



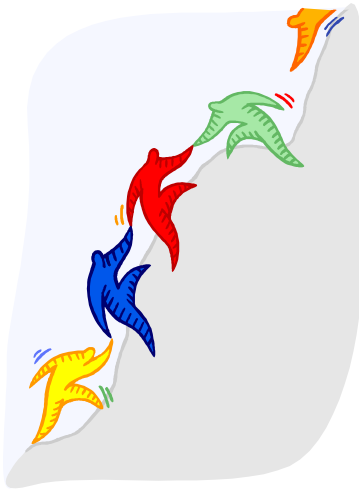
PEAC Post

Newsletter of the Pharmacists' Education and Advocacy Council

Volume 1, Issue 2
September 2010

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Calendar

- September 25 PEAC Half-Day Seminar "Pharmacy's role in the Prescription Drug Abuse Crisis"
- Maryland Board of Pharmacy meetings 3rd Wednesday of every month

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 new PEAC_Maryland yahoo group and just accept the email invitation!

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

From the Executive Director Tony Tommasello, PD, PhD

Treatment for the Impaired Pharmacist Begins with Discovery

We know from decades of national epidemiological study that the rate of substance abuse and chemical dependence within the general population is on the order of 10% to 20% depending on how one defines these terms. We also know from studies of health professionals that those who have access to prescription medications tend to abuse opioids. This behavior raises the rate of opioid dependence among health professionals to levels above those in the general population. Doug Talbott, founder and director of the Talbott Recovery Center in Atlanta, Georgia, calls substance dependence an occupational hazard of the health professions.

In the State of Maryland over 30 years of effort have gone into promoting a dual action response to the problem of substance abuse and impaired pharmacists. These efforts have been the result of cooperation between PEAC and the Board of Pharmacy. The dual action response entails the threat of Board action to leverage adherence to a PEAC contract while simultaneously using the promise of anonymity and avoidance of Board action to increase self-disclosure and referral to PEAC. This is what the "Duty to Report" policy is about (COMAR 34.10.05). The policy states that pharmacists have a duty to report to PEAC, violations of the Pharmacy Practice Act that involve suspected substance abuse or impairment. The intent of the "Duty-To-Report" policy is to create an opportunity for pharmacists (Continued on page 4)

PEAC to Host 10th Annual Continuing Education Half-Day Seminar

This year's PEAC seminar on September 25 promises to be a gold mine of information for the practicing pharmacist. Attendees will hear about the pervasiveness of prescription drug abuse, steps that can be used to monitor diversion and how to intervene on someone who has a substance abuse problem. The seminar's organizer, Milton Moskowitz, RPh, says, "The reason for the seminar is to help pharmacists know what we are expected to do and what we should do to decrease the addiction crisis. The topics will cover different aspects of addiction and how the magnitude of the crisis is increasing rather than abating."

The seminar will be held at the Riderwood Village Celebration Room from 7:30 AM– 12:30 PM. Pharmacists cost \$55 before September 17 registration deadline and technicians are \$35. Breakfast is included in the registration fee. Attendees may register by contacting 410-465-7011 or visiting www.PEACMaryland.org and downloading the brochure and registration form.

The seminar will provide 4 contact hours of ACPE-approved continuing education. Topics and speakers include: *What is the Drug Abuse Crisis and its Impact on Society* (Thomas P. Cargiulo, Pharm.D., BCPP), *Red Flags in Recognizing Prescription Forgery; Prevention and Monitoring* (June Gose, PharmD), *Prescription Drug Monitoring Programs* (Frank Palumbo, PhD) and *Enormous Human and Economic Cost Related to Substance Abuse* (Roberta Feldhausen, APRN-PMH, BC). PEAC's Tony Tommasello, RPh, PhD will round out the morning with a summary and take-home message. Continued on page 4

Meet A Few of the Members

Bernie Nowak was born and raised in Baltimore County. She spent the summers on the Eastern Shore and learned to appreciate the beauty of the rivers and the Chesapeake Bay and all they have to offer.

She has been working as an Addiction Counselor for 9 years and is committed to assisting her clients along the path to recovery. She finds great satisfaction in her job and is in awe of the clients' journeys she is allowed to witness.

Bernie has been married for 25 years and has 4 children and 3 wonderful grandchildren.

In her spare time, she enjoys spending time with family, browsing the thrift and antique shops with her husband on the weekends and scrap booking with friends. She and her husband spend as much time as possible vacationing at the beaches in the South.

She is very active in church functions and has dedicated living her life one day at a time with the help of God's grace.

Gil Cohen remembers being asked to join a group of people interested in forming a committee that would aid members of the pharmacy profession with addiction. This was 1982. He happened to be dealing with a family member struggling with this problem which he knew very little about. This gave him the opportunity to be educated and also a way to give back to Pharmacy which had provided him and his family a very good lifestyle. He serves as treasurer and has also monitored many pharmacists through their journey to recovery. The reward of helping people regain their lives and then re-enter the profession is the passion that drives him to volunteer on the Council.

Gil enjoys a semi-retired lifestyle that has allowed him and his wife to travel the world. Home grown in Baltimore, he graduated from Maryland Pharmacy School in 1954. He and his wife, Jean, were married the same year, raising their three children and five grandchildren in the Baltimore area.



Cathy Putz, a native Minnesotan, earned a B.S. degree from the University of Minnesota School of Pharmacy and became licensed in Maryland in 1969, after a corporate promotion transferred her husband to Baltimore and the family moved to Columbia.

Hospital pharmacy was her primary focus along with some retail and home-health care work. The last ten years of her career were spent in government service. She was the first Pharmacist Compliance Officer for the Maryland Board of Pharmacy in 1993, worked as Supervising Pharmacist for the Quality Assurance Division of Medicaid, became a Pharmacy Inspector for the Division of Drug Control, and came out of retirement to again assume the position of Pharmacist Compliance Officer. She is now enjoying a real retirement, spending her time traveling the world with her husband Ron and visiting with her 5 adult children and 7 grandchildren. Cathy volunteers with community organizations and considers being a PEAC monitor an opportunity to help pharmacists become healthy contributing professionals.

COUNSELOR'S CORNER

BY BERNADETTE NOWAK, CSC-AD

What is Denial?

Denial is a refusal to acknowledge or accept a painful reality in your life. Denial protects you from feeling anxious about facing the truth. In this case we are talking about the use of alcohol or other drugs being a problem that has caused trouble in your life. There is much to say about denial, but I would like to use this time to share with you some ideas on how to convince a person that a problem exists when they are in denial about alcohol or drug use.

Denial is overcome by the presentation of the facts (confrontation). This is accomplished partially by learning about the nature of the illness. More importantly, chemically dependent people must become convinced that this illness is a personal reality.

People will usually admit drinking or using drugs and admit they have problems, **but they do not connect the two.**

They also deny or underestimate the adverse effects of alcohol or other drug use on their lives. Other people can systematically help the dependent person work through these self-deceptions by reviewing his/her life experiences and confronting the objective realities of the situation. Listed below are time-tested observations collated by counselors in the field.

Characteristics of effective confrontation:

It is objective, firm and no-nonsense, sticking with factual descriptions. It avoids opinions, as well as implication of moralizing or attacking.

It is specific and personalized in such a way that it could be referring only to that person's life and no other. It has considerable depth, giving the person opportunities to examine and re-examine all available relevant evidence. It covers consequences in a wide range of life areas.

The person is presented with the inescapable conclusion, based on the accumulation of harmful consequences resulting from drinking or other drug use, that his/her behavior fits the description of a chemically dependent person.

It is as persistent as the defenses of the person. Those attempting to confront must not allow the denial to continue and should refuse to accept the various defenses of denial. They must be firm and steadfast in maintaining that there are no valid reasons for a chemically dependent person to drink or use other drugs.

When the person tries to focus on other problems in his/her life, it emphasizes the importance of dealing with the drinking or other drug abuse before trying to solve whatever other problem exists.

It may appear that the confrontational approach is incompatible with a caring attitude. However, a caring attitude and a confrontational approach can be productively combined. Confrontation is judgmental in a sense, but it is a non-moralistic, non-rejecting approach with the key underlying elements of understanding and acceptance. Appropriate confrontation is an attack, but not on the person. Instead, the attack is on his/her facade of defenses. It is because of care and concern that others find the courage to insist chemically dependent people face up to aspects of themselves which they have worked hard to ignore.

Treatment for the Impaired Pharmacist Begins with Discovery Continued from front page

affected by substance abuse or impairment to pursue treatment in lieu of punishment. All other violations are to be reported to the Board.

Discovery of problems, with attendant solutions, is essential to a healthy profession. One of our past PEAC continuing education programs was entitled "Addiction – the Secret Disease." The program explained why shame and guilt are unavoidable elements of addictive disorders and described how these emotions prevent people from asking for help. We also know that when punishment is the inevitable outcome of discovery, collusion in the workplace to protect colleagues becomes common. Furthermore, the problems of substance abuse and dependence can't be eliminated by punitive approaches anymore than we can rid society of any chronic disease by imposing penalties on those who suffer from them.

A pharmacist coming to PEAC sets his or her priority on establishing sobriety and securing his or her recovery. This period of intense therapeutic engagement is incompatible with employment. However, within a period of 6 to 8 months most pharmacists are in a position to return to work under the monitoring structure of the PEAC agreement.

We have demonstrated through a review of our own data that PEAC protects the public from substance impaired pharmacists by restraining them from practice immediately while they attend to the priority of treatment. On average, PEAC can interrupt an impaired pharmacist's practice 4 to 6 months quicker than the board's investigational and disciplinary processes. Within a period of 6 to 8 months, many if not most, of the recovering pharmacists in the PEAC program are able to return to work and practice with skill and safety. The determination is made by the pharmacist's therapist in conjunction with PEAC. Monitoring processes are in place to detect relapse behaviors so that recovering pharmacists, their employers, and pharmacy patrons are shielded from recurrent dysfunction. This timeframe offers a significant return-to-work advantage compared to a pharmacist on the receiving end of the Board's disciplinary action (license suspension or revocation) that requires a minimum of one year before a petition for reinstatement can be submitted for consideration.

In order for any program to effectively encourage early discovery, the substance-abusing, chemically dependent, or otherwise impaired pharmacist must gain an advantage by self-referral. PEAC offers this incentive by providing an avenue to therapeutic interventions for impaired pharmacists. The advantage is available to pharmacists who self-refer to PEAC before they commit violations of the Pharmacy Practice Act or more serious criminal violations of the Controlled Substances Act, such as theft of controlled substances that would expose them to disciplinary actions of the Board or the criminal justice system. Self-referral to PEAC provides a road to recovery without necessarily involving a Board action against the pharmacist's license or the pharmacy technician's registration. PEAC records are afforded protections within the Maryland Health Occupations Act (HO 12-317) and these protections are further guaranteed by Federal Confidentiality laws (42CFR2).

The PEAC treatment option is compassionate, effective, and protects public safety. While it may be difficult for a pharmacist to refer a colleague to PEAC, consider the nature of the disease of drug addiction and that pharmacists are likely to hide as long as possible. They are likely to continue working while their health deteriorates putting public safety at risk for a protracted period. The Duty-to-Report law encourages early discovery which is the beginning of the path to recovery.

Half-Day Seminar, Continued from front page

This seminar is appropriate not only for pharmacists, but also for pharmacy employers, pharmacy managers and technicians who are likely to encounter forged prescriptions as well as be an integral part of prescription drug monitoring programs mandated by the FDA. In addition, managers can take back tools to the corporate office to help with handling employees who have substance abuse problems in a way that is consistent with the "Duty to Report" law.

Learning Objectives:

1. Describe the magnitude of the prescription drug crisis.
2. Recognize and respond appropriately to fraudulent prescriptions.
3. Describe common elements of prescription drug monitoring programs.
4. Explain the economic and societal benefits that can be achieved by effective intervention and education strategies.

PEAC Half-Day Seminar, "Pharmacy's Role in the Prescription Drug Crisis" September 25, 2010 7:30 AM-12:30 PM

PHARMACISTS' EDUCATION AND ADVOCACY COUNCIL

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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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