



The Weekly

Bringing the world of pharmacy together

June 1, 2022

CPhA

CPhA set to appear before health committee for its study on COVID-19 pandemic

Dr. Danielle Paes, CPhA's Chief Pharmacist Officer, is set to appear before the House of Commons Standing Committee on Health on June 1 as a witness for its study on the emergency situation facing Canadians in light of the COVID-19 pandemic. CPhA's remarks will focus on the pandemic's impact on drug shortages and patient access to care across Canada. While COVID-19 has taken a devastating toll on Canadians, it also brought about scope of practice changes and expanded services that have enabled pharmacists to better care for patients in their communities. Pharmacists now need support to maintain these positive changes in access to care.

Pride Month: Updated Resource Round-up on LGBT2SQ+ patient health available now

Happy Pride Month! To help pharmacists provide LGBT2SQ+ patients with accessible, gender-affirming and inclusive health care, CPhA has updated its Resource Round-up on LGBT2SQ+ patient health. The resource page brings together helpful resources and practice tools in [English](#) and [French](#).

National Indigenous History Month: Learning opportunities for pharmacists

June is [National Indigenous History Month](#) in Canada—a time to learn about and celebrate the rich history, cultures and contributions of First Nations, Inuit and Métis Peoples, while also

recognizing the ongoing trauma and harm experienced by Indigenous peoples and building a path toward reconciliation. As a key entry point to our health system, the pharmacy community has an important role to play in helping to advance more inclusive health care across Canada. The Truth and Reconciliation Special Interest Group of the Association of Faculties of Pharmacy of Canada—a CPhA member organization—is organizing a series of weekly 1-hour information sessions throughout the month. All faculty, staff and students at pharmacy schools across Canada, as well as practising pharmacists and pharmacy technicians are welcome to participate. Learn more about the sessions [on the CPhA website](#) and [register here](#).

CPO: ‘Very similar to drug shortages’: Pharmacists’ role in managing the specialized baby formula shortage

Amid the news of a baby formula shortage, many retailers, including pharmacies, have put limits on how much baby formula people can purchase, [Canadian Healthcare Network reports](#). It’s a good idea and similar to the way pharmacists help manage drug shortages, says Danielle Paes, CPhA’s chief pharmacist officer. “We want to protect the supply so that our most vulnerable patients have access to it,” she said. “Pharmacists and other health care providers need to ensure that we’re optimizing the use of these products.” For formula, in addition to limiting the amount people can purchase at one time, pharmacies might place specialty formulas behind the counter, so parents have to talk to a pharmacist before buying them—which also creates an opportunity to counsel them on alternative brands. Resources for what products can be substituted with others “are being developed as we speak,” Paes said—a reflection of how unprecedented a shortage like this is.

Provincial

London Drugs defends tobacco sales in BC pharmacies as way to help smokers quit

London Drugs’ decision to sell tobacco in its BC stores is designed to target smokers with anti-smoking messages when they buy a pack of cigarettes, its chief operating officer says, [according to the Vancouver Sun](#). The BC-based London Drugs chain said it opposes a ban on sales of a legal product, even though its goal is to “stamp out smoking,” COO Clint Mahlman said in an emailed letter to the editor in response to [a recent Postmedia article](#) about thousands signing a petition demanding BC ban the sale of tobacco in pharmacies. “London Drugs believes that providing anti-smoking messages and assistance at the point of purchase and access to professional counselling immediately at the point of purchase, is the only way we can help our customers reduce tobacco use,” he said. Mahlman noted that London Drugs has conducted almost 950 000 consultations on quitting smoking and sold 17.4 million smoking-cessation products since 2017. Smoking opponents and the College of BC Pharmacists have for years called for pharmacies to stop selling tobacco, saying it is inconsistent for companies trying to promote health and wellness to be selling a lethal product.

Dismantling systemic racism in BC healthcare: Colleges provide update on progress

British Columbia’s 4 largest medical regulators published a [report](#) on May 24 itemizing the

progress they've made toward dismantling systemic racism in the province's health-care system. The report—from the College of Physicians and Surgeons of British Columbia (CPSBC), the College of Pharmacists of British Columbia (CPBC), the British Columbia College of Nurses and Midwives, and the College of Dental Surgeons of British Columbia—follows their [May 11, 2021, apology](#) to Indigenous people and other communities who've experienced racism while interacting with the colleges or receiving care from the health professionals they regulate. As part of the apology, the 4 regulators outlined actions they would take to tackle systemic racism in the health-care system. In their promise to promote a “speak-up culture” when it comes to racism and work on cultural safety and humility in health care, CPSBC and CPBC noted they have a new focus to promote cultural safety and humility. The CPSBC developed a new Indigenous cultural safety and cultural humility and anti-racism practice standard, which will be adapted “to continue to meet the needs of Indigenous patients over time,” according to the report. CPBC also has a new workplace diversity policy and is developing a cultural safety and humility practice standard.

BC decriminalizes possession of small amounts of drugs

In an unprecedented move following years of advocacy by people who use drugs, the federal government will exempt British Columbians from criminal charges for possessing small amounts of drugs as of next January, [the Toronto Star reports](#). The announcement was made by federal Mental Health and Addictions Minister, Carolyn Bennett, alongside her BC counterpart, Sheila Malcolmson, on May 31. The exemption will begin on January 31, 2023, and will be in place for 3 years. Federal and provincial officials said they need time to work on implementation, including a public education campaign, training for police, and developing a monitoring and evaluation plan. The exemption means that no adults in BC will be charged with drug possession if they have a cumulative total of 2.5 grams of drugs or less. They will also not have their drugs confiscated. Those drugs include opioids, cocaine, methamphetamine and MDMA.

Community mourns pharmacist killed in Ontario storm

The severe storm that ripped through Ontario and into Quebec on May 21 took the life of a pharmacist from Cornwall, Ontario, [according to Canadian Healthcare Network](#). Joanne Labelle was camping on a friend's property near Peterborough when she was struck by a falling tree, the Ontario Provincial Police reported. Labelle worked at the Cornwall Square Shoppers Drug Mart for 40 years, her son Zachary Labelle told the *Ottawa Citizen*. “I am hearing from so many people,” he said. “A patient was always more than that to her.” Labelle helped many elderly clients with their medication and often made home visits, Zachary said. She also served as a preceptor for the Ontario College of Pharmacists and was awarded a teaching associate award of excellence in 2007.

Vaccinations ‘steady’ but far under peak, says NB pharmacists’ association

Weekly vaccination numbers have fallen precipitously since the peak of New Brunswick's vaccination program, but the province's pharmacists say they've still been steady, [CBC reports](#). “They're conducting a lot of those second boosters . . . about 70% of all the COVID-19

vaccinations right now are the second booster,” Jake Reid, the head of the New Brunswick Pharmacists’ Association (NBPhA), said on May 30. “It’s steady. It’s not overly busy. It’s certainly not like we saw at the peak.” Reid said the fall in the vaccination rate is something pharmacists have seen after every new phase of vaccination, such as the addition of second doses. This fall-off is being exacerbated by a couple of issues, he said. One, more people now know someone who has had COVID-19, and that is leading to some false security. “People under 40 seem to think that, ‘I’ve got friends and they’ve gotten COVID and it didn’t seem like it was that bad. Is it that important to get out and get my vaccination?,’” Reid said. “People have said, ‘Maybe it’s better if I rip it off like a Band-Aid and I just get COVID at this point,’ which is very dangerous.” He said the lifting of pandemic restrictions across the country has also led to some complacency.

Nurse practitioner joins pharmacy team in NB to help fill rural health-care gaps

After being on the hunt for a new tenant for quite some time, a community pharmacy in Keswick, NB, is now renting out space in its health clinic to a nurse practitioner, [CTV reports](#). It’s a step forward for a community that has about 700 so-called orphan patients—people without a primary care provider. “It’s a big gap,” said Shelonie Cooley, the pharmacist and co-owner of the clinic. “I mean, as a community pharmacist working in there every day, I see the patients coming in who don’t have family physicians and they are thrilled to know that we have a nurse practitioner here now.” The initiative is part of the Primary Care Network—a provincial program that will match orphan patients to a timely appointment with a physician or nurse practitioner while they wait for a longer-term placement.

SDM invests \$2.5 million in UNB to create innovative, community-based health-care solutions

Shoppers Drug Mart (SDM) and the McKenna Institute at the University of New Brunswick are embarking on a collaborative journey to create innovative and patient-centric solutions to help address some of the health-care gaps in the province, [according to the University of New Brunswick \(UNB\)](#). SDM has committed \$2.5 million over 5 years to UNB to identify, build and test new models of health care for communities in need using pharmacies and new digital tools to make health care more accessible and convenient. “Our purpose is to help Canadians live life well, and that means providing them with the services and support that they need to successfully and conveniently manage their overall health,” said Jeff Leger, president of SDM. “This initiative with UNB means that we are steps closer to improving access to care for New Brunswick residents through pharmacy resources, particularly for women and those in marginalized groups.”

International

US: FDA spells out the rules and restrictions for states seeking to import drugs from Canada

The US Food and Drug Administration (FDA) is offering more of an explanation of the guardrails around its program that may soon allow states to import prescription drugs in some select

circumstances from Canada, but only if such imports will result in significant cost reductions for consumers, [Endpoints reports](#). While the FDA has yet to sign off on any of the 5 state plans in the works so far and the Pharmaceutical Research and Manufacturers of America's suit to block the Trump-era rule allowing such imports remains stalled, the [new Q&A guidance](#) spells out the various restrictions that states will have to abide by, potentially signalling that a state approval is coming. For instance, there is a long list of drugs that will be excluded from all state importation plans, including all biologics, which are generally some of the most expensive drugs, as well as controlled substances; infused drugs; drugs that are injected intravenously (into a vein), intrathecally (into the spinal fluid), or intraocularly (into the eye); and drugs that are subject to a risk evaluation and mitigation strategy. Canadian health officials have made clear their opposition to these imports in recent years, and there may be further export restrictions. Canada also has established a system where certain drugs intended for the Canadian market are banned from distribution outside the country if the sale would cause or worsen a drug shortage.

US: CVS Health launches CVS Health Virtual Primary Care

CVS Health announced the launch of CVS Health Virtual Primary Care, a new virtual care solution available through a single digital platform, [Drug Store News reports](#). The offering connects CVS Health's services, clinical expertise and data for a more coordinated and consumer-centric health-care experience. Demonstrating CVS Health's strategy to improve primary care, the new solution enables consumers to choose care when and where they want—in a retail or community-based setting, through at-home health services, or virtually—the company said. The new offering, which is currently being sold to Aetna's fully insured, self-insured plan sponsors and CVS Caremark clients, will become effective for eligible Aetna members starting January 1, 2023, and for eligible CVS Caremark members during the second quarter of 2023.

UK: RPS England responds to NHS primary care report

The Fuller Stocktake report highlights clear opportunities to use pharmacists' clinical skills to improve patient care and reduce health inequalities, including around access to services, urgent care, medicines optimization, mental health and earlier diagnosis, the Royal Pharmaceutical Society (RPS) said [in a statement](#). The [report](#), published on May 26, looks at how general practice, community pharmacy, dentistry and optometry can be integrated across the National Health Service (NHS). "The report is a significant step on the journey towards integrating primary care and the wider NHS to deliver better care for patients. Pharmacists and their teams are ideally placed to support collaboration across the health service, working across traditional boundaries as part of a multidisciplinary team," RPS England Chair Thorrun Govind said. "To maximise the contribution of pharmacy teams, we will need to foster pharmacy leadership at system, place and neighbourhood level to ensure they are involved in decision-making," she added.

Australia: Free flu vaccinations welcomed by pharmacists, but nation-wide solution needed to curb surge

The Pharmaceutical Society of Australia (PSA) welcomed announcements from state governments in South Australia, Western Australia, New South Wales and Victoria that will provide greater access to influenza vaccines for Australians this winter, [Mirage News reports](#). Throughout June, people aged 5 years and over will be able to access a free influenza vaccine from their doctor or pharmacist. While PSA National President Chris Freeman welcomed the announcement, he cautioned more needs to be done to protect Australians this winter and in future flu seasons. “Public health teams are rightly alarmed by the surging influenza caseload across the nation. Hospitalizations are already placing strain on stretched health resources. We must act with urgency and work together to vaccinate as many people against influenza as soon as possible,” he said. “These announcements demonstrate the crucial role that pharmacists continue to play in protecting the health of Australians. We appreciate that these governments are making a critical investment, by remunerating pharmacists for providing this service.”

Australia: Type 2 diabetes drug being used for weight loss leads to shortage

A social media trend has led to people sharing their experiences using a type 2 diabetes drug for weight loss—and now there’s a shortage in Australia, [the National Post reports](#). Ozempic (semaglutide) is an injectable prescription medicine for adults with type 2 diabetes used along with diet and exercise to improve blood sugar. The Department of Health in Australia issued a statement in late May, saying there was a shortage caused by an increase in consumer demand “due to extensive prescribing for obesity management.” They urged doctors to limit prescriptions to those who need the drug for medical purposes. It is not illegal for doctors in Australia to prescribe the drug for weight loss, Trent Twomey, president of the Pharmacy Guild of Australia, said on the 2GB radio show, but it is “a bit immoral.” Some people are getting prescriptions without even seeing a doctor in person, he said, by filling out questionnaires online and getting the prescription emailed to them.

In Depth

Pharmacist prescribing can alleviate health-care system pressures

Starting next January, pharmacists in Ontario will be able to prescribe medications to treat patients for certain minor ailments. This expanding scope of work is a natural evolution of the wider services pharmacists across the province have been performing since COVID-19 began to stretch the health-care system. [Policy Options](#) looks at how better use of pharmacists can reduce visits to emergency departments and examines important concerns about potential fragmentation of care and potential for conflicts of interest as the scope of pharmacists’ work expands.

How pharmacists and community health workers build trust with Cambodian genocide survivors

Wartime trauma paired with starting over in a new country make accessing health care particularly challenging for immigrant refugees. Talking to a doctor or getting prescriptions filled in an unfamiliar language is hard enough. But for refugees, the physical and psychological scars

of escaping war or genocide can complicate their health needs. Christina Polomoff, assistant clinical professor of pharmacy practice at the University of Connecticut, spent 15 months with a team of pharmacists serving Cambodian-American patients in Connecticut and Rhode Island, studying the role of pharmacists and community health workers in helping disadvantaged immigrants get medications they need and learn to take them consistently and safely. Polomoff details her findings [in an article for the Conversation](#).

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.

Canadian Pharmacists Association
1785 Alta Vista Drive, Ottawa, ON K1G 3Y6

[Unsubscribe](#) | [Contact Us](#)

