

ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance

Position

The American Society of Health-System Pharmacists (ASHP) believes that pharmacists have the unique knowledge, skills, and responsibilities for assuming an important role in substance abuse prevention, education, and assistance. Pharmacists, as health care providers, should be actively involved in reducing the negative effects that substance abuse has on society, health systems, and the pharmacy profession. Further, ASHP supports efforts to rehabilitate pharmacists and other health-system employees whose mental or physical impairments are caused by dependency on psychoactive drugs.

Background

The term “substance abuse,” as used in this Statement, includes those diseases described by the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV-TR) criteria as “psychoactive substance use disorders.”¹ Psychoactive substances are abused primarily to depress, stimulate, or distort brain activity. Examples include alcohol, tobacco, “street” drugs (e.g., marijuana, lysergic acid diethylamide [LSD], cocaine, methamphetamine, inhalants, methylenedioxymethamphetamine [MDMA], gammahydroxybutyrate [GHB], heroin), and the nonmedical use or the overuse of psychoactive and other prescription and nonprescription drugs (e.g., oxycodone, ketamine, methadone, and dextromethorphan).

Substance abuse is a major societal problem. The 2000 National Household Survey on Drug Abuse, a primary source of statistical information on the use of illegal drugs by the U.S. population, estimated that (a) 4.3 million Americans (or 1.9% of the total population) ages 12 years or older were current illicit drug users, (b) 7.1 million Americans (or 3.2% of the total population) were dependent on illicit drugs or alcohol, and (c) 5.1 million Americans (or 2.3% of the total population) were dependent on alcohol.² A study of psychiatric disorders in America suggested a lifetime prevalence of substance abuse disorders of 16.4%, of alcohol abuse or dependency of 13.3%, and of other drug abuse or dependency of 5.9%.³ Studies suggest that the prevalence of drug abuse among health professionals appears to be similar to that in the general population.^{4–6} Given their access, however, health professionals abuse prescription drugs more often and “street” drugs less often than does the general population.

Substance abuse frequently coexists with and complicates other psychiatric disorders, and it is a common and often unrecognized cause of physical morbidity. Intravenous drug abuse is a major factor in the spread of HIV and hepatitis. Alcohol is a major factor in cirrhosis of the liver, and tobacco is a key contributor to emphysema and lung cancer. Collectively, substance abuse contributes significantly to morbidity and mortality in our population and to the cost of health care.

Substance abuse is also a serious workplace problem. The Substance Abuse and Mental Health Services Adminis-

tration reported that approximately 70% of those reporting illicit drug use within the past month were currently employed full-time and that 1 in 12 full-time employees reports current use of illicit drugs.⁷ Substance abuse by employees of health care organizations leads to reduced productivity, increased absenteeism, drug diversion, and, almost certainly, increased accidents and medication misadventures. Consequently, it affects the quality of patient care, liability, and operational and health care costs.

Pharmacists have unique, comprehensive knowledge about the safe and effective use of medications and about the adverse effects of their inappropriate use. The provision of pharmaceutical care to individual patients involves pharmacists assessing the appropriateness of pharmacotherapy, counseling, and monitoring medication-use outcomes. Health-system pharmacists have organizational responsibilities for contributing to the (a) development of the health care organization’s medication-use policies, including input into the decisions of the pharmacy and therapeutics committee, (b) development of clinical care plans and other types of protocols, and (c) investigation and prevention of adverse medication events. Furthermore, pharmacists have legal and organizational responsibilities for medication distribution and control across the continuum of practice settings within health care organizations. With this combination of knowledge and organizational responsibilities, pharmacists are prepared to serve in leadership and service roles in substance abuse prevention and education and assist in a variety of patient care, employee health, and community activities.

Responsibilities

The scope of substance abuse responsibilities of pharmacists varies with the health care organization’s mission, policies and procedures, patient population, and community. The responsibilities listed below should be adapted to meet local needs and circumstances. Each responsibility is intended to be applicable to any substance of abuse; therefore, specific substances are generally not mentioned. Pharmacists should be involved in substance abuse prevention, education, and assistance by performing the following activities:

Prevention

1. Participating in or contributing to the development of substance abuse prevention and assistance programs within health care organizations. A comprehensive program should consist of (a) a written substance abuse policy, (b) an employee education and awareness program, (c) a supervisor training program, (d) an employee assistance program, (e) peer support systems, such as pharmacist recovery networks, and (f) drug testing.⁸
2. Participating in public substance abuse education and prevention programs (e.g., in primary and secondary schools, colleges, churches, and civic organizations)

and stressing the potential adverse health consequences of the misuse of legal and use of illegal drugs.

3. Discouraging pharmacist involvement in the sale of alcohol and tobacco products.
4. Establishing a multidisciplinary controlled-substance inventory system that discourages diversion and enhances accountability that complies with statutory and regulatory requirements. Where helpful, for example, procedures might require the purchase of controlled substances in tamper-evident containers and maintenance of a perpetual inventory and ongoing surveillance system.
5. Working with local, state, and federal authorities in controlling substance abuse (e.g., complying with controlled-substance reporting regulations and cooperating in investigations that involve the misuse of controlled substances, especially diversions from a health care organization).
6. Working with medical laboratories to (a) identify substances of abuse by using drug and poison control information systems, (b) establish proper specimen collection procedures based on knowledge of the pharmacokinetic properties of abused substances, and (c) select proper laboratory tests to detect the suspected substances of abuse and to detect tampering with samples.

Education

1. Providing information and referral to support groups appropriate to the needs of people whose lives are affected by their own or another person's substance abuse or dependency.
2. Providing recommendations about the appropriate use of mood-altering substances to health care providers and the public, including those persons recovering from substance dependency and their caregivers.⁹
3. Fostering the development of undergraduate and graduate college of pharmacy curricula and pharmacy technician education on the topic of substance abuse prevention, education, and assistance.¹⁰
4. Providing substance abuse education to fellow pharmacists, other health care professionals, and other employees of their health care organization.
5. Instructing drug abuse counselors in drug treatment programs about the pharmacology of abused substances and medications used for detoxification.
6. Promoting and providing alcohol risk-reduction education and activities.
7. Maintaining professional competency in substance abuse prevention, education, and assistance through formal and informal continuing education.
8. Conducting research on substance abuse and addiction.

Assistance

1. Assisting in the identification of patients, coworkers, and other individuals who may be having problems related to their substance abuse, and referring them to the appropriate people for evaluation and treatment.
2. Participating in multidisciplinary efforts to support and care for the health care organization's employees

and patients who are recovering from substance dependency.

3. Supporting and encouraging the recovery of health professionals with alcoholism or other drug addictions. Major elements of an employer's support program might include (a) a willingness to hire or retain employees, (b) participating in monitoring and reporting requirements associated with recovery or disciplinary contracts, (c) maintaining an environment supportive of recovery, (d) establishing behavioral standards and norms among all employees that discourage the abuse of psychoactive substances, including alcohol, and (e) participating in peer assistance programs.
4. Collaborating with other health care providers in the development of the pharmacotherapeutic elements of drug detoxification protocols.
5. Providing pharmaceutical care to patients being treated for substance abuse and dependency.
6. Maintaining knowledge of professional support groups (e.g., state- and national-level pharmacist recovery networks) and other local, state, and national organizations, programs, and resources available for preventing and treating substance abuse (see "Other resources").
7. Refusing to allow any student or employee, including health professionals, to work, practice, or be on-site for rotations within the health care organization while his or her ability to safely perform his or her responsibilities is impaired by drugs, including alcohol. The refusal should follow the organization's policies and procedures, the principles of ethical and responsible pharmacy practice, and statutory requirements. Practice should not be precluded after appropriate treatment and monitoring, if approved by the treatment provider or contract monitor (or both, when applicable).

References

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed. Washington, DC: American Psychiatric Association; 2000:198–9.
2. Epstein JF. Substance dependence, abuse and treatment: findings from the 2000 National Household Survey on Drug Abuse. Rockville, MD: U.S. Department of Health and Human Services, 2002; DHHS publication no. SMA 02-3642 (Series A-16).
3. Robins L, Regier D. Psychiatric disorders in America: the epidemiologic catchment area study. New York: Free Press; 1991:81–154.
4. McAuliffe WE, Santangelo SL, Gingras J, et al. Use and abuse of controlled substances by pharmacists and pharmacy students. *Am J Hosp Pharm.* 1987; 44:311–7.
5. Sullivan E, Bissell L, Williams E. Chemical dependency in nursing: the deadly diversion. Menlo Park, CA: Addison-Wesley; 1988.
6. Bissell L, Haberman PW, Williams RL. Pharmacists recovering from alcohol and other drug addictions: an interview study. *Am Pharm.* 1989; NS29(6):19–30. [Erratum, *Am Pharm.* 1989; NS29(9):11.]
7. Office of Applied Studies, Substance Abuse and Mental Health Services Administration. An analysis of worker drug use and workplace policies and programs. Rockville, MD: U.S. Department of Health and Human Services; 1997.

8. Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Making your workplace drug free: a kit for employers. Rockville, MD: U.S. Department of Health and Human Services; 1994.
9. Davis NH. Dispensing and prescribing cautions for medical care during recovery from alcohol and drug addiction. *J Pharm Pract.* 1991; 6:362–8.
10. Baldwin JN, Light K, Stock C, et al. Curricular guidelines for pharmacy education: substance abuse and addictive disease. *Am J Pharm Educ.* 1991; 55:311–6.
15. Center for Substance Abuse Prevention (CSAP) Workplace Helpline (for employers). Telephone, 800-967-5752; e-mail, helpline@samhsa.gov.
16. National Association of State Alcohol and Drug Abuse Directors (NASADAD). The association coordinates and encourages cooperative efforts between the federal government and state agencies on substance abuse. NASADAD serves as a resource on state drug programs and can provide contacts in each state. Web site, www.nasadad.org.
17. Community organizations are available to help with drug or alcohol problems. Treatment counselors may be valuable in developing assistance policies and in providing professional education about treatment and referral systems. Community drug-abuse-prevention organizations may be helpful in prevention efforts, including community drug education. Check your local telephone directory under headings such as Alcoholism Information and Treatment, Drug Abuse Information and Treatment, and Counselors.

Other Resources

1. Hogue MD, McCormick DD, eds. Points of light: a guide for assisting chemically dependent health professional students. Washington, DC: American Pharmaceutical Association; 1996.
2. AACP Special Interest Group on Pharmacy Student and Faculty Impairment. American Association of Colleges of Pharmacy guidelines for the development of psychoactive substance use disorder policies for colleges of pharmacy. *Am J Pharm Educ.* 1999; 63:28S–34S.
3. Tucker DR, Gurnee MC, Sylvestri MF, et al. Psychoactive drug use and impairment markers in pharmacy students. *Am J Pharm Educ.* 1988; 52:42–7.
4. Miederhoff PA, Voight FB, White CE. Chemically impaired pharmacists: an emerging management issue. *Top Hosp Pharm Manage.* 1987; 7(Nov):75–83.
5. Krieglner KA, Baldwin JN, Scott DM. A study of alcohol and other drug use behaviors and risk factors in health profession students. *J Am Coll Health.* 1994; 42:259–65.
6. Haberman P. Alcoholism in the professions. Troy, MI: Performance Resource; 1991.
7. Bissell L, Royce JE. Ethics for addiction professionals. Center City, MN: Hazelden Foundation; 1994.
8. Colvin R. Prescription drug addiction: the hidden epidemic. Omaha, NE: Addicus; 2002.
9. Crosby L, Bissell L. To care enough: intervention with chemically-dependent colleagues. Minneapolis: Johnson Institute; 1989.
10. Johnson VE. Intervention: how to help someone who doesn't want help. A step-by-step guide for families and friends of chemically-dependent persons. Minneapolis: Johnson Institute; 1989.
11. Rinaldi RC, Steindler EM, Wilford BB, et al. Clarification and standardization of substance abuse terminology. *JAMA.* 1988; 259:555–7.
12. Brown ME, Trinkoff AM, Christen AG, et al. Impairment issues for health care professionals: review and recommendations. *Subst Abus.* 2002; 23S:155–65.
13. Dole EJ, Tommasello AC. Recommendations for implementing effective substance abuse education in pharmacy practice. *Subst Abus.* 2002; 23S:263–71.
14. National Clearinghouse for Alcohol and Drug Information (NCADI). The clearinghouse is a federally funded service that assists in finding information on all aspects of substance abuse. Many publications and educational materials are available free of charge from NCADI. Telephone, 800-729-6686; Web site, <http://store.health.org/>.
18. Twelve-step groups (usually available locally unless otherwise noted; listed telephone numbers and Web sites are for national headquarters):
 - a. Adult Children of Alcoholics (ACOA); for adults who, as children, lived with alcoholic parents. Telephone, 310-534-1815; Website, www.adultchildren.org/.
 - b. Al-Anon; provides information on alcoholism and alcohol abuse and refers callers to local Al-Anon support groups established to help people affected by others' alcohol misuse. Telephone, 888-425-2666; Web site, www.al-anon.org/.
 - c. Alateen; for adolescents affected by alcoholics. Web site, www.al-anon.org/alateen.html.
 - d. Alcoholics Anonymous (AA); provides information and support to recovering alcoholics. Telephone, 212-870-3400; Website, www.alcoholicsanonymous.org.
 - e. Cocaine Anonymous (CA); for individuals with cocaine dependencies. Telephone, 310-559-5833; Web site, www.ca.org/.
 - f. International Pharmacists Anonymous (IPA); for pharmacists in recovery (a national group that often holds support-group meetings at national and regional conferences). Contact IPA List Keeper, 319 East 5th Street, Ogallala, NE 69153-2201; telephone, 308-284-8296; Website, <http://mywebpages.comcast.net/ipa/ipapage.htm>.
 - g. Nar-Anon; for helping people affected by another's drug misuse. Telephone, 310-547-5800.
 - h. Narcotics Anonymous (NA); provides information and support to recovering substance abusers. Telephone, 818-773-9999; Web site, www.na.org.
19. Advocacy and professional substance abuse education:
 - a. American Pharmacists Association (APhA) Pharmacy Recovery Program; for information sharing, education, and advocacy. Telephone, 800-237-2742. The American Dental Association, American Medical Association, and American Nurses Association have similar programs.
 - b. The Pharmacy Section (cosponsored by APhA and APhA Academy of Students of Pharmacy) of the University of Utah School on Alcoholism and

Other Drug Dependencies (a one-week seminar each summer); for learning to deal with substance abuse problems as they affect the profession. Telephone, 801-538-4343; Web site, www.med.utah.edu/ads/.

This statement was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Approved by the ASHP Board of Directors on April 15, 2003, and by the ASHP House of Delegates on June 1, 2003. Developed through the ASHP Council on Professional Affairs. Supersedes the ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance approved by the ASHP Board of Directors, April 22, 1998, and revised and approved by the ASHP House of Delegates and the ASHP Board of Directors, June 3, 1998.

Copyright © 2003, American Society of Health-System Pharmacists, Inc. All rights reserved.

The bibliographic citation for this document is as follows: American Society of Health-System Pharmacists. ASHP statement on the pharmacist's role in substance abuse prevention, education, and assistance. *Am J Health-Syst Pharm.* 2003; 60:1995–8.