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**American Pharmacists Association
House of Delegates – Baltimore, MD
March 4 - 7, 2016**

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: CDR Irene Ahlstrom (USPHS)
(Name)

2/2/16
(Date)

Federal Delegation
(Organization)

Subject: Medication Assisted Treatment

Motion: Move to adopt the following policy statements:

1. APhA supports pharmacists expanding access to Medication Assisted Treatment (MAT) by establishing Pharmacist based Injection Services for opioid abuse treatment/maintenance based on a valid prescription.
2. APhA supports pharmacists creating a system of care working in collaboration with the physician, behavioral health counselors and other health care providers to provide integrated patient centered care.

Background:

Drug overdose was the leading cause of injury death in 2013. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes. According to the Centers for Disease Control and Prevention (CDC), the number of overdose deaths involving prescription opioids quadrupled between 1999 and 2013, with more than 16,000 deaths in 2013. Overdose deaths involving heroin have sharply increased, nearly doubling between 2011 and 2013. Drug overdose was the leading cause of accidental death in the US, with 47,055 lethal drug overdoses in 2014. The CDC has identified addiction to prescription pain medication as the strongest risk factor for heroin addiction.

Medication Assisted Treatment (MAT) is the combination of medications along with counseling and behavioral therapies to treat substance use disorders and prevent overdose. MAT is used to effectively treat and maintain abstinence to prevent overdose. The ultimate goal of MAT is full recovery. Unfortunately, MAT is underused, partially due to lack of access and knowledge along with the saturation of existing treatment capacity. Pharmacist participation would help to increase access and awareness.

“Drug Overdose Deaths by State, US 2013 and 2014.” *Drug Overdose Deaths by State, US 2013 and 2014 | Prescription Drug Overdose | CDC Injury Center*. The Centers for Disease Control and Prevention (CDC), 18 Dec. 2015. Web. 22 Jan. 2016.

“Fatal Injury Data.” *Fatal Injury Data | WISQARS | Injury Center | CDC*. The Centers for Disease Control and Prevention (CDC), 13 July 2015. Web. 22 Jan. 2016.

“Presidential Memorandum - - Addressing Prescription Drug Abuse and Heroin Use. *Presidential Memorandum - - Addressing Prescription Drug Abuse and Heroin Use | whitehouse.gov*. The WHITE HOUSE, 21 Oct. 2015. Web. 22 Jan. 2016.

“Medication and Counseling Treatment.” *Medication and Counseling Treatment | SAMHSA*. Substance Abuse and Mental Health Service Administration (SAMHSA), 28 Sep. 2015. Web. 22 Jan. 2016.

“Pharmacist guide to medication-assisted treatment of substance abuse.” *Pharmacist guide to medication-assisted treatment of substance abuse | American Pharmacists Association*. American Pharmacists Association® (APhA), 1 Nov. 2015. Web. 22 Jan. 2016.

Jones, Christopher M., Melinda Campopiano, Grant Baldwin, and Elinore McCance-Katz.

“National and State Treatment need and Capacity for Opioid Agonist Medication-Assisted Treatment.” *American Journal of Public Health* 105.8 (2015): e55-63. Web. 22 Jan. 2016.

“Opioid Addiction 2016 Facts and Figures.” American Society of Addiction Medicine (ASAM), n.d. Web. 22 Jan. 2016.

“Deaths from Prescription Opioid Overdose.” *Prescription Drug Overdose Data | Prescription Drug Overdose | CDC Injury Center*. The Centers for Disease Control and Prevention (CDC), 16 Oct. 2015. Web. 22 Jan. 2016.

Current APhA Policy & Bylaws:

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)

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)

2003, 1983 The Use of Controlled Substances in the Treatment of Intractable Pain

1. APhA supports the continued classification of heroin as a Schedule I controlled substance.
2. APhA supports research by qualified investigators under the Investigational New Drug (IND) process to explore the potential medicinal uses of Schedule I controlled substances and their analogues.
3. APhA supports comprehensive education to maximize the proper use of approved analgesic drugs for treating patients with chronic pain.
4. APhA recognizes that pharmacists receiving controlled substance prescription orders used for analgesia have a responsibility to ensure that the medication has been prescribed for a legitimate medical use and that patients achieve the intended therapeutic outcomes.
5. APhA advocates that pharmacists play an important role on the patient care team providing pain control and management.

(Am Pharm NS23(6):52 June 1983)(JAPhA NS43(5):Suppl. 1:S58 September/October 2003)(Reviewed 2006)(Reviewed 2011)(Reviewed 2012)(Reviewed 2013)(Reviewed 2015)

New Business Items are due to the Speaker of the House by **February 3, 2016** (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.