
FIP STATEMENT OF POLICY

The role of pharmacists in reducing harm associated with drugs of abuse

Preamble

The FIP has an existing Statement of Policy on “The Role of the Pharmacist in Promoting a Future Free of Tobacco”, which was approved in 2003 in Sydney, Australia.¹ However, to date, FIP has not had a Statement of Policy on the broader topic of the role of pharmacists in reducing harm associated with drugs of abuse. This Statement of Policy therefore reflects the outcome of a formal policy development process. The specific impetus for this Statement of Policy was provided by the 2014 resolution proposed by the FIP member organisation the Asociación de Química y Farmacia del Uruguay (AQFU), and supported unanimously by the FIP Council: “The FIP Council requests the Bureau (through FIP ExCo) to develop a reference document — possibly leading to a FIP policy statement — on the role of pharmacists in discouraging the use of potentially harmful substances for recreational purposes, and in fighting substance abuse and addictions. Such document could also discuss the distribution of marijuana and other potentially harmful substances used for recreational purposes through community pharmacies.” Accordingly, in September 2015, the FIP Bureau approved the terms of reference for a working group on the pharmacists’ role in harm reduction. The resultant reference paper was approved by the Bureau in 2017 and forms the basis of this Statement.²

Fédération
Internationale
Pharmaceutique

International
Pharmaceutical
Federation

Background

The available literature, and the experiences of pharmacists and their organisations in several countries and practice settings, supports the involvement of pharmacists and community pharmacies in a wide range of harm reduction activities with specific reference to drugs of abuse.

¹ The FIP Statement of Policy entitled “The role of the pharmacist in promoting a future free of tobacco” (2003, Sydney) is accessible at http://www.fip.org/uploads/database_file.php?id=172&table_id=

² The FIP Reference Paper “Reducing harm associated with drugs of abuse: The role of pharmacists” (2017) is accessible at <http://www.fip.org/files/fip/publications/Reducing-harm-associated-drugs-abuse.compressed.pdf>



The available evidence demonstrates the positive impact of a comprehensive harm reduction service, which considers the needs of the community in each setting, but should include (with reference to pharmacists):

- syringe and needle exchange programmes, including (where possible), the provision of low dead space syringes, sterile injecting equipment and water for injection;
- opioid substitution therapy and medication-assisted treatment, including (where possible) pharmacist prescribing or dose adjustment under collaborative practice arrangements and pharmacist-administered therapy to enhance adherence;
- the supply of naloxone to manage inadvertent overdose, including (where possible), pharmacist-initiated supply;
- the provision of health promotion services, including sexual and reproductive health services, such as (where possible) testing for and treatment of sexually-transmissible diseases and pharmacist-initiated supply of hormonal and non-hormonal contraceptives.

Careful consideration should also be given to the possible role of pharmacists in both community and hospital pharmacies in the supply of marijuana (cannabis) for medicinal purposes. This should be in addition to the supply of finished pharmaceutical products containing cannabinoids that are commercially available and authorised in a particular jurisdiction, if necessary in accordance with a prescription from an authorised prescriber.

With a view to separating the markets for licit and illicit substances, the question of whether pharmacists and pharmacies (both community and hospital) - as licensed retailers and retail outlets - are the best option for the distribution of marijuana for recreational purposes poses more challenges. An argument can be made, based on harm reduction principles, for such an arrangement. It may represent only a slight difference in approach from that used for long-term opioid substitution as maintenance therapy. However, where such a policy is advanced, it needs to be developed in consultation with pharmacists and their professional associations. Such a policy must also take careful consideration of the concerns of pharmacists regarding their professional roles, ethical obligations and standing within their local communities. There are strong opinions in opposition to this concept from pharmacy professional associations.



AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

Governments:

- engage with pharmacists and their professional associations to identify any barriers to the increased involvement of pharmacists in the provision of nationally-appropriate harm reduction services, including consideration of their appropriate funding and reimbursement policies;
- engage with pharmacists and their professional associations to maximise the potential contribution of pharmacists in the provision of harm reduction services through collaborative practice arrangements;
- where appropriate, engage with pharmacists and their professional associations around the question of marijuana (cannabis) for medicinal purposes, with a view to developing rational and effective policies in this regard.

Pharmacists and their member organisations:

- develop and provide a comprehensive range of nationally-appropriate harm reduction services, such as syringe and needle exchange programmes, opioid substitution therapy, medication-assisted treatment, the supply of naloxone as a means to manage inadvertent overdose, and health promotion services, including sexual and reproductive health services;
- engage with policymakers and health authorities in identifying any barriers to the increased involvement of pharmacists in the provision of nationally-appropriate harm reduction services, including maximising the potential contribution of pharmacists through collaborative practice arrangements;
- where appropriate, engage with policymakers and health authorities around the question of marijuana (cannabis) for medicinal purposes, with a view to contributing to rational and effective policies in this regard.

Fédération
Internationale
Pharmaceutique

International
Pharmaceutical
Federation



AGAINST THIS BACKGROUND, FIP COMMITS TO:

- continue to advocate for a considered, pharmacy-inclusive, but evidence-informed approach to the development of public policy on drugs of abuse.

Date of adoption: : 2 September 2018
Proposed by: : FIP Bureau
This Statement can be quoted as: : International Pharmaceutical Federation. FIP Statement of Policy — The role of pharmacists in reducing harm associated with drugs of abuse. Available at: www.fip.org/statements
This Statement references the following FIP Statements and documents: : International Pharmaceutical Federation. The Role of the pharmacist in promoting a future free of tobacco. The Hague: FIP, 2003. Available at: http://www.fip.org/uploads/database_file.php?id=172&table_id=

Fédération
Internationale
Pharmaceutique

International
Pharmaceutical
Federation