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CRITICAL INSIGHTS ON CRITICAL ISSUES

Pharmacists as Opioid Stewards: A Showcase of the Evidence

What role can pharmacists have in Opioid Stewardship? Findings from a comprehensive scoping review on opioid stewardship interventions by pharmacists.

Presented by
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Canadian Pharmacists Association / Association des Pharmaciens du Canada

University of Waterloo | School of Pharmacy

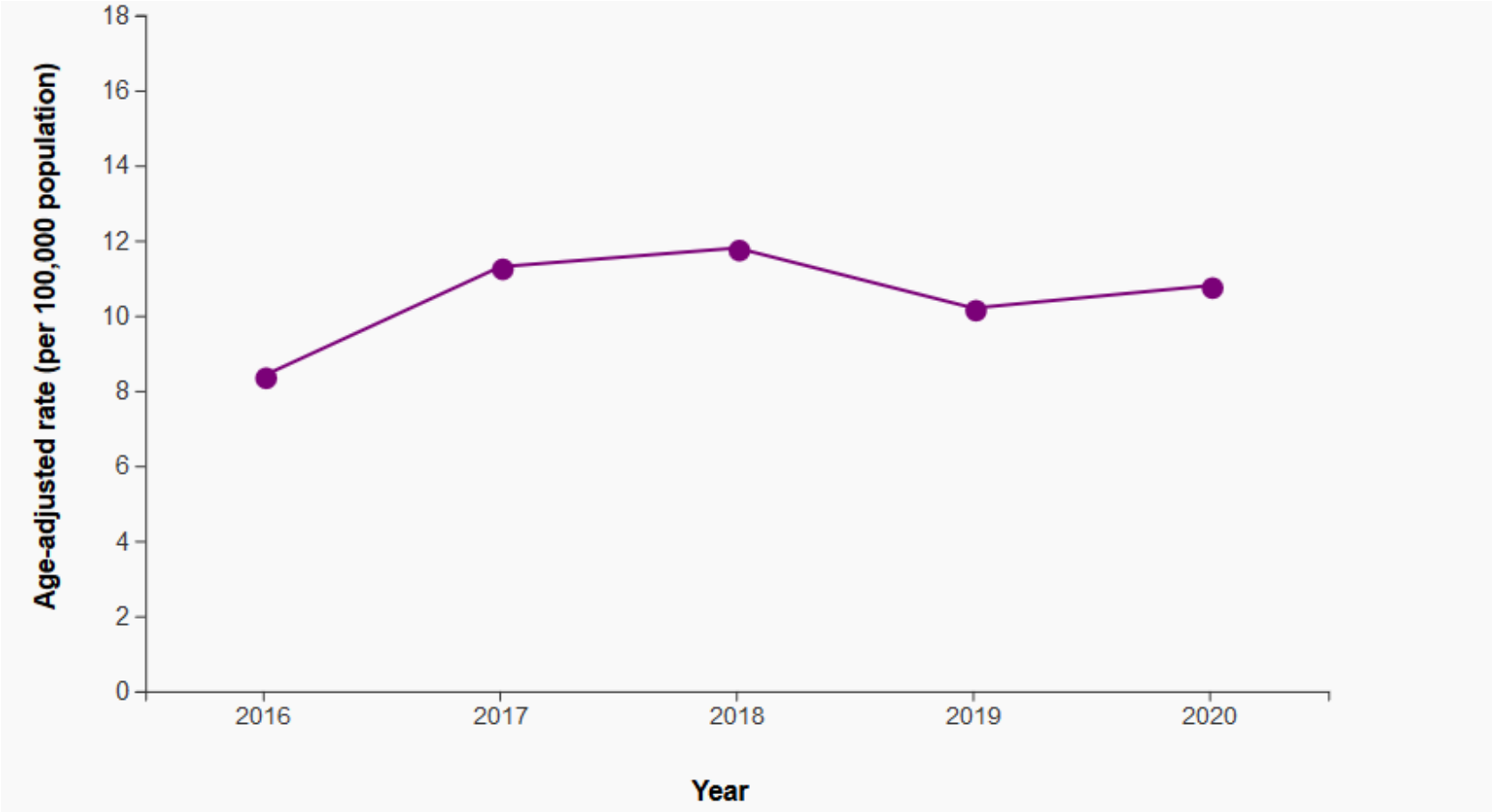
Disclosures

- This project was funded by the Canadian Pharmacists Association
- FC: Participant at a one-day National Key Opinion Leadership Retreat organized by Indivior Canada in 2019

Introduction: the problem

- 16 million individuals worldwide have had, or currently suffer from, opioid use disorder[1]
- Canada is the third highest opioid consumer (26,029 daily dosages of opioids per million inhabitants)[2]
- Between 2016 and 2019, 19,377 opioid-related poisoning hospitalizations occurred across Canada; more than 21,000 suspected opioid-related overdoses occurred in 2019 alone[3]

Introduction :
Age-adjusted rate (per 100,000 population) of total apparent opioid-related deaths in Canada, 2016 to 2020



4) Government of Canada [Internet]. Opioid-related harms in Canada; 2020 Mar. Available from: https://health-infobase.canada.ca/substance-related-harms/opioids/maps?index=113

Introduction: are pharmacists a solution?

- Pharmacists play a central role on healthcare teams and are in a strategic position to promote effective opioid stewardship[5]
- Pharmacists contribute to opioid stewardship through: overseeing dosing, conducting medication reviews, optimizing patient's opioid therapy through pain assessment, facilitating patient education, scheduling targeted monitoring of treatment outcomes and timely identification of patients at risk [6,7,8]

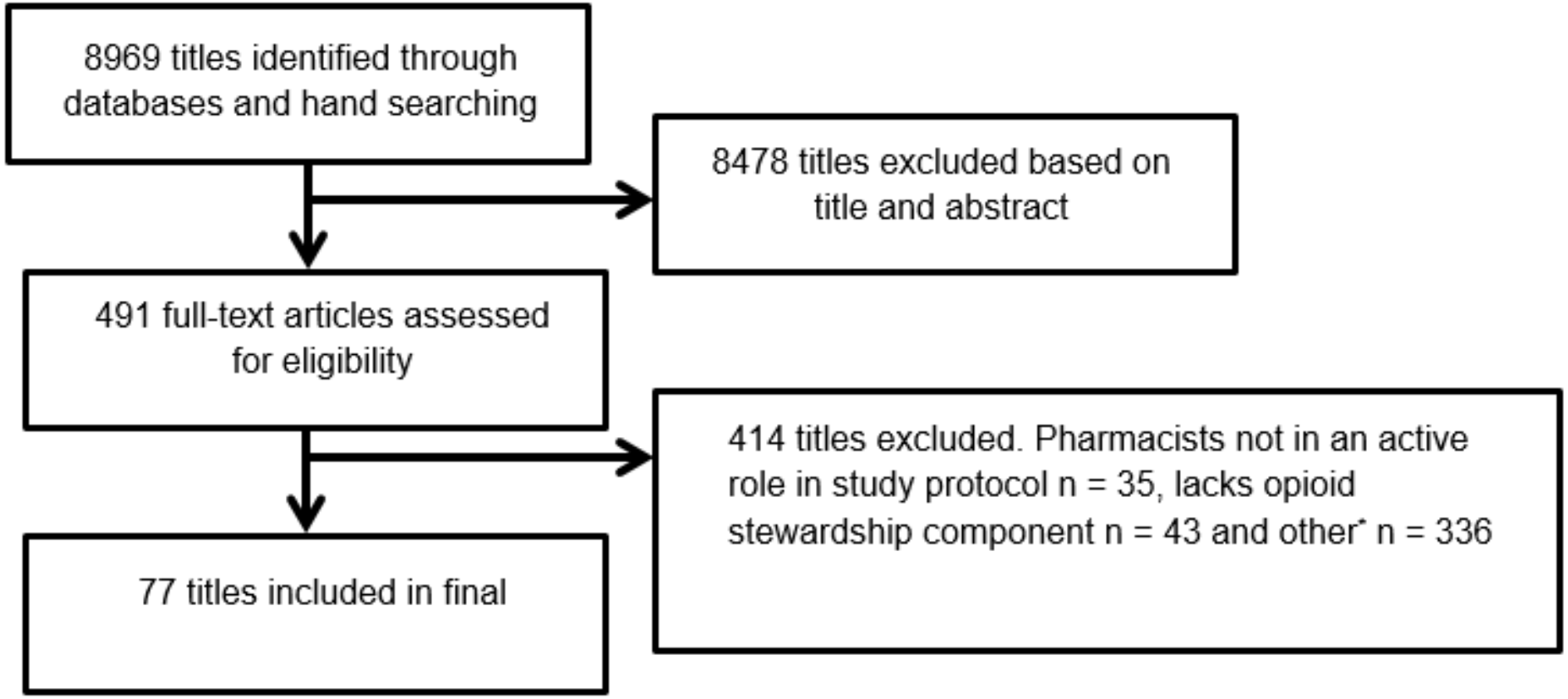
Introduction: research question

- What types of pharmacist interventions or activities in opioid stewardship are reported in the literature and what is the impact of these activities?

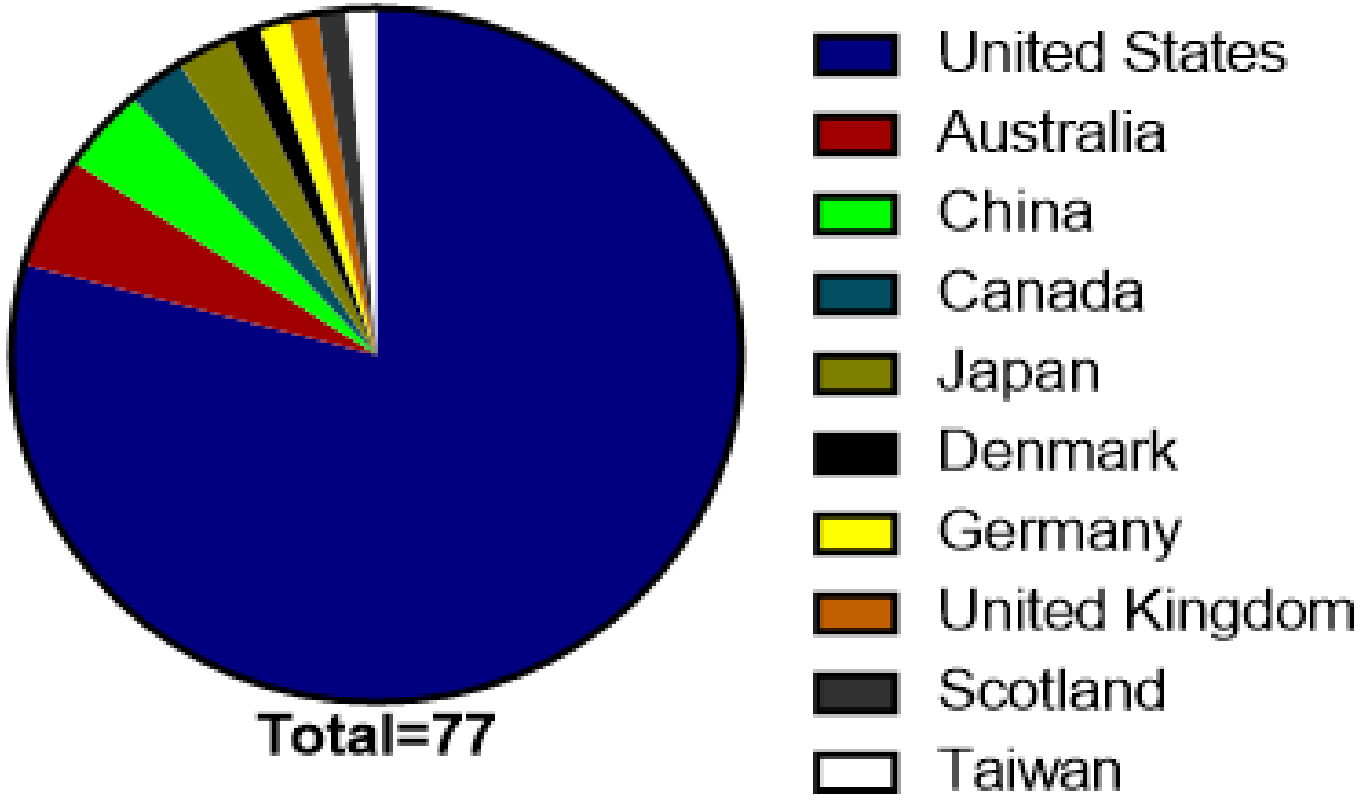
Methods

- The scoping review was conducted according to the Arksey and O'Malley framework and modified by the Joanna Briggs Institute [9,10].
- Six databases were used: PubMed (MEDLINE), Ovid Embase, Ovid International Pharmaceutical Abstracts, Cochrane Library, Scopus, and APA PsycINFO.
- Studies included: human participants of all demographics (sex, age, race, etc.); peer reviewed qualitative, quantitative, mixed methods or other studies published from 1980 and 2020 and both comparator and single armed studies.

Results

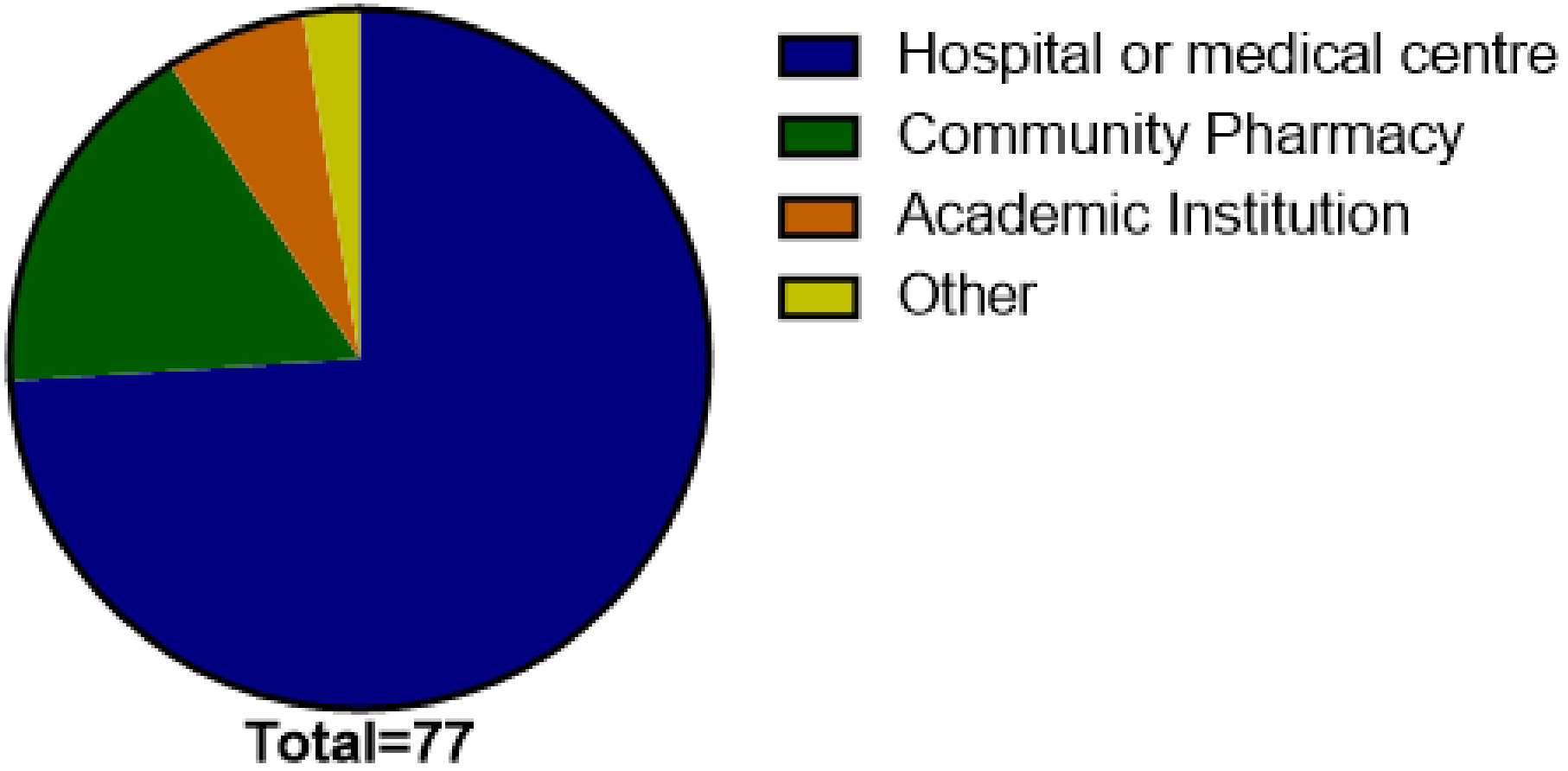

8969 titles identified through databases and hand searching
8478 titles excluded based on title and abstract
491 full-text articles assessed for eligibility
414 titles excluded. Pharmacists not in an active role in study protocol n = 35, lacks opioid stewardship component n = 43 and other* n = 336
77 titles included in final

Results: Demographic Data



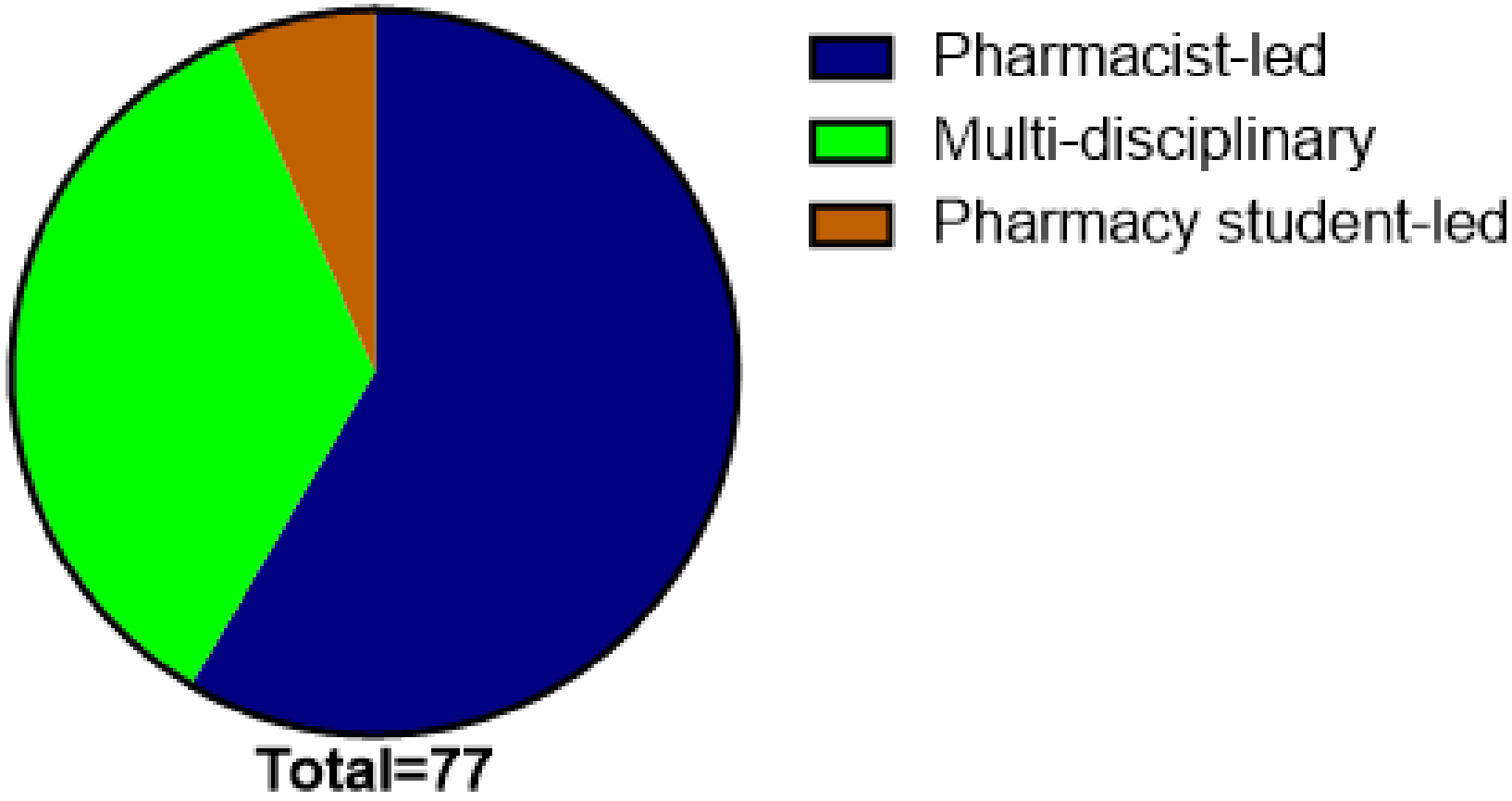
82% of studies were conducted in North America, 5% in Europe, 8% in Asia and 5% in Australia.

Results: Demographic Data



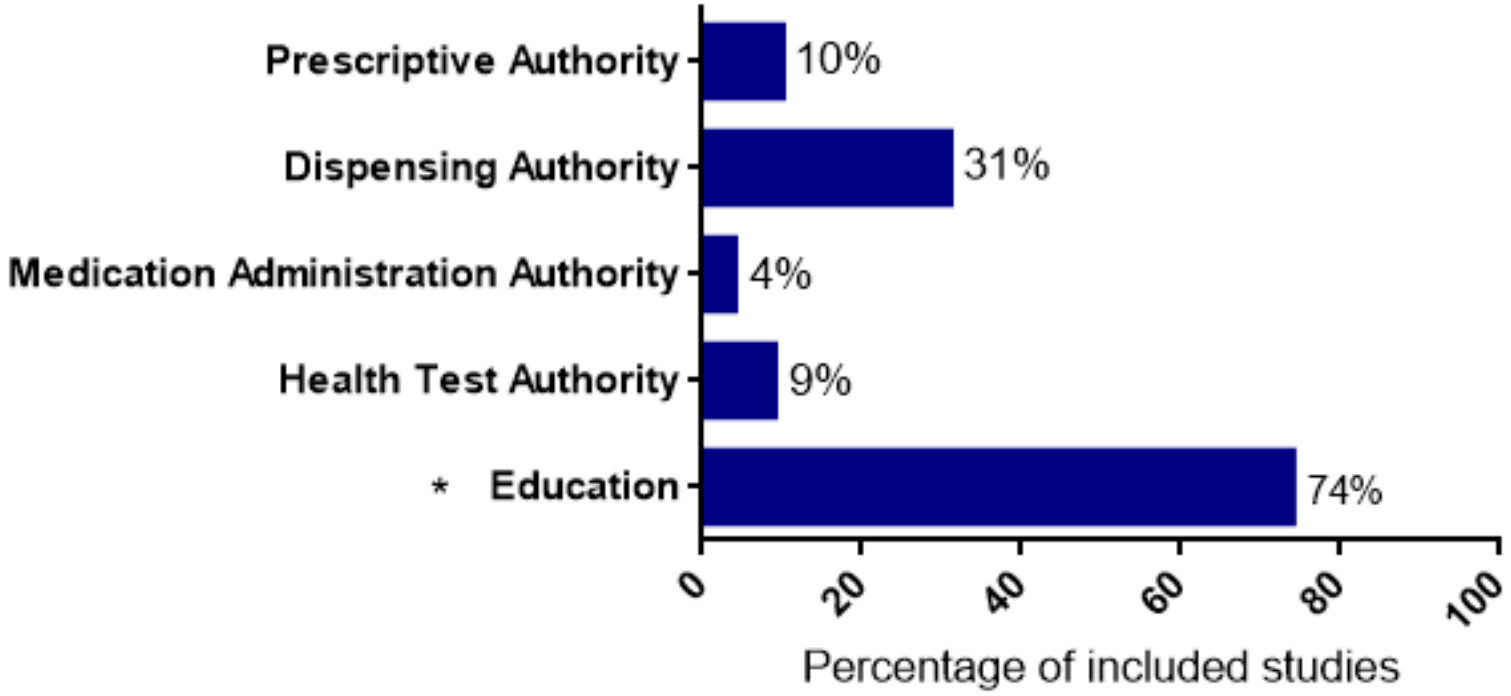
74% of studies were conducted in a hospital or medical centre, 17% in a community pharmacy, 6% at an academic institution and 3% in other settings.

Results: Demographic Data



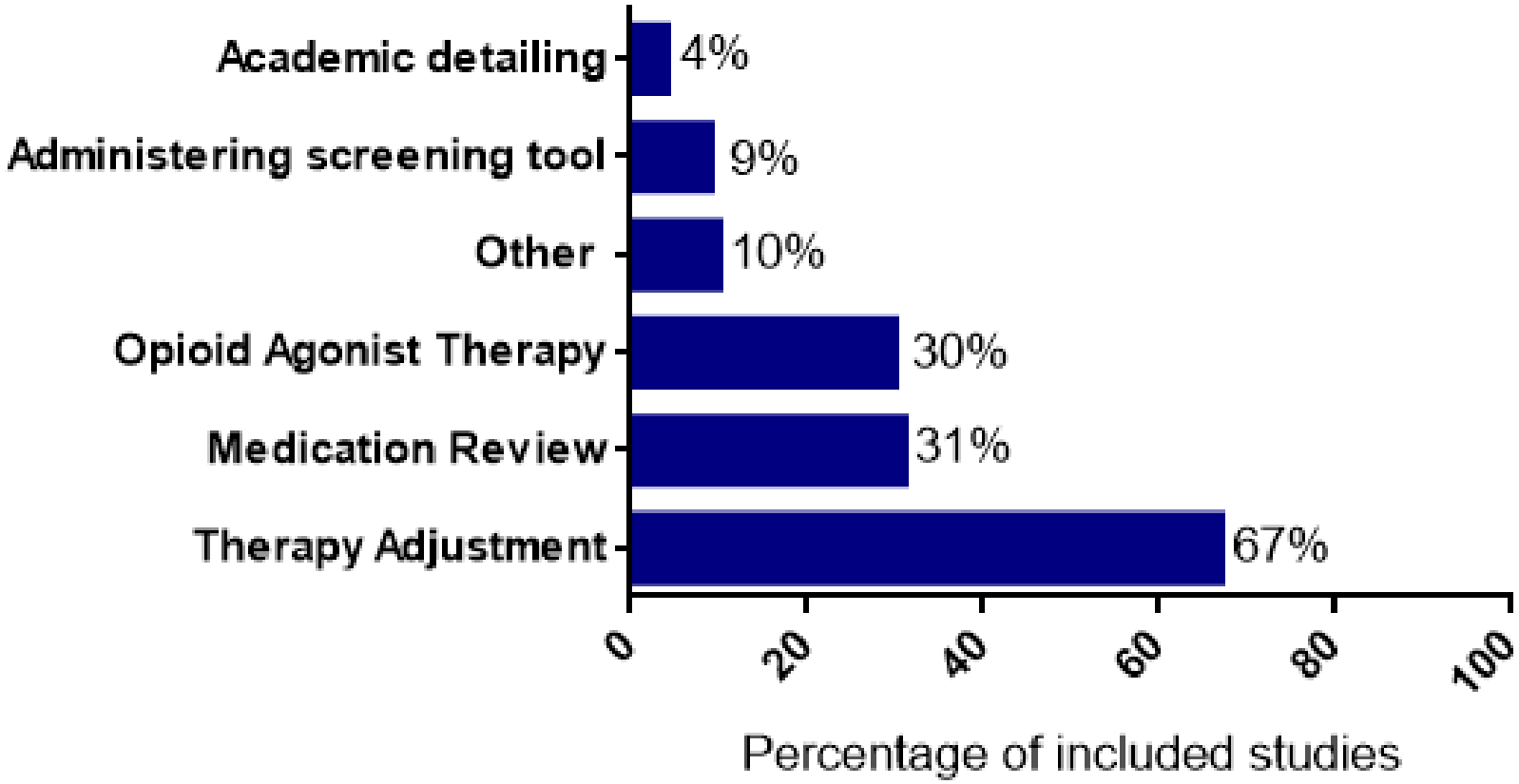
58% of studies were pharmacist- led, 35% were multi- disciplinary, and 6% were pharmacy student-led

Results: Characterization of Scope of Practice



CPhA Scope of practice pillars [11]

Results: Categories of Interventions



Outcomes: Therapy Adjustments

- Impact: 63% (32/51) of studies reported statistically significant outcomes, most had positive outcomes
- Acceptability of pharmacists' recommendations ranged from 66% to 92%
- Implementation rates ranged from 43% to 88%
- Outcomes: reduction in opioid consumption, dose or misuse, improved pain management, reduction in hospital stay
- Barriers: lack of prescriptive/dispensing authority to implement opioid tapering independently, Lack of effective communication channels, lack of prescriber knowledge and lack of resources and institutional support

Outcomes: Medication Reviews

- Impact: 46% (11/24) of studies reported statistically significant outcomes
- Outcomes: reduction in opioid dose, opioid discontinuation, improved pain scores, increased prescribing and dispensing of naloxone
- Barriers: potential errors or omissions in health records

Outcomes: Opioid Agonist Therapy

- Impact: 35% (8/23) of studies reported statistically significant outcomes
- Outcomes: increased naloxone prescribing and dispensing, increased opioid-overdose education
- Barriers: lack of perceived need by the patients and lack prescribing authority

Outcomes: Administering Screening Tools

- Impact: 86% (6/7) reported positive outcomes (no statistically significant outcomes)
- Outcomes: increased identification of patients at risk of opioid misuse, increased opioid safety, increased efficiency in patient screening
- Barriers: difficulties in universal implementation, patient and pharmacist perceptions

Outcomes: Academic Detailing

- Impact: 67% (2/ 3) of these studies had statistically significant outcomes
- Outcomes: increased the utilization of multidimensional pain assessment scales, significant increases in the proportion of pharmacies stocking and dispensing naloxone
- Barriers: time constraints, concerns about data and liability concerns

Outcomes: Other

- Impact: 50% (4/8) reported statistically significant outcomes
- Outcomes: Improved knowledge or perceptions of participants
- Barriers: limited participation in follow-up evaluations, sample size, participant engagement.

Conclusions and Future Directions

- Pharmacists are involved in wide range of opioid stewardship activities in various settings around the world
- We recommend continued focus and emphasis on education, therapy adjustments, medication reviews and opioid agonist therapies where evidence is most abundant
- Activities were linked with predominantly positive outcomes although gaps in evidence exist
- There is need to promote further research to generate evidence that can more directly connect scope to impact

References

1. Azadfard M, Huecker M, Leaming J. Opioid addiction [Internet]. Treasure Island, FL: StatPearls Publishing LLC; 2020 [cited 2020 Sep 23]. Available from: https://www.ncbi.nlm.nih.gov/books/NBK448203/
2. Verhamme K, Bohnen A. Are we facing an opioid crisis in Europe? Lancet Public Health. 2019;4(10):483–4.
3. Opioid-related harms in Canada [Internet]. Government of Canada. 2020 [cited 2020 Sep 23]. Available from: https://health-infobase.canada.ca/substance-related-harms/opioids/
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7. Kahan M, Wilson L, Wenghofer EF, Srivastava A, Resnick A, Janecek E et al. Pharmacists' experiences with dispensing opioids: provincial survey. Canadian Pharmacists Journal. 2011;57(11):e448-54
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CRITICAL INSIGHTS ON CRITICAL ISSUES

Pharmacists as Opioid Stewards: A Showcase of the Evidence

Pharmacists' perceptions of the Canadian opioid regulatory exemptions on patient care and opioid stewardship

Lisa Bishop, PharmD
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October 28, 2020

Canadian Pharmacists Association | Association des pharmaciens du Canada

Disclosures

This work has been supported through in-kind support from CPhA

Research Team

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  Pharmacy Student, Memorial University

Background

- Canadian Pharmacists' Harmonized Scope (CPHS) 2020 Initiative
  - Aspires to define, describe and develop a national, future-forward, harmonized scope of practice
  - Includes four domains to describe the value of pharmacy services/pharmacist activities
    - Prescriptive authority, dispensing authority, medication administration authority and health test authority

https://www.pharmacists.ca/pharmacy-in-canada/canadian-pharmacists-harmonized-scope/

Background

- The Pharmacists' Opioid Stewardship Initiative (POSI) is part of the CPHS 2020 and was selected as the focus of the first phase
  - Supporting pharmacists as opioid stewards
  - Contributing to the evidence to support opioid stewardship

https://www.pharmacists.ca/pharmacy-in-canada/canadian-pharmacists-harmonized-scope/

Opioid Stewardship is ...

"coordinated interventions designed to improve, monitor, and evaluate the use of opioids in order to support and protect human health"

ISMP Canada

https://www.ismp-canada.org/opioid_stewardship/

Health Canada's Exemptions to Controlled Drugs and Substances Act

- Permits pharmacists to extend prescriptions
- Permits pharmacists to transfer prescriptions to other pharmacists
- Permits prescribers to issue verbal orders
- Permits pharmacy employees to deliver prescriptions to a patient's home or other locations where they may be self-isolating

Expires Sept 30, 2021

https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic.html

COVID-19 AND CONTROLLED DRUGS AND SUBSTANCES

During the COVID-19 pandemic, Health Canada issued temporary exemptions for prescriptions of controlled substances, which permit pharmacists to extend, transfer and accept verbal orders, and permit pharmacy employees to deliver prescriptions. Health Canada also published an interpretive guide to clarify its interpretation of the prescribing-related activities pharmacists are permitted to conduct under the CDSA and its regulations. As pharmacists' scope of practice is established at the provincial/territorial level, the table below illustrates how the exemptions and Health Canada interpretations have been implemented across Canada.

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	YT	NT	NU
Accept verbal orders	✓	✓	✓	L[1]	✓	✓	✓	✓	✓	X	✓	✓	X
Accept orders by fax	✓	✓[2]	✓	✓	✓[2]	✓[2]	✓[2]	✓	✓[2]	✓[2]	X	X	X
Transfer Rx to another pharmacist	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓[3]	X
Extend/renew Rx	X	✓[4]	✓	X	✓[5]	✓	✓	✓[4]	✓	✓	✓	✓	X
Change drug formulation, dose and regimen, etc. 6	X	X	X	✓	✓[5]	✓	✓	✓	X	X	X	X	X
Deliver Rx	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	X

L Limited

1. Verbal orders may only be accepted by pharmacists for residents of a personal care home.
2. Pharmacists can always accept faxed ordered for medications under the CDSA.
3. Only if there is a shortage of the prescribed substance at the transferring pharmacy.
4. Some limitations in place with regard to indications for treatment.
5. Prior to adapting or renewing, pharmacists are expected to collaborate with the prescriber. If collaboration is not possible, pharmacists may proceed with the adaptation or renewal for continuity of care and notify the prescriber within a reasonable period of time.
6. Pharmacists may not increase the dose of prescribed controlled substances independently, except in Quebec.

CPhA does not guarantee the accuracy of the information contained above.
Please consult the provincial regulations and practice guidance available through the provincial regulatory authorities.

Revised June 12, 2020

CANADIAN PHARMACISTS ASSOCIATION | ASSOCIATION DES PHARMACIENS DU CANADA

https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/Covid_CDSA.pdf

Objective

- To explore the perceptions of pharmacists on the **barriers and facilitators** of providing **opioid stewardship** activities in pharmacy practice considering the **exemptions** for prescriptions of controlled substances under CDSA.

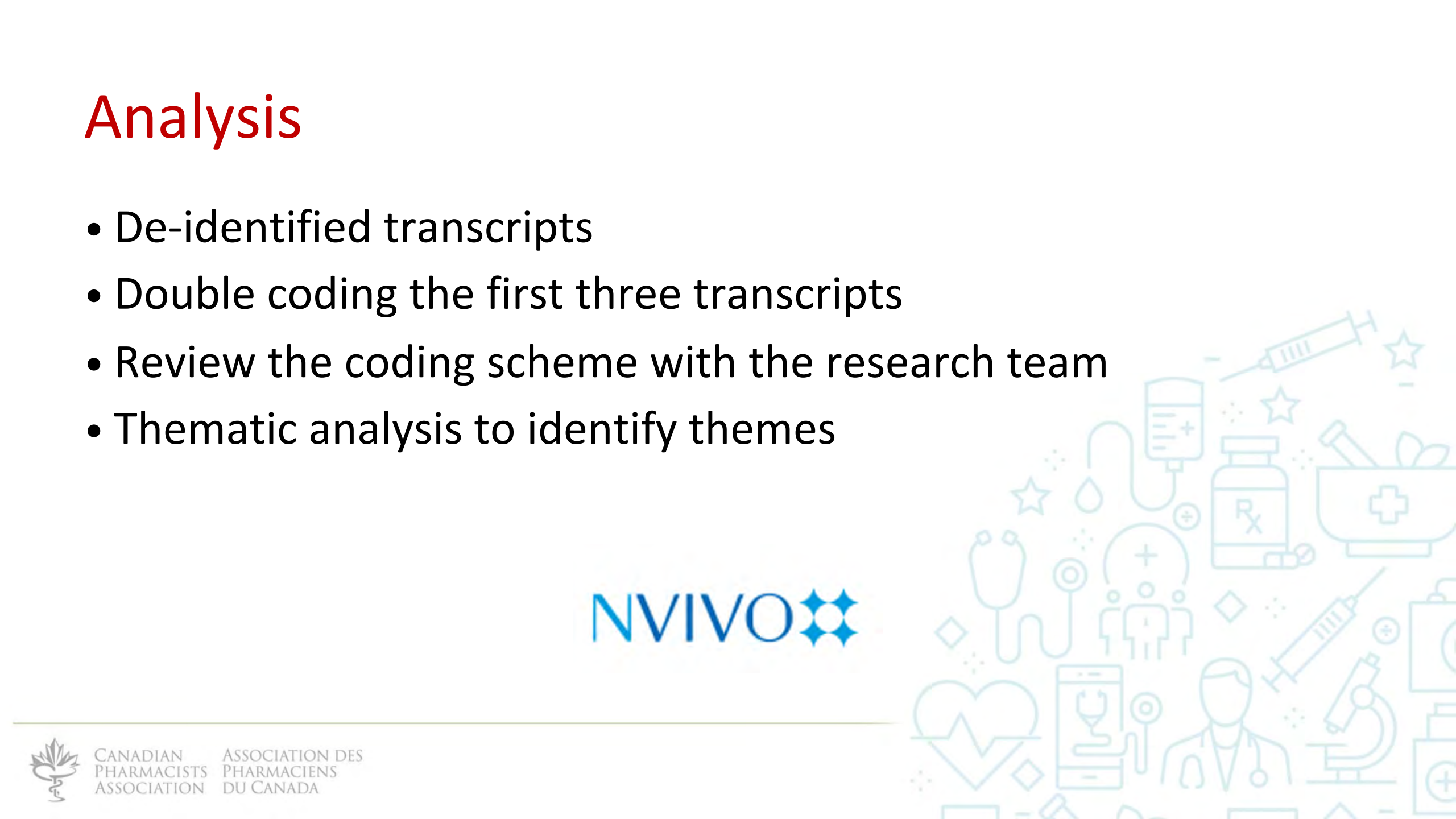
Methods

- Qualitative interviews (~1 hour)
- Participants:
  - Community or primary healthcare pharmacists in Canada
  - Managed opioid therapy under the new CDSA exemptions
  - Knowledgeable about appropriate prescribing practices for opioids

Target sample size:
15-20 participants

Analysis

- De-identified transcripts
- Double coding the first three transcripts
- Review the coding scheme with the research team
- Thematic analysis to identify themes



Examples

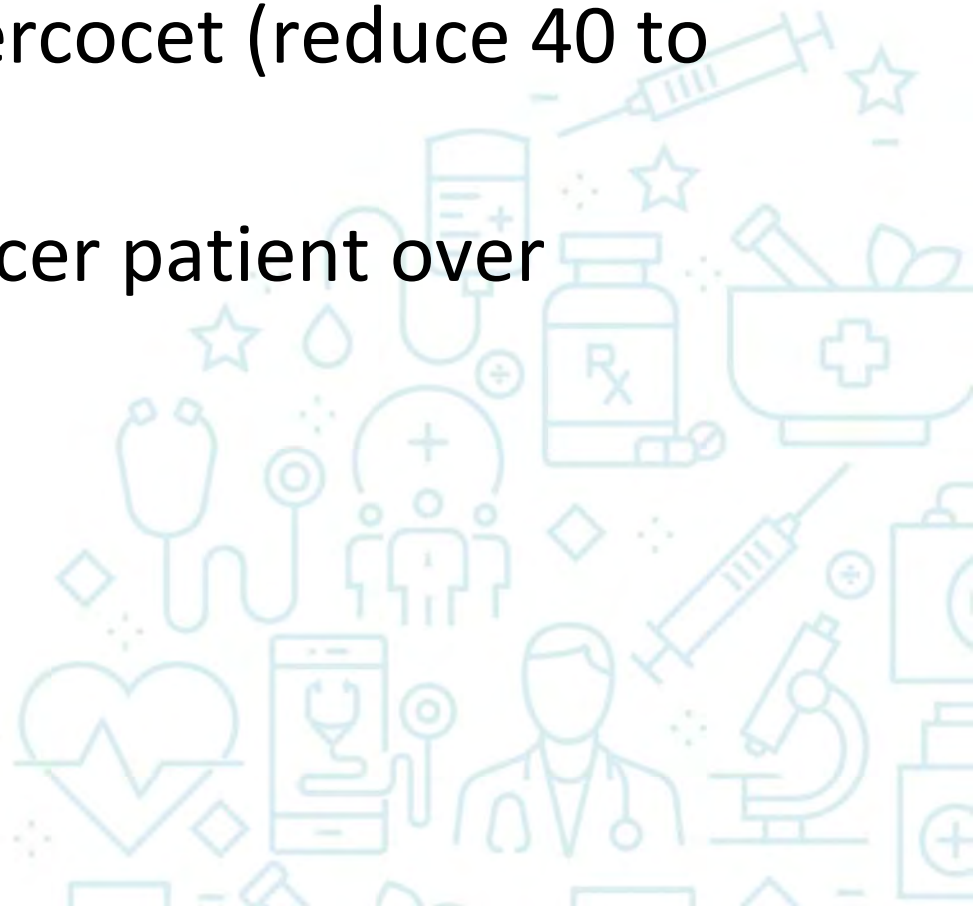
Opioid Agonist Therapy

- Transfer Rx so patient does not miss dose
- Extend Rx when patient missed appointment
  - prevent them from seeking drugs elsewhere
- PhC assess patient and extend Rx
  - Dr comfortable knowing patient been assessed
- Deliver to patient self-isolating due to COVID-19
- Deliver to homeless shelter by non-pharmacist

Examples

Pain management

- Extend opioid in long-term care when unable to reach prescriber
- Modify quantity of Percocet (reduce 40 to two part-fills of 20)
- Extend opioid for cancer patient over weekend



“ in the past, I wouldn't be able to do anything pretty much short of sending them to the emergency. But now I feel really empowered to say, you know what, I can actually renew it.”

“I think as pharmacists we’re probably able to use a lot more of our clinical knowledge into direct patient care.”

“my hope is that it helps pharmacists work more expanded in their scope.”

Value of Research

- Determine how pharmacists' are using the CDSA exemptions in their practice.
- Understand the facilitators and barriers for pharmacists' providing opioid stewardship activities

WORKING AS AN OPIOID STEWARD?

15-20 PARTICIPANTS NEEDED FOR STUDY

Pharmacists' perceptions of the Canadian opioid regulatory exemptions on patient care and opioid stewardship

Contact us if you are:

- Experienced with providing patient care with opioid medications using the new CDSA exemptions in a community or primary health care setting;
- Knowledgeable about appropriate prescribing practices for opioids;
- Current on the emerging evidence in the area of providing patient care related to opioid medications; and
- Available for a 1 hour phone interview.

This research study has been reviewed by the Ryerson Research Ethics Board (2020-302). If you have questions regarding your rights as a research participant, please contact the Health Research Ethics Authority (2020-226) at (709) 777-6974, info@hrea.ca.

Canadian Pharmacists Association / Association des pharmaciens du Canada

Memorial University

Ryerson University

Implications for Practice

Consider using the CDSA exemptions in your practice as it will help us practice to our full scope.

References

- Health Canada. CDSA Exemptions. Oct 1, 2020 https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/section-56-1-class-exemption-patients-pharmacists-practitioners-controlled-substances-covid-19-pandemic.html
- ISMP Canada, Opioid Stewardship https://www.ismp-canada.org/opioid_stewardship/
- CPhA OPIOID Action Plan 2016 https://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/CPhA_OpioidActionPlan-18Nov16.pdf
- Canadian Pharmacists' Harmonized Scope 2020 https://www.pharmacists.ca/pharmacy-in-canada/canadian-pharmacists-harmonized-scope/

"For all the changes in policy during COVID, I think the CDSA exemptions have been, at least from my point of view, by far the biggest, most impactful thing…"

Participant

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CRITICAL INSIGHTS ON CRITICAL ISSUES

Pharmacists as Opioid Stewards: A Showcase of the Evidence

An intervention to empower community pharmacists to implement opioid stewardship in acute pain

Lesley Graham RPh, BScPhm (Hons), MSc, Graduate Student

Canadian Pharmacists Association | Association des Pharmaciens du Canada

Health Canada Santé Canada

Substance Use and Addiction Program (SUAP)

Co-Leads:

- Beth Sproule (CAMH/UofT)
- Sylvia Hyland (ISMP)

Co-Investigators:

- Gary Garber, Andrea Chaplin – PHO
- Patricia Trbovich, Mark Fan – NYGH
- Kim Corace – The Royal
- Tara Gomes – SMH
- Mina Tadrous - WCH

Advisory Committee includes representatives from:

- Community pharmacy, OPA
- OCP, CPSO, RCDSO
- Patient Organisations
- NPAC
- CCSA, OPEN
- Public Health Agency of Canada

Disclosures

No disclosures or conflicts of interests to declare

Presentation Outline

1. Why opioid stewardship in acute pain is important

2. Describe key concepts that pharmacists will take away from the educational materials in the study intervention

3. Overview of the research study

Why is opioid stewardship in acute pain important?

Excessive quantities prescribed in acute pain[1,2,3]

Leftover opioids

<u>16,049</u> tablets in one ER dept over 13 months![2]

Non-prescribed use[4,5]

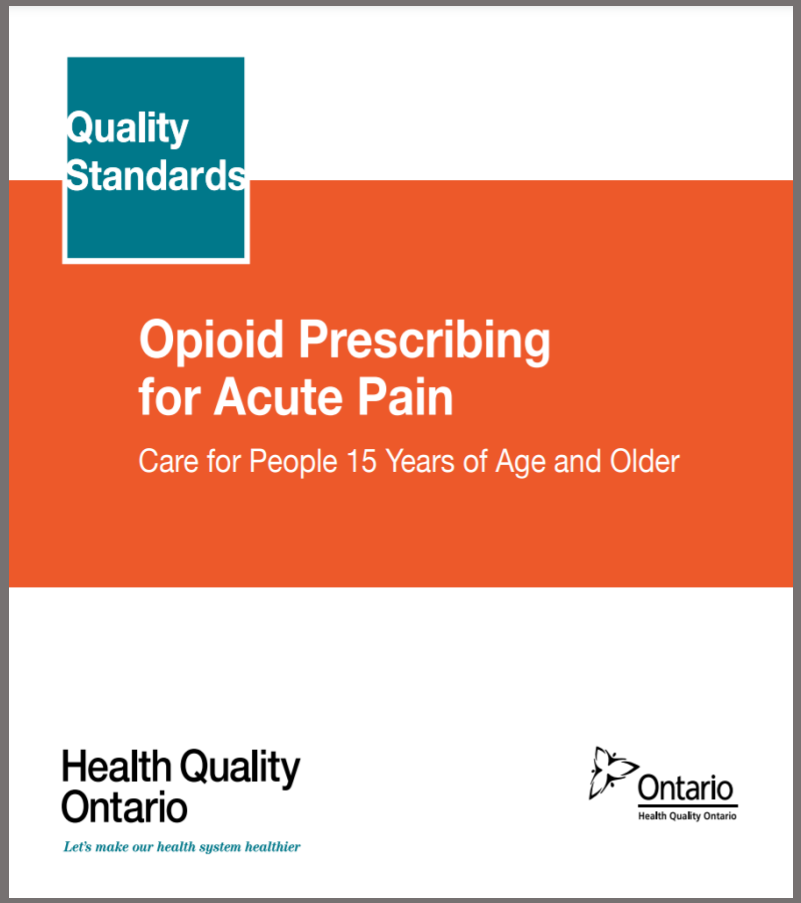
Opioid Related Harm[6]

Increased duration of use

Increased risk of long term use[7,8,9,10]

Rational Use: Quantities can be reduced without negative consequences![11,12,13,14]

New Opportunities for Community Pharmacists

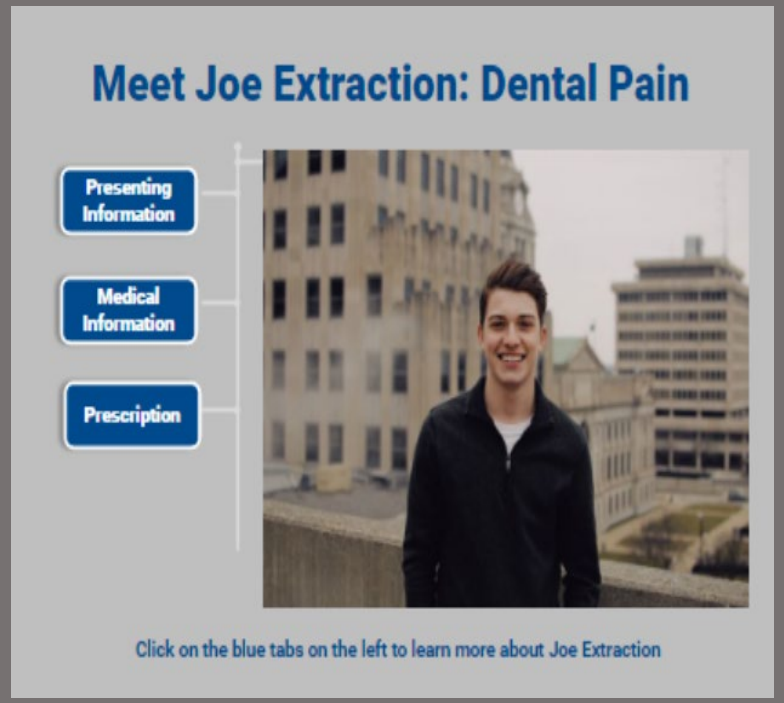


https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/opioid-prescribing-for-acute-pain

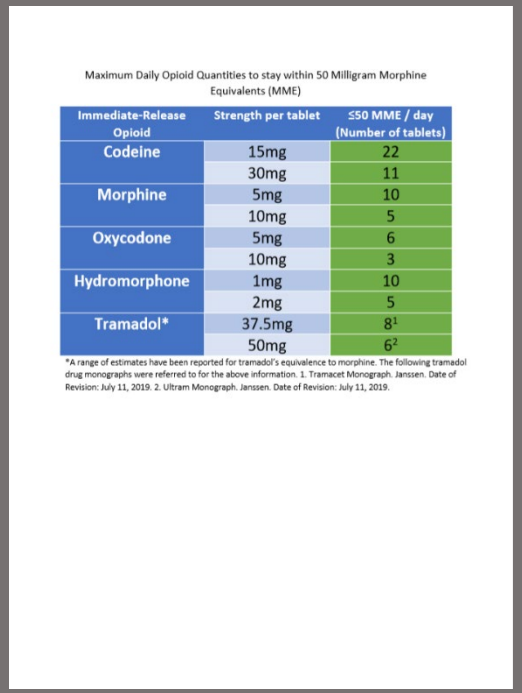
http://bestpracticeinsurgery.ca/guidelines/painmed/

Intervention

- Identify drug therapy problems (DTPs) on opioid prescriptions for acute pain
- Provide actionable activities to resolve DTPs
- Discuss solutions to these problems with patients
- Implement in practice



eLearning



Maximum Daily Opioid Quantities to stay within 50 Milligram Morphine Equivalents (MME)

Immediate-Release Opioid	Strength per tablet	≤50 MME / day (Number of tablets)
Codeine	15mg	22
	30mg	11
Morphine	5mg	10
	10mg	5
Oxycodone	5mg	6
	10mg	3
Hydromorphone	1mg	10
	2mg	5
Tramadol*	37.5mg	8[1]
	50mg	6[2]

*A range of estimates have been reported for tramadol's equivalence to morphine. The following tramadol drug monographs were referred to for the above information. 1. Tramacet Monograph. Janssen. Date of Revision: July 11, 2019. 2. Ultram Monograph. Janssen. Date of Revision: July 11, 2019.

Tools

Resources

Structure of the Module Series

Module 1: Opioids for Acute Pain: Is there a problem?

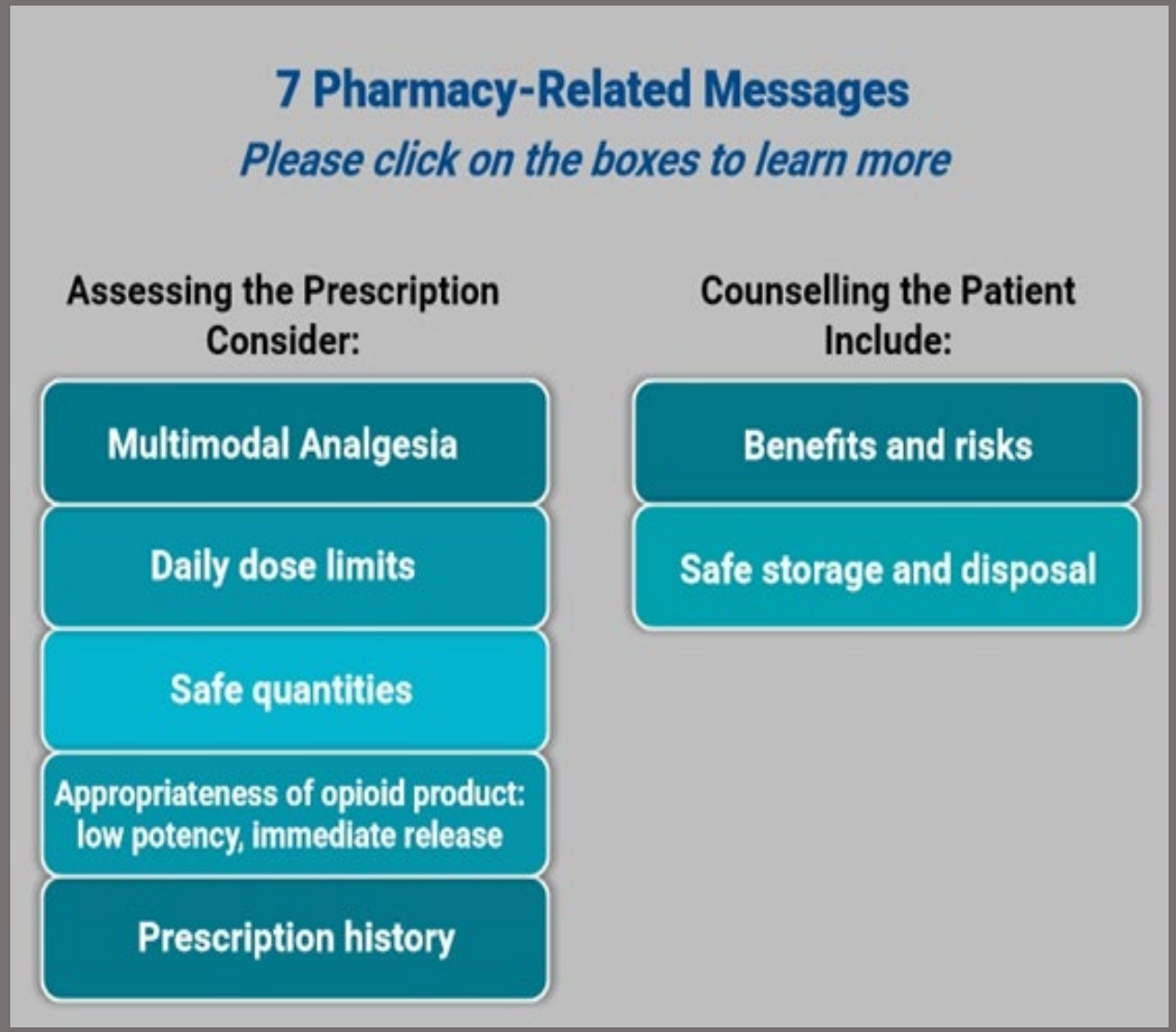
Module 2: Your Role in Safe Opioid Use in Acute Pain

Module 3: Appropriate Quantities for Acute Pain

Module 4: Tips for Productive Patient Discussions

Module 5: How to Make this Work in Your Practice

Identifying problems on opioid prescriptions for acute pain*



Patient Name: Joe Extraction
Health Card Number: 1234-567-899-BB
Address: 94 Seaside Way, Somewhere Date: 27/Mar/19
Date of Birth: 14/Feb/2003 Allergies: NKA

Rx

oxycodone 5 mg/acetaminophen 325 mg tablets

sig: i-ii tabs q4-6h prn x 30

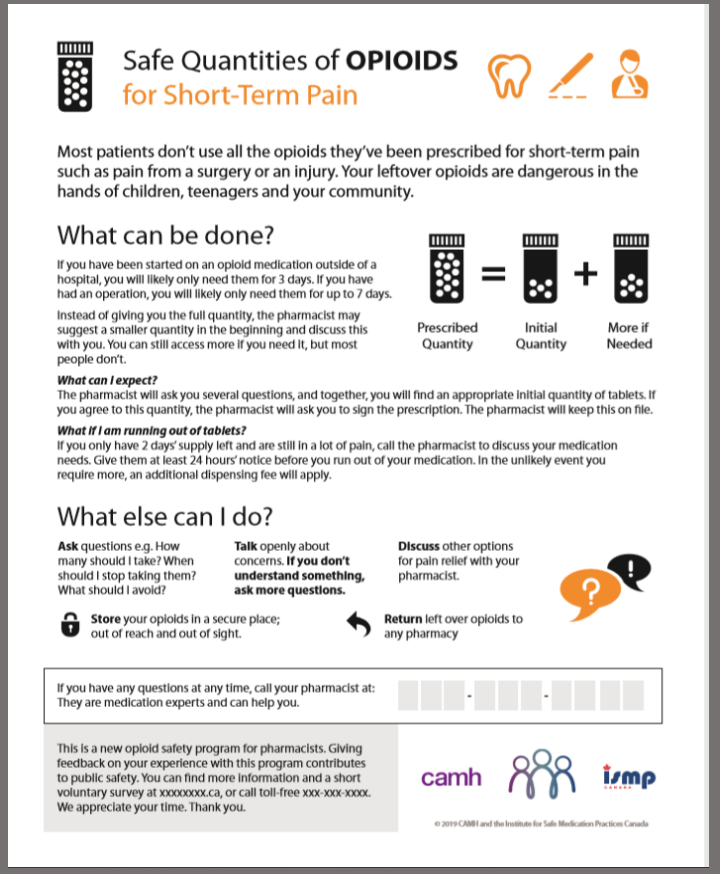
MD: Dr. Cavity, RCDSO #9999, 45 Filling Road, Somewhere

Signature: *Dr Cavity*

*Opioid naïve patients only

Activities to Resolve Drug Therapy Problems

- **Multimodal analgesia**: Discuss holding the opioid with the patient
- **Safer daily dose: If the opioid is dispensed**, counsel the patient not to take more than 6 tablets (<50 MME) per day
- **Appropriate quantity:** If the opioid is dispensed, the recommended duration of use is up to 3 days. **Suggest a part-fill of 10 -15 tablets**
- **Discuss benefits and risks of opioid use in acute pain**
- **Counsel on safe storage, safe disposal and not sharing**



Safe Quantities of **OPIOIDS** for Short-Term Pain

Most patients don't use all the opioids they've been prescribed for short-term pain such as pain from a surgery or an injury. Your leftover opioids are dangerous in the hands of children, teenagers and your community.

What can be done?

If you have been started on an opioid medication outside of a hospital, you will likely only need them for 3 days. If you have had an operation, you will likely only need them for up to 7 days.

Instead of giving you the full quantity, the pharmacist may suggest a smaller quantity in the beginning and discuss this with you. You can still access more if you need it, but most people don't.

Prescribed Quantity = Initial Quantity + More if Needed

What can I expect?
The pharmacist will ask you several questions, and together, you will find an appropriate initial quantity of tablets. If you agree to this quantity, the pharmacist will ask you to sign the prescription. The pharmacist will keep this on file.

What if I am running out of tablets?
If you only have 2 days' supply left and are still in a lot of pain, call the pharmacist to discuss your medication needs. Give them at least 24 hours' notice before you run out of your medication. In the unlikely event you require more, an additional dispensing fee will apply.

What else can I do?

Ask questions e.g. How many should I take? When should I stop taking them? What should I avoid?

Talk openly about concerns. **If you don't understand something, ask more questions.**

Discuss other options for pain relief with your pharmacist.

Store your opioids in a secure place; out of reach and out of sight.

Return left over opioids to any pharmacy

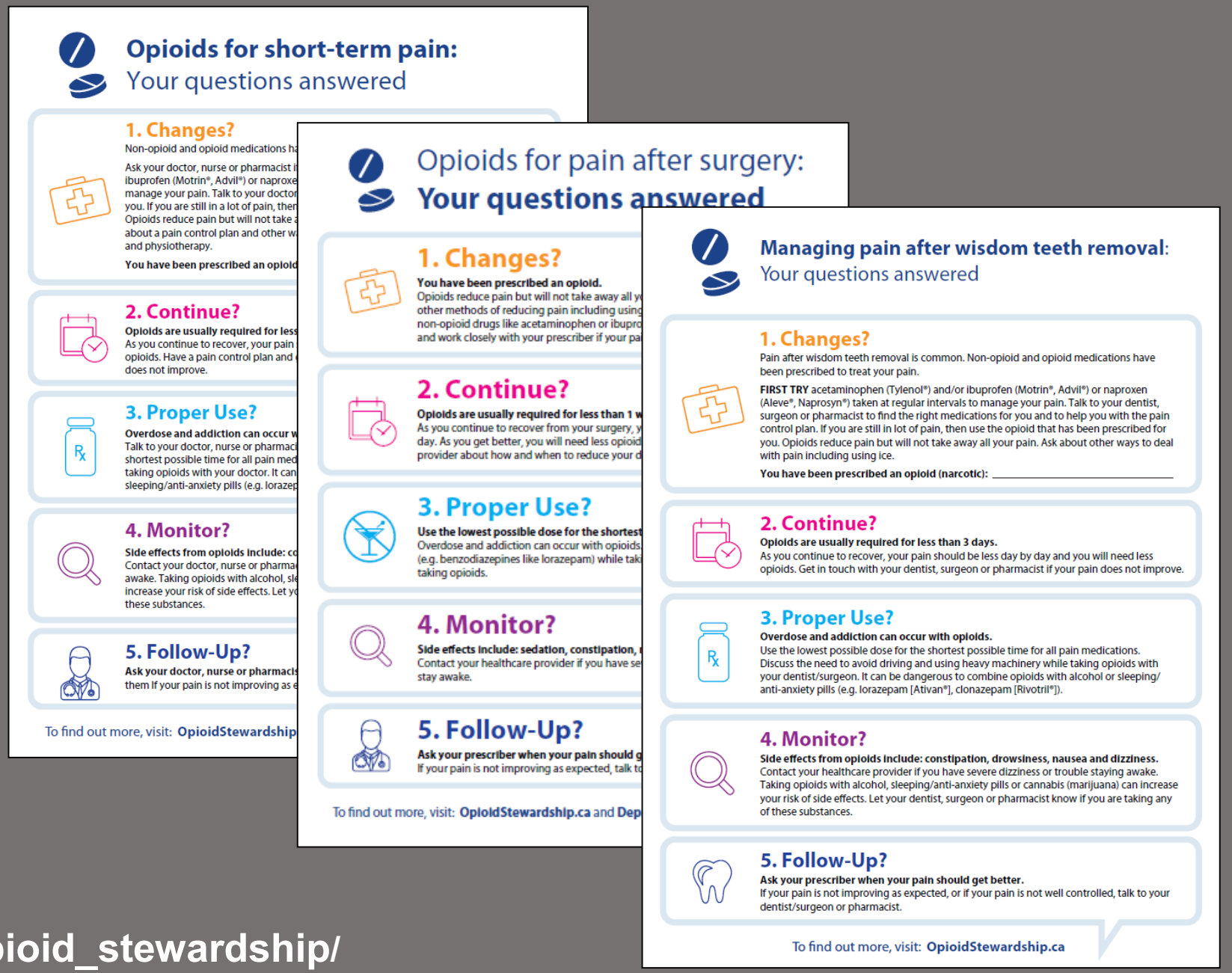
If you have any questions at any time, call your pharmacist at: They are medication experts and can help you.

This is a new opioid safety program for pharmacists. Giving feedback on your experience with this program contributes to public safety. You can find more information and a short voluntary survey at xxxxxxxx.ca, or call toll-free xxx-xxx-xxxx. We appreciate your time. Thank you.

camh ismp

ismp CANADA

Patient Resources



Opioids for short-term pain: Your questions answered

1. Changes?
Non-opioid and opioid medications ha
Ask your doctor, nurse or pharmacist i
ibuprofen (Motrin®, Advil®) or naproxe
manage your pain. Talk to your doctor
you. If you are still in a lot of pain, ther
Opioids reduce pain but will not take a
about a pain control plan and other w
and physiotherapy.
You have been prescribed an opioid

2. Continue?
Opioids are usually required for less
As you continue to recover, your pain
opioids. Have a pain control plan and
does not improve.

3. Proper Use?
Overdose and addiction can occur w
Talk to your doctor, nurse or pharmaci
shortest possible time for all pain med
taking opioids with your doctor. It can
sleeping/anti-anxiety pills (e.g. lorazep

4. Monitor?
Side effects from opioids include: co
Contact your doctor, nurse or pharma
awake. Taking opioids with alcohol, sle
increase your risk of side effects. Let yo
these substances.

5. Follow-Up?
Ask your doctor, nurse or pharmacis
them if your pain is not improving as e

To find out more, visit: **OpioidStewardship**

Opioids for pain after surgery: Your questions answered

1. Changes?
You have been prescribed an opioid.
Opioids reduce pain but will not take away all y
other methods of reducing pain including using
non-opioid drugs like acetaminophen or ibupro
and work closely with your prescriber if your pa

2. Continue?
Opioids are usually required for less than 1 w
As you continue to recover from your surgery, y
day. As you get better, you will need less opioid
provider about how and when to reduce your d

3. Proper Use?
Use the lowest possible dose for the shortest
Overdose and addiction can occur with opioids
(e.g. benzodiazepines like lorazepam) while taki
taking opioids.

4. Monitor?
Side effects include: sedation, constipation,
Contact your healthcare provider if you have se
stay awake.

5. Follow-Up?
Ask your prescriber when your pain should g
If your pain is not improving as expected, talk to

To find out more, visit: **OpioidStewardship.ca** and **Dep**

Managing pain after wisdom teeth removal: Your questions answered

1. Changes?
Pain after wisdom teeth removal is common. Non-opioid and opioid medications have been prescribed to treat your pain.

FIRST TRY acetaminophen (Tylenol®) and/or ibuprofen (Motrin®, Advil®) or naproxen (Aleve®, Naprosyn®) taken at regular intervals to manage your pain. Talk to your dentist, surgeon or pharmacist to find the right medications for you and to help you with the pain control plan. If you are still in lot of pain, then use the opioid that has been prescribed for you. Opioids reduce pain but will not take away all your pain. Ask about other ways to deal with pain including using ice.

You have been prescribed an opioid (narcotic): _____

2. Continue?
Opioids are usually required for less than 3 days.
As you continue to recover, your pain should be less day by day and you will need less opioids. Get in touch with your dentist, surgeon or pharmacist if your pain does not improve.

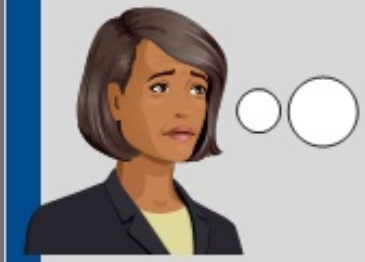
3. Proper Use?
Overdose and addiction can occur with opioids.
Use the lowest possible dose for the shortest possible time for all pain medications. Discuss the need to avoid driving and using heavy machinery while taking opioids with your dentist/surgeon. It can be dangerous to combine opioids with alcohol or sleeping/anti-anxiety pills (e.g. lorazepam [Ativan®], clonazepam [Rivotril®]).

4. Monitor?
Side effects from opioids include: constipation, drowsiness, nausea and dizziness.
Contact your healthcare provider if you have severe dizziness or trouble staying awake. Taking opioids with alcohol, sleeping/anti-anxiety pills or cannabis (marijuana) can increase your risk of side effects. Let your dentist, surgeon or pharmacist know if you are taking any of these substances.

5. Follow-Up?
Ask your prescriber when your pain should get better.
If your pain is not improving as expected, or if your pain is not well controlled, talk to your dentist/surgeon or pharmacist.

To find out more, visit: **OpioidStewardship.ca**

https://www.ismp-canada.org/opioid_stewardship/



I'm worried that I'm not going to give enough

- Many studies reduced quantities of opioids prescribed post operatively **without negative consequences** in terms of pain management.[24-28,31,33,36,37,44]
- Prescribing fewer opioids postop is the norm in other countries.[45]
- We know that most patients don't use all their opioid tablets in acute pain & this has had **negative consequences.**
- A short course of NSAIDs and / or acetaminophen can offer pain relief[4] and limit the need for opioids to an 'add-on' basis for severe acute pain only.
- **The patient can call you for another fill if necessary. Counsel to call you if they are still in severe pain with only 2 days' supply left.** *This will be covered in more detail in Module 5.*

I'm really unsure about this. I think I'd like to take my prescription elsewhere.

Oh no. This did not go the way I hoped! I'm only trying to do the right thing.....

Module 5

Everyday Practice

How to make this work in your pharmacy

Study Overview

- **Design**: Cluster RCT of an intervention to reduce the dispensing of inappropriate quantities of opioids for acute pain by community pharmacists.

- **Intervention target:** Community pharmacists working in 5 randomly selected public health unit (PHU) regions matched to 10 control regions in Ontario.

- **Outcomes:** Opioid quantities dispensed by PHU regions during 6 month intervention period, pharmacist, patients & prescriber surveys.

Intervention PHU Regions

- Ottawa PHU Region
- Hamilton PHU Region
- Haliburton, Kawartha and Pine Ridge District PHU Region
- Porcupine PHU Region
- Southwestern PHU Region

Implications for Practice

Don't assume that opioid prescriptions for an acute episode are problem free.
Aim to manage pain and minimise risk.

- Check if your province has guidelines or standards for opioid prescribing in acute pain, including dental prescriptions
- Assess the appropriateness of opioid prescriptions for acute pain
- Counsel on benefits and risks, SAFE STORAGE, DISPOSAL, NOT SHARING
- Goal is ability to function, not zero pain
- **Check your emails if you work in our intervention PHU regions**!

Questions?

Intervention Public Health Unit (PHU) Regions

- Ottawa PHU Region
- Hamilton PHU Region
- Haliburton, Kawartha and Pine Ridge District PHU Region
- Porcupine PHU Region
- Southwestern PHU Region

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Virtually Together

CRITICAL INSIGHTS ON CRITICAL ISSUES

Pharmacists as Opioid Stewards: A Showcase of the Evidence

A review of the BCPhA Opioid Agonist Treatment training program: The evaluation and impact on community pharmacists and target patient population.

Canadian Pharmacists Association | Association des Pharmaciens du Canada

British Columbia Pharmacy Association | OPIOID AGONIST TREATMENT
COMPLIANCE & MANAGEMENT PROGRAM FOR PHARMACY

Disclosures

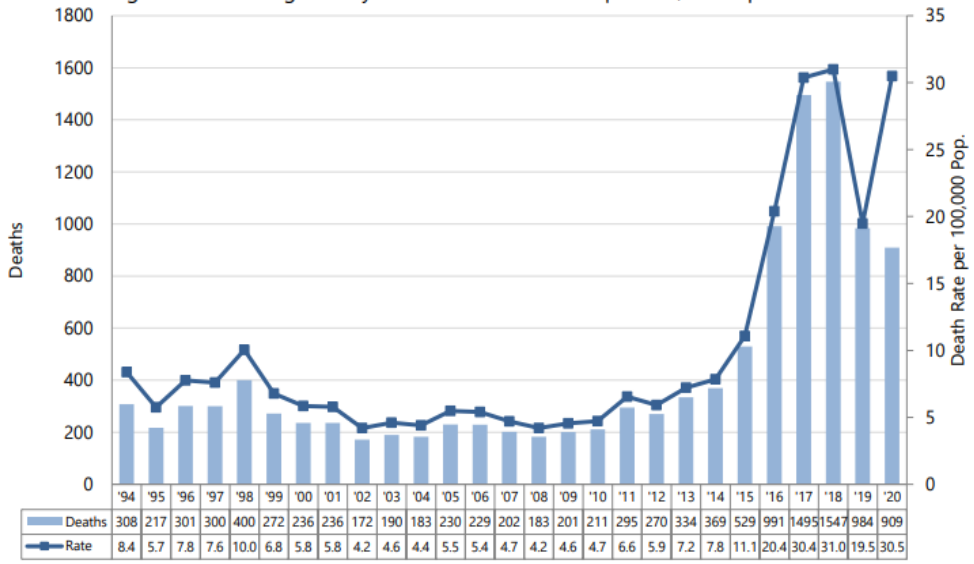
- None

Overview

- Background to BCPhA Opioid Agonist Treatment Compliance and Management Program for Pharmacy (OAT CAMPP) training.
- Outline of the training model.
- Performance measurements and evaluation plan.
- Short-term outcomes and early participate feedback.

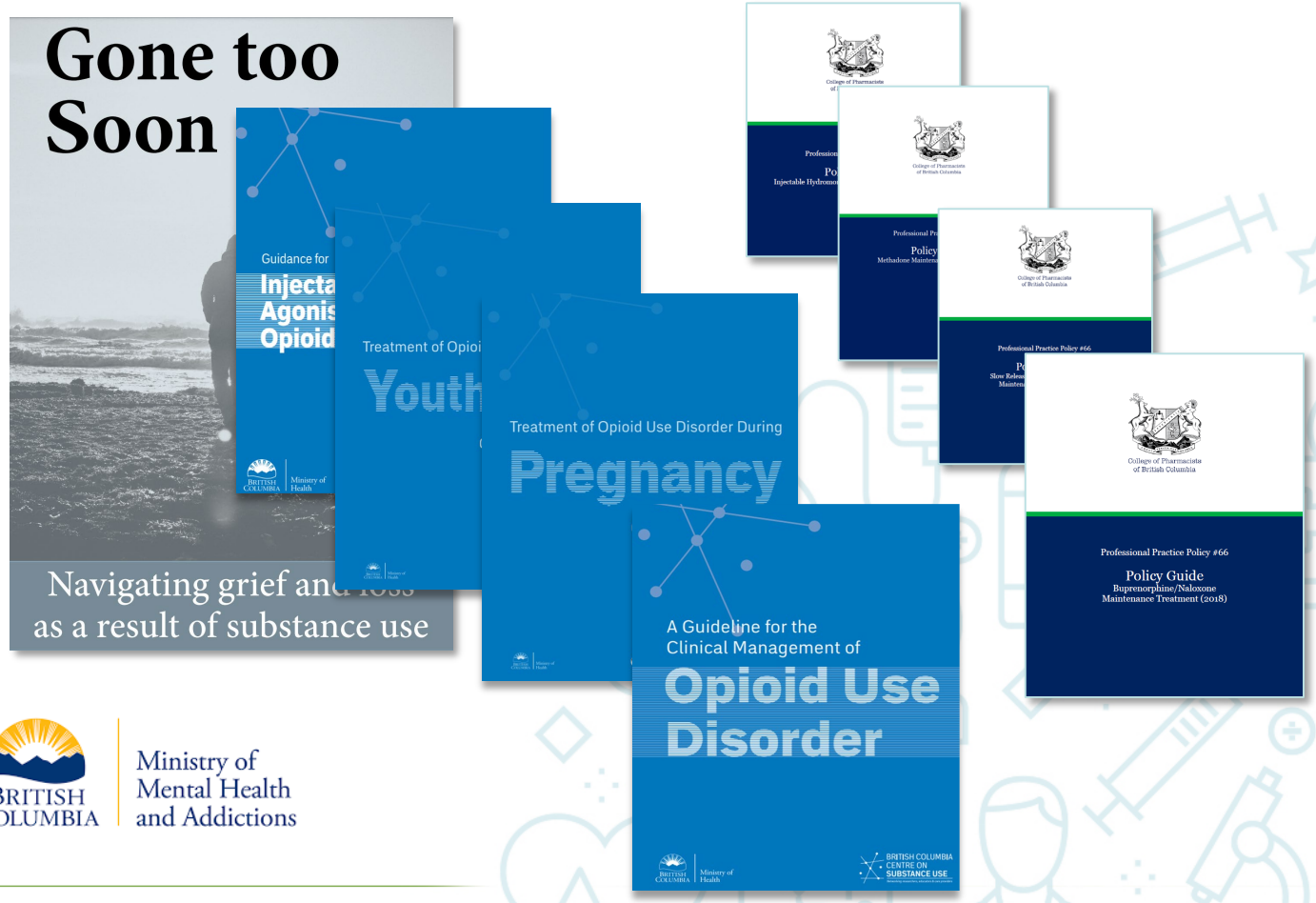
The need for evidence-based training

Figure 1: Illicit Drug Toxicity Deaths and Death Rate per 100,000 Population [3,5]



	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16	'17	'18	'19	'20
Deaths	308	217	301	300	400	272	236	236	172	190	183	230	229	202	183	201	211	295	270	334	369	529	991	1495	1547	984	909
Rate	8.4	5.7	7.8	7.6	10.0	6.8	5.8	5.8	4.2	4.6	4.4	5.5	5.4	4.7	4.2	4.6	4.7	6.6	5.9	7.2	7.8	11.1	20.4	30.4	31.0	19.5	30.5

BC Coroners Report (Jan 1, 2010 – Aug 31, 2020)



BRITISH COLUMBIA | Ministry of Mental Health and Addictions

A new standard

Mental Health and Addictions

Reducing stigma, improving patient treatment focus of new pharmacists' training

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BC Pharmacy Association
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BCPhA OAT CAMPP

British Columbia Pharmacy Association | **OPIOID AGONIST TREATMENT**
COMPLIANCE & MANAGEMENT PROGRAM FOR PHARMACY

BRITISH COLUMBIA | Ministry of Health

College of Pharmacists of British Columbia

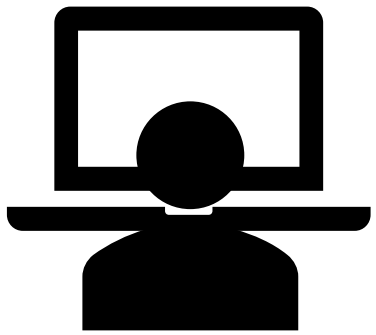
Health Canada

BC Centre for Disease Control

First Nations Health Authority
Health through wellness

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
Networking researchers, educators & care providers

Training model



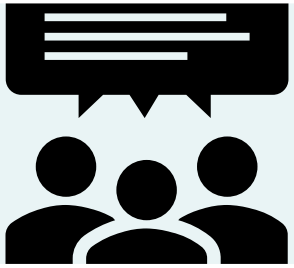
Evaluation plan and outcomes

		Data sources
Short term (immediate) outcomes	• Access to training. • Improved knowledge, skills and support for pharmacists providing OAT.	▪ Participation statistics ▪ Self-report in evaluations
Medium-term (intermediate) outcomes	• Evidence-informed practice changes. • Positive actions with respect to substance use/ positive treatment results.	**Surveys and PharmaNet claims data**; e.g., # of claims before and after treatment; change in # of pharmacies participating in provision of OAT in B.C.
Long term outcomes	• Improved patient access to OAT in B.C. • Improved health outcomes for patients on OAT in B.C.	

Access to training and learning opportunity

2,444 pharmacists trained

1,214 different pharmacies



80 workshops

28 different locations

Early survey results

Survey results	% Δ
# of participants rating their knowledge of OAT as “good” or “excellent.	↑ 52%
# of participants rating their understanding on the provincial guidelines on the clinical management of OUD as “good” or “excellent”.	↑ 53%
# of participants rating their comfort dispensing OAT medications as “good” or “excellent”.	↑ 40%
# of participants rating their confidence supporting patients on OAT as “good” or “excellent”.	↑ 41%

98% of trained pharmacists reported that they intend to use the knowledge and skills gained through the training program within the next 6 months.

Participant feedback

What changes do you plan to make in your practice based on what you learned today?

"To be more understanding"

"Better counselling skills"

"Remove stigma and build a better relationship with the patient"

"More empathy"

"Improve communication with prescribers"

"Show more compassion"

"Better documentation"

"More confidence in filling OAT prescriptions and addressing dosing concerns"

References

- BC Coroners Service Report “Illicit Drug Toxicity Deaths in BC Jan 1, 2010 – Aug 31, 2020”
- BC Centre on Substance Use (BCCSU) Opioid Use Disorder Guidelines.
- College of Pharmacists of BC Professional Practice Policies (PPP) -66 Opioid Agonist Treatment.

Questions

Virtually Together

CRITICAL INSIGHTS ON CRITICAL ISSUES

Pharmacists (and naloxone) to the rescue

Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc

UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY

CANADIAN PHARMACISTS ASSOCIATION
ASSOCIATION DES PHARMACIENS DU CANADA

Disclosures

- I have received investigator-initiated research grants from: Merck, Sanofi, AstraZeneca, and Pfizer (not related to this presentation)
- I do consulting for: Emergent BioSolutions, Shoppers Drug Mart, and HLS Therpeutics
- I have received no fee for this presentation

The First Canadian National Consensus Guidelines for **Naloxone Prescribing** by Pharmacists

More must be done about **Canada's opioid crisis**

Almost

1 in 8

(4.7 million)

Canadians were prescribed opioids in 2018

In 2019, there were

3,823

opioid-related deaths in Canada

1/4 to 1/3

of opioid-related deaths in Ontario involve prescription opioids

Canadian Pharmacists Association
Association des Pharmaciens du Canada

CPJRPC
CANADIAN PHARMACISTS JOURNAL
REVUE DES PHARMACIENS DU CANADA
PRACTICE GUIDELINES ■ PEER-REVIEWED

Canadian national consensus guidelines for naloxone prescribing by pharmacists

Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc, FCSHP, FACC, FCAHS; Vinita Arora, BScPhm, PharmD, MEd, ACPR; Mark Barnes, BSc(Pharm); Michael A. Beazely, BSP, PhD; Michael Boivin, BSc(Pharm); Anna Christofides, MSc, RD; Harsit Patel, BScPhm, PharmD, RPh; Julie Laroche, BSc(Pharm); Aaron Sihota, BSc, BSc(Pharm); Randy So, BSc (Spec)

- Methods: consensus panel of experts
- Areas covered:
  - Review of the opioid problem
  - Evidence for naloxone distribution programs
  - Evidence for pharmacists
  - Patient selection for take home naloxone kits
  - Implementation tips

Tsuyuki RT, et al. Can Pharm J 2020.

The First Canadian National Consensus Guidelines for **Naloxone Prescribing** by Pharmacists

The consensus guidelines recommend **pharmacists proactively dispense naloxone** to all patients receiving opioids

Naloxone can be used to **temporarily reverse an opioid overdose before medical help arrives,** and is available in both a nasal spray or injectable format.

A recent study in Ontario showed that only **1.6%** of patients receiving an opioid prescription were also dispensed a naloxone kit.

Until now, national guidelines for naloxone dispensing practices did not exist, meaning naloxone has not been dispensed consistently from pharmacy to pharmacy.

Naloxone is not a replacement for emergency medical care.

According to the **Canadian national consensus guidelines** published in the Canadian Pharmacists Journal

All patients receiving an opioid prescription should be dispensed a naloxone kit	**All patients should also be counselled by a pharmacist**	**Patient follow-ups are recommended at 3 mos. and 1 yr. after dispensing***

Pharmacists play a critical role in reducing the rate of opioid related harms.
Every patient with an opioid prescription should be informed and counselled about naloxone.

Funding support provided by Emergent BioSolutions as acknowledged in the consensus guidelines.

** Ongoing yearly follow-ups are also recommended*

Tsuyuki RT, et al. Can Pharm J 2020.

Practice Tips

- Be proactive!
- Eliminate stigma:
  - Describe “slowed breathing” as an adverse effect
  - “we give this to everyone”
  - “it’s like an Epi-pen”
  - “scripts” to follow
- Follow-up at 3 months and yearly:
  - Reinforce counselling, check expiry

Tsuyuki RT, et al. Can Pharm J 2020.

Naloxone in Pharmacies Across Canada

TABLE 1 Comparison of naloxone distribution and costs in Canada between provinces and territories

	BC[8,12-15]	AB[8,13-18]	SK[8,13,14]	MB[8,13,14]	QU[8,13,14,19]	ON[8,13,14,20,21]	NFL[8,13,14]	PEI[8,13,14]	NS[8,13,14,22]	NB[8,13,14]	YU[8,13,14]	NWT[8,13,14]	NU[8,13,14]
No. (%) of pharmacies distributing free THN kits	728/1358 (52.8)	1205/1457 (82.7)	No program	6/426 (1.4)	1633/1907 (85.6)	2729-3500/5051 (54-69.3)	No program	No program	285/307 (92.8)	No program	i	10/10 (100)	No program*
No. (year) of THN kits distributed by pharmacies	3523 (2018)	7608 (01/2019-09/2019)	NA	i	13,268 (2019)	125,606 (2018)	NA	NA	5700 (2017-2019)	NA	i	59 (2019)	NA
Forms of naloxone available in free THN kits	Injectable only	Injectable only	NA	Injectable only	Injectable and nasal spray	Injectable and nasal spray	NA	NA	Injectable only	NA	Injectable only	Nasal spray only	NA
Criteria for dispensing THN kits in pharmacies	At risk or likely to witness overdose	At risk or likely to witness overdose	NA	At risk or likely to witness overdose	At risk or likely to witness overdose	At risk or likely to witness overdose	NA	NA	At risk or likely to witness overdose	NA	Anyone	Anyone	NA
Remuneration for pharmacies ($)	$0	Dispensing (up to $12.30/kit)	$0	$0	Dispensing (up to $9.64) Counselling ($18.59)	Training fee ($25) Professional fee ($10)	$0	$0	Administration fee ($25)	$0	Training fee	Training fee ($15)	NA
Cost to patients to purchase injectable naloxone at nonparticipating pharmacies	$45-$55 (injectable)	$40-$50 (injectable)	$40-$50 (injectable)	$30-$50 (injectable)	$0	$0	$50 (injectable)	$50 (injectable)	i	$40-$50 (injectable)	$55 (injectable)	$0	NA
Cost to patients to purchase naloxone nasal spray at nonparticipating pharmacies	$175-$200 (nasal)	$150-$180 (nasal)	$160-$200 (nasal)	$170-$200 (nasal)	$0	$0	$200 (nasal)	$180 (nasal)	i	$150-$190 (nasal)	$200 (nasal)	$0	NA

A letter "i" denotes insufficient information. Data sources are indicated by references and consultation with experts.

NA, no information was available; THN, take-home naloxone.

*Although there is no territorial program for THN distribution through pharmacies, the Indigenous majority population is eligible for coverage of both intranasal and injectable naloxone from pharmacies through the Non-Insured Health Benefits (NIHB) program. Of pharmacies in the territory, 83% (5/6) offer naloxone.

CPJ RPC
CANADIAN PHARMACISTS JOURNAL
REVUE DES PHARMACIENS DU CANADA

So R, et al. Can Pharm J 2020

CANADIAN PHARMACISTS ASSOCIATION
ASSOCIATION I PHARMACIENS DU CANADA

Naloxone in Pharmacies Across Canada

- Accessibility of free take home naloxone (THN) kits through pharmacies varies widely
  - Only 3 provinces and 2 territories have >80% participation
  - SK, NL, PEI, NB, YU & NU (& MB) have no program
  - Remuneration $0 to $25+10
- Even then, a very small proportion of patients are offered THN kits

So R, et al. Can Pharm J 2020

Conclusions

- Pharmacists are an obvious choice to address the opioid crisis
- National guidelines for naloxone use now published
- Now we need implementation strategies for the guidelines
  - Including addressing the disparity in naloxone availability and participation between provinces

Pharmacists as heroes in the opioid crisis

"The real heroes are the people who carry and administer naloxone"

Mark Barnes, BSc Chem, BSc(Pharm)

RespectRx Pharmacy

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