Recommendation to include pharmacists as practitioners within the Controlled Drugs and Substances Act (CDSA)

As drug experts with an obligation to ensure safe and optimal use of medications, pharmacists have a key role to play in the prevention and treatment of opioid harms and dependency, including in the area of appropriate opioid prescribing and dispensing. In most provinces, pharmacists are authorized 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. This authority does not currently extend to prescriptions for opioid medications.

Opioid prescriptions in Canada

- The proportion of all opioid prescriptions that were for strong opioids rose by 5% between 2012 and 2016. Although this increase is modest, it is of concern given the increased risk of substance abuse associated with the use of strong opioids.
- During this same timeframe, there was a significant increase in the use of the weaker opioid tramadol. Tramadol prescriptions and defined daily doses rose by 30% and 23%, respectively.
- For seniors aged 65 and older, more than 200 per 1,000 population were prescribed an opioid in 2015–2016. During this time, seniors had the highest rate of hospitalizations resulting from opioid poisonings.

The need for increased monitoring and management of opioid prescribing

- It is common for community pharmacists to receive prescriptions for inappropriate dosages and quantities of initial opioid prescriptions.
- Pharmacists also encounter patients who may require a change or a refill for their opioid or opioid antagonist prescription (e.g. methadone) at times when their physician is unavailable or their clinic is closed. A treatment interruption in this situation may be dangerous and can lead patients to seek opioids from the illegal market.
- 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, such as opioids.

Pharmacists as “practitioners” within the CDSA

Pharmacists are well positioned to take on a larger role in curbing opioid dependency and misuse through increased monitoring and intervention of inappropriate prescribing and dispensing practices.
This can be achieved by amending the Controlled Drugs and Substances Act (CDSA) to include pharmacists as “practitioners” authorized to prescribe controlled drugs and substances.

If pharmacists were granted the authority to adapt CDSA-scheduled drugs and if they were given access to the indication for opioid treatment, they could, where appropriate, help manage patients’ opioid therapy through the following activities:

- Renew or extend a prescription
- Reduce the dosage of opioids
- Administer a patient’s opioid tapering plan
- Manage opioid replacement therapy, such as methadone and buprenorphine/naloxone (suboxone), to achieve appropriate dosing
- Recommend and prescribe alternative therapies to opioids (e.g. non-steroidal anti-inflammatories)

As with non-opioid prescription adaptations, such activities would be accompanied by collaboration and communication to the original prescriber as well as appropriate documentation and reporting.

We urge the federal government to amend the CDSA to include pharmacists as “practitioners” authorized to prescribe controlled drugs and substances and demand that all opioid prescriptions include an indication for treatment.

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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