

**American Pharmacists Association  
House of Delegates – March 22-25, 2024**

**NEW BUSINESS**

**(To be submitted and introduced by Delegates only)**

Introduced by: Molly Nichols (APhA-APPM PPCA SIG)  
(Name)

January 22                      APhA-APPM, on behalf of the Pain, Palliative Care and Addiction SIG  
(Date)                                      (Organization)

**Subject: Removal of Stigmatizing Language**

**Motion:** To adopt the following policy statements as amended and part of the existing 2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances policy

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

1. APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of people who use 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 use 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 use inject nonmedically 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 ~~use inject~~ non-medically sanctioned psychotropic or psychoactive substances to specialists in mental health, infectious diseases, and ~~substance use disorder addiction~~ treatment; to housing, vocational, harm reduction, and recovery support services; and to ~~safe consumption facilities overdose prevention sites~~ and syringe service programs.

(JAPhA. 59(4); e17July/August 2019) (Reviewed 2021)

### **Background:**

The language in these policies was reviewed and updated based on the APhA Pharmacists' Role in Reducing Stigma Surrounding Opioid Use Disorder (OUD) fact sheet (link [here](#)). The goal of this NBI is to update potentially stigmatizing language in existing APhA policies to reflect currently recommend language in OUD and, more broadly, substance use disorders (SUDs). The SIG hopes that by revising this policy language we will reduce indirect exposures to, and influences of, stigma in the profession.

Impacts of Stigma (pulled from <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>)

- Feeling stigmatized can reduce the willingness of individuals with substance use disorders (SUDs) to seek treatment.
- Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD.
- Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.

Importance of Eliminating Stigma (pulled from <https://www.shatterproof.org/sites/default/files/2023-02/Shatterproof%20Addiction%20Stigma%20Index%202021%20Report%20NEW.pdf>)

- Eliminating the stigma and discrimination faced by those with SUDs has never been more important. Despite decades of action from nonprofits, healthcare providers, those with lived experience, and government agencies, stigma remains one of the largest and most persistent drivers of negative outcomes for those struggling with addiction.
- During 2020 alone, more than 93,000 people died from overdoses – the highest number in history. At the same time, more than 20 million American adults continued to suffer from the disease of addiction.
- The COVID-19 pandemic has exacerbated this crisis by increasing economic instability, imposing social isolation, and reducing access to harm reduction, treatment, and recovery services. Structural racism and health inequities have worsened the impacts of the pandemic for marginalized communities, leading to increased rates of substance use and overdose. These effects will be felt for years to come, highlighting the urgent need to act.

- Addiction stigma and discrimination experienced by those with a substance use disorder independently leads to tens of thousands of preventable deaths every single year:
  - It prevents many with a SUD from ever seeking treatment;
  - It makes the public less willing to have someone with a SUD as a close personal friend, a co- worker, a neighbor, and as a family member;
  - It limits the ability of institutions and providers to offer help when someone does seek assistance by limiting resources and perpetuating harmful policies;
  - And it fuels an ongoing feeling of shame that serves as an obstacle to long-term health for those with a SUD, regardless of whether they have received treatment – entrenching addiction as a relentless and devastating public health crisis.

### **Current APhA Policy & Bylaws:**

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

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 nonmedically 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.
- (JAPhA. 59(4); e17July/August 2019) (Reviewed 2021)

#### 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.
- (JAPhA. 58(4):356; July/August 2018)

**\*\*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.**