



# Remarks to the Standing Committee on Health Emergency Situation Facing Canadians in Light of the COVID-19 Pandemic

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CPhA Witness:

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*(Check against delivery)*

Good afternoon and thank you for the opportunity to bring a pharmacist's perspective to this important study.

My name is Dr. Danielle Paes, I am the Chief Pharmacist Officer for the Canadian Pharmacists Association. Today I'm joining you from the traditional and unceded territory of the Three Fires Confederacy of First Nations: the Odawa, Ojibway and the Potawatomie.

I'd like to focus my remarks on the impact COVID-19 has had on patient access to primary care and how this has changed pharmacy practice in Canada.

When the pandemic began, access to regular community health services for patients became very limited. Lockdowns meant that many clinics closed and wait times grew tremendously. Because pharmacies are designated as an essential service, we stayed open. It was a scary time for us. We didn't know how the virus was transmitted and how to keep our staff safe.

Adding to this, as everything shut down, patients were coming into pharmacies in droves trying to renew all their prescriptions at once. Our set-up isn't designed to withstand that kind of demand and so it caused huge pressures on drug supply. With most of our medications manufactured outside of Canada, we didn't know if there would be a long-term impact on the supply chain. So, we essentially spent the first few months trying to manage and protect access to medications. At the same time, because we were among the few health-care services seeing patients in-person, we became a primary source of reliable COVID-19 information.

It's only recently that we've started to truly understand the toll that those early days had on our pharmacy teams.

Fast forward a bit and as the Committee will likely be aware, pharmacy teams played a huge role in COVID-19 testing and vaccinations. In fact, we've administered over 17 million vaccine doses and some provinces are relying completely on pharmacies to administer these vaccines moving forward.

While the pandemic has dominated much of our attention, the opioid crisis rages on. Thanks to a federal exemption provided under the Controlled Drugs and Substances Act, pharmacists have been able to close some of the gaps in care for patients who use opioids and other controlled substances. Before the pandemic, if patient came into the pharmacy on a Friday evening for their dose of methadone and the prescription had expired, and their doctor's office was closed, a pharmacist could not dispense the drug.



That patient would have been sent to an emergency department, or worse, as we've heard, they would have turned to street drugs and risked an overdose.

In the current environment, especially as we're facing shortages of primary providers, access to additional services and care from pharmacists are proving to be extremely valuable to Canadians. Unfortunately, our scope and ability to offer equitable access to care across the country is limited. This is particularly true in the remote and rural communities in our Northern territories.

Point of care testing, prescribing and the ability to adapt drug therapy are just some areas of pharmacy practice that are vastly inconsistent from one jurisdiction to another. For example, in Quebec pharmacists were the first in the world to be given the authority to prescribe Paxlovid to treat COVID-19. A few other provinces are now moving in the same direction, but regulatory obstacles have prevented many patients who would benefit from this life-saving therapy from getting it quickly.

Limited access to basic care during the pandemic has been the reality for most people living in Canada. Nearly 15% of Canadians went into the pandemic without a regular health-care provider and about half of adults had a hard time getting the care they needed during the first year.<sup>i,ii</sup> The reduced access to care throughout the pandemic and backlogs we're now seeing across the country have also led to delays in diagnosing and treating chronic diseases, which will have long term impacts on our health-care system.

Pharmacists have the skills, knowledge, and expertise to take on further roles in primary care and should continue to be part of the solution, but to do so we need adequate public funding. Other obstacles include the lack of access to patient medical histories, onerous administrative tasks, and barriers to providing virtual pharmacy services.

In closing, I'd like to also recognize the invaluable role that pharmacy technicians, pharmacy assistants and other pharmacy support staff have played as part of our efforts to address the urgent needs of Canadians. They have put their lives at risk on the front lines and their critical contributions cannot be underestimated.

The pandemic has taken a devastating toll on all Canadians, but it has also been the catalyst that enabled pharmacists to care for our communities more effectively. We now need supports to maintain these positive changes to health-care in Canada.

Thank you to the Committee for the opportunity to share this with you.

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<sup>i</sup> Statistics Canada. Primary health care providers, 2019. Accessed May 16, 2022. <https://www150.statcan.gc.ca/n1/pub/82-625-x/2020001/article/00004-eng.htm>

<sup>ii</sup> Statistics Canada. Survey on Access to Health Care and Pharmaceuticals During the Pandemic, March 2020 to May 2021. Accessed: May 16, 2022. <https://www150.statcan.gc.ca/n1/daily-quotidien/211123/dq211123b-eng.htm>