

The IPRN News

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Inside this issue:

1. Twelve Steps for the Holidays
2. AA Message to Employers - 1939
3. From Pariah to Patient
4. Model Policy for the Use of Controlled Substances for the Treatment of Pain
5. Definitions in Pain Management
6. A Beacon of Hope for Alcoholic Offenders - AA Press Release

Holiday Resolutions

Remember to be grateful for the little things. Maintain an attitude of gratitude.

Spend more time with family and friends. Time is the greatest gift I can give the children in my life!

Share my recovery and give the gift of recovery to others!

Pray for Peace.

Twelve Steps for the Holidays

Holidays can be particularly difficult for those who are new to recovery. Celebrations with co-workers and family often center around drinking. Here are some steps that may help you keep your sobriety during this difficult time. And may your holidays bring you happiness and peace in recovery!

1. **We are powerless over alcohol - Put your recovery first during the holiday season. Add meetings, spend time with others in sobriety, volunteer, attend the many AA functions...**
2. **We came to Believe – Take time to reflect and grow spiritually. What we really have is a daily reprieve, contingent on the maintenance of our spiritual condition.**
3. **We made a decision – This is the first of the “Action Steps”...take action! Say a prayer, slow down, do it one day at a time...**
4. **We did an inventory – Our rule is not to avoid a place where there is drinking, if we have a legitimate reason for being there. You will note that we made an important qualification. Therefore, ask yourself on each occasion, "Have I any good social, business, or personal reason for going to this place?"**
5. **We admitted – This is the reminder that we don't go it alone!**
6. **We were entirely ready - Always have a backup plan. Make sure that you can leave if you start to feel uncomfortable.**
7. **We humbly asked Him to remove our shortcomings.**
8. **We made a list – Stay away from old playmates and playgrounds. Surround yourself with others in recovery.**
9. **We made direct amends – Sometimes the best amends we can make is to CHANGE!**
10. **We continued to take personal inventory – Don't let your emotions run your life during the holidays. This too shall pass!**
11. **We sought through prayer and meditation - Enjoy the true meaning of the holidays. Maybe you cannot give material gifts -- But in sobriety, you can give love and joy.**
12. **Having had a spiritual awakening – Share your recovery and give the gift of recovery to others!**

We are committed to excellence!

**17th Annual
Heartland
Pharmacy
Recovery Network
Conference**

September 19-21, 2008

**West Des Moines
Marriott**

**1250 Jordan Creek Pkwy.
West Des Moines, IA
Phone: 1-515-267-1500
Fax: 1-515-223-1687**

Hosted by:

**The Iowa
Pharmacy
Recovery Network
and
The Iowa
Pharmacy
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AA Message to Employers – 1939

“It boils right down to this: No man should be fired just because he is alcoholic. If he wants to stop, he should be afforded a real chance. If he cannot or does not want to stop, he should be discharged. The exceptions are few. We think this method of approach will accomplish several things. It will permit the rehabilitation of good men. At the same time you will feel no reluctance to rid yourself of those who cannot or will not stop.

“The other day an approach was made to the vice president of a large industrial concern. He remarked: "I'm glad you fellows got over your drinking. But the policy of this company is not to interfere with the habits of our employees. If a man drinks so much that his job suffers, we fire him. I don't see how you can be of any help to us for, as you see, we don't have any alcoholic problem." This same company spends millions for research every year. Their cost of production is figured to a fine decimal point. They have recreational facilities. There is company insurance. There is a real interest, both humanitarian and business, in the well-being of employees. But alcoholism - well, they just don't believe they have it.

Perhaps this is a typical attitude. We, who have collectively seen a great deal of business life, at least from the alcoholic angle, had to smile at this gentleman's sincere opinion. He might be shocked if he knew how much alcoholism is costing his organization a year. That company may harbor many actual or potential alcoholics. We believe that managers of large enterprises often have little idea how prevalent this problem is. Even if you feel your organization has no alcoholic problem, it might pay to take another look down the line. You may make some interesting discoveries.

Of course, this chapter refers to alcoholics, sick people, deranged men. What our friend, the vice president, had in mind was the habitual or whoopee drinker. As to them, his policy is undoubtedly sound, but he did not distinguish between such people and the alcoholic.

It is not to be expected that an alcoholic employee will receive a disproportionate amount of time and attention. He should not be made a favorite. The right kind of man, the kind who recovers, will not want this sort of thing. He will not impose. Far from it. He will work like the devil and thank you to his dying day.

Today I own a little company. There are two alcoholic employees, who produce as much as five normal salesmen. But why not? They have a new attitude, and they have been saved from a living death. I have enjoyed every moment spent in getting them straightened out.”

**Reprinted with Permission:
AA Big Book – Chapter to Employers
Pages 148-150.**

Sharing ideas and information.

*And this above all, to
thine own self be true.
And it must follow as
night the day; thou
canst not be false to
any man. -Shakespeare*

*IPRN has maintained a
24-hour toll-free
hotline.*

*Calls made to the
hotline have included
individuals needing
help and concerned
others.*

*The toll free
number is:*

(877) 890-IPRN

(877) 890-4776

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

We can help!

From Pariah to Patient

After years of punitive action, pharmacy boards are shifting to treatment and rehab for R.Ph.s hooked on drugs or alcohol

By Reid Paul - November 19, 2007 Drug Topics

Read the entire article at:

<http://www.drugtopics.com/drugtopics/Pharmacy/From-pariah-to-patient/ArticleStandard/Article/detail/472747>

“A sea change is happening in the world of pharmacy. Alcohol- or drug-addicted pharmacists were once pariahs, banished from the profession, receiving little help and even less sympathy. Slowly—too slowly in many experts' opinions—attitudes have changed and the focus is now on recovery and rehabilitation. Yet, even as more pharmacists recognize that substance abuse is a disease, treatment and recovery options vary tremendously from state to state and remain chronically under funded.

Perhaps one of the most significant improvements for impaired pharmacists over the past 25 years has been the development of pharmacy recovery network (PRN) programs that recognize the unique challenges recovering pharmacists face. In the past, it was either "sober up, get locked up, or cover it up," explained Brian Fingerson, R.Ph., of the Kentucky Professionals Recovery Network. Now, according to Fingerson and other PRN leaders, specially designed programs can help get addicted pharmacists on the road to recovery faster. As a result of these programs, PRN and pharmacy board officials report that most pharmacists successfully return to practice and do not relapse.”

“Many experts now believe that as many as 15% to 20% of pharmacists may develop a substance abuse problem. According to an American Pharmacists Association guide from 1996, 19% of pharmacists and 41% of pharmacy students reported abusing psychoactive drugs. As to recent trends, unfortunately, there are little more than anecdotal reports available.”

“Pharmacists face particular challenges when it comes to substance abuse. Fortunately, there are several resources available on-line for addicted pharmacists and pharmacists interested in substance abuse treatment.”

Where to go for help

<http://www.usaprn.org/>: This Web site is a compendium of resources as well as a virtual community center for addicted pharmacists and for those focused on treatment. It also has up-to-date information on each state pharmacy recovery network.

<http://uuhsc.utah.edu/uas/>: The University of Utah School on Alcoholism and Other Drug Dependencies offers a week long summer curriculum aimed at pharmacists and other professionals focused on substance abuse treatment.

<http://www.nida.nih.gov/>: The National Institute on Drug Abuse provides updates on recent research, information about abused drugs, and other resources.

Start to talk about recovery in our profession!

Who is an Addict?

Most of us do not have to think twice about this question. WE KNOW! Our whole life and thinking was centered in drugs in one form or another—the getting and using and finding ways and means to get more. We lived to use and used to live. Very simply, an addict is a man or woman whose life is controlled by drugs. We are people in the grip of a continuing and progressive illness whose ends are always the same: jails, institutions and death.

**Narcotics Anonymous
Page 3.**

"NA is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. We ... meet regularly to help each other stay clean. ... We are not interested in what or how much you used ... but only in what you want to do about your problem and how we can help."

NA White Booklet

Model Policy for the Use of Controlled Substances for the Treatment of Pain
The Federation of State Medical Boards of the United States, Inc.

Evaluation of the Patient—A medical history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

Treatment Plan—The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

Informed Consent and Agreement for Treatment—The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from one physician and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and patient outlining patient responsibilities, including urine/serum medication levels screening when requested; number and frequency of all prescription refills; and reasons for which drug therapy may be discontinued (e.g., violation of agreement).

Periodic Review—The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

Consultation—The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.

Medical Records—The physician should keep accurate and complete records to include:

1. the medical history and physical examination,
2. diagnostic, therapeutic and laboratory results,
3. evaluations and consultations,
4. treatment objectives,
5. discussion of risks and benefits,
6. informed consent,
7. treatments,
8. medications (including date, type, dosage and quantity prescribed),
9. instructions and agreements and
10. periodic reviews.

Records should remain current and be maintained in an accessible manner and readily available for review.

**More Resolutions
Recovery Humor**

I will assume full responsibility for my actions, except the ones that are someone else's fault.

I will gladly share my experience, strength and hope, for there are no sweeter words than "I told you so!"

I will not suffer in silence while I can still moan, whimper, and whine.

I will let go of my feelings of guilt and get in touch with my inner sociopath.

I will be at one with my duality.

I will strive to live each day as if it were my 50th birthday.

I will promote the fact that the complete lack of evidence is the surest proof that the conspiracy is working.

And before I criticize a man, I will walk a mile in his shoes. That way, if he gets angry, he's a mile away and barefoot.

**Remember those who have gone before...
Remember who we are...
Remember where we are going...**

Since adoption in April 1998, the *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain* have been widely distributed to state medical boards, medical professional organizations, other health care regulatory boards, patient advocacy groups, pharmaceutical companies, state and federal regulatory agencies, and practicing physicians and other health care providers. The *Model Guidelines* have been endorsed by the American Academy of Pain Medicine, the Drug Enforcement Administration, the American Pain Society, and the National Association of State Controlled Substances Authorities. Many states have adopted pain policy using all or part of the *Model Guidelines*. Despite increasing concern in recent years regarding the abuse and diversion of controlled substances, pain policies have improved due to the efforts of medical, pharmacy, and nursing regulatory boards committed to improving the quality of and access to appropriate pain care.

Definitions in Pain Management

Acute Pain—Acute pain is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. It is generally time-limited.

Addiction—Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

Chronic Pain—Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

Pain—An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical Dependence—Physical dependence is a state of adaptation that is manifested by drug class - specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction—The iatrogenic syndrome resulting from the misinterpretation of relief seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief seeking behaviors resolve upon institution of effective analgesic therapy.

Substance Abuse—Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance—Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

***The Iowa Pharmacy
Recovery Network is
always in need of
caring volunteers.***

***Please contact IPRN if
you are interested in
serving as a volunteer
or in finding out more
information.***

***The profession needs
you to make a
difference!***

***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.***

***Also, if you wish to be
removed from the
email list, please let me
know. Thanks!***

Contact

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A Beacon of Hope for Alcoholic Offenders AA Press Release - September 11, 2007

The Hon. Rogelio R. Flores, L.L.D., J.D., a Superior Court judge in Santa Barbara, Calif., has been elected a Class A (nonalcoholic) trustee of the General Service Board of Alcoholics Anonymous. "For several years now," he says, "courts throughout the country have relied on a unique collaboration with A.A. to help individuals free themselves from the chains of the fatal disease of alcoholism. Some estimate that more than 80 percent of the 2 million prisoners in the United States are either alcoholics or were raised by alcoholic families. Like what came first, the chicken or the egg, what made them the way they are is often uncertain. But what is clear is that A.A. shines a light on the path to sobriety—and helps them to find freedom from fear and hopelessness in a whole new way of living."

Adds Judge Flores: "I am honored to be a trustee of the Fellowship. Thanks to the vision of cofounders Bill W., Dr. Bob S. and others, A.A.'s Twelve Steps to recovery from alcoholism, along with its Traditions and Concepts, all ensure that the Fellowship will continue strong. I am committed to serving A.A. in any way I can."

Judge Flores received his law degree from the UCLA School of Law. He began his legal career at the Legal Aid Foundation of Los Angeles, then spent several years in private practice in his hometown of Santa Maria, Calif. He joined the Public Defender's Office in 1986 and within a year was appointed as the first court commissioner for the North Santa Barbara County Municipal Court. In 1998 he was elevated to the superior court, where, he says, "it is not uncommon to see an alcoholic crying for help in front of the judge."

Looking back on his trailblazing work in the field of alcoholism and substance abuse, Judge Flores recalls, "I hit the ground running. My interest was partly personal—shake any family tree, including mine, and I think you'll find a alcoholic or two. But the more involved I became with alcoholics and other substance abusers in my work, the more interested and concerned I became."

Today Judge Flores is assigned to various specialty courts, including the Substance Abuse Treatment Court in Santa Maria, and is a facilitator for the National Drug Court Institute. A past president of the Latino Judges of California, he is a faculty member of the National Judicial College in Reno, Nev., where he has taught a course on domestic violence for the past seven years. Additionally, he served as a panelist at the national conferences of the National Association of Drug Court Professionals from 2004 through 2006, and in 2005 was a panelist at the A.A. International convention in Toronto, Canada, where he presented a workshop on how A.A. and the therapeutic courts cooperate. He belongs to both the National and California Associations of Drug Court Professionals.

A.A.'s general service board is comprised of 14 alcoholic (Class B) trustees; and seven nonalcoholic (Class A) trustees—all of them highly respected professionals. From philosophy, organization and finance to public information, education and health care, their experience touches on vital aspects of A.A. world service.

Over the years, as Bill W. gratefully acknowledged, "'our nonalcoholic trustees have given an incredible amount of time and effort; theirs has been a true labor of love.'" * *The A.A. Service Manual*, p. S17.

Sharing ideas and information.

Have a wonderful holiday season – from IPRN!