

THE IPRN NEWS

IOWARECOVERY.ORG

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Instead of enabling them to remain sick, please "enable" them into recovery.

ENABLING

When talking about alcoholism and addictions, we often focus on the individual who is suffering with the illness and not on the individuals that are affected by the disease. Sometimes that effect is that the disease causes others to enable the alcoholic or addict. They are pulled into the addiction. The enabling takes many forms and always prolongs the disease. It may involve covering for the individual or looking the other way, denying there is a problem or minimizing it. It may be covering for mistakes or making excuses for their behavior. It might be covering another shift when the person is too ill to come in or not reporting someone for being a little tipsy on the job. The enabler believes they are helping. In professionals, enablers often believe that if they report the person, that person will lose their license or position and not be able to support their families. Students do not want to report a fellow student and their possible expulsion from college. There are numerous reasons for enabling but the dire consequence of enabling can be death.

In recent news, we saw Anna Nicole Smith who was surrounded by others, all of whom knew that she was suffering from addiction but continued to enable her to remain in her addiction. The result was her death from an overdose.

Alcoholism and addiction are fatal illnesses. Left untreated these diseases will progress. It will always get worse, never better. Enabling increases the odds that the disease will progress and result in a fatality.

IPRN works to educate and inform pharmacy professionals on the diseases of alcoholism and addiction. We hope to increase the awareness that there is help and make that help available. We hope to help those who are affected by these diseases to call for help for their colleagues and fellow students. Instead of enabling them to remain sick, please "enable" them into recovery.

In this issue I have compiled a questionnaire to help pharmacy professionals look at their potential for enabling. It is just an educational tool to assist you in evaluating yourself. I hope that this will help you answer the question "Are you part of the solution?"

We are committed to excellence!

ENABLING QUESTIONNAIRE

This questionnaire may assist you in assessing your potential for enabling your fellow students or colleagues.

Please answer "Yes" or "No" to the following questions.

- 1. Do you believe that individuals suffering from alcoholism or drug addiction should just be able to stop on their own?**
- 2. Do you believe that the profession of pharmacy does not have a problem with alcoholism or addiction?**
- 3. Do you believe that pharmacists should be able to just take something from the shelf if they have symptoms?**
- 4. Do you believe that pharmacy professionals can use stress as an excuse for drinking too much?**
- 5. Do you tell yourself that things will get better if just left alone?**
- 6. Would you be afraid to report someone because they may lose their license or be kicked out of school?**
- 7. Have you ever lied for someone to cover up their drinking or using?**
- 8. Have you ever made excuses for someone who came to work hung-over?**
- 9. Do you believe that the worst thing you could do would be to call the board if you suspect someone has a problem with alcohol or drugs?**
- 10. Would you cover a shift for someone who claims to be sick when you know they drank too much the night before?**
- 11. Would you cover a mistake made by someone due to their use?**
- 12. What if this person was not only your colleague but your friend?**
- 13. Do you feel anxious or tense around someone because of his or her drinking or drug use but feel unable to do anything?**
- 14. Do you think that there is nowhere to turn when presented with this problem?**
- 15. Do you believe that pharmacy professionals are too intelligent to become alcoholics or drug addicts?**
- 16. Do you think that you cannot approach someone with their problem until you have concrete proof?**
- 17. Was there alcoholism or addiction in your home as you were growing up?**

If you answered "Yes" to three or more of these questions, then there is a good chance that you have the potential to be an enabler. If you answered "Yes" to any five, the chance is even greater. And if you answered "Yes" to seven or more, you can be assured that you will most likely be an enabler when presented with a colleague or fellow student with alcoholism or addiction.

Be a part of the solution!

IPRN has maintained a 24-hour, toll-free hotline. Calls made to the hotline included individuals needing help and concerned others.

The toll free number is: (877) 890-IPRN

IPRN

Providing direction as a confidential resource

Providing support through caring volunteers

Providing education about impairment

AUDIT

Alcohol Use Disorders Identification Test

The AUDIT is the best test for alcoholism screening because it detects hazardous drinking and alcohol abuse. It has a greater sensitivity in populations with a lower prevalence of alcoholism. The AUDIT can be administered as a paper-and-pencil test.

CORRECTION:

Last month's newsletter had the answers to Questions 1 and 2 reversed so I have included the Audit test again.

One study suggested that questions 1, 2, 4, 5, and 10 were nearly as effective as the entire questionnaire. If confirmed, AUDIT would be easier to administer.

Question	0 Points	1 Points	2 Points	3 Points	4 Points
1. How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 6 or more drinks on 1 occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the past year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the past year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or has someone else been injured as a result of your drinking?	No		Yes, but not in the past year		Yes, during the past year
10. Has a relative, friend, or a doctor or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year

The maximum possible score is 40. A score of 8 or more is suggestive of problem drinking. For women, the cutoff point should be 4 or more.

Sharing ideas and information.

Prescription Drugs Abuse Fact Sheet

Fact sheet found at the website for Jackson Recovery Centers at www.jacksonrecovery.com.

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

We can help!

The Iowa Pharmacy Recovery Network is always in need of caring volunteers throughout the State of Iowa. The profession needs you to make a difference!

The non-medical use or abuse of prescription drugs is a serious and growing public health problem in this country. The elderly are among those most vulnerable to prescription drug abuse or misuse because they are prescribed more medications than their younger counterparts. Most people take prescription medications responsibly; however, an estimated 48 million people (ages 12 and older) have used prescription drugs for non-medical reasons in their lifetimes. This represents approximately 20 percent of the U.S. population.

The abuse of certain prescription drugs-opioids, central nervous system (CNS) depressants, and stimulants-can alter the brain's activity and lead to addiction. While we do not yet understand all of the reasons for the increasing abuse of prescription drugs, we do know that accessibility is likely a contributing factor. In addition to the increasing number of medicines being prescribed for a variety of health problems, some medications can be obtained easily from online pharmacies. Most of these are legitimate businesses that provide an important service; however, some online pharmacies dispense medications without a prescription and without appropriate identity verification, allowing minors to order the medications easily over the Internet.

Although many prescription drugs can be abused, there are several classifications of medications that are commonly abused.

The three classes of prescription drugs that are most commonly abused are:

- Opioids, which are most often prescribed to treat pain;
- Central nervous system (CNS) depressants, which are used to treat anxiety and sleep disorders; and
- Stimulants, which are prescribed to treat the sleep disorder narcolepsy and attention-deficit hyperactivity disorder (ADHD)

The risks for addiction to prescription drugs increase when the drugs are used in ways other than for those prescribed. Healthcare providers, primary care physicians, and pharmacists, as well as patients themselves, all can play a role in identifying and preventing prescription drug abuse.

About 70 percent of Americans -approximately 191 million people - visit a health care provider, such as a primary care physician, at least once every 2 years. Thus, health care providers are in a unique position not only to prescribe needed medications appropriately, but also to identify prescription drug abuse when it exists and help the patient recognize the problem, set goals for recovery, and seek appropriate treatment when necessary. Screening for any type of substance abuse can be incorporated into routine history taking with

Pharmacists can play a key role in preventing prescription drug misuse and abuse.

questions about what prescriptions and over-the-counter medicines the patient is taking and why. Screening also can be performed if a patient presents with specific symptoms associated with problem use of a substance.

Over time, providers should note any rapid increases in the amount of a medication needed -which may indicate the development of tolerance -or frequent requests for refills before the quantity prescribed should have been used. They should also be alert to the fact that those addicted to prescription medications may engage in "doctor shopping," moving from provider to provider in an effort to get multiple prescriptions for the drug they abuse.

Preventing or stopping prescription drug abuse is an important part of patient care. However, health care providers should not avoid prescribing or administering strong CNS depressants and painkillers, if they are needed.

Pharmacists can play a key role in preventing prescription drug misuse and abuse by providing clear information and advice about how to take a medication appropriately, about the effects the medication may have, and about any possible drug interactions. Pharmacists can help prevent prescription fraud or diversion by looking for false or altered prescription forms. Many pharmacies have developed "hotlines" to alert other pharmacies in the region when a fraud is detected.

Screening for any type of substance abuse can be incorporated into routine history taking with questions about what prescriptions and over-the-counter medicines the patient is taking and why.

There are several ways that patients can prevent prescription drug abuse. When visiting the doctor, provide a complete medical history and a description of the reason for the visit to ensure that the doctor understands the complaint and can prescribe appropriate medication. If a doctor prescribes a pain medication, stimulant, or CNS depressant, follow the directions for use carefully and learn about the effects that the drug could have, especially during the first few days during which the body is adapting to the medication. Also be aware of potential interactions with other drugs by reading all information provided by the pharmacist. Do not increase or decrease doses or abruptly stop taking a prescription without consulting a health care provider first. For example, if you are taking a pain reliever for chronic pain and the medication no longer seems to be effectively controlling the pain, speak with your physician; do not increase the dose on your own. Finally, never use another person's prescription.

Years of research have shown us that addiction to any drug (illicit or prescribed) is a brain disease that, like other chronic diseases, can be treated effectively. No single type of treatment is appropriate for all individuals addicted to prescription drugs. Treatment must take into account the type of drug used and the needs of the individual. Successful treatment may need to incorporate several components, including detoxification, counseling, and in some cases, the use of pharmacological therapies. Multiple courses of treatment may be needed for the patient to make a full recovery.

You can make a difference!

THE UTAH SCHOOL

IPRN continues to support and promote the Utah School on Alcoholism and other Drug Dependencies. Information for the Utah School is available on their website at <http://uuhs.c.utah.edu/uas/>.

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!

PLANNED FOR

Persons who are planning or who are currently active in state-level pharmacist recovery programs; for state and national pharmacy association executives; for state board of pharmacy officials; for pharmacists in managerial positions; for college faculty and administrators; for student pharmacists; for leaders in firms or organizations that employ pharmacists; for pharmacy technicians; for pharmacist-related employee assistance program personnel; and for individuals who are concerned about alcoholism and other drug dependencies among their colleagues.

OBJECTIVES

To serve as an introductory or refresher course and a networking opportunity and to provide information, motivation and guidance for pharmacists or student pharmacists who currently participate in or wish to become involved in the planning, implementation, or strengthening of state-level and campus-level programs to help pharmacists or student pharmacists whose competence to perform their responsibilities has become impaired due to chemical dependency or other causes by assisting them in finding treatment, ongoing recovery and reentry into the practice of pharmacy or their pharmacy education.

THE HEARTLAND CONFERENCE

Mark your calendars for the Heartland Conference that will be hosted by Michigan this fall.

September 28-30, 2007- "*SHORE UP YOUR RECOVERY*"

At the 16th Annual Heartland Pharmacists Recovery Network Conference

**Hosted by: The Michigan Pharmacists Association
Pharmacists Helping Pharmacists Council**

**At Camp Geneva (on the shore of Lake Michigan)
3995 N Lakeshore Drive, Holland, Michigan 49424**

**Contact - Dan Smith (sdaniel0801@aol.com) or 616-891-1788
or Dianne Miller and/or Mary Farrington at the Michigan
Pharmacists Association.**

Lansing, Michigan 517-484-1466

Suit up and Show up!

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