



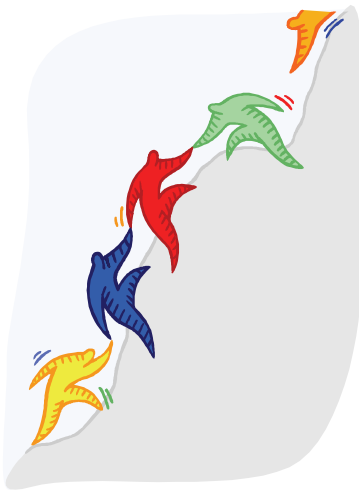
PEAC Post

Newsletter of the Pharmacists' Education and Advocacy Council

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

From the Executive Director

Tony Tommasello, PD, PhD

There is a change in the air. A new dynamic appears to be at work in the pharmacy practice environment that determines when a pharmacist who may be troubled and potentially impaired, especially by alcohol or drugs, is discovered and offered assistance.

In the past, when dispensing jobs were plentiful and easy to secure, a drug-involved pharmacist may have simply moved on to another job when he or she sensed that his or her impairment might be discovered. It was better to leave than to risk being found out and fired.

Today, dispensing jobs are not so easy to find. There has been a compression in the job market for dispensing pharmacists due to a variety of pressures; economic downturn, increasing use of technicians, more pharmacy graduates nationally. The opening of pharmacy schools at Notre Dame and U of MD Eastern Shore will increase the number of graduates in Maryland in the coming years. These forces make it more difficult for a Maryland pharmacist to easily move from one place of employment to another. This change may be at the heart of my observation that an increasing number of pharmacists finding their way to PEAC are caught up in criminal charges – most often unauthorized possession of CDS if not theft of same from their place of employment. It appears that drug involved pharmacists are less willing to leave a job and their drug source, even though working under suspicion from management.

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Calendar

- June 20-25 University of Utah School on Alcoholism and Drug Dependencies summer program
- Save the Date! September 25 PEAC Annual Seminar
- Maryland Board of Pharmacy meetings 3rd Wednesday of every month

PEAC Changes Contract Length to 5 Years

To give our readers a little background about contracts, PEAC signs contracts with self-referred pharmacists for a period of 3 years. If a pharmacist has trouble meeting the requirements of the contract, the length of time is often increased to 4-5 years at the discretion of the Council. Since addiction is a relapsing disease and long-term monitoring works better, the Council wondered if changing the standard contract length to 5 years would improve service for the clients by ensuring a durable recovery.

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Meet A Few of the Members



Tony Tommasello, recently retired from the University of Maryland School of Pharmacy, was an Associate Professor and Director of the Office of Substance Abuse Studies, which he founded. Working in the addiction field since 1973 he obtained advanced degrees in pharmacology, epidemiology, and policy sciences with specialization in addiction. His clinical practice involved supportive services for pharmacists impaired by substance abuse and chemical dependence. He directed clinical and evaluation research in addictions and created educational programs for the lay public as well as pharmacists and other health and human service providers that have been used as national models. Tony was one of the founding members of PEAC, previously known as the Pharmacists' Education and Assistance Committee. He has been a committed advocate of pharmacist rehabilitation in the

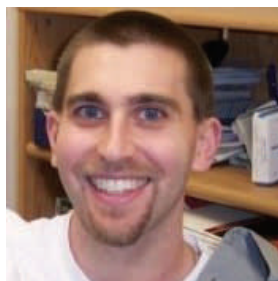
State of Maryland and instrumental in the success of PEAC over the years. He continues to serve as President and Executive Director. He is also currently employed with Reckitt Benckiser Pharmaceuticals, makers of buprenorphine (Suboxone®), a drug now approved for drug addiction treatment.

Milton Moskowitz, Chair of PEAC, is a long-time member of the Council and perhaps better known in the region as founder of NeighborCare. Milton has been an innovator within the pharmacy profession, providing leadership in specialty dispensing, medical supply systems and clinical services over the last half century. In 1986, he was appointed to the Maryland Board of Pharmacy by then Governor Hughes. During his tenure at the Board, he became interested in the work PEAC was doing and starting attending PEAC meetings. When finishing his term in 1991, he became a member and monitor. Since this time, Milton started the Moskowitz Fund, a fund within PEAC that over the years, has granted thousands of dollars in small loans to dozens of pharmacists who are struggling to put their lives back together.

Now retired, Milton finds time to sit on the boards of other organizations including Assisted Independent Housing, Health Facilities Association of Maryland and the Jewish Community at Riderwood. He also enjoys taking various classes in computers and foreign languages when he can. He lives with his wife, Judy, at Riderwood Village.



Jason Katcoff, one of the newest members of PEAC, graduated from the University of Maryland School of Pharmacy in 2008. While a student, he was involved with the SCODAE (Student Committee on Drug Abuse Education) program and had the opportunity to teach Baltimore city middle schoolers about drug addiction. He also led events at the university level geared towards helping students to quit smoking and drink responsibly. Through PEAC, Jason was able to attend the University of Utah School on Alcoholism and Drug Dependencies summer program, where he was profoundly moved by the many tragic stories caused by addiction. As a volunteer with PEAC, he hopes to help other pharmacists learn to cope with their disease. He currently works in the community setting at CVS in Towson.

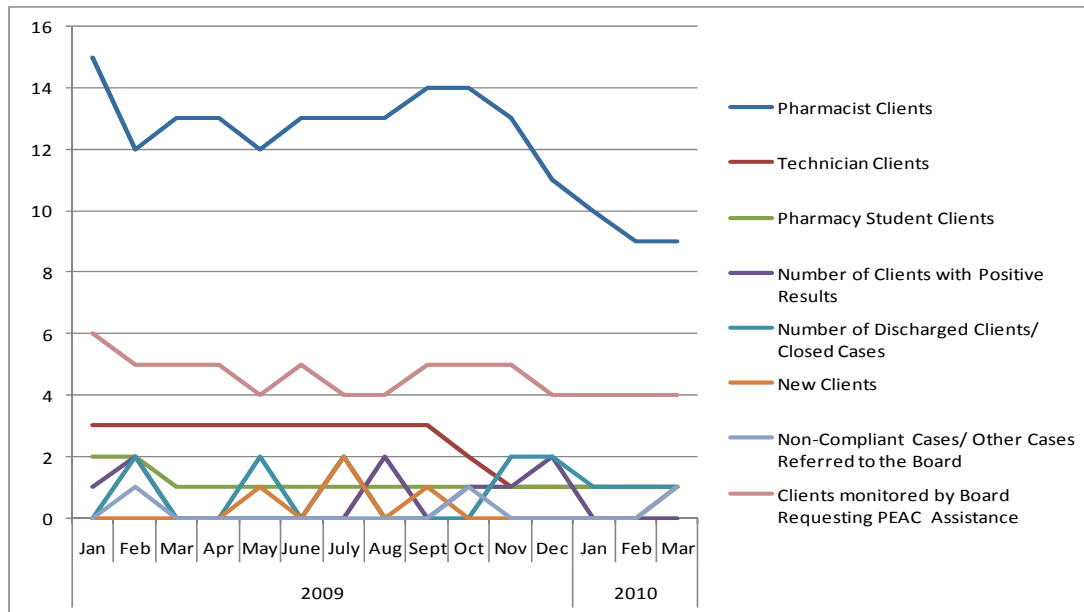


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Val Nowak graduated with a B.S. from the University of Maryland School of Pharmacy in 1982. He has spent the majority of his pharmacy career in the hospital with some community work over the years. He is presently a Lead Pharmacist at Maryland General Hospital and has recently become a client monitor with PEAC. As a monitor, Val offers both direction and advice to impaired pharmacists who are struggling with the consequences of their addiction/ alcoholism issues. He feels both a personal and professional obligation since this disease has affected his own family. Through dealing with this personal experience he has learned some valuable tools of recovery that he hopes he can pass on to others struggling with this deadly disease.

PEAC Monthly Reports

The PEAC Executive Committee produces a monthly report for the Maryland Board of Pharmacy. This report reflects the Council's activities from the previous month's statistics by breaking down the types of clients, how many cases were referred to the Board for non-compliance, and the number of discharged cases, to name a few (see graph below for current trends). PEAC monitors pharmacy staff who self-report and are not under a consent order from the Board. PEAC also monitors Board cases at the request of individual clients. Several clients under a



consent order believe PEAC provides such a valuable service they are willing to pay nominal out-of-pocket fees. PEAC advocates for clients who are committed to recovery and fulfill the terms of their contract. There are currently 15 clients on PEAC's roster.

Counselor's Corner

by Bernadette Nowak, CSC-AD

What is addiction?

If you are an addiction specialist you probably would define addiction as "a chronic, but treatable brain disorder." You would recognize that people who are addicted cannot control their need for alcohol or drugs even in the face of negative health, social or legal consequences. The lack of control is the result of alcohol or drug-induced changes in the brain. These, changes, in turn, cause changes in behavior.

If you love or care about someone with addiction you probably would define addiction as "shocking, crushing, frightening, overwhelming and having the ability to cause feelings of hopelessness." Often you question your own responsibility for your loved one's addiction. Without treatment, co-dependent family members become every bit as sick as the addicted person. This makes addiction a "family disease."

If you are the addict, addiction is:

- Missing family events or holidays because you are high
- Knowing what time of day it is by the withdrawal symptoms you are experiencing
- Cutting appointments, social events and work hours short because you need to get high
- Lying about feelings, money, where you've been and developing feelings of shame
- Not participating in hobbies, activities or family gatherings and being incapable of remembering the joy these things used to bring

The list goes on as you tune out life around you and internalize ever mounting self-loathing, shame and hopelessness. You don't know how to stop and often don't even know how to ask for help.

Make no mistake, addiction can be a fatal disease if not treated! Addiction is a **treatable** disease. Mental Health and Addiction Specialists are more than happy to help with information and guidance for helping.

If you suspect that a pharmacist or pharmacy technician has a substance abuse problem, call PEAC. We have the ability and the desire to help. You can save a career and more importantly, a life.

PEAC contract, con't from page 1

To find out what other states in the country are doing, PEAC decided to ask the state PRNs. Contact information for other state PRNs can be found at <http://www.usaprn.org/>

PEAC conducted an informal email survey among the state Pharmacist Recovery Networks (PRNs) to find out how long other states required pharmacists to be on contract. Out of 47 emails sent (2 states do not have a PRN), 19 states responded to the survey. Of the 19 responses, 14 states reported having 5-year contracts, one state reported having a 3-year contract (that was just changed from 5 years January 2010 due to budget cuts), two states contract out for PRN services, one state has a 10-year contract for board-referred cases and a 5-year for self-referred cases, and one state has only a support group with no formal requirements. Many states reported having some flexibility with contract length depending on factors such as, drug abuse-only cases and reduced time for good behavior. Contrarily, a number of states reported extending the contract length for relapse to either 10 years to life or restarting the contract in full after each relapse.

In conclusion, five years seems to be the shortest amount of time among the states that responded. The Council has increased the standard contract length to 5 years from 3 years. See http://www.peacmaryland.org/documents/PEAC_contract2010.pdf for details.

Director's Desk, con't from page 1

This dynamic can create stress in the work environment because both the pharmacist and his or her manager may become very uncomfortable when there is suspicion of impairment but insufficient evidence to initiate the process of separation.

This dynamic has an impact on the way a pharmacist's drug impairment is managed. If there are no criminal charges and specifically no conviction, a pharmacist may enter into a PEAC treatment agreement, receive care, enter recovery, establish a record of stability, and return to practice without becoming entangled in the Pharmacy Board's disciplinary processes. The same would apply if there were no charges and findings by the pharmacy board of violations of the pharmacy practice act. However, when there are findings of criminal behavior or practice act violations the state is under pressure, if not obligation, to punish the offending pharmacist. Once convicted in either case, the Board of Pharmacy acts to suspend or revoke the pharmacist's license with a public consent decree that lays out the charges against the pharmacist, the disciplinary action taken, and the period of sanction before a pharmacist can petition for the reinstatement of his or her license.

It might be argued that the change in the market demand for dispensing pharmacists would not affect the level of pathology at the time of discovery. After all, addiction is a secret disease. It is common for any person struggling with a chemical dependency to hide as long as possible because of the shame and guilt associated with behaviors driven by addiction, and the stigma assigned to those with this disease. Jumping from job to job does not forestay the chronic progressive nature of the disease and even a traveler who stops frequently along the way may weary of the long journey. At some point the resume will become suspect (frequent job changes and short terms of stay are red flags for troubled employees), the pharmacist may recognize the dysfunctional pattern of his or her life, or it becomes difficult for a spouse to believe that every employer has acted in a way that justifies the pharmacist's decision to leave a good job. A pharmacist may seek help when the rationalizations and excuses fail or when exposed as having a drug dependency problem.

The Pharmacists' Education and Advocacy Council (PEAC), since its inception, has offered an avenue to recovery that avoids the sting and adverse consequences of disciplinary action. The manifest negative consequences of addiction are serious even in the absence of state sanctions. These include loss of self-respect that accompanies guilt and shame, the breach of trust that often seriously strains marital and family relations, the cost of treatment and the loss of income that comes along with a hiatus from pharmacy practice while engaging the recovery process, the many potential adverse health effects that may impede one's life far into the future, and the basic but necessary humbling attitude adjustment of having to accept an overarching authority in one's life.

Now more than any time in the past it is urgent that pharmacists and pharmacy employers, technicians and students recognize and exercise the "Duty-to-Report" provision of the Maryland Pharmacy Practice Act (COMAR 10.34.10.05). If pharmacists take seriously their Pharmacist Oath and the moral and ethical obligations that the oath embodies they cannot turn their backs on professional colleagues. When we report troubled/impaired colleagues to PEAC they are embraced by the system that is designed to take care of them while preserving public safety. If we ignore the problem, and by inaction allow the pharmacist to move to another job, the chronic progressive nature of chemical dependence predicts that the pharmacist will wind up on a criminal path and his or her future is less optimistic.

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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

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.

PEAC's Mission

Our mission is to preserve professional health through advocacy an education. PEAC services benefit:

- Individual pharmacists, by offering a confidential avenue for addressing a variety of problems that might contribute to impaired practice and loss of license. Our records are confidential.
- Technicians, since they are now required to register with the Board of Pharmacy under COMAR 10.34.10.05.
- Pharmacy students, by offering a confidential avenue for addressing a variety of problems that might contribute to poor academic performance and academic dismissal.
- Employers, by providing a process through which pharmacists' problems can be addressed and mended. Because of ongoing monitoring, employers can be confident in the performance of pharmacists who are engaged in PEAC programs.
- Private citizens, by reducing the problem of impaired pharmacists thereby improving the safety of the pharmacy workforce.

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

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