

Prescription

Inside this issue:

<i>Painkiller Abuse</i>	5
<i>CE Seminar</i>	9
<i>Recovery</i>	10
<i>SWPRN Meeting</i>	22
<i>Intervention Success</i>	23

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*From the Executive Director
Kevin Rich, DPh*

It is hard to believe that summer is here once again. The kids are out of school, swimming pools are open, gardens are full of blooming flowers, yard work to be done, and time for summer vacations. During this busy time please stay safe, take time for yourself and stay healthy both physically and mentally.

In this issue of “Prescription” a pharmacist who has successfully completed the Oklahoma Pharmacists Helping Pharmacists (OPHP) program writes about his personal story of recovery. I appreciate this pharmacist’s willingness and courage to share his experience, which reflects strength and hope. Anyone reading this personal story of recovery and is suffering from chemical dependency or any mental health issue, will hopefully know there is a solution.

Also, included in this issue is the second of a two part series “Intervention – What is the Success Rate”, by Jerry L. Law, D.Min.,MDAAC, BRI –II , of ISA Intervention and Recovery

...Intervention is not another attempt using the same old methods. In the Recovery Community, one will frequently hear that insanity is doing the same thing over and over again while expecting different results. Intervention is not doing that same thing, but rather something completely different!

Specialist, Tempe, AZ. It highlights more information regarding the intervention process and its successes.

Enterhealth, a treatment center based out of Dallas, Texas, has also contributed an article titled “Painkiller Abuse Fuels Epidemic.” I hope this article will create awareness of the prescribing habits of opiates, such as hydrocodone, in the United States, and the serious consequences such as overdose death, and addiction. I would like to thank Enterhealth for this informative article.

OPHP is excited to announce the establishment of the first annual “Lee Memorial Scholarship.” This scholarship will sponsor a student pharmacist, attending either The University of Oklahoma College of Pharmacy or Southwestern Oklahoma State University College of Pharmacy, to attend the University of Utah School on Alcoholism and Other Drug Dependencies this summer. An anonymous donor has generously funded this scholarship in memory of a friend named “Lee” who lost her life in the battle with chemical dependency. The criteria carefully set up for this scholarship is as follows:

the applicant must be:

- Oklahoma resident**
- In good academic standing**
- Second or Third year College of Pharmacy student**

This scholarship will be awarded through a brief essay contest that addresses two parts:

- 1. How has student pharmacist been affected either directly or indirectly by chemical dependency.**
- 2. What the student pharmacist plans to do with the information gained from this school.**

Annually the OPHP Board of Directors will review and award this scholarship. This year’s scholarship was awarded to a Southwestern Oklahoma State University College of Pharmacy student pharmacist.

In addition, OPHP is sponsoring four pharmacists to the 62nd Annual session of The University of Utah School on Alcoholism and Other Drug Dependencies, June 16 – 21, 2013 in Salt Lake City, Utah. This is a week-long session that most refer to as “The Utah Experience” where the focus is on personal recovery and education about the impact of chemical dependency on the profession of pharmacy. In the next issue of “Prescription” each of OPHP sponsored attendees will share their experience at this school, hopefully giving some insight into their experience.

I encourage any pharmacist or student pharmacist that may be struggling with chemical dependency or any mental health issue or if you know a pharmacist or student pharmacist you think may be struggling to call the OPHP Help Line. I assure you it is the best thing you could do for a family member, friend, or colleague or yourself. If there is no legal action the pharmacist or student pharmacist can get the help and treatment they need for their disease and remain anonymous to the Oklahoma State Board of Pharmacy as long as they comply with the recovery recommendations.

If you haven’t already contributed to OPHP this year, please consider making a tax-deductible contribution. There are several ways to donate:

- OPhA website (www.opha.com), click on the OPHP tab**
- Complete the form included in newsletter and mail or fax:**

OPHP * P.O. Box 18731 * Oklahoma City, OK 73154 * Fax: 405-557-5732

These contributions help OPHP continue to assist pharmacists/student pharmacists with the recovery process. For those who have made a contribution this year, please accept our sincere thanks.

If you are suffering from the disease of chemical dependency, have an addiction or mental health issue or know a pharmacist/student pharmacist you think might be suffering, please call the OPHP Help-Line at 1-800-260-7574 ext # 5773 statewide or 405-557-5773 locally. All calls are confidential. OPHP is readily available for help.

Please enjoy the newsletter



WHAT DO YOU DO IF YOU SUSPECT A COLLEAGUE HAS A PROBLEM WITH CHEMICAL DEPENDENCY

Trust your instincts!! Please call
Oklahoma Pharmacists Helping Pharmacists (OPHP)

immediately

OPHP Help Line 800-260-7574 x 5773

statewide or 405-557-5773 locally

Do not confront alone!

Left alone the problem will not go away.

If you or a pharmacist you care about

Is suffering from chemical dependency.

there is a solution

Oklahoma Pharmacists Helping Pharmacists (OPHP)

is readily available for help.

All calls are confidential.



Painkiller Abuse Fuels Epidemic

We've all heard of painkillers like Vicodin and Lortab which contain hydrocodone and acetaminophen, but did you know that in 2010 United States physicians wrote prescriptions for these pain relievers that accounted for more than 99% of the world's consumption of hydrocodone?

Because these painkillers are so easy to obtain, they are the most widely abused, they also account for large numbers of deaths, substance abuse and addiction, as well as thefts from pharmacies and other suppliers. The misuse and abuse of these prescription painkillers -- also called opioid pain relievers -- resulted in more than 475,000 emergency room visits in 2009, which was a number that had nearly doubled in a five-year period. More than 12 million people reported using prescription painkillers non-medically in 2010 and this type of use of prescription painkillers costs health insurers up to \$72.5 billion annually in direct health care costs.

Ironically, this epidemic is borne from trying to relieve real, physical pain, but because it takes more and more of the painkillers to be effective, the individual can end up suffering unimaginable physical and emotional pain once they try to stop taking these pills. This need to increase the dosage to escape the escalating pain has caused prescription drug

overdoses in the United States to rise dramatically over the last 20 years.

In 2006, overdose fatalities surpassed the number of suicides and by 2009, they exceeded the number of motor vehicle deaths. The Centers for Disease Control and Prevention reported in 2007 that the number of unintentional drug overdoses was approximately 27,000, which was one death every nineteen minutes. In recent years those drug overdose deaths have been driven by increased use of opioid analgesic painkillers and in 2010, 12 million Americans, age 12 and older, reported nonmedical use of prescription painkillers the previous year; they were using the drugs just for the “high.”

It has been found that certain groups are more likely to abuse or overdose on prescription painkillers:

- Many more men than women die of overdoses
- Middle-aged adults have the highest overdose rates
- People in rural counties are twice as likely to overdose than those in big cities
- Whites and American Indian or Alaska Natives are more likely to overdose
- Around 1 in 10 American Indian or Alaska Natives age 12 or older used prescription painkillers for nonmedical reasons in the past year, compared to 1—20 whites and 1 in 30 blacks

Only 17.3% of people who abuse painkillers are prescribed by a doctor.

Most individuals procure them in the following ways:

- 55% are obtained free from a friend or relative
- 11.4% bought them from a friend or relative
- 4.8% took them from a friend or relative without asking
- 4.4% got them from a drug dealer or stranger
- 7.1% came from “another” source

*Source: Centers for Disease Control and Prevention

In Teresa Brunner’s article in the October 2, 2012 issue of Examiner.com entitled “Prescription drug abuse is America’s fastest growing problem”, she writes of a woman she knows named Melissa who is now in recovery from Vicodin addiction.

I was prescribed pain medication for oral surgery, and I fell in love with the high. It wasn’t long before I was hooked. I then slipped a disc in my back and was given more. Within 6 months I was addicted. I didn’t do anything without taking a Vicodin, and I was having trouble keeping my supply full. The Vicodin numbed all of my physical pain as well as the emotional pain, and anxiety I had experienced for a long time. All of a sudden. It was gone,

and I felt great. I didn't realize it was going to return and be 10 times worse.

My turning point was when I realized that my life had spiraled out of control. My life revolved completely around my addiction and I thought of nothing else. I was high on my wedding day and my honeymoon."

Melissa knew she needed professional help when she ended up in the ER one night with a severe anxiety attack thinking she had taken too many pills and was overdosing. She went through a 7-day medically-supervised detox which she says wasn't terribly painful, but was anxiety-ridden.

"I then joined an outpatient program where I go about 10 hours a week to group therapy, as well as weekly visits with my therapist and psychiatrist. I am now sober 104 days. I feel as if I am learning how to live again. It is scary, yet beautiful, empowering and I am gaining control of my life once again."

Melissa was one of the lucky ones as more people die from ingesting hydrocodone painkillers than from cocaine and heroin combined. Cases like this have set off an alarm at The Drug Enforcement Administration (DEA) which is responsible for controlling narcotics. For years it has been trying to move hydrocodone products from a Schedule III , to Schedule II where restrictions are much tighter. The 3,000 doctors represented by the American Society of Addiction, as well as groups like Physicians for Responsible Opioid Prescribing and the Public Citizen's Health Research group have also urged reclassifying hydrocodone combinations to Schedule II.

The Federal Drug Administration (FDA) has opposed reclassification out of fear that patients will suffer with less access to pain medication, that pharmacists and doctors would be burdened by increased regulations and the possibility that it wouldn't affect the abuse rate, but at the request of the DEA, the FDA has reviewed the new research and data, and an advisory committee voted 19 to 10 this January in favor of hydrocondone-combination drugs to be raised to Schedule II, the same schedule that morphine and oxycodone.

"This may be the single most important intervention undertaken at the federal level to bring the epidemic under control," according to Dr. Andrew Kolodny, chairman of psychiatry at Maimonides Medical Center in New York-based advocacy group.

Once an individual finds they have a problem with the amount of painkillers they are taking a day, it is hard to address their addiction because of fear or embarrassment and because of misinformation about what treatment entails. According to Gary Phillips, MD, President Reckitt Benckiser Pharmaceuticals, North America, “The truth is that there is a spectrum of options and resources available to people that they may not be aware of, which is why it’s important to take the first step and talk to a qualified doctor and get the facts.” On their web site, TurnToHelp.com, there is a simple tool to help people who are at risk recognize their addiction, plus a physician finder to identify a local doctor specially-trained in treating people with addiction to painkillers. It is important that pharmacists and student pharmacists suffering from chemical dependency call the OPHP Help line immediately at one of the phone numbers listed below for assistance with the recovery process

Dr. Harold Urschel III, Enterhealth Chief Medical Strategist, agrees that if there is any doubt about painkiller abuse, the individual needs to first call an addiction psychiatrist for an assessment because help is available. If the painkiller use is prolonged and is not being taken according to the prescribing doctor's directions, abuse or addiction to the drug is a possibility. The recommended treatment, available in an inpatient or outpatient setting, should include medical treatments for painkiller addiction which block the effects of opioids, decrease cravings and suppress any major symptoms of withdrawal. Because addiction is a brain disease, the treatment should include outpatient therapy along with a social recovery program during the months it takes the brain to heal.

With the prescription pill epidemic at a peak, there's a chance you may know someone who has been caught in the snare of physical pain and subsequent abuse of the very medication prescribed to help them. The problem is treatable, but don't wait until tomorrow to get help. Recovery can start today.

If you, or a pharmacist, or student pharmacist you know is suffering from chemical dependency, alcoholism or other mental health issues, please call OPHP at 800-260-7574 x 5773 statewide, or 405-557-5773 locally. Help is readily available.

Information gathered from this article from CDC.gov, Examiner.com, NYTimes.com, and ScienceDaily.com visit www.enterhealth.com or call (800) 388-4601.

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Palmetto Addiction Recovery Center
Rayville, LA*

Sunday, November 17, 2013

1-5pm

**The University of Oklahoma College of Pharmacy
OKC Campus**

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4 Hours of OSBP Continuing Education Credit

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PO Box 18731
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Recovery

I remember graduating college and moving out of state to Dallas to start my pharmacy career as a retail pharmacist. I grew up in a small town in Oklahoma compared to Dallas and was excited yet apprehensive about this move. I lived at home while going to college to help keep expenses down and to be close to my family, so I never had the experience of living on my own. The Oklahoma retail market was extremely saturated at the time of graduation with no openings in the near future. I interviewed at a college job fair and accepted a full-time retail pharmacist position with a large retail chain in the Dallas area. Texas at the time seemed to be where most of the jobs were; plus, it wasn't too far from home and family.

The particular retail pharmacy I trained at as a pharmacist intern awaiting my NAPLEX results happened to be one of the highest prescription volume stores for this chain in the Dallas metro area. The intern training position was very challenging in the sense that my preceptor manager of the pharmacy assigned me the daunting task of counseling every single patient on new prescriptions under his watchful, critical eye. I filled very few prescriptions as my sole task assigned was to counsel. I was so extremely nervous and shy around patients and found myself not knowing what to say during these counseling interactions. I felt no matter what I said it wasn't good enough. At times when I asked for help I felt humiliated as my preceptor would have to step in to save me from my perceived failed attempt. Within a few weeks of this routine, I found myself really dreading going into work. My preceptor for some reason was so arrogant and demeaning to me and on occasion would make me feel less than in front of patients further compounding my poor self-esteem and anxiety. I recall having prescriptions ready and lined up waiting for me to counsel when I arrived for my shift. I felt this was just too much pressure for me as a new graduate

awaiting my Board results and I found myself questioning if I could handle being a pharmacist. I was afflicted with a suffocating fear that I chose to internalize. I found myself poorly equipped to cope and deal with the situation, so I bottled up my feelings for my preceptor and took it out on myself in the form of self-doubt, depression, and self-hatred.

Reflecting back to my college days, the pharmacy I volunteered at while going to pharmacy school was located in a small country town and was slow in comparison. So naturally, I got very little experience counseling. Most of the work I did was filling nursing home orders which involved minimal patient interaction and me in back.

While at work one day in Dallas the thought and fear crossed my mind that a day real soon would come that I would be expected to have all the answers, just like my preceptor. My thoughts were a good pharmacist should be able to counsel and provide concrete answers. This was a very scary realization. I remember going back to my Dallas apartment after work and becoming depressed and feeling defeated while questioning whether my career choice to become a pharmacist was perhaps a mistake.

Most people who knew me in pharmacy school would probably say I was very smart, as I graduated top in my class and received many scholastic awards and scholarships. Truth be known, deep down inside I felt like a phony and a fake. If you only knew how I felt inside. But you see, I could never let anyone know. My outward appearance was night and day from my inner self. I carried these nagging feelings of low self worth and low self esteem with me everywhere I went. Humor was my front and defense mechanism as I enjoyed making people laugh to cover up how I was really feeling inside and to keep you at a distance. I'm not sure where I adopted or bought into this poor attitude of self and outlook upon life but somehow I did. Recognition I did receive I felt like I didn't deserve.

Studying for school occupied my mind and now that I was finished with school I felt lost and confused. What do I do now? Inwardly I was alone and scared without any real new goals. I had arrived at what I thought to be a happy point in my life only to be disappointed and directionless. I was a nervous wreck inside

trying to make it look like I had everything together on the outside. What you thought of me was more important than what I thought of myself. What you thought of me became my identity for the moment. I craved and wanted approval. I never gave myself permission to “feel,” as I constantly felt misunderstood and unable to verbalize what I was feeling. Rather than learning to deal with my feelings and emotions in a healthy way I chose to bottle them up. I so lacked confidence in myself and hid my troubled feelings from my friends and family.

Shortly after moving to Dallas, the relationship I was in for nine months ended, compounding my feelings of depression and loneliness. I tried on several occasions to attend church as a social outlet but never could seem to connect. I felt overwhelmed in the churches I attended so I stopped going. Hindering my attempts to plug in, I still had some resentments with God stemming back from the sudden death of my father while just starting high school as well as losing both grandfathers also within just a few short years. Further adding to my frustration with God was: how could a loving God allow the Oklahoma City bombing? I was just a few blocks away at St Anthony's hospital doing my clinical pharmacy rotation while this tragic nightmare unfolded. I got to witness firsthand the horrendous aftermath as we ran down to the bomb site to offer help. I was angry with God and these negative feelings only seemed to get stronger and stronger.

Reflecting back to my pharmacy school days, I remembered a time while working as an extern at the aforementioned small town pharmacy that I did the unthinkable. I stole a few pain pills to help ease the pain of my first failed serious love relationship. Being so desperate for some kind of relief, I recalled how pain medication made me feel after a 33 day hospital stay when I was 15 years old and not expected to live. I justified the theft of pills because I was in so much emotional pain that I literally thought I was going crazy and deep down I resented the fact that I wasn't getting paid. Extern jobs were so difficult to come by that I opted to accept a position as a volunteer so I could get my required extern hours. The guilt I felt after stealing some pain pills was unbearable and I confided in a friend to help relieve these feelings of shame and guilt for stealing. This friend did what a good friend should do out of concern and called another friend for

counsel and then proceeded to call my preceptor. The next day I got a surprise visit at my home from my preceptor and friend to confront me on this devious act. I was scared to death and promised to never do this mischievous act again and pled with my preceptor and friend not to report me to the pharmacy school. The incident was never reported.

Within a few weeks while working as an intern in Dallas I began to obsess on ways to cope with this unwelcome anxiety and stress related to my assigned task of counseling. Nothing I did seemed to bring relief. Then the idea came to me that maybe just maybe I could try a few pain pills. No, I couldn't do that! Silly me! I remembered for a brief moment what happened the last time I stole -- the surprise visit from my friend and preceptor. However, I got away with it! There were no real consequences. For days this thought and plan ruminated in my hurting mind that maybe, just maybe I could get away with it. But how would I do it and when? The days of planning over the next ensuing days partially took my mind off of my hurts and gave me a false sense of hope for something other than what I was feeling inside. The anticipation was exciting and lifted my depressed spirit. I just knew that once I ingested the pain pills I would experience some much needed relief (pain relief that I could fondly recall from the many days while in the hospital mentioned above with legitimate IM meperidine shots and with a morphine PCA pump at my side). This would buy me some much needed time to figure things out. The urge inside me was so overwhelmingly strong that my rational thinking became blurred and nonexistent. I wanted to experience something other than what I was feeling, no matter what the cost. I wanted relief and needed it immediately!

One day an opportunity presented itself at a busy time while at work as I recall putting away a brand name bottle of Lortab on the bottom shelf out of sight from my coworkers and patients. As I knelt down to put the bottle away I quickly put a small handful of pills in my pocket and continued to go about my work day. Little did I know at the time that this would set in place a dangerous cycle and pattern of thinking. I was just thinking about the relief it would bring, not about the consequences that could occur. When I got home from work I took a couple and remember a much welcome wave of ease and comfort that ensued. This was that feeling, that missing something that I had been looking for that seemed to

make life tolerable. My anxious mind finally settled down to where I could finally relax and get some much needed sleep. Over the next few weeks, this quickly developed into an after work routine. This allowed me to cope and this was my little secret reward for a hard day at work. The anticipation of taking pills after work gave me the courage to make it through some difficult days. However, I could never, ever let anyone know.

A month or two later I received my NAPLEX results and I was officially a fully licensed pharmacist. I was relocated to another pharmacy in downtown Dallas that was a much slower paced store which suited me well, just becoming newly licensed. I remember getting my first paycheck as a pharmacist and how amazed I was at the handsome amount. While growing up my parents argued constantly over money issues when my father lost his job in the oil field in the mid 80's and became addicted to playing the stock market as a career. I never wanted to have money troubles or to have to go through bankruptcy like my folks; thus, fueling my desire and determination to do well in school and get a high paying, secure college career. My new paycheck was a welcome change to the minimum wage and intern pay.

Over the coming months, I became more comfortable as a licensed pharmacist and began to develop confidence in myself and my abilities. However, by this time I had already made pill taking a daily part of my life. I was diverting pills from work for myself on a near daily basis. Addiction was the furthest thing from my mind as this seemed to be my temporary solution.

In my grandiosity and to reward myself for working long hours, I was introduced to the Dallas club scene by some acquaintances and began to drink and party with them on my weekends off. I felt entitled to have some fun and I grew fond of living this new adventurous double life of sin and secrets. Over time, I found myself going to places I never thought I would go and associating with people I had no business associating with. The pills had taken over my conscious and was controlling my thoughts and actions. I had given up on myself. I wanted to experience life 180 degrees different from the way I used to live. Perhaps in doing so I could experience happiness and find my purpose in life. Besides, I was still angry at God for taking my father from me and for not providing me with a

wife and kids.

There were many occasions coming home from clubs not remembering the drive home and on one occasion being pulled over for weaving and driving outside of center lane. I had deep tinted windows and with lights flashing from behind while being pulled over I got the grand idea to put on my pharmacist lab coat pretending to be in route responding to an urgent call to a hospital emergency nearby. The highway patrol officer bought my story somehow and let me go with me simply rolling down my window and telling this lie. I was shocked at this outcome of getting off so easy and labeled myself a genius.

My whole life revolved around work and partying. Pills allowed me to maintain this insane, unbalanced lifestyle. The daily recurring thought of "is this all there is to life" plagued my mind. School was my passion but now I was done with school. My life before revolved around academic success and awards and once I graduated college and moved away from home, I felt lost, alone and without a purpose.

After nearly two years in Dallas I remember having a moment of clarity one day after coming to after a long night of partying of needing to somehow make a change and get out of this unhealthy lifestyle. I called an old friend from pharmacy school with whom I trusted and respected. I proceeded to confess on a surface level how miserable my life had become and how I needed help in giving my life a new direction. After this one phone call, I made a decision to move back to Oklahoma to build upon my pharmacy degree and to be home closer to family. This seemed like a great plan.

I remember interviewing for the doctor of pharmacy program while experiencing horrible withdrawal symptoms as I went cold turkey off the pain pills less than a week prior. A short time later I was accepted into the post-graduate pharmacy doctor program and moved back to Oklahoma. I was drug free and felt some hope again. I swore to myself to leave that old lifestyle of pills and partying behind. This was my chance for a fresh start plus I was going back to school which I missed and enjoyed so well.

Once the school semester started, I felt like I had a new lease on life. I couldn't believe I moved away from a high paying job to go back to school on a student loan but I knew deep down it was the right decision. Within a few months of being chemically free I went to a party with some new school study friends and met a girl with whom I started to date afterwards. There was lots of drinking at the party and all the feelings of the former life I was running from came flooding back with a vengeance when I put some alcohol in my body. In a short amount of time I was diverting pills from my weekend pharmacist moonlighting job with my addiction picking up right where it left off. Doing well in pharmacy school and pursuing a residency program went to the wayside as the relationship with my girlfriend became my primary focus under the influence of pills. Studying and making good grades became very difficult as I tried to manage my ups and downs with pills. I remember questioning why I even went back to school. I began to resent my decision and was grasping at straws to try and make this failing relationship of a year work.

After graduation, I took a full time job in retail pharmacy in Oklahoma. I obsessed on the idea and vision that I could somehow make this unhealthy relationship between us work again. This relationship was going to make me happy and I had to have it! When the relationship ended once and for all, I dove into a deep depression and I started to abuse pills heavily. My life at this point began to change and there was no turning back. I began to obsess on punishing myself and a deep hatred within began to grow day by day. I started to have suicidal thoughts and I began to isolate from friends and family even more.

In my attempts to escape from having to be with myself outside of work, I took on more work as a part-time retail weekend pharmacist with a different chain pharmacy on my weekends off to help feed my pill addiction. I soon started to frequent clubs once again, however this time going alone. I rarely got more than a few hours of sleep and was taking pills to manage my ups and down with what seemed like around the clock. I had to have pills to go to sleep, to get up, and to function throughout the day. I recall one occasion being without, only to experience what seemed like near death withdrawal symptoms causing me to hoard and plant pills in various hidden hidey holes throughout the house and car. I became my own doctor diagnosing myself as I just knew somehow that I

could find that right combination of pills that would make me feel normal somehow, someday. I had a backpack I carried with me outside of work everywhere I went which contained a potpourri of prescription pills to manage all my self-diagnosed ailments and allowed me to function. I remember telling myself I would never cross that line of diverting schedule II medications; however, because of tolerance and a relentless pursuit of more euphoria, I did just that. Pills had become my best friend and I had to have them at any cost. I thought I was too clever and too careful to ever get caught as there were no real consequences to my actions. Besides, I had been diverting for my own use for years.

One morning while reporting to work at my part-time weekend job I was met with a loss prevention person who claimed to have gotten me on video opening the schedule II narcotic safe before the start of my shift. I denied the action and refused to view the alleged surveillance tape. So, I got up and left saying "I quit." I don't know what I was thinking but several weeks past and nothing happened as a result. I thought I was in the clear but weeks later I got a surprise visit while at my full time job.

My world came crumbling down when I was greeted by two Oklahoma State Board inspectors one afternoon and after several hours into a mandatory narcotic count I confessed. I surrendered my stockpile at home as well. I was so scared and afraid my career was over. For what seemed like a brief moment, I felt an overwhelming sense of relief letting someone in on my double life of abusing pills but later that night alone quickly reverted back to fear and panic as I couldn't imagine my life without pills. It had become such a way of my daily life.

What ensued over the next several years was several failed attempts at sobriety and feeling I was unjustly singled out and treated unfairly. I could amass some clean time but I could never stay the course. I would always end up relapsing which always involved some made up story compounded by a string of lies, as I lived in a constant state of denial that I had a problem. I couldn't believe the fact of who I had become, a drug addict. I just had a little pill problem, that's all. I didn't hurt anyone. I made financial restitution with my former employers so no real harm was done. Just leave me alone and give me back my pharmacist license was my childish, ignorant attitude. I was angry at the pharmacist recovery

peer group and the Board. I felt misunderstood and picked on. Little did I know how sick I was.

I had a little hope in my first treatment center in that it might help somehow to get me well, just maybe. But it didn't work. I just couldn't seem to get them to understand that I was different and that there was something really wrong with me beyond help. I never gave the treatment program an honest try. You see, I had all the answers and knew much more than they did, so I heard very little and put out minimal effort in doing assigned tasks. It was too painful to try and look within myself sober. Besides, I was still in denial. I felt justified in my anger and rage against anyone and everyone who came in the way of my pills. My sick conclusion away from pills was I needed something chemically outside of me to make me okay and I had tried everything already and that wasn't going to happen. I just wanted to settle using occasional pain pills, is that so bad? I convinced myself that if I could just get my pharmacy license back and beat them at this game of cat and mouse all would be okay somehow. The best I could do in life was just try and maintain on pills. I could do a better job at maintaining this time; however, if I could only gain access again.

After one failed treatment attempt I concluded treatment centers didn't work. Afterwards, I went to several treatment centers against my wishes as I knew they wouldn't work. I got the same result. I tried different approaches to Alcoholics Anonymous but nothing seemed to work. Sobriety was for others and not for me. I was too far gone perhaps. I was a lost cause I concluded. I became very angry and resentful at anyone who crossed my path. My last attempt at sobriety was after I tried to cheat the OPHP peer group's random drug testing. I was confronted by two licensed therapists and a psychiatrist and was given a choice of treatment yet again or possibly never practicing pharmacy ever again with some details of my case handed over to the authorities. I chose treatment begrudgingly.

When I went to treatment this time it was out of state and I was under the impression I would be there for just two weeks for an evaluation thinking I could outsmart them. I honestly believed I could pull this off and all would be okay. In reality, I had a slim chance to none of ever getting to practice pharmacy

again. I was so out of touch with reality at this stage in my sickness. I had no idea I would be spending the next 103 days at this 90 day treatment facility.

The first week or two at this treatment center was a blur as I did very little in terms of assignments as I was still defogging and adjusting to life without drugs. I was on the verge of being kicked out for being an unwilling participant. I was also very angry at the fact that I was broke through my addiction and having to charge the cost of this expensive treatment facility which I could not afford. If I didn't complete this program successfully my pharmacy career was over for sure and the fear of the authority thing loomed. I was in constant fear that they would tell me I had to leave because of insufficient funds as my credit card was charged from week to week. My family was through with me and I was at the end of my rope from officially going crazy, if I wasn't already crazy enough. On admission, I was caught in my lies and within a few weeks into treatment remember getting into a physical altercation with a patient and was almost turned over to the authorities. The next few days left me in fear as I was convinced this patient was going to sue me over injuries sustained. Feeling like a caged animal within this treatment facility, I then tried to escape however unsuccessfully. I had nowhere to go as this treatment facility was located out in the middle of nowhere surrounded by cotton fields for miles and miles. Besides, I was states away from home.

Somewhere along the way in the next few weeks I began to believe that maybe just maybe I was wrong all along and that maybe I could live successfully without drugs and alcohol. I was ready. I was tired of being sick and tired. I modeled what others did in the program at this treatment center and slowly my thinking began to change. I liked this change and became more and more honest with my small group as I started to tell things the way things really happened and why I did what I did. I started to tell my life story bit by bit as truthful as I could be at the time. My thinking had changed for the better to thoughts like what do I have to lose by telling things just as they were? My fear for so long was that if I told things truthfully and I didn't stay sober then what? This kept me sick and imprisoned in my head and my addiction but this time I was ready. The more honest I became the more relief I began to experience plus the more respect I seemed to gain. I soon started a prayer routine as the others did who had what I wanted and hence was the beginnings of a new life free of any and all mood altering

drugs.

After graduation from treatment I complied with the treatment centers recommendation to move into an Oxford House for six months and ended up staying there well over a year on my own wishes because I enjoyed the brotherhood and camaraderie. I gained employment at Whirlpool then landed a job with a lawn spraying company which lasted for over the next year and a half.

It was scary learning to trust myself outside of treatment in the real world. I knew myself too well and of what I was capable. So, I quickly got a sponsor and worked the steps as honestly as I could and became an almost daily meeting maker. I needed the meetings and the meetings were there for my taking. I learned the value of listening and putting into practice new behaviors and ways of thinking. I called my sponsor daily for my first two years of sobriety as this was his sole requirement in sponsoring me, until the day came he said I didn't have to do so. I so needed his assurance and to hear his voice on the other end saying all would be okay. He taught me the value and power of relationships. Somewhere along the way the obsession left me and I had a new relationship with a Higher Power that gave me daily strength to stay away from that first drink or drug.

After less than two years I received notification from the peer group that I was eligible to go before the Board. I was given another opportunity to practice pharmacy in 2008 which included having to intern for six months before being eligible to practice alone as a registered pharmacist. This is truly a miracle for someone like me. I've burned several bridges but I've experienced several victories in recovery thanks to Alcoholics Anonymous and the grace of my Higher Power whom I choose to call God. I only have today and today is manageable. Meetings help me feel connected and my daily prayer routine keeps me grounded in the loving arms of my Higher Power, My God.

I've been sober now for over six-and-a-half years and I have practiced pharmacy with integrity for just about five years now. My license was lifted off probation in 2012 and I successfully completed my OPHP contract in the beginning of 2013. Today I have self-respect and I have learned to love who I am. I'm not lost like I use to be but rather my life has purpose and meaning today. I'm in a

relationship with the love of my life and I have a beautiful, healthy baby girl in which I know would not be possible if I wasn't sober. I'm an active member in my church and a peer group mentor. I have improved my relationships with friends and family and have gained their respect through practicing the principles of the program and being true to myself. I love sobriety and truly am living a life I never thought was possible. Miracles can and do happen!

~Anonymous

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INTERVENTION

What is the success rate?

When meeting with clients about a potential Intervention, a few questions are universally asked. One of these questions is, “What is the success rate for Intervention?” It is an honest question indeed. In this article, this important question will be answered.

When asked about the success rate, I always advise clients that I will answer in two ways. These answers frame success along two complimentary tracks. The first is obvious – success being defined as the addicted loved one going to treatment. Those who watch television programs about Intervention frequently question the success rate largely due to the fact that the individual nearly always goes to treatment on these television programs. “What about the real world?” “If you knew my addicted family member, you would know that he or she would never go to treatment based on a roomful of people asking. We have been trying that for years!”

Intervention is not another attempt using the same old methods. In the *Recovery Community*, one will frequently hear that insanity is doing the same thing over and again while expecting different results. Intervention is not doing that same thing, but rather something completely different!

In reality, most Interventionists will state that their success rate, as defined above, is in the 80-90 percent range. Our records bear this out. Well over eight in ten individuals choose treatment when family and friends present this life saving gift. Of the fifteen to twenty percent who choose not to engage in treatment the day of the

Intervention, about half do choose to go within a week or two. These individuals feel the need to test the resolve of the Intervention team members and need a little more time to prove to themselves that getting help is the only real option. Unfortunately, there does remain a small percentage of men and women who will need to experience illness, automobile accident, the loss of a job or family, incarceration or even death to break the destructive cycle of addiction. Clearly the odds are in favor of Intervention. This success rate demonstrates the incredible power of the process.

As mentioned, another definition for success deserves our attention as well. Addiction breeds chaos, families are divided and destroyed by this equal opportunity killer. Families often live in fear and dysfunction for years while the disease attacks not only the addict but also nearly everyone around him or her. Intervention must address this chaos as well. Assisting the addict in making the choice to accept treatment is only one component of the Intervention process.

While preparing for the Intervention, it is not unusual to meet with many hurting friends and family members. The Interventionist is handed the opportunity to help those who are grieving. Education comes first. When meeting with the Team, we always spend considerable time answering questions about addiction and compulsive behaviors. We debunk the myths and stereotypes that have helped prevent families from addressing the problem. The elephant in the room loses its invisibility as each Team member is given the opportunity to share what they know about how the disease is attacking the addict as well as those around him or her. Learning the essentials about addiction and treatment options is a crucial component of the Intervention process. It is common for us to spend eight to ten hours with Team members in preparation for the Intervention.

During this preparation time, Team members are provided instructions on healthy ways to address the addiction. Old methods of judgment, condemnation and criticism are abandoned, as they have had no impact

against addiction. In the place of unsuccessful techniques, Team members are given powerful new tools for dealing with the issue going forward. The days of division and manipulation are over. A united front in combating the disease is developed and a solid plan of action is developed. Team members unite in support of one another and new bonds of love and loyalty are established. Regardless of the choice of the addict to embrace or reject treatment, the Team members are given a new lease on life. Nothing will ever be the same again!

By this definition, every Intervention is successful. Though families are often fearful that if they do intervene, their loved one may never talk to them again, the truth is if they do not take action, their loved one may not have the opportunity to speak to them again due to the inevitable outcome of this progressive disease. Intervention is truly the gift of life, and when done properly the success of the process is not defined exclusively by the choice of the addict.

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(OPHP) is a not-for-profit,

volunteer organization composed of pharmacists and college of pharmacy faculty dedicated to identification, intervention and retention of chemically-dependent or recovering pharmacist/pharmacy students.

OPHP will observe confidentiality in all dealings. There will be no barriers to full participation in this organization on the basis of gender, race, creed, age, sexual orientation, national origin, or disability.

Our primary objective is treatment and recovery.

Treatment and recovery decisions and actions by the recovering pharmacist/pharmacy student are not reported to the State Board/Dean of Pharmacy Schools through cooperatively working with OPHP.

In the event of a prolonged relapse, our contract with the pharmacist/pharmacy student is terminated and we are obligated to notify the Board of Pharmacy/Dean of Pharmacy School.



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