



# PEAC Post

Newsletter of the Pharmacists' Education and Advocacy Council

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June 2011

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

## From the Executive Director

Tony Tommasello, PD, PhD

### *New Business Model needed for PEAC*

There are currently over 16,000 pharmacists and technicians licensed and registered in the State of Maryland. There are fewer than 40 cases of impairment being monitored through the combined activities of the Board of Pharmacy and the Pharmacists' Education and Advocacy Council. While it may be tempting to believe that this indicates a low level of problems within the Maryland pharmacy community such an assumption would fly in the face of epidemiological estimates of the magnitude of the problem. Even the lowest estimate of substance dependence in the general population of roughly 10% would indicate that about 1,600 cases of serious drug impairment currently exist in the pharmacy workforce. An adjustment would be necessary to calculate an annual rate of case identification because the 10% figure is a lifetime incident rate. Even if the 1,600 figure were to be amortized over a 30 year career we should expect to see about 60 cases a year referred into these monitoring systems. Consider also that the pharmacy practice act states that the "Pharmacists Rehabilitation Committee" as defined in HO 12-317 shall provide assistance to pharmacists and technicians in need of treatment for alcoholism, drug abuse, chemical dependence or other physical, emotional, or mental condition. This definition expands the mission of PEAC (currently the state's contractor for Pharmacists Rehabilitation Committee services) to a larger segment of the pharmacy workforce than only those struggling with substance abuse problems. The bottom line is that our case numbers should be much larger and this suggests that our current business model of dealing with only those cases that are referred to us under the current system is inadequate.

In order to meet the challenge of impairment in the pharmacy workforce PEAC must change its business model from one that is based on and reacts to case referrals to one that is population based and aggressively reaches out to the pharmacy community with enhanced messaging and greatly expanded educational campaigns. If this type of business plan is to materialize, the PEAC budget must grow. In order for that to happen the state budget and the pharmacy community support for the PEAC effort need to recognize and fund this type of effort.

### Substance Abuse Testing—Why Urine?

The 5-year long PEAC contract states that random observed urine samples will be collected at the discretion of the coordinator while the client is under contract. What makes urine a great substrate for drug testing? Aren't hair and saliva collections less invasive? While there are other bodily substrates that are easier to provide, urine drug panels test a wide range of illicit drugs and overall collection costs are low. Blood is more expensive to collect and very invasive, whereas hair takes a long time to process and requires a clump of hair strands. Saliva and blood detect degree of intoxication if done early enough whereas hair provides a longer window of detection. See page 3 for a table comparing the various testing substrates.

Urine testing has become more sophisticated these days. Testing labs can detect dilution or adulteration especially when collection is not observed. There's also a way to detect alcohol metabolites called EtG and EtS that linger for many hours after alcohol ingestion. Drug panels may also be shifted randomly to deter the user's drug migration to other classes of drugs.

Since common illicit drugs and metabolites are usually short-lived in urine, clients are notified frequently to report for testing—at least 15 times per year is recommended. Luckily, urine monitoring costs are a small price to pay when looking at the overall cost of recovery. Besides, who can afford to give up a swath of hair every two to three weeks?

### VISIT US ON THE WEB

[WWW.PEACMARYLAND.ORG](http://WWW.PEACMARYLAND.ORG)

AND

FACEBOOK AT

"PEAC MARYLAND"



Would you like to receive the PEAC Post and notices for PEAC CEs in the future? Then contact us at [PEAC@hughes.net](mailto:PEAC@hughes.net) to sign up for the PEAC\_Maryland yahoo group and simply accept the email invitation!

**DID YOU KNOW** that you can find a wealth of information on the Maryland Board of Pharmacy web site? [www.dhmv.maryland.gov/pharmacyboard](http://www.dhmv.maryland.gov/pharmacyboard)

As pharmacists, we should review the material that the Board posts about members of our profession. Please spend some time reviewing everything from Board members to minutes of the Board meetings and actions that they are working on for the improvement of pharmacy practice.

You can look under VERIFICATIONS to "see" your name and status of your license, as well as Pharmacy Technicians that work with you.

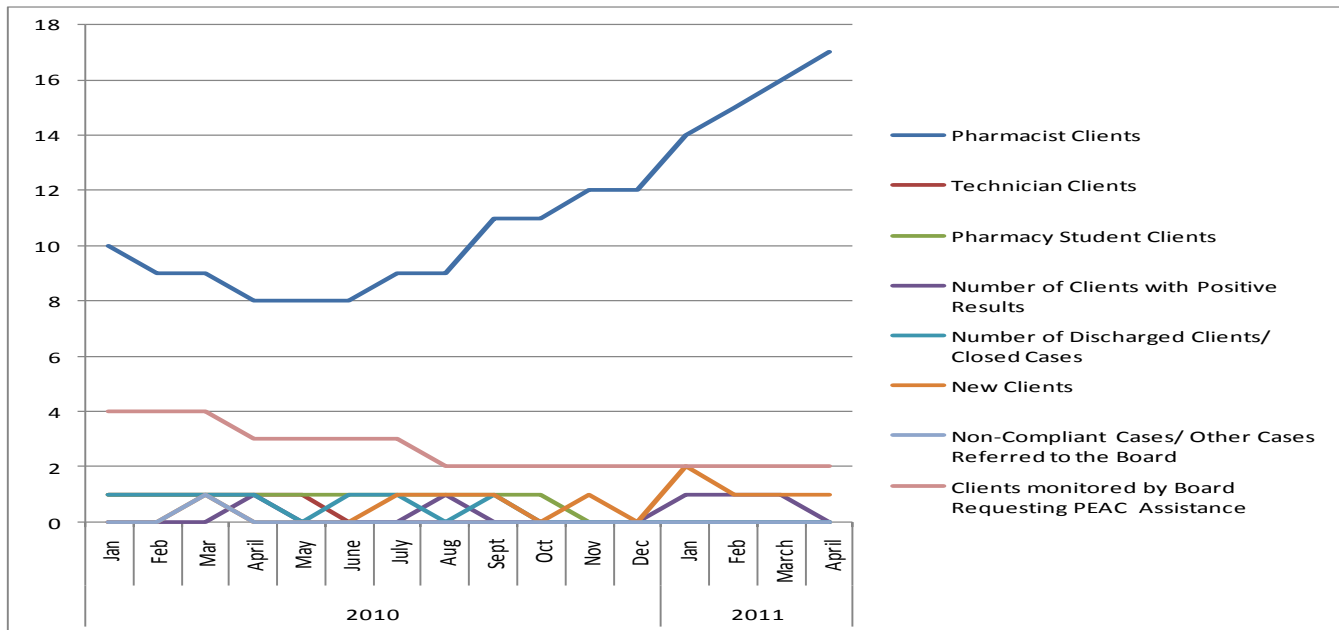
While you are in this section, you can also view BOARD ORDERS/ FORMAL DISCIPLINARY ACTIONS and see actions taken as far back in time as 1979 against pharmacists, pharmacies, and pharmacy technicians. Approved pharmacy technician training programs and approved drop off and repository locations are also listed under this section.

### Calendar

- June 11-14, 2011  
Maryland Pharmacists' Association Annual Convention in Ocean City
- June 19-24, 2011  
University of Utah School on Alcoholism and Other Drug Dependencies
- Maryland Board of Pharmacy meetings 3rd Wednesday of every month



## Summary of PEAC Activity



### Counselor's Corner

by Bernadette Nowak, CSC-AD

*I would like to share with you the saddest, yet most honest letter a person suffering from addiction can receive. I am not sure where this letter originated, but occasionally helpful tools show up in the world of drug counseling and many are not credited to the original author. Thanks go to whoever wrote this letter that represents addiction so well.*

Dear Friend:

I've come to visit once again. I love to see you suffer mentally, physically, spiritually and socially. I want to have you restless so you can never relax. I want you jumpy and nervous and anxious. I want to make you agitated and irritable so everything and everybody makes you uncomfortable. I want you to be confused and depressed so that you can't think clearly or positively. I want to make you hate everything and everybody—especially yourself. I want you to feel guilty and remorseful for the things you have done in the past that you'll never be able to let go of. I want to make you angry and hateful toward the world for the way it is and the way you are. I want you to be deceitful and untrustworthy and to manipulate and con as many people as possible. I want to make you fearful and paranoid for no reason at all. I want you to wake up during all hours of the night screaming for me. You know you can't sleep without me. I'm even in your dreams.

I want to be the first thing you wake up to every morning and last thing you touch before you black out. I would rather kill you, but I'll be happy enough if I can put you back in the hospital, another institution or jail. But you know I'll still be waiting for you when you come out. I love to watch you slowly going insane. I love to see all the physical damage that I'm causing you. I can't help but sneer and chuckle when you shiver and shake, when you freeze and sweat at the same time and when you wake up with your sheets and blankets soaking wet.

It's amazing how much destruction I can do to your INTERNAL ORGANS while at the same time work on your BRAIN, destroying it bit by bit. I deeply appreciate how much you sacrifice for me. The countless good jobs you've sacrificed for me. All the fine friends that you deeply cared for-- you gave up for me. And what's more, for the ones you turned against yourself because of your inexcusable actions—I'm more than grateful.

And especially your loved ones, your family, the most important people in the world to you—you even threw them away for me. I cannot express in words the gratitude I have for the loyalty you have for me. You sacrificed all these beautiful things in life just to devote yourself completely to me. But do not despair, my friend, for on me you can always depend. For after you have lost all these things, you can still depend on me to take even more. You can depend on me to keep you in a living hell, to keep your mind, body and soul—FOR I WILL NOT BE SATISFIED UNTIL YOU ARE DEAD, MY FRIEND.

Faithfully yours,

*This is the reality of a person suffering from addiction and or alcoholism. As always, I remind you that treatment works.*

## PHARMACISTS' EDUCATION AND ADVOCACY COUNCIL



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### 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, Reisterstown  
Robin Katcoff, PharmD, Reisterstown  
Artie LaValle, PharmD, Rockville  
Val Nowak, PD, Jarrettsville  
Cathy Putz, PD, Columbia  
Barry Thomas, PD, Cumberland  
Doris Voigt, PharmD, Millersville

### 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.*

Continued from page 1

### Testing Substrates for Drugs of Abuse

Substrate	Advantages	Disadvantages
<b>Blood</b>	<ul style="list-style-type: none"> <li>• Gold standard for quantification</li> <li>• Useful for many drugs</li> <li>• Accurate</li> <li>• Risk of false positives and negatives is low if collected in a timely manner</li> <li>• Allows detection of recent use</li> <li>• Correlates with degree of intoxication</li> </ul>	<ul style="list-style-type: none"> <li>• Invasive</li> <li>• Costly</li> <li>• Time-sensitive</li> </ul>
<b>Urine</b>	<ul style="list-style-type: none"> <li>• Most widely used substrate</li> <li>• Risk of false positives is low</li> <li>• Non-invasive</li> <li>• Inexpensive collection</li> <li>• Rapid testing</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of false negatives by adulteration with additives, substitution, or dilution</li> <li>• Short window of opportunity for detecting use</li> <li>• Measures only presence or absence</li> </ul>
<b>Hair</b>	<ul style="list-style-type: none"> <li>• Non-invasive</li> <li>• Long window of opportunity for detection</li> <li>• 60-120 strands of clean hair</li> </ul>	<ul style="list-style-type: none"> <li>• Expensive</li> <li>• Results are not rapid</li> <li>• False-positives from external contamination</li> <li>• Chemical treatment and hair color may affect test</li> </ul>
<b>Sweat</b>	<ul style="list-style-type: none"> <li>• Non-invasive</li> <li>• Useful for major illicit drug classes</li> <li>• Continuous testing matrix                             <ul style="list-style-type: none"> <li>○ 30 min patch</li> <li>○ 14 day patch</li> </ul> </li> <li>• Tamper evident</li> </ul>	<ul style="list-style-type: none"> <li>• Test sensitivity not well described</li> <li>• False-positive rate affected by high pH sweat</li> <li>• Release of metabolites for prolonged periods may not indicate recent use for chronic abusers</li> </ul>
<b>Saliva</b>	<ul style="list-style-type: none"> <li>• Non-invasive</li> <li>• Accurate (similar to blood)</li> <li>• False positives and false negatives low if collected in a timely manner</li> <li>• Allows detection of recent use</li> <li>• Correlates with degree of intoxication</li> </ul>	<ul style="list-style-type: none"> <li>• Costly</li> <li>• Time-sensitive</li> <li>• Salivary volume can be reduced by drug use</li> <li>• Basic drugs like amphetamines, opioids concentrate in acidic saliva</li> <li>• Acidic drugs concentrate in more basic blood</li> <li>• Affected by residual alcohol in mouth</li> </ul>

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postage

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

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(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  
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Visit our website at [www.PEACmaryland.org](http://www.PEACmaryland.org)