



NOTRE DAME
OF MARYLAND
UNIVERSITY

SCHOOL OF PHARMACY

Clinical & Administrative Sciences

PHRD 624 APhA Institute on Alcoholism and Drug Dependencies Summer Semester 2017

Instructors: APhA Institute on Alcoholism and Drug Dependencies Faculty
Dr. Anne Lin, Coordinator (alin@ndm.edu)

Course Title: APhA Institute on Alcoholism and Drug Dependencies

Course Number: PHRD 624

Course Credits: 2

Class Time: June 1-4, 2017 (dates as determined by APhA)

Course Fee: \$75.00

Course Description:

The course serves as an introductory or refresher session and a networking opportunity to provide information, motivation and guidance for pharmacists or student pharmacists who currently participate in or wish to become involved in the planning, implementation, or strengthening of state-level and campus-level programs; to help and assist pharmacists or student pharmacists whose competence to perform their responsibilities has become impaired due to alcoholism or other drug dependencies by assisting them in finding treatment, ongoing recovery and reentry into the practice of pharmacy or their pharmacy education; and to better prepare attendees to provide appropriate assistance and support to clients affected by alcoholism and other drug dependencies.

Course Objectives:

At the completion of this course, the student will be able to:

1. Define addiction and explain its acceptance in the medical profession as a disease.
2. Explain pharmacology and pathophysiology of addiction.
3. Describe and participate in 12-step programs and other programs available to assist those who want to be free from addiction.
4. Design intervention strategies and techniques to help others break through the denial of chemical dependency through lecture and role-play sessions.
5. Develop strategies to assist recovering abusers re-enter the pharmacy profession and recommend ways to monitor them and help them avoid relapse.
6. Discuss the use and abuse of alcohol and other drugs on college campuses and the importance of assisting impaired students.
7. Describe the unique problems of pain management in recovering addicts.
8. Summarize the legal and ethical implications of addiction.
9. Justify the importance of self-care in order to succeed in a helping profession.

Learning Strategies/Methodologies:

- Lectures
- Discussions
- Role-plays
- Self-Reflection

Write a reflection paper – a maximum of nine pages (Times New Roman, 12 point font, 1.5 spaced, one inch margins) to address the following:

1. Include your full name, school at which you are a matriculated student pharmacist, e-mail address at the top of the reflection paper.
2. In one paragraph: Evaluate the quality of your experience at the APhA Institute. Note ways in which the Institute can be improved.
3. With bullet points: List 5 new concepts, ideas, techniques, new philosophy or new strategies that you learned during the APhA Institute.
4. In 2 paragraphs or less: Describe how you felt in observing – 1. Alcoholics Anonymous Meeting and 2. Narcotics Anonymous Open Speaker Meeting. What are the 2 major learnings that you obtained from these experiences?
5. In 1 – 1 ½ pages: Discuss the main concepts learned in the session on “Introduction to Addictive Disorders” and the session on “Addiction in the Pharmacy Profession”.
6. In 1 -1 ½ pages: Discuss the main concepts learned in the session on “Addressing Pain Management in Addiction Recovery” and the session on “Addressing Addiction in Community Pharmacy”.
7. In 1 – 1½ pages: Choose one of the three debate topics and discussion which position you would support given the information provided for both sides of the debate. Support your position.
8. In 1 – 1 ½ pages: Identify the single experience or learning at the APhA Institute that made the greatest impression on you and why? How has what you learned at the APhA Institute changed your perspective on addiction?
9. In 2 pages or less: Describe an actual or hypothetical situation that you may be involved in over the next five years. Discuss how you would apply at least three of the concepts, ideas, techniques, new philosophy or strategies you learned at the APhA Institute to this situation?

Assignment Grading Rubric:

Criteria	Point Allocation
Content is organized	20 points
Use of correct grammar & punctuation	20 points
Use of correct spelling	20 points
Completely answers the guided questions	40 points
Critical thinking has been applied to the development of responses to the guided questions. The answers have depth.	40 points
Effort has been put into the assignment	20 points
Total Points	160 points

Assignment Submission Instructions:

Due Date: June 16, 2017. Late assignments will not be accepted and will result in earning a failing grade for the assignment. Please upload document <https://fs22.formsite.com/NDMSOP/form5/index.html> . E-mailed assignments will not be accepted.

Final Course Grade Rubric:

You must attend all sessions and achieve a minimum of **420** points to receive a passing grade. Failure to attend any session will result in a failing grade. This course is a pass/fail course.

Assignment	Points	Due Dates
Attend APhA Institute Pre-Meeting Webinar on May 9, 2017 (<i>required for all students seeking course credit and encouraged for new attendees</i>)	25 Points	May 9, 2017
Complete pre- institute home studies	175 points	May 31, 2017
Achieve a passing score of 70% for Opioid Medications webinar & Naloxone webinar assessment questions	25 points per assessment for total of 50 points	May 31, 2017
Complete and submit the course registration and transcript request form at APhA Institute	25 points	No later than May 31, 2017
Complete daily sign-in attendance sheet with APhA Institute Staff for each session	25 points	Each session, submit final form June 4, 2017
Complete and submit a reflection paper	160 points	June 16, 2017
Total Points	460 points	

Required Readings: none

Required text: none

Recommended Texts: none

Pre-Institute Home Study Requirements – Must be completed by May 31, 2017 – Link on APhA Institute Website

1. Naloxone: An Opportunity for another Chance (1 hour) - Webinar
At the completion of this activity, participants will be able to:
 - Discuss pharmacy role in the management of opioid overdose.
 - Describe the role of naloxone in attenuating death and disability from the opioid overdose epidemic.
 - Describe a validated method to quantify percent risk for opioid-induced respiratory depression and associate this with opportunities for naloxone standing order, standardized procedures and clinical documentation.
 - Summarize key patient and caregiver counseling strategies on opioid overdose management and compare various available naloxone products for in-home use.
2. CDC’s New Opioid Prescribing Guidelines for Chronic Pain in Primary Care (1/2 hour) Interactive Web-Based Activity
At the completion of this activity, participants will be able to
 - Identify potential benefits in applying the new recommendations by CDC to patients needing pain management.

3. APhA Quick Quiz: Addiction and Recovery (1/2 CPE hour)

Interactive Web-Based Activity

At the completion of this knowledge-based activity, participants will be able to:

- Explain the recommendations in the United States Surgeon General's report on alcohol, drugs, and health, and how these recommendations relate to the practice of community pharmacy.

4. Opioid Medications: Dosages, Adverse Events, and Patient Education (1 hour CPE)

Online PDF

At the completion of this knowledge-based activity, participants will be able to:

- Identify the relative efficacy of various opioid for pain management.
- Describe common adverse events associated with available opioids for pain management.
- Discuss patient counseling and education strategies that support appropriate use of opioids.

5. Non-Opioid (Non-Narcotic) Pain Medications: Dosage, Side Effects, and More (1 hour CPE)

Online PDF

At the completion of this knowledge based activity, participants will be able to

- Identify the relative effectiveness of non-opioids for managing pain
- Describe common side effects associated with available non-opioids for pain management
- Discuss counseling and education strategies that support appropriate use of non-opioids.

6. Balancing Risk and Access to Opioids: The Role of the Pharmacists (2 hours CPE)

Online PDF

- Discuss the history, epidemiology, and pathophysiology of opioid use disorder
- Apply the Diagnostic and Statistical Manual-V criteria to categorize mild, moderate, or severe Opioid Use Disorder in a real or simulated patient
- Recognize the elements of an opioid risk mitigation strategy in an ambulatory or community pharmacy practice setting
- Calculate an opioid equianalgesic dose of a prescription for use in assessing safety of opioid analgesic prescriptions

7. Pathways to Safer Opioid Use (1 hour CPE) - Optional

Interactive Web-Based Activity: <https://health.gov/hcq/training-pathways.asp>

In this behavior-based training using interactive video, you will learn how to:

- Apply health literacy strategies to help patients understand and act on information to prevent opioid-related ADEs
- Identify individual risk factors, opioid medications, and interactions that place individuals with chronic pain at increased risk for opioid-related ADEs
- Recognize the importance of a multidisciplinary, team-based approach to treating patients with chronic pain
- Demonstrate the ability to combine the principles of the Health Literate Care Model and the biopsychosocial model of chronic pain management through case study examples

Professionalism:

Professionalism is defined as the active demonstration of the attributes of a professional. These attributes include: knowledge and skills of the profession, commitment to self-improvement of skills and knowledge, service orientation, pride in the profession, covenantal relationship with patient, creativity and innovation, conscience and trustworthiness, accountability for one's work, ethical sound decision making and leadership. Professional socialization is the process by which an individual develops the attitudes, values and beliefs of a professional. The goal of professional socialization is to develop professionalism

as described below and this process must begin at the beginning of an individual's professional education. Therefore, as consistent with expectations of the practice environment, professional behavior and attitudes are expected for all students enrolled in the School. Professionalism is demonstrated by a student who:

Communication & Interpersonal Interactions:

- Uses appropriate verbal & non-verbal communication
- Communicates assertively – actively and appropriately engages in dialogue or discussion
- Is non-judgmental – student demonstrates an attitude of open-mindedness towards others and situations; does not “stereotype” others or prejudice situations
- Is respectful – demonstrates regard for self, standardized patients, peers, faculty, staff and University property
- Is empathetic – demonstrates appreciation of others' positions; attempts to identify with others' perspectives; demonstrates consideration towards others
- Is diplomatic – is fair and tactful in all dealings with patients, peers, faculty and staff.
- Is confident – acts & communicates in a self-assured manner, yet with modesty and humility
- Is cooperative – i.e. non-argumentative; willing and helpful
- Truthful in all interactions, being straightforward

Work Ethics:

- Is punctual
- Is reliable, dependable, accountable for one's actions
- Behaves in an ethical manner
- Produces quality work
- Accepts constructive criticism and modifies behavior if necessary
- Is self-directed in undertaking tasks, self-motivated
- Handles stress – remains calm, levelheaded, and composed in critical, stressful or difficult situations
- Is an active learner – seeks knowledge; asks questions, searches for information, takes responsibility for own learning
- Follows through with responsibilities – if task is left incomplete or problem is not resolved, student seeks aid
- Demonstrates a desire to exceed expectations – goes “above and beyond the call of duty”, attempts to exceed minimal standards and requirements for tasks/assignments/responsibilities
- Utilizes time efficiently – allocates and utilizes appropriate amounts of time to fulfill responsibilities; utilizes others' time wisely
- Consistently attends class regardless of whether a mandatory policy is in effect

Appearance:

Professional dress and attention to personal hygiene are expected. As consistent with the expectations of the practice environment, attire and personal grooming are expected such that they do not distract from nor compromise the professional integrity of the School of Pharmacy or the pharmacy profession. See dress code policy noted below.

Students who violate any part of the professionalism policy as determined by the session /course instructor will incur a **1.0-percent point deduction from the final course grade for each occurrence within a course**. Faculty member have the prerogative of including additional penalties. All violations of the professionalism policy that incurs a penalty will also be filed in the Office of the Dean.

(This description of professionalism is adapted from Hammer D. from University of Washington, American Pharmacists Association, American Board of Internal Medicine)

Dress Policy:

Professional dress is not required for this course. Attention to personal hygiene and grooming is expected.

Academic Honesty:

Any student who violates the Honor Code as stated in the Notre Dame of Maryland University School of Pharmacy Handbook and/or Catalog. Violators will be subject to disciplinary action, which may include failure of the course.

Attendance Policy:

Course attendance is expected as part of your professional behavior and development. Students are expected to arrive on time and refrain from leaving early. At the discretion of the instructor, a student who is absent from class may be required to provide a doctor's note to the course coordinator no later than the subsequent class meeting. Students are to contact the course coordinator if there are questions regarding this policy.

Americans with Disabilities Act Statement:

Students, who have identified themselves as disabled and have documented their disability, will be provided reasonable accommodations in the course in accordance with section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990. If accommodations are required, students with disabilities should identify themselves to Mr. Keith Marciniak, Senior Director, Student & New Practitioner Development at the American Pharmacists Association via email (KMarciniak@APhAnet.org).

Emergency Closure Procedures:

Follow instructions of APhA Institute Staff

SOP Classroom Technology Use:

The School of Pharmacy embraces appropriate technology use as a means to facilitate student learning and recognizes that it is the responsibility of faculty and preceptors to set and enforce expectations regarding the use of technology in their class, laboratory or experiential site. As a general rule, students may use computers, smart phones, and similar devices in the classroom and on pharmacy practice experiences only if they support teaching and learning activities. Other activities that distract students and prohibit them from fully participating in classroom learning and group work such as accessing social media sites, "surfing" the web, shopping, entertainment, text messaging, e-mailing, gaming and similar off-task behaviors are not permitted. In addition, all electronic devices must be in the "silent mode" and cell phones, pagers, and text messages should not be answered during class time.

Students should be aware that expectations for appropriate technology use can change based on the unique needs of specific teaching and learning experiences and that they should seek clarification from course instructors if there is any confusion. Violation of the School of Pharmacy Classroom Technology Use policy is a violation of the School of Pharmacy professionalism and honor code policies. Ensuring compliance with these policies is ultimately a shared responsibility between students, faculty members, and preceptors.

Policy for Audio Recording in Classrooms:

Direct questions regarding audio recording of sessions to Mr. Keith Marciniak, Senior Director, Student & New Practitioner Development at the American Pharmacists Association via email (KMarciniak@APhAnet.org).

Units of Instruction:

Due to unforeseen circumstances, the instructors reserve the right to make adjustments in syllabus when deemed necessary.

Wednesday, May 31, 2017 – Arrival and registration, check-in at housing or University Guest House

Thursday, June 1, 2017	
8:00am	Opening Session: The APhA Institute Experience
9:00am	The Role of Shame in Addiction and Recovery
10:30am	<i>Break</i>
10:45am	Does Alcoholics Anonymous Work? A Look at the Evidence
11:45am	<i>Lunch</i>
1:15pm	Introduction to Addictive Disorders: Implications for Health Professionals
2:30pm	<i>Break</i>
2:45pm	Introduction to Addictive Disorders: Implications for Health Professionals
4:00pm	<i>Break</i>
4:15 pm	Who is Part of Your Support System?
4:30pm	Introduction to Alcoholics Anonymous
4:45pm	Alcoholics Anonymous Open Meeting
5:45pm	<i>Adjourn</i>

The Role of Shame in Addiction and Recovery

Shame is an innate feeling that monitors our propensity toward interest and pleasure and can have a dramatic impact on the sense of self. As shame becomes internalized, individuals develop a shame-based identity. In this session, an expert in the field will explain types of shame, strategies to prevent unhealthy shame during the process of recovery from addiction, and how pharmacists can the apply knowledge about shame when assisting patients with addiction and those who are going through recovery.

At the completion of this knowledge-based activity, participants will be able to:

1. Compare healthy shame and unhealthy shame.
2. Identify diseases that can result from the neurochemical changes associated with anger and shame and treatments for these diseases.
3. Describe the utility of 12-step principles as part of a comprehensive addiction treatment and recovery program and how these principles can help patients avoid unhealthy shame cycles.
4. Describe how pharmacists can use the principles of healthy and unhealthy shame in assisting patients who are in recovery or struggling with the disease of addiction.

Does Alcoholics Anonymous Work? A Look at the Evidence

Alcoholics Anonymous got its start at a meeting in 1935 in Akron, Ohio, between a businessman and a physician who were both alcoholics. After they achieved sobriety, the two were determined to help others with their drinking problems. They soon published what has become known as the Big Book, which spelled out their philosophy, principles, and methods, including the now famous 12-step method. *Alcoholics Anonymous* was the book's official title and became the name of the organization that grew from it. In the 82 years since the start of Alcoholics Anonymous, many have cited the need for an

evidence-based evaluation of its principles. Come to this interactive session to hear an expert present the evidence about how science is catching up with Alcoholics Anonymous and 12-step programs.

At the completion of this knowledge-based activity, participants will be able to:

1. State selected historical events in the formation of Alcoholics Anonymous.
2. Recall findings from recent studies that support 12-step programs.
3. Identify important 12-step literature and the chronological events leading up to these publications.
4. Describe how pharmacists can use 12-step principles when assisting patients with addiction and those who are in recovery.

Introduction to Addictive Disorders: Implications for Health Professionals

Addiction is a chronic disease that affects the reward, motivation, and memory centers in the brain. This disease is characterized by the patient's impairment in behavior control, craving, diminished recognition of one's behavior, and dysfunctional emotional responses. Like any chronic disease, addiction often involves cycles of relapse and remission. Join us for this presentation to hear an expert describe the pathophysiology of addictive disorders, review evidence-based therapies, and share personal experiences that challenge common misperceptions regarding addiction. The presenter will review recommendations to preserve life, maintain quality of care, and demonstrate compassionate behavior to other professionals. This session is a must for anyone who interacts with patients with the disease of addiction.

At the completion of this knowledge-based activity, participants will be able to:

1. Define "substance use disorder" per the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition.
2. Describe the common pathophysiology of addictive disorders.
3. Explain how symptoms such as poor impulse control, compulsive drug use, impaired decision making, and loss of insight into personal problems arise from the pathophysiology of addiction.
4. Identify issues associated with various approaches to the treatment of substance use disorders such as abstinence, harm reduction, and medication-assisted treatment.
5. Describe evidence-based therapies for the treatment of addiction.
6. List common misperceptions regarding addiction and describe evidence that can be used to counter these misperceptions and the stigma associated with addiction.
7. Describe strategies to transcend common emotional reactions regarding addictive behavior and advocate humane and effective courses of action when dealing with impaired patients and professional colleagues.
8. Identify the risk of harm both to the affected individual and to others as a result of addictive disorders.
9. Suggest recommendations that can ameliorate risk, preserve life, maintain quality of care, and demonstrate compassionate behavior to other professionals.

Friday, June 2, 2017	
8:00am	Addressing Pain Management in Addiction Recovery
9:30am	<i>Break</i>
9:45am	Case Study of a Recovering Pharmacist
10:30am	Addiction in the Pharmacy Profession: From Discovery to Recovery
11:45am	<i>Lunch</i>
1:00pm	Identification and Prevention of Drug Diversion in the Pharmacy
2:30pm	<i>Break</i>
2:45pm	Clinical Presentation of Drug Abuse Overdose in the Emergency Department
4:15pm	<i>Break</i>
4:30pm	Narcotics Anonymous Open Meeting
5:30pm	<i>Adjourn</i>

Addressing Pain Management in Addiction Recovery

People are finally starting to think of addiction as a disease rather than a moral failing. For decades, many people felt that addiction signified a character disorder, a poor upbringing, or parental neglect. Now, emerging science shows addiction to be a brain disease with the same genetic transmission as many other chronic diseases. During this session, addiction experts will describe the concept of addiction as a chronic disease and explain how this affects treatment paradigms, including strategies for addressing pain management in a person recovering from addiction.

At the completion of this knowledge-based activity, participants will be able to:

1. Describe the following terms: physical dependence, tolerance, active addiction, recovery, and substance abuse.
2. Discuss legal concerns associated with providing care and pain management for a patient who is in recovery.
3. List tools that assist providers in determining pain levels in patients who are recovering from addiction and discuss how the information from these tools can be utilized when selecting an appropriate analgesic regimen.
4. Discuss strategies that can be implemented by providers to ensure effective pain management in patients in recovery, including opioid treatment agreements and opioid regimen selection.

Addiction in the Pharmacy Profession: From Discovery to Recovery

Although health professionals generally take better care of themselves than the general public does, they are not immune to addiction. Many well-educated, highly trained, and experienced health care practitioners have lost their families, careers, and futures to addiction. Health care professionals, including pharmacists, are particularly vulnerable to prescription drug misuse and addiction as a result of their increased access. Come to this session to learn about issues of addiction in the pharmacy profession and steps to foster and practice self-advocacy and self-care as a means to reduce the risk of relapse among recovering pharmacy professionals.

At the completion of this knowledge-based activity, participants will be able to:

1. Summarize the issue of addiction and its prevalence in health professionals, including pharmacists.
2. Describe the risk factors and behaviors associated with the disease of addiction in pharmacy professionals.

3. Identify the resources available to pharmacists and technicians when a colleague in the health professions might need assistance with addiction issues.
4. Summarize the general steps for seeking help and restoring pharmacy professionals with the disease of addiction to practice.
5. Outline steps to foster and practice self-advocacy and self-care as a means to reduce the risk of relapse among recovering pharmacy professionals.

Identification and Prevention of Drug Diversion in the Pharmacy

When you see red flags on a controlled substance prescription, what do you do? How do you check whether the patient has a legitimate need for the medication? Prescription drug monitoring programs (PDMPs) across the country are evolving to support improved patient care in the face of the prescription drug epidemic, but they are certainly no cure-all. In this session, an expert in the field will discuss how to resolve tricky issues so patients can access legally prescribed controlled substances. Participants will learn about the current status of PDMPs, their benefits and limitations, and how to use the information in a busy practice environment.

At the completion of this application-based activity, participants will be able to:

1. Assess controlled substance prescriptions for appropriate therapeutic value.
2. Find and apply laws and regulations that govern prescribing and dispensing of controlled substances.
3. Discuss how state prescription drug monitoring programs (PDMPs) share data across state lines.
4. Describe how pharmacists can utilize PDMP reports to evaluate a patient's controlled substance use.
5. Implement methods to prevent conflicts between prescribers and pharmacists when addressing prescriptions that raise suspicion of abuse.
6. Identify types of drug diversion that PDMPs do not address.

Clinical Presentation of Drug Abuse Overdose in the Emergency Department

More than 15 million people in the United States abuse prescription drugs—more than the combined number who report abusing cocaine, hallucinogens, inhalants, and heroin—and many of these individuals will seek emergency treatment for overdose. In this session, an emergency department (ED) pharmacist will discuss typical presentations associated with overdoses of commonly abused illicit and prescription drugs. This session will provide meeting attendees with an opportunity to learn about pharmacists' roles in assessing and managing patients who present in the ED with overdose.

At the completion of this knowledge-based activity, participants will be able to:

1. Describe the pharmacology, pharmacokinetic profiles, and toxic doses of prescription drugs that are commonly abused.
2. Describe typical emergency department (ED) presentations of patients who have overdosed on commonly abused prescription drugs.
3. Explain the role of the pharmacist in assessing and managing patients who present in the ED due to prescription drug overdoses.

Saturday, June 3, 2017	
8:00am	Addressing Addiction in Community Pharmacy
9:30am	Naloxone Access in the Community: A Data-Driven Session
10:00am	<i>Break</i>
10:15am	Expert Debate: Addressing Controversial Topics in Addiction and Recovery
10:45am	Debate Series I: Medical Marijuana: But Is It Medical?
11:15am	Debate Series II: 12 Steps vs. Other Approaches to Recovery Debate Series III: Abuse-Deterrent Formulations
11:45am	<i>Lunch</i>
1:00pm	The Implications of Medical Marijuana to the Practice of Pharmacy
2:30pm	<i>Break</i>
2:45pm	Bridging the Gap: The Role of Family Dynamics in Addiction Recovery
4:15pm	<i>Break</i>
4:30pm	Open Al-Anon Meeting
6:00pm	<i>Adjourn</i>

Addressing Addiction in Community Pharmacy

Brief interventions from health care providers have proven to be an effective strategy to encourage patients with addiction to seek treatment. In this session, experts will address the myth that addiction is a result of a “weak will” and explore how pharmacists can provide addiction prevention services and addiction recovery assistance to patients. The experts also will discuss appropriate non-pharmacologic and pharmacologic strategies that are effective for assisting patients with addiction.

At the completion of this application-based activity, participants will be able to:

1. Implement strategies to prevent patients from illegally obtaining prescription medications for misuse or abuse.
2. Demonstrate how to locate referral resources for patients with addiction.
3. Describe the impact of brief interventions from health care providers on whether patients seek treatment for addiction.
4. Employ statements that can be used to express concern for patients with addiction.
5. Compare the effectiveness of various pharmacological approaches to addiction therapy.

Naloxone Access in the Community: A Data-Driven Session

Pharmacists are well-positioned to help address the overdose epidemic through proper medication management, educating patients and caregivers about overdose risk reduction, and providing naloxone rescue kits to the community. In this session, experts will present the evidence that supports the efficacy of community distribution of naloxone for preventing overdose deaths.

At the completion of this knowledge-based activity, participants will be able to:

1. Discuss the evidence that supports the efficacy of naloxone provision by community pharmacists.
2. Summarize key patient and caregiver counseling on naloxone and offer strategies for opioid overdose management.
3. Compare available naloxone products.

Expert Debate: Addressing Controversial Topics in Addiction and Recovery

Pharmacists often are faced with serious challenges when it comes to addressing addiction and the complex recovery process. There is no formula that works for all situations or patients with the disease of addiction. The efficacy of abuse-deterrent formulations of opioids for preventing misuse and abuse, the role of medical marijuana, and the efficacy of 12-step programs in addiction recovery are some of the controversial topics in addiction management. Come to this session to hear expert debate on these topics.

At the completion of this knowledge-based activity, participants will be able to:

1. Explain data regarding the efficacy of abuse-deterrent formulations of prescription opioids for pain for preventing misuse, diversion, and/or transition to illicit use.
2. Discuss the evidence on the relationship of state marijuana laws to opioid misuse and overdose prevalence.
3. Describe the utility of 12-step principles as part of a comprehensive addiction treatment and recovery program.

The Implications of Medical Marijuana to the Practice of Pharmacy

Are you up to date on the changing marijuana regulations across the country? Do you know how these regulations affect your practice? Get all the answers at this session focused on the complex legal issues related to marijuana and pharmacy. This session describes laws and regulations governing clinical research that uses marijuana and the involvement of pharmacists in marijuana business outside their practice. The presentation will provide an overview of state marijuana laws and their conflict with federal statutes. Attendees will learn about the many legal, administrative, and criminal implications for pharmacists associated with patients using medical marijuana.

At the completion of this knowledge-based activity, participants will be able to:

1. Describe the legal issues that arise when patients of a hospital or retail pharmacy are using marijuana lawfully under state laws.
2. Discuss the impact state and federal marijuana laws have on pharmacists who intend to be involved in marijuana business that is lawful under state laws.
3. Explain how to find reliable sources to know the laws governing marijuana in states where the attendee practices pharmacy.

Bridging the Gap-The Role of Family Dynamics in Addiction Recovery

In this workshop, an expert in the field will explore the family's role in strengthening addiction recovery. Participants will learn relevant family dynamic concepts and will role play counseling strategies. This is an experiential workshop in which participants will have the opportunity to practice effective techniques in a supportive environment.

At the completion of this application-based activity, participants will be able to:

1. Assess the importance of family dynamics in addiction recovery.
2. Discuss how to help families reconnect with each other and their true self to disconnect from addictive behaviors including substance use and co-dependency.
3. Explain how to work with a patient's entire system to support all family members during the recovery process.

Choose 1 track to attend

Sunday, June 4, 2017 – Student Focused track	
8:00am	Generation Rx: Innovations in Community Outreach
9:00am	<i>Break</i>
9:15am	Developing Positive Personal Power
11:15am	<i>Break – Combine Groups</i>
11:30am	Closing Session: The APhA Institute Experience
12:00pm	<i>Adjourn APhA Institute</i>

Sunday June 4, 2017 – Pharmacist Focused Track (maximum capacity = 250)	
8:00am	Opioid Calculation and Conversion: 101
9:00am	A Case Study of Opioid Dose De-escalation
9:30am	<i>Break</i>
9:45am	Teaming Up for Safer Pain Management: Strategies for Effective Collaboration
11:15am	<i>Break</i>
11:30am	Closing Session: The APhA Institute Experience
12:00pm	<i>Adjourn APhA Institute</i>