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Canadian
Pharmacists
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Association des
pharmaciens
du Canada

The Weekly

Bringing the world of pharmacy together

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CPhA

Last chance to register for the Canadian Pharmacy Heart Failure Symposium this Saturday!

February is Heart Month and we're counting down the days until the [Canadian Pharmacy Heart Failure Symposium](#) this Saturday, February 4! As the first-ever Canadian heart failure conference aimed specifically at pharmacy professionals in all practice settings, this virtual event will provide you and your team with an overview and update on the latest information and evidence you need to support your patients living with heart failure. Your registration includes access to all session recordings for 1 year after the event, and up to 5.5 CEUs can be earned via the recordings until February 18. [Registration](#) closes at 7 pm ET on February 2.

Pharmacy on the front lines

'Very eye-opening': University of Waterloo students work at overrun hospital in Ottawa

In November, when the Children's Hospital of Eastern Ontario was overcapacity with children battling respiratory viruses, it put out a call to universities for anyone who could help in the pharmacy department. Third-year University of Waterloo pharmacy students Parsa Ali and Duaa Osman were already in Ottawa for their co-op placements, and when they heard about the hospital's need, the pair jumped at the opportunity to help fill clinical roles. "It was quite busy no doubt. There was a lot going on at that time, so to be able just to see firsthand the experience and what was going on was very eye-opening," Ali [told CTV News](#). Between their co-op and the hospital, the 2 students spent every day of the holiday season working and taking care of patients. Now that they have firsthand experience working in a hospital, both Ali and Osman feel they chose the right career path and want to find a job in a similar location. "I feel like it's going to help prepare me [to be] an even better healthcare provider," Osman said.

Provincial

Health-care clinics to open at some NS pharmacies under new pilot project

Nova Scotia is spending about \$1 million on a pilot project that will allow pharmacists to see patients with common illnesses, as well as prescribe and manage medications for more ailments, [Global News reports](#). The Community Pharmacy Primary Care Clinics program is being piloted in 12 pharmacies across the province, offering appointments as of February 1. More locations will be added in the spring, according to the province. "We are improving access to primary care in Nova Scotia one pharmacy clinic appointment at a time," said Allison Bodnar, the CEO of the Pharmacy Association of Nova Scotia, [in a news release](#) on January 31. "We are thrilled pharmacists will be able to practise to their full scope and be part of the solution for better health care in our province." Minister of Health and Wellness Michelle Thompson added that the program will help Nova Scotians access care faster and free up emergency departments for emergencies. "What this does is recognize the pharmacies' part of the health-care system and include it in the publicly funded services," Thompson said. The clinics will give pharmacists dedicated time to see patients on medications for chronic diseases, such as diabetes,

cardiovascular disease, lung disease, asthma and chronic obstructive pulmonary disease, and assess and prescribe for 31 minor ailments.

Thousands of Islanders accessed care under Pharmacy Plus PEI program during first 3 months

More than 11 000 Islanders have visited their community pharmacist to access care for certain common ailments or renew eligible prescriptions since the launch of the Pharmacy Plus PEI program last October, [according to a news release from the province](#). Prescription renewals continue to be the most common reason for pharmacist assessment (72%) since the start of the program. Pharmacists have also assessed and provided treatment for a number of minor ailments, including urinary tract infections, cold sores and allergic rhinitis. Of the 11 488 individuals who accessed services in the first 3 months of the program, 49% were 60 years of age or older and 45% were between 20 and 59 years of age. “The Pharmacy Plus PEI program is demonstrating that, by tapping into the valuable health care human resources we have in the province, access to care can be improved,” said Erin MacKenzie, the executive director of the PEI Pharmacists Association.

National

Vaccine hesitancy, COVID-19 conspiracies led to thousands of deaths, high cost for health-care system, report finds

Vaccine hesitancy, fuelled by misinformation and conspiracy theories, led to thousands of unnecessary deaths and hospital stays and cost the health-care system at least \$300 million during 2 COVID-19 waves in 2021, according to a report that highlights the urgent risk to society of such false claims, [the Globe and Mail reports](#). The report, based on the work of an expert panel and published on January 26 by the Council of Canadian Academies—a non-profit organization based in Ottawa—shows how misinformation is eroding trust in public institutions and exacerbating health crises. “It’s pretty clear that tens of thousands of preventable hospitalizations did occur because of misinformation,” said Alex Himelfarb, chair of the expert panel and former clerk of the Privy Council. The harms of misinformation chronicled in the report include those faced by individuals, such as illness and death from vaccine-preventable diseases and poisoning from unsafe products. There are also

many harms to society, the report states, including lack of adherence to health measures, disease outbreaks and social divisions that can lead to violence, of which racialized communities are particularly vulnerable.

Mental health issues soaring among young Canadians, report says

A major Canadian insurer says new data shows young people are struggling mightily with their mental health as COVID-19 wears on, [the Vancouver Sun reports](#). Sun Life reports that claims for mental health drugs “skyrocketed among young Canadians” between 2019 and 2021. For those 30 years of age and under, claims were up by 24%, while claims rose by 13% among 30- to 39-year-olds. “It is no surprise the pandemic has taken a toll on the mental health of Canadians,” Sun Life said in a summary of the report. In total, 16% of Sun Life drug claims in 2021 were for treatment of mental disorders. There was also a 51% increase in mental health paramedical claims among those under the age of 35. The trends are noted in Sun Life’s [Designed for Health report](#), which looks at trends in disability claims among its members, who number in the millions across Canada. Sun Life said that while the statistics might seem alarming, it could be a sign that awareness and discussion about mental health issues are encouraging people to look past the stigma and seek help.

Increased use of higher-cost medicines continues to put pressure on Canadian public drug plans, PMPRB says

A new Patented Medicine Prices Review Board (PMPRB) report finds that prescription drug expenditures by Canadian public drug plans increased by 4.2% in the 2020-21 fiscal year, bringing annual spending to \$12.3 billion. The use of higher-cost medicines has been the primary factor behind rising costs for the public plans over the past 5 years, and this pressure continues to build, [according to a news release](#). In 2020-21, high-cost drugs accounted for over a third of total drug costs, but were used by only 2.5% of drug plan beneficiaries. The 10 highest-cost drugs reimbursed by the public drug plans were all rare disease treatments with annual treatment costs of over \$200,000. The findings were released on January 31 in the PMPRB’s annual [CompassRx report](#) published under the National Prescription Drug Utilization Information System research initiative, which provides insight into the factors driving prescription drug expenditures in select Canadian public drug plans.

International

US: Walmart, CVS Health adjust pharmacy hours amid labour crunch

Walmart Inc. said on January 27 it would adjust working hours for its US pharmacy teams and implement it nationwide in 4600 locations, with drugstore operator CVS Health Corp. doing the same for about two-thirds of its retail pharmacies, amid a tight labour market, [Reuters reports](#). The US has been experiencing a nationwide labour shortage since the COVID-19 pandemic, which has forced pharmacies to offer attractive incentives and pay increases. Beginning in March, Walmart's pharmacies will be closing at 7pm instead of 9pm Monday through Friday, while the weekend hours will not change, a spokesperson for the company said. CVS said its new hours of operation, which also begin in March, will vary at impacted pharmacies, adding it periodically reviews operating hours to ensure peak customer demand is being met. "Some are blaming reduced hours on a pharmacist shortage. It is incorrect to say that there is a shortage of pharmacists or pharmacy technicians. More accurately, there is a shortage of pharmacists and technicians willing to work under the current conditions," Ilisa Bernstein, the interim executive vice-president and CEO of the American Pharmacists Association [said in a press release](#) responding to the issue. "We need to stop conflating and blaming the current conditions on pharmacist or technician shortages, when it's due to short-staffing and health care system faults."

Australia: PSA pitches \$3M 4-year pharmacist prescribing pilot

In its annual budget submission, the Pharmaceutical Society of Australia (PSA) pitched an AUD\$3 million (the equivalent of CAD\$2.8 million) government-funded pilot project to create prescribing opportunities for pharmacists in regional, rural and remote areas of Australia, [the Australian Journal of Pharmacy reports](#) (subscriber access only). The proposal is for existing general practice pharmacists located in certain areas where there are workforce shortages to have their role expanded to include renewing prescriptions, altering doses of current medications, prescribing alternative medicines where there is intolerance or lack of efficacy and referring patients for pathology. The 15-page submission makes the case that this 4-year program would increase pharmacists' roles in general practice in areas with significant general practitioner shortages and improve patient access to

primary care. “Pharmacists can play a greater role in improving access to medicines and health care,” PSA national president Dr. Fei Sim said in the preamble to the submission. “A pilot program would allow this collaborative care model to be trialled and tested in several [general practice] clinics in regional and remote Australia.”

New Zealand: Pharmacies told to ration antidepressant due to sudden national shortage

Pharmacists are under strict orders to ration a drug used by 78 000 New Zealanders each year to treat depression and anxiety, in an effort to curb the impact of a sudden national shortage of the medication, [Stuff reports](#). On January 27, Pharmac, New Zealand’s Pharmaceutical Management Agency, ordered pharmacists across the country to dispense no more than 7 days worth of fluoxetine at a time—an instruction that will remain in place until the end of February. Wellington pharmacist Ant Simon said he normally dispenses 16 boxes of fluoxetine each week. The rationing will mean his pharmacy will get just 2 boxes each week for the same number of patients. “We’ll be scratching around. We are pretty good at scratching around, but we are under the pump already. We do not have the resources to be dealing with this,” he said. Switching to another selective serotonin reuptake inhibitor, such as citalopram, is an option, but requires patients to wean off fluoxetine and onto something else—a change, Simon said, doctors and pharmacists don’t have the time to carefully manage. Meanwhile, Pharmac said it will investigate how a supplier that was meant to provide the drug for another 4 months failed to better predict demand.

In Depth

Scenes outside US pharmacies could foreshadow next phase in abortion battle

At pharmacies across the US, we’re about to witness a tangible example of what the coming generation of abortion battles might look like in a post-*Roe v. Wade* US. In the coming days and weeks, anti-abortion activists are set to protest outside dozens of pharmacies whose chains intend to sell abortion pills in pro-choice states. It’s their attempt to recreate the familiar decades-long

demonstration scenes outside abortion clinics, updated to a new target. [CBC explains](#).

Drug decriminalization has rolled out in BC. How will we know if it works?

As of January 31, BC is the first place in Canada where people 18 and older found with a total of 2.5 grams or less of opioids, cocaine and amphetamines will not face criminal charges or mandatory treatment, nor will their drugs be seized. The goal of this 3-year pilot by the federal government is to treat drug addiction as a health problem instead of a criminal one, but experts say decriminalization is unlikely to stop an average of 6 people a day from dying of drug poisoning. [The Vancouver Sun explains](#).

Worth Repeating

“The public health emergency of international concern, when it was declared 3 years ago, was meant to raise the alarm. But, as we head into year 4 of COVID, alarm fatigue has set in. The challenge now is managing a constant, low-level background threat rather than a headline-grabbing one.” —*Globe and Mail* health columnist André Picard on the World Health Organization’s ruling that [COVID-19 is still a global health emergency](#).

This weekly update is compiled by the Canadian Pharmacists Association. Please note that this publication is meant to inform and is not a comprehensive list of information available. Be sure to check with your provincial regulatory authority or advocacy association for province-specific information. While we aim to ensure all information contained in this update is accurate, the situation is evolving rapidly and CPhA does not take responsibility for the content provided by other organizations and sources.

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