



ASAM

The Voice of Addiction Medicine
American Society of Addiction Medicine

Public Policy Statement on Healthcare and Other Licensed Professionals' Drug Diversion for Self-Administration

(This is the twelfth in a set of twelve policy statements of the American Society of Addiction Medicine addressing Physicians and Other Licensed Health Care Professionals with Addictive Illness)

Background

Healthcare and some other licensed professionals have ready access to and familiarity with pharmaceuticals by the nature of their profession. It is known that healthcare professionals experience substance use disorders at a rate consistent with that of the general population. They may obtain mood altering substances from the same sources available to the general public (multiple treatment providers and the Internet, for example), but their professional role, sometimes described as an occupational hazard, gives them other unique means of access such as diversion from the workplace or self-prescribing. As addiction progresses, drug diversion for self-use is not uncommon. The clinical approach in treating a healthcare or other licensed professional includes education to work-related cues, prudent safeguards and workplace safety.

Most states mandate the reporting of healthcare and other licensed professionals with potentially impairing illness. Regulatory and legal reporting requirements may vary significantly from state to state when the healthcare or other licensed professional with addiction has used drugs acquired from the workplace. Many states have statutes or rules that satisfy reporting requirements if made to either the regulatory agency (RA) (i.e., licensing board) or to the state Professionals Health Program (PHP). ASAM encourages non-disciplinary reporting tracks to facilitate early detection, evaluation, treatment and monitoring before potentially impairing illness progresses to overt impairment. In instances where there is reporting to the regulatory agency in addition to referral to the PHP, involvement and compliance with the PHP may be considered a mitigating factor in the regulatory agency's response. Mandated reporting satisfied only through a report to the regulatory agency often deters referral sources to non-disciplinary confidential assistance and guidance, thereby representing an unintended impediment to the earlier detection of potentially impairing illness.

Three decades of experience through state PHPs has demonstrated conclusively that a confidential, non-punitive avenue to the state PHP is highly effective, enhancing public health and safety. In states where any diversion of controlled substances by a person with addiction mandates reporting to the regulatory agency or to legal authorities, healthcare and other licensed professionals with addictive illness are more likely to remain hidden while their potentially impairing illness progresses. Likewise, studies indicate those who have diverted drugs for self-use are at no greater risk for loss of remission following treatment than those who

have not diverted. Experience has clearly shown that a non-punitive, confidential entry into monitored recovery promotes early detection and promotes the public health and safety.

Recommendations:

The American Society of Addiction Medicine recommends

A. ASAM opposes any state or federal rules and/or regulations which intentionally or unintentionally function as a deterrent in the earlier detection of potentially impairing illness among healthcare and other licensed professionals, thereby potentially placing the public at greater risk.

B. All states are encouraged to maintain or seek to develop statutory authority to implement an exception to any legal reporting requirements regarding healthcare and other licensed professionals with addictive illness. Cases should be reported confidentially to the applicable state Professionals Health Program (PHP). This should be the reporting mechanism in situations where drug diversion for personal use has occurred.

C. ASAM encourages states to enact laws or regulations stating that diversion for self-use, in and of itself, should not preclude an individual's eligibility for participation in a Professionals Health Program (PHP) either with or without RA involvement.

D. In each state, Professionals Health Programs must have legal authority to immediately report to the appropriate regulatory agency any behavior that could place a patient, the general public or themselves at risk.

E. All licensing bodies and law enforcement agencies should recognize that diversion of medications for personal consumption is not uncommon in healthcare professionals who develop addiction. The proper management of such cases should maximize early identification, proper treatment and monitored recovery.

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