focused on peer support and is not tied



FOR MORE ON THE IMPAIRED
PROFESSIONAL PROCEDURE
[HTTP://DRL.WI.GOV/DEPT/IPP.HTM](http://DRL.WI.GOV/DEPT/IPP.HTM)

The University of Utah School on Alcoholism and Other Drug Dependencies

An excellent resource for anyone wanting to learn more about chemical dependencies

Each summer, the University of Utah hosts an internationally recognized one-week program on alcoholism and other drug dependencies. This program has been in existence for many years and has become a premier source of information for health care providers, law enforcement personnel, educators, students, treatment center personnel and families.

The school is organized around many group sections, including one specifically for pharmacy. The co-leaders for this section in 2004 were Keith D. Marciniak, RPh, director of student development, APhA; and Charles J. Broussard, RPh, MEd, editor of *Pharmacists Recovery Network Directory*. The objectives for the Pharmacy Section were as follows:

To serve as an introductory or refresher course and a networking opportunity and to provide information, motivation and guidance for pharmacists or pharmacy students who currently participate in or wish to become involved in the planning, implementation, or strengthening of state-level and campus-level programs to help pharmacists or student pharmacists whose competence to perform their responsibilities has become impaired due to chemical dependency or other causes by assisting them in finding treatment, ongoing recovery and reentry into the practice of pharmacy or their pharmacy education.

The programming was intended for persons who are planning or who are currently active in state-level pharmacist recovery programs, state and national pharmacy association executives, state board of pharmacy officials, pharmacists in managerial positions, college faculty and administrators, student pharmacists, leaders in firms and organizations that employ pharmacists, pharmacy technicians, pharmacist-related employee assistance program personnel, and individuals who are concerned about alcoholism and other drug dependencies among their colleagues.

The 2005 meeting is scheduled for June 19-24 in Salt Lake City. The APhA Addiction Practitioner Interest Group has created a scholarship program for student pharmacists that need financial assistance with registration. Please visit the APhA Web site (www.aphanet.org) and click on "students" for more information. ●



FURTHER INFORMATION ABOUT THE UNIVERSITY OF UTAH SCHOOL ON ALCOHOLISM AND OTHER DRUG DEPENDENCIES IS AVAILABLE AT [HTTP://UUHSC.MED.UTAH.EDU/UAS/](http://UUHSC.MED.UTAH.EDU/UAS/)

to a regulating agency. Thus it may be less intimidating for pharmacists who need help. Compared to the estimated 600 pharmacists who could potentially have abuse problems, the number of participants in IPP is also quite low. According to Wisconsin Department of Regulation and Licensing staff person Deanna Zychowski, there are presently only six Wisconsin pharmacists in IPP. Since 1991, 22 pharmacists have completed the program, five were denied admission, and three were dismissed from the program for failing to comply with the contract.

Unfortunately, many pharmacists attempt to get into IPP after it is too late. Pharmacist Dan Luce, IPP Liaison for the Pharmacy Examining Board (at the time this article was written) says that the program was originally designed for self-reporting. The advice Luce has heard from other pharmacists who have successfully completed IPP is, "If you are abusing drugs and have *any* hesitation about what you are doing, then *that* is the time to get help — do not wait." Often a pharmacist cannot be accepted into IPP if a serious offense has already been committed. If a pharmacist is accepted into IPP, it is to his or her advantage because the program can often be more flexible and lenient than if he or she were already under a court order.

In conclusion, pharmacists are just as likely as non-pharmacists to have problems with alcohol or other drugs. If the problem is as large as research suggests,

then the programs that are available are severely under-utilized. According to an APhA report on the status of PRNs, one of the first tasks in the fight against abuse is to simply get the word out that recovery programs are available and effective.⁸ If you would like more information about WPRN, if you have a problem with drugs or alcohol, or if you live or work with a pharmacist who does, call the PSW office at (608) 827-9200 and ask for the WPRN contact. For more information about IPP, call the DRL at (608) 266-5432. ●



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RxPATROL is First Nationwide Reporting and Monitoring System to Combat Theft

The creation of RxPATROL™ (Pattern Analysis Tracking Robberies and Other Losses) on June 18, 2004, was the first nationwide reporting and monitoring system to combat the theft and illegal trafficking of prescription and OTC medications. It is an information clearinghouse designed to collect, analyze and share information on pharmacy robberies, burglaries and theft of controlled substances and OTC medications. The intention of the program is to help protect pharmacists, guard against potential robberies and assist law enforcement efforts to apprehend and prosecute pharmacy robbers. The program was funded and developed with the assistance of Purdue Pharma L.P.

RxPATROL™ allows pharmacy personnel to quickly and easily complete and submit a comprehensive theft report to a secure Internet Web site. The report form is designed to incorporate a series of relevant questions to attain information such as crime type, suspect description and security resources in place.

Using a state-of-the-art software program utilized by government intelligence agencies, RxPATROL™ collects, collates and analyzes information from pharmacy theft reports across the country. The data and analyses, which incorporate streaming video and closed circuit television photos, are circulated to law enforcement agencies to assist in the appropriate action.

In October of 2003, the FBI Law Enforcement Executive Development Association (FBI-LEEDA) created a partnership with RxPATROL™ to provide an even more collaborative effort to apprehend and prosecute individuals involved in drug diversion. ●

