Pharmacy Opioid Summit

COLLECTION OF ORGANIZATIONAL COMMITMENTS

June 2, 2017
ALBERTA COLLEGE OF PHARMACISTS

Dale Cooney, Deputy Registrar
Greg Eberhart, Registrar

1. We proposed amendments to the Scheduled Drugs Regulation (Alberta), to move all non-prescription codeine products to Schedule 1, meaning that they would require a prescription.

2. We partner with other organizations in the Triplicate Prescription Program, a prescription monitoring program for drugs of potential abuse
   - We collaborate with the College of Physicians and Surgeons of Alberta to communicate with our respective registrants about high risk individuals

3. We sit as a member of the Provincial Urgent Opioid Response Coordinating Committee

4. We participated in the development of procedures for the distribution of Naloxone kits and provided guidelines for pharmacists to provide

5. Naloxone kits as a schedule 2 drug; and later, as an unscheduled drug

6. We have collaborated with the College of Physicians and Surgeons as a presenter at their Forum regarding Opioid Prescribing and provided input to the development of prescribing standards for drugs with abuse potential

7. Council has supported the development of policy under consideration by Alberta Health regarding the distribution of opioids to patients covered by government programs

8. We are developing standards/guidelines for pharmacists re dispensing of prescriptions for opioids. These will be considered at the June meeting of ACP council.

ALBERTA PHARMACISTS’ ASSOCIATION

Margaret Wing, CEO
Jody Shkrobot, President

1. Take Home Naloxone (THN) Education program (Online)
   a. We are a partner organization for educating community pharmacists and registering sites for access to THN kits.
   b. CCCEP Accredited 0.5 CEUs

   Category  Education
   Partners  Alberta Health, Alberta Health Services

2. Beyond Naloxone: What Role Will Pharmacists Play in Alberta’s Opioid Crisis – Education Program (Online)
   a. CCCEP Accredited 1.0 CEU

   Category  Education

   **Category**  Education  
   **Partners**  TPP?, Alberta College of Family Physicians?, Alberta College of Physicians and Surgeons?

4. Triplicate Prescription Program
   a. RxA is a partner in this provincial program that aims to reduce the misuse and abuse of prescription drugs, especially that of opioids.
   b. The TPP collects prescribing and dispensing data for listed drugs. When the data meet certain criteria, physicians and others involved in the care of the patient are alerted, provided with information and directed to resources to support them in providing safe care.

   **Category**  Control and Monitoring  
   **Partners**  Alberta College of Pharmacists, the College of Physicians and Surgeons of Alberta, the Alberta Medical Association, the College and Association of Registered Nurses, the Alberta Dental Association and College, the Alberta Veterinarian Medical Association, Alberta Health and Alberta Health Services.

   **Timeline**  Ongoing

5. NetCARE/PIN support and engagement
   a. RxA supports the adoption of the provincial electronic health record known as NetCARE along with the repository of dispensed medications known as the Pharmaceutical Information Network by administering grants to enable uptake by pharmacies.
   b. Currently the majority of pharmacies batch their dispensed information each day into PIN however this is changing with the support of RxA to the real time integration of data.
   c. The benefit of PIN is that all clinicians have access to a patient’s drug profile and can assess the potential for medication misuse.

   **Category**  Control and monitoring  
   **Partners**  Alberta College of Pharmacists, Alberta Health  
   **Timeline**  Ongoing

**ASSOCIATION DES PHARMACIENS DES ÉTABLISSEMENTS DE SANTÉ DU QUÉBEC**

François Paradis, Président  
Linda Vaillant, Directrice générale

1. Offrir une formation aux pharmaciens d’établissements sur la gestion des surdoses (accidentelles ou volontaires)
   **Catégorie**  Éducation

2. Offrir une formation aux pharmaciens d’établissements sur la gestion de la douleur (incluant l’utilisation de molécules autres que les opiacés)
   **Catégorie**  Éducation
ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

Beth Sproule, Chair, AFPC Opioid Working Group
Janet Cooper, Executive Director

1. Conduct an environmental scan to identify faculty experts, best teaching practices and the extent to which current curricula addresses pain management, opioid use and misuse.
   - Develop plan for environmental scan
   - Data collection
   - Analyze, interpret scan results
   - Develop and implement dissemination plan
   - AFPC Annual Conference presentation

Category: Education
Partners: 10 Canadian Pharmacy Faculties
Timeline: June 2017

2. Adapt and disseminate the recommendations of the First Do No Harm: Responding to Canada’s Prescription Drug Crisis Strategy “Competencies for health professionals in pain management, drug prescribing, dependence, addiction and abuse” within the curricula for undergraduate levels and continuing professional development of the 10 faculties of pharmacy
   - Adapt:
     - Draft competencies for pharmacists
     - Stakeholder consultations on draft document
     - Finalize competency document
   - Disseminate:
     - Develop dissemination plan
     - Implement plan
     - (Monitor uptake)

Category: Education
Partners: 10 Canadian Pharmacy Faculties
Timeline: October 2017

ASSOCIATION QUÉBÉCOISE DES PHARMACIENS PROPRIÉTAIRES

Jean Bourcier, Executive Vice-President and General Director
Jean Thiffault, Président

1. Early dissemination of information on the use of naloxone and on the National collective prescription developed by INESSS for community pharmacists based in Quebec.

Category: Education
Timeline: May 2017
2. Participation in the multi stakeholder working group set up by OPQ to establish a plan of action for the safer use of opioids in Quebec.

Category: Control & Monitoring  
Partners: OPQ, APES  
Timeline: Starting June 2017

3. Work with RAMQ-DSQ and pharmacy software developers to ensure that all exempted codeine products dispensed by pharmacists appear in the DSQ.

Category: Control & Monitoring  
Partners: RAMQ  
Timeline: Ongoing

4. Request from RAMQ and public health for a wider reimbursement of naloxone and coverage of a complete kit.

Category: Prevention  
Partners: RAMQ, Quebec Public Health  
Timeline: Ongoing

5. Share with members ongoing and new initiatives and control measures for proper use of opioids for pain management and for limiting diversion.

Category: Education  
Timeline: Ongoing

**BRITISH COLUMBIA PHARMACY ASSOCIATION**

Mark Dickson, BCPhA Board Director & CPhA Board Director representing BCPhA

1. Take Home Naloxone (THN) Kit Distribution & Education
   a. We are a partner organization for educating community pharmacists and ensuring they educate patients and others who purchase a Naloxone kit in a pharmacy.
   b. We are currently in discussions with BCCDC regarding distribution of free THN kits in select pharmacies throughout BC.

Category: Education  
Partners: BC Centre for Disease Control (BCCDC)  
Timeline: Ongoing

2. In discussion with Medical Beneficiary & Pharmaceutical Services Division (MBPSD) of the BC Ministry of Health regarding the development and implementation of a new CCCEP accredited Opioid Substitution Treatment & Compliance Program (education program for pharmacists)

Category: Education  
Partners: MBPSD & BC Centre on Substance Use (BCCSU)  
Timeline: In discussions with MBPSD
3. Exploring a feasibility pilot in pharmacies of low barrier oral to injectable hydromorphone to prevent fatal overdose deaths

**Category**  
Education & Service Delivery  
**Partners**  
BCCSU  
**Timeline**  
In discussions with BCCSU

**CANADIAN COUNCIL ON CONTINUING EDUCATION IN PHARMACY**

Philip Emberley, President

1. CCCCEP will develop a competency-mapped accreditation system to ensure that continuing education programs meet the standards and criteria for the required competencies to provide optimum emergency and ongoing care and medication management for patients with opioid dependency and/or other related health conditions.

**Category**  
Education  
**Partners**  
To be determined. Open to any interested program provider, regulatory authority, professional association and other stakeholders.  
**Timeline**  
September 2018

**CANADIAN GENERIC PHARMACEUTICAL ASSOCIATION**

Anne Wilkie, Vice President, Scientific & Regulatory Affairs

1. CGPA members meet and in many cases exceed regulatory requirements to ensure the manufacturing and sale of safe, effective lower cost treatment options and to minimize the potential for diversion.

**Category**  
Control & Monitoring  
**Partners**  
Manufacturing & Distribution System Stakeholders  
**Timeline**  
Ongoing

2. Our member companies support efforts to educate physicians on appropriate prescribing and patient education on appropriate use and safe storage to prevent diversion. Focusing efforts towards proposals that address the route of the problem such as better control and guidance at the prescriber and patient level would lead to a more complete long-term solution while maintaining adequate access for Canadians that require such pain medication.

**Category**  
Education  
**Partners**  
Healthcare professionals  
**Timeline**  
Ongoing
CANADIAN PHARMACISTS ASSOCIATION

Alistair Bursey, President
Perry Eisenschmid, Chief Executive Officer

1. Developing a sector-wide strategy in Pharmacy on opioid misuse focused on prevention, control and monitoring and addiction management. This will include maximum dispensed quantities of narcotics, effective pain management, Drug Information System / Electronic Health Record monitoring systems to help reduce diversion, and addiction treatment programs, among others. The strategy will advance education programs, as well as regulatory and practice guidelines.

   Partners: Pharmacy community
   Timeline: October 2017

2. Undertaking and promoting pharmacy practice based research in the area of opioid abuse (e.g., addiction management, optimal strategies for managing co-morbidities, innovative and best practice pharmacy approaches, and de-prescribing strategies).

3. Producing an environmental scan of Continuing Professional Development programs across the country as they relate to pharmacists to better understand what already exists and to ensure that there is no duplication.

4. Continuing to work with Health Canada, Regulatory Authorities and stakeholders towards extending prescribing authority for pharmacists to include medication management of controlled substances.

CANADIAN SOCIETY OF HOSPITAL PHARMACISTS

Dr Myrella Roy, Executive Director
Dr Glen Pearson, Past-President

1. Provide feedback on any revisions of Accreditation Canada’s Qmentum medication management standards in light of the Joint Statement of Action to Address the Opioid Crisis

   Category: Prevention
   Partners: Accreditation Canada
   Timeline: Contingent on timing of standard review by Accreditation Canada

2. Work with Health Canada, HealthCareCAN, other stakeholders, and CSHP members to identify best practices related to the handling and monitoring of medications within hospitals with the aim of reducing the loss and/or theft of opioid medications.

   Category: Control and monitoring
   Partners: Health Canada, HealthCareCAN
   Timeline: Ongoing
COSTCO PHARMACY

Lawrence Varga, GMM Operations
Joseph Hanna, Director Rx Buying/Pharmacy Benefits & Professional Services

1. Each pharmacy has been sent a minimum inventory level of 2 Take Home Naloxone (THN) kits with injectable naloxone. All pharmacy managers are familiar with provincial standards for providing THN, and ensure they have taken any steps needed to competently and confidently provide customer.
   - Category: Harm Reduction
   - Partners: Provincial Pharmacy Associations, Regulators, Manufacturers, Distributors
   - Timeline: April 2017

2. Narcan nasal spray has been acquired and two units have been shipped to each location for overdose patients that occur on the premises. Conference calls have occurred with all pharmacy managers across Canada.
   - Category: Harm Reduction
   - Partners: Internal, Adapt Pharma
   - Timeline: April 2017

3. Implemented fentanyl patch-for-patch program in Ontario.
   - Category: Education/Control and Monitoring
   - Partners: Pharmacy Associations, Regulators, Manufacturers
   - Timeline: Oct 2016

4. Restricted all Imodium and generic Imodium products to a maximum of three packages. Placed these products behind the counter, requiring pharmacist consultation for each sale of product.
   - Category: Prevention
   - Partners: Internal
   - Timeline: May 2017

NATIONAL ASSOCIATION OF PHARMACY REGULATORY AUTHORITIES

Anjli Acharya, President
Adele Fifield, Executive Director

The National Association of Pharmacy Regulatory Authorities (Nov. 2016) Commitments:
The commitments of the National Association of Pharmacy Regulatory Authorities (NAPRA) are included simply for information-sharing. NAPRA’s engagement on the opioid crisis is solely through its participation on the Joint Statement of Action to Address the Opioid Crisis that was signed in November 2016. Because of the unique role of pharmacy regulators in public protection and as regulators of the profession, NAPRA and its members do not participate in pharmacy sector initiatives led by other organizations.

1. Developing and implementing a pharmacist-patient communication tool that will provide guidance to pharmacists on how to have difficult conversations with patients regarding opioid use.
   - Timeline: November 2017
2. Contributing to national monitoring and surveillance through compiling the extent by which provinces are able to gather data from multiple sources on the doses of opioids, for example, in “morphine equivalents” or another common measure, to possibly correlate national Prescription Monitoring Program data with new national guidelines on watchful doses that are prescribed to patients across all provinces and territories and Canadian Forces Pharmacy Services.

**Timeline** November 2018

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**NEIGHBOURHOOD PHARMACY ASSOCIATION OF CANADA**

Justin J. Bates, Chief Executive Officer

1. ISMP and Neighbourhood Pharmacies developed and distributed patient opioid handout for stores as a bag stuffer
2. Supported efforts to get Naloxone kits to pharmacies and advocating for funding (ON) along with other pharmacy stakeholders

Advocacy efforts related to Opioids:
- Changes to methadone dispensing to promote the most appropriate behaviour including shifting to Suboxone
- Promoting programs to better inform patients on the risks of opioids
- Working with stakeholders to improve the evidence base
- Promoting better treatment options for patients
- Reducing easy access to unnecessary opioids
- Enabling pharmacists to adapt opioid prescriptions
- Promoting the need for new practice guidelines
- Promoting the need for integrated and harmonized health information technologies
- Participating in the Pain Management Forum

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**NEW BRUNSWICK PHARMACISTS ASSOCIATION**

Paul Blanchard, Executive Director
Andrew Brillant, President

1. We are working still with Government to implement an electronic Prescription Monitoring program. While all pharmacies are now connected, the PMP is still not complete as it is not firing messages or alerts to pharmacies. The NBPA will continue to co-chair a working group with NB Department of Health that will develop and implement an integrated pharmacy Drug Information System including a Prescription Monitoring Program.
2. The NBPA will work toward the adoption of a policy to ensure that all exempted codeine products (dispense and refusals) be recorded in the PMP/DIS. We think this is an initiative that will promote harm reduction in New Brunswick.
3. The NBPA will develop a list of pharmacies that provide naloxone kits for sale. Our Government is not funding naloxone kits to consumers.
1. Opioid Addiction and Substitution Therapy Online Modules (24 in total):
   • These modules are acceptable for meeting the OCP required training update. Updates are required at minimum every five years.
   • Note: These modules do not satisfy initial training requirements. They are not intended to replace the CAMH Opioid Dependence Treatment course, which Designated Managers and pharmacists are required to complete in order to dispense methadone as outlined in OCP’s “Methadone Maintenance Treatment and Dispensing Policy”.

   **Category** Complementary education for members and non-members
   **Partners** Ontario Ministry of Health & Long Term Care
   **Timeline** Ongoing

2. Take-Home Naloxone in Community Pharmacies:
   • Pre-requisite to dispense free take-home naloxone kits via the MOHLTC’s Ontario Naloxone Program in Pharmacies (ONPP)

   **Category** Complementary education for members and non-members
   **Partners** Ontario Ministry of Health & Long Term Care
   **Timeline** Ongoing

3. Naloxone in Pharmacies – Obligation, Opportunity and Optics
   • Provides a quick overview on naloxone’s pharmacology, the societal context behind naloxone programs, pharmacy’s role in naloxone programs, the importance and impact of naloxone to the business of pharmacy and to the profession as a whole

   **Category** Practice Support (currently unaccredited, complementary education)
   **Timeline** Ongoing

4. Downloadable naloxone posters
   • One for posting inside pharmacies and another designed for non-pharmacy establishments to create awareness (night clubs, restaurants, community centres, etc.)
   • Free for members and non-members

   **Category** Prevention
   **Timeline** Ongoing

5. Methadone, Buprenorphine and the Community:
   • Full-day workshop which includes an overview of addiction and treatment strategies and a review of the latest OCP policy on dispensing methadone.
   • Also focuses on destigmatizing methadone maintenance treatment and addresses the effect of methadone clinics and programs on the community.
   • A session on pain management explores situations in which patients on methadone or buprenorphine/naloxone maintenance treatment may require analgesics and what options they may have.
   • Accredited for 8.0 CEUs
6. (i) Methadone Toolkit:
   (ii) Buprenorphine Toolkit:
   • Developed by OPA for pharmacists in Ontario as a general guide to support those wishing to
     initiate a methadone or buprenorphine/naloxone program in their pharmacy setting.
   • The resource materials provided in this toolkit are for general information purposes only and
     are NOT meant to be used “as is”.

7. Ontario Patch-for-Patch Legislation
   • Stemmed from OPA’s participation on an Ontario Association of Chiefs of Police (OACC)
     Taskforce on a voluntary fentanyl patch return program

8. OPA MASTER Plan for Pain Management
   • Currently in development
   • Multi-disciplinary
   • Possibility of serving as a prerequisite for a proposed MedsCheck Pain Mgmt program

9. Inter-professional Collaboration and Patient-Centered Care in Pain Management:
   • Interprofessional practice research initiative aimed at identifying facilitators and barriers of
     interprofessional collaboration related to pain management and patient-centered care within
     the community setting
ORDRE DES PHARMACIENS DU QUÉBEC

Patrick Boudreault, directeur des affaires externes et du soutien professionnel

1. Mobiliser les partenaires afin d’établir un plan d’action pour un usage sécuritaire des opioïdes au Québec.
2. Établir un programme de surveillance des prescriptions des opioïdes afin d’identifier les pratiques jugées à risqué.
3. Promouvoir un usage optimal des opioïdes et encourager les pratiques de prescription sécuritaires.
4. Collaborer avec les partenaires afin de mettre à jour les lignes directrices et les programmes de formation en tenant compte des meilleures pratiques dans le domaine du traitement de la douleur.

PFIZER CANADA

Geneviève Pelletier, National Manager, Pharmacy Relations

1. Continued research efforts into tanezumab and other molecules for pain-related conditions
   Category  Research
   Timeline   Ongoing

2. Make available various Pfizer non-opioid pain medicines on the Canadian market
   Category  Prevention
   Timeline   Ongoing

PHARMACISTS’ ASSOCIATION NEWFOUNDLAND & LABRADOR

Glenda Power, Executive Director
Steve Gillingham, President

1. PANL will offer annual training for pharmacists related to the opioid crisis, as part of the continuing education program at its annual conference.
   Category  Education
   Timeline   September 2017, ongoing annual commitment

2. PANL will support the Government of Newfoundland and Labrador’s Take Home Naloxone Kit program to increase capacity for opioid overdose response, with participation by pharmacy members in the distribution of kits for the public.
   Category  Addiction management
   Partners  Government of NL
   Timeline   September 2017
3. PANL supports implementation by the Government of Newfoundland and Labrador of a Provincial Prescription Monitoring Program, of which a key element is the connection of pharmacies to the Provincial Pharmacy Network. As of May 12, 2017, 98% of pharmacies are connected.

**Category**  Control and monitoring

**Partners**  Government of NL, Newfoundland and Labrador Center for Health Information

**Timeline**  June 2017

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**PHARMACISTS MANITOBA**

**Barret Procyshyn, Vice-President**

1. Work with the College of Pharmacists of Manitoba (CPhM) and the College of Pharmacy (U of M) to foster a unified approach for managing opioids for chronic non-cancer pain within the province of Manitoba.

**Category**  Education, Prevention, Control and Monitoring

**Partners**  College of Pharmacists of Manitoba (CPhM) and the College of Pharmacy (U of M)

2. Encourage members to become naloxone trained and member pharmacies to stock Take Home Naloxone (THN) kits so as to enable public access for high risk opioid users. Refer members to the college for registration and public listing for THN kit access

**Category**  Control and Monitoring

3. Collaboratively develop, with stakeholder input, an ongoing clinical opioid monitoring/communication tool for assessing patient response, risks etc., for patients with chronic pain in alignment with parameters and recommendations established by the new Canadian guidelines

**Category**  Education, Control and Monitoring

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**PHARMACY ASSOCIATION OF NOVA SCOTIA**

**Allison Bodnar, Executive Director**

1. PANS is actively participating on the Provincial Working Group that has been developing an Action Plan on Opioid Misuse and Overdose. There are seven subgroups (Data Collection & Monitoring, Health Promotion, Harm Reduction, Access to Naloxone, Opioid Addiction Treatment, Enhancing Opioid Prescribing and Pain Management: prescription monitoring and Justice/Law Enforcement). PANS has been actively participating in the Health Promotion, Access to Naloxone and Enhancing Opioid Prescribing and Pain Management Committees. Recommendations were made in late winter and Government is moving ahead with a provincial take home naloxone program. PANS is currently working with Government on operational details for the program.
2. In 2016, PANS provided take home naloxone kits to the majority of pharmacies so that Naloxone would be available in pharmacies throughout Nova Scotia. We provided education and training on Naloxone as well an on-line resource centre for pharmacies. We continue to provide kits to pharmacies as required and will do so until a provincial program is implemented.

3. We continue to provide up to date information to member pharmacists on this issue nationally, as well as new prescribing standards and will be providing education on this issue at our upcoming fall conference. We are currently looking at continuing education on pain management, addiction and the new prescribing guidelines.

PHARMACY ASSOCIATION OF SASKATCHEWAN

Paul Bazin, Incoming Chair
Julia Bareham, past-Chair

1. PAS has and will continue to ensure our pharmacists have necessary education and access to support materials related to the opioid crisis and naloxone.

2. PAS has and will continue to ensure that there are no barriers to getting naloxone kits into pharmacies for distribution, including working with our Owner’s Council to identify and manage issues.

3. PAS has worked with other stakeholders, including government and will continue to work within any provincial or national strategy to address the opioid crisis.

4. PAS will collaborate with other stakeholders to determine strategies to limit diversion (e.g. limiting stock in brand name products like Dilaudid)

5. PAS will continue to work collaboratively with the federal government, through NIHB, to ensure federally-covered patients also have access to necessary naloxone kits.

PRINCE EDWARD ISLAND PHARMACISTS ASSOCIATION

Erin MacKenzie, Executive Director

1. The PEIPhA executive director has been asked by the province to participate in one of three task groups that will assist in developing a provincial action plan to prevent opioid-related overdose and death, “The Collaboration on Supply” task group. (The others are “Opioid Surveillance” & “Harm Reduction”).

   **Partners**  
   Collaboration on Supply Working Group:  
   Health PEI, PEI Pharmacists Assoc., PEI College of Pharmacists, College of Physicians/Surg. Dental Association, Assoc. RNs (ARNPEI), RCMP

   **Timeline**  
   2017-2018
2. The Collaboration on supply group is addressing:
   • Appropriate prescribing and dispensing
   • Reducing diversion of prescribed opioids
   • Identify instances of abuse and misuse of monitored drugs
   • Trends in legal and illegal opioids
   • Timely data reporting

3. Strategies include:
   • Initiating formal prescription monitoring program in PEI
   • Strengthen prescribing and dispensing practices
   • Reduce diversion of prescribed opioids

PURDUE PHARMA (CANADA)

Walter Robinson, Senior Director, Government and Stakeholder Affairs

1. Purdue Pharma (Canada) will continue to research and develop abuse-deterrent/tamper-resistant technologies designed to make our medicines less attractive or vulnerable to misuse and abuse while continuing to ensure they are safe and effective for patients. Furthermore, we will continue advocate for public policies that facilitate the broader adoption and use of these technologies, regardless of manufacturer, across the entire class of immediate- and controlled-release prescription opioids.

   Categories  Research, Prevention, Addiction Management
   Timeline  Ongoing

2. Purdue Pharma (Canada) will continue to ensure all of its Healthcare Professional Education modules submitted to relevant colleges/regulatory bodies reflect a guidelines approach to clinical decision-making when/where opioids are considered as part of the treatment option for chronic non-cancer pain.

   Categories  Education
   Timeline  In process given publication of new NOUGG guidelines and timetables of relevant HCP colleges.

3. Purdue Pharma (Canada) will continue to annually produce the Prescription Opioid Analgesics and Stimulants Marketed in Canada product identification pamphlet – in both official languages – which is used by law enforcement, public health officials, first responders and other stakeholders in Canada.

   Categories  Education, Prevention, Control & Monitoring
   Partners  CPhA
   Timeline  Ongoing
SANDOZ CANADA

Angela Nguyen, Scientific Director

1. Sandoz Canada is committed to the manufacturing of high-quality, safe, and effective products which fully comply with rigorous international quality and ethical standards, regulatory requirements, and Health Canada approved uses. Patients’ safety is our priority.

   Category: Control and Monitoring
   Partners: Federal-Provincial-Territorial (FPT) stakeholders
   Timeline: Ongoing

2. Sandoz Canada is committed to working in close collaboration with relevant authorities to ensure the healthy and proper use of synthetic opioid drugs, the availability of an appropriate antidote, and to support best evidence-based practices in addressing the opioid crisis.

   Category: Control and Monitoring
   Partners: FPT stakeholders
   Timeline: Ongoing

SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

Ray Joubert, Registrar
Justin Kosar, President Elect

1. Prescription Review Program.
   a. We are a partner organization
   b. Recent bylaws authorize an expanded role. Not implemented due to limited resources
   c. Interested in exploring strategies to enhance PRP’s effectiveness in addressing the problem

2. Pharmaceutical Information Program
   a. Involved in pharmacy practice management system integration. 100% of pharmacies are now integrated
   b. Dedicate resources to the PIP Data Quality Improvement Program

3. Rx Files
   a. When opportunities arise, promote their resources to pharmacists (e.g. Fentanyl patch to patch protocol and forms)

4. Naloxone
   a. Have authority to schedule conditions of sale from pharmacies
   b. Can work with the Ministry on strategies to increase access
   c. Work with the Pharmacy Association of Saskatchewan’s lead on initiatives on availability through pharmacies
Other

• Frequently send advisories to pharmacies alerting of drug diversion (stolen prescription pads, double doctoring, forgery alerts, other crimes, recently discovery of W-18 in the province)
• Supported U of S graduate student research into the barriers and needs of pharmacists and are strategizing with the U of S on how to mobilize the research findings
• Playing a lead role on preventing prescription drug abuse is no longer a strategic goal (aligned with “First Do No Harm” and found that we could accomplish very little alone). Nevertheless under our new strategic plan, we can reconsider this decision, in particular exploring how we might leverage policies and regulatory strategies. For that purpose we are mostly interested in exploring the good and effective resources in this province, how we can make them better in a collaborative manner (e.g. medSask, RxFiles, PIP, PRP, continuing pharmacy, medical and nursing education)

SHOPPERS DRUG MART

Kelly Le Forge, Vice President, Pharmacy Operations
Paula MacNeil, Senior Director Professional Affairs and Government Relations, Atlantic
Deb Saltmarche, Senior Director, Professional Affairs

1. We will ensure Naloxone is available in all our pharmacy locations in Canada, work closely with our supplier to secure inventory for all stores, and leverage Corporate Webex’s for both National Operations and Pharmacy Operations to educate resources on importance of Naloxone to ensure the message and approach resonates throughout entire organization

   Category: Addiction Management
   Partners: Internal, Pharmacists, DC, supplier
   Timeline: 2017

2. We will reinforce our clear concise standard operating procedures for Narcotics and Controlled drugs with internal Certification Requirements, and closely monitor purchases

   Category: Control and Monitoring
   Partners: Internal, Pharmacists, DC
   Timeline: 2017

3. We will provide additional education for pharmacists on the use of, and patient education on, naloxone, and patient care in ODT

   Category: Education
   Partners: Internal, Pharmacists, Education Providers
   Timeline: 2017
1. Operational Directive: Each pharmacy to maintain a minimum inventory level of 2 Take Home Naloxone (THN) kits with injectable naloxone and post signage indicating that naloxone is available. All pharmacists must be familiar with provincial standards for providing THN, and ensure they have taken any steps needed to competently and confidently provide customer training (access/links to training resources have been provided/communicated).
   
   **Category**  Prevention (Harm Reduction)
   **Partners**  Provincial Pharmacy Associations, Regulators, Manufacturers, Distributors
   **Timeline**  Starting April 2017

2. Operational Directive: Offer patient information using the “Opioid Pain Medicines Information for Patients and Families” handout (from ISMP Canada and endorsed by Neighbourhood Pharmacy Association of Canada) as a tool to share important safety information about opioids with patients and their families.
   
   **Category**  Education
   **Partners**  ISMP Canada, NPAC
   **Timeline**  Starting April 2017

3. Clinical Guidance: Dissemination to our pharmacy teams of information/link to the 2017 Guidelines for Opioids for Chronic Pain as well as links to many other pharmacist resources and CE programs.
   
   **Category**  Education/ Control and Monitoring/ Addiction Management
   **Partners**  Pharmacy Associations, Other Health Care Practitioners and other stakeholders
   **Timeline**  Starting May 2017
TEVA CANADA

Houri Ohan, Associate Director, Government Affairs
Mary Wright, Marketing Communications Professional

1. Teva Canada will continue to promote the Teva-Fentanyl Patch Return Program, a proactive partnership between physicians, pharmacists and patients to ensure the safe return of used fentanyl patches. This program meets regulations implemented in Ontario’s Bill 33 Patch For Patch Return Policy and helps support safer communities by lowering the risk of diversion. The program is available across Canada, even in jurisdictions where pharmacies are not obligated to implement a patch-return program.

   Category: Control and Monitoring
   Partners: Teva Canada, Physicians, Pharmacies, Patients, law enforcement authorities
   Timeline: Ongoing

2. Teva Canada will bring iApotheca’s technology to Canadian pharmacies, allowing pharmacies to implement an easy-to-use, automated narcotics reconciliations and destruction system that works with existing dispensing software, helping to ensure proper stewardship of these medications.

   Category: Control and Monitoring
   Partners: Teva Canada, iApotheca Healthcare, Pharmacies
   Timeline: Ongoing

3. Teva will continue to distribute OxyNeo educational materials at pharmacies to teach pharmacists about the mechanisms of abuse deterrent formulations (ADFs), and to teach patients about their responsibilities in keeping their medications safe from misuse.

   Category: Education
   Partners: Teva Canada, Purdue Pharma Canada, Pharmacies, Patients
   Timeline: Ongoing

4. Teva Canada’s Counterfeit Response Steering Team will continue to respond to notifications and requests for assistance from law enforcement authorities and other sources to help identify and respond to potential counterfeiting, diversion, tampering or theft of Teva narcotics medications. The team will also continue to communicate counterfeiting and fraud events to management (either local or global, as needed) for the appropriate reporting, support and/or response, and to customers and regulatory agencies.

   Category: Prevention
   Partners: Teva Canada, law enforcement authorities
   Timeline: Ongoing