



Media Release

Response to proposed guidelines for injectable opioid treatments

October 16, 2017 – The community pharmacists of British Columbia applaud the proposed guidelines for prescribing injectable opioid treatments released by the BC Centre on Substance Use (BCCSU) this week.

The BC Pharmacy Association believes that efforts to stem the tide of the opioid epidemic and overdose deaths in the province need to be innovative, and dispensing medication to treat opioid addiction is an important step in dealing with the current crisis.

The BCCSU proposes three models, one of which is a pharmacy-based model that would supervise injections of opioid agonist treatment in a small number of select pharmacies. We are encouraged by the inclusion of pharmacists in dealing with the epidemic of overdose deaths. However, B.C. pharmacists believe there is a missed opportunity not to immediately expand to pharmacies outside of the Lower Mainland in rural and remote communities that do not have the same access to Vancouver-based services.

This type of life-saving alternative addiction treatment should be as widely-available as possible to British Columbians in all parts of the province. That's why the BC Pharmacy Association is advocating for a pilot program of up to 20 community pharmacies across the province that can provide injectable opioid treatments for individuals who need it.

The expertise of community pharmacists in more than 1,300 pharmacies in B.C. could be harnessed longer term to address the growing crisis. The Association has had productive discussions with BCCSU in recent months about how pharmacists can be better used and wants to be involved in the development of additional guidelines and requirements for providing this service in community pharmacy throughout the province.

Pharmacists have been on the frontline of epidemics. During the H1N1 outbreak in 2009, B.C.'s pharmacists knew we could make a difference, so we stepped up to get the authority to provide vaccine injection to patients. This epidemic is no different in that pharmacists are once again ready, willing and able to be part of the solution.

We have also been in conversations with the BC Centre for Disease Control on how pharmacists can play a significant role in helping get dirty drugs out of as many hands as possible. We are willing to partner with all agencies to stop the opioid epidemic, but the approach must be wide-reaching and begin immediately. Otherwise this incremental approach will only extend the number of people dying from opioid overdoses. Pharmacists remain the most under-utilized health care provider in the primary care team.

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