

IMPROVING ADDICTION EDUCATION AND ASSISTANCE IN PHARMACY COLLEGES

District V NABP/AACP Meeting

**Omaha, NE
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Objectives



At the completion of this session, the participant should be able to:

- 1. Describe how pharmacy educators can enhance addiction education in pharmacy colleges**
- 2. Identify resources available to pharmacy colleges to facilitate student pharmacist addiction recovery**
- 3. Discuss the role of PRNs, the AACCP Substance Abuse SIG, and the APhA addiction PInG in these processes**

Debunking Common “Mythconceptions”



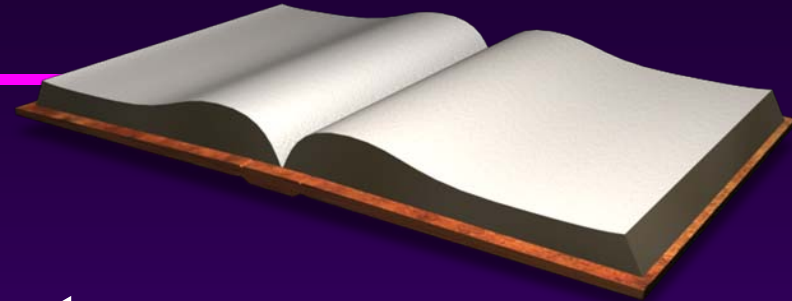
- ◆ Sarah & Joe get into “doing shots” at a pharmacy student party; both get stopped at a random sobriety checkpoint on the way back to the dorms. Both consumed the same number of shots & they weigh about the same. Sarah is arrested for “blowing” a BAC of 0.15 and failing the field sobriety test while Joe only registers 0.07, passes the sobriety test & drives back to the dorm. Why the difference?
- ◆ Does Sarah’s DWI mean she is alcoholic?

Debunking Common

“Mythconceptions” – The Sequel

- ◆ Sam is a pharmacy student who drinks at least a six-pack of beer every night; is he alcoholic?
- ◆ Ed is the pharmacy student who always is the first to reach the keg at a student party & the last to leave. He can “drink everyone else under the table.” Ed, a “hero” to many in his class, only drinks on weekends, but spends most of a weekend drunk. Since he does not drink every day, could Ed be an alcoholic?

Debunking Common “Mythconceptions” – The Final Chapter



- ◆ A concerned student expresses his concern to Ed about his drinking & related behavior. Ed successfully “goes on the wagon” for two weeks. Does this rule out alcoholism?

Defining Addiction



- ◆ **“Cliff Notes” version**
 - **Addiction: drinking (or using) despite clear evidence of adverse consequences**
- ◆ **Sarah’s DWI conviction costs her \$4,300 in legal fees & she loses her driver’s license for 6 months. Several years later, she is arrested again for DWI after celebrating the completion of her toughest clerkship at the end of February. Alcoholic?**

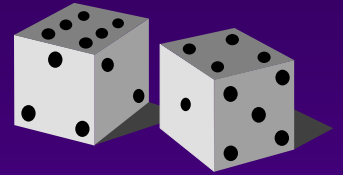
Disease or Misconduct??

- ◆ **Medicine & surveys of students & faculty support the disease model, yet:**
 - **Colleges often do not articulate this to students in orientation or policy**
 - **The stigma of "weak will" in an educated professional who "should know better" continues to be evident in the public's, in health professionals' & in colleges' attitudes & policies**



Those at Risk for Addiction

- ◆ Family history
- ◆ Depression or other psychiatric illness
 - “Melancholy, indeed, should be diverted by every means but drinking.”*
 - Dr. Samuel Johnson (1707 – 1784)*
- ◆ Those using analgesics beyond usual length of therapy for condition
- ◆ Ready access (e.g., medical professionals)
- ◆ High stress (e.g., job, health, death, divorce)
- ◆ Those in recovery



National Epidemiologic Survey on Alcohol and Related Conditions



- ◆ Lifetime prevalence of substance abuse/dependence disorders in U.S. conducted 2001-02 using *DSM-IV* criteria – alcohol use 30.3%; drug use 10.3%
 - Alcohol dependence – 12.5% (17.4% for men; 8.0% for women)¹
 - Other drug dependence – 2.6% (3.3% for men; 2.0% for women)²

¹Hasin DS, Stinson FS, Ogburn E, Grant BF. Prevalence, correlates, disability, and comorbidity of *DSM-IV* alcohol abuse and dependence in the United States. *Arch Gen Psychiatr.* 2007;64:830-42.

²Compton WM, Thomas YF, Stinson FS, Grant BF. Prevalence, correlates, disability, and comorbidity of *DSM-IV* drug abuse and dependence in the United States. *Arch Gen Psychiatr.* 2007;64:566-76.

But, we don't have a problem at our college!"

- ◆ You want to establish a pharmacy student assistance program. Your Dean's reaction to your request is "Why would we need that? We don't have any students with alcohol or drug problems." What evidence is there which would help you to explain that these problems do exist?



Pharmacy Student - Recreational* Use, Past Year (in %)

AREA/YEAR (N)	ALCOHOL	TOBACCO	MARIJUANA/ HASHISH
NE/1984 ³ (278)	-	-	28
SE/1988 ⁴ (259)	77	-	14
MidW/1990 ⁵ (161)	91	22	11
MidW&SW/ 1999 ⁶ (581)	83	25	7

*excludes prescription or religious use

³McAuliffe W et al. *Am J Hosp Pharm.* 1987;44:311-7.

⁴Miller CJ, Banahan BF. *Am J Pharm Educ.* 1990;54:27-30.

⁵Kriegler K et al. *J Am Coll Health.* 1994; 42:259-65.

⁶Baldwin JN. Unpublished data on file



Pharmacy Student- Recreational Use, Past Year (in %)

AREA/YEAR (N)	COCAINE/ CRACK	AMPHET- AMINES	SEDATIVES	OPIOIDS
NE/1984 ³ (278)	13	8	9	4
SE/1988 ⁴ (259)	3	7	4	2
MidW/1990 ⁵ (161)	1	6	8	5
MidW&SW/ 1999 ⁶ (581)	1	2	4	2



Pharmacy - Family* History of Problems With/Treatment For: (in %)

AREA/YEAR (N)	ALCOHOL/ ALCOHOLISM	DRUGS/DRUG DEPENDENCY
MidW/1990 ⁵ (183) [^]	37	8
MidW&SW/ 1999 ⁶ (581) [@]	35	13
NE/2002 ⁷ (133) [#]	35	11

*defined as parents, grandparents, brothers, sisters

[^]included 22 faculty members & 161 student pharmacists

[@]student pharmacists

[#]pharmacists

⁷Kenna GA, Wood MD. *J Subst Abuse*. 2005;10:225-38.



AACP



- ◆ **Substance Abuse Education and Assistance Special Interest Group (SIG) founded in 1987.**
- ◆ **Served as Chair from 1987-1997**
- ◆ **Has program and business meetings at each AACP Annual Meeting**
- ◆ **Allison Welder (Southern Nev.) is Chair**
- ◆ **Has undertaken special projects**

“The mission of the AACCP Substance Abuse Education and Assistance Special Interest Group (SIG) is to collaboratively promote and enhance professional and public education concerning substance abuse, to promote and foster the provision of appropriate substance abuse assistance and recovery support for professionals and the public, and to promote scholarly inquiry concerning substance abuse as it impacts the profession of pharmacy and the public whom we serve.”

Past SIG Projects



- ◆ College SA policy guidelines
- ◆ Curricular course content survey and curricular recommendations
- ◆ Faculty SA attitudes and behaviors
- ◆ Points of Light – chapters on policy and how to conduct student survey

College Policies



- ◆ AACCP adopted in 1988; updated in 1999 by Substance Abuse SIG⁸
- ◆ Adoption survey done 1993-94
 - 16 used campus policies (often only “drug-free schools”-type policies)
 - 24 of the respondents were developing policies; 22 used recovery contracts
 - 28 used student counseling, 18 used student health, 25 used state PRNs

⁸Dole EJ et al. American Association of Colleges of Pharmacy guidelines for the development of psychoactive substance use disorder policies for colleges of pharmacy. Am J Pharmaceut Educ, 1999; 63:28S-34S.

Points of Light



- ◆ “Points of Light: A Guide for Schools & Colleges of Pharmacy in Providing Assistance to Chemically Dependent Health Professional Students”, Washington: American Pharmaceutical Association; 1996
 - Written by PRN & college “experts”
 - “How-to” guide for pharmacy colleges
 - Copies sent to college Deans & ASP chapters
- ◆ Policy is first version; use ‘99 update

Survey of Faculty



◆ Conducted and reported survey of faculty of all 74 colleges of pharmacy in US in 1988 concerning faculty SA behaviors⁹ and attitudes¹⁰.

– Findings of interest⁹:

- » 50% response (1326/2652)
- » FHx of alcohol/drug abuse 25%
- » 22 (2%)/ 4 (0.3%) reported personal alcoholism/addiction; 37 (3%)/ 10 (0.8%) “drinking problems”/ “drug abuse problems”.
- » Prior recreational drug use 32%; current 4%

^{9,10}Baldwin JN et al. Am J Pharmaceut Educ. 1990; 54:233-38 and 139-42.

Survey of Faculty (contd.)

– Findings of interest¹⁰:

- » 84% considered chemical dependency a disease
- » 93% favored rehabilitation for chemically dependent faculty
- » 81% favored chemical dependency assistance programs for faculty and students
- » 68% favored strengthening pharmacy college SA and wellness curricula

- ◆ Coursework related to psychosocial aspects of SA and SA treatment and rehabilitation were most often cited as areas needing increased emphasis.



SA Education



- ◆ Two of three Midwest/SW COPs had 40-45% of surveyed students report inadequate SA education while only 17% reported this in a COP that had an extensive addiction education program in place for all students⁶.
- ◆ Unpublished data from a Neb. statewide survey that I conducted: 52% of health professions students considered their SA education adequate (AH 41; DDS 50; MD 50; Nursing 55; pharmacy 64%)

SIG SA Education Projects

- ◆ Published curricular guidelines for development of SA education in pharmacy colleges in 1991.¹¹
- ◆ Reported SA course content survey results conducted in 1993 at request of AACP Council of Faculties.¹²

¹¹Baldwin JN et al. Am J Pharmaceut Educ. 1991; 55:311-6.

¹²Baldwin JN et al. Am J Pharmaceut Educ. 1994; 58:47S-52S.



Curriculum Survey Findings

- ◆ 84% return (63/75)
- ◆ ~50% of recommended material had been adopted at 51 colleges
- ◆ 97% said the guidelines' goals were consistent with their SA education goals
- ◆ Extent of adoption in reqd./elective curriculum:
 - Pharmacology, toxicology, therapeutic AOD use 63%/43%; AOD legal issues 54%/29%; AOD psychosocial issues 41%/44%; addiction ID, intervention, treatment 39%/40%
 - Most indicated they planned to increase SA content



Curriculum Survey Findings (contd.)



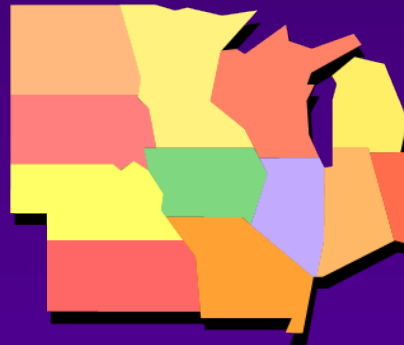
- ◆ **Extracurricular programs**
 - **33% community drug talks**
 - **10% involvement with PRNs**
 - **11% had students who had attended the U. of Utah School on Alcoholism and Other Drug Dependencies Pharmacy Section**
- ◆ **52% planned to use guidelines to a large extent; 17% planned to adopt them as closely as possible**



- ◆ Pharmacy section in 1986 was ~30 with no student pharmacists
- ◆ Challenged faculty to bring student pharmacists
- ◆ ~250 students from ~40 pharmacy programs this year
 - some restrictions (e.g., faculty mentors)
 - goal – 100%
- ◆ Open 12-step meetings each night
- ◆ Student mentors – “dinosaurs”
- ◆ Presentation on how to apply what they learned at home

“Utah, Jr.”

- ◆ Regional PRN meetings - Heartland PRN; NW PRN; SE PRN; SW
- ◆ Some states conduct annual addiction seminars (e.g., Ohio)



Dole EJ, Tommasello A. Recommendations for implementing effective substance abuse education in pharmacy practice. *Subst Abus.* 2002;23(3s):263-71. (A part of the “Strategic Plan for Interdisciplinary Faculty Development” published in that edition of Substance Abuse)

- ◆ **Proposes a national survey of SA educational content in COPs.**
- ◆ **Recommends collaboration of pharmacy professional organizations, COPs & and Federal agencies to define core competencies in SA education & propose how to best integrate these into the curriculum.**
- ◆ **Proposes that faculty members from each COP be trained to provide SA education & an infrastructure be developed to continue to train others as needed to maintain SA education programs.**

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- ◆ **Recommends that pharmacist CE include SA education**
- ◆ **Advocates that efforts be undertaken at the level of licensing bodies to include SA content on board examinations**
- ◆ **Recommends that appropriate processes be in place to assist pharmacists & student pharmacists impaired by AOD use**



Policy Issues

- ◆ Should SIG further update the AACCP policy guidelines?
- ◆ Should the SIG do a policy status survey?
The last one was done 14 years ago.
- ◆ Some colleges integrate student program into the state PRN program
 - Is this desirable?
 - Make sure this does not violate student confidentiality rules (check with U. attorneys?)
- ◆ Students as intervenors??

Other issues

- ◆ Would it be worth the effort to conduct another faculty survey of key SA issues, perhaps online?
 - last one was done 20 years ago
- ◆ Revise curriculum guidelines?
- ◆ Redo SA course content survey?
 - If so, before or after guidelines publication?
- ◆ Is it practical & worth the effort to conduct a national survey of SA attitudes & behaviors in COP students?



Substance Abuse Education



- ◆ Cannot mandate specific curricular content
- ◆ Encourage curricular inclusion by developing NAPLEX questions related to psychosocial aspects of addiction?
- ◆ Advocate core content in required curriculum + creative electives
- ◆ Develop core resources such as course & lecture templates?
- ◆ Educate faculty about SA

APhA Addiction Practitioner Interest Group (PInG):



- ◆ **Programming at APhA Annual Meeting**
- ◆ **Advocacy**
- ◆ **Non-academic members can, for example:**
 - **Advocate locally for addiction curriculum**
 - **Volunteer as COP speakers/ assist in SA course content development**
 - **Promote student pharmacist, pharmacist, Board, & other key stakeholder attendance at Utah & regional PRN conferences**

Resources for Pharmacy Professionals

- ◆ <http://usaprn.org/>
- ◆ IPA
- ◆ IDAA
- ◆ Mainstream 12-Step groups
 - Should all student pharmacists attend an open addiction-related 12-step group while in COP?

Background Checks



- ◆ **Becoming a standard for incoming student pharmacists once admitted.**
- ◆ **Often reveal records student thought had been “expunged.”**
- ◆ **Best to recommend admitting everything.**
- ◆ **Boards report numerous reviews of students with past alcohol-related offenses of record each year**