



POSITION STATEMENT

Harm Reduction

Position

The Guild is committed to supporting harm reduction associated with drug or alcohol misuse through the optimal provision and use of services from community pharmacies. The Guild supports a harm-reduction approach which recognises that an individual's engagement in drug or alcohol misuse, illegal drug supply or illegal drug manufacture generally has flow-on health, social, economic, environmental and other consequences for other people, including for family, friends, workplace, neighbourhoods and the broader community.

Recognising that community pharmacy is the most accessible health service provider for harm reduction services and support, the Guild strongly supports consultation with the community pharmacy sector on harm reduction strategies. As the primary representative body for community pharmacy, the Guild should be consulted on related strategies and policies and Guild representatives included in relevant advisory groups. Local community pharmacists should be consulted and involved in local or regional harm reduction strategies and associated planning or advisory groups.

This position statement specifically considers the following harm reduction elements of relevance to community pharmacy – opioid dependence, needle and syringe program, reducing medicine diversion and alcohol and health risks.

Drug Dependence and Misuse

Opioid Dependence

People with opioid dependence require affordable and equitable access to treatments and support services. Community pharmacy is a critical health provider for treatments and services and the Guild calls for the following actions to facilitate greater community pharmacy participation from all regions and to provide equitable and affordable access to people who would benefit from opioid replacement therapy (ORT):

- Uniform policy regarding ORT services, including supervised and non-supervised oral doses and non-oral (e.g. injectable) treatments, based on clinical evidence.
- The Commonwealth Government to build on its funding of methadone and buprenorphine medicines to include standardised dispensing and supply arrangements around Australia to increase the availability and accessibility of ORT as well as provide equity of access irrespective of where a person lives.
- Reducing the financial barrier and removing arbitrary caps to program enrolment for community pharmacy-based ORT services for opioid-dependent people
- A nationally coordinated approach to managing and treating opioid misuse as part of the Pharmaceutical Benefits Scheme (PBS); recognising the prescribing and dispensing of ORT as a pharmaceutical benefit, consistent with providing eligible patients access to other pharmaceutical benefits.

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- A nationally consistent ORT Program with Commonwealth Government funding for, (1) dispensing ORT medicines, (2) in-pharmacy dose-management and provision of take-away oral ORT medicines, and (3) the administration of injectable ORT.
- Community-based ORT care managed through approved prescribers and the community pharmacy network.
- States and territories remaining responsible for managing and funding ORT services through state-based clinics, including for in-patients and prison detainees, enabling them to concentrate their efforts on higher-risk or poorly controlled patients requiring more intensive support.
- A change to Commonwealth and state and territory legislation to, (1) allow pharmacist administration of ORT treatments where needed, such as injectable depot buprenorphine, (2) enable appropriately trained pharmacists to manage and prescribe ORT as a pharmaceutical benefit for stabilised community-based patients.
- A Medicare Benefits Schedule (MBS) case conferencing item to improve coordination of the individualised treatment being provided to patients by remunerating community pharmacies providing the ORT to confer with authorised prescribers and other relevant treatment providers involved in a person's ORT.

Recognising the increasing incidence of the misuse of prescribed opioid medicines, many listed on the PBS, the Guild strongly supports real-time monitoring of prescribed opioid medicines and other medicines at risk of abuse or misuse. The Guild supports the sharing of information across state borders to ensure clinicians can readily monitor and appropriately manage people who may travel or relocate.

The Guild highlights that the transition between hospital and community care is particularly problematic, and it is essential that there is effective communication between the hospital and community sectors on discharge. The Guild believes that any person who has been started on opioid pain relief while in hospital should be promptly re-assessed when returning to the community for their continued pain relief and management, incorporating if appropriate, Dose Administration Aids or Staged Supply services¹ through the community pharmacy and a pain management assessment by an authorised prescriber.

Dependence on other prescription medicines

The Guild recognises the increasing incidence of dependence on other non-opioid prescription medicines, particularly other psychoactive medicines such as benzodiazepines, tranquilisers and antipsychotics. The Guild believes the Staged Supply program funded by the Commonwealth Government under the Seventh Community Pharmacy Agreement provides a very effective mechanism to support people at risk of drug abuse or misuse to safely manage high-risk prescription medicines². Staged Supply is service-intensive and pharmacists must be appropriately remunerated with recognition that high-risk people may require staged supply services for multiple medicines. All people that can benefit from staged supply services should be able to access subsidised services from their community pharmacy of choice as determined by patient need, and not have this care limited by caps or the constraints of Community Pharmacy Agreement funding.

People who inject drugs

The Guild recognises the importance of availability and provision of sterile needles and syringes to the community for the purposes of injecting licit and illicit drugs. The Guild is committed to considering all options which could protect both the wider community and people who inject drugs from blood borne viruses associated with unsafe injecting practices, such as needle sharing and unsafe disposal.

The Guild strongly believes that community pharmacy is ideally placed to assist in the distribution of sterile injecting equipment, advice and referral to treatment services. This capacity has the potential to increase even further in the future due to the extensive number of community pharmacy locations, extended hours of operation of many pharmacies, and the expansion of professional services provided by pharmacists as qualified health professionals.

People who inject drugs require easy and reliable access to injecting equipment. Community pharmacy is a critical health provider for public and private Needle and Syringe Program (NSP) services and the Guild calls for the following actions to facilitate greater community pharmacy participation from all regions:

- Uniform policy regarding NSP services based on clinical evidence.
- Appropriate government subsidisation (Commonwealth and/or state/territory) for community pharmacy to cover the establishment and ongoing provision of a public NSP service.
- The availability of public health information regarding the risks and issues with illicit drug use and using injectable drugs that is readily available to consumers and health professionals.
- Recognition of community pharmacy as a frequent point of first contact by providing pharmacies with an outline of local referral pathways and offering regular updates to local service providers involved in harm reduction to maintain awareness of local services for referral and support.
- A national support line which can direct users seeking help to treatment services available locally.

The Guild encourages all community pharmacies involved in an NSP to participate in the Take Home Naloxone program³ which ensures access to this life-saving medicine for high-risk people, including for people who inject opioids. To improve administrative efficiency for community pharmacies, the Guild recommends that take-home naloxone is listed as a pharmaceutical benefit for pharmacist supply. This will reduce duplication of recording requirements and automate the claiming process as part of a pharmacy's regular PBS claim.

With the availability on the PBS of treatments for Human Immunodeficiency Virus (HIV) and Hepatitis C, community pharmacists are able to play a greater role in screening and managing people who inject drugs who are at higher-risk of blood-borne communicable diseases. Community pharmacists should be enabled to facilitate earlier access to screening tests and treatment, including prescribing HIV Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) as a pharmaceutical benefit to at-risk people.

Noting that people who inject drugs are at a greater risk of infectious diseases such as hepatitis A or B the Guild believes that community pharmacists should also be enabled and funded to administer vaccines against all vaccine-preventable infectious diseases, including as part of the National Immunisation Program. Likewise, community pharmacists should be enabled to work to full scope to assist people who inject drugs who present with injection-related injuries such as cellulitis by treating (e.g. prescribing antibiotics) in accordance with therapeutic guidelines.

Reducing medicine diversion

The diversion of prescription and non-prescription medicines for non-medical use has been a long-term problem in Australia. Examples include opioid-based analgesics, ORT, benzodiazepines, steroids and non-prescription medicines such as pseudoephedrine.

The Guild is committed to addressing the seriousness of medicine diversion for non-medical use and believes that community pharmacists are in a strong position to exercise professional judgement to supply or refuse supply of high-risk medicines in accordance with therapeutic standards.

The Guild supports the provision of decision support tools to assist clinicians to identify situations where medicine requests may be for misuse or abuse, including diversion. The Guild believes this is best achieved with uniform national mandatory recording and real-time monitoring systems. The Guild's position is that platforms requiring recording of supply and providing real-time monitoring functions of high-risk medicines should be funded by the government, either the Commonwealth for national programs or the state and territory governments for jurisdictional programs.

For high-risk non-prescription medicines, the Guild believes that re-scheduling to a Prescription Only category is a blunt instrument in managing the risks of abuse/misuse or diversion. It delays access and creates a financial barrier to legitimate users of the medicine and passes the problem to prescribers. The Guild's position is that high-risk non-prescription medicines should be in the Pharmacist Only (Schedule 3) Medicine category with recording requirements, supported by mandatory real-time monitoring as a clinical support tool.

Precursor chemicals and chemicals of concern (high-risk chemicals)

Recognising that community pharmacies also sell chemicals which can be used for medicine diversion (e.g. iodine, acetic acid, acetone, chloroform)⁴ or as precursors to homemade explosives (e.g. hydrogen peroxide)⁵, the Guild recommends that community pharmacy staff be vigilant and mindful of risks when handling requests for these high-risk chemicals.

If selling these high-risk chemicals, the Guild recommends community pharmacies consider the following as best practice:

- Implementing a store-wide policy for precursor chemicals and chemicals of concern consistent with the Australian Standard 85000:2017 – quality management system for pharmacies in Australia⁶.
- Storing high-risk chemicals behind the counter to ensure that a request for the product involves interaction with a staff member.
- Ensuring, where possible, that high-risk chemicals are not sold via the internet or mail order, as this does not allow any discussion with the consumer regarding the intended use of the product.
- Where practical, ensuring sales of high-risk chemicals are conducted via traceable means (e.g. credit/debit card, bank transfer or account).

Jurisdictions have a responsibility to ensure businesses such as community pharmacies are aware of regulatory requirements related to the supply of high-risk chemicals. To increase community pharmacy awareness of the issues with high-risk chemicals, the Guild encourages relevant Government agencies to collaborate with the Guild to develop information and training for community pharmacy staff.

Alcohol and health risks

The Guild believes community pharmacy is integral to attaining the objectives set out in the *National Alcohol Strategy* to prevent and minimise alcohol-related harms among individuals, families and communities. Pharmacists are ideally placed to support the recommendations outlined in the *Australian guidelines to reduce health risks from drinking alcohol* by undertaking the following activities:

- Advising on risks associated with alcohol use, including driving a motor vehicle, operating machinery or the effect on both prescription and non-prescription medicines in combination with alcohol
- Providing advice to consumers that alcohol consumption may affect specific medical conditions, for example, gastro-intestinal diseases, heart disease, diabetes and hepatitis.
- Identifying consumers who are at risk of drinking alcohol in excess of the Guidelines.
- Offering brief interventions to reduce alcohol use or address alcohol-related problems.
- Advising on pharmacotherapies available for the treatment of alcohol dependence.
- Referral of at-risk people to another health professional or support service.
- Supplying resources to consumers, in particular to specific target populations such as young people and women who are planning a pregnancy, pregnant or who are breastfeeding.

The Guild believes all practising community pharmacists should be aware of the *Guidelines for the treatment of alcohol problems* and should remain abreast of the issues with and management of alcohol-related problems, including through Continuing Professional Development (CPD). With ongoing training

on contemporary treatment and management strategies and appropriate funding support, community pharmacists could improve the lives of many at-risk people and their families.

Supply and production of alcohol

The implications for the image of pharmacy as a leader in the field of primary health care is not consistent with pharmacists promoting the sale of alcoholic products. The Guild strongly believes that sale of alcohol should be prohibited in places where medicines are sold or healthcare services are provided. The Guild is opposed to the sale of alcoholic beverages, including ingredients used for brewing or distillation of alcoholic beverages (e.g. Home Brew Kits), in pharmacy or in any situation where a pharmacy occupies the same premises as another business (e.g. a joint pharmacy/newsagency).

Drug Checking

The Guild supports ongoing research into drug-checking (commonly referred to as pill-testing) opportunities in Australia as a means to reduce acute harm from unknown drugs or substances from using an unknown or contaminated recreational drug. As drug checking services evolve, community pharmacies are appropriate locations to provide drug checking services in accordance with state and territory laws and requirements. Community pharmacists can also provide non-judgemental, tailored counselling on harms associated with drug use. Community pharmacy involvement in drug-checking services can improve accessibility for consumers and improve the knowledge base and expertise for promoting harm reduction within local communities.

The Guild supports community pharmacy being involved in drug checking services and expects pharmacy providers to have the appropriate clinical governance and quality assurance arrangements in place to ensure the safe, confidential and professional provision of drug checking services. Community pharmacists should be under no obligation to provide such services. Delivery, whether in-pharmacy or as an outreach service, should be at the discretion of the pharmacy.

Background

The 10-year *National Drug Strategy*⁷ published by the Department of Health and Ageing aims to reduce and prevent the harmful effects of alcohol, tobacco, cannabis, opioids and other drugs. The current strategy is for 2017-2026.

Opioid harm

Opioid related harm, including mortality, is a serious public health issue in Australia accounting for just over 3 deaths per day in 2018.⁸

The Australian Institute of Health and Welfare publishes the *National Opioid Pharmacotherapy Statistics Annual Data Collection*⁹ which highlights data from a snapshot day in a year.

The Department of Health and Aged Care publishes *National guidelines for medication-assisted treatment of opioid dependence*.¹⁰

The Australian Government funds the provision of the medicines used in ORT through the PBS, whilst state and territory governments administer the programs through approved dosing point sites, such as clinics and pharmacies. The medicines used in Australia are methadone, which has been available since 1969, buprenorphine which was introduced in 1980 and buprenorphine–naloxone since 2005. Prolonged-release injectable buprenorphine was listed on the PBS in September 2019.

People who inject drugs

Sharing a used needle or other injecting equipment is one of the most common ways of transmitting blood-borne viruses, such as HIV and hepatitis B or C¹¹. The provision of sterile injecting equipment through needle and syringe programs (NSPs) is an integral harm reduction strategy to reduce the transmission of these viruses. Evidence from 20 years of research shows that NSPs prevent, control and ultimately reduce prevalence of HIV and other blood-borne infections among injecting drug users.¹²

Public NSPs are funded and run by state and territory governments. Some community pharmacies may also provide private NSP services where they prepare and supply 'fit packs'¹³ which are paid for by the consumer.

The Take Home Naloxone program¹⁴ is run by the Commonwealth and funds participating community pharmacies and other authorised providers to supply naloxone to people who are at risk of an opioid overdose or adverse reaction, their carers, friends and family members.

Medicine diversion

Diverted drugs are most often sourced from a family member or friend, but are also sourced from overseas pharmacies or laboratories, or bought from drug dealers¹⁵. Data from needle and syringe programs show the proportion of users reporting the injecting of pharmaceutical opioids increased from 9% in 2005 to 16% in 2009¹⁶.

According to the 2019 National Drug Strategy Household Survey (NDSHS), an estimated 9.0 million (43%) people aged 14 and over in Australia had illicitly used a drug at some point in their lifetime (including the non-medical use of pharmaceuticals), and an estimated 3.4 million (16.4%) had used an illicit drug in the previous 12 months¹⁷.

High-risk chemicals

The *Code of Practice for Supply Diversion into Illicit Drug Manufacture*¹⁸ offers best practice principles to assist businesses in the prevention of diversion of legitimate industrial chemicals into illicit drug manufacture.

The *National Code of Practice for Chemicals of Security Concern*¹⁹ provides practical advice for businesses that handle the high-risk chemicals.

Compliance with both Codes is voluntary, and compliance with the Codes will not ensure compliance with current legislative requirements. The relevant legislation in each jurisdiction must be consulted.

Alcohol and health risks

Alcohol is the most widely used drug in Australia. The *National Alcohol Strategy 2019-2028*²⁰ provides a national framework to prevent and minimise alcohol-related harms among individuals, families and communities. The evidence-based *Australian guidelines to reduce health risks from drinking alcohol*²¹ contribute to the National Alcohol Strategy, advising Australians of the health risks of drinking alcohol and how to reduce the risks.

Alcohol can exert direct effects of the absorption of common medicines, change the way they are metabolised or interfere with the effect at their site of action. The established network of community pharmacy provides a national, equitable-access platform, complete with highly qualified health professionals to disseminate clear and consistent messages and support in relation to alcohol and medicines.

The *Guidelines for the treatment of alcohol problems*²² provide up-to-date, evidence-based information to clinicians on available treatments for people with alcohol-related problems. The brief interventions recognised within the guidelines as an important component of managing alcohol-related problems are within the scope of appropriately trained pharmacists.

Drug Checking

Drug checking (or pill testing) is advocated as a harm minimisation strategy to reduce the acute harm from people ingesting unknown drugs.²³ Drug checking may involve either confirmation of the presence or absence of a main component in a drug sample, or quantitative information about all compounds in the sample.

There have been trials at some Australian events where recreational drug use was anticipated. Along with testing of the sample drug, drug checking also provides an opportunity to counsel the individual about the potential risks and harms of using the drug. Drug checking has been implemented in a number of European countries, including at events, as a mobile service, at stationary testing facilities or by collection and forwarding to an analytical forensic laboratory.^{24,25}

Drug checking testing was first allowed as a trial in the ACT in 2018 which has progressed to a pilot for a fixed-site health and drug checking service²⁶. In 2023, Queensland announced it will introduce drug checking services for safer drug use.²⁷

Related Policies

Tobacco and smoking cessation in community pharmacy

Retired Policies

- Alcohol and health risks
- Chemicals of security concern
- Needle and syringe program
- Opioid dependence
- Reducing the diversion of pseudoephedrine-based products

Authority

Endorsed

National Council – June 2023

Reviewed

Policy and Regulation Sub-Committee – February 2023

References

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- ¹ [Medication Adherence Programs - Pharmacy Programs Administrator \(ppaonline.com.au\)](https://ppaonline.com.au)
 - ² [Staged Supply Services Program | Australian Government Department of Health and Aged Care](#)
 - ³ [About the Take Home Naloxone program | Australian Government Department of Health and Aged Care](#)
 - ⁴ [Chemistry Australia › Code of Practice for Supply Diversion into Illicit Drug Manufacture](#)
 - ⁵ [List of chemicals of security concern \(nationalsecurity.gov.au\)](https://nationalsecurity.gov.au)
 - ⁶ [Home - qcpc site](#)
 - ⁷ [National Drug Strategy | Australian Government Department of Health and Aged Care](#)
 - ⁸ [Opioid-induced deaths in Australia | Australian Bureau of Statistics \(abs.gov.au\)](https://abs.gov.au)
 - ⁹ [Alcohol & other drug treatment services Overview - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://aihw.gov.au)
 - ¹⁰ [National guidelines for medication-assisted treatment of opioid dependence | Australian Government Department of Health and Aged Care](#)
 - ¹¹ [Needle and Syringe Program \(health.vic.gov.au\)](https://health.vic.gov.au)
 - ¹² [Guide to starting and managing needle and syringe programmes \(who.int\)](https://who.int)
 - ¹³ Fit packs generally consist of a small amount of sterile injecting equipment and a container to lock away and dispose of used equipment
 - ¹⁴ [Take Home Naloxone program | Australian Government Department of Health and Aged Care](#)
 - ¹⁵ [Drug diversion - Australian Prescriber \(nps.org.au\)](https://nps.org.au)
 - ¹⁶ [Microsoft Word - Media response - Ann Arnold ABC Background Briefing](#)
 - ¹⁷ [Illicit drug use - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://aihw.gov.au)
 - ¹⁸ [Chemistry Australia › Code of Practice for Supply Diversion into Illicit Drug Manufacture](#)
 - ¹⁹ [National Code of Practice \(nationalsecurity.gov.au\)](https://nationalsecurity.gov.au)
 - ²⁰ [National Alcohol Strategy 2019–2026 \(health.gov.au\)](https://health.gov.au)
 - ²¹ [Australian guidelines to reduce health risks from drinking alcohol | NHMRC](#)
 - ²² [Guidelines for the Treatment of Alcohol Problems \(alcoholtreatmentguidelines.com.au\)](https://alcoholtreatmentguidelines.com.au)
 - ²³ [The pros and cons of pill testing – Parliament of Australia \(aph.gov.au\)](https://aph.gov.au)
 - ²⁴ [Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges | www.emcdda.europa.eu](https://www.emcdda.europa.eu)
 - ²⁵ [EuropeanResponsesGuide2017 BackgroundPaper-Drug-checking-harm-reduction_0.pdf \(europa.eu\)](https://europa.eu)
 - ²⁶ [Pill Testing | Health \(act.gov.au\)](https://act.gov.au)
 - ²⁷ [Queensland to introduce pill testing services for safer drug use – myGC.com.au](https://myGC.com.au)