

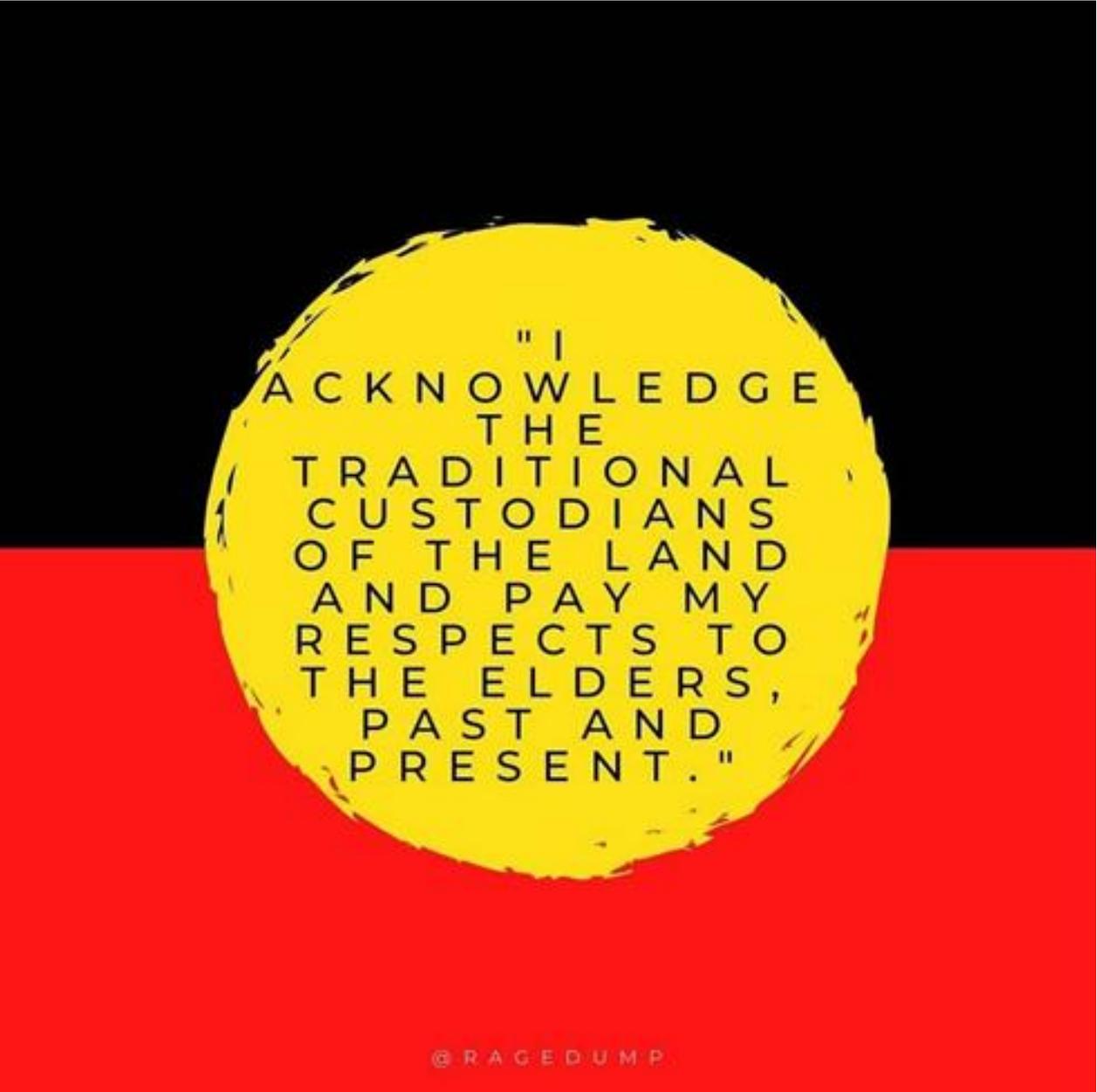
National state of harm reduction: findings from a representative sample of community pharmacies

*Louisa Picco
Monash Addiction Research Centre (MARC)*

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Disclosures

No disclosures to declare

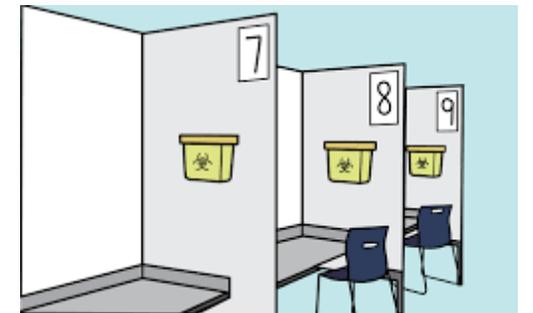


"I
ACKNOWLEDGE
THE
TRADITIONAL
CUSTODIANS
OF THE LAND
AND PAY MY
RESPECTS TO
THE ELDERS,
PAST AND
PRESENT."

@RAGEDUMP

Background

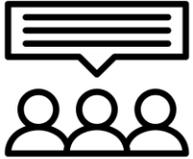
- *Drug and alcohol related harms are a public health concern*
- *Harm reduction approaches aim to reduce risk and promote safer behaviours*
- *Common evidence-based examples include:*



- *Pharmacists are key providers: accessible, provide free advice, often have relationships with marginalised/ hard to reach populations*
- *Policy changes have enabled greater service provision- unclear of the impact*

Map the provision of harm reduction services and explore differences in service provision among a nationally representative sample of community pharmacies in Australia

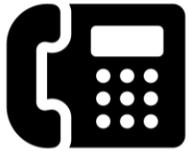
Methods



Advisory Board to provide advice on survey domains and measures



Online anonymous survey



National sample, aim to recruit 10% sample from each jurisdiction



Invited pharmacist in charge to participate, emailed survey link



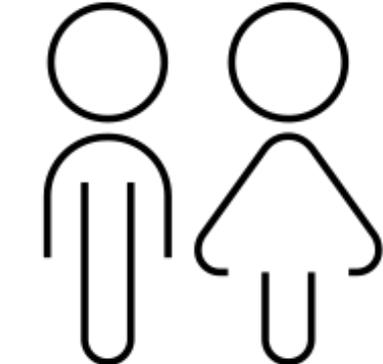
Sample $n=730$, 12% of Australian community pharmacies

Survey measures

- *Pharmacist characteristics e.g: age range, gender, years of experience*
- *Pharmacy characteristics e.g: jurisdiction, geographical classification, pharmacy type (independent or chain/banner group), average daily script count*
- *Core harm reduction service provision included:*
 - *Take-home naloxone*
 - *Opioid agonist treatment (OAT)*
 - *Needle and Syringe Program (NSP)*
 - *Supply hepatitis C medications*
 - *Supply HIV medications*

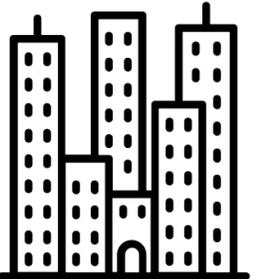


Sample n=730



46.6% 53%

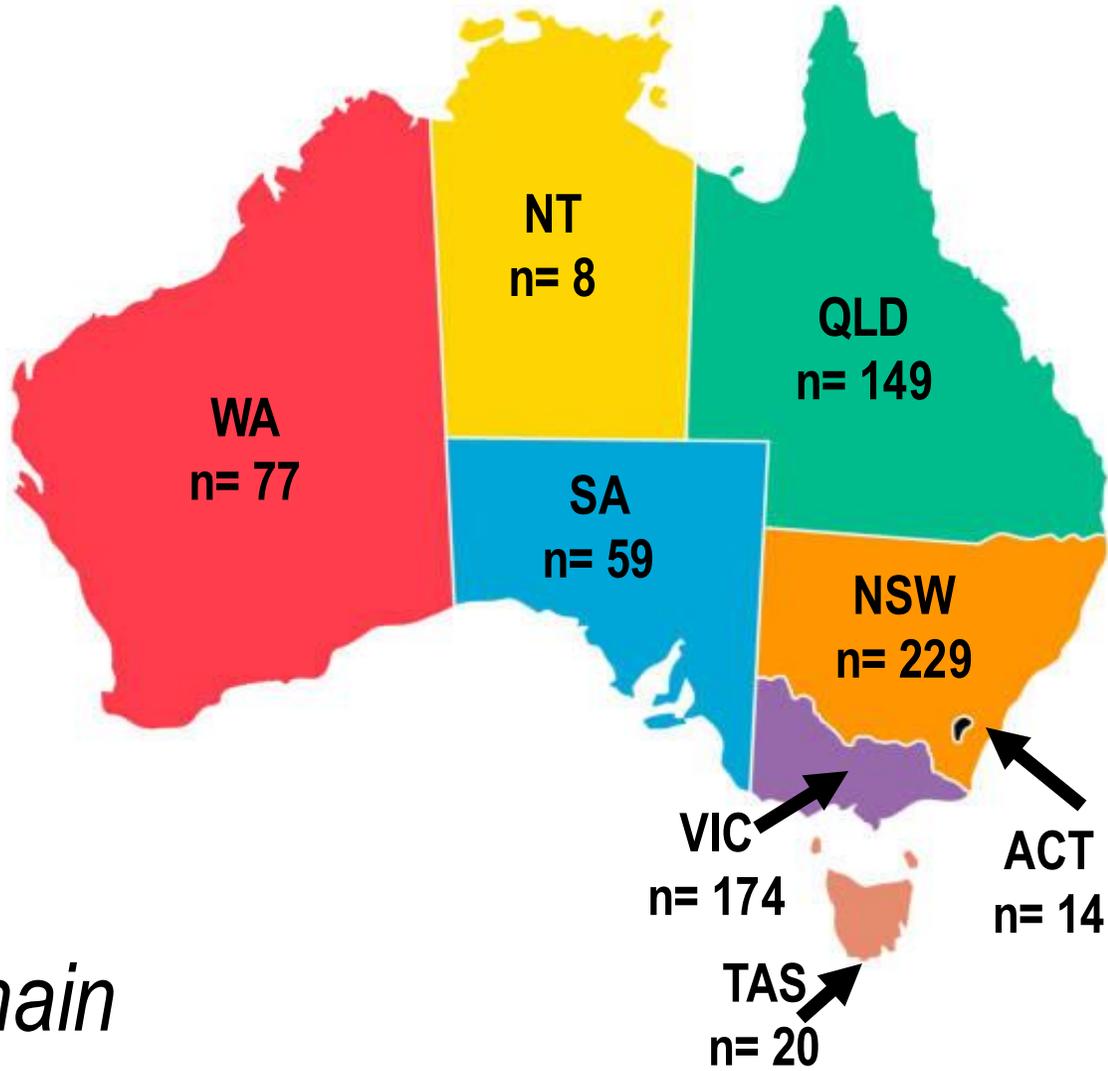
<45yrs= 69.5%
>15 years of practice = 38.5%



40%



62% pharmacy chain

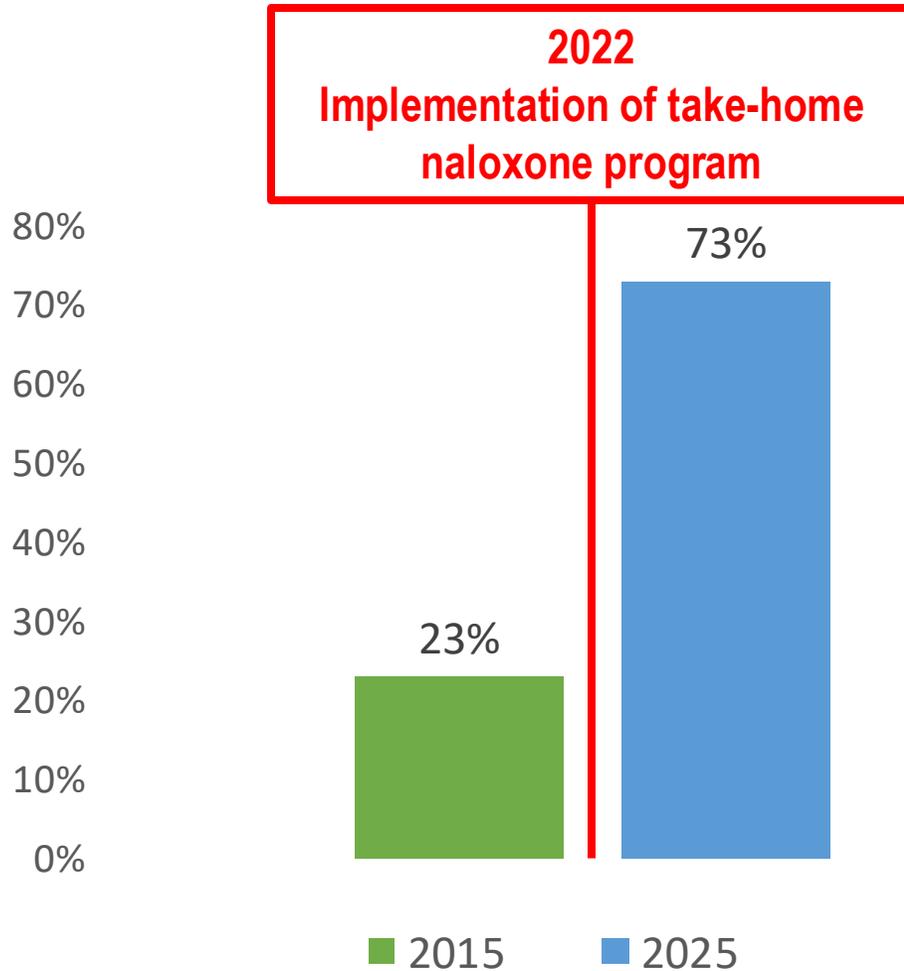


Harm reduction service provision

	NSW N=229 (31.4)	VIC N=174 (23.8)	QLD N=149 (20.4)	WA N=77 (10.6)	SA, ACT, NT, TAS N=101 (13.8)	Total n=730 (%)
Number of harm reduction services provided						
0	21 (9.2)	13 (7.5)	8 (5.4)	2 (2.6)	4 (4.0)	30 (4.8)
1	49 (21.4)	39 (22.4)	21 (14.1)	10 (13.0)	14 (13.9)	81 (12.9)
2	44 (19.2)	39 (22.4)	22 (14.8)	12 (15.6)	23 (22.8)	125 (19.9)
3	50 (21.8)	47 (27.0)	27 (18.1)	21 (27.3)	18 (17.8)	153 (24.4)
4	44 (19.2)	24 (13.8)	41 (27.5)	17 (22.1)	23 (22.8)	142 (22.7)
5	21 (9.2)	12 (6.9)	30 (20.1)	15 (19.5)	19 (18.8)	96 (15.3)
Harm reduction services						
Take-home naloxone	153 (66.8)	122 (70.1)	114 (76.5)	61 (79.2)	84 (83.2)	534 (73.2)
OAT	104 (47.9)	64 (39.8)	59 (41.8)	39 (54.9)	51 (53.1)	317 (46.2%)
Hep C medications	111 (53.4)	80 (51.0)	81 (60.9)	40 (58.0)	51 (54.8)	363 (55.0%)
HIV medications	129 (62.0)	93 (59.2)	106 (80.9)	45 (66.2)	65 (70.7)	438 (66.8%)
NSP	71 (35.0)	55 (35.3)	100 (77.5)	55 (82.1)	50 (56.8)	331 (51.5%)

OAT: opioid agonist treatment
NSP: needle and syringe program

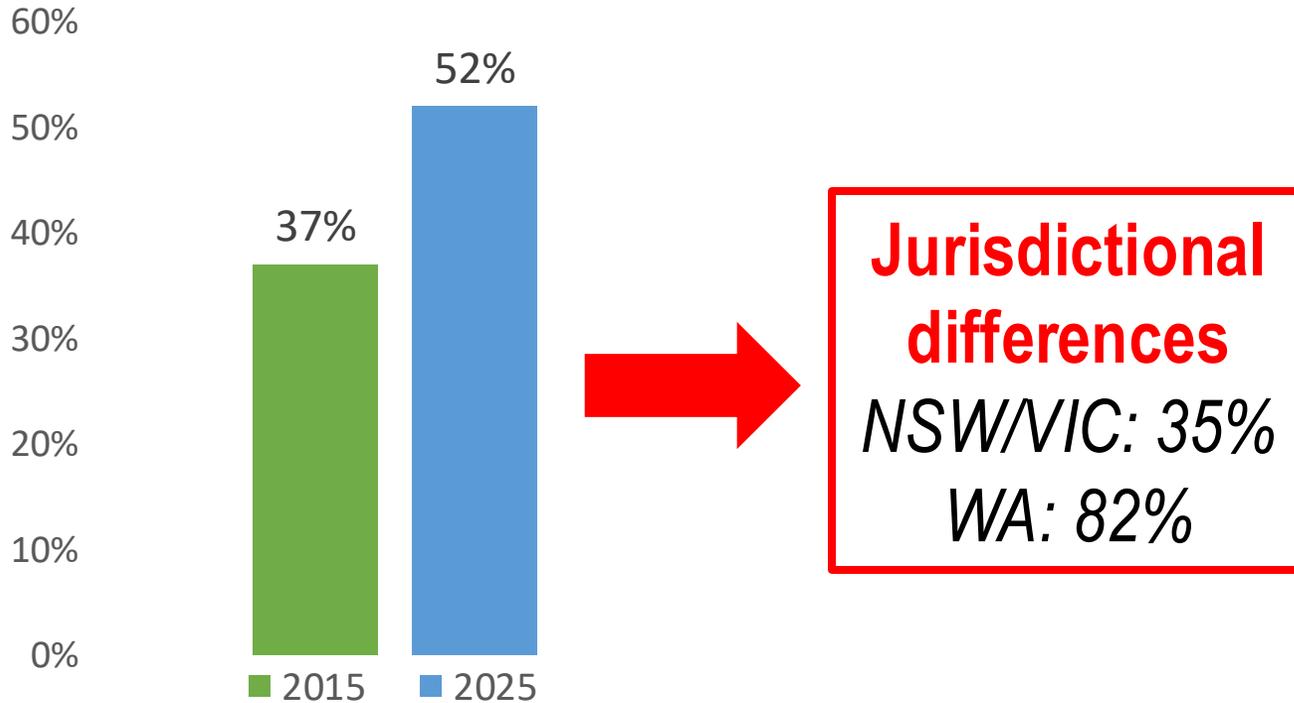
Naloxone



Reasons for not stocking naloxone

- *Lack of time to develop, implement, and/or sustain the program (53%)*
- *Lack of training among pharmacy technician staff to implement the program (40%)*
- *Lack of knowledge regarding state laws and regulations regarding naloxone (32%)*

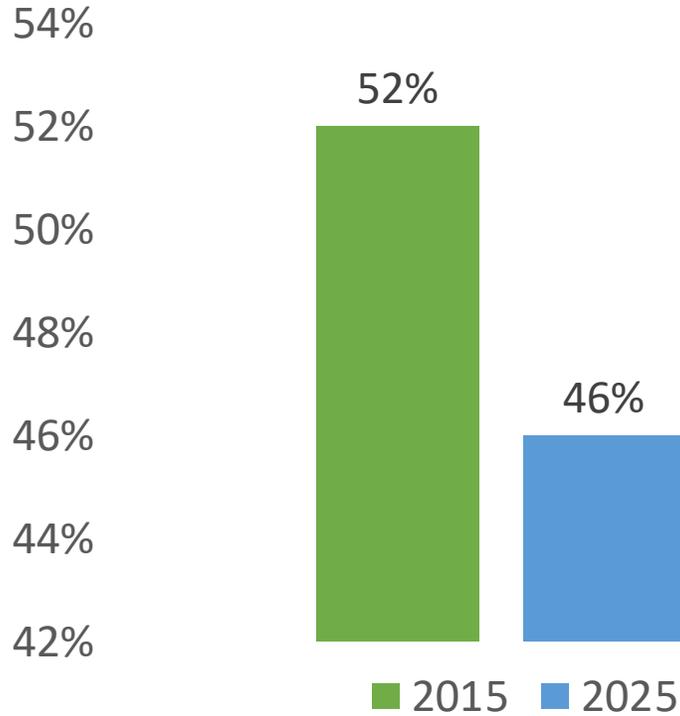
Needle and Syringe Program



Reasons for not providing an NSP

- *Perceived lack of demand (62.%)*
- *Not enough monetary incentive (31%)*
- *Personal or professional preference against providing services to people who inject drugs (16%)*

Opioid agonist treatment



Previously offered OAT (n=57)

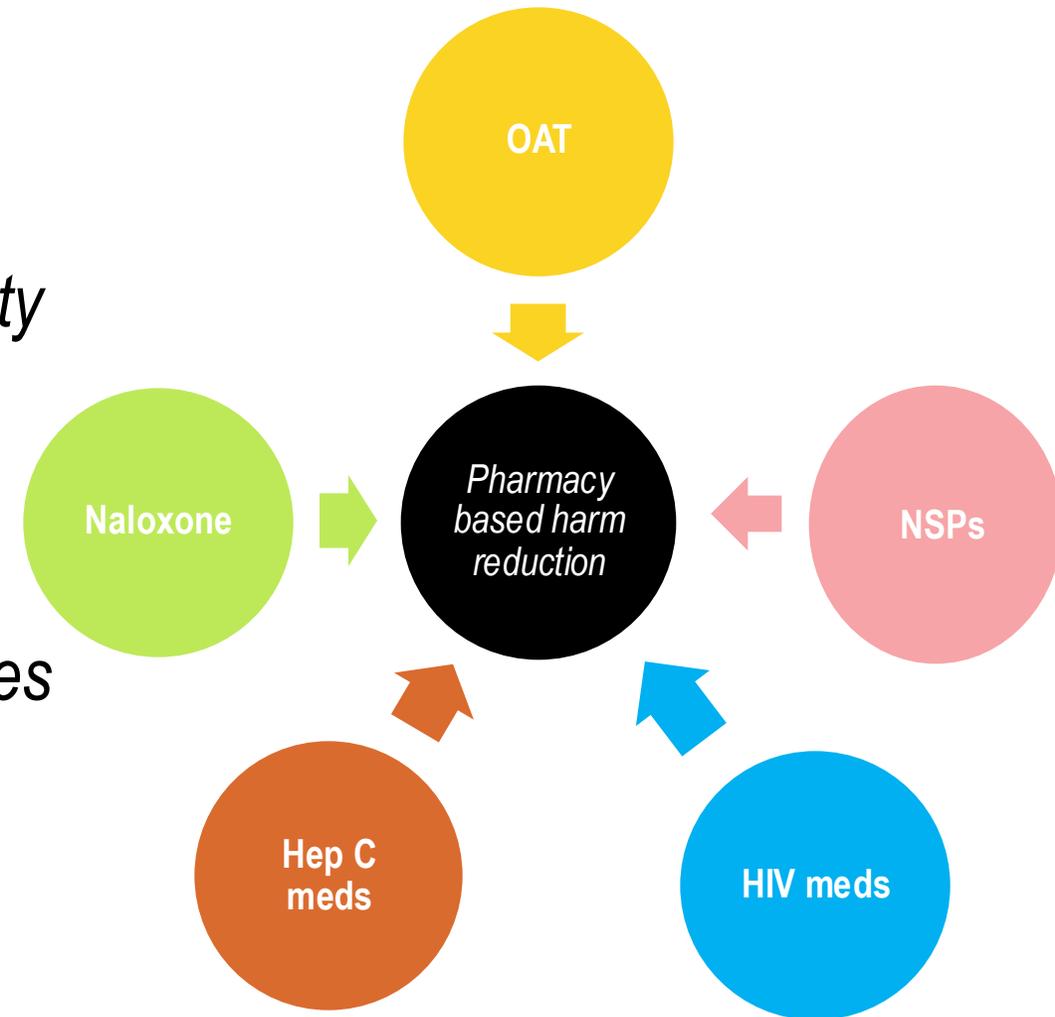
- *Lack of demand from customers (60%)*
- *Inadequate remuneration (37%)*
- *Poor staffing levels (32%)*

“What would it take to offer this service?” (54%)

- *Greater demand for service (47%)*
- *Greater number of staff (42%)*

Discussion and implications

- *First national study to comprehensively map the provision of harm reduction services in community pharmacies*
- *Overall high service provision which increased over time (except OAT)*
- *Distinct jurisdictional differences for some services*
 - *Different models of care, state-based policy changes, different patterns of drug use*
- *Address barriers to support greater uptake*



Thank you

*Advisory Board
Participants
Colleagues
Students*



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