



PEAC Post

Newsletter of the Pharmacists' Education and Advocacy Council

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

Calendar

- Maryland Board of Pharmacy meetings 3rd Wednesday of every month
- September 24, 2011 WMHSP Annual Meeting
- September 28, 2011 PHAC Luncheon
- November 12, 2011 MSHP All-Day CE Seminar

Join MSHP on November 12 for a pharmacist's personal account of addiction and her journey to recovery with PEAC help.

From the Executive Director

Tony Tommasello, PD, PhD

The Frustrated Pharmacist

What follows is one pharmacist's account of stresses in the everyday practice of dispensing pharmacy in a community chain operation. The account was edited for format and clarity, but the content is wholly that of the pharmacist who recently self-referred to the PEAC program. What strikes me in this personal account is how dramatically the practice of pharmacy has changed in the years since my graduation from the University of Maryland in 1973.

It was known to me and my classmates that of the various practice opportunities available for us, chain pharmacy was the most financially rewarding and the most stressful practice environment in which to be employed. It was common knowledge even then that time demands were extreme, lunch breaks were very brief, that "bio breaks" had to be squeezed in, and that patients were very intolerant of delays in having their prescriptions filled in short order. As the demand


for prescription services increased, the profession seemed to offer the promise of relief in the form of pharmacy technicians, robotics, and computerized programs that would prepare the label and check the prescription profile for drug interactions. This would reduce the strain on the pharmacist who would subsequently be "freed up" to provide counseling services for prescription recipients and allow us to offer

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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!

Did you know there are frequently unforeseen circumstances which can delay your license renewal process? Delays may result in a lapse of licensure in which the licensee (you) is not allowed to practice.

Don't let this happen! Pharmacists and pharmacy technicians should know when their licenses expire. The following suggestions may help avoid a lapse in practice:

- Start the renewal process 60 days prior to the last day of the expiration month. Renewal can be completed online or by mail.
- Include extra CEs if there is doubt that all of your CE's will be accepted. Non-ACPE credits will need prior approval by the Maryland Board of Pharmacy (BOP).
- Make a copy of the renewal application if delivered by mail. Get a signed receipt if delivered in person. 

Clarification of "Duty to Report" Law

An article from the Summer 2011 Maryland Board of Pharmacy newsletter addresses the Duty to Report law. The author expresses concern about PEAC and the BOP's ability to protect the public from impaired pharmacists, pharmacy technicians, and pharmacy students. The article suggests that 800 pharmacists and 700 technicians should have disciplinary orders from the BOP or

be under PEAC contracts. While this number is staggering, it is statistically correct based on a 10% incidence rate. There are fewer than 100 total cases being handled by the BOP and PEAC each year. This is not due to ineptitudes by PEAC or failure of the Duty to Report Law, but rather non-adherence to the law. While licensed and registered phar-

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- Got questions? Call 410-764-4756 at the BOP.

Demetrius Daniels Licensing Manager
Doris Jones Licensing Specialist
Fannie Yorkman Licensing Specialist

Pharmacists: <http://www.dhmv.state.md.us/pharmacyboard/forms/pharmacist.htm>
Technicians: <http://www.dhmv.state.md.us/pharmacyboard/license/tech/index.htm>

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Counselor's Corner

by Bernadette Nowak, CSC-AD

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 Twelve Steps

*of Narcotics Anonymous
of Alcoholics Anonymous*

These twelve steps have helped alcoholics and addicts more than any other form of treatment. At first glance, they seem simple, but if you really work them you will find how difficult it is to be so honest with one's self. I believe they not only pertain to drug addiction, but are a blueprint for life.

AA and NA conduct life saving meetings and anyone who is suffering from these illnesses should be encouraged to attend. The camaraderie and the support received at these meetings coupled with the twelve steps are a recipe for hope and recovery.

Alanon and Naranon offer support for the people who love a person suffering from the disease of addiction.

Lists of NA and AA meetings, as well as Alanon and Naranon meetings, are easily found on the internet.

1. We admitted we were powerless over our addiction (alcohol), that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with *God as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.

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.

Professional Health Advisory Council (PHAC) Luncheon

One of the organizations that National Council on Alcoholism and Drug Dependence (NCADD-MD) is proud to work with is The Maryland Professional Health Advisory Council (MD-PHAC). MD-PHAC is a group of professionals interested in the treatment of healthcare providers, attorneys, executives and other professionals who are dealing with mental health problems, substance use disorders (such as alcohol dependency and drug abuse), cognitive impairment or disruptive behavior.

To attend, please contact Susan Pompa at susan@ncaddmaryland.org

**September 28, 2011
 12 noon- 1:30 pm
 UMB Campus Center, Room 351
 Joani Gammill,
 RN & Interventionist**

See <http://www.ncaddmaryland.org/>

Joani will share her experience, strength and hope for recovery from addiction to prescription drugs.

The Frustrated Pharmacist continued from page 1

our professional “cognitive services” for which we were receiving ever more didactic education and clinical training.

What has happened to that vision? How have we evolved into a profession that can create an environment which for some is a destructive stress machine and in which few can operate comfortably?

The following list of interruptions is taken from my last employment. It is certainly not all inclusive and may vary to some degree from day to day depending on staffing etc. However, keep in mind that the pharmacist is the rate limiting step; these distractions may require a pharmacist to address one or more situations at a time. Nothing may leave the pharmacy without the pharmacist's check and approval. I feel this list fairly represents the practice of pharmacy today.

This in no way mitigates my individual responsibility, nor does it represent an excuse for my inappropriate coping mecha-

nisms and the situation in which I currently find myself. I take full responsibility for my actions, however, this may serve as an example of why some pharmacists resort to “self-medicating” and other destructive behaviors.

1. *The prescriptions currently being filled*
2. *Four phone lines which “rollover” if current line is busy. (I have personally had all 4 lines ringing at the same time with only myself and one tech)*
3. *Consultation window- Located next to the pharmacist station and rarely used for consultation but frequently used for general information and non-pharmacy questions.*
4. *Pick-up window or register-often asked to come out and explain medication, price, insurance, etc.*
5. *Drop-off window- especially when short staffed. This window is also frequently used for non-*

pharmacy questions etc.

6. *Batch prescriptions- These are prescription refills from patients left on an automated refill line. Often patients arrive before the pharmacy has been able to fill them.*
7. *Electronically transmitted orders from doctors' offices.*
8. *Faxed prescription orders.*
9. *Frequent questions from techs.*
10. *Now we must stop on a dime and give vaccinations!!!*

I am glad I am at the end of my career. I pity recent graduates who have no alternative but to endure. Pharmacy is a ticking time-bomb and eventually these issues will need to be critically addressed, especially since management insists that we not tell any patient that his or her prescription orders will take more than 20 minutes to fill!!!

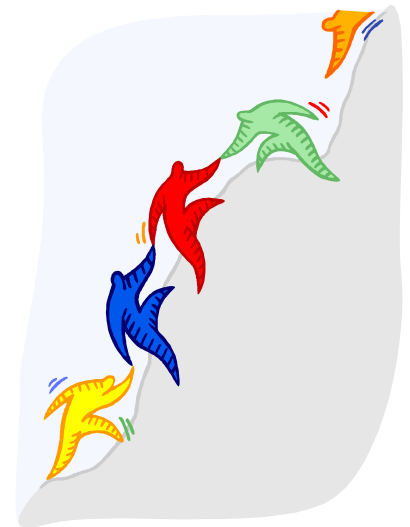
Visit us on the web
www.PEACmaryland.org

and Facebook at

“PEAC Maryland”



“...this [list] may serve as an example of why some pharmacists resort to “self-medicating” and other destructive behaviors.”



Clarification of “Duty to Report” Law con't from page 1

pharmacy personnel are required to report impaired coworkers to PEAC, non-pharmacy personnel are also responsible under the law.

As practicing pharmacists in Maryland, we must inform our non-pharmacy supervisors, HR departments and legal departments. By reporting an impaired pharmacy individual to PEAC, the individual quickly gets into treatment and the public safety is preserved. Alternatives include firing the employee, and/or pursuing criminal charges. The BOP takes several months to suspend the license of an impaired individual if discovered and

any legal process takes many months. An impaired pharmacist or technician who has been fired may float from job to job for years without getting into treatment, thus continuing to threaten public safety. Since the impaired pharmacist is not discovered, he or she retains a license during this time. Referring such individuals for rehabilitation through PEAC is the best option for the pharmacy community and the safety of the public.

Pharmacists' Education and Advocacy Council

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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
5212 Onion Road
Pylesville, Maryland 21132

Visit our website at www.PEACmaryland.org