



Successful Practices in

**College/School Involvement with
Substance Abuse and Chemical Dependency Programs**

*Professional Curricula and Curricular Materials, Student Assistance Programs,
Treatment/Recovery Programs*

Pharmaceutical Education 2010

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Area of Successful Practice: Professional Curricula and Curricular Materials

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College/School Involvement with Substance Abuse and Chemical Dependency Programs
Area of Successful Practice: Professional Curricula and Curricular Materials

Description

In an effort to further explain to the Chemical Dependency Policy as well as chemical and substance abuse issues to Drake University student pharmacists, two sessions were added to the orientation course series. This academic year series is required of students during their first year of enrollment. Each course is 0.5 credit hours and meets approximately eight times each semester.

During the fall semester course, the Academic and Student Affairs Office staff (Jennifer Tran, M.A.) provides an overview of substance abuse and related policies (Chemical Dependency Policy, Honor Code) within the College. The information is shared in an interactive lecture format using the Turning Point Technology Clicker System. During future class sessions, small groups meet in the College's computer lab for additional interactive experiences.

The goals of this learning module are:

- Summarize key statistics on alcohol use by college students nationwide and at Drake University.
- Explain what to do in an alcohol abuse emergency
- Understand the main points of the Drake University Substance Policy as well as the CPHS chemical dependency policies.
- Compare the effects of various blood alcohol levels.

During the lecture, the following topics are covered along with questions for the students to respond to via the clickers and discussion.

- Why all this fuss about alcohol?
- Is this a problem at Drake University?
- When Drinking Turns Deadly – Acute and Chronic Impairment
- Why the pharmacy profession has a higher rate of alcohol and chemical dependencies
- The purpose of the Chemical Dependency Policy
- Chemical Dependency Policy Issues among Pharmacy Students
- The 'costs' associated with a Driving Under the Influence (DUI) Charge

To assist with engaging the students in the material that they may have heard before, quiz questions are asked of the students during the lecture such as:

- What is the average annual beer consumption by American college students (in number of cans of beer)?
- What percent of alcohol is consumed by alcoholics (10% of our general population)?
- At what age do addictive behaviors typically begin?

- On average, how much does a typical DUI cost?

Following the lecture class, students meet in small groups (20-30 students/group) in a computer lab. During this session, students visit factsonatp.com where they take a quiz to determine their knowledge of alcohol related issues as well as view a Blood Alcohol Level Chart. Small groups within these breakouts take turns using Fatal Vision goggles, attempting to walk a straight line, give a hi-5 to someone else also wearing goggles, etc. Students are reminded that the glasses only simulate the visual changes that alcohol causes; they do not simulate the brain changes that occur.

Following the small group breakout, the students are asked to reflect on what they have seen with regard to alcohol use at Drake University and whether they are surprised by their experiences.

Outcomes

This topic has been part of the orientation course for a number of years. During this time period, we have noticed the following changes in the College:

- A culture of self-reporting violations as required in both the Chemical Dependency Policy and Honor Code. The sessions serve to educate the students in a more engaging manner than a pure lecture format about the policy regulations.
- Student awareness of the impact of various decisions. In their reflections, students often comment about their new understanding of their responsibilities as a professional program student.
- An increase in the number of students expressing interest in attending the University of Utah School on Alcoholism and Chemical Dependencies. For the last several years, 3-5 students have attended each year. Prior to these sessions, there was minimal interest on the part of students to attend.

Barriers to Implementation:

- Cost of the Fatal Vision Goggles
- Students' impression that they already know all of the information.
- Students' belief that since they are of age they don't need to worry about alcohol issues any longer.

Advice or lessons learned:

- Having interactive simulations helps students to be engaged. Comments are seldom received that the information is the same thing that they heard in high school or during pre-pharmacy course work.
- Future plans include providing more of an emphasis on opportunities to get involved, such as University of Utah School on Alcoholism and Chemical Dependencies, IPRN (state recovery network), College PRN Committee. Plans are to ask the Utah attendees and the PRN committee members to attend the lecture session to share their experiences.
- Next offering will include prescription drug uses such as Adderal, etc. since so many students have easy access to these medications.

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College/School Involvement with Substance Abuse and Chemical Dependency Programs
Area of Successful Practice: Professional Curricula and Curricular Materials

Description

The Faculty of Pharmacy at the University of Toronto has a long history of collaboration with the Addiction Research Foundation, which is now part of the Centre for Addiction and Mental Health (CAMH), in Toronto, Canada. CAMH is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centers in the area of addiction and mental health. CAMH is fully affiliated with the University of Toronto, and is a Pan American Health Organization/World Health Organization Collaborating Centre. The education and research initiatives between with the Faculty of Pharmacy at the University of Toronto and CAMH have been developed over the last four decades. The following provides a description of the current components of this academic collaboration.

Course: Undergraduate students in the BScPhm program are introduced to substance abuse in pharmacy practice in their required first year *Introduction to Pharmaceutical Sciences* (PHM150) course. This course provides an overview of key topics in applied pharmaceutical sciences (e.g., drug nomenclature, structure-function relationships, pharmacokinetics). Six hours of classroom instruction is dedicated to the application of these concepts to substance abuse.

In fourth year, students may take an elective course in *Alcohol and Substance Use Disorders* (PHM462). The goal of this course is to teach pharmacy students about the identification, prevention, and treatment of alcohol and substance use disorders with an emphasis on the role of the pharmacist. Students become familiar with alcohol and substance use disorders (including problems with prescription psychoactive drugs), detoxification procedures, information and treatment resources, and medical and social problems associated with substance abuse. The course runs over 13 weeks with a total of 26 hours of classroom instruction. The course is coordinated and taught by a faculty member, with approximately ½ of the lectures lead by guest instructors including 3 CAMH pharmacists who have status faculty appointments, as well as by CAMH researchers and therapists. Students have the opportunity to interact with CAMH clients in recovery who agree to attend class to share their experiences in treatment. Over the last 5 years, the class size has increased from 23 students to 74 students (32% of total class), receiving very positive student evaluations (e.g., “My favourite pharmacy class ever.” “The information is very interesting and directly applicable to practice.” “Patient visitors were very valuable & interesting.” “It was a great course and should be a mandatory part of the curriculum.”)

In our Doctor of Pharmacy program required *Advanced Pharmacotherapy in Neuropsychiatry* (PHM615) course, one of the seven topics covered in depth is substance use disorders. This course provides students with the knowledge in pathobiology and therapeutics required to be an advanced practitioner and is taught using problem based learning techniques. The objectives are for the students to be able to describe the patterns of use, abuse and dependence of psychoactive

drugs; to be able to differentiate between drug use, drug abuse, drug misuse, physical dependence and addiction; to identify the medical and social problems associated with substance abuse and dependence and to identify and prioritize the drug-related problem(s) associated with these disorders; to distinguish the clinical presentations associated with substance use problems: intoxication, withdrawal, dependence and medical consequences; and to identify the pharmacotherapeutic approaches for the treatment of withdrawal and addiction; and their rationale and application to drugs of abuse (particularly for alcohol, opioids and sedative-hypnotics). This course is delivered both in a classroom and online format for class sizes of 5 to 10 pharmacists working collaboratively.

Experiential Placements: CAMH pharmacists serve as preceptors for the BScPhm fourth year *Structured Practical Experience Program* taking students on 8-week placements in both an ambulatory addictions setting and in an inpatient medical withdrawal service. CAMH offers a University of Toronto affiliated, Canadian Hospital Pharmacy Residency Board accredited, hospital pharmacy residency program of which the resident spends a required 6-weeks in direct patient care placements in substance abuse. In addition, the residency project may be addictions-focused. Last year the resident spent a month embedded in the Addiction Medicine Clinic to provide and evaluate a pharmacist-led outpatient medication reconciliation program.

Clinical Research: CAMH serves as a base for graduate student education in addictions, supervised by pharmacy graduate faculty. There are currently 2 pharmacists enrolled in the part-time MSc program with clinical research projects focused on prescription drug abuse and medical withdrawal pharmacotherapies.

Continuing Education: CAMH pharmacists, cross appointed to the Faculty of Pharmacy, participate in the development and delivery of a University of Toronto CE accredited *Opioid Dependence Treatment Certificate Program*. This is a multidisciplinary initiative where participants must take a core course plus three or four elective courses to meet the certificate requirement of a total of 39 or more hours.

Program Continuity

Each of the previous components has developed over many years, and are currently offered on a continuing and consistent basis. Support for the activities has continued based on positive feedback (i.e, course evaluations) and the initiative of faculty and status faculty specializing in this area.

Benefits and Barriers

These initiatives have the potential benefit of providing pharmacy practitioners with the knowledge and skills needed to provide pharmaceutical care services to people with substance abuse problems. The barriers to providing these educational opportunities are related to competing curricular demands and faculty resources.

Future Directions

The Faculty of Pharmacy at the University of Toronto is currently undergoing curriculum renewal. In the current planning process, the elective course content on substance use disorders is being incorporated into the required therapeutic modules of the new curriculum.

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College/School Involvement with Substance Abuse and Chemical Dependency Programs
Area of Successful Practice: Professional Curricula and Curricular Materials

Description

The School offers several opportunities in chemical dependency/addiction studies. All courses are taught by a pharmacist who is a Chemical Dependency Professional (CDP, Washington State Department of Health designation)

Required Course:

PHARM 537 Chemical Dependency Concepts (2 cr) — for all PY2 PharmD students (offered since 1995)

- Topics include: Therapeutic Frame (—Meeting People Where They Are||), Drugs of Abuse, Genesis of Addiction, Harm Reduction, Legal and Ethical Considerations, Opioid Addiction and Treatment, Impaired Pharmacist Rehabilitation, Detecting and Dealing with Substance Abuse Issues in Practice and Medication Use in Recovery
- The goal is to provide a respectful, productive and comfortable learning environment in which students can achieve the following objectives:

A. Personal

- Explore and analyze personal attitudes about drugs and drug users
- Recognize how these attitudes influence care provided to drug-using, chemically dependent or recovering individuals
- Develop alternative personal strategies for dealing with drug-using, chemically dependent or recovering individuals

B. Clinical

- Gain a basic understanding of chemical dependency/addiction — etiologic theories, distinguishing characteristics and patterns of use
- Increase clinical awareness regarding drug-seeking behavior
- Develop strategies for medication management in chemically dependent and recovering individuals

C. Ethical/Legal

- Increase understanding of pharmacist legal responsibility, liability and protection with regard to psychoactive drug dispensing, needles and syringes and methadone dispensing
- Develop strategies for dealing with prescriber and patient controlled substance-related problems
- Understand the Washington State Impaired Pharmacist Rehabilitation Rule, learn how to recognize an impaired co-worker or peer and utilize the services provided by WRAPP

D. Psycho/Social

- Understand the concept and principles of harm reduction as applied to licit and illicit substance use
- Develop an awareness of community resources for healthcare professionals and the public with regard to substance abuse issues
- Describe the recovery process and variables that affect rehabilitation
- On a basic level, discuss the characteristics of family members, friends and/or co-workers of addicted persons and identify enabling behaviors in the family or workplace of an addicted individual.

The syllabus, handouts, assignments and material presented during class (in all courses and practicums) are intended to serve as a resource and guide to be used in situations students will encounter in their professional pharmacy practice. Lectures do not strictly follow the syllabus and additional material may be presented during lecture and discussion. Some assignments may be given before the material is covered in class lecture/discussion. Although this format of teaching and learning may initially produce confusion, discomfort or frustration for a student, it is intended to simulate real-life practice situations where issues of substance misuse, abuse, mis-prescribing, etc. may arise without warning, are not always clear-cut and require careful impromptu gathering and review of available information, consultation of law, ethical reasoning and the ability to consider all perspectives and approaches to an issue before taking action.

Elective Courses:

PHARM 538 Chemical Dependency Issues in Practice (3 cr) — taken by 24–40 students/year (offered since 1989)

- Topics include: Pharmacology of Drug Abuse, Loss Exercise, Spirituality in Recovery, Codependency and Family Disease, Laboratory Drug and Alcohol Testing Principles, Diagnosis/Treatment of Infants Born to Drug-Using Mothers, Diagnosis and Management of Abstinence and Withdrawal, Treatment Programs and Sober Support Options, and Recovering Pharmacist Speaker 2

PHARM 591 Community Collaborations in Health Care — Practicum (2 cr) (offered since 1997)

- The Salvation Army Adult Rehabilitation Center (ARC) is a work-therapy-based residential rehabilitation program which helps ARC beneficiaries to overcome serious life problems, such as alcohol and drug dependencies. It affords them opportunities to gain insight into their problems while acquiring self-respect, and developing moral and spiritual principles of conduct and habits of industry that will enable them to gain purpose and meaning in their lives.
- Students demonstrate an understanding of the Self-Care Model of Health, specific to recovery, through provision of health education information on a variety of topics and levels to individuals in varying stages of recovery from alcohol and/or drug addiction. As part of a Health Advisory Board, the instructor, students and beneficiaries work together to develop health literacy along with addiction and general health recovery plans. The board plans activities for the quarter including a Health Fair. The instructor and students present information on a variety of topics of importance to the health of the ARC population, including STI, hepatitis and liver disease, HIV/AIDS, mental health, etc.

PHARM 595 Independent Study in Chemical Dependency (2 cr)

- Topics vary with the individual student and have included developing a resource guide for accessing medical care services for the underserved in the downtown Seattle area

PHARM 577 Advanced Chemical Dependency Practicum (5 cr)

- Opportunities/activities vary with the student and have included participation in WRAPP (Washington Recovery Assistance Program for Pharmacy), clinical practice with methadone/buprenorphine treatment for opioid addiction, and harm reduction via the Needle Exchange Program through King County Public Health.

Outcomes

The School has a 20 year history of courses in chemical dependency/addiction. Initial success of the PHARM 538 elective in 1989 led to development of the additional coursework. Students who have been exposed to these courses have gone on to be involved as members of the WRAPP Advisory Board or have early identified themselves or others and referred them to WRAPP, initiated and supported harm reduction programs at their practice sites (syringe access), supported public health measures aimed at addiction treatment, etc. Student evaluations of teaching and material in these courses has been consistently high; student evaluations of their own learning, as evidenced by a self evaluation assignments in each course, consistently demonstrate questioning of assumptions regarding chemical dependency and change of awareness, attitude, and behaviors.

These topics, and, more importantly, the teaching methods used, provide an opportunity for students to be exposed in an early, meaningful, and relevant way to incorporate humanistic, compassionate, and considerate understanding of patients, as the primary focus of their profession. The development of a Therapeutic Frame learned and practiced through these course options is transferrable to patients in all disease states and serves as a way to maintain the integrity of the therapeutic relationship so that the focus is on treatment and patient well-being.

Future Directions: The faculty are considering offering a focused elective pathway in Chemical Dependency/Underserved Populations. It is designed for the student who has an interest in pursuing further education and practical experience in chemical dependency including but not limited to treatment options, counseling, intervention, education, and prevention. Focus will be on development of a personalized Therapeutic Frame for providing care to addicted/recovering and/or mentally ill patients.

Barriers: The initial barrier to course offerings in chemical dependency was resistance by the faculty in recognizing the value of education and skill development in this area for all practicing pharmacists, coupled with faculty funding. Once students have gained awareness and been able to apply knowledge and skills learned, they serve as advocates within the school as well as for patients and public health in the community.

Advice/Lessons Learned: Faculty involved should have the appropriate credentials, education, practical experience and communication skills to be credible instructors and advocates for chemically dependent patients who often co-experience mental health and physical health issues.

Awareness of community resources and practice-based experience provide the best learning opportunities for students.

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Area of Successful Practice: Student Assistance Programs

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College/School Involvement with Substance Abuse and Chemical Dependency Programs
Area of Successful Practice: Student Assistance Programs

Description

Alabama's pharmacy schools actively collaborate with the Board of Pharmacy's (BOP) Recovering Impaired Pharmacist (RIP) Program to facilitate the processes of evaluation, treatment, recovery and ongoing monitoring for student pharmacists who are suspected of chemical impairment problems. The RIP Program is under the auspices of the Board of Pharmacy and is supervised by the Committee on Recovering Impaired Pharmacists (CoRIP) which is responsible for oversight of the Program as well as the development of policies and procedures. CoRIP membership includes representatives from the State's 2 pharmacy schools, the Board, the Alabama Pharmacy Association, and the Alabama Society of Health Systems Pharmacist, as well a recovering pharmacist who serves as the Chair of the Committee. Per Alabama Law, the program is administered by an addiction professional that works under a contact with the BOP and directs the evaluation and management of registered pharmacists, interns and technicians who are referred or who self-refer to RIP.

Student pharmacists with positive urine drug screens or who exhibit behavior that is suggestive of chemical impairment are referred to the RIP Program's Administrator for evaluation. Based on the Program Administrator's findings, individuals may be referred for further evaluation and/or treatment. Student pharmacists with active chemical impairment diagnoses will be asked to voluntarily surrender their internship licenses or will have appropriate action taken against their internship licenses by the BOP. The BOP approved CoRIP policy then allows for the reinstatement of a probationary internship license using a consent order or other final order of the BOP. However, this does not occur until the student pharmacist is in the recovery process with ongoing monitoring via random drug screens. Such students will be withdrawn from school until their internship license is reinstated on a probationary basis.

Outcomes

This approach assures that student pharmacists with chemical impairment disorders are managed in a manner that is appropriate for health professionals with ready access to addictive substances. Student pharmacists are viewed as professionals in training and both pharmacy schools require all student pharmacists to be licensed as interns by the Alabama BOP for any time that they are enrolled in school. Treatment must be completed in RIP approved programs with resources to meet the particular needs of health professionals.

Impaired student pharmacists are not allowed to return to practice settings until they have demonstrated success in initial recovery and compliance in the RIP's monitoring program. The process results in accountability for recovering student pharmacists and the pharmacy school, particularly with regard to patient safety issues resulting from impaired student pharmacists being assigned to experiential learning sites.

This process also assures that accountability and ongoing monitoring occur as recovering student pharmacists transition from pharmacy school to become licensed pharmacists. The RIP Program's monitoring agreements require a minimum of 5 years of random drug screens, which extend from the student's final years in pharmacy school to the initial years in practice.

Barriers to Implementation: Barriers to implementation of this collaboration concern issues of student (patient) confidentiality and involvement of the BOP in managing chemical impairment which is widely regarded as a disease. Another commonly expressed concern is that Board-controlled programs will deal with these cases in a primarily punitive manner. However Alabama's Statutes, and the licensure of all student pharmacists as interns, clearly provide the RIP Program with authority over chemically-impaired student pharmacists. A third concern involves the decision as to when the school can or should refer the student to the RIP program. There is no question about referral if the student has violated the practice act, or if the student has a positive drug screen without a corresponding legal prescription; the concern is how to identify students with potential problems, but no absolute evidence.

Our experience has been that the BOP has dealt with chemically-impaired student pharmacists in a very supportive manner and provided appropriate reinstatement of internship licenses to those individuals who have been successful in treatment and have shown compliance in the initial stages of their monitoring programs. Membership on CoRIP provides both pharmacy schools with the opportunity for ongoing input into the RIP Program's policies and procedures. In addition, administrative representation from both pharmacy schools helps to maintain an effective ongoing working relationship with the RIP Program Administrator.

Advice/Lessons Learned: Our program is unique in that it is a Board-managed program. It differs greatly from the typical models employed that include pharmacy recovery networks (PRNs) that are not controlled directly by pharmacy boards. It also differs from programs conducted by school committees that may exclude appropriate representation from the school's administration. These models are supported by the current AACP Guidelines for the Development of Psychoactive Substance Use Disorder Policies for Colleges of Pharmacy (*Am J Pharm Educ.* 1999;63:28S-34S). In addition, these Guidelines recommend notification of pharmacy boards and/or school administrative officers only in those cases where students are not compliant with treatment and/or monitoring contracts.

Given recent changes in pharmacy curricula, we believe that treatment and recovery programs must involve appropriate pharmacy school employees with administrative responsibilities. Practice experiences that are required throughout the curriculum result in increased student access to drugs and required licensure as an intern in most states; thus drug diversion becomes an increasing concern for pharmacy schools. Patient safety concerns are also heightened by the

presence of impaired student pharmacists in practice settings. These issues raise important liability concerns for pharmacy colleges and schools, if impaired student pharmacists are assigned to practice settings and are responsible for drug diversion and/or patient harm. Pharmacy schools can take a major step in limiting their liability by having policies and procedures in place that ensure that appropriate individuals with administrative responsibilities have knowledge of those student pharmacists who are known to be impaired or in recovery and, thus, can take appropriate actions to limit potential liability and/or patient harm. It is often argued that such policies inappropriately violate patient confidentiality rights of impaired student pharmacists. However, it is our opinion that such confidentiality concerns are superseded by concerns of patient safety and pharmacy school liability.

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