

Substance Abuse: The Pharmacy Educator's Role in Prevention and Recovery

Guidelines for the Development
of Addiction and Related
Disorders Policies for Colleges
and Schools of Pharmacy

American Association of Colleges of Pharmacy Guidelines for the Development of Addiction and Related Disorders Policies for Colleges and Schools of Pharmacy³

POSITION STATEMENT

The American Association of Colleges of Pharmacy (AACP) and member colleges and schools:

- recognize that addiction and related disorders⁴ (AARDs) (including alcoholism) are diseases that affect all of society;
- accept a responsibility to assist student pharmacists, faculty and other employees with AARDs, and their families, toward recovery;
- accept a responsibility to support student pharmacists, faculty and other employees in their recovery from co-dependent relationships with individuals with AARDs;
- advocate referral of student pharmacists and pharmacist faculty with AARDs to pharmacist recovery programs in the state when needed, and possible referral of non-pharmacist faculty and other employees to employee assistance or other support programs for appropriate evaluation and referral for treatment and recovery support;
- accept the need for cooperation with state boards of pharmacy wherever public safety may be endangered by student pharmacists or pharmacist faculty with AARDs, and where required by law;
- accept responsibility for providing professional education concerning AARDs in entry-level programs at each college/school;
- encourage research and continuing education programs about AARDs to be conducted in pharmacy colleges and schools, and elsewhere throughout the profession;
- encourage college/school participation in public education and prevention programs concerning AARDs;
- accept responsibility for restricting alcohol use promotions on campus and at other college/school events;
- accept responsibility for reducing the risk of alcohol-related problems at social events sanctioned or sponsored by colleges/schools or their affiliated organizations or classes;
- accept responsibility for the development and dissemination of policies which prohibit illicit drug use by student pharmacists, faculty and staff of the college/school; and

³These guidelines were revised by the AACP Special Committee on Substance Abuse and Pharmacy Education: Paul W. Jungnickel (Chair – Auburn University), Edward M. DeSimone (Creighton University), Julie C. Kissack (Harding University), Lisa A. Lawson (University of the Sciences in Philadelphia), Matthew M. Murawski (Purdue University), Brandon J. Patterson (University of Iowa), Raylene M. Rospond (Drake University), David M. Scott (North Dakota State University), Jennifer Athay (AACP). The citation for the previous guidelines is: *Am J Pharm Educ.* 1999;62(Winter Suppl):28S-34S.

⁴ Addiction and Related Disorders is the terminology that has been proposed for use in the Diagnostic and Statistical Manual of Mental Disorders, proposed 5th edition., American Psychiatric Association, Washington DC (scheduled for release May 2013) (commonly, “DSM-V”).

- accept responsibility for the development and promotion of student wellness programs as a component of the student orientation process and entry level curriculum, and for wellness program promotion for employees of the college/school.

GENERAL GOALS FOR PROGRAMS FOR AARDs IN COLLEGES AND SCHOOLS OF PHARMACY

1. Protect society from harm that student pharmacists, faculty and other employees with AARDs may cause.
2. Provide compassionate assistance for student pharmacists, faculty and other employees, and their immediate families, with AARDs or with related co-dependencies.
3. Provide assistance in a way that protects the rights of individuals with AARDs to receive treatment in compliance with statutes and policies concerning confidentiality.
4. Afford recovering student pharmacists who are not legally restricted, and are no longer impaired, the opportunity to continue their pharmacy education without stigma or penalty.
5. Afford recovering faculty and other employees who are not legally restricted, and are no longer impaired, the opportunity to continue their careers without stigma or penalty.
6. Provide leadership in a) the development of curricular content which addresses the societal impact of AARDs as disease states, both for entry-level curricula and continuing professional education, b) the public education efforts of the colleges and schools concerning AARDs, c) addressing the campus issues concerning responsible use of potentially addicting or harmful substances, and d) the development of wellness programs intended to promote healthy lifestyles in student pharmacists, faculty and other employees and their families.

GENERAL GUIDELINES FOR THE DEVELOPMENT OF AARD PROGRAMS IN COLLEGES AND SCHOOLS OF PHARMACY

The following are general guidelines that are suggested for use in the drafting of specific policies and procedures for AARDs issues at each college/school of pharmacy.

I. ASSISTING INDIVIDUALS WITH AARDs

A. Statistics

AARDs in the United States due to tobacco, alcohol and other drugs, contribute significantly to morbidity and premature mortality, as well as to rising health care costs. It is estimated that 30 percent of adult inpatient hospital admissions may be related to alcohol use. In 2008, 20.1 million Americans (8.0 %) reported current illicit drug use and 17.3 million (6.9%) met the criteria for heavy alcohol use. A lifetime prevalence of about 16% for any addiction or related disorder (AORD), 13% for alcohol-related AARDs, and 6% for other drug AARDs (excluding alcohol and tobacco) is suggested in the psychiatric literature. About 1/3 of the population, including health professionals, comes from families with histories of alcohol problems. Well-structured, formal AARD recovery assistance programs report long-term recovery rates of about 85%. Completion of AARD recovery programs has become an asset to pharmacists as employers realize that these employees are more reliable and less frequently ill than most employees.

B. Student pharmacists with AARDs (SPwAARDs)

1. Colleges/schools should develop a group of student pharmacists (student pharmacist assistance committee, SPAC) who are knowledgeable about AARDs recognition and referral (*i.e.*, have taken related coursework or other related training or attended the Pharmacist Section at the University of Utah School on Alcoholism and Other Drug Dependencies) who can be identified within the college/school as the resource for referring concerns about SPwAARDs as well as the provision of education and support concerning AARDs.
2. Pharmacy colleges/schools need to develop policies and procedures for the referral of student pharmacists with suspected AORDs. Policies and procedures will vary based on board of pharmacy regulations and the availability of pharmacist recovery programs (PRP). It should be noted that the introduction of required introductory pharmacy practice experiences (IPPE), that occur throughout pharmacy curricula, will in most states require student pharmacists to be licensed as interns/externs by their respective state boards of pharmacy. As a result, depending on the state, boards of pharmacy will have varying degrees of jurisdiction over SPwAARDs. Since student pharmacists are members of the pharmacy profession who are in training, it is recommended that pharmacy colleges/schools design their assistance programs to parallel as much as possible the pharmacist assistance programs within their respective states. Thus, depending on the state in which a pharmacy college/school is located, the preferred policies and procedures would include referral to a PRP or, a board of pharmacy authorized program. It is recommended that college- and school-based assistance programs (CSBAPs) only be used in those locales where the aforementioned programs are not available. All colleges/schools of pharmacy must have mechanisms in place to ensure that impaired students are not placed in practice experiences until they are at least in the initial stages of recovery and monitoring.
3. Pharmacy colleges/schools should routinely publicize their policies and procedures concerning AARDs. The SPAC should play an active role in publicizing these policies and procedures. The policies and procedures should clearly delineate the contact persons to whom students

suspected of having AORDs should be reported. Policies and procedures should maintain confidentiality of student pharmacists suspected of having AORDs. However, involvement in a PRP or board of pharmacy program may require student pharmacists to sign a release form to allow colleges/schools to release confidential student information.

4. The identity of individuals reporting others with possible AORDs must be treated in confidence, as must be the identities of reported or self-reported SPwAARDs. Only authorized individuals should be made aware of the specific identity of any reported student pharmacist, and these individuals should carry out the investigation and referral process, if required. All cases must have specific documentation of a suspected AORD (such as witnessed diversion or use, positive drug screen, changes in behavior consistent with impairment, or arrests, rather than hearsay) before an intervention should be considered. An investigation to obtain needed information must be conducted confidentially by the authorized individuals. If a PRP exists within the state, college/school policies and procedures should be designed so that SPwAARDs participate in these assistance programs when possible.
5. Prior to intervention, a plan for referral of the student pharmacist with addiction or a related disorder (SPwAORD) should be generally agreed upon. Normally this will entail a formal AARD evaluation and treatment planning, which could include immediate treatment. Interventions should occur once adequate documentation suggesting an AORD is obtained. Only those authorized individuals directly involved in the case (see above) and other appropriate individuals who can significantly contribute to the intervention (*e.g.*, family members, employer, roommates, spouse/significant other, physician, and representatives from state PRP) should be involved. If the investigation fails to provide adequate support for an intervention, the case may be continued until sufficient information is obtained. If the investigation does not document an AORD, the case is closed and records are confidentially maintained.
6. Professional, family, and financial considerations are often excuses used by SPwAARDs during the intervention process to avoid going for evaluation and/or treatment. These issues should be addressed by the monitoring program (*e.g.*, PRP, board of pharmacy program, or CSBAP) prior to the intervention, if possible.
7. Adequate precautions should be taken to assure that the SPwAORD who admits to or is shown to have a problem while being confronted is prevented from harming himself/herself, or others; agitated student pharmacists cannot be released to their own recognition.
8. Student pharmacists must be informed that refusal to cooperate with the recommendations of the monitoring program will normally necessitate termination of that program's advocacy on the part of the student and require reporting the individual to the administration of the college.
9. If the student's AORD appears to immediately endanger self or others, he/she should be referred for evaluation and/or treatment as soon as possible. When this is necessary, there should be a procedure approved by the college/school and other necessary university officials, which allows the authorized individuals to obtain a leave-of-absence from administration (college/school, university or any other body with the authority to grant such leave) for the SPwAORD for an unspecified period of time, with guaranteed reentry into the college/school (assuming academic eligibility is intact at the end of the most recently completed semester or quarter and that all other administrative obligations due the college/school have been met) at a level appropriate to his/her previous academic progress.
10. Often student pharmacists do not have the resources to pay for treatment. Colleges/schools should require that all student pharmacists carry medical insurance with coverage for AARDs and are encouraged to ensure that university-sponsored student health policies include AARDs treatment.

11. Monitoring groups should compile a list of acceptable treatment centers that offer services appropriate to the recovery of SPwAARDs, based upon cost, program, usual duration and type of treatment, and willingness to cooperate with the reporting needs of the monitoring group. While costs of treatment programs are of concern, it is appropriate that monitoring groups approve only those programs that are equipped to provide for the specific needs of health professionals.
12. Whenever possible, support systems should be in place to help the families of SPwAARDs. Colleges/schools, PRPs, or pharmacy organizations could establish revolving loan funds to assist student pharmacists and their families during the treatment process. Monitoring programs should attempt to assure that the families of SPwAARDs receive assistance if needed during the recovery process. Often parents of students, other family members, or friends may be willing to help. If employed, the employer should be contacted to arrange a leave from the job and, if possible, assurance that the job will be available once treatment is completed.
13. There are many available types of treatment. As a general rule, inpatient treatment programs, which usually last about one month, are more successful than outpatient programs but are significantly more expensive. Participation of SPwAARDs in formal treatment programs appropriate to the severity of their AARDs is advocated, rather than only unstructured participation in 12-step programs such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).
14. Student pharmacists suspected with AORDs should be asked to sign agreements that are developed based on their colleges'/schools' approved policies and procedures. These will generally include an assessment agreement prior to entering an assessment program and a recovery contract if treatment is recommended. Recovery contracts normally stipulate the terms of treatment, conditions of reentry to pharmacy school, maintenance program following treatment, consequences of noncompliance with the contract, financial obligations, authorization for reporting of information pertinent to treatment progress to authorized individuals, assurance of confidentiality of records (including the maintenance of confidentiality of student pharmacists on rotations), and disposition of records upon completion of contract. Noncompliance normally will result in reporting of the case to the Dean (or other authorized administrator) of the college/school for disposition once the individual has been warned of the noncompliance and fails to return to compliance with contractual terms. When the individuals hold intern/extern licenses or certificates issued by a board of pharmacy, the board will also be notified. Based on experience from health professional recovery programs, the recommended duration of recovery contracts is five years. The student who graduates from the college/school of pharmacy during that period of time represents a problem when only a CSBAP is involved. In such cases, the contract should stipulate to whom the records will be transferred for monitoring after the individual graduates and/or moves from the state. It must be stated that the monitoring program or Board in another state may not accept the terms of the contract and may choose to alter it or impose additional conditions. Utilization of a PRP or board-controlled program as the monitoring program for SPwAARDs simplifies this because they can continue to monitor the pharmacy graduate if he/she stays in that state.
15. Maintenance programs are usually detailed in the contract or developed in the latter part of the treatment process and agreed to as a signed addendum to the contract. These commonly stipulate the number of 12-step (AA, NA) meetings and the number of health professional support groups that must be attended. The SPwAARDs agrees to abstain from use of all mind-altering drugs except as prescribed or, in the case of over-the-counter drugs, recommended, in defined circumstances and to provide scheduled and/or random urine and/or blood samples for testing as requested by the monitoring program. Testing costs are generally the participant's

expense or could be a covered service provided through medical insurance. Authorization for obtaining both job performance reports from employers and reports from others as needed and a definition of the duration of the contract are included. Some programs require the completion of a listing of 12-step meetings attended with dates.

16. Changes in pharmacy curricula now include practice experiences that are required throughout all years of the curriculum and are often integrated with other course work. Thus, purely academic work may seldom be taken in isolation from practice experiences. This may frequently create a scenario where student pharmacists cannot be enrolled if they are not at a point in recovery and monitoring that allows them to participate in practice experiences. Reentry into pharmacy school (if progress is interrupted by treatment) should depend on compliance with contract terms and authorization to return from the monitoring program. Decisions regarding return to pharmacy school must include considerations of the SPwAORDs' progress in treatment and recovery, along with patient safety concerns; premature return to pharmacy school may jeopardize the student pharmacist's recovery and patient safety.
17. Pharmacy college/school policies and procedures must carefully stipulate the individual(s) responsible for the collection, maintenance and disposition of records in a confidential and secure manner. Access to these records must be restricted to only those individuals authorized to review them on a need to know basis. Pharmacy college/school personnel who are responsible for placement of students in practice experience rotations must be notified of any student pharmacists whose current impairment/treatment/recovery status precludes participation in practice experiences. All records may be released to the Dean (or other authorized administrator) if noncompliance with contractual terms necessitates termination of the advocacy for the student by the monitoring program.

C. Assisting Pharmacist Faculty with AARDs

1. Faculty members with AARDs (FwAARDs) who are registered pharmacists, once identified, should participate in a program similar to that for SPwAARDs as outlined above, based on the programs available for pharmacists in the particular state (e.g., PRP or board programs). This is particularly the case for faculty members who are actively practicing pharmacists. In the absence of such programs, a college/school or campus program could be formed to assist faculty members and report them based on college/school or campus policies, which could include college/school administration (who would usually refer the individual for evaluation and/or treatment), faculty and/or employee assistance programs or employee health services. The reporting system for a suspected FwAARDs should identify a contact person within the college/school who represents the recognized monitoring program.
2. The employer should be an active participant in the recovery program. Identification of FwAARDs to administration (the Dean in most cases) will therefore be required; confidentiality of information should be preserved at that level. Status on the faculty should reflect other sick leave policies, criminal charges notwithstanding.
3. Employee health insurance policies should cover treatment for AARDs; faculty members should be given sick leave to participate in treatment, whenever possible.
4. A contract for recovery should be required. Reentry into the workplace should occur once approved by the treatment counselor and/or monitoring bodies.
5. Support systems for families should be considered by each college/school.

D. Assisting Other Employees of the College, Including Faculty Members who are not Registered Pharmacists.

Normally assistance for these individuals should be coordinated through employee assistance or employee health programs on campus. If these are not available or are unable to assist, the college/school should identify several appropriate treatment centers in the area and obtain information similar to that outlined for student pharmacists. Employees with AARDs should be given sick leave to complete treatment and may be asked to contractually agree to a recovery program if consistent with university policies and employee rights. Employee insurance should cover AARDs treatment. A representative from the program for FwAARDs might serve as a contact person. It should be noted that loss of student and/or intern status and loss of pharmacy licensure are very strong compliance incentives for student pharmacists and pharmacist faculty (estimated to be 85-90%). While this incentive does not exist for non-licensed employees, their chances of compliance may be improved by the development of a contingency contract with an employee assistance program.

AARDs in a family member will often impede a student's academic progress or an employee's job performance; for this reason, colleges/schools should consider offering the recovery or assistance services available for student pharmacists, faculty and other employees with AARDs to the immediate families of such individuals [employee assistance programs (EAPs) often are made available to family members]. The student, faculty or other employee should then be involved in the monitoring program's support program for co-dependants.

II. RELATED ISSUES

A. Legal

If patients or other individuals are harmed through the negligence of students or faculty members with AARDs, preceptors and/or colleges/schools may be held vicariously liable, even if they had no prior knowledge of the individual's AARDs. Preceptors and/or colleges/schools are especially liable if students or faculty members are known to be impaired and are allowed to participate in patient contact experiences with resultant patient injury. Students or faculty members who are participating in college/school-approved recovery programs, and who have approval to return to school/work from a treatment counselor and/or monitoring program, represent a much reduced liability risk for the preceptors and/or colleges/schools. Programs, which encourage early reporting of impairment before the disease progresses to the point of harming others, are therefore in the best interest of colleges/schools, preceptors, and the public.

Incorporation of practice experiences throughout curricula increases liability for pharmacy colleges/schools should impaired students be placed in practice experiences and their negligent actions result in patient harm. College/schools policies must assure that student pharmacists who are known to be impaired not be placed in practice experiences until such time as they are approved by their monitoring program. Colleges/schools of pharmacy should consider requiring background checks as a means to identify admitted students whose criminal records, including diversion of controlled substances, may result in them not being eligible for licensure as an intern/extern or as a pharmacist upon graduation.

University attorneys should review all procedural documents and contracts to assure legal validity and protection of participants and the university. Issues of student, faculty and employee rights must be addressed with university attorneys in the design of any program, and state and federal laws must be considered, especially those pertaining to confidentiality. Procedures used must clearly indicate to potential program participants that confidentiality, in all situations, including student rotations, will be preserved and that compliance with the program will normally ensure continued student status or employment without prejudice. Procedures should clearly indicate that failure to comply with the monitoring program's recommendation for evaluation and/or treatment will result in reporting the case details to the responsible reporting body (Dean, Board of Pharmacy, and/or employer) and the termination of the monitoring program's advocacy for the individual.

Participation in these programs does not confer immunity for the individual from legal prosecution for criminal acts, although information given in confidence to counselors or physicians should be legally protected from disclosure. It should be noted that peer assistance may not be so protected from disclosure. Legal review and interpretation of local law is mandatory in program design to avoid jeopardizing the integrity and credibility of the assistance process.

Whenever possible, there should be a legally valid non-liability clause included in state professional practice statutes for pharmacists and in university policies for student pharmacists, faculty and other employees, for individuals functioning as members of such monitoring bodies and EAPs. The following is an example of possible language: "No member of a peer review committee or employee assistance program functioning in an advocacy role for the recovery of student pharmacists, faculty and other employees with AARDs can be held liable for damages resulting from action or recommendations made within the scope of that committee's/program's function if such member acts without malice and in the reasonable belief that such action or recommendation is warranted by the facts known to him after reasonable effort is made to obtain the facts on which such action is taken or recommendation is made." There should also be a statement indicating that no person who

in good faith and without malice makes a report to a monitoring program or EAP shall be liable for such reporting.

B. Academic

Student academic standing at the end of the most recently completed semester or quarter before entering treatment should be preserved while the student is on a leave-of absence for such therapy. If the student pharmacist is academically ineligible to continue in the pharmacy curriculum, participation in the program should not preclude administrative action for dismissal. College/school academic progression committees should consider the impact of impairment on a student pharmacist's academic performance and consider reinstatement in pharmacy school in those cases where treatment and recovery could reasonably be expected to facilitate academic and professional success.

C. Relationships with Boards of Pharmacy

Many student pharmacists are licensed as interns/externs by state boards of pharmacy, and these entities should be contacted when designing and implementing programs for SPwAARDs. Programs must adhere to state laws and board of pharmacy regulations and colleges/schools must follow such policies in their management of SPwAARDs. Policies and procedures for SPwAARDs, as well as monitoring programs and procedures, should as much as possible be the same as those used for pharmacists within a given state.

D. Financial

It must be made clear that the participant is responsible for the costs of treatment and recovery, including urine or blood drug testing. Colleges/schools should consider or encourage the establishment of a loan fund to assist student pharmacists, faculty and employees unable to afford the cost of the recovery programs. Colleges/schools should attempt to ensure that AARDs are covered in student, faculty and other employee health policies, and should encourage those who do not carry these policies to be certain that their own coverage includes these diseases. Student pharmacists should also contact their financial aid office to determine if there are student aid programs available to assist in payment of medical expenses not covered by insurance.

E. Financial Aid

The Drug Free Schools and Campuses Regulations (34 CFR Part 86) require as a condition of receiving federal funds or financial assistance that an institution of higher education must certify that it has a program to prevent unlawful possession, use, or distribution of alcohol or illicit drugs by student pharmacists and employees.

Student pharmacists who enter treatment while enrolled in school, and therefore may not complete coursework during that semester/quarter, may have difficulty with financial aid programs. A “no-questions-asked” leave-of-absence notification procedure from the CSBAP or PRP to the financial aid office would be optimal and would minimize the risk of breach of confidentiality. However, leaves of absence for medical reasons will usually require some specific documentation to comply with Federal rules and regulations. In addition, it may be necessary for student pharmacists to begin repaying loans after a period of not being enrolled.

It is recommended that the campus financial aid officer be involved in the planning of the program for assistance of SPWAARDs and that policies reflect the necessity for reporting the nature of the illness to that officer in confidence. The financial aid officer may be required to report this information, in confidence, to the agencies providing financial assistance to the student.

F. Drug Testing

The issue of drug testing in the workplace is controversial. When individuals contractually agree to such testing as a component of the recovery process, there is no conflict with employee or student rights; this is generally a routine aspect of the recovery program and serves as positive proof of continuing compliance. Any program, or its specified treatment agency or laboratory, using scheduled and/or random drug testing for monitoring of compliance with AARDs recovery programs must insist on direct observation of specimen collection and have a carefully controlled system of specimen processing (similar to NCAA procedures for student athletes; *i.e.* retention of a portion of the specimen in locked storage for subsequent testing if required; observation of a specific chain of custody for sample handling; and use of reputable, consistent laboratory with assurance of confidentiality of reports). Confirmation of screened positives should use gas chromatography/mass spectrometry (GC/MS) or, in the case of blood alcohol analysis, headspace gas chromatography to verify positive results before presence of prohibited substances is reported to the monitoring program.

Drug screening is increasingly being required by affiliated institutions prior to the placement of student pharmacists in practice experiences, and colleges/schools of pharmacy are increasingly asked to facilitate the drug screening process. Pharmacy colleges/school policies and procedures must clearly state actions that will be taken in the case of student pharmacists identified with positive drug screens. Student pharmacists must be notified of college/school policies related to drug screening prior to matriculation.

G. Noncompliance/Relapse

A total relapse does not necessarily follow a brief experience of noncompliance with therapy. These “slips” may serve as a valuable lesson in the recovery process and, if properly and aggressively confronted, may strengthen the recovering individual’s resolve to recover. The monitoring program working with the recovering individual must be allowed to vigorously confront noncompliance. Reporting to the Dean (or other college administrator), Board of Pharmacy or employer should be limited to the level necessary to assure that impaired individuals are not allowed in practice settings, or as required by law. Return to treatment may be necessary in some cases. If the individual then fails to comply, or is recurrently non-compliant, the advocacy relationship is terminated and a comprehensive report is made to the Dean, Board of Pharmacy and/or employer.

H. Families

Programs supporting family members of individuals with AARDs should be developed. Family members living with individuals with AARDs often have strong co-dependency relationships with the disease and are often nearly as dysfunctional as the individual with the disease. Such individuals are encouraged to participate in family programs at treatment centers, and in Al-Anon, Alateen and similar 12-step programs for recovering co-dependents. The monitoring program and college/school should assume an advocacy role in encouraging and, where necessary facilitating, participation in such programs. They should also assist as necessary in assuring that the family will not be placed in jeopardy by the removal of the impaired individual for treatment. If confidentiality can be assured, or the individual waives the right and allows disclosure, student groups as well as faculty or professional organizations, or auxiliaries, may be willing to lend support to the family. Friends or other family members may also be willing to help.

It must also be anticipated that some student pharmacists, faculty and other employees will themselves be rendered dysfunctional because of codependency relationships with family members or significant others with AARDs. College/school AARDs policies should allow and encourage participation of such members in recovery programs and, where necessary, allow leaves of absence to accomplish this.

I. Participation in 12-step and Other Support Programs

Recovering from AARDs is a lifelong process. The cornerstone to this process is ongoing participation in 12-step and other support program meetings. Student pharmacists, faculty and employees should be encouraged to attend such meetings and be given necessary time to do so when possible.

III. RELATED COLLEGE RESPONSIBILITIES

A. Curriculum

AARDs are major diseases that are often neglected in the professional curriculum at most colleges/schools of pharmacy. Most curricular content, at present, deals with pharmacological and toxicological aspects of drugs of abuse. Colleges/schools must revise core curricula to include appropriate emphasis upon the psychosocial aspects of AARDs and treatment. This may be accomplished through the addition of specific required courses or the revision of existing courses (with consideration of the appropriate aspects of the disease as it relates to each particular course), and consideration of provision of elective coursework and experiential activities. Experiential curricular components may be particularly powerful in promoting understanding of AARDs.

B. Continuing Education

Pharmacists encounter individuals with AARDs in the context of normal patient care responsibilities, and may encounter impaired colleagues. Ongoing education of pharmacists regarding AARDs is important in developing pharmacists' abilities to address these issues in the context of their practices and workplaces. Pharmacy continuing education providers should include programming related to AARDs as part of their normal continuing education programming.

C. Research

Because AARDs may affect many student pharmacists, faculty and other employees, and there has been little research on this subject, this represents a potential area for research emphasis in colleges/schools of pharmacy.

D. Communication and Education

Colleges/schools should design, and present on an ongoing basis, programs to educate student pharmacists, faculty and other employees about AARDs. Topics should include the incidence and progression of AARDs, available treatment and recovery programs, and the college's policies and procedures related to individuals with AARDs. Emphasis should be placed upon strict assurance of confidentiality and the non-punitive nature and intent of the college's/school's programs. Administrative support for the programs should be evident. The administration should provide assurance that communication with monitoring programs will be considered confidential and disclosed only to authorized individuals who have legitimate need for such information. Emphasis should also be placed on the program's intent to preserve student or employee status without prejudice. Contact people should be identified, and they should be involved in the presentations. Listings of these contact people should be prominently communicated throughout the college. Participation in these educational programs should be strongly encouraged or mandatory, and they should be included in the orientation programs for new student pharmacists, as well as for new faculty and staff members. It is vitally important that faculty attend since there may be a negative bias among some faculty members toward the disease concept of AARDs and the recovery process. They also need to know how to interface with monitoring programs when dealing with students or colleagues with possible AORDs, or if dealing with related personal issues. Information should also be readily available to families of student pharmacists, faculty and employees.

E. Wellness

Colleges/schools are encouraged to include a wellness program in their curriculum and in programs for faculty and other employees. Such programs should provide information and, where possible, experiences on positive lifestyle and coping techniques, and should be presented during orientation programs for all new student pharmacists, faculty and other employees. As health care professionals, the development of healthy lifestyles should be encouraged; administration should support student and employee exercise and sport programs as well as other self-help programs and activities.

F. Public Education

The pharmacist is considered the "drug expert" in the community. Presentations on drug abuse are often requested by civic organizations. Student pharmacists in colleges of pharmacy should receive the training necessary to permit them to adequately address this topic. The addition of psychosocial AARDs information in the curriculum will accomplish much of this task. Student pharmacists should also be experienced in public speaking and have some experience in giving such presentations while enrolled in the college/school. Colleges/schools of pharmacy are encouraged to increase public drug awareness activities through this means and through participation in media presentations, publications, and awareness campaigns. Participation in organizations involved in community drug awareness is encouraged. Local and state councils on alcoholism represent both an excellent

resource for information and materials and also an opportunity to get further involved in the drug awareness process.

F. Practice

Pharmacy schools and colleges need to be actively involved in efforts to improve the care of patients with substance abuse disorders. Curricula should focus on AARDs as disease entities that are commonly encountered in the course of pharmacy practice, and pharmacists need to be able to address AARDs in the course of daily practice activities. Pharmacy colleges/schools should address improvements in practice related to the care for patients with AARDs. They should also condemn the sales of potentially addictive products (e.g., tobacco products and alcoholic beverages) in pharmacies as unprofessional.

G. Campus Promotion of Abuse Prone Substances

Use of alcoholic beverages and binge drinking are woven into the fabric of “college life.” Pharmacy colleges/schools should partner with other entities on campus to advocate and promote low-risk use of alcohol or any other abuse-prone substances. Some student pharmacists in colleges/schools of pharmacy are under legal drinking age. Advertising or promotion of any abuse-prone substance (alcohol, tobacco, and drugs) should be considered inappropriate within a college/school of pharmacy and should be discouraged on the campus as a whole. For example, a policy could indicate that alcoholic beverages will not be served at any college/school sanctioned/supported party, and that any party sanctioned by any student or other college/school organization must serve food and have equal amounts of nonalcoholic beverages if alcohol is served. Non-drinking designated drivers should be identified in advance and be available to provide rides, if needed, or rides could be arranged using busses or taxis. Student pharmacists on experiential rotations or other intern/extern experiences should not be permitted to sell or promote tobacco products or alcoholic beverages as a component of that experience. Rotation sites that sell neither of these should be considered preferred sites.

American Association of
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