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### **Addressing the Crisis: Leveraging the United Nations Sustainable Development Goals to Prepare Student Leaders to Tackle the Opioid Epidemic**

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# Addressing the Crisis: Leveraging the United Nations Sustainable Development Goals to Prepare Student Leaders to Tackle the Opioid Epidemic

## Comments

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# Addressing the crisis: Leveraging the United Nations sustainable development goals to prepare student leaders to tackle the opioid epidemic

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## Abstract

The United States faces several ongoing public health issues including the opioid epidemic. This article describes a new model aimed at providing a framework that incorporates the United Nations (UN) Sustainable Development Goals (SDGs) to develop pharmacy student leaders through education, experiences, and development of critical skills. This holistic approach can serve as an example methodology to equip future leaders across public health domains to tackle many of the critical problems we face today.

## INTRODUCTION

At present, there are many public health issues facing the United States. Issues such as the COVID-19 pandemic, climate change, poverty, obesity, and many others play a direct role in the individual health and well-being of people. Public health issues also place significant economic and resource-related burdens on both national and global scales. While issues affecting public health are many and varied, it is imperative to address them strategically. These ever-evolving issues require novel solutions and innovative leadership, and this is the impetus behind focused efforts such as the United Nations (UN) Sustainable Development Goals (SDGs). We discuss these further while describing how dedicated efforts are used to meet current public health needs. Additionally, in this piece, we aim to provide a model framework designed to tackle one major public health issue: the opioid crisis.

The opioid epidemic in the United States has taken a toll on our health system for the last three decades. An increase in opioid prescribing started in the 1990s when many

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pharmaceutical companies assured the medical community that patients would not become addicted to opioids. As a result, more healthcare providers prescribed opioid therapy for their patients, which has led to a rise in prescription opioid overdose deaths since 1999 (Centers for Disease Control and Prevention, 2011). This was the first of the three waves of the rise in opioid overdose deaths. The second wave started in 2010 when many people overdosed on heroin, and the third wave started in 2013, with a rise in deaths related to fentanyl (Gladden et al., 2016; O'Donnell, Gladden, et al., 2017; O'Donnell, Halpin, et al., 2017; Rudd et al., 2014). Between 1999 and 2020, the number of drug overdose deaths has quintupled in the United States (Centers for Disease Control and Prevention, 2022). Specifically, in 2020 almost 75% of drug overdose deaths were due to an opioid overdose (Centers for Disease Control and Prevention, 2022).

Examples of efforts to combat the opioid epidemic include trend monitoring, collaboration with public safety officials, research to better identify areas of the country that would benefit from assistance, and the development of resources and tools to aid in decision-making and patient safety when it comes to opioid prescribing. Nonetheless, there is still more that can be done. All members of society must work together to bring about awareness, provide education, and provide resources on this topic. Educators can play a role in reducing the impact of this epidemic by engaging students and participating in coordinated efforts to address this very complex issue. Leaders from different fields can impact change and reverse trends seen through the epidemic by creating and driving initiatives aimed at different facets of this public health crisis. This can include new prevention strategies, treatment options, community services, and more to support those at risk and those who are actively affected by opioid use.

The promotion of the health and well-being of individuals, especially efforts to strengthen the prevention and treatment of substance abuse, is an area of particular importance to the profession of pharmacy and holds significant relevance to public health as we continue to face an ongoing nationwide opioid epidemic. It will take a new generation of leaders to move us out of this crisis, not just pharmacists but interprofessional healthcare teams working collaboratively with legislators and the general public.

Toward that end, Chapman University's School of Pharmacy (CUSP) has developed special programming to cultivate future pharmacy leaders who are prepared to combat this epidemic. CUSP does this by promoting the development of strong leadership skills, professional growth, and experiential learning for the Doctor of Pharmacy (PharmD) students. Herein, we describe our Leadership Degree Emphasis Program (LDEP), including the student selection process, requirements for participation in the program, and the overall program framework. The LDEP uses a multi-modal approach to graduate student leadership development, including didactic coursework, experiential practice opportunities, special projects and seminars, and other co-curricular initiatives. Through these experiences, we integrate leadership advancement aligned with the SDGs, particularly SDG 3, emphasizing the promotion of health and well-being of individuals. It is our hope that by sharing our model, other programs will be able to implement similar opportunities for their graduate students and further promote strategies to address the SDG initiatives.

## The leadership degree emphasis program

In the ever-changing landscape of healthcare in the United States, pharmacists' roles continue to expand, and the pharmacy profession must keep up with these dynamics. In addition to dispensing medications, pharmacists serve as health advocates, innovators, and educators. Leaders in pharmacy are essential to help promote the profession and advocate for it in order for pharmacists to achieve provider status and practice at the top of

**TABLE 1** CUSP PharmD program schedule structure.

	Fall term	Spring term	Summer term
Professional year 1 (P1)	T1	T2	T3
Professional year 2 (P2)	T4	T5	T6
Professional year 3 (P3)	T7	T8	

their license. With its innovative and advanced curriculum, it is crucial CUSP stays at the forefront of the changing healthcare environment, producing graduates that serve as future leaders in the profession. As leaders in pharmacy, students should be prepared to address and take on a leadership role around grand challenges in pharmacy, such as the opioid crisis.

The PharmD Program at CUSP is an accelerated, 3-year (P1-P3, as seen in Table 1) professional degree program composed of eight 15-week trimesters (T1-T8, as indicated in Table 1). Although an undergraduate degree is not required for entry into the program, students must complete a significant number of pre-requisite courses in the physical, natural, and social sciences, mathematics, and communication, amounting to approximately 2 full years of preparatory study. Many of our PharmD students enter the program from our Freshman Early Assurance Program, through which they complete all pre-requisite courses; others transfer in from outside of Chapman University, with or without a prior degree.

The first 2 years of the PharmD program (T1-T6) consist of didactic coursework and Introductory Pharmacy Practice Experiences (IPPE), including a robust Co-Curriculum and required interprofessional education activities. The third year of the program (T7 and T8) consists of six 6-week Advanced Pharmacy Practice Experience (APPE) rotations in four required areas (Community Pharmacy, Healthy-System Pharmacy, Acute Care, and Ambulatory Care) and two elective rotations in a variety of settings (e.g., Managed Care, Academia, Industry, Regulatory Affairs).

The LDEP was developed to provide interested students with the opportunity to understand and demonstrate the importance of leadership within the profession and build the skills necessary to lead successfully. This includes learning about individual leadership styles, strategies to be an impactful leader, leading across a variety of settings and more. Through the Leadership Degree Emphasis Program, participating students develop and practice their leadership skills and earn special recognition on their transcripts for doing so. All students learn about the program early in T1, and applications are solicited at the end of T1, including a personal statement and letter of recommendation. Applications are vetted using a standardized rubric (see Table 2 below) by participating faculty and administrators during T2, and applicants who are deemed a good fit for the program are invited for an interview (interviews are also assessed using a standardized rubric, see Table 3 below). Final decisions are made by the middle of T2 and accepted students begin the program in T3. Entry into the program, which is capped at 10 participants per cohort, is very competitive (a typical Doctor of Pharmacy class is 75–100 students).

Successful completion of the LDEP is predicated on passing 16 credit hours of didactic and experiential coursework, including six units of required courses, four units of didactic electives, and a six-unit advanced experiential elective, which is depicted in Table 4. Upon completion of the program, and in fulfillment of its learning outcomes, students are expected to: (1) demonstrate knowledge of the importance of leadership in pharmacy; (2) demonstrate skills necessary to better understand and continuously improve self; (3) develop skills to motivate, engage, and manage teams effectively; (4) describe organizational frameworks in various pharmacy practice settings; (5) articulate the different

TABLE 2 Pre-interview scoring rubric.

Category	Weakness	Acceptable	Strength	Exceptional	Comments
<b>Pre-interview scoring</b>					
<b>Letter of Intent</b> (clear reason for wanting to participate in this program, why candidate is a good fit, why program is a good fit for candidate, well written, grammar, good communication)	1	2	3	4	
<b>Letter of support</b> (detailed description of why the individual is a good candidate)	1	2	3	4	
<b>Leadership/extracurricular activities</b> (prior leadership/extracurricular activities)	1	2	3	4	
<b>Overall comments</b>					
<b>Sub total (MAX = 12)</b>	<b>Total = /12</b>				

All categories weighted equally.

Minimum eligibility requirements:

- Good academic standing.
- Mean cumulative GPA 3.300.
- All grades in the PharmD program are above 2.000.
- Each applicant will be scored individually first and then discussed as a group.
- To be considered for an interview applicant must score a minimum of two in each category.

components and styles of leadership; (6) demonstrate leadership skills needed to influence change in pharmacy.

In addition to didactic and experiential course requirements, students in the LDEP complete leadership-themed co-curricular activities. These co-curricular activities support professional growth through learning exercises, experiences, and other opportunities which occur outside of the traditional classroom setting. Our co-curricular model aligns with other models seen across schools of pharmacy. Students are provided with a wide array of activities across different category areas, and they may self-select the experiences which best fit their personal and professional development needs (Maerten-Rivera et al., 2020). Categories of co-curricular activities which students may complete include Leadership and Innovation, Professional Development, Interprofessional Education, and Community Outreach. Co-curricular activities unique to LDEP students include but are not limited to: hosting a leadership talk (TED-talk style) for CUSP students with an assignment that students can complete to fulfill one of their co-curricular categories; taking on a leadership role within a professional or service organization (i.e., CPhA, APhA, ASHP, CSHP, ACCP, AACCP, etc.); leading an interactive leadership workshop for CUSP students with assignments students can complete to fulfill the Leadership and Innovation Requirement.

Monitoring of professional leadership growth is provided through different avenues. Students receive structured and graded feedback on activities and projects completed in their leadership coursework. Student progress is also reviewed by faculty advisors through different activities, such as annual updates in a professional portfolio. The advisor will review the student's submission, and they will provide feedback on milestones achieved and where further progress could be made. During the LDEP elective courses, students will complete assessments evaluating areas like emotional intelligence and personal strengths and receive one-on-one coaching from LDEP faculty. This coaching process will help students identify areas for development and better understand how emotional intelligence and personal strengths impact their leadership abilities. Similarly, LDEP students completing their leadership APPE block will receive ongoing formative feedback from preceptors

TABLE 3 Interview scoring rubric.

Category	Potential questions	Weakness	Acceptable	Strength	Exceptional	Comments
Phone/virtual scoring						
Communication/Teamwork (ability to answer questions in a concise, clear, and coherent manner)	- What would you do if there was a breakdown in communication?	1	2	3	4	
Interest in the program/"Fit"	- Why are you interested in this program? - What makes you a good candidate for this program?	1	2	3	4	
Leadership/Awareness of leadership in pharmacy	- Describe a time when you had to take initiative. - Why do you think leadership is important in the profession of pharmacy? - Are pharmacists leaders? Why or why not?	1	2	3	4	
Resilience/Stress management	- How do you deal with pressure, feeling overwhelmed/stressed? Can you provide an example of when you felt this way and how did you handle this?	1	2	3	4	
Career goals	- What are your ultimate career plans? - Where do you see yourself in 5 years? 10 years?	1	2	3	4	
Strengths (readiness for this program)	- What can you bring to our program? - Describe yourself in one word. - What are the three most important attributes you think are needed to succeed in this program?	1	2	3	4	
Weakness/Commitment to Improvement (motivation)	- Besides clinical knowledge, what personal quality would you like to improve on?	1	2	3	4	
Overall impression comments (i.e., confidence, professionalism, etc.)	COMMENTS:					
RED FLAGS	COMMENTS:					
Total (MAX = 28)	TOTAL:/28					

**TABLE 4** Leadership degree emphasis course requirements.

Term	Course	Units
T1	Introduction to Health Care <sup>a</sup>	3
T3	Leading Self: The Mirror View	1
T4	Leading Teams: The Window View	1
T5	Pharmacy Practice Management <sup>a</sup>	3
	Academic Pharmacy 1, OR Capstone Project	1
T6	Academic Pharmacy 2, OR Capstone Project	1
T7 or T8	Advanced Pharmacy Practice Experience (APPE) in Leadership	6

<sup>a</sup>Required of all students in the PharmD Program.

and summative feedback as well. Finally, a component of self-reflection is incorporated. Students complete self-reflection activities around co-curricular activities in which they participated and self-identify areas in which they have seen personal growth and areas where they feel they need more experience. This can be further discussed with faculty advisors and LDEP faculty as needed.

The comprehensive and holistic approach used within the LDEP help to develop well-rounded, insightful, and driven leaders. Through a combination of classroom learning, experiential education, co-curricular activities, and other development opportunities, these students refine their leadership skills and gain a profound awareness of the many major public health issues affecting us today; particularly those of the opioid epidemic. This preparation continues to spur innovative strategies and solutions from these future leaders in public health.

## The UN SDGs

In 2015, world leaders met to establish the UN SDGs (United Nations Department of Economic and Social Affairs, 2022). These goals are targeted for full implementation by August 2030, and they aim to address economic, social, and environmental challenges faced by people around the world. A total of 17 primary goals exist, and each goal is further stratified into individual targets for achievement. We focus on SDG 3, which was designed to “ensure healthy lives and promote well-being for all at all ages.”

Within SDG 3, target 3.5 specifically looks to “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol” (United Nations Office on Drugs and Crime, 2022). To achieve this target, the UN advocates for a public-health-driven approach to end the stigma against those who use drug substances and improve access to comprehensive, gender-responsive, and evidence-based prevention and treatment of substance use disorders. Additionally, target 3.3 aims to “end the epidemic of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases.” While the opioid epidemic is not the only contributing factor in the incidence of several of these illnesses, it certainly does play a role.

Finally, target 3.8 seeks to “achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.” Target 3.8 can be closely linked to 3.5 in such that it promotes equitable, fair, and broad access for all to high-quality health care. In order to achieve these targets, a variety of strategies and initiatives will be



needed. It is our goal to further describe the work of the profession of pharmacy, including leadership development and advocacy, and its role in making an impact in this area. We will seek to discuss the LDEP at CUSP and the program framework supporting the progress towards achieving this UN goal.

## **Incorporation of SDG 3 targets into the leadership degree emphasis program**

As described previously, the CUSP LDEP is an inaugural program aimed at developing leadership potential, skills, and experiences of student pharmacists. The program looks to instil a life-long interest and promote the development of solutions to major public health issues, including those of the current opioid crisis. Pharmacists are uniquely positioned to understand and make an impact in this area due to their direct role in patient care, education, and advocacy. They are also involved in a wide range of functions related to the care of patients who need opioid medications, including the safe use and distribution of these agents, prevention, and treatment of substance use disorders, and broader actions including the development of policy and guidance on addressing the current issues we face with opioid misuse and abuse. As such, the LDEP curriculum places significant emphasis on this topic. Students enrolled in the LDEP will take a central role in developing and delivering key co-curricular initiatives to engage the larger student body and the community in addressing the prevention and treatment of opioid misuse and abuse.

One of the six pillars of our institution's current 5-year strategic plan is to "Lead Patient Safety" by increasing the involvement of faculty, students, staff, alumni, and preceptors in patient safety issues, initiatives, and opportunities locally, nationally, and internationally, including issues related to the opioid crisis. Considerable progress has been made toward this goal, including the development of a Master of Science degree program in Patient Safety. Another strategic goal included in the plan is to implement speciality pathway options for students within the curriculum, an example of which is the LDEP itself.

## **Current curricular focus on opioids**

The PharmD curriculum provides the knowledge and foundation on opioid use and misuse for all student pharmacists. As part of this curriculum, a variety of lectures, workshops, and simulation activities are integrated to introduce students to safe opioid use, prevention and treatment of opioid misuse and abuse, and the ongoing public health crisis. These activities aim to incorporate strategies to reduce stigma and explore ethical considerations relevant to working with this patient population.

Learners in the first year of the program are exposed to the basics of opioid use, including strategies for safe and effective pain management. Students learn about different narcotic pain management options, appropriate use, safety considerations, and legal parameters governing distribution and use. This includes education on database monitoring systems such as the Controlled Substance Utilization Review and Evaluation System (CURES) available in California. CURES is a tool for pharmacists, physicians, and other health providers to verify the appropriate use and provision of narcotic substances to patients. Students are also introduced to the field of addiction medicine and given an overview of substance use disorders and appropriate management.

In addition to these core educational concepts, students participate in interactive sessions to build skills and comfort with decision-making regarding opioid medication

use. Students have the opportunity to simulate the pharmacist's role in dispensing an opioid medication to a patient who arrives too early for their prescription. They are asked to provide compassionate and competent clinical care while considering ethical issues in this scenario. Another opportunity allows for a layered-learning workshop covering naloxone use and administration. Naloxone is a medication used to manage opioid overdoses. Post-graduate trainees lead the activity for student learners, who practice advocating and educating patients on using this medication. The state of California has legislation allowing pharmacists to independently furnish Naloxone without a prescription from another prescriber. In support of this, students also have the opportunity in the curriculum to complete requirements outlined by the State Board of Pharmacy to furnish Naloxone. This strategy aims to increase access to life-saving medication and promote education and reduce barriers such as the need to see another healthcare provider and obtain a prescription.

## **Co-curricular and interprofessional education focused on opioids**

In tandem with the curriculum, the CUSP Co-Curriculum enhances student pharmacist learning and practice readiness through participation in activities, programs, and experiences that complement didactic and experiential learning. Students apply knowledge and skills acquired in the classroom to experiences in the community, allowing them to prepare for their future careers, practice patient care, collaborate with interprofessional peers, and demonstrate leadership and innovation.

Current experiences to address opioids include a panel discussion on the impact of addiction on families, an ethical dilemmas workshop on opioids, interprofessional education with medicine students on opioid addiction and use of naloxone, and an interprofessional emergency medicine case on managing overdose and naloxone counseling. Professional pharmacy student organizations serve the community by offering naloxone education as well as opioid take-back events. These activities are currently offered to all PharmD students and are primarily driven by faculty and student organizations. Students in the LDEP will have an opportunity to take a greater role in the design and implementation of expanded activities to further support the incorporation of SDG 3 aims.

## **Leadership degree emphasis program activities focused on opioids**

Students enrolled in LDEP have an active role in creating and implementing interventions and experiences which serve the health and wellness needs of local communities. Students have the opportunity to advance opioid safety through experiences that can include participating in a Capstone research project, leading advocacy, and community outreach efforts, creating workshops/seminars/assignments to promote patient safety, and engaging their peers in outreach efforts. The LDEP participants receive guidance and can identify/propose projects or select from a list of faculty-identified projects. Current offerings include projects aimed at optimizing patient safety and the use of high-risk medications during transitions of care, evaluation of pharmacist-led interprofessional prevention and treatment programs for opioid misuse and abuse, and assessment of community outreach efforts on naloxone education, among others.

Additionally, students take a leadership role in creating co-curricular opportunities to engage their peers. This can include partnering with professional pharmacy organizations to lead a specific project or outreach effort, such as furthering the work around promoting naloxone use, hosting an interactive workshop for the general student body on strategies pharmacists can apply to curb unsafe opioid use among people, or engaging students in education and advocacy efforts across a variety of mediums, including social media

campaigns, to promote safe opioid use. Although students have the flexibility to select their own topics based on their interests, they may be tasked with addressing specific issues facing the pharmacy profession, such as the opioid crisis.

## CONCLUSION

The opioid crisis has taken a significant toll on public health and continues to do so. The UN SDGs provide a goal for us to work towards to end this epidemic. While several strategies and interventions have been implemented to curb the impact of opioid misuse and abuse through different avenues, continued innovations are needed. As educators, we are in a unique position to develop leaders in this space. Though the focus of this piece is on the opioid crisis and, more specifically, the role of pharmacy professionals, a similar intervention can be implemented in other disciplines and be used to address different but equally critical public health concerns. The model we propose uses a holistic approach to develop strong leaders in public health. We first provide education and awareness of a major public health issue, in this case, the opioid epidemic. The students then have opportunities to support their classroom learning through engaging in experiential exercises, co-curricular activities, elective learning, and other unique projects that promote innovative problem-solving and leading others, including their peers and members of the community at large. In looking just at the opioid epidemic, this is not an issue that only affects those that struggle with opioid addiction and their healthcare providers. This complex issue needs the support of others, for example, those in public safety, early-level educators and those through undergraduate studies, community outreach workers, and more. Through initiatives such as the LDEP at CUSP, we can help to provide the experiences, training, and opportunities for student leaders and future professional leaders to develop the skills needed to continue tackling the many issues we face today.

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