

**Subject:**

The Weekly: CPhA's Pharmacy News Update for October 13

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Canadian  
Pharmacists  
Association  
Association des  
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# The Weekly

Bringing the world of pharmacy together

**October 13, 2021**

## **CPhA**

### ***CPhA: Rapid testing additional tool to slow spread of COVID-19***

CPhA's vice-president of Public and Professional Affairs, Joelle Walker, [took to the airwaves](#) on October 12 to discuss how greater availability and accessibility of rapid home COVID-19 tests could be an effective tool in slowing the spread of COVID-19. In the UK, rapid home testing has been used for some time through mail and pharmacy, while the Biden administration recently announced US\$1 billion in funding for rapid home tests distributed through pharmacies. Walker told CBC that increased use of home rapid testing is a complement to existing health measures, though she cautioned it's no replacement for getting fully vaccinated.

### ***Survey: Share your experiences with the CDSA exemptions***

Following temporary exemptions to the *Controlled Drugs and Substances Act* (CDSA) made in March 2020, pharmacists have been able to extend care to patients prescribed opioid therapy or other controlled substances. With the exemptions originally scheduled to expire in October 2021, CPhA successfully advocated for an extension, which now expires on September 30, 2026—a direct acknowledgement of the vital role pharmacists play in safe opioid management. To inform our advocacy efforts and help us better understand the impact of the exemptions on pharmacy practice and patient care over the course of the pandemic, CPhA is conducting a [National Pharmacist Survey on the Exemptions under the CDSA](#). The survey is intended for practicing community pharmacists and will be open until 11:59 p.m. ET on October 19, 2021. The survey is

## Pharmacists on the front line

### ***Meet the Sudbury pharmacists dispensing healthy, local food***

Rachelle Rocha and Laurie Pennell are pharmacists with more than 20 years of experience managing and operating pharmacies throughout Ontario. Over the years, the juxtaposition of being in an environment that sold life-saving medication as well as unhealthy food made them think more about the link between our overall health and the quality of what we consume, Rocha and Pennell [told CBC](#). So, when the 2 women had the chance to open their own pharmacy in 2019, they decided to open a traditional pharmacy combined with a “food hub”—a business where fresh and healthy local food is just as important as the medications being dispensed.

### ***NL pharmacist warns Bell Island will be ‘in crisis’ when last doctor leaves in December***

A pharmacist on Bell Island, Newfoundland and Labrador, says she’s concerned about her patients as the island’s final remaining general practitioner doctor prepares to leave the area in December, [CBC reports](#). Kara O’Keefe says the island’s only 2 other physicians retired in September. With the island left without a doctor, she says she fears the older residents will be left without treatment options for common burdens like diabetes, high blood pressure and high cholesterol. O’Keefe says pharmacists are prepared to help where they can, but the province doesn’t allow them to practice within their full scope. Some other Canadian provinces allow pharmacists to assist in the treatment of diabetes or prescribe medication for uncomplicated sexually transmitted infections, she said. That’s something O’Keefe says she would like changed in the province, along with a stronger commitment to prioritizing rural medicine.

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## Provincial

### ***Unvaccinated Quebec pharmacists will have their licences suspended this Friday, order says***

The Quebec Order of Pharmacists is the latest body of health-care workers to confirm it will suspend the licences of members who aren’t vaccinated by Friday, October 15, [CTV reports](#). That’s the date by which all employees in the health and social services sector must be fully vaccinated from COVID-19 or face suspension without pay, according to a decree issued by the Ministry of Health and Social Services. “The Order is preparing to apply this decree; all pharmacists who are not adequately protected working in the targeted environments will have their right to practice suspended on October 15,” the order said in a statement on its website. The website also stated all pharmacists and their staff, including those who work in a health facility, a doctor’s office or a community pharmacy, will face the suspension depending on their vaccination status. The suspension will remain in place until the member is considered “adequately protected in the Quebec vaccination register.”

### ***Doctor who says he gave ivermectin to rural Alberta COVID-19 patients prompts warning***

### ***from health authority***

A doctor who was filling in at a rural Alberta hospital said he treated 3 COVID-19 patients with ivermectin, triggering a warning from the provincial health authority about the dangers of the controversial drug, [CBC reports](#). In a video circulating on social media, Vancouver-based Dr. Daniel Nagase said he administered ivermectin in September to patients at the hospital in Rimbey, Alberta. Nagase said he asked for ivermectin to be provided by the Red Deer Hospital's central pharmacy but was denied and warned the drug should not be used on COVID-19 patients. Nagase said he sought the help of a "town pharmacist" who acquired ivermectin for him. "He couldn't get it from his usual chemical supply because it was a Saturday," Nagase says in the video. "He had to get it from an agricultural supply." [A CPhA statement](#) from September cautioned that "increased demand driven by inappropriate use of ivermectin has led to a limited supply in Canada for patients who need it to effectively treat indicated conditions. Several trusted health sources, including [Health Canada](#) and the World Health Organization, continue to warn against the use of ivermectin to prevent or treat COVID-19 given the lack of evidence to support efficacy and possible side effects."

### ***SK physicians' ability to bill for abortion pill will increase access***

Saskatchewan became the last province in Canada to bring in universal coverage for the abortion pill, and 2 years later, the province is finally paying doctors who provide it, [the Canadian Press says](#). Previously, only doctors who performed surgical abortions were directly compensated, while those who prescribed the pill had to bill it as counselling or a consultation, which deterred them from taking on work that could require hours. "Now that it can be billed properly, and physicians can be compensated for the amount of time that it takes, we're hoping it will increase the number of physicians all over the province who are willing to offer that service to patients who need it," says Dr. Carla Holinaty, a Saskatoon-based family doctor. She says the goal is to make it easier for women who want to end their pregnancies, especially for those living in rural or remote areas. Holinaty says sometimes patients have to travel a great distance to an urban centre to get a prescription for the pill, often taking a day or 2 off work and incurring travel, child-care and accommodation expenses.

### ***Addressing burnout and supporting mental health in pharmacy***

Experts at the University of Toronto's Leslie Dan Faculty of Pharmacy are studying the impact of occupational burnout and [creating resources](#) for pharmacists to help build resilience, [U of T News says](#). "Being a pharmacist—like being a physician, nurse, or any other health professional—is challenging but rewarding," says Zubin Austin, a pharmacy professor and co-director of the Centre for Practice Excellence. "That said, as a profession we are also seeing high levels of occupational stress and even burnout. We need to address this and start to build pharmacy-focused solutions." Burnout in health-care workers is especially concerning because it can lead to errors and affect patient safety. At the same time, Austin says it can be particularly challenging for health-care workers to recognize and act on early warning signs of occupational stress or burnout because of a prevailing culture of self-reliance that might not allow them to seek support for themselves.

## ***Shoppers Drug Mart to offer free menstrual products in all ON schools***

Students in Ontario will have access to free menstrual products this fall after the government announced a partnership with Shoppers Drug Mart (SDM) to give students equitable access to the essential hygiene products, [CTV reports](#). The 3-year program, announced by the Ministry of Education on October 8, will see 6 million sanitary pads distributed to school boards across the province annually, which can then be accessed free of charge in school washrooms. SDM will foot the bill for the menstrual products and any dispensers required in student washrooms, while school boards will be responsible for determining which schools should be prioritized for the products to ensure equitable distribution.

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## **National**

### ***New data suggests Canada's 'gamble' on delaying, mixing and matching COVID-19 vaccines paid off***

New Canadian data suggests the bold strategy to delay and mix second doses of COVID-19 vaccines led to strong protection from infection, hospitalization and death—even against the highly contagious Delta variant—that could provide lessons for the world, [according to CBC](#). Preliminary data from researchers at the British Columbia Centre for Disease Control and the Quebec National Institute of Public Health shows the decision to vaccinate more Canadians sooner by delaying second shots by up to 4 months saved lives. The [analysis](#) of close to 250 000 people in BC from May 30 to September 11, 2021, found 2 doses of any of the 3 available COVID-19 vaccines in Canada were close to 95% effective against hospitalization—regardless of the approved vaccination combination. That means for every 100 unvaccinated people severely ill in Canadian hospitals, 95 of them could have prevented hospitalization by receiving 2 doses of either the AstraZeneca, Pfizer-BioNTech or Moderna vaccines, or some combination of the 3.

### ***Most Canadians support health-care workers refusing treatment to threatening, disrespectful unvaccinated patients: survey***

Nearly two-thirds of Canadians say they support health-care workers refusing treatment to threatening or disrespectful patients who are unvaccinated against COVID-19, according to a new survey from Nanos Research. The poll, conducted by Nanos Research and [sponsored by CTV](#), found that 40% of Canadians support and 24% somewhat support health-care workers refusing treatment to these patients. Of those surveyed, 21% said they oppose health-care workers refusing treatment to unvaccinated patients who are threatening or disrespectful, 11% said they somewhat oppose that, and 4% said they are unsure.

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## **International**

### ***UK: RPS backs climate action charter***

The UK's Royal Pharmaceutical Society (RPS) [has announced](#) that it is a signatory of the

[Professional Bodies Climate Action Charter](#). Developed by the Professional Associations Research Network, of which the society is a long-standing member, the charter is designed to guide effective and high-quality climate action by professional bodies. “At RPS, our work on climate change is continuing to move forward. Following our declaration of a climate emergency in September, we are now working on a policy that will outline pharmacy’s role in sustainable health care,” RPS chief executive Paul Bennett said. “We’ll also continue to highlight the innovative work of our members and are developing a space for networking and sharing best practice on sustainability for RPS members.”

***Toolkit to improve practice environments for women in pharmaceutical science and pharmacy education released***

A [toolkit](#) to improve practice environments for women in pharmaceutical science and pharmacy education was released by the International Pharmaceutical Federation (FIP) on October 12. The toolkit was developed by the [FIP Women in Science and Education](#) initiative and builds on the federation’s collaborative work with the World Health Professions Alliance to ensure positive practice environments for health-care professionals. It raises awareness of the need for equal incentives for equal work, work-life balance, supportive and safe working environments, opportunities for professional development, and women in leadership. The toolkit presents possible solutions that can be implemented by professionals, employers and policymakers to generate and maintain supportive working environments, accompanied by case studies.

***US: Pharmacy organizations launch confidential portal for pharmacy personnel to report workplace experiences***

The American Pharmacists Association (APhA) and the National Alliance of State Pharmacy Associations [announced the launch](#) of the first confidential reporting mechanism of its kind to collect anonymous reports from pharmacists, pharmacy technicians, and student pharmacists about their positive and negative experiences in the pharmacy workplace. The [Pharmacy Workplace and Well-being Reporting portal](#) was developed in response to the desire by pharmacy personnel across many practice settings for a venue to address workplace concerns and suggest improvements without fear of retribution. “Pharmacists and pharmacy personnel workplace issues and their relationship to personal well-being continue to be a critical, complex issue across all practice settings,” said APhA president Sandra Leal. “In recent decades, considerable work has been done to identify and understand medication errors, including near misses, and characterize the root causes. What has been lacking in the research is a critical examination of workplace factors and solutions to determine how they affect pharmacy personnel well-being and patient safety.”

***US: Pharmacy associations offer condolences to families of pharmacist killed in Maryland***

The American Association of Colleges of Pharmacy [released a statement](#) with the leaders and members of 16 other pharmacy organizations, including the American Pharmacists Association, extending condolences to the families of Brian and Kelly Robinette. Police said [Brian Robinette, a community pharmacist in Maryland](#), was killed by a sibling who was upset that Robinette was

administering COVID-19 vaccines. “As the first line of care for millions of Americans, pharmacists have been under incredible pressure since the start of the pandemic. In an extremely polarized environment, they have heroically stepped forward to provide vital services—COVID testing and vaccinations, regular immunizations, complex and chronic disease care, and much more. All of these efforts are important collaborative roles that pharmacists play as vital members of health care teams focused on protecting the public health of individuals and communities,” the statement on behalf of the pharmacy organizations says.

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## In-Depth

### ***No, your antibodies are not better than vaccination: an explainer***

As long as there have been vaccines against COVID-19, there have been arguments for why people shouldn't get those vaccines. One of the more persistent arguments is that people who have already been infected with COVID-19 don't need a vaccine. This thinking suggests an infection will generate immune responses similar to those generated by vaccines, but, as [this report from Ars Technica explains](#), the immune protection offered by infection is unreliable compared with vaccination.

### ***A primer on what we know about mixing and matching COVID vaccines***

Later this week, an expert committee that advises the US Centers for Disease Control and Prevention will hear about the results of a clinical trial that could influence how COVID-19 vaccines are used in the US. The trial, conducted by the National Institute of Allergy and Infectious Diseases, is a so-called mix-and-match trial, testing the COVID-19 vaccines authorized in the US in combination with each other. [STAT provides a primer](#) on what we know about mixing COVID vaccines.

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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.