



If you drink from a bottle marked
POISON

it is almost certain to disagree with you

– Alice's Adventures in Wonderland by Lewis Carroll

BY PETER WATERMAN

Health professionals, including pharmacists, have easy access to drugs and medications which is now being seen as an influencer and possible enabler to those who may end up with substance abuse issues.

Pharmacists, doctors and nurses are increasingly being recognised as having a higher risk of becoming substance abusers because of their access to drugs and medications.

But the problem in Australia is that there is no data on the extent of the problem, with those involved in helping such impaired health professionals simply pointing to the fact that what they are seeing may only be the tip of an iceberg.

Dr Betty Chaar, Senior Lecturer in Pharmacy Practice and Professional Ethics at the University of Sydney, says, 'We do have impairment but how much of it there is we simply don't know. We don't have data as to what extent.'

Overseas evidence indicates the problem could be huge with one study in the United States – which has similar professional, societal and cultural demographics as Australia – finding 46% of pharmacists had at one time used a controlled substance without a prescription.

The study, *Use and abuse of controlled substances by pharmacists and pharmacy students* (McAuliffe, et al), also found almost two thirds of students (62%) had reported similar behaviour.

'Whereas students used the drugs most often for recreation (57% ever, 36% currently), use by pharmacists was more equally divided among self-treatment (29% ever, 13% currently), recreation (29% ever, 9% currently), and instrumental purposes (21% ever),' the study reported.

'The drugs most often used were marijuana, stimulants (especially cocaine by students), tranquilisers, and opiates. Drug use was generally limited in amount, but 18% of the pharmacists and 35% of the students who ever used a drug either became dependent or were at risk of drug abuse.'

Another perspective comes from Marie R. Baldisseri whose report, *Impaired healthcare professional*, notes that approximately 10% to 15% of all healthcare professionals will misuse drugs or alcohol at some time during their career.

These figures correlate to the findings in *A Two Year Longitudinal Outcome Study of Addicted Health Care Professionals: An Investigation of the Role of Personality Variables* (Angres, et al), which also emphasises: 'This estimate implicates a serious public health impact due to the responsibility of health care professionals to care for the health and well-being of the general population.'

The US National Institute on Drug Abuse reports an estimated 8%–12% of healthcare workers have substance abuse problems. Furthermore, 11% to 15% of pharmacists, at some time in their career, are confronted with alcohol and/or drug dependency problems, and the median age of recovering pharmacists is 43 years.

In Australia

Kay Dunkley, Program Coordinator of Australia's Pharmacists' Support Service (PSS), said while there had been a number of studies overseas, very little is known about the incidence of substance abuse by pharmacists in Australia and no research had been undertaken in the Australian pharmacist population on the misuse of drugs or alcohol.

'There are no statistics to indicate how prevalent the issue is,' she said.

'But our own experience points to a serious problem and I do believe it could be the tip of the iceberg.'

She said in 2011–12 some 6% of calls to PSS related to substance abuse by pharmacists and this compared with 5% in 2012–13.

'We get some 80 calls a year so while the number is low the percentage value of people calling about substance abuse is quite high,' Ms Dunkley said.

'Also we have to factor in the fact that most of our calls are from Victoria as we have only recently extended the service to other states so this could alter these figures quite dramatically.'

'Most of the calls we get are because people have got themselves into a difficult situation one way or another and need help.'

Substance abuse

In her report, *Impaired healthcare professional*, Dr Baldisseri makes it clear that while 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.

'Healthcare professionals have higher rates of abuse with benzodiazepines and opiates. Specialties such as anaesthesia, emergency medicine, and psychiatry have higher rates of drug abuse, probably related to the high-risk environment associated with these specialties, the baseline personalities of these healthcare providers, and easy access to drugs in these areas,' she says.

The report goes on to state that paediatricians, pathologists, radiologists, and obstetricians and gynaecologists have the lowest rates of substance abuse among physicians.

'Other healthcare professionals have showed higher rates of drug use, specifically nurses, dentists, pharmacists, anaesthesiologists, and veterinarians,' she said.

'Pharmacists may have a higher rate of using oral stimulants but reportedly use less parenteral drugs,' it finds.

All this data point to the fact that pharmacists and other health professionals, despite their high educational levels, still face the same pressures and influences which affect other substance abusers.

However, the Canadian Council on Drug Abuse (CODA) states that healthcare professionals may be more susceptible to drug use/misuse due to stress, easy access to controlled substances, contact with people who are seriously ill and dying and long hours.

'Doctors may also treat themselves with controlled prescription drugs which could potentially lead to addiction,' CODA says.

'As well, several areas of medicine and nursing in particular result in higher rates of substance abuse among their practitioners. These include emergency, psychiatry and anaesthesiology. It is thought that people who have a predisposition toward substance use/misuse may be more likely to choose to enter into these particular specialties.'

Steve Marty, Chair of the Pharmacy Board of Australia, says that the Board's 27 notifications of impairment last year ran the 'full gamut from mental health issues to drug and alcohol abuse.'

'There are those who become substance abusers and that includes alcohol and drugs and there are those who have some impairments and we shouldn't be surprised about that as 10% of the population has been estimated at any one time to be suffering from a mental health problem,' he said.

'Drug issue impairment is always a concern because no one rationally self prescribes.

'There have been too many inquests into deaths of health professionals who thought they knew what they were doing in self-medicating. Those people have no insight into their own condition although they may be very good at treating other people but very poor at treating themselves.'

Professor Lisa Nissen, Head, School of Clinical Sciences at the Queensland University of Technology, said she believed pharmacists were at lower end of the spectrum in terms of health professionals' abuse of drugs.

'We know what happens; we know what medicines are and what they do. Equally pharmacists tend not to do recreational drugs very often as we are aware of the potential implications,' she said.

'There may be times when a pharmacist might self-medicate for a minor ailment but the incidences of pharmacists maintaining an ongoing drug dependency would be rare. We may take an antibiotic but when it comes to opioids and benzos we steer clear of them.'

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She said in her experience the number of pharmacists who abused medications such as opioids and narcotics was fairly limited compared with other professions.

'We might self-medicate with antibiotics and that kind of thing but you will find that the number of pharmacists who are 'classic druggies' is less than you will find in other professions,' Professor Nissen said.

The Pharmacy Board's Stephen Marty agrees, emphasising that traditionally pharmacists haven't been involved in drug abuse impairment to the extent of some other health professionals.

But he warns, 'Just because we are not aware of it doesn't mean it's not happening.'

Public safety

Public safety takes precedence over a pharmacist's career and this in itself is a bone of contention when it comes to seeking treatment for impaired pharmacists.

One school of thought argues that mandatory reporting of impaired pharmacists acts as a disincentive while the other side of the argument emphasises that the public must be protected from an impaired pharmacist.

At present any pharmacist seeking medical help for a drug impairment knows they will be reported and that may lead to suspension, or loss, of their registration.

Dr Betty Chaar, Senior Lecturer in Pharmacy Practice and Professional Ethics at the University of Sydney, says her research shows that the threat of career sanctions means many impaired pharmacists don't seek help.

'My research shows there are some barriers to properly helping out impaired pharmacists,' she said.

'We have no support systems in place other than the Pharmacists' Support Service and this is very limited in its powers, in its training and in what it can do.

'The system is that if a pharmacist calls PSS and says, "I have a problem", the PSS member will say, "Hold on, don't say another word. Would you like me to refer you on to someone who is retired and can help you better than I can; because if I listen to you I have to notify authorities."

'It's a classic Catch 22 because the impaired pharmacist has to be referred on to other medical professionals and in doing this they have to be reported.'

However, Program Coordinator of the PSS, Kay Dunkley, refutes this. She says the service volunteers are trained to provide peer support over the phone.

'We provide crisis support and are like a Lifeline service for pharmacists,' she said.

'Our volunteers are trained by psychologists and in every circumstance they take steps to assist anyone who calls.

'This includes those who are impaired or have a substance abuse issue. PSS provides non-judgemental support whatever the circumstances.'

Anonymity

The PSS worked around mandatory reporting by encouraging callers to remain anonymous.

'Anonymity allows a caller to discuss their situation without fear of recognition or the issue of mandatory reporting,' Ms Dunkley said.

'Ideally we would like the PSS volunteers to be exempt from mandatory reporting requirements when in that role but this has not been permitted.

'Over the phone we are often not in a position to make a judgement about impairment and fitness to practice.'

Ms Dunkley emphasised that the only time the service would break confidentiality was if someone was clearly at risk of harm, whether that was a suicidal pharmacist or members of the public at risk from an impaired pharmacist.

'We refer callers to treatment services when this is needed. We have at times encouraged people to self-report if that is appropriate and similarly we would encourage anyone not fit to practise to take leave from their workplace until they have recovered,' she said.

'If a situation with an impaired pharmacist requires long-term support we use our retired pharmacist volunteers to do this as they have the time to make themselves available.

'In addition our retired pharmacist volunteers if they are no longer registered are not bound by mandatory reporting requirements and so conversations can be frank and open.

Alice began to feel very



'Our aim is to support pharmacists to access appropriate treatment and rehabilitation with the aim of returning to the pharmacy workforce if the pharmacist wants this.'

Mandatory reporting

Pharmacy Board Chair Stephen Marty rejects the notion that mandatory reporting lessens the likelihood of impaired pharmacists seeking help.

'I don't accept that mandatory reporting is a disincentive for people seeking help,' he said.

'Traditionally pharmacists have probably been dealt with by their peers more strongly than medical practitioners have been in the past. But lately there have been people who have completed periods of suspension or conditions on

their registration and come back and gone through a rehabilitation program and are back in practice.

'I had a pharmacist a few years ago with a codeine habit and he was suspended and then he wanted to come back into practice.

'We got him help and started him back at work under supervision and he is now a very good practitioner. So people can be rehabilitated. The scheme is not there to wipe people out but is there to protect the public.'

Dr Philip Hemphill, Director of the Professional Enhancement Program at Mississippi's Pine Grove Behavioral Health and Addiction Services told *Australian Pharmacist* that mandatory reporting had both positive and negative consequences.

'You must have a system of support with full accountability that follows the initial reporting,' Dr Hemphill said.

'This means the monitoring system must have the authority and support of the licensing body. The public's safety takes precedent over the individual's. This is the oath that professionals take and practise in public.

'The data supporting positive changes and success in professionals with intervention, treatment, and monitoring is well documented in the scientific literature.'

Professor Lisa Nissen, Head, School of Clinical Sciences at the Queensland University of Technology, agreed with the perception that pharmacists are dealt with more harshly than other professionals.

UNEASY

to be sure, she had not as yet had any dispute



Trust

Professor Nissen said it all boils down to trust.

'I spoke to a judge once who said that society see pharmacists as the medicines experts and puts incredible trust and responsibility in us to oversight the use, storage and delivery of medicines,' she said.

'I have complained that doctors who self-medicate or are impaired are allowed to return to practice after rehabilitation. But if a pharmacist does that they are deregistered and I said this is not fair.

'The reason given is that the public trusts pharmacists so much and we have access to this stuff all the time. It's a case of society saying, "We trust you so much so if you do it we punish you hard".

'So pharmacists know this and this is one reason you don't see many drug impaired pharmacists because you will never work again.'

Dr Char said there was a huge stigma about reporting and the worry for pharmacists was also about there being no support systems in place.

'The fear factor is very high. So let's say I am practising in a pharmacy, I've been through a rough spot and I'm taking some codeine or something and I may be addicted but my paranoia is that if someone reports me and I am suspended I am in a terrible situation – I can't make a living anymore. So instead of seeking help, I hide,' she said.

'The issue is that we as a profession, as well as those in power, need to placate people's worries and assure them that impairment happens and that we can help. As a profession we must develop some kind of program for pharmacists because doctors have programs in place to help them.'

Dr Hemphill told *Australian Pharmacist* that the stigma associated with impairment acts as a disincentive to professionals seeking help.

'Although resources are available most professionals have a difficult time integrating feedback and therefore avoid interventions,' Dr Hemphill said.

'Some struggle with the identification of the patient role and seek individuals that they are familiar with to treat them. They often attempt to return back into the professional environment with the same level of intensity which can be dangerous.'

Dr Char said she told her students they had to notify from the very beginning 'but they look at me with a lot of scepticism. The new generation asks why would we do someone in unless there is something there that can support them.'

'No one intentionally becomes impaired. You just fall into a rut and that rut gets deeper if the profession doesn't support you.

'It would be a great step forward to remove sanctions as that would encourage those pharmacists who need help to actually seek that help. Also we need to reassure them that ok, impairment happens.

'We need to be more empathetic, we need to be more realistic and we need to invest in help. We do need to give that to a single organisation but perhaps tie it to registration or give it to someone like PSA which is dedicated to providing

support system and continuing education,' she said.

Mr Marty agrees that help should be available and that every effort should be made to encourage impaired pharmacist to seek that assistance.

'The objective is to be sure they are now safe to practise and that the public are protected. People have to be smarter in recognising that our colleagues may have difficulties from mental health to substance abuse and how we can help them.

'On the other hand the objectives of the national law are protection of the public. It's not a punishment regime, it's a protection of title and protection of the public regime so there is an obligation on health practitioners to report where someone is abusing or is impaired and where it can put the public at risk.

'People can have problems and be treated and that's one thing. But where they are impaired in their thought processes and they start diverting medications and changing records and so on, then they are placing the public at risk.'



Support services for pharmacists

Unlike many overseas jurisdictions where drug impaired pharmacists often have a range of facilities available to turn to for help, Australia has only one private service committed to providing such assistance.

Medical practitioners, on the other hand, have established dedicated services in all states aimed at helping doctors in need.

The Pharmacists' Support Service* provides a range of services for pharmacists and the fact that it stands alone in offering such assistance is a moot point in the profession.

PSA Program Coordinator Kay Dunkley believes the service, which recently expanded from a Victoria-only operation to other states, needs greater support from the profession and authorities.

'In particular PSS needs a secure source of funding which will enable us to be proactive and to enable early intervention and prevention. In addition PSS would like to develop formal links to drug and alcohol and mental health treatment services for easy referral.

'We have to help those in the profession who need help but we can't do that if the profession as a whole is disengaged,' she said.

'There is an argument that a generalist approach for all impaired health professionals might be the route to go down but I am not sure that would work. There is a lot of benefit in peer support and for a pharmacist to be able to talk to another pharmacist who understands their situation, especially in the first instance when they are reaching out for help.

'There could be a case for treating health professionals as a group but certainly doctors, nurses and pharmacists need to have a different treatment pathway as they are the ones who have access to medications.

'Most other health professionals are not at the same risk as they don't have that access to drugs.'

The Victorian Doctors Health Program was set up following recognition of the shortcomings in health services to the medical profession, and in particular assistance to doctors and medical students who had health problems that were causing, or likely to cause impairment.

Medical Director Dr Kym Jenkins says the service has educational and clinical programs and in the clinical area acts as a triage services for doctors seeking help.

'We don't find that people who come to us for help generally; are those who have found themselves in trouble but we find they have often had a lot of conversations with themselves and recognise that they need help and so we can be the first point of call,' Dr Jenkins aid.

'We find that many of those who come to us are those who have seen the light before they felt the heat (of the Australian *Health Practitioner Regulation Agency*, AHPRA, and other bodies).

'They recognise they need help and so we triage them and help to find the appropriate and relevant help.'

Dr Jenkins said providing assistance to health professions required specialist skills sets because the health professional patient came with knowledge of medications and health conditions.

'They are not your usual patient and this needs to be factored in to the way health professionals are cared for,' she said.

Pharmacy Board Chair, Stephen Marty acknowledged the need for support and said *AHPRA* was working through support systems.

'The doctors have the Doctors Health Advisory Service and the nurses are looking at this,' he said.

'Pharmacists have the PSS which is independently funded and they have sought assistance from the Pharmacy

Board in the past and I expect them to do so again.

'The debate raises the issue of whether the profession needs to put funds aside to support such a service and do these funds come from registration fees.

'This is always a question and also the quantum as it is getting more and more expensive to treat these people.

'By and large affected pharmacists pay for treatment themselves but this is expensive and I have heard the average cost of treatment is in the order of \$12,000 a person. This is a disincentive for many people.'

Dr Betty Chaar, Senior Lecturer in Pharmacy Practice and Professional Ethics at the University of Sydney, says the profession has not invested in looking after its own.

'We as a profession have nothing except for the PSS,' she said.

'We have not invested as profession. This problem exists and we have to acknowledge it and help people who are sick or who have been in a dark spot or who have been traumatised.

'I don't think PSS is enough. We need a program in place.'

Dr Chaar said there was an argument for a levy on registration fees to support such a service, and she would like to see such action elevated to the AHPRA level.

'I also argue that things like the PSA Ethics Advisory Service helps theoretically but as long as PSA membership is not compulsory this will not be comprehensive.

'We need the whole profession in PSA, which I think should be the case, and that would be very helpful because you could set up a very good support program.

'At the moment if you set it up and you had impaired pharmacists that didn't want to seek help they simply would not be a member.

'The ones who are not members are more likely to be the ones who offend.'

The Pharmacists' Support Service can be contacted on 1300 244 910 or at: www.supportforpharmacists.org.au