American Pharmacists Association

Academy of Student Pharmacists

Report of the 2021
Resolutions Committee

APhA-ASP
AMERICAN PHARMACISTS ASSOCIATION
ACADEMY OF STUDENT PHARMACISTS

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REPORT OF THE 2021 APhA-ASP RESOLUTIONS COMMITTEE

2021.1 – Environmental Sustainability in Pharmacies

APhA-ASP encourages pharmacies and other appropriate stakeholders to develop and implement environmentally-sustainable practices into all pharmacy operations through initiatives including, but not limited to:

1. Transitioning to the utilization of electronic receipts and electronic health information;
2. Minimizing single-use bags for prescriptions; and
3. Utilizing recycling programs for non-patient identifiable containers including, but not limited to stock bottles, vials, and all paper products.

Background Statement:

Many pharmacies dispense each prescription with paper copies of supplemental drug information. This can accumulate into a massive amount of paper waste. Allowing patients to access electronic copies of this information would decrease the use of paper within pharmacies. With each transaction, a paper receipt is also printed. According to a CVS corporate social responsibility report, 5.9 million customers enrolled in a digital receipt option, resulting in 58 million receipts electronically sent to customers and a 20% reduction in paper use for receipts.[1]

Pharmacies are also required to obtain and store paper copies of forms for many patient services such as vaccinations. Allowing the intake forms to be completed digitally would also decrease the amount of paper consumption by pharmacies. Overall, allowing and supporting the addition of electronic delivery options for receipts, supplemental drug information, and medical forms in the pharmacy will decrease the amount of paper waste generated by pharmacies and increase environmental sustainability.

Every time patients pick up their medication, they not only get packets of information, but they also receive the medication (the majority of the time) in a paper a bag. As the number of medications prescribed each year is increasing, this leads to an increasing amount of paper and plastic bag waste each year.[2] Although biodegradable paper bags may seem like an eco-friendly alternative to plastic bags, there is research suggesting that paper bags are just as harmful to the environment, if not more so than disposable plastic bags. The water and energy it requires to manufacture a paper bag is three to four times the amount per plastic bag, and the chemicals used in paper manufacturing have been shown to lead to acid rain.[3] Even when paper bags are recycled properly, the process is inefficient and can take more energy to recycle a paper bag than to make a new one.[4] Further, 80% of these bags are not recycled and end up in a landfill where they do not have the environment necessary to decompose properly.[5] By supporting initiatives to reduce the number of bags given with prescriptions, there will be a significant decline in pharmacy single-use bags that will not only cut costs, but also support the environment. Therefore, pharmacists and pharmacies should take a step in the right direction by minimizing unnecessary single-use paper bag waste and reducing the environmental burden.

Pharmacies also produce a large amount of plastic waste through the manufacturers packaging as well as the prescription vials used to dispense medications to patients. One grocery and pharmacy chain–Publix–noted that their customers returned 8.2 million medication vials for reuse in 2018 alone.[6] Pharmaceutical stock bottles are also a significant source of plastic waste within the pharmacy, and if recycled would robustly decrease the plastic waste of pharmacies.

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2021.2 – Medication-Assisted Treatment in Vulnerable Patient Populations

1. APhA-ASP encourages local, state, and federal government agencies and other appropriate stakeholders to increase access to, and provide funding for, widespread implementation and utilization of medication-assisted treatment programs for patients suffering from opioid use disorder.
2. APhA-ASP further encourages active involvement of the pharmacist in the provision of medication-assisted treatment in vulnerable patient populations, including, but not limited to, incarcerated persons, people experiencing homelessness, and those living in medically underserved communities.[8]

Background Statement:

Within the last decade in the United States, the prevalence of opioid use disorder (OUD) and the rate of opioid overdose deaths increased at an alarming rate. Eleven million people, or 4.4% of the United States population, are estimated to have used opioids in their lifetime, and in 2017, 47,000 opioid overdose deaths were recorded.[1] The broad reach of the opioid epidemic substantially impacts vulnerable patient populations, such as the incarcerated, those experiencing homelessness, and the medically underserved. Over 25% of individuals incarcerated in the United States suffer from OUD.[2] Despite the prevalence of OUD in these patient populations, over 80% of these individuals do not receive treatment for their addiction.[2] Evidence cited by the National Institutes of Health demonstrates treatment for OUD can decrease post-incarceration rates of overdose, criminal activity, and infectious disease transmission.[3] In states where the use of schedule I opioids is criminalized, there is an added incentive to make this critical treatment as accessible to high-risk communities and correctional facilities as possible. The intent is to mitigate the growing opioid epidemic, and the exceeding financial and social cost of prosecuting and incarcerating these patient populations.

Medication-assisted treatment (MAT) is one of a few treatment modalities of OUD. MAT includes combinations of FDA-approved medications such as buprenorphine, naltrexone, methadone, and behavioral therapy to mitigate withdrawal symptoms and promote gradual, sustained recovery and overdose prevention.[2,4] Despite the well-established efficacy MAT interventions, fewer than 1% of America's jails and prisons offer access to these treatments, highlighting a significant barrier to care.[2] It is unethical to withhold medication treatment for OUD from incarcerated individuals based on the principles of beneficence and non-maleficence.[5]

Several factors contribute to the lack of availability of MAT for OUD in incarcerated populations. For example, there is often a stigma surrounding addiction that contributes to it being overlooked as a treatable health condition. However, evidence-based studies indicate that addiction is a neurological disorder that warrants treatment analogous to other diseases such as hypertension or diabetes.[5] Additionally, there is a lack of knowledge

surrounding MATs effectiveness for OUD-incarcerated populations. There are few current state or federal guidelines on the management of OUD at these facilities, indicating a knowledge gap that must be addressed.[5] Rhode Island, the only state to offer access to all three FDA-approved medications, has successfully implemented MAT models to ensure the distribution of necessary pharmacotherapy is limited solely to the intended party and improve the health outcomes of patients.[2]

As experts in medication utilization, pharmacists are in a prime position to advocate for increased access to MAT programs and facilitate comprehensive treatment plans for vulnerable patients. There is an established value of pharmacist involvement in MAT. Collaborative models consisting of physicians and pharmacists in MAT primary care settings in Maryland boasted 98% adherence to buprenorphine regimen, 88% cessation rates, and substantial cost-savings.[6] This suggests that public initiatives aimed at increasing access to effective MAT programs in vulnerable populations should utilize pharmacists' clinical expertise. Active participation of pharmacists as clinicians in these programs reduces the burden of care on other providers and promotes a cost-effective approach to treatment.

As an essential member of the health care team, pharmacists, and student pharmacists play an integral role in advocating for safe and effective treatment for all patients to overcome addiction and achieve lasting recovery. Local, state, and federal government agencies, and other appropriate stakeholders, must implement initiatives that allocate the necessary resources to limit barriers to MAT for OUD in vulnerable populations. This will not only promote health care equity, but will mitigate cycles of treatment failure and incarceration. Such initiatives include, but are not limited to, appropriate screening in facilities and communities, widespread training in MAT protocols, and public funding for MAT programs for incarcerated populations and vulnerable communities.

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2021.3 – Pharmacy Technicians Role in Immunization Administration

1. APhA-ASP encourages state and federal legislators, state boards of pharmacy, and other appropriate stakeholders to expand the role of pharmacy technicians to allow for adequately trained technicians (under the supervision of a pharmacist) to administer vaccines. Pharmacy technician training shall include, but not be limited to, appropriate technician certification, and/or state licensure, immunization training/certification, and basic life support.
2. APhA-ASP supports the supervising pharmacist’s individual discretion in delegating immunization administration responsibilities to adequately trained pharmacy technicians.

3. APhA-ASP affirms the role of the supervising pharmacist in providing clinical patient assessment and patient counseling when delegating immunization administration to an adequately trained pharmacy technician.

Background Statement:

The profession of pharmacy is continually evolving. Therefore, it is critical that pharmacists are equipped with an environment that allows for full utilization of their clinical training. With the current practice shift, the need for pharmacy technicians to perform advanced tasks, like administering immunizations, drastically increases. Historically, pharmacy technicians have held and continue to hold a vital role in ensuring efficiency in pharmacy services. Entrusting pharmacy technicians with additional advanced responsibilities such as immunization administration allows for improved public health outcomes, increased preventative care, and the pursuit of the highest quality of patient care.

Idaho was the first state to provide a training course on immunization administration for pharmacy technicians. Idaho provided a 6-hour training from Accreditation Council for Pharmacy Education-accredited course for pharmacy technicians in immunization.[1] Those who completed the immunization course and basic life support training, such as that provided by the American Heart Association, were able to take part in immunization administration under the supervision of a licensed pharmacist.[1] According to Alex Adams, PharmD, (the Executive Director of the Idaho State Board of Pharmacy from 2015-2019), pharmacists use their professional judgment in the workplace daily; therefore, they should be able to use their professional judgment to delegate this technical task of immunizing to qualified technicians who are certified in immunization administration.[2] Additionally, Dr. Adams reported the following: "We found that pharmacists are generally supportive of expanded technician roles, as long as the technician has the requisite training to perform the duty. Pharmacists report variability in technician qualifications, and thus it is critical to ensure the assignment of function ultimately rests with the supervising pharmacist, even when the technician has completed a task-specific training."[2] This re-emphasizes the importance that when pharmacy technicians are administering immunizations, they must be properly trained, and this authority should always be exercised under the supervision of a pharmacist.

This Idaho-driven pilot program encouraged additional research studies evaluating the effectiveness of pharmacy technician-focused immunization programs. After receiving the live training course, the majority of pharmacy technicians felt comfortable administering an immunization, locating the correct injection site, selecting supplies, documenting the immunization, and responding to a vaccine reaction emergency.[3] Six months after Idaho implemented legislation allowing technicians to immunize patients, 953 immunizations were administered by pharmacy technicians and resulted in zero vaccination-related incidents.[3] The most current data from Idaho indicates that approximately 25,000 immunizations have been administered by pharmacy technicians and the vaccination-related incident rate still successfully remains at zero.[4]

Furthermore, similar pilot programs in states beyond Idaho have followed suit. Following implementation in Idaho, in October 2018, Rhode Island joined Idaho in passing legislation allowing pharmacy technicians to perform vaccine administration.4 Additionally, the Utah Board of Pharmacy has demonstrated interest in pharmacy technician administration authority, in addition to several other states also discussing this change.[2,5,6]

To enhance the aforementioned reasons why pharmacy technicians should be able to administer vaccinations, advanced technician roles have been shown to increase retention and alleviate job strain that may be placed on pharmacists. Involving pharmacy technicians in patient care has demonstrated positive impacts on technicians' job satisfaction and work performance.[7] Facilitating such innovative strides forward can rejuvenate work environments to improve the traditional community pharmacy paradigm. To directly quote a pharmacist involved in a study titled Perceived Benefit of Immunization-Trained Technicians in the Pharmacy Workflow, "Having to stop workflow to go and give a whole family of five people flu shots tends to be difficult. Once [my technicians] were able to [immunize], it saves a lot of time. It makes it so that workflow doesn't have to stop if I'm the only pharmacist here. I can say we need an injection and we keep on rolling."[7]

Pharmacy technicians have and will continue to play an integral role in the advancement of pharmacy practice. Pharmacies are found to be the second most common health-care institution for vaccine administration;[8] however, immunization rates still fall short of Healthy People 2020 goals.[9] Based upon data collected from pharmacy technician-focused immunization administration training in Idaho, when pharmacy technicians are properly immunization trained/certified, complete training in basic life support, and are working under the supervision of a pharmacist, there is the potential for expanded opportunities in efficiency and patient care. Additionally, entrusting pharmacy technicians to administer immunizations could help minimize ongoing health disparities and could improve overall immunization rates.

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