

KEY TAKEAWAYS FROM Pharmacists as opioid stewards: a showcase of the evidence



Canadians are currently facing an opioid crisis. Pharmacists are uniquely positioned to be opioid stewards to reduce opioid related harm and improve patient care.

“Opioid stewardship is coordinated interventions designed to improve, monitor, and evaluate the use of opioids in order to support and protect human health.”

— Institute for Safe Medication Practices (ISMP)

As part of the Pharmacists as Opioid Stewards Initiative (POSI) the Canadian Pharmacists Association (CPhA) facilitated the webinar *“Pharmacists as opioid stewards: a showcase of the evidence”* on October 28, 2020 to bring together leading experts from across the country to highlight current evidence and practice changes that support the pharmacist’s role as an opioid steward.

Featuring Topics and Panellists:

- **What role can pharmacists have in Opioid Stewardship? Findings from a comprehensive scoping review on opioid stewardship interventions by pharmacists**
- **Pharmacists’ perceptions of the Canadian opioid regulatory exemptions on patient care and opioid stewardship**
- **An Intervention to Empower Community Pharmacists to Implement Opioid Stewardship in Acute Pain**
- **A review of the BCPHA Opioid Agonist Treatment training program: The evaluation and impact on community pharmacists and target patient population**
- **Canadian national consensus guidelines for naloxone prescribing by pharmacists**



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POSI is a multi-year project to demonstrate the value of pharmacists’ services in opioid stewardship to both patients and the health system, and harmonized scope of practice for pharmacist services in opioid therapy management.

FIND OUT MORE AT

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

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

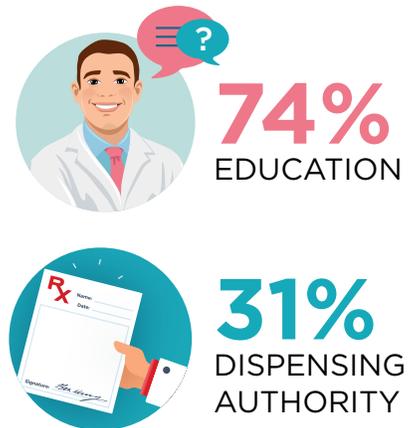
(Nyasha Gondora, PhD, and Feng Chang, RPh, BScPhm, PharmD, University of Waterloo)

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To help understand current evidence, Feng Cheng and Nyasha Gondora offered a broad review of the existing literature surrounding pharmacists' role as opioid stewards. The first of its kind, this review catalogued, described and quantified the benefits of pharmacists' activities as opioid stewards across five broad domains of scope authority, and within six different categories of interventions.

Key Takeaways:

- In available literature, the most common scope of practice authority exercised by pharmacists as opioid stewards was “education” (74% of studies), followed by “dispensing authority” (31%).
- Specific opioid stewardship interventions were most commonly categorized as “therapy adjustments” (e.g. recommendations, changes to care plan, opioid tapering) and the majority of recommended adjustments were accepted.
- Majority of studies investigating pharmacists' interventions as opioid stewards displayed one or more a positive outcomes, including
 - Reduced opioid consumption
 - Improved pain management
 - Reduced hospital stay
 - Increased naloxone prescribing and dispensing
 - Increased identification of patients at risk of opioid misuse
- Other interventions with positive outcomes included medication reviews, opioid agonist therapy, use of screening tools, and academic detailing.



While more studies are needed to generate stronger evidence regarding the impact of pharmacists efforts in opioid stewardship, this review provides insight into successful opioid stewardship approaches that can be implemented into practice to mitigate the opioid crisis.

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

(Lisa Bishop, BScPharm, ACPR, Pharm D, FCSHP, Memorial University of Newfoundland)

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In response to the COVID-19 pandemic, pharmacists received expanded scope of practice to manage opioid therapy through temporary exemptions to the Controlled Drugs and Substances Act (CDSA). These exemptions enabled pharmacists to extend, transfer, issue verbal orders for and permit employees to deliver opioid prescriptions. What do these changes mean for current and future pharmacy practice? Lisa Bishop offered insights into qualitative research currently underway.

Key Takeaways:

- Research is currently underway to explore pharmacists' perceptions, barriers and facilitators of providing opioid stewardship activities in response to the CDSA exemptions.



- Preliminary interviews with pharmacists across Canada are showing positive reactions to the CDSA exemptions with positive impacts on patient care.
- Pharmacists are encouraged to consider implementing CDSA exemptions in their practice to advocate for permanent expanded scope of practice.

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

(Lesley Graham, RPh, BScPharm (Hons), MSc, University of Toronto)

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There are specific and practical opportunities for pharmacists to act as opioid stewards. Lesley Graham offered insights into educational and practice tools currently being developed surrounding opioid use in acute pain.

Key Takeaways:

- Patients prescribed opioids for acute pain receive more doses than required, resulting in excess supply in the home which could potentially lead to harm.
- Education and practice tools are currently being developed to assist pharmacists in identifying drug therapy problems when assessing opioid prescriptions for acute pain.
- Pharmacists should consider suggesting a part-fill of an opioid prescription to assist in decreasing the excess quantity in the home.



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

(Ann Johnston, MPharm, RPh, Manager, Pharmacy Practice Support, BC Pharmacy Association)

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There are currently widespread efforts underway to support the pharmacists' role as an opioid steward. Ann Johnston offers an overview of a mandatory opioid agonist training program in British Columbia, the first in Canada.

Key Takeaways:

- In 2013, an undercover investigation of Opioid Agonist Treatment (OAT) dispensing pharmacies in British Columbia revealed numerous concerns:
 - Discrimination against ethnic groups
 - Use of incentives to attract and retain patients
 - Unsanitary conditions
 - Lack of pharmaceutical care for vulnerable and complex patients
- As a result, a mandatory educational training program was implemented by the British Columbia Ministry of Health to provide pharmacists with the knowledge and skills to prompt consistent practice change across the province.
- Early evaluation of the training program displayed improved pharmacists' knowledge of OAT and provincial guidelines and comfort level dispensing OAT.



Pharmacists (and naloxone) to the rescue

(Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc, FCSHP, FACC, FCAHS, University of Alberta)

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Pharmacists also have an opportunity to reduce opioid related harm by dispensing and educating patients on naloxone. A group of Canadian experts developed [guidelines for naloxone prescribing by pharmacists](#). Ross Tsuyuki offers a review of these guidelines and how they can be implemented into pharmacy practice.

Key Takeaways:

- Pharmacists need to be proactive with patients in addressing the risks of opioids. The majority of patients may not seek additional support for a variety of reasons (e.g. stigma surrounding opioid use, unaware of the risks, overdoses only associated with illicit drug use, unaware take home naloxone kits are available).
- When discussing opioid use, pharmacists should strive to eliminate stigma. Consider incorporating the following statements into practice:
 - “A side effect of opioids is that they can slow your breathing.”
 - “We give a naloxone kit to everyone who gets this type of prescription.”
 - “Naloxone is like an epi-pen for opioids.”
- Every patient who is dispensed an opioid should be dispensed and counselled on a take home naloxone kit.
- Every patient who is dispensed an opioid should receive counselling by a pharmacist.



Summary

The opioid epidemic is one of the most challenging and complex health crises in Canada today. As discussed in this evidence showcase, available literature and expanded scope of practice has highlighted that pharmacists are in an ideal position to act as opioid stewards. With this evidence, pharmacists will be better equipped to advocate for a broader role in public health initiatives, including harm reduction, to close any gaps in the health care system. The Pharmacists Opioid Stewardship Initiative will continue to strive to synthesize evidence demonstrating the value of pharmacists' services in opioid stewardship.

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