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American Pharmacists Association
House of Delegates – March 24-27, 2023

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Adrienne Simmons

(Name)

January 23, 2023

(Date)

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(Annual Meeting Contact Number)

APhA-APPM

(Organization)

Subject: Decriminalization

Motion: To amend the following policy statement as listed below:

Legalization or Decriminalization of Illicit Drugs 2016, 1990

1. APhA opposes legalization of the possession, sale, distribution, or use of illicit drug substances for non-medical uses. (NO CHANGE)
2. APhA supports decriminalization of the possession or use of illicit drug substances or paraphernalia. (NEW)
3. APhA supports voluntary pathways for the treatment and rehabilitation of individuals who are charged with the possession or use of illicit drug substances and who have substance use or other related medical disorders. (NEW)
4. ~~APhA supports the use of drug courts or other evidence-based mechanisms--when appropriate as determined by the courts--to provide alternate pathways within the legal criminal justice system for the treatment and rehabilitation of individuals who are charged with drug-related offenses and who have substance use or other related medical disorders. (STRIKE)~~
5. APhA supports criminal penalties for persons convicted of ~~drug-related crimes, including but not limited to~~ drug trafficking, drug manufacturing, and ~~or~~ drug diversion, whenever alternate pathways are inappropriate as determined by the courts. (AMEND)

Background:

This background information was obtained from the following commentary: Bratberg JP, Simmons A, Arya V, Bhatia A, Vakharia SP. Support, don't punish: Drug decriminalization is harm reduction. Journal of the American Pharmacists Association. 2023;63(1):224-229. <https://doi.org/10.1016/j.japh.2022.12.017>.

Substance use continues to be a pressing public health challenge in the United States, leading to overdose deaths, HIV and hepatitis C infections, and other chronic health conditions. Access to evidence-based public health strategies to combat the opioid crisis are often limited by laws and stigma, and substance use disorder is treated as a crime, rather than as a public health problem. Punishment for drug law violations not only includes arrests and incarceration, but it has lasting consequences on people's lives, including their education, families, housing, and job. As healthcare professionals, it is imperative that pharmacists consider decriminalization of drug use and possession as an essential public health strategy to combat the overdose crisis. **Decriminalization removes criminal penalties (like arrest and incarceration) for the possession and use of illicit drugs. Decriminalization is different from legalization, which establishes legal regulations for the cultivation, production, or sale of drugs.** These proposed policy statements would make explicit the Association's support for treating substance use as a public health issue, rather than a crime, in alignment with our roles as pharmacists, not judges.

The American Pharmacists Association (APhA) has taken steps to support providing care to people with substance use disorder (SUD), such as access to naloxone, nonprescription syringes, and medications for opioid use disorder. However, the Association has a contradictory position on the legalization and decriminalization of drugs (APhA Policy Manual). While these policies were intended to improve care for people with SUD, their flaw is that they call on courts, not clinicians, to make medical decisions, which are often not centered on evidence-based practice. The dissonance of the Association's support for criminal penalties is further highlighted by its advocacy to position pharmacists as key leaders in addressing the opioid overdose crisis. To fortify our role as providers of compassionate, humane, and equitable health care, APhA must urgently amend these policies to explicitly support decriminalization of adult drug use and possession.

Despite large investments in and policy support for harm reduction including naloxone, syringes, and medications for opioid use disorder, people who use drugs continue to experience unprecedented rates of mortality from overdose and morbidity from infectious diseases. Overall drug overdose deaths reached a

record-breaking 107,000 deaths in 2021, according to preliminary data from the Centers for Disease Control and Prevention (Ahmad). Beyond overdose risk, substance use is associated with several other health risks. Among people who inject drugs, sharing injection equipment is the driving factor for hepatitis C virus (HCV) infections and remains a risk factor for HIV infections. Although HIV infections declined from 2015 to 2019, HCV infection rates have increased for more than a decade (US HHS; HIV.gov).

According to data from the 2021 National Survey on Drug Use and Health, approximately 1 in 5 people older than 12 years in the United States used an illicit drug in the past year—totaling more than 61 million people. Less than a third of this group, 24 million people, met criteria for a SUD relating to their drug use in the past year (SAMHSA). Meanwhile, there were 1.5 million drug-related arrests in the United States in 2019 and they were disproportionately among Black, Indigenous, and Latino people (FBI). Incarcerated individuals are three times more likely to have HIV/AIDS and other sexually transmitted infections than nonincarcerated individuals. They are also less likely to receive vaccines for preventable diseases like influenza and COVID-19 (AAFP). Although 2 of every 3 incarcerated people have a diagnosis for an alcohol or other SUD, only approximately 11% of these individuals are treated with evidence-based therapies (Belenko). The relative risk of all-cause mortality was 12 times higher for incarcerated individuals than nonincarcerated individuals (Binswanger). The criminalization of drug use has disproportionately exacerbated these drug-related harms and imposed short- and long-term burdens on already marginalized and vulnerable populations.

A strategy to reduce the number of people who are arrested, convicted, and incarcerated for drug-related offenses is to eliminate criminal penalties for drug use and possession, possession of drug use supplies such as syringes, and low-level drug sales. Drug decriminalization is different from legalization in that it does not establish a legally regulated market or supply chain for the cultivation, production, or sale of drugs (Drug Policy Alliance). At its core, drug decriminalization is a harm reduction strategy, much like wearing seatbelts, the human papillomavirus vaccine, and naloxone. A survey from the American Civil Liberties Union and the Drug Policy Alliance showed that 66% of voters support “eliminating criminal penalties for drug possession and reinvesting drug enforcement resources into treatment and addiction services” (ACLU). Data from the United States and across the globe suggest that treating problematic drug use as a health issue, rather than a criminal issue, helps keep communities healthy and safe. In 2000, Portugal decriminalized drugs and increased access to sterile syringes, methadone, and other drug therapies. Since then, Portuguese officials have observed no major increase in drug use, reduced rates of adolescent drug use, decreased incidence of HIV/AIDS,

reduced drug-related deaths, and an increase in the number of patients receiving SUD treatment (Hughes; Wiessing). In 2020, Oregon became the first state to decriminalize drug possession and expand access to evidence-based harm reduction services.

Pharmacy professionals and students are not immune to the effects of drug criminalization, where one conviction can lead to the loss of their license, employment, or educational progress. Communities become less healthy and stagnate in punitive criminalization systems, further reducing opportunities for growth. Decriminalization of drug use and possession is an urgently needed and effective approach to drug use that shifts resources from punishment to public health. Pharmacists play essential roles in the prevention and management of drug misuse and use disorders. As the overdose crisis worsens and pharmacists' role in public health increases, it is imperative to position pharmacists as advocates for drug decriminalization.

References:

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Current APhA Policy & Bylaws:

Pharmacists Prescribing Authority and Increasing Access to Medications for Opioid Use Disorders, 2022

1. APhA advocates for pharmacists' independent prescriptive authority of medications indicated for opioid use disorders (MOUDs) and other substance use disorders to expand patient access to treatment.

Anti-Racism in Pharmacy 2021

1. APhA denounces all forms of racism.
2. APhA affirms that racism is a social determinant of health that contributes to persistent health inequities.
3. APhA urges the entire pharmacy community to actively work to dismantle racism.
4. APhA urges the integration of anti-racism education within pharmacy curricula, post-graduate training, and continuing education requirements.
5. APhA urges pharmacy leaders, decision-makers, and employers to create sustainable opportunities, incentives, and initiatives in education, research, and practice to address racism.
6. APhA urges pharmacy leaders, decision-makers, and employers to routinely and systematically evaluate organizational policies and programs for their impact on racial inequities.

Social Determinants of Health 2021

1. APhA supports the integration of social determinants of health screening as a vital component of pharmacy services.
2. APhA urges the integration of social determinants of health education within pharmacy curricula, post-graduate training, and continuing education requirements.
3. APhA supports incentivizing community engaged research, driven by meaningful partnerships and shared decision-making with community members.
4. APhA urges pharmacists to create opportunities for community engagement to best meet the needs of the patients they serve.
5. APhA encourages the integration of community health workers in pharmacy practice to provide culturally sensitive care, address health disparities, and promote health equity.

Providing Affordable and Comprehensive Pharmacy Services to the Underserved 2020

1. APhA supports the expansion and increased sources of funding for pharmacies and pharmacist-provided care services that serve the needs of underserved populations to provide better health outcomes and lower healthcare costs.
2. APhA supports charitable pharmacies and pharmacy services that ensure the quality, safety, drug storage, and integrity of the drug product and supply chain, in accordance with applicable law.

Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances 2019

1. APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of people who inject non-medically sanctioned psychotropic or psychoactive substances.
2. To reduce the consequences of stigma associated with injection drug use, APhA supports the expansion of interprofessional harm reduction education in the curriculum of schools and colleges of pharmacy, postgraduate training, and continuing professional development programs.
3. APhA encourages pharmacists to initiate, sustain, and integrate evidence-based harm reduction principles and programs into their practice to optimize the health of people who inject non-medically sanctioned psychotropic or psychoactive substances.
4. APhA supports pharmacists' roles to provide and promote consistent, unrestricted, and immediate access to evidence-based, mortality- and morbidity-reducing interventions to enhance the health of people who inject non-medically sanctioned psychotropic or psychoactive substances and their communities, including: sterile syringes, needles, and other safe injection equipment, syringe disposal, fentanyl test strips, immunizations, condoms, wound care supplies, pre- and post-exposure prophylaxis medications for human immunodeficiency virus (HIV), point-of-care testing for HIV and hepatitis C virus (HCV), opioid overdose reversal medications, and medications for opioid use disorder.
5. APhA urges pharmacists to refer people who inject non-medically sanctioned psychotropic or psychoactive substances to specialists in mental health, infectious diseases, and addiction treatment; to housing, vocational, harm reduction, and recovery support services; and to overdose prevention sites and syringe service programs.

Efforts to Reduce the Stigma Associated with Mental Health Disorders or Diseases 2018

1. APhA encourages all stakeholders to develop and adopt evidence-based approaches to educate the public and all health care professionals to reduce the stigma associated with mental health diagnoses.
2. APhA supports the increased utilization of pharmacists and student pharmacists with appropriate training to actively participate in the care of patients with mental health diagnoses as members of interprofessional health care teams in all practice settings.
3. APhA supports the expansion of mental health education and training in the curriculum of all schools and colleges of pharmacy, post-graduate training, and within continuing professional development programs.
4. APhA supports the development of education and resources to address health care professional resiliency and burnout.

Medication-Assisted Treatment 2016

1. APhA supports expanding access to medication-assisted treatment (MAT), including but not limited to pharmacist-administered injection services for treatment and maintenance of substance use disorders that are based on a valid prescription.

Substance Use Disorder 2019,2016

1. APhA supports legislative, regulatory, and private sector efforts that include pharmacists' input and that will balance patient/consumers' need for access to medications for legitimate medical purposes with the need to prevent the diversion, misuse, and abuse of medications.
2. APhA supports consumer sales limits of nonprescription drug products, such as methamphetamine precursors, that may be illegally converted into drugs for illicit use.
3. APhA encourages education of all personnel involved in the distribution chain of nonprescription products so they understand the potential for certain products, such as methamphetamine precursors, to be illegally converted into drugs for illicit use. APhA supports comprehensive substance use disorder education, prevention, treatment, and recovery programs.
4. APhA supports public and private initiatives to fund treatment and prevention of substance use disorders.

5. APhA supports stringent enforcement of criminal laws against individuals who engage in drug trafficking.

Role of the Pharmacist in the Care of Patients Using Cannabis 2015

1. APhA supports regulatory changes to further facilitate clinical research related to the clinical efficacy and safety associated with the use of cannabis and its various components.
2. APhA encourages health care provider education related to the clinical efficacy, safety, and management of patients using cannabis and its various components.
3. APhA advocates that the pharmacist collect and document information in the pharmacy patient profile about patient use of cannabis and its various components and provide appropriate patient counseling.
4. APhA supports pharmacist participation in furnishing cannabis and its various components when scientific data support the legitimate medical use of the products and delivery mechanisms, and federal, state, or territory laws or regulations permit pharmacists to furnish them.
5. APhA opposes pharmacist involvement in furnishing cannabis and its various components for recreational use.

Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents 2014

1. APhA supports education for pharmacists and student pharmacists to address issues of pain management, palliative care, appropriate use of opioid reversal agents in overdose, drug diversion, and substance-related and addictive disorders.
2. APhA supports recognition of pharmacists as the health care providers who must exercise professional judgment in the assessment of a patient's conditions to fulfill corresponding responsibility for the use of controlled substances and other medications with the potential for misuse, abuse, and/or diversion.
3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug misuse, abuse, and/or diversion.
4. APhA supports the development and implementation of state and federal laws and regulations that permit pharmacists to furnish opioid reversal agents to prevent opioid-related deaths due to overdose.

5. APhA supports the pharmacist's role in selecting appropriate therapy and dosing and initiating and providing education about the proper use of opioid reversal agents to prevent opioid-related deaths due to overdose.

Pharmacists Providing Primary Care Services 2013

1. APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.

Controlled Substances Regulation and Patient Care 2012

1. APhA encourages the Drug Enforcement Administration (DEA) and other regulatory agencies to recognize pharmacists as partners that are committed to ensuring that patients in legitimate need of controlled substances are able to receive the medications.
2. APhA supports efforts to modernize and harmonize state and federal controlled substance laws.
3. APhA urges DEA and other regulatory agencies to balance patient care and regulatory issues when developing, interpreting, and enforcing laws and regulations.
4. APhA encourages DEA and other regulatory agencies to recognize the changes occurring in health care delivery and to establish a transparent and inclusive process for the timely updating of laws and regulations.
5. APhA encourages the U.S. Department of Justice to collaborate with professional organizations to identify and reduce: (a) the burdens on health care providers, (b) the cost of healthcare delivery, and (c) the barriers to patient care in the establishment and enforcement of controlled substance laws.

Role and Contributions of the Pharmacist in Public Health 2011

1. In concert with the American Public Health Association's (APHA) 2006 policy statement, "The Role of the Pharmacist in Public Health," APhA encourages collaboration with APHA and other public health organizations to increase pharmacists' participation in initiatives designed to meet global, national, regional, state, local, and community health goals.

Sale of Sterile Syringes 1999

1. 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.

The Role of Pharmacists in Public Health Awareness 2012, 2005, 1992

1. APhA recognizes the unique role and accessibility of pharmacist in public health.
2. APhA encourages pharmacists to provide services, education, and information on public health issues.
3. APhA encourages the development of public health programs for use by pharmacists and student pharmacists.
4. APhA should provide necessary information and materials for student pharmacists and pharmacists to carry out their role in disseminating public health information.
5. APhA encourages organizations to include pharmacists and student pharmacists in the development of public health programs.

The Use of Controlled Substances in the Treatment of Intractable Pain 2003, 1983

1. APhA supports the continued classification of heroin as a Schedule I controlled substance.
2. APhA supports research by qualified investigators under the Investigational New Drug (IND) process to explore the potential medicinal uses of Schedule I controlled substances and their analogues.
3. APhA supports comprehensive education to maximize the proper use of approved analgesic drugs for treating patients with chronic pain.

Medicinal Use of Marijuana 1980

1. APhA supports research by properly qualified investigators operating under the investigational new drug (IND) process to explore fully the potential medicinal uses of marijuana and its constituents or derivatives.
2. APhA opposes state by state, marijuana specific, or other drug specific legislation intended to circumvent the federal laws and regulations pertaining to: (a) marketing approval of new drugs based

on demonstrated safety and efficacy, or; (b) control restrictions relating to those substances having a recognized hazard of abuse.

3. APhA recognizes that pharmacists receiving controlled substance prescription orders used for analgesia have a responsibility to ensure that the medication has been prescribed for a legitimate medical use and that patients achieve the intended therapeutic outcomes
4. APhA advocates that pharmacists play an important role on the patient care team providing pain control and management.

Prevention and Control of Sexually Transmitted Infections 2005, 1972

1. APhA calls upon all producers of prophylactic devices to include in or on their packaging adequate instructions for use so as to better ensure the effectiveness of the devices in the prevention of sexually transmitted infections.
2. APhA urges pharmacists to make more readily available to the public educational materials, prophylactic devices, and adequate instructions for use in combating sexually transmitted infections.

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item content.**

New Business Items are due to the Speaker of the House by **January 23, 2023** (60 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.