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Remarks to the Standing Committee on Health

Briefing on the Canadian Response to the Outbreak of the Coronavirus

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Introductions

Thank you for inviting the Canadian Pharmacists Association to appear today, during this rather unusual time.

My name is Dr. Barry Power and I'm joined by my colleague Dr. Shelita Dattani. We are here on behalf of our 43,000 pharmacist colleagues from every province and territory.

We'd like to start today with giving you a quick glimpse into the life of pharmacists, about 80% of whom are in community pharmacies and close to 15% in hospitals. We would also like to touch on 3 issues that are front and centre for pharmacists and their teams at this time.

What are we seeing in pharmacy?

The last few weeks have been intense to say the least. We have seen an incredible surge of people coming into our pharmacies across the country seeking help and support. They are often scared and concerned as they can't get through the 811 line, their doctors offices are closed and they, or a family member, are sick and they need help. We are there for them. We are answering their questions, allaying their fears and providing the care they need.

Pharmacies are also trying to adapt quickly to the changing environment and needs of their patients. To create a safe space for clients, many pharmacies have implemented special hours for seniors and other at-risk individuals. They are adding additional cleaning and disinfecting procedures, often after hours, and are coming up with innovative ways to support physical distancing, like curbside pickup.

I have never been so proud of my profession who are on the front line and who are showing up to work every day. Unlike many of us who can work from home, they cannot, and so we're very humbled to be able to have this opportunity to bring forward some of the major issues and challenges that they are experiencing at the moment.



Surge in demand for medications

One of the things pharmacists are most concerned about during this pandemic is ensuring all Canadians have access to their medications. We have seen a number of troubling trends over the past few weeks. The first sign came about 6 weeks ago, where almost overnight, the supply of masks, hand sanitizer and gloves were sold out. Then about 3 weeks ago, as public health officials started to implement social distancing policies across the country and recommending that people stockpile food and medications, the demand for medications skyrocketed. What we saw was that the volume of demand increased by over 200% in March threatening the integrity of our drug supply chain. If left unchecked, we would have run the risk of running out of medications for our patients.

For fear of medications becoming the next toilet paper, we quickly took action by putting in place a temporary 30-day supply limit of medications. This was critical to protect supply chains, address panic buying and most of all, to ensure that patients could access their drugs in the coming weeks.

In addition to the need to manage demand, we are also concerned about the increase in drug shortages. In the months leading up to March, the government's mandatory drug shortage site had been listing approximately 5 new shortages per day. In the last few weeks, that number has risen about 35% and we are seeing some early signals that those shortages have increased more rapidly in the first few weeks of April.

That is in addition to some of the shortages that we've already seen of medications that are being used directly to treat COVID.

Currently, Health Canada has identified 3 such COVID related severe shortages:

1. First is Hydroxychloroquine, of the subject of much press, having been touted by some prominent figures as a cure to COVID. While there is currently no evidence that this is the case, the demand in hydroxychloroquine is now making it difficult for patients who rely on this drug for conditions like rheumatoid arthritis or lupus.
2. Second is inhalers used for asthma and COPD. The demand for inhalers in the last few months has increased significantly for both hospitals as they prepare for COVID and in the community setting as people stockpile medications.
3. Third are medications being used in hospitals – particularly the sedative medications used in ICU settings for ventilated patients – drugs such as fentanyl and propofol.

COVID-19 is and continues to be a threat to Canada's drug supply.

We recognize that measures such as the 30-day supply impact patients. Thus, we have been urging governments and private insurers to ensure no patient is out of pocket for the additional costs associated to 30-day supply and thankfully progress is being made to address this concern.

We also want to minimize the risks to patients who might need to refill their prescriptions by visiting pharmacies more often. And I'll turn it over to my colleague Sheli to address this.

Deliveries

Physical distancing is especially important for vulnerable Canadians, like seniors, people with chronic diseases and those who are at particular risk of coming into contact with COVID – which is why it's critical that we help



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those people stay at home and why pharmacies have ramped up home medication deliveries in the last few weeks.

In fact, pharmacy deliveries have increased on average 85-150% per pharmacy which, translates to an increase of about **36 deliveries per day per pharmacy**. For many pharmacies, the dramatic increase in deliveries has been a challenge to manage from a cost perspective, but also from a labour perspective, making sure that they have delivery staff who are also protected. This is why we've asked the federal government for \$60M in funding to support free medication deliveries for seniors.

Increasing deliveries is just one way to protect people at risk, while also protecting pharmacy staff.

Access to protective equipment

I would now like to turn to our final point regarding access to personal protective equipment, which is necessary for front line health workers, and pharmacists are no exception.

Pharmacies have been deemed “essential” meaning we stay open when others close. Pharmacists are seeing patients, many of whom are sick, without the necessary protective equipment. While many pharmacies have put in place some protective measures, such as plexiglass barriers and encouraging people with symptoms not to visit the pharmacy in person, there are still many times where we are in direct contact with patients. We are afraid not just for ourselves, but for our families and for our patients—because if we get sick, who will be there to care for them?

In Spain over 50 pharmacies have already closed due to illness. Tragically, 5 pharmacists have died. We have already seen a number of pharmacies close in Canada due to exposure.

Best available evidence suggests that droplet protection PPE should be used by health care workers who may be in close contact (i.e., within 2 meters) of someone suspected of having COVID. Droplet protection PPE consists of four elements: a disposable surgical/procedure mask, a full-length, long sleeved gown, disposable gloves and eye protection (which can include a face shield or goggles).

Unfortunately, pharmacists and others working in the pharmacy are feeling extremely vulnerable at this time. While “pharmacies” have been deemed essential, pharmacists and pharmacy staff have generally not been deemed as essential health care professionals and so have had very limited access to the necessary PPE that is needed. Thus, we call upon the federal government to recognize pharmacists as “essential” and work with the provinces and territories to ensure that they have access to government supply of PPE.

We thank you very much for your time and look forward to questions.