

Andrew P. McLaughlin, P.D.

October 30, 2001

Stanton G. Ades, P.D., President
Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of Pharmacy License
License Number: 11791

Dear Mr. Ades and Members of the Board:

Please be advised that I have decided to surrender my license to practice pharmacy in the State of Maryland, License Number 11791. I understand that I may not give pharmacy advice or dispense medications to any individual, with or without supervision and/or compensation, or otherwise engage in the practice of pharmacy, as it is defined in the Maryland Pharmacy Practice Act (the "Act"), Md. Health Occ. ("H.O.") Code Ann. §12-101, *et seq.*, (2000 Repl. Vol.) In other words, as of October 30, 2001, the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

I understand that this Letter of Surrender is a **PUBLIC** document.

My decision to surrender my license to practice pharmacy in Maryland has been prompted by an investigation of my license by the Maryland Board of Pharmacy (the "Board"). The investigation involved my dispensing of OxyContin without a prescription from an authorized prescriber. The Board's investigation resulted in the Board's sending me an unexecuted Summary Suspension Order and providing me with an opportunity on October 29, 2001 to show cause why said Order should not be signed. The proposed Summary Suspension Order would have been authorized under Md. St. Gov't Code Ann. § 10-226 (c)(2) (1999 Repl. Vol.), which allows an agency to summarily suspend a license if the licensee has threatened the public health, welfare or safety.

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I affirm that I was served with a copy of the proposed Summary Suspension Order and have otherwise been advised of the Board's actions through communications with representatives of the Office of the Attorney General and my legal counsel.

I have decided to surrender my license to practice pharmacy. I acknowledge that an investigation has been and is being conducted involving my dispensing of OxyContin without an authorized prescription. Without admitting the truth of those allegations, I acknowledge that a rational inference can be drawn that I dispensed OxyContin without a prescription from an authorized prescriber. By virtue of this Letter of Surrender, I waive any right to contest those charges and findings before the Board. I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. **I understand that, by executing this Letter of Surrender, I am waiving any right to contest these findings in a formal evidentiary hearing before the Board at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law, including the right to appeal.**

I hereby affirm that I have ceased practicing pharmacy, as of September 28, 2001.

I acknowledge that, on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland pharmacy license, number 11791, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise any data bank that it is required to of this Letter of Surrender, and, in any response to inquiry, that I have surrendered my license in lieu of disciplinary action under the Act as resolution of the matters pending against me. I also understand that, in the event I would apply for licensure in any form in any other state or jurisdiction, this Letter of Surrender, and all underlying documents, may be released or published by the Board to the same extent as a final order that would result from disciplinary action pursuant to Md. State Govt. Code Ann §10-611, *et seq.*, (1999 Repl. Vol.)

I hereby acknowledge that I have a substance abuse problem which led to the dispensing of medication without authorization. I also hereby acknowledge that, on September 28, 2001, I signed a contract of agreement with the Pharmacists Education and Assistance Committee (PEAC), effective for three years, in which I agreed to, *inter alia*: present myself for a screening evaluation and specific treatment, no later than October 5, 2001; further treatment on an outpatient addictions therapy rehabilitation center, if deemed necessary; identify a primary physician upon completion of Phase I, which physician will

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share with PEAC information on any drugs prescribed for me and other pertinent information regarding evaluation and treatment; give a copy of this contract to the therapist providing my addictions treatment and authorize the therapist to share with PEAC information regarding drugs prescribed for me; attend an outpatient program; identify to PEAC an AA/NA sponsor within three months of the date of the contract; completely abstain from any mood-altering drugs, including alcohol and over-the-counter drugs, except on prescription from my family physician; provide weekly random witnessed urine samples for drug screening for a minimum of two years; cease the practice of pharmacy; and maintain twice weekly telephone contact with a member of PEAC assigned to follow my case.

I further recognize and agree that by agreeing to this Letter of Surrender that my license will remain surrendered until such time as I apply for reinstatement and comply with the terms and conditions set forth in this Letter. In the event that I apply for reinstatement of my Maryland license or for the issuance of a new Maryland pharmacy license, I understand that the Board may set terms and conditions that shall apply to my receiving a reinstated pharmacy license or a new Maryland pharmacy license. I also understand that, if I apply for reinstatement or for a new Maryland pharmacy license, I bear the burden of demonstrating to the Board that I am competent to practice pharmacy. I understand that if I determine that if I would like once again to practice pharmacy in Maryland, I will approach the Board in the same posture as one whose license has been revoked on the above charges.

I understand that if I petition the Board for reinstatement of my license, the Board will review my case and determine my fitness to have my license reinstated. I understand that the Board will only consider my petition for reinstatement if I have first met the following conditions:

1. Adhered to the contract with PEAC;
2. PEAC supports my reinstatement as a practicing pharmacist.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have consulted with an attorney before signing this Letter of Surrender. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and

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comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,

Andrew P. McLaughlin, P.D.

Read and approved:

Alan R. L. Bussard, Esquire
Attorney for Andrew P. McLaughlin, P.D.

NOTARY

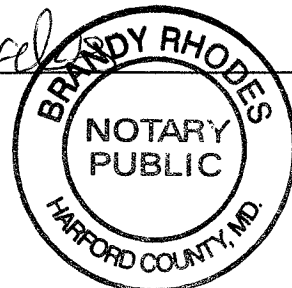
STATE OF Maryland
CITY/COUNTY OF Harford

I HEREBY CERTIFY that on this 25th day of October, 2001, before me, Brandy Rhodes, a Notary Public of the aforesaid City/County and State, personally appeared Andrew P. McLaughlin, and declared and affirmed under the penalties of perjury that signing the foregoing letter of surrender was his voluntary act and deed.

AS WITNESS my hand and notarial seal.

Brandy Rhodes
Notary Public

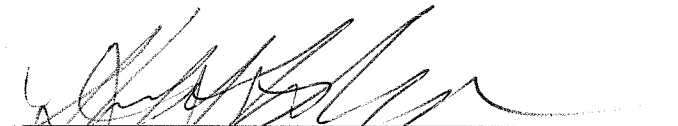
My Commission expires: 7-20-05



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ACCEPTANCE

ON BEHALF OF THE BOARD OF PHARMACY, on this 30th day of
OCTOBER, 2001, I accept Andrew P. McLaughlin's public letter of surrender of
his license to practice pharmacy in the State of Maryland.



Stanton G. Ades, P.D., President
Board of Pharmacy

cc: Roberta Gill, Assistant Attorney General
Administrative Prosecutor