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American Pharmacists Association
House of Delegates – Seattle, Washington

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Delegate Anita Jacobson, PharmD, on behalf of the Rhode Island Delegation

and APhA-APPM Alternate Delegate Jeffrey Bratberg, PharmD
(Name)

2/20/2019
(Date)

Rhode Island Pharmacists Association
(Organization)

Subject: Patient-Centered Care of People Who Inject Drugs (PWID)

Motions: Move that APhA adopts the following policy statements:

1. **APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of People Who Inject Drugs (PWID).**
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, post-graduate 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 Drugs (PWID).**

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 Drugs (PWID) 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 Drugs (PWID) 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.**

Background:

The opioid overdose crisis is fueled by a four-fold increase in heroin overdoses, and a tripling of the death rate for synthetic opioids (ie. fentanyl). Illicitly-manufactured synthetic opioids such as fentanyl and fentanyl analogues are the main cause of the rapid increase in unintentional opioid overdose deaths nationwide[1]. Importantly, heroin and fentanyl are most often used intravenously, requiring sterile syringe access to reduce injection-related morbidity and bloodborne pathogen transmission. **People Who Inject Drugs (**PWID) engage with every area of the healthcare system to seek care to improve their health. Each connection, whether in primary care, at a syringe service program, with an outreach worker, or at a community pharmacy, presents an opportunity to promote health, set goals to reduce risk, build rapport, reduce stigma, and mitigate harm caused by the opioid overdose crisis.

Injection drug use (IDU) increases the overall rate of death by over 11 times that of the general population, with drug overdose as the leading cause. IV drug use is associated with high utilization and cost of health services, higher than for HIV infection alone. PWID are four times more likely to need healthcare services, but are less likely to seek preventative care for chronic conditions as a marginalized population.[2] Pharmacists have essential public health responsibilities to serve vulnerable members of society and to triage, and connect them to the patient-centered care services and programs they deserve.

Some state and federal statutes and/or regulations limit, restrict, and/or criminalize the sale, possession, and distribution of harm reduction equipment, medications, and establishment of overdose prevention sites. Other states lack laws permitting point of care testing and pharmacist-delivered immunizations for hepatitis A and B. APhA has supported expansion of these practices, and should support additional policy changes that advance the role of pharmacists to reduce morbidity and mortality among PWID, including prescribing and/or administering medications for treating opioid use disorder, managing opioid withdrawal, and for pre-exposure or post-exposure prophylaxis for HIV, as well as provision of fentanyl test strips and support for overdose prevention sites as part of comprehensive opioid overdose prevention efforts.

Harm reduction is defined as "Any positive change." [3] Central elements of harm reduction are focused on acceptance of PWID who are individuals entitled to basic human rights, and provision of services/policies aimed at reducing negative consequences and stigma associated with injecting drugs. Stigma is the thought that leads to discriminatory actions or behaviors by members of society.

Drug use disorder is ranked as one of the most stigmatized conditions in the world, more than alcohol use disorder, homelessness, HIV infection, mental health conditions, or having a criminal record. Nearly all PWID experience at least one of these other conditions, and sometimes all of them. PWID face stigma from the public, their family, healthcare workers, and themselves, resulting in barriers to access employment, education, housing, as well as delaying evidence-based addiction and mental health treatment.[4,5] To help reduce stigma, pharmacists should integrate harm reduction principles into all areas of education and practice.

Pharmacists have essential roles in interprofessional education, scholarship, and advocacy efforts focused on harm reduction. Interdisciplinary work with pharmacists can aid in mitigating this national public health emergency by expanding and de-stigmatizing evidence-based and progressive harm reduction interventions. Pharmacists generally have a positive attitude toward providing health promotion and harm reduction programs and express interest in increasing their role in this area.[6] All practicing pharmacists can expand their recognized and trusted public health role as disease-state management specialists to universal screening and treatment of substance use disorder, increased harm reduction actions through increased syringe and naloxone access, and taking an active role in shaping policy.

These policies can take the form of company policies on unrestricted, nondiscriminatory provision of harm reduction services, encouraging stigma-reducing and sensitivity training to staff, and using rational business models and

approaches to providing a new service in the pharmacy. Pharmacies should educate and partner with local business leaders and owners, as well as law enforcement, to best describe the community benefits of providing harm reduction services.[2]

Many pharmacists are unaware of their state laws on syringe and needle sales, and add unnecessary and stigmatizing steps to a non-prescription syringe purchase interaction, from asking for identification, to limiting quantities sold, to claims that a requested syringe type is out of stock. These add to existing structural barriers to syringe access for a vulnerable and marginalized population that disproportionately and increasingly suffers injection-related harms from re-used and/or shared needles, from HIV and HCV infection and transmission to bacterial skin and heart infections. Even when syringes are available, if safe injection materials aren't also provided, these pose similar threats to the health of the user. Clear evidence indicates that syringe sales not only do not increase crime around pharmacies,[7] but pharmacy-based syringe and needle programs are effective for reducing risk behaviors among PWID.[8]

Pharmacists have reported that the lack of syringe disposal is a barrier to selling syringes, even though discarded syringes pose no risk.[9] In interviews with PWID who purchase sterile syringes and needles from pharmacies, they most often request information regarding syringe disposal. As a growing number of pharmacies offer public medication disposal, public syringe disposal is a natural low-cost intervention that a small percentage of pharmacies already provide[10] that should be expanded based on the reported needs of PWID.

Fentanyl test strips (FTS) are a relatively new harm reduction tool, where drugs that may be contaminated with fentanyl are qualitatively tested for the presence of fentanyl before injecting. Not only have PWID found the practice to be acceptable,[11] FTS used by syringe service program participants reduced non-fatal opioid overdoses and resulted in positive changes in drug use behaviors when samples turned positive for fentanyl.[12]

There are currently several outbreaks of hepatitis A infection and transmission among PWID and homeless people in the US, prompting changes in CDC recommendations for hepatitis A immunization to include these populations.[13] Injection drug use has remained of the major risk factors for hepatitis B infection and transmission, as well as morbidity and mortality. PWID should be screened for their immunization history and be offered the hepatitis B vaccine series. Recent primary care recommendations also include tetanus and pneumococcal immunization, as indicated.[14] Pharmacists are essential, accessible immunization providers and should integrate immunization delivery into comprehensive harm reduction efforts.

8-12% of new HIV infections occur in PWID as a result of injecting in conjunction with high-risk sexual practices, pre-exposure prophylaxis with tenofovir/emtricitabine dramatically reduces risk HIV transmission.[14] Pharmacists can provide of pre- and post-exposure prophylaxis medications for human immunodeficiency virus (HIV) and point-of-care testing for HIV and hepatitis C virus (HCV), and condoms to protect PWID and their contacts from transmission of HIV and HCV using these prevention and screening tools.[15,16]

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Current APhA Policy & Bylaws:

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

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.

(Am Pharm NS32(6):515 June 1992) (Reviewed 2005) (Reviewed 2009)(Reviewed 2010) (JAPhA NS52(4) 460 July/August 2012)(Reviewed 2017)

2005, 1993 HIV Testing

1. APhA opposes mandatory HIV testing of pharmacists, student pharmacists, and pharmacy personnel.

2. APhA supports voluntary and confidential HIV testing of pharmacists, student pharmacists, and pharmacy personnel, to facilitate early detection and disease intervention.

3. APhA supports training designed to foster compliance with infection control procedures outlined in current Centers for Disease Control and Prevention (CDC) guidelines for universal precautions and OSHA standards for blood-borne pathogens.

4. APhA encourages the development of support networks to assist HIV-positive health care professionals and students.

(Am Pharm NS33(7):54 July 1993) (JAPhA NS45(5):556 September/October 2005) (Reviewed 2009)(Reviewed 2014)

1996 HIV Testing in Pregnant Women

APhA encourages pharmacists to provide pharmaceutical care to women, including education about the availability and benefits of HIV testing in pregnancy to decrease the risk of HIV transmission to unborn children, APhA encourages pharmacists to provide education about the availability and benefits of HIV testing in pregnancy.
(Am Pharm NS36(6):395 June 1996) (Reviewed 2005) (Reviewed 2009)(Reviewed 2014)

2005, 1993 HIV/AIDS Education

1. APhA encourages pharmacists and student pharmacists to become more knowledgeable about HIV/AIDS.
2. APhA supports the development of cooperative efforts among health care organizations and agencies to facilitate the collection, evaluation, and distribution of information on HIV/AIDS.

3. APhA supports the development of educational programs for pharmacists and student pharmacists that would enable them to assume a service role in the prevention and treatment of HIV/AIDS.

(Am Pharm NS33(7):54 July 1993) (JAPhA NS45(5):556 September/October 2005) (Reviewed 2009)(Reviewed 2014)

2005, 1990 Needle/Syringe Exchange Programs in the Prevention of the Spread of Human Immunodeficiency Virus (HIV) and Other Infections

1. APhA supports distribution of educational materials on the risks of sharing needles/syringes with respect to the spread of human immunodeficiency virus (HIV) and other blood-borne infectious diseases.
2. APhA supports the objective gathering and analysis of data and information about the effectiveness of pilot needle/syringe exchange programs in preventing the spread of HIV and other blood-borne infectious diseases.

3. APhA supports needle/syringe exchange programs when part of a comprehensive approach in the prevention of the spread of HIV and other blood-borne infections.

(Am Pharm NS30(6):45 June 1990) (JAPhA NS45(5):556 September/October 2005) (Reviewed 2009)(Reviewed 2014)

1999 Sale of Sterile Syringes

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.

(JAPhA 39(4): 447 July/August 1999)(Reviewed 2003)(Reviewed 2006)(Reviewed 2008)(Reviewed 2009)(Reviewed 2014)

2001 Syringe Disposal

APhA supports collaboration with other interested health care organizations, public and environmental health groups, waste management groups, syringe manufacturers, health insurers, and patient advocacy groups to develop and promote safer systems and procedures for the disposal of used needles and syringes by patients outside of health care facilities.

(JAPhA NS41(5): Suppl.1:S9 September/October 2001)(Reviewed 2007)(Reviewed 2012)(Reviewed 2017)

2005, 2003, 1996 Pharmacists' Role in Immunizations

1. APhA encourages pharmacists to take an active role in achieving the goals of the Healthy People program regarding immunizations through: (a) advocacy, (b) contracting with other health care professionals, or (c) pharmacists administering vaccines to vulnerable patients.
2. APhA encourages the availability of all vaccines to all pharmacies in order to meet public health needs.

3. APhA supports the compensation of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution.

4. APhA should facilitate the development of programs that educate pharmacists about their role in immunizations in public health.

(JAPhA NS36(6):395 June 1996) (JAPhA NS43(5):Suppl. 1:S57 September/October 2003) (JAPhA NS45(5):556 September/October 2005)(Reviewed 2007)(Reviewed 2009)(Reviewed 2012)(Reviewed 2014)

1987 Encouraging Availability and Use of Vaccines

1. APhA encourages the continued availability of vaccines to meet public health needs.
2. APhA supports the development of programs that educate the public about the role of immunizations in public health.

3. APhA supports the reimbursement by public and private third-party payers for immunizations.

(Am Pharm NS27(6):424 June 1987) (Reviewed 2005)(Reviewed 2009)(Reviewed 2012)(Reviewed 2014)

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

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.

(JAPhA 58(4): 356 July/August 2018)

2004, 1965 Mental Health Programs

APhA supports pharmacists' participation in the development and implementation of all aspects of mental health programs so that the special needs and problems of the mentally ill can be effectively met.

(JAPhA NS5:274 May 1965) (JAPhA NS44(5):551 September/October 2004)(Reviewed 2010)(Reviewed 2011)

2016, 2003, 1987 Substance Use Disorder Education

APhA supports comprehensive substance use disorder education, prevention, treatment, and recovery programs.
(Am Pharm. NS27(6):424 June 1987) (JAPhA NS43(5): Suppl. 1:S58 September/October 2003) (Reviewed 2006)(Reviewed 2011) (JAPhA 56(4); 369 July/August 2016)

2016 Substance Use Disorder

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 patient-consumer education of consequences of methamphetamine use, misuse, and abuse.

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.

(JAPhA 56(4); 369 July/August 2016)

2016 Opioid Overdose Prevention

1. APhA supports access to third-party (non-patient recipient) prescriptions for opioid reversal agents that are furnished by pharmacists.

2. APhA affirms that third-party (non-patient recipient) prescriptions should be reimbursed by public and private payers.

(JAPhA 56(4); 370 July/August 2016)

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

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.

(JAPhA 54(4) July/August 2014)(Reviewed 2015)(Reviewed 2018)

2016 Medication-Assisted Treatment

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.
(JAPhA 56(4); 370 July/August 2016) (JAPhA 56(4); 370 July/August 2016)

2005, 1998 Administration of Medications

1. APhA recognizes and supports pharmacist administration of prescription and non-prescription drugs as a component of pharmacy practice.
2. APhA supports the development of educational programs and practice guidelines for student pharmacists and practitioners for the administration of prescription and non-prescription drugs.

3. APhA supports pharmacist compensation for administration of prescription and non-prescription drugs and services related to such administration.

4. APhA urges adoption of state laws and regulations authorizing pharmacist administration of prescription and non-prescription drugs.

(JAPhA 38(4): 417 July/August 1998) (JAPhA NS45(5):559 September/October 2005) (Reviewed 2006)(Reviewed 2011)(Reviewed 2012)(Reviewed 2017)

2016 Point-of-Care Testing

1. APhA recognizes the value of pharmacist-provided, point-of-care testing and related clinical services, and it promotes the provision of those tests and services in accordance with the Joint Commission of Pharmacy Practitioners Pharmacists' Patient Care Process.
2. APhA advocates for laws, regulations, and policies that enable pharmacist-provided, point-of-care testing and related clinical services that are consistent with the pharmacists' role in team-based care.

3. APhA opposes laws, regulations, and policies that create barriers to the tests that have been waived by the Clinical Laboratory Improvement Amendments (CLIA) and that are administered and interpreted by pharmacists.

4. APhA encourages use of educational programming and resources to facilitate practice implementation of pharmacist-provided, point-of-care testing and related clinical services.

5. APhA supports patients taking active roles in the management of their health, including their ability to request and obtain pharmacist-provided, point-of-care tests and related clinical services.

6. APhA advocates for access to, coverage of, and payment for both pharmacist-provided, point-of-care tests and any related clinical services.

(JPhA 56(4); 369 July/August 2016)(Reviewed 2018)

2013 Pharmacists Providing Primary Care Services

APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.
(JAPhA 53(4): 365 July/August 2013)(Reviewing 2018)

2017 Patient Access to Pharmacist-Prescribed Medications

1. APhA asserts that pharmacists' patient care services and related prescribing by pharmacists help improve patient access to care, patient outcomes, and community health, and they align with coordinated, team-based care.
2. APhA supports increased patient access to care through pharmacist prescriptive authority models.

3. APhA opposes requirements and restrictions that impede patient access to pharmacist-prescribed medications and related services.

4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.

5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as for other prescribers.

6. APhA supports the right of patients to receive pharmacist-prescribed medications at the pharmacy of their choice.

(JAPhA 57(4): 441 July/August 2017)

2005, 1972 Prevention and Control of Sexual Transmitted Infections

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.

(JAPhA NS12:304 June 1972) (JAPhA NS45(5):557 September/October 2005) (Reviewed 2009)(Reviewed 2014)

2003 Drug Addiction/Chemical Dependency Education

APhA urges pharmacists and pharmacy students to become educated in the recognition and treatment of drug addiction and chemical dependency.

(JAPhA NS43(5):Suppl. 1:S57 September/October 2003) (Reviewed 2006)(Reviewed 2011)(Reviewed 2016)

1982 Innovative Approaches to Combating Pharmacy Crime

1. APhA encourages federal government agencies to provide mechanisms for supporting experimental, drug-dependence, treatment programs based on principles of maintenance and/or detoxification.
2. APhA supports the development of a comprehensive educational program on drug use and misuse, starting with children in primary grades (kindergarten-Grade 5).

(Am Pharm NS22(7):32 July 1982) (Reviewed 2003) (Reviewed 2006) (Reviewed 2010) (Reviewed 2015)

2009 Disparities in Healthcare

APhA supports elimination of disparities in health care delivery.

(JAPhA NS49(4):493 July/August 2009)(Reviewed 2013)(Reviewed 2018)

2006 Cultural Health Beliefs and Medication Use

1. APhA supports culturally sensitive outreach efforts to increase mutual understanding of the risks and other issues of using prescription medications without a prescription order or using unapproved products.

2. APhA supports expanding culturally competent health care services in all communities.

(JAPhA NS46(5):561 September/October 2006) (Reviewed 2009)(Reviewed 2014)

2005 Patient Safety

1. Patient safety is influenced by patients, caregivers, health care providers, and health care systems. APhA recognizes that improving patient safety requires a comprehensive, continuous, and collaborative approach to health care.
2. APhA should promote public and provider awareness of and encourage participation in patient safety initiatives.

3. APhA supports research on a more effective, proactive, and integrated health care system focused on improving patient safety. APhA encourages implementation of appropriate recommendations from that research.

(JAPhA NS45(5):554 September/October 2005) (Reviewed 2009)(Reviewed 2011)(Reviewed 2016)

****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 **February 20, 2019** (30 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 [4,5].