

Comparison of State Pharmacist Recovery Network Groups

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Background

A PRN, or Pharmacists Recovery Network, is a group of volunteering pharmacists who serve to help other pharmacists (also often including interns and technicians) who are chemically dependent. These groups are located in several US states, and the services they provide vary widely from a simple support group to a full treatment provider. Some groups may advocate for the chemically-dependent pharmacist at a state board of pharmacy hearing. These groups also vary in terms of how they are funded. Some rely solely on donations, sponsors, and client fees while others are fully funded. The composition of the groups varies as well; most groups are made up of pharmacists but some groups have other members. Additionally, several of these groups are not exclusive to pharmacists and also provide services to other healthcare professionals such as nurses or physicians. Such groups are also referred to as PRN groups (meaning Professionals Recovery Network or similar). Such groups will be considered in this study along with the pharmacist-only PRN groups as they provide the same services. Regardless of the composition, the overarching purpose of a PRN group is the same: to provide support to pharmacists and/or other professionals who are chemically dependent in order to facilitate their recovery.

The purpose of this study is to investigate the similarities and differences in state PRN groups in terms of their funding, structure, services provided, and composition so that we can make this information available to pharmacists. This will make pharmacists, pharmacy technicians, and pharmacy interns in recovery aware of the services these groups can provide. This will also allow pharmacists and other healthcare professionals to evaluate the need for restructuring and resolving of issues in PRN groups so that these groups can better serve their intended population.

Research Question

How do the PRN groups for each state differ in terms of their funding, structure, services provided, and composition?

Methods

A survey consisting of 14 questions was uploaded onto an anonymous survey form. The link to the survey was sent to PRN representatives in each of 27 US states that currently have an active PRN group. All participants had to agree to implied consent before taking the survey. The email addresses of the PRN representatives and their state of residence were not known to the researchers or other survey participants to maintain anonymity. The researchers followed IRB guidelines for the duration of the study, and all participants had to agree to informed consent before they were able to take the survey.

Participants were included if they were over the age of 18, held a current position in their state's PRN group, had a valid email address, and submitted a response to the survey. Those under 18, those having an invalid email, and non-responders were excluded from the survey.

Participation in the survey was completely voluntary, and participants were not rewarded or compensated in any way for survey completion.

Results

The survey was sent to 27 PRN representatives and yielded a total of 10 responses (37%), meaning that 10 state PRN groups are represented in the results.

60% (6 out of 10) indicated that they were pharmacists, and 40% (4 out of 10) said they were not. 100% of respondents indicated they currently have a leadership role in the group.

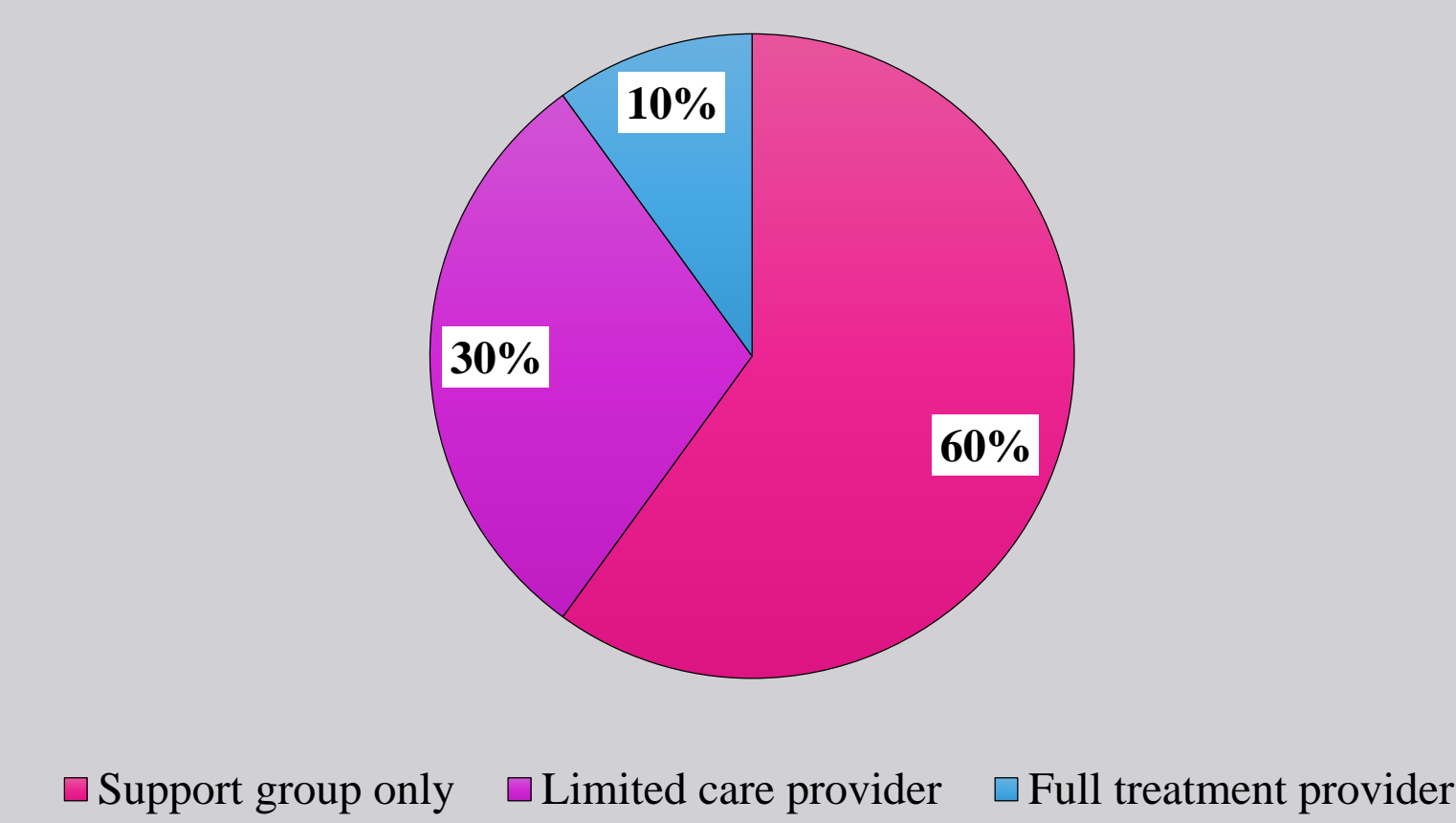
Five out of 10 of the PRN groups are specific to pharmacists, pharmacy technicians, and/or interns, while the remaining five serve to help other professionals as well. Specifically, 3 of the groups serve physicians, 3 serve dentists, and 2 serve nurses; some even serve a wide variety of professionals such as tattoo artists, cosmetologists, dental hygienists, mental health professionals, physical therapists, optometrists, veterinarians, accountants, chiropractors, social workers, and others.

Ninety percent of the PRN groups surveyed have been active for more than 10 years, and one PRN representative stated their group has been active for 1-5 years.

The number of active members in the 10 PRN groups ranged from 12-100. The number of active members who were current or former pharmacists ranged from 0-70, the number of pharmacy technicians ranged from 0-8, and the number of pharmacy interns ranged from 0-10 among the PRN groups who responded.

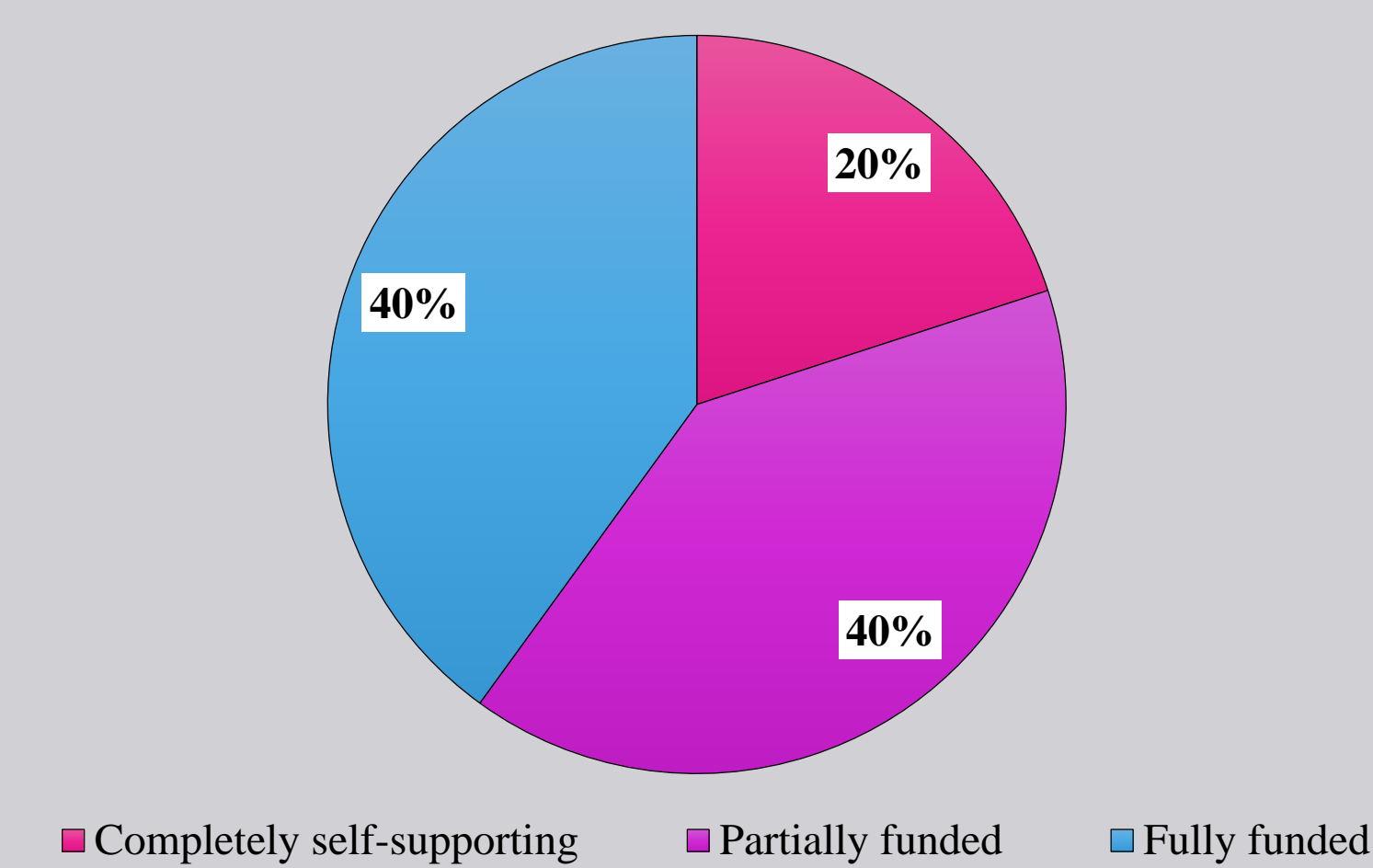
Sixty percent of the groups are a support group only (no treatment), 30% are limited care providers, and only 10% are full treatment providers.

PRN Group Structure

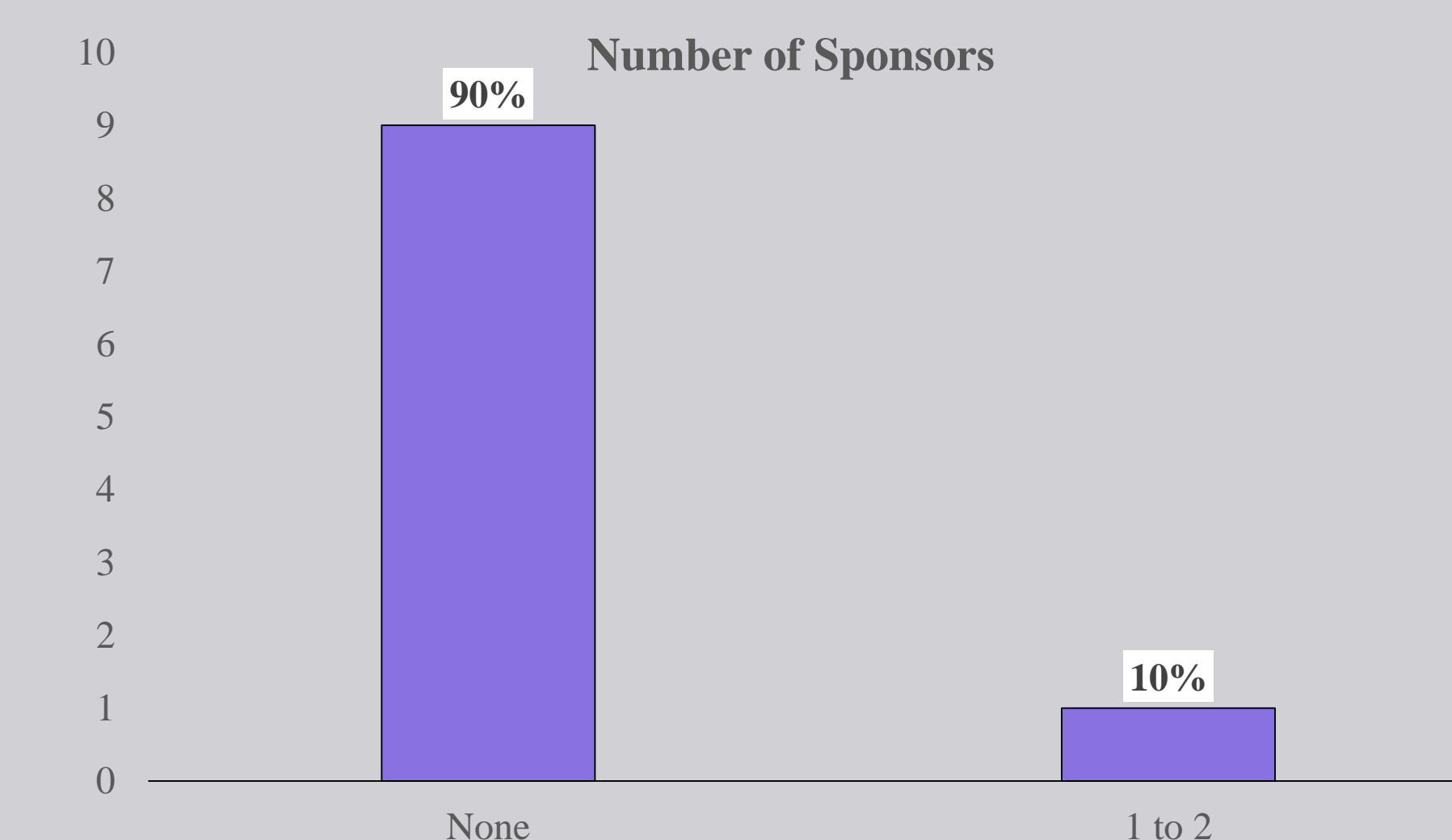


100% of the PRN groups that responded provide referral to treatment programs, 10% provide in-depth treatment, 100% provide urine drug screens, 90% provide client advocacy (at state board hearing or similar), and 100% provide compliance reports. Twenty percent of the groups are completely self-supporting, 40% are partially funded, and 40% are fully funded.

Funding



Of the 5 groups (50%) that earn money from licensing renewal, 2 of these groups earn \$1, 2 earn \$10, and 1 earns \$45,000. Nine out of ten groups have no sponsors (donors), and one group has 1-2.



Of the 10% that have sponsors, 100% of the sponsors are state pharmacy organizations. None of the groups are sponsored by treatment centers, pharmacy retailers, other types of pharmacy providers, or pharmaceutical manufacturers. 66.7% of the groups have 0-20% of their expenses covered by sponsorship, and 33.3% have their expenses 81-100% covered.

Conclusion

A PRN, or Pharmacists Recovery Network, is a volunteer-based group that provides support to pharmacists and/or other professionals who are chemically dependent. Ten of the 27 active PRN groups in the United States are represented here.

Based on the results of this study, the composition of PRN groups can vary. Many PRN groups are no longer specific to those practicing pharmacy. These groups have evolved to serve a variety of professionals both inside and outside of the healthcare field. Chemical dependency is known to affect people from all backgrounds, and a large group that serves many professions helps fulfill the growing need for support and assistance and helps spread awareness about recovery services that are available.

In terms of funding, the survey results show that most PRN groups are funded in some manner, whether fully or partially. However, most groups have very few sponsors, if any, and the only type of sponsor represented in this study is state pharmacy organizations. Sponsorship also does not cover a significant portion of expenses for more than half of the PRN groups surveyed. This suggests that sponsorship is not a major source of funding and that most groups rely on money from license renewals and other sources to support themselves.

The results show that most PRN groups are simply structured as a support group that provides no treatment. Consequently, the services provided by the groups are limited. Though most groups provide urine drug screens, client advocacy, and proof of compliance with treatment, few groups provide in-depth treatment services. The limited variety of services may be caused by a lack of funding and sponsorships, though this relationship was not investigated in this study.

This study illustrates that, though PRN groups have origins within the pharmacy profession and continue to serve pharmacists, interns, and technicians, many of these groups now serve many types of professionals. Future research should focus on strategies to restructure, support, and consistently fund PRN groups so that they can continue to work toward a common goal of facilitating recovery for chemically dependent professionals.

References

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