



President's Message

Harm reduction – To do or not to do, that is the question

Sarel Malan, President: PSSA

Just as Hamlet thinks about death and the unfairness or pain of life whilst admitting that the alternative might be worse – “To Be or Not to Be” – we have to make choices in our daily lives and in the way we practise pharmacy. Participating in Harm Reduction efforts have been and probably still are one of these choices many of us either had to or will have to make.

According to Harm Reduction International (<https://www.hri.global>), harm reduction includes all policies, programmes and practices that aim to reduce the adverse health, social and economic consequences of the use of any substance, legal or illegal, without necessarily reducing consumption. The concept is especially relevant to all psychoactive drugs which would include controlled/illegal drugs, alcohol, tobacco and pharmaceutical medicines, but could be applied in any sphere where minimising risk would benefit not only those directly involved, but also their families and the greater community. Harm reduction has mostly been associated with drug users who are unwilling or unable to stop and therefore focuses on the people who continue to use rather than on prevention or decreasing use. This is then where the arguments in opposition to harm reduction programmes sometimes originate as it might be seen as aiding people to continue drug habits. It is thus imperative to recognise that harm reduction programmes should always be complementary to initiatives to prevent or reduce the overall level of drug consumption. The fear of criminality associated with drug use could also be a factor preventing pharmacies from participating in these programmes, but various studies have indicated this not to be the case.

Harm reduction targets the causes of risks and harms, tailoring interventions to address the specific risks and harms through approaches that are practical, feasible, effective, safe and cost-effective. The ideal is thus a low cost, but high impact on individual and community health. A few examples, the obvious and the less obvious, where pharmacists in different parts of the world have contributed to harm reduction programmes are:

- Distributing clean needles through needle exchange or subsidised sale to minimise the risk of blood-borne diseases like HIV and Hepatitis B & C.
- Dispensing substitute drugs (primarily methadone), or exchanging illegal opioids for methadone, for maintenance and detoxification. This has been shown to not only minimise risk but to increase entry of intravenous drug users into detoxification programmes. In addition to substitute drugs, opioid overdose-related harms and

deaths can be reduced by provision of naloxone kits and training in the use thereof.

- Provision and sale of condoms and other safer-sex products, providing information and educating on safe-sex practices.
- Creating awareness of the risks of driving under the influence of alcohol and other legal or illegal substances.
- Provision of registered nicotine-containing products, with consultation, for use as a smoking cessation aid and as part of a harm reduction effort. These products can be used to reduce the desire to smoke in smoking cessation but also in the long-term as replacement if necessary to prevent relapse. Though nicotine is not harmless it is the tobacco that causes the major harm related to smoking and E-cigarettes, when regulated to ensure effectiveness, safety and quality, could be an effective way of reducing the harm from tobacco smoke for both the person smoking and those around them.
- Various other risk reduction programmes are described in scientific and popular literature and pharmacist led risk and harm reduction programmes in areas like poly-pharmacy and cardiovascular risk reduction for example, have contributed significantly to positive health outcomes and a reduction in healthcare expenditures.

Practitioners and decision makers will remain accountable for their interventions and decisions, and a wide range of stakeholders must be meaningfully involved in policy development and programme implementation, delivery and evaluation to obtain significant and meaningful harm reduction. Only through political and individual will, legislative change and reform, health system integration, appropriate training, allowance for time and remuneration, and effective communication will harm reduction policies and practice be able to support individuals in changing their behaviour.

Pharmacists and specifically community pharmacists, generally acknowledged as underutilised in terms of their skills and knowledge, remain the most accessible health care providers to initiate and implement harm reduction programmes, integrating disease prevention and health promotion services with disease management.

‘A long and healthy life for all South Africans’ is what we are all working towards. To provide information, services and other interventions to people in order to minimise risks and prevent them from harming themselves or others is thus the obvious choice in order to move to a healthier society. We are defining the practice of pharmacy and ourselves as pharmacists by what we contribute or deliver – ‘To do’ is thus the only answer.