partnerships; State Senator Irene Aguilar, sponsor of the Colorado Prescription Drug Monitoring legislation; Dr. Chris Urbina, Colorado’s chief medical officer and executive director of the Colorado Department of Public Health and Environment; and David Schiller, assistant special agent in charge, Denver Field Division of the Drug Enforcement Administration.

Over lunch, Lt. Governor Joe Garcia highlighted the governor’s office education approach to prescription drug misuse and abuse as well as the overall health of Colorado’s citizens. The focus then shifted to a strategy session on educating parents, older adults, law enforcement, prescribers and educators on the issue, with fruitful discussions and strong action recommendations.

THE ONDCP PLAN

Focusing on the growing problem of prescription drug abuse, specifically opioids, ONDCP recognizes that any policy enacted must strike a balance between minimizing abuse of prescription drugs and the need to ensure access for legitimate use. Although not detailed in the plan, the expansion of effective drug abuse treatment is also critical to reducing abuse, as only a small fraction of abusers undergo treatment. The plan, excerpted here, includes action in the four major areas of education, monitoring, medication disposal and enforcement.

Elizabeth Pace, CEO of Peer Assistance Services, set the stage for the day emphasizing the importance of education in combating substance abuse, and the Forum’s particular focus on prescription drug abuse. As an agency dedicated to the prevention and intervention of substance abuse, PAS created an education series targeted to various audiences to increase broad awareness of the issues and solutions. The Colorado Prescription Drug Abuse Forum is the third in the series’ 2011 education events. Ms. Pace outlined the day with an overview of the speakers, panel and workgroup goals.

Dr. Lisa Clements, Colorado Department of Human Services Office of Behavioral Health director, introduced morning keynote speaker Gil Kerlikowske, director of National Drug Control Policy, ONDCP. Director Kerlikowske spoke about the urgent need for action to combat prescription drug abuse and presented ONDCP’s approach in the areas of education, monitoring, medication disposal and enforcement with a compelling demonstration of the facts and details of the plan. His overview offered the perfect opportunity to talk about the direct consequences of abuse. Former Boulder District Attorney Alex Hunter put a very personal face on the problem, sharing the painful story of his son’s death due to prescription drug overdose, and his perspective as a result of this tragedy, with a plea for change of awareness, policy and approach to the issue.

Mr. Hunter’s presentation was followed by a panel discussion on Colorado’s response to the issue, moderated by DBH Community Prevention and Early Intervention Programs Director Stan Poprocki with participants representing the four components of the ONDCP plan: Representing education, monitoring, disposal and enforcement respectively were Karla Maraccini, the Governor’s deputy director of community educating parents, older adults, law enforcement, prescribers and educators on the issue, with fruitful discussions and strong action recommendations.

THE ONDCP PLAN

Focusing on the growing problem of prescription drug abuse, specifically opioids, ONDCP recognizes that any policy enacted must strike a balance between minimizing abuse of prescription drugs and the need to ensure access for legitimate use. Although not detailed in the plan, the expansion of effective drug abuse treatment is also critical to reducing abuse, as only a small fraction of abusers undergo treatment. The plan, excerpted here, includes action in the four major areas of education, monitoring, disposal and enforcement. For the complete plan and more information, visit www.whitehouse.gov/ondcp/prescription-drug-abuse.
EDUCATION  Though strides have been made in raising awareness about the dangers of using illegal drugs, many people are still unaware that the misuse of prescription drugs can be as dangerous as the use of illegal drugs. Parents and youth in particular need to be better educated about this danger: the misconception is common that prescription drugs are less dangerous than illegal drugs because they are FDA-approved. Many parents don’t understand the risks associated with giving medication to a family member for whom the medication was not prescribed; many are also not aware that youth are abusing prescription drugs, and frequently leave them in medicine cabinets. These facts, coupled with increased direct-to-consumer advertising, make effective educational programs even more vital. 1, 2

Prescribers and dispensers also have a role to play in reducing prescription drug abuse. Most receive little training on the importance of appropriate prescribing and dispensing of opioids to prevent adverse effects, diversion and addiction. Most prescribers have received minimal training in how to recognize substance abuse and only limited training on treating pain. Educating prescribers on substance abuse is critically important because even brief interventions by providers have proven effective in reducing or eliminating risky substance use. Education will also promote awareness to prevent over-prescribing, reducing the amount of unused medication sitting in home medicine cabinets.

To improve education in this area, the following action plan has been developed.

HEALTHCARE PROVIDER EDUCATION
• Amend law to require training on responsible opioid prescribing to receive DEA registration
• Require drug manufacturers to develop educational materials and initiatives to train practitioners on the appropriate use of opioids
• Increase continuing education on proper prescribing and disposal in federal agencies with healthcare systems
• Encourage healthcare boards to require education in schools and continuing education on the safe and appropriate use of opioids to treat pain while minimizing the risk of abuse, and work with student groups to disseminate educational materials and establish programs for community presentations
• Develop methods of assessing the adequacy and effectiveness of pain treatment
• Work with the American College of Emergency Physicians to develop evidence-based clinical guidelines for best practices in opioid prescribing
• Work with all stakeholders to develop tools to facilitate appropriate opioid prescribing

PARENT, YOUTH AND PATIENT EDUCATION
• Enlist all stakeholders to support and promote an evidence-based public education campaign on the appropriate use, secure storage and disposal of prescription drugs. Engage local anti-drug coalitions and other organizations to promote and disseminate materials and to increase awareness
• Require manufacturers to develop educational materials for patients on appropriate use and disposal
• Develop an evidence-based media campaign targeted to parents to educate them about the risks and the importance of secure storage and proper disposal

RESEARCH AND DEVELOPMENT
• Expedite research on the development of treatments for pain with no abuse potential and the development of abuse-deterrent formulations of opioids
• Continue advancing the design and evaluation of epidemiological studies on changing patterns of abuse
• Provide guidance to the pharmaceutical industry on the development of abuse-deterrent drug formulations and on post-market assessment of their performance

TRACKING AND MONITORING  Reducing prescription drug misuse requires a combination of federal, state and local action. A major effort must be undertaken to improve the functioning of state Prescription Drug Monitoring Programs, especially regarding real-time data access by clinicians, and to increase inter-state operability and communication. Identification of stable financial support of PDMPs will reduce prescription drug diversion and provide better healthcare. To further these goals, the following actions will be taken:
• Work with states to establish effective PDMPs
• Support the National All Schedules Prescription Electronic Reporting Act reauthorization in Congress
• Work with Congress to pass legislation to authorize the Secretary of Veterans Affairs and the Secretary of Defense to share patient information on controlled substance prescriptions with PDMPs
• Encourage federal funding for healthcare programs to use the PDMPs
• Explore providing reimbursement to prescribers who check PDMPs for patients covered in insurance plans
• Evaluate existing programs requiring individuals to use only one doctor and one pharmacy
• Work with HHS and CMS to evaluate the utility of PDMPs for reducing Medicare and Medicaid fraud
• Issue the Final Rule on DEA Electronic Prescribing of Controlled Substances
• Increase the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs in primary healthcare settings
• Identify ways Health Information Technologies can improve prescription drug abuse information
• Test usefulness of CDC’s real-time BioSense surveillance system for measures of prescription drug abuse. Use information from the NIDA Community Epidemiology Workgroup to monitor and detect locations where increased abuse occurs
• Assess the usefulness of the Drug Abuse Warning Network for community epidemiology
• Expand upon PDMP across state lines
• Evaluate current databases that measure the extent of prescription drug use, toxicity, clinical use of safe opioid prescribing practices and access to high-quality pain management services

PROPER DISPOSAL  A large source of the prescription drug abuse issue is a direct result of what is in medicine cabinets. Providing individuals with a secure and convenient way to dispose of medications will help prevent diversion and abuse and reduce the introduction of drugs into the environment. In order to protect human health and the environment, it is vital that collected prescription drugs be appropriately disposed of in an environmentally safe manner. The following actions address these issues:
• Initiate additional take-back activities. Information about the take-back events to be distributed to local anti-drug coalitions, HIDTAs and other organizations
• Develop a public education initiative to increase awareness and provide education on methods of safe and effective drug return and disposal
• Engage PSRNA and others in the private sector to support community-based medication disposal programs

ENFORCEMENT
Along with the increased legitimate use of prescription opioids in healthcare settings, there is also a small group of practitioners abusing their privileges by prescribing for illegitimate purposes. In addition, “doctor shopping” has increased. The following actions assist states to address these issues:
• Encourage development of curricula for the pharmaceutical crime investigation and prosecution training program
• Increase training to law enforcement groups
• Continue enforcement actions against pain clinics and prescribers who prescribe for other than legitimate medical purposes
• Work with groups to write and disseminate a Model Pain Clinic Regulation Law
• Increase intelligence-gathering and joint investigations of prescription drug trafficking
• Identify and remove administrative and regulatory barriers to pill mill and prescriber investigations
• Expand use of PDMP data to identify criminal prescribers and encourage best practices for PDMPs
• Use PDMP data to identify “doctor shoppers”

GOALS
The National Drug Control Strategy has specific and measurable goals detailed in documents available at www.whitehouse.gov/ondcp/prescription-drug-abuse. The overall goal is a 15 percent reduction in non-medical use of prescription drugs among those 12 years of age and older.

SUMMARY AND CALL TO ACTION
Research and medicine have provided a vast array of medications to cure disease, ease suffering and pain, and improve the quality of life. This is nowhere more evident than in the field of pain management. However, as with many new scientific discoveries and uses for existing compounds, the potential for diversion, abuse, morbidity and mortality are significant. Prescription drug misuse and abuse are a major public health and public safety crisis. Action must be taken to ensure the appropriate balance between the benefits these medications offer and the risks they pose. No single agency, system or profession is solely responsible for this undertaking. We must address this issue as partners in public health and public safety. ONDCP will convene a Federal Council on Prescription Drug Abuse, comprised of federal agencies, to coordinate implementation of this plan and will engage private parties as necessary to reach the goals established by the plan. 3

PROGRAMS:
Prescription Drug Abuse Prevention,
www.HHS.gov/office/national-drug-abuse-
FUNDING:
Colorado Division of Behavioral Health
The University of Utah School on Alcoholism and Other Drug Dependencies (the Utah School) is a week-long event designed to help students and professionals understand and cope with substance abuse. Since 1951, the Utah School has continued to expand its scope to keep pace with the increased knowledge and awareness of the health and social problems related to risky substance use and addiction. The week features a mix of speakers, discussions, social events and open meetings for individuals in recovery and their families. A uniquely valuable aspect of the program is the interaction it provides with health professionals who are in recovery. For students and professionals in recovery, the School offers a special opportunity to connect with a supportive network of people who share similar experiences. The Utah School also offers sections for both students and professionals in specific fields, including pharmacy, nursing and dentistry. Developed for professionals concerned about addiction among peers, these sections provide information, motivation and guidance to establish a better understanding of dependency and to implement and strengthen state- and campus-level programs for colleagues whose practice is impaired due to addiction or other issues. For more information on the school visit www.medicine.utah.edu/uas/index.htm.

**SCHOLARSHIPS TO THE UTAH SCHOOL**

Each year Peer Assistance Services, Inc. awards the Joe Barry Kushner Memorial Scholarship to dentists and dental students; the Judy Gingly Memorial Scholarship to nurses or nursing students; and the Harold Robet Memorial Scholarship to pharmacists or pharmacy students to attend The University of Utah School on Alcoholism and Other Drug Dependencies. The stories here describe the experience of a few of those who attended the Utah School. For more information on the scholarships visit www.PeerAssistanceServices.org.

**A VALUABLE EXPERIENCE** — From a dentist

I am grateful to Peer Assistance Services for giving me the opportunity to attend the Utah School’s 60th annual course. The educational experience was informative and useful to me personally. Perhaps even more important to me as a medical professional was the expanded knowledge I gained of the disease process, which has increased my ability to help facilitate intervention and recovery of individuals with addiction. Utah School also offered, at the grass-roots level, network opportunities and the chance to learn that help is there for those in need. I look forward to attending this annually.

**UNDERSTANDING IN A NEW WAY** — From a pharmacist

I feel sincere gratitude to Peer Assistance Services for giving me the opportunity to attend the Utah School. Surprised at how long the school has been in existence, I was also impressed with the wide array of health professionals in attendance. When I first started attending AA meetings, I was very appreciative of the complete acceptance the group offered to me and the same feeling at the Utah School. The first person I saw upon registering was one of my professors from pharmacy school. I’m sure neither of us expected to see each other there. We spent the week getting reacquainted, and he offered full support when I stood to tell my story at one of the AA meetings held during the week.

I had been told throughout various counseling sessions that addiction is not a moral failure or a weak will; however, society still holds that belief, and it can be hard to completely let go of that line of thinking. The Utah School changed that for me during one of the lectures. Dr. Cardwell Nuckols gave a wonderful presentation on the neurobiology of addiction and recovery. It was very academic and clinical, and I felt as if I were back in pharmacology or biochemistry class. It was in a language I was familiar with as a pharmacist. Suddenly, everything I’d been through made sense to me, everything became clear, and I understood on a neurochemical level. This is information I can use for myself and to help change my colleagues’ ways of thinking. Whether the medical establishment wants to admit it or not, addicts are treated differently than anyone else. Their complaints of pain or anxiety are taken with a grain of salt or ignored completely. Caregivers often take longer to answer the call light of an addict than they do for other patients. Addiction is a disease with no known cure, but with strict adherence to the proper treatment plan, it can be managed. In that respect, I view it as being quite similar to diabetes.

As being in recovery, I now have a new way of looking both at myself and my disease. As a healthcare professional, I have a new way of looking at others I encounter in my practice struggling with addiction. The Utah School provided me with this new outlook, and I thank PAS for providing me with the opportunity to grow as a person and a professional.

**INTEGRATE MY PROFESSIONAL PRACTICE AND PERSONAL EXPERIENCE** — Ronald F. Lambert, DDS

I have attended the University of Utah School on Alcoholism and Other Drug Dependencies for the last three years. I have found attending the school to be a very rewarding and inspirational experience. This last year I was awarded the Joe Barry Kushner Memorial Scholarship.

To my knowledge, I am the first and only dentist in Colorado to have been given a new license to practice dentistry after having my first license revoked. My trailbreaking experience has been slow and discouraging at times. The relationships I have developed at the University of Utah have been instrumental in providing hope and encouragement that my diligence would ultimately restore my professional life.

The didactic discussions on the neurobiology of addiction and the science supporting the spiritual principles outlined in 12-step recovery have also been very confirming and enlightening. I have had the opportunity to hear and interact with national experts in a small group environment as they relate their research interests and experience in the field of addiction and recovery.

Many individuals attend because addiction has touched some part of their life and they are seeking understanding. Most have personal stories of addiction and recovery and now work for, or with, their state well-being committees. Some are there because they have no state well-being committee and are hoping to develop a solution for their state. Regardless of the reasons to attend, all receive information on how addiction— their own, their staff’s or their patient’s—impacts their practice of dentistry. There were also discussions on how to best intervene and help the impaired practitioner. Many of us refuse to accept help when we need it most because it feels so intrusive and adversarial, but without that help we stand to lose our careers. The Utah School has helped me to integrate my professional practice and my personal experience of addiction and recovery.

continued on page 4

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**THE COLORADO DIVISION OF BEHAVIORAL HEALTH**

on behalf of the State of Colorado was awarded a grant for SBIRT COLORADO. Colorado will receive $8.3 million over the next five years for screening, prevention, intervention and referrals to treatment programs.

**WORK WELL DONE**...Ending in September, the five-year HEALTHY RELATIONSHIPS PROGRAM provided direct services to more than 3,800 Coloradans. Through skills training and relationship education, the program impacted many more lives by improving the quality, stability and longevity of relationships, strengthening families and communities. Peer Assistance Services bids farewell and best wishes to the heart of the program, Healthy Relationships Programs Coordinator NILSA RODRIGUEZ.

**SOME FUN!** The Western TASC staff participated in the Latimer House Second annual ‘Men in Heels Race.’ The team included DAVE JOSLIN, TIM RISON, TERRY LIDDELL, TRAVIS FURNARI and TONY IPPOLITO (Melissa Ippolito’s husband), racing in high heels to raise money and awareness for the issues surrounding domestic violence.

**We CELEBRATE** our staff for years of dedicated service!

- **7 YEARS** • MELISSA IPPOLITO
- **5 YEARS** • CYNTHIA KOENCK
- **BRIE REIMANN
- **4 YEARS** • CRISTINA ARIAS
- **Tiffany Esquivel • Leigh Fischer
- **3 YEARS** • EMILY SCHRADER • JEN TOREY
- **2 YEARS** • MATHW E BUSTOS • JASON HUMPHREY • TERRY LIDDELL
- **1 YEAR** • MARY BLEVINS • MYRON BYLES • BRIAN FERRANS • ANNIE KLEIN • TIM RISON • DUSTIN ROBINSON
- **CONGRATS** CAITLIN KOZICKI was promoted to Employee Assistance/Workplace Programs director.
- **M ETHEL DONNER** is now a Mile High TASC case manager.
- **SUSAN BOSOLD earned the CARN-AP credential.
- **CARLA GARCA earned the CARN credential.
- **JILL PETERSON earned the CAC I credential.
- **MATTHEW PLUMB earned the CAC III credential.

**WELCOME NEW PAS STAFF!**

Jacob Alfonsos, Megan Bland, Kevin Beyerlein, Cathleen Derickson, Meredith Donner, Kate Ellis, Cheri Goodwin, Kevin Hughes, Stephen Maes, JoAnn Maula, Scott Nusmer and Dominica Reinhard
COLORADO PRESCRIPTION DRUG ABUSE FORUM

STAN PAPROCKI PRESENTING THE SCOPE OF PRESCRIPTION DRUG ABUSE AND THE OCP PLAN TO ADDRESS THE PROBLEM

ABOVE: ALEX HUNTER, FORMER BOULDER DA, SPEAKING ON THE LOSS OF HIS SON, JOHN, TO PRESCRIPTION DRUG ABUSE

BELLOW: THE PANEL DISCUSSION “HOW WILL COLORADO RESPOND?” MODERATED BY STAN PAPROCKI (NOT SHOWN HERE); LEFT TO RIGHT, KARLA MARACCINI, GOVERNOR’S DEPUTY DIRECTOR OF COMMUNITY PARTNERSHIPS; STATE SENATOR IRENE AGUILAR; DR. ROBERT VALUCK, PROFESSOR, UNIVERSITY OF COLORADO SKAGGS SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES; DR. LISA CLEMENŢS, COLORADO DEPARTMENT OF HUMAN SERVICES OFFICE OF BEHAVIORAL HEALTH DIRECTOR; AND DAVID SCHILLER, DEA SPECIAL AGENT IN CHARGE, DENVER FIELD DIVISION ASSISTANT

THE PEER ASSISTANCE TEAM WHO MADE SURE THE DAY WENT SMOOTHLY; LEFT TO RIGHT, JAMES ELDER, SECRETARY; JEFF BURDOFF, BUSINESS SERVICES COORDINATOR; DEE ANN LAND, HUMAN RESOURCES COORDINATOR; ALICIA HATTON, COMMUNITY RELATIONS COORDINATOR; AND JEN VANDE VELDE, PRESCRIPTION DRUG ABUSE PREVENTION PROGRAM COORDINATOR

ABOVE: KEYNOTE SPEAKER GIL KERLIKOWSKI, DIRECTOR OF NATIONAL DRUG CONTROL POLICY, DHECQ, WITH DR. LISA CLEMENŢS AND STAN PAPROCKI

BELLOW: ELIZABETH PACE, CEO, PEER ASSISTANCE SERVICES WITH DR. ROBERT VALUCK, PROFESSOR, UNIVERSITY OF COLORADO SKAGGS SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES

ABOVE: CHARLES SMITH, DBH DIRECTOR, DR. LISA CLEMENŢS, COLORADO DEPARTMENT OF HUMAN SERVICES OFFICE OF BEHAVIORAL HEALTH DIRECTOR; AND STAN PAPROCKI, DBH COMMUNITY PREVENTION AND EARLY INTERVENTION PROGRAMS DIRECTOR

RIGHT: CHARLES SMITH WITH HELEN KAUPANG, DIVISION GROUP SUPERVISOR, DEA DENVER DIVISION OFFICE

BELLOW: ATTENDEES PREPARING FOR THE DAY

STAN PAPROCKI
ABOVE: THE EVENT WAS HELD IN THE TRIVISIBLE ROOM, RESEARCH BUILDING 2, ON THE CAMPUSS OF FORUM’S SPONSOR, THE UNIVERSITY OF COLORADO SKAGGS SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES.

BELOW: PANNELIST KARLA MARACCINI SPEAKING ON EDUCATION AND COMMUNITY ACTION.

ABOVE: DR. ROB VALUCK ADDRESSING THE FORUM ON BEHALF OF THE SCHOOL OF PHARMACY.

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EACH PRESENTATION GENERATED MANY QUESTIONS AND COMMENTS FROM ATTENDEES.

ABOVE: CAPTAIN WILLIAM MAGEE, VICE DRUG CONTROL BUREAU, DENVER POLICE DEPARTMENT DURING Q&A.

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BELOW: SENATOR ISIBELE AQUILES, PUMP SPONSOR, SPEAKING ABOUT THE NEED FOR THE PUMP.

LEFT: KATE ELLIS, WORKPLACE PROGRAMS COORDINATOR FOR PEER ASSISTANCE SERVICES PARTICIPATED IN THE WORKGROUP FOCUSING ON EDUCATION TO PARENTS.

RIGHT: WORKGROUPS EXAMINING THE CAPE, DARE, AND EDUCATIONAL MATERIALS BEING USED TO VARIOUS AUDIENCES.

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TRULY AN EYE-OPENING EXPERIENCE — Norm Fenn, B.Sc, PharmD Candidate, Class of 2014
I was privileged to attend the Utah School. There were six students representing CU this year along with one faculty member. This was an amazing experience that really helped me to understand addiction and removed many pre-conceived ideas. In additional to standard clinical discussion we also participated in AA/NA meetings, Al-Anon and even group therapy.

The fact that addiction is truly a disease and not a choice was the most profound understanding I gained. In a session given by a recovering addict and physician, the biological aspects of addiction were explained in detail and on a level very appropriate for pharmacy students and pharmacists. More than informative, it created true understanding. We gained first-hand insight into just how powerful addiction can be, regardless of the success one has in life, and the effect addiction can have on children and family.

The week was truly an eye-opening experience and filled with information, but what was really surprising was the emotional toll it took. I don’t think any of us expected to experience so many emotions and hear so many personal stories. The ideas I came home with are being put into place with classmates, colleagues and organizations. Our faculty member suggested that we look into creating an addictions elective for the pharmacy program, allowing us to pass along the understanding we gained at the Utah School this year. I consider it a great honor to have attended this conference, and I will carry what I learned with me through my pharmacy career.

A WONDERFUL OPPORTUNITY — Lisa Najera
The University of Utah School of Alcoholism and Drug Dependency is a wonderful opportunity for anyone who wants to work in the addiction field. The speakers are experts in this area and are great at sharing the information they bring. The quality of classes is top-notch and you walk away with the sense that you gained some very valuable information.

The Utah School experience opens your eyes to all things surrounding addiction. You learn about different techniques to help individuals deal with this disease and how the brain processes drugs and develops dependence. I also got to see how the diversion program for nurses with impaired practice works and hear from nurses with addiction issues. It was wonderful to meet a recovering addict and hear his story about recovery.

For me, the most enlightening session was presented by a doctor who correlated the link between addiction and disease using the disease process model. It is a great tool that can help with patient teaching as well as family teaching about addiction.

SCHOLARSHIPS: Made possible through donations from the community to Peer Assistance Services
PROGRAMS: Dental Peer Health Assistance Program, funded by Colorado Board of Dental Examiners
Nursing Peer Health Assistance/Nurse Alternative to Discipline Program, funded by Colorado State Board of Nursing
Pharmacy Peer Health Assistance Diversion Program, funded by the Colorado State Board of Pharmacy

Thank you

Thanks to the sponsors and supporters of the Colorado Prescription Drug Abuse Forum in recognizing the importance of addressing prescription drug abuse.