

TRAINEE RESEARCH RELATED TO THE OPIOID-RELATED ACTIVITIES DATABASE ABSTRACTS

Implementing an Activity to Identify and Communicate about At-Risk Opioid Behaviors in a Community Pharmacy

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Objective. To evaluate the effectiveness of an opioid objective structured learning experience (OSLE) focused on identifying and communicating about at-risk opioid behaviors in a community practice setting.

Methods. A literature search included a review of the AACP Opioid-Related Activities Database that identified and evaluated educational activities, such as the RESPOND program (Oregon State University), that focused on communication surrounding opioids. A lack of activities emphasizing how to convey concerns about at-risk behaviors and refuse to fill opioid prescriptions in the AACP database was noted. With permission, aspects of the RESPOND program were utilized to develop a new opioid activity that included a didactic lecture and OSLE. The OSLE included two cases where students refused to fill an opioid prescription and counseled a patient demonstrating at-risk opioid behaviors on an opioid prescription. Student communication was evaluated by rubrics that were created and adapted from other activities included in the AACP database. A voluntary and anonymous survey that utilized a Likert scale (strongly agree to strongly disagree) evaluated student confidence in their skills and satisfaction with the activity before and after the OSLE.

Results. One hundred forty-four and one hundred nine students completed the pre- and post- surveys, respectively. After the OSLE, student confidence in their ability to assess at-risk opioid behaviors, counsel a patient demonstrating at-risk behaviors, refuse to fill an opioid prescription, and respond to a patient's nonverbal responses improved by 67%, 37%, 49%, 46%, respectively. A majority of students (81%) felt that practicing these skills in an OSLE was beneficial.

Conclusion. Incorporating an opioid OSLE allowed students to practice engaging in difficult conversations with patients demonstrating at-risk opioid behaviors and improved student's self-reported confidence. A majority of students agreed the OSLE was beneficial.

Engaging in Epidemics: Characterizing the American Association of Colleges of Pharmacy's Database of Opioid-Related Activities

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Objective. In the USA, opioid overdose deaths have surged in recent years; it is an epidemic. To address the current issue of opioid crisis various colleges/schools of pharmacy have implemented different Opioid-Related Activities (ORAs). The American Association of College of Pharmacy (AACP) has a database of ORAs, and this study was to describe AACP's database.

Methods. This mixed-methods ORA database description used 2020 data. First, ORAs were quantitatively-analyzed using chi-square tests. Second, qualitative descriptions of common themes within the codes were explored (related to activities within categories of education, research, practice, advocacy and service).

Results. This AACP database included 106 participating colleges/schools of pharmacy, who provided 442 different ORAs. Among them, 55 were private and 51 were public institutions. Using Census Bureau-designated regions, 38 were South, 26 Mid-west, 19 Northeast, and 22 West. Associations were discovered between the type of institution and some ORA categories. Ratios of public-to-private institutions for ORAs were: EDUCATION 0.8 ($p < 0.01$); RESEARCH 2.0 ($p = 0.01$); PRACTICE 1.2 ($p > 0.05$); ADVOCACY 1.0 ($p > 0.05$); SERVICE 1.4 ($p > 0.05$). Within qualitative analysis, the

following ORAs were explored: EDUCATION (inter-professional education, continuing education, and naloxone); RESEARCH (research type, funding, and manuscripts); SERVICE (public outreach, collaboration, and naloxone); PRACTICE (health systems, pharmacy residents, and health departments); ADVOCACY (legislation, government type, and collaboration); SERVICE (public outreach, collaboration, and naloxone). Limitations of this database analysis were voluntary participation from database-inputters, and database-inputters' potentially different interpretation of codes.

Conclusion. Within this AACP database, education-related ORAs were more common in private institutions, while research ORAs were more common in public institutions. Qualitatively, many different activities were described over the ORA categories. On whole, colleges/schools of pharmacy showed strong engagement, through a variety of activities, with the opioid epidemic facing the USA.

Human Subject Research. No

Patterns and Predictors of Pharmacy School Engagement in Addressing the Opioid Crisis

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Objective. This study aimed to identify segments of pharmacy schools based on the schools' participation in skills-based education, research, and service activities designed to address the opioid crisis.

Methods. Opioid-related activities were identified using tags from the American Association of Colleges of Pharmacy Opioid-Related Activities Database and classified by two independent reviewers based on descriptions in the database, with conflicts resolved by a third reviewer. The final activities selected based on expert opinion and stepwise variable selection included: (1) direct participation in drug disposal and/or naloxone outreach, (2) opioid-focused research, and (3) skills-based training in the Doctor of Pharmacy curriculum. Latent class analysis was used to identify classes of school involvement in these activities. The latent class solution was selected based on BIC and interpretability. Differences in class membership based on school and geographic characteristics were examined using multinomial logistic regression.

Results. Of the 106 schools included, a minority reported opioid-focused research (38.7%), drug disposal or naloxone outreach (30.2%), or hands-on learning (22.6%). Three classes of schools were identified, "low involvement" (34.9%), "research-centered" (22.1%), and "multifaceted involvement" (42.9%). Schools in states with higher opioid overdose rates were more likely to be in the research-centered, but not the multifaceted class. No other school or contextual factors were significantly associated with class membership.

Conclusion. While variability exists in pharmacy schools' level of involvement in the opioid crisis, the scope of the crisis in schools' geographic regions had limited impact on their skills-based education, research, and outreach efforts. Incomplete reporting of opioid-related activities may have resulted in misclassification. Future research is needed to explore other predictors of opioid-related activities, including faculty expertise and institutional priorities.