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# The Weekly

Bringing the world of pharmacy together

**July 6, 2022**

**CPhA**

***Pharmacy distribution of workplace COVID-19 rapid tests winding down***

Health Canada has confirmed it will continue to provide COVID-19 rapid tests to pharmacies through the workplace rapid antigen testing program until September 30. Sufficient stock remains available to continue to supply small and medium-sized businesses until the end of 2022, and the pharmacy portal [will remain open](#) so that both pharmacies and businesses can continue to register for the program. We encourage you to continue to promote the availability of tests within your networks. CPhA worked with Health Canada and its partners in the pharmacy community to make rapid test kits available in pharmacies for workplace testing by small and medium-sized enterprises. More than 3500 pharmacies in Alberta, Saskatchewan, Manitoba, Ontario and Prince Edward Island signed up to be part of this federal initiative, distributing over 2.6 million tests to nearly 25 000 businesses that registered for the program.

***Highlights from the Canadian Pharmacy Conference 2022***

Inspiring keynote speakers, thought-provoking perspectives from panellists, inspirational award winners and the opportunity for more than 250 pharmacy

professionals from across Canada to come together to learn, connect and build the future of pharmacy truly made the Canadian Pharmacy Conference 2022: Pharmacy Rising an event to remember. Whether you were able to join us or not, [check out](#) the recently uploaded highlight reel and photo gallery from the event. Did you attend the conference? Please check your email for our evaluation survey and let us know what you thought!

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## Pharmacy on the front lines

### *Pharmacy supported by community following robbery*

A brazen daylight robbery shocked the staff of a pharmacy in Wakaw, SK, [CBC reports](#). Two men entered the pharmacy and threatened employees with bear spray. They left with an undisclosed amount of prescription medication. “It was scary, but before anyone even knew what was happening they were exiting already,” said Colette Stan, who owns and operates Wakaw Pharmacy with her husband. The pharmacy was open at the time of the robbery, but no staff or customers were injured. She said the pharmacy continued to offer prescription services after the robbery, running prescriptions to customers waiting outside. “People’s needs are still there,” she said. Following the robbery, Stan said the pharmacy has been well-supported by the community. “The town has been excellent. We put a post on our Facebook business page and I can’t even respond to all the messages,” she said. “Pretty much all the people who helped us that day were back [Monday] morning. It’s been nice to thank them all.”

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## Provincial

### *Pharmacists could bridge a health-care gap by offering more sexual health services*

Pharmacists could reduce barriers for people seeking sexual and reproductive health-care services, [new research from the University of Alberta shows](#). Many pharmacists already offer some support for sexual and reproductive health, including administering contraceptives and human papillomavirus (HPV) vaccinations. But further training and expansion of these services could help increase access and reduce inequities in this key area of health care. In the

study, U of A researchers surveyed pharmacists working in community pharmacies across Alberta to determine which sexual and reproductive health services they were already providing and the areas in which they wanted to expand their training. They found that most participants were confident in educating patients in many sexual and reproductive health topics, but that many wanted additional training in sexually transmitted and blood-borne infections as well as health concerns for people in the LGBTQ+ community. Many people face barriers to accessing necessary sexual and reproductive health services, including limited clinic hours, lack of a primary care physician and confusion about where to address concerns such as testing for sexually transmitted infections. With more training and a coordinated effort across the country, pharmacists could become a critical resource to help increase access to these services. "Pharmacies are one of the most accessible entry points for people to get into the system," said Javiera Navarrete, a research assistant in the Faculty of Pharmacy and Pharmaceutical Sciences. "COVID has highlighted how important it is to use all the health-care resources we have."

### ***Saskatchewan pharmacists under strain***

The COVID-19 pandemic has put a strain on pharmacists, [Global News reports](#). London Drugs Pharmacy and Healthcare Innovation Vice President Chris Chiew said the industry has been overworked through the pandemic and the lack of new pharmacists is making it difficult for present pharmacists to keep up with the increasing number of tasks they have to perform. Pharmacy Association of Saskatchewan (PAS) CEO Michael Fougere said Saskatoon isn't seeing a huge drop in pharmacists, but Regina is. Fougere said exact stats and numbers about the extent of the shortage are not known. With less staff, he said hours of operation have been impacted across the province.

### ***Cold and flu medicine in short supply due to high demand: pharmacists***

Pharmacists across Ontario are concerned about a shortage of cold and flu medications that have led to a limited supply for patients. Jen Belcher, vice president of the Ontario Pharmacists Association (OPA), [told CTV News](#) that there has been an increase in consumer demand since last fall due to COVID-19. "The relaxation of personal and public health precautions has led to an increase in some of those viruses that were held at bay during those measures," she said. The shortage has worsened due to allergy season, the ongoing presence of COVID-19, and due to supply chain interruptions. "It's

resulted in challenges in the supply of the product, but also we've seen a much higher demand due to the symptoms of COVID-19," she added. While over the summer months, there is typically less spread of cold and flu viruses, pharmacists across London, ON, are seeing fewer children's cold and flu medications coming in. "Demand is the same, but we hear patients are going from one pharmacy to the other looking for the product," Gamal Awad, the owner of London's Guardian Wonderland Pharmacy, [told CBC](#). For the past month, wholesalers of over-the-counter medications for cold and flu have been unable to make their delivery dates. Patients are scrambling for back-ordered items such as cough syrup, Tylenol and Advil.

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## National

### ***Health Canada says shortage of specialized infant formula to continue through summer***

Health Canada says the nationwide shortage of specialized baby formula is expected to continue throughout the summer, [the Canadian Press reports](#). The federal department says shipments of specialized formulas are expected to be available in pharmacies starting the first week of July, but supplies will continue to be limited. The affected formulas are intended for infants with food allergies and some medical conditions. Health Canada says there is no shortage of regular formula in Canada. The shortage comes after a massive recall of contaminated formula in February led to the shutdown of Abbott Nutrition's Michigan plant, where the formula had been produced.

### ***NACI recommends fall COVID-19 booster in advance of possible future wave***

The National Advisory Committee on Immunization (NACI) is recommending booster shots this fall in advance of a possible future wave of COVID-19 in Canada. [NACI says](#) jurisdictions should plan to offer boosters to people who are at increased risk of severe illness from COVID-19 regardless of the number of booster doses they previously received. This should include people 65 years of age and older, residents of long-term care or living facilities, and individuals 12 years of age and older with an underlying medical condition that places them at high risk of severe COVID-19. The recommendation also includes adults in Indigenous, racialized and marginalized communities where

infection can have disproportionate consequences, as well as quarters for migrant workers, shelters, correctional facilities and group homes. NACI also recommends that boosters be offered to all other individuals from 12 to 64 years of age regardless of the number of booster doses they have previously received.

### ***Are doctors still prescribing too many opioids?***

A new study led by a McGill University scientist suggests opioid painkillers are not always beneficial—and sometimes harmful—as patients recover from minor surgery. The research, [published in the \*Lancet\*](#), examined the results of 47 randomized clinical trials in patients discharged after undergoing a minor or moderate procedure, ranging from molar extraction to foot surgery. Dr. David Juurlink, head of clinical pharmacology at Sunnybrook Health Sciences Centre in Toronto, who was not involved with the study, said many doctors and dentists in Canada still put opioid painkillers on a “pedestal.” He said the study builds on previous research and his own experience as a practising doctor. “The key message is these drugs are still valuable. They are certainly valuable in hospitals,” Juurlink said, but then added that doctors and dentists should be “mindful of the fact that these drugs don’t work as well as we were taught and they aren’t as safe as we were taught. And very often, patients can do just fine without it.” Dr. Hance Clarke, an anesthesiologist and the medical director of the Pain Research Unit at Toronto General Hospital, also welcomed the findings. But he stressed that doctors are already better equipped than they were a decade ago to determine when to prescribe opioids. He helped develop [guidelines for doctors](#) that aimed to reduce the quantity of opioids prescribed so that fewer unused pills are available to those without a prescription.

### ***PMPRB amendments take effect***

Amendments to the Patented Medicine Prices Review Board (PMPRB) regulations officially took effect July 1 after being delayed multiple times, [according to \*Benefits Canada\*](#). The changes, which were originally proposed in 2019, are the first significant update to the regulations in more than 30 years. After consulting with stakeholders, Health Canada will be moving forward with the implementation of the new basket of comparator countries and reduced reporting requirements for those medicines at lowest risk of excessive pricing. “We’ll be comparing [pricing] to countries that are like-minded in terms of the ceiling with which we set those prices, so it will be more reflective of the value

to Canadian consumers and more affordable,” said Theresa Tran, principal of health and group benefits at Eckler Ltd. “They ended up removing the US from the [basket], which is pretty significant because it allows for more reasonable pricing . . . and ultimately that trickles down to employers and drug plans.”

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## International

### ***FIPWISE ‘Rising Stars’ announced***

Two Canadian pharmacists have been recognized by the [International Pharmaceutical Federation’s \(FIP\) Rising Stars program](#) that highlights women in pharmaceutical sciences or pharmacy education and who are pathfinders in their fields and rising in their careers. Aska Patel ([@PatelAska](#)) is a Brampton, ON, pharmacist and an entrepreneur with a passion for digital delivery of health care. She has worked as a pharmacist in community, hospital, government and home-care settings. Patel recently launched an entrepreneurial venture providing health-care consulting while joining a digital health venture as a start-up advisor. She started a podcast called Diverse Conversations where she discusses the future of pharmacy with global industry leaders. Anastasia Shiamptanis began her career as a community pharmacist. She then transitioned to hospital pharmacy as pharmacist and manager, to academia as an educator and mentor to future pharmacists, and then to pharmacy regulator initially in Ontario and most recently as registrar of the New Brunswick College of Pharmacists.

### ***Ireland: Pharmacy sector ‘fast approaching crisis point’***

Irish Pharmacy Union (IPU) president Dermot Twomey welcomed the addition of pharmacists to the list of occupations that qualify for expedited work permits. However, [he told the \*Echo\*](#) that it’s only a first step in what is becoming a very acute issue, as many pharmacists leave the sector to work in other areas. Recently, Damien English, junior minister for business, employment and retail, announced the addition of pharmacists to the critical skills occupation list, allowing for faster access to work permits. Twomey said it’s important to have official recognition that community pharmacists are in short supply, but the change “is not designed to address the root causes of the shortage.” “The model that’s currently there isn’t sustainable and it needs a number of angles

to be tackled in order for it to be sorted, which are training more pharmacists, reducing red-tape bureaucracy, making the role more attractive, empowering or ensuring that if the state wants pharmacy-led programs such as vaccinations that the pharmacy can retain 2 or more pharmacists in order to divide the services,” he said.

### ***Ireland: Safe Pharmacy initiative to help victims of domestic abuse***

A new initiative to enable people experiencing domestic abuse and coercive control to receive support in their local pharmacy [has been launched](#) in Ireland. Safe Pharmacy is being led by the IPU in partnership with Safe Ireland, An Garda Síochána—the national police service—and the Health Service Executive. Safe Pharmacy will see over 850 community pharmacies in every county in Ireland and provide any person who is experiencing domestic abuse with a safe and secure location to seek support. Participating pharmacies will provide access to a phone in a private consultation room and contact details for local support services. This will allow victims to make that important call, for example, to a family member, local specialist domestic violence services or An Garda Síochána. Anyone who is experiencing a domestic abuse situation and wishes to seek the support provided is advised to look for the purple Safe Pharmacy sign on the window displays of participating pharmacies. In the pharmacy, they should ask to speak to the pharmacist in the consultation room, which happens multiple times a day in every pharmacy and will not appear out of the ordinary to anyone in the pharmacy at the time.

### ***Scotland: Creating a national movement on sustainable prescribing***

Health-care leaders from across Scotland have [issued a rallying call](#) for bold action to reduce the environmental impact caused by medicine prescribing. Medicines account for around 25% of carbon emissions in the National Health Service (NHS). If Scotland is to achieve net-zero, strategies for reducing carbon emissions from prescribing and medicines need to be tackled. Medicines also have an ecological impact when they get into wastewater systems and are discharged into rivers and oceans. To ensure that prescribing is made more environmentally sustainable, the bodies representing health-care professionals who prescribe issued a joint statement calling for wide ranging action to be taken by policymakers, education providers, NHS leaders and the pharmaceutical industry. The statement was signed by the Academy of Medical Royal Colleges and Faculties in Scotland, the Royal Pharmaceutical



Society and the Royal College of General Practitioners Scotland.

***Australia: “Naloxone program will save lives”: Pharmacists welcome rollout***

The Pharmaceutical Society of Australia (PSA) [welcomed](#) the national rollout of the Take Home Naloxone (THN) program, which allows pharmacists to provide free naloxone beginning July 1. Naloxone rapidly reverses the effects of an opioid overdose or adverse reaction and can be administered by injection or via a nasal spray. Under the national program, naloxone will be available across Australia for free and without a prescription to anyone who may experience or witness an opioid overdose or adverse reaction. PSA National President Dr. Fei Sim said pharmacists will be key to a successful rollout because of their accessibility and expertise. “Naloxone saves lives,” she said. “One dose of naloxone previously cost around \$40 [CAD\$35], but [as of] July 1 anyone can walk into their local pharmacy and receive 2 free doses of naloxone, as well as expert advice from pharmacists about how to administer it.”

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## **In Depth**

***Poorest Canadians nearly 4 times more likely to die from opioids than richest: study***

A new study looking at opioid deaths across Canada over 17 years has found that low-income Canadians are almost 4 times more likely to die from opioids than high-income Canadians. The results, [published in the journal \*Health Promotion and Chronic Disease Prevention\*](#), underline the stark gap between the risks facing the rich and the poor when opioids are involved, researchers say, and signal where policy changes can be made to help those who are the most vulnerable. “Opioid-related harms are at a crisis level in Canada,” Wasem Alsabbagh, a pharmacy professor at the University of Waterloo and lead author of the study, said [in a press release](#). “Opioid-related hospitalizations in Canada have increased by more than 50% from 2007 to 2017. In Ontario, emergency department visits more than doubled. We explored the trends between socioeconomic status and opioid harms so that we can better understand how to address the opioid crisis.” [CTV has more](#) on this report.



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## Worth Repeating

“Ultimately abortion is health care. It is not a political football. It is a health procedure and provided for women who need it for health reasons.” —Dr. Michelle Cohen [told Canadian Healthcare Network](#) that she believes the best way to protect abortion rights in Canada is not to move the issue into the legal domain

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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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