

From pariah to patient

After years of punitive action, pharmacy boards are shifting to treatment and rehab for R.Ph.s hooked on drugs or alcohol

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Drug Topics

A sea change is happening in the world of pharmacy. Alcohol- or drug-addicted pharmacists were once pariahs, banished from the profession, receiving little help and even less sympathy. Slowly—too slowly in many experts' opinions—attitudes have changed and the focus is now on recovery and rehabilitation. Yet, even as more pharmacists recognize that substance abuse is a disease, treatment and recovery options vary tremendously from state to state and remain chronically underfunded.

Perhaps one of the most significant improvements for impaired pharmacists over the past 25 years has been the development of pharmacy recovery network (PRN) programs that recognize the unique challenges recovering pharmacists face. In the past, it was either "sober up, get locked up, or cover it up," explained Brian Fingerson, R.Ph., of the Kentucky Professionals Recovery Network. Now, according to Fingerson and other PRN leaders, specially designed programs can help get addicted pharmacists on the road to recovery faster. As a result of these programs, PRN and pharmacy board officials report that most pharmacists successfully return to practice and do not relapse.

Still, not every state has a PRN and only a handful receive support from the board of pharmacy. In fact, in most cases, PRNs are informal organizations created by dedicated volunteers with little formal structure. "Each state is different," explained Charles Broussard, R.Ph., editor of usaprn.org/, an on-line catalogue of resources for chemically dependent pharmacists and treatment professionals. "People are not making a lot of money at this."

Many experts now believe that as many as 15% to 20% of pharmacists may develop a substance abuse problem. According to an American Pharmacists Association guide from 1996, 19% of pharmacists and 41% of pharmacy students reported abusing psychoactive drugs. As to recent trends, unfortunately, there are little more than anecdotal reports available.



It's estimated that up to 90% of recovering pharmacists are able to return to work.

Drug dependency as a disease

According to the National Institute on Drug Abuse (NIDA), a division of the National Institutes of Health, drug addiction is a "complex brain disease" characterized by drug craving and seeking, and use may be compulsive despite the risk of negative consequences.

Some studies now indicate there may be a genetic component to substance abuse. One study that looked at marijuana and cocaine abuse and addiction among twins in Virginia found that genetics played a significant role in the progression from drug use to dependence. Other studies are now focusing on identifying genes that may impact alcohol and drug dependency. Last year, NIDA researchers found genetic variations clustered around 51 chromosomal regions that may play roles in alcohol addiction. A growing body of research has made it increasingly evident that a family history of alcoholism, drug abuse, or other addictions is a significant risk factor for developing substance abuse.

Additional research also indicates strong correlations between alcohol and drug dependency and psychiatric problems, especially among children. According to Merrill Norton, clinical assistant professor of pharmacy at the University of Georgia College of Pharmacy, family histories of depression, suicide, or substance abuse are also important risk factors.

As researchers develop a greater understanding of the medical basis of substance abuse, more medications are being used to help patients kick the habit. Some patients now receive selective serotonin reuptake inhibitors (SSRIs) to help stabilize the brain's chemistry, especially during the detoxification period. Sleep medications are also frequently used. "It may take up to five to seven years for the brain to stabilize without any medications," explained Norton. Just as important, he added, the use of psychiatric medications to stabilize chemical or mood imbalances has dramatically lowered the chance of relapse.

Studies sponsored by NIDA also indicate a link between post-traumatic stress disorder (PTSD) and substance abuse. While the stress of working as a pharmacist falls far short in most cases of PTSD, some experts worry that on-the-job stress represents another risk factor. "We have a high-stress profession," insisted Norton. "Stress leads to two things: mental illness and substance abuse."

Turning a stigma into a blessing

Despite the growing body of evidence of the medical basis of drug dependency, attitudes about the disease are more resistant to change. "We still live in a world where addiction is a stigmatized disease," explained Anthony Tommasello, pharmacist, Ph.D., associate professor and director of the Office of Substance Abuse Studies at the University of Maryland School of Pharmacy.

Given the social stigma that is still attached to substance abuse, it is hardly surprising that recovering pharmacists are hesitant to talk openly about their experiences. For Michael D. Quigley, R.Ph., executive director, Pharmacists Rehabilitation Organization of Ohio, however, his addiction and recovery was ultimately "a blessing" that he now uses to help other pharmacists understand that they are not alone.

Nineteen years ago, Quigley recognized that he had a problem but didn't know what to do. "I knew I was going to get caught, but I had no idea about how alcoholism or

addiction worked," he said. "I had tried lots of times on my own to quit and was probably more miserable then than when I was using. I did not realize that Alcoholics Anonymous or Narcotics Anonymous could save my life." For years it was a burden he carried alone.

Ultimately, the final push came from outside. An inspection of the pharmacy Quigley co-owned revealed irregularities. He had been diverting Percocet (oxycodone HCl/acetaminophen, Endo Labs) for his own use. He immediately entered a 90-day treatment facility, but it would be seven more years before he would again work in a pharmacy. In the end, he lost the pharmacy he co-owned, spent four months in jail, had his license revoked, and was divorced.

Rehab was only the beginning. "I still had headaches, just felt bad for months," Quigley remembered. "It probably took over a year for my sleep patterns to come back; it was a process of my nerves regenerating and body adjusting to not having the drugs in there."

Returning to work as a pharmacist proved equally challenging. Quigley applied for a new license four times before the Ohio State Board of Pharmacy finally relented. "It was kind of a crusade," he remarked. "I had to show them the kind of person I had become. By that time I had suffered enough consequences."

Even with his license, he still admitted to feeling apprehensive about going back to work in a pharmacy. "Fortunately, I had a great employer who gave me training and did not stick me in there alone. I look at the experience as a growth process. I believe it all happened for a reason and formed me into the person I am today. As a result of this, I raised my kids by myself for 15 years—what a blessing that was. All of these things helped shape what has turned out to be a truly wonderful life."

Contracting for recovery

Quigley's experience is not unique. Both PRN and pharmacy board officials report that the vast majority of R.Ph.s who go through recovery successfully return to the profession. Estimates range as high as 85% to 90%, though there are no hard data on the question. "Pharmacists do better than any other healthcare profession," Norton said. Like other experts, he attributes most of the success to the work of PRNs.

Some pharmacists come voluntarily to a PRN, but most are referred by the state board of pharmacy. While all are evaluated individually to determine the path to recovery, most will sign a long-term "contract" that outlines precisely the patient's responsibilities during recovery. "If you can monitor a person for five years and have a presence on their shoulder, the chances of that person staying sober are dramatically increased," observed Fingerson.

Recovery contracts cover everything, including whether the patient will undergo inpatient or outpatient treatment, how long the treatment will last, the frequency of attendance at meetings, the frequency of drug tests, and other details. In nearly every case, the contracts stipulate that the pharmacist voluntarily relinquish his or her license and immediately

stop working as a pharmacist. The contracts typically last five years, though in many cases, recovering pharmacists may petition to regain their license before the end of the period.

Most pharmacists will start with an intensive detoxification program. Inpatient programs can range from a week to 90 days, depending on the severity of the addiction and the drug. Other contracts may recommend outpatient programs. Some pharmacists may live in a halfway house with other recovering addicts while undergoing the outpatient treatment. In almost all cases, this early treatment makes continued work in a pharmacy setting impossible. Residential treatment may continue for as long as six months after the initial detox.

The biggest challenge is helping pharmacists reenter the pharmacy. "The most successful programs have a means to get people back into the pharmacy," Norton explained. "Ninety-five percent will require residential treatment to learn how to manage their disease without the drug and how to face the drug when they walk back into work."

Getting on board

One of the reasons PRNs tend to be so successful in getting pharmacists through recovery is their cooperative relationship with pharmacy boards. Boards are increasingly willing to suspend the impaired pharmacist's license while he or she undergoes treatment, with the threat that a relapse may trigger a permanent ban. In this cooperative model, PRNs monitor treatment and ensure the patient is progressing. "The rehab approach relies on the board as the holder of the sword," said Tommasello.

Pharmacy boards are so willing to work with PRNs because they speed up the process of removing impaired pharmacists from behind the counter. While board investigations and hearings can take weeks or months to complete, PRNs successfully remove pharmacists quickly from practice and start them on the path to recovery. "We are all working for the same purpose," said Ohio's Quigley. "We want to get anyone who is impaired out of the pharmacy until he or she is fit to practice again."

"When pharmacists enter the PRN program, they are immediately monitored well in advance of anything the board could do," confirmed Virginia Herold, executive director of the California State Board of Pharmacy. "Public safety is improved because it is so quick."

That cooperation is critical to the successful rehabilitation of impaired pharmacists. North Carolina's pharmacy board and its PRN have worked together for the past 15 years and North Carolina's PRN is one of the few nationwide to receive direct funding from pharmacy license fees collected by the board. "Historically it has worked very well for us," explained Jay Campbell, executive director of the North Carolina Board of Pharmacy.

Finances play a large part of that trust. "I don't think you can build a relationship unless

you trust that the organization has the resources to do the job," continued Campbell. "If you are serious about having a recovery program, then you have to be serious about providing revenue." The North Carolina board provides \$130,000 a year to the PRN to underwrite its operating expenses. In addition, a member of the pharmacy board also sits on the PRN board, which provides regular updates, financial statements, and audit results to the board.

That level of oversight is important, some insist. "What we've seen with a lot of recovery programs is that they start out with good intentions, but there have been some fraud and financial issues," said a concerned Carmen Catizone, executive director of the National Association of Boards of Pharmacy. "Overall, PRNs are managed and run by dedicated people, but there needs to be structure and accountability."

Spreading the recovery gospel

Unfortunately, few PRNs receive direct funding from licensing fees and most rely on fundraising and charging patients to underwrite their work. PRN advocates and board of pharmacy officials agree that a more formal structure would greatly improve their work. Like everything else, Catizone said, "it has been a question of resources" in finding funding for PRNs.

"The goals of the recovery network and the goals of the board are at opposite ends of the spectrum," contends William T. Winsley, executive director of the Ohio pharmacy board. "If pharmacists have a problem, get help now before we find out about it."

Part of the reason the Ohio board is so willing to work with the PRN is that more than half of the state board's time is occupied with substance abuse issues. "That's way too much time," Winsley said. "We have other issues that we should be dealing with."

To combat the problem, Winsley is working with pharmacy educators in the state. "We need to sit down and start talking with the chemically dependent while they are still in school," he argued. "If we can intervene when they are in pharmacy school or in high school, then it would never get to the level of the board."

Many pharmacy schools have developed substance abuse programs for students, and APhA has formed a substance abuse special interest group. The association also founded and has supported the University of Utah School on Alcoholism and Other Drug Dependencies.

Students appear to be getting the message. According to Marcie Bough, Pharm.D., director, federal regulatory affairs at APhA, the number of students who attend the Utah school has increased dramatically. In addition, the APhA Foundation offers student leaders a scholarship to attend the school.

Are you at risk?

According to Merrill Norton, clinical assistant professor of pharmacy at the University of Georgia College of Pharmacy, more than 90% of people who develop a substance abuse problem have at least one of the following genetic risk factors:

- Family history of addiction (chemical, sexual, food, or other compulsive pathological addiction)
- Family history of mental illness
- Family history of suicide

In addition, Norton argues, there is evidence that other factors also play a role in developing an addiction problem. These personal and environmental factors include:

- Personal history of trauma (violent, emotional, or environmental)
- Stress
- Obsessive-compulsive traits
- Need to be perfect
- Need to be in control

Where to go for help

Pharmacists face particular challenges when it comes to substance abuse. Fortunately, there are several resources available on-line for addicted pharmacists and pharmacists interested in substance abuse treatment. Here are a few:

<http://www.usaprn.org/>: This Web site is a compendium of resources as well as a virtual community center for addicted pharmacists and for those focused on treatment. It also has up-to-date information on each state pharmacy recovery network.

<http://uuhsc.utah.edu/uas/>: The University of Utah School on Alcoholism and Other Drug Dependencies offers a week long summer curriculum aimed at pharmacists and other professionals focused on substance abuse treatment.

<http://www.nida.nih.gov/>: The National Institute on Drug Abuse provides updates on recent research, information about abused drugs, and other resources.