

BACKGROUND

- Despite investment in prevention and treatment, **the incidence of overdose-related harms continues to rise**. In 2019, drug use was associated with about 600,000 deaths worldwide.¹
- The disparities and risk trajectories experienced by people who use drugs (PWUD) highlight the critical need for equity-oriented and culturally-responsive strategies.
- A public health approach situates **substance use within a spectrum**, acknowledging the potential benefits and harms of use.²
- Given the high accessibility of **pharmacy staff (pharmacists, pharmacy technicians and assistants)** and the growing body of evidence of their support in health promotion approaches to healthcare,³ it is crucial to understand their **role in the public health response to drug overdose**.
- Still, the nature and extent of their participation in harm reduction services for people who use drugs (PWUD) have yet to be mapped. This gap has led to implementation challenges.
- This study summarizes the role of pharmacy staff providing harm reduction services for PWUD.**

METHODOLOGY

- We searched six databases (MEDLINE, Embase, CINAHL, Web of Science, SCOPUS, and Google Scholar) using terms related to *pharmacy professionals*, *PWUD*, and *harm reduction*.
- This review focuses on **peer-reviewed literature** describing or evaluating the implementation of harm reduction services for people who use illicit drugs by pharmacy professionals.
- Articles from **all countries describing pharmacy staff’s direct interaction with PWUD were included**.
- Resources published in English, French, or Spanish were included.
- Two team members screened studies for eligibility and extracted the data.
- Knowledge user engagement guided all steps in this study.
- The scoping review protocol is available in BMJ Open.



PROTOCOL

RESULTS

I. STUDY CHARACTERISTICS

After removing duplicates, **5,964 records were screened**, and **66 met the eligibility criteria**.

Most studies were from the **United States (70%)** and **published after 2021 (42%)**.

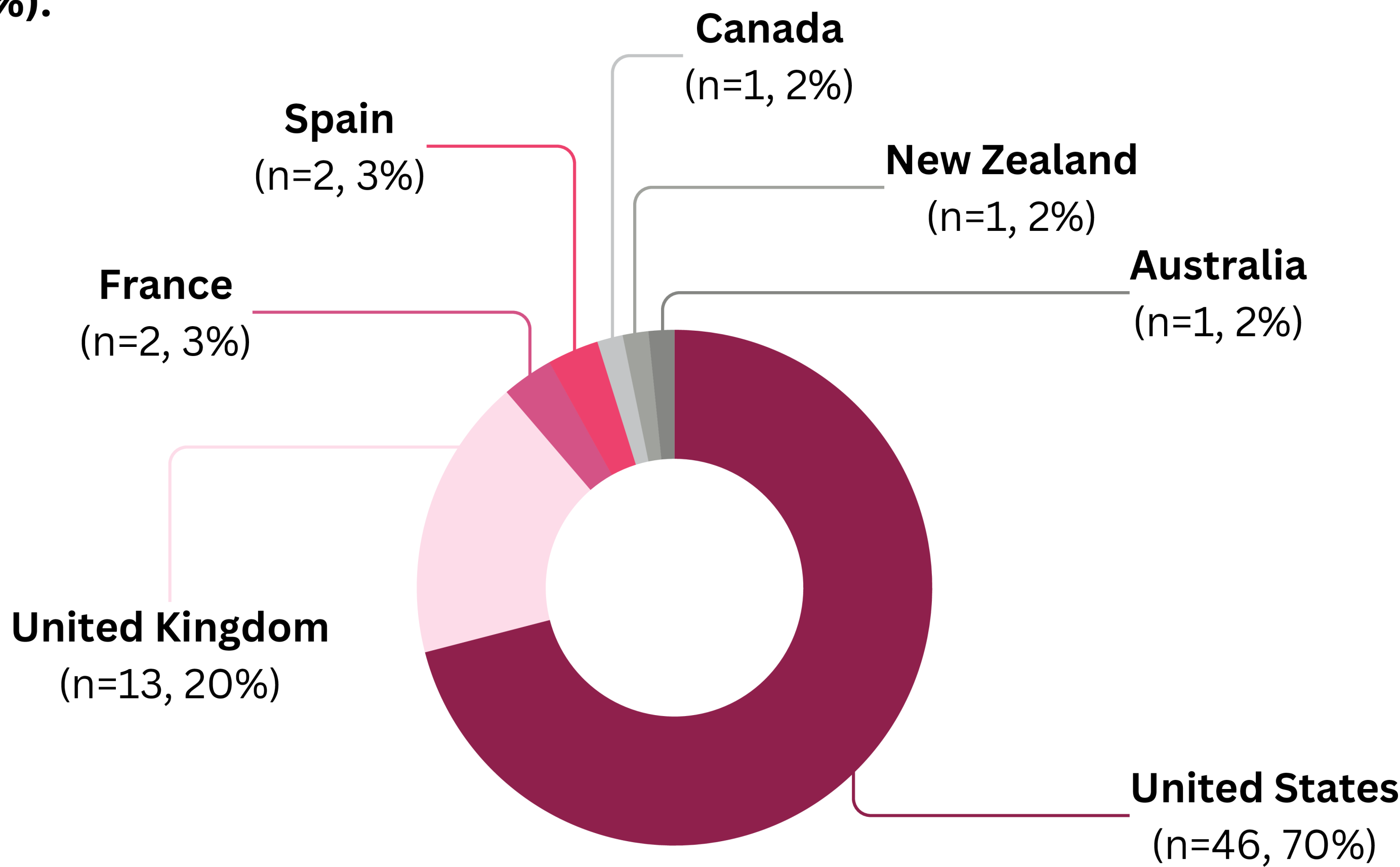
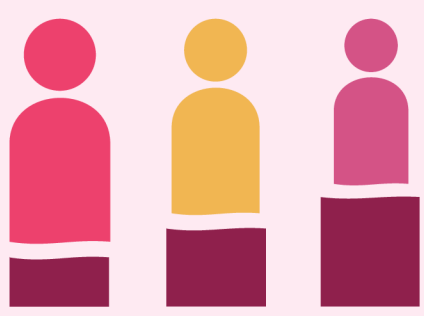
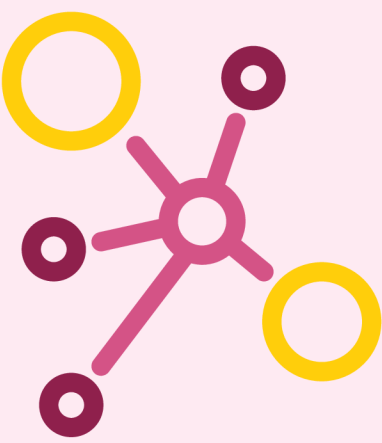


Figure 1. Articles included by country (N=66)



- Equity-deserving populations of interest included women/females (5%). No studies reported on implementations tailored to Indigenous peoples, people with disabilities, or LGBTQIA2S+ populations.



- Roles were typically described as **collaborative and integrated into interdisciplinary teams** (85%).



- Nearly 40% of the articles incorporated **harm reduction** as a concept, with most (60%) referring to it as **a type of service or a descriptor of community organizations** rather than an a philosophy of care.



- Effectiveness, feasibility, and clinical outcomes were frequently reported.

II. TYPE OF HARM REDUCTION SERVICES

SERVICE	n (%)
Medication programs for opioid use disorder: methadone, buprenorphine/naloxone, buprenorphine, naltrexone.	32 (48%)
HIV and HCV care: HIV PrEP, HIV screening, HCV screening, and HCV treatment	13 (20%)
Syringe distribution and exchange programs	9 (14%)
Naloxone distribution and overdose education	6 (9%)
Mental health care and information services	3 (5%)
Drug checking	1 (2%)
Referral to medical/social services	1 (2%)
Immunizations	1 (2%)

Table 1. Harm reduction services provided by pharmacy staff

III. CHALLENGES AND FACILITATORS IN PRACTICE

Challenges

Insurance coverage

Patients’ information

Lack of training

Coordination of care

Facilitators

Patients’ trust

Flexible schedule

Scope of practice

Staff motivation

IMPLICATIONS

- Overall, the review highlights both the potential and the complexity of embedding harm reduction services in pharmacy practice.
- Pharmacy staff can play a stronger role in public health efforts to support PWUD with appropriate support.
- However, the available evidence indicates that harm reduction has been integrated mostly as a categorization of services rather than a philosophy of care.
- These findings can inform future pharmacy research, education, and policy recommendations to better integrate harm reduction into pharmacy care.

REFERENCES

¹ World Health Organization. Opioid overdose 2023. Available from: <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose>

² Canadian Public Health Association. Framework for a public health approach to substance use. Ottawa, Ontario; 2024. Available from: <https://www.cpha.ca/framework-public-health-approach-substance-use>

³ Adams A. Pharmacist scope of practice expansion: The virtue of forbearance. JACCP: Journal of the American College of Clinical Pharmacy. 2021;4(9):1067-9. doi: 10.1002/jac5.1465

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