



British Columbia  
**Pharmacy Association**

# British Columbia Pharmacy Association (BCPhA) on B.C.'s Drug Toxicity and Overdose Crisis

July 5, 2022

## **B.C.'s community pharmacists on the frontlines**

Thank you for the opportunity to make a submission on one of the largest public health crises we have had to deal with in the province.

The B.C. Pharmacy Association (BCPhA) represents British Columbia's community pharmacies and pharmacists. There are more than 4,100 registered pharmacists working in more than 1,400 community pharmacies across B.C. They are located in the largest of urban centres and in the some of the most rural and remote communities and are very often, as we saw during the COVID-19 pandemic, the first point of contact for British Columbians needing care.

Since April 2021, B.C.'s community pharmacists have delivered 1.6 million COVID-19 vaccines and have delivered more than 1 million influenza shots to British Columbians.

And while pharmacists are known for dispensing more than 90 million prescriptions a year, providing flu vaccines, and recently COVID-19 vaccinations, many may not realize the role that community pharmacists have played for more than 20 years in helping patients with opioid use disorder stay safe. Additionally, since March 2020, we have seen how the pandemic has created additional problems related to deadly street drugs entering B.C.

Pharmacists have long worked with the vulnerable patient population that is dealing with opioid use disorder.

British Columbia is the birthplace of the Methadone Maintenance Treatment (MMT) program that goes back to 1959 when it was introduced as an option for patients with, what we now call, Opioid Use Disorder (OUD) by two Vancouver physicians. The program became mainstream in 1996, when the BC College of Physicians and Surgeons was given administrative responsibility for the program.

Over the years the program and maintenance treatment options have changed, and the training for physicians and pharmacists has evolved to meet the changing medication alternatives and growing understanding of the complexity of OUD.

In 2018, The Ministry of Health showed great leadership when it worked to support the BC Pharmacy Association (BCPhA) in developing the most comprehensive Opioid Agonist Therapy (OAT) training program for pharmacists in Canada. It was our objective to ensure that B.C.'s pharmacists, who must take the program in order to dispense OAT, have a level of expertise and understanding of the disease that is in line with that required by prescribers.

There is no doubt that the MMT program (now called OAT) has saved thousands of lives. Every patient who spends even a short time on OAT is a step safer from needing to access toxic street drugs. B.C.'s Methadone Maintenance Program has existed for more than two decades.

As more and alternative medications – like Suboxone and Kadian – became available, the program evolved to meet the needs of prescribers and patients.

And as therapies evolved, so did the training and education for community pharmacists.

Four years ago, in 2018, the BCPhA developed and launched a new, comprehensive training program for pharmacists who were serving patients with Opioid Use Disorder. This mandatory training was developed with the support and financial assistance of the Ministry of Health. This “Opioid Agonist Training Program (OAT)” is the only one of its kind in the country and is mandatory for any pharmacist who dispenses OAT medications. The aim in developing and delivering this training is to ensure that pharmacists are as well versed as their prescribing colleagues in understanding the issues their patients face. Since the program’s inception, nearly 5,000 pharmacists and pharmacy technicians have been trained, and it has positioned them to do more in helping to respond to B.C.’s overdose crisis.

## **Making current opioid therapies more accessible**

In December 2020, the BCPhA made a proposal to the Minister of Mental Health and Addictions that would see a stepped approach to enabling pharmacists to prescribe -- in some situations – Opioid Agonist Treatment (OAT) for those patients who need continuity of care.

Our proposal is to enable pharmacists first to adapt prescriptions for patients to ensure there is no disruption in access to their medications when there are times that patients can’t have their prescriptions renewed by their physician. These patients can’t be left without a supply of their vital medications that keep them safe. We propose allowing pharmacists to fill the gaps in care and help reduce unnecessary exposure to the toxic supply of street drugs. B.C.’s community pharmacists already have the required knowledge, the training and authority to adapt and renew many medications. Allowing adaptations in certain cases is a natural progression of pharmacists’ authority and can make a difference in saving lives.

Our proposal also calls for a collaborative approach to increasing patient access to a much-needed safe supply of medications (and OAT) through pharmacist-initiated prescribing. We propose building on the expertise and training pharmacists have, thereby creating new capacity in the province’s response to this devastating public health crisis.

In 2021, B.C.’s nurses in the Provincial Health Services Authority became the first in Canada to prescribe Suboxone to help save lives <sup>1</sup> after B.C.’s Provincial Health Officer issued a public health order allowing them to do so.<sup>2</sup>

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<sup>1</sup> <http://www.bcmhsus.ca/about/news-stories/stories/bc-nurses-first-in-canada-to-prescribe-suboxone#:~:text=Under%20the%20new%20order%2C%20both,and%20decreasing%20substance%2Drelated%20harms.>

<sup>2</sup> <https://news.gov.bc.ca/releases/2020MMHA0051-001754>

While this step was key to providing more access to patients needing quick access to OAT, it has been limited geographically. Allowing pharmacists across the province to be able to deliver this would provide greater and more equitable access to patients needing medication quickly. medication much more quickly.

Pharmacists have the ability to provide injections of vaccinations, but currently cannot inject other medications. One area that could be explored through the support of the College of Pharmacists of BC and the government is the ability for pharmacists to be able to inject Sublocade, a long-acting injection of buprenorphine, which helps in fighting cravings and withdrawals from opioids. In the current environment in which patients struggle to find primary care physicians -- not just those who handle addictions care -- community pharmacists can serve as more accessible point for patients needing medications in a timely manner.

### **The role of pharmacies in safer supply**

With more than 9,400 British Columbians losing their lives to drug overdoses since January 2016, we all know the province's opioid crisis is escalating.

While OAT has been clinically studied and proven to save lives, the government and experts are rightfully pursuing all available options to turn the tide on the horrific death toll. This includes access to prescribed medications like opioids, stimulants and benzodiazepines as alternatives to the toxic street drug supply for individuals who are at a higher risk for overdose. And while the focus with safer supply is not necessarily about stopping drug use, its first step is helping them move away from toxic street drugs and moving them to health and social support.

The BC Pharmacy Association believes that community pharmacists, as one of the most accessible health-care providers, can be a key component in an integrated care model where patients have access to both a prescribing physician and community-based pharmacist to ensure continuity of care. Community pharmacists have been providing -- and can continue to provide -- the most accessible point of care for patients accessing any approved medications for OUD. This includes both OAT and safer supply.

However, the BCPhA believes that considerable work needs to be done to create a treatment protocol and clinical guidelines that can be understood and implemented by prescribers and pharmacists and their patients. Regulatory bodies and organizations representing practitioners must be involved. If "safer supply" is to move beyond the disparate and stand alone "pilot" system that now exists, clinicians and regulators need to be included in designing the implementation program.

The current guidelines for dispensing “safer supply” are inadequate and leave pharmacists in a position where they are vulnerable to regulatory and PharmaCare audit exposure. Directing pharmacists to use their “best clinical judgement” to making dispensing decisions about the most powerful narcotics available is not acceptable. The current situation leaves no protection for patients and does little to build a prescribing regime that can have wide-spread impact.

While the development of guidelines needs to be done immediately, there also must be plans for proper evaluation on safer supply. Clear evaluation methods should be developed that include proper clinical support, which include assessments and follow-ups, not simply a witnessed ingestion or a dispense of this medication from pharmacists. We understand the launch of the pilot was predicated on an evaluation process that would provide important learnings about the role risk mitigation strategies like safer supply can and should play in the battle against opioid deaths.

We believe a wraparound approach is key when delivering safer supply. What will be key is addressing the challenge of consistency in access to prescriptions for safer supply. Not all practitioners will prescribe for this. In fact, we have seen not enough clinicians prescribing for OAT throughout the province. It is imperative that individuals understand that without a prescription, pharmacists can’t dispense, regardless of their interest in doing so.

Pharmacists as health care practitioners will never abandon their duty to care. While there is an understanding that safe supply is harm reduction, not clinical treatment, it must be understood that health care providers will always need to ensure that nothing they do will cause harm to a patient.

The BC Pharmacy Association asks that we are part of the discussion and planning of well-developed clinical guidelines and evaluations to ensure that all issues are being considered when delivering important care to patients. We want to be at the table when discussions begin to bring our experience and expertise in delivering care for patients with OUD.

### **Drug testing**

Another way that pharmacists can help immediately combat the toxicity in B.C.’s illegal street drug supply is through making drug testing kits available to patients.

In a three-year pilot project funded by the provincial and federal governments, researchers at the University of Victoria partnered with a Victoria community pharmacy to help develop a drug testing program<sup>3</sup> that would allow drug users to know if the drugs they were about to take were laced with substances that might kill them. From 2019 to Dec. 31, 2021, the

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<sup>3</sup> <https://substance.uvic.ca/>

program tested 4,779 samples<sup>4</sup> free of charge by bringing them in to Victoria's STS Pain Pharmacy.

While this was a one-time research project in which the pharmacy tested the samples for patients, the BC Pharmacy Association sees an ability for pharmacies across the province to be a location for any individual to receive free drug testing kits they can use along with free life-saving naloxone kits. Not unlike the provision of COVID Rapid Tests, pharmacies could serve as a distribution point for drug toxicity tests to be made available to patients on request with no need for them to identify themselves or have their personal health information recorded.

## **Conclusion**

B.C.'s community pharmacists continue to be on the frontlines in dealing with patients with opioid use disorder. They require mandatory, up-to-date training and education that can be expanded to help deliver needed medications, safe supply or drug testing kits in communities large and small. Just like they have stepped up to be the first point of contact during the COVID-19 pandemic, B.C.'s community pharmacists will continue to do the same during our current other public health crisis. We look forward to being part of the solution in addressing B.C.'s toxic drug overdose crisis.

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<sup>4</sup> <https://substance.uvic.ca/#reports>