



Oklahoma Pharmacists
Helping Pharmacists

Policies and Procedures Manual

“Help for the profession,
from the profession.”

DEFINITION OF TERMS

Substance Abuse: Many substances, including alcohol, cannabis, opioids, sedatives, and stimulants, etc. can be taken in excess resulting in impaired control, social impairment, risky use, and neglect or normal daily, occupational, educational, and social activities. A person with a history of a substance-specific disorder (such as Alcohol Use Disorder) is at an increased risk of developing SUD specific to another substance (such as Opioid Use Disorder). Alcohol is frequently the “gateway drug” to chemical dependency of other substances. The following definitions may be useful:

Use: Legal mood-altering substances consumed by choice, in safe amounts, at appropriate times and places, in ways not harmful to self or others.

Abuse: Mood-altering substances still being used by choice, but in unsafe amounts, or at inappropriate times and places, or in ways harmful to self or others.

Dependency: Powerlessness over mood-altering substances characterized by episodes of loss of control and/or the apparent inability to modify drinking and substance use even after experiencing negative consequences. Sometimes but not always accompanied by physical addiction to the chemical, dependency may or may not be preceded by a history of abuse.

Relapse: To slip or fall back into a former condition, especially after improvement or seeming improvement.

Fit For Duty An employee is fit for duty when they are able to perform their essential job functions, with or without reasonable accommodation, in a manner that does not pose a direct threat to the safety and welfare of themselves, co-workers, patients, and other parties. An employee’s essential job functions are fundamental duties of the position or the primary reasons the position exists.

Mental Illness

Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment.

Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Anxiety disorders and Depression are the most common mental disorders among U.S. adults. These disorders can occur among pharmacists, student pharmacists, and pharmacy technicians regardless of age, race, and religious belief. Symptoms of anxiety include feeling restless or on edge, unable to get restful sleep, difficulty concentrating, irritability, and muscle tension (commonly in head, shoulders, and back). Depression symptoms include -a feeling of loss of interest in people, to sloppy dispensing or study habits and even a loss of interest in the profession in general. Symptoms and impairment for both anxiety and depression can range from mild to severe. Thoughts of suicide can occur in people with these disorders.

Other less common disorders with an impact on a person's mental health and ability to function can include but not limited to posttraumatic stress disorder, bipolar disorder, personality disorders, and neurological disorders like dementia and Parkinson Disease.

Physical Impairment: An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

Quorum: To take any action or change policy and procedures a majority of the OPHP Board of Directors must be present.

I. INTRODUCTION

A. Need for Program

This program addresses the problems that the pharmacist, student pharmacist, and pharmacy technician may experience in their professional life due to inappropriate chemical use, physical or mental impairment. A pharmacist should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional expertise as an essential health practitioner. The profession must identify cases of impairment early, protect the public, and rehabilitate the impaired pharmacist, student pharmacist and pharmacy technician. While we acknowledge that not all cases of impairment are treatable, the large majority of the cases involving substance use disorder and/or mental health issues do respond to treatment.

Ideally, with the training a pharmacist receives and through their contacts with other health professionals, they would seek proper treatment on their own. In the case of a student pharmacist, counseling aid is available and can be sought through on-campus facilities. However, the very nature of the substance use disorder and/or mental health issues impairs not only performance, but the ability to judge it. It is frequently the task of another person to identify problem(s).

A friend, family member, respected person, or colleague may be effective in having an honest discussion of how the performance of the pharmacist, student pharmacist or pharmacy technician has deteriorated and the extent of the impact it has had or could have on the public. More formalized efforts of control may come from the employer, or in the case of the student pharmacist, from a faculty member, College of Pharmacy or University. Ultimately the loss of employment, their business or dismissal from college, is a possibility for the pharmacist, student pharmacist, or pharmacy technician.

If the impaired pharmacist, student pharmacist, or pharmacy technician is unable or unwilling to seek treatment on their own or agree to treatment upon urging of their colleagues, family or others, the matter will be referred to the Oklahoma State Board of Pharmacy and/or the Dean of their College of Pharmacy. Ultimately, the loss of license, or in the case of the student pharmacist, the inability to obtain a license, is a real possibility.

B. Structure of the Program

The OPHP Board of Directors, for clinical case management, have employed a full-time Executive Director.

A volunteer Board of Directors governs OPHP. Request from the OPHP participant regarding their OPHP Recovery Monitoring Agreement is submitted in writing to the OPHP Executive Director at which time it is placed on the next available OPHP Board of Directors agenda for approval or disapproval of said request. The OPHP Executive Director is responsible for the day-to-day operation of OPHP.

Assistance may be obtained by calling the OPHP “Helpline” at 1-800-260-7574, twenty-four hours a day. A taped message may be left, and the call will be returned as soon as possible. A number will be available for immediate assistance if deemed necessary. ALL CALLS ARE KEPT CONFIDENTIAL. No anonymous calls are acted upon. The Executive Director will arrange for an appropriate evaluation once contacted.

C. Mandated Approach – The Oklahoma State Board of Pharmacy

This is the only body with the power to revoke, suspend, fine, reprimand, or cancel a license to engage in the practice of pharmacy or to operate a pharmacy. The board is composed of five pharmacists and one lay member who share concern for the welfare of pharmacists and have the responsibility to protect the public. Generally, the board’s approach is to work with an impaired pharmacist whenever possible. The Oklahoma State Board of Pharmacy is empowered by the legislature to take action against an impaired pharmacist, student pharmacists, or pharmacy technician.

D. Advocacy Approach – Oklahoma Pharmacists Helping Pharmacists (OPHP)

The OPHP program works independently but cooperatively with the Board of Pharmacy. However, should a pharmacist, student pharmacist, or pharmacy technician refuse to accept and comply with recommendations of the OPHP Executive Director acting on behalf of the program, a referral shall be made to the State Board and/or Dean of the College of Pharmacy, detailing the recommendation of OPHP and the refusal of the individual.

II. OPERATING PROCEDURES FOR THE OPHP PROGRAM

No one set of prescribed procedures will cover all cases referred to the OPHP program and therefore procedures have been established to fit individual circumstances. These include:

A. Individual Initiative

1. The pharmacist, student pharmacist, or pharmacy technician calls the Helpline. The callers must give their name, address, telephone numbers (home and work), age, and the nature of the problem to be addressed.
2. The Executive Director determines whether the referred individual has already entered treatment. If this individual has no history of treatment for substance use disorder and/or mental health disorders, an evaluation is needed to identify problem(s), severity, and treatment recommendations. This initial process is called an Evaluation and Referral (E&R)
3. If warranted, the Executive Director prepares a contract for the individual to sign outlining specific requirements for them to remain in the OPHP program.
4. If warranted, upon completion of the E&R, the individual enters a treatment program suited for the participant's needs.
5. If warranted, a monitor will be assigned to the case to follow the progress of the individual. The individual will be required to contact their monitor as specified in the OPHP Recovery Monitoring Agreement.
6. Voluntary contracts may not be terminated without mutual consent of OPHP and the pharmacist, student pharmacist, or pharmacy technician under contract.
7. Regular reports documented in the recovery monitoring agreement outlined in the participants OPHP contracts (self-report, verification of meeting attendance, sponsor contact form and any other time sensitive report) are due to the OPHP office by the 10th of the following month. Reports received after the 10th will not be counted towards credit in the peer assistance program (OPHP). In the event of technical issues causing reports to be late, participants can forward time and date-stamped documentation of their submissions.

8. When specimen issues arise (i.e., not enough urine, temperature out of normal range, etc.) at the collection site, OPHP participant should remain at the site until an acceptable specimen can be provided. Leaving the site without providing an acceptable specimen will be considered a “no show.” Specimens determined to be outside of normal temperature range must be destroyed. The participant must be observed providing a second specimen. Specimens obtained at a second location after issues have been identified will be voided. An administration fee will be charged to the participant’s account by Partnership for Professional Wellness (PPW), in addition to the normal flat rate. If a participant is at a collection site and needs further instructions, the participant should contact the OPHP Executive Director before leaving the site.

B. “Concerned Other” Initiative

1. A “concerned other” calls the Helpline. Callers must give their name, phone numbers (i.e., home and work), and relationship to the reported individual and explicit information as to why it is believed the pharmacist, student pharmacist, or pharmacy technician is impaired.
2. The Executive Director receives the call. If the information indicates probable impairment, the case is prepared, and an intervention is arranged if necessary.
3. If the participant acknowledges a need for assistance, the Executive Director will make an appointment for the E&R as soon as possible (preferably at the conclusion of the intervention). The case then proceeds as indicated in II, A.

C. “Complex” Cases

In cases where the pharmacist, student pharmacist, or pharmacy technician denies any illness and/or refuses suggestions of evaluation and/or treatment then the following sequence of events may occur:

1. The Executive Director will make multiple attempts to convince the impaired person to agree to an evaluation and/or treatment before further action is taken.
2. If the participant refuses an evaluation and/or treatment, a report of this action is made.
3. If the Executive Director and/or OPHP Board of Directors believe that eminent danger to the pharmacist, student pharmacist, pharmacy technician or the public exists, the Executive Director

will contact the State Board of Pharmacy and/or the Dean of the College of Pharmacy immediately.

4. If there does not appear to be eminent danger to the pharmacist, pharmacy student, or pharmacy technician in question, the Executive Director will urge the pharmacist, student pharmacist, or pharmacy technician to seek assistance and point out OPHP's responsibility to report the case to the Oklahoma State Board of Pharmacy and/or the Dean of the College of Pharmacy if no corrective action is taken voluntarily.
5. If the participant in question continues to deny or continues to decline assistance, the Executive Director will communicate the facts of the case to the Oklahoma State Board of Pharmacy and/or the Dean of the College of Pharmacy in writing. Written notification is sent to the pharmacy, student pharmacist, or pharmacy technician that a report has been made but the Executive Director will remain available for counsel and support if requested by the participant. OPHP's involvement ends at this point, except to provide appropriate support of the individual if requested.

D. Oklahoma State Board of Pharmacy Initiative

1. When the Oklahoma State Board of Pharmacy refers a case to the OPHP program, records are checked to determine whether the referral is already a participant in the program. If the referral is already in the OPHP program, the progress of the case may be discussed with the OSBP. If the individual is not in the program, an intervention is conducted and the case is managed as indicated in II, A.
2. The Executive Director also encourages the referral to have an E&R and follow through with recommended treatment. The Oklahoma State Board of Pharmacy and the OPHP Executive Director work together on referred cases to be sure that all parts of the board order are fulfilled. In the event board orders are not fulfilled, noncompliance reports will be made to the Oklahoma State Board of Pharmacy in accordance with the contract between OPHP and the board.
3. OPHP is required to report certain non-compliance issues to the Oklahoma State Board of Pharmacy and/or the Dean of the College of Pharmacy, including but not limited to positive drug screens and refusal to follow OPHP recommendations, regardless of how the participant was referred to the program.

III. RE-ENTRY INTO THE PRACTICE SETTING

OPHP may act as an advocate for the participant when the participant is in compliance with the recommended treatment plan. The pharmacist, student pharmacist, or pharmacy technician may be asked to submit to a Fit-For-Duty assessment with an OPHP approved and qualified evaluator, to determine if it is suitable that they return to work at that time.

IV. RELAPSE POTENTIAL

If at any time during the duration of the OPHP contract of the recovering pharmacist, student pharmacist or pharmacist technician, OPHP is concerned of relapse, the individual may be asked to submit to a re-evaluation to assess any possible treatment needs at that time. If further treatment is recommended and the OPHP Board agrees with this recommendation, the individual will be asked to enter into the appropriate level of treatment.

Revised 10/2023