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FEB 26 1997

CERTIFIED TRUE COPY

BOARD OF PHARMACY,

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PHARMACY

IN THE MATTER OF THE SUSPENSION :
OR REVOCATION OF THE LICENSE OF : Administrative Action
 :
 THOMAS BROWN, R.P. : CONSENT ORDER
 :
 TO PRACTICE PHARMACY IN THE :
 STATE OF NEW JERSEY :
 RT/16551 :

This matter was opened to the New Jersey State Board of Pharmacy upon the receipt of information that Thomas Brown was suffering from a substance abuse problem.

On September 26, 1996 by way of letter, respondent notified the Board that he had admitted himself to an eight (8) day inpatient detoxification program. On December 6, 1996 respondent's employer, Pathmark Pharmacy, confirmed that respondent had admitted to diverting Vicoden ES and Lorcet, both Schedule III Controlled Dangerous Substances, from the drug stock at the Pathmark Pharmacy in Englishtown, New Jersey. Respondent denied consuming any drug while on duty as a pharmacist.

On January 8, 1996, Thomas Brown appeared before the Board, with counsel, and testified as to his past chemical dependence and his present course of rehabilitation. In response to questioning by the Board and the Deputy Attorney General, respondent, in his sworn testimony, admitted to having been chemically dependent on Lorcet and Vicoden ES, Schedule III Controlled Dangerous Substances. Respondent successfully completed an 8 day in-patient rehabilitation program and continues to participate as an out-

patient and has submitted to the Board documentation substantiating that treatment. Further, Thomas Brown has contracted with S.A.R.P.H., a treatment and monitoring program for the impaired professional, and continues to abide by the terms of the contract which requires respondent to participate in random urine screening, psychotherapy, and attend support group meetings (Contract attached hereto and made a part of this agreement).

IT IS THEREFORE, ON THIS 26th DAY OF February, 1997
ORDERED THAT:

Respondent's license to practice pharmacy in the State of New Jersey is hereby placed on a probationary status until November 12, 1999. Respondent shall comply with all terms of the S.A.R.P.H. contract until that date. If respondent violates any of the provisions of the contract, the Board may initiate proceedings to revoke his probationary status and to actively suspend or revoke his license to practice pharmacy.

Contemporaneously with the entry of this Order, respondent shall provide to the Board a copy of the executed release to S.A.R.P.H. allowing for the forwarding of all documentation in the possession of S.A.R.H. regarding any violation of the subject contract, and further, respondent shall renew said release as

required by law until the completion of the probationary term set forth herein.

STATE BOARD OF PHARMACY

By: *Sophie Heymann*
Sophie Heymann, President

I have read the within Order and understand it. I agree to be bound by its terms and hereby consent to it being entered by the New Jersey Board of Pharmacy

Thomas Brown, R.P.H.
Thomas Brown, R.P.H.

Rolande W. Rossi, R.P.H., President
S.A.R.P.H. Representative

This agreement is made and entered into by and between the undersigned on this day of _____, 19____. This agreement is made and entered into by and between the undersigned on this day of _____, 19____. This agreement is made and entered into by and between the undersigned on this day of _____, 19____.

1. The undersigned hereby certifies that the undersigned is a duly licensed pharmacist in the State of New Jersey and is a member of the American Association of Pharmaceutical Scientists (A.A.P.S.) and the American Society of Hospital Pharmacists (A.S.H.P.). The undersigned hereby certifies that the undersigned is a duly licensed pharmacist in the State of New Jersey and is a member of the American Association of Pharmaceutical Scientists (A.A.P.S.) and the American Society of Hospital Pharmacists (A.S.H.P.). The undersigned hereby certifies that the undersigned is a duly licensed pharmacist in the State of New Jersey and is a member of the American Association of Pharmaceutical Scientists (A.A.P.S.) and the American Society of Hospital Pharmacists (A.S.H.P.).

2. If a drug screen is "POSITIVE" for any substance, S.A.R.P.H. must be notified immediately BY TELEPHONE and then followed up with a copy of the positive report sent by mail. The undersigned hereby certifies that the undersigned is a duly licensed pharmacist in the State of New Jersey and is a member of the American Association of Pharmaceutical Scientists (A.A.P.S.) and the American Society of Hospital Pharmacists (A.S.H.P.).

TO: Designated Collection Site

FROM: S.A.R.P.H. FOR THE STATE OF NEW JERSEY, BOARD OF
PHARMACY

RE: Tom Brown : SERUM/URINE MONITORING PROTOCOL

S.A.R.P.H. in conjunction with the Board of Pharmacy in the state of New Jersey recognizes those individuals whose problem is the abuse of or addiction to drugs including alcohol. Our most valuable document and tool is the ability to monitor their urine and serum samples for the presence of mood-altering chemicals.

An effective urine and serum monitoring program serves as a vehicle to provide the chemically dependent medical professional with a means for attaining tangible evidence as to his/her drug-free status. This participant has stated that your office may be used as a monitoring site because it is located than less than a one hour drive from the participant's home or place of employment.

Also, the participant agrees that if it is deemed necessary, any representative body tissue or fluid may be used for analysis for determining the usage of any mind or mood altering substance. (Example: Breathalyzer, saliva checking for alcohol, hair analysis, etc.)

The individual whose name appears at the top of this letter has volunteered to become a participant under the contract of the S.A.R.P.H. program. As one of the stipulations of this agreement, the individual is required to present himself/herself to the designated site to provide a urine and/or serum sample according to the appropriate protocol schedule outlined on the next page.

Samples **MUST** be collected under **DIRECT SUPERVISION AND OBSERVATION.**

They are to be labeled with the appropriate identification and/or code number and analyzed for the presence of mood-altering chemicals. Testing is available for a wide variety of drug classifications. Depending on the abused chemicals in question, S.A.R.P.H. will select the classes required and the frequency for each specimen obtained. (See Page #3). **IMPORTANT** 1. To attain the highest degree of anonymity, only the clinical director of the clinical laboratory should be aware of the actual identity of the program participant. 2. If a drug screen is "POSITIVE" for **ANY** substance, S.A.R.P.H. must be notified immediately **BY TELEPHONE** and then followed up with a copy of the positive report sent by mail.

S.A.R.P.H. assumes no responsibility for expenses incurred by the program participant. It is the responsibility of the client to make financial arrangements with the laboratory.

If you have any questions, please feel free to contact Mr. Robert Rossi, R.Ph., President, S.A.R.P.H. at (610)532-2104 or Mr. Michael Lenczynski, Executive Administrator, S.A.R.P.H. at (215) 382-5454 or (610)328-6726 (Home). Thank You.

Robert J. Caspell MD

Dr. Robert J. Caspell, MD
2204 US Route 130
North Brunswick, NJ 08902-4805
(908) 297-8666

Colleen Kacerowski BA, etc

Colleen Kacerowski, LSW
Princeton House
905 Herrontown Road
Princeton, NJ 08540-1998
1-800-242-2550
(609) 497-3300

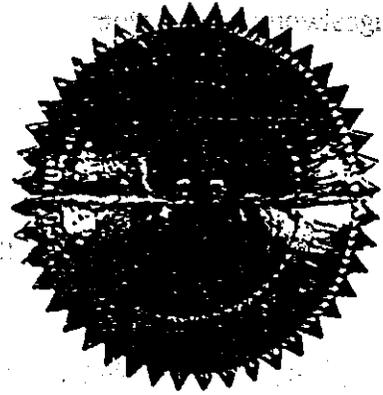
Robert W. Rossi RPH

Robert W. Rossi, R.Ph.
President, S.A.R.P.H.
530 11th Avenue
Prospect Park, PA 19076
(610) 532-2104

Mark W. Browning

Mark Browning
District Intervenor, S.A.R.P.H.
508 Cold Spring Road
Oaklyn, NJ 08107
(609) 858-7174

S.A.R.P.H. # 96-296NJ



17. Agree to disclose the names of ALL states where I possess a pharmacist license, including those states where I have begun obtaining a license, via reciprocity or original licensure. PLEASE LIST: New Jersey

This information is release subject to the "CONFIDENTIAL" Provision Section 408 of Public Law 92-282/Sec. 333 of Public Law 92-255

PROHIBITION OF REDISCLOSURE: This information is being DISCLOSED to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains.

Tom Brown
SIGNATURE

Mary Pauline Conner
WITNESS/DATE 11-14-96

Tom Brown
150 Providence Boulevard
Kendall Park, NJ 08824

IN WITNESS WHEREOF, I here unto set my hand and official seal.

(908) 821-7686
TELEPHONE NUMBER

Com Exp. 6/98

16551
NJ PHARMACIST LICENSE NUMBER

notarized acknowledgment
(Above)

05/06/1955 / 136-52-7434
BIRTH DATE / SOCIAL SECURITY NUMBER

I agree to notify the Board of Pharmacy of any change in address, telephone number, laboratory, etc., within 14 days of any change(s).
I agree to indemnify and hold the Board of Pharmacy and its members harmless from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, incurred in the execution of the Board's duties.
I agree to hold the Board of Pharmacy and its members harmless from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, incurred in the execution of the Board's duties.
I agree to hold the Board of Pharmacy and its members harmless from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, incurred in the execution of the Board's duties.

3. Consent to all signatories named in this contract as well as their designees and all persons S.A.R.P.H. deems necessary as well as the New Jersey State Board of Pharmacy (if requested and/or applicable) to receive copies of the laboratory results and to discuss with each other any issue herewritten.

4. Agree to completely abstain from any and all mood-altering drugs, including alcohol and "over-the-counter medications" except on a written prescription from my physician. A copy of said prescription shall be forwarded to the S.A.R.P.H. monitor.

5. Agree to attend at least one Alcoholic Anonymous or Narcotic Anonymous meeting a day for the first ninety days (90) after signing this contract ("90 in 90"). I also agree to attend at least three Alcoholic Anonymous/Narcotic Anonymous meetings per week after the completion of the "90 in 90" for the remainder of the contract. The attendance at these meetings will be verified by signatures on the SUPPORT GROUP ATTENDANCE SHEET provided.

6. Agree to have John S. as my temporary sponsor for a period of ninety days. If, for any reason, I should decide to acquire a new sponsor, I shall inform S.A.R.P.H. of the new sponsor's name and phone number. I also hereby give my consent to those named herein to contact my sponsor if, for any reason, they feel that I am not in compliance with this agreement.

8. Encourage my significant others to attend Al-Anon and/or other support groups which he/she chooses.

9. Agree to send monthly progress reports to my district monitor for S.A.R.P.H. by the tenth day of each month. If this report will be late, the S.A.R.P.H. monitor must be notified by telephone by the tenth of that month with regard to the lateness of that month's report.

10. Agree to call my monitor at least once a month and to keep him abreast of my progress and to inform him of any new situations that arise that may be pertinent to any of the stipulations of this agreement. (Mark Browning, 609-858-7174)

11. Agree upon employment as a registered pharmacist to carry out my professional responsibilities according to the current Pharmacy Act of the State of New Jersey.

12. Agree to assume any and all financial responsibilities incurred in the execution of any of the stipulations of this agreement, including, but not limited to urine/serum monitoring and submission of reports thereof to S.A.R.P.H. and the district intervenor after the initial protocol arrangement. It is the CLIENT'S RESPONSIBILITY to contact S.A.R.P.H. if anything is unclear or if there is a discrepancy in any of the above arrangements.

13. Agree to notify S.A.R.P.H. IN WRITING of any change in address, telephone number, laboratory, etc., within 14 days of any change(s).

14. Agree to meet in person with a representative of S.A.R.P.H. and/or such persons as S.A.R.P.H. shall designate every three (3) months if deemed necessary.

15. Agree that at no time during the term of this agreement may I voluntarily withdraw from this agreement without the implementation of paragraph IV of this contract or without the SPECIFIC WRITTEN authorization from S.A.R.P.H.

16. Agree that my signature on this agreement signifies that I have read all the stipulations of the agreement and I am fully cognizant of all the responsibilities associated with it.

S.A.R.P.H MONITORING CONTRACT

I) This monitoring contract is made and entered into, on November 10, 1996, between myself, Tom Brown; Dr. Robert J. Casper, MD, my physician and Robert W. Rossi, R.Ph., and Mark Browning, representing S.A.R.P.H.

II) This is a document which specifies the terms of my monitoring which I, Tom Brown, agree to and understand to follow as part of my rehabilitation program. This contract is effective November 10, 1996 and will expire at 12:00 AM November 11, 1999.

III) This contract is written to prevent any misunderstanding on my part concerning the terms and times specified under said contract and what is expected of me.

IV) If I, Tom Brown, fail to abide by the terms and conditions of this monitoring contract, I understand that I will be in violation of my contract whereupon Robert Rossi, R.Ph. representing S.A.R.P.H. and /or his designee and all other signatories named in this contract will contact the complaint officer for the New Jersey State Board of Pharmacy requesting a full investigation of my professional practice and make such recommendation including suspension of my pharmacist license or further disciplinary action until such investigation is complete.

V) I, Tom Brown, agree to give three (3) weeks notice of my resignation to my present employer if I should decide to seek employment elsewhere. If, for any reason, I seek a position as a registered pharmacist, a pharmacy technician or in any capacity that I may have exposure to controlled substances or alcohol this contract shall be made known with such employer until the stated expiration date of this contract. If I am employed under such conditions as described above, I agree to give three (3) weeks notice to such employer if I should decide to seek employment elsewhere.

I SHALL:

1. Follow and make such appointments as deemed necessary by an addictions counselor and S.A.R.P.H. and to maintain those appointment and therapy sessions. This **MUST** include at least a six (6) month period of group or individual therapy (preferably group). This therapy is to start immediately upon its being deemed necessary.
2. Agree to submit urine and blood serum samples for drug toxicology screens on a random basis as requested by S.A.R.P.H. (see attached protocol). A copy of the results of these screenings are to be forwarded to S.A.R.P.H. **DIRECTLY FROM** the designated laboratory for review. This protocol may be altered for the duration of my stay at a supervised interim facility such as a halfway house. Also, any other bodily sample may be tested for the presence of alcohol and/or abusable medications and chemicals according to FDA accepted means. (E.g. saliva, hair samples). The ingestion of poppy seeds or alcohol based mouthwash will not be an acceptable reason for the production of a positive toxicological screen.

S.A.R.P.II. PROGRAM
Criteria for Body Fluid Screen (BFS)

The specimen **MUST** be tested for the presence of the following compounds:

- Alcohol
- Amphetamines
- Barbiturates
- Benzodiazepine metabolites
- Cocaine metabolites
- Marijuana metabolites
- Meperidine
- Methadone
- Opiate metabolites
- Oxycodone
- Phencyclidine
- Propoxyphene

The following information is provided for your information. It is not intended to be used as a guide for the interpretation of the results of the BFS. The BFS is a screening test and is not intended to be used as a diagnostic test. The results of the BFS should be interpreted in the context of the patient's clinical history and physical examination.

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Michael J. Lenczowski
Executive Administrator, S.A.R.P.II
66 Philadelphia College of Pharmacy and Science
600 South Forty Third Street
Philadelphia, PA 19104-6399
Tel: 215-381-2400
Fax: 215-381-2401

Please have the client complete the necessary authorization forms to allow the release of test results.

Urine and/or serum samples are monitored in one of several ways depending on the client's progress in recovery. The various approaches are as follows:

1. **REGULARLY SCHEDULED BASIS:**

These cases are scheduled by S.A.R.P.H., primary physician and the program participant. It involves:

- A. The participant is to produce a urine sample twice weekly (either on a Monday/Thursday or a Tuesday/Friday schedule). These days should not be changed unless absolutely necessary. If a problem arises which necessitates a permanent change, S.A.R.P.H. **MUST** be notified.
- B. The participant is to be available on twenty-four (24) hour notice for a monthly random serum sample for drug detection including marijuana and/or alcohol.

THIS PROTOCOL WILL LAST FOR AT LEAST SIX MONTHS FOLLOWING THE CLIENT'S ENTRY INTO HIS/HER AGREEMENT (CONTRACT).

2. **RANDOM BASIS:**

These cases are arranged by S.A.R.P.H. and program participant. When this stage is reached, the participant will be given a color code and a toll free number to call. The participant **MUST CALL DAILY**, Monday through Friday, including holidays. A recording will state the color code(s) for the day. If the participant's color code is announced, he/she must give a urine sample for analysis by midnight that day. If the participant does not report as scheduled, it will be interpreted as a **POSITIVE** result. Toxicological testing on this basis will continue for a 36 month period minus any time the client participated in the regularly scheduled basis.

3. **ANY OTHER OCCASION AS DETERMINED BY S.A.R.P.H.**

On 24 hours notice as required by the President, Executive Administrator or the District Intervenor.

A DUPLICATE OF ALL REPORTS MUST BE SENT DIRECTLY FROM THE LABORATORY TO S.A.R.P.H. :

Michael Lenczynski
Executive Administrator, S.A.R.P.H.
% Philadelphia College of Pharmacy and Science
600 South Forty Third Street
Philadelphia, PA 19104-4495
Phone : (215) 382-5454
Fax : (215) 382-5414

Please have the client complete the necessary authorization forms to allow the release of such reports.