

Interview & innovative practice with Merrill Norton, Pharm.D., NCAC II, CCS, CCDP-D

Dr. Norton is a Clinical Associate Professor at the University of Georgia College of Pharmacy (UGA COP). His specialty areas include psychopharmacology and addiction pharmacy. His former position was program director for the Atlanta Recovering Professionals Program at the Metro Atlanta Recovery Residences, Inc. of Atlanta, Georgia, a nationally recognized treatment facility for health care professionals. Dr. Norton has worked with impaired pharmacists and other health care professionals for over 25 years and is the former Director of the Recovering Pharmacists Program at the Talbott Recovery Campus. He is Past President of the Georgia Addiction Counselors Association and member of both the Georgia Pharmacy Association and the American Pharmacy Association. He is the former co-chairperson of the APhA-APPM's Addiction Practitioner Interest Group (PlnG), which is a group that will formalize the communication mechanisms for the administrators of state pharmacy recovery programs and provide an advocacy forum for these individuals to affect legislation an attract state and national funding. The following interview provides insight into Dr. Norton's life and the events that led him to develop his innovative practice as well as how he has and plans to educate future pharmacists in the area of addiction pharmacy.

HOW DID YOU BECOME INTERESTED IN SUBSTANCE USE DISORDERS?

To make a long story short, my journey into addiction pharmacy began when I contracted polio at the age of two, which left me completely paralyzed for a period of time. After many years of rehab at Warm Springs, Georgia, I was able to walk, talk and think normally but I was left with residual pain and anxiety. I self-medicated with alcohol. When I began practicing pharmacy, I was prescribed prescription medications to control the pain and anxiety until I lost control and developed addictions to multiple drugs. An intervention occurred on March 17, 1983 and I went to treatment for the next three years - during that time I met a physician, Dr. Douglas Talbott, who recognized the need for a pharmacist in the addiction treatment industry, so he placed me into an addiction medicine residency and fellowship training program. I have worked with addicted pharmacists, physicians, and professional athletes for the last 25 years, developing management techniques for the safe use of medications in the addicted patient, appropriate pain

management approaches with the addicted patient, and extensive trainings on the neurobiology and psychopharmacology of the addicted brain.

HOW DID YOU GET WHERE YOU ARE TODAY? WHAT IS YOUR BACKGROUND/TRAINING?

By the grace of God and many supportive people, I have been able to accomplish many things in the field of addiction pharmacy. My career started as a community pharmacist in a very small town in South Georgia. During this time, I helped take the lowest ranked chain pharmacy in a 60-store chain to the number one spot in five years. The effort took a terrible toll on my body and soul, which created the need for prescription pain medications. In a very short time, I became addicted to those medications and began the spiral into a hell I wish on no other human being. The intervention came swiftly and effectively- incarcerated in a local jail, TV reports, newspaper exposure, and arrest. From this terrible beginning, I began my journey in becoming an addiction pharmacist.

What did it take? Three years of residential treatment, five years of intense probation, suspension of my pharmacist's license, reinstatement of my pharmacist's license, an addiction medicine residency and fellowship, counselor training, and working with some of the best researchers, clinicians, hospitals, and treatment programs in the world for the last 25 years.

HERE IS A LIST OF MY EDUCATIONAL BACKGROUND AND TRAINING:

Education

- Doctor of Pharmacy (Pharm.D. 2005-2008)-University of Georgia College of Pharmacy, Athens, Georgia
- Bachelor of Science (B.S. Pharmacy 1970-1973), University of Georgia College of Pharmacy Athens, Georgia
- Certified Co-Occurring Disorders Professional-Diplomat Training, 2004-2009
- Clinical DUI Evaluator Training, Georgia DHR, 1996-1998
- Clinical Supervisory Certification Training, Georgia Addiction Counselors Association 1989-1991
- Addiction Counselor Certification Training, Rutgers University 1985-1987
- Talbott Addiction Medicine Fellowship 1986-88
- Talbott Addiction Medicine Residency 1985-86

Licenses/Certifications

- Doctor of Pharmacy (Pharm. D.) University of Georgia College of Pharmacy
- Doctor of Pharmacy (D. Ph.)- Oklahoma License No. 13706 (Honorary)
- Registered Pharmacist (R. Ph.)-Georgia License No. 11215
- Certified Clinical Supervisor (CCS), No. 0097
- National Certified Addiction Counselor (NCAC II) - No. 008
- Certified Addiction Counselor II (CAC II) – No. 0255
- Certified Co-Occurring Disorders Professional-Diplomate (CCDP-D) No. CPD0029
- International Co-Occurring Disorders Professional-Diplomate (ICCDP-D) No. 401273

PLEASE TELL US ABOUT YOUR FACILITY/PRACTICE.

How did it come to fruition?

I came to UGA in 2006 and established a clinical site in addiction pharmacy in 2007. As a clinical professor at UGA, I have a clinical practice site so that I may teach pharmacy students my area of pharmacy expertise, addiction pharmacy. My clinical site is The Athens Area Commencement Center, an outpatient clinic for co-occurring patients (addictions and mental illnesses).

Who makes up your practice?

The patients that I see in this practice are individuals diagnosed with alcohol, benzodiazepine, cannabis, cocaine, opioid, methamphetamine, and other drug dependencies plus approximately 50% of the patients also are diagnosed with Major Depressive Disorder, Anxiety, and Bipolar Disorders. The age range is 18-75 and gender differential is a 50-50 ratio.

What kind of treatment modalities are used for patients?

1. Ambulatory detoxification (ASAM protocols) for alcohol, benzodiazepines, and opioids;
2. Multiple psychotherapeutic approaches to include Cognitive Behavioral Therapies, Family Therapy, Rogerian Therapy, Transactional Analysis, and Twelve Step Recovery Dynamics;
3. Medication Management to include stabilization medication determine and reconciliation based on patient specific data;
4. Pharmacotherapy management to include:
 - a. detoxification determinations and monitoring of detoxification medications, Suboxone and Tranxene;

- b. evaluation of current medications for drug-drug interactions, duplication, and adverse drug events;
- c. assessment and monitoring of psychotropic medications with review of significant physical and laboratory findings;
- d. monitoring of all medications;
- e. therapeutic recommendations to treatment team;
- f. supervision of student and faculty pharmacotherapy research projects.

How often do patients come for a visit? How many patients are part of the program?

The clinic offers several types of treatment programs:

1. Day Treatment Program: patients come in daily (Monday-Saturday) from 8:30 AM until 4 PM plus a Wednesday night Family Program (5-8 PM);
2. Evening Treatment Program: patients come in daily from 5:30-8:30 PM (Monday-Friday, Saturday 9 AM-12 noon).;
3. Individual and family counseling sessions including follow-up for monitoring of medications;
4. Continuing Care Groups three times a week;
5. Assessment and Evaluation Services.
6. The clinic averages approximately 15 patients per week plus 30 aftercare patients per week.

HOW DO YOU INTEGRATE PHARMACY STUDENTS INTO YOUR PRACTICE?

When I came to UGA, I was surprised by the lack of any clinical psychiatric/addiction clinical courses in the curriculum. The only courses that were relevant to the co-occurring patient were a brief pharmacotherapy component and a drug abuse informational course. I have developed three addiction pharmacy courses for the curriculum, an assessment/evaluation course in addiction pharmacy, a patient management course, and research course. Also, I have served as a major professor for my first Ph.D. graduate. The Pharm.D. students come to the clinic for IPPEs and APPEs. All of these students interact with patients, either in the classroom or at the clinic. My plan is to develop a PGY-2 Residency Program in Addiction/Psychiatric Pharmacy and a combined Pharm.D/Ph.D. program in addiction pharmacy research.

PLEASE DESCRIBE YOUR DAY-TO-DAY ACTIVITIES.

My daily activities depend on the day of the week: On my teaching days I am on campus, I see students in the skills labs, classroom, and in the office. Most of my activities are associated with my research projects or curriculum development.

When I am at the clinic (usually 2-3 day a week), I meet with the treatment team of physicians, social workers, nurses, addiction counselors, and administrators daily. The role of the addiction pharmacist at this level of treatment has many facets:

1. Assessment of patients daily detoxification regimes;
2. Patient medication histories, including all drugs of choice;
3. Patient physical assessments and determination of type and degree of withdrawal syndromes;
4. Use of alcohol breathalyzer and monitoring patient urinalysis reports;
5. Facilitate medication educational groups- Safe Medications in Recovery, The Neurobiology and Pharmacology of the Addicted Brain, The Shame Anxiety Cycle, Cross Addiction;
6. Assessment, evaluation, and monitoring of psychotropic medications with patients who are currently in treatment and are in the clinic's continuing care program.

WHAT DIFFERENT PROJECTS ARE YOU WORKING ON CURRENTLY?

As a clinical faculty member, research is the key to better understanding of the disease states that the patients are experiencing. The setting up of a research team and coordination of any project takes a tremendous amount of time and energy especially in an academic setting that has no previous experiences with the disease states of addiction and mental illness. The research opportunity excites me for I see very little peer-reviewed addiction pharmacy literature and that is the primary reason for me to come to UGA. Here is the list of current projects:

1. Prevalence of Addiction in Pharmacy Personnel;
2. The Development of The Student Pharmacist Addiction Predictability Scale;
3. The Use of Antidepressants in an Outpatient Addiction Treatment Clinic;
4. Student Pharmacists Attitudes on the Mutual Help Groups of Alcoholics Anonymous and Narcotics Anonymous.

WHAT HAS BEEN YOUR MOST FAVORITE PROJECT IN THE PAST AND WHY?

The Student Pharmacist Addiction Predictability Scale (SPAPS) is my most favorite but most challenging project. The original idea came from a student pharmacist who had been arrested for a DUI charge who asked the question - How did this situation happen - I should have known better- am I addicted to alcohol? After our

discussion, I realized that this student met five of the seven risk factors for addiction and wondered how many other student pharmacists might have these risk factors and be unaware of their risk for addictive disorders. I have been working on this project for the past two years and hope to have a first draft of the survey this fall (2011).

WHAT RESOURCES CAN PHARMACISTS USE TO BECOME MORE EDUCATED ABOUT SUBSTANCE USE DISORDERS?

The best resource for training in addiction pharmacy for pharmacists is the University of Utah School on Alcohol and Other Drug Dependencies held each June in Salt Lake City. The pharmacist section of the school is sponsored by APhA and provides ACPEs for the training. The textbook that I recommend is The Principles of Addiction Medicine 4th Edition, available from the American Society of Addiction Medicine (ASAM). I am just completing my fourth book on the subject, The Pharmacology of Substance Use Disorders, which should be available by January 2012.

WHAT KINDS OF THINGS DO PATIENTS WITH SUBSTANCE USE/ABUSE/DEPENDENCE NEED? WHAT CAN PHARMACISTS DO TO BRIDGE THE GAP BETWEEN UNDERSTANDING SUBSTANCE USE/ABUSE/DEPENDENCE FOR PATIENTS?

One of the reasons that I came to UGA is to teach the next generation of pharmacists the concepts that patients with substance use disorders need-what medications are safe for a recovering patient to take, how to take their medications appropriately, how to manage a relapse, the monitoring of psychotropic medications in the recovering patients-simply put I would like to have a sign in every pharmacy that states: Our pharmacists know and understand that the recovering person has special medications needs-ask your pharmacist for help with your medications.

WHAT OTHER HATS DO YOU HAVE (E.G., NATIONAL SPEAKER - WHAT KIND OF TALKS DO YOU GIVE)?

Professor of Addiction Pharmacy Practice:

One of the reasons that I came to academia is that I have been an international addiction pharmacist consultant for many years and have presented to many different audiences, primarily physicians, psychologists, nurses, and various types of counselors. I worked with all the professional sports organizations, MLB, NFL, NBA, NHL, WWF and medical organizations, AMA, APA, and ASAM. I have presented to pharmacy audiences at the University of Utah and various APhA conferences but discovered

that pharmacy was lacking several components in the educational training that had been included in other healthcare curriculum-no required addiction or psychiatric clinical courses for Pharm.D. students. It is estimated that 40% of all patients that pharmacists see suffer from co-occurring disorders and the new Pharm.D.s have little clinical training in this area.

Author:

I have authored,

1. *The Pharmacology of Psychoactive Chemical Use, Abuse, and Dependence*
2. *From Disgrace to Grace: Issues of Shame and Recovery Workbook*
3. *Contempt Prior to Investigation: The Neurobiology of Anger, Trauma, and Dependence Workbook*

Also I have recently produced the "From Disgrace to Grace" DVD series that includes:

- "The Hijacking of the Brain , The Neurobiology and Pharmacology of Chemical Dependence";
- From Disgrace To Grace-The Neurobiology and Pharmacology of Shame";
- "Contempt Prior to Investigation-The Neurobiology and Pharmacology of Anger, Trauma, and Recovery";
- "The Five Freedoms to Happiness-The Neurobiology and Pharmacology of the Twelve Steps";
- "Psychotherapeutic Medications-What Every Counselor Should Know".

My latest book, *The Pharmacology of Substance Use Disorders* will be available in early 2012.

Addiction Pharmacy Forensics Expert:

I have been providing forensic pharmacy reports for multiple types of civil and criminal cases for many years-it is interesting and exciting work for clinical pharmacists.

Pain Management in the Addicted Patient:

My area of expertise has been providing clinical pharmacy expertise in the pain management of the addicted patient for the last twenty years. I have been working with addiction medicine physicians in both inpatient and outpatient settings and have discovered many innovative approaches to successful pain management in the addicted patient.

Certified Addictions Counselor:

I have been state, national, and internationally certified as an addiction counselor since 1987 and have had a practice counseling practice for 15 years. I have worked with over 1200 pharmacist patients suffering from co-occurring

disorders and have also worked with their families. The combination of pharmacy and addiction counseling have provided me a wonderful platform to work with the co-occurring patient.

National Speaker:

My philosophy is "See one, Do one, Teach one." I have been speaking to national healthcare organizations since 1985 and have trained approximately 25,000 healthcare professionals to the Neurobiology and Pharmacology of Addiction and Mental Illnesses. My latest presentation-"***The Anti-Reward Brain- The Neurobiology of Co-Occurring Disorders***" has been and will be presented nationally this year (California to Chicago). I plan to present the CPNP workshop, ***Taking the Ouch Out of Pain Management in Patients with Addiction*** with Dr. Hughes Melton, for the first time at both the Midyear ASHP New Orleans meeting and the 2012 CPNP Tampa meeting.

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