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

2014 Controlled Substances and Other Medications with the Potential for Use in a Manner other than Prescribed 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 opioid-associated emergencies overdose, drug diversion, and substance use -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, use in a manner other than prescribed and/or diversion.
3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug misuse, abuse, use in a manner other than prescribed 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 deaths due to opioid-related associated emergencies 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 deaths due to opioid-related deaths due to overdose-associated emergencies.

(JAPhA. 54(4):358; July/August 2014) (Reviewed 2015)(Reviewed 2018) (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:

2014 Controlled Substances and Other Medications with the Potential for 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 drug diversion, and substance 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):358; July/August 2014) (Reviewed 2015)(Reviewed 2018) (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)

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