

THE IPRN NEWS

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The IPRN News is available online!

Drake and the U both have active PRN committees.

IPRN Anniversary

The Iowa Pharmacy Recovery Network is celebrating 25 years of assisting pharmacists in Iowa. As we celebrate we are also looking forward to another 25 years. We are re-dedicating ourselves to our "calling" of assisting Pharmacy professionals in Iowa. We have stepped up our monitoring program and are increasing our educational programs. We continue building the PRN programs at Drake University and the University of Iowa. We are collaborating with other state's PRN programs. We are working with pharmacies to build policies for impairment in the workplace. We will continue to redefine our "mission".

We have had many "heroes" who have led by example and taught us the importance of commitment through the years. IPRN is grateful for all of those who have given so much to its cause. If you know anyone who would like to share their experience with PAPI or IPRN, please let us know.

Thank you to all the volunteers!

UIPRN

UIPRN has seen an increase in membership and involvement since the beginning of the academic year and we're looking forward to another active semester at the University of Iowa. On Feb. 13, we held a bake sale to raise money to support our various projects and activities. On Feb. 18, we will be providing free cab rides home after the College of Pharmacy Ball for all interested students, to assure that everyone has a designated driver. Also in February, our Soup and Substance series will return with Dr. Tom Prisinzano talking about his research on opiate addiction. Another upcoming presenter this semester will be Peter Nathan, talking about binge drinking at the University of Iowa.

We are committed to excellence.

Enabling: When you can love someone to death!

By Dave Marley, Pharm.D. , Former Director of North Carolina, P.R.N.

One of the biggest obstacles in getting the impaired pharmacist into treatment is a process known as enabling.

In many cases, the co-dependent can literally, “love someone to death”.

The fact still remains that what we are talking about is a life and death disease, one that is fatal if left untreated.

In the nine years that I have been working with impaired pharmacists, I have had the pleasure of watching hundreds of seemingly hopeless cases of impaired pharmacists regain their families and their careers. I’ve always believed that what we are about is saving pharmacist’s lives, not necessarily pharmacy licenses. We always hope that the pharmacist can recover and return to practice. Unfortunately, positive outcomes such as returning a pharmacist to practice are not always the case. In fact, when dealing with an addictive disease, sometimes the outcome is the death of a pharmacist, whether it is from a car accident, accidental overdose, or even suicide.

One of the biggest obstacles in getting the impaired pharmacist into treatment is a process known as enabling. Enabling allows an impaired individual to progress in their disease, without experiencing any of the consequences. It has been said for years that a person needs to “hit bottom” before they’ll seek or accept help. Enabling essentially prevents the impaired person from hitting bottom, thereby, “enabling” the disease to continue unchecked.

Enabling can take on many forms, and be displayed by a number of individuals who are classified as being “co-dependents” in the impaired individual’s life. The term co-dependent is used, because this person generally has an underlying need for the individual to continue using drugs. While this may seem illogical, especially when you consider the family members as being co-dependent, there are a number of family dynamics that come into play.

In the dysfunctional family system, everybody takes on roles and they develop their roles based on their environment. It is true that consciously each person in that system wants nothing more than for the impaired individual to get sober, but their unconscious actions serve only to perpetuate the addictive disease. In many cases, enabling involves covering up or making excuses for the chemically dependent person’s behavior. For example, calling in sick for the person when they are really hungover, correcting misfills and not documenting them, or giving notes or old exams to the classmate who is too sick or high to get to class. What these examples do is prevent the impaired individual from seeing the effects that their substance use is having on their lives, and the lives of those around them.

In many cases, the impaired individual goes to great lengths to develop their enabling systems. In the family, the impaired person spends countless hours conning and manipulating

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If you are concerned that someone you know has a dependency problem, and you have not done anything to help, then you are enabling.

Become a part of the solution, instead of the problem. You will sleep much easier knowing you have actually saved a life, rather than unfortunately contributed to a death.

spouses and children. Quite often, the spouse becomes the chief enabler simply because the family finances depend on the pharmacist's salary, and the spouse will go to any length to prevent the finances from being threatened.

Therapeutic intervention becomes especially challenging when there has not been Board of Pharmacy involvement, and we are trying to convince someone to leave their job and seek treatment. In their practice site, they may manipulate co-workers, other pharmacists, supervisors, and in some cases even the Board of Pharmacy into believing that, "everything is okay". The chemically dependent individual is generally a master at manipulation, and in a one on one confrontation, will usually have you believing that you are the one who is impaired, not them.

In most cases the enabler truly believes in their heart, that what they are doing is in the impaired person's best interest. It has been said that, *enabling is doing all the wrong things for the right reasons*. In many cases, the co-dependent can literally, "love someone to death".

Unfortunately, in this era of pharmacist shortages there may also be other motives for some employers just to keep a licensed body in the pharmacy.

The fact still remains that what we are talking about is a life and death disease, one that is fatal if left untreated. Often, the discussion turns to the loss of the license, and other inconveniences associated with the consequences of addictive disease. Sometimes, it is the family's concerns for the inconveniences, rather than recognition that this is a terminal disease, that prevents us from getting the impaired individual to treatment. In the end, nothing is harder than trying to explain to a grieving parent or spouse, why their child or significant other had to die from this disease. In many cases, the loved ones left behind are left with the nagging question of "what else could we have done?"

We often talk about denial in the impaired individual, and how it prevents them from seeking help. In many cases, the co-dependent is in as much, if not more denial than the impaired person. In short, denial kills! In February of this year, an impaired pharmacist committed suicide and in March another pharmacist died from an overdose.

If you are concerned that someone you know has a dependency problem, and you have not done anything to help, then you are enabling. Become a part of the solution, instead of the problem. You will sleep much easier knowing you have actually saved a life, rather than unfortunately contributed to a death.

Be part of the solution.

***The American Association of Colleges of
Pharmacy (AACP)
GENERAL GOALS FOR CHEMICAL IMPAIRMENT
PROGRAMS IN COLLEGES OF PHARMACY***

Did you know that AACP has a Special Interest Group on Pharmacy Student and Faculty Impairment?

CAGE is an easy questionnaire to determine if there is a problem with alcohol or drugs in your life.

Plan on attending the University of Utah School on Alcoholism and Other Drug Dependencies this summer!

- 1. Provide compassionate assistance for chemically impaired or co-dependent students, faculty and other employees and their immediate families.**
- 2. Provide assistance in a way that protects the rights of the impaired individual to receive treatment in strict confidence.**
- 3. Afford recovering students who are not legally restricted and are no longer chemically-impaired the opportunity to continue their pharmacy education without stigma or penalty.**
- 4. Afford recovering faculty and other employees who are not legally restricted and are no longer chemically-impaired the opportunity to continue their careers without stigma or penalty.**
- 5. Protect society from harm that impaired students, faculty and other employees may cause.**
- 6. Provide leadership in the development of curricular content which addresses the societal impact of chemical dependency as a disease state, the public education efforts of the colleges concerning chemical dependency, the campus issues concerning responsible use of potentially addicting or harmful substances and the development of wellness programs intended to promote healthy lifestyles in students, faculty and other employees and their families.**

CAGE Questionnaire

- C** Have you ever felt a need to **CUT DOWN** on your drinking or drug use?
- A** Have you ever been **ANNOYED** at criticism of your drinking or drug use?
- G** Have you ever felt **GUILTY** about something you've done when you've been drinking or high?
- E** Have you ever had a morning **EYE-OPENER** - taken alcohol or drugs to get going or treat withdrawal symptoms?

If you said yes to even one of these questions, you should be concerned. If you said yes to two or more, you probably need help.

Call IPRN, we can help!

A Personal Story

***A hearty
"Thank You!"
to all the faithful
volunteers for our
25 years.***

***Please feel free to
call IPRN if you
need assistance,
need information
or need help with
an intervention.***

***It was through
IPRN and IPA that
I found I could
again hold my
head up and be
proud to be a
"recovering
pharmacist".***

I grew up in a small town with a big family. My Dad owned the Drug Store on Main Street. Many of my favorite memories are of helping Dad after school at the store. I would go to the post office, stock shelves and my favorite of all, help in the pharmacy. I loved counting and pouring, sticking labels and being underfoot of my Dad. As I got into my teens, it was no longer "cool" to hang around with my Dad.

I had my first drink at age 12 when some cousins and I drank a bottle of liquor at a family get-together. I got deathly sick. It was probably an early sign of alcoholism when I decided "I will never drink THAT again" rather than "I will never drink again."

It was also probably an early sign of alcoholism when I wanted to graduate early and get out of that small town. It was my first "geographical cure"! I have found out today that "everywhere I go, there I am." It was never possible for me to look at what part I had in my problems so I made a lot of moves.

Off to college and a new start! I loved school and was proud to be in Pharmacy school. I was excited to have the opportunity to do what I loved so much as a child and score points with my Dad! I studied hard and partied hard. I knew nothing about the disease of addiction and I don't remember ever discussing it in our classes. I never thought I had a problem.

When I graduated I took a job with a chain pharmacy and I had more money than I had ever had which for this addict/alcoholic was a liability. As my disease progressed, I did all of those things that I never thought I would do. I started taking medications from the pharmacy I worked in. I always thought I knew enough about the medications and I never took anything that I didn't have a symptom for! The 12-step program tells us that "self-knowledge avails us nothing!"

I was finally arrested at work, fired and my world fell down around me. I was filled with shame especially for letting down the profession that I loved and letting down my Dad and my family. I didn't know how I could have done that. I didn't understand that I had a disease. It was a long road to recovery.

I couldn't believe it when I found there were other pharmacists in recovery. I truly thought I was the only one! It was through IPRN that I found I could again hold my head up and be proud to be a "recovering pharmacist". I am not unique.

Today, I try to give back to recovery and my profession. I want to be there when other pharmacists reach out for recovery. I want to be a part of the solution! My hope is that no more of us need to die from a disease that is treatable.

You can help!

***University of Utah School on Alcoholism
and Other Drug Dependencies***

Salt Lake City, Utah

June 18-23, 2006

If you know anyone who would like to receive this newsletter just email and we will add them to the mailing list. Otherwise, feel free to pass the news along.

The Utah school information for this year is posted on their website at <http://uuhsc.utah.edu/uas/> and the pharmacy section schedule is <http://uuhsc.utah.edu/uas/phaprog.htm>.

COLLEGE CREDIT — Graduate/undergraduate credit (2 semester hours in Health Education) is offered by proper registration and payment of a \$50.00 credit fee. (Complete credit registration information on Admission Application.) Must attend all general sessions and all group section sessions Monday morning through Friday noon to receive university credit. The deadline for adding or canceling credit is 5:00 p.m. on Thursday, June 22, 2006.

PHARMACY CONTINUING EDUCATION CREDIT (Must attend the entire program including Pharmacy Section and pay a \$25 fee.) Up to 28.5 contact hours (2.85 CEU's) will be awarded and a statement of credit provided within 45-days following receipt of attendance verification. The University of Utah College of Pharmacy is accredited by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. ACPE Program Number: 068-999-05-032-L04.

Even though the registration form does not list a student discount, pharmacy students will only be charged \$300 for registration if received before April 15th.

Note: Although optional, all Pharmacy Section attendees are encouraged to attend the nightly 12-step meetings to obtain maximum benefits from "The Utah Experience".

Start planning to attend the Utah School today!

Contact IPRN at:

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IPRN

- ***Providing direction as a confidential resource***
- ***Providing support through caring volunteers***
- ***Providing education about impairment***