

Proceedings of the Annual Meeting of the
National Association of Boards of Pharmacy
and the
American Association of College of Pharmacy
of the Third District



*Hilton Sandestin Beach & Golf Resort
Destin, Florida
August 7-9, 1999*

CO-HOSTS: Alabama State Board of Pharmacy
Mark Conradi, President
and
McWhorter School of Pharmacy
Samford University
Joseph O. Dean
PROCEEDINGS OF THE

ANNUAL MEETING OF THE
NATIONAL ASSOCIATION OF BOARDS OF PHARMACY
AND THE
AMERICAN ASSOCIATION OF COLLEGE OF PHARMACY
OF THE THIRD DISTRICT

Hilton Sandestin Beach & Golf Resort

Destin, Florida

August 7-9, 1999

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Samford University
Joseph O. Dean**

Edited by Samuel T. Coker
Published in Auburn, Alabama, 2000

Friday, August 6

4:00 - 7:00 p.m.

Registration

Foyer area of Emerald Ballroom

Open evening (Dinner on your own)

5:00 - 7:00 p.m.

Hospitality Suite Open

Saturday, August 7

7:00 a.m. - 5:00 p.m.

Registration

7:00 a.m.

Continental Breakfast in meeting room

8:00 a.m. - 5:00 p.m.

General Session

Emerald E

8:00 - 8:45 a.m.

Call to Order

Presiding: *Jerry Moore, R.Ph.*

Executive Secretary, Alabama State Board of

Pharmacy

Welcome

Joseph O. Dean, Jr., Ph.D., Dean

McWhorter School of Pharmacy, Samford

University

Mark Conradi, R.Ph.

President, Alabama State Board of Pharmacy

Reports: NABP

Dyke F. Anderson, R.Ph., NABP

President

AACP

Richard P. Penna, Pharm.D.,

Executive Vice President

AACP

Necrology

Samuel T. Coker, Ph.D.

Secretary/Treasurer,

NABP/AACP

District III

Saturday, August 7 (cont'd)

Appointment of Committees:

Time and Place
Nominating (NABP)
Resolutions
Audit

8:45 - 9:50 a.m. **The Need for Certification in Compounding Pharmacy**

John R. Rains, R.Ph.
Sponsor: NACP

9:50 - 10:00 a.m. **Break**

10:00 a.m. - 12:00 noon **Rx to OTC Switches**

Randy Juhl, Ph.D.
Sponsor: Procter & Gamble

12:00 n - 1:00 p.m. **Lunch**

Sandpiper Ballroom , Lower Level

1:00 - 3:00 p.m. **Colleges: Issues of Concern to Academic Pharmacy**

Richard Penna, Pharm.D.
Emerald E

1:00 - 3:00 p.m. **Boards: Legal Issues Facing Boards of Pharmacy**

John F. Atkinson, J.D.

Open Mike Session on Current Board Topics

Coral A,B

3:00 - 3:10 p.m. **Break**

3:10 - 5:00 p.m. **New Strategies in Pharmacy Education**

Brian Beckett, Pharm.D., Mary Monk-Tutor, Ph.D., R.Ph.,
Brian Crabtree, Pharm.D., Richard Jackson, Ph.D.

6:30 p.m. **Dinner Cruise on the Emerald Queen Paddlewheel**

Sunday, August 8

7:00 - 9:00 a.m. **Registration**

7:00 a.m. **Continental Breakfast in meeting room**

- 8:00 a.m. - 12:00 n **General Session**
Emerald C
- 8:00 a.m.
and **The Next Generation of Pharmacy Practice
Regulation**
*Gary Cacciatore, Pharm.D., Ph.D.,
Robert Giacalone, R.Ph., J.D.
Michael A. Mone', R.Ph., J.D.*
Sponsor: Cardinal Health
- 9:00 - 9:10 a.m. **Break**
- 9:10 - 10:00 a.m.
Regulation **The Next Generation of Pharmacy Practice and
Group Discussions (cont'd)**
- 10:00 - 11:30 a.m.
Sterile **HIV Prevention, Pharmacies, and the Sale of
Syringes**
*Jennifer Taussig, M.P.H., Donald Williams,
R.Ph.,
Scott Burris, J.D., Diane Nykamp, Pharm.D.*
- 11:30 a.m. - 12:30 p.m. **Lunch**
Sandpiper Ballroom
- 1:00 p.m. **Golf Tournament**
Baytowne Golf Course
- 6:30 p.m. **Polynesian Paradise Poolside Buffet**

Monday, August 9

- 7:00 - 9:00 a.m. **Registration**
- 7:00 a.m. **Continental Breakfast in meeting room**
- 8:00 - 10:00 a.m. **Breakout Session for:
Boards of Pharmacy - Business Session**
Emerald C

Monday, August 9 (cont'd)

Colleges/Schools of Pharmacy

Emerald A

10:00 - 10:15 a.m.

Break

10:15 a.m. - 12:00 n

General Session

Emerald C

10:15 - 11:45 a.m.
etc.

Joint Session: Committee Reports, Resolutions,

Presiding: Jerry Moore, R.Ph.

11:45a.m. - 12:00 noon

**Invitation by Hosts of 2000 NABP/AACP District III
Annual Meeting**

12:00 n - 1:00 p.m.

Lunch

Emerald A, B

Adjourn

For their financial support of the educational activities presented at the 1999 NABP/AACP District III Meeting, the National Association of Boards of Pharmacy and American Association of Colleges of Pharmacy express their sincere appreciation to the following:

*Barr Laboratories
Hoechst Marion Roussel
Knoll Pharmaceutical Company
PCS Health Systems
Pfizer, Inc.
Procter & Gamble
AmeriSource Corporation
Astra Zeneca
Bruno's Inc.
CVS/Pharmacy
DuPont Pharmaceutical
J.M. Smith Corporation
K-Mart Corporation
Meridian Chemical & Equipment
National Association of Chain Drug Stores
Rhone-Poulenc Rorer
Rite Aid
Wyeth Ayerst Laboratories
Fred's
Eckerd's
Johnson & Johnson Services
Walgreens
Merck & Co., Inc.
Merck-Medco Managed Care, LLC
Novartis Pharmaceuticals
Pharmacia & Upjohn
Zeneca*

**ROLL CALL OF DELEGATES OF BOARDS AND COLLEGES
AND REPRESENTATIVES OF INDUSTRY AND ORGANIZATIONS**

Alabama

Tom Alford
Alabama Board of Pharmacy

Alabama (Cont'd)

Joan McGuire
Samford University

Brian Beckett
Samford University

George Bolling
Alabama Board of Pharmacy

Henry Burks
Alabama Board of Pharmacy

Samuel T. Coker
Auburn University

Mark Conradi
Alabama Board of Pharmacy

Sam Castello
Alabama Board of Pharmacy

Joe Dean
Samford University

Diane Decker
Alabama Board of Pharmacy

Mitzi Ellenburg
Alabama Board of Pharmacy

Lee Evans
Auburn University

George Grubbs
Alabama Board of Pharmacy

Jackie Jackson
Samford University

William J. Justice
Alabama Board of Pharmacy

Drue Lackey
Alabama Board of Pharmacy

Richard Lambruschi
Alabama Board of Pharmacy

A.C. McDonald
Alabama Board of Pharmacy

Georgia (Cont'd)

Bobby Burnley
Georgia Board of Pharmacy

Carlos Dyer
Georgia

Jerry Moore
Alabama Board of Pharmacy

Robert E. Smith
Auburn University

John G. Sowell
Samford University

Mary Monk-Tutor
Samford University

Arizona

Lowell T. Sterler
Arizona

Florida

Gene Motley
Florida Board of Pharmacy

Lucius G. Noyes
Florida Board of Pharmacy

Leonard Inge
Florida Board of Pharmacy

Scott Swigart
Nova Southeastern University

John Taylor
Florida Board of Pharmacy

Marina Garcia Wood
Florida Board of Pharmacy

Georgia

Rick Allen
Georgia Board of Pharmacy

Bill Atkins
Georgia Board of Pharmacy

Kentucky (Con'd)

Georgina K. Jones
Kentucky Board of Pharmacy

Melinda Joyce
Kentucky Board of Pharmacy

Stuart Feldman
University of Georgia

Harold Hodgson, Jr.
Georgia Board of Pharmacy

Richard Jackson
Mercer University

D. Frank Landrum
Georgia Board of Pharmacy

Jeff Lurey
Georgia Board of Pharmacy

Ted Matthews
Mercer University

Diane Nykamp
Mercer University

C. Ann Perry
Georgia Board of Pharmacy

John Sherrer
Georgia Board of Pharmacy

Joe Whaley
Georgia Board of Pharmacy

Kentucky

N. Katie Busroe
Kentucky Board of Pharmacy

Bill Conyers
Kentucky Board of Pharmacy

Dwaine Green
University of Kentucky

Dave Jaquith
Kentucky Board of Pharmacy

North Carolina

William "Bill" Campbell
University of North Carolina

Fred Eckel
University of North Carolina

Michael Mone'
Kentucky Board of Pharmacy

David W. Monroe
Kentucky Board of Pharmacy

Jeffrey Osman
Kentucky Board of Pharmacy

V. Maxine Snively
Kentucky Board of Pharmacy

Rodney Stacey
Kentucky Board of Pharmacy

Mississippi

Brian Crabtree
University of Mississippi

Ronnie Crosswhite
Mississippi Board of Pharmacy

Raymond Keith
Mississippi Board of Pharmacy

Beth Leflore
Mississippi Board of Pharmacy

Mac McDivitt
Mississippi Board of Pharmacy

Kenneth Roberts
University of Mississippi

Harold Stamps
Mississippi Board of Pharmacy

William "Buck" Stevens
Mississippi Board of Pharmacy

Michael Vinson
University of Mississippi

Tennessee (Cont'd)

Glen Farr
University of Tennessee

Kendall Lynch
Tennessee Board of Pharmacy

Steve Hudson
North Carolina Board of Pharmacy

Al Lockamy
North Carolina Board of Pharmacy

Whit Moose
North Carolina Board of Pharmacy

Michael Overman
North Carolina Board of Pharmacy

Tim Rogers
North Carolina Board of Pharmacy

Jack G. Watts
North Carolina Board of Pharmacy

David Work
North Carolina Board of Pharmacy

South Carolina

Lee Ann Bundrick
South Carolina Board of Pharmacy

Johnnie L. Early, III
Medical University of South Carolina
Organizations

Peter Edwards
Medical University of South Carolina

Farid Sadik
University of South Carolina

Tennessee

Ron Byrd
Tennessee

Roger Davis
University of Tennessee

Dianna Drake
Tennessee Board of Pharmacy

James Eoff
University of Tennessee

Representatives of Industry and Organizations (Cont'd)

Ken Couch
Smith Drug Company

Jim Crow
Knoll Pharmaceutical

Bob Dufour

Barbara McAndrew
Tennessee Board of Pharmacy

Forrest Parmley
Tennessee Board of Pharmacy

Tim Tucker
Tennessee Board of Pharmacy

Pennsylvania

Scott Burris
Temple University

Pittsburgh

Randy Juhl
University of Pittsburgh

Washington

Donald Williams
Washington Board of Pharmacy

Representatives of Industry and

Dyke Anderson
NABP

John Atkinson
Atkinson & Atkinson

Gail Bormel
US Pharmacopeia

Nancy Bukar
Consumer/Healthcare Products Association

Gary Cacciatore
Cardinal Health Inc.

Carmen Catizone
NABP

Bob Christiansen
Knoll Pharmaceutical

David Nelson
Barr Laboratories

Karen Nishi
Cardinal Health, Inc.

Jerry O'Dell

Wal-Mart	Rite Aid Corporation
Bill "Fitz" Fitzpatrick Omnicare, Inc.	Carlos Ortiz CVS/Pharmacy
Robert Giacalone Cardinal Health Inc.	Richard P. Penna AACP
Diane Goyette National Wholesale Druggist Association	Henry Pharis Knoll Pharmaceutical
Jake Hansen Barr Laboratories	Cathy Polley Kmart Corporation
Phil Hecht Knoll Pharmaceutical Pharmacists	John Rains National Assoc. of Compounding
Terry Henderson Knoll Pharmaceutical	Tammy Rogers Bruno's
George Irving Johnson & Johnson	George Ross Hoechst Marion Roussel, Inc.
Jimmy Jackson Eckerd Corporation	Don Shapker Pharmacia & Upjohn, Inc.
Barry Jasilli CVS/Pharmacy	Jenelle Sobotka Procter & Gamble Health Care
Sandra Johnson Pfizer	Gray Stewart Kerr Drug Inc.
Carey Johnson Cardinal Health, Inc.	Jennifer Taussig Centers for Disease Control & Prevention
Sara Helen Lowe Agency for Healthcare Administration (Florida)	Mary Ann Wagner NACDS
Bill Kitchen Hoffman-laRoche, Inc.	Clay Wilson CVS/Pharmacy
Don McCorquodale NACDS	

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DISTRICT III NABP REPORT

Dyke F. Anderson, R. Ph.

President, NABP

Thank you. It's a pleasure to be with you all this (morning, afternoon). I would like to take a few moments before I begin my remarks, to recognize a few individuals who have contributed so much of their time and talent to NABP and its activities. Well known to all of you are NABP President-Elect Jerry Moore of Alabama, and Treasurer Joe Whaley from Georgia. Would you both stand please. Thank you.

I would also like to recognize past president Gene Argo, who is also from Georgia and David Work from North Carolina. Gene, David, would you please stand. Thank you. During the years that Gene and David served on the NABP Executive Committee, the Association welcomed a new executive director, moved twice to accommodate the growing staff, and experienced exponential growth in the NABPLEX, FDLE, and FPGEC examination programs. Critical to the success of these efforts was the strong leadership provided by our Executive Committee.

I bring this to your attention because during this meeting you will have an opportunity to select your district's representative to next year's Nominating Committee. This committee, which will meet during NABP's 96th Annual Meeting in Nashville, May 6 –10, will be responsible for slating candidates for the open positions on the Association's Executive Committee. As you consider your district representative and alternate, I urge you to keep in mind the vital role of the Nominating Committee in determining the future direction of NABP.

There is another group of individuals that I would like to recognize today. Without the contributions and hard work of those members who volunteer to serve on its task forces and committees, NABP would be unable to address the many issues that confront the state boards of pharmacy each year. The following individuals from district three have been appointed to NABP's task forces and committees for the coming year: Harold Hodgson, Jr. has been appointed to the Committee on Constitution and Bylaws; Michael Moné is the chairman of the Committee on Law Enforcement/ Legislation; Alan Corley will serve on the Task Force on the Licensing of Pharmacy Benefit Managers; Dianna Drake is the chair, Paula Hinson is a member and Al Lockamy an alternate member of the Task Force on the Manpower Shortage; Ann Perry is a member and Mark Conradi is an alternate on the Task Force on the Standardization of Technicians' Roles and Competencies; and John Taylor and Kendall Lynch has been appointed to the Task Force to

Examine the Quality and Standards for Internship Requirements. On behalf of NABP, I thank you for volunteering your services and I encourage everyone to consider helping the Association and the profession in this very rewarding way.

And finally I would like to recognize Carmen Catizone, NABP's Executive Director/Secretary, representing the NABP staff at this meeting. Carmen, please stand.

If the Annual Meeting concludes many of NABP's activities for the year, the NABP/AACP district meetings surely signal the beginning. There has always been for our two associations a shared sense of excitement and optimism as we plan for these early-autumn conferences; a feeling that perhaps this year all of our goals will be met, our dreams fulfilled. Not only is AACP our long-time partner in the fall district meeting programs, its members have been welcome contributors to many of our committees and task forces. Certainly our joint efforts on behalf of the Pharmacy Manpower Project continue to bear fruit, particularly in recent years, as the rumors of a pharmacist workforce shortage proved true.

Nevertheless, at NABP, we are enthusiastic about the future and looking forward to meeting the challenges of the new season. I recently returned from an NABP Executive Committee retreat where we reviewed the Association's programs and goals, and mapped out a Strategic Plan that will guide our future activities. Some of our decisions will be apparent this year in the development of NABP's disease state management examinations (DSM) and membership in the National Institute for Standards in Pharmacist Credentialing (NIPSC), our efforts on behalf of outcomes-based regulations, the new Verified Internet Pharmacy Practice Sites (VIPPS), and through the issues addressed during the Association's fall committee and task force meetings.

The DSM examinations, as you all recall, were launched in the spring of 1998. Four groups formed NISPC in August 1998: National Community Pharmacists Association (NCPA), National Association of Chain Drugs Stores, Inc. (NACDS), American Pharmaceutical Association (APhA), and NABP. As of the June 1999 administration, more than 700 DSM examinations had been given. More than 20 groups, including state boards of pharmacy, state associations, schools and colleges of pharmacy, and other entities have signed letters of agreement with NABP to administer the exams.

As the program continues to expand, we are proceeding with plans to convert the DSM exams from their present paper and pencil format to a computer-adaptive platform. Once completed, the new computer-based exams will be more readily available to pharmacists from around the country who wish to become credentialed in disease-specific patient care services. A request for proposal was issued to test vendors interested in handling the transition. Information about the DSM examinations program and the NISPC credential are available on the new NISPC Web site at www.nispcnet.org.

Two years ago, NABP laid the first stepping stones for a new pathway to pharmacy regulation. As the pharmacist's role continued to expand into more clinical areas and alternate sites, the one-size-fits-all regulatory process that primarily addressed the dispensing function was beginning to pinch. If the role of the pharmacist is changing, we reasoned, such a shift should be reflected in the state practice acts. And so began NABP's Regulating for Pharmaceutical Outcomes Project.

Lead by Professor David Brushwood of the University of Florida College of Pharmacy, the Project encompassed two national surveys; one sent to the members and staff of the state boards of pharmacy, and the second to a randomly selected list of practicing pharmacists. The data from the surveys were compiled and used by Dr. Brushwood to develop model language for outcomes-based

regulation. This language has been reviewed by two NABP task forces and will be considered by the Committee on Law Enforcement/Legislation at their meeting early next year.

In this, the final year of the developmental stage of the Project, we have asked Dr. Brushwood to develop and moderate a special seminar from 1:30 to 5 p.m. on Sunday, September 26, just prior to NABP's Executive Officers Conference at the J.W. Marriott Hotel in Washington, DC. This four-and-a-half hour continuing education program will look at the history of outcomes regulation, provide an overview of the NABP Project, and explore the risk management, practice, and board of pharmacy perspectives surrounding the issue. I encourage you to attend this important Seminar. As the practice of pharmacy evolves to meet the challenges of the 21st century's technologically enriched multi-disciplined health care team, the boards must be prepared to offer regulatory language that fosters and encourages such growth.

At NABP, we believe that the practice of pharmacy is full of promise for those who welcome new opportunities for professional and personal growth. It is our hope that our two great organizations will continue to light the way for those who seek to grow.

I thank you for inviting me to join you today, and on behalf of the Executive Committee and member boards of the National Association of Boards of Pharmacy, I wish you a very successful and productive district meeting.

DISTRICT III AACP REPORT

Richard P. Penna, Pharm. D.
Executive Vice President, AACP

REPORT OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY TO THE DISTRICT MEETINGS OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY 1999

On behalf of the members and Board of Directors of the American Association of Colleges of Pharmacy, I am pleased to be with you again this year and to provide this annual report of AACP activities of interest to NABP and its districts. The past year has seen substantial progress on a variety of fronts as our two organizations continue to work together and with other organizations in pharmacy to improve the quality and safety of medication use for the patients that pharmacists serve. The message of pharmaceutical care is increasingly being heard by policymakers, other health professionals, regulators, and the public. That is good news for everyone.

For continued progress to occur, the dialogue must not only continue but be enhanced. Evolving models of health care delivery, proposals for significant change in federally supported health care programs, and concern about professional workforce size and distribution are but three of the many issues that inevitably impact both the educational and regulatory sectors of pharmacy. The size and nature of the pharmacy profession are such that factors affecting any component of pharmacy inevitably impact others as well. We simply must collaborate in order to be successful.

NABP District Meetings – Nowhere is that collaboration more evident than in the joint efforts of our two organizations in fostering dialogue at the NABP district meetings. As has been the case for several years, AACP staff or one of its presidential officers is participating in all of the NABP district meetings again this year. Some of the issues with which we continue to deal are complicated, and pressing, such as the issue of voluntary credentialing of pharmacists. The issues remain important and “on the front burner.” But it has been the dialogue fostered by these meetings over the past couple of years that has enabled much of the progress that has occurred in recent months, reinforcing AACP’s commitment to participate in the district meetings and to encourage our member colleges and schools to do the same.

Pharmacy Manpower Project, Inc. – The renewed interest expressed last year by the Bureau of Health Professions concerning pharmacy workforce issues has now been translated over the past several months into specific activities, including assignment of additional staff by the Bureau to update the predictive model for pharmacist workforce supply. Progress on the model’s refinement was reported during the May 1999 meeting of the PMP Board of Directors. The PMP members also established subcommittees on the twin issues of supply and demand for pharmacists and are developing a demographic survey process for pharmacists in the U.S. to be accomplished over the next one to two years.

The past year saw an important addition to the PMP membership in the form of the Pharmacy Technician Certification Board (PTCB). Voted into membership last spring,

PTCB will bring to PMP important information about the technician workforce in pharmacy and the rapid development of support for voluntary credentialing of this segment of the pharmacy workforce in the professional, employer, and technician communities. We are also very pleased to report that the National Association of Chain Drug Stores has returned to PMP membership after an absence of two years. This is particularly important given the expressed concerns about shortages of pharmacists in this and other segments of the profession and certain regions of the U.S. NCPA has also been asked to consider rejoining the PMP.

PMP also continues its work on the “demand” side of the workforce equation. PMP consultant Dr. Katherine Knapp of the University of the Pacific has worked during the past year to develop an Internet-based site for reporting demand for pharmacists in various practice and regional settings. Together with the information being provided anecdotally by employers and schools of pharmacy, PMP is seeking to develop a practical method of characterizing current demand for pharmacists that is user friendly. We are cautiously optimistic about the possibilities, despite the admitted challenges of accurately characterizing demand over any long period of time in rapidly changing health care markets.

Practitioner Education Issues – Practitioner interest in pursuing the doctor of pharmacy degree via part-time and nontraditional educational pathways continues to grow. In fall 1997 some 2,550 pharmacists were enrolled in such programs, an increase of more than 40 per cent from the previous year’s 1,778. This number now dwarfs the number of students enrolled in full-time traditional postbaccalaureate PharmD programs. Clearly a substantial and growing number of our colleagues are embracing this opportunity and mechanism to enhance their professional skills while maintaining their practices.

The past year also saw an important milestone in the continued evolution of certificate programs as an instrument of pharmacists’ continuing professional development. We are very pleased that NABP, together with fourteen other organizations within pharmacy, participated in the 2nd Invitational Conference on Certificate Programs in Pharmacy, convened last August by AACP in collaboration with the American Council on Pharmaceutical Education (ACPE). The conference resulted in a profession-based process for developing and implementing standards and guidelines for strengthening the quality of certificate programs in pharmacy. Those standards, drafted by ACPE at the direction and with the involvement of all the conference organizations, have now been formally adopted by ACPE and will guide the profession’s development of certificate programs as we move into a new century.

With this development is likely to come an enhanced value and importance of certificate programs in the professional development of pharmacists throughout their careers. This will be particularly true with very targeted sets of practice skills and competencies that lend themselves to the certificate program model of professional education. This approach, together with traditional continuing education programming and degree-granting curricula, will offer practitioners a valuable and varied menu of educational resources with which to continue their professional education over their practice lifetimes.

The issue of voluntary postlicensure credentialing of pharmacists, so much a part of our dialogue last year, has continued its “early stage” evolution. Thankfully, that is occurring in an increasingly collaborative and cooperative atmosphere fostered by the involvement of additional representation of the profession within the National Institute for Standards in

Pharmacist Credentialing and with the formation of the broad-based, profession-wide Council on Credentialing in Pharmacy.

AACP and, we trust, other organizations learned some valuable lessons from last year's events. As much as we might like to have an orderly and incremental process for building the profession's voluntary postlicensure credentialing systems, the changing health care environment is likely to demand flexibility and creativity, particularly in the early phases of development. Indeed, the profession may benefit from "more than one approach" in developing ways in which pharmacists can document their capabilities to deliver contemporary services and care. Nevertheless, one thing remains clear. To be successful in the longer term, the processes that are ultimately developed must be supported by both the professional and regulatory communities in pharmacy as well as other components of the health care system. The progress and enhanced dialogue of the past year are to be applauded, but must also be sustained and enhanced if we are to achieve our goals in this important area.

Curricular Change -- Curricular evolution continues to characterize the world of AACP members. The 1998/99 school year represents a watershed year for pharmaceutical education. More students are currently enrolled in programs leading to the PharmD degree than to the BS degree. Two years from now Standards 2000, the revised standards and guidelines of ACPE, will serve as the single quality benchmark for all professional degree programs in pharmacy. And by that time, it is anticipated that all but 3 or 4 schools of pharmacy will be offering the doctor of pharmacy degree as their sole professional program.

These events have prompted an enormous commitment of time, people, and resources of our member schools to participate in curricular and pedagogical innovation. AACP has sought to serve its members' needs in this area through our innovative AACP Institute initiative. Over the past four years, including the 1999 Institute in May of this year, 61 of our member schools have sent five-member teams to this four-day program. The Institute's programming fosters improvements in pedagogy, teaching methods, assessment of student learning, and other approaches that can enhance both the teaching and learning processes in schools of pharmacy. And this year, for the first time, three schools of nursing sent teams as well, both to share in the experience and to foster a greater commitment to interdisciplinary education and collaboration.

AACP's CAPE Educational Outcomes Advisory Panel has completed its review and revision of the educational outcomes of professional degree programs in pharmacy and the information is posted and available to interested parties on the AACP Web site (www.aacp.org). NABP past-president David R. Work provided valuable service and guidance as a part of the panel. We look forward to continuing these types of linkages as we work together to provide valuable resource documents for curriculum improvement in our schools.

In summary, it has been a good and busy year. And the future looks equally promising. As we continue to work together, patients and pharmacists alike will benefit from our joint efforts to assure the rational, safe, and effective use of medicines.

Best wishes for a most successful NABP district meeting.

**DISTRICT III NABP/AACP
NECROLOGY REPORT**

Samuel T. Coker

Auburn University

According to the information provided to me by the Boards and Colleges of Pharmacy, the following faculty and board members have deceased since the 1998 meeting in Charleston:

Alabama Board of Pharmacy

Mr. Mahlon G. Turner
Mr. William F. Davoren

Florida Board of Pharmacy

Mr. Daniel R. Noble

North Carolina Board of Pharmacy

Mr. Lloyd Davis, Inspector

Tennessee Board of Pharmacy

Dr. R. C. "Dudley" Hoskins
Mr. Harvey R. Menkis

University of Florida

Dr. Perry A. Foote, Professor and Dean Emeritus (39 Years)
Mr. Harvey R. Menkis

University of Kentucky

Dr. Paul F. Parker, Professor Emeritus, Hospital Pharmacy

University of Tennessee

Dr. Ken Avis, Professor of Pharmaceutics

Are there others?

Please rise for a moment of silence in memory of our departed friends and colleagues. Dear Lord, we thank you for these lives who have served you and their communities through their profession. Amen.

DISTRICT III NABP/AACP COMMITTEE APPOINTMENTS

Time & Place Committee

David R. Work - North Carolina Board of Pharmacy, Executive Director
William H. Campbell, Dean, School of Pharmacy, University of North Carolina

NABP Resolutions Committee

David R. Work - North Carolina Board of Pharmacy - Chairman
Ann Perry - Georgia Board of Pharmacy
Tom Alford - Alabama Board of Pharmacy
Jeff Lurey - Georgia Board of Pharmacy

NABP Nominating Committee

Melinda Joyce - Kentucky Board of Pharmacy - Chairman
Kendall Lynch - Tennessee Board of Pharmacy
Mark Conradi - Alabama Board of Pharmacy

Audit Committee

Dwaine K. Green - Kentucky Board of Pharmacy - Chairman
William H. Campbell - University of North Carolina
Dianna C. Drake - Tennessee Board of Pharmacy
John Taylor - Florida Board of Pharmacy

OPENING SESSION

THE NEED FOR CERTIFICATION IN COMPOUNDING PHARMACY

John R. Rains
Compounding Pharmacist
National Association of Compounding Pharmacists
Clinical Instructor
Texas Tech University

EDITORIAL COMMENT: Mr. Rains used slides with commentary. The slides have been reduced to hard copy for your review. If you should desire further information, please contact him at the following addresses:

4015 River Road
Amarillo, Texas 79108
Tel: (800) 687-7850
Fax: (800) 687-8902
E-Mail: johnrains@meridian.nacp.com

Not available in this electronic document.

RX TO OTC SWITCHES

Randy P. Juhl, Ph.D.
Dean and Professor
University of Pittsburgh
School of Pharmacy

EDITORIAL COMMENT: Dr. Juhl used slides with commentary. The slides have been reduced to hard copy for your review. If you should desire further information, please contact him at the following address:

1104 Salk Hall
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Tel: (412) 624-3270
Fax: (412) 648-1086
E-Mail: rjuhl@pitt.edu

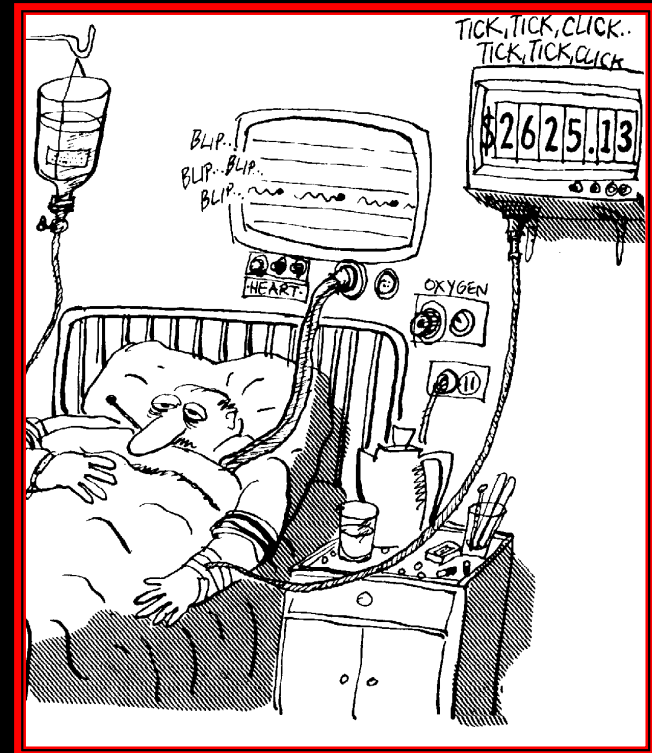


Rx => OTC Switch

Randy P. Juhl, Ph.D.
Dean and Professor
University of Pittsburgh
School of Pharmacy

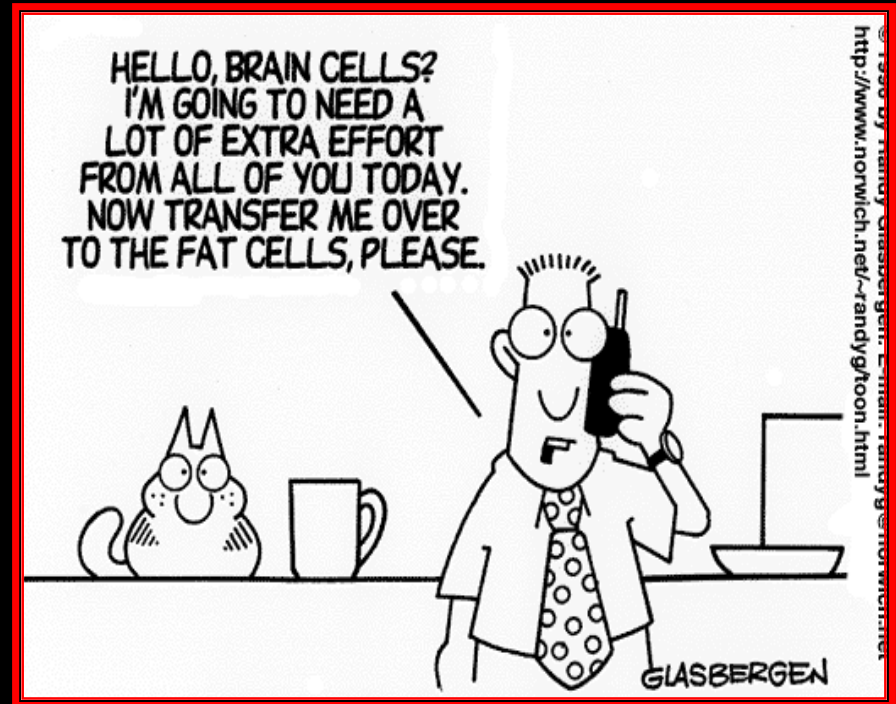
What's Different About Healthcare?

- Healthcare has moved from a sacred calling to a cost-driven commodity.
- Patients don't pay for healthcare, employers do.



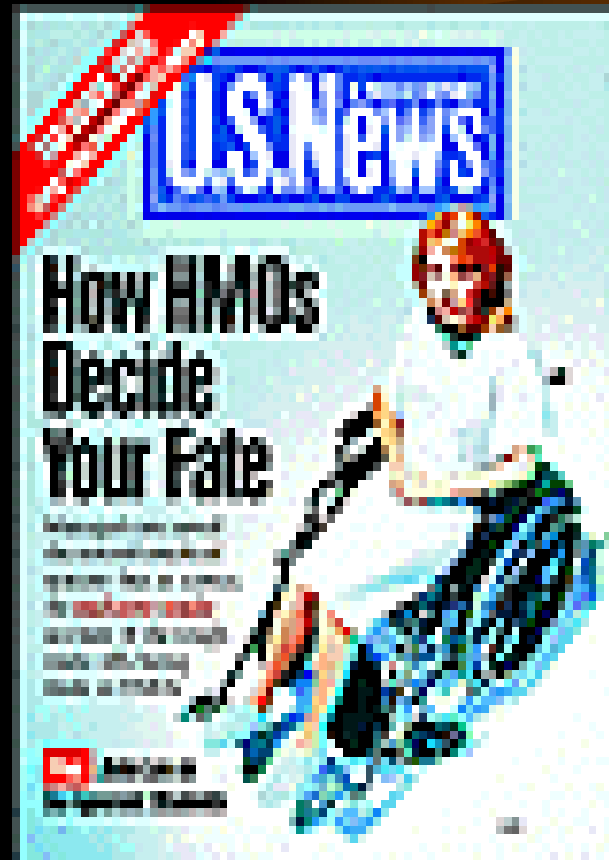
What's Different About Healthcare II?

- Patients/Consumers
 - want to take charge.
 - are being forced to take charge.



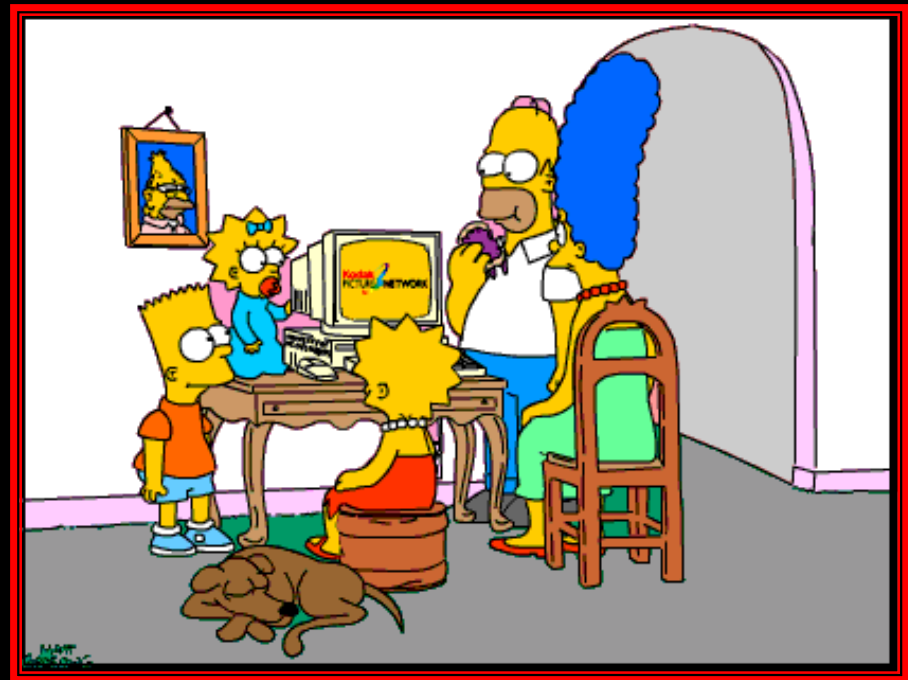
What's Different About Healthcare III?

- The “hassle factor”



What's Different About Healthcare IV?

- We live in a data driven society supported by the information age



Rx Drug Costs

- “Employer’s prescription-drug benefit costs are expected to climb an average 11.5% for workers and 15.7% for retirees over the next year according to a poll of 35 major employers by consultant Watson Wyatt Worldwide, Bethesda, Md., and the Washington (D.C.) Business Group on Health shows....”

Wall Street Journal, July 13, 1999

*Rx Costs as a Percentage of Healthcare Costs**

	1996	1997	1998
Employees	7-11%	8-15%	10-17%
Retirees <65	10-15%	12-20%	15-23%
Retirees >65	20-40%	25-50%	30-50%+

* William M. Mercer client base 5/99

*OTC Coverage by Managed Care**

- Most don't cover OTCs (except insulin)
- Coverage is not likely to increase
- PBMs and HMOs increasingly recommend OTC products as part of step-care protocols and in member education materials

*Novartis Pharmacy Benefit Report: Trends and Forecasts, 1998

*Women who self-treat first for:**

	<u>1997</u>	<u>1998</u>
Vaginal yeast infection	38%	45%
Heartburn	75%	84%
Muscle/ joint pain	59%	69%
Fever	71%	77%

* Prevention Magazine Survey, 1998

Implications ??

- Social and economic pressures will promote the switch climate
- Managed care and science based self-care are very compatible in the current economic climate
- Consumers need more than just a product



Rx => OTC SWITCH

- 1984 Advil/Nuprin (ibuprofen)
- 1985 Afrin (oxymetazoline)
- 1986 Antiminth (pyrantel pamoate)
- 1987 Drixoral (dexbrompheniramine)
- 1988 Imodium AD (loperamide)
- 1990 Gyne-Lotrimin (clotrimazole)
- 1990 Nix (permethrin)
- 1992 Tavist (clemastine fumarate)
- 1994 Aleve (naproxen sodium)

1995 Rx => OTC SWITCH

- Pepcid AC (famotidine)
- Tagamet HB (cimetidine)
- Zantac 75 (ranitidine)
- Children's Motrin Susp. (ibuprofen)
- Orudis KT (ketoprofen - Whitehall)
- Actron (ketoprofen - Bayer)
- Femstat3 (butoconazole nitrate 2%)

1996 Rx => OTC SWITCH

- Ocuhist (pheniramine/naphazoline)
- Nicorette (nicotine gum)
- Rogaine (minoxidil 2%)
- Axid AR (nizatidine)
- Nicotrol/Nicoderm (nicotine patches)
- Children's Advil (ibuprofen)
- Monistat 3 (miconazole 2%)

1997 Rx => OTC SWITCH

- Nasalcrom (cromolyn sodium)
- Total toothpaste (triclosan + fluoride)
- Nizoral AD shampoo (ketoconazole 1%)
- Vagistat -1 (tioconazole 6.5%)
- Rogaine Extra Strength (minoxidil 5%)
- Imodium Advanced (loperamide + simethicone)

1998 “Rx => OTC SWITCH”

- Excedrin Migraine
- numerous line extensions and labeling changes in the H₂ blocker, vaginal anti-infectives and nicotine replacement categories.

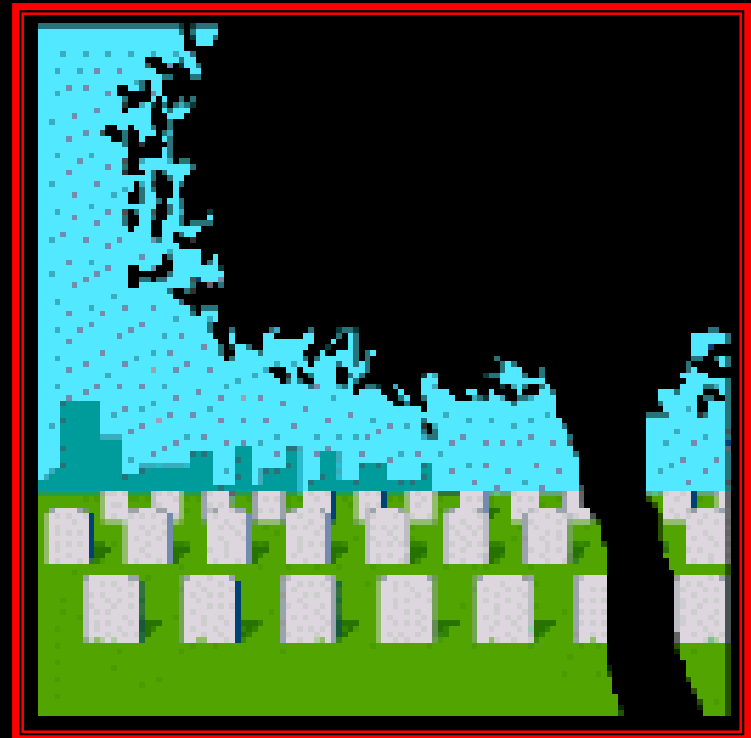
Things that didn't happen

- Chicken Little has yet to suffer a concussion



Things that didn't happen II

- acyclovir
- asthma drugs
- topical erythromycin
- cholestyramine
- penciclovir
- cyclobenzaprine??



1906 Pure Food and Drug Act



- Standards of strength and purity
- Safety and effectiveness were not mentioned.

1938 Federal Food, Drug and Cosmetic Act

- Elixir of Sulfanilamide
- Generally recognized by experts as safe for its intended use
- Adequate directions for use -- with conspicuousness and in terms such as to render it likely to be read and understood by the ordinary individual under customary conditions of purchase and use

Adequate Directions for Use

- “... likely to be read ...”
- “... (likely to be) understood ...”
- “... by the ordinary individual ...”
- “... under customary conditions of purchase and use ...”

Adequate Directions for Use

How to Test?

- Ask the consumer
- Test the consumer
 - Can they read the label?
 - Do they understand the label?
 - Do they follow the label?
 - Do they achieve the desired outcome?

Ask the Consumer



- **Heller Studies**
 - 94% said they would be careful when using an OTC drug
 - 93% read the instructions before taking the first time
 - 70% will call a doctor if unsure
- **Reliable??**

Test the Consumer:

*Quantitative Comprehension of Efficacy From Four Experimental Labels**

- Do consumers understand the difference in effectiveness between active and placebo?
 - only 46% understood “placebo”
 - text better than graphs

*Grisaffe and Shellabarger, Walker Information, 1996

Test the Consumer: An Interesting Comparison

- Non-compliance with labeled instructions in separate but similar studies:

Analgesics	40-50%
H ₂ blocker	17%

Durham-Humphrey Amendment of 1951

- Special class of drugs which require a prescription
- Habit forming or exceptionally toxic/dangerous or new drugs that the FDA classifies as prescription only
- Eliminated labeling requirements of 1938 Act for this special class of drugs
- Everything else is OTC

1962 Drug Amendments to the Act



- New drug products must be safe and effective before approval
- Old Rx products (post-1938) to be reviewed for efficacy - Drug Study Efficacy Implementation (DESI)
- OTC class review (1972)

The OTC Drug Review

1972 - ?????

- Ingredient (~700) review Vs product (~400,000) review
- 17 expert panels, 513 meetings, 10 years
- OTC drug category Monographs
- Completion date = 20??

The OTC Drug Review

- 1972 Hexachlorophene
- 1975 Zirconium
- 1975 Tribromsalan
- 1975 Antacid testing procedures
- 1976 Theophylline

The OTC Drug Review

- 1976 Chloroform
- 1977 Chlorofluorocarbons
- 1979 Daytime sedatives
- xxxx Methapyrilene
- 1978 Sun protection factor
(SPF) rating system

The OTC Drug Review

- xxxx Phenacetin
- xxxx Accidental ingestion warnings
- 1982 Camphorated oil
- 1982 Pregnant or nursing women warning
- 1982 Tamper-resistant packaging

The OTC Drug Review

- 1983 Abrasiveness index - fluoride anticaries products
- xxxx Internal insect repellents, over-indulgence remedies, anticholinergics and hair restorers removed from the market
- 1986 Aspirin - Reye's syndrome warning

Rx => OTC Switch

- OTC review panels recommended 37 switches
- The 1951 Amendment served as the guide
- Some were switched - hydrocortisone
- Some were not - theophylline

Rx => OTC Switch

Current Requirements

- If a drug can be OTC, it should be
- Case by case weight of the evidence
- Safety and effectiveness in the OTC setting
- Advisory committee review

Rx => OTC

What's in the Future?

- Revised Labeling standards for all OTCs
- Chronic conditions?
- Self monitoring?
- Educational role for OTC labeling?
- DTC enhanced switch?



Problem-based learning in pharmacy: The Samford University experience

Mary Monk-Tutor, Ph.D.

Brian Beckett, Pharm.D.



Samford University and PBL

✓ **Pew Foundation Grant: Three year program targeting five academic units**

- **Business**
- **Pharmacy**
- **Education**
- **Arts and Sciences**
- **Nursing**

✓ **PBL and active learning**



Year I: Fall Semester

- ✓ **303** Information systems
- ✓ **304** Calculations
- ✓ **305** **US Health Care systems (AL)**
- ✓ **306** **Physiological chemistry (Y1)**
- ✓ **308** **Physiology and Pathophysiology (Y2)**
- ✓ **310** **Pharmacy dosage forms I (AL)**



Year I: Spring Semester

- ✓ **307 Clinical communications (AL)**
- ✓ **309 Physiology and Pathophysiology (Y2)**
- ✓ **311 Pharmacy dosage forms II (AL)**
- ✓ **312 Sterile products (AL)**
- ✓ **313 Infectious disease I**

- ✓ **301 Practice experience I (AL)**
- ✓ **302 Pharmacy practice I (AL)**



Year II: Fall Semester

- ✓ **400** Legal principles of pharmacy
- ✓ **403** Pharmacology I (Y2)
- ✓ **405** Medicinal chemistry I (AL, Y2)
- ✓ **407** Therapeutic drug management I * (Y1)
- ✓ **413** Infectious disease II (AL)

* Am J Pharm Educ 58;73-77 (1994)



Year II: Spring Semester

- ✓ 401 Practice experience II (AL)
- ✓ 402 Pharmacy Practice II (AL)
- ✓ 404 Pharmacology II (Y2)
- ✓ 406 Medicinal chemistry II (AL, Y2)
- ✓ 408 TDM II (Y1)
- ✓ 410 OTC medications I (AL)
- ✓ 414 Infectious diseases III (AL)



Year III: Fall semester

- ✓ 502 Pharmacy practice III (AL)
- ✓ 510 OTC medications II (AL)
- ✓ 521 Therapeutics I (Y1)
- ✓ 524 Fiscal management (Y1)
- ✓ 550 Physical assessment I (AL)



Year III: Spring semester

✓ **522 Therapeutics II (Y1)**

✓ **523 Therapeutics III**

✓ **525 Human resource management (Y1)**

✓ **527 Drug literature evaluation (AL)**

✓ **550 Physical assessment II (AL)**

✓ **551 Christianity and ethics in HC* (AL)**

* Ann Pharmacother 1999;33:489-94



MSOP Management Courses

- ✓ **Required 2 course sequence during Year III**
- ✓ **Fall: Fiscal Management**
- ✓ **Spring: Human Resources Management**
- ✓ **100 students (average)**
- ✓ **1 instructor/facilitator**



Fiscal Management

- ✓ **Converted to 100% PBL format Fall 1998**
- ✓ **95 students (16 groups of 6)**
- ✓ **one faculty facilitator**
- ✓ **met 4 hours/week using 8 rooms**
- ✓ **texts: *Effective Pharmacy Management* (NCPA) and *Pharmacoeconomics and Outcomes* (ACCP)**



Fiscal Management

- ✓ **6 problem-based lectures + 2 speakers**
- ✓ **4 graded group cases (50% individual grade / 50% group grade)**
- ✓ **case format: full initial disclosure**
- ✓ **group portion of all exams (10%)**
- ✓ **final exam or student course portfolio**



Fiscal Management Cases

✓ **Practice Case:
Business Plans**

(original material)

✓ **Financial Analysis**
(community setting)

*adapted from literature/*EPM*

✓ Intro to PBL format ,
group processes /
purpose, use, format
of business plans

✓ financial statements ,
ratio analysis, business
planning and decision
making



Fiscal Management Cases

✓ **Third party contract evaluations**
(community setting)

*adapted from literature/*EPM*

✓ Cost of dispensing, profit and loss calculations, reimbursement and contract negotiation strategies, organizational decision making



Fiscal Management Cases

✓ **Pharmacoeconomics:
Formulary Decisions**
(HMO setting)

*adapted from ACCP text

✓ Intro to pharmecon,
cost effectiveness,
policy development,
HIV treatment, costs

✓ **Pharmacoeconomics:
Service Decisions**
(hospital setting)

*adapted from ACCP text

✓ cost benefit, asthma
treatment, budgets, lit
review, disease
management service



Human Resources Management

- ✓ **Converted to 100% PBL format Spring 1999**
- ✓ **94 students (23 groups of 4 or 5)**
- ✓ **one faculty facilitator**
- ✓ **met 3 hours/week using 8 rooms**
- ✓ **texts:** *Effective Pharmacy Management* (NCPA), *One Minute Manager* books (Blanchard)



Human Resources Management

- ✓ **6 problem-based lectures + 1 speaker**
- ✓ **3 graded group cases (50% individual grade / 50% group grade)**
- ✓ **group case format: progressive disclosure**
- ✓ **1 individual case**
- ✓ **no exams, 2 group quizzes**
- ✓ **final exam or student course portfolio**



Human Resources Cases

✓ **Organizational Structure**
(community setting)
*original material

✓ **Employee Selection**
(hospital setting)
*original material

✓ Organizational culture, org charts, chain of command, org theory, job descriptions

✓ job description/
resume analysis, role play of interview process, selection



Human Resources Cases

- ✓ **Leadership Styles**
(ambulatory setting)
*original material

- ✓ Cultural diversity
(BafaBafa simulation),
P&P, motivation,
attitudes, personality
types, leadership
styles, disciplinary
plans, corrective
discipline (role play),
high-dose chemo-
therapy protocols



Human Resources Cases

✓ **Career Preparation**
(individual case)

*original material

✓ Career goals, resume,
cover letter (multiple
drafts with self, peer
and instructor review)



PBL Activities/Techniques Used

- ✓ **Team building exercises/games**
- ✓ **“Board “ and “Round Robin” exercises**
- ✓ **Jigsaw discussions**
- ✓ **Role playing / simulation games**
- ✓ **Internet research projects**
- ✓ **Initial and progressive disclosure format**
- ✓ **Full class and smaller group discussions**

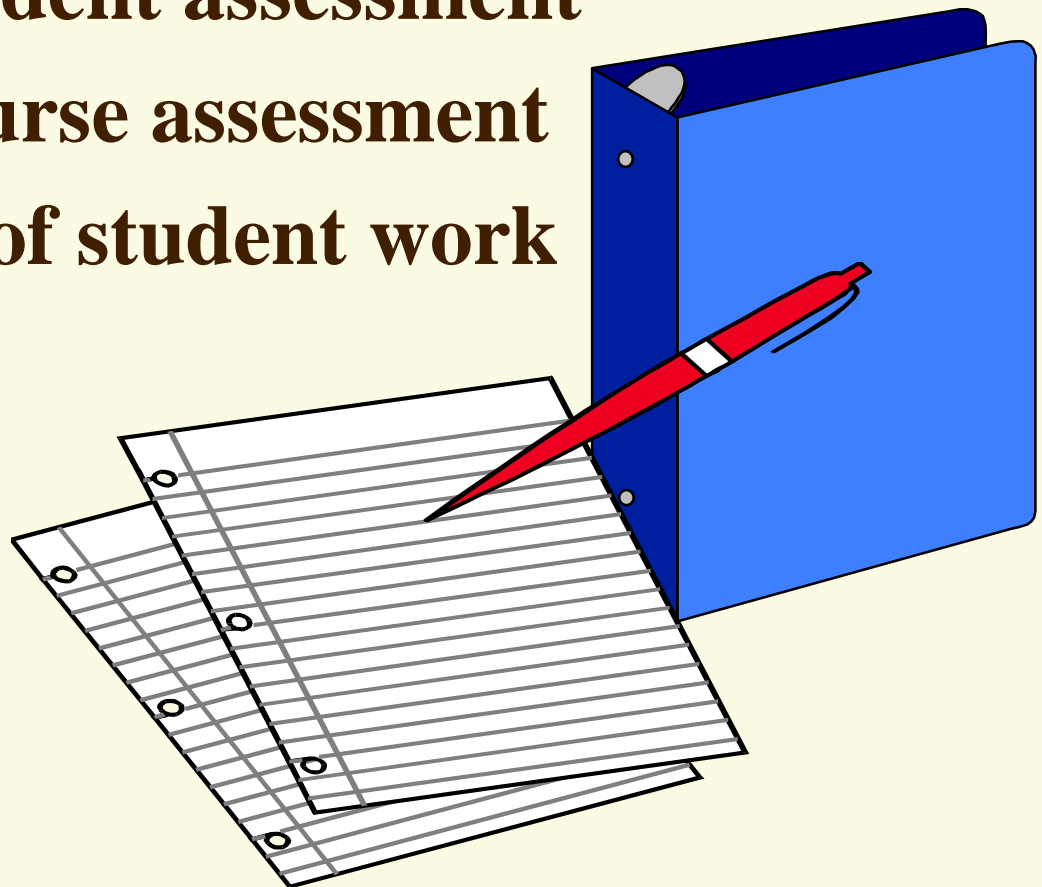


Assessment Techniques Used

- ✓ **Group quizzes or portions of exams**
- ✓ **In-class writings with peer review**
- ✓ **Individual /group components to cases**
- ✓ **Concept Maps**
- ✓ **Pre / Post Tests**
- ✓ **Student Course Portfolios (each course)**
- ✓ **LEARN team process**
- ✓ **Course/instructor evaluations /portfolio**

Student Course Portfolios

- ✓ Use for student assessment
- ✓ Use for course assessment
- ✓ Examples of student work





Where Do We Go From Here?

- ✓ **Conversion of most remaining traditional courses**
- ✓ **Ongoing revision of PBL courses**
- ✓ **Development of PBL cases with integrated content material**
- ✓ **Analysis of Pew Grant assessment data**
- ✓ **Integration of all courses in Year III ???**



Experience with an Integrated Block Curriculum

Richard A. Jackson, Ph.D.
Mercer University
Southern School of Pharmacy



Integrated/Block Scheduling

- Cornell University
- Western University School of Pharmacy

Block Schedule

- Four Blocks/Semester
- Four Weeks/Block
- 16 Weeks/Semester
- Same as 15 plus Exam Week



Individual Blocks

- Four Weeks in Length
- Thursday and Friday off/Month
- 18 Class Days
- 5 Hours/Day (9-12; 1-3)
- 90 Hours Total



Active Learning Strategies

- Pause Procedure
- One-minute Paper
- Think/Pair/Share
- Formative Quizzes



Active Learning Strategies

- Lecture Summaries
- Role Playing
- Debates
- Peer Teaching



Active Learning Strategies

- Self/Peer Assessment
- Small Group Presentations
- Empty Outlines
- Muddiest Point



Active Learning Strategies

- Student Generated Questions
- Concept Map
- Cooperative Learning



Active Learning Strategies

Thomas A. Angelo and K. Patricia Cross,
Classroom Assessment: A Handbook for College
Teachers, 2nd Edition, 1993.

Josey-Bass Publishers, San Francisco.

Three Types of Courses

- Foundation (year 1)
- Pharmacotherapeutics (years 2 and 3)
- Elective (years 2 and 3)



Foundation Courses

- Basic Principles/Background
- Year 1: 8 Blocks
- Most Not Integrated



Foundation Courses (Weeks)

- Introduction to Pharmacy (4)
- Principles of Pharmaceutical Sciences (4)
- Communications (2)



Foundation Courses (Weeks)

- Biostatistics/Literature Evaluation (2)
- Biosciences I (4)
- Biosciences II (4)

Foundation Courses (Weeks)

- Pharmaceuticals (4)
- Management/Law (4)
- General Principles of Pharmacotherapy (4)

Elective Courses (8)

- Years 2 and 3
- Two per Semester (same block)
- 9 days x 5 hrs = 45 hours each

Patient Care Courses (4)

- Experiential
- Years 2 and 3
- One/Semester (90 hours)
- In Development

Pharmacotherapeutics Courses

- Years 2 and 3
- 8 Total (2/Semester)
- Disease State Orientation
- Total Integration
- Template

Pharmacotherapeutics Integrated Courses

- Anatomy
- Physiology
- Pharmacology
- Pharmaceutics
- Medicinal Chemistry
- Therapeutics
- Counseling
- Pharmacoeconomics
- Pharmacoepidemiology



Pharmacotherapy Courses (4 Weeks Each)

- Cardiovascular Disorders I
- Cardiovascular Disorders II/Urologic Disorders
- Endocrine and gastrointestinal Disorder
- Respiratory and Integumentary Disorders



Pharmacotherapy Courses (4 Weeks Each)

- ⊗ Central Nervous System Disorder I
- ⊗ Central Nervous System II/Infectious Disease I
- ⊗ Infectious Disease II
- ⊗ Oncologic and Rheumatologic Disorders

Initial Evaluation of Block Curriculum

- Third Year
- Spring Semester, 1999

Initial Evaluation of Block Curriculum

- Pharmacy Management
- Pharmacy Law
- Literature Evaluation
- Medicinal Chemistry/Pharmacology & Therapeutics



Evaluation of Block

- Faculty and Students (110)
- 24 Quality Circle Members
- Focus Groups (Weekly)

Students Rated:

- 51% (18 of 35) of their educational experience as more positive in the block system
- 40% (14) of their educational experience as the same in both systems
- 9% (3) of their educational experience as lower in the block system

Positive Aspects of Blocks (Students)


- Less Stress
- Concentrate on One Subject
- Better Prepared for Class
- Better Prepared for Examinations

Negative Aspects of Block (Students)

- Long Time, Same Subject
- Lack of Time to Assimilate Material

Faculty Evaluation of Block

- Many Hours of Class Exhausting
- Students Better Prepared
- Freedom to give more assignments/responsibility to students
- Time for active learning
- Time free in semester for research



Top 20 Things Learned from Classroom Experience in the Block Curriculum



Future Plans for Integrated Block

- Fall Semester, 1999 (Years 1 and 2)
- Spring Semester, 2000 (All 3 years)
- Full Implementation; Fall, 2000



For More Information:

[Http://www.mercer.edu/pharmacy/AcademicAffairs/](http://www.mercer.edu/pharmacy/AcademicAffairs/)

Two Points to Remember As A Classroom Teacher

- Don't try to do everything the first time
- Don't forget that the course must be conceived and prepared for the students, not the professor

Richard Pregent, Charting Your Course: How to Teach More Effectively. Magna Publications, 1994, Madison.

ISSUES OF CONCERN TO ACADEMIC PHARMACY

Richard P. Penna, Pharm.D.
Executive Vice President, AACP

EDITORIAL COMMENT: Issues were discussed but no consensus was provided in writing for these proceedings.

Not available in this electronic document.

LEGAL ISSUES FACING BOARDS

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Atkinson & Atkinson

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E-Mail: Aandaatlaw@aol.com

A separate publication containing 31 pages was distributed to those in attendance. Further information on these issues maybe obtained by phone, fax, or e-mail listed above or from a District III State Board office.

Not available in this electronic document.

NEW STRATEGIES IN PHARMACY EDUCATION

Brian Beckett, Pharm.D., Samford University (205) 870-2914
Mary Monk-Tutor, Ph.D., R.Ph., Samford University (205) 870-2896
Brian Crabtree, Pharm.D., University of Mississippi (601) 984-2620
Richard Jackson, Ph.D., Mercer University, Southern Sch. of Pharmacy (770) 986-3257

EDITORIAL COMMENT: Mr. Beckett and Dr. Monk-Tutor used slides with commentary. The slides have been reduced to hard copy for your review. Mr. Crabtree's abstract of his presentation is included and Dr. Jackson used slides with commentary. If you should desire further information, please contact them at their respective universities.

Not available in this electronic document.

THE NEXT GENERATION OF PHARMACY PRACTICE AND REGULATION

Gary Cacciatore, Pharm.D., Cardinal Health, Inc.
Robert P. Giacalone, R.Ph., Cardinal Health, Inc.

1330 Enclave Parkway

Houston, Texas

Tel: (281) 749-4126

Fax: (281) 749-2083

E-Mail: gary.cacciatore@cardhealth.com

Michael A. Moné, R.Ph., Kentucky Board of Pharmacy
1024 Capital Center Drive, Suite 210,
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(502) 573-1580

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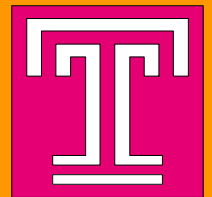
HIV PREVENTION, PHARMACIES, AND THE SALE OF STERILE SYRINGES

Scott Burris, J.D., Professor, Temple University
Diane Nykamp, Pharm.D., Mercer University
Jennifer Taussig, M.P.H., Centers for Disease Control and Prevention
Donald Williams, FASHP, Executive Director, Washington Board of Pharmacy

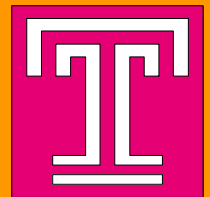
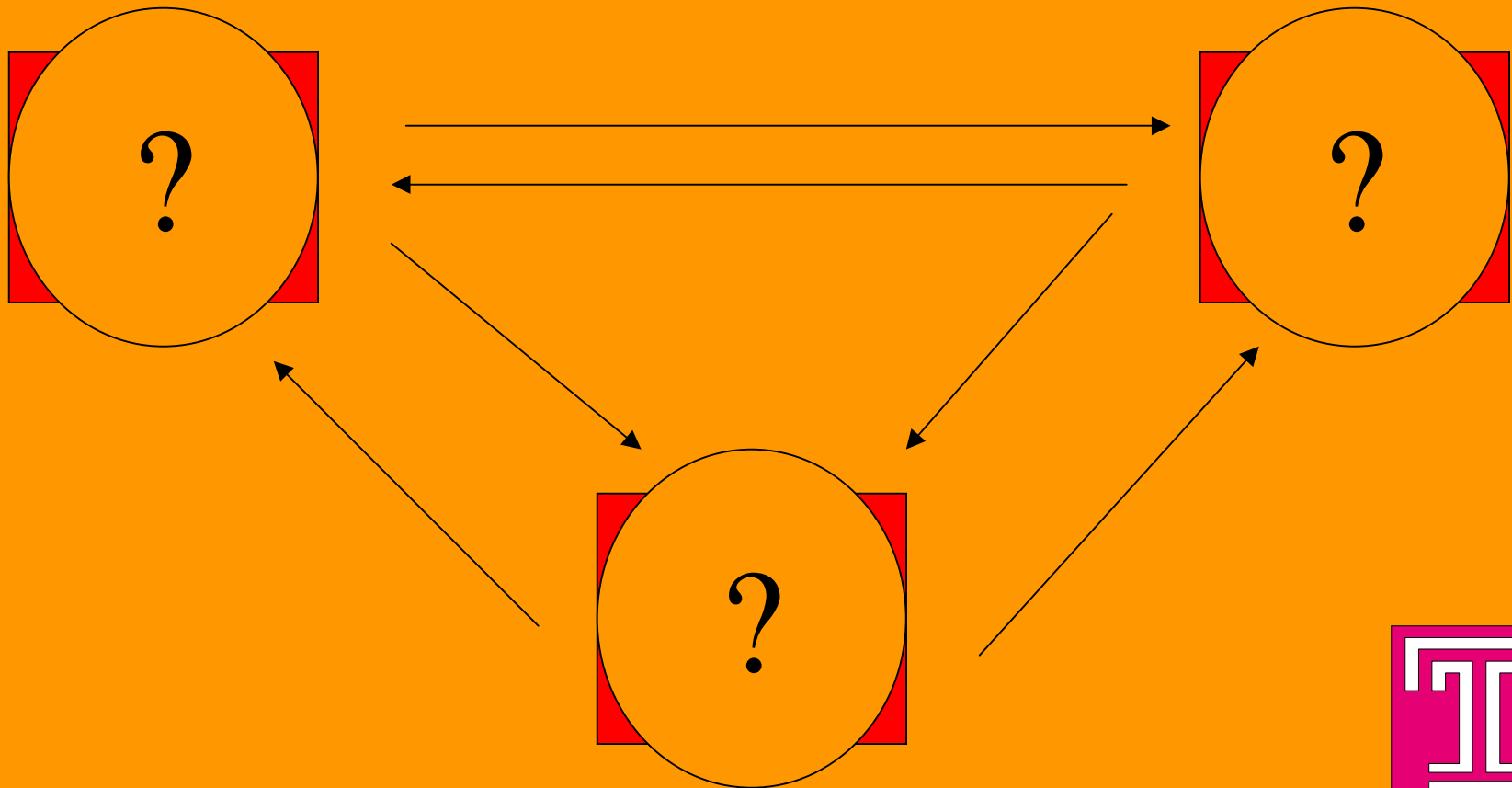
EDITORIAL COMMENT: Mr. Burris, Ms. Nykamp, Ms. Taussig, and Mr. Williams used slides with commentary. The slides have been reduced to hard copy for your review. If you should desire further information, please contact them at their respective universities.

Selling Sterile Injection Equipment in Pharmacies: Law and Action

Scott Burris
Beasley School of Law
Temple University

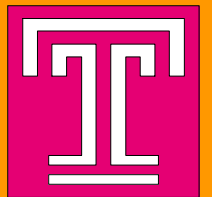


The Feedback Loop



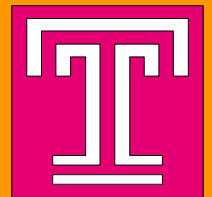
So I am going to discuss

- The science -- briefly
- The law -- at length
and
- what pharmacists, and
pharmacy boards, can do



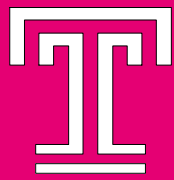
The Science...

- More incident HIV infections occur among IDUs than any other US risk group
- The sharing of syringes by IDUs is the leading source of HIV infection among women and children
- Reuse of syringes is a known risk factor for acute bacterial endocarditis, subcutaneous abscess and cellulitis.



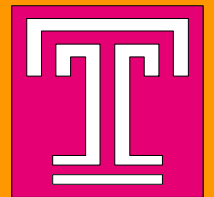
The Science...

- Programs and policies that enhance syringe access can reduce disease transmission without increasing drug use.
 - Lurie P, Reingold AL, eds. The public health impact of needle exchange programs in the United States and abroad. University of California, October 1993; Normand J, Vlahov D, Moses L. Preventing HIV transmission: the role of sterile needles and bleach. Washington, DC: National Academy Press, 1995; HHS Secretary Shelala, 1997.



HHS HIV/AIDS Prevention Bulletin: Tell IDU Patients to

- Stop using and injecting drugs
- Get substance abuse treatment



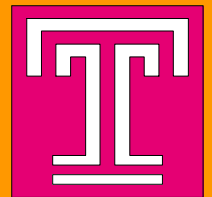
HHS HIV/AIDS Prevention Bulletin: Tell IDU Patients...

- If they continue to inject drugs:
 - Never reuse or "share" syringes
 - Use only syringes obtained from a reliable source (e.g., pharmacies).
 - Use a new, sterile syringe to prepare and inject drugs ...
 - Clean the injection site prior to injection with a new alcohol swab.
 - Safely dispose of syringes



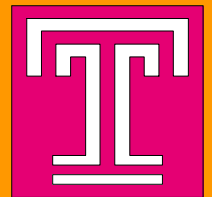
The Bottom Line

- Providing IDUs with access to sterile injection equipment serves a legitimate medical purpose
- There are compelling public health justifications for providing sterile injection equipment to IDUs



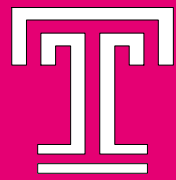
If you accept the science, you have to ask

- The ethical question: Ought I sell to IDUs?
- The legal questions:
 - May I sell to IDUs?
 - If not, what can be done to change the law?



The main laws to consider

- Pharmacy regulations
- Drug paraphernalia laws
- Syringe prescription laws and other statutes restricting sales (e.g., display or legitimate medical purpose laws)



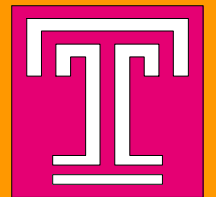
Georgia Pharmacy Regs

Pharmacies shall keep injectable syringes behind the counter in their prescription departments and in no other place. No person other than a Registered Pharmacist or a Registered Intern acting under the immediate and direct personal supervision of a Registered Pharmacist shall sell injectable syringes. No injectable syringe shall be sold by a person having reasonable cause to believe that it will be used for an unlawful purpose.

South Carolina Regs (health department)

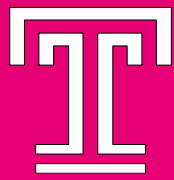
SECTION 3. Determination of Medical Use by Pharmacist

Any pharmacist or assistant pharmacist making a retail sale of a hypodermic needle or syringe shall obtain an affirmative statement, either oral or written, from the purchaser that the sale is for **legitimate medical use. ...**



New Jersey's Prescription Law

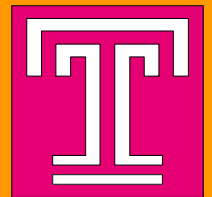
a. No person shall sell, furnish, or give to any person or persons other than a [health care provider or other authorized person] ... a hypodermic syringe, hypodermic needle or any instrument adapted for the use of controlled dangerous substances ... by subcutaneous injections without a prescription of a duly licensed physician, dentist or veterinarian. Such prescription shall contain the name and address of the patient, the description of the instrument prescribed and the number of instruments prescribed.



New Jersey's Prescription Law

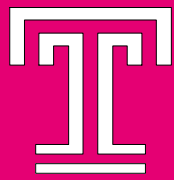
d. Any person who violates this section is guilty of a disorderly persons offense.

[But could also be subject to professional board discipline]



Florida's Drug Paraphernalia Law

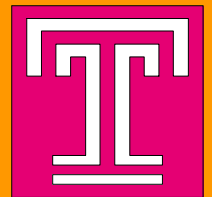
The term "drug paraphernalia" means all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, **injecting**, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of this chapter.



Florida's Drug Paraphernalia Law

"Paraphernalia" includes, but is not limited to:

"(11) Hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body."



Florida's Drug Paraphernalia Law

In determining whether an object is drug paraphernalia, a court or other authority or jury shall consider, in addition to all other logically relevant factors, the following:

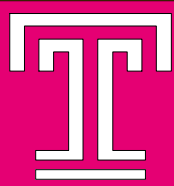
- (10) Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, such as a licensed distributor of or dealer in tobacco products.
- (12) The existence and scope of legitimate uses for the object in the community.
- (13) Expert testimony concerning its use.

Florida's Drug Paraphernalia Law

It is unlawful for any person to deliver ... drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used:

(b) To inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of this act.

Any person who violates this subsection is guilty of a felony of the third degree...



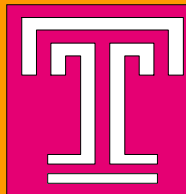
Florida's Drug Paraphernalia Law

(b) It is unlawful for any person to sell or otherwise deliver hypodermic syringes, needles, or other objects ... for use in parenterally injecting substances into the human body

to any person under 18 years of age, except that hypodermic syringes, needles, or other such objects may be lawfully dispensed to a person under 18 years of age by a licensed practitioner, parent, or legal guardian or by a pharmacist pursuant to a valid prescription for same. Any person who violates the provisions of this paragraph is guilty of a misdemeanor of the first degree.

South Carolina's Paraphernalia Law

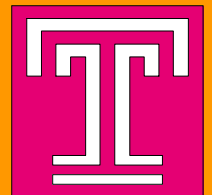
- "Paraphernalia" means any instrument, device, article, or contrivance used, designed for use, or intended for use in ingesting, smoking, administering, or preparing marijuana, hashish, hashish oil, or cocaine..."



The impact of law...

- Of 136 Atlanta pharmacists
- who indicated that they were personally willing to sell syringes to IDUs
- over half
- required customers to provide reasonable justification for syringes

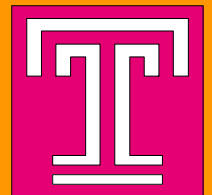
Taussig et al, 1999



The impact of law...

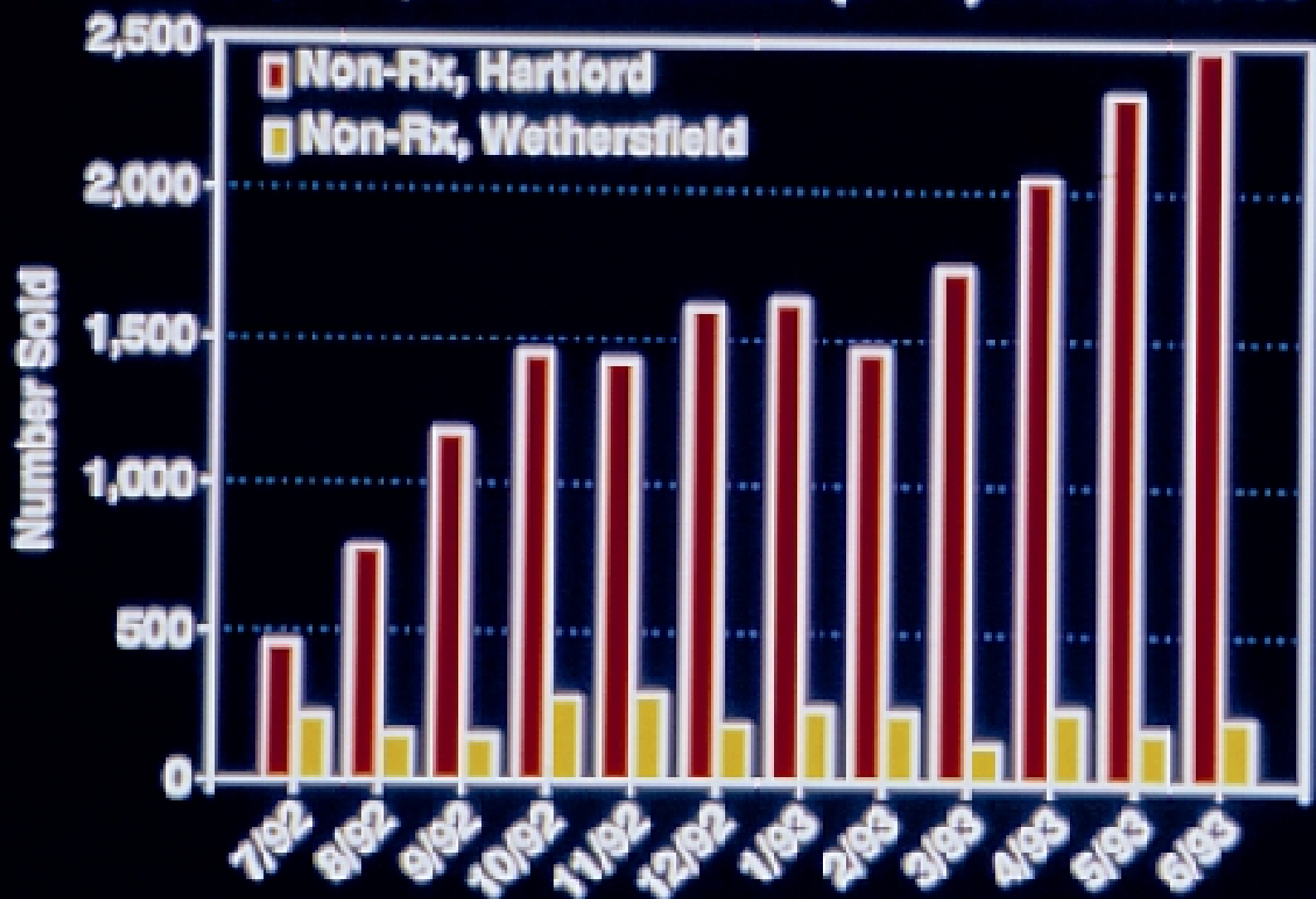
- A substantial proportion of pharmacists in St. Louis refused to sell needles to apparently legal customers
- African-American buyers were more likely to be refused

Compton et al, 1992

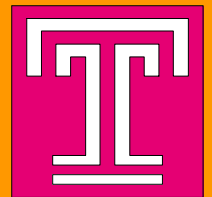
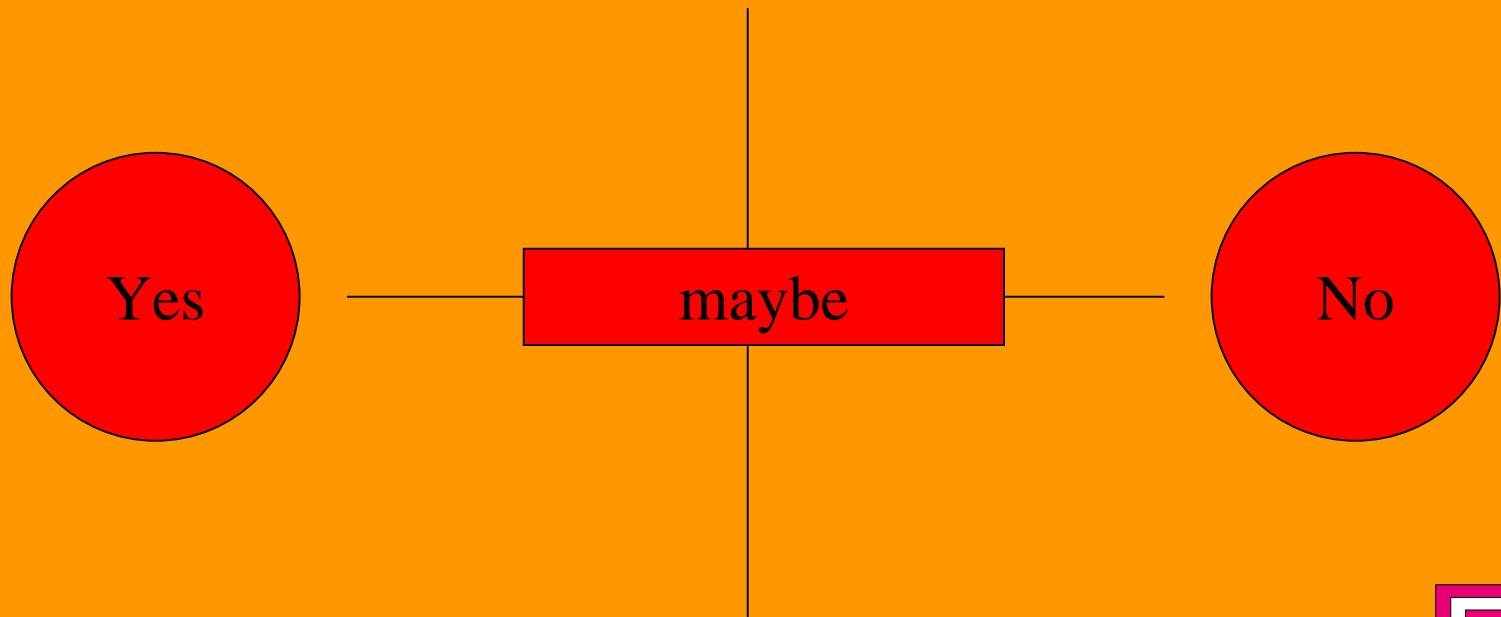


Nonprescription Syringes Sold

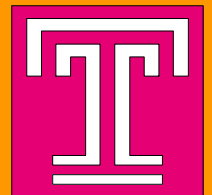
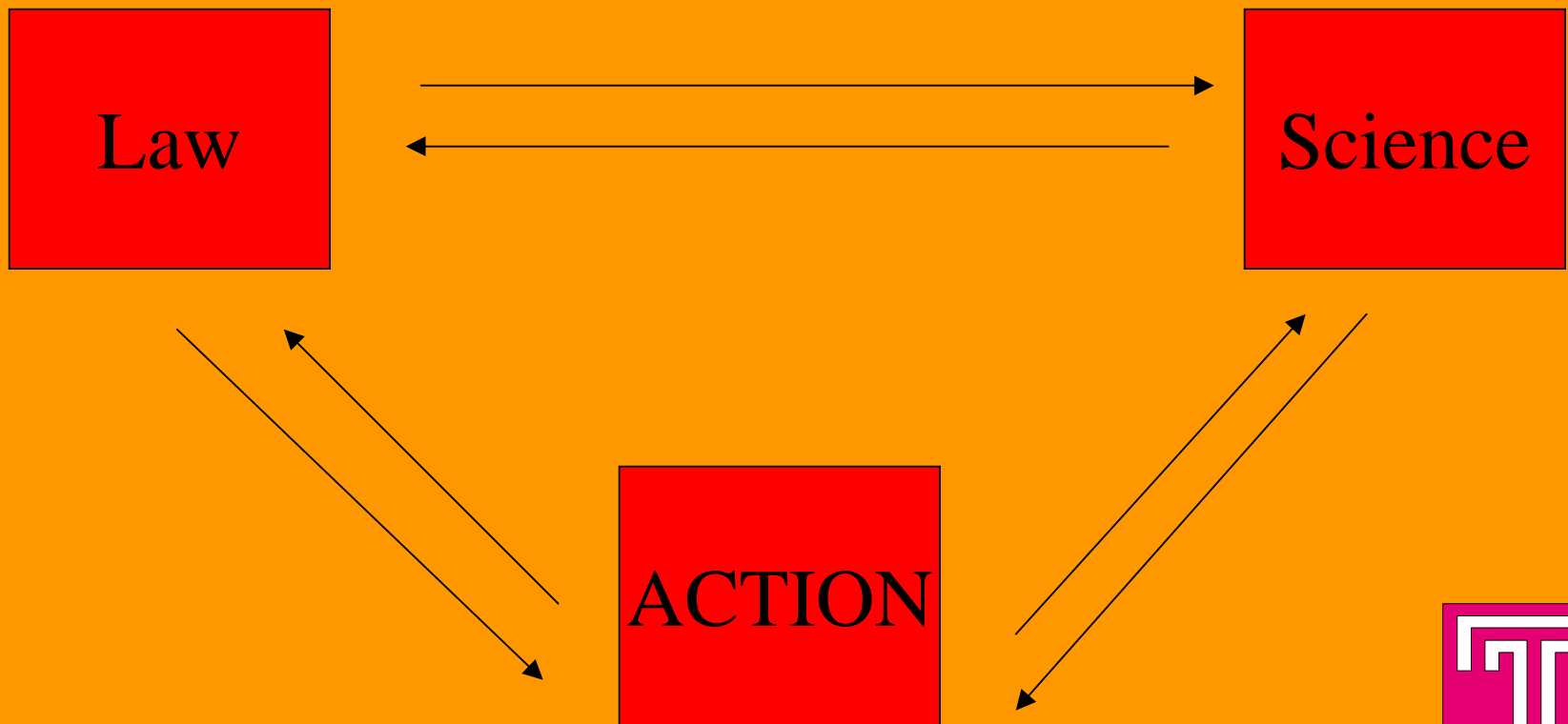
Hartford (n = 5) & Wethersfield (n = 5) Pharmacies



Legality

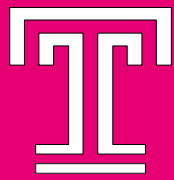


The Feedback Loop



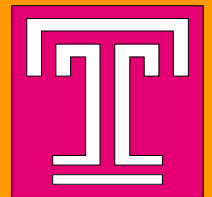
Key Factors

- Medical and public health justifications
- Small but important variations in paraphernalia laws from state to state
- Differing combinations of paraphernalia, prescription and pharmacy rules
- State court interpretations of specific laws
- Law enforcement attitudes and practices
- Political climate and culture



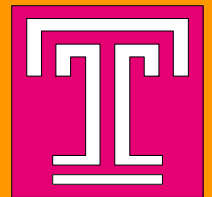
Clearly Yes...

- No paraphernalia, prescription or other law
- Paraphernalia law excludes syringes
- By prescription where specific syringe laws trump paraphernalia ones (e.g., South Carolina)
- Sales of ten or fewer legal



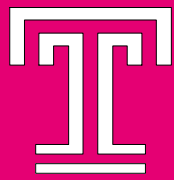
Definitely Maybe

- If increasing syringe access to prevent disease is a legitimate medical purpose, then
 - syringe prescriptions for IDU patients are valid and legal in all states and may be filled despite paraphernalia laws



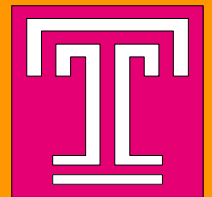
A prescription is proper if it is written

- in good faith,
- in the course of normal professional practice
- within the scope of the doctor-patient relationship, and
- in accordance with treatment principles accepted by a responsible segment of the medical profession.



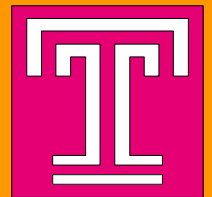
Definitely Maybe

- If increasing syringe access to prevent disease is a legitimate medical purpose, then
 - selling a syringe meets any other legitimate medical need standard in pharmacy regulations and syringe statutes



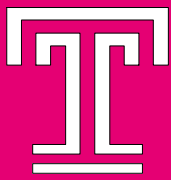
And Maybe Not...

- Do paraphernalia laws apply to pharmacies?
- Does a legitimate medical purpose make any difference?
- What if the intention or purpose is preventing disease?



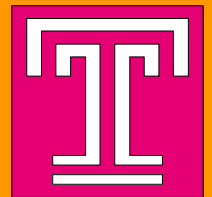
Action

- If you know selling is legal, *just do it*
- If you are unsure of the law, or the attitudes of law enforcement, *just ask*
- If the law prohibits sales, *help change the law and professional attitudes*



Unofficial Routes to Legal Clarification

- Legal advice
- Conversations with law enforcement officials, mayors etc.
- Conversations with pharmacy board members and other regulators



Changes in law

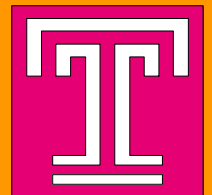
- Amend paraphernalia laws to exempt needles and syringes
 - to make pharmacy sales legal
 - to eliminate legal barriers to possessing and using sterile syringes
- Remove or clarify prescription requirements
- Amend or clarify pharmacy regulations
 - to state that preventing disease transmission is a legitimate medical or lawful purpose for an IDU to buy syringes

Other states' approaches

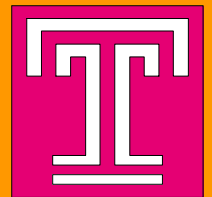
- No prescription or paraphernalia law at all (Alaska and Iowa)
- Prescription and/or paraphernalia laws that allow sales of ten or other (Connecticut and Minnesota)
- A paraphernalia law that excludes syringes (e.g. Oregon)
- Explicit authorization of pharmacy sales (Maine)
- Pharmacy Board regulations (Washington)

Action

- If you know selling is legal, *just do it*
- If you are unsure of the law, or the attitudes of law enforcement, *just ask*
- If the law prohibits sales, *help change the law*



- Only a thorough change in needle access laws can adequately address the HIV and hepatitis epidemics among IDUs BUT
- For pharmacists, change begins with one syringe sale



Preparing Pharmacy Students to Understand Issues Related to HIV Prevention

Diane Nykamp, Pharm.D.
Professor of Pharmacy Practice
Mercer School of Pharmacy
NABP & AACP
District III Annual Meeting
August 7-9, 1999
Destin, Florida

Purpose of Study

- ☛ Study was conducted by a student in the Master of Public Health in the Rollins School of Public Health of Emory University which looked at pharmacy students' attitudes regarding the sale of syringes.
- ☛ Primary objective was to investigate attitudes and beliefs of students regarding the sale of syringes to injection drug users (IDUs) as part of a comprehensive HIV prevention strategy.
- ☛ Secondary objective looked at pharmacy education and if pharmacy training influenced attitudes.

Methodology

- ☛ Convenience sample
- ☛ Third and fourth year students (n=19)
- ☛ Demographics
 - Mean age = 26 years (22-38)
 - female n=17 (89%)
 - male n=2 (11%)
- ☛ Interviews and focus groups

Results

HIV/AIDS

☛ Didactic instruction - required

- Communications (prevention counseling)
- Immunology
- Medicinal chemistry
- Nonprescription products
- Pathophysiology
- Pharmacology
- Therapeutics (medications, transmission)

HIV/AIDS

Pharmacy Experience: rotations/work place

- ☛ R.Ph. counseling HIV positive patients regarding medicines and adverse drug reactions. (majority)
- ☛ R.Ph. providing HIV prevention information. (few)

Drug Use/Addiction

Didactic Instruction

- ☛ Rx addiction in health professionals and general population
- ☛ Forged Rx's - Drugs and Narcotics agent

Pharmacy Experience: rotations and work place

- ☛ Forged Rx's and the court
- ☛ What to do with a forged Rx

Sale of Syringes

Didactic Instruction

- ☛ Law and ethics class - laws and regulations are part of the required reading.
- ☛ Pharmacy Practice Lab - Drugs and Narcotics agent leads discussion on the sale of syringes for legitimate medical purposes.

Sale of Syringes

Pharmacy Experience: rotations and work place

Policy: Most pharmacies did not have a syringe sale policy, a few required proof such as Rx for insulin or a medical record of diabetes.

Sale of Syringes

Practice: Some R.Ph.'s sell to anyone, others used discretion.

Pro's: Prevent transmission of blood-borne pathogens.

Issues

☞ R.Ph's:

1. Promote illicit drug use?
2. Impact of IDU's in pharmacy setting

☞ Students:

1. Does access to syringes reduce the risk?
2. Promote illicit drug use?
3. Against professional ethics?

Student Preparation and Education

- ☛ Students believe there is a need for more:
 - Patient education/patient counseling with HIV/AIDS.
 - Education in areas of HIV/AIDS prevention/transmission.compared to 89% R.Ph. who felt prepared to counsel patients on HIV/AIDS prevention. Brinkley et al. 1995.
 - Education on law and regulations concerning the sale of syringes.

Educational Implications

☛ Nonprescription Products - Fall 1999

- Invitation to CDC or Public Health representatives.
- Public Health Service HIV Prevention Bulletin.
- Relationship between IDU and blood-borne pathogen transmission.

☛ Therapeutics 552 - Fall 1999

- Substance Abuse section: access to syringes reducing the risk.

Educational Implications

☞ Communications - Not yet determined

- Emphasis on patient counseling and HIV prevention
- Barriers
- Problem-solving sessions

☞ Law and Ethics - Not yet determined

Summary

- ☛ Emphasis on HIV/AIDS education and prevention, drug use and addiction, and the laws and ethics of syringe sales.
- ☛ Revision of the rules and regulations governing the sale of syringes.

HIV Prevention, Pharmacies, and the Sale of Sterile Syringes

Jennifer Taussig, MPH

Division of HIV/AIDS Prevention

Centers for Disease Control and Prevention

Atlanta, GA

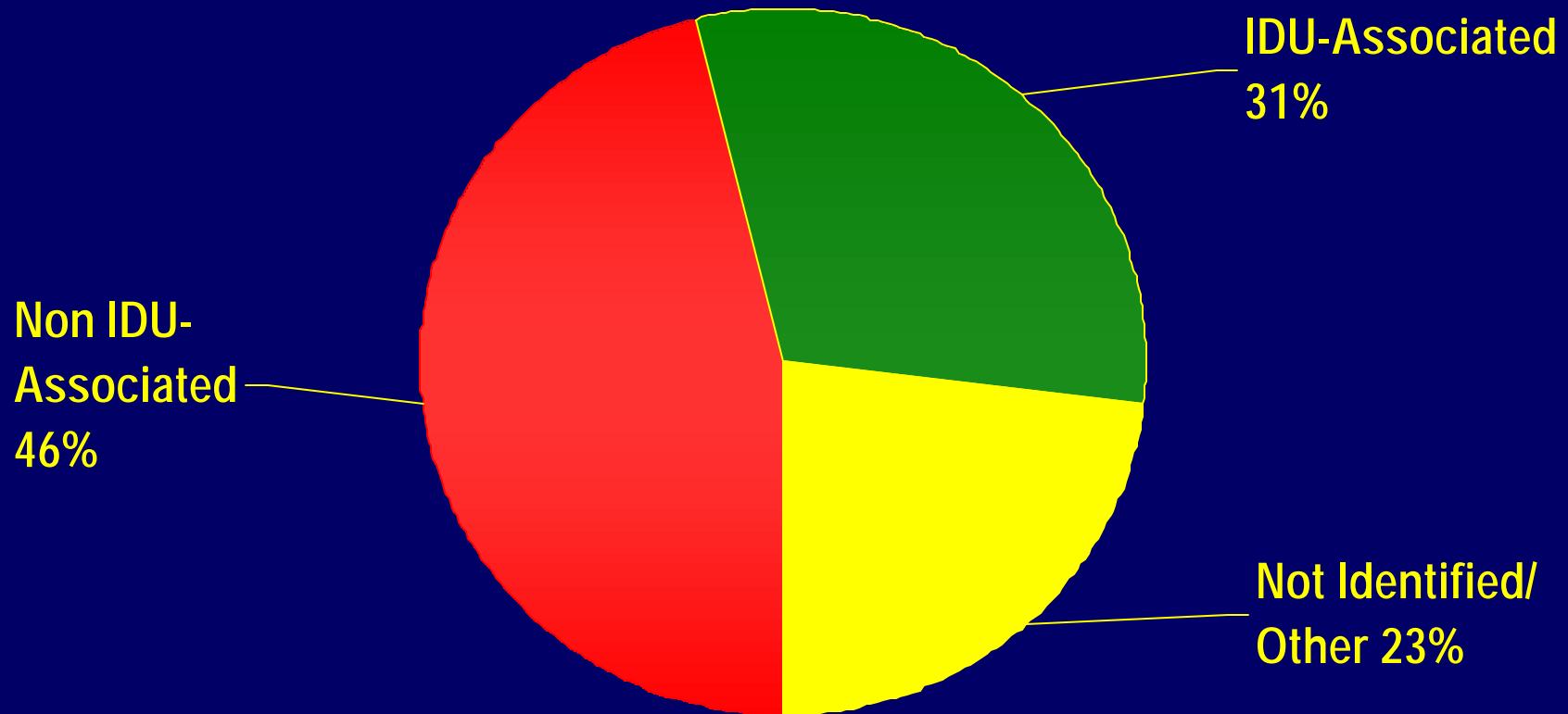
**What is the role of the sale of
sterile syringes in HIV
prevention in the United States?**

**Injection drug use is a key
factor in the transmission of
HIV in the United States**

IDU-Associated AIDS Cases by Exposure Category Reported in 1998, United States

<u>Exposure Category</u>	<u>Number</u>	<u>Percent</u>
Heterosexual male IDU	7,869	52
Female IDU	3,201	21
Men who have sex with men IDU	1,984	13
Heterosexual sex partners of IDUs	1,843	12
Children whose mothers are IDUs <u>or sex partners of IDUs</u>	127	1
Total	15,024	

Reported AIDS Cases, 1998



1998 TOTAL NUMBER OF REPORTED AIDS CASES - 48,269

IDU-Associated* AIDS Cases and Rate per 100,000 Population, by Race/Ethnicity Reported in 1998, United States

<u>Race/Ethnicity</u>	<u>Cases</u>	<u>Rate</u>
White, not Hispanic	3,640	2
Black, not Hispanic	7,724	24
Hispanic	3,519	10
Asian/Pacific Islander	45	0.4
American Indian/ Alaska Native	59	3
<u>Total[†]</u>	<u>15,024</u>	<u>7</u>

* Includes injection drug users (IDU), MSM-IDU, heterosexual partners of IDUs, and children whose mothers are IDUs or sex partners of IDUs.

[†] Includes 37 persons with unknown race/ethnicity.

Hepatitis B & C: The “Other” Blood-Borne Infections

- Both hepatitis B virus (HBV) and hepatitis C virus (HCV) are readily transmitted among IDUs
- Prevalence among IDUs:
HBV 30-60% HCV 60-90%
- Both HBV and HCV cause liver failure, cirrhosis, and liver cancer

Re-use of blood-contaminated syringes is the primary mechanism for drug-injection related transmission of HIV, HBV, and HCV

How can HIV transmission associated with injection drug use be prevented?

- Stop using and injecting drugs
- Use sterile syringes and equipment
- Disinfect blood-contaminated syringes with bleach

Comprehensive Approach to HIV Prevention Among Injection Drug Users (IDUs)

- Substance abuse treatment
- HIV counseling and testing
- Health care for HIV-infected IDUs
- Community outreach programs
- HIV prevention and treatment programs in correctional institutions
- Access to sterile syringes

Improve collaboration among:

- Public health (HIV, STD, TB)
- Substance abuse treatment providers
- Corrections (jails, prisons, probation)
- Primary health care providers
- Pharmacists

Comprehensive Approach to HIV Prevention Among Injection Drug Users (IDUs)

- Substance abuse treatment
- HIV counseling and testing
- Health care for HIV-infected IDUs
- Community outreach programs
- HIV prevention and treatment programs in correctional institutions
- **Access to sterile syringes**

Access to Syringes Through Pharmacies

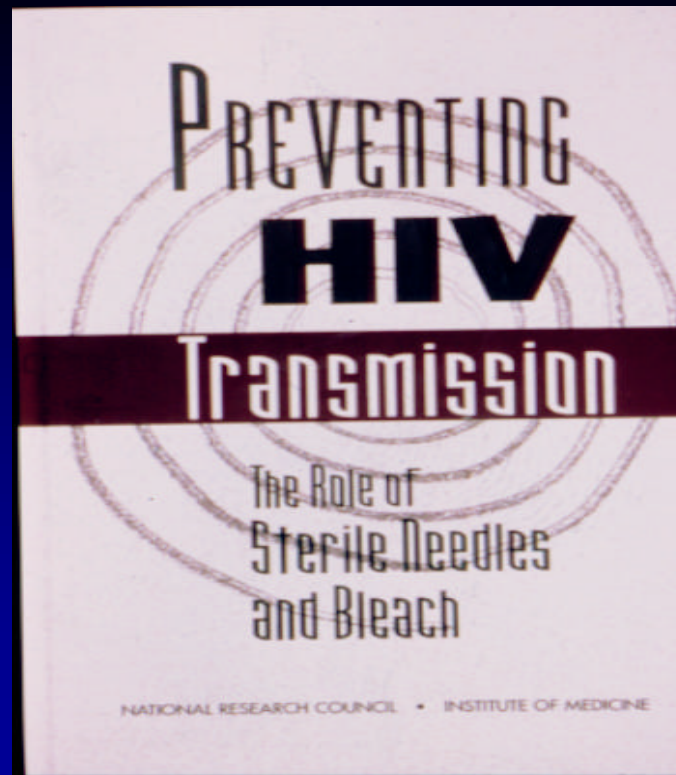
Pharmacies are:

- Conveniently located in most communities
- Easily accessible to the public
- Operate with extended days and hours of operation
- A resource to interact with a health care professional

Barriers to the Pharmacy Sale of Sterile Syringes

- Prescription laws
- Paraphernalia laws
- Board of Pharmacy regulations
- Store policies
- Pharmacists' attitudes and moral beliefs

Consistent use of sterile syringes by IDUs will substantially reduce HIV transmission and is recommended by medical and scientific authorities



IOM Statement on Sterile Syringes

For injection drug users who cannot or will not stop injecting drugs, the once-only use of sterile needles and syringes remains the safest, most effective approach for limiting HIV transmission.



A Physician Guide to HIV Prevention

An evidence-based clinical practice guideline

American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American College of Physicians
American Osteopathic Association



American Society of General Internal Medicine
Canadian Medical Association
College for STD Prevention, Seattle
University of California, San Francisco
Centers for Disease Control and Prevention
European Academy of Dermatology and Venereology

World Health Organization Regional Offices
Association of Medical Professionals and Paraprofessionals
National Medical Association
National Black Leadership Initiative Institute
Council on Medical Group Practices



An evidence-based synthesis of the guidelines that guide primary care physicians
David J. Baker, Family Physician

AMA Physician Guide (1)

Some patients are unwilling or believe themselves unable to abstain from injecting drugs. Using new, sterile injection equipment each time drugs are injected eliminates the risk of acquiring HIV infection through injecting drugs.

AMA Physician Guide (2)

Primary care physicians can help their patients reduce HIV risk from injecting drugs by encouraging their patients to...

- C Abstain from using drugs and to seek treatment.
- C Use a new needle and syringe each time drugs are injected.
- C Have their own personal injection equipment that is never shared.



May 9, 1997

HIV PREVENTION BULLETIN: MEDICAL ADVICE FOR PERSONS WHO INJECT ILLICIT DRUGS

Dear Colleague:

Text of HIV Prevention Bulletin (1)

Persons who inject drugs should be regularly counseled to:

- I. Stop using and injecting drugs.
- II. Enter and complete substance abuse treatment, including relapse prevention.

Text of HIV Prevention Bulletin (2)

III. Take the following steps to reduce personal and public health risks, if they continue to inject drugs:

- Never reuse or “share” syringes, water, or drug preparation equipment.
- Use only syringes obtained from a reliable source (e.g., pharmacies).
- Use a new, sterile syringe to prepare and inject drugs.
- If possible, use sterile water to prepare drugs; otherwise use clean water from a reliable source (such as fresh tap water).

Policies adopted by the American Medical Association House of Delegates, 1997

That the AMA encourage ... the modification of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles... The need for such programs and modification of laws and regulations is urgent, considering the contribution of injecting drug use to the epidemic of HIV infection.

***HIV Prevention and the Role of Pharmacists in the
Sale of Sterile Syringes
March 3-4, 1999***

- First national meeting to bring together experts and leaders in the fields of pharmacy, public health, medicine, law, substance abuse treatment
- Co-sponsored by the American Pharmaceutical Association, National Association of Boards of Pharmacy, and the Centers for Disease Control and Prevention
- Led to the development of new APhA policy on syringe sales

New Policy Adopted by the American Pharmaceutical Association in March, 1999

APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to permit the unrestricted sale or distribution of sterile syringes and needles by or with the knowledge of a pharmacist in an effort to decrease the transmission of blood-borne diseases.

Summary

- Injection of drugs is associated with blood-borne infections of major public health importance
- The “ravages” of “needle-spread” infections affect the IDUs themselves and their sex partners and children
- There is a public health consensus that if IDUs who continue to inject, use sterile syringes, health problems are reduced

Summary (2)

- The use of sterile syringes is recommended by the US Public Health Service
- Some laws and pharmacy regulations reduce the ability of IDUs to purchase and possess sterile syringes
- For public health reasons, the American Medical Association and the American Pharmaceutical Association have adopted policies supporting increasing access to sterile syringes for IDUs

HIV Prevention Strategies Syringe Distribution in Washington State



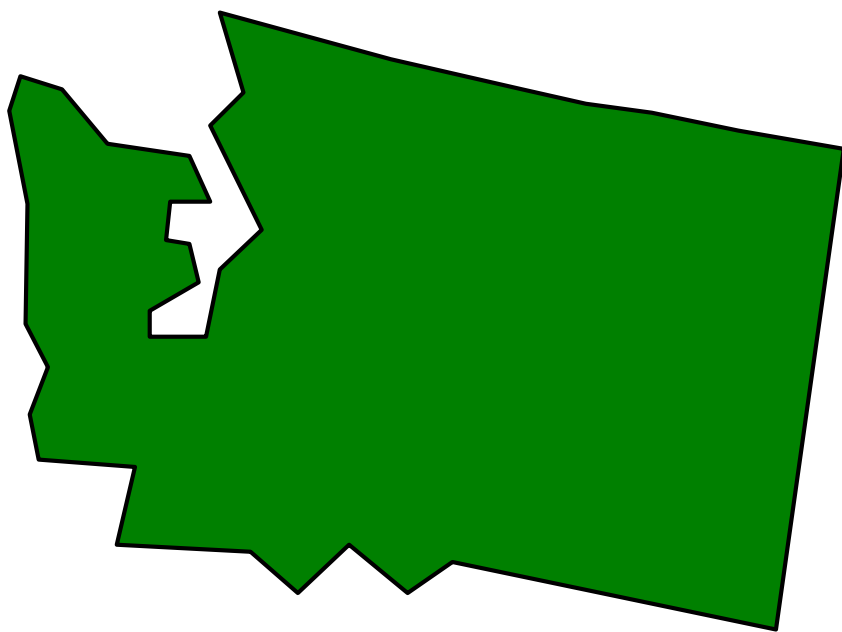
Donald H. Williams, RPh, FASHP
Executive Director
Washington State Board of Pharmacy
dhw0303@doh.wa.gov

Objectives



- To discuss Washington State syringe Laws
- To discuss what Washington has done to expand sterile syringe distribution.
- To encourage other state boards and colleges/schools of pharmacy to deal with the clean syringe issue.

Washington State Board of Pharmacy



■ Staff	21
■ Firms	2103
■ Rx	1359
■ Other	744
■ Persons	11,333
■ RPh	6130
■ Techs	4567
■ Interns	630
■ CSA Authority	

Legal Framework for Syringes



■ 1. Syringe Laws

- 1972-77 - Pharmacist Sale Only
 - | NO sales for Non-medical purpose
- 1977-81 - RPh, MD, DVM only or on Rx
 - | Only sell to known persons or persons with ID
 - | Syringe Log for all purchases
 - | \$ 500 fine for violations
- NOTE: 1977 law was not funded by Legis.

Legal Framework for Syringes, cont.



- 1. Syringe Law - 1977 to present
- “On the sale at retail of any hypodermic syringe, hypodermic needle, or any injection device adapted for the use of drugs by injection, the retailer shall satisfy himself or herself that the device will be used for the legal use intended”
- Chapter 70.115.050 RCW

Legal Framework for Syringes, cont.



- Criminal Drug Paraphernalia Law 1981
- “Drug paraphernalia includes but is not limited to...
- (11) Hypodermic syringes, needles, and other objects used, intended for use or designated for use in parenterally injecting controlled substances into the human body.”
- Chapter 69.50.102 RCW

Legal Framework for Syringes, cont.



- Civil Drug Paraphernalia Law (1998)
- “(1) Every person who sells or gives, or permits to be sold or given any drug paraphernalia in any form commits a civil infraction...
- Drug paraphernalia includes...equipment of any kind used for...injecting of a controlled substance into the human body”
- Chapter 69.50.4121 RCW

Legal Framework for Syringes, cont.



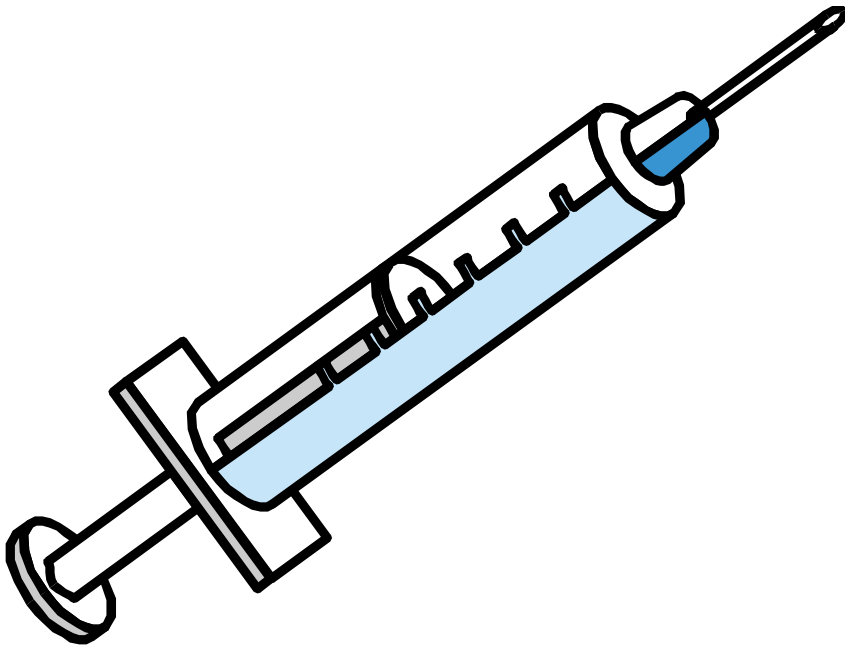
- Civil Drug Paraphernalia Law (1998) cont.
- Exception:
- Nothing in subsection 1 of this subsection prohibits legal distribution of injection syringe equipment through public health and community based HIV prevention programs."
- Chapter 69.50.4121 RCW

Prosecutions?



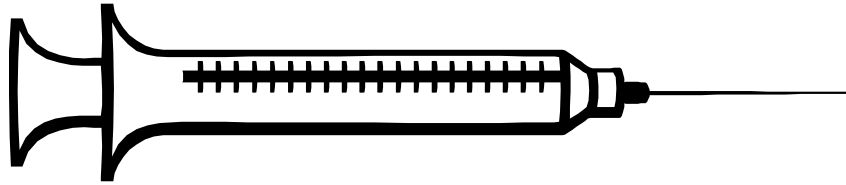
- NO Washington Pharmacist has ever been prosecuted or subject to Board discipline for syringe sales

Law interpretations



- Various interpretations
- RPh distribution
 - Liberal
 - Conservative

Needle Exchange Programs



- Tacoma, WA
- Spokane, WA
- Supreme Court decision
- Public Health Authority Vs. CSA
- Current status

Exec. Dir. Causes CHAOS!



- BOP Newsletter
 - RPh Reactions
 - Rx only?
 - Needle exchange
 - They actually read this stuff????

CDC-APhA-NABBP Meeting

Syringe availability



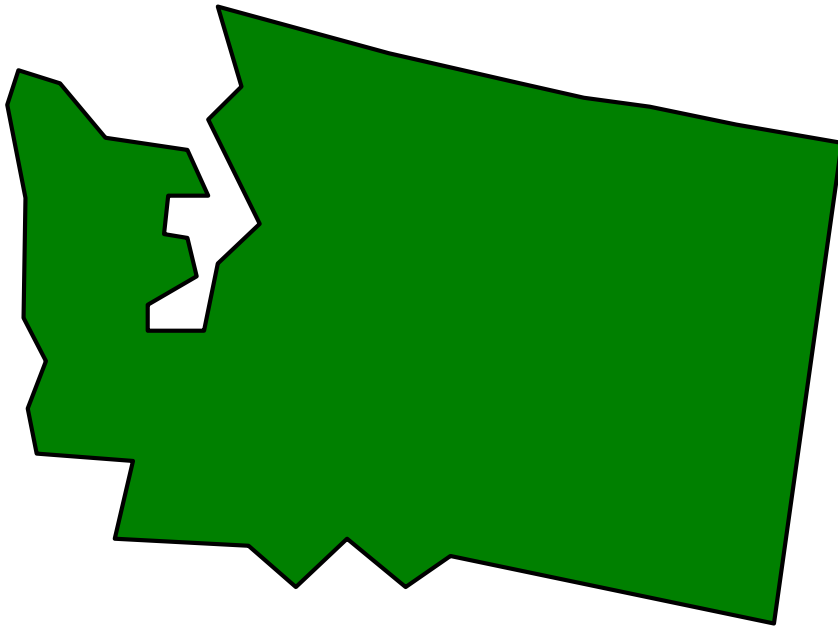
- San Antonio, TX 3/99
- RPh role in providing clean needles
- 40% HIV = IDU
- Clean needles reduce
- Sharing needles???
- I can do something!

American Pharmaceutical Association Action



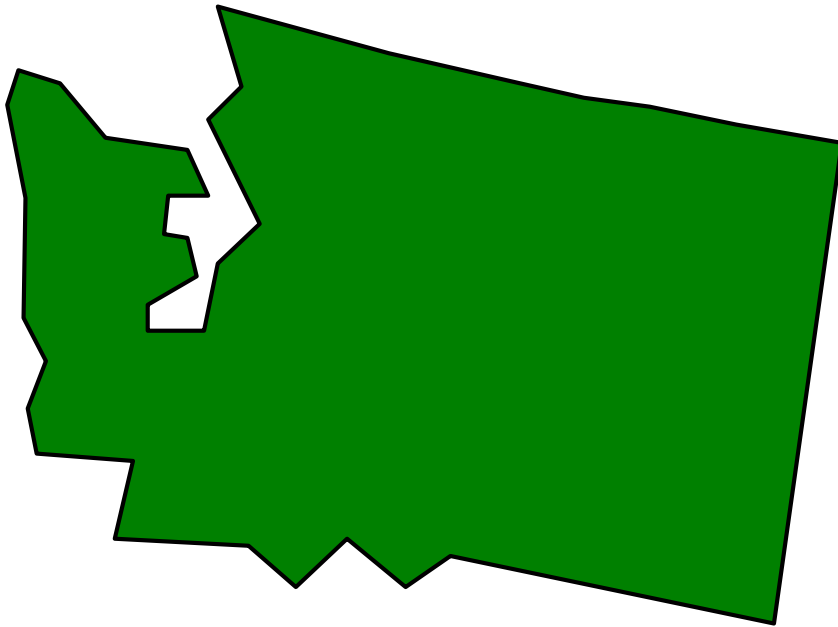
- “APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to permit the unrestricted sale or distribution of sterile syringes and needles by or with the knowledge of a pharmacist in an effort to decrease the transmission of blood-borne diseases.”

Washington Action



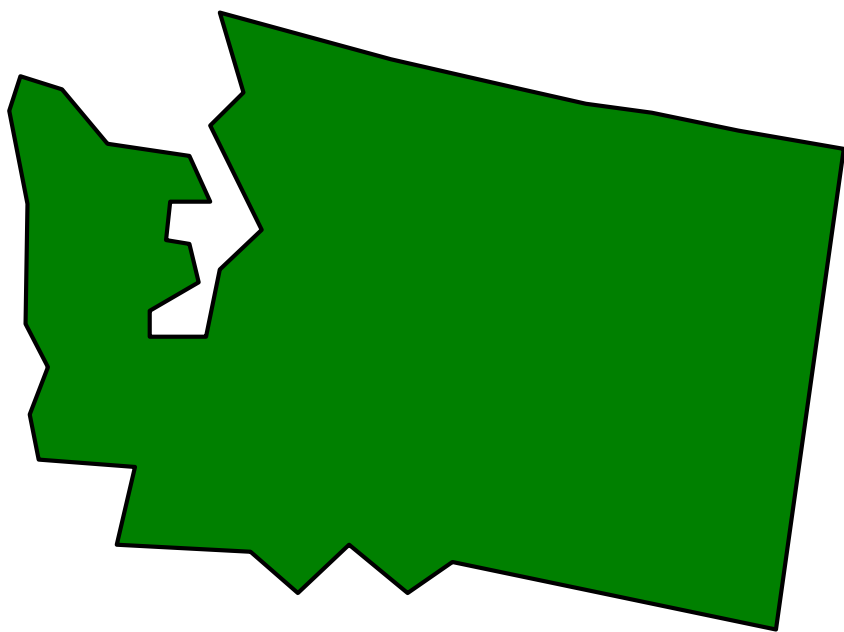
- Legislative ??
- Governor & Senate same party
- House 49-49
- Board of Pharmacy
 - Resolution

Washington Action, cont.



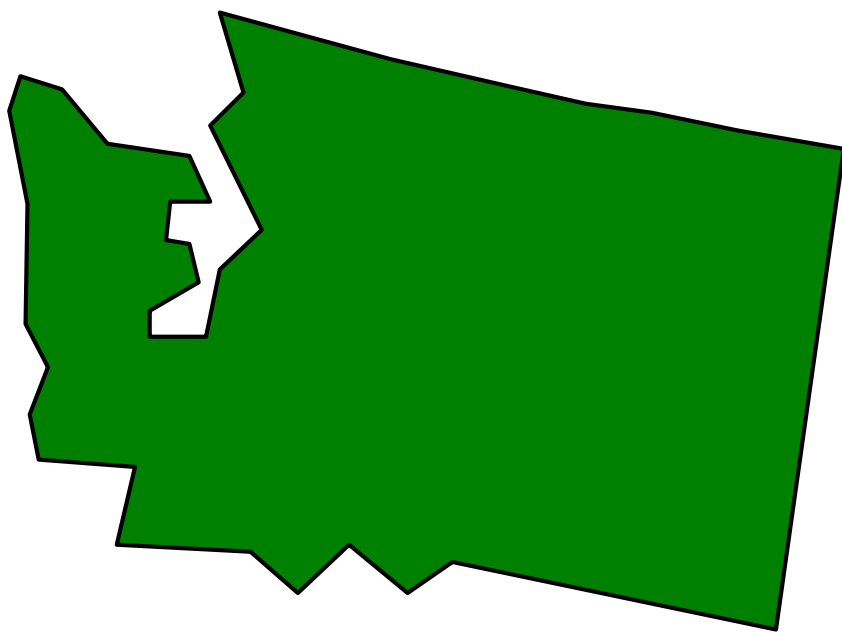
- Board of Pharmacy Resolution Whereas etc.
- Resolved. "Legal use" includes distribution to reduce transmission of disease
- Thru public health programs

Washington Action, cont.



- WA Board of Health
- Support but...
- Supporters
 - Sea-King Health Dept
 - Spokane County Health
 - NW AIDS Foundation

Washington Action, cont.



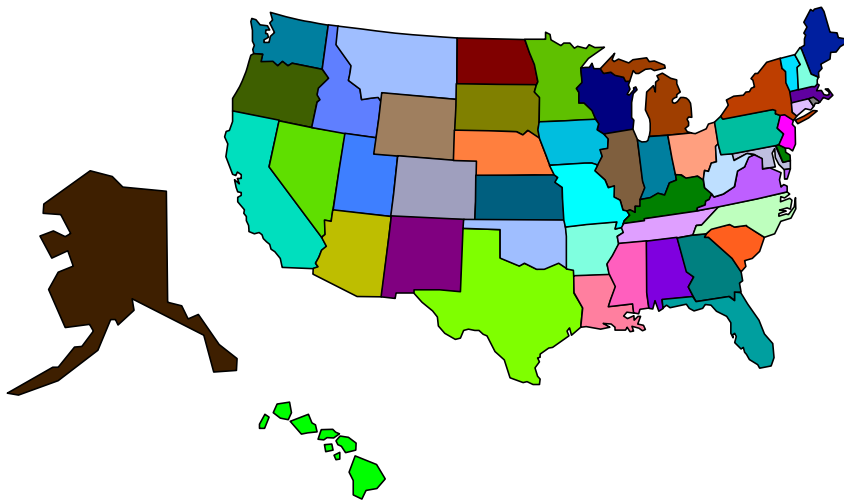
- Future Actions:
 - Formal SBOH approval
 - Codify in rule
 - Education of Pharmacists
 - Community
 - Health-system
 - Board Newsletter

The War on Drugs



- Did pharmacists enlist or were they drafted?
- How does this affect our patient care role?

What can boards, schools/colleges of pharmacy do?



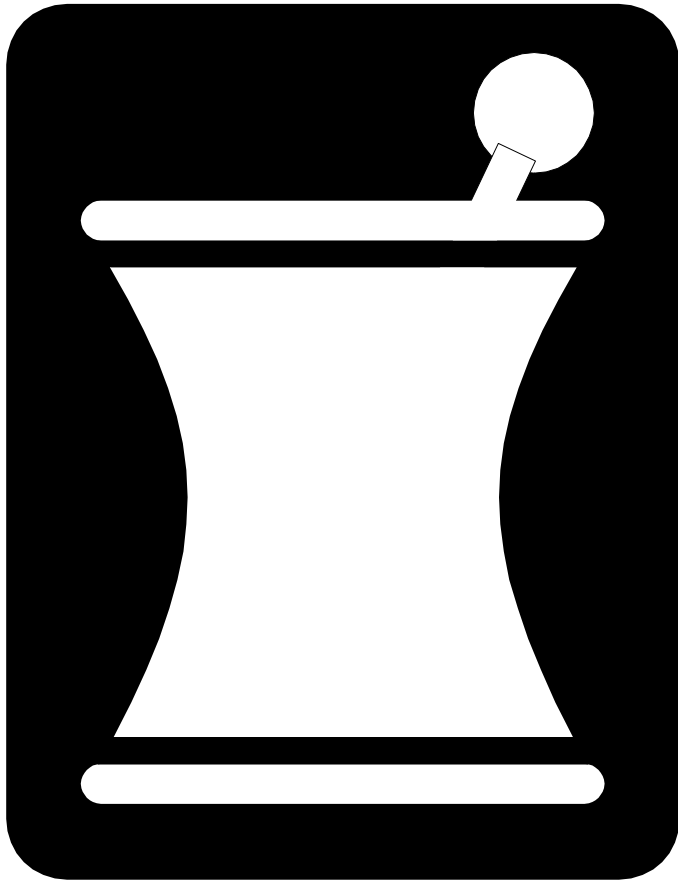
- HIV/AIDS & Hepatitis are preventable.
- Pharmacists have a role in prevention.
- Boards of pharmacy can assist RPh's.

Boards of Pharmacy



- 1. Examine state laws & rules including paraphernalia law
 - Interpretations?
 - Climate for change?

Boards of Pharmacy, cont.



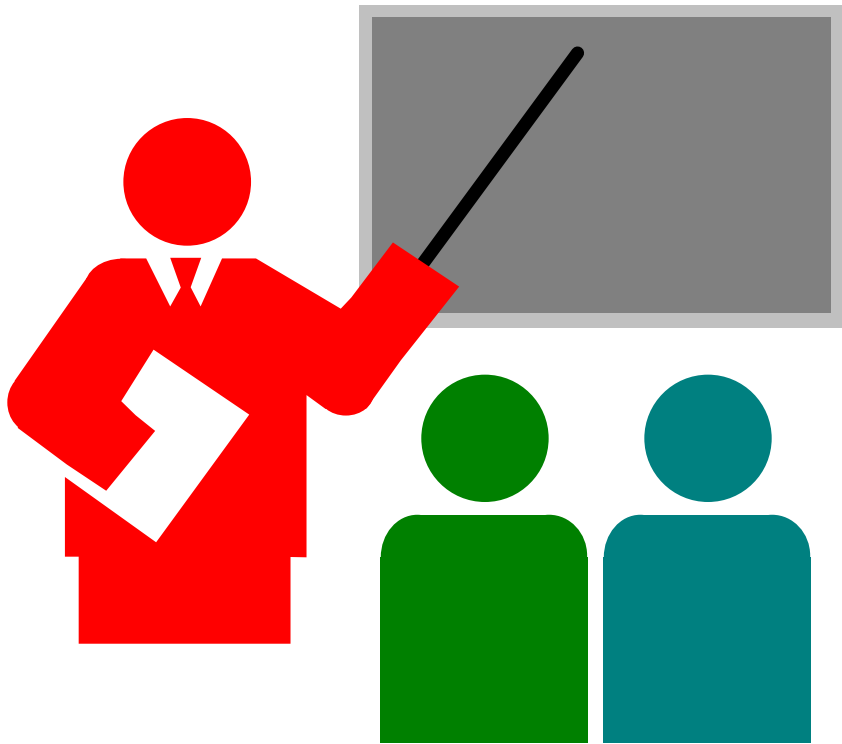
- Who can assist you?
- Infectious disease MD
- Public Health officials
- HIV/AIDS Groups
- MD, RN Assoc.

Boards of Pharmacy, cont.



- What resources are available?
- CDC- reprints, experience, etc.
- Other states
- Prof. Organizations
- APhA, ASHP, NABP

Schools/Colleges of Pharmacy



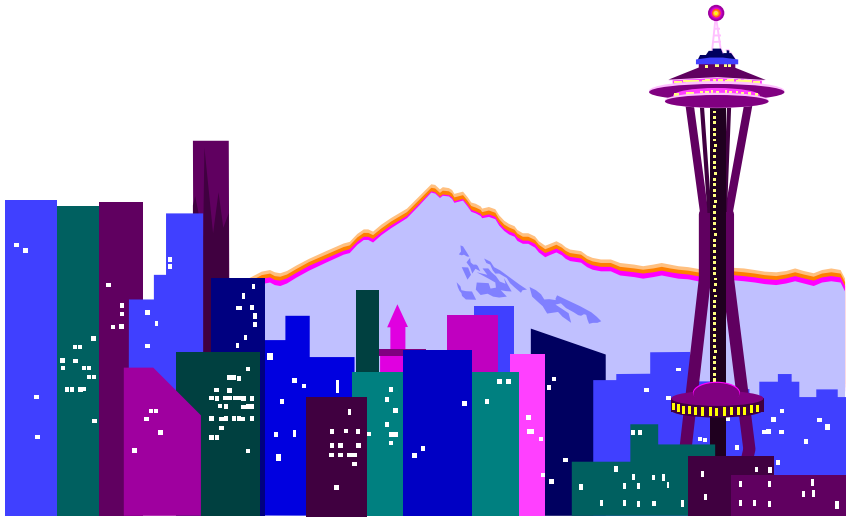
- How much time spent on HIV/AIDS?
- On Needles/syringes?
- Emphasis in curric.?
- Can you do more or do it better?

Conclusion



- This is an important issue
- Pharmacists have a role but need leadership and support from Boards and schools/colleges of Pharmacy
- Resources & support are available
- You CAN change lives
- You can even SAVE lives.

Come to Seattle- May 2001 NABP Annual Meeting



NABP-AACP JOINT BUSINESS SESSION
COMMITTEE REPORTS

Nominating Committee

Melinda Joyce - Kentucky Board of Pharmacy - Chairman
Kendall Lynch - Tennessee Board of Pharmacy
Mark Conradi - Alabama Board of Pharmacy

District III Chairpersons for the 2000 meeting in Grove Park Inn

David Work - North Carolina Board of Pharmacy
William H. Campbell - University of North Carolina

Secretary-Treasurer

Samuel T. Coker, Auburn University

Nominations Committee - 2000 NABP Meeting

Tom Alford, Alabama (Delegate)
Raymond Keith, Mississippi (Alternate)

Resolutions Committee - 2000 NABP Meeting

Forrest Parmley, Tennessee (Delegate)
Bill Conyers, Kentucky (Alternate)

Respectfully submitted,

Melinda C. Joyce, Pharm.D.
Chairman

NABP BOARD RESOLUTIONS

- I. WHEREAS the 1999 District III NABP/AACP meeting was well planned, relevant and very informative; Whereas the speakers were enthusiastic and well prepared for their presentations;

Whereas the hospitality was genuine, the entertainment & social activities outstanding & the accommodations great;

Therefore Be it Resolved that the delegates assembled here compliment and thank the Alabama Board of Pharmacy, Mr. Mark Conradi, President & Mr. Jerry Moore, Executive Director and the McWhorter School of Pharmacy, and Dean Joseph O. Dean for their excellent planning and hard work in our behalf.

- II. WHEREAS the excellence of the 1999 District III NABP/AACP meeting especially the entertainment & social activities, benefited greatly from the generous support of the many contributors; Therefore Be it Resolved that the following organizations be recognized and our gratitude expressed to:

Barr Laboratories
Hoechst Marion Roussel
Knoll Pharmaceutical Company
PCS Health Systems
Pfizer, Inc.
Procter & Gamble
AmeriSource Corporation
Astra Zeneca
Bruno's Inc.
CVS/Pharmacy
DuPont Pharmaceutical
J.M. Smith Corporation
K-Mart Corporation
Meridian Chemical & Equipment
National Association of Chain Drug Stores
Rhone-Poulenc Rorer
Rite Aid
Wyeth Ayerst Laboratories
Fred's

Eckerd's
Johnson & Johnson Services
Walgreens
Merck & Co., Inc.
Merck-Medco Managed Care, LLC
Novartis Pharmaceuticals
Pharmacia & Upjohn
Zeneca

Respectfully submitted,

David R. Work, Chair
Ann Perry
Tom Alford
Jeff Lurey

Time and Place Committee - 2000

The time and place committee for 2000 is pleased to report that the meeting of District III NABP/AACP will be held August 5-8 at the Grove Park Inn, Asheville, North Carolina.

Respectfully submitted,

David R. Work, North Carolina Board of Pharmacy
William H. Campbell - University of North Carolina

AUDIT

After many hours of tedious work and careful review, the Audit Committee, composed of Dianna Drake, John Taylor, Bill Campbell, & myself, Dwaine Green, is happy to report that the financial condition of the District III NABP/AACP is on firm ground and not the beautiful shifting sands of San Destin. Dr. Sam Coker, our Secretary/Treasurer has again done a wonderful job of taking care of our funds. His report is carefully prepared & accurate in every detail.

The Committee would move to accept his report. We would also move that Dr. Coker again be appointed Secretary/Treasurer and that his annual honorarium be raised from \$1,500 to \$2,000.

Respectfully submitted,

Dwaine Green, University of Kentucky
Chairman, Audit Committee

Report of the Secretary-Treasurer
District III NABP/AACP

Samuel T. Coker
School of Pharmacy
Auburn University

This report covers the period of August 1, 1998 - June 30, 1999. Dues were received from all six boards and twelve colleges during this period. Dues from two colleges and one board were received after the budget year ended. Dues for 1999 have not been received from two boards and one college.

The financial statement for the 1998 District III meeting in Charleston is attached. The South Carolina Convention account reported a surplus of \$2,005.00 which was received too late to include in the financial report. The treasury is sound. A saving of approximately \$500.00 in printing and mailing expenses was achieved by placing the proceedings on the Auburn University School of Pharmacy web page (<http://pharmacy.auburn.edu/adm/district3.html>) PDF file which can be down loaded using acrobat reader. Boards and colleges received 60 hard copies of the proceedings for their convenience and file. Some difficulty was experienced in getting the web page set up. Documents which were not on computer discs and had to be scanned were inferior in quality when entered on the web. Steps are being taken this year to improve speed and quality.

The Office of Secretary-Treasurer greatly appreciates your continued cooperation and support. It has been a pleasure serving the District another year.

REPORT OF THE TREASURER

DISTRICT III NABP/AACP

Financial Report

August 9, 1999

Checking and Savings Account

July , 1998 Checking Account Balance	\$ 7,259.55	
Interest on Checking	\$ 98.36	
Certificate of Deposit in Colonial Bank Auburn, Alabama -- Maturity date 9/20/99	<u>\$14,869.27</u>	
Anticipated interest at maturity-- \$808.49		
Balance in Checking/Savings		\$22,227.18

1998-1999 Receipts

1999 Boards and Colleges Dues at \$100	\$1,800.00	
Total Receipts		<u>\$ 1,800.00</u>
Grand Total Receipts and Assets		\$24,027.18

1998-1999 Disbursements

Expenses for the Secretary-Treasurer as approved by the 1998 convention.

Mileage to & from Charleston (910 miles @ \$.30/mile)	\$ 273.00	
Meals not included in registration	\$ 49.65	
Parking at hotel garage	\$ 27.00	
Honorarium as approved by the 1998 audit report	<u>\$ 1,500.00</u>	
	\$ 1,849.65	
Secretarial expenses -- typing proceedings, correspondence, and other office expenses	\$ 500.00	
Printing and binding of 60 copies of the 1998 Proceedings	<u>\$ 237.52</u>	
Total Disbursements		\$ 2,587.17
Net Total Assets (Grand Total Receipts & Assets minus Total Disbursements)		\$21,440.01
Colonial Bank CD # 195145		\$14,869.27
June 30, 1999 balance in Checking Account		<u>\$ 6,570.74</u>
Net Total Assets June 30, 1999		\$21,440.01

1998 NACP/AACP District III Annual Meeting
Charleston Place
Charleston, South Carolina
August 7-11, 1998

Financial Statement

Receipts: 66,897.00

Disbursements:

Speaker Expenses	4,217.39	
Entertainment/Social Functions:	27,334.07	
Middleton Plade Outing:	780.88	
Patriot Point Golf Outing:	1,847.36	
Printing/Material/Supplies:	3,327.13	
Bus Transportation for Events:	3,735.00	
Hotel Expenses:	13,039.93	
Convention Planner/Fundraising/Staff:	8,644.74	
Refunds of Registration:	1,830.00	
Bank Charges:	135.00	
Total of Disbursements:		<u>64,892.00</u>
Net Surplus		<u>2,005.00</u>

DISTRICT III
 NATIONAL ASSOCIATION OF BOARDS OF PHARMACY
 AND
 AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

YEAR	PLACE	CHAIRMAN OF BOARDS	CHAIRMAN OF SCHOOLS AND COLLEGES	SECRETARY TREASURER
1936	Charleston, S.C.	Bd. Mbr. From Charleston	William A. Prout	----
1937	----	----	----	-----
1938	Augusta, GA	Lew Wallace	Robert C. Wilson	Robert T. Walker
1939	Memphis, TN	Paul Molyneux	R.L. Crowe	Robert T. Walker
1940	Biloxi, MS			
1941	Miami, FL	E.L. Hammond	----	Robert T. Walker
1942	Charleston, SC	R.Q. Richards	Perry A. Foote	Paul Molyneux
1943	No meeting-voted no	Robert T. Walker	Robert C. Wilson	R.D. Rainey
1944	Atlanta, GA	Robert T. Walker	Robert C. Wilson	R.D. Rainey
1945	----	----	----	-----
1946	Birmingham, AL	Lehman M. Alley	L.S. Blake	E. W. Gibbs
1947	Jacksonville, FL	K. J. Attwood	E.L. Hammond	H.C. McAllister
1948	Chapel Hill, NC	R. A. McDuffie	Perry A. Foote	H. C. McAllister
1949	Charleston, SC	Robert T. Walker	M.L. Jacobs	H.C. McAllister
1950	Atlanta, GA	Robert T. Walker	Kenneth L. Waters	H.C. McAllister
1951	Biloxi, MS	George Roberts	E. L. Hammong	Kenneth L. Waters
1952	Gatlinburg, TN	R. L. Yeargan	E. A. Brecht	Kenneth L. Waters
1953	Charleston, SC	Tom Wyatt	Karl Goldner	Kenneth L. Waters
1954	Mobile, AL	Floy Macon	George Hargreaves	Kenneth L. Waters
1955	Asheville, NC	H.C. McAllister	E.A. Brecht	Kenneth L. Waters
1956	Pensacola, FL	Dewey Johnson	Perry A. Foote	Kenneth L. Waters
1957	Savannah, GA	Homer Avera	Melvin Chambers	Kenneth L. Waters
1958	Biloxi, MS	Chester E. Jones	Lewis Nobles	Kenneth L. Waters
1959	Gatlinburg, TN	Tom Lemond	Bill Prout	Lewis Nobles
1960	Columbia, SC	Horace McAlliis	Robert Morrison	Lewis Nobles
1961	Mobile, AL	Lester Haggard	Samuel T. Coker	Lewis Nobles
1962	Asheville, NC	Roger McDuffie	E.A. Brecht	Lewis Nobles
1963	Daytona Beach, FL	John Stadnick	Charles Haupt	Lewis Nobles
1964	Jekyl Island, GA	Mills Harrison	Kenneth L. Waters	Lewis Nobles
1965	Biloxi, MS	E.E. Cammack	Charles W. Hartman	Lewis Nobles
1966	Memphis, TN	R.C. Hoskins	Seldon D. Feurt	Lewis Nobles

1967	Myrtle Beach, SC	Ed Walsh	R.W. Morrison	Lewis Nobles
1968	Point Clear, AL	Dan Dennis	Woodrow Byrum	Lewis Nobles
1969	Wrightsville Beach, NC	H.C. McAllister	George Hager	William B. Swafford

DISTRICT III
NATIONAL ASSOCIATION OF BOARDS OF PHARMACY
AND
AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

YEAR	PLACE	CHAIRMAN OF BOARDS	CHAIRMAN OF SCHOOLS AND COLLEGES	SECRETARY TREASURER
1970	Cocoa Beach, FL	H.F. Bevis	Kenneth Finger	William B. Swafford
1971	Jekyl Island, GA	N.W. Chism	Oliver Littlejohn	William B. Swafford
1972	Biloxi, MS	Robert H. Read	Joe B. McCaskill	William B. Swafford
1973	Knoxville, TN	Drew Haskins, Jr.	Seldon D. Feurt	William B. Swafford
1974	Myrtle Beach, SC	Stokes Alexander	William H. Golod	William B. Swafford
1975	Gulf Shores, AL	Mahlon Turner	Ben F. Cooper	William B. Swafford
1976	Wrightsville Beach, NC	Jesse M. Pike, Sr.	Seymour Blaug*	William B. Swafford
1977	Clear Water Beach, FL	H.F. Bevis	Charles Walker	William B. Swafford
1978	Savannah, GA	William A. Atkins	Howard Ansel	William B. Swafford
1979	Biloxi, MS	H.W. Holleman	Wallace L. Guess	Samuel T. Coker
1980	Gatlinburg, TN	Norval Webb	John Autian	Samuel T. Coker
1981	Charleston, SC	Howard Sudit	Julian H. Fincher	Samuel T. Coker
1982	Gulf Shores, AL	George S. Hiller	John E. Winter	Samuel T. Coker
1983	Wrightsville Beach, NC	William R. Adams, Jr.	Tom S. Miya	Samuel T. Coker
1984	San Juan, PR	Pedro J. Vanga	Victor D. Warner	Samuel T. Coker
1985	Howey-in-the-Hills, FL	Monroe Mack	Michael A. Schwartz	Samuel T. Coker
1986	Savannah, GA	George D. McFarland	Dick R. Gourley	Samuel T. Coker
1987	Biloxi, MS	H.W. Holleman	Wallace L. Guess	Samuel T. Coker
1988	Gatlinburg, TN	J. Floyd Ferrell, Jr.	Michael R. Ryan	Samuel T. Coker
1989	Charleston, SC	Terry B. Netherton	William F. Golod	Samuel T. Coker
1990	Orange Beach, AL	Clemont Carpenter	William H. Campbell	Samuel T. Coker
1991	Ashville, NC	Jack G. Watts	Ronald W. Maddox	Samuel T. Coker
1992	Orlando, FL	T. Ray Lowe	William O. Hardigan	Samuel T. Coker
1993	Lexington, KY	Glenn L. Watson	Jordan L. Cohen	Samuel T. Coker
1994	St. Simons Island, Ga	Joseph Whaley	Stewart Feldman	Samuel T. Coker
1995	Biloxi, MS	William Jackie Thompson	Kenneth B. Roberts	Samuel T. Coker
1996	San Juan, PR	Arnaldo LaLuz	Ilia Oquendo	Samuel T. Coker

1997	Chattanooga, TN	John M. Smith	Dick Gourley	Samuel T. Coker
1998	Charleston, SC	Carol Bateman	Wayne Buff	Samuel T. Coker
1999	Destin, FL	Mark Conradi	Joseph O. Dean	Samuel T. Coker