



# The Addicted Pharmacist and the Effect of Their Environment

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## BACKGROUND

Addiction is a chronic, neurological disease characterized by impaired control over drug or alcohol use, compulsive use, and continued use despite consequences, harms, and cravings. It has been reported that 46% of pharmacists use prescription drugs without a prescription. Twenty percent of pharmacists reported that they had used a prescription drug without a prescription at least 5 times or more throughout their lifetime. Drug abuse involves the use of a medication, in a manner that deviates from medical, legal, and societal standards. Addiction results from the use of substance that produces a brain reward, by provoking an acute release of dopamine from the ventral tegmental area and nucleus accumbens of the midbrain. This use of the abused substances causes a dopamine surge, activating the reward pathway.

There are networks and treatment facilities available to help keep addicted pharmacists in recovery. One very active network is The Pharmacists' Recovery Network (PRN). The mission of the PRN Website ([www.usaprn.org](http://www.usaprn.org)) and Organization is to provide help and hope to addicted pharmacists and student pharmacists seeking recovery from their active disease; provide support to pharmacists and student pharmacists in recovery from their chronic disease; and to educate and inform the profession of pharmacy that those within the profession, are at risk for chemical dependency for reasons including: increased stress and burnout and easier access to drugs.

Previous studies have been conducted that included one state, a region, and/or all healthcare professionals. No studies have evaluated a more national area and included only the recovering/addicted pharmacist in the state PRN organization.

The purpose of this study is to include a larger national population of the recovering/addicted pharmacist in the PRN from their respective state with either a background in retail, institutional, or both throughout their past or current pharmacy career.

## OBJECTIVE

The objective of this survey was to assess whether the prevalence of the addicted pharmacist is greater in a retail practice setting compared to an institutional practice setting.

## PROCESS

A survey, consisting of 25 questions (eight of which were optional demographic), was uploaded onto an anonymous survey site. The link for the survey was then sent out to the PRN presidents via e-mail for each of the nine states. The PRN presidents then forwarded the e-mail to their clients.

Before the participants could take the survey, they had to agree to implied consent. This process kept the e-mail addresses of the clients unknown to the researchers for anonymity. The study adhered to all IRB guidelines.

### Inclusion criteria:

- Current or past pharmacist that practices or previously practiced in a hospital/institutional setting or in a retail setting
- In recovery for addiction
- Active in the pharmacist recovery network for one of the participating states (Arkansas, Georgia, Kentucky, Ohio, Oklahoma, South Carolina, Texas, and Wisconsin)

### Exclusion criteria:

- Non-pharmacists
- PRN clients from non-participating states
- Pharmacists who are not in the PRN organization

### Administration of survey:

- Completely voluntary
- No compensation or reward for completion

## RESULTS

The survey was sent to 697 participants in which 171 (25%) responded. 95% (164 out of 171) of participants specified the pharmacy setting in which they were practicing while abusing drugs or alcohol were either in retail, institution, or both. Of those 95%, 66% (109 out of 164) were practicing in a retail setting, 20% (32 out of 164) were practicing in an institutional setting, and 14% (23 out of 164) were practicing in both settings. Seventy-eight percent of participants actively diverted drugs from the pharmacy they were employed in. Sixty-nine percent of those that practiced in an institutional setting were involved in drug waste-disposal.



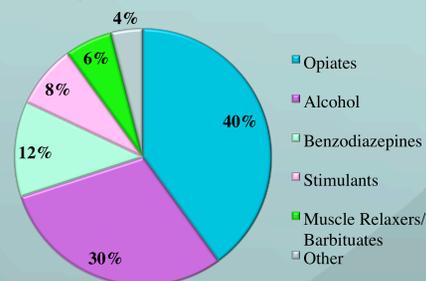
Prior to becoming a pharmacist, 68% of participants were found to be abusing drugs or alcohol. Of those 68%, 33% percent abused illicit drugs, 20% abused prescription drugs, and 59% abused alcohol. Eight percent of all participants knew they had an addiction before becoming a pharmacist and partially went into pharmacy for the easy access of prescription drugs, however the other 92% did not.

The age most participants started using alcohol or drugs (illicit and/or illegitimate prescription drug use) was between 16 and 20 years old (42%), with age 16 being the average age overall, ages 13 to 15 years old were the second most common group (30%).

Each participant was asked why they think the reason was they started abusing prescription medications and/or alcohol and a variety of responses were collected. The most common reasons were stress (22%), experimental and liked feeling it gave them (16%), social inhibition (13%), depression/anxiety/escape (12%), and major life event (sexual abuse, death, etc.) (10%).

The most common substance classes abused of choice were opiates (40%), alcohol (30%), benzodiazepines (12%), stimulants (8%), muscle relaxers/barbiturates (6%), and others (4%). Many of these participants admitted to being polysubstance abusers (two or more classes above) for their substance of choice.

### Classes of Substances Abused



Of the participants surveyed, 11% practiced with active addiction for less than 1 year, 42% practiced for 1-5 years, 23% practiced for 5-10 years, and 24% practiced for greater than 10 years before seeking treatment or were intervened upon. Only 29% of these pharmacists sought treatment on their own, while 71% were intervened upon. Thirty-eight percent attempted suicide. Ninety-three percent of participants attended some form of rehabilitation for their addiction, of which 63%, 18%, and 11% were successful on their first, second, and third attempt, respectively. Eighty-eight percent of participants utilize a form of 12-step program, mainly Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) to continue their recovery. Additionally, they seek support from friends, family, significant others, volunteerism and spiritual/religious beliefs. The three most commonly reported triggers for wanting to abuse are stress, depression/unhappiness, and pain (emotional and/or physical).

### Demographics of the participants:

- Race: 94% white; 1% Black/African American; 0.5% Asian; 2% American Indian or Alaska Native; 2% preferred to not say
- Males: 74%; Females: 26%
- Ages (years): 3% 20-29; 21% 30-39; 21% 40-49; 49% 50-64; 6% ≥ 65
- Marital Status: 56% married; 21% divorced; 14% single/never married; 3.5% widowed; 2% domestic partnership; 2% preferred to not say
- Currently Practicing Pharmacist: 67% Yes; 33% No
- Geographical area of practice: 38% metropolitan; 33% rural; 28% suburban
- Current Alcohol/Tobacco use: 25% use tobacco products; 2% drink alcohol; and 73% do not use

## CONCLUSION

Addiction is a disease due to loss of control over a substance, and activation of the reward pathway. Based on the results of this study, it was found that pharmacists in a retail setting were more likely to suffer from addiction, due to a high level of stress, pain, or depression/anxiety. Many of these pharmacists continued to practice while in the active stage of their disease. While in practice, a majority of these individuals were intervened upon in order to help them get proper treatment for their disease, less than one-third willingly went to treatment. Currently, PRN and a 12-step program, such as AA or NA, coupled with a support system comprised of family, friends, and spiritual beliefs, are utilized to help further the recovery of these pharmacists.



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