

Report of the AACP Special Committee on Substance Abuse and Pharmacy Education

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President-Elect Jeffrey N. Baldwin created the AACP Special Committee on Substance Abuse and Pharmacy Education as a special committee to serve during his term of office in 2009-2010. The Committee met in Alexandria, Virginia on October 4-5, 2009 and conducted the remainder of its business via electronic media.

CHARGE TO THE COMMITTEE

The Committee was specifically charged to examine and recommend how pharmacy colleges and schools should prepare all student pharmacists to appropriately assist those who are addicted or affected by others' addiction, and help support addiction recovery with an emphasis on public safety. The Committee was also directed to include recommendations on core curricular content and delivery, both for student pharmacists and continuing education for pharmacists, and on prevention and assistance processes within our colleges and schools.

BACKGROUND

Substance abuse and addiction continues to be a significant public health problem in the United States. Data for the year 2008 indicate that 8 percent of the population aged 12 or greater reported current illicit drug use and 6.9 percent met the criteria for heavy alcohol use.¹ The incidence of such disorders in health professionals is believed to be higher than that of the general population; this may be related to the access that health professionals have to abusable and addictive substances. Health professionals in training, including student pharmacists are impacted as well.

Pharmacists are educated and trained to fulfill the societal role of being drug experts and to use this expertise in the care of patients, including the prevention and management of drug related problems. Given that substance abuse and addiction are obviously disorders that are related to

the inappropriate use of drugs, pharmacists clearly have a responsibility to provide appropriate care for patients so afflicted. Pharmacy colleges and schools are the educational entities that bear the primary responsibility to prepare pharmacists for their roles as health professionals that provide patient care. Given the prevalence of drug misuse in our society, it is important for colleges and schools of pharmacy to address addiction and substance abuse as components of professional curricula as well as in the continuing education of pharmacists. Furthermore, colleges and schools of pharmacy also have a responsibility to provide assistance to members of their organizations (student pharmacists, graduate students, faculty, and other employees) that may develop addiction and other substance abuse disorders.

The American Association of Colleges of Pharmacy (AACP) has in the past been significantly engaged in addressing the issue of substance abuse and addiction, both within schools and colleges of pharmacy as well as the society at large. In 1988, the House of Delegates adopted a resolution that stated individual colleges and schools of pharmacy utilize the "Guidelines for the Development of Chemical Impairment Policies for Colleges of Pharmacy" that had previously been adopted by the AACP Board of Directors, and that "individual colleges and schools of pharmacy actively participate in programs as suggested by the guidelines."² The 1990-91 Academic Affairs Committee, in response to a charge presented by president John Biles, developed the following policy statement that was adopted by the House of Delegates: "Pharmaceutical education has the responsibility to prepare students to address the problems of substance abuse and chemical dependency in society."³

AACP's Special Interest Group (SIG) on Substance Abuse Education and Assistance has been very active in shaping academic pharmacy's response to these problems. The work of this SIG led to the publication of "Curricular Guidelines for Pharmacy Education: Substance Abuse and Addictive Disease."⁴ In 1999, the work of this SIG resulted in the publication of AACP's "Guidelines for the Development of Psychoactive Substance Use Disorder Policies for Colleges of Pharmacy," which updated the aforementioned 1988 document.⁵

Members of the academic pharmacy community have conducted and published a variety of studies that have provided to some extent a scholarly basis to assist pharmacy colleges and schools in addressing substance abuse issues. These studies have:

- assessed the use of alcohol and illicit drug use in student pharmacists, as compared to general college and other health professions students,⁶⁻⁹
- measured student pharmacist attitudes regarding the need for university policies directed at raising awareness on alcohol and drug abuse, and university programs to identify impaired students and provide assistance,¹⁰
- assessed substance abuse course content in colleges and schools of pharmacy,¹¹
- described substance abuse courses and educational programs and their impact on student pharmacists' knowledge,^{12,13}
- evaluated alcohol and nonmedicinal drug use in pharmacy college faculty members,¹⁴ and
- evaluated pharmacy college faculty members' attitudes concerning chemical dependency and substance abuse, as well as pharmacy college substance abuse education and assistance programs.¹⁵

While the aforementioned body of work has contributed significantly in helping academic pharmacy address issues of addiction and substance abuse, recent work has been more limited. The last set of guidelines was published in 1999.⁵ Since that time, there have been significant changes in pharmacy education that support the need for academic pharmacy to focus greater attention on substance abuse and addiction. In the first decade of the 21st century, pharmacy education has changed in a variety of ways, which result in new implications for pharmacy's academic enterprise. The profession has adopted the Doctor of Pharmacy entry-level degree, resulting in longer and more rigorous educational programs, which often follow increased duration of pre-pharmacy work. In addition, new Accreditation Council for Pharmacy Education (ACPE) standards require practice experiences be interspersed throughout all professional years of the curriculum.¹⁶ Finally, another dramatic change in pharmacy education is the opening of numerous new pharmacy colleges and schools that are often located on university campuses with few other health professions programs. These and other factors impact pharmacy schools in their need to address chemical dependency and substance abuse issues.

Thus, the Committee's work was focused on the directions that academic pharmacy needs to move in order to address the needs of the profession, its academic institutions, and society in general. Primary foci that are addressed in this report include:

1. better preparation of pharmacists and pharmacy faculty to facilitate improved care of patients with addiction and substance abuse disorders,
2. assisting pharmacy colleges and schools with the development of programs to help prevent addiction and substance abuse among students, faculty members, and other employees, and providing assistance to those individuals suffering from these disorders, and
3. recommending policies and procedures that will facilitate recovery of addicted students, faculty members, and other employees while limiting pharmacy school liability by preventing impaired students and faculty members from participating in practice activities.

SUMMARY OF THE COMMITTEE'S WORK

The committee used a variety of approaches to address the various issues it identified and provides the following descriptions of actions taken, as well as the products of its work.

Assisting Individuals with Addiction and Other Substance Use Disorders

Pharmacy colleges and schools need to be able to appropriately address substance abuse and addiction when these disorders occur in students, faculty and other employees. It is important that colleges/schools of pharmacy be able to assist impaired individuals, and the committee strongly encourages colleges and schools of pharmacy to develop appropriate policies and procedures for assisting their students, faculty members, and other employees. Programs must be designed to assure appropriate treatment as well as accountability for those individuals who are in recovery and monitoring. It is important to assure that students and pharmacist faculty members are not allowed to participate in practice settings until released to do so by their monitoring programs.

Significant changes in pharmacy education (particularly the inclusion of practice experiences throughout all years of pharmacy school curricula) have occurred since 1999, when the AACCP issued “Guidelines for the Development of Psychoactive Substance Use Disorder Policies for Colleges of Pharmacy.”⁵ The Committee recognized that these Guidelines were in need of updating and has produced a draft of updated Guidelines, which accompany the Committee’s report. These Guidelines should be disseminated to AACCP’s membership as well as to other stakeholders in the profession.

Administrative leadership is essential to assure appropriate development and implementation of policies for Addiction and Related Disorders in colleges and schools of pharmacy. The dean and other appropriate administrators must assure adherence to such policies, once they are developed. Preventing impaired individuals from participating in practice settings will limit the potential for patient harm and accompanying liability for pharmacy colleges.

Best Practices

The Committee submitted a call to colleges and schools of pharmacy to provide descriptions of their best practices related to various issues concerning substance abuse and addiction. Faculty members from 5 colleges of pharmacy provided 4 descriptions related to curricular content, policies and procedures, and communication of policies to students. These documents have been posted on AACCP’s Web site as resources for members. The Committee encourages AACCP to solicit additional best practices descriptions from its member institutions.

Substance Abuse and Addiction Curricular Guidelines for Pharmacy Schools

The Committee has updated the “Curricular Guidelines for Pharmacy Education: Substance Abuse and Addictive Disease,” which were previously published in 1991.⁴ These Guidelines provide ten educational goals, while describing four major content areas including: psychosocial aspects of alcohol and other drug use; pharmacology and toxicology of abused substances; identification, intervention, and treatment of people with addictive diseases; and legal/ethical issues. The required curriculum suggested by these Guidelines addresses the anticipated and unanticipated effects of both nonprescription and legally prescribed drugs, alcohol, and other substances of abuse. Identifying characteristics of addiction and related disorders, and patterns of abuse and dependence, are also included to allow pharmacists to assist in early identification and assistance where appropriate. Issues concerning addicted pharmacists, student pharmacists, and other health care practitioners are discussed. Methods of prevention, intervention, referral, withdrawal, treatment, and recovery support are also presented.

These Guidelines highlight the need for pharmacy colleges and schools to assure that their curricula adequately prepare pharmacists to appropriately manage addiction and related disorders that occur in patients in their practices. This extends to the context of pharmacists intervening and assisting in cases where professional colleagues become impaired and pose a danger to patients if they are allowed to practice without successful treatment and monitoring. Furthermore, as leaders and drug therapy experts, pharmacists have a responsibility to provide

education and support to community and professional organizations concerned with addiction and substance abuse.

The Committee strongly recommends that all colleges and schools of pharmacy assure that their curricular outcomes and content are sufficient to prepare pharmacists to deal with addiction and substance use disorders in the course of their professional activities. Addiction and other substance abuse disorders also need to be appropriately addressed in the ACPE Accreditation Standards and the North American Pharmacy Licensure Examination (NAPLEX) competencies and examination. Various pharmacy organizations need to address these disorders in their practice standards.

Addiction and Substance Abuse Continuing Education

Professional competence is not fully developed at the conclusion of pharmacy school and it is important that ongoing education and development of practice skills occur throughout one's professional career. Continuing education providers (colleges and schools of pharmacy, professional organizations, and other entities) should address the needs of their constituents and assure that their continuing education offerings in the area of addiction and substance abuse are sufficient to meet practitioner needs. The AACP Section on Continuing Professional Education could promote this educational need to AACP's member institutions, to other accredited continuing education providers, and to ACPE. Continuing education providers can utilize the "Curricular Guidelines for Pharmacy Education: Substance Abuse and Addictive Disease" as a resource for designing programs appropriate for the needs of practitioners.

Faculty and Staff Development

Colleges and schools of pharmacy will only be able to address addiction and substance abuse disorders among students, faculty and staff, if all of their members are sufficiently knowledgeable in this area. As previously mentioned, the Guidelines for content of entry-level curricula have been revised and accompany the Committee's report. It is also important for colleges and schools of pharmacy to provide faculty and staff members opportunities to develop expertise related to addiction and other substance abuse disorders. These opportunities should be provided during initial orientation and on an ongoing basis. A primary goal should be to prepare faculty and staff members to be able to identify and assist students, as well as fellow faculty and staff members, who need help related to addiction and substance abuse.

RECOMMENDATIONS

Based on its findings and work, the Committee makes the following recommendations:

Recommendation 1. The Committee recommends that all colleges and schools of pharmacy develop and implement policies and procedures to assist student pharmacists, graduate students, faculty members and other employees with addiction and related disorders. These programs should be patterned after the Guidelines as updated by the Committee and adapted based on resources available to each college or school. Such programs must assure

appropriate treatment as well as accountability to assure patient safety is not compromised. Impaired students and faculty members must not have access to practice sites until they have demonstrated initial success in a recovery and monitoring program.

Recommendation 2. The Committee recommends that all pharmacy colleges and schools appropriately address substance abuse and addiction in their curricula, utilizing the “Curricular Guidelines for Pharmacy: Substance Abuse and Addictive Disease” to guide their curricular development.

Recommendation 3. The Committee recommends that substance abuse and addiction issues be sufficiently addressed in the ACPE Accreditation Standards, the NAPLEX competencies and examination, and the practice standards of professional organizations. The Committee further recommends that AACP communicate these concerns to the leadership of these professional bodies. AACP should consider the development of policy statements regarding the above issues.

Recommendation 4. The Committee recommends that AACP communicate to member colleges and schools of pharmacy, to other accredited continuing education providers, and to ACPE, the need for increased continuing education programs that address practitioner needs in the area of addiction and substance abuse.

Recommendation 5. The Committee recommends that AACP member institutions consistently address the area of substance abuse and addiction in programs for faculty and staff development. Such programming should result in faculty and staff members having an understanding of addiction and other substance abuse disorders, as well as the ability to assist student pharmacists and colleagues with potential problems.

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Curricular Guidelines for Pharmacy:

Substance Abuse and Addictive Disease^{1,2}

BACKGROUND OF THE CURRICULUM DEVELOPMENT PROJECT

In 1988, the AACP Special Interest Group (SIG) on Pharmacy Student and Faculty Impairment (renamed Substance Abuse Education and Assistance) undertook the development of curricular guidelines for colleges/schools of pharmacy to facilitate the growth of educational opportunities for student pharmacists. These Curricular Guidelines for Pharmacy Education: Substance Abuse and Addictive Disease were published in 1991 (AJPE. 55:311-16. Winter 1991.)

One of the charges of the Special Committee on Substance Abuse and Pharmacy Education was to review and revise the 1991 curricular guidelines. Overall, the didactic and experiential components in the suggested curriculum should prepare the student pharmacist to competently problem-solve issues concerning alcohol and other drug abuse and addictive diseases affecting patients, families, colleagues, themselves, and society.

The guidelines provide ten educational goals, while describing four major content areas including: psychosocial aspects of alcohol and other drug use; pharmacology and toxicology of abused substances; identification, intervention, and treatment of people with addictive diseases; and legal/ethical issues. The required curriculum suggested by these guidelines addresses the

¹ These guidelines were revised by the AACP Special Committee on Substance Abuse and Pharmacy Education. Members drafting the revised guidelines were Edward M. DeSimone (Creighton University), Julie C. Kissack (Harding University), David M. Scott (North Dakota State University), and Brandon J. Patterson (University of Iowa). Other Committee members were Paul W. Jungnickel, Chair (Auburn University), Lisa A. Lawson (University of the Sciences in Philadelphia), Matthew M. Murawski (Purdue University), Raylene M. Rospond (Drake University), and Jennifer Athay (AACP).

² 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”).

anticipated and unanticipated effects of both nonprescription and legally prescribed drugs, alcohol, and other substances of abuse. Identifying characteristics of addiction and related disorders and patterns of abuse and dependence, are also included to allow pharmacists to assist in early identification and assistance where appropriate. Issues concerning addicted pharmacists, student pharmacists, and other health care practitioners are discussed. Methods of prevention, intervention, referral, withdrawal, treatment, and recovery support are also presented.

Ideally, all of the proposed curricular content should be incorporated into the educational experiences of all student pharmacists. Components of the suggested curriculum should be integrated throughout existing coursework, but beginning as early as possible after students enter pharmacy studies. Thus the coursework should span didactic classes and experiential work, both Introductory Pharmacy Practice Experiences and Advanced Pharmacy Practice Experiences. As each pharmacy curriculum is unique, information provided in classes such as anatomy, physiology, biochemistry, pharmacology, and toxicology will dictate positioning of some of the suggested didactic material and experiential components.

Students should also be provided with elective opportunities for those wishing to obtain additional specialized knowledge and skills concerning addiction and related disorders. These include elective didactic coursework concerning addiction, wellness, and prevention, as well as elective Advanced Pharmacy Practice Experiences (APPE) utilizing community addictive disease resources such as information services, treatment providers (e.g., methadone clinics, and addiction treatment centers), drug courts, and community prevention programs.

CURRICULUM GUIDELINES

Educational goals. Upon graduation from the college/school of pharmacy, students should be able to:

1. Describe the extent and patterns of addiction related to alcohol and other drug (AOD) abuse in society and in the health professions, especially pharmacy.
2. Explain how addiction and related disorders impact the professional role(s) of a pharmacist.
3. Describe risk factors, abuse potential, and abuse patterns for psychoactive drugs (prescribed, nonprescription, and illegal drugs) and the laws which regulate their use.
4. Describe the major pharmacological and toxicological properties of alcohol and commonly abused drugs and related substances.
5. Describe addiction as a disease, its etiology, and its effects on families and society, as well as other psychosocial issues that may affect prognosis and therapeutic response.
6. Recognize impairment, describe intervention actions, and identify assistance resources for individuals affected by addiction and related disorders.
7. Utilize resources within the profession to obtain assistance for addicted colleagues and student pharmacists.
8. Describe the major modalities of addiction treatment and discuss and utilize methods of providing support for the ongoing recovery of addicted individuals, family members, and other persons involved.
9. Counsel individuals who are recovering from addictive diseases concerning appropriate use of herbal/supplement, nonprescription and prescription drugs.
10. Advocate for pharmacist involvement in community substance abuse addiction education and prevention.

Suggested guidelines by area. The guidelines that follow suggest the ideal positioning of certain material, the nature of required and elective experiences, and other recommendations for implementation within the curriculum. Specific objectives for each identified area are included in Appendix A. Many relevant texts are available in bookstores as well as community and university libraries. Numerous on-line and other resources are also available.

Teaching approaches could include lecture format, reading assignments, or group discussions. Potential elective experiences could include visits to substance abuse resource centers, treatment agencies, and self-help groups (especially those based on the 12 steps of Alcoholics Anonymous). Term papers, recorded movie media (e.g., DVDs, Web site resources, brief video-clips) and printed materials from information services may also be utilized as part of elective experiences.

Attendance at The University of Utah School on Alcoholism and Other Drug Dependencies is strongly encouraged for both students and faculty. Colleges/schools should grant elective credit for attendance at the Utah school.

Psychosocial Aspects of Alcohol and Other Drug Use

It is recommended that material on psychosocial aspects of use be initiated within the first 3 semesters of the pharmacy curriculum within required courses. Lecturers should preferably have social-behavioral science backgrounds or related work experience. Elective courses designed to prepare student pharmacists to provide community drug abuse education could also be placed early in the curriculum. Course topics could include a basic introduction to alcohol and other drug abuse patterns, the impact of addiction on public health, basic treatment methods, assistance resources, and how to provide community education programs at an appropriate level and answer questions (e.g., why drugs are used and consequences of use, definition of abuse vs. addiction, avoidance as the most effective prevention method, coping with peer pressure and advertising, and getting help in the community). Kindergarten through 12th (K-12) grade curriculum guides concerning substance abuse prevention are often available from schools, as well as governmental (i.e., NIDA.gov), or community organizations dedicated to drug abuse education. It is desirable to have the student pharmacists participate in the presentation of a program suitable for community drug education, with supervision by an

individual experienced in such education. If it is not feasible to present this to the target audience, an audience of other students in the class or college could be asked to assume the attitude of the target population. Students should be encouraged to attend community drug presentations, open 12-step meetings (such as Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, and Nar-Anon), or substance abuse education seminars as a component of the course. Participation in healthy lifestyle and stress management elective courses and/or clinical rotation experiences is encouraged. Special activities such as having students “give up something of importance to them” such as fast food, candy, ice cream, alcohol, or social networking sites for a set period of time while journaling and reflecting on their experiences is also encouraged.

Pharmacology/Toxicology and Therapeutic Aspects of Alcohol and Other Psychoactive Drugs

It is recommended that this material be covered primarily within the pharmacology and toxicology course sequence(s). Information regarding drug testing, recognition of addiction, treating withdrawal, and recovery maintenance therapy may be included in other coursework such as applied pharmacotherapeutics.

Lectures should normally be given by pharmacology or clinical practice faculty as appropriate. Lectures by local experts from poison control centers, toxicology/forensic laboratories, other campus health professions disciplines, campus, community, or governmental drug abuse resources or treatment facilities, may be included, if these individuals are willing to present within content needs. Additional teaching aids such as videos, term papers, computer-assisted learning modules, and focused discussion groups may be utilized to augment lecture material.

Addictive Disease: Identification, Intervention, and Treatment

It is suggested that at least four hours be devoted to the identification, intervention, and treatment of addiction and related disorders, possibly during a pharmacotherapeutics course sequence. Basics of student or professional peer assistance programs should be introduced during or within a month after new student orientation. Instructors for this content should have a working knowledge of addictive disease assessment, treatment, and recovery, as well as student and professional assistance resources. Involvement of treatment center or employee assistance program professionals may be valuable, but student- and pharmacist-specific professional issues must be addressed. Professionals, who are recovering from addiction, returning to "tell their stories" are very effective and can have a strong impact on student perception of addiction and the problems it brings to everyone involved. Student attendance at an "open" 12-step meeting helps to break through the social "stigma" associated with these diseases. Faculty who have utilized 12-step meeting attendance as part of the learning process have found this to be a valuable and highly educational experience. Student reflection papers written about the 12-step experience help students to evaluate their feelings or biases about individuals who suffer from addictive disease.

Local 12-step programs, alcohol and drug information services, community education programs, and state and federal resources can provide highly educational information. A directory of area treatment programs and state impaired pharmacist programs is suggested handout material. The www.usaprn.org Web site lists pharmacist recovery assistance programs by state.

Potential elective experiences could include: 1) didactic coursework available through local colleges, especially those providing addiction education (it is recommended that the college/school accept these as pharmacy curricular electives), and 2) advanced pharmacy practice experiences (APPE) in detoxification units or addictive disease treatment centers, drug courts, or even addiction research centers such as the National

Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA). Other recommended non-didactic activities include:

1. Within the first month of school, an orientation to college/school policies on student addiction and related disorders, impairment, treatment, and recovery.
2. A similar orientation for faculty members concerning both student and faculty issues (when major new programs are implemented and during new faculty orientation).
3. The development and promotion of a student addictive disease prevention, assistance, and support committee whose primary activities would include primary prevention efforts within the school/college, identification of students with addiction or related disorders, encouraging students with these problems to obtain assistance, referral to assistance resources, and recovery support following treatment. Where feasible, assistance programs should coordinate their activities with the state's pharmacist recovery program.
4. Additional advanced training in addiction and related disorders, if available.
5. Inclusion of addiction and related disorders topics in student organization programming and in college/school seminar programs.

Legal and Ethical Issues

Core legal content should normally be contained within a pharmacy law course. Campus substance abuse and student assistance policies and procedures, and established rules concerning alcohol use, control, and promotion on campus or at any activity sponsored by a campus or college/school representative or organization should be presented to the students within student orientation or during the first month after matriculation. Legal issues related to identification, intervention, referral, treatment, and recovery of addicted students and pharmacists, and issues relating to confidentiality and

liability, can be placed at any point in the curriculum—as long as they are prior to practice experiences. This would include both IPPE and APPE opportunities.

Instructors should have a contemporary knowledge of professional, law enforcement, and regulatory aspects of addiction and a proven ability to convey such information. In some cases, campus, community, or governmental resources such as substance abuse counselors or educators; members of the Board of Pharmacy; representatives of enforcement agencies, and community prevention and treatment organizations; and individuals representing professional addictive disease assistance programs may be utilized. Resources for content may include existing federal, state and local laws.

Substance abuse, sociology, or law enforcement courses offered within the college/school, elsewhere on campus, or at other local institutions, are potential elective opportunities for students to expand their understanding of impairment and the judicial process.

Students should be exposed to the ethical and moral issues involved in the area of addiction and related disorders. They should be given the opportunity to reflect on their perceptions of the addict, and the addict's impact on society as a whole, and on other individuals specifically. Other areas for ethical reflection should include the issue of pharmacies selling alcohol and tobacco products.

APPENDIX A. OBJECTIVES FOR STUDENT PHARMACIST SUBSTANCE ABUSE EDUCATION

The following are suggested objectives for the education of student pharmacists concerning addiction and related disorders, including alcohol and other drugs. The reader is referred to the text for information concerning suggested positioning of this instructional content within the curriculum.

A. Psychosocial Aspects of Alcohol and Other Drug Use

Students should be able to:

1. Define the following terms as they relate to non-therapeutic psychoactive drug use: abstinence, alcohol abuse, alcoholism, blackout, chemical (or drug) dependency, drug abuse, binge drinker, heavy drinker, physical dependence, psychological dependence, addiction, intervention, detoxification, recovery, relapse, sobriety, substance abuse, tolerance, and withdrawal.
2. Relate a historical perspective of non-therapeutic psychoactive drug use in society and how this history provides a perspective for our current drug-related experiences, and describe cultural changes that have occurred in American society over the last 100 years and how these changes relate to alcohol and psychoactive drug use, abuse, and addiction.
3. Describe and give examples of how appropriate use of psychoactive drugs helps to shape and meet the needs of society.
4. Summarize current information on the epidemiology of alcohol and other drug abuse, including ethnic and other influential factors.
5. Identify predisposing factors to the development of alcoholism and other addictive diseases, as well as relapse to alcohol or other drug use.
6. Discuss the disease of addiction, including research findings, supporting and utilizing the following disease characteristics: denial, primary, progressive, chronic, relapsing,

treatable (recovery), and family-centered.

7. Define and describe what is meant by adult children, dysfunctional family roles, and codependence.
8. Describe the impact of dysfunctional families on the development of adult children, dysfunctional family roles, and codependence
9. Discuss the relationship between alcohol and other drug use with behavioral problems, crime, violence, school/work issues, and chronic medical and mental illnesses.
10. Discuss student and pharmacist involvement in community drug abuse education and prevention, and identify potential educational needs, approaches, and resources appropriate to each target population (elementary, middle school, and high school; adult; and geriatric populations).

B. Pharmacology/Toxicology and Therapeutic Aspects of Alcohol and Other Psychoactive Drugs

Students should be able to:

1. Describe and explain the major pharmacological effects, therapeutic uses, adverse effects, overdose effects, addiction potential, and withdrawal syndromes associated with psychoactive substances (to include, alcohol, nicotine, caffeine, cocaine, amphetamine and other stimulants, opiates and opioids, cannabis, inhalants, entactogens, anabolic steroids and other performance enhancing drugs, designer drugs, and street drugs) on persons of all ages as well as during pregnancy and breastfeeding.
2. Describe the various methods of prevention and treatment of overdose and withdrawal syndromes associated with agents listed in #1 above.
3. Describe the contribution of addictive and related disorders to the risk of pregnancy, and exposure to and infection with HIV, hepatitis, and other communicable diseases.
4. Describe the pharmacologic agents utilized in the maintenance of recovery for addicted individuals, how they are used, and the limitations of these agents.

5. Describe how to obtain help for an individual who has overdosed.

C. Addictive Disease: Identification, Intervention, and Treatment

Students should be able to:

1. Identify and apply the major diagnostic indicators for addictive diseases.
2. Describe the characteristics of addiction to alcohol and other drugs as well as the general course and progressive nature of this disease.
3. Describe the process involved in a formal intervention (including the role of family members, friends, employers, and other significant persons) for addictive diseases and the role of this process in getting addicts into treatment and offering them hope for recovery.
4. Describe the level and cost of treatment services that are covered by student and employee health insurance, and other health insurance plans.
5. Identify addiction and related disorders assistance resources available for all individuals, including students at their colleges/schools and how to access pharmacist assistance programs throughout the United States.
6. Discuss the role of employee assistance programs in the workplace.
7. Describe the value and limitations of contracting for evaluation, treatment, and recovery in student and pharmacist assistance programs.
8. Explain the modalities of treatment for addiction and related disorders as well as personality and other characteristics that are predictors of treatment outcome.
9. Explain the basic principles of 12-step programs [to include Alcoholics Anonymous, Al-Anon, Alateen, Narcotics Anonymous, Nar-Anon, Nicotine Anonymous, Adult Children of Alcoholics (ACoA), and Codependents Anonymous (CoDA)]; their methods of operation; their relationship to treatment and recovery; their target populations; and how to refer patients to these programs. (It is recommended that students also receive information about other addictive behaviors and treatment options for eating disorders, gambling, and sex addictions, as well as support groups such as Overeaters Anonymous

or Gamblers Anonymous.)

10. Describe the role and impact of adjunctive measures in treatment and recovery such as: stress management, assertiveness, self-talk concepts, job training, wellness, and nutrition.
11. Describe aftercare approaches in the continuum of treatment/recovery.
12. Identify indicators of potential relapse and proven prevention strategies, and describe contingency plans that may be utilized by recovery assistance programs in the event of a relapse.
13. Discuss the role of urine, hair, saliva, and other types of drug and alcohol testing in recovery as well as procedures to reduce the likelihood of false positives, false negatives, and sample tampering.
14. Discuss the goals of treatment and expected outcomes based upon population served (such as court-referred, job jeopardy, or organized professional assistance programs).
15. Identify common issues faced by health care professionals, including pharmacists and student pharmacists, re-entering college/school or jobs following addiction and related disorders treatment, including such things as narcotic access, participation in social activities, and personnel who should and who do have access to confidential information.
16. Provide counseling for the individual in recovery from addictive and related disorders concerning the impact that other health problems or medication use (psychoactive or not) have on recovery, and provide information on alternatives to support recovery and minimize the risk of relapse.
17. Explain the role of co-morbid psychiatric disorders as a complicating factor in addiction and related disorders' diagnosis, treatment, and recovery.

D. Legal Issues

Students should be able to:

1. Discuss existing laws and penalties as they pertain to the abuse of alcohol and the control, distribution, and abuse of drugs and other substances.

2. Relate how campus and college/school policies concerning the abuse of alcohol and other drugs reflect current legal constraints, and identify how these policies may be reflected as societal trends or norms.
3. Discuss appropriate pharmacy security considerations to deter and to deal with theft of controlled substances.
4. Discuss the legal implications of forged or altered prescriptions and of dispensing prescriptions when there is clear evidence that the patient is obtaining the prescription in excess or in the absence of a legitimate medical need.
5. Describe appropriate action to take when a pharmacist is presented with a forged, altered, or obviously non-therapeutic prescription for a controlled substance.
6. Discuss how impairment, treatment, and recovery might affect a person's ability to obtain or retain a license to practice as an intern or pharmacist.
7. Describe the role of state pharmacist assistance networks (PRNs) and legal procedures including contracts in the recovery process for student pharmacists and pharmacists.
8. Discuss college/school policies concerning impairment and the availability of assistance resources.
9. Discuss the legal requirements for reporting impaired practitioners, especially those who refuse to obtain assistance.
10. Discuss liability issues concerning the employment of impaired pharmacists/student pharmacists, reporting vs. failure to report impairment, and employment of pharmacists/student pharmacists in recovery.
11. Explain the nature and intent of federal laws governing confidentiality, especially regarding treatment records, and observe these regulations in dealing with patient care and professional assistance issues.

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.