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 healthcare 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 substance abuse.

Background

The term *substance abuse* is commonly used to describe the hazardous or addictive use of psychoactive substances with either addictive, typically depressing or stimulating, or perception distorting properties. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition,* includes substance use disorders, typically considered addictions with severity categories, and substance–induced disorders, typically intoxication or withdrawal, in its Substance-Related and Addictive Disorders chapter.[1] Examples include alcohol; tobacco; "street" drugs, such as marijuana, LSD (lysergic acid diethylamide), PCP (phencyclidine), cocaine, methamphetamine, methylenedioxymethamphetamine (commonly known as MDMA, ecstasy, or molly), inhalants, GHB (gammahydroxybutyrate), heroin, synthetic marijuana (also known as K2 or spice), salvia, and bath salts; and the nonmedical use or overuse of psychoactive and other prescription and nonprescription drugs (e.g., hydrocodone, oxycodone, ketamine, methadone, dextromethorphan).

Substance abuse is a major societal problem. The 2012 National Household Survey on Drug Use and Health (NSDUH), a primary source of statistical information on drug abuse in the U.S. population, estimated that (1) 23.9 million Americans (or 9.2% of the population 12 years of age or older) had used an illicit drug[a] in the past month, (2) 2.8 million Americans were dependent on or abused both illicit drugs and alcohol, (3) 4.5 million Americans were dependent on or abused illicit drugs but not alcohol, and (4) 14.9 million Americans were dependent on alcohol.[2] In earlier studies, investigators used the *DSM, Fourth Edition*, (*DSM-IV*) criteria to assess the prevalence of substance abuse and dependence disorders in the United States.[3,4] They reported the following lifetime prevalence figures: 30.3% for alcohol-use disorders,[3] 10.3% for drug-use disorders,[4] 12.5% for alcohol dependence (alcoholism) (17.4% for men, 8.0% for women),[3] and 2.6% for dependence on other drugs (drug addiction), excluding tobacco (3.3% for men, 2.0% for women).[4] Studies suggest that the prevalence of drug abuse among health professionals appears to be similar to that in the general population.[5-7] However, given their access to drugs, health professionals abuse prescription drugs more often and street drugs less often compared with the general population.

Substance abuse frequently coexists with and complicates other psychiatric disorders and is a common and often unrecognized cause of physical morbidity. Intravenous drug abuse is a major factor in the spread of human immunodeficiency virus and hepatitis. Alcohol is a major factor in the development of 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 the U.S. population and to the cost of healthcare.

Substance abuse is also a serious workplace problem. The 2012 NSDUH survey found that approximately 14.6 million Americans reporting past-month illicit drug use were currently employed full- or part-time.[2] Substance abuse by employees of healthcare 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 healthcare costs.

The abuse, or nonmedical use, of prescription medications has also become a prevalent issue. In 2012, the NSDUH survey found that nonmedical use of prescription drugs among youths age 12–17 years and young adults age 18–25 years was the second most prevalent illicit drug-use category, with marijuana being the first.[2] The survey also found that over half of all prescription drug abusers had obtained the prescription medication "from a friend or relative for free," compared with 3.9% who had obtained the medication from a drug dealer or stranger.

Pharmacists have unique, comprehensive knowledge about the safe and effective use of medications and about the adverse effects of their inappropriate use. When providing pharmaceutical care to individual patients, pharmacists assess the appropriateness of pharmacotherapy, counsel patients, and monitor medication-use outcomes. Health-system pharmacists are responsible for ensuring a safe and effective medication-use system, including legal and organizational responsibilities for medication distribution and control across the continuum of practice settings within healthcare 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.

[a]The NSDUH obtains information on nine categories of illicit drug use: use of marijuana, cocaine, heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives.

Responsibilities

The scope of substance abuse–related responsibilities of pharmacists varies with the healthcare 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.

Prevention. Pharmacists should be involved in substance abuse prevention by performing the following activities:

1. Participating in or contributing to the development of substance abuse prevention and assistance programs within healthcare 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 drugs and the use of illegal drugs.
3. Opposing the sale of alcohol and tobacco products by pharmacists and in pharmacies.
4. Establishing a multidisciplinary controlled-substance inventory system, in compliance with statutory and regulatory requirements, that discourages diversion and enhances accountability. 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, including participation in state prescription drug monitoring programs, encouraging participation in appropriate prescription disposal programs, complying with controlled-substance reporting regulations, and cooperating in investigations that involve the misuse of controlled substances, especially diversion from a healthcare 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 of samples.
7. Discouraging prescribing practices that enable or foster drug abuse behavior (e.g., prescribing a larger quantity of pain medication than is clinically needed for treatment of short-term pain).
8. Collaborating with outpatient and ambulatory care providers to prevent substance abuse after discharge.

Education. Pharmacists should be involved in substance abuse education by performing the following activities:

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 healthcare 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 healthcare professionals, and other employees of their healthcare 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. Providing postgraduate training in addictions, pain management, and palliative care where feasible.
9. Conducting research on substance abuse and addiction.
10. Educating patients about the correct storage, handling, and disposal of prescription medications.

Assistance. Pharmacists should be involved in substance abuse assistance by performing the following activities:

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 healthcare 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) being willing 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 healthcare 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 (appendix).

7. Refusing to allow any student or employee, including health professionals, to work, practice, or be on-site for rotations within the healthcare 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).

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Appendix—Other Resources

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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; website: http://store.samhsa.gov/home.

Center for Substance Abuse Prevention (CSAP) Workplace Helpline (for employers). Telephone: 800-967-5752; e-mail: dwp@samhsa.hhs.gov.

National Association of State Alcohol and Drug Abuse Directors (NASADAD). This 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. Website: www.nasadad.org.

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.*

Twelve-step groups (usually available locally unless otherwise noted; listed telephone numbers and websites are for national headquarters):

- Adult Children of Alcoholics is for adults who, as children, lived with alcoholic parents. Telephone: 562-595-7831; website: www.adultchildren.org.
- 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: 757-563-1500; website: www.al-anon.org.
- Alateen is for adolescents affected by alcoholics. Website: www.al-anon.alateen.org/for-alateen.
- Alcoholics Anonymous provides information and support to recovering alcoholics. Telephone: 212-870-3400; website: www.alcoholics anonymous.org.
- Cocaine Anonymous is for individuals with cocaine dependencies. Telephone: 310-559-5833; website: www.ca.org.
- International Doctors in Alcoholics Anonymous (IDAA) includes pharmacists in recovery, regardless of degree (a national group that has an annual conference and recovery resources for doctoral degree health professionals). Website: www.idaa.org; IDAA executive director e-mail: executive@idaa.org.
- Nar-Anon helps people affected by another's drug misuse. Telephone: 800-477-6291; e-mail: wso@nar.anon.org.
- Narcotics Anonymous provides information and support to recovering substance abusers. Telephone: 818-773-9999; website: www.na.org.

Advocacy and professional substance abuse education

- Pharmacist Recovery Networks exist in most states in the United States to assist pharmacists (and often also pharmacy technicians and sometimes pharmacy students) with addictions or who are in addiction recovery. The www.usaprn.org website includes information about these programs by state as well as information about other recovery-related resources.
- The Pharmacy Section (cosponsored by the American Pharmacists Association [APhA] and APhA Academy of Students of Pharmacy) of the University of Utah School on Alcoholism and Other Drug Dependencies was a one-week seminar held each summer until 2014. The section was reconstituted as the APhA Institute on Alcoholism and Drug Dependencies in 2015 (www.pharmacist.com/apha-institute-alcoholism-and-drug-dependencies).

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