CANADIAN PHARMACISTS ASSOCIATION
ASSOCIATION DES PHARMACIENS DU CANADA

Opening Statement

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Standing Committee on Health

Opioid Crisis in Canada

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CPhA Witnesses

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Good morning everyone, and thank you for the opportunity to be here today.

My name is Alistair Bursey, and I'm a community pharmacist from Fredericton, New Brunswick. Bonjour, je m'appelle Alistair Bursey, et je suis un pharmacien de Fredericton, Nouveau Brunswick. I'm here to speak with you about the growing problem of opioid addiction in our communities, from the perspective of a practitioner at the front lines of an urgent public health crisis.

I'm also the Chair of the Canadian Pharmacists Association – the CPhA – the national voice of Canada's 40,000 pharmacists. I'm joined today by my colleague Phil Emberley, who serves as CPhA's Director of Professional Affairs and also works as a community pharmacist here in Ottawa.

I want to begin by thanking the members of this committee for convening this emergency study. Earlier this year, President Obama compared the opioid epidemic in the US with the threat of terrorism, and set aside over a billion dollars to combat the problem. There's no question that opioid abuse is fast becoming a Canadian epidemic, and we need strong leadership in this country to stem the tide.

Phil and I can tell you that not only are pharmacists the experts when it comes to medication, but that we serve as the eyes and ears of physicians in our communities. Every day in our practices, we come face to face with the tragedy of opioid abuse.

As a pharmacist, my mission is to treat all the patients in my community. Over the years, the number of patients receiving addiction therapy in my practice has grown at an unsettling pace. Generation after generation are caught in the grips of addiction, and often we see them years after the damage has already been done.

We know this problem can't be solved overnight, but there are many things we can do to treat those affected, prevent inappropriate prescribing and dispensing, and to protect youth from the grips of addiction.

Prevention is where I'd like to begin my remarks today. In addition to tackling the existing crisis, we really have to look at some of the underlying causes which have led us to this point.

All levels of government need to work together to take a proactive approach to help prevent opioid misuse early on before it becomes a problem. This must be done through a mix of policies and public awareness of the consequences of opioid misuse and inappropriate use of pain medications. A particular focus should be on educating Canadian youth, as the evidence demonstrates that many young people are exposed to illegal narcotics before they graduate from high school.

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A key to success lies in building effective partnerships with health care providers. Community pharmacists play an important role in educating patients about the harms associated with prescription opioids and other potentially harmful medications.

For example, medication reviews allow pharmacists to review the patient's response to their medications. This service provides an opportunity to educate patients on how to take their pain medication(s) safely, and can also help flag drug-seeking behaviour. Medication reviews can also reveal patient misconceptions about how and when to take medication; flag medications that are not adequately controlling pain, and confer with their prescriber to optimize pain therapy. This valuable interaction between pharmacist and patient is vital to ensuring safe and optimal use of medications. The fact that we see each Canadian on average 14 times per year, provides us a great opportunity to intervene with our expertise, to consult with family physicians to improve patient pain control.

CPhA supports the government's recent announcement that it will proceed with regulatory changes requiring opioids to carry warning stickers and come with patient information sheets describing addiction and overdose risks. It's a good start. But pamphlets and warning labels are no substitute for pharmacist care. That's why CPhA recommends that all jurisdictions, including the federal government as a provider of health services, expand funding for pharmacists' services to include pharmacist pain medication reviews. Funding pharmacist consultation and follow up would go a long way to improving the outcome of these patients.

Education goes hand in hand with better prescribing practices. The government has acknowledged more must be done to support better prescribing of opioids, but Canada has fallen behind. We know that outdated Canadian prescribing guidelines simply do not reflect the best available evidence, yet our standards haven't caught up.

While new guidelines are expected next year, prescribers may feel pressured to prescribe opioids to patients experiencing acute or chronic pain without first trying non-drug approaches. In the United States, the Centers for Disease Control encourage prescribers to start patients with low doses while providing a limited supply – we must immediately adopt comparable standards here in Canada to ensure patients receive the best possible care.

Prescribing guidelines are not the only thing that must change in order for our profession to be more effective in decreasing the inappropriate use of opioid medications. Pharmacy is the safest, most efficient, and accountable delivery model for dispensing prescription drugs, but pharmacists can be only as effective as the tools at their disposal. The existing patchwork of prescription monitoring programs (PMP) across

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Canada is no match for the problems of polypharmacy and double-doctoring. PMP's are a stop-gap solution.

Moving beyond prescription monitoring to implementing a fully integrated Drug Information Systems – or "DIS" and functional Electronic Health Records, also known as EHRs, in every province and territory would ensure that pharmacists and physicians have access to the information they need to work collaboratively to monitor inappropriate prescribing and address drug-seeking behaviour. Greater accountability will result when prescribers are unable to claim they were unaware that a patient was being treated by another physician. The progress of deploying EHR and DIS across the country needs to be accelerated to give us the tools we need to reduce opioid addiction.

Public drug plans can also help limit the supply of prescription opioids by limiting the number of opioid doses that can be reimbursed within a specific time period. In my home province of New Brunswick, opioids and other controlled drugs have been limited to a maximum 35-day supply for over twenty years, yet similar controls are not in place across the country. Limiting the maximum supply provides pharmacists with more frequent opportunities for monitoring and intervention, and a much tighter turnaround time to engage the prescriber if required.

From a public safety perspective, limiting the maximum supply results in a decreased 'inventory' of narcotics in our communities. I know from my own experience that pain and chemotherapy patients have been violently targeted by criminals for their prescription opioids. Dispensing fewer capsules at a time can help reduce the risk of diversion.

However, limiting diversion of prescription opioids from pharmacies is a drop in the bucket in fighting this public health crisis. Counterfeit pharmaceuticals manufactured illegally in clandestine labs are fuelling the overdose epidemic – plain and simple.

These drugs are highly dangerous, putting users at high risk of overdose since it's impossible to know what or how much of a given substance they contain. Illicit manufacturing of synthetic opioids like fentanyl is increasingly common, and law enforcement needs tools at its disposal to curb the growing supply.

The government has made good progress through the restriction of pre-cursor chemicals, but more can be done to limit production of these dangerous drugs. The Canadian Chiefs of Police report that criminals are importing commercial pill presses into Canada, but that border agents don't have authority to seize them. To put this in perspective, these machines can be purchased online for less than ten thousand dollars, and can make between 10,000 and 18,000 pills per hour.

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As a pharmacist, I can tell you there is simply no reason for an individual to be in possession of one of these machines. CPhA strongly urges the government to impose penalties for the importation of pill presses and tableting machines, and to limit possession to pharmacists and others holding an appropriate license.

Finally, we can't forget the human face of opioid abuse and we can't turn our backs on people who have already succumbed to opioid abuse. We need more programs to help those who are currently addicted to opioids. Pharmacists play a front line role in assisting recovering addicts by dispensing drugs to treat addiction such as methadone, suboxone and naloxone , providing regular support, monitoring and follow-up. These programs and the health providers who deliver them, need more support.

There is no magic bullet to put an end to a crisis decades in the making. But we also want to be careful of unintended consequences. As we start to restrict the legal access to these drugs, front line health care workers can be put at risk. Pharmacists will be the first to experience intimidation, threats, and unfortunately robberies.

Lawmakers, regulators and health care professionals must work cooperatively to find solutions to stem the tide of addiction. Pharmacists are committed to being a major part of the solution, and we ask for this committee's support in combating opioid abuse in Canada.

Thank you – Phil and I would be pleased to take your questions.

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