

Addiction in Pharmacy—The Untold Truth

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While you may not personally suffer from the disease of addiction, the chances of it not touching your life in some way are minuscule. For many decades, our society has ignored the harsh realities of addiction with a view that it's simply not our problem. New science and research show us that this couldn't be further from the truth. We typically imagine an addict as someone on the streets shooting up, but the truth is that a brain disease like addiction doesn't discriminate based on your financial stature, education, or desire to succeed in life. **Pharmacists experience addiction too.** "It is estimated that approximately 10% to 15% of all healthcare professionals will misuse drugs or alcohol at some time during their career. Although the rates of substance abuse and dependence are similar to those of the general population, the prevalence is disturbing because healthcare professionals are the caregivers responsible for the general health and well-being of the general population."¹

According to the American Society of Addiction Medicine (ASAM), addiction is "a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors."² Often times, people who experiment with drugs continue to use them because the substance either makes them feel good or stops them from feeling bad. There is a fine line between recreational, social use and abuse or addiction. And people suffering from this disease are rarely able to recognize when that line has been crossed.³

The number of Americans who died from overdoses of prescription painkillers more than tripled in the past decade. This staggering statistic is higher than the number of people who died from a cocaine or heroin overdose combined.⁴ There are many factors that contribute to these numbers, but two of the most obvious are the patient and treating physician. It is common practice for individuals experiencing pain of any kind to see a physician and seek medication to treat pain and it is the physician's job to relieve that pain. Our lack of education regarding the risk factors associated with addiction as well as the addiction potential of certain medications leads to dangerous outcomes. "Between 80 and 90 percent of doctors in the United States have no formal training in prescribing opioid medications," says David Kloth, MD, a Connecticut-based pain management specialist and spokesperson and former president of The American Society of Interventional Pain Physicians (ASIPP). "I would never prescribe chemotherapy or heart medication to a patient, because I have no formal training in how to do so. But many doctors who haven't been properly trained are prescribing opioids."⁵ There are many alternatives to opioids in treating pain, but patients tend to want the quickest result with the least amount of work involved and don't fully understand the risks. The majority of the professionals in the PRN program first experienced their addiction following a routine visit to the doctor to alleviate pain

¹ Baldisseri (2007)

² American Society of Addiction Medicine (2011)

³ Robinson, L., Smith, M., & Saisan, J. (2011)

⁴ Centers for Disease Control and Prevention (2011)

⁵ Vimont, C. (2011)

attributed to a bad back, a recent surgery, or an accident. No one plans on becoming addicted. One professional explained his experience by saying, “The first time I ever took Hydrocodone, it was the most normal I’d felt in my entire life, as if it filled a void I could never figure out on my own.” This is just one of the many heartbreaking stories I’ve heard and a great example of the power addiction has over the mind, body, and spirit.

Unfortunately, healthcare professionals are at an increased risk for addiction due to their unique access to controlled substances, perceived pharmacological knowledge, and a stressful work environment. Due to drug access, healthcare professionals tend to self-medicate, a practice that can perpetuate the fallacy that pharmacological knowledge of drugs is an effective strategy to prevent addiction. “Given the increasingly stressful environment due to manpower shortages in the healthcare system in general, substance-induced impairment among some healthcare professions is anticipated to grow.”⁶ Additionally, healthcare professionals spend the majority of their time caring for others and often forget the importance of self-care, so the professional’s personal needs are unmet. “A study of people admitted for substance abuse treatment for the first time has found they waited an average of 15.6 years to seek help from the time they initially used the substance.” The Substance Abuse and Mental Health Services Administration’s Pamela S. Hyde said, “This study shows that the damaging consequences of substance use can often be undetected or unacknowledged for many years—undermining many aspects of people’s health and well-being, as well as those around them.”⁷

Now is the time for increased prevention, intervention, education, and treatment to help those suffering from this deadly disease. As licensed professionals protecting the integrity of your profession, **it is your responsibility** to not only be familiar with this issue, but also to be part of the solution. This includes being aware of the signs and symptoms of abuse and reaching out to colleagues that you think may be practicing impaired. According to the Centers for Disease Control and Prevention (CDC), by 2010, enough opioid pain medications were sold to medicate *every* American adult for 1 month.⁴ In my experience as Director for the Professional Recovery Network (PRN), the most common drug of choice for the healthcare professionals we work with has been opiates. Unfortunately, this is a new reality, one we can no longer ignore.

There are numerous red flags to look for in determining if someone may be experiencing addiction. Common signs and symptoms of drug abuse include neglecting work responsibilities, having multiple drug or alcohol-related arrests, or experiencing strained relationships because of drug use. People also commonly report changes in appetite or sleep pattern, unexplained change in personality or attitude, sudden mood swings, and a lack of motivation. Common signs and symptoms of addiction include:

- the need for more of the drug to experience the same effects that used to be attained with smaller amounts

⁶ Kenna & Lewis (2008)

⁷ Join Together (2011)

⁴ Centers for Disease Control and Prevention (2011)

- the need to take drugs to avoid or relieve withdrawal symptoms
- loss of control over drug use
- one's life revolving around drug use
- continued drug use, despite knowing it's harmful effects ³

If you or anyone you know may be suffering from addiction, the Professional Recovery Network is here to support you. Our program has helped over 1,000 pharmacists since it was established by the Texas Pharmacy Association in 1981. We are a peer assistance program that helps identify, assist, support, and monitor any Texas-Licensed Pharmacists or Pharmacy Students with a potential impairment due to substance use or mental illness. Our program is fully supported and recognized by the Texas State Board of Pharmacy (TSBP). We adhere to a dual philosophy that provides an **opportunity for confidential recovery** while **protecting the public** from unsafe professional practice. We believe that professionals who have a substance use disorder or mental health impairment should be offered the chance to enter recovery and confront their problems before having disciplinary action taken against their licenses. We accept self-referrals as well as referrals from any concerned third parties. **All referral sources are kept strictly confidential.**

In cases where an individual seeks our help and is not already known by the licensing board, his/her participation is not disclosed outside of PRN as long as the individual follows through with our process to determine safety to practice and all recommendations necessary to maintain recovery. In cases where the licensing board is already involved, PRN is able to advocate on the individual's behalf regarding licensure concerns before TSBP. Our program is designed to address all aspects of a healthy, successful recovery including ongoing monitoring and thus accountability. We provide an instant connection with other healthcare professionals that suffer from this terrible disease, have experience working with PRN, and have experience under a Board Order through TSBP.

The PRN program is an opportunity for individuals to face challenges in their life head-on and come out even stronger in the end. It is a chance for professionals to reclaim a life they've worked so hard to build, and I am grateful to be part of a program that fosters that process. There isn't a day that goes by that I am not inspired and motivated by program participants who have taken the first step by admitting they have a problem and sought help. If you or someone you know is struggling, our team is here to help in any way we can. Please call one of our trained professionals at PRN, who will answer any questions you may have about joining other healthcare professionals in recovery today.

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PRN Helpline: 1-800-727-5152
PRN Website: www.txprn.com

³ Robinson, L., Smith, M., & Saisan, J. (2011)

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