

Pharmacist Authority to Provide Harm Reduction Services

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Harm Reduction

- Harm reduction is an approach designed to empower people who use drugs (PWUD) by providing tools aimed at:
 - 1) preventing overdose and infectious disease transmission
 - 2) improving individuals' physical, mental, emotional, and social well-being
- Examples of harm reduction services:
 - Naloxone
 - Nonprescription Syringes

Pharmacies & Harm Reduction Services

- Community pharmacies as accessible providers of harm reduction services:
 - Geographically accessible and open longer hours
 - Alternative to intense stigma PWUD often face in "traditional" healthcare environments
 - Less formal setting – ideal for PWUD who are often socially marginalized and prefer to maintain anonymity

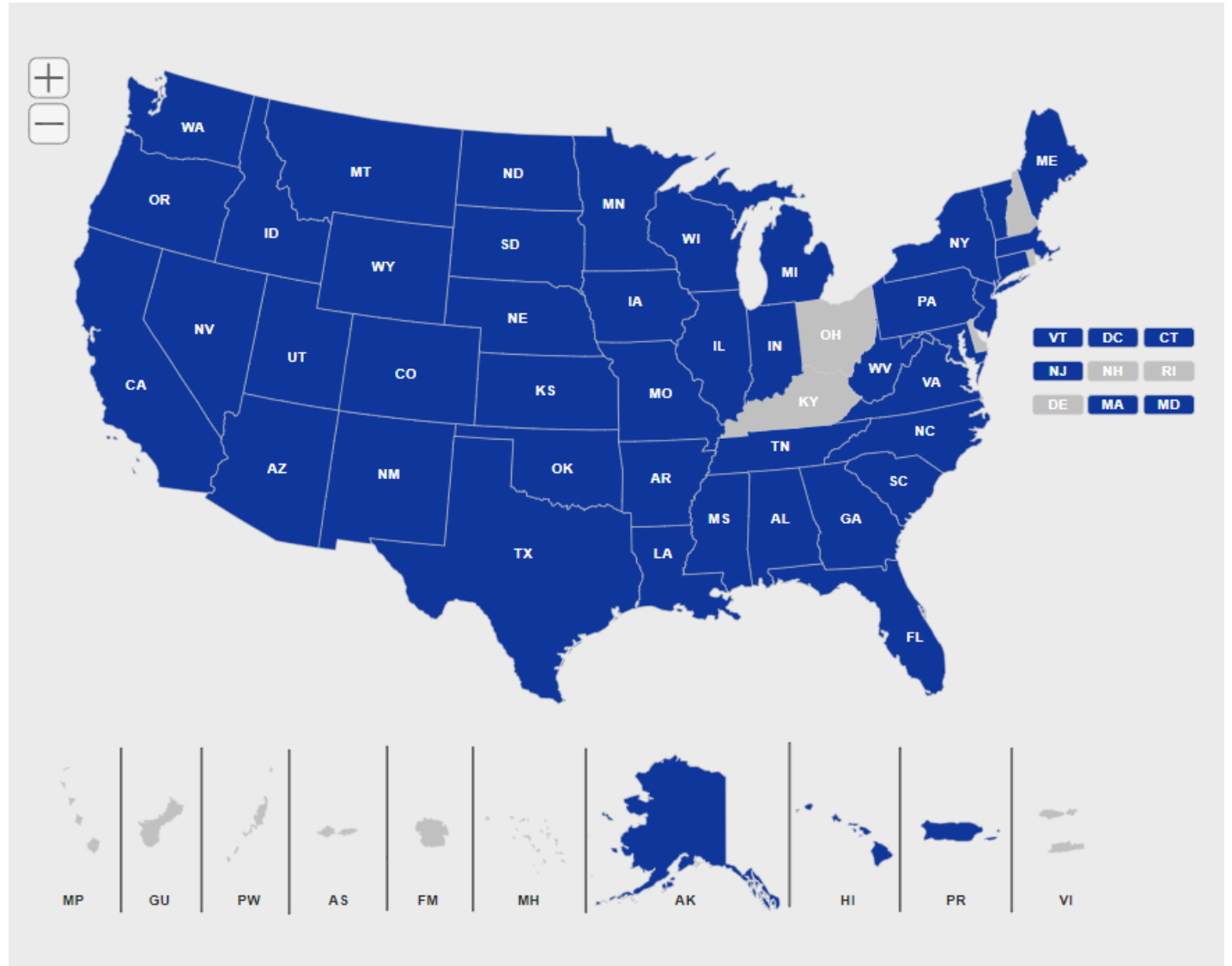
Naloxone

- Medication that can reverse a drug overdose caused by the use of opioids such as heroin, fentanyl, and prescription opioids
- Not harmful to someone overdosing on a non-opioid drug
 - should be administered to anyone suspected of experiencing an opioid-related overdose
- Two forms:
 - 1) Injectable
 - 2) Prefilled nasal spray

Pharmacist-Initiated Naloxone

- Authority to Independently Distribute:
 - 1) Statute
 - 2) Statewide Standing Order
 - 3) Statewide Protocol
- Common legal barriers:
 - 1) Training requirements
 - 2) Quantity and frequency limitations
 - 3) Patient eligibility limitations

Pharmacist-Initiated Naloxone: U.S. Overview



Pharmacist-Initiated Naloxone: **New York**

- Authority granted by [statewide standing order](#)
- Pharmacist not required to undergo additional training
- Eligible Patients:
 - Person at risk of experiencing an opioid-related overdose
 - Person in a position to assist someone at risk of experiencing an opioid overdose
- Pharmacist required to educate patient on:
 - 1) How to recognize symptoms of an opioid overdose
 - 2) Steps to take prior to and after an opioid antagonist is administered, including calling first responders
 - 3) How to administer naloxone the opioid antagonist
 - 4) Resources dedicated to treating alcoholism and substance use

"Ideal" Legislation for Pharmacist-Initiated Naloxone

- Direct statutory authority
- No quantity or frequency limitations
- All community members eligible for prescription
- No training requirements
- No prior authorization requirements
- Specific patient education requirements (how to recognize overdose, administer naloxone, etc.)

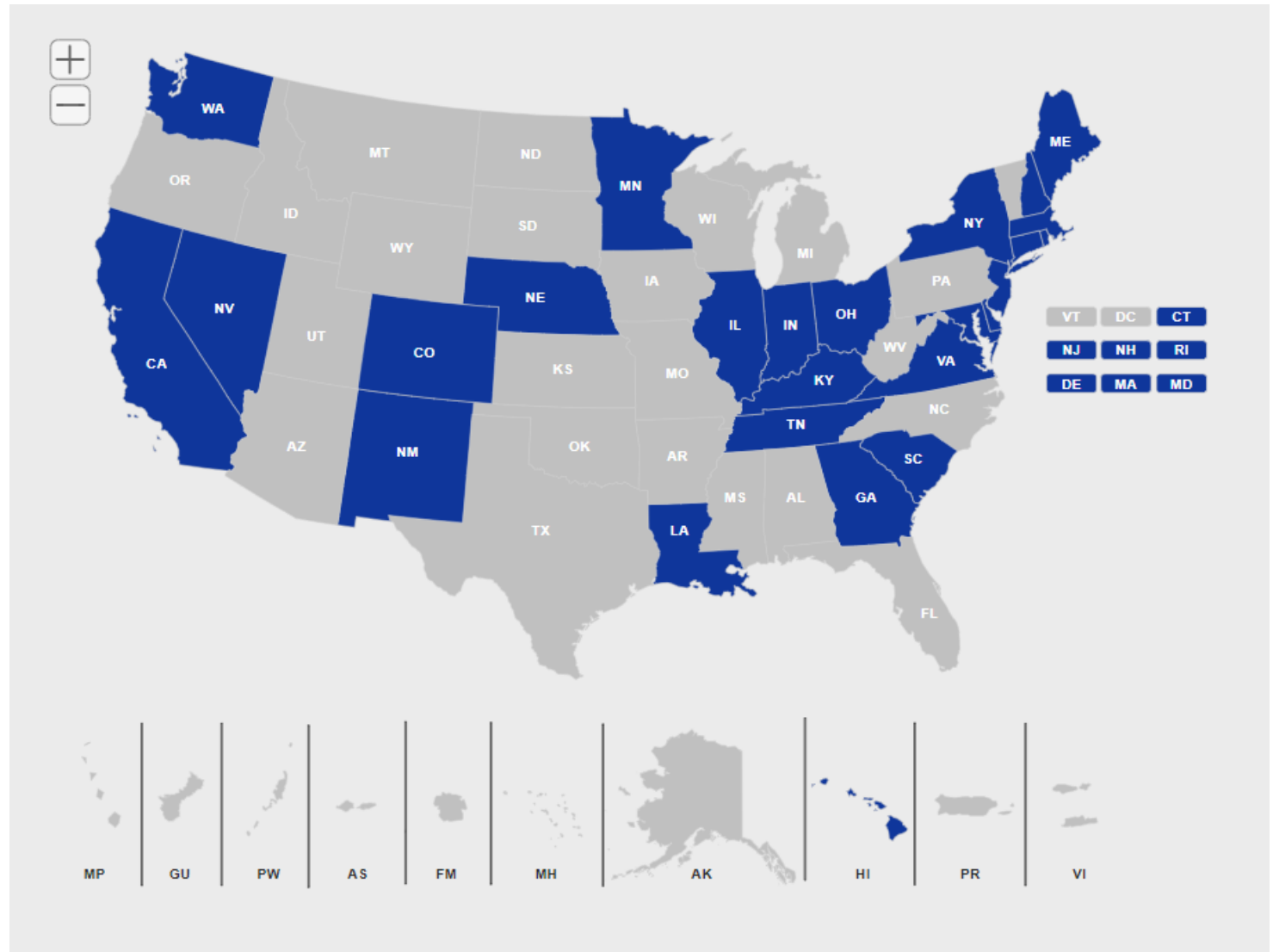
Nonprescription Syringes (NPS)

- Sterile syringes not prescribed by primary care provider (PCP)
- Used by people who inject drugs (PWID) as an alternative to reusing or sharing used syringes
- Accessed by:
 - Retail sale
 - Syringe service programs (SSPs), which may offer sterile syringes or exchange used syringes for sterile ones

Pharmacist-Initiated NPS

- States with Legislation vs. States without Legislation
- States with statute permitting retail sale: common barriers
 - Quantity limits
 - Age requirements
 - Personal data collection
 - Provision of legal “reason”
- States without NPS legislation:
 - Retail sale and any corresponding policies is up to discretion of individual pharmacies

Pharmacist- Initiated NPS: U.S. Overview



Pharmacist-Initiated NPS: **New York**

- Statute permits pharmacists to sell NPS
- Requirements:
 - a) Pharmacist must verify person seeking syringes and needles is 18 or older
 - b) Pharmacist may only sell 10 or less to a single person without a prescription
 - c) Pharmacist must provide person purchasing syringes educational material about prevention of blood-borne diseases, drug treatment, safe use of syringes, and safe disposal of used syringes

[Statute:](#)
N.Y. Pub. Health Law § 3381

"Ideal" Legislation for Pharmacist-Initiated NPS

- Statute not silence
- No quantity limitations
- No age requirement
- No personal data collection
- No need to provide legal "reason"

Recap

1) Community pharmacies as accessible providers of harm reduction services

2) Legislation for Pharmacist-Initiated Naloxone

- Direct statutory authority
- No quantity or frequency limitations
- All community members eligible for prescription
- No training requirements
- No prior authorization requirements
- Specific patient education requirements

3) Legislation for Pharmacist-Initiated NPS

- Statute not silence
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NASTAD Resources

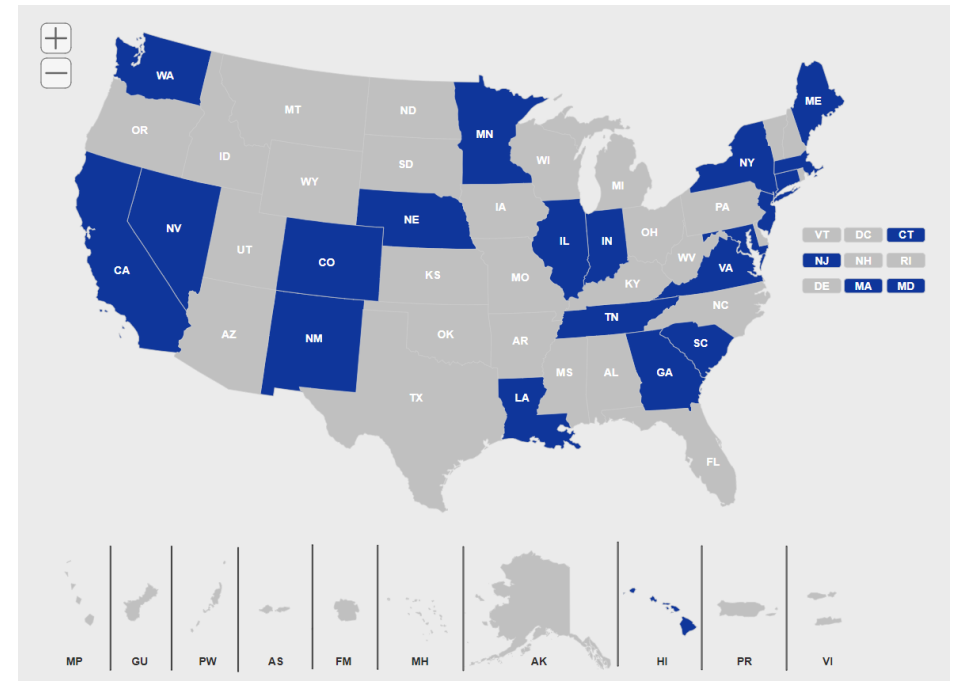
1. [Interactive Map](#): *Pharmacists' Authority to Initiate Harm Reduction Services*

PHARMACISTS' AUTHORITY TO INITIATE HARM REDUCTION SERVICES

Information Available N/A


Do pharmacists have the legal authority to dispense naloxone without a prescription from a primary care provider (PCP)?

Do pharmacists have the legal authority to sell nonprescription syringes?



NASTAD Resources

2. Issue Brief: Pharmacist-Initiated Harm Reduction Services



Pharmacist-Initiated Harm Reduction Services

Introduction

In 2021, approximately 107,000 people lost their lives due to drug-related overdoses. This appalling figure translates to a rate of 32.4 deaths per 100,000 individuals.¹ Even more concerning is the fact that 2021 saw the fatal drug-related overdose rate increase by almost 15% from just a year prior.² Furthermore, one in ten new HIV diagnoses each year results from using sharing needles for injectable drugs.³

The possibilities of a drug-related overdose or HIV transmission via shared needles are two prevalent dangers that people who inject drugs (PWID) face. Harm reduction services can be accessed by PWID to mitigate these dangers, but numerous barriers inhibit accessibility. A viable solution, however, can be found within a single, accessible location – community pharmacies. Pharmacies can be a vital harm reduction resource by offering naloxone and nonprescription syringes to people who use drugs (PWUD).

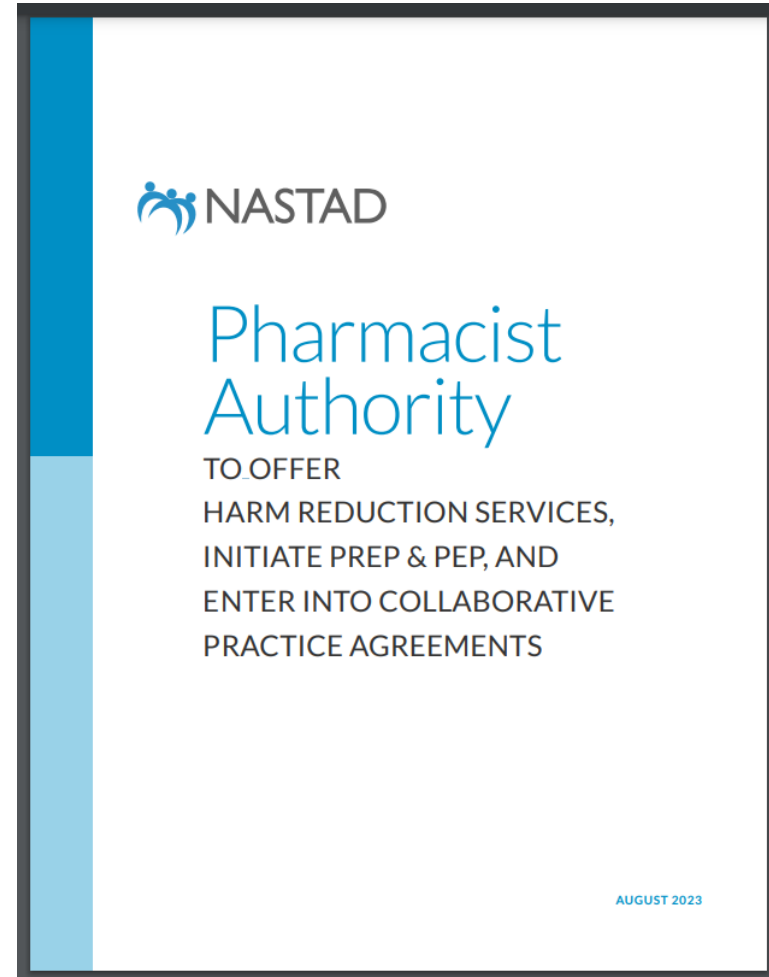
BACKGROUND: Harm reduction is an approach designed to empower PWUD by providing tools aimed at 1) preventing overdose and infectious disease transmission and 2) improving individuals' physical, mental, emotional, and social well-being. Two examples of harm reduction services are distributing naloxone and nonprescription syringes.⁴ Naloxone is a medication that can reverse a drug overdose caused by the use of opioids such as heroin, fentanyl, and prescription opioids.⁵ Nonprescription syringes are sterile syringes not prescribed by a primary care provider (PCP) and are used by PWID as an alternative to reusing or sharing used syringes.⁶

Accessibility of Pharmacists

Among PWID, new HIV infections most commonly occur in non-Hispanic white individuals, males, and young people.⁷ The burden of HIV has also shifted to the southern United States, where people increasingly live in rural areas.⁸ Community pharmacists are widely acknowledged as key, but underutilized, resources in providing harm reduction strategies, like dispensing naloxone and selling nonprescription syringes, that prevent the spread of HIV.⁹ Pharmacists are particularly important in rural areas where it is harder to access medical care.¹⁰ Pharmacies offer a more accessible option than primary care for many people as 90% of Americans live within 5 miles of a pharmacy.¹¹ Pharmacies often provide services for extended hours, some up to 24 hours a day, and patients can receive care without an appointment, making them a more accessible option than primary care for many individuals. Pharmacists are also consistently rated as one of the most trusted healthcare providers,¹² making them

NASTAD Resources

3. [Database](#): *Pharmacist Authority to Offer Harm Reduction Services, Initiate Prep & Pep, and Enter into Collaborative Practice Agreements*



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