

House of Delegates

REPORT OF THE COMMITTEE ON RESOLUTIONS

June 9, 2024

Portland, Oregon

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Article 7.2.2.1 of the ASHP Rules of Procedure for the House of Delegates states:

Resolutions not voluntarily withdrawn by the submitter that meet the requirements of the governing documents shall be presented to the House of Delegates by the Committee on Resolutions at the first meeting and acted upon at the second meeting. They shall be submitted to delegates with one of the following recommendations: (a) recommend adoption, (b) do not recommend adoption, (c) recommend referral for further study, or (d) presented with no recommendation of the Committee on Resolutions.

Action by the House of Delegates shall be on the substance of the resolutions and not on the recommendation of the Committee on Resolutions.

Pursuant to the above article, the Committee on Resolutions presents the attached resolution (Appendix A) to the House of Delegates. The recommendation of the Committee is to **refer the resolution to the Council on Pharmacy Management for further study**. The Committee noted that the Council on Pharmacy Management is slated to perform a sunset review of ASHP policy 2042, Controlled Substances Diversion Prevention (Appendix B), in September. The Committee expressed support for the substance of the resolution, noting that it reflects best practices ASHP includes in the [ASHP Guidelines on Preventing Diversion of Controlled Substances](#) and the [ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance](#), but agreed that incorporating the concepts of the resolution into a revision of policy 2042 would provide necessary context. The Committee reiterated ASHP's support, as expressed in the guidelines and statement, for distinguishing between diversion to support a substance use disorder or for financial gain and for a process to support recovery for such employees that includes assessment of an employee's ability to return to patient care. The Committee emphasized, however, that an empathetic approach to employee substance use disorders must be balanced with other priorities, including patient safety, legal and regulatory compliance, and employee protection, as outlined in the fourth clause of policy 2042 (i.e., controlled substances diversion prevention programs should "support a safe patient-care environment, protect co-workers, and discourage controlled substances diversion.") The Committee concluded that the ASHP policy committee process, with its studied reflection and multiple layers of review, would be the best way to arrive at policy that expresses a nuanced stance on these complex and competing issues.

Delegates are reminded that they are voting on the substance of the resolution, which is approval of the motion as follows:

To advocate that hospitals adopt alternatives to discipline programs for healthcare workers (HCWs) who have diverted controlled substances to support their own substance use disorder; further,

To encourage state licensing boards to provide structured rehabilitation programs for such HCWs that lead to return to practice upon successful completion.

The options for House action on the resolution, to be taken at the second meeting, are to (a) approve the motion; (b) defeat the motion; (c) refer the motion for further study by a committee or task force to be determined by the Board of Directors (**the option recommended by the Committee on Resolutions**); or (d) amend the resolution, which would then require due consideration by the Board of Directors at its next meeting in September.

Resolution for the 2024 ASHP House of Delegates: Alternatives to Discipline Programs in Drug Diversion

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Subject: Alternatives to Discipline Programs in Drug Diversion

Received: February 28, 2024

Motion

To advocate that hospitals adopt alternatives to discipline programs for healthcare workers (HCWs) who have diverted controlled substances to support their own substance use disorder; further,

To encourage state licensing boards to provide structured rehabilitation programs for such HCWs that lead to return to practice upon successful completion.

Background

At least one in every 100 healthcare workers (HCWs) is estimated to have diverted medication.¹ Because most drug diversion goes undetected, the true number is likely much higher. Moreover, an estimated 10-15% of HCWs will misuse substances within their career.² Due to the physical demands of the job, increasing levels of burnout, and ease of access to controlled substances (CS), occupational risk factors contribute to substance misuse in the healthcare setting. Substance use disorders are formally recognized by The Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition, with decades of research linking these disorders to changes in brain chemistry.³

Historically, the stigma associated with such diagnoses and the fear of license revocation have prevented HCWs from seeking treatment. Many hospitals and health systems have begun to offer confidential faculty and staff assistance programs (FSAPs); however, these resources continue to be underutilized. Even after diverters have been caught, many will not admit to any wrongdoing for fear of loss of employment. These situations can lead to the diverter resigning and seeking employment elsewhere. Typically, the behavior will continue, putting patients and co-workers at risk for safety events. Furthermore, the risk of suicide is high after personnel are confronted about diversion.

To prevent adverse outcomes, HCWs need to retain insurance and access treatment on a leave of absence or disability basis, with return to work after completing state board-

mandated protocols. Since 1991, ASHP has supported employer-sponsored drug programs that promote the recovery of impaired individuals.⁴ Less punitive approaches are more recently recommended in the 2022 [ASHP Guidelines on Preventing Diversion of Controlled Substances](#), which state that “sanctions should take into account whether the HCW is supporting his or her own substance use disorder (or that of an associate) or there has been theft of CS for sale and financial gain.” The guidelines further recommend that when an HCW is diverting to support a substance use disorder, the diversion “should be referred to applicable licensing boards, and the HCW should be referred to a substance abuse program.” The guidelines encourage healthcare organizations to “establish a process to support recovery for HCWs who are diverting CS for an active substance abuse problem (i.e., an employee assistance program process, which may include mandatory program referral, reporting to the relevant state board or professional assistance program, and a contract for the HCW’s return to work).”⁵ A 2021 ASHP survey found that 83% of surveyed healthcare organizations supported employee substance use recovery programs, and 65% had return-to-work policies for employees who wanted to reenter the workforce following recovery.⁶

State boards of pharmacy have embraced employee substance use recovery programs and return-to-work policies. As of 2017, 46 states had programs for assisting pharmacy professionals.⁷ Given their essential role in enabling HCWs to return to practice, ASHP encourages all state bodies responsible for licensing HCWs to provide structured rehabilitation programs for HCWs with substance use disorders that lead to return to practice upon successful completion.

References

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2. Hazelden Betty Ford Foundation. Research Update. Health Care Professionals: Addiction and Treatment. Center City, MN: Butler Center for Research. Accessed February 8, 2024. <https://www.hazeldenbettyford.org>
3. American Psychiatric Association, DSM-5 Task Force. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). American Psychiatric Publishing, Inc. doi.org/10.1176/appi.books.9780890425596
4. American Society of Hospital Pharmacists [ASHP]. ASHP policy position 1903; cited in the ASHP Statement on the Pharmacist’s Role in Substance Abuse Prevention, Education, and Assistance. *Am J Health-Syst Pharm*. 1998; 55: 1721-1724.
5. Clark J, Fera T, Fortier C et al. ASHP guidelines on preventing diversion of controlled substances. *Am J Health-Syst Pharmacy*. 2022; 79(24):2279-2306. [doi:10.1093/ajhp/zxac246](https://doi.org/10.1093/ajhp/zxac246)
6. Fortier CR. National Hospital and Health-System Controlled Substances Drug Diversion Prevention & Surveillance Program Assessment Survey — 2021. *Am J Health-Syst Pharm*. 2024; 81:137-145. [doi:10.1093/ajhp/zxad222](https://doi.org/10.1093/ajhp/zxad222)
7. Light KE, Goodner K, Seaton VA et al. State programs assisting pharmacy professionals with substance use disorders. *J Am Pharm Assoc* (2003). 2017; 57(6):704-710. [doi:10.1016/j.japh.2017.07.002](https://doi.org/10.1016/j.japh.2017.07.002)

Suggested Outcome

Adoption of this resolution would support changes in health systems' human resources approach to mandatory termination upon discovery of a diversion by a healthcare worker. Such changes would allow for thoughtful deliberation of commensurate consequences. Adoption of the resolution would also encourage state licensing boards to provide rehabilitation-based avenues for return to work for HCWs affected by substance use disorder.

ASHP Policy 2042, Controlled Substances Diversion Prevention

Source: Council on Pharmacy Management

To enhance awareness by the pharmacy workforce, other healthcare workers, and the public of the potential threats to the public and patient care and safety presented by diversion of controlled substances; further,

To encourage healthcare organizations to develop controlled substances diversion prevention programs (CSDPPs) and supporting policies that delineate the core administrative elements and system- and provider-level controls needed to deter diversion of controlled substances at all stages of medication use; further,

To encourage healthcare organizations to address in their CSDPPs the roles, responsibilities, and oversight of all workers who may have access to controlled substances to ensure compliance with applicable laws and scopes of practice; further,

To encourage healthcare organizations to ensure that all healthcare workers are appropriately screened for substance abuse prior to initial employment and that surveillance, auditing, and monitoring are conducted on an ongoing basis to support a safe patient-care environment, protect co-workers, and discourage controlled substances diversion; further,

To advocate that pharmacists take principal roles in collaborative, interdisciplinary efforts by organizations of healthcare professionals, patient advocacy organizations, and regulatory authorities to develop and promote best practices for preventing drug diversion and appropriately using controlled substances to optimize and ensure patient access and therapeutic outcomes; further,

To advocate that the Drug Enforcement Administration and other regulatory authorities interpret and enforce laws, rules, and regulations to support patient access to appropriate therapies, minimize burdens on pharmacy practice, and provide reasonable safeguards against fraud, misuse, abuse, and diversion of controlled substances.

This policy supersedes ASHP policies 1614 and 1709.