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American Pharmacists Association
House of Delegates – Seattle, Washington

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Nimit Jindal, APhA-ASP National President
(Name)

March 7, 2019 — **(Date)**

APhA – Academy of Student Pharmacists — **(Organization)**

Subject: Creating Safe Work and Learning Environments for Student Pharmacists, Pharmacists and Pharmacy Technicians

Motion:

1. APhA strongly believes that all pharmacists, student pharmacists and pharmacy technicians should be safe in their work and learning environments and be free from firearm-related violence.
2. APhA strongly recommends that schools and colleges of pharmacy, residency programs, and employers should develop programs to increase readiness in the event of an active shooter.
3. APhA strongly believes pharmacists and student pharmacists should be trained to recognize and refer patients at high risk of violence to themselves or others.
4. APhA encourages pharmacists, student pharmacists and pharmacy technicians who are victims of firearm-related violence to seek the help of counselors and other trained mental health professionals.

Background:

The numbers of firearm-related injuries and fatalities have increasingly become a public health problem[1], with the Centers for Disease Control and Prevention's WONDER database[2] demonstrating over 600,000 firearm-related deaths in from 1999 to 2017. In 2017 alone, nearly 40,000 individuals were killed due to firearms. Firearm-related incidents are non-discriminatory in terms of environmental impact, with a 2011 study[3] finding that both rural and urban areas are impacted by firearm-related violence. Firearm-related violence is expensive in another key way as well: medical costs for firearm injuries total more than $70 billion in direct medical care and loss of productivity.[4] The passing of a pharmacy resident at Mercy[5] Hospital and Medical Center, Dayna Less, further creates a necessary and timely opportunity for the American Pharmacists Association-Academy of Student Pharmacists to initiate an informed, multifaceted conversation about firearm-related safety in places of work and learning.

Firearm in common parlance refers to any portable gun. More specifically, firearms that are regulated by the National Firearms Act[6] (NFA) include the following: "(1) a shotgun having a barrel or barrels of less than 18 inches in length; (2) a weapon made from a shotgun if such weapon as modified has an overall length of less than 26 inches or a barrel or barrels of less than 18 inches in length; (3) a rifle having a barrel or barrels of less than 16 inches in length; (4) a weapon made from a rifle if such weapon as modified has an overall length of less than 26 inches or a barrel or barrels of less than 16 inches in length; (5) any other weapon, as defined in subsection (e); (6) a machinegun; (7) any silencer (as defined in section 921 of title 18, United States Code); and (8) a destructive device."

Active shooter preparedness programs are not new in educational and work settings. Existing guidelines, such as the one from the Washington Office of Superintendent of Public Instruction[7], outlines readiness programs and resources available for K-12 programs. The Readiness and Emergency Management for Schools program (REMS)[7] also outlines recommended steps for response to an active shooter, such as respond immediately, run, and hide. The Joint Commission[9] similarly issued recommendations in 2014 regarding planning for active shooter situations in healthcare facilities. Hospital-based violence intervention programs have begun to work on reducing firearm violence-related recidivism rates as well. A 2016 study[18] pinpoints three components of an effective institution-based strategy: addressing risks associated with violent injury, introducing services at the time of acute injury and hospital care, and providing culturally competent case management. With all these best practice recommendations published and programs being built, there is still room for improvement. A survey from the Education Week Research Center[10] found that one in five school law enforcement officers does not feel their respective schools are prepared to handle an active shooter situation. Furthermore, not every school and college of pharmacy has a published active shooter protocol or related training – such as the protocol at Presbyterian College School of Pharmacy[11] and drills conducted at Samford University[24] – readily available to student pharmacists, pharmacists, and pharmacy technicians.

A 2013 report from the American Psychological Association (APA)[12] defines the following groups at high risk for firearm-related violence: domestic violence offenders, persons convicted of violent misdemeanor crimes, and individuals with mental illness who have been adjudicated as being a threat to themselves or to others. Note that the APA does not categorize all individuals who have been diagnosed with a mental health condition or exhibiting behaviors such as suicidal ideation as being dangerous. However, there is an emphasis in recommendations in all age groups to develop interventions or programs – such as those involving psychologists – to promote emotional and mental health. Carter and colleagues in 2015[13] found that youth in emergency departments with at least one prior incident of firearm-related assault are at higher risk for subsequent firearm-related violence; the authors advocate for interventions including those addressing substance use and mental health needs. American Association of Colleges of Pharmacy (AACP) Curricular Guidelines for Pharmacy (Substance Abuse and Addictive Disease)[14] promote foundational and elective curricular opportunities to help student pharmacists be able to identify "characteristics of addiction and related disorders and patterns of abuse and dependence… to allow pharmacists to assist in early identification and assistance where appropriate," as well as be well-educated about "methods of prevention, intervention, referral, withdrawal, treatment, and recovery support." While the AACP recommends at least four hours of training be focused on "the identification, intervention, and treatment of addiction and related disorders," a 2017 survey of pharmacists[15] regarding perceived readiness of mental health-related medication issues indicates a greater need for training in this area. It is important to continue to identify and develop opportunities to expand learning for mental health and substance abuse – such as in curricula in schools and colleges of pharmacy, continuing education programs, and post-graduate residency and fellowship programs – for student pharmacists and pharmacists. A 2015 study[16] by O'Reilly and colleagues demonstrated that pharmacists "are capable of performing screening and risk assessment services for depression in primary care… and

community pharmacies." Additionally, there has been support – such as by the National Community Pharmacists Association – for pharmacists to be trained in existing programs such as the Mental Health First Aid program[17], thus enabling pharmacists "to identify when an individual is experiencing a mental health issue or crisis, and to start the intervention process, which includes referring out to help."

Firearm-related violence is a traumatic experience. The American Psychological Association[19] points to a number of possible reactions of those involved in a firearm-related incident: post-traumatic stress, depression, anxiety, substance abuse. The Substance Abuse and Mental Health Services Administration (SAMHSA)[20] further categorizes three stages of healing after a firearm-related incident: acute phase – denial, shock, disbelief; intermediate phase – fear, anger, anxiety, depression, trouble sleeping; long-term phase (months afterward) – solidification of behavioral health reactions into mental health or substance use disorders. A 2008 study at Northern Illinois University[21] completed after a mass shooting on the campus found that 12% of survivors reported PTSD, higher than the average incidence of PTSD among trauma survivors. A later study in 2018[22] similarly found that armed robberies increased posttraumatic stress in victims. With the potential for developing sequelae post-firearm-related incident, there is a large need for continued promotion of trained mental health professionals available to help student pharmacists, pharmacists, and pharmacy technicians access evidence-based pharmacological treatments and psychosocial interventions[23] – such as exposure-based interventions and cognitive-based therapies – that have been proven effective for conditions such as PTSD.

Firearm-related violence is devastating – physically, psychologically, financially – regardless of the scope or environment. Many healthcare professional associations have taken a stand on proactive and reactive recommendations to reduce the harmful impacts of firearm-related violence. APhA-ASP aims to accomplish these same goals ultimately to improve the safety of pharmacists, student pharmacists and pharmacy personnel.

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Current APhA Policy & Bylaws:

****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 hod@aphanet.org.