

**Speaking Notes on Prescription Drug Abuse
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On behalf of the Canadian Pharmacists Association, I am pleased to join you today. I am the Director of Pharmacy Innovation at the CPhA, and also a practicing pharmacist. CPhA represents over 35,000 Canadian pharmacists from coast to coast, practicing in community and hospital pharmacies, family practice clinics, industry and other settings. I am joined today by my colleague and peer, Mark Barnes, who is pharmacist/owner and VP of Business Development and Public Relations of a pharmacy in Ottawa that provides treatment to patients addicted to opiates. In a couple of minutes, Mark will share with you the services that he provides, as well as the impact that he has on his clients.

As frontline health professionals, pharmacists see first-hand the devastating impact of prescription drug abuse, in particular opioid pain killers, as it shatters careers, relationships and indeed, lives. Many patients who become addicted to opioids start them as prescribed therapy for an actual ailment. Ensuring access to pain medications for patients who have a legitimate need, while working to prevent misuse, abuse and diversion of opioids, is a complex balancing act for prescribers and pharmacists.

There are no easy answers to mitigating the prescription drug abuse problem in Canada. However, pharmacists can play an important role to help patients avoid the pitfalls of prescription drug abuse and to provide treatment for those who are addicted to opiate medications. But there also remain areas where further work and efforts must be addressed.

First and foremost, pharmacists want to do what is best for the health of their patients, and their goal is to steer patients away from harmful situations such as prescription drug abuse. As drug experts, pharmacists fully understand how drugs work and how addictions occur, including the factors that lead to medication abuse and misuse.

In recent years, provincial governments have expanded the professional scope of pharmacists, and in most jurisdictions, pharmacists can now provide medication reviews to their patients. A medication review allows pharmacists to become more familiar with patients' diagnoses, the indication for treatment and their response to medication. This service can also be used to flag potentially problematic medication use, as well as to provide an opportunity to better educate patients on how to take their medication safely. For example, stopping some narcotics abruptly can cause harm to patients and even lead to emergency room visits in some cases. Medication reviews are an ideal setting for pharmacist to educate patients on how to safely stop a medication. CPhA recommends that all jurisdictions, including the federal government as a provider of health services, support pharmacist medication review programs.

The Canadian Pharmacists Association is an accredited provider of continuing education. While there are medical, nursing and pharmacy programs that educate to optimize the prescribing of psychoactive drugs, there is an opportunity to do much more. Health providers need better education in order to weigh the risks and benefits of opioid treatment, and in order to educate patients on the safe use of these medications. Health professionals also need to be able to recognize evidence of and potential for the misuse of these medications.

National and interprofessional education programs need to be developed that ensure all health care providers are fully up to date on the current treatment regimens for chronic pain and mental health disorders.

Mark will describe some of his experiences with patients who have problems with prescription drugs.

It is important that we address problematic drugs and that we take steps to prevent their misuse and diversion. This includes public policy that prevents the marketing of drugs known to be problematic. For example, last year Oxycontin lost its patent and was approved for generic manufacture despite its known notoriety as a drug of abuse. We need a regulatory mechanism that prohibits generic drugs with high risk of harm, such as oxycontin, from easily gaining approval and entering the market. Potential for abuse of both new brand and generic drugs must be an important determinant for whether such drugs are authorized for sale in Canada. The fact that crushable forms of generic oxycontin still exist in Canada poses a major risk to the public and leaves pharmacies more vulnerable to robberies.

Many jurisdictions across Canada have implemented controls that reduce the diversion of narcotic and controlled medications. One example is Ontario's Narcotic Monitoring System (ONMS), which acts as a centralized database for storing history of monitored drug prescribing and dispensing activities across the province. ONMS is capable of reviewing previous history of monitored drug use and can provide real-time alerts to pharmacies if drug abuse is suspected. Several other provinces have triplicate prescription programs. While these controls are

important, the most effective would be implementation of Electronic Health Records, in particular Drug Information Systems and electronic prescribing, in all jurisdictions. Pharmacists, physicians and other prescribers would be able to see records of all narcotic and controlled drugs prescribed and dispensed for patients. Knowing a patient's controlled drug history and behaviours would support both pharmacists and prescribers in monitoring use and applying their professional judgment.

Ultimately, as "gatekeepers," pharmacists make the final decision whether or not to dispense a narcotic or controlled substance, based on their careful assessment of the patient, the prescription and the prescribed medication. With the proper tools and policies in place, we can better enable pharmacists to do their job in this respect.

Thank you and we will be happy to entertain questions.