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DU CANADA

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Policy, Planning and International Affairs Directorate
Health Products and Food Branch
Department of Health
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RE: NOTICE OF INTENT TO RESTRICT THE MARKETING AND ADVERTISING OF OPIOIDS

On behalf of the Canadian Pharmacists Association (CPhA), we would like to thank you for the opportunity to comment on Health Canada's Notice of Intent to Restrict the Marketing and Advertising of Opioids.

CPhA is the national voice of Canada's 41,000 pharmacists, who are on the front lines of the opioid crisis. Every day, pharmacists provide counseling to patients on the appropriate use of prescription opioids at the time of dispensing. They further monitor long-term opioid use through medication review services; support addiction management therapy for Canadians; and participate in harm reduction strategies, such as dispensing and training patients on the overdose-reversing drug naloxone. CPhA is committed to supporting pharmacists as they work to prevent the harms associated with opioid misuse among their patients.

Restricting the marketing and advertising of opioids

Although the majority of opioid related overdoses are associated with illegal opioids, we recognize that the dangers associated with opioid use are also linked to prescription opioids. In fact, pharmacists are often the first to notice drug related problems in patients taking prescribed opioids, which require appropriate interventions in order to prevent further and more serious harms, such as misuse or overdose. This is why we believe it is essential to address inappropriate opioid prescribing, and we are pleased that Health Canada is taking further action in this critical area.



While we cannot comment on the frequency and extent of opioid marketing to prescribers, we recognize and support the growing body of evidence that demonstrates how manufacturer payments and marketing can influence prescribing decisions. This includes the recent study published in *JAMA Internal Medicine*, which found that physicians who received any opioid pharmaceutical marketing, even as little as a meal paid by opioid manufacturers, increased their prescribing of opioids.¹ Based on this evidence and our priority as health care professionals to ensure the safe and appropriate use of medications for our patients, we generally support Health Canada's proposal to further restrict drug manufacturers' marketing and advertising of opioids.

Further recommendations

We commend Health Canada for recognizing the significance of inappropriate prescribing within the context of the opioid crisis; however we believe that a more comprehensive approach is required to support and enable health professionals, notably pharmacists, to have a more meaningful impact in their day to day efforts.

When a patient arrives at the pharmacy with a prescription, a pharmacist's first goal is to ensure that the medication prescribed for that patient is safe and appropriate. Regulatory changes have been introduced in most provinces to authorize pharmacists to adapt prescriptions to ensure the patient receives the most safe and effective therapy for their specific indication. This can involve making adjustments to dosing, quantities, dosage forms or directions for a particular medication. However, this authority does not currently extend to prescriptions for opioid medications.

It is common for community pharmacists to receive prescriptions for inappropriate dosages and quantities of initial opioid prescriptions. The Controlled Drugs and Substances Act (CDSA) does not currently include pharmacists in the list of practitioners who can prescribe and adapt CDSA-scheduled drugs. If provided this designation, pharmacists with this authority could, where appropriate, reduce the dosage of opioids for patients; administer a patient's opioid tapering plan; and recommend and prescribe alternative therapies to opioids, such as non-steroidal anti-inflammatories.

For this reason, CPhA recommends that changes be made to the CDSA to include pharmacists in the definition of "practitioner." These changes are required as a first step to enable provincial governments to make the necessary regulatory changes to authorize this scope of practice change for pharmacists. With the appropriate safeguards and limitations in place, and supported with robust training and certification, these measures would enhance the oversight of opioid therapy management in Canada and improve patient outcomes.



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Conclusion

In order to effectively control the opioid crisis in Canada, we must reexamine our practices and find innovative solutions while also balancing the need to maintain access to opioids for patients who require them. The appropriate scheduling of opioid medications and restrictions on opioid marketing are indeed important pieces of the larger crisis mitigation strategy. However, this strategy should also include fully leveraging the skills and expertise of the pharmacist profession and empowering pharmacists to adapt opioid prescriptions for the benefit and safety of patients.

CPhA looks forward to working with Health Canada to further demonstrate the pharmacy community's commitment to achieve meaningful and effective action to combat the opioid crisis in Canada. Should you have any questions related to this submission, please contact me at 613-523-7877 or by email at ikrawchenko@pharmacists.ca.

Yours sincerely,

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1. Scott E. Hadland et al. Association of Pharmaceutical Industry Marketing of Opioid Products to Physicians With Subsequent Opioid Prescribing. *JAMA Internal Medicine*, 2018 DOI: [10.1001/jamainternmed.2018.1999](https://doi.org/10.1001/jamainternmed.2018.1999)