



CPhA

Opioid Action Plan



CANADIAN
PHARMACISTS
ASSOCIATION

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DU CANADA

About the Canadian Pharmacists Association

The Canadian Pharmacists Association (CPhA) is the uniting national voice of pharmacy and the pharmacist profession in Canada. As pharmacists undertake an enhanced role in the delivery of health care services, CPhA ensures that the profession is recognized as a national leader in health care, influencing the policies, programs, budgets and initiatives affecting the profession and the health of Canadians. More information is available at www.pharmacists.ca.

Canadian Pharmacists Association Action Plan to Address Prescription Opioid Abuse

The Canadian Pharmacists Association (CPhA) is deeply concerned about the growing crisis of opioid abuse and misuse in Canada, and is committed to providing national leadership on this important health care issue. CPhA believes that tackling opioid abuse will require a multipronged approach with the engagement of a cross section of stakeholders.

Pharmacists across the country are on the front lines of opioid stewardship. As the national association representing the pharmacist profession in Canada, CPhA is committed to responding to this challenge. Together with our members, we play an active leadership role in educating and disseminating information to pharmacists across the country. We are committed to working collaboratively with governments, regulatory authorities, law enforcement agencies and medical professionals to ensure that the right tools and systems are in place to support pharmacists in addressing opioid misuse and abuse. Together with our provincial member associations and organizational affiliates, CPhA is able to reach a broad section of pharmacists in every province and in every setting, as well as a wide range of pharmacy stakeholders.

CPhA is encouraged that the federal government is leading a joint discussion on the opioid crisis with a focus on action. In addition to the policy recommendations that CPhA will bring forward to government and stakeholders for collective action, CPhA offers the following commitments where the Association could provide national leadership as part of a joint action plan.

NATIONAL LEADERSHIP

As the national pharmacist association in Canada, CPhA is committed to demonstrating leadership on this important file. To this end, we commit to collaborating with national pharmacy stakeholders, including provincial and territorial regulatory bodies, provincial pharmacy associations, pharmacy faculties, community and hospital pharmacies, and wholesalers, distributors and manufacturers to:

- Develop a sector-wide strategy for pharmacy and contribute to a broader national strategy on opioid abuse, focused on prevention, control and monitoring of prescribing and dispensing activities, and addiction management. This could include developing and implementing initiatives such as maximum dispensed quantities of narcotics, strengthening pharmacy's role in pain management and addiction treatment, and diversion control.
- Continue to develop and promote relevant inter-professional education programs on opioid abuse and misuse, including appropriate prescribing and dispensing practices based on provider and patient-informed regulatory and practice guidelines.
- Continue to monitor, coordinate and communicate identified areas of opioid abuse and misuse across the pharmacy profession, including other health care professionals.

POLICY RECOMMENDATIONS

CPhA has identified three primary areas of focus that if actively addressed, would have significant impact on mitigating the prescription opioid crisis in Canada.



1. Health Information Technology to Support Responsible Prescribing and Stewardship

Recommendation: *Accelerate the implementation and integration of drug information systems (DIS) with electronic health records (EHRs) in every province and territory.*

The integration of prescription monitoring programs (PMP) and drug information systems (DIS) with electronic medical records (EMR) and electronic health records (EHR) helps improve prescribing and medication management practices, and can help prevent drug diversion. Research has demonstrated that prescription monitoring is associated with reductions in the rate of opioid abuse and misuse, and reductions in high-risk prescribing practices for opioids in Canada. However, the current patchwork of opioid PMPs in Canada does not provide pharmacists with the necessary information to fully address problematic prescription opioid use. Each province or territory has the necessary building blocks to provide an integrated prescription monitoring system. This could be through an established DIS (e.g. PEI, Newfoundland), or through a prescription monitoring program (e.g. Ontario). This functionality would enable pharmacists and other health care providers to access real-time information on both prescribing and dispensing patterns.

Health Canada should work with pharmacists and other health care providers to create a national standard for DIS that incorporates best practices and permits the integration of EHRs; this would enable pharmacists to optimize medication use and prevent inappropriate opioid use before it causes significant patient harms. At a time when national options are being explored to create functional electronic health records and an e-prescribing platform, the current prescription opioid crisis is a clear and present danger that should provide the impetus to move quickly in making these technological advancements a reality.

EHRs are the gold standard of e-health to help pharmacists and prescribers work together to appropriately manage medications, help prevent drug diversion, and facilitate intervention to help at-risk individuals access services. Knowing a patient's complete medication history and behaviours (particularly for narcotic and controlled substances) would support both pharmacists and prescribers in monitoring usage and applying their professional judgment. Accelerated implementation of DIS will also facilitate e-prescribing, a key tool to limit diversion of controlled substances. Funding and adoption of e-prescribing, incorporating additional controls and audit capabilities, is an important strategy to mitigate prescription opioid abuse in Canada.



2. Promoting a Collaborative Approach to Addressing Prescription Opioid Misuse

Recommendation: *Support the creation and adoption of collaborative professional practice tools and guidelines.*

Canada has one of the highest rates of opioid use per capita in the world. In 2015, 53 opioid prescriptions were written for every 100 people in Canada (including medications used for treating opioid addiction such as methadone and buprenorphine). Outdated Canadian prescribing guidelines may result in healthcare providers feeling pressured to prescribe opioids to patients experiencing acute or chronic pain; lack of standardization across professions may impede inter-professional collaboration to help mitigate prescription opioid misuse.

Existing Canadian guidelines for prescribing opioids do not reflect the best available scientific evidence. New guidelines in the United States published by the federal Centers for Disease Control and Prevention encourage prescribers to try non-drug approaches first to treat chronic pain, and to prescribe opioids sparingly by starting patients with low doses and providing a limited supply. New Canadian prescribing guidelines are not anticipated until 2017. In the absence of updated Canadian guidelines, physician regulatory colleges in four provinces have endorsed the American national standards for prescribing opioids.

Solutions to address prescription opioid abuse and misuse must be collaborative in nature. It is equally important to involve patients in any dialogue on solutions to ensure that there are appropriate checks and balances when it comes to accessing pain management therapies. As stakeholders meet to discuss strategies that may seek to limit Canadians' exposure to prescription opioids, it is vital that we do not overlook the needs of those patients who experience intractable pain, and are only relieved of this pain through the use of opioid medications.

There are currently best practices in Canada where pharmacists and prescribers work closely together to not only ensure that patients are prescribed appropriate medication to treat their pain, but also that patients are protected from harmful outcomes such as opioid addiction and misuse practices. Models of practice that

encourage a collaborative approach between pharmacists and prescribers should be shared with policy makers and practitioners to define and encourage a new approach to optimizing patient outcomes.

CPhA notes that although almost all opioids require a prescription, products with less than 8mg of codeine are available over the counter in every province except Manitoba. CPhA supports the Minister of Health's announcement that the federal government will introduce regulatory changes requiring a prescription for low-dose codeine products. CPhA also supports a critical review of the clinical evidence in support of codeine products.

3. Enabling Regulatory Changes to Leverage the Role of Pharmacists

Recommendation: Designate pharmacists as practitioners under the Controlled Drugs and Substances Act.



To enable pharmacists to leverage their knowledge and skills to address health care needs, regulatory changes have been introduced in most provinces to authorize pharmacists to prescribe and adapt prescriptions. This can involve making adjustments to dosing, quantities, dosage forms or directions for a particular medication. However, the Controlled Drugs and Substances Act (CDSA) currently does not include pharmacists in the list of practitioners who can prescribe CDSA-scheduled drugs. This prevents pharmacists from using their prescribing authority to adapt prescriptions for opiates.

CPhA believes that designating pharmacists as practitioners under the CDSA is a meaningful and effective action to combat the opioid crisis in Canada. It is increasingly common for community pharmacists to receive prescriptions for inappropriate quantities of initial opioid prescriptions. Amending the Act to include pharmacists could have a significant impact on appropriate medication management and patient outcomes. Pharmacists with this capacity could reduce the dosage of opioids for patients where appropriate or instead prescribe alternative therapies.

¹First Do No Harm. Responding to Canada's Prescription Drug Crisis. Canadian Centre on Substance Abuse. March 2013. Retrieved November 15, 2016, from <http://www.ccsa.ca/Resource%20Library/Canada-Strategy-Prescription-Drug-Misuse-Report-en.pdf>.

²Gomes, T., Juurlink, D., Yao, Z., Camacho, X., Paterson, J. M., Singh, S., . . . Mamdani, M. (2014). Impact of legislation and a prescription monitoring program on the prevalence of potentially inappropriate prescriptions for monitored drugs in Ontario: A time series analysis. *CMAJ Open*, 2(4). Retrieved November 15, 2016, from <http://cmajopen.ca/content/2/4/E256.full.pdf>.

³IMS Brogan. 2015. Data provided to the Globe and Mail. <http://www.theglobeandmail.com/news/national/canadian-doctor-groups-back-stricter-us-guidelines-on-opioid-use/article29935472/>.

⁴Provinces include British Columbia, Nova Scotia, New Brunswick, and Newfoundland and Labrador.