



Calendar

- Maryland Board of Pharmacy meetings 3rd Wednesday of every month
- February 12, 2012 MPhA & Maryland Chapter-ASCP Mid-year Meeting
- April 17, 2012 NCADD 2012 Tuerk Conference

PEAC Post

Newsletter of the Pharmacists' Education and Advocacy Council

"Preserving Professional Health and Public Safety Through Advocacy and Education"

From the Executive Director

Tony Tommasello, PD, PhD

An Urgent Call for Collaboration

During years of PEAC existence, the negative impact of substance abuse in the pharmacy workplace has been increasingly recognized as a drain on productivity and a public health liability. During this time the twin goals of 1) facilitating discovery of impairment in the workplace and 2) when indicated, improving treatment entry and retention have been top PEAC priorities.

We have pursued our mission of "Protecting Professional Health and Public Safety through Advocacy and Education" and have worked with the Board of Pharmacy (BOP), pharmacy schools and pharmacy associations in the State of Maryland in that effort.

who practice pharmaceutical care in any of its varied roles and the services necessary to maintain their functional capacity. Working under this assumption, one strategy to fulfill the mission stated above is to provide an effective non-punitive avenue of recovery (remediation or rehabilitation) to pharmacists, pharmacy technicians, and students affected by *alcohol*

A healthy profession requires a healthy workforce. No barriers should exist between those *Continued on page 3*

Would you like to receive the PEAC Post and notices for PEAC CEs in the future? Then contact us at PEAC@hughes.net to sign up for the PEAC_Maryland yahoo group and simply accept the email invitation!

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Did You Know?

The Board of Pharmacy's web site contains a wealth of information. Take a look at the link for BOARD PUBLICATIONS. <http://tinyurl.com/7ajln97>

First listed is ANNUAL REPORTS. You can view each year from 2002 thru 2007. Unfortunately reports for 2008 thru 2010 are not available for viewing!

Next listing is BROCHURES. Subjects such as Bioterrorism, Smallpox, Botulism, Plague and Anthrax are available in various other languages like Russian, Korean and Vietnamese. Not all are available in each of the languages listed.

CDC's Report Confirms Opioid Epidemic

The Centers for Disease report published on November 4, 2011 confirms the epidemic proportions of the prescription drug abuse problem in the US. In the report entitled, "Overdoses of Prescription Opioid Pain Relievers," (<http://www.cdc.gov/vitalsigns>), the agency summarizes findings from data collected over the last decade. Overall drug overdose death rates for the US in 2008 were 11.9 per 100,000 (age-adjusted population). Maryland rates were in line with the national rate also at 11.9. Across the nation, men's rate at 14.8 was higher than women at 9 and non-Hispanic whites were significantly higher at 14.7 compared to other

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MEDICATION SAFETY takes you to three places:

- Consumer information
- Importation
- Pharmacy (which links you to the APhA web site)

Each of these provides valuable information for Pharmacists, Pharmacy Technicians and our patients.

Final listing is PUBLIC MEETING MINUTES. Links provide access to minutes from 2000 to March 2011.

Become familiar with all that is happening at our Board of Pharmacy in the State of Maryland.



Council Members

Executive Committee

Milton Moskowitz (Chair), PD, Silver Spring

Tony Tommasello (President and Executive Director), PD, Pylesville

Gil Cohen (Vice-President and Treasurer), PD, Baltimore

Pat Tommasello (Coordinator), Pylesville

Bernadette Nowak, (Addictions Counselor), CSC-AD, Jarrettsville

Monitors

Jeff Farace, PD, Salisbury

Tali Johnson, PharmD, Gaithersburg

Jason Katcoff, PharmD, Reisters-town

Robin Katcoff, PharmD, Reisters-town

Artie LaValle, PharmD, Rockville

Val Nowak, PD, Jarrettsville

Cathy Putz, PD, Columbia

Barry Thomas, PD, Cumberland

Doris Voigt, PharmD, Millersville

Counselor's Corner

by Bernadette Nowak, CSC-AD

Too Smart for Our Own Good

Statistics say many pharmacists take part in self medicating. McAuliffe and colleagues reported that 46 % of pharmacists use prescription drugs without a prescription. Similarly, 62 % of pharmacy students surveyed had used a prescription drug with no prescription. Also, one in five pharmacists reported they had used a prescription drug without a prescription at least five times or more in their lives.

According to the National Institute on Drug Abuse, 11 % to 15 % of pharmacists are confronted with alcohol/drug dependency problems at some time in their careers.

In *Lean on Me: Help for the Impaired Pharmacist*, many pharmacists with substance abuse problems initially think their trained knowledge of drugs will somehow eliminate

the potential for substance abuse.

Despite functioning normally in their daily pharmacy practice, pharmacists who abuse substances may exhibit behavioral characteristics that can alert others to the problem. Examples of these signs and symptoms include:

- Personality changes or mood swings
- Frequent absences from work
- Volunteering to check in narcotics or do inventory on them
- Long or frequent disappearances from the work station
- Increase in medication errors
- Changes in physical appearances (weight loss or poor hygiene)
- Forgetfulness, irritability, and tardiness
- Decrease in work performance

- Excessive ordering of certain drugs
- Overreaction to criticism
- Increased number complaints from patients

Pharmacists are often considered the most trusted and respected health care professionals. The pharmacist's fundamental responsibility is to assist others affected by substance abuse; therefore, it is essential for all pharmacists to be knowledgeable about substance abuse and identify its characteristics. They should be aware of available treatments for either themselves or an affected coworker.

For more information on the screening tools and pharmacy recovery programs, contact the Pharmacists' Education and Advocacy Council at 410-983-0302.

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demographic groups except American Indians/Alaska Natives at 13 per 100,000. The most affected age group was 35-54 year-olds. Rates vary by state and poverty levels.

Take-home points from the CDC Report:

- Death from opioid pain relievers (OPR) is an epidemic in the United States resulting in almost as many deaths as motor vehicle accidents in 2008.
- Sales of OPR quadrupled between 1999 and 2010. Enough OPR were prescribed last year to medicate every American adult with a standard pain treatment dose of 5 mg of hydrocodone taken every 4 hours for a month.
- In 2009, 1.2 million emergency department (ED) visits (an increase of 98.4% since 2004) were related to misuse or abuse of pharmaceuticals, compared with 1 million ED visits related to use of illicit drugs such as heroin and cocaine.
- During 1999--2008, overdose death rates, sales, and substance abuse treatment admissions related to OPR increased in parallel.
- Abuse of OPR costs health insurers approximately \$72.5 billion annually in health-care costs.
- State-based prescription drug monitoring program records and insurance claims information can identify and address inappropriate prescribing and use by patients. State laws and regulations based on these data need to be enacted, enforced, and rigorously evaluated.

An Urgent Call for Collaboration continued from page 1

ism, drug abuse, chemical dependence or other physical emotional or mental condition (Health Occupations 12-317[b]). The on-ramp to this avenue of recovery should be inviting and well-marked, and the road obstacle-free. While it may be true that only those familiar with the road can describe its twists and turns, anyone should be able to point to its origin and terminus.

If there were no barriers we might achieve a desirable vision. **The Pharmacy culture in Maryland is such that all pharmacists and pharmacy technicians can request and receive effective confidential assistance for issues that compromise their practice without fear of reprisal.** I believe this vision can be achieved and will require the collective and cooperative efforts of all leaders and lead organizations in the Maryland Pharmacy Community.

Many tasks need to be accomplished in pursuit of this vision. First, we have to continually disseminate the message that any pharmacist or technician who comes to PEAC will be handled professionally and confidentially by their colleagues. Second, we have to educate everyone in the profession on how to recognize impairment and deal with it effectively and non-judgmentally. Third,

all who work in pharmacy should be familiar with the Duty-to-Report law (COMAR 10.34.10.05), particularly the requirement to report to PEAC “conduct by a pharmacist that involves drug or alcohol abuse or dependency.” Fourth, an attitude shift from punishment to assistance is necessary. In this writer’s opinion, a pharmacist in trouble should be regarded as a colleague in need of assistance; responding to him or her in a punitive way is neither professionally appropriate nor functionally expeditious. The BOP and the criminal justice system can fulfill this purpose. Finally, PEAC needs the financial support from the Maryland Pharmacy Community to carry out its mission.

Visit us on the web
www.PEACmaryland.org

and Facebook at

“PEAC Maryland”



Words to Live By

“If I am not for myself, who is for me?
And if I am only for myself, what am I?
And if not now, when?” Hillel

About Us

The Pharmacists' Education and Advocacy Council of Maryland is an independent, not-for-profit corporation providing confidential support and advocacy to troubled or impaired pharmacists. PEAC members are pharmacists who volunteer their time to furthering PEAC's mission.

PEAC is supported through funding by the Maryland Board of Pharmacy, contributions from the Maryland Pharmacists' Association, the Maryland Society of Health-Systems Pharmacists and tax deductible donations under Section 501 (c)3 of the Internal Revenue Service.

What Would You Do In This Case?

Recent revelations alleging child abuse by a football coach at Penn State University have left us asking the questions, “How could this have happened for so long?” and “Why didn’t someone try to stop it?” Surely as an eyewitness, we would have stopped such egregious behavior. At least that is what we tell ourselves and it does make us feel a little better to know that we would do the “right thing.”

Back to real life: what would we do if we suspected or perhaps eye witnessed a co-worker coming to work impaired by drugs or alcohol or was diverting drugs from the pharmacy? Do we ignore the signs of alcohol and drug dependence because we don’t want to get involved? Are we concerned it might affect our own employment or advancement or consider the adage “don’t rock the boat.” Or we might worry that we would be putting a co-worker’s job or license/certification in jeopardy by getting them in “trouble” with the employer or the Board of Pharmacy (BOP). Are we protecting someone because that person is “so nice?” Natural tendency tells us not to notice as we don’t want to see or know

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Pharmacists’ Education and Advocacy Council

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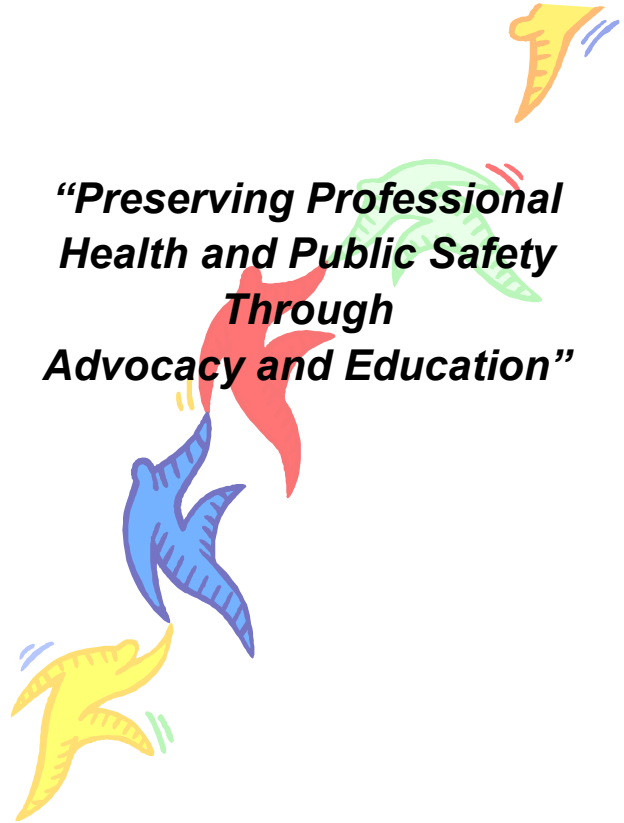
What Would You Do In This Case? Continued from page 3

there may be something really wrong. It's easier to help them keep their secrets which now have become our secrets than it is to step in to put an end to the destructive behavior.

The good news is that we have the ability to prevent more damage from happening that does not involve notifying the BOP, telling the employer, or calling the police. We can act ethically plus fulfill our legal responsibilities without retaliation. The Duty to Report ([Title 10.34.10.05 of the Code of Maryland Regulations](#)) makes it easy for us to do the right thing by stating that pharmacists and pharmacy technicians shall report ***to the pharmacist rehabilitation committee conduct by a pharmacist or pharmacy technician that involves drug or alcohol abuse or dependency.***

All you have to do is call PEAC (Pharmacists' Education and Advocacy Council) at (410) 808- 0748 or (410) 983-0302 and report any information regarding drug or alcohol abuse dependency you have witnessed by a pharmacist or pharmacy technician. You won't be keeping the secret anymore. It is just that easy and you will be doing the "right thing" for the profession and protecting public safety.

"Preserving Professional Health and Public Safety Through Advocacy and Education"



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Your support of Pharmacists' Education and Advocacy Council is greatly appreciated

PEAC is a 501 (c)(3) tax-exempt organization; all contributions are tax-deductible.

\$ _____ Please charge my Visa Mastercard

Credit card # _____ - _____ - _____ Exp Date: _____

CID (Card ID#) _____ (3-digit # printed on back of credit card)

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone/Email: _____

(Contact information is centrally maintained and is not shared with external agencies) Please sign me up for PEAC_Maryland listserv

Please send your contribution to: Pharmacists' Education and Advocacy Council
5212 Onion Road
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Visit our website at www.PEACmaryland.org